MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---October 9, 2024

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	914,003.09
TOTAL TRANSFERS BETWEEN FUNDS	$	153,152.83
TOTAL NURSING HOME UPL EXPENSES	$	561,567.05
TOTAL INTER-GOVERNMENT TRANSFERS	$	567,507.19
GRAND TOTAL DISBURSEMENTS APPROVED October 9, 2024	$	2,196,230.16

APPROVED

OCT 0 9 2024

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---October 9, 2024

PAYABLES AND PAYROLL			
10/3/2024	Weekly Payables	418,711.14	
10/7/2024	McKesson-340B Prescription Expense	8,141.80	
10/7/2024	Amerisource Bergen-340B Prescription Expense	2,493.88	
10/7/2024	Payroll Liabilities-Payroll Taxes	114,131.11	
10/7/2024	Payroll	367,036.11	
	Prosperity Electronic Bank Payments		
10/7/2024	Pay Plus-Patient Claims Processing Fee	361.94	
10/7/2024	Authnet Gateway	31.50	
10/7/2024	Credit Card Discount Fee	474.29	
10/7/2024	Credit Card Interchange Fee	230.50	
10/7/2024	Credit Card Fee	184.46	
10/7/2024	Credit Card Chargeback	50.82	
10/7/2024	Federal Express Payment	707.71	
10/7/2024	Health Equity -HSA Contributions	1,447.83	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 914,003.09**
TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES			
10/3/2024	MMC Operating to Broadmoor-Correction of insurance payment deposited into MMC Operating in error	142.61	
10/3/2024	MMC Operating to The Crescent-Correction of insurance payment deposited into MMC Operating in error	5,892.00	
10/3/2024	MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error	50,129.36	
10/3/2024	MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error	13,578.00	
10/3/2024	MMC Operating to Bethany-Correction of insurance payment deposited into MMC Operating in error	34,685.81	
10/3/2024	MMC Operating to Cantex Health Care Centers-Correction of insurance payment deposited into MMC Operating	48,725.05	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 153,152.83**
NURSING HOME UPL EXPENSES			
10/7/2024	Nursing Home UPL-Cantex Transfer	365,217.55	
10/7/2024	Nursing Home UPL-Nexion Transfer	23,820.71	
10/7/2024	Nursing Home UPL-HMG Transfer	6,284.13	
10/7/2024	Nursing Home UPL-Tuscany Transfer	35,865.71	
10/7/2024	Nursing Home UPL-HSL Transfer	22,368.75	
QIPP CHECKS TO MMC			
10/7/2024	Ashford - Molina July & Y6 ADJ2 & Wellpoint July Hospital Portion	36,471.51	
10/7/2024	Broadmoor -Molina July & Y6 ADJ2 & Wellpoint July Hospital Portion	13,420.72	
10/7/2024	Crescent - Molina July & Y6 ADJ2 & Wellpoint July Hospital Portion	10,051.06	
10/7/2024	Fort Bend - Molina July & Y6 ADJ2 & Wellpoint July Hospital Portion	11,453.29	
10/7/2024	Solera - Molina July & YR6 ADJ2 & Wellpoint July Hospital Portion	10,936.49	
10/7/2024	Tuscany - Molina July & Y6 ADJ2 & Wellpoint July Hospital Portion	22,761.68	
TRANSFER BETWEEN FUNDS FROM NURSING HOMES TO MMC			
10/7/2024	Ashford-Q3 Interest Earned	580.54	
10/7/2024	Broadmoor-Q3 Interest Earned	491.51	
10/7/2024	Crescent-Q3 Interest Earned	836.46	
10/7/2024	Fort Bend-Q3 Interest Earned	146.39	
10/7/2024	Solera-Q3 Interest Earned	192.43	
10/7/2024	Golden Creek-Q3 Interest earned	447.13	
10/7/2024	Bethany-Q3 Interest Earned	220.99	
TOTAL NURSING HOME UPL EXPENSES			**$ 561,567.05**
INTER-GOVERNMENT TRANSFERS			
10/7/2024	IGT DSH 2024 paid October 2024	567,507.19	
TOTAL INTER-GOVERNMENT TRANSFERS			**$ 567,507.19**
GRAND TOTAL DISBURSEMENTS APPROVED October 9, 2024			**$ 2,196,230.16**

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
5511290473		10/02/202	09/30/202	10/25/202			1,010.22	0.00	0.00	1,010.22
5511290536		10/02/202	09/30/202	10/25/202			277.65	0.00	0.00	277.65

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	1,287.87	0.00	0.00	1,287.87

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
1GPVRGYM3FQ4		09/24/202	09/24/202	10/24/202			80.37	0.00	0.00	80.37
1HVX6K3MWFP3		10/02/202	09/19/202	10/19/202			457.81	0.00	0.00	457.81

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES	538.18	0.00	0.00	538.18

Vendor#	Vendor Name	Class	Pay Code
10419	AMBU INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
224147934		09/25/202	09/16/202	10/16/202			104.37	0.00	0.00	104.37

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10419	AMBU INC	104.37	0.00	0.00	104.37

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
698139		09/24/202	09/18/202	10/13/202			18,519.00	0.00	0.00	18,519.00
698219		10/02/202	09/18/202	10/13/202			2,219.00	0.00	0.00	2,219.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10592	AMERICAN PROFICIENCY INSTITUTE	20,738.00	0.00	0.00	20,738.00

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
3189973429		10/01/202	09/25/202	10/01/202			578.00	0.00	0.00	578.00
804920005		10/01/202	09/27/202	10/03/202			6.16	0.00	0.00	6.16

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1360	AMERISOURCEBERGEN DRUG CORP	584.16	0.00	0.00	584.16

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
20250335	Monthly Maintenance	10/01/202	10/01/202	10/01/202			750.00	0.00	0.00	750.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15456	AMERITEX ELEVATOR SERVICES INC	750.00	0.00	0.00	750.00

Vendor#	Vendor Name	Class	Pay Code
A2218	AQUA BEVERAGE COMPANY	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
171047		10/01/202	09/12/202	10/07/202			71.00	0.00	0.00	71.00
171048		10/01/202	09/12/202	10/07/202			41.00	0.00	0.00	41.00
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	A2218	AQUA BEVERAGE COMPANY					112.00	0.00	0.00	112.00

Vendor#	Vendor Name	Class	Pay Code
12800	AUTHORITYRX, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7000059628		10/01/202	09/20/202	10/20/202			8,013.31	0.00	0.00	8,013.31
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	12800	AUTHORITYRX, LLC					8,013.31	0.00	0.00	8,013.31

Vendor#	Vendor Name	Class	Pay Code
14088	AZALEA HEALTH		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
109427	OCT FEES	10/03/202	10/01/202	10/01/202			594.00	0.00	0.00	594.00
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14088	AZALEA HEALTH					594.00	0.00	0.00	594.00

Vendor#	Vendor Name	Class	Pay Code
B1150	BAXTER HEALTHCARE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
82878999		10/02/202	09/16/202	10/11/202			169.69	0.00	0.00	169.69
82925039		10/02/202	09/26/202	10/21/202			43.52	0.00	0.00	43.52
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE					213.21	0.00	0.00	213.21

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
5493850		10/01/202	09/25/202	10/20/202			1,337.05	0.00	0.00	1,337.05
111590173		10/02/202	09/26/202	10/21/202			152.92	0.00	0.00	152.92
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC					1,489.97	0.00	0.00	1,489.97

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
MIN0140745		09/24/202	09/23/202	09/24/202			497.50	0.00	0.00	497.50
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	B1320	BEEKLEY CORPORATION					497.50	0.00	0.00	497.50

Vendor#	Vendor Name	Class	Pay Code
14120	CALHOUN COUNTY EMS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
202408		08/31/202	09/03/202	10/20/202			3,080.00	0.00	0.00	3,080.00
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14120	CALHOUN COUNTY EMS					3,080.00	0.00	0.00	3,080.00

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

8003631083		09/30/202	09/26/202	10/21/202		300.33	0.00	0.00	300.33
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH 414, INC.				300.33	0.00	0.00	300.33
Vendor#	Vendor Name				Class	Pay Code			
14260	CAREFUSION SOLUTIONS, LLC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10023576962		10/01/202	09/09/202	10/01/202			1,788.00	0.00	0.00	1,788.00
	OCTOBER BILLING PERIOD									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14260	CAREFUSION SOLUTIONS, LLC					1,788.00	0.00	0.00	1,788.00
Vendor#	Vendor Name				Class	Pay Code				
C1992	CDW GOVERNMENT, INC.				M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
AA6R57F		10/02/202	09/17/202	10/17/202			591.59	0.00	0.00	591.59
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.					591.59	0.00	0.00	591.59
Vendor#	Vendor Name				Class	Pay Code				
C1390	CENTRAL DRUG				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
092324		09/24/202	09/23/202	10/23/202			33.95	0.00	0.00	33.95
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	C1390	CENTRAL DRUG					33.95	0.00	0.00	33.95
Vendor#	Vendor Name				Class	Pay Code				
C1166	COASTAL OFFICE SOLUTONS				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
OEQT279491		09/24/202	09/20/202	09/30/202			480.00	0.00	0.00	480.00
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	C1166	COASTAL OFFICE SOLUTONS					480.00	0.00	0.00	480.00
Vendor#	Vendor Name				Class	Pay Code				
13336	COCA COLA SOUTHWEST BEVERAGES									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
43574886006		10/02/202	10/02/202	10/02/202			-150.00	0.00	0.00	-150.00
43574886004		10/02/202	10/02/202	10/02/202			897.30	0.00	0.00	897.30
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	13336	COCA COLA SOUTHWEST BEVERAGES					747.30	0.00	0.00	747.30
Vendor#	Vendor Name				Class	Pay Code				
C1850	CODONICS INC				M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0000288841		10/01/202	09/24/202	10/04/202			809.94	0.00	0.00	809.94
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	C1850	CODONICS INC					809.94	0.00	0.00	809.94
Vendor#	Vendor Name				Class	Pay Code				
C2552	CREST HEALTHCARE SUPPLY									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0310704		10/02/202	09/25/202	10/25/202			280.20	0.00	0.00	280.20
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	C2552	CREST HEALTHCARE SUPPLY					280.20	0.00	0.00	280.20
Vendor#	Vendor Name				Class	Pay Code				

10060 DETAR HOSPITAL ICP

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
DTR2409018	SEPTEMBER INV PERIOD	10/02/202	10/01/202	10/02/202			92.96	0.00	0.00	92.96

92.69

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10060	DETAR HOSPITAL	92.96	0.00	0.00	92.96

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
7673301		09/25/202	09/10/202	10/05/202			165.30	0.00	0.00	165.30
7679250		09/25/202	09/25/202	10/20/202			366.59	0.00	0.00	366.59
7693150		10/02/202	09/25/202	10/20/202			199.38	0.00	0.00	199.38
7693390		10/02/202	09/25/202	10/20/202			107.57	0.00	0.00	107.57

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	838.84	0.00	0.00	838.84

Vendor# Vendor Name Class Pay Code

10789 DISCOVERY MEDICAL NETWORK INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMC093024	9/16 - 9/30/24	10/03/202	09/30/202	10/03/202			134,801.13	0.00	0.00	134,801.13

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDICAL NETWORK INC	134,801.13	0.00	0.00	134,801.13

Vendor# Vendor Name Class Pay Code

11291 DOWELL PEST CONTROL

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
37365		09/01/202	09/30/202	10/25/202			160.00	0.00	0.00	160.00
37042		09/25/202	09/25/202	10/20/202			75.00	0.00	0.00	75.00
37364		10/01/202	09/30/202	10/25/202			105.00	0.00	0.00	105.00
37321		10/01/202	09/30/202	10/25/202			260.00	0.00	0.00	260.00
37339		10/01/202	09/30/202	10/25/202			505.00	0.00	0.00	505.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11291	DOWELL PEST CONTROL	1,105.00	0.00	0.00	1,105.00

Vendor# Vendor Name Class Pay Code

G0501 DR JEANNINE GRIFFIN W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100224A	9/16 - 9/8/24	10/02/202	09/30/202	10/02/202			1,500.00	0.00	0.00	1,500.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	G0501	DR JEANNINE GRIFFIN	1,500.00	0.00	0.00	1,500.00

Vendor# Vendor Name Class Pay Code

14832 DR JOHN CLINTON

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100224C	9/27 - 9/30/24	10/02/202	09/30/202				1,800.00	0.00	0.00	1,800.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14832	DR JOHN CLINTON	1,800.00	0.00	0.00	1,800.00

Vendor# Vendor Name Class Pay Code

14924 DR. TIMU KWI

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100224B		10/02/202	09/30/202				1,500.00	0.00	0.00	1,500.00

9/20 - 9/22/24

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

Vendor# 12488 Vendor Name: DURFOLD CORPORATION Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10099		10/02/202	09/24/202	10/02/202			1,944.00	0.00	0.00	1,944.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12488	DURFOLD CORPORATION	1,944.00	0.00	0.00	1,944.00

Vendor# 11284 Vendor Name: EMERGENCY STAFFING SOLUTIONS Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
43596		10/01/202	09/30/202	10/10/202			40,062.50	0.00	0.00	40,062.50

10th. 40M

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

Vendor# 14708 Vendor Name: EQUALIZE RCM SERVICES Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
538000		09/01/202	10/01/202	10/01/202			68.76	0.00	0.00	68.76

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14708	EQUALIZE RCM SERVICES	68.76	0.00	0.00	68.76

Vendor# R1185 Vendor Name: FARAH JANAK Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
092724		10/01/202	09/27/202	10/01/202			90.60	0.00	0.00	90.60

incorrect information

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	R1185	FARAH JANAK	90.60	0.00	0.00	90.60

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
1458061		09/04/202	08/22/202	09/16/202			1,273.68	0.00	0.00	1,273.68
5208190		09/24/202	09/24/202	10/19/202			530.13	0.00	0.00	530.13
2831131	SUPPLIES	10/01/202	05/09/202	06/03/202			1,474.97	0.00	0.00	1,474.97
5358495		10/02/202	09/13/202	10/08/202			15.90	0.00	0.00	15.90
5430750		10/02/202	09/17/202	10/12/202			1,832.70	0.00	0.00	1,832.70
5430749		10/02/202	09/17/202	10/12/202			248.93	0.00	0.00	248.93
5506375		10/02/202	09/19/202	10/14/202			123.13	0.00	0.00	123.13
5575609		10/02/202	09/23/202	10/18/202			1,248.36	0.00	0.00	1,248.36
5614679		10/02/202	09/24/202	10/19/202			9.81	0.00	0.00	9.81

