MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---October 30, 2024

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	863,503.67
TOTAL TRANSFERS BETWEEN FUNDS	$	424,906.07
TOTAL NURSING HOME UPL EXPENSES	$	2,720,687.84
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED October 30, 2024	$	4,009,097.58

APPROVED

OCT 30 2024

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---October 30, 2024

PAYABLES AND PAYROLL			
10/24/2024	Weekly Payables	536,631.48	
10/28/2024	McKesson-340B Prescription Expense	3,556.66	
10/28/2024	McKesson-340B Prescription Expense	5,194.54	
10/28/2024	Amerisource Bergen-340B Prescription Expense	1,616.06	
10/28/2024	Amerisource Bergen-340B Prescription Expense	2,316.99	
	Prosperity Electronic Bank Payments		
10/28/2024	90 Degree Benefits - employee insurance claims	33,095.93	
10/28/2024	90 Degree Benefits - employee insurance claims	17,656.69	
10/28/2024	HPHG - healh insurance premium payment 10/1/24	4,065.80	
10/28/2024	HPHG - healh insurance premium payment 11/1/24	72,153.74	
10/28/2024	TCDRS August Retirement	184,621.73	
10/28/2024	Expert Pay- Child Support	570.69	
10/28/2024	Pay Plus-Patient Claims Processing Fee	1,737.54	
10/28/2024	Credit Card Lease Fee	285.82	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 863,503.67**
TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES			
10/28/2024	MMC Operating to Ashford-Correction of insurance payment deposited into MMC Operating in error & UHC QIPP August 2024/QIPP YR6 ADJ2	48,196.15	
10/28/2024	MMC Operating to Solera-Correction of insurance payment deposited into MMC Operating in error & UHC QIPP August 2024/QIPP YR6 ADJ2	17,548.01	
10/28/2024	MMC Operating to Fort bend-Correction of insurance payment deposited into MMC	5,537.49	
10/28/2024	MMC Operating to Broadmoor-Correction of insurance payment deposited into MMC	43,196.44	
10/28/2024	MMC Operating to The Crescent-Correction of insurance payment deposited into MMC Operating in error & UHC QIPP August 2024/QIPP YR6 ADJ2	48,990.20	
10/28/2024	MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error & UHC QIPP August 2024/QIPP YR6 ADJ2	112,711.19	
10/28/2024	MMC Operating to Gulf Pointe Plaza - UHC QIPP YR6 ADJ2	875.20	
10/28/2024	MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error & UHC QIPP August 2024/QIPP YR6 ADJ2	138,903.57	
10/28/2024	MMC Operating to Bethany-Correction of insurance payment deposited into MMC Operating in error & UHC QIPP August 2024/QIPP YR6 ADJ2	8,947.82	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 424,906.07**
NURSING HOME UPL EXPENSES			
10/28/2024	Nursing Home UPL-Cantex Transfer	1,795,545.10	
10/28/2024	Nursing Home UPL-Nexion Transfer	124,257.27	
10/28/2024	Nursing Home UPL-HMG Transfer	23,260.04	
10/28/2024	Nursing Home UPL-Tuscany Transfer	505,403.79	
10/28/2024	Nursing Home UPL-HSL Transfer	120,258.17	
QIPP CHECKS TO MMC			
10/28/2024	Ashford - Wellpoint & Molina August	36,046.24	
10/28/2024	Broadmoor -Wellpoint & Molina August	13,317.50	
10/28/2024	Crescent - Wellpoint & Molina August	9,958.14	
10/28/2024	Fort Bend - Wellpoint & Molina	11,275.65	
10/28/2024	Solera - Wellpoint & Molina	10,794.96	
10/28/2024	Golden Creek - Superior August	24,589.96	
10/28/2024	Bethany-Superior August	21,723.43	
10/28/2024	Tuscany - Wellpoint & Molina August	22,571.39	
TRANSFER BETWEEN FUNDS FROM NURSING HOMES TO MMC			
10/28/2024	Ashford to MMC - MMC insurance payment deposited into Ashford in error	723.60	
10/28/2024	Gulf Pointe to MMC - MMC insurance payment deposited into Gulf Pointe in error	962.60	
TOTAL NURSING HOME UPL EXPENSES			**$ 2,720,687.84**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED October 30, 2024			**$ 4,009,097.58**

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9154349767		10/04/202	10/03/202	11/02/202			367.52	0.00	0.00	367.52
5511290336		10/21/202	09/30/202	10/30/202			574.32	0.00	0.00	574.32

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	941.84	0.00	0.00	941.84

Vendor#	Vendor Name	Class	Pay Code
11960	ALAMO SCIENTIFIC, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
940797		10/02/202	10/07/202	10/22/202			199.00	0.00	0.00	199.00
940896		10/02/202	10/10/202	10/22/202			4,624.00	0.00	0.00	4,624.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11960	ALAMO SCIENTIFIC, INC	4,823.00	0.00	0.00	4,823.00

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
RPSV004344106		10/09/202	10/01/202	10/16/202			166.79	0.00	0.00	166.79

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1705	ALIMED INC.	166.79	0.00	0.00	166.79

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
1HPVPDW7W3NN		10/01/202	08/25/202	09/24/202			34.07	0.00	0.00	34.07

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES	34.07	0.00	0.00	34.07

Vendor#	Vendor Name	Class	Pay Code
11632	AMERICAN CONSTRUCTION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1438		10/18/202	09/23/202	09/23/202			840.25	0.00	0.00	840.25

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11632	AMERICAN CONSTRUCTION	840.25	0.00	0.00	840.25

Vendor#	Vendor Name	Class	Pay Code
15884	AMERISOURCEBERGEN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3190935545		10/21/202	10/03/202	10/11/202			146.86	0.00	0.00	146.86
3190952920		10/21/202	10/03/202	10/11/202			6.24	0.00	0.00	6.24
3191293728		10/21/202	10/07/202	10/18/202			20.25	0.00	0.00	20.25
3191212317		10/21/202	10/07/202	10/18/202			26.92	0.00	0.00	26.92
3191212319		10/21/202	10/07/202	10/18/202			26.57	0.00	0.00	26.57

3191601044	10/21/202	10/09/202	10/18/202	20.10	0.00	0.00	20.10
3191601045	10/21/202	10/09/202	10/18/202	239.99	0.00	0.00	239.99
3191775449	10/21/202	10/11/202	10/18/202	20.25	0.00	0.00	20.25
3191907654	10/21/202	10/11/202	10/18/202	2.92	0.00	0.00	2.92
3192021374	10/21/202	10/14/202	10/25/202	10.76	0.00	0.00	10.76
3192259589	10/21/202	10/15/202	10/25/202	3.39	0.00	0.00	3.39
3192419851	10/21/202	10/16/202	10/25/202	18.04	0.00	0.00	18.04
3192574404	10/21/202	10/17/202	10/25/202	26.73	0.00	0.00	26.73
3192729875	10/21/202	10/18/202	10/25/202	12.82	0.00	0.00	12.82
3192828968	10/22/202	10/21/202	11/01/202	9.85	0.00	0.00	9.85
3193072875	10/23/202	10/22/202	11/01/202	3.27	0.00	0.00	3.27

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15884	AMERISOURCEBERGEN	594.96	0.00	0.00	594.96

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
804937946		10/21/202	10/15/202	10/25/202			14.04	0.00	0.00	14.04

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1360	AMERISOURCEBERGEN DRUG CORP	14.04	0.00	0.00	14.04

Vendor#	Vendor Name	Class	Pay Code
12800	AUTHORITYRX, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7000062085		10/21/202	10/10/202	10/11/202			8,444.64	0.00	0.00	8,444.64

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12800	AUTHORITYRX, LLC	8,444.64	0.00	0.00	8,444.64

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
4548276		09/24/202	09/21/202	10/21/202			1,484.00	0.00	0.00	1,484.00
111616060		10/02/202	10/08/202	11/02/202			141.45	0.00	0.00	141.45
111615616		10/02/202	10/08/202	11/02/202			125.92	0.00	0.00	125.92
111617130		10/02/202	10/09/202	11/03/202			231.10	0.00	0.00	231.10
111620113		10/02/202	10/10/202	11/04/202			202.46	0.00	0.00	202.46
111611650		10/08/202	10/07/202	11/01/202			208.71	0.00	0.00	208.71
111613044		10/08/202	10/07/202	11/01/202			1,243.90	0.00	0.00	1,243.90
111610898		10/08/202	10/07/202	11/01/202			675.04	0.00	0.00	675.04

111612139	10/08/202	10/07/202	11/06/202	220.83	0.00	0.00	220.83
4550202	10/09/202	10/03/202	11/02/202	1,484.00	0.00	0.00	1,484.00
111610498	10/21/202	10/07/202	11/01/202	5,759.11	0.00	0.00	5,759.11
111623805	10/21/202	10/14/202	11/08/202	5,016.58	0.00	0.00	5,016.58
111612100	10/22/202	10/07/202	11/06/202	9,384.01	0.00	0.00	9,384.01

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	26,177.11	0.00	0.00	26,177.11

Vendor# 10024 — Vendor Name: BECTON, DICKINSON & CO (BD) — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9113330820		10/02/202	10/07/202	11/06/202			496.50	0.00	0.00	496.50

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10024	BECTON, DICKINSON & CO (BD)	496.50	0.00	0.00	496.50

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
907645574		10/08/202	09/26/202	10/24/202			2,093.78	0.00	0.00	2,093.78

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11072	BIO-RAD LABORATORIES, INC	2,093.78	0.00	0.00	2,093.78

Vendor# 11224 — Vendor Name: CABLES AND SENSORS — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
182332		10/02/202	10/01/202	09/24/202			303.00	0.00	0.00	303.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11224	CABLES AND SENSORS	303.00	0.00	0.00	303.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8003644826		10/18/202	10/01/202	10/26/202			273.15	0.00	0.00	273.15
8003651297		10/18/202	10/06/202	10/31/202			357.74	0.00	0.00	357.74

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH 414, INC.	630.89	0.00	0.00	630.89

Vendor# 10541 — Vendor Name: CARESFIELD — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2000280141		10/02/202	09/27/202	10/27/202			242.75	0.00	0.00	242.75
2000280142		10/02/202	10/08/202	11/07/202			174.00	0.00	0.00	174.00
000007320		10/23/202	09/10/202	10/10/202			1,138.56	0.00	0.00	1,138.56
000007373		10/23/202	09/15/202	10/15/202			357.74	0.00	0.00	357.74
000007436		10/23/202	09/22/202	10/22/202			77.07	0.00	0.00	77.07

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10541	CARESFIELD					1,990.12	0.00	0.00	1,990.12

Vendor#	Vendor Name	Class	Pay Code
12768	CHEMAQUA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8880342		10/23/202	10/10/202	10/20/202			593.69	0.00	0.00	593.69

Water Treatment Program

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

Vendor#	Vendor Name	Class	Pay Code
C1730	CITY OF PORT LAVACA	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
101524		10/21/202	10/01/202	11/05/202			171.52	0.00	0.00	171.52
101524A		10/21/202	10/15/202	11/05/202			3,773.36	0.00	0.00	3,773.36
101524B		10/21/202	10/15/202	11/05/202			-26.12	0.00	0.00	-26.12
101524C		10/21/202	10/15/202	11/05/202			154.17	0.00	0.00	154.17

1016 N. Virginia St.

815 N. Virginia St.

815 N. Virginia St.

815 N. Virginia St. Rehab MMC

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1730	CITY OF PORT LAVACA	4,072.93	0.00	0.00	4,072.93

Vendor#	Vendor Name	Class	Pay Code
13000	CLEARFLY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV645933		10/18/202	10/01/202	10/15/202			1,210.39	0.00	0.00	1,210.39

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13000	CLEARFLY	1,210.39	0.00	0.00	1,210.39

Vendor#	Vendor Name	Class	Pay Code
10212	CLINICAL PATHOLOGY LABS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
176562024090		10/18/202	09/30/202	10/01/202			18,374.00	0.00	0.00	18,374.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10212	CLINICAL PATHOLOGY LABS	18,374.00	0.00	0.00	18,374.00

Vendor#	Vendor Name	Class	Pay Code
15892	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
WILCLY0001		10/21/202	10/08/202	10/08/202			102.00	0.00	0.00	102.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15892	[redacted]	102.00	0.00	0.00	102.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9090085101		10/21/202	10/18/202	10/18/202			5,064.18	0.00	0.00	5,064.18

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15116	COMPUGROUP MEDICAL - EMDS INC.	5,064.18	0.00	0.00	5,064.18

Vendor#	Vendor Name	Class	Pay Code
14080	CORROHEALTH, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
920554		10/17/202	09/30/202	10/30/202			2,038.45	0.00	0.00	2,038.45

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net

	14080	CORROHEALTH, INC.				2,038.45	0.00	0.00	2,038.45
Vendor#	Vendor Name			Class	Pay Code				
14400	CULINARY CONCESSIONS LLC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	INV00001552		09/30/202	09/30/202	10/30/202		32,724.12	0.00	0.00	32,724.12
		SEPTEMBER FEES								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		14400	CULINARY CONCESSIONS LLC				32,724.12	0.00	0.00	32,724.12
Vendor#	Vendor Name			Class	Pay Code				
10368	DEWITT POTH & SON								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	7701160		10/23/202	10/03/202	10/28/202		183.93	0.00	0.00	183.93
	770859		10/23/202	10/10/202	11/04/202		453.95	0.00	0.00	453.95
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		10368	DEWITT POTH & SON				637.88	0.00	0.00	637.88
Vendor#	Vendor Name			Class	Pay Code				
14800	DIRECTV ENTERTAINMENT HOLDINGS								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	241012		10/21/202	10/15/202	10/31/202		489.85	0.00	0.00	489.85
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		14800	DIRECTV ENTERTAINMENT HOLDINGS				489.85	0.00	0.00	489.85
Vendor#	Vendor Name			Class	Pay Code				
10789	DISCOVERY MEDICAL NETWORK INC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	MMC101524		10/18/202	10/15/202	10/16/202		110,575.07	0.00	0.00	110,575.07
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		10789	DISCOVERY MEDICAL NETWORK INC				110,575.07	0.00	0.00	110,575.07
Vendor#	Vendor Name			Class	Pay Code				
11291	DOWELL PEST CONTROL								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	38239		10/21/202	10/16/202	10/16/202		75.00	0.00	0.00	75.00
	38533		10/22/202	10/21/202	10/21/202		150.00	0.00	0.00	150.00
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		11291	DOWELL PEST CONTROL				225.00	0.00	0.00	225.00
Vendor#	Vendor Name			Class	Pay Code				
10175	DSHS CENTRAL LAB MC2004								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	10175		10/21/202	10/03/202	10/28/202		686.30	0.00	0.00	686.30
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		10175	DSHS CENTRAL LAB MC2004				686.30	0.00	0.00	686.30
Vendor#	Vendor Name			Class	Pay Code				
15860	DSI								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	OP0153520		10/18/202	10/01/202	10/15/202		255.00	0.00	0.00	255.00
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		15860	DSI				255.00	0.00	0.00	255.00
Vendor#	Vendor Name			Class	Pay Code				
11284	EMERGENCY STAFFING SOLUTIONS								

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
43628		10/18/202	10/15/202	10/25/202			40,062.50	0.00	0.00	40,062.50

Mid Month Services 1-15th

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
156620636		10/18/202	10/01/202	10/31/202			58.43	0.00	0.00	58.43

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15832	EVERON	58.43	0.00	0.00	58.43

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
864661096		10/23/202	10/10/202	11/04/202			131.79	0.00	0.00	131.79

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.	131.79	0.00	0.00	131.79

Vendor# 10003 Vendor Name: FILTER TECHNOLOGY CO, INC — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
123417		10/21/202	10/07/202	11/06/202			911.03	0.00	0.00	911.03
123416		10/21/202	10/07/202	11/06/202			167.04	0.00	0.00	167.04

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10003	FILTER TECHNOLOGY CO, INC	1,078.07	0.00	0.00	1,078.07

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
5834687		10/02/202	10/02/202	10/27/202			46.14	0.00	0.00	46.14
5870215		10/02/202	10/03/202	10/28/202			33.72	0.00	0.00	33.72
5870216		10/02/202	10/03/202	10/28/202			16,128.27	0.00	0.00	16,128.27
5972580		10/21/202	10/08/202	11/02/202			5.84	0.00	0.00	5.84

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	16,213.97	0.00	0.00	16,213.97

Vendor# 11183 Vendor Name: FRONTIER — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100224		10/21/202	10/02/202	10/28/202			1,437.67	0.00	0.00	1,437.67

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11183	FRONTIER	1,437.67	0.00	0.00	1,437.67

Vendor# 11149 Vendor Name: GBS ADMINISTRATORS, INC — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
415824463165		10/23/202	09/20/202	10/01/202			4,499.06	0.00	0.00	4,499.06
765584648520		10/23/202	10/20/202	11/01/202			4,667.24	0.00	0.00	4,667.24

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net

	11149	GBS ADMINISTRATORS, INC					9,166.30	0.00	0.00	9,166.30
Vendor#	Vendor Name				Class	Pay Code				
12404	GE PRECISION HEALTHCARE, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	6002755767		10/21/202	09/01/202	10/01/202		903.00	0.00	0.00	903.00
	6002778391		10/21/202	10/01/202	10/31/202		216.10	0.00	0.00	216.10
		BILL PERIOD 100124-103124								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		12404	GE PRECISION HEALTHCARE, LLC				1,119.10	0.00	0.00	1,119.10
Vendor#	Vendor Name				Class	Pay Code				
10642	GLAXOSMITHKLINE PHARMACUETICAL									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	8254440341		10/21/202	09/30/202	10/21/202		9,057.02	0.00	0.00	9,057.02
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		10642	GLAXOSMITHKLINE PHARMACUETICAL				9,057.02	0.00	0.00	9,057.02
Vendor#	Vendor Name				Class	Pay Code				
W1300	GRAINGER				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	9267001593		10/02/202	10/01/202	10/31/202		891.07	0.00	0.00	891.07
	9271669831		10/02/202	10/04/202	10/29/202		70.52	0.00	0.00	70.52
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		W1300	GRAINGER				961.59	0.00	0.00	961.59
Vendor#	Vendor Name				Class	Pay Code				
11984	GUERBET, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	18784168		10/09/202	10/04/202	10/09/202		175.00	0.00	0.00	175.00
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		11984	GUERBET, LLC				175.00	0.00	0.00	175.00
Vendor#	Vendor Name				Class	Pay Code				
10804	HEALTHCARE CODING & CONSULTING									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	15522		10/21/202	09/30/202	10/30/202		292.50	0.00	0.00	292.50
		SEPTEMBER CHARGES								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		10804	HEALTHCARE CODING & CONSULTING				292.50	0.00	0.00	292.50
Vendor#	Vendor Name				Class	Pay Code				
15208	HOSPITAL CARE CONSULTANTS INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	6664		10/18/202	10/15/202	10/25/202		23,663.00	0.00	0.00	23,663.00
	Mid month 1-15th									
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		15208	HOSPITAL CARE CONSULTANTS INC.				23,663.00	0.00	0.00	23,663.00
Vendor#	Vendor Name				Class	Pay Code				
14976	INOVALON PROVIDER INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	24M0135019		10/04/202	10/04/202	11/03/202		736.56	0.00	0.00	736.56
	Schedule & OSM Moawie 10/1 - 10/31/24									
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		14976	INOVALON PROVIDER INC.				736.56	0.00	0.00	736.56
Vendor#	Vendor Name				Class	Pay Code				
15888	[redacted]									

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
LUPIVO0001		10/21/202	10/14/202	10/14/202			168.00	0.00	0.00	168.00
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	15888	[redacted]					168.00	0.00	0.00	168.00

Vendor# L0700 — Vendor Name: LABCORP OF AMERICA HOLDINGS — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
81266838		10/21/202	10/07/202	11/01/202			78.87	0.00	0.00	78.87
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	L0700	LABCORP OF AMERICA HOLDINGS					78.87	0.00	0.00	78.87

