MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---July 10, 2024

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	519,252.74 ✓
TOTAL TRANSFERS BETWEEN FUNDS	$	126,625.59 ✓
TOTAL NURSING HOME UPL EXPENSES	$	535,518.23 ✓
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED July 10, 2024	$	1,181,396.56 ✓

APPROVED

JUL 10 2024

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---July 10, 2024

PAYABLES AND PAYROLL			
7/3/2024	Weekly Payables	223,543.11	
7/9/2024	McKesson-340B Prescription Expense	31,426.66	
7/9/2024	Amerisource Bergen-340B Prescription Expense	352.86	
	Prosperity Electronic Bank Payments		
7/9/2024	90 Degree Benefits - employee insurance claims	31,132.33	
7/9/2024	90 Degree Benefits - employee insurance claims	8,453.25	
7/9/2024	90 Degree Benefits - employee insurance claims	45,519.69	
7/9/2024	Credit Card Fees	186.01	
7/9/2024	TCDRS June Retirement	177,750.82	
7/9/2024	Authnet Gateway	33.40	
7/9/2024	Pay Plus-Patient Claims Processing Fee	264.14	
7/9/2024	Credit Card Interchange	175.42	
7/9/2024	Credit Card Discount	360.05	
7/9/2024	Amerisource Bergen - Overage	55.00	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 519,252.74**
TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES			
7/3/2024	MMC Operating to Solera-Correction of insurance payment payment deposited into MMC Operating in error	7,094.39	
7/3/2024	MMC Operating to Broadmoor-Correction of insurance payment deposited into MMC Operating in error	1,428.00	
7/3/2024	MMC Operating to The Crescent-Correction of Insurance payment deposited into MMC Operating in error	9,084.00	
7/3/2024	MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error	77,030.11	
7/3/2024	MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error	14,088.00	
7/3/2024	MMC Operating to Bethany-Correction insurance payment deposited into MMC Operating in error	17,901.09	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 126,625.59**
NURSING HOME UPL EXPENSES			
7/9/2024	Nursing Home UPL-Cantex Transfer	266,703.70	
7/9/2024	Nursing Home UPL-Nexion Transfer	138,001.69	
7/9/2024	Nursing Home UPL-HMG Transfer	41,297.15	
7/9/2024	Nursing Home UPL-Tuscany Transfer	54,586.63	
7/9/2024	Nursing Home UPL-HSL Transfer	25,535.06	
TRANSFER OF FUNDS BETWEEN NURSING HOMES			
7/9/2024	Crescent to Tuscany -Tuscany insurance payment deposited into Crescent in error	2,594.00	
7/9/2024	Crescent to Tuscany -Tuscany insurance payment deposited into Crescent in error	4,000.00	
7/9/2024	Crescent to Tuscany -Tuscany insurance payment deposited into Crescent in error	2,800.00	
TOTAL NURSING HOME UPL EXPENSES			**$ 535,518.23**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED July 10, 2024			**$ 1,181,396.56**

RECEIVED BY THE
COUNTY AUDITOR ON
JUL 03 2024
CALHOUN COUNTY, TEXAS

Vendor#	Vendor Name	Class	Pay Code
15344	3M HEALTH INFORMATION SYSTEMS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
PDL7478		06/21/202	06/20/202	07/20/202			17,663.89	0.00	0.00	17,663.89
	SOFTWARE Contract 1/15/24 - 7/14/25									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	15344	3M HEALTH INFORMATION SYSTEMS					17,663.89	0.00	0.00	17,663.89

Vendor#	Vendor Name	Class	Pay Code
11283	ACE HARDWARE 15521		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
063024		06/30/202	06/30/202	07/25/202			458.01	0.00	0.00	458.01
	SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521					458.01	0.00	0.00	458.01

Vendor#	Vendor Name	Class	Pay Code
A1680	AIRGAS USA, LLC - CENTRAL DIV	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9150962455		06/24/202	06/18/202	07/18/202			314.42	0.00	0.00	314.42
	OXYGEN									
9151182086		06/26/202	06/25/202	07/25/202			368.02	0.00	0.00	368.02
	OXYGEN									
9800994090		06/30/202	06/27/202	07/22/202			88.68	0.00	0.00	88.68
	PROPERTY TAX									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV					771.12	0.00	0.00	771.12

Sales Tax Ind'd 290.46

Vendor#	Vendor Name	Class	Pay Code
14028	AMAZON CAPITAL SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
19R4RYTT1YVM		06/20/202	06/19/202	07/19/202			34.70	0.00	0.00	34.70
	SUPPLIES									
1T6RKCMR4M9T		06/25/202	06/25/202	07/25/202			354.32	0.00	0.00	354.32
	CEILING TILES									
11RDDQJ36L6W		06/26/202	06/18/202	07/18/202			136.98	0.00	0.00	136.98
	SUPPLIES									
1MLNJK6RQ4LM		06/26/202	06/19/202	07/19/202			226.00	0.00	0.00	226.00
	SUPPLIES									
1HTMJ1JHL1VD		06/27/202	06/16/202	07/16/202			166.17	0.00	0.00	166.17
	SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES					918.17	0.00	0.00	918.17

Vendor#	Vendor Name	Class	Pay Code
15456	AMERITEX ELEVATOR SERVICES INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
20241536		06/28/202	07/01/202	07/14/202			750.00	0.00	0.00	750.00
	MNTHLY ELEVATOR MAINT									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	15456	AMERITEX ELEVATOR SERVICES INC					750.00	0.00	0.00	750.00

Vendor#	Vendor Name	Class	Pay Code
A2218	AQUA BEVERAGE COMPANY	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
157517		06/30/202	06/19/202	07/14/202			50.00	0.00	0.00	50.00
	WATER									

157518		06/30/202	06/19/202	07/14/202		29.00	0.00	0.00	29.00
	WATER								
160097		06/30/202	06/19/202	07/14/202		12.00	0.00	0.00	12.00
	WATER								
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	A2218	AQUA BEVERAGE COMPANY				91.00	0.00	0.00	91.00

Vendor#	Vendor Name	Class	Pay Code
B1150	BAXTER HEALTHCARE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
82520856		06/11/202	06/19/202	07/14/202			42.75	0.00	0.00	42.75
	SUPPLIES									
82510660		06/24/202	06/17/202	07/12/202			369.34	0.00	0.00	369.34
82498892		06/26/202	06/13/202	07/08/202			172.54	0.00	0.00	172.54
	SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE					584.63	0.00	0.00	584.63

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
11354250		05/31/202	06/24/202	07/19/202			794.83	0.00	0.00	794.83
	SUPPLIES									
111388415		06/11/202	06/03/202	07/21/202			79.00	0.00	0.00	79.00
	SUPPLIES									
5490034		06/26/202	06/21/202	07/16/202			1,935.15	0.00	0.00	1,935.15
	SUPPLIES									
4537477		06/26/202	06/21/202	07/16/202			1,484.00	0.00	0.00	1,484.00
	SERVICE CONTR 6/21/24 - 7/20/24									
59182685		06/26/202	06/24/202	07/19/202			1,177.57	0.00	0.00	1,177.57
	SUPPLIES									
111396303		06/26/202	06/25/202	07/20/202			2,365.80	0.00	0.00	2,365.80
	SUPPLIES									
5490259		06/26/202	06/25/202	07/25/202			1,337.05	0.00	0.00	1,337.05
	SUPPLIES									
111399918		06/30/202	06/26/202	07/26/202			7,442.87	0.00	0.00	7,442.87
	SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC					16,616.27	0.00	0.00	16,616.27

Vendor#	Vendor Name	Class	Pay Code
B1601	BOHLS BEARING & POWER TRANS	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
283366		06/30/202	04/25/202	05/10/202			219.15	0.00	0.00	219.15
	SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	B1601	BOHLS BEARING & POWER TRANS					219.15	0.00	0.00	219.15

Vendor#	Vendor Name	Class	Pay Code
14120	CALHOUN COUNTY EMS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
202405		05/31/202	06/03/202	07/20/202			5,280.00	0.00	0.00	5,280.00
	MAY TRANSFERS									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14120	CALHOUN COUNTY EMS					5,280.00	0.00	0.00	5,280.00

Vendor#	Vendor Name	Class	Pay Code
14064	CAPITAL ONE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1656315004		06/30/202	06/19/202	07/19/202			520.50	0.00	0.00	520.50

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14064	CAPITAL ONE	520.50	0.00	0.00	520.50

Vendor#	Vendor Name	Class	Pay Code
C1325	CARDINAL HEALTH 414, INC.	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8003545880		06/21/202	06/09/202	07/20/202			449.81	0.00	0.00	449.81

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH 414, INC.	449.81	0.00	0.00	449.81

Vendor#	Vendor Name	Class	Pay Code
A1825	CARDINAL HEALTH 414,LLC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
~~2808552~~ 8003524715	SUPPLIES	06/26/202	05/19/202	07/14/202			497.30	0.00	0.00	497.30

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1825	CARDINAL HEALTH 414,LLC	497.30	0.00	0.00	497.30

Vendor#	Vendor Name	Class	Pay Code
C1390	CENTRAL DRUG	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
060424		06/26/202	06/25/202	07/25/202			38.80	0.00	0.00	38.80

INVENTORY

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1390	CENTRAL DRUG	38.80	0.00	0.00	38.80

Vendor#	Vendor Name	Class	Pay Code
10792	CHS ATHLETIC BOOSTER CLUB INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
080124		06/30/202	07/03/202	07/03/202			450.00	0.00	0.00	450.00

ADVERTISING

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10792	CHS ATHLETIC BOOSTER CLUB INC	450.00	0.00	0.00	450.00

Vendor#	Vendor Name	Class	Pay Code
13000	CLEARFLY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV620688		07/01/202	07/01/202	07/15/202			1,179.34	0.00	0.00	1,179.34

PHONE

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13000	CLEARFLY	1,179.34	0.00	0.00	1,179.34

Vendor#	Vendor Name	Class	Pay Code
11616	CONTROL SOLUTIONS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CS280059		06/30/202	06/26/202	07/26/202			310.00	0.00	0.00	310.00

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11616	CONTROL SOLUTIONS	310.00	0.00	0.00	310.00

Vendor#	Vendor Name	Class	Pay Code
15520	CUSTOM ASSEMBLIES INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV7359		07/03/202	06/26/202	07/26/202			384.84	0.00	0.00	384.84

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15520	CUSTOM ASSEMBLIES INC	384.84	0.00	0.00	384.84

Vendor#	Vendor Name	Class	Pay Code
11368	CYRACOM LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2024036048		05/26/202	05/31/202	07/15/202			270.18	0.00	0.00	270.18

INTERPRETATION

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11368	CYRACOM LLC	270.18	0.00	0.00	270.18

Vendor# 10368 — Vendor Name: DEWITT POTH & SON — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7592960		06/26/202	06/19/202	07/14/202			61.10	0.00	0.00	61.10
	SUPPLIES									
7594580		06/26/202	06/19/202	07/14/202			884.16	0.00	0.00	884.16
	SUPPLIES									
7598350		06/26/202	06/26/202	07/21/202			65.02	0.00	0.00	65.02
	SUPPLIES									
7599350		06/26/202	06/27/202	07/22/202			67.58	0.00	0.00	67.58
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	1,077.86	0.00	0.00	1,077.86

Vendor# 11291 — Vendor Name: DOWELL PEST CONTROL — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
30899		06/26/202	06/24/202	07/19/202			105.00	0.00	0.00	105.00
	PEST CONTROL									
30844		06/26/202	06/24/202	07/24/202			505.00	0.00	0.00	505.00
	PEST CONTROL									
30898		06/26/202	06/24/202	07/24/202			160.00	0.00	0.00	160.00
	PEST CONTROL									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11291	DOWELL PEST CONTROL	770.00	0.00	0.00	770.00

Vendor# 14508 — Vendor Name: EITAN GROUP NORTH AMERICA, INC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN1054496		06/25/202	06/24/202	07/24/202			468.00	0.00	0.00	468.00
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14508	EITAN GROUP NORTH AMERICA, INC	468.00	0.00	0.00	468.00

Vendor# 14336 — Vendor Name: FIRETRON, INC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
260902A		06/26/202	06/21/202	07/21/202			625.00	0.00	0.00	625.00
	INSPECTION									
295282		06/26/202	06/24/202	07/24/202			490.00	0.00	0.00	490.00
	PULL STATION REPAIR									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14336	FIRETRON, INC	1,115.00	0.00	0.00	1,115.00

Vendor# F1400 — Vendor Name: FISHER HEALTHCARE — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2894293		06/30/202	06/06/202	07/01/202			578.12	0.00	0.00	578.12
	SUPPLIES									
3113486		07/03/202	06/14/202	07/09/202			140.84	0.00	0.00	140.84
	SUPPLIES									
3183898		07/03/202	06/18/202	07/13/202			62.46	0.00	0.00	62.46
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	781.42	0.00	0.00	781.42

Vendor# 11183 — Vendor Name: FRONTIER — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
063024		06/30/202	06/30/202	07/15/202			70.40	0.00	0.00	70.40
	PHONE									
062324		07/01/202	06/23/202	07/17/202			65.16	0.00	0.00	65.16
	TELEPHONE									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11183	FRONTIER					135.56	0.00	0.00	135.56

Vendor#	Vendor Name	Class	Pay Code
14156	FUJI FILM		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
91500576		06/26/202	06/25/202	07/25/202			7,908.33	0.00	0.00	7,908.33
	VERTEX CONTRACT 7/25/24 - 8/24/24									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14156	FUJI FILM					7,908.33	0.00	0.00	7,908.33

Vendor#	Vendor Name	Class	Pay Code
12636	FUSION CONNECT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1029203647		06/30/202	06/16/202	07/16/202			907.33	0.00	0.00	907.33
	PHONE									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	12636	FUSION CONNECT					907.33	0.00	0.00	907.33

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
202918563		06/26/202	06/18/202	07/18/202			46.35	0.00	0.00	46.35
	SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	12404	GE PRECISION HEALTHCARE, LLC					46.35	0.00	0.00	46.35

Vendor#	Vendor Name	Class	Pay Code
10956	GETINGE USA SALES LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6992610235		06/30/202	06/11/202	07/02/202			64.00	0.00	0.00	64.00
	SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10956	GETINGE USA SALES LLC					64.00	0.00	0.00	64.00

Vendor#	Vendor Name	Class	Pay Code
11984	GUERBET, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
18765213		07/03/202	06/26/202	07/26/202			350.00	0.00	0.00	350.00
	SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11984	GUERBET, LLC					350.00	0.00	0.00	350.00

