MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---September 11, 2024

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	1,223,030.02
TOTAL TRANSFERS BETWEEN FUNDS	$	700,256.00
TOTAL NURSING HOME UPL EXPENSES	$	444,999.59
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED September 11, 2024	$	2,368,285.61 ✓

APPROVED

SEP 11 2024

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---September 11, 2024

PAYABLES AND PAYROLL			
9/5/2024	Weekly Payables	325,658.39	
9/9/2024	McKesson-340B Prescription Expense	37,400.55	
9/9/2024	Amerisource Bergen-340B Prescription Expense	7,702.39	
9/9/2024	Payroll Liabilities-Payroll Taxes	118,581.20	
9/9/2024	Payroll	377,175.41	
9/9/2024	Health Equity - Wage Works employee FSA	5,529.36	
	Prosperity Electronic Bank Payments		
9/9/2024	90 Degree Benefits - employee insurance claims	81,281.07	
9/9/2024	TCDRS August Retirement	266,891.32	
9/9/2024	Pay Plus-Patient Claims Processing Fee	200.23	
9/9/2024	Credit Card Lease Fee	335.53	
9/9/2024	Authnet Gateway	36.80	
9/9/2024	Credit Card Discount Fee	432.29	
9/9/2024	Credit Card Interchange Fee	198.14	
9/9/2024	Credit Card Fee	209.51	
9/9/2024	Health Equity -HSA Contributions	1,397.83	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 1,223,030.02**
TRANSFERS BETWEEN FUNDS-MMC			
9/9/2024	Transfer from NexBank Money Market to Prosperity Opt. Acct.	500,000.00	
TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES			
9/5/2024	MMC Operating to Solera- Correction of insurance payment deposited into MMC Operating in error	2,856.00	
9/5/2024	MMC Operating to The Crescent-Correction of insurance payment deposited into MMC Operating in error	7,752.00	
9/5/2024	MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error	111,538.31	
9/5/2024	MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error	41,322.66	
9/5/2024	MMC Operating to Bethany-Correction of insurance payment deposited into MMC Operating in error	36,787.03	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 700,256.00**
NURSING HOME UPL EXPENSES			
9/9/2024	Nursing Home UPL-Cantex Transfer	266,295.78	
9/9/2024	Nursing Home UPL-Nexion Transfer	28,911.31	
9/9/2024	Nursing Home UPL-HMG Transfer	5,301.34	
9/9/2024	Nursing Home UPL-Tuscany Transfer	132,321.25	
9/9/2024	Nursing Home UPL-HSL Transfer	6,941.31	
TRANSFER BETWEEN FUNDS FROM NURSING HOMES TO MMC			
9/9/2024	Tuscany to MMC -MMC Insurance payment deposited into Tuscany Village in error	5,228.60	
TOTAL NURSING HOME UPL EXPENSES			**$ 444,999.59**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED September 11, 2024			**$ 2,368,285.61**

RECEIVED BY THE
COUNTY AUDITOR ON
SEP 05 2024
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 09/27/2024

Vendor#	Vendor Name	Class	Pay Code
10950	ACUTE CARE INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV1970		09/04/202	09/20/202	09/20/202			1,400.00	0.00	0.00	1,400.00

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

Vendor#	Vendor Name	Class	Pay Code
14028	AMAZON CAPITAL SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1YN6WRP74934		09/04/202	08/28/202	09/27/202			26.18	0.00	0.00	26.18

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES	26.18	0.00	0.00	26.18

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
357962414		05/21/202	04/25/202	09/21/202			-1,353.45	0.00	0.00	-1,353.45
	INVENTORY CREDIT									
804837013		08/21/202	08/16/202	09/21/202			7.84	0.00	0.00	7.84
804774582A		08/26/202	07/05/202	09/21/202			6.16	0.00	0.00	6.16
3169183986A		08/27/202	03/25/202	09/21/202			1,138.70	0.00	0.00	1,138.70
804793053A		08/27/202	07/19/202	09/27/202			7.84	0.00	0.00	7.84
3184784668		08/31/202	08/12/202	08/18/202			72.71	0.00	0.00	72.71
3184784665		08/31/202	08/12/202	08/18/202			2,288.36	0.00	0.00	2,288.36
3184784666		08/31/202	08/12/202	08/18/202			238.09	0.00	0.00	238.09
3184784667		08/31/202	08/12/202	08/18/202			75.10	0.00	0.00	75.10
3184944579		08/31/202	08/13/202	08/19/202			137.30	0.00	0.00	137.30
3184945100		08/31/202	08/13/202	08/19/202			233.46	0.00	0.00	233.46
3185098913		08/31/202	08/14/202	08/20/202			17.61	0.00	0.00	17.61
3185257235		08/31/202	08/15/202	08/21/202			93.11	0.00	0.00	93.11
3185601952		08/31/202	08/19/202	08/25/202			3,573.38	0.00	0.00	3,573.38
3185600679		08/31/202	08/19/202	08/25/202			3,759.63	0.00	0.00	3,759.63
3185601951		08/31/202	08/19/202	08/25/202			1,113.39	0.00	0.00	1,113.39
3185601953		08/31/202	08/19/202	08/25/202			61.66	0.00	0.00	61.66
3185601950		08/31/202	08/19/202	08/25/202			162.58	0.00	0.00	162.58

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1360	AMERISOURCEBERGEN DRUG CORP	11,633.47	0.00	0.00	11,633.47

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
20250234		09/01/202	09/01/202	09/01/202			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#	Vendor Name	Class	Pay Code
A2218	AQUA BEVERAGE COMPANY	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
169792		08/31/202	08/31/202	09/25/202			148.50	0.00	0.00	148.50
169827		08/31/202	08/31/202	09/25/202			41.00	0.00	0.00	41.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A2218	AQUA BEVERAGE COMPANY	189.50	0.00	0.00	189.50

Vendor#	Vendor Name	Class	Pay Code
12800	AUTHORITYRX, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
21064		08/28/202	11/05/202	09/21/202			7,750.70	0.00	0.00	7,750.70
21089		08/28/202	11/05/202	09/21/202			216.00	0.00	0.00	216.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12800	AUTHORITYRX, LLC	7,966.70	0.00	0.00	7,966.70

Vendor#	Vendor Name	Class	Pay Code
B1150	BAXTER HEALTHCARE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
82798239		08/31/202	08/27/202	09/21/202			517.62	0.00	0.00	517.62

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE	517.62	0.00	0.00	517.62

Vendor#	Vendor Name	Class	Pay Code
M2485	BAYER HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6011455780		09/04/202	08/21/202	09/04/202			1,104.08	0.00	0.00	1,104.08

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2485	BAYER HEALTHCARE	1,104.08	0.00	0.00	1,104.08

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
111524275	SUPPLIES	08/21/202	08/19/202	09/13/202			231.10	0.00	0.00	231.10
111522977	SUPPLIES	08/21/202	08/26/202	09/20/202			131.81	0.00	0.00	131.81
5492627		08/27/202	08/25/202	09/24/202			1,337.05	0.00	0.00	1,337.05
4545831		09/04/202	08/30/202	09/24/202			3,410.00	0.00	0.00	3,410.00

no signature approval

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	5,109.96	0.00	0.00	5,109.96

Vendor#	Vendor Name	Class	Pay Code

11072 BIO-RAD LABORATORIES, INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
907540092		09/04/202	08/20/202	09/04/202			3,735.63	0.00	0.00	3,735.63
907550293		09/04/202	08/23/202	08/27/202			361.12	0.00	0.00	361.12
907550292		09/04/202	08/23/202	09/04/202			371.12	0.00	0.00	371.12
907491099		09/05/202	08/02/202	09/05/202			1,247.62	0.00	0.00	1,247.62

no signature approval

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11072	BIO-RAD LABORATORIES, INC	5,715.49	0.00	0.00	5,715.49

Vendor# 14064 Vendor Name: CAPITAL ONE — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1647483832	SUPPLIES	08/29/202	08/19/202	09/21/202			379.62	0.00	0.00	379.62

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14064	CAPITAL ONE	379.62	0.00	0.00	379.62

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8003604720		09/01/202	08/18/202	09/12/202			268.62	0.00	0.00	268.62
8003599863		09/04/202	08/11/202	09/05/202			172.20	0.00	0.00	172.20

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH 414, INC.	440.82	0.00	0.00	440.82

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
AA2EH9B		08/27/202	08/19/202	09/18/202			3,928.35	0.00	0.00	3,928.35

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.	3,928.35	0.00	0.00	3,928.35

Vendor# 15720 Vendor Name: [redacted] — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
083024	DISC FOR RAD DEPT	09/05/202	09/03/202	09/03/202			24.88	0.00	0.00	24.88

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15720	[redacted]	24.88	0.00	0.00	24.88

Vendor# 13000 Vendor Name: CLEARFLY — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV637470		09/04/202	09/01/202	09/15/202			1,207.37	0.00	0.00	1,207.37

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13000	CLEARFLY	1,207.37	0.00	0.00	1,207.37

Vendor# 11030 Vendor Name: COMBINED INSURANCE — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
044645		09/04/202	09/01/202	09/01/202			501.72	0.00	0.00	501.72

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11030	COMBINED INSURANCE	501.72	0.00	0.00	501.72

Vendor#	Vendor Name				Class	Pay Code				
10646	COVIDIEN									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	5872512275		08/21/202	07/23/202	08/02/202			940.84	0.00	0.00	940.84
		SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10646	COVIDIEN					940.84	0.00	0.00	940.84
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
	INV9165		08/28/202	08/23/202	08/28/202			769.25	0.00	0.00	769.25
		SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10006	CUSTOM ASSEMBLIES, INC					769.25	0.00	0.00	769.25
Vendor#	Vendor Name				Class	Pay Code				
10509	DA&E									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	22228		09/04/202	08/22/202	08/31/202			2,280.00	0.00	0.00	2,280.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10509	DA&E					2,280.00	0.00	0.00	2,280.00
Vendor#	Vendor Name				Class	Pay Code				
10103	DEPARTMENT OF STATE HEALTH									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	OEM27788		09/05/202	09/03/202	09/03/202			4,491.43	0.00	0.00	4,491.43
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10103	DEPARTMENT OF STATE HEALTH					4,491.43	0.00	0.00	4,491.43
Vendor#	Vendor Name				Class	Pay Code				
11011	DIAMOND HEALTHCARE CORP									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	IN20056346		08/01/202	09/01/202	09/26/202			31,144.58	0.00	0.00	31,144.58
	IN20056347		08/01/202	09/01/202	09/26/202			19,166.67	0.00	0.00	19,166.67
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11011	DIAMOND HEALTHCARE CORP					50,311.25	0.00	0.00	50,311.25
Vendor#	Vendor Name				Class	Pay Code				
10789	DISCOVERY MEDICAL NETWORK INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	MMC083124		08/31/202	08/30/202	08/31/202			79,815.44	0.00	0.00	~~79,815.44~~
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10789	DISCOVERY MEDICAL NETWORK INC					79,815.44	0.00	0.00	~~79,815.44~~
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	09/21/202			505.00	0.00	0.00	505.00
	35187		08/27/202	08/26/202	09/21/202			260.00	0.00	0.00	260.00
	35530		08/31/202	08/30/202	09/24/202			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				

AUGUST 2024 BEN HEALTH

AUGUST 2024 CPR

-79,812.44

14832 DR JOHN CLINTON

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
090324		08/31/202	09/03/202	09/03/202			3,000.00	0.00	0.00	3,000.00

Services 8/2 - 8/4/24 & 8/23 - 8/25/24

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14832	DR JOHN CLINTON	3,000.00	0.00	0.00	3,000.00

Vendor# 14924 Vendor Name: DR. TIMU KWI Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
090324		08/31/202	09/03/202	09/03/202			1,500.00	0.00	0.00	1,500.00

Services 8/12 - 8/18/24

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14924	DR. TIMU KWI	1,500.00	0.00	0.00	1,500.00

Vendor# F1400 Vendor Name: FISHER HEALTHCARE Class: M Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4484326	SUPPLIES	08/09/202	08/09/202	09/03/202			123.34	0.00	0.00	123.34
4735057		09/04/202	08/20/202	09/14/202			187.90	0.00	0.00	187.90
4772647		09/04/202	08/21/202	09/15/202			411.62	0.00	0.00	411.62
4772645		09/04/202	08/21/202	09/15/202			40.48	0.00	0.00	40.48
4916865		09/04/202	08/27/202	09/21/202			2,014.75	0.00	0.00	2,014.75
4772646		09/04/202	09/04/202	09/27/202			316.64	0.00	0.00	316.64

