MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---October 16, 2024

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	1,084,905.74
TOTAL TRANSFERS BETWEEN FUNDS	$	170,618.53
TOTAL NURSING HOME UPL EXPENSES	$	1,249,624.95
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED October 16, 2024	$	2,505,149.22

APPROVED

OCT 16 2024

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---October 16, 2024

PAYABLES AND PAYROLL			
10/10/2024	Weekly Payables	427,574.97	
10/10/2024	Patient Refund	65,643.85	
10/10/2024	Citibank Credit Card-see attached (Erin)	851.93	
10/10/2024	CitiBank Credit Card-See attached (Steve)	646.92	
10/14/2024	McKesson-340B Prescription Expense	6,026.69	
10/14/2024	Amerisource Bergen-340B Prescription Expense	3,025.37	
10/10/2024	Payroll Liabilities-Payroll Taxes	130,000.00	
10/10/2024	Payroll	395,000.00	
10/14/2024	Health Equity - Wage Works employee FSA	6,531.87	
	Prosperity Electronic Bank Payments		
10/14/2024	90 Degree Benefits - employee insurance claims	2,910.42	
10/14/2024	90 Degree Benefits - employee insurance claims	17,300.64	
10/14/2024	90 Degree Benefits - employee insurance claims	20,801.00	
10/14/2024	Sales Tax - September 2024	2,177.37	
10/14/2024	Pay Plus-Patient Claims Processing Fee	284.05	
10/14/2024	Credit Card Fee	4,347.30	
10/14/2024	Credit Card Lease Fee	335.53	
10/14/2024	Health Equity -HSA Contributions	1,447.83	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 1,084,905.74**
TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES			
10/10/2024	MMC Operating to Ashford-Correction of insurance payment deposited into MMC Operating in error & UHC QIPP July 2024	46,619.08	
10/10/2024	MMC Operating to Solera- UHC QIPP July 2024	1,438.01	
10/10/2024	MMC Operating to Fort bend-UHC QIPP July 2024	1,776.32	
10/10/2024	MMC Operating to Broadmoor-UHC QIPP July 2024	1,750.55	
10/10/2024	MMC Operating to The Crescent-Correction of insurance payment deposited into MMC Operating in error & UHC QIPP July 2024	9,108.48	
10/10/2024	MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error & UHC QIPP July 2024	31,148.00	
10/10/2024	MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error & UHC QIPP July 2024	30,871.59	
10/10/2024	MMC Operating to Bethany-Correction of insurance payment deposited into MMC Operating in error & UHC QIPP July 2024	47,906.50	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 170,618.53**
NURSING HOME UPL EXPENSES			
10/14/2024	Nursing Home UPL-Cantex Transfer	684,722.50	
10/14/2024	Nursing Home UPL-Nexion Transfer	246,915.03	
10/14/2024	Nursing Home UPL-HMG Transfer	42,522.28	
10/14/2024	Nursing Home UPL-Tuscany Transfer	241,044.37	
10/14/2024	Nursing Home UPL-HSL Transfer	23,669.38	
QIPP CHECKS TO MMC			
10/14/2024	Ashford - Wellpoint YR6 ADJ2	4,350.18	
10/14/2024	Broadmoor -Wellpoint YR6 ADJ2	1,115.66	
10/14/2024	Crescent - Wellpoint YR6 ADJ2	654.45	
10/14/2024	Fort Bend - Wellpoint YR6 ADJ2	942.22	
10/14/2024	Solera - Wellpoint YR6 ADJ2	1,353.58	
10/14/2024	Tuscany - Wellpoint YR6 ADJ2	1,950.43	
TRANSFER BETWEEN FUNDS FROM NURSING HOMES TO MMC			
10/14/2024	Solera-Q3 Interest Earned remaining balance due to MMC	384.87	
TOTAL NURSING HOME UPL EXPENSES			**$ 1,249,624.95**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED October 16, 2024			**$ 2,505,149.22**

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 11/01/2024

Vendor#	Vendor Name	Class	Pay Code
10950	ACUTE CARE INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV2010	RFID Fee	10/08/202	10/20/202	10/20/202			1,400.00	0.00	0.00	1,400.00

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
RPSV004344234		09/25/202	10/02/202	10/17/202			109.46	0.00	0.00	109.46

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1705	ALIMED INC.	109.46	0.00	0.00	109.46

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
1D9NVGDMFH3C		10/02/202	09/27/202	10/27/202			74.96	0.00	0.00	74.96
1TTX79NT63PG		10/02/202	09/30/202	10/30/202			149.36	0.00	0.00	149.36
1M7D3GRL19QM		10/02/202	09/30/202	10/30/202			102.56	0.00	0.00	102.56
1P9G7TQ3C6XH		10/02/202	10/02/202	11/01/202			116.19	0.00	0.00	116.19

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES	443.07	0.00	0.00	443.07

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
3190813191		10/07/202	10/03/202	10/25/202			25.57	0.00	0.00	25.57

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1360	AMERISOURCEBERGEN DRUG CORP	25.57	0.00	0.00	25.57

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
5492627		08/27/202	08/25/202	10/31/202			1,337.05	0.00	0.00	1,337.05
111590172		09/30/202	09/26/202	10/26/202			538.42	0.00	0.00	538.42
111606436		10/02/202	10/03/202	10/28/202			185.58	0.00	0.00	185.58
111605201		10/02/202	10/03/202	10/28/202			1,049.64	0.00	0.00	1,049.64
111602021		10/07/202	10/02/202	10/27/202			2,292.74	0.00	0.00	2,292.74
111602061		10/07/202	10/02/202	10/27/202			249.15	0.00	0.00	249.15
111601798		10/07/202	10/02/202	10/27/202			87.50	0.00	0.00	87.50
111601675		10/07/202	10/02/202	10/27/202			589.32	0.00	0.00	589.32

111601385	10/07/202	10/02/202	10/27/202	584.30	0.00	0.00	584.30
7370217	10/07/202	10/02/202	11/01/202	8,080.23	0.00	0.00	8,080.23
111609811	10/08/202	10/06/202	10/31/202	309.54	0.00	0.00	309.54

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	15,303.47	0.00	0.00	15,303.47

Vendor# B1320 — Vendor Name: BEEKLEY CORPORATION — Class: M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MIN0144764		10/09/202	10/04/202	10/09/202			696.50	0.00	0.00	696.50

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1320	BEEKLEY CORPORATION	696.50	0.00	0.00	696.50

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
907623727		10/08/202	09/19/202	10/08/202			1,338.00	0.00	0.00	1,338.00
907639935		10/08/202	09/25/202	09/30/202			271.00	0.00	0.00	271.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11072	BIO-RAD LABORATORIES, INC	1,609.00	0.00	0.00	1,609.00

Vendor# B1650 — Vendor Name: BOSART LOCK & KEY INC — Class: M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
128814		10/08/202	10/08/202	10/31/202			42.00	0.00	0.00	42.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1650	BOSART LOCK & KEY INC	42.00	0.00	0.00	42.00

Vendor# C1048 — Vendor Name: CALHOUN COUNTY — Class: W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
53143140	701 N. Virginia St.	09/01/202	09/26/202				797.79	0.00	0.00	797.79
53112545	815 N. Virginia St.	09/01/202	09/26/202	10/26/202			8.47	0.00	0.00	8.47
53147642	815 N. Virginia St.	09/01/202	09/26/202	10/26/202			8.47	0.00	0.00	8.47
53142882	Hospital St. ODL	09/01/202	09/26/202	10/26/202			19.84	0.00	0.00	19.84
53142876	Hospital St.	09/01/202	09/26/202	10/26/202			41,154.65	0.00	0.00	41,154.65
53142911	1016 N. Virginia St.	09/01/202	09/26/202	10/26/202			1,767.18	0.00	0.00	1,767.18

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY	43,756.40	0.00	0.00	43,756.40

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
091324		09/24/202	09/13/202	10/09/202			816.00	0.00	0.00	816.00
093024	Ins. pmt dep. into MMC opt. in error	09/24/202	09/30/202	10/09/202			7,703.90	0.00	0.00	7,703.90

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11088	CANTEX HEALTH CARE CENTERS LLC	8,519.90	0.00	0.00	8,519.90

Vendor#	Vendor Name	Class	Pay Code
14064	CAPITAL ONE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
091924		09/30/202	09/19/202	10/19/202			1,173.44	0.00	0.00	1,173.44
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14064	CAPITAL ONE	1,173.44	0.00	0.00	1,173.44

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
8003636608		10/07/202	09/22/202	10/30/202			279.32	0.00	0.00	279.32

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH 414, INC.	279.32	0.00	0.00	279.32

Vendor#	Vendor Name	Class	Pay Code
10541	CARESFIELD		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
200027978		09/25/202	09/24/202	10/24/202			77.07	0.00	0.00	77.07

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10541	CARESFIELD	77.07	0.00	0.00	77.07

Vendor#	Vendor Name	Class	Pay Code
14236	CARRIER CORPORATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1400025500002		09/18/202	09/25/202	10/31/202			-12,830.00	0.00	0.00	-12,830.00
90399155		10/04/202	09/27/202	10/27/202			12,830.00	0.00	0.00	12,830.00
	CHILLER RENTAL 6/17-7/14/24									
90399166		10/04/202	09/27/202	10/27/202			12,830.00	0.00	0.00	12,830.00
	CHILLER RENTAL 5/20-6/16/24									

no invoice - removed

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14236	CARRIER CORPORATION	12,830.00	0.00	0.00	12,830.00

Vendor#	Vendor Name	Class	Pay Code
13264	CERVEY, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
31123		10/03/202	10/05/202	10/30/202			1,650.00	0.00	0.00	1,650.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13264	CERVEY, LLC	1,650.00	0.00	0.00	1,650.00

Vendor#	Vendor Name	Class	Pay Code
C1600	CITIZENS MEDICAL CENTER	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
202425		09/01/202	10/08/202	10/08/202			55,112.20	0.00	0.00	55,112.20

September 2024

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1600	CITIZENS MEDICAL CENTER	55,112.20	0.00	0.00	55,112.20

Vendor#	Vendor Name	Class	Pay Code
15188	CLARITY ENROLLMENT SOLUTIONS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1780		09/01/202	10/01/202	10/31/202			346.50	0.00	0.00	346.50

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15188	CLARITY ENROLLMENT SOLUTIONS	346.50	0.00	0.00	346.50

Vendor#	Vendor Name	Class	Pay Code

10723 CLIA LABORATORY PROGRAM

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
082024		09/01/202	10/03/202	10/04/202			248.00	0.00	0.00	248.00

Certificate Fee 2/15/25 - 2/14/27

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10723	CLIA LABORATORY PROGRAM	248.00	0.00	0.00	248.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100124		10/04/202	10/01/202	10/01/202			501.72	0.00	0.00	501.72

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

Vendor# 15116 Vendor Name: COMPUGROUP MEDICAL - EMDS INC. — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9090081841		10/04/202	10/04/202	10/04/202			11,308.50	0.00	0.00	11,308.50
	SERV PERIOD 10/1/24-12/31/24									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15116	COMPUGROUP MEDICAL - EMDS INC.	11,308.50	0.00	0.00	11,308.50

Vendor# C1970 Vendor Name: CONMED CORPORATION — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10716992		10/08/202	10/01/202	10/01/202			215.10	0.00	0.00	215.10
10717197		10/08/202	10/01/202	10/08/202			243.90	0.00	0.00	243.90

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1970	CONMED CORPORATION	459.00	0.00	0.00	459.00

Vendor# C2150 Vendor Name: COOK MEDICAL INCORPORATED — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
V26556786		10/02/202	09/26/202	10/26/202			720.90	0.00	0.00	720.90

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C2150	COOK MEDICAL INCORPORATED	720.90	0.00	0.00	720.90

Vendor# 15656 Vendor Name: [redacted] — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
BIGCRY0001A		10/01/202	08/12/202	10/09/202			20.00	0.00	0.00	20.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15656	[redacted]	20.00	0.00	0.00	20.00

Vendor# 12044 Vendor Name: CULLIGAN ULTRAPURE INC. — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
093024		10/07/202	09/30/202	10/22/202			684.65	0.00	0.00	684.65

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12044	CULLIGAN ULTRAPURE INC.	684.65	0.00	0.00	684.65

Vendor# 10368 Vendor Name: DEWITT POTH & SON — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7696660		10/08/202	10/01/202	10/26/202			365.05	0.00	0.00	365.05
7697790		10/08/202	10/02/202	10/27/202			671.21	0.00	0.00	671.21

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON					1,036.26	0.00	0.00	1,036.26

Vendor#	Vendor Name	Class	Pay Code
11011	DIAMOND HEALTHCARE CORP		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN20056377		09/01/202	10/01/202	10/26/202			35,498.91	0.00	0.00	35,498.91
	SEPTEMBER Bev. Health									
IN20056378		09/01/202	10/01/202	10/26/202			19,166.67	0.00	0.00	19,166.67
	SEPTEMBER CPR									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11011	DIAMOND HEALTHCARE CORP	54,665.58	0.00	0.00	54,665.58

Vendor#	Vendor Name	Class	Pay Code
15240	ECLINICAL WORKS LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0003054861		10/07/202	10/01/202	10/31/202			474.80	0.00	0.00	474.80
	AUG 2024 MESSENGER SERVICE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15240	ECLINICAL WORKS LLC	474.80	0.00	0.00	474.80

