## MEMORIAL MEDICAL CENTER

## COMMISSIONERS COURT APPROVAL LIST FOR ---August 7, 2024

**TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES**

| | | |
|---|---|---|
| TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS | $ | 290,999.61 ✓ |
| TOTAL TRANSFERS BETWEEN FUNDS | $ | 3,830,621.21 ✓ |
| TOTAL NURSING HOME UPL EXPENSES | $ | 710,121.63 ✓ |
| TOTAL INTER-GOVERNMENT TRANSFERS | $ | 3,005.50 ✓ |
| GRAND TOTAL DISBURSEMENTS APPROVED August 7, 2024 | $ | 4,834,747.95 ✓ |

APPROVED

AUG 07 2024

CALHOUN COUNTY
COMMISSIONERS COURT

# MEMORIAL MEDICAL CENTER

## COMMISSIONERS COURT APPROVAL LIST FOR ---August 7, 2024

| | | | |
|---|---|---|---|
| **PAYABLES AND PAYROLL** | | | |
| 8/1/2024 | Weekly Payables | 256,621.87 | |
| 8/1/2024 | Patient Refund | 3,086.62 | |
| 8/5/2024 | McKesson-340B Prescription Expense | 3,278.43 | |
| 8/5/2024 | Amerisource Bergen-340B Prescription Expense | 10,757.16 | |
| | **Prosperity Electronic Bank Payments** | | |
| 8/5/2024 | 90 Degree Benefits - employee insurance claims | 15,771.50 | |
| 8/5/2024 | Authnet Gateway | 32.50 | |
| 8/5/2024 | Expert Pay- Child Support | 570.69 | |
| 8/5/2024 | Pay Plus-Patient Claims Processing Fee | 880.84 | |
| **TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS** | | | **$ 290,999.61** |
| **TRANSFERS BETWEEN FUNDS-MMC** | | | |
| 8/5/2024 | Transfer from MMC Opt. Account to Nexbank Money Market Account | 3,650,000.00 | |
| **TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES** | | | |
| 8/1/2024 | MMC Operating to The Crescent-Correction of Insurance payment deposited into MMC Operating in error | 12,036.00 | |
| 8/1/2024 | MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error | 93,377.41 | |
| 8/1/2024 | MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error | 14,184.00 | |
| 8/1/2024 | MMC Operating to Bethany-Correction insurance payment deposited into MMC Operating in error | 61,023.80 | |
| **TOTAL TRANSFERS BETWEEN FUNDS** | | | **$ 3,830,621.21** |
| **NURSING HOME UPL EXPENSES** | | | |
| 8/5/2024 | Nursing Home UPL-Cantex Transfer | 200,069.98 | |
| 8/5/2024 | Nursing Home UPL-Nexion Transfer | 251,254.45 | |
| 8/5/2024 | Nursing Home UPL-HMG Transfer | 7,899.29 | |
| 8/5/2024 | Nursing Home UPL-Tuscany Transfer | 144,541.09 | |
| 8/5/2024 | Nursing Home UPL-HSL Transfer | 14,362.12 | |
| **TRANSFER BETWEEN FUNDS FROM NURSING HOMES TO MMC** | | | |
| 8/5/2024 | Golden Creek to MMC- MMC insurance payment deposited into Golden Creek in error | 1,213.80 | |
| 8/5/2024 | Golden Creek to MMC- MMC insurance payment deposited into Golden Creek in error | 2,404.40 | |
| 8/5/2024 | Broadmoor to MMC-MMC insurance payment deposited into Broadmoor in error | 121.50 | |
| **TRANSFER OF FUNDS BETWEEN NURSING HOMES** | | | |
| 8/5/2024 | Crescent to Tuscany -Tuscany insurance payment deposited into Crescent in error | 33,288.00 | |
| 8/5/2024 | Ashford to Tuscany -Tuscany insurance payment deposited into Ashford in error | 2,700.00 | |
| 8/5/2024 | Crescent to Tuscany -Tuscany insurance payment deposited into Crescent in error | 52,267.00 | |
| **TOTAL NURSING HOME UPL EXPENSES** | | | **$ 710,121.63** |
| **INTER-GOVERNMENT TRANSFERS** | | | |
| 8/5/2024 | Texas Health & Human Services Commission | $3,005.50 | |
| **TOTAL INTER-GOVERNMENT TRANSFERS** | | | **$ 3,005.50** |
| **GRAND TOTAL DISBURSEMENTS APPROVED August 7, 2024** | | | **$ 4,834,747.95** |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 13180 | ADVANCED STERILIZATION PRODUCT | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 8020672985 | | 07/31/202 | 05/13/202 | 06/12/202 | | | 200.82 | 0.00 | 0.00 | 200.82 |
| 8020673250 | | 07/31/202 | 05/13/202 | 06/12/202 | | | 362.94 | 0.00 | 0.00 | 362.94 |
| 8020680698 | | 07/31/202 | 05/28/202 | 06/27/202 | | | 100.77 | 0.00 | 0.00 | 100.77 |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 13180 | ADVANCED STERILIZATION PRODUCT | 664.53 | 0.00 | 0.00 | 664.53 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 5507737703 | | 07/31/202 | 04/30/202 | 05/30/202 | | | 277.65 | 0.00 | 0.00 | 277.65 |
| 9150585560 | OXYGEN | 07/31/202 | 06/06/202 | 07/06/202 | | | 3,892.04 | 0.00 | 0.00 | 3,892.04 |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | A1680 | AIRGAS USA, LLC - CENTRAL DIV | 4,169.69 | 0.00 | 0.00 | 4,169.69 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| A1705 | ALIMED INC. | M | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| RPSV004303566 | SUPPLIES | 07/03/202 | 07/08/202 | 08/17/202 | | | 200.49 | 0.00 | 0.00 | 200.49 |
| RPSV004304166 | SUPPLIES | 07/11/202 | 07/09/202 | 08/17/202 | | | 973.24 | 0.00 | 0.00 | 973.24 |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | A1705 | ALIMED INC. | 1,173.73 | 0.00 | 0.00 | 1,173.73 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| INV00125864 | SUPPLIES | 07/24/202 | 06/28/202 | 08/17/202 | | | 568.50 | 0.00 | 0.00 | 568.50 |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | A1746 | ALPHA TEC SYSTEMS INC | 568.50 | 0.00 | 0.00 | 568.50 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 1N4QWWPW6NYR | | 07/24/202 | 07/18/202 | 08/17/202 | | | 386.60 | 0.00 | 0.00 | 386.60 |
| 1NQXD7494RNP | SUPPLIES | 07/24/202 | 07/23/202 | 08/22/202 | | | 212.30 | 0.00 | 0.00 | 212.30 |
| 1GL1MWXG4WHD | SUPPLIES | 07/24/202 | 07/23/202 | 08/22/202 | | | 62.54 | 0.00 | 0.00 | 62.54 |
| 161H3XY1T1TC | | 07/25/202 | 07/17/202 | 08/16/202 | | | 303.77 | 0.00 | 0.00 | 303.77 |
| 1KJ7P1H6T739 | | 07/25/202 | 07/21/202 | 08/20/202 | | | 25.98 | 0.00 | 0.00 | 25.98 |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 14028 | AMAZON CAPITAL SERVICES | 991.19 | 0.00 | 0.00 | 991.19 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|

A2218 AQUA BEVERAGE COMPANY M

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 150903 | | 07/31/202 | 05/06/202 | 05/31/202 | | | 60.50 | 0.00 | 0.00 | 60.50 |
| | WATER | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | A2218 | AQUA BEVERAGE COMPANY | 60.50 | 0.00 | 0.00 | 60.50 |

Vendor# A2271 Vendor Name ARTHREX, INC Class W Pay Code

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 921350374 | | 07/31/202 | 07/24/202 | 07/30/202 | | | 330.00 | 0.00 | 0.00 | 330.00 |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | A2271 | ARTHREX, INC | 330.00 | 0.00 | 0.00 | 330.00 |

Vendor# 12800 Vendor Name AUTHORITYRX, LLC Class Pay Code

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 7000053806 | | 08/01/202 | 07/02/202 | 08/01/202 | | | 7,327.74 | 0.00 | 0.00 | 7,327.74 |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 12800 | AUTHORITYRX, LLC | 7,327.74 | 0.00 | 0.00 | 7,327.74 |

Vendor# 14088 Vendor Name AZALEA HEALTH Class Pay Code

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 107233 | | 07/30/202 | 08/01/202 | 08/01/202 | | | 594.00 | 0.00 | 0.00 | 594.00 |
| | MONTHLY FEES AUGUST 2024 | | | | | | | | | |

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

Vendor# B1220 Vendor Name BECKMAN COULTER INC Class M Pay Code

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 111418811 | | 07/24/202 | 07/03/202 | 08/02/202 | | | 520.24 | 0.00 | 0.00 | 520.24 |
| 11300975 | | 07/29/202 | 05/06/202 | 06/05/202 | | | 8,201.60 | 0.00 | 0.00 | 8,201.60 |
| 11326711 | | 07/29/202 | 05/20/202 | 06/19/202 | | | 6,458.34 | 0.00 | 0.00 | 6,458.34 |
| 111325075 | | 07/29/202 | 05/20/202 | 06/19/202 | | | 318.03 | 0.00 | 0.00 | 318.03 |
| 5491359 | | 07/29/202 | 07/25/202 | 08/19/202 | | | 1,337.05 | 0.00 | 0.00 | 1,337.05 |
| 111370824 | | 07/29/202 | 07/25/202 | 08/19/202 | | | 143.19 | 0.00 | 0.00 | 143.19 |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | B1220 | BECKMAN COULTER INC | 16,978.45 | 0.00 | 0.00 | 16,978.45 |

Vendor# B1320 Vendor Name BEEKLEY CORPORATION Class M Pay Code

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| MIN0122590 | | 07/24/202 | 07/23/202 | 08/23/202 | | | 112.00 | 0.00 | 0.00 | 112.00 |
| MIN0123038 | | 07/31/202 | 07/31/202 | 07/31/202 | | | 99.50 | 0.00 | 0.00 | 99.50 |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | B1320 | BEEKLEY CORPORATION | 211.50 | 0.00 | 0.00 | 211.50 |

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

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 907451523 | | 07/24/202 | 07/17/202 | 08/17/202 | | 1,339.78 | 0.00 | 0.00 | 1,339.78 |
| Vendor Totals: | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | 11072 | BIO-RAD LABORATORIES, INC | | | | 1,339.78 | 0.00 | 0.00 | 1,339.78 |
| Vendor# | Vendor Name | | | Class | Pay Code | | | | |
| C1048 | CALHOUN COUNTY | | | W | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt Pay | Gross | Discount | No-Pay | Net |
| 00359913 | | 07/31/202 | 07/12/202 | 08/07/202 | | 28.18 | 0.00 | 0.00 | 28.18 |
| | FUEL | | | | | | | | |
| Vendor Totals: | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | C1048 | CALHOUN COUNTY | | | | 28.18 | 0.00 | 0.00 | 28.18 |
| 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 |
| SB01983 | | 07/24/202 | 06/26/202 | 07/26/202 | | 891.22 | 0.00 | 0.00 | 891.22 |
| Vendor Totals: | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | C1992 | CDW GOVERNMENT, INC. | | | | 891.22 | 0.00 | 0.00 | 891.22 |
| Vendor# | Vendor Name | | | Class | Pay Code | | | | |
| C1390 | CENTRAL DRUG | | | W | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt Pay | Gross | Discount | No-Pay | Net |
| 072224 | | 07/22/202 | 07/22/202 | 08/21/202 | | 38.80 | 0.00 | 0.00 | 38.80 |
| | INVENTORY | | | | | | | | |
| Vendor Totals: | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | C1390 | CENTRAL DRUG | | | | 38.80 | 0.00 | 0.00 | 38.80 |
| Vendor# | Vendor Name | | | Class | Pay Code | | | | |
| 15596 | [redacted] | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt Pay | Gross | Discount | No-Pay | Net |
| 073124 | | 07/31/202 | 07/31/202 | 07/31/202 | | 120.00 | 0.00 | 0.00 | 120.00 |
| Vendor Totals: | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | 15596 | [redacted] | | | | 120.00 | 0.00 | 0.00 | 120.00 |
| 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 |
| 4752800 | | 07/31/202 | 05/28/202 | 06/27/202 | | 229.43 | 0.00 | 0.00 | 229.43 |
| Vendor Totals: | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | 11956 | CMT MEDICAL | | | | 229.43 | 0.00 | 0.00 | 229.43 |
| Vendor# | Vendor Name | | | Class | Pay Code | | | | |
| 11030 | COMBINED INSURANCE | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt Pay | Gross | Discount | No-Pay | Net |
| 080124 | | 07/31/202 | 07/30/202 | 08/01/202 | | 501.72 | 0.00 | 0.00 | 501.72 |
| | PAYROLL DEDUCT | | | | | | | | |
| Vendor Totals: | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | 11030 | COMBINED INSURANCE | | | | 501.72 | 0.00 | 0.00 | 501.72 |
| Vendor# | Vendor Name | | | Class | Pay Code | | | | |
| C2157 | COOPER SURGICAL INC | | | M | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt Pay | Gross | Discount | No-Pay | Net |
| CINV55000322760 | | 07/24/202 | 07/02/202 | 08/01/202 | | 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 | | | | |
| 12884 | CUSTOMIZED COMMUNICATION INC | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt Pay | Gross | Discount | No-Pay | Net |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 154103 | | 07/17/202 | 07/17/202 | 08/16/202 | | 731.62 | 0.00 | 0.00 | 731.62 |
| | Vendor Totals: | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 12884 | CUSTOMIZED COMMUNICATION INC | | | | 731.62 | 0.00 | 0.00 | 731.62 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | |
| 15584 | DANA GONZALEZ MD | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt Pay | Gross | Discount | No-Pay | Net |
| | 072724 | | 07/31/202 | 07/27/202 | 07/27/202 | | 7,815.19 | 0.00 | 0.00 | 7,815.19 |
| | | OB CALL | | | | | | | | |
| | Vendor Totals: | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 15584 | DANA GONZALEZ MD | | | | 7,815.19 | 0.00 | 0.00 | 7,815.19 |
| 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 |
| | 7621740 | | 07/24/202 | 07/19/202 | 08/13/202 | | 251.70 | 0.00 | 0.00 | 251.70 |
| | 7604780 | | 07/31/202 | 07/04/202 | 07/29/202 | | 130.75 | 0.00 | 0.00 | 130.75 |
| | 7604580 | | 07/31/202 | 07/04/202 | 07/29/202 | | 26.57 | 0.00 | 0.00 | 26.57 |
| | 7608291 | | 07/31/202 | 07/11/202 | 08/05/202 | | 349.18 | 0.00 | 0.00 | 349.18 |
| | 7620780 | | 07/31/202 | 07/22/202 | 08/16/202 | | 507.15 | 0.00 | 0.00 | 507.15 |
| | 7621741 | | 07/31/202 | 07/24/202 | 08/18/202 | | 11.40 | 0.00 | 0.00 | 11.40 |
| | 7624580 | | 07/31/202 | 07/25/202 | 08/19/202 | | 103.12 | 0.00 | 0.00 | 103.12 |
| | 7624581 | | 07/31/202 | 07/26/202 | 08/20/202 | | 43.02 | 0.00 | 0.00 | 43.02 |
| | Vendor Totals: | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 10368 | DEWITT POTH & SON | | | | 1,422.89 | 0.00 | 0.00 | 1,422.89 |
| 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 |
| | 33481 | | 07/30/202 | 07/29/202 | 07/29/202 | | 105.00 | 0.00 | 0.00 | 105.00 |
| | | PEST CONTROL | | | | | | | | |
| | 33433 | | 07/30/202 | 07/29/202 | 08/23/202 | | 505.00 | 0.00 | 0.00 | 505.00 |
| | | PEST CONTROL | | | | | | | | |
| | 33402 | | 07/31/202 | 07/29/202 | 07/29/202 | | 260.00 | 0.00 | 0.00 | 260.00 |
| | | MOSQUITO TRTMNT | | | | | | | | |
| | Vendor Totals: | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 11291 | DOWELL PEST CONTROL | | | | 870.00 | 0.00 | 0.00 | 870.00 |
| 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 |
| | 906576672 | | 07/29/202 | 07/26/202 | 08/20/202 | | 718.13 | 0.00 | 0.00 | 718.13 |
| | 906576671 | | 07/29/202 | 07/26/202 | 08/20/202 | | 648.34 | 0.00 | 0.00 | 648.34 |
| | Vendor Totals: | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | S0501 | EVOQUA WATER TECHNOLOGIES LLC | | | | 1,366.47 | 0.00 | 0.00 | 1,366.47 |
| 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 |
| | 3837398 | | 07/17/202 | 07/16/202 | 08/15/202 | | 36.55 | 0.00 | 0.00 | 36.55 |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 3432886 | | 07/24/202 | 06/27/202 | 08/17/202 | | | 14,434.32 | 0.00 | 0.00 | 14,434.32 |
| | SUPPLIES | | | | | | | | | |
| 3622769 | | 07/24/202 | 07/08/202 | 08/07/202 | | | 929.89 | 0.00 | 0.00 | 929.89 |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | F1400 | FISHER HEALTHCARE | 15,400.76 | 0.00 | 0.00 | 15,400.76 |