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	3,094.73	0.00	0.00	3,094.73

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
91526447		08/27/202	08/25/202	09/24/202			7,908.33	0.00	0.00	7,908.33

9/25/24 - 10/24/24

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

Vendor# 11245 Vendor Name: GENERAL HOSPITAL SUPPLY Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV064201		09/04/202	08/26/202	08/30/202			160.00	0.00	0.00	160.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11245	GENERAL HOSPITAL SUPPLY	160.00	0.00	0.00	160.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9224604349A		09/04/202	08/21/202	09/15/202			191.15	0.00	0.00	191.15

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	W1300	GRAINGER	191.15	0.00	0.00	191.15

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
895109		08/31/202	08/30/202	09/27/202			25.00	0.00	0.00	25.00

Work performed on 8/29/24

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	G0401	GULF COAST DELIVERY					25.00	0.00	0.00	25.00
Vendor#	Vendor Name				Class	Pay Code				
H0032	H + H SYSTEM, INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	044645		09/04/202	08/28/202	09/04/202		22.79	0.00	0.00	22.79
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	H0032	H + H SYSTEM, INC.					22.79	0.00	0.00	22.79
Vendor#	Vendor Name				Class	Pay Code				
12380	HEALTH SOLUTIONS DIETETICS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	080124		08/31/202	09/01/202	09/01/202		4,250.00	0.00	0.00	4,250.00
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	12380	HEALTH SOLUTIONS DIETETICS					4,250.00	0.00	0.00	4,250.00
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	09/21/202		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				
13876	INQUISEEK, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	INV0575		08/30/202	08/28/202	09/21/202		450.00	0.00	0.00	450.00
		AUG- OCTOBER 2024 SUBSCRIP								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	13876	INQUISEEK, LLC					450.00	0.00	0.00	450.00
Vendor#	Vendor Name				Class	Pay Code				
I1260	INTOXIMETERS INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	767648		08/27/202	08/21/202	09/15/202		240.00	0.00	0.00	240.00
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	I1260	INTOXIMETERS INC					240.00	0.00	0.00	240.00
Vendor#	Vendor Name				Class	Pay Code				
11285	ITA RESOURCES INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	MMC92024		09/04/202	09/03/202	09/23/202		30,264.04	0.00	0.00	30,264.04
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11285	ITA RESOURCES INC					30,264.04	0.00	0.00	30,264.04
Vendor#	Vendor Name				Class	Pay Code				
J0150	J & J HEALTH CARE SYSTEMS, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	939441850		08/21/202	08/07/202	09/06/202		571.98	0.00	0.00	571.98
		SUPPLIES								
	939615402		08/27/202	08/22/202	09/21/202		323.50	0.00	0.00	323.50
		SUPPLIES								
	939690806		08/28/202	08/29/202	09/27/202		481.98	0.00	0.00	481.98
		SUPPLIES								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE SYSTEMS, INC					1,377.46	0.00	0.00	1,377.46
Vendor#	Vendor Name				Class	Pay Code				

W1372 JOHN B WRIGHT LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
090324		08/31/202	08/23/202	09/03/202			3,000.00	0.00	0.00	3,000.00

Services 8/9/24 - 8/11/24 & 8/29 - 8/31/24

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	W1372	JOHN B WRIGHT LLC	3,000.00	0.00	0.00	3,000.00

Vendor# J1415 Vendor Name: JOHNSTONE SUPPLY Class: W Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
608654001		08/31/202	08/29/202	09/08/202			167.20	0.00	0.00	167.20

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	J1415	JOHNSTONE SUPPLY	167.20	0.00	0.00	167.20

Vendor# L1001 Vendor Name: LANDAUER INC Class: W Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
101244938		09/04/202	08/15/202	09/14/202			1,210.15	0.00	0.00	1,210.15

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	L1001	LANDAUER INC	1,210.15	0.00	0.00	1,210.15

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2314483252	SUPPLIES	08/21/202	04/10/202	05/05/202			4,189.51	0.00	0.00	4,189.51
2332876607	SUPPLIES	08/21/202	08/27/202	09/21/202			530.55	0.00	0.00	530.55
2332876606	SUPPLIES	08/21/202	08/27/202	09/21/202			21.33	0.00	0.00	21.33
2332113072	SUPPLIES	08/28/202	08/21/202	09/15/202			31.29	0.00	0.00	31.29
2332113078	SUPPLIES	08/28/202	08/21/202	09/15/202			1,235.79	0.00	0.00	1,235.79
2332113071	SUPPLIES	08/28/202	08/21/202	09/15/202			7.26	0.00	0.00	7.26
2332113080	SUPPLIES	08/28/202	08/21/202	09/15/202			5.62	0.00	0.00	5.62
2332113070	SUPPLIES	08/28/202	08/21/202	09/15/202			117.15	0.00	0.00	117.15
2332113079	SUPPLIES	08/28/202	08/21/202	09/15/202			3.35	0.00	0.00	3.35
2332965895	SUPPLIES	08/28/202	08/27/202	09/21/202			134.26	0.00	0.00	134.26
2332988993	SUPPLIES	08/28/202	08/28/202	09/22/202			290.14	0.00	0.00	290.14
2332988995	SUPPLIES	08/28/202	08/28/202	09/22/202			19.00	0.00	0.00	19.00
2332988982	SUPPLIES	08/28/202	08/28/202	09/22/202			101.42	0.00	0.00	101.42
2332988972	SUPPLIES	08/28/202	08/28/202	09/22/202			140.91	0.00	0.00	140.91
2332988976	SUPPLIES	08/28/202	08/28/202	09/22/202			50.71	0.00	0.00	50.71
2332988973	SUPPLIES	08/28/202	08/28/202	09/22/202			1,650.66	0.00	0.00	1,650.66
2332988988		08/28/202	08/28/202	09/22/202			1,403.13	0.00	0.00	1,403.13

	SUPPLIES							
2332988977		08/28/202	08/28/202	09/22/202	80.88	0.00	0.00	80.88
	SUPPLIES							
2332988991		08/28/202	08/28/202	09/22/202	360.00	0.00	0.00	360.00
	SUPPLIES							
2332988989		08/28/202	08/28/202	09/22/202	460.81	0.00	0.00	460.81
	SUPPLIES							
2332988990		08/28/202	08/28/202	09/22/202	151.63	0.00	0.00	151.63
	SUPPLIES							
2332988992		08/28/202	08/28/202	09/22/202	5.62	0.00	0.00	5.62
	SUPPLIES							
2332988980		08/28/202	08/28/202	09/22/202	6.48	0.00	0.00	6.48
	SUPPLIES							
2332988978		08/28/202	08/28/202	09/22/202	91.36	0.00	0.00	91.36
	SUPPLIES							
2332988981		08/28/202	08/28/202	09/22/202	16.20	0.00	0.00	16.20
	SUPPLIES							
2332988994		08/28/202	08/28/202	09/22/202	411.60	0.00	0.00	411.60
	SUPPLIES							
2332988985		08/28/202	08/28/202	09/22/202	4,114.04	0.00	0.00	4,114.04
	SUPPLIES							
2333313367		08/28/202	08/29/202	09/23/202	-19.00	0.00	0.00	-19.00
	CREDIT							
2332113066		09/04/202	08/21/202	09/15/202	35.94	0.00	0.00	35.94
2332113069		09/04/202	08/21/202	09/15/202	868.49	0.00	0.00	868.49
2332113081		09/04/202	08/21/202	09/15/202	3.35	0.00	0.00	3.35
2332113074		09/04/202	08/21/202	09/15/202	50.71	0.00	0.00	50.71
2332113065		09/04/202	08/21/202	09/15/202	47.52	0.00	0.00	47.52
2333737952		09/04/202	09/02/202	09/27/202	1,924.24	0.00	0.00	1,924.24

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	18,541.95	0.00	0.00	18,541.95

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
679126227		08/06/202	07/15/202	08/15/202			136.20	0.00	0.00	136.20

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
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	09/21/202			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
O1500	OLYMPUS AMERICA INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
36751211		08/27/202	08/26/202	09/25/202			406.48	0.00	0.00	406.48

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	O1500	OLYMPUS AMERICA INC					406.48	0.00	0.00	406.48
Vendor#	Vendor Name				Class	Pay Code				
14288	PADRON WELDING SERVICE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	2475		09/01/202	08/14/202	09/04/202		1,558.00	0.00	0.00	1,558.00
	2477		09/04/202	08/14/202	09/04/202		170.00	0.00	0.00	170.00
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14288	PADRON WELDING SERVICE					1,728.00	0.00	0.00	1,728.00
Vendor#	Vendor Name				Class	Pay Code				
10570	PROFESSIONAL MEDIA RESOURCES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	24435		09/04/202	08/28/202	09/27/202		164.00	0.00	0.00	164.00
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10570	PROFESSIONAL MEDIA RESOURCES					164.00	0.00	0.00	164.00
Vendor#	Vendor Name				Class	Pay Code				
11080	RADSOURCE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	PSI002687		08/20/202	08/16/202	09/24/202		1,708.33	0.00	0.00	1,708.33
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11080	RADSOURCE					1,708.33	0.00	0.00	1,708.33
Vendor#	Vendor Name				Class	Pay Code				
10554	REPUBLIC SERVICES #847									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	0847001352295		09/04/202	08/26/202	09/15/202		1,952.86	0.00	0.00	1,952.86
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10554	REPUBLIC SERVICES #847					1,952.86	0.00	0.00	1,952.86
Vendor#	Vendor Name				Class	Pay Code				
10936	SIEMENS FINANCIAL SERVICES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	56382400070215		09/04/202	08/30/202	09/19/202		1,333.33	0.00	0.00	1,333.33
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10936	SIEMENS FINANCIAL SERVICES					1,333.33	0.00	0.00	1,333.33
Vendor#	Vendor Name				Class	Pay Code				
S2001	SIEMENS MEDICAL SOLUTIONS INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	116596462		09/04/202	08/24/202	09/18/202		3,507.72	0.00	0.00	3,507.72
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	S2001	SIEMENS MEDICAL SOLUTIONS INC					3,507.72	0.00	0.00	3,507.72
Vendor#	Vendor Name				Class	Pay Code				
S2362	SMITH & NEPHEW, INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	983323203		09/04/202	08/28/202	09/04/202		2,031.60	0.00	0.00	2,031.60
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	S2362	SMITH & NEPHEW, INC.					2,031.60	0.00	0.00	2,031.60
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

no invoice

I07043348		09/04/202	08/31/202	09/25/202		3,031.00	0.00	0.00	3,031.00
CM13061		09/04/202	08/31/202	09/25/202		-1,985.00	0.00	0.00	-1,985.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11296	SOUTH TEXAS BLOOD & TISSUE CEN	1,046.00	0.00	0.00	1,046.00

Vendor# 12288 Vendor Name: SPBS CLINICAL EQUIPMENT SRVC — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV050000924		09/01/202	09/01/202	09/06/202			9,836.92	0.00	0.00	9,836.92

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

Vendor# 10094 Vendor Name: ST DAVIDS HEALTHCARE — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMCPL202407	CONNECTIVITY FEE- JULY	08/31/202	08/29/202	08/29/202			375.00	0.00	0.00	375.00

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

Vendor# 10845 Vendor Name: STAPLES — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6010795666		09/04/202	08/31/202	09/04/202			75.26	0.00	0.00	75.26

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10845	STAPLES	75.26	0.00	0.00	75.26

Vendor# 14212 Vendor Name: SURGICAL DIRECT SOUTH — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9343		09/04/202	08/27/202	09/26/202			3,683.00	0.00	0.00	3,683.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14212	SURGICAL DIRECT SOUTH	3,683.00	0.00	0.00	3,683.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1006092577	PAYROLL REPORT 8/1-9/1/24	09/04/202	08/27/202	09/16/202			6,944.00	0.00	0.00	6,944.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	T2204	TEXAS MUTUAL INSURANCE CO	6,944.00	0.00	0.00	6,944.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
080124		09/04/202	08/30/202	08/31/202			281.15	0.00	0.00	281.15

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15396	THIRD COAST DISTRIBUTING LLC	281.15	0.00	0.00	281.15

Vendor# 14372 Vendor Name: TRIAGE, LLC — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV1796999054		08/30/202	08/28/202	09/21/202			2,992.50	0.00	0.00	2,992.50

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14372	TRIAGE, LLC	2,992.50	0.00	0.00	2,992.50

