MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---July 17, 2024

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	1,099,367.50 ✓
TOTAL TRANSFERS BETWEEN FUNDS	$	62,569.34 ✓
TOTAL NURSING HOME UPL EXPENSES	$	1,311,896.12 ✓
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED July 17, 2024	$	2,473,832.96 ✓

APPROVED

JUL 17 2024

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---July 17, 2024

PAYABLES AND PAYROLL			
7/11/2024	Weekly Payables	547,063.74	
7/15/2024	McKesson-340B Prescription Expense	2,647.84	
7/15/2024	Amerisource Bergen-340B Prescription Expense	2,530.36	
7/15/2024	Payroll Liabilities-Payroll Taxes	133,397.69	
7/15/2024	Payroll	398,023.31	
7/15/2024	Health Equity - Wage Works employee FSA	6,213.61	
	Prosperity Electronic Bank Payments		
7/15/2024	Credit Card Fees	4,627.51	
7/15/2024	Sales Tax - June 2024	1,986.52	
7/15/2024	Pay Plus-Patient Claims Processing Fee	1,037.36	
7/15/2024	Credit Card Lease Fee	516.73	
7/15/2024	Health Equity -HSA Contributions	1,322.83	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 1,099,367.50**
TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES			
7/11/2024	MMC Operating to The Crescent-Correction of Insurance payment deposited into MMC Operating in error	6,324.00	
7/11/2024	MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error	8,748.14	
7/11/2024	MMC Operating to Bethany-Correction insurance payment deposited into MMC Operating in error	47,497.20	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 62,569.34**
NURSING HOME UPL EXPENSES			
7/15/2024	Nursing Home UPL-Cantex Transfer	882,465.64	
7/15/2024	Nursing Home UPL-Nexion Transfer	121,485.86	
7/15/2024	Nursing Home UPL-HMG Transfer	10,928.00	
7/15/2024	Nursing Home UPL-Tuscany Transfer	181,766.13	
7/15/2024	Nursing Home UPL-HSL Transfer	66,949.37	
QIPP CHECKS TO MMC			
7/15/2024	Ashford - Molina May QIPP hospital portion	12,430.83	
7/15/2024	Broadmoor -Molina May QIPP hospital portion	4,584.35	
7/15/2024	Crescent - Molina May QIPP hospital portion	3,419.45	
7/15/2024	Fort Bend - Molina May QIPP hospital portion	3,870.44	
7/15/2024	Solera - Molina May QIPP hospital portion	3,703.09	
7/15/2024	Tuscany - Molina May QIPP hospital portion	7,695.10	
TRANSFER OF FUNDS BETWEEN NURSING HOMES			
7/15/2024	Crescent to Tuscany -Tuscany insurance payment deposited into Crescent in error	8,097.86	
7/15/2024	Crescent to Tuscany -Tuscany insurance payment deposited into Crescent in error	4,500.00	
TOTAL NURSING HOME UPL EXPENSES			**$ 1,311,896.12**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED July 17, 2024			**$ 2,473,832.96**

RECEIVED BY THE
COUNTY AUDITOR ON
JUL 11 2024
CALHOUN COUNTY, TEXAS

07/12/2024
09:06

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 08/02/2024

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
10950	ACUTE CARE INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV1886	RFID FEE	07/01/202	07/20/202	07/20/202			1,400.00	0.00	0.00	1,400.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10950	ACUTE CARE INC	1,400.00	0.00	0.00	1,400.00

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
9151356392	OXYGEN	06/30/202	06/30/202	07/30/202			2,580.41	0.00	0.00	2,580.41
5509158384	OXYGEN	06/30/202	06/30/202	07/30/202			277.65	0.00	0.00	277.65
5509158383		06/30/202	06/30/202	07/30/202			973.96	0.00	0.00	973.96

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	3,832.02	0.00	0.00	3,832.02

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
1KHH4QJ71JLQ	SUPPLIES	06/30/202	06/30/202	07/30/202			16.98	0.00	0.00	16.98

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES	16.98	0.00	0.00	16.98

Vendor#	Vendor Name	Class	Pay Code
14088	AZALEA HEALTH		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
106283	JULY FEES	07/01/202	07/01/202	07/01/202			594.00	0.00	0.00	594.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14088	AZALEA HEALTH	594.00	0.00	0.00	594.00

Vendor#	Vendor Name	Class	Pay Code
M2485	BAYER HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6011242136	SUPPLIES	06/30/202	06/26/202	07/26/202			1,104.08	0.00	0.00	1,104.08

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2485	BAYER HEALTHCARE	1,104.08	0.00	0.00	1,104.08

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
111404559		06/30/202	06/27/202	07/27/202			52.64	0.00	0.00	52.64
111406701	SUPPLIES	06/30/202	06/28/202	07/28/202			367.50	0.00	0.00	367.50
~~59216817~~ 111423054	SUPPLIES	07/03/202	07/08/202	08/02/202			148.18	0.00	0.00	148.18
111415367	SUPPLIES	07/10/202	07/02/202	08/01/202			2,841.08	0.00	0.00	2,841.08
111413657	SUPPLIES	07/10/202	07/02/202	08/01/202			1,438.19	0.00	0.00	1,438.19

111416140		07/10/202	07/02/202	08/01/202	100.50	0.00	0.00	100.50
	SUPPLIES							
111413662		07/10/202	07/02/202	08/01/202	175.00	0.00	0.00	175.00
	SUPPLIES							
111416689		07/10/202	07/03/202	07/28/202	1,420.89	0.00	0.00	1,420.89
	SUPPLIES							
7365288		07/10/202	07/08/202	08/02/202	7,323.90	0.00	0.00	7,323.90
	SUPPLIES							
~~5759.11~~ 1114 22793		07/10/202	07/08/202	08/02/202	5,759.11	0.00	0.00	5,759.11
	SUPPLIES							

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	19,626.99	0.00	0.00	19,626.99

Vendor# B1320 — Vendor Name: BEEKLEY CORPORATION — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MIN0115396		06/30/202	06/27/202	07/27/202			199.00	0.00	0.00	199.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1320	BEEKLEY CORPORATION	199.00	0.00	0.00	199.00

Vendor# 11072 — Vendor Name: BIO-RAD LABORATORIES, INC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
907380664		06/30/202	06/20/202	07/20/202			2,124.24	0.00	0.00	2,124.24
	SUPPLIES									
907380663		06/30/202	06/20/202	07/20/202			358.31	0.00	0.00	358.31
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11072	BIO-RAD LABORATORIES, INC	2,482.55	0.00	0.00	2,482.55

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8003551773		06/28/202	06/16/202	07/27/202			321.68	0.00	0.00	321.68
	SUPPLIES									
8003548113		06/30/202	06/23/202	07/30/202			209.57	0.00	0.00	209.57
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH 414, INC.	531.25	0.00	0.00	531.25

Vendor# 14236 — Vendor Name: CARRIER CORPORATION — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
90376110		06/30/202	06/26/202	07/26/202			12,830.00	0.00	0.00	12,830.00
	032524-042124 CHILLER RENTAL									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14236	CARRIER CORPORATION	12,830.00	0.00	0.00	12,830.00

Vendor# 13264 — Vendor Name: CERVEY, LLC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
29622		07/10/202	07/05/202	07/30/202			1,650.00	0.00	0.00	1,650.00
	MONTHLY FEE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13264	CERVEY, LLC	1,650.00	0.00	0.00	1,650.00

Vendor# C1600 — Vendor Name: CITIZENS MEDICAL CENTER — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
202422		06/30/202	07/10/202	07/10/202			58,442.23	0.00	0.00	58,442.23
	CRNA JUNE 24 COVERAGE									

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	C1600	CITIZENS MEDICAL CENTER					58,442.23	0.00	0.00	58,442.23
Vendor#	Vendor Name				Class	Pay Code				
15188	CLARITY ENROLLMENT SOLUTIONS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	1651		07/01/202	07/01/202	07/31/202		355.50	0.00	0.00	355.50
		CARRIER CONNECTION								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	15188	CLARITY ENROLLMENT SOLUTIONS					355.50	0.00	0.00	355.50
Vendor#	Vendor Name				Class	Pay Code				
C1166	COASTAL OFFICE SOLUTONS				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	OEQT474411		07/03/202	07/08/202	07/18/202		168.00	0.00	0.00	168.00
		SUPPLIES								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	C1166	COASTAL OFFICE SOLUTONS					168.00	0.00	0.00	168.00
Vendor#	Vendor Name				Class	Pay Code				
11029	COASTAL REFRIGERATION									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	070124		07/01/202	07/01/202	07/10/202		934.25	0.00	0.00	934.25
		FINANCE DEPT UNIT REPAIR								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11029	COASTAL REFRIGERATION					934.25	0.00	0.00	934.25
Vendor#	Vendor Name				Class	Pay Code				
11030	COMBINED INSURANCE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	070124		06/30/202	06/30/202	07/30/202		501.72	0.00	0.00	501.72
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11030	COMBINED INSURANCE					501.72	0.00	0.00	501.72
Vendor#	Vendor Name				Class	Pay Code				
15116	COMPUGROUP MEDICAL - EMDS INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	9090067716		07/10/202	07/09/202	07/09/202		11,308.50	0.00	0.00	11,308.50
		EMD HOSTING SERVICES								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	15116	COMPUGROUP MEDICAL - EMDS INC.					11,308.50	0.00	0.00	11,308.50
Vendor#	Vendor Name				Class	Pay Code				
12044	CULLIGAN ULTRAPURE INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	1430270306302024		06/30/202	06/30/202	07/22/202		354.80	0.00	0.00	354.80
		WATER								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	12044	CULLIGAN ULTRAPURE INC.					354.80	0.00	0.00	354.80
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
	2024042475		06/30/202	06/30/202	07/30/202		516.66	0.00	0.00	516.66
		INTERPRETATION								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11368	CYRACOM LLC					516.66	0.00	0.00	516.66
Vendor#	Vendor Name				Class	Pay Code				
10060	DETAR HOSPITAL				ICP					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	DTR2406018		06/30/202	07/01/202	07/01/202		628.59	0.00	0.00	628.59
		LAB SERVICES								

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10060	DETAR HOSPITAL					628.59	0.00	0.00	628.59

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7599351	SUPPLIES	06/30/202	06/27/202	07/22/202			91.75	0.00	0.00	91.75
7602620	SUPPLIES	06/30/202	06/28/202	07/23/202			602.02	0.00	0.00	602.02
7602621	SUPPLIES	07/01/202	07/01/202	07/26/202			42.25	0.00	0.00	42.25

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	736.02	0.00	0.00	736.02

Vendor#	Vendor Name	Class	Pay Code
11011	DIAMOND HEALTHCARE CORP		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN20056279	BEV HEALTH	07/01/202	07/01/202	07/31/202			31,144.58	0.00	0.00	31,144.58
IN20056280	JUNE 2024 CPR	07/03/202	07/01/202	07/31/202			19,166.67	0.00	0.00	19,166.67

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11011	DIAMOND HEALTHCARE CORP	50,311.25	0.00	0.00	50,311.25

Vendor#	Vendor Name	Class	Pay Code
10789	DISCOVERY MEDICAL NETWORK INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMC063024	PROF FEES CLINIC	06/30/202	06/30/202	07/01/202			142,980.76	0.00	0.00	142,980.76

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDICAL NETWORK INC	142,980.76	0.00	0.00	142,980.76

Vendor#	Vendor Name	Class	Pay Code
11091	ECOLAB		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6346438927	JULY CONTRACT	07/10/202	07/01/202	07/31/202			220.00	0.00	0.00	220.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11091	ECOLAB	220.00	0.00	0.00	220.00

Vendor#	Vendor Name	Class	Pay Code
11284	EMERGENCY STAFFING SOLUTIONS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
43382	PHYS SERVICES	07/10/202	07/15/202	07/25/202			40,062.50	0.00	0.00	40,062.50

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11284	EMERGENCY STAFFING SOLUTIONS	40,062.50	0.00	0.00	40,062.50

Vendor#	Vendor Name	Class	Pay Code
10689	FASTHEALTH CORPORATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
07A24MMC	WEBSITE MNTHLY INVOICE	07/10/202	07/01/202	07/16/202			545.00	0.00	0.00	545.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10689	FASTHEALTH CORPORATION	545.00	0.00	0.00	545.00

Vendor#	Vendor Name	Class	Pay Code
F1400	FISHER HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3357980		06/30/202	06/25/202	07/20/202			34.90	0.00	0.00	34.90
3395933		06/30/202	06/26/202	07/21/202			421.47	0.00	0.00	421.47

	SUPPLIES								
3395934		06/30/202	06/26/202	07/21/202		6,533.66	0.00	0.00	6,533.66
	SUPPLIES								
3432885		06/30/202	06/27/202	07/22/202		103.28	0.00	0.00	103.28
	SUPPLIES								
9967789		07/11/202	01/26/202	02/20/202		79.72	0.00	0.00	79.72
	SUPPLIES								
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE				7,173.03	0.00	0.00	7,173.03