Vendor# 11600 — Vendor Name: LEGAL SHIELD — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
101524		10/22/202	10/15/202	10/15/202			535.60	0.00	0.00	535.60
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11600	LEGAL SHIELD					535.60	0.00	0.00	535.60

Vendor# 15896 — Vendor Name: LIMON'S ROAD SERVICE — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0070910		10/22/202	08/30/202	10/22/202			3,913.56	0.00	0.00	3,913.56
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	15896	LIMON'S ROAD SERVICE					3,913.56	0.00	0.00	3,913.56

Vendor# 10972 — Vendor Name: M G TRUST — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100424	OCTOBER FEES	10/21/202	10/21/202	10/21/202			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# 15200 — Vendor Name: MANAGED CARE PARTNERS INC. — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6539	NOVEMBER FEE	10/18/202	11/01/202	11/01/202			500.00	0.00	0.00	500.00
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	15200	MANAGED CARE PARTNERS INC.					500.00	0.00	0.00	500.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
22789360		10/21/202	10/18/202	11/02/202			77.51	0.00	0.00	77.51
22396160		10/22/202	07/25/202	08/15/202			93.47	0.00	0.00	93.47
22416052		10/22/202	07/30/202	08/15/202			2,247.66	0.00	0.00	2,247.66
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC					2,418.64	0.00	0.00	2,418.64

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1950115		10/21/202	10/16/202	10/22/202			1,666.00	0.00	0.00	1,666.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11612	MEDICAL AIR SERVICES ASSOC.	1,666.00	0.00	0.00	1,666.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2335749241		09/24/202	09/18/202	10/13/202			883.88	0.00	0.00	883.88
2336820930		10/01/202	09/25/202	10/20/202			4,629.26	0.00	0.00	4,629.26
2338907336		10/02/202	10/09/202	11/03/202			1,742.07	0.00	0.00	1,742.07
2338907331		10/02/202	10/09/202	11/03/202			1.98	0.00	0.00	1.98
2338907333		10/02/202	10/09/202	11/03/202			106.45	0.00	0.00	106.45
2338907338		10/02/202	10/09/202	11/03/202			290.14	0.00	0.00	290.14
2338907332		10/02/202	10/09/202	11/03/202			114.56	0.00	0.00	114.56
2338907335		10/02/202	10/09/202	11/03/202			55.02	0.00	0.00	55.02
2338907334		10/02/202	10/09/202	11/03/202			27.36	0.00	0.00	27.36
2338795294		10/08/202	10/08/202	11/02/202			52.20	0.00	0.00	52.20
2338795295		10/08/202	10/08/202	11/02/202			12.26	0.00	0.00	12.26
2338795293		10/08/202	10/08/202	11/02/202			49.83	0.00	0.00	49.83
2339483810		10/23/202	10/11/202	11/05/202			-208.08	0.00	0.00	-208.08

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	7,756.93	0.00	0.00	7,756.93

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
101724		10/21/202	10/21/202	10/21/202			266.72	0.00	0.00	266.72

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10963	MEMORIAL MEDICAL CLINIC	266.72	0.00	0.00	266.72

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
101024		10/21/202	10/14/202	10/21/202			115.86	0.00	0.00	115.86

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP	115.86	0.00	0.00	115.86

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
2506666		10/17/202	10/02/202	10/12/202			164.66	0.00	0.00	164.66
2509397		10/17/202	10/02/202	10/12/202			0.19	0.00	0.00	0.19
2506669		10/17/202	10/02/202	10/12/202			335.22	0.00	0.00	335.22

2507782	10/17/202 10/02/202 10/12/202	74.66	0.00	0.00	74.66	
2509399	10/17/202 10/02/202 10/12/202	49.70	0.00	0.00	49.70	
2509398	10/17/202 10/02/202 10/12/202	203.51	0.00	0.00	203.51	
2506667	10/17/202 10/02/202 10/12/202	501.90	0.00	0.00	501.90	
CM57615	10/17/202 10/02/202 10/12/202	-23.76	0.00	0.00	-23.76	
2506668	10/17/202 10/02/202 10/12/202	29.33	0.00	0.00	29.33	
2507783	10/17/202 10/02/202 10/12/202	401.24	0.00	0.00	401.24	
2506665	10/17/202 10/02/202 10/12/202	138.96	0.00	0.00	138.96	
2512135	10/17/202 10/03/202 10/13/202	48.19	0.00	0.00	48.19	
9543	10/17/202 10/03/202 10/13/202	-113.22	0.00	0.00	-113.22	
9678	10/17/202 10/03/202 10/13/202	-1.01	0.00	0.00	-1.01	
2514886	10/17/202 10/03/202 10/13/202	321.76	0.00	0.00	321.76	
2514688	10/17/202 10/03/202 10/13/202	19.45	0.00	0.00	19.45	
2514885	10/17/202 10/03/202 10/13/202	11.83	0.00	0.00	11.83	
2520545	10/17/202 10/06/202 10/16/202	288.19	0.00	0.00	288.19	
2522622	10/17/202 10/06/202 10/16/202	127.93	0.00	0.00	127.93	
2520544	10/17/202 10/06/202 10/16/202	39.84	0.00	0.00	39.84	
2522621	10/17/202 10/06/202 10/16/202	351.29	0.00	0.00	351.29	
2527430	10/17/202 10/07/202 10/17/202	70.52	0.00	0.00	70.52	
2526849	10/17/202 10/07/202 10/17/202	144.43	0.00	0.00	144.43	
2527429	10/17/202 10/07/202 10/17/202	1,095.94	0.00	0.00	1,095.94	
2526850	10/17/202 10/07/202 10/17/202	405.16	0.00	0.00	405.16	
2530004	10/17/202 10/08/202 10/18/202	645.72	0.00	0.00	645.72	
2530003	10/17/202 10/08/202 10/18/202	3.91	0.00	0.00	3.91	
2530006	10/17/202 10/08/202 10/18/202	400.11	0.00	0.00	400.11	
2533695	10/17/202 10/08/202 10/18/202	2,384.64	0.00	0.00	2,384.64	
2533694	10/17/202 10/08/202 10/18/202	30.43	0.00	0.00	30.43	
2536178	10/17/202 10/09/202 10/19/202	400.11	0.00	0.00	400.11	

Bill To is incorrect

2535474		10/17/202	10/09/202	10/19/202	4,892.92	0.00	0.00	4,892.92
2538329		10/17/202	10/09/202	10/19/202	342.74	0.00	0.00	342.74
2538330		10/17/202	10/09/202	10/19/202	2,431.86	0.00	0.00	2,431.86
2536175		10/17/202	10/09/202	10/19/202	752.31	0.00	0.00	752.31
2538880		10/17/202	10/09/202	10/19/202	3,856.51	0.00	0.00	3,856.51
2538879		10/17/202	10/09/202	10/19/202	1,013.25	0.00	0.00	1,013.25
2536176		10/17/202	10/09/202	10/19/202	23.58	0.00	0.00	23.58
2537415		10/17/202	10/09/202	10/19/202	183.55	0.00	0.00	~~183.55~~ 183.35
2544910		10/17/202	10/09/202	10/19/202	45.02	0.00	0.00	45.02
2544911		10/17/202	10/10/202	10/20/202	805.46	0.00	0.00	805.46
2546952		10/17/202	10/11/202	10/21/202	4,722.30	0.00	0.00	4,722.30
2551506		10/17/202	10/13/202	10/23/202	943.06	0.00	0.00	943.06
2551503		10/17/202	10/13/202	10/23/202	200.48	0.00	0.00	200.48
2551502		10/17/202	10/13/202	10/23/202	29.16	0.00	0.00	29.16
2551505		10/17/202	10/13/202	10/23/202	28.95	0.00	0.00	28.95
2551504		10/17/202	10/13/202	10/23/202	517.22	0.00	0.00	517.22
2557112		10/17/202	10/14/202	10/24/202	106.79	0.00	0.00	106.79
CM60060		10/17/202	10/14/202	10/24/202	-554.88	0.00	0.00	-554.88
2554551		10/17/202	10/14/202	10/24/202	23.58	0.00	0.00	23.58
2557113		10/17/202	10/14/202	10/24/202	107.31	0.00	0.00	107.31
2554552		10/17/202	10/14/202	10/24/202	45.86	0.00	0.00	45.86

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	29,067.86	0.00	0.00	29,067.86

Vendor# 15224 Vendor Name: MUTUAL OF OMAHA Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
01764720148		10/21/202	09/17/202	10/01/202			24,235.29	0.00	0.00	24,235.29
001780367600		10/21/202	10/18/202	11/01/202			20,044.99	0.00	0.00	20,044.99

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15224	MUTUAL OF OMAHA	44,280.28	0.00	0.00	44,280.28

Vendor# 13548 Vendor Name: NACOGDOCHES TRANSCRIPTION Class: Pay Code:

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

8495	10/21/202 09/16/202 09/26/202		125.72	0.00	0.00	125.72	
BILL PERIOD 083124-091324							
8522	10/21/202 10/15/202 10/25/202		122.99	0.00	0.00	122.99	
BILL PERIOD 092824-101124							
Vendor Totals: Number	Name		Gross	Discount	No-Pay	Net	
13548	NACOGDOCHES TRANSCRIPTION		248.71	0.00	0.00	248.71	
Vendor# Vendor Name		Class Pay Code					
12388 NATIONAL FARM LIFE INSURANCE							
Invoice# Comment	Tran Dt Inv Dt Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
4330743	10/21/202 10/21/202 11/01/202		2,690.58	0.00	0.00	2,690.58	
Vendor Totals: Number	Name		Gross	Discount	No-Pay	Net	
12388	NATIONAL FARM LIFE INSURANCE		2,690.58	0.00	0.00	2,690.58	
Vendor# Vendor Name		Class Pay Code					
11472 OCCUPRO LLC							
Invoice# Comment	Tran Dt Inv Dt Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
37292	10/04/202 10/07/202 11/06/202		486.68	0.00	0.00	486.68	
Vendor Totals: Number	Name		Gross	Discount	No-Pay	Net	
11472	OCCUPRO LLC		486.68	0.00	0.00	486.68	
Vendor# Vendor Name		Class Pay Code					
15868 ODP BUSINESS SOLUTIONS LLC							
Invoice# Comment	Tran Dt Inv Dt Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
389143579001	10/22/202 09/26/202 10/27/202		68.46	0.00	0.00	68.46	
Vendor Totals: Number	Name		Gross	Discount	No-Pay	Net	
15868	ODP BUSINESS SOLUTIONS LLC		68.46	0.00	0.00	68.46	
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	
36985066	10/02/202 10/10/202 11/04/202		388.90	0.00	0.00	388.90	
36963669	10/08/202 10/07/202 11/06/202		1,125.00	0.00	0.00	1,125.00	
Vendor Totals: Number	Name		Gross	Discount	No-Pay	Net	
O1500	OLYMPUS AMERICA INC		1,513.90	0.00	0.00	1,513.90	
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	
1853747877	10/08/202 10/07/202 11/06/202		752.16	0.00	0.00	752.16	
Vendor Totals: Number	Name		Gross	Discount	No-Pay	Net	
O1416	ORTHO CLINICAL DIAGNOSTICS		752.16	0.00	0.00	752.16	
Vendor# Vendor Name		Class Pay Code					
10152 PARTSSOURCE, LLC							
Invoice# Comment	Tran Dt Inv Dt Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
05448225	10/02/202 09/13/202 10/13/202		28.38	0.00	0.00	28.38	
Vendor Totals: Number	Name		Gross	Discount	No-Pay	Net	
10152	PARTSSOURCE, LLC		28.38	0.00	0.00	28.38	
Vendor# Vendor Name		Class Pay Code					
S0905 PERFORMANCE HEALTH		M					
Invoice# Comment	Tran Dt Inv Dt Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
IN98082691	10/09/202 10/03/202 11/02/202		107.07	0.00	0.00	107.07	
Vendor Totals: Number	Name		Gross	Discount	No-Pay	Net	

	S0905	PERFORMANCE HEALTH					107.07	0.00	0.00	107.07
Vendor#	Vendor Name				Class	Pay Code				
12708	POC ELECTRIC, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	4225		10/22/202	10/21/202	11/01/202			1,175.44	0.00	0.00	1,175.44
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		12708	POC ELECTRIC, LLC					1,175.44	0.00	0.00	1,175.44
Vendor#	Vendor Name				Class	Pay Code				
12480	PRO ENERGY PARTNERS LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	24090600		10/21/202	10/09/202	10/24/202			1,739.76	0.00	0.00	1,739.76
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		12480	PRO ENERGY PARTNERS LLC					1,739.76	0.00	0.00	1,739.76
Vendor#	Vendor Name				Class	Pay Code				
11080	RADSOURCE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	PSI003394		10/21/202	10/16/202	11/01/202			1,708.33	0.00	0.00	1,708.33
		TERM 11/16/24-12/15/24									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11080	RADSOURCE					1,708.33	0.00	0.00	1,708.33
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
	25909		10/22/202	10/21/202	10/31/202			60.00	0.00	0.00	60.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11251	RAPID PRINTING LLC					60.00	0.00	0.00	60.00
Vendor#	Vendor Name				Class	Pay Code				
R1401	REFUGIO COUNTY MEM. HOSPITAL				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	20241008A		10/21/202	10/08/202	10/21/202			172.20	0.00	0.00	172.20
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		R1401	REFUGIO COUNTY MEM. HOSPITAL					172.20	0.00	0.00	172.20
Vendor#	Vendor Name				Class	Pay Code				
S1800	SHERWIN WILLIAMS				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	093024		10/21/202	09/30/202	10/20/202			88.82	0.00	0.00	88.82
		SEPTEMBER BILLING									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		S1800	SHERWIN WILLIAMS					88.82	0.00	0.00	88.82
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
	56382400075679		10/21/202	10/14/202	11/03/202			4,038.24	0.00	0.00	4,038.24
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10936	SIEMENS FINANCIAL SERVICES					4,038.24	0.00	0.00	4,038.24
Vendor#	Vendor Name				Class	Pay Code				
10699	SIGN AD, LTD.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	305636		10/21/202	10/16/202	10/26/202			425.00	0.00	0.00	425.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net

September 2024

10699	SIGN AD, LTD.					425.00	0.00	0.00	425.00
Vendor#	Vendor Name			Class	Pay Code				
C1010	SPARKLIGHT			W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	101624		10/21/202	10/16/202	10/30/202		107.73	0.00	0.00	107.73
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	C1010	SPARKLIGHT					107.73	0.00	0.00	107.73
Vendor#	Vendor Name			Class	Pay Code				
15236	SPECIALTY PROFESSIONAL								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	1240000680		10/21/202	05/10/202	10/21/202		3,586.25	0.00	0.00	3,586.25
	1240000719		10/21/202	05/17/202	10/21/202		3,586.25	0.00	0.00	3,586.25
	1240000757		10/21/202	05/24/202	10/21/202		3,491.25	0.00	0.00	3,491.25
	1240000782		10/21/202	05/31/202	10/21/202		3,538.75	0.00	0.00	3,538.75
	1240000822		10/21/202	06/07/202	10/21/202		3,467.50	0.00	0.00	3,467.50
	1240000866		10/21/202	06/14/202	10/21/202		3,538.75	0.00	0.00	3,538.75
	1240000885		10/21/202	06/21/202	10/21/202		2,446.25	0.00	0.00	2,446.25
	1240000927		10/21/202	06/28/202	10/21/202		3,515.00	0.00	0.00	3,515.00
	1240000955		10/21/202	07/05/202	10/21/202		2,327.50	0.00	0.00	2,327.50
	1240000999		10/21/202	07/12/202	10/21/202		2,351.25	0.00	0.00	2,351.25
	1240001029		10/21/202	07/19/202	10/21/202		1,163.75	0.00	0.00	1,163.75
	1240001054		10/21/202	07/26/202	10/21/202		4,773.75	0.00	0.00	4,773.75
	1240001082		10/21/202	08/02/202	10/21/202		1,163.75	0.00	0.00	1,163.75
	1240001114		10/21/202	08/09/202	10/21/202		3,586.25	0.00	0.00	3,586.25
	1240001127		10/21/202	08/16/202	10/21/202		4,773.75	0.00	0.00	4,773.75
	1240001158		10/21/202	08/23/202	10/21/202		593.75	0.00	0.00	593.75
	1240001216		10/21/202	09/06/202	10/21/202		4,678.75	0.00	0.00	4,678.75
	1240001252		10/21/202	09/13/202	10/21/202		3,633.75	0.00	0.00	3,633.75
	1240001291		10/21/202	09/20/202	10/21/202		4,678.75	0.00	0.00	4,678.75
	1240001314		10/21/202	09/27/202	10/21/202		2,327.50	0.00	0.00	2,327.50
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	15236	SPECIALTY PROFESSIONAL					63,222.50	0.00	0.00	63,222.50
Vendor#	Vendor Name			Class	Pay Code				
S2694	STANFORD VACUUM SERVICE			M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net

735826		10/18/202	10/10/202	10/15/202		550.00	0.00	0.00	550.00
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	S2694	STANFORD VACUUM SERVICE				550.00	0.00	0.00	550.00
Vendor#	Vendor Name				Class	Pay Code			
S3940	STERIS CORPORATION				M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
12919585		10/23/202	10/04/202	11/03/202			614.18	0.00	0.00	614.18
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	S3940	STERIS CORPORATION					614.18	0.00	0.00	614.18
Vendor#	Vendor Name				Class	Pay Code			
10735	STRYKER SALES, LLC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9207366751		10/08/202	10/04/202	11/03/202			2,237.22	0.00	0.00	2,237.22
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10735	STRYKER SALES, LLC					2,237.22	0.00	0.00	2,237.22
Vendor#	Vendor Name				Class	Pay Code			
14524	SYSMEX AMERICA, INC.								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
95503802		10/02/202	08/26/202	09/25/202			527.44	0.00	0.00	527.44
95545957		10/02/202	09/24/202	10/24/202			527.44	0.00	0.00	527.44
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14524	SYSMEX AMERICA, INC.					1,054.88	0.00	0.00	1,054.88
Vendor#	Vendor Name				Class	Pay Code			
T0420	TELEFLEX MEDICAL								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9509068525		10/21/202	10/10/202	11/01/202			28.00	0.00	0.00	28.00
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	T0420	TELEFLEX MEDICAL					28.00	0.00	0.00	28.00
Vendor#	Vendor Name				Class	Pay Code			
12168	TRANSCAT, INC.								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3140196		10/02/202	09/25/202	10/02/202			556.00	0.00	0.00	556.00
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	12168	TRANSCAT, INC.					556.00	0.00	0.00	556.00
Vendor#	Vendor Name				Class	Pay Code			
T3130	TRI-ANIM HEALTH SERVICES INC				M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
600498546		10/02/202	10/09/202	11/03/202			320.68	0.00	0.00	320.68
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	T3130	TRI-ANIM HEALTH SERVICES INC					320.68	0.00	0.00	320.68
Vendor#	Vendor Name				Class	Pay Code			
13616	TRIOSE, INC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
TRI197722		10/23/202	09/17/202	10/02/202			121.82	0.00	0.00	121.82
TRI198719		10/23/202	09/26/202	10/11/202			112.60	0.00	0.00	112.60
TRI199796		10/23/202	10/08/202	10/23/202			422.26	0.00	0.00	422.26

TRI200459	10/23/202	10/15/202	10/30/202		154.49	0.00	0.00	154.49
TRI201197	10/23/202	10/22/202	11/06/202		69.36	0.00	0.00	69.36

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13616	TRIOSE, INC	880.53	0.00	0.00	880.53

Vendor# 11067 — Vendor Name: TRIZETTO PROVIDER SOLUTIONS — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
35FK102400		10/21/202	10/01/202	10/26/202			1,587.97	0.00	0.00	1,587.97

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11067	TRIZETTO PROVIDER SOLUTIONS	1,587.97	0.00	0.00	1,587.97

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1024005		10/18/202	09/10/202	10/05/202			7,750.00	0.00	0.00	7,750.00
T2410091378		10/18/202	10/09/202	11/03/202			10,415.59	0.00	0.00	10,415.59