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net

	F1400	FISHER HEALTHCARE					6,757.61	0.00	0.00	6,757.61
Vendor#	Vendor Name				Class	Pay Code				
14156	FUJI FILM									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	91539262		10/01/202	09/25/202	10/01/202			7,908.33	0.00	0.00	7,908.33
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14156	FUJI FILM					7,908.33	0.00	0.00	7,908.33
Vendor#	Vendor Name				Class	Pay Code				
G0401	GULF COAST DELIVERY									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	895110		09/30/202	10/01/202	10/01/202			50.00	0.00	0.00	50.00
		Services 9/11 - 9/26/24									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		G0401	GULF COAST DELIVERY					50.00	0.00	0.00	50.00
Vendor#	Vendor Name				Class	Pay Code				
12380	HEALTH SOLUTIONS DIETETICS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	090124		09/30/202	10/01/202	10/01/202			3,400.00	0.00	0.00	3,400.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		12380	HEALTH SOLUTIONS DIETETICS					3,400.00	0.00	0.00	3,400.00
Vendor#	Vendor Name				Class	Pay Code				
10804	HEALTHCARE CODING & CONSULTING									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	14918		10/01/202	03/31/202	04/30/202			262.00	0.00	0.00	262.00
		MARCH CHARGES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10804	HEALTHCARE CODING & CONSULTING					262.00	0.00	0.00	262.00
Vendor#	Vendor Name				Class	Pay Code				
H1269	HENRY SCHEIN INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	14731316		09/25/202	09/19/202	10/19/202			19.88	0.00	0.00	19.88
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		H1269	HENRY SCHEIN INC.					19.88	0.00	0.00	19.88
Vendor#	Vendor Name				Class	Pay Code				
10530	HUMANA									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	093024		10/02/202	09/30/202	10/02/202			52.52	0.00	0.00	52.52
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10530	HUMANA					52.52	0.00	0.00	52.52
Vendor#	Vendor Name				Class	Pay Code				
15852	HUMANA MILITARY									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	GARKIE0001		10/03/202	09/30/202	10/03/202			55.00	0.00	0.00	55.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		15852	HUMANA MILITARY					55.00	0.00	0.00	55.00
Vendor#	Vendor Name				Class	Pay Code				
11285	ITA RESOURCES INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	MMC102024		10/03/202	10/01/202	10/21/202			29,862.84	0.00	0.00	29,862.84
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net

	11285	ITA RESOURCES INC					29,862.84	0.00	0.00	29,862.84
Vendor#	Vendor Name				Class	Pay Code				
11108	ITERSOURCE CORPORATION									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	711811		10/01/202	10/01/202	10/01/202			250.00	0.00	0.00	250.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11108	ITERSOURCE CORPORATION					250.00	0.00	0.00	250.00
Vendor#	Vendor Name				Class	Pay Code				
W1372	JOHN B WRIGHT LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	100224		10/02/202	09/30/202	10/02/202			2,500.00	0.00	0.00	2,500.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		W1372	JOHN B WRIGHT LLC					2,500.00	0.00	0.00	2,500.00
Vendor#	Vendor Name				Class	Pay Code				
M2178	MCKESSON MEDICAL SURGICAL INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	22694005		09/30/202	09/27/202	10/15/202			870.79	0.00	0.00	870.79
	22686440		10/02/202	09/26/202	10/11/202			93.47	0.00	0.00	93.47
	22686227		10/02/202	09/26/202	10/15/202			699.41	0.00	0.00	699.41
	22696990		10/02/202	09/30/202	10/15/202			22.61	0.00	0.00	22.61
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		M2178	MCKESSON MEDICAL SURGICAL INC					1,686.28	0.00	0.00	1,686.28
Vendor#	Vendor Name				Class	Pay Code				
10613	MEDIMPACT HEALTHCARE SYS, INC.				A/P					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	092724		10/02/202	09/30/202	10/02/202			13.79	0.00	0.00	13.79
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10613	MEDIMPACT HEALTHCARE SYS, INC.					13.79	0.00	0.00	13.79
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
	2336506247		09/18/202	09/23/202	10/18/202			189.21	0.00	0.00	189.21
	2336684343		09/18/202	09/24/202	10/19/202			238.64	0.00	0.00	238.64
	2335749249		09/24/202	09/24/202	10/19/202			99.02	0.00	0.00	99.02
	2336684342		09/24/202	09/24/202	10/19/202			56.72	0.00	0.00	56.72
	2336820927		09/25/202	09/25/202	10/20/202			42.00	0.00	0.00	42.00
	2336820925		09/25/202	09/25/202	10/20/202			395.64	0.00	0.00	395.64
	2336820931		09/25/202	09/25/202	10/20/202			57.78	0.00	0.00	57.78
	2336820932		09/25/202	09/25/202	10/20/202			109.59	0.00	0.00	109.59
	2336820923		09/25/202	09/25/202	10/20/202			24.57	0.00	0.00	24.57

no invoice

2336820928	09/25/202	09/25/202	10/20/202	16,032.64	0.00	0.00	16,032.64
2336820929	09/25/202	09/25/202	10/20/202	99.90	0.00	0.00	99.90
2336820924	09/25/202	09/25/202	10/20/202	25.40	0.00	0.00	25.40

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	17,371.11	0.00	0.00	17,371.11

Vendor#	Vendor Name	Class	Pay Code
M2621	MMC AUXILIARY GIFT SHOP	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
092824		10/01/202	10/01/202	10/01/202			151.21	0.00	0.00	151.21

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP	151.21	0.00	0.00	151.21

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2478148		10/01/202	09/24/202	10/04/202			822.93	0.00	0.00	822.93
2478146		10/01/202	09/24/202	10/04/202			821.05	0.00	0.00	821.05
2478149		10/01/202	09/24/202	10/04/202			154.11	0.00	0.00	154.11
2481726		10/01/202	09/25/202	10/05/202			41.92	0.00	0.00	41.92
2480319		10/01/202	09/25/202	10/05/202			956.56	0.00	0.00	956.56
2481350		10/01/202	09/25/202	10/05/202			46.02	0.00	0.00	46.02
2480321		10/01/202	09/25/202	10/05/202			23.51	0.00	0.00	23.51
2482655		10/01/202	09/25/202	10/05/202			4.54	0.00	0.00	4.54
2479839		10/01/202	09/25/202	10/05/202			10,892.96	0.00	0.00	10,892.96
2482656		10/01/202	09/25/202	10/05/202			79.85	0.00	0.00	79.85
2467127		10/01/202	09/25/202	10/05/202			870.95	0.00	0.00	870.95
2485262		10/01/202	09/26/202	10/06/202			4,712.65	0.00	0.00	4,712.65
2487648		10/01/202	09/26/202	10/06/202			94.50	0.00	0.00	94.50
2485263		10/01/202	09/26/202	10/06/202			903.81	0.00	0.00	903.81
2487649		10/01/202	09/26/202	10/06/202			7,738.72	0.00	0.00	7,738.72

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	28,164.08	0.00	0.00	28,164.08

Vendor#	Vendor Name	Class	Pay Code
M2659	MXR IMAGING, INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8801184186		09/24/202	09/24/202	10/24/202			86.49	0.00	0.00	86.49

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net

	M2659	MXR IMAGING, INC					86.49	0.00	0.00	86.49
Vendor#	Vendor Name				Class	Pay Code				
13548	NACOGDOCHES TRANSCRIPTION									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	8487		09/01/202	10/01/202	10/11/202		105.04	0.00	0.00	105.04
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		13548	NACOGDOCHES TRANSCRIPTION				105.04	0.00	0.00	105.04
Vendor#	Vendor Name				Class	Pay Code				
13624	NEXION HEALTH AT NAVASOTA INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	090124		10/03/202	10/05/202	10/05/202		1,000.00	0.00	0.00	1,000.00
	Telemedicine Sept. 2024									
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		13624	NEXION HEALTH AT NAVASOTA INC				1,000.00	0.00	0.00	1,000.00
Vendor#	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
	36889523		09/24/202	09/23/202	10/18/202		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
	05448225		10/02/202	09/13/202	10/13/202		28.38	0.00	0.00	28.38
	No Signature Approval									
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		10152	PARTSSOURCE, LLC				28.38	0.00	0.00	28.38
Vendor#	Vendor Name				Class	Pay Code				
P1800	PITNEY BOWES INC				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	1026126198		09/01/202	09/23/202	10/23/202		8,004.37	0.00	0.00	8,004.37
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		P1800	PITNEY BOWES INC				8,004.37	0.00	0.00	8,004.37
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
	339		10/01/202	09/24/202	10/01/202		455.00	0.00	0.00	455.00
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		14764	PL-CPR, LLC				455.00	0.00	0.00	455.00
Vendor#	Vendor Name				Class	Pay Code				
10554	REPUBLIC SERVICES #847									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	0847001357389		10/01/202	09/13/202	10/16/202		2,059.98	0.00	0.00	2,059.98
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		10554	REPUBLIC SERVICES #847				2,059.98	0.00	0.00	2,059.98
Vendor#	Vendor Name				Class	Pay Code				
S1001	SANOFI PASTEUR INC				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	7141779683		10/01/202	09/24/202	10/24/202		4,941.76	0.00	0.00	4,941.76
	7141779685		10/01/202	09/24/202	10/24/202		9,166.39	0.00	0.00	9,166.39

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	S1001	SANOFI PASTEUR INC					14,108.15	0.00	0.00	14,108.15
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
	5537		10/01/202	09/24/202	10/01/202		74.40	0.00	0.00	74.40
	5150		10/01/202	09/24/202	10/01/202		357.85	0.00	0.00	357.85
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14716	SINGLETON ASSOCIATES PA					432.25	0.00	0.00	432.25
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
	9613844		10/02/202	09/23/202	10/18/202		357.87	0.00	0.00	357.87
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	S2270	SMILE MAKERS					357.87	0.00	0.00	357.87
Vendor#	Vendor Name				Class	Pay Code				
12472	SOMETHING MORE MEDIA, INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	2218		09/30/202	09/27/202	10/12/202		2,525.00	0.00	0.00	2,525.00
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	12472	SOMETHING MORE MEDIA, INC.					2,525.00	0.00	0.00	2,525.00
Vendor#	Vendor Name				Class	Pay Code				
12288	SPBS CLINICAL EQUIPMENT SRVC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	INV050001024		10/01/202	10/01/202	10/06/202		9,836.92	0.00	0.00	9,836.92
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	12288	SPBS CLINICAL EQUIPMENT SRVC					9,836.92	0.00	0.00	9,836.92
Vendor#	Vendor Name				Class	Pay Code				
10094	ST DAVIDS HEALTHCARE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	MMCPL202408		10/02/202	09/30/202	10/02/202		375.00	0.00	0.00	375.00
		Connectivity Fee - August								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10094	ST DAVIDS HEALTHCARE					375.00	0.00	0.00	375.00
Vendor#	Vendor Name				Class	Pay Code				
S3940	STERIS CORPORATION				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	11342011		06/27/202	07/07/202	10/19/202		-1,890.20	0.00	0.00	-1,890.20
		PARTS								
	12881941		10/02/202	09/25/202	10/20/202		3,075.84	0.00	0.00	3,075.84
	12880490		10/02/202	09/25/202	10/20/202		97.68	0.00	0.00	97.68
	12886264		10/02/202	09/26/202	10/21/202		218.40	0.00	0.00	218.40
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	S3940	STERIS CORPORATION					1,501.72	0.00	0.00	1,501.72
Vendor#	Vendor Name				Class	Pay Code				
15092	STEVE BROCK									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net

100224		10/03/202	10/03/202	10/03/202		255.14	0.00	0.00	255.14
Vendor Totals: Number	Name					Gross	Discount	No-Pay	Net
15092	STEVE BROCK					255.14	0.00	0.00	255.14
Vendor#	Vendor Name				Class	Pay Code			
10735	STRYKER SALES, LLC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9207261311		09/24/202	09/23/202	10/23/202			288.74	0.00	0.00	288.74
Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
10735	STRYKER SALES, LLC						288.74	0.00	0.00	288.74
Vendor#	Vendor Name				Class	Pay Code				
14212	SURGICAL DIRECT SOUTH									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9346		09/25/202	09/24/202	10/24/202			4,200.00	0.00	0.00	4,200.00
Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
14212	SURGICAL DIRECT SOUTH						4,200.00	0.00	0.00	4,200.00
Vendor#	Vendor Name				Class	Pay Code				
15856	TEXAS A&M HEALTH SCIENCE CENTE									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
H183751		10/03/202	10/01/202	10/03/202			5,250.00	0.00	0.00	5,250.00
Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
15856	TEXAS A&M HEALTH SCIENCE CENTE						5,250.00	0.00	0.00	5,250.00
Vendor#	Vendor Name				Class	Pay Code				
15844	TEXAS HEALTH AND HUMAN SERVICE									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100324		10/03/202	10/03/202	10/03/202			100.00	0.00	0.00	100.00
Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
15844	TEXAS HEALTH AND HUMAN SERVICE						100.00	0.00	0.00	100.00
Vendor#	Vendor Name				Class	Pay Code				
T2204	TEXAS MUTUAL INSURANCE CO				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1006188825		10/03/202	09/30/202	10/20/202			4,819.00	0.00	0.00	4,819.00
Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
T2204	TEXAS MUTUAL INSURANCE CO						4,819.00	0.00	0.00	4,819.00
Vendor#	Vendor Name				Class	Pay Code				
10732	THERACOM, LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
225431672301		07/31/202	07/25/202	10/23/202			3,140.86	0.00	0.00	3,140.86
Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
10732	THERACOM, LLC						3,140.86	0.00	0.00	3,140.86
Vendor#	Vendor Name				Class	Pay Code				
15396	THIRD COAST DISTRIBUTING LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
33196		10/02/202	09/30/202	10/02/202			304.62	0.00	0.00	304.62
Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
15396	THIRD COAST DISTRIBUTING LLC						304.62	0.00	0.00	304.62
Vendor#	Vendor Name				Class	Pay Code				
11908	TMS SOUTH									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

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INV135352	09/24/202	09/23/202	10/23/202		365.90	0.00	0.00	365.90
INV132954	10/02/202	09/03/202	10/03/202		483.00	0.00	0.00	483.00

Vendor Totals: Number Name

		Gross	Discount	No-Pay	Net
11908	TMS SOUTH	848.90	0.00	0.00	848.90

Vendor# 11002 Vendor Name: TRUSTAFF Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2263753A		09/24/202	09/19/202	10/19/202			3,228.72	0.00	0.00	3,228.72