Vendor#	Vendor Name	Class	Pay Code
11149	GBS ADMINISTRATORS, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
152967207693		06/30/202	05/20/202	06/01/202			5,230.31	0.00	0.00	5,230.31
	LTD									
860002436341		07/01/202	06/20/202	07/01/202			5,230.31	0.00	0.00	5,230.31
	LTD									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11149	GBS ADMINISTRATORS, INC					10,460.62	0.00	0.00	10,460.62

no invoice

no invoice

Vendor#	Vendor Name	Class	Pay Code
10642	GLAXOSMITHKLINE PHARMACUETICAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CM8269082063		06/30/202	06/28/202	06/28/202			-2,914.93	0.00	0.00	-2,914.93
	CREDIT									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10642	GLAXOSMITHKLINE PHARMACUETICAL					-2,914.93	0.00	0.00	-2,914.93

no invoice / credit

Vendor#	Vendor Name	Class	Pay Code
W1300	GRAINGER	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9146986790		06/25/202	06/25/202	07/27/202			159.03	0.00	0.00	159.03
	SUPPLIES									
9155357800		06/30/202	06/18/202	07/27/202			281.04	0.00	0.00	281.04
	SUPPLIES									
9155240485		06/30/202	06/18/202	07/27/202			173.12	0.00	0.00	173.12
	SUPPLIES									
9467850750		07/10/202	06/28/202	07/23/202			258.68	0.00	0.00	258.68
	SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	W1300	GRAINGER					871.87	0.00	0.00	871.87

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
2547410		06/30/202	06/25/202	07/25/202			942.71	0.00	0.00	942.71
	SUPPLIES									
2549342		06/30/202	07/02/202	08/01/202			867.95	0.00	0.00	867.95
	SUPPLIES									
2549479		06/30/202	07/02/202	08/01/202			46.29	0.00	0.00	46.29
	SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY					1,856.95	0.00	0.00	1,856.95

Vendor#	Vendor Name	Class	Pay Code
11552	HEALTHCARE FINANCIAL SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100907993		06/30/202	06/27/202	08/01/202			4,610.52	0.00	0.00	4,610.52
	LEASE									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11552	HEALTHCARE FINANCIAL SERVICES					4,610.52	0.00	0.00	4,610.52

Vendor#	Vendor Name	Class	Pay Code
H0416	HOLOGIC INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10988277		06/30/202	06/27/202	07/27/202			236.25	0.00	0.00	236.25
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	H0416	HOLOGIC INC	236.25	0.00	0.00	236.25

Vendor#	Vendor Name	Class	Pay Code
15208	HOSPITAL CARE CONSULTANTS INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6582		07/10/202	07/15/202	07/25/202			23,663.00	0.00	0.00	23,663.00
	PHY SERVICES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15208	HOSPITAL CARE CONSULTANTS INC.	23,663.00	0.00	0.00	23,663.00

Vendor#	Vendor Name	Class	Pay Code
10922	HUNTER PHARMACY SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6069		06/30/202	06/30/202	07/20/202			14,704.03	0.00	0.00	14,704.03
	PHARM SALARY									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10922	HUNTER PHARMACY SERVICES	14,704.03	0.00	0.00	14,704.03

Vendor#	Vendor Name	Class	Pay Code
11200	IRON MOUNTAIN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
JPCB373		06/30/202	06/30/202	07/30/202			1,377.01	0.00	0.00	1,377.01
	SHREDDING									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11200	IRON MOUNTAIN	1,377.01	0.00	0.00	1,377.01

Vendor#	Vendor Name	Class	Pay Code
15524	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
070924		06/30/202	07/09/202	07/09/202			52.44	0.00	0.00	52.44
	PAYROLL ACH RETURNED									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15524	[redacted]	52.44	0.00	0.00	52.44

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
202425021		06/30/202	07/08/202	07/22/202			9,000.00	0.00	0.00	9,000.00
	REV CYCLE MANAGEMENT SER\									

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
061424A		06/30/202	07/09/202	07/27/202			1,500.00	0.00	0.00	1,500.00
	OB COVERAGE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	W1372	JOHN B WRIGHT LLC	1,500.00	0.00	0.00	1,500.00

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
11339414		06/30/202	06/30/202	07/25/202			108.36	0.00	0.00	108.36
	INTERPRETATION									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	L1288	LANGUAGE LINE SERVICES	108.36	0.00	0.00	108.36

Vendor#	Vendor Name					Class	Pay Code				
14244	LONESTAR COMMUNICATIONS, IN										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	149497		06/30/202	06/27/202	07/27/202			2,757.80	0.00	0.00	2,757.80
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14244	LONESTAR COMMUNICATIONS, IN					2,757.80	0.00	0.00	2,757.80
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
	2325130008		06/30/202	07/03/202	07/28/202			2,606.77	0.00	0.00	2,606.77
	2325130003	SUPPLIES	06/30/202	07/03/202	07/28/202			101.42	0.00	0.00	101.42
	2325128098	SUPPLIES	06/30/202	07/03/202	07/28/202			618.83	0.00	0.00	618.83
	232513004	SUPPLIES	07/11/202	07/03/202	07/28/202			3.90	0.00	0.00	3.90
	2325130010	SUPPLIES	07/11/202	07/03/202	07/28/202			158.88	0.00	0.00	158.88
	2325128097	SUPPLIES	07/11/202	07/03/202	07/28/202			1,003.02	0.00	0.00	1,003.02
	2325130002	SUPPLIES	07/11/202	07/03/202	07/28/202			26.25	0.00	0.00	26.25
	2325130000	SUPPLIES	07/11/202	07/03/202	07/28/202			99.02	0.00	0.00	99.02
	2325128099	SUPPLIES	07/11/202	07/03/202	07/28/202			290.14	0.00	0.00	290.14
	2325130001	SUPPLIES	07/11/202	07/03/202	07/28/202			30.92	0.00	0.00	30.92
	2325128096	SUPPLIES	07/11/202	07/03/202	07/28/202			100.35	0.00	0.00	100.35
	2325130006	SUPPLIES	07/11/202	07/03/202	07/28/202			81.12	0.00	0.00	81.12
	2325130009	SUPPLIES	07/11/202	07/03/202	07/28/202			103.28	0.00	0.00	103.28
	2325130005	SUPPLIES	07/11/202	07/03/202	07/28/202			3.90	0.00	0.00	3.90
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		M2470	MEDLINE INDUSTRIES INC					5,227.80	0.00	0.00	5,227.80
Vendor#	Vendor Name					Class	Pay Code				
10536	MORRIS & DICKSON CO, LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	2161437		06/30/202	06/30/202	07/10/202			159.55	0.00	0.00	159.55
	2160533		06/30/202	06/30/202	07/10/202			207.48	0.00	0.00	207.48
	2161438	SUPPLIES	06/30/202	06/30/202	07/10/202			457.29	0.00	0.00	457.29
	2161440	SUPPLIES	06/30/202	06/30/202	07/10/202			36.50	0.00	0.00	36.50
	2161439	SUPPLIES	06/30/202	06/30/202	07/10/202			2,919.51	0.00	0.00	2,919.51
	2192791		06/30/202	07/09/202	07/19/202			16.57	0.00	0.00	16.57
	2192598	INVENTORY	06/30/202	07/09/202	07/19/202			34.90	0.00	0.00	34.90

	INVENTORY PHARM							
2192790		06/30/202	07/09/202	07/19/202	74.35	0.00	0.00	74.35
	INVENTORY PHARM							
2164081		07/01/202	07/01/202	07/11/202	48.25	0.00	0.00	48.25
	SUPPLIES							
2164080		07/01/202	07/01/202	07/25/202	11,317.59	0.00	0.00	11,317.59
	SUPPLIES							
2170534		07/10/202	07/05/202	07/25/202	400.11	0.00	0.00	400.11
	SUPPLIES							
2178833		07/10/202	07/05/202	07/25/202	2,171.50	0.00	0.00	2,171.50
	SUPPLIES							
2180872		07/10/202	07/05/202	07/25/202	98.62	0.00	0.00	98.62
	SUPPLIES							
2177318		07/10/202	07/05/202	07/25/202	1,616.25	0.00	0.00	1,616.25
	SUPPLIES							
2180871		07/10/202	07/05/202	07/25/202	19.36	0.00	0.00	19.36
	SUPPLIES							
2180873		07/10/202	07/05/202	07/25/202	35.07	0.00	0.00	35.07
	SUPPLIES							
2178830		07/10/202	07/05/202	07/25/202	2,365.02	0.00	0.00	2,365.02
	SUPPLIES							
2169224		07/10/202	07/02/202	07/25/202	185.68	0.00	0.00	185.68
	SUPPLIES							
2169222		07/10/202	07/02/202	07/25/202	22.37	0.00	0.00	22.37
2165685		07/10/202	07/02/202	07/25/202	5,048.40	0.00	0.00	5,048.40
	SUPPLIES							
2172671		07/10/202	07/02/202	07/25/202	469.50	0.00	0.00	469.50
	SUPPLIES							
2172672		07/10/202	07/02/202	07/25/202	978.94	0.00	0.00	978.94
	SUPPLIES							
2177319		07/10/202	07/03/202	07/25/202	7.20	0.00	0.00	7.20
	SUPPLIES							
2174521		07/10/202	07/03/202	07/25/202	195.70	0.00	0.00	195.70
	SUPPLIES							
2177316		07/10/202	07/03/202	07/25/202	1,188.51	0.00	0.00	1,188.51
	SUPPLIES							
2170533		07/10/202	07/03/202	07/25/202	164.17	0.00	0.00	164.17
	SUPPLIES							
2174523		07/10/202	07/03/202	07/25/202	72.90	0.00	0.00	72.90
	SUPPLIES							
2174139		07/10/202	07/03/202	07/25/202	4,050.02	0.00	0.00	4,050.02
	SUPPLIES							
2177317		07/10/202	07/03/202	07/25/202	1,128.03	0.00	0.00	1,128.03
	SUPPLIES							
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC			35,489.34	0.00	0.00	35,489.34

Vendor#	Vendor Name	Class	Pay Code
M2659	MXR IMAGING, INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8801162217		06/30/202	07/01/202	07/31/202			86.43	0.00	0.00	86.43
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2659	MXR IMAGING, INC	86.43	0.00	0.00	86.43

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
36465251		06/30/202	06/28/202	07/28/202			386.18	0.00	0.00	386.18
	SUPPLIES									
36502198		07/03/202	07/07/202	08/01/202			1,125.00	0.00	0.00	1,125.00
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	O1500	OLYMPUS AMERICA INC	1,511.18	0.00	0.00	1,511.18

Vendor# 11932 — Vendor Name: PRESS GANEY ASSOCIATES, INC. — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN000656659		06/30/202	06/30/202	07/30/202			2,838.92	0.00	0.00	2,838.92
	CONTRACT FEES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11932	PRESS GANEY ASSOCIATES, INC.	2,838.92	0.00	0.00	2,838.92

Vendor# 10936 — Vendor Name: SIEMENS FINANCIAL SERVICES — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
56382400055724		06/30/202	06/24/202	07/14/202			4,038.24	0.00	0.00	4,038.24
	LEASE NUC MED									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10936	SIEMENS FINANCIAL SERVICES	4,038.24	0.00	0.00	4,038.24

Vendor# 10699 — Vendor Name: SIGN AD, LTD. — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
302118		07/01/202	07/01/202	07/11/202			410.00	0.00	0.00	410.00
	ADV LEASE SPACER									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10699	SIGN AD, LTD.	410.00	0.00	0.00	410.00

Vendor# 14868 — Vendor Name: SINGLETON ASSOCIATES, P.A. — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
246063024001		06/30/202	07/02/202	07/02/202			9,132.65	0.00	0.00	9,132.65
	JUNE RAD SERVICES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14868	SINGLETON ASSOCIATES, P.A.	9,132.65	0.00	0.00	9,132.65

Vendor# 10845 — Vendor Name: STAPLES — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6005884343		06/30/202	06/30/202	07/30/202			17.21	0.00	0.00	17.21
	SUPPLIES									
6005884337		06/30/202	06/30/202	07/30/202			83.36	0.00	0.00	83.36
	SUPPLIES									
6005884340		06/30/202	06/30/202	07/30/202			19.99	0.00	0.00	19.99
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10845	STAPLES	120.56	0.00	0.00	120.56

Vendor# S3940 — Vendor Name: STERIS CORPORATION — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
12537958		06/30/202	06/27/202	07/22/202			202.80	0.00	0.00	202.80
	SUPPLIES									
12560996		07/03/202	07/03/202	07/28/202			457.10	0.00	0.00	457.10
	SUPPLIES									
504685842		07/10/202	07/02/202	08/01/202			1,039.00	0.00	0.00	1,039.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net

