MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---November 13, 2024

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	312,406.77
TOTAL TRANSFERS BETWEEN FUNDS	$	182,802.12
TOTAL NURSING HOME UPL EXPENSES	$	636,006.61
TOTAL INTER-GOVERNMENT TRANSFERS	$	113,891.57
GRAND TOTAL DISBURSEMENTS APPROVED November 13, 2024	$	1,245,107.07

APPROVED

NOV 13 2024

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---November 13, 2024

PAYABLES AND PAYROLL			
11/7/2024	Weekly Payables	260,989.52	
11/7/2024	Patient Refund	1,220.88	
11/12/2024	McKesson-340B Prescription Expense	6,115.79	
11/12/2024	Amerisource Bergen-340B Prescription Expense	2,725.12	
	Prosperity Electronic Bank Payments		
11/12/2024	90 Degree Benefits - employee insurance claims	20,130.00	
11/12/2024	90 Degree Benefits - employee insurance claims	9,949.50	
11/12/2024	90 Degree Benefits - employee insurance claims	8,789.90	
11/12/2024	Expert Pay- Child Support	570.69	
11/12/2024	Pay Plus-Patient Claims Processing Fee	604.54	
11/12/2024	Amerisource Bergen Overage	112.45	
11/12/2024	Authnet Gateway	41.10	
11/12/2024	Credit Card Processing Fee	821.75	
11/12/2024	Credit Card Lease Fee	335.53	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 312,406.77**
TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES			
11/7/2024	MMC Operating to Ashford-Correction of insurance payment deposited into MMC Operating in error	2,909.85	
11/7/2024	MMC Operating to Solera-Correction of insurance payment deposited into MMC Operating in error	1,842.67	
11/7/2024	MMC Operating to The Crescent-Correction of insurance payment deposited into MMC Operating in error	24,709.86	
11/7/2024	MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error	31,985.72	
11/7/2024	MMC Operating to Gulf Pointe Plaza - Correction of insurance payment deposited into MMC operating in error	39166.72	
11/7/2024	MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error	64,927.52	
11/7/2024	MMC Operating to Bethany-Correction of insurance payment deposited into MMC Operating in error	17,259.78	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 182,802.12**
NURSING HOME UPL EXPENSES			
11/12/2024	Nursing Home UPL-Cantex Transfer	340,784.51	
11/12/2024	Nursing Home UPL-Nexion Transfer	125,063.48	
11/12/2024	Nursing Home UPL-HMG Transfer	39,371.18	
11/12/2024	Nursing Home UPL-Tuscany Transfer	110,057.01	
11/12/2024	Nursing Home UPL-HSL Transfer	20,730.43	
TOTAL NURSING HOME UPL EXPENSES			**$ 636,006.61**
INTER-GOVERNMENT TRANSFERS			
11/12/2024	DSH 2020 - Audit Overpayment	441.47	
11/12/2024	CHIRP IGT SFY25	70,813.11	
11/12/2024	RAPPS IGT SFY25	42,636.99	
TOTAL INTER-GOVERNMENT TRANSFERS			**$ 113,891.57**
GRAND TOTAL DISBURSEMENTS APPROVED November 13, 2024			**$ 1,245,107.07**

RECEIVED BY THE COUNTY AUDITOR ON

NOV 07 2024

CALHOUN COUNTY, TEXAS

11/07/2024 MEMORIAL MEDICAL CENTER 0

12:30 AP Open Invoice List ap_open_invoice.template

Due Dates Through: 11/22/2024

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
9154910753		10/23/202	10/21/202	11/20/202			290.46	0.00	0.00	290.46
9155088393		10/30/202	10/28/202	11/22/202			160.57	0.00	0.00	160.57

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	451.03	0.00	0.00	451.03

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
13L6PCGJG6W9		10/21/202	10/21/202	11/20/202			105.72	0.00	0.00	105.72
11HW1LYCFCQ7		10/21/202	10/21/202	11/20/202			61.23	0.00	0.00	61.23
1QVLLQLQRWNP		10/29/202	10/23/202	11/22/202			17.98	0.00	0.00	17.98

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES	184.93	0.00	0.00	184.93

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
804987288		11/04/202	10/31/202	11/20/202			10.65	0.00	0.00	10.65

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1360	AMERISOURCEBERGEN DRUG CORP	10.65	0.00	0.00	10.65

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
177346		10/31/202	10/24/202	11/18/202			60.50	0.00	0.00	60.50
177350		10/31/202	10/24/202	11/18/202			44.00	0.00	0.00	44.00
177347		10/31/202	10/24/202	11/18/202			29.00	0.00	0.00	29.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A2218	AQUA BEVERAGE COMPANY	133.50	0.00	0.00	133.50

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
922117293		10/29/202	10/24/202	10/24/202			330.00	0.00	0.00	330.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A2271	ARTHREX, INC	330.00	0.00	0.00	330.00

Vendor#	Vendor Name	Class	Pay Code
11247	AVENO NETWORKS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
15153		10/31/202	11/01/202	11/16/202			4,000.00	0.00	0.00	4,000.00

Maintenance

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11247	AVENO NETWORKS	4,000.00	0.00	0.00	4,000.00

Vendor#	Vendor Name				Class	Pay Code				
14088	AZALEA HEALTH									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	110484		11/05/202	11/01/202	11/01/202			594.00	0.00	0.00	594.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14088	AZALEA HEALTH					594.00	0.00	0.00	594.00
Vendor#	Vendor Name				Class	Pay Code				
B1220	BECKMAN COULTER INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	5494858		10/01/202	10/21/202	11/20/202			1,935.15	0.00	0.00	1,935.15
	111621289		10/23/202	10/11/202	11/20/202			176.08	0.00	0.00	176.08
	111622314		10/23/202	10/23/202	11/17/202			119.45	0.00	0.00	119.45
	5495032		10/29/202	10/25/202	11/19/202			1,337.05	0.00	0.00	1,337.05
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		B1220	BECKMAN COULTER INC					3,567.73	0.00	0.00	3,567.73
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
	907696932		10/29/202	10/16/202	11/20/202			1,338.24	0.00	0.00	1,338.24
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11072	BIO-RAD LABORATORIES, INC					1,338.24	0.00	0.00	1,338.24
Vendor#	Vendor Name				Class	Pay Code				
B1800	BRIGGS HEALTHCARE				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	B471617		10/29/202	10/18/202	11/17/202			305.80	0.00	0.00	305.80
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		B1800	BRIGGS HEALTHCARE					305.80	0.00	0.00	305.80
Vendor#	Vendor Name				Class	Pay Code				
14120	CALHOUN COUNTY EMS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	202409		09/01/202	10/04/202	11/20/202			4,840.00	0.00	0.00	4,840.00
	202410		10/31/202	11/01/202	11/20/202			2,200.00	0.00	0.00	2,200.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14120	CALHOUN COUNTY EMS					7,040.00	0.00	0.00	7,040.00
Vendor#	Vendor Name				Class	Pay Code				
14064	CAPITAL ONE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	101924		11/06/202	10/19/202	11/13/202			388.82	0.00	0.00	~~388.82~~ 248.37
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14064	CAPITAL ONE					388.82	0.00	0.00	~~388.82~~
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
	8003657055		10/29/202	10/13/202	11/22/202			273.15	0.00	0.00	273.15
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net

Emergency Room Register Book

removed one recpt. - not approved

	C1325	CARDINAL HEALTH 414, INC.					273.15	0.00	0.00	273.15
Vendor#	Vendor Name				Class	Pay Code				
14260	CAREFUSION SOLUTIONS, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	10023770118		11/06/202	10/09/202	11/01/202			2.00	0.00	0.00	2.00
	10023770100		11/06/202	10/09/202	11/01/202			1,788.00	0.00	0.00	1,788.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14260	CAREFUSION SOLUTIONS, LLC					1,790.00	0.00	0.00	1,790.00
Vendor#	Vendor Name				Class	Pay Code				
10541	CARESFIELD									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	000007233A		10/23/202	09/01/202	10/01/202			272.92	0.00	0.00	272.92
		SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10541	CARESFIELD					272.92	0.00	0.00	272.92
Vendor#	Vendor Name				Class	Pay Code				
14236	CARRIER CORPORATION									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	90404380		10/29/202	10/17/202	11/16/202			12,830.00	0.00	0.00	12,830.00
	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				
C1600	CITIZENS MEDICAL CENTER				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	202426		10/31/202	11/05/202	11/06/202			50,564.04	0.00	0.00	50,564.04
		OCTOBER									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		C1600	CITIZENS MEDICAL CENTER					50,564.04	0.00	0.00	50,564.04
Vendor#	Vendor Name				Class	Pay Code				
13000	CLEARFLY									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	INV6554410A		11/07/202	11/01/202	11/20/202			1,217.28	0.00	0.00	1,217.28
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		13000	CLEARFLY					1,217.28	0.00	0.00	1,217.28
Vendor#	Vendor Name				Class	Pay Code				
11030	COMBINED INSURANCE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	110124A		11/07/202	11/01/202	11/01/202			501.72	0.00	0.00	501.72
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11030	COMBINED INSURANCE					501.72	0.00	0.00	501.72
Vendor#	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
	9090085871		11/01/202	11/05/202	11/06/202			24.44	0.00	0.00	24.44
	9090085310		11/04/202	10/24/202	11/16/202			274.98	0.00	0.00	274.98
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		15116	COMPUGROUP MEDICAL - EMDS INC.					299.42	0.00	0.00	299.42
Vendor#	Vendor Name				Class	Pay Code				
12044	CULLIGAN ULTRAPURE INC.									

