MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---August 14, 2024

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	1,015,081.59 ✓
TOTAL TRANSFERS BETWEEN FUNDS	$	31,960.73 ✓
TOTAL NURSING HOME UPL EXPENSES	$	713,999.59 ✓
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED August 14, 2024	$	1,761,041.91 ✓

APPROVED

AUG 14 2024

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---August 14, 2024

PAYABLES AND PAYROLL			
8/8/2024	Weekly Payables	422,387.10	
8/8/2024	Forvis Critical	17,430.00	
8/12/2024	McKesson-340B Prescription Expense	8,341.07	
8/12/2024	Amerisource Bergen-340B Prescription Expense	6,259.36	
8/12/2024	Payroll Liabilities-Payroll Taxes	115,420.08	
8/12/2024	Payroll	372,135.16	
	Prosperity Electronic Bank Payments		
8/12/2024	90 Degree Benefits - employee insurance claims	27,504.59	
8/12/2024	90 Degree Benefits - employee insurance claims	42,413.10	
8/12/2024	Pay Plus-Patient Claims Processing Fee	789.15	
8/12/2024	Credit Card Lease Fee	335.53	
8/12/2024	Credit Card Interchange	181.74	
8/12/2024	Credit Card Discount	355.47	
8/12/2024	Credit Card Merchant Fee	181.41	
8/12/2024	Health Equity -HSA Contributions	1,347.83	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 1,015,081.59**
TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES			
8/8/2024	MMC Operating to Fort bend-Correction of insurance payment deposited into MMC Operating in error	213.24	
8/8/2024	MMC Operating to Broadmoor-Correction of insurance payment deposited into MMC Operating in error	3,588.61	
8/8/2024	MMC Operating to The Crescent-Correction of Insurance payment deposited into MMC Operating in error	9,384.00	
8/8/2024	MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error	1,013.03	
8/8/2024	MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error	8,820.00	
8/8/2024	MMC Operating to Bethany-Correction insurance payment deposited into MMC Operating in error	8,941.85	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 31,960.73**
NURSING HOME UPL EXPENSES			
8/12/2024	Nursing Home UPL-Cantex Transfer	348,033.52	
8/12/2024	Nursing Home UPL-Nexion Transfer	117,082.99	
8/12/2024	Nursing Home UPL-HMG Transfer	50,428.68	
8/12/2024	Nursing Home UPL-Tuscany Transfer	127,691.42	
8/12/2024	Nursing Home UPL-HSL Transfer	35,485.14	
TRANSFER BETWEEN FUNDS FROM NURSING HOMES TO MMC			
8/12/2024	Golden Creek to MMC- MMC insurance payment deposited into Golden Creek in error	1,882.20	
TRANSFER OF FUNDS BETWEEN NURSING HOMES			
8/12/2024	Crescent to Tuscany -Tuscany insurance payment deposited into Crescent in error	33,395.64	
TOTAL NURSING HOME UPL EXPENSES			**$ 713,999.59**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED August 14, 2024			**$ 1,761,041.91**

RECEIVED BY THE
COUNTY AUDITOR ON

AUG 0 8 2024

08/08/2024 MEMORIAL MEDICAL CENTER
13:45 CALHOUN COUNTY, TEXAS AP Open Invoice List 0
Due Dates Through: 08/30/2024 ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
10950	ACUTE CARE INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV1928		08/05/202	08/20/202	08/20/202			1,400.00	0.00	0.00	1,400.00

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5509863904		08/06/202	07/31/202	08/30/202			1,020.41	0.00	0.00	1,020.41
5509863906		08/06/202	07/31/202	08/30/202			286.11	0.00	0.00	286.11
	OXYGEN									
9152286234		08/06/202	07/31/202	08/30/202			2,580.41	0.00	0.00	2,580.41
	OXYGEN									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	3,886.93	0.00	0.00	3,886.93

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
IN4QWWPW6NYR		07/24/202	07/27/202	08/26/202			386.60	0.00	0.00	386.60
	SUPPLIES									
14YDCK6D9XHY		08/01/202	07/24/202	08/23/202			51.36	0.00	0.00	51.36

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES	437.96	0.00	0.00	437.96

Vendor#	Vendor Name	Class	Pay Code
A1360	AMERISOURCEBERGEN DRUG CORP	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3183735230		08/01/202	08/02/202	08/25/202			127.85	0.00	0.00	127.85

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1360	AMERISOURCEBERGEN DRUG CORP	127.85	0.00	0.00	127.85

Vendor#	Vendor Name	Class	Pay Code
M2485	BAYER HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6011341557		07/31/202	07/25/202	08/24/202			828.06	0.00	0.00	828.06

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2485	BAYER HEALTHCARE	828.06	0.00	0.00	828.06

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
111471877		07/31/202	07/30/202	08/29/202			45.32	0.00	0.00	45.32
111472199		07/31/202	07/30/202	08/29/202			203.88	0.00	0.00	203.88
111479449		08/05/202	08/03/202	08/28/202			4,747.52	0.00	0.00	4,747.52

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	4,996.72	0.00	0.00	4,996.72

Vendor#	Vendor Name				Class	Pay Code				
11072	BIO-RAD LABORATORIES, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	907458497		08/06/202	07/19/202	08/13/202			2,125.78	0.00	0.00	2,125.78
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11072	BIO-RAD LABORATORIES, INC					2,125.78	0.00	0.00	2,125.78
Vendor#	Vendor Name				Class	Pay Code				
B1800	BRIGGS HEALTHCARE				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	B464861		08/06/202	07/24/202	08/23/202			152.90	0.00	0.00	152.90
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		B1800	BRIGGS HEALTHCARE					152.90	0.00	0.00	152.90
Vendor#	Vendor Name				Class	Pay Code				
C1325	CARDINAL HEALTH 414, INC.				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	8003577334		07/29/202	07/14/202	08/24/202			275.87	0.00	0.00	275.87
	8003582701		08/05/202	07/21/202	08/30/202			569.52	0.00	0.00	569.52
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		C1325	CARDINAL HEALTH 414, INC.					845.39	0.00	0.00	845.39
Vendor#	Vendor Name				Class	Pay Code				
10541	CARESFIELD									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	502317		08/01/202	07/31/202	08/30/202			775.74	0.00	0.00	775.74
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10541	CARESFIELD					775.74	0.00	0.00	775.74
Vendor#	Vendor Name				Class	Pay Code				
14236	CARRIER CORPORATION									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	90384119		07/31/202	07/29/202	08/28/202			12,830.00	0.00	0.00	12,830.00
		CHILLER RENT 04242024- 051924									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14236	CARRIER CORPORATION					12,830.00	0.00	0.00	12,830.00
Vendor#	Vendor Name				Class	Pay Code				
C1992	CDW GOVERNMENT, INC.				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	SH70791		08/06/202	07/15/202	08/14/202			155.55	0.00	0.00	155.55
	SK40078		08/06/202	07/18/202	08/17/202			293.81	0.00	0.00	293.81
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		C1992	CDW GOVERNMENT, INC.					449.36	0.00	0.00	449.36
Vendor#	Vendor Name				Class	Pay Code				
13264	CERVEY, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	30061		08/05/202	08/05/202	08/30/202			1,650.00	0.00	0.00	1,650.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		13264	CERVEY, LLC					1,650.00	0.00	0.00	1,650.00
Vendor#	Vendor Name				Class	Pay Code				
13000	CLEARFLY									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

INV629058		08/05/202	08/01/202	08/15/202		1,247.33	0.00	0.00	1,247.33
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	13000	CLEARFLY				1,247.33	0.00	0.00	1,247.33
Vendor#	Vendor Name				Class	Pay Code			
11720	CLINICAL COMPUTER SYSTEMS INC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
OBCT00001995		08/01/202	07/31/202	08/30/202			35,042.00	0.00	0.00	35,042.00
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11720	CLINICAL COMPUTER SYSTEMS INC					35,042.00	0.00	0.00	35,042.00
Vendor#	Vendor Name				Class	Pay Code			
13336	COCA COLA SOUTHWEST BEVERAGES								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
42566975008		08/07/202	07/31/202	08/30/202			1,164.50	0.00	0.00	1,164.50
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	13336	COCA COLA SOUTHWEST BEVERAGES					1,164.50	0.00	0.00	1,164.50
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
CINV55000350412		08/06/202	07/23/202	08/22/202			457.39	0.00	0.00	457.39
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	C2157	COOPER SURGICAL INC					457.39	0.00	0.00	457.39
Vendor#	Vendor Name				Class	Pay Code			
12044	CULLIGAN ULTRAPURE INC.								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1430270307312024		07/31/202	07/31/202	08/22/202			946.47	0.00	0.00	946.47
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	12044	CULLIGAN ULTRAPURE INC.					946.47	0.00	0.00	946.47
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
7624582		07/31/202	07/29/202	08/23/202			86.04	0.00	0.00	86.04
7628730		08/01/202	07/29/202	08/23/202			426.25	0.00	0.00	426.25
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON					512.29	0.00	0.00	512.29
Vendor#	Vendor Name				Class	Pay Code			
11011	DIAMOND HEALTHCARE CORP								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN20056316		07/01/202	08/01/202	08/26/202			19,166.67	0.00	0.00	19,166.67
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11011	DIAMOND HEALTHCARE CORP					19,166.67	0.00	0.00	19,166.67
Vendor#	Vendor Name				Class	Pay Code			
10789	DISCOVERY MEDICAL NETWORK INC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMC073124		08/07/202	07/31/202	08/01/202			170,052.17	0.00	0.00	170,052.17
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDICAL NETWORK INC					170,052.17	0.00	0.00	170,052.17
Vendor#	Vendor Name				Class	Pay Code			

July 2024 CPR

14832 [redacted]

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1500.00		07/31/202	08/01/202	08/01/202			1,500.00	0.00	0.00	1,500.00
080124	071224-071424 PED CALL									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14832	[redacted]	1,500.00	0.00	0.00	1,500.00

Vendor#	Vendor Name	Class	Pay Code
14924	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
080124	JULY PEDIATRIC CALL	07/31/202	08/01/202	08/01/202			1,500.00	0.00	0.00	1,500.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14924	[redacted]	1,500.00	0.00	0.00	1,500.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN1055985		07/31/202	07/29/202	08/28/202			325.47	0.00	0.00	325.47

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14508	EITAN GROUP NORTH AMERICA, INC	325.47	0.00	0.00	325.47

Vendor#	Vendor Name	Class	Pay Code
11944	EQUIFAX WORKFORCE SOLUTIONS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
073124		08/07/202	07/31/202	08/30/202			10.99	0.00	0.00	10.99

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11944	EQUIFAX WORKFORCE SOLUTIONS	10.99	0.00	0.00	10.99

Vendor#	Vendor Name	Class	Pay Code
13016	FIRST INSURANCE FUNDING		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
080124		07/31/202	07/12/202	08/01/202			3,631.39	0.00	0.00	3,631.39

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13016	FIRST INSURANCE FUNDING	3,631.39	0.00	0.00	3,631.39

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
3913539		07/31/202	07/18/202	08/17/202			2,356.45	0.00	0.00	2,356.45
3945775		07/31/202	07/19/202	08/18/202			63.90	0.00	0.00	63.90
3978023		07/31/202	07/22/202	08/21/202			1,260.36	0.00	0.00	1,260.36
4015085		07/31/202	07/23/202	08/22/202			41.10	0.00	0.00	41.10
4053330		07/31/202	07/24/202	08/23/202			368.99	0.00	0.00	368.99
4090014		08/01/202	07/25/202	08/24/202			9.82	0.00	0.00	9.82
4195438		08/01/202	07/30/202	08/29/202			1,285.96	0.00	0.00	1,285.96

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	5,386.58	0.00	0.00	5,386.58

Vendor#	Vendor Name	Class	Pay Code
11183	FRONTIER		

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

071924	08/01/202	07/19/202	08/12/202		140.80	0.00	0.00	140.80
072324	08/01/202	07/23/202	08/16/202		79.38	0.00	0.00	79.38

Vendor Totals: Number 11183 Name FRONTIER — Gross 220.18, Discount 0.00, No-Pay 0.00, Net 220.18