Vendor Totals: Number Name

		Gross	Discount	No-Pay	Net
11002	TRUSTAFF	3,228.72	0.00	0.00	3,228.72

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
2921042631		09/23/202	09/19/202	10/19/202			209.23	0.00	0.00	209.23
2921042632		09/23/202	09/19/202	10/19/202			1,973.19	0.00	0.00	1,973.19
2921040438		10/01/202	08/22/202	09/16/202			154.04	0.00	0.00	154.04
2921043144		10/01/202	09/26/202	10/21/202			157.44	0.00	0.00	157.44
2921043145		10/01/202	09/26/202	10/21/202			134.42	0.00	0.00	134.42
2921043143		10/01/202	09/26/202	10/21/202			162.14	0.00	0.00	162.14
2921043138		10/01/202	09/26/202	10/21/202			120.73	0.00	0.00	120.73
2921043139		10/01/202	09/26/202	10/21/202			217.40	0.00	0.00	217.40
2921043141		10/01/202	09/26/202	10/21/202			34.04	0.00	0.00	34.04
2921043140		10/01/202	09/26/202	10/21/202			2,113.70	0.00	0.00	2,113.70
2921043142		10/01/202	09/26/202	10/21/202			372.12	0.00	0.00	372.12
2921043340		10/01/202	09/30/202	10/25/202			2,566.57	0.00	0.00	2,566.57

Vendor Totals: Number Name

		Gross	Discount	No-Pay	Net
U1064	UNIFIRST HOLDINGS INC	8,215.02	0.00	0.00	8,215.02

Vendor# 11280 Vendor Name: VICTORIA ADVOCATE Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0341566		09/01/202	09/01/202	09/01/202			139.30	0.00	0.00	139.30

Vendor Totals: Number Name

		Gross	Discount	No-Pay	Net
11280	VICTORIA ADVOCATE	139.30	0.00	0.00	139.30

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
9111625990		09/24/202	09/23/202	10/18/202			8,505.00	0.00	0.00	8,505.00

Vendor Totals: Number Name

		Gross	Discount	No-Pay	Net
I1110	WERFEN USA LLC	8,505.00	0.00	0.00	8,505.00

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
	INV116261		09/24/202	07/30/202	08/29/202			895.00	0.00	0.00	895.00
	INV117307		09/24/202	08/26/202	09/25/202			39.00	0.00	0.00	39.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11400	WEST COAST MEDICAL RESOURCES					934.00	0.00	0.00	934.00
Vendor#	Vendor Name				Class	Pay Code				
15840	[redacted]									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	092724		10/02/202	09/27/202	10/02/202			20.00	0.00	0.00	20.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		15840	[redacted]					20.00	0.00	0.00	20.00
Vendor#	Vendor Name				Class	Pay Code				
10556	WOUND CARE SPECIALISTS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	WCS00006909		09/01/202	09/01/202	09/30/202			12,200.00	0.00	0.00	12,200.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10556	WOUND CARE SPECIALISTS					12,200.00	0.00	0.00	12,200.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	418,872.39	0.00	0.00	418,872.39

418,711.14

Chk# 206031 - 206109

APPROVED ON

OCT 03 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

418.872.39 +
92.96 - Pg 4 Detar Invoice wrong amount
92.69 + correct amount
90.60 - Pg. 5 incorrect information
42.00 - Pg. 7 no invoice provided
28.38 - Pg. 9 no signature approval
418.711.14 ◊

RUN DATE:10/07/24 MEMORIAL MEDICAL CENTER PAGE 1
TIME:15:49 CHECK REGISTER GLCKREG
10/09/24 THRU 10/09/24

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	206031	10/09/24	1,287.87	AIRGAS USA, LLC - CENTRAL DIV
A/P	206032	10/09/24	538.18	AMAZON CAPITAL SERVICES
A/P	206033	10/09/24	104.37	AMBU INC
A/P	206034	10/09/24	20,738.00	AMERICAN PROFICIENCY INSTITUTE
A/P	206035	10/09/24	584.16	AMERISOURCEBERGEN DRUG CORP
A/P	206036	10/09/24	750.00	AMERITEX ELEVATOR SERVICES INC
A/P	206037	10/09/24	112.00	AQUA BEVERAGE COMPANY
A/P	206038	10/09/24	8,013.31	AUTHORITYRX, LLC
A/P	206039	10/09/24	594.00	AZALEA HEALTH
A/P	206040	10/09/24	213.21	BAXTER HEALTHCARE
A/P	206041	10/09/24	1,489.97	BECKMAN COULTER INC
A/P	206042	10/09/24	497.50	BEEKLEY CORPORATION
A/P	206043	10/09/24	3,080.00	CALHOUN COUNTY EMS
A/P	206044	10/09/24	300.33	CARDINAL HEALTH 414, INC.
A/P	206045	10/09/24	1,788.00	CAREFUSION SOLUTIONS, LLC
A/P	206046	10/09/24	591.59	CDW GOVERNMENT, INC.
A/P	206047	10/09/24	33.95	CENTRAL DRUG
A/P	206048	10/09/24	480.00	COASTAL OFFICE SOLUTONS
A/P	206049	10/09/24	747.30	COCA COLA SOUTHWEST BEVERAGES
A/P	206050	10/09/24	809.94	CODONICS INC
A/P	206051	10/09/24	280.20	CREST HEALTHCARE SUPPLY
A/P	206052	10/09/24	92.69	DETAR HOSPITAL
A/P	206053	10/09/24	838.84	DEWITT POTH & SON
A/P	206054	10/09/24	134,801.13	DISCOVERY MEDICAL NETWORK INC
A/P	206055	10/09/24	1,105.00	DOWELL PEST CONTROL
A/P	206056	10/09/24	1,500.00	DR JEANNINE GRIFFIN
A/P	206057	10/09/24	1,800.00	DR JOHN CLINTON
A/P	206058	10/09/24	1,500.00	DR. TIMU KWI
A/P	206059	10/09/24	1,944.00	DURFOLD CORPORATION
A/P	206060	10/09/24	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	206061	10/09/24	68.76	EQUALIZE RCM SERVICES
A/P	206062	10/09/24	.00	VOIDED
A/P	206063	10/09/24	6,757.61	FISHER HEALTHCARE
A/P	206064	10/09/24	7,908.33	FUJI FILM
A/P	206065	10/09/24	50.00	GULF COAST DELIVERY
A/P	206066	10/09/24	3,400.00	HEALTH SOLUTIONS DIETETICS
A/P	206067	10/09/24	262.00	HEALTHCARE CODING & CONSULTING
A/P	206068	10/09/24	19.88	HENRY SCHEIN INC.
A/P	206069	10/09/24	52.52	HUMANA
A/P	206070	10/09/24	55.00	HUMANA MILITARY
A/P	206071	10/09/24	29,862.84	ITA RESOURCES INC
A/P	206072	10/09/24	250.00	ITERSOURCE CORPORATION
A/P	206073	10/09/24	2,500.00	JOHN B WRIGHT LLC
A/P	206074	10/09/24	1,686.28	MCKESSON MEDICAL SURGICAL INC
A/P	206075	10/09/24	13.79	MEDIMPACT HEALTHCARE SYS, INC.
A/P	206076	10/09/24	.00	VOIDED
A/P	206077	10/09/24	17,329.11	MEDLINE INDUSTRIES INC
A/P	206078	10/09/24	151.21	MMC AUXILIARY GIFT SHOP
A/P	206079	10/09/24	28,164.08	MORRIS & DICKSON CO, LLC
A/P	206080	10/09/24	86.49	MXR IMAGING, INC

BANK	CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P		206081	10/09/24	105.04	NACOGDOCHES TRANSCRIPTION
A/P		206082	10/09/24	1,000.00	NEXION HEALTH AT NAVASOTA INC
A/P		206083	10/09/24	204.60	OLYMPUS AMERICA INC
A/P		206084	10/09/24	8,004.37	PITNEY BOWES INC
A/P		206085	10/09/24	455.00	PL-CPR, LLC
A/P		206086	10/09/24	2,059.98	REPUBLIC SERVICES #847
A/P		206087	10/09/24	14,108.15	SANOFI PASTEUR INC
A/P		206088	10/09/24	432.25	SINGLETON ASSOCIATES PA
A/P		206089	10/09/24	357.87	SMILE MAKERS
A/P		206090	10/09/24	2,525.00	SOMETHING MORE MEDIA, INC.
A/P		206091	10/09/24	9,836.92	SPBS CLINICAL EQUIPMENT SRVC
A/P		206092	10/09/24	375.00	ST DAVIDS HEALTHCARE
A/P		206093	10/09/24	1,501.72	STERIS CORPORATION
A/P		206094	10/09/24	255.14	STEVE BROCK
A/P		206095	10/09/24	288.74	STRYKER SALES, LLC
A/P		206096	10/09/24	4,200.00	SURGICAL DIRECT SOUTH
A/P		206097	10/09/24	5,250.00	TEXAS A&M HEALTH SCIENCE CENTE
A/P		206098	10/09/24	100.00	TEXAS HEALTH AND HUMAN SERVICE
A/P		206099	10/09/24	4,819.00	TEXAS MUTUAL INSURANCE CO
A/P		206100	10/09/24	3,140.86	THERACOM, LLC
A/P		206101	10/09/24	304.62	THIRD COAST DISTRIBUTING LLC
A/P		206102	10/09/24	848.90	TMS SOUTH
A/P		206103	10/09/24	3,228.72	TRUSTAFF
A/P		206104	10/09/24	8,215.02	UNIFIRST HOLDINGS INC
A/P		206105	10/09/24	139.30	VICTORIA ADVOCATE
A/P		206106	10/09/24	8,505.00	WERFEN USA LLC
A/P		206107	10/09/24	934.00	WEST COAST MEDICAL RESOURCES
A/P		206108	10/09/24	20.00	[redacted]
A/P		206109	10/09/24	12,200.00	WOUND CARE SPECIALISTS
A/P		206110	10/09/24	34,685.81	BETHANY SENIOR LIVING
A/P		206111	10/09/24	142.61	BROADMOOR AT CREEKSIDE PARK
A/P		206112	10/09/24	48,725.05	CANTEX HEALTH CARE CENTERS LLC
A/P		206113	10/09/24	50,129.36	GOLDENCREEK HEALTHCARE
A/P		206114	10/09/24	5,892.00	THE CRESCENT
A/P		206115	10/09/24	13,578.00	TUSCANY VILLAGE
TOTALS:				571,863.97	

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

Payables 418,711.14 +
NHXRCS 153,152.83 +
571,863.97 =

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 10/04/2024 Page: 002

DC: 8115
Customer INV SuppID:
Territory:

Customer: 632536
Date: 10/05/2024

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

As of: 10/04/2024 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 10/05/2024 **ITEMS NOT PAID (✓)**

National Account 632536

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 8,308.00 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 10/08/2024,
Pay This Amount: 8,141.80 USD

If Paid After 10/08/2024,
Pay this Amount: 8,308.00 USD

Due If Paid On Time:
USD 8,141.80

Disc lost if paid late:
166.20

Due If Paid Late:
USD 8,308.00

15.59 +
7,211.06 +
18.78 +
517.53 +
266.07 +
67.59 +
45.18 +
8,141.80 =

APPROVED ON
OCT 07 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

✓ Andrew De La Santos
10/7/2024

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 10/04/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 190813
Date: 10/05/2024

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 10/04/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 **PLEASE CHECK ANY**
Date: 10/05/2024 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
10/02/2024	10/08/2024	7524455919	4200654	115Invoice	0.32	15.91		15.59	✓	7524455919	

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

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

Subtotals: 15.91 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 13,153.06
09/23/2024

If Paid By 10/08/2024, Pay This Amount: 15.59 USD

If Paid After 10/08/2024, Pay this Amount: 15.91 USD

Due If Paid On Time:
USD 15.59 ✓

Disc lost if paid late: 0.32

Due If Paid Late:
USD 15.91

✓ Andrew DeLos Santos
10/7/2024

APPROVED ON
OCT 07 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 10/04/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 10/05/2024

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 10/04/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 10/05/2024

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342	WALMART 1098/MEM MED PHS										
09/28/2024	10/08/2024	7523846830	207286247	115Invoice	17.12	855.76		838.64	✓	7523846830	
09/28/2024	10/08/2024	7523846831	207407079	115Invoice	17.12	855.76		838.64	✓	7523846831	
09/28/2024	10/08/2024	7523846832	209719607	115Invoice	17.12	855.76		838.64	✓	7523846832	
09/28/2024	10/08/2024	7523846833	204471952	115Invoice	1.46	72.82		71.36	✓	7523846833	
09/30/2024	10/08/2024	7524114089	205987101	115Invoice		0.05		0.05	✓	7524114089	
09/30/2024	10/08/2024	7524114090	212673889	115Invoice	5.16	258.22		253.06	✓	7524114090	
09/30/2024	10/08/2024	7524114091	206974220	115Invoice	2.74	136.85		134.11	✓	7524114091	
09/30/2024	10/08/2024	7524114092	212606685	115Invoice	0.01	0.32		0.31	✓	7524114092	
09/30/2024	10/08/2024	7524114093	212641400	115Invoice	6.56	327.86		321.30	✓	7524114093	
09/30/2024	10/08/2024	7524114094	206794080	115Invoice	2.14	106.81		104.67	✓	7524114094	
09/30/2024	10/08/2024	7524114095	208295096	115Invoice	22.52	1,126.23		1,103.71	✓	7524114095	
10/01/2024	10/08/2024	7524385643	211413206	115Invoice	0.01	0.32		0.31	✓	7524385643	
10/01/2024	10/08/2024	7524385644	212443630	115Invoice		0.08		0.08	✓	7524385644	
10/01/2024	10/08/2024	7524385645	212847236	115Invoice	1.67	83.28		81.61	✓	7524385645	
10/01/2024	10/08/2024	7524385646	212790294	115Invoice	6.56	327.86		321.30	✓	7524385646	
10/01/2024	10/08/2024	7524385647	208478244	115Invoice	0.02	0.95		0.93	✓	7524385647	
10/01/2024	10/08/2024	7524385648	207465136	115Invoice	0.01	0.32		0.31	✓	7524385648	
10/01/2024	10/08/2024	7524385649	207510085	115Invoice	0.01	0.63		0.62	✓	7524385649	
10/01/2024	10/08/2024	7524385650	208116698	115Invoice	0.01	0.32		0.31	✓	7524385650	
10/01/2024	10/08/2024	7524385651	211844496	115Invoice	0.01	0.32		0.31	✓	7524385651	
10/01/2024	10/08/2024	7524385652	211878991	115Invoice	0.01	0.63		0.62	✓	7524385652	
10/02/2024	10/08/2024	7524653996	209619554	115Invoice	1.60	79.85		78.25	✓	7524653996	
10/02/2024	10/08/2024	7524653997	206628912	115Invoice	1.17	58.47		57.30	✓	7524653997	
10/02/2024	10/08/2024	7524653998	211413206	115Invoice	0.01	0.32		0.31	✓	7524653998	
10/02/2024	10/08/2024	7524653999	206628912	115Invoice	1.98	99.09		97.11	✓	7524653999	
10/02/2024	10/08/2024	7524654700	208525470	115Invoice	6.62	331.12		324.50	✓	7524654700	
10/02/2024	10/08/2024	7524654701	208620292	115Invoice	0.01	0.63		0.62	✓	7524654701	
10/02/2024	10/08/2024	7524654702	208704078	115Invoice	0.01	0.32		0.31	✓	7524654702	
10/02/2024	10/08/2024	7524654703	212027694	115Invoice	4.77	238.57		233.80	✓	7524654703	
10/02/2024	10/08/2024	7524654704	211878991	115Invoice	0.01	0.32		0.31	✓	7524654704	
10/02/2024	10/08/2024	7524654705	212144708	115Invoice	0.01	0.63		0.62	✓	7524654705	

