MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---November 20, 2024

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	1,225,382.31
TOTAL TRANSFERS BETWEEN FUNDS	$	314,285.70
TOTAL NURSING HOME UPL EXPENSES	$	1,394,327.94
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED November 20, 2024	$	2,933,995.95

APPROVED

NOV 20 2024

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---November 20, 2024

PAYABLES AND PAYROLL			
11/14/2024	Weekly Payables	499,082.28	
11/14/2024	Citibank Credit Card-see attached (Erin)	2,060.80	
11/18/2024	McKesson-340B Prescription Expense	1,406.36	
11/18/2024	Amerisource Bergen-340B Prescription Expense	112.45	
11/18/2024	Amerisource Bergen-340B Prescription Expense	60.53	
11/18/2024	Amerisource Bergen-340B Prescription Expense	1,814.00	
11/18/2024	Amerisource Bergen-340B Prescription Expense	276.28	
11/18/2024	Payroll Liabilities-Payroll Taxes	116,206.50	
11/18/2024	Payroll	365,348.87	
	Prosperity Electronic Bank Payments		
11/18/2024	90 Degree Benefits - employee insurance claims	44,977.45	
11/18/2024	Sales Tax - October 2024	2,454.87	
11/18/2024	TCDRS October Retirement	181,896.35	
11/18/2024	Pay Plus-Patient Claims Processing Fee	319.92	
11/18/2024	Amerisource Bergen Overage	60.53	
11/18/2024	Credit Card Processing Fee	7,493.14	
11/18/2024	Credit Card Lease Fee	285.82	
11/18/2024	Health Equity -HSA Contributions	1,526.16	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 1,225,382.31**
TRANSFERS BETWEEN FUNDS-MMC			
11/18/2024	Transfer from Prosperity Operating Account to Prosperity Money Market	250,000.00	
TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES			
11/14/2024	MMC Operating to Broadmoor-Correction of insurance payment deposited into MMC Operating in error	20,983.40	
11/14/2024	MMC Operating to The Crescent-Correction of insurance payment deposited into MMC Operating in error	5,551.20	
11/14/2024	MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error	4,414.61	
11/14/2024	MMC Operating to Gulf Pointe Plaza - Correction of insurance payment deposited into MMC operating in error	0.21	
11/14/2024	MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error	33,336.28	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 314,285.70**
NURSING HOME UPL EXPENSES			
11/18/2024	Nursing Home UPL-Cantex Transfer	894,729.23	
11/18/2024	Nursing Home UPL-Nexion Transfer	94,335.30	
11/18/2024	Nursing Home UPL-HMG Transfer	44,187.71	
11/18/2024	Nursing Home UPL-Tuscany Transfer	237,856.82	
11/18/2024	Nursing Home UPL-HSL Transfer	45,914.49	
QIPP CHECKS TO MMC			
11/18/2024	Ashford - Molina QTR4 QIPP Payment	10,534.46	
11/18/2024	Broadmoor -Molina QTR4 QIPP Payment	2,344.83	
11/18/2024	Crescent - Molina QTR4 QIPP Payment	2,901.78	
11/18/2024	Fort Bend - Molina QTR4 QIPP Payment	3,299.14	
11/18/2024	Solera - Molina QTR4 QIPP Payment	3,135.70	
11/18/2024	Golden Creek - Superior QTR4 QIPP Payment	21,810.04	
11/18/2024	Bethany-Superior QTR4 QIPP Payment	13,596.24	
11/18/2024	Tuscany - Molina QTR4 QIPP Payment	5,182.20	
TRANSFER OF FUNDS BETWEEN NURSING HOMES			
11/18/2024	Crescent to Tuscany -Tuscany insurance payment deposited into Crescent in error	14,500.00	
TOTAL NURSING HOME UPL EXPENSES			**$ 1,394,327.94**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED November 20, 2024			**$ 2,933,995.95**

Vendor#	Vendor Name	Class	Pay Code
11283	ACE HARDWARE 15521		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
103124		10/31/202	10/31/202	11/25/202			686.56	0.00	0.00	686.56

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521	686.56	0.00	0.00	686.56

Vendor#	Vendor Name	Class	Pay Code
10950	ACUTE CARE INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV2055		11/04/202	11/20/202	11/20/202			1,400.00	0.00	0.00	1,400.00

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9154998423		10/29/202	10/24/202	11/23/202			175.29	0.00	0.00	175.29
9155244578		10/31/202	10/31/202	11/25/202			2,580.41	0.00	0.00	2,580.41
5511991764	OCTOBER RENTAL PERIOD	10/31/202	10/31/202	11/25/202			286.11	0.00	0.00	286.11
5511991559	OCTOBER RENTAL PERIOD	10/31/202	10/31/202	11/25/202			1,051.38	0.00	0.00	1,051.38
5511991188		11/13/202	10/31/202	11/25/202			585.23	0.00	0.00	585.23

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	4,678.42	0.00	0.00	4,678.42

Vendor#	Vendor Name	Class	Pay Code
15936	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
SERALI0001		11/13/202	11/06/202	11/06/202			323.48	0.00	0.00	323.48

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15936	[redacted]	323.48	0.00	0.00	323.48

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
RPSV004356147		10/29/202	10/28/202	11/12/202			67.86	0.00	0.00	67.86

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1705	ALIMED INC.	67.86	0.00	0.00	67.86

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
1P3QKFYCCC36		10/29/202	10/25/202	11/24/202			87.28	0.00	0.00	87.28
1M9L1JVGWWL6		10/29/202	10/27/202	11/26/202			35.04	0.00	0.00	35.04
1C1V7HPV1PVM		11/05/202	11/02/202	11/29/202			-0.40	0.00	0.00	-0.40

1VDQMQQF1G9G	11/05/202	11/02/202	11/29/202		-32.22	0.00	0.00	-32.22
11G49VWRHLNQ	11/05/202	11/02/202	11/29/202		-1.83	0.00	0.00	-1.83
1YDWXJ473W1Y	11/05/202	11/02/202	11/29/202		-10.12	0.00	0.00	-10.12

Vendor Totals: Number Name

		Gross	Discount	No-Pay	Net
14028	AMAZON CAPITAL SERVICES	77.75	0.00	0.00	77.75

Vendor# Vendor Name — Class — Pay Code

A1551 ASPEN SURGICAL PRODUCTS INC — M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CD3295936		11/11/202	10/02/202	11/01/202			397.52	0.00	0.00	397.52

