MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---September 25, 2024

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	895,070.66
TOTAL TRANSFERS BETWEEN FUNDS	$	205,179.95
TOTAL NURSING HOME UPL EXPENSES	$	1,373,625.68
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED September 25, 2024	$	2,473,876.29 ✓

APPROVED

SEP 25 2024

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---September 25, 2024

PAYABLES AND PAYROLL			
9/19/2024	Weekly Payables	335,354.58	
9/23/2024	Citibank Credit Card-see attached (Erin)	2,862.48	
9/23/2024	CitiBank Credit Card-See attached (Steve)	588.88	
9/23/2024	McKesson-340B Prescription Expense	13,153.06	
9/23/2024	Amerisource Bergen-340B Prescription Expense	1,987.96	
9/23/2024	Payroll Liabilities-Payroll Taxes	122,245.18	
9/23/2024	Payroll	386,754.58	
	Prosperity Electronic Bank Payments		
9/23/2024	90 Degree Benefits - employee insurance claims	30,134.35	
9/23/2024	Pay Plus-Patient Claims Processing Fee	330.94	
9/23/2024	Credit Card Lease Fee	285.82	
9/23/2024	Health Equity -HSA Contributions	1,372.83	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 895,070.66**
TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES			
9/19/2024	MMC Operating to The Crescent-Correction of insurance payment deposited into MMC Operating in error	16,750.00	
9/19/2024	MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error	21,546.91	
9/19/2024	MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error	77,357.49	
9/19/2024	MMC Operating to Bethany-Correction of insurance payment deposited into MMC Operating in error	89,525.55	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 205,179.95**
NURSING HOME UPL EXPENSES			
9/23/2024	Nursing Home UPL-Cantex Transfer	1,206,122.19	
9/23/2024	Nursing Home UPL-Nexion Transfer	29,996.25	
9/23/2024	Nursing Home UPL-Tuscany Transfer	54,763.96	
9/23/2024	Nursing Home UPL-HSL Transfer	81,226.13	
TRANSFER BETWEEN FUNDS FROM NURSING HOMES TO MMC			
9/23/2024	Gulf Pointe to MMC- correction of MMC insurance payment deposited into Gulf Pointe in error	1,081.90	
TRANSFER OF FUNDS BETWEEN NURSING HOMES			
9/23/2024	Bethany to Crescent - Crescent Insurance payment deposited into Bethany in error	435.25	
TOTAL NURSING HOME UPL EXPENSES			**$ 1,373,625.68**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED September 25, 2024			**$ 2,473,876.29**

RECEIVED BY THE
COUNTY AUDITOR ON
SEP 19 2024
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 10/11/2024

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5510571312		09/18/202	08/31/202	09/25/202			585.23	0.00	0.00	585.23
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV					585.23	0.00	0.00	585.23

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3169183986B		08/26/202	07/05/202	10/11/202			1,138.70	0.00	0.00	1,138.70
804866981		09/18/202	08/30/202	09/05/202			18.00	0.00	0.00	18.00
804870443		09/18/202	08/31/202	09/06/202			6.55	0.00	0.00	6.55
3187649153		09/18/202	09/06/202	09/25/202			14.60	0.00	0.00	14.60
3188863609		09/18/202	09/17/202	09/23/202			55.44	0.00	0.00	55.44
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	A1360	AMERISOURCEBERGEN DRUG CORP					1,233.29	0.00	0.00	1,233.29

Vendor#	Vendor Name	Class	Pay Code
B1150	BAXTER HEALTHCARE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
82824911		09/01/202	09/03/202	09/28/202			631.20	0.00	0.00	631.20
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE					631.20	0.00	0.00	631.20

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
111544261		08/01/202	09/05/202	09/30/202			683.25	0.00	0.00	683.25
111523115		08/21/202	08/23/202	09/17/202			249.15	0.00	0.00	249.15
	SUPPLIES									
5492627		08/27/202	08/25/202	10/11/202			1,337.05	0.00	0.00	1,337.05
							no invoice			
111553499		09/11/202	09/09/202	10/04/202			10,172.90	0.00	0.00	10,172.90
111557714		09/11/202	09/11/202	10/06/202			93.24	0.00	0.00	93.24
	SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC					12,535.59	0.00	0.00	12,535.59

Vendor#	Vendor Name	Class	Pay Code
11072	BIO-RAD LABORATORIES, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
907559465		09/11/202	08/27/202	09/11/202			358.86	0.00	0.00	358.86
907565937		09/18/202	08/29/202	09/18/202			1,801.00	0.00	0.00	1,801.00
	SUPPLIES									
907576149		09/18/202	09/03/202	09/18/202			2,668.97	0.00	0.00	2,668.97

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11072	BIO-RAD LABORATORIES, INC	4,828.83	0.00	0.00	4,828.83

Vendor#	Vendor Name	Class	Pay Code
10926	CAITLIN CLEVENGER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
091624		09/18/202	09/16/202	09/16/202			242.54	0.00	0.00	242.54

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10926	CAITLIN CLEVENGER	242.54	0.00	0.00	242.54

Vendor#	Vendor Name	Class	Pay Code
11088	CANTEX HEALTH CARE CENTERS LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
091124		09/18/202	09/11/202	10/11/202			3,672.00	0.00	0.00	3,672.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11088	CANTEX HEALTH CARE CENTERS LLC	3,672.00	0.00	0.00	3,672.00

Vendor#	Vendor Name	Class	Pay Code
10541	CARESFIELD		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
200027813		09/04/202	09/09/202	10/09/202			104.40	0.00	0.00	104.40
2000277722		09/11/202	09/05/202	10/05/202			189.19	0.00	0.00	189.19
2000277721		09/11/202	09/05/202	10/05/202			270.20	0.00	0.00	270.20

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10541	CARESFIELD	563.79	0.00	0.00	563.79

Vendor#	Vendor Name	Class	Pay Code
11202	CFI MECHANICAL INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
SD24113		09/11/202	09/09/202	09/11/202			1,195.00	0.00	0.00	1,195.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11202	CFI MECHANICAL INC	1,195.00	0.00	0.00	1,195.00

Vendor#	Vendor Name	Class	Pay Code
12768	CHEMAQUA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8838851		09/18/202	09/10/202	09/20/202			593.69	0.00	0.00	593.69

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

Vendor#	Vendor Name	Class	Pay Code
C1166	COASTAL OFFICE SOLUTONS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
OEQT252751	SIGNAGE- GRANT	08/01/202	07/15/202	07/25/202			22,550.29	0.00	0.00	22,550.29

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1166	COASTAL OFFICE SOLUTONS	22,550.29	0.00	0.00	22,550.29

Vendor#	Vendor Name	Class	Pay Code
13336	COCA COLA SOUTHWEST BEVERAGES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
43245272015		09/18/202	09/11/202	10/11/202			436.88	0.00	0.00	436.88
43245272017		09/18/202	09/11/202	10/11/202			-36.99	0.00	0.00	-36.99

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13336	COCA COLA SOUTHWEST BEVERAGES	399.89	0.00	0.00	399.89

Vendor#	Vendor Name	Class	Pay Code
13932	COVIDIEN SALES LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5872815045		08/01/202	09/02/202	10/02/202			496.50	0.00	0.00	496.50

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13932	COVIDIEN SALES LLC	496.50	0.00	0.00	496.50

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
7608292		08/31/202	08/02/202	10/11/202			5.46	0.00	0.00	5.46
7646760		08/31/202	08/19/202	10/11/202			80.90	0.00	0.00	80.90

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	86.36	0.00	0.00	86.36

Vendor#	Vendor Name	Class	Pay Code
14800	DIRECTV ENTERTAINMENT HOLDINGS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
240912		09/18/202	09/12/202	10/01/202			489.85	0.00	0.00	489.85

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMC091524		09/18/202	09/15/202	09/16/202			106,323.56	0.00	0.00	106,323.56

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDICAL NETWORK INC	106,323.56	0.00	0.00	106,323.56

Vendor#	Vendor Name	Class	Pay Code
11091	ECOLAB		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6347899299		09/18/202	09/10/202	10/10/202			300.00	0.00	0.00	300.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11091	ECOLAB	300.00	0.00	0.00	300.00

Vendor#	Vendor Name	Class	Pay Code
S0501	EVOQUA WATER TECHNOLOGIES LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
906649054		09/18/202	09/11/202	10/06/202			585.00	0.00	0.00	585.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S0501	EVOQUA WATER TECHNOLOGIES LLC	585.00	0.00	0.00	585.00

Vendor#	Vendor Name	Class	Pay Code
10689	FASTHEALTH CORPORATION		

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

F1100 FEDERAL EXPRESS CORP. W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
856327842		09/17/202	07/18/202	08/12/202			72.27	0.00	0.00	72.27
	SUPPLIES									
856970254		09/17/202	07/25/202	08/19/202			156.93	0.00	0.00	156.93
	SHIPPING									
857637158		09/17/202	08/01/202	08/26/202			79.96	0.00	0.00	79.96
	SUPPLIES									
859109730		09/17/202	08/15/202	09/09/202			115.16	0.00	0.00	115.16
	SHIPPING									
859843031		09/17/202	08/22/202	09/16/202			53.66	0.00	0.00	53.66
	SHIPPING									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.	477.98	0.00	0.00	477.98

Vendor# 13016 Vendor Name: FIRST INSURANCE FUNDING Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
091324		09/17/202	09/13/202	10/01/202			3,812.95	0.00	0.00	3,812.95
	INSTALLMENT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13016	FIRST INSURANCE FUNDING	3,812.95	0.00	0.00	3,812.95

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4809168		09/04/202	08/22/202	09/16/202			14,359.72	0.00	0.00	14,359.72
5061292		09/17/202	09/03/202	09/28/202			73.80	0.00	0.00	73.80
	SUPPLIES									
5098710		09/17/202	09/04/202	09/29/202			704.15	0.00	0.00	704.15
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	15,137.67	0.00	0.00	15,137.67

Vendor# 10599 Vendor Name: FORVIS Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2197735		09/04/202	09/02/202	10/11/202			17,850.00	0.00	0.00	17,850.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10599	FORVIS	17,850.00	0.00	0.00	17,850.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9234385608		08/01/202	08/30/202	09/30/202			163.80	0.00	0.00	163.80
9242353549		09/17/202	09/09/202	10/04/202			507.12	0.00	0.00	507.12
	SUPPLIES									
9242200849		09/17/202	09/09/202	10/04/202			331.60	0.00	0.00	331.60
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	W1300	GRAINGER	1,002.52	0.00	0.00	1,002.52

Vendor# G1210 Vendor Name: GULF COAST PAPER COMPANY Class: M Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2566209		08/31/202	08/27/202	09/26/202			378.26	0.00	0.00	378.26
	SUPPLIES									
2566208		08/31/202	08/27/202	09/26/202			45.85	0.00	0.00	45.85

	SUPPLIES							
2561359		09/17/202	08/13/202	09/12/202	127.84	0.00	0.00	127.84
	SUPPLIES							
2563761		09/17/202	08/20/202	09/19/202	999.28	0.00	0.00	999.28
	SUPPLIES							
2566212		09/17/202	08/27/202	09/26/202	905.07	0.00	0.00	905.07
	SUPPLIES							

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	2,456.30	0.00	0.00	2,456.30

Vendor#	Vendor Name	Class	Pay Code
H0031	HEB CREDIT RECEIVABLES DEPT308		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
082824		09/18/202	08/28/202	09/25/202			167.06	0.00	0.00	167.06

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	H0031	HEB CREDIT RECEIVABLES DEPT308	167.06	0.00	0.00	167.06

Vendor#	Vendor Name	Class	Pay Code
12504	HEB GROCERY COMPANY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9751		09/18/202	09/06/202	09/06/202			10.00	0.00	0.00	10.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12504	HEB GROCERY COMPANY	10.00	0.00	0.00	10.00

Vendor#	Vendor Name	Class	Pay Code
14916	HEWLETT-PACKARD		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100000473811		09/18/202	09/17/202	09/17/202			573.53	0.00	0.00	573.53

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14916	HEWLETT-PACKARD	573.53	0.00	0.00	573.53

Vendor#	Vendor Name	Class	Pay Code
14872	HOLLAND & KNIGHT LLP		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
33469817		09/18/202	09/12/202	09/12/202			6,201.00	0.00	0.00	6,201.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14872	HOLLAND & KNIGHT LLP	6,201.00	0.00	0.00	6,201.00

