MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---August 21, 2024

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	617,198.16 ✓
TOTAL TRANSFERS BETWEEN FUNDS	$	111,769.66 ✓
TOTAL NURSING HOME UPL EXPENSES	$	1,039,993.17 ✓
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED August 21, 2024	$	1,768,960.99 ✓

APPROVED

AUG 21 2024

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---August 21, 2024

PAYABLES AND PAYROLL			
8/15/2024	Weekly Payables	374,262.00	
8/19/2024	Sherwin Williams Critical	163.21	
8/19/2024	Capital One Critical	955.69	
8/19/2024	Third Coast Distributing LLC Critical	984.99	
8/15/2024	Citibank Credit Card-see attached (Erin)	6,074.55	
8/15/2024	CitiBank Credit Card-See attached (Steve)	874.26	
8/19/2024	McKesson-340B Prescription Expense	10,708.30	
8/19/2024	Amerisource Bergen-340B Prescription Expense	3,155.74	
8/19/2024	Payroll Liabilities-Payroll Taxes	177.42	
8/19/2024	Payroll	606.43	
8/19/2024	Health Equity - Wage Works employee FSA	7,225.21	
	Prosperity Electronic Bank Payments		
8/19/2024	90 Degree Benefits - employee insurance claims	20,130.00	
8/19/2024	Sales Tax - July 2024	2,208.23	
8/19/2024	TCDRS July Retirement	184,548.86	
8/19/2024	Pay Plus-Patient Claims Processing Fee	441.37	
8/19/2024	Credit Card Lease Fee	285.82	
8/19/2024	Harland Clarke Check Order	60.36	
8/19/2024	Credit Card Processing Fee	4,335.72	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 617,198.16**
TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES			
8/15/2024	MMC Operating to Ashford-UHC QIPP YR7 June 2024	8,495.73	
8/15/2024	MMC Operating to Solera-UHC QIPP YR7 June 2024	2,624.83	
8/15/2024	MMC Operating to Fort bend-UHC QIPP YR7 June 2024	2,655.10	
8/15/2024	MMC Operating to Broadmoor-UHC QIPP YR7 June 2024	3,332.79	
8/15/2024	MMC Operating to The Crescent-UHC QIPP YR7 June 2024	2,280.03	
8/15/2024	MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error/UHC QIPP YR7 June 2024	11,753.73	
8/15/2024	MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error/UHC QIPP YR7 June 2024	16,034.95	
8/15/2024	MMC Operating to Bethany-Correction insurance payment deposited into MMC Operating in error/UHC QIPP YR7 June 2024	64,592.50	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 111,769.66**
NURSING HOME UPL EXPENSES			
8/19/2024	Nursing Home UPL-Cantex Transfer	727,228.12	
8/19/2024	Nursing Home UPL-Nexion Transfer	49,080.57	
8/19/2024	Nursing Home UPL-HMG Transfer	5,015.91	
8/19/2024	Nursing Home UPL-Tuscany Transfer	135,325.73	
8/19/2024	Nursing Home UPL-HSL Transfer	17,995.76	
QIPP CHECKS TO MMC			
8/19/2024	Ashford - Molina QIPP June Q3 & YR5 ADJ 3 hospital portion	22,306.04	
8/19/2024	Broadmoor -Molina QIPP June Q3 & YR5 ADJ 3 hospital portion	8,308.82	
8/19/2024	Crescent - Molina QIPP June Q3 & YR5 ADJ 3 hospital portion	6,118.20	
8/19/2024	Fort Bend - Molina QIPP June Q3 & YR5 ADJ 3 hospital portion	6,908.22	
8/19/2024	Solera - Molina QIPP June Q3 & YR5 ADJ 3 hospital portion	6,594.84	
8/19/2024	Golden Creek - Superior June QIPP hospital portion	20,830.62	
8/19/2024	Bethany-Superior June QIPP hospital portion	21,263.06	
8/19/2024	Tuscany - Molina QIPP June Q3 & YR5 ADJ 3 hospital portion	13,017.28	
TOTAL NURSING HOME UPL EXPENSES			**$ 1,039,993.17**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED August 21, 2024			**$ 1,768,960.99**

RECEIVED BY THE
COUNTY AUDITOR ON
AUG 15 2024
CALHOUN COUNTY, TEXAS

08/15/2024
13:11

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 09/06/2024

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
13180	ADVANCED STERILIZATION PRODUCT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8020719271		08/01/202	08/02/202	09/02/202			879.90	0.00	0.00	879.90

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13180	ADVANCED STERILIZATION PRODUCT	879.90	0.00	0.00	879.90

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
5509863905	OXYGEN	08/13/202	07/31/202	08/30/202			585.23	0.00	0.00	585.23

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	585.23	0.00	0.00	585.23

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
167XFTFTTK7C		08/01/202	08/05/202	09/04/202			76.89	0.00	0.00	76.89

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES	76.89	0.00	0.00	76.89

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
3183109125		07/31/202	07/28/202	08/10/202			740.00	0.00	0.00	740.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1360	AMERISOURCEBERGEN DRUG CORP	740.00	0.00	0.00	740.00

Vendor#	Vendor Name	Class	Pay Code
13244	ASD HEALTHCARE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
804814647		08/01/202	08/02/202	09/01/202			7.84	0.00	0.00	7.84

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13244	ASD HEALTHCARE	7.84	0.00	0.00	7.84

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
111471394		07/24/202	08/08/202	09/02/202			1,241.74	0.00	0.00	1,241.74
111479919		08/05/202	08/04/202	09/03/202			453.84	0.00	0.00	453.84
111481462		08/07/202	08/05/202	09/04/202			87.50	0.00	0.00	87.50
111481600		08/07/202	08/05/202	09/04/202			1,037.15	0.00	0.00	1,037.15
7366627		08/13/202	08/02/202	08/27/202			6,591.28	0.00	0.00	6,591.28
111487812		08/13/202	08/07/202	09/06/202			5,759.11	0.00	0.00	5,759.11

Meter Billing 7/1/24 - 7/31/24

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	15,170.62	0.00	0.00	15,170.62

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
907491100		08/01/202	08/02/202	09/02/202			889.16	0.00	0.00	889.16

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11072	BIO-RAD LABORATORIES, INC	889.16	0.00	0.00	889.16

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
SEASKY0001		08/15/202	08/06/202	08/06/202			47.75	0.00	0.00	47.75
56382400061967		08/15/202	08/06/202	08/20/202			4,038.24	0.00	0.00	4,038.24

no invoice

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13892	BLUE CROSS BLUE SHIELD REFUND	4,085.99	0.00	0.00	4,085.99

Vendor#	Vendor Name	Class	Pay Code
11224	CABLES AND SENSORS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
176847		08/01/202	08/14/202	08/14/202			168.00	0.00	0.00	168.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11224	CABLES AND SENSORS	168.00	0.00	0.00	168.00

Vendor#	Vendor Name	Class	Pay Code
C1048	CALHOUN COUNTY	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
204373753066300		07/31/202	07/26/202	08/25/202			731.11	0.00	0.00	731.11
	061824-071824 SERVICE PERIOD	701 N. Virginia St.								
204373753030019		07/31/202	07/26/202	08/25/202			765.71	0.00	0.00	765.71
	051724-061824 SERVICE PERIOD	701 N Virginia St.								
204373753031227		07/31/202	07/26/202	08/25/202			8.47	0.00	0.00	8.47
	052124-062024 SERVICE PERIOD	815 N Virginia St								
204373753065367		07/31/202	07/26/202	08/25/202			19.78	0.00	0.00	19.78
	061824-071824 SERVICE PERIOD	Hospital St. ODL								
204373753029644		07/31/202	07/26/202	08/25/202			19.97	0.00	0.00	19.97
	051724-061824	Hospital St. ODL								
204373753065594		07/31/202	07/26/202	08/25/202			36,914.24	0.00	0.00	36,914.24
	061724-071724	Hospital St.								
204373753066044		07/31/202	07/26/202	08/25/202			1,864.73	0.00	0.00	1,864.73
	061824-071824	1016 N Virginia St.								
204373753029656		07/31/202	07/26/202	08/25/202			1,954.03	0.00	0.00	1,954.03
	051724-061824	1016 N Virginia St.								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY	42,278.04	0.00	0.00	42,278.04

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
202423		07/31/202	08/09/202	08/09/202			61,950.26	0.00	0.00	61,950.26

July 2024

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1600	CITIZENS MEDICAL CENTER	61,950.26	0.00	0.00	61,950.26

Vendor#	Vendor Name	Class	Pay Code
15188	CLARITY ENROLLMENT SOLUTIONS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1699		08/01/202	08/01/202	08/31/202			348.00	0.00	0.00	348.00

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	15188	CLARITY ENROLLMENT SOLUTIONS					348.00	0.00	0.00	348.00
Vendor#	Vendor Name				Class	Pay Code				
14080	CORROHEALTH, INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	918423		08/01/202	07/31/202	08/30/202		2,371.80	0.00	0.00	2,371.80
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14080	CORROHEALTH, INC.					2,371.80	0.00	0.00	2,371.80
Vendor#	Vendor Name				Class	Pay Code				
14400	CULINARY CONCESSIONS LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	INV00001461		07/31/202	07/31/202	08/30/202		33,001.79	0.00	0.00	33,001.79
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14400	CULINARY CONCESSIONS LLC					33,001.79	0.00	0.00	33,001.79
Vendor#	Vendor Name				Class	Pay Code				
10060	DETAR HOSPITAL				ICP					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	DTR2407018		08/13/202	08/06/202	08/06/202		733.52	0.00	0.00	733.52
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10060	DETAR HOSPITAL					733.52	0.00	0.00	733.52
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
	7625390		08/01/202	07/25/202	08/19/202		98.54	0.00	0.00	98.54
	7633270		08/14/202	08/06/202	08/31/202		294.15	0.00	0.00	294.15
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON					392.69	0.00	0.00	392.69
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
	IN20056315		07/01/202	08/01/202	08/31/202		31,144.58	0.00	0.00	31,144.58
		BEV HEALTH JULY								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11011	DIAMOND HEALTHCARE CORP					31,144.58	0.00	0.00	31,144.58
Vendor#	Vendor Name				Class	Pay Code				
10842	DOOR CONTROL SERVICES, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	SMINV380718		08/06/202	08/01/202	08/31/202		2,255.10	0.00	0.00	2,255.10
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10842	DOOR CONTROL SERVICES, INC					2,255.10	0.00	0.00	2,255.10
Vendor#	Vendor Name				Class	Pay Code				
15240	ECLINICAL WORKS LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	0003006892		08/07/202	08/01/202	08/31/202		476.75	0.00	0.00	476.75
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	15240	ECLINICAL WORKS LLC					476.75	0.00	0.00	476.75
Vendor#	Vendor Name				Class	Pay Code				
11091	ECOLAB									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net

6347052578		08/13/202	08/01/202	08/31/202		220.00	0.00	0.00	220.00
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	11091	ECOLAB				220.00	0.00	0.00	220.00
Vendor#	Vendor Name				Class	Pay Code			
F1400	FISHER HEALTHCARE				M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4271973		08/01/202	08/01/202	08/31/202			1,255.68	0.00	0.00	1,255.68
4307200		08/01/202	08/02/202	08/27/202			814.80	0.00	0.00	814.80
4307201		08/01/202	08/02/202	09/01/202			156.48	0.00	0.00	156.48
4233543		08/14/202	07/31/202	08/30/202			235.85	0.00	0.00	235.85
4271972		08/14/202	08/01/202	08/31/202			8,238.26	0.00	0.00	8,238.26
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE					10,701.07	0.00	0.00	10,701.07
Vendor#	Vendor Name				Class	Pay Code				
G0906	GE HEALTHCARE FIN SRVS				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100918155		08/13/202	07/28/202	09/01/202			4,610.52	0.00	0.00	4,610.52
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	G0906	GE HEALTHCARE FIN SRVS					4,610.52	0.00	0.00	4,610.52
Vendor#	Vendor Name				Class	Pay Code				
12404	GE PRECISION HEALTHCARE, LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6002725804		08/01/202	08/01/202	08/31/202			86.67	0.00	0.00	86.67
6002725805		08/01/202	08/01/202	08/31/202			2,422.50	0.00	0.00	2,422.50
6002725810		08/01/202	08/01/202	08/31/202			5,665.83	0.00	0.00	5,665.83
6002725806		08/01/202	08/01/202	08/31/202			61.67	0.00	0.00	61.67
6002725803		08/01/202	08/01/202	08/31/202			3,588.58	0.00	0.00	3,588.58
6002726128		08/13/202	08/01/202	08/31/202			216.10	0.00	0.00	216.10
	AUGUST SERVICE PERIOD									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	12404	GE PRECISION HEALTHCARE, LLC					12,041.35	0.00	0.00	12,041.35
Vendor#	Vendor Name				Class	Pay Code				
W1300	GRAINGER				M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9199646168		08/01/202	07/30/202	08/29/202			30.40	0.00	0.00	30.40
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	W1300	GRAINGER					30.40	0.00	0.00	30.40
Vendor#	Vendor Name				Class	Pay Code				
12948	GREAT AMERICA FINANCIAL SVCS									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
37136421A		07/31/202	08/02/202	08/31/202			10,397.34	0.00	0.00	10,397.34
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net

