MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---August 28, 2024

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	1,069,274.58 ✓
TOTAL TRANSFERS BETWEEN FUNDS	$	480,711.38 ✓
TOTAL NURSING HOME UPL EXPENSES	$	2,005,567.93 ✓
TOTAL INTER-GOVERNMENT TRANSFERS	$	318,325.39 ✓
GRAND TOTAL DISBURSEMENTS APPROVED August 28, 2024	$	3,873,879.28 ✓

APPROVED

AUG 2 8 2024

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---August 28, 2024

PAYABLES AND PAYROLL			
8/22/2024	Weekly Payables	345,501.69	
8/22/2024	Patient Refund	2,938.16	
8/26/2024	HHSC (HVAC App. Fee) - Critical	5,000.00	
8/26/2024	McKesson-340B Prescription Expense	10,984.66	
8/26/2024	Amerisource Bergen-340B Prescription Expense	12,845.62	
8/26/2024	Payroll Liabilities-Payroll Taxes	129,791.83	
8/26/2024	Payroll	408,330.99	
	Prosperity Electronic Bank Payments		
8/26/2024	90 Degree Benefits - employee insurance claims	48,413.00	
8/26/2024	90 Degree Benefits - employee insurance claims	35,358.31	
8/26/2024	HPHG - healh insurance claim payments	68,065.05	
8/26/2024	Sales Tax - Miscalculation for 3/31/24	1,222.67	
8/26/2024	EClinicalWorks - EMR Outpatient Clinic	481.25	
8/26/2024	Pay Plus-Patient Claims Processing Fee	341.35	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 1,069,274.58**
TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES			
8/22/2024	MMC Operating to Ashford-UHC QIPP Q3 2024	84,419.30	
8/22/2024	MMC Operating to Solera-UHC QIPP Q3 2024	24,845.13	
8/22/2024	MMC Operating to Fort bend-UHC QIPP Q3 2024	26,461.03	
8/22/2024	MMC Operating to Broadmoor-UHC QIPP Q3 2024	31,449.36	
8/22/2024	MMC Operating to The Crescent-Insurance payment deposited into MMC Operating in error/UHC QIPP YR7 June 2024	41,315.86	
8/22/2024	MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error/UHC QIPP Q3 2024	144,974.07	
8/22/2024	MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error/UHC QIPP Q3 2024	42,817.33	
8/22/2024	MMC Operating to Bethany-Correction insurance payment deposited into MMC Operating in error/UHC QIPP Q3 2024	84,429.30	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 480,711.38**
NURSING HOME UPL EXPENSES			
8/26/2024	Nursing Home UPL-Cantex Transfer	1,191,699.57	
8/26/2024	Nursing Home UPL-Nexion Transfer	123,234.65	
8/26/2024	Nursing Home UPL-Tuscany Transfer	364,615.30	
8/26/2024	Nursing Home UPL-HSL Transfer	144,081.74	
QIPP CHECKS TO MMC			
8/26/2024	Ashford - Wellpoint June & Q3 hospital portion	42,032.13	
8/26/2024	Broadmoor -Wellpoint June & Q3 hospital portion	15,653.49	
8/26/2024	Crescent - Wellpoint June & Q3 hospital portion	11,590.95	
8/26/2024	Fort Bend - Wellpoint June & Q3 hospital portion	13,147.01	
8/26/2024	Solera - Wellpoint June & Q3 hospital portion	12,507.62	
8/26/2024	Golden Creek - Superior Q3 & YR5 Adj 3 hospital portion	22,542.54	
8/26/2024	Bethany-Superior Q3 & YR5 Adj 3 hospital portion	14,921.82	
8/26/2024	Tuscany - Wellpoint June & Q3 hospital portion	24,553.11	
TRANSFER OF FUNDS BETWEEN NURSING HOMES			
8/26/2024	Crescent to Tuscany -Tuscany insurance payment deposited into Crescent in error	17,500.00	
8/26/2024	Tuscany to Crescent -Crescent insurance payment deposited into Tuscany in error	7,488.00	
TOTAL NURSING HOME UPL EXPENSES			**$ 2,005,567.93**
INTER-GOVERNMENT TRANSFERS			
8/26/2024	IGT UC to be paid August 30, 2024	318,325.39	
TOTAL INTER-GOVERNMENT TRANSFERS			**$ 318,325.39**
GRAND TOTAL DISBURSEMENTS APPROVED August 28, 2024			**$ 3,873,879.28**

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 09/13/2024

Vendor#	Vendor Name	Class	Pay Code
11283	ACE HARDWARE 15521		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
073124		08/19/202	07/31/202	09/11/202			748.93	0.00	0.00	748.93

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521	748.93	0.00	0.00	748.93

Vendor#	Vendor Name	Class	Pay Code
R1200	ADT COMMERCIAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
155993212		08/20/202	08/07/202	09/06/202			58.43	0.00	0.00	58.43

8.01.24 - 8.31.24

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	R1200	ADT COMMERCIAL	58.43	0.00	0.00	58.43

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
8020716123		08/21/202	07/30/202	08/29/202			432.73	0.00	0.00	432.73

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13180	ADVANCED STERILIZATION PRODUCT	432.73	0.00	0.00	432.73

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV00125397		08/21/202	06/11/202	06/26/202			142.76	0.00	0.00	142.76
	SUPPORT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1746	ALPHA TEC SYSTEMS INC	142.76	0.00	0.00	142.76

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
1XTW1YLYCXHD		08/14/202	08/09/202	09/08/202			17.38	0.00	0.00	17.38
1PTVFXTCCX11		08/14/202	08/09/202	09/08/202			290.53	0.00	0.00	290.53
1YJHHN7MC6PF		08/14/202	08/09/202	09/08/202			86.95	0.00	0.00	86.95
1HLQHJ9J361G		08/21/202	08/14/202	09/13/202			129.65	0.00	0.00	129.65
	SUPPLIES									
1GC41F3VFGJV		08/21/202	08/16/202	09/11/202			44.69	0.00	0.00	44.69
	SUPPLIES									
1XWP1MD7KCCK		08/21/202	08/17/202	09/11/202			61.48	0.00	0.00	61.48
	SUPPLIES									
11J9WHWQRDXJ		08/21/202	08/19/202	09/11/202			113.94	0.00	0.00	113.94
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES	744.62	0.00	0.00	744.62

Vendor#	Vendor Name	Class	Pay Code
A1748	AMERICAN CATHETER CORPORATION	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
48072		08/01/202	07/03/202	07/11/202			780.67	0.00	0.00	780.67
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1748	AMERICAN CATHETER CORPORATION	780.67	0.00	0.00	780.67

Vendor# 14684 Vendor Name: AMERICAN TRAUMA SOCIETY — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081924		08/20/202	08/19/202	08/19/202			540.00	0.00	0.00	540.00
081924		08/21/202	08/19/202	08/19/202			540.00	0.00	0.00	540.00

Trauma Injury Coding Course 11/18 - 11/19/24

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14684	AMERICAN TRAUMA SOCIETY	1,080.00	0.00	0.00	1,080.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
804793053		07/23/202	07/19/202	09/11/202			7.84	0.00	0.00	7.84
	INVENTORY									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1360	AMERISOURCEBERGEN DRUG CORP	7.84	0.00	0.00	7.84

Vendor# 15456 Vendor Name: AMERITEX ELEVATOR SERVICES INC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
20250102		08/19/202	08/01/202	08/01/202			750.00	0.00	0.00	750.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15456	AMERITEX ELEVATOR SERVICES INC	750.00	0.00	0.00	750.00

Vendor# 14556 Vendor Name: APRIL KUBALA — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
080824		08/21/202	08/08/202	08/08/202			60.00	0.00	0.00	60.00

LSVT Big Renewal Course Online

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14556	APRIL KUBALA	60.00	0.00	0.00	60.00

Vendor# 12800 Vendor Name: AUTHORITYRX, LLC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7000054395		08/21/202	08/13/202	08/14/202			11,511.53	0.00	0.00	11,511.53
	PHARM SVCS									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12800	AUTHORITYRX, LLC	11,511.53	0.00	0.00	11,511.53

Vendor# B1150 Vendor Name: BAXTER HEALTHCARE — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
82540419		08/21/202	06/24/202	07/19/202			286.22	0.00	0.00	286.22
	SUPPLIES									
82568295		08/21/202	07/01/202	07/26/202			21.76	0.00	0.00	21.76
	SUPPLIES									
82573520		08/21/202	07/02/202	07/27/202			631.20	0.00	0.00	631.20
	SUPPLIES									
82574640		08/21/202	07/02/202	07/27/202			3,071.40	0.00	0.00	3,071.40
	SUPPLIES									
82579465		08/21/202	07/03/202	07/28/202			42.75	0.00	0.00	42.75
	SUPPLIES									
82668606		08/21/202	07/29/202	08/23/202			192.25	0.00	0.00	192.25
	PROP TAX									
82686530		08/21/202	08/01/202	08/26/202			631.20	0.00	0.00	631.20
	SUPPLIES									

82691174		08/21/202	08/02/202	08/27/202		3,071.40	0.00	0.00	3,071.40
	SUPPLIES lease 8.01.24 - 9.01.24								
82696454		08/21/202	08/05/202	08/30/202		193.80	0.00	0.00	193.80
	SUPPLIES								
82714682		08/21/202	08/08/202	09/02/202		172.54	0.00	0.00	172.54
	SUPPLIES								
82722640		08/21/202	08/10/202	09/04/202		147.17	0.00	0.00	147.17
	SUPPLIES								
82744351		08/21/202	08/15/202	09/09/202		64.12	0.00	0.00	64.12
	SUPPLIES								
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE				8,525.81	0.00	0.00	8,525.81

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
111490986		08/01/202	08/08/202	09/07/202			345.68	0.00	0.00	345.68
4543188		08/07/202	08/03/202	09/02/202			1,484.00	0.00	0.00	1,484.00
111483511		08/07/202	08/05/202	08/30/202			745.01	0.00	0.00	745.01
111483958		08/07/202	08/05/202	09/04/202			13,510.97	0.00	0.00	13,510.97
111484282		08/07/202	08/06/202	08/31/202			202.23	0.00	0.00	202.23
111486430		08/07/202	08/06/202	09/05/202			410.70	0.00	0.00	410.70
111496640		08/12/202	08/12/202	09/11/202			2,274.21	0.00	0.00	2,274.21
111491776		08/14/202	08/09/202	09/08/202			52.16	0.00	0.00	52.16
111500613		08/21/202	07/13/202	08/07/202			137.12	0.00	0.00	137.12
	SUPPLIES									
111499068		08/21/202	08/05/202	08/30/202			158.00	0.00	0.00	158.00
	SUPPLIES									
111504786		08/21/202	08/05/202	08/30/202			199.80	0.00	0.00	199.80
	SUPPLIES									
111500656		08/21/202	08/13/202	09/07/202			3,245.74	0.00	0.00	3,245.74
	SUPPLIES									
111497765		08/21/202	08/13/202	09/07/202			309.15	0.00	0.00	309.15
	SUPPLIES									
111499326		08/21/202	08/13/202	09/07/202			3,245.74	0.00	0.00	3,245.74
	SUPPLIES									
111508969		08/21/202	08/19/202	09/13/202			137.12	0.00	0.00	137.12

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	26,457.63	0.00	0.00	26,457.63

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
176334		08/07/202	08/05/202	09/04/202			364.00	0.00	0.00	364.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11224	CABLES AND SENSORS	364.00	0.00	0.00	364.00

Vendor#	Vendor Name	Class	Pay Code
C1325	CARDINAL HEALTH 414, INC.	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8003593392		08/20/202	08/01/202	08/26/202			703.73	0.00	0.00	703.73

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH 414, INC.	703.73	0.00	0.00	703.73

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10023388606		08/20/202	08/07/202	09/01/202			1,788.00	0.00	0.00	1,788.00
10023388614		08/20/202	08/07/202	09/01/202			2.00	0.00	0.00	2.00

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
SQ58216		08/21/202	08/01/202	08/31/202			292.44	0.00	0.00	292.44
SR72852		08/21/202	08/05/202	09/04/202			4,055.94	0.00	0.00	4,055.94
SS75587		08/21/202	08/07/202	09/06/202			1,809.89	0.00	0.00	1,809.89

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.	6,158.27	0.00	0.00	6,158.27

Vendor# 12768 Vendor Name: CHEMAQUA — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8800190		08/20/202	08/10/202	08/20/202			593.69	0.00	0.00	593.69

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081424		08/21/202	08/14/202	09/05/202			20.70	0.00	0.00	20.70
081424A		08/21/202	08/14/202	09/05/202			727.68	0.00	0.00	727.68

701 N. Virginia St.
815 N. Virginia St.

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1730	CITY OF PORT LAVACA	748.38	0.00	0.00	748.38

Vendor# 15368 Vendor Name: COLONIAL PENN LIFE INSURANCE — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MYEWAY0001		08/21/202	08/12/202	08/12/202			20.00	0.00	0.00	20.00
KOPJAM0001		08/21/202	08/12/202	08/12/202			20.00	0.00	0.00	20.00
BLEEVE0001		08/21/202	08/12/202	08/12/202			20.00	0.00	0.00	20.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15368	COLONIAL PENN LIFE INSURANCE	60.00	0.00	0.00	60.00

Vendor# 13052 Vendor Name: COURTNE THURLKILL — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081324		08/20/202	08/13/202	08/13/202			1,500.00	0.00	0.00	1,500.00

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
13052	COURTNE THURLKILL	1,500.00	0.00	0.00	1,500.00

Vendor# 12264 — Vendor Name: CROSSROADS MECHANICAL, INC — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10205	LABOR PLANT OPS	08/21/202	07/26/202	08/26/202			694.57	0.00	0.00	694.57

Sales Tax Inc'd 643.00

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
12264	CROSSROADS MECHANICAL, INC	694.57	0.00	0.00	694.57

Vendor# C1443 — Vendor Name: CYGNUS MEDICAL LLC — Class: M — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
459454		08/21/202	08/08/202	09/07/202			419.00	0.00	0.00	419.00

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
C1443	CYGNUS MEDICAL LLC	419.00	0.00	0.00	419.00

Vendor# 11368 — Vendor Name: CYRACOM LLC — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2024051728	070124-073124	08/05/202	07/31/202	09/11/202			431.34	0.00	0.00	431.34

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11368	CYRACOM LLC	431.34	0.00	0.00	431.34

Vendor# 13032 — Vendor Name: DAWN MAREK — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
082124		08/22/202	08/21/202	08/21/202			446.60	0.00	0.00	446.60

TTCF Conference 8/19 - 8/20/24

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
13032	DAWN MAREK	446.60	0.00	0.00	446.60

Vendor# 10368 — Vendor Name: DEWITT POTH & SON — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7640400	SUPPLIES	08/01/202	08/09/202	09/03/202			225.99	0.00	0.00	225.99

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10368	DEWITT POTH & SON	225.99	0.00	0.00	225.99

Vendor# 14800 — Vendor Name: DIRECTV ENTERTAINMENT HOLDINGS — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
088862205X240812		08/20/202	08/12/202	08/31/202			489.85	0.00	0.00	489.85