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C2510	TRUBRIDGE	18,165.59	0.00	0.00	18,165.59

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2268326		10/01/202	10/09/202	11/08/202			3,146.00	0.00	0.00	3,146.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11002	TRUSTAFF	3,146.00	0.00	0.00	3,146.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2921044220		10/17/202	10/02/202	10/27/202			122.40	0.00	0.00	122.40
2921044215		10/17/202	10/10/202	11/04/202			2,019.93	0.00	0.00	2,019.93
2921044216		10/17/202	10/10/202	11/04/202			34.04	0.00	0.00	34.04
2921044214		10/17/202	10/10/202	11/04/202			206.12	0.00	0.00	206.12
2921044217		10/17/202	10/10/202	11/04/202			372.12	0.00	0.00	372.12
2921044218		10/17/202	10/10/202	11/04/202			162.14	0.00	0.00	162.14
2921044213		10/17/202	10/10/202	11/04/202			106.38	0.00	0.00	106.38
2921044219		10/17/202	10/10/202	11/04/202			181.78	0.00	0.00	181.78
2921044425		10/17/202	10/14/202	11/08/202			89.76	0.00	0.00	89.76
2921044424		10/17/202	10/14/202	11/08/202			2,635.98	0.00	0.00	2,635.98

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	5,930.65	0.00	0.00	5,930.65

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
3125		10/07/202	10/07/202	11/06/202			1,000.00	0.00	0.00	1,000.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15616	UTHEALTH CQHII	1,000.00	0.00	0.00	1,000.00

Vendor# 15444 Vendor Name: VANDERBILT HEALTH — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CI00073066	OCT- DEC 2024 FEES	10/23/202	10/01/202	10/23/202			450.00	0.00	0.00	450.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15444	VANDERBILT HEALTH	450.00	0.00	0.00	450.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9111646428		10/02/202	10/14/202	11/08/202			808.34	0.00	0.00	808.34

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	808.34	0.00	0.00	808.34

Vendor# 11400 Vendor Name: WEST COAST MEDICAL RESOURCES — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV118862		10/21/202	10/03/202	11/02/202			250.00	0.00	0.00	250.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11400	WEST COAST MEDICAL RESOURCES	250.00	0.00	0.00	250.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	536,630.67	0.00	0.00	536,630.67

APPROVED ON

OCT 24 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk#206231 - 206326

536,630.67 +
1.01-- Pg10 Bill To is incorrect
183.55 -
183.35 + > Pg11 $ amount is wrong/corrected
536,631.68 =

Ø

RUN DATE:10/28/24 MEMORIAL MEDICAL CENTER PAGE 1
TIME:17:02 CHECK REGISTER GLCKREG
10/30/24 THRU 10/30/24

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	206231	10/30/24	941.84	AIRGAS USA, LLC - CENTRAL DIV
A/P	206232	10/30/24	4,823.00	ALAMO SCIENTIFIC, INC
A/P	206233	10/30/24	166.79	ALIMED INC.
A/P	206234	10/30/24	34.07	AMAZON CAPITAL SERVICES
A/P	206235	10/30/24	840.25	AMERICAN CONSTRUCTION
A/P	206236	10/30/24	.00	VOIDED
A/P	206237	10/30/24	594.96	AMERISOURCEBERGEN
A/P	206238	10/30/24	14.04	AMERISOURCEBERGEN DRUG CORP
A/P	206239	10/30/24	8,444.64	AUTHORITYRX, LLC
A/P	206240	10/30/24	.00	VOIDED
A/P	206241	10/30/24	26,177.11	BECKMAN COULTER INC
A/P	206242	10/30/24	496.50	BECTON, DICKINSON & CO (BD)
A/P	206243	10/30/24	2,093.78	BIO-RAD LABORATORIES, INC
A/P	206244	10/30/24	303.00	CABLES AND SENSORS
A/P	206245	10/30/24	630.89	CARDINAL HEALTH 414, INC.
A/P	206246	10/30/24	1,990.12	CARESFIELD
A/P	206247	10/30/24	593.69	CHEMAQUA
A/P	206248	10/30/24	4,072.93	CITY OF PORT LAVACA
A/P	206249	10/30/24	1,210.39	CLEARFLY
A/P	206250	10/30/24	18,374.00	CLINICAL PATHOLOGY LABS
A/P	206251	10/30/24	102.00	[redacted]
A/P	206252	10/30/24	5,064.18	COMPUGROUP MEDICAL - EMDS INC.
A/P	206253	10/30/24	2,038.45	CORROHEALTH, INC.
A/P	206254	10/30/24	32,724.12	CULINARY CONCESSIONS LLC
A/P	206255	10/30/24	637.88	DEWITT POTH & SON
A/P	206256	10/30/24	489.85	DIRECTV ENTERTAINMENT HOLDINGS
A/P	206257	10/30/24	110,575.07	DISCOVERY MEDICAL NETWORK INC
A/P	206258	10/30/24	225.00	DOWELL PEST CONTROL
A/P	206259	10/30/24	686.30	DSHS CENTRAL LAB MC2004
A/P	206260	10/30/24	255.00	DSI
A/P	206261	10/30/24	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	206262	10/30/24	58.43	EVERON
A/P	206263	10/30/24	131.79	FEDERAL EXPRESS CORP.
A/P	206264	10/30/24	1,078.07	FILTER TECHNOLOGY CO, INC
A/P	206265	10/30/24	16,213.97	FISHER HEALTHCARE
A/P	206266	10/30/24	1,437.67	FRONTIER
A/P	206267	10/30/24	9,166.30	GBS ADMINISTRATORS, INC
A/P	206268	10/30/24	1,119.10	GE PRECISION HEALTHCARE, LLC
A/P	206269	10/30/24	9,057.02	GLAXOSMITHKLINE PHARMACUETICAL
A/P	206270	10/30/24	961.59	GRAINGER
A/P	206271	10/30/24	175.00	GUERBET, LLC
A/P	206272	10/30/24	292.50	HEALTHCARE CODING & CONSULTING
A/P	206273	10/30/24	23,663.00	HOSPITAL CARE CONSULTANTS INC.
A/P	206274	10/30/24	736.56	INOVALON PROVIDER INC.
A/P	206275	10/30/24	168.00	[redacted]
A/P	206276	10/30/24	78.87	LABCORP OF AMERICA HOLDINGS
A/P	206277	10/30/24	535.60	LEGAL SHIELD
A/P	206278	10/30/24	3,913.56	LIMON'S ROAD SERVICE
A/P	206279	10/30/24	895.00	M G TRUST
A/P	206280	10/30/24	500.00	MANAGED CARE PARTNERS INC.

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	206281	10/30/24	2,418.64	MCKESSON MEDICAL SURGICAL INC
A/P	206282	10/30/24	1,666.00	MEDICAL AIR SERVICES ASSOC.
A/P	206283	10/30/24	.00	VOIDED
A/P	206284	10/30/24	7,756.93	MEDLINE INDUSTRIES INC
A/P	206285	10/30/24	266.72	MEMORIAL MEDICAL CLINIC
A/P	206286	10/30/24	115.86	MMC AUXILIARY GIFT SHOP
A/P	206287	10/30/24	.00	VOIDED
A/P	206288	10/30/24	.00	VOIDED
A/P	206289	10/30/24	.00	VOIDED
A/P	206290	10/30/24	29,068.67	MORRIS & DICKSON CO, LLC
A/P	206291	10/30/24	44,280.28	MUTUAL OF OMAHA
A/P	206292	10/30/24	248.71	NACOGDOCHES TRANSCRIPTION
A/P	206293	10/30/24	2,690.58	NATIONAL FARM LIFE INSURANCE
A/P	206294	10/30/24	486.68	OCCUPRO LLC
A/P	206295	10/30/24	68.46	ODP BUSINESS SOLUTIONS LLC
A/P	206296	10/30/24	1,513.90	OLYMPUS AMERICA INC
A/P	206297	10/30/24	752.16	ORTHO CLINICAL DIAGNOSTICS
A/P	206298	10/30/24	28.38	PARTSSOURCE, LLC
A/P	206299	10/30/24	107.07	PERFORMANCE HEALTH
A/P	206300	10/30/24	1,175.44	POC ELECTRIC, LLC
A/P	206301	10/30/24	1,739.76	PRO ENERGY PARTNERS LLC
A/P	206302	10/30/24	1,708.33	RADSOURCE
A/P	206303	10/30/24	60.00	RAPID PRINTING LLC
A/P	206304	10/30/24	172.20	REFUGIO COUNTY MEM. HOSPITAL
A/P	206305	10/30/24	88.82	SHERWIN WILLIAMS
A/P	206306	10/30/24	4,038.24	SIEMENS FINANCIAL SERVICES
A/P	206307	10/30/24	425.00	SIGN AD, LTD.
A/P	206308	10/30/24	107.73	SPARKLIGHT
A/P	206309	10/30/24	.00	VOIDED
A/P	206310	10/30/24	63,222.50	SPECIALTY PROFESSIONAL
A/P	206311	10/30/24	550.00	STANFORD VACUUM SERVICE
A/P	206312	10/30/24	614.18	STERIS CORPORATION
A/P	206313	10/30/24	2,237.22	STRYKER SALES, LLC
A/P	206314	10/30/24	1,054.88	SYSMEX AMERICA, INC.
A/P	206315	10/30/24	28.00	TELEFLEX MEDICAL
A/P	206316	10/30/24	556.00	TRANSCAT, INC.
A/P	206317	10/30/24	320.68	TRI-ANIM HEALTH SERVICES INC
A/P	206318	10/30/24	880.53	TRIOSE, INC
A/P	206319	10/30/24	1,587.97	TRIZETTO PROVIDER SOLUTIONS
A/P	206320	10/30/24	18,165.59	TRUBRIDGE
A/P	206321	10/30/24	3,146.00	TRUSTAFF
A/P	206322	10/30/24	5,930.65	UNIFIRST HOLDINGS INC
A/P	206323	10/30/24	1,000.00	UTHEALTH CQHII
A/P	206324	10/30/24	450.00	VANDERBILT HEALTH
A/P	206325	10/30/24	808.34	WERFEN USA LLC
A/P	206326	10/30/24	250.00	WEST COAST MEDICAL RESOURCES
A/P	206327	10/30/24	48,196.15	ASHFORD GARDENS
A/P	206328	10/30/24	8,947.82	BETHANY SENIOR LIVING
A/P	206329	10/30/24	43,196.44	BROADMOOR AT CREEKSIDE PARK
A/P	206330	10/30/24	5,537.49	FORTBEND HEALTHCARE CENTER
A/P	206331	10/30/24	112,711.19	GOLDENCREEK HEALTHCARE

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	206332	10/30/24	875.20	GULF POINTE PLAZA
A/P	206333	10/30/24	17,548.01	SOLERA WEST HOUSTON
A/P	206334	10/30/24	48,990.20	THE CRESCENT
A/P	206335	10/30/24	138,903.57	TUSCANY VILLAGE
TOTALS:			961,537.55	

Payables
536,631.48 +
NH taxes 424,906.07 +
961,537.55 ◊

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

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 10/18/2024 Page: 002

DC: 8115
Customer INV SuppID:
Territory:

Customer: 632536
Date: 10/19/2024

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

As of: 10/18/2024 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 10/19/2024 **ITEMS NOT PAID (✓)**

National Account 632536

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 3,632.50 USD

Future Due: 0.00

Past Due: 158.08-

Last Payment 2,451.97
08/07/2017

If Paid By 10/22/2024,
Pay This Amount: 3,556.66 USD

If Paid After 10/22/2024,
Pay this Amount: 3,632.50 USD

Due If Paid On Time:
USD 3,556.66

Disc lost if paid late:
75.84

Due If Paid Late:
USD 3,632.50

✓ Andrea Dalal Santos
10/28/2024

3,587.70 +
13.13-+
13.80 +
1.63 +
41.53-+
8.19 +
3,556.66 ◊

APPROVED ON
OCT 28 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 10/18/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 10/19/2024

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 10/18/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 10/19/2024

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342	**WALMART 1098/MEM MED PHS**										
10/14/2024	10/22/2024	7526981619	206644076	115Invoice	1.17	58.47		57.30	✓	7526981619	
10/14/2024	10/22/2024	7526981620	214128097	115Invoice		0.08		0.08	✓	7526981620	
10/14/2024	10/22/2024	7526981621	210256143	115Invoice	1.60	79.85		78.25	✓	7526981621	
10/14/2024	10/22/2024	7526981622	212572138	115Invoice	0.01	0.32		0.31	✓	7526981622	
10/14/2024	10/22/2024	7526981624	208939618	115Invoice	0.01	0.63		0.62	✓	7526981624	
10/14/2024	10/22/2024	7526981625	209200385	115Invoice	0.01	0.63		0.62	✓	7526981625	
10/14/2024	10/22/2024	7526981626	209286154	115Invoice	0.01	0.32		0.31	✓	7526981626	
10/14/2024	10/22/2024	7526981627	214058278	115Invoice	5.16	258.22		253.06	✓	7526981627	
10/14/2024	10/22/2024	7526981628	207510085	115Invoice	0.01	0.32		0.31	✓	7526981628	
10/14/2024	10/22/2024	7526981629	210374571	115Invoice	0.01	0.32		0.31	✓	7526981629	
10/14/2024	10/22/2024	7526981630	211018742	115Invoice	0.01	0.32		0.31	✓	7526981630	
10/14/2024	10/22/2024	7526981631	210256143	115Invoice	0.02	0.95		0.93	✓	7526981631	
10/14/2024	10/22/2024	7526981632	212144708	115Invoice	0.01	0.32		0.31	✓	7526981632	
10/14/2024	10/22/2024	7526981633	212339211	115Invoice	0.01	0.63		0.62	✓	7526981633	
10/15/2024	10/22/2024	7527224492	214218127	115Invoice	1.82	91.02		89.20	✓	7527224492	
10/15/2024	10/22/2024	7527224493	214218127	115Invoice	0.02	1.06		1.04	✓	7527224493	
10/16/2024	10/16/2024	1600381203	PE			78.80-	P	78.80-	P ✓	1600381203	
10/16/2024	10/22/2024	7527469097	208525470	115Invoice	0.01	0.32		0.31	✓	7527469097	
10/16/2024	10/22/2024	7527469098	211723301	115Invoice	0.01	0.32		0.31	✓	7527469098	
10/16/2024	10/22/2024	7527469099	212641400	115Invoice	0.01	0.32		0.31	✓	7527469099	
10/16/2024	10/22/2024	7527484232	208562517	115Invoice	6.62	331.12		324.50	✓	7527484232	
10/16/2024	10/22/2024	7527484233	214366480	115Invoice	5.16	258.22		253.06	✓	7527484233	
10/16/2024	10/22/2024	7527484234	212572138	115Invoice	0.01	0.32		0.31	✓	7527484234	
10/16/2024	10/22/2024	7527484235	209286154	115Invoice	0.02	0.95		0.93	✓	7527484235	
10/16/2024	10/22/2024	7527484236	209781352	115Invoice	0.01	0.32		0.31	✓	7527484236	
10/16/2024	10/22/2024	7527484237	206794080	115Invoice	0.31	15.46		15.15	✓	7527484237	
10/16/2024	10/22/2024	7527484238	213760582	115Invoice	1.80	90.21		88.41	✓	7527484238	
10/16/2024	10/22/2024	7527484239	214366480	115Invoice	1.05	52.71		51.66	✓	7527484239	
10/16/2024	10/22/2024	7527484240	210374571	115Invoice	0.02	0.95		0.93	✓	7527484240	
10/17/2024	10/22/2024	7527751731	214545134	115Invoice	0.01	0.32		0.31	✓	7527751731	
10/17/2024	10/22/2024	7527751732	208562517	115Invoice	6.62	331.12		324.50	✓	7527751732	

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 10/18/2024 Page: 002

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 10/19/2024

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

As of: 10/18/2024 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 10/19/2024 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
10/17/2024	10/22/2024	7527751733	214487746	115Invoice	0.02	0.95		0.93	✓	7527751733	
10/17/2024	10/22/2024	7527751734	208999059	115Invoice	5.23	261.41		256.18	✓	7527751734	
10/17/2024	10/22/2024	7527751735	212606685	115Invoice	0.01	0.63		0.62	✓	7527751735	
10/18/2024	10/22/2024	7528006172	214592141	115Invoice	6.75	337.54		330.79	✓	7528006172	
10/18/2024	10/22/2024	7528006173	214592141	115Invoice	5.16	258.22		253.06	✓	7528006173	
10/18/2024	10/22/2024	7528006174	206245624	115Invoice	0.01	0.31		0.30	✓	7528006174	
10/18/2024	10/22/2024	7528006175	206280575	115Invoice	0.01	0.41		0.40	✓	7528006175	
10/18/2024	10/22/2024	7528006176	209134117	115Invoice	1.56	77.95		76.39	✓	7528006176	
10/18/2024	10/22/2024	7528006177	214592141	115Invoice	5.26	262.98		257.72	✓	7528006177	
10/18/2024	10/22/2024	7528006178	209781352	115Invoice	0.01	0.32		0.31	✓	7528006178	
10/18/2024	10/22/2024	7528006179	210000019	115Invoice	0.01	0.63		0.62	✓	7528006179	
10/18/2024	10/22/2024	7528008509	207407079	115Invoice	17.12	855.81		838.69	✓	7528008509	
10/18/2024	10/22/2024	7528008510	208220871	115Invoice	2.14	106.81		104.67	✓	7528008510	
10/18/2024	10/22/2024	7528008511	210681042	115Invoice	0.02	0.95		0.93	✓	7528008511	
10/18/2024	10/22/2024	7528008512	212270028	115Invoice	0.01	0.32		0.31	✓	7528008512	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 3,662.56 USD

Future Due: 0.00

Past Due: 78.80-

Last Payment 6,026.69
10/14/2024

If Paid By 10/22/2024,
Pay This Amount: 3,587.70 USD

If Paid After 10/22/2024,
Pay this Amount: 3,662.56 USD

APPROVED ON
OCT 28 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Due If Paid On Time:
USD 3,587.70 ✓

Disc lost if paid late:
74.86

Due If Paid Late:
USD 3,662.56

✓ Andrew Cotos w/ contract
10/28/2024

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 10/18/2024 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 464450
Date: 10/19/2024

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 10/18/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450 **PLEASE CHECK ANY**
Date: 10/19/2024 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 464450 HEB PHCY WHSE/MEM MC PHS											
10/16/2024	10/16/2024	1600379399		PE		13.13-	P	13.13-	P	1600379399	✓

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

TOTAL: Customer Number 464450 HEB PHCY WHSE/MEM MC PHS

Subtotals: 13.13- USD

Future Due: 0.00

Past Due: 13.13-

Last Payment 0.00
11/21/2022

If Paid By 10/18/2024,
Pay This Amount: 13.13- USD

If Paid After 10/18/2024,
Pay this Amount: 13.13- USD

Due If Paid On Time:
USD 13.13- ✓

Disc lost if paid late:
0.00

Due If Paid Late:
USD 13.13-

✓ Andrea Dela Santas
10/28/2024

APPROVED ON
OCT 28 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 10/18/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 820405
Date: 10/19/2024

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

As of: 10/18/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 **PLEASE CHECK ANY**
Date: 10/19/2024 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 820405 HEB PHCY WHSE/MEM MED PHS											
10/17/2024	10/22/2024	7527538081	B2410-055-177103	115Invoice	0.28	14.08		13.80	✓	7527538081	

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

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

Subtotals: 14.08 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 6,026.69
10/14/2024

If Paid By 10/22/2024, Pay This Amount: 13.80 USD

If Paid After 10/22/2024, Pay this Amount: 14.08 USD

Due If Paid On Time: USD 13.80

Disc lost if paid late: 0.28

Due If Paid Late: USD 14.08

✓ Andrea Dalas Santos
10/28/2024

APPROVED ON
OCT 28 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 10/18/2024 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 835430
Date: 10/19/2024

