MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---July 24, 2024

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	234,423.57 ✓
TOTAL TRANSFERS BETWEEN FUNDS	$	186,501.97 ✓
TOTAL NURSING HOME UPL EXPENSES	$	798,247.82 ✓
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED July 24, 2024	$	1,219,173.36 ✓

APPROVED

JUL 24 2024

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---July 24, 2024

PAYABLES AND PAYROLL			
7/18/2024	Weekly Payables	153,057.42	
7/18/2024	Patient Refund	820.84	
7/22/2024	McKesson-340B Prescription Expense	34,373.02	
7/22/2024	Amerisource Bergen-340B Prescription Expense	359.66	
7/22/2024	Citibank Credit Card	2,439.96	
7/22/2024	Payroll Liabilities-Payroll Taxes	315.56	
7/22/2024	Payroll	1,073.13	
	Prosperity Electronic Bank Payments		
7/22/2024	90 Degree Benefits - employee insurance claims	41,014.09	
7/22/2024	Pay Plus-Patient Claims Processing Fee	684.07	
7/22/2024	Credit Card Lease Fee	285.82	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 234,423.57**
TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES			
7/18/2024	MMC Operating to Broadmoor-Correction of insurance payment deposited into MMC Operating in error	605.34	
7/18/2024	MMC Operating to The Crescent-Correction of Insurance payment deposited into MMC Operating in error	14,217.51	
7/18/2024	MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error	53,135.27	
7/18/2024	MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error	3,300.00	
7/18/2024	MMC Operating to Bethany-Correction insurance payment deposited into MMC Operating in error	115,243.85	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 186,501.97**
NURSING HOME UPL EXPENSES			
7/22/2024	Nursing Home UPL-Cantex Transfer	647,317.10	
7/22/2024	Nursing Home UPL-Nexion Transfer	48,177.21	
7/22/2024	Nursing Home UPL-Tuscany Transfer	56,026.02	
7/22/2024	Nursing Home UPL-HSL Transfer	29,034.96	
QIPP CHECKS TO MMC			
7/22/2024	Ashford - Wellpoint May QIPP hospital portion	4,116.39	
7/22/2024	Broadmoor -Wellpoint May QIPP hospital portion	1,466.56	
7/22/2024	Crescent - Wellpoint May QIPP hospital portion	1,097.42	
7/22/2024	Fort Bend - Wellpoint May QIPP hospital portion	1,252.16	
7/22/2024	Solera - Wellpoint May QIPP hospital portion	1,155.83	
7/22/2024	Golden Creek - Superior May QIPP hospital portion	3,329.22	
7/22/2024	Bethany-Superior May QIPP hospital portion	3,593.90	
7/22/2024	Tuscany - Wellpoint May QIPP hospital portion	1,681.05	
TOTAL NURSING HOME UPL EXPENSES			**$ 798,247.82**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED July 24, 2024			**$ 1,219,173.36**

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
9151506445	OXYGEN	07/10/202	07/07/202	08/04/202			266.68	0.00	0.00	266.68

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	266.68	0.00	0.00	266.68

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
1YNJFGVH1RRV	SUPPLIES	07/17/202	07/10/202	08/09/202			15.63	0.00	0.00	15.63

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES	15.63	0.00	0.00	15.63

Vendor#	Vendor Name	Class	Pay Code
13244	ASD HEALTHCARE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3169183986A		06/30/202	03/25/202	06/23/202			1,138.70	0.00	0.00	1,138.70
804774582	INTEREST CHARGES	07/01/202	07/05/202	08/04/202			6.16	0.00	0.00	6.16

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13244	ASD HEALTHCARE	1,144.86	0.00	0.00	1,144.86

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
5490913		07/01/202	07/01/202	07/26/202			5,016.58	0.00	0.00	5,016.58

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	5,016.58	0.00	0.00	5,016.58

Vendor#	Vendor Name	Class	Pay Code
15540	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
TILBIL0002		07/18/202	07/05/202	07/05/202			240.00	0.00	0.00	240.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15540	[redacted]	240.00	0.00	0.00	240.00

Vendor#	Vendor Name	Class	Pay Code
13892	BLUE CROSS BLUE SHIELD REFUND		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
PENJOI0001	PATIENT REFUND	07/18/202	06/12/202	07/01/202			345.91	0.00	0.00	345.91
PENJOI0001A	PATIENT REFUND	07/18/202	06/12/202	07/01/202			71.52	0.00	0.00	71.52
ACOKEN0002	PATIENT REFUN	07/18/202	06/12/202	07/01/202			75.50	0.00	0.00	75.50
DOMDIN0001	PATIENT REFUND	07/18/202	06/12/202	07/01/202			91.52	0.00	0.00	91.52
LLARUD0001	PATIENT REFUND	07/18/202	06/12/202	07/01/202			86.52	0.00	0.00	86.52
LLARUD0001A	PATIENT REFUND	07/18/202	06/12/202	07/01/202			86.52	0.00	0.00	86.52

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13892	BLUE CROSS BLUE SHIELD REFUND	757.49	0.00	0.00	757.49

Vendor#	Vendor Name	Class	Pay Code
14120	CALHOUN COUNTY EMS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
202406	JUNE TRANSFERS	06/30/202	07/01/202	07/20/202			3,520.00	0.00	0.00	3,520.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14120	CALHOUN COUNTY EMS	3,520.00	0.00	0.00	3,520.00

Vendor#	Vendor Name	Class	Pay Code
C1992	CDW GOVERNMENT, INC.	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
SC46345		06/30/202	06/29/202	07/29/202			0.02	0.00	0.00	0.02

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.	0.02	0.00	0.00	0.02

Vendor#	Vendor Name	Class	Pay Code
10212	CLINICAL PATHOLOGY LABS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
176562024060		06/30/202	06/30/202	08/01/202			21,217.42	0.00	0.00	21,217.42

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10212	CLINICAL PATHOLOGY LABS	21,217.42	0.00	0.00	21,217.42

Vendor#	Vendor Name	Class	Pay Code
13336	COCA COLA SOUTHWEST BEVERAGES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
42145764006	BEVERAGES	07/15/202	07/05/202	08/04/202			548.28	0.00	0.00	548.28

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13336	COCA COLA SOUTHWEST BEVERAGES	548.28	0.00	0.00	548.28

Vendor#	Vendor Name	Class	Pay Code
14608	COTIVITI		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
STIDES0001		07/18/202	07/03/202	07/03/202			75.89	0.00	0.00	75.89

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14608	COTIVITI	75.89	0.00	0.00	75.89

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
760829	SUPPLIES	07/17/202	07/09/202	08/03/202			190.10	0.00	0.00	190.10

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	190.10	0.00	0.00	190.10

Vendor#	Vendor Name	Class	Pay Code
10175	DSHS CENTRAL LAB MC2004		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CN0426062024	LAB SERV	07/01/202	07/01/202	07/26/202			343.15	0.00	0.00	343.15

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10175	DSHS CENTRAL LAB MC2004	343.15	0.00	0.00	343.15

Vendor#	Vendor Name	Class	Pay Code
15240	ECLINICAL WORKS LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0002987441A	MESSENGER SERVICE MAY 2024	06/30/202	07/01/202	07/31/202			484.10	0.00	0.00	484.10

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	15240	ECLINICAL WORKS LLC					484.10	0.00	0.00	484.10
Vendor#	Vendor Name				Class	Pay Code				
15532	[redacted]									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	PALELI0002		07/18/202	07/12/202	07/12/202		155.00	0.00	0.00	155.00
		REFUND								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	15532	[redacted]					155.00	0.00	0.00	155.00
Vendor#	Vendor Name				Class	Pay Code				
14708	EQUALIZE RCM SERVICES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	536589		07/10/202	07/01/202	08/03/202		7,642.08	0.00	0.00	7,642.08
		JULY FEES								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14708	EQUALIZE RCM SERVICES					7,642.08	0.00	0.00	7,642.08
Vendor#	Vendor Name				Class	Pay Code				
11944	EQUIFAX WORKFORCE SOLUTIONS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	2061090796		07/01/202	07/08/202	08/07/202		21.98	0.00	0.00	21.98
		EMPLOYEE VERIF								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11944	EQUIFAX WORKFORCE SOLUTIONS					21.98	0.00	0.00	21.98
Vendor#	Vendor Name				Class	Pay Code				
T0383	ERIN CLEVENGER				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	071124		07/18/202	07/11/202	07/11/202		281.84	0.00	0.00	281.84
		TRAVEL EXPENSES								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	T0383	ERIN CLEVENGER					281.84	0.00	0.00	281.84
Vendor#	Vendor Name				Class	Pay Code				
S0501	EVOQUA WATER TECHNOLOGIES LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	906539890		07/15/202	07/01/202	07/26/202		2,956.19	0.00	0.00	2,956.19
	906539889		07/15/202	07/01/202	07/26/202		3,087.96	0.00	0.00	3,087.96
	906547198		07/15/202	07/03/202	07/28/202		247.50	0.00	0.00	247.50
	906547199		07/15/202	07/03/202	07/30/202		746.68	0.00	0.00	746.68
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	S0501	EVOQUA WATER TECHNOLOGIES LLC					7,038.33	0.00	0.00	7,038.33
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
	07B24MMC		07/15/202	07/08/202	07/23/202		125.00	0.00	0.00	125.00
		SECURITY CERTIFICATE RENEW								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10689	FASTHEALTH CORPORATION					125.00	0.00	0.00	125.00
Vendor#	Vendor Name				Class	Pay Code				
13568	FEDEX FREIGHT									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	852220661		07/18/202	06/06/202	06/30/202		130.36	0.00	0.00	130.36
		FREIGHT								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net

	13568	FEDEX FREIGHT					130.36	0.00	0.00	130.36
Vendor#	Vendor Name				Class	Pay Code				
10003	FILTER TECHNOLOGY CO, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	122142		07/12/202	07/05/202	08/02/202			3,264.62	0.00	0.00	3,264.62
	122278		07/12/202	07/05/202	08/04/202			2,004.02	0.00	0.00	2,004.02
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10003	FILTER TECHNOLOGY CO, INC					5,268.64	0.00	0.00	5,268.64
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
	3468926		06/28/202	06/28/202	07/28/202			60.59	0.00	0.00	60.59
	3357981		06/30/202	06/25/202	07/25/202			2,923.00	0.00	0.00	2,923.00
	2468925		06/30/202	06/28/202	07/28/202			23.30	0.00	0.00	23.30
	3532444		07/01/202	07/02/202	08/01/202			761.13	0.00	0.00	761.13
	3532443		07/18/202	07/02/202	07/27/202			670.08	0.00	0.00	670.08
		SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		F1400	FISHER HEALTHCARE					4,438.10	0.00	0.00	4,438.10
Vendor#	Vendor Name				Class	Pay Code				
11183	FRONTIER									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	070224		07/15/202	07/02/202	07/26/202			2,626.39	0.00	0.00	2,626.39
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11183	FRONTIER					2,626.39	0.00	0.00	2,626.39
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	08/09/202			5,230.31	0.00	0.00	5,230.31
		LTD									
	860002436341		07/01/202	06/20/202	08/09/202			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
Vendor#	Vendor Name				Class	Pay Code				
12404	GE PRECISION HEALTHCARE, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	6002703764		07/15/202	06/25/202	07/25/202			216.10	0.00	0.00	216.10
		JULY SERVICE DATE									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		12404	GE PRECISION HEALTHCARE, LLC					216.10	0.00	0.00	216.10
Vendor#	Vendor Name				Class	Pay Code				
15536	[redacted]									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	SALGLO0001		07/18/202	07/05/202	07/05/202			295.42	0.00	0.00	295.42
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		15536	[redacted]					295.42	0.00	0.00	295.42
Vendor#	Vendor Name				Class	Pay Code				

12948 GREAT AMERICA FINANCIAL SVCS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
36916571		06/30/202	07/02/202	07/31/202			10,430.19	0.00	0.00	10,430.19

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12948	GREAT AMERICA FINANCIAL SVCS	10,430.19	0.00	0.00	10,430.19

Vendor# G1210 Vendor Name: GULF COAST PAPER COMPANY Class: M Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2550839		07/17/202	07/09/202	08/08/202			899.89	0.00	0.00	899.89
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	899.89	0.00	0.00	899.89

Vendor# 10804 Vendor Name: HEALTHCARE CODING & CONSULTING Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
15231		06/30/202	06/30/202	07/30/202			355.00	0.00	0.00	355.00
	June 2024									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10804	HEALTHCARE CODING & CONSULTING	355.00	0.00	0.00	355.00

Vendor# 12868 Vendor Name: HOLT CAT Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
EZ25554		06/30/202	07/10/202	07/25/202			559.50	0.00	0.00	559.50
EZ25553		06/30/202	07/10/202	07/25/202			559.50	0.00	0.00	559.50
	QUARTERLY INSPECT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12868	HOLT CAT	1,119.00	0.00	0.00	1,119.00