Vendor#	Vendor Name	Class	Pay Code
11091	ECOLAB		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6348274646		10/04/202	10/01/202	10/31/202			231.38	0.00	0.00	231.38
	OCTOBER SERVICE PERIOD									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11091	ECOLAB	231.38	0.00	0.00	231.38

Vendor#	Vendor Name	Class	Pay Code
E1090	EDWARDS LIFESCIENCES	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
13434350		10/08/202	10/08/202	10/08/202			133.20	0.00	0.00	133.20

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	E1090	EDWARDS LIFESCIENCES	133.20	0.00	0.00	133.20

Vendor#	Vendor Name	Class	Pay Code
14708	EQUALIZE RCM SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
538009		10/07/202	10/01/202	10/31/202			5,649.03	0.00	0.00	5,649.03
	OCTOBER FEES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14708	EQUALIZE RCM SERVICES	5,649.03	0.00	0.00	5,649.03

Vendor#	Vendor Name	Class	Pay Code
11944	EQUIFAX WORKFORCE SOLUTIONS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2062406369		10/04/202	09/30/202	10/30/202			10.99	0.00	0.00	10.99

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

Vendor#	Vendor Name	Class	Pay Code
R1185	FARAH JANAK		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
092724		10/01/202	09/27/202	10/30/202			90.60	0.00	0.00	~~90.60~~
	Wrong amount - removed									

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

Vendor#	Vendor Name	Class	Pay Code
10689	FASTHEALTH CORPORATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
08A24MMC		08/13/202	08/01/202	10/31/202			-545.00	0.00	0.00	-545.00
09A24MMC		09/10/202	09/01/202	10/31/202			545.00	0.00	0.00	545.00
10A24MMC		10/04/202	10/01/202	10/31/202			1,090.00	0.00	0.00	1,090.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10689	FASTHEALTH CORPORATION	1,090.00	0.00	0.00	1,090.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2831129		09/01/202	05/09/202	06/03/202			697.23	0.00	0.00	697.23
	SUPPLIES									
5690949		10/08/202	09/26/202	10/21/202			479.32	0.00	0.00	479.32
5690948		10/08/202	09/26/202	10/21/202			1,288.62	0.00	0.00	1,288.62
5728185		10/08/202	09/27/202	10/22/202			142.30	0.00	0.00	142.30
5762166		10/08/202	09/30/202	10/25/202			1,248.36	0.00	0.00	1,248.36
5762165		10/08/202	09/30/202	10/25/202			743.51	0.00	0.00	743.51
5798625		10/08/202	10/01/202	10/26/202			852.56	0.00	0.00	852.56
5798628		10/08/202	10/01/202	10/26/202			1,280.76	0.00	0.00	1,280.76
5798626		10/08/202	10/01/202	10/26/202			50.58	0.00	0.00	50.58
5798627		10/08/202	10/01/202	10/26/202			144.65	0.00	0.00	144.65
5430767		10/09/202	08/16/202	09/10/202			737.54	0.00	0.00	737.54

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	7,665.43	0.00	0.00	7,665.43

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6002778050		10/08/202	10/01/202	10/31/202			86.67	0.00	0.00	86.67
	OCTOBER BILLING PERIOD									
6002778419		10/08/202	10/01/202	10/31/202			998.34	0.00	0.00	998.34
	OCTOBER BILLING PERIOD									
6002778056		10/08/202	10/01/202	10/31/202			5,665.83	0.00	0.00	5,665.83
	OCTOBER BILLING PERIOD									
6002778051		10/08/202	10/01/202	10/31/202			2,422.50	0.00	0.00	2,422.50
	OCTOBER BILLING PERIOD									
6002778049		10/08/202	10/01/202	10/31/202			3,588.58	0.00	0.00	3,588.58
	OCTOBER BILLING PERIOD									
6002778052		10/08/202	10/01/202	10/31/202			61.67	0.00	0.00	61.67
	OCTOBER BILLING PERIOD									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12404	GE PRECISION HEALTHCARE, LLC	12,823.59	0.00	0.00	12,823.59

Vendor# 12948 — Vendor Name: GREAT AMERICA FINANCIAL SVCS — Class: — Pay Code:

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

37576008		10/01/202	10/02/202	10/09/202		10,433.95	0.00	0.00	10,433.95
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	12948	GREAT AMERICA FINANCIAL SVCS				10,433.95	0.00	0.00	10,433.95
Vendor#	Vendor Name				Class	Pay Code			
G1210	GULF COAST PAPER COMPANY				M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2578313		10/08/202	10/01/202	10/31/202			995.82	0.00	0.00	995.82
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY					995.82	0.00	0.00	995.82
Vendor#	Vendor Name				Class	Pay Code			
10334	HEALTH CARE LOGISTICS INC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
309639745		10/02/202	10/02/202	11/01/202			64.86	0.00	0.00	64.86
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10334	HEALTH CARE LOGISTICS INC					64.86	0.00	0.00	64.86
Vendor#	Vendor Name				Class	Pay Code			
11552	HEALTHCARE FINANCIAL SERVICES								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100939451		09/01/202	09/27/202	11/01/202			4,610.52	0.00	0.00	4,610.52
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11552	HEALTHCARE FINANCIAL SERVICES					4,610.52	0.00	0.00	4,610.52
Vendor#	Vendor Name				Class	Pay Code			
H0031	HEB CREDIT RECEIVABLES DEPT308								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4556		09/30/202	09/25/202	10/09/202			1,809.92	0.00	0.00	1,809.92
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	H0031	HEB CREDIT RECEIVABLES DEPT308					1,809.92	0.00	0.00	1,809.92
Vendor#	Vendor Name				Class	Pay Code			
H0416	HOLOGIC INC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
11068778		09/25/202	09/12/202	10/27/202			236.25	0.00	0.00	236.25
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	H0416	HOLOGIC INC					236.25	0.00	0.00	236.25
Vendor#	Vendor Name				Class	Pay Code			
10922	HUNTER PHARMACY SERVICES								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6198		10/01/202	09/30/202	10/20/202			14,902.91	0.00	0.00	14,902.91
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10922	HUNTER PHARMACY SERVICES					14,902.91	0.00	0.00	14,902.91
Vendor#	Vendor Name				Class	Pay Code			
12228	INNOVATIVE STERILIZATION								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
32075		10/09/202	10/02/202	10/09/202			1,108.70	0.00	0.00	1,108.70
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	12228	INNOVATIVE STERILIZATION					1,108.70	0.00	0.00	1,108.70
Vendor#	Vendor Name				Class	Pay Code			
14364	JACQUELINE HERRERA								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

	100924		10/01/202	09/25/202			69.68	0.00	0.00	69.68
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		14364	JACQUELINE HERRERA				69.68	0.00	0.00	69.68
Vendor#	Vendor Name				Class	Pay Code				
14540	JINDAL X LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	202425050		09/01/202	10/01/202	10/09/202		9,000.00	0.00	0.00	9,000.00
		SEP SERVICE PERIOD								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		14540	JINDAL X LLC				9,000.00	0.00	0.00	9,000.00
Vendor#	Vendor Name				Class	Pay Code				
14244	LONESTAR COMMUNICATIONS, IN									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	153458		10/02/202	09/30/202	10/30/202		721.60	0.00	0.00	721.60
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		14244	LONESTAR COMMUNICATIONS, IN				721.60	0.00	0.00	721.60
Vendor#	Vendor Name				Class	Pay Code				
L1640	LOWE'S BUSINESS ACCT/SYNCB				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	092824		09/30/202	09/28/202	10/18/202		632.54	0.00	0.00	632.54
		SUPPLIES								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		L1640	LOWE'S BUSINESS ACCT/SYNCB				632.54	0.00	0.00	632.54
Vendor#	Vendor Name				Class	Pay Code				
10972	M G TRUST									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	092024		10/10/202	09/20/202	10/31/202		895.00	0.00	0.00	895.00
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		10972	M G TRUST				895.00	0.00	0.00	895.00
Vendor#	Vendor Name				Class	Pay Code				
M2178	MCKESSON MEDICAL SURGICAL INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	22711758		10/09/202	10/09/202	10/24/202		128.08	0.00	0.00	128.08
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		M2178	MCKESSON MEDICAL SURGICAL INC				128.08	0.00	0.00	128.08
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
	2336820927		09/25/202	09/25/202	10/30/202		42.00	0.00	0.00	42.00
	2336820926		09/25/202	09/25/202	10/31/202		593.46	0.00	0.00	593.46
	2337922885		10/02/202	10/02/202	10/27/202		106.78	0.00	0.00	106.78
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		M2470	MEDLINE INDUSTRIES INC				742.24	0.00	0.00	742.24
Vendor#	Vendor Name				Class	Pay Code				
10963	MEMORIAL MEDICAL CLINIC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	100324		10/07/202	10/01/202	10/01/202		76.73	0.00	0.00	76.73
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net

10963	MEMORIAL MEDICAL CLINIC					76.73	0.00	0.00	76.73
Vendor#	Vendor Name			Class	Pay Code				
G0333	MICHAEL GAINES			W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
100324		09/01/202	10/03/202	10/08/202		129.00	0.00	0.00	129.00

Reimbursement for License Renewal

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	G0333	MICHAEL GAINES	129.00	0.00	0.00	129.00

Vendor#	Vendor Name			Class	Pay Code				
10546	MITCHELL AUTO GLASS, INC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
18016		10/09/202	09/13/202	10/09/202		6,250.00	0.00	0.00	6,250.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10546	MITCHELL AUTO GLASS, INC	6,250.00	0.00	0.00	6,250.00

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
8116		10/07/202	09/30/202	10/10/202		-102.69	0.00	0.00	-102.69
2495731		10/07/202	09/30/202	10/10/202		7,813.15	0.00	0.00	7,813.15
SC6093		10/07/202	09/25/202	10/05/202		284.03	0.00	0.00	284.03
SC6092		10/07/202	09/25/202	10/05/202		53.14	0.00	0.00	53.14
SC6094		10/07/202	09/25/202	10/05/202		241.29	0.00	0.00	241.29
2494222		10/07/202	09/29/202	10/09/202		23.82	0.00	0.00	23.82
2494220		10/07/202	09/29/202	10/09/202		33.94	0.00	0.00	33.94
2494219		10/07/202	09/29/202	10/09/202		258.22	0.00	0.00	258.22
2494221		10/07/202	09/29/202	10/09/202		1,666.80	0.00	0.00	1,666.80
2498538		10/07/202	09/30/202	10/10/202		17,579.80	0.00	0.00	17,579.80
2504004		10/07/202	10/01/202	10/11/202		408.04	0.00	0.00	408.04
2500981		10/07/202	10/01/202	10/11/202		217.06	0.00	0.00	217.06
2504005		10/07/202	10/01/202	10/11/202		601.11	0.00	0.00	601.11
2500982		10/07/202	10/01/202	10/11/202		71.67	0.00	0.00	71.67
2502637		10/07/202	10/01/202	10/11/202		1,490.14	0.00	0.00	1,490.14
2502638		10/07/202	10/01/202	10/11/202		2,457.08	0.00	0.00	2,457.08
2500983		10/07/202	10/01/202	10/11/202		39.87	0.00	0.00	39.87

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	33,136.47	0.00	0.00	33,136.47

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
36089838		10/08/202	04/17/202	05/12/202			145.00	0.00	0.00	145.00
36963669		10/08/202	10/07/202	11/01/202			1,125.00	0.00	0.00	1,125.00

no invoice - removed

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	O1500	OLYMPUS AMERICA INC	1,270.00	0.00	0.00	1,270.00

Vendor#	Vendor Name	Class	Pay Code
O1416	ORTHO CLINICAL DIAGNOSTICS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1853736395		10/02/202	09/30/202	10/30/202			2,286.17	0.00	0.00	2,286.17

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	O1416	ORTHO CLINICAL DIAGNOSTICS	2,286.17	0.00	0.00	2,286.17

Vendor#	Vendor Name	Class	Pay Code
11155	PARAREV		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
920860		10/07/202	10/01/202	10/31/202			3,084.00	0.00	0.00	3,084.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11155	PARAREV	3,084.00	0.00	0.00	3,084.00

Vendor#	Vendor Name	Class	Pay Code
P2100	PORT LAVACA WAVE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
092624		10/08/202	09/26/202	10/21/202			736.00	0.00	0.00	736.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	P2100	PORT LAVACA WAVE	736.00	0.00	0.00	736.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9357240666		09/25/202	09/24/202	10/24/202			306.54	0.00	0.00	306.54

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10372	PRECISION DYNAMICS CORP (PDC)	306.54	0.00	0.00	306.54

Vendor#	Vendor Name	Class	Pay Code
11932	PRESS GANEY ASSOCIATES, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN000670801		10/07/202	09/30/202	10/30/202			2,838.92	0.00	0.00	2,838.92

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11932	PRESS GANEY ASSOCIATES, INC.	2,838.92	0.00	0.00	2,838.92

Vendor#	Vendor Name	Class	Pay Code
11080	RADSOURCE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
PSI003186		10/01/202	09/30/202	10/30/202			4,000.00	0.00	0.00	4,000.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11080	RADSOURCE	4,000.00	0.00	0.00	4,000.00

Vendor#	Vendor Name	Class	Pay Code
11251	RAPID PRINTING LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
25654		10/04/202	10/07/202	10/17/202			24.00	0.00	0.00	24.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11251	RAPID PRINTING LLC	24.00	0.00	0.00	24.00

