MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---July 31, 2024

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	1,030,118.68 ✓
TOTAL TRANSFERS BETWEEN FUNDS	$	158,753.86 ✓
TOTAL NURSING HOME UPL EXPENSES	$	1,396,508.59 ✓
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED July 31, 2024	$	2,585,381.13 ✓

APPROVED

JUL 3 1 2024

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---July 31, 2024

PAYABLES AND PAYROLL			
7/25/2024	Weekly Payables	448,028.10	
7/29/2024	McKesson-340B Prescription Expense	5,539.14	
7/29/2024	Amerisource Bergen-340B Prescription Expense	2,228.15	
7/29/2024	Payroll Liabilities-Payroll Taxes	114,926.23	
7/29/2024	Payroll	369,701.52	
	Prosperity Electronic Bank Payments		
7/29/2024	90 Degree Benefits - employee insurance claims	22,842.00	
7/29/2024	HPHG - healh insurance claim payments	64,772.71	
7/29/2024	Pay Plus-Patient Claims Processing Fee	758.00	
7/29/2024	Health Equity -HSA Contributions	1,322.83	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 1,030,118.68**
TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES			
7/25/2024	MMC Operating to Ashford-UHC QIPP YR7 May 2024	8,344.35	
7/25/2024	MMC Operating to Solera-UHC QIPP YR7 May 2024	2,354.25	
7/25/2024	MMC Operating to Fort bend-Correction of insurance payment deposited into MMC Operating in error/UHC QIPP YR7 May 2024	2,741.62	
7/25/2024	MMC Operating to Broadmoor-Correction of insurance payment deposited into MMC Operating in error	18,505.63	
7/25/2024	MMC Operating to The Crescent-Correction of Insurance payment deposited into MMC Operating in error/UHC QIPP YR7 MAY 2024	5,271.85	
7/25/2024	MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error/UHC QIPP YR7 May 2024	86,864.70	
7/25/2024	MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error/UHC QIPP YR7 May 2024	4,676.08	
7/25/2024	MMC Operating to Bethany-Correction insurance payment deposited into MMC Operating in error/UHC QIPP YR7 May 2024	29,995.38	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 158,753.86**
NURSING HOME UPL EXPENSES			
7/29/2024	Nursing Home UPL-Cantex Transfer	723,607.30	
7/29/2024	Nursing Home UPL-Nexion Transfer	87,847.46	
7/29/2024	Nursing Home UPL-Tuscany Transfer	386,030.41	
7/29/2024	Nursing Home UPL-HSL Transfer	88,342.66	
QIPP CHECKS TO MMC			
7/29/2024	Ashford - Wellpoint May QIPP hospital portion	23,109.97	
7/29/2024	Broadmoor -Wellpoint May QIPP hospital portion	8,522.23	
7/29/2024	Crescent - Wellpoint May QIPP hospital portion	6,356.82	
7/29/2024	Fort Bend - Wellpoint May QIPP hospital portion	7,195.14	
7/29/2024	Solera - Wellpoint May QIPP hospital portion	6,883.66	
7/29/2024	Golden Creek - Superior May QIPP hospital portion	22,341.10	
7/29/2024	Bethany-Superior May QIPP hospital portion	21,968.59	
7/29/2024	Tuscany - Wellpoint May QIPP hospital portion	14,303.25	
TOTAL NURSING HOME UPL EXPENSES			**$ 1,396,508.59**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED July 31, 2024			**$ 2,585,381.13**

RECEIVED BY THE COUNTY AUDITOR ON

JUL 25 2024

CALHOUN COUNTY, TEXAS

Vendor#	Vendor Name	Class	Pay Code
R1200	ADT COMMERCIAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
155225906A		07/23/202	06/04/202	07/04/202			58.43	0.00	0.00	58.43
	FIRE MONITOR SYS 6/1/24 - 6/30/24									
155599645		07/23/202	07/02/202	08/01/202			58.43	0.00	0.00	58.43
	FIRE MONITOR SYS									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	R1200	ADT COMMERCIAL	116.86	0.00	0.00	116.86

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
5509158382		07/24/202	06/30/202	07/30/202			574.32	0.00	0.00	574.32

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	574.32	0.00	0.00	574.32

Vendor#	Vendor Name	Class	Pay Code
A1746	ALPHA TEC SYSTEMS INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV00125691A		07/25/202	06/24/202	07/25/202			95.02	0.00	0.00	95.02

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1746	ALPHA TEC SYSTEMS INC	95.02	0.00	0.00	95.02

Vendor#	Vendor Name	Class	Pay Code
14028	AMAZON CAPITAL SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1F7VCYT9Y913		07/17/202	07/16/202	08/15/202			57.46	0.00	0.00	57.46
1XWDRDRRHLVT		07/24/202	07/02/202	08/01/202			217.22	0.00	0.00	217.22
1NH6Y1VVLRPP		07/24/202	07/08/202	08/07/202			1,498.20	0.00	0.00	1,498.20
1Y2JFGVH1RRV		07/24/202	07/10/202	08/09/202			15.63	0.00	0.00	15.63
1Y1XKXL6THW4		07/24/202	07/12/202	08/11/202			25.98	0.00	0.00	25.98
1CKDVM3W717K		07/24/202	07/15/202	08/14/202			39.28	0.00	0.00	39.28
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES	1,853.77	0.00	0.00	1,853.77

Vendor#	Vendor Name	Class	Pay Code
13516	AVANTE HEALTH SOULTIONS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
AR0406345		07/25/202	04/29/202	05/29/202			5,395.00	0.00	0.00	5,395.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13516	AVANTE HEALTH SOULTIONS	5,395.00	0.00	0.00	5,395.00

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
111436948		07/17/202	07/17/202	08/11/202			52.16	0.00	0.00	52.16

111410434		07/24/202	07/01/202	07/26/202	2,359.14	0.00	0.00	2,359.14
	SUPPLIES							
4539561		07/24/202	07/03/202	08/02/202	1,484.00	0.00	0.00	1,484.00
		Service Contract 7/3/24 - 8/2/24						
111417714		07/24/202	07/03/202	08/02/202	5,693.96	0.00	0.00	5,693.96
111446694		07/24/202	07/18/202	08/12/202	100.84	0.00	0.00	100.84
	SUPPLIES	July 2024						
5491170		07/24/202	07/21/202	08/15/202	1,935.15	0.00	0.00	1,935.15
	LEASE PAYMENT							
111451069		07/24/202	07/22/202	08/16/202	1,459.67	0.00	0.00	1,459.67
	SUPPLIES							
111440811		07/25/202	07/16/202	08/15/202	131.81	0.00	0.00	131.81
111444120		07/25/202	07/17/202	08/16/202	131.81	0.00	0.00	131.81

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	13,348.54	0.00	0.00	13,348.54

Vendor#	Vendor Name	Class	Pay Code
13972	BEYER MECHANICAL LTD		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN041167		07/24/202	07/23/202	08/15/202			2,123.33	0.00	0.00	2,123.33

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13972	BEYER MECHANICAL LTD	2,123.33	0.00	0.00	2,123.33

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
907365009		07/24/202	06/13/202	07/24/202			1,338.24	0.00	0.00	1,338.24
907432850		07/24/202	07/10/202	07/24/202			358.86	0.00	0.00	358.86
907432851		07/24/202	07/10/202	07/25/202			864.89	0.00	0.00	864.89

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11072	BIO-RAD LABORATORIES, INC	2,561.99	0.00	0.00	2,561.99

Vendor#	Vendor Name	Class	Pay Code
B1800	BRIGGS HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
B463789		07/24/202	07/11/202	08/10/202			147.50	0.00	0.00	147.50

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1800	BRIGGS HEALTHCARE	147.50	0.00	0.00	147.50

Vendor#	Vendor Name	Class	Pay Code
14260	CAREFUSION SOLUTIONS, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10023203995		07/23/202	07/09/202	08/01/202			2.00	0.00	0.00	2.00
	SOFTAWARE MAINT									
1023203987		07/23/202	07/09/202	08/01/202			1,788.00	0.00	0.00	1,788.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14260	CAREFUSION SOLUTIONS, LLC	1,790.00	0.00	0.00	1,790.00

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
RP95992		07/24/202	06/04/202	07/04/202			1,317.90	0.00	0.00	1,317.90

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.	1,317.90	0.00	0.00	1,317.90

Vendor#	Vendor Name	Class	Pay Code
12768	CHEMAQUA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8759648		07/23/202	07/10/202	07/20/202			593.69	0.00	0.00	593.69
	WATER TREATMENT PROGRAM									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12768	CHEMAQUA	593.69	0.00	0.00	593.69

Vendor#	Vendor Name	Class	Pay Code
C1730	CITY OF PORT LAVACA	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
071254		07/23/202	07/12/202	08/05/202			284.50	0.00	0.00	284.50
	WATER 815 N. Virginia St.									
071224A		07/23/202	07/12/202	08/05/202			7,003.22	0.00	0.00	7,003.22
	WATER 815 N. Virginia St.									
071224B		07/23/202	07/12/202	08/05/202			135.26	0.00	0.00	135.26
	WATER 101 N. Virginia St.									
071224C		07/23/202	07/12/202	08/05/202			329.23	0.00	0.00	329.23
	WATER 1016 N. Virginia St.									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1730	CITY OF PORT LAVACA	7,752.21	0.00	0.00	7,752.21

Vendor#	Vendor Name	Class	Pay Code
11956	CMT MEDICAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4754153		07/24/202	07/16/202	08/15/202			243.26	0.00	0.00	243.26

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11956	CMT MEDICAL	243.26	0.00	0.00	243.26

Vendor#	Vendor Name	Class	Pay Code
15116	COMPUGROUP MEDICAL - EMDS INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9090070658		07/23/202	07/16/202	07/16/202			4,864.74	0.00	0.00	4,864.74
	EMD HOSTING SERVICES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15116	COMPUGROUP MEDICAL - EMDS INC.	4,864.74	0.00	0.00	4,864.74

Vendor#	Vendor Name	Class	Pay Code
C1970	CONMED CORPORATION	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10625520		07/24/202	07/02/202	08/02/202			107.55	0.00	0.00	107.55

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1970	CONMED CORPORATION	107.55	0.00	0.00	107.55

Vendor#	Vendor Name	Class	Pay Code
C2157	COOPER SURGICAL INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CINV55000324689		07/24/202	07/03/202	08/02/202			1,300.47	0.00	0.00	1,300.47

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C2157	COOPER SURGICAL INC	1,300.47	0.00	0.00	1,300.47

Vendor#	Vendor Name	Class	Pay Code
14080	CORROHEALTH, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
917179		07/23/202	06/30/202	07/30/202			2,274.45	0.00	0.00	2,274.45
	coding									

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14080	CORROHEALTH, INC.					2,274.45	0.00	0.00	2,274.45
Vendor#	Vendor Name				Class	Pay Code				
14400	CULINARY CONCESSIONS LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	INV00001425		07/23/202	06/30/202	07/30/202		33,543.27	0.00	0.00	33,543.27
		CAFETERIA								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14400	CULINARY CONCESSIONS LLC					33,543.27	0.00	0.00	33,543.27
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
	760478		07/17/202	07/17/202	08/11/202		130.75	0.00	0.00	130.75
		SUPPLIES								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON					130.75	0.00	0.00	130.75
Vendor#	Vendor Name				Class	Pay Code				
14800	DIRECTV ENTERTAINMENT HOLDINGS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	X240712A		07/25/202	07/11/202	07/11/202		489.85	0.00	0.00	489.85
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14800	DIRECTV ENTERTAINMENT HOLDINGS					489.85	0.00	0.00	489.85
Vendor#	Vendor Name				Class	Pay Code				
10789	DISCOVERY MEDICAL NETWORK INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	071524		07/25/202	07/15/202	07/16/202		85,035.53	0.00	0.00	85,035.53
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDICAL NETWORK INC					85,035.53	0.00	0.00	85,035.53
Vendor#	Vendor Name				Class	Pay Code				
11291	DOWELL PEST CONTROL									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	32469		07/23/202	07/16/202	07/16/202		75.00	0.00	0.00	75.00
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11291	DOWELL PEST CONTROL					75.00	0.00	0.00	75.00
Vendor#	Vendor Name				Class	Pay Code				
10690	DYNASTHETICS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	2440472		07/24/202	04/02/202	05/02/202		395.56	0.00	0.00	395.56
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10690	DYNASTHETICS					395.56	0.00	0.00	395.56
Vendor#	Vendor Name				Class	Pay Code				
11091	ECOLAB									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	6345189041A		07/22/202	05/01/202	05/31/202		220.00	0.00	0.00	220.00
		5/1/24- 5/31/24 SERVICE PERIOD								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11091	ECOLAB					220.00	0.00	0.00	220.00
Vendor#	Vendor Name				Class	Pay Code				
11284	EMERGENCY STAFFING SOLUTIONS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	43419		07/22/202	07/31/202	08/10/202		40,062.50	0.00	0.00	40,062.50

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

Vendor#	Vendor Name	Class	Pay Code
S0501	EVOQUA WATER TECHNOLOGIES LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
906563017		07/19/202	07/17/202	08/16/202			1,440.00	0.00	0.00	1,440.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S0501	EVOQUA WATER TECHNOLOGIES LLC	1,440.00	0.00	0.00	1,440.00