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 10/04/2024 Page: 002

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 10/05/2024

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

As of: 10/04/2024 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: 10/05/2024 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
0/03/2024	10/08/2024	7524937421	208220871	115Invoice	4.39	219.56		215.17	✓	7524937421	
0/03/2024	10/08/2024	7524937422	207510085	115Invoice	1.56	77.95		76.39	✓	7524937422	
0/03/2024	10/08/2024	7524937423	209134117	115Invoice	1.56	77.95		76.39	✓	7524937423	
0/03/2024	10/08/2024	7524937424	213108135	115Invoice	5.16	258.22		253.06	✓	7524937424	
0/03/2024	10/08/2024	7524937425	208939618	115Invoice	0.01	0.32		0.31	✓	7524937425	
0/04/2024	10/08/2024	7525197492	207699360	115Invoice	5.23	261.41		256.18	✓	7525197492	
0/04/2024	10/08/2024	7525197497	212501589	115Invoice		0.05		0.05	✓	7525197497	
0/04/2024	10/08/2024	7525197500	207286247	115Invoice	0.38	19.01		18.63	✓	7525197500	
0/04/2024	10/08/2024	7525197508	210681042	115Invoice	0.38	19.01		18.63	✓	7525197508	
0/04/2024	10/08/2024	7525197512	212412578	115Invoice	0.38	19.01		18.63	✓	7525197512	
0/04/2024	10/08/2024	7525197514	213211407	115Invoice	0.01	0.54		0.53	✓	7525197514	
0/04/2024	10/08/2024	7525197519	209286154	115Invoice	8.91	445.28		436.37	✓	7525197519	
0/04/2024	10/08/2024	7525197524	206644076	115Invoice	1.17	58.47		57.30	✓	7525197524	
0/04/2024	10/08/2024	7525197527	213153848	115Invoice	1.60	80.07		78.47	✓	7525197527	
0/04/2024	10/08/2024	7525197533	208939618	115Invoice	0.02	0.95		0.93	✓	7525197533	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 7,358.27 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 6,014.36
09/30/2024

If Paid By 10/08/2024,
Pay This Amount: 7,211.06 USD

If Paid After 10/08/2024,
Pay this Amount: 7,358.27 USD

Due If Paid On Time:
USD 7,211.06 ✓
Disc lost if paid late: 147.21

Due If Paid Late:
USD 7,358.27

APPROVED ON
OCT 07 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

✓ Andrew DeLosSantos
10/7/2024

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 10/04/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 820405
Date: 10/05/2024

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

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

As of: 10/04/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 **PLEASE CHECK ANY**
Date: 10/05/2024 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 820405 HEB PHCY WHSE/MEM MED PHS											
10/04/2024	10/08/2024	7524992833	B2410-055-175706	115Invoice	0.38	19.16		18.78	✓	7524992833	

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

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

Subtotals: 19.16 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 6,014.36
09/30/2024

If Paid By 10/08/2024, Pay This Amount: 18.78 USD

If Paid After 10/08/2024, Pay this Amount: 19.16 USD

Due If Paid On Time: USD 18.78 ✓
Disc lost if paid late: 0.38
Due If Paid Late: USD 19.16

APPROVED ON
OCT 07 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

✓ Andrea Dalas Santos
10/7/2024

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 10/04/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835430
Date: 10/05/2024

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

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

As of: 10/04/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835430 **PLEASE CHECK ANY**
Date: 10/05/2024 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835430 CVS PHCY 10356/MEM MC PHS											
10/02/2024	10/08/2024	7524456355	3569500	115Invoice	10.56	528.09		517.53	✓	7524456355	

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

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

Subtotals: 528.09 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 6,014.36
09/30/2024

If Paid By 10/08/2024, Pay This Amount: 517.53 USD

If Paid After 10/08/2024, Pay this Amount: 528.09 USD

Due If Paid On Time:
USD 517.53 ✓
Disc lost if paid late: 10.56
Due If Paid Late:
USD 528.09

✓ Andrew DeLos Santos
10/7/2024

APPROVED ON
OCT 07 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 10/04/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835434
Date: 10/05/2024

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

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

As of: 10/04/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835434 **PLEASE CHECK ANY**
Date: 10/05/2024 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835434 CVS PHCY 8923/MEM MC PHS											
0/02/2024	10/08/2024	7524496095	3569523	115Invoice	5.43	271.50		266.07	✓	7524496095	

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

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

Subtotals: 271.50 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 6,014.36
09/30/2024

If Paid By 10/08/2024, Pay This Amount: 266.07 USD

If Paid After 10/08/2024, Pay this Amount: 271.50 USD

Due If Paid On Time:
USD 266.07 ✓
Disc lost if paid late: 5.43
Due If Paid Late:
USD 271.50

✓ Andrew De Los Santos
10/7/2024

APPROVED ON
OCT 07 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 10/04/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835437
Date: 10/05/2024

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

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As of: 10/04/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835437 **PLEASE CHECK ANY**
Date: 10/05/2024 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835437 CVS PHCY 7416/MEM MC PHS											
10/02/2024	10/08/2024	7524639549	3567905	115Invoice	1.38	68.97		67.59	✓	7524639549	

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

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

Subtotals: 68.97 USD

Future Due:	0.00			**Due If Paid On Time:** USD	67.59 ✓
Past Due:	0.00	**If Paid By 10/08/2024, Pay This Amount:**	67.59 USD	**Disc lost if paid late:**	1.38
Last Payment 09/30/2024	6,014.36	**If Paid After 10/08/2024, Pay this Amount:**	68.97 USD	**Due If Paid Late:** USD	68.97

APPROVED ON
OCT 07 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

✓ Andrew DeLosSantos
10/7/2024

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 10/04/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835438
Date: 10/05/2024

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

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

As of: 10/04/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 **PLEASE CHECK ANY**
Date: 10/05/2024 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS											
10/02/2024	10/08/2024	7524661702	3570557	115Invoice	0.92	46.10		45.18	✓	7524661702	

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

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

Subtotals: 46.10 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 6,014.36
09/30/2024

If Paid By 10/08/2024, Pay This Amount: 45.18 USD

If Paid After 10/08/2024, Pay this Amount: 46.10 USD

Due If Paid On Time:
USD 45.18 ✓

Disc lost if paid late:
0.92

Due If Paid Late:
USD 46.10

✓ Andrew DeLosSantos
10/7/2024

APPROVED ON
OCT 07 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

AmerisourceBergen

STATEMENT

Statement Number: 68352782
Date: 10-04-2024

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:	2,493.88
Past Due:	(8,345.27)
Total Due:	(5,851.39)
Account Balance:	(5,851.39)

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	3185257235	Customer Payment	93.11	08-15-2024	186.22	(93.11)
09-24-2024	09-24-2024	205568	3185098913	Customer Payment	17.61	08-14-2024	35.22	(17.61)
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	3184784666	Customer Payment	238.09	08-12-2024	476.18	(238.09)
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	3185601951	Customer Payment	1,113.39	08-19-2024	2,226.78	(1,113.39)
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	3185600679	Customer Payment	3,759.63	08-19-2024	7,519.26	(3,759.63)
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	3185601950	Customer Payment	162.58	08-19-2024	325.16	(162.58)

App. on 9/25/24 $1987.90

App. on 10/2/24 $1,493.15

AmerisourceBergen

STATEMENT

Number: 68352782 Date: 10-04-2024

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	3185601953	Customer Payment	61.66	08-19-2024	123.32	(61.66)
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	3184945100	Customer Payment	233.46	08-13-2024	466.92	(233.46)
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
09-29-2024	10-11-2024	3190405450	7007738674	Invoice	14.58		0.00	14.58
09-29-2024	10-11-2024	3190405451	7007746624	Invoice	36.17		0.00	36.17
09-29-2024	10-11-2024	3190405452	7007753430	Invoice	16.88		0.00	16.88
09-29-2024	10-11-2024	3190405453	7007746628	Invoice	2.62		0.00	2.62
10-01-2024	10-11-2024	3190582373	7007759822	Invoice	9.28		0.00	9.28
10-02-2024	10-11-2024	3190747625	7007768917	Invoice	64.59		0.00	64.59
10-02-2024	10-11-2024	3190747626	7007769170	Invoice	2.09		0.00	2.09
10-03-2024	10-11-2024	3190934087	7007777237	Invoice	96.90		0.00	96.90
10-03-2024	10-11-2024	3190934088	7007780503	Invoice	2,147.16		0.00	2,147.16
10-04-2024	10-11-2024	3191071129	7007787813	Invoice	103.61		0.00	103.61

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
2,493.88	(8,345.27)	0.00	0.00	0.00	0.00	0.00

APPROVED ON

OCT 07 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
10-11-2024	2,493.88
Total Due:	(5,851.39)

Andrew De Los Santos
10/7/2024

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

	#### ###	ENTER:	
☐ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"			
☐ "ENTER YOUR 4-DIGIT PIN"			
☐ "MAKE A PAYMENT, PRESS 1"		1	
☐ "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★	941	#
☐ "IF FEDERAL TAX DEPOSIT ENTER 1"		1	
☐ "ENTER 2-DIGIT TAX FILING YEAR"	★	24	
☐ "ENTER 2-DIGIT TAX FILING ENDING MONTH"	★	12	

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

☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	$ 114,131.11	#
"1 TO CONFIRM"		1	
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 60,976.44	#
"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 14,260.56	#
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 38,894.11	#
☐ "6-DIGIT SETTLEMENT DATE"	★		
"1 TO CONFIRM"		1	
☐ ACKNOWLEDGEMENT NUMBER			

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

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED *3/18/2014*

ENTER VOID CKS AS NEGATIVE NUMBERS

		VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: BEGIN	9/20/2024					
PAY PERIOD: END	10/3/2024					
PAY DATE:	10/11/2024					
GROSS PAY:	$ 528,848.19			$ -		$ 528,848.19
DEDUCTIONS:						
A/R	$ 375.00					$ 375.00
ADVANC						$ -
BOOTS						$ -
MUTUAL CRITICAL ILLNESS						$ -
MUTUAL ACCIDENT						$ -
IRS TAX						$ -
MUTUAL SHORT TERM DIS						$ -
MUTUAL VISION	$ 840.28					$ 840.28
CAFÉ-D	$ 1,217.48					$ 1,217.48
CAFÉ-H	$ 29,459.62					$ 29,459.62
	$ -					$ -
	$ -					$ -
CAFÉ-P						$ -
CANCER						$ -
CHILD	$ 610.99					$ 610.99
CLINIC	$ 76.73					$ 76.73
COMBIN	$ 250.86					$ 250.86
CREDUN	$ -					$ -
DENTAL	$ -					$ -
DEP-LF						$ -
MUTUAL TERM LIFE	$ 1,260.69					$ 1,260.69
MUTUAL HOSP INDEM	$ 491.50					$ 491.50
FED TAX	$ 38,894.11					$ 38,894.11
FICA-M	$ 7,130.28					$ 7,130.28
FICA-O	$ 30,488.22					$ 30,488.22
FICA-M ADDITIONAL						$ -
FIRST C						$ -
FLEX S	$ 4,690.64					$ 4,690.64
FLX-FE	$ -					$ -
GIFT S	$ 114.01					$ 114.01
MUTUAL CRITICAL ILLNESS	$ 1,066.63					$ 1,066.63
MUTUAL ACCIDENT	$ 698.22					$ 698.22
MUTUAL SHORT TERM DIS	$ 1,777.74					$ 1,777.74
LEGAL	$ 986.91					$ 986.91
OTHER	$ 2,859.73					$ 2,859.73
NATIONAL FARM LIFE	$ 1,256.63					$ 1,256.63
MED SURCHARGE	$ 255.00					$ 255.00
Blank						$ -
RELAY						$ -
REPAY						$ -
STONEDF	$ 895.00					$ 895.00
STONE						$ -
STONE 2						$ -
STUDEN						$ -
TSA-R	$ 36,115.81					$ 36,115.81
UW/HOS	$ -					$ -
TOTAL DEDUCTIONS:	$ 161,812.08	$ -	$ -	$ -	$ -	$ 161,812.08
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$ 367,036.11	$ -	$ -	$ -	$ -	$ 367,036.11
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFÉ 125 PLAN:	$ 37,103.02	Less Exempt:				
TAXABLE PAY:	$ 491,745.17	$ 491,745.17				Exempt Amt:

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 7,130.30		
FICA - MED (EE)	1.45%	$ 7,130.30	$ 7,130.28	$ 0.02
FICA - SOC SEC (ER)	6.20%	$ 30,488.20		
FICA - SOC SEC (EE)	6.20%	$ 30,488.20	$ 30,488.22	$ (0.02)
FED WITHHOLDING		$ 38,894.11	$ 38,894.11	

Employees over FICA-SS Cap:
Michael Gaines

Paycode S - Employee Reimb.:

TOTAL: $ -

TAX DEPOSIT:		$ 114,131.11	$ 114,131.11
FICA - MEDICARE	2.90%	$ 14,260.60	$14,260.56
FICA - SOCIAL SECURITY	12.40%	$ 60,976.40	$60,976.44
FED WITHHOLDING		$ 38,894.11	$38,894.11
TOTAL TAX:		$ 114,131.11	$114,131.11 $ -