Vendor#	Vendor Name				Class	Pay Code				
S0900	SAMS CLUB DIRECT				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	092024		10/01/202	09/20/202	10/09/202			398.73	0.00	0.00	398.73
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		S0900	SAMS CLUB DIRECT					398.73	0.00	0.00	398.73
Vendor#	Vendor Name				Class	Pay Code				
10936	SIEMENS FINANCIAL SERVICES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	56382500000089		10/08/202	10/01/202	10/21/202			1,333.33	0.00	0.00	1,333.33
		OCTOBER RENTAL									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10936	SIEMENS FINANCIAL SERVICES					1,333.33	0.00	0.00	1,333.33
Vendor#	Vendor Name				Class	Pay Code				
S2001	SIEMENS MEDICAL SOLUTIONS INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	116611464		10/04/202	09/24/202	10/19/202			3,507.72	0.00	0.00	3,507.72
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		S2001	SIEMENS MEDICAL SOLUTIONS INC					3,507.72	0.00	0.00	3,507.72
Vendor#	Vendor Name				Class	Pay Code				
11296	SOUTH TEXAS BLOOD & TISSUE CEN									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	092324		09/23/202	09/17/202	10/31/202			-34.00	0.00	0.00	-34.00
	I07044130		10/02/202	09/30/202	10/30/202			6,558.00	0.00	0.00	6,558.00
	CM13287		10/02/202	09/30/202	10/31/202			-3,089.00	0.00	0.00	-3,089.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11296	SOUTH TEXAS BLOOD & TISSUE CEN					3,435.00	0.00	0.00	3,435.00
Vendor#	Vendor Name				Class	Pay Code				
10845	STAPLES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	6013248817		10/02/202	09/30/202	10/30/202			152.36	0.00	0.00	152.36
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10845	STAPLES					152.36	0.00	0.00	152.36
Vendor#	Vendor Name				Class	Pay Code				
T2539	T-SYSTEM, INC				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	920059		10/04/202	10/01/202	10/30/202			6,130.42	0.00	0.00	6,130.42
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		T2539	T-SYSTEM, INC					6,130.42	0.00	0.00	6,130.42
Vendor#	Vendor Name				Class	Pay Code				
15244	TEXAS ELITE THERAPY TEAM LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	093124		09/01/202	10/01/202	10/09/202			16,375.00	0.00	0.00	16,375.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		15244	TEXAS ELITE THERAPY TEAM LLC					16,375.00	0.00	0.00	16,375.00
Vendor#	Vendor Name				Class	Pay Code				
S1801	TRACI SHEFCIK				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

091024		09/01/202	09/10/202	10/08/202		428.76	0.00	0.00	428.76
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	S1801	TRACI SHEFCIK				428.76	0.00	0.00	428.76
Vendor#	Vendor Name			Class	Pay Code				
10841	TRUBRIDGE, LLC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
A2410071378		10/01/202	10/07/202	10/09/202		19,040.00	0.00	0.00	19,040.00
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	10841	TRUBRIDGE, LLC				19,040.00	0.00	0.00	19,040.00
Vendor#	Vendor Name			Class	Pay Code				
11002	TRUSTAFF								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
2267082		10/07/202	10/03/202	10/31/202		3,124.00	0.00	0.00	3,124.00
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	11002	TRUSTAFF				3,124.00	0.00	0.00	3,124.00
Vendor#	Vendor Name			Class	Pay Code				
U1064	UNIFIRST HOLDINGS INC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
2921043660		10/07/202	10/03/202	10/28/202		34.04	0.00	0.00	34.04
2921043658		10/07/202	10/03/202	10/28/202		212.63	0.00	0.00	212.63
2921043657		10/07/202	10/03/202	10/28/202		128.47	0.00	0.00	128.47
2921043659		10/07/202	10/03/202	10/28/202		1,955.20	0.00	0.00	1,955.20
2921043662		10/07/202	10/03/202	10/28/202		162.14	0.00	0.00	162.14
2921043664		10/07/202	10/03/202	10/28/202		142.22	0.00	0.00	142.22
2921043661		10/07/202	10/03/202	10/28/202		372.12	0.00	0.00	372.12
2921043663		10/07/202	10/03/202	10/28/202		181.78	0.00	0.00	181.78
2921043897		10/08/202	10/07/202	11/01/202		122.69	0.00	0.00	122.69
2921043896		10/08/202	10/07/202	11/01/202		2,516.03	0.00	0.00	2,516.03
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC				5,827.32	0.00	0.00	5,827.32
Vendor#	Vendor Name			Class	Pay Code				
U2001	US POSTAL SERVICE			W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
10072024		10/09/202	10/07/202	10/09/202		2,200.00	0.00	0.00	2,200.00
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	U2001	US POSTAL SERVICE				2,200.00	0.00	0.00	2,200.00
Vendor#	Vendor Name			Class	Pay Code				
15616	UTHEALTH CQHII								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
3118		10/07/202	10/02/202	11/01/202		900.00	0.00	0.00	900.00
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net

	15616	UTHEALTH CQHII					900.00	0.00	0.00	900.00
Vendor#	Vendor Name				Class	Pay Code				
V1056	VICTORIA AIR CONDITIONING LTD				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	214228		10/04/202	10/04/202	10/04/202		355.00	0.00	0.00	355.00
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		V1056	VICTORIA AIR CONDITIONING LTD				355.00	0.00	0.00	355.00
Vendor#	Vendor Name				Class	Pay Code				
V1471	VICTORIA RADIOWORKS, LLC				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	24090141		10/04/202	09/30/202	10/01/202		160.00	0.00	0.00	160.00
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		V1471	VICTORIA RADIOWORKS, LLC				160.00	0.00	0.00	160.00
Vendor#	Vendor Name				Class	Pay Code				
12208	WAGEWORKS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	INV7016322		10/01/202	09/25/202	10/09/202		559.25	0.00	0.00	559.25
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		12208	WAGEWORKS				559.25	0.00	0.00	559.25
Vendor#	Vendor Name				Class	Pay Code				
12548	WAGEWORKS, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	0924TR116685		09/01/202	09/25/202	10/09/202		131.25	0.00	0.00	131.25
		SEPTEMBER SERVICE PERIOD								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		12548	WAGEWORKS, INC				131.25	0.00	0.00	131.25
Vendor#	Vendor Name				Class	Pay Code				
I1110	WERFEN USA LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	9111629643		09/04/202	10/02/202	10/27/202		475.00	0.00	0.00	475.00
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		I1110	WERFEN USA LLC				475.00	0.00	0.00	475.00
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
	WCS00006951		10/01/202	10/01/202	10/30/202		9,750.00	0.00	0.00	9,750.00
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		10556	WOUND CARE SPECIALISTS				9,750.00	0.00	0.00	9,750.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	415,960.57	0.00	0.00	415,960.57

APPROVED ON

OCT 10 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk#206116-
206197

415,960.57 *
12,830.00 --
428,790.57 *
0.00 =
0.00 =
427,574.97 *

pg. 3 no invoice - removed credit
pg. 5 incorrect amount - removed
pg. 10 no invoice - removed

RUN DATE: 10/10/24
TIME: 13:02

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
1504356 01	[redacted]	092524	56.18	2		REFUND FOR [redacted]	
1549178 01	TX 77979	092524	284.69	2		REFUND FOR	
1549642 01	WI 537077937	092524	3042.49	2		REFUND FOR	
1550051 01	WI 537077937	092524	1512.46	2		REFUND FOR	
1550995 01	WI 537077937	092524	240.18	2		REFUND FOR	
1553320 01	WI 537077937	092524	2704.60	2		REFUND FOR	
1554532 01	WI 537077937	101024	63.00	2		REFUND FOR	
1555618 01	TX 77979	092524	1495.17	2		REFUND FOR	
1560655 01	WI 537077937	092524	4743.98	2		REFUND FOR	
1560718 01	WI 537077937	101024	368.90	2		REFUND FOR	
1562349 01	TX 77979	092524	25230.84	2		REFUND FOR	
1565271 01	WI 537077937	101024	100.00	3		REFUND FOR	
1565436 01	TX 77979	101024	113.45	2		REFUND FOR	
1565450 01	TX 77979	092524	10956.91	2		REFUND FOR	
1569033 01	WI 537077937	092524	3744.50	2		REFUND FOR	
1575834 01	WI 537077937	092524	4042.26	2		REFUND FOR	
1576461 01	WI 537077937	101024	176.76	5		REFUND FOR	
	MO 631952366						

PATIENT NUMBER	PAYEE NAME		DATE	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
1579219	01 [redacted]		092524	2575.17	2	REFUND FOR [redacted]	
1582898	01	WI 53707	101024	217.35	2	REFUND FOR	
1588377	01	WI 537088967	092524	136.42	2	REFUND FOR	
1594901	01	TX 77995	092524	1500.00	1	REFUND FOR	
1596093	01	TX 77979	101024	~~1044.85~~	3	REFUND FOR	
1596439	01	TX 77979	092524	424.13	2	REFUND FOR	
1599796	01	TX 77979	101024	869.41	2	REFUND FOR	
1600511	01	TX 77465	101024	100.00	5	REFUND FOR	
1613430	01	TX 77465	092524	945.00	3	REFUND FOR	
MISS400	01	TX 77979	101024	~~176.03~~	2	REFUND FOR	
		NM 871251489					

Refund made to wrong Person

Refund made to wrong Person

ARID=0001 TOTAL 66864.73

TOTAL ~~66864.73~~

65,643.85

APPROVED ON
OCT 10 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 206204 - 206230

RUN DATE:10/15/24 MEMORIAL MEDICAL CENTER PAGE 1
TIME:14:11 CHECK REGISTER GLCKREG
10/16/24 THRU 10/16/24

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	206116	10/16/24	1,400.00	ACUTE CARE INC
A/P	206117	10/16/24	109.46	ALIMED INC.
A/P	206118	10/16/24	443.07	AMAZON CAPITAL SERVICES
A/P	206119	10/16/24	25.57	AMERISOURCEBERGEN DRUG CORP
A/P	206120	10/16/24	15,303.47	BECKMAN COULTER INC
A/P	206121	10/16/24	696.50	BEEKLEY CORPORATION
A/P	206122	10/16/24	1,609.00	BIO-RAD LABORATORIES, INC
A/P	206123	10/16/24	42.00	BOSART LOCK & KEY INC
A/P	206124	10/16/24	43,756.40	CALHOUN COUNTY
A/P	206125	10/16/24	8,519.90	CANTEX HEALTH CARE CENTERS LLC
A/P	206126	10/16/24	1,173.44	CAPITAL ONE
A/P	206127	10/16/24	279.32	CARDINAL HEALTH 414, INC.
A/P	206128	10/16/24	77.07	CARESFIELD
A/P	206129	10/16/24	25,660.00	CARRIER CORPORATION
A/P	206130	10/16/24	1,650.00	CERVEY, LLC
A/P	206131	10/16/24	55,112.20	CITIZENS MEDICAL CENTER
A/P	206132	10/16/24	346.50	CLARITY ENROLLMENT SOLUTIONS
A/P	206133	10/16/24	248.00	CLIA LABORATORY PROGRAM
A/P	206134	10/16/24	501.72	COMBINED INSURANCE
A/P	206135	10/16/24	11,308.50	COMPUGROUP MEDICAL - EMDS INC.
A/P	206136	10/16/24	459.00	CONMED CORPORATION
A/P	206137	10/16/24	720.90	COOK MEDICAL INCORPORATED
A/P	206138	10/16/24	20.00	[redacted]
A/P	206139	10/16/24	684.65	CULLIGAN ULTRAPURE INC.
A/P	206140	10/16/24	1,036.26	DEWITT POTH & SON
A/P	206141	10/16/24	54,665.58	DIAMOND HEALTHCARE CORP
A/P	206142	10/16/24	474.80	ECLINICAL WORKS LLC
A/P	206143	10/16/24	231.38	ECOLAB
A/P	206144	10/16/24	133.20	EDWARDS LIFESCIENCES
A/P	206145	10/16/24	5,649.03	EQUALIZE RCM SERVICES
A/P	206146	10/16/24	10.99	EQUIFAX WORKFORCE SOLUTIONS
A/P	206147	10/16/24	1,090.00	FASTHEALTH CORPORATION
A/P	206148	10/16/24	.00	VOIDED
A/P	206149	10/16/24	7,665.43	FISHER HEALTHCARE
A/P	206150	10/16/24	12,823.59	GE PRECISION HEALTHCARE, LLC
A/P	206151	10/16/24	10,433.95	GREAT AMERICA FINANCIAL SVCS
A/P	206152	10/16/24	995.82	GULF COAST PAPER COMPANY
A/P	206153	10/16/24	64.86	HEALTH CARE LOGISTICS INC
A/P	206154	10/16/24	4,610.52	HEALTHCARE FINANCIAL SERVICES
A/P	206155	10/16/24	1,809.92	HEB CREDIT RECEIVABLES DEPT308
A/P	206156	10/16/24	236.25	HOLOGIC INC
A/P	206157	10/16/24	14,902.91	HUNTER PHARMACY SERVICES
A/P	206158	10/16/24	1,108.70	INNOVATIVE STERILIZATION
A/P	206159	10/16/24	69.68	JACQUELINE HERRERA
A/P	206160	10/16/24	9,000.00	JINDAL X LLC
A/P	206161	10/16/24	721.60	LONESTAR COMMUNICATIONS, IN
A/P	206162	10/16/24	632.54	LOWE'S BUSINESS ACCT/SYNCB
A/P	206163	10/16/24	895.00	M G TRUST
A/P	206164	10/16/24	128.08	MCKESSON MEDICAL SURGICAL INC
A/P	206165	10/16/24	742.24	MEDLINE INDUSTRIES INC