Vendor#	Vendor Name	Class	Pay Code
F1100	FEDERAL EXPRESS CORP.	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
854342017		07/23/202	06/27/202	07/27/202			98.52	0.00	0.00	98.52
	SHIPPING									
855017458		07/23/202	07/04/202	07/29/202			16.65	0.00	0.00	16.65
	SHIPPING									
855667668		07/23/202	07/11/202	08/10/202			86.60	0.00	0.00	86.60
	SHIPPING									
853608812		07/23/202	07/20/202	07/20/202			180.96	0.00	0.00	180.96
	SHIPPING									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.	382.73	0.00	0.00	382.73

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
3319692		07/24/202	06/24/202	07/19/202			890.36	0.00	0.00	890.36
	SUPPLIES									
3622768		07/24/202	07/08/202	08/07/202			130.93	0.00	0.00	130.93
3735433		07/24/202	07/11/202	08/05/202			10,972.02	0.00	0.00	10,972.02
3799568		07/24/202	07/15/202	08/09/202			419.43	0.00	0.00	419.43
3594054		07/25/202	07/05/202	08/04/202			1,080.55	0.00	0.00	1,080.55
3594053		07/25/202	07/05/202	08/04/202			328.65	0.00	0.00	328.65
3657900		07/25/202	07/09/202	08/08/202			140.84	0.00	0.00	140.84
3696149		07/25/202	07/10/202	08/09/202			492.37	0.00	0.00	492.37

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	14,455.15	0.00	0.00	14,455.15

Vendor#	Vendor Name	Class	Pay Code
10599	FORVIS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2160581		07/24/202	07/16/202	08/10/202			12,075.00	0.00	0.00	12,075.00
	DSH AUDIT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10599	FORVIS	12,075.00	0.00	0.00	12,075.00

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
383600431680		07/23/202	07/19/202	08/01/202			5,230.31	0.00	0.00	5,230.31
	LTD									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net

	11149	GBS ADMINISTRATORS, INC					5,230.31	0.00	0.00	5,230.31
Vendor#	Vendor Name				Class	Pay Code				
G0906	GE HEALTHCARE FIN SRVS				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	100907993		07/24/202	06/27/202	08/01/202			4,610.52	0.00	0.00	4,610.52
Vendor Totals:	Number	Name						Gross	Discount	No-Pay	Net
	G0906	GE HEALTHCARE FIN SRVS						4,610.52	0.00	0.00	4,610.52
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
	6002703373		07/24/202	07/01/202	07/31/202			61.67	0.00	0.00	61.67
	6002703372		07/24/202	07/01/202	07/31/202			2,422.50	0.00	0.00	2,422.50
	6002703371		07/24/202	07/01/202	07/31/202			86.67	0.00	0.00	86.67
	6002703378		07/24/202	07/01/202	07/31/202			5,665.83	0.00	0.00	5,665.83
	6002703370		07/24/202	07/01/202	07/31/202			3,588.58	0.00	0.00	3,588.58
Vendor Totals:	Number	Name						Gross	Discount	No-Pay	Net
	12404	GE PRECISION HEALTHCARE, LLC						11,825.25	0.00	0.00	11,825.25
Vendor#	Vendor Name				Class	Pay Code				
13148	GRACE FLOORING AND GLASS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	2761		07/23/202	07/12/202	07/12/202			9,991.50	0.00	0.00	9,991.50
		FLOORING									
Vendor Totals:	Number	Name						Gross	Discount	No-Pay	Net
	13148	GRACE FLOORING AND GLASS						9,991.50	0.00	0.00	9,991.50
Vendor#	Vendor Name				Class	Pay Code				
G1210	GULF COAST PAPER COMPANY				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	2535708		07/24/202	05/15/202	06/14/202			48.30	0.00	0.00	48.30
		SUPPLIES									
	2552639		07/24/202	07/16/202	08/15/202			125.96	0.00	0.00	125.96
		SUPPLIES									
	2552640		07/24/202	07/16/202	08/15/202			715.93	0.00	0.00	715.93
		SUPPLIES									
Vendor Totals:	Number	Name						Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY						890.19	0.00	0.00	890.19
Vendor#	Vendor Name				Class	Pay Code				
11784	HALF LEAGUE STORAGE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	072324		07/23/202	07/23/202	08/01/202			360.00	0.00	0.00	360.00
		AUG-JAN 2025									
Vendor Totals:	Number	Name						Gross	Discount	No-Pay	Net
	11784	HALF LEAGUE STORAGE						360.00	0.00	0.00	360.00
Vendor#	Vendor Name				Class	Pay Code				
15348	HEALTH EQUITY									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	DYC7BUY		07/23/202	05/06/202	05/06/202			351.35	0.00	0.00	351.35
		MAY 2024									
	SQD9XYV		07/23/202	06/01/202	06/01/202			343.35	0.00	0.00	343.35
		June 2024									
	UCAC2TM		07/23/202	07/04/202	07/04/202			341.60	0.00	0.00	341.60

JUL 2024 FEES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15348	HEALTH EQUITY	1,036.30	0.00	0.00	1,036.30

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
WIEZ0042863		07/23/202	07/15/202	07/30/202			559.50	0.00	0.00	559.50
WIEZ0042862	Quarterly inspection	07/23/202	07/15/202	07/30/202			559.50	0.00	0.00	559.50

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6598	14th - 60m	07/25/202	07/31/202	08/10/202			23,663.00	0.00	0.00	23,663.00

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

Vendor# 14976 — Vendor Name: INOVALON PROVIDER INC. — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
24M0092026	SCHEDULING JULY SERVICES	07/15/202	07/11/202	08/10/202			736.56	0.00	0.00	736.56

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14976	INOVALON PROVIDER INC.	736.56	0.00	0.00	736.56

Vendor# 14864 — Vendor Name: INTERNATIONAL BIOMEDICAL — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
196666		07/25/202	07/10/202	08/10/202			224.90	0.00	0.00	224.90

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14864	INTERNATIONAL BIOMEDICAL	224.90	0.00	0.00	224.90

Vendor# K0530 — Vendor Name: KCI USA — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
32677295	CREDIT	06/26/202	06/12/202	08/10/202			-131.75	0.00	0.00	-131.75
32700977		07/12/202	06/26/202	07/26/202			410.99	0.00	0.00	410.99
32725066	SUPPLIES	07/23/202	07/05/202	08/04/202			1,219.52	0.00	0.00	1,219.52

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	K0530	KCI USA	1,498.76	0.00	0.00	1,498.76

Vendor# M2178 — Vendor Name: MCKESSON MEDICAL SURGICAL INC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
22336514		07/01/202	07/11/202	08/15/202			121.47	0.00	0.00	121.47
22326964		07/10/202	07/09/202	08/15/202			870.79	0.00	0.00	870.79
22276504	SUPPLIES	07/24/202	06/26/202	07/15/202			149.55	0.00	0.00	149.55
22293686	SUPPLIES	07/24/202	07/01/202	08/15/202			54.40	0.00	0.00	54.40
22324537	SUPPLIES	07/24/202	07/10/202	08/15/202			286.74	0.00	0.00	286.74

22340849		07/24/202	07/12/202	08/15/202	354.10	0.00	0.00	354.10
22367071		07/24/202	07/18/202	08/02/202	31.44	0.00	0.00	31.44
	SUPPLIES							
22344012		07/24/202	07/24/202	08/08/202	842.47	0.00	0.00	842.47
22363728		07/25/202	07/17/202	08/15/202	495.09	0.00	0.00	495.09

Vendor Totals: Number Name

		Gross	Discount	No-Pay	Net
M2178	MCKESSON MEDICAL SURGICAL INC	3,206.05	0.00	0.00	3,206.05

Vendor# Vendor Name Class Pay Code

11141 MEDICAL DATA SYSTEMS, INC.

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
193296		07/24/202	06/30/202	07/25/202			103.77	0.00	0.00	103.77

Vendor Totals: Number Name

		Gross	Discount	No-Pay	Net
11141	MEDICAL DATA SYSTEMS, INC.	103.77	0.00	0.00	103.77

Vendor# Vendor Name Class Pay Code

12588 MEDICAL TECHNOLOGY ASSOCIATES

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV241275		07/24/202	06/26/202	07/26/202			9,279.78	0.00	0.00	9,279.78
	SEMI ANNUAL MAINT SERVICE									

Vendor Totals: Number Name

		Gross	Discount	No-Pay	Net
12588	MEDICAL TECHNOLOGY ASSOCIATES	9,279.78	0.00	0.00	9,279.78

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
2324967112		07/02/202	07/02/202	07/27/202			40.99	0.00	0.00	40.99
	SUPPLIES									
2327025363		07/17/202	07/16/202	08/10/202			80.75	0.00	0.00	80.75
	SUPPLIES									
2327025362		07/17/202	07/17/202	08/11/202			6.88	0.00	0.00	6.88
	SUPPLIES									
2326281976		07/17/202	07/17/202	08/11/202			327.68	0.00	0.00	327.68
2303554019		07/24/202	01/17/202	02/11/202			7.13	0.00	0.00	7.13
	SUPPLIES									
231636431		07/24/202	04/03/202	04/28/202			3,078.13	0.00	0.00	3,078.13
	SUPPLIES									
2323062253		07/24/202	06/17/202	07/12/202			740.42	0.00	0.00	740.42
	SUPPLIES									
2323123534		07/24/202	06/18/202	07/13/202			435.00	0.00	0.00	435.00
	SUPPLIES									
2324253736		07/24/202	06/26/202	07/21/202			6,045.73	0.00	0.00	6,045.73
	SUPPLIES									
2324967111		07/24/202	07/02/202	07/27/202			236.03	0.00	0.00	236.03
	SUPPLIES									
2324967110		07/24/202	07/02/202	07/27/202			11.24	0.00	0.00	11.24
	SUPPLIES									
2324967113		07/24/202	07/02/202	07/27/202			35.90	0.00	0.00	35.90
	SUPPLIES									
2325239437		07/24/202	07/03/202	07/28/202			53.39	0.00	0.00	53.39
	SUPPLIES									
2327058146		07/24/202	07/16/202	08/10/202			276.49	0.00	0.00	276.49
	SUPPLIES									

2327132632		07/24/202	07/17/202	08/11/202	3,376.86	0.00	0.00	3,376.86
	SUPPLIES							
2327132622		07/24/202	07/17/202	08/11/202	71.10	0.00	0.00	71.10
	SUPPLIES							
2327132625		07/24/202	07/17/202	08/11/202	50.71	0.00	0.00	50.71
	SUPPLIES							
2327132617		07/24/202	07/17/202	08/11/202	30.43	0.00	0.00	30.43
	SUPPLIES							
2327132619		07/24/202	07/17/202	08/11/202	463.43	0.00	0.00	463.43
	SUPPLIES							
2327132626		07/24/202	07/17/202	08/11/202	174.78	0.00	0.00	174.78
	SUPPLIES							
2327132621		07/24/202	07/17/202	08/11/202	20.68	0.00	0.00	20.68
	SUPPLIES							
2327132624		07/24/202	07/17/202	08/11/202	310.02	0.00	0.00	310.02
	SUPPLIE							
2327132627		07/24/202	07/17/202	08/11/202	32.70	0.00	0.00	32.70
	SUPPLIES							
2327132620		07/24/202	07/17/202	08/11/202	66.39	0.00	0.00	66.39
	SUPPLIES							
2327132631		07/24/202	07/17/202	08/11/202	522.42	0.00	0.00	522.42
	SUPPLIES							
2327132629		07/24/202	07/17/202	08/11/202	164.19	0.00	0.00	164.19
	SUPPLIES							
2327132628		07/24/202	07/17/202	08/11/202	10.90	0.00	0.00	10.90
	SUPPLIES							
2327132630		07/24/202	07/17/202	08/11/202	78.92	0.00	0.00	78.92
	SUPPLIES							
2327592889		07/24/202	07/19/202	08/13/202	60.38	0.00	0.00	60.38
2327025364		07/25/202	07/16/202	08/10/202	-2.79	0.00	0.00	-2.79
2327325257		07/25/202	07/18/202	08/12/202	12.30	0.00	0.00	12.30
2327325258		07/25/202	07/18/202	08/12/202	12.30	0.00	0.00	12.30

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	16,831.48	0.00	0.00	16,831.48

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
072324		07/23/202	07/03/202	07/03/202			157.18	0.00	0.00	157.18

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP	157.18	0.00	0.00	157.18

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2227880		07/22/202	07/18/202	07/28/202			322.08	0.00	0.00	322.08
	INVENTORY									
2227879		07/22/202	07/18/202	08/10/202			67.52	0.00	0.00	67.52
	SUPPLIES									
2227399		07/22/202	07/18/202	08/10/202			7,095.05	0.00	0.00	7,095.05
	SUPPLIES									
2217576		07/23/202	07/16/202	08/10/202			1,713.11	0.00	0.00	1,713.11
	INVENTORY									