Vendor Totals: Number Name

		Gross	Discount	No-Pay	Net
A1551	ASPEN SURGICAL PRODUCTS INC	397.52	0.00	0.00	397.52

Vendor# Vendor Name — Class — Pay Code

B1150 BAXTER HEALTHCARE — W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
82943541		10/02/202	10/01/202	10/26/202			631.20	0.00	0.00	631.20
12962936		11/11/202	08/31/202	11/23/202			32.49	0.00	0.00	32.49
82829764		11/11/202	09/04/202	11/23/202			3,071.40	0.00	0.00	3,071.40
82965233		11/11/202	10/07/202	11/23/202			42.75	0.00	0.00	42.75
82984206		11/11/202	10/10/202	11/24/202			43.52	0.00	0.00	43.52
12990236		11/11/202	10/26/202	11/23/202			5.62	0.00	0.00	5.62
82949405		11/11/202	10/29/202	11/23/202			3,071.40	0.00	0.00	3,071.40
83071066		11/11/202	10/29/202	11/23/202			627.53	0.00	0.00	627.53
83085045		11/11/202	10/31/202	11/25/202			113.12	0.00	0.00	113.12
83093170		11/11/202	11/01/202	11/26/202			631.20	0.00	0.00	631.20
83090763		11/11/202	11/01/202	11/26/202			3,071.40	0.00	0.00	3,071.40

Vendor Totals: Number Name

		Gross	Discount	No-Pay	Net
B1150	BAXTER HEALTHCARE	11,341.63	0.00	0.00	11,341.63

Vendor# Vendor Name — Class — Pay Code

11544 BAY STORAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
20240266	STORAGE CONTR 12/24-5/25	11/11/202	11/01/202	11/23/202			2,820.00	0.00	0.00	2,820.00

Vendor Totals: Number Name

		Gross	Discount	No-Pay	Net
11544	BAY STORAGE	2,820.00	0.00	0.00	2,820.00

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
111662172		11/04/202	11/02/202	11/27/202			5,717.82	0.00	0.00	5,717.82
111662170		11/04/202	11/02/202	11/27/202			1,528.71	0.00	0.00	1,528.71

111664872	11/11/202	11/04/202	11/29/202	87.50	0.00	0.00	87.50	
111665815	11/11/202	11/04/202	11/29/202	603.09	0.00	0.00	603.09	
111665178	11/11/202	11/04/202	11/29/202	829.98	0.00	0.00	829.98	
111664676	11/12/202	11/04/202	11/29/202	1,469.67	0.00	0.00	1,469.67	

Vendor Totals: Number Name

Number	Name	Gross	Discount	No-Pay	Net
B1220	BECKMAN COULTER INC	10,236.77	0.00	0.00	10,236.77

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
907731435		11/13/202	10/29/202	11/20/202			358.12	0.00	0.00	358.12

Vendor Totals: Number Name

Number	Name	Gross	Discount	No-Pay	Net
11072	BIO-RAD LABORATORIES, INC	358.12	0.00	0.00	358.12

Vendor# Vendor Name Class Pay Code

14753 BIOMERIEUX, INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1213378412		11/12/202	11/07/202	11/12/202			8,403.87	0.00	0.00	8,403.87

Vendor Totals: Number Name

Number	Name	Gross	Discount	No-Pay	Net
14753	BIOMERIEUX, INC	8,403.87	0.00	0.00	8,403.87

Vendor# Vendor Name Class Pay Code

B1655 BOSTON SCIENTIFIC CORPORATION M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
702831566		11/13/202	10/31/202	11/13/202			408.00	0.00	0.00	408.00

Vendor Totals: Number Name

Number	Name	Gross	Discount	No-Pay	Net
B1655	BOSTON SCIENTIFIC CORPORATION	408.00	0.00	0.00	408.00

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
53179665		10/31/202	10/28/202	11/27/202			20.87	0.00	0.00	20.87
53182027		10/31/202	10/28/202	11/27/202			8.28	0.00	0.00	8.28
53179955		10/31/202	10/28/202	11/27/202			795.12	0.00	0.00	795.12
53179667		10/31/202	10/28/202	11/27/202			1,606.05	0.00	0.00	1,606.05
53179666		10/31/202	10/28/202	11/27/202			37,081.43	0.00	0.00	37,081.43

Hospital St. DDL
815 N. Virginia St
701 N. Virginia St
1016 N. Virginia St
Hospital St.

Vendor Totals: Number Name

Number	Name	Gross	Discount	No-Pay	Net
C1048	CALHOUN COUNTY	39,511.75	0.00	0.00	39,511.75

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
8003658551		11/05/202	11/04/202	11/29/202			263.52	0.00	0.00	263.52

Vendor Totals: Number Name

Number	Name	Gross	Discount	No-Pay	Net
C1325	CARDINAL HEALTH 414, INC.	263.52	0.00	0.00	263.52

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

10023029599	11/11/202	06/08/202	11/23/202	2.00	0.00	0.00	2.00
70001632962	11/11/202	07/31/202	11/23/202	130.04	0.00	0.00	130.04
10023576970	11/11/202	09/09/202	11/23/202	2.00	0.00	0.00	2.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14260	CAREFUSION SOLUTIONS, LLC	134.04	0.00	0.00	134.04

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
514425		10/29/202	10/24/202	11/23/202			495.74	0.00	0.00	495.74
514468		10/29/202	10/24/202	11/23/202			495.74	0.00	0.00	495.74
0004582		11/11/202	10/30/202	11/29/202			-495.74	0.00	0.00	-495.74

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10541	CARESFIELD	495.74	0.00	0.00	495.74

Vendor# C1992 Vendor Name: CDW GOVERNMENT, INC. — Class: M — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
AB29Z9D		11/06/202	10/25/202	11/24/202			2,033.97	0.00	0.00	2,033.97

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.	2,033.97	0.00	0.00	2,033.97

Vendor# 13336 Vendor Name: COCA COLA SOUTHWEST BEVERAGES — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
44127507009		11/11/202	11/11/202	11/24/202			611.28	0.00	0.00	611.28

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13336	COCA COLA SOUTHWEST BEVERAGES	611.28	0.00	0.00	611.28

Vendor# 10043 Vendor Name: CROSS COUNTRY STAFFING — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7382896		11/12/202	10/25/202	11/24/202			1,920.00	0.00	0.00	1,920.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10043	CROSS COUNTRY STAFFING	1,920.00	0.00	0.00	1,920.00