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
14800	DIRECTV ENTERTAINMENT HOLDINGS	489.85	0.00	0.00	489.85

Vendor# 10789 — Vendor Name: DISCOVERY MEDICAL NETWORK INC — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMC081524		08/20/202	08/15/202	08/16/202			74,658.88	0.00	0.00	74,658.88

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10789	DISCOVERY MEDICAL NETWORK INC	74,658.88	0.00	0.00	74,658.88

Vendor# 11291 — Vendor Name: DOWELL PEST CONTROL — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
34718		08/20/202	08/19/202	08/19/202			40.00	0.00	0.00	40.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11291	DOWELL PEST CONTROL	40.00	0.00	0.00	40.00

Vendor#	Vendor Name	Class	Pay Code
11216	DUTCH OPHTHALMIC USA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2213655		08/19/202	07/24/202	08/23/202			808.50	0.00	0.00	808.50

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11216	DUTCH OPHTHALMIC USA	808.50	0.00	0.00	808.50

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN1057051	SUPPLIES	08/21/202	08/16/202	08/21/202			221.27	0.00	0.00	221.27

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14508	EITAN GROUP NORTH AMERICA, INC	221.27	0.00	0.00	221.27

Vendor#	Vendor Name	Class	Pay Code
11284	EMERGENCY STAFFING SOLUTIONS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
43477	AUG. 1-15th	08/20/202	08/15/202	08/25/202			40,062.50	0.00	0.00	40,062.50

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

Vendor#	Vendor Name	Class	Pay Code
13016	FIRST INSURANCE FUNDING		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
080924		08/20/202	08/09/202	09/01/202			3,812.96	0.00	0.00	3,812.96

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13016	FIRST INSURANCE FUNDING	3,812.96	0.00	0.00	3,812.96

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
3875916		08/21/202	07/17/202	08/16/202			491.21	0.00	0.00	491.21
4375363		08/21/202	08/06/202	09/05/202			52.60	0.00	0.00	52.60
4413203		08/21/202	08/07/202	09/01/202			1,248.36	0.00	0.00	1,248.36
4413204		08/21/202	08/07/202	09/01/202			164.00	0.00	0.00	164.00
4449887		08/21/202	08/08/202	09/02/202			10,021.40	0.00	0.00	10,021.40

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	11,977.57	0.00	0.00	11,977.57

Vendor#	Vendor Name	Class	Pay Code
12636	FUSION CONNECT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1029224586		08/21/202	07/16/202	08/15/202			879.58	0.00	0.00	879.58

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12636	FUSION CONNECT	879.58	0.00	0.00	879.58

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

6002726149		08/14/202	08/01/202	08/31/202	998.34	0.00	0.00	998.34
	SUPPLIES							
6002703792		08/21/202	08/01/202	08/31/202	998.34	0.00	0.00	998.34
	SUPPLIES							
202922967		08/21/202	08/01/202	08/31/202	91.95	0.00	0.00	91.95
	SUPPLIES							
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net
	12404	GE PRECISION HEALTHCARE, LLC			2,088.63	0.00	0.00	2,088.63

Vendor#	Vendor Name	Class	Pay Code
10642	GLAXOSMITHKLINE PHARMACUETICAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8269082063		08/21/202	06/28/202	08/01/202			-2,914.93	0.00	0.00	-2,914.93
8254379947		08/21/202	08/12/202	09/01/202			9,057.02	0.00	0.00	9,057.02
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10642	GLAXOSMITHKLINE PHARMACUETICAL					6,142.09	0.00	0.00	6,142.09

Vendor#	Vendor Name	Class	Pay Code
13148	GRACE FLOORING AND GLASS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2762		08/21/202	04/10/202	04/10/202			431.87	0.00	0.00	431.87
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	13148	GRACE FLOORING AND GLASS					431.87	0.00	0.00	431.87

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
9171086367		07/24/202	07/03/202	09/11/202			1,706.33	0.00	0.00	1,706.33
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	W1300	GRAINGER					1,706.33	0.00	0.00	1,706.33

Vendor#	Vendor Name	Class	Pay Code
10334	HEALTH CARE LOGISTICS INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
309574823		08/21/202	08/13/202	09/07/202			140.14	0.00	0.00	140.14
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10334	HEALTH CARE LOGISTICS INC					140.14	0.00	0.00	140.14

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
15319		08/21/202	07/31/202	08/30/202			119.50	0.00	0.00	119.50
	CODING SVCS									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10804	HEALTHCARE CODING & CONSULTING					119.50	0.00	0.00	119.50

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
100000393576		08/20/202	08/19/202				573.53	0.00	0.00	573.53
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
15620	HHSC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
082224		08/22/202	08/22/202	08/22/202			5,000.00	0.00	0.00	5,000.00

HVAC CONSTRUCTION APP

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15620	HHSC	5,000.00	0.00	0.00	5,000.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6616		08/20/202	08/15/202	08/25/202			23,663.00	0.00	0.00	23,663.00

Avg. 1-15th

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
ELLLES0001		08/20/202	08/12/202	08/12/202			54.06	0.00	0.00	54.06

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10530	HUMANA	54.06	0.00	0.00	54.06

Vendor# 11108 — Vendor Name: ITERSOURCE CORPORATION — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
711785		08/21/202	07/19/202	07/19/202			2,775.00	0.00	0.00	2,775.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11108	ITERSOURCE CORPORATION	2,775.00	0.00	0.00	2,775.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
32766566		07/17/202	08/11/202	09/10/202			1,317.50	0.00	0.00	1,317.50
32683963		08/01/202	06/27/202	07/17/202			1,976.25	0.00	0.00	1,976.25
32705171		08/01/202	07/12/202	08/11/202			1,976.25	0.00	0.00	1,976.25

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	K0530	KCI USA	5,270.00	0.00	0.00	5,270.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6488		08/20/202	09/01/202	09/01/202			500.00	0.00	0.00	500.00
	PROF FEES 9/24									

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
21816123		08/01/202	03/08/202	04/15/202			699.60	0.00	0.00	699.60
21766392		08/14/202	02/27/202	03/13/202			3,479.69	0.00	0.00	3,479.69
21799491		08/14/202	03/05/202	04/15/202			135.53	0.00	0.00	135.53

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	4,314.82	0.00	0.00	4,314.82

Vendor# 12588 — Vendor Name: MEDICAL TECHNOLOGY ASSOCIATES — Class: — Pay Code:

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

INV244034		08/07/202	07/31/202	08/30/202		5,011.70	0.00	0.00	5,011.70
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	12588	MEDICAL TECHNOLOGY ASSOCIATES				5,011.70	0.00	0.00	5,011.70
Vendor#	Vendor Name				Class	Pay Code			
10613	MEDIMPACT HEALTHCARE SYS, INC.				A/P				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
080724		08/20/202	08/07/202	08/07/202			9.97	0.00	0.00	9.97
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10613	MEDIMPACT HEALTHCARE SYS, INC.					9.97	0.00	0.00	9.97
Vendor#	Vendor Name				Class	Pay Code			
M2470	MEDLINE INDUSTRIES INC				M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2328913850		08/01/202	07/24/202	08/18/202			185.31	0.00	0.00	185.31
2328072379	SUPPLIES	08/07/202	07/24/202	08/18/202			1,206.86	0.00	0.00	1,206.86
23309455411		08/07/202	08/13/202	09/07/202			158.88	0.00	0.00	158.88
2330193402		08/07/202	08/14/202	09/08/202			30.45	0.00	0.00	30.45
2330601195	CREDIT	08/07/202	08/14/202	09/08/202			-52.50	0.00	0.00	-52.50
2330193405		08/14/202	08/07/202	09/01/202			1,654.72	0.00	0.00	1,654.72
2330601196		08/14/202	08/09/202	09/03/202			-330.06	0.00	0.00	-330.06
2330193409		08/14/202	08/14/202	09/08/202			135.52	0.00	0.00	135.52
2328913851		08/21/202	07/30/202	08/24/202			23.74	0.00	0.00	23.74
2331131330	SUPPLIES	08/21/202	08/14/202	09/08/202			52.50	0.00	0.00	52.50
2331131331	SUPPLIES	08/21/202	08/14/202	09/08/202			13.43	0.00	0.00	13.43
2331131326	SUPPLIES	08/21/202	08/14/202	09/08/202			48.45	0.00	0.00	48.45
2331131328	SUPPLIES	08/21/202	08/14/202	09/08/202			340.92	0.00	0.00	340.92
233131332	SUPPLIES	08/21/202	08/14/202	09/08/202			291.19	0.00	0.00	291.19
2331131337	SUPPLIES	08/21/202	08/14/202	09/08/202			5.62	0.00	0.00	5.62
2331131333	SUPPLIES	08/21/202	08/14/202	09/08/202			1,435.52	0.00	0.00	1,435.52
2331131335	SUPPLIES	08/21/202	08/14/202	09/08/202			5,318.08	0.00	0.00	5,318.08
2331131325	SUPPLIES	08/21/202	08/14/202	09/08/202			366.37	0.00	0.00	366.37
2331131327	SUPPLIES	08/21/202	08/14/202	09/08/202			291.19	0.00	0.00	291.19
2331131329	SUPPLIES	08/21/202	08/14/202	09/08/202			330.06	0.00	0.00	330.06
2331131338	SUPPLIES	08/21/202	08/14/202	09/08/202			22.32	0.00	0.00	22.32

2331339312		08/21/202	08/15/202	09/09/202	17.41	0.00	0.00	17.41
	SUPPLIES							
2331789485		08/21/202	08/19/202	09/13/202	111.84	0.00	0.00	111.84
	SUPPLIES							

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	11,657.82	0.00	0.00	11,657.82

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081424		08/20/202	08/15/202	08/15/202			599.24	0.00	0.00	599.24

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP	599.24	0.00	0.00	599.24

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2319563		08/19/202	08/12/202	08/22/202			6,244.92	0.00	0.00	6,244.92
CM46720		08/20/202	08/09/202	08/19/202			-201.63	0.00	0.00	-201.63
2315535		08/20/202	08/11/202	08/21/202			530.05	0.00	0.00	530.05
2313500		08/20/202	08/11/202	08/21/202			617.37	0.00	0.00	617.37
2315534		08/20/202	08/11/202	08/21/202			551.42	0.00	0.00	551.42
2319562		08/20/202	08/12/202	08/22/202			13.91	0.00	0.00	13.91
2324139		08/20/202	08/13/202	08/23/202			28.96	0.00	0.00	28.96
2324140		08/20/202	08/13/202	08/23/202			116.14	0.00	0.00	116.14
2328270		08/21/202	08/14/202	08/24/202			105.43	0.00	0.00	105.43
2329665		08/21/202	08/14/202	08/25/202			246.53	0.00	0.00	246.53
2329666		08/21/202	08/14/202	08/25/202			241.25	0.00	0.00	241.25
2326621		08/21/202	08/14/202	08/25/202			4,782.98	0.00	0.00	4,782.98
2328271		08/21/202	08/14/202	08/25/202			143.06	0.00	0.00	143.06
2329667		08/21/202	08/14/202	08/25/202			2,346.08	0.00	0.00	2,346.08
2327204		08/21/202	08/14/202	08/25/202			12.24	0.00	0.00	12.24
2331501		08/21/202	08/15/202	08/25/202			4,782.98	0.00	0.00	4,782.98
6997		08/21/202	08/15/202	08/25/202			117.50	0.00	0.00	117.50
CM47677		08/21/202	08/15/202	08/25/202			-4,699.30	0.00	0.00	-4,699.30
	CREDIT									
2334296		08/21/202	08/15/202	08/25/202			15.42	0.00	0.00	15.42
6996		08/21/202	08/15/202	08/25/202			299.53	0.00	0.00	299.53

2334297	08/21/202 08/15/202 08/25/202	622.63	0.00	0.00	622.63
2339862	08/21/202 08/18/202 09/10/202	526.11	0.00	0.00	526.11
2339863	08/21/202 08/18/202 09/10/202	285.43	0.00	0.00	285.43
2342618	08/21/202 08/19/202 09/10/202	118.12	0.00	0.00	118.12
2344756	08/21/202 08/19/202 09/10/202	3.40	0.00	0.00	3.40
2344757	08/21/202 08/19/202 09/10/202	207.80	0.00	0.00	207.80
2350123	08/21/202 08/20/202 08/30/202	1,299.44	0.00	0.00	1,299.44
2347546	08/21/202 08/20/202 08/30/202	0.39	0.00	0.00	0.39
2347544	08/21/202 08/20/202 08/30/202	68.32	0.00	0.00	68.32
CM48657	08/21/202 08/20/202 08/30/202	-4.02	0.00	0.00	-4.02
2350122	08/21/202 08/20/202 08/30/202	4,615.75	0.00	0.00	4,615.75
2347545	08/21/202 08/20/202 08/30/202	180.47	0.00	0.00	180.47

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	24,218.68	0.00	0.00	24,218.68

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8454		08/20/202	08/06/202	08/16/202			79.24	0.00	0.00	79.24
8465		08/20/202	08/19/202	08/29/202			141.26	0.00	0.00	141.26

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13548	NACOGDOCHES TRANSCRIPTION	220.50	0.00	0.00	220.50

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4282298		08/20/202	08/12/202	09/01/202			2,513.20	0.00	0.00	2,513.20

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12388	NATIONAL FARM LIFE INSURANCE	2,513.20	0.00	0.00	2,513.20

Vendor# 12096 Vendor Name: NEOGENOMICS LABORATORIES — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7641829		08/19/202	05/31/202	05/31/202			1,200.00	0.00	0.00	1,200.00
7741597		08/19/202	06/30/202	06/30/202			2,744.00	0.00	0.00	2,744.00
7847978		08/19/202	07/31/202	07/31/202			2,388.00	0.00	0.00	2,388.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12096	NEOGENOMICS LABORATORIES	6,332.00	0.00	0.00	6,332.00