2217575		07/23/202	07/16/202	08/10/202	1,061.50	0.00	0.00	1,061.50
	INVENTORY							
2219323		07/23/202	07/16/202	08/10/202	31.21	0.00	0.00	31.21
	INVENTORY							
2219322		07/23/202	07/16/202	08/10/202	41.64	0.00	0.00	41.64
	INVENTORY							
2222817		07/23/202	07/17/202	08/10/202	313.43	0.00	0.00	313.43
	INVENTORY							
2222378		07/23/202	07/17/202	08/10/202	4,699.30	0.00	0.00	4,699.30
	INVENTORY							
2230155		07/23/202	07/18/202	08/10/202	39.06	0.00	0.00	39.06
	INVENTORY							
2230156		07/23/202	07/18/202	08/10/202	45.93	0.00	0.00	45.93
	INVENTORY							
CM40136		07/24/202	07/19/202	07/29/202	-5.32	0.00	0.00	-5.32
	CREDIT							
2237102		07/24/202	07/21/202	08/10/202	594.07	0.00	0.00	594.07
	SUPPLIES							
2237103		07/24/202	07/21/202	08/10/202	36.24	0.00	0.00	36.24
	SUPPLIES							
2241474		07/24/202	07/22/202	08/10/202	651.37	0.00	0.00	651.37
	SUPPLIES							
2239842		07/24/202	07/22/202	08/10/202	297.05	0.00	0.00	297.05
	SUPPLIES							
2241473		07/24/202	07/22/202	08/10/202	64.12	0.00	0.00	64.12
2238560		07/24/202	07/22/202	08/10/202	207.23	0.00	0.00	207.23
	SUPPLIES							
2238559		07/24/202	07/22/202	08/10/202	1,139.74	0.00	0.00	1,139.74
	SUPPLIES							
2245375		07/24/202	07/23/202	08/10/202	9.48	0.00	0.00	9.48
	SUPPLIES							
2245376		07/24/202	07/23/202	08/10/202	1,013.65	0.00	0.00	1,013.65
	SUPPLIES							
2244801		07/24/202	07/23/202	08/10/202	99.40	0.00	0.00	99.40
2244870		07/24/202	07/23/202	08/10/202	1,713.11	0.00	0.00	1,713.11
	SUPPLIES							
2244800		07/24/202	07/23/202	08/10/202	1,429.25	0.00	0.00	1,429.25
	SUPPLIES							

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	22,679.22	0.00	0.00	22,679.22

Vendor#	Vendor Name	Class	Pay Code
15224	MUTUAL OF OMAHA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
001736036350		07/23/202	07/18/202	08/01/202			24,396.66	0.00	0.00	24,396.66
	AUG 2024 BILLING DATE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15224	MUTUAL OF OMAHA	24,396.66	0.00	0.00	24,396.66

Vendor#	Vendor Name	Class	Pay Code
12388	NATIONAL FARM LIFE INSURANCE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4264118		07/23/202	07/15/202	08/01/202			2,210.94	0.00	0.00	2,210.94

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12388	NATIONAL FARM LIFE INSURANCE	2,210.94	0.00	0.00	2,210.94

Vendor#	Vendor Name				Class	Pay Code				
OM425	OWENS & MINOR									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	2098640709		07/24/202	07/05/202	08/04/202			174.02	0.00	0.00	174.02
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		OM425	OWENS & MINOR					174.02	0.00	0.00	174.02
Vendor#	Vendor Name				Class	Pay Code				
10152	PARTSSOURCE, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	05350914		07/25/202	07/08/202	08/07/202			94.86	0.00	0.00	94.86
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10152	PARTSSOURCE, LLC					94.86	0.00	0.00	94.86
Vendor#	Vendor Name				Class	Pay Code				
14060	RADCOM ASSOCIATES, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	INV004814		07/23/202	07/17/202	08/16/202			900.00	0.00	0.00	900.00
		NUC MED									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14060	RADCOM ASSOCIATES, LLC					900.00	0.00	0.00	900.00
Vendor#	Vendor Name				Class	Pay Code				
11080	RADSOURCE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	PSI002336		07/15/202	07/12/202	08/11/202			1,791.67	0.00	0.00	1,791.67
		SAMSUNG GC80									
	PSI002384		07/16/202	07/16/202	08/15/202			1,708.33	0.00	0.00	1,708.33
		SAMSUNG GU60A FIX									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11080	RADSOURCE					3,500.00	0.00	0.00	3,500.00
Vendor#	Vendor Name				Class	Pay Code				
S2001	SIEMENS MEDICAL SOLUTIONS INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	116579073		07/23/202	07/16/202	08/10/202			2,451.95	0.00	0.00	2,451.95
		SYMBIA EVO CONTRACT									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		S2001	SIEMENS MEDICAL SOLUTIONS INC					2,451.95	0.00	0.00	2,451.95
Vendor#	Vendor Name				Class	Pay Code				
10699	SIGN AD, LTD.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	302627		07/23/202	07/16/202	07/26/202			410.00	0.00	0.00	410.00
		ADVERTISING SPACE AUG 2024									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10699	SIGN AD, LTD.					410.00	0.00	0.00	410.00
Vendor#	Vendor Name				Class	Pay Code				
11296	SOUTH TEXAS BLOOD & TISSUE CEN									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	CM12738		07/23/202	07/15/202	08/09/202			-3,360.00	0.00	0.00	-3,360.00
	IO7042134		07/23/202	07/15/202	08/14/202			5,507.00	0.00	0.00	5,507.00
		BLOOD									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11296	SOUTH TEXAS BLOOD & TISSUE CEN					2,147.00	0.00	0.00	2,147.00
Vendor#	Vendor Name				Class	Pay Code				
C1010	SPARKLIGHT				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

071624A		07/25/202	07/16/202	07/17/202		135.03	0.00	0.00	135.03
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	C1010	SPARKLIGHT				135.03	0.00	0.00	135.03
Vendor#	Vendor Name			Class	Pay Code				
12288	SPBS CLINICAL EQUIPMENT SRVC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
1366667		07/24/202	07/23/202	07/28/202		822.53	0.00	0.00	822.53
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	12288	SPBS CLINICAL EQUIPMENT SRVC				822.53	0.00	0.00	822.53
Vendor#	Vendor Name			Class	Pay Code				
S3960	STERICYCLE, INC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
8006861210		07/24/202	04/18/202	05/18/202		3,079.00	0.00	0.00	3,079.00
	WASTE DISPOSAL								
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	S3960	STERICYCLE, INC				3,079.00	0.00	0.00	3,079.00
Vendor#	Vendor Name			Class	Pay Code				
S3940	STERIS CORPORATION			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
12602067		07/24/202	07/15/202	08/14/202		62.46	0.00	0.00	62.46
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	S3940	STERIS CORPORATION				62.46	0.00	0.00	62.46
Vendor#	Vendor Name			Class	Pay Code				
S2830	STRYKER SALES CORP			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
9206564924		07/24/202	06/28/202	07/28/202		143.24	0.00	0.00	143.24
	SUPPLIES								
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	S2830	STRYKER SALES CORP				143.24	0.00	0.00	143.24
Vendor#	Vendor Name			Class	Pay Code				
14212	SURGICAL DIRECT SOUTH								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
9342		07/24/202	07/15/202			4,540.00	0.00	0.00	4,540.00
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	14212	SURGICAL DIRECT SOUTH				4,540.00	0.00	0.00	4,540.00
Vendor#	Vendor Name			Class	Pay Code				
15012	TASHA NORMAN, FNP								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
072224		07/22/202	07/22/202	07/22/202		344.00	0.00	0.00	344.00
	CONT EDU REIMBURSEMENT								
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	15012	TASHA NORMAN, FNP				344.00	0.00	0.00	344.00
Vendor#	Vendor Name			Class	Pay Code				
11908	TMS SOUTH								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
INV127664		07/12/202	07/15/202	08/14/202		19.14	0.00	0.00	19.14
	SUPPLIES								
INV127389		07/17/202	07/11/202	08/10/202		9.78	0.00	0.00	9.78
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	11908	TMS SOUTH				28.92	0.00	0.00	28.92
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
INV1796986743		07/23/202	07/12/202	08/11/202			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# 13616 Vendor Name: TRIOSE, INC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
TRI188901		07/23/202	06/18/202	07/03/202			206.57	0.00	0.00	206.57
	FREIGHT									
TRI190280		07/23/202	07/02/202	07/17/202			70.70	0.00	0.00	70.70
	FREIGHT									
TRI190969		07/23/202	07/09/202	07/24/202			293.63	0.00	0.00	293.63
	FREIGHT									
0800025154		07/24/202	06/30/202	07/15/202			15.66	0.00	0.00	15.66

Vendor Totals:

Number	Name	Gross	Discount	No-Pay	Net
13616	TRIOSE, INC	586.56	0.00	0.00	586.56

Vendor# 10841 Vendor Name: TRUBRIDGE, LLC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
T2407161378		07/23/202	07/16/202	07/16/202			7,960.66	0.00	0.00	7,960.66
A2407031378A		07/24/202	07/03/202	07/03/202			21,748.00	0.00	0.00	21,748.00

Vendor Totals:

Number	Name	Gross	Discount	No-Pay	Net
10841	TRUBRIDGE, LLC	29,708.66	0.00	0.00	29,708.66

Vendor# 14208 Vendor Name: TRUSTED HEALTH, INC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV71027		06/30/202	07/11/202	08/10/202			2,932.50	0.00	0.00	2,932.50

Vendor Totals:

Number	Name	Gross	Discount	No-Pay	Net
14208	TRUSTED HEALTH, INC	2,932.50	0.00	0.00	2,932.50

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2921037102		07/15/202	07/11/202	08/10/202			282.90	0.00	0.00	282.90
2921037097		07/15/202	07/11/202	08/10/202			128.86	0.00	0.00	128.86
	LAUNDRY									
2921037099		07/15/202	07/11/202	08/10/202			2,318.16	0.00	0.00	2,318.16
	LAUNDRY									
2921037103		07/15/202	07/11/202	08/10/202			225.86	0.00	0.00	225.86
	LAUNDRY									
2921037101		07/15/202	07/11/202	08/10/202			318.12	0.00	0.00	318.12
	LAUNDRY									
2321037100		07/15/202	07/11/202	08/10/202			34.04	0.00	0.00	34.04
	LAUNDRY									
2921037104		07/15/202	07/11/202	08/10/202			113.81	0.00	0.00	113.81
2921032094		07/19/202	05/13/202	06/12/202			3,247.18	0.00	0.00	3,247.18
	SUPPLIES									
2921032095		07/19/202	05/13/202	06/12/202			102.07	0.00	0.00	102.07
	SUPPLIES									

2921034367		07/19/202 06/10/202 07/10/202	102.07	0.00	0.00	102.07	
2921034366	SUPPLIES	07/19/202 06/10/202 07/10/202	3,436.36	0.00	0.00	3,436.36	
292104971	SUPPLIES	07/19/202 06/10/202 07/10/202	102.07	0.00	0.00	~~102.07~~	
2921035323		07/19/202 06/20/202 07/20/202	232.22	0.00	0.00	232.22	
2921037681	LAUNDRY	07/23/202 07/18/202 08/12/202	34.04	0.00	0.00	34.04	
2921037901	LAUNDRY	07/24/202 07/22/202 08/16/202	97.76	0.00	0.00	97.76	
2921037900		07/24/202 07/22/202 08/16/202	2,943.33	0.00	0.00	2,943.33	

wrong amount - removed

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	13,718.85	0.00	0.00	13,718.85

Vendor# I1110 Vendor Name WERFEN USA LLC Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
9111555702		07/17/202	07/17/202	08/11/202			1,571.67	0.00	0.00	1,571.67	
9111543427	SUPPLIES	07/24/202	07/01/202	07/26/202			2,494.11	0.00	0.00	2,494.11	

July 2024

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	4,065.78	0.00	0.00	4,065.78

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	448,130.17	0.00	0.00	~~448,130.17~~

APPROVED ON

JUL 25 2024

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Chk# 205029 - 205105

448,130.17 +
102.07 -
448,028.10 ◇

Inv.# 292104971 wrg. amount removed

BANK	CODE	NUMBER	DATE	AMOUNT	PAYEE
	A/P	205029	07/31/24	116.86	ADT COMMERCIAL
	A/P	205030	07/31/24	574.32	AIRGAS USA, LLC - CENTRAL DIV
	A/P	205031	07/31/24	95.02	ALPHA TEC SYSTEMS INC
	A/P	205032	07/31/24	1,853.77	AMAZON CAPITAL SERVICES
	A/P	205033	07/31/24	5,395.00	AVANTE HEALTH SOULTIONS
	A/P	205034	07/31/24	.00	VOIDED
	A/P	205035	07/31/24	13,348.54	BECKMAN COULTER INC
	A/P	205036	07/31/24	2,123.33	BEYER MECHANICAL LTD
	A/P	205037	07/31/24	2,561.99	BIO-RAD LABORATORIES, INC
	A/P	205038	07/31/24	147.50	BRIGGS HEALTHCARE
	A/P	205039	07/31/24	1,790.00	CAREFUSION SOLUTIONS, LLC
	A/P	205040	07/31/24	1,317.90	CDW GOVERNMENT, INC.
	A/P	205041	07/31/24	593.69	CHEMAQUA
	A/P	205042	07/31/24	7,752.21	CITY OF PORT LAVACA
	A/P	205043	07/31/24	243.26	CMT MEDICAL
	A/P	205044	07/31/24	4,864.74	COMPUGROUP MEDICAL - EMDS INC.
	A/P	205045	07/31/24	107.55	CONMED CORPORATION
	A/P	205046	07/31/24	1,300.47	COOPER SURGICAL INC
	A/P	205047	07/31/24	2,274.45	CORROHEALTH, INC.
	A/P	205048	07/31/24	33,543.27	CULINARY CONCESSIONS LLC
	A/P	205049	07/31/24	130.75	DEWITT POTH & SON
	A/P	205050	07/31/24	489.85	DIRECTV ENTERTAINMENT HOLDINGS
	A/P	205051	07/31/24	85,035.53	DISCOVERY MEDICAL NETWORK INC
	A/P	205052	07/31/24	75.00	DOWELL PEST CONTROL
	A/P	205053	07/31/24	395.56	DYNASTHETICS
	A/P	205054	07/31/24	220.00	ECOLAB
	A/P	205055	07/31/24	40,062.50	EMERGENCY STAFFING SOLUTIONS
	A/P	205056	07/31/24	1,440.00	EVOQUA WATER TECHNOLOGIES LLC
	A/P	205057	07/31/24	382.73	FEDERAL EXPRESS CORP.
	A/P	205058	07/31/24	14,455.15	FISHER HEALTHCARE
	A/P	205059	07/31/24	12,075.00	FORVIS
	A/P	205060	07/31/24	5,230.31	GBS ADMINISTRATORS, INC
	A/P	205061	07/31/24	4,610.52	GE HEALTHCARE FIN SRVS
	A/P	205062	07/31/24	11,825.25	GE PRECISION HEALTHCARE, LLC
	A/P	205063	07/31/24	9,991.50	GRACE FLOORING AND GLASS
	A/P	205064	07/31/24	890.19	GULF COAST PAPER COMPANY
	A/P	205065	07/31/24	360.00	HALF LEAGUE STORAGE
	A/P	205066	07/31/24	1,036.30	HEALTH EQUITY
	A/P	205067	07/31/24	1,119.00	HOLT CAT
	A/P	205068	07/31/24	23,663.00	HOSPITAL CARE CONSULTANTS INC.
	A/P	205069	07/31/24	736.56	INOVALON PROVIDER INC.
	A/P	205070	07/31/24	224.90	INTERNATIONAL BIOMEDICAL
	A/P	205071	07/31/24	1,498.76	KCI USA
	A/P	205072	07/31/24	.00	VOIDED
	A/P	205073	07/31/24	3,206.05	MCKESSON MEDICAL SURGICAL INC
	A/P	205074	07/31/24	103.77	MEDICAL DATA SYSTEMS, INC.
	A/P	205075	07/31/24	9,279.78	MEDICAL TECHNOLOGY ASSOCIATES
	A/P	205076	07/31/24	.00	VOIDED
	A/P	205077	07/31/24	.00	VOIDED
	A/P	205078	07/31/24	.00	VOIDED

