MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---November 6, 2024

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	860,701.90
TOTAL TRANSFERS BETWEEN FUNDS	$	1,135,630.84
TOTAL NURSING HOME UPL EXPENSES	$	995,691.94
TOTAL INTER-GOVERNMENT TRANSFERS	$	326,316.63
GRAND TOTAL DISBURSEMENTS APPROVED November 6, 2024	$	3,318,341.31

APPROVED

NOV 06 2024

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---November 6, 2024

PAYABLES AND PAYROLL			
10/31/2024	Weekly Payables	294,017.48	
11/4/2024	Megan Harper - Critical Travel Reimbursement	756.27	
10/31/2024	Patient Refund	7,236.74	
11/4/2024	McKesson-340B Prescription Expense	488.20	
11/4/2024	Amerisource Bergen-340B Prescription Expense	2,208.16	
11/4/2024	Payroll Liabilities-Payroll Taxes	122,418.15	
11/4/2024	Payroll	386,416.78	
	Prosperity Electronic Bank Payments		
11/4/2024	90 Degree Benefits - employee insurance claims	33,931.15	
11/4/2024	90 Degree Benefits - employee insurance claims	11,000.00	
11/4/2024	Pay Plus-Patient Claims Processing Fee	781.14	
11/4/2024	Health Equity -HSA Contributions	1,447.83	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 860,701.90**
TRANSFERS BETWEEN FUNDS-MMC			
11/4/2024	Transfer from Prosperity Operating Account to Nexbank Money Market	1,000,000.00	
TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES			
10/31/2024	MMC Operating to Solera-Correction of insurance payment deposited into MMC Operating in error	11,570.25	
10/31/2024	MMC Operating to Broadmoor-Correction of insurance payment deposited into MMC Operating in error	14,633.67	
10/31/2024	MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error	81,896.84	
10/31/2024	MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error	22,141.78	
10/31/2024	MMC Operating to Bethany-Correction of insurance payment deposited into MMC Operating in error	5,388.30	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 1,135,630.84**
NURSING HOME UPL EXPENSES			
11/4/2024	Nursing Home UPL-Cantex Transfer	704,518.93	
11/4/2024	Nursing Home UPL-Nexion Transfer	118,667.27	
11/4/2024	Nursing Home UPL-Tuscany Transfer	163,847.69	
11/4/2024	Nursing Home UPL-HSL Transfer	8,658.05	
TOTAL NURSING HOME UPL EXPENSES			**$ 995,691.94**
INTER-GOVERNMENT TRANSFERS			
11/4/2024	IGT DSH Advance 2 Payment	326,316.63	
TOTAL INTER-GOVERNMENT TRANSFERS			**$ 326,316.63**
GRAND TOTAL DISBURSEMENTS APPROVED November 6, 2024			**$ 3,318,341.31**

Vendor#	Vendor Name	Class	Pay Code
15880	36 MOTORSPORTS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6270		10/23/202	10/17/202	11/01/202			281.97	0.00	0.00	281.97

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15880	36 MOTORSPORTS	281.97	0.00	0.00	281.97

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
9154866767		10/22/202	10/18/202	11/15/202			116.00	0.00	0.00	116.00
9154846615		10/22/202	10/21/202	11/15/202			3,723.03	0.00	0.00	3,723.03

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	3,839.03	0.00	0.00	3,839.03

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
1TXQL17QPTWK		10/23/202	10/12/202	11/11/202			18.95	0.00	0.00	18.95

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES	18.95	0.00	0.00	18.95

Vendor#	Vendor Name	Class	Pay Code
15884	AMERISOURCEBERGEN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3193379248		10/29/202	10/24/202	11/01/202			13.61	0.00	0.00	13.61
3193543621		10/29/202	10/25/202	11/01/202			4.25	0.00	0.00	4.25

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15884	AMERISOURCEBERGEN	17.86	0.00	0.00	17.86

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
20250634	NOVEMBER BILL	10/29/202	11/01/202	11/01/202			750.00	0.00	0.00	750.00

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

Vendor#	Vendor Name	Class	Pay Code
15912	BAYLOR COLLEGE OF MEDICINE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4606		10/30/202	10/24/202	10/30/202			75.00	0.00	0.00	75.00
4604		10/30/202	10/24/202	10/30/202			375.00	0.00	0.00	375.00
4605		10/30/202	10/24/202	10/30/202			37.50	0.00	0.00	37.50

Medical Directorship Sept 2024
Medical Directorship July 2024 Dr. Jansen
Medical Directorship Aug 2024

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15912	BAYLOR COLLEGE OF MEDICINE	487.50	0.00	0.00	487.50

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
4551923		10/01/202	10/21/202	11/15/202			1,484.00	0.00	0.00	1,484.00
111631691		10/21/202	10/17/202	11/11/202			1,229.49	0.00	0.00	1,229.49

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	2,713.49	0.00	0.00	2,713.49

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
907491099		09/05/202	08/02/202	11/15/202			1,247.62	0.00	0.00	1,247.62

Inv.# does not match

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11072	BIO-RAD LABORATORIES, INC	1,247.62	0.00	0.00	1,247.62

Vendor#	Vendor Name	Class	Pay Code
C1048	CALHOUN COUNTY	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
102424		10/29/202	10/29/202	10/29/202			134.84	0.00	0.00	134.84

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY	134.84	0.00	0.00	134.84

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8003644826		10/21/202	10/01/202	11/09/202			273.15	0.00	0.00	273.15

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH 414, INC.	273.15	0.00	0.00	273.15

Vendor#	endor Name	Class	Pay Code
14236	CARRIER CORPORATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
30404380		10/29/202	10/17/202	11/15/202			12,830.00	0.00	0.00	12,830.00

No Signature

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

Vendor#	Vendor Name	Class	Pay Code
11368	CYRACOM LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2024067565		10/04/202	09/30/202	11/14/202			510.34	0.00	0.00	510.34

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11368	CYRACOM LLC	510.34	0.00	0.00	510.34

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
7716640		10/23/202	10/17/202	11/11/202			95.22	0.00	0.00	95.22
7719200		10/23/202	10/21/202	11/15/202			590.63	0.00	0.00	590.63

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	685.85	0.00	0.00	685.85

Vendor#	Vendor Name	Class	Pay Code
10842	DOOR CONTROL SERVICES, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
ACR27016904		10/30/202	08/29/202	10/30/202			19,511.45	0.00	0.00	19,511.45

Wrong remit to [redacted]

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10842	DOOR CONTROL SERVICES, INC	19,511.45	0.00	0.00	19,511.45

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
39032		10/29/202	10/28/202	10/28/202			160.00	0.00	0.00	160.00
39031		10/29/202	10/28/202	10/28/202			105.00	0.00	0.00	105.00
39028		10/29/202	10/28/202	10/28/202			500.00	0.00	0.00	500.00
38990		10/29/202	10/28/202	10/28/202			260.00	0.00	0.00	260.00

invoice amount is $505.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11291	DOWELL PEST CONTROL	1,025.00	0.00	0.00	1,025.00

Vendor#	Vendor Name	Class	Pay Code
11091	ECOLAB		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6348527794		10/18/202	10/10/202	11/09/202			300.00	0.00	0.00	300.00

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

Vendor#	Vendor Name	Class	Pay Code
11284	EMERGENCY STAFFING SOLUTIONS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
43673		10/30/202	10/31/202	11/10/202			40,062.50	0.00	0.00	40,062.50

Physician Services Meth - EOM

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

Vendor#	Vendor Name	Class	Pay Code
R1185	FARAH JANAK		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
092724		10/01/202	09/27/202	11/15/202			90.60	0.00	0.00	90.60
092724A		10/30/202	09/27/202	10/30/202			94.81	0.00	0.00	94.81

error - incorrect

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	R1185	FARAH JANAK	185.41	0.00	0.00	185.41

Vendor#	Vendor Name	Class	Pay Code
10689	FASTHEALTH CORPORATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
08B24MMC		10/29/202	08/16/202	08/31/202			595.00	0.00	0.00	595.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10689	FASTHEALTH CORPORATION	595.00	0.00	0.00	595.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
865314532		10/23/202	10/17/202	11/11/202			76.24	0.00	0.00	76.24

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.	76.24	0.00	0.00	76.24

Vendor#	Vendor Name	Class	Pay Code
14336	FIRETRON, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
270498		10/02/202	10/16/202	11/15/202			960.00	0.00	0.00	960.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14336	FIRETRON, INC	960.00	0.00	0.00	960.00

Vendor#	Vendor Name	Class	Pay Code
F1400	FISHER HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5469146		10/02/202	09/18/202	10/13/202			5,560.38	0.00	0.00	5,560.38
5540337		10/02/202	09/20/202	10/15/202			538.72	0.00	0.00	538.72
5575610		10/02/202	09/23/202	10/18/202			396.22	0.00	0.00	396.22
6281662		10/02/202	10/21/202	11/15/202			500.21	0.00	0.00	500.21
6110139		10/21/202	10/14/202	11/08/202			1,169.67	0.00	0.00	1,169.67
6146335		10/21/202	10/15/202	11/09/202			498.83	0.00	0.00	498.83
6146334		10/21/202	10/15/202	11/09/202			1,249.48	0.00	0.00	1,249.48
6182414		10/29/202	10/16/202	11/15/202			178.94	0.00	0.00	178.94

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	10,092.45	0.00	0.00	10,092.45

Vendor#	Vendor Name	Class	Pay Code
11183	FRONTIER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
090224		09/18/202	09/02/202	11/10/202			-44.00	0.00	0.00	-44.00
101924		10/29/202	10/25/202	11/12/202			42.40	0.00	0.00	42.40
111824		10/30/202	10/28/202	10/30/202			12.44	0.00	0.00	12.44

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11183	FRONTIER	10.84	0.00	0.00	10.84

Vendor#	Vendor Name	Class	Pay Code
12636	FUSION CONNECT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1029289778		10/29/202	10/16/202	11/15/202			970.00	0.00	0.00	970.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12636	FUSION CONNECT	970.00	0.00	0.00	970.00

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
9283601954		10/29/202	10/16/202	11/15/202			160.18	0.00	0.00	160.18

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	W1300	GRAINGER	160.18	0.00	0.00	160.18