Vendor# 13624 Vendor Name: NEXION HEALTH AT NAVASOTA INC — Class — Pay Code

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

036247			08/19/202	08/12/202	08/12/202		1,800.00	0.00	0.00	1,800.00
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	13624	NEXION HEALTH AT NAVASOTA INC					1,800.00	0.00	0.00	1,800.00
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
	36584473		08/21/202	07/24/202	08/23/202			1,584.89	0.00	0.00	1,584.89
Vendor Totals:	Number	Name						Gross	Discount	No-Pay	Net
	O1500	OLYMPUS AMERICA INC						1,584.89	0.00	0.00	1,584.89
Vendor#	Vendor Name					Class	Pay Code			
O1416	ORTHO CLINICAL DIAGNOSTICS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	1853665331		08/01/202	08/12/202	09/11/202			752.16	0.00	0.00	752.16
	1853659036		08/07/202	08/06/202	09/05/202			160.99	0.00	0.00	160.99
Vendor Totals:	Number	Name						Gross	Discount	No-Pay	Net
	O1416	ORTHO CLINICAL DIAGNOSTICS						913.15	0.00	0.00	913.15
Vendor#	Vendor Name					Class	Pay Code			
S0905	PERFORMANCE HEALTH					M				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	IN97907637		08/21/202	08/13/202	09/07/202			197.55	0.00	0.00	197.55
		SUPPLIES									
Vendor Totals:	Number	Name						Gross	Discount	No-Pay	Net
	S0905	PERFORMANCE HEALTH						197.55	0.00	0.00	197.55
Vendor#	Vendor Name					Class	Pay Code			
14764	PL-CPR, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	331		08/20/202	08/19/202	08/19/202			600.00	0.00	0.00	600.00
Vendor Totals:	Number	Name						Gross	Discount	No-Pay	Net
	14764	PL-CPR, LLC						600.00	0.00	0.00	600.00
Vendor#	Vendor Name					Class	Pay Code			
10372	PRECISION DYNAMICS CORP (PDC)									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	9356833615		08/21/202	07/31/202	08/30/202			204.36	0.00	0.00	204.36
Vendor Totals:	Number	Name						Gross	Discount	No-Pay	Net
	10372	PRECISION DYNAMICS CORP (PDC)						204.36	0.00	0.00	204.36
Vendor#	Vendor Name					Class	Pay Code			
R1045	R & D BATTERIES INC					M				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	1777775		08/01/202	08/07/202	09/07/202			29.20	0.00	0.00	29.20
Vendor Totals:	Number	Name						Gross	Discount	No-Pay	Net
	R1045	R & D BATTERIES INC						29.20	0.00	0.00	29.20
Vendor#	Vendor Name					Class	Pay Code			
15560	R&R PETRO SERVICE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	2410531		08/21/202	07/31/202	08/31/202			2,543.76	0.00	0.00	2,543.76
		SOIL SAMPLES LABOR									
Vendor Totals:	Number	Name						Gross	Discount	No-Pay	Net
	15560	R&R PETRO SERVICE						2,543.76	0.00	0.00	2,543.76
Vendor#	Vendor Name					Class	Pay Code			

11080 RADSOURCE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
PSI002604		08/01/202	08/12/202	09/11/202			1,791.67	0.00	0.00	1,791.67
PSI002687	RAD SVCS	08/21/202	08/16/202	09/10/202			1,708.33	0.00	0.00	1,708.33

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11080	RADSOURCE	3,500.00	0.00	0.00	3,500.00

Vendor# 11251 Vendor Name: RAPID PRINTING LLC — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
24669		08/14/202	08/13/202	08/23/202			60.00	0.00	0.00	60.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11251	RAPID PRINTING LLC	60.00	0.00	0.00	60.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
31954		08/20/202	08/14/202	08/14/202			196.00	0.00	0.00	196.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11024	REED, CLAYMON, MEEKER & HARGET	196.00	0.00	0.00	196.00

Vendor# 15264 Vendor Name: REPUBLIC PAIN SPECIALISTS — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
36		08/13/202	08/13/202	09/13/202			3,000.00	0.00	0.00	3,000.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15264	REPUBLIC PAIN SPECIALISTS	3,000.00	0.00	0.00	3,000.00

Vendor# 12436 Vendor Name: SHANNA O'DONNELL, FNP — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081324	Reim. License Renewal	08/20/202	08/13/202	08/13/202			129.00	0.00	0.00	129.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12436	SHANNA O'DONNELL, FNP	129.00	0.00	0.00	129.00

Vendor# 10936 Vendor Name: SIEMENS FINANCIAL SERVICES — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
56382400061967		08/20/202	07/25/202	08/20/202			4,038.24	0.00	0.00	4,038.24

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10936	SIEMENS FINANCIAL SERVICES	4,038.24	0.00	0.00	4,038.24

Vendor# 10699 Vendor Name: SIGN AD, LTD. — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
303482	Advertising Lease Space 8/28 - 9/24/24	08/20/202	08/16/202	08/26/202			410.00	0.00	0.00	410.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10699	SIGN AD, LTD.	410.00	0.00	0.00	410.00

Vendor# S2353 Vendor Name: SMITHS MEDICAL ASD INC — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
17382674	SUPPLIES	08/21/202	07/18/202	08/18/202			121.52	0.00	0.00	121.52

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net

	S2353	SMITHS MEDICAL ASD INC				121.52	0.00	0.00	121.52
Vendor#	Vendor Name			Class	Pay Code				
11296	SOUTH TEXAS BLOOD & TISSUE CEN								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	CM12981		08/20/202	08/15/202	09/09/202		-2,810.00	0.00	0.00	-2,810.00
	I07042972		08/20/202	08/15/202	09/09/202		7,918.41	0.00	0.00	7,918.41
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		11296	SOUTH TEXAS BLOOD & TISSUE CEN				5,108.41	0.00	0.00	5,108.41
Vendor#	Vendor Name				Class	Pay Code				
T1450	TEXAS ASSOCIATION OF COUNTIES				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	123123		08/22/202	08/22/202	09/11/202		2,639.10	0.00	0.00	2,639.10
		Q4 2023 UNEMPLOYEMENT								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		T1450	TEXAS ASSOCIATION OF COUNTIES				2,639.10	0.00	0.00	2,639.10
Vendor#	Vendor Name				Class	Pay Code				
S1801	TRACI SHEFCIK				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	081324		08/20/202	08/13/202	08/13/202		1,500.00	0.00	0.00	1,500.00
		Cont. Education Reim. 8/3/24								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		S1801	TRACI SHEFCIK				1,500.00	0.00	0.00	1,500.00
Vendor#	Vendor Name				Class	Pay Code				
T3334	TRINITY PHYSICS CONSULTING LLC				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	036247		08/19/202	08/12/202	09/11/202		1,800.00	0.00	0.00	1,800.00
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		T3334	TRINITY PHYSICS CONSULTING LLC				1,800.00	0.00	0.00	1,800.00
Vendor#	Vendor Name				Class	Pay Code				
C2510	TRUBRIDGE				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	T2408151378		08/21/202	08/15/202	08/15/202		10,404.40	0.00	0.00	10,404.40
	47374		08/21/202	08/21/202	08/21/202		3,626.00	0.00	0.00	3,626.00
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		C2510	TRUBRIDGE				14,030.40	0.00	0.00	14,030.40
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
	2921039414		08/13/202	08/08/202	09/07/202		154.81	0.00	0.00	154.81
		LAUNDRY								
	2921039421		08/13/202	08/08/202	09/07/202		136.63	0.00	0.00	136.63
	2921039415		08/13/202	08/08/202	09/07/202		344.72	0.00	0.00	344.72
	2921039419		08/13/202	08/08/202	09/07/202		312.42	0.00	0.00	312.42
	2921039420		08/13/202	08/08/202	09/07/202		220.83	0.00	0.00	220.83
	2921039416		08/13/202	08/08/202	09/07/202		3,142.05	0.00	0.00	3,142.05
	2921039620		08/13/202	08/12/202	09/11/202		119.59	0.00	0.00	119.59

2921039619	08/13/202	08/12/202	09/11/202		3,483.34	0.00	0.00	3,483.34
2921040148	08/20/202	07/16/202	08/10/202		119.59	0.00	0.00	119.59

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	8,033.98	0.00	0.00	8,033.98

Vendor# U2000 — Vendor Name: US POSTAL SERVICE — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081224		08/20/202	08/13/202	08/12/202			2,200.00	0.00	0.00	2,200.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U2000	US POSTAL SERVICE	2,200.00	0.00	0.00	2,200.00

Vendor# 12208 — Vendor Name: WAGEWORKS — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2052366		08/20/202	08/23/202	08/23/202			475.25	0.00	0.00	475.25

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12208	WAGEWORKS	475.25	0.00	0.00	475.25

Vendor# I1110 — Vendor Name: WERFEN USA LLC — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
911590352		08/21/202	08/15/202	09/09/202			1,571.67	0.00	0.00	1,571.67

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	1,571.67	0.00	0.00	1,571.67

Vendor# 11400 — Vendor Name: WEST COAST MEDICAL RESOURCES — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV116004	SUPPLIES	08/21/202	07/23/202	08/22/202			627.00	0.00	0.00	627.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11400	WEST COAST MEDICAL RESOURCES	627.00	0.00	0.00	627.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	359,043.19	0.00	0.00	359,043.19

APPROVED ON

AUG 22 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 205355 - 205440

359,043.19 +
540.00 - pg. 2 Inv# 081924 doubled
7.64 - Pg. 2 Inv# 804793053 amounts don't mat
694.37 -
643.00 + pg.5 Inv# 10205 sales tax
6,182.09 - pg.7 no invoices
1,800.00 - Pg.12 Inv# 036247 no invoice
3,000.00 - Pg7. no signature Approved Inv# 082222
345,501.69 =

Ø

RUN DATE:08/26/24 MEMORIAL MEDICAL CENTER PAGE 1
TIME:12:07 CHECK REGISTER GLCKREG
08/28/24 THRU 08/28/24

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	205355	08/28/24	748.93	ACE HARDWARE 15521
A/P	205356	08/28/24	58.43	ADT COMMERCIAL
A/P	205357	08/28/24	432.73	ADVANCED STERILIZATION PRODUCT
A/P	205358	08/28/24	142.76	ALPHA TEC SYSTEMS INC
A/P	205359	08/28/24	744.62	AMAZON CAPITAL SERVICES
A/P	205360	08/28/24	780.67	AMERICAN CATHETER CORPORATION
A/P	205361	08/28/24	540.00	AMERICAN TRAUMA SOCIETY
A/P	205362	08/28/24	750.00	AMERITEX ELEVATOR SERVICES INC
A/P	205363	08/28/24	60.00	APRIL KUBALA
A/P	205364	08/28/24	11,511.53	AUTHORITYRX, LLC
A/P	205365	08/28/24	.00	VOIDED
A/P	205366	08/28/24	8,525.81	BAXTER HEALTHCARE
A/P	205367	08/28/24	.00	VOIDED
A/P	205368	08/28/24	26,457.63	BECKMAN COULTER INC
A/P	205369	08/28/24	364.00	CABLES AND SENSORS
A/P	205370	08/28/24	703.73	CARDINAL HEALTH 414, INC.
A/P	205371	08/28/24	1,790.00	CAREFUSION SOLUTIONS, LLC
A/P	205372	08/28/24	6,158.27	CDW GOVERNMENT, INC.
A/P	205373	08/28/24	593.69	CHEMAQUA
A/P	205374	08/28/24	748.38	CITY OF PORT LAVACA
A/P	205375	08/28/24	60.00	COLONIAL PENN LIFE INSURANCE
A/P	205376	08/28/24	1,500.00	COURTNE THURLKILL
A/P	205377	08/28/24	643.00	CROSSROADS MECHANICAL, INC
A/P	205378	08/28/24	419.00	CYGNUS MEDICAL LLC
A/P	205379	08/28/24	431.34	CYRACOM LLC
A/P	205380	08/28/24	446.60	DAWN MAREK
A/P	205381	08/28/24	225.99	DEWITT POTH & SON
A/P	205382	08/28/24	489.85	DIRECTV ENTERTAINMENT HOLDINGS
A/P	205383	08/28/24	74,658.88	DISCOVERY MEDICAL NETWORK INC
A/P	205384	08/28/24	40.00	DOWELL PEST CONTROL
A/P	205385	08/28/24	808.50	DUTCH OPHTHALMIC USA
A/P	205386	08/28/24	221.27	EITAN GROUP NORTH AMERICA, INC
A/P	205387	08/28/24	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	205388	08/28/24	3,812.96	FIRST INSURANCE FUNDING
A/P	205389	08/28/24	11,977.57	FISHER HEALTHCARE
A/P	205390	08/28/24	879.58	FUSION CONNECT
A/P	205391	08/28/24	2,088.63	GE PRECISION HEALTHCARE, LLC
A/P	205392	08/28/24	431.87	GRACE FLOORING AND GLASS
A/P	205393	08/28/24	1,706.33	GRAINGER
A/P	205394	08/28/24	140.14	HEALTH CARE LOGISTICS INC
A/P	205395	08/28/24	119.50	HEALTHCARE CODING & CONSULTING
A/P	205396	08/28/24	573.53	HEWLETT-PACKARD
A/P	205397	08/28/24	5,000.00	HHSC
A/P	205398	08/28/24	23,663.00	HOSPITAL CARE CONSULTANTS INC.
A/P	205399	08/28/24	54.06	HUMANA
A/P	205400	08/28/24	2,775.00	ITERSOURCE CORPORATION
A/P	205401	08/28/24	5,270.00	KCI USA
A/P	205402	08/28/24	500.00	MANAGED CARE PARTNERS INC.
A/P	205403	08/28/24	4,314.82	MCKESSON MEDICAL SURGICAL INC
A/P	205404	08/28/24	5,011.70	MEDICAL TECHNOLOGY ASSOCIATES

BANK--CHECK-- CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	205405	08/28/24	9.97	MEDIMPACT HEALTHCARE SYS, INC.
A/P	205406	08/28/24	.00	VOIDED
A/P	205407	08/28/24	.00	VOIDED
A/P	205408	08/28/24	11,657.82	MEDLINE INDUSTRIES INC
A/P	205409	08/28/24	599.24	MMC AUXILIARY GIFT SHOP
A/P	205410	08/28/24	.00	VOIDED
A/P	205411	08/28/24	.00	VOIDED
A/P	205412	08/28/24	24,218.68	MORRIS & DICKSON CO, LLC
A/P	205413	08/28/24	220.50	NACOGDOCHES TRANSCRIPTION
A/P	205414	08/28/24	2,513.20	NATIONAL FARM LIFE INSURANCE
A/P	205415	08/28/24	6,332.00	NEOGENOMICS LABORATORIES
A/P	205416	08/28/24	1,584.89	OLYMPUS AMERICA INC
A/P	205417	08/28/24	913.15	ORTHO CLINICAL DIAGNOSTICS
A/P	205418	08/28/24	197.55	PERFORMANCE HEALTH
A/P	205419	08/28/24	600.00	PL-CPR, LLC
A/P	205420	08/28/24	204.36	PRECISION DYNAMICS CORP (PDC)
A/P	205421	08/28/24	29.20	R & D BATTERIES INC
A/P	205422	08/28/24	2,543.76	R&R PETRO SERVICE
A/P	205423	08/28/24	3,500.00	RADSOURCE
A/P	205424	08/28/24	60.00	RAPID PRINTING LLC
A/P	205425	08/28/24	196.00	REED, CLAYMON, MEEKER & HARGET
A/P	205426	08/28/24	3,000.00	REPUBLIC PAIN SPECIALISTS
A/P	205427	08/28/24	129.00	SHANNA O'DONNELL, FNP
A/P	205428	08/28/24	4,038.24	SIEMENS FINANCIAL SERVICES
A/P	205429	08/28/24	410.00	SIGN AD, LTD.
A/P	205430	08/28/24	121.52	SMITHS MEDICAL ASD INC
A/P	205431	08/28/24	5,108.41	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	205432	08/28/24	2,639.10	TEXAS ASSOCIATION OF COUNTIES
A/P	205433	08/28/24	1,500.00	TRACI SHEFCIK
A/P	205434	08/28/24	1,800.00	TRINITY PHYSICS CONSULTING LLC
A/P	205435	08/28/24	14,030.40	TRUBRIDGE
A/P	205436	08/28/24	8,033.98	UNIFIRST HOLDINGS INC
A/P	205437	08/28/24	2,200.00	US POSTAL SERVICE
A/P	205438	08/28/24	475.25	WAGEWORKS
A/P	205439	08/28/24	1,571.67	WERFEN USA LLC
A/P	205440	08/28/24	627.00	WEST COAST MEDICAL RESOURCES
A/P	205441	08/28/24	84,419.30	ASHFORD GARDENS
A/P	205442	08/28/24	84,429.30	BETHANY SENIOR LIVING
A/P	205443	08/28/24	31,449.36	BROADMOOR AT CREEKSIDE PARK
A/P	205444	08/28/24	26,461.03	FORTBEND HEALTHCARE CENTER
A/P	205445	08/28/24	144,974.07	GOLDENCREEK HEALTHCARE
A/P	205446	08/28/24	24,845.13	SOLERA WEST HOUSTON
A/P	205447	08/28/24	41,315.86	THE CRESCENT
A/P	205448	08/28/24	42,817.33	TUSCANY VILLAGE
A/P	205449	08/28/24	357.57	[redacted]
A/P	205450	08/28/24	83.61	
A/P	205451	08/28/24	20.00	
A/P	205452	08/28/24	2,000.00	
A/P	205453	08/28/24	50.00	
A/P	205454	08/28/24	19.34	
A/P	205455	08/28/24	85.92	

