MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---October 2, 2024

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	444,579.55
TOTAL TRANSFERS BETWEEN FUNDS	$	177,621.39
TOTAL NURSING HOME UPL EXPENSES	$	1,583,211.91
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED October 2, 2024	$	2,205,412.85

APPROVED

OCT 0 2 2024

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---October 2, 2024

PAYABLES AND PAYROLL			
9/26/2024	Weekly Payables	154,435.74	
9/30/2024	Keep-U-Neat Cleaners - Critical	746.00	
9/30/2024	Aveno Networks - Critical	95,330.00	
9/30/2024	Hospital Care Consultants - Critical	23,663.00	
9/30/2024	Trubridge, LLC - Critical	32,634.00	
9/30/2024	McKesson-340B Prescription Expense	6,014.36	
9/30/2024	Amerisource Bergen-340B Prescription Expense	1,493.15	
	Prosperity Electronic Bank Payments		
9/30/2024	90 Degree Benefits - employee insurance claims	62,640.61	
9/30/2024	HPHG - healh insurance premium payment	66,383.79	
9/30/2024	Expert Pay- Child Support	570.69	
9/30/2024	Pay Plus-Patient Claims Processing Fee	607.85	
9/30/2024	Harland Clarke Check Order	60.36	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 444,579.55**
TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES			
9/26/2024	MMC Operating to The Crescent-Correction of insurance payment deposited into MMC Operating in error	8,234.88	
9/26/2024	MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error	141,520.79	
9/26/2024	MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error	20,535.00	
9/26/2024	MMC Operating to Bethany-Correction of insurance payment deposited into MMC Operating in error	7,330.72	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 177,621.39**
NURSING HOME UPL EXPENSES			
9/30/2024	Nursing Home UPL-Cantex Transfer	884,722.20	
9/30/2024	Nursing Home UPL-Nexion Transfer	147,934.65	
9/30/2024	Nursing Home UPL-Tuscany Transfer	502,021.37	
9/30/2024	Nursing Home UPL-HSL Transfer	6,248.43	
QIPP CHECKS TO MMC			
9/30/2024	Golden Creek - Superior July & Y6 ADJ2	21,618.99	
9/30/2024	Bethany-Superior July & Y6 ADJ 2	20,666.27	
TOTAL NURSING HOME UPL EXPENSES			**$ 1,583,211.91**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED October 2, 2024			**$ 2,205,412.85**

Vendor#	Vendor Name	Class	Pay Code
13180	ADVANCED STERILIZATION PRODUCT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8020742874		09/18/202	09/13/202	10/13/202			362.94	0.00	0.00	362.94
	SUPPLIES									
8020744722A		09/25/202	09/17/202	10/17/202			10,380.00	0.00	0.00	10,380.00

Service Period 8/30/24 - 8/29/25

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13180	ADVANCED STERILIZATION PRODUCT	10,742.94	0.00	0.00	10,742.94

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
9153676426		09/18/202	09/12/202	10/12/202			681.02	0.00	0.00	681.02

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	681.02	0.00	0.00	681.02

Vendor#	Vendor Name	Class	Pay Code
A1705	ALIMED INC.	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
RPSV004336481		09/17/202	09/16/202	10/01/202			86.18	0.00	0.00	86.18
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1705	ALIMED INC.	86.18	0.00	0.00	86.18

Vendor#	Vendor Name	Class	Pay Code
14028	AMAZON CAPITAL SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1VFY7QVN1XM3		09/11/202	09/11/202	10/11/202			816.37	0.00	0.00	816.37
	SUPPLIES									
1PX976HCTRXJ		09/18/202	09/15/202	10/15/202			78.74	0.00	0.00	78.74
	SUPPLIES									
131KLQHVVYHJ		09/24/202	09/19/202	10/18/202			5.98	0.00	0.00	5.98

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES	901.09	0.00	0.00	901.09

Vendor#	Vendor Name	Class	Pay Code
10592	AMERICAN PROFICIENCY INSTITUTE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
697673		09/23/202	09/17/202	10/12/202			218.17	0.00	0.00	218.17

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10592	AMERICAN PROFICIENCY INSTITUTE	218.17	0.00	0.00	218.17

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
804888018		09/18/202	09/13/202	10/13/202			7.84	0.00	0.00	7.84
804814647A		09/24/202	08/02/202	09/01/202			7.84	0.00	0.00	7.84

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1360	AMERISOURCEBERGEN DRUG CORP	15.68	0.00	0.00	15.68

Vendor#	Vendor Name	Class	Pay Code
A2271	ARTHREX, INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
921798315		09/24/202	09/18/202	09/24/202			625.00	0.00	0.00	625.00
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	A2271	ARTHREX, INC					625.00	0.00	0.00	625.00

Vendor#	Vendor Name	Class	Pay Code
M2485	BAYER HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6011530650		09/24/202	09/12/202	09/24/202			828.06	0.00	0.00	828.06
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	M2485	BAYER HEALTHCARE					828.06	0.00	0.00	828.06

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
111563521		09/24/202	09/15/202	10/10/202			4,847.04	0.00	0.00	4,847.04
111570638		09/24/202	09/18/202	10/18/202			1,469.67	0.00	0.00	1,469.67
5493668		09/24/202	09/21/202	10/16/202			1,935.15	0.00	0.00	1,935.15
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC					8,251.86	0.00	0.00	8,251.86

Vendor#	Vendor Name	Class	Pay Code
B1320	BEEKLEY CORPORATION	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MIN0137705		09/24/202	09/12/202	09/24/202			112.00	0.00	0.00	112.00
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	B1320	BEEKLEY CORPORATION					112.00	0.00	0.00	112.00

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
907607721		09/25/202	09/13/202	09/25/202			986.46	0.00	0.00	986.46
907607720		09/25/202	09/13/202	09/25/202			358.50	0.00	0.00	358.50
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11072	BIO-RAD LABORATORIES, INC					1,344.96	0.00	0.00	1,344.96

Vendor#	Vendor Name	Class	Pay Code
C1048	CALHOUN COUNTY	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
092524		09/25/202	09/25/202	10/02/202			63.90	0.00	0.00	63.90
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY					63.90	0.00	0.00	63.90

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
091624		09/23/202	09/16/202	09/23/202			204.00	0.00	0.00	204.00
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11088	CANTEX HEALTH CARE CENTERS LLC					204.00	0.00	0.00	204.00

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

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

8003619620	09/18/202 09/01/202 10/12/202		422.42	0.00	0.00	422.42
8003625118	09/23/202 09/08/202 10/03/202		272.94	0.00	0.00	272.94
Vendor Totals: Number	Name		Gross	Discount	No-Pay	Net
C1325	CARDINAL HEALTH 414, INC.		695.36	0.00	0.00	695.36
Vendor# Vendor Name		Class	Pay Code			
10541 CARESFIELD						
Invoice# Comment	Tran Dt Inv Dt Due Dt Check Dt Pay		Gross	Discount	No-Pay	Net
200027912	09/18/202 09/17/202 10/17/202		357.74	0.00	0.00	357.74
200027859	09/24/202 09/12/202 10/12/202		1,138.56	0.00	0.00	1,138.56
200027907	09/24/202 09/18/202 10/18/202		281.40	0.00	0.00	281.40
Vendor Totals: Number	Name		Gross	Discount	No-Pay	Net
10541	CARESFIELD		1,777.70	0.00	0.00	1,777.70
Vendor# Vendor Name		Class	Pay Code			
C1992 CDW GOVERNMENT, INC.		M				
Invoice# Comment	Tran Dt Inv Dt Due Dt Check Dt Pay		Gross	Discount	No-Pay	Net
AA6RE4R	09/18/202 09/17/202 10/17/202		899.11	0.00	0.00	899.11
Vendor Totals: Number	Name		Gross	Discount	No-Pay	Net
C1992	CDW GOVERNMENT, INC.		899.11	0.00	0.00	899.11
Vendor# Vendor Name		Class	Pay Code			
C1730 CITY OF PORT LAVACA		W				
Invoice# Comment	Tran Dt Inv Dt Due Dt Check Dt Pay		Gross	Discount	No-Pay	Net
081424CREDITAB	09/23/202 08/14/202 09/05/202		-109.53	0.00	0.00	-109.53
091624	09/24/202 09/16/202 10/07/202		-0.15	0.00	0.00	-0.15
081024-091024						
091624A	09/24/202 09/16/202 10/07/202		4,308.88	0.00	0.00	4,308.88
091624AB	09/24/202 09/16/202 10/07/202		67.63	0.00	0.00	67.63
091624ABC	09/24/202 09/16/202 10/07/202		-68.92	0.00	0.00	-68.92
Vendor Totals: Number	Name		Gross	Discount	No-Pay	Net
C1730	CITY OF PORT LAVACA		4,197.91	0.00	0.00	4,197.91
Vendor# Vendor Name		Class	Pay Code			
14608 COTIVITI						
Invoice# Comment	Tran Dt Inv Dt Due Dt Check Dt Pay		Gross	Discount	No-Pay	Net
091124	09/25/202 09/11/202 09/25/202		51.28	0.00	0.00	51.28
Vendor Totals: Number	Name		Gross	Discount	No-Pay	Net
14608	COTIVITI		51.28	0.00	0.00	51.28
Vendor# Vendor Name		Class	Pay Code			
10006 CUSTOM ASSEMBLIES, INC						
Invoice# Comment	Tran Dt Inv Dt Due Dt Check Dt Pay		Gross	Discount	No-Pay	Net
INV5002	09/24/202 04/19/202 05/19/202		384.84	0.00	0.00	384.84
Vendor Totals: Number	Name		Gross	Discount	No-Pay	Net
10006	CUSTOM ASSEMBLIES, INC		384.84	0.00	0.00	384.84
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

7676440	09/11/202 09/16/202 10/11/202	421.94	0.00	0.00	421.94
7676441	09/11/202 09/16/202 10/11/202	26.02	0.00	0.00	26.02
7677600	09/25/202 09/16/202 10/11/202	136.08	0.00	0.00	136.08
7686000	09/25/202 09/20/202 10/15/202	455.35	0.00	0.00	455.35

Vendor Totals: Number Name

		Gross	Discount	No-Pay	Net
10368	DEWITT POTH & SON	1,039.39	0.00	0.00	1,039.39

Vendor# 11196 Vendor Name: DON BROWN ELEVATOR INSPECTIONS — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
25180	Annual Safety Inspection	09/23/202	06/17/202	09/23/202			900.00	0.00	0.00	900.00

Vendor Totals: Number Name

		Gross	Discount	No-Pay	Net
11196	DON BROWN ELEVATOR INSPECTIONS	900.00	0.00	0.00	900.00

Vendor# 15832 Vendor Name: EVERON — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
156305489	Fire Monitoring 9/1/24 - 9/30/24	09/26/202	09/03/202	10/03/202			58.43	0.00	0.00	58.43

Vendor Totals: Number Name

		Gross	Discount	No-Pay	Net
15832	EVERON	58.43	0.00	0.00	58.43

Vendor# F1100 Vendor Name: FEDERAL EXPRESS CORP. — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
858344144		09/25/202	08/08/202	09/02/202			75.00	0.00	0.00	75.00
861186981		09/25/202	09/05/202	09/30/202			79.87	0.00	0.00	79.87
861819902		09/25/202	09/12/202	10/07/202			131.23	0.00	0.00	131.23
860467242		09/26/202	08/29/202	09/23/202			68.79	0.00	0.00	68.79

Vendor Totals: Number Name

		Gross	Discount	No-Pay	Net
F1100	FEDERAL EXPRESS CORP.	354.89	0.00	0.00	354.89

Vendor# 14336 Vendor Name: FIRETRON, INC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
267907		09/18/202	09/16/202	10/16/202			1,973.00	0.00	0.00	1,973.00
267963		09/18/202	09/17/202	10/17/202			500.00	0.00	0.00	500.00

Vendor Totals: Number Name

		Gross	Discount	No-Pay	Net
14336	FIRETRON, INC	2,473.00	0.00	0.00	2,473.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5136216		09/24/202	09/05/202	09/30/202			82.92	0.00	0.00	82.92
5248014		09/24/202	09/10/202	10/05/202			75.89	0.00	0.00	75.89
5248013		09/24/202	09/10/202	10/05/202			23.85	0.00	0.00	23.85
5287702A		09/24/202	09/11/202	10/06/202			95.85	0.00	0.00	95.85

5324546		09/24/202	09/12/202	10/07/202	14,656.86	0.00	0.00	14,656.86

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	14,935.37	0.00	0.00	14,935.37

Vendor#	Vendor Name	Class	Pay Code
12636	FUSION CONNECT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1029272703		09/24/202	09/16/202	10/16/202			808.00	0.00	0.00	808.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12636	FUSION CONNECT	808.00	0.00	0.00	808.00

Vendor#	Vendor Name	Class	Pay Code
12404	GE PRECISION HEALTHCARE, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6002757868		09/26/202	09/01/202	10/01/202			86.67	0.00	0.00	86.67