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
103124		11/04/202	11/02/202	11/16/202			114.15	0.00	0.00	114.15

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12044	CULLIGAN ULTRAPURE INC.	114.15	0.00	0.00	114.15

Vendor# 15876 — Vendor Name: DELTA TEMP SERVICES — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7184		11/05/202	10/24/202	11/05/202			4,920.00	0.00	0.00	4,920.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15876	DELTA TEMP SERVICES	4,920.00	0.00	0.00	4,920.00

Vendor# 10060 — Vendor Name: DETAR HOSPITAL — Class: ICP — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
DTR2410018	OCTOBER INVOICE PERIOD	11/04/202	11/04/202	11/16/202			831.34	0.00	0.00	831.34

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10060	DETAR HOSPITAL	831.34	0.00	0.00	831.34

Vendor# 10842 — Vendor Name: DH PACE COMPANY — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
ACR27016904A		10/30/202	08/29/202	08/29/202			19,511.45	0.00	0.00	19,511.45

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10842	DH PACE COMPANY	19,511.45	0.00	0.00	19,511.45

Vendor# 11291 — Vendor Name: DOWELL PEST CONTROL — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
39297		11/04/202	11/01/202	11/01/202			50.00	0.00	0.00	50.00
39028A		11/05/202	10/28/202	10/28/202			505.00	0.00	0.00	505.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11291	DOWELL PEST CONTROL	555.00	0.00	0.00	555.00

Vendor# 14136 — Vendor Name: EPI-EDWARD PLUMBING — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
68091		10/02/202	09/19/202	10/11/202			755.00	0.00	0.00	755.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14136	EPI-EDWARD PLUMBING	755.00	0.00	0.00	755.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
538458		11/04/202	10/31/202	11/04/202			86.54	0.00	0.00	86.54

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14708	EQUALIZE RCM SERVICES	86.54	0.00	0.00	86.54

Vendor# T0383 — Vendor Name: ERIN CLEVENGER — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
102124		11/05/202	10/21/202	11/05/202			248.96	0.00	0.00	248.96
102124A		11/05/202	10/21/202	11/05/202			297.48	0.00	0.00	297.48

Texas Hospt. Ass. THT Conf. 7/24 - 7/27/24

Torch 2024 Fall Conf. 9/23 - 9/26/24

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	T0383	ERIN CLEVENGER					546.44	0.00	0.00	546.44
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
	5614680		10/02/202	09/24/202	11/20/202		763.00	0.00	0.00	763.00
	6317300		10/02/202	10/22/202	11/16/202		54.81	0.00	0.00	54.81
	6353752		10/02/202	10/23/202	11/17/202		102.60	0.00	0.00	102.60
	6353751		10/02/202	10/23/202	11/17/202		369.79	0.00	0.00	369.79
	6353750		10/02/202	10/23/202	11/17/202		859.48	0.00	0.00	859.48
	6422625		10/30/202	10/25/202	11/19/202		72.28	0.00	0.00	72.28
	6422626		10/30/202	10/25/202	11/19/202		153.48	0.00	0.00	153.48
	6452259		10/30/202	10/28/202	11/22/202		1,260.36	0.00	0.00	1,260.36
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE					3,635.80	0.00	0.00	3,635.80
Vendor#	Vendor Name				Class	Pay Code				
14156	FUJI FILM									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	91552618		10/29/202	10/25/202	11/20/202		7,908.33	0.00	0.00	7,908.33
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14156	FUJI FILM					7,908.33	0.00	0.00	7,908.33
Vendor#	Vendor Name				Class	Pay Code				
W1300	GRAINGER				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	9288021315		11/05/202	10/21/202	11/15/202		96.55	0.00	0.00	96.55
	9292784585		11/06/202	10/24/202	11/18/202		120.00	0.00	0.00	120.00
	9293137783		11/06/202	10/24/202	11/18/202		245.70	0.00	0.00	245.70
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	W1300	GRAINGER					462.25	0.00	0.00	462.25
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
	2585867		10/23/202	10/22/202	11/21/202		1,285.59	0.00	0.00	1,285.59
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY					1,285.59	0.00	0.00	1,285.59
Vendor#	Vendor Name				Class	Pay Code				
12380	HEALTH SOLUTIONS DIETETICS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	100124		11/05/202	11/05/202	11/05/202		3,400.00	0.00	0.00	3,400.00
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	12380	HEALTH SOLUTIONS DIETETICS					3,400.00	0.00	0.00	3,400.00
Vendor#	Vendor Name				Class	Pay Code				

H0031 HEB CREDIT RECEIVABLES DEPT308

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
102524A		11/07/202	10/25/202	11/22/202			548.89	0.00	0.00	~~548.89~~ 475.26

removed one rectp. - not approved

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	H0031	HEB CREDIT RECEIVABLES DEPT308	548.89	0.00	0.00	~~548.89~~

Vendor# 15928 Vendor Name: HOSPICE OF SOUTH TEXAS — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
20241030A		11/06/202	10/30/202	11/06/202			150.00	0.00	0.00	150.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15928	HOSPICE OF SOUTH TEXAS	150.00	0.00	0.00	150.00

Vendor# 15864 Vendor Name: HOWARD INDUSTRIES INC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5174892024		11/05/202	10/18/202	11/05/202			1,551.20	0.00	0.00	1,551.20

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15864	HOWARD INDUSTRIES INC	1,551.20	0.00	0.00	1,551.20

Vendor# 10530 Vendor Name: HUMANA — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
SALLIB0001		11/06/202	11/01/202	11/06/202			78.40	0.00	0.00	78.40
HARMARY0001		11/06/202	11/04/202	11/06/202			90.51	0.00	0.00	90.51

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10530	HUMANA	168.91	0.00	0.00	168.91

Vendor# I1260 Vendor Name: INTOXIMETERS INC — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
772357		11/05/202	10/25/202	11/19/202			80.00	0.00	0.00	80.00
772407		11/06/202	10/28/202	11/22/202			40.00	0.00	0.00	40.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	I1260	INTOXIMETERS INC	120.00	0.00	0.00	120.00

Vendor# 11285 Vendor Name: ITA RESOURCES INC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMC112024		11/06/202	11/01/202	11/21/202			31,331.11	0.00	0.00	31,331.11

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Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11285	ITA RESOURCES INC	31,331.11	0.00	0.00	31,331.11

Vendor# 11108 Vendor Name: ITERSOURCE CORPORATION — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
711828		11/06/202	11/04/202	11/06/202			250.00	0.00	0.00	250.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11108	ITERSOURCE CORPORATION	250.00	0.00	0.00	250.00

Vendor# 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
42503221		11/06/202	10/26/202	11/20/202			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#	Vendor Name	Class	Pay Code
10972	M G TRUST		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
110424		11/04/202	11/04/202	11/16/202			895.00	0.00	0.00	895.00

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

Vendor#	Vendor Name	Class	Pay Code
J1350	M.C. JOHNSON COMPANY INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
00397323		10/01/202	10/31/202	11/05/202			190.66	0.00	0.00	190.66

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	J1350	M.C. JOHNSON COMPANY INC	190.66	0.00	0.00	190.66

Vendor#	Vendor Name	Class	Pay Code
M1950	MARTIN PRINTING CO	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
80339		10/30/202	10/22/202	11/21/202			476.00	0.00	0.00	476.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M1950	MARTIN PRINTING CO	476.00	0.00	0.00	476.00

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
22814358		11/05/202	10/24/202	11/08/202			227.66	0.00	0.00	227.66
22844693		11/05/202	10/31/202	11/15/202			227.66	0.00	0.00	227.66

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	455.32	0.00	0.00	455.32

Vendor#	Vendor Name	Class	Pay Code
12588	MEDICAL TECHNOLOGY ASSOCIATES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV250040		10/21/202	10/21/202	11/20/202			2,095.50	0.00	0.00	2,095.50

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12588	MEDICAL TECHNOLOGY ASSOCIATES	2,095.50	0.00	0.00	2,095.50

Vendor#	Vendor Name	Class	Pay Code
10613	MEDIMPACT HEALTHCARE SYS, INC.	A/P	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
103024		11/06/202	11/01/202	11/06/202			12.38	0.00	0.00	12.38

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10613	MEDIMPACT HEALTHCARE SYS, INC.	12.38	0.00	0.00	12.38

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
2341085926		10/23/202	10/22/202	11/16/202			9,795.42	0.00	0.00	9,795.42
2341112538		10/23/202	10/23/202	11/17/202			4,486.56	0.00	0.00	4,486.56
2341112537		10/23/202	10/23/202	11/17/202			248.65	0.00	0.00	248.65

2341112529	10/23/202	10/23/202	11/17/202	107.06	0.00	0.00	107.06
2341112536	10/23/202	10/23/202	11/17/202	106.45	0.00	0.00	106.45
2341112539	10/23/202	10/23/202	11/17/202	1,064.66	0.00	0.00	1,064.66
2341112535	10/23/202	10/23/202	11/17/202	63.55	0.00	0.00	63.55
2341112533	10/23/202	10/23/202	11/17/202	61.20	0.00	0.00	61.20
2341112534	10/23/202	10/23/202	11/17/202	27.36	0.00	0.00	27.36
2341299630	10/29/202	10/23/202	11/17/202	487.76	0.00	0.00	487.76
2341455831	10/29/202	10/24/202	11/18/202	-156.80	0.00	0.00	-156.80
2341112532	10/30/202	10/23/202	11/17/202	70.48	0.00	0.00	70.48
2341112530	10/30/202	10/23/202	11/17/202	723.63	0.00	0.00	723.63

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	17,085.98	0.00	0.00	17,085.98