Vendor# 14156 Vendor Name FUJI FILM — Class — Pay Code —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
91513628		07/31/202	07/25/202	08/24/202			7,908.33	0.00	0.00	7,908.33

Vendor Totals: Number 14156 Name FUJI FILM — Gross 7,908.33, Discount 0.00, No-Pay 0.00, Net 7,908.33

Vendor# 10653 Vendor Name GLOBAL INDUSTRIAL — Class — Pay Code —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
122085198		07/31/202	07/01/202	07/31/202			434.14	0.00	0.00	434.14
122194302	SUPPLIES	08/01/202	07/31/202	08/30/202			3,359.04	0.00	0.00	3,359.04

Vendor Totals: Number 10653 Name GLOBAL INDUSTRIAL — Gross 3,793.18, Discount 0.00, No-Pay 0.00, Net 3,793.18

Vendor# W1300 Vendor Name GRAINGER — Class M — Pay Code —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9191845065		08/06/202	07/23/202	08/22/202			177.60	0.00	0.00	177.60

Vendor Totals: Number W1300 Name GRAINGER — Gross 177.60, Discount 0.00, No-Pay 0.00, Net 177.60

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
18770834		07/17/202	07/25/202	08/25/202			350.00	0.00	0.00	350.00

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

Vendor# G0401 Vendor Name GULF COAST DELIVERY — Class — Pay Code —

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			50.00	0.00	0.00	50.00

Work performed 7/18/24 - 7/30/24

Vendor Totals: Number G0401 Name GULF COAST DELIVERY — Gross 50.00, Discount 0.00, No-Pay 0.00, Net 50.00

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
2556614		08/01/202	07/30/202	08/30/202			629.40	0.00	0.00	629.40

Vendor Totals: Number G1210 Name GULF COAST PAPER COMPANY — Gross 629.40, Discount 0.00, No-Pay 0.00, Net 629.40

Vendor# 12380 Vendor Name HEALTH SOLUTIONS DIETETICS — Class — Pay Code —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
070524		07/31/202	07/05/202	07/31/202			3,400.00	0.00	0.00	3,400.00

Vendor Totals: Number Name — Gross Discount No-Pay Net

	12380	HEALTH SOLUTIONS DIETETICS					3,400.00	0.00	0.00	3,400.00
Vendor#	Vendor Name					Class	Pay Code			
14872	HOLLAND & KNIGHT LLP									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	33436315		07/31/202	08/02/202	08/02/202			234.00	0.00	0.00	234.00
		FEES FOR PRO SERVICES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14872	HOLLAND & KNIGHT LLP					234.00	0.00	0.00	234.00
Vendor#	Vendor Name					Class	Pay Code				
H0416	HOLOGIC INC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	11002655		08/06/202	07/11/202	08/25/202			236.25	0.00	0.00	236.25
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		H0416	HOLOGIC INC					236.25	0.00	0.00	236.25
Vendor#	Vendor Name					Class	Pay Code				
11200	IRON MOUNTAIN										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	JRHG417		07/30/202	07/31/202	08/30/202			1,187.69	0.00	0.00	1,187.69
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11200	IRON MOUNTAIN					1,187.69	0.00	0.00	1,187.69
Vendor#	Vendor Name					Class	Pay Code				
11108	ITERSOURCE CORPORATION										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	711790		08/06/202	08/01/202	08/01/202			250.00	0.00	0.00	250.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11108	ITERSOURCE CORPORATION					250.00	0.00	0.00	250.00
Vendor#	Vendor Name					Class	Pay Code				
W1372	[redacted]										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	080124		07/31/202	08/01/202	08/01/202			3,000.00	0.00	0.00	3,000.00
		PED CALL									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		W1372	[redacted]					3,000.00	0.00	0.00	3,000.00
Vendor#	Vendor Name					Class	Pay Code				
K0530	KCI USA					M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	32739861		08/01/202	07/24/202	08/26/202			1,976.25	0.00	0.00	1,976.25
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		K0530	KCI USA					1,976.25	0.00	0.00	1,976.25
Vendor#	Vendor Name					Class	Pay Code				
10972	M G TRUST										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	071524		08/01/202	08/01/202				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#	Vendor Name					Class	Pay Code				
11141	MEDICAL DATA SYSTEMS, INC.										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	194133		07/01/202	07/31/202	08/25/202			97.76	0.00	0.00	97.76
	194508		07/31/202	07/31/202	08/25/202			31.43	0.00	0.00	31.43

JULY SERVICE PERIOD

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11141	MEDICAL DATA SYSTEMS, INC.	129.19	0.00	0.00	129.19

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
2329136777		07/31/202	07/31/202	08/25/202			3,236.29	0.00	0.00	3,236.29
2329136771		07/31/202	07/31/202	08/30/202			99.90	0.00	0.00	99.90
2329136770		07/31/202	07/31/202	08/30/202			958.59	0.00	0.00	958.59
2329439633		08/01/202	08/01/202	08/26/202			370.00	0.00	0.00	370.00
2329315128		08/01/202	08/01/202	08/26/202			400.87	0.00	0.00	400.87
2328073278		08/06/202	07/24/202	08/18/202			3,169.58	0.00	0.00	3,169.58
2328073280		08/06/202	07/24/202	08/18/202			5.62	0.00	0.00	5.62
2328073272		08/06/202	07/24/202	08/18/202			1,403.82	0.00	0.00	1,403.82
2328073271		08/06/202	07/24/202	08/18/202			49.23	0.00	0.00	49.23
2328073273		08/06/202	07/24/202	08/18/202			2,598.19	0.00	0.00	2,598.19
2328073281		08/06/202	07/24/202	08/18/202			557.26	0.00	0.00	557.26
2328073277		08/06/202	07/24/202	08/18/202			20.68	0.00	0.00	20.68
2328073275		08/06/202	07/24/202	08/18/202			41.98	0.00	0.00	41.98
2328073276		08/06/202	07/24/202	08/18/202			64.32	0.00	0.00	64.32
2328073274		08/06/202	07/24/202	08/18/202			67.65	0.00	0.00	67.65
2328842624		08/06/202	07/29/202	08/23/202			3,318.05	0.00	0.00	3,318.05
2328842623		08/06/202	07/29/202	08/23/202			390.59	0.00	0.00	390.59
2328842621		08/06/202	07/29/202	08/23/202			55.02	0.00	0.00	55.02
2328842622		08/06/202	07/29/202	08/23/202			50.22	0.00	0.00	50.22
2328842625		08/06/202	07/29/202	08/23/202			55.35	0.00	0.00	55.35
2328842626		08/06/202	07/29/202	08/23/202			248.65	0.00	0.00	248.65
2329136778		08/06/202	07/31/202	08/25/202			30.06	0.00	0.00	30.06

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	17,191.92	0.00	0.00	17,191.92

Vendor# 13548 Vendor Name: NACOGDOCHES TRANSCRIPTION Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8446		07/31/202	07/24/202	08/03/202			61.62	0.00	0.00	61.62

8419		08/01/202	08/01/202	08/11/202		70.33	0.00	0.00	70.33
	060824-062124 BILLING PERIOD								
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	13548	NACOGDOCHES TRANSCRIPTION				131.95	0.00	0.00	131.95
Vendor#	Vendor Name				Class	Pay Code			
10868	NOVA BIOMEDICAL								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
91359021		07/17/202	07/26/202	08/01/202			1,974.38	0.00	0.00	1,974.38
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10868	NOVA BIOMEDICAL					1,974.38	0.00	0.00	1,974.38
Vendor#	Vendor Name				Class	Pay Code				
11256	NOVITAS SOLUTIONS - PART A									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
080724		08/01/202	08/07/202	08/07/202			51,498.00	0.00	0.00	51,498.00
	010124-123124 PERIOD									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11256	NOVITAS SOLUTIONS - PART A					51,498.00	0.00	0.00	51,498.00
Vendor#	Vendor Name				Class	Pay Code				
10152	PARTSSOURCE, LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
05362606		08/06/202	07/16/202	08/15/202			44.83	0.00	0.00	44.83
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10152	PARTSSOURCE, LLC					44.83	0.00	0.00	44.83
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
327		07/31/202	07/31/202	07/31/202			720.00	0.00	0.00	720.00
328		08/01/202	08/06/202	08/06/202			455.00	0.00	0.00	455.00
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14764	PL-CPR, LLC					1,175.00	0.00	0.00	1,175.00
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
4152		08/05/202	08/01/202	08/01/202			1,990.05	0.00	0.00	1,990.05
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	12708	POC ELECTRIC, LLC					1,990.05	0.00	0.00	1,990.05
Vendor#	Vendor Name				Class	Pay Code				
11932	PRESS GANEY ASSOCIATES, INC.									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN000659269		07/31/202	07/31/202	08/30/202			2,838.92	0.00	0.00	2,838.92
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11932	PRESS GANEY ASSOCIATES, INC.					2,838.92	0.00	0.00	2,838.92
Vendor#	Vendor Name				Class	Pay Code				
10554	REPUBLIC SERVICES #847									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0847001347372		08/06/202	07/26/202	08/15/202			1,738.62	0.00	0.00	1,738.62
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10554	REPUBLIC SERVICES #847					1,738.62	0.00	0.00	1,738.62

Vendor#	Vendor Name				Class	Pay Code				
10936	SIEMENS FINANCIAL SERVICES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	56382400063124		07/31/202	07/30/202	08/24/202			1,333.33	0.00	0.00	1,333.33
		LEASE									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10936	SIEMENS FINANCIAL SERVICES					1,333.33	0.00	0.00	1,333.33
Vendor#	Vendor Name				Class	Pay Code				
S2001	SIEMENS MEDICAL SOLUTIONS INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	116581589		07/31/202	07/24/202	08/24/202			3,507.72	0.00	0.00	3,507.72
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		S2001	SIEMENS MEDICAL SOLUTIONS INC					3,507.72	0.00	0.00	3,507.72
Vendor#	Vendor Name				Class	Pay Code				
14716	SINGLETON ASSOCIATES PA									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	543		08/05/202	03/03/202	03/03/202			90.89	0.00	0.00	90.89
	5227		08/05/202	02/02/202	02/02/202			10.91	0.00	0.00	10.91
	5144		08/05/202	02/02/202	02/02/202			120.01	0.00	0.00	120.01
	10544		08/05/202	02/02/202	02/02/202			1,102.03	0.00	0.00	1,102.03
	10547		08/05/202	05/20/202	05/20/202			723.78	0.00	0.00	723.78
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14716	SINGLETON ASSOCIATES PA					2,047.62	0.00	0.00	2,047.62
Vendor#	Vendor Name				Class	Pay Code				
11296	SOUTH TEXAS BLOOD & TISSUE CEN									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	CM12830		07/31/202	07/31/202	08/25/202			-3,115.00	0.00	0.00	-3,115.00
		JULY BLOOD									
	I07042533		07/31/202	07/31/202	08/30/202			3,299.00	0.00	0.00	3,299.00
		BLOOD									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11296	SOUTH TEXAS BLOOD & TISSUE CEN					184.00	0.00	0.00	184.00
Vendor#	Vendor Name				Class	Pay Code				
10845	STAPLES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	6008161060		08/01/202	07/31/202	08/30/202			43.75	0.00	0.00	43.75
	6008161061		08/01/202	07/31/202	08/30/202			119.99	0.00	0.00	119.99
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10845	STAPLES					163.74	0.00	0.00	163.74
Vendor#	Vendor Name				Class	Pay Code				
S3940	STERIS CORPORATION				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	12626964		08/06/202	07/23/202	08/22/202			447.46	0.00	0.00	447.46
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		S3940	STERIS CORPORATION					447.46	0.00	0.00	447.46
Vendor#	Vendor Name				Class	Pay Code				
T2539	T-SYSTEM, INC				W					

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
917910		08/07/202	07/31/202	08/30/202			6,130.42	0.00	0.00	6,130.42
	PHYS TRACKING									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	T2539	T-SYSTEM, INC					6,130.42	0.00	0.00	6,130.42