	12948	GREAT AMERICA FINANCIAL SVCS					10,397.34	0.00	0.00	10,397.34
Vendor#	Vendor Name				Class	Pay Code				
G1210	GULF COAST PAPER COMPANY				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	2558981		08/01/202	08/06/202	09/05/202			62.98	0.00	0.00	62.98
	2558980		08/01/202	08/06/202	09/05/202			62.98	0.00	0.00	62.98
	2558979		08/01/202	08/06/202	09/05/202			189.13	0.00	0.00	189.13
	2558984		08/01/202	08/06/202	09/05/202			62.98	0.00	0.00	62.98
	2558986		08/01/202	08/06/202	09/06/202			1,439.28	0.00	0.00	1,439.28
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		G1210	GULF COAST PAPER COMPANY					1,817.35	0.00	0.00	1,817.35
Vendor#	Vendor Name				Class	Pay Code				
12380	HEALTH SOLUTIONS DIETETICS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	070524A		08/13/202	08/08/202	08/08/202			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				
H0031	HEB CREDIT RECEIVABLES DEPT308									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	4477		08/15/202	07/29/202	08/25/202			71.85	0.00	0.00	71.85
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		H0031	HEB CREDIT RECEIVABLES DEPT308					71.85	0.00	0.00	71.85
Vendor#	Vendor Name				Class	Pay Code				
14916	HEWLETT-PACKARD									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	100000324601		07/23/202	07/18/202	09/01/202			573.53	0.00	0.00	573.53
		SEPTEMBER									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14916	HEWLETT-PACKARD					573.53	0.00	0.00	573.53
Vendor#	Vendor Name				Class	Pay Code				
H1610	HOBBY LOBBY				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	073124		07/31/202	07/31/202	08/15/202			448.75	0.00	0.00	448.75
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		H1610	HOBBY LOBBY					448.75	0.00	0.00	448.75
Vendor#	Vendor Name				Class	Pay Code				
10922	HUNTER PHARMACY SERVICES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	6113		07/31/202	07/31/202	08/20/202			14,936.01	0.00	0.00	14,936.01
		PHARM SALARY									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10922	HUNTER PHARMACY SERVICES					14,936.01	0.00	0.00	14,936.01
Vendor#	Vendor Name				Class	Pay Code				
14976	INOVALON PROVIDER INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	24M0105913		08/06/202	08/06/202	09/05/202			736.56	0.00	0.00	736.56
		SCHEDULIONG 8/1/24 - 8/31/24									

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

Vendor#	Vendor Name	Class	Pay Code
14540	JINDAL X LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
202425030		07/31/202	08/08/202	08/22/202			9,000.00	0.00	0.00	9,000.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14540	JINDAL X LLC	9,000.00	0.00	0.00	9,000.00

Vendor#	Vendor Name	Class	Pay Code
15608	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
BELJOH0002		08/15/202	08/06/202	08/06/202			0.94	0.00	0.00	0.94

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15608	[redacted]	0.94	0.00	0.00	0.94

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
32677890		07/17/202	06/13/202	07/13/202			1,070.08	0.00	0.00	1,070.08

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	K0530	KCI USA	1,070.08	0.00	0.00	1,070.08

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
80875660		08/13/202	07/27/202	08/21/202			36.29	0.00	0.00	36.29

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	L0700	LABCORP OF AMERICA HOLDINGS	36.29	0.00	0.00	36.29

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
080224		08/15/202	08/02/202	08/28/202			888.01	0.00	0.00	888.01

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	L1640	LOWE'S BUSINESS ACCT/SYNCB	888.01	0.00	0.00	888.01

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
081224		08/15/202	08/12/202	08/12/202			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
M2178	MCKESSON MEDICAL SURGICAL INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
21809374		08/01/202	03/07/202	04/15/202			233.51	0.00	0.00	233.51
21815895		08/01/202	03/08/202	04/15/202			77.41	0.00	0.00	77.41
21766665		08/14/202	02/27/202	03/15/202			1,343.97	0.00	0.00	1,343.97
21782711		08/14/202	03/01/202	04/15/202			1,109.51	0.00	0.00	1,109.51
22223054		08/14/202	06/12/202	07/15/202			180.56	0.00	0.00	180.56

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	2,944.96	0.00	0.00	2,944.96

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
192603		07/31/202	05/31/202	06/25/202			2,041.63	0.00	0.00	2,041.63
	COLLECTION FEES 05/24									
192604		07/31/202	05/31/202	06/25/202			2,623.75	0.00	0.00	2,623.75
	COLLECTION FEES 05/24									
193294		07/31/202	06/30/202	07/25/202			987.42	0.00	0.00	987.42
193295		07/31/202	06/30/202	07/25/202			2,132.76	0.00	0.00	2,132.76
	COLLECTION FEES 06/24									
193963		07/31/202	06/30/202	07/25/202			67.46	0.00	0.00	67.46

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11141	MEDICAL DATA SYSTEMS, INC.	7,853.02	0.00	0.00	7,853.02

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2330193407		08/07/202	08/07/202	09/01/202			71.10	0.00	0.00	71.10
2330193421		08/07/202	08/07/202	09/01/202			3,153.01	0.00	0.00	3,153.01
2330193414		08/07/202	08/07/202	09/01/202			7,429.17	0.00	0.00	7,429.17
2330191999		08/07/202	08/07/202	09/01/202			24.32	0.00	0.00	24.32
2330193412		08/14/202	08/07/202	09/01/202			95.10	0.00	0.00	95.10
2330193411		08/14/202	08/07/202	09/01/202			101.42	0.00	0.00	101.42
2330193418		08/14/202	08/07/202	09/01/202			818.20	0.00	0.00	818.20
2330193400		08/14/202	08/07/202	09/01/202			3.21	0.00	0.00	3.21
2330193401		08/14/202	08/07/202	09/01/202			2,612.12	0.00	0.00	2,612.12
23330193423		08/14/202	08/07/202	09/01/202			119.10	0.00	0.00	119.10
2330193403		08/14/202	08/07/202	09/01/202			1,159.31	0.00	0.00	1,159.31
2330193422		08/14/202	08/07/202	09/01/202			5.62	0.00	0.00	5.62
2330193416		08/14/202	08/07/202	09/01/202			99.90	0.00	0.00	99.90
2330746458		08/14/202	08/10/202	09/04/202			30.92	0.00	0.00	30.92

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	15,722.50	0.00	0.00	15,722.50

Vendor#	Vendor Name	Class	Pay Code
12204	MEMORIAL MEDICAL CENTER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
080824		08/15/202	08/08/202	08/08/202			14.50	0.00	0.00	14.50

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

Vendor#	Vendor Name	Class	Pay Code
10963	MEMORIAL MEDICAL CLINIC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081224		08/15/202	08/12/202				119.00	0.00	0.00	119.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10963	MEMORIAL MEDICAL CLINIC	119.00	0.00	0.00	119.00

Vendor#	Vendor Name	Class	Pay Code
10764	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081324		08/14/202	08/13/202	08/13/202			249.08	0.00	0.00	249.08

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10764	[redacted]	249.08	0.00	0.00	249.08

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CM43084		08/13/202	07/30/202	08/09/202			-8.80	0.00	0.00	-8.80
2273188		08/13/202	07/30/202	08/09/202			352.19	0.00	0.00	352.19
2273189		08/13/202	07/30/202	08/09/202			1,384.16	0.00	0.00	1,384.16
2273187		08/13/202	07/30/202	08/09/202			6.21	0.00	0.00	6.21
2278598	SUPPLIES	08/13/202	07/31/202	08/10/202			365.85	0.00	0.00	365.85
2278599	SUPPLIES	08/13/202	07/31/202	08/10/202			6.15	0.00	0.00	6.15
2283347	SUPPLIES	08/13/202	08/01/202	08/11/202			994.42	0.00	0.00	994.42
2280346	SUPPLIES	08/13/202	08/01/202	08/11/202			88.07	0.00	0.00	88.07
2283348	SUPPLIES	08/13/202	08/01/202	08/11/202			688.05	0.00	0.00	688.05
2289567	SUPPLIES	08/13/202	08/04/202	08/14/202			323.82	0.00	0.00	323.82
2289566		08/13/202	08/04/202	08/14/202			853.41	0.00	0.00	853.41
2293343	SUPPLIES	08/13/202	08/05/202	08/15/202			415.63	0.00	0.00	415.63
2293342		08/13/202	08/05/202	08/15/202			177.03	0.00	0.00	177.03
2293142		08/13/202	08/05/202	08/15/202			5,550.92	0.00	0.00	5,550.92
2294346		08/13/202	08/05/202	08/15/202			2.38	0.00	0.00	2.38
2293143	SUPPLIES	08/13/202	08/05/202	08/15/202			1.01	0.00	0.00	1.01
2299100	SUPPLIES	08/13/202	08/06/202	08/06/202			116.96	0.00	0.00	116.96
2299099		08/13/202	08/06/202	08/16/202			440.69	0.00	0.00	440.69
2303842		08/13/202	08/07/202	08/17/202			1,228.96	0.00	0.00	1,228.96

	SUPPLIES							
2303438		08/13/202	08/07/202	08/17/202	26.06	0.00	0.00	26.06
2303841		08/13/202	08/07/202	08/17/202	164.43	0.00	0.00	164.43
	SUPPLIES							
2302392		08/13/202	08/07/202	08/17/202	35.20	0.00	0.00	35.20
	SUPPLIES							
2302527		08/13/202	08/07/202	08/17/202	40.22	0.00	0.00	40.22
	SUPPLIES							
2307707		08/13/202	08/08/202	08/18/202	210.87	0.00	0.00	210.87
2307706		08/13/202	08/08/202	08/18/202	239.56	0.00	0.00	239.56
2307705		08/13/202	08/08/202	08/18/202	12.12	0.00	0.00	12.12

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	13,715.57	0.00	0.00	13,715.57

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8801168892		08/06/202	07/26/202	08/25/202			295.35	0.00	0.00	295.35

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2659	MXR IMAGING, INC	295.35	0.00	0.00	295.35

Vendor#	Vendor Name	Class	Pay Code
11472	OCCUPRO LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
36558		08/07/202	08/07/202	09/06/202			486.68	0.00	0.00	486.68

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11472	OCCUPRO LLC	486.68	0.00	0.00	486.68

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
36655051		08/01/202	08/07/202	09/06/202			1,125.00	0.00	0.00	1,125.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	O1500	OLYMPUS AMERICA INC	1,125.00	0.00	0.00	1,125.00

Vendor#	Vendor Name	Class	Pay Code
11155	PARAREV		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
918670		08/01/202	08/01/202	08/31/202			3,084.00	0.00	0.00	3,084.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11155	PARAREV	3,084.00	0.00	0.00	3,084.00

Vendor#	Vendor Name	Class	Pay Code
10032	PHILIPS HEALTHCARE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9024840261		08/01/202	02/21/202	03/22/202			244.94	0.00	0.00	244.94

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10032	PHILIPS HEALTHCARE	244.94	0.00	0.00	244.94

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
4075		08/13/202	04/26/202	05/01/202			600.00	0.00	0.00	600.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12708	POC ELECTRIC, LLC	600.00	0.00	0.00	600.00

