

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---September 18, 2024

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$	592,184.85
TOTAL TRANSFERS BETWEEN FUNDS	\$	75,658.20
TOTAL NURSING HOME UPL EXPENSES	\$	600,394.24
TOTAL INTER-GOVERNMENT TRANSFERS	\$	-
GRAND TOTAL DISBURSEMENTS APPROVED September 18, 2024	\$	1,268,237.29 ✓

APPROVED

SEP 18 2024

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---September 18, 2024

PAYABLES AND PAYROLL

9/12/2024 Weekly Payables	500,692.91
9/12/2024 Patient Refund	1,633.86
9/13/2024 Clinical Pathology Labs - Critical	20,509.44
9/13/2024 Pro Energy Partners LLC - Critical	1,699.26
9/13/2024 Memorial Medical Center - Critical	27.00
9/13/2024 Trubridge, LLC - Critical	21,658.00
9/16/2024 US Postal Services - Critical	2,200.00
9/16/2024 McKesson-340B Prescription Expense	24,560.81
9/16/2024 Amerisource Bergen-340B Prescription Expense	3,520.41
Prosperity Electronic Bank Payments	
9/16/2024 90 Degree Benefits - employee insurance claims	7,067.75
9/16/2024 Sales Tax - August 2024	2,386.37
9/16/2024 Pay Plus-Patient Claims Processing Fee	690.19
9/16/2024 Credit Card Processing Fee	5,538.85

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 592,184.85
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TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

9/12/2024 MMC Operating to Solera- Correction of insurance payment deposited into MMC Operating in error	816.00
9/12/2024 MMC Operating to Fort bend-Correction of insurance payment deposited into MMC	48.76
9/12/2024 MMC Operating to The Crescent-Correction of insurance payment deposited into MMC Operating in error	1,428.00
9/12/2024 MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error	14,878.30
9/12/2024 MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error	29,601.00
9/12/2024 MMC Operating to Bethany-Correction of insurance payment deposited into MMC Operating in error	28,886.14

TOTAL TRANSFERS BETWEEN FUNDS	\$ 75,658.20
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NURSING HOME UPL EXPENSES

9/16/2024 Nursing Home UPL-Cantex Transfer	194,603.46
9/16/2024 Nursing Home UPL-Nexion Transfer	137,986.79
9/16/2024 Nursing Home UPL-HMG Transfer	30,672.74
9/16/2024 Nursing Home UPL-Tuscany Transfer	141,077.26
9/16/2024 Nursing Home UPL-HSL Transfer	32,678.99

TRANSFER OF FUNDS BETWEEN NURSING HOMES

9/16/2024 Tuscany to Broadmoor -Broadmoor insurance payment deposited into Tuscany in error	3,600.00
9/16/2024 Tuscany to Ashford -Ashford insurance payment deposited into Tuscany in error	450.00
9/16/2024 Crescent to Tuscany -Tuscany insurance payment deposited into Crescent in error	59,325.00

TOTAL NURSING HOME UPL EXPENSES	\$ 600,394.24
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TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
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GRAND TOTAL DISBURSEMENTS APPROVED September 18, 2024	\$ 1,268,237.29
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09/12/2024

12:59

SEP 12 2024

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 10/04/2024

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ap_open_invoice.template

Vendor# Vendor Name
11237 ✓ 3WON, LLC
CALHOUN COUNTY, TEXAS

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 4237		09/04/202	09/04/202	10/04/202			199.00	0.00	0.00	199.00

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11237	3WON, LLC	199.00	0.00	0.00	199.00

Vendor# Vendor Name
10250 ✓ 4IMPRINT, INC.
Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 12884298		09/11/202	08/16/202	09/04/202			255.69	0.00	0.00	255.69

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10250	4IMPRINT, INC.	255.69	0.00	0.00	255.69

Vendor# Vendor Name
15808 ✓ [REDACTED]
Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ DALAAR0002		09/11/202	09/11/202	09/11/202			15.00	0.00	0.00	15.00

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
15808	[REDACTED]	15.00	0.00	0.00	15.00

Vendor# Vendor Name
15772 ✓ [REDACTED]
Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ SERADR0001		09/11/202	09/11/202	09/11/202			20.00	0.00	0.00	20.00

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
15772	[REDACTED]	20.00	0.00	0.00	20.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 9153301815		08/31/202	08/31/202	09/30/202			2,580.41	0.00	0.00	2,580.41

✓ 5510571786		09/01/202	08/31/202	09/25/202			286.11	0.00	0.00	286.11
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✓ 5510571561		09/01/202	08/31/202	09/30/202			1,025.24	0.00	0.00	1,025.24
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Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
A1680	AIRGAS USA, LLC - CENTRAL DIV	3,891.76	0.00	0.00	3,891.76

Vendor# Vendor Name
15452 ✓ ALL MIGHTY PLUMBING
Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 30042024		09/10/202	08/13/202	08/13/202			4,800.00	0.00	0.00	4,800.00

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
15452	ALL MIGHTY PLUMBING	4,800.00	0.00	0.00	4,800.00

Vendor# Vendor Name
11632 ✓ AMERICAN CONSTRUCTION
Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 1409		09/09/202	08/08/202	08/08/202			100.00	0.00	0.00	100.00

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net

Water Heater Job

	11632	AMERICAN CONSTRUCTION					100.00	0.00	0.00	100.00
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
	157521		09/01/202	09/02/202	09/27/202		60.50	0.00	0.00	60.50
	160064		09/01/202	09/02/202	09/27/202		12.00	0.00	0.00	12.00
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
A2218 AQUA BEVERAGE COMPANY							72.50	0.00	0.00	72.50
Vendor#	Vendor Name			Class	Pay Code					
14088	AZALEA HEALTH									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	108350		09/09/202	09/01/202	09/01/202		594.00	0.00	0.00	594.00
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
14088 AZALEA HEALTH							594.00	0.00	0.00	594.00
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
	111513132		08/21/202	08/20/202	09/14/202		66.55	0.00	0.00	66.55
	111533757	SUPPLIES	09/04/202	08/30/202	09/24/202		4,330.36	0.00	0.00	4,330.36
	4546459		09/04/202	09/02/202	10/02/202		7,370.00	0.00	0.00	7,370.00
	7368300		09/04/202	09/03/202	09/28/202		8,872.30	0.00	0.00	8,872.30
	111537174		09/04/202	09/03/202	09/28/202		315.26	0.00	0.00	315.26
	4546574		09/04/202	09/03/202	09/28/202		1,484.00	0.00	0.00	1,484.00
	111549375		09/09/202	09/08/202	10/03/202		113.46	0.00	0.00	113.46
	111545864		09/11/202	09/05/202	09/30/202		1,242.91	0.00	0.00	1,242.91
	111544268		09/11/202	09/05/202	09/30/202		2,262.22	0.00	0.00	2,262.22
	111544082		09/11/202	09/05/202	09/30/202		313.96	0.00	0.00	313.96
	111550516		09/11/202	09/09/202	10/04/202		202.23	0.00	0.00	202.23
	111550600		09/11/202	09/09/202	10/04/202		1,420.89	0.00	0.00	1,420.89
	111550455		09/11/202	09/09/202	10/04/202		5,759.11	0.00	0.00	5,759.11
	111550856		09/11/202	09/09/202	10/04/202		87.50	0.00	0.00	87.50
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
B1220 BECKMAN COULTER INC							33,840.75	0.00	0.00	33,840.75
Vendor#	Vendor Name			Class	Pay Code					
15756										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	MCGBET0001		09/11/202	09/11/202	09/11/202		44.90	0.00	0.00	44.90
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net

	15756						44.90	0.00	0.00	44.90
Vendor#	Vendor Name				Class	Pay Code				
14753	BIOMERIEUX, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	1213325036		08/21/202	08/21/202	09/21/202		8,401.85	0.00	0.00	8,401.85
		SUPPLIES								
	1213333867		09/04/202	09/04/202	09/04/202		10,010.38	0.00	0.00	10,010.38
	1219090992		09/10/202	08/09/202	08/09/202		-311.55	0.00	0.00	-311.55
	Vendor Totals: Number	Name					Gross	Discount	No-Pay	Net
	14753	BIOMERIEUX, INC					18,100.68	0.00	0.00	18,100.68
Vendor#	Vendor Name				Class	Pay Code				
C1048	CALHOUN COUNTY				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	53069649		08/31/202	08/26/202	09/25/202		8.47	0.00	0.00	8.47
	53102901		08/31/202	08/26/202	09/25/202		19.83	0.00	0.00	19.83
	53102939		08/31/202	08/26/202	09/25/202		38,480.61	0.00	0.00	38,480.61
	53101369		08/31/202	08/26/202	09/25/202		1,633.53	0.00	0.00	1,633.53
	53101784		08/31/202	09/03/202	09/25/202		748.04	0.00	0.00	748.04
	Vendor Totals: Number	Name					Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY					40,890.48	0.00	0.00	40,890.48
Vendor#	Vendor Name				Class	Pay Code				
10988	CALHOUN SPORTS MEDICINE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	091024		09/11/202	09/10/202	09/10/202		2,100.00	0.00	0.00	2,100.00
	Vendor Totals: Number	Name					Gross	Discount	No-Pay	Net
	10988	CALHOUN SPORTS MEDICINE					2,100.00	0.00	0.00	2,100.00
Vendor#	Vendor Name				Class	Pay Code				
C1325	CARDINAL HEALTH 414, INC.				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	8003610842		09/10/202	08/25/202	09/19/202		300.33	0.00	0.00	300.33
	Vendor Totals: Number	Name					Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH 414, INC.					300.33	0.00	0.00	300.33
Vendor#	Vendor Name				Class	Pay Code				
C1992	CDW GOVERNMENT, INC.				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	AA3224P		09/11/202	08/28/202	09/27/202		136.08	0.00	0.00	136.08
	AA4G26Q		09/11/202	08/30/202	09/29/202		20.79	0.00	0.00	20.79
	AA3697E		09/11/202	09/11/202	10/04/202		52.82	0.00	0.00	52.82
	AA36U6F		09/12/202	08/29/202	09/28/202		92.16	0.00	0.00	92.16
	Vendor Totals: Number	Name					Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.					301.85	0.00	0.00	301.85
Vendor#	Vendor Name				Class	Pay Code				
C1390	CENTRAL DRUG				W					

✓ Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	✓
801		09/01/202	08/20/202	09/19/202			19.40	0.00	0.00	19.40	
✓ 082624		09/01/202	08/26/202	09/25/202			29.10	0.00	0.00	29.10	✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	C1390	CENTRAL DRUG					48.50	0.00	0.00	48.50	
Vendor#	Vendor Name				Class	Pay Code					
13264	✓ CERVEY, LLC										
✓ Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
30636		09/01/202	09/05/202	09/30/202			1,650.00	0.00	0.00	1,650.00	✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	13264	CERVEY, LLC					1,650.00	0.00	0.00	1,650.00	
Vendor#	Vendor Name				Class	Pay Code					
15708	██████████										
✓ Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
BARCIN0001		09/11/202	09/11/202	09/11/202			296.50	0.00	0.00	296.50	✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	15708	██████████					296.50	0.00	0.00	296.50	
Vendor#	Vendor Name				Class	Pay Code					
C1600	✓ CITIZENS MEDICAL CENTER				W						
✓ Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
202424		08/31/202	09/10/202	10/01/202			56,856.19	0.00	0.00	56,856.19	✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	C1600	CITIZENS MEDICAL CENTER					56,856.19	0.00	0.00	56,856.19	
Vendor#	Vendor Name				Class	Pay Code					
10723	✓ CLIA LABORATORY PROGRAM										
✓ Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
073024		08/31/202	07/30/202	09/13/202			639.00	0.00	0.00	639.00	✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	10723	CLIA LABORATORY PROGRAM					639.00	0.00	0.00	639.00	
Vendor#	Vendor Name				Class	Pay Code					
13260	✓ CLSI LOCKBOX										
✓ Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
1162219		09/11/202	04/03/202	05/03/202			660.00	0.00	0.00	660.00	✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	13260	CLSI LOCKBOX					660.00	0.00	0.00	660.00	
Vendor#	Vendor Name				Class	Pay Code					
14400	✓ CULINARY CONCESSIONS LLC										
✓ Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
INV00001494		08/31/202	08/31/202	09/30/202			35,039.94	0.00	0.00	35,039.94	✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	14400	CULINARY CONCESSIONS LLC					35,039.94	0.00	0.00	35,039.94	
Vendor#	Vendor Name				Class	Pay Code					
12044	✓ CULLIGAN ULTRAPURE INC.										
✓ Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
08312024		08/31/202	08/13/202	09/22/202			34.65	0.00	0.00	34.65	✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	12044	CULLIGAN ULTRAPURE INC.					34.65	0.00	0.00	34.65	

Vendor#	Vendor Name		Class	Pay Code							
11368	CYRACOM LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	2024060109		08/31/202	08/31/202	09/30/202			574.33	0.00	0.00	574.33
	AUGUST SERVICE PERIOD										
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	11368	CYRACOM LLC						574.33	0.00	0.00	574.33
Vendor#	Vendor Name		Class	Pay Code							
15732	DETAR HOSPITAL NORTH										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	9128761		09/10/202	09/10/202	09/10/202			606.57	0.00	0.00	606.57
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	15732	DETAR HOSPITAL NORTH						606.57	0.00	0.00	606.57
Vendor#	Vendor Name		Class	Pay Code							
10368	DEWITT POTH & SON										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	763627		08/31/202	08/07/202	09/01/202			294.15	0.00	0.00	294.15
	7640401		08/31/202	08/13/202	09/07/202			177.30	0.00	0.00	177.30
	7640402		08/31/202	08/14/202	09/08/202			15.88	0.00	0.00	15.88
	7645060		08/31/202	08/15/202	09/09/202			419.50	0.00	0.00	419.50
	7645330		08/31/202	08/15/202	09/09/202			11.32	0.00	0.00	11.32
	7646760		08/31/202	08/19/202	09/13/202			80.90	0.00	0.00	80.90
	7655230		08/31/202	08/23/202	09/17/202			462.30	0.00	0.00	462.30
	7656400		08/31/202	08/26/202	09/20/202			887.71	0.00	0.00	887.71
	7659670		08/31/202	08/27/202	09/21/202			439.61	0.00	0.00	439.61
	7662940		09/10/202	08/29/202	09/23/202			128.59	0.00	0.00	128.59
	7631210		09/11/202	08/01/202	08/26/202			196.17	0.00	0.00	196.17
	7665740		09/11/202	09/04/202	09/29/202			165.68	0.00	0.00	165.68
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON						3,279.11	0.00	0.00	3,279.11
Vendor#	Vendor Name		Class	Pay Code							
15768											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	WILDOR001		09/11/202	09/11/202	09/11/202			24.00	0.00	0.00	24.00
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	15768							24.00	0.00	0.00	24.00
Vendor#	Vendor Name		Class	Pay Code							
11291	DOWELL PEST CONTROL										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	35851		09/11/202	09/06/202	10/01/202			60.00	0.00	0.00	60.00
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net