Vendor# 12704 — Vendor Name: TEXAS BURNER & BOILER SERVICES — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
243589		07/31/202	05/01/202	05/01/202			2,240.00	0.00	0.00	2,240.00
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	12704	TEXAS BURNER & BOILER SERVICES					2,240.00	0.00	0.00	2,240.00

Vendor# T2204 — Vendor Name: TEXAS MUTUAL INSURANCE CO — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1005999113		07/31/202	08/06/202	08/26/202			4,805.00	0.00	0.00	4,805.00
	7.01.24 - 8-01-24									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	T2204	TEXAS MUTUAL INSURANCE CO					4,805.00	0.00	0.00	4,805.00

Vendor# 14828 — Vendor Name: THE UNIVERSITY OF TEXAS HEALTH — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3059		08/08/202	02/23/202	03/24/202			900.00	0.00	0.00	900.00
	Prof. Consulting 6.29.23 - 6.28.24									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14828	THE UNIVERSITY OF TEXAS HEALTH					900.00	0.00	0.00	900.00

Vendor# 14012 — Vendor Name: TK ELEVATOR CORPORATION — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3008037536		08/07/202	08/01/202	08/01/202			1,534.59	0.00	0.00	1,534.59
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14012	TK ELEVATOR CORPORATION					1,534.59	0.00	0.00	1,534.59

Vendor# 13616 — Vendor Name: TRIOSE, INC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
TRI191877		07/31/202	07/18/202	08/02/202			207.18	0.00	0.00	207.18
TRI192261		07/31/202	07/23/202	08/07/202			72.55	0.00	0.00	72.55
0800026144		07/31/202	07/31/202	08/15/202			15.97	0.00	0.00	15.97
	JULY LATE CHARGE									
TRI193153		07/31/202	07/31/202	08/15/202			94.82	0.00	0.00	94.82
0800007177		08/01/202	08/31/202	09/15/202			35.53	0.00	0.00	35.53
	LATE CHARGES AUG '23									
0800009164		08/01/202	09/30/202	10/30/202			37.39	0.00	0.00	37.39
	SEPT '23 LATE CHARGES									
0800012167		08/01/202	10/31/202	11/30/202			51.57	0.00	0.00	51.57
	OCTOBER '23 LATE CHARGES									
0800017164		08/01/202	12/31/202	01/30/202			9.27	0.00	0.00	9.27
	DEC '23 LATE CHARGES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	13616	TRIOSE, INC					524.28	0.00	0.00	524.28

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
A2408051378		08/07/202	08/05/202				18,908.00	0.00	0.00	18,908.00
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10841	TRUBRIDGE, LLC					18,908.00	0.00	0.00	18,908.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2921038263		07/29/202	07/25/202	08/24/202			334.62	0.00	0.00	334.62
2921038260		07/29/202	07/25/202	08/24/202			274.32	0.00	0.00	274.32
	LAUNDRY									
2921038266		07/29/202	07/25/202	08/24/202			113.81	0.00	0.00	113.81
	LAUNDRY									
2921038259		07/29/202	07/25/202	08/24/202			151.43	0.00	0.00	151.43
	LAUNDRY									
2921038262		07/29/202	07/25/202	08/24/202			34.04	0.00	0.00	34.04
2921038261		07/29/202	07/25/202	08/24/202			2,497.58	0.00	0.00	2,497.58
	LAUNDRY									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC					3,405.80	0.00	0.00	3,405.80

Vendor# 15444 Vendor Name: VANDERBILT HEALTH — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CI00061453		08/01/202	07/01/202	08/01/202			450.00	0.00	0.00	450.00
	JULY-SEPT FEES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	15444	VANDERBILT HEALTH					450.00	0.00	0.00	450.00

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
9111572962		07/31/202	07/30/202	08/24/202			1,334.46	0.00	0.00	1,334.46
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC					1,334.46	0.00	0.00	1,334.46

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	422,387.10	0.00	0.00	422,387.10

APPROVED ON

AUG 08 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 205193 - 205263

RECEIVED BY THE
COUNTY AUDITOR ON

AUG 0 8 2024

CALHOUN COUNTY, TEXAS

08/08/2024 MEMORIAL MEDICAL CENTER 0
14:28 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 08/30/2024

Vendor#	Vendor Name	Class	Pay Code
10599	FORVIS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2129107		07/31/202	05/30/202	06/24/202			17,430.00	0.00	0.00	17,430.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10599	FORVIS	17,430.00	0.00	0.00	17,430.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	17,430.00	0.00	0.00	17,430.00

APPROVED ON

AUG 0 8 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 205220

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RUN DATE:08/12/24 MEMORIAL MEDICAL CENTER PAGE 1
TIME:14:26 CHECK REGISTER GLCKREG
08/14/24 THRU 08/14/24

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	205193	08/14/24	1,400.00	ACUTE CARE INC
A/P	205194	08/14/24	3,886.93	AIRGAS USA, LLC - CENTRAL DIV
A/P	205195	08/14/24	437.96	AMAZON CAPITAL SERVICES
A/P	205196	08/14/24	127.85	AMERISOURCEBERGEN DRUG CORP
A/P	205197	08/14/24	828.06	BAYER HEALTHCARE
A/P	205198	08/14/24	4,996.72	BECKMAN COULTER INC
A/P	205199	08/14/24	2,125.78	BIO-RAD LABORATORIES, INC
A/P	205200	08/14/24	152.90	BRIGGS HEALTHCARE
A/P	205201	08/14/24	845.39	CARDINAL HEALTH 414, INC.
A/P	205202	08/14/24	775.74	CARESFIELD
A/P	205203	08/14/24	12,830.00	CARRIER CORPORATION
A/P	205204	08/14/24	449.36	CDW GOVERNMENT, INC.
A/P	205205	08/14/24	1,650.00	CERVEY, LLC
A/P	205206	08/14/24	1,247.33	CLEARFLY
A/P	205207	08/14/24	35,042.00	CLINICAL COMPUTER SYSTEMS INC
A/P	205208	08/14/24	1,164.50	COCA COLA SOUTHWEST BEVERAGES
A/P	205209	08/14/24	457.39	COOPER SURGICAL INC
A/P	205210	08/14/24	946.47	CULLIGAN ULTRAPURE INC.
A/P	205211	08/14/24	512.29	DEWITT POTH & SON
A/P	205212	08/14/24	19,166.67	DIAMOND HEALTHCARE CORP
A/P	205213	08/14/24	170,052.17	DISCOVERY MEDICAL NETWORK INC
A/P	205214	08/14/24	1,500.00	[redacted]
A/P	205215	08/14/24	1,500.00	[redacted]
A/P	205216	08/14/24	325.47	EITAN GROUP NORTH AMERICA, INC
A/P	205217	08/14/24	10.99	EQUIFAX WORKFORCE SOLUTIONS
A/P	205218	08/14/24	3,631.39	FIRST INSURANCE FUNDING
A/P	205219	08/14/24	5,386.58	FISHER HEALTHCARE
A/P	205220	08/14/24	17,430.00	FORVIS
A/P	205221	08/14/24	220.18	FRONTIER
A/P	205222	08/14/24	7,908.33	FUJI FILM
A/P	205223	08/14/24	3,793.18	GLOBAL INDUSTRIAL
A/P	205224	08/14/24	177.60	GRAINGER
A/P	205225	08/14/24	350.00	GUERBET, LLC
A/P	205226	08/14/24	50.00	GULF COAST DELIVERY
A/P	205227	08/14/24	629.40	GULF COAST PAPER COMPANY
A/P	205228	08/14/24	3,400.00	HEALTH SOLUTIONS DIETETICS
A/P	205229	08/14/24	234.00	HOLLAND & KNIGHT LLP
A/P	205230	08/14/24	236.25	HOLOGIC INC
A/P	205231	08/14/24	1,187.69	IRON MOUNTAIN
A/P	205232	08/14/24	250.00	ITERSOURCE CORPORATION
A/P	205233	08/14/24	3,000.00	[redacted]
A/P	205234	08/14/24	1,976.25	KCI USA
A/P	205235	08/14/24	895.00	M G TRUST
A/P	205236	08/14/24	129.19	MEDICAL DATA SYSTEMS, INC.
A/P	205237	08/14/24	.00	VOIDED
A/P	205238	08/14/24	.00	VOIDED
A/P	205239	08/14/24	17,191.92	MEDLINE INDUSTRIES INC
A/P	205240	08/14/24	131.95	NACOGDOCHES TRANSCRIPTION
A/P	205241	08/14/24	1,974.38	NOVA BIOMEDICAL
A/P	205242	08/14/24	51,498.00	NOVITAS SOLUTIONS - PART A

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	205243	08/14/24	44.83	PARTSSOURCE, LLC
A/P	205244	08/14/24	1,175.00	PL-CPR, LLC
A/P	205245	08/14/24	1,990.05	POC ELECTRIC, LLC
A/P	205246	08/14/24	2,838.92	PRESS GANEY ASSOCIATES, INC.
A/P	205247	08/14/24	1,738.62	REPUBLIC SERVICES #847
A/P	205248	08/14/24	1,333.33	SIEMENS FINANCIAL SERVICES
A/P	205249	08/14/24	3,507.72	SIEMENS MEDICAL SOLUTIONS INC
A/P	205250	08/14/24	2,047.62	SINGLETON ASSOCIATES PA
A/P	205251	08/14/24	184.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	205252	08/14/24	163.74	STAPLES
A/P	205253	08/14/24	447.46	STERIS CORPORATION
A/P	205254	08/14/24	6,130.42	T-SYSTEM, INC
A/P	205255	08/14/24	2,240.00	TEXAS BURNER & BOILER SERVICES
A/P	205256	08/14/24	4,805.00	TEXAS MUTUAL INSURANCE CO
A/P	205257	08/14/24	900.00	THE UNIVERSITY OF TEXAS HEALTH
A/P	205258	08/14/24	1,534.59	TX ELEVATOR CORPORATION
A/P	205259	08/14/24	524.28	TRIOSE, INC
A/P	205260	08/14/24	18,908.00	TRUBRIDGE, LLC
A/P	205261	08/14/24	3,405.80	UNIFIRST HOLDINGS INC
A/P	205262	08/14/24	450.00	VANDERBILT HEALTH
A/P	205263	08/14/24	1,334.46	WERFEN USA LLC
A/P	205264	08/14/24	8,941.85	BETHANY SENIOR LIVING
A/P	205265	08/14/24	3,588.61	BROADMOOR AT CREEKSIDE PARK
A/P	205266	08/14/24	213.24	FORTBEND HEALTHCARE CENTER
A/P	205267	08/14/24	1,013.03	GOLDENCREEK HEALTHCARE
A/P	205268	08/14/24	9,384.00	THE CRESCENT
A/P	205269	08/14/24	8,820.00	TUSCANY VILLAGE
TOTALS:			471,777.83	

APPROVED ON

AUG 14 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payables 422,387.10 +
Critical 17,430.00 +
NHRFCS 31,960.73 +
471,777.83 ◇

McKESSON

Company 8000

STATEMENT

As of: 08/09/2024 Page: 002

DC: 8115
Customer INV SuppID:
Territory:

Customer: 632536
Date: 08/10/2024

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 08/09/2024 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 08/10/2024 **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: 8,511.33 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/07/2017 2,451.97

If Paid By 08/13/2024,
Pay This Amount: 8,341.07 USD

If Paid After 08/13/2024,
Pay this Amount: 8,511.33 USD

Due If Paid On Time:
USD 8,341.07

Disc lost if paid late:
170.26

Due If Paid Late:
USD 8,511.33

Andrew De las Santos
8/12/2024

8,022.01 +
183.22 +
3.61 +
6.20 +
126.03 +
8,341.07 ◇

APPROVED ON
AUG 12 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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: 08/09/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 08/10/2024