	S3940	STERIS CORPORATION					1,698.90	0.00	0.00	1,698.90
Vendor#	Vendor Name				Class	Pay Code				
T2539	T-SYSTEM, INC				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	916763		07/01/202	06/30/202	07/30/202		6,130.42	0.00	0.00	6,130.42
		PHYS TRACKING								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		T2539	T-SYSTEM, INC				6,130.42	0.00	0.00	6,130.42
Vendor#	Vendor Name				Class	Pay Code				
15244	TEXAS ELITE THERAPY TEAM LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	053124		06/30/202	05/31/202	07/09/202		16,850.00	0.00	0.00	16,850.00
		MAY SERVICES								
	063124		06/30/202	06/30/202	06/30/202		14,475.00	0.00	0.00	14,475.00
		JUNE SERVICES								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		15244	TEXAS ELITE THERAPY TEAM LLC				31,325.00	0.00	0.00	31,325.00
Vendor#	Vendor Name				Class	Pay Code				
T2204	TEXAS MUTUAL INSURANCE CO				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	1005885072		06/30/202	07/02/202	07/24/202		4,588.00	0.00	0.00	4,588.00
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		T2204	TEXAS MUTUAL INSURANCE CO				4,588.00	0.00	0.00	4,588.00
Vendor#	Vendor Name				Class	Pay Code				
10985	THE COMPLIANCE TEAM, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	00043826		07/10/202	07/08/202	07/08/202		2,137.50	0.00	0.00	2,137.50
		ACCREDITATION CONTRACT 3RI								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		10985	THE COMPLIANCE TEAM, INC				2,137.50	0.00	0.00	2,137.50
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
	INV126365		06/30/202	06/28/202	07/28/202		196.88	0.00	0.00	196.88
		SUPPLIES								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		11908	TMS SOUTH				196.88	0.00	0.00	196.88
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
	INV1796981529		06/30/202	06/28/202	07/28/202		3,467.50	0.00	0.00	3,467.50
		RAD STAFFING								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		14372	TRIAGE, LLC				3,467.50	0.00	0.00	3,467.50
Vendor#	Vendor Name				Class	Pay Code				
10841	TRUBRIDGE, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	T2407091378		07/01/202	07/09/202	07/09/202		11,019.43	0.00	0.00	11,019.43
		CONSULTING SERV								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		10841	TRUBRIDGE, LLC				11,019.43	0.00	0.00	11,019.43
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
	INV70160		06/27/202	06/27/202	07/27/202		3,060.00	0.00	0.00	3,060.00

AGENCY STAFFING ER

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14208	TRUSTED HEALTH, INC	3,060.00	0.00	0.00	3,060.00

Vendor# U1064 Vendor Name: UNIFIRST HOLDINGS INC — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2921035950		06/28/202	06/27/202	07/27/202			282.90	0.00	0.00	282.90
2921035946	LAUNDRY	06/28/202	06/27/202	07/27/202			230.67	0.00	0.00	230.67
2921035948	LAUNDRY	06/28/202	06/27/202	07/27/202			34.04	0.00	0.00	34.04
2921035952	LAUNDRY	06/28/202	06/27/202	07/27/202			121.51	0.00	0.00	121.51
2921035951	LAUNDRY	06/28/202	06/27/202	07/27/202			225.86	0.00	0.00	225.86
2921035947	LAUNDRY	06/28/202	06/27/202	07/27/202			2,874.12	0.00	0.00	2,874.12
2921035945	LAUNDRU	06/28/202	06/27/202	07/27/202			161.77	0.00	0.00	161.77
2921036181	SUPPLIES	06/30/202	07/01/202	07/31/202			102.07	0.00	0.00	102.07
2921036480	LAUNDRY	07/10/202	07/04/202	07/29/202			34.04	0.00	0.00	34.04
2921036478		07/10/202	07/04/202	07/29/202			274.10	0.00	0.00	274.10

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	4,341.08	0.00	0.00	4,341.08

Vendor# I1110 Vendor Name: WERFEN USA LLC — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9310053284	SUPPLIES CREDIT	07/01/202	07/08/202	08/02/202			-1,210.80	0.00	0.00	-1,210.80

Only Credit so cannot process

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	-1,210.80	0.00	0.00	-1,210.80

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	553,398.63	0.00	0.00	553,398.63

APPROVED ON

JUL 11 2024

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

553,398.63 +
5,230.31 - Pg. 5 no invoices for GBS Admin. - removed
5,230.31 -
542,938.01 ◊
2,914.93 + Pg. 5 Credit invoice - removed
545,852.94 ◊
1,210.80 + Pg. 11 Credit invoice - removed
547,063.74 ◊

CHK# 204807 - 204866

RUN DATE:07/15/24 MEMORIAL MEDICAL CENTER PAGE 1
TIME:09:58 CHECK REGISTER GLCKREG
07/17/24 THRU 07/17/24

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	204807	07/17/24	1,400.00	ACUTE CARE INC
A/P	204808	07/17/24	3,832.02	AIRGAS USA, LLC - CENTRAL DIV
A/P	204809	07/17/24	16.98	AMAZON CAPITAL SERVICES
A/P	204810	07/17/24	594.00	AZALEA HEALTH
A/P	204811	07/17/24	1,104.08	BAYER HEALTHCARE
A/P	204812	07/17/24	19,626.99	BECKMAN COULTER INC
A/P	204813	07/17/24	199.00	BEEKLEY CORPORATION
A/P	204814	07/17/24	2,482.55	BIO-RAD LABORATORIES, INC
A/P	204815	07/17/24	531.25	CARDINAL HEALTH 414, INC.
A/P	204816	07/17/24	12,830.00	CARRIER CORPORATION
A/P	204817	07/17/24	1,650.00	CERVEY, LLC
A/P	204818	07/17/24	58,442.23	CITIZENS MEDICAL CENTER
A/P	204819	07/17/24	355.50	CLARITY ENROLLMENT SOLUTIONS
A/P	204820	07/17/24	168.00	COASTAL OFFICE SOLUTONS
A/P	204821	07/17/24	934.25	COASTAL REFRIGERATION
A/P	204822	07/17/24	501.72	COMBINED INSURANCE
A/P	204823	07/17/24	11,308.50	COMPUGROUP MEDICAL - EMDS INC.
A/P	204824	07/17/24	354.80	CULLIGAN ULTRAPURE INC.
A/P	204825	07/17/24	516.66	CYRACOM LLC
A/P	204826	07/17/24	628.59	DETAR HOSPITAL
A/P	204827	07/17/24	736.02	DEWITT POTH & SON
A/P	204828	07/17/24	50,311.25	DIAMOND HEALTHCARE CORP
A/P	204829	07/17/24	142,980.76	DISCOVERY MEDICAL NETWORK INC
A/P	204830	07/17/24	220.00	ECOLAB
A/P	204831	07/17/24	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	204832	07/17/24	545.00	FASTHEALTH CORPORATION
A/P	204833	07/17/24	7,173.03	FISHER HEALTHCARE
A/P	204834	07/17/24	871.87	GRAINGER
A/P	204835	07/17/24	1,856.95	GULF COAST PAPER COMPANY
A/P	204836	07/17/24	4,610.52	HEALTHCARE FINANCIAL SERVICES
A/P	204837	07/17/24	236.25	HOLOGIC INC
A/P	204838	07/17/24	23,663.00	HOSPITAL CARE CONSULTANTS INC.
A/P	204839	07/17/24	14,704.03	HUNTER PHARMACY SERVICES
A/P	204840	07/17/24	1,377.01	IRON MOUNTAIN
A/P	204841	07/17/24	52.44	[redacted]
A/P	204842	07/17/24	9,000.00	JINDAL X LLC
A/P	204843	07/17/24	1,500.00	JOHN B WRIGHT LLC
A/P	204844	07/17/24	108.36	LANGUAGE LINE SERVICES
A/P	204845	07/17/24	2,757.80	LONESTAR COMMUNICATIONS, IN
A/P	204846	07/17/24	.00	VOIDED
A/P	204847	07/17/24	5,227.80	MEDLINE INDUSTRIES INC
A/P	204848	07/17/24	.00	VOIDED
A/P	204849	07/17/24	35,489.34	MORRIS & DICKSON CO, LLC
A/P	204850	07/17/24	86.43	MXR IMAGING, INC
A/P	204851	07/17/24	1,511.18	OLYMPUS AMERICA INC
A/P	204852	07/17/24	2,838.92	PRESS GANEY ASSOCIATES, INC.
A/P	204853	07/17/24	4,038.24	SIEMENS FINANCIAL SERVICES
A/P	204854	07/17/24	410.00	SIGN AD, LTD.
A/P	204855	07/17/24	9,132.65	SINGLETON ASSOCIATES, P.A.
A/P	204856	07/17/24	120.56	STAPLES

BANK--CHECK-- CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	204857	07/17/24	1,698.90	STERIS CORPORATION
A/P	204858	07/17/24	6,130.42	T-SYSTEM, INC
A/P	204859	07/17/24	31,325.00	TEXAS ELITE THERAPY TEAM LLC
A/P	204860	07/17/24	4,588.00	TEXAS MUTUAL INSURANCE CO
A/P	204861	07/17/24	2,137.50	THE COMPLIANCE TEAM, INC
A/P	204862	07/17/24	196.88	TMS SOUTH
A/P	204863	07/17/24	3,467.50	TRIAGE, LLC
A/P	204864	07/17/24	11,019.43	TRUBRIDGE, LLC
A/P	204865	07/17/24	3,060.00	TRUSTED HEALTH, INC
A/P	204866	07/17/24	4,341.08	UNIFIRST HOLDINGS INC
A/P	204867	07/17/24	47,497.20	BETHANY SENIOR LIVING
A/P	204868	07/17/24	8,748.14	GOLDENCREEK HEALTHCARE
A/P	204869	07/17/24	6,324.00	THE CRESCENT
TOTALS:			609,633.08	

Payables
547,063.74 +
Ntfxfers 62,569.34 +
609,633.08 ◇

APPROVED ON
JUL 17 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 07/12/2024 Page: 002

DC: 8115
Customer INV SupplD:
Territory:

Customer: 632536
Date: 07/13/2024

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

As of: 07/12/2024 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 07/13/2024 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: 2,702.13 USD

Future Due: 0.00

Past Due: 11.82-

Last Payment 2,451.97
08/07/2017

If Paid By 07/16/2024,
Pay This Amount: 2,647.84 USD

If Paid After 07/16/2024,
Pay this Amount: 2,702.13 USD

Due If Paid On Time:
USD 2,647.84

Disc lost if paid late:
54.29

Due If Paid Late:
USD 2,702.13

Andrea De Los Santos
7/15/2024

25.69 +
2,471.07 +
120.88 +
3.61 +
26.59 +
2,647.84 ◊

APPROVED ON
JUL 15 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 07/12/2024 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 190813
Date: 07/13/2024

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 07/12/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 **PLEASE CHECK ANY**
Date: 07/13/2024 **ITEMS NOT PAID (✓)**

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
07/11/2024	07/11/2024	7507951269	MFC PR CORR CR	Pricing Cor		11.82-	P	11.82-	P	7507951269	
07/11/2024	07/16/2024	7507951270	MFC PR CORR IN	Pricing Cor	0.24	12.05		11.81		7507951270	
07/12/2024	07/16/2024	7507963946	4053338	115Invoice	0.52	26.22		25.70		7507963946	

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

TOTAL:

Subtotals: 26.45 USD

Future Due: 0.00

Past Due: 11.82-

Last Payment 2,397.56
07/01/2024

If Paid By 07/16/2024,
Pay This Amount: 25.69 USD

If Paid After 07/16/2024,
Pay this Amount: 26.45 USD

Due If Paid On Time:
USD 25.69

Disc lost if paid late:
0.76

Due If Paid Late:
USD 26.45

APPROVED ON
JUL 15 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Lindsay Dotson Santos
7/15/24