Vendor# D1200 Vendor Name: DETAR HOSPITAL — Class: W — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
DTR2410018		11/11/202	11/04/202	11/24/202			831.34	0.00	0.00	831.34

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	D1200	DETAR HOSPITAL	831.34	0.00	0.00	831.34

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7643080	SUPPLIES	10/01/202	08/13/202	09/07/202			79.74	0.00	0.00	79.74
7730150		11/06/202	10/31/202	11/25/202			462.22	0.00	0.00	462.22

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	541.96	0.00	0.00	541.96

Vendor#	Vendor Name				Class	Pay Code				
11011	DIAMOND HEALTHCARE CORP									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	IN20056409		10/31/202	11/01/202	11/26/202			19,166.67	0.00	0.00	19,166.67
	IN20056408	OCTOBER 2024 CPR OCT 2024 Bev health	10/31/202	11/01/202	11/26/202			33,132.99	0.00	0.00	33,132.99
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11011	DIAMOND HEALTHCARE CORP					52,299.66	0.00	0.00	52,299.66
Vendor#	Vendor Name				Class	Pay Code				
10789	DISCOVERY MEDICAL NETWORK INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	MMC103124		11/11/202	10/30/202	11/23/202			114,632.04	0.00	0.00	114,632.04
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10789	DISCOVERY MEDICAL NETWORK INC					114,632.04	0.00	0.00	114,632.04
Vendor#	Vendor Name				Class	Pay Code				
14832	DR JOHN CLINTON									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	110524		10/31/202	11/05/202	11/23/202			2,700.00	0.00	0.00	2,700.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14832	DR JOHN CLINTON					2,700.00	0.00	0.00	2,700.00
Vendor#	Vendor Name				Class	Pay Code				
14924	DR. TIMU KWI									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	110524	OCTOBER CALL	10/31/202	11/05/202	11/23/202			4,200.00	0.00	0.00	4,200.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14924	DR. TIMU KWI					4,200.00	0.00	0.00	4,200.00
Vendor#	Vendor Name				Class	Pay Code				
E1090	EDWARDS LIFESCIENCES				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	13868136		11/13/202	10/31/202	11/13/202			133.20	0.00	0.00	133.20
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		E1090	EDWARDS LIFESCIENCES					133.20	0.00	0.00	133.20
Vendor#	Vendor Name				Class	Pay Code				
11284	EMERGENCY STAFFING SOLUTIONS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	43712		11/12/202	11/15/202	11/25/202			40,062.50	0.00	0.00	40,062.50
	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				
14136	EPI-EDWARD PLUMBING									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	68090		10/01/202	09/19/202	11/23/202			440.00	0.00	0.00	440.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14136	EPI-EDWARD PLUMBING					440.00	0.00	0.00	440.00
Vendor#	Vendor Name				Class	Pay Code				
14708	EQUALIZE RCM SERVICES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	537082		11/13/202	08/01/202	09/05/202			5,582.88	0.00	0.00	5,582.88

Oct 16 - 31 2024

10/1 - 10/10/24 & 10/11 - 10/31/24

1-15th

August 2024

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14708	EQUALIZE RCM SERVICES					5,582.88	0.00	0.00	5,582.88

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
	11A24MMCA		11/11/202	11/01/202	11/16/202			495.00	0.00	0.00	495.00

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10689	FASTHEALTH CORPORATION					495.00	0.00	0.00	495.00

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
	6216791		10/29/202	10/17/202	11/16/202			5,310.00	0.00	0.00	5,310.00

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE					5,310.00	0.00	0.00	5,310.00

Vendor#	Vendor Name				Class	Pay Code				
11183	FRONTIER									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	080224		08/13/202	08/02/202	11/24/202			-1,297.25	0.00	0.00	-1,297.25
	082324		09/09/202	08/23/202	11/24/202			-39.36	0.00	0.00	-39.36
	092324		10/01/202	09/13/202	11/24/202			-13.56	0.00	0.00	-13.56
	091924A		11/05/202	09/19/202	11/24/202			-14.00	0.00	0.00	-14.00
	110224		11/13/202	11/02/202	11/26/202			2,771.26	0.00	0.00	2,771.26

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11183	FRONTIER					1,407.09	0.00	0.00	1,407.09

Vendor#	Vendor Name				Class	Pay Code				
12948	GREAT AMERICA FINANCIAL SVCS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	37792982		11/06/202	11/01/202	11/24/202			9,854.00	0.00	0.00	9,854.00

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	12948	GREAT AMERICA FINANCIAL SVCS					9,854.00	0.00	0.00	9,854.00

Vendor#	Vendor Name				Class	Pay Code				
G0401	GULF COAST DELIVERY									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	103024		11/01/202	10/30/202	11/29/202			50.00	0.00	0.00	50.00

10/14/24 & 10/17/24

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	G0401	GULF COAST DELIVERY					50.00	0.00	0.00	50.00

Vendor#	Vendor Name				Class	Pay Code				
G1210	GULF COAST PAPER COMPANY				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	2588253		10/23/202	10/29/202	11/28/202			718.64	0.00	0.00	718.64

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY					718.64	0.00	0.00	718.64

Vendor#	Vendor Name				Class	Pay Code				
14872	HOLLAND & KNIGHT LLP									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	33507111		11/13/202	11/05/202	11/13/202			760.50	0.00	0.00	760.50

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14872	HOLLAND & KNIGHT LLP	760.50	0.00	0.00	760.50

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
6686		11/12/202	11/15/202	11/25/202			23,663.00	0.00	0.00	23,663.00

1-15th

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15208	HOSPITAL CARE CONSULTANTS INC.	23,663.00	0.00	0.00	23,663.00

Vendor#	Vendor Name	Class	Pay Code
10922	HUNTER PHARMACY SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6238		11/11/202	10/31/202	11/23/202			15,078.35	0.00	0.00	15,078.35

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10922	HUNTER PHARMACY SERVICES	15,078.35	0.00	0.00	15,078.35

Vendor#	Vendor Name	Class	Pay Code
14976	INOVALON PROVIDER INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
24M0149667		11/11/202	11/08/202	11/23/202			736.56	0.00	0.00	736.56

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14976	INOVALON PROVIDER INC.	736.56	0.00	0.00	736.56