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12404	GE PRECISION HEALTHCARE, LLC	86.67	0.00	0.00	86.67

Vendor#	Vendor Name	Class	Pay Code
W1300	GRAINGER	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9245179867		09/24/202	09/11/202	10/11/202			13.50	0.00	0.00	13.50

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	W1300	GRAINGER	13.50	0.00	0.00	13.50

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2561362		09/17/202	08/13/202	09/12/202			944.13	0.00	0.00	944.13
	SUPPLIES									
2573367		09/25/202	09/17/202	10/17/202			777.39	0.00	0.00	777.39
2570844		09/26/202	09/10/202	10/10/202			929.17	0.00	0.00	929.17

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	2,650.69	0.00	0.00	2,650.69

Vendor#	Vendor Name	Class	Pay Code
H0416	HOLOGIC INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
11067379		09/24/202	09/11/202	10/11/202			20,650.99	0.00	0.00	20,650.99

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	H0416	HOLOGIC INC	20,650.99	0.00	0.00	20,650.99

Vendor#	Vendor Name	Class	Pay Code
10530	HUMANA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
LENRIC0001		09/24/202	09/23/202	09/24/202			102.18	0.00	0.00	102.18

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10530	HUMANA	102.18	0.00	0.00	102.18

Vendor#	Vendor Name	Class	Pay Code
11600	LEGAL SHIELD		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
091524		09/23/202	09/15/202	09/23/202			556.55	0.00	0.00	556.55

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11600	LEGAL SHIELD	556.55	0.00	0.00	556.55

Vendor#	Vendor Name	Class	Pay Code
10972	M G TRUST		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
090624		09/24/202	09/06/202	09/24/202			895.00	0.00	0.00	895.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10972	M G TRUST	895.00	0.00	0.00	895.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
22575425		09/04/202	09/04/202	10/15/202			440.36	0.00	0.00	440.36
22631962	SUPPLIES	09/18/202	09/16/202	10/01/202			103.94	0.00	0.00	103.94
22636347		09/18/202	09/17/202	10/02/202			360.50	0.00	0.00	360.50
22642140		09/18/202	09/18/202	10/03/202			2,716.07	0.00	0.00	2,716.07
22650175		09/25/202	09/19/202	10/04/202			116.70	0.00	0.00	116.70

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	3,737.57	0.00	0.00	3,737.57

Vendor#	Vendor Name	Class	Pay Code
11612	MEDICAL AIR SERVICES ASSOC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1927110	OCTOBER COVERAGE MONTH	09/23/202	09/23/202	09/23/202			1,733.00	0.00	0.00	1,733.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11612	MEDICAL AIR SERVICES ASSOC.	1,733.00	0.00	0.00	1,733.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2334781579	SUPPLIES	09/11/202	09/11/202	10/06/202			70.34	0.00	0.00	70.34
2333870433		09/11/202	10/11/202	10/12/202			16.11	0.00	0.00	16.11
2335693557	SUPPLIES	09/17/202	09/17/202	10/12/202			39.56	0.00	0.00	39.56
2335693558	SUPPLIES	09/17/202	09/17/202	10/12/202			344.52	0.00	0.00	344.52
2335693556	SUPPLIES	09/18/202	09/17/202	10/12/202			70.34	0.00	0.00	70.34
2336506248		09/18/202	09/23/202	10/18/202			501.50	0.00	0.00	501.50
2335708742		09/24/202	09/17/202	10/12/202			70.34	0.00	0.00	70.34
2335749245		09/24/202	09/18/202	10/13/202			1,546.14	0.00	0.00	1,546.14
2335749240		09/24/202	09/18/202	10/13/202			524.63	0.00	0.00	524.63
2335749248		09/24/202	09/18/202	10/13/202			74.44	0.00	0.00	74.44
2335749242		09/24/202	09/18/202	10/13/202			26.25	0.00	0.00	26.25

2335749243	09/24/202 09/18/202 10/13/202	50.71	0.00	0.00	50.71
2335749244	09/24/202 09/18/202 10/13/202	707.40	0.00	0.00	707.40
2335749247	09/24/202 09/18/202 10/13/202	5.62	0.00	0.00	5.62
2335749239	09/24/202 09/18/202 10/13/202	12.26	0.00	0.00	12.26
2336241587	09/24/202 09/20/202 10/15/202	218.92	0.00	0.00	218.92
2335749246	09/24/202 09/24/202 10/18/202	3,605.48	0.00	0.00	3,605.48

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	7,884.56	0.00	0.00	7,884.56

Vendor# 10963 Vendor Name: MEMORIAL MEDICAL CLINIC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
090624		09/23/202	09/06/202	09/19/202			380.00	0.00	0.00	380.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10963	MEMORIAL MEDICAL CLINIC	380.00	0.00	0.00	380.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2450481		09/24/202	09/17/202	09/27/202			329.77	0.00	0.00	329.77
4957		09/24/202	09/17/202	09/27/202			-29.95	0.00	0.00	-29.95
2451355		09/24/202	09/17/202	09/27/202			131.28	0.00	0.00	131.28
2451356		09/24/202	09/17/202	09/27/202			1,474.35	0.00	0.00	1,474.35
2450769		09/24/202	09/17/202	09/27/202			6.08	0.00	0.00	6.08
2455936		09/24/202	09/18/202	09/28/202			393.79	0.00	0.00	393.79
2456672		09/24/202	09/18/202	09/28/202			200.17	0.00	0.00	200.17
2456671		09/24/202	09/18/202	09/28/202			31.81	0.00	0.00	31.81
2461718		09/24/202	09/19/202	09/29/202			400.11	0.00	0.00	400.11
2458988		09/24/202	09/19/202	09/29/202			11.29	0.00	0.00	11.29
2461719		09/24/202	09/19/202	09/29/202			238.70	0.00	0.00	238.70
2467128		09/24/202	09/22/202	10/02/202			369.60	0.00	0.00	369.60
2472219		09/24/202	09/23/202	10/03/202			11,406.14	0.00	0.00	11,406.14
2472218		09/24/202	09/23/202	10/03/202			2.97	0.00	0.00	2.97

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	14,966.11	0.00	0.00	14,966.11

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4309251		09/24/202	09/06/202	10/01/202			2,513.20	0.00	0.00	2,513.20

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
36839080		09/24/202	09/12/202	10/12/202			204.60	0.00	0.00	204.60

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	O1500	OLYMPUS AMERICA INC	204.60	0.00	0.00	204.60

Vendor#	Vendor Name	Class	Pay Code
10152	PARTSSOURCE, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
05439527		09/24/202	09/09/202	10/09/202			230.97	0.00	0.00	230.97

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10152	PARTSSOURCE, LLC	230.97	0.00	0.00	230.97

Vendor#	Vendor Name	Class	Pay Code
10032	PHILIPS HEALTHCARE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9026107446		09/25/202	08/14/202	09/13/202			105.45	0.00	0.00	105.45

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10032	PHILIPS HEALTHCARE	105.45	0.00	0.00	105.45

Vendor#	Vendor Name	Class	Pay Code
14764	PL-CPR, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
337		09/23/202	09/18/202	09/18/202			720.00	0.00	0.00	720.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14764	PL-CPR, LLC	720.00	0.00	0.00	720.00

Vendor#	Vendor Name	Class	Pay Code
10372	PRECISION DYNAMICS CORP (PDC)		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9357152179		09/11/202	09/12/202	10/12/202			77.22	0.00	0.00	77.22

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10372	PRECISION DYNAMICS CORP (PDC)	77.22	0.00	0.00	77.22

Vendor#	Vendor Name	Class	Pay Code
15196	PROVATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INVPVM54476		09/24/202	08/29/202	09/28/202			1,961.14	0.00	0.00	1,961.14

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15196	PROVATION	1,961.14	0.00	0.00	1,961.14

Vendor#	Vendor Name	Class	Pay Code
11080	RADSOURCE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
PSI002994		09/18/202	09/12/202	10/12/202			1,791.67	0.00	0.00	1,791.67
PSI003050		09/18/202	09/17/202	10/12/202			1,708.33	0.00	0.00	1,708.33

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

Vendor#	Vendor Name	Class	Pay Code
14996	REMEDI8 LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
29135		09/24/202	09/18/202	09/18/202			2,736.00	0.00	0.00	2,736.00

Enhanced Door Inspection

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14996	REMEDI8 LLC	2,736.00	0.00	0.00	2,736.00

Vendor#	Vendor Name	Class	Pay Code
11764	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
091824		09/23/202	09/23/202	09/23/202			26.38	0.00	0.00	26.38

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11764	[redacted]	26.38	0.00	0.00	26.38

Vendor#	Vendor Name	Class	Pay Code
S2001	SIEMENS MEDICAL SOLUTIONS INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
116608820		09/24/202	09/16/202	10/11/202			2,451.95	0.00	0.00	2,451.95

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S2001	SIEMENS MEDICAL SOLUTIONS INC	2,451.95	0.00	0.00	2,451.95

Vendor#	Vendor Name	Class	Pay Code
14716	SINGLETON ASSOCIATES PA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5313		09/23/202	04/02/202	09/23/202			11.00	0.00	0.00	11.00
851		09/23/202	04/02/202	09/23/202			10.91	0.00	0.00	10.91
5691		09/23/202	05/01/202	09/23/202			10.91	0.00	0.00	10.91
5962		09/23/202	05/01/202	09/23/202			10.91	0.00	0.00	10.91

5961

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14716	SINGLETON ASSOCIATES PA	43.73	0.00	0.00	43.73

Vendor#	Vendor Name	Class	Pay Code
S2270	SMILE MAKERS	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9533287		09/24/202	04/22/202	05/17/202			48.95	0.00	0.00	48.95

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S2270	SMILE MAKERS	48.95	0.00	0.00	48.95

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
983386299		09/24/202	09/19/202	09/24/202			1,328.24	0.00	0.00	1,328.24

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S2362	SMITH & NEPHEW, INC.	1,328.24	0.00	0.00	1,328.24

Vendor#	Vendor Name	Class	Pay Code
S3960	STERICYCLE, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8008406978		09/23/202	09/18/202	10/18/202			3,076.66	0.00	0.00	3,076.66

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S3960	STERICYCLE, INC	3,076.66	0.00	0.00	3,076.66

Vendor#	Vendor Name	Class	Pay Code

S3940 STERIS CORPORATION M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
12765963		09/04/202	08/27/202	10/12/202			436.80	0.00	0.00	436.80
12789972		09/11/202	09/03/202	10/15/202			447.48	0.00	0.00	447.48

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S3940	STERIS CORPORATION	884.28	0.00	0.00	884.28

Vendor# 11075 Vendor Name SUMMIT MEDICAL Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
650237		09/24/202	09/19/202	09/24/202			199.00	0.00	0.00	199.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11075	SUMMIT MEDICAL	199.00	0.00	0.00	199.00

Vendor# T1450 Vendor Name TEXAS ASSOCIATION OF COUNTIES Class W Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
092524		09/25/202	09/25/202	09/25/202			2,672.07	0.00	0.00	2,672.07

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	T1450	TEXAS ASSOCIATION OF COUNTIES	2,672.07	0.00	0.00	2,672.07

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
092524		09/25/202	09/25/202	09/25/202			76.75	0.00	0.00	76.75

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15396	THIRD COAST DISTRIBUTING LLC	76.75	0.00	0.00	76.75

Vendor# 11908 Vendor Name TMS SOUTH Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV134789		09/18/202	09/18/202	10/18/202			114.60	0.00	0.00	114.60

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11908	TMS SOUTH	114.60	0.00	0.00	114.60

Vendor# 12168 Vendor Name TRANSCAT, INC. Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
11804035		09/25/202	09/12/202	09/25/202			1,704.50	0.00	0.00	1,704.50

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12168	TRANSCAT, INC.	1,704.50	0.00	0.00	1,704.50

Vendor# 15836 Vendor Name TRAVIS PTO Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
092424		09/25/202	09/24/202	09/25/202			200.00	0.00	0.00	200.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15836	TRAVIS PTO	200.00	0.00	0.00	200.00

Vendor# 14372 Vendor Name TRIAGE, LLC Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV1796913088A		09/23/202	02/02/202	09/23/202			173.38	0.00	0.00	173.38
INV1796930417		09/23/202	03/08/202	04/07/202			3,467.50	0.00	0.00	3,467.50

INV1796931736	09/23/202 03/15/202 04/14/202			3,467.50	0.00	0.00	3,467.50
INV1796960646	09/23/202 05/10/202 06/09/202			3,443.75	0.00	0.00	3,443.75
Vendor Totals: Number	Name			Gross	Discount	No-Pay	Net
14372	TRIAGE, LLC			10,552.13	0.00	0.00	10,552.13

Vendor# 13616 — Vendor Name: TRIOSE, INC — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
TRI194367		09/25/202	08/13/202	08/28/202			32.90	0.00	0.00	32.90
TRI195798		09/25/202	08/28/202	09/12/202			73.38	0.00	0.00	73.38
TRI196594		09/25/202	09/05/202	09/20/202			473.00	0.00	0.00	473.00
Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
13616	TRIOSE, INC						579.28	0.00	0.00	579.28