Vendor# 10530 Vendor Name: HUMANA Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
PARARI0001		07/18/202	06/21/202	07/03/202			117.60	0.00	0.00	117.60
GARLIN0001		07/18/202	07/03/202	07/03/202			117.60	0.00	0.00	117.60

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10530	HUMANA	235.20	0.00	0.00	235.20

Vendor# 12656 Vendor Name: KNOWBE4, INC Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV328182		07/15/202	05/31/202	06/30/202			6,210.00	0.00	0.00	6,210.00
	DIAMOND TRAINING 062124-0620									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12656	KNOWBE4, INC	6,210.00	0.00	0.00	6,210.00

Vendor# L0700 Vendor Name: LABCORP OF AMERICA HOLDINGS Class: M Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
80437017		07/01/202	07/01/202	07/26/202			26.29	0.00	0.00	26.29

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	L0700	LABCORP OF AMERICA HOLDINGS	26.29	0.00	0.00	26.29

Vendor# 11600 Vendor Name: LEGAL SHIELD Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
071524		07/17/202	07/15/202	07/30/202			558.55	0.00	0.00	558.55

INSURANCE

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11600	LEGAL SHIELD	558.55	0.00	0.00	558.55

Vendor#	Vendor Name	Class	Pay Code
L1640	LOWE'S BUSINESS ACCT/SYNCB	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
070224		06/30/202	07/02/202	07/28/202			471.08	0.00	0.00	471.08
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	L1640	LOWE'S BUSINESS ACCT/SYNCB	471.08	0.00	0.00	471.08

Vendor#	Vendor Name	Class	Pay Code
10972	M G TRUST		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
071124		07/11/202	06/30/202				895.00	0.00	0.00	895.00
	INUSRANCE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10972	M G TRUST	895.00	0.00	0.00	895.00

Vendor#	Vendor Name	Class	Pay Code
15200	MANAGED CARE PARTNERS INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6465		07/16/202	08/01/202	08/01/202			500.00	0.00	0.00	500.00
	AUG 2024 PR FEES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15200	MANAGED CARE PARTNERS INC.	500.00	0.00	0.00	500.00

Vendor#	Vendor Name	Class	Pay Code
11612	MEDICAL AIR SERVICES ASSOC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1855332		07/15/202	06/25/202	07/25/202			1,814.00	0.00	0.00	1,814.00
	JULY SERVICES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11612	MEDICAL AIR SERVICES ASSOC.	1,814.00	0.00	0.00	1,814.00

Vendor#	Vendor Name	Class	Pay Code
10613	MEDIMPACT HEALTHCARE SYS, INC.	A/P	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
070924		07/16/202	07/09/202	07/09/202			9.97	0.00	0.00	9.97

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10613	MEDIMPACT HEALTHCARE SYS, INC.	9.97	0.00	0.00	9.97

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
2326281980		07/01/202	07/11/202	08/05/202			61.77	0.00	0.00	61.77
2326281975		07/01/202	07/11/202	08/05/202			671.60	0.00	0.00	671.60
	SUPPLIES									
2326281978		07/01/202	07/11/202	08/05/202			4,018.17	0.00	0.00	4,018.17
2325971277		07/11/202	07/10/202	08/04/202			26.25	0.00	0.00	26.25
	SUPPLIES									
2325971278		07/11/202	07/10/202	08/04/202			557.21	0.00	0.00	557.21
	SUPPLIES									
2325971275		07/11/202	07/10/202	08/04/202			5.62	0.00	0.00	5.62
	SUPPLIES									
2325971274		07/11/202	07/10/202	08/04/202			1,832.41	0.00	0.00	1,832.41
	SUPPLIES									
2325613976		07/11/202	07/10/202	08/04/202			12.43	0.00	0.00	12.43

	SUPPLIES							
2325971276		07/11/202	07/10/202	08/04/202	5.62	0.00	0.00	5.62
	SUPPLIES							
2326281979		07/17/202	07/11/202	08/05/202	5,283.52	0.00	0.00	5,283.52
CM2326506144A		07/18/202	06/25/202	07/20/202	-161.40	0.00	0.00	-161.40
2326506145A		07/18/202	06/25/202	07/20/202	-78.92	0.00	0.00	-78.92

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	12,234.28	0.00	0.00	12,234.28

Vendor# 10963 — Vendor Name: MEMORIAL MEDICAL CLINIC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
071124	PAYROLL DED	07/11/202	07/11/202	07/11/202			175.00	0.00	0.00	175.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10963	MEMORIAL MEDICAL CLINIC	175.00	0.00	0.00	175.00

Vendor# G0333 — Vendor Name: MICHAEL GAINES — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
070224		07/18/202	07/06/202	07/06/202			1,500.00	0.00	0.00	1,500.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	G0333	MICHAEL GAINES	1,500.00	0.00	0.00	1,500.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2203166		07/15/202	07/11/202	07/21/202			2.20	0.00	0.00	2.20
2200339		07/15/202	07/11/202	07/21/202			2,365.02	0.00	0.00	2,365.02
	SUPPLIES									
2201811		07/15/202	07/11/202	07/21/202			340.36	0.00	0.00	340.36
	SUPPLIES									
2200952		07/15/202	07/11/202	07/21/202			27.88	0.00	0.00	27.88
	SUPPLIES									
CM37602		07/15/202	07/11/202	07/21/202			-359.20	0.00	0.00	-359.20
2203167		07/15/202	07/11/202	07/25/202			466.60	0.00	0.00	466.60
2195744		07/16/202	07/10/202	07/20/202			54.50	0.00	0.00	54.50
	SUPPLIES									
2198224		07/16/202	07/10/202	07/20/202			479.49	0.00	0.00	479.49
2212391		07/16/202	07/14/202	07/24/202			17.18	0.00	0.00	17.18
	SUPPLIES									
2210680		07/16/202	07/14/202	07/24/202			398.92	0.00	0.00	398.92
	SUPPLIES									
2210679		07/16/202	07/14/202	07/25/202			12.65	0.00	0.00	12.65
	SUPPLIES									
2212392		07/16/202	07/15/202	07/25/202			3,394.70	0.00	0.00	3,394.70
	SUPPLIES									
2214649		07/16/202	07/15/202	07/25/202			410.17	0.00	0.00	410.17
	SUPPLIES									
2212395		07/16/202	07/15/202	07/25/202			108.71	0.00	0.00	108.71
	SUPPLIES									

2212387		07/16/202	07/15/202	07/25/202	617.37	0.00	0.00	617.37
SUPPLIES								
2212388		07/16/202	07/15/202	07/25/202	769.72	0.00	0.00	769.72
SUPPLIES								
2214650		07/16/202	07/15/202	07/25/202	11.36	0.00	0.00	11.36
SUPPLIES								
2212396		07/16/202	07/15/202	07/25/202	6.23	0.00	0.00	6.23
SUPPLIES								
2212394		07/16/202	07/15/202	07/25/202	68.90	0.00	0.00	68.90
SUPPLIES								
2212389		07/16/202	07/15/202	07/25/202	23.33	0.00	0.00	23.33
SUPPLIES								
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC			9,216.09	0.00	0.00	9,216.09

Vendor#	Vendor Name	Class	Pay Code
13548	NACOGDOCHES TRANSCRIPTION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8432		06/30/202	07/10/202	07/20/202			67.48	0.00	0.00	67.48
6/22/24-7/5/24 SERVICES										
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	13548	NACOGDOCHES TRANSCRIPTION					67.48	0.00	0.00	67.48

Vendor#	Vendor Name	Class	Pay Code
15528	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
SALNIC0002		07/18/202	06/24/202	07/01/202			114.43	0.00	0.00	114.43
PATIENT REFUND										
SALNIC0002A		07/18/202	06/24/202	07/01/202			75.01	0.00	0.00	75.01
PATIENT REFUND										
SALNIC0002B		07/18/202	06/24/202	07/01/202			75.01	0.00	0.00	75.01
PATIENT REFUND										
SALNICO0002		07/18/202	06/24/202	07/24/202			108.77	0.00	0.00	108.77
PATIENT REFUN										
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	15528	[redacted]					373.22	0.00	0.00	373.22

Vendor#	Vendor Name	Class	Pay Code
11472	OCCUPRO LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
36218		07/10/202	07/07/202	08/06/202			486.68	0.00	0.00	486.68
MONTHLY LISCENSE- JULY										
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11472	OCCUPRO LLC					486.68	0.00	0.00	486.68

Vendor#	Vendor Name	Class	Pay Code
11155	PARAREV		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
917484		07/15/202	07/01/202	07/31/202			3,084.00	0.00	0.00	3,084.00
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11155	PARAREV					3,084.00	0.00	0.00	3,084.00

Vendor#	Vendor Name	Class	Pay Code
10372	PRECISION DYNAMICS CORP (PDC)		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9356558363		06/30/202	06/25/202	07/25/202			340.60	0.00	0.00	340.60
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10372	PRECISION DYNAMICS CORP (PDC)					340.60	0.00	0.00	340.60

Vendor#	Vendor Name	Class	Pay Code

12480 PRO ENERGY PARTNERS LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
24060600		06/30/202	07/11/202	07/26/202			1,939.31	0.00	0.00	1,939.31
	NATURAL GAS									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12480	PRO ENERGY PARTNERS LLC	1,939.31	0.00	0.00	1,939.31

Vendor# 11024 Vendor Name: REED, CLAYMON, MEEKER & HARGET Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
31684		07/15/202	07/10/202				490.00	0.00	0.00	490.00
	LEGAL SERVICES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11024	REED, CLAYMON, MEEKER & HARGET	490.00	0.00	0.00	490.00

Vendor# C1010 Vendor Name: SPARKLIGHT Class: W Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
070624		07/18/202	07/06/202	07/07/202			134.82	0.00	0.00	134.82

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1010	SPARKLIGHT	134.82	0.00	0.00	134.82

Vendor# S2694 Vendor Name: STANFORD VACUUM SERVICE Class: M Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
255754		07/15/202	07/10/202	07/10/202			550.00	0.00	0.00	550.00
	GREASE TRAP									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S2694	STANFORD VACUUM SERVICE	550.00	0.00	0.00	550.00

Vendor# 15544 Vendor Name: [redacted] Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MARSTE0001A		07/18/202	06/25/202	07/03/202			220.00	0.00	0.00	220.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15544	[redacted]	220.00	0.00	0.00	220.00

Vendor# S3960 Vendor Name: STERICYCLE, INC Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8007500115		07/15/202	06/18/202	07/18/202			3,077.93	0.00	0.00	3,077.93
	WASTE DISPOSAL									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S3960	STERICYCLE, INC	3,077.93	0.00	0.00	3,077.93

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
2821312		07/17/202	07/03/202	08/02/202			337.00	0.00	0.00	337.00
12577587		07/17/202	07/10/202	08/09/202			253.36	0.00	0.00	253.36
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S3940	STERIS CORPORATION	590.36	0.00	0.00	590.36

Vendor# 14856 Vendor Name: TEXAS A&M HEALTH SCIENCE CENTE Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
H183212		07/16/202	07/12/202				2,625.00	0.00	0.00	2,625.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net

	14856	TEXAS A&M HEALTH SCIENCE CENTE					2,625.00	0.00	0.00	2,625.00
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
	INV1796984394		07/15/202	07/05/202	08/04/202		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				
11067	TRIZETTO PROVIDER SOLUTIONS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	35FK072400		07/15/202	07/01/202	07/26/202		1,587.97	0.00	0.00	1,587.97
		PT STATEMENTS								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		11067	TRIZETTO PROVIDER SOLUTIONS				1,587.97	0.00	0.00	1,587.97
Vendor#	Vendor Name				Class	Pay Code				
U1064	UNIFIRST HOLDINGS INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	2921037323		07/01/202	07/01/202	07/26/202		102.07	0.00	0.00	102.07
		LAUNDRY								
	2921037322		07/01/202	07/01/202	07/26/202		3,003.04	0.00	0.00	3,003.04
		LAUNDRY								
	2921036481		07/10/202	07/04/202	08/03/202		318.12	0.00	0.00	318.12
		LAUNDRY								
	2921036479		07/10/202	07/04/202	08/03/202		2,586.71	0.00	0.00	2,586.71
		LAUNDRY								
	2921036484		07/10/202	07/04/202	08/03/202		113.81	0.00	0.00	113.81
		LAUNDRY								
	2921036477		07/10/202	07/04/202	08/03/202		133.29	0.00	0.00	133.29
		LAUNDRY								
	2921036483		07/10/202	07/04/202	08/03/202		224.22	0.00	0.00	224.22
		LAUNDRY								
	2921036482		07/10/202	07/04/202	08/03/202		282.90	0.00	0.00	282.90
		LAUNDRY								
	2921037098		07/15/202	07/11/202	08/05/202		234.50	0.00	0.00	234.50
	2921036736A		07/18/202	06/25/202	07/20/202		103.60	0.00	0.00	103.60
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		U1064	UNIFIRST HOLDINGS INC				7,102.26	0.00	0.00	7,102.26
Vendor#	Vendor Name				Class	Pay Code				
12400	UPDOX LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	INV00491063A		07/15/202	03/31/202	04/30/202		1,488.14	0.00	0.00	1,488.14
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		12400	UPDOX LLC				1,488.14	0.00	0.00	1,488.14
Vendor#	Vendor Name				Class	Pay Code				
12208	WAGEWORKS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	INV6699763		07/15/202	06/25/202	07/25/202		554.00	0.00	0.00	554.00
		MONTHLY COMPLIANCE/FSA June 2024								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		12208	WAGEWORKS				554.00	0.00	0.00	554.00
Vendor#	Vendor Name				Class	Pay Code				
I1110	WERFEN USA LLC									