Vendor#	Vendor Name	Class	Pay Code
G0401	GULF COAST DELIVERY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
062824		06/30/202	06/28/202	06/28/202			75.00	0.00	0.00	75.00
	DELIVERY Work done 6/11/24 - 6/25/24 Lab									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	G0401	GULF COAST DELIVERY					75.00	0.00	0.00	75.00

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
2545608		06/25/202	06/18/202	07/18/202			932.14	0.00	0.00	932.14
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY					932.14	0.00	0.00	932.14

Vendor#	Vendor Name				Class	Pay Code				
H0032	H + H SYSTEM, INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	044034		06/26/202	06/18/202	07/18/202			45.58	0.00	0.00	45.58
		SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		H0032	H + H SYSTEM, INC.					45.58	0.00	0.00	45.58
Vendor#	Vendor Name				Class	Pay Code				
12380	HEALTH SOLUTIONS DIETETICS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	060724		06/30/202	06/19/202	07/01/202			3,400.00	0.00	0.00	3,400.00
		DIETICIAN SERVICES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		12380	HEALTH SOLUTIONS DIETETICS					3,400.00	0.00	0.00	3,400.00
Vendor#	Vendor Name				Class	Pay Code				
10829	HEALTHSTREAM, INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	0356503		06/30/202	06/11/202	07/11/202			2,975.40	0.00	0.00	2,975.40
		HSTREAM ANNUAL									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10829	HEALTHSTREAM, INC.					2,975.40	0.00	0.00	2,975.40
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
	157517		06/30/202	06/26/202	07/25/202			36.05	0.00	0.00	36.05
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		H0031	HEB CREDIT RECEIVABLES DEPT308					36.05	0.00	0.00	36.05
Vendor#	Vendor Name				Class	Pay Code				
H0416	HOLOGIC INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	10963090		06/26/202	06/04/202	07/19/202			472.50	0.00	0.00	472.50
		SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		H0416	HOLOGIC INC					472.50	0.00	0.00	472.50
Vendor#	Vendor Name				Class	Pay Code				
11108	ITERSOURCE CORPORATION									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	711781		06/30/202	07/01/202	07/01/202			250.00	0.00	0.00	250.00
		PHONE SERVICES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11108	ITERSOURCE CORPORATION					250.00	0.00	0.00	250.00
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
	202424013		06/30/202	06/19/202	07/03/202			9,000.00	0.00	0.00	9,000.00
		REV CYCLE MGMT SERVICES									
	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
	070124		06/30/202	07/01/202	07/10/202			4,150.00	0.00	0.00	4,150.00
		PEDIATRIC CALL									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		W1372	JOHN B WRIGHT LLC					4,150.00	0.00	0.00	4,150.00

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
	32681956		06/26/202	06/16/202	07/16/202			1,324.02	0.00	0.00	1,324.02
		SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		K0530	KCI USA					1,324.02	0.00	0.00	1,324.02
Vendor#	Vendor Name				Class	Pay Code				
K1049	KENTEC MEDICAL INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	1179301		06/30/202	06/25/202	07/25/202			281.50	0.00	0.00	281.50
		SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		K1049	KENTEC MEDICAL INC					281.50	0.00	0.00	281.50
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
	707162		06/28/202	04/28/202	07/14/202			48.00	0.00	0.00	48.00
		ADVERTISING									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		15500	KXTS-TV					48.00	0.00	0.00	48.00
Vendor#	Vendor Name				Class	Pay Code				
L1288	LANGUAGE LINE SERVICES				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	11313266		05/31/202	05/31/202	07/15/202			79.98	0.00	0.00	79.98
		INTERPRETATION									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		L1288	LANGUAGE LINE SERVICES					79.98	0.00	0.00	79.98
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
	062724		06/27/202	06/27/202	06/27/202			895.00	0.00	0.00	895.00
		INSURANCE									
	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				
M2178	MCKESSON MEDICAL SURGICAL INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	22272516		06/26/202	06/25/202	07/10/202			69.97	0.00	0.00	69.97
		SUPPLIES									
	22272515		06/30/202	06/25/202	07/10/202			2,247.90	0.00	0.00	2,247.90
		SUPPLIES									
	22278012		06/30/202	06/26/202	07/15/202			683.33	0.00	0.00	683.33
		SUPPLIES									
	22281525		06/30/202	06/27/202	07/12/202			354.10	0.00	0.00	354.10
		SUPPLIES									
	22267560		06/30/202	06/27/202	07/15/202			590.45	0.00	0.00	590.45
		SUPPLIES									
	22285196		06/30/202	06/27/202	07/15/202			535.00	0.00	0.00	535.00
		SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		M2178	MCKESSON MEDICAL SURGICAL INC					4,480.75	0.00	0.00	4,480.75
Vendor#	Vendor Name				Class	Pay Code				
10613	MEDIMPACT HEALTHCARE SYS, INC.				A/P					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	062524		06/30/202	06/25/202	06/25/202			8.98	0.00	0.00	8.98

INDIGENT PHARM

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10613	MEDIMPACT HEALTHCARE SYS, INC.	8.98	0.00	0.00	8.98

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
2323567719		06/11/202	06/20/202	07/15/202			-64.20	0.00	0.00	-64.20
	SUPPLIES									
2323750626		06/11/202	06/21/202	07/16/202			437.12	0.00	0.00	437.12
2303282984		06/19/202	01/15/202	02/09/202			846.41	0.00	0.00	846.41
	SUPPLIES									
2323328537		06/20/202	06/19/202	07/14/202			7,244.82	0.00	0.00	7,244.82
	SUPPLIES									
2323328536		06/20/202	06/19/202	07/14/202			1,651.41	0.00	0.00	1,651.41
	SUPPLIES									
2317274479		06/24/202	05/01/202	05/26/202			1,692.61	0.00	0.00	1,692.61
	SUPPLIES									
2317274481		06/24/202	05/01/202	05/26/202			99.90	0.00	0.00	99.90
	SUPPLIES									
2317274476		06/24/202	05/01/202	05/26/202			2,893.38	0.00	0.00	2,893.38
	SUPPLIES									
2317274484		06/24/202	05/01/202	05/26/202			290.14	0.00	0.00	290.14
	SUPPLIES									
2323328539		06/26/202	06/19/202	07/14/202			64.20	0.00	0.00	64.20
	SUPPLIES									
2323328538		06/26/202	06/19/202	07/14/202			51.63	0.00	0.00	51.63
	SUPPLIES									
232453719		06/26/202	06/26/202	07/21/202			24.55	0.00	0.00	24.55
	SUPPLIES									
2324253746		06/26/202	06/26/202	07/21/202			106.45	0.00	0.00	106.45
	SUPPLIES									
2324253713		06/26/202	06/26/202	07/21/202			131.22	0.00	0.00	131.22
	SUPPLIES									
2324253725		06/26/202	06/26/202	07/21/202			10,532.78	0.00	0.00	10,532.78
	SUPPLIES									
2324253717		06/26/202	06/26/202	07/21/202			966.17	0.00	0.00	966.17
	SUPPLIES									
2324253712		06/26/202	06/26/202	07/21/202			97.63	0.00	0.00	97.63
	SUPPLIES									
2324253727		06/26/202	06/26/202	07/21/202			818.32	0.00	0.00	818.32
	SUPPLIES									
2324253744		06/26/202	06/26/202	07/21/202			99.02	0.00	0.00	99.02
	SUPPLIES									
2324253722		06/26/202	06/26/202	07/21/202			92.25	0.00	0.00	92.25
	SUPPLIES									
2323062254		06/27/202	06/17/202	07/12/202			703.36	0.00	0.00	703.36
	SUPPLIES									
2303784623		06/30/202	01/18/202	02/12/202			90.76	0.00	0.00	90.76
	SUPPLIES									
2324450528		06/30/202	06/27/202	07/22/202			-310.02	0.00	0.00	-310.02
	CREDIT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	28,559.91	0.00	0.00	28,559.91

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
062724		06/27/202	06/27/202	06/27/202			210.00	0.00	0.00	210.00
	PAYROLL DED									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10963	MEMORIAL MEDICAL CLINIC					210.00	0.00	0.00	210.00

Vendor# M2621 Vendor Name: MMC AUXILIARY GIFT SHOP Class: W Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
062724		06/28/202	06/27/202	07/26/202			205.88	0.00	0.00	205.88
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP					205.88	0.00	0.00	205.88

Vendor# 10536 Vendor Name: MORRIS & DICKSON CO, LLC Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
AC0878592		06/21/202	07/13/202	07/23/202			0.00	0.00	0.00	0.00
	CREDIT									
~~2147189~~		06/26/202	06/25/202	07/14/202			400.11	0.00	0.00	~~400.11~~
	SUPPLIES						NO INVOICE			
CM33678		06/28/202	06/21/202	07/14/202			-33.30	0.00	0.00	-33.30
	CREDIT									
SC5465		06/28/202	06/25/202	07/14/202			142.08	0.00	0.00	142.08
	SUPPLIES									
2150651		06/28/202	06/26/202	07/14/202			1,543.47	0.00	0.00	1,543.47
	SUPPLIES									
2147844		06/28/202	06/26/202	07/14/202			4,658.77	0.00	0.00	4,658.77
	SUPPLIES									
2150650		06/28/202	06/26/202	07/14/202			50.74	0.00	0.00	50.74
	SUPPLIES									
2150812		06/28/202	06/26/202	07/14/202			7,922.07	0.00	0.00	7,922.07
	SUPPLIES									
2147731		06/28/202	06/26/202	07/14/202			11,744.52	0.00	0.00	11,744.52
	SUPPLIES									
2147842		06/28/202	06/26/202	07/14/202			2,329.38	0.00	0.00	2,329.38
	SUPPLIES									
CM34586		06/28/202	06/27/202	07/14/202			-57.32	0.00	0.00	-57.32
	CREDIT									
2152745		06/28/202	06/27/202	07/14/202			2,351.60	0.00	0.00	2,351.60
	SUPPLIES									
SC5464		06/28/202	06/27/202	07/14/202			85.27	0.00	0.00	85.27
	SUPPLIES									
2156040		06/28/202	06/27/202	07/14/202			32.60	0.00	0.00	32.60
	SUPPLIES									
2152751		06/28/202	06/27/202	07/14/202			4,696.48	0.00	0.00	4,696.48
	SUPPLIES									
2156041		06/28/202	06/27/202	07/14/202			147.89	0.00	0.00	147.89
	SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC					36,014.36	0.00	0.00	36,014.36

Vendor# O1500 Vendor Name: OLYMPUS AMERICA INC Class: M Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
36450745		06/30/202	06/26/202	07/24/202			145.00	0.00	0.00	145.00
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	O1500	OLYMPUS AMERICA INC					145.00	0.00	0.00	145.00

Vendor#	Vendor Name				Class	Pay Code				
O1416	ORTHO CLINICAL DIAGNOSTICS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	1853597731		06/25/202	06/25/202	07/25/202			455.15	0.00	0.00	455.15
		SUPPLIES									
	1853594366		06/25/202	06/25/202	07/25/202			180.19	0.00	0.00	180.19
	1853583847		06/26/202	06/15/202	07/15/202			752.16	0.00	0.00	752.16
		SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		O1416	ORTHO CLINICAL DIAGNOSTICS					1,387.50	0.00	0.00	1,387.50
Vendor#	Vendor Name				Class	Pay Code				
S0905	PERFORMANCE HEALTH				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	IN97730745		06/26/202	06/19/202	07/14/202			167.28	0.00	0.00	167.28
		SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		S0905	PERFORMANCE HEALTH					167.28	0.00	0.00	167.28
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
	062724		06/30/202	06/27/202	07/22/202			476.25	0.00	0.00	476.25
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		P2100	PORT LAVACA WAVE					476.25	0.00	0.00	476.25
Vendor#	Vendor Name				Class	Pay Code				
P2200	POWER HARDWARE				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	063024		06/30/202	06/30/202	07/10/202			239.98	0.00	0.00	239.98
		SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		P2200	POWER HARDWARE					239.98	0.00	0.00	239.98
Vendor#	Vendor Name				Class	Pay Code				
14544	PRINT RITE INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	24263		06/26/202	06/30/202	07/20/202			257.97	0.00	0.00	257.97
		SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14544	PRINT RITE INC.					257.97	0.00	0.00	257.97
Vendor#	Vendor Name				Class	Pay Code				
14536	QUVA PHARMA INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	76953032862		06/26/202	06/19/202	07/19/202			211.68	0.00	0.00	211.68
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14536	QUVA PHARMA INC					211.68	0.00	0.00	211.68
Vendor#	Vendor Name				Class	Pay Code				
11080	RADSOURCE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	PSI002109		06/26/202	06/16/202	07/16/202			1,708.33	0.00	0.00	1,708.33
		SAMSUNG GU60A									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11080	RADSOURCE					1,708.33	0.00	0.00	1,708.33
Vendor#	Vendor Name				Class	Pay Code				
10554	REPUBLIC SERVICES #847									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

0847001342528		06/30/202	06/24/202	07/16/202		1,738.62	0.00	0.00	1,738.62
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	10554	REPUBLIC SERVICES #847				1,738.62	0.00	0.00	1,738.62
Vendor#	Vendor Name				Class	Pay Code			
11476	SAMS CLUB								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
062024		06/30/202	06/20/202	07/08/202			392.84	0.00	0.00	392.84
	FOOD SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11476	SAMS CLUB					392.84	0.00	0.00	392.84
Vendor#	Vendor Name				Class	Pay Code				
10936	SIEMENS FINANCIAL SERVICES									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
56382400056916		06/30/202	06/29/202	07/19/202			1,333.33	0.00	0.00	1,333.33
	LEASE									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10936	SIEMENS FINANCIAL SERVICES					1,333.33	0.00	0.00	1,333.33
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
116566450		06/30/202	06/24/202	07/24/202			3,507.72	0.00	0.00	3,507.72
	LUMINOS AGILE MAX									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	S2001	SIEMENS MEDICAL SOLUTIONS INC					3,507.72	0.00	0.00	3,507.72
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
CM12411		05/31/202	05/31/202	07/14/202			-3,633.00	0.00	0.00	-3,633.00
	CREDIT									
I07041245		06/21/202	06/15/202	07/15/202			9,465.00	0.00	0.00	9,465.00
	BLOOD									
I07041745		06/30/202	06/30/202	07/25/202			6,334.00	0.00	0.00	6,334.00
CM12619		06/30/202	06/30/202	07/25/202			-1,870.00	0.00	0.00	-1,870.00
	CREDIT									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11296	SOUTH TEXAS BLOOD & TISSUE CEN					10,296.00	0.00	0.00	10,296.00
Vendor#	Vendor Name				Class	Pay Code				
12288	SPBS CLINICAL EQUIPMENT SRVC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV050000724		06/30/202	07/01/202	07/02/202			9,836.92	0.00	0.00	9,836.92
	PM CONTRACT									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	12288	SPBS CLINICAL EQUIPMENT SRVC					9,836.92	0.00	0.00	9,836.92
Vendor#	Vendor Name				Class	Pay Code				
10094	ST DAVIDS HEALTHCARE									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMCPL202405		06/30/202	06/28/202	06/28/202			375.00	0.00	0.00	375.00
	CONNECTIVITY FEE MAY									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10094	ST DAVIDS HEALTHCARE					375.00	0.00	0.00	375.00
Vendor#	Vendor Name				Class	Pay Code				
10845	STAPLES									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6005884346		06/30/202	06/30/202	07/26/202			42.91	0.00	0.00	42.91