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

As of: 10/18/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835430 **PLEASE CHECK ANY**
Date: 10/19/2024 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	PF	Amount (net)	PF	Receivable Number	
Customer Number 835430 CVS PHCY 10356/MEM MC PHS											
10/16/2024	10/22/2024	7527308099	3602008	115Invoice	0.03	1.66		1.63	✓	7527308099	

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

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

Subtotals: 1.66 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 8,141.80
10/07/2024

If Paid By 10/22/2024, Pay This Amount: 1.63 USD

If Paid After 10/22/2024, Pay this Amount: 1.66 USD

Due If Paid On Time: USD 1.63

Disc lost if paid late: 0.03

Due If Paid Late: USD 1.66

✓ Andreia De Los Santos
10/28/2024

APPROVED ON
OCT 28 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 10/18/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835437
Date: 10/19/2024

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

As of: 10/18/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835437 **PLEASE CHECK ANY**
Date: 10/19/2024 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835437 CVS PHCY 7416/MEM MC PHS											
10/15/2024	10/15/2024	7527285607	MFC PR CORR CR	Pricing Cor		66.15-	P	66.15-	P	7527285607	
10/15/2024	10/22/2024	7527285608	MFC PR CORR IN	Pricing Cor	0.07	3.72		3.65		7527285608	
10/16/2024	10/22/2024	7527466162	3600316	115Invoice	0.43	21.40		20.97		7527466162	

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

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

Subtotals: 41.03- USD

Future Due: 0.00

Past Due: 66.15-

Last Payment 8,141.80
10/07/2024

If Paid By 10/22/2024, Pay This Amount: 41.53- USD

If Paid After 10/22/2024, Pay this Amount: 41.03- USD

Due If Paid On Time: USD 41.53-

Disc lost if paid late: 0.50

Due If Paid Late: USD 41.03-

APPROVED ON
OCT 28 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Andrea Tellez-Santos
10/28/2024

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 10/18/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835438
Date: 10/19/2024

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 10/18/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 **PLEASE CHECK ANY**
Date: 10/19/2024 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS											
10/16/2024	10/22/2024	7527480402	3603022	115Invoice	0.17	8.36		8.19	✓	7527480402	

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

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

Subtotals: 8.36 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 6,026.69
10/14/2024

If Paid By 10/22/2024, Pay This Amount: 8.19 USD

If Paid After 10/22/2024, Pay this Amount: 8.36 USD

Due If Paid On Time: USD 8.19

Disc lost if paid late: 0.17

Due If Paid Late: USD 8.36

✓ Andrea D. Lehmberg
10/28/2024

APPROVED ON
OCT 28 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 10/25/2024 Page: 002

DC: 8115
Customer INV SuppID:
Territory:

Customer: 632536
Date: 10/26/2024

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 10/25/2024 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 10/26/2024 **ITEMS NOT PAID (✓)**

National Account 632536

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 5,300.73 USD

Future Due:	0.00			Due If Paid On Time: USD	5,194.54 ✓
Past Due:	7.06-	If Paid By 10/29/2024, Pay This Amount:	5,194.54 USD	Disc lost if paid late:	106.19
Last Payment 08/07/2017	2,451.97	If Paid After 10/29/2024, Pay this Amount:	5,300.73 USD	Due If Paid Late: USD	5,300.73

APPROVED ON
OCT 28 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

✓ Andrea Estevez
10/28/2024

5•162•10 +
29•02 +
2•39 +
1•03 +
5•194•54 ◇

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McKESSON

STATEMENT

Company: 8000

As of: 10/25/2024

Page: 001

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 10/26/2024

As of: 10/25/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 10/26/2024

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342	WALMART 1098/MEM MED PHS										
0/19/2024	10/29/2024	7528081676	208220871	115Invoice	2.14	106.81		104.67	✓	7528081676	
0/19/2024	10/29/2024	7528081677	210474216	115Invoice	17.12	855.76		838.64	✓	7528081677	
0/21/2024	10/29/2024	7528351035	210973017	115Invoice	0.03	1.48		1.45	✓	7528351035	
0/21/2024	10/29/2024	7528351036	214787367	115Invoice	1.42	71.09		69.67	✓	7528351036	
0/21/2024	10/29/2024	7528351037	214718802	115Invoice	6.47	323.40		316.93	✓	7528351037	
0/22/2024	10/29/2024	7528626839	213760582	115Invoice	1.80	90.21		88.41	✓	7528626839	
0/22/2024	10/29/2024	7528626840	214020785	115Invoice	3.61	180.43		176.82	✓	7528626840	
0/22/2024	10/29/2024	7528626841	212270028	115Invoice	0.01	0.32		0.31	✓	7528626841	
0/22/2024	10/29/2024	7528626842	207407079	115Invoice	17.12	855.81		838.69	✓	7528626842	
0/22/2024	10/29/2024	7528626843	215013737	115Invoice	1.66	82.84		81.18	✓	7528626843	
0/22/2024	10/29/2024	7528626844	211077583	115Invoice	17.12	855.76		838.64	✓	7528626844	
0/22/2024	10/29/2024	7528626845	213052783	115Invoice	0.01	0.32		0.31	✓	7528626845	
0/22/2024	10/29/2024	7528626846	213274962	115Invoice	0.03	1.27		1.24	✓	7528626846	
0/22/2024	10/29/2024	7528626847	213455990	115Invoice	0.01	0.32		0.31	✓	7528626847	
0/23/2024	10/29/2024	7528896817	215160408	115Invoice	5.26	262.98		257.72	✓	7528896817	
0/24/2024	10/29/2024	7529136469	208939618	115Invoice	0.01	0.63		0.62	✓	7529136469	
0/24/2024	10/29/2024	7529136470	215227355	115Invoice	0.02	0.95		0.93	✓	7529136470	
0/24/2024	10/29/2024	7529148672	206852419	115Invoice	4.12	205.97		201.85	✓	7529148672	
0/24/2024	10/29/2024	7529148673	208761054	115Invoice	4.12	205.97		201.85	✓	7529148673	
0/24/2024	10/29/2024	7529148674	209200385	115Invoice	4.12	205.97		201.85	✓	7529148674	
0/24/2024	10/29/2024	7529148675	209719607	115Invoice	4.12	205.97		201.85	✓	7529148675	
0/24/2024	10/29/2024	7529148676	210431789	115Invoice	8.24	411.94		403.70	✓	7529148676	
0/24/2024	10/29/2024	7529148677	213815502	115Invoice	0.03	1.48		1.45	✓	7529148677	
0/24/2024	10/29/2024	7529148678	215227355	115Invoice	6.47	323.40		316.93	✓	7529148678	
0/24/2024	10/29/2024	7529148679	214020785	115Invoice	0.01	0.63		0.62	✓	7529148679	
0/24/2024	10/29/2024	7529148680	214545134	115Invoice	0.01	0.32		0.31	✓	7529148680	
0/24/2024	10/29/2024	7529148681	206794080	115Invoice	0.31	15.46		15.15	✓	7529148681	

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 10/25/2024 Page: 002

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 10/26/2024

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

As of: 10/25/2024 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 10/26/2024

PLEASE CHECK ANY ITEMS NOT PAID (✓)

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

National Account 632536

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

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 5,267.49 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 10/21/2024 3,556.66

If Paid By 10/29/2024, Pay This Amount: 5,162.10 USD

If Paid After 10/29/2024, Pay this Amount: 5,267.49 USD

Due If Paid On Time: USD 5,162.10

Disc lost if paid late: 105.39

Due If Paid Late: USD 5,267.49

✓ Andrea DeCastanedo
10/28/2024

APPROVED ON
OCT 28 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 10/25/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 820405
Date: 10/26/2024

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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As of: 10/25/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 **PLEASE CHECK ANY**
Date: 10/26/2024 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 820405 HEB PHCY WHSE/MEM MED PHS											
10/22/2024	10/22/2024	7528679758	MFC PR CORR CR	Pricing Cor		7.06-	P	7.06-	P	7528679758	
10/22/2024	10/29/2024	7528679759	MFC PR CORR IN	Pricing Cor	0.14	7.14		7.00		7528679759	
10/25/2024	10/29/2024	7529201371	B2410-055-178015	115Invoice	0.59	29.67		29.08		7529201371	

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

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

Subtotals: 29.75 USD

Future Due: 0.00

Past Due: 7.06-

Last Payment 3,556.66
10/21/2024

If Paid By 10/29/2024,
Pay This Amount: 29.02 USD

If Paid After 10/29/2024,
Pay this Amount: 29.75 USD

Due If Paid On Time:
USD 29.02

Disc lost if paid late:
0.73

Due If Paid Late:
USD 29.75

Lindsay dos Santos
10/28/2024

APPROVED ON
OCT 28 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 10/25/2024

Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835434
Date: 10/26/2024

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

As of: 10/25/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835434 **PLEASE CHECK ANY**
Date: 10/26/2024 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835434 CVS PHCY 8923/MEM MC PHS											
10/23/2024	10/29/2024	7528717278	3618286	115Invoice	0.05	2.44		2.39		7528717278	

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

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

Subtotals: 2.44 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 6,026.69
10/14/2024

If Paid By 10/29/2024,
Pay This Amount: 2.39 USD

If Paid After 10/29/2024,
Pay this Amount: 2.44 USD

Due If Paid On Time:
USD 2.39

Disc lost if paid late:
0.05

Due If Paid Late:
USD 2.44

Lindsay Dobbs Santos
10/28/2024

APPROVED ON
OCT 28 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 10/25/2024 **Page:** 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835437
Date: 10/26/2024

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

As of: 10/25/2024 **Page:** 001
Mail to: **Comp:** 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835437 **PLEASE CHECK ANY**
Date: 10/26/2024 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835437 CVS PHCY 7416/MEM MC PHS											
10/23/2024	10/29/2024	7528902743	3617048	115Invoice	0.02	1.05		1.03		7528902743	

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

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

Subtotals: 1.05 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 8,141.80
10/07/2024

If Paid By 10/29/2024,
Pay This Amount: 1.03 USD

If Paid After 10/29/2024,
Pay this Amount: 1.05 USD

Due If Paid On Time:
USD 1.03

Disc lost if paid late:
0.02

Due If Paid Late:
USD 1.05

Undrawn Ck Sent
10/28/2024

APPROVED ON
OCT 28 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

AmerisourceBergen

STATEMENT

Statement Number: 68434032
Date: 10-18-2024

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

DEA: RA0289276
866-451-9655

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

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

Customer Number
100135284 / 037028186

Terms
Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	1,616.06
Past Due:	(2,826.02)
Total Due:	(1,209.96)
Account Balance:	(1,209.96)

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
09-15-2024	09-27-2024	3188668882	7007604734	Invoice	261.36		0.00	261.36
09-15-2024	09-27-2024	3188668883	7007604734	Invoice	1.18		0.00	1.18
09-15-2024	09-27-2024	3188668884	7007615443	Invoice	162.58		0.00	162.58
09-15-2024	09-27-2024	3188668885	7007615471	Invoice	53.55		0.00	53.55
09-15-2024	09-27-2024	3188668886	7007615471	Invoice	3.00		0.00	3.00
09-15-2024	09-27-2024	3188668887	7007625239	Invoice	42.47		0.00	42.47
09-16-2024	09-27-2024	3188769005	7007632041	Invoice	22.90		0.00	22.90
09-17-2024	09-27-2024	3188864241	7007642080	Invoice	1,073.40		0.00	1,073.40
09-18-2024	09-27-2024	3189027160	7007649387	Invoice	96.87		0.00	96.87
09-18-2024	09-27-2024	3189027161	7007649550	Invoice	63.77		0.00	63.77
09-19-2024	09-27-2024	3189269361	7007657077	Invoice	10.12		0.00	10.12
09-20-2024	09-27-2024	3189423747	7007666238	Invoice	196.76		0.00	196.76
09-23-2024	10-04-2024	3189594801	7007670485	Invoice	39.33		0.00	39.33
09-23-2024	10-04-2024	3189594802	7007681977	Invoice	152.83		0.00	152.83
09-23-2024	10-04-2024	3189594803	7007693546	Invoice	21.60		0.00	21.60
09-23-2024	10-04-2024	3189594804	7007671903	Invoice	1.35		0.00	1.35
09-23-2024	10-04-2024	3189594805	7007681830	Invoice	12.06		0.00	12.06
09-24-2024	09-24-2024	205568	3185257235	Customer Payment	93.11	08-15-2024	186.22	(93.11)
09-24-2024	09-24-2024	205568	3184945100	Customer Payment	233.46	08-13-2024	466.92	(233.46)
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	3185601953	Customer Payment	61.66	08-19-2024	123.32	(61.66)
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	3185600679	Customer Payment	3,759.63	08-19-2024	7,519.26	(3,759.63)
09-24-2024	09-24-2024	205568	3185601950	Customer Payment	162.58	08-19-2024	325.16	(162.58)
09-24-2024	09-24-2024	205568	3185601952	Customer Payment	3,573.38	08-19-2024	7,146.76	(3,573.38)
09-24-2024	09-24-2024	205568	3185601951	Customer Payment	1,113.39	08-19-2024	2,226.78	(1,113.39)
09-24-2024	09-24-2024	205568	3184784667	Customer Payment	75.10	08-12-2024	150.20	(75.10)

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
09-24-2024	09-24-2024	205568	3184784665	Customer Payment	2,288.36	08-12-2024	4,576.72	(2,288.36)
09-24-2024	09-24-2024	205568	3184784666	Customer Payment	238.09	08-12-2024	476.18	(238.09)
09-24-2024	09-24-2024	205568	3184944579	Customer Payment	137.30	08-13-2024	274.60	(137.30)
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
10-13-2024	10-25-2024	3192041979	7007860953	Invoice	101.10		0.00	✓ 101.10
10-13-2024	10-25-2024	3192042330	7007870573	Invoice	43.58		0.00	✓ 43.58
10-13-2024	10-25-2024	3192042331	7007870573	Invoice	1.24		0.00	✓ 1.24
10-13-2024	10-25-2024	3192042332	7007879260	Invoice	3.59		0.00	✓ 3.59
10-16-2024	10-25-2024	3192372637	7007895847	Invoice	82.75		0.00	✓ 82.75
10-17-2024	10-25-2024	3192526358	7007904082	Invoice	25.41		0.00	✓ 25.41
10-18-2024	10-25-2024	3192684643	7007916485	Invoice	1,358.39		0.00	✓ 1,358.39

AmerisourceBergen STATEMENT Number: 68434032 Date: 10-18-2024

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
1,616.06	7,012.40	(9,838.42)	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
10-25-2024	1,616.06
Total Due:	(1,209.96)

101.10 +
43.58 +
1.24 +
3.59 +
82.75 +
25.41 +
1,358.39 +
1,616.06 ◊

APPROVED ON
OCT 28 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

✓ Andrew Dolores Santos
10/28/2024

AmerisourceBergen

STATEMENT

Statement Number: 68462082
Date: 10-25-2024

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

DEA: RA0289276
866-451-9655

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

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

Customer Number
100135284 / 037028186

Terms
Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	2,316.99
Past Due:	(1,209.96)
Total Due:	1,107.03
Account Balance:	1,107.03

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	3185601950	Customer Payment	162.58	08-19-2024	325.16	(162.58)
09-24-2024	09-24-2024	205568	3185601953	Customer Payment	61.66	08-19-2024	123.32	(61.66)
09-24-2024	09-24-2024	205568	3185601952	Customer Payment	3,573.38	08-19-2024	7,146.76	(3,573.38)
09-24-2024	09-24-2024	205568	3184945100	Customer Payment	233.46	08-13-2024	466.92	(233.46)
09-24-2024	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	3185601951	Customer Payment	1,113.39	08-19-2024	2,226.78	(1,113.39)
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	3184944579	Customer Payment	137.30	08-13-2024	274.60	(137.30)
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)

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
09-24-2024	09-24-2024	205568	3184784665	Customer Payment	2,288.36	08-12-2024	4,576.72	(2,288.36)
09-24-2024	09-24-2024	205568	3184784666	Customer Payment	238.09	08-12-2024	476.18	(238.09)
09-24-2024	09-24-2024	205568	3184784668	Customer Payment	72.71	08-12-2024	145.42	(72.71)
09-24-2024	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
10-13-2024	10-25-2024	3192041979	7007860953	Invoice	101.10		0.00	101.10
10-13-2024	10-25-2024	3192042330	7007870573	Invoice	43.58		0.00	43.58
10-13-2024	10-25-2024	3192042331	7007870573	Invoice	1.24		0.00	1.24
10-13-2024	10-25-2024	3192042332	7007879260	Invoice	3.59		0.00	3.59
10-16-2024	10-25-2024	3192372637	7007895847	Invoice	82.75		0.00	82.75
10-17-2024	10-25-2024	3192526358	7007904082	Invoice	25.41		0.00	25.41
10-18-2024	10-25-2024	3192684643	7007916485	Invoice	1,358.39		0.00	1,358.39
10-21-2024	11-01-2024	3192853517	7007926205	Invoice	6.38		0.00	6.38
10-21-2024	11-01-2024	3192853518	7007937028	Invoice	2,197.56		0.00	2,197.56

AmerisourceBergen

STATEMENT

Number: 68462082 Date: 10-25-2024

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
10-21-2024	11-01-2024	3192853519	7007944490	Invoice	14.66		0.00	14.66
10-21-2024	11-01-2024	3192855040	7007926502	Invoice	1.36		0.00	1.36
10-23-2024	11-01-2024	3193182075	7007958027	Invoice	32.10		0.00	32.10
10-24-2024	11-01-2024	3193334262	7007970509	Invoice	39.61		0.00	39.61
10-25-2024	11-01-2024	3193475978	7007978354	Invoice	25.32		0.00	25.32

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
2,316.99	7,135.31	3,481.11	(11,826.38)	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
10-25-2024	1,616.06
11-01-2024	2,316.99
Total Due:	1,107.03

6.38 +
2,197.56 +
14.66 +
1.36 +
32.10 +
39.61 +
25.32 +
2,316.99 ◊

APPROVED ON
OCT 28 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Andrew De Los Santos
10/28/2024