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	206166	10/16/24	76.73	MEMORIAL MEDICAL CLINIC
A/P	206167	10/16/24	129.00	MICHAEL GAINES
A/P	206168	10/16/24	6,250.00	MITCHELL AUTO GLASS, INC
A/P	206169	10/16/24	.00	VOIDED
A/P	206170	10/16/24	33,136.47	MORRIS & DICKSON CO, LLC
A/P	206171	10/16/24	145.00	OLYMPUS AMERICA INC
A/P	206172	10/16/24	2,286.17	ORTHO CLINICAL DIAGNOSTICS
A/P	206173	10/16/24	3,084.00	PARAREV
A/P	206174	10/16/24	736.00	PORT LAVACA WAVE
A/P	206175	10/16/24	306.54	PRECISION DYNAMICS CORP (PDC)
A/P	206176	10/16/24	2,838.92	PRESS GANEY ASSOCIATES, INC.
A/P	206177	10/16/24	4,000.00	RADSOURCE
A/P	206178	10/16/24	24.00	RAPID PRINTING LLC
A/P	206179	10/16/24	398.73	SAMS CLUB DIRECT
A/P	206180	10/16/24	1,333.33	SIEMENS FINANCIAL SERVICES
A/P	206181	10/16/24	3,507.72	SIEMENS MEDICAL SOLUTIONS INC
A/P	206182	10/16/24	3,435.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	206183	10/16/24	152.36	STAPLES
A/P	206184	10/16/24	6,130.42	T-SYSTEM, INC
A/P	206185	10/16/24	16,375.00	TEXAS ELITE THERAPY TEAM LLC
A/P	206186	10/16/24	428.76	TRACI SHEFCIK
A/P	206187	10/16/24	19,040.00	TRUBRIDGE, LLC
A/P	206188	10/16/24	3,124.00	TRUSTAFF
A/P	206189	10/16/24	5,827.32	UNIFIRST HOLDINGS INC
A/P	206190	10/16/24	2,200.00	US POSTAL SERVICE
A/P	206191	10/16/24	900.00	UTHEALTH CQHII
A/P	206192	10/16/24	355.00	VICTORIA AIR CONDITIONING LTD
A/P	206193	10/16/24	160.00	VICTORIA RADIOWORKS, LLC
A/P	206194	10/16/24	559.25	WAGEWORKS
A/P	206195	10/16/24	131.25	WAGEWORKS, INC
A/P	206196	10/16/24	475.00	WERFEN USA LLC
A/P	206197	10/16/24	9,750.00	WOUND CARE SPECIALISTS
A/P	206198	10/16/24	46,619.08	ASHFORD GARDENS
A/P	206199	10/16/24	47,906.50	BETHANY SENIOR LIVING
A/P	206200	10/16/24	1,750.55	BROADMOOR AT CREEKSIDE PARK
A/P	206201	10/16/24	1,776.32	FORTBEND HEALTHCARE CENTER
A/P	206202	10/16/24	31,148.00	GOLDENCREEK HEALTHCARE
A/P	206203	10/16/24	1,438.01	SOLERA WEST HOUSTON
A/P	206204	10/16/24	9,108.48	THE CRESCENT
A/P	206205	10/16/24	30,871.59	TUSCANY VILLAGE
A/P	206206	10/16/24	100.00	[redacted]
A/P	206207	10/16/24	368.90	
A/P	206208	10/16/24	56.18	
A/P	206209	10/16/24	63.00	
A/P	206210	10/16/24	176.76	
A/P	206211	10/16/24	113.45	
A/P	206212	10/16/24	136.42	
A/P	206213	10/16/24	945.00	
A/P	206214	10/16/24	1,500.00	
A/P	206215	10/16/24	424.13	
A/P	206216	10/16/24	869.41	

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	206217	10/16/24	100.00	[redacted]
A/P	206218	10/16/24	284.69	
A/P	206219	10/16/24	3,042.49	
A/P	206220	10/16/24	1,512.46	
A/P	206221	10/16/24	240.18	
A/P	206222	10/16/24	2,704.60	
A/P	206223	10/16/24	1,495.17	
A/P	206224	10/16/24	4,743.98	
A/P	206225	10/16/24	25,230.84	
A/P	206226	10/16/24	10,956.91	
A/P	206227	10/16/24	3,744.50	
A/P	206228	10/16/24	4,042.26	
A/P	206229	10/16/24	2,575.17	
A/P	206230	10/16/24	217.35	
TOTALS:			663,837.35	

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

427,574.97 + Payables
65,643.85 + Patient Refunds
170,618.53 + NH Xfers
663,837.35 ◊

CITIBANK CORPORATE CARD

COPY

Account Statement

Commercial Card Account
STEVE BROCK

citi

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

Account Number: XXXX-XXXX-XXXX-1615

Summary of Account Activity

Total Activity	$646.92

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

Not an invoice. For your records only.

Credit Limit	$5,000
Cash Advance Limit	$0
Statement Closing Date	10/03/2024
Days in Billing Period	30

Transactions

Post Date	Trans Date	MCC	Reference Number		Description/Location					Amount
			********** NOTICE MEMO ITEM(S) LISTED BELOW **********							
09/25	09/23	7011	75120714268900014795745	1	KALAHARI RESORT - TX R8T2TWMWY CHECK IN: 09/23/2024	ROUND ROCK	TX	78665	USA	522.80
09/30	09/26	7011	75120714271900015195833	2	KALAHARI RESORT - TX R8T2TWMWY CHECK IN: 09/23/2024	ROUND ROCK	TX	78665	USA	124.12
			********** TOTAL AMOUNT OF MEMO ITEM(S): $646.92							

PL - 10-25-24

DWR-030-41239

APPROVED ON
OCT 10 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

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

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

Not an invoice.
For your records only.

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

00010079654

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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

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

Vendor Name: Citibank

Date: 10/8/2024

Vendor Address:

P.O. #

Vendor Phone #:

Account #

Vendor Fax #:

Initiated By:

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

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	–		Kalahari Resort - Steve's			✓ 522.80
2			Hotel stay - TORCH Conference			
3	–		Kalahari Resort - Steve's			✓ 124.12
4			Hotel stay - TORCH Conference			
5			9/23 - 9/26/24			
6						
7						
8						
9						
10						

522.80 +
124.12 +
[illegible]

APPROVED ON
OCT 10 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Est. Freight _____ Est. Total Cost _____ TOTAL COST ✓ 646.92

NOTES:

Charges made to Steve's MC

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

Dept. Director

Dir. Nursing

Dir. Clinical Services

CFO

Administrator

CITIBANK CORPORATE CARD

Account Statement

Commercial Card Account
ERIN CLEVENGER

citi

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

Account Number: XXXX-XXXX-XXXX-6228

Summary of Account Activity

Total Activity	$851.93

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

Not an invoice. For your records only.

Credit Limit	$20,000
Cash Advance Limit	$5,000
Statement Closing Date	10/03/2024
Days in Billing Period	30

Transactions

Post Date	Trans Date	MCC	Reference Number		Description/Location				Amount	
********** NOTICE MEMO ITEM(S) LISTED BELOW **********										
09/05	09/05	8999	55432864249205802321999	1	AMA*CREDENTIALING 800-621-8335 IL		60611	USA	44.00	✓
09/06	09/05	9399	05134374250600060572147	2	NPDB NPDB.HRSA.GOV FAIRFAX VA N113959871		22033	USA	2.50	✓
09/10	09/09	9399	05134374254600060608384	3	NPDB NPDB.HRSA.GOV FAIRFAX VA N114059755		22033	USA	2.50	✓
09/18	09/17	9399	55488724262016212776172	4	TXDPS CRIME RECS AUSTIN TX 720278118		78752	USA	153.63	✓
09/25	09/23	7011	75120714268900014790712	5	KALAHARI RESORT - TX ROUND ROCK TX RBFLG9YZN CHECK IN: 09/23/2024		78665	USA	522.80	✓
10/02	10/01	9399	05134374276600069493030	6	NPDB NPDB.HRSA.GOV FAIRFAX VA N115503324		22033	USA	75.00	✓
10/02	10/01	9399	05134374276600069493113	7	NPDB NPDB.HRSA.GOV FAIRFAX VA N115503758		22033	USA	2.50	✓
10/02	10/02	8999	55432864276204807935505	8	AMA*CREDENTIALING 800-621-8335 IL		60611	USA	44.00	✓
10/03	10/02	9399	05134374277600067841718	9	NPDB NPDB.HRSA.GOV FAIRFAX VA N115546144		22033	USA	2.50	✓
10/03	10/02	9399	05134374277600067841890	10	NPDB NPDB.HRSA.GOV FAIRFAX VA N115546803		22033	USA	2.50	✓
********** TOTAL AMOUNT OF MEMO ITEM(S): $851.93										

Erin Clevenger

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

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

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

APPROVED ON
OCT 10 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Not an invoice.
For your records only.

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

00010079643

(1)

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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

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

Vendor Name: Citibank

Date: 10/8/2024

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

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

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		AMA Credentialing - 1 Physician			✓ 44.00
2			Initial + Cont Monitoring			
3	—		NPDB - 1 Provider Enroll			✓ 2.50
4	—		NPDB - 1 Provider Enroll			✓ 2.50
5	—		TXDPS - 50 credits for			✓ 153.63
6			criminal Hx Checks - HR + Cred			
7	—		Kalahari Resort - Erin Clevenger's			✓ 522.80
8			Hotel Stay - TORCH Conference 9/23 - 9/26/24			
9	—		NPDB - 30 providers Renewal			✓ 75.00
10	—		NPDB - 1 provider Renewal			✓ 2.50

Est. Freight _____ Est. Total Cost _____ TOTAL COST 802.93

NOTES:

Charges made to Erin's MC

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

Dept. Director _____

Dir. Nursing _____

Dir. Clinical Services _____

CFO _____

Administrator Erin Clevenger

(2)

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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

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

Vendor Name: Citibank

Date: 10/8/2024

Vendor Address:

P.O. #

Vendor Phone #:

Account #

Vendor Fax #:

Initiated By:

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

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		AMA Credentialing - 1 Physician			✓ 44.00
2			Initial + Cont Monitoring			
3	—		NPDB - 1 Provider Enroll			✓ 2.50
4	—	44.00 +	NPDB - 1 Provider Enroll			✓ 2.50
5		2.50 +				
6		2.50 + 153.63 +	802.93			
7		522.80 + 75.00 +	49.00			
8		2.50 + 44.00 +	$851.93 total			
9		2.50 +				
10						

Est. Freight _____ Est. Total Cost _____ TOTAL COST 49.00

NOTES:

Charges made to Erin's MC

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

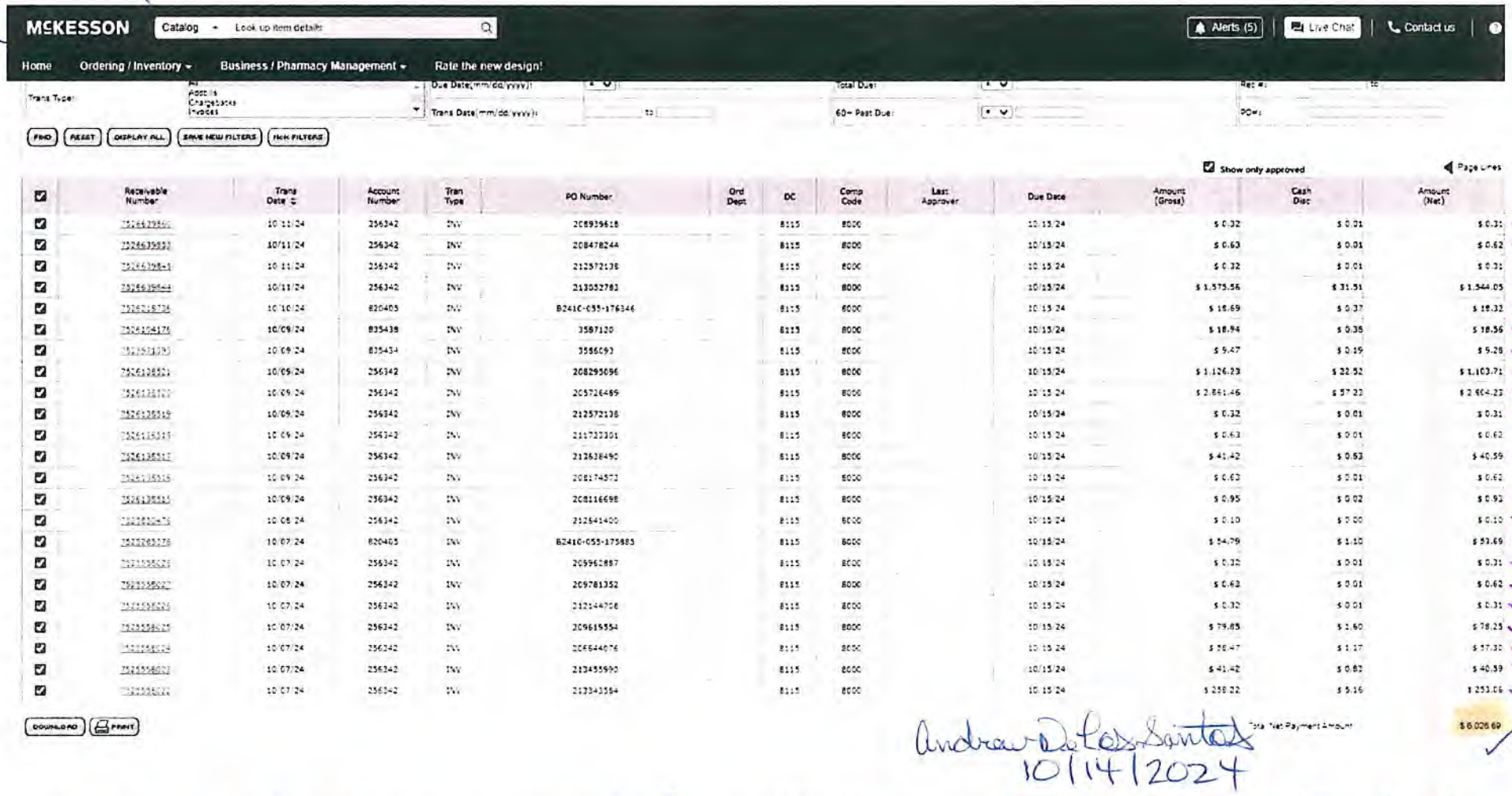
Dept. Director

Dir. Nursing

Dir. Clinical Services

CFO

Administrator Erin Cleveny



Andrew DeLoss-Santos
10/14/2024

We did not get statements from McKesson. Please see attached email regarding downtime for their system. The list of invoices attached are what will ACH this week. Thanks-Michelle