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10845	STAPLES	42.91	0.00	0.00	42.91

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
12500961		06/25/202	06/17/202	07/17/202			447.41	0.00	0.00	447.41
	SUPPLIES									
12530890		06/30/202	06/25/202	07/20/202			25.61	0.00	0.00	25.61
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S3940	STERIS CORPORATION	473.02	0.00	0.00	473.02

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
9206464865		06/26/202	06/18/202	07/18/202			907.10	0.00	0.00	907.10
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S2830	STRYKER SALES CORP	907.10	0.00	0.00	907.10

Vendor#	Vendor Name	Class	Pay Code
14212	SURGICAL DIRECT SOUTH		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9340		06/26/202	06/25/202	07/25/202			4,360.00	0.00	0.00	4,360.00
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14212	SURGICAL DIRECT SOUTH	4,360.00	0.00	0.00	4,360.00

Vendor#	Vendor Name	Class	Pay Code
T1880	TEXAS DEPARTMENT OF LICENSING	A/P	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
06182024		06/26/202	06/18/202	07/18/202			60.00	0.00	0.00	60.00
	ELEVATOR LICENSE RENEWAL									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	T1880	TEXAS DEPARTMENT OF LICENSING	60.00	0.00	0.00	60.00

Vendor#	Vendor Name	Class	Pay Code
11908	TMS SOUTH		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV125822		06/25/202	06/25/202	07/25/202			376.72	0.00	0.00	376.72

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11908	TMS SOUTH	376.72	0.00	0.00	376.72

Vendor#	Vendor Name	Class	Pay Code
14372	TRIAGE, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV1796975518		06/21/202	06/14/202	07/14/202			2,422.50	0.00	0.00	2,422.50
	STEVEN SHAW									
INV1796977619		06/21/202	06/21/202	07/21/202			2,992.50	0.00	0.00	2,992.50
	CONTRACT STAFF RAD									
INV1796975518		06/24/202	06/14/202	07/14/202			2,422.50	0.00	0.00	2,422.50
	STEVEN SHAW									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14372	TRIAGE, LLC	7,837.50	0.00	0.00	7,837.50

Vendor#	Vendor Name	Class	Pay Code
C2510	TRUBRIDGE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
FD10SYNAPSYS1738		06/26/202	06/21/202	07/16/202			556.90	0.00	0.00	556.90
	SUPPLIES									

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	C2510	TRUBRIDGE					556.90	0.00	0.00	556.90

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
INV69690		06/27/202	06/21/202	07/21/202			2,890.00	0.00	0.00	2,890.00
	ER STAFFING									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14208	TRUSTED HEALTH, INC	2,890.00	0.00	0.00	2,890.00

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
2921034972		06/21/202	06/17/202	07/17/202			102.07	0.00	0.00	102.07
	LAUNDRY									
2921035319		06/21/202	06/20/202	07/20/202			2,728.41	0.00	0.00	2,728.41
	LAUNDRY									
2921035320		06/21/202	06/20/202	07/20/202			34.04	0.00	0.00	34.04
	LAUNDRY									
2921035324		06/21/202	06/20/202	07/20/202			111.61	0.00	0.00	111.61
	LAUNDRY									
2921035321		06/21/202	06/20/202	07/20/202			315.80	0.00	0.00	315.80
	LAUNDRY									
2921035322		06/21/202	06/20/202	07/20/202			282.90	0.00	0.00	282.90
	LAUNDRY									
2921035317		06/21/202	06/20/202	07/20/202			128.80	0.00	0.00	128.80
	LAUNDRY									
2921035318		06/21/202	06/20/202	07/20/202			244.80	0.00	0.00	244.80
	LAUNDRY									
2921035579		06/26/202	06/24/202	07/19/202			3,763.28	0.00	0.00	3,763.28
	LAUNDRY									
2921035580		06/26/202	06/24/202	07/24/202			102.07	0.00	0.00	102.07
	LAUNDRY									
2921035949		06/28/202	06/27/202	07/22/202			315.80	0.00	0.00	315.80
2921036180		06/30/202	07/01/202	07/26/202			3,257.57	0.00	0.00	3,257.57
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	11,387.15	0.00	0.00	11,387.15

Vendor#	Vendor Name	Class	Pay Code
U2000	US POSTAL SERVICE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
070124A		06/30/202	07/01/202	07/10/202			2,200.00	0.00	0.00	2,200.00
	POSTAGE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U2000	US POSTAL SERVICE	2,200.00	0.00	0.00	2,200.00

Vendor#	Vendor Name	Class	Pay Code
11280	VICTORIA ADVOCATE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0334895		06/30/202	06/30/202	06/30/202			29.00	0.00	0.00	29.00
	NEWSPAPER									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11280	VICTORIA ADVOCATE	29.00	0.00	0.00	29.00

Vendor#	Vendor Name	Class	Pay Code
I1110	WERFEN USA LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9111532246		06/11/202	06/21/202	07/16/202			875.55	0.00	0.00	875.55

9111539287	06/30/202 06/26/202 07/21/202		475.00	0.00	0.00	475.00
SUPPLIES						
Vendor Totals: Number	Name		Gross	Discount	No-Pay	Net
I1110	WERFEN USA LLC		1,350.55	0.00	0.00	1,350.55

Vendor#	Vendor Name	Class	Pay Code
10556	WOUND CARE SPECIALISTS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
WCS00006764		06/28/202	06/01/202	07/14/202			13,900.00	0.00	0.00	13,900.00
MAY WOUNDCARE SERVICES										
Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
10556	WOUND CARE SPECIALISTS						13,900.00	0.00	0.00	13,900.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	232,967.18	0.00	0.00	232,967.18

APPROVED ON

JUL 03 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

232,967.18 +
314.42 - pg.1 Airgas Inv. Sales Tax Incl'd incorrect
290.46 + Correct amount
232,943.22 ◊
400.11 - no invoice to approve on pg. 9
232,543.11 ◊

232,543.11 +
9,000.00 - pg. 9 Jindal Inv. has been paid already
223,543.11 ◊

Chk# 204726 -
204806

Ø

RUN DATE:07/09/24 MEMORIAL MEDICAL CENTER PAGE 1
TIME:16:08 CHECK REGISTER GLCKREG
07/10/24 THRU 07/10/24

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	204720	07/10/24	17,901.09	BETHANY SENIOR LIVING
A/P	204721	07/10/24	1,428.00	BROADMOOR AT CREEKSIDE PARK
A/P	204722	07/10/24	77,030.11	GOLDENCREEK HEALTHCARE
A/P	204723	07/10/24	7,094.39	SOLERA WEST HOUSTON
A/P	204724	07/10/24	9,084.00	THE CRESCENT
A/P	204725	07/10/24	14,088.00	TUSCANY VILLAGE
A/P	204726	07/10/24	17,663.89	3M HEALTH INFORMATION SYSTEMS
A/P	204727	07/10/24	458.01	ACE HARDWARE 15521
A/P	204728	07/10/24	747.16	AIRGAS USA, LLC - CENTRAL DIV
A/P	204729	07/10/24	918.17	AMAZON CAPITAL SERVICES
A/P	204730	07/10/24	750.00	AMERITEX ELEVATOR SERVICES INC
A/P	204731	07/10/24	91.00	AQUA BEVERAGE COMPANY
A/P	204732	07/10/24	584.63	BAXTER HEALTHCARE
A/P	204733	07/10/24	16,616.27	BECKMAN COULTER INC
A/P	204734	07/10/24	219.15	BOHLS BEARING & POWER TRANS
A/P	204735	07/10/24	5,280.00	CALHOUN COUNTY EMS
A/P	204736	07/10/24	520.50	CAPITAL ONE
A/P	204737	07/10/24	449.81	CARDINAL HEALTH 414, INC.
A/P	204738	07/10/24	497.30	CARDINAL HEALTH 414,LLC
A/P	204739	07/10/24	38.80	CENTRAL DRUG
A/P	204740	07/10/24	450.00	CHS ATHLETIC BOOSTER CLUB INC
A/P	204741	07/10/24	1,179.34	CLEARFLY
A/P	204742	07/10/24	310.00	CONTROL SOLUTIONS
A/P	204743	07/10/24	384.84	CUSTOM ASSEMBLIES INC
A/P	204744	07/10/24	270.18	CYRACOM LLC
A/P	204745	07/10/24	1,077.86	DEWITT POTH & SON
A/P	204746	07/10/24	770.00	DOWELL PEST CONTROL
A/P	204747	07/10/24	468.00	EITAN GROUP NORTH AMERICA, INC
A/P	204748	07/10/24	1,115.00	FIRETRON, INC
A/P	204749	07/10/24	781.42	FISHER HEALTHCARE
A/P	204750	07/10/24	135.56	FRONTIER
A/P	204751	07/10/24	7,908.33	FUJI FILM
A/P	204752	07/10/24	907.33	FUSION CONNECT
A/P	204753	07/10/24	46.35	GE PRECISION HEALTHCARE, LLC
A/P	204754	07/10/24	64.00	GETINGE USA SALES LLC
A/P	204755	07/10/24	350.00	GUERBET, LLC
A/P	204756	07/10/24	75.00	GULF COAST DELIVERY
A/P	204757	07/10/24	932.14	GULF COAST PAPER COMPANY
A/P	204758	07/10/24	45.58	H + H SYSTEM, INC.
A/P	204759	07/10/24	3,400.00	HEALTH SOLUTIONS DIETETICS
A/P	204760	07/10/24	2,975.40	HEALTHSTREAM, INC.
A/P	204761	07/10/24	36.05	HEB CREDIT RECEIVABLES DEPT308
A/P	204762	07/10/24	472.50	HOLOGIC INC
A/P	204763	07/10/24	250.00	ITERSOURCE CORPORATION
A/P	204764	07/10/24	4,150.00	JOHN B WRIGHT LLC
A/P	204765	07/10/24	1,324.02	KCI USA
A/P	204766	07/10/24	281.50	KENTEC MEDICAL INC
A/P	204767	07/10/24	48.00	KXTS-TV
A/P	204768	07/10/24	79.98	LANGUAGE LINE SERVICES
A/P	204769	07/10/24	895.00	M G TRUST

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	204770	07/10/24	4,480.75	MCKESSON MEDICAL SURGICAL INC
A/P	204771	07/10/24	8.98	MEDIMPACT HEALTHCARE SYS, INC.
A/P	204772	07/10/24	.00	VOIDED
A/P	204773	07/10/24	.00	VOIDED
A/P	204774	07/10/24	28,559.91	MEDLINE INDUSTRIES INC
A/P	204775	07/10/24	210.00	MEMORIAL MEDICAL CLINIC
A/P	204776	07/10/24	205.88	MMC AUXILIARY GIFT SHOP
A/P	204777	07/10/24	35,614.25	MORRIS & DICKSON CO, LLC
A/P	204778	07/10/24	145.00	OLYMPUS AMERICA INC
A/P	204779	07/10/24	1,387.50	ORTHO CLINICAL DIAGNOSTICS
A/P	204780	07/10/24	167.28	PERFORMANCE HEALTH
A/P	204781	07/10/24	476.25	PORT LAVACA WAVE
A/P	204782	07/10/24	239.98	POWER HARDWARE
A/P	204783	07/10/24	257.97	PRINT RITE INC.
A/P	204784	07/10/24	211.68	QUVA PHARMA INC
A/P	204785	07/10/24	1,708.33	RADSOURCE
A/P	204786	07/10/24	1,738.62	REPUBLIC SERVICES #847
A/P	204787	07/10/24	392.84	SAMS CLUB
A/P	204788	07/10/24	1,333.33	SIEMENS FINANCIAL SERVICES
A/P	204789	07/10/24	3,507.72	SIEMENS MEDICAL SOLUTIONS INC
A/P	204790	07/10/24	10,296.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	204791	07/10/24	9,836.92	SPBS CLINICAL EQUIPMENT SRVC
A/P	204792	07/10/24	375.00	ST DAVIDS HEALTHCARE
A/P	204793	07/10/24	42.91	STAPLES
A/P	204794	07/10/24	473.02	STERIS CORPORATION
A/P	204795	07/10/24	907.10	STRYKER SALES CORP
A/P	204796	07/10/24	4,360.00	SURGICAL DIRECT SOUTH
A/P	204797	07/10/24	60.00	TEXAS DEPARTMENT OF LICENSING
A/P	204798	07/10/24	376.72	TMS SOUTH
A/P	204799	07/10/24	7,837.50	TRIAGE, LLC
A/P	204800	07/10/24	556.90	TRUBRIDGE
A/P	204801	07/10/24	2,890.00	TRUSTED HEALTH, INC
A/P	204802	07/10/24	11,387.15	UNIFIRST HOLDINGS INC
A/P	204803	07/10/24	2,200.00	US POSTAL SERVICE
A/P	204804	07/10/24	29.00	VICTORIA ADVOCATE
A/P	204805	07/10/24	1,350.55	WERFEN USA LLC
A/P	204806	07/10/24	13,900.00	WOUND CARE SPECIALISTS
TOTALS:			350,168.70	

APPROVED ON
JUL 10 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payables
223,543.11 +
VH Xfers 126,625.59 +
350,168.70 ◇

McKESSON

Company: 8000

STATEMENT

As of: 07/05/2024 Page: 002

DC: 8115
Customer INV SuppID:
Territory:

Customer: 632536
Date: 07/06/2024

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 07/05/2024 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 07/06/2024 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	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: 32,068.10 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 18/07/2017 2,451.97

If Paid By 07/09/2024,
Pay This Amount: 31,426.66 USD

If Paid After 07/09/2024,
Pay this Amount: 32,068.10 USD

Due If Paid On Time:
USD 31,426.66

Disc lost if paid late:
641.44

Due If Paid Late:
USD 32,068.10

31,197.92 +
131.57 +
81.23 +
15.94 +
31,426.66 ◇

APPROVED ON
JUL 09 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 07/05/2024 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 256342
Date: 07/06/2024