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	205079	07/31/24	16,831.48	MEDLINE INDUSTRIES INC
A/P	205080	07/31/24	157.18	MMC AUXILIARY GIFT SHOP
A/P	205081	07/31/24	.00	VOIDED
A/P	205082	07/31/24	22,679.22	MORRIS & DICKSON CO, LLC
A/P	205083	07/31/24	24,396.66	MUTUAL OF OMAHA
A/P	205084	07/31/24	2,210.94	NATIONAL FARM LIFE INSURANCE
A/P	205085	07/31/24	174.02	OWENS & MINOR
A/P	205086	07/31/24	94.86	PARTSSOURCE, LLC
A/P	205087	07/31/24	900.00	RADCOM ASSOCIATES, LLC
A/P	205088	07/31/24	3,500.00	RADSOURCE
A/P	205089	07/31/24	2,451.95	SIEMENS MEDICAL SOLUTIONS INC
A/P	205090	07/31/24	410.00	SIGN AD, LTD.
A/P	205091	07/31/24	2,147.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	205092	07/31/24	135.03	SPARKLIGHT
A/P	205093	07/31/24	822.53	SPBS CLINICAL EQUIPMENT SRVC
A/P	205094	07/31/24	3,079.00	STERICYCLE, INC
A/P	205095	07/31/24	62.46	STERIS CORPORATION
A/P	205096	07/31/24	143.24	STRYKER SALES CORP
A/P	205097	07/31/24	4,540.00	SURGICAL DIRECT SOUTH
A/P	205098	07/31/24	344.00	TASHA NORMAN, FNP
A/P	205099	07/31/24	28.92	TMS SOUTH
A/P	205100	07/31/24	3,467.50	TRIAGE, LLC
A/P	205101	07/31/24	586.56	TRIOSE, INC
A/P	205102	07/31/24	29,708.66	TRUBRIDGE, LLC
A/P	205103	07/31/24	2,932.50	TRUSTED HEALTH, INC
A/P	205104	07/31/24	13,616.78	UNIFIRST HOLDINGS INC
A/P	205105	07/31/24	4,065.78	WERFEN USA LLC
A/P	205106	07/31/24	8,344.35	ASHFORD GARDENS
A/P	205107	07/31/24	29,995.38	BETHANY SENIOR LIVING
A/P	205108	07/31/24	18,505.63	BROADMOOR AT CREEKSIDE PARK
A/P	205109	07/31/24	2,741.62	FORTBEND HEALTHCARE CENTER
A/P	205110	07/31/24	86,864.70	GOLDENCREEK HEALTHCARE
A/P	205111	07/31/24	2,354.25	SOLERA WEST HOUSTON
A/P	205112	07/31/24	5,271.85	THE CRESCENT
A/P	205113	07/31/24	4,676.08	TUSCANY VILLAGE
TOTALS:			606,781.96	

APPROVED ON

JUL 31 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payables
448,028.10 +
NHXfers 158,753.86 +
606,781.96 ◇

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: 07/26/2024 Page: 002

DC: 8115
Customer INV SupplD:
Territory:

Customer: 632536
Date: 07/27/2024

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

As of: 07/26/2024 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 07/27/2024 **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: 5,652.22 USD

Future Due: 0.00

Past Due: 1.42-

Last Payment 2,451.97
08/07/2017

If Paid By 07/30/2024,
Pay This Amount: 5,539.14 USD

If Paid After 07/30/2024,
Pay this Amount: 5,652.22 USD

Due If Paid On Time:
USD 5,539.14

Disc lost if paid late:
113.08

Due If Paid Late:
USD 5,652.22

✓ Andrew Dos Santos
7/29/2024

APPROVED ON
JUL 29 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

5,367.43 +
5.96 +
5.63 +
160.12 +
5,539.14 ◇

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 07/26/2024 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 256342
Date: 07/27/2024

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

As of: 07/26/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

Cust: 256342 PLEASE CHECK ANY
Date: 07/27/2024 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											
07/22/2024	07/30/2024	7509866670	115222714	115Invoice	0.01	0.32		0.31	✓	7509866670	
07/22/2024	07/30/2024	7509866671	205504554	115Invoice	0.02	0.95		0.93	✓	7509866671	
07/22/2024	07/30/2024	7509879701	113950158	115Invoice	0.47	23.56		23.09	✓	7509879701	
07/24/2024	07/30/2024	7510402293	115222714	115Invoice	0.01	0.32		0.31	✓	7510402293	
07/24/2024	07/30/2024	7510402294	203760944	115Invoice	0.01	0.63		0.62	✓	7510402294	
07/24/2024	07/30/2024	7510402295	116604680	115Invoice	3.73	186.35		182.62	✓	7510402295	
07/24/2024	07/30/2024	7510402296	201257403	115Invoice		0.05		0.05	✓	7510402296	
07/24/2024	07/30/2024	7510412981	204290028	115Invoice	2.46	122.85		120.39	✓	7510412981	
07/24/2024	07/30/2024	7510412982	200087247	115Invoice	0.01	0.32		0.31	✓	7510412982	
07/24/2024	07/30/2024	7510412983	200177764	115Invoice	0.01	0.32		0.31	✓	7510412983	
07/24/2024	07/30/2024	7510412984	203986466	115Invoice	0.01	0.32		0.31	✓	7510412984	
07/24/2024	07/30/2024	7510412985	201444482	115Invoice	18.67	933.27		914.60	✓	7510412985	
07/24/2024	07/30/2024	7510412986	201827072	115Invoice	0.01	0.63		0.62	✓	7510412986	
07/24/2024	07/30/2024	7510412987	204177320	115Invoice	4.30	214.85		210.55	✓	7510412987	
07/24/2024	07/30/2024	7510412988	114980753	115Invoice	5.01	250.43		245.42	✓	7510412988	
07/24/2024	07/30/2024	7510412989	115222714	115Invoice	2.50	125.21		122.71	✓	7510412989	
07/25/2024	07/30/2024	7510656801	114798308	115Invoice		0.08		0.08	✓	7510656801	
07/25/2024	07/30/2024	7510656802	201014317	115Invoice		0.08		0.08	✓	7510656802	
07/25/2024	07/30/2024	7510656803	201257403	115Invoice		0.08		0.08	✓	7510656803	
07/25/2024	07/30/2024	7510656804	205987101	115Invoice	0.01	0.63		0.62	✓	7510656804	
07/25/2024	07/30/2024	7510656805	203986466	115Invoice	0.01	0.32		0.31	✓	7510656805	
07/25/2024	07/30/2024	7510656806	205204606	115Invoice	0.01	0.63		0.62	✓	7510656806	
07/25/2024	07/30/2024	7510656807	114603161	115Invoice	0.01	0.32		0.31	✓	7510656807	
07/25/2024	07/30/2024	7510667049	205147848	115Invoice	0.97	48.31		47.34	✓	7510667049	
07/26/2024	07/30/2024	7510896598	116604680	115Invoice	5.23	261.50		256.27	✓	7510896598	
07/26/2024	07/30/2024	7510896599	114204504	115Invoice	0.01	0.32		0.31	✓	7510896599	
07/26/2024	07/30/2024	7510903500	114351743	115Invoice	0.01	0.63		0.62	✓	7510903500	
07/26/2024	07/30/2024	7510903501	206089777	115Invoice	0.01	0.63		0.62	✓	7510903501	
07/26/2024	07/30/2024	7510903502	200025451	115Invoice	9.68	484.10		474.42	✓	7510903502	
07/26/2024	07/30/2024	7510911819	204021746	115Invoice	22.67	1,133.37		1,110.70	✓	7510911819	
07/26/2024	07/30/2024	7510911821	204544102	115Invoice	22.52	1,126.23		1,103.71	✓	7510911821	

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: 07/26/2024 Page: 002

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 07/27/2024

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

As of: 07/26/2024 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 07/27/2024 **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	
07/26/2024	07/30/2024	7510911822	206148605	115Invoice	0.83	41.42		40.59		7510911822	
07/26/2024	07/30/2024	7510911823	115438832	115Invoice	0.02	0.95		0.93		7510911823	
07/26/2024	07/30/2024	7510911824	200885885	115Invoice	0.47	23.56		23.09		7510911824	
07/26/2024	07/30/2024	7510911825	202593747	115Invoice	0.47	23.56		23.09		7510911825	
07/26/2024	07/30/2024	7510911827	202969215	115Invoice	0.94	47.12		46.18		7510911827	
07/26/2024	07/30/2024	7510911830	203051223	115Invoice	0.94	47.12		46.18		7510911830	
07/26/2024	07/30/2024	7510911833	115285509	115Invoice	7.51	375.64		368.13		7510911833	

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: 5,476.98 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 34,373.02
07/22/2024

If Paid By 07/30/2024,
Pay This Amount: 5,367.43 USD

If Paid After 07/30/2024,
Pay this Amount: 5,476.98 USD

Due If Paid On Time:
USD 5,367.43

Disc lost if paid late:
109.55

Due If Paid Late:
USD 5,476.98

APPROVED ON
JUL 29 2024
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Andrew Dotas Santos
7/29/2024

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 07/26/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835434
Date: 07/27/2024

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

As of: 07/26/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835434 **PLEASE CHECK ANY**
Date: 07/27/2024 **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 835434 CVS PHCY 8923/MEM MC PHS											
07/24/2024	07/30/2024	7510285986	3404250	115Invoice	0.12	6.08		5.96	✓	7510285986	

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

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

Subtotals: 6.08 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 31,426.66
07/08/2024

If Paid By 07/30/2024,
Pay This Amount: 5.96 USD

If Paid After 07/30/2024,
Pay this Amount: 6.08 USD

Due If Paid On Time:
USD 5.96

Disc lost if paid late: 0.12

Due If Paid Late:
USD 6.08

Andrew De Los Santos
7/29/2024

APPROVED ON
JUL 29 2024
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 07/26/2024 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 835437
Date: 07/27/2024

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

As of: 07/26/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835437 **PLEASE CHECK ANY**
Date: 07/27/2024 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835437 CVS PHCY 7416/MEM MC PHS											
07/24/2024	07/30/2024	7510421958	3402635	115Invoice	0.14	7.19		7.05		7510421958	
07/26/2024	07/26/2024	7510937119	Undelivered U-58	115Credit		1.42-	P	1.42-	P	7510937119	

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: 5.77 USD

Future Due:	0.00			**Due If Paid On Time:** USD	5.63
Past Due:	1.42-	**If Paid By 07/30/2024, Pay This Amount:**	5.63 USD	**Disc lost if paid late:**	0.14
Last Payment 07/22/2024	34,373.02	**If Paid After 07/30/2024, Pay this Amount:**	5.77 USD	**Due If Paid Late:** USD	5.77

APPROVED ON
JUL 29 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

✓ Andrew DeLosSantos
7/29/2024

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 07/26/2024

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 835438
Date: 07/27/2024

Page: 001

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

As of: 07/26/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 **PLEASE CHECK ANY**
Date: 07/27/2024 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS											
07/24/2024	07/30/2024	7510421248	3404278	115Invoice	3.27	163.39		160.12		7510421248	

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

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

Subtotals: 163.39 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 31,426.66
07/08/2024

If Paid By 07/30/2024,
Pay This Amount: 160.12 USD

If Paid After 07/30/2024,
Pay this Amount: 163.39 USD

Due If Paid On Time:
USD 160.12

Disc lost if paid late:
3.27

Due If Paid Late:
USD 163.39

APPROVED ON
JUL 29 2024
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Andrew DeLos Santos
7/29/2024