APPROVED ON
OCT 14 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AmerisourceBergen

STATEMENT

Statement Number: 68384512
Date: 10-11-2024

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:	3,025.37
Past Due:	(5,851.39)
Total Due:	(2,826.02)
Account Balance:	(2,826.02)

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	3184784668	Customer Payment	72.71	08-12-2024	145.42	(72.71)
09-24-2024	09-24-2024	205568	3185257235	Customer Payment	93.11	08-15-2024	186.22	(93.11)
09-24-2024	09-24-2024	205568	3185601951	Customer Payment	1,113.39	08-19-2024	2,226.78	(1,113.39)
09-24-2024	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	3184945100	Customer Payment	233.46	08-13-2024	466.92	(233.46)
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	3185601952	Customer Payment	3,573.38	08-19-2024	7,146.76	(3,573.38)
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	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)

$1987.90 approved on 9.25.24 cc

$1493.15 approved on 10/2/24 cc

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	3184784666	Customer Payment	238.09	08-12-2024	476.18	(238.09)
09-24-2024	09-24-2024	205568	3185601953	Customer Payment	61.66	08-19-2024	123.32	(61.66)
09-24-2024	09-24-2024	205568	3185601950	Customer Payment	162.58	08-19-2024	325.16	(162.58)
09-24-2024	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
10-06-2024	10-18-2024	3191224054	7007799292	Invoice	122.90		0.00	122.90 ✓
10-06-2024	10-18-2024	3191224055	7007809180	Invoice	9.54		0.00	9.54 ✓
10-06-2024	10-18-2024	3191224056	7007809180	Invoice	15.87		0.00	15.87 ✓
10-06-2024	10-18-2024	3191224057	7007809819	Invoice	48.45		0.00	48.45 ✓
10-06-2024	10-18-2024	3191224058	7007817826	Invoice	1,070.15		0.00	1,070.15 ✓
10-08-2024	10-18-2024	3191406697	7007824281	Invoice	90.58		0.00	90.58 ✓
10-09-2024	10-18-2024	3191559704	7007832789	Invoice	433.72		0.00	433.72 ✓
10-10-2024	10-18-2024	3191715805	7007842634	Invoice	472.66		0.00	472.66 ✓
10-10-2024	10-18-2024	3191715806	7007842634	Invoice	737.00		0.00	737.00 ✓
10-11-2024	10-18-2024	3191861327	7007852204	Invoice	14.95		0.00	14.95 ✓
10-11-2024	10-18-2024	3191861328	7007852204	Invoice	5.94		0.00	5.94 ✓
10-11-2024	10-18-2024	3191861329	7007851959	Invoice	3.61		0.00	3.61 ✓

10.2.24 CC

Approved on 10.9.24 CC

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
3,025.37	5,974.99	(11,826.38)	0.00	0.00	0.00	0.00

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
10-18-2024	3,025.37
Total Due:	(2,826.02)

APPROVED ON
OCT 14 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Andrew DeLos Santos
10/14/2024

Gracie Orta

From: aflores@mmcportlavaca.com (Andrie Flores) <aflores@mmcportlavaca.com>
Sent: Thursday, October 10, 2024 3:26 PM
To: Gracie Orta
Cc: Caitlin Clevenger
Subject: RE: No Commissioners' Court 10/23/24

Hello,

MMC Payroll net pay estimate for payroll ending 10/17/2024: $395,000.00
MMC Payroll tax deposit estimate for payroll ending 10/17/2024: $130,000.00

Please let me know if this is sufficient information in regards to our payroll for court on 10/16/2024.

Thank you,

Andrie Flores
Human Resources Manager
Memorial Medical Center
815 N Virginia St, Port Lavaca, TX 77979
P: 361-552-0399 | F: 361.551.4505
aflores@mmcportlavaca.com

From: Gracie Orta <Gracie.Orta@calhouncotx.org>
Sent: Wednesday, October 9, 2024 8:31 AM
To: Caitlin Clevenger <cclevenger@mmcportlavaca.com>; Gregory Morales <gmorales@mmcportlavaca.com>; Pam Fikac <pfikac@mmcportlavaca.com>; Michelle Cumberland <mcumberland@mmcportlavaca.com>; Andrie Flores <aflores@mmcportlavaca.com>; Andrew DeLosSantos <adelossantos@mmcportlavaca.com>
Subject: RE: No Commissioners' Court 10/23/24

Okay, sounds good.

Thank You,
Gracie Orta
Calhoun County
Assistant Auditor
202 S. Ann, Suite B
Port Lavaca, TX 77979
Phone:361-553-4463

Fax:361-553-4614

From: cclevenger@mmcportlavaca.com (Caitlin Clevenger) [mailto:cclevenger@mmcportlavaca.com]
Sent: Wednesday, October 9, 2024 8:31 AM
To: Gracie Orta <Gracie.Orta@calhouncotx.org>; Gregory Morales <gmorales@mmcportlavaca.com>; Pam Fikac <pfikac@mmcportlavaca.com>; Michelle Cumberland <mcumberland@mmcportlavaca.com>; Andrie Flores <aflores@mmcportlavaca.com>; Andrew DeLosSantos <adelossantos@mmcportlavaca.com>
Subject: RE: No Commissioners' Court 10/23/24

Hi Gracie,

Thank you, Andrie will send a payroll and payroll tax estimate over for court 10/16/24. Thank you.

Caitlin Clevenger
Accountant
Memorial Medical Center
815 N Virginia. St
Port Lavaca, TX 77979
Ph: 361.552.0272

From: Gracie Orta [mailto:Gracie.Orta@calhouncotx.org]
Sent: Wednesday, October 09, 2024 8:22 AM
To: Gregory Morales <gmorales@mmcportlavaca.com>; Caitlin Clevenger <cclevenger@mmcportlavaca.com>; Pam Fikac <pfikac@mmcportlavaca.com>; Michelle Cumberland <mcumberland@mmcportlavaca.com>; Andrie Flores <aflores@mmcportlavaca.com>; Andrew DeLosSantos <adelossantos@mmcportlavaca.com>
Subject: No Commissioners' Court 10/23/24
Importance: High

Good morning,

I just wanted to give a heads up that there will not be Court held on Wednesday October 23, 2024.

With that being said please make sure all documents are sent to me tomorrow and Monday for court on 10/16/24. Any invoices, Citibank, etc. that will need to be approved in order to be paid on time as the next court date won't be till 10/30/24.

Thank You,
Gracie Orta
Calhoun County
Assistant Auditor
202 S. Ann, Suite B
Port Lavaca, TX 77979
Phone:361-553-4463
Fax:361-553-4614

Calhoun County Texas

Calhoun County Texas

Memorial Medical Center
Transfer Request

Amount: 6,531.87 ✓ Date: 8/19/2024

From Account: Operating [redacted]

APPROVED ON
OCT 14 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

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

Explanation:

Invoice numbers 6936806, 6960427, 6982261, 6999302, 7031958

Requested by: Caitlin Clevenger **Date:** 10/8/2024

Authorized by: Andrew DeLos Santos **Date:** 10/14/2024

CHKNO	GRPNO	LOCNO	EMPNO	DEPNO	CLMPRE	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYTO	CVGCD	CVGTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUDT	PRVNO
2903	76351	3	11	0	2024	256000735	0	9/13/2024	$2,910.42	1	TMH PHYSICIAN ASSOCIATES PLLC	P	179	0	[redacted]		SI	F	2/12/2024	2/12/2024	300520570
									$2,910.42												

Andrew De La Santos
10/14/2024

APPROVED ON
OCT 14 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHKNO	GRPNO	LOCNO	EMPNO	DEPNO	CLMPRE	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYTO	CVGCD	CVGTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT
3095	76360	3	28	0	2024	269002198	0	9/30/2024	$8,650.32	1	AMIRALI S POPATIA MD	P	457	0	[redacted]		OVS	F	9/9/2024
3096	76360	3	28	0	2024	263000750	0	9/30/2024	$8,650.32	1	AMIRALI S POPATIA MD	P	457	0	[redacted]		OVS	F	8/19/2024
									$17,300.64										

Andrew Dotson Santos
10/14/2024

APPROVED ON
OCT 14 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHKNO	GRPNO	LOCNO	EMPNO	DEPNO	CLMPRE	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYTO	CVGCD	CVGTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUDT	PRVNO
2944	76360		3	21	1	2024	256001911	0	9/20/2024	$20,801.00	1	LIBERTY DIALYSIS VICTORIA	P		465	0	[redacted]		HDI	F	8/1/2024	8/31/2024	262438451
										$20,801.00												

Andrew DeLos Santos
10/14/2024

APPROVED ON
OCT 14 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Oct 7 2024 - Oct 13, 2024

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten Check" #
10/11/2024	PAY PLUS ACHTrans 39477923 101000695412393 P	- 3rd Party Payor Fee	138.08	901389
10/11/2024	HEALTHEQUITY INC HealthEqui 1356888 91000017	- EmpDeduct/Employer Contribut	1,447.83 *	800600
10/11/2024	EXPERTPAY EXPERTPAY 746003411 91000013090234	-Child Support Payment	570.69 * *	800601
10/11/2024	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	367,036.11 *	
10/10/2024	STATE COMPTRLR TEXNET 08396162/41009 2100002	- DSH IGT	567,507.19 *	110089
10/10/2024	PAY PLUS ACHTrans 39290241 101000694130993 P	- 3rd Party Payor Fee	45.94	901390
10/10/2024	TSYS/TRANSFIRST MERCH FEES 39300982541616 61	- Credit Card Processing Fee	1,024.32	901391
10/10/2024	TSYS/TRANSFIRST MERCH FEES 41399801332419 61	- Credit Card Processing Fee	480.00	901392
10/10/2024	TSYS/TRANSFIRST MERCH FEES 41399801332401 61	- Credit Card Processing Fee	1,097.02	901393
10/10/2024	TSYS/TRANSFIRST MERCH FEES 41399801332393 61	- Credit Card Processing Fee	1,450.80	901394
10/10/2024	TSYS/TRANSFIRST MERCH FEES 41399801332385 61	- Credit Card Processing Fee	153.40	901395
10/10/2024	TSYS/TRANSFIRST MERCH FEES 41399801368397 61	- Credit Card Processing Fee	141.76	901396
10/9/2024	PAY PLUS ACHTrans 39133580 101000692756545 P	- 3rd Party Payor Fee	53.91	901397
10/8/2024	PAY PLUS ACHTrans 38966885 101000691560880 P	- 3rd Party Payor Fee	15.84	901398
10/8/2024	MCKESSON DRUG AUTO ACH ACH06199720 910000126	- 340B Drug Program Expense	8,141.80 *	500643
10/7/2024	PAY PLUS ACHTrans 38813462 101000690120829 P	- 3rd Party Payor Fee	30.28	901399
10/7/2024	FEDERAL EXPRESS DEBIT EPA72141528 2100002318	- Fed Ex Pymt	707.71 *	700139
10/7/2024	FDMS FDMS PYMT 052-2000500-000 4100012413211	- Credit Card Machine Lease Fee	75.67	901400
10/7/2024	FDMS FDMS PYMT 052-2182557-000 4100012414867	- Credit Card Machine Lease Fee	181.77	901401
10/7/2024	FDMS FDMS PYMT 052-2182545-000 4100012414867	- Credit Card Machine Lease Fee	45.64	901402
10/7/2024	FDMS FDMS PYMT 052-1601830-000 4100012411126	- Credit Card Machine Lease Fee	32.45	901403
			950,378.21	

Andrew De Los Santos
Andrew De Los Santos
Memorial Medical Center

October 14, 2024

* Approved on 10.9.24 cc
* * Approved on 10.2.24 cc

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
10/18/2024	- WEBFILE TAX PYMT DD	- Sales Tax	2,177.37
			2,177.37