11291	DOWELL PEST CONTROL	60.00	0.00	0.00	60.00
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Vendor#	Vendor Name	Class	Pay Code
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15824	DR RICHARD ARROYO DIAZ		
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Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
091020		09/11/202	09/10/202	09/10/202			1,946.70	0.00	0.00	1,946.70

QTC Contract echo reading fee

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
15824	DR RICHARD ARROYO DIAZ	1,946.70	0.00	0.00	1,946.70

Vendor#	Vendor Name	Class	Pay Code
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15240	ECLINICAL WORKS LLC		
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Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0003027119		09/09/202	09/03/202	10/03/202			478.10	0.00	0.00	478.10

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
15240	ECLINICAL WORKS LLC	478.10	0.00	0.00	478.10

Vendor#	Vendor Name	Class	Pay Code
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11091	ECOLAB		
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Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6347318446		08/31/202	08/12/202	09/12/202			300.00	0.00	0.00	300.00

6347674183		08/31/202	09/01/202	09/30/202			250.47	0.00	0.00	250.47
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Sales tax Inc'd

231.38

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11091	ECOLAB	550.47	0.00	0.00	550.47

Vendor#	Vendor Name	Class	Pay Code
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15744			
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Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
RANELI001		09/11/202	09/11/202	09/11/202			10.00	0.00	0.00	10.00

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
15744		10.00	0.00	0.00	10.00

Vendor#	Vendor Name	Class	Pay Code
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11284	EMERGENCY STAFFING SOLUTIONS		
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Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
43551		09/11/202	09/15/202	09/25/202			40,062.50	0.00	0.00	40,062.50

1-15th midmonth

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

Vendor#	Vendor Name	Class	Pay Code
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14708	EQUALIZE RCM SERVICES		
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Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
537371		08/20/202	08/16/202	09/30/202			-2,059.20	0.00	0.00	-2,059.20

537545		09/01/202	09/01/202	10/04/202			5,582.88	0.00	0.00	5,582.88
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Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
14708	EQUALIZE RCM SERVICES	3,523.68	0.00	0.00	3,523.68

Vendor#	Vendor Name	Class	Pay Code
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11944	EQUIFAX WORKFORCE SOLUTIONS		
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Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2061959760		09/09/202	08/31/202	09/30/202			10.99	0.00	0.00	10.99

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

Vendor#	Vendor Name	Class	Pay Code
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10689	FASTHEALTH CORPORATION		
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✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	✓
	08A24MMC		08/13/202	08/01/202	09/30/202			-545.00	0.00	0.00	-545.00	
✓	09A24MMC		09/10/202	09/01/202	09/16/202			545.00	0.00	0.00	545.00	✓
Vendor Totals: Number Name								Gross	Discount	No-Pay	Net	
	10689	FASTHEALTH CORPORATION						0.00	0.00	0.00	0.00	
Vendor#	Vendor Name		Class		Pay Code							
10003	✓ FILTER TECHNOLOGY CO, INC											
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	122861		09/11/202	08/26/202	09/11/202			1,377.07	0.00	0.00	1,377.07	✓
Vendor Totals: Number Name								Gross	Discount	No-Pay	Net	
	10003	FILTER TECHNOLOGY CO, INC						1,377.07	0.00	0.00	1,377.07	
Vendor#	Vendor Name		Class		Pay Code							
F1400	✓ FISHER HEALTHCARE		M									
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	4992368		08/01/202	08/29/202	09/23/202			305.01	0.00	0.00	305.01	✓
✓	5028053		08/01/202	08/30/202	09/24/202			349.75	0.00	0.00	349.75	✓
✓	4663938		08/21/202	08/16/202	09/10/202			574.59	0.00	0.00	574.59	✓
✓	4809169	SUPPLIES	08/21/202	08/22/202	09/16/202			476.05	0.00	0.00	476.05	✓
✓	4517561		08/28/202	08/12/202	09/06/202			116.57	0.00	0.00	116.57	✓
✓	4844121	SUPPLIES	09/01/202	08/23/202	09/17/202			26.30	0.00	0.00	26.30	✓
✓	4878779		09/01/202	08/26/202	09/20/202			346.36	0.00	0.00	346.36	✓
✓	4844122		09/01/202	09/11/202	09/22/202			52.60	0.00	0.00	52.60	✓
✓	4844120		09/01/202	09/11/202	09/22/202			52.60	0.00	0.00	52.60	✓
✓	4878778		09/01/202	09/11/202	09/25/202			5,423.60	0.00	0.00	5,423.60	✓
✓	4916864		09/04/202	08/27/202	09/26/202			937.05	0.00	0.00	937.05	✓
Vendor Totals: Number Name								Gross	Discount	No-Pay	Net	
	F1400	FISHER HEALTHCARE						8,660.48	0.00	0.00	8,660.48	
Vendor#	Vendor Name		Class		Pay Code							
15792	[REDACTED]											
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	CONFRA0002		09/11/202	09/11/202	09/11/202			60.00	0.00	0.00	60.00	✓
Vendor Totals: Number Name								Gross	Discount	No-Pay	Net	
	15792	[REDACTED]						60.00	0.00	0.00	60.00	
Vendor#	Vendor Name		Class		Pay Code							
12404	✓ GE PRECISION HEALTHCARE, LLC											
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	6002758184		08/31/202	09/01/202	10/01/202			216.10	0.00	0.00	216.10	✓
✓	6002758203		09/04/202	09/01/202	10/01/202			998.34	0.00	0.00	998.34	✓
✓	6002757870		09/10/202	09/01/202	10/01/202			61.67	0.00	0.00	61.67	✓

✓	6002757874		09/10/202 09/01/202 10/01/202				5,665.83	0.00	0.00	5,665.83	✓
✓	6002757867		09/10/202 09/01/202 10/01/202				3,588.58	0.00	0.00	3,588.58	✓
✓	6002757869		09/10/202 09/01/202 10/01/202				2,422.50	0.00	0.00	2,422.50	✓
Vendor Totals: Number Name Gross Discount No-Pay Net											
		12404	GE PRECISION HEALTHCARE, LLC				12,953.02	0.00	0.00	12,953.02	
Vendor#	Vendor Name		Class	Pay Code							
12948	✓	GREAT AMERICA FINANCIAL SVCS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
✓	37342960		09/01/202	09/02/202	09/30/202		10,463.40	0.00	0.00	10,463.40	✓
Vendor Totals: Number Name Gross Discount No-Pay Net											
		12948	GREAT AMERICA FINANCIAL SVCS				10,463.40	0.00	0.00	10,463.40	
Vendor#	Vendor Name		Class	Pay Code							
G1210	✓	GULF COAST PAPER COMPANY	M								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
✓	2568198		09/11/202	09/03/202	10/03/202		968.45	0.00	0.00	968.45	✓
Vendor Totals: Number Name Gross Discount No-Pay Net											
		G1210	GULF COAST PAPER COMPANY				968.45	0.00	0.00	968.45	
Vendor#	Vendor Name		Class	Pay Code							
11552	✓	HEALTHCARE FINANCIAL SERVICES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
✓	100928420		08/31/202	08/27/202	10/01/202		4,610.52	0.00	0.00	4,610.52	✓
Vendor Totals: Number Name Gross Discount No-Pay Net											
		11552	HEALTHCARE FINANCIAL SERVICES				4,610.52	0.00	0.00	4,610.52	
Vendor#	Vendor Name		Class	Pay Code							
15208	✓	HOSPITAL CARE CONSULTANTS INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
✓	6641		09/11/202	09/15/202	09/25/202		23,663.00	0.00	0.00	23,663.00	✓
Vendor Totals: Number Name Gross Discount No-Pay Net											
		15208	HOSPITAL CARE CONSULTANTS INC.				23,663.00	0.00	0.00	23,663.00	
Vendor#	Vendor Name		Class	Pay Code							
10922	✓	HUNTER PHARMACY SERVICES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
✓	6156		09/09/202	08/31/202	09/20/202		15,242.97	0.00	0.00	15,242.97	✓
Vendor Totals: Number Name Gross Discount No-Pay Net											
		10922	HUNTER PHARMACY SERVICES				15,242.97	0.00	0.00	15,242.97	
Vendor#	Vendor Name		Class	Pay Code							
15728	✓	INDUSTRIAL LAB SUPPLIES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
✓	448755		09/10/202	08/26/202	09/10/202		2,719.90	0.00	0.00	2,719.90	✓
Vendor Totals: Number Name Gross Discount No-Pay Net											
		15728	INDUSTRIAL LAB SUPPLIES				2,719.90	0.00	0.00	2,719.90	
Vendor#	Vendor Name		Class	Pay Code							
14976	✓	INOVALON PROVIDER INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
✓	24M0120565		09/01/202	09/06/202	09/06/202		736.56	0.00	0.00	736.56	✓

1-15th midmonth

Vendor Totals: Number					Name		Gross	Discount	No-Pay	Net
14976					INOVALON PROVIDER INC.		736.56	0.00	0.00	736.56
Vendor#	Vendor Name				Class	Pay Code				
11200	IRON MOUNTAIN									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	JSYK705		09/04/202	08/31/202	09/30/202		2,731.37	0.00	0.00	2,731.37
Vendor Totals: Number					Name		Gross	Discount	No-Pay	Net
11200					IRON MOUNTAIN		2,731.37	0.00	0.00	2,731.37
Vendor#	Vendor Name				Class	Pay Code				
11108	ITERSOURCE CORPORATION									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	711801		09/01/202	09/03/202	09/03/202		250.00	0.00	0.00	250.00
Vendor Totals: Number					Name		Gross	Discount	No-Pay	Net
11108					ITERSOURCE CORPORATION		250.00	0.00	0.00	250.00
Vendor#	Vendor Name				Class	Pay Code				
15784										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	HOLJAM0001		09/11/202	09/11/202	09/11/202		20.00	0.00	0.00	20.00
Vendor Totals: Number					Name		Gross	Discount	No-Pay	Net
15784							20.00	0.00	0.00	20.00
Vendor#	Vendor Name				Class	Pay Code				
15828										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	JOHJAM0004		09/12/202	09/11/202	09/11/202		20.00	0.00	0.00	20.00
Vendor Totals: Number					Name		Gross	Discount	No-Pay	Net
15828							20.00	0.00	0.00	20.00
Vendor#	Vendor Name				Class	Pay Code				
14540	JINDAL X LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	202425039		08/31/202	09/08/202	09/22/202		9,000.00	0.00	0.00	9,000.00
AUG SERVICE PERIOD										
Vendor Totals: Number					Name		Gross	Discount	No-Pay	Net
14540					JINDAL X LLC		9,000.00	0.00	0.00	9,000.00
Vendor#	Vendor Name				Class	Pay Code				
15736										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	MOMJOH0001		09/11/202	09/11/202	09/11/202		54.58	0.00	0.00	54.58
Vendor Totals: Number					Name		Gross	Discount	No-Pay	Net
15736							54.58	0.00	0.00	54.58
Vendor#	Vendor Name				Class	Pay Code				
15760										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	REYJUA0005		09/11/202	09/11/202	09/11/202		20.00	0.00	0.00	20.00
Vendor Totals: Number					Name		Gross	Discount	No-Pay	Net
15760							20.00	0.00	0.00	20.00
Vendor#	Vendor Name				Class	Pay Code				
15776										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	MONJUL001		09/11/202	09/11/202	09/11/202		20.00	0.00	0.00	20.00

Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net	
15776							20.00	0.00	0.00	20.00	
Vendor#	Vendor Name		Class		Pay Code						
15796											
Invoice#		Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
STAKA0002			09/11/202	09/11/202	09/11/202			60.00	0.00	0.00	60.00
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net	
15796							60.00	0.00	0.00	60.00	
Vendor#	Vendor Name		Class		Pay Code						
15800											
Invoice#		Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
DIEKAR0001			09/11/202	09/11/202	09/11/202			35.79	0.00	0.00	35.79
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net	
15800							35.79	0.00	0.00	35.79	
Vendor#	Vendor Name		Class		Pay Code						
15740											
Invoice#		Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
STEKAT003			09/11/202	09/11/202	09/11/202			25.00	0.00	0.00	25.00
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net	
15740							25.00	0.00	0.00	25.00	
Vendor#	Vendor Name		Class		Pay Code						
15816											
Invoice#		Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MCDKER0001			09/11/202	09/11/202	09/11/202			25.00	0.00	0.00	25.00
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net	
15816							25.00	0.00	0.00	25.00	
Vendor#	Vendor Name		Class		Pay Code						
L0700	LABCORP OF AMERICA HOLDINGS		M								
Invoice#		Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
81224119			09/01/202	08/31/202	09/25/202			150.00	0.00	0.00	150.00
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net	
L0700		LABCORP OF AMERICA HOLDINGS					150.00	0.00	0.00	150.00	
Vendor#	Vendor Name		Class		Pay Code						
L1288	LANGUAGE LINE SERVICES		W								
Invoice#		Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
11380073			08/31/202	08/31/202	09/25/202			63.64	0.00	0.00	63.64
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net	
L1288		LANGUAGE LINE SERVICES					63.64	0.00	0.00	63.64	
Vendor#	Vendor Name		Class		Pay Code						
L1640	LOWE'S BUSINESS ACCT/SYNCR		W								
Invoice#		Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
090224			09/10/202	09/02/202	09/28/202			1,172.10	0.00	0.00	1,172.10
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net	
L1640		LOWE'S BUSINESS ACCT/SYNCR					1,172.10	0.00	0.00	1,172.10	
Vendor#	Vendor Name		Class		Pay Code						
10972	M G TRUST										
Invoice#		Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
090924			09/10/202	09/05/202	09/10/202			895.00	0.00	0.00	895.00

Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net
10972		M G TRUST					895.00	0.00	0.00	895.00
Vendor#	Vendor Name			Class	Pay Code					
12588	MEDICAL TECHNOLOGY ASSOCIATES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	INV247069		09/09/202	09/09/202	10/04/202		13,857.25	0.00	0.00	13,857.25
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net
12588		MEDICAL TECHNOLOGY ASSOCIATES					13,857.25	0.00	0.00	13,857.25
Vendor#	Vendor Name			Class	Pay Code					
M2470	MEDLINE INDUSTRIES INC			M						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	2332113068		08/28/202	08/21/202	09/15/202		587.08	0.00	0.00	587.08
		SUPPLIES								
	2332113073		09/04/202	09/04/202	09/29/202		93.53	0.00	0.00	93.53
	2334049394		09/04/202	09/05/202	09/30/202		11.24	0.00	0.00	11.24
	2333824294		09/11/202	09/03/202	09/28/202		131.61	0.00	0.00	131.61
	2333870431		09/11/202	09/04/202	09/29/202		614.31	0.00	0.00	614.31
	2333870432		09/11/202	09/04/202	09/29/202		11.20	0.00	0.00	11.20
	2333870435		09/11/202	09/04/202	09/29/202		154.32	0.00	0.00	154.32
	2333870434		09/11/202	09/04/202	09/29/202		16.11	0.00	0.00	16.11
	2333870433		09/11/202	09/04/202	09/29/202		16.11	0.00	0.00	16.11
	2333870430		09/11/202	09/04/202	09/29/202		1,047.24	0.00	0.00	1,047.24
	2334049393		09/11/202	09/05/202	09/30/202		170.75	0.00	0.00	170.75
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net
M2470		MEDLINE INDUSTRIES INC					2,853.50	0.00	0.00	2,853.50
Vendor#	Vendor Name			Class	Pay Code					
M2621	MMC AUXILIARY GIFT SHOP			W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	090424		09/01/202	09/02/202	09/02/202		183.75	0.00	0.00	183.75
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net
M2621		MMC AUXILIARY GIFT SHOP					183.75	0.00	0.00	183.75
Vendor#	Vendor Name			Class	Pay Code					
10536	MORRIS & DICKSON CO, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	6997COR		09/10/202	08/15/202	08/25/202		-235.00	0.00	0.00	-235.00
	6996COR		09/10/202	08/15/202	08/25/202		-599.06	0.00	0.00	-599.06
	2356277		09/10/202	08/21/202	08/31/202		26.63	0.00	0.00	26.63
	2355852		09/10/202	08/21/202	08/31/202		44.64	0.00	0.00	44.64
	2352893		09/10/202	08/21/202	08/31/202		68.32	0.00	0.00	68.32

✓ 2355853	09/10/202 08/21/202 08/31/202	1,488.33	0.00	0.00	1,488.33 ✓
✓ 2352289	09/10/202 08/21/202 08/31/202	4,050.02	0.00	0.00	4,050.02 ✓
✓ 2352892	09/10/202 08/21/202 08/31/202	180.47	0.00	0.00	180.47 ✓
✓ 2360467	09/10/202 08/22/202 09/01/202	64.14	0.00	0.00	64.14 ✓
✓ 2358008	09/10/202 08/22/202 09/01/202	180.47	0.00	0.00	180.47 ✓
✓ 2360466	09/10/202 08/22/202 09/01/202	114.09	0.00	0.00	114.09 ✓
✓ 2367320	09/10/202 08/25/202 09/04/202	558.97	0.00	0.00	558.97 ✓
✓ 2367319	09/10/202 08/25/202 09/04/202	371.37	0.00	0.00	371.37 ✓
✓ 2372058	09/10/202 08/26/202 09/05/202	446.45	0.00	0.00	446.45 ✓
✓ SC5865	09/10/202 08/26/202 09/05/202	21.35	0.00	0.00	21.35 ✓
✓ 2372059	09/10/202 08/26/202 09/05/202	12,384.29	0.00	0.00	12,384.29 ✓
✓ SC5867	09/10/202 08/26/202 09/05/202	146.72	0.00	0.00	146.72 ✓
✓ 2377510	09/10/202 08/27/202 09/06/202	121.28	0.00	0.00	121.28 ✓
✓ 2377511	09/10/202 08/27/202 09/06/202	9,917.44	0.00	0.00	9,917.44 ✓
✓ 2382393	09/10/202 08/28/202 09/07/202	49.70	0.00	0.00	49.70 ✓
✓ 2381987	09/10/202 08/28/202 09/07/202	87.02	0.00	0.00	87.02 ✓
✓ 2381989	09/10/202 08/28/202 09/07/202	11.25	0.00	0.00	11.25 ✓
✓ 2381988	09/10/202 08/28/202 09/07/202	3,433.90	0.00	0.00	3,433.90 ✓
✓ 2378591	09/10/202 08/28/202 09/07/202	10,892.96	0.00	0.00	10,892.96 ✓
✓ 2383577	09/10/202 08/29/202 09/08/202	9,475.00	0.00	0.00	9,475.00 ✓
✓ 2386363	09/10/202 08/29/202 09/08/202	1,677.05	0.00	0.00	1,677.05 ✓
✓ 2386362	09/10/202 08/29/202 09/08/202	116.42	0.00	0.00	116.42 ✓
✓ 2392242	09/10/202 09/02/202 09/12/202	751.13	0.00	0.00	751.13 ✓
✓ 2392243	09/10/202 09/02/202 09/12/202	830.69	0.00	0.00	830.69 ✓
✓ 2391262	09/10/202 09/02/202 09/12/202	83.22	0.00	0.00	83.22 ✓
✓ 2392245	09/10/202 09/02/202 09/12/202	1,260.24	0.00	0.00	1,260.24 ✓
✓ 2392244	09/10/202 09/02/202 09/12/202	664.13	0.00	0.00	664.13 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10536	MORRIS & DICKSON CO, LLC	58,683.63	0.00	0.00	58,683.63

Vendor#	Vendor Name				Class	Pay Code				
15752										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
WOONIL0001		09/11/202	09/11/202	09/11/202			45.61	0.00	0.00	45.61
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
15752							45.61	0.00	0.00	45.61
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
36788886		09/04/202	09/03/202	10/03/202			145.00	0.00	0.00	145.00
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
O1500 OLYMPUS AMERICA INC							145.00	0.00	0.00	145.00
Vendor#	Vendor Name				Class	Pay Code				
11155	PARAREV									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
919556		09/11/202	09/01/202	10/01/202			950.00	0.00	0.00	950.00
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
11155 PARAREV							950.00	0.00	0.00	950.00
Vendor#	Vendor Name				Class	Pay Code				
P2100	PORT LAVACA WAVE				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
082824		08/31/202	08/28/202	09/22/202			673.75	0.00	0.00	673.75
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
P2100 PORT LAVACA WAVE							673.75	0.00	0.00	673.75
Vendor#	Vendor Name				Class	Pay Code				
P2200	POWER HARDWARE				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
083124		09/10/202	08/31/202	09/10/202			33.74	0.00	0.00	33.74
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
P2200 POWER HARDWARE							33.74	0.00	0.00	33.74
Vendor#	Vendor Name				Class	Pay Code				
11932	PRESS GANEY ASSOCIATES, INC.									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN000665997		09/10/202	08/20/202	09/30/202			2,838.92	0.00	0.00	2,838.92
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
11932 PRESS GANEY ASSOCIATES, INC.							2,838.92	0.00	0.00	2,838.92
Vendor#	Vendor Name				Class	Pay Code				
15264	REPUBLIC PAIN SPECIALISTS									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
37		09/01/202	08/30/202	09/30/202			5,000.00	0.00	0.00	5,000.00
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
15264 REPUBLIC PAIN SPECIALISTS							5,000.00	0.00	0.00	5,000.00
Vendor#	Vendor Name				Class	Pay Code				
S0900	SAMS CLUB DIRECT				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
062024		09/10/202	07/08/202	09/30/202			392.84	0.00	0.00	392.84
FOOD SUPPLIES										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
S0900 SAMS CLUB DIRECT							392.84	0.00	0.00	392.84

Vendor#	Vendor Name				Class	Pay Code				
S1001	SANOPI PASTEUR INC				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	7155005317		08/14/202	08/10/202	09/30/202		-6,877.24	0.00	0.00	-6,877.24
		CREDIT								
	7141404046		09/01/202	08/20/202	09/20/202		654.74	0.00	0.00	654.74
	7141404044		09/10/202	08/20/202	09/20/202		13,749.59	0.00	0.00	13,749.59
	Vendor Totals: Number	Name					Gross	Discount	No-Pay	Net
	S1001	SANOPI PASTEUR INC					7,527.09	0.00	0.00	7,527.09
Vendor#	Vendor Name				Class	Pay Code				
15804										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	NAISHE0001		09/11/202	09/11/202	09/11/202		30.00	0.00	0.00	30.00
	Vendor Totals: Number	Name					Gross	Discount	No-Pay	Net
	15804						30.00	0.00	0.00	30.00
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	10/01/202		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				
14868	SINGLETON ASSOCIATES, P.A.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	246083124001		09/11/202	09/10/202	09/11/202		5,424.65	0.00	0.00	5,424.65
	Vendor Totals: Number	Name					Gross	Discount	No-Pay	Net
	14868	SINGLETON ASSOCIATES, P.A.					5,424.65	0.00	0.00	5,424.65
Vendor#	Vendor Name				Class	Pay Code				
C1010	SPARKLIGHT				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	081624		08/31/202	08/16/202	08/17/202		-143.37	0.00	0.00	-143.37
	090124		09/01/202	09/01/202	09/30/202		1,842.00	0.00	0.00	1,842.00
		INTERNET 090124 SERVICE PERI								
	Vendor Totals: Number	Name					Gross	Discount	No-Pay	Net
	C1010	SPARKLIGHT					1,698.63	0.00	0.00	1,698.63
Vendor#	Vendor Name				Class	Pay Code				
S2694	STANFORD VACUUM SERVICE				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	125325		09/01/202	09/09/202	09/09/202		550.00	0.00	0.00	550.00
	Vendor Totals: Number	Name					Gross	Discount	No-Pay	Net
	S2694	STANFORD VACUUM SERVICE					550.00	0.00	0.00	550.00
Vendor#	Vendor Name				Class	Pay Code				
S3940	STERIS CORPORATION				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	10725842		06/27/202	03/03/202	09/30/202		-3,984.36	0.00	0.00	-3,984.36
		CREDIT								
	11342011		06/27/202	07/07/202	09/30/202		-1,890.20	0.00	0.00	-1,890.20
		PARTS								
	12765963		09/04/202	08/27/202	09/21/202		436.80	0.00	0.00	436.80

✓	12789972		09/11/202	09/03/202	09/28/202		447.48	0.00	0.00	447.48	✓	
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net			
		S3940	STERIS CORPORATION			-4,990.28	0.00	0.00	-4,990.28			
Vendor#	Vendor Name		Class		Pay Code							
T2539	T-SYSTEM, INC		W									
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	919003		09/01/202	08/30/202	09/30/202			6,130.42	0.00	0.00	6,130.42	✓
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net			
		T2539	T-SYSTEM, INC			6,130.42	0.00	0.00	6,130.42			
Vendor#	Vendor Name		Class		Pay Code							
10982	✓ TELCOR											
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	0000063247		09/10/202	09/01/202	10/01/202			3,414.64	0.00	0.00	3,414.64	✓
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net			
		10982	TELCOR			3,414.64	0.00	0.00	3,414.64			
Vendor#	Vendor Name		Class		Pay Code							
15244	✓ TEXAS ELITE THERAPY TEAM LLC											
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	083124		08/31/202	08/31/202	08/31/202			14,200.00	0.00	0.00	14,200.00	✓
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net			
		15244	TEXAS ELITE THERAPY TEAM LLC			14,200.00	0.00	0.00	14,200.00			
Vendor#	Vendor Name		Class		Pay Code							
10765	✓ TEXAS HOSPITAL ASSOCIATION											
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	0900175289		09/10/202	08/06/202	08/06/202			7,548.98	0.00	0.00	7,548.98	✓
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net			
		10765	TEXAS HOSPITAL ASSOCIATION			7,548.98	0.00	0.00	7,548.98			
Vendor#	Vendor Name		Class		Pay Code							
15812	✓ [REDACTED]											
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	SUMTIM001		09/11/202	09/11/202	09/11/202			25.00	0.00	0.00	25.00	✓
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net			
		15812	[REDACTED]			25.00	0.00	0.00	25.00			
Vendor#	Vendor Name		Class		Pay Code							
10841	✓ TRUBRIDGE, LLC											
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	T2409091378		09/09/202	09/09/202	09/09/202			10,400.47	0.00	0.00	10,400.47	✓
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net			
		10841	TRUBRIDGE, LLC			10,400.47	0.00	0.00	10,400.47			
Vendor#	Vendor Name		Class		Pay Code							
15820	✓ [REDACTED]											
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	BLITYL0001		09/11/202	09/11/202	09/11/202			30.00	0.00	0.00	30.00	✓
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net			
		15820	[REDACTED]			30.00	0.00	0.00	30.00			
Vendor#	Vendor Name		Class		Pay Code							
U1064	✓ UNIFIRST HOLDINGS INC											

