

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---July 3, 2024

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 1,138,433.39	✓
TOTAL TRANSFERS BETWEEN FUNDS	\$ 2,738,875.33	✓
TOTAL NURSING HOME UPL EXPENSES	\$ 2,532,315.50	✓
TOTAL INTER-GOVERNMENT TRANSFERS	\$ 1,326,889.84	✓
GRAND TOTAL DISBURSEMENTS APPROVED July 3, 2024	\$ 7,736,514.06	✓

APPROVED

JUL 03 2024

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---July 3, 2024

PAYABLES AND PAYROLL

6/27/2024 Weekly Payables	488,167.81
6/27/2024 HEB credit receivables	95.21
6/27/2024 Grace Flooring & Glass	431.87
7/1/2024 McKesson-340B Prescription Expense	2,381.69
7/1/2024 McKesson-340B Prescription Expense	2,397.56
7/1/2024 Amerisource Bergen-340B Prescription Expense	470.45
7/1/2024 Amerisource Bergen-340B Prescription Expense	228.35
7/1/2024 Payroll Liabilities-Payroll Taxes	113,630.08
7/1/2024 Payroll	362,836.72
Prosperity Electronic Bank Payments	
7/1/2024 90 Degree Benefits - employee insurance claims	31,857.17
7/1/2024 90 Degree Benefits - employee insurance claims	45,776.62
7/1/2024 90 Degree Benefits (Berkley) - employee insurance claims	20,801.00
7/1/2024 Credit Card Fees	285.82
7/1/2024 HPHG - health insurance claim payments	66,521.11
7/1/2024 Expert Pay- Child Support	570.69
7/1/2024 Pay Plus-Patient Claims Processing Fee	683.41
7/1/2024 Health Equity -HSA Contributions	1,297.83

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 1,138,433.39
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TRANSFERS BETWEEN FUNDS-MMC

7/1/2024 Transfer from NexBank Money Market Account to Prosperity Operating Account	2,500,000.00
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TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

6/27/2024 MMC Operating to Ashford-Portion of QIPP payment deposited into MMC Operating in error	8,807.86
6/27/2024 MMC Operating to Solera-Portion of QIPP payment & Correction of insurance payment deposited into MMC Operating in error	3,701.20
6/27/2024 MMC Operating to Fort bend-Portion of QIPP payment deposited into MMC Operating in error	2,802.67
6/27/2024 MMC Operating to Broadmoor-Portion of QIPP payment deposited into MMC Operating in error	3,421.66
6/27/2024 MMC Operating to The Crescent-Portion of QIPP payment & Correction of Insurance payment deposited into MMC Operating in error	12,047.25
6/27/2024 MMC Operating to Golden Creek Healthcare-Portion of QIPP payment & Correction of insurance payment deposited into MMC Operating in error	113,517.22
6/27/2024 MMC Operating to Tuscany Village-Portion of QIPP payment & correction of insurance payment deposited into MMC operating in error	17,394.34
6/27/2024 MMC Operating to Bethany-Portion of QIPP payment & Correction insurance payment deposited into MMC Operating in error	77,183.13

TOTAL TRANSFERS BETWEEN FUNDS	\$ 2,738,875.33
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NURSING HOME UPL EXPENSES

7/1/2024 Nursing Home UPL-Cantex Transfer	1,495,716.89
7/1/2024 Nursing Home UPL-Nexion Transfer	214,304.52
7/1/2024 Nursing Home UPL-HMG Transfer	17,425.11
7/1/2024 Nursing Home UPL-Tuscany Transfer	403,970.22
7/1/2024 Nursing Home UPL-HSL Transfer	242,952.90

QIPP CHECKS TO MMC

7/1/2024 Ashford - Wellpoint April QIPP hospital portion	22,587.00
7/1/2024 Broadmoor - Wellpoint April QIPP hospital portion	8,395.32
7/1/2024 Crescent - Wellpoint April QIPP hospital portion	5,691.60
7/1/2024 Fort Bend - Wellpoint April QIPP hospital portion	7,065.29
7/1/2024 Solera - Wellpoint April QIPP hospital portion	6,824.60
7/1/2024 Golden Creek - Superior April QIPP hospital portion	21,393.28
7/1/2024 Bethany-Superior April QIPP hospital portion	20,005.81
7/1/2024 Tuscany - Wellpoint April QIPP hospital portion	14,137.30

TRANSFER BETWEEN FUNDS FROM NURSING HOMES TO MMC

7/1/2024 Ashford-Q2 Interest Earned	579.79
7/1/2024 Broadmoor-Q2 Interest Earned	583.99
7/1/2024 Crescent-Q2 Interest Earned	842.36
7/1/2024 Fort Bend-Q2 Interest Earned	216.76
7/1/2024 Solera-Q2 Interest Earned	745.93
7/1/2024 Golden Creek-Q2 Interest earned	540.55
7/1/2024 Bethany-Q2 Interest Earned	666.51
7/1/2024 Golden Creek to MMC- MMC insurance payment deposited into Golden Creek in error	3,706.93

TRANSFER OF FUNDS BETWEEN NURSING HOMES

7/1/2024 Bethany to Solera - Solera payment deposited into Bethany in error	17,984.64
7/1/2024 Bethany to Broadmoor - Broadmoor insurance payment deposited into Bethany in error	19,478.20
7/1/2024 Crescent to Tuscany -Tuscany insurance payment deposited into Crescent in error	6,500.00

TOTAL NURSING HOME UPL EXPENSES	\$ 2,532,315.50
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INTER-GOVERNMENT TRANSFERS

7/1/2024 RAPPs IGT 2024 paid June 2024	41,779.15
7/1/2024 IGT DSH 2024 paid June 2024	1,285,110.69

TOTAL INTER-GOVERNMENT TRANSFERS	\$ 1,326,889.84
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GRAND TOTAL DISBURSEMENTS APPROVED July 3, 2024	\$ 7,736,514.06
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JUN 27 2024

06/27/2024
13:31

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 07/13/2024

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Vendor# Vendor Name **CALHOUN COUNTY, TEXAS**

A1705 ✓ ALIMED INC.

Class Pay Code
M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ RPSV004294349		06/26/202	06/17/202	07/02/202			162.13	0.00	0.00	162.13 ✓

SUPPLIES

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
A1705	ALIMED INC.	162.13	0.00	0.00	162.13

Vendor# Vendor Name

14028 ✓ AMAZON CAPITAL SERVICES

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 1R371LC4JMDT		06/07/202	06/07/202	07/07/202			389.97	0.00	0.00	389.97 ✓

SUPPLIES

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
14028	AMAZON CAPITAL SERVICES	389.97	0.00	0.00	389.97

Vendor# Vendor Name

A1360 ✓ AMERISOURCEBERGEN DRUG CORP

Class Pay Code
W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 357962414		05/21/202	04/25/202	07/06/202			-1,353.45	0.00	0.00	-1,353.45 ✓

INVENTORY CREDIT

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
A1360	AMERISOURCEBERGEN DRUG CORP	-1,353.45	0.00	0.00	-1,353.45

Vendor# Vendor Name

A1552 ✓ APPLIED MEDICAL

Class Pay Code
M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 9300018754		06/07/202	06/07/202	07/07/202			1,200.00	0.00	0.00	1,200.00 ✓

SUPPLIES

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
A1552	APPLIED MEDICAL	1,200.00	0.00	0.00	1,200.00

Vendor# Vendor Name

A2218 ✓ AQUA BEVERAGE COMPANY

Class Pay Code
M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 150904		06/27/202	05/01/202	05/26/202			18.50	0.00	0.00	18.50 ✓

WATER

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 150907		06/27/202	05/06/202	05/31/202			39.50	0.00	0.00	39.50 ✓

WATER

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
A2218	AQUA BEVERAGE COMPANY	58.00	0.00	0.00	58.00

Vendor# Vendor Name

A1551 ✓ ASPEN SURGICAL PRODUCTS INC

Class Pay Code
M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ CD3197926		06/24/202	05/28/202	06/27/202			397.52	0.00	0.00	397.52 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
A1551	ASPEN SURGICAL PRODUCTS INC	397.52	0.00	0.00	397.52

Vendor# Vendor Name

B1150 ✓ BAXTER HEALTHCARE

Class Pay Code
W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 82468548		06/11/202	06/06/202	07/01/202			560.14	0.00	0.00	560.14 ✓

SUPPLIES

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
B1150	BAXTER HEALTHCARE	560.14	0.00	0.00	560.14

Vendor# Vendor Name

Class Pay Code

M2485	✓	BAYER HEALTHCARE			M						
Invoice#		Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	6011189130		06/24/202	06/11/202	07/11/202			828.06	0.00	0.00	828.06 ✓
		SUPPLIES									
Vendor Totals:	Number	Name						Gross	Discount	No-Pay	Net
	M2485	BAYER HEALTHCARE						828.06	0.00	0.00	828.06
Vendor#	Vendor Name				Class	Pay Code					
B1220	✓	BECKMAN COULTER INC			M						
Invoice#		Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	111361439		06/01/202	06/07/202	07/07/202			5,759.11	0.00	0.00	5,759.11 ✓
		SUPPLIES									
✓	111353351		06/04/202	06/04/202	06/29/202			989.14	0.00	0.00	989.14 ✓
		SUPPLIES									
✓	111354728		06/05/202	06/04/202	06/29/202			7,942.09	0.00	0.00	7,942.09 ✓
		SUPPLIES									
✓	111353815		06/12/202	06/04/202	06/29/202			1,429.78	0.00	0.00	1,429.78 ✓
		SUPPLIES									
✓	111392681		06/26/202	04/01/202	04/26/202			93.24	0.00	0.00	93.24 ✓
		SUPPLIES									
✓	7363817		06/26/202	05/05/202	05/30/202			8,257.40	0.00	0.00	8,257.40 ✓
		METER BILLING	5.1.24 - 5.31.24								
✓	5489684		06/26/202	06/13/202	07/08/202			5,016.58	0.00	0.00	5,016.58 ✓
		LEASE/MAINT	June 2024								
Vendor Totals:	Number	Name						Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC						29,487.34	0.00	0.00	29,487.34
Vendor#	Vendor Name				Class	Pay Code					
11072	✓	BIO-RAD LABORATORIES, INC									
Invoice#		Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	90735196		06/26/202	06/07/202	06/26/202			358.50	0.00	0.00	358.50 ✓
		SUPPLIES									
Vendor Totals:	Number	Name						Gross	Discount	No-Pay	Net
	11072	BIO-RAD LABORATORIES, INC						358.50	0.00	0.00	358.50
Vendor#	Vendor Name				Class	Pay Code					
14680	✓	BLAIS MICROSCOPE COMPANY LLC									
Invoice#		Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	78816		06/24/202	06/14/202	07/13/202			642.85	0.00	0.00	642.85
		LAB SERV									
Vendor Totals:	Number	Name						Gross	Discount	No-Pay	Net
	14680	BLAIS MICROSCOPE COMPANY LLC						642.85	0.00	0.00	642.85
Vendor#	Vendor Name				Class	Pay Code					
C1048	✓	CALHOUN COUNTY			W						
Invoice#		Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	00329841		06/27/202	05/31/202	07/13/202			21.74	0.00	0.00	21.74 ✓
		FUEL									
✓	00339787		06/27/202	05/31/202	07/13/202			19.74	0.00	0.00	19.74 ✓
		FUEL									
✓	00344579		06/27/202	06/12/202	06/21/202			102.17	0.00	0.00	102.17 ✓
		FUEL									
✓	00344594		06/27/202	06/12/202	06/21/202			14.00	0.00	0.00	14.00 ✓
		FUEL									
✓	00338042		06/27/202	06/12/202	07/13/202			80.54	0.00	0.00	80.54 ✓
		FUEL									
Vendor Totals:	Number	Name						Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY						238.19	0.00	0.00	238.19
Vendor#	Vendor Name				Class	Pay Code					
10650	✓	CAREFUSION 2200, INC									

Sales Tax Incl'd 595.00

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9400596513		06/26/202	05/31/202	06/30/202			454.89	0.00	0.00	454.89
SUPPLIES										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
10650 CAREFUSION 2200, INC							454.89	0.00	0.00	454.89
Vendor#	Vendor Name				Class	Pay Code				
14260	CAREFUSION SOLUTIONS, LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10023029581		06/25/202	06/08/202	07/08/202			1,788.00	0.00	0.00	1,788.00
	SOFTWARE MAINT									
10022679527		06/26/202	04/05/202	05/01/202			1,788.00	0.00	0.00	1,788.00
	SOFTWARE MAINT									
10022855036		06/26/202	05/07/202				2.00	0.00	0.00	2.00
	SOFTWARE MAINT									
10022855028		06/26/202	05/07/202	06/01/202			1,788.00	0.00	0.00	1,788.00
	SOFTWARE MAINT									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
14260 CAREFUSION SOLUTIONS, LLC							5,366.00	0.00	0.00	5,366.00
Vendor#	Vendor Name				Class	Pay Code				
13264	CERVEY, LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
28379		06/24/202	05/05/202	07/13/202			1,699.00	0.00	0.00	1,699.00
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
13264 CERVEY, LLC							1,699.00	0.00	0.00	1,699.00
Vendor#	Vendor Name				Class	Pay Code				
12768	CHEMAQUA									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8721449		06/24/202	06/10/202	06/20/202			593.69	0.00	0.00	593.69
	WATER TREATMENTR									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
12768 CHEMAQUA							593.69	0.00	0.00	593.69
Vendor#	Vendor Name				Class	Pay Code				
C1730	CITY OF PORT LAVACA				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
061124		06/21/202	06/11/202				244.10	0.00	0.00	244.10
061124A		06/21/202	06/11/202	07/13/202			150.14	0.00	0.00	150.14
061124B	WATER	06/21/202	06/11/202	07/13/202			3,410.65	0.00	0.00	3,410.65
061124C	WATER	06/21/202	06/11/202	07/13/202			67.63	0.00	0.00	67.63
	WATER									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
C1730 CITY OF PORT LAVACA							3,872.52	0.00	0.00	3,872.52
Vendor#	Vendor Name				Class	Pay Code				
C1970	CONMED CORPORATION				M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10599679		06/26/202	06/06/202	06/26/202			151.49	0.00	0.00	151.49
	SUPPLIES									
10602011		06/26/202	06/08/202	06/26/202			459.00	0.00	0.00	459.00
	SUPPLIES									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
C1970 CONMED CORPORATION							610.49	0.00	0.00	610.49
Vendor#	Vendor Name				Class	Pay Code				
C2150	COOK MEDICAL INCORPORATED				M					

✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	✓
	V26111711		06/11/202	06/11/202	06/24/202			78.90	0.00	0.00	78.90	
	SUPPLIES											
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net	
		C2150	COOK MEDICAL INCORPORATED					78.90	0.00	0.00	78.90	
Vendor#	Vendor Name					Class	Pay Code					
14080	✓	CORROHEALTH, INC.										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	✓
	916176		06/21/202	05/31/202	07/13/202			2,557.65	0.00	0.00	2,557.65	
	CODING											
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net	
		14080	CORROHEALTH, INC.					2,557.65	0.00	0.00	2,557.65	
Vendor#	Vendor Name					Class	Pay Code					
14608	✓	COTIVITI										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	✓
	WANLAM0001		06/26/202	06/26/202	06/26/202			245.00	0.00	0.00	245.00	
	REFUND											
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net	
		14608	COTIVITI					245.00	0.00	0.00	245.00	
Vendor#	Vendor Name					Class	Pay Code					
10006	✓	CUSTOM MEDICAL SPECIALTIES										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	✓
	INV6709		06/12/202	06/07/202	07/07/202			384.84	0.00	0.00	384.84	
	SUPPLIES											
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net	
		10006	CUSTOM MEDICAL SPECIALTIES					384.84	0.00	0.00	384.84	
Vendor#	Vendor Name					Class	Pay Code					
10368	✓	DEWITT POTH & SON										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	✓
	7581990		06/11/202	06/07/202	07/02/202			518.42	0.00	0.00	518.42	
	SUPPLIES											
✓	7583390		06/11/202	06/10/202	07/05/202			106.92	0.00	0.00	106.92	✓
	SUPPLIES											
✓	7581991		06/11/202	06/10/202	07/05/202			2.18	0.00	0.00	2.18	✓
	SUPPLIES											
✓	7592160		06/11/202	06/18/202	07/13/202			230.44	0.00	0.00	230.44	✓
	SUPPLIES											
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net	
		10368	DEWITT POTH & SON					857.96	0.00	0.00	857.96	
Vendor#	Vendor Name					Class	Pay Code					
14800	✓	DIRECTV ENTERTAINMENT HOLDINGS										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	✓
	088862205X240612		06/21/202	06/12/202	07/13/202			489.85	0.00	0.00	489.85	
	SATELLITE											
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net	
		14800	DIRECTV ENTERTAINMENT HOLDINGS					489.85	0.00	0.00	489.85	
Vendor#	Vendor Name					Class	Pay Code					
10789	✓	DISCOVERY MEDICAL NETWORK INC										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	✓
	MMC061524		06/24/202	06/15/202	07/13/202			109,614.84	0.00	0.00	109,614.84	
	PROF FEES CLINIC											
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net	
		10789	DISCOVERY MEDICAL NETWORK INC					109,614.84	0.00	0.00	109,614.84	
Vendor#	Vendor Name					Class	Pay Code					
11291	✓	DOWELL PEST CONTROL										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	

30843	06/26/202	06/24/202	06/24/202	260.00	0.00	0.00	260.00
PEST CONTROL							
Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11291	DOWELL PEST CONTROL		260.00	0.00	0.00	260.00
Vendor#	Vendor Name	Class	Pay Code				
G0501	DR JEANNINE GRIFFIN	W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	
061424F		06/21/202	06/14/202	07/13/202			1,500.00
PEDIATRIC CALL							
Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	G0501	DR JEANNINE GRIFFIN		1,500.00	0.00	0.00	1,500.00
Vendor#	Vendor Name	Class	Pay Code				
14832	DR JOHN CLINTON						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	
061424A		06/21/202	06/14/202	07/13/202			2,700.00
PEDIATRIC CALL							
061424D		06/21/202	06/14/202	07/13/202			1,500.00
PEDIATRIC CALL							
061424E		06/21/202	06/14/202	07/13/202			1,500.00
PEDIATRIC CALL							
061824		06/21/202	06/18/202	07/13/202			3,000.00
PEDIATRIC CALL							
Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	14832	DR JOHN CLINTON		8,700.00	0.00	0.00	8,700.00
Vendor#	Vendor Name	Class	Pay Code				
14924	DR. TIMU KWI						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	
061424B		06/21/202	06/14/202	07/13/202			3,000.00
PEDIATRIC CALL							
061424C		06/21/202	06/14/202	07/13/202			3,000.00
PEDIATRIC CALL							
061824		06/27/202	06/18/202	06/18/202			1,500.00
OB COV							
Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	14924	DR. TIMU KWI		7,500.00	0.00	0.00	7,500.00
Vendor#	Vendor Name	Class	Pay Code				
11284	EMERGENCY STAFFING SOLUTIONS						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	
4337		06/26/202	06/30/202	07/10/202			40,062.50
ER PHYS SERVICES							
Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11284	EMERGENCY STAFFING SOLUTIONS		40,062.50	0.00	0.00	40,062.50
Vendor#	Vendor Name	Class	Pay Code				
14708	EQUALIZE RCM SERVICES						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	
536087		06/21/202	06/01/202	07/13/202			4,759.20
FEES FOR 6/24							
35907A		06/27/202	06/01/202	07/10/202			-800.00
CREDIT							
Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	14708	EQUALIZE RCM SERVICES		3,959.20	0.00	0.00	3,959.20
Vendor#	Vendor Name	Class	Pay Code				
11944	EQUIFAX WORKFORCE SOLUTIONS						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	
2060711081		06/01/202	06/08/202	07/08/202			21.98
EMPLOYEE VERIF							

Vendor Totals: Number		Name		Gross		Discount		No-Pay		Net	
11944		EQUIFAX WORKFORCE SOLUTIONS		21.98		0.00		0.00		21.98	
Vendor#	Vendor Name			Class		Pay Code					
12808	✓ ESUTURES.COM										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓ 564923		06/06/202	06/06/202	07/06/202			379.05	0.00	0.00	379.05	✓
SUPPLIES											
Vendor Totals: Number		Name		Gross		Discount		No-Pay		Net	
12808		ESUTURES.COM		379.05		0.00		0.00		379.05	
Vendor#	Vendor Name			Class		Pay Code					
F1400	✓ FISHER HEALTHCARE			M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓ 2816753		06/11/202	06/11/202	07/06/202			660.60	0.00	0.00	660.60	✓
✓ 3040156		06/25/202	06/12/202	07/12/202			1,446.42	0.00	0.00	1,446.42	✓
✓ 3077688		06/25/202	06/13/202	07/08/202			316.44	0.00	0.00	316.44	✓
✓ 9629808		06/26/202	01/13/202	02/07/202			131.46	0.00	0.00	131.46	✓
SUPPLIES											
✓ 2777965		06/26/202	06/03/202	06/28/202			5,310.00	0.00	0.00	5,310.00	✓
SUPPLIES											
✓ 2856395		06/26/202	06/05/202	06/30/202			119.54	0.00	0.00	119.54	✓
SUPPLIES											
✓ 2963515		06/26/202	06/10/202	07/05/202			403.87	0.00	0.00	403.87	✓
SUPPLIES											
✓ 3001228		06/26/202	06/11/202	07/06/202			1,630.73	0.00	0.00	1,630.73	✓
SUPPLIES											
✓ 3001227		06/26/202	06/11/202	07/06/202			1,256.43	0.00	0.00	1,256.43	✓
SUPPLIES											
✓ 3001226		06/26/202	06/11/202	07/06/202			9.48	0.00	0.00	9.48	✓
SUPPLIES											
Vendor Totals: Number		Name		Gross		Discount		No-Pay		Net	
F1400		FISHER HEALTHCARE		11,284.97		0.00		0.00		11,284.97	
Vendor#	Vendor Name			Class		Pay Code					
11183	✓ FRONTIER										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓ 060224		06/24/202	06/02/202	06/26/202			2,510.20	0.00	0.00	2,510.20	✓
TELEPHONE											
Vendor Totals: Number		Name		Gross		Discount		No-Pay		Net	
11183		FRONTIER		2,510.20		0.00		0.00		2,510.20	
Vendor#	Vendor Name			Class		Pay Code					
12404	✓ GE PRECISION HEALTHCARE, LLC										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓ 6002680586		06/24/202	06/01/202	07/01/202			216.10	0.00	0.00	216.10	✓
6.1.24 - 6.30.24											
Vendor Totals: Number		Name		Gross		Discount		No-Pay		Net	
12404		GE PRECISION HEALTHCARE, LLC		216.10		0.00		0.00		216.10	
Vendor#	Vendor Name			Class		Pay Code					
W1300	✓ GRAINGER			M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓ 9147867916		06/25/202	06/12/202	07/12/202			2,025.16	0.00	0.00	2,025.16	✓
SUPPLIES Garbage Disposal											
✓ 9139664131		06/26/202	06/04/202	06/29/202			61.88	0.00	0.00	61.88	✓
SUPPLIES											
✓ 9142983684		06/26/202	06/06/202	07/01/202			217.05	0.00	0.00	217.05	✓

SUPPLIES

Vendor Totals: Number Name		Gross		Discount		No-Pay		Net		
W1300 GRAINGER		2,304.09		0.00		0.00		2,304.09		
Vendor#	Vendor Name	Class		Pay Code						
12948	GREAT AMERICA FINANCIAL SVCS									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
36796852		06/24/202	06/17/202	07/11/202			69.00	0.00	0.00	69.00
COPIER										
Vendor Totals: Number Name		Gross		Discount		No-Pay		Net		
12948 GREAT AMERICA FINANCIAL SVCS		69.00		0.00		0.00		69.00		
Vendor#	Vendor Name	Class		Pay Code						
G1210	GULF COAST PAPER COMPANY	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2543576		06/26/202	06/11/202	07/11/202			1,021.46	0.00	0.00	1,021.46
SUPPLIES										
Vendor Totals: Number Name		Gross		Discount		No-Pay		Net		
G1210 GULF COAST PAPER COMPANY		1,021.46		0.00		0.00		1,021.46		
Vendor#	Vendor Name	Class		Pay Code						
10334	HEALTH CARE LOGISTICS INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
309490336		06/12/202	06/06/202	07/06/202			73.00	0.00	0.00	73.00
FREEZER THERMOMETER										
Vendor Totals: Number Name		Gross		Discount		No-Pay		Net		
10334 HEALTH CARE LOGISTICS INC		73.00		0.00		0.00		73.00		
Vendor#	Vendor Name	Class		Pay Code						
10804	HEALTHCARE CODING & CONSULTING									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
15116		06/21/202	05/31/202	07/13/202			152.00	0.00	0.00	152.00
CODING SERVICES May 2024										
Vendor Totals: Number Name		Gross		Discount		No-Pay		Net		
10804 HEALTHCARE CODING & CONSULTING		152.00		0.00		0.00		152.00		
Vendor#	Vendor Name	Class		Pay Code						
11552	HEALTHCARE FINANCIAL SERVICES									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100897140		06/27/202	05/27/202	07/01/202			4,610.52	0.00	0.00	4,610.52
LEASE PAYMENT										
Vendor Totals: Number Name		Gross		Discount		No-Pay		Net		
11552 HEALTHCARE FINANCIAL SERVICES		4,610.52		0.00		0.00		4,610.52		
Vendor#	Vendor Name	Class		Pay Code						
14916	HEWLETT-PACKARD									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100000236413		06/24/202	06/17/202	07/13/202			573.53	0.00	0.00	573.53
AUGUST RENTAL										
Vendor Totals: Number Name		Gross		Discount		No-Pay		Net		
14916 HEWLETT-PACKARD		573.53		0.00		0.00		573.53		
Vendor#	Vendor Name	Class		Pay Code						
15208	HOSPITAL CARE CONSULTANTS INC.									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6568		06/26/202	06/30/202	07/10/202			23,663.00	0.00	0.00	23,663.00
HOSPITAL PHYS SERVICES 14th - 60m										
6554A		06/27/202	06/15/202	06/25/202			23,663.00	0.00	0.00	23,663.00
PHY SERVICES 1-15th										
Vendor Totals: Number Name		Gross		Discount		No-Pay		Net		
15208 HOSPITAL CARE CONSULTANTS INC.		47,326.00		0.00		0.00		47,326.00		
Vendor#	Vendor Name	Class		Pay Code						
15512	IMAGING CENTER									