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	205456	08/28/24	253.47	[redacted]
A/P	205457	08/28/24	68.25	
TOTALS:			834,151.23	

345,501.69 + Payables
2,938.16 + Patient Refunds
5,000.00 + Critical
480,711.38 + NH Xfers
834,151.23 ◇

APPROVED ON
AUG 28 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED BY THE
COUNTY AUDITOR ON

AUG 22 2024

CALHOUN COUNTY, TEXAS

RUN DATE: 08/23/24
TIME: 09:48

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1
APCDEDIT

PATIENT NUMBER	PAYEE NAME			DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
1556100 01	[redacted]			073124	83.61	3		REFUND FOR [redacted]	
1605866 01		TX	77905	082124	19.34	2		REFUND FOR	
1606423 01		TX	77979	082124	20.00	2		REFUND FOR	
1607713 01		TX	77465	082124	2000.00	2		REFUND FOR	
1608612 01		TX	77995	082124	357.57	2		REFUND FOR	
1609290 01		TX	77979	082124	85.92	2		REFUND FOR	
1609963 01		TX	77982	082124	253.47	2		REFUND FOR	
1609987 01		TX	77982	082124	68.25	2		REFUND FOR	
1610124 01		TX	77951	082124	50.00	2		REFUND FOR	
		TX	77979						

ARID=0001 TOTAL 2938.16

TOTAL 2938.16

APPROVED ON

AUG 22 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 205449-
205457

RECEIVED BY THE
COUNTY AUDITOR ON

AUG 26 2024

CALHOUN COUNTY, TEXAS

08/26/2024
11:26

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 09/13/2024

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
15620	HHSC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
082224		08/22/202	08/22/202	08/22/202			5,000.00	0.00	0.00	5,000.00
	HVAC CONSTRUCTION APP									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	15620	HHSC					5,000.00	0.00	0.00	5,000.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	5,000.00	0.00	0.00	5,000.00

APPROVED ON

AUG 26 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 205397

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: 08/23/2024 Page: 002

DC: 8115
Customer INV SuppID:
Territory:

Customer: 632536
Date: 08/24/2024

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

As of: 08/23/2024 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 08/24/2024 **ITEMS NOT PAID (✓)**

National Account 632536

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 11,208.85 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 08/27/2024, Pay This Amount: 10,984.66 USD

If Paid After 08/27/2024, Pay this Amount: 11,208.85 USD

Due If Paid On Time: USD 10,984.66

Disc lost if paid late: 224.19

Due If Paid Late: USD 11,208.85

Andrea De Los Santos
8/26/2024

10,851.77 +
21.78 +
3.60 +
52.45 +
48.04 +
7.02 +
10,984.66 ◊

APPROVED ON
AUG 26 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 08/23/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 08/24/2024

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: 08/23/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 08/24/2024

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**										
08/17/2024	08/27/2024	7515257120	200617725	115Invoice	0.01	0.63		0.62		7515257120	
08/17/2024	08/27/2024	7515257121	207145602	115Invoice	1.56	77.95		76.39		7515257121	
08/17/2024	08/27/2024	7515257122	201257403	115Invoice		0.10		0.10		7515257122	
08/17/2024	08/27/2024	7515257123	116604680	115Invoice	5.23	261.50		256.27		7515257123	
08/17/2024	08/27/2024	7515257124	206089777	115Invoice	22.52	1,126.23		1,103.71		7515257124	
08/17/2024	08/27/2024	7515257125	208116698	115Invoice	0.01	0.32		0.31		7515257125	
08/19/2024	08/27/2024	7515519328	208413640	115Invoice	1.10	55.22		54.12		7515519328	
08/19/2024	08/27/2024	7515519329	206643854	115Invoice	0.01	0.32		0.31		7515519329	
08/19/2024	08/27/2024	7515519330	200032360	195Invoice	5.23	261.50		256.27		7515519330	
08/19/2024	08/27/2024	7515519331	203174886	115Invoice	18.67	933.27		914.60		7515519331	
08/19/2024	08/27/2024	7515519332	205867258	115Invoice	17.12	855.76		838.64		7515519332	
08/19/2024	08/27/2024	7515519333	208378288	115Invoice	0.02	0.95		0.93		7515519333	
08/19/2024	08/27/2024	7515519334	204043612	115Invoice	0.01	0.63		0.62		7515519334	
08/19/2024	08/27/2024	7515519335	204105929	115Invoice	0.01	0.32		0.31		7515519335	
08/19/2024	08/27/2024	7515519336	207167178	115Invoice	22.56	1,127.81		1,105.25		7515519336	
08/19/2024	08/27/2024	7515519337	200037295	165Invoice	0.02	0.95		0.93		7515519337	
08/19/2024	08/27/2024	7515519338	208116698	115Invoice	5.23	261.41		256.18		7515519338	
08/19/2024	08/27/2024	7515519339	208220871	115Invoice	5.23	261.41		256.18		7515519339	
08/19/2024	08/27/2024	7515519340	200037295	165Invoice	4.30	214.85		210.55		7515519340	
08/19/2024	08/27/2024	7515519341	206089777	115Invoice	67.57	3,378.70		3,311.13		7515519341	
08/19/2024	08/27/2024	7515519342	206427908	115Invoice	45.05	2,252.47		2,207.42		7515519342	
08/19/2024	08/27/2024	7515519343	206211124	115Invoice	0.01	0.32		0.31		7515519343	
08/19/2024	08/27/2024	7515519344	206245624	115Invoice	0.01	0.32		0.31		7515519344	
08/19/2024	08/27/2024	7515519345	206572602	115Invoice	0.01	0.32		0.31		7515519345	

APPROVED ON

AUG 26 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 08/23/2024 Page: 002

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 08/24/2024

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

As of: 08/23/2024 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 08/24/2024

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: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 11,073.26 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 10,708.30
08/19/2024

If Paid By 08/27/2024, Pay This Amount: 10,851.77 USD

If Paid After 08/27/2024, Pay this Amount: 11,073.26 USD

Due If Paid On Time: USD 10,851.77

Disc lost if paid late: 221.49

Due If Paid Late: USD 11,073.26

APPROVED ON
AUG 26 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Andrew DaCosta Santos
8/26/2024

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

HEB PHCY 0434/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: 08/23/2024 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 190813
Date: 08/24/2024

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

As of: 08/23/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 08/24/2024

PLEASE CHECK ANY ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
08/21/2024	08/27/2024	7515884111	4125170	115Invoice	0.44	22.22		21.78		7515884111	

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

TOTAL:

Subtotals: 22.22 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,647.84
07/15/2024

If Paid By 08/27/2024, Pay This Amount: 21.78 USD

If Paid After 08/27/2024, Pay this Amount: 22.22 USD

Due If Paid On Time:
USD 21.78

Disc lost if paid late:
0.44

Due If Paid Late:
USD 22.22

Andrew DeLosSantos
8/26/2024

APPROVED ON
AUG 26 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 08/23/2024 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 835437
Date: 08/24/2024

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

As of: 08/23/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835437 PLEASE CHECK ANY
Date: 08/24/2024 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835437 CVS PHCY 7416/MEM MC PHS											
08/21/2024	08/27/2024	7516083115	3468240	115Invoice	0.07	3.67		3.60		7516083115	

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: 3.67 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 10,708.30
08/19/2024

If Paid By 08/27/2024, Pay This Amount: 3.60 USD

If Paid After 08/27/2024, Pay this Amount: 3.67 USD

Due If Paid On Time: USD 3.60

Disc lost if paid late: 0.07

Due If Paid Late: USD 3.67

APPROVED ON
AUG 26 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Andrea Delgadillo Santos
8/26/2024

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 08/23/2024 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 835438
Date: 08/24/2024

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

As of: 08/23/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 **PLEASE CHECK ANY**
Date: 08/24/2024 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS											
08/21/2024	08/27/2024	7516088090	3471133	115Invoice	0.09	4.50		4.41		7516088090	
08/21/2024	08/27/2024	7516088091	3471133	115Invoice	0.98	49.02		48.04		7516088091	

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

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

Subtotals: 53.52 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 8,341.07
08/12/2024

If Paid By 08/27/2024,
Pay This Amount: 52.45 USD

If Paid After 08/27/2024,
Pay this Amount: 53.52 USD

Due If Paid On Time:
USD 52.45

Disc lost if paid late: 1.07

Due If Paid Late:
USD 53.52

APPROVED ON
AUG 26 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Andrea DeLosSantos
8/26/2024

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 08/23/2024 **Page:** 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 835434
Date: 08/24/2024

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

As of: 08/23/2024 **Page:** 001
Mail to: **Comp:** 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835434 **PLEASE CHECK ANY**
Date: 08/24/2024 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835434 CVS PHCY 8923/MEM MC PHS											
08/21/2024	08/27/2024	7515957250	3471059	115Invoice	0.98	49.02		48.04		7515957250	

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

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

Subtotals: 49.02 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 8,341.07
08/12/2024

If Paid By 08/27/2024,
Pay This Amount: 48.04 USD

If Paid After 08/27/2024,
Pay this Amount: 49.02 USD

Due If Paid On Time:
USD 48.04

Disc lost if paid late:
0.98

Due If Paid Late:
USD 49.02

APPROVED ON
AUG 26 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Andrew DeLosSantos
8/26/2024

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: 08/23/2024 Page: 001

DC: 8115
Customer INV SupplID:
Territory: 7001

Customer: 820405
Date: 08/24/2024

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

As of: 08/23/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 **PLEASE CHECK ANY**
Date: 08/24/2024 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 820405 HEB PHCY WHSE/MEM MED PHS											
08/23/2024	08/27/2024	7516395542	B2408-055-171190	115Invoice	0.14	7.16		7.02		7516395542	

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: 7.16 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 10,708.30
08/19/2024

If Paid By 08/27/2024,
Pay This Amount: 7.02 USD

If Paid After 08/27/2024,
Pay this Amount: 7.16 USD

Due If Paid On Time:
USD 7.02

Disc lost if paid late:
0.14

Due If Paid Late:
USD 7.16

APPROVED ON
AUG 26 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Andrew Delafosse
8/26/2024

For AR Inquiries please contact 800-867-0333

AmerisourceBergen

STATEMENT

Statement Number: 68069051
Date: 08-23-2024

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:	12,845.62
Past Due:	0.00
Total Due:	12,845.62
Account Balance:	12,845.62

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
08-19-2024	08-30-2024	3185600679	7007353547	Invoice	3,759.63		0.00	3,759.63
08-19-2024	08-30-2024	3185601950	7007355250	Invoice	162.58		0.00	162.58
08-19-2024	08-30-2024	3185601951	7007364042	Invoice	1,113.39		0.00	1,113.39
08-19-2024	08-30-2024	3185601952	7007375175	Invoice	3,573.38		0.00	3,573.38
08-19-2024	08-30-2024	3185601953	7007375103	Invoice	61.66		0.00	61.66
08-20-2024	08-30-2024	3185732813	7007382866	Invoice	2,600.01		0.00	2,600.01
08-20-2024	08-30-2024	3185732814	7007383186	Invoice	162.58		0.00	162.58
08-20-2024	08-30-2024	3185732815	7007389646	Invoice	22.06		0.00	22.06
08-21-2024	08-30-2024	3185887364	7007397182	Invoice	485.58		0.00	485.58
08-21-2024	08-30-2024	3185887365	7007399297	Invoice	14.20		0.00	14.20
08-21-2024	08-30-2024	3185887366	7007397253	Invoice	3.12		0.00	3.12
08-22-2024	08-30-2024	3185938818	7190017491	Invoice	26.70		0.00	26.70
08-22-2024	08-30-2024	3186036562	7007407374	Invoice	831.44		0.00	831.44
08-23-2024	08-30-2024	3186179001	7007418972	Invoice	29.29		0.00	29.29

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
12,845.62	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
08-23-2024	(3,155.74)

Reminders

Due Date	Amount
08-30-2024	12,845.62
Total Due:	12,845.62

Andrea Salas Santos
8/26/2024

APPROVED ON
AUG 26 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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"	★	$ 129,791.83	#
	"1 TO CONFIRM"		1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 67,606.02	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 15,809.18	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 46,376.63	#
☐	"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	8/9/2024					
PAY PERIOD: END	8/22/2024					
PAY DATE:	8/30/2024					
GROSS PAY:	$ 538,330.47			$ -		$ 538,330.47
DEDUCTIONS:						
A/R	$ 250.00					$ 250.00
ADVANC						$ -
BOOTS						$ -
MUTUAL CRITICAL ILLNESS						$ -
MUTUAL ACCIDENT						$ -
IRS TAX						$ -
MUTUAL SHORT TERM DIS						$ -
MUTUAL VISION						$ -
CAFÉ-D						$ -
CAFÉ-H						$ -
	$ -					$ -
	$ -					$ -
CAFÉ-P						$ -
CANCER						$ -
CHILD						$ -
CLINIC	$ 325.00					$ 325.00
COMBIN						$ -
CREDUN	$ -					$ -
DENTAL	$ -					$ -
DEP-LF						$ -
MUTUAL TERM LIFE						$ -
MUTUAL HOSP INDEM						$ -
FED TAX	$ 46,376.63					$ 46,376.63
FICA-M	$ 7,904.59					$ 7,904.59
FICA-O	$ 33,803.01					$ 33,803.01
FICA-M ADDITIONAL						$ -
FIRST C						$ -
FLEX S						$ -
FLX-FE	$ -					$ -
GIFT S	$ 312.62					$ 312.62
MUTUAL CRITICAL ILLNESS						$ -
MUTUAL ACCIDENT						$ -
MUTUAL SHORT TERM DIS						$ -
LEGAL						$ -
OTHER	$ 4,259.07					$ 4,259.07
NATIONAL FARM LIFE						$ -
MED SURCHARGE						$ -
Blank						$ -
RELAY						$ -
REPAY						$ -
STONEDF						$ -
STONE						$ -
STONE 2						$ -
STUDEN						$ -
TSA-R	$ 36,768.56					$ 36,768.56
UW/HOS	$ -					$ -
TOTAL DEDUCTIONS:	$ 129,999.48	$ -	$ -	$ -	$ -	$ 129,999.48
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$ 408,330.99	$ -	$ -	$ -	$ -	$ 408,330.99
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFÉ 125 PLAN:	$ -	**Less Exempt:**				
TAXABLE PAY:	$ 538,330.47	$ 538,330.47				**Exempt Amt:**