Vendor# 10599 — Vendor Name: FORVIS — Class: — Pay Code:

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 2167461 | | 07/29/202 | 07/31/202 | 07/31/202 | | | 26,250.00 | 0.00 | 0.00 | 26,250.00 |

Audit Financial St. 2023 Yr.

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10599 | FORVIS | 26,250.00 | 0.00 | 0.00 | 26,250.00 |

Vendor# 11984 — Vendor Name: GUERBET, LLC — Class: — Pay Code:

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 18769193 | | 07/25/202 | 07/17/202 | 08/17/202 | | | 350.00 | 0.00 | 0.00 | 350.00 |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11984 | GUERBET, LLC | 350.00 | 0.00 | 0.00 | 350.00 |

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

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 2554507 | | 07/24/202 | 07/23/202 | 08/22/202 | | | 876.00 | 0.00 | 0.00 | 876.00 |
| 2554504 | | 07/24/202 | 07/24/202 | 08/23/202 | | | 116.30 | 0.00 | 0.00 | 116.30 |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | G1210 | GULF COAST PAPER COMPANY | 992.30 | 0.00 | 0.00 | 992.30 |

Vendor# 11285 — Vendor Name: ITA RESOURCES INC — Class: — Pay Code:

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| MMC72024 | | 07/29/202 | 07/01/202 | 07/21/202 | | | 31,090.62 | 0.00 | 0.00 | 31,090.62 |
| MMC82024 | | 07/31/202 | 08/01/202 | 08/21/202 | | | 31,141.25 | 0.00 | 0.00 | 31,141.25 |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11285 | ITA RESOURCES INC | 62,231.87 | 0.00 | 0.00 | 62,231.87 |

Vendor# 10972 — Vendor Name: M G TRUST — Class: — Pay Code:

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 071224 | | 07/29/202 | 07/12/202 | 07/25/202 | | | 895.00 | 0.00 | 0.00 | 895.00 |

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

Vendor# 15580 — Vendor Name: MARIA TORRES — Class: — Pay Code:

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 072524 | OB CALL | 07/31/202 | 07/25/202 | 07/25/202 | | | 1,699.58 | 0.00 | 0.00 | 1,699.58 |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 15580 | MARIA TORRES | 1,699.58 | 0.00 | 0.00 | 1,699.58 |

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 |
|---|---|---|---|---|---|---|---|---|---|---|

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 22392926 | 07/17/202 | 07/24/202 | 08/15/202 | | 75.67 | 0.00 | 0.00 | 75.67 |
| 22381365 | 07/17/202 | 07/26/202 | 08/15/202 | | 514.21 | 0.00 | 0.00 | 514.21 |
| 22345394 | 07/25/202 | 07/13/202 | 08/15/202 | | 1,341.69 | 0.00 | 0.00 | 1,341.69 |
| Vendor Totals: Number | Name | | | | Gross | Discount | No-Pay | Net |
| M2178 | MCKESSON MEDICAL SURGICAL INC | | | | 1,931.57 | 0.00 | 0.00 | 1,931.57 |

Vendor# M2470 Vendor Name: MEDLINE INDUSTRIES INC — Class: M — Pay Code:

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 2325130007 | SUPPLIES | 07/11/202 | 07/03/202 | 08/17/202 | | | 4,127.46 | 0.00 | 0.00 | 4,127.46 |
| 2327132623 | SUPPLIES | 07/24/202 | 07/17/202 | 08/11/202 | | | 248.65 | 0.00 | 0.00 | 248.65 |
| 2327132618 | SUPPLIES | 07/24/202 | 07/17/202 | 08/11/202 | | | 299.23 | 0.00 | 0.00 | 299.23 |
| 2327406067 | CREDIT | 07/24/202 | 07/18/202 | 08/12/202 | | | -248.65 | 0.00 | 0.00 | -248.65 |
| 2327997168 | SUPPLIES | 07/24/202 | 07/23/202 | 08/17/202 | | | 24.55 | 0.00 | 0.00 | 24.55 |
| 2325405125 | CREDIT | 07/31/202 | 07/04/202 | 07/29/202 | | | -104.94 | 0.00 | 0.00 | -104.94 |

| Vendor Totals: Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|
| M2470 | MEDLINE INDUSTRIES INC | 4,346.30 | 0.00 | 0.00 | 4,346.30 |

Vendor# 15572 Vendor Name: MELISSA WILSON MD — Class: — Pay Code:

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 072524 | OB CALL | 07/31/202 | 07/25/202 | 07/25/202 | | | 6,629.72 | 0.00 | 0.00 | 6,629.72 |

| Vendor Totals: Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|
| 15572 | MELISSA WILSON MD | 6,629.72 | 0.00 | 0.00 | 6,629.72 |

Vendor# 12204 Vendor Name: MEMORIAL MEDICAL CENTER — Class: — Pay Code:

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 073024 | VEHICLE INSPECT/REG10 | 07/31/202 | 07/30/202 | 07/30/202 | | | 14.50 | 0.00 | 0.00 | 14.50 |

| Vendor Totals: Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|
| 12204 | MEMORIAL MEDICAL CENTER | 14.50 | 0.00 | 0.00 | 14.50 |

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

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 072524 | | 07/29/202 | 07/25/202 | 07/25/202 | | | 65.00 | 0.00 | 0.00 | 65.00 |

| Vendor Totals: Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|
| 10963 | MEMORIAL MEDICAL CLINIC | 65.00 | 0.00 | 0.00 | 65.00 |

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

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 2251337 | INVENTORY | 07/30/202 | 07/24/202 | 08/03/202 | | | 331.65 | 0.00 | 0.00 | 331.65 |
| 2250174 | INVENTORY | 07/30/202 | 07/24/202 | 08/03/202 | | | 3,979.14 | 0.00 | 0.00 | 3,979.14 |
| 1381 | CREDIT | 07/30/202 | 07/24/202 | 08/03/202 | | | -703.88 | 0.00 | 0.00 | -703.88 |
| 2248996 | | 07/30/202 | 07/24/202 | 08/03/202 | | | 11,678.43 | 0.00 | 0.00 | 11,678.43 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | INVENTORY | | | | | | | | |
| 2248995 | | 07/30/202 | 07/24/202 | 08/03/202 | | 4,744.44 | 0.00 | 0.00 | 4,744.44 |
| | INVENTORY | | | | | | | | |
| 2251336 | | 07/30/202 | 07/24/202 | 08/03/202 | | 969.07 | 0.00 | 0.00 | 969.07 |
| | INVENTORY | | | | | | | | |
| SC5674 | | 07/30/202 | 07/25/202 | 08/04/202 | | 122.46 | 0.00 | 0.00 | 122.46 |
| | INVENTORY | | | | | | | | |
| 2257026 | | 07/30/202 | 07/25/202 | 08/04/202 | | 27.27 | 0.00 | 0.00 | 27.27 |
| | INVENTORY | | | | | | | | |
| SC5675 | | 07/30/202 | 07/25/202 | 08/04/202 | | 160.70 | 0.00 | 0.00 | 160.70 |
| | INVENTORY | | | | | | | | |
| 2254099 | | 07/30/202 | 07/25/202 | 08/04/202 | | 400.11 | 0.00 | 0.00 | 400.11 |
| | INVENTORY | | | | | | | | |
| 2257027 | | 07/30/202 | 07/25/202 | 08/04/202 | | 244.80 | 0.00 | 0.00 | 244.80 |
| | INVENTORY | | | | | | | | |
| 2263636 | | 07/30/202 | 07/28/202 | 08/07/202 | | 274.63 | 0.00 | 0.00 | 274.63 |
| | INVENTORY | | | | | | | | |
| 2262580 | | 07/30/202 | 07/28/202 | 08/07/202 | | 34.53 | 0.00 | 0.00 | 34.53 |
| | INVENTORY | | | | | | | | |
| 2263635 | | 07/30/202 | 07/28/202 | 08/07/202 | | 445.45 | 0.00 | 0.00 | 445.45 |
| | INVENTORY | | | | | | | | |
| 2267479 | | 07/30/202 | 07/29/202 | 08/10/202 | | 280.10 | 0.00 | 0.00 | 280.10 |
| | INVERNTORY | | | | | | | | |
| Vendor Totals: | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | 10536 | MORRIS & DICKSON CO, LLC | | | | 22,988.90 | 0.00 | 0.00 | 22,988.90 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | |
| N1234 | NFPA | | | | W | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt Pay | Gross | Discount | No-Pay | Net |
| | 073024 | | 07/31/202 | 07/22/202 | 07/22/202 | | 225.00 | 0.00 | 0.00 | 225.00 |
| | | NFPA RENEWAL | | | | | | | | |
| Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | N1234 | NFPA | | | | | 225.00 | 0.00 | 0.00 | 225.00 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | |
| O1416 | ORTHO CLINICAL DIAGNOSTICS | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt Pay | Gross | Discount | No-Pay | Net |
| | 1853624767 | | 07/24/202 | 07/14/202 | 08/13/202 | | 451.37 | 0.00 | 0.00 | 451.37 |
| | 1853632311 | | 07/25/202 | 07/18/202 | 08/17/202 | | 200.52 | 0.00 | 0.00 | 200.52 |
| Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | O1416 | ORTHO CLINICAL DIAGNOSTICS | | | | | 651.89 | 0.00 | 0.00 | 651.89 |
| 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 |
| | 2098726852 | | 07/24/202 | 07/23/202 | 08/22/202 | | 25.76 | 0.00 | 0.00 | 25.76 |
| Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | OM425 | OWENS & MINOR | | | | | 25.76 | 0.00 | 0.00 | 25.76 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | |
| 15592 | [redacted] | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt Pay | Gross | Discount | No-Pay | Net |
| | 072324 | | 07/31/202 | 07/23/202 | 07/23/202 | | 120.00 | 0.00 | 0.00 | 120.00 |
| | | REFUND | | | | | | | | |
| Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | 15592 | [redacted] | | | | | 120.00 | 0.00 | 0.00 | 120.00 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | |

14764 PL-CPR, LLC

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 323 | | 07/31/202 | 07/23/202 | 07/23/202 | | | 540.00 | 0.00 | 0.00 | 540.00 |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 14764 | PL-CPR, LLC | 540.00 | 0.00 | 0.00 | 540.00 |

Vendor# Vendor Name Class Pay Code

12708 POC ELECTRIC, LLC

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 080124 | | 08/01/202 | 08/01/202 | 08/01/202 | | | 1,400.00 | 0.00 | 0.00 | 1,400.00 |
| | DEPOSIT TO REPLACE WATER P | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 12708 | POC ELECTRIC, LLC | 1,400.00 | 0.00 | 0.00 | 1,400.00 |

Vendor# Vendor Name Class Pay Code

11251 RAPID PRINTING LLC

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 24373 | | 07/31/202 | 07/26/202 | 08/05/202 | | | 400.00 | 0.00 | 0.00 | 400.00 |
| | PROMO BANNER | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11251 | RAPID PRINTING LLC | 400.00 | 0.00 | 0.00 | 400.00 |

Vendor# Vendor Name Class Pay Code

15264 REPUBLIC PAIN SPECIALISTS

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 35 | | 07/19/202 | 07/19/202 | 08/19/202 | | | 4,000.00 | 0.00 | 0.00 | 4,000.00 |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 15264 | REPUBLIC PAIN SPECIALISTS | 4,000.00 | 0.00 | 0.00 | 4,000.00 |

Vendor# Vendor Name Class Pay Code

15588 [redacted]

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 072324 | | 07/31/202 | 07/23/202 | 07/23/202 | | | 160.00 | 0.00 | 0.00 | 160.00 |
| | REFUND | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 15588 | [redacted] | 160.00 | 0.00 | 0.00 | 160.00 |

Vendor# Vendor Name Class Pay Code

12472 SOMETHING MORE MEDIA, INC.

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 2206 | | 07/29/202 | 07/26/202 | 08/10/202 | | | 2,669.78 | 0.00 | 0.00 | 2,669.78 |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 12472 | SOMETHING MORE MEDIA, INC. | 2,669.78 | 0.00 | 0.00 | 2,669.78 |

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 |
|---|---|---|---|---|---|---|---|---|---|---|
| INV050000824 | | 07/31/202 | 08/01/202 | 08/06/202 | | | 9,836.92 | 0.00 | 0.00 | 9,836.92 |
| | AUG CONTRACT | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 12288 | SPBS CLINICAL EQUIPMENT SRVC | 9,836.92 | 0.00 | 0.00 | 9,836.92 |