Vendor# C2510 — Vendor Name: TRUBRIDGE — Class: M — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1024204		09/24/202	09/18/202	10/13/202			3,875.00	0.00	0.00	3,875.00
Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
C2510	TRUBRIDGE						3,875.00	0.00	0.00	3,875.00

Vendor# U1064 — Vendor Name: UNIFIRST HOLDINGS INC — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2921042634		09/23/202	09/19/202	10/14/202			372.12	0.00	0.00	372.12
2921042630		09/23/202	09/19/202	10/14/202			103.91	0.00	0.00	103.91
2921042635		09/23/202	09/19/202	10/14/202			162.14	0.00	0.00	162.14
2921042636		09/23/202	09/19/202	10/14/202			198.84	0.00	0.00	198.84
2921042633		09/23/202	09/19/202	10/14/202			34.04	0.00	0.00	34.04
2921042637		09/23/202	09/19/202	10/14/202			119.66	0.00	0.00	119.66
2921042832		09/24/202	09/23/202	10/18/202			123.06	0.00	0.00	123.06
2921042831		09/24/202	09/23/202	10/18/202			2,808.80	0.00	0.00	2,808.80
Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
U1064	UNIFIRST HOLDINGS INC						3,922.57	0.00	0.00	3,922.57

Vendor# 14192 — Vendor Name: UNITED HEALTHCARE — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
BELJOH0002		09/24/202	08/06/202	09/24/202			0.94	0.00	0.00	0.94
Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
14192	UNITED HEALTHCARE						0.94	0.00	0.00	0.94

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

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

9111618318	09/18/202 09/13/202 10/08/202	1,089.94	0.00	0.00	1,089.94
SUPPLIES					
9111619671	09/18/202 09/16/202 10/11/202	1,443.23	0.00	0.00	1,443.23
SUPPLIES					

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	2,533.17	0.00	0.00	2,533.17

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
INV118110		09/17/202	09/16/202	09/17/202			1,790.00	0.00	0.00	1,790.00
SUPPLIES										

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11400	WEST COAST MEDICAL RESOURCES	1,790.00	0.00	0.00	1,790.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	154,435.74	0.00	0.00	154,435.74

APPROVED ON

SEP 26 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 205950 -
206021

RECEIVED BY THE
COUNTY AUDITOR ON

SEP 30 2024

09/26/2024
15:39

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Transaction Dates Through: 09/26/2024

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
D1710	KEEP-U-NEAT CLEANERS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
070124		09/26/202	07/01/202	07/11/202			746.00	0.00	0.00	746.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	D1710	KEEP-U-NEAT CLEANERS	746.00	0.00	0.00	746.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	746.00	0.00	0.00	746.00

APPROVED ON

SEP 30 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 205983

RECEIVED BY THE
COUNTY AUDITOR ON

SEP 30 2024

CALHOUN COUNTY, TEXAS

09/27/2024
16:08

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Invoice Dates Through: 09/25/2024

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11247	AVENO NETWORKS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
15004		09/27/202	09/25/202	10/05/202			95,330.00	0.00	0.00	95,330.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11247	AVENO NETWORKS	95,330.00	0.00	0.00	95,330.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	95,330.00	0.00	0.00	95,330.00

APPROVED ON

SEP 30 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 205957

RECEIVED BY THE
COUNTY AUDITOR ON

SEP 30 2024

09/27/2024 CALHOUN COUNTY, TEXAS MEMORIAL MEDICAL CENTER 0
16:17 AP Open Invoice List ap_open_invoice.template
Transaction Dates Through: 09/27/2024

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net
15208	HOSPITAL CARE CONSULTANTS INC.			23,663.00	0.00	0.00	23,663.00

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay
6651		09/27/202	09/30/202	10/10/202		

10th / EOM

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

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	23,663.00	0.00	0.00	23,663.00

APPROVED ON

SEP 30 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 205981

RECEIVED BY THE
COUNTY AUDITOR ON

SEP 30 2024

09/30/2024 MEMORIAL MEDICAL CENTER 0
10:26 CALHOUN COUNTY, TEXAS AP Open Invoice List ap_open_invoice.template
Invoice Dates Through: 09/27/2024

Vendor#	Vendor Name	Class	Pay Code
C2510	TRUBRIDGE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
~~1024394~~		~~09/24/202~~	~~09/18/202~~	~~10/18/202~~			~~3,875.00~~	~~0.00~~	~~0.00~~	~~3,875.00~~
47374A		09/27/202	09/27/202	10/22/202			32,634.00	0.00	0.00	32,634.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C2510	TRUBRIDGE	~~36,509.00~~	0.00	0.00	~~36,509.00~~

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	~~36,509.00~~	0.00	0.00	~~36,509.00~~

APPROVED ON

SEP 30 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK#206017

Ø

RUN DATE:10/02/24 MEMORIAL MEDICAL CENTER PAGE 1
TIME:09:35 CHECK REGISTER GLCKREG
09/30/24 THRU 10/02/24

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
[redacted]				
A/P	205950	10/02/24	10,742.94	ADVANCED STERILIZATION PRODUCT
A/P	205951	10/02/24	681.02	AIRGAS USA, LLC - CENTRAL DIV
A/P	205952	10/02/24	86.18	ALIMED INC.
A/P	205953	10/02/24	901.09	AMAZON CAPITAL SERVICES
A/P	205954	10/02/24	218.17	AMERICAN PROFICIENCY INSTITUTE
A/P	205955	10/02/24	15.68	AMERISOURCEBERGEN DRUG CORP
A/P	205956	10/02/24	625.00	ARTHREX, INC
A/P	205957	10/02/24	95,330.00	AVENO NETWORKS
A/P	205958	10/02/24	828.06	BAYER HEALTHCARE
A/P	205959	10/02/24	8,251.86	BECKMAN COULTER INC
A/P	205960	10/02/24	112.00	BEEKLEY CORPORATION
A/P	205961	10/02/24	1,344.96	BIO-RAD LABORATORIES, INC
A/P	205962	10/02/24	63.90	CALHOUN COUNTY
A/P	205963	10/02/24	204.00	CANTEX HEALTH CARE CENTERS LLC
A/P	205964	10/02/24	695.36	CARDINAL HEALTH 414, INC.
A/P	205965	10/02/24	1,777.70	CARESFIELD
A/P	205966	10/02/24	899.11	CDW GOVERNMENT, INC.
A/P	205967	10/02/24	4,197.91	CITY OF PORT LAVACA
A/P	205968	10/02/24	51.28	COTIVITI
A/P	205969	10/02/24	384.84	CUSTOM ASSEMBLIES, INC
A/P	205970	10/02/24	1,039.39	DEWITT POTH & SON
A/P	205971	10/02/24	900.00	DON BROWN ELEVATOR INSPECTIONS
A/P	205972	10/02/24	58.43	EVERON
A/P	205973	10/02/24	354.89	FEDERAL EXPRESS CORP.
A/P	205974	10/02/24	2,473.00	FIRETRON, INC
A/P	205975	10/02/24	14,935.37	FISHER HEALTHCARE
A/P	205976	10/02/24	808.00	FUSION CONNECT
A/P	205977	10/02/24	86.67	GE PRECISION HEALTHCARE, LLC
A/P	205978	10/02/24	13.50	GRAINGER
A/P	205979	10/02/24	2,650.69	GULF COAST PAPER COMPANY
A/P	205980	10/02/24	20,650.99	HOLOGIC INC
A/P	205981	10/02/24	23,663.00	HOSPITAL CARE CONSULTANTS INC.
A/P	205982	10/02/24	102.18	HUMANA

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	205983	10/02/24	746.00	KEEP-U-NEAT CLEANERS
A/P	205984	10/02/24	556.55	LEGAL SHIELD
A/P	205985	10/02/24	895.00	M G TRUST
A/P	205986	10/02/24	3,737.57	MCKESSON MEDICAL SURGICAL INC
A/P	205987	10/02/24	1,733.00	MEDICAL AIR SERVICES ASSOC.
A/P	205988	10/02/24	.00	VOIDED
A/P	205989	10/02/24	.00	VOIDED
A/P	205990	10/02/24	7,884.56	MEDLINE INDUSTRIES INC
A/P	205991	10/02/24	380.00	MEMORIAL MEDICAL CLINIC
A/P	205992	10/02/24	14,966.11	MORRIS & DICKSON CO, LLC
A/P	205993	10/02/24	2,513.20	NATIONAL FARM LIFE INSURANCE
A/P	205994	10/02/24	204.60	OLYMPUS AMERICA INC
A/P	205995	10/02/24	230.97	PARTSSOURCE, LLC
A/P	205996	10/02/24	105.45	PHILIPS HEALTHCARE
A/P	205997	10/02/24	720.00	PL-CPR, LLC
A/P	205998	10/02/24	77.22	PRECISION DYNAMICS CORP (PDC)
A/P	205999	10/02/24	1,961.14	PROVATION
A/P	206000	10/02/24	3,500.00	RADSOURCE
A/P	206001	10/02/24	2,736.00	REMEDI8 LLC
A/P	206002	10/02/24	26.38	ROBERT RODRIQUEZ
A/P	206003	10/02/24	2,451.95	SIEMENS MEDICAL SOLUTIONS INC
A/P	206004	10/02/24	43.73	SINGLETON ASSOCIATES PA
A/P	206005	10/02/24	48.95	SMILE MAKERS
A/P	206006	10/02/24	1,328.24	SMITH & NEPHEW, INC.
A/P	206007	10/02/24	3,076.66	STERICYCLE, INC
A/P	206008	10/02/24	884.28	STERIS CORPORATION
A/P	206009	10/02/24	199.00	SUMMIT MEDICAL
A/P	206010	10/02/24	2,672.07	TEXAS ASSOCIATION OF COUNTIES
A/P	206011	10/02/24	76.75	THIRD COAST DISTRIBUTING LLC
A/P	206012	10/02/24	114.60	TMS SOUTH
A/P	206013	10/02/24	1,704.50	TRANSCAT, INC.
A/P	206014	10/02/24	200.00	TRAVIS PTO
A/P	206015	10/02/24	10,552.13	TRIAGE, LLC
A/P	206016	10/02/24	579.28	TRIOSE, INC
A/P	206017	10/02/24	36,509.00	TRUBRIDGE
A/P	206018	10/02/24	3,922.57	UNIFIRST HOLDINGS INC
A/P	206019	10/02/24	.94	UNITED HEALTHCARE
A/P	206020	10/02/24	2,533.17	WERFEN USA LLC
A/P	206021	10/02/24	1,790.00	WEST COAST MEDICAL RESOURCES
A/P	206022	09/30/24	.00	BETHANY SENIOR LIVING
A/P	206023	09/30/24	.00	GOLDENCREEK HEALTHCARE
A/P	206024	09/30/24	.00	THE CRESCENT
A/P	206025	09/30/24	.00	TUSCANY VILLAGE
A/P	206026	10/02/24	7,330.72	BETHANY SENIOR LIVING
A/P	206027	10/02/24	141,520.79	GOLDENCREEK HEALTHCARE
A/P	206028	10/02/24	8,234.88	THE CRESCENT
A/P	206029	10/02/24	20,535.00	TUSCANY VILLAGE
TOTALS:			484,430.13	

APPROVED ON

OCT 02 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payables
154,435.74 +
746.00 +
Criticals 95,330.00 +
23,663.00 +
32,634.00 +
NH Xfers 177,621.39 +
484,430.13 =

McKESSON

STATEMENT

ompany: 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: 09/27/2024 Page: 002

DC: 8115
Customer INV SupplD:
Territory:

Customer: 632536
Date: 09/28/2024

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

As of: 09/27/2024 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 09/28/2024 ITEMS NOT PAID (✓)

National Account 632536

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

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

'TAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 6,137.15 USD

:ure Due: 0.00

st Due: 0.00

t Payment 2,451.97
'07/2017

If Paid By 10/01/2024,
Pay This Amount: 6,014.36 USD

If Paid After 10/01/2024,
Pay this Amount: 6,137.15 USD

Due If Paid On Time:
USD 6,014.36
Disc lost if paid late: 122.79
Due If Paid Late:
USD 6,137.15

5,731.10 +
73.49 +
0.31 +
139.12 +
48.38 +
21.96 +
6,014.36 ◊

APPROVED ON
SEP 30 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Andrew DeLa Cruz Santos
9/30/2024

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

ompany: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 09/27/2024

Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 09/28/2024

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

As of: 09/27/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 09/28/2024 ITEMS NOT PAID (✓)