✓ Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 417831		06/27/202	05/01/202	06/01/202			1,889.50	0.00	0.00	1,889.50 ✓
SUPPLIES FOR PRINTER										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
15512 IMAGING CENTER							1,889.50	0.00	0.00	1,889.50
Vendor#	Vendor Name			Class	Pay Code					
14976 ✓	INOVALON PROVIDER INC.									
✓ Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 24M0076131		06/12/202	06/07/202	07/07/202			736.56	0.00	0.00	736.56 ✓
SCHEDULER U.I. 24 - U.30.24										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
14976 INOVALON PROVIDER INC.							736.56	0.00	0.00	736.56
Vendor#	Vendor Name			Class	Pay Code					
11200 ✓	IRON MOUNTAIN									
✓ Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ JMGL426		06/21/202	05/31/202	07/13/202			1,285.36	0.00	0.00	1,285.36 ✓
SHREDDING										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
11200 IRON MOUNTAIN							1,285.36	0.00	0.00	1,285.36
Vendor#	Vendor Name			Class	Pay Code					
J0150 ✓	J & J HEALTH CARE SYSTEMS, INC									
✓ Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 938752474		06/07/202	06/07/202	07/07/202			885.20	0.00	0.00	885.20 ✓
SUPPLIES										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
J0150 J & J HEALTH CARE SYSTEMS, INC							885.20	0.00	0.00	885.20
Vendor#	Vendor Name			Class	Pay Code					
14540 ✓	JINDAL X LLC									
✓ Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 202425013		06/24/202	06/19/202	07/03/202			9,000.00	0.00	0.00	9,000.00 ✓
REVENUE CYCLE MGT										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
14540 JINDAL X LLC							9,000.00	0.00	0.00	9,000.00
Vendor#	Vendor Name			Class	Pay Code					
W1372 ✓	JOHN B WRIGHT LLC									
✓ Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 061824A		06/21/202	06/18/202	07/13/202			2,100.00	0.00	0.00	2,100.00 ✓
PEDIATRIC CALL										
✓ Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 061424		06/27/202	06/14/202	06/14/202			2,700.00	0.00	0.00	2,700.00 ✓
OB COV										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
W1372 JOHN B WRIGHT LLC							4,800.00	0.00	0.00	4,800.00
Vendor#	Vendor Name			Class	Pay Code					
J1415 ✓	JOHNSTONE SUPPLY			W						
✓ Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 6086540		06/12/202	06/04/202	06/14/202			114.15	0.00	0.00	114.15 ✓
SUPPLIES										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
J1415 JOHNSTONE SUPPLY							114.15	0.00	0.00	114.15
Vendor#	Vendor Name			Class	Pay Code					
K0532 ✓	KAVU-TV									
✓ Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 707251		05/31/202	03/31/202	07/10/202			50.00	0.00	0.00	50.00 ✓
ADVERTISING										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
K0532 KAVU-TV							50.00	0.00	0.00	50.00

Vendor#	Vendor Name				Class	Pay Code					
K0530	KCI USA				M						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	32677295		06/26/202	06/12/202	06/26/202			-131.75	0.00	0.00	-131.75
		CREDIT									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		K0530	KCI USA					-131.75	0.00	0.00	-131.75
Vendor#	Vendor Name				Class	Pay Code					
15508	KMOL-TV										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	707201		05/31/202	03/31/202	07/10/202			48.00	0.00	0.00	48.00
		ADVERTISING									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		15508	KMOL-TV					48.00	0.00	0.00	48.00
Vendor#	Vendor Name				Class	Pay Code					
12664	KNOWBE4, INC.										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	INV328182		06/26/202	05/31/202	07/13/202			6,210.00	0.00	0.00	6,210.00
		DIAMOND TRAINING 1 YR SUB									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		12664	KNOWBE4, INC.					6,210.00	0.00	0.00	6,210.00
Vendor#	Vendor Name				Class	Pay Code					
15504	KVCT-TV										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	707222		05/31/202	04/28/202	07/10/202			80.00	0.00	0.00	80.00
		ADVERTISING									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		15504	KVCT-TV					80.00	0.00	0.00	80.00
Vendor#	Vendor Name				Class	Pay Code					
15500	KXTS-TV										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	707161		05/31/202	03/31/202	07/10/202			56.00	0.00	0.00	56.00
		ADVERTISING									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		15500	KXTS-TV					56.00	0.00	0.00	56.00
Vendor#	Vendor Name				Class	Pay Code					
11600	LEGAL SHIELD										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	061524		06/24/202	06/15/202	06/15/202			558.55	0.00	0.00	558.55
		INSURANCE									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11600	LEGAL SHIELD					558.55	0.00	0.00	558.55
Vendor#	Vendor Name				Class	Pay Code					
14432	LGC CLINICAL DIAGNOSTICS, INC.										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	90270575		06/26/202	06/24/202	06/26/202			2,001.00	0.00	0.00	2,001.00
		SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14432	LGC CLINICAL DIAGNOSTICS, INC.					2,001.00	0.00	0.00	2,001.00
Vendor#	Vendor Name				Class	Pay Code					
10972	M G TRUST										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	061324		06/21/202	06/13/202	07/13/202			895.00	0.00	0.00	895.00
		EMPLOYEE DEDUCT									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10972	M G TRUST					895.00	0.00	0.00	895.00

Vendor#	Vendor Name		Class	Pay Code							
15200	MANAGED CARE PARTNERS INC.										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	6441		06/24/202	07/01/202	07/01/202			500.00	0.00	0.00	500.00
	PRO FEES										
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		15200	MANAGED CARE PARTNERS INC.					500.00	0.00	0.00	500.00
Vendor#	Vendor Name		Class	Pay Code							
M2178	MCKESSON MEDICAL SURGICAL INC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	22212749		06/26/202	06/10/202	06/25/202			152.40	0.00	0.00	152.40
	22220094	SUPPLIES	06/26/202	06/11/202	06/26/202			119.59	0.00	0.00	119.59
	22219530	SUPPLIES	06/26/202	06/12/202	06/27/202			263.52	0.00	0.00	263.52
	22238357	SUPPLIES	06/26/202	06/17/202	07/02/202			119.59	0.00	0.00	119.59
	22250276	SUPPLIES	06/26/202	06/19/202	07/04/202			46.23	0.00	0.00	46.23
	22247958	SUPPLIES	06/26/202	06/19/202	07/04/202			288.27	0.00	0.00	288.27
	22236290	SUPPLIES	06/27/202	06/14/202	06/29/202			535.00	0.00	0.00	535.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		M2178	MCKESSON MEDICAL SURGICAL INC					1,524.60	0.00	0.00	1,524.60
Vendor#	Vendor Name		Class	Pay Code							
M2470	MEDLINE INDUSTRIES INC		M								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	2321637033		06/06/202	06/06/202	07/01/202			154.35	0.00	0.00	154.35
	2322334254	SUPPLIES	06/11/202	06/11/202	07/06/202			54.11	0.00	0.00	54.11
	2322413482	SUPPLIES	06/12/202	06/12/202	07/07/202			1,235.52	0.00	0.00	1,235.52
	2322413474	SUPPLIES	06/12/202	06/12/202	07/07/202			1,186.92	0.00	0.00	1,186.92
	2322413481	SUPPLIES	06/12/202	06/12/202	07/07/202			3,575.28	0.00	0.00	3,575.28
	2322413471	SUPPLIES	06/12/202	06/12/202	07/07/202			99.90	0.00	0.00	99.90
	2322413470	SUPPLIES	06/12/202	06/12/202	07/07/202			350.47	0.00	0.00	350.47
	2322413472	SUPPLIES	06/12/202	06/12/202	07/07/202			220.33	0.00	0.00	220.33
	2322413473	SUPPLIES	06/12/202	06/12/202	07/07/202			187.06	0.00	0.00	187.06
	2235585333	SUPPLIES	06/19/202	10/26/202	11/20/202			376.16	0.00	0.00	376.16
	2255008978	SUPPLIES	06/19/202	02/22/202	03/19/202			110.35	0.00	0.00	110.35
	2291696193	SUPPLIES	06/19/202	10/27/202	11/21/202			296.65	0.00	0.00	296.65
	2303554018	SUPPLIES	06/19/202	01/17/202	02/11/202			29.52	0.00	0.00	29.52
	2303554022	SUPPLIES	06/19/202	01/17/202	02/11/202			5,693.73	0.00	0.00	5,693.73

✓	2303554020	SUPPLIES	06/19/202 01/17/202 02/11/202	12,145.58	0.00	0.00	12,145.58 ✓
✓	2303554017	SUPPLIES	06/19/202 01/17/202 02/11/202	45.12	0.00	0.00	45.12 ✓
✓	2303579888	SUPPLIES	06/19/202 01/17/202 02/11/202	116.56	0.00	0.00	116.56 ✓
✓	2303554021	SUPPLIES	06/19/202 01/17/202 02/11/202	1,889.47	0.00	0.00	1,889.47 ✓
✓	2303554023	SUPPLIES	06/19/202 01/17/202 02/11/202	40.63	0.00	0.00	40.63 ✓
✓	2303554016	SUPPLIES	06/19/202 01/17/202 02/11/202	87.22	0.00	0.00	87.22 ✓
✓	2309532028	SUPPLIES	06/19/202 03/01/202 03/26/202	-226.23	0.00	0.00	-226.23 ✓
✓	2309863232	CREDIT FOR SUPPLIES	06/19/202 03/05/202 03/30/202	27.50	0.00	0.00	27.50 ✓
✓	2309863233	SUPPLIES	06/19/202 03/05/202 03/30/202	1,676.89	0.00	0.00	1,676.89 ✓
✓	2303784625	SUPPLIES	06/24/202 01/18/202 02/12/202	984.34	0.00	0.00	984.34 ✓
✓	2303784624	SUPPLIES	06/24/202 01/18/202 02/12/202	136.27	0.00	0.00	136.27 ✓
✓	2314483249	SUPPLIES	06/24/202 04/10/202 05/05/202	40.98	0.00	0.00	40.98 ✓
✓	2314483251	SUPPLIES	06/24/202 04/10/202 05/05/202	216.88	0.00	0.00	216.88 ✓
✓	2314483246	SUPPLIES	06/24/202 04/10/202 05/05/202	10.93	0.00	0.00	10.93 ✓
✓	2314483250	SUPPLIES	06/24/202 04/10/202 05/05/202	74.34	0.00	0.00	74.34 ✓
✓	2314483254	SUPPLIES	06/24/202 04/10/202 05/05/202	14.26	0.00	0.00	14.26 ✓
✓	2314483255	SUPPLIES	06/24/202 04/10/202 05/05/202	3.35	0.00	0.00	3.35 ✓
✓	2314483253	SUPPLIES	06/24/202 04/10/202 05/05/202	10,562.15	0.00	0.00	10,562.15 ✓
✓	2314483247	SUPPLIES	06/24/202 04/10/202 05/05/202	70.58	0.00	0.00	70.58 ✓
✓	2317274483	SUPPLIES	06/24/202 05/01/202 05/26/202	32.80	0.00	0.00	32.80 ✓
✓	2317274495	SUPPLIES	06/24/202 05/01/202 05/26/202	1,424.71	0.00	0.00	1,424.71 ✓
✓	2317274486	SUPPLIES	06/24/202 05/01/202 05/26/202	115.01	0.00	0.00	115.01 ✓
✓	2317274488	SUPPLIES	06/24/202 05/01/202 05/26/202	714.12	0.00	0.00	714.12 ✓
✓	2317274485	SUPPLIES	06/24/202 05/01/202 05/26/202	101.40	0.00	0.00	101.40 ✓
✓	2317274494	SUPPLIES	06/24/202 05/01/202 05/26/202	4,939.97	0.00	0.00	4,939.97 ✓
✓	2317274470	SUPPLIES	06/24/202 05/01/202 05/26/202	49.23	0.00	0.00	49.23 ✓
✓	2317274469	SUPPLIES	06/24/202 05/01/202 05/26/202	14.95	0.00	0.00	14.95 ✓
✓	2317274487	SUPPLIES	06/24/202 05/01/202 05/26/202	33.26	0.00	0.00	33.26 ✓

✓	2317274489	SUPPLIES	06/24/202	05/01/202	05/26/202		169.13	0.00	0.00	169.13	✓
✓	2318925263	SUPPLIES	06/24/202	05/14/202	06/08/202		282.47	0.00	0.00	282.47	✓
✓	2322539945	SUPPLIES	06/26/202	06/12/202	07/07/202		197.04	0.00	0.00	197.04	✓
✓	2323123532	SUPPLIES	06/26/202	06/18/202	07/13/202		82.10	0.00	0.00	82.10	✓
✓	2323123533	SUPPLIES	06/26/202	06/18/202	07/13/202		158.88	0.00	0.00	158.88	✓
✓	2322814026	SUPPLIES	06/27/202	06/14/202	07/09/202		106.45	0.00	0.00	106.45	✓
✓	2323062255	SUPPLIES	06/27/202	06/17/202	07/12/202		77.13	0.00	0.00	77.13	✓
✓	2323062256	SUPPLIES	06/27/202	06/17/202	07/12/202		294.94	0.00	0.00	294.94	✓
Vendor Totals: Number Name Gross Discount No-Pay Net											
	M2470	MEDLINE INDUSTRIES INC					50,280.76	0.00	0.00	50,280.76	
Vendor#	Vendor Name		Class	Pay Code							
10963	✓	MEMORIAL MEDICAL CLINIC									
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	061324		06/21/202	06/13/202	07/13/202			521.19	0.00	0.00	521.19
COPAYS											
Vendor Totals: Number Name Gross Discount No-Pay Net											
	10963	MEMORIAL MEDICAL CLINIC					521.19	0.00	0.00	521.19	
Vendor#	Vendor Name		Class	Pay Code							
M2621	✓	MMC AUXILIARY GIFT SHOP		W							
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	061324		06/24/202	06/13/202	06/13/202			253.64	0.00	0.00	253.64
PAYROLL DEDUCT											
Vendor Totals: Number Name Gross Discount No-Pay Net											
	M2621	MMC AUXILIARY GIFT SHOP					253.64	0.00	0.00	253.64	
Vendor#	Vendor Name		Class	Pay Code							
10536	✓	MORRIS & DICKSON CO, LLC									
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	2091816		06/21/202	06/11/202	07/13/202			60.27	0.00	0.00	60.27
✓	2093584	INVENTORY	06/21/202	06/11/202	07/13/202			324.73	0.00	0.00	324.73
✓	2093583	INVENTORY	06/21/202	06/11/202	07/13/202			18.73	0.00	0.00	18.73
✓	2095843	INVENTORY	06/21/202	06/12/202	07/13/202			912.76	0.00	0.00	912.76
✓	2098604	INVENTORY	06/21/202	06/12/202	07/13/202			112.83	0.00	0.00	112.83
✓	2095844	INVENTORY	06/21/202	06/12/202	07/13/202			188.18	0.00	0.00	188.18
✓	2095842	INVENTORY	06/21/202	06/12/202	07/13/202			81.76	0.00	0.00	81.76
✓	2098605	INVENTORY	06/21/202	06/12/202	07/13/202			1,232.28	0.00	0.00	1,232.28
✓	2095365	INVENTORY	06/21/202	06/12/202	07/13/202			2,171.50	0.00	0.00	2,171.50
✓	0013261	INVENTORY	06/21/202	06/12/202	07/13/202			525.00	0.00	0.00	525.00

✓ 2103064		06/21/202 06/13/202 07/13/202	117.82	0.00	0.00	117.82 ✓
✓ 2103233	INVENTORY	06/21/202 06/13/202 07/13/202	629.66	0.00	0.00	629.66 ✓
✓ 1732	INVENTORY	06/21/202 06/13/202 07/13/202	-158.64	0.00	0.00	-158.64 ✓
✓ 2103466	INVENTORY	06/21/202 06/13/202 07/13/202	40.75	0.00	0.00	40.75 ✓
✓ 2103232	INVENTORY	06/21/202 06/13/202 07/13/202	27.25	0.00	0.00	27.25 ✓
✓ 2108342	INVENTORY	06/21/202 06/16/202 07/13/202	0.19	0.00	0.00	0.19 ✓
✓ 2110504	INVENTORY	06/21/202 06/16/202 07/13/202	328.10	0.00	0.00	328.10 ✓
✓ 2108343	INVENTORY	06/21/202 06/16/202 07/13/202	0.19	0.00	0.00	0.19 ✓
✓ 2110503	INVENTORY	06/21/202 06/16/202 07/13/202	1,260.57	0.00	0.00	1,260.57 ✓
✓ 2110502	INVENTORY	06/21/202 06/16/202 07/13/202	412.62	0.00	0.00	412.62 ✓
✓ 2108341	INVENTORY	06/21/202 06/16/202 07/13/202	5.60	0.00	0.00	5.60 ✓
✓ 2114765	INVENTORY	06/21/202 06/17/202 07/13/202	108.50	0.00	0.00	108.50 ✓
✓ 2115037	INVENTORY	06/21/202 06/17/202 07/13/202	472.17	0.00	0.00	472.17 ✓
✓ 2114766	INVENTORY	06/21/202 06/17/202 07/13/202	194.69	0.00	0.00	194.69 ✓
✓ 2119561	INVENTORY	06/21/202 06/18/202 07/13/202	130.49	0.00	0.00	130.49 ✓
✓ 2118288	INVENTORY	06/21/202 06/18/202 07/13/202	1,375.24	0.00	0.00	1,375.24 ✓
✓ 2117230	INVENTORY	06/21/202 06/18/202 07/13/202	77.72	0.00	0.00	77.72 ✓
✓ 2117323	INVENTORY	06/21/202 06/18/202 07/13/202	4.44	0.00	0.00	4.44 ✓
✓ 2117232	INVENTORY	06/21/202 06/18/202 07/13/202	1,061.50	0.00	0.00	1,061.50 ✓
✓ 2117229	INVENTORY	06/21/202 06/18/202 07/13/202	494.16	0.00	0.00	494.16 ✓
✓ 2124984	INVENTORY	06/21/202 06/19/202 07/13/202	-64.84	0.00	0.00	-64.84 ✓
✓ CM32740	CREDIT	06/21/202 06/19/202 07/13/202	-2,286.69	0.00	0.00	-2,286.69 ✓
✓ CM32741	CREDIT	06/21/202 06/19/202 07/13/202	153.32	0.00	0.00	153.32 ✓
✓ 2124983	INVENTORY	06/21/202 07/13/202 07/10/202	32.87	0.00	0.00	32.87 ✓
✓ 2124985	INVENTORY	06/21/202 07/13/202 07/10/202	-13.60	0.00	0.00	-13.60 ✓
✓ 3148	CREDIT	06/26/202 06/19/202 06/29/202	-49.99	0.00	0.00	-49.99 ✓
✓ CM33142	CREDIT	06/26/202 06/20/202 06/30/202	111.97	0.00	0.00	111.97 ✓
✓ 2129203	INVENTORY	06/26/202 06/20/202 07/10/202	10.58	0.00	0.00	10.58 ✓
✓ 2129202	INVENTORY	06/26/202 06/20/202 07/10/202				

✓	2126928		06/26/202	06/20/202	07/10/202		1,713.11	0.00	0.00	1,713.11	✓	
		INVENTORY										
✓	2136407		06/26/202	06/23/202	07/10/202		201.12	0.00	0.00	201.12	✓	
		INVENTORY										
✓	2134238		06/26/202	06/23/202	07/10/202		65.62	0.00	0.00	65.62	✓	
		INVENTORY										
✓	2136406		06/26/202	06/23/202	07/10/202		51.45	0.00	0.00	51.45	✓	
		INVENTORY										
✓	2134237		06/26/202	06/23/202	07/10/202		32.77	0.00	0.00	32.77	✓	
		INVENTORY										
✓	2139989		06/26/202	06/24/202	07/10/202		0.96	0.00	0.00	0.96	✓	
		SUPPLIES										
✓	2139990		06/26/202	06/24/202	07/10/202		601.08	0.00	0.00	601.08	✓	
		SUPPLIES										
✓	2145823		06/26/202	06/25/202	07/05/202		75.09	0.00	0.00	75.09	✓	
		SUPPLIES										
✓	2142980		06/26/202	06/25/202	07/05/202		146.37	0.00	0.00	146.37	✓	
		SUPPLIES										
✓	2145824		06/26/202	06/25/202	07/10/202		1,893.69	0.00	0.00	1,893.69	✓	
		SUPPLIES										
✓	2145602		06/26/202	06/25/202	07/10/202		7,298.08	0.00	0.00	7,298.08	✓	
		SUPPLIES										
✓	3044A		06/27/202	06/19/202	06/29/202		-16.87	0.00	0.00	-16.87	✓	
		CREDIT										
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
		10536	MORRIS & DICKSON CO, LLC				22,167.15	0.00	0.00	22,167.15		
Vendor#	Vendor Name			Class	Pay Code							
15224	✓	MUTUAL OF OMAHA										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	✓	061724	06/27/202	06/17/202	07/01/202			25,783.33	0.00	0.00	25,783.33	✓
		INSURANCE										
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
		15224	MUTUAL OF OMAHA				25,783.33	0.00	0.00	25,783.33		
Vendor#	Vendor Name			Class	Pay Code							
12388	✓	NATIONAL FARM LIFE INSURANCE										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	✓	4237345	06/21/202	06/10/202	07/13/202			2,210.94	0.00	0.00	2,210.94	✓
		LIFE INSURANCE										
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
		12388	NATIONAL FARM LIFE INSURANCE				2,210.94	0.00	0.00	2,210.94		
Vendor#	Vendor Name			Class	Pay Code							
12796	✓	NEW DISTRIBUTING										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	✓	694562406A	06/24/202	06/07/202	06/17/202			2,463.88	0.00	0.00	2,463.88	✓
		DIESEL										
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
		12796	NEW DISTRIBUTING				2,463.88	0.00	0.00	2,463.88		
Vendor#	Vendor Name			Class	Pay Code							
13624	✓	NEXION HEALTH AT NAVASOTA INC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	✓	TELEMED20240202	06/26/202	06/10/202	06/10/202			1,000.00	0.00	0.00	1,000.00	✓
		REIMBURSEMENT MAY 24										
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
		13624	NEXION HEALTH AT NAVASOTA INC				1,000.00	0.00	0.00	1,000.00		
Vendor#	Vendor Name			Class	Pay Code							
11472	✓	OCCUPRO LLC										