For AR Inquiries please contact 800-867-0333

AmerisourceBergen

STATEMENT

Statement Number: 67887114
Date: 07-26-2024

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

DEA: RA0289276
866-451-9655

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

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

Customer Number
100135284 / 037028186

Terms
Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	2,228.15
Past Due:	0.00
Total Due:	2,228.15
Account Balance:	2,228.15

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
07-21-2024	08-02-2024	3182444489	7007115342	Invoice	65.73		0.00	65.73
07-21-2024	08-02-2024	3182445530	7007127901	Invoice	918.10		0.00	918.10
07-21-2024	08-02-2024	3182445531	7007127901	Invoice	1.09		0.00	1.09
07-21-2024	08-02-2024	3182445532	7007135672	Invoice	1,114.75		0.00	1,114.75
07-21-2024	08-02-2024	3182445533	7007115667	Invoice	3.12		0.00	3.12
07-23-2024	08-02-2024	3182617835	7007144570	Invoice	8.96		0.00	8.96
07-24-2024	08-02-2024	3182765660	7007151707	Invoice	15.37		0.00	15.37
07-25-2024	08-02-2024	3182913294	7007163120	Invoice	32.13		0.00	32.13
07-25-2024	08-02-2024	3182913295	7007162246	Invoice	29.76		0.00	29.76
07-26-2024	08-02-2024	3183063097	7007172908	Invoice	35.50		0.00	35.50
07-26-2024	08-02-2024	3183063098	7007171374	Invoice	3.64		0.00	3.64

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
2,228.15	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
07-26-2024	(359.66)

APPROVED ON
JUL 29 2024
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Reminders

Due Date	Amount
08-02-2024	2,228.15
Total Due:	2,228.15

Andrea Dotson Santos
7/29/2024

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

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

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

☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	$ 114,926.23	#
"1 TO CONFIRM"		1	
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 61,381.54	#
"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 14,355.32	#
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 39,189.37	#
☐ "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	7/12/2024					
PAY PERIOD: END	7/25/2024					
PAY DATE:	8/2/2024					
GROSS PAY:	$ 532,800.25			$ -		$ 532,800.25
DEDUCTIONS:						
A/R	$ 303.44					$ 303.44
ADVANC						$ -
BOOTS						$ -
MUTUAL CRITICAL ILLNESS						$ -
MUTUAL ACCIDENT						$ -
IRS TAX						$ -
MUTUAL SHORT TERM DIS						$ -
MUTUAL VISION	$ 842.80					$ 842.80
CAFÉ-D	$ 1,233.48					$ 1,233.48
CAFÉ-H	$ 29,911.45					$ 29,911.45
	$ -					$ -
	$ -					$ -
CAFÉ-P						$ -
CANCER						$ -
CHILD	$ 570.69					$ 570.69
CLINIC	$ 65.00					$ 65.00
COMBIN	$ 250.86					$ 250.86
CREDUN	$ -					$ -
DENTAL	$ -					$ -
DEP-LF						$ -
MUTUAL TERM LIFE	$ 1,350.56					$ 1,350.56
MUTUAL HOSP INDEM	$ 491.50					$ 491.50
FED TAX	$ 39,189.37					$ 39,189.37
FICA-M	$ 7,177.66					$ 7,177.66
FICA-O	$ 30,690.77					$ 30,690.77
FICA-M ADDITIONAL						$ -
FIRST C						$ -
FLEX S	$ 4,906.15					$ 4,906.15
FLX-FE	$ -					$ -
GIFT S	$ 109.28					$ 109.28
MUTUAL CRITICAL ILLNESS	$ 1,064.07					$ 1,064.07
MUTUAL ACCIDENT	$ 692.86					$ 692.86
MUTUAL SHORT TERM DIS	$ 1,873.29					$ 1,873.29
LEGAL	$ 1,112.93					$ 1,112.93
OTHER	$ 2,674.49					$ 2,674.49
NATIONAL FARM LIFE	$ 1,256.63					$ 1,256.63
MED SURCHARGE	$ 295.00					$ 295.00
Blank						$ -
RELAY						$ -
REPAY						$ -
STONEDF	$ 895.00					$ 895.00
STONE						$ -
STONE 2						$ -
STUDEN						$ -
TSA-R	$ 36,141.45					$ 36,141.45
UW/HOS	$ -					$ -
TOTAL DEDUCTIONS:	$ 163,098.73	$ -	$ -	$ -	$ -	$ 163,098.73
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$ 369,701.52	$ -	$ -	$ -	$ -	$ 369,701.52
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFÉ 125 PLAN:	$ 37,788.88	Less Exempt:				
TAXABLE PAY:	$ 495,011.37	$ 495,011.37				

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 7,177.66		
FICA - MED (EE)	1.45%	$ 7,177.66	$ 7,177.66	$ -
FICA - SOC SEC (ER)	6.20%	$ 30,690.70		
FICA - SOC SEC (EE)	6.20%	$ 30,690.70	$ 30,690.77	$ (0.07)
FED WITHHOLDING		$ 39,189.37	$ 39,189.37	

Exempt Amt:

Employees over FICA-SS Cap: Michael Gaines

Paycode S - Employee Reimb.:

TOTAL: $ -

TAX DEPOSIT:		$ 114,926.09	$ 114,926.23	
FICA - MEDICARE	2.90%	$ 14,355.32	$14,355.32	
FICA - SOCIAL SECURITY	12.40%	$ 61,381.40	$61,381.54	PREPARED BY:
FED WITHHOLDING		$ 39,189.37	$39,189.37	PREPARED DATE:
TOTAL TAX:		$ 114,926.09	$114,926.23	$ (0.14)

Caitlin Clevenger

7/29/2024

Final Summary

-- PayCode Summary --

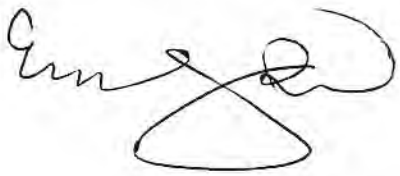
PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	9826.50	N		N	N		230333.99
1	REGULAR PAY-S1	1914.75	N		N	N	N	89092.31
1	REGULAR PAY-S1	291.25	Y		N	N		10208.96
2	REGULAR PAY-S2	2633.25	N		N	N		70589.84
2	REGULAR PAY-S2	125.25	Y		N	N		4913.33
3	REGULAR PAY-S3	1506.50	N		N	N		52477.61
3	REGULAR PAY-S3	128.00	Y		N	N		6539.59
4	CALL BACK PAY	13.00	N	1	N	N	Y	629.40
4	CALL BACK PAY	17.25	N	2	N	N	Y	843.14
4	CALL BACK PAY	2.25	Y	1	N	N	Y	188.83
4	CALL BACK PAY	.75	Y	2	N	N	Y	60.19
C	CALL PAY	2306.00	N	1	N	N		4612.00
D	DOUBLE TIME	11.25	N		N	N	N	876.53
D	DOUBLE TIME	6.00	N	1	N	N		557.04
D	DOUBLE TIME	26.50	N	2	N	N		2526.46
D	DOUBLE TIME	23.75	N	3	N	N		2304.53
E	EXTRA WAGES		N		N	N	N	640.00
E	EXTRA WAGES		N	1	N	N	N	2278.75
I	INSERVICE	8.50	N	1	N	N		314.50
K	EXTENDED-ILLNESS-BANK	252.00	N	1	N	N		5858.22
P	PAID-TIME-OFF	161.51	N		N	N	N	4876.25
P	PAID-TIME-OFF	1342.00	N	1	N	N		39670.78
X	CALL PAY 2	148.00	N	1	N	N		296.00
Z	CALL PAY 3	64.00	N	1	N	N		192.00
t	PHONE & DATA		N		N	N	N	1920.00

-- Deductions Summary --

Code	Amount				
A/R	303.44	A/R2		A/R3	
ADVANC		AWARDS		BCBSVI	
BOOTS		CAFE H		CAFE-1	
CAFE-2		CAFE-3		CAFE-4	
CAFE-5		CAFE-C		CAFE-D	1233.48
CAFE-F		CAFE-H	29911.45	CAFE-I	
CAFE-L		CAFE-P		CANCER	
CHILD	570.69	CLINIC	65.00	COMBIN	250.86
CREDUN		DD ADV		DENTAL	
DEP-LF		DIS-LF		EAT	
EATCSH		FEDTAX	39189.37	FICA-M	7177.66
FICA-O	30690.77	FIRSTC		FLEX S	4142.51
FLX FE		FORT D		FUTA	
GIFT S	109.28	GRANT		GRP-IN	
GTL		HOSP-I		HSA	763.64
ID TFT		IRSTAX		LEAF	
LEGAL	246.43	NASA	866.50	MEALS	2674.49
METVIS		MISC		MISC/	
MMCSHR		MODACC	692.86	MOOILL	1064.07
MOOIND	491.50	MOOLIF	1350.56	MOOSTD	1873.29
MOOVIS	842.80	NATFML	1256.63	OTHER	
PHI		PHI***		PR FIN	
RELAY		REPAY		SAMS	
SCRUBS		SIGNON		ST-TX	
STONDF	895.00	STONE		STONE2	
STUDEN		SUNACC		SUNILL	
SUNIND		SUNLIF		SUNSTD	
SUNVIS		SURCHG	295.00	TSA-1	
TSA-2		TSA-C		TSA-P	
TSA-R	36141.45	TUTION		UNIFOR	
UW/HOS					

-------------------- Grand Totals: 20808.26 ------- (Gross: 532800.25 Deductions: 163098.73 Net: 369701.52)

Checks Count:- FT 207 PT 13 Other 44 Female 236 Male 27 Credit OverAmt 10 ZeroNet Term Total: 263



CHKNO	GRPNO	LOCNO	EMPNO	CKMNO	CKMPRE	CKMNOT	CKMSUF	CHKDT	AMT	CKMTP	PAYEE	PAYTP	CVOID	CVSTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUDT	PAYNO
2378	76351	1	1	0	2024	199001893	0	7/22/2024	$18,476.88	1	TRUESCRIPTS MANAGEMENT SERVICE LLC	P	517	0	EXPENSE	EMPLOYEE	PCS	F	7/1/2024	7/14/2024	464334244
2379	76351	1	2	0	2024	197000157	0	7/22/2024	$503.75	1	VIP CARE SERVICES LLC	P	604	0	[redacted]		CASE	F	6/5/2024	6/7/2024	271837628
2381	76351	3	21	0	2024	194000289	0	7/22/2024	$13.37	1	SINGLETON ASSOCIATES PA	P	181	0			XRAY	F	6/27/2024	6/27/2024	741680498
2385	76351	3	62	0	2024	194000295	0	7/22/2024	$65.91	1	SINGLETON ASSOCIATES PA	P	324	0			CAT	F	6/27/2024	6/27/2024	741680498
2386	76351	3	10	0	2024	194000297	0	7/22/2024	$90.47	1	SINGLETON ASSOCIATES PA	P	321	0			MRIO	F	6/26/2024	6/26/2024	741680498
2388	76351	3	31	0	2024	194000278	0	7/22/2024	$111.14	1	SINGLETON ASSOCIATES PA	P	189	0			ERD	F	6/26/2024	6/26/2024	741680498
2389	76351	3	50	0	2024	198000068	0	7/22/2024	$121.53	1	AARON M MCGUIRE OD	P	457	0			OVS	F	7/1/2024	7/1/2024	742208337
2390	76351	3	38	0	2024	194000451	0	7/22/2024	$126.29	1	ORTHOLONESTAR PLLC	P	457	0			OVS	F	6/25/2024	6/25/2024	842136648
2391	76351	3	53	0	2024	197002638	0	7/22/2024	$157.13	1	VICTORIA ORTHOPEDIC CENTER, PLLC	P	457	0			OVS	F	7/10/2024	7/10/2024	260151734
2392	76351	3	37	0	2024	193000037	0	7/22/2024	$172.35	1	TMH PHYSICIAN ASSOCIATES, PLLC	P	728	0			TELM	F	7/1/2024	7/1/2024	300520570
2399	76351	3	11	0	2024	197000158	0	7/22/2024	$620.00	1	VIP CARE SERVICES LLC	P	604	0			CASE	F	6/5/2024	6/18/2024	271837628
2403	76360	2	101	0	2024	194000468	0	7/22/2024	$13.79	1	SINGLETON ASSOCIATES PA	P	181	0			XRAY	F	6/27/2024	6/27/2024	741680498
2407	76360	3	90	1	2024	194000276	0	7/22/2024	$10.33	1	SINGLETON ASSOCIATES PA	P	181	0			XRAY	F	6/25/2024	6/25/2024	741680498
2408	76360	3	69	0	2024	199001664	0	7/22/2024	$16.38	1	VICTORIA EYE CENTER	P	457	0			OVS	F	7/9/2024	7/9/2024	742208337
2409	76360	3	16	0	2024	193000035	0	7/22/2024	$19.10	1	VICTORIA VEIN AND SURGERY CLINIC	P	457	0			OVS	F	6/25/2024	6/25/2024	452590280
2410	76360	3	26	1	2024	197002621	0	7/22/2024	$19.10	1	VICTORIA ORTHOPEDIC CENTER, PLLC	P	457	0			OVS	F	7/11/2024	7/11/2024	260151734
2411	76360	3	30	1	2024	194000985	0	7/22/2024	$27.74	1	VICTORIA ORTHOPEDIC CENTER, PLLC	P	457	0			OVS	F	5/29/2024	5/29/2024	260151734
2415	76360	3	61	0	2024	197000518	0	7/22/2024	$92.83	1	PATHOLOGY REFERENCE LABORATORY, LLC	P	185	0			LAB	F	6/26/2024	6/26/2024	742959346
2417	76360	3	103	0	2024	194000979	0	7/22/2024	$115.00	1	VICTORIA WOMENS CLINIC ASSOCIATES	P	180	0			XRDR	F	7/3/2024	7/3/2024	741831291
2418	76360	3	28	0	2024	197000286	0	7/22/2024	$127.90	1	SINGLETON ASSOCIATES PA	P	181	0			XRAY	F	7/2/2024	7/2/2024	741680498
2420	76360	3	83	0	2024	197002620	0	7/22/2024	$148.91	1	VICTORIA WOMENS CLINIC ASSOCIATES	P	177	0			OV	F	7/9/2024	7/9/2024	741831291
2421	76360	3	32	6	2024	194000429	0	7/22/2024	$189.22	1	PEDIATRIX MEDICAL GROUP OF TEXAS	P	188	0			HV	F	5/29/2024	5/29/2024	650578395
2422	76360	3	26	1	2024	199000058	0	7/22/2024	$261.13	1	BHS PHYSICIANS NETWORK, INC.	P	177	0			OV	F	2/26/2024	2/26/2024	203059260
2423	76360	3	21	1	2024	197000160	0	7/22/2024	$271.25	1	VIP CARE SERVICES LLC	P	604	0			CASE	F	6/28/2024	6/28/2024	271837628
2428	76360	3	32	6	2024	194000466	0	7/22/2024	$489.25	1	PEDIATRIX MEDICAL GROUP OF TEXAS	P	188	0			HV	F	5/28/2024	5/28/2024	650578395
2430	76360	3	21	1	2024	197000159	0	7/22/2024	$581.25	1	VIP CARE SERVICES LLC	P	604	0			CASE	F	6/6/2024	6/25/2024	271837628
									$22,842.00												