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

As of: 08/09/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 08/10/2024 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											
08/03/2024	08/13/2024	7512395078	116136631	115Invoice	0.01	0.32		0.31	✓	7512395078	
08/05/2024	08/13/2024	7512651098	206913896	115Invoice	0.01	0.32		0.31	✓	7512651098	
08/05/2024	08/13/2024	7512651099	206995756	115Invoice	0.01	0.32		0.31		7512651099	
08/05/2024	08/13/2024	7512651200	116384277	115Invoice	58.40	2,920.10		2,861.70	✓	7512651200	
08/05/2024	08/13/2024	7512651201	204544102	115Invoice	22.52	1,126.23		1,103.71	✓	7512651201	
08/05/2024	08/13/2024	7512651202	205441721	115Invoice	4.12	205.97		201.85	✓	7512651202	
08/05/2024	08/13/2024	7512651203	205269451	115Invoice	5.23	261.41		256.18	✓	7512651203	
08/05/2024	08/13/2024	7512651204	115828316	115Invoice		0.10		0.10	✓	7512651204	
08/05/2024	08/13/2024	7512651205	116520742	115Invoice	0.02	0.95		0.93	✓	7512651205	
08/05/2024	08/13/2024	7512651206	116604680	115Invoice	0.02	0.95		0.93	✓	7512651206	
08/05/2024	08/13/2024	7512651207	116332519	115Invoice	0.01	0.32		0.31	✓	7512651207	
08/05/2024	08/13/2024	7512651208	206913896	115Invoice	6.56	327.86		321.30	✓	7512651208	
08/06/2024	08/13/2024	7512947314	207203132	115Invoice		0.05		0.05	✓	7512947314	
08/06/2024	08/13/2024	7512947315	207145602	115Invoice	0.02	0.95		0.93	✓	7512947315	
08/06/2024	08/13/2024	7512947316	207145602	115Invoice	5.23	261.41		256.18	✓	7512947316	
08/07/2024	08/13/2024	7513257870	206643854	115Invoice	0.01	0.32		0.31	✓	7513257870	
08/07/2024	08/13/2024	7513257871	206643854	115Invoice	2.09	104.50		102.41	✓	7513257871	
08/07/2024	08/13/2024	7513257872	207343416	115Invoice	15.63	781.45		765.82	✓	7513257872	
08/07/2024	08/13/2024	7513257873	206089777	115Invoice	0.01	0.63		0.62	✓	7513257873	
08/07/2024	08/13/2024	7513257874	206211124	115Invoice	0.03	1.27		1.24	✓	7513257874	
08/07/2024	08/13/2024	7513257875	115751266	115Invoice	1.00	50.24		49.24	✓	7513257875	
08/07/2024	08/13/2024	7513257876	207286247	115Invoice	0.83	41.42		40.59	✓	7513257876	
08/07/2024	08/13/2024	7513257877	204043612	115Invoice	0.02	0.95		0.93	✓	7513257877	
08/07/2024	08/13/2024	7513257878	207286247	115Invoice	0.01	0.32		0.31	✓	7513257878	
08/08/2024	08/13/2024	7513520926	203817878	115Invoice	1.34	66.99		65.65	✓	7513520926	
08/08/2024	08/13/2024	7513520927	205441721	115Invoice	0.01	0.32		0.31	✓	7513520927	
08/08/2024	08/13/2024	7513520928	116270035	115Invoice	0.01	0.32		0.31	✓	7513520928	
08/08/2024	08/13/2024	7513520929	203233549	115Invoice	6.70	335.09		328.39	✓	7513520929	
08/09/2024	08/13/2024	7513761194	204544102	115Invoice	22.52	1,126.23		1,103.71	✓	7513761194	
08/09/2024	08/13/2024	7513761198	204290028	115Invoice	2.46	122.85		120.39	✓	7513761198	
08/09/2024	08/13/2024	7513761501	116270035	115Invoice	0.01	0.32		0.31	✓	7513761501	

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: 08/09/2024 Page: 002

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 08/10/2024

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

As of: 08/09/2024 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 08/10/2024 **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	
08/09/2024	08/13/2024	7513761505	206344262	115Invoice	8.91	445.28		436.37	✓	7513761505	

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: 8,185.76 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,278.43
08/05/2024

If Paid By 08/13/2024, Pay This Amount: 8,022.01 USD

If Paid After 08/13/2024, Pay this Amount: 8,185.76 USD

Due If Paid On Time: USD 8,022.01 ✓

Disc lost if paid late: 163.75

Due If Paid Late: USD 8,185.76

APPROVED ON
AUG 12 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

✓ Andrea DeLos Santos
8/12/2024

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 08/09/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 820405
Date: 08/10/2024

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

As of: 08/09/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 PLEASE CHECK ANY
Date: 08/10/2024 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											
08/06/2024	08/13/2024	7512749293	B2408-055-169138	115Invoice	3.16	158.00		154.84		7512749293	
08/09/2024	08/13/2024	7513575878	B2408-055-169489	115Invoice	0.58	28.96		28.38		7513575878	

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: 186.96 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,278.43
08/05/2024

If Paid By 08/13/2024,
Pay This Amount: 183.22 USD

If Paid After 08/13/2024,
Pay this Amount: 186.96 USD

Due If Paid On Time:
USD 183.22

Disc lost if paid late:
3.74

Due If Paid Late:
USD 186.96

APPROVED ON
AUG 12 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Andrea DeLaSantos
8/12/2024

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

As of: 08/09/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835434
Date: 08/10/2024

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

As of: 08/09/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

Cust: 835434 PLEASE CHECK ANY
Date: 08/10/2024 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											
08/07/2024	08/13/2024	7513022437	3436872	115Invoice	0.07	3.68		3.61		7513022437	

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: 3.68 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,278.43
08/05/2024

If Paid By 08/13/2024,
Pay This Amount: 3.61 USD

If Paid After 08/13/2024,
Pay this Amount: 3.68 USD

Due If Paid On Time:
USD 3.61

Disc lost if paid late:
0.07

Due If Paid Late:
USD 3.68

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AUG 12 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Andrea DeLosSantos
8/12/2024

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McKESSON

Company: 6000

STATEMENT

As of: 08/09/2024

Page: 001

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

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

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835437
Date: 08/10/2024

As of: 08/09/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835437 **PLEASE CHECK ANY**
Date: 08/10/2024 **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											
08/07/2024	08/13/2024	7513223066	3434930	115Invoice	0.13	6.33		6.20		7513223066	

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: 6.33 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,539.14
07/29/2024

If Paid By 08/13/2024, Pay This Amount: 6.20 USD

If Paid After 08/13/2024, Pay this Amount: 6.33 USD

Due If Paid On Time:
USD 6.20

Disc lost if paid late: 0.13

Due If Paid Late:
USD 6.33

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AUG 12 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Andrea Delossantos
8/12/2024

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McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 08/09/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835438
Date: 08/10/2024

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

As of: 08/09/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 **PLEASE CHECK ANY**
Date: 08/10/2024 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS											
08/07/2024	08/13/2024	7513214027	3436146	115Invoice	2.57	128.60		126.03		7513214027	

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

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

Subtotals: 128.60 USD

Future Due:	0.00			**Due If Paid On Time:** USD 126.03
Past Due:	0.00	**If Paid By 08/13/2024, Pay This Amount:**	126.03 USD	**Disc lost if paid late:** 2.57
Last Payment 07/29/2024	5,539.14	**If Paid After 08/13/2024, Pay this Amount:**	128.60 USD	**Due If Paid Late:** USD 128.60

APPROVED ON
AUG 12 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Andrea De Los Santos
8/12/2024

For AR Inquiries please contact 800-867-0333

AmerisourceBergen

STATEMENT

Statement Number: 67990466
Date: 08-09-2024

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

DEA: RA0289276
866-451-9655

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

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

Customer Number
100135284 / 037028186

Terms
Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	6,259.36
Past Due:	0.00
Total Due	6,259.36
Account Balance:	6,259.36

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
08-05-2024	08-16-2024	3183987876	7007242795	Invoice	30.15		0.00	30.15
08-05-2024	08-16-2024	3183987877	7007248516	Invoice	60.63		0.00	60.63
08-05-2024	08-16-2024	3183987878	7007251679	Invoice	28.38		0.00	28.38
08-05-2024	08-16-2024	3183987879	7007248621	Invoice	59.52		0.00	59.52
08-06-2024	08-16-2024	3184164678	7007265562	Invoice	1,912.00		0.00	1,912.00
08-07-2024	08-16-2024	3184307500	7007274376	Invoice	2,154.38		0.00	2,154.38
08-08-2024	08-16-2024	3184470637	7007281464	Invoice	1,541.01		0.00	1,541.01
08-09-2024	08-16-2024	3184603625	7007290639	Invoice	470.04		0.00	470.04
08-09-2024	08-16-2024	3184603626	7007290639	Invoice	3.25		0.00	3.25

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
6,259.36	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
08-09-2024	(10,757.16)

APPROVED ON
AUG 12 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
08-16-2024	6,259.36
Total Due:	6,259.36

Andrew DeLos Santos
8/12/2024

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

	#### ###	ENTER:	
☐ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"			
☐ "ENTER YOUR 4-DIGIT PIN"			
☐ "MAKE A PAYMENT, PRESS 1"		1	
☐ "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★	941	#
☐ "IF FEDERAL TAX DEPOSIT ENTER 1"		1	
☐ "ENTER 2-DIGIT TAX FILING YEAR"	★	24	
☐ "ENTER 2-DIGIT TAX FILING ENDING MONTH"	★	09	
1ST QTR - 03 (MARCH) - Jan, Feb, Mar			
2ND QTR - 06 (JUNE) - Apr, May, June			
3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept			
4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec			
☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	$ 115,420.08	#
"1 TO CONFIRM"		1	
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 61,732.42	#
"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 14,437.24	#
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 39,250.42	#
☐ "6-DIGIT SETTLEMENT DATE"	★		
"1 TO CONFIRM"		1	
☐ ACKNOWLEDGEMENT NUMBER			

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

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED *3/18/2014*

ENTER VOID CKS AS NEGATIVE NUMBERS

		VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: BEGIN	7/26/2024					
PAY PERIOD: END	8/8/2024					
PAY DATE:	8/16/2024					
GROSS PAY:	$ 534,856.24			$ -		$ 534,856.24
DEDUCTIONS:						
A/R	$ 169.70					$ 169.70
ADVANC			-			$ -
BOOTS						$ -
MUTUAL CRITICAL ILLNESS						$ -
MUTUAL ACCIDENT						$ -
IRS TAX						$ -
MUTUAL SHORT TERM DIS						$ -
MUTUAL VISION	$ 849.52					$ 849.52
CAFÉ-D	$ 1,232.62					$ 1,232.62
CAFÉ-H	$ 29,902.03					$ 29,902.03
	$ -					$ -
	$ -					$ -
CAFÉ-P						$ -
CANCER						$ -
CHILD	$ 570.69					$ 570.69
CLINIC	$ 119.00					$ 119.00
COMBIN	$ 250.86					$ 250.86
CREDUN	$ -					$ -
DENTAL	$ -					$ -
DEP-LF						$ -
MUTUAL TERM LIFE	$ 1,352.62					$ 1,352.62
MUTUAL HOSP INDEM	$ 491.50					$ 491.50
FED TAX	$ 39,250.42					$ 39,250.42
FICA-M	$ 7,218.62					$ 7,218.62
FICA-O	$ 30,866.21					$ 30,866.21
FICA-M ADDITIONAL						$ -
FIRST C						$ -
FLEX S	$ 4,136.00					$ 4,136.00
FLX-FE	$ -					$ -
GIFT S	$ 47.90					$ 47.90
MUTUAL CRITICAL ILLNESS	$ 1,067.37					$ 1,067.37
MUTUAL ACCIDENT	$ 692.86					$ 692.86
MUTUAL SHORT TERM DIS	$ 1,873.29					$ 1,873.29
LEGAL	$ 1,126.93					$ 1,126.93
OTHER	$ 2,615.47					$ 2,615.47
NATIONAL FARM LIFE	$ 1,256.63					$ 1,256.63
MED SURCHARGE	$ 295.00					$ 295.00
Blank						$ -
RELAY						$ -
REPAY						$ -
STONEDF	$ 895.00					$ 895.00
STONE						$ -
STONE 2						$ -
STUDEN						$ -
TSA-R	$ 36,440.84					$ 36,440.84
UW/HOS	$ -					$ -
TOTAL DEDUCTIONS:	$ 162,721.08	$ -	$ -	$ -	$ -	$ 162,721.08
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$ 372,135.16	$ -	$ -	$ -	$ -	$ 372,135.16
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFÉ 125 PLAN:	$ 37,015.17	Less Exempt:				
TAXABLE PAY:	$ 497,841.07	$ 497,841.07				Exempt Amt:

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 7,218.70		
FICA - MED (EE)	1.45%	$ 7,218.70	$ 7,218.62	$ 0.08
FICA - SOC SEC (ER)	6.20%	$ 30,866.15		
FICA - SOC SEC (EE)	6.20%	$ 30,866.15	$ 30,866.21	$ (0.06)
FED WITHHOLDING		$ 39,250.42	$ 39,250.42	

Employees over FICA-SS Cap:
Michael Gaines

Paycode S - Employee Reimb.:

TOTAL: $ -

TAX DEPOSIT:		$ 115,420.12	$ 115,420.08	
FICA - MEDICARE	2.90%	$ 14,437.40	$14,437.24	
FICA - SOCIAL SECURITY	12.40%	$ 61,732.30	$61,732.42	PREPARED BY:
FED WITHHOLDING		$ 39,250.42	$39,250.42	PREPARED DATE:
TOTAL TAX:		$ 115,420.12	$115,420.08	$ 0.04

Andrie Flores

8/12/2024

Final Summary

-- PayCode Summary --

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	9751.00	N		N	N		231151.98
1	REGULAR PAY-S1	2641.50	N		N	N	N	89449.80
1	REGULAR PAY-S1	313.75	Y		N	N		11143.24
2	REGULAR PAY-S2	2774.50	N		N	N		74470.44
2	REGULAR PAY-S2	119.25	Y		N	N		5225.65
3	REGULAR PAY-S3	1581.25	N		N	N		54632.70
3	REGULAR PAY-S3	88.50	Y		N	N		4763.59
4	CALL BACK PAY	23.00	N	1	N	N	Y	1186.56
4	CALL BACK PAY	14.50	N	2	N	N	Y	800.47
4	CALL BACK PAY	3.75	N	3	N	N	Y	190.19
4	CALL BACK PAY	1.00	Y	2	N	N	Y	50.35
4	CALL BACK PAY	.25	Y	3	N	N	Y	20.44
C	CALL PAY	2365.00	N	1	N	N		4730.00
D	DOUBLE TIME	15.75	N	1	N	N		826.56
D	DOUBLE TIME	31.25	N	2	N	N		2570.74
D	DOUBLE TIME	48.75	N	3	N	N		4557.06
E	EXTRA WAGES		N		N	N	N	600.00
E	EXTRA WAGES		N	1	N	N	N	2165.00
I	INSERVICE	55.75	N	1	N	N		1770.97
I	INSERVICE	9.00	Y	1	N	N		386.91
J	JURY LEAVE	11.00	N	1	N	N		304.30
K	EXTENDED-ILLNESS-BANK	357.50	N	1	N	N		10030.89
P	PAID-TIME-OFF	67.25	N		N	N	N	2413.60
P	PAID-TIME-OFF	1077.75	N	1	N	N		30806.80
X	CALL PAY 2	160.00	N	1	N	N		320.00
Z	CALL PAY 3	96.00	N	1	N	N		288.00

-- Deductions Summary --

Code	Amount				
A/R	169.70	A/R2		A/R3	
ADVANC		AWARDS		BCBSVI	
BOOTS		CAFE H		CAFE-1	
CAFE-2		CAFE-3		CAFE-4	
CAFE-5		CAFE-C		CAFE-D	1232.62
CAFE-F		CAFE-H	29902.03	CAFE-I	
CAFE-L		CAFE-P		CANCER	
CHILD	570.65	CLINIC	119.00	COMBIN	250.86
CREDUN		DD ADV		DENTAL	
DEP-LF		DIS-LF		EAT	
EATCSH		FEDTAX	39250.42	FICA-M	7218.62
FICA-O	30866.21	FIRSTC		FLEX S	3367.51
FLX FE		FORT D		FUTA	
GIFT S	47.90	GRANT		GRP-IN	
GTL		HOSP-I		HSA	768.49
ID TFT		IRSTAX		LEAF	
LEGAL	246.43	MASA	880.50	MEALS	2738.71
METVIS		MISC		MISC/	
MMCSHR		MOOACC	692.86	MOOILL	1067.37
MOOIND	491.50	MOOLIF	1352.62	MOOSTD	1873.29
MOOVIS	849.52	NATFML	1256.63	OTHER	
PHI		PHI***		PR FIN	
RELAY		REPAY		SAMS	
SCRUBS		SIGNON		ST-TX	
STONDF	895.00	STONE		STONE2	
STUDEN		SUNACC		SUNILL	
SUNIND		SUNLIF		SUNSTD	
SUNVIS		SURCHG	295.00	TSA-1	
TSA-2		TSA-C		TSA-P	
TSA-R	36440.84	TUTION		UNIFOR	-123.24
UW/HOS					

Grand Totals: 21607.25 ------- (Gross: 534856.24 Deductions: 162721.08 Net: 372135.16)

Checks Count:- FT 207 PT 12 Other 46 Female 236 Male 28 Credit OverAmt 8 ZeroNet Term Total: 264

Andrew Dotson-Sanders
8/12/24

AO Degree Benefits

CHKNO	GRPNO	LOCNO	EMPNO	DEPNO	CMPRE	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYTO	CVGCD	CVGTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUDT	PRVNO
2503	76351	1	2	0	2024	218000686	0	8/12/2024	$67.56	1	MELISSA A. KAINER ERWIN, MD PA	P	177	0	[redacted]			F	8/1/2024	8/1/2024	200802489
2504	76351	2	6	0	2024	213000069	0	8/12/2024	$11.19	1	SINGLETON ASSOCIATES PA	P	181	0				F	7/1/2024	7/1/2024	741680498
2505	76351	2	6	0	2024	219000707	0	8/12/2024	$13.79	1	SINGLETON ASSOCIATES PA	P	181	0				F	7/1/2024	7/1/2024	741680498
2506	76351	2	6	0	2024	219000708	0	8/12/2024	$90.47	1	SINGLETON ASSOCIATES PA	P	181	0				F	7/10/2024	7/10/2024	741680498
2507	76351	2	33	0	2024	219000295	0	8/12/2024	$144.82	1	BCM PHYSICIANS	P	177	0				F	7/12/2024	7/12/2024	300791563
2509	76351	3	49	0	2024	215001219	0	8/12/2024	$12.07	1	SINGLETON ASSOCIATES PA	P	181	0				F	6/28/2024	6/28/2024	741680498
2510	76351	3	31	0	2024	213000057	0	8/12/2024	$13.37	1	SINGLETON ASSOCIATES PA	P	181	0				F	6/29/2024	6/29/2024	741680498
2512	76351	3	48	0	2024	218000689	0	8/12/2024	$19.10	1	SCOTT P. STEIN, D.O., P.A.	P	457	0				F	7/18/2024	7/18/2024	742861393
2513	76351	3	57	1	2024	214000665	0	8/12/2024	$29.10	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0				F	7/29/2024	7/29/2024	742605670
2514	76351	3	56	1	2024	213001084	0	8/12/2024	$36.10	1	MELISSA A KAINER ERWIN MD PA	P	177	0				F	7/24/2024	7/24/2024	200802489
2521	76351	3	56	0	2024	213001115	0	8/12/2024	$117.48	1	MELISSA A KAINER ERWIN MD PA	P	177	0				F	7/24/2024	7/24/2024	200802489
2522	76351	3	12	0	2024	219000600	0	8/12/2024	$127.90	1	SINGLETON ASSOCIATES PA	P	181	0				F	7/9/2024	7/9/2024	741680498
2524	76351	3	39	0	2024	218000685	0	8/12/2024	$304.58	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0				F	7/31/2024	7/31/2024	742605670
2525	76351	3	31	0	2024	220000323	0	8/12/2024	$318.24	1	CITIZENS MEDICAL PROFESSIONALS	P	176	0				F	7/1/2024	7/1/2024	471158090
2531	76360	3	28	0	2024	215000948	0	8/12/2024	$8,230.67	1	AMIRALI S POPATIA MD	P	457	0				F	7/29/2024	7/29/2024	760599320
2532	76360	3	31	0	2024	219001217	0	8/12/2024	$13,148.05	1	CITIZENS MEDICAL CENTER COUNTY OF	P	423	0				F	6/10/2024	6/12/2024	741698143
2533	76360	3	43	1	2024	213000064	0	8/12/2024	$13.37	1	SINGLETON ASSOCIATES PA	P	181	0				F	7/2/2024	7/2/2024	741680498
2534	76360	3	84	0	2024	213000052	0	8/12/2024	$34.41	1	SINGLETON ASSOCIATES PA	P	181	0				F	6/28/2024	6/28/2024	741680498
2535	76360	3	70	0	2024	215000364	0	8/12/2024	$38.75	1	CLINICAL PATHOLOGY LABS, INC	P	172	0				F	7/12/2024	7/12/2024	742554159
2536	76360	3	52	0	2024	213000067	0	8/12/2024	$42.62	1	SINGLETON ASSOCIATES PA	P	603	0				F	6/27/2024	6/27/2024	741680498
2537	76360	3	49	2	2024	214000673	0	8/12/2024	$57.56	1	MELISSA A. KAINER ERWIN, MD PA	P	457	0				F	7/30/2024	7/30/2024	200802489
2538	76360	3	94	0	2024	215000970	0	8/12/2024	$59.94	1	AYO ADU, MD PLLC	P	177	0				F	7/31/2024	7/31/2024	273335355
2541	76360	3	59	1	2024	219001380	0	8/12/2024	$82.63	1	CIRCLE MEDICAL - UCSF AFFILIATE	P	728	0				F	7/29/2024	7/29/2024	474883537
2542	76360	3	26	1	2024	215000098	0	8/12/2024	$82.74	1	SINGLETON ASSOCIATES PA	P	321	0				F	7/2/2024	7/2/2024	741680498
2543	76360	3	75	0	2024	213000065	0	8/12/2024	$83.52	1	SINGLETON ASSOCIATES PA	P	172	0				F	7/1/2024	7/1/2024	741680498
2545	76360	3	105	0	2024	213000054	0	8/12/2024	$90.47	1	SINGLETON ASSOCIATES PA	P	321	0				F	7/1/2024	7/1/2024	741680498
2546	76360	3	32	6	2024	220000303	0	8/12/2024	$100.85	1	CHILDRENS PHYSICIAN SERVICES OF SOUTH	P	188	0				F	7/15/2024	7/15/2024	742620408
2547	76360	3	61	0	2024	219000286	0	8/12/2024	$115.76	1	TEXAS ONCOLOGY PA	P	457	0				F	6/26/2024	6/26/2024	752131479
2548	76360	3	60	1	2024	218000682	0	8/12/2024	$117.96	1	STEPHEN M. DENTLER, DO, PA	P	172	0				F	7/31/2024	7/31/2024	742872709
2549	76360	3	43	1	2024	218000694	0	8/12/2024	$119.24	1	KHIEM VU DO PA	P	172	0				F	5/9/2024	5/9/2024	451261253
2550	76360	3	50	0	2024	219000617	0	8/12/2024	$133.84	1	PULMONARY CONSULTANTS OF SAN ANTONIO	P	457	0				F	6/12/2024	6/12/2024	742981597
2551	76360	3	32	6	2024	219000614	0	8/12/2024	$140.00	1	CHILDRENS PHYSICIAN SERVICES OF SOUTH	P	188	0				F	7/14/2024	7/14/2024	742620408
2552	76360	3	103	0	2024	213000382	0	8/12/2024	$160.00	1	NEXTCARE URGENT CARE	P	487	0				F	7/10/2024	7/10/2024	260845489
2553	76360	3	49	2	2024	215001286	0	8/12/2024	$160.00	1	NEXTCARE URGENT CARE	P	487	0				F	7/11/2024	7/11/2024	260845489
2554	76360	3	43	0	2024	219000625	0	8/12/2024	$160.00	1	NEXTCARE URGENT CARE	P	487	0				F	7/13/2024	7/13/2024	260845489
2555	76360	3	70	1	2024	220000314	0	8/12/2024	$175.93	1	MONTE VISTA RURAL HEALTH	P	177	0				F	7/3/2024	7/3/2024	841276376
2556	76360	3	32	6	2024	215001302	0	8/12/2024	$178.37	1	CHILDRENS PHYSICIAN SERVICES OF SOUTH	P	457	0				F	6/27/2024	6/27/2024	742620408
2557	76360	3	31	0	2024	220000319	0	8/12/2024	$241.72	1	TMH PHYSICIAN ASSOCIATES, PLLC	P	483	0				F	7/17/2024	7/17/2024	300520570
2559	76360	3	28	0	2024	215000965	0	8/12/2024	$266.60	1	AMIRALI S POPATIA MD	P	457	0				F	7/18/2024	7/18/2024	760599320
2561	76360	3	24	0	2024	213000731	0	8/12/2024	$281.26	1	CITIZENS MEDICAL CENTER COUNTY OF	P	172	0				F	7/23/2024	7/23/2024	741698143
2562	76360	3	98	0	2024	213001092	0	8/12/2024	$298.37	1	VICTORIA HEART VASCULAR CENTER	P	484	0				F	5/30/2024	5/30/2024	562284144
2571	76360	3	28	0	2024	219000297	0	8/12/2024	$1,327.99	1	TMH PHYSICIAN ASSOCIATES, PLLC	P	431	0				F	7/11/2024	7/11/2024	300520570
2574	76370	3	2	0	2024	215000957	0	8/12/2024	$256.20	1	SEAN K OSULLIVAN MDDABR	P	172	0				F	7/30/2024	7/30/2024	742765481
									$27,504.59												