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

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

As of: 07/05/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 07/06/2024

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342	**WALMART 1098/MEM MED PHS**										
07/02/2024	07/09/2024	7506131167	200556264	115Invoice	1.03	51.46		50.43	✓	7506131167	
07/02/2024	07/09/2024	7506131168	201014317	115Invoice	2.46	122.85		120.39	✓	7506131168	
07/02/2024	07/09/2024	7506131169	114735193	115Invoice	18.67	933.28		914.61	✓	7506131169	
07/02/2024	07/09/2024	7506131170	111631257	115Invoice	0.01	0.32		0.31	✓	7506131170	
07/02/2024	07/09/2024	7506131171	200025451	115Invoice	4.22	210.82		206.60	✓	7506131171	
07/02/2024	07/09/2024	7506131172	112038124	115Invoice	0.87	43.54		42.67	✓	7506131172	
07/02/2024	07/09/2024	7506131173	112507938	115Invoice	0.87	43.54		42.67	✓	7506131173	
07/02/2024	07/09/2024	7506131174	113163410	115Invoice	0.87	43.54		42.67	✓	7506131174	
07/02/2024	07/09/2024	7506131175	114735193	115Invoice	0.01	0.49		0.48	✓	7506131175	
07/02/2024	07/09/2024	7506131176	111498599	115Invoice		0.10		0.10	✓	7506131176	
07/02/2024	07/09/2024	7506131177	111806499	115Invoice	0.01	0.51		0.50	✓	7506131177	
07/02/2024	07/09/2024	7506131178	111815981	115Invoice		0.10		0.10	✓	7506131178	
07/02/2024	07/09/2024	7506131179	114067645	115Invoice		0.03		0.03	✓	7506131179	
07/02/2024	07/09/2024	7506131180	201694880	115Invoice	16.87	843.27		826.40	✓	7506131180	
07/02/2024	07/09/2024	7506131181	202275265	115Invoice	4.22	210.82		206.60	✓	7506131181	
07/02/2024	07/09/2024	7506131182	114067645	115Invoice	0.01	0.32		0.31	✓	7506131182	
07/02/2024	07/09/2024	7506131183	111744583	115Invoice	0.01	0.63		0.62	✓	7506131183	
07/02/2024	07/09/2024	7506131184	112109110	115Invoice	0.01	0.63		0.62	✓	7506131184	
07/02/2024	07/09/2024	7506131185	112109110	115Invoice	0.01	0.63		0.62	✓	7506131185	
07/02/2024	07/09/2024	7506131186	112639368	115Invoice	0.01	0.32		0.31	✓	7506131186	
07/02/2024	07/09/2024	7506131187	112716669	115Invoice	0.03	1.27		1.24	✓	7506131187	
07/02/2024	07/09/2024	7506131188	112750757	115Invoice	0.01	0.63		0.62	✓	7506131188	
07/02/2024	07/09/2024	7506131189	114849568	115Invoice	5.41	270.26		264.85	✓	7506131189	
07/02/2024	07/09/2024	7506131190	111643875	165Invoice	16.87	843.27		826.40	✓	7506131190	
07/02/2024	07/09/2024	7506131191	111875336	115Invoice	2.06	102.95		100.89	✓	7506131191	
07/02/2024	07/09/2024	7506131192	113091601	115Invoice	0.69	34.32		33.63	✓	7506131192	
07/02/2024	07/09/2024	7506131193	111953481	115Invoice	0.47	23.56		23.09	✓	7506131193	
07/02/2024	07/09/2024	7506131194	112024496	115Invoice	0.47	23.56		23.09	✓	7506131194	
07/02/2024	07/09/2024	7506131195	201814840	115Invoice	0.04	1.90		1.86	✓	7506131195	
07/02/2024	07/09/2024	7506131196	114735193	115Invoice	0.01	0.32		0.31	✓	7506131196	
07/02/2024	07/09/2024	7506131197	114735193	115Invoice	0.01	0.32		0.31	✓	7506131197	

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 07/05/2024 Page: 002

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 07/06/2024

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

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

As of: 07/05/2024 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 07/06/2024

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
07/02/2024	07/09/2024	7506131198	112392234	115Invoice	0.02	0.95		0.93	✓	7506131198	
07/02/2024	07/09/2024	7506131199	113278317	115Invoice	0.01	0.63		0.62	✓	7506131199	
07/02/2024	07/09/2024	7506131300	200419021	115Invoice		0.05		0.05	✓	7506131300	
07/02/2024	07/09/2024	7506131301	114525817	115Invoice	1.34	66.99		65.65	✓	7506131301	
07/02/2024	07/09/2024	7506131302	114980753	115Invoice	6.70	334.95		328.25	✓	7506131302	
07/02/2024	07/09/2024	7506131303	114849568	115Invoice		0.08		0.08	✓	7506131303	
07/02/2024	07/09/2024	7506131304	116446656	115Invoice		0.08		0.08	✓	7506131304	
07/02/2024	07/09/2024	7506131305	201191509	115Invoice	22.67	1,133.37		1,110.70	✓	7506131305	
07/02/2024	07/09/2024	7506131306	201814840	115Invoice	22.67	1,133.37		1,110.70	✓	7506131306	
07/02/2024	07/09/2024	7506131307	112260445	115Invoice	1.01	50.69		49.68	✓	7506131307	
07/02/2024	07/09/2024	7506131308	112507938	115Invoice	1.01	50.69		49.68	✓	7506131308	
07/02/2024	07/09/2024	7506131309	113278317	115Invoice	1.01	50.69		49.68	✓	7506131309	
07/02/2024	07/09/2024	7506131310	113491644	115Invoice	1.01	50.69		49.68	✓	7506131310	
07/02/2024	07/09/2024	7506131311	113659886	115Invoice	1.01	50.69		49.68	✓	7506131311	
07/02/2024	07/09/2024	7506131312	113894008	115Invoice	1.27	63.37		62.10	✓	7506131312	
07/02/2024	07/09/2024	7506131313	115684224	115Invoice	1.01	50.69		49.68	✓	7506131313	
07/02/2024	07/09/2024	7506131314	115985061	115Invoice	1.01	50.69		49.68	✓	7506131314	
07/02/2024	07/09/2024	7506131315	116384277	115Invoice	0.76	38.02		37.26	✓	7506131315	
07/02/2024	07/09/2024	7506131316	114603161	115Invoice		0.12		0.12	✓	7506131316	
07/02/2024	07/09/2024	7506131317	201329697	115Invoice		0.12		0.12	✓	7506131317	
07/02/2024	07/09/2024	7506131318	114204504	115Invoice	0.55	27.56		27.01	✓	7506131318	
07/02/2024	07/09/2024	7506131319	113031048	115Invoice	1.11	55.64		54.53	✓	7506131319	
07/02/2024	07/09/2024	7506131320	115828316	115Invoice	1.11	55.64		54.53	✓	7506131320	
07/02/2024	07/09/2024	7506131321	116604680	115Invoice	1.11	55.64		54.53	✓	7506131321	
07/02/2024	07/09/2024	7506131322	113031048	115Invoice	0.55	27.60		27.05	✓	7506131322	
07/02/2024	07/09/2024	7506131323	113413390	115Invoice	0.55	27.60		27.05	✓	7506131323	
07/02/2024	07/09/2024	7506131324	113452493	115Invoice	0.55	27.60		27.05	✓	7506131324	
07/02/2024	07/09/2024	7506131325	111498599	115Invoice	1.27	63.42		62.15	✓	7506131325	
07/02/2024	07/09/2024	7506131326	113817834	115Invoice	1.27	63.42		62.15	✓	7506131326	
07/02/2024	07/09/2024	7506131327	114067645	115Invoice	1.27	63.42		62.15	✓	7506131327	
07/02/2024	07/09/2024	7506131328	114318096	115Invoice	1.27	63.42		62.15	✓	7506131328	

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 07/05/2024 Page: 003

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 07/06/2024

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

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

As of: 07/05/2024 Page: 003
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 07/06/2024

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
07/02/2024	07/09/2024	7506131329	115751266	115Invoice	3.81	190.26		186.45	✓	7506131329	
07/02/2024	07/09/2024	7506131330	116604680	115Invoice	2.54	126.84		124.30	✓	7506131330	
07/02/2024	07/09/2024	7506131331	200177764	115Invoice	1.27	63.42		62.15	✓	7506131331	
07/02/2024	07/09/2024	7506131332	112677682	115Invoice	4.30	214.85		210.55	✓	7506131332	
07/02/2024	07/09/2024	7506131333	112716669	115Invoice	4.30	214.85		210.55	✓	7506131333	
07/02/2024	07/09/2024	7506131334	113561671	115Invoice	4.30	214.85		210.55	✓	7506131334	
07/02/2024	07/09/2024	7506131335	115058401	115Invoice	4.30	214.85		210.55	✓	7506131335	
07/02/2024	07/09/2024	7506131336	115684224	115Invoice	4.30	214.85		210.55	✓	7506131336	
07/02/2024	07/09/2024	7506131337	201077442	115Invoice	4.30	214.85		210.55	✓	7506131337	
07/02/2024	07/09/2024	7506131338	201127703	115Invoice	4.30	214.85		210.55	✓	7506131338	
07/02/2024	07/09/2024	7506131339	201628656	115Invoice	21.48	1,074.23		1,052.75	✓	7506131339	
07/02/2024	07/09/2024	7506131340	111989603	115Invoice	4.30	214.85		210.55	✓	7506131340	
07/02/2024	07/09/2024	7506131341	112024496	115Invoice	4.30	214.85		210.55	✓	7506131341	
07/02/2024	07/09/2024	7506131342	112507938	115Invoice	4.30	214.85		210.55	✓	7506131342	
07/02/2024	07/09/2024	7506131343	112716669	115Invoice	17.19	859.39		842.20	✓	7506131343	
07/02/2024	07/09/2024	7506131344	112952239	115Invoice	25.78	1,289.08		1,263.30	✓	7506131344	
07/02/2024	07/09/2024	7506131345	114980753	115Invoice	8.59	429.69		421.10	✓	7506131345	
07/02/2024	07/09/2024	7506131346	115222714	115Invoice	4.30	214.85		210.55	✓	7506131346	
07/02/2024	07/09/2024	7506131347	115622000	115Invoice	4.30	214.85		210.55	✓	7506131347	
07/02/2024	07/09/2024	7506131348	201014317	115Invoice	12.89	644.54		631.65	✓	7506131348	
07/02/2024	07/09/2024	7506131349	201257403	115Invoice	4.30	214.85		210.55	✓	7506131349	
07/02/2024	07/09/2024	7506131350	201329697	115Invoice	4.30	214.85		210.55	✓	7506131350	
07/02/2024	07/09/2024	7506131351	201396026	115Invoice	8.59	429.69		421.10	✓	7506131351	
07/02/2024	07/09/2024	7506131352	112392234	115Invoice	2.50	125.21		122.71	✓	7506131352	
07/02/2024	07/09/2024	7506131353	116567149	115Invoice	10.46	523.00		512.54	✓	7506131353	
07/02/2024	07/09/2024	7506131354	113879846	115Invoice	0.01	0.63		0.62	✓	7506131354	
07/02/2024	07/09/2024	7506131355	113894008	115Invoice	0.03	1.27		1.24	✓	7506131355	
07/02/2024	07/09/2024	7506131356	112069474	115Invoice	0.01	0.32		0.31	✓	7506131356	
07/02/2024	07/09/2024	7506131357	112109110	115Invoice	0.03	1.27		1.24	✓	7506131357	
07/02/2024	07/09/2024	7506131358	112941228	115Invoice	0.02	0.95		0.93	✓	7506131358	
07/02/2024	07/09/2024	7506131359	113031048	115Invoice	0.02	0.95		0.93	✓	7506131359	

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For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 07/05/2024 Page: 004

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 256342
Date: 07/06/2024

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

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

As of: 07/05/2024 Page: 004
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 07/06/2024

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
07/02/2024	07/09/2024	7506131360	113091601	115Invoice	0.01	0.63		0.62	✓	7506131360	
07/02/2024	07/09/2024	7506131361	115622000	115Invoice	0.01	0.32		0.31	✓	7506131361	
07/02/2024	07/09/2024	7506131362	115693402	115Invoice	0.01	0.32		0.31	✓	7506131362	
07/02/2024	07/09/2024	7506131363	200368941	115Invoice	6.28	314.01		307.73	✓	7506131363	
07/02/2024	07/09/2024	7506131364	111511449	165Invoice	0.05	2.53		2.48	✓	7506131364	
07/02/2024	07/09/2024	7506131365	111637243	195Invoice	0.01	0.61		0.60	✓	7506131365	
07/02/2024	07/09/2024	7506131366	111505665	195Invoice	44.54	2,227.14		2,182.60	✓	7506131366	
07/02/2024	07/09/2024	7506131367	111505665	195Invoice	4.96	248.05		243.09	✓	7506131367	
07/02/2024	07/09/2024	7506131368	111510254	163Invoice	7.79	389.50		381.71	✓	7506131368	
07/02/2024	07/09/2024	7506131369	111505665	195Invoice	53.27	2,663.57		2,610.30	✓	7506131369	
07/02/2024	07/09/2024	7506131370	111505665	195Invoice	137.50	6,875.10		6,737.60	✓	7506131370	
07/02/2024	07/09/2024	7506131371	111510254	163Invoice	34.38	1,718.78		1,684.40	✓	7506131371	
07/02/2024	07/09/2024	7506131372	111510254	163Invoice	0.04	1.90		1.86	✓	7506131372	
07/03/2024	07/09/2024	7506400109	111744583	115Invoice		0.10		0.10	✓	7506400109	
07/03/2024	07/09/2024	7506400110	112260445	115Invoice	0.01	0.32		0.31	✓	7506400110	
07/03/2024	07/09/2024	7506400111	115058401	115Invoice	1.00	50.24		49.24	✓	7506400111	
07/03/2024	07/09/2024	7506400112	113031048	115Invoice	0.01	0.32		0.31	✓	7506400112	
07/04/2024	07/09/2024	7506632812	112689559	115Invoice	18.67	933.27		914.60	✓	7506632812	
07/04/2024	07/09/2024	7506632813	115893496	115Invoice	0.01	0.32		0.31	✓	7506632813	
07/04/2024	07/09/2024	7506632814	114808543	115Invoice		0.03		0.03	✓	7506632814	
07/04/2024	07/09/2024	7506638226	113091601	115Invoice	2.06	102.95		100.89	✓	7506638226	
07/04/2024	07/09/2024	7506638228	115127426	115Invoice	1.34	66.99		65.65	✓	7506638228	
07/04/2024	07/09/2024	7506638229	113894008	115Invoice	0.01	0.32		0.31	✓	7506638229	
07/04/2024	07/09/2024	7506638230	113091601	115Invoice	0.01	0.32		0.31	✓	7506638230	
07/04/2024	07/09/2024	7506638231	113163410	115Invoice	0.02	0.95		0.93	✓	7506638231	