Vendor#	Vendor Name	Class	Pay Code
12196	ICU MEDICAL, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4289625		09/11/202	09/03/202	09/11/202			181.00	0.00	0.00	181.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12196	ICU MEDICAL, INC	181.00	0.00	0.00	181.00

Vendor#	Vendor Name	Class	Pay Code
15512	IMAGING CENTER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
418880		09/18/202	09/13/202	09/13/202			2,333.79	0.00	0.00	2,333.79

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15512	IMAGING CENTER	2,333.79	0.00	0.00	2,333.79

Vendor#	Vendor Name	Class	Pay Code
I1260	INTOXIMETERS INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
766939		08/21/202	08/12/202	09/06/202			77.00	0.00	0.00	77.00

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	I1260	INTOXIMETERS INC					77.00	0.00	0.00	77.00
Vendor#	Vendor Name				Class	Pay Code				
15200	MANAGED CARE PARTNERS INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	6512		09/18/202	10/01/202	10/01/202		500.00	0.00	0.00	500.00
		OCTOBER 2024 PROF FEE								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	15200	MANAGED CARE PARTNERS INC.					500.00	0.00	0.00	500.00
Vendor#	Vendor Name				Class	Pay Code				
M2178	MCKESSON MEDICAL SURGICAL INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	22612104		09/11/202	09/11/202	09/26/202		285.08	0.00	0.00	285.08
		SUPPLIES								
	21737061		09/17/202	02/20/202	03/06/202		105.01	0.00	0.00	105.01
		SUPPLIES								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC					390.09	0.00	0.00	390.09
Vendor#	Vendor Name				Class	Pay Code				
10613	MEDIMPACT HEALTHCARE SYS, INC.				A/P					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	090924		09/18/202	09/09/202	09/09/202		18.45	0.00	0.00	18.45
	091624		09/18/202	09/16/202	09/16/202		29.05	0.00	0.00	29.05
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10613	MEDIMPACT HEALTHCARE SYS, INC.					47.50	0.00	0.00	47.50
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
	2334728289		09/04/202	09/10/202	10/05/202		43.27	0.00	0.00	43.27
	2333737951		09/04/202	09/11/202	10/06/202		7,199.83	0.00	0.00	7,199.83
	2333870436		09/11/202	09/04/202	09/29/202		206.95	0.00	0.00	206.95
	2334756646		09/11/202	09/10/202	10/05/202		240.28	0.00	0.00	240.28
		SUPPLIES								
	2334781576		09/11/202	09/11/202	10/06/202		22.51	0.00	0.00	22.51
		SUPPLIES								
	2334781585		09/11/202	09/11/202	10/06/202		42.99	0.00	0.00	42.99
		SUPPLIES								
	2334781574		09/11/202	09/11/202	10/06/202		12,224.04	0.00	0.00	12,224.04
		SUPPLIES								
	2334781581		09/11/202	09/11/202	10/06/202		7,875.73	0.00	0.00	7,875.73
		SUPPLIES								
	2334781573		09/11/202	09/11/202	10/06/202		1,145.84	0.00	0.00	1,145.84
		SUPPLIES								
	2333870428		09/11/202	09/11/202	10/06/202		70.02	0.00	0.00	70.02
	2333870429		09/11/202	09/11/202	10/06/202		8.20	0.00	0.00	8.20
	2334781575		09/11/202	09/11/202	10/06/202		66.73	0.00	0.00	66.73
		SUPPLIES								
	2334781578		09/11/202	09/11/202	10/06/202		1,579.64	0.00	0.00	1,579.64
		SUPPLIES								

2334781584		09/11/202	09/11/202	10/06/202		13.01	0.00	0.00	13.01
SUPPLIES								
2333506032		09/18/202	08/30/202	09/24/202		-106.27	0.00	0.00	-106.27
CREDIT								
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC				30,632.77	0.00	0.00	30,632.77

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
SC5866		09/10/202	08/26/202	10/11/202			214.67	0.00	0.00	214.67
0165		09/18/202	08/28/202	09/07/202			-1,597.73	0.00	0.00	-1,597.73
2396161		09/18/202	09/03/202	09/13/202			73.30	0.00	0.00	73.30
2396162		09/18/202	09/03/202	09/13/202			8.74	0.00	0.00	8.74
2404146		09/18/202	09/04/202	09/14/202			24.90	0.00	0.00	24.90
2403923		09/18/202	09/04/202	09/14/202			112.12	0.00	0.00	112.12
CM51504		09/18/202	09/04/202	09/14/202			-4.40	0.00	0.00	-4.40
2404147		09/18/202	09/04/202	09/14/202			2,929.69	0.00	0.00	2,929.69
CM51505		09/18/202	09/04/202	09/14/202			-4.40	0.00	0.00	-4.40
2403922		09/18/202	09/04/202	09/14/202			41.92	0.00	0.00	41.92
CM51507		09/18/202	09/04/202	09/14/202			-20.28	0.00	0.00	-20.28
CM51506		09/18/202	09/04/202	09/14/202			-4.40	0.00	0.00	-4.40
2409089		09/18/202	09/05/202	09/15/202			63.14	0.00	0.00	63.14
2409090		09/18/202	09/05/202	09/15/202			1,610.68	0.00	0.00	1,610.68
2411092		09/18/202	09/06/202	09/16/202			4,730.03	0.00	0.00	4,730.03
2415152		09/18/202	09/08/202	09/18/202			149.22	0.00	0.00	149.22
2415153		09/18/202	09/08/202	09/18/202			1,344.84	0.00	0.00	1,344.84
2415151		09/18/202	09/08/202	09/18/202			771.71	0.00	0.00	771.71
2420233		09/18/202	09/09/202	09/19/202			261.78	0.00	0.00	261.78
2420232		09/18/202	09/09/202	09/19/202			6,725.53	0.00	0.00	6,725.53
2425925		09/18/202	09/10/202	09/20/202			393.80	0.00	0.00	393.80
2425924		09/18/202	09/10/202	09/20/202			34.34	0.00	0.00	34.34
2428219		09/18/202	09/11/202	09/21/202			6,137.33	0.00	0.00	6,137.33
2430798		09/18/202	09/11/202	09/21/202			463.65	0.00	0.00	463.65

2427505	09/18/202 09/11/202 09/21/202	4,782.98	0.00	0.00	4,782.98
2430799	09/18/202 09/11/202 09/21/202	310.57	0.00	0.00	310.57
3569	09/18/202 09/11/202 09/21/202	-92.61	0.00	0.00	-92.61
2434896	09/18/202 09/12/202 09/22/202	63.04	0.00	0.00	63.04
2434897	09/18/202 09/12/202 09/22/202	639.10	0.00	0.00	639.10
2441930	09/18/202 09/15/202 09/25/202	388.79	0.00	0.00	388.79
2441931	09/18/202 09/15/202 09/25/202	1,357.69	0.00	0.00	1,357.69
2446482	09/18/202 09/16/202 09/26/202	433.74	0.00	0.00	433.74
2446483	09/18/202 09/16/202 09/26/202	557.87	0.00	0.00	557.87

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	32,901.35	0.00	0.00	32,901.35

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
TELEMED080131	REIMBURSEMENT 082024	09/18/202	09/02/202	09/18/202			1,000.00	0.00	0.00	1,000.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13624	NEXION HEALTH AT NAVASOTA INC	1,000.00	0.00	0.00	1,000.00

Vendor# 11472 — Vendor Name: OCCUPRO LLC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
36918	Provider Licenses	09/09/202	09/07/202	10/07/202			486.68	0.00	0.00	486.68

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
36816297		08/01/202	09/07/202	10/07/202			1,125.00	0.00	0.00	1,125.00

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

Vendor# O1416 — Vendor Name: ORTHO CLINICAL DIAGNOSTICS — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1853707162		08/01/202	09/10/202	10/10/202			752.16	0.00	0.00	752.16

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	O1416	ORTHO CLINICAL DIAGNOSTICS	752.16	0.00	0.00	752.16

Vendor# P1800 — Vendor Name: PITNEY BOWES INC — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1026022382		09/18/202	09/09/202	10/09/202			223.92	0.00	0.00	223.92

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	P1800	PITNEY BOWES INC	223.92	0.00	0.00	223.92

Vendor#	Vendor Name				Class	Pay Code				
12708	POC ELECTRIC, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	47391		09/17/202	08/13/202	09/17/202			306.88	0.00	0.00	306.88
		SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		12708	POC ELECTRIC, LLC					306.88	0.00	0.00	306.88
Vendor#	Vendor Name				Class	Pay Code				
11024	REED, CLAYMON, MEEKER & HARGET									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	32288		09/18/202	09/12/202	09/18/202			202.00	0.00	0.00	202.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11024	REED, CLAYMON, MEEKER & HARGET					202.00	0.00	0.00	202.00
Vendor#	Vendor Name				Class	Pay Code				
S1001	SANOFI PASTEUR INC				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	7141555186		09/18/202	09/05/202	10/05/202			22,915.98	0.00	0.00	22,915.98
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		S1001	SANOFI PASTEUR INC					22,915.98	0.00	0.00	22,915.98
Vendor#	Vendor Name				Class	Pay Code				
S1800	SHERWIN WILLIAMS				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	083124		09/18/202	08/12/202	09/20/202			599.74	0.00	0.00	599.74
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		S1800	SHERWIN WILLIAMS					599.74	0.00	0.00	599.74
Vendor#	Vendor Name				Class	Pay Code				
10936	SIEMENS FINANCIAL SERVICES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	56382400069019		09/18/202	08/26/202	09/15/202			4,038.24	0.00	0.00	4,038.24
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10936	SIEMENS FINANCIAL SERVICES					4,038.24	0.00	0.00	4,038.24
Vendor#	Vendor Name				Class	Pay Code				
10699	SIGN AD, LTD.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	304545		09/18/202	09/16/202	09/26/202			410.00	0.00	0.00	410.00
		Advertising Lease Space 9/25 - 10/22/24									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10699	SIGN AD, LTD.					410.00	0.00	0.00	410.00
Vendor#	Vendor Name				Class	Pay Code				
14716	SINGLETON ASSOCIATES PA									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	5148A		09/18/202	08/27/202	09/18/202			10.91	0.00	0.00	10.91
	5149		09/18/202	09/11/202	09/18/202			240.02	0.00	0.00	240.02
	10549		09/18/202	09/18/202	09/18/202			637.40	0.00	0.00	637.40
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14716	SINGLETON ASSOCIATES PA					888.33	0.00	0.00	888.33
Vendor#	Vendor Name				Class	Pay Code				
S2362	SMITH & NEPHEW, INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

983370010		09/17/202	09/13/202	09/17/202		1,033.30	0.00	0.00	1,033.30
SUPPLIES									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	S2362	SMITH & NEPHEW, INC.				1,033.30	0.00	0.00	1,033.30
Vendor#	Vendor Name				Class	Pay Code			
11296	SOUTH TEXAS BLOOD & TISSUE CEN								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
I07043774		09/18/202	09/15/202	10/10/202			6,291.00	0.00	0.00	6,291.00
CM13190		09/18/202	09/15/202	10/10/202			-2,810.00	0.00	0.00	-2,810.00
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11296	SOUTH TEXAS BLOOD & TISSUE CEN					3,481.00	0.00	0.00	3,481.00
Vendor#	Vendor Name				Class	Pay Code			
S2345	SOUTHEAST TEXAS HEALTH SYS				W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
26959		09/18/202	08/12/202	09/11/202			125.00	0.00	0.00	125.00
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	S2345	SOUTHEAST TEXAS HEALTH SYS					125.00	0.00	0.00	125.00
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
679012		09/18/202	08/06/202	09/18/202			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			
T1971	TEXAS HEALTHCARE TRUSTEES				W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
HGC24164		09/18/202	07/25/202	09/18/202			1,395.00	0.00	0.00	1,395.00
	2024 Healthcare Governance Conference									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	T1971	TEXAS HEALTHCARE TRUSTEES					1,395.00	0.00	0.00	1,395.00
Vendor#	Vendor Name				Class	Pay Code			
12688	THE STRETCHER PAD CO.								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
50511691		09/18/202	09/04/202	09/18/202			493.96	0.00	0.00	493.96
SUPPLIES										
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	12688	THE STRETCHER PAD CO.					493.96	0.00	0.00	493.96
Vendor#	Vendor Name				Class	Pay Code			
13616	TRIOSE, INC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
TRI194055		09/18/202	08/09/202	08/24/202			132.18	0.00	0.00	132.18
TRI195042		09/18/202	08/20/202	09/04/202			193.49	0.00	0.00	193.49
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	13616	TRIOSE, INC					325.67	0.00	0.00	325.67
Vendor#	Vendor Name				Class	Pay Code			
11067	TRIZETTO PROVIDER SOLUTIONS								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
35FK092400		09/18/202	09/01/202	09/26/202			1,587.97	0.00	0.00	1,587.97
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net

