

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---September 4, 2024

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 392,434.94
TOTAL TRANSFERS BETWEEN FUNDS	\$ 95,061.46
TOTAL NURSING HOME UPL EXPENSES	\$ 1,159,962.45
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
GRAND TOTAL DISBURSEMENTS APPROVED September 4, 2024	\$ 1,647,458.85

APPROVED

SEP 04 2024

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---September 4, 2024

PAYABLES AND PAYROLL

8/29/2024 Weekly Payables	260,028.51
8/29/2024 Patient Refund	60,990.07
9/3/2024 Critical - Calhoun County Voyager	149.27
9/3/2024 McKesson-340B Prescription Expense	57.56
9/3/2024 Amerisource Bergen-340B Prescription Expense	16,079.94
Prosperity Electronic Bank Payments	
9/3/2024 90 Degree Benefits - employee insurance claims	20,801.00
9/3/2024 90 Degree Benefits - employee insurance claims	33,337.22
9/3/2024 Expert Pay- Child Support	570.69
9/3/2024 Pay Plus-Patient Claims Processing Fee	420.68

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$	392,434.94
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TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

8/29/2024 MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error	4,575.94
8/29/2024 MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error	62,518.75
8/29/2024 MMC Operating to Bethany-Correction insurance payment deposited into MMC Operating in error	27,966.77

TOTAL TRANSFERS BETWEEN FUNDS	\$	95,061.46
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NURSING HOME UPL EXPENSES

9/3/2024 Nursing Home UPL-Cantex Transfer	738,351.68
9/3/2024 Nursing Home UPL-Nexion Transfer	147,620.63
9/3/2024 Nursing Home UPL-HMG Transfer	6,075.12
9/3/2024 Nursing Home UPL-Tuscany Transfer	233,997.01
9/3/2024 Nursing Home UPL-HSL Transfer	12,518.01

TRANSFER OF FUNDS BETWEEN NURSING HOMES

9/3/2024 Crescent to Tuscany -Tuscany insurance payment deposited into Crescent in error	21,400.00
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TOTAL NURSING HOME UPL EXPENSES	\$	1,159,962.45
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TOTAL INTER-GOVERNMENT TRANSFERS	\$	-
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GRAND TOTAL DISBURSEMENTS APPROVED September 4, 2024	\$	1,647,458.85
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RECEIVED BY THE
COUNTY AUDITOR ON08/29/2024
12:25

AUG 29 2024

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 09/20/2024

0
ap_open_invoice.template

Vendor# Vendor Name

A1680 AIRGAS USA, LLC - CENTRAL DIV

Class Pay Code

M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9152953168		08/27/202	08/21/202	09/20/202			3,168.19	0.00	0.00	3,168.19

Vendor Totals: Number Name

A1680 AIRGAS USA, LLC - CENTRAL DIV

Gross	Discount	No-Pay	Net
3,168.19	0.00	0.00	3,168.19

Vendor# Vendor Name

14028 AMAZON CAPITAL SERVICES

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1FFX1DG3P33K		08/21/202	08/20/202	09/19/202			409.48	0.00	0.00	409.48

SUPPLIES

Vendor Totals: Number Name

14028 AMAZON CAPITAL SERVICES

Gross	Discount	No-Pay	Net
409.48	0.00	0.00	409.48

Vendor# Vendor Name

15456 AMERITEX ELEVATOR SERVICES INC

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
20250073		08/29/202	07/23/202	08/23/202			1,523.28	0.00	0.00	1,523.28

Vendor Totals: Number Name

15456 AMERITEX ELEVATOR SERVICES INC

Gross	Discount	No-Pay	Net
1,523.28	0.00	0.00	1,523.28

Vendor# Vendor Name

A2218 AQUA BEVERAGE COMPANY

Class Pay Code

M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
163829		08/28/202	07/31/202	08/25/202			50.00	0.00	0.00	50.00

165015		08/28/202	07/31/202	08/25/202			12.00	0.00	0.00	12.00
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163826		08/28/202	07/31/202	08/25/202			29.00	0.00	0.00	29.00
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163825		08/28/202	07/31/202	08/25/202			81.50	0.00	0.00	81.50
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Vendor Totals: Number Name

A2218 AQUA BEVERAGE COMPANY

Gross	Discount	No-Pay	Net
172.50	0.00	0.00	172.50

Vendor# Vendor Name

12800 AUTHORITYRX, LLC

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
21064		08/28/202	11/05/202	12/05/202			7,750.70	0.00	0.00	7,750.70

21089		08/28/202	11/05/202	12/05/202			216.00	0.00	0.00	216.00
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7000045794		08/28/202	12/15/202	01/14/202			18,592.78	0.00	0.00	18,592.78
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7000047405		08/28/202	01/05/202	02/04/202			8,552.55	0.00	0.00	8,552.55
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7000048431		08/28/202	02/21/202	03/22/202			15,323.94	0.00	0.00	15,323.94
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7000049026		08/28/202	03/11/202	04/10/202			8,899.36	0.00	0.00	8,899.36
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Vendor Totals: Number Name

12800 AUTHORITYRX, LLC

Gross	Discount	No-Pay	Net
59,335.33	0.00	0.00	59,335.33

Vendor# Vendor Name

Class Pay Code

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
B1220	BECKMAN COULTER INC	M		111512257		08/21/202	08/20/202	09/14/202			1,177.57	0.00	0.00	1,177.57
	SUPPLIES			4544947		08/21/202	08/21/202	09/15/202			1,484.00	0.00	0.00	1,484.00
	SUPPLIES			5492416		08/21/202	08/21/202	09/15/202			1,935.15	0.00	0.00	1,935.15
	Vendor Totals:	Number	Name								Gross	Discount	No-Pay	Net
		B1220	BECKMAN COULTER INC								4,596.72	0.00	0.00	4,596.72
10024	BECTON, DICKINSON & CO (BD)			9113117925		08/28/202	08/19/202	09/18/202			719.75	0.00	0.00	719.75
	Vendor Totals:	Number	Name								Gross	Discount	No-Pay	Net
		10024	BECTON, DICKINSON & CO (BD)								719.75	0.00	0.00	719.75
11072	BIO-RAD LABORATORIES, INC			907522267		08/28/202	08/13/202	08/28/202			1,338.24	0.00	0.00	1,338.24
	SUPPLIES			907533146		08/28/202	08/16/202	08/28/202			358.31	0.00	0.00	358.31
				907533147		08/28/202	08/16/202	08/30/202			1,113.31	0.00	0.00	1,113.31
	Vendor Totals:	Number	Name								Gross	Discount	No-Pay	Net
		11072	BIO-RAD LABORATORIES, INC								2,809.86	0.00	0.00	2,809.86
13892	BLUE CROSS BLUE SHIELD REFUND			KINWES0001		08/28/202	08/22/202	08/22/202			68.59	0.00	0.00	68.59
	Vendor Totals:	Number	Name								Gross	Discount	No-Pay	Net
		13892	BLUE CROSS BLUE SHIELD REFUND								68.59	0.00	0.00	68.59
14120	CALHOUN COUNTY EMS			202407		07/31/202	08/02/202	09/20/202			2,200.00	0.00	0.00	2,200.00
	Vendor Totals:	Number	Name								Gross	Discount	No-Pay	Net
		14120	CALHOUN COUNTY EMS								2,200.00	0.00	0.00	2,200.00
14064	CAPITAL ONE			1647483832		08/29/202	08/19/202	09/19/202			379.62	0.00	0.00	379.62
	SUPPLIES													
	Vendor Totals:	Number	Name								Gross	Discount	No-Pay	Net
		14064	CAPITAL ONE								379.62	0.00	0.00	379.62
14260	CAREFUSION SOLUTIONS, LLC			10022679535		08/29/202	04/05/202	05/01/202			2.00	0.00	0.00	2.00
	Vendor Totals:	Number	Name								Gross	Discount	No-Pay	Net
		14260	CAREFUSION SOLUTIONS, LLC								2.00	0.00	0.00	2.00

Vendor#	Vendor Name	Class	Pay Code							
C1992	CDW GOVERNMENT, INC.	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
ST80642		08/28/202	08/09/202	09/08/202			196.89	0.00	0.00	196.89
	SUPPLIES									
ST73332		08/28/202	08/09/202	09/08/202			290.85	0.00	0.00	290.85
	SUPPLIES									
ST64807		08/28/202	08/09/202	09/08/202			99.03	0.00	0.00	99.03
	SUPPLIES									
AA1F98I		08/28/202	08/12/202	09/11/202			948.36	0.00	0.00	948.36
	SUPPLIES									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
C1992 CDW GOVERNMENT, INC.							1,535.13	0.00	0.00	1,535.13

Vendor#	Vendor Name	Class	Pay Code							
10212	CLINICAL PATHOLOGY LABS									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
176562024070		08/27/202	07/31/202	08/26/202			17,983.51	0.00	0.00	17,983.51
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
10212 CLINICAL PATHOLOGY LABS							17,983.51	0.00	0.00	17,983.51

Vendor#	Vendor Name	Class	Pay Code							
15656										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
BIGCRY0001		08/28/202	08/12/202	08/12/202			20.00	0.00	0.00	20.00
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
15656							20.00	0.00	0.00	20.00

Vendor#	Vendor Name	Class	Pay Code							
10006	CUSTOM ASSEMBLIES, INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV8883		08/21/202	08/15/202	09/14/202			412.46	0.00	0.00	412.46
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
10006 CUSTOM ASSEMBLIES, INC							412.46	0.00	0.00	412.46

Vendor#	Vendor Name	Class	Pay Code							
15692										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MARDOU0001		08/28/202	08/12/202	08/12/202			20.00	0.00	0.00	20.00
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
15692							20.00	0.00	0.00	20.00

Vendor#	Vendor Name	Class	Pay Code							
11291	DOWELL PEST CONTROL									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
35188		08/27/202	08/26/202	08/26/202			505.00	0.00	0.00	505.00
35187		08/27/202	08/26/202	08/26/202			260.00	0.00	0.00	260.00
33479		08/29/202	07/29/202	08/23/202			160.00	0.00	0.00	160.00
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
11291 DOWELL PEST CONTROL							925.00	0.00	0.00	925.00

Vendor#	Vendor Name	Class	Pay Code							
11284	EMERGENCY STAFFING SOLUTIONS									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
43521		08/28/202	08/31/202	09/10/202			40,062.50	0.00	0.00	40,062.50

no signature approval

Services 112th - EDM

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					
F1400	✓ FISHER HEALTHCARE			M							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 3357979		08/21/202	06/25/202	07/25/202			1,794.56	0.00	0.00	1,794.56 ✓
	✓ 4554871		08/21/202	08/13/202	09/07/202			10,294.10	0.00	0.00	10,294.10 ✓
		SUPPLIES									
	✓ 4629720		08/21/202	08/15/202	09/09/202			72.62	0.00	0.00	72.62 ✓
		SUPPLIES									
	✓ 4484325		08/28/202	08/09/202	09/03/202			117.96	0.00	0.00	117.96 ✓
		SUPPLIES									
	✓ 4554870		08/28/202	08/13/202	09/07/202			37.14	0.00	0.00	37.14 ✓
		SUPPLIES									
	✓ 4593488		08/28/202	08/14/202	09/08/202			349.29	0.00	0.00	349.29 ✓
		SUPPLIES									
	✓ 4629722		08/28/202	08/15/202	09/09/202			696.86	0.00	0.00	696.86 ✓
	✓ 4629721		08/28/202	08/15/202	09/14/202			72.62	0.00	0.00	72.62 ✓
Vendor Totals: Number		Name		Gross		Discount		No-Pay		Net	
F1400		FISHER HEALTHCARE		13,435.15		0.00		0.00		13,435.15	
Vendor#	Vendor Name			Class		Pay Code					
15696	✓ [REDACTED]										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ OLAFRA0001		08/28/202	08/19/202	08/19/202			40.00	0.00	0.00	40.00 ✓
Vendor Totals: Number		Name		Gross		Discount		No-Pay		Net	
15696		[REDACTED]		40.00		0.00		0.00		40.00	
Vendor#	Vendor Name			Class		Pay Code					
11183	✓ FRONTIER										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 081924A		08/29/202	08/19/202	08/19/202			70.40	0.00	0.00	70.40 ✓
		PHONE SVCS									
Vendor Totals: Number		Name		Gross		Discount		No-Pay		Net	
11183		FRONTIER		70.40		0.00		0.00		70.40	
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
	✓ 1029250863		08/27/202	08/16/202	09/15/202			895.38	0.00	0.00	895.38 ✓
Vendor Totals: Number		Name		Gross		Discount		No-Pay		Net	
12636		FUSION CONNECT		895.38		0.00		0.00		895.38 ✓	
Vendor#	Vendor Name			Class		Pay Code					
15632	✓ [REDACTED]										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ SMIGAV001		08/28/202	08/12/202	08/12/202			15.00	0.00	0.00	15.00 ✓
Vendor Totals: Number		Name		Gross		Discount		No-Pay		Net	
15632		[REDACTED]		15.00		0.00		0.00		15.00	
Vendor#	Vendor Name			Class		Pay Code					
11149	✓ GBS ADMINISTRATORS, INC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 734849182730		08/27/202	08/20/202	09/01/202			4,056.00	0.00	0.00	4,056.00 ✓

Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		11149	GBS ADMINISTRATORS, INC				4,056.00	0.00	0.00	4,056.00	
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	09/14/202			-2,914.93	0.00	0.00	-2,914.93 ✓
✓	8254379947		08/21/202	08/12/202	09/14/202			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
✓	2763		08/29/202	08/19/202	08/19/202			1,800.00	0.00	0.00	1,800.00 ✓
		FLOORING BUSINESS OFFICE									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		13148	GRACE FLOORING AND GLASS				1,800.00	0.00	0.00	1,800.00	
Vendor#	Vendor Name		Class	Pay Code							
15700											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	VICHAY0001		08/28/202	08/19/202	08/19/202			73.00	0.00	0.00	73.00 ✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		15700					73.00	0.00	0.00	73.00	
Vendor#	Vendor Name		Class	Pay Code							
10829	HEALTHSTREAM, INC.										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	0362702		08/20/202	08/16/202	09/15/202			4,372.45	0.00	0.00	4,372.45 ✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		10829	HEALTHSTREAM, INC.				4,372.45	0.00	0.00	4,372.45	
Vendor#	Vendor Name		Class	Pay Code							
12256	HHSC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	080824		08/29/202	08/08/202	08/08/202			1,776.77	0.00	0.00	1,776.77
		OVERPAYMENT REFUND									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		12256	HHSC				1,776.77	0.00	0.00	1,776.77	
Vendor#	Vendor Name		Class	Pay Code							
H0416	HOLOGIC INC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	11039544		08/27/202	08/16/202	08/19/202			472.50	0.00	0.00	472.50 ✓
		SUPPLIES									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		H0416	HOLOGIC INC				472.50	0.00	0.00	472.50	
Vendor#	Vendor Name		Class	Pay Code							
15208	HOSPITAL CARE CONSULTANTS INC.										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	6627		08/28/202	08/31/202	09/10/202			23,663.00	0.00	0.00	23,663.00 ✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		15208	HOSPITAL CARE CONSULTANTS INC.				23,663.00	0.00	0.00	23,663.00	
Vendor#	Vendor Name		Class	Pay Code							
15664											

no signature approval

Services 16th - EDM

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ KAOLIN0001		08/28/202	08/12/202	08/12/202			56.86	0.00	0.00	56.86

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
15664		56.86	0.00	0.00	56.86

Vendor#	Vendor Name	Class	Pay Code
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11108 ✓ ITERSOURCE CORPORATION

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 711786		08/28/202	07/19/202	07/19/202			20,602.00	0.00	0.00	20,602.00

Extreme network Annual warranty & License ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11108	ITERSOURCE CORPORATION	20,602.00	0.00	0.00	20,602.00

Vendor#	Vendor Name	Class	Pay Code
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15676 ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ DOLJAY0001		08/28/202	08/12/202	08/12/202			24.00	0.00	0.00	24.00

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
15676		24.00	0.00	0.00	24.00

Vendor#	Vendor Name	Class	Pay Code
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15668 ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ HATJOY0001		08/28/202	08/19/202	08/19/202			15.16	0.00	0.00	15.16

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
15668		15.16	0.00	0.00	15.16

Vendor#	Vendor Name	Class	Pay Code
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15648 ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ HEYJOH0002		08/28/202	08/12/202	08/12/202			45.00	0.00	0.00	45.00

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
15648		45.00	0.00	0.00	45.00

Vendor#	Vendor Name	Class	Pay Code
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15652 ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ MAYJOS0002		08/28/202	08/12/202	08/12/202			10.00	0.00	0.00	10.00

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
15652		10.00	0.00	0.00	10.00

Vendor#	Vendor Name	Class	Pay Code
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15640 ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ MANKRI0003		08/28/202	08/12/202	08/12/202			40.00	0.00	0.00	40.00

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
15640		40.00	0.00	0.00	40.00

Vendor#	Vendor Name	Class	Pay Code
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15684 ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ BEHLAN0001		08/28/202	08/12/202	08/12/202			25.00	0.00	0.00	25.00

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
15684		25.00	0.00	0.00	25.00

Vendor#	Vendor Name	Class	Pay Code
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11600 ✓ LEGAL SHIELD

✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	081524		08/27/202	08/15/202	08/30/202			536.70	0.00	0.00	536.70	✓
Vendor Totals: Number Name								Gross	Discount	No-Pay	Net	
	11600	LEGAL SHIELD						536.70	0.00	0.00	536.70	
Vendor#	Vendor Name		Class		Pay Code							
15712	✓ [REDACTED]											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	HOBLOG001		08/28/202	08/23/202	08/23/202			90.00	0.00	0.00	90.00	✓
Vendor Totals: Number Name								Gross	Discount	No-Pay	Net	
	15712	[REDACTED]						90.00	0.00	0.00	90.00	
Vendor#	Vendor Name		Class		Pay Code							
15680	✓ [REDACTED]											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	AZELIS0001		08/28/202	08/12/202	08/12/202			55.00	0.00	0.00	55.00	✓
Vendor Totals: Number Name								Gross	Discount	No-Pay	Net	
	15680	[REDACTED]						55.00	0.00	0.00	55.00	
Vendor#	Vendor Name		Class		Pay Code							
15688	✓ [REDACTED]											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	OBRMAR0001		08/28/202	08/12/202	08/12/202			15.00	0.00	0.00	15.00	✓
Vendor Totals: Number Name								Gross	Discount	No-Pay	Net	
	15688	[REDACTED]						15.00	0.00	0.00	15.00	
Vendor#	Vendor Name		Class		Pay Code							
M2178	✓ MCKESSON MEDICAL SURGICAL INC											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	22467928		08/01/202	08/09/202	09/15/202			981.76	0.00	0.00	981.76	✓
✓	22471655		08/01/202	08/10/202	09/15/202			657.30	0.00	0.00	657.30	✓
✓	22469646		08/14/202	08/10/202	09/15/202			101.41	0.00	0.00	101.41	✓
✓	22469662		08/14/202	08/10/202	09/15/202			209.55	0.00	0.00	209.55	✓
✓	22472649		08/14/202	08/12/202	09/15/202			117.92	0.00	0.00	117.92	✓
✓	22482962		08/20/202	08/14/202	09/15/202			34.61	0.00	0.00	34.61	✓
✓	22519142		08/21/202	08/21/202	09/05/202			2,253.51	0.00	0.00	2,253.51	✓
✓	22526591	SUPPLIES	08/21/202	08/22/202	09/06/202			535.00	0.00	0.00	535.00	✓
		SUPPLIES										
Vendor Totals: Number Name								Gross	Discount	No-Pay	Net	
	M2178	MCKESSON MEDICAL SURGICAL INC						4,891.06	0.00	0.00	4,891.06	
Vendor#	Vendor Name		Class		Pay Code							
15636	✓ [REDACTED]											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	GE0MCK0001		08/28/202	08/12/202	08/12/202			12.00	0.00	0.00	12.00	✓
Vendor Totals: Number Name								Gross	Discount	No-Pay	Net	
	15636	[REDACTED]						12.00	0.00	0.00	12.00	
Vendor#	Vendor Name		Class		Pay Code							
11612	✓ MEDICAL AIR SERVICES ASSOC.											

✓ Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓ 1904356		08/27/202	09/01/202	09/01/202			1,733.00	0.00	0.00	1,733.00	✓
SEPTEMBER 2024 COVERAGE M											
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
11612 MEDICAL AIR SERVICES ASSOC.							1,733.00	0.00	0.00	1,733.00	
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	
✓ 2332197895		08/21/202	08/21/202	09/15/202			324.53	0.00	0.00	324.53	✓
SUPPLIES											
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
M2470 MEDLINE INDUSTRIES INC							324.53	0.00	0.00	324.53	
Vendor#	Vendor Name			Class	Pay Code						
10963	MEMORIAL MEDICAL CLINIC										
✓ Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓ 082224		08/27/202	08/22/202	08/22/202			325.00	0.00	0.00	325.00	✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
10963 MEMORIAL MEDICAL CLINIC							325.00	0.00	0.00	325.00	
Vendor#	Vendor Name			Class	Pay Code						
14704	METTLER-TOLEDO RAININ, LLC										
✓ Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓ 676137131		08/21/202	08/13/202	09/12/202			136.20	0.00	0.00	136.20	✓
SUPPLIES											
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
14704 METTLER-TOLEDO RAININ, LLC							136.20	0.00	0.00	136.20	
Vendor#	Vendor Name			Class	Pay Code						
15660											
✓ Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓ PFEMIC0001		08/28/202	08/12/202	08/12/202			20.00	0.00	0.00	20.00	✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
15660							20.00	0.00	0.00	20.00	
Vendor#	Vendor Name			Class	Pay Code						
10680	MMC EMPLOYEES ACTIVITIES TEAM										
✓ Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
082224		08/29/202	08/22/202	08/22/202			1,720.00	0.00	0.00	1,720.00	
PAYROLL DEDUCTION											
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
10680 MMC EMPLOYEES ACTIVITIES TEAM							1,720.00	0.00	0.00	1,720.00	
Vendor#	Vendor Name			Class	Pay Code						
15224	MUTUAL OF OMAHA										
✓ Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓ 001750550898		08/27/202	08/16/202	09/01/202			24,549.54	0.00	0.00	24,549.54	✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
15224 MUTUAL OF OMAHA							24,549.54	0.00	0.00	24,549.54	
Vendor#	Vendor Name			Class	Pay Code						
M2659	MXR IMAGING, INC			M							
✓ Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓ 8801176040		08/27/202	08/16/202	09/15/202			662.52	0.00	0.00	662.52	✓
SUPPLIES											
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
M2659 MXR IMAGING, INC							662.52	0.00	0.00	662.52	
Vendor#	Vendor Name			Class	Pay Code						
13624	NEXION HEALTH AT NAVASOTA INC										

no Signature Approval

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 4368		08/27/202	06/30/202	07/30/202			1,000.00	0.00	0.00	1,000.00 ✓
	JUNE 2024 REIMBURSEMENT									
✓ 4414		08/27/202	06/30/202	08/30/202			1,000.00	0.00	0.00	1,000.00 ✓
	JULY REIMBURSEMENT									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	13624 NEXION HEALTH AT NAVASOTA INC						2,000.00	0.00	0.00	2,000.00
Vendor#	Vendor Name									
10868 ✓	NOVA BIOMEDICAL									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 91369120		08/21/202	08/15/202	08/21/202			90.00	0.00	0.00	90.00 ✓
	SUPPLIES									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	10868 NOVA BIOMEDICAL						90.00	0.00	0.00	90.00
Vendor#	Vendor Name									
15704 ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ CRUROS0003		08/28/202	08/19/202	08/19/202			84.49	0.00	0.00	84.49 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	15704						84.49	0.00	0.00	84.49
Vendor#	Vendor Name									
15628 ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ VENRUB0001		08/28/202	08/12/202	08/12/202			21.00	0.00	0.00	21.00 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	15628						21.00	0.00	0.00	21.00
Vendor#	Vendor Name									
S0900 ✓	SAMS CLUB DIRECT									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 082024		08/29/202	08/20/202	09/08/202			257.57	0.00	0.00	257.57 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	S0900 SAMS CLUB DIRECT						257.57	0.00	0.00	257.57
Vendor#	Vendor Name									
S2001 ✓	SIEMENS MEDICAL SOLUTIONS INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 081624		08/27/202	08/01/202	08/26/202			2,451.95	0.00	0.00	2,451.95 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	S2001 SIEMENS MEDICAL SOLUTIONS INC						2,451.95	0.00	0.00	2,451.95
Vendor#	Vendor Name									
14716 ✓	SINGLETON ASSOCIATES PA									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 5964		08/27/202	06/01/202	06/01/202			10.91	0.00	0.00	10.91 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	14716 SINGLETON ASSOCIATES PA						10.91	0.00	0.00	10.91
Vendor#	Vendor Name									
15644 ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ ROSSKY0001		08/28/202	08/12/202	08/12/202			14.18	0.00	0.00	14.18 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	15644						14.18	0.00	0.00	14.18