National Account 632536

ling te	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
stomer Number 256342		WALMART 1098/MEM MED PHS									
/21/2024	10/01/2024	7522451088	204471952	115Invoice	1.46	72.82		71.36	✓	7522451088	
/21/2024	10/01/2024	7522451089	208295096	115Invoice	45.05	2,252.47		2,207.42	✓	7522451089	
/23/2024	10/01/2024	7522735495	211844496	115Invoice	0.01	0.32		0.31	✓	7522735495	
/23/2024	10/01/2024	7522735496	207218693	115Invoice	0.02	0.95		0.93	✓	7522735496	
/24/2024	10/01/2024	7523000776	211413206	115Invoice	3.67	183.51		179.84	✓	7523000776	
/24/2024	10/01/2024	7523000777	210197664	115Invoice	6.26	313.16		306.90	✓	7523000777	
/24/2024	10/01/2024	7523000778	211277397	115Invoice		0.08		0.08	✓	7523000778	
/24/2024	10/01/2024	7523000779	204105929	115Invoice	0.25	12.67		12.42	✓	7523000779	
24/2024	10/01/2024	7523000780	207510085	115Invoice	1.56	77.95		76.39	✓	7523000780	
24/2024	10/01/2024	7523000781	205576447	115Invoice	4.12	205.97		201.85	✓	7523000781	
24/2024	10/01/2024	7523000782	212128647	115Invoice	0.01	0.32		0.31	✓	7523000782	
24/2024	10/01/2024	7523000783	207218693	115Invoice	0.02	0.95		0.93	✓	7523000783	
24/2024	10/01/2024	7523000784	207465136	115Invoice	0.01	0.32		0.31	✓	7523000784	
24/2024	10/01/2024	7523000785	207629508	115Invoice	0.03	1.27		1.24	✓	7523000785	
24/2024	10/01/2024	7523000786	207994362	115Invoice	0.01	0.63		0.62	✓	7523000786	
24/2024	10/01/2024	7523000787	208116698	115Invoice	0.01	0.32		0.31	✓	7523000787	
24/2024	10/01/2024	7523011258	212128647	115Invoice	2.80	139.98		137.18	✓	7523011258	
25/2024	10/01/2024	7523271300	212214415	115Invoice	0.83	41.42		40.59	✓	7523271300	
25/2024	10/01/2024	7523271301	212270028	115Invoice	18.47	923.39		904.92	✓	7523271301	
26/2024	10/01/2024	7523519926	207851010	115Invoice	0.04	1.90		1.86	✓	7523519926	
26/2024	10/01/2024	7523519928	211018742	115Invoice	0.01	0.63		0.62	✓	7523519928	
26/2024	10/01/2024	7523519929	211413206	115Invoice	0.01	0.32		0.31	✓	7523519929	
26/2024	10/01/2024	7523519931	208525470	115Invoice	6.62	331.12		324.50	✓	7523519931	
27/2024	10/01/2024	7523758010	212443630	115Invoice	5.16	258.22		253.06	✓	7523758010	
27/2024	10/01/2024	7523758011	209619554	115Invoice	1.60	79.85		78.25	✓	7523758011	
27/2024	10/01/2024	7523758012	212501589	115Invoice	1.66	82.84		81.18	✓	7523758012	
27/2024	10/01/2024	7523758013	212443630	115Invoice	6.56	327.86		321.30	✓	7523758013	
27/2024	10/01/2024	7523758014	212443630	115Invoice	6.59	329.30		322.71	✓	7523758014	
27/2024	10/01/2024	7523758015	205576447	115Invoice	4.12	205.97		201.85	✓	7523758015	
7/2024	10/01/2024	7523758016	208620292	115Invoice	0.01	0.63		0.62	✓	7523758016	
7/2024	10/01/2024	7523758017	205987101	115Invoice	0.01	0.32		0.31	✓	7523758017	

For AR Inquiries please contact 800-867-0333

McKESSON

ompany: 8000

STATEMENT

As of: 09/27/2024 Page: 002

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 09/28/2024

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

As of: 09/27/2024 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: 09/28/2024 ITEMS NOT PAID (✓)

National Account 632536

ling te	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
/27/2024	10/01/2024	7523758018	211140867	115Invoice	0.01	0.32		0.31	✓	7523758018	
/27/2024	10/01/2024	7523758019	211723301	115Invoice	0.01	0.32		0.31	✓	7523758019	

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

TAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 5,848.10 USD

ure Due: 0.00

t Due: 0.00

t Payment 13,153.06
23/2024

If Paid By 10/01/2024,
Pay This Amount: 5,731.10 USD

If Paid After 10/01/2024,
Pay this Amount: 5,848.10 USD

Due If Paid On Time:
USD 5,731.10 ✓
Disc lost if paid late: 117.00
Due If Paid Late:
USD 5,848.10

✓ Andrew DeLosSantos
9/30/2024

APPROVED ON
SEP 30 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

ompany: 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: 09/27/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 820405
Date: 09/28/2024

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

As of: 09/27/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 PLEASE CHECK ANY
Date: 09/28/2024 ITEMS NOT PAID (✓)

National Account 632536

ling ite	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
stomer Number 820405 HEB PHCY WHSE/MEM MED PHS											
/23/2024	10/01/2024	7522478022	B2409-055-174423	115Invoice	1.38	68.81		67.43	✓	7522478022	
/26/2024	10/01/2024	7523311660	B2409-055-174884	115Invoice	0.12	6.18		6.06	✓	7523311660	

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

TAL: Customer Number 820405 HEB PHCY WHSE/MEM MED PHS

Subtotals: 74.99 USD

ure Due: 0.00

t Due: 0.00

t Payment 13,153.06
23/2024

If Paid By 10/01/2024,
Pay This Amount: 73.49 USD

If Paid After 10/01/2024,
Pay this Amount: 74.99 USD

Due If Paid On Time:
USD 73.49 ✓
Disc lost if paid late:
1.50
Due If Paid Late:
USD 74.99

✓ Andrew Datas Santos
9/30/2024

APPROVED ON
SEP 30 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

ompany: 8000

As of: 09/27/2024 Page: 001

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

CVS PHCY 10356/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835430
Date: 09/28/2024

As of: 09/27/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835430 PLEASE CHECK ANY
Date: 09/28/2024 ITEMS NOT PAID (✓)

National Account 632536

ing te	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
stomer Number 835430 CVS PHCY 10356/MEM MC PHS											
'25/2024	10/01/2024	7523072611	3552367	115Invoice	0.01	0.32		0.31	✓	7523072611	

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

TAL: Customer Number 835430 CVS PHCY 10356/MEM MC PHS

Subtotals: 0.32 USD

ure Due: 0.00

t Due: 0.00

t Payment 2,647.84
15/2024

If Paid By 10/01/2024,
Pay This Amount: 0.31 USD

If Paid After 10/01/2024,
Pay this Amount: 0.32 USD

Due If Paid On Time:
USD 0.31 ✓

Disc lost if paid late:
0.01

Due If Paid Late:
USD 0.32

✓ Andrew DeLeon Santos
9/30/2024

APPROVED ON
SEP 30 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

mpany: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 09/27/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835434
Date: 09/28/2024

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

As of: 09/27/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835434 PLEASE CHECK ANY
Date: 09/28/2024 ITEMS NOT PAID (✓)

National Account 632536

ing e	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
stomer Number 835434 CVS PHCY 8923/MEM MC PHS											
25/2024	10/01/2024	7523102942	3552428	115Invoice	0.21	10.50		10.29		7523102942	
25/2024	10/01/2024	7523102943	3552428	115Invoice	2.63	131.46		128.83		7523102943	

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

TAL: Customer Number 835434 CVS PHCY 8923/MEM MC PHS

Subtotals: 141.96 USD

ure Due: 0.00

t Due: 0.00

: Payment 10,984.66
26/2024

If Paid By 10/01/2024,
Pay This Amount: 139.12 USD

If Paid After 10/01/2024,
Pay this Amount: 141.96 USD

Due If Paid On Time:
USD 139.12

Disc lost if paid late:
2.84

Due If Paid Late:
USD 141.96

APPROVED ON
SEP 30 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Andrew DeFosSantos
9/30/2024

For AR Inquiries please contact 800-867-0333

MCKESSON

mpany: 8000

STATEMENT

As of: 09/27/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835437
Date: 09/28/2024

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

As of: 09/27/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835437 PLEASE CHECK ANY
Date: 09/28/2024 ITEMS NOT PAID (✓)

National Account 632536

ng e	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
tomer Number 835437 CVS PHCY 7416/MEM MC PHS											
25/2024	10/01/2024	7523256567	3550533	115Invoice	0.99	49.37		48.38		7523256567	

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

AL: Customer Number 835437 CVS PHCY 7416/MEM MC PHS

Subtotals: 49.37 USD

re Due: 0.00

: Due: 0.00

Payment 24,560.81
6/2024

If Paid By 10/01/2024,
Pay This Amount: 48.38 USD

If Paid After 10/01/2024,
Pay this Amount: 49.37 USD

Due If Paid On Time:
USD 48.38

Disc lost if paid late:
0.99

Due If Paid Late:
USD 49.37

APPROVED ON
SEP 30 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Andrew Dotson-Santos
9/30/2024

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

ıpany: 8000

As of: 09/27/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835438
Date: 09/28/2024

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

As of: 09/27/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 PLEASE CHECK ANY
Date: 09/28/2024 ITEMS NOT PAID (✓)

National Account 632536

ıg e	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
tomer Number 835438 CVS PHCY 7475/MEM MC PHS											
25/2024	10/01/2024	7523248923	3552150	115Invoice	0.45	22.41		21.96	✓	7523248923	

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

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

Subtotals: 22.41 USD

re Due: 0.00

Due: 0.00

If Paid By 10/01/2024,
Pay This Amount: 21.96 USD

Due If Paid On Time:
USD 21.96 ✓

Disc lost if paid late:
0.45

Payment 24,560.81
6/2024

If Paid After 10/01/2024,
Pay this Amount: 22.41 USD

Due If Paid Late:
USD 22.41

APPROVED ON
SEP 30 2024
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

✓ Andrew DeLos Santos
9/30/2024

For AR Inquiries please contact 800-867-0333

AmerisourceBergen

STATEMENT

Statement Number: 68279064
Date: 09-27-2024

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:	1,493.15
Past Due:	(9,838.42)
Total Due:	(8,345.27)
Account Balance:	(8,345.27)

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
09-23-2024	10-04-2024	3189594801	7007670485	Invoice	39.33		0.00	39.33
09-23-2024	10-04-2024	3189594802	7007681977	Invoice	152.83		0.00	152.83
09-23-2024	10-04-2024	3189594803	7007693546	Invoice	21.60		0.00	21.60
09-23-2024	10-04-2024	3189594804	7007671903	Invoice	1.35		0.00	1.35
09-23-2024	10-04-2024	3189594805	7007681830	Invoice	12.06		0.00	12.06
09-24-2024	09-24-2024	205568	3184784667	Customer Payment	75.10	08-12-2024	150.20	(75.10)
09-24-2024	09-24-2024	205568	3184944579	Customer Payment	137.30	08-13-2024	274.60	(137.30)
09-24-2024	09-24-2024	205568	3184945100	Customer Payment	233.46	08-13-2024	466.92	(233.46)
09-24-2024	09-24-2024	205568	3185600679	Customer Payment	3,759.63	08-19-2024	7,519.26	(3,759.63)
09-24-2024	09-24-2024	205568	3185601952	Customer Payment	3,573.38	08-19-2024	7,146.76	(3,573.38)
09-24-2024	09-24-2024	205568	3185601953	Customer Payment	61.66	08-19-2024	123.32	(61.66)
09-24-2024	09-24-2024	205568	3185601950	Customer Payment	162.58	08-19-2024	325.16	(162.58)
09-24-2024	09-24-2024	205568	3184784668	Customer Payment	72.71	08-12-2024	145.42	(72.71)
09-24-2024	09-24-2024	205568	3184784666	Customer Payment	238.09	08-12-2024	476.18	(238.09)
09-24-2024	09-24-2024	205568	3185098913	Customer Payment	17.61	08-14-2024	35.22	(17.61)

AmerisourceBergen® STATEMENT Number: 68279064 Date: 09-27-2024

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
09-24-2024	09-24-2024	205568	3184784665	Customer Payment	2,288.36	08-12-2024	4,576.72	(2,288.36)
09-24-2024	09-24-2024	205568	3185257235	Customer Payment	93.11	08-15-2024	186.22	(93.11)
09-24-2024	09-24-2024	205568	3185601951	Customer Payment	1,113.39	08-19-2024	2,226.78	(1,113.39)
09-24-2024	10-04-2024	3189762327	7007698509	Invoice	19.34		0.00	19.34
09-24-2024	10-04-2024	3189762328	7007698509	Invoice	1.18		0.00	1.18
09-25-2024	10-04-2024	3189915028	7007706639	Invoice	31.25		0.00	31.25
09-25-2024	10-04-2024	3189915029	7007706639	Invoice	1.00		0.00	1.00
09-25-2024	10-04-2024	3189915470	7007707386	Invoice	96.87		0.00	96.87
09-26-2024	10-04-2024	3190003221	7007716200	Invoice	4.35		0.00	4.35
09-27-2024	10-04-2024	3190232253	7007727328	Invoice	1,110.64		0.00	1,110.64
09-27-2024	10-04-2024	3190232254	7007725674	Invoice	1.35		0.00	1.35