Andrew De Los Santos
Andrew De Los Santos
Memorial Medical Center

October 14, 2024

APPROVED ON
OCT 14 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Pay PLUS
138.08 +
45.94 +
53.91 +
15.84 +
30.28 +
[redacted] ◊
0.00

CC Fee
1,024.32 +
480.00 +
1,097.02 +
1,450.80 +
153.40 +
141.76 +
[redacted] ◊
0.00

CC Lease Fee
75.67 +
181.77 +
45.64 +
32.45 +
[redacted] ◊
0.00

284.05 +
4,347.30 +
335.53 +
6,966.88 ◊

COMPTROLLER.TEXAS.GOV

Menu

Confirmation: You Have Filed Successfully

Sales and Use Tax Period Ending 09/30/2024 (2409)

Taxpayer ID: [redacted]
User ID: [redacted]
Reference Number: [redacted]
Date and Time of Filing:
10/08/2024, 10:46:20 AM

Taxpayer Name:
MEMORIAL MEDICAL CENTER
Taxpayer Address:
815 N VIRGINIA ST PORT LAVACA , TX 77979-3025
IP Address: [redacted]

Entered By: Caitlin Clevenger
Email Address:
cclevenger@mmcportlavaca.com
Telephone Number: (361) 552-0272

PAYMENT SUMMARY

Electronic Check
State Amount: $1,649.52
Local Amount: $527.85
Amount to Pay: $2,177.37
Electronic Check: $2,177.37

Payment Reference Number: [redacted]
Trace Number: [redacted]

Type of Bank Account: Checking
Accountholder Name:
Memorial Medical Center
Bank Routing Number: [redacted]
Bank Account Number: [redacted]
Payment Effective Date: 10/18/2024

CREDIT SUMMARY

Credits Taken

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

Licensed Customs Broker Exported Sales

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

LOCATION SUMMARY

Loc #	Total Texas Sales	Taxable Sales	Taxable Purchases	Subject to State Tax (Rate .0625)	State Tax Due	Subject to Local Tax	Local Tax Rate	Local Tax Due
00004	26,525	26,525	0.00	26,525	1,657.81	26,525	0.02	530.5
SubTotal	**26,525**	**26,525**	**0**	**26,525**	**1,657.81**	**26,525**		**530.5**

Total Tax for Locations 2,188.31

Total Tax Due:	$2,188.31
Timely Filing Discount:	- $10.94
Balance Due:	$2,177.37
Pending Payments:	- $0.00
Total Amount Due and Payable:	**$2,177.37**

(State amount due is $1,649.52) (Local amount due is $527.85)

Gracie Orta

From: aflores@mmcportlavaca.com (Andrie Flores) <aflores@mmcportlavaca.com>
Sent: Tuesday, October 15, 2024 8:19 AM
To: Gracie Orta
Cc: Caitlin Clevenger
Subject: RE: No Commissioners' Court 10/23/24

Hello,

Yes, I can give you an estimate for HSA as well.

MMC HSA estimate for payroll ending 10/17/2024: $1,447.83

Thank you,

Andrie Flores
Human Resources Manager
Memorial Medical Center
815 N Virginia St, Port Lavaca, TX 77979
P: 361-552-0399 | F: 361.551.4505
aflores@mmcportlavaca.com

From: Gracie Orta <Gracie.Orta@calhouncotx.org>
Sent: Monday, October 14, 2024 4:22 PM
To: Andrie Flores <aflores@mmcportlavaca.com>
Cc: Caitlin Clevenger <cclevenger@mmcportlavaca.com>
Subject: RE: No Commissioners' Court 10/23/24

Andrie,

I almost forgot. Are you able to send an email or some sort of estimate as well for the HAS contributions? That way I can include that as well and it can be approved this Wednesday in court.

Thank You,
Gracie Orta
Calhoun County
Assistant Auditor
202 S. Ann, Suite B
Port Lavaca, TX 77979
Phone:361-553-4463

RECEIVED BY THE COUNTY AUDITOR ON

OCT 10 2024

CALHOUN COUNTY, TEXAS

10/10/2024 MEMORIAL MEDICAL CENTER 0

12:49 AP Open Invoice List ap_open_invoice.template

Due Dates Through: 11/02/2024

Vendor# Vendor Name Class Pay Code

11816 ASHFORD GARDENS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
091324	ins. pmt. dep. into mmc opt. in error	09/13/202	09/13/202	11/02/202			41,848.55	0.00	0.00	41,848.55
100724	UHC QIPP July 2024	10/07/202	10/07/202	11/02/202			4,770.53	0.00	0.00	4,770.53

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11816	ASHFORD GARDENS	46,619.08	0.00	0.00	46,619.08

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	46,619.08	0.00	0.00	46,619.08

APPROVED ON

OCT 10 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 206198

RECEIVED BY THE
COUNTY AUDITOR ON

OCT 10 2024

CALHOUN COUNTY, TEXAS

10/10/2024 MEMORIAL MEDICAL CENTER 0
12:49 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 11/02/2024

Vendor#	Vendor Name	Class	Pay Code
11828	SOLERA WEST HOUSTON		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100724		10/07/202	10/07/202	11/02/202			1,438.01	0.00	0.00	1,438.01

UHC QIPP July 2024

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11828	SOLERA WEST HOUSTON	1,438.01	0.00	0.00	1,438.01

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,438.01	0.00	0.00	1,438.01

APPROVED ON

OCT 10 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Check# 204203

RECEIVED BY THE
COUNTY AUDITOR ON

OCT 10 2024

CALHOUN COUNTY, TEXAS

10/10/2024
12:49

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 11/02/2024

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11820	FORTBEND HEALTHCARE CENTER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100724		10/07/202	10/07/202	11/02/202			1,776.32	0.00	0.00	1,776.32

UHC QIPP July 2024

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11820	FORTBEND HEALTHCARE CENTER	1,776.32	0.00	0.00	1,776.32

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,776.32	0.00	0.00	1,776.32

APPROVED ON

OCT 10 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 206201

RECEIVED BY THE
COUNTY AUDITOR ON

OCT 10 2024

CALHOUN COUNTY, TEXAS

10/10/2024
12:49

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 11/02/2024

0
ap_open_invoice.template

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
100724		10/07/202	10/07/202	11/02/202			1,750.55	0.00	0.00	1,750.55

UHC QIPP July 2024

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11832	BROADMOOR AT CREEKSIDE PARK	1,750.55	0.00	0.00	1,750.55

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,750.55	0.00	0.00	1,750.55

APPROVED ON

OCT 10 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 206200

RECEIVED BY THE
COUNTY AUDITOR ON

OCT 10 2024

CALHOUN COUNTY, TEXAS

10/10/2024 MEMORIAL MEDICAL CENTER 0
12:49 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 11/02/2024

Vendor#	Vendor Name	Class	Pay Code
11824	THE CRESCENT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100324		10/02/202	10/03/202	11/02/202			7,560.00	0.00	0.00	7,560.00
100724	ins. pmt. dep. into mmc opt. in error UHC QIPP July 2024	10/02/202	10/07/202	11/02/202			1,548.48	0.00	0.00	1,548.48

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	9,108.48	0.00	0.00	9,108.48

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	9,108.48	0.00	0.00	9,108.48

APPROVED ON

OCT 10 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Check# 200204

RECEIVED BY THE COUNTY AUDITOR ON

OCT 10 2024

10/10/2024
12:50

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 11/02/2024

0
ap_open_invoice.template

Vendor# Vendor Name CALHOUN COUNTY, TEXAS Class Pay Code

11836 GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
091324		09/01/202	09/13/202	11/02/202			5,820.00	0.00	0.00	5,820.00
091724B		09/01/202	09/13/202	11/02/202			841.70	0.00	0.00	841.70
093024		09/01/202	09/13/202	11/02/202			6,324.00	0.00	0.00	6,324.00
093024A		09/01/202	09/30/202	11/02/202			1,654.27	0.00	0.00	1,654.27
100324		10/01/202	10/03/202	11/02/202			467.18	0.00	0.00	467.18
092724D		10/02/202	09/20/202	11/02/202			259.26	0.00	0.00	259.26
100324A		10/09/202	10/03/202	11/02/202			6,324.00	0.00	0.00	6,324.00
100324B		10/09/202	10/03/202	11/02/202			2,856.00	0.00	0.00	2,856.00
100324C		10/09/202	10/03/202	11/02/202			4,267.72	0.00	0.00	4,267.72
100724		10/09/202	10/07/202	11/02/202			2,593.13	0.00	0.00	2,593.13

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

no signature approval

UHC QIPP July 2024

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	31,407.26	0.00	0.00	31,407.26

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	31,407.26	0.00	0.00	31,407.26

31,148.00

APPROVED ON

OCT 10 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 204202

RECEIVED BY THE COUNTY AUDITOR ON

OCT 10 2024

CALHOUN COUNTY, TEXAS

10/10/2024 MEMORIAL MEDICAL CENTER 0

12:50 AP Open Invoice List ap_open_invoice.template

Due Dates Through: 11/02/2024

Vendor# Vendor Name Class Pay Code

13004 TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
091324	ins.pmt. dep. into mmc opt. in error	09/01/202	09/13/202	11/02/202			5,555.00	0.00	0.00	5,555.00
093024		09/01/202	09/30/202	11/02/202			1,224.00	0.00	0.00	1,224.00
100324		10/01/202	10/03/202	11/02/202			21,515.00	0.00	0.00	21,515.00
100724	UHC QIPP July 2024	10/01/202	10/07/202	11/02/202			2,577.59	0.00	0.00	2,577.59

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	30,871.59	0.00	0.00	30,871.59

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	30,871.59	0.00	0.00	30,871.59

APPROVED ON

OCT 10 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 206205

RECEIVED BY THE
COUNTY AUDITOR ON

OCT 10 2024

10/10/2024
12:50

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 11/02/2024

0
ap_open_invoice.template

Vendor# Vendor Name — Class — Pay Code

12792 BETHANY SENIOR LIVING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
091324		09/01/202	09/13/202	11/02/202			7,090.34	0.00	0.00	7,090.34
091324A	ins. pmt. dep. into MMC Opt. in error	09/01/202	09/13/202	11/02/202			8,849.80	0.00	0.00	8,849.80
093024		09/01/202	09/30/202	11/02/202			305.42	0.00	0.00	305.42
100224		10/02/202	10/02/202	11/02/202			28,158.98	0.00	0.00	28,158.98
100224A		10/02/202	10/02/202	11/02/202			569.07	0.00	0.00	569.07
100424		10/02/202	10/04/202	11/02/202			0.27	0.00	0.00	0.27
100724	UHC QIPP July 2024	10/02/202	10/07/202	11/02/202			2,932.62	0.00	0.00	2,932.62

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
12792	BETHANY SENIOR LIVING	47,906.50	0.00	0.00	47,906.50

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	47,906.50	0.00	0.00	47,906.50

APPROVED ON

OCT 10 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Check# 204199

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
10/14/2024

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		71,904.23	71,804.23	194,591.98			194,691.98	**190,241.80**
						Bank Balance	194,691.98	
						Variance	-	
						Leave in Balance	100.00	
						Wellpoint Yr 6 Adj 2	4,350.18	

Routing Information for Ashford Gardens:

Ashford Health Care Center Ltd Co
JP Morgan Chase Bank

						Oct Interest		
						Nov Interest		
						Dec Interest		
						Adjust Balance/Transfer Amt	190,241.80	
Broadmoor		131,769.48	131,669.48	190,064.70			190,164.70	**188,949.04**
						Bank Balance	190,164.70	
						Variance	-	
						Leave in Balance	100.00	
						Wellpoint Yr 6 Adj 2	1,115.66	
						Oct Interest		
						Nov Interest		
						Dec Interest		
						Adjust Balance/Transfer Amt	188,949.04	
Crescent		70,092.51	69,992.51	143,783.62			143,883.62	**143,129.17**
						Bank Balance	143,883.62	
						Variance	-	
						Leave in Balance	100.00	
						Wellpoint Yr 6 Adj 2	654.45	
						Oct Interest		
						Nov Interest		
						Dec Interest		
						Adjust Balance/Transfer Amt	143,129.17	
Fort Bend		35,547.11	35,447.11	57,595.38			57,695.38	**56,653.16**
						Bank Balance	57,695.38	
						Variance	-	
						Leave in Balance	100.00	
						Wellpoint Yr 6 Adj 2	942.22	
						Oct Interest		
						Nov Interest		
						Dec Interest		
						Adjust Balance/Transfer Amt	56,653.16	
Solera at W Houston		141,369.49	140,884.62	107,102.91			107,587.78	**105,749.33**
						Bank Balance	107,587.78	
						Variance	-	
						Leave in Balance	100.00	
						Wellpoint Yr 6 Adj 2	1,353.58	
						Amt Due to MMC for Q3 Interest	384.87	
						Oct Interest		
						Nov Interest		
						Dec Interest		
						Adjust Balance/Transfer Amt	105,749.33	
						TOTAL TRANSFERS		**684,722.50**