Vendor#	Vendor Name				Class	Pay Code					
12472	SOMETHING MORE MEDIA, INC.										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	2211		08/28/202	08/27/202	09/11/202			2,525.00	0.00	0.00	2,525.00
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	12472	SOMETHING MORE MEDIA, INC.						2,525.00	0.00	0.00	2,525.00
Vendor#	Vendor Name					Class	Pay Code				
S3960	STERICYCLE, INC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	8008107583		08/20/202	08/18/202	09/17/202			3,077.93	0.00	0.00	3,077.93
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	S3960	STERICYCLE, INC						3,077.93	0.00	0.00	3,077.93
Vendor#	Vendor Name					Class	Pay Code				
S3940	STERIS CORPORATION					M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	12709163		08/21/202	08/21/202	09/15/202			105.11	0.00	0.00	105.11
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	S3940	STERIS CORPORATION						105.11	0.00	0.00	105.11
Vendor#	Vendor Name					Class	Pay Code				
15672											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	WARTAM001		08/28/202	08/12/202	08/12/202			15.00	0.00	0.00	15.00
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	15672							15.00	0.00	0.00	15.00
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
	2921038264		07/29/202	07/25/202	09/20/202			282.90	0.00	0.00	282.90
	2921039944		08/20/202	08/15/202	09/14/202			149.29	0.00	0.00	149.29
	2921039947		08/20/202	08/15/202	09/14/202			34.04	0.00	0.00	34.04
	2921039948		08/20/202	08/15/202	09/14/202			394.21	0.00	0.00	394.21
	2921039946		08/20/202	08/15/202	09/14/202			2,966.20	0.00	0.00	2,966.20
	2921039950		08/20/202	08/15/202	09/14/202			220.83	0.00	0.00	220.83
	2921039949		08/20/202	08/15/202	09/14/202			312.42	0.00	0.00	312.42
	2921039951		08/20/202	08/15/202	09/14/202			136.63	0.00	0.00	136.63
	2921039945		08/20/202	08/15/202	09/14/202			339.30	0.00	0.00	339.30
	2921040147		08/20/202	08/19/202	09/18/202			3,571.00	0.00	0.00	3,571.00
	2921040440		08/27/202	08/22/202	09/16/202			2,849.80	0.00	0.00	2,849.80
	2921040443		08/27/202	08/22/202	09/16/202			312.42	0.00	0.00	312.42
	2921040445		08/27/202	08/22/202	09/16/202			136.00	0.00	0.00	136.00

✓	2921040441	08/27/202 08/22/202 09/16/202	34.04	0.00	0.00	34.04	✓
✓	2921040444	08/27/202 08/22/202 09/16/202	220.83	0.00	0.00	220.83	✓
✓	2921040439	08/27/202 08/22/202 09/16/202	280.54	0.00	0.00	280.54	✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
U1064	UNIFIRST HOLDINGS INC	12,240.45	0.00	0.00	12,240.45

Vendor#	Vendor Name	Class	Pay Code
U1056	UNIFORM ADVANTAGE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ SIV15363713		08/28/202	07/01/202	07/16/202			147.84	0.00	0.00	147.84
SUPPLIES										

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
U1056	UNIFORM ADVANTAGE	147.84	0.00	0.00	147.84

Vendor#	Vendor Name	Class	Pay Code
15616	UTHEALTH CQHII		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 3059		08/29/202	02/23/202	03/24/202			900.00	0.00	0.00	900.00

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
15616	UTHEALTH CQHII	900.00	0.00	0.00	900.00

Vendor#	Vendor Name	Class	Pay Code
15624	[REDACTED]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
SHEVIV0001		08/28/202	08/12/202	08/12/202			70.00	0.00	0.00	70.00

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
15624	[REDACTED]	70.00	0.00	0.00	70.00

Vendor#	Vendor Name	Class	Pay Code
I1110	WERFEN USA LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 9111594572		08/27/202	08/20/202	09/14/202			480.94	0.00	0.00	480.94

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
I1110	WERFEN USA LLC	480.94	0.00	0.00	480.94

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	273,536.60	0.00	0.00	273,536.60

APPROVED ON

AUG 29 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 205465 -
205533

273,536.60 +

7,750.70 -

216.00 -

379.52 -

505.00 -

260.00 -

1,776.77 -

1,920.00 -

900.00 -

260,028.51

> Pg 1. no signature approval

Pg 2. no signature approval

> Pg 3. no signature approval

> Pg 5. no signature approval

> Pg 8. no signature approval

> Last page no signature approval

RECEIVED BY THE
COUNTY AUDITOR ON

AUG 29 2024

RUN DATE: 08/30/24
TIME: 15:15

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1
APCDEDIT

GALHOUN COUNTY, TEXAS

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
✓ 1525150 01		032223	✓ 14.00	2		REFUND FOR	✓
✓ 1528994 01		78541 092824	✓ 155.94	2		REFUND FOR	✓
✓ 1531180 01		537077937 092824	✓ 205.06	2		REFUND FOR	✓
✓ 1533647 01		537077937 092824	✓ 1585.84	2		REFUND FOR	✓
✓ 1534817 01		537077937 092824	✓ 1372.64	2		REFUND FOR	✓
✓ 1535821 01		537077937 092824	✓ 1372.64	2		REFUND FOR	✓
✓ 1536315 01		537077937 092824	✓ 1722.05	2		REFUND FOR	✓
✓ 1537185 01		537077937 092824	✓ 140.89	2		REFUND FOR	✓
✓ 1537879 01		537077937 092824	✓ 361.00	2		REFUND FOR	✓
✓ 1539800 01		537077937 092824	✓ 2071.45	2		REFUND FOR	✓
		537077937					

RCN DATE: 08/30/24
TIME: 15:15

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 2
APCDEDIT

PATIENT NUMBER	PAYEE NAME	DATE	PAY AMOUNT	PAT CODE TYPE	DESCRIPTION	GL NUM
✓ 1540183 01		082824	✓ 2071.45	2	REFUND FOR	✓
✓ 1541026 01		537077937 082824	✓ 2071.45	2	REFUND FOR	✓
✓ 1541620 01		537077937 082824	✓ 2071.45	2	REFUND FOR	✓
✓ 1542892 01		537077937 082824	✓ 2420.86	2	REFUND FOR	✓
✓ 1543390 01		77979 082824	✓ 2420.86	2	REFUND FOR	✓
✓ 1544532 01		537077937 082824	✓ 243.06	2	REFUND FOR	✓
✓ 1544866 01		537077937 082824	✓ 6008.30	2	REFUND FOR	✓
✓ 1545701 01		537077937 082824	✓ 7571.21	2	REFUND FOR	✓
✓ 1546451 01		537077937 082824	✓ 9290.89	2	REFUND FOR	✓
		537077937				

RCN DATE: 08/30/24
TIME: 15:15

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 3
APCDEDIT

PATIENT NUMBER	PAYEE NAME	DATE	PAY AMOUNT	EAT CODE TYPE	DESCRIPTION	GL NUM
✓ 1547293 01		092824	✓ 7161.95	2	REFUND FOR	✓
✓ 1548318 01		537077937 092824	✓ 693.95	2	REFUND FOR	✓
✓ 1548643 01		537077937 092824	✓ 6628.14	2	REFUND FOR	✓
✓ 1599445 01		537077937 092824	✓ 3209.92	2	REFUND FOR	✓
✓ 1607514 01		631952366 092824	✓ 18.91	2	REFUND FOR	✓
✓ 1611318 01		77979 092824	✓ 50.00	2	REFUND FOR	✓
✓ 1611950 01		77983 092824	✓ 56.16	2	REFUND FOR	✓
		77979				

ARID=0001 TOTAL

60990.07

TOTAL

APPROVED ON

60990.07

AUG 29 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 205537-

205543

RECEIVED BY THE
COUNTY AUDITOR ON

SEP 03 2024

09/03/2024
10:12

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 09/20/2024

0
ap_open_invoice.template

Vendor# Vendor Name

C1048 ✓ CALHOUN COUNTY

Class Pay Code

W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 082424		08/30/202	08/28/202	08/28/202			149.27	0.00	0.00	149.27 ✓

Vendor Totals: Number Name

C1048 CALHOUN COUNTY

Gross	Discount	No-Pay	Net
149.27	0.00	0.00	149.27

Report Summary

Grand Totals:

Gross
149.27

Discount
0.00

No-Pay
0.00

Net
149.27

APPROVED ON

SEP 03 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 205474

RECEIVED BY THE
COUNTY AUDITOR ON

08/29/2024

11:52

AUG 29 2024

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 09/21/2024

0

ap_open_invoice.template

Vendor# Vendor Name
11836 ✓ GOLDEN CREEK HEALTHCARE

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 082024		08/27/202	08/20/202	09/21/202			97.11	0.00	0.00	97.11 ✓
✓ 082024A	ins. pmt. dep. into mmc opt. in error	08/27/202	08/20/202	09/21/202			108.30	0.00	0.00	108.30 ✓
✓ 082024B	" "	08/27/202	08/20/202	09/21/202			2,170.00	0.00	0.00	2,170.00 ✓
✓ 081624	" "	08/27/202	08/20/202	09/21/202			1,135.71	0.00	0.00	1,135.71 ✓
✓ 082124	" "	08/27/202	08/20/202	09/21/202			1,059.81	0.00	0.00	1,059.81 ✓
✓ 082124A	" "	08/27/202	08/21/202	09/21/202			5.01	0.00	0.00	5.01 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11836	GOLDEN CREEK HEALTHCARE	4,575.94	0.00	0.00	4,575.94

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	4,575.94	0.00	0.00	4,575.94

APPROVED ON

AUG 29 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 205535

08/29/2024
11:53

RECEIVED BY THE
COUNTY AUDITOR ON

AUG 29 2024

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 09/21/2024

0
ap_open_invoice.template

Vendor# Vendor Name

13004 TUSCANY VILLAGE

CALHOUN COUNTY, TEXAS

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 081624A		08/27/202	08/16/202	09/21/202			10,934.24	0.00	0.00	10,934.24 ✓
✓ 082124	ins. pmt. dep. into MMC opt. in error	08/27/202	08/21/202	09/21/202			816.00	0.00	0.00	816.00 ✓
✓ 082124A		08/27/202	08/21/202	09/21/202			21,904.40	0.00	0.00	21,904.40 ✓
✓ 081624		08/27/202	08/21/202	09/21/202			28,864.11	0.00	0.00	28,864.11 ✓