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

U1064 UNIFIRST HOLDINGS INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2921040442		08/27/202	08/22/202	09/21/202			395.66	0.00	0.00	395.66
2921040660		08/27/202	08/26/202	09/25/202			119.59	0.00	0.00	119.59
2921040659		08/27/202	08/26/202	09/25/202			3,510.76	0.00	0.00	3,510.76
2921036735		09/04/202	07/08/202	08/02/202			3,469.24	0.00	0.00	3,469.24
2921038529		09/04/202	07/29/202	08/28/202			3,016.84	0.00	0.00	3,016.84
2921040993		09/04/202	08/29/202	09/23/202			125.81	0.00	0.00	125.81
2921041000		09/04/202	08/29/202	09/23/202			136.00	0.00	0.00	136.00
2921040995		09/04/202	08/29/202	09/23/202			2,640.02	0.00	0.00	2,640.02
2921040996		09/04/202	08/29/202	09/23/202			34.04	0.00	0.00	34.04
2921040999		09/04/202	08/29/202	09/23/202			232.99	0.00	0.00	232.99
2921040998		09/04/202	08/29/202	09/23/202			312.42	0.00	0.00	312.42
2921040994		09/04/202	08/29/202	09/23/202			246.21	0.00	0.00	246.21
2921040997		09/04/202	08/29/202	09/23/202			393.95	0.00	0.00	393.95
2921041214		09/04/202	09/02/202	09/27/202			3,137.40	0.00	0.00	3,137.40

no invoice

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	17,770.93	0.00	0.00	17,770.93

Vendor# U1056 Vendor Name: UNIFORM ADVANTAGE Class: W Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
SIV15418200		08/21/202	07/16/202	07/31/202			168.24	0.00	0.00	168.24

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1056	UNIFORM ADVANTAGE	168.24	0.00	0.00	168.24

Vendor# 12400 Vendor Name: UPDOX LLC Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV00510354		08/31/202	06/30/202	09/04/202			1,247.78	0.00	0.00	1,247.78

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12400	UPDOX LLC	1,247.78	0.00	0.00	1,247.78

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
090424		09/01/202	08/30/202	09/27/202			120.00	0.00	0.00	120.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U2000	US POSTAL SERVICE	120.00	0.00	0.00	120.00

Vendor# 15616 Vendor Name: UTHEALTH CQHII Class: Pay Code:

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

3059		08/29/202	02/23/202	09/21/202	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# 14612 — Vendor Name: WAGEWORKS — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV5560260		09/04/202	08/23/202	09/22/202			475.25	0.00	0.00	475.25
INV6907239		09/04/202	08/23/202	09/23/202			554.00	0.00	0.00	554.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14612	WAGEWORKS	1,029.25	0.00	0.00	1,029.25

Vendor# 12548 — Vendor Name: WAGEWORKS, INC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0524TR116685	5/1/24-5/31/24	08/31/202	09/03/202	09/03/202			131.25	0.00	0.00	131.25
0624TR116685	6/1/24-6/30/24	08/31/202	09/03/202	09/03/202			131.25	0.00	0.00	131.25

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12548	WAGEWORKS, INC	262.50	0.00	0.00	262.50

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
WCS00006857		09/01/202	08/01/202	08/30/202			12,850.00	0.00	0.00	12,850.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10556	WOUND CARE SPECIALISTS	12,850.00	0.00	0.00	12,850.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	331,879.59	0.00	0.00	331,879.59

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

Chk#205565-
205635

331,879.59 +
1,357.05 – Pg. 2 no sig. approval
1,317.62 – Pg. 3 no sig. approval
79,815.44 –
79,812.44 + > Pg 4 Inv. is less than listed
3,507.72 – Pg. 9 no invoice
125.81 – Pg. 11 no invoice
325,658.39 ◊

RUN DATE:09/09/24 MEMORIAL MEDICAL CENTER PAGE 1
TIME:12:25 CHECK REGISTER GLCKREG
09/11/24 THRU 09/11/24

BANK--CHECK-- CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	205565	09/11/24	1,400.00	ACUTE CARE INC
A/P	205566	09/11/24	26.18	AMAZON CAPITAL SERVICES
A/P	205567	09/11/24	.00	VOIDED
A/P	205568	09/11/24	11,633.47	AMERISOURCEBERGEN DRUG CORP
A/P	205569	09/11/24	750.00	AMERITEX ELEVATOR SERVICES INC
A/P	205570	09/11/24	189.50	AQUA BEVERAGE COMPANY
A/P	205571	09/11/24	7,966.70	AUTHORITYRX, LLC
A/P	205572	09/11/24	517.62	BAXTER HEALTHCARE
A/P	205573	09/11/24	1,104.08	BAYER HEALTHCARE
A/P	205574	09/11/24	3,772.91	BECKMAN COULTER INC
A/P	205575	09/11/24	4,467.87	BIO-RAD LABORATORIES, INC
A/P	205576	09/11/24	379.62	CAPITAL ONE
A/P	205577	09/11/24	440.82	CARDINAL HEALTH 414, INC.
A/P	205578	09/11/24	3,928.35	CDW GOVERNMENT, INC.
A/P	205579	09/11/24	24.88	[redacted]
A/P	205580	09/11/24	1,207.37	CLEARFLY
A/P	205581	09/11/24	501.72	COMBINED INSURANCE
A/P	205582	09/11/24	940.84	COVIDIEN
A/P	205583	09/11/24	769.25	CUSTOM ASSEMBLIES, INC
A/P	205584	09/11/24	2,280.00	DA&E
A/P	205585	09/11/24	4,491.43	DEPARTMENT OF STATE HEALTH
A/P	205586	09/11/24	50,311.25	DIAMOND HEALTHCARE CORP
A/P	205587	09/11/24	79,812.44	DISCOVERY MEDICAL NETWORK INC
A/P	205588	09/11/24	925.00	DOWELL PEST CONTROL
A/P	205589	09/11/24	3,000.00	DR JOHN CLINTON
A/P	205590	09/11/24	1,500.00	DR. TIMU KWI
A/P	205591	09/11/24	3,094.73	FISHER HEALTHCARE
A/P	205592	09/11/24	7,908.33	FUJI FILM
A/P	205593	09/11/24	160.00	GENERAL HOSPITAL SUPPLY
A/P	205594	09/11/24	191.15	GRAINGER
A/P	205595	09/11/24	25.00	GULF COAST DELIVERY
A/P	205596	09/11/24	22.79	H + H SYSTEM, INC.
A/P	205597	09/11/24	4,250.00	HEALTH SOLUTIONS DIETETICS
A/P	205598	09/11/24	1,776.77	HHSC
A/P	205599	09/11/24	450.00	INQUISEEK, LLC
A/P	205600	09/11/24	240.00	INTOXIMETERS INC
A/P	205601	09/11/24	30,264.04	ITA RESOURCES INC
A/P	205602	09/11/24	1,377.46	J & J HEALTH CARE SYSTEMS, INC
A/P	205603	09/11/24	3,000.00	JOHN B WRIGHT LLC
A/P	205604	09/11/24	167.20	JOHNSTONE SUPPLY
A/P	205605	09/11/24	1,210.15	LANDAUER INC
A/P	205606	09/11/24	.00	VOIDED
A/P	205607	09/11/24	.00	VOIDED
A/P	205608	09/11/24	.00	VOIDED
A/P	205609	09/11/24	.00	VOIDED
A/P	205610	09/11/24	18,541.95	MEDLINE INDUSTRIES INC
A/P	205611	09/11/24	136.20	METTLER-TOLEDO RAININ, LLC
A/P	205612	09/11/24	1,720.00	MMC EMPLOYEES ACTIVITIES TEAM
A/P	205613	09/11/24	406.48	OLYMPUS AMERICA INC
A/P	205614	09/11/24	1,728.00	PADRON WELDING SERVICE

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	205615	09/11/24	164.00	PROFESSIONAL MEDIA RESOURCES
A/P	205616	09/11/24	1,708.33	RADSOURCE
A/P	205617	09/11/24	1,952.86	REPUBLIC SERVICES #847
A/P	205618	09/11/24	1,333.33	SIEMENS FINANCIAL SERVICES
A/P	205619	09/11/24	2,031.60	SMITH & NEPHEW, INC.
A/P	205620	09/11/24	1,046.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	205621	09/11/24	9,836.92	SPBS CLINICAL EQUIPMENT SRVC
A/P	205622	09/11/24	375.00	ST DAVIDS HEALTHCARE
A/P	205623	09/11/24	75.26	STAPLES
A/P	205624	09/11/24	3,683.00	SURGICAL DIRECT SOUTH
A/P	205625	09/11/24	6,944.00	TEXAS MUTUAL INSURANCE CO
A/P	205626	09/11/24	281.15	THIRD COAST DISTRIBUTING LLC
A/P	205627	09/11/24	2,992.50	TRIAGE, LLC
A/P	205628	09/11/24	17,645.12	UNIFIRST HOLDINGS INC
A/P	205629	09/11/24	168.24	UNIFORM ADVANTAGE
A/P	205630	09/11/24	1,247.78	UPDOX LLC
A/P	205631	09/11/24	120.00	US POSTAL SERVICE
A/P	205632	09/11/24	900.00	UTHEALTH CQHII
A/P	205633	09/11/24	1,029.25	WAGEWORKS
A/P	205634	09/11/24	262.50	WAGEWORKS, INC
A/P	205635	09/11/24	12,850.00	WOUND CARE SPECIALISTS
A/P	205636	09/11/24	36,787.03	BETHANY SENIOR LIVING
A/P	205637	09/11/24	111,538.31	GOLDENCREEK HEALTHCARE
A/P	205638	09/11/24	2,856.00	SOLERA WEST HOUSTON
A/P	205639	09/11/24	7,752.00	THE CRESCENT
A/P	205640	09/11/24	41,322.66	TUSCANY VILLAGE
TOTALS:			525,914.39	

Payables
325,658.39 +
NHXfers 200,256.00 +
525,914.39 ◇

APPROVED ON
SEP 11 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 09/06/2024 Page: 002

DC: 8115
Customer INV SuppID:
Territory:

Customer: 632536
Date: 09/07/2024

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

As of: 09/06/2024 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 09/07/2024 **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: 38,163.83 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 09/10/2024, Pay This Amount: 37,400.55 USD

If Paid After 09/10/2024, Pay this Amount: 38,163.83 USD

Due If Paid On Time:
USD 37,400.55

Disc lost if paid late: 763.28

Due If Paid Late:
USD 38,163.83

Andrew Dale Santos
9/9/2024

36,103.07 +
123.09 +
4.85 +
1,169.54 +
37,400.55 ◊

APPROVED ON
SEP 09 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 09/06/2024

Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 256342
Date: 09/07/2024

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: 09/06/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 09/07/2024 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342	**WALMART 1098/MEM MED PHS**										
09/05/2024	09/10/2024	7519199444	208562517	115Invoice		0.08		0.08		7519199444	
09/05/2024	09/10/2024	7519199445	208188615	115Invoice	7.67	383.61		375.94		7519199445	
09/05/2024	09/10/2024	7519199446	205147848	115Invoice	0.01	0.32		0.31		7519199446	
09/05/2024	09/10/2024	7519199447	207699360	115Invoice	0.01	0.63		0.62		7519199447	
09/05/2024	09/10/2024	7519199448	205147848	115Invoice		0.05		0.05		7519199448	
09/05/2024	09/10/2024	7519199449	210000019	115Invoice		0.06		0.06		7519199449	
09/05/2024	09/10/2024	7519199450	207286247	115Invoice	1.56	77.95		76.39		7519199450	
09/05/2024	09/10/2024	7519199451	207407079	115Invoice	1.56	77.95		76.39		7519199451	
09/05/2024	09/10/2024	7519199452	207510085	115Invoice	4.68	233.85		229.17		7519199452	
09/05/2024	09/10/2024	7519199453	203400302	115Invoice	6.74	336.92		330.18		7519199453	
09/05/2024	09/10/2024	7519199454	208174573	115Invoice	6.62	331.12		324.50		7519199454	
09/05/2024	09/10/2024	7519199455	208525470	115Invoice	6.62	331.12		324.50		7519199455	
09/05/2024	09/10/2024	7519199456	207167178	115Invoice	67.67	3,383.42		3,315.75		7519199456	
09/05/2024	09/10/2024	7519199457	209549713	115Invoice	5.23	261.41		256.18		7519199457	
09/05/2024	09/10/2024	7519199458	203109573	115Invoice	0.03	1.48		1.45		7519199458	
09/05/2024	09/10/2024	7519199459	208999059	115Invoice	5.16	258.22		253.06		7519199459	
09/05/2024	09/10/2024	7519199460	209286154	115Invoice	5.16	258.22		253.06		7519199460	
09/05/2024	09/10/2024	7519199461	210256143	115Invoice	5.16	258.22		253.06		7519199461	
09/05/2024	09/10/2024	7519199462	208939618	115Invoice	0.01	0.63		0.62		7519199462	
09/05/2024	09/10/2024	7519199463	205374099	115Invoice	8.90	445.17		436.27		7519199463	
09/05/2024	09/10/2024	7519199464	209097949	115Invoice	0.83	41.42		40.59		7519199464	
09/05/2024	09/10/2024	7519199465	210312691	115Invoice	0.83	41.42		40.59		7519199465	
09/05/2024	09/10/2024	7519199466	202490281	115Invoice	5.67	283.56		277.89		7519199466	
09/05/2024	09/10/2024	7519199467	202059477	115Invoice	1.00	50.24		49.24		7519199467	
09/05/2024	09/10/2024	7519199468	202124985	115Invoice	1.00	50.24		49.24		7519199468	
09/05/2024	09/10/2024	7519199469	203279868	115Invoice	7.45	372.69		365.24		7519199469	
09/05/2024	09/10/2024	7519199470	205147848	115Invoice	2.74	136.85		134.11		7519199470	
09/05/2024	09/10/2024	7519199471	205204606	115Invoice	2.74	136.85		134.11		7519199471	
09/05/2024	09/10/2024	7519199472	206344262	115Invoice	2.74	136.85		134.11		7519199472	
09/05/2024	09/10/2024	7519199473	206572602	115Invoice	2.74	136.85		134.11		7519199473	
09/05/2024	09/10/2024	7519199474	203174886	115Invoice	0.76	38.02		37.26		7519199474	

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 09/06/2024

Page: 002

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

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

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 256342
Date: 09/07/2024

As of: 09/06/2024 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 09/07/2024

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	
09/05/2024	09/10/2024	7519199475	202213453	115Invoice	0.04	1.90		1.86		7519199475	
09/05/2024	09/10/2024	7519199476	206572602	115Invoice	45.05	2,252.47		2,207.42		7519199476	
09/05/2024	09/10/2024	7519199477	206692083	115Invoice	22.52	1,126.23		1,103.71		7519199477	
09/05/2024	09/10/2024	7519199478	206794080	115Invoice	22.52	1,126.23		1,103.71		7519199478	
09/05/2024	09/10/2024	7519199479	206913896	115Invoice	22.52	1,126.23		1,103.71		7519199479	
09/05/2024	09/10/2024	7519199480	206995756	115Invoice	45.05	2,252.47		2,207.42		7519199480	
09/05/2024	09/10/2024	7519199481	207167178	115Invoice	225.25	11,262.35		11,037.10		7519199481	
09/05/2024	09/10/2024	7519199482	207461836	115Invoice	67.57	3,378.70		3,311.13		7519199482	
09/05/2024	09/10/2024	7519199483	202905524	115Invoice	58.40	2,920.10		2,861.70		7519199483	
09/05/2024	09/10/2024	7519199484	207994362	115Invoice	1.60	79.85		78.25		7519199484	
09/05/2024	09/10/2024	7519199485	208052028	115Invoice	1.60	79.85		78.25		7519199485	
09/05/2024	09/10/2024	7519199486	205504554	115Invoice	5.23	261.41		256.18		7519199486	
09/05/2024	09/10/2024	7519199487	206211124	115Invoice	10.46	522.82		512.36		7519199487	
09/05/2024	09/10/2024	7519199488	209167962	115Invoice	16.87	843.39		826.52		7519199488	
09/05/2024	09/10/2024	7519199489	203619664	115Invoice		0.10		0.10		7519199489	
09/05/2024	09/10/2024	7519199490	204471952	115Invoice	1.46	72.82		71.36		7519199490	
09/05/2024	09/10/2024	7519199491	204471952	115Invoice	2.14	106.81		104.67		7519199491	
09/05/2024	09/10/2024	7519199492	208188615	115Invoice	0.22	10.99		10.77		7519199492	
09/05/2024	09/10/2024	7519199493	204105929	115Invoice	0.01	0.32		0.31		7519199493	
09/05/2024	09/10/2024	7519199494	205204606	115Invoice	0.01	0.63		0.62		7519199494	
09/05/2024	09/10/2024	7519199495	205441721	115Invoice	0.01	0.63		0.62		7519199495	
09/05/2024	09/10/2024	7519199496	205641869	115Invoice	0.01	0.63		0.62		7519199496	
09/05/2024	09/10/2024	7519199497	208413640	115Invoice	0.01	0.63		0.62		7519199497	
09/05/2024	09/10/2024	7519199498	205147848	115Invoice	0.01	0.32		0.31		7519199498	
09/05/2024	09/10/2024	7519199499	205147848	115Invoice		0.14		0.14		7519199499	
09/05/2024	09/10/2024	7519199600	209652404	115Invoice	0.02	0.95		0.93		7519199600	
09/05/2024	09/10/2024	7519199601	205576447	115Invoice	4.12	205.97		201.85		7519199601	
09/05/2024	09/10/2024	7519199602	206572602	115Invoice	0.01	0.32		0.31		7519199602	
09/05/2024	09/10/2024	7519199603	206960176	115Invoice	0.01	0.63		0.62		7519199603	
09/05/2024	09/10/2024	7519199604	206995756	115Invoice	0.03	1.58		1.55		7519199604	
09/05/2024	09/10/2024	7519199605	207060963	115Invoice	0.02	0.95		0.93		7519199605	

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 09/06/2024 Page: 003

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 256342
Date: 09/07/2024

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

As of: 09/06/2024 Page: 003
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

Cust: 256342 PLEASE CHECK ANY
Date: 09/07/2024 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	
09/05/2024	09/10/2024	7519199606	207358407	115Invoice	0.03	1.27		1.24		7519199606	
09/05/2024	09/10/2024	7519199607	207510085	115Invoice	0.02	0.95		0.93		7519199607	
09/05/2024	09/10/2024	7519199608	207567373	115Invoice	0.01	0.32		0.31		7519199608	
09/05/2024	09/10/2024	7519199609	206390915	115Invoice	0.01	0.63		0.62		7519199609	
09/05/2024	09/10/2024	7519199610	206427908	115Invoice	0.02	0.95		0.93		7519199610	
09/05/2024	09/10/2024	7519199611	206692083	115Invoice	0.01	0.32		0.31		7519199611	
09/05/2024	09/10/2024	7519199612	206749731	115Invoice	0.01	0.63		0.62		7519199612	
09/05/2024	09/10/2024	7519199613	209850930	115Invoice	6.56	327.86		321.30		7519199613	
09/05/2024	09/10/2024	7519199614	210256143	115Invoice	6.56	327.86		321.30		7519199614	
09/06/2024	09/10/2024	7519463545	206960176	115Invoice	2.74	136.85		134.11		7519463545	
09/06/2024	09/10/2024	7519463547	206749731	115Invoice	0.01	0.32		0.31		7519463547	
09/06/2024	09/10/2024	7519463549	209619554	115Invoice	1.60	79.85		78.25		7519463549	
09/06/2024	09/10/2024	7519463551	210374571	115Invoice	5.16	258.22		253.06		7519463551	

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: 36,839.87 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 10,984.66
08/26/2024

If Paid By 09/10/2024,
Pay This Amount: 36,103.07 USD

If Paid After 09/10/2024,
Pay this Amount: 36,839.87 USD

Due If Paid On Time:
USD 36,103.07

Disc lost if paid late:
736.80

Due If Paid Late:
USD 36,839.87

APPROVED ON
SEP 09 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Andrea DeLos Santos
9/9/2024

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: 09/06/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 820405
Date: 09/07/2024

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

As of: 09/06/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 **PLEASE CHECK ANY**
Date: 09/07/2024 **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											
09/03/2024	09/10/2024	7518261568	B2408-055-172343	115Invoice	0.49	24.41		23.92		7518261568	
09/05/2024	09/10/2024	7518969996	B2409-055-172720	115Invoice	2.02	101.19		99.17		7518969996	

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: 125.60 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 57.56
09/02/2024

If Paid By 09/10/2024, Pay This Amount: 123.09 USD

If Paid After 09/10/2024, Pay this Amount: 125.60 USD

Due If Paid On Time: USD 123.09

Disc lost if paid late: 2.51

Due If Paid Late: USD 125.60

✓ Andrea DeLos Santos
9/9/2024

APPROVED ON
SEP 09 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

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: 09/06/2024 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 835437
Date: 09/07/2024

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

As of: 09/06/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835437 **PLEASE CHECK ANY**
Date: 09/07/2024 **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											
09/04/2024	09/10/2024	7518896545	3501916	115Invoice	0.10	4.95		4.85	✓	7518896545	

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: 4.95 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 57.56
09/02/2024

If Paid By 09/10/2024,
Pay This Amount: 4.85 USD

If Paid After 09/10/2024,
Pay this Amount: 4.95 USD

Due If Paid On Time:
USD 4.85 ✓

Disc lost if paid late: 0.10

Due If Paid Late:
USD 4.95

APPROVED ON
SEP 09 2024
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

✓ Andrea De La Santos
9/9/2024

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 09/06/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835438
Date: 09/07/2024

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

As of: 09/06/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

Cust: 835438 **PLEASE CHECK ANY**
Date: 09/07/2024 **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											
09/04/2024	09/10/2024	7518895282	3504889	115Invoice	23.87	1,193.41		1,169.54		7518895282	

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: 1,193.41 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 10,984.66
08/26/2024

If Paid By 09/10/2024,
Pay This Amount: 1,169.54 USD

If Paid After 09/10/2024,
Pay this Amount: 1,193.41 USD

Due If Paid On Time:
USD 1,169.54

Disc lost if paid late:
23.87

Due If Paid Late:
USD 1,193.41

APPROVED ON
SEP 09 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Andrew Tokos Santos
9/9/2024

For AR Inquiries please contact 800-867-0333

AmerisourceBergen

STATEMENT

Statement Number: 68170429
Date: 09-06-2024

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:	7,702.39
Past Due:	0.00
Total Due:	7,702.39
Account Balance:	7,702.39

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
09-03-2024	09-13-2024	3187222801	7007494061	Invoice	2,763.16		0.00	2,763.16
09-03-2024	09-13-2024	3187222802	7007503294	Invoice	431.02		0.00	431.02
09-03-2024	09-13-2024	3187222803	7007504426	Invoice	1,827.50		0.00	1,827.50
09-03-2024	09-13-2024	3187222804	7007511460	Invoice	222.15		0.00	222.15
09-03-2024	09-13-2024	3187222805	7007517918	Invoice	37.07		0.00	37.07
09-04-2024	09-13-2024	3187367714	7007524685	Invoice	11.10		0.00	11.10
09-04-2024	09-13-2024	3187367715	7007526520	Invoice	2,137.16		0.00	2,137.16
09-05-2024	09-13-2024	3187519689	7007533427	Invoice	103.26		0.00	103.26
09-06-2024	09-13-2024	3187679461	7007541904	Invoice	96.87		0.00	96.87
09-06-2024	09-13-2024	3187679462	7007545516	Invoice	29.15		0.00	29.15
09-06-2024	09-13-2024	3187679463	7007545516	Invoice	42.60		0.00	42.60
09-06-2024	09-13-2024	3187679464	7007541818	Invoice	1.35		0.00	1.35

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
7,702.39	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
09-06-2024	(16,079.94)

APPROVED ON
SEP 09 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
09-13-2024	7,702.39
Total Due:	7,702.39