Vendor#	Vendor Name	Class	Pay Code
12480	PRO ENERGY PARTNERS LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
24070600		08/01/202	08/08/202	08/23/202			2,080.47	0.00	0.00	2,080.47

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12480	PRO ENERGY PARTNERS LLC	2,080.47	0.00	0.00	2,080.47

Vendor#	Vendor Name	Class	Pay Code
15604	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
HERROS0001		08/15/202	08/07/202	08/07/202			120.00	0.00	0.00	120.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15604	[redacted]	120.00	0.00	0.00	120.00

Vendor#	Vendor Name	Class	Pay Code
11476	SAMS CLUB		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
072024		08/14/202	07/20/202	08/08/202			237.08	0.00	0.00	237.08

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11476	SAMS CLUB	237.08	0.00	0.00	237.08

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
5315		08/13/202	07/31/202	07/31/202			11.00	0.00	0.00	11.00
5535		08/13/202	07/31/202	07/31/202			237.60	0.00	0.00	237.60
5148		08/13/202	08/01/202	08/01/202			356.68	0.00	0.00	356.68
5147		08/13/202	08/01/202	08/01/202			120.01	0.00	0.00	120.01
10548		08/13/202	08/01/202	08/01/202			680.33	0.00	0.00	680.33

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14716	SINGLETON ASSOCIATES PA	1,405.62	0.00	0.00	1,405.62

Vendor#	Vendor Name	Class	Pay Code
S2345	SOUTHEAST TEXAS HEALTH SYS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
26945		07/31/202	07/01/202	07/31/202			6,250.00	0.00	0.00	6,250.00

2024 QT July, Aug. & Sept.

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S2345	SOUTHEAST TEXAS HEALTH SYS	6,250.00	0.00	0.00	6,250.00

Vendor#	Vendor Name	Class	Pay Code
C1010	SPARKLIGHT	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
080124		08/13/202	08/01/202	08/02/202			1,842.00	0.00	0.00	1,842.00
	INTERNET 0824 SERVICE PERIOI									
080624		08/13/202	08/06/202	08/07/202			404.05	0.00	0.00	404.05
	CABLE 0824 SERVICE PERIOD									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1010	SPARKLIGHT	2,246.05	0.00	0.00	2,246.05

Vendor#	Vendor Name	Class	Pay Code

11772 STERIS INSTRUMENT MANAGEMENT

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2838092		08/13/202	08/07/202	09/06/202			337.00	0.00	0.00	337.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11772	STERIS INSTRUMENT MANAGEMENT	337.00	0.00	0.00	337.00

Vendor# Vendor Name — Class — Pay Code

15092 STEVE BROCK

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081424		08/15/202	08/14/202	08/14/202			383.92	0.00	0.00	383.92
	EXPENSES Conference 7/24/24 - 7/27/24									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15092	STEVE BROCK	383.92	0.00	0.00	383.92

Vendor# Vendor Name — Class — Pay Code

15244 TEXAS ELITE THERAPY TEAM LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
073124		07/31/202	07/31/202	07/31/202			15,650.00	0.00	0.00	15,650.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15244	TEXAS ELITE THERAPY TEAM LLC	15,650.00	0.00	0.00	15,650.00

Vendor# Vendor Name — Class — Pay Code

14372 TRIAGE, LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV1796995708		08/07/202	08/02/202	09/01/202			3,467.50	0.00	0.00	3,467.50
	RAD STAFFING									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14372	TRIAGE, LLC	3,467.50	0.00	0.00	3,467.50

Vendor# Vendor Name — Class — Pay Code

11067 TRIZETTO PROVIDER SOLUTIONS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
35FK082400		08/01/202	08/01/202	08/26/202			1,587.97	0.00	0.00	1,587.97

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11067	TRIZETTO PROVIDER SOLUTIONS	1,587.97	0.00	0.00	1,587.97

Vendor# Vendor Name — Class — Pay Code

10841 TRUBRIDGE, LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
T240801378		08/14/202	08/08/202				9,592.34	0.00	0.00	9,592.34

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10841	TRUBRIDGE, LLC	9,592.34	0.00	0.00	9,592.34

Vendor# Vendor Name — Class — Pay Code

10885 TTUHSC - HEALTH.EDU

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2409425		08/05/202	08/01/202	08/31/202			6,826.51	0.00	0.00	6,826.51
	SEPT CONT EDU SERVICES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10885	TTUHSC - HEALTH.EDU	6,826.51	0.00	0.00	6,826.51

Vendor# Vendor Name — Class — Pay Code

U1064 UNIFIRST HOLDINGS INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2921039091		08/01/202	08/05/202	09/04/202			208.36	0.00	0.00	208.36
2921039090		08/01/202	08/05/202	09/04/202			3,235.12	0.00	0.00	3,235.12
2921038891		08/05/202	08/01/202	08/31/202			318.12	0.00	0.00	318.12

2921038893		08/05/202	08/01/202	08/31/202	215.39	0.00	0.00	215.39
	LAUNDRY							
2921038894		08/05/202	08/01/202	08/31/202	113.81	0.00	0.00	113.81
2921038887		08/05/202	08/01/202	08/31/202	134.20	0.00	0.00	134.20
2921038890		08/05/202	08/01/202	08/31/202	34.04	0.00	0.00	34.04
	LAUNDRY							
2921038892		08/05/202	08/01/202	08/31/202	282.90	0.00	0.00	282.90
2921038888		08/05/202	08/01/202	08/31/202	326.96	0.00	0.00	326.96
	LAUNDRY							
2921038889		08/05/202	08/01/202	08/31/202	2,484.75	0.00	0.00	2,484.75
2921039418		08/13/202	08/08/202	09/02/202	397.11	0.00	0.00	397.11
2921039417		08/13/202	08/08/202	09/02/202	34.04	0.00	0.00	34.04

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	7,784.80	0.00	0.00	7,784.80

Vendor#	Vendor Name	Class	Pay Code
12400	UPDOX LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV00517339		07/31/202	08/06/202	09/06/202			1,238.38	0.00	0.00	1,238.38

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12400	UPDOX LLC	1,238.38	0.00	0.00	1,238.38

Vendor#	Vendor Name	Class	Pay Code
I1110	WERFEN USA LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9111582878		08/01/202	08/07/202	09/01/202			1,953.00	0.00	0.00	1,953.00
9111586076		08/01/202	08/12/202	09/06/202			1,253.79	0.00	0.00	1,253.79

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	3,206.79	0.00	0.00	3,206.79

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	378,300.24	0.00	0.00	378,300.24

APPROVED ON

AUG 15 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

378,300.24 +
4,038.24 -
374,262.00 ◊

Pg. 2 no invoice

Chk#205275 - 205346

RECEIVED BY THE
COUNTY AUDITOR ON

AUG 19 2024

08/19/2024
11:26

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 09/06/2024

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
S1800	SHERWIN WILLIAMS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
073124		08/16/202	07/31/202	08/20/202			163.21	0.00	0.00	163.21

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S1800	SHERWIN WILLIAMS	163.21	0.00	0.00	163.21

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	163.21	0.00	0.00	163.21

APPROVED ON

AUG 19 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 205332

RECEIVED BY THE COUNTY AUDITOR ON

AUG 19 2024

08/19/2024 MEMORIAL MEDICAL CENTER 0

11:24 AP Open Invoice List ap_open_invoice.template

Due Dates Through: 09/06/2024

CALHOUN COUNTY, TEXAS

Vendor#	Vendor Name	Class	Pay Code
14064	CAPITAL ONE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1656899187		08/19/202	07/19/202	08/13/202			955.69	0.00	0.00	955.69

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14064	CAPITAL ONE	955.69	0.00	0.00	955.69

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	955.69	0.00	0.00	955.69

APPROVED ON

AUG 19 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 205285

RECEIVED BY THE COUNTY AUDITOR ON

AUG 19 2024

CALHOUN COUNTY, TEXAS

08/19/2024
11:26

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 09/06/2024

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
15396	THIRD COAST DISTRIBUTING LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
073124		08/16/202	07/31/202	08/02/202			984.99	0.00	0.00	984.99

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15396	THIRD COAST DISTRIBUTING LLC	984.99	0.00	0.00	984.99

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	984.99	0.00	0.00	984.99

APPROVED ON

AUG 19 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 205339

Ø

RUN DATE:08/20/24 TIME:14:45 | MEMORIAL MEDICAL CENTER
CHECK REGISTER
08/21/24 THRU 08/21/24 | PAGE 1
GLCKREG

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	205275	08/21/24	879.90	ADVANCED STERILIZATION PRODUCT
A/P	205276	08/21/24	585.23	AIRGAS USA, LLC - CENTRAL DIV
A/P	205277	08/21/24	76.89	AMAZON CAPITAL SERVICES
A/P	205278	08/21/24	740.00	AMERISOURCEBERGEN DRUG CORP
A/P	205279	08/21/24	7.84	ASD HEALTHCARE
A/P	205280	08/21/24	15,170.62	BECKMAN COULTER INC
A/P	205281	08/21/24	889.16	BIO-RAD LABORATORIES, INC
A/P	205282	08/21/24	47.75	BLUE CROSS BLUE SHIELD REFUND
A/P	205283	08/21/24	168.00	CABLES AND SENSORS
A/P	205284	08/21/24	42,278.04	CALHOUN COUNTY
A/P	205285	08/21/24	955.69	CAPITAL ONE
A/P	205286	08/21/24	61,950.26	CITIZENS MEDICAL CENTER
A/P	205287	08/21/24	348.00	CLARITY ENROLLMENT SOLUTIONS
A/P	205288	08/21/24	2,371.80	CORROHEALTH, INC.
A/P	205289	08/21/24	33,001.79	CULINARY CONCESSIONS LLC
A/P	205290	08/21/24	733.52	DETAR HOSPITAL
A/P	205291	08/21/24	392.69	DEWITT POTH & SON
A/P	205292	08/21/24	31,144.58	DIAMOND HEALTHCARE CORP
A/P	205293	08/21/24	2,255.10	DOOR CONTROL SERVICES, INC
A/P	205294	08/21/24	476.75	ECLINICAL WORKS LLC
A/P	205295	08/21/24	220.00	ECOLAB
A/P	205296	08/21/24	10,701.07	FISHER HEALTHCARE
A/P	205297	08/21/24	4,610.52	GE HEALTHCARE FIN SRVS
A/P	205298	08/21/24	12,041.35	GE PRECISION HEALTHCARE, LLC
A/P	205299	08/21/24	30.40	GRAINGER
A/P	205300	08/21/24	10,397.34	GREAT AMERICA FINANCIAL SVCS
A/P	205301	08/21/24	1,817.35	GULF COAST PAPER COMPANY
A/P	205302	08/21/24	3,400.00	HEALTH SOLUTIONS DIETETICS
A/P	205303	08/21/24	71.85	HEB CREDIT RECEIVABLES DEPT308
A/P	205304	08/21/24	573.53	HEWLETT-PACKARD
A/P	205305	08/21/24	448.75	HOBBY LOBBY
A/P	205306	08/21/24	14,936.01	HUNTER PHARMACY SERVICES
A/P	205307	08/21/24	736.56	INOVALON PROVIDER INC.
A/P	205308	08/21/24	9,000.00	JINDAL X LLC
A/P	205309	08/21/24	.94	[redacted]
A/P	205310	08/21/24	1,070.08	XCI USA
A/P	205311	08/21/24	36.29	LABCORP OF AMERICA HOLDINGS
A/P	205312	08/21/24	888.01	LOWE'S BUSINESS ACCT/SYNCB
A/P	205313	08/21/24	895.00	M G TRUST
A/P	205314	08/21/24	2,944.96	MCKESSON MEDICAL SURGICAL INC
A/P	205315	08/21/24	7,853.02	MEDICAL DATA SYSTEMS, INC.
A/P	205316	08/21/24	.00	VOIDED
A/P	205317	08/21/24	15,722.50	MEDLINE INDUSTRIES INC
A/P	205318	08/21/24	14.50	MEMORIAL MEDICAL CENTER
A/P	205319	08/21/24	119.00	MEMORIAL MEDICAL CLINIC
A/P	205320	08/21/24	249.08	[redacted]
A/P	205321	08/21/24	.00	VOIDED
A/P	205322	08/21/24	13,715.57	MORRIS & DICKSON CO, LLC
A/P	205323	08/21/24	295.35	MXR IMAGING, INC
A/P	205324	08/21/24	486.68	OCCUPRO LLC