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9310053360		07/01/202	07/08/202	08/09/202			-790.65	0.00	0.00	-790.65
	SUPPLIES CREDIT									
9310053284		07/01/202	07/08/202	08/09/202			-1,210.80	0.00	0.00	-1,210.80
	SUPPLIES CREDIT									
9111556490		07/17/202	07/15/202	08/09/202			7,710.00	0.00	0.00	7,710.00
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	5,708.55	0.00	0.00	5,708.55

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	153,057.42	0.00	0.00	153,057.42

APPROVED ON

JUL 18 2024

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Chk# 204870-
204934

Ø

RUN DATE:07/22/24 MEMORIAL MEDICAL CENTER PAGE 1
TIME:13:42 CHECK REGISTER GLCKREG
07/24/24 THRU 07/24/24

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	204870	07/24/24	266.68	AIRGAS USA, LLC - CENTRAL DIV
A/P	204871	07/24/24	15.63	AMAZON CAPITAL SERVICES
A/P	204872	07/24/24	1,144.86	ASD HEALTHCARE
A/P	204873	07/24/24	5,016.58	BECKMAN COULTER INC
A/P	204874	07/24/24	240.00	[redacted]
A/P	204875	07/24/24	757.49	BLUE CROSS BLUE SHIELD REFUND
A/P	204876	07/24/24	3,520.00	CALHOUN COUNTY EMS
A/P	204877	07/24/24	.02	CDW GOVERNMENT, INC.
A/P	204878	07/24/24	21,217.42	CLINICAL PATHOLOGY LABS
A/P	204879	07/24/24	548.28	COCA COLA SOUTHWEST BEVERAGES
A/P	204880	07/24/24	75.89	COTIVITI
A/P	204881	07/24/24	190.10	DEWITT POTH & SON
A/P	204882	07/24/24	343.15	DSHS CENTRAL LAB MC2004
A/P	204883	07/24/24	484.10	ECLINICAL WORKS LLC
A/P	204884	07/24/24	155.00	[redacted]
A/P	204885	07/24/24	7,642.08	EQUALIZE RCM SERVICES
A/P	204886	07/24/24	21.98	EQUIFAX WORKFORCE SOLUTIONS
A/P	204887	07/24/24	281.84	ERIN CLEVENGER
A/P	204888	07/24/24	7,038.33	EVOQUA WATER TECHNOLOGIES LLC
A/P	204889	07/24/24	125.00	FASTHEALTH CORPORATION
A/P	204890	07/24/24	130.36	FEDEX FREIGHT
A/P	204891	07/24/24	5,268.64	FILTER TECHNOLOGY CO, INC
A/P	204892	07/24/24	4,438.10	FISHER HEALTHCARE
A/P	204893	07/24/24	2,626.39	FRONTIER
A/P	204894	07/24/24	10,460.62	GBS ADMINISTRATORS, INC
A/P	204895	07/24/24	216.10	GE PRECISION HEALTHCARE, LLC
A/P	204896	07/24/24	295.42	[redacted]
A/P	204897	07/24/24	10,430.19	GREAT AMERICA FINANCIAL SVCS
A/P	204898	07/24/24	899.89	GULF COAST PAPER COMPANY
A/P	204899	07/24/24	355.00	HEALTHCARE CODING & CONSULTING
A/P	204900	07/24/24	1,119.00	HOLT CAT
A/P	204901	07/24/24	235.20	HUMANA
A/P	204902	07/24/24	6,210.00	KNOWBE4, INC
A/P	204903	07/24/24	26.29	LABCORP OF AMERICA HOLDINGS
A/P	204904	07/24/24	558.55	LEGAL SHIELD
A/P	204905	07/24/24	471.08	LOWE'S BUSINESS ACCT/SYNCB
A/P	204906	07/24/24	895.00	M G TRUST
A/P	204907	07/24/24	500.00	MANAGED CARE PARTNERS INC.
A/P	204908	07/24/24	1,814.00	MEDICAL AIR SERVICES ASSOC.
A/P	204909	07/24/24	9.97	MEDIMPACT HEALTHCARE SYS, INC.
A/P	204910	07/24/24	.00	VOIDED
A/P	204911	07/24/24	12,234.28	MEDLINE INDUSTRIES INC
A/P	204912	07/24/24	175.00	MEMORIAL MEDICAL CLINIC
A/P	204913	07/24/24	1,500.00	MICHAEL GAINES
A/P	204914	07/24/24	.00	VOIDED
A/P	204915	07/24/24	9,216.09	MORRIS & DICKSON CO, LLC
A/P	204916	07/24/24	67.48	NACOGDOCHES TRANSCRIPTION
A/P	204917	07/24/24	373.22	[redacted]
A/P	204918	07/24/24	486.68	OCCUPRO LLC
A/P	204919	07/24/24	3,084.00	PARAREV

BANK--CHECK	NUMBER	DATE	AMOUNT	PAYEE
A/P	204920	07/24/24	340.60	PRECISION DYNAMICS CORP (PDC)
A/P	204921	07/24/24	1,939.31	PRO ENERGY PARTNERS LLC
A/P	204922	07/24/24	490.00	REED, CLAYMON, MEEKER & HARGET
A/P	204923	07/24/24	134.82	SPARKLIGHT
A/P	204924	07/24/24	550.00	STANFORD VACUUM SERVICE
A/P	204925	07/24/24	220.00	[redacted]
A/P	204926	07/24/24	3,077.93	STERICYCLE, INC
A/P	204927	07/24/24	590.36	STERIS CORPORATION
A/P	204928	07/24/24	2,625.00	TEXAS A&M HEALTH SCIENCE CENTE
A/P	204929	07/24/24	3,467.50	TRIAGE, LLC
A/P	204930	07/24/24	1,587.97	TRIZETTO PROVIDER SOLUTIONS
A/P	204931	07/24/24	7,102.26	UNIFIRST HOLDINGS INC
A/P	204932	07/24/24	1,488.14	UPDOX LLC
A/P	204933	07/24/24	554.00	WAGEWORKS
A/P *	204934	07/24/24	5,708.55	WERFEN USA LLC
A/P	204938	07/24/24	.00	BETHANY SENIOR LIVING
A/P	204939	07/24/24	.00	BROADMOOR AT CREEKSIDE PARK
A/P	204940	07/24/24	115,243.85	BETHANY SENIOR LIVING
A/P	204941	07/24/24	605.34	BROADMOOR AT CREEKSIDE
A/P	204942	07/24/24	53,135.27	GOLDENCREEK HEALTHCARE
A/P	204943	07/24/24	14,217.51	THE CRESCENT
A/P	204944	07/24/24	3,300.00	TUSCANY VILLAGE
A/P	204945	07/24/24	453.80	[redacted]
A/P	204946	07/24/24	20.00	
A/P	204947	07/24/24	30.00	
A/P	204948	07/24/24	37.04	
A/P	204949	07/24/24	250.00	
A/P	204950	07/24/24	30.00	
TOTALS:			340,380.23	

APPROVED ON
JUL 24 2024
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

153,057.42 + Payables
820.84 + Pat. refunds
186,501.97 + NH xfers
340,380.23 ◊

RUN DATE: 07/18/24
TIME: 13:45

RECEIVED BY THE COUNTY AUDITOR ON
JUL 18 2024
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PATIENT NUMBER		PAYEE NAME		DATE	PAY AMOUNT	PAT CODE TYPE	DESCRIPTION	GL NUM
1588898	01	[redacted]		071824	250.00	3	REFUND FOR [redacted]	
1591267	01	[redacted]		071824	453.80	2	REFUND FOR	
			TX 77979					
1600476	01	[redacted]		071824	37.04	2	REFUND FOR	
			TX 77950					
1600680	01	[redacted]		071824	30.00	2	REFUND FOR	
			TX 77979					
1602010	01	[redacted]		071824	20.00	2	REFUND FOR	
			TX 77979					
1603303	01	[redacted]		071824	30.00	2	REFUND FOR	
			TX 77983					
		ARID=0001 TOTAL			820.84			
TOTAL					820.84			

APPROVED ON
JUL 18 2024
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Chk# 204945-
204950

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: 07/19/2024 Page: 002

DC: 8115
Customer INV SupplD:
Territory:

Customer: 632536
Date: 07/20/2024

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

As of: 07/19/2024 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 07/20/2024 **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: 35,074.58 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 07/23/2024, Pay This Amount: 34,373.02 USD

If Paid After 07/23/2024, Pay this Amount: 35,074.58 USD

Due If Paid On Time:
USD 34,373.02

Disc lost if paid late: 701.56

Due If Paid Late:
USD 35,074.58

Andrew Dotson Santos
7/22/2024

34,302.34 +
69.56 +
1.12 +
34,373.02 ◊

APPROVED ON
JUL 22 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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: 07/19/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 07/20/2024

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

As of: 07/19/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 07/20/2024 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 256342	**WALMART 1098/MEM MED PHS**								
07/13/2024	07/23/2024	7508242441	204051622	115Invoice	31.90	1,595.06	1,563.16	7508242441	
07/13/2024	07/23/2024	7508242442	112952972	115Invoice	1.81	90.41	88.60	7508242442	
07/13/2024	07/23/2024	7508242443	113238732	115Invoice	1.81	90.41	88.60	7508242443	
07/13/2024	07/23/2024	7508242444	201482908	115Invoice	1.81	90.41	88.60	7508242444	
07/13/2024	07/23/2024	7508242445	201628656	115Invoice	1.81	90.41	88.60	7508242445	
07/13/2024	07/23/2024	7508242446	200545552	115Invoice	0.01	0.32	0.31	7508242446	
07/13/2024	07/23/2024	7508242447	113950158	115Invoice	0.02	1.06	1.04	7508242447	
07/13/2024	07/23/2024	7508245774	113031048	115Invoice	0.01	0.33	0.32	7508245774	
07/13/2024	07/23/2024	7508245775	114351743	115Invoice	0.02	0.98	0.96	7508245775	
07/13/2024	07/23/2024	7508245776	115438832	115Invoice	0.01	0.33	0.32	7508245776	
07/13/2024	07/23/2024	7508245777	201257403	115Invoice	0.02	0.82	0.80	7508245777	
07/13/2024	07/23/2024	7508245778	113031048	115Invoice	12.51	625.47	612.96	7508245778	
07/13/2024	07/23/2024	7508245779	113163410	115Invoice	6.25	312.73	306.48	7508245779	
07/13/2024	07/23/2024	7508245780	113950158	115Invoice	12.51	625.47	612.96	7508245780	
07/13/2024	07/23/2024	7508245781	115893496	115Invoice	12.51	625.47	612.96	7508245781	
07/13/2024	07/23/2024	7508245782	116270035	115Invoice	12.51	625.47	612.96	7508245782	
07/13/2024	07/23/2024	7508245783	202213453	115Invoice	3.29	164.31	161.02	7508245783	
07/13/2024	07/23/2024	7508245784	114603161	115Invoice	1.66	82.82	81.16	7508245784	
07/13/2024	07/23/2024	7508245785	114849568	115Invoice	1.66	82.82	81.16	7508245785	
07/13/2024	07/23/2024	7508245786	115828316	115Invoice	1.66	82.82	81.16	7508245786	
07/13/2024	07/23/2024	7508245787	116270035	115Invoice	1.66	82.82	81.16	7508245787	
07/13/2024	07/23/2024	7508245788	116384277	115Invoice	3.31	165.63	162.32	7508245788	
07/13/2024	07/23/2024	7508245789	200177764	115Invoice	1.66	82.82	81.16	7508245789	
07/13/2024	07/23/2024	7508245790	203279868	115Invoice	1.66	82.82	81.16	7508245790	
07/13/2024	07/23/2024	7508245791	204471952	115Invoice	1.41	70.68	69.27	7508245791	
07/13/2024	07/23/2024	7508245792	113087848	115Invoice	15.63	781.45	765.82	7508245792	
07/13/2024	07/23/2024	7508245793	116270035	115Invoice	31.26	1,562.90	1,531.64	7508245793	
07/13/2024	07/23/2024	7508245794	112784091	115Invoice	6.63	331.55	324.92	7508245794	
07/13/2024	07/23/2024	7508245795	113094252	115Invoice	46.42	2,320.86	2,274.44	7508245795	
07/13/2024	07/23/2024	7508245796	113659886	115Invoice	0.47	23.56	23.09	7508245796	
07/13/2024	07/23/2024	7508245797	113817834	115Invoice	39.82	1,991.20	1,951.38	7508245797	