Vendor#	Vendor Name	Class	Pay Code
I1260	INTOXIMETERS INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
SRO065034		11/12/202	11/07/202	11/24/202			714.50	0.00	0.00	714.50

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	I1260	INTOXIMETERS INC	714.50	0.00	0.00	714.50

Vendor#	Vendor Name	Class	Pay Code
14540	JINDAL X LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
202425061		10/31/202	11/12/202	11/25/202			9,000.00	0.00	0.00	9,000.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14540	JINDAL X LLC	9,000.00	0.00	0.00	9,000.00

Vendor#	Vendor Name	Class	Pay Code
W1372	JOHN B WRIGHT LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
110524		10/31/202	11/05/202	11/23/202			1,500.00	0.00	0.00	1,500.00
	OCT CALL									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	W1372	JOHN B WRIGHT LLC	1,500.00	0.00	0.00	1,500.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
22871083		11/11/202	11/06/202	11/23/202			247.78	0.00	0.00	247.78

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	247.78	0.00	0.00	247.78

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
2342311358		10/01/202	10/31/202	11/25/202			141.01	0.00	0.00	141.01

2342015377	10/30/202	10/29/202	11/23/202	198.68	0.00	0.00	198.68
2342015375	10/30/202	10/29/202	11/23/202	92.23	0.00	0.00	92.23
2342015378	10/30/202	10/29/202	11/23/202	57.97	0.00	0.00	57.97
2342015379	10/30/202	10/29/202	11/23/202	6.88	0.00	0.00	6.88
2342143249	10/30/202	10/30/202	11/24/202	152.77	0.00	0.00	152.77
2342143246	10/30/202	10/30/202	11/24/202	492.74	0.00	0.00	492.74
2342143247	10/30/202	10/30/202	11/24/202	10.93	0.00	0.00	10.93
2342143252	10/30/202	10/30/202	11/24/202	49.83	0.00	0.00	49.83
2342143255	10/30/202	10/30/202	11/24/202	4,687.03	0.00	0.00	4,687.03
2342143248	10/30/202	10/30/202	11/24/202	44.08	0.00	0.00	44.08
2342143241	10/30/202	10/30/202	11/24/202	279.94	0.00	0.00	279.94
2342143251	10/30/202	10/30/202	11/24/202	104.04	0.00	0.00	104.04
2342143245	10/30/202	10/30/202	11/24/202	30.92	0.00	0.00	30.92
2342143254	10/30/202	10/30/202	11/24/202	282.85	0.00	0.00	282.85
2342143243	10/30/202	10/30/202	11/24/202	13.14	0.00	0.00	13.14
2342143250	10/30/202	10/30/202	11/24/202	86.95	0.00	0.00	86.95
2342143244	10/30/202	10/30/202	11/24/202	24.41	0.00	0.00	24.41

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	6,756.40	0.00	0.00	6,756.40

Vendor#	Vendor Name	Class	Pay Code
12248	MEMORIAL MEDICAL CENTER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
111324		11/13/202	11/13/202	11/13/202			14.50	0.00	0.00	14.50

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12248	MEMORIAL MEDICAL CENTER	14.50	0.00	0.00	14.50

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
111124		11/11/202	11/11/202	11/23/202			125.03	0.00	0.00	125.03

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP	125.03	0.00	0.00	125.03

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
2568660		10/29/202	11/23/202	11/23/202			22.37	0.00	0.00	22.37

2654091	11/11/202	11/06/202	11/23/202	30.27	0.00	0.00	30.27
2653449	11/11/202	11/06/202	11/23/202	4,892.92	0.00	0.00	4,892.92
2657187	11/11/202	11/06/202	11/23/202	15.34	0.00	0.00	15.34
2657188	11/11/202	11/06/202	11/23/202	81.50	0.00	0.00	81.50
2657189	11/11/202	11/06/202	11/23/202	406.41	0.00	0.00	406.41
2657186	11/11/202	11/06/202	11/23/202	159.03	0.00	0.00	159.03

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	5,607.84	0.00	0.00	5,607.84

Vendor#	Vendor Name	Class	Pay Code
15940	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
SALNIC0002		11/13/202	11/05/202	11/13/202			117.37	0.00	0.00	117.37

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15940	[redacted]	117.37	0.00	0.00	117.37

Vendor#	Vendor Name	Class	Pay Code
O1500	OLYMPUS AMERICA INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
37091976		10/01/202	10/31/202	11/25/202			201.88	0.00	0.00	201.88

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	O1500	OLYMPUS AMERICA INC	201.88	0.00	0.00	201.88

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
1853777943		10/29/202	10/28/202	11/27/202			329.05	0.00	0.00	329.05

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	O1416	ORTHO CLINICAL DIAGNOSTICS	329.05	0.00	0.00	329.05

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
05507347		10/29/202	10/28/202	11/27/202			18.89	0.00	0.00	18.89
05477294		11/11/202	10/04/202	11/03/202			18.89	0.00	0.00	18.89

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10152	PARTSSOURCE, LLC	37.78	0.00	0.00	37.78

Vendor#	Vendor Name	Class	Pay Code
10737	PEM FILINGS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV1427		11/11/202	09/27/202	11/23/202			1,548.14	0.00	0.00	1,548.14

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10737	PEM FILINGS	1,548.14	0.00	0.00	1,548.14

Vendor#	Vendor Name	Class	Pay Code
S0905	PERFORMANCE HEALTH	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN98182518		11/05/202	11/04/202	11/29/202			55.98	0.00	0.00	55.98

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S0905	PERFORMANCE HEALTH	55.98	0.00	0.00	55.98

Vendor#	Vendor Name	Class	Pay Code
12480	PRO ENERGY PARTNERS LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
24100600		11/12/202	10/31/202	11/15/202			2,121.84	0.00	0.00	2,121.84

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12480	PRO ENERGY PARTNERS LLC	2,121.84	0.00	0.00	2,121.84

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
76953149011		11/13/202	11/07/202	11/13/202			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
15560	R&R PETRO SERVICE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2410662		11/11/202	10/29/202	11/28/202			4,968.75	0.00	0.00	4,968.75

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15560	R&R PETRO SERVICE	4,968.75	0.00	0.00	4,968.75

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
26303		11/12/202	11/12/202	11/27/202			65.00	0.00	0.00	65.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11251	RAPID PRINTING LLC	65.00	0.00	0.00	65.00