	11067	TRIZETTO PROVIDER SOLUTIONS					1,587.97	0.00	0.00	1,587.97
Vendor#	Vendor Name				Class	Pay Code				
10841	TRUBRIDGE, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	T2409171378		09/18/202	09/17/202	09/17/202			12,671.89	0.00	0.00	12,671.89
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10841	TRUBRIDGE, LLC					12,671.89	0.00	0.00	12,671.89
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
	2921041215		09/04/202	09/02/202	10/11/202			119.59	0.00	0.00	119.59
	2921042098		09/18/202	09/12/202	10/07/202			2,231.21	0.00	0.00	2,231.21
	2921042097		09/18/202	09/12/202	10/07/202			235.48	0.00	0.00	235.48
	2921042102		09/18/202	09/12/202	10/07/202			202.71	0.00	0.00	202.71
	2921042096		09/18/202	09/12/202	10/07/202			138.31	0.00	0.00	138.31
	2921042103		09/18/202	09/12/202	10/07/202			125.92	0.00	0.00	125.92
	2921042101		09/18/202	09/12/202	10/07/202			312.42	0.00	0.00	312.42
	2921042099		09/18/202	09/12/202	10/07/202			34.04	0.00	0.00	34.04
	2921042100		09/18/202	09/12/202	10/07/202			393.95	0.00	0.00	393.95
	2921042297		09/18/202	09/16/202	10/11/202			2,399.79	0.00	0.00	2,399.79
	2921042298		09/18/202	09/16/202	10/11/202			119.59	0.00	0.00	119.59
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		U1064	UNIFIRST HOLDINGS INC					6,313.01	0.00	0.00	6,313.01
Vendor#	Vendor Name				Class	Pay Code				
12400	UPDOX LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	INV00523853		09/18/202	08/31/202	08/31/202			1,460.94	0.00	0.00	1,460.94
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		12400	UPDOX LLC					1,460.94	0.00	0.00	1,460.94
Vendor#	Vendor Name				Class	Pay Code				
15444	VANDERBILT HEALTH									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	CI00066540		09/18/202	08/31/202	09/18/202			588.17	0.00	0.00	588.17
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		15444	VANDERBILT HEALTH					588.17	0.00	0.00	588.17
Vendor#	Vendor Name				Class	Pay Code				
I1110	WERFEN USA LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	9111617775		09/18/202	09/13/202	10/08/202			1,571.67	0.00	0.00	1,571.67
		SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		I1110	WERFEN USA LLC					1,571.67	0.00	0.00	1,571.67

Quarterly Admin Fees True-Up Qtr-June2024

Vendor#	Vendor Name				Class	Pay Code				
11400	WEST COAST MEDICAL RESOURCES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	INV117769		08/01/202	09/06/202	10/06/202			80.00	0.00	0.00	80.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11400	WEST COAST MEDICAL RESOURCES	80.00	0.00	0.00	80.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	336,691.63	0.00	0.00	336,691.63

Chk# 205864 - 205928

APPROVED ON

SEP 19 2024

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

336,691.63 +
1,337.05 -
335,354.58 ◊

Pg. 1 no invoice removed

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RUN DATE:09/23/24 MEMORIAL MEDICAL CENTER PAGE 1
TIME:10:57 CHECK REGISTER GLCKREG
09/25/24 THRU 09/25/24

BANK--CHECK--				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	205864	09/25/24	585.23	AIRGAS USA, LLC - CENTRAL DIV
A/P	205865	09/25/24	1,233.29	AMERISOURCEBERGEN DRUG CORP
A/P	205866	09/25/24	631.20	BAXTER HEALTHCARE
A/P	205867	09/25/24	11,198.54	BECKMAN COULTER INC
A/P	205868	09/25/24	4,828.83	BIO-RAD LABORATORIES, INC
A/P	205869	09/25/24	242.54	CAITLIN CLEVENGER
A/P	205870	09/25/24	3,672.00	CANTEX HEALTH CARE CENTERS LLC
A/P	205871	09/25/24	563.79	CARESFIELD
A/P	205872	09/25/24	1,195.00	CFI MECHANICAL INC
A/P	205873	09/25/24	593.69	CHEMAQUA
A/P	205874	09/25/24	22,550.29	COASTAL OFFICE SOLUTONS
A/P	205875	09/25/24	399.89	COCA COLA SOUTHWEST BEVERAGES
A/P	205876	09/25/24	496.50	COVIDIEN SALES LLC
A/P	205877	09/25/24	86.36	DEWITT POTH & SON
A/P	205878	09/25/24	489.85	DIRECTV ENTERTAINMENT HOLDINGS
A/P	205879	09/25/24	106,323.56	DISCOVERY MEDICAL NETWORK INC
A/P	205880	09/25/24	300.00	ECOLAB
A/P	205881	09/25/24	585.00	EVOQUA WATER TECHNOLOGIES LLC
A/P	205882	09/25/24	477.98	FEDERAL EXPRESS CORP.
A/P	205883	09/25/24	3,812.95	FIRST INSURANCE FUNDING
A/P	205884	09/25/24	15,137.67	FISHER HEALTHCARE
A/P	205885	09/25/24	17,850.00	FORVIS
A/P	205886	09/25/24	1,002.52	GRAINGER
A/P	205887	09/25/24	2,456.30	GULF COAST PAPER COMPANY
A/P	205888	09/25/24	167.06	HEB CREDIT RECEIVABLES DEPT308
A/P	205889	09/25/24	10.00	HEB GROCERY COMPANY
A/P	205890	09/25/24	573.53	HEWLETT-PACKARD
A/P	205891	09/25/24	6,201.00	HOLLAND & KNIGHT LLP
A/P	205892	09/25/24	181.00	ICU MEDICAL, INC
A/P	205893	09/25/24	2,333.79	IMAGING CENTER
A/P	205894	09/25/24	77.00	INTOXIMETERS INC
A/P	205895	09/25/24	500.00	MANAGED CARE PARTNERS INC.
A/P	205896	09/25/24	390.09	MCKESSON MEDICAL SURGICAL INC
A/P	205897	09/25/24	47.50	MEDIMPACT HEALTHCARE SYS, INC.
A/P	205898	09/25/24	.00	VOIDED
A/P	205899	09/25/24	30,632.77	MEDLINE INDUSTRIES INC
A/P	205900	09/25/24	.00	VOIDED
A/P	205901	09/25/24	.00	VOIDED
A/P	205902	09/25/24	32,901.35	MORRIS & DICKSON CO, LLC
A/P	205903	09/25/24	1,000.00	NEXION HEALTH AT NAVASOTA INC
A/P	205904	09/25/24	486.68	OCCUPRO LLC
A/P	205905	09/25/24	1,125.00	OLYMPUS AMERICA INC
A/P	205906	09/25/24	752.16	ORTHO CLINICAL DIAGNOSTICS
A/P	205907	09/25/24	223.92	PITNEY BOWES INC
A/P	205908	09/25/24	306.88	POC ELECTRIC, LLC
A/P	205909	09/25/24	202.00	REED, CLAYMON, MEEKER & HARGET
A/P	205910	09/25/24	22,915.98	SANOFI PASTEUR INC
A/P	205911	09/25/24	599.74	SHERWIN WILLIAMS
A/P	205912	09/25/24	4,038.24	SIEMENS FINANCIAL SERVICES
A/P	205913	09/25/24	410.00	SIGN AD, LTD.

BANK--CHECK-- CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	205914	09/25/24	888.33	SINGLETON ASSOCIATES PA
A/P	205915	09/25/24	1,033.30	SMITH & NEPHEW, INC.
A/P	205916	09/25/24	3,481.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	205917	09/25/24	125.00	SOUTHEAST TEXAS HEALTH SYS
A/P	205918	09/25/24	550.00	STANFORD VACUUM SERVICE
A/P	205919	09/25/24	1,395.00	TEXAS HEALTHCARE TRUSTEES
A/P	205920	09/25/24	493.96	THE STRETCHER PAD CO.
A/P	205921	09/25/24	325.67	TRIOSE, INC
A/P	205922	09/25/24	1,587.97	TRIZETTO PROVIDER SOLUTIONS
A/P	205923	09/25/24	12,671.89	TRUBRIDGE, LLC
A/P	205924	09/25/24	6,313.01	UNIFIRST HOLDINGS INC
A/P	205925	09/25/24	1,460.94	UPDOX LLC
A/P	205926	09/25/24	588.17	VANDERBILT HEALTH
A/P	205927	09/25/24	1,571.67	WERFEN USA LLC
A/P	205928	09/25/24	80.00	WEST COAST MEDICAL RESOURCES
A/P	205929	09/25/24	89,525.55	BETHANY SENIOR LIVING
A/P	205930	09/25/24	21,546.91	GOLDENCREEK HEALTHCARE
A/P	205931	09/25/24	16,750.00	THE CRESCENT
A/P	205932	09/25/24	77,357.49	TUSCANY VILLAGE
TOTALS:			540,534.53	

335,354.58 + Payables
205,179.95 + NH Xfers
540,534.53 ◊

COPY

CITIBANK CORPORATE CARD

Account Statement

Commercial Card Account
ERIN CLEVENGER

citi

Account Inquiries:
Toll Free: 1-(800)-248-4553
International: 1-(904)-954-7314
TDD/TTY: 1-(877)-505-7276

Account Number: XXXX-XXXX-XXXX-6228

Summary of Account Activity	
Total Activity	$2,862.48

Send Notice of Billing Errors and Customer Service Inquiries to:
CITIBANK, N.A., PO BOX 6125, SIOUX FALLS SD 57117-6125

Not an invoice. For your records only.	
Credit Limit	$20,000
Cash Advance Limit	$5,000
Statement Closing Date	09/03/2024
Days in Billing Period	31

Transactions

Post Date	Trans Date	MCC	Reference Number		Description/Location			Amount
********** NOTICE MEMO ITEM(S) LISTED BELOW **********								
08/06	08/05	9399	05134374219600061905445	1	NPDB NPDB.HRSA.GOV FAIRFAX VA N112514879	22033	USA	2.50
08/07	08/07	8999	55432864220209304192091	2	AMA*CREDENTIALING 800-621-8335 IL	60611	USA	44.00
08/12	08/10	3503	55480774223016196081343	3	SHERATON WESTPORT LAKE SAINT LOUIS MO 2933497 CHECK IN: 08/05/2024	63146	USA	625.60
08/13	08/12	8699	82305094225000024652820	4	TEXAS ORGANIZATION OF ROUND ROCK TX	78664	USA	384.88
08/14	08/12	7011	75120714226900017270143	5	KALAHARI RESORT - TX - ROUND ROCK TX BFLG9YZN CHECK IN: 08/12/2024	78665	USA	204.00
08/16	08/15	8699	55436874229132298274228	6	NATIONAL ASSOCIATION O FREMONT MI 2497114	49412	USA	500.00
08/19	08/16	7372	52653844231067265568925	7	SYSTEM13INC 4349770000 VA 26556892	22911	USA	1,000.00
08/28	08/27	9399	05134374241600059778830	8	NPDB NPDB.HRSA.GOV FAIRFAX VA N113428111	22033	USA	2.50
08/28	08/27	9399	05134374241600059778913	9	NPDB NPDB.HRSA.GOV FAIRFAX VA N113428400	22033	USA	55.00
08/28	08/28	8999	55432864241203192308856	10	AMA*CREDENTIALING 800-621-8335 IL	60611	USA	44.00
********** TOTAL AMOUNT OF MEMO ITEM(S): $2,862.48								

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

citi CITIBANK, N.A.
PO BOX 6125
SIOUX FALLS SD 57117-6125

Account Number XXXX-XXXX-XXXX-6228
Statement Closing Date September 03, 2024

APPROVED ON
SEP 23 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Not an invoice.
For your records only.