PREPARED BY: Andrie Flores

PREPARED DATE: 10/7/2024

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	9870.25	N		N	N		236500.53
1	REGULAR PAY-S1	1999.50	N		N	N	N	94913.03
1	REGULAR PAY-S1	277.25	Y		N	N		10062.40
2	REGULAR PAY-S2	2714.25	N		N	N		71927.24
2	REGULAR PAY-S2	4.00	N		N	N	N	201.68
2	REGULAR PAY-S2	104.00	Y		N	N		4361.50
3	REGULAR PAY-S3	1504.75	N		N	N		52233.16
3	REGULAR PAY-S3	8.00	N		N	N	N	411.36
3	REGULAR PAY-S3	104.00	Y		N	N		5352.50
4	CALL BACK PAY	15.50	N	1	N	N	Y	805.26
4	CALL BACK PAY	17.75	N	2	N	N	Y	815.68
4	CALL BACK PAY	2.00	N	3	N	N	Y	94.81
4	CALL BACK PAY	.50	Y	1	N	N	Y	24.42
4	CALL BACK PAY	.25	Y	2	N	N	Y	12.59
C	CALL PAY	2387.50	N	1	N	N		4775.00
D	DOUBLE TIME	18.75	N	1	N	N		1317.99
D	DOUBLE TIME	14.00	N	2	N	N		1030.39
D	DOUBLE TIME	9.25	N	3	N	N		755.85
D	DOUBLE TIME	4.50	Y	1	N	N		584.96
D	DOUBLE TIME	4.00	Y	2	N	N		543.96
D	DOUBLE TIME	6.00	Y	3	N	N		546.30
E	EXTRA WAGES		N		N	N	N	-856.00
E	EXTRA WAGES		N	1	N	N		24.00
E	EXTRA WAGES		N	1	N	N	N	2231.25
F	FUNERAL LEAVE	32.00	N	1	N	N		413.84
I	INSERVICE	10.25	N	1	N	N		386.32
J	JURY LEAVE	8.00	N	1	N	N		439.76
K	EXTENDED-ILLNESS-BANK	8.00	N		N	N	N	275.12
K	EXTENDED-ILLNESS-BANK	138.00	N	1	N	N		3601.62
P	PAID-TIME-OFF	438.28	N		N	N	N	9744.54
P	PAID-TIME-OFF	883.00	N	1	N	N		22834.13
X	CALL PAY 2	234.00	N	1	N	N		468.00
Y	YMCA/CURVES		N		N	N	N	30.00
Z	CALL PAY 3	90.00	N	1	N	N		270.00
t	PHONE & DATA		N		N	N	N	1715.00

Deductions Summary

Code	Amount					
A/R	375.00	A/R2		A/R3		
ADVANC		AWARDS		BCBSVI		
BOOTS		CAFE H		CAFE-1		
CAFE-2		CAFE-3		CAFE-4		
CAFE-5		CAFE-C		CAFE-D	1217.48	
CAFE-F		CAFE-H	29459.62	CAFE-I		
CAFE-L		CAFE-P		CANCER		
CHILD	610.99	CLINIC	76.73	COMBIN	250.86	
CREDUN		DD ADV		DENTAL		
DEP-LF		DIS-LF		EAT		
EATCSH		FEDTAX	38394.11	FICA-M	7130.28	
FICA-O	30488.22	FIRSTC		FLEX S	3942.81	
FLX FE		FORT D		FUTA		
GIFT S	114.01	GRANT		GRP-IN		
GIL		HOSP-I		HSA	747.83	
ID TFT		IRSTAX		LEAF		
LEGAL	160.91	MASA	826.00	MEALS	2859.73	
METVIS		MISC		MISC/		
MMCSHR		MOOACC	698.22	MOOILL	1066.63	
MOOIND	491.50	MOOLIF	1260.69	MOOSTD	1777.74	
MOOVIS	840.28	NATFML	1256.63	OTHER		
PHI		PHI***		PR FIN		
RELAY		REPAY		SAMS		
SCRUBS		SIGNON		ST-TX		
STONDF	895.00	STONE		STONE2		
STUDEN		SUNACC		SUNILL		
SUNIND		SUNLIF		SUNSTD		
SUNVIS		SURCHG	255.00	TSA-1		
TSA-2		TSA-C		TSA-P		
TSA-R	36115.81	TUTION		UNIFOR		
UW/HOS						

Grand Totals: 20907.53 ------- | Gross: 528848.19 Deductions: 161812.08 Net: 367036.11

Checks Count:- FT 203 PT 13 Other 43 Female 230 Male 28 Credit OverAmt 11 ZeroNet Term Total: 258

Andrea De Los Santos
10/7/2024

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Sept 30,2024 - Oct 6, 2024

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten Check" #
10/4/2024	PAY PLUS ACHTrans 38573969 101000698893180 P	- 3rd Party Payor Fee	207.60	901376
10/4/2024	HPHG LLC MEMOR PREM MemMedCtr PtLav 11312265	- Health Insurance Premium Payment	66,383.79 *	800596
10/3/2024	PAY PLUS ACHTrans 38389117 101000697643195 P	- 3rd Party Payor Fee	110.88	901377
10/3/2024	MERCHANT BANKCD FEE 971160913887 91000016178	- Credit Card Processing Fee	174.51	901378
10/3/2024	MERCHANT BANKCD FEE 971160910883 91000016178	- Credit Card Processing Fee	9.95	901379
10/3/2024	MERCHANT BANKCD DISCOUNT 971160910883 910000	- Credit Card Processing Fee	19.95	901380
10/3/2024	MERCHANT BANKCD DISCOUNT 971160913887 910000	- Credit Card Processing Fee	454.34	301381
10/3/2024	MERCHANT BANKCD INTERCHNG 971160913887 91000	- Credit Card Processing Fee	230.50	901382
10/2/2024	PAY PLUS ACHTrans 38234294 101000695540054 P	- 3rd Party Payor Fee	1.82	901383
10/2/2024	HPHG LLC MEM PORT MemMedCtr PtLav 1131226500	- Health Insurance Claim Payments	62,640.61 *	800597
10/2/2024	HARLAND CLARKE CHK ORDERS 19OQ883502212R5 91	-Deposit Book Operating	60.36 *	901384
10/2/2024	AUTHNET GATEWAY BILLING 137977572 1040000180	- 3rd Party Payor Fee	31.50	901385
10/1/2024	PAY PLUS ACHTrans 38052717 101000694033777 P	- 3rd Party Payor Fee	27.32	901386
10/1/2024	MERCHANT BANKCD CHARGEBACK 971160913887 9100	- Credit Card Processing Fee	50.82	901387
10/1/2024	MCKESSON DRUG AUTO ACH ACH06193719 910000159	- 340B Drug Program Expense	6,014.36 *	500642
9/30/2024	PAY PLUS ACHTrans 37927443 101000692600867 P	- 3rd Party Payor Fee	14.32	901388
9/30/2024	IRS USATAXPYMT 270467450748612 6103601002588	- Payroll Taxes	122,245.18 **	800598
9/30/2024	HPHG LLC MEM PT LA MemMedCtr PtLav 113122650	- Health Insurance Claim Payments	30,134.35 **	800599
			288,812.16	

Andrew De Los Santos
Andrew De Los Santos
Memorial Medical Center

October 7, 2024

* Approved on 10.2.24 cc
** Approved on 9.25.24 cc

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
10/10/2024	STATE COMTRLR TEXNET	- DSH IGT	567,507.19
10/7/2024	ACH Payment FEDERAL EXPRESS DEBIT EPA	- Fed Ex Pymt	707.71
			568,214.90

APPROVED ON
OCT 07 2024
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Andrew De Los Santos
Andrew De Los Santos
Memorial Medical Center

October 7, 202

Pay Plus
207.60 +
110.88 +
1.82 +
27.32 +
14.32 +
[illegible] ◊
0.C

CC Fees
174.51 +
9.95 +
[illegible] ◊
0.C

CC Discount
19.95 +
454.34 +
[illegible] ◊
0.C

CC Int. Chg.
230.50 +
[illegible] ◊
0.C

Authnet
31.50 +
31.50 ◊
0.C

CC Chg. Back
50.82 +
50.82 ◊
0.C

361.96 +
184.46 +
474.29 +
230.50 +
31.50 +
50.82 +
1.333.51 ◊

288,812.16 +
[illegible] -
[illegible] -
[illegible] -
[illegible] -
[illegible] -
[illegible] -
[illegible] -
[illegible] -
[illegible] -
1.333.51 ◊
1.333.51 -
0.00 ◊

Start Date	Benefit	EE Per Pay Cost	ER Per Pay Cost
1/1/2024	Health Savings Account	$0.00	$ 25.00
1/1/2024	Health Savings Account	$100.00	$ 25.00
1/1/2024	Health Savings Account	$147.91	$ 25.00
1/1/2024	Health Savings Account	$41.67	$ 25.00
7/1/2024	Health Savings Account	$0.00	$ 25.00
10/1/2024	Health Savings Account	$25.00	$ 25.00
1/1/2024	Health Savings Account	$60.00	$ 25.00
9/1/2024	Health Savings Account	$0.00	$ 25.00
1/1/2024	Health Savings Account	$10.00	$ 25.00
1/1/2024	Health Savings Account	$0.00	$ 25.00
1/1/2024	Health Savings Account	$0.00	$ 25.00
1/1/2024	Health Savings Account	$0.00	$ 25.00
1/1/2024	Health Savings Account	$25.00	$ 25.00
1/1/2024	Health Savings Account	$0.00	$ 25.00
8/1/2024	Health Savings Account	$0.00	$ 25.00
1/1/2024	Health Savings Account	$0.00	$ 25.00
2/1/2024	Health Savings Account	$163.25	$ 25.00
10/1/2024	Health Savings Account	$0.00	$ 25.00
1/1/2024	Health Savings Account	$50.00	$ 25.00
2/1/2024	Health Savings Account	$0.00	$ 25.00
1/1/2024	Health Savings Account	$100.00	$ 25.00
1/1/2024	Health Savings Account	$0.00	$ 25.00
1/1/2024	Health Savings Account	$0.00	$ 25.00
9/1/2024	Health Savings Account	$0.00	$ 25.00
1/1/2024	Health Savings Account	$25.00	$ 25.00
7/1/2024	Health Savings Account	$0.00	$ 25.00
1/1/2024	Health Savings Account	$0.00	$ 25.00
2/1/2024	Health Savings Account	$0.00	$ 25.00
		$747.83	$ 700.00
	Total	$1,447.83	

RECEIVED BY THE
COUNTY AUDITOR ON

OCT 03 2024

CALHOUN COUNTY, TEXAS

10/03/2024 MEMORIAL MEDICAL CENTER 0
12:26 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 10/26/2024

Vendor#	Vendor Name	Class	Pay Code
11832	BROADMOOR AT CREEKSIDE PARK		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
092724		10/02/202	09/20/202	10/26/202			142.61	0.00	0.00	142.61

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

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11832	BROADMOOR AT CREEKSIDE PARK	142.61	0.00	0.00	142.61

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	142.61	0.00	0.00	142.61

APPROVED ON

OCT 03 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk#206111

RECEIVED BY THE
COUNTY AUDITOR ON

OCT 03 2024

CALHOUN COUNTY, TEXAS

10/03/2024
12:26

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 10/26/2024
Class Pay Code

0
ap_open_invoice.template

Vendor#	Vendor Name
11824	THE CRESCENT

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0920204		10/02/202	09/20/202	10/26/202			4,692.00	0.00	0.00	4,692.00
092624	ins. pmt. dep. into mmcopt. in error	10/02/202	09/20/202	10/26/202			1,200.00	0.00	0.00	1,200.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	5,892.00	0.00	0.00	5,892.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	5,892.00	0.00	0.00	5,892.00

APPROVED ON

OCT 03 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK#206114

RECEIVED BY THE COUNTY AUDITOR ON

OCT 03 2024

CALHOUN COUNTY, TEXAS

10/03/2024 MEMORIAL MEDICAL CENTER 0
12:27 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 10/26/2024

Vendor#	Vendor Name	Class	Pay Code
11836	GOLDENCREEK HEALTHCARE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
092024		10/02/202	09/20/202	10/26/202			140.68	0.00	0.00	140.68
092024A		10/02/202	09/20/202	10/26/202			1,224.00	0.00	0.00	1,224.00
092324		10/02/202	09/20/202	10/26/202			1,123.71	0.00	0.00	1,123.71
092424		10/02/202	09/20/202	10/26/202			9,403.96	0.00	0.00	9,403.96
092524		10/02/202	09/20/202	10/26/202			34,809.99	0.00	0.00	34,809.99
092724		10/02/202	09/20/202	10/26/202			5.00	0.00	0.00	5.00
092724A		10/02/202	09/20/202	10/26/202			1,655.10	0.00	0.00	1,655.10
092724B		10/02/202	09/20/202	10/26/202			1,456.50	0.00	0.00	1,456.50
092724C		10/02/202	09/20/202	10/26/202			310.42	0.00	0.00	310.42
092724D		10/02/202	09/20/202	10/26/202			259.26	0.00	0.00	259.26

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

no sig. approval

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	50,388.62	0.00	0.00	50,388.62

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	50,388.62	0.00	0.00	50,388.62

50,129.36

APPROVED ON

OCT 03 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 206113

RECEIVED BY THE
COUNTY AUDITOR ON

OCT 03 2024

CALHOUN COUNTY, TEXAS

10/03/2024
12:28

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 10/26/2024

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
092324		10/02/202	09/20/202	10/26/202			9,090.00	0.00	0.00	9,090.00
092524	INS. pmt dep. into MMCopt. in error	10/02/202	09/20/202	10/26/202			1,632.00	0.00	0.00	1,632.00
092524A		10/02/202	09/20/202	10/26/202			2,856.00	0.00	0.00	2,856.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	13,578.00	0.00	0.00	13,578.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	13,578.00	0.00	0.00	13,578.00

APPROVED ON

OCT 03 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 206115

RECEIVED BY THE
COUNTY AUDITOR ON

OCT 0 3 2024

CALHOUN COUNTY, TEXAS

10/03/2024 MEMORIAL MEDICAL CENTER 0
12:28 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 10/26/2024
Class Pay Code

Vendor# Vendor Name
12792 BETHANY SENIOR LIVING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
092024		10/02/202	09/20/202	10/26/202			2,986.10	0.00	0.00	2,986.10
092024A		10/02/202	09/20/202	10/26/202			3,239.59	0.00	0.00	3,239.59
092324		10/02/202	09/20/202	10/26/202			204.00	0.00	0.00	204.00
092324A		10/02/202	09/20/202	10/26/202			47.27	0.00	0.00	47.27
092424		10/02/202	09/20/202	10/26/202			2,024.12	0.00	0.00	2,024.12
092524		10/02/202	09/20/202	10/26/202			264.78	0.00	0.00	264.78
092524A		10/02/202	09/20/202	10/26/202			1,930.96	0.00	0.00	1,930.96
092624		10/02/202	09/20/202	10/26/202			5,002.14	0.00	0.00	5,002.14
092724		10/02/202	09/20/202	10/26/202			6,744.72	0.00	0.00	6,744.72
092724A		10/02/202	09/20/202	10/26/202			11,983.23	0.00	0.00	11,983.23
092724B		10/02/202	09/20/202	10/26/202			258.90	0.00	0.00	258.90