Vendor Totals: Number Name

13004 TUSCANY VILLAGE

Gross	Discount	No-Pay	Net
62,518.75	0.00	0.00	62,518.75

Report Summary

Grand Totals:

Gross
62,518.75

Discount
0.00

No-Pay
0.00

Net
62,518.75

APPROVED ON

AUG 29 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 205536

RECEIVED BY THE
COUNTY AUDITOR ON

08/29/2024
11:53

AUG 29 2024

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 09/21/2024

0
ap_open_invoice.template

Vendor# 12792 Vendor Name BETHANY SENIOR LIVING

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 081624		08/27/202	08/16/202	09/21/202			23,260.31	0.00	0.00	23,260.31 ✓
✓ 081624A	ins. pmt. dep. into mmc opt. in error	08/27/202	08/16/202	09/21/202			4,464.30	0.00	0.00	4,464.30 ✓
✓ 082024	"	08/27/202	08/20/202	09/21/202			130.38	0.00	0.00	130.38 ✓
✓ 082024A	"	08/27/202	08/20/202	09/21/202			111.78	0.00	0.00	111.78 ✓
✓ 082224		08/28/202	08/22/202	09/21/202			1,406.36	0.00	0.00	1,406.36
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
12792 BETHANY SENIOR LIVING							29,373.13	0.00	0.00	29,373.13

NO Signature / approval

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	29,373.13	0.00	0.00	~~29,373.13~~

APPROVED ON

AUG 29 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 205534

23,260.31	÷
4,464.30	÷
130.38	÷
111.78	÷
27,966.77	◇

0

RUN DATE:09/03/24
TIME:11:32

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/03/24 THRU 09/04/24

PAGE 1
GLCKREG

BANK--CHECK-----
CODE NUMBER DATE AMOUNT PAYEE

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	205465	09/04/24	3,168.19	AIRGAS USA, LLC - CENTRAL DIV
A/P	205466	09/04/24	409.48	AMAZON CAPITAL SERVICES
A/P	205467	09/04/24	1,523.28	AMERITEX ELEVATOR SERVICES INC
A/P	205468	09/04/24	172.50	AQUA BEVERAGE COMPANY
A/P	205469	09/04/24	51,368.63	AUTHORITYRX, LLC
A/P	205470	09/04/24	4,596.72	BECKMAN COULTER INC
A/P	205471	09/04/24	719.75	BECTON, DICKINSON & CO (BD)
A/P	205472	09/04/24	2,809.86	BIO-RAD LABORATORIES, INC
A/P	205473	09/04/24	68.59	BLUE CROSS BLUE SHIELD REFUND
A/P	205474	09/04/24	149.27	CALHOUN COUNTY
A/P	205475	09/04/24	2,200.00	CALHOUN COUNTY EMS
A/P	205476	09/04/24	2.00	CAREFUSION SOLUTIONS, LLC
A/P	205477	09/04/24	1,535.13	CDW GOVERNMENT, INC.
A/P	205478	09/04/24	17,983.51	CLINICAL PATHOLOGY LABS
A/P	205479	09/04/24	20.00	[REDACTED]
A/P	205480	09/04/24	412.46	CUSTOM ASSEMBLIES, INC
A/P	205481	09/04/24	20.00	[REDACTED]
A/P	205482	09/04/24	160.00	DOWELL PEST CONTROL
A/P	205483	09/04/24	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	205484	09/04/24	13,435.15	FISHER HEALTHCARE
A/P	205485	09/04/24	40.00	[REDACTED]
A/P	205486	09/04/24	70.40	FRONTIER
A/P	205487	09/04/24	895.38	FUSION CONNECT
A/P	205488	09/04/24	15.00	[REDACTED]
A/P	205489	09/04/24	4,056.00	GBS ADMINISTRATORS, INC
A/P	205490	09/04/24	6,142.09	GLAXOSMITHKLINE PHARMACUETICAL
A/P	205491	09/04/24	1,800.00	GRACE FLOORING AND GLASS
A/P	205492	09/04/24	73.00	[REDACTED]
A/P	205493	09/04/24	4,372.45	HEALTHSTREAM, INC.
A/P	205494	09/04/24	472.50	HOLOGIC INC
A/P	205495	09/04/24	23,663.00	HOSPITAL CARE CONSULTANTS INC.
A/P	205496	09/04/24	56.86	[REDACTED]
A/P	205497	09/04/24	20,602.00	ITERSOURCE CORPORATION
A/P	205498	09/04/24	24.00	[REDACTED]
A/P	205499	09/04/24	15.16	[REDACTED]
A/P	205500	09/04/24	45.00	[REDACTED]
A/P	205501	09/04/24	10.00	[REDACTED]
A/P	205502	09/04/24	40.00	[REDACTED]
A/P	205503	09/04/24	25.00	[REDACTED]
A/P	205504	09/04/24	536.70	LEGAL SHIELD
A/P	205505	09/04/24	90.00	[REDACTED]
A/P	205506	09/04/24	55.00	[REDACTED]
A/P	205507	09/04/24	15.00	[REDACTED]
A/P	205508	09/04/24	4,891.06	MCKESSON MEDICAL SURGICAL INC
A/P	205509	09/04/24	12.00	[REDACTED]
A/P	205510	09/04/24	1,733.00	MEDICAL AIR SERVICES ASSOC.
A/P	205511	09/04/24	324.53	MEDLINE INDUSTRIES INC
A/P	205512	09/04/24	325.00	MEMORIAL MEDICAL CLINIC
A/P	205513	09/04/24	136.20	METTLER-TOLEDO RAININ, LLC
A/P	205514	09/04/24	20.00	[REDACTED]

RUN DATE:09/03/24
TIME:11:32

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/03/24 THRU 09/04/24

PAGE 2
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	205515	09/04/24	24,549.54	MUTUAL OF OMAHA
A/P	205516	09/04/24	662.52	MXR IMAGING, INC
A/P	205517	09/04/24	2,000.00	NEXION HEALTH AT NAVASOTA INC
A/P	205518	09/04/24	90.00	NOVA BIOMEDICAL
A/P	205519	09/04/24	84.49	
A/P	205520	09/04/24	21.00	
A/P	205521	09/04/24	257.57	SAMS CLUB DIRECT
A/P	205522	09/04/24	2,451.95	SIEMENS MEDICAL SOLUTIONS INC
A/P	205523	09/04/24	10.91	SINGLETON ASSOCIATES PA
A/P	205524	09/04/24	14.18	
A/P	205525	09/04/24	2,525.00	SOMETHING MORE MEDIA, INC.
A/P	205526	09/04/24	3,077.93	STERICYCLE, INC
A/P	205527	09/04/24	105.11	STERIS CORPORATION
A/P	205528	09/04/24	15.00	
A/P	205529	09/04/24	.00	VOIDED
A/P	205530	09/04/24	12,240.45	UNIFIRST HOLDINGS INC
A/P	205531	09/04/24	147.84	UNIFORM ADVANTAGE
A/P	205532	09/04/24	70.00	
A/P	205533	09/04/24	480.94	WERFEN USA LLC
A/P	205534	09/04/24	27,966.77	BETHANY SENIOR LIVING
A/P	205535	09/04/24	4,575.94	GOLDENCREEK HEALTHCARE
A/P	205536	09/04/24	62,518.75	TUSCANY VILLAGE
A/P	205537	09/04/24	3,209.92	COTIVITI
A/P	205538	09/04/24	18.91	
A/P	205539	09/04/24	56.16	
A/P	205540	09/04/24	.00	PO BOX 7937
A/P	205541	09/04/24	14.00	
A/P	205542	09/04/24	155.94	
A/P	205543	09/04/24	205.06	
A/P	205544	09/04/24	1,585.84	
A/P	205545	09/04/24	1,372.64	
A/P	205546	09/04/24	1,372.64	
A/P	205547	09/04/24	1,722.05	
A/P	205548	09/04/24	140.89	
A/P	205549	09/04/24	361.00	
A/P	205550	09/04/24	2,071.45	
A/P	205551	09/04/24	2,071.45	
A/P	205552	09/04/24	2,071.45	
A/P	205553	09/04/24	2,071.45	
A/P	205554	09/04/24	2,420.86	
A/P	205555	09/04/24	2,420.86	
A/P	205556	09/04/24	6,008.30	
A/P	205557	09/04/24	7,571.21	
A/P	205558	09/04/24	9,290.89	
A/P	205559	09/04/24	7,161.95	
A/P	205560	09/04/24	693.95	
A/P	205561	09/04/24	6,628.14	
A/P	205562	09/04/24	50.00	
A/P	205563	09/04/24	243.06	
TOTALS:			416,229.31	

Payables

260,028.51 +

Pat. ref. 60,990.07 +

Critical 149.27 +

NH xfers 95,061.46 +

416,229.31 0

APPROVED ON

SEP 04 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

As of: 08/30/2024

Page: 002

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory:

Customer: 632536
Date: 08/31/2024

As of: 08/30/2024
Mail to: Page: 002
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536
Date: 08/31/2024
PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account 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: 58.74 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
18/07/2017

If Paid By 09/03/2024,
Pay This Amount: 57.56 USD

If Paid After 09/03/2024,
Pay this Amount: 58.74 USD

Due If Paid On Time: ✓
USD 57.56 ✓
Disc lost if paid late: 1.18
Due If Paid Late:
USD 58.74

✓ Andrew D. Santos
9/2/2024

22 * 32 +
1 * 77 +
33 * 47 +
57 * 56 =

APPROVED ON

SEP 03 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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: 08/30/2024
Page: 001
DC: 8115
Customer INV SupplD:
Territory: 7001
Customer: 190813
Date: 08/31/2024

To ensure proper credit to your
account, detach and return this
stub with your remittance
As of: 08/30/2024
Mail to: Page: 001
Comp: 8000
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 08/31/2024
PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813	HEB PHCY 0434/MEM MED PHS										
08/28/2024	09/03/2024	7517412544	4137641	115Invoice	0.46	22.78		22.32	✓	7517412544	

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

TOTAL:	Customer Number 190813	HEB PHCY 0434/MEM MED PHS									
			Subtotals:		22.78	USD					
Future Due:		0.00									
Past Due:		0.00	If Paid By 09/03/2024, Pay This Amount:		22.32	USD					
Last Payment 08/26/2024		10,984.66	If Paid After 09/03/2024, Pay this Amount:		22.78	USD					

Due If Paid On Time:
USD 22.32 ✓
Disc lost if paid late: 0.46
Due If Paid Late:
USD 22.78

APPROVED ON
SEP 03 2024
BY COUNTY AUDITOR
GALHOUN COUNTY, TEXAS

✓ Andrew De los Santos
9/2/2024

McKESSON

STATEMENT

As of: 08/30/2024

Page: 001

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

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

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 820405
Date: 08/31/2024

As of: 08/30/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 PLEASE CHECK ANY
Date: 08/31/2024 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 820405 HEB PHCY WHSE/MEM MED PHS											
08/28/2024	09/03/2024	7517415510	B2408-055-171819	115Invoice	0.04	1.81		1.77	✓	7517415510	

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: 1.81 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 10,984.66
08/26/2024

If Paid By 09/03/2024,
Pay This Amount:

1.77 USD

If Paid After 09/03/2024,
Pay this Amount:

1.81 USD

Due If Paid On Time:
USD

1.77 ✓

Disc lost if paid late:

0.04

Due If Paid Late:
USD

1.81

APPROVED ON

SEP 03 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

✓ Andrew Santos
9/2/2024

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 08/30/2024

Page: 001

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

DC: 8115
Customer INV SupplD:
Territory: 7001

As of: 08/30/2024 Page: 001
Mail to: Comp: 8000

Customer: 835437
Date: 08/31/2024

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835437 PLEASE CHECK ANY
Date: 08/31/2024 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835437 CVS PHCY 7416/MEM MC PHS											
08/28/2024	09/03/2024	7517632522	3485460	115Invoice	0.68	34.15		33.47	✓	7517632522	