3101	76351	1	1	0	2024	284001233	0	10/14/2024	$27,359.47	1	TRUESCRIPTS MANAGEMENT SERVICE LLC	P	517	0	EXPENSE	EMPLOYEE	PCS	F	9/23/2024	10/6/2024	464334244
3103	76351	2	33	0	2024	270001527	0	10/14/2024	$93.18	1	DERM SURGERY ASSOCIATES PA	P	457	0	[redacted]		OVS	F	9/19/2024	9/19/2024	760514163
3104	76351	3	42	5	2024	275000138	0	10/14/2024	$10.75	1	SINGLETON ASSOCIATES PA	P	189	0			ERD	F	9/7/2024	9/7/2024	741680498
3105	76351	3	50	0	2024	269000177	0	10/14/2024	$11.61	1	SINGLETON ASSOCIATES PA	P	181	0			XRAY	F	9/4/2024	9/4/2024	741680498
3106	76351	3	36	0	2024	275000136	0	10/14/2024	$15.97	1	SINGLETON ASSOCIATES PA	P	181	0			XRAY	F	8/5/2024	8/5/2024	741680498
3107	76351	3	18	2	2024	276001771	0	10/14/2024	$29.10	1	PORT LAVACA CLINIC	P	177	0			OV	F	9/3/2024	9/3/2024	742605670
3108	76351	3	15	0	2024	276001754	0	10/14/2024	$39.14	1	PORT LAVACA CLINIC ASSOCIATES	P	172	0			AB	F	9/27/2024	9/27/2024	742605670
3109	76351	3	51	0	2024	269000167	0	10/14/2024	$42.62	1	SINGLETON ASSOCIATES PA	P	603	0			US	F	7/22/2024	7/22/2024	741680498
3115	76351	3	15	0	2024	275000955	0	10/14/2024	$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0			OV	F	9/27/2024	9/27/2024	742605670
3116	76351	3	47	0	2024	274000458	0	10/14/2024	$69.30	1	MSIWA	P	172	0			AB	F	9/16/2024	9/16/2024	202536458
3117	76351	3	43	0	2024	276000300	0	10/14/2024	$71.56	1	TMH PHYSICIAN ASSOCIATES, PLLC	P	457	0			OVS	F	6/12/2024	6/12/2024	300520570
3118	76351	3	50	0	2024	270000251	0	10/14/2024	$82.74	1	SINGLETON ASSOCIATES PA	P	321	0			MRIO	F	8/16/2024	8/16/2024	741680498
3119	76351	3	49	0	2024	274000872	0	10/14/2024	$94.58	1	GREATER HOUSTON INTERVENTIONAL	P	457	0			OVS	F	9/20/2024	9/20/2024	202341026
3121	76351	3	47	0	2024	269001384	0	10/14/2024	$132.00	1	MSIWA	P	172	0			AB	F	9/16/2024	9/16/2024	202536458
3122	76351	3	16	0	2024	271001300	0	10/14/2024	$132.01	1	PORT LAVACA CLINIC ASSOCIATES	P	172	0			AB	F	9/24/2024	9/24/2024	742605670
3123	76351	3	21	0	2024	278002212	0	10/14/2024	$148.13	1	SAMUEL COPELAND MD	P	457	0			OVS	F	9/12/2024	9/12/2024	471158090
3125	76360	2	101	0	2024	274001324	0	10/14/2024	$319.41	1	VICTORIA WOMENS CLINIC ASSOCIATES	P	172	0			AB	F	9/24/2024	9/24/2024	741831291
3126	76360	3	68	1	2024	270000248	0	10/14/2024	$10.75	1	SINGLETON ASSOCIATES PA	P	181	0			XRAY	F	8/13/2024	8/13/2024	741680498
3127	76360	3	12	0	2024	270000238	0	10/14/2024	$35.26	1	SINGLETON ASSOCIATES PA	P	603	0			US	F	9/5/2024	9/5/2024	741680498
3130	76360	3	107	1	2024	271001288	0	10/14/2024	$49.94	1	VICTORIA EYE CENTER	P	457	0			OVS	F	9/19/2024	9/19/2024	742208337
3131	76360	3	81	0	2024	270001504	0	10/14/2024	$57.01	1	VICTORIA FOOT AND ANKLE CENTER, PLLC	P	457	0			OVS	F	9/18/2024	9/18/2024	863759949
3132	76360	3	94	0	2024	271001299	0	10/14/2024	$59.94	1	AYO ADU, MD PLLC	P	177	0			OV	F	9/25/2024	9/25/2024	273335355
3133	76360	3	21	1	2024	271001274	0	10/14/2024	$64.10	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0			OV	F	9/24/2024	9/24/2024	742605670
3134	76360	3	64	0	2024	269002193	0	10/14/2024	$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0			OV	F	9/20/2024	9/20/2024	742605670
3135	76360	3	49	2	2024	270001489	0	10/14/2024	$67.56	1	MELISSA A. KAINER ERWIN, MD PA	P	177	0			OV	F	9/24/2024	9/24/2024	200802489
3136	76360	3	32	1	2024	270000119	0	10/14/2024	$74.91	1	MSIWA	P	172	0			AB	F	9/4/2024	9/5/2024	202536458
3137	76360	3	90	1	2024	269000169	0	10/14/2024	$79.18	1	VICTORIA EYE CENTER	P	457	0			OVS	F	9/6/2024	9/6/2024	742208337
3138	76360	3	83	0	2024	278002213	0	10/14/2024	$80.34	1	SAMUEL COPELAND MD	P	457	0			OVS	F	9/25/2024	9/25/2024	471158090
3140	76360	3	60	0	2024	275000939	0	10/14/2024	$147.46	1	FRANK S PARMA MD	P	177	0			OV	F	9/26/2024	9/26/2024	742608003
3142	76360	3	33	0	2024	269000841	0	10/14/2024	$153.60	1	ESS OF PORT LAVACA LLC	P	189	0			ERD	F	9/2/2024	9/2/2024	815248556
3143	76360	3	75	0	2024	277000024	0	10/14/2024	$153.75	1	HOUSTON METRO UROLOGY, PA	P	457	0			OVS	F	9/6/2024	9/6/2024	204473802
3144	76360	3	16	0	2024	270000253	0	10/14/2024	$211.51	1	VICTORIA VEIN AND SURGERY CLINIC	P	457	0			OVS	F	9/4/2024	9/4/2024	452590280
3145	76360	3	50	0	2024	285000520	0	10/14/2024	$465.00	1	VIP CARE SERVICES LLC	P	604	0			CASE	F	9/3/2024	9/27/2024	271837628
3146	76360	3	28	0	2024	285000475	0	10/14/2024	$503.75	1	VIP CARE SERVICES LLC	P	604	0			CASE	F	9/4/2024	9/30/2024	271837628
3147	76360	3	47	0	2024	285000505	0	10/14/2024	$542.50	1	VIP CARE SERVICES LLC	P	604	0			CASE	F	9/4/2024	9/18/2024	271837628
3148	76360	3	21	1	2024	285000461	0	10/14/2024	$736.25	1	VIP CARE SERVICES LLC	P	604	0			CASE	F	9/6/2024	9/25/2024	271837628
3149	76360	3	32	6	2024	285000489	0	10/14/2024	$736.25	1	VIP CARE SERVICES LLC	P	604	0			CASE	F	9/4/2024	9/25/2024	271837628
3150	76370	3	3	0	2024	269000161	0	10/14/2024	$83.52	1	SINGLETON ASSOCIATES PA	P	172	0	[redacted]		AB	F	9/5/2024	9/5/2024	741680498
									$33,095.93													

Lindsay Distad Sentell
10/28/2024

APPROVED ON
OCT 28 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHVNO	CAPNO	LOCNO	CHRNO	DEPNO	CLMYR	CLMNO	CMSUF	CHKDT	AMT	CLMTY	PAYEE	PAYTO	CYCCD	CYCLE	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUDT	PAYNO
3153	76351	1	2	0	2024	283000989	0	10/21/2024	$263.50	1	CITIZENS MEDICAL PROFESSIONALS	P	176	0			AO	F	9/20/2024	9/20/2024	471158090
3155	76351	2	33	0	2024	275000252	0	10/21/2024	$12.07	1	SINGLETON ASSOCIATES PA	P	181	0			XRAY	F	8/15/2024	8/15/2024	741680498
3156	76351	2	6	0	2024	283001654	0	10/21/2024	$323.73	1	VICTORIA EYE CENTER	P	457	0			OVS	F	9/30/2024	9/30/2024	742208337
3159	76351	2	6	0	2024	278002208	0	10/21/2024	$2,175.00	1	VICTORIA EYE CENTER	P	431	0			SFS	F	9/26/2024	9/26/2024	742208337
3160	76351	3	50	0	2024	291000226	0	10/21/2024	$13.37	1	SINGLETON ASSOCIATES PA	P	181	0			XRAY	F	9/30/2024	9/30/2024	741680498
3161	76351	3	11	0	2024	275000448	0	10/21/2024	$13.79	1	SINGLETON ASSOCIATES PA	P	181	0			XRAY	F	9/13/2024	9/13/2024	741680498
3162	76351	3	25	0	2024	291000220	0	10/21/2024	$15.28	1	SINGLETON ASSOCIATES PA	P	482	0			DX	F	9/24/2024	9/24/2024	741680498
3163	76351	3	53	0	2024	269002162	0	10/21/2024	$36.87	1	VICTORIA ORTHOPEDIC CENTER, PLLC	P	450	0			XRDS	F	9/18/2024	9/18/2024	260151734
3167	76351	3	10	0	2024	288001015	0	10/21/2024	$54.75	1	MELISSA A. KAINER ERWIN, MD PA	P	177	0			OV	F	9/18/2024	9/18/2024	200802489
3168	76351	3	24	0	2024	289000360	0	10/21/2024	$57.56	1	GROW HEALTHCARE GROUP PA	P	728	0			TELM	F	9/19/2024	9/19/2024	852938829
3171	76351	3	43	0	2024	283000574	0	10/21/2024	$71.56	1	TMH PHYSICIAN ASSOCIATES, PLLC	P	457	0			OVS	F	7/10/2024	7/10/2024	300520570
3172	76351	3	43	0	2024	277000085	0	10/21/2024	$75.62	1	TMH PHYSICIAN ASSOCIATES, PLLC	P	177	0			OV	F	5/30/2024	5/30/2024	300520570
3174	76351	3	24	0	2024	289000349	0	10/21/2024	$95.00	1	GROW HEALTHCARE GROUP PA	P	728	0			TELM	F	9/12/2024	9/12/2024	852938829
3176	76351	3	28	0	2024	285001256	0	10/21/2024	$101.35	1	KHIEM VU DO PA	P	172	0			AB	F	9/26/2024	9/26/2024	451261253
3177	76351	3	58	2	2024	275000442	0	10/21/2024	$112.22	1	SINGLETON ASSOCIATES PA	P	189	0			ERD	F	9/14/2024	9/14/2024	741680498
3178	76351	3	49	0	2024	289000351	0	10/21/2024	$115.28	1	GREATER HOUSTON INTERVENTIONAL	P	449	0			LBDS	F	9/20/2024	9/20/2024	202341026
3179	76351	3	38	0	2024	285000455	0	10/21/2024	$146.33	1	UT PHYSICIANS	P	457	0			OVS	F	7/24/2024	7/24/2024	760459500
3180	76351	3	28	0	2024	271001279	0	10/21/2024	$160.00	1	VICTORIA WOMENS CLINIC ASSOCIATES	P	430	0			SF	F	9/23/2024	9/23/2024	741831291
3181	76351	3	40	3	2024	274001321	0	10/21/2024	$185.21	1	LOURDES PHYSICIAN GROUP	P	177	0			OV	F	9/23/2024	9/23/2024	455492119
3190	76351	3	49	0	2024	269002199	0	10/21/2024	$527.00	1	DR GLENN J BRICKEN AND ASSOC PC	P	360	0			POV	F	9/19/2024	9/19/2024	760492313
3194	76351	3	58	2	2024	269001779	0	10/21/2024	$2,405.45	1	MATAGORDA REGIONAL MEDICAL CENTER	P	406	0			ER	F	9/13/2024	9/14/2024	746025069
3205	76360	3	43	0	2024	275000190	0	10/21/2024	$10.33	1	SINGLETON ASSOCIATES PA	P	181	0			XRAY	F	9/10/2024	9/10/2024	741680498
3206	76360	3	91	2	2024	281000372	0	10/21/2024	$10.75	1	SINGLETON ASSOCIATES PA	P	183	0			RAD	F	9/18/2024	9/18/2024	741680498
3207	76360	3	28	0	2024	269000845	0	10/21/2024	$11.19	1	HOUSTON RADIOLOGY ASSOCIATED	P	181	0			XRAY	F	7/25/2024	7/25/2024	741688740
3208	76360	3	40	0	2024	283000998	0	10/21/2024	$12.49	1	SINGLETON ASSOCIATES PA	P	189	0			ERD	F	9/25/2024	9/25/2024	741680498
3209	76360	3	40	0	2024	283000970	0	10/21/2024	$13.79	1	SINGLETON ASSOCIATES PA	P	189	0			ERD	F	9/25/2024	9/25/2024	741680498
3210	76360	3	40	0	2024	283000988	0	10/21/2024	$13.79	1	SINGLETON ASSOCIATES PA	P	189	0			ERD	F	9/25/2024	9/25/2024	741680498
3211	76360	3	68	1	2024	288000277	0	10/21/2024	$18.21	1	GARY F COX MD PA	P	457	0			OVS	F	9/13/2024	9/13/2024	742068224
3213	76360	3	11	0	2024	271000806	0	10/21/2024	$43.65	1	AARON M MCGUIRE OD	P	457	0			OVS	F	9/18/2024	9/18/2024	742208337
3218	76360	3	49	2	2024	284000227	0	10/21/2024	$74.20	1	NEW YORK MEDICAL BEHAVIORAL HEALTH SERVI	P	360	0			POV	F	4/1/2024	4/1/2024	832675429
3219	76360	3	49	2	2024	284000230	0	10/21/2024	$74.20	1	NEW YORK MEDICAL BEHAVIORAL HEALTH SERVI	P	360	0			POV	F	2/2/2024	2/2/2024	832675429
3220	76360	3	49	2	2024	284000231	0	10/21/2024	$74.20	1	NEW YORK MEDICAL BEHAVIORAL HEALTH SERVI	P	360	0			POV	F	3/21/2024	3/21/2024	832675429
3221	76360	3	49	2	2024	285000329	0	10/21/2024	$74.20	1	NEW YORK MEDICAL BEHAVIORAL HEALTH SERVI	P	360	0			POV	F	1/25/2024	1/25/2024	832675429
3222	76360	3	49	2	2024	285000336	0	10/21/2024	$74.20	1	NEW YORK MEDICAL BEHAVIORAL HEALTH SERVI	P	360	0			POV	F	3/7/2024	3/7/2024	832675429
3223	76360	3	49	2	2024	285000338	0	10/21/2024	$74.20	1	NEW YORK MEDICAL BEHAVIORAL HEALTH SERVI	P	360	0			POV	F	2/21/2024	2/21/2024	832675429
3224	76360	3	49	2	2024	285000341	0	10/21/2024	$74.20	1	NEW YORK MEDICAL BEHAVIORAL HEALTH SERVI	P	360	0			POV	F	1/3/2024	1/3/2024	832675429
3225	76360	3	49	2	2024	285000342	0	10/21/2024	$74.20	1	NEW YORK MEDICAL BEHAVIORAL HEALTH SERVI	P	360	0			POV	F	1/17/2024	1/17/2024	832675429
3229	76360	3	32	6	2024	271000803	0	10/21/2024	$78.58	1	DIAGNOSTIC IMAGING ASSOCIATES, PA	P	603	0			US	F	6/28/2024	6/28/2024	760686474
3232	76360	3	81	0	2024	269000840	0	10/21/2024	$104.58	1	HOUSTON RHEUMATOLOGY CENTER - BAYTOWN	P	177	0			OV	F	9/16/2024	9/16/2024	271402471
3233	76360	3	9	0	2024	270001490	0	10/21/2024	$105.56	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0			OV	F	9/23/2024	9/23/2024	742605670
3235	76360	3	28	0	2024	285001270	0	10/21/2024	$133.47	1	BOSTON SCIENTIFIC CARDIAC DIAGNOSTIC SER	P	481	0			OPDX	F	9/18/2024	9/18/2024	770644336
3236	76360	3	71	0	2024	277000063	0	10/21/2024	$153.60	1	ESS OF PORT LAVACA LLC	P	189	0			ERD	F	9/1/2024	9/1/2024	815248556
3237	76360	3	70	1	2024	278001124	0	10/21/2024	$153.60	1	ESS OF PORT LAVACA LLC	P	189	0			ERD	F	8/24/2024	8/24/2024	815248556
3238	76360	3	30	1	2024	277000348	0	10/21/2024	$176.37	1	ORTHOLONESTAR PLLC	P	457	0			OVS	F	9/13/2024	9/13/2024	842136648
3239	76360	3	28	0	2024	283001345	0	10/21/2024	$187.10	1	OAKBEND MEDICAL CENTER	P	186	0			HLAB	F	9/9/2024	9/30/2024	760339462
3240	76360	3	105	0	2024	291000222	0	10/21/2024	$213.60	1	SINGLETON ASSOCIATES PA	P	324	0			CAT	F	9/27/2024	9/27/2024	741680498
3247	76360	3	28	0	2024	271000810	0	10/21/2024	$302.50	1	MASTOS IMAGING ASSOCIATES	P	178	0			SO	F	9/19/2024	9/19/2024	383768845
3248	76360	3	21	1	2024	283001687	0	10/21/2024	$303.85	1	HARESH KUMAR M D	P	466	0			DI	F	9/24/2024	9/24/2024	453050693
3252	76360	3	31	0	2024	277000350	0	10/21/2024	$346.62	1	OLEANDER EMERGENCY MEDICINE ASSOCIATES	P	189	0			ERD	F	6/10/2024	6/10/2024	454288136
3257	76360	3	47	0	2024	278001429	0	10/21/2024	$488.92	1	COMPASS ANESTHESIA PROVIDERS PLLC	P	176	0			AO	F	7/31/2024	7/31/2024	812508547
3263	76360	3	44	1	2024	276001794	0	10/21/2024	$618.49	1	PORT LAVACA CLINIC	P	172	0			AB	F	9/27/2024	9/27/2024	742605670
3264	76360	3	28	0	2024	269001377	0	10/21/2024	$876.30	1	USAP-TEXAS	P	405	0			ADQ	F	7/25/2024	7/25/2024	760482007
3265	76360	3	28	0	2024	269001379	0	10/21/2024	$876.30	1	USAP-TEXAS	P	405	0			ADQ	F	7/25/2024	7/25/2024	760482007
3268	76360	3	16	0	2024	284000676	0	10/21/2024	$1,176.87	1	VICTORIA VEIN AND SURGERY CLINIC	P	431	0			SFS	F	9/27/2024	9/27/2024	452590280
3271	76360	3	28	0	2024	269002178	0	10/21/2024	$1,773.12	1	AMIRALI S POPATIA MD	P	456	0			ENJS	F	9/10/2024	9/10/2024	760599320
3272	76360	3	28	0	2024	275000314	0	10/21/2024	$1,815.00	1	MARY R SCHWARTZ MD	P	185	0			LAB	F	7/11/2024	7/11/2024	371520288
3275	76370	3	16	0	2024	282000582	0	10/21/2024	$83.52	1	SINGLETON ASSOCIATES PA	P	172	0			AB	F	9/20/2024	9/20/2024	741680498
									$17,656.69												

Andrew DeLaSantos
10/28/2024

APPROVED ON

OCT 28 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

HPHG, LLC dba 90 Degree Benefits

Monthly Billing for 10/1/2024

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

Master Group Totals

						Total Due
SPEC AGG	175	$58,426.20	Adjustments	5	($270.31)	$58,155.89
ADMIN FEES	175	$7,262.50	Adjustments	4	($43.65)	$7,218.85
PPO UR	175	$3,393.25	Adjustments	4	($18.40)	$3,374.85
CHIC MGMT FEE		$700.00				$700.00
ANNUAL SETUP		$1,000.00				$1,000.00

Balance Forward:		$68,714.02
Payments:	-	$135,097.81
Adjustments:	+	$0.00
Beginning Balance:		($66,383.79)
Current Amount Due:	+	$70,781.95
Current Adjustments:	+	($332.36)
Total Amount Due:		**$4,065.80**

Description	Medical
EE	105
ES	16
EF	13
EC	41
Mst Total	175

APPROVED ON
OCT 28 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Andrew DeLos Santos
10/28/2024

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

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

HPHG, LLC dba 90 Degree Benefits

Monthly Billing for 11/1/2024

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

Master Group Totals

			Total Due
SPEC AGG	176	$58,663.80	$58,663.80
ADMIN FEES	176	$7,304.00	$7,304.00
PPO UR	176	$3,412.64	$3,412.64
CREDIT FOR 1/2 COBRA FEE JAN-SEP		($1,992.50)	($1,992.50)
CHIC MGMT FEE		$700.00	$700.00

Balance Forward:		$4,065.80
Payments:	-	$0.00
Adjustments:	+	$0.00
Beginning Balance:		$4,065.80
Current Amount Due:	+	$68,087.94
Current Adjustments:	+	$0.00
Total Amount Due:		**$72,153.74**

Description	Medical
EE	106
ES	16
EF	13
EC	41
Mst Total	176

Andrew DeLos Santos
10/28/2024

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

APPROVED ON
OCT 28 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Oct 14, 2024 - Oct 27,2024