Vendor#	Vendor Name	Class	Pay Code
11024	REED, CLAYMON, MEEKER & HARGET		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
32570		11/11/202	11/11/202	11/23/202			196.00	0.00	0.00	196.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11024	REED, CLAYMON, MEEKER & HARGET	196.00	0.00	0.00	196.00

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
38		11/13/202	09/27/202	11/13/202			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
G0425	ROBERTS, ODEFEY, WITTE & WALL	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2036		11/12/202	11/11/202	11/21/202			1,347.50	0.00	0.00	1,347.50

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	G0425	ROBERTS, ODEFEY, WITTE & WALL	1,347.50	0.00	0.00	1,347.50

Vendor#	Vendor Name	Class	Pay Code
S1700	SHARN INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN02369179		11/11/202	11/06/202	11/11/202			141.34	0.00	0.00	141.34

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	S1700	SHARN INC					141.34	0.00	0.00	141.34
Vendor#	Vendor Name				Class	Pay Code				
S1800	SHERWIN WILLIAMS				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	103124		11/13/202	10/31/202	11/15/202		529.96	0.00	0.00	529.96
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	S1800	SHERWIN WILLIAMS					529.96	0.00	0.00	529.96
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
	CM13497		11/04/202	10/31/202	11/25/202		-2,290.00	0.00	0.00	-2,290.00
	I07044874		11/04/202	10/31/202	11/25/202		3,769.00	0.00	0.00	3,769.00
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11296	SOUTH TEXAS BLOOD & TISSUE CEN					1,479.00	0.00	0.00	1,479.00
Vendor#	Vendor Name				Class	Pay Code				
10494	SPECTRA CORP									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	INV1247		11/11/202	09/27/202	11/23/202		2,322.22	0.00	0.00	2,322.22
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10494	SPECTRA CORP					2,322.22	0.00	0.00	2,322.22
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
	13030861		11/13/202	11/01/202	11/26/202		218.40	0.00	0.00	218.40
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	S3940	STERIS CORPORATION					218.40	0.00	0.00	218.40
Vendor#	Vendor Name				Class	Pay Code				
14212	SURGICAL DIRECT SOUTH									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	9348		11/04/202	10/29/202	11/28/202		6,025.00	0.00	0.00	6,025.00
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14212	SURGICAL DIRECT SOUTH					6,025.00	0.00	0.00	6,025.00
Vendor#	Vendor Name				Class	Pay Code				
15244	TEXAS ELITE THERAPY TEAM LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	103124		11/11/202	10/31/202	11/23/202		23,900.00	0.00	0.00	23,900.00
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	15244	TEXAS ELITE THERAPY TEAM LLC					23,900.00	0.00	0.00	23,900.00
Vendor#	Vendor Name				Class	Pay Code				
T2204	TEXAS MUTUAL INSURANCE CO				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	1006299665		10/31/202	11/05/202	11/25/202		4,690.00	0.00	0.00	4,690.00
			10/1 - 11/1/24							
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	T2204	TEXAS MUTUAL INSURANCE CO					4,690.00	0.00	0.00	4,690.00
Vendor#	Vendor Name				Class	Pay Code				
T3130	TRI-ANIM HEALTH SERVICES INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net

600524283		11/06/202	10/30/202	11/24/202		137.99	0.00	0.00	137.99

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	T3130	TRI-ANIM HEALTH SERVICES INC	137.99	0.00	0.00	137.99

Vendor# C2510 Vendor Name TRUBRIDGE Class M Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
A2411061378		11/14/202	11/06/202	11/23/202			20,613.00	0.00	0.00	20,613.00
T2411081378A		11/14/202	11/08/202	11/08/202			10,311.39	0.00	0.00	10,311.39

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C2510	TRUBRIDGE	30,924.39	0.00	0.00	30,924.39

Vendor# U1064 Vendor Name UNIFIRST HOLDINGS INC Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2921045881		11/04/202	10/31/202	11/25/202			2,532.64	0.00	0.00	2,532.64
2921045884		11/04/202	10/31/202	11/25/202			162.14	0.00	0.00	162.14
2921045883		11/04/202	10/31/202	11/25/202			372.12	0.00	0.00	372.12
2921045887		11/04/202	10/31/202	11/25/202			121.56	0.00	0.00	121.56
2921045879		11/04/202	10/31/202	11/25/202			102.91	0.00	0.00	102.91
2921045880		11/04/202	10/31/202	11/25/202			176.93	0.00	0.00	176.93
2921045885		11/04/202	10/31/202	11/25/202			181.78	0.00	0.00	181.78
2921045882		11/04/202	10/31/202	11/25/202			34.04	0.00	0.00	34.04
2921046083		11/05/202	11/01/202	11/26/202			749.54	0.00	0.00	749.54
2921046082		11/05/202	11/04/202	11/29/202			2,664.90	0.00	0.00	2,664.90

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	7,098.56	0.00	0.00	7,098.56

Vendor# 12548 Vendor Name WAGEWORKS, INC Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1024TR116685	OCTOBER SERVICE PERIOD	10/31/202	10/01/202	11/23/202			131.25	0.00	0.00	131.25

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12548	WAGEWORKS, INC	131.25	0.00	0.00	131.25

Vendor# 11018 Vendor Name WEBPT, INC Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV588183		11/12/202	11/12/202	11/12/202			10,355.22	0.00	0.00	10,355.22

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11018	WEBPT, INC	10,355.22	0.00	0.00	10,355.22

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
9111664780		11/05/202	10/31/202	11/25/202			2,202.02	0.00	0.00	2,202.02

9111666685		11/05/202	11/04/202	11/29/202	1,092.91	0.00	0.00	1,092.91

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	3,294.93	0.00	0.00	3,294.93

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	499,082.28	0.00	0.00	499,082.28