Andrew D. Dos Santos
7/29/2024

APPROVED ON
JUL 29 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- July 22, 2024 - July 28, 2024

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten Check" #
7/26/2024	WIRE OUT CBNA INCOMING SETTLEMENT ACCOUNT	- CitiBank Corporate Card Payment	2,439.96 *	901283
7/26/2024	PAY PLUS ACHTrans 000000030456418 1010006952	- 3rd Party Payor Fee	396.79	901284
7/26/2024	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	359.66 *	500623
7/25/2024	PAY PLUS ACHTrans 000000030318570 1010006941	- 3rd Party Payor Fee	62.58	901285
7/24/2024	PAY PLUS ACHTrans 000000030227005 1010006930	- 3rd Party Payor Fee	14.14	901286
7/24/2024	HEALTHEQUITY INC HealthEqui 1356888 91000013	- EmpDeduct/Employer Contribut	1,322.83 **	800560
7/23/2024	PAY PLUS ACHTrans 000000030035754 1010006919	- 3rd Party Payor Fee	183.65	901287
7/23/2024	MCKESSON DRUG AUTO ACH ACH06091050 910000121	- 340B Drug Program Expense	34,373.02 *	500624
7/22/2024	PAY PLUS ACHTrans 000000029955154 1010006908	- 3rd Party Payor Fee	100.84	901288
7/22/2024	IRS USATAXPYMT 270460463329718 6103601001927	- Payroll Taxes	133,397.69 **	800561
			172,651.16 ✓	

Andrew De Los Santos
Memorial Medical Center

July 29, 2024

*Approved on 7.24.24 cc
**Approved on 7.17.24 cc

396.79 +
PAY PLUS 62.58 +
14.14 +
183.65 +
100.84 +
758.00 ◇

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
			0.00 ✓

Andrew De Los Santos
Memorial Medical Center

July 29, 2024

APPROVED ON
JUL 29 2024
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

172,651.16 +
2,439.96 -
359.66 -
1,322.83 -
34,373.02 -
133,397.69 -
758.00 ◇
758.00 -
0.00 ◇

SPEC AGG	25	$6,020.76	Adjustments	2	$442.38	$6,463.14
ADMIN FEES	25	$1,075.00	Adjustments	2	$86.00	$1,161.00
PPO UR	25	$476.25	Adjustments	2	$38.10	$514.35

Balance Forward:		$7,005.53
Payments:	-	$7,005.53
Adjustments:	+	$0.00

Beginning Balance:		$0.00
Current Amount Due:	+	$7,572.01
Current Adjustments:	+	$566.48
Total Amount Due:		$8,138.49 ✓

A.D.

APPROVED ON

JUL 29 2024

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

HPHG, LLC dba 90 Degree Benefits

Monthly Billing for 8/1/2024

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

Master Group Totals

						Total Due
SPEC AGG	174	$54,269.78	Adjustments	7	($869.67)	$53,400.11
ADMIN FEES	174	$7,482.00	Adjustments	6	($86.00)	$7,396.00
PPO UR	174	$3,314.70	Adjustments	6	($38.10)	$3,276.60
CHIC MGMT FEE		$700.00				$700.00

Balance Forward:		$66,521.11
Payments:	-	$66,521.11
Adjustments:	+	$0.00

Beginning Balance:		$0.00
Current Amount Due:	+	$65,766.48
Current Adjustments:	+	($993.77)
Total Amount Due:		**$64,772.71** ✓

Ambrocia De Los Santos
7/29/2024

Description	Medical
EE	102
ES	17
EF	12
EC	43
Mst Total	174

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

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

RECEIVED BY THE
COUNTY AUDITOR ON

JUL 25 2024

CALHOUN COUNTY, TEXAS

07/25/2024
13:41

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 08/17/2024

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11816	ASHFORD GARDENS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
072224C		07/24/202	07/22/202	08/17/202			8,344.35	0.00	0.00	8,344.35

VHC Qtrly 4th May 2024

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11816	ASHFORD GARDENS	8,344.35	0.00	0.00	8,344.35

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	8,344.35	0.00	0.00	8,344.35

APPROVED ON

JUL 25 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 205106

RECEIVED BY THE
COUNTY AUDITOR ON

JUL 25 2024

CALHOUN COUNTY, TEXAS

07/25/2024
13:43

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 08/17/2024

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11828	SOLERA WEST HOUSTON		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
072224		07/24/202	07/22/202	08/17/202			2,354.25	0.00	0.00	2,354.25

VHC QSPP 4r7 May 2024

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11828	SOLERA WEST HOUSTON	2,354.25	0.00	0.00	2,354.25

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,354.25	0.00	0.00	2,354.25

APPROVED ON

JUL 25 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 205111

RECEIVED BY THE
COUNTY AUDITOR ON

JUL 25 2024

CALHOUN COUNTY, TEXAS

07/25/2024
13:42

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 08/17/2024

0
ap_open_invoice.template

Vendor# Vendor Name Class Pay Code

11820 FORTBEND HEALTHCARE CENTER

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
071724		07/24/202	07/17/202	08/17/202			200.00	0.00	0.00	200.00
072224A		07/24/202	07/22/202	08/17/202			2,541.62	0.00	0.00	2,541.62

ins. pmt. dup. into MMC OPB. in error
VHC DIPP 4r-7 May 2024

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11820	FORTBEND HEALTHCARE CENTER	2,741.62	0.00	0.00	2,741.62

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,741.62	0.00	0.00	2,741.62

APPROVED ON

JUL 25 2024

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Chk# 205109

RECEIVED BY THE COUNTY AUDITOR ON

JUL 25 2024

07/25/2024 MEMORIAL MEDICAL CENTER 0

13:42 AP Open Invoice List ap_open_invoice.template

Due Dates Through: 08/17/2024

Vendor# Vendor Name CALHOUN COUNTY, TEXAS Class Pay Code

11832 BROADMOOR AT CREEKSIDE PARK

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
071224		07/24/202	07/12/202	08/17/202			143.63	0.00	0.00	143.63
071624	Ins. PMT dep. into MMC Opt. in error	07/24/202	07/16/202	08/17/202			7,416.00	0.00	0.00	7,416.00
~~072224~~ 071824		07/24/202	07/18/202	08/17/202			7,070.00	0.00	0.00	7,070.00
071924		07/24/202	07/19/202	08/17/202			3,876.00	0.00	0.00	3,876.00

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11832	BROADMOOR AT CREEKSIDE PARK	18,505.63	0.00	0.00	18,505.63

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	18,505.63	0.00	0.00	18,505.63

APPROVED ON

JUL 25 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 205108

RECEIVED BY THE
COUNTY AUDITOR ON

JUL 25 2024

CALHOUN COUNTY, TEXAS

07/25/2024
13:42

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 08/17/2024

0
ap_open_invoice.template

Vendor# / Vendor Name Class Pay Code

11824 THE CRESCENT

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
071124		07/24/202	07/11/202	08/17/202			3,040.00	0.00	0.00	3,040.00
072224		07/24/202	07/22/202	08/17/202			2,231.85	0.00	0.00	2,231.85

ins. pmt clep. into mmc ope. in error
VHC Oppyr7 May 2024

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	5,271.85	0.00	0.00	5,271.85

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	5,271.85	0.00	0.00	5,271.85

APPROVED ON

JUL 25 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 205112

RECEIVED BY THE COUNTY AUDITOR ON

JUL 25 2024

CALHOUN COUNTY, TEXAS

07/25/2024 MEMORIAL MEDICAL CENTER 0
13:43 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 08/17/2024

Vendor#	Vendor Name	Class	Pay Code
11836	GOLDENCREEK HEALTHCARE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
071224A		07/24/202	07/12/202	08/17/202			143.62	0.00	0.00	143.62
071224		07/24/202	07/12/202	08/17/202			72,853.12	0.00	0.00	72,853.12
071524A		07/24/202	07/15/202	08/17/202			1,294.09	0.00	0.00	1,294.09
071524		07/24/202	07/15/202	08/17/202			131.78	0.00	0.00	131.78
071524B		07/24/202	07/15/202	08/17/202			2,669.75	0.00	0.00	2,669.75
071924A		07/24/202	07/19/202	08/17/202			5,763.67	0.00	0.00	5,763.67
072224		07/24/202	07/22/202	08/17/202			4,008.67	0.00	0.00	4,008.67
~~072224A~~		07/24/202	07/22/202	08/17/202			4,008.67	0.00	0.00	~~4,008.67~~

ins. pmt. dep. into MMC DBE in error

VHC QIPP 4Q7 May 2024

removed - Duplicate

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	90,873.37	0.00	0.00	90,873.37

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	90,873.37	0.00	0.00	90,873.37

APPROVED ON

JUL 25 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 205110

90,873.37 +
4,008.67 −
86,864.70 ◇

RECEIVED BY THE
COUNTY AUDITOR ON

JUL 25 2024

07/25/2024
13:44

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Invoice Dates Through: 08/17/2024

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
071524		07/24/202	07/15/202	08/17/202			1,260.00	0.00	0.00	1,260.00
072224B		07/24/202	07/22/202	08/17/202			3,416.08	0.00	0.00	3,416.08

ins. Pmt due into MMC ope. in error
VHC QIPP 4r 7 May 2024

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	4,676.08	0.00	0.00	4,676.08

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	4,676.08	0.00	0.00	4,676.08

APPROVED ON

JUL 25 2024

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Chk# 205113

RECEIVED BY THE
COUNTY AUDITOR ON

JUL 25 2024

CALHOUN COUNTY, TEXAS

07/25/2024
13:43

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Invoice Dates Through: 08/17/2024

0
ap_open_invoice.template

Vendor# Vendor Name Class Pay Code

12792 BETHANY SENIOR LIVING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
071224		07/24/202	07/12/202	08/17/202			7,734.41	0.00	0.00	7,734.41
071224B		07/24/202	07/12/202	08/17/202			1,632.00	0.00	0.00	1,632.00
071224A		07/24/202	07/12/202	08/17/202			1,472.24	0.00	0.00	1,472.24
071524		07/24/202	07/15/202	08/17/202			4,870.16	0.00	0.00	4,870.16
071624		07/24/202	07/16/202	08/17/202			8,484.76	0.00	0.00	8,484.76
071724		07/24/202	07/17/202	08/17/202			2,229.43	0.00	0.00	2,229.43
072224		07/24/202	07/22/202	08/17/202			3,572.38	0.00	0.00	3,572.38

Inv. pmt. dup. into MMC OPT in error

VHC DIPP 4r7 May 2024

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12792	BETHANY SENIOR LIVING	29,995.38	0.00	0.00	29,995.38

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	29,995.38	0.00	0.00	29,995.38

APPROVED ON

JUL 25 2024

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Chk# 205107

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
7/29/2024

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens		95,705.51	91,489.12	156,418.50			160,634.89	137,424.92
						Bank Balance	160,634.89	
						Variance	-	
						Leave in Balance	100.00	
						Wellpoint May	23,109.97	

Routing Information for Ashford Gardens

Ashford Health Care Center Ltd Co
JP Morgan Chase Bank

						Adjust Balance/Transfer Amt	137,424.92	
Broadmoor		98,083.12	96,516.56	101,888.58			103,455.14	94,832.91
						Bank Balance	103,455.14	
						Variance	-	
						Leave in Balance	100.00	
						Wellpoint May	8,522.23	

						Adjust Balance/Transfer Amt	94,832.91	
Crescent		334,672.81	333,475.39	201,094.45			202,291.87	195,835.05
						Bank Balance	202,291.87	
						Variance	-	
						Leave in Balance	100.00	
						Wellpoint May	6,356.82	