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 7,805.79		
FICA - MED (EE)	1.45%	$ 7,805.79	$ 7,904.59	$ (98.80)
FICA - SOC SEC (ER)	6.20%	$ 33,376.49		
FICA - SOC SEC (EE)	6.20%	$ 33,376.49	$ 33,803.01	$ (426.52)
FED WITHHOLDING		$ 46,376.63	$ 46,376.63	

Employees over FICA-SS Cap:
Michael Gaines

Paycode S - Employee Reimb.:

TOTAL: $ -

TAX DEPOSIT:	$ 128,741.19	$ 129,791.83	
FICA - MEDICARE	2.90% $ 15,611.58	$15,809.18	
FICA - SOCIAL SECURITY	12.40% $ 66,752.98	$67,606.02	**PREPARED BY:** Andrie Flores
FED WITHHOLDING	$ 46,376.63	$46,376.63	**PREPARED DATE:** 8/26/2024
TOTAL TAX:	$ 128,741.19	$129,791.83	$ (1,050.64)

Final Summary

-- PayCode Summary --

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	9911.00	N		N	N		234855.68
1	REGULAR PAY-S1	1955.00	N		N	N	N	90396.06
1	REGULAR PAY-S1	352.25	Y		N	N		13940.03
2	REGULAR PAY-S2	2792.00	N		N	N		75576.08
2	REGULAR PAY-S2	124.00	Y		N	N		5292.04
3	REGULAR PAY-S3	1489.50	N		N	N		52998.07
3	REGULAR PAY-S3	110.50	Y		N	N		4884.23
4	CALL BACK PAY	15.00	N	1	N	N	Y	722.73
4	CALL BACK PAY	13.50	N	2	N	N	Y	593.04
4	CALL BACK PAY	4.50	N	3	N	N	Y	231.06
4	CALL BACK PAY	.50	Y	2	N	N	Y	40.13
C	CALL PAY	2556.00	N	1	N	N		5112.00
D	DOUBLE TIME	7.25	N	1	N	N		488.80
D	DOUBLE TIME	15.50	N	2	N	N		1367.28
D	DOUBLE TIME	24.00	N	3	N	N		2119.40
D	DOUBLE TIME	2.00	Y	2	N	N		281.86
D	DOUBLE TIME	16.75	Y	3	N	N		2401.31
E	EXTRA WAGES		N		N	N	N	5661.78
E	EXTRA WAGES		N	1	N	N	N	2375.75
I	INSERVICE	26.00	N	1	N	N		841.32
I	INSERVICE	3.00	Y	1	N	N		148.19
K	EXTENDED-ILLNESS-BANK	231.75	N	1	N	N		6200.83
P	PAID-TIME-OFF	219.94	N		N	N	N	5983.56
P	PAID-TIME-OFF	881.75	N	1	N	N		25511.22
X	CALL PAY 2	82.00	N	1	N	N		164.00
Z	CALL PAY 3	48.00	N	1	N	N		144.00

-- Deductions Summary --

Code	Amount	Code	Amount	Code	Amount
A/R	250.00	A/R2		A/R3	
ADVANC		AWARDS		BCBSVI	
BOOTS		CAFE H		CAFE-1	
CAFE-2		CAFE-3		CAFE-4	
CAFE-5		CAFE-C		CAFE-D	
CAFE-F		CAFE-H		CAFE-I	
CAFE-L		CAFE-P		CANCER	
CHILD		CLINIC	325.00	COMBIN	
CREDUN		DD ADV		DENTAL	
DEP-LF		DIS-LF		EAT	
EATCSH	1425.00	FEDTAX	46376.63	FICA-M	7904.59
FICA-O	33803.01	FIRSTC		FLEX S	
FLX FE		FORT D		FUTA	
GIFT S	312.62	GRANT		GRP-IN	
GTL		HOSP-I		HSA	
ID TFT		IRSTAX		LEAF	
LEGAL		MASA		MEALS	2834.07
METVIS		MISC		MISC/	
MMCSHR		MOOACC		MOOILL	
MOOIND		MOOLIF		MOOSTD	
MOOVIS		NATFML		OTHER	
PHI		PHI***		PR FIN	
RELAY		REPAY		SAMS	
SCRUBS		SIGNON		ST-TX	
STONDF		STONE		STONE2	
STUDEN		SUNACC		SUNILL	
SUNIND		SUNLIF		SUNSTD	
SUNVIS		SURCHG		TSA-1	
TSA-2		TSA-C		TSA-P	
TSA-R	36768.56	TUTION		UNIFOR	
UW/HOS					

Grand Totals: 20881.69 (Gross: 538330.47 Deductions: 129999.48 Net: 408330.99

Checks Count:- FT 205 PT 13 Other 37 Female 227 Male 27 Credit OverAmt 17 ZeroNet Term Total: 254

Andrew De Los Santos
8/26/24

CHKNO	GRPNO	LOCNO	EMPNO	DEPNO	CLMPRE	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYTO	CVGCD	CVGTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUDT	PRVNO
2488	76351	3	37	0	2024	187000839	0	8/1/2024	$48,413.00	1	HOUSTON METHODIST SUGAR LAND HOSPITAL	P	485	0	[redacted]		INLM	F	6/5/2024	6/5/2024	760545192
									$48,413.00												

Andrew Dotas Santos
8/26/2024

APPROVED ON
AUG 26 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHKNO	GRPNO	LOCNO	EMPNO	DEPNO	CLMPRE	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYTO	CVGCD	CVGTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUDT	PRVNO
2577	76351	1	1	0	2024	229001249	0	8/19/2024	$24,721.61	1	TRUESCRIPTS MANAGEMENT SERVICE LLC	P	517	0	EXPENSE	EMPLOYEE	PCS	F	7/29/2024	8/11/2024	464334244
2578	76351	1	2	0	2024	222000435	0	8/19/2024	$33.90	1	CITIZENS MEDICAL PROFESSIONALS	P	457	0	[redacted]		OVS	F	7/17/2024	7/17/2024	471158090
2579	76351	1	2	0	2024	229000909	0	8/19/2024	$33.90	1	CITIZENS MEDICAL PROFESSIONALS	P	457	0			OVS	F	8/6/2024	8/6/2024	471158090
2581	76351	2	33	0	2024	226002420	0	8/19/2024	$144.82	1	BCM PHYSICIANS	P	728	0			TELM	F	7/15/2024	7/15/2024	300791563
2582	76351	2	7	0	2024	225000859	0	8/19/2024	$348.68	1	BCM PHYSICIANS	P	457	0			OVS	F	7/15/2024	7/15/2024	300791563
2583	76351	3	53	0	2024	222001736	0	8/19/2024	$11.46	1	BRUCE BAUKNIGHT	P	481	0			OPDX	F	7/12/2024	7/12/2024	471158090
2584	76351	3	14	0	2024	222001714	0	8/19/2024	$19.10	1	NOE R. OLVERA, MD, PA	P	457	0			OVS	F	5/15/2024	5/15/2024	262712038
2586	76351	3	31	0	2024	222001719	0	8/19/2024	$55.89	1	NOE R. OLVERA, MD, PA	P	457	0			OVS	F	6/26/2024	6/26/2024	262712038
2587	76351	3	57	0	2024	226001642	0	8/19/2024	$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	360	0			POV	F	8/7/2024	8/7/2024	742605670
2588	76351	3	50	0	2024	229000918	0	8/19/2024	$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0			OV	F	8/13/2024	8/13/2024	742605670
2590	76351	3	10	0	2024	229000906	0	8/19/2024	$79.82	1	PORT LAVACA CLINIC ASSOCIATES	P	172	0			AB	F	8/12/2024	8/12/2024	742605670
2598	76351	3	53	0	2024	227000106	0	8/19/2024	$125.34	1	CHELIF JUNOR MD	P	457	0			OVS	F	7/23/2024	7/23/2024	471158090
2600	76351	3	31	0	2024	227000113	0	8/19/2024	$150.01	1	CITIZENS MEDICAL PROFESSIONALS	P	457	0			OVS	F	7/16/2024	7/16/2024	471158090
2601	76351	3	28	0	2024	227001262	0	8/19/2024	$462.08	1	VICTORIA WOMENS CLINIC ASSOCIATES	P	172	0			AB	F	8/9/2024	8/9/2024	741831291
2605	76351	3	37	0	2024	221000866	0	8/19/2024	$1,428.30	1	USAP-TEXAS	P	405	0			AOQ	F	6/5/2024	6/5/2024	760482007
2606	76351	3	37	0	2024	221000869	0	8/19/2024	$1,428.30	1	USAP-TEXAS	P	405	0			AOQ	F	6/5/2024	6/5/2024	760482007
2609	76360	1	17	1	2024	226001602	0	8/19/2024	$20.37	1	CLINICAL PATHOLOGY LABS, INC	P	172	0			AB	F	8/5/2024	8/5/2024	742554159
2611	76360	3	11	0	2024	222001734	0	8/19/2024	$20.37	1	CLINICAL PATHOLOGY LABS, INC	P	172	0			AB	F	7/31/2024	7/31/2024	742554159
2612	76360	3	30	0	2024	222000263	0	8/19/2024	$39.77	1	KURTIS R KRUEGER MD	P	457	0			OVS	F	7/16/2024	7/16/2024	471158090
2617	76360	3	103	0	2024	226000806	0	8/19/2024	$60.00	1	VICTORIA WOMENS CLINIC ASSOCIATES	P	184	0			LBDR	F	8/2/2024	8/2/2024	741831291
2618	76360	3	26	1	2024	221000867	0	8/19/2024	$71.56	1	TMH PHYSICIAN ASSOCIATES, PLLC	P	457	0			OVS	F	7/16/2024	7/16/2024	300520570
2628	76360	3	24	0	2024	227000050	0	8/19/2024	$97.95	1	DIAGNOSTIC IMAGING ASSOCIATES, PA	P	172	0			AB	F	7/23/2024	7/23/2024	760686474
2630	76360	3	28	0	2024	222001472	0	8/19/2024	$121.94	1	OAKBEND MEDICAL CENTER	P	186	0			HLAB	F	7/18/2024	7/18/2024	760339462
2631	76360	3	61	0	2024	227000443	0	8/19/2024	$135.08	1	HEALTH AND WELLNESS SOLUTIONS PA	P	457	0			OVS	F	2/20/2024	2/20/2024	260406833
2632	76360	3	11	0	2024	222001720	0	8/19/2024	$138.99	1	VICTORIA WOMENS CLINIC ASSOCIATES	P	172	0			AB	F	7/31/2024	7/31/2024	741831291
2633	76360	3	61	0	2024	225000755	0	8/19/2024	$158.12	1	TEXAS ONCOLOGY PA	P	177	0			OV	F	7/10/2024	7/10/2024	752131429
2634	76360	3	61	0	2024	222000426	0	8/19/2024	$159.08	1	AMERICAN RADIOLOGY CONSULTANTS	P	315	0			PET	F	6/21/2024	6/21/2024	450480099
2635	76360	3	30	0	2024	222000250	0	8/19/2024	$176.76	1	KURTIS R KRUEGER MD	P	457	0			OVS	F	5/13/2024	5/13/2024	471158090
2637	76360	3	21	1	2024	227000048	0	8/19/2024	$303.85	1	HARESH KUMAR M.D	P	466	0			DI	F	6/25/2024	6/25/2024	453050693
2638	76360	3	21	1	2024	227000112	0	8/19/2024	$303.85	1	HARESH KUMAR M.D	P	466	0			DI	F	4/16/2024	4/16/2024	453050693
2639	76360	3	31	0	2024	222000427	0	8/19/2024	$448.27	1	CITY OF VICTORIA	P	412	0			AMB	F	6/10/2024	6/10/2024	746002441
2641	76360	3	81	1	2024	225000033	0	8/19/2024	$567.16	1	HOUSTON METHODIST SUGAR LAND HOSPITAL	P	186	0			HLAB	F	5/23/2024	5/23/2024	760545192
2642	76360	3	28	0	2024	221000811	0	8/19/2024	$638.50	1	TMH PHYSICIAN ASSOCIATES, PLLC	P	178	0			SO	F	7/25/2024	7/25/2024	300520570
2643	76360	3	94	2	2024	222001721	0	8/19/2024	$700.38	1	PORT LAVACA CLINIC ASSOCIATES	P	172	0			AB	F	8/5/2024	8/5/2024	742605670
2645	76360	3	94	3	2024	222001678	0	8/19/2024	$773.92	1	PORT LAVACA CLINIC ASSOCIATES	P	172	0			AB	F	8/5/2024	8/5/2024	742605670
2646	76360	3	28	0	2024	226002016	0	8/19/2024	$1,247.40	1	HOUSTON METHODIST SUGAR LAND HOSPITAL	P	186	0			HLAB	F	7/11/2024	7/11/2024	760545192
									$35,358.31												

Andrew DeLos Santos
8/26/2024

APPROVED ON
AUG 26 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

HPHG, LLC dba 90 Degree Benefits

Monthly Billing for 9/1/2024

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

Master Group Totals

						Total Due
SPEC AGG	176	$55,024.90	Adjustments	5	$1,295.25	$56,320.15
ADMIN FEES	176	$7,568.00	Adjustments	4	$86.00	$7,654.00
PPO UR	176	$3,352.80	Adjustments	4	$38.10	$3,390.90
CHIC MGMT FEE		$700.00				$700.00

Balance Forward:		$64,772.71
Payments:	-	$64,772.71
Adjustments:	+	$0.00
Beginning Balance:		$0.00
Current Amount Due:	+	$66,645.70
Current Adjustments:	+	$1,419.35
Total Amount Due:		**$68,065.05**

Description	Medical
EE	104
ES	18
EF	13
EC	41
Mst Total	176

Andrea Dalos Santos
8/26/2024

APPROVED ON
AUG 26 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

Please pay premium as billed. Changes received after billing has processed will be reflected on the next months bill.
Premium payment is due by the 10th of the month.