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
18787571		10/29/202	10/23/202	10/27/202			350.00	0.00	0.00	350.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11984	GUERBET, LLC	350.00	0.00	0.00	350.00

Vendor#	Vendor Name				Class	Pay Code				
G1210	GULF COAST PAPER COMPANY				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	2583513		10/23/202	10/15/202	11/14/202			1,734.92	0.00	0.00	1,734.92
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		G1210	GULF COAST PAPER COMPANY					1,734.92	0.00	0.00	1,734.92
Vendor#	Vendor Name				Class	Pay Code				
11784	HALF LEAGUE STORAGE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	103024		10/30/202	10/28/202	10/30/202			360.00	0.00	0.00	360.00
		NOV- JAN 2024 RENTAL FEE									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11784	HALF LEAGUE STORAGE					360.00	0.00	0.00	360.00
Vendor#	Vendor Name				Class	Pay Code				
H0416	HOLOGIC INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	11094966		10/21/202	10/24/202	10/30/202			2,121.50	0.00	0.00	2,121.50
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		H0416	HOLOGIC INC					2,121.50	0.00	0.00	2,121.50
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
	6673		10/29/202	10/31/202	11/10/202			23,663.00	0.00	0.00	23,663.00
	Physician Services Net. 60m										
	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				
11108	ITERSOURCE CORPORATION									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	INV645933		10/30/202	10/01/202	10/15/202			1,210.39	0.00	0.00	~~1,210.39~~
	Wrong remit to [redacted]										
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11108	ITERSOURCE CORPORATION					1,210.39	0.00	0.00	~~1,210.39~~
Vendor#	Vendor Name				Class	Pay Code				
11122	K & M SPORTS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	125336		10/30/202	10/30/202	10/30/202			300.00	0.00	0.00	300.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11122	K & M SPORTS					300.00	0.00	0.00	300.00
Vendor#	Vendor Name				Class	Pay Code				
15900	[redacted]									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	JAUMAR0001		10/29/202	10/24/202	10/29/202			120.00	0.00	0.00	120.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		15900	[redacted]					120.00	0.00	0.00	120.00
Vendor#	Vendor Name				Class	Pay Code				
M2178	MCKESSON MEDICAL SURGICAL INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	22776793		10/01/202	10/16/202	10/31/202			1,147.81	0.00	0.00	1,147.81
	22776794		10/01/202	10/16/202	10/31/202			2,925.66	0.00	0.00	2,925.66

22794409	10/01/202	10/21/202	11/05/202	2,347.17	0.00	0.00	2,347.17
22794990	10/01/202	10/21/202	11/05/202	113.83	0.00	0.00	113.83
22776792	10/21/202	10/16/202	10/31/202	88.71	0.00	0.00	88.71
22795378	10/23/202	10/21/202	11/15/202	452.68	0.00	0.00	452.68

Vendor Totals: Number Name

Number	Name	Gross	Discount	No-Pay	Net
M2178	MCKESSON MEDICAL SURGICAL INC	7,075.86	0.00	0.00	7,075.86

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
2339995480		10/02/202	10/15/202	11/09/202			24.55	0.00	0.00	24.55
2339995479		10/02/202	10/15/202	11/09/202			104.94	0.00	0.00	104.94
2340409692		10/23/202	10/17/202	11/11/202			-61.20	0.00	0.00	-61.20
2340266585		10/23/202	10/17/202	11/11/202			233.93	0.00	0.00	233.93

Vendor Totals: Number Name

Number	Name	Gross	Discount	No-Pay	Net
M2470	MEDLINE INDUSTRIES INC	302.22	0.00	0.00	302.22

Vendor# endor Name Class Pay Code

15904 MEGAN HARPER

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
092424		10/30/202	09/24/202	10/30/202			2,379.90	0.00	0.00	2,379.90
092724	TRAVEL REIMBURSEMENT	10/30/202	09/27/202	10/30/202			456.47	0.00	0.00	456.47

Vendor Totals: Number Name

Number	Name	Gross	Discount	No-Pay	Net
15904	MEGAN HARPER	2,836.37	0.00	0.00	2,836.37

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
2562765		10/29/202	10/15/202	10/25/202			170.25	0.00	0.00	170.25
2561609		10/29/202	10/15/202	10/25/202			329.82	0.00	0.00	329.82
2562766		10/29/202	10/15/202	10/25/202			489.06	0.00	0.00	489.06
0025348		10/29/202	10/15/202	10/25/202			2,503.74	0.00	0.00	2,503.74
2562364		10/29/202	10/15/202	10/25/202			32.08	0.00	0.00	32.08
2570000		10/29/202	10/16/202	10/26/202			21.56	0.00	0.00	21.56
2568661		10/29/202	10/16/202	10/26/202			162.32	0.00	0.00	162.32
2566338		10/29/202	10/16/202	10/26/202			209.39	0.00	0.00	209.39
2566339		10/29/202	10/16/202	10/26/202			190.96	0.00	0.00	190.96
2566337		10/29/202	10/16/202	10/26/202			137.08	0.00	0.00	137.08
2566340		10/29/202	10/16/202	10/26/202			1,039.44	0.00	0.00	1,039.44

2568659	10/29/202	10/16/202	10/26/202	127.88	0.00	0.00	127.88
2575025	10/29/202	10/17/202	10/27/202	40.75	0.00	0.00	40.75
2575023	10/29/202	10/17/202	10/27/202	977.49	0.00	0.00	977.49
2575024	10/29/202	10/17/202	10/27/202	4,133.33	0.00	0.00	4,133.33
2573638	10/29/202	10/17/202	10/27/202	9,978.16	0.00	0.00	9,978.16
2571987	10/29/202	10/17/202	10/27/202	1,195.06	0.00	0.00	1,195.06
2580982	10/29/202	10/20/202	10/30/202	697.91	0.00	0.00	697.91
2580984	10/29/202	10/20/202	10/30/202	25.01	0.00	0.00	25.01
2580060	10/29/202	10/20/202	10/30/202	38.37	0.00	0.00	38.37
2580061	10/29/202	10/20/202	10/30/202	110.14	0.00	0.00	110.14
2580985	10/29/202	10/20/202	10/30/202	622.29	0.00	0.00	622.29
2580983	10/29/202	10/20/202	10/30/202	1.14	0.00	0.00	1.14
2582199	10/29/202	10/20/202	10/30/202	270.20	0.00	0.00	270.20
2580062	10/29/202	10/20/202	10/30/202	232.06	0.00	0.00	232.06
2586771	10/29/202	10/21/202	10/31/202	182.34	0.00	0.00	182.34
2587602	10/29/202	10/21/202	10/31/202	11,595.55	0.00	0.00	11,595.55
2586772	10/29/202	10/21/202	10/31/202	63.46	0.00	0.00	63.46
2587601	10/29/202	10/21/202	10/31/202	49.74	0.00	0.00	49.74
2592874	10/29/202	10/22/202	11/01/202	13.94	0.00	0.00	13.94
2592875	10/29/202	10/22/202	11/01/202	175.94	0.00	0.00	175.94
2591475	10/29/202	10/22/202	11/01/202	514.15	0.00	0.00	514.15
4323	10/29/202	10/22/202	11/01/202	-16,896.69	0.00	0.00	-16,896.69
2592122	10/29/202	10/22/202	11/01/202	24.61	0.00	0.00	24.61
2597191	10/29/202	10/23/202	11/02/202	378.57	0.00	0.00	378.57
2597189	10/29/202	10/23/202	11/02/202	90.15	0.00	0.00	90.15
2599347	10/29/202	10/23/202	11/02/202	71.80	0.00	0.00	71.80
2597190	10/29/202	10/23/202	11/02/202	35.20	0.00	0.00	35.20
2599348	10/29/202	10/23/202	11/02/202	631.62	0.00	0.00	631.62

2595365	10/29/202	10/23/202	11/02/202	6,767.00	0.00	0.00	6,767.00
2601698	10/29/202	10/24/202	11/03/202	35.20	0.00	0.00	35.20
2604425	10/29/202	10/24/202	11/03/202	76.24	0.00	0.00	76.24
2601697	10/29/202	10/24/202	11/03/202	3,932.33	0.00	0.00	3,932.33
2601700	10/29/202	10/24/202	11/03/202	17.06	0.00	0.00	17.06
2604424	10/29/202	10/24/202	11/03/202	45.79	0.00	0.00	45.79
2610981	10/30/202	10/27/202	11/06/202	115.80	0.00	0.00	115.80
2612208	10/30/202	10/27/202	11/06/202	212.36	0.00	0.00	212.36
2609875	10/30/202	10/27/202	11/06/202	23.58	0.00	0.00	23.58
2612209	10/30/202	10/27/202	11/06/202	576.25	0.00	0.00	576.25
2616779	10/30/202	10/28/202	11/07/202	736.78	0.00	0.00	736.78
0026651	10/30/202	10/28/202	11/07/202	9,395.20	0.00	0.00	9,395.20
5596	10/30/202	10/28/202	11/07/202	39.46	0.00	0.00	39.46
SC6294	10/30/202	10/28/202	11/07/202	111.92	0.00	0.00	111.92
2616778	10/30/202	10/28/202	11/07/202	4,094.05	0.00	0.00	4,094.05
SC6296	10/30/202	10/28/202	11/07/202	309.07	0.00	0.00	309.07
SC6295	10/30/202	10/28/202	11/07/202	455.55	0.00	0.00	455.55
2622878	10/30/202	10/29/202	11/08/202	1,840.97	0.00	0.00	1,840.97
2619554	10/30/202	10/29/202	11/08/202	38.75	0.00	0.00	38.75
2622879	10/30/202	10/29/202	11/08/202	10,189.23	0.00	0.00	10,189.23
2620860	10/30/202	10/29/202	11/08/202	60.27	0.00	0.00	60.27

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	59,738.73	0.00	0.00	59,738.73

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
8507		10/30/202	09/30/202	10/10/202			137.76	0.00	0.00	137.76
8540		10/30/202	10/29/202	11/08/202			101.24	0.00	0.00	101.24

9/14 - 9/27/24

10/12 - 10/25/24

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13548	NACOGDOCHES TRANSCRIPTION	239.00	0.00	0.00	239.00

Vendor# 12096 Vendor Name: NEOGENOMICS LABORATORIES — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8066674		10/29/202	09/30/202	10/29/202			240.00	0.00	0.00	240.00
7959385		10/29/202	09/30/202	10/29/202			1,672.00	0.00	0.00	1,672.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12096	NEOGENOMICS LABORATORIES	1,912.00	0.00	0.00	1,912.00