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
103124		11/04/202	10/31/202	11/16/202			65.00	0.00	0.00	65.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10963	MEMORIAL MEDICAL CLINIC	65.00	0.00	0.00	65.00

Vendor# 10904 Vendor Name: MERCK SHARP & DOHME LLC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7017877235		11/06/202	10/24/202	11/06/202			1,743.23	0.00	0.00	1,743.23

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10904	MERCK SHARP & DOHME LLC	1,743.23	0.00	0.00	1,743.23

Vendor# 15924 Vendor Name: [redacted] — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
STRMIA0001		11/06/202	11/01/202	11/06/202			130.04	0.00	0.00	130.04

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15924	[redacted]	130.04	0.00	0.00	130.04

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2628112		11/06/202	10/30/202	11/09/202			788.59	0.00	0.00	788.59
2624618		11/06/202	10/30/202	11/09/202			7,083.44	0.00	0.00	7,083.44
2626337		11/06/202	10/30/202	11/09/202			148.58	0.00	0.00	148.58
2626336		11/06/202	10/30/202	11/09/202			752.31	0.00	0.00	752.31
2628113		11/06/202	10/30/202	11/09/202			11,663.46	0.00	0.00	11,663.46

2630685	11/06/202 10/31/202 11/10/202		29.33	0.00	0.00	29.33
2630688	11/06/202 10/31/202 11/10/202		282.26	0.00	0.00	282.26
2634220	11/06/202 10/31/202 11/10/202		374.55	0.00	0.00	374.55
2630687	11/06/202 10/31/202 11/10/202		45.86	0.00	0.00	45.86
2634219	11/06/202 10/31/202 11/10/202		48.98	0.00	0.00	48.98
2630686	11/06/202 10/31/202 11/10/202		30.27	0.00	0.00	30.27
2630680	11/06/202 10/31/202 11/10/202		21.56	0.00	0.00	21.56
2630682	11/06/202 10/31/202 11/10/202		32.08	0.00	0.00	32.08
2630684	11/06/202 10/31/202 11/10/202		24.61	0.00	0.00	24.61
2630681	11/06/202 10/31/202 11/10/202		97.37	0.00	0.00	97.37
2630683	11/06/202 10/31/202 11/10/202		23.58	0.00	0.00	23.58
2640932	11/06/202 11/03/202 11/13/202		1,185.28	0.00	0.00	1,185.28
2640931	11/06/202 11/03/202 11/13/202		37.98	0.00	0.00	37.98
2645199	11/06/202 11/04/202 11/14/202		1,041.86	0.00	0.00	1,041.86
2642800	11/06/202 11/04/202 11/14/202		30.27	0.00	0.00	30.27
2645200	11/06/202 11/04/202 11/14/202		10.43	0.00	0.00	10.43
2651242	11/06/202 11/05/202 11/15/202		10.03	0.00	0.00	10.03
2651241	11/06/202 11/05/202 11/15/202		126.32	0.00	0.00	126.32
2648338	11/06/202 11/05/202 11/15/202		194.74	0.00	0.00	194.74

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	24,083.74	0.00	0.00	24,083.74

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
1853762721A		10/21/202	10/17/202	11/16/202			2,121.17	0.00	0.00	2,121.17
1853764725		10/21/202	10/19/202	11/18/202			1,148.18	0.00	0.00	1,148.18

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	O1416	ORTHO CLINICAL DIAGNOSTICS	3,269.35	0.00	0.00	3,269.35

Vendor#	Vendor Name	Class	Pay Code
P1971	PORT LAVACA FORD		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
312962		11/06/202	11/01/202	11/06/202			58.50	0.00	0.00	58.50
312885	FORD TRANSIT VEHICLE	11/06/202	11/01/202	11/06/202			7.00	0.00	0.00	7.00

312951	11/06/202	11/01/202	11/06/202		1,049.66	0.00	0.00	1,049.66
FORD E350 VAN								
312604	11/06/202	11/01/202	11/06/202		198.11	0.00	0.00	198.11
313152	11/06/202	11/01/202	11/06/202		420.49	0.00	0.00	420.49

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	P1971	PORT LAVACA FORD	1,733.76	0.00	0.00	1,733.76

Vendor#	Vendor Name	Class	Pay Code
P2200	POWER HARDWARE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
103124		10/31/202	10/31/202	11/16/202			150.19	0.00	0.00	150.19

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	P2200	POWER HARDWARE	150.19	0.00	0.00	150.19

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
9357453511		10/23/202	10/21/202	11/20/202			167.60	0.00	0.00	167.60
9357463925		10/29/202	10/22/202	11/21/202			204.36	0.00	0.00	204.36

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10372	PRECISION DYNAMICS CORP (PDC)	371.96	0.00	0.00	371.96

Vendor#	Vendor Name	Class	Pay Code
15264	REPUBLIC PAIN SPECIALISTS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
40		10/29/202	10/24/202	11/20/202			7,000.00	0.00	0.00	7,000.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15264	REPUBLIC PAIN SPECIALISTS	7,000.00	0.00	0.00	7,000.00

Vendor#	Vendor Name	Class	Pay Code
10554	REPUBLIC SERVICES #847		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0847001362202		11/06/202	10/26/202	11/15/202			2,006.42	0.00	0.00	2,006.42

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10554	REPUBLIC SERVICES #847	2,006.42	0.00	0.00	2,006.42

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
56382500006554		11/04/202	10/30/202	11/19/202			1,333.33	0.00	0.00	1,333.33

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10936	SIEMENS FINANCIAL SERVICES	1,333.33	0.00	0.00	1,333.33

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
116626551		11/06/202	10/25/202	11/19/202			3,507.72	0.00	0.00	3,507.72

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S2001	SIEMENS MEDICAL SOLUTIONS INC	3,507.72	0.00	0.00	3,507.72

Vendor#	Vendor Name	Class	Pay Code
S2362	SMITH & NEPHEW, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
983523326		10/23/202	11/01/202	11/15/202			1,004.93	0.00	0.00	1,004.93

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S2362	SMITH & NEPHEW, INC.	1,004.93	0.00	0.00	1,004.93

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
12288	SPBS CLINICAL EQUIPMENT SRVC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV050001124		11/04/202	10/31/202	11/16/202			9,836.92	0.00	0.00	9,836.92

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12288	SPBS CLINICAL EQUIPMENT SRVC	9,836.92	0.00	0.00	9,836.92

Vendor#	Vendor Name	Class	Pay Code
10094	ST DAVIDS HEALTHCARE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMCPL202409	SEPT CONNECTIVITY FEE	11/01/202	10/30/202	11/16/202			375.00	0.00	0.00	375.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10094	ST DAVIDS HEALTHCARE	375.00	0.00	0.00	375.00

Vendor#	Vendor Name	Class	Pay Code
10845	STAPLES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6015837324		10/01/202	10/31/202	11/15/202			44.05	0.00	0.00	44.05

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10845	STAPLES	44.05	0.00	0.00	44.05

Vendor#	Vendor Name	Class	Pay Code
S3960	STERICYCLE, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3000903568		10/21/202	10/18/202	11/17/202			3,076.66	0.00	0.00	3,076.66

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

Vendor#	Vendor Name	Class	Pay Code
S3940	STERIS CORPORATION	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
12992898		10/29/202	10/23/202	11/17/202			447.46	0.00	0.00	447.46
13014382		11/06/202	10/24/202	11/18/202			428.00	0.00	0.00	428.00
12997713		11/06/202	10/24/202	11/18/202			208.96	0.00	0.00	208.96
13000977		11/06/202	10/25/202	11/19/202			74.58	0.00	0.00	74.58

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S3940	STERIS CORPORATION	1,159.00	0.00	0.00	1,159.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
103124		10/31/202	11/01/202	11/16/202			145.28	0.00	0.00	145.28

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15396	THIRD COAST DISTRIBUTING LLC	145.28	0.00	0.00	145.28

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
600516587		11/05/202	10/23/202	11/17/202			414.59	0.00	0.00	414.59

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	T3130	TRI-ANIM HEALTH SERVICES INC	414.59	0.00	0.00	414.59

Vendor#	Vendor Name	Class	Pay Code
10841	TRUBRIDGE, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1025970		11/04/202	10/31/202	11/16/202			200.00	0.00	0.00	200.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10841	TRUBRIDGE, LLC	200.00	0.00	0.00	200.00

Vendor#	Vendor Name	Class	Pay Code
11002	TRUSTAFF		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2271279		10/21/202	10/18/202	11/17/202			3,262.16	0.00	0.00	3,262.16

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11002	TRUSTAFF	3,262.16	0.00	0.00	3,262.16

Vendor#	Vendor Name	Class	Pay Code
15872	TYPENEX MEDICAL LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
24100271		11/05/202	10/16/202	11/05/202			253.62	0.00	0.00	253.62

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15872	TYPENEX MEDICAL LLC	253.62	0.00	0.00	253.62

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
2921045329		10/29/202	10/24/202	11/18/202			2,229.52	0.00	0.00	2,229.52
2921045332		10/29/202	10/24/202	11/18/202			162.14	0.00	0.00	162.14
2921045330		10/29/202	10/24/202	11/18/202			34.04	0.00	0.00	34.04
2921045331		10/29/202	10/24/202	11/18/202			373.57	0.00	0.00	373.57
2921045327		10/29/202	10/24/202	11/18/202			89.10	0.00	0.00	89.10
2921045333		10/29/202	10/24/202	11/18/202			181.86	0.00	0.00	181.86
2921045334		10/29/202	10/24/202	11/18/202			148.43	0.00	0.00	148.43
2921045328		10/29/202	10/24/202	11/18/202			231.03	0.00	0.00	231.03
2921045528		10/30/202	10/28/202	11/22/202			2,543.89	0.00	0.00	2,543.89
2921045529		10/30/202	10/28/202	11/22/202			137.94	0.00	0.00	137.94