						Adjust Balance/Transfer Amt	195,835.05	
Fort Bend		49,406.83	48,054.67	65,584.53			66,936.69	59,641.55
						Bank Balance	66,936.69	
						Variance	-	
						Leave in Balance	100.00	
						Wellpoint May	7,195.14	

						Adjust Balance/Transfer Amt	59,641.55	
Solera at W Houston		107,045.35	105,789.52	241,600.70			242,856.53	235,872.87
						Bank Balance	242,856.53	
						Variance	-	
						Leave in Balance	100.00	
						Wellpoint May	6,883.66	

137,424.92 +
94,832.91 +
195,835.05 +
59,641.55 + on / Fort Bend / Broadmoor
235,872.87 +
723,607.30 ◇

	Adjust Balance/Transfer Amt	235,872.87
TOTAL TRANSFERS		**723,607.30**

Approved: Andrew De Los Santos
Andrew De Los Santos 7/29/2024

APPROVED ON
JUL 29 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 M&MC 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
7/26/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		1,956.60						1,956.60
7/26/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		4,126.20						4,126.20
7/26/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		65,289.14						65,289.14
7/25/2024	MANAGEANDNET1718 MNS PMNT 000000000000093 41		1,440.00						1,440.00
7/25/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2		7,232.38						7,232.38
7/24/2024	WIRE OUT ASHFORD HEALTH CARE CENTER LTD	79,058.29	-						-
7/24/2024	HNB - ECHO HCCLAIMPMT 746003411 440000274450		4,875.00						4,875.00
7/24/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		10,804.38						10,804.38
7/23/2024	Check 1245	12,430.83	-						-
7/23/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		16,176.81						16,176.81
7/23/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2		19,398.85						19,398.85
7/22/2024	HNB - ECHO HCCLAIMPMT 746003411 440000287196		24,459.08						24,459.08
7/22/2024	NOVITAS SOLUTION HCCLAIMPMT 675423 420000174		660.06						660.06
		91,489.12	156,418.50	-	-	-	-	-	156,418.50

Broadmoor

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
7/26/2024	HNB - ECHO HCCLAIMPMT 746003411 440000247133		1,613.64						1,613.64
7/26/2024	HNB - ECHO HCCLAIMPMT 746003411 440000247132		140.15						140.15
7/26/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		3,475.90						3,475.90
7/26/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		4,642.79						4,642.79
7/26/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		28,005.31						28,005.31
7/26/2024	NOVITAS SOLUTION HCCLAIMPMT 676357 420000173		1,278.99						1,278.99
7/26/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2		0.70						0.70
7/25/2024	HNB - ECHO HCCLAIMPMT 746003411 440000211682		479.27						479.27
7/25/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384		3,535.00						3,535.00
7/24/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	91,932.21	-						-
7/24/2024	HNB - ECHO HCCLAIMPMT 746003411 440000273774		4,998.51						4,998.51
7/24/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		21,158.30						21,158.30
7/24/2024	HUMANA INS CO HCCLAIMPMT 53095053 8300005982		395.00						395.00
7/24/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2		11,488.85						11,488.85
7/23/2024	Check 280	4,584.35	-						-
7/23/2024	MANAGEANDNET1718 MNS PMNT 000000000004293 41		877.50						877.50
7/23/2024	NOVITAS SOLUTION HCCLAIMPMT 676357 420000111		17,133.44						17,133.44
7/23/2024	HUMANA INS CO HCCLAIMPMT 52905038 8300005591		370.20						370.20
7/22/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		336.03						336.03
7/22/2024	MANAGEANDNET1718 MNS PMNT 000000000004293 41		1,755.00						1,755.00
7/22/2024	AARP Supplementa HCCLAIMPMT 746003411 124384		204.00						204.00
		96,516.56	101,888.58	-	-	-	-	-	101,888.58

Crescent

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
7/26/2024	MANAGEANDNET1718 MNS PMNT 000000000003268 41		659.00						659.00
7/26/2024	HNB - ECHO HCCLAIMPMT 746003411 440000247132		28,864.96						28,864.96
7/26/2024	DEVOTED HEALTH P HCCLAIMPMT 21000024581851		4,500.00						4,500.00
7/26/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		32,550.64						32,550.64
7/26/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		1,866.30						1,866.30
7/26/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		17,876.95						17,876.95
7/24/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	330,055.94	-						-
7/24/2024	NOVITAS SOLUTION HCCLAIMPMT 676323 420000143		1,776.58						1,776.58
7/24/2024	HUMANA CHA DISB HCCLAIMPMT 53140795 42000011		7,120.00						7,120.00
7/24/2024	HIC KY HCCLAIMPMT 53140794 42000011273025 45		425.05						425.05
7/23/2024	Check 350	3,419.45	-						-
7/23/2024	MANAGEANDNET1718 MNS PMNT 000000000003268 41		13,980.00						13,980.00
7/23/2024	HNB - ECHO HCCLAIMPMT 746003411 440000238926		803.68						803.68
7/23/2024	DEVOTED HEALTH P HCCLAIMPMT 21000021049263		3,109.79						3,109.79
7/23/2024	NOVITAS SOLUTION HCCLAIMPMT 676323 420000111		32,333.99						32,333.99
7/23/2024	HIC KY HCCLAIMPMT 53064318 42000019547258 45		1,395.00						1,395.00
7/23/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2		8,032.60						8,032.60
7/22/2024	NOVITAS SOLUTION HCCLAIMPMT 676323 420000174		45,799.91						45,799.91
		333,475.39	201,094.45	-	-	-	-	-	201,094.45

Fort Bend

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
7/26/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		22,752.82						22,752.82
7/26/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		2,222.70						2,222.70
7/25/2024	MANAGEANDNET1718 MNS PMNT 000000000004294 41		877.50						877.50
7/25/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384		4,730.00						4,730.00
7/25/2024	NOVITAS SOLUTION HCCLAIMPMT 675663 420000145		626.82						626.82
7/24/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	44,184.23	-						-
7/24/2024	NOVITAS SOLUTION HCCLAIMPMT 675663 420000143		2,187.95						2,187.95
7/23/2024	Check 252	3,870.44	-						-
7/22/2024	UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384		8,170.00						8,170.00
7/22/2024	NOVITAS SOLUTION HCCLAIMPMT 675663 420000174		24,016.74						24,016.74
		48,054.67	65,584.53	-	-	-	-	-	65,584.53

Solara at West Houston

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
7/26/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		38,266.60						38,266.60
7/26/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		29,345.55						29,345.55
7/25/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384		8,000.00						8,000.00
7/24/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	102,086.43	-						-
7/24/2024	MANAGEANDNET1718 MNS PMNT 000000000002482 41		3,510.00						3,510.00
7/24/2024	HNB - ECHO HCCLAIMPMT 746003411 440000274450		7,928.69						7,928.69
7/23/2024	Check 1306	3,703.09	-						-
7/23/2024	HNB - ECHO HCCLAIMPMT 746003411 440000238926		7,467.38						7,467.38
7/23/2024	NOVITAS SOLUTION HCCLAIMPMT 676310 420000111		573.61						573.61
7/23/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2		2,798.16						2,798.16
7/22/2024	HNB - ECHO HCCLAIMPMT 746003411 440000287196		50.97						50.97
7/22/2024	NOVITAS SOLUTION HCCLAIMPMT 676310 420000174		138,355.74						138,355.74
7/22/2024	AARP Supplementa HCCLAIMPMT 746003411 124384		5,304.00						5,304.00
		105,789.52	241,600.70	-	-	-	-	-	241,600.70

TOTALS

675,325.26	766,586.76	-	-	-	-	-	766,586.76

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,373,454.51	$5,715,604.11	$2,373,454.51	$2,235,869.44
*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	$160,634.89	$196,058.87	$160,634.89	$89,262.95
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$103,455.14	$131,405.59	$103,455.14	$64,297.66
*4411 MEMORIAL MEDICAL / NH CRESCENT	$202,291.87	$233,668.12	$202,291.87	$115,974.02
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$242,856.53	$243,071.77	$242,856.53	$175,244.38
*4446 MEMORIAL MEDICAL / NH FORT BEND	$66,936.69	$68,946.59	$66,936.69	$41,961.17
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$110,288.56	$124,205.31	$110,288.56	$110,288.56
*4551 CAL CO INDIGENT HEALTHCARE	$5,507.17	$5,507.17	$5,507.17	$5,507.17
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$3,359.97	$4,319.72	$3,359.97	$3,213.84
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$3,699.76	$3,699.76	$3,699.76	$3,699.76
*5506 MMC -NH BETHANY SENIOR LIVING	$110,411.25	$115,166.85	$110,411.25	$110,411.25
*3407 MMC -NH TUSCANY VILLAGE	$400,433.66	$429,411.97	$400,433.66	$139,218.01
*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	**$3,789,448.14**	**$7,277,183.97**	**$3,789,448.14**	**$3,101,066.35**

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
7/29/2024

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		51,606.43	48,177.21	106,859.34	-		110,288.56	87,847.46
						Bank Balance	110,288.56	
						Variance	-	
						Leave in Balance	100.00	
						Superior May	22,341.10	

APPROVED ON
JUL 29 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 87,847.46

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 7/29/2024

Golden Creek		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
7/24/2024	WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	48,177.21	-					-	-
7/23/2024	HNB - ECHO HCCLAIMPMT 746003411 440000238935	-	16,338.25					-	16,338.25
7/23/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001395	-	5,724.00					-	5,724.00
7/23/2024	NOVITAS SOLUTION HCCLAIMPMT 676097 420000111	-	66,896.95					-	66,896.95
7/23/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130112	-	5,268.71					-	5,268.71
7/22/2024	TSYS/TRANSFIRST CR CD DEP 5436845555876917 91	-	5,161.63					-	5,161.63
7/22/2024	NOVITAS SOLUTION HCCLAIMPMT 676097 420000174	-	1,953.80					-	1,953.80
7/22/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130112	-	5,516.00					-	5,516.00
		48,177.21	106,859.34	-	-	-	-	-	106,859.34

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,373,454.51	$5,715,604.11	$2,373,454.51	$2,235,869.44
*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	$160,634.89	$196,058.87	$160,634.89	$89,262.95
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$103,455.14	$131,405.59	$103,455.14	$64,297.66
*4411 MEMORIAL MEDICAL / NH CRESCENT	$202,291.87	$233,668.12	$202,291.87	$115,974.02
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$242,856.53	$243,071.77	$242,856.53	$175,244.38
*4446 MEMORIAL MEDICAL / NH FORT BEND	$66,936.69	$68,946.59	$66,936.69	$41,961.17
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$110,288.56	$124,205.31	$110,288.56	$110,288.56
*4551 CAL CO INDIGENT HEALTHCARE	$5,507.17	$5,507.17	$5,507.17	$5,507.17
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$3,359.97	$4,319.72	$3,359.97	$3,213.84
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$3,699.76	$3,699.76	$3,699.76	$3,699.76
*5506 MMC -NH BETHANY SENIOR LIVING	$110,411.25	$115,166.85	$110,411.25	$110,411.25
*3407 MMC -NH TUSCANY VILLAGE	$400,433.66	$429,411.97	$400,433.66	$139,218.01
*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	**$3,789,448.14**	**$7,277,183.97**	**$3,789,448.14**	**$3,101,066.35**

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
7/29/2024

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		2,190.15	-	1,169.82		-	3,359.97	No transfer
						Bank Balance	3,359.97	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	3,259.97	

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		2,757.67	-	942.09		-	3,699.76	-
						Bank Balance	3,699.76	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	3,599.76	

Routing Information for Gulf Pointe Plaza:

TOTAL TRANSFERS	6,859.73

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 7/29/2024

APPROVED ON
JUL 29 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
7/26/2024 HNB - ECHO HCCLAIMPMT 746003411 440000247132	-	146.13					-	146.13
7/25/2024 HNB - ECHO HCCLAIMPMT 746003411 440000212206	-	152.81					-	152.81
7/22/2024 PNC-ECHO HCCLAIMPMT 746003411 41000123344983	-	78.41					-	78.41
7/22/2024 HNB - ECHO HCCLAIMPMT 746003411 440000287196	-	792.47					-	792.47
							-	-
	-	1,169.82	-	-	-	-	-	1,169.82

Gulf Pointe Plaza-Medicare/Medicaid

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
7/24/2024 MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	942.09					-	942.09
		942.09	-	-	-	-	-	942.09
	-	2,111.91	-	-	-	-	-	2,111.91

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,373,454.51	$5,715,604.11	$2,373,454.51	$2,235,869.44
*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	$160,634.89	$196,058.87	$160,634.89	$89,262.95
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$103,455.14	$131,405.59	$103,455.14	$64,297.66
*4411 MEMORIAL MEDICAL / NH CRESCENT	$202,291.87	$233,668.12	$202,291.87	$115,974.02
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$242,856.53	$243,071.77	$242,856.53	$175,244.38
*4446 MEMORIAL MEDICAL / NH FORT BEND	$66,936.69	$68,946.59	$66,936.69	$41,961.17
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$110,288.56	$124,205.31	$110,288.56	$110,288.56
*4551 CAL CO INDIGENT HEALTHCARE	$5,507.17	$5,507.17	$5,507.17	$5,507.17
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$3,359.97	$4,319.72	$3,359.97	$3,213.84
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$3,699.76	$3,699.76	$3,699.76	$3,699.76
*5506 MMC -NH BETHANY SENIOR LIVING	$110,411.25	$115,166.85	$110,411.25	$110,411.25
*3407 MMC -NH TUSCANY VILLAGE	$400,433.66	$429,411.97	$400,433.66	$139,218.01
*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	**$3,789,448.14**	**$7,277,183.97**	**$3,789,448.14**	**$3,101,066.35**