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
1,493.15	(9,838.42)	0.00	0.00	0.00	0.00	0.00

APPROVED ON
SEP 30 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
09-24-2024	(11,826.38)
09-27-2024	1,987.96
10-04-2024	1,493.15
Total Due:	(8,345.27)

Andrew De Los Santos
9/30/2024

CLAIM-ID	PAYNO	LINENO	TAXPAID	LINEPRO	CLAIMPRE	CLAIMSEQ	CLAIMLAT	CHKDT	AMT	CLAIMTO	PAYEE	PAYTYP	LYOB	CVETY	FIRSTNAME	LASTNAME	EOB	VOID	TPDWDT	THRUDT	INVNO
2945	76351	1	1	0	2024	268000961	0	9/25/2024	$28,842.54	1	TRUESCRIPTS MANAGEMENT SERVICE LLC	P	517	0	EXPENSE	EMPLOYER	PCS	F	8/9/2024	9/22/2024	4643384284
2946	76351	1	2	0	2024	267000831	0	9/25/2024	$581.25	1	VIP CARE SERVICES LLC	P	604	0	[redacted]		CASE	F	8/1/2024	8/28/2024	271837628
2947	76351	2	6	0	2024	262001196	0	9/25/2024	$994.26	1	B VIJAYA KUMAR MD PA	P	457	0	[redacted]		OVS	F	9/10/2024	9/10/2024	742978334
2948	76351	2	6	0	2024	254001834	0	9/25/2024	$1,206.98	1	VICTORIA HEART VASCULAR CENTER	P	484	0	[redacted]		ODXS	F	8/6/2024	8/6/2024	562284144
2949	76351	2	6	1	2024	256001908	0	9/25/2024	$1,229.00	1	CHRISTUS SPOHN SHORELINE	P	406	0	[redacted]		ER	F	8/26/2024	8/26/2024	741109836
2950	76351	3	49	0	2024	255001778	0	9/25/2024	$1.10	1	GREATER HOUSTON INTERVENTIONAL	P	431	0	[redacted]		SFS	F	9/3/2024	9/3/2024	202341026
2951	76351	3	28	0	2024	260000902	0	9/25/2024	$9.57	1	VICTORIA WOMENS CLINIC ASSOCIATES	P	177	0	[redacted]		OV	F	8/9/2024	8/9/2024	741831291
2952	76351	3	35	1	2024	261000990	0	9/25/2024	$10.75	1	SINGLETON ASSOCIATES PA	P	181	0	[redacted]		XLAY	F	9/4/2024	9/4/2024	741680498
2953	76351	3	55	0	2024	256000266	0	9/25/2024	$13.37	1	SINGLETON ASSOCIATES PA	P	181	0	[redacted]		XRAY	F	8/26/2024	8/26/2024	741680498
2954	76351	3	10	0	2024	253003328	0	9/25/2024	$18.21	1	GARY F COX MD PA	P	457	0	[redacted]		OVS	F	8/23/2024	8/23/2024	742068224
2955	76351	3	38	0	2024	255002238	0	9/25/2024	$20.37	1	CLINICAL PATHOLOGY LABS, INC	P	172	0	[redacted]		AB	F	8/3/2024	8/3/2024	742554159
2956	76351	3	18	2	2024	264000889	0	9/25/2024	$29.10	1	PORT LAVACA CLINIC	P	177	0	[redacted]		OV	F	8/30/2024	8/30/2024	742605670
2957	76351	3	53	0	2024	256002420	0	9/25/2024	$33.36	1	VICTORIA ORTHOPEDIC CENTER, PLLC	P	450	0	[redacted]		XRDS	F	7/24/2024	7/24/2024	260151734
2959	76351	3	14	0	2024	262003160	0	9/25/2024	$55.89	1	NOE R. OLVERA, MD, PA	P	457	0	[redacted]		OVS	F	9/16/2024	9/16/2024	262712038
2960	76351	3	40	0	2024	253003115	0	9/25/2024	$62.05	1	MPP MSO PLLC	P	728	0	[redacted]		TELM	F	7/23/2024	7/23/2024	611715115
2961	76351	3	40	0	2024	260000927	0	9/25/2024	$62.05	1	MPP MSO PLLC	P	728	0	[redacted]		TELM	F	9/3/2024	9/3/2024	611715115
2962	76351	3	50	0	2024	260000921	0	9/25/2024	$74.22	1	VICTORIA ORTHOPEDIC CENTER, PLLC	P	457	0	[redacted]		OVS	F	9/5/2024	9/5/2024	260151734
2965	76351	3	49	0	2024	256001231	0	9/25/2024	$94.58	1	GREATER HOUSTON INTERVENTIONAL	P	457	0	[redacted]		OVS	F	9/3/2024	9/3/2024	202341026
2967	76351	3	45	0	2024	249001904	0	9/25/2024	$102.28	1	VICTORIA EYE CENTER	P	457	0	[redacted]		OVS	F	8/30/2024	8/30/2024	742208337
2968	76351	3	43	3	2024	254001112	0	9/25/2024	$106.38	1	SCOTT & WHITE CLINIC	P	177	0	[redacted]		OV	F	9/2/2024	9/2/2024	742958277
2969	76351	3	29	0	2024	255000658	0	9/25/2024	$112.32	1	LARISSA SPHEERIS	P	177	0	[redacted]		OV	F	6/10/2024	6/10/2024	300520570
2970	76351	3	43	3	2024	254000820	0	9/25/2024	$116.19	1	SCOTT & WHITE CLINIC	P	184	0	[redacted]		LBDR	F	9/2/2024	9/2/2024	742958277
2971	76351	3	38	0	2024	260000931	0	9/25/2024	$124.66	1	VICTORIA WOMENS CLINIC ASSOCIATES	P	172	0	[redacted]		AB	F	8/3/2024	8/3/2024	741831291
2972	76351	3	35	0	2024	256000091	0	9/25/2024	$153.60	1	OLEANDER EMERGENCY MEDICINE ASSOCIATES	P	189	0	[redacted]		ERD	F	1/11/2024	1/11/2024	454288136
2973	76351	3	14	0	2024	267000589	0	9/25/2024	$165.99	1	HEIGHTS RHEUMATOLOGY PA	P	457	0	[redacted]		OVS	F	9/17/2024	9/17/2024	922238856
2974	76351	3	43	3	2024	261000238	0	9/25/2024	$168.37	1	SCOTT & WHITE CLINIC	P	177	0	[redacted]		OV	F	9/4/2024	9/4/2024	742958277
2976	76351	3	56	0	2024	267000841	0	9/25/2024	$237.50	1	VIP CARE SERVICES LLC	P	604	0	[redacted]		CASE	F	8/14/2024	8/14/2024	271837628
2977	76351	3	11	0	2024	262000492	0	9/25/2024	$253.89	1	CARDIOVASCULAR CARE PROVIDERS, INC	P	188	0	[redacted]		HV	F	2/15/2024	2/16/2024	760221050
2981	76351	3	37	0	2024	267000837	0	9/25/2024	$426.25	1	VIP CARE SERVICES LLC	P	604	0	[redacted]		CASE	F	8/6/2024	8/7/2024	271837628
2982	76351	3	18	3	2024	264000935	0	9/25/2024	$602.10	1	PORT LAVACA CLINIC	P	172	0	[redacted]		AB	F	7/26/2024	7/26/2024	742605670
2987	76360	2	87	0	2024	256000267	0	9/25/2024	$13.37	1	SINGLETON ASSOCIATES PA	P	183	0	[redacted]		RAD	F	8/8/2024	8/8/2024	741680498
2988	76360	2	36	0	2024	261001010	0	9/25/2024	$39.16	1	SINGLETON ASSOCIATES PA	P	603	0	[redacted]		US	F	9/3/2024	9/3/2024	741680498
2990	76360	2	29	2	2024	262001169	0	9/25/2024	$79.18	1	VICTORIA EYE CENTER	P	457	0	[redacted]		OVS	F	9/9/2024	9/9/2024	742208337
2991	76360	2	29	1	2024	263000760	0	9/25/2024	$102.28	1	VICTORIA EYE CENTER	P	457	0	[redacted]		OVS	F	9/9/2024	9/9/2024	742208337
2992	76360	2	36	1	2024	256001249	0	9/25/2024	$160.00	1	NEXTCARE URGENT CARE	P	487	0	[redacted]		URG	F	9/3/2024	9/3/2024	260845489
2993	76360	2	29	0	2024	268000414	0	9/25/2024	$160.00	1	NEXTCARE URGENT CARE	P	487	0	[redacted]		URG	F	9/16/2024	9/16/2024	260845489
2996	76360	3	32	6	2024	268000992	0	9/25/2024	$5,461.00	1	DAVID A HORST	P	188	0	[redacted]		HV	F	5/29/2024	5/31/2024	650578395
2997	76360	3	28	0	2024	268000897	0	9/25/2024	$6.89	9	CIGNA HEALTH AND LIFE INSURANCE COMPANY	P	30	1	[redacted]		EX30	F	7/31/2024	7/31/2024	591031071
2998	76360	3	26	0	2024	254000821	0	9/25/2024	$13.37	1	SINGLETON ASSOCIATES PA	P	183	0	[redacted]		RAD	F	8/23/2024	8/23/2024	741680498
2999	76360	3	52	0	2024	256001538	0	9/25/2024	$13.79	1	SINGLETON ASSOCIATES PA	P	181	0	[redacted]		XRAY	F	8/6/2024	8/6/2024	741680498
3000	76360	3	32	6	2024	268000990	0	9/25/2024	$17.23	1	HOUSTON NORTHWEST RADIOLOGY ASSOCIATION	P	189	0	[redacted]		RAD	F	6/5/2024	6/5/2024	746223117
3001	76360	3	33	0	2024	261000514	0	9/25/2024	$23.08	1	SINGLETON ASSOCIATES PA	P	189	0	[redacted]		ERD	F	9/2/2024	9/2/2024	741680498
3002	76360	3	83	0	2024	256000265	0	9/25/2024	$28.00	1	SINGLETON ASSOCIATES PA	P	181	0	[redacted]		XRAY	F	8/14/2024	8/14/2024	741680498
3003	76360	3	77	0	2024	257001967	0	9/25/2024	$29.10	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0	[redacted]		OV	F	9/10/2024	9/10/2024	742605670
3004	76360	3	34	1	2024	254001824	0	9/25/2024	$33.34	1	CLINICAL PATHOLOGY LABS, INC	P	532	0	[redacted]		WLAB	F	6/12/2024	6/12/2024	742554159
3007	76360	3	48	0	2024	255000959	0	9/25/2024	$42.62	1	SINGLETON ASSOCIATES PA	P	603	0	[redacted]		US	F	8/28/2024	8/28/2024	741680498
3013	76360	3	10	0	2024	257002083	0	9/25/2024	$49.16	1	SINGLETON ASSOCIATES PA	P	603	0	[redacted]		US	F	7/26/2024	7/26/2024	741680498
3014	76360	3	107	1	2024	264000893	0	9/25/2024	$49.94	1	VICTORIA EYE CENTER	P	457	0	[redacted]		OVS	F	9/12/2024	9/12/2024	742208337
3015	76360	3	9	0	2024	262000211	0	9/25/2024	$53.65	1	AUDREY GRAHAM OD	P	177	0	[redacted]		OV	F	9/10/2024	9/10/2024	470914928
3016	76360	3	74	0	2024	263000744	0	9/25/2024	$58.94	1	AYO ADU, MD PLLC	P	177	0	[redacted]		OV	F	9/17/2024	9/17/2024	273335555
3018	76360	3	32	6	2024	268001004	0	9/25/2024	$67.88	1	PEDIATRIX MEDICAL GROUP OF TEXAS	P	188	0	[redacted]		HV	F	5/30/2024	5/30/2024	650578395
3019	76360	3	28	0	2024	268000898	0	9/25/2024	$68.09	9	CIGNA HEALTH AND LIFE INSURANCE COMPANY	P	30	1	[redacted]		EX30	F	7/31/2024	7/31/2024	591031071
3024	76360	3	28	0	2024	253002633	0	9/25/2024	$78.05	1	OAKBEND MEDICAL CENTER	P	186	0	[redacted]		HLAB	F	8/5/2024	8/19/2024	760339467
3027	76360	3	30	1	2024	256000268	0	9/25/2024	$83.16	1	SINGLETON ASSOCIATES PA	P	421	0	[redacted]		MRIO	F	7/29/2024	7/29/2024	741680498
3028	76360	3	3	0	2024	255000955	0	9/25/2024	$83.52	1	SINGLETON ASSOCIATES PA	P	172	0	[redacted]		AB	F	8/28/2024	8/28/2024	741680498
3032	76360	3	63	0	2024	255000589	0	9/25/2024	$111.32	1	TEXAS ONCOLOGY PA	P	177	0	[redacted]		OV	F	8/19/2024	8/19/2024	752131420
3035	76360	3	63	0	2024	267000840	0	9/25/2024	$120.87	1	ASPIRE FERTILITY SAN ANTONIO	P	591	0	[redacted]		INLP	F	1/2/2024	1/2/2024	473852455
3036	76360	3	107	1	2024	256002425	0	9/25/2024	$122.69	1	VICTORIA EYE CENTER	P	457	0	[redacted]		OVS	F	9/5/2024	9/5/2024	742208337
3037	76360	3	2	0	2024	262001157	0	9/25/2024	$122.69	1	HERMAN LEONG, MD, PA	P	457	0	[redacted]		OVS	F	9/5/2024	9/5/2024	452070018
3038	76360	3	59	1	2024	255001398	0	9/25/2024	$128.64	1	OBGYN AFFILIATES	P	457	0	[redacted]		OVS	F	9/4/2024	9/4/2024	841520625
3040	76360	3	31	0	2024	268000740	0	9/25/2024	$136.80	1	PODIATRY ASSOCIATES OF VICTORIA	P	457	0	[redacted]		OVS	F	9/20/2024	9/20/2024	200719709
3041	76360	3	61	0	2024	260000905	0	9/25/2024	$139.58	1	HEALTH AND WELLNESS SOLUTIONS PA	P	752	0	[redacted]		TELS	F	9/11/2024	9/11/2024	260408433
3042	76360	3	65	0	2024	255000584	0	9/25/2024	$165.99	1	Q HEALTH PARTNERS	P	457	0	[redacted]		OVS	F	8/15/2024	8/15/2024	464495456
3043	76360	3	32	6	2024	268000991	0	9/25/2024	$175.00	1	PEDIATRIX MEDICAL GROUP	P	482	0	[redacted]		DX	F	6/10/2024	6/10/2024	650578395
3044	76360	3	32	3	2024	253003120	0	9/25/2024	$180.00	1	JACKSON COUNTY MEDICAL CLINIC OF EDNA	P	178	0	[redacted]		SO	F	8/13/2024	8/13/2024	741738475
3046	76360	3	21	1	2024	267000834	0	9/25/2024	$191.75	1	VIP CARE SERVICES LLC	P	604	0	[redacted]		CASE	F	8/13/2024	8/30/2024	271837628
3047	76360	3	11	0	2024	257001982	0	9/25/2024	$707.13	1	PORT LAVACA CLINIC ASSOCIATES	P	172	0	[redacted]		AB	F	9/10/2024	9/10/2024	742605670
3048	76360	3	32	6	2024	254001095	0	9/25/2024	$223.31	1	NUECES EMERGENCY MEDICINE ASSOCIATES	P	189	0	[redacted]		ERD	F	7/14/2024	7/14/2024	473774578
3049	76360	3	37	0	2024	255001385	0	9/25/2024	$252.85	1	RETINA AND VITREOUS OF TEXAS, PLLC	P	457	0	[redacted]		OVS	F	9/5/2024	9/5/2024	760584711
3051	76360	3	47	0	2024	267000838	0	9/25/2024	$271.25	1	VIP CARE SERVICES LLC	P	604	0	[redacted]		CASE	F	8/6/2024	8/7/2024	271837628
3054	76360	3	21	1	2024	256002430	0	9/25/2024	$303.85	1	HARESH KUMAR M.D	P	466	0	[redacted]		DI	F	8/27/2024	8/27/2024	453050693
3055	76360	3	28	0	2024	262000885	0	9/25/2024	$316.25	1	MASTOS IMAGING ASSOCIATES	P	321	0	[redacted]		MRIO	F	7/31/2024	7/31/2024	383768845
3060	76360	3	32	1	2024	262000923	0	9/25/2024	$344.00	1	AUSTIN ANESTHESIOLOGY GROUP, PLLC	P	188	0	[redacted]		HV	F	5/29/2024	5/29/2024	741201585
3061	76360	3	32	6	2024	268000994	0	9/25/2024	$349.47	1	PEDIATRIX MEDICAL GROUP OF TEXAS	P	188	0	[redacted]		HV	F	6/12/2024	6/12/2024	650578395
3062	76360	3	32	3	2024	253002641	0	9/25/2024	$400.00	1	JACKSON COUNTY MEDICAL CLINIC OF EDNA	P	406	0	[redacted]		ER	F	8/13/2024	8/13/2024	741738475
3064	76360	3	103	0	2024	260000939	0	9/25/2024	$419.43	1	VICTORIA WOMENS CLINIC ASSOCIATES	P	180	0	[redacted]		MROR	F	9/3/2024	9/3/2024	741831291
3072	76360	3	32	6	2024	268001000	0	9/25/2024	$633.00	1	MAGELLA MEDICAL ASSOCIATES	P	482	0	[redacted]		DX	F	6/4/2024	6/4/2024	752740653
3073	76360	3	26	0	2024	254001843	0	9/25/2024	$654.32	1	B VIJAYA KUMAR MD PA	P	457	0	[redacted]		OVS	F	8/14/2024	8/14/2024	742978334
3075	76360	3	32	6	2024	267000836	0	9/25/2024	$697.50	1	VIP CARE SERVICES LLC	P	604	0	[redacted]		CASE	F	8/27/2024	8/30/2024	271837628
3076	76360	3	50	0	2024	267000839	0	9/25/2024	$697.50	1	VIP CARE SERVICES LLC	P	604	0	[redacted]		CASE	F	8/1/2024	8/29/2024	271837628
3078	76360	3	32	6	2024	268000996	0	9/25/2024	$805.00	1	PEDIATRIX MEDICAL GROUP OF TEXAS	P	188	0	[redacted]		HV	F	6/8/2024	6/8/2024	650578395
3079	76360	3	32	6	2024	268000997	0	9/25/2024	$805.00	1	PEDIATRIX MEDICAL GROUP OF TEXAS	P	188	0	[redacted]		HV	F	6/9/2024	6/9/2024	650578395
3080	76360	3	28	0	2024	267000835	0	9/25/2024	$968.75	1	VIP CARE SERVICES LLC	P	604	0	[redacted]		CASE	F	8/7/2024	8/21/2024	271837628
3082	76360	3	28	0	2024	268000896	0	9/25/2024	$992.57	9	CIGNA HEALTH AND LIFE INSURANCE COMPANY	P	30	1	[redacted]		EX30	F	7/25/2024	7/25/2024	591031071
3086	76360	3	32	6	2024	268000993	0	9/25/2024	$1,610.00	1	DAVID A HORST	P	188	0	[redacted]		HV	F	6/3/2024	6/2/2024	650578395
3087	76360	3	32	6	2024	268000998	0	9/25/2024	$1,610.00	1	PEDIATRIX MEDICAL GROUP OF TEXAS	P	188	0	[redacted]		HV	F	6/10/2024	6/11/2024	650578395
3088	76360	3	28	0	2024	263000741	0	9/25/2024	$1,773.12	1	AMIRALI S POPATIA MD	P	456	0	[redacted]		INUS	F	8/20/2024	8/20/2024	760599320
3090	76360	3	32	6	2024	268000995	0	9/25/2024	$4,025.00	1	PEDIATRIX MEDICAL GROUP OF TEXAS	P	188	0	[redacted]		HV	F	6/3/2024	6/7/2024	650578395
									$62,640.61												