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 07/12/2024

Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 07/13/2024

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

As of: 07/12/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 07/13/2024 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross) P F	Amount (net) P F	Receivable Number	
07/06/2024	07/16/2024	7506748640	112470402	115Invoice	0.01	0.32	0.31	7506748640	
07/06/2024	07/16/2024	7506748641	113724710	115Invoice	0.01	0.32	0.31	7506748641	
07/06/2024	07/16/2024	7506748642	201921527	115Invoice	22.67	1,133.37	1,110.70	7506748642	
07/06/2024	07/16/2024	7506748643	203233549	115Invoice	6.70	335.09	328.39	7506748643	
07/06/2024	07/16/2024	7506748644	113894008	115Invoice	0.01	0.32	0.31	7506748644	
07/06/2024	07/16/2024	7506748645	113163410	115Invoice	0.01	0.32	0.31	7506748645	
07/06/2024	07/16/2024	7506748646	203470447	115Invoice	3.14	157.12	153.98	7506748646	
07/06/2024	07/16/2024	7506748647	114677008	115Invoice	0.05	2.27	2.22	7506748647	
07/06/2024	07/16/2024	7506748648	113031048	115Invoice	0.01	0.63	0.62	7506748648	
07/06/2024	07/16/2024	7506748649	114204504	115Invoice	0.01	0.32	0.31	7506748649	
07/08/2024	07/16/2024	7507033300	116384277	115Invoice	0.69	34.32	33.63	7507033300	
07/08/2024	07/16/2024	7507033301	116520742	115Invoice	0.69	34.32	33.63	7507033301	
07/08/2024	07/16/2024	7507033302	116604680	115Invoice	0.69	34.32	33.63	7507033302	
07/08/2024	07/16/2024	7507033303	113163410	115Invoice	0.01	0.63	0.62	7507033303	
07/08/2024	07/16/2024	7507033304	113224698	115Invoice	0.01	0.63	0.62	7507033304	
07/09/2024	07/16/2024	7507354761	114403424	115Invoice	0.01	0.32	0.31	7507354761	
07/09/2024	07/16/2024	7507354762	113278317	115Invoice	0.02	0.95	0.93	7507354762	
07/09/2024	07/16/2024	7507354763	204387396	115Invoice	0.83	41.42	40.59	7507354763	
07/09/2024	07/16/2024	7507354764	113894008	115Invoice	0.02	0.95	0.93	7507354764	
07/09/2024	07/16/2024	7507354765	202717043	115Invoice	1.37	68.63	67.26	7507354765	
07/09/2024	07/16/2024	7507354766	115684224	115Invoice	1.00	50.24	49.24	7507354766	
07/11/2024	07/16/2024	7507889421	113224698	115Invoice	0.01	0.32	0.31	7507889421	
07/11/2024	07/16/2024	7507889422	113238732	115Invoice	0.01	0.63	0.62	7507889422	
07/11/2024	07/16/2024	7507889423	114204504	115Invoice	0.02	0.95	0.93	7507889423	
07/11/2024	07/16/2024	7507897540	113817834	115Invoice	9.68	484.10	474.42	7507897540	
07/11/2024	07/16/2024	7507897541	116384277	115Invoice	0.25	12.67	12.42	7507897541	
07/11/2024	07/16/2024	7507897542	116672418	115Invoice	0.25	12.67	12.42	7507897542	
07/12/2024	07/16/2024	7508147796	204593281	115Invoice	0.01	0.32	0.31	7508147796	
07/12/2024	07/16/2024	7508147797	204648065	115Invoice	0.83	41.42	40.59	7508147797	
07/12/2024	07/16/2024	7508159739	113452493	115Invoice	0.94	47.12	46.18	7508159739	
07/12/2024	07/16/2024	7508159740	113527507	115Invoice	0.47	23.56	23.09	7508159740	

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 07/12/2024 Page: 002

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 256342
Date: 07/13/2024

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: 07/12/2024 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 07/13/2024 **ITEMS NOT PAID (✓)**

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
07/12/2024	07/16/2024	7508159741	204593281	115Invoice	0.02	0.95		0.93		7508159741	

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

TOTAL:

Subtotals: 2,521.52 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 31,426.66
07/08/2024

If Paid By 07/16/2024,
Pay This Amount: 2,471.07 USD

If Paid After 07/16/2024,
Pay this Amount: 2,521.52 USD

Due If Paid On Time:
USD 2,471.07

Disc lost if paid late:
50.45

Due If Paid Late:
USD 2,521.52

APPROVED ON
JUL 15 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

J Andrew De Los Santos
7/15/2024

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 07/12/2024 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 820405
Date: 07/13/2024

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

As of: 07/12/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 PLEASE CHECK ANY
Date: 07/13/2024 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 820405 HEB PHCY WHSE/MEM MED PHS											
07/08/2024	07/16/2024	7506790435	B2407-055-165477	115Invoice	2.12	106.05		103.93		7506790435	
07/12/2024	07/16/2024	7507959648	B2407-055-166100	115Invoice	0.35	17.30		16.95		7507959648	

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

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

Subtotals: 123.35 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,397.56
07/01/2024

If Paid By 07/16/2024,
Pay This Amount: 120.88 USD

If Paid After 07/16/2024,
Pay this Amount: 123.35 USD

Due If Paid On Time:
USD 120.88

Disc lost if paid late:
2.47

Due If Paid Late:
USD 123.35

Andrew DeLaSantos
7/15/2024

APPROVED ON
JUL 15 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 07/12/2024 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 835430
Date: 07/13/2024

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

As of: 07/12/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835430 PLEASE CHECK ANY
Date: 07/13/2024 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 835430 CVS PHCY 10356/MEM MC PHS											
07/10/2024	07/16/2024	7507455782	3372846	115Invoice	0.07	3.68		3.61		7507455782	

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

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

Subtotals: 3.68 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,397.56
07/01/2024

If Paid By 07/16/2024, Pay This Amount: 3.61 USD

If Paid After 07/16/2024, Pay this Amount: 3.68 USD

Due If Paid On Time: USD 3.61

Disc lost if paid late: 0.07

Due If Paid Late: USD 3.68

Andrea Dolores Santos
7/15/2024

APPROVED ON
JUL 15 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

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: 07/12/2024 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 835437
Date: 07/13/2024

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

As of: 07/12/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835437 **PLEASE CHECK ANY**
Date: 07/13/2024 **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											
07/10/2024	07/16/2024	7507653277	3371109	115Invoice	0.54	27.13		26.59		7507653277	

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: 27.13 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 31,426.66
07/08/2024

If Paid By 07/16/2024,
Pay This Amount: 26.59 USD

If Paid After 07/16/2024,
Pay this Amount: 27.13 USD

Due If Paid On Time:
USD 26.59

Disc lost if paid late:
0.54

Due If Paid Late:
USD 27.13

APPROVED ON
JUL 15 2024
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Andrea DeLos Santos
7/15/2024

For AR Inquiries please contact 800-867-0333

AmerisourceBergen

STATEMENT

Statement Number: 67809757
Date: 07-12-2024

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:	2,530.36
Past Due:	0.00
Total Due:	2,530.36
Account Balance:	2,530.36

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
07-08-2024	07-19-2024	3180902548	7006985668	Invoice	1,152.37		0.00	1,152.37
07-08-2024	07-19-2024	3180902549	7006994007	Invoice	34.21		0.00	34.21
07-08-2024	07-19-2024	3180904170	7007003145	Invoice	1,104.00		0.00	1,104.00
07-08-2024	07-19-2024	3180904171	7007011042	Invoice	43.64		0.00	43.64
07-08-2024	07-19-2024	3180904172	7006994084	Invoice	29.76		0.00	29.76
07-11-2024	07-19-2024	3181301887	7007018087	Invoice	18.03		0.00	18.03
07-12-2024	07-19-2024	3181523647	7007045127	Invoice	98.75		0.00	98.75
07-12-2024	07-19-2024	3181523648	7007044024	Invoice	49.60		0.00	49.60

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
2,530.36	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
07-12-2024	(352.86)

APPROVED ON
JUL 15 2024
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Reminders

Due Date	Amount
07-19-2024	2,530.36
Total Due:	2,530.36

Andrea DeLaRosa
7/15/2024

TOLL FEE PHONE NUMBER: 1-800-555-3453
(EFTPS TUTORIAL SYSTEM: 1-800-572-8683)

	####	ENTER:	
☐ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	###		
☐ "ENTER YOUR 4-DIGIT PIN"			
☐ "MAKE A PAYMENT, PRESS 1"		1	
☐ "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★	941	#
☐ "IF FEDERAL TAX DEPOSIT ENTER 1"		1	
☐ "ENTER 2-DIGIT TAX FILING YEAR"	★	24	
☐ "ENTER 2-DIGIT TAX FILING ENDING MONTH"	★	09	

1ST QTR - 03 (MARCH) - Jan, Feb, Mar
2ND QTR - 06 (JUNE) - Apr, May, June
3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept
4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec

☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	$ 133,397.69	#
"1 TO CONFIRM"		1	
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 67,109.12	#
"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 15,695.04	#
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 50,593.53	#
☐ "6-DIGIT SETTLEMENT DATE"	★		
"1 TO CONFIRM"		1	
☐ ACKNOWLEDGEMENT NUMBER			

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

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED *3/18/2014*

ENTER VOID CKS AS NEGATIVE NUMBERS

		VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: BEGIN	6/28/2024					
PAY PERIOD: END	7/11/2024					
PAY DATE:	7/19/2024					
GROSS PAY:	$ 579,262.71			$ -		$ 579,262.71
DEDUCTIONS:						
A/R	$ 225.00					$ 225.00
ADVANC						$ -
BOOTS						$ -
MUTUAL CRITICAL ILLNESS						$ -
MUTUAL ACCIDENT						$ -
IRS TAX						$ -
MUTUAL SHORT TERM DIS						$ -
MUTUAL VISION	$ 857.36					$ 857.36
CAFÉ-D	$ 1,248.74					$ 1,248.74
CAFÉ-H	$ 30,127.25					$ 30,127.25
	$ -					$ -
	$ -					$ -
CAFÉ-P						$ -
CANCER						$ -
CHILD	$ 570.69					$ 570.69
CLINIC	$ 175.00					$ 175.00
COMBIN	$ 250.86					$ 250.86
CREDUN	$ -					$ -
DENTAL	$ -					$ -
DEP-LF						$ -
MUTUAL TERM LIFE	$ 1,377.51					$ 1,377.51
MUTUAL HOSP INDEM	$ 517.50					$ 517.50
FED TAX	$ 50,593.53					$ 50,593.53
FICA-M	$ 7,847.52					$ 7,847.52
FICA-O	$ 33,554.56					$ 33,554.56
FICA-M ADDITIONAL						$ -
FIRST C						$ -
FLEX S	$ 4,931.15					$ 4,931.15
FLX-FE	$ -					$ -
GIFT S	$ 238.41					$ 238.41
MUTUAL CRITICAL ILLNESS	$ 1,091.07					$ 1,091.07
MUTUAL ACCIDENT	$ 698.24					$ 698.24
MUTUAL SHORT TERM DIS	$ 1,899.37					$ 1,899.37
LEGAL	$ 1,130.91					$ 1,130.91
OTHER	$ 1,935.05					$ 1,935.05
NATIONAL FARM LIFE	$ 1,105.50					$ 1,105.50
MED SURCHARGE	$ 295.00					$ 295.00
Blank						$ -
RELAY						$ -
REPAY						$ -
STONEDF	$ 895.00					$ 895.00
STONE						$ -
STONE 2						$ -
STUDEN						$ -
TSA-R	$ 39,674.18					$ 39,674.18
UW/HOS	$ -					$ -
TOTAL DEDUCTIONS:	$ 181,239.40	$ -	$ -	$ -	$ -	$ 181,239.40
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$ 398,023.31	$ -	$ -	$ -	$ -	$ 398,023.31
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFÉ 125 PLAN:	$ 38,059.50	Less Exempt:				
TAXABLE PAY:	$ 541,203.21	$ 541,203.21				Exempt Amt:

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 7,847.45		
FICA - MED (EE)	1.45%	$ 7,847.45	$ 7,847.52	$ (0.07)
FICA - SOC SEC (ER)	6.20%	$ 33,554.60		
FICA - SOC SEC (EE)	6.20%	$ 33,554.60	$ 33,554.56	$ 0.04
FED WITHHOLDING		$ 50,593.53	$ 50,593.53	

Employees over FICA-SS Cap:
Michael Gaines

Paycode S - Employee Reimb.:

TOTAL: $ -

TAX DEPOSIT:		$ 133,397.63	$ 133,397.69	
FICA - MEDICARE	2.90%	$ 15,694.90	$15,695.04	
FICA - SOCIAL SECURITY	12.40%	$ 67,109.20	$67,109.12	**PREPARED BY:** Caitlin Clevenger
FED WITHHOLDING		$ 50,593.53	$50,593.53	**PREPARED DATE:** 7/15/2024
TOTAL TAX:		$ 133,397.63	$133,397.69	$ (0.06)