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 35880		06/01/202	06/07/202	07/07/202			472.50	0.00	0.00	472.50
LICENSE										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		11472	OCCUPRO LLC				472.50	0.00	0.00	472.50
Vendor#	Vendor Name			Class	Pay Code					
Q1500	✓ OLYMPUS AMERICA INC			M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 36402086		06/26/202	06/17/202	07/12/202			406.48	0.00	0.00	406.48
SUPPLIES										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		O1500	OLYMPUS AMERICA INC				406.48	0.00	0.00	406.48
Vendor#	Vendor Name			Class	Pay Code					
P1800	✓ PITNEY BOWES INC			W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 1025492160		06/26/202	06/09/202	07/09/202			527.64	0.00	0.00	527.64
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		P1800	PITNEY BOWES INC				527.64	0.00	0.00	527.64
Vendor#	Vendor Name			Class	Pay Code					
12708	✓ POC ELECTRIC, LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 4117		06/24/202	06/21/202	06/21/202			450.00	0.00	0.00	450.00
✓ 4118		06/24/202	06/21/202	06/21/202			300.00	0.00	0.00	300.00
DEMO WATER TANK										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		12708	POC ELECTRIC, LLC				750.00	0.00	0.00	750.00
Vendor#	Vendor Name			Class	Pay Code					
P2100	✓ PORT LAVACA WAVE			W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 400018685		06/24/202	05/30/202	06/30/202			26.25	0.00	0.00	26.25
ADVERTISING										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		P2100	PORT LAVACA WAVE				26.25	0.00	0.00	26.25
Vendor#	Vendor Name			Class	Pay Code					
R1045	✓ R & D BATTERIES INC			M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 1771946		06/12/202	06/06/202	07/07/202			41.39	0.00	0.00	41.39
BATTERIES										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		R1045	R & D BATTERIES INC				41.39	0.00	0.00	41.39
Vendor#	Vendor Name			Class	Pay Code					
11080	✓ RADSOURCE									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ PSA002076		06/12/202	06/12/202	07/07/202			1,791.67	0.00	0.00	1,791.67
	SAMSUNG GC80									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		11080	RADSOURCE				1,791.67	0.00	0.00	1,791.67
Vendor#	Vendor Name			Class	Pay Code					
11024	✓ REED, CLAYMON, MEEKER & HARGET									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 31389		06/21/202	06/13/202	07/13/202			490.00	0.00	0.00	490.00
LEGAL SVCS										
✓ 31337		06/21/202	06/13/202	07/13/202			196.00	0.00	0.00	196.00
LEGAL SVCS										

✓ 31503		06/21/202	06/17/202	07/13/202			2,500.00	0.00	0.00	2,500.00 ✓
	LEGAL SVCS									
	Vendor Totals: Number	Name					Gross	Discount	No-Pay	Net
	11024	REED, CLAYMON, MEEKER & HARGET					3,186.00	0.00	0.00	3,186.00
Vendor#	Vendor Name		Class	Pay Code						
15264 ✓	REPUBLIC PAIN SPECIALISTS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	32		06/21/202	06/17/202	07/13/202		7,000.00	0.00	0.00	7,000.00
	PAIN SPECIALISTS									
	Vendor Totals: Number	Name					Gross	Discount	No-Pay	Net
	15264	REPUBLIC PAIN SPECIALISTS					7,000.00	0.00	0.00	7,000.00 ✓
Vendor#	Vendor Name		Class	Pay Code						
S1800 ✓	SHERWIN WILLIAMS		W							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	053124		06/27/202	05/31/202	06/20/202		766.91	0.00	0.00	766.91 ✓
	PAINT									
	Vendor Totals: Number	Name					Gross	Discount	No-Pay	Net
	S1800	SHERWIN WILLIAMS					766.91	0.00	0.00	766.91
Vendor#	Vendor Name		Class	Pay Code						
S2001 ✓	SIEMENS MEDICAL SOLUTIONS INC		M							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	116563986		06/25/202	06/16/202	07/11/202		2,451.95	0.00	0.00	2,451.95 ✓
	SYMBIA EVO CONTRACT									
	Vendor Totals: Number	Name					Gross	Discount	No-Pay	Net
	S2001	SIEMENS MEDICAL SOLUTIONS INC					2,451.95	0.00	0.00	2,451.95
Vendor#	Vendor Name		Class	Pay Code						
10681 ✓	SIMMLER, INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	194388		06/26/202	06/12/202	07/12/202		222.00	0.00	0.00	222.00 ✓
	SUPPLIES									
	Vendor Totals: Number	Name					Gross	Discount	No-Pay	Net
	10681	SIMMLER, INC.					222.00	0.00	0.00	222.00
Vendor#	Vendor Name		Class	Pay Code						
12472 ✓	SOMETHING MORE MEDIA, INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	2202		06/26/202	06/26/202	07/11/202		2,525.00	0.00	0.00	2,525.00 ✓
	PROFESSIONAL SERVICES									
	Vendor Totals: Number	Name					Gross	Discount	No-Pay	Net
	12472	SOMETHING MORE MEDIA, INC.					2,525.00	0.00	0.00	2,525.00 ✓
Vendor#	Vendor Name		Class	Pay Code						
11296 ✓	SOUTH TEXAS BLOOD & TISSUE CEN									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	CM12535		06/21/202	06/15/202	07/13/202		-2,846.00	0.00	0.00	-2,846.00 ✓
	CREDIT									
	Vendor Totals: Number	Name					Gross	Discount	No-Pay	Net
	11296	SOUTH TEXAS BLOOD & TISSUE CEN					-2,846.00	0.00	0.00	-2,846.00 ✓
Vendor#	Vendor Name		Class	Pay Code						
C1010 ✓	SPARKLIGHT		W							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	061424		06/27/202	06/14/202	06/15/202		136.09	0.00	0.00	136.09 ✓
	CABLE									
✓	061624		06/27/202	06/16/202	06/17/202		144.21	0.00	0.00	144.21 ✓
	CABLE									
	Vendor Totals: Number	Name					Gross	Discount	No-Pay	Net
	C1010	SPARKLIGHT					280.30	0.00	0.00	280.30
Vendor#	Vendor Name		Class	Pay Code						

S3940	✓	STERIS CORPORATION			M								
		Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	✓	9964475		06/27/202	03/17/202	04/11/202			-174.54	0.00	0.00	-174.54	✓
			CREDIT										
	✓	504645646		06/27/202	06/04/202	06/29/202			774.00	0.00	0.00	774.00	✓
			SERVICE										
	✓	12480927		06/27/202	06/11/202	07/06/202			22.84	0.00	0.00	22.84	✓
			SUPPLIES										
		Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net	
			S3940	STERIS CORPORATION					622.30	0.00	0.00	622.30	
Vendor#		Vendor Name				Class		Pay Code					
11772	✓	STERIS INSTRUMENT MANAGEMENT											
		Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	✓	2808552		06/26/202	06/10/202	07/10/202			687.00	0.00	0.00	687.00	✓
		Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net	
			11772	STERIS INSTRUMENT MANAGEMENT					687.00	0.00	0.00	687.00	
Vendor#		Vendor Name				Class		Pay Code					
S2830	✓	STRYKER SALES CORP					M						
		Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	✓	9205344464		06/11/202	01/03/202	05/29/202			1,397.25	0.00	0.00	1,397.25	✓
		Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net	
			S2830	STRYKER SALES CORP					1,397.25	0.00	0.00	1,397.25	
Vendor#		Vendor Name				Class		Pay Code					
T1450	✓	TEXAS ASSOCIATION OF COUNTIES					W						
		Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	✓	062524		06/27/202	06/25/202	06/25/202			2,361.77	0.00	0.00	2,361.77	✓
			Q2 UNEMPLOYMENT										
	✓	062524A		06/27/202	06/25/202	06/25/202			2,718.37	0.00	0.00	2,718.37	✓
			Q1 UNEMPLOYMENT										
		Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net	
			T1450	TEXAS ASSOCIATION OF COUNTIES					5,080.14	0.00	0.00	5,080.14	
Vendor#		Vendor Name				Class		Pay Code					
10985	✓	THE COMPLIANCE TEAM, INC											
		Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	✓	00043485		06/26/202	06/14/202	06/15/202			3,487.50	0.00	0.00	3,487.50	✓
			ACCREDITATION CONTRACT 2NI										
		Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net	
			10985	THE COMPLIANCE TEAM, INC					3,487.50	0.00	0.00	3,487.50	
Vendor#		Vendor Name				Class		Pay Code					
14012	✓	TK ELEVATOR CORPORATION											
		Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	✓	5002463117		06/24/202	05/09/202	05/09/202			1,760.50	0.00	0.00	1,760.50	✓
	✓	5002465074		06/24/202	05/14/202				2,640.75	0.00	0.00	2,640.75	✓
		Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net	
			14012	TK ELEVATOR CORPORATION					4,401.25	0.00	0.00	4,401.25	
Vendor#		Vendor Name				Class		Pay Code					
13616	✓	TRIOSE, INC											
		Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	✓	TRI188359		06/21/202	06/11/202	07/13/202			403.07	0.00	0.00	403.07	✓
			FREIGHT										
	✓	TRI189468		06/26/202	06/24/202	07/09/202			143.88	0.00	0.00	143.88	✓
			FREIGHT										

Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
13616 TRIOSE, INC							546.95	0.00	0.00	546.95
Vendor#	Vendor Name			Class	Pay Code					
11067	TRIZETTO PROVIDER SOLUTIONS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	35FK062400		06/24/202	06/01/202	06/26/202		1,587.97	0.00	0.00	1,587.97
PT STATEMENTS										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
11067 TRIZETTO PROVIDER SOLUTIONS							1,587.97	0.00	0.00	1,587.97
Vendor#	Vendor Name			Class	Pay Code					
10841	TRUBRIDGE, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	T2406181378		06/21/202	06/18/202	07/13/202		8,188.44	0.00	0.00	8,188.44
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
10841 TRUBRIDGE, LLC							8,188.44	0.00	0.00	8,188.44
Vendor#	Vendor Name			Class	Pay Code					
14208	TRUSTED HEALTH, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	INV69190		06/27/202	06/13/202	07/13/202		2,486.25	0.00	0.00	2,486.25
NURSSE STAFFING ER										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
14208 TRUSTED HEALTH, INC							2,486.25	0.00	0.00	2,486.25
Vendor#	Vendor Name			Class	Pay Code					
U1064	UNIFIRST HOLDINGS INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	2921034732		06/21/202	06/13/202	07/08/202		282.90	0.00	0.00	282.90
		LAUNDRY								
	2921034734		06/21/202	06/13/202	07/08/202		111.61	0.00	0.00	111.61
		LAUNDRY								
	2921034729		06/21/202	06/13/202	07/08/202		2,741.59	0.00	0.00	2,741.59
		LAUNDRY								
	2921034731		06/21/202	06/13/202	07/08/202		318.00	0.00	0.00	318.00
		LAUNDRY								
	2921034733		06/21/202	06/13/202	07/08/202		232.22	0.00	0.00	232.22
		LAUNDRY								
	2921034727		06/21/202	06/13/202	07/08/202		147.77	0.00	0.00	147.77
		LAUNDRY								
	2921034730		06/21/202	06/13/202	07/08/202		34.04	0.00	0.00	34.04
		LAUNDRY								
	2921034728		06/21/202	06/13/202	07/08/202		266.67	0.00	0.00	266.67
		LAUNDRY								
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
U1064 UNIFIRST HOLDINGS INC							4,134.80	0.00	0.00	4,134.80
Vendor#	Vendor Name			Class	Pay Code					
11018	WEBPT, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	INV508108		06/21/202	03/29/202	07/13/202		516.33	0.00	0.00	516.33
PROVIDER SUBSCRIPTION										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
11018 WEBPT, INC							516.33	0.00	0.00	516.33
Vendor#	Vendor Name			Class	Pay Code					
11110	WERFEN USA LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	9111466702		06/11/202	03/04/202	03/29/202		2,501.51	0.00	0.00	2,501.51
SUPPLIES										

✓ 9111458306	06/26/202 02/15/202 03/11/202	1,571.67	0.00	0.00	1,571.67 ✓
SUPPLIES					
✓ 9111524868	06/26/202 06/12/202 07/07/202	1,571.67	0.00	0.00	1,571.67 ✓
SUPPLIES					
Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11110	WERFEN USA LLC	5,644.85	0.00	0.00	5,644.85

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	483,884.66	0.00	0.00	~~483,884.66~~

483,884.66 +
 1,353.45 +
 642.85 -
 595.00 +
 131.75 +
 2,286.69 +
 2,286.89 -
 2,846.00 +
 488,167.81

Credit pg. 1 Amerisource removed
 pg. 2 Blais Fru. Tax Incl incorrect
 correct amount
 Credit pg. 9 KCI USA removed
 pg. 13 Morris & Dickson Inv. incorrect amount
 correct amount (credit)
 pg. 16 Credit South TX Blood removed

APPROVED ON

JUN 27 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CH# 204004 - 204710

RUN DATE:07/03/24
TIME:11:42

MEMORIAL MEDICAL CENTER
CHECK REGISTER
07/03/24 THRU 07/03/24

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GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	204604	07/03/24	162.13	ALIMED INC.
A/P	204605	07/03/24	389.97	AMAZON CAPITAL SERVICES
A/P	204606	07/03/24	1,200.00	APPLIED MEDICAL
A/P	204607	07/03/24	58.00	AQUA BEVERAGE COMPANY
A/P	204608	07/03/24	397.52	ASPEN SURGICAL PRODUCTS INC
A/P	204609	07/03/24	560.14	BAXTER HEALTHCARE
A/P	204610	07/03/24	828.06	BAYER HEALTHCARE
A/P	204611	07/03/24	29,487.34	BECKMAN COULTER INC
A/P	204612	07/03/24	358.50	BIO-RAD LABORATORIES, INC
A/P	204613	07/03/24	595.00	BLAIS MICROSCOPE COMPANY LLC
A/P	204614	07/03/24	238.19	CALHOUN COUNTY
A/P	204615	07/03/24	454.89	CAREFUSION 2200, INC
A/P	204616	07/03/24	5,366.00	CAREFUSION SOLUTIONS, LLC
A/P	204617	07/03/24	1,699.00	CERVEY, LLC
A/P	204618	07/03/24	593.69	CHEMAQUA
A/P	204619	07/03/24	3,872.52	CITY OF PORT LAVACA
A/P	204620	07/03/24	610.49	CONMED CORPORATION
A/P	204621	07/03/24	78.90	COOK MEDICAL INCORPORATED
A/P	204622	07/03/24	2,557.65	CORROHEALTH, INC.
A/P	204623	07/03/24	245.00	COTIVITI
A/P	204624	07/03/24	384.84	CUSTOM ASSEMBLIES INC
A/P	204625	07/03/24	857.96	DEWITT POTH & SON
A/P	204626	07/03/24	489.85	DIRECTV ENTERTAINMENT HOLDINGS
A/P	204627	07/03/24	109,614.84	DISCOVERY MEDICAL NETWORK INC
A/P	204628	07/03/24	260.00	DOWELL PEST CONTROL
A/P	204629	07/03/24	1,500.00	DR JEANNINE GRIFFIN
A/P	204630	07/03/24	8,700.00	DR JOHN CLINTON
A/P	204631	07/03/24	7,500.00	DR. TIMU KWI
A/P	204632	07/03/24	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	204633	07/03/24	3,959.20	EQUALIZE RCM SERVICES
A/P	204634	07/03/24	21.98	EQUIFAX WORKFORCE SOLUTIONS
A/P	204635	07/03/24	379.05	ESUTURES.COM
A/P	204636	07/03/24	.00	VOIDED
A/P	204637	07/03/24	11,284.97	FISHER HEALTHCARE
A/P	204638	07/03/24	2,510.20	FRONTIER
A/P	204639	07/03/24	216.10	GE PRECISION HEALTHCARE, LLC
A/P	204640	07/03/24	431.87	GRACE FLOORING AND GLASS
A/P	204641	07/03/24	2,304.09	GRAINGER
A/P	204642	07/03/24	69.00	GREAT AMERICA FINANCIAL SVCS
A/P	204643	07/03/24	1,021.46	GULF COAST PAPER COMPANY
A/P	204644	07/03/24	73.00	HEALTH CARE LOGISTICS INC
A/P	204645	07/03/24	152.00	HEALTHCARE CODING & CONSULTING
A/P	204646	07/03/24	4,610.52	HEALTHCARE FINANCIAL SERVICES
A/P	204647	07/03/24	95.21	HEB CREDIT RECEIVABLES DEPT308
A/P	204648	07/03/24	573.53	HEWLETT-PACKARD
A/P	204649	07/03/24	47,326.00	HOSPITAL CARE CONSULTANTS INC.
A/P	204650	07/03/24	1,889.50	IMAGING CENTER
A/P	204651	07/03/24	736.56	INOVALON PROVIDER INC.
A/P	204652	07/03/24	1,285.36	IRON MOUNTAIN
A/P	204653	07/03/24	885.20	J & J HEALTH CARE SYSTEMS, INC

RUN DATE:07/03/24
TIME:11:42

MEMORIAL MEDICAL CENTER
CHECK REGISTER
07/03/24 THRU 07/03/24

PAGE 2
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	204654	07/03/24	9,000.00	JINDAL X LLC
A/P	204655	07/03/24	4,800.00	JOHN B WRIGHT LLC
A/P	204656	07/03/24	114.15	JOHNSTONE SUPPLY
A/P	204657	07/03/24	50.00	KAVU-TV
A/P	204658	07/03/24	48.00	KMOL-TV
A/P	204659	07/03/24	6,210.00	KNOWBE4, INC.
A/P	204660	07/03/24	80.00	KVCT-TV
A/P	204661	07/03/24	56.00	KXTS-TV
A/P	204662	07/03/24	558.55	LEGAL SHIELD
A/P	204663	07/03/24	2,001.00	LGC CLINICAL DIAGNOSTICS, INC.
A/P	204664	07/03/24	895.00	M G TRUST
A/P	204665	07/03/24	500.00	MANAGED CARE PARTNERS INC.
A/P	204666	07/03/24	1,524.60	MCKESSON MEDICAL SURGICAL INC
A/P	204667	07/03/24	.00	VOIDED
A/P	204668	07/03/24	.00	VOIDED
A/P	204669	07/03/24	.00	VOIDED
A/P	204670	07/03/24	.00	VOIDED
A/P	204671	07/03/24	.00	VOIDED
A/P	204672	07/03/24	.00	VOIDED
A/P	204673	07/03/24	50,280.76	MEDLINE INDUSTRIES INC
A/P	204674	07/03/24	521.19	MEMORIAL MEDICAL CLINIC
A/P	204675	07/03/24	253.64	MMC AUXILIARY GIFT SHOP
A/P	204676	07/03/24	.00	VOIDED
A/P	204677	07/03/24	.00	VOIDED
A/P	204678	07/03/24	.00	VOIDED
A/P	204679	07/03/24	22,166.95	MORRIS & DICKSON CO, LLC
A/P	204680	07/03/24	25,783.33	MUTUAL OF OMAHA
A/P	204681	07/03/24	2,210.94	NATIONAL FARM LIFE INSURANCE
A/P	204682	07/03/24	2,463.88	NEW DISTRIBUTING
A/P	204683	07/03/24	1,000.00	NEXION HEALTH AT NAVASOTA INC
A/P	204684	07/03/24	472.50	OCCUPRO LLC
A/P	204685	07/03/24	406.48	OLYMPUS AMERICA INC
A/P	204686	07/03/24	527.64	PITNEY BOWES INC
A/P	204687	07/03/24	750.00	POC ELECTRIC, LLC
A/P	204688	07/03/24	26.25	PORT LAVACA WAVE
A/P	204689	07/03/24	41.39	R & D BATTERIES INC
A/P	204690	07/03/24	1,791.67	RADSOURCE
A/P	204691	07/03/24	3,186.00	REED, CLAYMON, MEEKER & HARGET
A/P	204692	07/03/24	7,000.00	REPUBLIC PAIN SPECIALISTS
A/P	204693	07/03/24	766.91	SHERWIN WILLIAMS
A/P	204694	07/03/24	2,451.95	SIEMENS MEDICAL SOLUTIONS INC
A/P	204695	07/03/24	222.00	SIMMLER, INC.
A/P	204696	07/03/24	2,525.00	SOMETHING MORE MEDIA, INC.
A/P	204697	07/03/24	280.30	SPARKLIGHT
A/P	204698	07/03/24	622.30	STERIS CORPORATION
A/P	204699	07/03/24	687.00	STERIS INSTRUMENT MANAGEMENT
A/P	204700	07/03/24	1,397.25	STRYKER SALES CORP
A/P	204701	07/03/24	5,080.14	TEXAS ASSOCIATION OF COUNTIES
A/P	204702	07/03/24	3,487.50	THE COMPLIANCE TEAM, INC
A/P	204703	07/03/24	4,401.25	TK ELEVATOR CORPORATION
A/P	204704	07/03/24	546.95	TRIOSE, INC

RUN DATE:07/03/24
TIME:11:42

MEMORIAL MEDICAL CENTER
CHECK REGISTER
07/03/24 THRU 07/03/24

PAGE 3
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	204705	07/03/24	1,587.97	TRIZETTO PROVIDER SOLUTIONS
A/P	204706	07/03/24	8,188.44	TRUBRIDGE, LLC
A/P	204707	07/03/24	2,486.25	TRUSTED HEALTH, INC
A/P	204708	07/03/24	4,134.80	UNIFIRST HOLDINGS INC
A/P	204709	07/03/24	516.33	WEBPT, INC
A/P	204710	07/03/24	5,644.85	WERFEN USA LLC
A/P	204711	07/03/24	8,807.86	ASHFORD GARDENS
A/P	204712	07/03/24	77,183.13	BETHANY SENIOR LIVING
A/P	204713	07/03/24	3,421.66	BROADMOOR AT CREEKSIDE PARK
A/P	204714	07/03/24	2,802.67	FORTBEND HEALTHCARE CENTER
A/P	204715	07/03/24	.00	VOIDED
A/P	204716	07/03/24	113,517.22	GOLDENCREEK HEALTHCARE
A/P	204717	07/03/24	3,701.20	SOLERA WEST HOUSTON
A/P	204718	07/03/24	12,047.25	THE CRESCENT
A/P	204719	07/03/24	17,394.34	TUSCANY VILLAGE
TOTALS:			727,570.22	

APPROVED ON

JUL 03 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payables	488,167.81	+
Criticals	95.21	+
	431.87	+
NHTrans.	238,875.33	+
	727,570.22	◇

RECEIVED BY THE
COUNTY AUDITOR ON

JUN 27 2024

MEMORIAL MEDICAL CENTER

06/27/2024
16:48

AP Open Invoice List

0
ap_open_invoice.template

Due Dates Through: 07/13/2024

CALHOUN COUNTY, TEXAS

Vendor# Vendor Name

Class Pay Code

H0031 ✓ HEB CREDIT RECEIVABLES DEPT308

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 274979		06/27/202	06/27/202	07/13/202			12.18	0.00	0.00	12.18 ✓
	12.18									
✓ 555947		06/27/202	06/27/202	07/13/202			83.03	0.00	0.00	83.03 ✓

FOOD SUPPLIES

Vendor Totals: Number Name

H0031 HEB CREDIT RECEIVABLES DEPT308

Gross	Discount	No-Pay	Net
95.21	0.00	0.00	95.21

Report Summary

Grand Totals:

Gross
95.21

Discount
0.00

No-Pay
0.00

Net
95.21

APPROVED ON

JUN 27 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 204647

RECEIVED BY THE
COUNTY AUDITOR ON

JUN 27 2024

MEMORIAL MEDICAL CENTER

06/27/2024
16:46

AP Open Invoice List

0

ap_open_invoice.template

Due Dates Through: 07/13/2024

CALHOUN COUNTY, TEXAS

Vendor# Vendor Name

Class Pay Code

13148 ✓ GRACE FLOORING AND GLASS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 2810	TILE	06/27/202	03/20/202	07/13/202			431.87	0.00	0.00	431.87 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
13148 GRACE FLOORING AND GLASS							431.87	0.00	0.00	431.87

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	431.87	0.00	0.00	431.87

APPROVED ON

JUN 27 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 204640

McKESSON

STATEMENT

Company: 8000

MEMORIAL MEDICAL CENTER
AP
815 N VIRGINIA STREET
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 06/21/2024

Page: 002

To ensure proper credit to your
account, detach and return this
stub with your remittance

DC: 8115

Customer INV SupplD:

Territory:

Customer: 632536

Date: 06/22/2024

As of: 06/21/2024
Mail to:

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Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536
Date: 06/22/2024

**PLEASE CHECK ANY
ITEMS NOT PAID (✓)**

Billing Date	Due Date	Receivable Number	National Account 632536 Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
-----------------	-------------	----------------------	---	-------------	------------------	-------------------	--------	-----------------	--------	----------------------	--

PF column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 2,432.32 USD

Future Due: 0.00

If Paid By 06/25/2024,

Pay This Amount:

2,381.69 USD

Due If Paid On Time:

USD

2,381.69

Past Due: 99.30-

Disc lost if paid late:

50.63

Last Payment 2,451.97
08/07/2017

If Paid After 06/25/2024,
Pay this Amount:

2,432.32 USD

Due If Paid Late:
USD

2,432.32

APPROVED ON

JUL 01 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

21.80 +
2,162.82 +
175.22 +
21.85 +
2,381.69

✓ Andrew DeLosSantos
7/1/2024

<>
For AR Inquiries please contact 800-867-0333

McKESSON**STATEMENT**

Company: 8000

As of: 06/21/2024

Page: 001

To ensure proper credit to your
account, detach and return this
stub with your remittanceHEB PHCY 0434/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyDC: 8115
Customer INV SupplD:
Territory: 7001Customer: 190813
Date: 06/22/2024As of: 06/21/2024
Mail to: Page: 001
Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 190813
Date: 06/22/2024
**PLEASE CHECK ANY
ITEMS NOT PAID (✓)**

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
06/19/2024	06/25/2024	7503450609	4008644	115Invoice	0.44	22.24		21.80	X	7503450609	✓

PF column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: Customer Number 190813 HEB PHCY 0434/MEM MED PHS

Subtotals: 22.24 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,502.36
06/17/2024If Paid By 06/25/2024,
Pay This Amount:

21.80 USD

If Paid After 06/25/2024,
Pay this Amount:

22.24 USD

Due If Paid On Time:

USD

21.80 X ✓

Disc lost if paid late:

0.44

Due If Paid Late:

USD

22.24

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JUL 01 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS✓ Andrew Lopez Santos
7/1/2024<>
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McKESSON

STATEMENT

As of: 06/21/2024

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Company: 8000

WALMART 1098/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 256342
Date: 06/22/2024

As of: 06/21/2024
Mail to: Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 06/22/2024
PLEASE CHECK ANY ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
06/17/2024	06/25/2024	7502856071	202717043	115Invoice	1.35	67.48		66.13	X	7502856071	✓
06/17/2024	06/25/2024	7502856072	202717043	115Invoice	0.03	1.27		1.24	X	7502856072	✓
06/17/2024	06/25/2024	7502856073	202749138	115Invoice	1.34	66.99		65.65	X	7502856073	✓
06/17/2024	06/25/2024	7502856074	202749138	115Invoice	8.73	436.58		427.85	X	7502856074	✓
06/18/2024	06/25/2024	7503158170	202905524	115Invoice	0.01	0.49		0.48	X	7503158170	✓
06/18/2024	06/25/2024	7503200062	202905524	115Invoice	9.68	484.10		474.42	X	7503200062	✓
06/18/2024	06/25/2024	7503200063	202969215	115Invoice	0.02	0.95		0.93	X	7503200063	✓
06/19/2024	06/25/2024	7503459005	203051223	115Invoice	22.86	1,143.18		1,120.32	X	7503459005	✓
06/19/2024	06/25/2024	7503459006	203109573	115Invoice	0.01	0.49		0.48	X	7503459006	✓
06/20/2024	06/25/2024	7503894245	203171873	115Invoice	0.03	1.27		1.24	X	7503894245	✓
06/21/2024	06/25/2024	7503975478	203279868	115Invoice	0.08	4.16		4.08	X	7503975478	✓

PF column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 2,206.96 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 06/17/2024 5,502.36

If Paid By 06/25/2024,
Pay This Amount:

2,162.82 USD

If Paid After 06/25/2024,
Pay this Amount:

2,206.96 USD

Due If Paid On Time:
USD

2,162.82 X ✓

Disc lost if paid late:

44.14

Due If Paid Late:
USD

2,206.96

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CALHOUN COUNTY, TEXAS

✓ Andrew DeLosSantos
7/1/2024

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STATEMENT

Company: 8000

As of: 06/21/2024

Page: 001

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HEB PHCY WHSE/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 820405
Date: 06/22/2024

As of: 06/21/2024
Mail to: Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405
Date: 06/22/2024
PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 820405 HEB PHCY WHSE/MEM MED PHS											
06/18/2024	06/25/2024	7503152183	B2406-055-163159	115Invoice	3.62	180.82		177.20	X	7503152183	✓
06/19/2024	06/19/2024	7503712149	MFC PR CORR CR	Pricing Cor		49.65	P	49.65	P X	7503712149	✓
06/19/2024	06/19/2024	7503712150	MFC PR CORR CR	Pricing Cor		49.65	P	49.65	P X	7503712150	✓
06/19/2024	06/25/2024	7503712151	MFC PR CORR IN	Pricing Cor	0.99	49.65		48.66	X	7503712151	✓
06/19/2024	06/25/2024	7503712152	MFC PR CORR IN	Pricing Cor	0.99	49.65		48.66	X	7503712152	✓

PF column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: Customer Number 820405 HEB PHCY WHSE/MEM MED PHS

Subtotals: 180.82 USD

Future Due: 0.00

Past Due: 99.30-

Last Payment 06/10/2024 13,194.38

If Paid By 06/25/2024,
Pay This Amount:

175.22 USD

If Paid After 06/25/2024,
Pay this Amount:

180.82 USD

Due If Paid On Time:
USD

175.22 X ✓

Disc lost if paid late:

5.60

Due If Paid Late:
USD

180.82

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BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

✓ Andrew Delos Santos
7/1/2024

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McKESSON**STATEMENT**

As of: 06/21/2024

Page: 001

Company: 8000

CVS PHCY 7416/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 835437
Date: 06/22/2024

To ensure proper credit to your
account, detach and return this
stub with your remittance

As of: 06/21/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835437 PLEASE CHECK ANY
Date: 06/22/2024 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835437 CVS PHCY 7416/MEM MC PHS											
06/19/2024	06/25/2024	7503628684	3325070	115Invoice	0.45	22.30		21.85 X		7503628684	✓

PF column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: Customer Number 835437 CVS PHCY 7416/MEM MC PHS

Subtotals: 22.30 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,502.36
06/17/2024

If Paid By 06/25/2024,
Pay This Amount:

21.85 USD

If Paid After 06/25/2024,
Pay this Amount:

22.30 USD

Due If Paid On Time:

USD

21.85 X ✓

Disc lost if paid late:

0.45

Due If Paid Late:

USD

22.30

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JUL 01 2024

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CALHOUN COUNTY, TEXAS

✓ Andrew DeLaSantis
7/1/2024

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McKESSON

STATEMENT

As of: 06/28/2024

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Company: 8000

MEMORIAL MEDICAL CENTER
AP
815 N VIRGINIA STREET
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory:

Customer: 632536
Date: 06/29/2024

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account, detach and return this
stub with your remittance

As of: 06/28/2024 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 06/29/2024 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
-----------------	-------------	----------------------	--	-------------	------------------	-------------------	--------	-----------------	--------	----------------------	--

PF column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 2,446.49 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 07/02/2024,
Pay This Amount: 2,397.56 USD

If Paid After 07/02/2024,
Pay this Amount: 2,446.49 USD

Due If Paid On Time:
USD 2,397.56 X
Disc lost if paid late: 48.93

Due If Paid Late:
USD 2,446.49

2,195.60 +
162.06 +
7.36 +
17.39 +
5.50 +
0.85 +
8.80 +
2,397.56

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JUL 01 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

✓ Andrew DeLeonter
7/1/24

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McKESSON

STATEMENT

As of: 06/28/2024

Page: 001

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account, detach and return this
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Company: 8000

WALMART 1098/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 256342
Date: 06/29/2024

As of: 06/28/2024
Mail to: Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 06/29/2024
**PLEASE CHECK ANY
ITEMS NOT PAID (✓)**

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
06/24/2024	07/02/2024	7504236156	203400302	115Invoice	1.34	66.99		65.65	X	7504236156	✓
06/24/2024	07/02/2024	7504261649	203470447	115Invoice	0.03	1.27		1.24	X	7504261649	✓
06/24/2024	07/02/2024	7504261650	203535470	115Invoice	9.68	484.10		474.42	X	7504261650	✓
06/24/2024	07/02/2024	7504456193	203286523	195Invoice	2.38	118.76		116.38	X	7504456193	✓
06/24/2024	07/02/2024	7504456194	203406685	195Invoice	5.24	262.13		256.89	X	7504456194	✓
06/24/2024	07/02/2024	7504456195	203541270	195Invoice	0.47	23.56		23.09	X	7504456195	✓
06/24/2024	07/02/2024	7504456196	203410369	115Invoice	0.03	1.58		1.55	X	7504456196	✓
06/25/2024	07/02/2024	7504757331	203544537	115Invoice	0.03	1.48		1.45	X	7504757331	✓
06/27/2024	07/02/2024	7505322129	112507938	115Invoice	0.87	43.54		42.67	X	7505322129	✓
06/27/2024	07/02/2024	7505322130	116384277	115Invoice	22.28	1,114.15		1,091.87	X	7505322130	✓
06/27/2024	07/02/2024	7505339760	201860519	115Invoice	2.46	122.85		120.39	X	7505339760	✓

PF column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 2,240.41 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,381.69
06/24/2024

If Paid By 07/02/2024,
Pay This Amount: 2,195.60 USD

If Paid After 07/02/2024,
Pay this Amount: 2,240.41 USD

Due If Paid On Time:
USD 2,195.60 X ✓
Disc lost if paid late: 44.81

Due If Paid Late:
USD 2,240.41

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JUL 01 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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✓ Andrew J. Santos
7/1/2024

McKESSON

STATEMENT

As of: 06/28/2024

Page: 001

To ensure proper credit to your
account, detach and return this
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Company: 8000

CVS PHCY 7416/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 835437
Date: 06/29/2024

As of: 06/28/2024
Mail to: Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835437
Date: 06/29/2024
**PLEASE CHECK ANY
ITEMS NOT PAID (✓)**

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835437 CVS PHCY 7416/MEM MC PHS											
06/26/2024	07/02/2024	7505047703	3341382	115Invoice	3.31	165.37		162.06	X	7505047703	✓

PF column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: Customer Number 835437 CVS PHCY 7416/MEM MC PHS

Subtotals: 165.37 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,381.69
06/24/2024

If Paid By 07/02/2024,
Pay This Amount:

162.06 USD

If Paid After 07/02/2024,
Pay this Amount:

165.37 USD

Due If Paid On Time:
USD

162.06

Disc lost if paid late:

3.31

Due If Paid Late:
USD

165.37

APPROVED ON

JUL 01 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

✓ Andrew Santos
7/1/24

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MCKESSON

STATEMENT

As of: 06/28/2024

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To ensure proper credit to your
account, detach and return this
stub with your remittance

Company: 8000

CVS PHCY 7475/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 835438
Date: 06/29/2024

As of: 06/28/2024
Mail to: Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438
Date: 06/29/2024
PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS											
06/26/2024	07/02/2024	7505033371	3343121	115Invoice	0.15	7.51		7.36	X	7505033371	✓

PF column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: Customer Number 835438 CVS PHCY 7475/MEM MC PHS

Subtotals: 7.51 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,102.26
04/15/2024

If Paid By 07/02/2024,
Pay This Amount:

7.36 USD

If Paid After 07/02/2024,
Pay this Amount:

7.51 USD

Due If Paid On Time:
USD

7.36 X ✓

Disc lost if paid late:

0.15

Due If Paid Late:
USD

7.51

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JUL 01 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

✓ Andrew De los Santos
7/1/2024

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MCKESSON STATEMENT

Company: 8000

CVS PHCY 8923/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 06/28/2024 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 835434
Date: 06/29/2024

To ensure proper credit to your
account, detach and return this
stub with your remittance

As of: 06/28/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835434 PLEASE CHECK ANY
Date: 06/29/2024 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835434 CVS PHCY 8923/MEM MC PHS											
06/26/2024	07/02/2024	7504913363	3342331	115Invoice	0.35	17.74		17.39	X	7504913363	✓

PF column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: Customer Number 835434 CVS PHCY 8923/MEM MC PHS

Subtotals: 17.74 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 13,194.38
06/10/2024

If Paid By 07/02/2024,
Pay This Amount:

17.39 USD

If Paid After 07/02/2024,
Pay this Amount:

17.74 USD

Due If Paid On Time:
USD

17.39 X ✓

Disc lost if paid late:

0.35

Due If Paid Late:
USD

17.74

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JUL 01 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

✓ Andrew Delos Santos
7/1/2024

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McKESSON

STATEMENT

As of: 06/28/2024

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To ensure proper credit to your
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Company: 8000

CVS PHCY 10356/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 835430
Date: 06/29/2024

As of: 06/28/2024
Mail to: Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835430
Date: 06/29/2024 PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835430 CVS PHCY 10356/MEM MC PHS											
06/26/2024	07/02/2024	7504890741	3342654	115Invoice	0.11	5.61		5.50 X		7504890741	

PF column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: Customer Number 835430 CVS PHCY 10356/MEM MC PHS

Subtotals: 5.61 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,539.65
04/01/2024

If Paid By 07/02/2024,
Pay This Amount:

5.50 USD

If Paid After 07/02/2024,
Pay this Amount:

5.61 USD

Due If Paid On Time:
USD

5.50 X ✓

Disc lost if paid late:

0.11

Due If Paid Late:
USD

5.61

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JUL 01 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

✓ Andrew DeLos Santos
7/1/2024

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McKESSON

STATEMENT

As of: 06/28/2024

Page: 001

To ensure proper credit to your
account, detach and return this
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Company: 8000

HEB PHCY WHSE/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 820405
Date: 06/29/2024

As of: 06/28/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 PLEASE CHECK ANY
Date: 06/29/2024 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 820405 HEB PHCY WHSE/MEM MED PHS											
06/26/2024	07/02/2024	7504837893	B2406-055-164285	115Invoice	0.02	0.87		0.85 X		7504837893	✓

PF column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: Customer Number 820405 HEB PHCY WHSE/MEM MED PHS

Subtotals: 0.87 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,381.69
06/24/2024

If Paid By 07/02/2024,
Pay This Amount:

0.85 USD

If Paid After 07/02/2024,
Pay this Amount:

0.87 USD

Due If Paid On Time:

USD

0.85 X ✓

Disc lost if paid late:

0.02

Due If Paid Late:

USD

0.87

APPROVED ON

JUL 01 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

✓ Andrew DelaSantos
7/1/2024

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

As of: 06/28/2024

Page: 001

To ensure proper credit to your
account, detach and return this
stub with your remittance

Company: 8000

HEB PHCY 0434/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 190813
Date: 06/29/2024

As of: 06/28/2024
Mail to: ,

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 06/29/2024

PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813	HEB PHCY 0434/MEM MED PHS										
06/27/2024	07/02/2024	7505107999	4024914	115Invoice	0.18	8.98		8.80	X	7505107999	☒

PF column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: Customer Number 190813 HEB PHCY 0434/MEM MED PHS

Subtotals:

8.98 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,381.69
06/24/2024

If Paid By 07/02/2024,
Pay This Amount:

8.80 USD

If Paid After 07/02/2024,
Pay this Amount:

8.98 USD

Due If Paid On Time:
USD

8.80 X ✓

Disc lost if paid late:

0.18

Due If Paid, Late:
USD

8.98

APPROVED ON

JUL 01 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

✓ Andrew DeLos Santos
7/1/2024

For AR Inquiries please contact 800-867-0333

Served By:
AMERISOURCEBERGEN DRUG CORP
12727 W. AIRPORT BLVD.
SUGAR LAND TX 77478-6101

DEA: RA0289276
866-451-9655

Customer:
WALGREENS #12494 340B
MEMORIAL MEDICAL CENTER
1302 N VIRGINIA ST
PORT LAVACA TX 77979-2509

Remit To:
AMERISOURCEBERGEN
PO Box 905223
CHARLOTTE NC 28290-5223

Customer Number

100135284 / 037028186

Terms

Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	470.45
Past Due:	0.00
Total Due:	470.45
Account Balance:	470.45

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
06-17-2024	06-28-2024	3178711666	7006801507	Invoice	84.76 X		0.00	84.76
06-17-2024	06-28-2024	3178711667	7006821722	Invoice	108.91 X		0.00	108.91
06-17-2024	06-28-2024	3178711668	7006821852	Invoice	2.12 X		0.00	2.12
06-18-2024	06-28-2024	3178878275	7006829589	Invoice	5.34 X		0.00	5.34
06-19-2024	06-28-2024	3179022622	7006837861	Invoice	7.00 X		0.00	7.00
06-20-2024	06-28-2024	3179158627	7006848264	Invoice	179.61 X		0.00	179.61
06-20-2024	06-28-2024	3179158628	7006847087	Invoice	3.12 X		0.00	3.12
06-21-2024	06-28-2024	3179320770	7006859436	Invoice	79.59 X		0.00	79.59

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
470.45	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
06-21-2024	(393.83)

APPROVED ON
JUL 01 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
06-28-2024	470.45
Total Due:	470.45

✓ Andrew De la Santos
7/1/2024



STATEMENT

Statement Number: 67704810
Date: 06-28-2024

1 of 1

Served By:

AMERISOURCEBERGEN DRUG CORP
12727 W. AIRPORT BLVD.
SUGAR LAND TX 77478-6101DEA: RA0289276
866-451-9655

Customer:

WALGREENS #12494 340B
MEMORIAL MEDICAL CENTER
1302 N VIRGINIA ST
PORT LAVACA TX 77979-2509

Remit To:

AMERISOURCEBERGEN
PO Box 905223
CHARLOTTE NC 28290-5223

Customer Number

100135284 / 037028186

Terms

Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	228.35
Past Due:	0.00
Total Due:	228.35
Account Balance:	228.35

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
06-24-2024	07-05-2024	3179476078	7006866611	Invoice	14.51 X		0.00	14.51
06-24-2024	07-05-2024	3179476079	7006877100	Invoice	51.39 X		0.00	51.39
06-24-2024	07-05-2024	3179476650	7006886538	Invoice	40.17 X		0.00	40.17
06-24-2024	07-05-2024	3179476651	7006870386	Invoice	1.27 X		0.00	1.27
06-24-2024	07-05-2024	3179476652	7006886674	Invoice	2.87 X		0.00	2.87
06-26-2024	07-05-2024	3179784510	7006901367	Invoice	9.06 X		0.00	9.06
06-27-2024	07-05-2024	3179933072	7006910677	Invoice	48.51 X		0.00	48.51
06-28-2024	07-05-2024	3180075273	7006922164	Invoice	54.70 X		0.00	54.70
06-28-2024	07-05-2024	3180075274	7006922495	Invoice	5.87 X		0.00	5.87

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
228.35	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
06-28-2024	(470.45)

APPROVED ON

JUL 01 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
07-05-2024	228.35
Total Due:	228.35

Andrew DeLos Santos
7/1/2024

TOLL FREE PHONE NUMBER: 1-800-555-3453

(EFTPS TUTORIAL SYSTEM: 1-800-572-8683)

☐ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	#### ENTER: _____ ### _____
☐ "ENTER YOUR 4-DIGIT PIN"	_____
☐ "MAKE A PAYMENT, PRESS 1"	1
☐ "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★ 941 #
☐ "IF FEDERAL TAX DEPOSIT ENTER 1"	1
☐ "ENTER 2-DIGIT TAX FILING YEAR"	★ 24
☐ "ENTER 2-DIGIT TAX FILING ENDING MONTH" 1ST QTR - 03 (MARCH) - Jan, Feb, Mar 2ND QTR - 06 (JUNE) - Apr, May, June 3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept 4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec	★ 09
☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN" "1 TO CONFIRM"	★ \$ 113,630.08 # 1
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0 \$ 60,448.28 #
"ENTER W/CENTS AMOUNT OF MEDICARE"	\$ 14,137.06 #
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	\$ 39,044.74 #
☐ "6-DIGIT SETTLEMENT DATE" "1 TO CONFIRM"	★ _____ 1
☐ ACKNOWLEDGEMENT NUMBER	_____

CALLED IN BY:
CALLED IN DATE:
CALLED IN TIME:

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

ENTER VOID CKS AS NEGATIVE NUMBERS

PAY PERIOD: BEGIN	6/14/2024	VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: END	6/27/2024					
PAY DATE:	7/5/2024					
GROSS PAY:	\$ 526,536.22			\$ -		\$ 526,536.22
DEDUCTIONS:						
A/R	\$ 200.00					\$ 200.00
ADVANC						\$ -
BOOTS						\$ -
MUTUAL CRITICAL ILLNESS						\$ -
MUTUAL ACCIDENT						\$ -
IRS TAX						\$ -
MUTUAL SHORT TERM DIS						\$ -
MUTUAL VISION	\$ 866.32					\$ 866.32
CAFÉ-D	\$ 1,266.62					\$ 1,266.62
CAFÉ-H	\$ 30,737.46					\$ 30,737.46
	\$ -					\$ -
	\$ -					\$ -
CAFÉ-P						\$ -
CANCER						\$ -
CHILD	\$ 570.69					\$ 570.69
CLINIC	\$ 210.00					\$ 210.00
COMBIN	\$ 250.86					\$ 250.86
CREDUN	\$ -					\$ -
DENTAL	\$ -					\$ -
DEP-LF						\$ -
MUTUAL TERM LIFE	\$ 1,386.78					\$ 1,386.78
MUTUAL HOSP INDEM	\$ 572.50					\$ 572.50
FED TAX	\$ 39,044.74					\$ 39,044.74
FICA-M	\$ 7,068.53					\$ 7,068.53
FICA-O	\$ 30,224.14					\$ 30,224.14
FICA-M ADDITIONAL						\$ -
FIRST C						\$ -
FLEX S	\$ 5,285.31					\$ 5,285.31
FLX-FE	\$ -					\$ -
GIFT S	\$ 261.60					\$ 261.60
MUTUAL CRITICAL ILLNESS	\$ 1,092.55					\$ 1,092.55
MUTUAL ACCIDENT	\$ 729.14					\$ 729.14
MUTUAL SHORT TERM DIS	\$ 1,884.21					\$ 1,884.21
LEGAL	\$ 1,157.41					\$ 1,157.41
OTHER	\$ 2,680.44					\$ 2,680.44
NATIONAL FARM LIFE	\$ 1,105.50					\$ 1,105.50
MED SURCHARGE	\$ 295.00					\$ 295.00
Blank						\$ -
RELAY						\$ -
REPAY						\$ -
STONEDF	\$ 895.00					\$ 895.00
STONE						\$ -
STONE 2						\$ -
STUDEN						\$ -
TSA-R	\$ 35,914.70					\$ 35,914.70
UW/HOS	\$ -					\$ -
TOTAL DEDUCTIONS:	\$ 163,699.50	\$ -	\$ -	\$ -	\$ -	\$ 163,699.50
NET PAY:	\$ 362,836.72	\$ -	\$ -	\$ -	\$ -	\$ 362,836.72
TOTAL CAFÉ 125 PLAN:	\$ 39,050.71	Less Exempt:				
TAXABLE PAY:	\$ 487,485.51	\$ 487,485.51				
FICA - MED (ER)	1.45% \$ 7,068.54	From MMC Report		Difference		
FICA - MED (EE)	1.45% \$ 7,068.54	\$ 7,068.53	\$	0.01		
FICA - SOC SEC (ER)	6.20% \$ 30,224.10					
FICA - SOC SEC (EE)	6.20% \$ 30,224.10	\$ 30,224.14	\$	(0.04)		
FED WITHHOLDING	\$ 39,044.74	\$ 39,044.74				
TOTAL:	\$ -					
TAX DEPOSIT:	\$ 113,630.02	\$ 113,630.08				
FICA - MEDICARE	2.90% \$ 14,137.08	\$14,137.06				
FICA - SOCIAL SECURITY	12.40% \$ 60,448.20	\$60,448.28				
FED WITHHOLDING	\$ 39,044.74	\$39,044.74				
TOTAL TAX:	\$ 113,630.02	\$113,630.08	\$	(0.06)		

Employees over FICA-SS Cap:
Michael Gaines

Paycode S - Employee Reimb.:

Exempt Amt:

PREPARED BY: Andrie Flores

PREPARED DATE: 7/1/2024

Page 110
P2REG

Andrew D. L. L. L.
7/1/2024

90 degree claim payment

CHKNO	GRPNO	LOCNO	EMPNO	DEPNO	CLMPRE	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYTO	CVGED	CVGTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUDT	PRVNO
1999	76351	1	1	0	2024	159002850	0	6/10/2024	\$30,634.77	1	TRUESCRIPTS MANAGEMENT SERVICE LLC	P	517	0	EXPENSE	EMPLOYEE	PCS	F	5/20/2024	6/2/2024	464334244
2000	76351	3	52	0	2024	156000798	0	6/10/2024	\$22.47	1	ASHRAF ABUSARA MD	P	484	0			ODXS	F	4/24/2024	4/24/2024	471158090
2005	76351	3	15	0	2024	152001225	0	6/10/2024	\$79.18	1	AARON M MCGUIRE OD	P	457	0			OVS	F	5/24/2024	5/24/2024	742208337
2008	76351	3	48	0	2024	156000751	0	6/10/2024	\$196.20	1	PHYSICIANS REFERRAL SERVICE	P	177	0			OV	F	5/16/2024	5/16/2024	760273984
2012	76360	2	29	0	2024	156000766	0	6/10/2024	\$67.56	1	HILLCROFT MEDICAL CLINIC ASSOC	P	177	0			OV	F	5/29/2024	5/29/2024	741700061
2013	76360	2	56	3	2024	158000272	0	6/10/2024	\$465.74	1	CHILDRENS PHYSICIAN SERVICES OF SOUTH	P	483	0			ODX	F	3/8/2024	3/8/2024	742620408
2020	76360	3	98	0	2024	155000931	0	6/10/2024	\$52.05	1	GARY F COX MD PA	P	457	0			OVS	F	5/28/2024	5/28/2024	742068224
2021	76360	3	74	0	2024	152001131	0	6/10/2024	\$59.94	1	AYO ADU, MD PLLC	P	177	0			OV	F	5/28/2024	5/28/2024	273335355
2022	76360	3	103	0	2024	157000282	0	6/10/2024	\$67.98	1	JACKSON COUNTY MEDICAL CLINIC OF EDNA	P	172	0			AB	F	5/14/2024	5/14/2024	741738475
2025	76360	3	85	1	2024	157000468	0	6/10/2024	\$160.00	1	NEXTCARE URGENT CARE	P	487	0			URG	F	5/26/2024	5/26/2024	260845489
2030	76370	3	19	0	2024	155000888	0	6/10/2024	\$51.28	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0			OV	F	5/28/2024	5/28/2024	742605670
									\$31,857.17												