ERIN CLEVENGER
202 S ANN ST., STE A
PORT LAVACA TX 77979-4204

00010079643

(1)

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

Bill To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Ship To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Vendor Name: Citibank

Date: 9/19/2024

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Date Required | Expense # | Department | Deliver To | Form # 9401

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		NPDB - 1 provider			✓ 2.50
2	—		AMA Credentialing x 1 physician			✓ 44.00
3			Init + Cont. Monitoring			
4	—		Sheraton Lakeside Chalet 8/5/24 - 8/9/24			✓ 625.60
5			St. Louis, MO - Hotel Reservation Kim Resendez BMT Class			
6			Kim Resendez (Lab) - training			
7	—		TORCH - Registration for 9/20/24 - 9/26/24			✓ 384.88
8			Erin Clevenger - Fall Conference			
9	—		Kalahari Resorts - Hotel Reservation			✓ 204.00
10			1st night - Erin Clevenger 9/26/24			

Est. Freight _____ Est. Total Cost _____ TOTAL COST _____

NOTES:

Contact:	Date:
Quoted By:	
Buyer:	E.T.A.

Dept. Director _____
Dir. Nursing _____
Dir. Clinical Services _____
CFO _____
Administrator _____

(2)

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

Bill To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Ship To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Vendor Name: Coalbank

Date: 9/19/2024

Vendor Address:

P.O. #

Vendor Phone #:

Account #

Vendor Fax #:

Initiated By:

Date Required | Expense # | Department | Deliver To | Form # 9401

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		National Assoc of Rural Health			✓ 500.0
2			Clinics - Registration for Erin			
3		2·50 + 44·00 + 625·60 +	Cameron - CRHCP Course	Fall 2024 Session		
4	-	384·88 +	System 13 Inc - Otr Cert			✓ 1000.0
5		204·00 + 500·00 +	Regeneration - Claims			
6	-	1,000·00 + 2·50 +	NPDB - x1 Provider (Enroll)			✓ 2.5
7	-	55·00 + 44·00 +	NPDB - x22 Renewals			✓ 55.0
8	-	2,862·48 =	AMA Credentialing - 1 Phy Init + Cont. Monitoring			✓ 44.0
9						
10						

Est. Freight _____ Est. Total Cost _____ TOTAL COST $2,862.48

NOTES:

Contact: Date:

Quoted By:

Buyer: E.T.A.

Dept. Director

Dir. Nursing

Dir. Clinical Services

CFO

Administrator Erin Cameron

CITIBANK CORPORATE CARD

Account Statement

Commercial Card Account
STEVE BROCK

Account Inquiries:
Toll Free 1-(800)-248-4553
International 1-(904)-954-7314
TDD/TTY: 1-(877)-505-7276

Account Number: XXXX-XXXX-XXXX-1615

Summary of Account Activity

Total Activity	$588.88

Send Notice of Billing Errors and Customer Service Inquiries to:
CITIBANK, N.A., PO BOX 6125, SIOUX FALLS SD 57117-6125

Not an invoice. For your records only.

Credit Limit	$5,000
Cash Advance Limit	$0
Statement Closing Date	09/03/2024
Days in Billing Period	31

Transactions

Post Date	Trans Date	MCC	Reference Number		Description/Location			Amount
			---------- NOTICE MEMO ITEM(S) LISTED BELOW ----------					
08/30	08/29	8699	82305094243000010726693	1	TEXAS ORGANIZATION OF ROUND ROCK TX	78664	USA	384.88
09/02	08/29	7011	75120714243900018983750	2	KALAHARI RESORT - TX - ROUND ROCK TX 8T2TWMWY CHECK IN: 08/29/2024	78665	USA	204.00
					---------- TOTAL AMOUNT OF MEMO ITEM(S): $588.88			

APPROVED ON
SEP 23 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

COPY

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

CITIBANK, N.A.
PO BOX 6125
SIOUX FALLS SD 57117-6125

Account Number XXXX-XXXX-XXXX-1615
Statement Closing Date September 03, 2024

Not an invoice.
For your records only

STEVE BROCK
202 S ANN ST, STE A
PORT LAVACA TX 77979-4204

00010079654

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

Bill To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Ship To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Vendor Name: Citibank

Date: 9/19/2024

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Date Required | Expense # | Department | Deliver To | Form # 9401

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		Texas Organization of Rural			✓ 384.88
2			& Communities Hospitals —	Round Rock, TX		
3			Fall Conference Registration			
4			Steve Porock 9/23-9/26			
5	—		Kalahari Resorts - 1st Day/Night			✓ 204.00
6		384.88 +	Reservation for Steve			
7		204.00 +	Brock			
8		588.88 ◊				
9						
10						

Est. Freight _____ Est. Total Cost _____ TOTAL COST $588.88

NOTES:

Charges made to Steve Porock's MC

Contact:	Date:
Quoted By:	
Buyer:	E.T.A.

Dept. Director _____

Dir. Nursing _____

Dir. Clinical Services _____

CFO _____

Administrator Erin Clerkin

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 09/20/2024

DC: 8115
Customer INV SuppID:
Territory:

Customer: 632536
Date: 09/21/2024

Page: 002

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

As of: 09/20/2024 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 09/21/2024 ITEMS NOT PAID (✓)

National Account 632536

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 13,421.53 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/07/2017 2,451.97

If Paid By 09/24/2024,
Pay This Amount: 13,153.06 USD

If Paid After 09/24/2024,
Pay this Amount: 13,421.53 USD

Due If Paid On Time:
USD 13,153.06

Disc lost if paid late:
268.47

Due If Paid Late:
USD 13,421.53

Andrea Contreras
9/23/2024

5.22 +
13,125.32 +
22.52 +
13,153.06 ◊

APPROVED ON
SEP 23 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 09/20/2024 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 190813
Date: 09/21/2024

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

As of: 09/20/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 **PLEASE CHECK ANY**
Date: 09/21/2024 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
09/18/2024	09/24/2024	7521591728	4174687	115Invoice	0.11	5.33		5.22	✓	7521591728	

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: 5.33 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 09/16/2024 24,560.81

If Paid By 09/24/2024, Pay This Amount: 5.22 USD

If Paid After 09/24/2024, Pay this Amount: 5.33 USD

Due If Paid On Time: USD 5.22 ✓

Disc lost if paid late: 0.11

Due If Paid Late: USD 5.33

APPROVED ON
SEP 23 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

✓ Andrea Dutton Sanchez
9/23/2024

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 09/20/2024

Page: 001

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

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 09/21/2024

As of: 09/20/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 09/21/2024

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
09/14/2024	09/24/2024	7520971531	204856690	115Invoice	1.17	58.47		57.30	✓	7520971531	
09/14/2024	09/24/2024	7520971532	206974220	115Invoice	2.74	136.85		134.11	✓	7520971532	
09/14/2024	09/24/2024	7520971533	211018742	115Invoice	0.01	0.32		0.31	✓	7520971533	
09/14/2024	09/24/2024	7520971534	206245624	115Invoice	0.01	0.63		0.62	✓	7520971534	
09/14/2024	09/24/2024	7520971535	206390915	115Invoice	0.01	0.63		0.62	✓	7520971535	
09/14/2024	09/24/2024	7520971536	206427908	115Invoice	0.01	0.32		0.31	✓	7520971536	
09/14/2024	09/24/2024	7520971537	206572602	115Invoice	0.01	0.32		0.31	✓	7520971537	
09/14/2024	09/24/2024	7520971538	210851955	115Invoice	5.16	258.22		253.06	✓	7520971538	
09/14/2024	09/24/2024	7520971539	209606802	115Invoice	0.01	0.32		0.31	✓	7520971539	
09/14/2024	09/24/2024	7520971540	210256143	115Invoice	0.02	0.95		0.93	✓	7520971540	
09/14/2024	09/24/2024	7520971541	210374571	115Invoice	0.01	0.32		0.31	✓	7520971541	
09/14/2024	09/24/2024	7520971542	210606606	115Invoice	0.01	0.32		0.31	✓	7520971542	
09/14/2024	09/24/2024	7520971543	208188615	115Invoice	22.52	1,126.23		1,103.71	✓	7520971543	
09/14/2024	09/24/2024	7520971544	208220871	115Invoice	22.52	1,126.23		1,103.71	✓	7520971544	
09/14/2024	09/24/2024	7520971545	207567373	115Invoice	0.01	0.63		0.62	✓	7520971545	
09/14/2024	09/24/2024	7520971546	207629508	115Invoice	0.01	0.32		0.31	✓	7520971546	
09/16/2024	09/24/2024	7521249809	211140867	115Invoice	0.83	41.42		40.59	✓	7521249809	
09/16/2024	09/24/2024	7521249810	203051223	115Invoice	0.01	0.32		0.31	✓	7521249810	
09/17/2024	09/24/2024	7521518512	206572602	115Invoice	0.01	0.32		0.31	✓	7521518512	
09/17/2024	09/24/2024	7521518513	210576422	115Invoice	5.23	261.41		256.18	✓	7521518513	
09/17/2024	09/24/2024	7521518514	211358897	115Invoice	21.41	1,070.57		1,049.16	✓	7521518514	
09/17/2024	09/24/2024	7521518515	211413206	115Invoice	0.02	0.95		0.93	✓	7521518515	
09/17/2024	09/24/2024	7521518516	211413206	115Invoice	40.80	2,040.18		1,999.38	✓	7521518516	
09/18/2024	09/24/2024	7521786685	211498414	115Invoice	0.83	41.42		40.59	✓	7521786685	
09/18/2024	09/24/2024	7521786686	204105929	115Invoice	0.25	12.67		12.42	✓	7521786686	
09/18/2024	09/24/2024	7521786687	207145602	115Invoice	5.23	261.41		256.18	✓	7521786687	
09/18/2024	09/24/2024	7521786688	208220871	115Invoice	22.52	1,126.23		1,103.71	✓	7521786688	
09/18/2024	09/24/2024	7521786689	211498414	115Invoice	1.50	74.93		73.43	✓	7521786689	
09/18/2024	09/24/2024	7521786690	206852419	115Invoice	0.01	0.63		0.62	✓	7521786690	
09/18/2024	09/24/2024	7521786691	207029278	115Invoice	0.01	0.63		0.62	✓	7521786691	
09/18/2024	09/24/2024	7521786692	207218693	115Invoice	0.01	0.32		0.31	✓	7521786692	

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 09/20/2024 Page: 002

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 09/21/2024

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

As of: 09/20/2024 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 09/21/2024 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
09/18/2024	09/24/2024	7521786693	207218693	115Invoice	17.12	855.76		838.64	✓	7521786693	
09/18/2024	09/24/2024	7521786694	210606606	115Invoice	0.01	0.32		0.31	✓	7521786694	
09/18/2024	09/24/2024	7521786695	211077583	115Invoice	0.01	0.32		0.31	✓	7521786695	
09/18/2024	09/24/2024	7521786696	211498414	115Invoice	0.01	0.32		0.31	✓	7521786696	
09/18/2024	09/24/2024	7521786697	205987101	115Invoice	2.14	106.81		104.67	✓	7521786697	
09/19/2024	09/24/2024	7522055803	210867078	115Invoice	15.63	781.45		765.82	✓	7522055803	
09/19/2024	09/24/2024	7522055804	211498414	115Invoice	5.23	261.41		256.18	✓	7522055804	
09/19/2024	09/24/2024	7522055805	205147848	115Invoice	1.17	58.47		57.30	✓	7522055805	
09/19/2024	09/24/2024	7522055806	205987101	115Invoice		0.14		0.14	✓	7522055806	
09/19/2024	09/24/2024	7522055807	207218693	115Invoice	0.02	0.95		0.93	✓	7522055807	
09/19/2024	09/24/2024	7522055808	208295096	115Invoice	22.52	1,126.23		1,103.71	✓	7522055808	
09/19/2024	09/24/2024	7522055809	211621273	115Invoice	0.01	0.32		0.31	✓	7522055809	
09/19/2024	09/24/2024	7522055810	207629508	115Invoice	0.01	0.32		0.31	✓	7522055810	
09/19/2024	09/24/2024	7522055811	207218693	115Invoice	17.12	855.76		838.64	✓	7522055811	
09/20/2024	09/24/2024	7522322240	211723301	115Invoice	27.20	1,360.12		1,332.92	✓	7522322240	
09/20/2024	09/24/2024	7522322241	211782464	115Invoice	6.80	340.03		333.23	✓	7522322241	