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 2921040993		09/04/202	08/29/202	10/01/202			125.81	0.00	0.00	125.81 ✓
2921041215		09/04/202	09/02/202	10/02/202			119.59	0.00	0.00	119.59
✓ 2921041783		09/10/202	09/09/202	10/04/202			119.59	0.00	0.00	119.59 ✓
✓ 2921041782		09/10/202	09/09/202	10/04/202			3,328.89	0.00	0.00	3,328.89 ✓
✓ 2921041582		09/11/202	09/05/202	09/30/202			393.95	0.00	0.00	393.95 ✓
✓ 2921041581		09/11/202	09/05/202	09/30/202			34.04	0.00	0.00	34.04 ✓
✓ 2921041578		09/11/202	09/05/202	09/30/202			122.68	0.00	0.00	122.68 ✓
✓ 2921041584		09/11/202	09/05/202	09/30/202			220.83	0.00	0.00	220.83 ✓
✓ 2921041580		09/11/202	09/05/202	09/30/202			1,944.70	0.00	0.00	1,944.70 ✓
✓ 2921041579		09/11/202	09/05/202	09/30/202			122.02	0.00	0.00	122.02 ✓
✓ 2921041585		09/11/202	09/05/202	09/30/202			125.92	0.00	0.00	125.92 ✓
✓ 2921041583		09/11/202	09/05/202	09/30/202			312.42	0.00	0.00	312.42 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
U1064 UNIFIRST HOLDINGS INC							6,970.44	0.00	0.00	6,970.44
Vendor#	Vendor Name	Class		Pay Code						
15764 ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ NYGVAN0001		09/11/202	09/11/202	09/11/202			15.00	0.00	0.00	15.00 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
15764							15.00	0.00	0.00	15.00
Vendor#	Vendor Name	Class		Pay Code						
V1471 ✓	VICTORIA RADIOWORKS, LLC	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 24080161		08/31/202	08/31/202	09/09/202			40.00	0.00	0.00	40.00 ✓
AUG SERVICE PERIOD										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
V1471 VICTORIA RADIOWORKS, LLC							40.00	0.00	0.00	40.00
Vendor#	Vendor Name	Class		Pay Code						
12548 ✓	WAGeworks, INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 0824TR116685		08/31/202	09/05/202	09/06/202			131.25	0.00	0.00	131.25 ✓
AUG SERVICE PERIOD										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
12548 WAGeworks, INC							131.25	0.00	0.00	131.25
Vendor#	Vendor Name	Class		Pay Code						
15780 ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ WEAWAL0001		09/11/202	09/11/202	09/11/202			25.00	0.00	0.00	25.00 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
15780							25.00	0.00	0.00	25.00
Vendor#	Vendor Name	Class		Pay Code						

15748 ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
ROBWAN001		09/11/202	09/11/202	09/11/202			19.45	0.00	0.00	19.45 ✓

Vendor Totals: Number Name

15748

Gross	Discount	No-Pay	Net
19.45	0.00	0.00	19.45

Report Summary

Grand Totals:

Gross
496,232.47

Discount
0.00

No-Pay
0.00

Net
~~496,232.47~~

APPROVED ON

SEP 12 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXASChk # 205746 -
205848

496,232.47 +

294.15 -

80.90 -

250.47 -

231.38 +

16.11 -

119.59 -

495,702.63 ◇

495,702.63 +

4,990.28 -

500,692.91 ◇

Pg. 5 no invoice

Pg. 5 no invoice

> Pg. 16 Sales Tax Inc'd & removed

Pg. 11 no invoice

Pg. 16 no invoice

Pg. 14/15 Credit removed

RECEIVED BY THE
COUNTY AUDITOR ON

SEP 13 2024

09/12/2024
16:56

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 10/04/2024

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code							
10212	✓ CLINICAL PATHOLOGY LABS									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 176562024080		09/12/202	08/31/202	09/12/202			20,509.44	0.00	0.00	20,509.44 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
10212 CLINICAL PATHOLOGY LABS							20,509.44	0.00	0.00	20,509.44
Report Summary										
Grand Totals:		Gross		Discount		No-Pay		Net		
		20,509.44		0.00		0.00		20,509.44		

APPROVED ON

SEP 13 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK#205768

RECEIVED BY THE
COUNTY AUDITOR ON

SEP 13 2024

09/13/2024

14:08

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Invoice Dates Through: 09/11/2024

0
ap_open_invoice.template

Vendor# Vendor Name

12480 ✓ PRO ENERGY PARTNERS LLC

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 24080600		08/31/202	09/11/202	09/26/202			1,699.26	0.00	0.00	1,699.26 ✓

Vendor Totals: Number Name

12480 PRO ENERGY PARTNERS LLC

Gross	Discount	No-Pay	Net
1,699.26	0.00	0.00	1,699.26

Report Summary

Grand Totals:

Gross
1,699.26

Discount
0.00

No-Pay
0.00

Net
1,699.26

APPROVED ON

SEP 13 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 205827

RECEIVED BY THE
COUNTY AUDITOR ON

SEP 13 2024

09/12/2024
17:07

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Due Dates Through: 10/04/2024

ap_open_invoice.template

Vendor# Vendor Name

10963 ✓ MEMORIAL MEDICAL CLINIC

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 090524		09/12/202	09/11/202	09/11/202			27.00	0.00	0.00	27.00 ✓

Vendor Totals: Number Name

10963 MEMORIAL MEDICAL CLINIC

Gross	Discount	No-Pay	Net
27.00	0.00	0.00	27.00

Report Summary

Grand Totals:

Gross
27.00

Discount
0.00

No-Pay
0.00

Net
27.00

APPROVED ON

SEP 13 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Cnk# 205816

RECEIVED BY THE
COUNTY AUDITOR ON

SEP 13 2024

MEMORIAL MEDICAL CENTER

09/12/2024

AP Open Invoice List

ap_open_invoice.template

16:52

CALHOUN COUNTY, TEXAS Invoice Dates Through: 09/05/2024

Vendor# Vendor Name

Class Pay Code

10841 ✓ TRUBRIDGE, LLC

Invoice# Comment

Tran Dt Inv Dt

Due Dt Check Dt Pay

Gross
21,658.00

Discount
0.00

No-Pay
0.00

Net
21,658.00 ✓

✓ A2409051378

09/12/202 09/05/202 09/05/202

Vendor Totals: Number Name

10841 TRUBRIDGE, LLC

Gross
21,658.00

Discount
0.00

No-Pay
0.00

Net
21,658.00

Report Summary

Grand Totals:

Gross
21,658.00

Discount
0.00

No-Pay
0.00

Net
21,658.00

APPROVED ON

SEP 13 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 205842

RECEIVED BY THE
COUNTY AUDITOR ON

SEP 16 2024

09/16/2024
10:00

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Invoice Dates Through: 09/16/2024

ap_open_invoice.template

CALHOUN COUNTY, TEXAS

Vendor# Vendor Name

U2000 US POSTAL SERVICE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
091124		09/16/202	09/16/202	09/16/202			2,200.00	0.00	0.00	2,200.00

Vendor Totals: Number Name

U2000 US POSTAL SERVICE

Gross	Discount	No-Pay	Net
2,200.00	0.00	0.00	2,200.00

Grand Totals:

Gross
2,200.00

Report Summary

Discount
0.00

No-Pay
0.00

Net
2,200.00

APPROVED ON

SEP 16 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CN# 205845

RUN DATE: 09/12/24
TIME: 13:17

RECEIVED BY THE
COUNTY AUDITOR ON
SEP 12 2024

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1
APCDEDIT

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
✓ 1605349	01 [REDACTED]	✓ 091124	613.80	✓	2	REFUND FOR [REDACTED]	✓
✓ 1605999	01 [REDACTED]	TX 77979 ✓ 091124	1007.15	✓	2	REFUND FOR [REDACTED]	✓
✓ 1609917	01 [REDACTED]	TX 77979 ✓ 091124	12.91	✓	2	REFUND FOR [REDACTED]	✓
		TX 77962					
ARID=0001 TOTAL			1633.86				
TOTAL			1633.86				

APPROVED ON

SEP 12 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 205851-
205853



RUN DATE:09/18/24
TIME:09:28

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/18/24 THRU 09/18/24

PAGE 1
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	205746	09/18/24	199.00	3WON, LLC
A/P	205747	09/18/24	255.69	4IMPRINT, INC.
A/P	205748	09/18/24	15.00	
A/P	205749	09/18/24	20.00	
A/P	205750	09/18/24	3,891.76	AIRGAS USA, LLC - CENTRAL DIV
A/P	205751	09/18/24	4,800.00	ALL MIGHTY PLUMBING
A/P	205752	09/18/24	100.00	AMERICAN CONSTRUCTION
A/P	205753	09/18/24	72.50	AQUA BEVERAGE COMPANY
A/P	205754	09/18/24	594.00	AZALEA HEALTH
A/P	205755	09/18/24	.00	VOIDED
A/P	205756	09/18/24	33,840.75	BECKMAN COULTER INC
A/P	205757	09/18/24	44.90	
A/P	205758	09/18/24	18,100.68	BIOMERIEUX, INC
A/P	205759	09/18/24	40,890.48	CALHOUN COUNTY
A/P	205760	09/18/24	2,100.00	CALHOUN SPORTS MEDICINE
A/P	205761	09/18/24	300.33	CARDINAL HEALTH 414, INC.
A/P	205762	09/18/24	301.85	CDW GOVERNMENT, INC.
A/P	205763	09/18/24	48.50	CENTRAL DRUG
A/P	205764	09/18/24	1,650.00	CERVEY, LLC
A/P	205765	09/18/24	296.50	
A/P	205766	09/18/24	56,856.19	CITIZENS MEDICAL CENTER
A/P	205767	09/18/24	639.00	CLIA LABORATORY PROGRAM
A/P	205768	09/18/24	20,509.44	CLINICAL PATHOLOGY LABS
A/P	205769	09/18/24	660.00	CLSI LOCKBOX
A/P	205770	09/18/24	35,039.94	CULINARY CONCESSIONS LLC
A/P	205771	09/18/24	34.65	CULLIGAN ULTRAPURE INC.
A/P	205772	09/18/24	574.33	CYRACOM LLC
A/P	205773	09/18/24	606.57	DETAR HOSPITAL NORTH
A/P	205774	09/18/24	.00	VOIDED
A/P	205775	09/18/24	2,904.06	DEWITT POT & SON
A/P	205776	09/18/24	24.00	
A/P	205777	09/18/24	60.00	DOWELL PEST CONTROL
A/P	205778	09/18/24	1,946.70	DR RICHARD ARROYO DIAZ
A/P	205779	09/18/24	478.10	ECLINICAL WORKS LLC
A/P	205780	09/18/24	531.38	ECOLAB
A/P	205781	09/18/24	10.00	
A/P	205782	09/18/24	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	205783	09/18/24	3,523.68	EQUALIZE RCM SERVICES
A/P	205784	09/18/24	10.99	EQUIFAX WORKFORCE SOLUTIONS
A/P	205785	09/18/24	1,377.07	FILTER TECHNOLOGY CO, INC
A/P	205786	09/18/24	.00	VOIDED
A/P	205787	09/18/24	8,660.48	FISHER HEALTHCARE
A/P	205788	09/18/24	60.00	
A/P	205789	09/18/24	12,953.02	GE PRECISION HEALTHCARE, LLC
A/P	205790	09/18/24	10,463.40	GREAT AMERICA FINANCIAL SVCS
A/P	205791	09/18/24	968.45	GULF COAST PAPER COMPANY
A/P	205792	09/18/24	4,610.52	HEALTHCARE FINANCIAL SERVICES
A/P	205793	09/18/24	23,663.00	HOSPITAL CARE CONSULTANTS INC.
A/P	205794	09/18/24	15,242.97	HUNTER PHARMACY SERVICES
A/P	205795	09/18/24	2,719.90	INDUSTRIAL LAB SUPPLIES

RUN DATE:09/18/24
TIME:09:28

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/18/24 THRU 09/18/24

PAGE 2
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	205796	09/18/24	736.56	INOVALON PROVIDER INC.
A/P	205797	09/18/24	2,731.37	IRON MOUNTAIN
A/P	205798	09/18/24	250.00	ITERSOURCE CORPORATION
A/P	205799	09/18/24	20.00	
A/P	205800	09/18/24	20.00	
A/P	205801	09/18/24	9,000.00	JINDAL X LLC
A/P	205802	09/18/24	54.58	
A/P	205803	09/18/24	20.00	
A/P	205804	09/18/24	20.00	
A/P	205805	09/18/24	60.00	
A/P	205806	09/18/24	35.79	
A/P	205807	09/18/24	25.00	
A/P	205808	09/18/24	25.00	
A/P	205809	09/18/24	150.00	LABCORP OF AMERICA HOLDINGS
A/P	205810	09/18/24	63.64	LANGUAGE LINE SERVICES
A/P	205811	09/18/24	1,172.10	LOWE'S BUSINESS ACCT/SYNCE
A/P	205812	09/18/24	895.00	M G TRUST
A/P	205813	09/18/24	13,857.25	MEDICAL TECHNOLOGY ASSOCIATES
A/P	205814	09/18/24	.00	VOIDED
A/P	205815	09/18/24	2,837.39	MEDLINE INDUSTRIES INC
A/P	205816	09/18/24	27.00	MEMORIAL MEDICAL CLINIC
A/P	205817	09/18/24	183.75	MMC AUXILIARY GIFT SHOP
A/P	205818	09/18/24	.00	VOIDED
A/P	205819	09/18/24	.00	VOIDED
A/P	205820	09/18/24	58,683.63	MORRIS & DICKSON CO, LLC
A/P	205821	09/18/24	45.61	
A/P	205822	09/18/24	145.00	OLYMPUS AMERICA INC
A/P	205823	09/18/24	950.00	PARAREV
A/P	205824	09/18/24	673.75	PORT LAVACA WAVE
A/P	205825	09/18/24	33.74	POWER HARDWARE
A/P	205826	09/18/24	2,838.92	PRESS GANEY ASSOCIATES, INC.
A/P	205827	09/18/24	1,699.26	PRO ENERGY PARTNERS LLC
A/P	205828	09/18/24	5,000.00	REPUBLIC PAIN SPECIALISTS
A/P	205829	09/18/24	392.84	SAMS CLUB DIRECT
A/P	205830	09/18/24	7,527.09	SANOPI PASTEUR INC
A/P	205831	09/18/24	30.00	
A/P	205832	09/18/24	3,507.72	SIEMENS MEDICAL SOLUTIONS INC
A/P	205833	09/18/24	5,424.65	SINGLETON ASSOCIATES, P.A.
A/P	205834	09/18/24	1,698.63	SPARKLIGHT
A/P	205835	09/18/24	550.00	STANFORD VACUUM SERVICE
A/P	205836	09/18/24	.00	STERIS CORPORATION
A/P	205837	09/18/24	6,130.42	T-SYSTEM, INC
A/P	205838	09/18/24	3,414.64	TELCOR
A/P	205839	09/18/24	14,200.00	TEXAS ELITE THERAPY TEAM LLC
A/P	205840	09/18/24	7,548.98	TEXAS HOSPITAL ASSOCIATION
A/P	205841	09/18/24	25.00	
A/P	205842	09/18/24	32,058.47	TRUBRIDGE, LLC
A/P	205843	09/18/24	30.00	
A/P	205844	09/18/24	6,850.85	UNIFIRST HOLDINGS INC
A/P	205845	09/18/24	2,200.00	US POSTAL SERVICE
A/P	205846	09/18/24	15.00	