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For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

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

As of: 07/05/2024 **Page:** 005

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 07/06/2024

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

As of: 07/05/2024 **Page:** 005
Mail to: **Comp:** 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 07/06/2024

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	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: **Customer Number 256342 WALMART 1098/MEM MED PHS**

Subtotals: 31,834.68 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,397.56
07/01/2024

If Paid By 07/09/2024,
Pay This Amount: 31,197.92 USD

If Paid After 07/09/2024,
Pay this Amount: 31,834.68 USD

Due If Paid On Time:
USD 31,197.92

Disc lost if paid late:
636.76

Due If Paid Late:
USD 31,834.68

APPROVED ON
JUL 09 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

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: 07/05/2024 **Page:** 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835434
Date: 07/06/2024

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

As of: 07/05/2024 **Page:** 001
Mail to: **Comp:** 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835434
Date: 07/06/2024

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835434 CVS PHCY 8923/MEM MC PHS											
07/03/2024	07/09/2024	7506291026	3358338	115Invoice	0.06	2.80		2.74		✓ 7506291026	
07/03/2024	07/09/2024	7506291027	3358338	115Invoice	2.63	131.46		128.83		✓ 7506291027	

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: 134.26 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,397.56
07/01/2024

If Paid By 07/09/2024,
Pay This Amount: 131.57 USD

If Paid After 07/09/2024,
Pay this Amount: 134.26 USD

Due If Paid On Time:
USD 131.57

Disc lost if paid late:
2.69

Due If Paid Late:
USD 134.26

APPROVED ON
JUL 09 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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McKESSON

STATEMENT

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

As of: 07/05/2024 **Page:** 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835437
Date: 07/06/2024

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

As of: 07/05/2024 **Page:** 001
Mail to: **Comp:** 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835437 **PLEASE CHECK ANY**
Date: 07/06/2024 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835437 CVS PHCY 7416/MEM MC PHS											
07/03/2024	07/09/2024	7506423114	3357449	115Invoice	1.66	82.89		81.23	✓	7506423114	

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: 82.89 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,397.56
07/01/2024

If Paid By 07/09/2024,
Pay This Amount: 81.23 USD

If Paid After 07/09/2024,
Pay this Amount: 82.89 USD

Due If Paid On Time:
USD 81.23

Disc lost if paid late:
1.66

Due If Paid Late:
USD 82.89

APPROVED ON
JUL 09 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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McKESSON

Company: 8000

STATEMENT

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

As of: 07/05/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835438
Date: 07/06/2024

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

As of: 07/05/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 **PLEASE CHECK ANY**
Date: 07/06/2024 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS											
07/03/2024	07/09/2024	7506401248	3358696	115Invoice	0.33	16.27		15.94	✓	7506401248	

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: 16.27 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,397.56
07/01/2024

If Paid By 07/09/2024,
Pay This Amount: 15.94 USD

If Paid After 07/09/2024,
Pay this Amount: 16.27 USD

Due If Paid On Time:
USD 15.94

Disc lost if paid late:
0.33

Due If Paid Late:
USD 16.27

APPROVED ON

JUL 09 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

AmerisourceBergen

STATEMENT

Statement Number: 67779010
Date: 07-05-2024

Serviced 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:	352.86
Past Due:	0.00
Total Due:	352.86
Account Balance:	352.86

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
07-01-2024	07-12-2024	3180255113	7006931024	Invoice	9.89		0.00	9.89
07-01-2024	07-12-2024	3180255114	7006940939	Invoice	231.85		0.00	231.85
07-01-2024	07-12-2024	3180255115	7006949892	Invoice	3.93		0.00	3.93
07-01-2024	07-12-2024	3180255116	7006950018	Invoice	3.47		0.00	3.47
07-02-2024	07-12-2024	3180413667	7006958957	Invoice	24.24		0.00	24.24
07-03-2024	07-12-2024	3180565816	7006967858	Invoice	9.81		0.00	9.81
07-05-2024	07-12-2024	3180704000	7006975118	Invoice	69.67		0.00	69.67

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
352.86	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
07-05-2024	(283.35)

Reminders

Due Date	Amount
07-12-2024	352.86
Total Due:	352.86

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JUL 09 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHKNO	GRPNO	LOCNO	EMPNO	DEPNO	CLMPRE	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYTO	EVGCD	CVDTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUDT	PRVNO
2106	76351	1	1	0	2024	173001534	0	6/24/2024	$27,829.12	1	TRUESCRIPTS MANAGEMENT SERVICE LLC	P	517	0	EXPENSE	EMPLOYEE	PCS	F	6/3/2024	6/16/2024	464334244
2107	76351	2	33	0	2024	165000727	0	6/24/2024	$18.48	1	BCM PHYSICIANS	P	450	0	[redacted]		XRDS	F	6/7/2024	6/7/2024	300791563
2108	76351	2	33	0	2024	166000217	0	6/24/2024	$72.53	1	SINGLETON ASSOCIATES PA	P	324	0			CAT	F	5/29/2024	5/29/2024	741680498
2109	76351	2	33	0	2024	165000728	0	6/24/2024	$127.45	1	BCM PHYSICIANS	P	457	0			OVS	F	6/7/2024	6/7/2024	300791563
2111	76351	3	37	0	2024	169000421	0	6/24/2024	$6.17	1	CITIZENS MEDICAL PROFESSIONALS	P	457	0			OVS	F	2/8/2024	2/8/2024	471158090
2112	76351	3	42	2	2024	169000418	0	6/24/2024	$10.75	1	SINGLETON ASSOCIATES PA	P	189	0			ERD	F	6/2/2024	6/2/2024	741680498
2113	76351	3	37	0	2024	166000221	0	6/24/2024	$11.61	1	SINGLETON ASSOCIATES PA	P	181	0			XRAY	F	5/14/2024	5/14/2024	741680498
2115	76351	3	23	0	2024	169000424	0	6/24/2024	$36.12	1	SINGLETON ASSOCIATES PA	P	603	0			US	F	6/5/2024	6/5/2024	741680498
2116	76351	3	9	0	2024	165001296	0	6/24/2024	$47.35	1	CLINICAL PATHOLOGY LABS,INC	P	172	0			AB	F	6/3/2024	6/3/2024	742554159
2119	76351	3	37	0	2024	165001289	0	6/24/2024	$80.34	1	KURTIS R KRUEGER MD	P	457	0			OVS	F	4/29/2024	4/29/2024	471158090
2120	76351	3	37	0	2024	165001321	0	6/24/2024	$80.34	1	KURTIS R KRUEGER MD	P	457	0			OVS	F	1/31/2024	1/31/2024	471158090
2121	76351	3	25	0	2024	169000426	0	6/24/2024	$83.52	1	SINGLETON ASSOCIATES PA	P	172	0			AB	F	6/4/2024	6/4/2024	741680498
2122	76351	3	43	0	2024	169000416	0	6/24/2024	$90.47	1	SINGLETON ASSOCIATES PA	P	321	0			MRIO	F	6/4/2024	6/4/2024	741680498
2125	76351	3	56	0	2024	172000027	0	6/24/2024	$542.50	1	VIP CARE SERVICES LLC	P	604	0			CASE	F	5/2/2024	5/20/2024	271837628
2126	76351	3	11	0	2024	172000025	0	6/24/2024	$581.25	1	VIP CARE SERVICES LLC	P	604	0			CASE	F	5/1/2024	5/31/2024	271837628
2129	76360	2	62	0	2024	165001301	0	6/24/2024	$243.33	1	VICTORIA WOMENS CLINIC ASSOCIATES	P	172	0			AB	F	6/7/2024	6/7/2024	741831291
2131	76360	3	82	0	2024	169000430	0	6/24/2024	$13.37	1	SINGLETON ASSOCIATES PA	P	181	0			XRAY	F	6/3/2024	6/3/2024	741680498
2132	76360	3	26	0	2024	166000700	0	6/24/2024	$19.10	1	VICTORIA ORTHOPEDIC CENTER, PLLC	P	457	0			OVS	F	6/6/2024	6/6/2024	260151734
2133	76360	3	82	0	2024	166000209	0	6/24/2024	$20.62	1	SINGLETON ASSOCIATES PA	P	181	0			XRAY	F	4/30/2024	4/30/2024	741680498
2134	76360	3	43	1	2024	170000375	0	6/24/2024	$42.59	1	KHIEM VU DO PA	P	177	0			OV	F	4/1/2024	4/1/2024	451261253
2146	76360	3	26	1	2024	165001293	0	6/24/2024	$82.89	1	WILSON A ALMONTE MD PLLC	P	457	0			OVS	F	5/22/2024	5/22/2024	474898361
2147	76360	3	82	0	2024	166000214	0	6/24/2024	$84.40	1	SINGLETON ASSOCIATES PA	P	603	0			US	F	4/16/2024	4/16/2024	741680498
2149	76360	3	85	1	2024	165000385	0	6/24/2024	$160.00	1	NEXTCARE URGENT CARE	P	487	0			URG	F	1/1/2024	1/1/2024	260845489
2151	76360	3	21	1	2024	172000026	0	6/24/2024	$387.50	1	VIP CARE SERVICES LLC	P	604	0			CASE	F	5/3/2024	5/8/2024	271837628
2153	76360	3	13	0	2024	170000376	0	6/24/2024	$460.53	1	COMMUNITY PATHOLOGY ASSOCIATES	P	185	0			LAB	F	6/5/2024	6/5/2024	760421006
									$31,132.33												