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	7863.25	N		N	N		180854.25
1	REGULAR PAY-S1	1637.25	N		N	N	N	77335.66
1	REGULAR PAY-S1	226.75	N		N	Y		9216.94
1	REGULAR PAY-S1	233.25	Y		N	N		9168.71
2	REGULAR PAY-S2	2046.00	N		N	N		55926.33
2	REGULAR PAY-S2	150.25	N		N	Y		7065.12
2	REGULAR PAY-S2	124.00	Y		N	N		5468.48
3	REGULAR PAY-S3	1163.50	N		N	N		40240.90
3	REGULAR PAY-S3	111.00	N		N	Y		5627.85
3	REGULAR PAY-S3	115.75	Y		N	N		6466.93
4	CALL BACK PAY	24.00	N	1	N	N	Y	1156.20
4	CALL BACK PAY	21.75	N	2	N	N	Y	955.85
4	CALL BACK PAY	.25	Y	2	N	N	Y	12.59
A	SUSPENDED WITH PAY	24.00	N	1	N	N		850.08
C	CALL PAY	2442.00	N	1	N	N		4860.00
D	DOUBLE TIME	4.50	N	2	N	N		422.82
D	DOUBLE TIME	3.75	N	2	N	Y		452.78
D	DOUBLE TIME	8.50	N	3	N	N		815.56
D	DOUBLE TIME	9.75	N	3	N	Y		1200.19
D	DOUBLE TIME	3.00	Y	2	N	N		352.30
D	DOUBLE TIME	8.00	Y	3	N	N		964.30
E	EXTRA WAGES		N		N	N	N	34460.58
E	EXTRA WAGES		N	1	N	N	N	1873.25
I	INSERVICE	10.00	N	1	N	N		189.24
J	JURY LEAVE	4.00	N	1	N	N		113.80
K	EXTENDED-ILLNESS-BANK	156.00	N	1	N	N		3873.46
P	PAID-TIME-OFF	50.64	N		N	N	N	1246.40
P	PAID-TIME-OFF	3030.25	N	1	N	N		81024.31
X	CALL PAY 2	80.00	N	1	N	N		160.00
Z	CALL PAY 3	24.00	N	1	N	N		72.00
h	HAZARD PAY	7.25	N		N	N		163.13
h	HAZARD PAY	1.00	N		N	N	N	60.00
h	HAZARD PAY	349.00	N	1	N	N		16372.15
h	HAZARD PAY	221.75	N	2	N	N		11054.03
h	HAZARD PAY	6.50	N	2	N	N	N	396.50
h	HAZARD PAY	205.50	N	3	N	N		11255.54
h	HAZARD PAY	8.25	Y	1	N	N		787.82
h	HAZARD PAY	11.75	Y	2	N	N		746.97
h	HAZARD PAY	38.25	Y	3	N	N		3016.23
p	PAID TIME OFF - PROBATION	188.00	N	1	N	N		2982.36

Deductions Summary

Code	Amount				
A/R	225.00	A/R2		A/R3	
ADVANC		AWARDS		BCBSVI	
BOOTS		CAFE H		CAFE-1	
CAFE-2		CAFE-3		CAFE-4	
CAFE-5		CAFE-C		CAFE-D	1248.74
CAFE-F		CAFE-H	30127.25	CAFE-I	
CAFE-L		CAFE-P		CANCER	
CHILD	570.69	CLINIC	175.00	COMBIN	250.86
CREDUN		DD ADV		DENTAL	
DEP-LF		DIS-LF		EAT	
EATCSH		FEDTAX	50593.53	FICA-M	7847.52
FICA-O	33554.56	FIRSTC		FLEX S	4167.51
FLX FE		FORT D		FUTA	
GIFT S	238.41	GRANT		GRP-IN	
GTL		HOSP-I		HSA	763.64
ID TFT		IRSTAX		LEAF	
LEGAL	257.41	MASA	873.50	MEALS	1935.05
METVIS		MISC		MISC/	
MMCSHR		MOOACC	698.24	MOOILL	1091.07
MOOIND	517.50	MOOLIF	1377.51	MOOSTD	1899.37
MOOVIS	857.36	NATFML	1105.50	OTHER	
PHI		PHI***		PR FIN	
RELAY		REPAY		SAMS	
SCRUBS		SIGNON		ST-TX	
STONDF	895.00	STONE		STONE2	
STUDEN		SUNACC		SUNILL	
SUNIND		SUNLIF		SUNSTD	
SUNVIS		SURCHG	295.00	TSA-1	
TSA-2		TSA-C		TSA-P	
TSA-R	39674.18	TUTION		UNIFOR	
UW/HOS					

Grand Totals: 20612.64 ------- | Gross: 579262.71 Deductions: 181239.40 Net: 398023.31

Checks Count:- FT 208 PT 11 Other 40 Female 231 Male 27 Credit OverAmt 20 ZeroNet Term Total: 258

Andreia Dotas Santos
7/15/2024

HealthEquity® WageWorks

INVOICE

To: Memorial Medical Center
PO Box 25
Port Lavaca TX 77979

WageWorks, Inc.
4609 Regent Blvd.
Irving, TX 75063
214.596.6900

Remit: Via Wire or ACH Credit to US BANK
FSA/HRA/DC Acct #: outing #:

Please include invoice # in your payment addenda for ACH Credit or Wire payment.

Log on to our employer website to view detailed invoice reports: employer.wageworks.com

Account #	Invoice Date
2052366	06/03/2024
PO #	**DUE DATE**
	09/03/2024
Invoice #	**AMOUNT DUE**
INV6615329	**$1,588.88**

Description	Plan Code	Amount	Options
Visa Card Payments - HCFSA 2024	HCFSA2024	1,588.88	

Total Amount Due **$1,588.88** ✓

A.W.

HealthEquity WageWorks

INVOICE

To: Memorial Medical Center
PO Box 25
Port Lavaca TX 77979

WageWorks, Inc.
4609 Regent Blvd.
Irving, TX 75063
214.596.6900

Remit: Via Wire or ACH Credit to US BANK
FSA/HRA/DC Acct #: Routing #.

Please include invoice # in your payment addenda for ACH Credit or Wire payment.

Log on to our employer website to view detailed invoice reports: employer.wageworks.com

Account #	Invoice Date
2052366	06/17/2024
PO #	**DUE DATE**
	09/16/2024
Invoice #	**AMOUNT DUE**
INV6662430	**$3,043.04**

Description	Plan Code	Amount
PMB Payments - DCFSA 2024	DCFSA2024	570.00
Visa Card Payments - HCFSA 2024	HCFSA2024	2,473.04

Total Amount Due **$3,043.04**

A.D.

HealthEquity WageWorks

INVOICE

To: Memorial Medical Center
PO Box 25
Port Lavaca TX 77979

WageWorks, Inc.
4609 Regent Blvd.
Irving, TX 75063
214.596.6900

Remit: Via Wire or ACH Credit to US BANK
FSA/HRA/DC Acct #: Routing #:

Please include invoice # in your payment addenda for ACH Credit or Wire payment.

Log on to our employer website to view detailed invoice reports: employer.wageworks.com

Account #	Invoice Date
2052366	06/24/2024
PO #	**DUE DATE**
	09/23/2024
Invoice #	**AMOUNT DUE**
INV6681301	**$2,524.41**

Description	Plan Code	Amount
PMP Payments - HCFSA 2024	HCFSA2024	424.08
Visa Card Payments - HCFSA 2024	HCFSA2024	2,100.33

Total Amount Due **$2,524.41**

HealthEquity WageWorks

Credit Memo

To: Memorial Medical Center
PO Box 25
Port Lavaca TX 77979

WageWorks, Inc.
4609 Regent Blvd.
Irving, TX 75063
214.596.6900

Remit:

Account #	Date
2052366	06/10/2024
PO #	**Credit #**
	CM192868
	AMOUNT
	$298.50

PLEASE NOTE, THIS IS A CREDIT MEMO, DO NOT PAY.

Description	Plan Code	Amount	Options
Visa Card Payments - HCFSA 2024	HCFSA2024	298.50	

Total Amount **– $298.50** ✓

A.D. Credit Memo

HealthEquity WageWorks

Credit Memo

To: Memorial Medical Center
PO Box 25
Port Lavaca TX 77979

WageWorks, Inc.
4609 Regent Blvd.
Irving, TX 75063
214.596.6900

Remit:

Account #	Date
2052366	06/28/2024
PO #	**Credit #**
	CM194794
	AMOUNT
	$644.22

PLEASE NOTE, THIS IS A CREDIT MEMO, DO NOT PAY.

Description	Plan Code	Amount	Options
Late Repayment Refund		644.22	

Total Amount **-$644.22** ✓

B.D. Credit Memo

Memorial Medical Center
Transfer Request

Amount: 6,213.61 ✓ ✓ **Date:** 7/15/2024 ✓

From Account: Operating

To Account: US BANCORP FSA/HRA/DC ACCT ACCT

APPROVED ON
JUL 15 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Acct Number: **Routing Number:**

Explanation:

Invoice numbers 6615329,6662430,6681301,CM192868,CM194794

Requested by: Michelle Cumberland **Date:** 7/15/2024

Authorized by: Andrew DeLaCruz-Santos ✓ **Date:** 7/15/2024

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- July 8, 2024 - July 14, 2024

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten Check" #
7/12/2024	PAY PLUS ACHTrans 000000028920462 1010006936	- 3rd Party Payor Fee	80.36	901253
7/12/2024	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	352.86 *	500619
7/11/2024	PAY PLUS ACHTrans 000000028806441 1010006924	- 3rd Party Payor Fee	126.10	901254
7/10/2024	PAY PLUS ACHTrans 000000028643826 1010006913	- 3rd Party Payor Fee	35.17	901255
7/10/2024	TSYS/TRANSFIRST MERCH FEES 39300982541616 61	- Credit Card Processing Fee	818.52	901256
7/10/2024	TSYS/TRANSFIRST MERCH FEES 41399801332393 61	- Credit Card Processing Fee	1,436.16	901257
7/10/2024	TSYS/TRANSFIRST MERCH FEES 41399801332385 61	- Credit Card Processing Fee	340.89	901258
7/10/2024	TSYS/TRANSFIRST MERCH FEES 41399801332419 61	- Credit Card Processing Fee	606.62	901259
7/10/2024	TSYS/TRANSFIRST MERCH FEES 41399801332401 61	- Credit Card Processing Fee	1,257.03	901260
7/10/2024	TSYS/TRANSFIRST MERCH FEES 41399801368397 61	- Credit Card Processing Fee	168.29	901261
7/9/2024	PAY PLUS ACHTrans 000000028480117 1010006902	- 3rd Party Payor Fee	118.45	901262
7/9/2024	MCKESSON DRUG AUTO ACH ACH06069866 910000128	- 340B Drug Program Expense	31,426.66 *	500620
7/9/2024	HPHG LLC PORT LAVA MemMedCtr PtLav 113122650	- Health Insurance Claim Payments	20,801.00 **	800550
7/9/2024	HPHG LLC PORT LAV MemMedCtr PtLav 1131226500	- Health Insurance Claim Payments	45,776.62 **	800551
7/8/2024	PAY PLUS ACHTrans 000000028157589 1010006987	- 3rd Party Payor Fee	677.28	901263
7/8/2024	FDMS FDMS PYMT 052-2000500-000 4100012802645	- Credit Card Machine Lease Fee	75.67	901264
7/8/2024	FDMS FDMS PYMT 052-1601830-000 4100012801822	- Credit Card Machine Lease Fee	32.45	901265
7/8/2024	FDMS FDMS PYMT 052-2182557-000 4100012800975	- Credit Card Machine Lease Fee	181.77	901266
7/8/2024	FDMS FDMS PYMT 052-2182545-000 4100012803201	- Credit Card Machine Lease Fee	45.64	901267
7/8/2024	IRS USATAXPYMT 270459070350185 6103601001022	- Payroll Taxes	113,630.08 **	800552
7/8/2024	FDMS FDMS PYMT 052-1743547-000 4100012809326	- Credit Card Machine Lease Fee	30.20	901268
7/8/2024	FDMS FDMS PYMT 052-1737276-000 4100012809058	- Credit Card Machine Lease Fee	30.20	901269
7/8/2024	FDMS FDMS PYMT 052-1601830-000 4100012809031	- Credit Card Machine Lease Fee	30.20	901270
7/8/2024	FDMS FDMS PYMT 052-2000500-000 4100012810118	- Credit Card Machine Lease Fee	30.20	901271
7/8/2024	FDMS FDMS PYMT 052-2100911-000 4100012810591	- Credit Card Machine Lease Fee	30.20	901272
7/8/2024	FDMS FDMS PYMT 052-1743548-000 4100012810022	- Credit Card Machine Lease Fee	30.20	901273
			218,168.82	

Andrew De Los Santos
Andrew De Los Santos
Memorial Medical Center

July 15, 2024

* Approved on 7.10.24 CC
** Approved on 7.03.24 CC

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Descriptio	MMC Notes	Amount
7/19/2024	- WEBFILE TAX PYMT DD	- Sales Tax	1,986.52
			1,986.52

Andrew De Los Santos
Andrew De Los Santos
Memorial Medical Center

July 15, 2024

APPROVED ON
JUL 15 2024
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

218,168.82 +
352.86 -
31,426.66 -
20,801.00 -
45,776.62 -
113,630.08 -
6,181.60 ◊
6,181.60 -
0.00 ◊

pay plus

80.36 +
126.10 +
35.17 +
118.45 +
677.28 +
1,037.36 ◊
0.C

CC Fees

818.52 +
1,436.16 +
340.89 +
606.62 +
1,257.03 +
168.29 +
4,627.51 ◊
0.C

CC lease Fees

75.67 +
32.45 +
181.77 +
45.64 +
30.20 +
30.20 +
30.20 +
30.20 +
30.20 +
30.20 +
516.73 ◊
0.C

1,037.36 +
4,627.51 +
516.73 +
6,181.60 ◊

COMPTROLLER.TEXAS.GOV

Menu

Confirmation: You Have Filed Successfully

Sales and Use Tax Period Ending 06/30/2024 (2406)