Vendor# Vendor Name Class Pay Code

10094 ST DAVIDS HEALTHCARE

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| MMCPL202406 | | 07/31/202 | 07/30/202 | 07/30/202 | | | 375.00 | 0.00 | 0.00 | 375.00 |
| | CONNECTIVITY FEE JUNE | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10094 | ST DAVIDS HEALTHCARE | 375.00 | 0.00 | 0.00 | 375.00 |

Vendor# Vendor Name Class Pay Code

S3960 STERICYCLE, INC

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 8007809243 | | 07/24/202 | 07/18/202 | 08/17/202 | | | 3,076.66 | 0.00 | 0.00 | 3,076.66 |
| | WASTE DISPOSAL | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | S3960 | STERICYCLE, INC | 3,076.66 | 0.00 | 0.00 | 3,076.66 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 10735 | STRYKER SALES, LLC | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 9206744524 | | 07/24/202 | 07/22/202 | 08/21/202 | | | 2,237.22 | 0.00 | 0.00 | 2,237.22 |
| | SUPPLIES | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10735 | STRYKER SALES, LLC | 2,237.22 | 0.00 | 0.00 | 2,237.22 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 15056 | TEXAS HEALTH & HUMAN SERVICES | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 073024 | | 07/31/202 | 07/30/202 | 07/30/202 | | | 2,632.06 | 0.00 | 0.00 | 2,632.06 |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 15056 | TEXAS HEALTH & HUMAN SERVICES | 2,632.06 | 0.00 | 0.00 | 2,632.06 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| T2204 | TEXAS MUTUAL INSURANCE CO | W | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 032624 | | 07/31/202 | 03/26/202 | 04/15/202 | | | 8,867.80 | 0.00 | 0.00 | 8,867.80 |
| | FINAL AUDIT ADJUSTMENT | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | T2204 | TEXAS MUTUAL INSURANCE CO | 8,867.80 | 0.00 | 0.00 | 8,867.80 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| INV128111 | | 07/24/202 | 07/19/202 | 08/18/202 | | | 191.16 | 0.00 | 0.00 | 191.16 |
| | SUPPLIES | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11908 | TMS SOUTH | 191.16 | 0.00 | 0.00 | 191.16 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| INV1796990284 | | 07/29/202 | 07/19/202 | 08/18/202 | | | 3,182.50 | 0.00 | 0.00 | 3,182.50 |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 14372 | TRIAGE, LLC | 3,182.50 | 0.00 | 0.00 | 3,182.50 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| U1064 | UNIFIRST HOLDINGS INC | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 2921034367 | | 07/19/202 | 06/10/202 | 08/23/202 | | | 102.07 | 0.00 | 0.00 | 102.07 |
| 2921034971A | | 07/19/202 | 06/17/202 | 08/23/202 | | | 3,534.89 | 0.00 | 0.00 | 3,534.89 |
| 2921037684 | | 07/23/202 | 07/18/202 | 08/17/202 | | | 220.59 | 0.00 | 0.00 | 220.59 |
| | LAUNDRY | | | | | | | | | |
| 2921037678 | | 07/23/202 | 07/18/202 | 08/17/202 | | | 132.81 | 0.00 | 0.00 | 132.81 |
| | LAUNDRY | | | | | | | | | |
| 2921037679 | | 07/23/202 | 07/18/202 | 08/17/202 | | | 252.21 | 0.00 | 0.00 | 252.21 |
| | LAUNDRY | | | | | | | | | |
| 2921037680 | | 07/23/202 | 07/18/202 | 08/17/202 | | | 2,789.29 | 0.00 | 0.00 | 2,789.29 |
| | LAUNDRY | | | | | | | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 2921037683 | | 07/23/202 07/18/202 08/17/202 | 282.90 | 0.00 | 0.00 | 282.90 | |
| | LAUNDRY | | | | | | |
| 2921037685 | | 07/23/202 07/18/202 08/17/202 | 113.81 | 0.00 | 0.00 | 113.81 | |
| | LAUNDRY | | | | | | |
| 2921037682 | | 07/23/202 07/18/202 08/17/202 | 318.12 | 0.00 | 0.00 | 318.12 | |
| | LAUNDRY | | | | | | |
| 2921038265 | | 07/29/202 07/25/202 08/19/202 | 220.39 | 0.00 | 0.00 | 220.39 | |
| | LAUNDRY | | | | | | |
| 2921038530 | | 07/30/202 07/29/202 08/23/202 | 97.76 | 0.00 | 0.00 | 97.76 | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | U1064 | UNIFIRST HOLDINGS INC | 8,064.84 | 0.00 | 0.00 | 8,064.84 |

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 | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 9111550118 | | 07/03/202 | 07/09/202 | 08/17/202 | | | 1,176.75 | 0.00 | 0.00 | 1,176.75 | |
| | SUPPLIES | | | | | | | | | | |
| 9111570732 | | 07/31/202 | 07/29/202 | 08/23/202 | | | 1,367.43 | 0.00 | 0.00 | 1,367.43 | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | I1110 | WERFEN USA LLC | 2,544.18 | 0.00 | 0.00 | 2,544.18 |

Vendor# 10556 Vendor Name: WOUND CARE SPECIALISTS — Class: — Pay Code: —

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| WCS00006822 | | 08/01/202 | 07/01/202 | 07/30/202 | | | 11,900.00 | 0.00 | 0.00 | 11,900.00 |
| | JUNE SERVICES | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10556 | WOUND CARE SPECIALISTS | 11,900.00 | 0.00 | 0.00 | 11,900.00 |

Report Summary

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|
| | 256,621.87 | 0.00 | 0.00 | 256,621.87 |

APPROVED ON

AUG 01 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk#205115 - 205171

Ø

RUN DATE:08/05/24 MEMORIAL MEDICAL CENTER PAGE 1
TIME:15:50 CHECK REGISTER GLCKREG
08/07/24 THRU 08/07/24

BANK--CHECK----------

| CODE | NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|
| A/P | 205115 | 08/07/24 | 664.53 | ADVANCED STERILIZATION PRODUCT |
| A/P | 205116 | 08/07/24 | 4,169.69 | AIRGAS USA, LLC - CENTRAL DIV |
| A/P | 205117 | 08/07/24 | 1,173.73 | ALIMED INC. |
| A/P | 205118 | 08/07/24 | 568.50 | ALPHA TEC SYSTEMS INC |
| A/P | 205119 | 08/07/24 | 991.19 | AMAZON CAPITAL SERVICES |
| A/P | 205120 | 08/07/24 | 60.50 | AQUA BEVERAGE COMPANY |
| A/P | 205121 | 08/07/24 | 330.00 | ARTHREX, INC |
| A/P | 205122 | 08/07/24 | 7,327.74 | AUTHORITYRX, LLC |
| A/P | 205123 | 08/07/24 | 594.00 | AZALEA HEALTH |
| A/P | 205124 | 08/07/24 | 16,978.45 | BECKMAN COULTER INC |
| A/P | 205125 | 08/07/24 | 211.50 | BEEKLEY CORPORATION |
| A/P | 205126 | 08/07/24 | 1,339.78 | BIO-RAD LABORATORIES, INC |
| A/P | 205127 | 08/07/24 | 28.18 | CALHOUN COUNTY |
| A/P | 205128 | 08/07/24 | 891.22 | CDW GOVERNMENT, INC. |
| A/P | 205129 | 08/07/24 | 38.80 | CENTRAL DRUG |
| A/P | 205130 | 08/07/24 | 120.00 | [redacted] |
| A/P | 205131 | 08/07/24 | 229.43 | CMT MEDICAL |
| A/P | 205132 | 08/07/24 | 501.72 | COMBINED INSURANCE |
| A/P | 205133 | 08/07/24 | 1,300.47 | COOPER SURGICAL INC |
| A/P | 205134 | 08/07/24 | 731.62 | CUSTOMIZED COMMUNICATION INC |
| A/P | 205135 | 08/07/24 | 7,815.19 | DANA GONZALEZ MD |
| A/P | 205136 | 08/07/24 | 1,422.89 | DEWITT POTH & SON |
| A/P | 205137 | 08/07/24 | 870.00 | DOWELL PEST CONTROL |
| A/P | 205138 | 08/07/24 | 1,366.47 | EVOQUA WATER TECHNOLOGIES LLC |
| A/P | 205139 | 08/07/24 | 15,400.76 | FISHER HEALTHCARE |
| A/P | 205140 | 08/07/24 | 26,250.00 | FORVIS |
| A/P | 205141 | 08/07/24 | 350.00 | GUERBET, LLC |
| A/P | 205142 | 08/07/24 | 992.30 | GULF COAST PAPER COMPANY |
| A/P | 205143 | 08/07/24 | 62,231.87 | ITA RESOURCES INC |
| A/P | 205144 | 08/07/24 | 895.00 | M G TRUST |
| A/P | 205145 | 08/07/24 | 1,699.58 | MARIA TORRES |
| A/P | 205146 | 08/07/24 | 1,931.57 | MCKESSON MEDICAL SURGICAL INC |
| A/P | 205147 | 08/07/24 | 4,346.30 | MEDLINE INDUSTRIES INC |
| A/P | 205148 | 08/07/24 | 6,629.72 | MELISSA WILSON MD |
| A/P | 205149 | 08/07/24 | 14.50 | MEMORIAL MEDICAL CENTER |
| A/P | 205150 | 08/07/24 | 65.00 | MEMORIAL MEDICAL CLINIC |
| A/P | 205151 | 08/07/24 | 22,988.90 | MORRIS & DICKSON CO, LLC |
| A/P | 205152 | 08/07/24 | 225.00 | NFPA |
| A/P | 205153 | 08/07/24 | 651.89 | ORTHO CLINICAL DIAGNOSTICS |
| A/P | 205154 | 08/07/24 | 25.76 | OWENS & MINOR |
| A/P | 205155 | 08/07/24 | 120.00 | [redacted] |
| A/P | 205156 | 08/07/24 | 540.00 | PL-CPR, LLC |
| A/P | 205157 | 08/07/24 | 1,400.00 | POC ELECTRIC, LLC |
| A/P | 205158 | 08/07/24 | 400.00 | RAPID PRINTING LLC |
| A/P | 205159 | 08/07/24 | 4,000.00 | REPUBLIC PAIN SPECIALISTS |
| A/P | 205160 | 08/07/24 | 160.00 | [redacted] |
| A/P | 205161 | 08/07/24 | 2,669.78 | SOMETHING MORE MEDIA, INC. |
| A/P | 205162 | 08/07/24 | 9,836.92 | SPBS CLINICAL EQUIPMENT SRVC |
| A/P | 205163 | 08/07/24 | 375.00 | ST DAVIDS HEALTHCARE |
| A/P | 205164 | 08/07/24 | 3,076.66 | STERICYCLE, INC |

| BANK--CHECK CODE | NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|
| A/P | 205165 | 08/07/24 | 2,237.22 | STRYKER SALES, LLC |
| A/P | 205166 | 08/07/24 | 2,632.06 | TEXAS HEALTH & HUMAN SERVICES |
| A/P | 205167 | 08/07/24 | 8,867.80 | TEXAS MUTUAL INSURANCE CO |
| A/P | 205168 | 08/07/24 | 191.16 | TMS SOUTH |
| A/P | 205169 | 08/07/24 | 3,182.50 | TRIAGE, LLC |
| A/P | 205170 | 08/07/24 | 8,064.84 | UNIFIRST HOLDINGS INC |
| A/P | 205171 | 08/07/24 | 2,544.18 | WERFEN USA LLC |
| A/P | 205172 | 08/07/24 | 11,900.00 | WOUND CARE SPECIALISTS |
| A/P | 205173 | 08/07/24 | 61,023.80 | BETHANY SENIOR LIVING |
| A/P | 205174 | 08/07/24 | 93,377.41 | GOLDENCREEK HEALTHCARE |
| A/P | 205175 | 08/07/24 | 12,036.00 | THE CRESCENT |
| A/P | 205176 | 08/07/24 | 14,184.00 | TUSCANY VILLAGE |
| A/P | 205177 | 08/07/24 | 169.40 | AETNA SENIOR SUPPLEMENT |
| A/P | 205178 | 08/07/24 | 648.20 | AETNE SENIOR SUPPLEMENT |
| A/P | 205179 | 08/07/24 | 124.00 | ASSET PROTECTION UNIT |
| A/P | 205180 | 08/07/24 | 50.00 | [redacted] |
| A/P | 205181 | 08/07/24 | 336.15 | COTIVITI |
| A/P | 205182 | 08/07/24 | 373.90 | COTIVITI |
| A/P | 205183 | 08/07/24 | 163.17 | [redacted] |
| A/P | 205184 | 08/07/24 | 641.55 | |
| A/P | 205185 | 08/07/24 | 17.00 | |
| A/P | 205186 | 08/07/24 | 82.78 | |
| A/P | 205187 | 08/07/24 | 15.77 | |
| A/P | 205188 | 08/07/24 | 83.61 | |
| A/P | 205189 | 08/07/24 | 131.75 | |
| A/P | 205190 | 08/07/24 | 14.54 | |
| A/P | 205191 | 08/07/24 | 90.00 | |
| A/P | 205192 | 08/07/24 | 144.80 | |
| TOTALS: | | | 440,329.70 | |

APPROVED ON
AUG 07 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payables
256,621.87 +
Pat. Refunds 3,086.62 +
NH Xfers 180,621.21 +
440,329.70 ◊

RUN DATE: 08/01/24
TIME: 12:27

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001



| PATIENT NUMBER | PAYEE NAME | | DATE | AMOUNT | PAY CODE | PAT TYPE | DESCRIPTION | GL NUM |
|---|---|---|---|---|---|---|---|---|
| 1469944 | 01 | | 073124 | 163.17 | 2 | | REFUND FOR | |
| 1556100 | 01 | TX | 77979<br>073124 | 83.61 | 3 | | REFUND FOR | |
| 1588872 | 01 | X | 77905<br>073124 | 90.00 | 3 | | REFUND FOR | |
| 1589329 | 01 | X | 77465<br>073124 | 50.00 | 2 | | REFUND FOR | |
| 1592599 | 01 | X | 77904<br>073124 | 648.20 | 2 | | REFUND FOR | |
| 1593198 | 01 | X | 79120<br>073124 | 336.15 | 3 | | REFUND FOR | |
| 1595317 | 01 | O | 631952366<br>073124 | 144.80 | 2 | | REFUND FOR | |
| 1596711 | 01 | X | 77983<br>073124 | 15.77 | 2 | | REFUND FOR | |
| 1597988 | 01 | X | 77979<br>073124 | 124.00 | 2 | | REFUND FOR | |
| 1598839 | 01 | X | 79120<br>073124 | 169.40 | 2 | | REFUND FOR | |
| 1601969 | 01 | X | 79120<br>073124 | 373.90 | 2 | | REFUND FOR | |
| 1605865 | 01 | O | 631952366<br>073124 | 82.78 | 2 | | REFUND FOR | |
| 1607392 | 01 | X | 77971<br>073124 | 641.55 | 2 | | REFUND FOR | |
| 1607661 | 01 | | 77979<br>073124 | 131.75 | 2 | | REFUND FOR | |
| 1609504 | 01 | | 77962<br>073124 | 17.00 | 2 | | REFUND FOR | |
| | | | 78537 | | | | | |

| PATIENT NUMBER | PAYEE NAME | DATE | AMOUNT | PAY CODE | PAT TYPE | DESCRIPTION | GL NUM |
|---|---|---|---|---|---|---|---|
| 1609611 01 | [redacted] | 073124 | 14.54 | 2 | | REFUND FOR [redacted] | |
| | [redacted] TX 77982 | | | | | | |
| | ARID=0001 TOTAL | | 3086.62 | | | | |
| TOTAL | | | 3086.62 | | | | |