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten Check" #
10/25/2024	WIRE OUT CBNA INCOMING SETTLEMENT ACCOUNT	- CitiBank Corporate Card Payment	1,498.85 *	910404
10/25/2024	PAY PLUS ACHTrans 41163846 101000697277346 P	- 3rd Party Payor Fee	122.29	901405
10/25/2024	HEALTHEQUITY INC HealthEqui 1356888 91000018	- EmpDeduct/Employer Contribut	1,447.83 *	800604
10/25/2024	EXPERTPAY EXPERTPAY 746003411 91000011067279	-Child Support Payment	570.69	800605
10/25/2024	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	383,454.69 *	
10/24/2024	PAY PLUS ACHTrans 41020546 101000696218292 P	- 3rd Party Payor Fee	54.46	901406
10/24/2024	HPHG LLC MEMORIAL MemMedCtr PtLav 1131226500	- Health Insurance Claim Payments	17,300.64 *	800606
10/23/2024	PAY PLUS ACHTrans 40882362 101000695020171 P	- 3rd Party Payor Fee	8.31	901407
10/23/2024	HPHG LLC memorial MemMedCtr PtLav 1131226500	- Health Insurance Claim Payments	20,801.00 *	800607
10/23/2024	HPHG LLC MEMORIAL M MemMedCtr PtLav 11312265	- Health Insurance Claim Payments	2,910.42 *	800608
10/22/2024	PAY PLUS ACHTrans 40680816 101000693895413 P	- 3rd Party Payor Fee	62.99	901408
10/22/2024	MCKESSON DRUG AUTO ACH ACH06222629 910000122	- 340B Drug Program Expense	3,556.66 •	500644
10/21/2024	PAY PLUS ACHTrans 40500415 101000692657836 P	- 3rd Party Payor Fee	251.27	901409
10/18/2024	WEBFILE TAX PYMT DD 902/77066532 21000029336	- Sales Tax	2,177.37 *	700140
10/18/2024	PAY PLUS ACHTrans 40182779 101000691515845 P	- 3rd Party Payor Fee	134.88	901410
10/17/2024	PAY PLUS ACHTrans 39970592 101000690326826 P	- 3rd Party Payor Fee	1,061.17	901411
10/16/2024	WIRE OUT HEALTHEQUITY	-Wageworks	6,531.87 *	800609
10/16/2024	PAY PLUS ACHTrans 39911638 101000698745285 P	- 3rd Party Payor Fee	7.62	901412
10/15/2024	TEXAS COUNTY DRS RECEIVABLE 0419 21000021568	- Retirement Funding	184,621.73 •	800610
10/15/2024	PAY PLUS ACHTrans 39667609 101000696604970 P	- 3rd Party Payor Fee	34.55	901413
10/15/2024	MCKESSON DRUG AUTO ACH ACH06216227 910000132	- 340B Drug Program Expense	6,026.69 *	500645
10/15/2024	FDMS FDMS PYMT 052-2100911-000 4100012988636	- Credit Card Machine Lease Fee	45.64	901414
10/15/2024	FDMS FDMS PYMT 052-1743548-000 4100012988009	- Credit Card Machine Lease Fee	80.06	901415
10/15/2024	FDMS FDMS PYMT 052-1743547-000 4100012987648	- Credit Card Machine Lease Fee	40.03	901416
10/15/2024	FDMS FDMS PYMT 052-1737276-000 4100012987507	- Credit Card Machine Lease Fee	120.09	901417
10/15/2024	IRS USATAXPYMT 270468901453769 6103601031198	- Payroll Taxes	114,131.11 **	800611
			747,052.91	

Andrew De Los Santos
Memorial Medical Center

APPROVED ON
OCT 28 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

er 28, 2024

*Approved on 10.16.24 cc
**Approved on 10.09.24 cc

PF
ELECTRONIC TRANSFERS FOR OPERATIN(

Date	Description	MMC Notes	Amount
			0.00

Andrew De Los Santos
Memorial Medical Center

er 28, 2024

Date/Time	10-08-2024 / 12:25 PM
Submitted By	cclevenger256
Pay Date	09-30-2024
Employee Deposits	$75,702.51
Employer Contributions	$108,919.22
Group Term Life Premiums	$0.00
Total	$184,621.73
Comments	
Payroll File	Sept 2024 Retirement Upload.xlsx

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OCT 28 2024

CALHOUN COUNTY, TEXAS

10/24/2024
11:52

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 11/09/2024

0
ap_open_invoice.template

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
✓	101124		10/23/202	10/11/202	11/09/202			27,880.73	0.00	0.00	27,880.73 ✓
✓	101724	ins. Pmt. dup. into mmc opt. in error	10/23/202	10/17/202	11/09/202			2,193.86	0.00	0.00	2,193.86 ✓
✓	102124	UHC QIPP 4rth Adj 2	10/23/202	10/21/202	11/09/202			6,705.38	0.00	0.00	6,705.38 ✓
✓	102124A	UHC QIPP August 2024	10/23/202	10/21/202	11/09/202			11,416.18	0.00	0.00	11,416.18

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11816	ASHFORD GARDENS	48,196.15	0.00	0.00	48,196.15

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	48,196.15	0.00	0.00	48,196.15

APPROVED ON

OCT 28 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 206327

RECEIVED BY THE
COUNTY AUDITOR ON

OCT 28 2024

CALHOUN COUNTY, TEXAS

10/28/2024
10:30

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 11/09/2024

0
ap_open_invoice.template

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
101124	ins. pmt. dep. into MMC OPE. in error	10/23/202	10/11/202	11/09/202			6,356.82	0.00	0.00	6,356.82
101524	"	10/23/202	10/15/202	11/09/202			204.00	0.00	0.00	204.00
101624	"	10/23/202	10/16/202	11/09/202			5,470.07	0.00	0.00	5,470.07
102124	UHC QIPP August 2024	10/28/202	10/21/202	11/09/202			3,415.18	0.00	0.00	3,415.18
102124A	UHC QIPP 4rth Adj 2	10/28/202	10/21/202	11/09/202			2,101.94	0.00	0.00	2,101.94

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11828	SOLERA WEST HOUSTON	17,548.01	0.00	0.00	17,548.01

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	17,548.01	0.00	0.00	17,548.01

APPROVED ON

OCT 28 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 206333

RECEIVED BY THE
COUNTY AUDITOR ON

OCT 28 2024

CALHOUN COUNTY, TEXAS

10/24/2024
11:53

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 11/09/2024

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
101124	ins. pmt. dep. into MMC OPT. in error	10/23/202	10/11/202	11/09/202			408.00	0.00	0.00	408.00
102124	UHC QIPP 4rth Adj 2	10/23/202	10/21/202	11/09/202			1,488.84	0.00	0.00	1,488.84
102124A	UHC QIPP August 2024	10/23/202	10/21/202	11/09/202			3,640.65	0.00	0.00	3,640.65

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11820	FORTBEND HEALTHCARE CENTER	5,537.49	0.00	0.00	5,537.49

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	5,537.49	0.00	0.00	5,537.49

APPROVED ON

OCT 28 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 2062330

RECEIVED BY THE COUNTY AUDITOR ON

OCT 28 2024

CALHOUN COUNTY, TEXAS

10/24/2024
11:52

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 11/09/2024

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
100724A		10/23/202	10/10/202	11/09/202			10,978.94	0.00	0.00	10,978.94
	ins. pmt. dep. into mmc ops. in error									
101124		10/23/202	10/11/202	11/09/202			12,412.14	0.00	0.00	12,412.14
101524		10/23/202	10/15/202	11/09/202			2,426.22	0.00	0.00	2,426.22
101624		10/23/202	10/16/202	11/09/202			11,572.38	0.00	0.00	11,572.38
102124		10/23/202	10/21/202	11/09/202			1,643.24	0.00	0.00	1,643.24
	UHC QIPP 4rth Adj 2									
102124A		10/23/202	10/21/202	11/09/202			4,163.52	0.00	0.00	4,163.52
	UHC QIPP August 2024									

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11832	BROADMOOR AT CREEKSIDE PARK	43,196.44	0.00	0.00	43,196.44

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	43,196.44	0.00	0.00	43,196.44

APPROVED ON

OCT 28 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 206329

RECEIVED BY THE
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OCT 28 2024

CALHOUN COUNTY, TEXAS

10/24/2024
11:52

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 11/09/2024

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11824	THE CRESCENT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
101024		10/23/202	10/10/202	11/09/202			25.57	0.00	0.00	25.57
101124		10/23/202	10/11/202	11/09/202			12,993.22	0.00	0.00	12,993.22
101624A		10/23/202	10/16/202	11/09/202			7,583.74	0.00	0.00	7,583.74
101624		10/23/202	10/16/202	11/09/202			3,353.05	0.00	0.00	3,353.05
101624B		10/23/202	10/16/202	11/09/202			21,091.87	0.00	0.00	21,091.87
102124		10/23/202	10/21/202	11/09/202			724.40	0.00	0.00	724.40
102124A		10/23/202	10/21/202	11/09/202			3,218.35	0.00	0.00	3,218.35

ins print dep. into mmc dpt. in error

UHC QIPP 4rle Acj 2

UHC QIPP August 2024

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	48,990.20	0.00	0.00	48,990.20

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	48,990.20	0.00	0.00	48,990.20

APPROVED ON

OCT 28 2024

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Check# 2062334

RECEIVED BY THE COUNTY AUDITOR ON

OCT 28 2024

10/24/2024 MEMORIAL MEDICAL CENTER 0

11:53 CALHOUN COUNTY, TEXAS AP Open Invoice List ap_open_invoice.template

Due Dates Through: 11/09/2024

Vendor#	Vendor Name	Class	Pay Code
11836	GOLDENCREEK HEALTHCARE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100824	INS pmt. due into mmc opt in error	10/23/202	10/08/202	11/09/202			17,998.82	0.00	0.00	17,998.82
100924		10/23/202	10/09/202	11/09/202			71,296.35	0.00	0.00	71,296.35
100724A		10/23/202	10/10/202	11/09/202			341.81	0.00	0.00	341.81
101124		10/23/202	10/11/202	11/09/202			520.89	0.00	0.00	520.89
101524		10/23/202	10/15/202	11/09/202			208.58	0.00	0.00	208.58
101524A		10/23/202	10/15/202	11/09/202			5,925.00	0.00	0.00	5,925.00
101624		10/23/202	10/16/202	11/09/202			4,812.00	0.00	0.00	4,812.00
101724		10/23/202	10/17/202	11/09/202			4,345.00	0.00	0.00	4,345.00
102124A		10/23/202	10/21/202	11/09/202			6,197.07	0.00	0.00	6,197.07
102124	UHC QIPP August 2024 UHC QIPP 4rle Adj 2	10/23/202	10/21/202	11/09/202			1,065.67	0.00	0.00	1,065.67

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11836	GOLDENCREEK HEALTHCARE	112,711.19	0.00	0.00	112,711.19

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	112,711.19	0.00	0.00	112,711.19

APPROVED ON

OCT 28 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 204331

RECEIVED BY THE COUNTY AUDITOR ON

OCT 28 2024

10/24/2024 MEMORIAL MEDICAL CENTER 0

11:53 AP Open Invoice List ap_open_invoice.template

Due Dates Through: 11/09/2024

CALHOUN COUNTY, TEXAS

Vendor#	Vendor Name	Class	Pay Code
12696	GULF POINTE PLAZA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
102124		10/23/202	10/21/202	11/09/202			875.20	0.00	0.00	875.20

UHC DEDP 4Yr Adj 2

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12696	GULF POINTE PLAZA	875.20	0.00	0.00	875.20

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	875.20	0.00	0.00	875.20

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OCT 28 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 204332

RECEIVED BY THE COUNTY AUDITOR ON

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CALHOUN COUNTY, TEXAS

10/28/2024 MEMORIAL MEDICAL CENTER 0

10:23 AP Open Invoice List ap_open_invoice.template

Due Dates Through: 11/09/2024

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
100724A		10/23/202	10/07/202	11/09/202			70.00	0.00	0.00	70.00
	ins. pmt dep. into mmc opt. in error									
100824		10/23/202	10/08/202	11/09/202			630.00	0.00	0.00	630.00
100924		10/23/202	10/09/202	11/09/202			2,020.00	0.00	0.00	2,020.00
101024		10/23/202	10/10/202	11/09/202			40,455.00	0.00	0.00	40,455.00
101124A		10/23/202	10/11/202	11/09/202			3,535.00	0.00	0.00	3,535.00
101124		10/23/202	10/11/202	11/09/202			177.00	0.00	0.00	177.00
101524		10/23/202	10/15/202	11/09/202			16,192.17	0.00	0.00	16,192.17
101524A		10/23/202	10/15/202	11/09/202			5,396.00	0.00	0.00	5,396.00
101624		10/23/202	10/16/202	11/09/202			24,602.47	0.00	0.00	24,602.47
101624A		10/23/202	10/16/202	11/09/202			3,264.00	0.00	0.00	3,264.00
101724		10/23/202	10/17/202	11/09/202			15,034.73	0.00	0.00	15,034.73
102124B		10/23/202	10/21/202	11/09/202			4,942.87	0.00	0.00	4,942.87
	UHC QIPP August 2024									
102124		10/23/202	10/21/202	11/09/202			1,918.06	0.00	0.00	1,918.06
	UHC QIPP Year Adj 2									
102824		10/28/202	10/28/202	11/09/202			20,666.27	0.00	0.00	20,666.27
	QIPP money owed back to Tuscany									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	138,903.57	0.00	0.00	138,903.57

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	138,903.57	0.00	0.00	138,903.57

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CALHOUN COUNTY, TEXAS

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OCT 28 2024

CALHOUN COUNTY, TEXAS

10/24/2024 MEMORIAL MEDICAL CENTER 0

11:53 AP Open Invoice List ap_open_invoice.template

Due Dates Through: 11/09/2024

Vendor# Vendor Name Class Pay Code

12792 BETHANY SENIOR LIVING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
101124		10/23/202	10/11/202	11/09/202			4.45	0.00	0.00	4.45
101724		10/23/202	10/17/202	11/09/202			3,168.39	0.00	0.00	3,168.39
102124		10/23/202	10/21/202	11/09/202			1,104.68	0.00	0.00	1,104.68
102124A		10/23/202	10/21/202	11/09/202			4,670.30	0.00	0.00	4,670.30

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

UHC QIPP 4rth Adj 2

UHC QIPP August 2024

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12792	BETHANY SENIOR LIVING	8,947.82	0.00	0.00	8,947.82

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	8,947.82	0.00	0.00	8,947.82

APPROVED ON

OCT 28 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 206328

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
10/28/2024

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		194,691.98	194,679.85	396,418.86			196,430.99	**359,561.15**
						Bank Balance	396,430.99	
						Variance	-	
						Leave in Balance	100.00	
Routing Information for Ashford Gardens:						**WELLPOINT AUGUST**	19,967.82	
						MOLINA AUGUST	16,078.42	
						Claim payment owed to MMC	723.60	
Ashford Health Care Center Ltd Co								
JP Morgan Chase Bank						**Oct Interest**		
						Nov Interest		
						Dec Interest		
						Adjust Balance/Transfer Amt	359,561.15	
Broadmoor		190,164.70	190,064.70	174,639.98			-	**261,322.48**
							274,739.98	
						Bank Balance	274,739.98	
						Variance	-	
						Leave in Balance	100.00	
						WELLPOINT AUGUST	7,375.83	
						MOLINA AUGUST	5,941.67	
						Oct Interest		
						Nov Interest		
						Dec Interest		
						Adjust Balance/Transfer Amt	261,322.48	
Crescent		143,883.62	143,783.62	590,812.86			590,912.86	**579,537.21**
						Bank Balance	590,912.86	
						Variance	-	
						Leave in Balance	100.00	
						WELLPOINT AUGUST	6,248.42	
						MOLINA AUGUST	5,027.23	
						Oct Interest		
						Nov Interest		
						Dec Interest		
						Adjust Balance/Transfer Amt	579,537.21	
Fort Bend		57,695.38	57,595.38	174,627.80			174,727.80	**163,352.15**
						Bank Balance	174,727.80	
						Variance	-	
						Leave in Balance	100.00	
						WELLPOINT AUGUST	6,248.42	
						MOLINA AUGUST	5,027.23	
						Oct Interest		
						Nov Interest		
						Dec Interest		
						Adjust Balance/Transfer Amt	163,352.15	
Solera at W Houston		107,587.78	107,576.86	442,656.15			442,667.07	**431,772.11**
						Bank Balance	442,667.07	
						Variance	-	
						Leave in Balance	100.00	
						WELLPOINT AUGUST	5,980.03	
						MOLINA AUGUST	4,814.93	
						Oct Interest		
						Nov Interest		
						Dec Interest		
						Adjust Balance/Transfer Amt	431,772.11	

359,561.15 +
261,322.48 +
579,537.21 +
163,352.15 +
431,772.11 +
1,795,545.10 ◊

st Houston / Fort Bend / Broadmoor

TOTAL TRANSFERS **1,795,545.10**

Approved: Andrew De Los Santos
Andrew De Los Santos **10/28/2024**

APPROVED ON
OCT 28 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

Ashford Gardens		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
10/25/2024	MANAGEANDNET1718 MNS PMNT 000000000000093 41	-	10,929.50					-	10,929.50
10/25/2024	HNB - ECHO HCCLAIMPMT 746003411 440000279571	-	4,725.65					-	4,725.65
10/25/2024	WELLPOINT CO AP E-PAYMENT EE52883906 1110000	-	24,529.65	18,012.75	6,516.90			19,967.82	4,561.83
10/25/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	6,560.00					-	6,560.00
10/24/2024	HNB - ECHO HCCLAIMPMT 746003411 440000242099	-	1,181.41					-	1,181.41
10/23/2024	HNB - ECHO HCCLAIMPMT 746003411 440000203272	-	399.88					-	399.88
10/23/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	76,870.91					-	76,870.91
10/22/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	30,828.13					-	30,828.13
10/21/2024	Deposit	-	46,619.08					-	46,619.08
10/21/2024	MANAGEANDNET1718 MNS PMNT 000000000000093 41	-	17,910.00					-	17,910.00
10/21/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	5,832.84					-	5,832.84
10/21/2024	NOVITAS SOLUTION HCCLAIMPMT 675423 420000118	-	1,267.94					-	1,267.94
10/18/2024	1253	4,350.18	-					-	-
10/18/2024	MANAGEANDNET1718 MNS PMNT 000000000000093 41	-	6,930.00					-	6,930.00
10/18/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	204.00					-	204.00
10/18/2024	NOVITAS SOLUTION HCCLAIMPMT 675423 420000104	-	96,215.37					-	96,215.37
10/17/2024	HNB - ECHO HCCLAIMPMT 746003411 440000228057	-	23,669.41					-	23,669.41
10/16/2024	WIRE OUT ASHFORD HEALTH CARE CENTER LTD	190,241.80	-					-	-
10/16/2024	MOLINA HEALTHCAR MOLINAACH 01327729 42000013	-	19,536.59	14,596.35	4,940.24			18,078.42	3,458.17
10/15/2024	Enhanced Analysis Ch	87.87	-					-	-
10/15/2024	MANAGEANDNET1718 MNS PMNT 000000000000093 41	-	12,628.50					-	12,628.50
10/15/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2.64					-	2.64
10/15/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	9,577.36					-	9,577.36
		194,679.85	396,418.86	32,609.10	11,457.14	-	-	38,046.24	360,372.62