APPROVED ON

NOV 14 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 206549 -
206626

Ø

RUN DATE:11/18/24 MEMORIAL MEDICAL CENTER PAGE 1
TIME:11:58 CHECK REGISTER GLCKREG
11/20/24 THRU 11/20/24

BANK--CHECK	NUMBER	DATE	AMOUNT	PAYEE
A/P	206549	11/20/24	686.56	ACE HARDWARE 15521
A/P	206550	11/20/24	1,400.00	ACUTE CARE INC
A/P	206551	11/20/24	4,678.42	AIRGAS USA, LLC - CENTRAL DIV
A/P	206552	11/20/24	323.48	[redacted]
A/P	206553	11/20/24	67.86	ALIMED INC.
A/P	206554	11/20/24	77.75	AMAZON CAPITAL SERVICES
A/P	206555	11/20/24	397.52	ASPEN SURGICAL PRODUCTS INC
A/P	206556	11/20/24	.00	VOIDED
A/P	206557	11/20/24	11,341.63	BAXTER HEALTHCARE
A/P	206558	11/20/24	2,820.00	BAY STORAGE
A/P	206559	11/20/24	10,236.77	BECKMAN COULTER INC
A/P	206560	11/20/24	358.12	BIO-RAD LABORATORIES, INC
A/P	206561	11/20/24	8,403.87	BIOMERIEUX, INC
A/P	206562	11/20/24	408.00	BOSTON SCIENTIFIC CORPORATION
A/P	206563	11/20/24	39,511.75	CALHOUN COUNTY
A/P	206564	11/20/24	263.52	CARDINAL HEALTH 414, INC.
A/P	206565	11/20/24	134.04	CAREFUSION SOLUTIONS, LLC
A/P	206566	11/20/24	495.74	CARESFIELD
A/P	206567	11/20/24	2,033.97	CDW GOVERNMENT, INC.
A/P	206568	11/20/24	611.28	COCA COLA SOUTHWEST BEVERAGES
A/P	206569	11/20/24	1,920.00	CROSS COUNTRY STAFFING
A/P	206570	11/20/24	831.34	DETAR HOSPITAL
A/P	206571	11/20/24	541.96	DEWITT POTH & SON
A/P	206572	11/20/24	52,299.66	DIAMOND HEALTHCARE CORP
A/P	206573	11/20/24	114,632.04	DISCOVERY MEDICAL NETWORK INC
A/P	206574	11/20/24	2,700.00	DR JOHN CLINTON
A/P	206575	11/20/24	4,200.00	DR. TIMU KWI
A/P	206576	11/20/24	133.20	EDWARDS LIFESCIENCES
A/P	206577	11/20/24	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	206578	11/20/24	440.00	EPI-EDWARD PLUMBING
A/P	206579	11/20/24	5,582.88	EQUALIZE RCM SERVICES
A/P	206580	11/20/24	495.00	FASTHEALTH CORPORATION
A/P	206581	11/20/24	5,310.00	FISHER HEALTHCARE
A/P	206582	11/20/24	1,407.09	FRONTIER
A/P	206583	11/20/24	9,854.00	GREAT AMERICA FINANCIAL SVCS
A/P	206584	11/20/24	50.00	GULF COAST DELIVERY
A/P	206585	11/20/24	718.64	GULF COAST PAPER COMPANY
A/P	206586	11/20/24	760.50	HOLLAND & KNIGHT LLP
A/P	206587	11/20/24	23,663.00	HOSPITAL CARE CONSULTANTS INC.
A/P	206588	11/20/24	15,078.35	HUNTER PHARMACY SERVICES
A/P	206589	11/20/24	736.56	INOVALON PROVIDER INC.
A/P	206590	11/20/24	714.50	INTOXIMETERS INC
A/P	206591	11/20/24	9,000.00	JINDAL X LLC
A/P	206592	11/20/24	1,500.00	JOHN B WRIGHT LLC
A/P	206593	11/20/24	247.78	MCKESSON MEDICAL SURGICAL INC
A/P	206594	11/20/24	.00	VOIDED
A/P	206595	11/20/24	.00	VOIDED
A/P	206596	11/20/24	6,756.40	MEDLINE INDUSTRIES INC
A/P	206597	11/20/24	14.50	MEMORIAL MEDICAL CENTER
A/P	206598	11/20/24	125.03	MMC AUXILIARY GIFT SHOP

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	206599	11/20/24	5,607.84	MORRIS & DICKSON CO, LLC
A/P	206600	11/20/24	117.37	[redacted]
A/P	206601	11/20/24	201.88	OLYMPUS AMERICA INC
A/P	206602	11/20/24	329.05	ORTHO CLINICAL DIAGNOSTICS
A/P	206603	11/20/24	37.78	PARTSSOURCE, LLC
A/P	206604	11/20/24	1,548.14	PEM FILINGS
A/P	206605	11/20/24	55.98	PERFORMANCE HEALTH
A/P	206606	11/20/24	2,121.84	PRO ENERGY PARTNERS LLC
A/P	206607	11/20/24	211.68	QUVA PHARMA INC
A/P	206608	11/20/24	4,968.75	R&R PETRO SERVICE
A/P	206609	11/20/24	65.00	RAPID PRINTING LLC
A/P	206610	11/20/24	196.00	REED, CLAYMON, MEEKER & HARGET
A/P	206611	11/20/24	7,000.00	REPUBLIC PAIN SPECIALISTS
A/P	206612	11/20/24	1,347.50	ROBERTS, ODEFEY, WITTE & WALL
A/P	206613	11/20/24	141.34	SHARN INC
A/P	206614	11/20/24	529.96	SHERWIN WILLIAMS
A/P	206615	11/20/24	1,479.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	206616	11/20/24	2,322.22	SPECTRA CORP
A/P	206617	11/20/24	218.40	STERIS CORPORATION
A/P	206618	11/20/24	6,025.00	SURGICAL DIRECT SOUTH
A/P	206619	11/20/24	23,900.00	TEXAS ELITE THERAPY TEAM LLC
A/P	206620	11/20/24	4,690.00	TEXAS MUTUAL INSURANCE CO
A/P	206621	11/20/24	137.99	TRI-ANIM HEALTH SERVICES INC
A/P	206622	11/20/24	30,924.39	TRUBRIDGE
A/P	206623	11/20/24	7,098.56	UNIFIRST HOLDINGS INC
A/P	206624	11/20/24	131.25	WAGEWORKS, INC
A/P	206625	11/20/24	10,355.22	WEBPT, INC
A/P	206626	11/20/24	3,294.93	WERFEN USA LLC
A/P	206627	11/20/24	20,983.40	BROADMOOR AT CREEKSIDE PARK
A/P	206628	11/20/24	4,414.61	GOLDENCREEK HEALTHCARE
A/P	206629	11/20/24	.21	GULF POINTE PLAZA
A/P	206630	11/20/24	5,551.20	THE CRESCENT
A/P	206631	11/20/24	33,336.28	TUSCANY VILLAGE
TOTALS:			563,367.98	

Payables
499,082.28 +
NHXfers 64,285.70 +
563,367.98 ◇

APPROVED ON
NOV 20 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

COPY

CITIBANK CORPORATE CARD

Account Statement

Commercial Card Account
ERIN CLEVENGER

citi

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

Account Number: XXXX-XXXX-XXXX-6228

Summary of Account Activity

Total Activity	$2,060.80

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

Not an invoice. For your records only.