APPROVED ON

AUG 01 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 205177 - 205192

# 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: 08/02/2024 Page: 002

DC: 8115
Customer INV SuppID:
Territory:

Customer: 632536
Date: 08/03/2024

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

As of: 08/02/2024 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 08/03/2024 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: 3,348.01 USD

Future Due: 0.00

Past Due: 129.39-

Last Payment 2,451.97
08/07/2017

If Paid By 08/06/2024,
Pay This Amount: 3,278.43 USD

If Paid After 08/06/2024,
Pay this Amount: 3,348.01 USD

Due If Paid On Time:
USD 3,278.43

Disc lost if paid late:
69.58

Due If Paid Late:
USD 3,348.01

APPROVED ON
AUG 05 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Andrea Lostanter
8/5/2024

3,140.19 +
78.05 +
136.35 +
3,354.59 ◊
76.16 −
3,278.43 ◊

Total: 38

For AR Inquiries please contact 800-867-0333

# McKESSON

Company 8000

# STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 08/02/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 08/03/2024

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

As of: 08/02/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 08/03/2024 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 | | | | | | | | | | |
| 07/29/2024 | 08/06/2024 | 7511269615 | 115222714 | 115Invoice | 0.01 | 0.32 | | 0.31 | | 7511269615 | |
| 07/29/2024 | 08/06/2024 | 7511269616 | 115454505 | 115Invoice | 0.01 | 0.63 | | 0.62 | | 7511269616 | |
| 07/29/2024 | 08/06/2024 | 7511269617 | 204177320 | 115Invoice | | 0.08 | | 0.08 | | 7511269617 | |
| 07/30/2024 | 08/06/2024 | 7511502421 | 203882082 | 115Invoice | 4.22 | 210.82 | | 206.60 | | 7511502421 | |
| 07/30/2024 | 08/06/2024 | 7511502422 | 205147848 | 115Invoice | 4.12 | 205.97 | | 201.85 | | 7511502422 | |
| 07/30/2024 | 08/06/2024 | 7511502423 | 115454505 | 115Invoice | 0.02 | 0.95 | | 0.93 | | 7511502423 | |
| 07/30/2024 | 08/06/2024 | 7511516229 | 116672418 | 115Invoice | 0.51 | 25.35 | | 24.84 | | 7511516229 | |
| 07/30/2024 | 08/06/2024 | 7511516230 | 205441721 | 115Invoice | 16.48 | 823.88 | | 807.40 | | 7511516230 | |
| 07/31/2024 | 08/06/2024 | 7511788449 | 116604680 | 115Invoice | 5.23 | 261.50 | | 256.27 | | 7511788449 | |
| 07/31/2024 | 08/06/2024 | 7511788450 | 206643854 | 115Invoice | 0.02 | 0.95 | | 0.93 | | 7511788450 | |
| 07/31/2024 | 08/06/2024 | 7511788451 | 115454505 | 115Invoice | 0.02 | 0.95 | | 0.93 | | 7511788451 | |
| 07/31/2024 | 08/06/2024 | 7511788452 | 116270035 | 115Invoice | 0.02 | 0.95 | | 0.93 | | 7511788452 | |
| 07/31/2024 | 08/06/2024 | 7511788453 | 114735193 | 115Invoice | 0.03 | 1.48 | | 1.45 | | 7511788453 | |
| 07/31/2024 | 08/06/2024 | 7511788454 | 205441721 | 115Invoice | 4.12 | 205.97 | | 201.85 | | 7511788454 | |
| 07/31/2024 | 08/06/2024 | 7511788455 | 205441721 | 115Invoice | | 0.08 | | 0.08 | | 7511788455 | |
| 07/31/2024 | 08/06/2024 | 7511788456 | 206572602 | 115Invoice | 0.83 | 41.42 | | 40.59 | | 7511788456 | |
| 07/31/2024 | 08/06/2024 | 7511803532 | 115019322 | 115Invoice | | 0.10 | | 0.10 | | 7511803532 | |
| 07/31/2024 | 08/06/2024 | 7511803533 | 115509102 | 115Invoice | 0.01 | 0.32 | | 0.31 | | 7511803533 | |
| 08/01/2024 | 08/06/2024 | 7512056395 | 206692083 | 115Invoice | 0.02 | 1.06 | | 1.04 | | 7512056395 | |
| 08/01/2024 | 08/06/2024 | 7512056396 | 206692083 | 115Invoice | 0.01 | 0.63 | | 0.62 | | 7512056396 | |
| 08/02/2024 | 08/06/2024 | 7512300436 | 206643854 | 115Invoice | 0.01 | 0.32 | | 0.31 | | 7512300436 | |
| 08/02/2024 | 08/06/2024 | 7512300437 | 116270035 | 115Invoice | 0.02 | 0.95 | | 0.93 | | 7512300437 | |
| 08/02/2024 | 08/06/2024 | 7512300438 | 203051223 | 115Invoice | 3.73 | 186.35 | | 182.62 | | 7512300438 | |
| 08/02/2024 | 08/06/2024 | 7512300439 | 116604680 | 115Invoice | 5.23 | 261.50 | | 256.27 | | 7512300439 | |
| 08/02/2024 | 08/06/2024 | 7512300440 | 206794080 | 115Invoice | 1.66 | 82.84 | | 81.18 | | 7512300440 | |
| 08/02/2024 | 08/06/2024 | 7512300441 | 115509102 | 115Invoice | 0.01 | 0.32 | | 0.31 | | 7512300441 | |
| 08/02/2024 | 08/06/2024 | 7512300442 | 205147848 | 115Invoice | 5.23 | 261.41 | | 256.18 | | 7512300442 | |
| 08/02/2024 | 08/06/2024 | 7512300443 | 205269451 | 115Invoice | 10.46 | 522.82 | | 512.36 | | 7512300443 | |
| 08/02/2024 | 08/06/2024 | 7512300444 | 205147848 | 115Invoice | 2.09 | 104.39 | | 102.30 | | 7512300444 | |

For AR Inquiries please contact 800-867-0333

# McKESSON

# STATEMENT

Company: 8000

As of: 08/02/2024 Page: 002

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 08/03/2024

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

As of: 08/02/2024 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 08/03/2024 **ITEMS NOT PAID (✓)**

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

National Account 632536

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

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

**TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS**

**Subtotals:** 3,204.31 USD

| | | | | |
|---|---|---|---|---|
| Future Due: | 0.00 | | | Due If Paid On Time: USD 3,140.19 |
| Past Due: | 0.00 | If Paid By 08/06/2024, Pay This Amount: | 3,140.19 USD | Disc lost if paid late: 64.12 |
| Last Payment 07/29/2024 | 5,539.14 | If Paid After 08/06/2024, Pay this Amount: | 3,204.31 USD | Due If Paid Late: USD 3,204.31 |

APPROVED ON
AUG 05 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Andrew Dotolo Santos
8/5/2024

For AR Inquiries please contact 800-867-0333

# McKESSON

# STATEMENT

Company 8000

As of: 08/02/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 820405
Date: 08/03/2024

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 08/02/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 **PLEASE CHECK ANY**
Date: 08/03/2024 **ITEMS NOT PAID (✓)**

National Account 632536

| Billing Date | Due Date | Receivable Number | Order Reference | Description | Cash Discount | Amount (gross) | P F | Amount (net) | P F | Receivable Number | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Customer Number 820405 HEB PHCY WHSE/MEM MED PHS** | | | | | | | | | | | |
| 07/29/2024 | 08/06/2024 | 7510988741 | B2407-055-168163 | 115Invoice | 2.27 | 113.37 | | 111.10 | | 7510988741 | |
| 08/02/2024 | 08/02/2024 | 7512366759 | MFC PR CORR CR | Pricing Cor | | 38.10- | P | 38.10- | P | 7512366759 | |
| 08/02/2024 | 08/06/2024 | 7512366760 | MFC PR CORR IN | Pricing Cor | 0.10 | 5.15 | | 5.05 | | 7512366760 | |

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

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

**Subtotals:** 80.42 USD

**Future Due:** 0.00

**Past Due:** 38.10-

**Last Payment** 34,373.02
07/22/2024

**If Paid By 08/06/2024, Pay This Amount:** 78.05 USD

**If Paid After 08/06/2024, Pay this Amount:** 80.42 USD

**Due If Paid On Time:** USD 78.05

**Disc lost if paid late:** 2.37

**Due If Paid Late:** USD 80.42

APPROVED ON
AUG 05 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Andrew DeLosSantos
8/5/2024

For AR Inquiries please contact 800-867-0333

# McKESSON

# STATEMENT

Company 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 08/02/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835434
Date: 08/03/2024

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

As of: 08/02/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835434 **PLEASE CHECK ANY**
Date: 08/03/2024 **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** | | | | | | | | | | | |
| 07/31/2024 | 08/06/2024 | 7511686180 | 3420710 | 115Invoice | 0.15 | 7.67 | | 7.52 | | 7511686180 | |
| 07/31/2024 | 08/06/2024 | 7511686181 | 3420710 | 115Invoice | 2.63 | 131.46 | | 128.83 | | 7511686181 | |

**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:** 139.13 USD

**Future Due:** 0.00

**Past Due:** 0.00

**Last Payment** 5,539.14
07/29/2024

**If Paid By 08/06/2024, Pay This Amount:** 136.35 USD

**If Paid After 08/06/2024, Pay this Amount:** 139.13 USD

**Due If Paid On Time:** USD 136.35

**Disc lost if paid late:** 2.78

**Due If Paid Late:** USD 139.13

APPROVED ON
AUG 05 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Andrew De Los Santos
8/5/2024

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: 08/02/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835437
Date: 08/03/2024

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

As of: 08/02/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835437 **PLEASE CHECK ANY**
Date: 08/03/2024 **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** | | | | | | | | | | | |
| 07/31/2024 | 08/06/2024 | 7511812012 | 3418901 | 115Invoice | 0.17 | 8.28 | | 8.11 | X ✓ | 7511812012 | |
| 07/31/2024 | 07/31/2024 | 7511825929 | Undelivered U-5 | 115Credit | | 25.17- | P | 25.17- | P X ✓ | 7511825929 | |
| 08/02/2024 | 08/02/2024 | 7512366825 | MFC PR CORR CR | Pricing Cor | | 66.12- | P | 66.12- | P X ✓ | 7512366825 | |
| 08/02/2024 | 08/06/2024 | 7512366826 | MFC PR CORR IN | Pricing Cor | 0.14 | 7.16 | | 7.02 | X ✓ | 7512366826 | |

**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:** 75.85- USD

**Future Due:** 0.00

**Past Due:** 91.29-

**Last Payment** 5,539.14
07/29/2024

**If Paid By 08/06/2024, Pay This Amount:** 76.16- USD

**If Paid After 08/06/2024, Pay this Amount:** 75.85- USD

**Due If Paid On Time:** USD 76.16-

**Disc lost if paid late:** 0.31

**Due If Paid Late:** USD 75.85-

Andrew Dotson-Santos
8/5/2024

APPROVED ON
AUG 05 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

AmerisourceBergen

# STATEMENT

Statement Number: 67956349
Date: 08-02-2024

**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

APPROVED ON
AUG 05 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

| Customer Number |
|---|
| 100135284 / 037028186 |
| **Terms** |
| Sat - Fri Due in 7 days |

| Summary | |
|---|---|
| Not Yet Due: | 0.00 |
| Current: | 10,757.16 |
| Past Due: | 0.00 |
| Total Due: | 10,757.16 |
| Account Balance: | 10,757.16 |

## Account Activity

| Document Date | Due Date | Reference Number | Purchase Order Number | Document Type | Original Amount | Last Receipt | Amount Received | Balance |
|---|---|---|---|---|---|---|---|---|
| 07-29-2024 | 08-09-2024 | 3183229926 | 7007180968 | Invoice | 80.61 | | 0.00 | 80.61 |
| 07-29-2024 | 08-09-2024 | 3183229927 | 7007181532 | Invoice | 678.39 | | 0.00 | 678.39 |
| 07-29-2024 | 08-09-2024 | 3183229928 | 7007194354 | Invoice | 4,338.72 | | 0.00 | 4,338.72 |
| 07-29-2024 | 08-09-2024 | 3183229929 | 7007194354 | Invoice | 4.50 | | 0.00 | 4.50 |
| 07-29-2024 | 08-09-2024 | 3183230970 | 7007198708 | Invoice | 1,113.61 | | 0.00 | 1,113.61 |
| 07-29-2024 | 08-09-2024 | 3183230971 | 7007180505 | Invoice | 1.31 | | 0.00 | 1.31 |
| 07-29-2024 | 08-09-2024 | 3183230972 | 7007191808 | Invoice | 11.01 | | 0.00 | 11.01 |
| 07-29-2024 | 08-09-2024 | 3183230973 | 7007198482 | Invoice | 1.35 | | 0.00 | 1.35 |
| 07-30-2024 | 08-09-2024 | 3183390057 | 7007206051 | Invoice | 1.78 | | 0.00 | 1.78 |
| 07-31-2024 | 08-09-2024 | 3183540822 | 7007214423 | Invoice | 19.24 | | 0.00 | 19.24 |
| 08-01-2024 | 08-09-2024 | 3183671941 | 7007223804 | Invoice | 1,099.11 | | 0.00 | 1,099.11 |
| 08-01-2024 | 08-09-2024 | 3183671942 | 7007226478 | Invoice | 30.56 | | 0.00 | 30.56 |
| 08-02-2024 | 08-09-2024 | 3183849221 | 7007232484 | Invoice | 3,373.59 | | 0.00 | 3,373.59 |
| 08-02-2024 | 08-09-2024 | 3183849222 | 7007232484 | Invoice | 3.38 | | 0.00 | 3.38 |

| Current | 1-15 Days | 16-30 Days | 31-60 Days | 61-90 Days | 91-120 Days | Over 120 Days |
|---|---|---|---|---|---|---|
| 10,757.16 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

## Thank You for Your Payment

| Date | Amount |
|---|---|
| 08-02-2024 | (2,228.15) |

## Reminders

| Due Date | Amount |
|---|---|
| 08-09-2024 | 10,757.16 |
| Total Due: | 10,757.16 |