Vendor#	Vendor Name	Class	Pay Code
15908	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
102824		10/30/202	10/28/202	10/30/202			275.76	0.00	0.00	275.76

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15908	[redacted]	275.76	0.00	0.00	275.76

Vendor#	Vendor Name	Class	Pay Code
10868	NOVA BIOMEDICAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
91402422		10/29/202	10/25/202	10/29/202			1,974.38	0.00	0.00	1,974.38

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10868	NOVA BIOMEDICAL	1,974.38	0.00	0.00	1,974.38

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
05488635		10/29/202	10/27/202	11/13/202			252.15	0.00	0.00	252.15

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10152	PARTSSOURCE, LLC	252.15	0.00	0.00	252.15

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
4229A		10/31/202	10/29/202	11/01/202			14,000.00	0.00	0.00	14,000.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12708	POC ELECTRIC, LLC	14,000.00	0.00	0.00	14,000.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9357302726		10/01/202	10/02/202	11/01/202			53.38	0.00	0.00	53.38
9357408273		10/23/202	10/15/202	11/14/202			15.48	0.00	0.00	15.48

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10372	PRECISION DYNAMICS CORP (PDC)	68.86	0.00	0.00	68.86

Vendor#	Vendor Name	Class	Pay Code
14536	QUVA PHARMA INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
76953093843		10/30/202	10/28/202	10/30/202			211.68	0.00	0.00	211.68

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14536	QUVA PHARMA INC	211.68	0.00	0.00	211.68

Vendor#	Vendor Name	Class	Pay Code
R1045	R & D BATTERIES INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1784755		10/30/202	10/21/202	10/30/202			35.77	0.00	0.00	35.77

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	R1045	R & D BATTERIES INC	35.77	0.00	0.00	35.77

Vendor#	Vendor Name	Class	Pay Code
11080	RADSOURCE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
PSI003352		10/18/202	10/12/202	11/11/202			1,791.67	0.00	0.00	1,791.67

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11080	RADSOURCE	1,791.67	0.00	0.00	1,791.67

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
25993		10/29/202	10/24/202	11/03/202			36.66	0.00	0.00	36.66

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11251	RAPID PRINTING LLC	36.66	0.00	0.00	36.66

Vendor#	Vendor Name	Class	Pay Code
G0425	ROBERTS, ODEFEY, WITTE & WALL	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1695		10/21/202	10/14/202	11/13/202			2,740.50	0.00	0.00	2,740.50
1696		10/21/202	10/14/202	11/13/202			7,150.50	0.00	0.00	7,150.50
1697		10/21/202	10/14/202	11/13/202			1,690.50	0.00	0.00	1,690.50
1698		10/21/202	10/14/202	11/13/202			1,417.50	0.00	0.00	1,417.50
1699		10/21/202	10/14/202	11/13/202			231.00	0.00	0.00	231.00
1700		10/21/202	10/14/202	11/13/202			1,491.00	0.00	0.00	1,491.00
1701		10/21/202	10/14/202	11/13/202			5,792.50	0.00	0.00	5,792.50

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	G0425	ROBERTS, ODEFEY, WITTE & WALL	20,513.50	0.00	0.00	20,513.50

Vendor#	Vendor Name	Class	Pay Code
S0900	SAMS CLUB DIRECT	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
102024		10/30/202	10/20/202	10/30/202			365.87	0.00	0.00	365.87

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S0900	SAMS CLUB DIRECT	365.87	0.00	0.00	365.87

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
56382500005575		10/30/202	10/25/202	11/14/202			4,143.24	0.00	0.00	4,143.24

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10936	SIEMENS FINANCIAL SERVICES	4,143.24	0.00	0.00	4,143.24

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
116623729		10/29/202	10/16/202	11/10/202			2,451.95	0.00	0.00	2,451.95

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

Vendor#	Vendor Name				Class	Pay Code				
10681	SIMMLER, INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	195056		10/29/202	10/23/202	10/30/202			222.00	0.00	0.00	222.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10681	SIMMLER, INC.					222.00	0.00	0.00	222.00
Vendor#	Vendor Name				Class	Pay Code				
14868	SINGLETON ASSOCIATES, P.A.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	246073124001	JULY SERVICES	10/29/202	08/02/202	10/29/202			9,132.65	0.00	0.00	9,132.65
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14868	SINGLETON ASSOCIATES, P.A.					9,132.65	0.00	0.00	9,132.65
Vendor#	Vendor Name				Class	Pay Code				
12472	SOMETHING MORE MEDIA, INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	2223		10/30/202	10/30/202	11/14/202			2,525.00	0.00	0.00	2,525.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		12472	SOMETHING MORE MEDIA, INC.					2,525.00	0.00	0.00	2,525.00
Vendor#	Vendor Name				Class	Pay Code				
11296	SOUTH TEXAS BLOOD & TISSUE CEN									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	I07044511		10/17/202	10/15/202	11/09/202			6,976.00	0.00	0.00	6,976.00
	CM13417		10/17/202	10/15/202	11/09/202			2,260.00	0.00	0.00	2,260.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11296	SOUTH TEXAS BLOOD & TISSUE CEN					9,236.00	0.00	0.00	9,236.00
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
	95594838		10/30/202	10/24/202	10/30/202			527.44	0.00	0.00	527.44
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14524	SYSMEX AMERICA, INC.					527.44	0.00	0.00	527.44
Vendor#	Vendor Name				Class	Pay Code				
C2510	TRUBRIDGE				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	T2410161378		10/18/202	10/16/202	11/10/202			9,069.14	0.00	0.00	9,069.14
	1024887		10/21/202	10/18/202	11/12/202			36,260.00	0.00	0.00	36,260.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		C2510	TRUBRIDGE					45,329.14	0.00	0.00	45,329.14
Vendor#	Vendor Name				Class	Pay Code				
U1064	UNIFIRST HOLDINGS INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	2921044747		10/18/202	10/17/202	11/11/202			100.75	0.00	0.00	100.75
	2921044749		10/18/202	10/17/202	11/11/202			2,051.21	0.00	0.00	2,051.21
	2921044750		10/18/202	10/17/202	11/11/202			34.04	0.00	0.00	34.04
	2921044754		10/18/202	10/17/202	11/11/202			142.43	0.00	0.00	142.43

July 2024

no signature

Credit Invoice - listed as regular amount

2921044752	10/18/202 10/17/202 11/11/202	162.14	0.00	0.00	162.14
2921044748	10/18/202 10/17/202 11/11/202	197.82	0.00	0.00	197.82
2921044753	10/18/202 10/17/202 11/11/202	181.78	0.00	0.00	181.78
2921044958	10/22/202 10/21/202 11/15/202	2,688.75	0.00	0.00	2,688.75
2921044959	10/22/202 10/21/202 11/15/202	228.61	0.00	0.00	228.61

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	5,787.53	0.00	0.00	5,787.53

Vendor# V0552 Vendor Name: VERATHON INC Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
80993671		10/21/202	10/18/202	11/12/202			14,417.00	0.00	0.00	14,417.00
80993890		10/21/202	10/18/202	11/12/202			550.00	0.00	0.00	550.00
80993084		10/23/202	10/17/202	11/11/202			1,029.00	0.00	0.00	1,029.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	V0552	VERATHON INC	15,996.00	0.00	0.00	15,996.00

Vendor# V1056 Vendor Name: VICTORIA AIR CONDITIONING LTD Class: W Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
214275		10/23/202	10/15/202	10/15/202			2,448.00	0.00	0.00	2,448.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	V1056	VICTORIA AIR CONDITIONING LTD	2,448.00	0.00	0.00	2,448.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	337,028.91	0.00	0.00	337,028.91

APPROVED ON

OCT 31 2024

Chk# 206336 - 206394

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

337,028.91 *

pg 2. Inv.# does not match
pg 2. no signature approval
pg 2. wrong remit to address
pg 3. Invoice is for $505.00
pg 3. error - should have not been Inc'd
pg 5. wrong remit to address
pg 6. Incorrect Info.
pg 11. no signature approval
pg 11. Inv. listed as regular & should be a credit

596,017.48 -

RECEIVED BY THE
COUNTY AUDITOR ON

NOV 04 2024

11/04/2024
09:44

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Invoice Dates Through: 10/30/2024
Class Pay Code

0
ap_open_invoice.template

Vendor#	Vendor Name	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
15904 ✓	MEGAN HARPER											
		✓ 103024		11/04/202	10/30/202	11/04/202			756.27	0.00	0.00	756.27 ✓
Vendor Totals:	Number	Name							Gross	Discount	No-Pay	Net
	15904	MEGAN HARPER							756.27	0.00	0.00	756.27

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	756.27	0.00	0.00	756.27

APPROVED ON

NOV 04 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 206367

RECEIVED BY THE
COUNTY AUDITOR ON

OCT 31 2024

CALHOUN COUNTY, TEXAS

RUN DATE: 10/31/24
TIME: 11:59

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1
APCDEDIT

PATIENT NUMBER	PAYEE NAME			DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
1528809 01	[redacted]			103024	30.97	2		REFUND FOR [redacted]	
1538854 01	[redacted]	TX	77982	042324	100.00	2		REFUND FOR	
1548116 01	[redacted]	TX	77979	103024	65.00	2		REFUND FOR	
1596443 01	[redacted]	TX	78377	103024	50.00	2		REFUND FOR	
1597331 01	[redacted]	TX	77979	103024	38.81	2		REFUND FOR	
1598780 01	[redacted]	TX	77982	103024	6198.00	1		REFUND FOR	
1604160 01	[redacted]	TX	77465	103024	25.00	2		REFUND FOR	
1610129 01	[redacted]	TX	77465	103024	40.00	2		REFUND FOR	
1611207 01	[redacted]	TX	77901	103024	313.60	2		REFUND FOR	
1611832 01	[redacted]	TX	77979	103024	157.49	2		REFUND FOR	
1614472 01	[redacted]	TX	77979	103024	100.00	3		REFUND FOR	
1615765 01	[redacted]	TX	77979	103024	87.87	2		REFUND FOR	
1616505 01	[redacted]	TX	78022	103024	30.00	2		REFUND FOR	
	[redacted]	TX	77983						