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
7/29/2024

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		65,502.17	63,721.12	398,652.61	-	-	-	400,433.66	386,030.41
							Bank Balance	400,433.66	
							Variance	-	

Leave in Balance	100.00
Wellpoint May	14,303.25
Adjust Balance/Transfer Amt	386,030.41

APPROVED ON
JUL 29 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

Approved: Andrew De Los Santos
Andrew De Los Santos 7/29/2024

Tuscany Village		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp 1	QIPP/Comp 2	QIPP/Comp 3	QIPP/Comp 4&Lapse	QIPP TI	NH PORTION
7/26/2024	HNB - ECHO HCCLAIMPMT 746003411 440000247132	-	50,378.80					-	50,378.80
7/26/2024	HNB - ECHO HCCLAIMPMT 746003411 440000247132	-	37,218.32					-	37,218.32
7/26/2024	NOVITAS SOLUTION HCCLAIMPMT 676201 420000173	-	173,618.53					-	173,618.53
7/25/2024	Deposit	-	3,468.00					-	3,468.00
7/25/2024	HNB - ECHO HCCLAIMPMT 746003411 440000211682	-	14,353.56					-	14,353.56
7/24/2024	WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	56,026.02	-					-	-
7/24/2024	HNB - ECHO HCCLAIMPMT 746003411 440000273774	-	9,404.06					-	9,404.06
7/23/2024	Check 1160	7,695.10	-					-	-
7/23/2024	Deposit	-	47,389.68					-	47,389.68
7/23/2024	Deposit	-	7,387.20					-	7,387.20
7/23/2024	HNB - ECHO HCCLAIMPMT 746003411 440000238930	-	55,434.46					-	55,434.46
		63,721.12	398,652.61	-	-	-	-	-	398,652.61

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,373,454.51	$5,715,604.11	$2,373,454.51	$2,235,869.44
*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	$160,634.89	$196,058.87	$160,634.89	$89,262.95
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$103,455.14	$131,405.59	$103,455.14	$64,297.66
*4411 MEMORIAL MEDICAL / NH CRESCENT	$202,291.87	$233,668.12	$202,291.87	$115,974.02
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$242,856.53	$243,071.77	$242,856.53	$175,244.38
*4446 MEMORIAL MEDICAL / NH FORT BEND	$66,936.69	$68,946.59	$66,936.69	$41,961.17
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$110,288.56	$124,205.31	$110,288.56	$110,288.56
*4551 CAL CO INDIGENT HEALTHCARE	$5,507.17	$5,507.17	$5,507.17	$5,507.17
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$3,359.97	$4,319.72	$3,359.97	$3,213.84
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$3,699.76	$3,699.76	$3,699.76	$3,699.76
*5506 MMC -NH BETHANY SENIOR LIVING	$110,411.25	$115,166.85	$110,411.25	$110,411.25
*3407 MMC -NH TUSCANY VILLAGE	$400,433.66	$429,411.97	$400,433.66	$139,218.01
*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	**$3,789,448.14**	**$7,277,183.97**	**$3,789,448.14**	**$3,101,066.35**

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
7/29/2024

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		32,728.86	29,034.96	106,717.35			-	110,411.25	88,342.66
							Bank Balance	110,411.25	
							Variance	-	
							Leave in Balance	100.00	
							Superior May	21,968.59	

APPROVED ON

JUL 29 2024

BY COUNTY AUDITOR
MARTIN COUNTY, TEXAS

Adjust Balance/Transfer Amt 88,342.66

Approved: Andrew de los Santos
Andrew De Los Santos 7/29/2024

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	
7/25/2024	HOSPICE OF SOUTH Payments NF 113122650027990	-	2,447.48					-	2,447.48
7/24/2024	WIRE OUT PORT LAVACA NH, LLC	29,034.96	-					-	-
7/22/2024	NOVITAS SOLUTION HCCLAIMPMT 676481 420000174	-	104,269.87					-	104,269.87
		29,034.96	106,717.35	-	-	-	-	-	106,717.35

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,373,454.51	$5,715,604.11	$2,373,454.51	$2,235,869.44
*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	$160,634.89	$196,058.87	$160,634.89	$89,262.95
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$103,455.14	$131,405.59	$103,455.14	$64,297.66
*4411 MEMORIAL MEDICAL / NH CRESCENT	$202,291.87	$233,668.12	$202,291.87	$115,974.02
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$242,856.53	$243,071.77	$242,856.53	$175,244.38
*4446 MEMORIAL MEDICAL / NH FORT BEND	$66,936.69	$68,946.59	$66,936.69	$41,961.17
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$110,288.56	$124,205.31	$110,288.56	$110,288.56
*4551 CAL CO INDIGENT HEALTHCARE	$5,507.17	$5,507.17	$5,507.17	$5,507.17
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$3,359.97	$4,319.72	$3,359.97	$3,213.84
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$3,699.76	$3,699.76	$3,699.76	$3,699.76
*5506 MMC -NH BETHANY SENIOR LIVING	$110,411.25	$115,166.85	$110,411.25	$110,411.25
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*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	**$3,789,448.14**	**$7,277,183.97**	**$3,789,448.14**	**$3,101,066.35**

Ashford ✓ ✓

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: MMC Operating

Date Requested: 7/29/2024

APPROVED ON
JUL 29 2024
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Chk# 001247

FOR ACCT USE ONLY

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

AMOUNT: $ 23,109.97 ✓

G/L NUMBER: 10255040

EXPLANATION: Wellpoint May QIPP - Hospital Portion ✓

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Andrea D. Lockhart ✓

7/29/2024

Broadmoor ✓

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: MMC Operating

Date Requested: 7/29/2024

APPROVED ON JUL 29 2024 BY COUNTY AUDITOR CALHOUN COUNTY TEXAS

Check# 000282

FOR ACCT USE ONLY

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

AMOUNT: $ 8,522.23 ✓

G/L NUMBER: 10255040

EXPLANATION: Wellpoint May QIPP - Hospital Portion ✓

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Sandra M. DeLos Santos

7/29/2024

Crescent

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: MMC Operating

Date Requested: 7/29/2024

APPROVED ON JUL 29 2024 BY COUNTY AUDITOR CALHOUN COUNTY TEXAS

Chk# 000354

FOR ACCT USE ONLY

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

AMOUNT: $ 6,356.82

G/L NUMBER: 10255040

EXPLANATION: Wellpoint May QIPP - Hospital Portion

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Andrea de Dato Santos

7/29/2024

Fort Bend

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: MMC Operating

APPROVED ON JUL 29 2024 BY COUNTY AUDITOR CALHOUN COUNTY TEXAS

Check #000254

Date Requested: 7/29/2024

FOR ACCT USE ONLY

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

AMOUNT: $ 7,195.14

G/L NUMBER: 10255040

EXPLANATION: Wellpoint May QIPP - Hospital Portion

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Andrea Delos Santos

7/29/2024

Solera

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: MMC Operating

Date Requested: 7/29/2024

APPROVED ON JUL 29 2024 BY COUNTY AUDITOR CALHOUN COUNTY TEXAS

Chk#001308

FOR ACCT USE ONLY

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

AMOUNT: $ 6,883.66

G/L NUMBER: 10255040

EXPLANATION: Wellpoint May QIPP - Hospital Portion

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Andrea Dola Santos

7/29/2024

Golden Creek

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAY TO THE ORDER OF: MMC Operating

Date Requested: 7/29/2024

APPROVED ON JUL 29 2024 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

Chg# 000218

FOR ACCT USE ONLY

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

AMOUNT: $ 22,341.10

G/L NUMBER: 10255040

EXPLANATION: Superior May QIPP - Hospital Portion

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: [signature]

7/29/2024

Bethany

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAY TO THE ORDER OF: MMC Operating

Date Requested: 7/29/2024

APPROVED ON JUL 29 2024 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

Chk# 1049

FOR ACCT USE ONLY

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

AMOUNT: $ 21,968.59

G/L NUMBER: 10255040

EXPLANATION: Superior May QIPP - Hospital Portion

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Andrew DeLos Santos

7/29/2024

Tuscany ✓

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAY TO: MMC Operating

Date Requested: 7/29/2024

APPROVED ON JUL 29 2024 BY COUNTY AUDITOR CALHOUN COUNTY TEXAS

Chk#001102

FOR ACCT USE ONLY

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

AMOUNT: $ 14,303.25 ✓

G/L NUMBER: 10255040

EXPLANATION: Wellpoint May QIPP - Hospital Portion ✓

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Andrea DeLos Santos

7/29/2024

QIPP Payment to MMC from Nursing Facilities **Commissioner's Court** **7/31/2024**

NH Name	From Bank Acct #	Ck #	Payee	GL #	Wellpoint May	Superior May				TOTAL	Date
Ashford	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	10255040	23,109.97					23,109.97	7/31/2024
Broadmoor	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	10255040	8,522.23					8,522.23	7/31/2024
Crescent	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	10255040	6,356.82					6,356.82	7/31/2024
Fort Bend	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	10255040	7,195.14					7,195.14	7/31/2024
Solera	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	10255040	6,883.66					6,883.66	7/31/2024
Golden Creek	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	10255040		22,341.10				22,341.10	7/31/2024
Bethany	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	10255040		21,968.59				21,968.59	7/31/2024
Tuscany	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	10255040	14,303.25					14,303.25	7/31/2024
				Total:	66,371.07	44,309.69	-	-	-	110,680.76	

Note:

Andrew De los Santos

Approved:

ANDREW DE LOS SANTOS 7/29/2024

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

001247

Date 7-31-24

88-2265/1131

PAY
TO THE
ORDER OF Memorial Medical Center $ 23,109.97/100

Twenty-three thousand, one hundred nine dollars and 97/100 DOLLARS

PROSPERITY BANK®

county auditor

county treasurer

FOR Wellpoint may

Security features are included. Details on back.

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

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

000282

88-2265/1131

Date 7-31-24

PAY
TO THE
ORDER OF MMC Operating $ 8,522.23/100

Eight thousand, five hundred twenty-two dollars and 23/100 DOLLARS

PROSPERITY BANK®

county auditor

county treasurer

FOR Wellpoint may

Security features are included. Details on back.

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

000354

Date 7-31-24

88-2265/1131

PAY
TO THE
ORDER OF MMC Operating $ 6,356.87/100

Six thousand, three hundred fifty-six dollars and 87/100 DOLLARS

PROSPERITY BANK®

county auditor

county treasurer

FOR Wellpoint may

Security features are included. Details on back.

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

MP
000254
88-2265/1131

Date 7-31-24

PAY
TO THE ORDER OF MMC Operating $ 7,195. 14/100

Seven thousand, one hundred ninety-five dollars & 14/100 DOLLARS

PROSPERITY BANK®

County auditor

MP
County treasurer

FOR Wellpoint May

Security features are included. Details on back.

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

MP
001308
88-2265/1131

Date 7-31-24

PAY
TO THE ORDER OF MMC Operating $ 6,883. 66/100

Six thousand, eight hundred eighty-three dollars & 66/100 DOLLARS

PROSPERITY BANK®

County auditor

MP
County treasurer

FOR Wellpoint May

Security features are included. Details on back.

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

MP
000218
88-2265/1131

Date 7-31-24

PAY
TO THE ORDER OF MMC Operating $ 22,341. 10/100

Twenty-two thousand, three hundred forty-one dollars & 10/100 DOLLARS

PROSPERITY BANK®

County auditor

MP
County treasurer

FOR Superior May

Security features are included. Details on back.

MEMORIAL MEDICAL CENTER 102019
NH BETHANY SENIOR LIVING
PH 361-553-4618
815 N VIRGINIA ST
PORT LAVACA, TX 77979

1049

88-2265/1131-87

DATE 7-31-24

CHECK ARMOR

PAY TO THE ORDER OF MMC Operating $ 21,968.57/100

Twenty-one thousand, nine hundred sixty-eight dollars 57/100 DOLLARS

Photo Safe Deposit®

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

FOR Superior May

county auditor

MP

county treasurer

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

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

001162

Date 7-31-24

88-2265/1131

PAY TO THE ORDER OF MMC Operating $ 14,303.25/100

Fourteen thousand, three hundred three dollars 25/100 DOLLARS

PROSPERITY BANK®

FOR Wellpoint may

county auditor

MP

county treasurer

Security features are included. Details on back.

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
BSL	001049	07/31/24	21,968.59	MMC OPERATING
TOTALS:			21,968.59	

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
NHA	001247	07/31/24	23,109.97	MMC OPERATING
TOTALS:			23,109.97	

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
NHB	000282	07/31/24	8,522.23	MMC OPERATING
TOTALS:			8,522.23	

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
NHC	000354	07/31/24	6,356.82	MMC OPERATING
TOTALS:			6,356.82	

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
NHF	000254	07/31/24	7,195.14	MMC OPERATING
TOTALS:			7,195.14	

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
NHG	000218	07/31/24	22,341.10	MMC OPERATING
TOTALS:			22,341.10	

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
NHS	001308	07/31/24	6,883.66	MMC OPERATING
TOTALS:			6,883.66	

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
TUS	001162	07/31/24	14,303.25	MMC OPERATING
TOTALS:			14,303.25	