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JUL 09 2024

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

CHKNO	GRPNO	LOCNO	EMPNO	DEPNO	CLMPRE	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYTO	CVGCD	CVGTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUDT	PRVNO
2156	76351	3	48	0	2024	177000023	0	7/1/2024	$0.87	1	VIP CARE SERVICES LLC	P	503	0	[redacted]		AUDT	F	3/26/2024	3/26/2024	271837628
2157	76351	3	24	0	2024	177000022	0	7/1/2024	$1.59	1	VIP CARE SERVICES LLC	P	503	0			AUDT	F	4/4/2024	4/4/2024	271837628
2158	76351	3	11	0	2024	176004129	0	7/1/2024	$11.61	1	HOUSTON RADIOLOGY ASSOCIATED	P	183	0			RAD	F	2/14/2024	2/14/2024	741688740
2159	76351	3	43	0	2024	172000439	0	7/1/2024	$18.49	1	SINGLETON ASSOCIATES PA	P	181	0			XRAY	F	5/30/2024	5/30/2024	741680498
2160	76351	3	22	0	2024	177000756	0	7/1/2024	$20.37	1	CLINICAL PATHOLOGY LABS, INC	P	172	0			AB	F	5/3/2024	5/3/2024	742554159
2164	76351	3	36	0	2024	172001484	0	7/1/2024	$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0			OV	F	6/14/2024	6/14/2024	742605670
2165	76351	3	50	0	2024	172001496	0	7/1/2024	$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0			OV	F	6/14/2024	6/14/2024	742605670
2166	76351	3	38	0	2024	176004086	0	7/1/2024	$67.75	1	UT PHYSICIANS	P	181	0			XRAY	F	2/21/2024	2/21/2024	760459500
2167	76351	3	49	1	2024	176006811	0	7/1/2024	$74.22	1	REGIONAL EMPLOYEE ASSISTANCE PROGRAM	P	457	0			OVS	F	3/8/2024	3/8/2024	760423386
2170	76351	3	22	1	2024	177000693	0	7/1/2024	$82.74	1	SINGLETON ASSOCIATES PA	P	321	0			MRIO	F	6/12/2024	6/12/2024	741680498
2171	76351	3	29	0	2024	172000448	0	7/1/2024	$90.47	1	SINGLETON ASSOCIATES PA	P	321	0			MRIO	F	5/30/2024	5/30/2024	741680498
2174	76351	3	41	0	2024	176002632	0	7/1/2024	$102.28	1	AARON M MCGUIRE OD	P	457	0			OVS	F	5/29/2024	5/29/2024	742208337
2175	76351	3	21	1	2024	176001590	0	7/1/2024	$106.60	1	PORT LAVACA CLINIC	P	172	0			AB	F	6/19/2024	6/19/2024	742605670
2176	76351	3	31	0	2024	176004762	0	7/1/2024	$111.14	1	SINGLETON ASSOCIATES PA	P	324	0			CAT	F	6/11/2024	6/11/2024	741680498
2177	76351	3	49	0	2024	176005787	0	7/1/2024	$115.28	1	GREATER HOUSTON INTERVENTIONAL	P	449	0			LBDS	F	4/30/2024	4/30/2024	202341026
2178	76351	3	22	1	2024	177000741	0	7/1/2024	$121.67	1	VICTORIA ORTHOPEDIC CENTER, PLLC	P	177	0			OV	F	6/18/2024	6/18/2024	260151734
2179	76351	3	4	0	2024	178000944	0	7/1/2024	$148.13	1	TYWAUN K TILLMAN MD	P	457	0			OVS	F	3/12/2024	3/12/2024	471158090
2180	76351	3	29	0	2024	172000459	0	7/1/2024	$180.94	1	SINGLETON ASSOCIATES PA	P	321	0			MRIO	F	5/29/2024	5/29/2024	741680498
2182	76351	3	4	0	2024	178000947	0	7/1/2024	$400.86	1	TYWAUN K TILLMAN MD	P	457	0			OVS	F	5/29/2024	5/29/2024	471158090
2186	76351	3	15	0	2024	178000931	0	7/1/2024	$472.04	1	VICTORIA HEART VASCULAR CENTER	P	457	0			OVS	F	6/20/2024	6/20/2024	562284144
2188	76351	3	37	0	2024	172000116	0	7/1/2024	$1,730.26	1	TMH PHYSICIAN ASSOCIATES, PLLC	P	481	0			OPDX	F	6/5/2024	6/5/2024	300520570
2190	76360	2	101	0	2024	178000909	0	7/1/2024	$135.00	1	VICTORIA WOMENS CLINIC ASSOCIATES	P	172	0			AB	F	5/17/2024	5/17/2024	741831291
2191	76360	2	39	1	2024	172001306	0	7/1/2024	$374.00	1	CITIZENS MEDICAL CENTER COUNTY OF	P	406	0			ER	F	3/27/2024	3/27/2024	741698143
2195	76360	3	57	0	2024	176006809	0	7/1/2024	$8.57	1	SINGLETON ASSOCIATES PA	P	181	0			XRAY	F	6/12/2024	6/12/2024	741680498
2196	76360	3	61	0	2024	176004098	0	7/1/2024	$9.24	1	TEXAS ONCOLOGY PA	P	431	0			SFS	F	6/6/2024	6/6/2024	752131429
2197	76360	3	106	2	2024	176006802	0	7/1/2024	$11.19	1	SINGLETON ASSOCIATES PA	P	189	0			ERD	F	6/13/2024	6/13/2024	741680498
2198	76360	3	3	0	2024	176004752	0	7/1/2024	$11.61	1	SINGLETON ASSOCIATES PA	P	189	0			ERD	F	6/10/2024	6/10/2024	741680498
2200	76360	3	26	1	2024	177000021	0	7/1/2024	$16.03	1	VIP CARE SERVICES LLC	P	503	0			AUDT	F	4/18/2024	4/18/2024	271837628
2201	76360	3	26	1	2024	177000752	0	7/1/2024	$19.10	1	VICTORIA ORTHOPEDIC CENTER, PLLC	P	457	0			OVS	F	6/20/2024	6/20/2024	260151734
2202	76360	3	61	0	2024	176003637	0	7/1/2024	$19.99	1	TEXAS ONCOLOGY PA	P	449	0			LBDS	F	6/3/2024	6/3/2024	752131429
2203	76360	3	75	0	2024	173000768	0	7/1/2024	$20.37	1	CLINICAL PATHOLOGY LABS, INC	P	172	0			AB	F	6/11/2024	6/11/2024	742554159
2204	76360	3	83	0	2024	178000913	0	7/1/2024	$20.37	1	CLINICAL PATHOLOGY LABS, INC	P	172	0			AB	F	6/19/2024	6/19/2024	742554159
2205	76360	3	61	0	2024	176003138	0	7/1/2024	$24.99	1	TEXAS ONCOLOGY PA	P	449	0			LBDS	F	6/3/2024	6/3/2024	752131429
2206	76360	3	81	1	2024	177000024	0	7/1/2024	$25.22	1	VIP CARE SERVICES LLC	P	503	0			AUDT	F	1/30/2024	1/30/2024	271837628
2207	76360	3	24	0	2024	177000020	0	7/1/2024	$25.23	1	VIP CARE SERVICES LLC	P	503	0			AUDT	F	3/15/2024	3/15/2024	271837628
2209	76360	3	81	2	2024	172000443	0	7/1/2024	$30.83	1	ESS OF PORT LAVACA LLC	P	189	0			ERD	F	3/6/2024	3/6/2024	815248556
2215	76360	3	98	0	2024	177000749	0	7/1/2024	$48.11	1	FORT BEND NEUROLOGY	P	752	0			TELS	F	6/14/2024	6/14/2024	760507903
2216	76360	3	63	0	2024	177000725	0	7/1/2024	$55.58	1	ASPIRE FERTILITY SAN ANTONIO	P	184	0			LBDR	F	3/1/2024	3/1/2024	473852455
2217	76360	3	50	0	2024	172001479	0	7/1/2024	$55.89	1	NOE R. OLVERA, MD, PA	P	457	0			OVS	F	6/17/2024	6/17/2024	262712038
2218	76360	3	49	2	2024	172001846	0	7/1/2024	$57.56	1	MELISSA A. KAINER ERWIN, MD PA	P	457	0			OVS	F	6/18/2024	6/18/2024	200802489
2219	76360	3	61	0	2024	176004092	0	7/1/2024	$60.00	1	TEXAS ONCOLOGY PA	P	449	0			LBDS	F	6/3/2024	6/3/2024	752131429
2223	76360	3	68	0	2024	177000716	0	7/1/2024	$82.32	1	SINGLETON ASSOCIATES PA	P	321	0			MRIO	F	6/13/2024	6/13/2024	741680498
2224	76360	3	106	2	2024	172001835	0	7/1/2024	$84.22	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0			OV	F	6/17/2024	6/17/2024	742605670
2226	76360	3	42	0	2024	176004740	0	7/1/2024	$90.47	1	SINGLETON ASSOCIATES PA	P	321	0			MRIO	F	6/11/2024	6/11/2024	741680498
2227	76360	3	61	0	2024	176005761	0	7/1/2024	$91.42	1	ANDREW CHARLES CLEMMONS D.O.	P	177	0			OV	F	4/11/2024	4/11/2024	471158090
2229	76360	3	83	0	2024	172000466	0	7/1/2024	$111.14	1	SINGLETON ASSOCIATES PA	P	324	0			CAT	F	5/31/2024	5/31/2024	741680498
2231	76360	3	32	1	2024	176006790	0	7/1/2024	$132.00	1	MSIWA	P	172	0			AB	F	6/16/2024	6/16/2024	202536458
2232	76360	3	32	1	2024	176006785	0	7/1/2024	$133.47	1	GULF COAST PATHOLOGY PROGRAM	P	172	0			AB	F	5/24/2024	5/24/2024	863024305
2233	76360	3	83	0	2024	176001578	0	7/1/2024	$135.00	1	VICTORIA WOMENS CLINIC ASSOCIATES	P	172	0			AB	F	6/19/2024	6/19/2024	741831291
2234	76360	3	32	6	2024	172001833	0	7/1/2024	$149.73	1	CRESCENT VIEW MEDICAL CLINICS PA	P	172	0			AB	F	6/13/2024	6/13/2024	452547088
2235	76360	3	79	1	2024	172001133	0	7/1/2024	$150.60	1	TEXAS CHILDRENS HOSPITAL	P	186	0			HLAB	F	6/11/2024	6/11/2024	741100555
2236	76360	3	34	1	2024	178000907	0	7/1/2024	$153.99	1	SOUTH COAST HEALTH CARE OF TEXAS PA	P	591	0			NLP	F	6/18/2024	6/18/2024	742800212
2237	76360	3	75	0	2024	176001573	0	7/1/2024	$173.99	1	VICTORIA WOMENS CLINIC ASSOCIATES	P	172	0			AB	F	6/11/2024	6/11/2024	741831291
2239	76360	3	61	0	2024	176003128	0	7/1/2024	$232.02	1	TEXAS ONCOLOGY PA	P	457	0			OVS	F	6/3/2024	6/3/2024	752131429
2244	76360	3	21	1	2024	176003659	0	7/1/2024	$303.85	1	HARESH KUMAR M.D	P	466	0			DI	F	5/21/2024	5/21/2024	453050693
2245	76360	3	79	1	2024	178000980	0	7/1/2024	$315.55	1	TEXAS CHILDREN'S PHYSICIAN SERVICES	P	177	0			OV	F	6/11/2024	6/11/2024	260834681
2247	76360	3	103	0	2024	176001592	0	7/1/2024	$411.53	1	VICTORIA WOMENS CLINIC ASSOCIATES	P	177	0			OV	F	6/11/2024	6/11/2024	741831291
2250	76360	3	61	0	2024	176004757	0	7/1/2024	$600.46	1	TEXAS ONCOLOGY PA	P	449	0			LBDS	F	6/6/2024	6/6/2024	752131429
2253	76370	3	9	0	2024	176004736	0	7/1/2024	$83.52	1	SINGLETON ASSOCIATES PA	P	172	0			AB	F	6/10/2024	6/10/2024	741680498
									$8,453.25												

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BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

CHKNO	GRPNO	LOCNO	EMPNO	DEPNO	CLMPRS	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYTO	CVSEQ	CVSTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUDT	PRVNO
2257	76351	3	37	0	2024	184000017	0	7/8/2024	$42,000.00	1	HOUSTON METHODIST SUGAR LAND HOSPITAL	P	434	0	[redacted]		OHS	F	6/5/2024	6/5/2024	760545192
2258	76351	3	42	4	2024	179000978	0	7/8/2024	$23.22	1	SINGLETON ASSOCIATES PA	P	183	0			RAD	F	6/17/2024	6/17/2024	741680498
2260	76351	3	38	2	2024	179000984	0	7/8/2024	$29.10	1	ADELAIDA RESENDEZ, MD	P	177	0			OV	F	6/12/2024	6/12/2024	320023151
2261	76351	3	24	0	2024	184000670	0	7/8/2024	$39.77	1	CITIZENS MEDICAL PROFESSIONAL	P	457	0			OVS	F	6/24/2024	6/24/2024	471158090
2262	76351	3	27	0	2024	180000730	0	7/8/2024	$43.65	1	VICTORIA EYE CENTER	P	457	0			OVS	F	6/21/2024	6/21/2024	742208337
2263	76351	3	58	1	2024	181000064	0	7/8/2024	$53.10	1	FAMILY HEALTH CARE CLINIC	P	177	0			OV	F	4/26/2024	4/26/2024	640877375
2264	76351	3	43	0	2024	184000637	0	7/8/2024	$60.95	1	IRFAN LALANI MD PA	P	457	0			OVS	F	6/12/2024	6/12/2024	261924416
2265	76351	3	36	1	2024	184000029	0	7/8/2024	$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0			OV	F	6/20/2024	6/20/2024	742605670
2268	76351	3	12	0	2024	179000979	0	7/8/2024	$83.52	1	SINGLETON ASSOCIATES PA	P	172	0			AB	F	6/17/2024	6/17/2024	741680498
2269	76351	3	35	0	2024	184000638	0	7/8/2024	$89.17	1	SINGLETON ASSOCIATES PA	P	321	0			MRIO	F	6/20/2024	6/20/2024	741680498
2271	76351	3	42	2	2024	181000537	0	7/8/2024	$153.60	1	ESS OF PORT LAVACA LLC	P	189	0			ERD	F	6/2/2024	6/2/2024	815248556
2273	76351	3	50	0	2024	179001005	0	7/8/2024	$185.00	1	NEXTCARE URGENT CARE	P	487	0			URG	F	6/22/2024	6/22/2024	260845489
2277	76351	3	11	0	2024	181001316	0	7/8/2024	$1,377.45	1	TMH PHYSICIAN ASSOCIATES PLLC	P	179	0			SI	F	2/15/2024	2/15/2024	300520570
2286	76360	1	17	2	2024	184000648	0	7/8/2024	$42.20	1	SINGLETON ASSOCIATES PA	P	603	0			US	F	6/19/2024	6/19/2024	741680498
2290	76360	2	35	0	2024	179000986	0	7/8/2024	$160.00	1	NEXTCARE URGENT CARE	P	487	0			URG	F	6/23/2024	6/23/2024	260845489
2294	76360	3	53	1	2024	184000631	0	7/8/2024	$8.15	1	SINGLETON ASSOCIATES PA	P	181	0			XRAY	F	6/18/2024	6/18/2024	741680498
2295	76360	3	26	0	2024	181001383	0	7/8/2024	$11.61	1	SINGLETON ASSOCIATES PA	P	183	0			RAD	F	6/19/2024	6/19/2024	741680498
2297	76360	3	98	0	2024	184000682	0	7/8/2024	$14.21	1	SINGLETON ASSOCIATES PA	P	183	0			RAD	F	6/18/2024	6/18/2024	741680498
2301	76360	3	74	0	2024	180000735	0	7/8/2024	$49.94	1	AYO ADU, MD PLLC	P	457	0			OVS	F	6/25/2024	6/25/2024	273335355
2302	76360	3	43	1	2024	181001412	0	7/8/2024	$55.86	1	KHIEM VU DO PA	P	177	0			OV	F	6/24/2024	6/24/2024	451261253
2307	76360	3	83	0	2024	181001366	0	7/8/2024	$90.08	1	HEALTH AND WELLNESS SOLUTIONS PA	P	457	0			OVS	F	4/5/2024	4/5/2024	260406833
2308	76360	3	61	0	2024	180000748	0	7/8/2024	$107.46	1	AMERIPATH CONSOLIDATED LABS, INC.	P	185	0			LAB	F	6/6/2024	6/6/2024	260003506
2310	76360	3	106	2	2024	184000270	0	7/8/2024	$153.60	1	ESS OF PORT LAVACA LLC	P	189	0			ERD	F	6/13/2024	6/13/2024	815248556
2314	76360	3	41	0	2024	184000641	0	7/8/2024	$309.40	1	CITIZENS MEDICAL PROFESSIONAL	P	172	0			AB	F	6/12/2024	6/12/2024	471158090
2316	76360	3	31	0	2024	179000985	0	7/8/2024	$312.76	1	KHIEM VU DO PA	P	177	0			OV	F	6/18/2024	6/18/2024	451261253
									$45,519.69												

APPROVED ON

JUL 09 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- July 1, 2024 - July 7, 2024

Date	Bank Description	MMC Notes	Amount
7/5/2024	PAY PLUS ACHTrans 000000028037951 1010006974	- 3rd Party Payor Fee	28.47
7/5/2024	EXPERTPAY EXPERTPAY 746003411 91000014183744	-Child Support Payment	570.69 *
7/5/2024	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	283.35 *
7/5/2024	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	360,453.83 *
7/3/2024	PAY PLUS ACHTrans 000000027878979 1010006955	- 3rd Party Payor Fee	34.05
7/3/2024	MERCHANT BANKCD FEE 971160913887 91000018687	- Credit Card Processing Fee	176.06
7/3/2024	MERCHANT BANKCD FEE 971160910883 91000018687	- Credit Card Processing Fee	9.95
7/3/2024	MERCHANT BANKCD INTERCHNG 971160913887 91000	- Credit Card Processing Fee	175.42
7/3/2024	MERCHANT BANKCD DISCOUNT 971160910883 910000	- Credit Card Processing Fee	19.95
7/3/2024	MERCHANT BANKCD DISCOUNT 971160913887 910000	- Credit Card Processing Fee	340.10
7/2/2024	PAY PLUS ACHTrans 000000027726640 1010006935	- 3rd Party Payor Fee	154.22
7/2/2024	MCKESSON DRUG AUTO ACH ACH06064366 910000116	- 340B Drug Program Expense	2,397.56 *
7/2/2024	AUTHNET GATEWAY BILLING 136872940 1040000109	- 3rd Party Payor Fee	33.40
7/1/2024	PAY PLUS ACHTrans 000000027671342 1010006920	- 3rd Party Payor Fee	50.40
			364,727.45

CPSI

Erin Clevenger
Memorial Medical Center

July 9, 2024

* Approved on 7.03.24 cc

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
7/15/2024	- TEXAS COUNTY DRS RECEIVABLE 0419 21000024329	Retirement Funding	177,750.82
			177,750.82

Erin Clevenger
Memorial Medical Center

July 9, 2024

APPROVED ON
JUL 09 2024
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

364,727.45 +
570.69 -
228.35 -
360,453.83 -
2,397.56 -
1,077.02 ◊
55.00 -
1,022.02 ◊