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Aug 19, 2024 - Aug 25,2024

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten Check" #
8/23/2024	PAY PLUS ACHTrans 33544125 101000690005641 P	- 3rd Party Payor Fee	301.66	901324
8/23/2024	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	3,155.74	500631
8/22/2024	PAY PLUS ACHTrans 33431357 101000699067403 P	- 3rd Party Payor Fee	20.65	901325
8/22/2024	HPHG LLC MEM.MED. MemMedCtr PtLav 1131226500	- Health Insurance Claim Payments	20,130.00	800574
8/22/2024	ECLINICALWORKS BT0821 000000286255723 110751	-EMR Outpatient Clinic	481.25	800575
8/21/2024	WIRE OUT HEALTHEQUITY	-Wageworks	7,225.21	800576
8/21/2024	PAY PLUS ACHTrans 33273209 101000697763304 P	- 3rd Party Payor Fee	2.93	901326
8/21/2024	HPHG LLC MEM.MED MemMedCtr PtLav 11312265001	- Health Insurance Claim Payments	42,413.10	800577
8/21/2024	HPHG LLC MEM.MED MemMedCtr PtLav 11312265001	- Health Insurance Claim Payments	27,504.59	800578
8/20/2024	IRS USATAXPYMT 270463382162458 6103601000406	- Payroll Taxes	1,222.67	800579
8/20/2024	PAY PLUS ACHTrans 33123832 101000696676752 P	- 3rd Party Payor Fee	0.26	901327
8/20/2024	MCKESSON DRUG AUTO ACH ACH06132581 910000131	- 340B Drug Program Expense	10,708.30	500632
8/19/2024	WEBFILE TAX PYMT DD 902/76546120 21000029808	- Sales Tax	2,208.23	800580
8/19/2024	PAY PLUS ACHTrans 32958696 101000695368589 P	- 3rd Party Payor Fee	15.85	901328
8/19/2024	IRS USATAXPYMT 270463223787862 6103601000602	- Payroll Taxes	115,420.08	800581
			230,810.52	

Andrew De Los Santos
Memorial Medical Center

8/26/2024

* Approved on 8.21.24 cc
* * Approved on 8.14.24 cc

301.66 +
20.65 +
2.93 +
0.26 +
15.85 +
341.35 ◊

pay plus

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
8/30/2024	UC IGT	UC IGT	318,325.39
			318,325.39

230,810.52 +
3,155.74 –
20,130.00 –
481.25 –
7,225.21 –
42,413.10 –
27,504.59 –
1,222.67 –
10,708.30 –
2,208.23 –
115,420.08 –
341.35 ◊
341.35 –
0.00 ◊

Andrew De Los Santos
Memorial Medical Center

8/26/2024

APPROVED ON
AUG 26 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

TEXNET Electronic Payment Network — Texas Comptroller of Public Accounts

Transaction Summary

Transaction Complete
Trace #

Texas Health and Human Services Commission
Memorial Medical Center Operating County

Payment Total	$318,325.39
Bank Routing and Account Number	
Settlement Date	8/30/2024
UC Hospital Amount	$318,325.39 ✓✓
Entered By	Andrew De Los Santos

eClinicalWorks

Your Payment Confirmation

Confirmation #	Account	Invoice #	PO #	Inv Date	Due Date	Pay Amount
286255723		0002962764		06/03/2024	07/03/2024	481.25

(USD) Total Amount: $481.25 ✓

K.D.
8/26/24

RECEIVED BY THE
COUNTY AUDITOR ON

AUG 22 2024

08/22/2024
12:43

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 09/14/2024

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11816	ASHFORD GARDENS		

CALHOUN COUNTY, TEXAS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081924B		08/20/202	08/19/202	09/14/202			84,419.30	0.00	0.00	84,419.30

UHC QIPP Q3 2024

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11816	ASHFORD GARDENS	84,419.30	0.00	0.00	84,419.30

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	84,419.30	0.00	0.00	84,419.30

APPROVED ON

AUG 22 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 205441

RECEIVED BY THE
COUNTY AUDITOR ON

AUG 22 2024

CALHOUN COUNTY, TEXAS

08/22/2024 MEMORIAL MEDICAL CENTER 0
12:45 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 09/14/2024

Vendor#	Vendor Name	Class	Pay Code
11828	SOLERA WEST HOUSTON		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081924		08/20/202	08/19/202	09/14/202			24,845.13	0.00	0.00	24,845.13

VHC Q1PP Q3 2024

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11828	SOLERA WEST HOUSTON	24,845.13	0.00	0.00	24,845.13

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	24,845.13	0.00	0.00	24,845.13

APPROVED ON

AUG 22 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 205446

RECEIVED BY THE
COUNTY AUDITOR ON

AUG 22 2024

CALHOUN COUNTY, TEXAS

08/22/2024 MEMORIAL MEDICAL CENTER 0
12:44 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 09/14/2024

Vendor#	Vendor Name	Class	Pay Code
11820	FORTBEND HEALTHCARE CENTER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081924		08/20/202	08/19/202	09/14/202			26,461.03	0.00	0.00	26,461.03
081924A		08/20/202	08/19/202	09/14/202			26,461.03	0.00	0.00	26,461.03

UHC QIPP Q3 2024

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11820	FORTBEND HEALTHCARE CENTER	52,922.06	0.00	0.00	52,922.06

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	52,922.06	0.00	0.00	52,922.06

APPROVED ON

AUG 22 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 205444

RECEIVED BY THE
COUNTY AUDITOR ON

AUG 22 2024

CALHOUN COUNTY, TEXAS

08/22/2024
12:44

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 09/14/2024

0
ap_open_invoice.template

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081924		08/20/202	08/19/202	09/14/202			31,449.36	0.00	0.00	31,449.36

VHC QIPP Q3 2024

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11832	BROADMOOR AT CREEKSIDE PARK	31,449.36	0.00	0.00	31,449.36

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	31,449.36	0.00	0.00	31,449.36

APPROVED ON

AUG 22 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 205443

RECEIVED BY THE
COUNTY AUDITOR ON

AUG 22 2024

CALHOUN COUNTY, TEXAS

08/22/2024
12:44

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 09/14/2024
Class Pay Code

0
ap_open_invoice.template

Vendor# Vendor Name
11824 THE CRESCENT

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081224		08/20/202	08/12/202	09/14/202			2,448.00	0.00	0.00	2,448.00
081524		08/20/202	08/15/202	09/14/202			12,060.00	0.00	0.00	12,060.00
081524A		08/20/202	08/15/202	09/14/202			1,836.00	0.00	0.00	1,836.00
081524B		08/20/202	08/15/202	09/14/202			1,632.00	0.00	0.00	1,632.00
081924		08/20/202	08/19/202	09/14/202			23,339.86	0.00	0.00	23,339.86

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

VHC Dept Q3 2024

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	41,315.86	0.00	0.00	41,315.86

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	41,315.86	0.00	0.00	41,315.86

APPROVED ON

AUG 22 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 205447

RECEIVED BY THE
COUNTY AUDITOR ON

AUG 22 2024

CALHOUN COUNTY, TEXAS

08/22/2024 MEMORIAL MEDICAL CENTER 0
12:45 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 09/14/2024

Vendor# Vendor Name Class Pay Code
11836 GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081424		08/20/202	08/14/202	09/14/202			55,649.01	0.00	0.00	55,649.01
080624		08/20/202	08/06/202	09/14/202			6,918.98	0.00	0.00	6,918.98
080924		08/20/202	08/09/202	09/14/202			20,570.55	0.00	0.00	20,570.55
081324D		08/20/202	08/13/202	09/14/202			582.51	0.00	0.00	582.51
081324B		08/20/202	08/13/202	09/14/202			12,754.38	0.00	0.00	12,754.38
081324A		08/20/202	08/13/202	09/14/202			2,246.16	0.00	0.00	2,246.16
081324C		08/20/202	08/13/202	09/14/202			5,925.00	0.00	0.00	5,925.00
081524		08/20/202	08/15/202	09/14/202			97.32	0.00	0.00	97.32
081924		08/20/202	08/19/202	09/14/202			40,230.16	0.00	0.00	40,230.16

INS. PMT. dep. into MMC OPR. in error

UHC DSHP Q3 2024

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	144,974.07	0.00	0.00	144,974.07

APPROVED ON

AUG 22 2024

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	144,974.07	0.00	0.00	144,974.07

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Chk# 205445

RECEIVED BY THE COUNTY AUDITOR ON
AUG 22 2024
CALHOUN COUNTY, TEXAS

08/22/2024 MEMORIAL MEDICAL CENTER 0
12:55 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 09/14/2024

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
080924		08/20/202	08/09/202	09/14/202			12,366.12	0.00	0.00	12,366.12
081424		08/20/202	08/14/202	09/14/202			11,104.78	0.00	0.00	11,104.78
081924		08/20/202	08/19/202	09/14/202			19,346.43	0.00	0.00	19,346.43

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

VHC QTR Q3 2024

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	42,817.33	0.00	0.00	42,817.33

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	42,817.33	0.00	0.00	42,817.33

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

Chk#205448

RECEIVED BY THE
COUNTY AUDITOR ON

AUG 22 2024

CALHOUN COUNTY, TEXAS

08/22/2024
12:46

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 09/14/2024

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
12792	BETHANY SENIOR LIVING		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
080924		08/20/202	08/09/202	09/14/202			5,534.89	0.00	0.00	5,534.89
081324A		08/20/202	08/13/202	09/14/202			19,855.13	0.00	0.00	19,855.13
081324B		08/20/202	08/13/202	09/14/202			9,107.76	0.00	0.00	9,107.76
081424		08/20/202	08/14/202	09/14/202			6,049.17	0.00	0.00	6,049.17
081424A		08/20/202	08/14/202	09/14/202			15,204.63	0.00	0.00	15,204.63
081924		08/20/202	08/19/202	09/14/202			28,677.72	0.00	0.00	28,677.72

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

UHC RApp Q3 2024

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12792	BETHANY SENIOR LIVING	84,429.30	0.00	0.00	84,429.30

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	84,429.30	0.00	0.00	84,429.30

APPROVED ON

AUG 22 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk#205442

UHC Q3 2024

Facility ID	Facility Name	Total UHC Deposits	MMC PORTION					NH PORTION	
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI		
4628	FORT BEND HEALTHCARE CENTER	37,801.48			**16,757.98**	**21,043.50**	11,340.44	26,461.03	37,801.47
4811	ASHFORD GARDENS	120,599.00			**53,294.22**	**67,304.78**	36,179.70	84,419.30	120,599.00
103462	TUSCANY VILLAGE	38,692.85			**1,336.65**	**37,356.20**	19,346.43	19,346.43	38,692.86
105006	SOLERA AT WEST HOUSTON	35,493.04			**15,397.92**	**20,095.12**	10,647.91	24,845.13	35,493.04
105314	THE CRESCENT	33,342.66			**14,760.34**	**18,582.32**	10,002.80	23,339.86	33,342.66
105818	THE BROADMOOR AT CREEKSIDE PARK	44,927.66			**19,865.42**	**25,062.24**	13,478.30	31,449.36	44,927.66
102540	GOLDEN CREEK HEALTHCARE AND REHABILITATION C	67,050.27			**29,705.50**	**37,344.77**	26,820.11	40,230.16	67,050.27
110301	BETHANY SENIOR LIVING	44,119.57			**13,280.15**	**30,839.42**	15,441.85	28,677.72	44,119.57
							-	-	
							-	-	
							-	-	
							-	-	
							-	-	
							-	-	
	Total UHC Desosit	**422,026.53**	-	-	**164,398.18**	**257,628.35**	**143,257.54**	278,768.99	422,026.53

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
8/26/2024

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		225,119.86	202,546.62	290,701.50			313,274.74	248,669.37
						Bank Balance	313,274.74	
						Variance	-	
						Leave in Balance	100.00	
Routing information for Ashford Gardens:						Molina June, Q3 and YS Adj3	22,306.04	
						Wellpoint June & Q3	42,032.13	
Ashford Health Care Center Ltd Co								
JP Morgan Chase Bank						July Interest	167.20	
						Aug Interest		
						Sept Interest		
						Adjust Balance/Transfer Amt	248,669.37	
Broadmoor		164,703.83	156,110.37	229,090.36			237,683.82	213,436.87
						Bank Balance	237,683.82	
						Variance	-	
						Leave in Balance	100.00	
						Molina June, Q3 and YS Adj3	8,308.82	
						Wellpoint June & Q3	15,553.49	
						July Interest	184.64	
						Aug Interest		
						Sept Interest		
						Adjust Balance/Transfer Amt	213,436.87	
Crescent		234,633.73	210,642.00	405,310.60			429,302.33	393,719.65
						Bank Balance	429,302.33	
						Variance	-	
						Leave in Balance	100.00	
						Molina June, Q3 and YS Adj3	6,118.20	
						Claim payment owed to Tuscany	17,500.00	
						Wellpoint June & Q3	11,590.95	
						July Interest	273.53	
						Aug Interest		
						Sept Interest		
						Adjust Balance/Transfer Amt	393,719.65	
Fort Bend		36,674.99	29,614.68	87,518.61			94,578.92	74,371.60
						Bank Balance	94,578.92	
						Variance	-	
						Leave in Balance	100.00	
						Molina June, Q3 and YS Adj3	6,908.22	
						Wellpoint June & Q3	13,147.01	
						July Interest	52.09	
						Aug Interest		
						Sept Interest		
						Adjust Balance/Transfer Amt	74,371.60	
Solera at W Houston		135,218.86	128,314.45	274,009.70			280,914.11	261,502.08
						Bank Balance	280,914.11	
						Variance	-	
						Leave in Balance	100.00	
						Molina June, Q3 and YS Adj3	6,594.84	
						Wellpoint June & Q3	12,507.62	
						July Interest	209.57	
						Aug Interest		
						Sept Interest		
						Adjust Balance/Transfer Amt	261,502.08	

248,669.37 +
213,436.87 +
393,719.65 +
74,371.60 + *Fort Bend / Broadmoor*
261,502.08 +
1,191,699.57 ◊

TOTAL TRANSFERS 1,191,699.57

Approved: Andrew De Los Santos
Andrew De Los Santos
8/26/2024

APPROVED ON
AUG 26 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

Ashford Gardens

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
8/23/2024	MANAGEANDNET1718 MNS PMNT 000000000000093 41	-	7,294.00					-	7,294.00
8/23/2024	HNB - ECHO HCCLAIMPMT 746003411 440000216931	-	184.20					-	184.20
8/23/2024	HNB - ECHO HCCLAIMPMT 746003411 440000216268	-	4,331.85					-	4,331.85
8/23/2024	WELLPOINT CO AP E-PAYMENT EE52849938 1110000	-	27,644.35	21,562.38	6,081.97			23,386.97	4,257.38
8/23/2024	WELLPOINT CO AP E-PAYMENT EE52849943 1110000	-	82,150.54			27,444.06	34,706.48	18,645.16	43,505.38
8/23/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	12,295.74					-	12,295.74
8/22/2024	Deposit	-	8,495.73					-	8,495.73
8/22/2024	NOVITAS SOLUTION HCCLAIMPMT 675423 420000115	-	2,943.52					-	2,943.52
8/22/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130052	-	9,996.00					-	9,996.00
8/21/2024	WIRE OUT ASHFORD HEALTH CARE CENTER LTD	202,546.62	-					-	-
8/21/2024	HNB - ECHO HCCLAIMPMT 746003411 440000238665	-	5,119.45					-	5,119.45
8/21/2024	HNB - ECHO HCCLAIMPMT 746003411 440000238126	-	3,308.31					-	3,308.31
8/21/2024	NOVITAS SOLUTION HCCLAIMPMT 675423 420000100	-	2,834.65					-	2,834.65
8/20/2024	HNB - ECHO HCCLAIMPMT 746003411 440000201449	-	3,814.02					-	3,814.02
8/20/2024	NOVITAS SOLUTION HCCLAIMPMT 675423 420000179	-	13,336.76					-	13,336.76
8/19/2024	MANAGEANDNET1718 MNS PMNT 000000000000093 41	-	7,742.93					-	7,742.93
8/19/2024	NOVITAS SOLUTION HCCLAIMPMT 675423 420000115	-	78,508.60					-	78,508.60
8/19/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130052	-	40,700.85					-	40,700.85
		202,546.62	290,701.50	21,562.38	6,081.97	27,444.06	34,706.48	42,032.13	248,669.37