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12792	BETHANY SENIOR LIVING	34,685.81	0.00	0.00	34,685.81

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	34,685.81	0.00	0.00	34,685.81

APPROVED ON

OCT 03 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 206110

RECEIVED BY THE
COUNTY AUDITOR ON

OCT 03 2024

CALHOUN COUNTY, TEXAS

10/03/2024
13:52

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 10/26/2024

0
ap_open_invoice.template

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
092724		10/02/202	09/20/202	10/26/202			48,725.05	0.00	0.00	48,725.05

INS. pmt. dep. into MMC opt. in error

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11088	CANTEX HEALTH CARE CENTERS LLC	48,725.05	0.00	0.00	48,725.05

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	48,725.05	0.00	0.00	48,725.05

APPROVED ON

OCT 03 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 206112

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
10/7/2024

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	1	216,584.88	216,094.43	71,413.78			71,904.23	**34,752.18**
						Bank Balance	71,904.23	
						Variance	-	
						Leave in Balance	100.00	
						Molina QIPP July and Y6 Adj 2	14,380.70	
						Wellpoint July	22,090.81	
						July Interest	167.20	
						Aug Interest	223.25	
						Sept Interest	190.09	
						Adjust Balance/Transfer Amt	**34,752.18**	
Broadmoor		150,664.84	150,211.05	131,315.69			131,769.48	**117,757.25**
						Bank Balance	131,769.48	
						Variance	-	
						Leave in Balance	100.00	
						Molina QIPP July and Y6 Adj 2	5,252.57	
						Wellpoint July	8,168.15	
						July Interest	184.64	
						Aug Interest	169.15	
						Sept Interest	137.72	
						Adjust Balance/Transfer Amt	**117,757.25**	
Crescent		191,938.59	191,262.28	69,416.20			70,092.51	**59,104.99**
						Bank Balance	70,092.51	
						Variance	-	
						Leave in Balance	100.00	
						Molina QIPP July and Y6 Adj 2	3,904.94	
						Wellpoint July	6,146.12	
						July Interest	273.53	
						Aug Interest	302.78	
						Sept Interest	260.15	
						Adjust Balance/Transfer Amt	**59,104.99**	
Fort Bend		46,175.35	45,969.63	35,341.39			35,547.11	**23,847.43**
						Bank Balance	35,547.11	
						Variance	-	
						Leave in Balance	100.00	
						Molina QIPP July and Y6 Adj 2	4,488.32	
						Wellpoint July	6,964.97	
						July Interest	52.09	
						Aug Interest	53.63	
						Sept Interest	40.67	
						Adjust Balance/Transfer Amt	**23,847.43**	
Solera at W Houston		281,677.31	281,184.81	140,876.99			141,369.49	**129,755.70**
						Bank Balance	141,369.49	
						Variance	-	
						Leave in Balance	100.00	
						Molina QIPP July and Y6 Adj 2	4,316.99	
						Wellpoint July	6,619.50	
						July Interest	209.57	
						Aug Interest	182.93	
						Sept Interest	184.80	
						Adjust Balance/Transfer Amt	129,755.70	

34,752.18 +
117,757.25 +
59,104.99 + 'Fort Bend / Broadmoor
23,847.43 +
129,755.70 +
365,217.55 ◊

Routing Information for Ashford Gardens:

Ashford Health Care Center Ltd Co
JP Morgan Chase Bank

TOTAL TRANSFERS	**365,217.55**

Approved: Andrew De Los Santos
Andrew De Los Santos 10/7/2024

APPROVED ON
OCT 07 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, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
10/4/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	2,460.00					-	2,460.00
10/4/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,037.44					-	1,037.44
10/4/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	225.57					-	225.57
10/4/2024	NOVITAS SOLUTION HCCLAIMPMT 675423 420000102	-	5,646.66					-	5,646.66
10/4/2024	AARP Supplementa HCCLAIMPMT 746003411 124384	-	816.00					-	816.00
10/2/2024	WIRE OUT ASHFORD HEALTH CARE CENTER LTD	216,094.43	-					-	-
10/2/2024	MOLINA HEALTHCAR MOLINAACH 01323396 42000013	-	17,404.27	13,084.88	4,319.39			14,380.70	3,023.57
10/2/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	882.81					-	882.81
10/2/2024	NOVITAS SOLUTION HCCLAIMPMT 675423 420000111	-	10,834.71					-	10,834.71
10/1/2024	WELLPOINT CO AP E-PAYMENT EE52869730 1110000	-	24,554.47	21,034.95	3,519.52			22,090.81	2,463.66
9/30/2024	Added to Account	-	190.09					-	190.09
9/30/2024	HNB - ECHO HCCLAIMPMT 746003411 440000234092	-	1,575.22					-	1,575.22
9/30/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130052	-	5,786.54					-	5,786.54
		216,094.43	71,413.78	34,119.83	7,838.91	-	-	36,471.50	34,942.28

Broadmoor

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
10/4/2024	HNB - ECHO HCCLAIMPMT 746003411 440000236524	-	666.47					-	666.47
10/4/2024	HNB - ECHO HCCLAIMPMT 746003411 440000236524	-	1,613.64					-	1,613.64
10/4/2024	HNB - ECHO HCCLAIMPMT 746003411 440000236524	-	7,919.21					-	7,919.21
10/4/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	82.52					-	82.52
10/4/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	535.41					-	535.41
10/4/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	546.64					-	546.64
10/4/2024	NOVITAS SOLUTION HCCLAIMPMT 676357 420000101	-	6,134.42					-	6,134.42
10/3/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	5,050.00					-	5,050.00
10/3/2024	AARP Supplementa HCCLAIMPMT 746003411 124384	-	266.96					-	266.96
10/2/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	150,211.05	-					-	-
10/2/2024	MOLINA HEALTHCAR MOLINAACH 01323922 42000013	-	6,216.71	4,839.36	1,377.35			5,252.57	964.15
10/2/2024	HNB - ECHO HCCLAIMPMT 746003411 440000243026	-	2,238.28					-	2,238.28
10/2/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	6,565.00					-	6,565.00
10/2/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	4,558.56					-	4,558.56
10/2/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	32,481.47					-	32,481.47
10/1/2024	MANAGEANDNET1718 MNS PMNT 000000000004293 41	-	2,047.50					-	2,047.50
10/1/2024	HNB - ECHO HCCLAIMPMT 746003411 440000298659	-	1,121.23					-	1,121.23
10/1/2024	WELLPOINT CO AP E-PAYMENT EE52869733 1110000	-	9,073.70	7,780.05	1,293.65			8,168.15	905.56
10/1/2024	UnitedHealthcare HCCLAIMPMT 746003411 910000	-	650.00					-	650.00
10/1/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	31,369.44					-	31,369.44
10/1/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	3,181.76					-	3,181.76
10/1/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130042	-	3,311.60					-	3,311.60
9/30/2024	Added to Account	-	137.72					-	137.72
9/30/2024	HNB - ECHO HCCLAIMPMT 746003411 440000233419	-	690.77					-	690.77
9/30/2024	UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384	-	2,652.00					-	2,652.00
9/30/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,836.00					-	1,836.00
9/30/2024	NOVITAS SOLUTION HCCLAIMPMT 676357 420000168	-	368.68					-	368.68
		150,211.05	131,315.69	12,619.41	2,671.00	-	-	13,420.71	117,894.98

Crescent

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
10/4/2024	HNB - ECHO HCCLAIMPMT 746003411 440000236524	-	823.28					-	823.28
10/4/2024	HNB - ECHO HCCLAIMPMT 746003411 440000236524	-	411.64					-	411.64
10/4/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	3,366.98					-	3,366.98
10/3/2024	HNB - ECHO HCCLAIMPMT 746003411 440000294585	-	8,085.81					-	8,085.81
10/3/2024	HNB - ECHO HCCLAIMPMT 746003411 440000294508	-	10,051.61					-	10,051.61
10/3/2024	NOVITAS SOLUTION HCCLAIMPMT 676323 420000160	-	295.59					-	295.59
10/3/2024	AARP Supplementa HCCLAIMPMT 746003411 124384	-	16,320.00					-	16,320.00
10/2/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	191,262.28	-					-	-
10/2/2024	MOLINA HEALTHCAR MOLINAACH 01323880 42000013	-	4,596.12	3,808.72	987.40			3,904.94	691.18
10/2/2024	HNB - ECHO HCCLAIMPMT 746003411 440000243337	-	15,503.21					-	15,503.21
10/2/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	941.82					-	941.82
10/1/2024	HNB - ECHO HCCLAIMPMT 746003411 440000299238	-	107.81					-	107.81
10/1/2024	WELLPOINT CO AP E-PAYMENT EE52869732 1110000	-	6,950.43	5,801.42	1,149.01			6,146.12	804.31
10/1/2024	HUMANA INS CO HCCLAIMPMT 58208659 8300005406	-	790.00					-	790.00
9/30/2024	Added to Account	-	260.15					-	260.15
9/30/2024	HNB - ECHO HCCLAIMPMT 746003411 440000234092	-	811.52					-	811.52
9/30/2024	NOVITAS SOLUTION HCCLAIMPMT 676323 420000168	-	100.23					-	100.23
		191,262.28	69,416.20	9,410.14	2,136.41	-	-	10,051.06	59,365.14

Fort Bend

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
10/2/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	45,969.63	-					-	-
10/2/2024	MOLINA HEALTHCAR MOLINAACH 01323549 42000013	-	5,424.64	4,087.04	1,337.60			4,488.32	936.32
10/2/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	16,433.92					-	16,433.92
10/1/2024	WELLPOINT CO AP E-PAYMENT EE52869729 1110000	-	7,886.99	6,569.82	1,317.17			6,964.97	922.02
10/1/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,248.82					-	2,248.82
9/30/2024	Added to Account	-	40.67					-	40.67
9/30/2024	HNB - ECHO HCCLAIMPMT 746003411 440000233419	-	3,183.47					-	3,183.47
9/30/2024	NOVITAS SOLUTION HCCLAIMPMT 675661 420000168	-	122.88					-	122.88
		45,969.63	35,341.39	10,656.86	2,654.77	-	-	11,453.29	23,888.10

Solera at West Houston

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
10/4/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,620.18					-	1,620.18
10/4/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,892.12					-	2,892.12
10/3/2024	AARP Supplementa HCCLAIMPMT 746003411 124384	-	5,712.00					-	5,712.00
10/2/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	281,184.81	-					-	-
10/2/2024	MOLINA HEALTHCAR MOLINAACH 01323840 42000013	-	5,243.86	3,919.76	1,324.10			4,316.99	926.87
10/2/2024	MANAGEANDNET1718 MNS PMNT 000000000002482 41	-	988.50					-	988.50
10/2/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	2,250.00					-	2,250.00
10/2/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	3,170.56					-	3,170.56
10/2/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	29,613.22					-	29,613.22
10/2/2024	HUMANA CHA DISB HCCLAIMPMT 58482367 42000017	-	7,120.00					-	7,120.00
10/1/2024	HNB - ECHO HCCLAIMPMT 746003411 440000299457	-	15,109.07					-	15,109.07
10/1/2024	HNB - ECHO HCCLAIMPMT 746003411 440000299220	-	7,938.81					-	7,938.81
10/1/2024	WELLPOINT CO AP E-PAYMENT EE52869731 1110000	-	7,362.94	6,300.88	1,062.06			6,619.50	743.44
10/1/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	7,650.00					-	7,650.00

10/1/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	22,435.65					-	22,435.65
10/1/2024	NOVITAS SOLUTION HCCLAIMPMT 676310 420000163	-	262.74					-	262.74
10/1/2024	AARP Supplementa HCCLAIMPMT 746003411 124384	-	4,080.00					-	4,080.00
9/30/2024	Added to Account	-	184.80					-	184.80
9/30/2024	HNB - ECHO HCCLAIMPMT 746003411 440000234092	-	441.04					-	441.04
9/30/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	16,137.68					-	16,137.68
9/30/2024	NOVITAS SOLUTION HCCLAIMPMT 676310 420000168	-	663.82					-	663.82
								-	-
		281,184.81	140,876.99	10,220.64	2,386.16	-	-	10,936.49	129,940.50
	TOTALS	884,722.20	448,364.05	77,026.88	17,687.25	-	-	82,333.06	366,031.00

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,245,436.23	$2,304,073.03	$2,245,436.23	$2,270,031.34
*4365 MMC - CLINIC SERIES 2014	$547.27	$547.27	$547.27	$547.27
*4373 MMC - PRIVATE WAIVER CLEARING	$440.58	$440.58	$440.58	$440.58
*4381 MEMORIAL MEDICAL / NH ASHFORD	$71,904.23	$71,904.23	$71,904.23	$61,718.56
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$131,769.48	$131,769.48	$131,769.48	$114,271.17
*4411 MEMORIAL MEDICAL / NH CRESCENT	$70,092.51	$70,092.51	$70,092.51	$65,490.61
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$141,369.49	$141,369.49	$141,369.49	$136,857.19
*4446 MEMORIAL MEDICAL / NH FORT BEND	$35,547.11	$36,598.64	$35,547.11	$35,547.11
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$24,367.84	$36,380.21	$24,367.84	$19,367.84
*4551 CAL CO INDIGENT HEALTHCARE	$12,701.74	$12,701.74	$12,701.74	$12,701.74
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$4,961.43	$5,536.56	$4,961.43	$4,961.43
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$6,384.13	$37,141.82	$6,384.13	$6,224.13
*5506 MMC -NH BETHANY SENIOR LIVING	$43,356.01	$56,491.11	$43,356.01	$30,765.23
*3407 MMC -NH TUSCANY VILLAGE	$58,727.39	$58,727.39	$58,727.39	$23,476.28
*3660 MMC -BETHANY SR LIVING - DACA	$100.00	$100.00	$100.00	$100.00
*2998 MMC -MONEY MARKET FUND	$5,048.56	$5,048.56	$5,048.56	$5,048.56
Total Balance	**$2,852,754.00**	**$2,968,922.62**	**$2,852,754.00**	**$2,787,549.04**