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	205325	08/21/24	1,125.00	OLYMPUS AMERICA INC
A/P	205326	08/21/24	3,084.00	PARAREV
A/P	205327	08/21/24	244.94	PHILIPS HEALTHCARE
A/P	205328	08/21/24	600.00	POC ELECTRIC, LLC
A/P	205329	08/21/24	2,080.47	PRO ENERGY PARTNERS LLC
A/P	205330	08/21/24	120.00	[redacted]
A/P	205331	08/21/24	237.08	SAMS CLUB
A/P	205332	08/21/24	163.21	SHERWIN WILLIAMS
A/P	205333	08/21/24	1,405.62	SINGLETON ASSOCIATES PA
A/P	205334	08/21/24	6,250.00	SOUTHEAST TEXAS HEALTH SYS
A/P	205335	08/21/24	2,246.05	SPARKLIGHT
A/P	205336	08/21/24	337.00	STERIS INSTRUMENT MANAGEMENT
A/P	205337	08/21/24	383.92	STEVE BROCK
A/P	205338	08/21/24	15,650.00	TEXAS ELITE THERAPY TEAM LLC
A/P	205339	08/21/24	984.99	THIRD COAST DISTRIBUTING LLC
A/P	205340	08/21/24	3,467.50	TRIAGE, LLC
A/P	205341	08/21/24	1,587.97	TRIZETTO PROVIDER SOLUTIONS
A/P	205342	08/21/24	9,592.34	TRUBRIDGE, LLC
A/P	205343	08/21/24	6,826.51	TTUHSC - HEALTH.EDU
A/P	205344	08/21/24	7,784.80	UNIFIRST HOLDINGS INC
A/P	205345	08/21/24	1,238.38	UPDOX LLC
A/P	205346	08/21/24	3,206.79	WERFEN USA LLC
A/P	205347	08/21/24	8,495.73	ASHFORD GARDENS
A/P	205348	08/21/24	64,592.50	BETHANY SENIOR LIVING
A/P	205349	08/21/24	3,332.79	BROADMOOR AT CREEKSIDE PARK
A/P	205350	08/21/24	2,655.10	FORTBEND HEALTHCARE CENTER
A/P	205351	08/21/24	11,753.73	GOLDENCREEK HEALTHCARE
A/P	205352	08/21/24	2,624.83	SOLERA WEST HOUSTON
A/P	205353	08/21/24	2,280.03	THE CRESCENT
A/P	205354	08/21/24	16,034.95	TUSCANY VILLAGE
TOTALS:			488,135.55	

Pay. 374.262.00 +
163.21 +
Criticals 955.69 +
984.99 +
NHKfers 111.769.66 +
488.135.55 ◇

APPROVED ON
AUG 21 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 08/16/2024 Page: 002

DC: 8115
Customer INV SuppID:
Territory:

Customer: 632536
Date: 08/17/2024

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

As of: 08/16/2024 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536
Date: 08/17/2024

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 10,926.88 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/07/2017 2,451.97

If Paid By 08/20/2024, Pay This Amount: 10,708.30 USD

If Paid After 08/20/2024, Pay this Amount: 10,926.88 USD

Due If Paid On Time: USD 10,708.30

Disc lost if paid late: 218.58

Due If Paid Late: USD 10,926.88

✓ Andrew De Los Santos
8/19/2024

10,694.72 +
9.99 +
3.59 +
10,708.30 ◇

APPROVED ON
AUG 19 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 08/16/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 08/17/2024

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 08/16/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 08/17/2024

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342	**WALMART 1098/MEM MED PHS**										
08/10/2024	08/20/2024	7513850639	116604680	115Invoice	0.03	1.58		1.55		7513850639	
08/10/2024	08/20/2024	7513850640	203279868	115Invoice	0.01	0.32		0.31		7513850640	
08/12/2024	08/20/2024	7514108327	205504554	115Invoice		0.08		0.08		7514108327	
08/12/2024	08/20/2024	7514108328	207765029	115Invoice	0.02	1.06		1.04		7514108328	
08/12/2024	08/20/2024	7514108329	207629508	115Invoice	0.83	41.42		40.59		7514108329	
08/12/2024	08/20/2024	7514108330	207699360	115Invoice	0.83	41.42		40.59		7514108330	
08/12/2024	08/20/2024	7514108331	207629508	115Invoice	1.60	79.85		78.25		7514108331	
08/12/2024	08/20/2024	7514108332	207813630	115Invoice	15.68	784.22		768.54		7514108332	
08/13/2024	08/20/2024	7514386024	207924212	115Invoice	0.01	0.63		0.62		7514386024	
08/13/2024	08/20/2024	7514386025	200617725	115Invoice	0.01	0.32		0.31		7514386025	
08/13/2024	08/20/2024	7514386026	204544102	115Invoice	45.05	2,252.47		2,207.42		7514386026	
08/13/2024	08/20/2024	7514386027	205923916	115Invoice	0.01	0.32		0.31		7514386027	
08/13/2024	08/20/2024	7514386028	205987101	115Invoice	0.02	0.95		0.93		7514386028	
08/13/2024	08/20/2024	7514386029	116145158	163Invoice	2.20	110.24		108.04		7514386029	
08/13/2024	08/20/2024	7514386030	205504554	115Invoice	5.23	261.41		256.18		7514386030	
08/13/2024	08/20/2024	7514386031	116526876	195Invoice	6.34	317.09		310.75		7514386031	
08/13/2024	08/20/2024	7514386032	116148618	115Invoice	4.30	214.85		210.55		7514386032	
08/13/2024	08/20/2024	7514386034	116270035	115Invoice	0.01	0.32		0.31		7514386034	
08/13/2024	08/20/2024	7514386035	200759664	163Invoice	0.04	1.90		1.86		7514386035	
08/13/2024	08/20/2024	7514386037	203279868	115Invoice	0.01	0.32		0.31		7514386037	
08/13/2024	08/20/2024	7514386038	203400302	115Invoice	0.01	0.63		0.62		7514386038	
08/13/2024	08/20/2024	7514386039	116143499	195Invoice	0.04	1.90		1.86		7514386039	
08/14/2024	08/20/2024	7514656991	116332519	115Invoice	0.04	1.90		1.86		7514656991	
08/14/2024	08/20/2024	7514656992	116396178	115Invoice	0.02	0.95		0.93		7514656992	
08/14/2024	08/20/2024	7514656993	207994362	115Invoice	1.66	82.84		81.18		7514656993	
08/14/2024	08/20/2024	7514656994	202360005	115Invoice	18.67	933.27		914.60		7514656994	
08/14/2024	08/20/2024	7514656995	205147848	115Invoice	1.56	77.95		76.39		7514656995	
08/14/2024	08/20/2024	7514656996	205374099	115Invoice	3.12	155.90		152.78		7514656996	
08/14/2024	08/20/2024	7514656997	116672418	115Invoice	18.67	933.28		914.61		7514656997	
08/14/2024	08/20/2024	7514656998	200177764	115Invoice	18.67	933.28		914.61		7514656998	
08/14/2024	08/20/2024	7514656999	204648065	115Invoice	17.12	855.76		838.64		7514656999	

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 08/16/2024 Page: 002

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 256342
Date: 08/17/2024

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 08/16/2024 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 08/17/2024

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
08/15/2024	08/20/2024	7514923249	116384277	115Invoice	0.04	1.90		1.86		7514923249	
08/15/2024	08/20/2024	7514923250	200617725	115Invoice	0.01	0.32		0.31		7514923250	
08/15/2024	08/20/2024	7514923251	206692083	115Invoice	1.56	77.95		76.39		7514923251	
08/15/2024	08/20/2024	7514923252	207060963	115Invoice	4.68	233.85		229.17		7514923252	
08/15/2024	08/20/2024	7514923253	204544102	115Invoice	22.52	1,126.23		1,103.71		7514923253	
08/15/2024	08/20/2024	7514923254	206089777	115Invoice	22.52	1,126.23		1,103.71		7514923254	
08/15/2024	08/20/2024	7514923255	203400302	115Invoice	0.01	0.32		0.31		7514923255	
08/15/2024	08/20/2024	7514923256	205147848	115Invoice	0.01	0.32		0.31		7514923256	
08/15/2024	08/20/2024	7514923257	205726489	115Invoice	0.02	0.95		0.93		7514923257	
08/15/2024	08/20/2024	7514923258	206211124	115Invoice	0.01	0.32		0.31		7514923258	
08/15/2024	08/20/2024	7514923259	201014317	115Invoice	1.00	50.24		49.24		7514923259	
08/15/2024	08/20/2024	7514923260	205576447	115Invoice	4.12	205.97		201.85		7514923260	

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: 10,913.03 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 8,341.07
08/12/2024

If Paid By 08/20/2024, Pay This Amount: 10,694.72 USD

If Paid After 08/20/2024, Pay this Amount: 10,913.03 USD

Due If Paid On Time:
USD 10,694.72

Disc lost if paid late: 218.31

Due If Paid Late:
USD 10,913.03

APPROVED ON
AUG 19 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Andrew Dale Sanders
8/19/2024

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: 08/16/2024 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 820405
Date: 08/17/2024

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

As of: 08/16/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405
Date: 08/17/2024

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 820405 HEB PHCY WHSE/MEM MED PHS											
08/12/2024	08/20/2024	7513848943	B2408-055-169548	115Invoice	0.10	5.01		4.91		7513848943	
08/13/2024	08/20/2024	7514200909	B2408-055-169885	115Invoice	0.10	5.18		5.08		7514200909	

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: 10.19 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 8,341.07
08/12/2024

If Paid By 08/20/2024, Pay This Amount: 9.99 USD

If Paid After 08/20/2024, Pay this Amount: 10.19 USD

Due If Paid On Time: USD 9.99

Disc lost if paid late: 0.20

Due If Paid Late: USD 10.19

APPROVED ON
AUG 19 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

✓ Andrea De Los Santos
8/19/2024

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 08/16/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835437
Date: 08/17/2024

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

As of: 08/16/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835437
Date: 08/17/2024

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835437 CVS PHCY 7416/MEM MC PHS											
08/14/2024	08/20/2024	7514671591	3452164	115Invoice	0.07	3.66		3.59		7514671591	

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: 3.66 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 8,341.07
08/12/2024

If Paid By 08/20/2024, Pay This Amount: 3.59 USD

If Paid After 08/20/2024, Pay this Amount: 3.66 USD

Due If Paid On Time: USD 3.59

Disc lost if paid late: 0.07

Due If Paid Late: USD 3.66

APPROVED ON
AUG 19 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Andrew De Los Santos
8/19/2024

For AR Inquiries please contact 800-867-0333

AmerisourceBergen

STATEMENT

Statement Number: 68040943
Date: 08-16-2024

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:	3,155.74
Past Due:	0.00
Total Due:	3,155.74
Account Balance:	3,155.74

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
08-12-2024	08-23-2024	3184784665	7007301724	Invoice	2,288.36		0.00	2,288.36
08-12-2024	08-23-2024	3184784666	7007308858	Invoice	238.09		0.00	238.09
08-12-2024	08-23-2024	3184784667	7007318169	Invoice	75.10		0.00	75.10
08-12-2024	08-23-2024	3184784668	7007320207	Invoice	72.71		0.00	72.71
08-13-2024	08-23-2024	3184944579	7007326207	Invoice	137.30		0.00	137.30
08-13-2024	08-23-2024	3184945100	7007326545	Invoice	233.46		0.00	233.46
08-14-2024	08-23-2024	3185098913	7007337513	Invoice	17.61		0.00	17.61
08-15-2024	08-23-2024	3185257235	7007344086	Invoice	93.11		0.00	93.11

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
3,155.74	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
08-16-2024	(6,259.36)

APPROVED ON
AUG 19 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
08-23-2024	3,155.74
Total Due:	3,155.74