Andrea Dakes Santos
8/5/2024

90 Degree Benefits

| CHENO | JOBNO | LOCNO | EMPNO | DEPNO | CLMPRE | CLMNO | CLMSUF | CHKDT | AMT | CLMTY | PAYEE | PAYTO | EVSEQ | PVISIT | FIRSTNAME | LASTNAME | CODE | VOID | SRCHDT | THRUDT | INVNO |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2444 | 76351 | 3 | 53 | 0 | 2024 | 205000837 | 0 | 7/29/2024 | $5,154.55 | 1 | CITIZENS MEDICAL CENTER COUNTY OF | P | 434 | 0 | [redacted] | | OHS | F | 7/12/2024 | 7/12/2024 | 741698143 |
| 2445 | 76351 | 3 | 14 | 0 | 2024 | 205000083 | 0 | 7/29/2024 | $93.47 | 1 | TEXAS LIVER CONSULTANTS | P | 457 | 0 | | | OVS | F | 6/12/2024 | 6/12/2024 | 461771294 |
| 2446 | 76351 | 3 | 64 | 0 | 2024 | 206000561 | 0 | 7/29/2024 | $153.60 | 1 | ESS OF PORT LAVACA LLC | P | 189 | 0 | | | ERD | F | 7/5/2024 | 7/5/2024 | 815248556 |
| 2451 | 76351 | 3 | 37 | 0 | 2024 | 206000601 | 0 | 7/29/2024 | $3,121.87 | 9 | CIGNA HEALTH AND LIFE INSURANCE COMPANY | P | 30 | 1 | | | EX30 | F | 6/5/2024 | 6/5/2024 | 591031071 |
| 2452 | 76351 | 3 | 53 | 0 | 2024 | 201000145 | 0 | 7/29/2024 | $4,327.72 | 1 | CITIZENS MEDICAL CENTER COUNTY OF | P | 406 | 0 | | | ER | F | 7/6/2024 | 7/6/2024 | 741698143 |
| 2453 | 76360 | 2 | 62 | 0 | 2024 | 205001197 | 0 | 7/29/2024 | $98.63 | 1 | VICTORIA WOMENS CLINIC ASSOCIATES | P | 177 | 0 | | | OV | F | 6/26/2024 | 6/26/2024 | 741831291 |
| 2455 | 76360 | 3 | 75 | 0 | 2024 | 206001734 | 0 | 7/29/2024 | $9.57 | 1 | VICTORIA WOMENS CLINIC ASSOCIATES | P | 177 | 0 | | | OV | F | 7/16/2024 | 7/16/2024 | 741831291 |
| 2456 | 76360 | 3 | 32 | 6 | 2024 | 201000057 | 0 | 7/29/2024 | $20.71 | 1 | GULF COAST PATHOLOGY PROGRAM | P | 172 | 0 | | | AB | F | 6/11/2024 | 6/11/2024 | 863024305 |
| 2457 | 76360 | 3 | 43 | 1 | 2024 | 207000967 | 0 | 7/29/2024 | $29.10 | 1 | KHIEM VU DO PA | P | 177 | 0 | | | OV | F | 7/2/2024 | 7/2/2024 | 451261253 |
| 2459 | 76360 | 3 | 74 | 0 | 2024 | 207000953 | 0 | 7/29/2024 | $59.94 | 1 | AYO ADU, MD PLLC | P | 177 | 0 | | | OV | F | 7/23/2024 | 7/23/2024 | 273335355 |
| 2460 | 76360 | 3 | 10 | 0 | 2024 | 207000975 | 0 | 7/29/2024 | $65.89 | 1 | PORT LAVACA CLINIC ASSOCIATES | P | 177 | 0 | | | OV | F | 7/22/2024 | 7/22/2024 | 742605670 |
| 2461 | 76360 | 3 | 98 | 0 | 2024 | 205001175 | 0 | 7/29/2024 | $74.33 | 1 | CLINICAL PATHOLOGY LABS,INC | P | 172 | 0 | | | AB | F | 6/14/2024 | 6/14/2024 | 742554159 |
| 2462 | 76360 | 3 | 77 | 0 | 2024 | 204001163 | 0 | 7/29/2024 | $79.82 | 1 | PORT LAVACA CLINIC ASSOCIATES | P | 172 | 0 | | | AB | F | 7/2/2024 | 7/2/2024 | 742605670 |
| 2463 | 76360 | 3 | 83 | 0 | 2024 | 206000427 | 0 | 7/29/2024 | $90.08 | 1 | HEALTH AND WELLNESS SOLUTIONS PA | P | 457 | 0 | | | OVS | F | 5/3/2024 | 5/3/2024 | 260406833 |
| 2464 | 76360 | 3 | 32 | 6 | 2024 | 207000424 | 0 | 7/29/2024 | $115.31 | 1 | CHILDRENS PHYSICIAN SERVICES OF SOUTH | P | 481 | 0 | | | OPDX | F | 6/27/2024 | 6/27/2024 | 742620408 |
| 2465 | 76360 | 3 | 70 | 0 | 2024 | 201000442 | 0 | 7/29/2024 | $135.00 | 1 | VICTORIA WOMENS CLINIC ASSOCIATES | P | 172 | 0 | | | AB | F | 7/12/2024 | 7/12/2024 | 741831291 |
| 2466 | 76360 | 3 | 31 | 0 | 2024 | 205000582 | 0 | 7/29/2024 | $142.57 | 1 | KHIEM VU DO PA | P | 188 | 0 | | | HV | F | 6/10/2024 | 6/10/2024 | 451261253 |
| 2467 | 76360 | 3 | 26 | 0 | 2024 | 201000469 | 0 | 7/29/2024 | $152.57 | 1 | DIP JADAV M.D. | P | 457 | 0 | | | OVS | F | 7/16/2024 | 7/16/2024 | 463314962 |
| 2468 | 76360 | 3 | 60 | 0 | 2024 | 206000052 | 0 | 7/29/2024 | $153.60 | 1 | ESS OF PORT LAVACA LLC | P | 189 | 0 | | | ERD | F | 6/17/2024 | 6/17/2024 | 815248556 |
| 2469 | 76360 | 3 | 74 | 0 | 2024 | 206000387 | 0 | 7/29/2024 | $153.60 | 1 | ESS OF PORT LAVACA LLC | P | 189 | 0 | | | ERD | F | 7/2/2024 | 7/2/2024 | 815248556 |
| 2470 | 76360 | 3 | 54 | 0 | 2024 | 206000560 | 0 | 7/29/2024 | $153.60 | 1 | ESS OF PORT LAVACA LLC | P | 189 | 0 | | | ERD | F | 6/29/2024 | 6/29/2024 | 815248556 |
| 2471 | 76360 | 3 | 61 | 0 | 2024 | 205000291 | 0 | 7/29/2024 | $158.12 | 1 | TEXAS ONCOLOGY PA | P | 728 | 0 | | | TELM | F | 6/20/2024 | 6/20/2024 | 752131429 |
| 2472 | 76360 | 3 | 31 | 0 | 2024 | 205000583 | 0 | 7/29/2024 | $191.48 | 1 | KHIEM VU DO PA | P | 188 | 0 | | | HV | F | 6/11/2024 | 6/12/2024 | 451261253 |
| 2478 | 76360 | 3 | 41 | 0 | 2024 | 201000463 | 0 | 7/29/2024 | $428.77 | 1 | RICHARD ARROYO-DIAZ | P | 172 | 0 | | | AB | F | 6/12/2024 | 6/12/2024 | 583137003 |
| 2481 | 76360 | 3 | 32 | 1 | 2024 | 206000528 | 0 | 7/29/2024 | $607.60 | 9 | CIGNA HEALTH AND LIFE INSURANCE COMPANY | P | 30 | 1 | | | EX30 | F | 5/24/2024 | 5/24/2024 | 591031071 |
| | | | | | | | | | $15,771.50 | | | | | | | | | | | | |

Andrew D. Pool Lantos
8/5/2024

APPROVED ON
AUG 05 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

**MEMORIAL MEDICAL CENTER**
**PROSPERITY BANK**
**ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- July 29, 2024 - Aug 4, 2024**

| Date | Bank Description | MMC Notes | Amount | CPSI "Handwritten Check" # |
|---|---|---|---|---|
| 8/2/2024 | STATE COMPTRLR TEXNET 08309848/40801 2100002 | DSH IGT | 3,005.50 ✓ | 110087 |
| 8/2/2024 | PAY PLUS ACHTrans 000000031138817 1010006918 | - 3rd Party Payor Fee | 582.55 ✓ | 800562 |
| 8/2/2024 | HPHG LLC MEMOR PREM MemMedCtr PtLav 11312265 | - Health Insurance Premium Payment | 64,772.71 ✓* | 800563 |
| 8/2/2024 | EXPERTPAY EXPERTPAY 746003411 91000010460546 | -Child Support Payment | 570.69 ✓ | 800564 |
| 8/2/2024 | AMERISOURCE BERG PAYMENTS 0100007768 2100002 | - 340B Drug Program Expense | 2,228.15 ✓* | 500625 |
| 8/2/2024 | MEMORIAL MEDICAL PAYROLL 746003411 113122650 | - Payroll | 367,421.07 ✓* | |
| 8/2/2024 | AUTHNET GATEWAY BILLING 137357476 1040000106 | - 3rd Party Payor Fee | 32.50 ✓ | 901289 |
| 8/1/2024 | PAY PLUS ACHTrans 000000031011962 1010006902 | - 3rd Party Payor Fee | 7.44 ✓ | 901290 |
| 7/31/2024 | IRS USATAXPYMT 270461315472555 6103601002161 | - Payroll Taxes | 315.56 ✓** | 800565 |
| 7/31/2024 | PAY PLUS ACHTrans 000000030957982 1010006987 | - 3rd Party Payor Fee | 60.74 ✓ | 901291 |
| 7/30/2024 | PAY PLUS ACHTrans 000000030758196 1010006974 | - 3rd Party Payor Fee | 152.14 ✓ | 901292 |
| 7/30/2024 | MCKESSON DRUG AUTO ACH ACH06105217 910000124 | - 340B Drug Program Expense | 5,539.14 ✓* | 500626 |
| 7/30/2024 | HPHG LLC PORT LAVA MemMedCtr PtLav 113122650 | - Health Insurance Claim Payments | 41,014.09 ✓** | 800566 |
| 7/29/2024 | PAY PLUS ACHTrans 000000030654585 1010006969 | - 3rd Party Payor Fee | 77.97 ✓ | 901293 |
| | | | 485,780.25 ✓ | |

Andrew De Los Santos
Memorial Medical Center

August 5, 2024

*Approved on 7.31.24 cc
**Approved on 7.24.24cc

**PROSPERITY BANK**
**ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS**

| Date | Description | MMC Notes | Amount |
|---|---|---|---|
| | 485,780.25 + | | |
| | 3,005.50 - | | |
| | 64,772.71 - | | |
| | 2,228.15 - | | |
| | 367,421.07 - | | |
| | 315.56 - | | |
| | 5,539.14 - | | |
| | 41,014.09 - | | |
| | 1,484.03 ◊ | | |
| | 1,484.03 - | | |
| | 0.00 ◊ | | 0.00 ✓ |

Andrew De Los Santos
Memorial Medical Center

August 5, 2024

APPROVED ON
AUG 05 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Pay Plus
582.55 +
7.44 +
60.74 +
152.14 +
77.97 +
880.84 ◊
0.C

Child Supp.
570.69 +
570.69 ◊
0.C

Auth. net
32.50 +
32.50 ◊
0.C

880.84 +
570.69 +
32.50 +
1,484.03 ◊

# Memorial Medical Center
## Bank Transfer Request

**Transfer Amount:** $3,650,000.00

**From Account:** MMC Operating - *4357

**To Account:** NEXBANK Money Market

**Account Number:** *677 **Routing Number:**

**Explanation:** Transfer cash funds from MMC Operating bank account to Nexbank Money Market account for higher interest rate.

**Requested By:** Andrew DeLos Santos **Date:** 8/1/2024

**Authorized By:** **Date:** 8/1/2024

APPROVED ON
AUG 05 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Andrew DeLos Santos
8/5/2024

RECEIVED BY THE
COUNTY AUDITOR ON

AUG 01 2024

CALHOUN COUNTY, TEXAS

08/01/2024
12:11

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 08/25/2024
Class Pay Code

0
ap_open_invoice.template

Vendor# Vendor Name
11824 THE CRESCENT

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 072524A | | 07/31/202 | 07/25/202 | 08/24/202 | | | 6,120.00 | 0.00 | 0.00 | 6,120.00 |
| 072524 | ins. pmt. dep. into mmc opt in error | 07/31/202 | 07/27/202 | 08/24/202 | | | 5,916.00 | 0.00 | 0.00 | 5,916.00 |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11824 | THE CRESCENT | 12,036.00 | 0.00 | 0.00 | 12,036.00 |

Report Summary

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|
| | 12,036.00 | 0.00 | 0.00 | 12,036.00 |

APPROVED ON

AUG 01 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 205175

RECEIVED BY THE COUNTY AUDITOR ON

AUG 01 2024

CALHOUN COUNTY, TEXAS

08/01/2024
12:12

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 08/25/2024

0
ap_open_invoice.template

Vendor# Vendor Name Class Pay Code

11836 GOLDENCREEK HEALTHCARE

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 072324 | | 07/31/202 | 07/23/202 | 08/24/202 | | | 5,955.90 | 0.00 | 0.00 | 5,955.90 |
| 072424 | | 07/31/202 | 07/24/202 | 08/24/202 | | | 21,292.26 | 0.00 | 0.00 | 21,292.26 |
| 072524 | | 07/31/202 | 07/25/202 | 08/24/202 | | | 6,698.62 | 0.00 | 0.00 | 6,698.62 |
| 072624 | | 07/31/202 | 07/25/202 | 08/24/202 | | | 58,622.93 | 0.00 | 0.00 | 58,622.93 |
| 072624A | | 07/31/202 | 07/26/202 | 08/24/202 | | | 807.70 | 0.00 | 0.00 | 807.70 |

ins. pmt. clep. into mmcopt. inerror

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11836 | GOLDENCREEK HEALTHCARE | 93,377.41 | 0.00 | 0.00 | 93,377.41 |

Report Summary

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|
| | 93,377.41 | 0.00 | 0.00 | 93,377.41 |

APPROVED ON

AUG 01 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 205174

RECEIVED BY THE
COUNTY AUDITOR ON

AUG 01 2024

CALHOUN COUNTY, TEXAS

08/01/2024
12:13

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 08/25/2024
Class Pay Code

0
ap_open_invoice.template

Vendor# Vendor Name
13004 TUSCANY VILLAGE

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 072224 | | 07/31/202 | 07/22/202 | 08/24/202 | | | 1,224.00 | 0.00 | 0.00 | 1,224.00 |
| 072424 | inv. pmt. aup. into mmc opt in error | 07/31/202 | 07/24/202 | 08/24/202 | | | 12,960.00 | 0.00 | 0.00 | 12,960.00 |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 13004 | TUSCANY VILLAGE | 14,184.00 | 0.00 | 0.00 | 14,184.00 |