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: 13,393.22 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 09/16/2024 24,560.81

If Paid By 09/24/2024,
Pay This Amount: 13,125.32 USD

APPROVED ON
SEP 23 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

If Paid After 09/24/2024,
Pay this Amount: 13,393.22 USD

Due If Paid On Time:
USD 13,125.32 ✓
Disc lost if paid late: 267.90
Due If Paid Late:
USD 13,393.22

✓ Andrea Dutton Santos
9/23/2024

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 09/20/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 820405
Date: 09/21/2024

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

As of: 09/20/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 PLEASE CHECK ANY
Date: 09/21/2024 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 820405 HEB PHCY WHSE/MEM MED PHS											
09/16/2024	09/24/2024	7520994047	B2409-055-173752	115Invoice	0.46	22.98		22.52	✓	7520994047	

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: 22.98 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 24,560.81
09/16/2024

If Paid By 09/24/2024,
Pay This Amount: 22.52 USD

If Paid After 09/24/2024,
Pay this Amount: 22.98 USD

Due If Paid On Time:
USD 22.52 ✓

Disc lost if paid late:
0.46

Due If Paid Late:
USD 22.98

✓ Andrew DeLa Santos
9/23/2024

APPROVED ON
SEP 23 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

AmerisourceBergen

STATEMENT

Statement Number: 68250902
Date: 09-20-2024

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

DEA: RA0289276
866-451-9655

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

Remit To:
AMERISOURCEBERGEN
PO Box 905223
CHARLOTTE NC 28290-5223

Customer Number
100135284 / 037028186

Terms
Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	1,987.96
Past Due:	0.00
Total Due:	1,987.96
Account Balance:	1,987.96

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
09-15-2024	09-27-2024	3188668882	7007604734	Invoice	261.36		0.00	261.36
09-15-2024	09-27-2024	3188668883	7007604734	Invoice	1.18		0.00	1.18
09-15-2024	09-27-2024	3188668884	7007615443	Invoice	162.58		0.00	162.58
09-15-2024	09-27-2024	3188668885	7007615471	Invoice	53.55		0.00	53.55
09-15-2024	09-27-2024	3188668886	7007615471	Invoice	3.00		0.00	3.00
09-15-2024	09-27-2024	3188668887	7007625239	Invoice	42.47		0.00	42.47
09-16-2024	09-27-2024	3188769005	7007632041	Invoice	22.90		0.00	22.90
09-17-2024	09-27-2024	3188864241	7007642080	Invoice	1,073.40		0.00	1,073.40
09-18-2024	09-27-2024	3189027160	7007649387	Invoice	96.87		0.00	96.87
09-18-2024	09-27-2024	3189027161	7007649550	Invoice	63.77		0.00	63.77
09-19-2024	09-27-2024	3189269361	7007657077	Invoice	10.12		0.00	10.12
09-20-2024	09-27-2024	3189423747	7007666238	Invoice	196.76		0.00	196.76

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
1,987.96	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
09-20-2024	(3,520.41)

APPROVED ON
SEP 23 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
09-27-2024	1,987.96
Total Due:	1,987.96

Andrew DeLeon Santos
9/23/2024

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

		#### ###	ENTER:
☐	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"		
☐	"ENTER YOUR 4-DIGIT PIN"		
☐	"MAKE A PAYMENT, PRESS 1"		1
☐	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★	941 #
☐	"IF FEDERAL TAX DEPOSIT ENTER 1"		1
☐	"ENTER 2-DIGIT TAX FILING YEAR"	★	24
☐	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★	09

1ST QTR - 03 (MARCH) - Jan, Feb, Mar
2ND QTR - 06 (JUNE) - Apr, May, June
3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept
4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec

☐	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	$ 122,245.18 #
	"1 TO CONFIRM"		1
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 64,466.92 #
	"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 15,076.78 #
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 42,701.48 #
☐	"6-DIGIT SETTLEMENT DATE"	★	
	"1 TO CONFIRM"		1
☐	ACKNOWLEDGEMENT NUMBER		

CALLED IN BY:
CALLED IN DATE:
CALLED IN TIME:

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED *3/18/2014*

"ENTER VOID CKS AS NEGATIVE NUMBERS"

		VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: BEGIN	9/6/2024					
PAY PERIOD: END	9/19/2024					
PAY DATE:	9/27/2024					
GROSS PAY:	$ 557,815.49			$ -		$ 557,815.49
DEDUCTIONS:						
A/R	$ 325.00					$ 325.00
ADVANC						$ -
BOOTS						$ -
MUTUAL CRITICAL ILLNESS						$ -
MUTUAL ACCIDENT						$ -
IRS TAX						$ -
MUTUAL SHORT TERM DIS						$ -
MUTUAL VISION	$ 854.28					$ 854.28
CAFÉ-D	$ 1,231.56					$ 1,231.56
CAFÉ-H	$ 30,227.25					$ 30,227.25
	$ -					$ -
	$ -					$ -
CAFÉ-P						$ -
CANCER						$ -
CHILD	$ 610.99					$ 610.99
CLINIC	$ 380.00					$ 380.00
COMBIN	$ 250.86					$ 250.86
CREDUN	$ -					$ -
DENTAL	$ -					$ -
DEP-LF						$ -
MUTUAL TERM LIFE	$ 1,315.77					$ 1,315.77
MUTUAL HOSP INDEM	$ 491.50					$ 491.50
FED TAX	$ 42,701.48					$ 42,701.48
FICA-M	$ 7,538.39					$ 7,538.39
FICA-O	$ 32,233.46					$ 32,233.46
FICA-M ADDITIONAL						$ -
FIRST C						$ -
FLEX S	$ 4,713.26					$ 4,713.26
FLX-FE	$ -					$ -
GIFT S	$ 73.66					$ 73.66
MUTUAL CRITICAL ILLNESS	$ 1,066.63					$ 1,066.63
MUTUAL ACCIDENT	$ 698.22					$ 698.22
MUTUAL SHORT TERM DIS	$ 1,765.34					$ 1,765.34
LEGAL	$ 1,013.41					$ 1,013.41
OTHER	$ 2,850.12					$ 2,850.12
NATIONAL FARM LIFE	$ 1,256.63					$ 1,256.63
MED SURCHARGE	$ 275.00					$ 275.00
Blank						$ -
RELAY						$ -
REPAY						$ -
STONEDF	$ 895.00					$ 895.00
STONE						$ -
STONE 2						$ -
STUDEN						$ -
TSA-R	$ 38,293.10					$ 38,293.10
UW/HOS	$ -					$ -
TOTAL DEDUCTIONS:	$ 171,060.91	$ -	$ -	$ -	$ -	$ 171,060.91
	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	
NET PAY:	$ 386,754.58	$ -	$ -	$ -	$ -	$ 386,754.58
	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	
TOTAL CAFÉ 125 PLAN:	$ 37,921.35	Less Exempt:				
TAXABLE PAY:	$ 519,894.14	$ 519,894.14				Exempt Amt:

		"CALCULATED"	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 7,538.47		
FICA - MED (EE)	1.45%	$ 7,538.47	$ 7,538.39	$ 0.08
FICA - SOC SEC (ER)	6.20%	$ 32,233.44		
FICA - SOC SEC (EE)	6.20%	$ 32,233.44	$ 32,233.46	$ (0.02)
FED WITHHOLDING		$ 42,701.48	$ 42,701.48	

Employees over FICA-SS Cap:
Michael Gaines

Paycode S - Employee Reimb.:

TOTAL: $ -

TAX DEPOSIT:		$ 122,245.30	$ 122,245.18	
FICA - MEDICARE	2.90%	$ 15,076.94	$15,076.78	
FICA - SOCIAL SECURITY	12.40%	$ 64,466.88	$64,466.92	PREPARED BY: Andrie Flores
FED WITHHOLDING		$ 42,701.48	$42,701.48	PREPARED DATE: 9/23/2024
TOTAL TAX:		$ 122,245.30	$122,245.18	$ 0.12

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	10212.00	N		N	N		243662.65
1	REGULAR PAY-S1	2024.00	N		N	N	N	94398.34
1	REGULAR PAY-S1	316.50	Y		N	N		12717.14
1	REGULAR PAY-S1	2.50	Y		N	N	N	134.89
2	REGULAR PAY-S2	2743.25	N		N	N		74512.06
2	REGULAR PAY-S2	152.50	Y		N	N		7066.10
3	REGULAR PAY-S3	1618.25	N		N	N		56739.46
3	REGULAR PAY-S3	107.00	Y		N	N		5164.53
4	CALL BACK PAY	20.50	N	1	N	N	Y	1082.29
4	CALL BACK PAY	4.00	N	2	N	N	Y	174.13
4	CALL BACK PAY	1.25	N	3	N	N	Y	43.21
4	CALL BACK PAY	.50	Y	1	N	N	Y	40.67
4	CALL BACK PAY	.75	Y	3	N	N	Y	38.89
C	CALL PAY	2167.00	N	1	N	N		4334.00
D	DOUBLE TIME	23.25	N	2	N	N		1816.65
D	DOUBLE TIME	41.00	N	3	N	N		3444.15
D	DOUBLE TIME	7.75	Y	3	N	N		679.83
E	EXTRA WAGES	7.25	N		N	N	N	16170.34
E	EXTRA WAGES		N	1	N	N	N	2253.75
F	FUNERAL LEAVE	48.00	N	1	N	N		1098.96
I	INSERVICE	68.25	N	1	N	N		2413.53
I	INSERVICE	15.50	Y	1	N	N		781.60
K	EXTENDED-ILLNESS-BANK	2.00	N		N	N	N	99.00
K	EXTENDED-ILLNESS-BANK	93.00	N	1	N	N		2319.16
P	PAID-TIME-OFF	83.57	N		N	N	N	1280.33
P	PAID-TIME-OFF	961.25	N	1	N	N		24869.83
X	CALL PAY 2	96.00	N	1	N	N		192.00
Z	CALL PAY 3	96.00	N	1	N	N		288.00

Deductions Summary

Code	Amount	Code	Amount	Code	Amount
A/R	325.00	A/R2		A/R3	
ADVANC		AWARDS		BCBSVI	
BOOTS		CAFE H		CAFE-1	
CAFE-2		CAFE-3		CAFE-4	
CAFE-5		CAFE-C		CAFE-D	1231.56
CAFE-F		CAFE-H	30227.25	CAFE-I	
CAFE-L		CAFE-P		CANCER	
CHILD	610.99	CLINIC	380.00	COMBIN	250.86
CREDUN		DD ADV		DENTAL	
DEP-LF		DIS-LF		EAT	
EATCSH		FEDTAX	42701.48	FICA-M	7538.39
FICA-O	32233.46	FIRSTC		FLEX S	4040.43
FLX FE		FORT D		FUTA	
GIFT S	73.66	GRANT		GRP-IN	
GTL		HOSP-I		HSA	672.83
ID TFT		IRSTAX		LEAF	
LEGAL	160.91	MASA	852.50	MEALS	2850.12
METVIS		MISC		MISC/	
MMCSHR		MOOACC	698.22	MOOILL	1066.63
MOOIND	491.50	MOOLIF	1315.77	MOOSTD	1765.34
MOOVIS	854.20	NATFML	1256.63	OTHER	
PHI		PHI***		PR FIN	
RELAY		REPAY		SAMS	
SCRUBS		SIGNON		ST-TX	
STONDF	895.00	STONE		STONE2	
STUDEN		SUNACC		SUNILL	
SUNIND		SUNLIF		SUNSTD	
SUNVIS		SURCHG	275.00	TSA-1	
TSA-2		TSA-C		TSA-P	
TSA-R	38293.10	TUITION		UNIFOR	
UW/HOS					

Grand Totals: 20912.82 ------- Gross: 557815.49 Deductions: 171060.91 Net: 386754.58

Checks Count:- FT 207 PT 13 Other 49 Female 238 Male 30 Credit OverAmt 14 ZeroNet Term Total: 268