ARID=0001 TOTAL 7236.74

TOTAL 7236.74

APPROVED ON

OCT 31 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CNB#206400 - 206412

RUN DATE:11/05/24 MEMORIAL MEDICAL CENTER PAGE 1
TIME:12:15 CHECK REGISTER GLCKREG
11/06/24 THRU 11/06/24

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	206336	11/06/24	281.97	36 MOTORSPORTS
A/P	206337	11/06/24	3,839.03	AIRGAS USA, LLC - CENTRAL DIV
A/P	206338	11/06/24	18.95	AMAZON CAPITAL SERVICES
A/P	206339	11/06/24	17.86	AMERISOURCEBERGEN
A/P	206340	11/06/24	750.00	AMERITEX ELEVATOR SERVICES INC
A/P	206341	11/06/24	487.50	BAYLOR COLLEGE OF MEDICINE
A/P	206342	11/06/24	2,713.49	BECKMAN COULTER INC
A/P	206343	11/06/24	134.84	CALHOUN COUNTY
A/P	206344	11/06/24	273.15	CARDINAL HEALTH 414, INC.
A/P	206345	11/06/24	510.34	CYRACOM LLC
A/P	206346	11/06/24	685.85	DEWITT POTH & SON
A/P	206347	11/06/24	525.00	DOWELL PEST CONTROL
A/P	206348	11/06/24	300.00	ECOLAB
A/P	206349	11/06/24	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	206350	11/06/24	94.81	FARAH JANAK
A/P	206351	11/06/24	595.00	FASTHEALTH CORPORATION
A/P	206352	11/06/24	76.24	FEDERAL EXPRESS CORP.
A/P	206353	11/06/24	960.00	FIRETRON, INC
A/P	206354	11/06/24	10,092.45	FISHER HEALTHCARE
A/P	206355	11/06/24	10.84	FRONTIER
A/P	206356	11/06/24	970.00	FUSION CONNECT
A/P	206357	11/06/24	160.18	GRAINGER
A/P	206358	11/06/24	350.00	GUERBET, LLC
A/P	206359	11/06/24	1,734.92	GULF COAST PAPER COMPANY
A/P	206360	11/06/24	360.00	HALF LEAGUE STORAGE
A/P	206361	11/06/24	2,121.50	HOLOGIC INC
A/P	206362	11/06/24	23,663.00	HOSPITAL CARE CONSULTANTS INC.
A/P	206363	11/06/24	300.00	K & M SPORTS
A/P	206364	11/06/24	120.00	[redacted]
A/P	206365	11/06/24	7,075.86	MCKESSON MEDICAL SURGICAL INC
A/P	206366	11/06/24	302.22	MEDLINE INDUSTRIES INC
A/P	206367	11/06/24	756.27	MEGAN HARPER
A/P	206368	11/06/24	.00	VOIDED
A/P	206369	11/06/24	.00	VOIDED
A/P	206370	11/06/24	.00	VOIDED
A/P	206371	11/06/24	59,738.73	MORRIS & DICKSON CO, LLC
A/P	206372	11/06/24	239.00	NACOGDOCHES TRANSCRIPTION
A/P	206373	11/06/24	1,912.00	NEOGENOMICS LABORATORIES
A/P	206374	11/06/24	275.76	[redacted]
A/P	206375	11/06/24	1,974.38	NOVA BIOMEDICAL
A/P	206376	11/06/24	252.15	PARTSSOURCE, LLC
A/P	206377	11/06/24	14,000.00	POC ELECTRIC, LLC
A/P	206378	11/06/24	68.86	PRECISION DYNAMICS CORP (PDC)
A/P	206379	11/06/24	211.68	QUVA PHARMA INC
A/P	206380	11/06/24	35.77	R & D BATTERIES INC
A/P	206381	11/06/24	1,791.67	RADSOURCE
A/P	206382	11/06/24	36.66	RAPID PRINTING LLC
A/P	206383	11/06/24	20,513.50	ROBERTS, ODEFEY, WITTE & WALL
A/P	206384	11/06/24	365.87	SAMS CLUB DIRECT
A/P	206385	11/06/24	4,143.24	SIEMENS FINANCIAL SERVICES

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	206386	11/06/24	2,451.95	SIEMENS MEDICAL SOLUTIONS INC
A/P	206387	11/06/24	222.00	SIMMLER, INC.
A/P	206388	11/06/24	9,132.65	SINGLETON ASSOCIATES, P.A.
A/P	206389	11/06/24	6,976.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	206390	11/06/24	527.44	SYSMEX AMERICA, INC.
A/P	206391	11/06/24	45,329.14	TRUBRIDGE
A/P	206392	11/06/24	5,787.53	UNIFIRST HOLDINGS INC
A/P	206393	11/06/24	15,996.00	VERATHON INC
A/P	206394	11/06/24	2,448.00	VICTORIA AIR CONDITIONING LTD
A/P	206395	11/06/24	5,388.30	BETHANY SENIOR LIVING
A/P	206396	11/06/24	14,633.67	BROADMOOR AT CREEKSIDE PARK
A/P	206397	11/06/24	81,896.84	GOLDENCREEK HEALTHCARE
A/P	206398	11/06/24	11,570.25	SOLERA WEST HOUSTON
A/P	206399	11/06/24	22,141.78	TUSCANY VILLAGE
A/P	206400	11/06/24	30.00	[redacted]
A/P	206401	11/06/24	65.00	
A/P	206402	11/06/24	30.97	
A/P	206403	11/06/24	157.49	
A/P	206404	11/06/24	38.81	
A/P	206405	11/06/24	25.00	
A/P	206406	11/06/24	100.00	
A/P	206407	11/06/24	313.60	
A/P	206408	11/06/24	40.00	
A/P	206409	11/06/24	6,198.00	
A/P	206410	11/06/24	100.00	
A/P	206411	11/06/24	50.00	
A/P	206412	11/06/24	87.87	
TOTALS:			437,641.33	

APPROVED ON
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CALHOUN COUNTY, TEXAS

Payables
294,017.48 +
Critical 756.27 +
Pat. Ref. 7,236.74 +
NH xfers 135,630.84 +
437,641.33 ◇

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: 11/01/2024 Page: 002

DC: 8115
Customer INV SuppID:
Territory:

Customer: 632536
Date: 11/02/2024

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

As of: 11/01/2024 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 11/02/2024 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: 498.17 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/07/2017 2,451.97

If Paid By 11/05/2024,
Pay This Amount: 488.20 USD

If Paid After 11/05/2024,
Pay this Amount: 498.17 USD

Due If Paid On Time:
USD 488.20

Disc lost if paid late:
9.97

Due If Paid Late:
USD 498.17

458.14 +
9.98 +
14.06 +
6.02 +
488.20 ◊

APPROVED ON
NOV 04 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

As of: 11/01/2024 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 256342
Date: 11/02/2024

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

As of: 11/01/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 11/02/2024 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 256342 WALMART 1098/MEM MED PHS											
10/26/2024	11/05/2024	7529481030	208116698	115Invoice	0.01	0.32		0.31		7529481030 ✓	
10/26/2024	11/05/2024	7529481031	212641400	115Invoice	0.01	0.32		0.31		7529481031 ✓	
10/26/2024	11/05/2024	7529481032	210543886	115Invoice	1.60	79.85		78.25		7529481032 ✓	
10/28/2024	11/05/2024	7529752271	215534016	115Invoice	0.01	0.63		0.62		7529752271 ✓	
10/28/2024	11/05/2024	7529752272	215652932	115Invoice	0.83	41.42		40.59		7529752272 ✓	
10/28/2024	11/05/2024	7529752273	215461080	115Invoice	6.47	323.40		316.93		7529752273 ✓	
10/29/2024	11/05/2024	7530028778	207343416	115Invoice	0.31	15.46		15.15		7530028778 ✓	
10/30/2024	11/05/2024	7530295613	215904877	115Invoice	0.01	0.32		0.31		7530295613 ✓	
11/01/2024	11/05/2024	7530781801	213694765	115Invoice	0.02	1.06		1.04		7530781801 ✓	
11/01/2024	11/05/2024	7530781802	213861162	115Invoice	0.09	4.72		4.63		7530781802 ✓	

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: 467.50 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,194.54
10/28/2024

If Paid By 11/05/2024,
Pay This Amount: 458.14 USD

If Paid After 11/05/2024,
Pay this Amount: 467.50 USD

Due If Paid On Time:
USD 458.14

Disc lost if paid late:
9.36

Due If Paid Late:
USD 467.50

APPROVED ON
NOV 04 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: 11/01/2024 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 820405
Date: 11/02/2024

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

As of: 11/01/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 PLEASE CHECK ANY
Date: 11/02/2024 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											
10/30/2024	11/05/2024	7530331782	B2410-055-178715	115Invoice	0.20	10.18		9.98		7530331782	

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: 10.18 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 10/28/2024 5,194.54

If Paid By 11/05/2024,
Pay This Amount: 9.98 USD

If Paid After 11/05/2024,
Pay this Amount: 10.18 USD

Due If Paid On Time:
USD 9.98

Disc lost if paid late:
0.20

Due If Paid Late:
USD 10.18

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NOV 04 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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McKESSON

STATEMENT

Company: 8000

As of: 11/01/2024 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 835434
Date: 11/02/2024

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

As of: 11/01/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

Cust: 835434 PLEASE CHECK ANY
Date: 11/02/2024 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											
10/30/2024	11/05/2024	7530163428	3635384	115Invoice	0.29	14.35		14.06		7530163428	✓

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: 14.35 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,194.54
10/28/2024

If Paid By 11/05/2024,
Pay This Amount: 14.06 USD

If Paid After 11/05/2024,
Pay this Amount: 14.35 USD

Due If Paid On Time:
USD 14.06

Disc lost if paid late:
0.29

Due If Paid Late:
USD 14.35

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NOV 04 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 11/01/2024 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 835438
Date: 11/02/2024

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: 11/01/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 **PLEASE CHECK ANY**
Date: 11/02/2024 **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											
10/30/2024	11/05/2024	7530288338	3634695	115Invoice	0.12	6.14		6.02		7530288338 ✓	

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: 6.14 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,556.66
10/21/2024