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: 34.15 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 10,984.66
08/26/2024

If Paid By 09/03/2024,
Pay This Amount:

33.47 USD

If Paid After 09/03/2024,
Pay this Amount:

34.15 USD

Due If Paid On Time:

USD 33.47 ✓

Disc lost if paid late:

0.68

Due If Paid Late:

USD 34.15

APPROVED ON

SEP 03 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

✓ Andrew Delos Santos
9/2/2024

For AR Inquiries please contact 800-867-0333

Serviced By:	AMERISOURCEBERGEN DRUG CORP 12727 W. AIRPORT BLVD. SUGAR LAND TX 77478-6101	Customer:	WALGREENS #12494 340B MEMORIAL MEDICAL CENTER 1302 N VIRGINIA ST PORT LAVACA TX 77979-2509	Customer Number 100135284 / 037028186	
	DEA: RA0289276 866-451-9655			Terms Sat - Fri Due in 7 days	
			Remit To:	Summary	
				AMERISOURCEBERGEN PO Box 905223 CHARLOTTE NC 28290-5223	Not Yet Due: 0.00 Current: 16,079.94 Past Due: 0.00 Total Due: 16,079.94 Account Balance: 16,079.94

Account Activity								
Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
08-25-2024	09-06-2024	3186363421	7007426228	Invoice	4,856.32		0.00	✓ 4,856.32
08-25-2024	09-06-2024	3186363422	7007426228	Invoice	21.06		0.00	✓ 21.06
08-25-2024	09-06-2024	3186363423	7007437184	Invoice	82.25		0.00	✓ 82.25
08-25-2024	09-06-2024	3186363424	7007446658	Invoice	4,355.50		0.00	✓ 4,355.50
08-25-2024	09-06-2024	3186363425	7007446658	Invoice	1.18		0.00	✓ 1.18
08-25-2024	09-06-2024	3186363426	7007437227	Invoice	3.64		0.00	✓ 3.64
08-27-2024	09-06-2024	3186480611	7007452523	Invoice	18.87		0.00	✓ 18.87
08-28-2024	09-06-2024	3186620713	7007463642	Invoice	2,176.80		0.00	✓ 2,176.80
08-29-2024	09-06-2024	3186771601	4548458170	Invoice	7.09		0.00	✓ 7.09
08-29-2024	09-06-2024	3186796912	7007474553	Invoice	3,216.76		0.00	✓ 3,216.76
08-29-2024	09-06-2024	3186796913	7007475076	Invoice	9.36		0.00	✓ 9.36
08-30-2024	09-06-2024	3186947778	7007483788	Invoice	1,331.11		0.00	✓ 1,331.11

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
16,079.94	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment	
Date	Amount
08-30-2024	(12,845.62)

APPROVED ON
SEP 03 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders	
Due Date	Amount
09-06-2024 ✓	16,079.94
Total Due:	16,079.94 ✓

✓ Andrew De Los Santos
9/2/2024

CHKNO	GRPNO	LOCNO	EMPNO	DEPNO	CLMPRE	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYTO	CVGCD	CVGTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRU DT	PAYNO
2576	76360	3	21	1	2024	226000722	0	8/15/2024	\$20,801.00		1 LIBERTY DIALYSIS VICTORIA	P	465	0			HDI	F	7/1/2024	7/31/2024	262438451
									\$20,801.00												

Andrew De Los Santos
9/2/2024

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SEP 03 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

ORANO	ORANO	LOONO	EMPNO	DEPNO	CLMRE	CLMNO	CLMSUT	OROT	JMT	CLMT	PAYEE	PAYTO	CVGCO	CVGTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUOT	PCVNO
2649	76351	1	2	0	2024	236000217	0	8/26/2024	\$173.00	1	MCCO FL PSYCHIATRY SERVICES PA	P	728				TELM	F	5/1/2024	5/1/2024	882977295
2650	76351	1	2	1	2024	232000455	0	8/26/2024	\$248.94	1	VICTORIA WOMENS CLINIC ASSOCIATES	P	172				AB	F	8/12/2024	8/12/2024	741831291
2651	76351	1	2	0	2024	232000737	0	8/26/2024	\$271.25	1	VIP CARE SERVICES LLC	P	604				CASE	F	7/1/2024	7/1/2024	271837628
2652	76351	2	6	0	2024	234000302	0	8/26/2024	\$164.63	1	SINGLETON ASSOCIATES PA	P	321				MRIQ	F	7/10/2024	7/10/2024	741680498
2654	76351	2	6	0	2024	226000838	0	8/26/2024	\$527.16	1	VICTORIA HEART VASCULAR CENTER	P	457				OVS	F	7/29/2024	7/29/2024	562284144
2655	76351	3	24	0	2024	233001154	0	8/26/2024	\$3.98	1	CLINICAL PATHOLOGY LABS, INC	P	532				WLAB	F	4/4/2024	4/4/2024	742554159
2656	76351	3	53	0	2024	232000815	0	8/26/2024	\$11.19	1	SINGLETON ASSOCIATES PA	P	189				ERD	F	7/6/2024	7/6/2024	741680498
2657	76351	3	53	0	2024	232000813	0	8/26/2024	\$11.61	1	SINGLETON ASSOCIATES PA	P	189				ERD	F	7/6/2024	7/6/2024	741680498
2658	76351	3	53	0	2024	232000809	0	8/26/2024	\$12.38	1	DIAGNOSTIC IMAGING ASSOCIATES, PA	P	181				XRAY	F	7/12/2024	7/12/2024	760686474
2659	76351	3	53	0	2024	232000812	0	8/26/2024	\$12.38	1	DIAGNOSTIC IMAGING ASSOCIATES, PA	P	189				ERD	F	7/6/2024	7/6/2024	760686474
2660	76351	3	53	0	2024	232000808	0	8/26/2024	\$13.37	1	DIAGNOSTIC IMAGING ASSOCIATES, PA	P	181				XRAY	F	7/12/2024	7/12/2024	760686474
2661	76351	3	53	0	2024	232000814	0	8/26/2024	\$30.95	1	SINGLETON ASSOCIATES PA	P	189				ERD	F	7/6/2024	7/6/2024	741680498
2662	76351	3	24	0	2024	233001151	0	8/26/2024	\$35.73	1	PORT LAVACA CLINIC ASSOCIATES	P	485				INLM	F	4/4/2024	4/4/2024	742605670
2663	76351	3	53	0	2024	232000810	0	8/26/2024	\$36.87	1	VICTORIA ORTHOPEDIC CENTER, PLLC	P	450				XRDS	F	7/24/2024	7/24/2024	260151734
2664	76351	3	28	0	2024	232000476	0	8/26/2024	\$38.75	1	CLINICAL PATHOLOGY LABS, INC	P	172				AB	F	8/9/2024	8/9/2024	742554159
2667	76351	3	40	2	2024	226000776	0	8/26/2024	\$52.52	1	NARIN APISARNTHANARAX, MD	P	457				OVS	F	8/6/2024	8/6/2024	272129127
2668	76351	3	22	1	2024	227001257	0	8/26/2024	\$56.55	1	VICTORIA ORTHOPEDIC CENTER, PLLC	P	457				OVS	F	7/16/2024	7/16/2024	260151734
2671	76351	3	37	0	2024	232000053	0	8/26/2024	\$94.94	1	HARESH KUMAR M.D	P	457				OVS	F	3/25/2024	3/25/2024	453050693
2672	76351	3	49	0	2024	234000293	0	8/26/2024	\$115.28	1	GREATER HOUSTON INTERVENTIONAL	P	449				LBDS	F	5/10/2024	202341026	
2673	76351	3	51	0	2024	227000052	0	8/26/2024	\$150.01	1	CITIZENS MEDICAL PROFESSIONALS	P	457				OVS	F	7/29/2024	7/29/2024	471158090
2677	76351	3	47	0	2024	226000792	0	8/26/2024	\$308.53	1	VICTORIA WOMENS CLINIC ASSOCIATES	P	172				OV	F	8/2/2024	741831291	
2678	76351	3	62	0	2024	233001159	0	8/26/2024	\$316.00	1	CITIZENS MEDICAL CENTER COUNTY OF	P	172				AB	F	7/13/2024	7/13/2024	741680498
2680	76351	3	37	0	2024	232000721	0	8/26/2024	\$501.75	1	VIP CARE SERVICES LLC	P	604				CASE	F	7/9/2024	7/9/2024	271837628
2681	76351	3	53	0	2024	232000811	0	8/26/2024	\$531.19	1	CALHOUN COUNTY EMS	P	412				AMAB	F	7/6/2024	7/6/2024	746001923
2686	76351	3	53	0	2024	232000806	0	8/26/2024	\$1,356.32	1	VICTORIA ORTHOPEDIC CENTER, PLLC	P	178				SO	F	7/12/2024	7/12/2024	260151734
2695	76360	3	32	6	2024	233000117	0	8/26/2024	\$10,555.39	1	BRISCOLL HEALTH SYSTEM	P	421				HOBS	F	7/14/2024	7/14/2024	742577746
2696	76360	3	61	1	2024	233001192	0	8/26/2024	\$14.10	1	CLINICAL PATHOLOGY LABS, INC	P	532				WLAB	F	5/16/2024	5/16/2024	742554159
2698	76360	3	41	0	2024	234001935	0	8/26/2024	\$18.69	1	PORT LAVACA CLINIC ASSOCIATES	P	485				INLM	F	4/3/2024	742605670	
2699	76360	3	2	1	2024	234001936	0	8/26/2024	\$23.60	1	VICTORIA WOMENS CLINIC ASSOCIATES	P	485				INLM	F	7/22/2024	7/22/2024	741831291
2701	76360	3	61	1	2024	233001200	0	8/26/2024	\$27.06	1	CLINICAL PATHOLOGY LABS, INC	P	485				INLM	F	5/10/2024	5/10/2024	742554159
2702	76360	3	28	0	2024	234002054	0	8/26/2024	\$34.05	9	CIGNA HEALTH AND LIFE INSURANCE COMPANY	P	30				EX30	F	7/11/2024	7/11/2024	591031071
2703	76360	3	83	0	2024	227000419	0	8/26/2024	\$46.25	1	VICTORIA GASTROENTEROLOGY	P	177				OV	F	8/1/2024	8/1/2024	260406833
2709	76360	3	81	1	2024	234002047	0	8/26/2024	\$48.27	9	CIGNA HEALTH AND LIFE INSURANCE COMPANY	P	30				EX30	F	5/23/2024	591031071	
2711	76360	3	59	1	2024	233001072	0	8/26/2024	\$55.95	1	CIRCLE MEDICAL - UCSF AFFILIATE	P	778				TELM	F	8/10/2024	8/10/2024	474883537
2713	76360	3	79	0	2024	234000781	0	8/26/2024	\$62.95	1	SINGLETON ASSOCIATES PA	P	189				ERD	F	7/18/2024	7/18/2024	741680498
2714	76360	3	68	0	2024	233001070	0	8/26/2024	\$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	177				OV	F	8/15/2024	8/15/2024	742605670
2717	76360	3	98	0	2024	234002060	0	8/26/2024	\$72.34	1	CLINICAL PATHOLOGY LABS, INC	P	485				INLM	F	6/14/2024	6/14/2024	742554159
2719	76360	3	63	0	2024	233001712	0	8/26/2024	\$83.57	1	SINGLETON ASSOCIATES PA	P	294				MAM2	F	1/4/2024	741680498	
2722	76360	3	43	1	2024	226001601	0	8/26/2024	\$93.03	1	KHEM VU DO PA	P	177				OV	F	6/28/2024	6/28/2024	451261253
2723	76360	3	28	0	2024	229000704	0	8/26/2024	\$93.99	1	RICHARD ARROYO DIAZ	P	481				OPDX	F	7/22/2024	7/22/2024	583137003
2724	76360	3	31	0	2024	228001249	0	8/26/2024	\$100.89	1	KHEM VU DO PA	P	177				OV	F	7/23/2024	7/23/2024	451261253
2725	76360	3	42	4	2024	228001236	0	8/26/2024	\$101.66	1	CRESCENT VIEW MEDICAL CLINICS PA	P	172				AB	F	8/12/2024	8/12/2024	452547088
2726	76360	3	32	3	2024	234001721	0	8/26/2024	\$101.66	1	CRESCENT VIEW MEDICAL CLINICS PA	P	172				AB	F	8/16/2024	8/16/2024	452547088
2727	76360	3	32	5	2024	228001259	0	8/26/2024	\$120.18	1	CRESCENT VIEW MEDICAL CLINICS PA	P	172				AB	F	8/12/2024	8/12/2024	452547088
2728	76360	3	32	6	2024	234001707	0	8/26/2024	\$130.00	1	CRESCENT VIEW MEDICAL CLINICS PA	P	172				AB	F	8/16/2024	8/16/2024	452547088
2729	76360	3	22	0	2024	234001934	0	8/26/2024	\$147.77	1	CLINICAL PATHOLOGY LABS, INC	P	770				WLBI	F	1/10/2024	1/10/2024	742554159
2730	76360	3	83	0	2024	232000473	0	8/26/2024	\$148.13	1	SAMUEL COPELAND MD	P	457				OVS	F	8/1/2024	8/1/2024	471158090
2731	76360	3	54	0	2024	233001068	0	8/26/2024	\$166.97	1	VICTORIA EP PLLC	P	189				ERD	F	8/10/2024	8/10/2024	474741110
2734	76360	3	80	0	2024	229000903	0	8/26/2024	\$256.20	1	SEAN K O'SULLIVAN MDDABR	P	172				AB	F	8/13/2024	8/13/2024	742765481
2741	76360	3	21	1	2024	227000500	0	8/26/2024	\$303.85	1	HARESH KUMAR M.D	P	466				DI	F	7/20/2024	7/20/2024	453050693
2744	76360	3	21	1	2024	227000503	0	8/26/2024	\$303.85	1	HARESH KUMAR M.D	P	466				DI	F	3/26/2024	3/26/2024	453050693
2745	76360	3	21	1	2024	227000508	0	8/26/2024	\$303.85	1	HARESH KUMAR M.D	P	466				DI	F	1/23/2024	1/23/2024	453050693
2746	76360	3	21	1	2024	227001254	0	8/26/2024	\$303.85	1	HARESH KUMAR M.D	P	466				DI	F	7/30/2024	7/30/2024	453050693
2757	76360	3	50	0	2024	232000723	0	8/26/2024	\$658.75	1	VIP CARE SERVICES LLC	P	604				CASE	F	7/2/2024	7/2/2024	271837628
2758	76360	3	47	0	2024	232000722	0	8/26/2024	\$736.25	1	VIP CARE SERVICES LLC	P	604				CASE	F	7/9/2024	7/9/2024	271837628
2760	76360	3	32	1	2024	232000719	0	8/26/2024	\$1,045.00	1	VIP CARE SERVICES LLC	P	604				CASE	F	7/2/2024	7/2/2024	271837628
2761	76360	3	54	0	2024	233000801	0	8/26/2024	\$1,154.83	1	VICTORIA ED LLC	P	406				ER	F	8/10/2024	8/10/2024	473152225
2762	76360	3	21	1	2024	232000718	0	8/26/2024	\$1,588.75	1	VIP CARE SERVICES LLC	P	604				CASE	F	7/30/2024	7/30/2024	742554159
2763	76360	3	28	0	2024	226000769	0	8/26/2024	\$1,968.48	1	AMIRALI S POPATIA MD	P	456				INIS	F	7/30/2024	7/30/2024	760599320
2764	76360	3	28	0	2024	233000558	0	8/26/2024	\$2,494.20	1	HOUSTON METHODIST SUGAR LAND HOSPITAL	P	321				MRIQ	F	7/11/2024	7/11/2024	760545192
2767	76360	3	32	6	2024	229001329	0	8/26/2024	\$4,790.24	1	PEDIATRIX MEDICAL GROUP OF TEXAS	P	188				HV	F	5/28/2024	5/28/2024	650578995