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 07/19/2024

Page: 002

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

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 256342
Date: 07/20/2024

As of: 07/19/2024 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 07/20/2024 **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	
07/13/2024	07/23/2024	7508245798	114603161	115Invoice	6.64	331.87		325.23		7508245798	
07/13/2024	07/23/2024	7508245799	115376742	115Invoice	19.91	995.60		975.69		7508245799	
07/13/2024	07/23/2024	7508245900	115398041	115Invoice	26.55	1,327.47		1,300.92		7508245900	
07/13/2024	07/23/2024	7508245901	113260714	115Invoice	32.90	1,644.84		1,611.94		7508245901	
07/13/2024	07/23/2024	7508245902	112952239	115Invoice	16.45	822.51		806.06		7508245902	
07/13/2024	07/23/2024	7508245903	114462204	115Invoice	16.44	822.11		805.67		7508245903	
07/13/2024	07/23/2024	7508245904	114980753	115Invoice	16.41	820.44		804.03		7508245904	
07/13/2024	07/23/2024	7508245905	112941228	115Invoice	32.78	1,639.04		1,606.26		7508245905	
07/13/2024	07/23/2024	7508245906	113031048	115Invoice	32.78	1,639.04		1,606.26		7508245906	
07/13/2024	07/23/2024	7508245907	203299533	115Invoice	38.49	1,924.71		1,886.22		7508245907	
07/13/2024	07/23/2024	7508245908	113031048	115Invoice	0.01	0.71		0.70		7508245908	
07/13/2024	07/23/2024	7508245909	114603161	115Invoice		0.10		0.10		7508245909	
07/13/2024	07/23/2024	7508245910	113224698	115Invoice	5.32	266.10		260.78		7508245910	
07/15/2024	07/23/2024	7508488625	116567149	115Invoice	5.23	261.50		256.27		7508488625	
07/15/2024	07/23/2024	7508488626	202614007	115Invoice	6.28	314.01		307.73		7508488626	
07/15/2024	07/23/2024	7508488627	200177764	115Invoice	20.83	1,041.28		1,020.45		7508488627	
07/15/2024	07/23/2024	7508502945	113659886	115Invoice	0.47	23.56		23.09		7508502945	
07/16/2024	07/23/2024	7508778770	113659886	115Invoice	0.01	0.32		0.31		7508778770	
07/16/2024	07/23/2024	7508778771	202717043	115Invoice	0.69	34.32		33.63		7508778771	
07/16/2024	07/23/2024	7508778772	204177320	115Invoice	2.46	122.85		120.39		7508778772	
07/17/2024	07/23/2024	7509045616	203760944	115Invoice	22.67	1,133.37		1,110.70		7509045616	
07/17/2024	07/23/2024	7509045617	203986466	115Invoice	22.67	1,133.37		1,110.70		7509045617	
07/17/2024	07/23/2024	7509045618	114911863	115Invoice	0.01	0.63		0.62		7509045618	
07/17/2024	07/23/2024	7509045619	201077442	115Invoice	0.01	0.63		0.62		7509045619	
07/17/2024	07/23/2024	7509045620	201257403	115Invoice	0.01	0.63		0.62		7509045620	
07/17/2024	07/23/2024	7509045621	115058401	115Invoice	4.10	204.94		200.84		7509045621	
07/17/2024	07/23/2024	7509050996	205147848	115Invoice	0.83	41.42		40.59		7509050996	
07/17/2024	07/23/2024	7509050997	116332519	115Invoice	0.01	0.32		0.31		7509050997	
07/17/2024	07/23/2024	7509050999	114447481	115Invoice	0.01	0.32		0.31		7509050999	
07/17/2024	07/23/2024	7509054601	115684224	115Invoice	0.01	0.63		0.62		7509054601	
07/17/2024	07/23/2024	7509054602	113278317	115Invoice	0.01	0.32		0.31		7509054602	

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 07/19/2024

Page: 003

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

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 07/20/2024

As of: 07/19/2024 Page: 003
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 07/20/2024

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
07/17/2024	07/23/2024	7509054603	113491644	115Invoice	0.01	0.63		0.62		7509054603	
07/18/2024	07/23/2024	7509302247	203535470	115Invoice	0.01	0.32		0.31		7509302247	
07/18/2024	07/23/2024	7509302248	114067645	115Invoice	0.01	0.63		0.62		7509302248	
07/18/2024	07/23/2024	7509302249	114204504	115Invoice	0.01	0.32		0.31		7509302249	
07/18/2024	07/23/2024	7509302250	115285509	115Invoice	1.34	66.99		65.65		7509302250	
07/18/2024	07/23/2024	7509302251	205269451	115Invoice	0.02	1.06		1.04		7509302251	
07/18/2024	07/23/2024	7509308193	114735193	115Invoice	18.67	933.28		914.61		7509308193	
07/18/2024	07/23/2024	7509308194	116672418	115Invoice	0.25	12.67		12.42		7509308194	
07/18/2024	07/23/2024	7509308195	113659886	115Invoice	0.01	0.63		0.62		7509308195	
07/18/2024	07/23/2024	7509308196	114603161	115Invoice	0.01	0.32		0.31		7509308196	
07/19/2024	07/23/2024	7509539607	115222714	115Invoice	0.01	0.32		0.31		7509539607	
07/19/2024	07/23/2024	7509539608	203986466	115Invoice	45.33	2,266.73		2,221.40		7509539608	
07/19/2024	07/23/2024	7509539609	204021746	115Invoice	45.33	2,266.73		2,221.40		7509539609	
07/19/2024	07/23/2024	7509539610	205374099	115Invoice	0.83	41.42		40.59		7509539610	
07/19/2024	07/23/2024	7509539611	114204504	115Invoice	0.01	0.32		0.31		7509539611	
07/19/2024	07/23/2024	7509539612	116332519	115Invoice	0.01	0.32		0.31		7509539612	
07/19/2024	07/23/2024	7509539613	205147848	115Invoice	0.01	0.32		0.31		7509539613	
07/19/2024	07/23/2024	7509539614	115684224	115Invoice	0.01	0.32		0.31		7509539614	
07/19/2024	07/23/2024	7509549550	203279868	115Invoice	0.69	34.32		33.63		7509549550	
07/19/2024	07/23/2024	7509549551	204141306	115Invoice	0.69	34.32		33.63		7509549551	
07/19/2024	07/23/2024	7509549552	204242442	115Invoice	0.69	34.32		33.63		7509549552	
07/19/2024	07/23/2024	7509549553	113659886	115Invoice	1.41	70.68		69.27		7509549553	
07/19/2024	07/23/2024	7509549554	114735193	115Invoice	0.01	0.63		0.62		7509549554	
07/19/2024	07/23/2024	7509549555	204593281	115Invoice	0.01	0.32		0.31		7509549555	
07/19/2024	07/23/2024	7509549557	115622000	115Invoice	0.01	0.32		0.31		7509549557	
07/19/2024	07/23/2024	7509549558	205147848	115Invoice	0.02	0.95		0.93		7509549558	
07/19/2024	07/23/2024	7509549559	114134342	115Invoice		0.10		0.10		7509549559	

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: 07/19/2024

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 07/20/2024

Page: 004

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

As of: 07/19/2024 Page: 004
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 07/20/2024 **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: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 35,002.46 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,647.84
07/15/2024

If Paid By 07/23/2024,
Pay This Amount: 34,302.34 USD

If Paid After 07/23/2024,
Pay this Amount: 35,002.46 USD

Due If Paid On Time:
USD 34,302.34

Disc lost if paid late:
700.12

Due If Paid Late:
USD 35,002.46

✓ Andrea De Los Santos
7/22/2024

APPROVED ON
JUL 22 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 07/19/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 820405
Date: 07/20/2024

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

As of: 07/19/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 **PLEASE CHECK ANY**
Date: 07/20/2024 **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											
07/16/2024	07/23/2024	7508591530	B2407-055-166559	115Invoice	0.98	49.02		48.04		7508591530	
07/17/2024	07/23/2024	7508863758	B2407-055-166703	115Invoice	0.41	20.33		19.92		7508863758	
07/19/2024	07/23/2024	7509355959	B2407-055-167004	115Invoice	0.03	1.63		1.60		7509355959	

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: 70.98 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,647.84
07/15/2024

If Paid By 07/23/2024,
Pay This Amount: 69.56 USD

If Paid After 07/23/2024,
Pay this Amount: 70.98 USD

Due If Paid On Time:
USD 69.56

Disc lost if paid late: 1.42

Due If Paid Late:
USD 70.98

APPROVED ON
JUL 22 2024
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Andrea Dolores Santos
7/22/24

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: 07/19/2024 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 835437
Date: 07/20/2024

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

As of: 07/19/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835437 **PLEASE CHECK ANY**
Date: 07/20/2024 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	PF	Amount (net)	PF	Receivable Number	
Customer Number 835437 CVS PHCY 7416/MEM MC PHS											
07/17/2024	07/23/2024	7509066677	3386770	115Invoice	0.02	1.14		1.12		7509066677	

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: 1.14 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,647.84
07/15/2024

If Paid By 07/23/2024,
Pay This Amount: 1.12 USD

If Paid After 07/23/2024,
Pay this Amount: 1.14 USD

Due If Paid On Time:
USD 1.12

Disc lost if paid late:
0.02

Due If Paid Late:
USD 1.14

APPROVED ON
JUL 22 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Andreia De Los Santos
7/22/2024

For AR Inquiries please contact 800-867-0333

AmerisourceBergen

STATEMENT

Statement Number: 67859285
Date: 07-19-2024

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:	359.66
Past Due:	0.00
Total Due:	359.66
Account Balance:	359.66

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
07-15-2024	07-26-2024	3181686280	7007054287	Invoice	24.73		0.00	24.73
07-15-2024	07-26-2024	3181686281	7007062460	Invoice	48.42		0.00	48.42
07-15-2024	07-26-2024	3181686282	7007073227	Invoice	79.46		0.00	79.46
07-15-2024	07-26-2024	3181686283	7007063239	Invoice	21.19		0.00	21.19
07-16-2024	07-26-2024	3181847850	7007079848	Invoice	5.66		0.00	5.66
07-17-2024	07-26-2024	3182004283	7007087174	Invoice	79.06		0.00	79.06
07-17-2024	07-26-2024	360096062	,CRO	Invoice	(29.76)		0.00	(29.76)
07-18-2024	07-26-2024	3182142413	7007099409	Invoice	53.76		0.00	53.76
07-19-2024	07-26-2024	3182301944	7007105710	Invoice	77.14		0.00	77.14

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
359.66	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
07-19-2024	(2,530.36)

APPROVED ON
JUL 22 2024
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Reminders

Due Date	Amount
07-26-2024	359.66
Total Due:	359.66

Andrew DeLos Santos
7/22/2024

CITIBANK CORPORATE CARD

Account Statement

Commercial Card Account
ERIN CLEVENGER

citi

Account Inquiries:
Toll Free: 1-(800)-248-4553
International: 1-(904)-954-7314
TDD/TTY: 1-(877)-505-7276

Account Number: XXXX-XXXX-XXXX-6228

Summary of Account Activity

Total Activity	$2,439.96

Send Notice of Billing Errors and Customer Service Inquiries to:
CITIBANK, N.A., PO BOX 6125, SIOUX FALLS SD 57117-6125

Not an invoice. For your records only.

Credit Limit	$20,000
Cash Advance Limit	$5,000
Statement Closing Date	07/03/2024
Days in Billing Period	30

Pd. 7-26-24 Confirmation # DWR-02870823

Transactions

Post Date	Trans Date	MCC	Reference Number		Description/Location				Amount
			---------- NOTICE MEMO ITEM(S) LISTED BELOW ----------						
06/04	06/03	9399	05134374156600070372723	1	NPDB NPDB.HRSA.GOV N109473244	FAIRFAX VA	22033	USA	5.00
06/11	06/11	8999	55432864163200731073904	2	AMA*CREDENTIALING	800-621-8335 IL	60611	USA	44.00
06/12	06/12	8299	55432864164201097427261	3	AWL*PEARSON EDUCATION	PRSONCS.COM NJ		USA	27.50
06/13	06/11	3066	55432864164201217540381	4	SOUTHWES 5262525402619 800-435-9792 TX RESENDEZ/KIMBERLY DEPARTURE: 08/05/24 HOU WN U STL WN E HOU		75235	USA	486.96
06/17	06/14	9399	05134374167600071038270	5	NPDB NPDB.HRSA.GOV N110041350	FAIRFAX VA	22033	USA	2.50
06/17	06/14	9399	05134374167600071038353	6	NPDB NPDB.HRSA.GOV N110041732	FAIRFAX VA	22033	USA	2.50
06/17	06/15	8999	55432864167202022287843	7	AMA*CREDENTIALING	800-621-8335 IL	60611	USA	44.00
07/02	07/01	9399	05134374184600096467404	8	NPDB NPDB.HRSA.GOV N110793572	FAIRFAX VA	22033	USA	50.00
07/02	07/01	9399	05134374184600096467578	9	NPDB NPDB.HRSA.GOV N110793942	FAIRFAX VA	22033	USA	2.50
07/03	07/02	8734	55457374184007296008828	10	INTOXIMETERS INC	SAINT LOUIS MO	63146	USA	1,775.00
			---------- TOTAL AMOUNT OF MEMO ITEM(S): $2,439.96						

APPROVED ON
JUL 22 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

citi CITIBANK N.A.
PO BOX 6125
SIOUX FALLS SD 57117-6125

Account Number: XXXX-XXXX-XXXX-6228
Statement Closing Date: July 03 2024

Not an invoice.
For your records only.