If Paid By 11/05/2024, Pay This Amount: 6.02 USD

If Paid After 11/05/2024, Pay this Amount: 6.14 USD

Due If Paid On Time:
USD 6.02

Disc lost if paid late: 0.12

Due If Paid Late:
USD 6.14

APPROVED ON
NOV 04 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

AmerisourceBergen

STATEMENT

Statement Number: 68532158
Date: 11-01-2024

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:	2,208.16
Past Due:	0.00
Total Due:	2,208.16
Account Balance:	2,208.16

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
10-27-2024	11-08-2024	3193663624	7007987366	Invoice	36.00		0.00	36.00
10-27-2024	11-08-2024	3193663625	7007999041	Invoice	16.68		0.00	16.68
10-27-2024	11-08-2024	3193663626	7007999041	Invoice	738.24		0.00	738.24
10-27-2024	11-08-2024	3193663627	7008005716	Invoice	125.68		0.00	125.68
10-30-2024	11-08-2024	3193998649	7008022919	Invoice	33.10		0.00	33.10
10-30-2024	11-08-2024	3193998960	7008022919	Invoice	737.00		0.00	737.00
10-31-2024	11-08-2024	3194156924	7008031820	Invoice	3.59		0.00	3.59
11-01-2024	11-08-2024	3194304983	7008042865	Invoice	517.87		0.00	517.87

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
2,208.16	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
11-01-2024	(1,719.85)

APPROVED ON
NOV 04 2024
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CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
11-08-2024	2,208.16
Total Due:	2,208.16

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

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

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

☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	$ 122,418.15 #
"1 TO CONFIRM"		1
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 64,378.80 #
"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 15,056.38 #
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 42,982.97 #
☐ "6-DIGIT SETTLEMENT DATE"	★	
"1 TO CONFIRM"		1
☐ ACKNOWLEDGEMENT NUMBER		

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

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

		ENTER VOID CKS AS NEGATIVE NUMBERS				
PAY PERIOD: BEGIN	10/18/2024	VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: END	10/31/2024					
PAY DATE:	11/8/2024					
GROSS PAY:	$ 556,592.03			$ -		$ 556,592.03
DEDUCTIONS:						
A/R	$ 286.86					$ 286.86
ADVANC						$ -
BOOTS						$ -
MUTUAL CRITICAL ILLNESS						$ -
MUTUAL ACCIDENT						$ -
IRS TAX						$ -
MUTUAL SHORT TERM DIS						$ -
MUTUAL VISION	$ 834.96					$ 834.96
CAFÉ-D	$ 1,214.64					$ 1,214.64
CAFÉ-H	$ 29,773.70					$ 29,773.70
	$ -					$ -
	$ -					$ -
CAFÉ-P						$ -
CANCER						$ -
CHILD	$ 570.69					$ 570.69
CLINIC	$ 65.00					$ 65.00
COMBIN	$ 250.86					$ 250.86
CREDUN	$ -					$ -
DENTAL	$ -					$ -
DEP-LF						$ -
MUTUAL TERM LIFE	$ 1,257.92					$ 1,257.92
MUTUAL HOSP INDEM	$ 491.50					$ 491.50
FED TAX	$ 42,982.97					$ 42,982.97
FICA-M	$ 7,528.19					$ 7,528.19
FICA-O	$ 32,189.40					$ 32,189.40
FICA-M ADDITIONAL						$ -
FIRST C						$ -
FLEX S	$ 4,690.64					$ 4,690.64
FLX-FE	$ -					$ -
GIFT S	$ 32.95					$ 32.95
MUTUAL CRITICAL ILLNESS	$ 1,069.93					$ 1,069.93
MUTUAL ACCIDENT	$ 703.58					$ 703.58
MUTUAL SHORT TERM DIS	$ 1,777.74					$ 1,777.74
LEGAL	$ 1,067.41					$ 1,067.41
OTHER	$ 2,861.85					$ 2,861.85
NATIONAL FARM LIFE	$ 1,256.63					$ 1,256.63
MED SURCHARGE	$ 255.00					$ 255.00
Blank						$ -
RELAY						$ -
REPAY						$ -
STONEDF	$ 895.00					$ 895.00
STONE						$ -
STONE 2						$ -
STUDEN						$ -
TSA-R	$ 38,117.83					$ 38,117.83
UW/HOS	$ -					$ -
TOTAL DEDUCTIONS:	$ 170,175.25	$ -	$ -	$ -	$ -	$ 170,175.25
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$ 386,416.78	$ -	$ -	$ -	$ -	$ 386,416.78
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFÉ 125 PLAN:	$ 37,408.94	Less Exempt:				
TAXABLE PAY:	$ 519,183.09	$ 519,183.09				Exempt Amt:

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 7,528.15		
FICA - MED (EE)	1.45%	$ 7,528.15	$ 7,528.19	$ (0.04)
FICA - SOC SEC (ER)	6.20%	$ 32,189.35		
FICA - SOC SEC (EE)	6.20%	$ 32,189.35	$ 32,189.40	$ (0.05)
FED WITHHOLDING		$ 42,982.97	$ 42,982.97	

Employees over FICA-SS Cap:
Michael Gaines

Paycode S - Employee Reimb.:

TOTAL: $ -

TAX DEPOSIT:		$ 122,417.97	$ 122,418.15	
FICA - MEDICARE	2.90%	$ 15,056.30	$15,056.38	
FICA - SOCIAL SECURITY	12.40%	$ 64,378.70	$64,378.80	PREPARED BY:
FED WITHHOLDING		$ 42,982.97	$42,982.97	PREPARED DATE:
TOTAL TAX:		$ 122,417.97	$122,418.15	$ (0.18)

Caitlin Clevenger
11/4/2024

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	9634.00	N		N	N		229302.56
1	REGULAR PAY-S1	1839.00	N		N	N	N	87416.30
1	REGULAR PAY-S1	282.75	Y		N	N		10704.11
2	REGULAR PAY-S2	2647.25	N		N	N		73583.79
2	REGULAR PAY-S2	135.25	Y		N	N		5552.74
2	REGULAR PAY-S2	2.00	Y		N	N	N	133.59
3	REGULAR PAY-S3	1467.00	N		N	N		51428.89
3	REGULAR PAY-S3	216.00	Y		N	N		10513.39
3	REGULAR PAY-S3	8.00	Y		N	N	N	546.36
4	CALL BACK PAY	12.00	N	1	N	N	Y	729.00
4	CALL BACK PAY	8.00	N	2	N	N	Y	428.00
C	CALL PAY	2263.00	N	1	N	N		4526.00
D	DOUBLE TIME	29.25	N	1	N	N		1489.91
D	DOUBLE TIME	26.25	N	2	N	N		2242.59
D	DOUBLE TIME	48.25	N	3	N	N		4145.60
D	DOUBLE TIME	4.25	Y	2	N	N		504.87
D	DOUBLE TIME	16.00	Y	3	N	N		2041.92
E	EXTRA WAGES		N		N	N	N	7505.00
E	EXTRA WAGES		N	1	N	N	N	2217.50
F	FUNERAL LEAVE	63.00	N	1	N	N		2309.67
I	INSERVICE	24.00	N	1	N	N		474.72
J	JURY LEAVE	4.00	N	1	N	N		146.32
K	EXTENDED-ILLNESS-BANK	429.77	N	1	N	N		9288.82
P	PAID-TIME-OFF	346.00	N		N	N	N	10439.71
P	PAID-TIME-OFF	1206.64	N	1	N	N		36597.67
X	CALL PAY 2	64.00	N		N	N	N	128.00
X	CALL PAY 2	96.00	N	1	N	N		192.00
Z	CALL PAY 3	96.00	N	1	N	N		288.00
t	PHONE & DATA		N		N	N	N	1715.00

Deductions Summary

Code	Amount					
A/R	286.86	A/R2		A/R3		
ADVANC		AWARDS		BCBSVI		
BOOTS		CAFE H		CAFE-1		
CAFE-2		CAFE-3		CAFE-4		
CAFE-5		CAFE-C		CAFE-D	1214.64	✓
CAFE-F		CAFE-H	29773.70	CAFE-I		
CAFE-L		CAFE-P		CANCER		
CHILD	570.69	CLINIC	65.00	COMBIN	250.86	✓
CREDUN		DD ADV		DENTAL		
DEP-LF		DIS-LF		EAT		
EATCSH		FEDTAX	42982.97	FICA-M	7528.19	✓
FICA-O	32189.40	FIRSTC		FLEX S	3942.81	✓
FLX FE		FORT D		FUTA		
GIFT S	32.95	GRANT		GRP-IN		
GTL		HOSP-I		HSA	747.83	✓
ID TFT		IRSTAX		LEAF		
LEGAL	245.91	MASA	821.50	MEALS	2861.85	✓
METVIS		MISC		MISC/		
MMCSHR		MOOACC	703.58	MOOILL	1069.93	✓
MOOIND	491.50	MOOLIF	1257.92	MOOSTD	1777.74	✓
MOOVIS	834.96	NATFML	1256.63	OTHER		
PHI		PHI***		PR FIN		
RELAY		REPAY		SAMS		
SCRUBS		SIGNON		ST-TX		
STONDF	895.00	STONE		STONE2		
STUDEN		SUNACC		SUNILL		
SUNIND		SUNLIF		SUNSTD		
SUNVIS		SURCHG	255.00	TSA-1		
TSA-2		TSA-C		TSA-P		
TSA-R	38117.83	TUTION		UNIFOR		
UW/HOS						

Grand Totals: 20967.66 (Gross: 556592.03 Deductions: 170175.25 Net: 386416.78)

Checks Count:- FT 202 PT 13 Other 42 Female 226 Male 28 Credit OverAmt 16 ZeroNet Term Total: 256

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CHKNO	GRPNO	LOCNO	EMPNO	DEPNO	CLMPRE	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYTO	CVSCD	CVGTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUDT	PRVNO
3281	76351	1	1	0	2024	298002262	0	10/28/2024	$33,647.58	1	TRUESCRIPTS MANAGEMENT SERVICE LLC	P	517	0	[redacted]		PCS	F	10/7/2024	10/20/2024	464334244
3283	76351	3	11	0	2024	269001567	0	10/28/2024	$143.62	1	SINGLETON ASSOCIATES PA	P	321	0			MRIO	F	9/12/2024	9/12/2024	741680498
3286	76360	3	83	0	2024	297001435	0	10/28/2024	$74.22	1	VICTORIA ORTHOPEDIC CENTER, PLLC	P	457	0			OVS	F	9/25/2024	9/25/2024	260151734
3289	76370	3	30	0	2024	296001342	0	10/28/2024	$65.73	1	CLINICAL PATHOLOGY LABS, INC	P	172	0			AB	F	8/27/2024	8/27/2024	742554159
									$33,931.15												