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	6,131.52	0.00	0.00	6,131.52

Vendor#	Vendor Name	Class	Pay Code

V0552 VERATHON INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
80994943		10/31/202	10/21/202	11/15/202			440.00	0.00	0.00	440.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	V0552	VERATHON INC	440.00	0.00	0.00	440.00

Vendor# V1471 Vendor Name: VICTORIA RADIOWORKS, LLC Class: W Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
24100151		11/06/202	10/31/202	11/06/202			120.00	0.00	0.00	120.00

10/11/24 - 10/25/24

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	V1471	VICTORIA RADIOWORKS, LLC	120.00	0.00	0.00	120.00

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
9111656807		10/29/202	10/23/202	11/17/202			1,253.87	0.00	0.00	1,253.87
9111658060		10/29/202	10/24/202	11/18/202			51.32	0.00	0.00	51.32

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	1,305.19	0.00	0.00	1,305.19

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	261,203.60	0.00	0.00	261,203.60

260,989.52

APPROVED ON

NOV 07 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 2064141 - 2064491

261,203.60 +
-
248.37 +
-
475.26 +
260,989.52 ◊

> pg 2. one receipt not acceptable

> pg 6. one receipt not acceptable

RECEIVED BY THE COUNTY AUDITOR ON

NOV 07 2024

CALHOUN COUNTY, TEXAS

RUN DATE: 11/07/24 MEMORIAL MEDICAL CENTER PAGE 1

TIME: 10:49 EDIT LIST FOR PATIENT REFUNDS ARID=0001 APCDEDIT

PATIENT NUMBER	PAYEE NAME		DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
1596093 01	[redacted]		110624	1044.85	3		CLAIM PROCESSING ERROR	
		MO 631952366						
MISS400 01		ARE	110624	176.03	2		PAID WRONG PROVIDER- NOT MMC PATIEN	
		NM 871257489						
	ARID=0001 TOTAL			1220.88				
TOTAL				1220.88				

APPROVED ON

NOV 07 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 2064492 - 2064493

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RUN DATE:11/12/24 MEMORIAL MEDICAL CENTER PAGE 1
TIME:13:46 CHECK REGISTER GLCKREG
11/13/24 THRU 11/13/24

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	206414	11/13/24	451.03	AIRGAS USA, LLC - CENTRAL DIV
A/P	206415	11/13/24	184.93	AMAZON CAPITAL SERVICES
A/P	206416	11/13/24	10.65	AMERISOURCEBERGEN DRUG CORP
A/P	206417	11/13/24	133.50	AQUA BEVERAGE COMPANY
A/P	206418	11/13/24	330.00	ARTHREX, INC
A/P	206419	11/13/24	4,000.00	AVENO NETWORKS
A/P	206420	11/13/24	594.00	AZALEA HEALTH
A/P	206421	11/13/24	3,567.73	BECKMAN COULTER INC
A/P	206422	11/13/24	1,338.24	BIO-RAD LABORATORIES, INC
A/P	206423	11/13/24	305.80	BRIGGS HEALTHCARE
A/P	206424	11/13/24	7,040.00	CALHOUN COUNTY EMS
A/P	206425	11/13/24	248.37	CAPITAL ONE
A/P	206426	11/13/24	273.15	CARDINAL HEALTH 414, INC.
A/P	206427	11/13/24	1,790.00	CAREFUSION SOLUTIONS, LLC
A/P	206428	11/13/24	272.92	CARESFIELD
A/P	206429	11/13/24	12,830.00	CARRIER CORPORATION
A/P	206430	11/13/24	50,564.04	CITIZENS MEDICAL CENTER
A/P	206431	11/13/24	1,217.28	CLEARFLY
A/P	206432	11/13/24	501.72	COMBINED INSURANCE
A/P	206433	11/13/24	299.42	COMPUGROUP MEDICAL - EMDS INC.
A/P	206434	11/13/24	114.15	CULLIGAN ULTRAPURE INC.
A/P	206435	11/13/24	4,920.00	DELTA TEMP SERVICES
A/P	206436	11/13/24	831.34	DETAR HOSPITAL
A/P	206437	11/13/24	19,511.45	DH PACE COMPANY
A/P	206438	11/13/24	555.00	DOWELL PEST CONTROL
A/P	206439	11/13/24	755.00	EPI-EDWARD PLUMBING
A/P	206440	11/13/24	86.54	EQUALIZE RCM SERVICES
A/P	206441	11/13/24	546.44	ERIN CLEVENGER
A/P	206442	11/13/24	3,635.80	FISHER HEALTHCARE
A/P	206443	11/13/24	7,908.33	FUJI FILM
A/P	206444	11/13/24	462.25	GRAINGER
A/P	206445	11/13/24	1,285.59	GULF COAST PAPER COMPANY
A/P	206446	11/13/24	3,400.00	HEALTH SOLUTIONS DIETETICS
A/P	206447	11/13/24	475.26	HEB CREDIT RECEIVABLES DEPT308
A/P	206448	11/13/24	150.00	HOSPICE OF SOUTH TEXAS
A/P	206449	11/13/24	1,551.20	HOWARD INDUSTRIES INC
A/P	206450	11/13/24	168.91	HUMANA
A/P	206451	11/13/24	120.00	INTOXIMETERS INC
A/P	206452	11/13/24	31,331.11	ITA RESOURCES INC
A/P	206453	11/13/24	250.00	ITERSOURCE CORPORATION
A/P	206454	11/13/24	78.87	LABCORP OF AMERICA HOLDINGS
A/P	206455	11/13/24	895.00	M G TRUST
A/P	206456	11/13/24	190.66	M.C. JOHNSON COMPANY INC
A/P	206457	11/13/24	476.00	MARTIN PRINTING CO
A/P	206458	11/13/24	455.32	MCKESSON MEDICAL SURGICAL INC
A/P	206459	11/13/24	2,095.50	MEDICAL TECHNOLOGY ASSOCIATES
A/P	206460	11/13/24	12.38	MEDIMPACT HEALTHCARE SYS, INC.
A/P	206461	11/13/24	.00	VOIDED
A/P	206462	11/13/24	17,085.98	MEDLINE INDUSTRIES INC
A/P	206463	11/13/24	65.00	MEMORIAL MEDICAL CLINIC

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	206464	11/13/24	1,743.23	MERCK SHARP & DOHME LLC
A/P	206465	11/13/24	130.04	[redacted]
A/P	206466	11/13/24	.00	VOIDED
A/P	206467	11/13/24	24,083.74	MORRIS & DICKSON CO, LLC
A/P	206468	11/13/24	3,269.35	ORTHO CLINICAL DIAGNOSTICS
A/P	206469	11/13/24	1,733.76	PORT LAVACA FORD
A/P	206470	11/13/24	150.19	POWER HARDWARE
A/P	206471	11/13/24	371.96	PRECISION DYNAMICS CORP (PDC)
A/P	206472	11/13/24	7,000.00	REPUBLIC PAIN SPECIALISTS
A/P	206473	11/13/24	2,006.42	REPUBLIC SERVICES #847
A/P	206474	11/13/24	1,333.33	SIEMENS FINANCIAL SERVICES
A/P	206475	11/13/24	3,507.72	SIEMENS MEDICAL SOLUTIONS INC
A/P	206476	11/13/24	1,004.93	SMITH & NEPHEW, INC.
A/P	206477	11/13/24	2,525.00	SOMETHING MORE MEDIA, INC.
A/P	206478	11/13/24	9,836.92	SPBS CLINICAL EQUIPMENT SRVC
A/P	206479	11/13/24	375.00	ST DAVIDS HEALTHCARE
A/P	206480	11/13/24	44.05	STAPLES
A/P	206481	11/13/24	3,076.66	STERICYCLE, INC
A/P	206482	11/13/24	1,159.00	STERIS CORPORATION
A/P	206483	11/13/24	145.28	THIRD COAST DISTRIBUTING LLC
A/P	206484	11/13/24	414.59	TRI-ANIM HEALTH SERVICES INC
A/P	206485	11/13/24	200.00	TRUBRIDGE, LLC
A/P	206486	11/13/24	3,262.16	TRUSTAFF
A/P	206487	11/13/24	253.62	TYPENEX MEDICAL LLC
A/P	206488	11/13/24	6,131.52	UNIFIRST HOLDINGS INC
A/P	206489	11/13/24	440.00	VERATHON INC
A/P	206490	11/13/24	120.00	VICTORIA RADIOWORKS, LLC
A/P	206491	11/13/24	1,305.19	WERFEN USA LLC
A/P	206492	11/13/24	1,044.85	[redacted]
A/P	206493	11/13/24	176.03	[redacted]
A/P	206494	11/13/24	2,909.85	ASHFORD GARDENS
A/P	206495	11/13/24	17,259.78	BETHANY SENIOR LIVING
A/P	206496	11/13/24	31,985.72	GOLDENCREEK HEALTHCARE
A/P	206497	11/13/24	39,166.72	GULF POINTE PLAZA
A/P	206498	11/13/24	1,842.67	SOLERA WEST HOUSTON
A/P	206499	11/13/24	24,709.86	THE CRESCENT
A/P	206500	11/13/24	64,927.52	TUSCANY VILLAGE
TOTALS:			445,012.52	

Payables

Ret. Ref. - [illegible]

NHXRES

APPROVED ON

NOV 14 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

As of: 11/08/2024 Page: 002

DC: 8115
Customer INV SuppID:
Territory:

Customer: 632536
Date: 11/08/2024

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: 11/08/2024 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 11/08/2024 **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:	6,240.61 USD	
Future Due:	0.00			Due If Paid On Time: USD 6,115.79
Past Due:	0.00	If Paid By 11/12/2024, Pay This Amount:	6,115.79 USD	Disc lost if paid late: 124.82
Last Payment 08/07/2017	2,451.97	If Paid After 11/12/2024, Pay this Amount:	6,240.61 USD	Due If Paid Late: USD 6,240.61

APPROVED ON
NOV 12 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

6,084.99 +
27.91 +
1.82 +
1.07 +
6,115.79 ◊

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: 11/08/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 11/08/2024

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

As of: 11/08/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 11/08/2024 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											
11/02/2024	11/12/2024	7530850382	209134117	115Invoice	4.39	219.56		215.17	✓	7530850382	
11/02/2024	11/12/2024	7530850383	212339211	115Invoice	0.01	0.32		0.31	✓	7530850383	
11/04/2024	11/12/2024	7531121260	216316336	115Invoice	0.02	0.95		0.93	✓	7531121260	
11/05/2024	11/12/2024	7531453597	215227355	115Invoice	0.02	0.95		0.93	✓	7531453597	
11/05/2024	11/12/2024	7531453598	216441461	115Invoice	1.42	71.09		69.67	✓	7531453598	
11/05/2024	11/12/2024	7531453599	216441461	115Invoice	10.59	529.51		518.92	✓	7531453599	
11/06/2024	11/12/2024	7531721577	210474216	115Invoice	2.34	116.94		114.60	✓	7531721577	
11/06/2024	11/12/2024	7531721578	209167962	115Invoice	5.23	261.41		256.18	✓	7531721578	
11/06/2024	11/12/2024	7531721579	215693182	115Invoice	32.43	1,621.65		1,589.22	✓	7531721579	
11/08/2024	11/12/2024	7532213799	209652404	115Invoice	5.23	261.41		256.18	✓	7532213799	
11/08/2024	11/12/2024	7532213800	216833893	115Invoice	0.02	0.95		0.93	✓	7532213800	
11/08/2024	11/12/2024	7532213801	216833893	115Invoice	5.26	262.98		257.72	✓	7532213801	
11/08/2024	11/12/2024	7532213802	208704078	115Invoice	57.23	2,861.46		2,804.23	✓	7532213802	

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: 6,209.18 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 488.20
11/04/2024

If Paid By 11/12/2024,
Pay This Amount: 6,084.99 USD

If Paid After 11/12/2024,
Pay this Amount: 6,209.18 USD

Due If Paid On Time:
USD 6,084.99

Disc lost if paid late:
124.19

Due If Paid Late:
USD 6,209.18

APPROVED ON

NOV 12 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: 11/08/2024 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 820405
Date: 11/08/2024

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

As of: 11/08/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 PLEASE CHECK ANY
Date: 11/08/2024 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											
11/04/2024	11/12/2024	7530872212	B2411-055-179036	115Invoice	0.57	28.44		27.87	✓	7530872212	
11/04/2024	11/12/2024	8901218062	0005720501	Addbill INV		0.04		0.04	✓	8901218062	

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: 28.48 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 488.20
11/04/2024

If Paid By 11/12/2024, Pay This Amount: 27.91 USD

If Paid After 11/12/2024, Pay this Amount: 28.48 USD

Due If Paid On Time:
USD 27.91
Disc lost if paid late:
0.57
Due If Paid Late:
USD 28.48

APPROVED ON
NOV 12 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: 11/08/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835437
Date: 11/08/2024

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

As of: 11/08/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835437 PLEASE CHECK ANY
Date: 11/08/2024 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											
11/06/2024	11/12/2024	7531719253	3649536	115Invoice	0.04	1.86		1.82	✓	7531719253	

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: 1.86 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,194.54
10/28/2024

If Paid By 11/12/2024, Pay This Amount: 1.82 USD

If Paid After 11/12/2024, Pay this Amount: 1.86 USD

Due If Paid On Time: USD 1.82

Disc lost if paid late: 0.04

Due If Paid Late: USD 1.86

APPROVED ON
NOV 12 2024
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

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

As of: 11/08/2024 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 835438
Date: 11/08/2024

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

As of: 11/08/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 PLEASE CHECK ANY
Date: 11/08/2024 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											
11/06/2024	11/12/2024	7531706289	3651442	115Invoice	0.02	1.09		1.07 ✓		7531706289	

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: 1.09 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 488.20
11/04/2024

If Paid By 11/12/2024, Pay This Amount: 1.07 USD

If Paid After 11/12/2024, Pay this Amount: 1.09 USD

Due If Paid On Time: USD 1.07

Disc lost if paid late: 0.02

Due If Paid Late: USD 1.09

APPROVED ON

NOV 12 2024

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

For AR Inquiries please contact 800-867-0333

AmerisourceBergen

STATEMENT

Statement Number: 68566238
Date: 11-08-2024

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:	2,725.12
Past Due:	0.00
Total Due:	2,725.12
Account Balance:	2,725.12

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
11-04-2024	11-15-2024	3194491404	7008050650	Invoice	102.55		0.00	102.55
11-04-2024	11-15-2024	3194491405	7008061716	Invoice	11.67		0.00	11.67
11-04-2024	11-15-2024	3194491406	7008069786	Invoice	2.30		0.00	2.30
11-04-2024	11-15-2024	3194491407	7008050623	Invoice	4.56		0.00	4.56
11-04-2024	11-15-2024	3194491408	7008062574	Invoice	5.03		0.00	5.03
11-05-2024	11-15-2024	3194671594	7008075792	Invoice	1,072.37		0.00	1,072.37
11-06-2024	11-15-2024	3194829692	7008085148	Invoice	436.28		0.00	436.28
11-07-2024	11-15-2024	3194980481	7008093702	Invoice	16.38		0.00	16.38
11-08-2024	11-15-2024	3195135151	7008103777	Invoice	1,073.01		0.00	1,073.01
11-08-2024	11-15-2024	3195135152	7008104458	Invoice	0.97		0.00	0.97

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
2,725.12	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
11-08-2024	(2,320.61)

APPROVED ON
NOV 12 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
11-15-2024	2,725.12
Total Due:	2,725.12

Processing Number: 0000006423564714 Document Type: Customer Statement 1024110903319

CHKNO	GRPNO	LOCNO	EMPNO	DEPNO	CLMPRE	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYTO	CVGCD	CVGTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUDT	PRVNO
3151	76360		3	21	1	2024	284000874	0	10/18/2024	$20,130.00	1	LIBERTY DIALYSIS VICTORIA	P	465	0	[redacted]		HDI	F	9/1/2024	9/30/2024	262438451
										$20,130.00												

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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
3280	76360		3	28	0	2024	278000872	0	10/22/2024	$9,949.50	1 HOUSTON METHODIST SUGAR LAND HOSPITAL	P	434	0	[redacted]		OHS	F	9/19/2024	9/19/2024	760545192
										$9,949.50											

Eric Cleveringa

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NOV 12 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
3290	76360	3	28	0	2024	288000998	0	10/30/2024	$8,789.90	1	AMIRALI S POPATIA MD	P	457	0	[redacted]		OVS	F	9/30/2024	9/30/2024	760599320
									$8,789.90												

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BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Nov 4, 2024 - Nov 10, 2024

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritt Check" #
11/8/2024	PAY PLUS ACHTrans 42902960 101000691252874 P	- 3rd Party Payor Fee	45.83	901
11/8/2024	HPHG LLC MEMORIAL MemMedCtr PtLav 1131226500	- Health Insurance Claim Payments	17,656.69 **	800
11/8/2024	HPHG LLC MEMORIAL MemMedCtr PtLav 1131226500	- Health Insurance Claim Payments	33,095.93 **	800
11/8/2024	HPHG LLC MEMORIAL MemMedCtr PtLav 1131226500	- Health Insurance Claim Payments (error, money was returned 11/11/24)	33,095.93	800
11/8/2024	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	2,320.61	112.45 over 500
11/8/2024	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	384,816.87 *	
11/7/2024	STATE COMPTRLR TEXNET 08436092/41106 2100002	DSH IGT- Advance 2 Payment	326,316.63 *	11
11/7/2024	PAY PLUS ACHTrans 42692657 101000690001301 P	- 3rd Party Payor Fee	96.34	901
11/6/2024	WIRE OUT MEMORIAL MEDICAL CENTER	-Wire out to Money Market account	1,000,000.00 *	700
11/6/2024	PAY PLUS ACHTrans 42575706 101000698474798 P	- 3rd Party Payor Fee	403.71	901
11/6/2024	FDMS FDMS PYMT 052-1601830-000 4100012256446	- Credit Card Machine Lease Fee	32.45	901
11/5/2024	PAY PLUS ACHTrans 42438739 101000697110479 P	- 3rd Party Payor Fee	30.78	901
11/5/2024	MCKESSON DRUG AUTO ACH ACH06243732 910000136	- 340B Drug Program Expense	488.20 *	500
11/5/2024	EXPERTPAY EXPERTPAY 746003411 91000019469838	-Child Support Payment	570.69	800
11/5/2024	FDMS FDMS PYMT 052-2182545-000 4100012778354	- Credit Card Machine Lease Fee	45.04	901
11/5/2024	FDMS FDMS PYMT 052-2000500-000 4100012777324	- Credit Card Machine Lease Fee	75.67	901
11/5/2024	FDMS FDMS PYMT 052-2182557-000 4100012778354	- Credit Card Machine Lease Fee	181.77	901
11/4/2024	PAY PLUS ACHTrans 42198849 101000694903118 P	- 3rd Party Payor Fee	27.88	901
11/4/2024	MERCHANT BANKCD DISCOUNT 971160910883 910000	- Credit Card Processing Fee	19.95	901
11/4/2024	MERCHANT BANKCD DISCOUNT 971160913887 910000	- Credit Card Processing Fee	400.76	901
11/4/2024	MERCHANT BANKCD FEE 971160913887 91000011417	- Credit Card Processing Fee	210.55	901
11/4/2024	MERCHANT BANKCD FEE 971160910883 91000011417	- Credit Card Processing Fee	9.95	901
11/4/2024	MERCHANT BANKCD INTERCHNG 971160913887 91000	- Credit Card Processing Fee	180.54	901
11/4/2024	AUTHNET GATEWAY BILLING 138866199 1040000122	- 3rd Party Payor Fee	41.10	901
			1,800,164.47	