ERIN CLEVENGER
202 S ANN ST., STE A
PORT LAVACA TX 77979-4204

00010079643

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

Bill To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

5.00 +
44.00 +
486.96 +
2.50 +
2.50 +
44.00 +
50.00 +
2.50 +
27.50 +
1,775.00 +
2,439.96 ◇

To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Vendor Name: Citibank

Vendor Address:

Vendor Phone #:

Vendor Fax #:

7/10/2024

Invoice #

Approved By:

Date Required | Expense # | Deliver To | Form # 9401

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—	40510090	NPDB - x2 Renewals			5.00
2	—	40510090	AMA Credentialing - 1 Physician			44.00
3			Init & Cont. Monitoring			
4	—	40600020	Southwest - Flights for	HTX to HOU	8/5 8/9	486.96
5			Kim Resendez - Lab Training			
6	—	40510090	NPDB. x1 Enrollment			2.50
7	—	40510090	" "			2.50
8	—	40510090	AMA Credentialing - 1 Phy			44.00
9			Init + Cont. Monitoring			
10	—	40510090	NPDB. x20 Renewals			50.00
—	—	40510090	NPDB - x1 Renewal			2.50

Est. Freight _____ Est. Total Cost _____ TOTAL COST _____

NOTES:

Charges made to credit card

- Pearson - x10 Sensory Profile 2 Q Global. 27.50
- Prometrics - Init 30 Training / Collector Init 401 1775.00

Total $2,439.96

Contact:	Date:
Quoted By:	
Buyer:	E.T.A.

Dept. Director _____
Dir. Nursing _____
Dir. Clinical Services _____
CFO _____
Administrator _____

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"	★	$ 315.56 #
"1 TO CONFIRM"		1
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 159.96 #
"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 37.42 #
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 118.18 #
☐ "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:	7/24/2024						
GROSS PAY:	$	1,290.00			$ -		$ 1,290.00
DEDUCTIONS:							
A/R	$	-					$ -
ADVANC							$ -
BOOTS							$ -
MUTUAL CRITICAL ILLNESS							$ -
MUTUAL ACCIDENT							$ -
IRS TAX							$ -
MUTUAL SHORT TERM DIS							$ -
MUTUAL VISION	$	-					$ -
CAFÉ-D	$	-					$ -
CAFÉ-H	$	-					$ -
	$	-					$ -
	$	-					$ -
CAFÉ-P							$ -
CANCER							$ -
CHILD	$	-					$ -
CLINIC	$	-					$ -
COMBIN	$	-					$ -
CREDUN	$	-					$ -
DENTAL	$	-					$ -
DEP-LF							$ -
MUTUAL TERM LIFE	$	-					$ -
MUTUAL HOSP INDEM	$	-					$ -
FED TAX	$	118.18					$ 118.18
FICA-M	$	18.71					$ 18.71
FICA-O	$	79.98					$ 79.98
FICA-M ADDITIONAL							$ -
FIRST C							$ -
FLEX S	$	-					$ -
FLX-FE	$	-					$ -
GIFT S	$	-					$ -
MUTUAL CRITICAL ILLNESS	$	-					$ -
MUTUAL ACCIDENT	$	-					$ -
MUTUAL SHORT TERM DIS	$	-					$ -
LEGAL	$	-					$ -
OTHER	$	-					$ -
NATIONAL FARM LIFE	$	-					$ -
MED SURCHARGE	$	-					$ -
Blank							$ -
RELAY							$ -
REPAY							$ -
STONEDF	$	-					$ -
STONE							$ -
STONE 2							$ -
STUDEN							$ -
TSA-R	$	-					$ -
UW/HOS	$	-					$ -
TOTAL DEDUCTIONS:	$	216.87	$ -	$ -	$ -	$ -	$ 216.87
	SHOULD MATCH REPORT		**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$	1,073.13	$ -	$ -	$ -	$ -	$ 1,073.13
	SHOULD MATCH REPORT		**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFÉ 125 PLAN:	$	-	**Less Exempt:**				
TAXABLE PAY:	$	1,290.00	$ 1,290.00				**Exempt Amt:**

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 18.71		
FICA - MED (EE)	1.45%	$ 18.71	$ 18.71	$ -
FICA - SOC SEC (ER)	6.20%	$ 79.98		
FICA - SOC SEC (EE)	6.20%	$ 79.98	$ 79.98	$ -
FED WITHHOLDING		$ 118.18	$ 118.18	

Employees over FICA-SS Cap:
Michael Gaines

Paycode S - Employee Reimb.:

TOTAL: $ -

TAX DEPOSIT:	$ 315.56	$ 315.56	
FICA - MEDICARE	2.90% $ 37.42	$37.42	
FICA - SOCIAL SECURITY	12.40% $ 159.96	$159.96	**PREPARED BY:** Caitlin Clevenger
FED WITHHOLDING	$ 118.18	$118.18	**PREPARED DATE:** 7/22/2024
TOTAL TAX:	$ 315.56	$315.56	$ -

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
P		86.00	N		N	N	N	1290.00

Deductions Summary

Code	Amount	Code	Amount	Code	Amount
A/R		A/R2		A/R3	
ADVANC		AWARDS		BCBSVI	
BOOTS		CAFE H		CAFE-1	
CAFE-2		CAFE-3		CAFE-4	
CAFE-5		CAFE-C		CAFE-D	
CAFE-F		CAFE-H		CAFE-I	
CAFE-L		CAFE-P		CANCER	
CHILD		CLINIC		COMBIN	
CREDUN		DD ADV		DENTAL	
DEP-LF		DIS-LF		EAT	
EATCSH		FEDTAX	118.16	FICA-M	18.71
FICA-O	79.98	FIRSTC		FLEX S	
FLX FE		FORT D		FUTA	
GIFT S		GRANT		GRP-IN	
GTL		HOSP-I		HSA	
ID TFT		IRSTAX		LEAF	
LEGAL		MASA		MEALS	
METVIS		MISC		MISC/	
MMCSHR		MOOACC		MOOILL	
MOOIND		MOOLIF		MOOSTD	
MOOVIS		NATFML		OTHER	
PHI		PHI***		PR FIN	
RELAY		REPAY		SAMS	
SCRUBS		SIGNON		ST-TX	
STONDF		STONE		STONE2	
STUDEN		SUNACC		SUNILL	
SUNIND		SUNLIF		SUNSTD	
SUNVIS		SURCHG		TSA-1	
TSA-2		TSA-C		TSA-P	
TSA-R		TUTION		UNIFOR	
UW/HOS					

Grand Totals: 86.00 ------- (Gross: 1290.00 Deductions: 216.87 Net: 1073.13)

Checks Count:- FT	PT	Other	1 Female	1 Male	Credit	OverAmt	ZeroNet	Term	Total: 1

Andrew De Los Santos
7/22/24

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- July 15, 2024 - July 21, 2024

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten Check" #
7/19/2024	WEBFILE TAX PYMT DD 902/76255713 21000026994	- Sales Tax	1,986.52	700136
7/19/2024	PAY PLUS ACHTrans 000000029710006 1010006997	- 3rd Party Payor Fee	237.67	901274
7/19/2024	EXPERTPAY EXPERTPAY 746003411 91000013181407	-Child Support Payment	570.69	800553
7/19/2024	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	2,530.36	500621
7/19/2024	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	397,607.77	
7/18/2024	PAY PLUS ACHTrans 000000029557762 1010006987	- 3rd Party Payor Fee	154.76	901275
7/18/2024	HPHG LLC MEMOR PREM MemMedCtr PtLav 11312265	- Health Insurance Premium Payment	66,521.11	800554
7/18/2024	HPHG LLC port lava MemMedCtr PtLav 113122650	- Health Insurance Claim Payments	8,453.25	800555
7/18/2024	HPHG LLC PORT LAVA MemMedCtr PtLav 113122650	- Health Insurance Claim Payments	45,519.69	800556
7/18/2024	HPHG LLC PORT LAVA MemMedCtr PtLav 113122650	- Health Insurance Claim Payments	31,132.33	800557
7/17/2024	WIRE OUT HEALTHEQUITY	-Wageworks	6,213.61	800558
7/17/2024	PAY PLUS ACHTrans 000000029360852 1010006974	- 3rd Party Payor Fee	198.56	901276
7/16/2024	PAY PLUS ACHTrans 000000029213409 1010006960	- 3rd Party Payor Fee	18.48	901277
7/16/2024	MCKESSON DRUG AUTO ACH ACH06085203 910000129	- 340B Drug Program Expense	2,647.84	500622
7/15/2024	PAY PLUS ACHTrans 000000029026242 1010006947	- 3rd Party Payor Fee	74.60	901278
7/15/2024	TEXAS COUNTY DRS RECEIVABLE 0419 21000025671	- Retirement Funding	177,750.82	800559
7/15/2024	FDMS FDMS PYMT 052-1743548-000 4100012994009	- Credit Card Machine Lease Fee	80.06	901279
7/15/2024	FDMS FDMS PYMT 052-2100911-000 4100012994667	- Credit Card Machine Lease Fee	45.64	901280
7/15/2024	FDMS FDMS PYMT 052-1743547-000 4100012993585	- Credit Card Machine Lease Fee	40.03	901281
7/15/2024	FDMS FDMS PYMT 052-1737276-000 4100012993423	- Credit Card Machine Lease Fee	120.09	901282
			741,903.88	

Pay AUS
237.67 +
154.76 +
198.56 +
18.48 +
74.60 +
684.07 ◇
0.C

CC Lease Fee
80.06 +
45.64 +
40.03 +
120.09 +
285.82 ◇
0.C

Andrew De Los Santos
Andrew De Los Santos
Memorial Medical Center

July 22, 2024

741.903.88 +
1.986.52 –
570.69 – * Approved on 7.17.24 CC
2.530.36 – ** Approved on 7.03.24 CC
*** Approved on 7.10.24 CC
397.607.77 –
66.521.11 –
8.453.25 –
45.519.69 –
31.132.33 –
6.213.61 –
2.647.84 –
177.750.82 –
969.89 ◇
969.89 –
0.00 ◇