Broadmoor		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
10/25/2024	MANAGEANDNET1718 MNS PMNT 000000000004293 41	-	10,549.69					-	10,549.69
10/25/2024	HNB - ECHO HCCLAIMPMT 746003411 440000279571	-	10,507.85					-	10,507.85
10/25/2024	WELLPOINT CO AP E-PAYMENT EE52883909 1110000	-	9,040.85	6,662.25	2,378.60			7,375.83	1,665.02
10/25/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	14,645.00					-	14,645.00
10/25/2024	NOVITAS SOLUTION HCCLAIMPMT 676357 420000131	-	1,794.02					-	1,794.02
10/24/2024	HNB - ECHO HCCLAIMPMT 746003411 440000242099	-	1,984.02					-	1,984.02
10/24/2024	HNB - ECHO HCCLAIMPMT 746003411 440000241784	-	142.70					-	142.70
10/23/2024	NOVITAS SOLUTION HCCLAIMPMT 676357 420000191	-	10,886.57					-	10,886.57
10/22/2024	HNB - ECHO HCCLAIMPMT 746003411 440000266665	-	494.95					-	494.95
10/22/2024	NOVITAS SOLUTION HCCLAIMPMT 676357 420000153	-	50,125.83					-	50,125.83
10/21/2024	Deposit	-	1,750.55					-	1,750.55
10/21/2024	NOVITAS SOLUTION HCCLAIMPMT 676357 420000118	-	17,094.29					-	17,094.29
10/18/2024	288	1,115.66	-					-	-
10/18/2024	HNB - ECHO HCCLAIMPMT 746003411 440000273522	-	2,212.09					-	2,212.09
10/18/2024	HNB - ECHO HCCLAIMPMT 746003411 440000273815	-	259.20					-	259.20
10/18/2024	HNB - ECHO HCCLAIMPMT 746003411 440000272363	-	28,467.98					-	28,467.98
10/18/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	12,625.00					-	12,625.00
10/18/2024	NOVITAS SOLUTION HCCLAIMPMT 676357 420000104	-	44,587.01					-	44,587.01
10/17/2024	HNB - ECHO HCCLAIMPMT 746003411 440000227475	-	6,012.19					-	6,012.19
10/17/2024	HNB - ECHO HCCLAIMPMT 746003411 440000228057	-	11,320.15					-	11,320.15
10/17/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	7,070.00					-	7,070.00
10/16/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	188,949.04	-					-	-
10/16/2024	MOLINA HEALTHCAR MOLINAACH 01328269 42000013	-	7,208.72	5,398.65	1,810.07			5,941.67	1,267.05
10/16/2024	HNB - ECHO HCCLAIMPMT 746003411 440000272718	-	1,552.66					-	1,552.66
10/16/2024	HNB - ECHO HCCLAIMPMT 746003411 440000273010	-	13,363.66					-	13,363.66
10/16/2024	HUMANA CHA DISB HCCLAIMPMT 59566607 42000014	-	750.00					-	750.00
10/15/2024	HNB - ECHO HCCLAIMPMT 746003411 440000295582	-	10,195.00					-	10,195.00
		190,064.70	274,639.98	12,060.90	4,188.67	-	-	13,317.50	261,322.48

Crescent		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
10/25/2024	HNB - ECHO HCCLAIMPMT 746003411 440000279083	-	34,626.83					-	34,626.83
10/25/2024	HNB - ECHO HCCLAIMPMT 746003411 440000279083	-	2,332.64					-	2,332.64
10/25/2024	DEVOTED HEALTH P HCCLAIMPMT 21000021150042	-	7,650.00					-	7,650.00
10/25/2024	DEVOTED HEALTH P HCCLAIMPMT 21000021150040	-	203.00					-	203.00
10/25/2024	WELLPOINT CO AP E-PAYMENT EE52883908 1110000	-	6,800.84	4,967.90	1,832.94			5,517.78	1,283.06
10/25/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	5,740.00					-	5,740.00
10/25/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	7,790.00					-	7,790.00
10/25/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	32,805.02					-	32,805.02
10/25/2024	HUMANA CHA DISB HCCLAIMPMT 60321234 42000011	-	13,950.00					-	13,950.00
10/25/2024	AARP Supplementa HCCLAIMPMT 746003411 124384	-	6,324.00					-	6,324.00
10/24/2024	HNB - ECHO HCCLAIMPMT 746003411 440000242099	-	6,833.12					-	6,833.12
10/24/2024	NOVITAS SOLUTION HCCLAIMPMT 676323 420000195	-	4,364.50					-	4,364.50
10/23/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	20,010.80					-	20,010.80
10/23/2024	NOVITAS SOLUTION HCCLAIMPMT 676323 420000191	-	1,201.56					-	1,201.56
10/23/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130082	-	2,433.96					-	2,433.96
10/23/2024	DEVOTED HEALTH P HCCLAIMPMT 21000021216862	-	2,250.00					-	2,250.00
10/23/2024	DEVOTED HEALTH P HCCLAIMPMT 21000021216860	-	4,050.00					-	4,050.00
10/23/2024	DEVOTED HEALTH P HCCLAIMPMT 21000021216866	-	6,750.00					-	6,750.00
10/23/2024	DEVOTED HEALTH P HCCLAIMPMT 21000021216864	-	10,800.00					-	10,800.00
10/23/2024	DEVOTED HEALTH P HCCLAIMPMT 21000021216858	-	4,500.00					-	4,500.00
10/22/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	7,646.40					-	7,646.40
10/22/2024	NOVITAS SOLUTION HCCLAIMPMT 676323 420000153	-	64,720.09					-	64,720.09
10/22/2024	HUMANA CHA DISB HCCLAIMPMT 60027123 42000014	-	683.45					-	683.45
10/22/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130082	-	141.05					-	141.05
10/21/2024	Deposit	-	9,108.48					-	9,108.48
10/21/2024	HNB - ECHO HCCLAIMPMT 746003411 440000213516	-	2,411.05					-	2,411.05
10/21/2024	NOVITAS SOLUTION HCCLAIMPMT 676323 420000118	-	156,867.72					-	156,867.72
10/21/2024	AARP Supplementa HCCLAIMPMT 746003411 124384	-	2,448.00					-	2,448.00
10/18/2024	366	654.45	-					-	-
10/18/2024	MANAGEANDNET1718 MNS PMNT 000000000003268 41	-	1,755.00					-	1,755.00
10/18/2024	HNB - ECHO HCCLAIMPMT 746003411 440000272025	-	7,880.00					-	7,880.00
10/18/2024	HNB - ECHO HCCLAIMPMT 746003411 440000273492	-	653.14					-	653.14
10/18/2024	HNB - ECHO HCCLAIMPMT 746003411 440000272363	-	15,671.80					-	15,671.80
10/18/2024	HNB - ECHO HCCLAIMPMT 746003411 440000272363	-	4,850.42					-	4,850.42
10/18/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,430.00					-	1,430.00
10/18/2024	CIGNA HCCLAIMPMT 1669860425 91000013166443	-	204.00					-	204.00
10/18/2024	AARP Supplementa HCCLAIMPMT 746003411 124384	-	204.00					-	204.00
10/17/2024	MANAGEANDNET1718 MNS PMNT 000000000003268 41	-	2,889.00					-	2,889.00
10/17/2024	HNB - ECHO HCCLAIMPMT 746003411 440000228057	-	9,261.94					-	9,261.94
10/17/2024	DEVOTED HEALTH P HCCLAIMPMT 21000023436949	-	5,400.00					-	5,400.00
10/17/2024	DEVOTED HEALTH P HCCLAIMPMT 21000020081691	-	5,850.00					-	5,850.00

10/17/2024	DEVOTED HEALTH P HCCLAIMPMT 21000020081689	-	11,832.00				-	11,832.00
10/17/2024	DEVOTED HEALTH P HCCLAIMPMT 21000020081687	-	3,150.00				-	3,150.00
10/17/2024	DEVOTED HEALTH P HCCLAIMPMT 21000020081685	-	11,250.00				-	11,250.00
10/17/2024	DEVOTED HEALTH P HCCLAIMPMT 21000020081683	-	7,200.00				-	7,200.00
10/16/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	143,129.17	-				-	-
10/16/2024	MOLINA HEALTHCAR MOLINAACH 01328225 42000013	-	5,407.99	4,025.66	1,382.33		4,440.36	967.63
10/16/2024	NOVITAS SOLUTION HCCLAIMPMT 676323 420000175	-	30,295.89				-	30,295.89
10/16/2024	HUMANA CHA DISB HCCLAIMPMT 59576922 42000014	-	9,305.00				-	9,305.00
10/16/2024	DEVOTED HEALTH P HCCLAIMPMT 21000028723751	-	11,131.39				-	11,131.39
10/15/2024	MANAGEANDNET1718 MNS PMNT 000000000003268 41	-	1,391.50				-	1,391.50
10/15/2024	HNB - ECHO HCCLAIMPMT 746003411 440000295582		4,018.41				-	4,018.41
10/15/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	4,680.00				-	4,680.00
10/15/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	532.87				-	532.87
10/15/2024	HUMANA CHA DISB HCCLAIMPMT 59260017 42000014	-	9,126.00				-	9,126.00
							-	-
		143,783.62	590,812.86	8,993.56	3,215.27	-	9,958.14	580,854.72

Fort Bend

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2, 3 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
10/25/2024	WELLPOINT CO AP E-PAYMENT EE52883905 1110000	-	7,700.96	5,625.90	2,075.06			6,248.42	1,452.54
10/25/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	10,320.00					-	10,320.00
10/25/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	13,200.60					-	13,200.60
10/25/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2	-	0.01					-	0.01
10/23/2024	HNB - ECHO HCCLAIMPMT 746003411 440000204023	-	9,687.39					-	9,687.39
10/23/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	10,950.60					-	10,950.60
10/23/2024	NOVITAS SOLUTION HCCLAIMPMT 675663 420000191	-	770.17					-	770.17
10/23/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2	-	8,739.38					-	8,739.38
10/22/2024	MANAGEANDNET1718 MNS PMNT 000000000004294 41	-	1,125.00					-	1,125.00
10/22/2024	HNB - ECHO HCCLAIMPMT 746003411 440000266665	-	13,584.64					-	13,584.64
10/22/2024	NOVITAS SOLUTION HCCLAIMPMT 675663 420000153	-	10,171.47					-	10,171.47
10/21/2024	Deposit	-	1,776.32					-	1,776.32
10/21/2024	MANAGEANDNET1718 MNS PMNT 000000000004294 41	-	5,310.00					-	5,310.00
10/21/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2	-	4,925.09					-	4,925.09
10/18/2024	259	942.22	-					-	-
10/18/2024	MANAGEANDNET1718 MNS PMNT 000000000004294 41	-	2,925.00					-	2,925.00
10/18/2024	NOVITAS SOLUTION HCCLAIMPMT 675663 420000104	-	21,841.93					-	21,841.93
10/18/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2	-	18,889.73					-	18,889.73
10/17/2024	HNB - ECHO HCCLAIMPMT 746003411 440000228057	-	5,660.08					-	5,660.08
10/17/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	3,004.50					-	3,004.50
10/16/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	56,653.16	-					-	-
10/16/2024	MOLINA HEALTHCAR MOLINAACH 01327879 42000013	-	6,120.08	4,558.86	1,561.22			5,027.23	1,092.85
10/16/2024	HNB - ECHO HCCLAIMPMT 746003411 440000272718	-	15,035.41					-	15,035.41
10/15/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,715.70					-	2,715.70
10/15/2024	AARP Supplementa HCCLAIMPMT 746003411 124384	-	173.74					-	173.74
								-	-
		57,595.38	174,627.80	10,184.76	3,636.28	-	-	11,275.64	163,352.16

Solera at West Houston

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2, 3 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
10/25/2024	WELLPOINT CO AP E-PAYMENT EE52883907 1110000	-	7,343.69	5,395.60	1,948.09			5,980.03	1,363.66
10/25/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	1,897.46					-	1,897.46
10/25/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,987.25					-	2,987.25
10/25/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	4,614.74					-	4,614.74
10/25/2024	HUMANA INS CO HCCLAIMPMT 60281199 8300005475	-	3,555.00					-	3,555.00
10/24/2024	HNB - ECHO HCCLAIMPMT 746003411 440000242099	-	2,244.44					-	2,244.44
10/24/2024	HUMANA CHA DISB HCCLAIMPMT 60262860 42000017	-	4,500.00					-	4,500.00
10/23/2024	MOLINA HEALTHCAR MOLINAACH 01332189 42000013	-	615.00					-	615.00
10/23/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	42,833.79					-	42,833.79
10/23/2024	NOVITAS SOLUTION HCCLAIMPMT 676310 420000191	-	12,483.95					-	12,483.95
10/22/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	19,870.30					-	19,870.30
10/22/2024	NOVITAS SOLUTION HCCLAIMPMT 676310 420000153	-	97,182.48					-	97,182.48
10/21/2024	Deposit	-	1,438.01					-	1,438.01
10/21/2024	HNB - ECHO HCCLAIMPMT 746003411 440000213516	-	4,435.93					-	4,435.93
10/21/2024	NOVITAS SOLUTION HCCLAIMPMT 676310 420000118	-	47,077.71					-	47,077.71
10/21/2024	HUMANA CHA DISB HCCLAIMPMT 59826538 42000019	-	6,060.00					-	6,060.00
10/18/2024	1315	384.87	-					-	-
10/18/2024	1313	1,353.58	-					-	-
10/18/2024	MANAGEANDNET1718 MNS PMNT 000000000002482 41	-	1,755.00					-	1,755.00
10/18/2024	HNB - ECHO HCCLAIMPMT 746003411 440000272363	-	13,637.11					-	13,637.11
10/18/2024	HNB - ECHO HCCLAIMPMT 746003411 440000273492	-	6,209.91					-	6,209.91
10/18/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	65.00					-	65.00
10/18/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	6,750.00					-	6,750.00
10/18/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	725.86					-	725.86
10/17/2024	HNB - ECHO HCCLAIMPMT 746003411 440000228057	-	8,747.39					-	8,747.39
10/17/2024	UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384	-	9,450.00					-	9,450.00
10/17/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	4,732.63					-	4,732.63
10/17/2024	NOVITAS SOLUTION HCCLAIMPMT 676310 420000152	-	16,689.52					-	16,689.52
10/16/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	105,749.33	-					-	-
10/16/2024	MOLINA HEALTHCAR MOLINAACH 01328184 42000013	-	5,847.88	4,372.24	1,475.64			4,814.93	1,032.95
10/16/2024	HNB - ECHO HCCLAIMPMT 746003411 440000273010	-	5,436.73					-	5,436.73
10/16/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	6,164.66					-	6,164.66
10/16/2024	NOVITAS SOLUTION HCCLAIMPMT 676310 420000175	-	51,911.94					-	51,911.94
10/16/2024	HUMANA INS CO HCCLAIMPMT 59416491 8300005229	-	2,790.00					-	2,790.00
10/16/2024	HUMANA INS CO HCCLAIMPMT 59416490 8300005229	-	4,345.00					-	4,345.00
10/15/2024	Enhanced Analysis Ch	89.08	-					-	-
10/15/2024	MANAGEANDNET1718 MNS PMNT 000000000002482 41	-	4,283.50					-	4,283.50
10/15/2024	HNB - ECHO HCCLAIMPMT 746003411 440000296078	-	10,161.37					-	10,161.37
10/15/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2	-	2,024.47					-	2,024.47
10/15/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	10,768.87					-	10,768.87
10/15/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	11,019.56					-	11,019.56
								-	-
		107,576.86	442,656.15	9,767.84	3,423.73	-	-	10,794.96	431,861.19

	TOTALS	693,700.41	1,879,155.65	73,616.16	25,921.09	-	-	81,392.49	1,797,763.16

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,888,998.95	$1,908,117.60	$1,888,998.95	$2,233,348.80
*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	$396,430.99	$485,933.14	$396,430.99	$349,686.19
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$274,739.98	$321,679.80	$274,739.98	$228,202.57
*4411 MEMORIAL MEDICAL / NH CRESCENT	$590,912.86	$609,241.18	$590,912.86	$472,690.53
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$442,667.07	$455,524.38	$442,667.07	$422,268.93
*4446 MEMORIAL MEDICAL / NH FORT BEND	$174,727.80	$183,590.07	$174,727.80	$143,506.23
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$148,947.23	$149,147.23	$148,947.23	$148,547.23
*4551 CAL CO INDIGENT HEALTHCARE	$5,494.81	$5,494.81	$5,494.81	$5,494.81
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$2,256.53	$3,128.32	$2,256.53	$2,256.53
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$23,360.04	$23,360.04	$23,360.04	$23,360.04
*5506 MMC -NH BETHANY SENIOR LIVING	$142,081.60	$142,081.60	$142,081.60	$138,346.12
*3407 MMC -NH TUSCANY VILLAGE	$528,075.18	$539,831.28	$528,075.18	$425,481.13
*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	**$4,624,829.45**	**$4,833,265.86**	**$4,624,829.45**	**$4,599,325.52**

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
10/28/2024

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		247,015.03	246,915.03	148,847.23		-	148,947.23	124,257.27
						Bank Balance	148,947.23	
						Variance	-	
						Leave in Balance	100.00	
						Superior August	24,589.96	
						Oct Interest		
						Nov Interest		
						Dec Interest		
						Adjust Balance/Transfer Amt	124,257.27	

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

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

Approved: Andrew De Los Santos
Andrew De Los Santos 10/28/2024

APPROVED ON
OCT 28 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
10/25/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001717	-	400.00					-	400.00
10/23/2024	HNB - ECHO HCCLAIMPMT 746003411 440000203609	-	882.09					-	882.09
10/23/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001186	-	4,000.00					-	4,000.00
10/23/2024	NOVITAS SOLUTION HCCLAIMPMT 676097 420000191	-	10,965.22					-	10,965.22
10/23/2024	Centene Manageme ACH 008765433514 1110000231	-	28,994.94	21,653.30	7,341.64			24,589.96	4,404.98
10/22/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2	-	6,205.33					-	6,205.33
10/21/2024	Deposit	-	31,148.00					-	31,148.00
10/21/2024	TSYS/TRANSFIRST CR CD DEP 543684555876917 91	-	150.00					-	150.00
10/21/2024	NOVITAS SOLUTION HCCLAIMPMT 676097 420000118	-	31,942.19					-	31,942.19
10/18/2024	TSYS/TRANSFIRST CR CD DEP 543684555876917 91	-	2,045.00					-	2,045.00
10/18/2024	HNB - ECHO HCCLAIMPMT 746003411 440000272025	-	4,540.81					-	4,540.81
10/18/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001874	-	780.29					-	780.29
10/18/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2	-	19.32					-	19.32
10/17/2024	TSYS/TRANSFIRST CR CD DEP 543684555876917 91	-	1,056.37					-	1,056.37
10/17/2024	LUMINOS HOLDCO L Turner R&B 113114890613638	-	7,091.87					-	7,091.87
10/17/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2	-	1,844.23					-	1,844.23
10/16/2024	WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	246,915.03	-					-	-
10/16/2024	HNB - ECHO HCCLAIMPMT 746003411 440000273010	-	1,112.18					-	1,112.18
10/16/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001733	-	994.00					-	994.00
10/16/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001733	-	1,073.00					-	1,073.00
10/16/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2	-	1,234.75					-	1,234.75
10/16/2024	AETNA ASO1 HCCLAIMPMT 1588075964 51000017542	-	6,500.00					-	6,500.00
10/15/2024	TSYS/TRANSFIRST CR CD DEP 543684555876917 91	-	17.64					-	17.64
10/15/2024	AETNA ASO1 HCCLAIMPMT 1588075964 51000011811	-	5,850.00					-	5,850.00
		-	-					-	-
		246,915.03	148,847.23	21,653.30	7,341.64	-	-	24,589.96	124,257.27

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,888,998.95	$1,908,117.60	$1,888,998.95	$2,233,348.80
*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	$396,430.99	$485,933.14	$396,430.99	$349,686.19
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$274,739.98	$321,679.80	$274,739.98	$228,202.57
*4411 MEMORIAL MEDICAL / NH CRESCENT	$590,912.86	$609,241.18	$590,912.86	$472,690.53
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$442,667.07	$455,524.38	$442,667.07	$422,268.93
*4446 MEMORIAL MEDICAL / NH FORT BEND	$174,727.80	$183,590.07	$174,727.80	$143,506.23
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$148,947.23	$149,147.23	$148,947.23	$148,547.23
*4551 CAL CO INDIGENT HEALTHCARE	$5,494.81	$5,494.81	$5,494.81	$5,494.81
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$2,256.53	$3,128.32	$2,256.53	$2,256.53
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$23,360.04	$23,360.04	$23,360.04	$23,360.04
*5506 MMC -NH BETHANY SENIOR LIVING	$142,081.60	$142,081.60	$142,081.60	$138,346.12
*3407 MMC -NH TUSCANY VILLAGE	$528,075.18	$539,831.28	$528,075.18	$425,481.13
*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	**$4,624,829.45**	**$4,833,265.86**	**$4,624,829.45**	**$4,599,325.52**