Broadmoor

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
8/23/2024	HNB - ECHO HCCLAIMPMT 746003411 440000216180	-	6,492.97					-	6,492.97
8/23/2024	WELLPOINT CO AP E-PAYMENT EE52849941 1110000	-	10,381.29	7,985.34	2,395.95			8,704.13	1,677.16
8/23/2024	WELLPOINT CO AP E-PAYMENT EE52849946 1110000	-	23,164.55			10,238.80	12,925.75	6,949.37	16,215.19
8/23/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,290.34					-	2,290.34
8/23/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	224.34					-	224.34
8/22/2024	Deposit	-	3,332.79					-	3,332.79
8/22/2024	HNB - ECHO HCCLAIMPMT 746003411 440000276687	-	6,434.36					-	6,434.36
8/22/2024	NOVITAS SOLUTION HCCLAIMPMT 676357 420000114	-	5,238.51					-	5,238.51
8/21/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	156,110.37	-					-	-
8/21/2024	MANAGEANDNET1718 MNS PMNT 000000000004293 41	-	43,641.53					-	43,641.53
8/21/2024	HNB - ECHO HCCLAIMPMT 746003411 440000238665	-	6,991.15					-	6,991.15
8/21/2024	HNB - ECHO HCCLAIMPMT 746003411 440000238666	-	5,244.32					-	5,244.32
8/21/2024	NOVITAS SOLUTION HCCLAIMPMT 676357 420000100	-	30,208.60					-	30,208.60
8/20/2024	Deposit	-	3,588.61					-	3,588.61
8/20/2024	HNB - ECHO HCCLAIMPMT 746003411 440000201119	-	1,399.58					-	1,399.58
8/20/2024	HUMANA INS CO HCCLAIMPMT 55026134 8300005349	-	3,160.00					-	3,160.00
8/19/2024	MANAGEANDNET1718 MNS PMNT 000000000004293 41	-	7,312.50					-	7,312.50
8/19/2024	HNB - ECHO HCCLAIMPMT 746003411 440000240919	-	39,972.40					-	39,972.40
8/19/2024	NOVITAS SOLUTION HCCLAIMPMT 676357 420000115	-	30,012.52					-	30,012.52
		156,110.37	229,090.36	7,985.34	2,395.95	10,238.80	12,925.75	15,653.49	213,436.87

Crescent

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
8/23/2024	HNB - ECHO HCCLAIMPMT 746003411 440000216268	-	14,940.55					-	14,940.55
8/23/2024	WELLPOINT CO AP E-PAYMENT EE52849940 1110000	-	7,573.94	5,944.86	1,629.08			6,433.58	1,140.36
8/23/2024	WELLPOINT CO AP E-PAYMENT EE52849945 1110000	-	17,191.23			7,607.60	9,583.63	5,157.37	12,033.86
8/23/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	7,987.24					-	7,987.24
8/23/2024	NOVITAS SOLUTION HCCLAIMPMT 676323 420000144	-	16,815.89					-	16,815.89
8/23/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130082	-	1,340.53					-	1,340.53
8/22/2024	Deposit	-	2,280.03					-	2,280.03
8/22/2024	HNB - ECHO HCCLAIMPMT 746003411 440000276075	-	26,173.57					-	26,173.57
8/22/2024	NOVITAS SOLUTION HCCLAIMPMT 676323 420000114	-	10,661.95					-	10,661.95
8/22/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130082	-	41,629.59					-	41,629.59
8/21/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	210,642.00	-					-	-
8/21/2024	MANAGEANDNET1718 MNS PMNT 000000000003268 41	-	6,385.83					-	6,385.83
8/21/2024	HNB - ECHO HCCLAIMPMT 746003411 440000238665	-	8,036.82					-	8,036.82
8/21/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	628.04					-	628.04
8/21/2024	NOVITAS SOLUTION HCCLAIMPMT 676323 420000100	-	200,543.39					-	200,543.39
8/20/2024	Deposit	-	9,384.00					-	9,384.00
8/20/2024	MANAGEANDNET1718 MNS PMNT 000000000003268 41	-	4,613.00					-	4,613.00
8/20/2024	DEVOTED HEALTH P HCCLAIMPMT 21000029674864	-	1,976.00					-	1,976.00
8/20/2024	DEVOTED HEALTH P HCCLAIMPMT 21000029674862	-	2,700.00					-	2,700.00
8/19/2024	HNB - ECHO HCCLAIMPMT 746003411 440000240919	-	18,285.73					-	18,285.73
8/19/2024	DEVOTED HEALTH P HCCLAIMPMT 21000028729407	-	439.27					-	439.27
8/19/2024	UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384	-	2,460.00					-	2,460.00
8/19/2024	Healthchoice HCCLAIMPMT 746003411 1243848766	-	3,264.00					-	3,264.00
		210,642.00	405,310.60	5,944.86	1,629.08	7,607.60	9,583.63	11,590.95	393,719.65

Fort Bend

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
8/23/2024	HNB - ECHO HCCLAIMPMT 746003411 440000216180	-	34,146.22					-	34,146.22
8/23/2024	WELLPOINT CO AP E-PAYMENT EE52849937 1110000	-	8,630.49	6,729.66	1,900.83			7,299.91	1,330.58
8/23/2024	WELLPOINT CO AP E-PAYMENT EE52849942 1110000	-	19,490.35			8,637.20	10,853.15	5,847.11	13,643.25
8/23/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	5,590.00					-	5,590.00
8/22/2024	Deposit	-	2,655.10					-	2,655.10
8/22/2024	MANAGEANDNET1718 MNS PMNT 000000000004294 41	-	5,715.20					-	5,715.20
8/22/2024	HNB - ECHO HCCLAIMPMT 746003411 440000276936	-	11,077.69					-	11,077.69
8/21/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	29,614.68	-					-	-
8/20/2024		-	213.24					-	213.24
8/20/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	0.32					-	0.32
		29,614.68	87,518.61	6,729.66	1,900.83	8,637.20	10,853.15	13,147.01	74,371.60

Solera at West Houston

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
8/23/2024	WELLPOINT CO AP E-PAYMENT EE52849939 1110000	-	9,338.50	6,454.98	1,883.52			7,020.04	1,318.46
8/23/2024	WELLPOINT CO AP E-PAYMENT EE52849944 1110000	-	18,291.95			7,928.64	10,363.31	5,487.59	12,804.37
8/23/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	11,700.00					-	11,700.00
8/23/2024	UnitedHealthcare HCCLAIMPMT 746003411 910000	-	39.00					-	39.00
8/23/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	3,851.71					-	3,851.71
8/23/2024	NOVITAS SOLUTION HCCLAIMPMT 676310 420000144	-	15,072.47					-	15,072.47
8/23/2024	HUMANA CHA DISB HCCLAIMPMT 55332085 42000012	-	7,900.00					-	7,900.00
8/23/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130072	-	4,375.11					-	4,375.11
8/22/2024	Deposit	-	2,624.83					-	2,624.83
8/22/2024	MANAGEANDNET1718 MNS PMNT 000000000002482 41	-	877.50					-	877.50
8/22/2024	HNB - ECHO HCCLAIMPMT 746003411 440000276059	-	4,851.49					-	4,851.49
8/22/2024	NOVITAS SOLUTION HCCLAIMPMT 676310 420000114	-	4,073.25					-	4,073.25
8/21/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	128,314.45	-					-	-

8/21/2024 HNB - ECHO HCCLAIMPMT 746003411 440000238665	-	12,664.88					-	12,664.88
8/21/2024 NOVITAS SOLUTION HCCLAIMPMT 676310 420000100	-	151,219.74					-	151,219.74
8/21/2024 AARP Supplementa HCCLAIMPMT 746003411 124384	-	104.17					-	104.17
8/20/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2	-	3,804.72					-	3,804.72
8/19/2024 HNB - ECHO HCCLAIMPMT 746003411 440000240919	-	23,375.38					-	23,375.38
8/19/2024 UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384	-	450.00					-	450.00
8/19/2024 HUMANA INS CO HCCLAIMPMT 54909391 8300005804	-	395.00					-	395.00
							-	-
	128,314.45	274,009.70	6,454.98	1,883.52	7,928.64	10,363.31	12,507.62	261,502.08
TOTALS	727,228.12	1,286,630.77	48,677.22	13,891.35	61,856.30	78,432.32	94,931.21	1,191,699.56

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,950,603.80	$2,022,147.49	$1,950,603.80	$1,839,726.41
*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	$313,274.74	$324,340.84	$313,274.74	$199,374.06
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$237,683.82	$259,486.79	$237,683.82	$195,130.33
*4411 MEMORIAL MEDICAL / NH CRESCENT	$429,302.33	$447,402.15	$429,302.33	$363,452.95
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$280,914.11	$295,782.17	$280,914.11	$211,345.37
*4446 MEMORIAL MEDICAL / NH FORT BEND	$94,578.92	$96,881.27	$94,578.92	$26,721.86
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$166,859.72	$166,859.72	$166,859.72	$164,264.50
*4551 CAL CO INDIGENT HEALTHCARE	$5,496.08	$5,496.08	$5,496.08	$5,496.08
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$3,025.20	$3,025.20	$3,025.20	$3,025.20
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$835.43	$925.43	$835.43	$240.00
*5506 MMC -NH BETHANY SENIOR LIVING	$180,485.88	$183,699.21	$180,485.88	$178,038.40
*3407 MMC -NH TUSCANY VILLAGE	$409,773.69	$422,177.87	$409,773.69	$326,185.54
*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	**$4,078,958.01**	**$4,234,348.51**	**$4,078,958.01**	**$3,519,124.99**

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
8/26/2024

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		70,163.10	49,080.57	145,777.19	-	166,859.72	123,234.65

Bank Balance	166,859.72
Variance	-
Leave in Balance	100.00
Superior June	20,830.62
Superior Q3 & YR5 Adj	22,542.54
July Interest	151.91
Aug Interest	
Sept Interest	
Adjust Balance/Transfer Amt	123,234.65

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 8/26/2024
Andrew De Los Santos

APPROVED ON
AUG 26 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek		Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
				QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
8/23/2024	TSYS/TRANSFIRST CR CD DEP 543684555876917 91	-	2,595.22					-	2,595.22
8/22/2024	Deposit	-	11,753.73					-	11,753.73
8/21/2024	WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	49,080.57	-					-	-
8/21/2024	TSYS/TRANSFIRST CR CD DEP 543684555876917 91	-	1,500.00					-	1,500.00
8/21/2024	HNB - ECHO HCCLAIMPMT 746003411 440000238665	-	352.84					-	352.84
8/21/2024	NOVITAS SOLUTION HCCLAIMPMT 676097 420000100	-	66,173.23					-	66,173.23
8/21/2024	Centene Manageme ACH 008765433514 1110000285	-	56,633.18	(184.56)	(50.04)	25,340.64	31,527.14	22,542.54	34,090.64
8/20/2024	Deposit	-	1,013.03					-	1,013.03
8/20/2024	HNB - ECHO HCCLAIMPMT 746003411 440000201047	-	2,320.34					-	2,320.34
8/19/2024	TSYS/TRANSFIRST CR CD DEP 543684555876917 91	-	3,101.37					-	3,101.37
8/19/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001380	-	334.25					-	334.25
								-	-
		49,080.57	145,777.19	(184.56)	(50.04)	25,340.64	31,527.14	22,542.54	123,234.65

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,950,603.80	$2,022,147.49	$1,950,603.80	$1,839,726.41
*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	$313,274.74	$324,340.84	$313,274.74	$199,374.06
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$237,683.82	$259,486.79	$237,683.82	$195,130.33
*4411 MEMORIAL MEDICAL / NH CRESCENT	$429,302.33	$447,402.15	$429,302.33	$363,452.95
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$280,914.11	$295,782.17	$280,914.11	$211,345.37
*4446 MEMORIAL MEDICAL / NH FORT BEND	$94,578.92	$96,881.27	$94,578.92	$26,721.86
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$166,859.72	$166,859.72	$166,859.72	$164,264.50
*4551 CAL CO INDIGENT HEALTHCARE	$5,496.08	$5,496.08	$5,496.08	$5,496.08
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$3,025.20	$3,025.20	$3,025.20	$3,025.20
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$835.43	$925.43	$835.43	$240.00
*5506 MMC -NH BETHANY SENIOR LIVING	$180,485.88	$183,699.21	$180,485.88	$178,038.40
*3407 MMC -NH TUSCANY VILLAGE	$409,773.69	$422,177.87	$409,773.69	$326,185.54
*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	**$4,078,958.01**	**$4,234,348.51**	**$4,078,958.01**	**$3,519,124.99**

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
8/26/2024

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza- Private Pay		2,197.00	-	828.20			-	3,025.20	no transfer
							Bank Balance	3,025.20	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	2,925.20	

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		5,115.91	5,015.91	735.43		-	-	835.43	-
							Bank Balance	835.43	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	735.43	

Routing Information for Gulf Pointe Plaza:

TOTAL TRANSFERS	3,660.63

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 8/26/2024

APPROVED ON
AUG 26 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
8/22/2024 HNB - ECHO HCCLAIMPMT 746003411 440000276059	-	602.50					-	602.50
8/20/2024 HNB - ECHO HCCLAIMPMT 746003411 440000201034	-	225.70					-	225.70
							-	-
	-	828.20	-	-	-	-	-	828.20

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
8/23/2024 MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	595.43					-	595.43
8/22/2024 MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	140.00					-	140.00
8/21/2024 WIRE OUT HMG Rockport SNF, LP - Commerical	5,015.91	-					-	-
	5,015.91	735.43	-	-	-	-	-	735.43
	5,015.91	1,563.63	-	-	-	-	-	1,563.63

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,950,603.80	$2,022,147.49	$1,950,603.80	$1,839,726.41
*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	$313,274.74	$324,340.84	$313,274.74	$199,374.06
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$237,683.82	$259,486.79	$237,683.82	$195,130.33
*4411 MEMORIAL MEDICAL / NH CRESCENT	$429,302.33	$447,402.15	$429,302.33	$363,452.95
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$280,914.11	$295,782.17	$280,914.11	$211,345.37
*4446 MEMORIAL MEDICAL / NH FORT BEND	$94,578.92	$96,881.27	$94,578.92	$26,721.86
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$166,859.72	$166,859.72	$166,859.72	$164,264.50
*4551 CAL CO INDIGENT HEALTHCARE	$5,496.08	$5,496.08	$5,496.08	$5,496.08
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$3,025.20	$3,025.20	$3,025.20	$3,025.20
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$835.43	$925.43	$835.43	$240.00
*5506 MMC -NH BETHANY SENIOR LIVING	$180,485.88	$183,699.21	$180,485.88	$178,038.40
*3407 MMC -NH TUSCANY VILLAGE	$409,773.69	$422,177.87	$409,773.69	$326,185.54
*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	**$4,078,958.01**	**$4,234,348.51**	**$4,078,958.01**	**$3,519,124.99**