Andrew DeLos Santos
7/1/2024

APPROVED ON
JUL 01 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

90 degree claim payme~~nts~~

CHKNO	GRPO	LOCNO	EMPNO	DEPNO	CLMPRE	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYTO	CVGCD	CVGTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUPT	PRVNO
2033	76351	2	33	0	2024	155000898	0	6/17/2024	\$172.28	1	BCM PHYSICIANS	P	484	0			ODXS	F	3/7/2024	3/7/2024	300791563
2035	76351	3	43	1	2024	157000988	0	6/17/2024	\$13.37	1	SINGLETON ASSOCIATES PA	P	183	0			RAD	F	5/24/2024	5/24/2024	741680498
2036	76351	3	62	0	2024	163000850	0	6/17/2024	\$18.21	1	GARY F COX MD PA	P	457	0			OVS	F	6/6/2024	6/6/2024	742068224
2037	76351	3	10	0	2024	152001170	0	6/17/2024	\$25.40	1	SINGLETON ASSOCIATES PA	P	181	0			XRAY	F	5/20/2024	5/20/2024	741680498
2042	76351	3	40	0	2024	159002070	0	6/17/2024	\$74.00	1	ALMA COMMUNITY NETWORK	P	728	0			TELM	F	5/23/2024	5/23/2024	841856765
2043	76351	3	48	0	2024	156000753	0	6/17/2024	\$85.78	1	DIAGNOSTIC IMAGING ASSOCIATES, PA	P	178	0			SO	F	2/28/2024	2/28/2024	760686474
2047	76351	3	43	0	2024	152001130	0	6/17/2024	\$139.63	1	SINGLETON ASSOCIATES PA	P	321	0			MRIQ	F	5/20/2024	5/20/2024	741680498
2048	76351	3	20	0	2024	163000853	0	6/17/2024	\$148.91	1	VICTORIA WOMENS CLINIC ASSOCIATES	P	177	0			OV	F	5/31/2024	5/31/2024	741831291
2050	76351	3	49	0	2024	163000778	0	6/17/2024	\$159.18	1	HOUSTON THYROID & ENDOCRINE SPECIALISTS	P	752	0			TELS	F	5/23/2024	5/23/2024	264263363
2053	76351	3	48	0	2024	155000285	0	6/17/2024	\$499.84	1	M.D. ANDERSON CANCER CENTER	P	182	0			HXR	F	5/16/2024	5/16/2024	746001118
2054	76351	3	48	0	2024	156000764	0	6/17/2024	\$506.60	1	PHYSICIANS REFERRAL SERVICE	P	181	0			XRAY	F	5/16/2024	5/16/2024	760273984
2055	76351	3	63	0	2024	162000916	0	6/17/2024	\$536.06	1	SEAN K OSULLIVAN MDDABR	P	172	0			AB	F	5/31/2024	5/31/2024	742765481
2059	76360	2	29	1	2024	159000873	0	6/17/2024	\$106.60	1	PORT LAVACA CLINIC	P	172	0			AB	F	5/31/2024	5/31/2024	742605670
2060	76360	2	29	2	2024	159000882	0	6/17/2024	\$106.60	1	PORT LAVACA CLINIC	P	172	0			AB	F	5/31/2024	5/31/2024	742605670
2062	76360	3	15	1	2024	164000482	0	6/17/2024	\$14,651.67	1	DEAR HEALTHCARE SYSTEM	P	434	0			OHS	F	1/4/2024	1/4/2024	621754940
2063	76360	3	32	1	2024	162000508	0	6/17/2024	\$21,662.70	1	WOMAN'S HOSPITAL OF TEXAS	P	418	0			RB	F	5/24/2024	6/1/2024	621810381
2064	76360	3	52	0	2024	152001133	0	6/17/2024	\$13.79	1	SINGLETON ASSOCIATES PA	P	181	0			XRAY	F	5/21/2024	5/21/2024	741680498
2065	76360	3	3	0	2024	162000851	0	6/17/2024	\$13.79	1	DIAGNOSTIC IMAGING ASSOCIATES, PA	P	189	0			ERD	F	4/26/2024	4/26/2024	760686474
2066	76360	3	2	1	2024	163000859	0	6/17/2024	\$20.37	1	CLINICAL PATHOLOGY LABS, INC	P	172	0			AB	F	2/22/2024	2/22/2024	742554159
2069	76360	3	66	0	2024	162000955	0	6/17/2024	\$33.90	1	GARY F COX MD PA	P	457	0			OVS	F	5/16/2024	5/16/2024	742068224
2074	76360	3	14	0	2024	162000878	0	6/17/2024	\$52.05	1	GARY F COX MD PA	P	457	0			OVS	F	5/30/2024	5/30/2024	742068224
2075	76360	3	94	0	2024	163000854	0	6/17/2024	\$59.94	1	AYO ADU, MD PLLC	P	177	0			OV	F	6/5/2024	6/5/2024	273335355
2076	76360	3	3	0	2024	162000876	0	6/17/2024	\$60.36	1	DIAGNOSTIC IMAGING ASSOCIATES, PA	P	189	0			ERD	F	4/25/2024	4/25/2024	760686474
2080	76360	3	68	0	2024	164001041	0	6/17/2024	\$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0			OV	F	6/7/2024	6/7/2024	742605670
2084	76360	3	3	0	2024	164001021	0	6/17/2024	\$80.48	1	DIAGNOSTIC IMAGING ASSOCIATES, PA	P	189	0			ERD	F	4/25/2024	4/25/2024	760686474
2089	76360	3	69	0	2024	164000231	0	6/17/2024	\$158.24	1	TMH PHYSICIAN ASSOCIATES, PLLC	P	177	0			OV	F	2/20/2024	2/20/2024	300520570
2091	76360	3	82	0	2024	152001224	0	6/17/2024	\$165.48	1	SINGLETON ASSOCIATES PA	P	321	0			MRIQ	F	5/17/2024	5/17/2024	741680498
2095	76360	3	32	1	2024	155000843	0	6/17/2024	\$481.53	1	OBSTETRIX MEDICAL GROUP OF TEXAS BILLING	P	177	0			OV	F	5/22/2024	5/22/2024	650816256
2097	76360	3	32	1	2024	162000971	0	6/17/2024	\$496.87	1	AUSTIN ANESTHESIOLOGY GROUP PLLC	P	175	0			NI	F	5/28/2024	5/28/2024	741201585
2100	76360	3	32	1	2024	155000906	0	6/17/2024	\$915.00	1	OBSTETRIX MEDICAL GROUP OF TEXAS BILLING	P	180	0			KRDR	F	5/22/2024	5/22/2024	650816256
2101	76360	3	32	1	2024	162000944	0	6/17/2024	\$1,045.49	1	AUSTIN ANESTHESIOLOGY GROUP, PLLC	P	175	0			NI	F	5/28/2024	5/28/2024	741201585
2102	76360	3	98	0	2024	162000816	0	6/17/2024	\$1,251.98	1	VICTORIA HEART VASCULAR CENTER	P	484	0			DDXS	F	5/16/2024	5/16/2024	562284144
2103	76360	3	32	1	2024	156000787	0	6/17/2024	\$1,954.63	1	OBSTETRIX MEDICAL GROUP OF TEXAS BILLING	P	538	0			MAT	F	5/28/2024	5/28/2024	650816256

\$45,776.62

Andrew DeLos Santos

7/1/2024

APPROVED ON

JUL 01 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

90 degree claim payment



Specific Excess Loss Explanation of Reimbursement

Policy			
Policyholder:	Memorial Medical Center ✓✓	Specific Contract Basis:	09/12
Effective Date:	01/01/2024	Specific Deductible:	50,000
Policy Number:	██████████	Split Funding Deductible:	10,000
State:	TX		

Employee		Claimant	
Name:	██████████	Name:	██████████
Hire Date:	05/21/1991	Relation to Employee:	Spouse
Term Date:		Eligible Date:	01/01/2024
Eligible Date:	01/01/2024	Submission Number:	2
		Claim Number:	

Provider	Svc From	Svc To	Admin Paid	Adjustments	No	Allowable	Reimb Percent	Reimbursable
Liberty Dialysis Victoria	05/01/2024	05/31/2024	20,801.00	0.00		20,801.00	100.00	20,801.00

Total Reimbursable	20,801.00
Less: Excess of Reimbursement Limit	0.00
Less Specific Deductible	0.00
Less Overpayment Applied	0.00
Less: Named Additional Liability	0.00
Less: Amount applied to Split Funded Deductible	0.00
Less: Previous Reimbursements	0.00
Amount Reimbursed	20,801.00 ✓

Reimbursement		Prepared By	
Payee:	Memorial Medical Center	Name:	Robin Rusch-Goskowsky, Claims Analyst
Mail To:		Phone:	(609) 584-6990
		Email:	rruschgoskowsky@berkleyah.com

90 Degree Benefits ✓
11467 Huebner Rd, Suite 300
San Antonio, TX 78230

Check / ACH No.:
Paid Date:

APPROVED ON

JUL 01 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

✓ Andrew DeLos Santos
7/1/2024

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK**
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- June 17, 2024 - June 30, 2024

2:322,612.79 +
199,936.91 -
120,538.00 -
5,502.36 -
32,677.83 -
23,400.08 -
4,093.57 -
1,988.08 -
1,272.83 -
393.83 -
370,801.93 -
116,311.54 -
4,333.08 -
37,173.28 -
20,130.00 -
20,360.88 -
1,363,139.07 +
41,779.15 -
2,381.69 -
31,857.17 -
1,285,110.69 -
470.45 -
1,539.92 +
1,539.92 -
0.00 +

Date	Bank Description
6/17/2024	PAY PLUS ACHTrans 000000026254859 1010006906
6/17/2024	TEXAS COUNTY DRS RECEIVABLE 0419 21000021396
6/17/2024	FDMS FDMS PYMT 052-1737276-000 4100012231690
6/17/2024	FDMS FDMS PYMT 052-1743547-000 4100012232118
6/17/2024	FDMS FDMS PYMT 052-2100911-000 4100012233978
6/17/2024	FDMS FDMS PYMT 052-1743548-000 4100012233255
6/18/2024	STATE COMPTLR TEXNET 08220811/40617 21000002
6/18/2024	PAY PLUS ACHTrans 000000026368247 1010006919
6/18/2024	MCKESSON DRUG AUTO ACH ACH06044494 910000138
6/18/2024	HPHG LLC ACHPORT MemMedCtr Ptlav 11312265001
6/18/2024	HPHG LLC ACHPORT MemMedCtr Ptlav 11312265001
6/18/2024	HPHG LLC ACHPORT MemMedCtr Ptlav 11312265001
6/20/2024	WEBFILE TAX PYMT DD 902/75975705 21000025443
6/20/2024	PAY PLUS ACHTrans 000000026504147 1010006934
6/21/2024	STATE COMPTLR TEXNET 08223645/40620 21000002
6/21/2024	PAY PLUS ACHTrans 000000026673150 1010006950
6/21/2024	HEALTH EQUITY INC HealthEqui 1356888 91000011
6/21/2024	EXPERTPAY EXPERTPAY 746003411 91000013919267
6/21/2024	AMERISOURCE BERG PAYMENTS 0100007768 21000002
6/21/2024	MEMORIAL MEDICAL PAYROLL 746003411 113122650
6/24/2024	PAY PLUS ACHTrans 000000026794978 1010006962
6/24/2024	IRS USATAXPYMT 270457670827980 6103601000806
6/25/2024	WIRE OUT CBNA INCOMING SETTLEMENT ACCOUNT
6/25/2024	PAY PLUS ACHTrans 000000026964718 1010006974
6/25/2024	MCKESSON DRUG AUTO ACH ACH06055573 910000127
6/25/2024	HPHG LLC PORTLAVA-4 MemMedCtr Ptlav 11312265
6/25/2024	HPHG LLC PORTLAVA-3 MemMedCtr Ptlav 11312265
6/25/2024	HPHG LLC PORT LAVA MemMedCtr Ptlav 113122650
6/25/2024	HPHG LLC PORTLAVA-2 MemMedCtr Ptlav 11312265
6/26/2024	PAY PLUS ACHTrans 000000027171225 1010006985
6/27/2024	PAY PLUS ACHTrans 000000027371599 1010006999
6/28/2024	STATE COMPTLR TEXNET 08260158/40627 21000002
6/28/2024	PAY PLUS ACHTrans 000000027507638 1010006909
6/28/2024	AMERISOURCE BERG PAYMENTS 0100007768 21000002

Andrew De Los Santos
ANDREW DE LOS SANTOS
Memorial Medical Center

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description
------	-------------

Andrew De Los Santos
ANDREW DE LOS SANTOS
Memorial Medical Center

MMC Notes	Amount
- 3rd Party Payor Fee	67.83
- Retirement Funding	199,936.91 *
- Credit Card Processing Fee	120.09
- Credit Card Processing Fee	40.03
- Credit Card Processing Fee	45.64
- Credit Card Processing Fee	80.06
- CHIRP IGT	120,538.00 /
- 3rd Party Payor Fee	3.74
- 340B Drug Program Expense	5,502.36 ***
- Health Insurance Claim Payments	32,677.83 ****
- Health Insurance Claim Payments	23,400.08 **
- Health Insurance Claim Payments	4,093.57 *
- Sales Tax	1,988.08 ****
- 3rd Party Payor Fee	18.19
- RAPPIS IGT	41,779.15 /
- 3rd Party Payor Fee	22.98
- EmpDeduct/Employer Contribut	1,272.83 ****
- Child Support Payment	570.69
- 340B Drug Program Expense	393.83 ****
- Payroll	370,801.93 ****
- 3rd Party Payor Fee	101.99
- Payroll Taxes	116,311.54 ****
- Citibank Corporate Card Payment	4,333.08 ****
- 3rd Party Payor Fee	129.59
- 340B Drug Program Expense	2,381.69
- Health Insurance Claim Payments	31,857.17
- Health Insurance Claim Payments	37,732.80 ****
- Health Insurance Claim Payments	20,130.00 ****
- Health Insurance Claim Payments	20,360.88 ****
- 3rd Party Payor Fee	48.21
- 3rd Party Payor Fee	103.42
- DSH IGT	1,285,110.69 /
- 3rd Party Payor Fee	187.46
- 340B Drug Program Expense	470.45

CPSI "Handwritten"	Check #
901229	
800537	
901230	
901231	
901232	
901233	
110084	
901234	
500613	
800538	
800539	
800540	
700135	
901235	
110085	
901236	
800541	
800542	
500614	
901237	
800543	
901238	
901239	
500615	
800544	
800545	
800546	
800547	
901240	
901241	
110086	
901241	
500616	
2,322,612.79	/

* Approved on 6.12.24 CC
** Approved on 6.05.24 CC
*** Approved on 6.19.24 CC
**** Approved on 5.08.24 CC
- Being Approved on 7.3.24 CC

0.00 /

APPROVED ON

JUL 01 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Pay plus 67.83 +
3.74 +
18.19 +
22.98 +
101.99 +
129.59 +
48.21 +
103.42 +
187.46 +
683.41 +
0.00
CC Fees
120.09 +
40.03 +
45.64 +
80.06 +
285.82 +
0.00
Child Supp.
570.69 +
570.69 +
0.00
683.41 +
285.82 +
570.69 +
1,539.92 +

90 degree Premium
July 2024

Current Amount Due:	+	\$67,087.59
Current Adjustments:	+	(\$566.48)
Total Amount Due:		\$66,521.11

Description	Medical
EE	101
ES	17
EF	13
EC	45
Mst Total	176

Andrew DeLos Santos ✓
7/1/2024

Make Check Payable To: Attn: Revenue Department
90 Degree Benefits
PO Box 13246
Birmingham, AL 35202

Please pay premium as billed. Changes received after billing has processed will be reflected on the next months bill.
Premium payment is due by the 10th of the month.

APPROVED ON
JUL 01 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

PPO UR

21

\$400.05

\$400.05

Current Amount Due:	+	\$6,439.05
Current Adjustments:	+	\$0.00
Total Amount Due:		\$6,439.05

HPHG, LLC dba 90 Degree Benefits

Monthly Billing for 7/1/2024

MEMORIAL MEDICAL CTR BASE HDHP PLAN (Grp: 76350 / 76370)

Group Totals

SPEC AGG
ADMIN FEES
PPO UR

23
23
23

\$5,578.38
\$989.00
\$438.15

Total Due
\$5,578.38 ✓
\$989.00 ✓
\$438.15 ✓

Balance Forward:		\$6,722.29
Payments:	-	\$6,722.29
Adjustments:	+	\$0.00

Beginning Balance:		\$0.00
Current Amount Due:	+	\$7,005.53
Current Adjustments:	+	\$0.00
Total Amount Due:		\$7,005.53 ✓

A.D.
7/1/2024

HPHG, LLC dba 90 Degree Benefits

Monthly Billing for 7/1/2024

MEMORIAL MEDICAL CENTER (Mst Grp: 76350)
815 N VIRGINIA STREET
PORT LAVACA, TX 77979

Master Group Totals

SPEC AGG
ADMIN FEES
PPO UR
CHIC MGMT FEE

176
176
176

\$55,466.79
\$7,568.00
\$3,352.80
\$700.00

Adjustments 2
Adjustments 2
Adjustments 2

(\$442.38)
(\$86.00)
(\$38.10)

Total Due
\$55,024.41
\$7,482.00
\$3,314.70
\$700.00

Balance Forward:		\$66,943.54
Payments:	-	\$66,943.54
Adjustments:	+	\$0.00

Beginning Balance:		\$0.00
--------------------	--	--------

Start Date	Benefit	EE Per Pay Cost	ER Per Pay Cost
1/1/2024	Health Savings Account	\$0.00	\$ 25.00
1/1/2024	Health Savings Account	\$100.00	\$ 25.00
1/1/2024	Health Savings Account	\$147.91	\$ 25.00
1/1/2024	Health Savings Account	\$41.67	\$ 25.00
7/1/2024	Health Savings Account	\$0.00	\$ 25.00
1/1/2024	Health Savings Account	\$60.00	\$ 25.00
1/1/2024	Health Savings Account	\$10.00	\$ 25.00
1/1/2024	Health Savings Account	\$0.00	\$ 25.00
1/1/2024	Health Savings Account	\$0.00	\$ 25.00
1/1/2024	Health Savings Account	\$0.00	\$ 25.00
1/1/2024	Health Savings Account	\$25.00	\$ 25.00
1/1/2024	Health Savings Account	\$0.00	\$ 25.00
1/1/2024	Health Savings Account	\$0.00	\$ 25.00
2/1/2024	Health Savings Account	\$163.25	\$ 25.00
1/1/2024	Health Savings Account	\$50.00	\$ 25.00
2/1/2024	Health Savings Account	\$0.00	\$ 25.00
1/1/2024	Health Savings Account	\$100.00	\$ 25.00
1/1/2024	Health Savings Account	\$0.00	\$ 25.00
1/1/2024	Health Savings Account	\$0.00	\$ 25.00
3/1/2024	Health Savings Account	\$0.00	\$ 25.00
1/1/2024	Health Savings Account	\$25.00	\$ 25.00
1/1/2024	Health Savings Account	\$0.00	\$ 25.00
2/1/2024	Health Savings Account	\$0.00	\$ 25.00
		\$722.83	\$ 575.00
		\$1,297.83	

Memorial Medical Center
Transfer Request

Amount: \$2,500,000.00

Date: 6/20/2024

From Account: Calhoun County Money Market

APPROVED ON

JUN 20 2024

To Account: Prosperity Operating Account [REDACTED]

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Explanation:

Transfer money from Calhoun County Money Market to Memorial Hospital Operating Account

Requested by: Michelle Cumberland

Date: 6/20/2024

Authorized by: 

Date: 6-23-24



Richard H. Meyer
County Judge

David Hall, Commissioner, Precinct 1
Vern Lyssy, Commissioner, Precinct 2
Joel Behrens, Commissioner, Precinct 3
Gary Reese, Commissioner, Precinct 4

NOTICE OF MEETING

The Commissioners' Court of Calhoun County, Texas will meet on Wednesday,
June 19, 2024 at 10:00 a.m. in the Commissioners' Courtroom in the County Courthouse at
211 S. Ann Street, Suite 104, Port Lavaca, Calhoun County, Texas.

AGENDA

AT 10:17 FILED 9 O'CLOCK AM

The subject matter of such meeting is as follows:

1. Call meeting to order.
2. Invocation.
3. Pledges of Allegiance.
4. General Discussion of Public Matters and Public Participation.
5. Approve June 12, 2024 Commissioners' Court Regular Meeting Minutes. (RHM)
6. Consider and take necessary action to take the following vehicles to Auction and remove the first three, from the following list off the Sheriffs Office Inventory. (RHM)
 - i) 1998 GOLD YAMAHA 4 WHEELER (VIN JY44WUW08WA027365) - Inventory
 - ii) 1995 BLUE YAMAHA 4 WHEELER (VIN JY43HNA00SA183025) - Inventory
 - iii) 2004 FORD 4D CROWN VIC (VIN 2GCEC19V041261267) – Inventory
 - iv) 2009 MAZDA 6 (VIN 1YVHP81A795M15783) – Seized
 - v) 2004 CHEVY ALALANCH (VIN 3GNEK12T34G112877) - Seized
7. Consider and take necessary action on removing asset number 565-0783 a maroon 2001 Dodge Ram Pickup VIN 3B7HC13Y81G798018 from Precinct 1's inventory and return it to the Sheriff Office inventory. (DEH)
8. Consider and take necessary action on allowing Patrick Schubert to establish new service with AT&T Firstnet for a County issued phone. (DEH)

JUN 14 2024

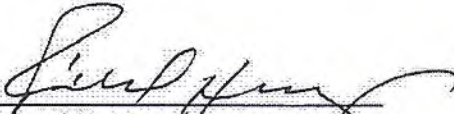
ANNA GOODMAN
COUNTY CLERK, CALHOUN COUNTY, TEXAS

DEPUTY: *Kaddu Smith*

9. Consider and take necessary action on issuing Patrick Schubert a County credit card with a \$5000 limit (DEH)
10. Consider and take necessary action to approve the transfer from Black Mountain Energy to AEP TEXAS INC. and The County of Calhoun, on the Access and Utility Easement dated June 14, 2024 and authorize Judge Richard Meyer to sign any related documentation. (RHM)
11. Consider and take necessary action on insurance proceeds check from VFIS in the amount of \$1,000.00 for damages to an EMS Vehicle on 3/15/24. (RHM)
12. Consider and take necessary action on approving the Memorandum of Understanding between Calhoun County and Calhoun Port Authority on the use of submerged lands for the Indian Point Erosion Project. (DEH)
13. Consider and take necessary action on approving the Memorandum of Understanding between Calhoun County and Calhoun Port Authority on the use of submerged lands for the Highway 316 Erosion Project in conjunction with TxDOT. (DEH)
14. Consider and take necessary action to approve the Final Plat of the Leita Subdivision, (Replat of Lots 1-3 and 10-12 in Block A of Port O'Connor Townsite according to the plat recorded in Volume 2, Page 001 of the Calhoun County Plat Records) Santiago Gonzales Survey, Abstract No.18 of Calhoun County, Texas. (GDR)
15. Consider and take necessary action to approve Addendum No. 1 for Bid No. 2024.08 – Infrastructure at Little Chocolate Bayou County Park Playground Improvement Phase 2 Project – GLO Contract No. 20-065-064-C182 for Calhoun County, Texas. (DEH)
16. Accept and approve HEBP 2024 -2025 insurance rate, effective date October 2024. Authorize Judge Meyer to sign renewal. (RHM)
17. Discuss and take necessary action to open credit accounts with United Vision Logistics. (VLL)
18. Consider and take necessary action to approve a 2.5-million dollar draw from the 4-million dollar line of credit made available to Memorial Medical Center from Calhoun County, which was previously approved by Commissioners Court. (RHM)
19. Accept Monthly Reports from the following County Offices:
 - i. Justice of the Peace, Pct 3 – May 2024
 - ii. Sheriff's Office – May 2024- 1st Revised
 - iii. District Clerk – May 2024
 - iv. Texas Agrilife Extension Service – May 2024
 - a. 4-H and Youth Development
 - b. Agriculture and Nature Resources
 - c. Family and Community Health
 - d. Coastal and Marine

20. Consider and take necessary action on any necessary budget adjustments. (RHM)

21. Approval of bills and payroll. (RHM)


Richard H. Meyer, County Judge
Calhoun County, Texas

A copy of this Notice has been placed on the inside bulletin board of the Calhoun County Courthouse, 211 South Ann Street, Port Lavaca, Texas, which is readily accessible to the general public during regular business hours. This Notice shall remain posted continuously for at least 72 hours preceding the scheduled meeting time. For your convenience, you may visit the county's website at www.calhouncotx.org under "Commissioners' Court Agenda" for any official court postings.