APPROVED ON

AUG 12 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

90 Degree Benefits

CHKNO	GRPNO	LOCNO	EMPNO	DEPNO	CLMPRE	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYTO	CVGCD	CVGTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUDT	PRVID
2489	76351	1	1	0	2024	213001737	0	8/5/2024	$40,728.66	1	TRUESCRIPTS MANAGEMENT SERVICE LLC	P	517	0	EXPENSE	EMPLOYEE	PCS	F	7/15/2024	7/28/2024	464334244
2490	76351	1	2	0	2024	208000125	0	8/5/2024	$124.74	1	COMMUNITY PATHOLOGY ASSOCIATES	P	185	0	[redacted]		LAB	F	4/17/2024	4/17/2024	760421006
2491	76351	3	64	0	2024	208000255	0	8/5/2024	$11.19	1	SINGLETON ASSOCIATES PA	P	189	0			ERD	F	7/5/2024	7/5/2024	741680498
2492	76351	3	31	0	2024	208000135	0	8/5/2024	$71.56	1	TMH PHYSICIAN ASSOCIATES, PLLC	P	457	0			OVS	F	2/6/2024	2/6/2024	300520570
2493	76351	3	50	0	2024	208000130	0	8/5/2024	$220.55	1	TMH PHYSICIAN ASSOCIATES, PLLC	P	457	0			OVS	F	2/1/2024	2/1/2024	300520570
2494	76351	3	9	0	2024	208001901	0	8/5/2024	$220.84	1	SEAN K OSULLIVAN MDDABR	P	172	0			AB	F	7/22/2024	7/22/2024	742765481
2496	76351	3	53	0	2024	212000633	0	8/5/2024	$310.25	1	CITIZENS MEDICAL PROFESSIONALS	P	176	0			AO	F	7/12/2024	7/12/2024	471158090
2497	76351	3	31	0	2024	208001931	0	8/5/2024	$472.04	1	VICTORIA HEART VASCULAR CENTER	P	457	0			OVS	F	7/23/2024	7/23/2024	562284144
2498	76360	3	84	0	2024	208000256	0	8/5/2024	$14.23	1	SINGLETON ASSOCIATES PA	P	181	0			XRAY	F	7/5/2024	7/5/2024	741680498
2500	76360	3	82	0	2024	208001904	0	8/5/2024	$66.59	1	MICHELLE M CUMMINS	P	457	0			OVS	F	7/22/2024	7/22/2024	742951453
2501	76360	3	26	1	2024	208000133	0	8/5/2024	$71.56	1	TMH PHYSICIAN ASSOCIATES, PLLC	P	457	0			OVS	F	4/16/2024	4/16/2024	300520570
2502	76360	3	21	1	2024	204001168	0	8/5/2024	$100.89	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0			OV	F	7/17/2024	7/17/2024	742605670
									$42,413.10												

Andrew DeLaSantos
8/12/2024

APPROVED ON
AUG 12 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Aug 4, 2024 - Aug 11,2024

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten Check" #
8/9/2024	PAY PLUS ACHTrans 000000031957400 1010006982	- 3rd Party Payor Fee	221.45	901294
8/9/2024	HPHG LLC PORTLAVA MemMedCtr PtLav 1131226500	- Health Insurance Claim Payments	15,771.50	800567
8/9/2024	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	10,757.16	500627
8/8/2024	WIRE OUT MEMORIAL MEDICAL CENTER	- MMC Transfer to NexBank	3,650,000.00	700137
8/8/2024	PAY PLUS ACHTrans 000000031792145 1010006972	- 3rd Party Payor Fee	413.06	901295
8/7/2024	PAY PLUS ACHTrans 000000031639828 1010006959	- 3rd Party Payor Fee	20.21	901296
8/6/2024	PAY PLUS ACHTrans 000000031576628 1010006946	- 3rd Party Payor Fee	50.15	901297
8/6/2024	MCKESSON DRUG AUTO ACH ACH06111339 910000133	- 340B Drug Program Expense	3,278.43	500628
8/6/2024	HPHG LLC PTLAVA MemMedCtr PtLav 113122650008	- Health Insurance Claim Payments	22,842.00	800568
8/6/2024	FDMS FDMS PYMT 052-1601830-000 4100012034678	- Credit Card Machine Lease Fee	32.45	901298
8/5/2024	PAY PLUS ACHTrans 000000031399580 1010006932	- 3rd Party Payor Fee	84.28	901299
8/5/2024	MERCHANT BANKCD INTERCHNG 971160913887 91000	- Credit Card Processing Fee	181.74	901300
8/5/2024	MERCHANT BANKCD FEE 971160913887 91000017461	- Credit Card Processing Fee	171.46	901301
8/5/2024	MERCHANT BANKCD FEE 971160910883 91000017461	- Credit Card Processing Fee	9.95	901302
8/5/2024	MERCHANT BANKCD DISCOUNT 971160913887 910000	- Credit Card Processing Fee	335.52	901303
8/5/2024	MERCHANT BANKCD DISCOUNT 971160910883 910000	- Credit Card Processing Fee	19.95	901304
8/5/2024	HEALTHEQUITY INC HealthEqui 1356888 91000016	- EmpDeduct/Employer Contribut	1,322.83	800569
8/5/2024	IRS USATAXPYMT 270461811817320 6103601002543	- Payroll Taxes	114,926.23	800570
8/5/2024	FDMS FDMS PYMT 052-2182557-000 4100012482172	- Credit Card Machine Lease Fee	181.77	901305
8/5/2024	FDMS FDMS PYMT 052-2182545-000 4100012482172	- Credit Card Machine Lease Fee	45.64	901306
8/5/2024	FDMS FDMS PYMT 052-2000500-000 4100012480949	- Credit Card Machine Lease Fee	75.67	901307
			3,820,741.45	

Andrew De Los Santos
Andrew De Los Santos
Memorial Medical Center

8/12/2024

*Approved on 8.7.24 CC
**Approved on 7.31.24 CC

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Descr	MMC Notes	Amount
			0.00

Andrew De Los Santos
Andrew De Los Santos
Memorial Medical Center

8/12/2024

APPROVED ON
AUG 12 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

3,820,741.45 +
15,771.50 −
10,757.16 −
3,650,000.00 −
3,278.43 −
22,842.00 −
1,322.83 −
114,926.23 −
1,843.30 ◊
1,843.30 −
0.00 ◊

221.45 +
413.06 +
20.21 +
50.15 +
84.28 +
789.15 ◊
0.C
CC Lease Fee
32.45 +
181.77 +
45.64 +
75.67 +
335.53 ◊
0.C
CC Inter.
181.74 +
181.74 ◊
0.C
CC Fees
171.46 +
9.95 +
181.41 ◊
0.C
CC Discount
335.52 +
19.95 +
355.47 ◊
0.C

789.15 +
335.53 +
181.74 +
181.41 +
355.47 +
1.843.30 ◊

Start Date	Benefit	EE Per Pay Cost		ER Per Pay Cost
1/1/2024	Health Savings Account	$-		$25.00
1/1/2024	Health Savings Account		$100.00	$25.00
1/1/2024	Health Savings Account		$147.91	$25.00
1/1/2024	Health Savings Account		$41.67	$25.00
7/1/2024	Health Savings Account	$-		$25.00
1/1/2024	Health Savings Account		$60.00	$25.00
1/1/2024	Health Savings Account		$10.00	$25.00
1/1/2024	Health Savings Account	$-		$25.00
1/1/2024	Health Savings Account	$-		$25.00
1/1/2024	Health Savings Account	$-		$25.00
1/1/2024	Health Savings Account		$25.00	$25.00
1/1/2024	Health Savings Account	$-		$25.00
8/1/2024	Health Savings Account	$-		$25.00
1/1/2024	Health Savings Account	$-		$25.00
2/1/2024	Health Savings Account		$163.25	$25.00
1/1/2024	Health Savings Account		$50.00	$25.00
2/1/2024	Health Savings Account	$-		$25.00
1/1/2024	Health Savings Account		$100.00	$25.00
1/1/2024	Health Savings Account	$-		$25.00
1/1/2024	Health Savings Account	$-		$25.00
3/1/2024	Health Savings Account	$-		$25.00
1/1/2024	Health Savings Account		$25.00	$25.00
7/1/2024	Health Savings Account	$-		$25.00
1/1/2024	Health Savings Account	$-		$25.00
2/1/2024	Health Savings Account	$-		$25.00
			$722.83	$625.00
			$1,347.83	

RECEIVED BY THE
COUNTY AUDITOR ON

AUG 0 8 2024

CALHOUN COUNTY, TEXAS

08/08/2024
12:43

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 08/31/2024

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11820	FORTBEND HEALTHCARE CENTER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
073124		07/31/202	08/01/202	08/31/202			213.24	0.00	0.00	213.24

ins. pmt. dup. into mmc acct. in error

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11820	FORTBEND HEALTHCARE CENTER	213.24	0.00	0.00	213.24

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	213.24	0.00	0.00	213.24

APPROVED ON

AUG 0 8 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 2052616

RECEIVED BY THE
COUNTY AUDITOR ON

AUG 0 8 2024

08/08/2024
12:41

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 08/31/2024

0
ap_open_invoice.template

Vendor# Vendor Name
11832 BROADMOOR AT CREEKSIDE PARK

CALHOUN COUNTY, TEXAS

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
080124		08/07/202	08/01/202	08/31/202			3,535.00	0.00	0.00	3,535.00
080124A		08/07/202	08/01/202	08/31/202			53.61	0.00	0.00	53.61

ins. pmt. dup. into mmc opt. in error

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11832	BROADMOOR AT CREEKSIDE PARK	3,588.61	0.00	0.00	3,588.61

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	3,588.61	0.00	0.00	3,588.61

APPROVED ON

AUG 0 8 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 205205

08/08/2024
12:39

RECEIVED BY THE COUNTY AUDITOR ON
AUG 0 8 2024

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 08/31/2024

0
ap_open_invoice.template

Vendor# Vendor Name Class Pay Code
11824 THE CRESCENT

CALHOUN COUNTY, TEXAS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
072924	ins.pmt. dep. into mmc opt. in error	07/31/202	08/01/202	08/31/202			2,040.00	0.00	0.00	2,040.00
080124	"	08/07/202	08/01/202	08/31/202			1,020.00	0.00	0.00	1,020.00
080124A	"	08/07/202	08/01/202	08/31/202			6,324.00	0.00	0.00	6,324.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	9,384.00	0.00	0.00	9,384.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	9,384.00	0.00	0.00	9,384.00