Taxpayer ID:
User ID:
Reference Number:
Date and Time of Filing:
07/12/2024, 11:24:51 AM

Taxpayer Name:
MEMORIAL MEDICAL CENTER
Taxpayer Address:
815 N VIRGINIA ST PORT LAVACA , TX 77979-3025
IP Address: 24.116.195.218

Entered By: Caitlin Clevenger
Email Address:
Telephone Number: (361) 552-0272

PAYMENT SUMMARY

Electronic Check
State Amount: $1,504.94
Local Amount: $481.58
Amount to Pay: $1,986.52
Electronic Check: $1,986.52

Payment Reference Number
Trace Number:

Type of Bank Account: Checking
Accountholder Name:
Memorial Medical Center
Bank Routing Number:
Bank Account Number:
Payment Effective Date: 07/19/2024

CREDIT SUMMARY

Credits Taken

Are you taking credit to reduce taxes due on this return? No

Licensed Customs Broker Exported Sales

Did you refund sales tax for this filing period on items exported outside the United States based on a Texas Licenced Customs Broker Export Certifications? No

LOCATION SUMMARY

Loc #	Total Texas Sales	Taxable Sales	Taxable Purchases	Subject to State Tax (Rate .0625)	State Tax Due	Subject to Local Tax	Local Tax Rate	Local Tax Due
00004	24,200	24,200	0.00	24,200	1,512.5	24,200	0.02	484
SubTotal	**24,200**	**24,200**	**0**	**24,200**	**1,512.5**	**24,200**		**484**

Total Tax for Locations 1,996.5

Total Tax Due:	$1,996.50
Timely Filing Discount:	- $9.98
Balance Due:	$1,986.52
Pending Payments:	- $0.00
Total Amount Due and Payable:	**$1,986.52**

(State amount due is $1,504.94) (Local amount due is $481.58)

Coverage Start	Benefit	EE Cost	ER Cost
1/1/2024	Health Savings Account	$0.00	$25.00
1/1/2024	Health Savings Account	$100.00	$25.00
1/1/2024	Health Savings Account	$147.91	$25.00
1/1/2024	Health Savings Account	$41.67	$25.00
7/1/2024	Health Savings Account	$0.00	$25.00
1/1/2024	Health Savings Account	$60.00	$25.00
1/1/2024	Health Savings Account	$10.00	$25.00
1/1/2024	Health Savings Account	$0.00	$25.00
1/1/2024	Health Savings Account	$0.00	$25.00
1/1/2024	Health Savings Account	$0.00	$25.00
1/1/2024	Health Savings Account	$25.00	$25.00
1/1/2024	Health Savings Account	$0.00	$25.00
1/1/2024	Health Savings Account	$0.00	$25.00
2/1/2024	Health Savings Account	$163.25	$25.00
1/1/2024	Health Savings Account	$50.00	$25.00
2/1/2024	Health Savings Account	$0.00	$25.00
1/1/2024	Health Savings Account	$100.00	$25.00
1/1/2024	Health Savings Account	$0.00	$25.00
1/1/2024	Health Savings Account	$0.00	$25.00
3/1/2024	Health Savings Account	$0.00	$25.00
1/1/2024	Health Savings Account	$25.00	$25.00
7/1/2024	Health Savings Account	$0.00	$25.00
1/1/2024	Health Savings Account	$0.00	$25.00
2/1/2024	Health Savings Account	$0.00	$25.00
		$722.83	$600.00
		$1,322.83	

RECEIVED BY THE COUNTY AUDITOR ON

JUL 11 2024

CALHOUN COUNTY, TEXAS

07/11/2024 MEMORIAL MEDICAL CENTER 0

13:28 AP Open Invoice List ap_open_invoice.template

Due Dates Through: 08/03/2024

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
062724		07/09/202	06/27/202	08/03/202			6,324.00	0.00	0.00	6,324.00
	TRANSFER INS. pmt dep. into MMC Opt. in error									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	6,324.00	0.00	0.00	6,324.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	6,324.00	0.00	0.00	6,324.00

APPROVED ON

JUL 11 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 204869

RECEIVED BY THE COUNTY AUDITOR ON

JUL 11 2024

CALHOUN COUNTY, TEXAS

07/11/2024
13:29

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 08/03/2024

0
ap_open_invoice.template

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
062824		07/09/202	06/27/202	08/03/202			4,134.56	0.00	0.00	4,134.56
	TRANSFER ins. amt. dep. into mmc opt. in error									
062824A		07/09/202	06/27/202	08/03/202			4,257.52	0.00	0.00	4,257.52
	TRANSFER									
062824B		07/09/202	06/27/202	08/03/202			6.22	0.00	0.00	6.22
	TRANSFER									
062824C		07/09/202	06/27/202	08/03/202			21.18	0.00	0.00	21.18
	TRANSFER									
062724		07/09/202	06/27/202	08/03/202			328.66	0.00	0.00	328.66
	TRANSFER									

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11836	GOLDENCREEK HEALTHCARE	8,748.14	0.00	0.00	8,748.14

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	8,748.14	0.00	0.00	8,748.14

APPROVED ON

JUL 11 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 204868

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MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 08/03/2024

0
ap_open_invoice.template

Vendor# Vendor Name CALHOUN COUNTY, TEXAS Class Pay Code
12792 BETHANY SENIOR LIVING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
062824D		07/09/202	06/27/202	08/03/202			12,516.28	0.00	0.00	12,516.28
	ins. pmt. dep. into mmc opt. in error									
062824		07/09/202	06/27/202	08/03/202			250.42	0.00	0.00	250.42
	TRANSFER	"		"						
062724		07/09/202	06/27/202	08/03/202			28,610.50	0.00	0.00	28,610.50
	TRANSFER	"		"						
062824A		07/09/202	06/27/202	08/03/202			6,120.00	0.00	0.00	6,120.00
	TRANSFER	"		"						

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12792	BETHANY SENIOR LIVING	47,497.20	0.00	0.00	47,497.20

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	47,497.20	0.00	0.00	47,497.20

APPROVED ON

JUL 11 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 204867

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
7/15/2024

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		95,586.29	95,486.29	179,464.76			179,564.76	**167,033.93**
						Bank Balance	179,564.76	
						Variance	-	
						Leave in Balance	100.00	
						Molina May	12,430.83	

Routing Information for Ashford Gardens:

Ashford Health Care Center Ltd Co
JP Morgan Chase Bank

						Adjust Balance/Transfer Amt	167,033.93	
Broadmoor		80,794.34	80,694.34	254,387.75			254,487.75	**249,803.40**
						Bank Balance	254,487.75	
						Variance	-	
						Leave in Balance	100.00	
						Molina May	4,584.35	

						Adjust Balance/Transfer Amt	249,803.40	
Crescent		65,093.18	64,993.18	253,935.51			254,035.51	**250,516.06**
						Bank Balance	254,035.51	
						Variance	-	
						Leave in Balance	100.00	
						Molina May	3,419.45	

						Adjust Balance/Transfer Amt	250,516.06	
Fort Bend		11,358.83	7,282.05	39,877.21			43,953.99	**39,983.55**
						Bank Balance	43,953.99	
						Variance	-	
						Leave in Balance	100.00	
						Molina May	3,870.44	

						Adjust Balance/Transfer Amt	39,983.55	
Solera at W Houston		78,380.48	78,280.48	178,831.79			178,931.79	**175,128.70**
						Bank Balance	178,931.79	
						Variance	-	
						Leave in Balance	100.00	
						Molina May	3,703.09	

167,033.93	+
249,803.40	+
250,516.06	+
39,983.55	+ *Fort Bend / Broadmoor*
175,128.70	+
882,465.64	◊

	Adjust Balance/Transfer Amt	175,128.70
TOTAL TRANSFERS		**882,465.64**

Approved: Andrew De Los Santos
Andrew De Los Santos 7/15/2024

APPROVED ON
JUL 15 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
7/12/2024	HNB - ECHO HCCLAIMPMT 746003411 440000233952	-	28,278.53					-	28,278.53
7/12/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	576.92					-	576.92
7/12/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	66,465.33					-	66,465.33
7/12/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	3,679.28					-	3,679.28
7/11/2024	HNB - ECHO HCCLAIMPMT 746003411 440000292914	-	7,482.28					-	7,482.28
7/10/2024	WIRE OUT ASHFORD HEALTH CARE CENTER LTD	72,319.50	-					-	-
7/10/2024	MOLINA HEALTHCAR MOLINAACH 01297784 42000013	-	14,648.78	11,480.28	3,168.50			12,430.83	2,217.95
7/10/2024	HNB - ECHO HCCLAIMPMT 746003411 440000254532	-	6,300.87					-	6,300.87
7/10/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	7,873.07					-	7,873.07
7/10/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2	-	8,052.11					-	8,052.11
7/9/2024	Check 1244	22,587.00	-					-	-
7/9/2024	Check 1241	579.79	-					-	-
7/9/2024	UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384	-	4,510.00					-	4,510.00
7/9/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	7,663.68					-	7,663.68
7/9/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	17,657.91					-	17,657.91
7/8/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	30.07					-	30.07
7/8/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,941.94					-	1,941.94
7/8/2024	NOVITAS SOLUTION HCCLAIMPMT 675423 420000179	-	2,645.30					-	2,645.30
7/8/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2	-	1,658.69					-	1,658.69
		95,486.29	179,464.76	11,480.28	3,168.50	-	-	12,430.83	167,033.93

Broadmoor		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
7/12/2024	HNB - ECHO HCCLAIMPMT 746003411 440000233952	-	24,563.74					-	24,563.74
7/12/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,216.92					-	1,216.92
7/12/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	24,873.67					-	24,873.67
7/12/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	6,617.52					-	6,617.52
7/12/2024	NOVITAS SOLUTION HCCLAIMPMT 676357 420000114	-	19,387.88					-	19,387.88
7/12/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2	-	10,267.27					-	10,267.27
7/11/2024	MANAGEANDNET1718 MNS PMNT 000000000004293 41	-	10,527.50					-	10,527.50
7/11/2024	HNB - ECHO HCCLAIMPMT 746003411 440000293487	-	316.00					-	316.00
7/11/2024	HNB - ECHO HCCLAIMPMT 746003411 440000292997	-	127.41					-	127.41
7/11/2024	HNB - ECHO HCCLAIMPMT 746003411 440000293128	-	2,881.49					-	2,881.49
7/10/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	71,715.03	-					-	-
7/10/2024	Deposit	-	1,428.00					-	1,428.00
7/10/2024	MOLINA HEALTHCAR MOLINAACH 01298328 42000013	-	5,375.20	4,245.42	1,129.78			4,584.35	790.85
7/10/2024	HNB - ECHO HCCLAIMPMT 746003411 440000254532	-	7,919.21					-	7,919.21
7/10/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	18,823.28					-	18,823.28
7/10/2024	HUMANA CHA DISB HCCLAIMPMT 52118217 42000014	-	1,780.00					-	1,780.00
7/10/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2	-	11,904.74					-	11,904.74
7/9/2024	Check 278	8,395.32	-					-	-
7/9/2024	Check 279	583.99	-					-	-
7/9/2024	Deposit	-	19,478.20					-	19,478.20
7/9/2024	HNB - ECHO HCCLAIMPMT 746003411 440000214201	-	3,187.88					-	3,187.88
7/9/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	3,346.94					-	3,346.94
7/9/2024	HUMANA INS CO HCCLAIMPMT 51942081 8300005337	-	9,908.32					-	9,908.32
7/9/2024	HUMANA CHA DISB HCCLAIMPMT 52028185 42000011	-	7,735.00					-	7,735.00
7/9/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2	-	24,006.44					-	24,006.44
7/8/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	3,030.00					-	3,030.00
7/8/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	18,690.00					-	18,690.00
7/8/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	789.61					-	789.61
7/8/2024	NOVITAS SOLUTION HCCLAIMPMT 676357 420000178	-	15,020.53					-	15,020.53
7/8/2024	HUMANA INS CO HCCLAIMPMT 51691320 8300005781	-	1,185.00					-	1,185.00
		80,694.34	254,387.75	4,245.42	1,129.78	-	-	4,584.35	249,803.40