RUN DATE:09/18/24
TIME:09:28

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/18/24 THRU 09/18/24

PAGE 3
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	205847	09/18/24	40.00	VICTORIA RADIOWORKS, LLC
A/P	205848	09/18/24	131.25	WAGWORKS, INC
A/P	205849	09/18/24	25.00	
A/P	205850	09/18/24	19.45	
A/P	205851	09/18/24	1,007.15	
A/P	205852	09/18/24	12.91	
A/P	205853	09/18/24	613.80	
A/P	205854	09/18/24	.00	BETHANY SENIOR LIVING
A/P	205855	09/18/24	48.76	FORTBEND HEALTHCARE CENTER
A/P	205856	09/18/24	14,878.30	GOLDENCREEK HEALTHCARE
A/P	205857	09/18/24	816.00	SOLERA WEST HOUSTON
A/P	205858	09/18/24	1,428.00	THE CRESCENT
A/P	205859	09/18/24	29,601.00	TUSCANY VILLAGE
A/P	205860	09/18/24	28,886.14	BETHANY SENIOR LIVING
TOTALS:			624,078.67	

APPROVED ON

SEP 18 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payables 500,692.91 +
Ret. ref. 1,633.86 +
Criticals 46,093.70 +
NHXfers 75,658.20 +
624,078.67 ◇

McKESSON

STATEMENT

As of: 09/13/2024

Page: 002

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SuppID:
Territory:

Customer: 632536
Date: 09/14/2024

As of: 09/13/2024 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 09/14/2024 ITEMS NOT PAID (✓)

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 25,062.09 USD

Future Due: 0.00

If Paid By 09/17/2024,
Pay This Amount:

24,560.81 USD

Due If Paid On Time:
USD

24,560.81

Past Due: 0.00

Disc lost if paid late:

501.28

Last Payment 2,451.97
08/07/2017

If Paid After 09/17/2024,
Pay this Amount:

25,062.09 USD

Due If Paid Late:
USD

25,062.09

9 * 82 +
24 * 88 * 88 +
44 * 64 +
11 * 61 +
5 * 86 +
24 * 560 * 81

APPROVED ON

SEP 16 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

✓ Andrew DelasLentes
9/16/2024

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

As of: 09/13/2024

Page: 001

To ensure proper credit to your
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Company: 8000

HEB PHCY 0434/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 190813
Date: 09/14/2024

As of: 09/13/2024
Mail to: Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 09/14/2024 **PLEASE CHECK ANY
ITEMS NOT PAID (✓)**

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
09/11/2024	09/17/2024	7520187101	4162211	115Invoice	0.20	10.02		9.82	✓	7520187101	

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

TOTAL: Customer Number 190813 HEB PHCY 0434/MEM MED PHS

Subtotals: 10.02 USD

Future Due: 0.00

If Paid By 09/17/2024,
Pay This Amount:

9.82 USD

Due If Paid On Time:

USD

9.82 ✓

Past Due: 0.00

Disc lost if paid late:

0.20

Last Payment
09/02/2024 57.56

If Paid After 09/17/2024,
Pay this Amount:

10.02 USD

Due If Paid Late:

USD

10.02

APPROVED ON

SEP 16 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

✓ Andrew Delasanta
9/16/2024

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

As of: 09/13/2024

Page: 001

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 256342
Date: 09/14/2024

As of: 09/13/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 09/14/2024 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
09/07/2024	09/17/2024	7519536094	205269451	115Invoice	0.01	0.63		0.62	✓	7519536094	
09/07/2024	09/17/2024	7519536095	208939618	115Invoice	0.01	0.63		0.62	✓	7519536095	
09/07/2024	09/17/2024	7519539274	207060963	115Invoice	5.23	261.41		256.18	✓	7519539274	
09/07/2024	09/17/2024	7519539275	207461836	115Invoice	45.05	2,252.47		2,207.42	✓	7519539275	
09/07/2024	09/17/2024	7519539276	208220871	115Invoice	0.03	1.48		1.45	✓	7519539276	
09/07/2024	09/17/2024	7519539277	204105929	115Invoice	0.51	25.35		24.84	✓	7519539277	
09/07/2024	09/17/2024	7519539278	209619554	115Invoice	4.77	238.57		233.80	✓	7519539278	
09/07/2024	09/17/2024	7519539279	205147848	115Invoice	2.09	104.39		102.30	✓	7519539279	
09/07/2024	09/17/2024	7519539280	206852419	115Invoice	8.91	445.28		436.37	✓	7519539280	
09/09/2024	09/17/2024	7519804031	205147848	115Invoice	0.02	0.77		0.75	✓	7519804031	
09/09/2024	09/17/2024	7519804032	207510085	115Invoice	3.12	155.90		152.78	✓	7519804032	
09/09/2024	09/17/2024	7519804033	207567373	115Invoice	0.01	0.32		0.31	✓	7519804033	
09/09/2024	09/17/2024	7519804034	205345459	115Invoice		0.03		0.03	✓	7519804034	
09/09/2024	09/17/2024	7519804035	207167178	115Invoice	22.56	1,127.81		1,105.25	✓	7519804035	
09/09/2024	09/17/2024	7519804036	207743772	115Invoice	22.56	1,127.81		1,105.25	✓	7519804036	
09/09/2024	09/17/2024	7519804037	205641869	115Invoice	0.01	0.63		0.62	✓	7519804037	
09/09/2024	09/17/2024	7519804038	205867258	115Invoice	0.01	0.63		0.62	✓	7519804038	
09/09/2024	09/17/2024	7519804039	207480009	115Invoice	45.05	2,252.47		2,207.42	✓	7519804039	
09/09/2024	09/17/2024	7519804040	210374571	115Invoice	0.01	0.32		0.31	✓	7519804040	
09/10/2024	09/17/2024	7520113701	210681042	115Invoice		0.08		0.08	✓	7520113701	
09/10/2024	09/17/2024	7520113702	210508902	115Invoice	5.23	261.41		256.18	✓	7520113702	
09/11/2024	09/17/2024	7520377613	210851955	115Invoice	12.50	624.96		612.46	✓	7520377613	
09/11/2024	09/17/2024	7520377614	207851010	115Invoice	0.01	0.63		0.62	✓	7520377614	
09/11/2024	09/17/2024	7520377615	209815930	115Invoice	0.03	1.27		1.24	✓	7520377615	
09/11/2024	09/17/2024	7520377616	207743772	115Invoice	22.56	1,127.81		1,105.25	✓	7520377616	
09/11/2024	09/17/2024	7520377617	207480009	115Invoice	22.52	1,126.23		1,103.71	✓	7520377617	
09/11/2024	09/17/2024	7520377618	208116698	115Invoice	45.05	2,252.47		2,207.42	✓	7520377618	
09/11/2024	09/17/2024	7520377619	210798628	115Invoice	1.66	82.84		81.18	✓	7520377619	
09/11/2024	09/17/2024	7520377620	205923916	115Invoice	0.01	0.63		0.62	✓	7520377620	
09/11/2024	09/17/2024	7520377621	206245624	115Invoice	0.01	0.32		0.31	✓	7520377621	
09/12/2024	09/17/2024	7520637495	206211124	115Invoice	2.09	104.39		102.30	✓	7520637495	

For AR Inquiries please <> contact 800-867-0333

McKESSON

STATEMENT

As of: 09/13/2024

Page: 002

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 256342
Date: 09/14/2024

As of: 09/13/2024 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 09/14/2024 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
09/12/2024	09/17/2024	7520637496	208116698	115Invoice	2.09	104.39		102.30	✓	7520637496	
09/12/2024	09/17/2024	7520637497	208562517	115Invoice	2.09	104.39		102.30	✓	7520637497	
09/12/2024	09/17/2024	7520637498	210917264	115Invoice	42.82	2,141.14		2,098.32	✓	7520637498	
09/12/2024	09/17/2024	7520637499	210917264	115Invoice	13.60	680.06		666.46	✓	7520637499	
09/13/2024	09/17/2024	7520891787	210576422	115Invoice	5.23	261.41		256.18	✓	7520891787	
09/13/2024	09/17/2024	7520891788	204105929	115Invoice	0.25	12.67		12.42	✓	7520891788	
09/13/2024	09/17/2024	7520891789	206974220	115Invoice	8.21	410.54		402.33	✓	7520891789	
09/13/2024	09/17/2024	7520891790	210917264	115Invoice	0.01	0.32		0.31	✓	7520891790	
09/13/2024	09/17/2024	7520891791	203619664	115Invoice	18.67	933.27		914.60	✓	7520891791	
09/13/2024	09/17/2024	7520891792	208188615	115Invoice	90.10	4,504.94		4,414.84	✓	7520891792	
09/13/2024	09/17/2024	7520891793	211018742	115Invoice	13.60	680.06		666.46	✓	7520891793	
09/13/2024	09/17/2024	7520891794	207851010	115Invoice	31.51	1,575.56		1,544.05	✓	7520891794	

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: 24,988.69 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 37,400.55
09/09/2024

If Paid By 09/17/2024,
Pay This Amount: 24,488.88 USD

If Paid After 09/17/2024,
Pay this Amount: 24,988.69 USD

Due If Paid On Time:
USD 24,488.88 ✓

Disc lost if paid late:
499.81

Due If Paid Late:
USD 24,988.69

APPROVED ON

SEP 16 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

✓ Andrew D. Santos
9/16/2024

For AR Inquiries please <> contact 800-867-0333

McKESSON

STATEMENT

As of: 09/13/2024

Page: 001

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 820405
Date: 09/14/2024

As of: 09/13/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 PLEASE CHECK ANY
Date: 09/14/2024 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 820405 HEB PHCY WHSE/MEM MED PHS											
09/09/2024	09/17/2024	7519513504	B2409-055-173038	115Invoice	0.91	45.55		44.64	✓	7519513504	

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: 45.55 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 37,400.55
09/09/2024

If Paid By 09/17/2024,
Pay This Amount:

44.64 USD

If Paid After 09/17/2024,
Pay this Amount:

45.55 USD

Due If Paid On Time:
USD

44.64 ✓

Disc lost if paid late:

0.91

Due If Paid Late:
USD

45.55

APPROVED ON

SEP 16 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

✓ Andrew DeFas Santos
9/16/2024

For AR Inquiries please <> contact 800-867-0333

McKESSON

STATEMENT

As of: 09/13/2024

Page: 001

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 835437
Date: 09/14/2024

As of: 09/13/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835437 PLEASE CHECK ANY
Date: 09/14/2024 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835437 CVS PHCY 7416/MEM MC PHS											
09/11/2024	09/17/2024	7520398122	3518366	115Invoice	0.24	11.85		11.61	✓	7520398122	

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:

11.85 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 37,400.55
09/09/2024

If Paid By 09/17/2024,
Pay This Amount:

11.61 USD

If Paid After 09/17/2024,
Pay this Amount:

11.85 USD

Due If Paid On Time:

USD

11.61 ✓

Disc lost if paid late:

0.24

Due If Paid Late:

USD

11.85 ✓

APPROVED ON

SEP 16 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

✓ Andrew De Los Santos
9/16/2024

For AR Inquiries please <> contact 800-867-0333

McKESSON

STATEMENT

As of: 09/13/2024

Page: 001

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 835438
Date: 09/14/2024

As of: 09/13/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 PLEASE CHECK ANY
Date: 09/14/2024 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS											
09/11/2024	09/17/2024	7520375171	3521357	115Invoice	0.12	5.98		5.86	✓	7520375171	

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:

5.98 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 37,400.55
09/09/2024

If Paid By 09/17/2024,
Pay This Amount:

5.86 USD

If Paid After 09/17/2024,
Pay this Amount:

5.98 USD

Due If Paid On Time:

USD 5.86 ✓

Disc lost if paid late:

0.12

Due If Paid Late:

USD 5.98

APPROVED ON

SEP 16 2024

BY COUNTY AUDITOR
GALHOUN COUNTY, TEXAS

✓ Andrew De Los Santos
9/16/2024

For AR Inquiries please contact 800-867-0333

Served By:

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

DEA: RA0289276
866-451-9655

Customer:

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

Remit To:

AMERISOURCEBERGEN
PO Box 905223
CHARLOTTE NC 28290-5223

Customer Number

100135284 / 037028186

Terms

Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	3,520.41
Past Due:	0.00
Total Due:	3,520.41
Account Balance:	3,520.41