190,241.80 +
188,949.04 +
143,129.17 +
56,653.16 +
105,749.33 +
684,722.50 ◊

If West Houston / Fort Bend / Broadmoor

APPROVED ON
OCT 14 2024
BY COUNTY AUDITOR
CALHOUN COUNTY

Approved: Andrew De Los Santos
Andrew De Los Santos 10/14/2024

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

Ashford Gardens

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
10/11/2024	HNB - ECHO HCCLAIMPMT 746003411 440000255104	-	8,271.81					-	8,271.81
10/11/2024	HNB - ECHO HCCLAIMPMT 746003411 440000255461	-	35,350.09					-	35,350.09
10/11/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	817.18					-	817.18
10/11/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2	-	38,464.22					-	38,464.22
10/10/2024	Check 1252	580.54	-					-	-
10/10/2024	Check 1251	36,471.51	-					-	-
10/10/2024	HNB - ECHO HCCLAIMPMT 746003411 440000214152	-	5,907.06					-	5,907.06
10/10/2024	WELLPOINT CO AP E-PAYMENT EES2875550 1110000	-	5,620.18	3,805.89	1,814.29			4,350.18	1,270.00
10/9/2024	WIRE OUT ASHFORD HEALTH CARE CENTER LTD	34,752.18	-					-	-
10/9/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	68,478.02					-	68,478.02
10/9/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2	-	2,648.99					-	2,648.99
10/8/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	25,745.47					-	25,745.47
10/8/2024	NOVITAS SOLUTION HCCLAIMPMT 675423 420000165	-	3,288.96					-	3,288.96
		71,804.23	194,591.98	3,805.89	1,814.29	-	-	4,350.18	190,241.80

Broadmoor

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
10/11/2024	HNB - ECHO HCCLAIMPMT 746003411 440000255104	-	5,444.46					-	5,444.46
10/11/2024	HNB - ECHO HCCLAIMPMT 746003411 440000255461	-	39,592.51					-	39,592.51
10/11/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,493.25					-	2,493.25
10/11/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	6,773.18					-	6,773.18
10/11/2024	NOVITAS SOLUTION HCCLAIMPMT 676357 420000152	-	23,838.09					-	23,838.09
10/10/2024	Check 287	451.51	-					-	-
10/10/2024	Check 286	13,420.72	-					-	-
10/10/2024	HNB - ECHO HCCLAIMPMT 746003411 440000213574	-	612.00					-	612.00
10/10/2024	WELLPOINT CO AP E-PAYMENT EES2875553 1110000	-	1,666.69	879.50	787.19			1,115.66	551.03
10/10/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	7,070.00					-	7,070.00
10/9/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	117,757.25	-					-	-
10/9/2024	Deposit	-	142.61					-	142.61
10/9/2024	HNB - ECHO HCCLAIMPMT 746003411 440000275293	-	1,613.64					-	1,613.64
10/9/2024	HNB - ECHO HCCLAIMPMT 746003411 440000275293	-	6,851.14					-	6,851.14
10/9/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	36,994.88					-	36,994.88
10/8/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	9,750.00					-	9,750.00
10/8/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	23,192.25					-	23,192.25
10/8/2024	HUMANA CHA DISB HCCLAIMPMT 58928042 420000015	-	4,500.00					-	4,500.00
10/8/2024	HUMANA CHA DISB HCCLAIMPMT 58928041 420000015	-	19,530.00					-	19,530.00
		131,669.48	190,064.70	879.50	787.19	-	-	1,115.66	188,949.04

Crescent

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
10/11/2024	HNB - ECHO HCCLAIMPMT 746003411 440000255461	-	2,204.39					-	2,204.39
10/11/2024	DEVOTED HEALTH P HCCLAIMPMT 21000028928809	-	1,800.00					-	1,800.00
10/11/2024	DEVOTED HEALTH P HCCLAIMPMT 21000028928807	-	64.19					-	64.19
10/11/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	0.02					-	0.02
10/11/2024	NOVITAS SOLUTION HCCLAIMPMT 676323 420000152	-	13,888.66					-	13,888.66
10/10/2024	Check 365	836.46	-					-	-
10/10/2024	Check 364	10,051.06	-					-	-
10/10/2024	HNB - ECHO HCCLAIMPMT 746003411 440000214152	-	2,420.45					-	2,420.45
10/10/2024	WELLPOINT CO AP E-PAYMENT EES2875552 1110000	-	982.63	513.80	468.83			654.45	328.18
10/9/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	59,104.99	-					-	-
10/9/2024	Deposit	-	14,126.88					-	14,126.88
10/9/2024	HNB - ECHO HCCLAIMPMT 746003411 440000275293	-	158.78					-	158.78
10/9/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	11,860.00					-	11,860.00
10/9/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	37,564.94					-	37,564.94
10/8/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	13,151.02					-	13,151.02
10/8/2024	NOVITAS SOLUTION HCCLAIMPMT 676323 420000165	-	39,985.35					-	39,985.35
10/8/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2	-	5,576.31					-	5,576.31
		69,992.51	143,783.62	513.80	468.83	-	-	654.45	143,129.17

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
10/11/2024	HNB - ECHO HCCLAIMPMT 746003411 440000255461	-	8,502.93					-	8,502.93
10/11/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	3,599.24					-	3,599.24
10/11/2024	NOVITAS SOLUTION HCCLAIMPMT 675663 420000152	-	4,499.79					-	4,499.79
10/10/2024	Check 258	146.39	-					-	-
10/10/2024	Check 257	11,453.29	-					-	-
10/10/2024	WELLPOINT CO AP E-PAYMENT EES2875549 1110000	-	1,481.79	710.97	770.82			942.22	539.57
10/10/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	130.00					-	130.00
10/10/2024	NOVITAS SOLUTION HCCLAIMPMT 675663 420000122	-	1,397.07					-	1,397.07
10/10/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2	-	1,773.92					-	1,773.92
10/9/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	23,847.43	-					-	-
10/9/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	23,979.11					-	23,979.11
10/8/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	11,180.00					-	11,180.00
10/7/2024	NOVITAS SOLUTION HCCLAIMPMT 675663 420000114	-	636.19					-	636.19
10/7/2024	AARP Supplementa HCCLAIMPMT 746003411 124384	-	415.34					-	415.34
		35,447.11	57,595.38	710.97	770.82	-	-	942.22	56,653.16

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
10/11/2024	HNB - ECHO HCCLAIMPMT 746003411 440000255839	-	4,410.45					-	4,410.45
10/11/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	9,156.79					-	9,156.79
10/11/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,774.54					-	2,774.54
10/11/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2	-	2,151.42					-	2,151.42
10/10/2024	Check 1312	192.43	-					-	-
10/10/2024	Check 1311	10,936.49	-					-	-
10/10/2024	HNB - ECHO HCCLAIMPMT 746003411 440000213368	-	8,532.75					-	8,532.75
10/10/2024	WELLPOINT CO AP E-PAYMENT EES2875551 1110000	-	1,733.44	1,190.78	542.66			1,353.58	379.86
10/10/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	3,600.00					-	3,600.00
10/9/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	129,755.70	-					-	-
10/9/2024	HNB - ECHO HCCLAIMPMT 746003411 440000275293	-	1,112.41					-	1,112.41
10/9/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	32,077.75					-	32,077.75
10/8/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	24,805.82					-	24,805.82
10/8/2024	NOVITAS SOLUTION HCCLAIMPMT 676310 420000165	-	10,305.56					-	10,305.56
10/8/2024	HUMANA INS CO HCCLAIMPMT 58767761 8300005926	-	1,395.00					-	1,395.00
10/8/2024	HUMANA INS CO HCCLAIMPMT 58767760 8300005926	-	3,555.00					-	3,555.00
10/8/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2	-	1,491.98					-	1,491.98
		140,884.62	107,102.91	1,190.78	542.66	-	-	1,353.58	105,749.33

TOTALS	449,797.95	693,138.59	7,100.94	4,383.79	-	-	8,416.08	684,722.51

Balances Overview

Account Name				
***4357 MEMORIAL MEDICAL - OPERATING**	$1,548,479.34	$1,527,978.21	$1,548,479.34	$1,745,261.57
***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**	$194,691.98	$204,271.98	$194,691.98	$111,788.68
***4403 MEMORIAL MEDICAL / NH BROADMOOR**	$190,164.70	$190,164.70	$190,164.70	$112,023.21
***4411 MEMORIAL MEDICAL / NH CRESCENT**	$143,883.62	$158,222.49	$143,883.62	$125,926.36
***4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON**	$107,587.78	$129,376.21	$107,587.78	$89,094.58
***4446 MEMORIAL MEDICAL / NH FORT BEND**	$57,695.38	$60,584.82	$57,695.38	$41,093.42
***4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE**	$247,015.03	$252,865.03	$247,015.03	$245,220.40
***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**	$5,816.68	$5,816.68	$5,816.68	$5,816.68
***5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID**	$36,905.60	$36,905.60	$36,905.60	$30,857.69
***5506 MMC -NH BETHANY SENIOR LIVING**	$44,435.65	$45,922.33	$44,435.65	$42,574.44
***3407 MMC -NH TUSCANY VILLAGE**	$243,094.80	$243,094.80	$243,094.80	$209,371.52
***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	**$2,838,608.71**	**$2,874,041.00**	**$2,838,608.71**	**$2,777,866.70**

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
10/14/2024

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		24,367.84	24,267.84	246,915.03		-	247,015.03	246,915.03
						Bank Balance	247,015.03	
						Variance	-	
						Leave in Balance	100.00	

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

Oct Interest	
Nov Interest	
Dec Interest	
Adjust Balance/Transfer Amt	246,915.03

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 10/14/2024

APPROVED ON
OCT 14 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
10/11/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001976	-	1,794.63					-	1,794.63
10/10/2024	Check 224	447.13	-					-	-
10/10/2024	TSYS/TRANSFIRST CR CD DEP 543684555876917 91	-	4,452.00					-	4,452.00
10/10/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001480	-	3,161.00					-	3,161.00
10/10/2024	Am Health TX PAYMENT 21531 84307030037252	-	13,000.00					-	13,000.00
10/9/2024	WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	23,820.71	-					-	-
10/9/2024	Deposit	-	191,650.15					-	191,650.15
10/9/2024	TSYS/TRANSFIRST CR CD DEP 543684555876917 91	-	1,148.70					-	1,148.70
10/9/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001216	-	475.00					-	475.00
10/9/2024	NOVITAS SOLUTION HCCLAIMPMT 676097 420000112	-	1,895.97					-	1,895.97
10/8/2024	HNB - ECHO HCCLAIMPMT 746003411 440000235687	-	7,854.18					-	7,854.18
10/8/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001374	-	875.13					-	875.13
10/8/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001374	-	1,219.00					-	1,219.00
10/8/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001374	-	4,643.70					-	4,643.70
10/8/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2	-	2,733.20					-	2,733.20
10/7/2024	TSYS/TRANSFIRST CR CD DEP 543684555876917 91	-	8,215.00					-	8,215.00
10/7/2024	TSYS/TRANSFIRST CR CD DEP 543684555876917 91	-	2,730.42					-	2,730.42
10/7/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001340	-	1,066.95					-	1,066.95
		24,267.84	246,915.03	-	-	-	-	-	246,915.03

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,548,479.34	$1,527,978.21	$1,548,479.34	$1,745,261.57
*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	$194,691.98	$204,271.98	$194,691.98	$111,788.68
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$190,164.70	$190,164.70	$190,164.70	$112,023.21
*4411 MEMORIAL MEDICAL / NH CRESCENT	$143,883.62	$158,222.49	$143,883.62	$125,926.36
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$107,587.78	$129,376.21	$107,587.78	$89,094.58
*4446 MEMORIAL MEDICAL / NH FORT BEND	$57,695.38	$60,584.82	$57,695.38	$41,093.42
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$247,015.03	$252,865.03	$247,015.03	$245,220.40
*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	$5,816.68	$5,816.68	$5,816.68	$5,816.68
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$36,905.60	$36,905.60	$36,905.60	$30,857.69
*5506 MMC -NH BETHANY SENIOR LIVING	$44,435.65	$45,922.33	$44,435.65	$42,574.44
*3407 MMC -NH TUSCANY VILLAGE	$243,094.80	$243,094.80	$243,094.80	$209,371.52
*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	**$2,838,608.71**	**$2,874,041.00**	**$2,838,608.71**	**$2,777,866.70**

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
10/14/2024

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		4,961.43	-	855.25			-	5,816.68	5,716.68
							Bank Balance	5,816.68	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	5,716.68	

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		6,384.13	6,284.13	36,805.60		-	-	36,905.60	36,805.60
							Bank Balance	36,905.60	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	36,805.60	

Routing Information for Gulf Pointe Plaza:

TOTAL TRANSFERS	42,522.28

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 10/14/2024

APPROVED ON
OCT 14 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
10/10/2024	HNB - ECHO HCCLAIMPMT 746003411 440000213368	-	40.00					-	40.00
10/10/2024	HNB - ECHO HCCLAIMPMT 746003411 440000213368	-	240.12					-	240.12
10/7/2024	HNB - ECHO HCCLAIMPMT 746003411 440000278543	-	575.13					-	575.13
								-	-
								-	-
		-	855.25	-	-	-	-	-	855.25

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
10/11/2024	MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	6,047.91					-	6,047.91
10/9/2024	WIRE OUT HMG Rockport SNF, LP - Commerical	6,284.13	-					-	-
10/7/2024	MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	1,339.13					-	1,339.13
10/7/2024	MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	29,418.56					-	29,418.56
								-	-
		6,284.13	36,805.60	-	-	-	-	-	36,805.60
		6,284.13	37,660.85	-	-	-	-	-	37,660.85