Credit Limit	$20,000
Cash Advance Limit	$5,000
Statement Closing Date	11/03/2024
Days in Billing Period	31

Transactions

Post Date	Trans Date	MCC	Reference Number		Description/Location			Amount	
					NOTICE MEMO ITEM(S) LISTED BELOW				
10/10	10/09	5912	55436874284162847905453	1	IMPRIMSRX 503B LEDGEWOOD NJ 1824819	USA		370.00	✓
10/14	10/11	9399	05134374286600067446707	2	NPDB NPDB.HRSA.GOV FAIRFAX VA N115960404	22033	USA	2.50	✓
10/14	10/12	8999	55432864286208005835140	3	AMA*CREDENTIALING 800-621-8335 IL	60611	USA	44.00	✓
10/16	10/15	8734	55457374289052559007483	4	INTOXIMETERS INC SAINT LOUIS MO	63146	USA	1,250.00	
10/18	10/17	8699	55436874292132925710059	5	NATIONAL ASSOCIATION O FREMONT MI 2497114	49412	USA	35.00	✓
10/25	10/24	3503	55480774298039399048240	6	SHERATON WESTPORT LAKE SAINT LOUIS MO 2959241 CHECK IN: 10/21/2024	63146	USA	312.80	✓
10/31	10/30	9399	05134374305600069107684	7	NPDB NPDB.HRSA.GOV FAIRFAX VA N116910030	22033	USA	2.50	✓
10/31	10/31	8999	55432864305204304216519	8	AMA*CREDENTIALING 800-621-8335 IL	60611	USA	44.00	✓
					TOTAL AMOUNT OF MEMO ITEM(S)			$2,060.80	

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

✓ Erin Clevenger
PO. 11-26-24
Confirmation # DWR-0310281

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

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

MEMORIAL MEDICAL CENTER
RECEIVED
NOV 07 2024
ACCOUNTS PAYABLE

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

Not an invoice
For your records only.

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

00010079643

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

(1)

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

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

Vendor Name: Imprimis Rx

Date: 10-9-24

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: Jacqueline

Form # 9401

Date Required | Expense # 10450000 | Department Pharmacy | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	1		Phenylephrine HCl 1.5% /	370.-		✓ 370.-
2			Lidocaine 1% 1mL vial			
3						
4						
5						
6			APPROVED ON			
7			NOV 14 2024			
8			BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS			
9						
10						

Est. Freight _____ Est. Total Cost _____ TOTAL COST 370-

NOTES:

Medication charged to patient for surgery
charge to Erin's MC

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

Dept. Director [signature] Matthew Raut
Dir. Nursing _____
Dir. Clinical Services _____
CFO ✓ _____
Administrator _____

(2)

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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

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

Vendor Name: Citibank

Date: 11/6/2024

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

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

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		NPDB - 1 Provider			✓ 2.50
2	—		AMA Credentialing - 1 Phys.			✓ 44.00
3			Init + Cont Monitoring			
4	—		Intoximeters Inc - Registration			✓ 1250.00
5			for Megan Harper, Lab	St Louis, MO		
6			Training class 10/22 + 10/23			
7	—		National Assoc. of Freemont			✓ 35.00
8			CAHCP Study Guide for			
9			Erin Clevenger			
10	—		Sheraton Westport Hotel for Megan Harper, Lab	10/21 - 10/23/24 St Louis, MO		✓ 312.80

Est. Freight _____ Est. Total Cost _____ TOTAL COST $ 1644.30

NOTES:

Charges made to Erin Clevenger's MC

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

Dept. Director _____

Dir. Nursing _____

Dir. Clinical Services _____

CFO ✓

Administrator Erin C

(3)

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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

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

Vendor Name: Citibank

Date: 11/6/2024

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		NPDB - 1 provider			✓ 2.50
2	—		AMA Credentialing -			✓ 44.00
3			1 phys. Init + Cont Monitoring			
4						
5		370.00 +				
6		2.50 +				
7		44.00 +	Total: $3,060.80			
8		1,950.00 +				
9		75.00 +				
10		312.00 +				
		2.50 +				
		44.00 +				
		3,060.80 =				

Est. Freight _____ Est. Total Cost _____ TOTAL COST $ 46.50

NOTES:

Charges made to Erin Clevenger's MC

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

Dept. Director _____

Dir. Nursing _____

Dir. Clinical Services _____

CFO _____

Administrator _____

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: 11/15/2024 Page: 002

DC: 8115
Customer INV SuppID:
Territory:

Customer: 632536
Date: 11/16/2024

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

As of: 11/15/2024 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536
Date: 11/16/2024

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 1,435.09 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 11/19/2024,
Pay This Amount: 1,406.36 USD

If Paid After 11/19/2024,
Pay this Amount: 1,435.09 USD

Due If Paid On Time:
USD 1,406.36

Disc lost if paid late: 28.73

Due If Paid Late:
USD 1,435.09

✓ BS

1,400.08 +
1.03 +
0.31 +
4.32 +
0.62 +
1,406.36 ◇

APPROVED ON
NOV 18 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 11/15/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 11/16/2024