533,337.22

Andrew DePascual
9/2/2024

APPROVED ON

SEP 03 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Aug 26, 2024 - Sept 1, 2024**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>	<u>Amount</u>	<u>CPSI "Handwritten" Check" #</u>
8/30/2024	STATE COMPTLR TEXNET 08349590/40829 2100002	- UC IGT	318,325.39 ✓	110088
8/30/2024	PAY PLUS ACHTrans 34370871 101000696160793 P	- 3rd Party Payor Fee	329.65 ✓	901329
8/30/2024	EXPERTPAY EXPERTPAY 746003411 91000011295887	- Child Support Payment	570.69 ✓	800582
8/30/2024	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	12,845.62 ✓	500633
8/30/2024	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	407,221.86 ✓	
8/29/2024	PAY PLUS ACHTrans 34255592 101000694927031 P	- 3rd Party Payor Fee	4.80 ✓	901330
8/28/2024	WIRE OUT CBNA INCOMING SETTLEMENT ACCOUNT	- CitiBank Corporate Card Payment	6,074.55 ✓	901331
8/28/2024	WIRE OUT CBNA INCOMING SETTLEMENT ACCOUNT	- CitiBank Corporate Card Payment	874.26 ✓	901332
8/28/2024	PAY PLUS ACHTrans 34097750 101000693386039 P	- 3rd Party Payor Fee	73.08 ✓	901333
8/27/2024	PAY PLUS ACHTrans 33898947 101000692234373 P	- 3rd Party Payor Fee	13.15 ✓	901334
8/27/2024	MCKESSON DRUG AUTO ACH ACH06146365 910000121	- 340B Drug Program Expense	10,984.66 ✓	500634
8/26/2024	IRS USATAXPYMT 270463932342290 6103601000469	- Payroll Taxes	177.42 ✓	800583

757,495.13 ✓

Andrew De Los Santos
Andrew De Los Santos
Memorial Medical Center

September 3, 2024

* Approved on 8.28.24 cc
** Approved on 8.21.24 cc

pay plus
329.65 +
4.80 +
73.08 +
13.15 +
15.15 +
120.68 0

Child Supp.
570.69 +
570.69 0
0.00

420.68 +
570.69 +
991.37 0
0.00

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

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>	<u>Amount</u>
	757,495.13 +		
	318,325.39 -		
	12,845.62 -		
	407,221.86 -		
	6,074.55 -		
	874.26 -		
	10,984.66 -		
	177.42 -		
	991.37 0		
	991.37 -		
	0.00 0		

0.00 ✓

Andrew De Los Santos
Andrew De Los Santos
Memorial Medical Center

September 3, 2024

APPROVED ON

SEP 03 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
9/3/2024

Nursing Home	Account	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens		313,274.74	313,007.54	222,863.15		223,130.35	222,639.90
						Bank Balance Variance	
						223,130.35	
						Leave in Balance	100.00

Routing Information for Ashford Gardens:

Ashford Health Care Center Ltd Co
JP Morgan Chase Bank

Broadmoor	237,683.82	237,399.18	154,741.99		July Interest	167.20	
					Aug Interest	223.25	
					Sept Interest		
					Adjust Balance/Transfer Amt	222,639.90	
					Bank Balance	155,026.63	154,572.84
					Bank Balance Variance	155,026.63	
					Leave in Balance	100.00	

Crescent	429,302.33	428,928.80	170,866.20		July Interest	184.64	
					Aug Interest	169.15	
					Sept Interest		
					Adjust Balance/Transfer Amt	154,572.84	
					Bank Balance	171,239.73	149,163.42
					Bank Balance Variance	171,239.73	
					Leave in Balance	100.00	
					Claim Payment due to Tuscany	21,400.00	

Fort Bend	94,578.92	94,426.83	63,903.49		July Interest	273.53	
					Aug Interest	302.78	
					Sept Interest		
					Adjust Balance/Transfer Amt	149,163.42	
					Bank Balance	64,055.58	63,849.86
					Bank Balance Variance	64,055.58	
					Leave in Balance	100.00	

Solera at W Houston	280,914.11	280,604.54	148,308.59		July Interest	52.09	
					Aug Interest	53.63	
					Sept Interest		
					Adjust Balance/Transfer Amt	63,849.86	
					Bank Balance	148,618.16	148,125.66
					Bank Balance Variance	148,618.16	
					Leave in Balance	100.00	

222,639.90 +
154,572.84 +
149,163.42 +
63,849.86 +
148,125.66 +
738,351.68

Fort Bend / Broadmoor

July Interest	209.57	
Aug Interest	182.93	
Sept Interest		
Adjust Balance/Transfer Amt	148,125.66	

TOTAL TRANSFERS 738,351.68

Approved: Andrew De Los Santos
Andrew De Los Santos 9/3/2024

APPROVED ON
SEP 03 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

8/31/2024 Added to Account
 8/30/2024 HNB - ECHO HCCLAIMPMT 746003411 440000229669
 8/30/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 8/30/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 8/29/2024 Check 1250
 8/29/2024 Deposit
 8/29/2024 MANAGEANDNET1718 MNS PMNT 00000000000093 41
 8/29/2024 HNB - ECHO HCCLAIMPMT 746003411 440000284966
 8/29/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2
 8/28/2024 WIRE OUT ASHFORD HEALTH CARE CENTER LTD
 8/28/2024 MANAGEANDNET1718 MNS PMNT 00000000000093 41
 8/28/2024 HNB - ECHO HCCLAIMPMT 746003411 440000242283
 8/28/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2
 8/27/2024 Check 1249
 8/27/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 8/26/2024 MANAGEANDNET1718 MNS PMNT 00000000000093 41
 8/26/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
-	223.25	-	-	-	-	-	223.25
-	1,575.22	-	-	-	-	-	1,575.22
-	6,445.29	-	-	-	-	-	6,445.29
-	1,427.04	-	-	-	-	-	1,427.04
42,032.13	-	-	-	-	-	-	-
-	84,419.30	-	-	-	-	-	84,419.30
-	347.85	-	-	-	-	-	347.85
-	31,034.36	-	-	-	-	-	31,034.36
-	2,387.68	-	-	-	-	-	2,387.68
248,669.37	-	-	-	-	-	-	-
-	1,791.00	-	-	-	-	-	1,791.00
-	3,170.87	-	-	-	-	-	3,170.87
-	11,455.41	-	-	-	-	-	11,455.41
22,306.04	-	-	-	-	-	-	-
-	67,519.78	-	-	-	-	-	67,519.78
-	121.05	-	-	-	-	-	121.05
-	10,945.05	-	-	-	-	-	10,945.05
313,007.54	222,863.15	-	-	-	-	-	222,863.15

Breadmoor

8/31/2024 Added to Account
 8/30/2024 HNB - ECHO HCCLAIMPMT 746003411 440000229669
 8/30/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384
 8/30/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 8/30/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 8/30/2024 NOVITAS SOLUTION HCCLAIMPMT 676357 420000108
 8/30/2024 HIC KY HCCLAIMPMT 55952 182 4200001834371 45
 8/29/2024 Check 285
 8/29/2024 Deposit
 8/29/2024 HNB - ECHO HCCLAIMPMT 746003411 440000285537
 8/29/2024 HNB - ECHO HCCLAIMPMT 746003411 440000284966
 8/28/2024 WIRE OUT CANTEX HEALTH CARE CENTERS III
 8/28/2024 HNB - ECHO HCCLAIMPMT 746003411 440000242283
 8/28/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 8/28/2024 NOVITAS SOLUTION HCCLAIMPMT 676357 420000129
 8/27/2024 Check 284
 8/27/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 8/27/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 8/26/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 8/26/2024 NOVITAS SOLUTION HCCLAIMPMT 676357 420000149