APPROVED ON
AUG 0 8 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 205208

RECEIVED BY THE
COUNTY AUDITOR ON

AUG 0 8 2024

CALHOUN COUNTY, TEXAS

08/08/2024
12:41

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 08/31/2024

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
072924		08/07/202	08/01/202	08/31/202			512.03	0.00	0.00	512.03
080124	ins. pmt. due into mmc oct. in error	08/07/202	08/01/202	08/31/202			501.00	0.00	0.00	501.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	1,013.03	0.00	0.00	1,013.03

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,013.03	0.00	0.00	1,013.03

APPROVED ON

AUG 0 8 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 205207

RECEIVED BY THE COUNTY AUDITOR ON

AUG 0 8 2024

08/08/2024 MEMORIAL MEDICAL CENTER 0

12:40 AP Open Invoice List ap_open_invoice.template

Due Dates Through: 08/31/2024

CALHOUN COUNTY, TEXAS

Vendor#	Vendor Name	Class	Pay Code
13004	TUSCANY VILLAGE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
080124		08/07/202	08/01/202	08/31/202			8,820.00	0.00	0.00	8,820.00

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

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	8,820.00	0.00	0.00	8,820.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	8,820.00	0.00	0.00	8,820.00

APPROVED ON

AUG 0 8 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 205269

RECEIVED BY THE
COUNTY AUDITOR ON

AUG 0 8 2024

CALHOUN COUNTY, TEXAS

08/08/2024
12:40

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 08/31/2024

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
080124A		08/07/202	08/01/202	08/31/202			8,682.53	0.00	0.00	8,682.53
080124B	ins. pmt. dep. into mmc opt. in error	08/07/202	08/01/202	08/31/202			259.32	0.00	0.00	259.32

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12792	BETHANY SENIOR LIVING	8,941.85	0.00	0.00	8,941.85

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	8,941.85	0.00	0.00	8,941.85

APPROVED ON

AUG 08 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 205264

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
8/12/2024

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		49,067.85	48,800.65	54,866.47			55,133.67	54,866.47
						Bank Balance	55,133.67	
						Variance	-	
						Leave in Balance	100.00	

Routing Information for Ashford Gardens

Ashford Health Care Center Ltd Co
JP Morgan Chase Bank

						July Interest	167.20	
						Aug Interest		
						Sept Interest		
						Adjust Balance/Transfer Amt	54,866.47	
Broadmoor	:	63,599.33	63,314.69	29,502.70			29,787.34	29,502.70
						Bank Balance	29,787.34	
						Variance	-	
						Leave in Balance	100.00	

						July Interest	184.64	
						Aug Interest		
						Sept Interest		
						Adjust Balance/Transfer Amt	29,502.70	
Crescent		100,409.16	99,165.98	157,402.84			158,646.02	124,876.85
						Bank Balance	158,646.02	
						Variance	-	
						Leave in Balance	100.00	
						Claim payments owed to Tuscany	33,395.64	

						July Interest	273.53	
						Aug Interest		
						Sept Interest		
						Adjust Balance/Transfer Amt	124,876.85	
Fort Bend		7,973.33	7,821.24	39,321.36			39,473.45	39,321.36
						Bank Balance	39,473.45	
						Variance	-	
						Leave in Balance	100.00	

						July Interest	52.09	
						Aug Interest		
						Sept Interest		
						Adjust Balance/Transfer Amt	39,321.36	
Solera at W Houston		68,783.84	68,474.27	99,466.14			99,775.71	99,466.14
						Bank Balance	99,775.71	
						Variance	-	
						Leave in Balance	100.00	

54,866.47 +
29,502.70 +
124,876.85 +
39,321.36 +
99,466.14 =
348,033.52

Hon / Fort Bend / Broadmoor:

		July Interest	209.57
		Aug Interest	
		Sept Interest	
		Adjust Balance/Transfer Amt	99,466.14

TOTAL TRANSFERS	**348,033.52**

Approved: Andrew De Los Santos
Andrew De Los Santos 8/12/2024

APPROVED ON
AUG 13 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

J:\NH Weekly Transfers\NH UPL Transfer Summary\2024\NH UPL Transfer Summary 8.12.24

				MMC PORTION					
Ashford Gardens	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
8/9/2024 Check 1248	2,700.00	-					-	-
8/9/2024 MANAGEANDNET1718 MNS PMNT 000000000000093 41	-	4,364.00					-	4,364.00
8/9/2024 HNB - ECHO HCCLAIMPMT 746003411 440000293568	-	5,119.45					-	5,119.45
8/9/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	332.32					-	332.32
8/9/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	15,798.40					-	15,798.40
8/9/2024 NOVITAS SOLUTION HCCLAIMPMT 675423 420000184	-	6,936.72					-	6,936.72
8/8/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2	-	7,180.88					-	7,180.88
8/7/2024 WIRE OUT ASHFORD HEALTH CARE CENTER LTD	46,100.65	-					-	-
8/7/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2	-	15,134.70					-	15,134.70
							-	-
	48,800.65	54,866.47	-	-	-	-	-	54,866.47

				MMC PORTION					
Broadmoor	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
8/9/2024 Check 283	121.50	-					-	-
8/9/2024 MANAGEANDNET1718 MNS PMNT 000000000004293 41	-	4,184.50					-	4,184.50
8/9/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	317.62					-	317.62
8/9/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	3,032.82					-	3,032.82
8/9/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2	-	7,689.79					-	7,689.79
8/8/2024 HNB - ECHO HCCLAIMPMT 746003411 440000258264	-	5,939.41					-	5,939.41
8/8/2024 HNB - ECHO HCCLAIMPMT 746003411 440000257980	-	199.00					-	199.00
8/7/2024 WIRE OUT CANTEX HEALTH CARE CENTERS III	63,193.19	-					-	-
8/7/2024 MANAGEANDNET1718 MNS PMNT 000000000004293 41	-	988.50					-	988.50
8/6/2024 NOVITAS SOLUTION HCCLAIMPMT 676357 420000101	-	743.06					-	743.06
8/5/2024 NOVITAS SOLUTION HCCLAIMPMT 676357 420000158	-	6,408.00					-	6,408.00
							-	-
	63,314.69	29,502.70	-	-	-	-	-	29,502.70

				MMC PORTION					
Crescent	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
8/9/2024 Check 355	84,685.35	-					-	-
8/9/2024 DEVOTED HEALTH P HCCLAIMPMT 21000021193328	-	3,600.00					-	3,600.00
8/9/2024 NOVITAS SOLUTION HCCLAIMPMT 676323 420000184	-	38,519.16					-	38,519.16
8/8/2024 Deposit	-	12,036.00					-	12,036.00
8/8/2024 DEVOTED HEALTH P HCCLAIMPMT 21000022366690	-	29,700.00					-	29,700.00
8/8/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	540.00					-	540.00
8/8/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2	-	5,604.56					-	5,604.56
8/7/2024 WIRE OUT CANTEX HEALTH CARE CENTERS III	14,480.63	-					-	-
8/7/2024 HNB - ECHO HCCLAIMPMT 746003411 440000215787	-	803.68					-	803.68
8/7/2024 NOVITAS SOLUTION HCCLAIMPMT 676323 420000141	-	251.95					-	251.95
8/6/2024 DEVOTED HEALTH P HCCLAIMPMT 21000022317438	-	6,300.00					-	6,300.00
8/6/2024 DEVOTED HEALTH P HCCLAIMPMT 21000022317436	-	14,136.68					-	14,136.68
8/6/2024 DEVOTED HEALTH P HCCLAIMPMT 21000022317434	-	19,350.00					-	19,350.00
8/6/2024 HUMANA INS CO HCCLAIMPMT 53953004 8300005107	-	2,325.00					-	2,325.00
8/5/2024 NOVITAS SOLUTION HCCLAIMPMT 676323 420000158	-	24,235.81					-	24,235.81
							-	-
	99,165.98	157,402.84	-	-	-	-	-	157,402.84

				MMC PORTION					
Fort Bend	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
8/9/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	6,444.07					-	6,444.07
8/9/2024 NOVITAS SOLUTION HCCLAIMPMT 675663 420000184	-	26,570.73					-	26,570.73
8/7/2024 WIRE OUT CANTEX HEALTH CARE CENTERS III	7,821.24	-					-	-
8/6/2024 NOVITAS SOLUTION HCCLAIMPMT 675663 420000101	-	4,586.56					-	4,586.56
8/5/2024 UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384	-	1,720.00					-	1,720.00
							-	-
	7,821.24	39,321.36	-	-	-	-	-	39,321.36

				MMC PORTION					
Solera at West Houston	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
8/9/2024 HNB - ECHO HCCLAIMPMT 746003411 440000293961	-	8,303.49					-	8,303.49
8/9/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	14,224.78					-	14,224.78
8/9/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	8,313.22					-	8,313.22
8/9/2024 NOVITAS SOLUTION HCCLAIMPMT 676310 420000184	-	23,408.67					-	23,408.67
8/9/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2	-	2,984.71					-	2,984.71
8/8/2024 HNB - ECHO HCCLAIMPMT 746003411 440000257684	-	729.19					-	729.19
8/8/2024 NOVITAS SOLUTION HCCLAIMPMT 676310 420000157	-	12,211.64					-	12,211.64
8/7/2024 WIRE OUT CANTEX HEALTH CARE CENTERS III	68,474.27	-					-	-
8/7/2024 HNB - ECHO HCCLAIMPMT 746003411 440000215787	-	318.53					-	318.53
8/6/2024 HNB - ECHO HCCLAIMPMT 746003411 440000273495	-	502.79					-	502.79
8/6/2024 NOVITAS SOLUTION HCCLAIMPMT 676310 420000101	-	5,753.34					-	5,753.34
8/6/2024 HUMANA INS CO HCCLAIMPMT 53956078 8300005107	-	10,270.00					-	10,270.00
8/6/2024 HEALTH HUMAN SVC INV-PAYMTS 17460034113007 2	-	4,023.93					-	4,023.93
8/5/2024 HNB - ECHO HCCLAIMPMT 746003411 440000215166	-	5,733.58					-	5,733.58
8/5/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2	-	2,688.27					-	2,688.27
							-	-
	68,474.27	99,466.14	-	-	-	-	-	99,466.14
TOTALS	287,576.83	380,559.51	-	-	-	-	-	380,559.51

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,940,426.85	$2,035,121.94	$1,940,426.85	$1,538,983.72
*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	$55,133.67	$55,133.67	$55,133.67	$25,282.78
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$29,787.34	$29,787.34	$29,787.34	$14,684.11
*4411 MEMORIAL MEDICAL / NH CRESCENT	$158,646.02	$278,016.02	$158,646.02	$201,212.21
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$99,775.71	$108,457.69	$99,775.71	$42,540.84
*4446 MEMORIAL MEDICAL / NH FORT BEND	$39,473.45	$39,473.45	$39,473.45	$6,458.65
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$119,217.10	$157,048.44	$119,217.10	$122,051.21
*4551 CAL CO INDIGENT HEALTHCARE	$10,352.73	$10,352.73	$10,352.73	$10,352.73
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$5,357.81	$5,654.69	$5,357.81	$5,051.55
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$45,270.87	$45,270.87	$45,270.87	$45,270.87
*5506 MMC -NH BETHANY SENIOR LIVING	$35,704.40	$46,403.36	$35,704.40	$23,586.07
*3407 MMC -NH TUSCANY VILLAGE	$127,791.42	$184,944.03	$127,791.42	$34,694.07
*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	**$2,673,061.66**	**$3,001,788.52**	**$2,673,061.66**	**$2,076,293.10**

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
8/12/2024

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		255,124.56	254,872.65	118,965.19		-	119,217.10	117,082.99
						Bank Balance	119,217.10	
						Variance	-	
						Leave in Balance	100.00	
						Claim Payment Owed to MMC	1,882.20	
						July Interest	151.91	
						Aug Interest		
						Sept Interest		
						Adjust Balance/Transfer Amt	117,082.99	

APPROVED ON
AUG 12 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
8/12/2024