Andrew Dotos Santos
9/23/2024

CHKNO	GRPNO	LOCNO	EMPNO	DEPNO	CLMPRE	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYTO	CVGCD	CVGTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUDT	PRVNO
1006	76351	1	1	0	2024	45000041	1000	9/16/2024	-$1,500.00	1	GENERIC PROVIDER	P	172	0	EXPENSE	EMPLOYEE	AB	T	1/1/2024	1/1/2024	999999999
1202	76360	3	21	1	2024	60000294	1000	9/16/2024	-$16,336.00	1	LIBERTY DIALYSIS VICTORIA	P	465	[redacted]			HDI	T	1/1/2024	1/31/2024	262438451
2904	76351	1	1	0	2024	257002769	0	9/16/2024	$25,913.42	1	TRUESCRIPTS MANAGEMENT SERVICE LLC	P	517				PCS	F	8/26/2024	9/8/2024	464334244
2906	76351	2	6	0	2024	248003052	0	9/16/2024	$2,175.00	1	VICTORIA EYE CENTER	P	431				SFS	F	8/29/2024	8/29/2024	742208337
2907	76351	3	31	0	2024	249000243	0	9/16/2024	$6.17	1	CITIZENS MEDICAL PROFESSIONALS	P	457				OVS	F	7/30/2024	7/30/2024	471158090
2908	76351	3	37	0	2024	249000236	0	9/16/2024	$21.20	1	CENTER FOR CARDIAC ARRHYTHMIAS	P	189				ERD	F	6/20/2024	6/20/2024	760588590
2909	76351	3	40	0	2024	248003026	0	9/16/2024	$62.05	1	MPP MSO PLLC	P	728				TELM	F	4/23/2024	4/23/2024	611715115
2910	76351	3	31	0	2024	243001232	0	9/16/2024	$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	177				OV	F	8/27/2024	8/27/2024	742605670
2911	76351	3	49	0	2024	250001066	0	9/16/2024	$66.31	1	GREATER HOUSTON INTERVENTIONAL	P	177				OV	F	8/22/2024	8/22/2024	202341026
2914	76351	3	47	0	2024	248003060	0	9/16/2024	$299.43	1	VICTORIA WOMENS CLINIC ASSOCIATES	P	180				XRDR	F	8/23/2024	8/23/2024	741831291
2916	76351	3	53	0	2024	247001633	0	9/16/2024	$919.19	1	SHANNON CASEY MD	P	189				ERD	F	7/6/2024	7/6/2024	454288136
2920	76360	2	36	0	2024	247001115	0	9/16/2024	$59.94	1	MEHRAN A NEZHAD MD	P	177				OV	F	8/28/2024	8/28/2024	742929415
2922	76360	3	21	1	2024	254002332	0	9/16/2024	$16,336.00	1	LIBERTY DIALYSIS VICTORIA	P	465				HDI	F	1/1/2024	1/31/2024	262438451
2925	76360	3	19	2	2024	248003063	0	9/16/2024	$36.10	1	MELISSA A KAINER ERWIN MD PA	P	177				OV	F	8/26/2024	8/26/2024	200802489
2926	76360	3	70	0	2024	248003066	0	9/16/2024	$43.55	1	VICTORIA WOMENS CLINIC ASSOCIATES	P	177				OV	F	8/23/2024	8/23/2024	741831291
2928	76360	3	94	0	2024	243001234	0	9/16/2024	$59.94	1	AYO ADU, MD PLLC	P	177				OV	F	8/28/2024	8/28/2024	273335355
2930	76360	3	49	2	2024	243001231	0	9/16/2024	$67.56	1	MELISSA A. KAINER ERWIN, MD PA	P	177				OV	F	8/27/2024	8/27/2024	200802489
2931	76360	3	32	3	2024	247001123	0	9/16/2024	$70.00	1	JACKSON COUNTY MEDICAL CLINIC OF EDNA	P	177				OV	F	8/19/2024	8/19/2024	741738475
2932	76360	3	51	0	2024	248003064	0	9/16/2024	$79.18	1	AARON M MCGUIRE OD	P	457				OVS	F	8/29/2024	8/29/2024	742208337
2933	76360	3	59	1	2024	248003030	0	9/16/2024	$89.61	1	CIRCLE MEDICAL - UCSF AFFILIATE	P	728				TELM	F	7/22/2024	7/22/2024	474883537
2934	76360	3	51	1	2024	248003070	0	9/16/2024	$115.57	1	AARON M MCGUIRE OD	P	457				OVS	F	8/29/2024	8/29/2024	742208337
2935	76360	3	28	0	2024	249000830	0	9/16/2024	$231.50	1	TMH PHYSICIAN ASSOCIATES, PLLC	P	177				OV	F	8/28/2024	8/28/2024	300520570
2937	76360	3	28	0	2024	242003274	0	9/16/2024	$281.06	1	AMIRALI S POPATIA MD	P	457				OVS	F	8/5/2024	8/5/2024	760599320
2940	76360	3	32	6	2024	242000491	0	9/16/2024	$971.68	1	MAGELLA MEDICAL ASSOCIATES	P	261				CIRC	F	6/2/2024	6/2/2024	752740653
									$47,970.35												

TOTAL CHECKS	$47,970.35
Stale Dated checks	-$17,836.00
TOTAL TO FUND	$30,134.35

These funds are available in your funding account and ready to use on this check register.

Andrew DeLaSantos
9/23/2024

APPROVED ON
SEP 23 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Sept 16,2024 - Sept 22, 2024

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten Check" #
9/20/2024	PAY PLUS ACHTrans 36866641 101000695404468 P	- 3rd Party Payor Fee	170.04	901360
9/20/2024	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	3,520.41	500639
9/19/2024	WEBFILE TAX PYMT DD 902/76804712 21000021744	- Sales Tax	2,386.37	700138
9/19/2024	PAY PLUS ACHTrans 36718336 101000694302074 P	- 3rd Party Payor Fee	34.09	901361
9/19/2024	HPHG LLC PORT LAVA MemMedCtr PtLav 113122650	- Health Insurance Claim Payments	81,281.07	800590
9/18/2024	PAY PLUS ACHTrans 36533757 101000693066604 P	- 3rd Party Payor Fee	36.81	901362
9/17/2024	PAY PLUS ACHTrans 36352688 101000691666977 P	- 3rd Party Payor Fee	75.59	901363
9/17/2024	MCKESSON DRUG AUTO ACH ACH06173893 910000135	- 340B Drug Program Expense	24,560.81	500640
9/16/2024	PAY PLUS ACHTrans 36261750 101000690354397 P	- 3rd Party Payor Fee	14.41	901364
9/16/2024	TEXAS COUNTY DRS RECEIVABLE 0419 21000027014	- Retirement Funding	266,891.32	800591
9/16/2024	IRS USATAXPYMT 270466044344801 6103601018447	- Payroll Taxes	118,581.20	800592
9/16/2024	FDMS FDMS PYMT 052-1743547-000 4100012698221	- Credit Card Machine Lease Fee	40.03	901365
9/16/2024	FDMS FDMS PYMT 052-2100911-000 4100012700013	- Credit Card Machine Lease Fee	45.64	901366
9/16/2024	FDMS FDMS PYMT 052-1743548-000 4100012699290	- Credit Card Machine Lease Fee	80.06	901367
9/16/2024	FDMS FDMS PYMT 052-1737276-000 4100012697810	- Credit Card Machine Lease Fee	120.09	901368
			497,837.94	

pay pws

CC lease Fees

170.04 +
34.09 +
36.81 +
75.59 +
14.41 +
330.94 ◊
0.0

40.03 +
45.64 +
80.06 +
120.09 +
285.82 ◊
0.0

330.94 +
285.82 +
616.76 ◊

Andrew De Los Santos
Memorial Medical Center

September 23, 2024

*Approved on 9.18.24 CC
**Approved on 9.11.24 CC

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MM	nount
			0.00

497,837.94 +
0.00 ◊

Andrew De Los Santos
Memorial Medical Center

September 23, 202

616.76 ◊
0.00 ◊

APPROVED ON
SEP 23 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Start Date	Benefit	EE Per Pay Cost	ER Per Pay Cost
1/1/2024	Health Savings Account	$0.00	$ 25.00
1/1/2024	Health Savings Account	$100.00	$ 25.00
1/1/2024	Health Savings Account	$147.91	$ 25.00
1/1/2024	Health Savings Account	$41.67	$ 25.00
7/1/2024	Health Savings Account	$0.00	$ 25.00
1/1/2024	Health Savings Account	$60.00	$ 25.00
9/1/2024	Health Savings Account	$0.00	$ 25.00
1/1/2024	Health Savings Account	$10.00	$ 25.00
1/1/2024	Health Savings Account	$0.00	$ 25.00
1/1/2024	Health Savings Account	$0.00	$ 25.00
1/1/2024	Health Savings Account	$0.00	$ 25.00
1/1/2024	Health Savings Account	$25.00	$ 25.00
1/1/2024	Health Savings Account	$0.00	$ 25.00
8/1/2024	Health Savings Account	$0.00	$ 25.00
1/1/2024	Health Savings Account	$0.00	$ 25.00
2/1/2024	Health Savings Account	$163.25	$ 25.00
1/1/2024	Health Savings Account	$50.00	$ 25.00
2/1/2024	Health Savings Account	$0.00	$ 25.00
1/1/2024	Health Savings Account	$100.00	$ 25.00
1/1/2024	Health Savings Account	$0.00	$ 25.00
1/1/2024	Health Savings Account	$0.00	$ 25.00
9/1/2024	Health Savings Account	$0.00	$ 25.00
1/1/2024	Health Savings Account	$25.00	$ 25.00
7/1/2024	Health Savings Account	$0.00	$ 25.00
1/1/2024	Health Savings Account	$0.00	$ 25.00
2/1/2024	Health Savings Account	$0.00	$ 25.00
		$722.83	$ 650.00
	Total	$1,372.83	

RECEIVED BY THE
COUNTY AUDITOR ON

SEP 19 2024

CALHOUN COUNTY, TEXAS

09/19/2024
11:48

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 10/12/2024

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11824	THE CRESCENT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
090624		09/18/202	09/06/202	10/12/202			6,900.00	0.00	0.00	6,900.00
	TRANSFER INS. pmt. dep. into mmcopt. in error									
091224		09/18/202	09/12/202	10/12/202			9,850.00	0.00	0.00	9,850.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	16,750.00	0.00	0.00	16,750.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	16,750.00	0.00	0.00	16,750.00

APPROVED ON

SEP 19 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK#205931

RECEIVED BY THE COUNTY AUDITOR ON

SEP 19 2024

CALHOUN COUNTY, TEXAS

09/19/2024
11:49

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 10/12/2024

0
ap_open_invoice.template

Vendor# Vendor Name Class Pay Code

11836 GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
090624		09/18/202	09/06/202	10/12/202			3,570.06	0.00	0.00	3,570.06
	TRANSFER INS. pmt. dep. into MMC Opt. in error									
091024		09/18/202	09/10/202	10/12/202			5,280.52	0.00	0.00	5,280.52
	TRANSFER									
091124B		09/18/202	09/11/202	10/12/202			576.40	0.00	0.00	576.40
091124A		09/18/202	09/11/202	10/12/202			204.00	0.00	0.00	204.00
091124		09/18/202	09/11/202	10/12/202			5,200.93	0.00	0.00	5,200.93
091224		09/18/202	09/12/202	10/12/202			790.00	0.00	0.00	790.00
091224A		09/18/202	09/12/202	10/12/202			5,925.00	0.00	0.00	5,925.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	21,546.91	0.00	0.00	21,546.91

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	21,546.91	0.00	0.00	21,546.91

APPROVED ON

SEP 19 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk#205930

✓ 7

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SEP 19 20[illegible]

CALHOUN COUNTY, TEXAS

09/19/2024
11:50

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 10/12/2024

0
ap_open_invoice.template

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
✓	090624		09/18/202	09/06/202	10/12/202			10,905.00	0.00	0.00	10,905.00 ✓
		TRANSFER	INS. pmt. dep. into MMC Det. in error								
✓	091024		09/18/202	09/10/202	10/12/202			2,609.70	0.00	0.00	2,609.70 ✓
		TRANSFER	"								
✓	091024A		09/18/202	09/10/202	10/12/202			28,516.91	0.00	0.00	28,516.91 ✓
		TRANSFER	"								
✓	091124		09/18/202	09/11/202	10/12/202			6,324.00	0.00	0.00	6,324.00 ✓
✓	091124C		09/18/202	09/11/202	10/12/202			4,942.62	0.00	0.00	4,942.62 ✓
✓	091124A		09/18/202	09/11/202	10/12/202			18,347.26	0.00	0.00	18,347.26 ✓
✓	091124B		09/18/202	09/11/202	10/12/202			5,712.00	0.00	0.00	5,712.00 ✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	77,357.49	0.00	0.00	77,357.49