APPROVED ON

NOV 04 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHKNO	GRPNO	LOCNO	EMPNO	DEPNO	CLMPRE	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYTO	CVGCD	CVGTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUDT	PRVNO
3097	76360	3	32	6	2024	264000988	0	9/30/2024	$11,000.00	1	WOMAN'S HOSPITAL OF TEXAS	P	418	0	[redacted]		RB	F	5/28/2024	6/12/2024	621810381
									$11,000.00												

83

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NOV 04 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Oct 28, 2024 - Nov 3,2024

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten Check" #
11/1/2024	PAY PLUS ACHTrans 41978233 101000693641278 P	- 3rd Party Payor Fee	399.77	901418
11/1/2024	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	1,719.85	500646
10/31/2024	PAY PLUS ACHTrans 41819924 101000692430336 P	- 3rd Party Payor Fee	129.35	901419
10/31/2024	HPHG LLC MEMOR PREM MemMedCtr PtLav 11312265	- Health Insurance Premium Payment	72,153.74 *	800612
10/31/2024	HPHG LLC MEMOR PREM MemMedCtr PtLav 11312265	- Health Insurance Premium Payment	4,065.80 *	800613
10/30/2024	PAY PLUS ACHTrans 41614876 101000690866104 P	- 3rd Party Payor Fee	56.73	901420
10/29/2024	PAY PLUS ACHTrans 41491894 101000699597679 P	- 3rd Party Payor Fee	156.58	901421
10/29/2024	MCKESSON DRUG AUTO ACH ACH06237372 910000112	- 340B Drug Program Expense	5,194.54 *	500647
10/28/2024	PAY PLUS ACHTrans 41326251 101000698275075 P	- 3rd Party Payor Fee	38.71	901422
10/28/2024	IRS USATAXPYMT 270470272769112 6103601001438	- Payroll Taxes	125,660.80 **	800614
			209,575.87	

Steve Brock
Memorial Medical Center

November 4, 2024

* Approved on 10.30.24 CC
** Approved on 10.16.24 CC

399.77 +
129.35 +
56.73 +
156.58 +
38.71 +
781.14 ◊
0.00

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
11/7/2024	DSH IGT - Advance 2 Payment	DSH IGT	326,316.63
			326,316.63

Steve Brock
Memorial Medical Center

November 4, 2024

209.575.87 +
1,719.85 –
781.14 –
781.14 –
0.00 ◊

APPROVED ON
NOV 04 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

TEXNET Electronic Payment Network — Texas Comptroller of Public Accounts

Transaction Summary

Transaction Complete

Trace :

Texas Health and Human Services Commission
Memorial Medical Center Operating County

Payment Total	$326,316.63
Bank Routing and Account Number	
Settlement Date	11/7/2024
DSH Amount	$326,316.63
Entered By	Andrew De Los Santos

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

Memorial Medical Center
Transfer Request

Amount: $1,000,000.00 **Date:** 11/1/2024

From Account: PROSPERITY OPERATING BANK ACCOUNT - [redacted]

To Account: NEXBANK MONEY MARKET BANK ACCOUNT

Routing Number [redacted] **Account Number:** [redacted]

Explanation: Move excess funds from Prosperity Operating bank account to Nexbank Money Market bank account to earn additional interest income due to higher interest rate.

Requested By: Andrew De Los Santos **Date:** 11/1/2024
Andrew De Los Santos - Controller

Authorized By: Steve Brock **Date:** 11/1/2024
Steve Brock - CFO

APPROVED ON

NOV 04 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED BY THE
COUNTY AUDITOR ON

OCT 31 2024

CALHOUN COUNTY, TEXAS

10/31/2024
12:02

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 11/16/2024

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
101824		10/30/202	10/18/202	11/16/202			5,400.00	0.00	0.00	5,400.00
102124B	INS. pmt. dep. into MMC opt. in error	10/30/202	10/21/202	11/16/202			4,070.25	0.00	0.00	4,070.25
102424		10/30/202	10/24/202	11/16/202			2,100.00	0.00	0.00	2,100.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11828	SOLERA WEST HOUSTON	11,570.25	0.00	0.00	11,570.25

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	11,570.25	0.00	0.00	11,570.25

APPROVED ON

OCT 31 2024

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Chk# 2062398

RECEIVED BY THE
COUNTY AUDITOR ON

OCT 31 2024

CALHOUN COUNTY, TEXAS

10/31/2024 MEMORIAL MEDICAL CENTER 0
12:01 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 11/16/2024

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1018214		10/30/202	10/18/202	11/16/202			14,633.67	0.00	0.00	14,633.67

ins. pmt. dep. into mmcopt. in error

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11832	BROADMOOR AT CREEKSIDE PARK	14,633.67	0.00	0.00	14,633.67

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	14,633.67	0.00	0.00	14,633.67

APPROVED ON

OCT 31 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 206396

RECEIVED BY THE
COUNTY AUDITOR ON

OCT 31 2024

CALHOUN COUNTY, TEXAS

10/31/2024
12:35

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 11/16/2024

0
ap_open_invoice.template

Vendor# Vendor Name Class Pay Code

11836 GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
101824		10/30/202	10/18/202	11/16/202			3,422.20	0.00	0.00	3,422.20
102224	ins. pmt. dep. into MMC opt. in error	10/30/202	10/18/202	11/16/202			11,213.30	0.00	0.00	11,213.30
102324		10/30/202	10/18/202	11/16/202			67,261.34	0.00	0.00	67,261.34

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	81,896.84	0.00	0.00	81,896.84

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	81,896.84	0.00	0.00	81,896.84

APPROVED ON

OCT 31 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 206397

RECEIVED BY THE
COUNTY AUDITOR ON

OCT 31 2024

CALHOUN COUNTY, TEXAS

10/31/2024 MEMORIAL MEDICAL CENTER 0
12:03 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 11/16/2024

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
101824		10/30/202	10/18/202	11/16/202			2,366.78	0.00	0.00	2,366.78
101824A	ins. pmt. dep. into MMC opt. in error	10/30/202	10/18/202	11/16/202			8,160.00	0.00	0.00	8,160.00
102124A		10/30/202	10/18/202	11/16/202			11,615.00	0.00	0.00	11,615.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	22,141.78	0.00	0.00	22,141.78

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	22,141.78	0.00	0.00	22,141.78

APPROVED ON

OCT 31 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Check# 206399

RECEIVED BY THE
COUNTY AUDITOR ON

OCT 31 2024

CALHOUN COUNTY, TEXAS

10/31/2024 MEMORIAL MEDICAL CENTER 0
12:42 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 11/16/2024

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
101824		10/30/202	10/18/202	11/16/202			1,248.84	0.00	0.00	1,248.84
102124B	ins. pmt. dep. into mmc opt. in error	10/30/202	10/18/202	11/16/202			2,027.56	0.00	0.00	2,027.56
102224		10/30/202	10/18/202	11/16/202			1,528.84	0.00	0.00	1,528.84
102324		10/30/202	10/18/202	11/16/202			583.06	0.00	0.00	583.06

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12792	BETHANY SENIOR LIVING	5,388.30	0.00	0.00	5,388.30

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	5,388.30	0.00	0.00	5,388.30

APPROVED ON

OCT 31 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 206395

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
11/4/2024

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		396,430.99	396,330.99	186,129.48			186,229.48	**185,867.72**
						Bank Balance	186,229.48	
						Variance	-	
						Leave in Balance	100.00	

Routing Information for Ashford Gardens:

Ashford Health Care Center Ltd Co
JP Morgan Chase Bank

						Oct Interest	261.76	
						Nov Interest		
						Dec Interest		
						Adjust Balance/Transfer Amt	**185,867.72**	
Broadmoor		274,739.98	274,639.98	189,497.30			189,597.30	**189,272.87**
						Bank Balance	189,597.30	
						Variance	-	
						Leave in Balance	100.00	

						Oct Interest	224.43	
						Nov Interest		
						Dec Interest		
						Adjust Balance/Transfer Amt	**189,272.87**	
Crescent		590,912.86	589,495.35	153,859.44			155,276.95	**154,875.39**
						Bank Balance	155,276.95	
						Variance	-	
						Leave in Balance	100.00	

						Oct Interest	301.56	
						Nov Interest		
						Dec Interest		
						Adjust Balance/Transfer Amt	**154,875.39**	
Fort Bend		174,727.80	174,627.80	38,599.59			38,699.59	**38,499.92**
						Bank Balance	38,699.59	
						Variance	-	
						Leave in Balance	100.00	

						Oct Interest	99.67	
						Nov Interest		
						Dec Interest		
						Adjust Balance/Transfer Amt	**38,499.92**	
Solera at W Houston		442,667.07	442,567.07	136,285.51			136,385.51	**136,003.03**
						Bank Balance	136,385.51	
						Variance	-	
						Leave in Balance	100.00	

185,867.72 +
189,272.87 +
154,875.39 +
38,499.92 +
136,003.03 +
704,518.93 ◊

t West Houston / Fort Bend / Broadmoor:

						Oct Interest	282.48	
						Nov Interest		
						Dec Interest		
						Adjust Balance/Transfer Amt	**136,003.03**	