2208.16 → Approved

Erin Clevenger
Memorial Medical Center

November 11, 2024

* Approved on 11.6.24 cc
** Approved on 10.30.24 cc

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	Amount
11/14/2024 - STATE COMTRLR TEXNET	DSH 2020-Audit Overpayment	441.47
11/18/2024 - STATE COMTRLR TEXNET	CHIRP IGT SFY25	70813.11
11/25/2024 - STATE COMTRLR TEXNET	RAPPS IGT SFY25	42636.99
		113,891.57

Erin Clevenger
Memorial Medical Center

November 11, 2024

APPROVED ON
NOV 12 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	$441.47
Bank Routing and Account Number	
Settlement Date	11/14/2024 ✓
DSH Amount	$441.47 ✓
Entered By	Andrew De Los Santos

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	$70,813.11
Bank Routing and Account Number	[redacted]
Settlement Date	11/18/2024 ✓
CHIRP Amount	$70,813.11 ✓
Entered By	Andrew De Los Santos

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	$42,636.99
Bank Routing and Account Number	
Settlement Date	11/25/2024 ✓
RAPPS Amount	$42,636.99 ✓
Entered By	Andrew De Los Santos

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COUNTY AUDITOR ON

NOV 07 2024

CALHOUN COUNTY, TEXAS

11/07/2024 MEMORIAL MEDICAL CENTER 0
10:12 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 11/23/2024

Vendor#	Vendor Name	Class	Pay Code
11816	ASHFORD GARDENS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
102824		10/31/202	10/28/202	11/23/202			2,909.85	0.00	0.00	2,909.85

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

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11816	ASHFORD GARDENS	2,909.85	0.00	0.00	2,909.85

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,909.85	0.00	0.00	2,909.85

APPROVED ON

NOV 07 2024

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Chk# 206494

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NOV 07 2024

CALHOUN COUNTY, TEXAS

11/07/2024
10:14

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 11/23/2024

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
✓ 103124		10/31/202	10/31/202	11/23/202			1,842.67	0.00	0.00	1,842.67

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

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11828	SOLERA WEST HOUSTON	1,842.67	0.00	0.00	1,842.67

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,842.67	0.00	0.00	1,842.67

APPROVED ON

NOV 07 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 206498

RECEIVED BY THE
COUNTY AUDITOR ON

NOV 07 2024

CALHOUN COUNTY, TEXAS

11/07/2024
10:19

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 11/23/2024

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
102824A		10/31/202	10/28/202	11/23/202			12,240.00	0.00	0.00	12,240.00
102824	ins. pmt. dep. into mmc opt. in error	10/31/202	10/28/202	11/23/202			5,100.00	0.00	0.00	5,100.00
103124		10/31/202	10/31/202	11/23/202			7,369.86	0.00	0.00	7,369.86

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	24,709.86	0.00	0.00	24,709.86

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	24,709.86	0.00	0.00	24,709.86

APPROVED ON

NOV 07 2024

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

CHK# 206499

RECEIVED BY THE
COUNTY AUDITOR ON

NOV 07 2024

CALHOUN COUNTY, TEXAS

11/07/2024
10:14

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 11/23/2024

0
ap_open_invoice.template

Vendor# Vendor Name
11836 GOLDENCREEK HEALTHCARE

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
102524	ins. pmt. dep. into mmc ope. in error	10/31/202	10/25/202	11/23/202			4,345.00	0.00	0.00	4,345.00
102524C		10/31/202	10/25/202	11/23/202			352.87	0.00	0.00	352.87
102524B		10/31/202	10/25/202	11/23/202			1,325.41	0.00	0.00	1,325.41
102524A		10/31/202	10/25/202	11/23/202			2,739.15	0.00	0.00	2,739.15
102824A		10/31/202	10/28/202	11/23/202			16.47	0.00	0.00	16.47
102824		10/31/202	10/28/202	11/23/202			7,452.95	0.00	0.00	7,452.95
102924		10/31/202	10/29/202	11/23/202			1,260.56	0.00	0.00	1,260.56
103024		10/31/202	10/30/202	11/23/202			8,894.57	0.00	0.00	8,894.57
103124		10/31/202	10/31/202	11/23/202			484.11	0.00	0.00	484.11
110124		11/01/202	11/01/202	11/23/202			5,114.63	0.00	0.00	5,114.63

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11836	GOLDENCREEK HEALTHCARE	31,985.72	0.00	0.00	31,985.72

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	31,985.72	0.00	0.00	31,985.72

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BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 206496

RECEIVED BY THE COUNTY AUDITOR ON

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CALHOUN COUNTY, TEXAS

11/07/2024 MEMORIAL MEDICAL CENTER 0

10:14 AP Open Invoice List ap_open_invoice.template

Due Dates Through: 11/23/2024

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	
✓	102824		10/31/202	10/28/202	11/23/202			5,238.23	0.00	0.00	5,238.23	✓
✓	102924	ins. pmt. dep. into mmc opt. in error	10/31/202	10/29/202	11/23/202			32,876.22	0.00	0.00	32,876.22	✓
✓	103024	"	10/31/202	10/30/202	11/23/202			1,052.27	0.00	0.00	1,052.27	✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12696	GULF POINTE PLAZA	39,166.72	0.00	0.00	39,166.72

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	39,166.72	0.00	0.00	39,166.72

APPROVED ON

NOV 07 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 206497

RECEIVED BY THE
COUNTY AUDITOR ON

NOV 07 2024

CALHOUN COUNTY, TEXAS

11/07/2024
10:15

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 11/23/2024

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
13004	TUSCANY VILLAGE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
102524	ins. pmt. dep. into MMC opt. in error	10/31/202	10/25/202	11/23/202			3,631.78	0.00	0.00	3,631.78
102824A	"	10/31/202	10/28/202	11/23/202			11,030.74	0.00	0.00	11,030.74
102924	"	10/31/202	10/29/202	11/23/202			32,530.00	0.00	0.00	32,530.00
103024	"	10/31/202	10/30/202	11/23/202			6,120.00	0.00	0.00	6,120.00
103024A	"	10/31/202	10/30/202	11/23/202			11,615.00	0.00	0.00	11,615.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	64,927.52	0.00	0.00	64,927.52

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	64,927.52	0.00	0.00	64,927.52

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NOV 07 2024

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Chk# 206500

RECEIVED BY THE
COUNTY AUDITOR ON

NOV 07 2024

CALHOUN COUNTY, TEXAS

11/07/2024
10:43

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 11/23/2024

0
ap_open_invoice.template

Vendor# Vendor Name Class Pay Code

12792 BETHANY SENIOR LIVING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
102524	ins. pmt. dep. into mmc opt. in error	10/31/202	10/25/202	11/23/202			9,537.85	0.00	0.00	9,537.85
102824		10/31/202	10/28/202	11/23/202			1,248.23	0.00	0.00	1,248.23
102824A		10/31/202	10/28/202	11/23/202			2,773.53	0.00	0.00	2,773.53
110124B		11/01/202	11/01/202	11/23/202			49.67	0.00	0.00	49.67
110124A		11/01/202	11/01/202	11/23/202			2,547.37	0.00	0.00	2,547.37
110124		11/01/202	11/01/202	11/23/202			1,020.00	0.00	0.00	1,020.00
102524A		11/07/202	10/25/202	11/23/202			83.13	0.00	0.00	83.13

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12792	BETHANY SENIOR LIVING	17,259.78	0.00	0.00	17,259.78

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	17,259.78	0.00	0.00	17,259.78

APPROVED ON

NOV 07 2024

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Chk# 206495

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

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		186,229.48	185,867.72	59,471.95			59,833.71	**59,471.95**
						Bank Balance	59,833.71	
						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	**59,471.95**	
Broadmoor		189,597.30	189,272.87	80,534.48			80,858.91	**80,534.48**
						Bank Balance	80,858.91	
						Variance	-	
						Leave in Balance	100.00	

						Oct Interest	224.43	
						Nov Interest		
						Dec Interest		
						Adjust Balance/Transfer Amt	**80,534.48**	
Crescent		155,276.95	154,875.59	86,091.59			86,492.95	**86,091.39**
						Bank Balance	86,492.95	
						Variance	-	
						Leave in Balance	100.00	

						Oct Interest	301.56	
						Nov Interest		
						Dec Interest		
						Adjust Balance/Transfer Amt	**86,091.39**	
Fort Bend		38,699.59	38,499.92	33,316.24			33,515.91	**33,316.24**
						Bank Balance	33,515.91	
						Variance	-	
						Leave in Balance	100.00	

						Oct Interest	99.67	
						Nov Interest		
						Dec Interest		
						Adjust Balance/Transfer Amt	**33,316.24**	
Solera at W Houston		136,385.51	136,003.03	81,370.45			81,752.93	**81,370.45**
						Bank Balance	81,752.93	
						Variance	-	
						Leave in Balance	100.00	