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
09-09-2024	09-20-2024	3187849986	7007551564	Invoice	1,084.42		0.00	1,084.42
09-09-2024	09-20-2024	3187849987	7007561446	Invoice	2,150.24		0.00	2,150.24
09-09-2024	09-20-2024	3187901578	7007569832	Invoice	19.93		0.00	19.93
09-10-2024	09-20-2024	3188063394	7007578090	Invoice	2.77		0.00	2.77
09-11-2024	09-20-2024	3188190945	7007586042	Invoice	29.29		0.00	29.29
09-12-2024	09-20-2024	3188358053	7007595033	Invoice	71.18		0.00	71.18
09-12-2024	09-20-2024	3188358054	7007595703	Invoice	162.58		0.00	162.58

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
3,520.41	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
09-13-2024	(7,702.39)

APPROVED ON

SEP 16 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
09-20-2024	3,520.41
Total Due:	3,520.41

✓ *Andrew De los Santos*
9/16/2024

CHKNO	GRPN	LOCNO	EMPNO	DEPTNO	CLMPRE	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYTO	CVGCD	CVGTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRU DT	PRVNO
2836	76351	2	33	0	2024	243000773	0	9/9/2024	\$23.22		1 SINGLETON ASSOCIATES PA	P	181	0			XRAY	F	8/15/2024	8/15/2024	741680498
2838	76351	2	6	0	2024	241003390	0	9/9/2024	\$110.04		1 VICTORIA EYE CENTER	P	457	0			OVS	F	8/22/2024	8/22/2024	742208337
2839	76351	3	50	0	2024	242002210	0	9/9/2024	\$11.61		1 SINGLETON ASSOCIATES PA	P	181	0			XRAY	F	8/13/2024	8/13/2024	741680498
2840	76351	3	42	4	2024	242000493	0	9/9/2024	\$13.79		1 SINGLETON ASSOCIATES PA	P	181	0			XRAY	F	7/15/2024	7/15/2024	741680498
2843	76351	3	14	0	2024	248000075	0	9/9/2024	\$46.25		1 TEXAS LIVER CONSULTANTS	P	177	0			OV	F	7/23/2024	7/23/2024	461771294
2847	76351	3	55	0	2024	242001992	0	9/9/2024	\$65.89		1 JESUS AGUIRRE-BURGOS	P	177	0			OV	F	8/19/2024	8/19/2024	760423386
2853	76351	3	49	0	2024	242001996	0	9/9/2024	\$90.08		1 GREATER HOUSTON INTERVENTIONAL	P	457	0			OVS	F	3/15/2024	3/15/2024	202341026
2855	76351	3	49	0	2024	243001593	0	9/9/2024	\$104.58		1 HOUSTON THYROID & ENDOCRINE SPECIALISTS	P	728	0			TELM	F	8/1/2024	8/1/2024	264263363
2856	76351	3	32	0	2024	242003668	0	9/9/2024	\$153.60		1 ESS OF PORT LAVACA LLC	P	189	0			ERD	F	8/5/2024	8/5/2024	815248556
2857	76351	3	23	0	2024	243000763	0	9/9/2024	\$153.60		1 ESS OF PORT LAVACA LLC	P	189	0			ERD	F	8/11/2024	8/11/2024	815248556
2858	76351	3	48	0	2024	243000329	0	9/9/2024	\$158.83		1 LABORATORY CORPORATION OF AMERICA	P	185	0			LAB	F	5/14/2024	5/14/2024	133757370
2859	76351	3	53	0	2024	241003383	0	9/9/2024	\$181.58		1 VICTORIA ORTHOPEDIC CENTER, PLLC	P	457	0			OVS	F	8/21/2024	8/21/2024	260151734
2866	76360	2	29	0	2024	242003427	0	9/9/2024	\$160.00		1 NEXTCARE URGENT CARE	P	487	0			URG	F	8/4/2024	8/4/2024	260845489
2867	76360	3	61	0	2024	248003251	0	9/9/2024	\$4.12		1 VIP CARE SERVICES LLC	P	503	0			AUDT	F	4/25/2024	4/25/2024	271837628
2868	76360	3	24	0	2024	242000051	0	9/9/2024	\$10.33		1 SINGLETON ASSOCIATES PA	P	183	0			RAD	F	5/24/2024	5/24/2024	741680498
2869	76360	3	68	0	2024	242000775	0	9/9/2024	\$10.33		1 SINGLETON ASSOCIATES PA	P	181	0			XRAY	F	6/7/2024	6/7/2024	741680498
2886	76360	3	45	0	2024	242000778	0	9/9/2024	\$83.52		1 SINGLETON ASSOCIATES PA	P	172	0			AB	F	6/6/2024	6/6/2024	741680498
2889	76360	3	83	0	2024	242003254	0	9/9/2024	\$90.08		1 HEALTH AND WELLNESS SOLUTIONS PA	P	457	0			OVS	F	6/20/2024	6/20/2024	260406833
2890	76360	3	82	0	2024	242002204	0	9/9/2024	\$90.47		1 SINGLETON ASSOCIATES PA	P	321	0			MRIO	F	8/14/2024	8/14/2024	741680498
2894	76360	3	80	1	2024	242003850	0	9/9/2024	\$151.97		1 ORTHOLONESTAR PLLC	P	457	0			OVS	F	3/23/2024	3/23/2024	842136648
2895	76360	3	105	0	2024	243001644	0	9/9/2024	\$220.55		1 TMH PHYSICIAN ASSOCIATES, PLLC	P	457	0			OVS	F	1/29/2024	1/29/2024	300520570
2897	76360	3	32	1	2024	239000291	0	9/9/2024	\$282.91		1 TEXAS LSA	P	538	0			MAT	F	5/28/2024	5/28/2024	844619621
2898	76360	3	31	0	2024	242001994	0	9/9/2024	\$511.50		1 MEDSOLUTIONS	P	213	0			DMS	F	8/16/2024	8/16/2024	202536458
2899	76360	3	41	0	2024	242003849	0	9/9/2024	\$572.67		1 COMMUNITY PATHOLOGY ASSOCIATES	P	223	0			WLBS	F	6/17/2024	6/17/2024	760421006
2900	76360	3	47	0	2024	242001731	0	9/9/2024	\$1,139.83		1 TOWNSEN MEMORIAL SURGERY CENTER	P	434	0			OHS	F	7/31/2024	7/31/2024	354867084
2901	76360	3	28	0	2024	243001746	0	9/9/2024	\$2,626.40		1 MEDSOLUTIONS	P	315	0			PET	F	8/5/2024	8/5/2024	275493321
									\$7,067.75												

Andrew DeLaSantitas
9/16/2024

APPROVED ON
SEP 16 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Sept 9, 2024 - Sept 15, 2024**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>	<u>Amount</u>	<u>CPSI "Handwritten"</u> <u>Check" #</u>	
9/13/2024	PAY PLUS ACHTrans 36046215 101000699171086 P	- 3rd Party Payor Fee	319.62 ✓	901349	319.62 +
9/13/2024	HEALTH EQUITY INC HealthEqui 1356888 91000011	- EmpDeduct/Employer Contribut	1,397.83 ✓	800590	195.75 +
9/13/2024	EXPERTPAY EXPERTPAY 746003411 91000016968787	- Child Support Payment	570.69 ✓	800591	33.48 +
9/13/2024	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	7,702.39 ✓	500637	110.47 +
9/13/2024	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	376,301.23 ✓		30.87 +
9/12/2024	PAY PLUS ACHTrans 35793570 101000697957607 P	- 3rd Party Payor Fee	195.75 ✓	901350	690.19 0
9/11/2024	WIRE OUT HEALTH EQUITY	- Wagesworks	5,529.36 ✓	800592	0.00
9/11/2024	PAY PLUS ACHTrans 35673810 101000696468229 P	- 3rd Party Payor Fee	33.48 ✓	901351	1.731.47 +
9/10/2024	PAY PLUS ACHTrans 35450459 101000695319396 P	- 3rd Party Payor Fee	110.47 ✓	901352	549.28 +
9/10/2024	MCKESSON DRUG AUTO ACH ACH06164884 910000135	- 340B Drug Program Expense	37,400.55 ✓	500638	1.210.39 +
9/10/2024	TSYS/TRANSFIRST MERCH FEES 39300982541616 61	- Credit Card Processing Fee	1,731.47 ✓	901353	1.602.77 +
9/10/2024	TSYS/TRANSFIRST MERCH FEES 41399801332419 61	- Credit Card Processing Fee	549.28 ✓	901354	254.54 +
9/10/2024	TSYS/TRANSFIRST MERCH FEES 41399801332401 61	- Credit Card Processing Fee	1,210.39 ✓	901355	190.40 +
9/10/2024	TSYS/TRANSFIRST MERCH FEES 41399801332393 61	- Credit Card Processing Fee	1,602.77 ✓	901356	5.538.85 +
9/10/2024	TSYS/TRANSFIRST MERCH FEES 41399801332385 61	- Credit Card Processing Fee	254.54 ✓	901357	6.229.04 0
9/10/2024	TSYS/TRANSFIRST MERCH FEES 41399801368397 61	- Credit Card Processing Fee	190.40 ✓	901358	
9/9/2024	PAY PLUS ACHTrans 35269689 101000694001718 P	- 3rd Party Payor Fee	30.87 ✓	901359	
			435,131.09 ✓		

Andrew De Los Santos
Andrew De Los Santos
Memorial Medical Center

September 15, 2024

* Approved on 9.11.24 CC
** Approved on 9.4.24 CC

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

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>	<u>Amount</u>
9/20/2024	WEBFILE TAX PYMT DD	- Sales Tax	2,386.37 ✓
			2,386.37 ✓

Andrew De Los Santos
Andrew De Los Santos
Memorial Medical Center

September 15, 2024

**APPROVED ON
SEP 16 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

☑ Confirmation: You Have Filed Successfully

Sales and Use Tax Period Ending 08/31/2024 (2408)

Taxpayer ID: [REDACTED]	Taxpayer Name:	Entered By: Caitlin Clevenger
User ID: [REDACTED]	MEMORIAL MEDICAL CENTER	Email Address:
Reference Number: [REDACTED]	Taxpayer Address:	[REDACTED]
Date and Time of Filing:	815 N VIRGINIA ST PORT LAVACA , TX	Telephone Number: (361) 552-0272
09/09/2024, 01:29:35 PM	77979-3025	
	IP Address: 24.116.195.218	

PAYMENT SUMMARY

Electronic Check	Payment Reference Number: [REDACTED]	Type of Bank Account: Checking
State Amount: \$1,807.86	Trace Number: [REDACTED]	Accountholder Name:
Local Amount: \$578.51		Memorial Medical Center Operating
Amount to Pay: \$2,386.37		Bank Routing Number: [REDACTED]
Electronic Check: \$2,386.37		Bank Account Number: [REDACTED]
		Payment Effective Date: 09/19/2024

CREDIT SUMMARY

Credits Taken

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

Licensed Customs Broker Exported Sales

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

LOCATION SUMMARY

Loc #	Total Texas Sales	Taxable Sales	Taxable Purchases	Subject to State Tax (Rate .0625)	State Tax Due	Subject to Local Tax	Local Tax Rate	Local Tax Due
00004	29,071	29,071	0.00	29,071	1,816.94	29,071	0.02	581.42
SubTotal	29,071	29,071	0	29,071	1,816.94	29,071		581.42

Total Tax for Locations **2,398.36**

Total Tax Due: **\$2,398.36**

Timely Filing Discount: **- \$11.99**

Balance Due: **\$2,386.37**

Pending Payments: **- \$0.00**

Total Amount Due and Payable: \$2,386.37 ✓

(State amount due is \$1,807.86) ✓ (Local amount due is \$578.51) ✓

RECEIVED BY THE
COUNTY AUDITOR ON

SEP 12 2024

MEMORIAL MEDICAL CENTER

09/12/2024

13:14

AP Open Invoice List

0

ap_open_invoice.template

Due Dates Through: 10/05/2024

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
✓ 083024		09/10/202	09/10/202	10/05/202			816.00	0.00	0.00	816.00

INS. pmt. dep. into mmc opt. in error ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11828	SOLERA WEST HOUSTON	816.00	0.00	0.00	816.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	816.00	0.00	0.00	816.00

APPROVED ON

SEP 12 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CH# 205857

RECEIVED BY THE
COUNTY AUDITOR ON

SEP 12 2024

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 10/05/2024

0
ap_open_invoice.template

09/12/2024

13:13

Vendor# 11820 ✓ Vendor Name **CALHOUN COUNTY, TEXAS**
FORTBEND HEALTHCARE CENTER

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 090524		09/10/202	09/10/202	10/05/202			48.76	0.00	0.00	48.76

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

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11820	FORTBEND HEALTHCARE CENTER	48.76	0.00	0.00	48.76

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	48.76	0.00	0.00	48.76

APPROVED ON

SEP 12 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 205855

RECEIVED BY THE
COUNTY AUDITOR ON

09/12/2024
13:06

SEP 12 2024

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 10/05/2024

0
ap_open_invoice.template

Vendor# Vendor Name CALHOUN COUNTY, TEXAS

11824 THE CRESCENT

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check#	Dt Pay	Gross	Discount	No-Pay	Net
090324		09/10/202	09/10/202	10/05/202			1,428.00	0.00	0.00	1,428.00

Vendor Totals: Number Name
11824 THE CRESCENT

Gross	Discount	No-Pay	Net
1,428.00	0.00	0.00	1,428.00

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

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,428.00	0.00	0.00	1,428.00

APPROVED ON

SEP 12 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 205858

RECEIVED BY THE
COUNTY AUDITOR ON

SEP 12 2024

MEMORIAL MEDICAL CENTER

09/12/2024

13:08

AP Open Invoice List

0

ap_open_invoice.template

CALHOUN COUNTY, TEXAS

Due Dates Through: 10/05/2024

Vendor# Vendor Name

Class Pay Code

11836 ✓ GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 083024		09/10/202	09/10/202	10/05/202			612.00	0.00	0.00	612.00 ✓
✓ 090324	ins. pmt. dep into mmc opt. in error	09/10/202	09/10/202	10/05/202			3,060.00	0.00	0.00	3,060.00 ✓
✓ 090424		09/10/202	09/10/202	10/05/202			11,206.30	0.00	0.00	11,206.30 ✓