Report Summary

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|
| | 14,184.00 | 0.00 | 0.00 | 14,184.00 |

APPROVED ON

AUG 01 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 205176

RECEIVED BY THE
COUNTY AUDITOR ON

AUG 01 2024

08/01/2024
12:12

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 08/25/2024

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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 072224A | | 07/31/202 | 07/22/202 | 08/24/202 | | | 7,867.66 | 0.00 | 0.00 | 7,867.66 |
| 072324 | | 07/31/202 | 07/23/202 | 08/24/202 | | | 15,998.53 | 0.00 | 0.00 | 15,998.53 |
| 072424 | | 07/31/202 | 07/24/202 | 08/24/202 | | | 1,299.69 | 0.00 | 0.00 | 1,299.69 |
| 072524 | | 07/31/202 | 07/25/202 | 08/24/202 | | | 3,112.22 | 0.00 | 0.00 | 3,112.22 |
| 072624 | | 07/31/202 | 07/26/202 | 08/24/202 | | | 10,990.22 | 0.00 | 0.00 | 10,990.22 |
| 072624A | | 07/31/202 | 07/26/202 | 08/24/202 | | | 19,307.48 | 0.00 | 0.00 | 19,307.48 |
| 072624B | | 07/31/202 | 07/26/202 | 08/24/202 | | | 2,448.00 | 0.00 | 0.00 | 2,448.00 |

ins. pmt. dep. into MMC opt. in error

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 12792 | BETHANY SENIOR LIVING | 61,023.80 | 0.00 | 0.00 | 61,023.80 |

Report Summary

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|
| | 61,023.80 | 0.00 | 0.00 | 61,023.80 |

APPROVED ON

AUG 01 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 205173

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
8/5/2024

| 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** | | 160,634.89 | 160,534.89 | 48,967.85 | | | 49,067.85 | 46,100.65 |
| | | | | | | Bank Balance | 49,067.85 | |
| | | | | | | Variance | - | |
| | | | | | | **Leave in Balance** | 100.00 | |
| *Routing Information for Ashford Gardens* | | | | | | | | |
| | | | | | | **Recoup from Tuscany for Ashford pt** | 2,700.00 | |
| *Ashford Health Care Center Ltd Co* | | | | | | | | |
| *JP Morgan Chase Bank* | | | | | | **July Interest** | 167.20 | |
| | | | | | | **Aug Interest** | | |
| | | | | | | **Sept Interest** | | |
| | | | | | | **Adjust Balance/Transfer Amt** | **46,100.65** | |
| **Broadmoor** | | 103,455.14 | 103,355.14 | 63,499.33 | | | - | 63,193.19 |
| | | | | | | | 63,599.33 | |
| | | | | | | Bank Balance | 63,599.33 | |
| | | | | | | Variance | - | |
| | | | | | | **Leave in Balance** | 100.00 | |
| | | | | | | **Claim payment owed to MMC** | 121.50 | |
| | | | | | | **July Interest** | 184.64 | |
| | | | | | | **Aug Interest** | | |
| | | | | | | **Sept Interest** | | |
| | | | | | | **Adjust Balance/Transfer Amt** | **63,193.19** | |
| **Crescent** | | 202,291.87 | 202,191.87 | 100,309.16 | | | 100,409.16 | 14,480.63 |
| | | | | | | Bank Balance | 100,409.16 | |
| | | | | | | Variance | - | |
| | | | | | | **Leave in Balance** | 100.00 | |
| | | | | | | **Claim Payments owed to Tuscany** | 33,288.00 | |
| | | | | | | **Claim Payments owed to Tuscany** | 52,267.00 | |
| | | | | | | **July Interest** | 273.53 | |
| | | | | | | **Aug Interest** | | |
| | | | | | | **Sept Interest** | | |
| | | | | | | **Adjust Balance/Transfer Amt** | **14,480.63** | |
| **Fort Bend** | | 66,936.69 | 66,836.69 | 7,873.33 | | | 7,973.33 | 7,821.24 |
| | | | | | | Bank Balance | 7,973.33 | |
| | | | | | | Variance | - | |
| | | | | | | **Leave in Balance** | 100.00 | |
| | | | | | | **July Interest** | 52.09 | |
| | | | | | | **Aug Interest** | | |
| | | | | | | **Sept Interest** | | |
| | | | | | | **Adjust Balance/Transfer Amt** | **7,821.24** | |
| **Solera at W Houston** | | 242,856.53 | 242,756.53 | 68,683.84 | | | 68,783.84 | 68,474.27 |
| | | | | | | Bank Balance | 68,783.84 | |
| | | | | | | Variance | - | |
| | | | | | | **Leave in Balance** | 100.00 | |
| | | | | | | **July Interest** | 209.57 | |
| | | | | | | **Aug Interest** | | |
| | | | | | | **Sept Interest** | | |
| | | | | | | **Adjust Balance/Transfer Amt** | **68,474.27** | |
| | | | | | | **TOTAL TRANSFERS** | | 200,069.98 |

46,100.65 +
63,193.19 +
14,480.63 +
7,821.24 +
68,474.27 +
200,069.98 ◊

vadmoor

APPROVED ON
AUG 05 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Approved: Andrew De Los Santos
Andrew De Los Santos 8/5/2024

*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.*

## Ashford Gardens

| | | Transfer-Out | Transfer-In | MMC PORTION QIPP/Comp1 | QIPP/Comp 2 | QIPP/Comp3 | QIPP/Comp4&Lapse | QIPP TI | NH PORTION |
|---|---|---|---|---|---|---|---|---|---|
| 8/2/2024 | Check 1247 | 23,109.97 | - | | | | | - | - |
| 8/2/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000272722 | - | 3,150.43 | | | | | - | 3,150.43 |
| 7/31/2024 | Added to Account | - | 167.20 | | | | | - | 167.20 |
| 7/31/2024 | WIRE OUT ASHFORD HEALTH CARE CENTER LTD | 137,424.92 | - | | | | | - | - |
| 7/31/2024 | Deposit | - | 8,344.35 | | | | | - | 8,344.35 |
| 7/31/2024 | NOVITAS SOLUTION HCCLAIMPMT 675423 420000195 | - | 349.65 | | | | | - | 349.65 |
| 7/31/2024 | HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2 | - | 584.21 | | | | | - | 584.21 |
| 7/30/2024 | MANAGEANDNET1718 MNS PMNT 000000000000093 41 | - | 877.50 | | | | | - | 877.50 |
| 7/30/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000235745 | - | 70.53 | | | | | - | 70.53 |
| 7/29/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000283087 | - | 34,365.78 | | | | | - | 34,365.78 |
| 7/29/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000281873 | - | 1,058.20 | | | | | - | 1,058.20 |
| | | | | | | | | - | - |
| | | 160,534.89 | 48,967.85 | - | - | - | - | - | 48,967.85 |

## Broadmoor

| | | Transfer-Out | Transfer-In | MMC PORTION QIPP/Comp1 | QIPP/Comp 2 | QIPP/Comp3 | QIPP/Comp4&Lapse | QIPP TI | NH PORTION |
|---|---|---|---|---|---|---|---|---|---|
| 8/2/2024 | Check 282 | 8,522.23 | - | | | | | - | - |
| 8/2/2024 | UnitedHealthcare HCCLAIMPMT 746003411 124384 | - | 60.00 | | | | | - | 60.00 |
| 8/2/2024 | UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 | - | 1,392.02 | | | | | - | 1,392.02 |
| 8/2/2024 | HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2 | - | 2,373.52 | | | | | - | 2,373.52 |
| 8/1/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000225263 | - | 861.43 | | | | | - | 861.43 |
| 8/1/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000225087 | - | 70.57 | | | | | - | 70.57 |
| 7/31/2024 | Added to Account | - | 184.64 | | | | | - | 184.64 |
| 7/31/2024 | WIRE OUT CANTEX HEALTH CARE CENTERS III | 94,832.91 | - | | | | | - | - |
| 7/31/2024 | Deposit | - | 18,505.63 | | | | | - | 18,505.63 |
| 7/31/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000281133 | - | 1,999.40 | | | | | - | 1,999.40 |
| 7/31/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000281133 | - | 3,227.27 | | | | | - | 3,227.27 |
| 7/31/2024 | UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 | - | 174.83 | | | | | - | 174.83 |
| 7/31/2024 | NOVITAS SOLUTION HCCLAIMPMT 676357 420000195 | - | 1,019.29 | | | | | - | 1,019.29 |
| 7/31/2024 | AARP Supplementa HCCLAIMPMT 746003411 124384 | - | 4,284.00 | | | | | - | 4,284.00 |
| 7/30/2024 | Deposit | - | 605.34 | | | | | - | 605.34 |
| 7/30/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000235744 | - | 790.94 | | | | | - | 790.94 |
| 7/29/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000281873 | - | 12.74 | | | | | - | 12.74 |
| 7/29/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000283087 | - | 27,937.71 | | | | | - | 27,937.71 |
| | | | | | | | | - | - |
| | | 103,355.14 | 63,499.33 | - | - | - | - | - | 63,499.33 |

## Crescent

| | | Transfer-Out | Transfer-In | MMC PORTION QIPP/Comp1 | QIPP/Comp 2 | QIPP/Comp3 | QIPP/Comp4&Lapse | QIPP TI | NH PORTION |
|---|---|---|---|---|---|---|---|---|---|
| 8/2/2024 | Check 354 | 6,356.82 | - | | | | | - | - |
| 8/2/2024 | MANAGEANDNET1718 MNS PMNT 000000000003268 41 | - | 3,802.50 | | | | | - | 3,802.50 |
| 8/2/2024 | UnitedHealthcare HCCLAIMPMT 746003411 124384 | - | 410.00 | | | | | - | 410.00 |
| 8/2/2024 | UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 | - | 0.30 | | | | | - | 0.30 |
| 8/2/2024 | DEVOTED HEALTH P HCCLAIMPMT 21000027070917 | - | 9,494.00 | | | | | - | 9,494.00 |
| 8/2/2024 | DEVOTED HEALTH P HCCLAIMPMT 21000023855918 | - | 4,500.00 | | | | | - | 4,500.00 |
| 8/1/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000225087 | - | 44.10 | | | | | - | 44.10 |
| 8/1/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000225087 | - | 1,234.93 | | | | | - | 1,234.93 |
| 8/1/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000225087 | - | 4,043.70 | | | | | - | 4,043.70 |
| 8/1/2024 | UnitedHealthcare HCCLAIMPMT 746003411 124384 | - | 10,250.00 | | | | | - | 10,250.00 |
| 7/31/2024 | Added to Account | - | 273.53 | | | | | - | 273.53 |
| 7/31/2024 | WIRE OUT CANTEX HEALTH CARE CENTERS III | 195,835.05 | - | | | | | - | - |
| 7/31/2024 | Deposit | - | 5,271.85 | | | | | - | 5,271.85 |
| 7/31/2024 | UnitedHealthcare HCCLAIMPMT 746003411 124384 | - | 8,200.00 | | | | | - | 8,200.00 |
| 7/31/2024 | DEVOTED HEALTH P HCCLAIMPMT 21000022278998 | - | 700.00 | | | | | - | 700.00 |
| 7/31/2024 | AARP Supplementa HCCLAIMPMT 746003411 124384 | - | 3,264.00 | | | | | - | 3,264.00 |
| 7/30/2024 | Deposit | - | 14,217.51 | | | | | - | 14,217.51 |
| 7/30/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000235745 | - | 3,226.49 | | | | | - | 3,226.49 |
| 7/29/2024 | MANAGEANDNET1718 MNS PMNT 000000000003268 41 | - | 1,755.00 | | | | | - | 1,755.00 |
| 7/29/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000283087 | - | 7,262.92 | | | | | - | 7,262.92 |
| 7/29/2024 | DEVOTED HEALTH P HCCLAIMPMT 21000024174447 | - | 8,550.00 | | | | | - | 8,550.00 |
| 7/29/2024 | UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384 | - | 1,020.00 | | | | | - | 1,020.00 |
| 7/29/2024 | UnitedHealthcare HCCLAIMPMT 746003411 124384 | - | 9,430.00 | | | | | - | 9,430.00 |
| 7/29/2024 | UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 | - | 179.11 | | | | | - | 179.11 |
| 7/29/2024 | NOVITAS SOLUTION HCCLAIMPMT 676323 420000190 | - | 3,179.22 | | | | | - | 3,179.22 |
| | | | | | | | | - | - |
| | | 202,191.87 | 100,309.16 | - | - | - | - | - | 100,309.16 |

## Fort Bend

| | | Transfer-Out | Transfer-In | MMC PORTION QIPP/Comp1 | QIPP/Comp 2 | QIPP/Comp3 | QIPP/Comp4&Lapse | QIPP TI | NH PORTION |
|---|---|---|---|---|---|---|---|---|---|
| 8/2/2024 | Check 254 | 7,195.14 | - | | | | | - | - |
| 8/2/2024 | UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 | - | 221.59 | | | | | - | 221.59 |
| 8/2/2024 | NOVITAS SOLUTION HCCLAIMPMT 675663 420000185 | - | 2,848.13 | | | | | - | 2,848.13 |
| 7/31/2024 | Added to Account | - | 52.09 | | | | | - | 52.09 |
| 7/31/2024 | WIRE OUT CANTEX HEALTH CARE CENTERS III | 59,641.55 | - | | | | | - | - |
| 7/31/2024 | Deposit | - | 2,741.62 | | | | | - | 2,741.62 |
| 7/29/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000283087 | - | 2,009.90 | | | | | - | 2,009.90 |
| | | | | | | | | - | - |
| | | 66,836.69 | 7,873.33 | - | - | - | - | - | 7,873.33 |

## Solera at West Houston

| | | Transfer-Out | Transfer-In | MMC PORTION QIPP/Comp1 | QIPP/Comp 2 | QIPP/Comp3 | QIPP/Comp4&Lapse | QIPP TI | NH PORTION |
|---|---|---|---|---|---|---|---|---|---|
| 8/2/2024 | Check 1308 | 6,883.66 | - | | | | | - | - |
| 8/2/2024 | HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2 | - | 1,214.37 | | | | | - | 1,214.37 |
| 8/1/2024 | UnitedHealthcare HCCLAIMPMT 746003411 124384 | - | 17,100.00 | | | | | - | 17,100.00 |
| 8/1/2024 | NOVITAS SOLUTION HCCLAIMPMT 676310 420000149 | - | 2,692.39 | | | | | - | 2,692.39 |
| 7/31/2024 | Added to Account | - | 209.57 | | | | | - | 209.57 |
| 7/31/2024 | WIRE OUT CANTEX HEALTH CARE CENTERS III | 235,872.87 | - | | | | | - | - |
| 7/31/2024 | Deposit | - | 2,354.25 | | | | | - | 2,354.25 |
| 7/31/2024 | Deposit | - | 24,438.59 | | | | | - | 24,438.59 |
| 7/31/2024 | MANAGEANDNET1718 MNS PMNT 000000000002482 41 | - | 29.25 | | | | | - | 29.25 |
| 7/31/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000280852 | - | 2,289.29 | | | | | - | 2,289.29 |
| 7/31/2024 | UnitedHealthcare HCCLAIMPMT 746003411 124384 | - | 900.00 | | | | | - | 900.00 |
| 7/30/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000235367 | - | 11,285.67 | | | | | - | 11,285.67 |
| 7/30/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000235745 | - | 2,205.22 | | | | | - | 2,205.22 |
| 7/30/2024 | HUMANA CHA DISB HCCLAIMPMT 53S55493 42000011 | - | 3,750.00 | | | | | - | 3,750.00 |
| 7/29/2024 | MANAGEANDNET1718 MNS PMNT 000000000002482 41 | - | 215.24 | | | | | - | 215.24 |
| | | | | | | | | - | - |
| | | 242,756.53 | 68,683.84 | - | - | - | - | - | 68,683.84 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | TOTALS | 775,675.12 | 289,333.51 | - | - | - | - | - | 289,333.51 |