1,022.02 -
0.00 ◊

pay plus
28.47 +
34.05 +
154.22 +
50.40 +
267.14 ◊
0.C

CC Fees
176.06 +
9.95 +
186.01 ◊
0.C

CC Interchg.
175.42 +
175.42 ◊
0.C

CC Discount
19.95 +
340.10 +
360.05 ◊
0.C

Authnet
33.40 +
33.40 ◊
0.C

267.14 +
186.01 +
175.42 +
360.05 +
33.40 +
1,022.02 ◊

Date/Time	07-08-2024 / 03:48 PM
Submitted By	mcumberland450
Pay Date	06-30-2024
Employee Deposits	$72,891.38
Employer Contributions	$104,859.44
Group Term Life Premiums	$0.00
Total	$177,750.82
Comments	
Payroll File	June 2024 Retirement Upload.xlsx

CLOSE PRINT

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JUL 03 2024

CALHOUN COUNTY, TEXAS

07/03/2024
14:55

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through: 07/27/2024

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11828	SOLERA WEST HOUSTON		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
062424		06/30/202	06/24/202	07/27/202			7,094.39	0.00	0.00	7,094.39
	TRANSFER INS. PMT dep. into MMCOPL. in error									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11828	SOLERA WEST HOUSTON	7,094.39	0.00	0.00	7,094.39

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	7,094.39	0.00	0.00	7,094.39

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JUL 03 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 204723

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JUL 03 2024

CALHOUN COUNTY, TEXAS

07/03/2024 MEMORIAL MEDICAL CENTER 0
14:43 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 07/27/2024

Vendor#	Vendor Name	Class	Pay Code
11832	BROADMOOR AT CREEKSIDE PARK		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
062124A		06/30/202	06/21/202	07/27/202			1,428.00	0.00	0.00	1,428.00
	TRANSFER INS. pmt dep. into MMC Ops. in error									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11832	BROADMOOR AT CREEKSIDE PARK	1,428.00	0.00	0.00	1,428.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,428.00	0.00	0.00	1,428.00

APPROVED ON

JUL 03 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Check# 204721

RECEIVED BY THE
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JUL 03 2024

07/03/2024
14:44

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 07/27/2024

0
ap_open_invoice.template

Vendor# Vendor Name Class Pay Code

11824 THE CRESCENT

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
062124A		06/30/202	06/21/202	07/27/202			6,840.00	0.00	0.00	6,840.00
	TRANSFER ins. pmt due. in to mmc ope. in error									
062624		06/30/202	06/26/202	07/27/202			2,244.00	0.00	0.00	2,244.00
	TRANSFER									

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11824	THE CRESCENT	9,084.00	0.00	0.00	9,084.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	9,084.00	0.00	0.00	9,084.00

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JUL 03 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 204724

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JUL 03 2024

CALHOUN COUNTY, TEXAS

07/03/2024 MEMORIAL MEDICAL CENTER 0
14:56 AP Open Invoice List ap_open_invoice.template
Dates Through: 07/27/2024

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
061824A		06/30/202	06/18/202	07/27/202			217.00	0.00	0.00	217.00
	TRANSFER ins pmt dep. into MMC00t. in error									
062424		06/30/202	06/24/202	07/27/202			17,965.97	0.00	0.00	17,965.97
	TRANSFER									
062424A		06/30/202	06/24/202	07/27/202			4,508.84	0.00	0.00	4,508.84
	TRANSFER									
062424B		06/30/202	06/24/202	07/27/202			1,185.00	0.00	0.00	1,185.00
	TRANSFER									
062524		06/30/202	06/25/202	07/27/202			48,515.70	0.00	0.00	48,515.70
	TRANSFER									
062624		06/30/202	06/26/202	07/27/202			575.04	0.00	0.00	575.04
	TRANSFER									
062624A		06/30/202	06/26/202	07/27/202			4,062.56	0.00	0.00	4,062.56
	TRANSFER									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	77,030.11	0.00	0.00	77,030.11

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	77,030.11	0.00	0.00	77,030.11

APPROVED ON

JUL 03 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 204722

RECEIVED BY THE
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JUL 03 2024

07/03/2024
14:46

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 07/27/2024

0
ap_open_invoice.template

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
062124A		06/30/202	06/21/202	07/27/202			408.00	0.00	0.00	408.00
	TRANSFER ins.pmt. due into mmc opt in error									
062624		06/30/202	06/26/202	07/27/202			13,680.00	0.00	0.00	13,680.00
	TRANSFER									

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
13004	TUSCANY VILLAGE	14,088.00	0.00	0.00	14,088.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	14,088.00	0.00	0.00	14,088.00

APPROVED ON

JUL 03 2024

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Chk# 204725

RECEIVED BY THE COUNTY AUDITOR ON

JUL 03 2024

CALHOUN COUNTY, TEXAS

07/03/2024
14:45

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 07/27/2024

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
12792	BETHANY SENIOR LIVING		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
062424A		06/30/202	06/21/202	07/27/202			164.70	0.00	0.00	164.70
	TRANSFER Ins. pmt. dep. into MMC Opt. in error									
062524		06/30/202	06/25/202	07/27/202			2,792.10	0.00	0.00	2,792.10
	TRANSFER "									
062624		06/30/202	06/26/202	07/27/202			14,944.29	0.00	0.00	14,944.29
	TRANSFER									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12792	BETHANY SENIOR LIVING	17,901.09	0.00	0.00	17,901.09

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	17,901.09	0.00	0.00	17,901.09

APPROVED ON

JUL 03 2024

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Chk# 204720

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
7/9/2024

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		264,558.41	241,291.62	72,319.50			95,586.29	**72,319.50**
						Bank Balance	95,586.29	
						Variance	-	
						Leave in Balance	100.00	
Routing Information for Ashford Gardens:						**Anthem April QIPP**	22,587.00	
Ashford Health Care Center Ltd Co								
JP Morgan Chase Bank						**April Interest**	178.33	
						May Interest	192.03	
						June Interest	209.43	
						Adjust Balance/Transfer Amt	**72,319.50**	
Broadmoor		373,406.04	364,326.73	71,715.03			80,794.34	**71,715.03**
						Bank Balance	80,794.34	
						Variance	-	
						Leave in Balance	100.00	
						Anthem April QIPP	8,395.32	
						April Interest	191.20	
						May Interest	156.35	
						June Interest	236.44	
						Adjust Balance/Transfer Amt	**71,715.03**	
Crescent		431,154.63	418,020.67	51,959.22			65,093.18	**51,959.22**
						Bank Balance	65,093.18	
						Variance	-	
						Leave in Balance	100.00	
						Anthem April QIPP	5,691.60	
						Claim Payment owed to Tuscany	6,500.00	
						April Interest	269.03	
						May Interest	260.47	
						June Interest	312.86	
						Adjust Balance/Transfer Amt	**51,959.22**	
Fort Bend		98,232.23	90,850.18	3,976.78			11,358.83	-
						Bank Balance	11,358.83	
						Variance	-	
						Leave in Balance	100.00	
						Anthem April QIPP	7,065.29	
						April Interest	61.77	
						May Interest	86.92	
						June Interest	68.07	
						Adjust Balance/Transfer Amt	**3,976.78**	
Solera at W Houston		388,898.22	381,227.69	70,709.95			78,380.48	**70,709.95**
						Bank Balance	78,380.48	
						Variance	-	
						Leave in Balance	100.00	
						Anthem April QIPP	6,824.60	
						April Interest	223.32	
						May Interest	271.99	
						June Interest	250.62	
						Adjust Balance/Transfer Amt	**70,709.95**	

72,319.50 +
71,715.03 +
51,959.22 +
70,709.95 + *t Houston / Fort Bend / Broadmoor.*
266,703.70 ◊

TOTAL TRANSFERS **266,703.70**

Approved:
ERIN CLEVENGER **7/9/2024**

APPROVED ON
JUL 09 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.

Ashford Gardens		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
7/5/2024	Deposit	-	8,807.86					-	8,807.86
7/5/2024	HNB - ECHO HCCLAIMPMT 746003411 440000205053	-	199.94					-	199.94
7/5/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2	-	20,075.76					-	20,075.76
7/3/2024	WIRE OUT ASHFORD HEALTH CARE CENTER LTD	241,291.62	-					-	-
7/3/2024	MANAGEANDNET1718 MNS PMNT 000000000000093 41	-	2,279.34					-	2,279.34
7/3/2024	HNB - ECHO HCCLAIMPMT 746003411 440000250636	-	220.73					-	220.73
7/3/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2	-	13,764.35					-	13,764.35
7/2/2024	HNB - ECHO HCCLAIMPMT 746003411 440000292025	-	15,495.70					-	15,495.70
7/1/2024	HNB - ECHO HCCLAIMPMT 746003411 440000231909	-	5,772.14					-	5,772.14
7/1/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	5,703.68					-	5,703.68
		241,291.62	72,319.50	-	-	-	-	-	72,319.50

Broadmoor		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
7/5/2024	Deposit	-	3,421.66					-	3,421.66
7/5/2024	HNB - ECHO HCCLAIMPMT 746003411 440000205111	-	76.45					-	76.45
7/5/2024	HNB - ECHO HCCLAIMPMT 746003411 440000204499	-	54.27					-	54.27
7/5/2024	AARP Supplementa HCCLAIMPMT 746003411 124384	-	69.33					-	69.33
7/3/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	364,326.73	-					-	-
7/3/2024	MANAGEANDNET1718 MNS PMNT 000000000004293 41	-	1,218.00					-	1,218.00
7/3/2024	HNB - ECHO HCCLAIMPMT 746003411 440000250636	-	366.56					-	366.56
7/3/2024	HNB - ECHO HCCLAIMPMT 746003411 440000250636	-	4,840.91					-	4,840.91
7/3/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	7,575.00					-	7,575.00
7/3/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	165.92					-	165.92
7/3/2024	HUMANA CHA DISB HCCLAIMPMT 51615902 42000013	-	288.12					-	288.12
7/2/2024	MANAGEANDNET1718 MNS PMNT 000000000004293 41	-	1,840.50					-	1,840.50
7/2/2024	HNB - ECHO HCCLAIMPMT 746003411 440000292243	-	978.14					-	978.14
7/2/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	142.28					-	142.28
7/2/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	163.68					-	163.68
7/2/2024	NOVITAS SOLUTION HCCLAIMPMT 676357 420000164	-	14,881.63					-	14,881.63
7/2/2024	HUMANA INS CO HCCLAIMPMT S1271488 8300005062	-	4,185.00					-	4,185.00
7/2/2024	AARP Supplementa HCCLAIMPMT 746003411 124384	-	6,324.00					-	6,324.00
7/1/2024	HNB - ECHO HCCLAIMPMT 746003411 440000231909	-	3,948.63					-	3,948.63
7/1/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	11,615.00					-	11,615.00
7/1/2024	NOVITAS SOLUTION HCCLAIMPMT 676357 420000109	-	8,970.54					-	8,970.54
7/1/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2	-	589.41					-	589.41
		364,326.73	71,715.03	-	-	-	-	-	71,715.03

Crescent		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
7/5/2024	Deposit	-	12,047.25					-	12,047.25
7/5/2024	MANAGEANDNET1718 MNS PMNT 000000000003268 41	-	329.50					-	329.50
7/5/2024	NOVITAS SOLUTION HCCLAIMPMT 676323 420000108	-	3,749.02					-	3,749.02
7/5/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2	-	3,342.02					-	3,342.02
7/3/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	418,020.67	-					-	-
7/3/2024	MANAGEANDNET1718 MNS PMNT 000000000003268 41	-	1,647.50					-	1,647.50
7/3/2024	HNB - ECHO HCCLAIMPMT 746003411 440000250636	-	6,051.14					-	6,051.14
7/3/2024	DEVOTED HEALTH P HCCLAIMPMT 21000023277964	-	3,965.61					-	3,965.61
7/3/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	11,810.00					-	11,810.00
7/2/2024	HNB - ECHO HCCLAIMPMT 746003411 440000291746	-	3,214.73					-	3,214.73
7/2/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	545.88					-	545.88
7/1/2024	HNB - ECHO HCCLAIMPMT 746003411 440000231733	-	3,616.57					-	3,616.57
7/1/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	1,640.00					-	1,640.00
		418,020.67	51,959.22	-	-	-	-	-	51,959.22

Fort Bend		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
7/5/2024	Deposit	-	2,802.67					-	2,802.67
7/5/2024	NOVITAS SOLUTION HCCLAIMPMT 675663 420000108	-	308.70					-	308.70
7/5/2024	AARP Supplementa HCCLAIMPMT 746003411 124384	-	865.41					-	865.41
7/3/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	90,850.18	-					-	-
		90,850.18	3,976.78	-	-	-	-	-	3,976.78

Solara at West Houston		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
7/5/2024	Deposit	-	3,701.20					-	3,701.20
7/5/2024	NOVITAS SOLUTION HCCLAIMPMT 676310 420000108	-	23,836.03					-	23,836.03
7/3/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	381,227.69	-					-	-
7/2/2024	HNB - ECHO HCCLAIMPMT 746003411 440000292693	-	5,249.21					-	5,249.21
7/2/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	13,300.00					-	13,300.00
7/2/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	284.64					-	284.64
7/2/2024	NOVITAS SOLUTION HCCLAIMPMT 676310 420000164	-	14,380.15					-	14,380.15
7/2/2024	HUMANA INS CO HCCLAIMPMT 51249281 8300005061	-	5,580.00					-	5,580.00
7/2/2024	HUMANA CHA DISB HCCLAIMPMT 51432006 42000017	-	3,750.00					-	3,750.00
7/1/2024	HNB - ECHO HCCLAIMPMT 746003411 440000231733	-	441.04					-	441.04
7/1/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	187.68					-	187.68
		381,227.69	70,709.95	-	-	-	-	-	70,709.95