684.07 +
285.82 +
969.89 ◇

ELECTRONIC TRANSFERS FOR OPERATING ACC

Date	Descriptio	MMC Notes	Amount
			0.00

Andrew De Los Santos
Andrew De Los Santos
Memorial Medical Center

July 22, 2024

APPROVED ON
JUL 23 2024
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

AD agree benefits

CHKNO	GRPNO	LOCNO	EMPNO	DEPNO	CLMPRE	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYTO	CVGCD	CVGTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUDT	PRVNO
2324	76351	1	1	0	2024	192001404	0	7/15/2024	$32,145.74	1	TRUESCRIPTS MANAGEMENT SERVICE LLC	P	517	0	EXPENSE	EMPLOYEE	PCS	F	6/17/2024	6/30/2024	464334244
2328	76351	3	49	0	2024	192000078	0	7/15/2024	$11.19	1	SINGLETON ASSOCIATES PA	P	181	0	[redacted]		XRAY	F	6/17/2024	6/17/2024	741680498
2329	76351	3	44	0	2024	190000557	0	7/15/2024	$20.37	1	CLINICAL PATHOLOGY LABS, INC	P	172	0			AB	F	6/28/2024	6/28/2024	742554159
2330	76351	3	51	0	2024	185001737	0	7/15/2024	$22.59	1	MELISSA A KAINER ERWIN MD PA	P	177	0			OV	F	7/1/2024	7/1/2024	200802489
2331	76351	3	8	0	2024	192000045	0	7/15/2024	$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0			OV	F	6/27/2024	6/27/2024	742605670
2332	76351	3	49	0	2024	187000042	0	7/15/2024	$66.31	1	GREATER HOUSTON INTERVENTIONAL	P	177	0			OV	F	6/27/2024	6/27/2024	202341026
2334	76351	3	44	0	2024	190000560	0	7/15/2024	$124.66	1	VICTORIA WOMENS CLINIC ASSOCIATES	P	172	0			AB	F	6/28/2024	6/28/2024	741831291
2335	76351	3	43	0	2024	185000654	0	7/15/2024	$139.63	1	SINGLETON ASSOCIATES PA	P	321	0			MRIO	F	6/20/2024	6/20/2024	741680498
2336	76351	3	36	0	2024	190000942	0	7/15/2024	$153.60	1	ESS OF PORT LAVACA LLC	P	189	0			ERD	F	6/18/2024	6/18/2024	815248556
2338	76351	3	43	0	2024	185001745	0	7/15/2024	$249.62	1	IRFAN LALANI MD PA	P	484	0			ODXS	F	6/28/2024	6/28/2024	261924416
2344	76360	2	39	1	2024	192000540	0	7/15/2024	$6.11	1	FRANK S PARMA MD	P	177	0			OV	F	5/29/2024	5/29/2024	742608003
2345	76360	2	36	0	2024	187000066	0	7/15/2024	$94.58	1	HEALTH AND WELLNESS SOLUTIONS PA	P	457	0			OVS	F	7/1/2024	7/1/2024	260406833
2347	76360	3	32	6	2024	185000390	0	7/15/2024	$5,462.36	1	DRISCOLL CHILDRENS HOSPITAL	P	481	0			OPDX	F	6/27/2024	6/27/2024	742577746
2348	76360	3	26	1	2024	185000652	0	7/15/2024	$13.79	1	SINGLETON ASSOCIATES PA	P	183	0			RAD	F	6/20/2024	6/20/2024	741680498
2349	76360	3	30	1	2024	193000017	0	7/15/2024	$16.03	1	VIP CARE SERVICES LLC	P	503	0			AUDT	F	5/29/2024	5/29/2024	271837628
2350	76360	3	69	0	2024	192001124	0	7/15/2024	$19.10	1	NOE R. OLVERA, MD, PA	P	457	0			OVS	F	5/1/2024	5/1/2024	262712038
2352	76360	3	94	0	2024	190000555	0	7/15/2024	$59.94	1	AYO ADU, MD PLLC	P	177	0			OV	F	7/3/2024	7/3/2024	273335355
2355	76360	3	28	0	2024	192000130	0	7/15/2024	$83.52	1	SINGLETON ASSOCIATES PA	P	172	0			AB	F	6/25/2024	6/25/2024	741680498
2356	76360	3	105	0	2024	192000539	0	7/15/2024	$84.22	1	REGIONAL EMPLOYEE ASSISTANCE PROGRAM	P	430	0			SF	F	6/27/2024	6/27/2024	760423386
2357	76360	3	70	0	2024	185000639	0	7/15/2024	$90.47	1	SINGLETON ASSOCIATES PA	P	321	0			MRIO	F	6/19/2024	6/19/2024	741680498
2358	76360	3	47	0	2024	193000018	0	7/15/2024	$129.99	1	VIP CARE SERVICES LLC	P	503	0			AUDT	F	3/11/2024	3/11/2024	271837628
2359	76360	3	32	6	2024	185001746	0	7/15/2024	$130.00	1	CRESCENT VIEW MEDICAL CLINICS PA	P	172	0			AB	F	6/28/2024	6/28/2024	452547088
2360	76360	3	32	6	2024	185000640	0	7/15/2024	$133.37	1	CHILDRENS PHYSICIAN SERVICES OF SOUTH	P	457	0			OVS	F	6/27/2024	6/27/2024	742620408
2362	76360	3	70	0	2024	185000582	0	7/15/2024	$213.60	1	SINGLETON ASSOCIATES PA	P	324	0			CAT	F	6/20/2024	6/20/2024	741680498
2363	76360	3	32	6	2024	190000225	0	7/15/2024	$272.44	1	CITIZENS MEDICAL CENTER COUNTY OF	P	182	0			HXR	F	6/28/2024	6/28/2024	741698143
2364	76360	3	59	1	2024	185000046	0	7/15/2024	$383.63	1	OBGYN AFFILIATES	P	457	0			OVS	F	6/24/2024	6/24/2024	841520625
2370	76360	3	61	0	2024	192000136	0	7/15/2024	$819.47	1	TEXAS ONCOLOGY PA	P	317	0			OPES	F	6/20/2024	6/20/2024	752131429
2376	76370	2	5	0	2024	193000016	0	7/15/2024	$1.87	1	VIP CARE SERVICES LLC	P	503	0			AUDT	F	6/30/2024	6/30/2024	271837628
									$41,014.09												

Andrew DeLos Santos
7/22/2024

APPROVED ON
JUL 22 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED BY THE
COUNTY AUDITOR ON

JUL 18 2024

CALHOUN COUNTY, TEXAS

07/18/2024
13:39

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 08/10/2024

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ap_open_invoice.template

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
070524B		07/05/202	07/05/202	08/10/202			204.00	0.00	0.00	204.00
070124	ins. pmt. dep. into mmc opt in error	07/17/202	07/01/202	08/10/202			154.52	0.00	0.00	154.52
070124A		07/17/202	07/01/202	08/10/202			121.57	0.00	0.00	121.57
070524A		07/17/202	07/05/202	08/10/202			125.25	0.00	0.00	125.25

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11832	BROADMOOR AT CREEKSIDE PARK	605.34	0.00	0.00	605.34

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	605.34	0.00	0.00	605.34

APPROVED ON

JUL 18 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Check# 204941

RECEIVED BY THE COUNTY AUDITOR ON

JUL 18 2024

07/18/2024 MEMORIAL MEDICAL CENTER 0

13:40 AP Open Invoice List ap_open_invoice.template

Due Dates Through: 08/10/2024

Vendor#	Vendor Name	Class	Pay Code
11824	THE CRESCENT		

CALHOUN COUNTY, TEXAS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
070324		07/05/202	07/03/202	08/10/202			1,020.00	0.00	0.00	1,020.00
070124	INS. pmt. dep. into MMC opt. in error	07/17/202	07/01/202	08/10/202			197.51	0.00	0.00	197.51
070524		07/17/202	07/15/202	08/10/202			13,000.00	0.00	0.00	13,000.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	14,217.51	0.00	0.00	14,217.51

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	14,217.51	0.00	0.00	14,217.51

APPROVED ON

JUL 18 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 204943

RECEIVED BY THE
COUNTY AUDITOR ON

JUL 18 2024

07/18/2024
13:40

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 08/10/2024

0
ap_open_invoice.template

Vendor# Vendor Name CALHOUN COUNTY, TEXAS
Class Pay Code
11836 GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
070224	ins. pmt. dep into MMC Oct. in error	07/17/202	07/02/202	08/10/202			746.16	0.00	0.00	746.16
070224A		07/17/202	07/02/202	08/10/202			5,916.00	0.00	0.00	5,916.00
070824		07/17/202	07/08/202	08/10/202			1,502.05	0.00	0.00	1,502.05
070924A		07/17/202	07/09/202	08/10/202			6,540.58	0.00	0.00	6,540.58
070924		07/17/202	07/09/202	08/10/202			26,631.56	0.00	0.00	26,631.56
0710024		07/17/202	07/10/202	08/10/202			6,938.00	0.00	0.00	6,938.00
071024		07/17/202	07/10/202	08/10/202			4,860.92	0.00	0.00	4,860.92

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	53,135.27	0.00	0.00	53,135.27

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	53,135.27	0.00	0.00	53,135.27

APPROVED ON

JUL 18 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 204942

RECEIVED BY THE
COUNTY AUDITOR ON

JUL 18 2024

07/18/2024
13:41

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 08/10/2024

0
ap_open_invoice.template

Vendor# Vendor Name CALHOUN COUNTY, TEXAS Class Pay Code

13004 TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
070824		07/17/202	07/08/202	08/10/202			3,300.00	0.00	0.00	3,300.00

ins. pmt. due into MMC ope. in error

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	3,300.00	0.00	0.00	3,300.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	3,300.00	0.00	0.00	3,300.00

APPROVED ON

JUL 18 2024

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Chk# 204944

RECEIVED BY THE COUNTY AUDITOR ON

JUL 18 2024

07/18/2024
13:41

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 08/10/2024

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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
070124A	Ins. pmt. dep. into MMC Obtain error	07/05/202	07/01/202	08/10/202			24,259.12	0.00	0.00	24,259.12
070124		07/05/202	07/01/202	08/10/202			3,003.56	0.00	0.00	3,003.56
070224		07/05/202	07/02/202	08/10/202			6,120.00	0.00	0.00	6,120.00
070224A		07/05/202	07/02/202	08/10/202			13,781.05	0.00	0.00	13,781.05
070324		07/05/202	07/03/202	08/10/202			9,832.65	0.00	0.00	9,832.65
070524C		07/05/202	07/05/202	08/10/202			102.50	0.00	0.00	102.50
070824		07/05/202	07/08/202	08/10/202			4,422.55	0.00	0.00	4,422.55
070924A		07/05/202	07/09/202	08/10/202			34,570.36	0.00	0.00	34,570.36
070924		07/05/202	07/09/202	08/10/202			15,684.06	0.00	0.00	15,684.06
071024		07/05/202	07/10/202	08/10/202			3,468.00	0.00	0.00	3,468.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12792	BETHANY SENIOR LIVING	115,243.85	0.00	0.00	115,243.85

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	115,243.85	0.00	0.00	115,243.85

APPROVED ON

JUL 18 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 204940

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
7/22/2024

Nursing Home	Account	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens		179,564.76	167,113.87	83,254.62			95,705.51	79,058.29
						Bank Balance	95,705.51	
						Variance	-	
						Leave in Balance	100.00	
						Molina May	12,430.83	
						Wellpoint May	4,116.39	

Routing Information for Ashford Gardens:

Ashford Health Care Center Ltd Co
JP Morgan Chase Bank

						Adjust Balance/Transfer Amt	**79,058.29**	
Broadmoor		254,487.75	249,803.40	93,398.77		-	98,083.12	**91,932.21**
						Bank Balance	98,083.12	
						Variance	-	
						Leave in Balance	100.00	
						Molina May	4,584.35	
						Wellpoint May	1,466.56	
						Adjust Balance/Transfer Amt	**91,932.21**	
Crescent		254,035.51	272,507.92	353,145.22			334,672.81	**330,055.94**
						Bank Balance	334,672.81	
						Variance	-	
						Leave in Balance	100.00	
						Molina May	3,419.45	
						Wellpoint May	1,097.42	
						Adjust Balance/Transfer Amt	**330,055.94**	
Fort Bend		43,953.99	39,983.55	45,436.39			49,406.83	**44,184.23**
						Bank Balance	49,406.83	
						Variance	-	
						Leave in Balance	100.00	
						Molina May	3,870.44	
						Wellpoint May	1,252.16	
						Adjust Balance/Transfer Amt	**44,184.23**	
Solera at W Houston		178,931.79	175,214.58	103,328.14			107,045.35	**102,086.43**
						Bank Balance	107,045.35	
						Variance	-	
						Leave in Balance	100.00	
						Molina May	3,703.09	
						Wellpoint May	1,155.83	
						Adjust Balance/Transfer Amt	**102,086.43**	

79,058.29 +
91,932.21 +
330,055.94 +
44,184.23 +
102,086.43 +
647,317.10 ◇

t Bend / Broadmoor.

TOTAL TRANSFERS **647,317.10**

Approved: Andrew De Los Santos
Andrew De Los Santos **7/22/2024**

APPROVED ON
JUL 22 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
7/19/2024 WELLPOINT CO AP E-PAYMENT EE52832613 1110000	-	27,226.35	21,345.80	5,880.55			23,109.97	4,116.39
7/18/2024 MANAGEANDNET1718 MNS PMNT 000000000000093 41	-	5,355.00					-	5,355.00
7/18/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2	-	20,505.45					-	20,505.45
7/17/2024 WIRE OUT ASHFORD HEALTH CARE CENTER LTD	167,033.93	-					-	-
7/17/2024 HNB - ECHO HCCLAIMPMT 746003411 440000269920	-	2,968.60					-	2,968.60
7/16/2024 HNB - ECHO HCCLAIMPMT 746003411 440000227906	-	393.80					-	393.80
7/15/2024 Enhanced Analysis Charge	79.94	-					-	-
7/15/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	26,805.42					-	26,805.42
	167,113.87	83,254.62	21,345.80	5,880.55	-	-	23,109.97	60,144.66

Broadmoor	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
7/19/2024 HNB - ECHO HCCLAIMPMT 746003411 440000251752	-	307.20					-	307.20
7/19/2024 WELLPOINT CO AP E-PAYMENT EE52832616 1110000	-	9,988.79	7,893.70	2,095.09			8,522.23	1,466.56
7/19/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,877.86					-	2,877.86
7/19/2024 NOVITAS SOLUTION HCCLAIMPMT 676357 420000166	-	7,675.92					-	7,675.92
7/19/2024 HUMANA CHA DISB HCCLAIMPMT 52750497 42000014	-	705.49					-	705.49
7/19/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2	-	44.49					-	44.49
7/19/2024 AARP Supplementa HCCLAIMPMT 746003411 124384	-	1,428.00					-	1,428.00
7/18/2024 HNB - ECHO HCCLAIMPMT 746003411 440000214399	-	7,919.21					-	7,919.21
7/18/2024 HNB - ECHO HCCLAIMPMT 746003411 440000214399	-	9,100.72					-	9,100.72
7/18/2024 NOVITAS SOLUTION HCCLAIMPMT 676357 420000135	-	35,037.92					-	35,037.92
7/17/2024 WIRE OUT CANTEX HEALTH CARE CENTERS III	249,803.40	-					-	-
7/16/2024 HNB - ECHO HCCLAIMPMT 746003411 440000227906	-	18,313.17					-	18,313.17
	249,803.40	93,398.77	7,893.70	2,095.09	-	-	8,522.23	84,876.54