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
10/7/2024

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		169,987.27	169,553.64	23,934.21		-	24,367.84	23,820.71
						Bank Balance	24,367.84	
						Variance	-	
						Leave in Balance	100.00	
						July Interest	151.91	
						Aug Interest	181.72	
						Sept Interest	113.50	
						Adjust Balance/Transfer Amt	23,820.71	

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 10/7/2024

APPROVED ON
OCT 07 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
10/4/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001802	-	5,000.00					-	5,000.00
10/3/2024	Check 223	21,618.99	-					-	-
10/3/2024	TSYS/TRANSFIRST CR CD DEP 543684555876917 91	-	4,428.88				4,428.88	1,771.55	2,657.33
10/3/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001804	-	1,395.00					-	1,395.00
10/2/2024	WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	147,934.65	-					-	-
10/2/2024	TSYS/TRANSFIRST CR CD DEP 543684555876917 91	-	165.00					-	165.00
10/1/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001840	-	2,303.00					-	2,303.00
9/30/2024	Added to Account	-	113.50					-	113.50
9/30/2024	TSYS/TRANSFIRST CR CD DEP 543684555876917 91	-	1,713.60					-	1,713.60
9/30/2024	HNB - ECHO HCCLAIMPMT 746003411 440000234092	-	5,521.88					-	5,521.88
9/30/2024	LUMINOS HOLDCO L Turner R&B 113114890609844	-	3,293.35					-	3,293.35
								-	-
		169,553.64	23,934.21	-	-	-	4,428.88	1,771.55	22,162.66

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,245,436.23	$2,304,073.03	$2,245,436.23	$2,270,031.34
*4365 MMC - CLINIC SERIES 2014	$547.27	$547.27	$547.27	$547.27
*4373 MMC - PRIVATE WAIVER CLEARING	$440.58	$440.58	$440.58	$440.58
*4381 MEMORIAL MEDICAL / NH ASHFORD	$71,904.23	$71,904.23	$71,904.23	$61,718.56
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$131,769.48	$131,769.48	$131,769.48	$114,271.17
*4411 MEMORIAL MEDICAL / NH CRESCENT	$70,092.51	$70,092.51	$70,092.51	$65,490.61
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$141,369.49	$141,369.49	$141,369.49	$136,857.19
*4446 MEMORIAL MEDICAL / NH FORT BEND	$35,547.11	$36,598.64	$35,547.11	$35,547.11
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$24,367.84	$36,380.21	$24,367.84	$19,367.84
*4551 CAL CO INDIGENT HEALTHCARE	$12,701.74	$12,701.74	$12,701.74	$12,701.74
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$4,961.43	$5,536.56	$4,961.43	$4,961.43
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$6,384.13	$37,141.82	$6,384.13	$6,224.13
*5506 MMC -NH BETHANY SENIOR LIVING	$43,356.01	$56,491.11	$43,356.01	$30,765.23
*3407 MMC -NH TUSCANY VILLAGE	$58,727.39	$58,727.39	$58,727.39	$23,476.28
*3660 MMC -BETHANY SR LIVING - DACA	$100.00	$100.00	$100.00	$100.00
*2998 MMC -MONEY MARKET FUND	$5,048.56	$5,048.56	$5,048.56	$5,048.56
Total Balance	**$2,852,754.00**	**$2,968,922.62**	**$2,852,754.00**	**$2,787,549.04**

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
10/7/2024

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		4,579.84	-	381.59			-	4,961.43	no transfer
							Bank Balance	4,961.43	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	4,861.43	

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		3,138.88	-	3,245.25		-	-	6,384.13	6,284.13
							Bank Balance	6,384.13	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	6,284.13	

Routing Information for Gulf Pointe Plaza:

TOTAL TRANSFERS	11,145.56

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 10/7/2024

APPROVED ON
OCT 07 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
10/2/2024	HNB - ECHO HCCLAIMPMT 746003411 440000243026	-	152.81					-	152.81
10/2/2024	HNB - ECHO HCCLAIMPMT 746003411 440000243337	-	153.78					-	153.78
10/1/2024	HNB - ECHO HCCLAIMPMT 746003411 440000298464	-	71.00					-	71.00
9/30/2024	Added to Account	-	4.00					-	4.00
								-	-
		-	381.59	-	-	-	-	-	381.59

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
10/4/2024	MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	160.00					-	160.00
9/30/2024	Added to Account	-	14.18					-	14.18
9/30/2024	MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	2,751.07					-	2,751.07
9/30/2024	MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	320.00					-	320.00
								-	-
		-	3,245.25	-	-	-	-	-	3,245.25
		-	3,626.84	-	-	-	-	-	3,626.84

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,245,436.23	$2,304,073.03	$2,245,436.23	$2,270,031.34
*4365 MMC - CLINIC SERIES 2014	$547.27	$547.27	$547.27	$547.27
*4373 MMC - PRIVATE WAIVER CLEARING	$440.58	$440.58	$440.58	$440.58
*4381 MEMORIAL MEDICAL / NH ASHFORD	$71,904.23	$71,904.23	$71,904.23	$61,718.56
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$131,769.48	$131,769.48	$131,769.48	$114,271.17
*4411 MEMORIAL MEDICAL / NH CRESCENT	$70,092.51	$70,092.51	$70,092.51	$65,490.61
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$141,369.49	$141,369.49	$141,369.49	$136,857.19
*4446 MEMORIAL MEDICAL / NH FORT BEND	$35,547.11	$36,598.64	$35,547.11	$35,547.11
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$24,367.84	$36,380.21	$24,367.84	$19,367.84
*4551 CAL CO INDIGENT HEALTHCARE	$12,701.74	$12,701.74	$12,701.74	$12,701.74
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$4,961.43	$5,536.56	$4,961.43	$4,961.43
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$6,384.13	$37,141.82	$6,384.13	$6,224.13
*5506 MMC -NH BETHANY SENIOR LIVING	$43,356.01	$56,491.11	$43,356.01	$30,765.23
*3407 MMC -NH TUSCANY VILLAGE	$58,727.39	$58,727.39	$58,727.39	$23,476.28
*3660 MMC -BETHANY SR LIVING - DACA	$100.00	$100.00	$100.00	$100.00
*2998 MMC -MONEY MARKET FUND	$5,048.56	$5,048.56	$5,048.56	$5,048.56
Total Balance	**$2,852,754.00**	**$2,968,922.62**	**$2,852,754.00**	**$2,787,549.04**

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
10/7/2024

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		502,121.37	522,687.64	79,293.66	-	-	-	58,727.39	35,865.71
							Bank Balance	58,727.39	
							Variance	-	
							Leave in Balance	100.00	
							Molina QIPP July and Y6 Adj 2	8,981.98	
							Wellpoint July	13,779.70	
							Adjust Balance/Transfer Amt	35,865.71	

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 10/7/2024

APPROVED ON
OCT 07 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
10/4/2024	INTUIT 85888011 BILL_PAY TUSCANY VILLAGE 210	-	324.27					-	324.27
10/4/2024	HNB - ECHO HCCLAIMPMT 746003411 440000236524	-	34,926.84					-	34,926.84
10/3/2024	Check 1172	20,666.27	-					-	-
10/2/2024	WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	502,021.37	-					-	-
10/2/2024	MOLINA HEALTHCAR MOLINAACH 01323916 42000013	-	10,221.16	7,742.80	2,478.36			8,981.98	1,239.18
10/1/2024	HNB - ECHO HCCLAIMPMT 746003411 440000299238	-	6,929.31					-	6,929.31
10/1/2024	WELLPOINT CO AP E-PAYMENT EE52869734 1110000	-	15,111.31	12,448.08	2,663.23			13,779.70	1,331.62
9/30/2024	Added to Account	-	259.12					-	259.12
9/30/2024	Deposit	-	8,942.00					-	8,942.00
9/30/2024	Deposit	-	301.54					-	301.54
9/30/2024	HNB - ECHO HCCLAIMPMT 746003411 440000234092	-	2,278.11					-	2,278.11
								-	-
		522,687.64	79,293.66	20,190.88	5,141.59	-	-	22,761.68	56,531.99

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,245,436.23	$2,304,073.03	$2,245,436.23	$2,270,031.34
*4365 MMC - CLINIC SERIES 2014	$547.27	$547.27	$547.27	$547.27
*4373 MMC - PRIVATE WAIVER CLEARING	$440.58	$440.58	$440.58	$440.58
*4381 MEMORIAL MEDICAL / NH ASHFORD	$71,904.23	$71,904.23	$71,904.23	$61,718.56
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$131,769.48	$131,769.48	$131,769.48	$114,271.17
*4411 MEMORIAL MEDICAL / NH CRESCENT	$70,092.51	$70,092.51	$70,092.51	$65,490.61
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$141,369.49	$141,369.49	$141,369.49	$136,857.19
*4446 MEMORIAL MEDICAL / NH FORT BEND	$35,547.11	$36,598.64	$35,547.11	$35,547.11
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$24,367.84	$36,380.21	$24,367.84	$19,367.84
*4551 CAL CO INDIGENT HEALTHCARE	$12,701.74	$12,701.74	$12,701.74	$12,701.74
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$4,961.43	$5,536.56	$4,961.43	$4,961.43
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$6,384.13	$37,141.82	$6,384.13	$6,224.13
*5506 MMC -NH BETHANY SENIOR LIVING	$43,356.01	$56,491.11	$43,356.01	$30,765.23
*3407 MMC -NH TUSCANY VILLAGE	$58,727.39	$58,727.39	$58,727.39	$23,476.28
*3660 MMC -BETHANY SR LIVING - DACA	$100.00	$100.00	$100.00	$100.00
*2998 MMC -MONEY MARKET FUND	$5,048.56	$5,048.56	$5,048.56	$5,048.56
Total Balance	**$2,852,754.00**	**$2,968,922.62**	**$2,852,754.00**	**$2,787,549.04**

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
10/7/2024

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		27,212.35	6,248.43	22,392.09			43,356.01	22,368.75

Bank Balance	43,356.01
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	23.34
Adjust Balance/Transfer Amt	22,368.75

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 10/7/2024

APPROVED ON
OCT 07 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Bethany Senior Living		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
10/4/2024	HNB - ECHO HCCLAIMPMT 746003411 440000237038	-	6,525.85				6,525.85	2,284.05	4,241.80
10/4/2024	HOSPICE OF SOUTH Payments NF 113122650016194	-	1,042.35					-	1,042.35
10/4/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130162	-	5,022.58					-	5,022.58
10/3/2024	NDC SWEEP FAC K236 31316963204871 SWEEP FR	-	6,090.92					-	6,090.92
10/2/2024	WIRE OUT PORT LAVACA NH, LLC	6,248.43	-					-	-
10/2/2024	HNB - ECHO HCCLAIMPMT 746003411 440000243337	-	3,687.05					-	3,687.05
9/30/2024	Added to Account	-	23.34					-	23.34
								-	-
		6,248.43	22,392.09	-	-	-	6,525.85	2,284.05	20,108.04

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,245,436.23	$2,304,073.03	$2,245,436.23	$2,270,031.34
*4365 MMC - CLINIC SERIES 2014	$547.27	$547.27	$547.27	$547.27
*4373 MMC - PRIVATE WAIVER CLEARING	$440.58	$440.58	$440.58	$440.58
*4381 MEMORIAL MEDICAL / NH ASHFORD	$71,904.23	$71,904.23	$71,904.23	$61,718.56
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$131,769.48	$131,769.48	$131,769.48	$114,271.17
*4411 MEMORIAL MEDICAL / NH CRESCENT	$70,092.51	$70,092.51	$70,092.51	$65,490.61
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$141,369.49	$141,369.49	$141,369.49	$136,857.19
*4446 MEMORIAL MEDICAL / NH FORT BEND	$35,547.11	$36,598.64	$35,547.11	$35,547.11
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$24,367.84	$36,380.21	$24,367.84	$19,367.84
*4551 CAL CO INDIGENT HEALTHCARE	$12,701.74	$12,701.74	$12,701.74	$12,701.74
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$4,961.43	$5,536.56	$4,961.43	$4,961.43
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$6,384.13	$37,141.82	$6,384.13	$6,224.13
*5506 MMC -NH BETHANY SENIOR LIVING	$43,356.01	$56,491.11	$43,356.01	$30,765.23
*3407 MMC -NH TUSCANY VILLAGE	$58,727.39	$58,727.39	$58,727.39	$23,476.28
*3660 MMC -BETHANY SR LIVING - DACA	$100.00	$100.00	$100.00	$100.00
*2998 MMC -MONEY MARKET FUND	$5,048.56	$5,048.56	$5,048.56	$5,048.56
Total Balance	**$2,852,754.00**	**$2,968,922.62**	**$2,852,754.00**	**$2,787,549.04**

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center

Date Requested: 10/7/2024

APPROVED ON
OCT 07 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk#001251

FOR ACCT USE ONLY

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

AMOUNT: $ 36,471.51

G/L NUMBER: 10255040

EXPLANATION: Molina July and Y6 Adj 2 and Wellpoint July

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew DeLaSantos

Ashford

10/7/2024

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE

Memorial Medical Center

Date Requested: 10/7/2024

APPROVED ON
OCT 07 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Unc#000286

FOR ACCT USE ONLY

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

AMOUNT: $ 13,420.72 ✓

G/L NUMBER: 10255040

EXPLANATION: Molina July and Y6 Adj 2 and Wellpoint July ✓

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: [signature]

Broadmoor ✓

10/7/2024

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center

Date Requested: 10/7/2024

APPROVED ON
OCT 07 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk# 000304

FOR ACCT USE ONLY

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

AMOUNT: $ 10,051.06

G/L NUMBER: 10255040

EXPLANATION: Molina July and Y6 Adj 2 and Wellpoint July

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrea DeLos Santos

Crescent

10/7/2024

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center

Date Requested: 10/7/2024

APPROVED ON
OCT 07 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk#000257

FOR ACCT USE ONLY

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

AMOUNT: $ 11,453.29 ✓

G/L NUMBER: 10255040

EXPLANATION: Molina July and Y6 Adj 2 and Wellpoint July

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrea Dobbins

Fort Bend

10/7/2024

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center

Date Requested: 10/7/2024

APPROVED ON
OCT 07 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk# 001131

FOR ACCT USE ONLY
- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Mail Check to Vendor
- ☐ Return Check to Dept

AMOUNT: $ 10,936.49

G/L NUMBER: 10255040

EXPLANATION: Molina July and Y6 Adj 2 and Wellpoint July

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrea De La Santos

Solera

10/7/2024

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center

Date Requested: 10/7/2024

APPROVED ON
OCT 07 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk#001173

FOR ACCT USE ONLY
- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Mail Check to Vendor
- ☐ Return Check to Dept