APPROVED ON
SEP 30 2024
JACKSON COUNTY AUDITOR
JACKSON COUNTY, TEXAS

Andrea Delos Santos 9/30/2024

HPHG, LLC dba 90 Degree Benefits

Monthly Billing for 10/1/2024

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

Master Group Totals

						Total Due
SPEC AGG	177	$55,033.30	Adjustments	5	($270.31)	$54,762.99
ADMIN FEES	177	$7,611.00	Adjustments	4	($43.00)	$7,568.00
PPO UR	177	$3,371.85	Adjustments	4	($19.05)	$3,352.80
CHIC MGMT FEE		$700.00				$700.00

Balance Forward:		$68,065.05
Payments:	-	$68,065.05
Adjustments:	+	$0.00
Beginning Balance:		$0.00
Current Amount Due:	+	$66,716.15
Current Adjustments:	+	($332.36)
Total Amount Due:		**$66,383.79**

Andrea Dutra Santos
9/30/2024

Description	Medical
EE	106
ES	17
EF	13
EC	41
Mst Total	177

APPROVED ON
SEP 30 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

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

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Sept 23,2024 - Sept 29, 2024

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten Check" #
9/27/2024	WIRE OUT CBNA INCOMING SETTLEMENT ACCOUNT	- CitiBank Corporate Card Payment	3,451.36	901639
9/27/2024	PAY PLUS ACHTrans 37708225 101000691317197 P	- 3rd Party Payor Fee	265.80	901370
9/27/2024	HEALTHEQUITY INC HealthEqui 1356888 91000015	- EmpDeduct/Employer Contribut	1,372.83	800593
9/27/2024	EXPERTPAY EXPERTPAY 746003411 91000010168273	-Child Support Payment	570.69	800594
9/27/2024	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	376,471.27	
9/26/2024	PAY PLUS ACHTrans 37505016 101000690128637 P	- 3rd Party Payor Fee	191.50	901371
9/26/2024	HPHG LLC ACHPORT MemMedCtr PtLav 11312265001	- Health Insurance Claim Payments	7,067.75	800595
9/25/2024	PAY PLUS ACHTrans 37388876 101000698836343 P	- 3rd Party Payor Fee	17.64	901372
9/25/2024	HARLAND CLARKE CHK ORDERS 19OH377902212R5 91	- Deposit Book Operating	60.36	901373
9/24/2024	PAY PLUS ACHTrans 37239398 101000697673926 P	- 3rd Party Payor Fee	23.16	901374
9/24/2024	MCKESSON DRUG AUTO ACH ACH06179607 910000123	- 340B Drug Program Expense	13,153.06	500641
9/23/2024	PAY PLUS ACHTrans 37128722 101000696436135 P	- 3rd Party Payor Fee	109.75	901375
			402,755.17	

Andrew De Los Santos
Andrew De Los Santos
Memorial Medical Center

September 30, 2024

* Approved on 9.25.24 cc
** Approved on 9.18.24 cc

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
			0.00

Andrew De Los Santos
Andrew De Los Santos
Memorial Medical Center

September 30, 2024

APPROVED ON
SEP 30 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Pay Plus
265.80 +
191.50 +
17.64 +
23.16 +
109.75 +
607.85 ◇
0.C

Child Supp
570.69 +
570.69 ◇
0.C

Harland Chk
60.36 +
60.36 ◇
0.C

402.755.17 +
3.451.36 -
1.372.83 -
570.69 -
7.067.75 -
13.153.06 -
1.238.90 ◇
1.238.90 -
0.00 ◇

607.85 +
570.69 +
60.36 +
1.238.90 ◇

RECEIVED BY THE
COUNTY AUDITOR ON

SEP 26 2024

CALHOUN COUNTY, TEXAS

09/26/2024
10:23

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 10/19/2024

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
091924		09/25/202	09/16/202	10/19/202			536.81	0.00	0.00	536.81
091924A	ins. pmt dep. into MMCopt in error	09/25/202	09/16/202	10/19/202			7,494.07	0.00	0.00	7,494.07
091924B		09/25/202	09/16/202	10/19/202			204.00	0.00	0.00	204.00

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11824	THE CRESCENT	8,234.88	0.00	0.00	8,234.88

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	8,234.88	0.00	0.00	8,234.88

APPROVED ON

SEP 26 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 2060028

RECEIVED BY THE
COUNTY AUDITOR ON

SEP 26 2024

CALHOUN COUNTY, TEXAS

09/26/2024
10:24

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 10/19/2024

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
091624		09/25/202	09/16/202	10/19/202			21,108.48	0.00	0.00	21,108.48
091724		09/25/202	09/17/202	10/18/202			85,904.64	0.00	0.00	85,904.64
091724A		09/25/202	09/17/202	10/19/202			367.39	0.00	0.00	367.39
091824		09/25/202	09/17/202	10/19/202			34,140.28	0.00	0.00	34,140.28

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

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	141,520.79	0.00	0.00	141,520.79

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	141,520.79	0.00	0.00	141,520.79

APPROVED ON

SEP 26 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Check# 206027

RECEIVED BY THE
COUNTY AUDITOR ON

SEP 26 2024

CALHOUN COUNTY, TEXAS

09/26/2024
10:25

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 10/19/2024

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
091624		09/25/202	09/16/202	10/19/202			7,575.00	0.00	0.00	7,575.00
091924	ins. amt. dep. into mmc ope. in error	09/25/202	09/16/202	10/19/202			12,960.00	0.00	0.00	12,960.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	20,535.00	0.00	0.00	20,535.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	20,535.00	0.00	0.00	20,535.00