06/27/2024
12:36

RECEIVED BY THE
COUNTY AUDITOR ON

JUN 27 2024

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 07/14/2024
Class Pay Code

0
ap_open_invoice.template

Vendor# Vendor Name
11816 ASHFORD GARDENS
CALHOUN COUNTY, TEXAS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
062124		06/26/202	06/21/202	07/14/202			8,807.86	0.00	0.00	8,807.86

TRANSFER UHC QIPP 4r7 April 2024

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11816	ASHFORD GARDENS	8,807.86	0.00	0.00	8,807.86

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	8,807.86	0.00	0.00	8,807.86

APPROVED ON

JUN 27 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

UHC# 204711

06/27/2024

12:38

RECEIVED BY THE
COUNTY AUDITOR ON

JUN 27 2024

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 07/14/2024

0

ap_open_invoice.template

Vendor# Vendor Name

11828 ✓ SOLERA WEST HOUSTON CALHOUN COUNTY, TEXAS

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 061424		06/21/202	06/14/202	07/14/202			816.00	0.00	0.00	816.00 ✓
	TRANSFER									
✓ 062124		06/26/202	06/21/202	07/14/202			2,885.20	0.00	0.00	2,885.20 ✓
	TRANSFER									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
11828 SOLERA WEST HOUSTON							3,701.20	0.00	0.00	3,701.20

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	3,701.20	0.00	0.00	3,701.20

APPROVED ON

JUN 27 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 264717

06/27/2024

12:49

RECEIVED BY THE
COUNTY AUDITOR ON

JUN 27 2024

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 07/14/2024

0

ap_open_invoice.template

Vendor# Vendor Name

11820 ✓ FORTBEND HEALTHCARE CENTER

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 062124		06/26/202	06/21/202	07/14/202			2,802.67	0.00	0.00	2,802.67 ✓

TRANSFER

VHC Dipp 4x7 April 2024

Vendor Totals: Number Name

11820 FORTBEND HEALTHCARE CENTER

Gross	Discount	No-Pay	Net
2,802.67	0.00	0.00	2,802.67

Report Summary

Grand Totals:

Gross
2,802.67

Discount
0.00

No-Pay
0.00

Net
2,802.67

APPROVED ON

JUN 27 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 204714

06/27/2024

12:58

RECEIVED BY THE
COUNTY AUDITOR ON

JUN 27 2024

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 07/14/2024

0

ap_open_invoice.template

Vendor# Vendor Name
11832 ✓ BROADMOOR AT CREEKSIDE PARK

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 062124		06/27/202	06/21/202	07/14/202			3,421.66	0.00	0.00	3,421.66

QIPP

VHC Qipp Vr 7 April 2024

Vendor Totals: Number Name

11832 BROADMOOR AT CREEKSIDE PARK

Gross	Discount	No-Pay	Net
3,421.66	0.00	0.00	3,421.66

Report Summary

Grand Totals:

Gross
3,421.66

Discount
0.00

No-Pay
0.00

Net
3,421.66

APPROVED ON

JUN 27 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 204713

06/27/2024

12:37

RECEIVED BY THE
COUNTY AUDITOR ON

JUN 27 2024

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 07/14/2024

0

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

11824 ✓ THE CRESCENT CALHOUN COUNTY, TEXAS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 061324		06/21/202	06/13/202	07/14/202			7,500.00	0.00	0.00	7,500.00 ✓
	TRANSFER	INS. PMT. dep. into mmcdpt. in error								
✓ 061424		06/21/202	06/14/202	07/14/202			1,836.00	0.00	0.00	1,836.00 ✓
	TRANSFER	'' ''								
✓ 062124		06/26/202	06/21/202	07/14/202			2,711.25	0.00	0.00	2,711.25 ✓
	TRANSFER	VHC Dep 4r7 April 2024								

Vendor Totals: Number Name

11824 THE CRESCENT

Gross	Discount	No-Pay	Net
12,047.25	0.00	0.00	12,047.25

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

12,047.25

0.00

0.00

12,047.25

APPROVED ON

JUN 27 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 204718

JUN 27 2024

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap_open_invoice.template

06/27/2024

12:38

Due Dates Through: 07/14/2024

Vendor# Vendor Name

Class Pay Code

11836 GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 060624		06/21/202	06/06/202	07/14/202			29.35	0.00	0.00	29.35 ✓
	TRANSFER									
✓ 060724		06/21/202	06/07/202	07/14/202			297.01	0.00	0.00	297.01 ✓
	TRANSFER									
✓ 060724A		06/21/202	06/07/202	07/14/202			1,687.02	0.00	0.00	1,687.02 ✓
	TRANSFER									
✓ 061024		06/21/202	06/10/202	07/14/202			144.20	0.00	0.00	144.20 ✓
	TRANSFER									
✓ 061124B		06/21/202	06/11/202	07/14/202			5,053.48	0.00	0.00	5,053.48 ✓
	TRANSFER									
✓ 061124A		06/21/202	06/11/202	07/14/202			6,142.00	0.00	0.00	6,142.00 ✓
	TRANSFER									
✓ 061124		06/21/202	06/11/202	07/14/202			63,017.81	0.00	0.00	63,017.81 ✓
	TRANSFER									
✓ 061124C		06/21/202	06/11/202	07/14/202			22,407.36	0.00	0.00	22,407.36 ✓
	TRANSFER									
✓ 061224		06/21/202	06/12/202	07/14/202			164.00	0.00	0.00	164.00 ✓
	TRANSFER									
✓ 061324		06/21/202	06/13/202	07/14/202			339.13	0.00	0.00	339.13 ✓
	TRANSFER									
✓ 061324A		06/21/202	06/13/202	07/14/202			1,039.59	0.00	0.00	1,039.59 ✓
	TRANSFER									
✓ 061424A		06/21/202	06/14/202	07/14/202			887.19	0.00	0.00	887.19 ✓
	TRANSFER									
✓ 061424		06/21/202	06/14/202	07/14/202			454.05	0.00	0.00	454.05 ✓
	TRANSFER									
✓ 061724		06/26/202	06/17/202	07/14/202			4,557.79	0.00	0.00	4,557.79 ✓
	TRANSFER									
✓ 061824		06/26/202	06/18/202	07/14/202			1,582.55	0.00	0.00	1,582.55 ✓
	TRANSFER									
✓ 0062024		06/26/202	06/20/202	07/14/202			1,530.36	0.00	0.00	1,530.36 ✓
	TRANSFER									
✓ 062124		06/26/202	06/21/202	07/14/202			4,184.33	0.00	0.00	4,184.33 ✓
	TRANSFER									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
11836	GOLDENCREEK HEALTHCARE						113,517.22	0.00	0.00	113,517.22

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	113,517.22	0.00	0.00	113,517.22

APPROVED ON

JUN 27 2024

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Chk# 204716

RECEIVED BY THE
COUNTY AUDITOR ON

JUN 27 2024

MEMORIAL MEDICAL CENTER

06/27/2024

12:39

AP Open Invoice List

0

ap_open_invoice.template

Due Dates Through: 07/14/2024

Vendor# Vendor Name CALHOUN COUNTY, TEXAS

Class Pay Code

13004 ✓ TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 060724		06/21/202	06/07/202	07/14/202			187.89	0.00	0.00	187.89 ✓

✓ 061224	TRANSFER	06/21/202	06/12/202	07/14/202			218.20	0.00	0.00	218.20 ✓
	TRANSFER									

✓ 060624		06/21/202	06/14/202	07/14/202			4,080.00	0.00	0.00	4,080.00 ✓
	TRANSFER									

✓ 061424		06/21/202	06/14/202	07/14/202			6,936.00	0.00	0.00	6,936.00 ✓
	TRANSFER									

✓ 062124		06/26/202	06/21/202	07/14/202			3,728.25	0.00	0.00	3,728.25 ✓
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✓ 062024	TRANSFER	06/26/202	06/21/202	07/14/202			2,244.00	0.00	0.00	2,244.00 ✓
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2244.00 ins. pmx. dep. into mmc ope. in error

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
13004	TUSCANY VILLAGE	17,394.34	0.00	0.00	17,394.34

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	17,394.34	0.00	0.00	17,394.34

APPROVED ON

JUN 27 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Unk# 204719

RECEIVED BY THE
COUNTY AUDITOR ON

JUN 27 2024

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 07/14/2024

0

ap_open_invoice.template

06/27/2024
12:39

Vendor# Vendor Name **CALHOUN COUNTY, TEXAS**

Class Pay Code

12792 ✓ BETHANY SENIOR LIVING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 061724		06/18/202	06/17/202	07/14/202			2,731.90	0.00	0.00	2,731.90 ✓
	TRANSFER									
✓ 061824		06/18/202	06/18/202	07/14/202			109.82	0.00	0.00	109.82 ✓
	TRANSFER									
✓ 060724		06/21/202	06/07/202	07/14/202			1,721.42	0.00	0.00	1,721.42 ✓
	TRANSFER									
✓ 060724A		06/21/202	06/07/202	07/14/202			1,271.96	0.00	0.00	1,271.96 ✓
	TRANSFER									
✓ 061024A		06/21/202	06/10/202	07/14/202			12,496.09	0.00	0.00	12,496.09 ✓
	TRANSFER									
✓ 061024		06/21/202	06/10/202	07/14/202			19,233.96	0.00	0.00	19,233.96 ✓
	TRANSFER									
✓ 061124A		06/21/202	06/11/202	07/14/202			2,364.96	0.00	0.00	2,364.96 ✓
	TRANSFER									
✓ 061124		06/21/202	06/11/202	07/14/202			32,863.49	0.00	0.00	32,863.49 ✓
	TRANSFER									
✓ 061424		06/21/202	06/14/202	07/14/202			408.00	0.00	0.00	408.00 ✓
	TRANSFER									
✓ 062124		06/24/202	06/21/202	07/14/202			3,981.53	0.00	0.00	3,981.53 ✓
	QIPP									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
12792	BETHANY SENIOR LIVING						77,183.13	0.00	0.00	77,183.13

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	77,183.13	0.00	0.00	77,183.13

APPROVED ON

JUN 27 2024

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

CHK# 204712

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
7/1/2024

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens		226,181.17	225,710.81	264,088.05		264,558.41	241,291.62
						Bank Balance	264,558.41
						Variance	
						Leave In Balance	100.00

Routing Information for Ashford Gardens:

Anthem April QIPP 22,567.00

Ashford Health Core Center Ltd Co
JP Morgan Chase Bank

						April Interest	178.33
						May Interest	192.03
						June Interest	209.43
						Adjust Balance/Transfer Amt	241,291.62
						Bank Balance	373,406.04
						Variance	
						Leave In Balance	100.00
						Anthem April QIPP	8,395.32

Broadmoor

166,625.85	166,178.30	372,958.49				April Interest	191.20
						May Interest	156.35
						June Interest	236.44
						Adjust Balance/Transfer Amt	364,326.73
						Bank Balance	431,154.63
						Variance	
						Leave In Balance	100.00
						Anthem April QIPP	5,691.60
						Claim Payment owed to Tuscany	6,500.00

Crescent

258,432.88	257,803.38	430,525.13				April Interest	269.03
						May Interest	260.47
						June Interest	312.86
						Adjust Balance/Transfer Amt	418,020.67
						Bank Balance	98,232.23
						Variance	
						Leave In Balance	100.00
						Anthem April QIPP	7,065.19

Fort Bend

41,880.98	41,632.29	97,983.54				April Interest	61.77
						May Interest	86.92
						June Interest	68.07
						Adjust Balance/Transfer Amt	90,850.18
						Bank Balance	388,898.22
						Variance	
						Leave In Balance	100.00
						Anthem April QIPP	6,824.60

Solera at W Houston

180,154.70	179,559.39	388,302.91				April Interest	223.32
						May Interest	271.99
						June Interest	250.67
						Adjust Balance/Transfer Amt	381,227.69
						Bank Balance	388,898.22
						Variance	
						Leave In Balance	100.00
						Anthem April QIPP	6,824.60

241,291.62 +
364,326.73 +
418,020.67 +
90,850.18 +
381,227.69 +
1,495,716.89

and / Broadmoor

APPROVED ON
JUL 01 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

TOTAL TRANSFERS 1,495,716.89
Approved: Andrew De Los Santos
ANDREW DE LOS SANTOS 7/1/2024

Ashford Gardens ✓

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
6/17/2024 UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000	-	2,897.82	-	-	-	-	-	2,897.82
6/18/2024 HNB - ECHO HCLCLAIMPMT 746003411 440000271111	-	6,694.67	-	-	-	-	-	6,694.67
6/20/2024 WIRE OUT ASHFORD HEALTH CARE CENTER LTD	213,838.15	-	-	-	-	-	-	-
6/20/2024 HNB - ECHO HCLCLAIMPMT 746003411 440000215462	-	1,484.30	-	-	-	-	-	1,484.30
6/20/2024 HEALTH HUMAN SVC HCLCLAIMPMT 17460034113005 2	-	15,395.02	-	-	-	-	-	15,395.02
6/20/2024 HEALTH HUMAN SVC HCLCLAIMPMT 17460034113005 2	-	5,739.84	-	-	-	-	-	5,739.84
6/21/2024 UnitedHealthcare HCLCLAIMPMT 746003411 124384	-	4,920.00	-	-	-	-	-	4,920.00
6/21/2024 NOVITAS SOLUTION HCLCLAIMPMT 675423 420000169	-	37,567.55	-	-	-	-	-	37,567.55
6/21/2024 HEALTH HUMAN SVC HCLCLAIMPMT 17460034113005 2	-	7,284.54	-	-	-	-	-	7,284.54
6/24/2024 HNB - ECHO HCLCLAIMPMT 746003411 440000215854	-	252.09	-	-	-	-	-	252.09
6/24/2024 UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000	-	15,344.34	-	-	-	-	-	15,344.34
6/24/2024 ANTHEM HP AP E-PAYMENT EE52818966 1110000233	-	27,202.79	20,608.80	6,593.99	-	-	22,587.00	4,615.79
6/25/2024 Check 1240	12,272.66	-	-	-	-	-	-	-
6/25/2024 HNB - ECHO HCLCLAIMPMT 746003411 440000265930	-	304.62	-	-	-	-	-	304.62
6/25/2024 UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000	-	15,157.40	-	-	-	-	-	15,157.40
6/26/2024 MANAGEANDNET1718 MNS PMNT 000000000000093 41	-	2,340.00	-	-	-	-	-	2,340.00
6/26/2024 HNB - ECHO HCLCLAIMPMT 746003411 440000206741	-	9,828.24	-	-	-	-	-	9,828.24
6/26/2024 UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000	-	64,096.67	-	-	-	-	-	64,096.67
6/26/2024 AARP Supplementa HCLCLAIMPMT 746003411 124384	-	2,244.00	-	-	-	-	-	2,244.00
6/27/2024 MANAGEANDNET1718 MNS PMNT 000000000000093 41	-	315.00	-	-	-	-	-	315.00
6/27/2024 HNB - ECHO HCLCLAIMPMT 746003411 440000248340	-	25,762.02	-	-	-	-	-	25,762.02
6/27/2024 UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000	-	3,383.55	-	-	-	-	-	3,383.55
6/28/2024 UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000	-	10,233.43	-	-	-	-	-	10,233.43
6/28/2024 HEALTH HUMAN SVC HCLCLAIMPMT 17460034113005 2	-	5,430.73	-	-	-	-	-	5,430.73
6/30/2024 Added to Account	-	209.43	-	-	-	-	-	209.43
	225,710.81	264,088.05	20,608.80	6,593.99	-	-	22,587.00	241,501.05

Broadmoor ✓

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
6/17/2024 HNB - ECHO HCLCLAIMPMT 746003411 440000208906	-	9,404.06	-	-	-	-	-	9,404.06
6/17/2024 NOVITAS SOLUTION HCLCLAIMPMT 676357 420000186	-	46,524.55	-	-	-	-	-	46,524.55
6/18/2024 UnitedHealthcare HCLCLAIMPMT 746003411 124384	-	8,585.00	-	-	-	-	-	8,585.00
6/18/2024 MANAGEANDNET1718 MNS PMNT 0000000000004293 41	-	2,363.29	-	-	-	-	-	2,363.29
6/18/2024 HNB - ECHO HCLCLAIMPMT 746003411 440000271128	-	9,404.06	-	-	-	-	-	9,404.06
6/18/2024 HUMANA INS CO HCLCLAIMPMT 5077973 8300005748	-	2,867.00	-	-	-	-	-	2,867.00
6/20/2024 WIRE OUT CANTEX HEALTH CARE CENTERS III	161,617.41	-	-	-	-	-	-	-
6/20/2024 MANAGEANDNET1718 MNS PMNT 0000000000004293 41	-	292.50	-	-	-	-	-	292.50
6/20/2024 HNB - ECHO HCLCLAIMPMT 746003411 440000215866	-	367.23	-	-	-	-	-	367.23
6/20/2024 UnitedHealthcare HCLCLAIMPMT 746003411 124384	-	8,080.00	-	-	-	-	-	8,080.00
6/20/2024 HUMANA CHA DISB HCLCLAIMPMT 50330642 42000017	-	5,070.96	-	-	-	-	-	5,070.96
6/20/2024 HEALTH HUMAN SVC HCLCLAIMPMT 17460034113004 2	-	125.51	-	-	-	-	-	125.51
6/21/2024 MANAGEANDNET1718 MNS PMNT 0000000000004293 41	-	14,374.00	-	-	-	-	-	14,374.00
6/21/2024 NOVITAS SOLUTION HCLCLAIMPMT 676357 420000168	-	72,908.06	-	-	-	-	-	72,908.06
6/21/2024 HEALTH HUMAN SVC HCLCLAIMPMT 17460034113004 2	-	14,080.20	-	-	-	-	-	14,080.20
6/24/2024 HNB - ECHO HCLCLAIMPMT 746003411 440000215854	-	4,982.29	-	-	-	-	-	4,982.29
6/24/2024 UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000	-	4,221.26	-	-	-	-	-	4,221.26
6/24/2024 UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000	-	724.40	-	-	-	-	-	724.40
6/24/2024 NOVITAS SOLUTION HCLCLAIMPMT 676357 420000112	-	14,164.46	-	-	-	-	-	14,164.46
6/24/2024 ANTHEM HP AP E-PAYMENT EE52818969 1110000233	-	10,190.41	7,626.00	2,564.41	-	-	8,395.32	1,795.09
6/25/2024 Check 277	4,560.89	-	-	-	-	-	-	-
6/25/2024 Deposit	-	83.85	-	-	-	-	-	83.85
6/25/2024 HNB - ECHO HCLCLAIMPMT 746003411 440000266443	-	101.93	-	-	-	-	-	101.93
6/25/2024 UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000	-	18,233.22	-	-	-	-	-	18,233.22
6/25/2024 NOVITAS SOLUTION HCLCLAIMPMT 676357 420000186	-	2,614.61	-	-	-	-	-	2,614.61
6/26/2024 UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000	-	29,655.66	-	-	-	-	-	29,655.66
6/26/2024 NOVITAS SOLUTION HCLCLAIMPMT 676357 420000102	-	12,264.07	-	-	-	-	-	12,264.07
6/27/2024 MANAGEANDNET1718 MNS PMNT 0000000000004293 41	-	4,362.50	-	-	-	-	-	4,362.50
6/27/2024 HNB - ECHO HCLCLAIMPMT 746003411 440000248340	-	25,704.59	-	-	-	-	-	25,704.59
6/27/2024 UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000	-	6,472.83	-	-	-	-	-	6,472.83
6/27/2024 NOVITAS SOLUTION HCLCLAIMPMT 676357 420000110	-	714.30	-	-	-	-	-	714.30
6/28/2024 HNB - ECHO HCLCLAIMPMT 746003411 440000289021	-	7,409.56	-	-	-	-	-	7,409.56
6/28/2024 HNB - ECHO HCLCLAIMPMT 746003411 440000288673	-	4,056.63	-	-	-	-	-	4,056.63
6/28/2024 UnitedHealthcare HCLCLAIMPMT 746003411 124384	-	5,470.00	-	-	-	-	-	5,470.00
6/28/2024 UnitedHealthcare HCLCLAIMPMT 746003411 124384	-	20,200.00	-	-	-	-	-	20,200.00
6/28/2024 UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000	-	4,320.48	-	-	-	-	-	4,320.48
6/28/2024 HUMANA INS CO HCLCLAIMPMT 50959686 8300005101	-	71.12	-	-	-	-	-	71.12
6/28/2024 HEALTH HUMAN SVC HCLCLAIMPMT 17460034113004 2	-	1,257.46	-	-	-	-	-	1,257.46
6/30/2024 Added to Account	-	236.44	-	-	-	-	-	236.44
	166,178.30	372,958.49	7,626.00	2,564.41	-	-	8,395.32	364,563.17

Crescent ✓

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
6/17/2024 Check 343	6,500.00	-	-	-	-	-	-	-
6/17/2024 UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000	-	820.13	-	-	-	-	-	820.13
6/17/2024 UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000	-	1,022.81	-	-	-	-	-	1,022.81
6/17/2024 HUMANA INS CO HCLCLAIMPMT 49933064 8300005222	-	4,362.00	-	-	-	-	-	4,362.00
6/18/2024 DEVOTED HEALTH P HCLCLAIMPMT 21000026098961	-	143.42	-	-	-	-	-	143.42
6/18/2024 DEVOTED HEALTH P HCLCLAIMPMT 21000026098959	-	11,470.00	-	-	-	-	-	11,470.00
6/18/2024 DEVOTED HEALTH P HCLCLAIMPMT 21000026098957	-	2,594.00	-	-	-	-	-	2,594.00
6/18/2024 DEVOTED HEALTH P HCLCLAIMPMT 21000026098955	-	4,000.00	-	-	-	-	-	4,000.00
6/18/2024 DEVOTED HEALTH P HCLCLAIMPMT 21000026101337	-	1,350.00	-	-	-	-	-	1,350.00
6/18/2024 DEVOTED HEALTH P HCLCLAIMPMT 21000026101335	-	6,873.40	-	-	-	-	-	6,873.40
6/18/2024 DEVOTED HEALTH P HCLCLAIMPMT 21000026101339	-	9,000.00	-	-	-	-	-	9,000.00
6/18/2024 UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000	-	1,983.85	-	-	-	-	-	1,983.85
6/20/2024 WIRE OUT CANTEX HEALTH CARE CENTERS III	198,445.20	-	-	-	-	-	-	-
6/20/2024 HNB - ECHO HCLCLAIMPMT 746003411 440000214881	-	15,269.96	-	-	-	-	-	15,269.96
6/20/2024 DEVOTED HEALTH P HCLCLAIMPMT 21000020959331	-	1,800.00	-	-	-	-	-	1,800.00
6/20/2024 DEVOTED HEALTH P HCLCLAIMPMT 21000020959333	-	2,294.00	-	-	-	-	-	2,294.00
6/20/2024 HUMANA INS CO HCLCLAIMPMT 50268637 8300005226	-	919.00	-	-	-	-	-	919.00
6/20/2024 HUMANA CHA DISB HCLCLAIMPMT 50330747 42000017	-	262.00	-	-	-	-	-	262.00
6/21/2024 UnitedHealthcare HCLCLAIMPMT 746003411 124384	-	2,870.00	-	-	-	-	-	2,870.00
6/21/2024 DEVOTED HEALTH P HCLCLAIMPMT 21000020749787	-	17,910.37	-	-	-	-	-	17,910.37
6/21/2024 DEVOTED HEALTH P HCLCLAIMPMT 21000020749785	-	6,500.00	-	-	-	-	-	6,500.00
6/21/2024 NOVITAS SOLUTION HCLCLAIMPMT 676323 420000168	-	121,182.53	-	-	-	-	-	121,182.53
6/21/2024 HEALTH HUMAN SVC HCLCLAIMPMT 17460034113008 2	-	4,400.57	-	-	-	-	-	4,400.57
6/24/2024 HNB - ECHO HCLCLAIMPMT 746003411 440000216177	-	20,676.99	-	-	-	-	-	20,676.99
6/24/2024 UNITEDHEALTHCARE HCLCLAIMPMT 746003411 124384	-	2,040.00	-	-	-	-	-	2,040.00
6/24/2024 UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000	-	4,404.26	-	-	-	-	-	4,404.26
6/24/2024 UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000	-	10,073.54	-	-	-	-	-	10,073.54
6/24/2024 UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000	-	18,012.92	-	-	-	-	-	18,012.92
6/24/2024 NOVITAS SOLUTION HCLCLAIMPMT 676323 420000112	-	10,119.62	-	-	-	-	-	10,119.62