Andrew DeLos Santos
8/19/2024

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"	★	$ 177.42 #
"1 TO CONFIRM"		1
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 100.86 #
"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 23.60 #
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 52.96 #
☐ "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:	$ 1,077.68				$ -		$ 1,077.68
DEDUCTIONS:							
A/R	$ -						$ -
ADVANC							$ -
BOOTS							$ -
MUTUAL CRITICAL ILLNESS							$ -
MUTUAL ACCIDENT							$ -
IRS TAX							$ -
MUTUAL SHORT TERM DIS							$ -
MUTUAL VISION	$ 3.36						$ 3.36
CAFÉ-D	$ 9.60						$ 9.60
CAFÉ-H	$ 167.89						$ 167.89
	$ -						$ -
	$ -						$ -
CAFÉ-P							$ -
CANCER							$ -
CHILD	$ -						$ -
CLINIC	$ -						$ -
COMBIN	$ -						$ -
CREDUN	$ -						$ -
DENTAL	$ -						$ -
DEP-LF							$ -
MUTUAL TERM LIFE	$ -						$ -
MUTUAL HOSP INDEM	$ -						$ -
FED TAX	$ 52.96						$ 52.96
FICA-M	$ 11.80						$ 11.80
FICA-O	$ 50.43						$ 50.43
FICA-M ADDITIONAL							$ -
FIRST C							$ -
FLEX S	$ 83.33						$ 83.33
FLX-FE	$ -						$ -
GIFT S	$ -						$ -
MUTUAL CRITICAL ILLNESS	$ -						$ -
MUTUAL ACCIDENT	$ 9.44						$ 9.44
MUTUAL SHORT TERM DIS	$ -						$ -
LEGAL	$ 7.00						$ 7.00
OTHER	$ -						$ -
NATIONAL FARM LIFE	$ -						$ -
MED SURCHARGE	$ -						$ -
Blank							$ -
RELAY							$ -
REPAY							$ -
STONEDF	$ -						$ -
STONE							$ -
STONE 2							$ -
STUDEN							$ -
TSA-R	$ 75.44						$ 75.44
UW/HOS	$ -						$ -
TOTAL DEDUCTIONS:	$ 471.25		$ -	$ -	$ -	$ -	$ 471.25
	SHOULD MATCH REPORT		**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$ 606.43		$ -	$ -	$ -	$ -	$ 606.43
	SHOULD MATCH REPORT		**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFÉ 125 PLAN:	$ 264.18		**Less Exempt:**				
TAXABLE PAY:	$ 813.50		$ 813.50				

Exempt Amt:

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 11.80		
FICA - MED (EE)	1.45%	$ 11.80	$ 11.80	$ -
FICA - SOC SEC (ER)	6.20%	$ 50.44		
FICA - SOC SEC (EE)	6.20%	$ 50.44	$ 50.43	$ 0.01
FED WITHHOLDING		$ 52.96	$ 52.96	

Employees over FICA-SS Cap:
Michael Gaines

Paycode S - Employee Reimb.:

TOTAL: $ -

TAX DEPOSIT:		$ 177.44	$ 177.42	
FICA - MEDICARE	2.90%	$ 23.60	$23.60	
FICA - SOCIAL SECURITY	12.40%	$ 100.88	$100.86	**PREPARED BY:**
FED WITHHOLDING		$ 52.96	$52.96	**PREPARED DATE:**
TOTAL TAX:		$ 177.44	$177.42	$ 0.02

Andrie Flores

8/19/2024

Final Summary

-- PayCode Summary --

PayCd	Description	Hrs	OT	SH	WE	HO	CE	Gross
K	EXTENDED-ILLNESS-BANK	48.00	N		N	N	N	850.08
P	PAID-TIME-OFF	8.00	N		N	N	N	227.60

-- Deductions Summary --

Code	Amount					
A/R		A/R2		A/R3		
ADVANC		AWARDS		BCBSVI		
BOOTS		CAFE H		CAFE-1		
CAFE-2		CAFE-3		CAFE-4		
CAFE-5		CAFE-C		CAFE-D	9.60	
CAFE-F		CAFE-H	167.89	CAFE-I		
CAFE-L		CAFE-P		CANCER		
CHILD		CLINIC		COMBIN		
CREDUN		DD ADV		DENTAL		
DEP-LF		DIS-LF		EAT		
EATCSH		FEDTAX	52.96	FICA-M	11.80	
FICA-O	50.43	FIRSTC		FLEX S	83.33	
FLX FE		FORT D		FUIA		
GIFT S		GRANT		GRP-IN		
GTL		HOSP-I		HSA		
ID TFT		IRSTAX		LEAF		
LEGAL		MASA	7.00	MEALS		
METVIS		MISC		MISC/		
MMCSHR		MOOACC	9.44	MOOILL		
MOOIND		MOOLIF		MOOSTD		
MOOVIS	3.36	NATFML		OTHER		
PHI		PHI***		PR FIN		
RELAY		REPAY		SAMS		
SCRUBS		SIGNON		ST-TX		
STONDF		STONE		STONE2		
STUDEN		SUNACC		SUNILL		
SUNIND		SUNLIF		SUNSTD		
SUNVIS		SURCHG		TSA-1		
TSA-2		TSA-C		TSA-P		
TSA-R	75.44	TUTION		UNIFOR		
UW/HOS						

Grand Totals: 56.00 ------- { Gross: 1077.68 Deductions: 471.25 Net: 606.43

Checks Count:- FT 2 PT Other Female 2 Male Credit OverAmt ZeroNet Term Total: 2

Andrea De Los Santos
8/19/2024

Memorial Medical Center
Transfer Request

Amount: $7,225.21 **Date:** 8/19/2024

From Account: Operating *4357

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

APPROVED ON
AUG 19 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Acct Number: **Routing Number:**

Explanation:

Invoice numbers 5573311, 6717099, 6747636, 6764705, 6783041, 6818449

Requested by: Caitlin Clevenger **Date:** 8/19/2024

Authorized by: Andrew DeLos Santos **Date:** 8/19/2024

CHKNO	GRPNO	LOCNO	EMPNO	DEPNO	CLMPRE	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYTO	CVGCD	CVGTP	[redacted]	CODE	VOID	FROMDT	THRUDT	PRVNO
2575	76360	3	21	1	2024	201000148	0	8/12/2024	$20,130.00	1	LIBERTY DIALYSIS VICTORIA	P	465	0	[redacted]	HDI	F	6/1/2024	6/30/2024	262438451

Andrew D. Dos Santos
8/19/2024

APPROVED ON
AUG 19 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Aug 12, 2024 - Aug 18,2024

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritte Check" #
8/16/2024	PAY PLUS ACHTrans 000000032780893 1010006942	- 3rd Party Payor Fee	165.45	9013
8/16/2024	HEALTHEQUITY INC HealthEqui 1356888 91000018	- EmpDeduct/Employer Contribut	1,347.83 *	8005
8/16/2024	EXPERTPAY EXPERTPAY 746003411 91000015257782	-Child Support Payment	570.69 **	8005
8/16/2024	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	6,259.36 *	5006
8/16/2024	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	368,033.99 *	
8/15/2024	PAY PLUS ACHTrans 000000032585374 1010006931	- 3rd Party Payor Fee	137.09	9013
8/15/2024	FDMS FDMS PYMT 052-1743547-000 4100012121085	- Credit Card Machine Lease Fee	40.03	9013
8/15/2024	FDMS FDMS PYMT 052-1743548-000 4100012122187	- Credit Card Machine Lease Fee	80.06	9013
8/15/2024	FDMS FDMS PYMT 052-2100911-000 4100012122922	- Credit Card Machine Lease Fee	45.64	9013
8/15/2024	FDMS FDMS PYMT 052-1737276-000 4100012120661	- Credit Card Machine Lease Fee	120.09	9013
8/15/2024	TEXAS COUNTY DRS RECEIVABLE 0419 21000028816	- Retirement Funding	184,548.86	8005
8/14/2024	PAY PLUS ACHTrans 000000032555207 1010006917	- 3rd Party Payor Fee	12.76	9013
8/14/2024	HARLAND CLARKE CHK ORDERS 18CX538102212RS 91	-Deposit Book Operating	60.36	9013
8/13/2024	PAY PLUS ACHTrans 000000032336891 1010006905	- 3rd Party Payor Fee	95.17	9013
8/13/2024	MCKESSON DRUG AUTO ACH ACH06126423 910000118	- 340B Drug Program Expense	8,341.07 *	5006
8/12/2024	PAY PLUS ACHTrans 000000032189956 1010006993	- 3rd Party Payor Fee	30.90	9013
8/12/2024	TSYS/TRANSFIRST MERCH FEES 39300982541616 61	- Credit Card Processing Fee	736.17	9013
8/12/2024	TSYS/TRANSFIRST MERCH FEES 41399801332419 61	- Credit Card Processing Fee	397.48	9013
8/12/2024	TSYS/TRANSFIRST MERCH FEES 41399801332401 61	- Credit Card Processing Fee	1,219.25	9013
8/12/2024	TSYS/TRANSFIRST MERCH FEES 41399801332393 61	- Credit Card Processing Fee	1,527.14	9013
8/12/2024	TSYS/TRANSFIRST MERCH FEES 41399801332385 61	- Credit Card Processing Fee	240.40	9013
8/12/2024	TSYS/TRANSFIRST MERCH FEES 41399801368397 61	- Credit Card Processing Fee	215.28	9013
			574,225.07	

Andrew De Los Santos
Memorial Medical Center
8/19/2024

* Approved on 8.14.24 cc
** Approved on 8.07.24 cc

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	Amount
8/20/2024	- WEBFILE TAX PYMT DD - Sales Tax	2,208.23
		2,208.23

APPROVED ON
AUG 19 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Andrew De Los Santos
Memorial Medical Center
8/19/2024

574,225.07 +
1,347.83 -
570.69 -
6,259.36 -
368,033.99 -
137.09 -
40.03 -
80.06 -
45.64 -
120.09 -
184,548.86 -
12.76 -
60.36 -
95.17 -
8,341.07 -
30.90 -
736.17 -
397.48 -
1,219.25 -
1,527.14 -
240.40 -
215.28 -
9,341.07 -
5,123.27 ◊
5,123.27 -
0.00 ◊

pay plus
165.45 +
137.09 +
12.76 +
95.17 +
30.90 +
441.37 ◊
0.C

CC lease Fee
40.03 +
80.06 +
45.64 +
120.09 +
285.82 ◊
0.C

Harland clarke
60.36 +
60.36 ◊
0.C

CC proc. Fee
736.17 +
397.48 +
1,219.25 +
1,527.14 +
240.40 +
215.28 +
4,335.72 ◊
0.C

441.37 +
285.82 +
60.36 +
4,335.72 +
5,123.27 ◊

Date/Time	08-06-2024 / 10:41 AM
Submitted By	cclevenger256
Pay Date	07-31-2024
Employee Deposits	$75,679.18
Employer Contributions	$108,869.68
Group Term Life Premiums	$0.00
Total	$184,548.86
Comments	
Payroll File	July 2024 Retirement Upload.xlsx

CLOSE PRINT

Sales and Use Tax

Taxpayer: , MEMORIAL MEDICAL CENTER
Address: 815 N VIRGINIA ST, PORT LAVACA TX 77979-3025
Tax Type: Sales and Use Tax

Return Summary Original Return for Period Ending 07/31/2024 (2407)

Total Amount Due and Payable may not reflect all payments or discounts. Please allow pending payments 3-5 business days to process and appear on this page.