Andrea Dotson Santos
9/9/2024

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

		###	ENTER:	
☐	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	###		
☐	"ENTER YOUR 4-DIGIT PIN"			
☐	"MAKE A PAYMENT, PRESS 1"		1	
☐	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★	941	#
☐	"IF FEDERAL TAX DEPOSIT ENTER 1"		1	
☐	"ENTER 2-DIGIT TAX FILING YEAR"	★	24	
☐	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★	09	
	1ST QTR - 03 (MARCH) - Jan, Feb, Mar			
	2ND QTR - 06 (JUNE) - Apr, May, June			
	3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept			
	4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec			
☐	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	$ 118,581.20	#
	"1 TO CONFIRM"		1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 62,861.22	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 14,701.36	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 41,018.62	#
☐	"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	8/23/2024					
PAY PERIOD: END	9/5/2024					
PAY DATE:	9/13/2024					
GROSS PAY:	$ 545,278.29			$ -		$ 545,278.29
DEDUCTIONS:						
A/R	$ 275.00					$ 275.00
ADVANC						$ -
BOOTS						$ -
MUTUAL CRITICAL ILLNESS						$ -
MUTUAL ACCIDENT						$ -
IRS TAX						$ -
MUTUAL SHORT TERM DIS						$ -
MUTUAL VISION	$ 855.40					$ 855.40
CAFÉ-D	$ 1,241.70					$ 1,241.70
CAFÉ-H	$ 30,491.49					$ 30,491.49
	$ -					$ -
	$ -					$ -
CAFÉ-P						$ -
CANCER						$ -
CHILD	$ 1,020.49					$ 1,020.49
CLINIC	$ 27.00					$ 27.00
COMBIN	$ 250.86					$ 250.86
CREDUN	$ -					$ -
DENTAL	$ -					$ -
DEP-LF						$ -
MUTUAL TERM LIFE	$ 1,352.47					$ 1,352.47
MUTUAL HOSP INDEM	$ 491.50					$ 491.50
FED TAX	$ 41,018.62					$ 41,018.62
FICA-M	$ 7,350.68					$ 7,350.68
FICA-O	$ 31,430.61					$ 31,430.61
FICA-M ADDITIONAL						$ -
FIRST C						$ -
FLEX S	$ 4,849.53					$ 4,849.53
FLX-FE	$ -					$ -
GIFT S	$ 382.69					$ 382.69
MUTUAL CRITICAL ILLNESS	$ 1,065.89					$ 1,065.89
MUTUAL ACCIDENT	$ 687.48					$ 687.48
MUTUAL SHORT TERM DIS	$ 1,844.74					$ 1,844.74
LEGAL	$ 1,027.41					$ 1,027.41
OTHER	$ 2,603.28					$ 2,603.28
NATIONAL FARM LIFE	$ 1,256.63					$ 1,256.63
MED SURCHARGE	$ 275.00					$ 275.00
Blank						$ -
RELAY						$ -
REPAY						$ -
STONEDF	$ 895.00					$ 895.00
STONE						$ -
STONE 2						$ -
STUDEN						$ -
TSA-R	$ 37,409.41					$ 37,409.41
UW/HOS	$ -					$ -
TOTAL DEDUCTIONS:	$ 168,102.88	$ -	$ -	$ -	$ -	$ 168,102.88
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$ 377,175.41	$ -	$ -	$ -	$ -	$ 377,175.41
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFÉ 125 PLAN:	$ 38,333.12	Less Exempt:				
TAXABLE PAY:	$ 506,945.17	$ 506,945.17				Exempt Amt:

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 7,350.70		
FICA - MED (EE)	1.45%	$ 7,350.70	$ 7,350.68	$ 0.02
FICA - SOC SEC (ER)	6.20%	$ 31,430.60		
FICA - SOC SEC (EE)	6.20%	$ 31,430.60	$ 31,430.61	$ (0.01)
FED WITHHOLDING		$ 41,018.62	$ 41,018.62	

Employees over FICA-SS Cap:
Michael Gaines

Paycode S - Employee Reimb.:

TOTAL: $ -

TAX DEPOSIT:		$ 118,581.22	$ 118,581.20
FICA - MEDICARE	2.90%	$ 14,701.40	$14,701.36
FICA - SOCIAL SECURITY	12.40%	$ 62,861.20	$62,861.22
FED WITHHOLDING		$ 41,018.62	$41,018.62
TOTAL TAX:		$ 118,581.22	$118,581.20 $ 0.02

PREPARED BY: Andrie Flores

PREPARED DATE: 9/9/2024

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	9064.00	N		N	N		215668.80
1	REGULAR PAY-S1	1899.00	N		N	N	N	87809.57
1	REGULAR PAY-S1	233.25	N		N	Y		9163.14
1	REGULAR PAY-S1	312.50	Y		N	N		12315.03
2	REGULAR PAY-S2	2459.75	N		N	N		66456.39
2	REGULAR PAY-S2	142.00	N		N	Y		6912.75
2	REGULAR PAY-S2	162.50	Y		N	N		7896.28
3	REGULAR PAY-S3	1407.00	N		N	N		48876.69
3	REGULAR PAY-S3	118.50	N		N	Y		6388.96
3	REGULAR PAY-S3	170.25	Y		N	N		9091.36
4	CALL BACK PAY	20.75	N	1	N	N	Y	1201.75
4	CALL BACK PAY	15.75	N	2	N	N	Y	619.88
4	CALL BACK PAY	4.00	N	3	N	N	Y	203.81
4	CALL BACK PAY	.25	Y	1	N	N	Y	20.98
4	CALL BACK PAY	.25	Y	2	N	N	Y	12.59
C	CALL PAY	2322.25	N	1	N	N		4644.50
D	DOUBLE TIME	14.50	N	2	N	N		1174.32
D	DOUBLE TIME	33.00	N	3	N	N		2735.54
E	EXTRA WAGES		N		N	N	N	600.00
E	EXTRA WAGES		N	1	N	N	N	2587.50
F	FUNERAL LEAVE	40.00	N	1	N	N		1009.36
J	JURY LEAVE	8.25	N	1	N	N		198.33
K	EXTENDED-ILLNESS-BANK	227.00	N	1	N	N		6447.74
P	PAID-TIME-OFF	156.02	N		N	N	N	6098.61
P	PAID-TIME-OFF	1669.00	N	1	N	N		43541.57
X	CALL PAY 2	168.00	N	1	N	N		336.00
Y	YMCA/CURVES		N		N	N	N	45.00
Z	CALL PAY 3	96.00	N	1	N	N		288.00
p	PAID TIME OFF - PROBATION	72.00	N	1	N	N		1193.84
t	PHONE & DATA		N		N	N	N	1740.00

Deductions Summary

Code	Amount				
A/R	275.00	A/R2		A/R3	
ADVANC		AWARDS		BCBSVI	
BOOTS		CAFE H		CAFE-1	
CAFE-2		CAFE-3		CAFE-4	
CAFE-5		CAFE-C		CAFE-D	1241.70
CAFE-F		CAFE-H	30491.49	CAFE-I	
CAFE-L		CAFE-P		CANCER	
CHILD	1020.43	CLINIC	27.00	COMBIN	250.86
CREDUN		DD ADV		DENTAL	
DEP-LF		DIS-LF		EAT	
EATCSH	300.00	FEDTAX	41018.62	FICA-M	7350.68
FICA-O	31430.61	FIRSTC		FLEX S	4117.51
FLX FE		FORT D		FUTA	
GIFT S	382.69	GRANT		GRP-IN	
GTL		HOSP-I		HSA	732.02
ID TFT		IRSTAX		LEAF	
LEGAL	160.91	MASA	866.50	MEALS	2303.28
METVIS		MISC		MISC/	
MMCSHR		MOOACC	687.48	MOOILL	1065.89
MOOIND	491.50	MOOLIF	1352.47	MOOSTD	1844.74
MOOVIS	855.40	NATFML	1256.63	OTHER	
PHI		PHI***		PR FIN	
RELAY		REPAY		SAMS	
SCRUBS		SIGNON		ST-TX	
STONDF	895.00	STONE		STONE2	
STUDEN		SUNACC		SUNILL	
SUNIND		SUNLIF		SUNSTD	
SUNVIS		SURCHG	275.00	TSA-1	
TSA-2		TSA-C		TSA-P	
TSA-R	37409.41	TUITION		UNIFOR	
UW/HOS					

Grand Totals: 20815.77 ------- Gross: 545278.29 Deductions: 168102.88 Net: 377175.41

Checks Count:- FT 207 PT 12 Other 41 Female 234 Male 25 Credit OverAmt 16 ZeroNet Term Total: 259

Andrea Delos Santos
9/9/2024

Memorial Medical Center
Transfer Request

Amount: 5,529.36 ✓ **Date:** 9/9/2024

From Account: Operating [redacted]

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

APPROVED ON
SEP 09 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Acct Number: [redacted] **Routing Number:** [redacted]

Explanation:

Invoice numbers 6838979, 6867871, 6887206, 6915182

Requested by: Caitlin Clevenger **Date:** 9/9/2024

Authorized by: Andrew DosSantos **Date:** 9/9/2024

CHKNO	GRPNO	LOCNO	EMPNO	DEPNO	CLMPRE	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYID	CVGCD	CVGTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUDT	PRVNO
2771	76351	1	1	0	2024	241003487	0	9/3/2024	$38,532.83	1	TRUESCRIPTS MANAGEMENT SERVICE LLC	P	517	0	EXPENSE	EMPLOYEE	PCS	F	8/12/2024	8/25/2024	464334244
2772	76351	1	2	0	2024	240001224	0	9/3/2024	$173.00	1	MCCD FL PSYCHIATRY SERVICES PA	P	728	0	[redacted]		TELM	F	8/8/2024	8/8/2024	882977235
2773	76351	2	33	0	2024	236000443	0	9/3/2024	$134.82	1	BCM PHYSICIANS	P	457	0	[redacted]		OVS	F	8/5/2024	8/5/2024	300791563
2774	76351	2	33	0	2024	241002853	0	9/3/2024	$134.82	1	BCM PHYSICIANS	P	457	0	[redacted]		OVS	F	8/16/2024	8/16/2024	300791563
2775	76351	2	33	0	2024	236000446	0	9/3/2024	$143.81	1	BCM PHYSICIANS	P	457	0	[redacted]		OVS	F	7/12/2024	7/12/2024	300791563
2776	76351	3	5	0	2024	239001621	0	9/3/2024	$11.61	1	SINGLETON ASSOCIATES PA	P	183	0	[redacted]		RAD	F	7/26/2024	7/26/2024	741680498
2777	76351	3	32	0	2024	240000943	0	9/3/2024	$13.37	1	SINGLETON ASSOCIATES PA	P	181	0	[redacted]		XRAY	F	8/5/2024	8/5/2024	741680498
2778	76351	3	25	0	2024	240001237	0	9/3/2024	$13.37	1	SINGLETON ASSOCIATES PA	P	183	0	[redacted]		RAD	F	8/8/2024	8/8/2024	741680498
2779	76351	3	25	0	2024	240001240	0	9/3/2024	$13.79	1	SINGLETON ASSOCIATES PA	P	183	0	[redacted]		RAD	F	8/8/2024	8/8/2024	741680498
2780	76351	3	49	0	2024	235000997	0	9/3/2024	$19.10	1	NOE R. OLVERA, MD, PA	P	457	0	[redacted]		OVS	F	6/6/2024	6/6/2024	262712038
2781	76351	3	26	0	2024	240001225	0	9/3/2024	$34.80	1	SINGLETON ASSOCIATES PA	P	603	0	[redacted]		US	F	8/5/2024	8/5/2024	741680498
2782	76351	3	26	0	2024	240001232	0	9/3/2024	$36.12	1	SINGLETON ASSOCIATES PA	P	603	0	[redacted]		US	F	8/5/2024	8/5/2024	741680498
2783	76351	3	58	3	2024	241001599	0	9/3/2024	$37.70	1	MID COAST MEDICAL CLINIC	P	360	0	[redacted]		POV	F	8/5/2024	8/5/2024	452750258
2784	76351	3	45	1	2024	239000813	0	9/3/2024	$40.02	1	SINGLETON ASSOCIATES PA	P	181	0	[redacted]		XRAY	F	7/9/2024	7/9/2024	741680498
2785	76351	3	31	0	2024	239001613	0	9/3/2024	$42.62	1	SINGLETON ASSOCIATES PA	P	603	0	[redacted]		US	F	7/16/2024	7/16/2024	741680498
2786	76351	3	64	2	2024	236000342	0	9/3/2024	$74.04	1	CHILDRENS PHYSICIAN SERVICES OF SOUTH	P	177	0	[redacted]		OV	F	7/15/2024	7/15/2024	742620408
2787	76351	3	5	0	2024	240001219	0	9/3/2024	$83.52	1	SINGLETON ASSOCIATES PA	P	172	0	[redacted]		AB	F	7/30/2024	7/30/2024	741680498
2788	76351	3	62	0	2024	236001132	0	9/3/2024	$90.34	1	CITIZENS MEDICAL PROFESSIONALS	P	177	0	[redacted]		OV	F	8/5/2024	8/5/2024	471158090
2789	76351	3	31	0	2024	240001520	0	9/3/2024	$90.47	1	SINGLETON ASSOCIATES PA	P	321	0	[redacted]		MRIO	F	8/8/2024	8/8/2024	741680498
2791	76351	3	38	0	2024	240001964	0	9/3/2024	$104.99	1	UT PHYSICIANS	P	432	0	[redacted]		TO	F	1/11/2024	1/11/2024	760459500
2792	76351	3	37	0	2024	239002628	0	9/3/2024	$125.34	1	KURTIS R KRUEGER MD	P	457	0	[redacted]		OVS	F	8/19/2024	8/19/2024	471158090
2796	76351	3	38	0	2024	240001938	0	9/3/2024	$1,115.15	1	UT PHYSICIANS	P	178	0	[redacted]		SO	F	1/11/2024	1/11/2024	760459500
2798	76360	2	62	0	2024	239000816	0	9/3/2024	$153.60	1	ESS OF PORT LAVACA LLC	P	189	0	[redacted]		ERD	F	7/17/2024	7/17/2024	815248556
2802	76360	3	28	0	2024	241000361	0	9/3/2024	$36,357.90	1	HOUSTON METHODIST SUGAR LAND HOSPITAL	P	434	0	[redacted]		OHS	F	7/25/2024	7/25/2024	760545192
2803	76360	3	45	0	2024	240000694	0	9/3/2024	$10.75	1	SINGLETON ASSOCIATES PA	P	183	0	[redacted]		RAD	F	8/1/2024	8/1/2024	741680498
2804	76360	3	51	1	2024	239001614	0	9/3/2024	$11.61	1	SINGLETON ASSOCIATES PA	P	181	0	[redacted]		XRAY	F	7/24/2024	7/24/2024	741680498
2805	76360	3	51	1	2024	239001627	0	9/3/2024	$11.61	1	SINGLETON ASSOCIATES PA	P	181	0	[redacted]		XRAY	F	7/24/2024	7/24/2024	741680498
2806	76360	3	13	0	2024	240001230	0	9/3/2024	$11.61	1	SINGLETON ASSOCIATES PA	P	183	0	[redacted]		RAD	F	8/2/2024	8/2/2024	741680498
2807	76360	3	3	0	2024	239000548	0	9/3/2024	$13.79	1	DIAGNOSTIC IMAGING ASSOCIATES, PA	P	189	0	[redacted]		ERD	F	4/26/2024	4/26/2024	760686474
2808	76360	3	107	0	2024	239002636	0	9/3/2024	$22.59	1	MELISSA A KAINER ERWIN MD PA	P	177	0	[redacted]		OV	F	8/20/2024	8/20/2024	200802489
2809	76360	3	41	2	2024	239002643	0	9/3/2024	$29.10	1	PORT LAVACA CLINIC	P	177	0	[redacted]		OV	F	8/21/2024	8/21/2024	742605670
2810	76360	3	32	6	2024	241000736	0	9/3/2024	$34.46	1	HOUSTON NORTHWEST RADIOLOGY ASSOCIATION	P	183	0	[redacted]		RAD	F	5/28/2024	5/28/2024	746223317
2811	76360	3	30	0	2024	239000555	0	9/3/2024	$35.68	1	SINGLETON ASSOCIATES PA	P	324	0	[redacted]		CAT	F	5/24/2024	5/24/2024	741680498
2812	76360	3	66	0	2024	239002635	0	9/3/2024	$36.87	1	GARY F COX MD PA	P	457	0	[redacted]		OVS	F	8/19/2024	8/19/2024	742068224
2813	76360	3	50	0	2024	239002649	0	9/3/2024	$55.89	1	NOE R. OLVERA, MD, PA	P	457	0	[redacted]		OVS	F	8/19/2024	8/19/2024	262712038
2814	76360	3	74	0	2024	235000976	0	9/3/2024	$59.94	1	AYO ADU, MD PLLC	P	177	0	[redacted]		OV	F	8/20/2024	8/20/2024	273335355
2815	76360	3	31	0	2024	239001174	0	9/3/2024	$60.36	1	DIAGNOSTIC IMAGING ASSOCIATES, PA	P	189	0	[redacted]		ERD	F	6/9/2024	6/9/2024	760686474
2816	76360	3	32	1	2024	240000536	0	9/3/2024	$69.30	1	MSIWA	P	172	0	[redacted]		AB	F	8/6/2024	8/6/2024	202536458
2817	76360	3	32	1	2024	240000523	0	9/3/2024	$74.91	1	MSIWA	P	172	0	[redacted]		AB	F	8/6/2024	8/7/2024	202536458
2818	76360	3	14	0	2024	239001628	0	9/3/2024	$83.52	1	SINGLETON ASSOCIATES PA	P	172	0	[redacted]		AB	F	6/7/2024	6/7/2024	741680498
2819	76360	3	75	0	2024	239001632	0	9/3/2024	$106.36	1	SINGLETON ASSOCIATES PA	P	324	0	[redacted]		CAT	F	7/24/2024	7/24/2024	741680498
2820	76360	3	34	3	2024	240000531	0	9/3/2024	$160.00	1	NEXTCARE URGENT CARE	P	487	0	[redacted]		URG	F	8/11/2024	8/11/2024	260845489
2821	76360	3	30	1	2024	240001236	0	9/3/2024	$243.27	1	SINGLETON ASSOCIATES PA	P	178	0	[redacted]		SO	F	7/29/2024	7/29/2024	741680498
2822	76360	3	61	0	2024	241001606	0	9/3/2024	$269.69	1	TEXAS ONCOLOGY PA	P	457	0	[redacted]		OVS	F	7/22/2024	7/22/2024	752131429
2823	76360	3	31	0	2024	239001170	0	9/3/2024	$304.07	1	DIAGNOSTIC IMAGING ASSOCIATES, PA	P	183	0	[redacted]		RAD	F	6/10/2024	6/10/2024	760686474
2824	76360	3	77	0	2024	241002842	0	9/3/2024	$310.25	1	CITIZENS MEDICAL PROFESSIONALS	P	172	0	[redacted]		AB	F	8/15/2024	8/15/2024	471158090
2825	76360	3	32	1	2024	241002846	0	9/3/2024	$452.63	1	VICTORIA VEIN AND SURGERY CLINIC	P	457	0	[redacted]		OVS	F	8/14/2024	8/14/2024	452590280
2832	76360	3	28	0	2024	240000238	0	9/3/2024	$1,200.00	1	MYRIAD GENETIC LABORATORIES, INC.	P	172	0	[redacted]		AB	F	7/18/2024	7/18/2024	870514323
2835	76370	3	22	0	2024	240001239	0	9/3/2024	$35.68	1	SINGLETON ASSOCIATES PA	P	220	0	[redacted]		WLB	F	7/19/2024	7/19/2024	741680498
									$81,281.07												

Andrew Dutas Santos
9/9/2024

APPROVED ON
SEP 09 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Sept 2,2024 - Sept 8, 2024

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten Check" #
9/6/2024	PAY PLUS ACHTrans 35080158 101000692753942 P	- 3rd Party Payor Fee	76.71	901335
9/6/2024	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	16,079.94 *	500635
9/5/2024	PAY PLUS ACHTrans 34890289 101000691375844 P	- 3rd Party Payor Fee	21.48	901336
9/5/2024	HPHG LLC PORT LAVA MemMedCtr PtLav 113122650	- Health Insurance Claim Payments	33,337.22 *	800584
9/5/2024	HPHG LLC PT LAVA MemMedCtr PtLav 11312265001	- Health Insurance Claim Payments	20,801.00 *	800585
9/5/2024	FDMS FDMS PYMT 052-1601830-000 4100012488377	- Credit Card Machine Lease Fee	32.45	901337
9/5/2024	FDMS FDMS PYMT 052-2182557-000 4100012487477	- Credit Card Machine Lease Fee	181.77	901338
9/5/2024	FDMS FDMS PYMT 052-2182545-000 4100012487477	- Credit Card Machine Lease Fee	45.64	901339
9/5/2024	FDMS FDMS PYMT 052-2000500-000 4100012489163	- Credit Card Machine Lease Fee	75.67	901340
9/4/2024	PAY PLUS ACHTrans 34745626 101000699116555 P	- 3rd Party Payor Fee	29.03	901341
9/4/2024	HPHG LLC PORT LAVA MemMedCtr PtLav 113122650	- Health Insurance Claim Payments	35,358.31 * *	800586
9/4/2024	HPHG LLC MEMOR PREM MemMedCtr PtLav 11312265	- Health Insurance Premium Payment	68,065.05 * *	800587
9/4/2024	HPHG LLC PORT LAVA MemMedCtr PtLav 113122650	- Health Insurance Claim Payments	48,413.00 * *	800588
9/3/2024	PAY PLUS ACHTrans 34592065 101000697275808 P	- 3rd Party Payor Fee	73.01	901342
9/3/2024	MERCHANT BANKCD DISCOUNT 971160913887 910000	- Credit Card Processing Fee	412.34	901343
9/3/2024	MERCHANT BANKCD DISCOUNT 971160910883 910000	- Credit Card Processing Fee	19.95	901344
9/3/2024	MERCHANT BANKCD INTERCHNG 971160913887 91000	- Credit Card Processing Fee	198.14	901345
9/3/2024	MERCHANT BANKCD FEE 971160913887 91000010332	- Credit Card Processing Fee	199.56	901346
9/3/2024	MERCHANT BANKCD FEE 971160910883 91000010332	- Credit Card Processing Fee	9.95	901347
9/3/2024	MCKESSON DRUG AUTO ACH ACH06152639 910000116	- 340B Drug Program Expense	57.56 *	500636
9/3/2024	AUTHNET GATEWAY BILLING 137704795 1040000197	- 3rd Party Payor Fee	36.80	901348
9/3/2024	IRS USATAXPYMT 270464774936529 6103601004757	- Payroll	129,791.83 * *	800589
			353,316.41	

Andrew De Los Santos
Memorial Medical Center

September 9, 2024

* Approved on 9.4.24 CC
** Approved on 8.28.24 CC

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- E

Date	Description	MC Notes	Amount
9/16/2024	- TEXAS COUNTY DRS RECEIVABLE 0419 21000024329	ing	266,891.32
			266,891.32

Andrew De Los Santos
Memorial Medical Center

APPROVED ON
SEP 09 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

353,316.41 +
1,412.50 ◊
1,412.50 -
0.00 ◊

76.71 +
21.48 +
29.03 +
73.01 +
200.23 ◊
0.C

CC lease Fee
32.45 +
181.77 +
45.64 +
75.67 +
335.53 ◊
0.C

CC Proc. Fee
412.34 +
19.95 +
432.29 ◊
0.C

CC Proc. Fee
198.14 +
198.14 ◊
0.C

CC Fees
199.56 +
9.95 +
209.51 ◊
0.C

Authnet
36.80 +
36.80 ◊
0.C

200.23 +
335.53 +
432.29 +
198.14 +
209.51 +
36.80 +

Date/Time	09-02-2024 / 11:20 AM
Submitted By	mcumberland450
Pay Date	08-31-2024
Employee Deposits	$109,426.29
Employer Contributions	$157,465.03
Group Term Life Premiums	$0.00
Total	$266,891.32 ✓
Comments	
Payroll File	August 2024 Retirement Upload.xlsx ✓

CLOSE PRINT

R.D.
9/9/2024

Start Date	Benefit	EE Per Pay Cost	ER Per Pay Cost
1/1/2024	Health Savings Account	$ -	$ 25.00
1/1/2024	Health Savings Account	$ 100.00	$ 25.00
1/1/2024	Health Savings Account	$ 147.91	$ 25.00
1/1/2024	Health Savings Account	$ 41.67	$ 25.00
7/1/2024	Health Savings Account	$ -	$ 25.00
1/1/2024	Health Savings Account	$ 60.00	$ 25.00
9/1/2024	Health Savings Account	$ -	$ 25.00
1/1/2024	Health Savings Account	$ 10.00	$ 25.00
1/1/2024	Health Savings Account	$ -	$ 25.00
1/1/2024	Health Savings Account	$ -	$ 25.00
1/1/2024	Health Savings Account	$ -	$ 25.00
1/1/2024	Health Savings Account	$ 25.00	$ 25.00
1/1/2024	Health Savings Account	$ -	$ 25.00
8/1/2024	Health Savings Account	$ -	$ 25.00
1/1/2024	Health Savings Account	$ -	$ 25.00
2/1/2024	Health Savings Account	$ 163.25	$ 25.00
1/1/2024	Health Savings Account	$ 50.00	$ 25.00
2/1/2024	Health Savings Account	$ -	$ 25.00
1/1/2024	Health Savings Account	$ 100.00	$ 25.00
1/1/2024	Health Savings Account	$ -	$ 25.00
1/1/2024	Health Savings Account	$ -	$ 25.00
3/1/2024	Health Savings Account	$ -	$ 25.00
9/1/2024	Health Savings Account	$ -	$ 25.00
1/1/2024	Health Savings Account	$ 25.00	$ 25.00
7/1/2024	Health Savings Account	$ -	$ 25.00
1/1/2024	Health Savings Account	$ -	$ 25.00
2/1/2024	Health Savings Account	$ -	$ 25.00
		$ 722.83	$ 675.00
		$ 1,397.83	