APPROVED ON

SEP 26 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 206029

RECEIVED BY THE
COUNTY AUDITOR ON
SEP 26 2024
CALHOUN COUNTY, TEXAS

09/26/2024
10:24

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 10/19/2024
Class Pay Code

0
ap_open_invoice.template

Vendor#	Vendor Name
12792	BETHANY SENIOR LIVING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
091824		09/26/202	09/18/202	10/19/202			7,330.72	0.00	0.00	7,330.72
	TRANSFER ins. pmt. dep. into mmc opt. in error									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12792	BETHANY SENIOR LIVING	7,330.72	0.00	0.00	7,330.72

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	7,330.72	0.00	0.00	7,330.72

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

Unit#20202e

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
9/30/2024

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		298,937.46	298,447.01	216,094.43			216,584.88	216,094.43
						Bank Balance	216,584.88	
						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	216,094.43	
Broadmoor		278,313.69	277,859.90	150,211.05			-	
							150,664.84	150,211.05
						Bank Balance	150,664.84	
						Variance	-	
						Leave in Balance	100.00	

						July Interest	184.64	
						Aug Interest	169.15	
						Sept Interest		
						Adjust Balance/Transfer Amt	150,211.05	
Crescent		471,826.18	471,149.87	191,262.28			191,938.59	191,262.28
						Bank Balance	191,938.59	
						Variance	-	
						Leave in Balance	100.00	

						July Interest	273.53	
						Aug Interest	302.78	
						Sept Interest		
						Adjust Balance/Transfer Amt	191,262.28	
Fort Bend		58,006.97	57,801.25	45,969.63			46,175.35	45,969.63
						Bank Balance	46,175.35	
						Variance	-	
						Leave in Balance	100.00	

						July Interest	52.09	
						Aug Interest	53.63	
						Sept Interest		
						Adjust Balance/Transfer Amt	45,969.63	
Solera at W Houston		160,681.66	160,189.16	281,184.81			281,677.31	281,184.81
						Bank Balance	281,677.31	
						Variance	-	
						Leave in Balance	100.00	

216,094.43 +
150,211.05 +
191,262.28 +
45,969.63 + *at West Houston / Fort Bend / Broadmoor.*
281,184.81 +
884,722.20 ◊

		July Interest	209.57
		Aug Interest	182.93
		Sept Interest	
		Adjust Balance/Transfer Amt	281,184.81

TOTAL TRANSFERS **884,722.20**

Approved: Andrew De Los Santos
Andrew De Los Santos 9/30/2024

APPROVED ON
SEP 30 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
9/27/2024	MANAGEANDNET1718 MNS PMNT 000000000000093 41	-	3,624.50					-	3,624.50
9/27/2024	HNB - ECHO HCCLAIMPMT 746003411 440000294164	-	45,716.09					-	45,716.09
9/27/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	810.07					-	810.07
9/26/2024	MANAGEANDNET1718 MNS PMNT 000000000000093 41	-	4,680.00					-	4,680.00
9/26/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	6,970.00					-	6,970.00
9/25/2024	WIRE OUT ASHFORD HEALTH CARE CENTER LTD	298,447.01	-					-	-
9/25/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	82,982.60					-	82,982.60
9/25/2024	NOVITAS SOLUTION HCCLAIMPMT 675423 420000178	-	7,028.80					-	7,028.80
9/24/2024	HNB - ECHO HCCLAIMPMT 746003411 440000276824	-	2,955.68					-	2,955.68
9/24/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	42,787.22					-	42,787.22
9/24/2024	NOVITAS SOLUTION HCCLAIMPMT 675423 420000152	-	9,496.86					-	9,496.86
9/24/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2	-	7,962.61					-	7,962.61
9/23/2024	Deposit	-	450.00					-	450.00
9/23/2024	MANAGEANDNET1718 MNS PMNT 000000000000093 41	-	630.00					-	630.00
		-	-					-	-
		298,447.01	216,094.43	-	-	-	-	-	216,094.43

Broadmoor

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
9/27/2024	HNB - ECHO HCCLAIMPMT 746003411 440000293199	-	1,332.94					-	1,332.94
9/27/2024	HNB - ECHO HCCLAIMPMT 746003411 440000294164	-	40,709.50					-	40,709.50
9/27/2024	HNB - ECHO HCCLAIMPMT 746003411 440000293204	-	7,261.36					-	7,261.36
9/27/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	6,466.34					-	6,466.34
9/27/2024	NOVITAS SOLUTION HCCLAIMPMT 676357 420000131	-	10,194.67					-	10,194.67
9/27/2024	HUMANA INS CO HCCLAIMPMT 57948221 8300005487	-	7,390.00					-	7,390.00
9/27/2024	HUMANA CHA DISB HCCLAIMPMT 58000513 42000010	-	4,895.00					-	4,895.00
9/27/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2	-	1,692.55					-	1,692.55
9/26/2024	MANAGEANDNET1718 MNS PMNT 000000000004293 41	-	6,208.00					-	6,208.00
9/26/2024	HNB - ECHO HCCLAIMPMT 746003411 440000256339	-	599.82					-	599.82
9/25/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	277,859.90	-					-	-
9/25/2024	HNB - ECHO HCCLAIMPMT 746003411 440000214301	-	11,278.99					-	11,278.99
9/25/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	3,162.43					-	3,162.43
9/25/2024	NOVITAS SOLUTION HCCLAIMPMT 676357 420000178	-	17,742.33					-	17,742.33
9/24/2024	HUMANA CHA DISB HCCLAIMPMT 57862216 42000012	-	7,565.00					-	7,565.00
9/24/2024	HUMANA CHA DISB HCCLAIMPMT 57862215 42000012	-	14,313.70					-	14,313.70
9/24/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2	-	645.87					-	645.87
9/23/2024	Deposit	-	3,600.00					-	3,600.00
9/23/2024	HNB - ECHO HCCLAIMPMT 746003411 440000224176	-	2,109.46					-	2,109.46
9/23/2024	NOVITAS SOLUTION HCCLAIMPMT 676357 420000196	-	3,043.09					-	3,043.09
		-	-					-	-
		277,859.90	150,211.05	-	-	-	-	-	150,211.05

Crescent

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
9/27/2024	MANAGEANDNET1718 MNS PMNT 000000000001268 41	-	5,272.00					-	5,272.00
9/27/2024	HNB - ECHO HCCLAIMPMT 746003411 440000293199	-	1,205.52					-	1,205.52
9/27/2024	HNB - ECHO HCCLAIMPMT 746003411 440000293719	-	15,407.17					-	15,407.17
9/27/2024	HNB - ECHO HCCLAIMPMT 746003411 440000294164	-	6,516.55					-	6,516.55
9/27/2024	HUMANA CHA DISB HCCLAIMPMT 58000563 42000010	-	22,151.08					-	22,151.08
9/27/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2	-	6,901.98					-	6,901.98
9/26/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	2,870.00					-	2,870.00
9/26/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2	-	7,886.90					-	7,886.90
9/25/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	411,824.87	-					-	-
9/25/2024	Deposit	-	435.25					-	435.25
9/25/2024	Deposit	-	16,750.00					-	16,750.00
9/25/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	35,821.23					-	35,821.23
9/25/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2	-	1,392.02					-	1,392.02
9/24/2024	HNB - ECHO HCCLAIMPMT 746003411 440000277067	-	11,242.30					-	11,242.30
9/24/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	19,434.26					-	19,434.26
9/24/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2	-	5,160.89					-	5,160.89
9/23/2024	Check 363	59,325.00	-					-	-
9/23/2024	MANAGEANDNET1718 MNS PMNT 000000000003268 41	-	313.02					-	313.02
9/23/2024	HNB - ECHO HCCLAIMPMT 746003411 440000224736	-	10,046.02					-	10,046.02
9/23/2024	NOVITAS SOLUTION HCCLAIMPMT 676323 420000196	-	22,456.09					-	22,456.09
		471,149.87	191,262.28	-	-	-	-	-	191,262.28

Fort Bend

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
9/27/2024	MANAGEANDNET1718 MNS PMNT 000000000004294 41	-	1,755.00					-	1,755.00
9/27/2024	HNB - ECHO HCCLAIMPMT 746003411 440000294164	-	6,534.16					-	6,534.16
9/27/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	6,787.84					-	6,787.84
9/26/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	8,170.00					-	8,170.00
9/25/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	57,801.25	-					-	-
9/25/2024	MANAGEANDNET1718 MNS PMNT 000000000004294 41	-	4,670.00					-	4,670.00
9/25/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,753.28					-	1,753.28
9/25/2024	NOVITAS SOLUTION HCCLAIMPMT 675663 420000178	-	679.87					-	679.87
9/25/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2	-	177.84					-	177.84
9/24/2024	NOVITAS SOLUTION HCCLAIMPMT 675663 420000151	-	4,366.48					-	4,366.48
9/23/2024	HNB - ECHO HCCLAIMPMT 746003411 440000224728	-	11,075.16					-	11,075.16
		-	-					-	-
		57,801.25	45,969.63	-	-	-	-	-	45,969.63

Solera at West Houston

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
9/27/2024	MANAGEANDNET1718 MNS PMNT 000000000002482 41	-	6,146.00					-	6,146.00
9/27/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	2,500.00					-	2,500.00
9/27/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	7,330.18					-	7,330.18
9/27/2024	NOVITAS SOLUTION HCCLAIMPMT 676310 420000131	-	2,642.70					-	2,642.70
9/27/2024	HUMANA INS CO HCCLAIMPMT 57954499 8300005487	-	4,650.00					-	4,650.00
9/27/2024	HUMANA CHA DISB HCCLAIMPMT 58009591 42000010	-	375.00					-	375.00
9/26/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	6,640.00					-	6,640.00
9/26/2024	NOVITAS SOLUTION HCCLAIMPMT 676310 420000190	-	1,512.36					-	1,512.36
9/25/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	160,189.16	-					-	-
9/25/2024	HNB - ECHO HCCLAIMPMT 746003411 440000214301	-	441.04					-	441.04
9/25/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	6,014.72					-	6,014.72
9/24/2024	HNB - ECHO HCCLAIMPMT 746003411 440000277067	-	4,410.45					-	4,410.45
9/24/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	12.12					-	12.12
9/24/2024	NOVITAS SOLUTION HCCLAIMPMT 676310 420000151	-	9,613.14					-	9,613.14
9/24/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2	-	1,705.12					-	1,705.12
9/23/2024	HNB - ECHO HCCLAIMPMT 746003411 440000224760	-	11,513.10					-	11,513.10
9/23/2024	NOVITAS SOLUTION HCCLAIMPMT 676310 420000196	-	215,678.88					-	215,678.88
		-	-					-	-
		160,189.16	281,184.81	-	-	-	-	-	281,184.81

TOTALS	1,265,447.19	884,722.20	-	-	-	-	-	884,722.20

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,212,116.61	$1,971,853.29	$1,212,116.61	$1,423,358.92
*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	$216,584.88	$222,371.42	$216,584.88	$166,434.22
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$150,664.84	$155,521.52	$150,664.84	$70,722.48
*4411 MEMORIAL MEDICAL / NH CRESCENT	$191,938.59	$192,038.82	$191,938.59	$134,484.29
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$281,677.31	$298,478.81	$281,677.31	$258,033.43
*4446 MEMORIAL MEDICAL / NH FORT BEND	$46,175.35	$46,298.23	$46,175.35	$31,098.35
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$169,987.27	$173,280.62	$169,987.27	$142,365.82
*4551 CAL CO INDIGENT HEALTHCARE	$5,494.69	$5,494.69	$5,494.69	$5,494.69
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$4,579.84	$4,579.84	$4,579.84	$4,579.84
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$3,138.88	$3,138.88	$3,138.88	$3,138.88
*5506 MMC -NH BETHANY SENIOR LIVING	$27,212.35	$27,212.35	$27,212.35	$363.35
*3407 MMC -NH TUSCANY VILLAGE	$502,121.37	$502,121.37	$502,121.37	$460,765.07
*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	**$2,817,822.43**	**$3,608,520.29**	**$2,817,822.43**	**$2,706,969.79**

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
9/30/2024

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		30,429.88	29,996.25	169,553.64		-	169,987.27	147,934.65
						Bank Balance	169,987.27	
						Variance	-	
						Leave in Balance	100.00	
						Superior July and Y6 Adj 2	21,618.99	
						July Interest	151.91	
						Aug Interest	181.72	
						Sept Interest		
						Adjust Balance/Transfer Amt	147,934.65	