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	77,357.49	0.00	0.00	77,357.49

APPROVED ON

SEP 19 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK#205932

RECEIVED BY THE COUNTY AUDITOR ON

SEP 19 2024

09/19/2024 MEMORIAL MEDICAL CENTER 0

11:49 CALHOUN COUNTY, TEXAS AP Open Invoice List ap_open_invoice.template

Due Dates Through: 10/12/2024

Vendor#	Vendor Name	Class	Pay Code
12792	BETHANY SENIOR LIVING		

	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
S	090624		09/18/202	09/06/202	10/12/202			7,026.35	0.00	0.00	7,026.35
S	091024	TRANSFER INS. PMT. DEP. INTO MMC OPT. in error	09/18/202	09/10/202	10/12/202			48,316.27	0.00	0.00	48,316.27
S	091024A	TRANSFER	09/18/202	09/10/202	10/12/202			10.64	0.00	0.00	10.64
S	091124	TRANSFER	09/18/202	09/11/202	10/12/202			19,637.23	0.00	0.00	19,637.23
S	091224		09/18/202	09/12/202	10/12/202			14,535.06	0.00	0.00	14,535.06

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12792	BETHANY SENIOR LIVING	89,525.55	0.00	0.00	89,525.55

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	89,525.55	0.00	0.00	89,525.55

APPROVED ON

SEP 19 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk#205929

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
9/23/2024

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		61,434.82	60,944.37	298,447.01			298,937.46	**298,447.01**
						Bank Balance	298,937.46	
						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	**298,447.01**	
Broadmoor		17,643.88	17,190.09	277,859.90			278,313.69	**277,859.90**
						Bank Balance	278,313.69	
						Variance	-	
						Leave in Balance	100.00	

						July Interest	184.64	
						Aug Interest	169.15	
						Sept Interest		
						Adjust Balance/Transfer Amt	**277,859.90**	
Crescent		122,171.27	62,169.96	411,824.87			471,826.18	**411,824.87**
						Bank Balance	471,826.18	
						Variance	-	
						Leave in Balance	100.00	
						Claim Payment owed to Tuscany	59,325.00	

						July Interest	273.53	
						Aug Interest	302.78	
						Sept Interest		
						Adjust Balance/Transfer Amt	**411,824.87**	
Fort Bend		2,349.63	-	55,657.34			58,006.97	**57,801.25**
						Bank Balance	58,006.97	
						Variance	-	
						Leave in Balance	100.00	

						July Interest	52.09	
						Aug Interest	53.63	
						Sept Interest		
						Adjust Balance/Transfer Amt	**57,801.25**	
Solera at W Houston		54,791.54	54,299.04	160,189.16			160,681.66	**160,189.16**
						Bank Balance	160,681.66	
						Variance	-	
						Leave in Balance	100.00	

298,447.01 +
277,859.90 +
411,824.87 +
57,801.25 + *W.Bend / Broadmoor*
160,189.16 +
1,206,122.19 ◊

						July Interest	209.57	
						Aug Interest	182.93	
						Sept Interest		
						Adjust Balance/Transfer Amt	**160,189.16**	

TOTAL TRANSFERS	**1,206,122.19**

Approved: Andrew De Los Santos
Andrew De Los Santos **9/23/2024**

APPROVED ON
SEP 23 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

Ashford Gardens

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
9/20/2024	MANAGEANDNET1718 MNS PMNT 000000000000093 41	-	1,575.00					-	1,575.00
9/20/2024	HNB - ECHO HCCLAIMPMT 746003411 440000286941	-	8,269.89					-	8,269.89
9/20/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	5,582.10					-	5,582.10
9/20/2024	NOVITAS SOLUTION HCCLAIMPMT 675423 420000190	-	72,392.10					-	72,392.10
9/19/2024	HNB - ECHO HCCLAIMPMT 746003411 440000249216	-	12,730.32					-	12,730.32
9/19/2024	NOVITAS SOLUTION HCCLAIMPMT 675423 420000163	-	1,762.91					-	1,762.91
9/18/2024	WIRE OUT ASHFORD HEALTH CARE CENTER LTD	60,944.37	-					-	-
9/18/2024	HNB - ECHO HCCLAIMPMT 746003411 440000212243	-	24,698.52					-	24,698.52
9/18/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	858.36					-	858.36
9/18/2024	NOVITAS SOLUTION HCCLAIMPMT 675423 420000160	-	2,525.57					-	2,525.57
9/18/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2	-	7,038.88					-	7,038.88
9/17/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	80,954.79					-	80,954.79
9/16/2024	HNB - ECHO HCCLAIMPMT 746003411 440000208294	-	41,683.01					-	41,683.01
9/16/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	38,375.56					-	38,375.56
		-	-					-	-
		60,944.37	298,447.01	-	-	-	-	-	298,447.01

Broadmoor

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
9/20/2024	HNB - ECHO HCCLAIMPMT 746003411 440000286941	-	12,925.42					-	12,925.42
9/20/2024	UnitedHealthcare HCCLAIMPMT 746003411 910000	-	3,030.00					-	3,030.00
9/20/2024	UnitedHealthcare HCCLAIMPMT 746003411 910000	-	9,090.00					-	9,090.00
9/20/2024	NOVITAS SOLUTION HCCLAIMPMT 676357 420000190	-	125,992.31					-	125,992.31
9/20/2024	HUMANA CHA DISB HCCLAIMPMT 57505856 42000016	-	4,500.00					-	4,500.00
9/20/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2	-	375.83					-	375.83
9/19/2024	HNB - ECHO HCCLAIMPMT 746003411 440000249216	-	999.70					-	999.70
9/18/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	17,190.09	-					-	-
9/18/2024	HNB - ECHO HCCLAIMPMT 746003411 440000212241	-	11,320.15					-	11,320.15
9/18/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	31,833.13					-	31,833.13
9/18/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	5,986.98					-	5,986.98
9/17/2024	HNB - ECHO HCCLAIMPMT 746003411 440000265669	-	1,033.81					-	1,033.81
9/17/2024	HNB - ECHO HCCLAIMPMT 746003411 440000266035	-	11,383.86					-	11,383.86
9/17/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	16,932.84					-	16,932.84
9/17/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	3,181.76					-	3,181.76
9/17/2024	HUMANA CHA DISB HCCLAIMPMT 57271556 42000018	-	3,160.00					-	3,160.00
9/16/2024	HNB - ECHO HCCLAIMPMT 746003411 440000208294	-	36,114.11					-	36,114.11
		-	-					-	-
		17,190.09	277,859.90	-	-	-	-	-	277,859.90

Crescent

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
9/20/2024	HNB - ECHO HCCLAIMPMT 746003411 440000286941	-	12,457.66					-	12,457.66
9/20/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	6,150.00					-	6,150.00
9/20/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,439.70					-	1,439.70
9/20/2024	NOVITAS SOLUTION HCCLAIMPMT 676323 420000190	-	154,985.54					-	154,985.54
9/19/2024	Deposit	-	1,428.00					-	1,428.00
9/19/2024	MANAGEANDNET1718 MNS PMNT 000000000003268 41	-	10,699.00					-	10,699.00
9/19/2024	HNB - ECHO HCCLAIMPMT 746003411 440000249689	-	17,279.16					-	17,279.16
9/19/2024	AARP Supplementa HCCLAIMPMT 746003411 124384	-	4,080.00					-	4,080.00
9/18/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	62,169.96	-					-	-
9/18/2024	HNB - ECHO HCCLAIMPMT 746003411 440000212243	-	9,261.94					-	9,261.94
9/18/2024	NOVITAS SOLUTION HCCLAIMPMT 676323 420000159	-	21,263.46					-	21,263.46
9/18/2024	DEVOTED HEALTH P HCCLAIMPMT 21000021621709	-	4,050.00					-	4,050.00
9/17/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	3,281.27					-	3,281.27
9/16/2024	DEVOTED HEALTH P HCCLAIMPMT 21000023684748	-	9,900.00					-	9,900.00
9/16/2024	DEVOTED HEALTH P HCCLAIMPMT 21000023684746	-	59,325.00					-	59,325.00
9/16/2024	UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384	-	5,740.00					-	5,740.00
9/16/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	10,660.00					-	10,660.00
9/16/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	31,354.23					-	31,354.23
9/16/2024	NOVITAS SOLUTION HCCLAIMPMT 676323 420000165	-	48,469.91					-	48,469.91
		-	-					-	-
		62,169.96	411,824.87	-	-	-	-	-	411,824.87

Fort Bend

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
9/20/2024	HNB - ECHO HCCLAIMPMT 746003411 440000286941	-	16,997.97					-	16,997.97
9/20/2024	NOVITAS SOLUTION HCCLAIMPMT 675663 420000190	-	5,665.67					-	5,665.67
9/19/2024	Deposit	-	48.76					-	48.76
9/18/2024	HNB - ECHO HCCLAIMPMT 746003411 440000212246	-	5,145.52					-	5,145.52
9/16/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	27,799.42					-	27,799.42
		-	-					-	-
		-	55,657.34	-	-	-	-	-	55,657.34

Solera at West Houston

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
9/20/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,645.50					-	1,645.50
9/19/2024	Deposit	-	816.00					-	816.00
9/19/2024	HNB - ECHO HCCLAIMPMT 746003411 440000249243	-	7,497.76					-	7,497.76
9/18/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	54,299.04	-					-	-
9/18/2024	HNB - ECHO HCCLAIMPMT 746003411 440000212241	-	8,232.84					-	8,232.84
9/18/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,558.67					-	1,558.67
9/18/2024	NOVITAS SOLUTION HCCLAIMPMT 676310 420000159	-	18,522.28					-	18,522.28
9/17/2024	HNB - ECHO HCCLAIMPMT 746003411 440000265669	-	9,441.48					-	9,441.48
9/17/2024	HNB - ECHO HCCLAIMPMT 746003411 440000265669	-	17,462.91					-	17,462.91
9/17/2024	HNB - ECHO HCCLAIMPMT 746003411 440000266035	-	7,056.72					-	7,056.72
9/17/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	18,941.64					-	18,941.64
9/17/2024	HUMANA INS CO HCCLAIMPMT 57150128 8300005128	-	3,950.00					-	3,950.00
9/17/2024	HUMANA CHA DISB HCCLAIMPMT 57289902 42000018	-	3,115.00					-	3,115.00
9/16/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	4,950.00					-	4,950.00
9/16/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	25,350.62					-	25,350.62
9/16/2024	NOVITAS SOLUTION HCCLAIMPMT 676310 420000165	-	29,867.74					-	29,867.74
9/16/2024	HUMANA CHA DISB HCCLAIMPMT 57061028 42000012	-	1,780.00					-	1,780.00
		-	-					-	-
		54,299.04	160,189.16	-	-	-	-	-	160,189.16

TOTALS		194,603.46	1,203,978.28	-	-	-	-	-	1,203,978.28

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,575,487.37	$1,864,406.81	$1,575,487.37	$1,473,741.62
*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	$298,937.46	$299,567.46	$298,937.46	$211,118.37
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$278,313.69	$283,466.24	$278,313.69	$122,400.13
*4411 MEMORIAL MEDICAL / NH CRESCENT	$471,826.18	$504,641.31	$471,826.18	$296,793.28
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$160,681.66	$387,873.64	$160,681.66	$159,036.16
*4446 MEMORIAL MEDICAL / NH FORT BEND	$58,006.97	$69,082.13	$58,006.97	$35,343.33
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$30,429.88	$144,381.89	$30,429.88	$27,634.76
*4551 CAL CO INDIGENT HEALTHCARE	$5,494.69	$5,494.69	$5,494.69	$9,701.58
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$4,248.68	$4,248.68	$4,248.68	$4,028.30
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$1,761.09	$1,761.09	$1,761.09	$1,696.09
*5506 MMC -NH BETHANY SENIOR LIVING	$5,147.44	$81,959.03	$5,147.44	$297.65
*3407 MMC -NH TUSCANY VILLAGE	$58,913.96	$265,287.61	$58,913.96	$64,142.56
*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	**$2,955,379.52**	**$3,918,301.03**	**$2,955,379.52**	**$2,412,064.28**