59,471.95 +
80,534.48 +
86,091.39 +
33,316.24 + *Houston / Fort Bend / Broadmoor*
81,370.45 +
340,784.51 ◇

		Oct Interest	282.48
		Nov Interest	
		Dec Interest	
		Adjust Balance/Transfer Amt	**81,370.45**

TOTAL TRANSFERS **340,784.51**

Approved: 11/11/24
Erin Clevenger, CEO **11/11/2024**

APPROVED ON
NOV 12 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
11/8/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,372.88					-	1,372.88
11/8/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	50.66					-	50.66
11/7/2024	MANAGEANDNET1718 MNS PMNT 000000000000093 41	-	3,510.00					-	3,510.00
11/7/2024	HNB - ECHO HCCLAIMPMT 746003411 440000293355	-	2,872.25					-	2,872.25
11/6/2024	WIRE OUT ASHFORD HEALTH CARE CENTER LTD	185,867.72	-					-	-
11/6/2024	HNB - ECHO HCCLAIMPMT 746003411 440000252555	-	1,972.86					-	1,972.86
11/5/2024	HNB - ECHO HCCLAIMPMT 746003411 440000208162	-	14,805.25					-	14,805.25
11/5/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	4,649.87					-	4,649.87
11/4/2024	HNB - ECHO HCCLAIMPMT 746003411 440000238577	-	16,360.01					-	16,360.01
11/4/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130052	-	13,878.17					-	13,878.17
		185,867.72	59,471.95	-	-	-	-	-	59,471.95

Broadmoor

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
11/8/2024	HNB - ECHO HCCLAIMPMT 746003411 440000233970	-	669.00					-	669.00
11/8/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	18,239.80					-	18,239.80
11/8/2024	NOVITAS SOLUTION HCCLAIMPMT 676357 420000167	-	10,512.90					-	10,512.90
11/7/2024	HNB - ECHO HCCLAIMPMT 746003411 440000293355	-	13,088.40					-	13,088.40
11/7/2024	HNB - ECHO HCCLAIMPMT 746003411 440000293356	-	9,422.49					-	9,422.49
11/7/2024	AARP Supplementa HCCLAIMPMT 746003411 124384	-	3,517.46					-	3,517.46
11/6/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	189,272.87	-					-	-
11/6/2024	Deposit	-	14,633.67					-	14,633.67
11/6/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	175.20					-	175.20
11/5/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	677.60					-	677.60
11/4/2024	HNB - ECHO HCCLAIMPMT 746003411 440000237586	-	9,460.91					-	9,460.91
11/4/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	86.49					-	86.49
11/4/2024	AARP Supplementa HCCLAIMPMT 746003411 124384	-	50.56					-	50.56
		189,272.87	80,534.48	-	-	-	-	-	80,534.48

Crescent

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
11/8/2024	HNB - ECHO HCCLAIMPMT 746003411 440000234539	-	5,245.80					-	5,245.80
11/8/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	15,480.82					-	15,480.82
11/8/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	8,127.17					-	8,127.17
11/7/2024	HNB - ECHO HCCLAIMPMT 746003411 440000293355	-	12,061.11					-	12,061.11
11/7/2024	NOVITAS SOLUTION HCCLAIMPMT 676323 420000120	-	311.42					-	311.42
11/7/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130082	-	1,414.83					-	1,414.83
11/6/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	154,875.59	-					-	-
11/6/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	1,230.00					-	1,230.00
11/5/2024	HNB - ECHO HCCLAIMPMT 746003411 440000208162	-	7,693.54					-	7,693.54
11/5/2024	DEVOTED HEALTH P HCCLAIMPMT 2100024941815	-	10,976.00					-	10,976.00
11/5/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	0.01					-	0.01
11/5/2024	NOVITAS SOLUTION HCCLAIMPMT 676323 420000134	-	10,074.48					-	10,074.48
11/4/2024	HNB - ECHO HCCLAIMPMT 746003411 440000237983	-	2,856.00					-	2,856.00
11/4/2024	HUMANA CHA DISB HCCLAIMPMT 60958347 42000013	-	1,392.39					-	1,392.39
11/4/2024	DEVOTED HEALTH P HCCLAIMPMT 2100028096840	-	9,000.00					-	9,000.00
11/4/2024	DEVOTED HEALTH P HCCLAIMPMT 2100028096838	-	184.58					-	184.58
11/4/2024	AARP Supplementa HCCLAIMPMT 746003411 124384	-	43.44					-	43.44
		154,875.59	86,091.59	-	-	-	-	-	86,091.59

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
11/8/2024	HNB - ECHO HCCLAIMPMT 746003411 440000233687	-	7,539.24					-	7,539.24
11/8/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130062	-	162.65					-	162.65
11/7/2024	HNB - ECHO HCCLAIMPMT 746003411 440000293355	-	11,036.06					-	11,036.06
11/7/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	585.00					-	585.00
11/7/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130062	-	4,725.23					-	4,725.23
11/6/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	38,499.92	-					-	-
11/6/2024	HNB - ECHO HCCLAIMPMT 746003411 440000252560	-	2,645.30					-	2,645.30
11/5/2024	HNB - ECHO HCCLAIMPMT 746003411 440000208162	-	6,622.76					-	6,622.76
		38,499.92	33,316.24	-	-	-	-	-	33,316.24

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
11/8/2024	HNB - ECHO HCCLAIMPMT 746003411 440000234652	-	3,087.31					-	3,087.31
11/8/2024	UnitedHealthcare HCCLAIMPMT 746003411 910000	-	6,300.00					-	6,300.00
11/8/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	30,112.50					-	30,112.50
11/8/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130072	-	873.50					-	873.50
11/7/2024	MANAGEANDNET1718 MNS PMNT 000000000002482 41	-	4,588.50					-	4,588.50
11/7/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	2,250.00					-	2,250.00
11/6/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	136,003.03	-					-	-
11/6/2024	Deposit	-	11,570.25					-	11,570.25
11/6/2024	HNB - ECHO HCCLAIMPMT 746003411 440000252555	-	3,528.36					-	3,528.36
11/4/2024	HNB - ECHO HCCLAIMPMT 746003411 440000238577	-	7,056.72					-	7,056.72
11/4/2024	UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384	-	4,500.00					-	4,500.00
11/4/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,383.31					-	1,383.31
11/4/2024	HDIC HCCLAIMPMT 60964026 42000013799314 4517	-	2,244.00					-	2,244.00
11/4/2024	AARP Supplementa HCCLAIMPMT 746003411 124384	-	3,876.00					-	3,876.00
		136,003.03	81,370.45	-	-	-	-	-	81,370.45

TOTALS

	340,784.71	-	-	-	-	-		340,784.71

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$3,125,108.98	$2,412,249.94	$3,125,108.98	$2,406,594.39
*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	$59,833.71 ✓	$89,128.27	$59,833.71	$58,410.17
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$80,858.91 ✓	$130,908.48	$80,858.91	$51,437.21
*4411 MEMORIAL MEDICAL / NH CRESCENT	$86,492.95 ✓	$232,441.71	$86,492.95	$57,639.16
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$81,752.93 ✓	$133,308.30	$81,752.93	$41,379.62
*4446 MEMORIAL MEDICAL / NH FORT BEND	$33,515.91 ✓	$61,193.93	$33,515.91	$25,814.02
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$125,318.97	$129,478.72	$125,318.97	$116,881.77
*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	$6,662.24	$6,662.24	$6,662.24	$6,662.24
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$32,908.94	$32,908.94	$32,908.94	$32,908.94
*5506 MMC -NH BETHANY SENIOR LIVING	$20,911.40	$20,911.40	$20,911.40	$18,105.35
*3407 MMC -NH TUSCANY VILLAGE	$110,157.01	$110,157.01	$110,157.01	$94,148.06
*3660 MMC -BETHANY SR LIVING - DACA	$100.00	$100.00	$100.00	$100.00
*2998 MMC -MONEY MARKET FUND	$5,053.48	$1,005,053.48	$5,053.48	$5,053.48
Total Balance	**$3,775,171.06**	**$4,370,998.05**	**$3,775,171.06**	**$2,921,630.04**

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

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		118,922.76	118,667.27	125,063.48		-	125,318.97	125,063.48
						Bank Balance	125,318.97	
						Variance	-	
						Leave in Balance	100.00	
						Oct Interest	155.49	
						Nov Interest		
						Dec Interest		
						Adjust Balance/Transfer Amt	125,063.48	

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: Erin Clevenger, CEO 11/11/24 11/11/2024

APPROVED ON
NOV 12 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	
11/8/2024	TSYS/TRANSFIRST CR CD DEP 543684555876917 43	-	7,950.00					-	7,950.00
11/8/2024	HNB - ECHO HCCLAIMPMT 746003411 440000233687	-	487.20					-	487.20
11/7/2024	HNB - ECHO HCCLAIMPMT 746003411 440000293355	-	99.41					-	99.41
11/7/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2	-	1,636.29					-	1,636.29
11/7/2024	Am Health TX PAYMENT 21531 84307030002285	-	12,000.00					-	12,000.00
11/6/2024	WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	118,667.27	-					-	-
11/6/2024	Deposit	-	81,896.84					-	81,896.84
11/6/2024	TSYS/TRANSFIRST CR CD DEP 543684555876917 43	-	2,021.00					-	2,021.00
11/6/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001278	-	5,996.65					-	5,996.65
11/5/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001594	-	4,888.97					-	4,888.97
11/5/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2	-	2,026.66					-	2,026.66
11/4/2024	TSYS/TRANSFIRST CR CD DEP 543684555876917 43	-	1,430.88					-	1,430.88
11/4/2024	TSYS/TRANSFIRST CR CD DEP 543684555876917 43	-	1,671.00					-	1,671.00
11/4/2024	TSYS/TRANSFIRST CR CD DEP 543684555876917 43	-	974.00					-	974.00
11/4/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001523	-	1,395.00					-	1,395.00
11/4/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2	-	589.58					-	589.58
		-	-					-	-
		118,667.27	**125,063.48**	-	-	-	-	-	**125,063.48**