Vendor Totals: Number Name

11836 GOLDENCREEK HEALTHCARE

Gross	Discount	No-Pay	Net
14,878.30	0.00	0.00	14,878.30

Report Summary

Grand Totals:

Gross
14,878.30

Discount
0.00

No-Pay
0.00

Net
14,878.30

APPROVED ON

SEP 12 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 205850

SEP 12 2024

MEMORIAL MEDICAL CENTER

09/12/2024

13:06

AP Open Invoice List

0

ap_open_invoice.template

CALHOUN COUNTY, TEXAS

Due Dates Through: 10/05/2024

Vendor# Vendor Name

Class Pay Code

13004 TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
083024		09/10/202	09/10/202	10/05/202			1,632.00	0.00	0.00	1,632.00
083024A	INS. pmt. dep. into mmc opt. in error	09/10/202	09/10/202	10/05/202			4,545.00	0.00	0.00	4,545.00
083024B		09/10/202	09/10/202	10/05/202			522.00	0.00	0.00	522.00
090324		09/10/202	09/10/202	10/05/202			10,400.00	0.00	0.00	10,400.00
090324A		09/10/202	09/10/202	10/05/202			2,907.00	0.00	0.00	2,907.00
090424		09/11/202	09/04/202	10/05/202			9,595.00	0.00	0.00	9,595.00

Vendor Totals: Number Name

13004 TUSCANY VILLAGE

Gross	Discount	No-Pay	Net
29,601.00	0.00	0.00	29,601.00

Report Summary

Grand Totals:

Gross
29,601.00

Discount
0.00

No-Pay
0.00

Net
29,601.00

APPROVED ON

SEP 12 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 205859

Chk# 2058100
APPROVED ON

SEP 12 2024

RECEIVED BY THE
COUNTY AUDITOR ON

SEP 12 2024 ap_open_invoice.template

09/12/2024
13:12

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 10/05/2024

Vendor# Vendor Name BY COUNTY AUDITOR
12792 BETHANY SENIOR LIVING CALHOUN COUNTY, TEXAS

Class Pay Code

CALHOUN COUNTY, TEXAS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 090324		09/10/202	09/10/202	10/05/202			4,021.99	0.00	0.00	4,021.99 ✓
✓ 083024	INS. pmt. dep. into mmc acct. in error	09/10/202	09/10/202	10/05/202			1,751.89	0.00	0.00	1,751.89 ✓
✓ 083024A		09/10/202	09/10/202	10/05/202			1,690.09	0.00	0.00	1,690.09 ✓
✓ 090424		09/10/202	09/10/202	10/05/202			20,122.48	0.00	0.00	20,122.48 ✓
✓ 090524		09/10/202	09/10/202	10/05/202			1,299.69	0.00	0.00	1,299.69 ✓

Vendor Totals: Number Name

12792 BETHANY SENIOR LIVING

Gross	Discount	No-Pay	Net
28,886.14	0.00	0.00	28,886.14

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	28,886.14	0.00	0.00	28,886.14

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
9/16/2024

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		34,552.84	34,154.03	61,036.01		61,434.82	60,944.37
						Bank Balance	61,434.82
						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	60,944.37
Broadmoor		35,140.68	34,686.89	17,190.09			17,643.88
						Bank Balance	17,643.88
						Variance	
						Leave in Balance	100.00

						July Interest	184.64
						Aug Interest	169.15
						Sept Interest	
						Adjust Balance/Transfer Amt	17,190.09
Crescent		140,288.24	139,611.93	121,494.96			122,171.27
						Bank Balance	122,171.27
						Variance	
						Leave in Balance	100.00
						Claim Payment owed to Tuscan	59,325.00

						July Interest	273.53
						Aug Interest	302.78
						Sept Interest	
						Adjust Balance/Transfer Amt	62,169.96
Fort Bend		12,994.84	12,789.12	2,143.91			2,349.63
						Bank Balance	2,349.63
						Variance	
						Leave in Balance	100.00

						July Interest	52.09
						Aug Interest	53.63
						Sept Interest	
						Adjust Balance/Transfer Amt	2,143.91
Solera at W Houston		45,637.95	45,237.71	54,391.30			54,791.54
						Bank Balance	54,791.54
						Variance	
						Leave in Balance	100.00

60,944.37 +
17,190.09 +
62,169.96 +
54,299.04 +
194,603.46 =

West Houston / Fort Bend / Broadmoor:

July Interest	209.57
Aug Interest	182.93
Sept Interest	
Adjust Balance/Transfer Amt	54,299.04

TOTAL TRANSFERS 194,603.46

Approved: Andrew De Los Santos

APPROVED ON
SEP 16 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

9/16/2024

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.

Ashford Gardens

9/13/2024 Enhanced Analysis Ch
 9/13/2024 HNB - ECHO HCCLAIMPMT 746003411 440000268195
 9/13/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 9/13/2024 NOVITAS SOLUTION HCCLAIMPMT 675423 420000136
 9/13/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2
 9/12/2024 NOVITAS SOLUTION HCCLAIMPMT 675423 420000107
 9/11/2024 WIRE OUT ASHFORD HEALTH CARE CENTER LTD
 9/11/2024 MANAGEANDNET1718 MNS PMNT 00000000000093 41
 9/11/2024 HNB - ECHO HCCLAIMPMT 746003411 440000294238
 9/11/2024 NOVITAS SOLUTION HCCLAIMPMT 675423 420000105
 9/11/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
91.64	-	-	-	-	-	-	-
-	13,628.73	-	-	-	-	-	13,628.73
-	975.00	-	-	-	-	-	975.00
-	8,327.70	-	-	-	-	-	8,327.70
-	1,362.23	-	-	-	-	-	1,362.23
-	2,218.15	-	-	-	-	-	2,218.15
34,062.39	-	-	-	-	-	-	-
-	4,490.00	-	-	-	-	-	4,490.00
-	5,119.45	-	-	-	-	-	5,119.45
-	11,312.86	-	-	-	-	-	11,312.86
-	13,601.89	-	-	-	-	-	13,601.89
34,154.03	61,036.01	-	-	-	-	-	61,036.01

Broadmoor

9/13/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 9/13/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2
 9/11/2024 WIRE OUT CANTEX HEALTH CARE CENTERS III
 9/11/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 9/10/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 9/10/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 9/10/2024 NOVITAS SOLUTION HCCLAIMPMT 676357 420000166
 9/10/2024 HUMANA CHA DISB HCCLAIMPMT 56723984 42000014
 9/9/2024 HNB - ECHO HCCLAIMPMT 746003411 440000293795

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
-	4,964.48	-	-	-	-	-	4,964.48
-	27.07	-	-	-	-	-	27.07
34,686.89	-	-	-	-	-	-	-
-	564.72	-	-	-	-	-	564.72
-	0.01	-	-	-	-	-	0.01
-	508.32	-	-	-	-	-	508.32
-	3,204.99	-	-	-	-	-	3,204.99
-	4,650.00	-	-	-	-	-	4,650.00
-	3,270.50	-	-	-	-	-	3,270.50
34,686.89	17,190.09	-	-	-	-	-	17,190.09

Crescent

9/13/2024 Deposit
 9/13/2024 HNB - ECHO HCCLAIMPMT 746003411 440000268195
 9/13/2024 HNB - ECHO HCCLAIMPMT 746003411 440000267937
 9/13/2024 DEVOTED HEALTH P HCCLAIMPMT 21000028180532
 9/13/2024 DEVOTED HEALTH P HCCLAIMPMT 21000028180530
 9/13/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384
 9/13/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 9/13/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 9/13/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2
 9/12/2024 MANAGEANDNET1718 MNS PMNT 0000000000003268 41
 9/12/2024 HNB - ECHO HCCLAIMPMT 746003411 440000229379
 9/12/2024 HNB - ECHO HCCLAIMPMT 746003411 440000229379
 9/12/2024 DEVOTED HEALTH P HCCLAIMPMT 2100002785508
 9/11/2024 WIRE OUT CANTEX HEALTH CARE CENTERS III
 9/11/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 9/11/2024 DEVOTED HEALTH P HCCLAIMPMT 2100002826643
 9/11/2024 DEVOTED HEALTH P HCCLAIMPMT 2100002826641
 9/11/2024 DEVOTED HEALTH P HCCLAIMPMT 21000025129653
 9/11/2024 DEVOTED HEALTH P HCCLAIMPMT 21000025129651
 9/11/2024 DEVOTED HEALTH P HCCLAIMPMT 21000025129655
 9/10/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 9/10/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2
 9/9/2024 HNB - ECHO HCCLAIMPMT 746003411 440000294289
 9/9/2024 HNB - ECHO HCCLAIMPMT 746003411 440000293795
 9/9/2024 HNB - ECHO HCCLAIMPMT 746003411 440000293795

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
-	7,752.00	-	-	-	-	-	7,752.00
-	9,533.20	-	-	-	-	-	9,533.20
-	15,492.83	-	-	-	-	-	15,492.83
-	900.00	-	-	-	-	-	900.00
-	1,800.00	-	-	-	-	-	1,800.00
-	6,150.00	-	-	-	-	-	6,150.00
-	2,984.64	-	-	-	-	-	2,984.64
-	10,572.84	-	-	-	-	-	10,572.84
-	49.04	-	-	-	-	-	49.04
-	292.50	-	-	-	-	-	292.50
-	2,471.42	-	-	-	-	-	2,471.42
-	9,644.18	-	-	-	-	-	9,644.18
-	1,350.00	-	-	-	-	-	1,350.00
139,611.93	-	-	-	-	-	-	-
-	279.29	-	-	-	-	-	279.29
-	5,850.00	-	-	-	-	-	5,850.00
-	19,800.00	-	-	-	-	-	19,800.00
-	1,350.00	-	-	-	-	-	1,350.00
-	1,350.00	-	-	-	-	-	1,350.00
-	2,688.69	-	-	-	-	-	2,688.69
-	4,320.48	-	-	-	-	-	4,320.48
-	6,771.46	-	-	-	-	-	6,771.46
-	1,801.14	-	-	-	-	-	1,801.14
-	6,586.27	-	-	-	-	-	6,586.27
-	1,704.98	-	-	-	-	-	1,704.98
139,611.93	121,494.96	-	-	-	-	-	121,494.96

Fort Bend

9/13/2024 HNB - ECHO HCCLAIMPMT 746003411 440000268195
 9/11/2024 WIRE OUT CANTEX HEALTH CARE CENTERS III
 9/11/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
12,789.12	2,143.90	-	-	-	-	-	2,143.90
-	0.01	-	-	-	-	-	0.01
12,789.12	2,143.91	-	-	-	-	-	2,143.91

Solera at West Houston

9/13/2024 Enhanced Analysis Ch
 9/13/2024 Deposit
 9/13/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 9/13/2024 HUMANA CHA DISB HCCLAIMPMT 57011968 42000011
 9/12/2024 MANAGEANDNET1718 MNS PMNT 0000000000002482 41
 9/12/2024 HNB - ECHO HCCLAIMPMT 746003411 440000229379
 9/11/2024 WIRE OUT CANTEX HEALTH CARE CENTERS III
 9/11/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 9/11/2024 HUMANA INS CO HCCLAIMPMT 56766823 8300005368
 9/11/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2
 9/10/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 9/10/2024 NOVITAS SOLUTION HCCLAIMPMT 676310 420000166
 9/9/2024 MANAGEANDNET1718 MNS PMNT 0000000000002482 41
 9/9/2024 HNB - ECHO HCCLAIMPMT 746003411 440000293795

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
92.26	-	-	-	-	-	-	-
-	2,856.00	-	-	-	-	-	2,856.00
-	2,448.03	-	-	-	-	-	2,448.03
-	5,340.00	-	-	-	-	-	5,340.00
-	3,802.50	-	-	-	-	-	3,802.50
-	6,615.67	-	-	-	-	-	6,615.67
45,145.45	-	-	-	-	-	-	-
-	5,427.93	-	-	-	-	-	5,427.93
-	1,395.00	-	-	-	-	-	1,395.00
-	4,666.80	-	-	-	-	-	4,666.80
-	3,629.60	-	-	-	-	-	3,629.60
-	15,153.51	-	-	-	-	-	15,153.51
-	877.50	-	-	-	-	-	877.50
-	2,178.76	-	-	-	-	-	2,178.76
45,237.71	54,391.30	-	-	-	-	-	54,391.30

TOTALS

266,479.68	256,256.27	-	-	-	-	-	256,256.27
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Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$1,552,858.77	\$1,249,042.33	\$1,552,858.77	\$1,862,118.47
*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	\$61,434.82	\$141,493.39	\$61,434.82	\$37,232.80
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$17,643.88	\$53,757.99	\$17,643.88	\$12,652.33
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$122,171.27	\$287,620.41	\$122,171.27	\$66,936.72
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$54,791.54	\$116,739.90	\$54,791.54	\$44,239.77
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$2,349.63	\$30,149.05	\$2,349.63	\$205.73
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$138,420.42	\$140,350.52	\$138,420.42	\$22,262.11
*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	\$2,858.76	\$3,513.92	\$2,858.76	\$2,553.14
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$30,772.74	\$32,368.83	\$30,772.74	\$28,429.74
*5506 MMC -NH BETHANY SENIOR LIVING	\$32,976.64	\$32,976.64	\$32,976.64	\$27,982.42
*3407 MMC -NH TUSCANY VILLAGE	\$150,455.86	\$150,455.86	\$150,455.86	\$102,963.88
*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	\$2,182,566.36	\$2,254,300.87	\$2,182,566.36	\$2,223,409.14

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
9/16/2024

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		29,344.94	29,905.31	138,980.79		138,420.42	137,986.79
					Bank Balance Variance	138,420.42	
					Leave in Balance	100.00	