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
10/28/2024

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		5,816.68	5,716.68	2,156.53		-	2,256.53	no transfer
						Bank Balance	2,256.53	
						Variance	-	
						Leave in Balance	100.00	
						Claim payment owed to MMC	962.60	
						Adjust Balance/Transfer Amt	1,193.93	

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		36,905.60	36,805.60	23,260.04		-	23,360.04	23,260.04
						Bank Balance	23,360.04	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	23,260.04	
						TOTAL TRANSFERS	24,453.97	

Routing Information for Gulf Pointe Plaza:

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

Approved: Andrew De Los Santos
Andrew De Los Santos
10/28/2024

APPROVED ON
OCT 28 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
10/24/2024	HNB - ECHO HCCLAIMPMT 746003411 440000242099	-	67.23					-	67.23
10/22/2024	HNB - ECHO HCCLAIMPMT 746003411 440000266665	-	946.89					-	946.89
10/21/2024	HNB - ECHO HCCLAIMPMT 746003411 440000213516	-	1,000.87					-	1,000.87
10/18/2024	HNB - ECHO HCCLAIMPMT 746003411 440000272363	-	141.54					-	141.54
10/16/2024	WIRE OUT HMG Rockport SNF, LP -Commerical	5,716.68	-					-	-
		5,716.68	2,156.53	-	-	-	-	-	2,156.53

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
10/22/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2	-	22,864.20					-	22,864.20
10/16/2024	WIRE OUT HMG Rockport SNF, LP - Commerical	36,805.60	-					-	-
10/16/2024	MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	370.84					-	370.84
10/15/2024	MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	25.00					-	25.00
		36,805.60	23,260.04	-	-	-	-	-	23,260.04
		42,522.28	25,416.57	-	-	-	-	-	25,416.57

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,888,998.95	$1,908,117.60	$1,888,998.95	$2,233,348.80
*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	$396,430.99	$485,933.14	$396,430.99	$349,686.19
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$274,739.98	$321,679.80	$274,739.98	$228,202.57
*4411 MEMORIAL MEDICAL / NH CRESCENT	$590,912.86	$609,241.18	$590,912.86	$472,690.53
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$442,667.07	$455,524.38	$442,667.07	$422,268.93
*4446 MEMORIAL MEDICAL / NH FORT BEND	$174,727.80	$183,590.07	$174,727.80	$143,506.23
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$148,947.23	$149,147.23	$148,947.23	$148,547.23
*4551 CAL CO INDIGENT HEALTHCARE	$5,494.81	$5,494.81	$5,494.81	$5,494.81
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$2,256.53	$3,128.32	$2,256.53	$2,256.53
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$23,360.04	$23,360.04	$23,360.04	$23,360.04
*5506 MMC -NH BETHANY SENIOR LIVING	$142,081.60	$142,081.60	$142,081.60	$138,346.12
*3407 MMC -NH TUSCANY VILLAGE	$528,075.18	$539,831.28	$528,075.18	$425,481.13
*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	**$4,624,829.45**	**$4,833,265.86**	**$4,624,829.45**	**$4,599,325.52**

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
10/28/2024

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		243,094.80	242,994.80	527,975.18	-	-	-	528,075.18	505,403.79
							Bank Balance	528,075.18	
							Variance	-	

Leave in Balance	100.00
WELLPOINT AUGUST	12,513.00
MOLINA AUGUST	10,058.39

Adjust Balance/Transfer Amt 505,403.79

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

Approved: Andrew De Los Santos
Andrew De Los Santos 10/28/2024

APPROVED ON
OCT 28 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
10/25/2024	HNB - ECHO HCCLAIMPMT 746003411 440000279083	-	19,306.04					-	19,306.04
10/25/2024	HNB - ECHO HCCLAIMPMT 746003411 440000279570	-	68,921.61					-	68,921.61
10/25/2024	WELLPOINT CO AP E-PAYMENT EE52883910 1110000	-	14,366.40	10,659.60	3,706.80			12,513.00	1,853.40
10/24/2024	HNB - ECHO HCCLAIMPMT 746003411 440000242099	-	9,901.65					-	9,901.65
10/24/2024	NOVITAS SOLUTION HCCLAIMPMT 676201 420000195	-	43,389.52					-	43,389.52
10/23/2024	NOVITAS SOLUTION HCCLAIMPMT 676201 420000191	-	25,380.82					-	25,380.82
10/22/2024	Deposit	-	11,250.00					-	11,250.00
10/22/2024	HNB - ECHO HCCLAIMPMT 746003411 440000266665	-	4,379.31					-	4,379.31
10/22/2024	NOVITAS SOLUTION HCCLAIMPMT 676201 420000153	-	4,432.56					-	4,432.56
10/21/2024	Deposit	-	60,884.95					-	60,884.95
10/21/2024	Deposit	-	30,871.59					-	30,871.59
10/21/2024	HNB - ECHO HCCLAIMPMT 746003411 440000213516	-	16,333.37					-	16,333.37
10/18/2024	1174	1,950.43	-					-	-
10/18/2024	HNB - ECHO HCCLAIMPMT 746003411 440000273393	-	30,907.53					-	30,907.53
10/18/2024	HNB - ECHO HCCLAIMPMT 746003411 440000272052	-	10,148.94					-	10,148.94
10/18/2024	NOVITAS SOLUTION HCCLAIMPMT 676201 420000104	-	159,721.39					-	159,721.39
10/16/2024	WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	241,044.37	-					-	-
10/16/2024	Deposit	-	2,110.52					-	2,110.52
10/16/2024	MOLINA HEALTHCAR MOLINAACH 01328263 42000013	-	11,478.94	8,637.84	2,841.10			10,058.39	1,420.55
10/16/2024	INTUIT 41979275 BILL_PAY TUSCANY VILLAGE 210	-	230.44					-	230.44
10/15/2024	HNB - ECHO HCCLAIMPMT 746003411 440000295582	-	3,959.60					-	3,959.60
								-	-
		242,994.80	527,975.18	19,297.44	6,547.90	-	-	22,571.39	505,403.79

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,888,998.95	$1,908,117.60	$1,888,998.95	$2,233,348.80
*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	$396,430.99	$485,933.14	$396,430.99	$349,686.19
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$274,739.98	$321,679.80	$274,739.98	$228,202.57
*4411 MEMORIAL MEDICAL / NH CRESCENT	$590,912.86	$609,241.18	$590,912.86	$472,690.53
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$442,667.07	$455,524.38	$442,667.07	$422,268.93
*4446 MEMORIAL MEDICAL / NH FORT BEND	$174,727.80	$183,590.07	$174,727.80	$143,506.23
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$148,947.23	$149,147.23	$148,947.23	$148,547.23
*4551 CAL CO INDIGENT HEALTHCARE	$5,494.81	$5,494.81	$5,494.81	$5,494.81
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$2,256.53	$3,128.32	$2,256.53	$2,256.53
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$23,360.04	$23,360.04	$23,360.04	$23,360.04
*5506 MMC -NH BETHANY SENIOR LIVING	$142,081.60	$142,081.60	$142,081.60	$138,346.12
*3407 MMC -NH TUSCANY VILLAGE	$528,075.18	$539,831.28	$528,075.18	$425,481.13
*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	**$4,624,829.45**	**$4,833,265.86**	**$4,624,829.45**	**$4,599,325.52**

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
10/28/2024

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		44,435.65	44,335.65	141,981.60		-	142,081.60	120,258.17

Bank Balance	142,081.60
Variance	-
Leave in Balance	100.00
Ssuperior August	21,723.43
Oct Interest	
Nov Interest	
Dec Interest	
Adjust Balance/Transfer Amt	120,258.17

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 10/28/2024

APPROVED ON
OCT 28 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Bethany Senior Living		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
10/25/2024	HNB - ECHO HCCLAIMPMT 746003411 440000279570	-	1,467.19					-	1,467.19
10/25/2024	HOSPICE OF SOUTH Payments NF 113122650041602	-	676.84					-	676.84
10/25/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130162	-	1,591.45					-	1,591.45
10/24/2024	NDC SWEEP FAC K236 31316967191269 SWEEP FR	-	1,176.95					-	1,176.95
10/24/2024	NOVITAS SOLUTION HCCLAIMPMT 676481 420000195	-	3,852.40					-	3,852.40
10/23/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130162	-	2,384.85					-	2,384.85
10/23/2024	**Centene Manageme ACH 008765433514 1110000231**	-	26,088.16	**19,373.19**	**6,714.97**			**21,723.43**	**4,364.73**
10/22/2024	HNB - ECHO HCCLAIMPMT 746003411 440000266665	-	3,540.34					-	3,540.34
10/22/2024	NOVITAS SOLUTION HCCLAIMPMT 676481 420000153	-	44,737.93					-	44,737.93
10/22/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130162	-	9,601.20					-	9,601.20
10/21/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130162	-	14,300.89					-	14,300.89
10/18/2024	1054	20,666.27	-					-	-
10/18/2024	HOSPICE OF SOUTH Payments NF 113122650027362	-	1,347.52					-	1,347.52
10/18/2024	NOVITAS SOLUTION HCCLAIMPMT 676481 420000104	-	28,572.96					-	28,572.96
10/16/2024	WIRE OUT PORT LAVACA NH, LLC	23,669.38	-					-	-
10/16/2024	NOVITAS SOLUTION HCCLAIMPMT 676481 420000175	-	1,156.24					-	1,156.24
10/15/2024	NOVITAS SOLUTION HCCLAIMPMT 676481 420000174	-	1,486.68					-	1,486.68
		-	-					-	-
		44,335.65	**141,981.60**	**19,373.19**	**6,714.97**	-	-	**21,723.43**	**120,258.17**

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,888,998.95	$1,908,117.60	$1,888,998.95	$2,233,348.80
*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	$396,430.99	$485,933.14	$396,430.99	$349,686.19
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$274,739.98	$321,679.80	$274,739.98	$228,202.57
*4411 MEMORIAL MEDICAL / NH CRESCENT	$590,912.86	$609,241.18	$590,912.86	$472,690.53
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$442,667.07	$455,524.38	$442,667.07	$422,268.93
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*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$148,947.23	$149,147.23	$148,947.23	$148,547.23
*4551 CAL CO INDIGENT HEALTHCARE	$5,494.81	$5,494.81	$5,494.81	$5,494.81
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$2,256.53	$3,128.32	$2,256.53	$2,256.53
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$23,360.04	$23,360.04	$23,360.04	$23,360.04
*5506 MMC -NH BETHANY SENIOR LIVING	$142,081.60	$142,081.60	$142,081.60	$138,346.12
*3407 MMC -NH TUSCANY VILLAGE	$528,075.18	$539,831.28	$528,075.18	$425,481.13
*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	**$4,624,829.45**	**$4,833,265.86**	**$4,624,829.45**	**$4,599,325.52**

Ashford

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: Memorial Medical Center

Date Requested: 10/28/2024

APPROVED ON
OCT 28 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CHK#001255

FOR ACCT USE ONLY

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

AMOUNT: $ 36,046.24

G/L NUMBER: 10255040

EXPLANATION: Wellpoint and Molina August

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: [signature]

10/28/2024

Broadmoor ✓

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center

Date Requested: 10/28/2024

APPROVED ON
OCT 28 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CHK#000289

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

AMOUNT: $ 13,317.50 ✓

G/L NUMBER: 10255040

EXPLANATION: Wellpoint and Molina August ✓

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew DeLaRosa

10/28/2024

Crescent ✓

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center

Date Requested: 10/28/2024

APPROVED ON
OCT 28 2024
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS
Chk#000307

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

AMOUNT: $ 9,958.14 ✓

G/L NUMBER: 10255040

EXPLANATION: Wellpoint and Molina August ✓

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrea DeLos Santos

10/28/2024

Fort Bend ✓

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center

Date Requested: 10/28/2024

APPROVED ON
OCT 28 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk# 0003160

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

AMOUNT: $ 11,275.65 ✓

G/L NUMBER: 10255040

EXPLANATION: Wellpoint and Molina August ✓

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrea DeLa Santos

10/28/2024

Solera ✓

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE

Memorial Medical Center

Date Requested: 10/28/2024

APPROVED ON
OCT 28 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk# 0013116

FOR ACCT USE ONLY

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

AMOUNT: $ 10,794.96 ✓

G/L NUMBER: 10255040

EXPLANATION: Wellpoint and Molina August ✓

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: [signature]

10/28/2024

Golden Creek ✓

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center

Date Requested: 10/28/2024

APPROVED ON
OCT 28 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk#000225

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

AMOUNT: $ 24,589.96 ✓

G/L NUMBER: 10255040

EXPLANATION: Superior August ✓

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew DeLos Santos
10/28/2024

Bethany ✓

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P A Y E E: Memorial Medical Center

Date Requested: 10/28/2024

Chk# 1055

APPROVED ON
OCT 28 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT USE ONLY

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

AMOUNT: $ 21,723.43 ✓

G/L NUMBER: 10255040

EXPLANATION: Superior August ✓

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: [signature]

10/28/2024

Tuscany ✓

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center

Date Requested: 10/28/2024

APPROVED ON
OCT 28 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk#001175

FOR ACCT USE ONLY

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

AMOUNT: $ 22,571.39 ✓

G/L NUMBER: 10255040

EXPLANATION: Wellpoint and Molina August ✓

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: [signature]

10/28/2024

QIPP Payment to MMC from Nursing Facilities **Commissioner's Court** **10/28/2024**

NH Name	From Bank Acct #	Ck #	Payee	GL #	Wellpoint August	Molina August	Superior August	TOTAL	Date
Ashford	[redacted] - Prosperity		MMC -Prosperity Operating #	[redacted]	19,967.82	16,078.42		36,046.24	10/28/2024
Broadmoor	[redacted] - Prosperity		MMC -Prosperity Operating #		7,375.83	5,941.67		13,317.50	10/28/2024
Crescent	[redacted] - Prosperity		MMC -Prosperity Operating #		5,517.78	4,440.36		9,958.14	10/28/2024
Fort Bend	[redacted] - Prosperity		MMC -Prosperity Operating #		6,248.42	5,027.23		11,275.65	10/28/2024
Solera	[redacted] - Prosperity		MMC -Prosperity Operating #		5,980.03	4,814.93		10,794.96	10/28/2024
Golden Creek	[redacted] - Prosperity		MMC -Prosperity Operating #				24,589.96	24,589.96	10/28/2024
Bethany	[redacted] - Prosperity		MMC -Prosperity Operating #				21,723.43	21,723.43	10/28/2024
Tuscany	[redacted] - Prosperity		MMC -Prosperity Operating #		12,513.00	10,058.39		22,571.39	10/28/2024
				Total:	57,602.88	46,361.00	46,313.39	150,277.27	

Note:

Approved:

ANDREW DE LOS SANTOS 10/28/2024

Ashford ✓

MEMORIAL MEDICAL CENTER

CHECK REQUEST

Memorial Medical Center

Date Requested: 10-8-24

PAYEE

APPROVED ON

OCT 28 2024

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

FOR ACCT. USE ONLY

- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Voucher Check

AMOUNT $ 723.60 ✓ Chk# 001254

G/L NUMBER: 20652000

EXPLANATION: We were paid by their offset

REQUESTED BY: [signature]

AUTHORIZED BY: [signature]

CAT # 10303 / FM 1600

10/28/2024

Gulf Pointe PP

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: Memorial Medical Center

Date Requested: 10/28/2024

APPROVED ON
OCT 28 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk#1020

FOR ACCT USE ONLY

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

AMOUNT: $ 962.60

G/L NUMBER: 20653000

EXPLANATION: Claim pymnts owed from Gulf Pointe to Tuscany

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: [signature]

10/28/2024

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

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

001254

MP

Date 10/30/24

88-2265/1131

PAY
TO THE
ORDER OF MMC Operating

$ 723. 60/100

Seven hundred twenty-three dollars & 60/100 DOLLARS

PROSPERITY BANK®

County auditor

MP
County treasurer

FOR Claim payment

Security features are included. Details on back.

MEMORIAL MEDICAL CENTER
NH GULF POINTE PLAZA
MEDICARE/MEDICAID 361-553-4618
1815 N VIRGINIA ST
PORT LAVACA, TX 77979

1020

88-2265/1131-87

DATE 10/30/24

CHECK ARMOR

PAY
TO THE
ORDER OF MMC Operating

$ 962. 60/100

Nine hundred sixty-two dollars & 60/100 DOLLARS

Photo Safe Deposit® Details on back

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

County auditor

MP
County treasurer

FOR Claim payment

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

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

001255

MP

Date 10/30/24

88-2265/1131

PAY
TO THE
ORDER OF MMC Operating

$ 36,046. 24/100

Thirty-six thousand, forty-six dollars & 24/100 DOLLARS

PROSPERITY BANK®

County auditor

MP
County treasurer

FOR Wellpoint & Molina August

Security features are included. Details on back.

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

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

MP
000289

88-2265/1131

Date 10/30/24

PAY
TO THE ORDER OF MMC Operating $ 13,317.50/100

Thirteen thousand, three hundred seventeen dollars & 50/100 DOLLARS

PROSPERITY BANK

county auditor

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

FOR Wellpoint & Molina August

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

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

MP
000367

Date 10/30/24

88-2265/1131

PAY
TO THE ORDER OF MMC Operating $ 9,958.14/100

Nine thousand, nine hundred fifty-eight dollars & 14/100 DOLLARS

PROSPERITY BANK

county auditor

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

FOR Wellpoint & Molina August

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

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

MP
000260

88-2265/1131

Date 10/30/24

PAY
TO THE ORDER OF MMC Operating $ 11,275.65/100

Eleven thousand, two hundred seventy-five dollars & 65/100 DOLLARS

PROSPERITY BANK

county auditor

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

FOR Wellpoint & Molina August

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

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

001316

Date 10/30/24 88-2265/1131

PAY TO THE ORDER OF MMC Operating $ 10,794. 96/100

Ten thousand, seven hundred ninety-four dollars & 96/100 DOLLARS

PROSPERITY BANK®

County auditor

MP County treasurer

Security features are included. Details on back.

FOR Wellpoint & Molina August

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

000225

88-2265/1131

Date 10/30/24

PAY TO THE ORDER OF MMC Operating $ 24,589. 96/100

Twenty-four thousand, five hundred eighty-nine dollars & 96/100 DOLLARS

PROSPERITY BANK®

County auditor

MP County treasurer

Security features are included. Details on back.

FOR Superior August

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

1055

88-2265/1131-87

DATE 10/30/24

CHECK ARMOR

PAY TO THE ORDER OF MMC Operating $ 21,723. 43/100

Twenty-one thousand, seven hundred twenty-three dollars & 43/100 DOLLARS

Photo Safe Deposit®

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

County auditor

MP County treasurer

FOR Superior August

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

001175

Date 10/30/24

88-2265/1131

PAY
TO THE ORDER OF MMC Operating

$ 22,571. 39/100

Twenty-two thousand, five hundred seventy-one dollars & 39/100 **DOLLARS**

PROSPERITY BANK®

county auditor

FOR Moling 3 wellpoint August

county treasurer

Security features are included. Details on back.

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RUN DATE:10/30/24 MEMORIAL MEDICAL CENTER PAGE 1
TIME:17:02 CHECK REGISTER GLCKREG
10/30/24 THRU 10/30/24

BANK	CODE	NUMBER	DATE	AMOUNT	PAYEE
NHG	*	000225	10/30/24	24,589.96	MMC OPERATING
NHF	*	000260	10/30/24	11,275.65	MMC OPERATING
NHB	*	000289	10/30/24	13,317.50	MMC OPERATING
NHC	*	000367	10/30/24	9,958.14	MMC OPERATING
GPP	*	001020	10/30/24	962.60	MMC OPERATING
BSL	*	001055	10/30/24	21,723.43	MMC OPERATING
TUS	*	001175	10/30/24	22,571.39	MMC OPERATING
NHA		001254	10/30/24	723.60	MMC OPERATING
NHA	*	001255	10/30/24	36,046.24	MMC OPERATING
NHS	*	001316	10/30/24	10,794.96	MMC OPERATING