6/24/2024	HIC KY HCCLAIMPMT 50603762 42000018578067 44	-	13,519.34	-	-	-	13,519.34
6/24/2024	ANTHEM HP AP E-PAYMENT EES2818968 1110000233	-	7,726.07	5,691.60	-	-	2,034.47
6/25/2024	Check 346	3,422.94	-	-	-	5,691.60	-
6/25/2024	Check 345	49,435.24	-	-	-	-	-
6/25/2024	Deposit	-	26,648.07	-	-	-	26,648.07
6/25/2024	DEVOTED HEALTH P HCCLAIMPMT 21000026058391	-	1,570.00	-	-	-	1,570.00
6/25/2024	DEVOTED HEALTH P HCCLAIMPMT 21000026058389	-	5,850.00	-	-	-	5,850.00
6/25/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	19,842.63	-	-	-	19,842.63
6/25/2024	NOVITAS SOLUTION HCCLAIMPMT 676323 420000186	-	1,276.46	-	-	-	1,276.46
6/26/2024	HNB - ECHO HCCLAIMPMT 746003411 440000206278	-	1,205.52	-	-	-	1,205.52
6/26/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	31,206.11	-	-	-	31,206.11
6/26/2024	DEVOTED HEALTH P HCCLAIMPMT 21000029074142	-	4,050.00	-	-	-	4,050.00
6/26/2024	AARP Supplementa HCCLAIMPMT 746003411 124384	-	3,672.00	-	-	-	3,672.00
6/27/2024	HNB - ECHO HCCLAIMPMT 746003411 440000248340	-	1,982.75	-	-	-	1,982.75
6/27/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	7,423.20	-	-	-	7,423.20
6/28/2024	MANAGEANDNET1718 MNS PMNT 000000000003268 41	-	5,351.35	-	-	-	5,351.35
6/28/2024	HNB - ECHO HCCLAIMPMT 746003411 440000288673	-	7,380.00	-	-	-	7,380.00
6/28/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	1,990.72	-	-	-	1,990.72
6/28/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	312.86	-	-	-	312.86
6/30/2024	Added to Account	-	-	-	-	-	-
		257,803.38	430,525.13	5,691.60	-	5,691.60	424,833.53

Fort Bend

		Transfer-Out	Transfer-In	MMC PORTION				QIPP TI	NH PORTION
				QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse		
6/18/2024	MANAGEANDNET1718 MNS PMNT 000000000004294 41	-	3,802.50	-	-	-	-	-	3,802.50
6/18/2024	AARP Supplementa HCCLAIMPMT 746003411 124384	-	419.18	-	-	-	-	-	419.18
6/18/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	119.88	-	-	-	-	-	119.88
6/20/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	37,793.68	-	-	-	-	-	-	-
6/21/2024	MOLINA HEALTHCAR MOLINAACH 01292936 42000014	-	595.00	-	-	-	-	-	595.00
6/21/2024	NOVITAS SOLUTION HCCLAIMPMT 675663 420000168	-	32,751.60	-	-	-	-	-	32,751.60
6/24/2024	ANTHEM HP AP E-PAYMENT EES2818965 1110000233	-	8,534.55	6,435.60	2,098.95	-	-	7,065.29	1,469.27
6/25/2024	Check 249	3,838.61	-	-	-	-	-	-	-
6/25/2024	Deposit	-	2,040.00	-	-	-	-	-	2,040.00
6/25/2024	HNB - ECHO HCCLAIMPMT 746003411 440000266114	-	2,567.62	-	-	-	-	-	2,567.62
6/25/2024	HNB - ECHO HCCLAIMPMT 746003411 440000265930	-	3,101.30	-	-	-	-	-	3,101.30
6/25/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,486.72	-	-	-	-	-	1,486.72
6/25/2024	NOVITAS SOLUTION HCCLAIMPMT 675663 420000186	-	1,710.59	-	-	-	-	-	1,710.59
6/26/2024	MANAGEANDNET1718 MNS PMNT 000000000004294 41	-	4,872.00	-	-	-	-	-	4,872.00
6/26/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	25,914.72	-	-	-	-	-	25,914.72
6/27/2024	HNB - ECHO HCCLAIMPMT 746003411 440000248340	-	2,117.15	-	-	-	-	-	2,117.15
6/27/2024	NOVITAS SOLUTION HCCLAIMPMT 675663 420000110	-	130.51	-	-	-	-	-	130.51
6/28/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	6,465.49	-	-	-	-	-	6,465.49
6/28/2024	NOVITAS SOLUTION HCCLAIMPMT 675663 420000174	-	1,286.66	-	-	-	-	-	1,286.66
6/30/2024	Added to Account	-	68.07	-	-	-	-	-	68.07
		41,632.29	97,983.54	6,435.60	2,098.95	-	-	7,065.29	90,918.26

Solara at West Houston

		Transfer-Out	Transfer-In	MMC PORTION				QIPP TI	NH PORTION
				QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse		
6/17/2024	HNB - ECHO HCCLAIMPMT 746003411 440000208449	-	10,866.95	-	-	-	-	-	10,866.95
6/18/2024	MANAGEANDNET1718 MNS PMNT 0000000000071482 41	-	9,841.00	-	-	-	-	-	9,841.00
6/18/2024	HMBP LA HCCLAIMPMT 50181080 42000012604079 4	-	7,900.00	-	-	-	-	-	7,900.00
6/18/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2	-	11,152.25	-	-	-	-	-	11,152.25
6/20/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	175,852.36	-	-	-	-	-	-	-
6/20/2024	HNB - ECHO HCCLAIMPMT 746003411 440000214881	-	38,613.00	-	-	-	-	-	38,613.00
6/20/2024	NOVITAS SOLUTION HCCLAIMPMT 676310 420000189	-	22,935.00	-	-	-	-	-	22,935.00
6/20/2024	HUMANA INS CO HCCLAIMPMT 50271713 8300005225	-	930.00	-	-	-	-	-	930.00
6/20/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2	-	5,147.77	-	-	-	-	-	5,147.77
6/21/2024	MANAGEANDNET1718 MNS PMNT 000000000002482 41	-	5,557.50	-	-	-	-	-	5,557.50
6/21/2024	NOVITAS SOLUTION HCCLAIMPMT 676310 420000168	-	119,620.93	-	-	-	-	-	119,620.93
6/21/2024	HUMANA INS CO HCCLAIMPMT 50421371 8300005639	-	12,800.00	-	-	-	-	-	12,800.00
6/21/2024	HUMANA CHA DISB HCCLAIMPMT 50499761 420000013	-	434.32	-	-	-	-	-	434.32
6/21/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2	-	10,023.71	-	-	-	-	-	10,023.71
6/24/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	4,320.48	-	-	-	-	-	4,320.48
6/24/2024	NOVITAS SOLUTION HCCLAIMPMT 676310 420000112	-	18,683.49	-	-	-	-	-	18,683.49
6/24/2024	ANTHEM HP AP E-PAYMENT EES2818967 1110000233	-	8,339.87	6,175.20	2,164.67	-	-	6,824.60	1,515.27
6/25/2024	Check 1303	3,707.03	-	-	-	-	-	-	-
6/25/2024	Deposit	-	1,428.00	-	-	-	-	-	1,428.00
6/25/2024	HNB - ECHO HCCLAIMPMT 746003411 440000265930	-	1,764.18	-	-	-	-	-	1,764.18
6/25/2024	HNB - ECHO HCCLAIMPMT 746003411 440000266139	-	297.73	-	-	-	-	-	297.73
6/25/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	25,767.18	-	-	-	-	-	25,767.18
6/25/2024	NOVITAS SOLUTION HCCLAIMPMT 676310 420000186	-	11,719.36	-	-	-	-	-	11,719.36
6/26/2024	HNB - ECHO HCCLAIMPMT 746003411 440000206278	-	392.04	-	-	-	-	-	392.04
6/26/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	39,956.73	-	-	-	-	-	39,956.73
6/26/2024	NOVITAS SOLUTION HCCLAIMPMT 676310 420000102	-	6,726.21	-	-	-	-	-	6,726.21
6/27/2024	MANAGEANDNET1718 MNS PMNT 000000000002482 41	-	6,437.00	-	-	-	-	-	6,437.00
6/27/2024	HNB - ECHO HCCLAIMPMT 746003411 440000247970	-	247.97	-	-	-	-	-	247.97
6/27/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	26.40	-	-	-	-	-	26.40
6/27/2024	AARP Supplementa HCCLAIMPMT 746003411 124384	-	408.00	-	-	-	-	-	408.00
6/28/2024	NOVITAS SOLUTION HCCLAIMPMT 676310 420000174	-	5,715.22	-	-	-	-	-	5,715.22
6/30/2024	Added to Account	-	250.62	-	-	-	-	-	250.62
		179,559.39	388,302.91	6,175.20	2,164.67	-	-	6,824.60	381,478.31
TOTALS		870,884.17	1,553,858.12	46,537.20	13,422.02	-	-	50,563.81	1,503,294.31

Balances Overview

Account Name

*4357 MEMORIAL MEDICAL - OPERATING	\$2,729,066.21	\$2,869,786.65	\$2,729,066.21	\$3,843,155.10
*4365 MMC - CLINIC SERIES 2014	\$545.22	\$545.22	\$545.22	\$544.55
*4373 MMC - PRIVATE WAIVER CLEARING	\$438.92	\$438.92	\$438.92	\$438.38
*4381 MEMORIAL MEDICAL / NH ASHFORD ✓	\$264,558.41 ✓	\$276,034.23	\$264,558.41	\$248,684.82
*4403 MEMORIAL MEDICAL / NH BROADMOOR ✓	\$373,406.04 ✓	\$398,529.62	\$373,406.04	\$329,384.35
*4411 MEMORIAL MEDICAL / NH CRESCENT ✓	\$431,154.63 ✓	\$436,411.20	\$431,154.63	\$408,696.50
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON ✓	\$388,898.22 ✓	\$389,526.94	\$388,898.22	\$382,932.38
*4446 MEMORIAL MEDICAL / NH FORT BEND ✓	\$98,232.23 ✓	\$98,232.23	\$98,232.23	\$90,412.01
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$240,045.28	\$244,640.27	\$240,045.28	\$234,644.76
*4551 CAL CO INDIGENT HEALTHCARE	\$9,670.62	\$9,670.62	\$9,670.62	\$9,658.74
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$1,220.98	\$1,249.79	\$1,220.98	\$1,217.35
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$17,525.11	\$18,331.11	\$17,525.11	\$10,775.20
*5506 MMC -NH BETHANY SENIOR LIVING	\$301,188.06	\$304,710.16	\$301,188.06	\$298,593.97
*3407 MMC -NH TUSCANY VILLAGE	\$418,207.52	\$447,391.56	\$418,207.52	\$416,524.47
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$5,034.00	\$5,034.00	\$5,034.00	\$5,000.00
Total Balance	\$5,279,291.45	\$5,500,632.52	\$5,279,291.45	\$6,280,762.58

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
7/1/2024

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Golden Creek		99,413.54	98,945.51	239,577.25	-	240,045.28	214,304.52
					Bank Balance	240,045.28	
					Variance	-	
					Leave in Balance	100.00	
					Superior April Q/PP	21,393.28	
					Claim payments owed to MMC	3,706.93	

Routing Information for Golden Creek:
Nexion Health at Golden Creek
Wells Fargo Bank, N.A.

April Interest	152.47
May Interest	215.56
June Interest	172.52
Adjust Balance/Transfer Amt	214,304.52

Note: Only balances of over \$5,000 will be transferred to the nursing home.
Note 2: Each account has a base balance of \$100 that MMC deposited to open account.

Approved: Andrew De Los Santos
ANDREW DE LOS SANTOS

7/1/2024

APPROVED ON

JUL 01 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek

6/17/2024 Check 212
 6/17/2024 Check 213
 6/17/2024 TSYS/TRANSFIRST CR CD DEP 543684555876917 91
 6/18/2024 GOLDENCREEKHEALT MERC DEP 1220356 9100001585
 6/20/2024 WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC
 6/20/2024 TSYS/TRANSFIRST CR CD DEP 543684555876917 91
 6/20/2024 TSYS/TRANSFIRST CR CD DEP 543684555876917 91
 6/20/2024 TSYS/TRANSFIRST CR CD DEP 543684555876917 91
 6/20/2024 HNB - ECHO HCCLAIMPMT 746003411 440000214881
 6/20/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2
 6/20/2024 Centene Managemé ACH 008765433514 1110000267
 6/20/2024 AETNA AS01 HCCLAIMPMT 1588075964 51000013695
 6/21/2024 TSYS/TRANSFIRST CR CD DEP 543684555876917 91
 6/21/2024 NOVITAS SOLUTION HCCLAIMPMT 676097 420000168
 6/24/2024 TSYS/TRANSFIRST CR CD DEP 543684555876917 91
 6/24/2024 HNB - ECHO HCCLAIMPMT 746003411 440000216177
 6/25/2024 Deposit
 6/25/2024 HNB - ECHO HCCLAIMPMT 746003411 440000266114
 6/26/2024 HNB - ECHO HCCLAIMPMT 746003411 440000206278
 6/26/2024 GOLDENCREEKHEALT MERC DEP 1220356 9100001251
 6/27/2024 TSYS/TRANSFIRST CR CD DEP 543684555876917 91
 6/27/2024 AETNA AS01 HCCLAIMPMT 1588075964 51000014759
 6/28/2024 GOLDENCREEKHEALT MERC DEP 1220356 9100001459
 6/28/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2
 6/30/2024 Added to Account

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
65.40	-	-	-	-	-	-	-
909.44	-	-	-	-	-	-	-
-	1,000.00	-	-	-	-	-	1,000.00
-	1,357.00	-	-	-	-	-	1,357.00
97,970.67	-	-	-	-	-	-	-
-	1,000.00	-	-	-	-	-	1,000.00
-	3,431.67	-	-	-	-	-	3,431.67
-	1,679.10	-	-	-	-	-	1,679.10
-	2,697.59	-	-	-	-	-	2,697.59
-	1,767.22	-	-	-	-	-	1,767.22
-	24,972.99	19,006.80	5,966.19	-	-	21,393.28	3,579.71
-	142.84	-	-	-	-	-	142.84
-	17.64	-	-	-	-	-	17.64
-	64,760.40	-	-	-	-	-	64,760.40
-	2,857.00	-	-	-	-	-	2,857.00
-	17,053.26	-	-	-	-	-	17,053.26
-	92,770.90	-	-	-	-	-	92,770.90
-	9,762.00	-	-	-	-	-	9,762.00
-	705.67	-	-	-	-	-	705.67
-	1,950.00	-	-	-	-	-	1,950.00
-	2,351.45	-	-	-	-	-	2,351.45
-	3,900.00	-	-	-	-	-	3,900.00
-	400.00	-	-	-	-	-	400.00
-	4,828.00	-	-	-	-	-	4,828.00
-	172.52	-	-	-	-	-	172.52
98,945.51	239,577.25	19,006.80	5,966.19	-	-	21,393.28	218,183.97

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$2,729,066.21	\$2,869,786.65	\$2,729,066.21	\$3,843,155.10
*4365 MMC - CLINIC SERIES 2014	\$545.22	\$545.22	\$545.22	\$544.55
*4373 MMC - PRIVATE WAIVER CLEARING	\$438.92	\$438.92	\$438.92	\$438.38
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$264,558.41	\$276,034.23	\$264,558.41	\$248,684.82
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$373,406.04	\$398,529.62	\$373,406.04	\$329,384.35
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$431,154.63	\$436,411.20	\$431,154.63	\$408,696.50
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$388,898.22	\$389,526.94	\$388,898.22	\$382,932.38
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$98,232.23	\$98,232.23	\$98,232.23	\$90,412.01
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE ✓	\$240,045.28 ✓	\$244,640.27	\$240,045.28	\$234,644.76
*4551 CAL CO INDIGENT HEALTHCARE	\$9,670.62	\$9,670.62	\$9,670.62	\$9,658.74
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$1,220.98	\$1,249.79	\$1,220.98	\$1,217.35
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$17,525.11	\$18,331.11	\$17,525.11	\$10,775.20
*5506 MMC -NH BETHANY SENIOR LIVING	\$301,188.06	\$304,710.16	\$301,188.06	\$298,593.97
*3407 MMC -NH TUSCANY VILLAGE	\$418,207.52	\$447,391.56	\$418,207.52	\$416,524.47
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$5,034.00	\$5,034.00	\$5,034.00	\$5,000.00
Total Balance	\$5,279,291.45	\$5,500,632.52	\$5,279,291.45	\$6,280,762.58

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
7/1/2024

Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Nursing Home Gulf Pointe Plaza- Private Pay	458.34	218.13	980.77			1,220.98	no transfer
					Bank Balance	1,220.98	
					Variance		
					Leave in Balance	100.00	
					Adjust Balance/Transfer Amt	1,120.98	
Nursing Home Gulf Pointe Plaza-Medicare/Medicaid	3,738.04		13,787.07			17,525.11	17,425.11
					Bank Balance	17,525.11	
					Variance		
					Leave in Balance	100.00	
					Adjust Balance/Transfer Amt	17,425.11	
TOTAL TRANSFERS						18,546.09	

Routing Information for Gulf Pointe Plaza:

APPROVED ON

JUL 01 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Note: Only balances of over \$5,000 will be transferred to the nursing home.
Note 2: Each account has a base balance of \$100 that MMC deposited to open account.

Approved: Andrew De Los Santos
ANDREW DE LOS SANTOS

7/1/2024

Gulf Pointe Plaza-Private Pay

6/17/2024 Check 1116
 6/21/2024 HNB - ECHO HCCLAIMPMT 746003411 440000272913
 6/25/2024 HNB - ECHO HCCLAIMPMT 746003411 440000266969
 6/26/2024 HNB - ECHO HCCLAIMPMT 746003411 440000206278
 6/27/2024 HNB - ECHO HCCLAIMPMT 746003411 440000247970
 6/30/2024 Added to Account

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
218.13	-	-	-	-	-	-	-
-	506.05	-	-	-	-	-	506.05
-	152.81	-	-	-	-	-	152.81
-	67.23	-	-	-	-	-	67.23
-	251.05	-	-	-	-	-	251.05
-	3.63	-	-	-	-	-	3.63
218.13	980.77	-	-	-	-	-	980.77

Gulf Pointe Plaza-Medicare/Medicaid

6/21/2024 MERCHANT BANKCD DEPOSIT 496478518889 9100001
 6/25/2024 Deposit
 6/28/2024 MERCHANT BANKCD DEPOSIT 496478518889 9100001
 6/30/2024 Added to Account

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
-	3,878.47	-	-	-	-	-	3,878.47
-	3,158.69	-	-	-	-	-	3,158.69
-	6,732.07	-	-	-	-	-	6,732.07
-	17.84	-	-	-	-	-	17.84
-	13,787.07	-	-	-	-	-	13,787.07
218.13	14,767.84	-	-	-	-	-	14,767.84

Balances Overview

Account Name

*4357 MEMORIAL MEDICAL - OPERATING	\$2,729,066.21	\$2,869,786.65	\$2,729,066.21	\$3,843,155.10
*4365 MMC - CLINIC SERIES 2014	\$545.22	\$545.22	\$545.22	\$544.55
*4373 MMC - PRIVATE WAIVER CLEARING	\$438.92	\$438.92	\$438.92	\$438.38
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$264,558.41	\$276,034.23	\$264,558.41	\$248,684.82
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$373,406.04	\$398,529.62	\$373,406.04	\$329,384.35
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$431,154.63	\$436,411.20	\$431,154.63	\$408,696.50
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$388,898.22	\$389,526.94	\$388,898.22	\$382,932.38
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$98,232.23	\$98,232.23	\$98,232.23	\$90,412.01
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$240,045.28	\$244,640.27	\$240,045.28	\$234,644.76
*4551 CAL CO INDIGENT HEALTHCARE	\$9,670.62	\$9,670.62	\$9,670.62	\$9,658.74
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY ✓	\$1,220.98 ✓	\$1,249.79	\$1,220.98	\$1,217.35
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID ✓	\$17,525.11 ✓	\$18,331.11	\$17,525.11	\$10,775.20
*5506 MMC -NH BETHANY SENIOR LIVING	\$301,188.06	\$304,710.16	\$301,188.06	\$298,593.97
*3407 MMC -NH TUSCANY VILLAGE	\$418,207.52	\$447,391.56	\$418,207.52	\$416,524.47
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$5,034.00	\$5,034.00	\$5,034.00	\$5,000.00
Total Balance	\$5,279,291.45	\$5,500,632.52	\$5,279,291.45	\$6,280,762.58

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 7/1/2024

Nursing Home Tuscany Village	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cls Cleared	Pending Deposits	Today's Beginning Balance		Amount to Be Transferred to Nursing Home
		87,052.51	86,952.51	418,107.52			418,207.52	418,207.52	403,970.22
						Bank Balance Variance			
						Leave in Balance Anthem April	100.00	14,137.30	

Note: Only balances of over \$5,000 will be transferred to the nursing home.
 Note 2: Each account has a base balance of \$100 that MMC deposited to open account.

Adjust Balance/Transfer Amt 403,970.22

Approved: Andrew De Los Santos
 ANDREW DE LOS SANTOS 7/1/2024

APPROVED ON
 JUL 01 2024
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

		MMC PORTION					
		QIPP/Comp	QIPP/Comp	QIPP/Comp			
		1	QIPP/Comp 2	3	QIPP/Comp 4&Lapse	QIPP TI	
						NH PORTION	
Tuscany Village							
6/17/2024 Deposit	-	7,409.44				7,409.44	
6/17/2024 HNB - ECHO HCCLAIMPMT 746003411 440000207764	-	2,799.17				2,799.17	
6/17/2024 HNB - ECHO HCCLAIMPMT 746003411 440000208449	-	11,582.37				11,582.37	
6/20/2024 WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	79,272.63	-				-	
6/20/2024 Deposit	-	47,807.20				47,807.20	
6/20/2024 HNB - ECHO HCCLAIMPMT 746003411 440000214881	-	9,783.36				9,783.36	
6/21/2024 HNB - ECHO HCCLAIMPMT 746003411 440000272959	-	11,750.19				11,750.19	
6/24/2024 ANTHEM HP AP E-PAYMENT EES2818970 1110000233	-	16,091.60	12,183.00	3,908.60		14,137.30	
6/25/2024 Check 1156	7,679.88	-				-	
6/25/2024 Deposit	-	49,435.24				49,435.24	
6/25/2024 HNB - ECHO HCCLAIMPMT 746003411 440000265930	-	17,818.22				17,818.22	
6/25/2024 HNB - ECHO HCCLAIMPMT 746003411 440000266969	-	9,120.10				9,120.10	
6/25/2024 HNB - ECHO HCCLAIMPMT 746003411 440000266444	-	56,424.36				56,424.36	
6/25/2024 NOVITAS SOLUTION HCCLAIMPMT 676201 420000186	-	160,643.06				160,643.06	
6/27/2024 Deposit	-	6,805.60				6,805.60	
6/27/2024 Deposit	-	7,017.60				7,017.60	
6/27/2024 NOVITAS SOLUTION HCCLAIMPMT 676201 420000110	-	1,936.96				1,936.96	
6/28/2024 HNB - ECHO HCCLAIMPMT 746003411 440000288676	-	1,452.51				1,452.51	
6/30/2024 Added to Account	-	230.54				230.54	
	86,952.51	418,107.52	12,183.00	3,908.60	-	14,137.30	
						403,970.22	

Balances Overview

Account Name

*4357 MEMORIAL MEDICAL - OPERATING	\$2,729,066.21	\$2,869,786.65	\$2,729,066.21	\$3,843,155.10
*4365 MMC - CLINIC SERIES 2014	\$545.22	\$545.22	\$545.22	\$544.55
*4373 MMC - PRIVATE WAIVER CLEARING	\$438.92	\$438.92	\$438.92	\$438.38
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$264,558.41	\$276,034.23	\$264,558.41	\$248,684.82
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$373,406.04	\$398,529.62	\$373,406.04	\$329,384.35
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$431,154.63	\$436,411.20	\$431,154.63	\$408,696.50
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$388,898.22	\$389,526.94	\$388,898.22	\$382,932.38
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$98,232.23	\$98,232.23	\$98,232.23	\$90,412.01
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$240,045.28	\$244,640.27	\$240,045.28	\$234,644.76
*4551 CAL CO INDIGENT HEALTHCARE	\$9,670.62	\$9,670.62	\$9,670.62	\$9,658.74
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$1,220.98	\$1,249.79	\$1,220.98	\$1,217.35
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$17,525.11	\$18,331.11	\$17,525.11	\$10,775.20
*5505 MMC -NH BETHANY SENIOR LIVING	\$301,188.06	\$304,710.16	\$301,188.06	\$298,593.97
*3407 MMC -NH TUSCANY VILLAGE	\$418,207.52	\$447,391.56	\$418,207.52	\$416,524.47
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$5,034.00	\$5,034.00	\$5,034.00	\$5,000.00
Total Balance	\$5,279,291.45	\$5,500,632.52	\$5,279,291.45	\$6,280,762.58

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
7/1/2024

Nursing Home
Bethany Senior Living

Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Medicare Repayment	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
	129,948.72	129,340.51	300,579.85			301,188.06	242,952.90
					Bank Balance	301,188.06	
					Variance	-	
					Leave in Balance	100.00	
					Superior April	20,005.81	
					Change Payment withheld from Broadmoor	19,478.20	
					Change Payment withheld from Solera	17,984.64	
					April Interest	194.41	
					May Interest	313.80	
					June Interest	158.30	
					Adjust Balance/Transfer Amt	242,952.90	

Note: Only balances of over \$5,000 will be transferred to the nursing home.
Note 2: Each account has a base balance of \$100 that MMC deposited to open account.