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
8/26/2024

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		148,443.01	135,325.73	396,656.41	-	-	-	409,773.69	364,615.30
							Bank Balance	409,773.69	
							Variance	-	

Leave in Balance	100.00
Molina June, Q3 and Y5 Adj3	13,017.28
Wellpoint June & Q3	24,553.11
Claim Payment to Crescent	7,488.00
Adjust Balance/Transfer Amt	364,615.30

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 8/26/2024

APPROVED ON
AUG 26 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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
8/23/2024	HNB - ECHO HCCLAIMPMT 746003411 440000216180	-	47,234.94					-	47,234.94
8/23/2024	WELLPOINT CO AP E-PAYMENT EE52849947 1110000	-	36,353.21	12,753.00	3,727.80	718.20	19,154.21	24,553.11	11,800.11
8/22/2024	Deposit	-	20,962.80					-	20,962.80
8/22/2024	Deposit	-	16,034.95					-	16,034.95
8/22/2024	HNB - ECHO HCCLAIMPMT 746003411 440000276936	-	76,192.97					-	76,192.97
8/22/2024	NOVITAS SOLUTION HCCLAIMPMT 676201 420000114	-	161,681.32					-	161,681.32
8/21/2024	WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	135,325.73	-					-	-
8/21/2024	Deposit	-	408.00					-	408.00
8/20/2024	Deposit	-	28,968.22					-	28,968.22
8/20/2024	Deposit	-	8,820.00					-	8,820.00
								-	-
		135,325.73	396,656.41	12,753.00	3,727.80	718.20	19,154.21	24,553.11	372,103.31

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,950,603.80	$2,022,147.49	$1,950,603.80	$1,839,726.41
*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	$313,274.74	$324,340.84	$313,274.74	$199,374.06
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$237,683.82	$259,486.79	$237,683.82	$195,130.33
*4411 MEMORIAL MEDICAL / NH CRESCENT	$429,302.33	$447,402.15	$429,302.33	$363,452.95
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$280,914.11	$295,782.17	$280,914.11	$211,345.37
*4446 MEMORIAL MEDICAL / NH FORT BEND	$94,578.92	$96,881.27	$94,578.92	$26,721.86
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$166,859.72	$166,859.72	$166,859.72	$164,264.50
*4551 CAL CO INDIGENT HEALTHCARE	$5,496.08	$5,496.08	$5,496.08	$5,496.08
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$3,025.20	$3,025.20	$3,025.20	$3,025.20
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$835.43	$925.43	$835.43	$240.00
*5506 MMC -NH BETHANY SENIOR LIVING	$180,485.88	$183,699.21	$180,485.88	$178,038.40
*3407 MMC -NH TUSCANY VILLAGE	$409,773.69	$422,177.87	$409,773.69	$326,185.54
*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	**$4,078,958.01**	**$4,234,348.51**	**$4,078,958.01**	**$3,519,124.99**

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
8/26/2024

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		39,478.08	17,995.76	159,003.56			180,485.88	144,081.74

Bank Balance	180,485.88
Variance	-
Leave in Balance	100.00
Superior June	21,263.06
Superior Q3	14,921.82
July Interest	119.26
Aug Interest	
Sept Interest	
Adjust Balance/Transfer Amt	144,081.74

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 8/26/2024

APPROVED ON
AUG 26 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Bethany Senior Living		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
8/23/2024	HOSPICE OF SOUTH Payments NF 113122650025011	-	2,447.48					-	2,447.48
8/21/2024	WIRE OUT PORT LAVACA NH, LLC	17,995.76	-					-	-
8/21/2024	NOVITAS SOLUTION HCCLAIMPMT 676481 420000100	-	91,907.86					-	91,907.86
8/21/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	4,198.02					-	4,198.02
8/21/2024	Centene Manageme ACH 008765433514 1110000285	-	42,633.78			12,853.79	29,779.99	14,921.82	27,711.96
8/19/2024	HNB - ECHO HCCLAIMPMT 746003411 440000240919	-	1,504.63					-	1,504.63
8/19/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	16,311.79					-	16,311.79
								-	-
		17,995.76	159,003.56	-	-	12,853.79	29,779.99	14,921.82	144,081.74

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,950,603.80	$2,022,147.49	$1,950,603.80	$1,839,726.41
*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	$313,274.74	$324,340.84	$313,274.74	$199,374.06
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$237,683.82	$259,486.79	$237,683.82	$195,130.33
*4411 MEMORIAL MEDICAL / NH CRESCENT	$429,302.33	$447,402.15	$429,302.33	$363,452.95
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$280,914.11	$295,782.17	$280,914.11	$211,345.37
*4446 MEMORIAL MEDICAL / NH FORT BEND	$94,578.92	$96,881.27	$94,578.92	$26,721.86
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$166,859.72	$166,859.72	$166,859.72	$164,264.50
*4551 CAL CO INDIGENT HEALTHCARE	$5,496.08	$5,496.08	$5,496.08	$5,496.08
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$3,025.20	$3,025.20	$3,025.20	$3,025.20
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$835.43	$925.43	$835.43	$240.00
*5506 MMC -NH BETHANY SENIOR LIVING	$180,485.88	$183,699.21	$180,485.88	$178,038.40
*3407 MMC -NH TUSCANY VILLAGE	$409,773.69	$422,177.87	$409,773.69	$326,185.54
*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	**$4,078,958.01**	**$4,234,348.51**	**$4,078,958.01**	**$3,519,124.99**

Ashford

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAY TO THE ORDER OF: MMC Operating

Date Requested: 8/26/2024

APPROVED ON AUG 26 2024 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

Chk# 001250

FOR ACCT USE ONLY

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

AMOUNT: $ 42,032.13

G/L NUMBER: 10255040

EXPLANATION: Wellpoint June & Q3 - Hospital Portion

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Andrea DeLos Santos

8/26/2024

Broadmoor ✓

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: MMC Operating

Date Requested: 8/26/2024

APPROVED ON AUG 26 2024 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CHK#000285

✓

FOR ACCT USE ONLY

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

AMOUNT: $ 15,653.49 ✓

G/L NUMBER: 10255040

EXPLANATION: Wellpoint June & Q3 - Hospital Portion ✓

✓

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Andrea Dotson for Lantos

8/26/2024

Crescent

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAY TO THE ORDER OF: MMC Operating

Date Requested: 8/26/2024

APPROVED ON AUG 26 2024 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CK#000360

FOR ACCT USE ONLY

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

AMOUNT: $ 11,590.95

G/L NUMBER: 10255040

EXPLANATION: Wellpoint June & Q3 - Hospital Portion

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Andrea Dotson

8/26/2024

Fort Bend

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAY TO THE ORDER OF: MMC Operating

Date Requested: 8/26/2024

APPROVED ON AUG 26 2024 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

Chk# 000256

FOR ACCT USE ONLY

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

AMOUNT: $ 13,147.01

G/L NUMBER: 10255040

EXPLANATION: Wellpoint June & Q3 - Hospital Portion

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Andrea DeLa Fuente

8/26/2024

Solera ✓

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAY TO THE ORDER OF: MMC Operating

Date Requested: 8/26/2024

APPROVED ON AUG 26 2024 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

Chk#001310

FOR ACCT USE ONLY

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

AMOUNT: $ 12,507.62 ✓

G/L NUMBER: 10255040

EXPLANATION: Wellpoint June & Q3 - Hospital Portion ✓

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Andrew De Los Santos

8/26/2024

Golden Creek

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: MMC Operating

Date Requested: 8/26/2024

APPROVED ON
AUG 26 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CHK# 000222

FOR ACCT USE ONLY

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

AMOUNT: $ 22,542.54

G/L NUMBER: 10255040

EXPLANATION: Superior Q3 & YR5 Adj 3- Hospital Portion

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Andrea De Los Santos

8/26/2024

Bethany ✓

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAY TO THE ORDER OF: MMC Operating

Date Requested: 8/26/2024

APPROVED ON AUG 26 2024 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

Chk#1051

FOR ACCT USE ONLY

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

AMOUNT: $ 14,921.82 ✓

G/L NUMBER: 10255040

EXPLANATION: Superior Q3 & YR5 Adj 3- Hospital Portion ✓

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Andrea De Los Santos

8/26/2024

Tuscany ✓

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: MMC Operating

Date Requested: 8/26/2024

APPROVED ON
AUG 26 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk#001164

FOR ACCT USE ONLY
- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Mail Check to Vendor
- ☐ Return Check to Dept

AMOUNT: $ 24,553.11 ✓

G/L NUMBER: 10255040

EXPLANATION: Wellpoint June & Q3 - Hospital Portion ✓

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: [signature]

8/26/2024

QIPP Payment to MMC from Nursing Facilities **Commissioner's Court** **8/28/2024**

NH Name	From Bank Acct #	Ck #	Payee	GL #	Wellpoint June & Q3	Superior Q3 & YR5 Adj 3				TOTAL	Date
Ashford	[redacted] Prosperity		MMC -Prosperity Operating [redacted]	10255040	42,032.13					42,032.13	8/28/2024
Broadmoor	Prosperity		MMC -Prosperity Operating	10255040	15,653.49					15,653.49	8/28/2024
Crescent	Prosperity		MMC -Prosperity Operating	10255040	11,590.95					11,590.95	8/28/2024
Fort Bend	Prosperity		MMC -Prosperity Operating	10255040	13,147.01					13,147.01	8/28/2024
Solera	Prosperity		MMC -Prosperity Operating	10255040	12,507.62					12,507.62	8/28/2024
Golden Creek	Prosperity		MMC -Prosperity Operating	10255040		22,542.54				22,542.54	8/28/2024
Bethany	Prosperity		MMC -Prosperity Operating	10255040		14,921.82				14,921.82	8/28/2024
Tuscany	Prosperity		MMC -Prosperity Operating [redacted]	10255040	24,553.11					24,553.11	8/28/2024
				Total:	119,484.31	37,464.36	-	-	-	156,948.67	

Note:

Approved: Andrew De Los Santos

ANDREW DE LOS SANTOS 8/26/2024

Clk#359

Crescent

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAY TO: Tuscany Village ✓

Date Requested: 8/19/2024

APPROVED ON AUG 26 2024 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

Chk#000361

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

GP

FOR ACCT USE ONLY

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

AMOUNT: $ 17,500.00 ✓

G/L NUMBER: 21400007

EXPLANATION: Claim pymnts owed from Crescent to Tuscany

✓

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrea DeLos Santos

8/19/2024

Tuscany

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAY TO: Crescent

Date Requested: 8/26/2024

APPROVED ON
AUG 26 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CHK#061168

FOR ACCT USE ONLY

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

AMOUNT: $ 7,488.00

G/L NUMBER: 21400007

EXPLANATION: Claim payment - Transfer from Tuscany to Crescent

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Andrea Stokes Santos

8/26/2024

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

001250

Date 8-28-24

88-2265/1131

PAY
TO THE ORDER OF MMC Operating $ 42,032.13/100

Forty-two thousand, thirty-two dollars & 13/100 DOLLARS

PROSPERITY BANK®

County auditor

FOR Wellpoint June '23

County treasurer

Security features are included. Details on back.

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

000285

Date 8-28-24

88-2265/1131

PAY
TO THE ORDER OF MMC Operating $ 15,653.49/100

Fifteen thousand, six hundred fifty-three dollars & 49/100 DOLLARS

PROSPERITY BANK®

County auditor

FOR Wellpoint June '23

County treasurer

Security features are included. Details on back.

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

000360

Date 8-28-24

88-2265/1131

PAY
TO THE ORDER OF MMC Operating $ 11,590.95/100

Eleven thousand, five hundred ninety dollars & 95/100 DOLLARS

PROSPERITY BANK®

County auditor

FOR Wellpoint June '23

County treasurer

Security features are included. Details on back.

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

MP
000256

88-2265/1131

Date 8-28-24

PAY
TO THE ORDER OF MMC Operating | $ 13,147.01/100

Thirteen thousand, one hundred forty-seven dollars & 01/100 DOLLARS

PROSPERITY BANK®

County auditor

MP
County treasurer

FOR Wellpoint June '3 Q3

Security features are included. Details on back.

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

MP
001310

Date 8-28-24

88-2265/1131

PAY
TO THE ORDER OF MMC Operating | $ 12,507.62/100

Twelve thousand, five hundred seven dollars & 62/100 DOLLARS

PROSPERITY BANK®

County auditor

MP
County treasurer

FOR Wellpoint June '3 Q3

Security features are included. Details on back.

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

MP
000222

88-2265/1131

Date 8-28-24

PAY
TO THE ORDER OF MMC Operating | $ 22,542.54/100

Twenty-two thousand, five hundred forty-two dollars & 54/100 DOLLARS

PROSPERITY BANK®

County auditor

MP
County treasurer

FOR Superior Q3 '25 Adj 3

Security features are included. Details on back.

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

1051

88-2265/1131-87

CHECK ARMOR

DATE 8.28.24

PAY TO THE ORDER OF MMC Operating $ 14,921. 82/100

Fourteen thousand, nine hundred twenty-one dollars & 82/100 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

FOR Superior 63 & 95 Adj 3

County auditor

MP
County treasurer

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

001164

MP

Date 8.28.24 88-2265/1131

PAY TO THE ORDER OF MMC Operating $ 24,553. 11/100

Twenty-four thousand, five hundred fifty-three dollars & 11/100 DOLLARS

PROSPERITY BANK®

FOR Wellpoint June & Q3

County auditor

MP
County treasurer

Security features are included. Details on back.

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

000361

MP

Date 8.28.24 88-2265/1131

PAY TO THE ORDER OF Tuscany Village $ 17,500. 00/100

Seventeen thousand, five hundred dollars & 00/100 DOLLARS

PROSPERITY BANK®

FOR Claim payment transfer

County auditor

MP
County treasurer

Security features are included. Details on back.

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MP

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

001168

Date 8.28.24 88-2265/1131

PAY
TO THE ORDER OF The Crescent $ 7,488.00

Seven thousand, four hundred eighty-eight dollars DOLLARS

PROSPERITY BANK®

county auditor

MP
county treasurer

FOR Claim payment

Security features are included. Details on back.

Ø

RUN DATE:08/28/24 MEMORIAL MEDICAL CENTER PAGE 1
TIME:10:04 CHECK REGISTER GLCKREG
08/28/24 THRU 08/28/24

BANK--CHECK-- CODE	NUMBER	DATE	AMOUNT	PAYEE
NHG *	000222	08/28/24	22,542.54	MMC OPERATING
NHF *	000256	08/28/24	13,147.01	MMC OPERATING
NHB *	000285	08/28/24	15,653.49	MMC OPERATING
NHC	000360	08/28/24	11,590.95	MMC OPERATING
NHC *	000361	08/28/24	17,500.00	TUSCANY VILLAGE
BSL *	001051	08/28/24	14,921.82	MMC OPERATING
TUS *	001164	08/28/24	24,553.11	MMC OPERATING
TUS *	001168	08/28/24	7,488.00	CRESCENT
NHA *	001250	08/28/24	42,032.13	MMC OPERATING
NHS *	001310	08/28/24	12,507.62	MMC OPERATING