CREDITS TAKEN

Credits Taken

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

Licensed Customs Broker Exported Sales

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

LOCATION SUMMARY

Loc #	Total Texas Sales	Taxable Sales	Taxable Purchases	Subject to State Tax (Rate .0625)	State Tax Due	Subject to Local Tax	Local Tax Rate	Local Tax Due
00004	26,901	26,901	0	26,901	1,681.31	26,901	0.02000	538.02
SubTotal	**26,901**	**26,901**	**0**	**26,901**	**1,681.31**	**26,901**		**538.02**

Total Tax for Locations $2,219.33

Total Tax Due:	$2,219.33
Balance Due:	$2,219.34
Pending Payments:	- $2,208.23

RECEIVED BY THE COUNTY AUDITOR ON

AUG 15 2024

08/15/2024 MEMORIAL MEDICAL CENTER 0

13:15 AP Open Invoice List ap_open_invoice.template

Due Dates Through: 09/07/2024

CALHOUN COUNTY, TEXAS

Vendor#	Vendor Name	Class	Pay Code
11816	ASHFORD GARDENS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081324		08/14/202	08/13/202	09/07/202			8,495.73	0.00	0.00	8,495.73

UHC QIPP Qtr 7 June 2024

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11816	ASHFORD GARDENS	8,495.73	0.00	0.00	8,495.73

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	8,495.73	0.00	0.00	8,495.73

APPROVED ON

AUG 15 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 205347

RECEIVED BY THE COUNTY AUDITOR ON

AUG 15 2024

08/15/2024 MEMORIAL MEDICAL CENTER 0

13:16 AP Open Invoice List ap_open_invoice.template

Due Dates Through: 09/07/2024

Vendor#	Vendor Name	Class	Pay Code
11828	SOLERA WEST HOUSTON		

CALHOUN COUNTY, TEXAS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081324		08/14/202	08/13/202	09/07/202			2,624.83	0.00	0.00	2,624.83

UHC QIPP 4r 7 June 2024

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11828	SOLERA WEST HOUSTON	2,624.83	0.00	0.00	2,624.83

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,624.83	0.00	0.00	2,624.83

APPROVED ON

AUG 15 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 205352

RECEIVED BY THE COUNTY AUDITOR ON

AUG 15 2024

08/15/2024 MEMORIAL MEDICAL CENTER 0

13:16 AP Open Invoice List ap_open_invoice.template

Due Dates Through: 09/07/2024

Vendor# Vendor Name CALHOUN COUNTY, TEXAS Class Pay Code

11820 FORTBEND HEALTHCARE CENTER

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081324		08/14/202	08/13/202	09/07/202			2,655.10	0.00	0.00	2,655.10

VHC DEPP 4rT June 2024

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11820	FORTBEND HEALTHCARE CENTER	2,655.10	0.00	0.00	2,655.10

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,655.10	0.00	0.00	2,655.10

APPROVED ON

AUG 15 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 205350

RECEIVED BY THE COUNTY AUDITOR ON

AUG 15 2024

08/15/2024 MEMORIAL MEDICAL CENTER 0

13:16 AP Open Invoice List ap_open_invoice.template

Due Dates Through: 09/07/2024

CALHOUN COUNTY, TEXAS

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081324		08/14/202	08/13/202	09/07/202			3,332.79	0.00	0.00	3,332.79

UHC QIPP Qtr 7 June 2024

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11832	BROADMOOR AT CREEKSIDE PARK	3,332.79	0.00	0.00	3,332.79

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	3,332.79	0.00	0.00	3,332.79

APPROVED ON

AUG 15 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 205349

RECEIVED BY THE
COUNTY AUDITOR ON

AUG 15 2024

08/15/2024
13:20

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 09/07/2024

0
ap_open_invoice.template

CALHOUN COUNTY, TEXAS

Vendor#	Vendor Name	Class	Pay Code
11824	THE CRESCENT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081324		08/14/202	08/13/202	09/07/202			2,280.03	0.00	0.00	2,280.03

VHC DIPP 4r 7 June 2024

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	2,280.03	0.00	0.00	2,280.03

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,280.03	0.00	0.00	2,280.03

APPROVED ON

AUG 15 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 205353

RECEIVED BY THE COUNTY AUDITOR ON

AUG 15 2024

08/15/2024 MEMORIAL MEDICAL CENTER 0

13:17 AP Open Invoice List ap_open_invoice.template

Due Dates Through: 09/07/2024

CALHOUN COUNTY, TEXAS

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
080224		08/14/202	08/02/202	09/07/202			7,752.00	0.00	0.00	7,752.00
081324		08/14/202	08/13/202	09/07/202			4,001.73	0.00	0.00	4,001.73

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

UHC DIPP 4r 7 June 2024

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	11,753.73	0.00	0.00	11,753.73

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	11,753.73	0.00	0.00	11,753.73

APPROVED ON

AUG 15 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 205351

RECEIVED BY THE COUNTY AUDITOR ON

AUG 15 2024

08/15/2024 MEMORIAL MEDICAL CENTER 0

13:18 AP Open Invoice List ap_open_invoice.template

Due Dates Through: 09/07/2024

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
080524		08/14/202	08/05/202	09/07/202			2,652.00	0.00	0.00	2,652.00
080224		08/14/202	08/05/202	09/07/202			9,779.55	0.00	0.00	9,779.55
081324		08/14/202	08/13/202	09/07/202			3,603.40	0.00	0.00	3,603.40

INS. pmt. def. into MMC ope. in error

UHC QIPP 4th June 2024

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	16,034.95	0.00	0.00	16,034.95

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	16,034.95	0.00	0.00	16,034.95

APPROVED ON

AUG 15 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 205354

RECEIVED BY THE COUNTY AUDITOR ON

AUG 15 2024

08/15/2024 MEMORIAL MEDICAL CENTER 0

13:17 AP Open Invoice List ap_open_invoice.template

Due Dates Through: 09/07/2024

Vendor# Vendor Name Class Pay Code

12792 BETHANY SENIOR LIVING

CALHOUN COUNTY, TEXAS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
080224		08/14/202	08/02/202	09/07/202			51,926.70	0.00	0.00	51,926.70
080224A		08/14/202	08/02/202	09/07/202			8,919.61	0.00	0.00	8,919.61
081324		08/14/202	08/13/202	09/07/202			3,746.19	0.00	0.00	3,746.19

INS. PMT. dep. into Invoc opt. in error

VHC DIPP 4r7 June 2024

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12792	BETHANY SENIOR LIVING	64,592.50	0.00	0.00	64,592.50

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	64,592.50	0.00	0.00	64,592.50

APPROVED ON

AUG 15 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 205348

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
8/19/2024

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		55,133.67	54,962.84	224,949.03			225,119.86	202,546.62
						Bank Balance	225,119.86	
						Variance	-	
						Leave in Balance	100.00	
						Molina June, Q3 and YS Adj3	22,306.04	
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	202,546.62	
Broadmoor		29,787.34	29,502.70	164,419.19			164,703.83	156,110.37
						Bank Balance	164,703.83	
						Variance	-	
						Leave in Balance	100.00	
						Molina June, Q3 and YS Adj3	8,308.82	
						July Interest	184.64	
						Aug Interest		
						Sept Interest		
						Adjust Balance/Transfer Amt	156,110.37	
Crescent		158,646.02	158,272.49	234,260.20			234,633.73	210,642.00
						Bank Balance	234,633.73	
						Variance	-	
						Leave in Balance	100.00	
						Molina June, Q3 and YS Adj3	6,118.20	
						Claim payment owed to Tuscany	17,500.00	
						July Interest	273.53	
						Aug Interest		
						Sept Interest		
						Adjust Balance/Transfer Amt	210,642.00	
Fort Bend		39,473.45	39,321.36	36,522.90			36,674.99	29,614.68
						Bank Balance	36,674.99	
						Variance	-	
						Leave in Balance	100.00	
						Molina June, Q3 and YS Adj3	6,908.22	
						July Interest	52.09	
						Aug Interest		
						Sept Interest		
						Adjust Balance/Transfer Amt	29,614.68	
Solera at W Houston		99,775.71	99,570.08	135,013.23			135,218.86	128,314.45
						Bank Balance	135,218.86	
						Variance	-	
						Leave in Balance	100.00	
						Molina June, Q3 and YS Adj3	6,594.84	
						July Interest	209.57	
						Aug Interest		
						Sept Interest		
						Adjust Balance/Transfer Amt	128,314.45	
						TOTAL TRANSFERS		727,228.12

202,546.62 +
156,110.37 +
210,642.00 +
29,614.68 +
128,314.45 +
727,228.12 ◇

Houston / Fort Bend / Broadmoor

APPROVED ON
AUG 19 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Approved: Andrew De Los Santos
Andrew De Los Santos 8/19/2024

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

J:\NH Weekly Transfers\NH UPL Transfer Summary\2024\NH UPL Transfer Summary 8.19.24

Ashford Gardens

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
8/16/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,922.00					-	2,922.00
8/16/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	551.84					-	551.84
8/15/2024	Enhanced Analysis Ch	96.37	-					-	-
8/15/2024	MANAGEANDNET1718 MNS PMNT 000000000000093 41	-	3,802.50					-	3,802.50
8/14/2024	WIRE OUT ASHFORD HEALTH CARE CENTER LTD	54,866.47	-					-	-
8/14/2024	MOLINA HEALTHCAR MOLINAACH 01308004 42000018	-	47,599.83	11,465.84	3,363.77	14,555.21	18,215.01	22,306.04	25,293.79
8/13/2024	HNB - ECHO HCCLAIMPMT 746003411 440000285756	-	28,725.54					-	28,725.54
8/13/2024	HNB - ECHO HCCLAIMPMT 746003411 440000286028	-	4,331.85					-	4,331.85
8/13/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	14,295.84					-	14,295.84
8/13/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	4,503.18					-	4,503.18
8/13/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	69,988.84					-	69,988.84
8/13/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130052	-	48,227.61					-	48,227.61
		-	-					-	-
		54,962.84	224,949.03	11,465.84	3,363.77	14,555.21	18,215.01	22,306.04	202,642.99

Broadmoor

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
8/16/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	6,565.00					-	6,565.00
8/16/2024	HUMANA CHA DISB HCCLAIMPMT 54849967 42000018	-	3,720.00					-	3,720.00
8/15/2024	AARP Supplementa HCCLAIMPMT 746003411 124384	-	260.03					-	260.03
8/14/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	29,502.70	-					-	-
8/14/2024	MOLINA HEALTHCAR MOLINAACH 01308539 42000018	-	17,808.06	4,237.72	1,246.64	5,425.49	6,898.21	8,308.82	9,499.24
8/14/2024	HNB - ECHO HCCLAIMPMT 746003411 440000219497	-	29,378.24					-	29,378.24
8/14/2024	HNB - ECHO HCCLAIMPMT 746003411 440000219207	-	1,491.18					-	1,491.18
8/14/2024	HUMANA INS CO HCCLAIMPMT 54650672 8300005523	-	9,765.00					-	9,765.00
8/13/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	23,805.32					-	23,805.32
8/13/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	5,721.47					-	5,721.47
8/13/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	33,200.49					-	33,200.49
8/13/2024	HUMANA INS CO HCCLAIMPMT 54491754 8300005119	-	8,090.00					-	8,090.00
8/13/2024	HUMANA CHA DISB HCCLAIMPMT 54608658 42000010	-	24,149.40					-	24,149.40
8/13/2024	HUMANA CHA DISB HCCLAIMPMT 54608659 42000010	-	465.00					-	465.00
		-	-					-	-
		29,502.70	164,419.19	4,237.72	1,246.64	5,425.49	6,898.21	8,308.82	156,110.37