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

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

Approved: Andrew De Los Santos
Andrew De Los Santos 9/30/2024

APPROVED ON
SEP 30 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
9/27/2024	TSYS/TRANSFIRST CR CD DEP 5436845558876917 91	-	2,800.00					-	2,800.00
9/27/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001607	-	400.00					-	400.00
9/27/2024	Centene Manageme ACH 008765433514 1110000227	-	24,384.11	19,775.57	3,205.14	260.36	1,143.04	21,618.99	2,765.12
9/27/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130112	-	37.34					-	37.34
9/26/2024	TSYS/TRANSFIRST CR CD DEP 5436845558876917 91	-	1,803.00					-	1,803.00
9/25/2024	WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	29,996.25	-					-	-
9/25/2024	Deposit	-	21,546.91					-	21,546.91
9/25/2024	HNB - ECHO HCCLAIMPMT 746003411 440000214301	-	441.04					-	441.04
9/25/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001258	-	334.25					-	334.25
9/25/2024	AETNA AS01 HCCLAIMPMT 1588075964 51000018083	-	33.98					-	33.98
9/24/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001295	-	994.00					-	994.00
9/24/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001295	-	1,852.00					-	1,852.00
9/24/2024	AETNA AS01 HCCLAIMPMT 1588075964 51000012822	-	975.00					-	975.00
9/23/2024	TSYS/TRANSFIRST CR CD DEP 5436845558876917 91	-	2,202.56					-	2,202.56
9/23/2024	TSYS/TRANSFIRST CR CD DEP 5436845558876917 91	-	2,045.00					-	2,045.00
9/23/2024	TSYS/TRANSFIRST CR CD DEP 5436845558876917 91	-	495.00					-	495.00
9/23/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001196	-	1,853.29					-	1,853.29
9/23/2024	NOVITAS SOLUTION HCCLAIMPMT 676097 420000196	-	107,356.16					-	107,356.16
								-	-
		29,996.25	169,553.64	19,775.57	3,205.14	260.36	1,143.04	21,618.99	147,934.65

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,212,116.61	$1,971,853.29	$1,212,116.61	$1,423,358.92
*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	$216,584.88	$222,371.42	$216,584.88	$166,434.22
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$150,664.84	$155,521.52	$150,664.84	$70,722.48
*4411 MEMORIAL MEDICAL / NH CRESCENT	$191,938.59	$192,038.82	$191,938.59	$134,484.29
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$281,677.31	$298,478.81	$281,677.31	$258,033.43
*4446 MEMORIAL MEDICAL / NH FORT BEND	$46,175.35	$46,298.23	$46,175.35	$31,098.35
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$169,987.27	$173,280.62	$169,987.27	$142,365.82
*4551 CAL CO INDIGENT HEALTHCARE	$5,494.69	$5,494.69	$5,494.69	$5,494.69
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$4,579.84	$4,579.84	$4,579.84	$4,579.84
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$3,138.88	$3,138.88	$3,138.88	$3,138.88
*5506 MMC -NH BETHANY SENIOR LIVING	$27,212.35	$27,212.35	$27,212.35	$363.35
*3407 MMC -NH TUSCANY VILLAGE	$502,121.37	$502,121.37	$502,121.37	$460,765.07
*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	**$2,817,822.43**	**$3,608,520.29**	**$2,817,822.43**	**$2,706,969.79**

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
9/30/2024

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		4,248.68	1,081.90	1,413.06			-	4,579.84	no transfer
							Bank Balance	4,579.84	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	4,479.84	

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		1,761.09	-	1,377.79		-	-	3,138.88	-
							Bank Balance	3,138.88	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	3,038.88	

Routing Information for Gulf Pointe Plaza:

TOTAL TRANSFERS	7,518.72

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 9/30/2024

APPROVED ON
SEP 30 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
9/26/2024	Check 1117	1,081.90	-					-	-
9/26/2024	PNC-ECHO HCCLAIMPMT 746003411 41000122834035	-	78.41					-	78.41
9/26/2024	HNB - ECHO HCCLAIMPMT 746003411 440000256339	-	64.00					-	64.00
9/26/2024	HNB - ECHO HCCLAIMPMT 746003411 440000256339	-	946.88					-	946.88
9/26/2024	HNB - ECHO HCCLAIMPMT 746003411 440000256339	-	323.77					-	323.77
								-	-
		1,081.90	1,413.06	-	-	-	-	-	1,413.06

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
9/25/2024	MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	1,220.14					-	1,220.14
9/24/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130132	-	157.65					-	157.65
								-	-
		-	1,377.79	-	-	-	-	-	1,377.79
		1,081.90	2,790.85	-	-	-	-	-	2,790.85

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,212,116.61	$1,971,853.29	$1,212,116.61	$1,423,358.92
*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	$216,584.88	$222,371.42	$216,584.88	$166,434.22
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$150,664.84	$155,521.52	$150,664.84	$70,722.48
*4411 MEMORIAL MEDICAL / NH CRESCENT	$191,938.59	$192,038.82	$191,938.59	$134,484.29
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$281,677.31	$298,478.81	$281,677.31	$258,033.43
*4446 MEMORIAL MEDICAL / NH FORT BEND	$46,175.35	$46,298.23	$46,175.35	$31,098.35
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$169,987.27	$173,280.62	$169,987.27	$142,365.82
*4551 CAL CO INDIGENT HEALTHCARE	$5,494.69	$5,494.69	$5,494.69	$5,494.69
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$4,579.84	$4,579.84	$4,579.84	$4,579.84
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$3,138.88	$3,138.88	$3,138.88	$3,138.88
*5506 MMC -NH BETHANY SENIOR LIVING	$27,212.35	$27,212.35	$27,212.35	$363.35
*3407 MMC -NH TUSCANY VILLAGE	$502,121.37	$502,121.37	$502,121.37	$460,765.07
*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	**$2,817,822.43**	**$3,608,520.29**	**$2,817,822.43**	**$2,706,969.79**

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
9/30/2024

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		58,913.96	58,813.96	502,021.37	-	-	502,121.37	502,021.37

Bank Balance	502,121.37
Variance	-
Leave in Balance	100.00

Adjust Balance/Transfer Amt 502,021.37

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 9/30/2024

APPROVED ON
SEP 30 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
9/27/2024	HNB - ECHO HCCLAIMPMT 746003411 440000293719	-	41,356.30					-	41,356.30
9/25/2024	WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	54,763.96	-					-	-
9/25/2024	Deposit	-	77,357.49					-	77,357.49
9/25/2024	Deposit	-	22,456.32					-	22,456.32
9/25/2024	NOVITAS SOLUTION HCCLAIMPMT 676201 420000178	-	13,185.04					-	13,185.04
9/24/2024	Deposit	-	29,615.82					-	29,615.82
9/24/2024	Deposit	-	27,248.40					-	27,248.40
9/24/2024	HNB - ECHO HCCLAIMPMT 746003411 440000277067	-	20,892.79					-	20,892.79
9/23/2024	Check 1170	450.00	-					-	-
9/23/2024	Check 1171	3,600.00	-					-	-
9/23/2024	Deposit	-	59,325.00					-	59,325.00
9/23/2024	Deposit	-	4,210.56					-	4,210.56
9/23/2024	NOVITAS SOLUTION HCCLAIMPMT 676201 420000196	-	206,373.65					-	206,373.65
								-	-
		58,813.96	502,021.37	-	-	-	-	-	502,021.37

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,212,116.61	$1,971,853.29	$1,212,116.61	$1,423,358.92
*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	$216,584.88	$222,371.42	$216,584.88	$166,434.22
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$150,664.84	$155,521.52	$150,664.84	$70,722.48
*4411 MEMORIAL MEDICAL / NH CRESCENT	$191,938.59	$192,038.82	$191,938.59	$134,484.29
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$281,677.31	$298,478.81	$281,677.31	$258,033.43
*4446 MEMORIAL MEDICAL / NH FORT BEND	$46,175.35	$46,298.23	$46,175.35	$31,098.35
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$169,987.27	$173,280.62	$169,987.27	$142,365.82
*4551 CAL CO INDIGENT HEALTHCARE	$5,494.69	$5,494.69	$5,494.69	$5,494.69
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$4,579.84	$4,579.84	$4,579.84	$4,579.84
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$3,138.88	$3,138.88	$3,138.88	$3,138.88
*5506 MMC -NH BETHANY SENIOR LIVING	$27,212.35	$27,212.35	$27,212.35	$363.35
*3407 MMC -NH TUSCANY VILLAGE	$502,121.37	$502,121.37	$502,121.37	$460,765.07
*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	**$2,817,822.43**	**$3,608,520.29**	**$2,817,822.43**	**$2,706,969.79**

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
9/30/2024

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		81,959.03	81,661.38	26,914.70		-	27,212.35	6,248.43

Bank Balance	27,212.35
Variance	-
Leave in Balance	100.00
Superior July and Y6 Adj 2	20,666.27
July Interest	119.26
Aug Interest	78.39
Sept Interest	
Adjust Balance/Transfer Amt	6,248.43

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 9/30/2024

APPROVED ON
SEP 30 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	
9/27/2024	Centene Manageme ACH 008765433514 1110000227	-	24,170.47	18,779.40	4,019.67	164.54	1,206.86	20,666.27	3,504.20
9/27/2024	NOVITAS SOLUTION HCCLAIMPMT 676481 420000131	-	1,219.24					-	1,219.24
9/27/2024	HOSPICE OF SOUTH Payments NF 113122650021401	-	1,459.29					-	1,459.29
9/26/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	65.70					-	65.70
9/25/2024	Check 1052	435.25	-					-	-
9/25/2024	WIRE OUT PORT LAVACA NH, LLC	81,226.13	-					-	-
		81,661.38	26,914.70	18,779.40	4,019.67	164.54	1,206.86	20,666.27	6,248.43

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,212,116.61	$1,971,853.29	$1,212,116.61	$1,423,358.92
*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	$216,584.88	$222,371.42	$216,584.88	$166,434.22
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$150,664.84	$155,521.52	$150,664.84	$70,722.48
*4411 MEMORIAL MEDICAL / NH CRESCENT	$191,938.59	$192,038.82	$191,938.59	$134,484.29
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$281,677.31	$298,478.81	$281,677.31	$258,033.43
*4446 MEMORIAL MEDICAL / NH FORT BEND	$46,175.35	$46,298.23	$46,175.35	$31,098.35
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$169,987.27	$173,280.62	$169,987.27	$142,365.82
*4551 CAL CO INDIGENT HEALTHCARE	$5,494.69	$5,494.69	$5,494.69	$5,494.69
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$4,579.84	$4,579.84	$4,579.84	$4,579.84
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$3,138.88	$3,138.88	$3,138.88	$3,138.88
*5506 MMC -NH BETHANY SENIOR LIVING	$27,212.35	$27,212.35	$27,212.35	$363.35
*3407 MMC -NH TUSCANY VILLAGE	$502,121.37	$502,121.37	$502,121.37	$460,765.07
*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	**$2,817,822.43**	**$3,608,520.29**	**$2,817,822.43**	**$2,706,969.79**

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center

Date Requested: 9/30/2024

APPROVED ON SEP 30 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 000223

FOR ACCT USE ONLY

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

AMOUNT: $ 21,618.99

G/L NUMBER: 10255040

EXPLANATION: Superior July and Y6 Adj 2

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrea Dotson Santos

Golden Creek

9/30/2024

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: Memorial Medical Center

Date Requested: 9/30/2024

APPROVED ON SEP 30 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk#001172

FOR ACCT USE ONLY

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

AMOUNT: $ 20,666.27

G/L NUMBER: 10255040

EXPLANATION: Superior July and Y6 Adj 2

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: [signature]

Bethany Sanchez

9/30/2024

QIPP Payment to MMC from Nursing Facilities **Commissioner's Court** **10/2/2024**

NH Name	From Bank Acct #	Ck #	Payee	GL #	Superior July and Y6 Adj 2					TOTAL	Date
Ashford	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	10255040						-	10/2/2024
Broadmoor	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	10255040						-	10/2/2024
Crescent	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	10255040						-	10/2/2024
Fort Bend	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	10255040						-	10/2/2024
Solera	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	10255040						-	10/2/2024
Golden Creek ✓	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	10255040	21,618.99 ✓					21,618.99 ✓	10/2/2024
Bethany ✓	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	10255040	20,666.27 ✓					20,666.27 ✓	10/2/2024
Tuscany	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	10255040						-	10/2/2024
				Total:	**42,285.26** ✓	-	-	-	-	**42,285.26** ✓	
	Note:										

Andrew De Los Santos

Approved:

ANDREW DE LOS SANTOS 9/30/2024

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

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

MP

000223

88-2265/1131

Date 10-2-24

PAY
TO THE ORDER OF MMC Operating | $ 21,618.99/100

Twenty-one thousand, six hundred eighteen dollars & 99/100 DOLLARS

PROSPERITY BANK

county auditor

MP

county treasurer

Security features are included. Details on back.

FOR Superior July & Ule Adj 2

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

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

MP

001172

Date 10-2-24

88-2265/1131

PAY
TO THE ORDER OF MMC Operating | $ 20,666.27/100

Twenty thousand, six hundred sixty-six dollars & 27/100 DOLLARS

PROSPERITY BANK

county auditor

MP

county treasurer

Security features are included. Details on back.

FOR Superior July & Ule Adj 2

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RUN DATE:10/02/24 MEMORIAL MEDICAL CENTER PAGE 1
TIME:14:03 CHECK REGISTER GLCKREG
10/02/24 THRU 10/02/24

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
NHG *	000223	10/02/24	21,618.99	MMC OPERATING
TUS *	001172	10/02/24	20,666.27	MMC OPERATING