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
9/23/2024

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		138,420.42	137,986.79	29,996.25		-	30,429.88	29,996.25
						Bank Balance	30,429.88	
						Variance	-	
						Leave in Balance	100.00	
						July Interest	151.91	
						Aug Interest	181.72	
						Sept Interest		
						Adjust Balance/Transfer Amt	29,996.25	

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

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

Approved: Andrew De Los Santos
Andrew De Los Santos 9/23/2024

APPROVED ON
SEP 23 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
9/20/2024	HNB - ECHO HCCLAIMPMT 746003411 440000286941	-	2,795.12					-	2,795.12
9/19/2024	Deposit	-	14,878.30					-	14,878.30
9/19/2024	TSYS/TRANSFIRST CR CD DEP 5436845558769l7 91	-	5,085.02					-	5,085.02
9/18/2024	WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	137,986.79	-					-	-
9/18/2024	HNB - ECHO HCCLAIMPMT 746003411 440000211983	-	176.42					-	176.42
9/17/2024	HNB - ECHO HCCLAIMPMT 746003411 440000266277	-	5,131.29					-	5,131.29
9/16/2024	TSYS/TRANSFIRST CR CD DEP 5436845558769l7 91	-	1,056.37					-	1,056.37
9/16/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2	-	873.73					-	873.73
								-	-
		137,986.79	29,996.25	-	-	-	-	-	29,996.25

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,575,487.37	$1,864,406.81	$1,575,487.37	$1,473,741.62
*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	$298,937.46	$299,567.46	$298,937.46	$211,118.37
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$278,313.69	$283,466.24	$278,313.69	$122,400.13
*4411 MEMORIAL MEDICAL / NH CRESCENT	$471,826.18	$504,641.31	$471,826.18	$296,793.28
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$160,681.66	$387,873.64	$160,681.66	$159,036.16
*4446 MEMORIAL MEDICAL / NH FORT BEND	$58,006.97	$69,082.13	$58,006.97	$35,343.33
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$30,429.88	$144,381.89	$30,429.88	$27,634.76
*4551 CAL CO INDIGENT HEALTHCARE	$5,494.69	$5,494.69	$5,494.69	$9,701.58
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$4,248.68	$4,248.68	$4,248.68	$4,028.30
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$1,761.09	$1,761.09	$1,761.09	$1,696.09
*5506 MMC -NH BETHANY SENIOR LIVING	$5,147.44	$81,959.03	$5,147.44	$297.65
*3407 MMC -NH TUSCANY VILLAGE	$58,913.96	$265,287.61	$58,913.96	$64,142.56
*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	**$2,955,379.52**	**$3,918,301.03**	**$2,955,379.52**	**$2,412,064.28**

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
9/23/2024

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza- Private Pay		2,858.76	-	1,389.92		-		4,248.68	no transfer
							Bank Balance	4,248.68	
							Variance	-	
							Leave in Balance	100.00	
							Claim payments owed to MMC	1,081.90	
							Adjust Balance/Transfer Amt	3,066.78	

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		30,772.74	30,672.74	1,661.09		-	-	1,761.09	-
							Bank Balance	1,761.09	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	1,661.09	

Routing Information for Gulf Pointe Plaza:

TOTAL TRANSFERS	4,727.87

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 9/23/2024

APPROVED ON
SEP 23 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
9/20/2024	PNC-ECHO HCCLAIMPMT 746003411 41000126150413	-	78.41					-	78.41
9/20/2024	PNC-ECHO HCCLAIMPMT 746003411 41000126150411	-	78.41					-	78.41
9/20/2024	HNB - ECHO HCCLAIMPMT 746003411 440000286941	-	63.56					-	63.56
9/19/2024	HNB - ECHO HCCLAIMPMT 746003411 440000249243	-	68.03					-	68.03
9/19/2024	HNB - ECHO HCCLAIMPMT 746003411 440000249945	-	446.35					-	446.35
9/16/2024	HNB - ECHO HCCLAIMPMT 746003411 440000208895	-	655.16					-	655.16
		-	1,389.92	-	-	-	-	-	1,389.92

Gulf Pointe Plaza-Medicare/Medicaid

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
9/20/2024	MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	65.00					-	65.00
9/18/2024	WIRE OUT HMG Rockport SNF, LP - Commerical	30,672.74	-					-	-
9/16/2024	MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	1,596.09					-	1,596.09
		30,672.74	1,661.09	-	-	-	-	-	1,661.09
		30,672.74	3,051.01	-	-	-	-	-	3,051.01

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,575,487.37	$1,864,406.81	$1,575,487.37	$1,473,741.62
*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	$298,937.46	$299,567.46	$298,937.46	$211,118.37
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$278,313.69	$283,466.24	$278,313.69	$122,400.13
*4411 MEMORIAL MEDICAL / NH CRESCENT	$471,826.18	$504,641.31	$471,826.18	$296,793.28
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$160,681.66	$387,873.64	$160,681.66	$159,036.16
*4446 MEMORIAL MEDICAL / NH FORT BEND	$58,006.97	$69,082.13	$58,006.97	$35,343.33
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$30,429.88	$144,381.89	$30,429.88	$27,634.76
*4551 CAL CO INDIGENT HEALTHCARE	$5,494.69	$5,494.69	$5,494.69	$9,701.58
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$4,248.68	$4,248.68	$4,248.68	$4,028.30
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$1,761.09	$1,761.09	$1,761.09	$1,696.09
*5506 MMC -NH BETHANY SENIOR LIVING	$5,147.44	$81,959.03	$5,147.44	$297.65
*3407 MMC -NH TUSCANY VILLAGE	$58,913.96	$265,287.61	$58,913.96	$64,142.56
*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	**$2,955,379.52**	**$3,918,301.03**	**$2,955,379.52**	**$2,412,064.28**

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
9/23/2024

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		150,455.86	146,305.86	54,763.96	-	-	-	58,913.96	54,763.96
							Bank Balance	58,913.96	
							Variance	-	
							Leave in Balance	100.00	
							Claims owed to Ashford	450.00	
							Claims owed to Broadmoor	3,600.00	
							Adjust Balance/Transfer Amt	54,763.96	

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 9/23/2024

APPROVED ON
SEP 23 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Tuscany Village	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp 1	QIPP/Comp 2	QIPP/Comp 3	QIPP/Comp 4&Lapse	QIPP TI	NH PORTION
9/20/2024 Check 1169	5,228.60	-					-	-
9/19/2024 Deposit	-	29,601.00					-	29,601.00
9/18/2024 WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	141,077.26	-					-	-
9/18/2024 Deposit	-	24,058.96					-	24,058.96
9/16/2024 Deposit	-	1,104.00					-	1,104.00
							-	-
	146,305.86	54,763.96	-	-	-	-	-	54,763.96

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,575,487.37	$1,864,406.81	$1,575,487.37	$1,473,741.62
*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	$298,937.46	$299,567.46	$298,937.46	$211,118.37
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$278,313.69	$283,466.24	$278,313.69	$122,400.13
*4411 MEMORIAL MEDICAL / NH CRESCENT	$471,826.18	$504,641.31	$471,826.18	$296,793.28
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$160,681.66	$387,873.64	$160,681.66	$159,036.16
*4446 MEMORIAL MEDICAL / NH FORT BEND	$58,006.97	$69,082.13	$58,006.97	$35,343.33
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$30,429.88	$144,381.89	$30,429.88	$27,634.76
*4551 CAL CO INDIGENT HEALTHCARE	$5,494.69	$5,494.69	$5,494.69	$9,701.58
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$4,248.68	$4,248.68	$4,248.68	$4,028.30
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$1,761.09	$1,761.09	$1,761.09	$1,696.09
*5506 MMC -NH BETHANY SENIOR LIVING	$5,147.44	$81,959.03	$5,147.44	$297.65
*3407 MMC -NH TUSCANY VILLAGE	$58,913.96	$265,287.61	$58,913.96	$64,142.56
*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	**$2,955,379.52**	**$3,918,301.03**	**$2,955,379.52**	**$2,412,064.28**

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
9/23/2024

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		32,976.64	32,678.99	81,661.38		-		81,959.03	81,226.13
							Bank Balance	81,959.03	
							Variance	-	
							Leave in Balance	100.00	
							Claim Payment Owed to The Crescent	435.25	
							July Interest	119.26	
							Aug Interest	78.39	
							Sept Interest		
							Adjust Balance/Transfer Amt	81,226.13	

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 9/23/2024

APPROVED ON
SEP 23 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Bethany Senior Living		Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
				QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
9/23/2024	ACH Deposit NDC SWEEP FAC K236 31316960139649 SWEEP FR	-	3,251.00					-	3,251.00
9/23/2024	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676481 420000196	-	73,560.59					-	73,560.59
9/20/2024	NDC SWEEP FAC K236 31316963069297 SWEEP FR	-	3,251.00					-	3,251.00
9/20/2024	HOSPICE OF SOUTH Payments NF 113122650024600	-	1,598.79					-	1,598.79
9/18/2024	WIRE OUT PORT LAVACA NH, LLC	32,678.99	-					-	-
								-	-
		32,678.99	81,661.38	-	-	-	-	-	81,661.38

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,575,487.37	$1,864,406.81	$1,575,487.37	$1,473,741.62
*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	$298,937.46	$299,567.46	$298,937.46	$211,118.37
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$278,313.69	$283,466.24	$278,313.69	$122,400.13
*4411 MEMORIAL MEDICAL / NH CRESCENT	$471,826.18	$504,641.31	$471,826.18	$296,793.28
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$160,681.66	$387,873.64	$160,681.66	$159,036.16
*4446 MEMORIAL MEDICAL / NH FORT BEND	$58,006.97	$69,082.13	$58,006.97	$35,343.33
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$30,429.88	$144,381.89	$30,429.88	$27,634.76
*4551 CAL CO INDIGENT HEALTHCARE	$5,494.69	$5,494.69	$5,494.69	$9,701.58
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$4,248.68	$4,248.68	$4,248.68	$4,028.30
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$1,761.09	$1,761.09	$1,761.09	$1,696.09
*5506 MMC -NH BETHANY SENIOR LIVING	$5,147.44	$81,959.03	$5,147.44	$297.65
*3407 MMC -NH TUSCANY VILLAGE	$58,913.96	$265,287.61	$58,913.96	$64,142.56
*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	**$2,955,379.52**	**$3,918,301.03**	**$2,955,379.52**	**$2,412,064.28**

Gulf Pointe

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: Memorial Medical Center

Date Requested: 9/23/2024

APPROVED ON SEP 23 2024 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

Chk#1117

FOR ACCT USE ONLY

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

AMOUNT: $ 1,081.90 ✓

G/L NUMBER: 21400007

EXPLANATION: Claim pymnts owed from Gulf Pointe to MMC ✓

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrea A Dos Santos

9/23/2024

Bethany

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAY TO: The Crescent ✓

Date Requested: 9/19/2024

APPROVED ON
SEP 23 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk# 1052

FOR ACCT USE ONLY

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

AMOUNT: $ 435.25 ✓

G/L NUMBER: 21400007

EXPLANATION: overpayment recovery on Crescent, meant for Bethany ✓

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew De Los Santos

9/23/2024

MEMORIAL MEDICAL CENTER
NH GULF POINTE - PRIVATE PAY
361-553-4618
1815 N VIRGINIA ST
PORT LAVACA, TX 77979

1117

88-2265/1131-87

DATE 9-25-24

CHECK ARMOR

PAY TO THE ORDER OF Memorial Medical Center $ 1081. 90/100

One thousand, eighty-one dollars and 90/100 DOLLARS

Photo Safe Deposit®

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

FOR Claim payment

County auditor

MP

County treasurer

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

1052

88-2265/1131-87

DATE 9-25-24

CHECK ARMOR

PAY TO THE ORDER OF The Crescent $ 435. 25/100

Four hundred thirty-five dollars and 25/100 DOLLARS

Photo Safe Deposit®

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

FOR Claim payments

County auditor

MP

County treasurer

Ø

RUN DATE:09/25/24 MEMORIAL MEDICAL CENTER PAGE 1
TIME:09:28 CHECK REGISTER GLCKREG
09/25/24 THRU 09/25/24

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
BSL *	001052	09/25/24	435.25	THE CRESCENT
GPP *	001117	09/25/24	1,081.90	MEMORIAL MEDICAL CENTER