Approved: Andrew De Los Santos
ANDREW DE LOS SANTOS 7/1/2024

APPROVED ON

JUL 01 2024

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Bethany Senior Living

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
-	750.18	-	-	-	-	-	750.18
129,340.51	-	-	-	-	-	-	-
-	23,745.44	17,992.16	5,753.28	-	-	20,005.81	3,739.63
-	2,435.79	-	-	-	-	-	2,435.79
-	84,365.00	-	-	-	-	-	84,365.00
-	28,244.38	-	-	-	-	-	28,244.38
-	17,816.00	-	-	-	-	-	17,816.00
-	1,087.37	-	-	-	-	-	1,087.37
-	3,567.21	-	-	-	-	-	3,567.21
-	12,134.42	-	-	-	-	-	12,134.42
-	52,991.89	-	-	-	-	-	52,991.89
-	5,100.00	-	-	-	-	-	5,100.00
-	3,026.45	-	-	-	-	-	3,026.45
-	13,266.53	-	-	-	-	-	13,266.53
-	34,077.00	-	-	-	-	-	34,077.00
-	11,003.42	-	-	-	-	-	11,003.42
-	4,374.68	-	-	-	-	-	4,374.68
-	2,435.79	-	-	-	-	-	2,435.79
-	158.30	-	-	-	-	-	158.30
129,340.51	300,579.85	17,992.16	5,753.28	-	-	20,005.81	280,574.04

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$2,729,066.21	\$2,869,786.65	\$2,729,066.21	\$3,843,155.10
*4365 MMC - CLINIC SERIES 2014	\$545.22	\$545.22	\$545.22	\$544.55
*4373 MMC - PRIVATE WAIVER CLEARING	\$438.92	\$438.92	\$438.92	\$438.38
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$264,558.41	\$276,034.23	\$264,558.41	\$248,684.82
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$373,406.04	\$398,529.62	\$373,406.04	\$329,384.35
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$431,154.63	\$436,411.20	\$431,154.63	\$408,696.50
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$388,898.22	\$389,526.94	\$388,898.22	\$382,932.38
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$98,232.23	\$98,232.23	\$98,232.23	\$90,412.01
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$240,045.28	\$244,640.27	\$240,045.28	\$234,644.76
*4551 CAL CO INDIGENT HEALTHCARE	\$9,670.62	\$9,670.62	\$9,670.62	\$9,658.74
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$1,220.98	\$1,249.79	\$1,220.98	\$1,217.35
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$17,525.11	\$18,331.11	\$17,525.11	\$10,775.20
*5506 MMC -NH BETHANY SENIOR LIVING ✓	\$301,188.06 ✓	\$304,710.16	\$301,188.06	\$298,593.97
*3407 MMC -NH TUSCANY VILLAGE	\$418,207.52	\$447,391.56	\$418,207.52	\$416,524.47
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$5,034.00	\$5,034.00	\$5,034.00	\$5,000.00
Total Balance	\$5,279,291.45	\$5,500,632.52	\$5,279,291.45	\$6,280,762.58

Ashford / ✓

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P

Memorial Medical Center

Date Requested: 7/1/2024

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APPROVED ON

JUL 01 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CHK # 001244

FOR ACCT USE ONLY

- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT:

\$ 22,587.00 / ✓

G/L NUMBER: 10255040

EXPLANATION:

Wellpoint April QIPP Hospital portion

REQUESTED BY:

Caitlin Clevenger

AUTHORIZED BY: ✓

Andrew Delos Santos

7/1/2024

Broadmoor ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P

Memorial Medical Center

Date Requested: _____

7/1/2024

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APPROVED ON

JUL 01 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK#000278

FOR ACCT USE ONLY

- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Mail Check to Vendor
- ☐ Return Check to Dept

AMOUNT:

\$

8,395.32 ✓

G/L NUMBER: _____

10255040

EXPLANATION:

Wellpoint April QIPP Hospital portion

REQUESTED BY:

Caitlin Clevenger

AUTHORIZED BY: _____

Andrew D. Forchuck

7/1/2024

Crescent ✓ ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P

Memorial Medical Center

Date Requested: _____

7/1/2024

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APPROVED ON

JUL 01 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHECK # 000348

FOR ACCT USE ONLY

- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Mail Check to Vendor
- ☐ Return Check to Dept

AMOUNT:

\$

5,691.60 ✓ ✓

G/L NUMBER: _____

10255040

EXPLANATION:

Wellpoint April QIPP Hospital portion

REQUESTED BY:

Caitlin Clevenger

AUTHORIZED BY: _____

Andrew DeLaRosa

7/1/2024

Fort Bend / ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P

Memorial Medical Center

Date Requested: _____

7/1/2024

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APPROVED ON

E

JUL 01 2024

E

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CN#000251

FOR ACCT USE ONLY

- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Mail Check to Vendor
- ☐ Return Check to Dept

AMOUNT:

\$

7,065.29 ✓

G/L NUMBER: _____

10255040

EXPLANATION:

Wellpoint April QIPP Hospital portion

REQUESTED BY:

Caitlin Clevenger

AUTHORIZED BY: _____

Andrew De la Sota

7/1/2024

Solera ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P

Memorial Medical Center

Date Requested: _____

7/1/2024

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APPROVED ON

JUL 01 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK #001305

FOR ACCT USE ONLY

- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Mail Check to Vendor
- ☐ Return Check to Dept

AMOUNT:

\$

6,824.60 ✓

G/L NUMBER: _____

10255040

EXPLANATION:

Wellpoint April QIPP Hospital portion

REQUESTED BY:

Caitlin Clevenger

AUTHORIZED BY: _____ ✓

Andrew DeLaSantis

7/1/2024

Golden Creek ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P

Memorial Medical Center

Date Requested: _____

7/1/2024

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APPROVED ON

JUL 01 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CN#000215

FOR ACCT USE ONLY

- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Mail Check to Vendor
- ☐ Return Check to Dept

AMOUNT:

\$

21,393.28 ✓

G/L NUMBER: _____

10255040

EXPLANATION:

Superior April QIPP Hospital portion

REQUESTED BY:

Caitlin Clevenger

AUTHORIZED BY: _____

Andrew Deas Santos

7/1/2024

Bethany ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P

Memorial Medical Center

Date Requested: _____

7/1/2024

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APPROVED ON

JUL 01 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CAL # 1045

FOR ACCT USE ONLY

- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Mail Check to Vendor
- ☐ Return Check to Dept

AMOUNT:

\$

20,005.81 ✓

G/L NUMBER: _____

10255040

EXPLANATION:

Superior April QIPP Hospital portion

REQUESTED BY:

Caitlin Clevenger

AUTHORIZED BY: _____

Andrew DeLoe

7/1/2024

Tuesday ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P

Memorial Medical Center

Date Requested: 7/1/2024

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APPROVED ON

JUL 01 2024

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

CHK#001158

FOR ACCT USE ONLY

- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Mail Check to Vendor
- ☐ Return Check to Dept

AMOUNT:

\$ 14,137.30 ✓

G/L NUMBER: 10255040

EXPLANATION:

Wellpoint April QIPP Hospital portion

REQUESTED BY:

Caitlin Clevenger

AUTHORIZED BY: ✓

Andrew Delo Santos

7/1/2024

QIPP Payment to MMC from Nursing Facilities

Commissioner's Court

7/3/2024

NH Name	From Bank Acct #	Ck #	Payee	GL #	Wellpoint April	Superior April					TOTAL	Date
Ashford ✓		- Prosperity	MMC -Prosperity Operating	10255040	22,587.00 ✓						22,587.00	7/3/2024 ✓
Broadmoor ✓		- Prosperity	MMC -Prosperity Operating	10255040	8,395.32 ✓						8,395.32	7/3/2024 ✓
Crescent ✓		- Prosperity	MMC -Prosperity Operating	10255040	5,691.60 ✓						5,691.60	7/3/2024 ✓
Fort Bend ✓		- Prosperity	MMC -Prosperity Operating	10255040	7,065.29 ✓						7,065.29	7/3/2024 ✓
Solera ✓		- Prosperity	MMC -Prosperity Operating	10255040	6,824.60 ✓						6,824.60	7/3/2024 ✓
Golden Creek ✓		- Prosperity	MMC -Prosperity Operating	10255040		21,393.28 ✓					21,393.28	7/3/2024 ✓
Bethany ✓		- Prosperity	MMC -Prosperity Operating	10255040		20,005.81 ✓					20,005.81	7/3/2024 ✓
Tuscany ✓		- Prosperity	MMC -Prosperity Operating	10255040	14,137.30 ✓						14,137.30	7/3/2024 ✓
				Total:	64,701.11 ✓	41,399.09 ✓					106,100.20	

Note:

Approved: Andrew De Los Santos
 ANDREW DE LOS SANTOS 7/1/2024

Ashford ✓✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P

Memorial Medical Center

Date Requested: 7/1/2024

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APPROVED ON

E

JUL 01 2024

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BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK#001241

FOR ACCT USE ONLY

- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Mail Check to Vendor
- ☐ Return Check to Dept

AMOUNT:

\$ 579.79 ✓

G/L NUMBER: 214000012

EXPLANATION:

Quarter 2 Interest ✓

REQUESTED BY:

Caitlin Clevenger

AUTHORIZED BY: ✓

Andrew De la Senter

7/1/2024

Broadmoor ✓✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P

Memorial Medical Center ✓

Date Requested: _____

7/1/2024

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APPROVED ON

JUL 01 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK#000 279

FOR ACCT USE ONLY

- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Mail Check to Vendor
- ☐ Return Check to Dept

AMOUNT:

\$

583.99 ✓

G/L NUMBER: _____

214000012

EXPLANATION:

Quarter 2 Interest ✓

REQUESTED BY:

Caitlin Clevenger

AUTHORIZED BY: ✓

Andrew D. [Signature]

7/1/2024

Crescent ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P

Memorial Medical Center

Date Requested:

7/1/2024

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APPROVED ON

JUL 01 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Check # 000347

FOR ACCT USE ONLY

- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Mail Check to Vendor
- ☐ Return Check to Dept

AMOUNT:

\$

842.36 ✓

G/L NUMBER:

214000012

EXPLANATION:

Quarter 2 Interest ✓

REQUESTED BY:

Caitlin Clevenger

AUTHORIZED BY: ✓

Andrea D. Linter

7/1/2024

Fort Bend ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P

Memorial Medical Center ✓

Date Requested: _____

7/1/2024

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APPROVED ON

JUL 01 2024

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BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHICK 000 250

FOR ACCT USE ONLY

- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Mail Check to Vendor
- ☐ Return Check to Dept

AMOUNT:

\$

216.76 ✓

G/L NUMBER: _____

214000012

EXPLANATION:

Quarter 2 Interest ✓

REQUESTED BY:

Caitlin Clevenger

AUTHORIZED BY: ✓

Andrew DeSantis

7/1/2024

Solera ✓✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P

Memorial Medical Center

Date Requested:

7/1/2024

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APPROVED ON

JUL 01 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Check # 001304

FOR ACCT USE ONLY

- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Mail Check to Vendor
- ☐ Return Check to Dept

AMOUNT:

\$

745.93

G/L NUMBER:

214000012

EXPLANATION:

Quarter 2 Interest

REQUESTED BY:

Caitlin Clevenger

AUTHORIZED BY:

Andrew DeLaRosa

7/1/2024

Golden Creek ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P

Memorial Medical Center

Date Requested: 7/1/2024

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APPROVED ON

JUL 01 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK#000214

FOR ACCT USE ONLY

- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Mail Check to Vendor
- ☐ Return Check to Dept

AMOUNT: \$ 540.55 ✓ G/L NUMBER: 214000012

EXPLANATION: Quarter 2 Interest ✓

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: ✓ Andrew D. [Signature]

7/1/2024

Bethany ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P

Memorial Medical Center

Date Requested: 7/1/2024

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APPROVED ON

JUL 01 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK #1044

FOR ACCT USE ONLY

- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Mail Check to Vendor
- ☐ Return Check to Dept

AMOUNT:

\$ 666.51 ✓

G/L NUMBER: 214000012

EXPLANATION:

Quarter 2 Interest ✓

REQUESTED BY:

Caitlin Clevenger

AUTHORIZED BY:

Andrew Delos Santos

7/1/2024

MEMORIAL MEDICAL CENTER CHECK REQUEST

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Memorial Medical Center ✓

Date Requested: 7/1/2024

APPROVED ON

JUL 01 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK # 000216

FOR ACCT USE ONLY

- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Mail Check to Vendor
- ☐ Return Check to Dept

AMOUNT: \$ 3,706.93 ✓ G/L NUMBER: 21400007

EXPLANATION: Claim Payments owed from Golden Creek to Memorial Medical Center ✓

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew DeLoe Venter

7/1/2024

Interest To MMC From NH

NH Name	From CPSI Bank Acct #	CK#	Payee	GL #		Amt	Date
Ashford ✓	██████████	Prosperity	MMC -Prosperity Operating ██████████	21400012	April-June 2024 Interest Earned	579.79 ✓	1/8/2024 ✓
Broadmoor ✓	██████████	Prosperity	MMC -Prosperity Operating ██████████	21400009	April-June 2024 Interest Earned	583.99 ✓	1/8/2024 ✓
Crescent ✓	██████████	Prosperity	MMC -Prosperity Operating ██████████	21400010	April-June 2024 Interest Earned	842.36 ✓	1/8/2024 ✓
Fort Bend ✓	██████████	Prosperity	MMC -Prosperity Operating ██████████	21400008	April-June 2024 Interest Earned	216.76 ✓	1/8/2024 ✓
Solera ✓	██████████	Prosperity	MMC -Prosperity Operating ██████████	21400011	April-June 2024 Interest Earned	745.93 ✓	1/8/2024 ✓
Golden Creek ✓	██████████	Prosperity	MMC -Prosperity Operating ██████████	21400013	April-June 2024 Interest Earned	540.55 ✓	1/8/2024 ✓
Bethany ✓	██████████	Prosperity	MMC -Prosperity Operating ██████████	21400015	April-June 2024 Interest Earned	666.51 ✓	1/8/2024 ✓
						4,175.89 ✓	

Note:

Approved: Andrew De Los Santos
 Andrew De Los Santos

7/1/2024

MEMORIAL MEDICAL CENTER CHECK REQUEST

P

Solera

Date Requested:

7/1/2024

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APPROVED ON

JUL 01 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Check # 1046

FOR ACCT USE ONLY

- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Mail Check to Vendor
- ☐ Return Check to Dept

AMOUNT:

\$

17,984.64

G/L NUMBER:

21400007

EXPLANATION:

Claim Payments owed from Bethany to Solera

REQUESTED BY:

Caitlin Clevenger

AUTHORIZED BY:

Andrew - [Signature]

7/1/24

MEMORIAL MEDICAL CENTER CHECK REQUEST

P

Broadmoor /

Date Requested: _____

7/1/2024

A

Y

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APPROVED ON

JUL 01 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 1047

FOR ACCT USE ONLY

- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Mail Check to Vendor
- ☐ Return Check to Dept

AMOUNT:

\$

19,478.20 /

G/L NUMBER: _____

21400007

EXPLANATION:

Claim Payments owed from Bethany to Broadmoor /

REQUESTED BY:

Caitlin Clevenger

AUTHORIZED BY: _____

Andrew DeSantis

7/1/2024

MEMORIAL MEDICAL CENTER CHECK REQUEST

P

Tuscany ✓

Date Requested: _____

7/1/2024

A

Y

APPROVED ON

E

JUL 01 2024

E

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Check # 000349

FOR ACCT USE ONLY

- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Mail Check to Vendor
- ☐ Return Check to Dept

AMOUNT:

\$

6,500.00 ✓

G/L NUMBER: _____

21400007

EXPLANATION:

Claim Payments owed from Crescent to Tuscany ✓

REQUESTED BY:

Caitlin Clevenger

AUTHORIZED BY: _____

Andrew D. Sinter

7/1/2024

MEMORIAL MEDICAL CENTER

NH ASHFORD
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001244

Date 7/5/24 88-2265/1131

PAY
TO THE
ORDER OF

MMC Operating

\$ 22,587.00

Twenty-two thousand five hundred eighty-seven⁰⁰/₁₀₀ DOLLARS



PROSPERITY
BANK

FOR



Security features are included. Details on back.

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000278

Date 7/5/24 88-2265/1131

PAY
TO THE
ORDER OF

MMC Operating

\$ 8395.32

Eight thousand three hundred ninety-five³²/₁₀₀ DOLLARS



PROSPERITY
BANK

FOR Wellpoint Apr. OIPP



Security features are included. Details on back.

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000348

Date 7/5/24 88-2265/1131

PAY
TO THE
ORDER OF

MMC Operating

\$ 5691.60

Five thousand six hundred ninety-one⁶⁰/₁₀₀ DOLLARS



PROSPERITY
BANK

FOR



Security features are included. Details on back.

MEMORIAL MEDICAL CENTER

NH FORT BEND
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000251

88-2265/1131

Date

7/5/24

PAYTO THE
ORDER OF

MMC Operating

\$ 7065.29

Seven thousand sixty-five ²⁹/₁₀₀

DOLLARS

PROSPERITY
BANK

FOR

April Wellpoint QIPP

Security features are
included. Details on back.**MEMORIAL MEDICAL CENTER**

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001305

Date

7/5/24

88-2265/1131

PAYTO THE
ORDER OF

MMC Operating

\$ 6824.60

Six thousand eight hundred twenty-four ⁶⁰/₁₀₀

DOLLARS

PROSPERITY
BANK

FOR

April Wellpoint QIPP

Security features are
included. Details on back.**MEMORIAL MEDICAL CENTER**

NH GOLDEN CREEK HEALTHCARE & REHAB
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000215

88-2265/1131

Date

7/5/24

PAYTO THE
ORDER OF

MMC Operating

\$ 21,393.28

Twenty-one thousand three hundred ninety-three ²⁸/₁₀₀

DOLLARS

PROSPERITY
BANK

FOR

Security features are
included. Details on back.

MEMORIAL MEDICAL CENTER 102019
NH BETHANY SENIOR LIVING

PH 361-563-4818
815 N VIRGINIA ST
PORT LAVACA, TX 77979

1045

88-2265/1131-87

DATE

7/5/24

CHECK NUMBER

PAY
TO THE
ORDER OF

Mmc Operating

\$ 20,005.81

Twenty thousand five & 81/100

DOLLARS

Photo
Safe
Deposit
Number on back



PROSPERITY BANK®

PORT LAVACA BANKING CENTER
1107 N. HIGHWAY 36 • PORT LAVACA, TX 77979-5102
361-563-7411 www.prosperitybankusa.com

FOR



WARNING Do not accept this document unless you can see a true watermark and visible fibers from both sides.

MEMORIAL MEDICAL CENTER

TUSCANY VILLAGE

815 N VIRGINIA ST

PORT LAVACA, TX 77979

001158

Date

7/5/24

88-2265/1131

PAY

TO THE
ORDER OF

Mmc Operating

\$ 14,137.30

Fourteenthsousand one hundred thirty seven & 30/100

DOLLARS

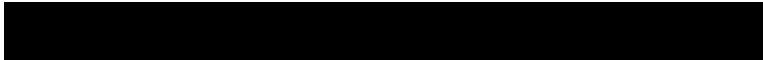


PROSPERITY
BANK®

FOR



Security features are
included. Details on back.



MEMORIAL MEDICAL CENTER

NH ASHFORD
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001241

Date

7/5/24

88-2265/1131

PAY

TO THE
ORDER OF

MMC Operating

\$ 579.79

Five hundred seventy-nine ⁷⁹/₁₀₀

DOLLARS

PROSPERITY
BANK

FOR

Apr-June interest

Security features are
included. Details on back.

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000279

Date

7/5/24

88-2265/1131

PAY

TO THE
ORDER OF

MMC Operating

\$ 583.99

Five hundred eighty-three ⁹⁹/₁₀₀

DOLLARS

PROSPERITY
BANK

FOR

Apr-June interest

Security features are
included. Details on back.

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000347

Date

7/5/24

88-2265/1131

PAY

TO THE
ORDER OF

MMC Operating

\$ 842.36

Eight hundred forty-two ³⁶/₁₀₀

DOLLARS

PROSPERITY
BANK

FOR

Apr-June interest

Security features are
included. Details on back.

MEMORIAL MEDICAL CENTER

NH FORT BEND
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000250

88-2265/1131

Date

7/5/24

PAY

TO THE
ORDER OF

Mmc Operating

\$ 216.76

Two hundred sixteen ⁰⁰/₁₀₀

DOLLARS

PROSPERITY
BANK

FOR

Apr-June interest

Security features are
included. Details on back.

MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001304

88-2265/1131

Date

7/5/24

PAY

TO THE
ORDER OF

Mmc Operating

\$ 745.93

Seven hundred forty-five ⁹³/₁₀₀

DOLLARS

PROSPERITY
BANK

FOR

Security features are
included. Details on back.

MEMORIAL MEDICAL CENTER

NH GOLDEN CREEK HEALTHCARE & REHAB
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000214

88-2265/1131

Date

7/5/24

PAY

TO THE
ORDER OF

Mmc Operating

\$ 540.55

Five hundred forty ⁵⁵/₁₀₀

DOLLARS

PROSPERITY
BANK

FOR

April-June interest

Security features are
included. Details on back.

MEMORIAL MEDICAL CENTER 102019
NH BETHANY SENIOR LIVING

PH 361-563-4818
815 N VIRGINIA ST
PORT LAVACA, TX 77979

1044

88-2285/1131-87

DATE 7/5/24

CHECK ACTION

PAY
TO THE
ORDER OF

mmc operating

\$ 666.51

Six hundred sixty-six & 51/100

DOLLARS

Photo
Safe
Deposits
Direct Deposit

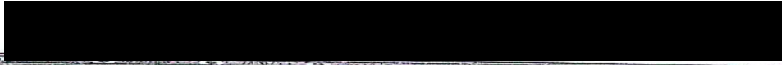


PROSPERITY BANK

PORT LAVACA BANKING CENTER
1107 N. HIGHWAY 35 • PORT LAVACA, TX 77979-5102
361-552-7411 www.prosperitybankusa.com

FOR

Apr-June interest



MEMORIAL MEDICAL CENTER 102019
NH BETHANY SENIOR LIVING

PH 361-553-4618
815 N VIRGINIA ST
PORT LAVACA, TX 77979

1047

88-2265/1131-87

DATE 7/5/24

CHECK AMOUNT

PAY TO THE ORDER OF Broadmoor

\$ 19,478.20

Nineteen thousand and four hundred seventy eight ²⁰/₁₀₀

DOLLARS



PROSPERITY BANK

PORT LAVACA BANKING CENTER
1107 N. HIGHWAY 35 • PORT LAVACA, TX 77979-5102
361-552-7411 www.prosperitybankusa.com

FOR



MEMORIAL MEDICAL CENTER 102019
NH BETHANY SENIOR LIVING

PH 361-553-4618
815 N VIRGINIA ST
PORT LAVACA, TX 77979

1046

88-2265/1131-87

DATE 7/5/24

CHECK AMOUNT

PAY TO THE ORDER OF Solera

\$ 17,984.64

Seventeen thousand nine hundred eighty four ⁶⁴/₁₀₀

DOLLARS



PROSPERITY BANK

PORT LAVACA BANKING CENTER
1107 N. HIGHWAY 35 • PORT LAVACA, TX 77979-5102
361-552-7411 www.prosperitybankusa.com

FOR claim payment



MEMORIAL MEDICAL CENTER
NH GOLDEN CREEK HEALTHCARE & REHAB
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000216

88-2265/1131

Date 7/5/24

PAY TO THE ORDER OF MMC Operating

\$ 3706.93

Three thousand seven hundred six ⁹³/₁₀₀

DOLLARS



PROSPERITY BANK

FOR



Security features are included. Details on back.

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000349

Date 7/5/24 88-2265/1131

PAY

TO THE
ORDER OF

Tuscany Village

\$ 6,500.00

Six thousand and five hundred ⁰⁰/₁₀₀

DOLLARS



PROSPERITY
BANK

FOR

MP



Security features are
included. Details on back.



Electronic Payment Network



Texas Comptroller of Public Accounts

Transaction Summary

Transaction Complete

Texas Health and Human Services Commission Memorial Medical Center Operating County

Payment Total	\$41,779.15
Bank Routing and Account Number	
Settlement Date	6/21/2024 ✓
RAPPS Amount	\$41,779.15 ✓
Entered By	Andrew De Los Santos



Electronic Payment Network



Texas Comptroller of Public Accounts

Transaction Summary

Transaction Complete

Texas Health and Human Services Commission Memorial Medical Center Operating County

Payment Total	\$1,285,110.69
Bank Routing and Account Number	
Settlement Date	6/28/2024 ✓
DSH Amount./	\$1,285,110.69 ✓
Entered By	Andrew De Los Santos