Crescent		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
7/12/2024	HNB - ECHO HCCLAIMPMT 746003411 440000233952	-	1,343.00					-	1,343.00
7/12/2024	DEVOTED HEALTH P HCCLAIMPMT 21000028979475	-	900.00					-	900.00
7/12/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	9,189.87					-	9,189.87
7/12/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	373.26					-	373.26
7/12/2024	DEVOTED HEALTH P HCCLAIMPMT 21000020290975	-	35,437.93					-	35,437.93
7/12/2024	DEVOTED HEALTH P HCCLAIMPMT 21000020290973	-	1,800.00					-	1,800.00
7/12/2024	DEVOTED HEALTH P HCCLAIMPMT 21000020290971	-	1,800.00					-	1,800.00
7/12/2024	DEVOTED HEALTH P HCCLAIMPMT 21000020290969	-	8,912.00					-	8,912.00
7/12/2024	DEVOTED HEALTH P HCCLAIMPMT 21000020290967	-	19,505.00					-	19,505.00
7/11/2024	HNB - ECHO HCCLAIMPMT 746003411 440000293487	-	4,924.33					-	4,924.33
7/11/2024	HNB - ECHO HCCLAIMPMT 746003411 440000293128	-	2,009.20					-	2,009.20
7/11/2024	HUMANA CHA DISB HCCLAIMPMT 52205340 42000016	-	7,565.00					-	7,565.00
7/11/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2	-	7,852.25					-	7,852.25
7/10/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	51,959.22	-					-	-
7/10/2024	Deposit	-	9,084.00					-	9,084.00
7/10/2024	MOLINA HEALTHCAR MOLINAACH 01298286 42000013	-	4,011.08	3,165.90	845.18			3,419.45	591.63
7/10/2024	HNB - ECHO HCCLAIMPMT 746003411 440000254532	-	7,233.14					-	7,233.14
7/10/2024	DEVOTED HEALTH P HCCLAIMPMT 21000023720235	-	8,550.00					-	8,550.00
7/10/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	3,507.99					-	3,507.99
7/10/2024	HUMANA CHA DISB HCCLAIMPMT 52121007 42000014	-	4,005.00					-	4,005.00
7/10/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2	-	22,727.56					-	22,727.56
7/10/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2	-	770.41					-	770.41
7/9/2024	Check 348	5,691.60	-					-	-
7/9/2024	Check 347	842.36	-					-	-
7/9/2024	Check 349	6,500.00	-					-	-
7/9/2024	DEVOTED HEALTH P HCCLAIMPMT 21000027870616	-	42,141.00					-	42,141.00
7/9/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	15,928.77					-	15,928.77
7/9/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,368.62					-	1,368.62
7/9/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	19,405.91					-	19,405.91
7/9/2024	NOVITAS SOLUTION HCCLAIMPMT 676323 420000164	-	2,717.19					-	2,717.19
7/8/2024	DEVOTED HEALTH P HCCLAIMPMT 21000021970943	-	4,500.00					-	4,500.00
7/8/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	6,360.00					-	6,360.00
7/8/2024	HUMANA CHA DISB HCCLAIMPMT 51838843 42000014	-	13.00					-	13.00
		64,993.18	253,935.51	3,165.90	845.18	-	-	3,419.45	250,516.06

Fort Bend		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
7/12/2024	HNB - ECHO HCCLAIMPMT 746003411 440000233952	-	1,852.51					-	1,852.51
7/12/2024	HNB - ECHO HCCLAIMPMT 746003411 440000233369	-	4,077.63					-	4,077.63
7/12/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	17,886.57					-	17,886.57
7/12/2024	NOVITAS SOLUTION HCCLAIMPMT 675663 420000114	-	10,701.63					-	10,701.63
7/11/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	780.00					-	780.00
7/10/2024	MOLINA HEALTHCAR MOLINAACH 01297941 42000013	-	4,545.57	3,581.10	964.47			3,870.44	675.13
7/9/2024	Check 251	7,065.29	-					-	-
7/9/2024	Check 250	216.76	-					-	-
7/9/2024	AARP Supplementa HCCLAIMPMT 746003411 124384	-	33.30					-	33.30
		7,282.05	39,877.21	3,581.10	964.47	-	-	3,870.44	36,006.77

Solera at West Houston		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
7/12/2024	HNB - ECHO HCCLAIMPMT 746003411 440000233952	-	5,814.10					-	5,814.10
7/12/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	3,058.22					-	3,058.22
7/12/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	32,480.78					-	32,480.78
7/12/2024	NOVITAS SOLUTION HCCLAIMPMT 676310 420000114	-	3,589.00					-	3,589.00
7/11/2024	MANAGEANDNET1718 MNS PMNT 000000000002482 41	-	1,647.50					-	1,647.50
7/10/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	70,709.95	-					-	-
7/10/2024	Deposit	-	7,094.39					-	7,094.39
7/10/2024	MOLINA HEALTHCAR MOLINAACH 01298246 42000013	-	4,326.82	3,435.78	891.04			3,703.09	623.73
7/10/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	24,691.24					-	24,691.24
7/10/2024	HUMANA INS CO HCCLAIMPMT 52092323 8300005742	-	21,830.00					-	21,830.00
7/10/2024	HUMANA CHA DISB HCCLAIMPMT 52123567 42000014	-	7,945.00					-	7,945.00
7/10/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2	-	8,740.50					-	8,740.50
7/9/2024	Check 1305	6,824.60	-					-	-
7/9/2024	Check 1304	745.93	-					-	-
7/9/2024	Deposit	-	17,984.64					-	17,984.64
7/9/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,820.23					-	2,820.23
7/9/2024	NOVITAS SOLUTION HCCLAIMPMT 676310 420000164	-	19,815.06					-	19,815.06
7/8/2024	MANAGEANDNET1718 MNS PMNT 000000000002482 41	-	6,332.00					-	6,332.00
7/8/2024	HNB - ECHO HCCLAIMPMT 746003411 440000260711	-	3,087.31					-	3,087.31
7/8/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	7,575.00					-	7,575.00
		78,280.48	178,831.79	3,435.78	891.04	-	-	3,703.09	175,128.70
	TOTALS	326,736.34	906,497.02	25,908.48	6,998.97	-	-	28,008.17	878,488.85

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$3,167,844.24	$3,068,811.84	$3,167,844.24	$2,895,117.58
*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	$179,564.76	$206,370.18	$179,564.76	$80,564.70
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$254,487.75	$254,487.75	$254,487.75	$167,560.75
*4411 MEMORIAL MEDICAL / NH CRESCENT	$254,035.51	$276,046.14	$254,035.51	$174,774.45
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$178,931.79	$184,255.27	$178,931.79	$133,989.69
*4446 MEMORIAL MEDICAL / NH FORT BEND	$43,953.99	$43,953.99	$43,953.99	$9,435.65
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$121,585.86	$123,630.86	$121,585.86	$114,651.42
*4551 CAL CO INDIGENT HEALTHCARE	$9,733.32	$9,733.32	$9,733.32	$9,733.32
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$1,958.93	$1,958.93	$1,958.93	$1,958.93
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$11,028.00	$13,685.67	$11,028.00	$300.00
*5506 MMC -NH BETHANY SENIOR LIVING	$67,049.37	$67,049.37	$67,049.37	$63,552.96
*3407 MMC -NH TUSCANY VILLAGE	$189,561.23	$189,561.23	$189,561.23	$119,492.28
*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	**$4,485,852.89**	**$4,445,662.69**	**$4,485,852.89**	**$3,777,249.87**

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
7/15/2024

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		163,742.45	163,642.45	121,485.86		-	121,585.86	121,485.86
						Bank Balance	121,585.86	
						Variance	-	
						Leave in Balance	100.00	

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

Adjust Balance/Transfer Amt 121,485.86

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

Approved: Andrew De Los Santos
Andrew De Los Santos 7/15/2024

APPROVED ON
JUL 15 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
7/12/2024	TSYS/TRANSFIRST CR CD DEP 543684555876917 91	-	4,510 34					-	4,510.34
7/12/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001827	-	2,424.10					-	2,424.10
7/11/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001578	-	2,446.00					-	2,446.00
7/11/2024	LUMINOS HOLDCO L Turner R&B 113114890592217	-	3,889.09					-	3,889.09
7/11/2024	Am Health TX PAYMENT 21531 84307030009226	-	14,000.00					-	14,000.00
7/10/2024	Check 216	3,706.93	-					-	-
7/10/2024	WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	138,001.69	-					-	-
7/10/2024	Deposit	-	77,030.11					-	77,030.11
7/10/2024	TSYS/TRANSFIRST CR CD DEP 543684555876917 91	-	1,794.63					-	1,794.63
7/10/2024	NOVITAS SOLUTION HCCLAIMPMT 676097 420000166	-	2,546.58					-	2,546.58
7/10/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2	-	1,996.68					-	1,996.68
7/9/2024	Check 215	21,393.28	-					-	-
7/9/2024	Check 214	540.55	-					-	-
7/9/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001493	-	475.00					-	475.00
7/9/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001493	-	1,219.00					-	1,219.00
7/9/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2	-	6,869.33					-	6,869.33
7/8/2024	TSYS/TRANSFIRST CR CD DEP 543684555876917 91	-	217.00					-	217.00
7/8/2024	TSYS/TRANSFIRST CR CD DEP 543684555876917 91	-	2,068.00					-	2,068.00
		163,642.45	121,485.86	-	-	-	-	-	121,485.86

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$3,167,844.24	$3,068,811.84	$3,167,844.24	$2,895,117.58
*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	$179,564.76	$206,370.18	$179,564.76	$80,564.70
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$254,487.75	$254,487.75	$254,487.75	$167,560.75
*4411 MEMORIAL MEDICAL / NH CRESCENT	$254,035.51	$276,046.14	$254,035.51	$174,774.45
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$178,931.79	$184,255.27	$178,931.79	$133,989.69
*4446 MEMORIAL MEDICAL / NH FORT BEND	$43,953.99	$43,953.99	$43,953.99	$9,435.65
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$121,585.86	$123,630.86	$121,585.86	$114,651.42
*4551 CAL CO INDIGENT HEALTHCARE	$9,733.32	$9,733.32	$9,733.32	$9,733.32
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$1,958.93	$1,958.93	$1,958.93	$1,958.93
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$11,028.00	$13,685.67	$11,028.00	$300.00
*5506 MMC -NH BETHANY SENIOR LIVING	$67,049.37	$67,049.37	$67,049.37	$63,552.96
*3407 MMC -NH TUSCANY VILLAGE	$189,561.23	$189,561.23	$189,561.23	$119,492.28
*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	**$4,485,852.89**	**$4,445,662.69**	**$4,485,852.89**	**$3,777,249.87**

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
7/15/2024

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		1,857.58	-	101.35		-		1,958.93	no transfer
							Bank Balance	1,958.93	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	1,858.93	

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		41,397.15	41,297.15	10,928.00		-		11,028.00	10,928.00
							Bank Balance	11,028.00	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	10,928.00	

Routing Information for Gulf Pointe Plaza:

TOTAL TRANSFERS	12,786.93

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

Approved: Andrew De Los Santos
Andrew De Los Santos 7/15/2024

APPROVED ON
JUL 15 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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
7/9/2024 HNB - ECHO HCCLAIMPMT 746003411 440000214255	-	101.35					-	101.35
	-	101.35	-	-	-	-	-	101.35

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
7/12/2024 MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	10,728.00					-	10,728.00
7/11/2024 MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	200.00					-	200.00
7/10/2024 WIRE OUT HMG Rockport SNF, LP - Commerical	41,297.15	-					-	-
	41,297.15	10,928.00	-	-	-	-	-	10,928.00
	41,297.15	11,029.35	-	-	-	-	-	11,029.35

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$3,167,844.24	$3,068,811.84	$3,167,844.24	$2,895,117.58
*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	$179,564.76	$206,370.18	$179,564.76	$80,564.70
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$254,487.75	$254,487.75	$254,487.75	$167,560.75
*4411 MEMORIAL MEDICAL / NH CRESCENT	$254,035.51	$276,046.14	$254,035.51	$174,774.45
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$178,931.79	$184,255.27	$178,931.79	$133,989.69
*4446 MEMORIAL MEDICAL / NH FORT BEND	$43,953.99	$43,953.99	$43,953.99	$9,435.65
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$121,585.86	$123,630.86	$121,585.86	$114,651.42
*4551 CAL CO INDIGENT HEALTHCARE	$9,733.32	$9,733.32	$9,733.32	$9,733.32
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$1,958.93	$1,958.93	$1,958.93	$1,958.93
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$11,028.00	$13,685.67	$11,028.00	$300.00
*5506 MMC -NH BETHANY SENIOR LIVING	$67,049.37	$67,049.37	$67,049.37	$63,552.96
*3407 MMC -NH TUSCANY VILLAGE	$189,561.23	$189,561.23	$189,561.23	$119,492.28
*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	**$4,485,852.89**	**$4,445,662.69**	**$4,485,852.89**	**$3,777,249.87**

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
7/15/2024

Nursing Home	Account	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Tuscany Village		68,823.93	68,723.93	189,461.23	-	-	-	189,561.23	181,766.13
							Bank Balance	189,561.23	
							Variance	-	
							Leave in Balance	100.00	
							Molina May	7,695.10	
							Adjust Balance/Transfer Amt	181,766.13	