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,548,479.34	$1,527,978.21	$1,548,479.34	$1,745,261.57
*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	$194,691.98	$204,271.98	$194,691.98	$111,788.68
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$190,164.70	$190,164.70	$190,164.70	$112,023.21
*4411 MEMORIAL MEDICAL / NH CRESCENT	$143,883.62	$158,222.49	$143,883.62	$125,926.36
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$107,587.78	$129,376.21	$107,587.78	$89,094.58
*4446 MEMORIAL MEDICAL / NH FORT BEND	$57,695.38	$60,584.82	$57,695.38	$41,093.42
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$247,015.03	$252,865.03	$247,015.03	$245,220.40
*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	$5,816.68	$5,816.68	$5,816.68	$5,816.68
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$36,905.60	$36,905.60	$36,905.60	$30,857.69
*5506 MMC -NH BETHANY SENIOR LIVING	$44,435.65	$45,922.33	$44,435.65	$42,574.44
*3407 MMC -NH TUSCANY VILLAGE	$243,094.80	$243,094.80	$243,094.80	$209,371.52
*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	**$2,838,608.71**	**$2,874,041.00**	**$2,838,608.71**	**$2,777,866.70**

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
10/14/2024

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Tuscany Village		58,727.39	58,627.39	242,994.80	-	-	-	243,094.80	241,044.37
							Bank Balance	243,094.80	
							Variance	-	
							Leave in Balance	100.00	
							Wellpoint Yr 6 Adj 2	1,950.43	
							Adjust Balance/Transfer Amt	241,044.37	

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

Approved: Andrew De Los Santos
Andrew De Los Santos 10/14/2024

APPROVED ON
OCT 14 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Tuscany Village		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp 1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp 3	QIPP/Comp 4&Lapse	QIPP TI	NH PORTION
10/11/2024	HNB - ECHO HCCLAIMPMT 746003411 440000255839	-	33,723.28					-	33,723.28
10/10/2024	Check 1173	22,761.68	-					-	-
10/10/2024	HNB - ECHO HCCLAIMPMT 746003411 440000213368	-	7,424.26					-	7,424.26
10/10/2024	WELLPOINT CO AP E-PAYMENT EE52875554 1110000	-	2,586.37	1,314.49	1,271.88			1,950.43	635.94
10/10/2024	NOVITAS SOLUTION HCCLAIMPMT 676201 420000122	-	104,253.64					-	104,253.64
10/9/2024	WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	35,865.71	-					-	-
10/9/2024	Deposit	-	34,113.00					-	34,113.00
10/9/2024	Deposit	-	49,123.20					-	49,123.20
10/9/2024	HNB - ECHO HCCLAIMPMT 746003411 440000275293	-	989.90					-	989.90
10/8/2024	Deposit	-	8,801.35					-	8,801.35
10/8/2024	HNB - ECHO HCCLAIMPMT 746003411 440000235687	-	1,979.80					-	1,979.80
		58,627.39	242,994.80	1,314.49	1,271.88	-	-	1,950.43	241,044.37

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,548,479.34	$1,527,978.21	$1,548,479.34	$1,745,261.57
*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	$194,691.98	$204,271.98	$194,691.98	$111,788.68
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$190,164.70	$190,164.70	$190,164.70	$112,023.21
*4411 MEMORIAL MEDICAL / NH CRESCENT	$143,883.62	$158,222.49	$143,883.62	$125,926.36
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$107,587.78	$129,376.21	$107,587.78	$89,094.58
*4446 MEMORIAL MEDICAL / NH FORT BEND	$57,695.38	$60,584.82	$57,695.38	$41,093.42
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$247,015.03	$252,865.03	$247,015.03	$245,220.40
*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	$5,816.68	$5,816.68	$5,816.68	$5,816.68
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$36,905.60	$36,905.60	$36,905.60	$30,857.69
*5506 MMC -NH BETHANY SENIOR LIVING	$44,435.65	$45,922.33	$44,435.65	$42,574.44
*3407 MMC -NH TUSCANY VILLAGE	$243,094.80	$243,094.80	$243,094.80	$209,371.52
*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	**$2,838,608.71**	**$2,874,041.00**	**$2,838,608.71**	**$2,777,866.70**

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
10/14/2024

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		43,356.01	22,589.74	23,669.38			-	44,435.65	23,669.38
							Bank Balance	44,435.65	
							Variance	-	
							Leave in Balance	100.00	
							Superior July and Y6 Adj 2	20,666.27	
							Oct Interest		
							Nov Interest		
							Dec Interest		
							Adjust Balance/Transfer Amt	23,669.38	

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 10/14/2024

APPROVED ON
OCT 14 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Bethany Senior Living				MMC PORTION					
		Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
10/11/2024	HOSPICE OF SOUTH Payments NF 113122650027017	-	1,861.21					-	1,861.21
10/10/2024	Check 1053	220.99	-					-	-
10/10/2024	NOVITAS SOLUTION HCCLAIMPMT 676481 420000122	-	1,147.54					-	1,147.54
10/9/2024	WIRE OUT PORT LAVACA NH, LLC	22,368.75	-					-	-
10/9/2024	HNB - ECHO HCCLAIMPMT 746003411 440000275293	-	1,711.06					-	1,711.06
10/8/2024	HNB - ECHO HCCLAIMPMT 746003411 440000235687	-	5,814.47					-	5,814.47
10/7/2024	NDC SWEEP FAC K236 31316969103550 SWEEP FR	-	13,135.10					-	13,135.10
		22,589.74	23,669.38	-	-	-	-	-	23,669.38

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,548,479.34	$1,527,978.21	$1,548,479.34	$1,745,261.57
*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	$194,691.98	$204,271.98	$194,691.98	$111,788.68
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$190,164.70	$190,164.70	$190,164.70	$112,023.21
*4411 MEMORIAL MEDICAL / NH CRESCENT	$143,883.62	$158,222.49	$143,883.62	$125,926.36
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$107,587.78	$129,376.21	$107,587.78	$89,094.58
*4446 MEMORIAL MEDICAL / NH FORT BEND	$57,695.38	$60,584.82	$57,695.38	$41,093.42
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$247,015.03	$252,865.03	$247,015.03	$245,220.40
*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	$5,816.68	$5,816.68	$5,816.68	$5,816.68
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$36,905.60	$36,905.60	$36,905.60	$30,857.69
*5506 MMC -NH BETHANY SENIOR LIVING	$44,435.65	$45,922.33	$44,435.65	$42,574.44
*3407 MMC -NH TUSCANY VILLAGE	$243,094.80	$243,094.80	$243,094.80	$209,371.52
*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	**$2,838,608.71**	**$2,874,041.00**	**$2,838,608.71**	**$2,777,866.70**

Ashford ✓

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAY TO THE ORDER OF: MMC Operating

Date Requested: 10/14/2024

APPROVED ON
OCT 14 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk# 001253

FOR ACCT USE ONLY

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

AMOUNT: $ 4,350.18 ✓

G/L NUMBER: 10255040

EXPLANATION: Wellpoint Yr6 Adj 2 ✓

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: [signature]

10/14/2024

Broadmoor ✓

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAY TO THE ORDER OF: MMC Operating

Date Requested: 10/14/2024

APPROVED ON
OCT 14 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk#000288

FOR ACCT USE ONLY

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

AMOUNT: $ 1,115.66 ✓

G/L NUMBER: 10255040

EXPLANATION: Wellpoint Yr6 Adj 2 ✓

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Andrea de los Santos

10/14/2024

Crescent

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: MMC Operating

Date Requested: 10/14/2024

APPROVED ON
OCT 14 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk# 0003666

FOR ACCT USE ONLY

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

AMOUNT: $ 654.45

G/L NUMBER: 10255040

EXPLANATION: Wellpoint Yr6 Adj 2

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: [signature]

10/14/2024

Fort Bend

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAY TO THE ORDER OF: MMC Operating

Date Requested: 10/14/2024

APPROVED ON
OCT 14 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CHK#000259

FOR ACCT USE ONLY

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

AMOUNT: $ 942.22

G/L NUMBER: 10255040

EXPLANATION: Wellpoint Yr6 Adj 2

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: [signature]

10/14/2024

Solera

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAY TO: MMC Operating

Date Requested: 10/14/2024

APPROVED ON
OCT 14 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CHK#001313

FOR ACCT USE ONLY

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

AMOUNT: $ 1,353.58

G/L NUMBER: 10255040

EXPLANATION: Wellpoint Yr6 Adj 2

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Andrea De Los Santos

10/14/2024

Tuscany

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: MMC Operating

Date Requested: 10/14/2024

APPROVED ON
OCT 14 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CHGF001174

FOR ACCT USE ONLY

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

AMOUNT: $ 1,950.43

G/L NUMBER: 10255040

EXPLANATION: Wellpoint Yr6 Adj 2

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: [signature]

10/14/2024

QIPP Payment to MMC from Nursing Facilities **Commissioner's Court** **10/16/2024**

NH Name	From Bank Acct #	Ck #	Payee	GL #	Wellpoint Yr6 Adj 2					TOTAL	Date
Ashford	[redacted] Prosperity		MMC -Prosperity Operating [redacted]	[redacted]	4,350.18					4,350.18	10/16/2024
Broadmoor	Prosperity		MMC -Prosperity Operating		1,115.66					1,115.66	10/16/2024
Crescent	Prosperity		MMC -Prosperity Operating		654.45					654.45	10/16/2024
Fort Bend	Prosperity		MMC -Prosperity Operating		942.22					942.22	10/16/2024
Solera	Prosperity		MMC -Prosperity Operating		1,353.58					1,353.58	10/16/2024
Golden Creek	Prosperity		MMC -Prosperity Operating							-	10/16/2024
Bethany	Prosperity		MMC -Prosperity Operating							-	10/16/2024
Tuscany	Prosperity		MMC -Prosperity Operating		1,950.43					1,950.43	10/16/2024
				Total:	10,366.52	-	-	-	-	10,366.52	

Note:

Andrew De Los Santos

Approved:

ANDREW DE LOS SANTOS 10/14/2024

Solera ✓

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAY TO THE ORDER OF: MMC

Date Requested: 10/14/2024

APPROVED ON
OCT 14 2024
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Chk# 001315

FOR ACCT USE ONLY

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

AMOUNT: $ 384.87 ✓

G/L NUMBER: 10255040

EXPLANATION: Q3 Interest - remaining balance due to MMC ✓

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: [signature]

10/14/2024

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MP

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

001315

Date 10/18/24 88-2265/1131

PAY
TO THE
ORDER OF Memorial Medical Center Operating $ 384.87

Three hundred eighty-four 87/100 DOLLARS

PROSPERITY BANK®

MP

FOR Q3 interest

Security features are included. Details on back.

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		
Broadmoor	[redacted] Prosperity		MMC -Prosperity Operating [redacted]	[redacted]	July-September		
Crescent	[redacted] Prosperity		MMC -Prosperity Operating [redacted]	[redacted]	July-September		
Fort Bend	[redacted] Prosperity		MMC -Prosperity Operating [redacted]	[redacted]	July-September		
Solera	[redacted] Prosperity		MMC -Prosperity Operating [redacted]	[redacted]	July-September, remaining bal due for Q3 interest	384.87	10/14/2024
Golden Creek	[redacted] Prosperity		MMC -Prosperity Operating [redacted]	[redacted]	July-September		
Bethany	[redacted] Prosperity		MMC -Prosperity Operating [redacted]	[redacted]	July-September		
						384.87	

Note:

Approved: Andrew De Los Santos

Andrew De Los Santos 10/14/2024

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

001253

Date 10/18/24 88-2265/1131

PAY
TO THE ORDER OF Memorial Medical Center Operating $ 4350.18

four thousand three hundred fifty & 18/100 DOLLARS

PROSPERITY BANK®

FOR Wellpoint YR6 Adj 2

Security features are included. Details on back.

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

000288

Date 10/18/24 88-2265/1131

PAY
TO THE ORDER OF Memorial Medical Center Operating $ 1115.66

One thousand one hundred fifteen & 66/100 DOLLARS

PROSPERITY BANK®

FOR Wellpoint YR6 Adj 2

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

000366

Date 10/18/24 88-2265/1131

PAY
TO THE ORDER OF Memorial Medical Center Operating $ 654.45

Six hundred fifty-four & 45/100 DOLLARS

PROSPERITY BANK®

FOR Wellpoint YR6 Adj 2

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

MP
000259
88-2265/1131

Date 10/16/24

PAY
TO THE ORDER OF Memorial Medical Center Operating | $ 942.22

Nine hundred forty-two 22/100 DOLLARS

PROSPERITY BANK®

MP

FOR Wellpoint YR6 Adj. 2

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

MP
001313
88-2265/1131

Date 10/18/24

PAY
TO THE ORDER OF Memorial Medical Center Operating | $ 1353.58

One thousand three hundred fifty-three 58/100 DOLLARS

PROSPERITY BANK®

MP

FOR Wellpoint YR6 Adj 2

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
TUSCANY VILLAGE
815 N VIRGINIA ST
PORT LAVACA, TX 77979

MP
001174
88-2265/1131

Date 10/18/24

PAY
TO THE ORDER OF Memorial Medical Center Operating | $ 1950.43

One thousand nine hundred fifty 43/100 DOLLARS

PROSPERITY BANK®

MP

FOR Wellpoint YR6 Adj 2

Security features are included. Details on back.