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

July Interest 151.91
Aug Interest 181.72
Sept Interest

Adjust Balance/Transfer Amt 137,986.79

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 9/16/2024

APPROVED ON
SEP 16 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek

9/13/2024 Deposit
 9/13/2024 TSYS/TRANSFIRST CR CD DEP 543684555876917 91
 9/12/2024 TSYS/TRANSFIRST CR CD DEP 543684555876917 91
 9/12/2024 GOLDENCREEKHEALT MERC DEP 1220356 9100001535
 9/12/2024 Am Health TX PAYMENT 21531 84307030029257
 9/11/2024 WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC
 9/11/2024 GOLDENCREEKHEALT ELEC DEBIT 1220356 91000013
 9/10/2024 GOLDENCREEKHEALT MERC DEP 1220356 9100001616
 9/10/2024 GOLDENCREEKHEALT MERC DEP 1220356 9100001616
 9/9/2024 TSYS/TRANSFIRST CR CD DEP 543684555876917 91
 9/9/2024 GOLDENCREEKHEALT MERC DEP 1220356 9100001397
 9/9/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	111,538.31					-	111,538.31
-	4,620.00					-	4,620.00
-	771.00					-	771.00
-	3,768.57					-	3,768.57
-	13,000.00					-	13,000.00
28,911.31	-					-	-
994.00	-					-	-
-	1,794.63					-	1,794.63
-	475.00					-	475.00
-	17.64					-	17.64
-	994.00					-	994.00
-	2,001.64					-	2,001.64
-	-					-	-
29,905.31	138,980.79	-	-	-	-	-	138,980.79

Balances Overview

Account Name

*4357 MEMORIAL MEDICAL - OPERATING	\$1,552,858.77	\$1,249,042.33	\$1,552,858.77	\$1,862,118.47
*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	\$61,434.82	\$141,493.39	\$61,434.82	\$37,232.80
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$17,643.88	\$53,757.99	\$17,643.88	\$12,652.33
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$122,171.27	\$287,620.41	\$122,171.27	\$66,936.72
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$54,791.54	\$116,739.90	\$54,791.54	\$44,239.77
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$2,349.63	\$30,149.05	\$2,349.63	\$205.73
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$138,420.42	\$140,350.52	\$138,420.42	\$22,262.11
*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	\$2,858.76	\$3,513.92	\$2,858.76	\$2,553.14
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$30,772.74	\$32,368.83	\$30,772.74	\$28,429.74
*5506 MMC -NH BETHANY SENIOR LIVING	\$32,976.64	\$32,976.64	\$32,976.64	\$27,982.42
*3407 MMC -NH TUSCANY VILLAGE	\$150,455.86	\$150,455.86	\$150,455.86	\$102,963.88
*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	\$2,182,566.36	\$2,254,300.87	\$2,182,566.36	\$2,223,409.14

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
9/16/2024

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		100.00	-	2,758.76			2,858.76	no transfer
						Bank Balance	2,858.76	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	2,758.76	
Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza-Medicare/Medicaid		5,401.34	5,301.34	30,672.74			30,772.74	30,672.74
						Bank Balance	30,772.74	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	30,672.74	
TOTAL TRANSFERS							33,431.50	

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 9/16/2024

APPROVED ON
SEP 16 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay

9/13/2024 HNB - ECHO HCCLAIMPMT 746003411 440000268195
 9/11/2024 HNB - ECHO HCCLAIMPMT 746003411 440000294238
 9/11/2024 HNB - ECHO HCCLAIMPMT 746003411 440000294238
 9/9/2024 HNB - ECHO HCCLAIMPMT 746003411 440000294289
 9/9/2024 HNB - ECHO HCCLAIMPMT 746003411 440000293795

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
-	305.62					-	305.62
-	943.44					-	943.44
-	586.20					-	586.20
-	152.81					-	152.81
-	770.69					-	770.69
-	2,758.76	-	-	-	-	-	2,758.76

Gulf Pointe Plaza-Medicare/Medicaid

9/13/2024 MERCHANT BANKCD DEPOSIT 496478518889 9100001
 9/11/2024 WIRE OUT HMG Rockport SNF, LP - Commerical
 9/9/2024 MERCHANT BANKCD DEPOSIT 496478518889 9100001

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
-	2,343.00					-	2,343.00
5,301.34	-					-	-
-	28,329.74					-	28,329.74
5,301.34	30,672.74	-	-	-	-	-	30,672.74
5,301.34	33,431.50	-	-	-	-	-	33,431.50

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$1,552,858.77	\$1,249,042.33	\$1,552,858.77	\$1,862,118.47
*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	\$61,434.82	\$141,493.39	\$61,434.82	\$37,232.80
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$17,643.88	\$53,757.99	\$17,643.88	\$12,652.33
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$122,171.27	\$287,620.41	\$122,171.27	\$66,936.72
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$54,791.54	\$116,739.90	\$54,791.54	\$44,239.77
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$2,349.63	\$30,149.05	\$2,349.63	\$205.73
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$138,420.42	\$140,350.52	\$138,420.42	\$22,262.11
*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 ✓	\$2,858.76 ✓	\$3,513.92 ✓	\$2,858.76	\$2,553.14
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID ✓	\$30,772.74 ✓	\$32,368.83 ✓	\$30,772.74	\$28,429.74
*5506 MMC -NH BETHANY SENIOR LIVING	\$32,976.64	\$32,976.64	\$32,976.64	\$27,982.42
*3407 MMC -NH TUSCANY VILLAGE	\$150,455.86	\$150,455.86	\$150,455.86	\$102,963.88
*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	\$2,182,566.36	\$2,254,300.87	\$2,182,566.36	\$2,223,409.14

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
9/16/2024

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		137,649.85	132,321.25	145,127.26			150,455.86	141,077.26
						Bank Balance Variance	150,455.86	
						Leave in Balance	100.00	
						Claims owed to MMC	5,228.60	
						Claims owed to Ashford	450.00	
						Claims owed to Broadmoor	3,600.00	
						Adjust Balance/Transfer Amt	141,077.26	

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 9/16/2024

APPROVED ON
SEP 16 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Tuscany Village

9/13/2024 Deposit
 9/13/2024 HNB - ECHO HCCLAIMPMT 746003411 440000267937
 9/12/2024 HNB - ECHO HCCLAIMPMT 746003411 440000229379
 9/12/2024 HNB - ECHO HCCLAIMPMT 746003411 440000229379
 9/11/2024 WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE
 9/11/2024 HNB - ECHO HCCLAIMPMT 746003411 440000295197
 9/11/2024 NOVITAS SOLUTION HCCLAIMPMT 676201 420000104
 9/10/2024 Deposit
 9/10/2024 Deposit

Transfer-Out

Transfer-In

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

NH PORTION

-	41,322.66	-	-	-	41,322.66
-	6,169.32	-	-	-	6,169.32
-	3,959.60	-	-	-	3,959.60
-	12,465.89	-	-	-	12,465.89
132,321.25	-	-	-	-	-
-	23,289.10	-	-	-	23,289.10
-	26,252.72	-	-	-	26,252.72
-	18,544.28	-	-	-	18,544.28
-	13,123.69	-	-	-	13,123.69
-	-	-	-	-	-
132,321.25	145,127.26	-	-	-	145,127.26

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$1,552,858.77	\$1,249,042.33	\$1,552,858.77	\$1,862,118.47
*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	\$61,434.82	\$141,493.39	\$61,434.82	\$37,232.80
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$17,643.88	\$53,757.99	\$17,643.88	\$12,652.33
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$122,171.27	\$287,620.41	\$122,171.27	\$66,936.72
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$54,791.54	\$116,739.90	\$54,791.54	\$44,239.77
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$2,349.63	\$30,149.05	\$2,349.63	\$205.73
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$138,420.42	\$140,350.52	\$138,420.42	\$22,262.11
*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	\$2,858.76	\$3,513.92	\$2,858.76	\$2,553.14
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$30,772.74	\$32,368.83	\$30,772.74	\$28,429.74
*5506 MMC -NH BETHANY SENIOR LIVING	\$32,976.64	\$32,976.64	\$32,976.64	\$27,982.42
*3407 MMC -NH TUSCANY VILLAGE ✓	\$150,455.86 ✓	\$150,455.86	\$150,455.86	\$102,963.88
*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	\$2,182,566.36	\$2,254,300.87	\$2,182,566.36	\$2,223,409.14

Memorial Medical Center
 Nursing Home UPL
 Weekly HSLTransfer
 Prosperity Accounts
 9/16/2024

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		7,238.96	6,941.31	32,678.99			32,976.64	32,678.99
						Bank Balance	32,976.64	
						Variance	100.00	
						Leave in Balance		

July Interest 119.26
 Aug Interest 78.39
 Sept Interest

Adjust Balance/Transfer Amt 32,678.99

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 9/16/2024

APPROVED ON
 SEP 16 2024
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Bethany Senior Living

9/13/2024 HOSPICE OF SOUTH Payments HF 113122650053399
 9/12/2024 NDC SWEEP FAC K236 31316966725364 SWEEP FR
 9/12/2024 HNB - ECHO HCCLAIMPMT 746003411 440000229379
 9/12/2024 NOVITAS SOLUTION HCCLAIMPMT 676481 420000107
 9/11/2024 WIRE OUT PORT LAVACA NH, LLC
 9/11/2024 HNB - ECHO HCCLAIMPMT 746003411 440000294238
 9/11/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2
 9/10/2024 HNB - ECHO HCCLAIMPMT 746003411 440000251182
 9/9/2024 HNB - ECHO HCCLAIMPMT 746003411 440000293795

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4&Lapse	QJPP TI	
-	4,994.22					-	4,994.22
-	19,177.47					-	19,177.47
-	191.04					-	191.04
-	834.92					-	834.92
6,941.31	-					-	-
-	3,131.17					-	3,131.17
-	1,046.78					-	1,046.78
-	2,471.01					-	2,471.01
-	832.38					-	832.38
6,941.31	32,678.99	-	-	-	-	-	32,678.99

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$1,552,858.77	\$1,249,042.33	\$1,552,858.77	\$1,862,118.47
*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	\$61,434.82	\$141,493.39	\$61,434.82	\$37,232.80
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$17,643.88	\$53,757.99	\$17,643.88	\$12,652.33
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$122,171.27	\$287,620.41	\$122,171.27	\$66,936.72
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$54,791.54	\$116,739.90	\$54,791.54	\$44,239.77
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$2,349.63	\$30,149.05	\$2,349.63	\$205.73
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$138,420.42	\$140,350.52	\$138,420.42	\$22,262.11
*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	\$2,858.76	\$3,513.92	\$2,858.76	\$2,553.14
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$30,772.74	\$32,368.83	\$30,772.74	\$28,429.74
*5506 MMC -NH BETHANY SENIOR ✓ LIVING ✓	\$32,976.64 ✓	\$32,976.64 ✓	\$32,976.64	\$27,982.42
*3407 MMC -NH TUSCANY VILLAGE	\$150,455.86	\$150,455.86	\$150,455.86	\$102,963.88
*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	\$2,182,566.36	\$2,254,300.87	\$2,182,566.36	\$2,223,409.14

Tuscany

MEMORIAL MEDICAL CENTER CHECK REQUEST

P Broadmoor ✓

Date Requested: 9/16/2024

A _____

Y _____

E _____

E _____

APPROVED ON

SEP 16 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK#001171

FOR ACCT USE ONLY

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

AMOUNT: \$ 3,600.00 ✓

G/L NUMBER: 21400007

EXPLANATION: Claim pymnts owed from Tuscany to Broadmoor

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew D. Lee

9/16/2024

Tuscany

MEMORIAL MEDICAL CENTER CHECK REQUEST

P Ashford ✓

Date Requested: 9/16/2024

A _____

Y _____

E _____

E _____

APPROVED ON

SEP 16 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK#001170

FOR ACCT USE ONLY

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

AMOUNT: \$ 450.00 ✓

G/L NUMBER: 21400007

EXPLANATION: Claim pymnts owed from Tuscany to Ashford ✓

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew DeFay Santos

9/16/2024

Crescent

MEMORIAL MEDICAL CENTER CHECK REQUEST

P

Tuscany

Date Requested: 9/16/2024

A

Y

E

E

APPROVED ON

SEP 16 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK#0003123

FOR ACCT USE ONLY

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

AMOUNT: \$ 59,325.00 G/L NUMBER: 21400007

EXPLANATION: Claim pymnts owed from Crescent to Tuscany

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew DelaLanta

9/16/2024

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

001170

Date 9-20-24 88-2265/1131**PAY**TO THE
ORDER OFAshford\$ 450. $\frac{00}{100}$ Four hundred fifty dollars & $\frac{00}{100}$

DOLLARS

**PROSPERITY
BANK®**

FOR

claim payment

County auditor

MP
County Treasurer
Security features are
included. Details on back.**MEMORIAL MEDICAL CENTER**TUSCANY VILLAGE
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001171

Date 9-20-24 88-2265/1131**PAY**TO THE
ORDER OFBroadmoor\$ 3600. $\frac{00}{100}$ Three thousand, six hundred dollars & $\frac{00}{100}$

DOLLARS

**PROSPERITY
BANK®**

FOR

Claim payment

County auditor

MP
County Treasurer
Security features are
included. Details on back.

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000363

Date 9-23-24 88-2265/1131

PAY

TO THE
ORDER OF

Tuscany Village

\$ 59,325.⁰⁰

Fifty-nine thousand, three hundred twenty-five dollars & ⁰⁰/₁₀₀

DOLLARS



PROSPERITY
BANK

Guia Perry

county auditor

FOR

claim payment



County Treasurer
Security features are
included. Details on back.

8

RUN DATE:09/20/24
TIME:11:07

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/20/24 THRU 09/20/24

PAGE 1
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

TUS 001170 09/20/24 450.00 ASHFORD
TUS 001171 09/20/24 3,600.00 BROADMOOR
TOTALS: 4,050.00

8

RUN DATE:09/23/24
TIME:10:37

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/23/24 THRU 09/23/24

PAGE 1
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
------	--------	------	--------	-------

NHC	000363	09/23/24	59,325.00	TUSCANY
TOTALS:			59,325.00	