Memorial Medical Center
Transfer Request

Amount: $500,000.00 **Date:** 9/9/2024

From Account: NexBank Money Market [redacted]

To Account: Prosperity Operating Account [redacted]

APPROVED ON
SEP 09 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Explanation:

Transfer money fromNexBank Money Market to Memorial Hospital Operating Account

Requested by: Michelle Cumberland **Date:** 9/9/2024

Authorized by: SS **Date:** 9/9/24

RECEIVED BY THE
COUNTY AUDITOR ON

SEP 05 2024

09/05/2024
11:54

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 09/28/2024

0
ap_open_invoice.template

CALHOUN COUNTY, TEXAS

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
082924		09/04/202	08/29/202	09/28/202			2,856.00	0.00	0.00	2,856.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11828	SOLERA WEST HOUSTON	2,856.00	0.00	0.00	2,856.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,856.00	0.00	0.00	2,856.00

APPROVED ON

SEP 05 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 205638

RECEIVED BY THE
COUNTY AUDITOR ON

SEP 05 2024

CALHOUN COUNTY, TEXAS

09/05/2024
11:54

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 09/28/2024

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ap_open_invoice.template

Vendor# Vendor Name Class Pay Code

11824 THE CRESCENT

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
082724		09/04/202	08/27/202	09/28/202			1,428.00	0.00	0.00	1,428.00
082924	ins. pmt. dep. into mmc opt. in error	09/04/202	08/29/202	09/28/202			6,324.00	0.00	0.00	6,324.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	7,752.00	0.00	0.00	7,752.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	7,752.00	0.00	0.00	7,752.00

APPROVED ON

SEP 05 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 205039

RECEIVED BY THE
COUNTY AUDITOR ON

SEP 05 2024

CALHOUN COUNTY, TEXAS

09/05/2024
11:55

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 09/28/2024

0
ap_open_invoice.template

Vendor# Vendor Name Class Pay Code

11836 GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
082324		09/04/202	08/23/202	09/28/202			5,955.90	0.00	0.00	5,955.90
082324A	ins. pmt. dep. into mmc opt. in error	09/04/202	08/23/202	09/28/202			764.32	0.00	0.00	764.32
082624		09/04/202	08/26/202	09/28/202			21,483.02	0.00	0.00	21,483.02
082724		09/04/202	08/27/202	09/28/202			59,379.28	0.00	0.00	59,379.28
082824		09/04/202	08/28/202	09/28/202			2,157.89	0.00	0.00	2,157.89
082824A		09/04/202	08/28/202	09/28/202			4,865.10	0.00	0.00	4,865.10
082924		09/04/202	08/29/202	09/28/202			187.17	0.00	0.00	187.17
082924A		09/04/202	08/29/202	09/28/202			3,672.00	0.00	0.00	3,672.00
082924B		09/04/202	08/29/202	09/28/202			13,073.63	0.00	0.00	13,073.63

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	111,538.31	0.00	0.00	111,538.31

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	111,538.31	0.00	0.00	111,538.31

APPROVED ON

SEP 05 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chg#205637

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COUNTY AUDITOR ON

SEP 05 2024

09/05/2024
11:53

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 09/28/2024

0
ap_open_invoice.template

CALHOUN COUNTY, TEXAS

Vendor#	Vendor Name	Class	Pay Code
13004	TUSCANY VILLAGE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
082324		09/04/202	08/23/202	09/28/202			1,428.00	0.00	0.00	1,428.00
082324A	ins. pmt. dep. into MMC opt in error	09/04/202	08/23/202	09/28/202			15,840.00	0.00	0.00	15,840.00
082324B		09/04/202	08/23/202	09/28/202			1,858.00	0.00	0.00	1,858.00
082624		09/04/202	08/26/202	09/28/202			8,080.00	0.00	0.00	8,080.00
082724		09/04/202	08/27/202	09/28/202			7,792.66	0.00	0.00	7,792.66
082924		09/04/202	08/29/202	09/28/202			6,324.00	0.00	0.00	6,324.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	41,322.66	0.00	0.00	41,322.66

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	41,322.66	0.00	0.00	41,322.66

APPROVED ON

SEP 05 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 205640

RECEIVED BY THE
COUNTY AUDITOR ON

SEP 05 2024

CALHOUN COUNTY, TEXAS

09/05/2024
11:54

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 09/28/2024

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
082224		08/28/202	08/22/202	09/28/202			1,406.36	0.00	0.00	1,406.36
082324	ins. pmt. dep into mmc opt. in error	09/04/202	08/23/202	09/28/202			7,390.86	0.00	0.00	7,390.86
082324A		09/04/202	08/23/202	09/28/202			21,805.55	0.00	0.00	21,805.55
082724		09/04/202	08/27/202	09/28/202			2,427.95	0.00	0.00	2,427.95
082824		09/04/202	08/28/202	09/28/202			776.52	0.00	0.00	776.52
082924		09/04/202	08/29/202	09/28/202			2,979.79	0.00	0.00	2,979.79

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12792	BETHANY SENIOR LIVING	36,787.03	0.00	0.00	36,787.03

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	36,787.03	0.00	0.00	36,787.03

APPROVED ON

SEP 05 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 205436

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

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		223,130.35	222,639.90	34,062.39			34,552.84	34,062.39
						Bank Balance	34,552.84	
						Variance	-	
						Leave in Balance	100.00	

Routing Information for Ashford Gardens:

Ashford Health Care Center Ltd Co
JP Morgan Chase Bank

						July Interest	167.20	
						Aug Interest	223.25	
						Sept Interest		
						Adjust Balance/Transfer Amt	**34,062.39**	
Broadmoor		155,026.63	154,572.84	34,686.89			35,140.68	34,686.89
							-	
						Bank Balance	35,140.68	
						Variance	-	
						Leave in Balance	100.00	

						July Interest	184.64	
						Aug Interest	169.15	
						Sept Interest		
						Adjust Balance/Transfer Amt	**34,686.89**	
Crescent		171,239.73	170,563.42	139,611.93			140,288.24	139,611.93
						Bank Balance	140,288.24	
						Variance	-	
						Leave in Balance	100.00	

						July Interest	273.53	
						Aug Interest	302.78	
						Sept Interest		
						Adjust Balance/Transfer Amt	**139,611.93**	
Fort Bend		64,055.58	63,849.86	12,789.12			12,994.84	12,789.12
						Bank Balance	12,994.84	
						Variance	-	
						Leave in Balance	100.00	

						July Interest	52.09	
						Aug Interest	53.63	
						Sept Interest		
						Adjust Balance/Transfer Amt	**12,789.12**	
Solera at W Houston		148,618.16	148,125.66	45,145.45			45,637.95	45,145.45
						Bank Balance	45,637.95	
						Variance	-	
						Leave in Balance	100.00	

34,062.39 +
34,686.89 +
139,611.93 +
12,789.12 + *wt Bend / Broadmoor*
45,145.45 +
266,295.78 ◊

						July Interest	209.57	
						Aug Interest	182.93	
						Sept Interest		
						Adjust Balance/Transfer Amt	**45,145.45**	

TOTAL TRANSFERS **266,295.78**

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

APPROVED ON
SEP 09 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
9/6/2024	MANAGEANDNET1718 MNS PMNT 000000000000093 41	-	1,570.00					-	1,570.00
9/6/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	198.75					-	198.75
9/6/2024	NOVITAS SOLUTION HCCLAIMPMT 675423 420000199	-	15,066.84					-	15,066.84
9/6/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2	-	8,337.28					-	8,337.28
9/5/2024	HNB - ECHO HCCLAIMPMT 746003411 440000205535	-	3,745.94					-	3,745.94
9/5/2024	NOVITAS SOLUTION HCCLAIMPMT 675423 420000109	-	3,509.02					-	3,509.02
9/4/2024	WIRE OUT ASHFORD HEALTH CARE CENTER LTD	222,639.90	-					-	-
9/4/2024	MANAGEANDNET1718 MNS PMNT 000000000000093 41	-	405.00					-	405.00
9/4/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	0.15					-	0.15
9/3/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,229.41					-	1,229.41
								-	-
		222,639.90	34,062.39	-	-	-	-	-	34,062.39

Broadmoor

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
9/6/2024	NOVITAS SOLUTION HCCLAIMPMT 676357 420000199	-	6,087.49					-	6,087.49
9/4/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	154,572.84	-					-	-
9/4/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	10,100.00					-	10,100.00
9/4/2024	HIC KY HCCLAIMPMT 56285166 420000111161180 45	-	10,348.00					-	10,348.00
9/4/2024	AARP Supplementa HCCLAIMPMT 746003411 124384	-	1,354.42					-	1,354.42
9/3/2024	UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384	-	5,555.00					-	5,555.00
9/3/2024	NOVITAS SOLUTION HCCLAIMPMT 676357 420000135	-	796.98					-	796.98
9/3/2024	HUMANA CHA DISB HCCLAIMPMT 56050346 42000010	-	445.00					-	445.00
								-	-
		154,572.84	34,686.89	-	-	-	-	-	34,686.89

Crescent

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
9/6/2024	MANAGEANDNET1718 MNS PMNT 000000000003268 41	-	1,524.25					-	1,524.25
9/6/2024	HNB - ECHO HCCLAIMPMT 746003411 440000252409	-	4,822.09					-	4,822.09
9/6/2024	DEVOTED HEALTH P HCCLAIMPMT 21000021482379	-	4,225.65					-	4,225.65
9/6/2024	NOVITAS SOLUTION HCCLAIMPMT 676323 420000199	-	21,564.81					-	21,564.81
9/6/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2	-	1,809.60					-	1,809.60
9/6/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2	-	28,066.63					-	28,066.63
9/5/2024	Check 362	21,400.00	-					-	-
9/5/2024	HNB - ECHO HCCLAIMPMT 746003411 440000205535	-	10,046.02					-	10,046.02
9/5/2024	MANAGEANDNET1718 MNS PMNT 000000000003268 41	-	1,977.00					-	1,977.00
9/5/2024	DEVOTED HEALTH P HCCLAIMPMT 21000022476484	-	7,200.00					-	7,200.00
9/5/2024	DEVOTED HEALTH P HCCLAIMPMT 21000022476480	-	23,620.00					-	23,620.00
9/5/2024	DEVOTED HEALTH P HCCLAIMPMT 21000022476482	-	21,397.00					-	21,397.00
9/5/2024	DEVOTED HEALTH P HCCLAIMPMT 21000027065225	-	3,600.00					-	3,600.00
9/5/2024	AARP Supplementa HCCLAIMPMT 746003411 124384	-	3,060.00					-	3,060.00
9/4/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	149,163.42	-					-	-
9/4/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	6,560.00					-	6,560.00
9/3/2024	HNB - ECHO HCCLAIMPMT 746003411 440000270515	-	138.88					-	138.88
								-	-
		170,563.42	139,611.93	-	-	-	-	-	139,611.93

Fort Bend

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
9/5/2024	AARP Supplementa HCCLAIMPMT 746003411 124384	-	308.90					-	308.90
9/4/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	63,849.86	-					-	-
9/3/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	10,750.00					-	10,750.00
9/3/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,730.22					-	1,730.22
								-	-
		63,849.86	12,789.12	-	-	-	-	-	12,789.12

Solera at West Houston

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
9/6/2024	HNB - ECHO HCCLAIMPMT 746003411 440000251891	-	2,982.90					-	2,982.90
9/6/2024	NOVITAS SOLUTION HCCLAIMPMT 676310 420000199	-	19,496.98					-	19,496.98
9/5/2024	HNB - ECHO HCCLAIMPMT 746003411 440000205535	-	8,379.85					-	8,379.85
9/5/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,798.10					-	2,798.10
9/4/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	148,125.66	-					-	-
9/4/2024	HUMANA INS CO HCCLAIMPMT 56154780 8300005862	-	7,440.00					-	7,440.00
9/3/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	12.00					-	12.00
9/3/2024	AARP Supplementa HCCLAIMPMT 746003411 124384	-	4,035.62					-	4,035.62
								-	-
		148,125.66	45,145.45	-	-	-	-	-	45,145.45