Crescent	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
7/19/2024 HNB - ECHO HCCLAIMPMT 746003411 440000251544	-	9,056.12					-	9,056.12
7/19/2024 HNB - ECHO HCCLAIMPMT 746003411 440000251537	-	8,438.66					-	8,438.66
7/19/2024 DEVOTED HEALTH P HCCLAIMPMT 21000021867823	-	870.38					-	870.38
7/19/2024 WELLPOINT CO AP E-PAYMENT EE52832615 1110000	-	7,454.24	5,886.50	1,567.74			6,356.82	1,097.42
7/19/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2	-	110.42					-	110.42
7/18/2024 Check 352	9,394.00	-					-	-
7/18/2024 Check 351	12,597.86	-					-	-
7/18/2024 Deposit	-	6,324.00					-	6,324.00
7/18/2024 HNB - ECHO HCCLAIMPMT 746003411 440000214399	-	6,429.46					-	6,429.46
7/18/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	15,170.00					-	15,170.00
7/18/2024 NOVITAS SOLUTION HCCLAIMPMT 676323 420000135	-	211,186.60					-	211,186.60
7/18/2024 DEVOTED HEALTH P HCCLAIMPMT 21000027616927	-	500.00					-	500.00
7/17/2024 WIRE OUT CANTEX HEALTH CARE CENTERS III	250,516.06	-					-	-
7/17/2024 HNB - ECHO HCCLAIMPMT 746003411 440000269920	-	4,583.04					-	4,583.04
7/17/2024 DEVOTED HEALTH P HCCLAIMPMT 21000024386183	-	14,857.64					-	14,857.64
7/17/2024 DEVOTED HEALTH P HCCLAIMPMT 21000024386165	-	650.00					-	650.00
7/17/2024 DEVOTED HEALTH P HCCLAIMPMT 21000024386267	-	2,250.00					-	2,250.00
7/17/2024 DEVOTED HEALTH P HCCLAIMPMT 21000024386205	-	6,750.00					-	6,750.00
7/17/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,134.63					-	1,134.63
7/17/2024 NOVITAS SOLUTION HCCLAIMPMT 676323 420000122	-	3,552.05					-	3,552.05
7/16/2024 DEVOTED HEALTH P HCCLAIMPMT 21000022696038	-	17,823.35					-	17,823.35
7/16/2024 DEVOTED HEALTH P HCCLAIMPMT 21000022694996	-	600.00					-	600.00
7/16/2024 DEVOTED HEALTH P HCCLAIMPMT 21000022696146	-	7,488.00					-	7,488.00
7/16/2024 DEVOTED HEALTH P HCCLAIMPMT 21000022695852	-	5,906.00					-	5,906.00
7/15/2024 HNB - ECHO HCCLAIMPMT 746003411 440000272779	-	1,632.85					-	1,632.85
7/15/2024 HNB - ECHO HCCLAIMPMT 746003411 440000272779	-	3,704.78					-	3,704.78
7/15/2024 DEVOTED HEALTH P HCCLAIMPMT 21000026944979	-	6,500.00					-	6,500.00
7/15/2024 DEVOTED HEALTH P HCCLAIMPMT 21000026943992	-	5,880.00					-	5,880.00
7/15/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2	-	4,293.00					-	4,293.00
	272,507.92	353,145.22	5,886.50	1,567.74	-	-	6,356.82	346,788.40

Fort Bend	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
7/19/2024 HNB - ECHO HCCLAIMPMT 746003411 440000251544	-	8,463.83					-	8,463.83
7/19/2024 WELLPOINT CO AP E-PAYMENT EE52832612 1110000	-	8,447.30	6,658.50	1,788.80			7,195.14	1,252.16
7/18/2024 HNB - ECHO HCCLAIMPMT 746003411 440000214399	-	8,903.77					-	8,903.77
7/18/2024 NOVITAS SOLUTION HCCLAIMPMT 675663 420000135	-	19,621.49					-	19,621.49
7/17/2024 WIRE OUT CANTEX HEALTH CARE CENTERS III	39,983.55	-					-	-
	39,983.55	45,436.39	6,658.50	1,788.80	-	-	7,195.14	38,241.25

Solera at West Houston	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
7/19/2024 MANAGEANDNET1718 MNS PMNT 000000000002482 41	-	2,925.00					-	2,925.00
7/19/2024 HNB - ECHO HCCLAIMPMT 746003411 440000252201	-	1,599.52					-	1,599.52
7/19/2024 HNB - ECHO HCCLAIMPMT 746003411 440000252109	-	599.82					-	599.82
7/19/2024 HNB - ECHO HCCLAIMPMT 746003411 440000251752	-	2,291.52					-	2,291.52
7/19/2024 WELLPOINT CO AP E-PAYMENT EE52832614 1110000	-	8,039.49	6,388.30	1,651.19			6,883.66	1,155.83
7/19/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2	-	68.34					-	68.34
7/18/2024 MANAGEANDNET1718 MNS PMNT 000000000002482 41	-	203.00					-	203.00
7/18/2024 HNB - ECHO HCCLAIMPMT 746003411 440000214399	-	41,458.23					-	41,458.23
7/18/2024 NOVITAS SOLUTION HCCLAIMPMT 676310 420000135	-	23,259.00					-	23,259.00
7/17/2024 WIRE OUT CANTEX HEALTH CARE CENTERS III	175,128.70	-					-	-
7/17/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	2,250.00					-	2,250.00
7/17/2024 NOVITAS SOLUTION HCCLAIMPMT 676310 420000122	-	2,076.74					-	2,076.74
7/17/2024 AARP Supplementa HCCLAIMPMT 746003411 124384	-	5,814.00					-	5,814.00
7/16/2024 HUMANA INS CO HCCLAIMPMT 52434437 8300005460	-	2,908.00					-	2,908.00
7/16/2024 HUMANA INS CO HCCLAIMPMT 52434436 8300005460	-	1,860.00					-	1,860.00
7/16/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2	-	2,652.00					-	2,652.00
7/15/2024 Enhanced Analysis Charge	85.88	-					-	-
7/15/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2	-	2,467.48					-	2,467.48
7/15/2024 AARP Supplementa HCCLAIMPMT 746003411 124384	-	2,856.00					-	2,856.00
	175,214.58	103,328.14	6,388.30	1,651.19	-	-	6,883.66	96,444.48

TOTALS	904,623.32	678,563.14	48,172.80	12,983.37	-	-	52,067.81	626,495.33

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,346,675.53	$2,557,076.52	$2,346,675.53	$2,764,609.90
*4365 MMC - CLINIC SERIES 2014	$545.22	$545.22	$545.22	$545.22
*4373 MMC - PRIVATE WAIVER CLEARING	$438.92	$438.92	$438.92	$438.92
*4381 MEMORIAL MEDICAL / NH ASHFORD	$95,705.51	$120,824.65	$95,705.51	$68,479.16
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$98,083.12	$100,378.15	$98,083.12	$75,055.37
*4411 MEMORIAL MEDICAL / NH CRESCENT	$334,672.81	$380,472.72	$334,672.81	$308,742.99
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$107,045.35	$250,756.06	$107,045.35	$91,521.66
*4446 MEMORIAL MEDICAL / NH FORT BEND	$49,406.83	$81,593.57	$49,406.83	$32,495.70
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$51,606.43	$64,237.86	$51,606.43	$16,135.67
*4551 CAL CO INDIGENT HEALTHCARE	$9,743.32	$9,743.32	$9,743.32	$9,743.32
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$2,190.15	$3,061.03	$2,190.15	$2,190.15
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$2,757.67	$2,757.67	$2,757.67	$2,757.67
*5506 MMC -NH BETHANY SENIOR LIVING	$32,728.86	$136,998.73	$32,728.86	$6,375.34
*3407 MMC -NH TUSCANY VILLAGE	$65,502.17	$65,502.17	$65,502.17	$49,517.88
*3660 MMC -BETHANY SR LIVING - DACA	$100.00	$100.00	$100.00	$100.00
*2998 MMC -MONEY MARKET FUND	$5,034.00	$5,034.00	$5,034.00	$5,034.00
Total Balance	**$3,202,235.89**	**$3,779,520.59**	**$3,202,235.89**	**$3,433,742.95**

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
7/22/2024

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		121,585.86	121,485.86	51,506.43	-		51,606.43	48,177.21
						Bank Balance	51,606.43	
						Variance	-	
						Leave in Balance	100.00	
						Superior May	3,329.22	

APPROVED ON

JUL 22 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

Adjust Balance/Transfer Amt 48,177.21

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 7/22/2024

Golden Creek		Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
				QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
7/19/2024	HNB - ECHO HCCLAIMPMT 746003411 440000251544	-	6,256.18					-	6,256.18
7/19/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2	-	3,544.26					-	3,544.26
7/19/2024	Centene Manageme ACH 008765433514 1110000275	-	25,670.32	20,121.62	5,548.70			22,341.10	3,329.22
7/18/2024	Deposit	-	8,748.14					-	8,748.14
7/18/2024	HNB - ECHO HCCLAIMPMT 746003411 440000214399	-	3,600.30					-	3,600.30
7/17/2024	WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	121,485.86	-					-	-
7/16/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2	-	1,642.23					-	1,642.23
7/15/2024	TSYS/TRANSFIRST CR CD DEP 543684555876917 91	-	2,045.00					-	2,045.00
		121,485.86	51,506.43	20,121.62	5,548.70	-	-	22,341.10	29,165.33

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,346,675.53	$2,557,076.52	$2,346,675.53	$2,764,609.90
*4365 MMC - CLINIC SERIES 2014	$545.22	$545.22	$545.22	$545.22
*4373 MMC - PRIVATE WAIVER CLEARING	$438.92	$438.92	$438.92	$438.92
*4381 MEMORIAL MEDICAL / NH ASHFORD	$95,705.51	$120,824.65	$95,705.51	$68,479.16
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$98,083.12	$100,378.15	$98,083.12	$75,055.37
*4411 MEMORIAL MEDICAL / NH CRESCENT	$334,672.81	$380,472.72	$334,672.81	$308,742.99
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$107,045.35	$250,756.06	$107,045.35	$91,521.66
*4446 MEMORIAL MEDICAL / NH FORT BEND	$49,406.83	$81,593.57	$49,406.83	$32,495.70
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$51,606.43	$64,237.86	$51,606.43	$16,135.67
*4551 CAL CO INDIGENT HEALTHCARE	$9,743.32	$9,743.32	$9,743.32	$9,743.32
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$2,190.15	$3,061.03	$2,190.15	$2,190.15
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$2,757.67	$2,757.67	$2,757.67	$2,757.67
*5506 MMC -NH BETHANY SENIOR LIVING	$32,728.86	$136,998.73	$32,728.86	$6,375.34
*3407 MMC -NH TUSCANY VILLAGE	$65,502.17	$65,502.17	$65,502.17	$49,517.88
*3660 MMC -BETHANY SR LIVING - DACA	$100.00	$100.00	$100.00	$100.00
*2998 MMC -MONEY MARKET FUND	$5,034.00	$5,034.00	$5,034.00	$5,034.00
Total Balance	**$3,202,235.89**	**$3,779,520.59**	**$3,202,235.89**	**$3,433,742.95**

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
7/22/2024

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		1,958.93	-	231.22		-		2,190.15	no transfer
							Bank Balance	2,190.15	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	2,090.15	

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		11,028.00	10,928.00	2,657.67		-		2,757.67	-
							Bank Balance	2,757.67	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	2,657.67	

APPROVED ON
JUL 22 2024
COUNTY AUDITOR
CALDWELL COUNTY, TEXAS

Routing Information for Gulf Pointe Plaza:

TOTAL TRANSFERS	4,747.82

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 7/22/2024

Gulf Pointe Plaza-Private Pay

7/18/2024 HNB - ECHO HCCLAIMPMT 746003411 440000214094
7/16/2024 PNC-ECHO HCCLAIMPMT 746003411 41000127221405

		MMC PORTION					
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
-	152.81					-	152.81
-	78.41					-	78.41
						-	-
-	231.22	-	-	-	-	-	231.22

Gulf Pointe Plaza-Medicare/Medicaid

7/17/2024 WIRE OUT HMG Rockport SNF, LP - Commerical
7/15/2024 MERCHANT BANKCD DEPOSIT 496478518889 9100001

		MMC PORTION					
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
10,928.00	-					-	-
-	2,657.67					-	2,657.67
						-	-
10,928.00	2,657.67	-	-	-	-	-	2,657.67
10,928.00	2,888.89	-	-	-	-	-	2,888.89