Crescent

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
8/16/2024	Check 357	33,395.64	-					-	-
8/16/2024	HNB - ECHO HCCLAIMPMT 746003411 440000201596	-	2,469.85					-	2,469.85
8/16/2024	HNB - ECHO HCCLAIMPMT 746003411 440000201596	-	6,373.31					-	6,373.31
8/16/2024	HIC KY HCCLAIMPMT 54853722 420000187779545	-	8,370.00					-	8,370.00
8/16/2024	DEVOTED HEALTH P HCCLAIMPMT 21000023991494	-	450.00					-	450.00
8/15/2024	MANAGEANDNET1718 MNS PMNT 000000000003268 41	-	3,048.50					-	3,048.50
8/15/2024	AARP Supplementa HCCLAIMPMT 746003411 124384	-	1,428.00					-	1,428.00
8/14/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	124,876.85	-					-	-
8/14/2024	MOLINA HEALTHCAR MOLINAACH 01308456 42000018	-	13,043.58	3,150.18	926.74	4,031.23	4,935.43	6,118.20	6,925.38
8/14/2024	HNB - ECHO HCCLAIMPMT 746003411 440000219497	-	7,747.11					-	7,747.11
8/14/2024	HNB - ECHO HCCLAIMPMT 746003411 440000219217	-	4,495.25					-	4,495.25
8/14/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	3,279.65					-	3,279.65
8/13/2024	DEVOTED HEALTH P HCCLAIMPMT 21000020154736	-	1,900.00					-	1,900.00
8/13/2024	DEVOTED HEALTH P HCCLAIMPMT 21000020154734	-	1,800.00					-	1,800.00
8/13/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	22,203.89					-	22,203.89
8/13/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,467.38					-	2,467.38
8/13/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	24,902.70					-	24,902.70
8/13/2024	NOVITAS SOLUTION HCCLAIMPMT 676323 420000114	-	500.98					-	500.98
8/13/2024	HUMANA INS CO HCCLAIMPMT 54493122 8300005119	-	10,410.00					-	10,410.00
8/12/2024	MANAGEANDNET1718 MNS PMNT 000000000003268 41	-	7,605.00					-	7,605.00
8/12/2024	DEVOTED HEALTH P HCCLAIMPMT 21000023595086	-	11,925.00					-	11,925.00
8/12/2024	DEVOTED HEALTH P HCCLAIMPMT 21000023595084	-	23,038.00					-	23,038.00
8/12/2024	DEVOTED HEALTH P HCCLAIMPMT 21000023595082	-	40,894.00					-	40,894.00
8/12/2024	DEVOTED HEALTH P HCCLAIMPMT 21000023595080	-	6,750.00					-	6,750.00
8/12/2024	DEVOTED HEALTH P HCCLAIMPMT 21000023595078	-	17,500.00					-	17,500.00
8/12/2024	HUMANA INS CO HCCLAIMPMT 54370924 8300005763	-	11,658.00					-	11,658.00
		-	-					-	-
		158,272.49	234,260.20	3,150.18	926.74	4,031.23	4,935.43	6,118.20	228,142.00

Fort Bend

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
8/14/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	39,321.36	-					-	-
8/14/2024	MOLINA HEALTHCAR MOLINAACH 01308159 42000018	-	14,719.27	3,560.63	1,039.70	4,576.81	5,542.13	6,908.22	7,811.05
8/13/2024	HNB - ECHO HCCLAIMPMT 746003411 440000285756	-	2,143.90					-	2,143.90
8/13/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,371.00					-	2,371.00
8/13/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	17,288.73					-	17,288.73
		-	-					-	-
		39,321.36	36,522.90	3,560.63	1,039.70	4,576.81	5,542.13	6,908.22	29,614.68

Solera at West Houston

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
8/16/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	3,600.00					-	3,600.00
8/16/2024	NOVITAS SOLUTION HCCLAIMPMT 676310 420000103	-	16,603.97					-	16,603.97
8/15/2024	Enhanced Analysis Ch	103.94	-					-	-
8/15/2024	MANAGEANDNET1718 MNS PMNT 000000000002482 41	-	337.50					-	337.50
8/14/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	99,466.14	-					-	-
8/14/2024	MOLINA HEALTHCAR MOLINAACH 01308456 42000018	-	14,015.64	3,414.49	997.86	4,212.00	5,391.29	6,594.84	7,420.81
8/14/2024	HNB - ECHO HCCLAIMPMT 746003411 440000219497	-	9,885.28					-	9,885.28
8/14/2024	NOVITAS SOLUTION HCCLAIMPMT 676310 420000146	-	6,091.66					-	6,091.66
8/13/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	18,553.73					-	18,553.73
8/13/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	29,927.51					-	29,927.51
8/13/2024	NOVITAS SOLUTION HCCLAIMPMT 676310 420000114	-	13,392.77					-	13,392.77
8/13/2024	HUMANA INS CO HCCLAIMPMT 54471365 8300005129	-	395.00					-	395.00
8/13/2024	HUMANA INS CO HCCLAIMPMT 54495845 8300005119	-	2,253.19					-	2,253.19
8/13/2024	HUMANA CHA DISB HCCLAIMPMT 54624215 42000010	-	3,375.00					-	3,375.00
8/13/2024	HHBP LA HCCLAIMPMT 54624196 420000106759934	-	7,900.00					-	7,900.00
8/12/2024	MANAGEANDNET1718 MNS PMNT 000000000002482 41	-	2,877.00					-	2,877.00
8/12/2024	NOVITAS SOLUTION HCCLAIMPMT 676310 420000188	-	5,804.98					-	5,804.98
		-	-					-	-
		99,570.08	135,013.23	3,414.49	997.86	4,212.00	5,391.29	6,594.84	128,418.40

TOTALS	381,629.47	795,164.55	25,828.86	7,574.71	32,800.74	40,982.07	50,236.12	744,928.43

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,190,486.94	$2,187,851.08	$2,190,486.94	$2,320,449.15
*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	$225,119.86	$352,072.24	$225,119.86	$221,646.02
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$164,703.83	$242,001.25	$164,703.83	$154,418.83
*4411 MEMORIAL MEDICAL / NH CRESCENT	$234,633.73	$259,082.73	$234,633.73	$250,366.21
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$135,218.86	$159,439.24	$135,218.86	$115,014.89
*4446 MEMORIAL MEDICAL / NH FORT BEND	$36,674.99	$36,674.99	$36,674.99	$36,674.99
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$70,163.10	$73,598.72	$70,163.10	$47,966.14
*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	$2,197.00	$2,197.00	$2,197.00	$1,703.68
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$5,115.91	$5,115.91	$5,115.91	$100.00
*5506 MMC -NH BETHANY SENIOR LIVING	$39,478.08	$57,294.50	$39,478.08	$14,631.21
*3407 MMC -NH TUSCANY VILLAGE	$148,443.01	$148,443.01	$148,443.01	$107,936.84
*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	**$3,268,712.33**	**$3,540,247.69**	**$3,268,712.33**	**$3,287,384.98**

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
8/19/2024

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		119,217.10	118,965.19	69,911.19		-	70,163.10	49,080.57
						Bank Balance	70,163.10	
						Variance	-	
						Leave in Balance	100.00	
						Superior June	20,830.62	
						July Interest	151.91	
						Aug Interest		
						Sept Interest		
						Adjust Balance/Transfer Amt	49,080.57	

APPROVED ON
AUG 19 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 8/19/2024

Golden Creek		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
8/16/2024	Check 220	1,882.20	-					-	-
8/16/2024	Centene Manageme ACH 008765433514 1110000262	-	24,079.16	18,664.92	5,414.24			20,830.62	3,248.54
8/15/2024	TSYS/TRANSFIRST CR CD DEP 543684555876917 91	-	578.69					-	578.69
8/14/2024	WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	117,082.99	-					-	-
8/14/2024	AETNA ASO1 HCCLAIMPMT 1588075964 51000015308	-	5,200.00					-	5,200.00
8/13/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001382	-	2,222.00					-	2,222.00
8/12/2024	TSYS/TRANSFIRST CR CD DEP 543684555876917 91	-	2,788.63					-	2,788.63
8/12/2024	TSYS/TRANSFIRST CR CD DEP 543684555876917 91	-	1,236.30					-	1,236.30
8/12/2024	LUMINOS HOLDCO L Turner R&B 113114890599333	-	6,863.10					-	6,863.10
8/12/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001214	-	1,903.04					-	1,903.04
8/12/2024	NOVITAS SOLUTION HCCLAIMPMT 676097 420000188	-	7,540.27					-	7,540.27
8/12/2024	Am Health TX PAYMENT 21531 84307030008094	-	17,500.00					-	17,500.00
								-	-
		118,965.19	69,911.19	18,664.92	5,414.24	-	-	20,830.62	49,080.57

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,190,486.94	$2,187,851.08	$2,190,486.94	$2,320,449.15
*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	$225,119.86	$352,072.24	$225,119.86	$221,646.02
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$164,703.83	$242,001.25	$164,703.83	$154,418.83
*4411 MEMORIAL MEDICAL / NH CRESCENT	$234,633.73	$259,082.73	$234,633.73	$250,366.21
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$135,218.86	$159,439.24	$135,218.86	$115,014.89
*4446 MEMORIAL MEDICAL / NH FORT BEND	$36,674.99	$36,674.99	$36,674.99	$36,674.99
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$70,163.10	$73,598.72	$70,163.10	$47,966.14
*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	$2,197.00	$2,197.00	$2,197.00	$1,703.68
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$5,115.91	$5,115.91	$5,115.91	$100.00
*5506 MMC -NH BETHANY SENIOR LIVING	$39,478.08	$57,294.50	$39,478.08	$14,631.21
*3407 MMC -NH TUSCANY VILLAGE	$148,443.01	$148,443.01	$148,443.01	$107,936.84
*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	**$3,268,712.33**	**$3,540,247.69**	**$3,268,712.33**	**$3,287,384.98**

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
8/19/2024

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		5,357.81	5,257.81	2,097.00				2,197.00	No transfer
							Bank Balance	2,197.00	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	2,097.00	

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		45,270.87	45,170.87	5,015.91		-		5,115.91	5,015.91
							Bank Balance	5,115.91	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	5,015.91	

APPROVED ON

AUG 19 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Routing Information for Gulf Pointe Plaza:

TOTAL TRANSFERS 7,112.91

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 8/19/2024

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
8/16/2024	HNB - ECHO HCCLAIMPMT 746003411 440000201596	-	340.51					-	340.51
8/16/2024	HNB - ECHO HCCLAIMPMT 746003411 440000200918	-	152.81					-	152.81
8/14/2024	WIRE OUT HMG Rockport SNF, LP -Commerical	5,257.81	-					-	-
8/13/2024	HNB - ECHO HCCLAIMPMT 746003411 440000286028	-	1,020.00					-	1,020.00
8/13/2024	HNB - ECHO HCCLAIMPMT 746003411 440000286028	-	286.80					-	286.80
8/12/2024	HNB - ECHO HCCLAIMPMT 746003411 440000226980	-	296.88					-	296.88
								-	-
		5,257.81	2,097.00	-	-	-	-	-	2,097.00

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
8/16/2024	MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	5,015.91					-	5,015.91
8/14/2024	WIRE OUT HMG Rockport SNF, LP - Commerical	45,170.87	-					-	-
								-	-
		45,170.87	5,015.91	-	-	-	-	-	5,015.91
		50,428.68	7,112.91	-	-	-	-	-	7,112.91

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,190,486.94	$2,187,851.08	$2,190,486.94	$2,320,449.15
*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	$225,119.86	$352,072.24	$225,119.86	$221,646.02
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$164,703.83	$242,001.25	$164,703.83	$154,418.83
*4411 MEMORIAL MEDICAL / NH CRESCENT	$234,633.73	$259,082.73	$234,633.73	$250,366.21
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$135,218.86	$159,439.24	$135,218.86	$115,014.89
*4446 MEMORIAL MEDICAL / NH FORT BEND	$36,674.99	$36,674.99	$36,674.99	$36,674.99
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$70,163.10	$73,598.72	$70,163.10	$47,966.14
*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	$2,197.00	$2,197.00	$2,197.00	$1,703.68
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$5,115.91	$5,115.91	$5,115.91	$100.00
*5506 MMC -NH BETHANY SENIOR LIVING	$39,478.08	$57,294.50	$39,478.08	$14,631.21
*3407 MMC -NH TUSCANY VILLAGE	$148,443.01	$148,443.01	$148,443.01	$107,936.84
*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	**$3,268,712.33**	**$3,540,247.69**	**$3,268,712.33**	**$3,287,384.98**

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
8/19/2024

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		127,791.42	127,691.42	148,343.01	-	-	-	148,443.01	135,325.73
							Bank Balance	148,443.01	
							Variance	-	
							Leave in Balance	100.00	
							Molina June, Q3 and YS Adj3	13,017.28	

APPROVED ON
AUG 19 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Adjust Balance/Transfer Amt 135,325.73

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

Approved: Andrew De Los Santos
Andrew De Los Santos 8/19/2024

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
8/16/2024	Deposit	-	57.57					-	57.57
8/16/2024	Deposit	-	33,395.64					-	33,395.64
8/16/2024	HNB - ECHO HCCLAIMPMT 746003411 440000201596	-	7,052.96					-	7,052.96
8/15/2024	HNB - ECHO HCCLAIMPMT 746003411 440000261924	-	10,403.90					-	10,403.90
8/15/2024	HNB - ECHO HCCLAIMPMT 746003411 440000262302	-	19,121.75					-	19,121.75
8/15/2024	NOVITAS SOLUTION HCCLAIMPMT 676201 420000159	-	1,906.37					-	1,906.37
8/14/2024	WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	127,691.42	-					-	-
8/14/2024	MOLINA HEALTHCAR MOLINAACH 01308532 42000018	-	19,252.21	6,782.35	1,985.00	351.98	10,132.88	13,017.28	6,234.93
8/12/2024	HNB - ECHO HCCLAIMPMT 746003411 440000226740	-	3,475.27					-	3,475.27
8/12/2024	NOVITAS SOLUTION HCCLAIMPMT 676201 420000188	-	53,677.34					-	53,677.34
								-	-
		127,691.42	148,343.01	6,782.35	1,985.00	351.98	10,132.88	13,017.28	135,325.73