	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
TOTALS	759,751.68	266,295.78	-	-	-	-	-	266,295.78

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,743,564.85	$1,959,707.27	$1,743,564.85	$1,626,845.19
*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	$34,552.84	$34,552.84	$34,552.84	$9,379.97
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$35,140.68	$38,411.18	$35,140.68	$29,053.19
*4411 MEMORIAL MEDICAL / NH CRESCENT	$140,288.24	$150,380.63	$140,288.24	$78,275.21
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$45,637.95	$48,694.21	$45,637.95	$23,158.07
*4446 MEMORIAL MEDICAL / NH FORT BEND	$12,994.84	$12,994.84	$12,994.84	$12,994.84
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$29,344.94	$32,358.22	$29,344.94	$23,305.85
*4551 CAL CO INDIGENT HEALTHCARE	$9,701.58	$9,701.58	$9,701.58	$9,701.58
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$100.00	$1,023.50	$100.00	$100.00
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$5,401.34	$33,731.08	$5,401.34	$4,062.21
*5506 MMC -NH BETHANY SENIOR LIVING	$7,238.96	$8,071.34	$7,238.96	$297.65
*3407 MMC -NH TUSCANY VILLAGE	$137,649.85	$137,649.85	$137,649.85	$98,952.24
*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	**$2,207,746.52**	**$2,473,406.99**	**$2,207,746.52**	**$1,922,256.45**

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

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		148,054.26	147,620.63	28,911.31		-	29,344.94	28,911.31
						Bank Balance	29,344.94	
						Variance	-	
						Leave in Balance	100.00	
						July Interest	151.91	
						Aug Interest	181.72	
						Sept Interest		
						Adjust Balance/Transfer Amt	28,911.31	

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

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

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

APPROVED ON
SEP 09 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
9/6/2024	TSYS/TRANSFIRST CR CD DEP 543684555876917 91	-	1,518.00					-	1,518.00
9/6/2024	NOVITAS SOLUTION HCCLAIMPMT 676097 420000199	-	4,521.09					-	4,521.09
9/5/2024	TSYS/TRANSFIRST CR CD DEP 543684555876917 91	-	2,622.70					-	2,622.70
9/5/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001045	-	1,066.95					-	1,066.95
9/4/2024	WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	147,620.63	-					-	-
9/4/2024	Deposit	-	4,575.94					-	4,575.94
9/4/2024	TSYS/TRANSFIRST CR CD DEP 543684555876917 91	-	1,219.00					-	1,219.00
9/4/2024	Luminos Hospice Bill.com 01SXRWSKXTSQTPX 210	-	3,798.52					-	3,798.52
9/4/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001337	-	907.00					-	907.00
9/4/2024	NOVITAS SOLUTION HCCLAIMPMT 676097 420000150	-	2,076.23					-	2,076.23
9/3/2024	TSYS/TRANSFIRST CR CD DEP 543684555876917 91	-	166.60					-	166.60
9/3/2024	TSYS/TRANSFIRST CR CD DEP 543684555876917 91	-	1,430.88					-	1,430.88
9/3/2024	TSYS/TRANSFIRST CR CD DEP 543684555876917 91	-	1,310.40					-	1,310.40
9/3/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001534	-	3,698.00					-	3,698.00
		-	-					-	-
		147,620.63	28,911.31	-	-	-	-	-	28,911.31

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,743,564.85	$1,959,707.27	$1,743,564.85	$1,626,845.19
*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	$34,552.84	$34,552.84	$34,552.84	$9,379.97
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$35,140.68	$38,411.18	$35,140.68	$29,053.19
*4411 MEMORIAL MEDICAL / NH CRESCENT	$140,288.24	$150,380.63	$140,288.24	$78,275.21
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$45,637.95	$48,694.21	$45,637.95	$23,158.07
*4446 MEMORIAL MEDICAL / NH FORT BEND	$12,994.84	$12,994.84	$12,994.84	$12,994.84
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$29,344.94	$32,358.22	$29,344.94	$23,305.85
*4551 CAL CO INDIGENT HEALTHCARE	$9,701.58	$9,701.58	$9,701.58	$9,701.58
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$100.00	$1,023.50	$100.00	$100.00
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$5,401.34	$33,731.08	$5,401.34	$4,062.21
*5506 MMC -NH BETHANY SENIOR LIVING	$7,238.96	$8,071.34	$7,238.96	$297.65
*3407 MMC -NH TUSCANY VILLAGE	$137,649.85	$137,649.85	$137,649.85	$98,952.24
*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	**$2,207,746.52**	**$2,473,406.99**	**$2,207,746.52**	**$1,922,256.45**

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

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		6,175.12	6,075.12	-			-	100.00	no transfer
							Bank Balance	100.00	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	-	

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		940.99	-	4,460.35		-	-	5,401.34	5,301.34
							Bank Balance	5,401.34	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	5,301.34	
						TOTAL TRANSFERS		5,301.34	

Routing Information for Gulf Pointe Plaza:

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

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

APPROVED ON
SEP 09 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
9/4/2024 WIRE OUT HMG Rockport SNF, LP -Commerical	6,075.12	-					-	-
							-	-
	6,075.12	-	-	-	-	-	-	-

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
9/6/2024 MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	1,339.13					-	1,339.13
9/3/2024 MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	3,021.22					-	3,021.22
9/3/2024 MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	100.00					-	100.00
	-	4,460.35	-	-	-	-	-	4,460.35
	6,075.12	4,460.35	-	-	-	-	-	4,460.35

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,743,564.85	$1,959,707.27	$1,743,564.85	$1,626,845.19
*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	$34,552.84	$34,552.84	$34,552.84	$9,379.97
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$35,140.68	$38,411.18	$35,140.68	$29,053.19
*4411 MEMORIAL MEDICAL / NH CRESCENT	$140,288.24	$150,380.63	$140,288.24	$78,275.21
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$45,637.95	$48,694.21	$45,637.95	$23,158.07
*4446 MEMORIAL MEDICAL / NH FORT BEND	$12,994.84	$12,994.84	$12,994.84	$12,994.84
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$29,344.94	$32,358.22	$29,344.94	$23,305.85
*4551 CAL CO INDIGENT HEALTHCARE	$9,701.58	$9,701.58	$9,701.58	$9,701.58
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$100.00	$1,023.50	$100.00	$100.00
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$5,401.34	$33,731.08	$5,401.34	$4,062.21
*5506 MMC -NH BETHANY SENIOR LIVING	$7,238.96	$8,071.34	$7,238.96	$297.65
*3407 MMC -NH TUSCANY VILLAGE	$137,649.85	$137,649.85	$137,649.85	$98,952.24
*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	**$2,207,746.52**	**$2,473,406.99**	**$2,207,746.52**	**$1,922,256.45**

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

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		234,097.01	233,997.01	137,549.85	-	-	-	137,649.85	132,321.25
							Bank Balance	137,649.85	
							Variance	-	
							Leave in Balance	100.00	
							Claims owed to MMC	5,228.60	
							Adjust Balance/Transfer Amt		132,321.25

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 9/9/2024

APPROVED ON
SEP 09 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
9/6/2024	HNB - ECHO HCCLAIMPMT 746003411 440000252392	-	8,909.11					-	8,909.11
9/6/2024	NOVITAS SOLUTION HCCLAIMPMT 676201 420000199	-	29,788.50					-	29,788.50
9/5/2024	Deposit	-	21,400.00					-	21,400.00
9/4/2024	WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	233,997.01	-					-	-
9/4/2024	Deposit	-	14,933.49					-	14,933.49
9/4/2024	Deposit	-	62,518.75					-	62,518.75
								-	-
		233,997.01	137,549.85	-	-	-	-	-	137,549.85

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,743,564.85	$1,959,707.27	$1,743,564.85	$1,626,845.19
*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	$34,552.84	$34,552.84	$34,552.84	$9,379.97
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$35,140.68	$38,411.18	$35,140.68	$29,053.19
*4411 MEMORIAL MEDICAL / NH CRESCENT	$140,288.24	$150,380.63	$140,288.24	$78,275.21
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$45,637.95	$48,694.21	$45,637.95	$23,158.07
*4446 MEMORIAL MEDICAL / NH FORT BEND	$12,994.84	$12,994.84	$12,994.84	$12,994.84
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$29,344.94	$32,358.22	$29,344.94	$23,305.85
*4551 CAL CO INDIGENT HEALTHCARE	$9,701.58	$9,701.58	$9,701.58	$9,701.58
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$100.00	$1,023.50	$100.00	$100.00
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$5,401.34	$33,731.08	$5,401.34	$4,062.21
*5506 MMC -NH BETHANY SENIOR LIVING	$7,238.96	$8,071.34	$7,238.96	$297.65
*3407 MMC -NH TUSCANY VILLAGE	$137,649.85	$137,649.85	$137,649.85	$98,952.24
*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	**$2,207,746.52**	**$2,473,406.99**	**$2,207,746.52**	**$1,922,256.45**

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

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		12,815.66	12,518.01	6,941.31			-	7,238.96	6,941.31
							Bank Balance	7,238.96	
							Variance	-	
							Leave in Balance	100.00	

July Interest	119.26
Aug Interest	78.39
Sept Interest	

Adjust Balance/Transfer Amt 6,941.31

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

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

APPROVED ON
SEP 09 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
9/6/2024	HNB - ECHO HCCLAIMPMT 746003411 440000252482	-	500.56					-	500.56
9/6/2024	NOVITAS SOLUTION HCCLAIMPMT 676481 420000199	-	2,257.56					-	2,257.56
9/6/2024	HOSPICE OF SOUTH Payments NF 113122650024412	-	1,545.64					-	1,545.64
9/6/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	2,442.49					-	2,442.49
9/6/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	195.06					-	195.06
9/4/2024	WIRE OUT PORT LAVACA NH, LLC	12,518.01	-					-	-
								-	-
		12,518.01	6,941.31	-	-	-	-	-	6,941.31

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,743,564.85	$1,959,707.27	$1,743,564.85	$1,626,845.19
*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	$34,552.84	$34,552.84	$34,552.84	$9,379.97
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$35,140.68	$38,411.18	$35,140.68	$29,053.19
*4411 MEMORIAL MEDICAL / NH CRESCENT	$140,288.24	$150,380.63	$140,288.24	$78,275.21
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$45,637.95	$48,694.21	$45,637.95	$23,158.07
*4446 MEMORIAL MEDICAL / NH FORT BEND	$12,994.84	$12,994.84	$12,994.84	$12,994.84
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$29,344.94	$32,358.22	$29,344.94	$23,305.85
*4551 CAL CO INDIGENT HEALTHCARE	$9,701.58	$9,701.58	$9,701.58	$9,701.58
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$100.00	$1,023.50	$100.00	$100.00
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$5,401.34	$33,731.08	$5,401.34	$4,062.21
*5506 MMC -NH BETHANY SENIOR LIVING	$7,238.96	$8,071.34	$7,238.96	$297.65
*3407 MMC -NH TUSCANY VILLAGE	$137,649.85	$137,649.85	$137,649.85	$98,952.24
*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	**$2,207,746.52**	**$2,473,406.99**	**$2,207,746.52**	**$1,922,256.45**

Tuscany

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: MMC

Date Requested: 9/9/2024

APPROVED ON
SEP 09 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT USE ONLY

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

AMOUNT: $ 5,228.60

G/L NUMBER: 21400007

EXPLANATION: Claim pymnts owed from Tuscany to MMC

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrea D. Por Santos

9/9/2024

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

MP

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

001169

Date 9-11-24

88-2265/1131

PAY
TO THE
ORDER OF MMC Operating

$ 5,228.40/100

Five thousand, two hundred twenty-two dollars & 40/100 DOLLARS

PROSPERITY BANK®

County auditor

MP

County Treasurer

Security features are included. Details on back.

FOR Claim payments

Ø

RUN DATE:09/16/24 MEMORIAL MEDICAL CENTER PAGE 1
TIME:08:06 CHECK REGISTER GLCKREG
09/11/24 THRU 09/11/24

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
TUS	001169	09/11/24	5,228.60	MMC OPERATING
TOTALS:			5,228.60	