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$3,125,108.98	$2,412,249.94	$3,125,108.98	$2,406,594.39
*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	$59,833.71	$89,128.27	$59,833.71	$58,410.17
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$80,858.91	$130,908.48	$80,858.91	$51,437.21
*4411 MEMORIAL MEDICAL / NH CRESCENT	$86,492.95	$232,441.71	$86,492.95	$57,639.16
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$81,752.93	$133,308.30	$81,752.93	$41,379.62
*4446 MEMORIAL MEDICAL / NH FORT BEND	$33,515.91	$61,193.93	$33,515.91	$25,814.02
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$125,318.97 √	$129,478.72	$125,318.97	$116,881.77
*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	$6,662.24	$6,662.24	$6,662.24	$6,662.24
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$32,908.94	$32,908.94	$32,908.94	$32,908.94
*5506 MMC -NH BETHANY SENIOR LIVING	$20,911.40	$20,911.40	$20,911.40	$18,105.35
*3407 MMC -NH TUSCANY VILLAGE	$110,157.01	$110,157.01	$110,157.01	$94,148.06
*3660 MMC -BETHANY SR LIVING - DACA	$100.00	$100.00	$100.00	$100.00
*2998 MMC -MONEY MARKET FUND	$5,053.48	$1,005,053.48	$5,053.48	$5,053.48
Total Balance	**$3,775,171.06**	**$4,370,998.05**	**$3,775,171.06**	**$2,921,630.04**

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

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		3,898.39	-	2,763.85			-	6,662.24	6,562.24
							Bank Balance	6,662.24	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	6,562.24	

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		2,786.22	-	30,122.72		-	-	32,908.94	32,808.94
							Bank Balance	32,908.94	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	32,808.94	
							TOTAL TRANSFERS	39,371.18	

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:
Erin Clevenger, CEO 11/11/2024

APPROVED ON
NOV 12 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
11/7/2024 HNB - ECHO HCCLAIMPMT 746003411 440000293355	-	469.62					-	469.62
11/7/2024 HNB - ECHO HCCLAIMPMT 746003411 440000293355	-	16.00					-	16.00
11/7/2024 HNB - ECHO HCCLAIMPMT 746003411 440000293356	-	117.03					-	117.03
11/4/2024 HNB - ECHO HCCLAIMPMT 746003411 440000238577	-	2,161.20					-	2,161.20
							-	-
	-	2,763.85	-	-	-	-	-	2,763.85

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
11/6/2024 MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	25,322.72					-	25,322.72
11/4/2024 MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	4,800.00					-	4,800.00
							-	-
	-	30,122.72	-	-	-	-	-	30,122.72
	-	32,886.57	-	-	-	-	-	32,886.57

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$3,125,108.98	$2,412,249.94	$3,125,108.98	$2,406,594.39
*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	$59,833.71	$89,128.27	$59,833.71	$58,410.17
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$80,858.91	$130,908.48	$80,858.91	$51,437.21
*4411 MEMORIAL MEDICAL / NH CRESCENT	$86,492.95	$232,441.71	$86,492.95	$57,639.16
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$81,752.93	$133,308.30	$81,752.93	$41,379.62
*4446 MEMORIAL MEDICAL / NH FORT BEND	$33,515.91	$61,193.93	$33,515.91	$25,814.02
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$125,318.97	$129,478.72	$125,318.97	$116,881.77
*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	$6,662.24 ✓	$6,662.24	$6,662.24	$6,662.24
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$32,908.94 ✓	$32,908.94	$32,908.94	$32,908.94
*5506 MMC -NH BETHANY SENIOR LIVING	$20,911.40	$20,911.40	$20,911.40	$18,105.35
*3407 MMC -NH TUSCANY VILLAGE	$110,157.01	$110,157.01	$110,157.01	$94,148.06
*3660 MMC -BETHANY SR LIVING - DACA	$100.00	$100.00	$100.00	$100.00
*2998 MMC -MONEY MARKET FUND	$5,053.48	$1,005,053.48	$5,053.48	$5,053.48
Total Balance	**$3,775,171.06**	**$4,370,998.05**	**$3,775,171.06**	**$2,921,630.04**

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

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		163,947.69	163,847.69	110,057.01	-	-	-	110,157.01	**110,057.01**
							Bank Balance	110,157.01	
							Variance	-	
							Leave in Balance	100.00	

Adjust Balance/Transfer Amt **110,057.01**

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:
Erin Clevenger, CEO **11/11/2024**

APPROVED ON
NOV 12 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
11/8/2024	HNB - ECHO HCCLAIMPMT 746003411 440000234562	-	16,008.95					-	16,008.95
11/6/2024	WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	163,847.69	-					-	-
11/6/2024	Deposit	-	22,141.78					-	22,141.78
11/6/2024	HNB - ECHO HCCLAIMPMT 746003411 440000252560	-	6,929.31					-	6,929.31
11/5/2024	Deposit	-	31,888.85					-	31,888.85
11/5/2024	HNB - ECHO HCCLAIMPMT 746003411 440000208162	-	9,404.06					-	9,404.06
11/4/2024	Deposit	-	14,280.00					-	14,280.00
11/4/2024	HNB - ECHO HCCLAIMPMT 746003411 440000238401	-	9,404.06					-	9,404.06
		163,847.69	**110,057.01**	-	-	-	-	-	**110,057.01**

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$3,125,108.98	$2,412,249.94	$3,125,108.98	$2,406,594.39
*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	$59,833.71	$89,128.27	$59,833.71	$58,410.17
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$80,858.91	$130,908.48	$80,858.91	$51,437.21
*4411 MEMORIAL MEDICAL / NH CRESCENT	$86,492.95	$232,441.71	$86,492.95	$57,639.16
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$81,752.93	$133,308.30	$81,752.93	$41,379.62
*4446 MEMORIAL MEDICAL / NH FORT BEND	$33,515.91	$61,193.93	$33,515.91	$25,814.02
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$125,318.97	$129,478.72	$125,318.97	$116,881.77
*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	$6,662.24	$6,662.24	$6,662.24	$6,662.24
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$32,908.94	$32,908.94	$32,908.94	$32,908.94
*5506 MMC -NH BETHANY SENIOR LIVING	$20,911.40	$20,911.40	$20,911.40	$18,105.35
*3407 MMC -NH TUSCANY VILLAGE	$110,157.01 √	$110,157.01	$110,157.01	$94,148.06
*3660 MMC -BETHANY SR LIVING - DACA	$100.00	$100.00	$100.00	$100.00
*2998 MMC -MONEY MARKET FUND	$5,053.48	$1,005,053.48	$5,053.48	$5,053.48
Total Balance	**$3,775,171.06**	**$4,370,998.05**	**$3,775,171.06**	**$2,921,630.04**

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

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		8,839.02	8,658.05	20,730.43			-	20,911.40	20,730.43
							Bank Balance	20,911.40	
							Variance	-	
							Leave in Balance	100.00	
							Oct Interest	80.97	
							Nov Interest		
							Dec Interest		
							Adjust Balance Transfer Amt	20,730.43	

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

Approved: 11/11/24
Erin Clevenger, CEO 11/11/2024

APPROVED ON
NOV 12 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
11/8/2024	HOSPICE OF SOUTH Payments NF 113122650031590	-	1,095.15					-	1,095.15
11/8/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	1,710.90					-	1,710.90
11/7/2024	NDC SWEEP FAC K236 31316967542504 SWEEP FR	-	16,481.72					-	16,481.72
11/6/2024	WIRE OUT PORT LAVACA NH, LLC	8,658.05	-					-	-
11/5/2024	NOVITAS SOLUTION HCCLAIMPMT 676481 420000134	-	894.73					-	894.73
11/4/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	547.93					-	547.93
								-	-
		8,658.05	20,730.43	-	-	-	-	-	20,730.43

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$3,125,108.98	$2,412,249.94	$3,125,108.98	$2,406,594.39
*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	$59,833.71	$89,128.27	$59,833.71	$58,410.17
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$80,858.91	$130,908.48	$80,858.91	$51,437.21
*4411 MEMORIAL MEDICAL / NH CRESCENT	$86,492.95	$232,441.71	$86,492.95	$57,639.16
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$81,752.93	$133,308.30	$81,752.93	$41,379.62
*4446 MEMORIAL MEDICAL / NH FORT BEND	$33,515.91	$61,193.93	$33,515.91	$25,814.02
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$125,318.97	$129,478.72	$125,318.97	$116,881.77
*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	$6,662.24	$6,662.24	$6,662.24	$6,662.24
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$32,908.94	$32,908.94	$32,908.94	$32,908.94
*5506 MMC -NH BETHANY SENIOR LIVING	$20,911.40 √	$20,911.40	$20,911.40	$18,105.35
*3407 MMC -NH TUSCANY VILLAGE	$110,157.01	$110,157.01	$110,157.01	$94,148.06
*3660 MMC -BETHANY SR LIVING - DACA	$100.00	$100.00	$100.00	$100.00
*2998 MMC -MONEY MARKET FUND	$5,053.48	$1,005,053.48	$5,053.48	$5,053.48
Total Balance	**$3,775,171.06**	**$4,370,998.05**	**$3,775,171.06**	**$2,921,630.04**