TOTAL TRANSFERS	**704,518.93**

Approved:
Steve Brock **11/4/2024**

APPROVED ON
NOV 04 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
11/1/2024	Check 1254	723.60	-						-
11/1/2024	Check 1255	36,046.24	-						-
11/1/2024	MANAGEANDNET1718 MNS PMNT 000000000000093 41	-	506.00						506.00
11/1/2024	HNB - ECHO HCCLAIMPMT 746003411 440000297680	-	7,094.16						7,094.16
11/1/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	8,339.54						8,339.54
11/1/2024	NOVITAS SOLUTION HCCLAIMPMT 675423 420000154	-	14,076.90						14,076.90
10/31/2024	Added to Account	-	261.76						261.76
10/31/2024	MANAGEANDNET1718 MNS PMNT 000000000000093 41	-	5,622.00						5,622.00
10/30/2024	WIRE OUT ASHFORD HEALTH CARE CENTER LTD	359,561.15	-						-
10/30/2024	Deposit	-	48,196.15						48,196.15
10/30/2024	MANAGEANDNET1718 MNS PMNT 000000000000093 41	-	1,977.00						1,977.00
10/30/2024	HNB - ECHO HCCLAIMPMT 746003411 440000212863	-	179.12						179.12
10/30/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130052	-	1,758.21						1,758.21
10/29/2024	MANAGEANDNET1718 MNS PMNT 000000000000093 41	-	6,615.00						6,615.00
10/29/2024	HNB - ECHO HCCLAIMPMT 746003411 440000268403	-	1,591.49						1,591.49
10/29/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	410.00						410.00
10/28/2024	HNB - ECHO HCCLAIMPMT 746003411 440000213841	-	57,281.93						57,281.93
10/28/2024	HNB - ECHO HCCLAIMPMT 746003411 440000214580	-	1,969.02						1,969.02
10/28/2024	HNB - ECHO HCCLAIMPMT 746003411 440000213841	-	14,453.53						14,453.53
10/28/2024	UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384	-	6,120.00						6,120.00
10/28/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	7,333.60						7,333.60
10/28/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130052	-	2,344.07						2,344.07
		396,330.99	186,129.48	-	-	-	-	-	186,129.48

Broadmoor

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
11/1/2024	Check 289	13,317.50	-						-
11/1/2024	MANAGEANDNET1718 MNS PMNT 000000000004293 41	-	292.50						292.50
11/1/2024	HNB - ECHO HCCLAIMPMT 746003411 440000297680	-	2,474.75						2,474.75
11/1/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	44,559.42						44,559.42
11/1/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,930.35						1,930.35
11/1/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	69.67						69.67
10/31/2024	Added to Account	-	224.43						224.43
10/31/2024	HNB - ECHO HCCLAIMPMT 746003411 440000255419	-	7,238.88						7,238.88
10/30/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	261,322.48	-						-
10/30/2024	Deposit	-	43,196.44						43,196.44
10/30/2024	HNB - ECHO HCCLAIMPMT 746003411 440000212441	-	2,570.29						2,570.29
10/30/2024	HNB - ECHO HCCLAIMPMT 746003411 440000212441	-	8,909.11						8,909.11
10/30/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,982.90						2,982.90
10/30/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	19,093.85						19,093.85
10/29/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	199.00						199.00
10/29/2024	NOVITAS SOLUTION HCCLAIMPMT 676357 420000175	-	8,699.89						8,699.89
10/29/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130042	-	116.00						116.00
10/28/2024	HNB - ECHO HCCLAIMPMT 746003411 440000213379	-	42,247.82						42,247.82
10/28/2024	UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384	-	4,692.00						4,692.00
		274,639.98	189,497.30	-	-	-	-	-	189,497.30

Crescent

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
11/1/2024	Check 367	9,958.14	-						-
11/1/2024	HNB - ECHO HCCLAIMPMT 746003411 440000297680	-	10,650.75						10,650.75
11/1/2024	HNB - ECHO HCCLAIMPMT 746003411 440000297680	-	6,267.25						6,267.25
11/1/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	11,365.93						11,365.93
11/1/2024	DEVOTED HEALTH P HCCLAIMPMT 21000028542018	-	6,300.00						6,300.00
10/31/2024	Added to Account	-	301.56						301.56
10/31/2024	MANAGEANDNET1718 MNS PMNT 000000000003268 41	-	585.00						585.00
10/31/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	820.00						820.00
10/31/2024	HUMANA CHA DISB HCCLAIMPMT 60803965 42000014	-	8,010.00						8,010.00
10/30/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	579,537.21	-						-
10/30/2024	Deposit	-	48,990.20						48,990.20
10/30/2024	MANAGEANDNET1718 MNS PMNT 000000000003268 41	-	9,694.00						9,694.00
10/30/2024	DEVOTED HEALTH P HCCLAIMPMT 21000024319191	-	7,872.57						7,872.57
10/30/2024	DEVOTED HEALTH P HCCLAIMPMT 21000024319189	-	273.54						273.54
10/30/2024	DEVOTED HEALTH P HCCLAIMPMT 21000024319187	-	200.17						200.17
10/29/2024	NOVITAS SOLUTION HCCLAIMPMT 676323 420000175	-	23,450.15						23,450.15
10/29/2024	HUMANA CHA DISB HCCLAIMPMT 60617437 42000016	-	750.00						750.00
10/28/2024	MANAGEANDNET1718 MNS PMNT 000000000003268 41	-	115.92						115.92
10/28/2024	HNB - ECHO HCCLAIMPMT 746003411 440000213379	-	4,317.95						4,317.95
10/28/2024	HNB - ECHO HCCLAIMPMT 746003411 440000213185	-	2,009.20						2,009.20
10/28/2024	UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384	-	7,380.00						7,380.00
10/28/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	4,505.25						4,505.25
		589,495.35	153,859.44	-	-	-	-	-	153,859.44

Fort Bend

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
11/1/2024	Check 260	11,275.65	-						-
11/1/2024	HNB - ECHO HCCLAIMPMT 746003411 440000297680	-	8,208.24						8,208.24
11/1/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	11,180.00						11,180.00
10/31/2024	Added to Account	-	99.67						99.67
10/31/2024	HNB - ECHO HCCLAIMPMT 746003411 440000255419	-	319.42						319.42
10/30/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	163,352.15	-						-
10/30/2024	Deposit	-	5,537.49						5,537.49
10/30/2024	MANAGEANDNET1718 MNS PMNT 000000000004294 41	-	3,802.50						3,802.50
10/29/2024	MANAGEANDNET1718 MNS PMNT 000000000004294 41	-	590.00						590.00
10/28/2024	HNB - ECHO HCCLAIMPMT 746003411 440000213379	-	8,862.27						8,862.27
		174,627.80	38,599.59	-	-	-	-	-	38,599.59

Solera at West Houston

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
11/1/2024	Check 1316	10,794.96	-						-
11/1/2024	HNB - ECHO HCCLAIMPMT 746003411 440000296760	-	2,554.82						2,554.82
11/1/2024	HNB - ECHO HCCLAIMPMT 746003411 440000297680	-	10,585.08						10,585.08
10/31/2024	Added to Account	-	282.48						282.48
10/31/2024	MANAGEANDNET1718 MNS PMNT 000000000002482 41	-	16,414.98						16,414.98
10/31/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	2,700.00						2,700.00
10/30/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	431,772.11	-						-
10/30/2024	Deposit	-	23,380.94						23,380.94
10/30/2024	Deposit	-	17,548.01						17,548.01
10/30/2024	MANAGEANDNET1718 MNS PMNT 000000000002482 41	-	2,340.00						2,340.00

10/30/2024	HNB - ECHO HCCLAIMPMT 746003411 440000212441	-	8,379.85				-	8,379.85
10/30/2024	HNB - ECHO HCCLAIMPMT 746003411 440000212863	-	4,399.81				-	4,399.81
10/30/2024	NOVITAS SOLUTION HCCLAIMPMT 676310 420000165	-	1,551.44				-	1,551.44
10/29/2024	HNB - ECHO HCCLAIMPMT 746003411 440000268403	-	12,760.23				-	12,760.23
10/29/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	9,900.00				-	9,900.00
10/29/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,507.56				-	2,507.56
10/29/2024	HUMANA INS CO HCCLAIMPMT 60532526 8300005246	-	8,123.00				-	8,123.00
10/28/2024	HNB - ECHO HCCLAIMPMT 746003411 440000214327	-	9,478.46				-	9,478.46
10/28/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	292.06				-	292.06
10/28/2024	NOVITAS SOLUTION HCCLAIMPMT 676310 420000146	-	3,086.79				-	3,086.79
		442,567.07	**136,285.51**	-	-	-	-	**136,285.51**
	TOTALS		**704,371.32**	-	-	-	-	**704,371.32**

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$3,357,491.91	$3,455,557.11	$3,357,491.91	$1,660,392.61
*4365 MMC - CLINIC SERIES 2014	$547.97	$547.97	$547.97	$547.97
*4373 MMC - PRIVATE WAIVER CLEARING	$441.14	$441.14	$441.14	$441.14
*4381 MEMORIAL MEDICAL / NH ASHFORD	$186,229.48	$216,467.66	$186,229.48	$192,982.72
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$189,597.30	$199,195.26	$189,597.30	$153,588.11
*4411 MEMORIAL MEDICAL / NH CRESCENT	$155,276.95	$168,753.36	$155,276.95	$130,651.16
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$136,385.51	$155,445.54	$136,385.51	$134,040.57
*4446 MEMORIAL MEDICAL / NH FORT BEND	$38,699.59	$38,699.59	$38,699.59	$30,587.00
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$118,922.76	$124,983.22	$118,922.76	$143,357.89
*4551 CAL CO INDIGENT HEALTHCARE	$5,506.52	$5,506.52	$5,506.52	$5,506.52
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$3,898.39	$6,059.59	$3,898.39	$3,898.39
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$2,786.22	$7,586.22	$2,786.22	$997.75
*5506 MMC -NH BETHANY SENIOR LIVING	$8,839.02	$9,386.95	$8,839.02	$27,565.25
*3407 MMC -NH TUSCANY VILLAGE	$163,947.69	$173,351.75	$163,947.69	$185,634.91
*3660 MMC -BETHANY SR LIVING - DACA	$100.00	$100.00	$100.00	$100.00
*2998 MMC -MONEY MARKET FUND	$5,053.48	$5,053.48	$5,053.48	$5,053.48
Total Balance	**$4,373,723.93**	**$4,567,135.36**	**$4,373,723.93**	**$2,675,345.47**

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
11/4/2024

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		148,947.23	149,247.23	119,222.76		-	118,922.76	**118,667.27**
						Bank Balance	118,922.76	
						Variance	-	
						Leave in Balance	100.00	
						Oct Interest	155.49	
						Nov Interest		
						Dec Interest		
						Adjust Balance/Transfer Amt	**118,667.27**	

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: _____
Steve Brock **11/4/2024**