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

Approved: Andrew De Los Santos
Andrew De Los Santos 7/15/2024

APPROVED ON
JUL 15 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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
7/12/2024	NOVITAS SOLUTION HCCLAIMPMT 676201 420000114	-	70,068.95					-	70,068.95
7/11/2024	HNB - ECHO HCCLAIMPMT 746003411 440000293487	-	179.01					-	179.01
7/10/2024	WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	54,586.63	-					-	-
7/10/2024	Deposit	-	54,737.28					-	54,737.28
7/10/2024	Deposit	-	14,088.00					-	14,088.00
7/10/2024	MOLINA HEALTHCAR MOLINAACH 01298322 42000013	-	8,601.68	6,788.52	1,813.16			7,695.10	906.58
7/10/2024	NOVITAS SOLUTION HCCLAIMPMT 676201 420000166	-	3,003.48					-	3,003.48
7/9/2024	Check 1158	14,137.30	-					-	-
7/9/2024	Deposit	-	16,842.24					-	16,842.24
7/9/2024	Deposit	-	6,500.00					-	6,500.00
7/9/2024	HNB - ECHO HCCLAIMPMT 746003411 440000214201	-	15.16					-	15.16
7/8/2024	HNB - ECHO HCCLAIMPMT 746003411 440000260711	-	91.30					-	91.30
7/8/2024	NOVITAS SOLUTION HCCLAIMPMT 676201 420000178	-	15,334.13					-	15,334.13
		68,723.93	189,461.23	6,788.52	1,813.16	-	-	7,695.10	181,766.13

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$3,167,844.24	$3,068,811.84	$3,167,844.24	$2,895,117.58
*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	$179,564.76	$206,370.18	$179,564.76	$80,564.70
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$254,487.75	$254,487.75	$254,487.75	$167,560.75
*4411 MEMORIAL MEDICAL / NH CRESCENT	$254,035.51	$276,046.14	$254,035.51	$174,774.45
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$178,931.79	$184,255.27	$178,931.79	$133,989.69
*4446 MEMORIAL MEDICAL / NH FORT BEND	$43,953.99	$43,953.99	$43,953.99	$9,435.65
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$121,585.86	$123,630.86	$121,585.86	$114,651.42
*4551 CAL CO INDIGENT HEALTHCARE	$9,733.32	$9,733.32	$9,733.32	$9,733.32
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$1,958.93	$1,958.93	$1,958.93	$1,958.93
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$11,028.00	$13,685.67	$11,028.00	$300.00
*5506 MMC -NH BETHANY SENIOR LIVING	$67,049.37	$67,049.37	$67,049.37	$63,552.96
*3407 MMC -NH TUSCANY VILLAGE	$189,561.23	$189,561.23	$189,561.23	$119,492.28
*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	**$4,485,852.89**	**$4,445,662.69**	**$4,485,852.89**	**$3,777,249.87**

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
7/15/2024

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		83,770.22	83,670.22	66,949.37			-	67,049.37	66,949.37
							Bank Balance	67,049.37	
							Variance	-	
							Leave in Balance	100.00	

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

Adjust Balance/Transfer Amt 66,949.37

Approved: Andrew De Los Santos
Andrew De Los Santos 7/15/2024

APPROVED ON

JUL 15 2024

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Bethany Senior Living		Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
				QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
7/12/2024	HOSPICE OF SOUTH Payments NF 113122650014178	-	3,496.41					-	3,496.41
7/11/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130162	-	647.00					-	647.00
7/10/2024	WIRE OUT PORT LAVACA NH, LLC	25,535.06	-					-	-
7/10/2024	NOVITAS SOLUTION HCCLAIMPMT 676481 420000166	-	2,742.03					-	2,742.03
7/9/2024	Check 1045	20,005.81	-					-	-
7/9/2024	Check 1044	666.51	-					-	-
7/9/2024	Check 1047	19,478.20	-					-	-
7/9/2024	Check 1046	17,984.64	-					-	-
7/9/2024	NDC SWEEP FAC K236 31316966578812 SWEEP FR	-	19,136.85					-	19,136.85
7/9/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130162	-	320.04					-	320.04
7/8/2024	NOVITAS SOLUTION HCCLAIMPMT 676481 420000178	-	38,359.67					-	38,359.67
7/8/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130162	-	2,247.37					-	2,247.37
		83,670.22	66,949.37	-	-	-	-	-	66,949.37

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$3,167,844.24	$3,068,811.84	$3,167,844.24	$2,895,117.58
*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	$179,564.76	$206,370.18	$179,564.76	$80,564.70
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$254,487.75	$254,487.75	$254,487.75	$167,560.75
*4411 MEMORIAL MEDICAL / NH CRESCENT	$254,035.51	$276,046.14	$254,035.51	$174,774.45
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$178,931.79	$184,255.27	$178,931.79	$133,989.69
*4446 MEMORIAL MEDICAL / NH FORT BEND	$43,953.99	$43,953.99	$43,953.99	$9,435.65
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$121,585.86	$123,630.86	$121,585.86	$114,651.42
*4551 CAL CO INDIGENT HEALTHCARE	$9,733.32	$9,733.32	$9,733.32	$9,733.32
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$1,958.93	$1,958.93	$1,958.93	$1,958.93
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$11,028.00	$13,685.67	$11,028.00	$300.00
*5506 MMC -NH BETHANY SENIOR LIVING	$67,049.37	$67,049.37	$67,049.37	$63,552.96
*3407 MMC -NH TUSCANY VILLAGE	$189,561.23	$189,561.23	$189,561.23	$119,492.28
*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	**$4,485,852.89**	**$4,445,662.69**	**$4,485,852.89**	**$3,777,249.87**

Ashford

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAY TO: MMC Operating

Date Requested: 7/15/2024

APPROVED ON
JUL 15 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CHK# 001245

FOR ACCT USE ONLY

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

AMOUNT: $ 12,430.83

G/L NUMBER: 10255040

EXPLANATION: Molina May QIPP - Hospital Portion

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrea DeLos Santos

7/15/2024

Broadmoor ✓

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAY TO: MMC Operating ✓

Date Requested: 7/15/2024 ✓

APPROVED ON
JUL 15 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 000280

FOR ACCT USE ONLY

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

AMOUNT: $ 4,584.35 ✓

G/L NUMBER: 10255040

EXPLANATION: Molina May QIPP - Hospital Portion

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrea Dotson Santos

7/15/2024

Crescent ✓

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAY TO: MMC Operating ✓

Date Requested: 7/15/2024 ✓

APPROVED ON JUL 15 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Unit 000350

FOR ACCT USE ONLY

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

AMOUNT: $ 3,419.45 ✓

G/L NUMBER: 10255040

EXPLANATION: Molina May QIPP - Hospital Portion

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrea De Los Santos ✓

7/15/2024

Fort Bend

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAY TO THE ORDER OF: MMC Operating

Date Requested: 7/15/2024

APPROVED ON
JUL 15 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Check# 000252

FOR ACCT USE ONLY

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

AMOUNT: $ 3,870.44

G/L NUMBER: 10255040

EXPLANATION: Molina May QIPP - Hospital Portion

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrea DeLaRosa

7/15/2024

Solera ✓ ✓

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAY TO: MMC Operating ✓

Date Requested: 7/15/2024 ✓

APPROVED ON
JUL 15 2024
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS
Chk# 001306

FOR ACCT USE ONLY

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

AMOUNT: $ 3,703.09 ✓ ✓

G/L NUMBER: 10255040

EXPLANATION: Molina May QIPP - Hospital Portion

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew Delos Santos ✓

7/15/2024

Tuscany

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAY TO: MMC Operating

Date Requested: 7/15/2024

APPROVED ON JUL 15 2024 BY COUNTY AUDITOR CALHOUN COUNTY TEXAS

CHK# 001160

FOR ACCT USE ONLY

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

AMOUNT: $ 7,695.10

G/L NUMBER: 10255040

EXPLANATION: Molina May QIPP - Hospital Portion

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrea Delos Santos

7/15/2024

QIPP Payment to MMC from Nursing Facilities **Commissioner's Court** **7/17/2024**

NH Name	From Bank Acct #	Ck #	Payee	GL #	Molina May					TOTAL	Date
Ashford	- Prosperity		MMC -Prosperity Operating	10255040	12,430.83					12,430.83	7/17/2024
Broadmoor	Prosperity		MMC -Prosperity Operating	10255040	4,584.35					4,584.35	7/17/2024
Crescent	Prosperity		MMC -Prosperity Operating	10255040	3,419.45					3,419.45	7/17/2024
Fort Bend	Prosperity		MMC -Prosperity Operating	10255040	3,870.44					3,870.44	7/17/2024
Solera	Prosperity		MMC -Prosperity Operating	10255040	3,703.09					3,703.09	7/17/2024
Golden Creek	Prosperity		MMC -Prosperity Operating	10255040						-	7/17/2024
Bethany	- Prosperity		MMC -Prosperity Operating	10255040						-	7/17/2024
Tuscany	Prosperity		MMC -Prosperity Operating	10255040	7,695.10					7,695.10	7/17/2024
				Total:	35,703.26	-	-	-	-	35,703.26	

Note:

Approved:

ANDREW DE LOS SANTOS 7/15/2024

Crescent

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: Tuscany

Date Requested: 7/15/2024

APPROVED ON JUL 15 2024 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

Check 000351

FOR ACCT USE ONLY

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

AMOUNT: $ 8,097.86

G/L NUMBER: 21400007

EXPLANATION: Claim payment - Transfer from Crescent to Tuscany

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: [signature]

7/15/2024

Crescent

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: Tuscany

Date Requested: 7/15/2024

APPROVED ON
JUL 15 2024
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS
Chk# 000351

FOR ACCT USE ONLY

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

AMOUNT: $ 4,500.00

G/L NUMBER: 21400007

EXPLANATION: Claim payment - Transfer from Crescent to Tuscany

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Andrew Dolan/mtc

7/15/2024

Ø

RUN DATE:07/17/24 TIME:11:26 | MEMORIAL MEDICAL CENTER
CHECK REGISTER
07/17/24 THRU 07/17/24 | PAGE 1
GLCKREG

BANK	CODE	NUMBER	DATE	AMOUNT	PAYEE
NHF	*	000252	07/17/24	3,870.44	MMC OPERATING
NHB	*	000280	07/17/24	4,584.35	MMC OPERATING
NHC		000350	07/17/24	3,419.45	MMC OPERATING
NHC		000351	07/17/24	12,597.86	TUSCANY
NHC	*	000352	07/17/24	9,394.00	TUSCANY
TUS	*	001160	07/17/24	7,695.10	MMC OPERATING
NHA	*	001245	07/17/24	12,430.83	MMC OPERATING
NHS	*	001306	07/17/24	3,703.09	MMC OPERATING

Approved on 7.10.24 CC

[redacted]

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

001245

Date 7/17/24

88-2265/1131

PAY
TO THE ORDER OF Memorial Medical Center | $ 12,430.03/100

Twelve thousand, four hundred thirty dollars and 03/100 DOLLARS

PROSPERITY BANK®

county auditor

MP
county treasurer

FOR Molina May QIPP

Security features are included. Details on back.

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

000280

Date 7/17/24

88-2265/1131

PAY
TO THE ORDER OF MMC Operating | $ 4584.35/100

Four thousand, five hundred eighty-four dollars and 35/100 DOLLARS

PROSPERITY BANK®

county auditor

MP
county treasurer

FOR Molina May QIPP

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

000350

Date 7/17/24

88-2265/1131

PAY
TO THE ORDER OF MMC Operating | $ 3419.45/100

Three thousand, four hundred nineteen dollars and 45/100 DOLLARS

PROSPERITY BANK®

county auditor

MP
county treasurer

FOR Molina May QIPP

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

MP
000252

88-2265/1131

Date 7/17/24

PAY
TO THE ORDER OF MMC Operating | $ 3870.44/100

Three thousand, eight hundred seventy dollars 3 44/100 DOLLARS

PROSPERITY BANK®

county auditor

MP
county treasurer

FOR Molina May QIPP

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

MP
001306

Date 7/17/24

88-2265/1131

PAY
TO THE ORDER OF MMC Operating | $ 3703.09/100

Three thousand, seven hundred three dollars 3 09/100 DOLLARS

PROSPERITY BANK®

county auditor

MP
county treasurer

FOR Molina May QIPP

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MEMORIAL MEDICAL CENTER
TUSCANY VILLAGE
815 N VIRGINIA ST
PORT LAVACA, TX 77979

MP
001160

Date 7/17/24

88-2265/1131

PAY
TO THE ORDER OF MMC Operating | $ 7,695.10

Seven thousand, six hundred ninety-five dollars 3 10/100 DOLLARS

PROSPERITY BANK®

county auditor

MP
county treasurer

FOR Molina May QIPP

Security features are included. Details on back.

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MP

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

000351

Date 7/10/24

88-2265/1131

PAY
TO THE
ORDER OF Tuscany

$ 12,597.86/100

Twelve thousand, five hundred ninety-seven dollars 3 86/100 DOLLARS

PROSPERITY BANK®

County auditor

MP

County treasurer

Security features are included. Details on back.

FOR claim payments