Balances Overview

| Account Name | | | | |
|---|---|---|---|---|
| *4357 MEMORIAL MEDICAL - OPERATING | $5,519,354.02 | $5,460,482.98 | $5,519,354.02 | $5,805,034.27 |
| *4365 MMC - CLINIC SERIES 2014 | $545.91 | $545.91 | $545.91 | $545.91 |
| *4373 MMC - PRIVATE WAIVER CLEARING | $439.48 | $439.48 | $439.48 | $439.48 |
| *4381 MEMORIAL MEDICAL / NH ASHFORD | $49,067.85 | $49,067.85 | $49,067.85 | $69,027.39 |
| *4403 MEMORIAL MEDICAL / NH BROADMOOR | $63,599.33 | $70,007.33 | $63,599.33 | $68,296.02 |
| *4411 MEMORIAL MEDICAL / NH CRESCENT | $100,409.16 | $124,644.97 | $100,409.16 | $88,559.18 |
| *4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON | $68,783.84 | $77,205.69 | $68,783.84 | $74,453.13 |
| *4446 MEMORIAL MEDICAL / NH FORT BEND | $7,973.33 | $9,693.33 | $7,973.33 | $12,098.75 |
| *4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE | $255,124.56 | $256,864.96 | $255,124.56 | $277,465.66 |
| *4551 CAL CO INDIGENT HEALTHCARE | $5,517.96 | $5,517.96 | $5,517.96 | $5,517.96 |
| *5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY | $4,346.81 | $4,346.81 | $4,346.81 | $4,322.81 |
| *5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID | $7,999.29 | $16,524.29 | $7,999.29 | $6,781.47 |
| *5506 MMC -NH BETHANY SENIOR LIVING | $14,581.38 | $22,009.72 | $14,581.38 | $36,549.97 |
| *3407 MMC -NH TUSCANY VILLAGE | $144,641.09 | $147,610.79 | $144,641.09 | $158,449.39 |
| *3660 MMC -BETHANY SR LIVING - DACA | $100.00 | $100.00 | $100.00 | $100.00 |
| *2998 MMC -MONEY MARKET FUND | $5,038.90 | $5,038.90 | $5,038.90 | $5,038.90 |
| **Total Balance** | **$6,247,522.91** | **$6,250,100.97** | **$6,247,522.91** | **$6,612,680.29** |

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
8/5/2024

| 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 | | 110,288.56 | 22,341.10 | 167,177.10 | | - | 255,124.56 | 251,254.45 |
| | | | | | | Bank Balance | 255,124.56 | |
| | | | | | | Variance | - | |
| | | | | | | Leave in Balance | 100.00 | |
| | | | | | | Claim Payments owed to MMC | 1,213.80 | |
| | | | | | | Claim Payments owed to MMC | 2,404.40 | |
| | | | | | | July Interest | 151.91 | |
| | | | | | | Aug Interest | | |
| | | | | | | Sept Interest | | |
| | | | | | | Adjust Balance/Transfer Amt | 251,254.45 | |

APPROVED ON
AUG 05 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

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

Approved: Andrew De Los Santos
Andrew De Los Santos 8/5/2024

| Golden Creek | | Transfer-Out | Transfer-In | MMC PORTION | | | | | NH PORTION |
|---|---|---|---|---|---|---|---|---|---|
| | | | | QIPP/Comp1 | QIPP/Comp 2 | QIPP/Comp3 | QIPP/Comp4 &Lapse | QIPP TI | |
| 8/2/2024 | Check 218 | 22,341.10 | - | | | | | - | - |
| 8/1/2024 | TSYS/TRANSFIRST CR CD DEP 5436845555876917 91 | - | 2,433.02 | | | | | - | 2,433.02 |
| 8/1/2024 | NOVITAS SOLUTION HCCLAIMPMT 676097 420000149 | - | 2,991.17 | | | | | - | 2,991.17 |
| 7/31/2024 | Added to Account | - | 151.91 | | | | | - | 151.91 |
| 7/31/2024 | Deposit | - | 86,864.70 | | | | | - | 86,864.70 |
| 7/31/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000281039 | - | 882.09 | | | | | - | 882.09 |
| 7/31/2024 | GOLDENCREEKHEALT MERC DEP 1220356 9100001836 | - | 2,325.00 | | | | | - | 2,325.00 |
| 7/31/2024 | Centene Manageme ACH 008765433514 1110000298 | - | 3,120.00 | | | | | - | 3,120.00 |
| 7/30/2024 | Deposit | - | 53,135.27 | | | | | - | 53,135.27 |
| 7/30/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000235745 | - | 1,357.19 | | | | | - | 1,357.19 |
| 7/29/2024 | TSYS/TRANSFIRST CR CD DEP 5436845555876917 91 | - | 1,512.00 | | | | | - | 1,512.00 |
| 7/29/2024 | NOVITAS SOLUTION HCCLAIMPMT 676097 420000190 | - | 12,404.75 | | | | | - | 12,404.75 |
| | | | | | | | | - | - |
| | | 22,341.10 | 167,177.10 | - | - | - | - | - | 167,177.10 |

Balances Overview

| Account Name | | | | |
|---|---|---|---|---|
| *4357 MEMORIAL MEDICAL - OPERATING | $5,519,354.02 | $5,460,482.98 | $5,519,354.02 | $5,805,034.27 |
| *4365 MMC - CLINIC SERIES 2014 | $545.91 | $545.91 | $545.91 | $545.91 |
| *4373 MMC - PRIVATE WAIVER CLEARING | $439.48 | $439.48 | $439.48 | $439.48 |
| *4381 MEMORIAL MEDICAL / NH ASHFORD | $49,067.85 | $49,067.85 | $49,067.85 | $69,027.39 |
| *4403 MEMORIAL MEDICAL / NH BROADMOOR | $63,599.33 | $70,007.33 | $63,599.33 | $68,296.02 |
| *4411 MEMORIAL MEDICAL / NH CRESCENT | $100,409.16 | $124,644.97 | $100,409.16 | $88,559.18 |
| *4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON | $68,783.84 | $77,205.69 | $68,783.84 | $74,453.13 |
| *4446 MEMORIAL MEDICAL / NH FORT BEND | $7,973.33 | $9,693.33 | $7,973.33 | $12,098.75 |
| *4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE | $255,124.56 | $256,864.96 | $255,124.56 | $277,465.66 |
| *4551 CAL CO INDIGENT HEALTHCARE | $5,517.96 | $5,517.96 | $5,517.96 | $5,517.96 |
| *5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY | $4,346.81 | $4,346.81 | $4,346.81 | $4,322.81 |
| *5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID | $7,999.29 | $16,524.29 | $7,999.29 | $6,781.47 |
| *5506 MMC -NH BETHANY SENIOR LIVING | $14,581.38 | $22,009.72 | $14,581.38 | $36,549.97 |
| *3407 MMC -NH TUSCANY VILLAGE | $144,641.09 | $147,610.79 | $144,641.09 | $158,449.39 |
| *3660 MMC -BETHANY SR LIVING - DACA | $100.00 | $100.00 | $100.00 | $100.00 |
| *2998 MMC -MONEY MARKET FUND | $5,038.90 | $5,038.90 | $5,038.90 | $5,038.90 |
| **Total Balance** | **$6,247,522.91** | **$6,250,100.97** | **$6,247,522.91** | **$6,612,680.29** |

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
8/5/2024

| 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 | | 3,359.97 | - | 986.84 | | - | | 4,346.81 | no transfer |
| | | | | | | | Bank Balance | 4,346.81 | |
| | | | | | | | Variance | - | |
| | | | | | | | Leave in Balance | 100.00 | |
| | | | | | | | Adjust Balance/Transfer Amt | 4,246.81 | |

| 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 | | 3,699.76 | | 4,299.53 | | - | | 7,999.29 | 7,899.29 |
| | | | | | | | Bank Balance | 7,999.29 | |
| | | | | | | | Variance | - | |
| | | | | | | | Leave in Balance | 100.00 | |
| | | | | | | | Adjust Balance/Transfer Amt | 7,899.29 | |

APPROVED ON
AUG 05 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

| | |
|---|---|
| TOTAL TRANSFERS | 12,146.10 |

Routing Information for Gulf Pointe Plaza:

*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 8/5/2024
Andrew De Los Santos

**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 |
|---|---|---|---|---|---|---|---|---|---|
| 8/2/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000272721 | - | 24.00 | | | | | - | 24.00 |
| 7/31/2024 | Added to Account | - | 3.09 | | | | | - | 3.09 |
| 7/29/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000281873 | - | 767.15 | | | | | - | 767.15 |
| 7/29/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000281878 | - | 192.60 | | | | | - | 192.60 |
| | | | | | | | | - | - |
| | | - | 986.84 | - | - | - | - | - | 986.84 |

**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 |
|---|---|---|---|---|---|---|---|---|---|
| 8/2/2024 | MERCHANT BANKCD DEPOSIT 496478518889 9100001 | - | 1,217.82 | | | | | - | 1,217.82 |
| 8/1/2024 | MERCHANT BANKCD DEPOSIT 496478518889 9100001 | - | 3,067.15 | | | | | - | 3,067.15 |
| 7/31/2024 | Added to Account | - | 14.56 | | | | | - | 14.56 |
| | | | | | | | | - | - |
| | | | 4,299.53 | - | - | - | - | - | 4,299.53 |
| | | - | 5,286.37 | - | - | - | - | - | 5,286.37 |

Balances Overview

| Account Name | | | | |
|---|---|---|---|---|
| *4357 MEMORIAL MEDICAL - OPERATING | $5,519,354.02 | $5,460,482.98 | $5,519,354.02 | $5,805,034.27 |
| *4365 MMC - CLINIC SERIES 2014 | $545.91 | $545.91 | $545.91 | $545.91 |
| *4373 MMC - PRIVATE WAIVER CLEARING | $439.48 | $439.48 | $439.48 | $439.48 |
| *4381 MEMORIAL MEDICAL / NH ASHFORD | $49,067.85 | $49,067.85 | $49,067.85 | $69,027.39 |
| *4403 MEMORIAL MEDICAL / NH BROADMOOR | $63,599.33 | $70,007.33 | $63,599.33 | $68,296.02 |
| *4411 MEMORIAL MEDICAL / NH CRESCENT | $100,409.16 | $124,644.97 | $100,409.16 | $88,559.18 |
| *4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON | $68,783.84 | $77,205.69 | $68,783.84 | $74,453.13 |
| *4446 MEMORIAL MEDICAL / NH FORT BEND | $7,973.33 | $9,693.33 | $7,973.33 | $12,098.75 |
| *4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE | $255,124.56 | $256,864.96 | $255,124.56 | $277,465.66 |
| *4551 CAL CO INDIGENT HEALTHCARE | $5,517.96 | $5,517.96 | $5,517.96 | $5,517.96 |
| *5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY | $4,346.81 | $4,346.81 | $4,346.81 | $4,322.81 |
| *5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID | $7,999.29 | $16,524.29 | $7,999.29 | $6,781.47 |
| *5506 MMC -NH BETHANY SENIOR LIVING | $14,581.38 | $22,009.72 | $14,581.38 | $36,549.97 |
| *3407 MMC -NH TUSCANY VILLAGE | $144,641.09 | $147,610.79 | $144,641.09 | $158,449.39 |
| *3660 MMC -BETHANY SR LIVING - DACA | $100.00 | $100.00 | $100.00 | $100.00 |
| *2998 MMC -MONEY MARKET FUND | $5,038.90 | $5,038.90 | $5,038.90 | $5,038.90 |
| **Total Balance** | **$6,247,522.91** | **$6,250,100.97** | **$6,247,522.91** | **$6,612,680.29** |

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
8/5/2024

| 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 | | 400,433.66 | 400,333.66 | 144,541.09 | - | - | | - | 144,641.09 | 144,541.09 |
| | | | | | | | Bank Balance | | 144,641.09 | |
| | | | | | | | Variance | | - | |
| | | | | | | | Leave in Balance | | 100.00 | |

APPROVED ON
AUG 05 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Adjust Balance/Transfer Amt 144,541.09

*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 8/5/2024

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| 8/2/2024 | Check 1162 | 14,303.25 | - | | | | | - | - |
| 8/2/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000273205 | - | 494.95 | | | | | - | 494.95 |
| 8/1/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000225087 | - | 2,589.42 | | | | | - | 2,589.42 |
| 8/1/2024 | NOVITAS SOLUTION HCCLAIMPMT 676201 420000149 | - | 1,449.76 | | | | | - | 1,449.76 |
| 7/31/2024 | Added to Account | - | 222.49 | | | | | - | 222.49 |
| 7/31/2024 | WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE | 386,030.41 | - | | | | | - | - |
| 7/31/2024 | Deposit | - | 4,676.08 | | | | | - | 4,676.08 |
| 7/31/2024 | Deposit | - | 35,100.93 | | | | | - | 35,100.93 |
| 7/31/2024 | Deposit | - | 2,860.00 | | | | | - | 2,860.00 |
| 7/31/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000281103 | - | 8,299.49 | | | | | - | 8,299.49 |
| 7/31/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000281044 | - | 14,402.57 | | | | | - | 14,402.57 |
| 7/30/2024 | Deposit | - | 3,300.00 | | | | | - | 3,300.00 |
| 7/30/2024 | NOVITAS SOLUTION HCCLAIMPMT 676201 420000143 | - | 36,279.09 | | | | | - | 36,279.09 |
| 7/29/2024 | Deposit | - | 5,888.00 | | | | | - | 5,888.00 |
| 7/29/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000281879 | - | 10,807.02 | | | | | - | 10,807.02 |
| 7/29/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000281879 | - | 16,461.76 | | | | | - | 16,461.76 |
| 7/29/2024 | NOVITAS SOLUTION HCCLAIMPMT 676201 420000190 | - | 1,709.53 | | | | | - | 1,709.53 |
| | | 400,333.66 | 144,541.09 | - | - | - | - | - | 144,541.09 |