TOTALS		1,495,716.89	270,680.48	-	-	-	-	-	270,680.48

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,550,096.87	$2,522,932.44	$2,550,096.87	$3,081,727.60
*4365 MMC - CLINIC SERIES 2014	$545.22	$545.22	$545.22	$545.22
*4373 MMC - PRIVATE WAIVER CLEARING	$438.92	$438.92	$438.92	$438.92
*4381 MEMORIAL MEDICAL / NH ASHFORD	$95,586.29 ✓	$101,862.29	$95,586.29	$66,502.73
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$80,794.34 ✓	$119,509.48	$80,794.34	$77,172.63
*4411 MEMORIAL MEDICAL / NH CRESCENT	$65,093.18 ✓	$75,966.18	$65,093.18	$45,625.39
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$78,380.48 ✓	$95,374.79	$78,380.48	$50,843.25
*4446 MEMORIAL MEDICAL / NH FORT BEND	$11,358.83 ✓	$11,358.83	$11,358.83	$7,382.05
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$163,742.45	$166,027.45	$163,742.45	$30,508.79
*4551 CAL CO INDIGENT HEALTHCARE	$9,670.62	$9,670.62	$9,670.62	$9,670.62
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$1,857.58	$1,857.58	$1,857.58	$1,551.96
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$41,397.15	$41,397.15	$41,397.15	$906.00
*5506 MMC -NH BETHANY SENIOR LIVING	$83,770.22	$124,377.26	$83,770.22	$80,864.74
*3407 MMC -NH TUSCANY VILLAGE	$68,823.93	$84,249.36	$68,823.93	$48,995.67
*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	$5,034.00
Total Balance	**$3,256,690.08**	**$3,360,701.57**	**$3,256,690.08**	**$3,507,869.57**

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
7/9/2024

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		240,045.28	214,304.52	138,001.69		-	163,742.45	138,001.69
						Bank Balance	163,742.45	
						Variance	-	
						Leave in Balance	100.00	
						Superior April QIPP	21,393.28	
						Claim payments owed to MMC	3,706.93	
						April Interest	152.47	
						May Interest	215.56	
						June Interest	172.52	
						Adjust Balance/Transfer Amt	138,001.69	

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

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: Erin Clevenger
ERIN CLEVENGER 7/9/2024

APPROVED ON
JUL 09 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
7/5/2024	Deposit	-	113,517.22					-	113,517.22
7/5/2024	TSYS/TRANSFIRST CR CD DEP 5436845558769 17 91	-	1,000.00					-	1,000.00
7/5/2024	TSYS/TRANSFIRST CR CD DEP 5436845558769 17 91	-	1,652.00					-	1,652.00
7/5/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001117	-	4,247.64					-	4,247.64
7/5/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130112	-	12,816.80					-	12,816.80
7/3/2024	WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	214,304.52	-					-	-
7/3/2024	TSYS/TRANSFIRST CR CD DEP 5436845558769 17 91	-	17.64					-	17.64
7/2/2024	TSYS/TRANSFIRST CR CD DEP 5436845558769 17 91	-	155.40					-	155.40
7/1/2024	TSYS/TRANSFIRST CR CD DEP 5436845558769 17 91	-	1,430.88					-	1,430.88
7/1/2024	TSYS/TRANSFIRST CR CD DEP 5436845558769 17 91	-	164.11					-	164.11
7/1/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001664	-	3,000.00					-	3,000.00
		214,304.52	138,001.69	-	-	-	-	-	138,001.69

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,550,096.87	$2,522,932.44	$2,550,096.87	$3,081,727.60
*4365 MMC - CLINIC SERIES 2014	$545.22	$545.22	$545.22	$545.22
*4373 MMC - PRIVATE WAIVER CLEARING	$438.92	$438.92	$438.92	$438.92
*4381 MEMORIAL MEDICAL / NH ASHFORD	$95,586.29	$101,862.29	$95,586.29	$66,502.73
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$80,794.34	$119,509.48	$80,794.34	$77,172.63
*4411 MEMORIAL MEDICAL / NH CRESCENT	$65,093.18	$75,966.18	$65,093.18	$45,625.39
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$78,380.48	$95,374.79	$78,380.48	$50,843.25
*4446 MEMORIAL MEDICAL / NH FORT BEND	$11,358.83	$11,358.83	$11,358.83	$7,382.05
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$163,742.45	$166,027.45	$163,742.45	$30,508.79
*4551 CAL CO INDIGENT HEALTHCARE	$9,670.62	$9,670.62	$9,670.62	$9,670.62
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$1,857.58	$1,857.58	$1,857.58	$1,551.96
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$41,397.15	$41,397.15	$41,397.15	$906.00
*5506 MMC -NH BETHANY SENIOR LIVING	$83,770.22	$124,377.26	$83,770.22	$80,864.74
*3407 MMC -NH TUSCANY VILLAGE	$68,823.93	$84,249.36	$68,823.93	$48,995.67
*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	$5,034.00
Total Balance	**$3,256,690.08**	**$3,360,701.57**	**$3,256,690.08**	**$3,507,869.57**

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
7/9/2024

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza- Private Pay		1,220.98	-	636.60		-		1,857.58	no transfer
							Bank Balance	1,857.58	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	1,757.58	

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza-Medicare/Medicaid		17,525.11	17,425.11	41,297.15		-	-	41,397.15	41,297.15
							Bank Balance	41,397.15	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	41,297.15	
						TOTAL TRANSFERS		43,054.73	

Routing Information for Gulf Pointe Plaza:

APPROVED ON

JUL 09 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:
ERIN CLEVENGER 7/9/2024

Gulf Pointe Plaza-Private Pay	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
7/5/2024 HNB - ECHO HCCLAIMPMT 746003411 440000205207	-	305.62					-	305.62
7/2/2024 HNB - ECHO HCCLAIMPMT 746003411 440000292025	-	214.65					-	214.65
7/2/2024 HNB - ECHO HCCLAIMPMT 746003411 440000292025	-	23.52					-	23.52
7/2/2024 HNB - ECHO HCCLAIMPMT 746003411 440000292303	-	64.00					-	64.00
7/1/2024 HNB - ECHO HCCLAIMPMT 746003411 440000231733	-	28.81					-	28.81
							-	-
			-	-	-	-	-	636.60

Gulf Pointe Plaza-Medicare/Medicaid	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
7/5/2024 MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	40,491.15					-	40,491.15
7/3/2024 WIRE OUT HMG Rockport SNF, LP - Commerical	17,425.11	-					-	-
7/1/2024 MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	806.00					-	806.00
							-	-
	17,425.11	41,297.15	-	-	-	-	-	41,297.15
	17,425.11	41,297.15	-	-	-	-	-	41,933.75

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,550,096.87	$2,522,932.44	$2,550,096.87	$3,081,727.60
*4365 MMC - CLINIC SERIES 2014	$545.22	$545.22	$545.22	$545.22
*4373 MMC - PRIVATE WAIVER CLEARING	$438.92	$438.92	$438.92	$438.92
*4381 MEMORIAL MEDICAL / NH ASHFORD	$95,586.29	$101,862.29	$95,586.29	$66,502.73
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$80,794.34	$119,509.48	$80,794.34	$77,172.63
*4411 MEMORIAL MEDICAL / NH CRESCENT	$65,093.18	$75,966.18	$65,093.18	$45,625.39
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$78,380.48	$95,374.79	$78,380.48	$50,843.25
*4446 MEMORIAL MEDICAL / NH FORT BEND	$11,358.83	$11,358.83	$11,358.83	$7,382.05
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$163,742.45	$166,027.45	$163,742.45	$30,508.79
*4551 CAL CO INDIGENT HEALTHCARE	$9,670.62	$9,670.62	$9,670.62	$9,670.62
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$1,857.58 ✓	$1,857.58	$1,857.58	$1,551.96
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$41,397.15 ✓	$41,397.15	$41,397.15	$906.00
*5506 MMC -NH BETHANY SENIOR LIVING	$83,770.22	$124,377.26	$83,770.22	$80,864.74
*3407 MMC -NH TUSCANY VILLAGE	$68,823.93	$84,249.36	$68,823.93	$48,995.67
*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	$5,034.00
Total Balance	**$3,256,690.08**	**$3,360,701.57**	**$3,256,690.08**	**$3,507,869.57**

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
7/9/2024

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Tuscany Village		418,207.52	403,970.22	54,586.63	-	-	-	68,823.93	54,586.63
							Bank Balance	68,823.93	
							Variance	-	
							Leave in Balance	100.00	
							Anthem April	14,137.30	

APPROVED ON
JUL 09 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Adjust Balance/Transfer Amt 54,586.63

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:
ERIN CLEVENGER 7/9/2024

Tuscany Village		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp 1	QIPP/Comp 2	QIPP/Comp 3	QIPP/Comp 4&Lapse	QIPP TI	NH PORTION
7/5/2024	Deposit	-	17,394.34					-	17,394.34
7/5/2024	HNB - ECHO HCCLAIMPMT 746003411 440000204499	-	2,433.92					-	2,433.92
7/3/2024	WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	403,970.22	-					-	-
7/2/2024	HNB - ECHO HCCLAIMPMT 746003411 440000292693	-	1,119.78					-	1,119.78
7/2/2024	HNB - ECHO HCCLAIMPMT 746003411 440000292303	-	4,454.55					-	4,454.55
7/1/2024	NOVITAS SOLUTION HCCLAIMPMT 676201 420000109	-	29,184.04					-	29,184.04
		403,970.22	**54,586.63**	-	-	-	-	-	**54,586.63**

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,550,096.87	$2,522,932.44	$2,550,096.87	$3,081,727.60
*4365 MMC - CLINIC SERIES 2014	$545.22	$545.22	$545.22	$545.22
*4373 MMC - PRIVATE WAIVER CLEARING	$438.92	$438.92	$438.92	$438.92
*4381 MEMORIAL MEDICAL / NH ASHFORD	$95,586.29	$101,862.29	$95,586.29	$66,502.73
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$80,794.34	$119,509.48	$80,794.34	$77,172.63
*4411 MEMORIAL MEDICAL / NH CRESCENT	$65,093.18	$75,966.18	$65,093.18	$45,625.39
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$78,380.48	$95,374.79	$78,380.48	$50,843.25
*4446 MEMORIAL MEDICAL / NH FORT BEND	$11,358.83	$11,358.83	$11,358.83	$7,382.05
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$163,742.45	$166,027.45	$163,742.45	$30,508.79
*4551 CAL CO INDIGENT HEALTHCARE	$9,670.62	$9,670.62	$9,670.62	$9,670.62
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$1,857.58	$1,857.58	$1,857.58	$1,551.96
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$41,397.15	$41,397.15	$41,397.15	$906.00
*5506 MMC -NH BETHANY SENIOR LIVING	$83,770.22	$124,377.26	$83,770.22	$80,864.74
*3407 MMC -NH TUSCANY VILLAGE	$68,823.93	$84,249.36	$68,823.93	$48,995.67
*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	$5,034.00
Total Balance	**$3,256,690.08**	**$3,360,701.57**	**$3,256,690.08**	**$3,507,869.57**

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
7/9/2024

Nursing Home	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
Bethany Senior Living		301,188.06	242,952.90	25,535.06			83,770.22	25,535.06

Bank Balance	83,770.22
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	25,535.06

APPROVED ON
JUL 09 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:
ERIN CLEVENGER 7/9/2024

Bethany Senior Living		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
7/5/2024	HOSPICE OF SOUTH Payments NF 113122650038830	-	1,391.88					-	1,391.88
7/5/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	1,513.60					-	1,513.60
7/3/2024	WIRE OUT PORT LAVACA NH, LLC	242,952.90	-					-	-
7/3/2024	NOVITAS SOLUTION HCCLAIMPMT 676481 420000174	-	3,026.17					-	3,026.17
7/2/2024	HNB - ECHO HCCLAIMPMT 746003411 440000292243	-	14,481.68					-	14,481.68
7/2/2024	NOVITAS SOLUTION HCCLAIMPMT 676481 420000164	-	1,599.63					-	1,599.63
7/1/2024	NOVITAS SOLUTION HCCLAIMPMT 676481 420000109	-	961.78					-	961.78
7/1/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	2,560.32					-	2,560.32
		242,952.90	25,535.06	-	-	-	-	-	25,535.06

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,550,096.87	$2,522,932.44	$2,550,096.87	$3,081,727.60
*4365 MMC - CLINIC SERIES 2014	$545.22	$545.22	$545.22	$545.22
*4373 MMC - PRIVATE WAIVER CLEARING	$438.92	$438.92	$438.92	$438.92
*4381 MEMORIAL MEDICAL / NH ASHFORD	$95,586.29	$101,862.29	$95,586.29	$66,502.73
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$80,794.34	$119,509.48	$80,794.34	$77,172.63
*4411 MEMORIAL MEDICAL / NH CRESCENT	$65,093.18	$75,966.18	$65,093.18	$45,625.39
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$78,380.48	$95,374.79	$78,380.48	$50,843.25
*4446 MEMORIAL MEDICAL / NH FORT BEND	$11,358.83	$11,358.83	$11,358.83	$7,382.05
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$163,742.45	$166,027.45	$163,742.45	$30,508.79
*4551 CAL CO INDIGENT HEALTHCARE	$9,670.62	$9,670.62	$9,670.62	$9,670.62
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$1,857.58	$1,857.58	$1,857.58	$1,551.96
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$41,397.15	$41,397.15	$41,397.15	$906.00
*5506 MMC -NH BETHANY SENIOR LIVING	$83,770.22 √	$124,377.26	$83,770.22	$80,864.74
*3407 MMC -NH TUSCANY VILLAGE	$68,823.93	$84,249.36	$68,823.93	$48,995.67
*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	$5,034.00
Total Balance	**$3,256,690.08**	**$3,360,701.57**	**$3,256,690.08**	**$3,507,869.57**

Crescent ✓

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: Tuscany ✓

Date Requested: 7/9/2024 ✓

APPROVED ON
JUL 09 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CHK# 000352

FOR ACCT USE ONLY

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

AMOUNT: $ 2,800.00 ✓

G/L NUMBER: 21400007

EXPLANATION: Claim payment - Transfer from Crescent to Tuscany

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Erin C

Crescent

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAY TO THE ORDER OF: Tuscany

Date Requested: 7/9/2024

APPROVED ON JUL 09 2024 BY COUNTY AUDITOR CALHOUN COUNTY TEXAS

Chk # 000352

FOR ACCT USE ONLY

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

AMOUNT: $ 4,000.00

G/L NUMBER: 21400007

EXPLANATION: Claim payment - Transfer from Crescent to Tuscany

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Eric Cyr

Crescent ✓

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAY TO: Tuscany ✓

Date Requested: ✓ 7/9/2024

APPROVED ON
JUL 09 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk# 000352

FOR ACCT USE ONLY

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

✓

AMOUNT: $ 2,594.00

G/L NUMBER: 21400007

EXPLANATION: Claim payment - Transfer from Crescent to Tuscany

✓

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Erin C

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

MP

MEMORIAL MEDICAL CENTER
NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000352

Date 7/10/24 88-2265/1131

PAY
TO THE ORDER OF Tuscany Village $ 9,394.00/100

Nine thousand, three hundred ninety-four dollars 3 00/100 DOLLARS

PROSPERITY BANK

county auditor
MP
county treasurer

FOR Claim payments

Security features are included. Details on back.