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,346,675.53	$2,557,076.52	$2,346,675.53	$2,764,609.90
*4365 MMC - CLINIC SERIES 2014	$545.22	$545.22	$545.22	$545.22
*4373 MMC - PRIVATE WAIVER CLEARING	$438.92	$438.92	$438.92	$438.92
*4381 MEMORIAL MEDICAL / NH ASHFORD	$95,705.51	$120,824.65	$95,705.51	$68,479.16
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$98,083.12	$100,378.15	$98,083.12	$75,055.37
*4411 MEMORIAL MEDICAL / NH CRESCENT	$334,672.81	$380,472.72	$334,672.81	$308,742.99
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$107,045.35	$250,756.06	$107,045.35	$91,521.66
*4446 MEMORIAL MEDICAL / NH FORT BEND	$49,406.83	$81,593.57	$49,406.83	$32,495.70
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$51,606.43	$64,237.86	$51,606.43	$16,135.67
*4551 CAL CO INDIGENT HEALTHCARE	$9,743.32	$9,743.32	$9,743.32	$9,743.32
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$2,190.15	$3,061.03	$2,190.15	$2,190.15
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$2,757.67	$2,757.67	$2,757.67	$2,757.67
*5506 MMC -NH BETHANY SENIOR LIVING	$32,728.86	$136,998.73	$32,728.86	$6,375.34
*3407 MMC -NH TUSCANY VILLAGE	$65,502.17	$65,502.17	$65,502.17	$49,517.88
*3660 MMC -BETHANY SR LIVING - DACA	$100.00	$100.00	$100.00	$100.00
*2998 MMC -MONEY MARKET FUND	$5,034.00	$5,034.00	$5,034.00	$5,034.00
Total Balance	**$3,202,235.89**	**$3,779,520.59**	**$3,202,235.89**	**$3,433,742.95**

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
7/22/2024

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Tuscany Village		189,561.23	181,766.13	57,707.07	-	-	-	65,502.17	56,026.02
							Bank Balance	65,502.17	
							Variance	-	
							Leave in Balance	100.00	
							Molina May	7,695.10	
							Wellpoint May	1,681.05	
							Adjust Balance/Transfer Amt	56,026.02	

APPROVED ON
JUL 22 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

Approved: Andrew De Los Santos 7/22/2024
Andrew De Los Santos

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
7/19/2024	WELLPOINT CO AP E-PAYMENT EE52832617 1110000	-	15,984.29	12,622.20	3,362.09			14,303.25	1,681.05
7/18/2024	Deposit	-	9,394.00					-	9,394.00
7/18/2024	Deposit	-	12,597.86					-	12,597.86
7/17/2024	WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	181,766.13	-					-	-
7/17/2024	NOVITAS SOLUTION HCCLAIMPMT 676201 420000122	-	9,654.92					-	9,654.92
7/16/2024	Deposit	-	10,076.00					-	10,076.00
		181,766.13	57,707.07	12,622.20	3,362.09	-	-	14,303.25	43,403.83

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,346,675.53	$2,557,076.52	$2,346,675.53	$2,764,609.90
*4365 MMC - CLINIC SERIES 2014	$545.22	$545.22	$545.22	$545.22
*4373 MMC - PRIVATE WAIVER CLEARING	$438.92	$438.92	$438.92	$438.92
*4381 MEMORIAL MEDICAL / NH ASHFORD	$95,705.51	$120,824.65	$95,705.51	$68,479.16
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$98,083.12	$100,378.15	$98,083.12	$75,055.37
*4411 MEMORIAL MEDICAL / NH CRESCENT	$334,672.81	$380,472.72	$334,672.81	$308,742.99
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$107,045.35	$250,756.06	$107,045.35	$91,521.66
*4446 MEMORIAL MEDICAL / NH FORT BEND	$49,406.83	$81,593.57	$49,406.83	$32,495.70
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$51,606.43	$64,237.86	$51,606.43	$16,135.67
*4551 CAL CO INDIGENT HEALTHCARE	$9,743.32	$9,743.32	$9,743.32	$9,743.32
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$2,190.15	$3,061.03	$2,190.15	$2,190.15
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$2,757.67	$2,757.67	$2,757.67	$2,757.67
*5506 MMC -NH BETHANY SENIOR LIVING	$32,728.86	$136,998.73	$32,728.86	$6,375.34
*3407 MMC -NH TUSCANY VILLAGE	$65,502.17	$65,502.17	$65,502.17	$49,517.88
*3660 MMC -BETHANY SR LIVING - DACA	$100.00	$100.00	$100.00	$100.00
*2998 MMC -MONEY MARKET FUND	$5,034.00	$5,034.00	$5,034.00	$5,034.00
Total Balance	**$3,202,235.89**	**$3,779,520.59**	**$3,202,235.89**	**$3,433,742.95**

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
7/22/2024

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		67,049.37	66,949.37	32,628.86			32,728.86	29,034.96

Bank Balance	32,728.86
Variance	-
Leave in Balance	100.00
Superior May	3,593.90

APPROVED ON

JUL 22 2024

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Adjust Balance/Transfer Amt 29,034.96

Approved: Andrew De Los Santos
Andrew De Los Santos 7/22/2024

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

Bethany Senior Living		Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
				QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
7/19/2024	HOSPICE OF SOUTH Payments NF 113122650023362	-	791.03					-	791.03
7/19/2024	Centene Manageme ACH 008765433514 1110000275	-	25,562.49	20,033.42	5,529.07			21,968.59	3,593.90
7/18/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130162	-	1,132.25					-	1,132.25
7/17/2024	WIRE OUT PORT LAVACA NH, LLC	66,949.37	-					-	-
7/17/2024	NDC SWEEP FAC K236 31316960253275 SWEEP FR	-	3,322.23					-	3,322.23
7/16/2024	NOVITAS SOLUTION HCCLAIMPMT 676481 420000184	-	1,820.86					-	1,820.86
		66,949.37	32,628.86	20,033.42	5,529.07	-	-	21,968.59	10,660.27

Balances Overview

Account Name				
***4357 MEMORIAL MEDICAL - OPERATING**	$2,346,675.53	$2,557,076.52	$2,346,675.53	$2,764,609.90
***4365 MMC - CLINIC SERIES 2014**	$545.22	$545.22	$545.22	$545.22
***4373 MMC - PRIVATE WAIVER CLEARING**	$438.92	$438.92	$438.92	$438.92
***4381 MEMORIAL MEDICAL / NH ASHFORD**	$95,705.51	$120,824.65	$95,705.51	$68,479.16
***4403 MEMORIAL MEDICAL / NH BROADMOOR**	$98,083.12	$100,378.15	$98,083.12	$75,055.37
***4411 MEMORIAL MEDICAL / NH CRESCENT**	$334,672.81	$380,472.72	$334,672.81	$308,742.99
***4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON**	$107,045.35	$250,756.06	$107,045.35	$91,521.66
***4446 MEMORIAL MEDICAL / NH FORT BEND**	$49,406.83	$81,593.57	$49,406.83	$32,495.70
***4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE**	$51,606.43	$64,237.86	$51,606.43	$16,135.67
***4551 CAL CO INDIGENT HEALTHCARE**	$9,743.32	$9,743.32	$9,743.32	$9,743.32
***5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY**	$2,190.15	$3,061.03	$2,190.15	$2,190.15
***5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID**	$2,757.67	$2,757.67	$2,757.67	$2,757.67
***5506 MMC -NH BETHANY SENIOR LIVING**	$32,728.86	$136,998.73	$32,728.86	$6,375.34
***3407 MMC -NH TUSCANY VILLAGE**	$65,502.17	$65,502.17	$65,502.17	$49,517.88
***3660 MMC -BETHANY SR LIVING - DACA**	$100.00	$100.00	$100.00	$100.00
***2998 MMC -MONEY MARKET FUND**	$5,034.00	$5,034.00	$5,034.00	$5,034.00
Total Balance	**$3,202,235.89**	**$3,779,520.59**	**$3,202,235.89**	**$3,433,742.95**

Tue 7/30/2024 10:12 AM

cclevenger@mmcportlavaca.com (Caitlin Clevenger) <cclevenger@mmcportlavaca.com>

RE: Checks for 7/27/24

To Gracie Orta

Cc Michelle Cumberland; Gregory Morales

You replied to this message on 7/30/2024 10:12 AM.

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Gracie,

We made a mistake on last week's request and requested the wrong amounts so we will not be writing those checks. We will submit the correct ones on Monday.

Caitlin Clevenger
Accountant
Memorial Medical Center
815 N Virginia St
Port Lavaca, TX 77979
Ph: 361.552.0272

From: Gracie Orta [mailto:Gracie.Orta@calhouncotx.org]
Sent: Tuesday, July 30, 2024 10:00 AM
To: Caitlin Clevenger <cclevenger@mmcportlavaca.com>; Gregory Morales <gmorales@mmcportlavaca.com>
Subject: Checks for 7/27/24

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good morning,

I was checking in to see if you all will be bringing the checks for the check requests (Nursing Home Xfers) from last week's court approved meeting. I don't think I have seen those come in as I still have that report sitting out to finalize.

Please let me know, thanks.

Thank You,
Gracie Orta
Calhoun County
Assistant Auditor

Wellpoint Checks not written out due to errors

Ashford

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAY TO: MMC Operating

Date Requested: 7/22/2024

APPROVED ON JUL 22 2024 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

FOR ACCT USE ONLY

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

AMOUNT: $ 4,116.39

G/L NUMBER: 10255040

EXPLANATION: Wellpoint May QIPP - Hospital Portion

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: [signature]

7/22/2024

Broadmoor

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAY TO THE ORDER OF: MMC Operating

Date Requested: 7/22/2024

APPROVED ON
JUL 22 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT USE ONLY

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

AMOUNT: $ 1,466.56

G/L NUMBER: 10255040-

EXPLANATION: Wellpoint May QIPP - Hospital Portion

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Andrea Dela Santos

7/22/2024

Crescent

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: MMC Operating

Date Requested: 7/22/2024

APPROVED ON JUL 22 2024 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

FOR ACCT USE ONLY

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

AMOUNT: $ 1,097.42

G/L NUMBER: 10255040

EXPLANATION: Wellpoint May QIPP - Hospital Portion

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Andrea DeLeon Santos

7/22/2024

Fort Bend

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: MMC Operating

Date Requested: 7/22/2024

APPROVED ON JUL 22 2024 BY COUNTY AUDITOR CALHOUN COUNTY TEXAS

FOR ACCT USE ONLY

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

AMOUNT: $ 1,252.16

G/L NUMBER: 10255040

EXPLANATION: Wellpoint May QIPP - Hospital Portion

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Andrew De Los Santos

7/22/2024

Solera

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAY TO THE ORDER OF: MMC Operating

Date Requested: 7/22/2024

APPROVED ON JUL 22 2024 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

FOR ACCT USE ONLY

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

AMOUNT: $ 1,155.83

G/L NUMBER: 10255040

EXPLANATION: Wellpoint May QIPP - Hospital Portion

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Andrew DeLaRosa

7/22/2024

Golden Creek

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: MMC Operating

Date Requested: 7/22/2024

APPROVED ON
JUL 22 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT USE ONLY

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

AMOUNT: $ 3,329.22

G/L NUMBER: 10255040

EXPLANATION: Superior May QIPP - Hospital Portion

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Andrew Delos Santos

7/22/2024

Bethany

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: MMC Operating

Date Requested: 7/22/2024

APPROVED ON JUL 22 2024 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

FOR ACCT USE ONLY

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

AMOUNT: $ 3,593.90

G/L NUMBER: 10255040

EXPLANATION: Superior May QIPP - Hospital Portion

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Andrea DeLaSantos

7/22/2024

Tuscany

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAY TO: MMC Operating

Date Requested: 7/22/2024

APPROVED ON
JUL 22 2024
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

FOR ACCT USE ONLY

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

AMOUNT: $ 1,681.05

G/L NUMBER: 10255040

EXPLANATION: Wellpoint May QIPP - Hospital Portion

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Andrew Nicholas Santos

7/22/2024

QIPP Payment to MMC from Nursing Facilities **Commissioner's Court** **7/24/2024**

NH Name	From Bank Acct #	Ck #	Payee	GL #	Wellpoint May	Superior May				TOTAL	Date
Ashford	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	10255040	4,116.39					4,116.39	7/24/2024
Broadmoor	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	10255040	1,466.56					1,466.56	7/24/2024
Crescent	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	10255040	1,097.42					1,097.42	7/24/2024
Fort Bend	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	10255040	1,252.16					1,252.16	7/24/2024
Solera	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	10255040	1,155.83					1,155.83	7/24/2024
Golden Creek	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	10255040		3,329.22				3,329.22	7/24/2024
Bethany	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	10255040		3,593.90				3,593.90	7/24/2024
Tuscany	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	10255040	1,681.05					1,681.05	7/24/2024
				Total:	10,769.41	6,923.12	-	-	-	17,692.53	

Note:

Approved: Andrew De Los Santos

ANDREW DE LOS SANTOS 7/22/2024