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
-	169.15	-	-	-	-	-	169.15
-	1,979.80	-	-	-	-	-	1,979.80
-	5,050.00	-	-	-	-	-	5,050.00
-	3,741.37	-	-	-	-	-	3,741.37
-	2,059.50	-	-	-	-	-	2,059.50
-	6,059.27	-	-	-	-	-	6,059.27
-	395.00	-	-	-	-	-	395.00
15,653.49	-	-	-	-	-	-	-
-	31,449.36	-	-	-	-	-	31,449.36
-	216.60	-	-	-	-	-	216.60
-	29,843.78	-	-	-	-	-	29,843.78
213,416.87	-	-	-	-	-	-	-
-	3,983.15	-	-	-	-	-	3,983.15
-	1,774.36	-	-	-	-	-	1,774.36
-	15,208.03	-	-	-	-	-	15,208.03
8,308.82	-	-	-	-	-	-	-
-	6,664.95	-	-	-	-	-	6,664.95
-	24,344.70	-	-	-	-	-	24,344.70
-	21,654.35	-	-	-	-	-	21,654.35
-	148.62	-	-	-	-	-	148.62
237,399.18	154,741.99	-	-	-	-	-	154,741.99

Crescent

8/31/2024 Added to Account
 8/30/2024 HNB - ECHO HCCLAIMPMT 746003411 440000229669
 8/30/2024 HNB - ECHO HCCLAIMPMT 746003411 440000229669
 8/30/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384
 8/30/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 8/29/2024 Check 360
 8/29/2024 Check 361
 8/29/2024 Deposit
 8/29/2024 Deposit
 8/29/2024 HNB - ECHO HCCLAIMPMT 746003411 440000284966
 8/29/2024 HNB - ECHO HCCLAIMPMT 746003411 440000285538
 8/29/2024 HNB - ECHO HCCLAIMPMT 746003411 440000285537
 8/28/2024 WIRE OUT CANTEX HEALTH CARE CENTERS III
 8/28/2024 HUMANA INS CO HCCLAIMPMT 55733402 8300005763
 8/28/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2
 8/27/2024 Check 358
 8/27/2024 DEVOTED HEALTH P HCCLAIMPMT 21000021182828
 8/27/2024 DEVOTED HEALTH P HCCLAIMPMT 21000021182826
 8/27/2024 DEVOTED HEALTH P HCCLAIMPMT 21000021182824
 8/27/2024 DEVOTED HEALTH P HCCLAIMPMT 21000021182822
 8/27/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384
 8/27/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 8/27/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 8/27/2024 HUMANA CHA DISB HCCLAIMPMT 55690154 42000017
 8/26/2024 UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384
 8/26/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
-	302.78	-	-	-	-	-	302.78
-	3,324.52	-	-	-	-	-	3,324.52
-	403.41	-	-	-	-	-	403.41
-	3,280.00	-	-	-	-	-	3,280.00
-	472.15	-	-	-	-	-	472.15
11,590.95	-	-	-	-	-	-	-
17,500.00	-	-	-	-	-	-	-
-	7,488.00	-	-	-	-	-	7,488.00
-	41,315.86	-	-	-	-	-	41,315.86
-	7,262.92	-	-	-	-	-	7,262.92
-	10,451.79	-	-	-	-	-	10,451.79
-	4,456.71	-	-	-	-	-	4,456.71
393,719.65	-	-	-	-	-	-	-
-	2,325.00	-	-	-	-	-	2,325.00
-	2,459.01	-	-	-	-	-	2,459.01
6,118.20	-	-	-	-	-	-	-
-	7,200.00	-	-	-	-	-	7,200.00
-	11,700.00	-	-	-	-	-	11,700.00
-	2,500.00	-	-	-	-	-	2,500.00
-	3,600.00	-	-	-	-	-	3,600.00
-	9,780.00	-	-	-	-	-	9,780.00
-	2,798.10	-	-	-	-	-	2,798.10
-	30,281.38	-	-	-	-	-	30,281.38
-	1,364.75	-	-	-	-	-	1,364.75
-	2,870.00	-	-	-	-	-	2,870.00
-	15,229.82	-	-	-	-	-	15,229.82
428,928.80	170,866.20	-	-	-	-	-	170,866.20

Fort Bend

8/31/2024 Added to Account
 8/30/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384
 8/30/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 8/29/2024 Check 256
 8/29/2024 Deposit
 8/29/2024 HNB - ECHO HCCLAIMPMT 746003411 440000284966
 8/28/2024 WIRE OUT CANTEX HEALTH CARE CENTERS III
 8/28/2024 HNB - ECHO HCCLAIMPMT 746003411 440000242283
 8/28/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384
 8/27/2024 Check 255
 8/27/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 8/27/2024 CENTENE CORP HCCLAIMPMT 5310127464650
 8/26/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
-	53.63	-	-	-	-	-	53.63
-	3,010.00	-	-	-	-	-	3,010.00
-	1,437.06	-	-	-	-	-	1,437.06
13,147.01	-	-	-	-	-	-	-
-	26,461.03	-	-	-	-	-	26,461.03
-	2,009.90	-	-	-	-	-	2,009.90
74,371.60	-	-	-	-	-	-	-
-	5,053.81	-	-	-	-	-	5,053.81
-	410.00	-	-	-	-	-	410.00
6,908.21	-	-	-	-	-	-	-
-	21,595.05	-	-	-	-	-	21,595.05
-	1,570.66	-	-	-	-	-	1,570.66
-	2,302.35	-	-	-	-	-	2,302.35
94,426.83	63,903.49	-	-	-	-	-	63,903.49

Solera at West Houston

8/31/2024 Added to Account
 8/30/2024 HNB - ECHO HCCLAIMPMT 746003411 440000229669
 8/30/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384
 8/30/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 8/30/2024 NOVITAS SOLUTION HCCLAIMPMT 676310 420000108
 8/30/2024 AARP Supplementa HCCLAIMPMT 746003411 124384
 8/29/2024 Check 1310
 8/29/2024 Deposit
 8/29/2024 MANAGEANDNET1718 MNS PMNT 0000000000002482 41
 8/29/2024 HNB - ECHO HCCLAIMPMT 746003411 440000286154
 8/29/2024 HNB - ECHO HCCLAIMPMT 746003411 440000285537

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
-	182.93	-	-	-	-	-	182.93
-	2,205.22	-	-	-	-	-	2,205.22
-	26,220.00	-	-	-	-	-	26,220.00
-	373.26	-	-	-	-	-	373.26
-	2,574.83	-	-	-	-	-	2,574.83
-	169.02	-	-	-	-	-	169.02
12,507.62	-	-	-	-	-	-	-
-	24,845.13	-	-	-	-	-	24,845.13
-	70.20	-	-	-	-	-	70.20
-	9,267.45	-	-	-	-	-	9,267.45
-	441.04	-	-	-	-	-	441.04

8/29/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2
 8/29/2024 AARP Supplementa HCCLAIMPMT 746003411 124384
 8/28/2024 WIRE OUT CANTEX HEALTH CARE CENTERS III
 8/28/2024 MANAGEANDNET1718 MINS PMINT 00000000002482 41
 8/28/2024 HNB - ECHO HCCLAIMPMT 746003411 440000242283
 8/28/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384
 8/28/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2
 8/27/2024 Check 1309
 8/27/2024 HNB - ECHO HCCLAIMPMT 746003411 440000201927
 8/27/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 8/27/2024 HUMANA INS CO HCCLAIMPMT 55553849 8300005372
 8/26/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 8/26/2024 NOVITAS SOLUTION HCCLAIMPMT 676330 420000149

I:\NH Weekly Transfers\Bank Download Worksheets\2024\AUGUST\NH Bank Download 8.26.24-9.1.24

Page 2

-	3,990.32	-	3,990.32
-	816.00	-	816.00
261,502.08	-	-	-
-	877.50	-	877.50
-	10,962.96	-	10,962.96
-	5,850.00	-	5,850.00
-	898.35	-	898.35
6,594.84	-	-	-
-	1,935.70	-	1,935.70
-	29,975.62	-	29,975.62
-	11,785.00	-	11,785.00
-	14,647.82	-	14,647.82
-	220.24	-	220.24
280,604.54	148,308.59	-	148,308.59
1,354,356.89	760,683.42	-	760,683.42

TOTALS

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$1,938,855.67	\$1,951,807.31	\$1,938,855.67	\$1,938,855.67
*4365 MMC - CLINIC SERIES 2014	\$546.60	\$546.60	\$546.60	\$546.60
*4373 MMC - PRIVATE WAIVER CLEARING	\$440.04	\$440.04	\$440.04	\$440.04
*4381 MEMORIAL MEDICAL / NH ASHFORD ✓	\$223,130.35 ✓	\$224,359.76	\$223,130.35	\$223,130.35
*4403 MEMORIAL MEDICAL / NH BROADMOOR ✓	\$155,026.63 ✓	\$161,823.61	\$155,026.63	\$155,026.63
*4411 MEMORIAL MEDICAL / NH CRESCENT ✓	\$171,239.73 ✓	\$171,239.73	\$171,239.73	\$171,239.73
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON ✓	\$148,618.16 ✓	\$152,665.78	\$148,618.16	\$148,618.16
*4446 MEMORIAL MEDICAL / NH FORT BEND ✓	\$64,055.58 ✓	\$76,535.80	\$64,055.58	\$64,055.58
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$148,054.26	\$148,054.26	\$148,054.26	\$148,054.26
*4551 CAL CO INDIGENT HEALTHCARE	\$5,505.48	\$5,505.48	\$5,505.48	\$5,505.48
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$6,175.12	\$6,175.12	\$6,175.12	\$6,175.12
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$940.99	\$940.99	\$940.99	\$940.99
*5506 MMC -NH BETHANY SENIOR LIVING	\$12,815.66	\$12,815.66	\$12,815.66	\$12,815.66
*3407 MMC -NH TUSCANY VILLAGE	\$234,097.01	\$234,097.01	\$234,097.01	\$234,097.01
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$5,043.81	\$5,043.81	\$5,043.81	\$5,043.81
Total Balance	\$3,114,645.09	\$3,152,150.96	\$3,114,645.09	\$3,114,645.09

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
9/3/2024

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		166,859.72	166,607.81	147,802.35		148,054.26	147,620.63
					Bank Balance Variance	148,054.26	
					Leave in Balance	100.00	

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

July Interest 151.91
Aug Interest 181.72
Sept Interest

Adjust Balance/Transfer Amt 147,620.63

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 9/3/2024

APPROVED ON

SEP 03 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek ✓

8/31/2024 Added to Account
8/30/2024 Luminos Hospice ACCTVERIFY 015DRYFSL5JHOC 2
8/30/2024 GOLDENCREEKHEALT MERC DEP 1220356 9100001716
8/29/2024 Check 222
8/29/2024 Deposit
8/28/2024 WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC
8/28/2024 GOLDENCREEKHEALT MERC DEP 1220356 9100001321
8/28/2024 AETNA AS01 HCCLAIMPMT 1588075964 51000013845
8/27/2024 Check 221
8/27/2024 HNB - ECHO HCCLAIMPMT 746003411 440000201406

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP T1	
-	✓ 181.72					-	181.72
-	✓ 0.01					-	0.01
-	✓ 955.84					-	955.84
22,542.54	✓ -					-	-
-	✓ 144,974.07					-	144,974.07
123,234.65	✓ -					-	-
-	✓ 400.00					-	400.00
-	✓ 149.68					-	149.68
20,830.62	✓ -					-	-
-	✓ 1,141.03					-	1,141.03
166,607.81	✓ 147,802.35	-	-	-	-	-	147,802.35 ✓