Balances Overview

| Account Name | | | | |
|---|---|---|---|---|
| *4357 MEMORIAL MEDICAL - OPERATING | $5,519,354.02 | $5,460,482.98 | $5,519,354.02 | $5,805,034.27 |
| *4365 MMC - CLINIC SERIES 2014 | $545.91 | $545.91 | $545.91 | $545.91 |
| *4373 MMC - PRIVATE WAIVER CLEARING | $439.48 | $439.48 | $439.48 | $439.48 |
| *4381 MEMORIAL MEDICAL / NH ASHFORD | $49,067.85 | $49,067.85 | $49,067.85 | $69,027.39 |
| *4403 MEMORIAL MEDICAL / NH BROADMOOR | $63,599.33 | $70,007.33 | $63,599.33 | $68,296.02 |
| *4411 MEMORIAL MEDICAL / NH CRESCENT | $100,409.16 | $124,644.97 | $100,409.16 | $88,559.18 |
| *4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON | $68,783.84 | $77,205.69 | $68,783.84 | $74,453.13 |
| *4446 MEMORIAL MEDICAL / NH FORT BEND | $7,973.33 | $9,693.33 | $7,973.33 | $12,098.75 |
| *4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE | $255,124.56 | $256,864.96 | $255,124.56 | $277,465.66 |
| *4551 CAL CO INDIGENT HEALTHCARE | $5,517.96 | $5,517.96 | $5,517.96 | $5,517.96 |
| *5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY | $4,346.81 | $4,346.81 | $4,346.81 | $4,322.81 |
| *5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID | $7,999.29 | $16,524.29 | $7,999.29 | $6,781.47 |
| *5506 MMC -NH BETHANY SENIOR LIVING | $14,581.38 | $22,009.72 | $14,581.38 | $36,549.97 |
| *3407 MMC -NH TUSCANY VILLAGE | $144,641.09 | $147,610.79 | $144,641.09 | $158,449.39 |
| *3660 MMC -BETHANY SR LIVING - DACA | $100.00 | $100.00 | $100.00 | $100.00 |
| *2998 MMC -MONEY MARKET FUND | $5,038.90 | $5,038.90 | $5,038.90 | $5,038.90 |
| **Total Balance** | **$6,247,522.91** | **$6,250,100.97** | **$6,247,522.91** | **$6,612,680.29** |

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
8/5/2024

| 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 | | 110,411.25 | 110,311.25 | 14,481.38 | | | - | 14,581.38 | 14,362.12 |
| | | | | | | | Bank Balance | 14,581.38 | |
| | | | | | | | Variance | - | |
| | | | | | | | Leave in Balance | 100.00 | |

APPROVED ON
AUG 05 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

| | |
|---|---|
| July Interest | 119.26 |
| Aug Interest | |
| Sept Interest | |
| Adjust Balance/Transfer Amt | 14,362.12 |

*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 8/5/2024

| Bethany Senior Living | | Transfer-Out | Transfer-In | MMC PORTION | | | | | NH PORTION |
|---|---|---|---|---|---|---|---|---|---|
| | | | | QIPP/Comp1 | QIPP/Comp 2 | QIPP/Comp3 | QIPP/Comp4&Lapse | QIPP TI | |
| 8/2/2024 | Check 1049 | 21,968.59 | - | | | | | - | - |
| 8/1/2024 | HOSPICE OF SOUTH Payments NF 113122650013476 | - | 2,447.48 | | | | | - | 2,447.48 |
| 7/31/2024 | Added to Account | - | 119.26 | | | | | - | 119.26 |
| 7/31/2024 | WIRE OUT PORT LAVACA NH, LLC | 88,342.66 | - | | | | | - | - |
| 7/31/2024 | NOVITAS SOLUTION HCCLAIMPMT 676481 420000195 | - | 1,447.04 | | | | | - | 1,447.04 |
| 7/31/2024 | HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2 | - | 5,712.00 | | | | | - | 5,712.00 |
| 7/29/2024 | NDC SWEEP FAC K236 31316967059806 SWEEP FR | - | 1,697.95 | | | | | - | 1,697.95 |
| 7/29/2024 | NOVITAS SOLUTION HCCLAIMPMT 676481 420000190 | - | 3,057.65 | | | | | - | 3,057.65 |
| | | | | | | | | - | - |
| | | 110,311.25 | 14,481.38 | - | - | - | - | - | 14,481.38 |

Balances Overview

| Account Name | | | | |
|---|---|---|---|---|
| *4357 MEMORIAL MEDICAL - OPERATING | $5,519,354.02 | $5,460,482.98 | $5,519,354.02 | $5,805,034.27 |
| *4365 MMC - CLINIC SERIES 2014 | $545.91 | $545.91 | $545.91 | $545.91 |
| *4373 MMC - PRIVATE WAIVER CLEARING | $439.48 | $439.48 | $439.48 | $439.48 |
| *4381 MEMORIAL MEDICAL / NH ASHFORD | $49,067.85 | $49,067.85 | $49,067.85 | $69,027.39 |
| *4403 MEMORIAL MEDICAL / NH BROADMOOR | $63,599.33 | $70,007.33 | $63,599.33 | $68,296.02 |
| *4411 MEMORIAL MEDICAL / NH CRESCENT | $100,409.16 | $124,644.97 | $100,409.16 | $88,559.18 |
| *4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON | $68,783.84 | $77,205.69 | $68,783.84 | $74,453.13 |
| *4446 MEMORIAL MEDICAL / NH FORT BEND | $7,973.33 | $9,693.33 | $7,973.33 | $12,098.75 |
| *4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE | $255,124.56 | $256,864.96 | $255,124.56 | $277,465.66 |
| *4551 CAL CO INDIGENT HEALTHCARE | $5,517.96 | $5,517.96 | $5,517.96 | $5,517.96 |
| *5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY | $4,346.81 | $4,346.81 | $4,346.81 | $4,322.81 |
| *5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID | $7,999.29 | $16,524.29 | $7,999.29 | $6,781.47 |
| *5506 MMC -NH BETHANY SENIOR LIVING | $14,581.38 | $22,009.72 | $14,581.38 | $36,549.97 |
| *3407 MMC -NH TUSCANY VILLAGE | $144,641.09 | $147,610.79 | $144,641.09 | $158,449.39 |
| *3660 MMC -BETHANY SR LIVING - DACA | $100.00 | $100.00 | $100.00 | $100.00 |
| *2998 MMC -MONEY MARKET FUND | $5,038.90 | $5,038.90 | $5,038.90 | $5,038.90 |
| **Total Balance** | **$6,247,522.91** | **$6,250,100.97** | **$6,247,522.91** | **$6,612,680.29** |

Garden Creek

# MEMORIAL MEDICAL CENTER

## CHECK REQUEST

PAYEE: Memorial Medical Center

Date Requested: 7-24-2024

APPROVED ON AUG 05 2024 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

Chk# 000219

FOR ACCT. USE ONLY

- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Voucher Check

AMOUNT $ 1213.60

G/L NUMBER: 20653000

EXPLANATION: our money was deposited in their account

REQUESTED BY: Mpassa

AUTHORIZED BY: Andrew Dotson Santos

CAT # 10303 / FM 1600

8/5/2024

Garden Creek ✓

# MEMORIAL MEDICAL CENTER

## CHECK REQUEST

PAYEE: Memorial Medical Center ✓ Date Requested: 7-29-2024 ✓

APPROVED ON
AUG 05 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk# 000219

FOR ACCT. USE ONLY
- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Voucher Check

AMOUNT $ 2404.40 ✓ ✓ G/L NUMBER: 20653000

EXPLANATION: Our money was deposited in their account

REQUESTED BY: [signature] AUTHORIZED BY: Andrea DeLos Santos ✓

CAT # 10303 / FM 1600

8/5/2024

Broadmoor

# MEMORIAL MEDICAL CENTER

## CHECK REQUEST

PAYEE: Memorial Medical Center

Date Requested: 7/31/24

APPROVED ON
AUG 05 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Unit# 000283

FOR ACCT. USE ONLY

- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Voucher Check

AMOUNT $ 121.50

G/L NUMBER: 20652000

EXPLANATION: our money was deposited in their account

REQUESTED BY: Mypar

AUTHORIZED BY: Andrea Delgadillo

8/5/2024

CAT # 10303 / FM 1600

Crescent

# MEMORIAL MEDICAL CENTER

## CHECK REQUEST

PAYEE: Tuscany Village

Date Requested: 8/5/2024

APPROVED ON
AUG 05 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 000355

FOR ACCT USE ONLY

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

AMOUNT: $ 33,288.00

G/L NUMBER: 21400007

EXPLANATION: Claim pymnts owed from Crescent to Tuscany

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrea Dela Santos

8/5/2024

Ashford ✓

# MEMORIAL MEDICAL CENTER

## CHECK REQUEST

PAY TO: Tuscany Village ✓ ✓

Date Requested: 8/5/2024

APPROVED ON AUG 05 2024 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

Check # 001248

FOR ACCT USE ONLY

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

AMOUNT: $ 2,700.00 ✓

G/L NUMBER: 21400007

EXPLANATION: Claim pymnts owed from Ashford to Tuscany

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew De La Cruz

8/5/2024

Crescent ✓

# MEMORIAL MEDICAL CENTER
## CHECK REQUEST

PAYEE: Tuscany Village ✓

Date Requested: 8/5/2024

APPROVED ON
AUG 05 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk# 0003855

FOR ACCT USE ONLY

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

AMOUNT: $ 52,267.00 ✓

G/L NUMBER: 21400007

EXPLANATION: Crescent
Claim pymnts owed from Ashford to Tuscany

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrea M Dotson Santos

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

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

MP
000219

88-2265/1131

Date 8-7-24

**PAY TO THE ORDER OF** MMC Operating $ 3,618.20/100

Three thousand, six hundred eighteen dollars & 20/100 **DOLLARS**

PROSPERITY BANK

county auditor

MP
county treasurer

FOR Claims payment

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

MP
000283

88-2265/1131

Date 8-7-24

**PAY TO THE ORDER OF** MMC Operating $ 121.50/100

One hundred twenty-one dollars & 50/100 **DOLLARS**

PROSPERITY BANK

county auditor

MP
county treasurer

FOR Claim payment transfer

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.

MP

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

000355

Date 8-7-24 88-2265/1131

PAY
TO THE
ORDER OF Tuscany Village $ 84,685.35/100

Eighty-four thousand, six hundred eighty-five dollars & 35/100 DOLLARS

PROSPERITY BANK®

county auditor

MP

FOR _____ county treasurer

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.

MP

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

001248

Date 8-7-24 88-2265/1131

PAY
TO THE
ORDER OF Tuscany Village $ 2700.00/100

Two thousand, seven hundred dollars & 00/100 DOLLARS

PROSPERITY BANK®

county auditor

MP

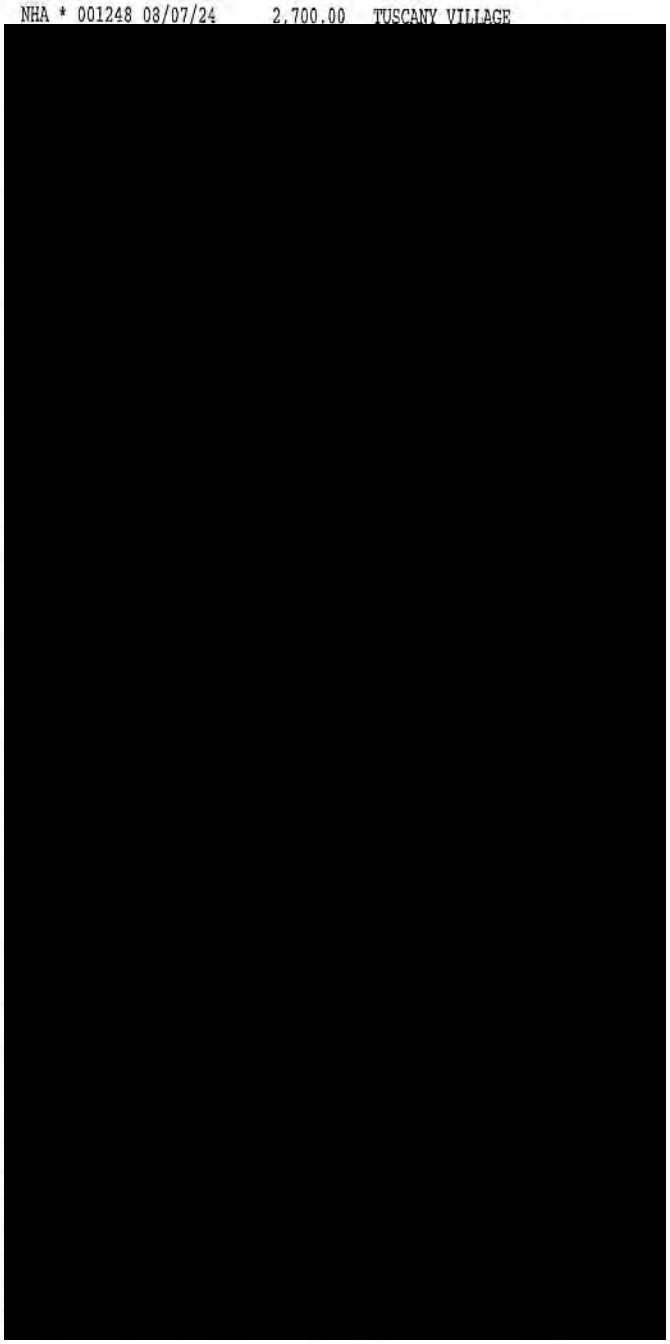
FOR Claim payment county treasurer

Security features are included. Details on back.

Ø

RUN DATE:08/07/24 TIME:14:05 | MEMORIAL MEDICAL CENTER<br>CHECK REGISTER<br>08/07/24 THRU 08/07/24 | PAGE 1<br>GLCKREG

| BANK | CODE | NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|---|
| NHG | * | 000219 | 08/07/24 | 3,618.20 | MMC OPERATING |
| NHB | * | 000283 | 08/07/24 | 121.50 | MMC OPERATING |
| NHC | * | 000355 | 08/07/24 | 84,685.35 | TUSCANY |
| NHA | * | 001248 | 08/07/24 | 2,700.00 | TUSCANY VILLAGE |



TEXNET Electronic Payment Network | Texas Comptroller of Public Accounts

# Transaction Summary

Transaction Complete
Trace #

## Texas Health and Human Services Commission
## Memorial Medical Center Operating County
[redacted]

| | |
|---|---|
| Payment Total | $3,005.50 |
| Bank Routing and Account Number | |
| Settlement Date | 8/2/2024 |
| DSH Amount | $3,005.50 |
| | |
| Entered By | Andrew De Los Santos |


Run Date: 7/31/2024
Run Time: 14:59:19