APPROVED ON
NOV 04 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek		Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
				QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
11/1/2024	Check 25	24,589.96	-					-	-
11/1/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001006	-	154.83					-	154.83
10/31/2024	Added to Account	-	155.49					-	155.49
10/30/2024	WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	124,257.27	-					-	-
10/30/2024	GOLDENCREEKHEALT ELEC DEBIT 1220356 91000012	400.00	-					-	-
10/30/2024	Deposit	-	112,711.19					-	112,711.19
10/30/2024	TSYS/TRANSFIRST CR CD DEP 543684555876917 43	-	334.25					-	334.25
10/29/2024	TSYS/TRANSFIRST CR CD DEP 543684555876917 43	-	1,512.00					-	1,512.00
10/29/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001209	-	2,303.00					-	2,303.00
10/29/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001209	-	1,852.00					-	1,852.00
10/28/2024	TSYS/TRANSFIRST CR CD DEP 543684555876917 43	-	200.00					-	200.00
		149,247.23	**119,222.76**	-	-	-	-	-	**119,222.76**

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$3,357,491.91	$3,455,557.11	$3,357,491.91	$1,660,392.61
*4365 MMC - CLINIC SERIES 2014	$547.97	$547.97	$547.97	$547.97
*4373 MMC - PRIVATE WAIVER CLEARING	$441.14	$441.14	$441.14	$441.14
*4381 MEMORIAL MEDICAL / NH ASHFORD	$186,229.48	$216,467.66	$186,229.48	$192,982.72
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$189,597.30	$199,195.26	$189,597.30	$153,588.11
*4411 MEMORIAL MEDICAL / NH CRESCENT	$155,276.95	$168,753.36	$155,276.95	$130,651.16
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$136,385.51	$155,445.54	$136,385.51	$134,040.57
*4446 MEMORIAL MEDICAL / NH FORT BEND	$38,699.59	$38,699.59	$38,699.59	$30,587.00
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$118,922.76	$124,983.22	$118,922.76	$143,357.89
*4551 CAL CO INDIGENT HEALTHCARE	$5,506.52	$5,506.52	$5,506.52	$5,506.52
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$3,898.39	$6,059.59	$3,898.39	$3,898.39
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$2,786.22	$7,586.22	$2,786.22	$997.75
*5506 MMC -NH BETHANY SENIOR LIVING	$8,839.02	$9,386.95	$8,839.02	$27,565.25
*3407 MMC -NH TUSCANY VILLAGE	$163,947.69	$173,351.75	$163,947.69	$185,634.91
*3660 MMC -BETHANY SR LIVING - DACA	$100.00	$100.00	$100.00	$100.00
*2998 MMC -MONEY MARKET FUND	$5,053.48	$5,053.48	$5,053.48	$5,053.48
Total Balance	**$4,373,723.93**	**$4,567,135.36**	**$4,373,723.93**	**$2,675,345.47**

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
11/4/2024

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza- Private Pay		2,256.53	-	1,641.86			-	3,898.39	no transfer
							Bank Balance	3,898.39	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	3,798.39	

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		23,360.04	24,222.64	3,648.82		-	-	2,786.22	-
							Bank Balance	2,786.22	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	2,686.22	

Routing Information for Gulf Pointe Plaza:

TOTAL TRANSFERS	6,484.61

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:
Steve Brock

11/4/2024

APPROVED ON
NOV 04 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
10/31/2024	Added to Account	-	4.50					-	4.50
10/31/2024	PNC-ECHO HCCLAIMPMT 746003411 41000124572654	-	765.57					-	765.57
10/28/2024	HNB - ECHO HCCLAIMPMT 746003411 440000213185	-	871.79					-	871.79
								-	-
								-	-
		-	1,641.86	-	-	-	-	-	1,641.86

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
11/1/2024	Check 1020	962.60	-					-	-
11/1/2024	MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	2,751.07					-	2,751.07
10/31/2024	Added to Account	-	22.55					-	22.55
10/30/2024	WIRE OUT HMG Rockport SNF, LP - Commerical	23,260.04	-					-	-
10/30/2024	Deposit	-	875.20					-	875.20
		24,222.64	3,648.82	-	-	-	-	-	3,648.82
		24,222.64	5,290.68	-	-	-	-	-	5,290.68

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$3,357,491.91	$3,455,557.11	$3,357,491.91	$1,660,392.61
*4365 MMC - CLINIC SERIES 2014	$547.97	$547.97	$547.97	$547.97
*4373 MMC - PRIVATE WAIVER CLEARING	$441.14	$441.14	$441.14	$441.14
*4381 MEMORIAL MEDICAL / NH ASHFORD	$186,229.48	$216,467.66	$186,229.48	$192,982.72
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$189,597.30	$199,195.26	$189,597.30	$153,588.11
*4411 MEMORIAL MEDICAL / NH CRESCENT	$155,276.95	$168,753.36	$155,276.95	$130,651.16
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$136,385.51	$155,445.54	$136,385.51	$134,040.57
*4446 MEMORIAL MEDICAL / NH FORT BEND	$38,699.59	$38,699.59	$38,699.59	$30,587.00
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$118,922.76	$124,983.22	$118,922.76	$143,357.89
*4551 CAL CO INDIGENT HEALTHCARE	$5,506.52	$5,506.52	$5,506.52	$5,506.52
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$3,898.39	$6,059.59	$3,898.39	$3,898.39
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$2,786.22	$7,586.22	$2,786.22	$997.75
*5506 MMC -NH BETHANY SENIOR LIVING	$8,839.02	$9,386.95	$8,839.02	$27,565.25
*3407 MMC -NH TUSCANY VILLAGE	$163,947.69	$173,351.75	$163,947.69	$185,634.91
*3660 MMC -BETHANY SR LIVING - DACA	$100.00	$100.00	$100.00	$100.00
*2998 MMC -MONEY MARKET FUND	$5,053.48	$5,053.48	$5,053.48	$5,053.48
Total Balance	**$4,373,723.93**	**$4,567,135.36**	**$4,373,723.93**	**$2,675,345.47**

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
11/4/2024

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		528,075.18	527,975.18	163,847.69	-	-	-	163,947.69	163,847.69
							Bank Balance	163,947.69	
							Variance	-	
							Leave in Balance	100.00	

Adjust Balance/Transfer Amt 163,847.69

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:
Steve Brock 11/4/2024

APPROVED ON
NOV 04 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Tuscany Village		Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
				QIPP/Comp 1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp 3	QIPP/Comp 4&Lapse	QIPP TI	
11/1/2024	Check 1175	22,571.39	-					-	-
11/1/2024	HNB - ECHO HCCLAIMPMT 746003411 440000297680	-	884.17					-	884.17
10/31/2024	Added to Account	-	308.36					-	308.36
10/30/2024	WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	505,403.79	-					-	-
10/30/2024	Deposit	-	138,903.57					-	138,903.57
10/30/2024	NOVITAS SOLUTION HCCLAIMPMT 676201 420000165	-	3,627.89					-	3,627.89
10/29/2024	Deposit	-	8,367.60					-	8,367.60
10/28/2024	HNB - ECHO HCCLAIMPMT 746003411 440000214327	-	11,756.10					-	11,756.10
		527,975.18	**163,847.69**	-	-	-	-	-	**163,847.69**

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$3,357,491.91	$3,455,557.11	$3,357,491.91	$1,660,392.61
*4365 MMC - CLINIC SERIES 2014	$547.97	$547.97	$547.97	$547.97
*4373 MMC - PRIVATE WAIVER CLEARING	$441.14	$441.14	$441.14	$441.14
*4381 MEMORIAL MEDICAL / NH ASHFORD	$186,229.48	$216,467.66	$186,229.48	$192,982.72
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$189,597.30	$199,195.26	$189,597.30	$153,588.11
*4411 MEMORIAL MEDICAL / NH CRESCENT	$155,276.95	$168,753.36	$155,276.95	$130,651.16
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$136,385.51	$155,445.54	$136,385.51	$134,040.57
*4446 MEMORIAL MEDICAL / NH FORT BEND	$38,699.59	$38,699.59	$38,699.59	$30,587.00
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$118,922.76	$124,983.22	$118,922.76	$143,357.89
*4551 CAL CO INDIGENT HEALTHCARE	$5,506.52	$5,506.52	$5,506.52	$5,506.52
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$3,898.39	$6,059.59	$3,898.39	$3,898.39
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$2,786.22	$7,586.22	$2,786.22	$997.75
*5506 MMC -NH BETHANY SENIOR LIVING	$8,839.02	$9,386.95	$8,839.02	$27,565.25
*3407 MMC -NH TUSCANY VILLAGE	$163,947.69 ✓	$173,351.75	$163,947.69	$185,634.91
*3660 MMC -BETHANY SR LIVING - DACA	$100.00	$100.00	$100.00	$100.00
*2998 MMC -MONEY MARKET FUND	$5,053.48	$5,053.48	$5,053.48	$5,053.48
Total Balance	**$4,373,723.93**	**$4,567,135.36**	**$4,373,723.93**	**$2,675,345.47**

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
11/4/2024

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		142,081.60	141,981.60	8,739.02			-	8,839.02	8,658.05
							Bank Balance	8,839.02	
							Variance	-	
							Leave in Balance	100.00	
							Oct Interest	80.97	
							Nov Interest		
							Dec Interest		
							Adjust Balance/Transfer Amt	8,658.05	

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:
Steve Brock 11/4/2024

APPROVED ON
NOV 04 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Bethany Senior Living

			Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
					QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
11/1/2024	Check 1055		21,723.43	-					-	-
11/1/2024	HNB - ECHO HCCLAIMPMT 746003411 440000297680		-	2,154.66					-	2,154.66
11/1/2024	NOVITAS SOLUTION HCCLAIMPMT 676481 420000154		-	215.82					-	215.82
11/1/2024	HOSPICE OF SOUTH Payments NF 113122650022038		-	626.72					-	626.72
10/31/2024	Added to Account		-	80.97					-	80.97
10/31/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2		-	1,591.45					-	1,591.45
10/30/2024	WIRE OUT PORT LAVACA NH, LLC		120,258.17	-					-	-
10/29/2024	NDC SWEEP FAC K236 31316969443196 SWEEP FR		-	4,069.40					-	4,069.40
			141,981.60	**8,739.02**	-	-	-	-	-	**8,739.02**

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Total Balance	**$4,373,723.93**	**$4,567,135.36**	**$4,373,723.93**	**$2,675,345.47**