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$1,938,855.67	\$1,951,807.31	\$1,938,855.67	\$1,938,855.67
*4365 MMC - CLINIC SERIES 2014	\$546.60	\$546.60	\$546.60	\$546.60
*4373 MMC - PRIVATE WAIVER CLEARING	\$440.04	\$440.04	\$440.04	\$440.04
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$223,130.35	\$224,359.76	\$223,130.35	\$223,130.35
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$155,026.63	\$161,823.61	\$155,026.63	\$155,026.63
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$171,239.73	\$171,239.73	\$171,239.73	\$171,239.73
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$148,618.16	\$152,665.78	\$148,618.16	\$148,618.16
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$64,055.58	\$76,535.80	\$64,055.58	\$64,055.58
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE ✓	\$148,054.26 ✓	\$148,054.26	\$148,054.26	\$148,054.26
*4551 CAL CO INDIGENT HEALTHCARE	\$5,505.48	\$5,505.48	\$5,505.48	\$5,505.48
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$6,175.12	\$6,175.12	\$6,175.12	\$6,175.12
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$940.99	\$940.99	\$940.99	\$940.99
*5506 MMC -NH BETHANY SENIOR LIVING	\$12,815.66	\$12,815.66	\$12,815.66	\$12,815.66
*3407 MMC -NH TUSCANY VILLAGE	\$234,097.01	\$234,097.01	\$234,097.01	\$234,097.01
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$5,043.81	\$5,043.81	\$5,043.81	\$5,043.81
Total Balance	\$3,114,645.09	\$3,152,150.96	\$3,114,645.09	\$3,114,645.09

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
9/3/2024

Nursing Home
Gulf Pointe Plaza- Private Pay ✓

Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
	3,025.20	-	3,149.92			6,175.12	6,075.12
					Bank Balance	6,175.12	
					Variance	-	
					Leave in Balance	100.00	
					Adjust Balance/Transfer Amt	6,075.12	

Nursing Home
Gulf Pointe Plaza-Medicare/Medicaid ✓

Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
	835.43	-	105.56			940.99	-
					Bank Balance	940.99	
					Variance	-	
					Leave in Balance	100.00	
					Adjust Balance/Transfer Amt	840.99	

Routing Information for Gulf Pointe Plaza:

TOTAL TRANSFERS 6,916.11

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 9/3/2024

APPROVED ON
SEP 03 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay

8/31/2024 Added to Account
 8/30/2024 HNB - ECHO HCCLAIMPMT 746003411 440000229669
 8/29/2024 HNB - ECHO HCCLAIMPMT 746003411 440000285538
 8/29/2024 HNB - ECHO HCCLAIMPMT 746003411 440000285538
 8/28/2024 HNB - ECHO HCCLAIMPMT 746003411 440000242283

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
-	5.04					-	5.04
-	996.96					-	996.96
-	83.92					-	83.92
-	24.00					-	24.00
-	2,040.00					-	2,040.00
-	3,149.92	-	-	-	-	-	3,149.92

Gulf Pointe Plaza-Medicare/Medicaid

8/31/2024 Added to Account
 8/26/2024 MERCHANT BANKCD DEPOSIT 496478518889 9100001

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
-	15.56					-	15.56
-	90.00					-	90.00
-	105.56	-	-	-	-	-	105.56
-	3,255.48	-	-	-	-	-	3,255.48

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$1,938,855.67	\$1,951,807.31	\$1,938,855.67	\$1,938,855.67
*4365 MMC - CLINIC SERIES 2014	\$546.60	\$546.60	\$546.60	\$546.60
*4373 MMC - PRIVATE WAIVER CLEARING	\$440.04	\$440.04	\$440.04	\$440.04
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$223,130.35	\$224,359.76	\$223,130.35	\$223,130.35
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$155,026.63	\$161,823.61	\$155,026.63	\$155,026.63
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$171,239.73	\$171,239.73	\$171,239.73	\$171,239.73
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$148,618.16	\$152,665.78	\$148,618.16	\$148,618.16
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$64,055.58	\$76,535.80	\$64,055.58	\$64,055.58
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$148,054.26	\$148,054.26	\$148,054.26	\$148,054.26
*4551 CAL CO INDIGENT HEALTHCARE	\$5,505.48 ✓	\$5,505.48	\$5,505.48	\$5,505.48
*5433 MMC -NH GULF POINTE PLAZA - ✓ PRIVATE PAY	\$6,175.12 ✓	\$6,175.12	\$6,175.12	\$6,175.12
*5441 MMC -NH GULF POINTE PLAZA - ✓ MEDICARE/MEDICAID	\$940.99 ✓ ✓	\$940.99	\$940.99	\$940.99
*5506 MMC -NH BETHANY SENIOR LIVING	\$12,815.66	\$12,815.66	\$12,815.66	\$12,815.66
*3407 MMC -NH TUSCANY VILLAGE	\$234,097.01	\$234,097.01	\$234,097.01	\$234,097.01
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$5,043.81	\$5,043.81	\$5,043.81	\$5,043.81
Total Balance	\$3,114,645.09	\$3,152,150.96	\$3,114,645.09	\$3,114,645.09

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 9/3/2024

Nursing Home Tuscany Village	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance		Amount to Be Transferred to Nursing Home
		409,773.69	409,673.69	233,997.01			234,097.01	234,097.01	233,997.01
						Bank Balance Variance			
						Leave in Balance		100.00	

Adjust Balance/Transfer Amt

233,997.01

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

9/3/2024

APPROVED ON
 SEP 03 2024
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Tuscany Village

MMC PORTION				
QIPP/Comp 1	QIPP/Comp 2	QIPP/Comp 3	QIPP/Comp 4&Lapse	QIPP TI

NH PORTION

8/31/2024 Added to Account	-	✓	244.44	-	244.44
8/30/2024 HNB - ECHO HCCLAIMPMT 746003411 440000229669	-	✓	999.70	-	999.70
8/29/2024 Check 1164	24,553.11	✓	-	-	-
8/29/2024 Check 1168	7,488.00	✓	-	-	-
8/29/2024 Deposit	-	✓	17,500.00	-	17,500.00
8/29/2024 Deposit	-	✓	42,817.33	-	42,817.33
8/29/2024 HNB - ECHO HCCLAIMPMT 746003411 440000285538	-	✓	27,713.24	-	27,713.24
8/29/2024 HNB - ECHO HCCLAIMPMT 746003411 440000285538	-	✓	2,381.64	-	2,381.64
8/28/2024 WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	364,615.30	✓	-	-	-
8/27/2024 Check 1163	13,017.28	✓	-	-	-
8/27/2024 Deposit	-	✓	4,191.26	-	4,191.26
8/27/2024 Deposit	-	✓	64,470.48	-	64,470.48
8/27/2024 NOVITAS SOLUTION HCCLAIMPMT 676201 420000196	-	✓	61,274.74	-	61,274.74
8/26/2024 INTUIT 57464579 BILL_PAY TUSCANY VILLAGE 210	-	✓	5,228.60	-	5,228.60
8/26/2024 HNB - ECHO HCCLAIMPMT 746003411 440000248315	-	✓	7,175.58	-	7,175.58
	409,673.69	✓	233,997.01	✓	233,997.01

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$1,938,855.67	\$1,951,807.31	\$1,938,855.67	\$1,938,855.67
*4365 MMC - CLINIC SERIES 2014	\$546.60	\$546.60	\$546.60	\$546.60
*4373 MMC - PRIVATE WAIVER CLEARING	\$440.04	\$440.04	\$440.04	\$440.04
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$223,130.35	\$224,359.76	\$223,130.35	\$223,130.35
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$155,026.63	\$161,823.61	\$155,026.63	\$155,026.63
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$171,239.73	\$171,239.73	\$171,239.73	\$171,239.73
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$148,618.16	\$152,665.78	\$148,618.16	\$148,618.16
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$64,055.58	\$76,535.80	\$64,055.58	\$64,055.58
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$148,054.26	\$148,054.26	\$148,054.26	\$148,054.26
*4551 CAL CO INDIGENT HEALTHCARE	\$5,505.48	\$5,505.48	\$5,505.48	\$5,505.48
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$6,175.12	\$6,175.12	\$6,175.12	\$6,175.12
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$940.99	\$940.99	\$940.99	\$940.99
*5506 MMC -NH BETHANY SENIOR LIVING	\$12,815.66	\$12,815.66	\$12,815.66	\$12,815.66
*3407 MMC -NH TUSCANY VILLAGE ✓	\$234,097.01 ✓	\$234,097.01 ✓	\$234,097.01	\$234,097.01
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$5,043.81	\$5,043.81	\$5,043.81	\$5,043.81
Total Balance	\$3,114,645.09	\$3,152,150.96	\$3,114,645.09	\$3,114,645.09

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
9/3/2024

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		180,485.88	180,266.67	12,596.40			12,815.66	12,518.01
						Bank Balance	12,815.66	
						Variance	-	
						Leave in Balance	100.00	

July Interest 119.26
Aug Interest 78.39
Sept Interest

Adjust Balance/Transfer Amt 12,518.01

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 9/3/2024

APPROVED ON
SEP 03 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Bethany Senior Living

8/31/2024 Added to Account
 8/30/2024 NOVITAS SOLUTION HCCLAIMPMT 676481 420000108
 8/30/2024 HOSPICE OF SOUTH Payments NF 113122650067946
 8/29/2024 Check 1051
 8/29/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2
 8/28/2024 WIRE OUT PORT LAVACA NH, LLC
 8/27/2024 Check 1050
 8/26/2024 NOVITAS SOLUTION HCCLAIMPMT 676481 420000149

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	Q/PP/Comp1	Q/PP/Comp 2	Q/PP/Comp3	Q/PP/Comp4&Lapse	Q/PP TI	
-	78.39					-	78.39
-	4,588.21					-	4,588.21
-	2,447.48					-	2,447.48
14,921.82	-					-	-
-	2,268.99					-	2,268.99
144,081.74	-					-	-
21,263.06	-					-	-
-	3,213.33					-	3,213.33
180,266.62	12,596.40	-	-	-	-	-	12,596.40

Balances Overview

Account Name				
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*4365 MMC - CLINIC SERIES 2014	\$546.60	\$546.60	\$546.60	\$546.60
*4373 MMC - PRIVATE WAIVER CLEARING	\$440.04	\$440.04	\$440.04	\$440.04
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$223,130.35	\$224,359.76	\$223,130.35	\$223,130.35
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*4411 MEMORIAL MEDICAL / NH CRESCENT	\$171,239.73	\$171,239.73	\$171,239.73	\$171,239.73
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*4551 CAL CO INDIGENT HEALTHCARE	\$5,505.48	\$5,505.48	\$5,505.48	\$5,505.48
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*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$940.99	\$940.99	\$940.99	\$940.99
*5506 MMC -NH BETHANY SENIOR LIVING ✓	\$12,815.66 ✓✓	\$12,815.66	\$12,815.66	\$12,815.66
*3407 MMC -NH TUSCANY VILLAGE	\$234,097.01	\$234,097.01	\$234,097.01	\$234,097.01
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$5,043.81	\$5,043.81	\$5,043.81	\$5,043.81
Total Balance	\$3,114,645.09	\$3,152,150.96	\$3,114,645.09	\$3,114,645.09

Crescent ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P

Tuscany ✓

Date Requested: _____

9/3/2024

A

Y

E

E

APPROVED ON

SEP 03 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 000362

FOR ACCT USE ONLY

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

AMOUNT:

\$

21,400.00 ✓

G/L NUMBER: _____

21400007

EXPLANATION:

Claim payment - Transfer from Crescent to Tuscany ✓

REQUESTED BY:

Michelle Cumberland

AUTHORIZED BY: _____

Andrea D. [Signature]

9/2/2024

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000362

Date 9-4-24 88-2265/1131

PAY
TO THE
ORDER OF

Tuscany Village

\$ 21,400.⁰⁰/₁₀₀

Twenty-one thousand, four hundred dollars & ⁰⁰/₁₀₀ DOLLARS



PROSPERITY
BANK

FOR

claim payment

county auditor

MP



county treasurer
Security issues are
included. Details on back.

0

RUN DATE:09/04/24
TIME:09:15

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/04/24 THRU 09/04/24

PAGE 1
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHC 000362 09/04/24 21,400.00 TUSCANY VILLAGE
TOTALS: 21,400.00