Golden Creek		Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
				QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
8/9/2024	Check 219	3,618.20	-					-	-
8/9/2024	TSYS/TRANSFIRST CR CD DEP 543684555876917 91	-	784.09					-	784.09
8/8/2024	Deposit	-	93,377.41					-	93,377.41
8/8/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001586	-	3,084.40					-	3,084.40
8/8/2024	AETNA AS01 HCCLAIMPMT 1588075964 51000013263	-	1,300.00					-	1,300.00
8/7/2024	WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	251,254.45	-					-	-
8/7/2024	TSYS/TRANSFIRST CR CD DEP 543684555876917 91	-	1,430.88					-	1,430.88
8/7/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001472	-	9,238.27					-	9,238.27
8/7/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130112	-	5,883.74					-	5,883.74
8/6/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001533	-	1,219.00					-	1,219.00
8/6/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001533	-	907.00					-	907.00
8/5/2024	TSYS/TRANSFIRST CR CD DEP 543684555876917 91	-	297.40					-	297.40
8/5/2024	TSYS/TRANSFIRST CR CD DEP 543684555876917 91	-	1,443.00					-	1,443.00
		254,872.65	118,965.19	-	-	-	-	-	118,965.19

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,940,426.85	$2,035,121.94	$1,940,426.85	$1,538,983.72
*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	$55,133.67	$55,133.67	$55,133.67	$25,282.78
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$29,787.34	$29,787.34	$29,787.34	$14,684.11
*4411 MEMORIAL MEDICAL / NH CRESCENT	$158,646.02	$278,016.02	$158,646.02	$201,212.21
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$99,775.71	$108,457.69	$99,775.71	$42,540.84
*4446 MEMORIAL MEDICAL / NH FORT BEND	$39,473.45	$39,473.45	$39,473.45	$6,458.65
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$119,217.10	$157,048.44	$119,217.10	$122,051.21
*4551 CAL CO INDIGENT HEALTHCARE	$10,352.73	$10,352.73	$10,352.73	$10,352.73
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$5,357.81	$5,654.69	$5,357.81	$5,051.55
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$45,270.87	$45,270.87	$45,270.87	$45,270.87
*5506 MMC -NH BETHANY SENIOR LIVING	$35,704.40	$46,403.36	$35,704.40	$23,586.07
*3407 MMC -NH TUSCANY VILLAGE	$127,791.42	$184,944.03	$127,791.42	$34,694.07
*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	**$2,673,061.66**	**$3,001,788.52**	**$2,673,061.66**	**$2,076,293.10**

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
8/12/2024

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		4,346.81	-	1,011.00			-	5,357.81	5,257.81
							Bank Balance	5,357.81	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	5,257.81	

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		7,999.29	7,899.29	45,170.87		-	-	45,270.87	45,170.87
							Bank Balance	45,270.87	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	45,170.87	
							TOTAL TRANSFERS	50,428.68	

APPROVED ON

AUG 12 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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
Andrew De Los Santos 8/12/2024

Gulf Pointe Plaza-Private Pay

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
8/9/2024	HNB - ECHO HCCLAIMPMT 746003411 440000293568	-	306.26					-	306.26
8/7/2024	HNB - ECHO HCCLAIMPMT 746003411 440000215787	-	291.82					-	291.82
8/6/2024	PNC-ECHO HCCLAIMPMT 746003411 41000122966117	-	78.41					-	78.41
8/6/2024	HNB - ECHO HCCLAIMPMT 746003411 440000274020	-	334.51					-	334.51
		-	1,011.00	-	-	-	-	-	1,011.00

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
8/8/2024	MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	35,306.74					-	35,306.74
8/7/2024	WIRE OUT HMG Rockport SNF, LP - Commerical	7,899.29	-					-	-
8/7/2024	MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	1,339.13					-	1,339.13
8/5/2024	MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	8,525.00					-	8,525.00
		7,899.29	45,170.87	-	-	-	-	-	45,170.87
		7,899.29	46,181.87	-	-	-	-	-	46,181.87

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,940,426.85	$2,035,121.94	$1,940,426.85	$1,538,983.72
*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	$55,133.67	$55,133.67	$55,133.67	$25,282.78
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$29,787.34	$29,787.34	$29,787.34	$14,684.11
*4411 MEMORIAL MEDICAL / NH CRESCENT	$158,646.02	$278,016.02	$158,646.02	$201,212.21
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$99,775.71	$108,457.69	$99,775.71	$42,540.84
*4446 MEMORIAL MEDICAL / NH FORT BEND	$39,473.45	$39,473.45	$39,473.45	$6,458.65
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$119,217.10	$157,048.44	$119,217.10	$122,051.21
*4551 CAL CO INDIGENT HEALTHCARE	$10,352.73	$10,352.73	$10,352.73	$10,352.73
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$5,357.81	$5,654.69	$5,357.81	$5,051.55
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$45,270.87	$45,270.87	$45,270.87	$45,270.87
*5506 MMC -NH BETHANY SENIOR LIVING	$35,704.40	$46,403.36	$35,704.40	$23,586.07
*3407 MMC -NH TUSCANY VILLAGE	$127,791.42	$184,944.03	$127,791.42	$34,694.07
*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	**$2,673,061.66**	**$3,001,788.52**	**$2,673,061.66**	**$2,076,293.10**

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
8/12/2024

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		144,641.09	144,541.09	127,691.42	-	-	-	127,791.42	127,691.42
							Bank Balance	127,791.42	
							Variance	-	
							Leave in Balance	100.00	

APPROVED ON
AUG 12 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Adjust Balance/Transfer Amt 127,691.42

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 8/12/2024

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
8/9/2024	Deposit	-	5,712.00					-	5,712.00
8/9/2024	Deposit	-	2,700.00					-	2,700.00
8/9/2024	Deposit	-	84,685.35					-	84,685.35
8/8/2024	Deposit	-	14,184.00					-	14,184.00
8/8/2024	NOVITAS SOLUTION HCCLAIMPMT 676201 420000157	-	6,795.97					-	6,795.97
8/7/2024	WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	144,541.09	-					-	-
8/7/2024	HNB - ECHO HCCLAIMPMT 746003411 440000215787	-	1,979.80					-	1,979.80
8/7/2024	HNB - ECHO HCCLAIMPMT 746003411 440000216164	-	4,823.74					-	4,823.74
8/6/2024	NOVITAS SOLUTION HCCLAIMPMT 676201 420000101	-	3,840.86					-	3,840.86
8/5/2024	HNB - ECHO HCCLAIMPMT 746003411 440000215166	-	2,969.70					-	2,969.70
								-	-
		144,541.09	127,691.42	-	-	-	-	-	127,691.42

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,940,426.85	$2,035,121.94	$1,940,426.85	$1,538,983.72
*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	$55,133.67	$55,133.67	$55,133.67	$25,282.78
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$29,787.34	$29,787.34	$29,787.34	$14,684.11
*4411 MEMORIAL MEDICAL / NH CRESCENT	$158,646.02	$278,016.02	$158,646.02	$201,212.21
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$99,775.71	$108,457.69	$99,775.71	$42,540.84
*4446 MEMORIAL MEDICAL / NH FORT BEND	$39,473.45	$39,473.45	$39,473.45	$6,458.65
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$119,217.10	$157,048.44	$119,217.10	$122,051.21
*4551 CAL CO INDIGENT HEALTHCARE	$10,352.73	$10,352.73	$10,352.73	$10,352.73
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$5,357.81	$5,654.69	$5,357.81	$5,051.55
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$45,270.87	$45,270.87	$45,270.87	$45,270.87
*5506 MMC -NH BETHANY SENIOR LIVING	$35,704.40	$46,403.36	$35,704.40	$23,586.07
*3407 MMC -NH TUSCANY VILLAGE	$127,791.42	$184,944.03	$127,791.42	$34,694.07
*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	**$2,673,061.66**	**$3,001,788.52**	**$2,673,061.66**	**$2,076,293.10**

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
8/12/2024

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		14,581.38	14,362.12	35,485.14			-	35,704.40	35,485.14
							Bank Balance	35,704.40	
							Variance	-	
							Leave in Balance	100.00	

July Interest	119.26
Aug Interest	
Sept Interest	

APPROVED ON

AUG 12 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

Adjust Balance/Transfer Amt 35,485.14

Approved: Andrew De Los Santos
Andrew De Los Santos 8/12/2024

Bethany Senior Living

		Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
				QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
8/9/2024	NOVITAS SOLUTION HCCLAIMPMT 676481 420000184	-	9,670.85					-	9,670.85
8/9/2024	HOSPICE OF SOUTH Payments NF 113122650024902	-	2,447.48					-	2,447.48
8/8/2024	NDC SWEEP FAC K236 31316962538315 SWEEP FR	-	11,721.70					-	11,721.70
8/7/2024	WIRE OUT PORT LAVACA NH, LLC	14,362.12	-					-	-
8/7/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	4,216.77					-	4,216.77
8/5/2024	NOVITAS SOLUTION HCCLAIMPMT 676481 420000158	-	7,428.34					-	7,428.34
								-	-
		14,362.12	35,485.14	-	-	-	-	-	35,485.14

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,940,426.85	$2,035,121.94	$1,940,426.85	$1,538,983.72
*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	$55,133.67	$55,133.67	$55,133.67	$25,282.78
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$29,787.34	$29,787.34	$29,787.34	$14,684.11
*4411 MEMORIAL MEDICAL / NH CRESCENT	$158,646.02	$278,016.02	$158,646.02	$201,212.21
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$99,775.71	$108,457.69	$99,775.71	$42,540.84
*4446 MEMORIAL MEDICAL / NH FORT BEND	$39,473.45	$39,473.45	$39,473.45	$6,458.65
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$119,217.10	$157,048.44	$119,217.10	$122,051.21
*4551 CAL CO INDIGENT HEALTHCARE	$10,352.73	$10,352.73	$10,352.73	$10,352.73
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$5,357.81	$5,654.69	$5,357.81	$5,051.55
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$45,270.87	$45,270.87	$45,270.87	$45,270.87
*5506 MMC -NH BETHANY SENIOR LIVING	$35,704.40	$46,403.36	$35,704.40	$23,586.07
*3407 MMC -NH TUSCANY VILLAGE	$127,791.42	$184,944.03	$127,791.42	$34,694.07
*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	**$2,673,061.66**	**$3,001,788.52**	**$2,673,061.66**	**$2,076,293.10**

Golden Creek ✓

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: Memorial Medical Center ✓ Date Requested: 8/7/2024

APPROVED ON
AUG 12 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

Chk# 000220

AMOUNT $ 1882.20 ✓ ✓ G/L NUMBER: 20653000

EXPLANATION: Our money was deposited in their account

REQUESTED BY: Mpan AUTHORIZED BY: Andrew D Lockhart

8/12/2024

CAT # 10303 / FM 1600

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: Tuscany Village

Date Requested: 8/12/2024

APPROVED ON AUG 12 2024 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

Chk# 000357

FOR ACCT USE ONLY

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

AMOUNT: $ 33,395.64

G/L NUMBER: 21400007

EXPLANATION: Claim pymnts owed from Crescent to Tuscany

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrea De Los Santos

8/12/2024

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

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

000357

Date 8-15-24 88-2265/1131

PAY TO THE ORDER OF Tuscany Village | $ 33,395.64/100

Thirty-three thousand, three hundred ninety-five dollars 3 64/100 DOLLARS

PROSPERITY BANK

county auditor

MP county treasurer

Security features are included. Details on back.

FOR Claim payments

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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

000220

88-2265/1131

Date 8-15-24

PAY TO THE ORDER OF MMC Operating | $ 1,882.20/100

One thousand, eight hundred eighty-two dollars 3 20/100 DOLLARS

PROSPERITY BANK

county auditor

MP county treasurer

Security features are included. Details on back.

FOR Claims

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RUN DATE:08/15/24 MEMORIAL MEDICAL CENTER PAGE 1
TIME:14:58 CHECK REGISTER GLCKREG
08/15/24 THRU 08/15/24

BANK--CHECK-- CODE	NUMBER	DATE	AMOUNT	PAYEE
NHG *	000220	08/15/24	1,882.20	MMC OPERATING
NHC *	000357	08/15/24	33,395.64	TUSCANY