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,190,486.94	$2,187,851.08	$2,190,486.94	$2,320,449.15
*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	$225,119.86	$352,072.24	$225,119.86	$221,646.02
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$164,703.83	$242,001.25	$164,703.83	$154,418.83
*4411 MEMORIAL MEDICAL / NH CRESCENT	$234,633.73	$259,082.73	$234,633.73	$250,366.21
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$135,218.86	$159,439.24	$135,218.86	$115,014.89
*4446 MEMORIAL MEDICAL / NH FORT BEND	$36,674.99	$36,674.99	$36,674.99	$36,674.99
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$70,163.10	$73,598.72	$70,163.10	$47,966.14
*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	$2,197.00	$2,197.00	$2,197.00	$1,703.68
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$5,115.91	$5,115.91	$5,115.91	$100.00
*5506 MMC -NH BETHANY SENIOR LIVING	$39,478.08	$57,294.50	$39,478.08	$14,631.21
*3407 MMC -NH TUSCANY VILLAGE	$148,443.01	$148,443.01	$148,443.01	$107,936.84
*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	**$3,268,712.33**	**$3,540,247.69**	**$3,268,712.33**	**$3,287,384.98**

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
8/19/2024

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		35,704.40	35,485.14	39,258.82			39,478.08	17,995.76

	39,478.08
Bank Balance	39,478.08
Variance	-
Leave in Balance	100.00
Superior June	21,263.06
July Interest	119.26
Aug Interest	
Sept Interest	
Adjust Balance/Transfer Amt	17,995.76

APPROVED ON
AUG 19 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

Approved: Andrew De Los Santos
Andrew De Los Santos 8/19/2024

Bethany Senior Living		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
8/16/2024	Centene Manageme ACH 008765433514 1110000262	-	24,846.87	19,333.32	5,513.55			21,263.06	3,583.81
8/15/2024	HOSPICE OF SOUTH Payments NF 113122650056511	-	2,447.48					-	2,447.48
8/14/2024	WIRE OUT PORT LAVACA NH, LLC	35,485.14	-					-	-
8/14/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	1,265.51					-	1,265.51
8/12/2024	NOVITAS SOLUTION HCCLAIMPMT 676481 420000188	-	10,698.96					-	10,698.96
								-	-
		35,485.14	39,258.82	19,333.32	5,513.55	-	-	21,263.06	17,995.76

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,190,486.94	$2,187,851.08	$2,190,486.94	$2,320,449.15
*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	$225,119.86	$352,072.24	$225,119.86	$221,646.02
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$164,703.83	$242,001.25	$164,703.83	$154,418.83
*4411 MEMORIAL MEDICAL / NH CRESCENT	$234,633.73	$259,082.73	$234,633.73	$250,366.21
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$135,218.86	$159,439.24	$135,218.86	$115,014.89
*4446 MEMORIAL MEDICAL / NH FORT BEND	$36,674.99	$36,674.99	$36,674.99	$36,674.99
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$70,163.10	$73,598.72	$70,163.10	$47,966.14
*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	$2,197.00	$2,197.00	$2,197.00	$1,703.68
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$5,115.91	$5,115.91	$5,115.91	$100.00
*5506 MMC -NH BETHANY SENIOR LIVING	$39,478.08	$57,294.50	$39,478.08	$14,631.21
*3407 MMC -NH TUSCANY VILLAGE	$148,443.01	$148,443.01	$148,443.01	$107,936.84
*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	**$3,268,712.33**	**$3,540,247.69**	**$3,268,712.33**	**$3,287,384.98**

✓ Ashford ✓

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center

Date Requested: 8/19/2024

APPROVED ON
AUG 19 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk# 001249

FOR ACCT USE ONLY

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

AMOUNT: $ 22,306.04 ✓

G/L NUMBER: 10255040

EXPLANATION: Molina QIPP June, Q3 & Y5 Adj 3 ✓

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrea Dos Santos

8/19/2024

Broadmoor ✓

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAY TO: Memorial Medical Center

Date Requested: 8/19/2024

APPROVED ON AUG 19 2024 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CK# 0002784

FOR ACCT USE ONLY

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

AMOUNT: $ 8,308.82 ✓

G/L NUMBER: 10255040

EXPLANATION: Molina QIPP June, Q3 & Y5 Adj 3 ✓

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrea Dotts Santos

8/19/2024

✓ Crescent. ✓

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center

Date Requested: 8/19/2024

APPROVED ON
AUG 19 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 000358

FOR ACCT USE ONLY

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

AMOUNT: $ 6,118.20 ✓

G/L NUMBER: 10255040

EXPLANATION: Molina QIPP June, Q3 & Y5 Adj 3 ✓

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: [signature]

8/19/2024

✓ Fort Bend ✓

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center

Date Requested: 8/19/2024

APPROVED ON AUG 19 2024

BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

Chk# 000255

FOR ACCT USE ONLY

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

AMOUNT: $ 6,908.22 ✓

G/L NUMBER: 10255040

EXPLANATION: Molina QIPP June, Q3 & Y5 Adj 3 ✓

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew Dolan Jones

8/19/2024

Solera

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center

Date Requested: 8/19/2024

APPROVED ON
AUG 19 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk# 001309

FOR ACCT USE ONLY

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

AMOUNT: $ 6,594.84

G/L NUMBER: 10255040

EXPLANATION: Molina QIPP June, Q3 & Y5 Adj 3

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrea Dolas Santos

8/19/2024

✓ Golden Creeks ✓

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center

Date Requested: 8/19/2024

APPROVED ON
AUG 19 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 000231

FOR ACCT USE ONLY

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

AMOUNT: $ 20,830.62 ✓

G/L NUMBER: 10255040

EXPLANATION: Superior June ✓

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew De Los Santos

8/19/2024

Bethany

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center

Date Requested: 8/19/2024

APPROVED ON AUG 19 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk# 1050

FOR ACCT USE ONLY

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

AMOUNT: $ 21,263.06

G/L NUMBER: 10255040

EXPLANATION: Superior June

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: [signature]

8/19/2024

Tuscany

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center

Date Requested: 8/19/2024

APPROVED ON AUG 19 2024 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CHK#0011403

FOR ACCT USE ONLY

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

AMOUNT: $ 13,017.28

G/L NUMBER: 10255040

EXPLANATION: Molina QIPP June, Q3 & Y5 Adj 3

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew De La Fuente

8/19/2024

QIPP Payment to MMC from Nursing Facilities **Commissioner's Court** **8/21/2024**

NH Name	From Bank Acct #	Ck #	Payee	GL #	Molina June, Q3 & Y5 Adj 3	Superior June				TOTAL	Date
Ashford	[redacted] Prosperity		MMC -Prosperity Operating [redacted]	10255040	22,306.04					22,306.04	8/21/2024
Broadmoor	[redacted] Prosperity		MMC -Prosperity Operating [redacted]	10255040	8,308.82					8,308.82	8/21/2024
Crescent	[redacted] Prosperity		MMC -Prosperity Operating [redacted]	10255040	6,118.20					6,118.20	8/21/2024
Fort Bend	[redacted] Prosperity		MMC -Prosperity Operating [redacted]	10255040	6,908.22					6,908.22	8/21/2024
Solera	[redacted] Prosperity		MMC -Prosperity Operating [redacted]	10255040	6,594.84					6,594.84	8/21/2024
Golden Creek	[redacted] Prosperity		MMC -Prosperity Operating [redacted]	10255040		20,830.62				20,830.62	8/21/2024
Bethany	[redacted] Prosperity		MMC -Prosperity Operating [redacted]	10255040		21,263.06				21,263.06	8/21/2024
Tuscany	[redacted] Prosperity		MMC -Prosperity Operating [redacted]	10255040	13,017.28					13,017.28	8/21/2024
				Total:	63,253.40	42,093.68	-	-	-	105,347.08	
	Note:										

Andrew De Los Santos

Approved:

ANDREW DE LOS SANTOS 8/19/2024

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

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

001249

Date 8-22-24 88-2265/1131

PAY TO THE ORDER OF MMC Operating $ 22,306.04

Twenty-two thousand, three hundred six dollars & 04/100 DOLLARS

PROSPERITY BANK®

County auditor

FOR Molina June, Q3 & Y5 Adj 3

County treasurer

Security features are included. Details on back.

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

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

000284

Date 8-22-24 88-2265/1131

PAY TO THE ORDER OF MMC Operating $ 8,308.82

Eight thousand, three hundred eight dollars & 82/100 DOLLARS

PROSPERITY BANK®

FOR Molina June, Q3, & Y5 Adj 3

Security features are included. Details on back.

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

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

000358

Date 8-22-24 88-2265/1131

PAY TO THE ORDER OF Memorial Medical Center Operating $ 6,118.20

Six thousand, one hundred eighteen dollars & 20/100 DOLLARS

PROSPERITY BANK®

County auditor

FOR Molina Q3, June & Y5 Adj 3

County treasurer

Security features are included. Details on back.

[redacted]

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

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

000255

88-2265/1131

Date 8-22-24

PAY
TO THE ORDER OF MMC Operating $ 6,908.22/100

Six thousand, nine hundred eight dollars & 22/100 DOLLARS

PROSPERITY BANK®

County auditor

FOR Molina Q3, June & Y5 Adj 3

County treasurer

Security features are included. Details on back.

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

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

001309

88-2265/1131

Date 8.21.24

PAY
TO THE ORDER OF MMC Operating $ 6,594.84

Six thousand, five hundred ninety-four dollars & 84/100 DOLLARS

PROSPERITY BANK®

County auditor

FOR Molina June, Q3 & Y5 Adj 3

County treasurer

Security features are included. Details on back.

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

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

MP

000221

88-2265/1131

Date 8.21.24

PAY
TO THE ORDER OF MMC Operating $ 20,830.62/100

Twenty thousand, eight hundred thirty dollars and 62/100 DOLLARS

PROSPERITY BANK®

County auditor

MP
County Treasurer

Security features are included. Details on back.

FOR Superior June

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

1050

88-2265/1131-87

DATE 8-22-24

CHECK ACTION PAY PROTECTION

PAY
TO THE ORDER OF MMC Operating $ 21,263.00/100

Twenty-one thousand, two hundred sixty-three dollars and 00/100 DOLLARS

Photo Safe Deposit® Details on back

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

County auditor

MP
County Treasurer

FOR Superior June

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

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

MP

001163

88-2265/1131

Date 8-22-24

PAY
TO THE ORDER OF MMC Operating $ 13,017.20/100

Thirteen thousand, seventeen dollars and 20/100 DOLLARS

PROSPERITY BANK®

County auditor

MP
County Treasurer

Security features are included. Details on back.

FOR Molina 03, June, 45 Adj 3

Ø

RUN DATE:08/22/24 MEMORIAL MEDICAL CENTER PAGE 1
TIME:09:02 CHECK REGISTER GLCKREG
08/22/24 THRU 08/22/24

BANK	CODE	NUMBER	DATE	AMOUNT	PAYEE
NHG	*	000221	08/22/24	20,830.62	MMC OPERATING
NHF	*	000255	08/22/24	6,908.22	MMC OPERATING
NHB	*	000284	08/22/24	8,308.82	MMC OPERATING
NHC		000358	08/22/24	6,118.20	MMC OPERATING
[redacted]					
BSL	*	001050	08/22/24	21,263.06	MMC OPERATING
TUS	*	001163	08/22/24	13,017.28	MMC OPERATING
NHA	*	001249	08/22/24	22,306.04	MMC OPERATING
NHS		001309	08/22/24	6,594.84	MMC OPERATING
TOTALS:				122,847.08	