AMOUNT: $ 22,761.68

G/L NUMBER: 10255040

EXPLANATION: Molina July and Y6 Adj 2 and Wellpoint July

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrea Dotson Santos

10/7/2024

CT Tuscany

QIPP Payment to MMC from Nursing Facilities **Commissioner's Court** **10/7/2024**

NH Name	From Bank Acct #	Ck #	Payee	GL #	Molina July & Y6 Adj2	Wellpoint July				TOTAL	Date
Ashford	[redacted] Prosperity		MMC -Prosperity Operating [redacted]	[redacted]	14,380.70	22,090.81				36,471.51	10/7/2024
Broadmoor	Prosperity		MMC -Prosperity Operating		5,252.57	8,168.15				13,420.72	10/7/2024
Crescent	Prosperity		MMC -Prosperity Operating		3,904.94	6,146.12				10,051.06	10/7/2024
Fort Bend	Prosperity		MMC -Prosperity Operating		4,488.32	6,964.97				11,453.29	10/7/2024
Solera	Prosperity		MMC -Prosperity Operating		4,316.99	6,619.50				10,936.49	10/7/2024
Golden Creek	Prosperity		MMC -Prosperity Operating							-	10/7/2024
Bethany	Prosperity		MMC -Prosperity Operating							-	10/7/2024
Tuscany	Prosperity		MMC -Prosperity Operating		8,981.98	13,779.70				22,761.68	10/7/2024
				Total:	41,325.50	63,769.25	-	-	-	105,094.75	
	Note:										

Approved: Andrew de los Santos

ANDREW DE LOS SANTOS 10/7/2024

Ashford ✓

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: MMC

Date Requested: 10/7/24

APPROVED ON
OCT 07 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk#001252

FOR ACCT. USE ONLY
- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Mail Check to Vendor
- ☐ Return Check to Dept

AMOUNT: 580.54 ✓ ✓

G/L NUMBER: 10255040

EXPLANATION: Quarter 3 Interest ✓

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: ✓ Andrew De Los Santos

10/7/2024

Broadmoor ✓

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P MMC

A

Y

E

E

Date Requested: 10/7/24

APPROVED ON
OCT 07 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk#000287

FOR ACCT. USE ONLY
- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Mail Check to Vendor
- ☐ Return Check to Dept

AMOUNT 491.51 ✓ ✓

G/L NUMBER: 10255040

EXPLANATION: Quarter 3 Interest ✓

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: ✓ Andrea DeLosSantos

10/7/2024

Crescent ✓

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: MMC

Date Requested: 10/7/24

APPROVED ON
OCT 07 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk#000365

FOR ACCT. USE ONLY
- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Mail Check to Vendor
- ☐ Return Check to Dept

AMOUNT: 836.46 ✓ ✓

G/L NUMBER: 10255040

EXPLANATION: Quarter 3 Interest ✓

✓

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew De La Santos

10/7/2024

✓ Fort Bend ✓

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: MMC

Date Requested: 10/7/24

APPROVED ON
OCT 07 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk#000258

FOR ACCT. USE ONLY
- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Mail Check to Vendor
- ☐ Return Check to Dept

AMOUNT: 146.39 ✓ ✓

G/L NUMBER: 10255040

EXPLANATION: Quarter 3 Interest ✓

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrea De Santos ✓

10/7/2024

Solera ✓

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: MMC

Date Requested: 10/7/24

APPROVED ON
OCT 07 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk#001312

FOR ACCT. USE ONLY
- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Mail Check to Vendor
- ☐ Return Check to Dept

AMOUNT: 192.43 ✓ ✓

G/L NUMBER: 10255040

EXPLANATION: Quarter 3 Interest ✓

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: ✓ Andrea De Los Santos

10/7/2024

Golden Creek ✓

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: MMC

Date Requested: 10/7/24

APPROVED ON
OCT 07 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk#000224

FOR ACCT. USE ONLY
- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Mail Check to Vendor
- ☐ Return Check to Dept

AMOUNT: 447.13 ✓ ✓

G/L NUMBER: 10255040

EXPLANATION: Quarter 3 Interest ✓

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew DeLos Santos

10/7/2024

Bethany

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: MMC

Date Requested: 10/7/24

APPROVED ON OCT 07 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk# 001053

FOR ACCT. USE ONLY
- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Mail Check to Vendor
- ☐ Return Check to Dept

AMOUNT: 220.99

G/L NUMBER: 10255040

EXPLANATION: Quarter 3 Interest

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew De Los Santos

10/7/2024

QTD Interest - Q3 2024 TO MMC

Interest To MMC From NH

NH Name	From CPSI Bank Acct #	CK#	Payee	GL #		Amt	Date
Ashford	[redacted] Prosperity		MMC -Prosperity Operating [redacted]	[redacted]	July-September	580.54	10/7/2024
Broadmoor	[redacted] Prosperity		MMC -Prosperity Operating [redacted]	[redacted]	July-September	491.51	10/7/2024
Crescent	[redacted] Prosperity		MMC -Prosperity Operating [redacted]	[redacted]	July-September	836.46	10/7/2024
Fort Bend	[redacted] Prosperity		MMC -Prosperity Operating [redacted]	[redacted]	July-September	146.39	10/7/2024
Solera	[redacted] Prosperity		MMC -Prosperity Operating [redacted]	[redacted]	July-September	192.43	10/7/2024
Golden Creek	[redacted] Prosperity		MMC -Prosperity Operating [redacted]	[redacted]	July-September	447.13	10/7/2024
Bethany	[redacted] Prosperity		MMC -Prosperity Operating [redacted]	[redacted]	July-September	220.99	10/7/2024
						2,915.45	

Note:

Approved: Andrew De Los Santos

Andrew De Los Santos 10/7/2024

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MEMORIAL MEDICAL CENTER
NH ASHFORD
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001252

Date 10-9-24

88-2265/1131

PAY
TO THE ORDER OF MMC Operating $ 580. 54/100

Five hundred eighty dollars 3 54/100 DOLLARS

PROSPERITY BANK®

County auditor

MP

County treasurer
Security features are included. Details on back.

FOR Q3 Interest

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

MEMORIAL MEDICAL CENTER
NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000287

Date 10-9-24

88-2265/1131

PAY
TO THE ORDER OF MMC Operating $ 491. 51/100

Four hundred ninety-one dollars 3 51/100 DOLLARS

PROSPERITY BANK®

County auditor

MP

County treasurer
Security features are included. Details on back.

FOR 1 Quarter '24 interest

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

MEMORIAL MEDICAL CENTER
NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000365

Date 10-9-24

88-2265/1131

PAY
TO THE ORDER OF MMC Operating $ 836. 46/100

Eight hundred thirty-six dollars 3 46/100 DOLLARS

PROSPERITY BANK®

County auditor

MP

County treasurer
Security features are included. Details on back.

FOR Q3 Interest

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

MEMORIAL MEDICAL CENTER
NH FORT BEND
815 N VIRGINIA ST
PORT LAVACA, TX 77979

MP
000258

88-2265/1131

Date 10-9-24

PAY
TO THE ORDER OF MMC Operating | $ 146. 39/100

One hundred forty-six dollars and 39/100 **DOLLARS**

PROSPERITY BANK®

county auditor

MP
county treasurer
Security features are included. Details on back.

FOR Q3 Interest

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

MEMORIAL MEDICAL CENTER
NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

MP
001312

Date 10-9-24

88-2265/1131

PAY
TO THE ORDER OF MMC Operating | $ 192. 43/100

One hundred ninety-two dollars and 43/100 **DOLLARS**

PROSPERITY BANK®

county auditor

MP
county treasurer
Security features are included. Details on back.

FOR Q3 Interest

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
000224

88-2265/1131

Date 10-9-24

PAY
TO THE ORDER OF MMC Operating | $ 447. 13/100

Four hundred forty-seven dollars and 13/100 **DOLLARS**

PROSPERITY BANK®

county auditor

MP
county treasurer
Security features are included. Details on back.

FOR Q3 Interest

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

1053

88-2265/1131-87

DATE 10-9-24

PAY TO THE ORDER OF MMC Operating $ 220.99/100

Two hundred twenty dollars & 99/100 DOLLARS

Photo Safe Deposit® Details on back

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

FOR Q3 Interest

County auditor

MP
County treasurer

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MEMORIAL MEDICAL CENTER
NH ASHFORD
815 N VIRGINIA ST
PORT LAVACA, TX 77979

MP
001251

Date 10-9-24

88-2265/1131

PAY TO THE ORDER OF MMC Operating $ 36,471.51/100

Thirty-six thousand, four hundred seventy-one dollars DOLLARS

PROSPERITY BANK®

County auditor

FOR Molina July & Yle Adj 2 & Wellpointe July

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

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

MEMORIAL MEDICAL CENTER
NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

MP
000286

88-2265/1131

Date 10-9-24

PAY TO THE ORDER OF MMC Operating $ 13,420.72/100

Thirteen thousand, four hundred twenty dollars & 72/100 DOLLARS

PROSPERITY BANK®

County auditor

FOR Molina July & YleA2 & Wellpoint July

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

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

MEMORIAL MEDICAL CENTER
NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000364

Date 10-9-24 88-2265/1131

PAY
TO THE ORDER OF MMC Operating $ 10,051. 06/100

Ten thousand, fifty-one dollars & 06/100 DOLLARS

PROSPERITY BANK®

County auditor

County treasurer

FOR Moline July & year & Wellpoint July

Security features are included. Details on back.

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

MEMORIAL MEDICAL CENTER
NH FORT BEND
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000257

Date 10-9-24 88-2265/1131

PAY
TO THE ORDER OF MMC Operating $ 11,453. 39/100

Eleven thousand, four hundred fifty-three dollars & 39/100 DOLLARS

PROSPERITY BANK®

County auditor

County treasurer

FOR Moline Wellpoint July & Moline year

Security features are included. Details on back.

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

MEMORIAL MEDICAL CENTER
NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001311

Date 10-9-24 88-2265/1131

PAY
TO THE ORDER OF MMC Operating $ 10,936. 49/100

Ten thousand, nine hundred thirty-six dollars & 49/100 DOLLARS

PROSPERITY BANK®

County auditor

County treasurer

FOR Wellpoint July - Moline July & year

Security features are included. Details on back.

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

MP

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

001173

Date 10.9.24

88-2265/1131

PAY
TO THE
ORDER OF mmc Operating

$ 22,761.68/100

Twenty-two thousand seven hundred sixty-one dollars 68/100 DOLLARS

PROSPERITY BANK®

County auditor

MP

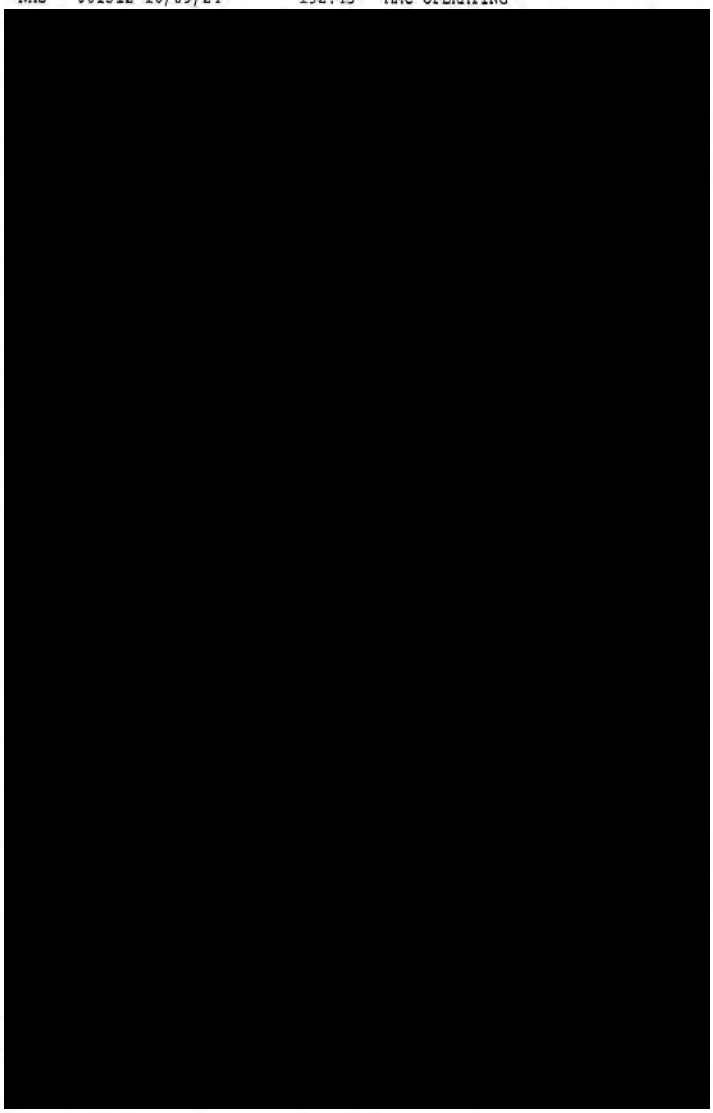
FOR Wellpoint July 3 Molina July YEA2

County Treasurer

Security features are included. Details on back.

RUN DATE:10/09/24 MEMORIAL MEDICAL CENTER PAGE 1
TIME:11:43 CHECK REGISTER GLCKREG
10/09/24 THRU 10/09/24

BANK--CHECK-- CODE	NUMBER	DATE	AMOUNT	PAYEE
NHG *	000224	10/09/24	447.13	MMC OPERATING
NHF	000257	10/09/24	11,453.29	MMC OPERATING
NHF *	000258	10/09/24	146.39	MMC OPERATING
NHB	000286	10/09/24	13,420.72	MMC OPERATING
NHB *	000287	10/09/24	491.51	MMC OPERATING
NHC	000364	10/09/24	10,051.06	MMC OPERATING
NHC *	000365	10/09/24	836.46	MMC OPERATING
BSL *	001053	10/09/24	220.99	MMC OPERATING
NHS *	001131	10/09/24	10,936.49	MMC OPERATING
TUS *	001173	10/09/24	22,761.68	MMC OPERATING
NHA	001251	10/09/24	36,471.51	MMC OPERATING
NHA *	001252	10/09/24	580.54	MMC OPERATING
NHS *	001312	10/09/24	192.43	MMC OPERATING



TEXNET Electronic Payment Network — Texas Comptroller of Public Accounts

Transaction Summary

Transaction Complete
Trace #:

Texas Health and Human Services Commission
Memorial Medical Center Operating County

Payment Total	$567.507.19
Bank Routing and Account Number	
Settlement Date	10/10/2024
DSH Amount	$567,507.19
Entered By	Andrew De Los Santos

Andrew De Los Santos
10/7/2024