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

As of: 11/15/2024 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: 11/16/2024 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											
11/11/2024	11/19/2024	7532568894	216962649	115Invoice	0.02	0.95		0.93	✓	7532568894	
11/11/2024	11/19/2024	7532568895	208882577	115Invoice	2.14	106.81		104.67	✓	7532568895	
11/11/2024	11/19/2024	7532568896	217037486	115Invoice	5.26	262.98		257.72	✓	7532568896	
11/11/2024	11/19/2024	7532568897	212397189	115Invoice	0.01	0.32		0.31	✓	7532568897	
11/11/2024	11/19/2024	7532568898	212443630	115Invoice	0.01	0.63		0.62	✓	7532568898	
11/11/2024	11/19/2024	7532568899	215602663	115Invoice		0.03		0.03	✓	7532568899	
11/12/2024	11/19/2024	7532872629	217265042	115Invoice	0.83	41.42		40.59	✓	7532872629	
11/12/2024	11/19/2024	7532872630	212443630	115Invoice	0.01	0.32		0.31	✓	7532872630	
11/13/2024	11/19/2024	7533121644	208939618	115Invoice	6.62	331.12		324.50	✓	7533121644	
11/13/2024	11/19/2024	7533121645	208939618	115Invoice	0.31	15.46		15.15	✓	7533121645	
11/13/2024	11/19/2024	7533121646	217357762	115Invoice	0.04	1.90		1.86	✓	7533121646	
11/13/2024	11/19/2024	7533121647	217419752	115Invoice	1.42	71.09		69.67	✓	7533121647	
11/13/2024	11/19/2024	7533121648	211413206	115Invoice	1.60	79.85		78.25	✓	7533121648	
11/13/2024	11/19/2024	7533121649	212501589	115Invoice	1.60	79.85		78.25	✓	7533121649	
11/13/2024	11/19/2024	7533121650	212572138	115Invoice	1.60	79.85		78.25	✓	7533121650	
11/13/2024	11/19/2024	7533121651	212443630	115Invoice	0.01	0.32		0.31	✓	7533121651	
11/13/2024	11/19/2024	7533121652	214944218	115Invoice	1.82	91.02		89.20	✓	7533121652	
11/15/2024	11/19/2024	7533662615	217662805	115Invoice	5.30	264.76		259.46	✓	7533662615	

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

APPROVED ON
NOV 18 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 1,428.68 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 6,115.79
11/11/2024

If Paid By 11/19/2024,
Pay This Amount: 1,400.08 USD

If Paid After 11/19/2024,
Pay this Amount: 1,428.68 USD

Due If Paid On Time:
USD 1,400.08

Disc lost if paid late:
28.60

Due If Paid Late:
USD 1,428.68

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 11/15/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835430
Date: 11/16/2024

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

As of: 11/15/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835430 PLEASE CHECK ANY
Date: 11/16/2024 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835430 CVS PHCY 10356/MEM MC PHS											
11/13/2024	11/19/2024	7532948768	3666881	115Invoice	0.02	1.05		1.03		7532948768	

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

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

Subtotals: 1.05 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,556.66
10/21/2024

If Paid By 11/19/2024,
Pay This Amount: 1.03 USD

If Paid After 11/19/2024,
Pay this Amount: 1.05 USD

Due If Paid On Time:
USD 1.03

Disc lost if paid late:
0.02

Due If Paid Late:
USD 1.05

APPROVED ON

NOV 18 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 11/15/2024

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835434
Date: 11/16/2024

Page: 001

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

As of: 11/15/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835434 PLEASE CHECK ANY
Date: 11/16/2024 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											
11/13/2024	11/19/2024	7532966877	3666562	115Invoice	0.01	0.32		0.31	✓	7532966877	

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: 0.32 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 488.20
11/04/2024

If Paid By 11/19/2024,
Pay This Amount: 0.31 USD

If Paid After 11/19/2024,
Pay this Amount: 0.32 USD

Due If Paid On Time:
USD 0.31 ✓

Disc lost if paid late:
0.01

Due If Paid Late:
USD 0.32

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NOV 18 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: 11/15/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835437
Date: 11/16/2024

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

As of: 11/15/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835437 PLEASE CHECK ANY
Date: 11/16/2024 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											
11/13/2024	11/19/2024	7533137250	3665703	115Invoice	0.09	4.41		4.32	✓	7533137250	

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: 4.41 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 6,115.79
11/11/2024

If Paid By 11/19/2024,
Pay This Amount: 4.32 USD

If Paid After 11/19/2024,
Pay this Amount: 4.41 USD

Due If Paid On Time:
USD 4.32 ✓

Disc lost if paid late:
0.09

Due If Paid Late:
USD 4.41

APPROVED ON

NOV 18 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: 11/15/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835438
Date: 11/16/2024

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

As of: 11/15/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 PLEASE CHECK ANY
Date: 11/16/2024 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											
11/13/2024	11/19/2024	7533123046	3668101	115Invoice	0.01	0.63		0.62		7533123046	

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: 0.63 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 6,115.79
11/11/2024

If Paid By 11/19/2024,
Pay This Amount: 0.62 USD

If Paid After 11/19/2024,
Pay this Amount: 0.63 USD

Due If Paid On Time:
USD 0.62

Disc lost if paid late:
0.01

Due If Paid Late:
USD 0.63

APPROVED ON
NOV 18 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

AmerisourceBergen

STATEMENT

Statement Number: 68550271
Date: 11-01-2024

Serviced By:
AMERISOURCEBERGEN DRUG CORP
501 PATRIOT PARKWAY
ROANOKE TX 76262-6336

DEA: RA0316958
866-451-9655

Customer:
WALGREENS CENTRAL FILL #21373 340B
MEMORIAL MEDICAL CENTER
4100 DALE EARNHARDT WAY 200
NORTHLAKE TX 76262-2389

Remit To:
AMERISOURCEBERGEN
PO Box 978740
DALLAS TX 75397-8740

Customer Number
100566356 / 100566356

Terms
Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	112.45
Past Due:	0.00
Total Due:	112.45
Account Balance:	112.45

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
10-28-2024	11-08-2024	3193645563	7007998668	Invoice	5.07		0.00	5.07
10-28-2024	11-08-2024	3193645565	7008005272	Invoice	5.91		0.00	5.91
10-30-2024	11-08-2024	3193918763	7008023036	Invoice	31.27		0.00	31.27
10-31-2024	11-08-2024	3194074818	7008031786	Invoice	12.17		0.00	12.17
10-31-2024	11-08-2024	3194203639	7008042162	Invoice	18.42		0.00	18.42
11-01-2024	11-08-2024	3194358967	7008051826	Invoice	39.61		0.00	39.61

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
112.45	0.00	0.00	0.00	0.00	0.00	0.00

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BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Reminders

Due Date	Amount
11-08-2024	112.45
Total Due:	112.45

85

AmerisourceBergen

STATEMENT

Statement Number: 68584335
Date: 11-08-2024

Serviced By:
AMERISOURCEBERGEN DRUG CORP
501 PATRIOT PARKWAY
ROANOKE TX 76262-6336

DEA: RA0316958
866-451-9655

Customer:
WALGREENS CENTRAL FILL #21373 340B
MEMORIAL MEDICAL CENTER
4100 DALE EARNHARDT WAY 200
NORTHLAKE TX 76262-2389

Remit To:
AMERISOURCEBERGEN
PO Box 978740
DALLAS TX 75397-8740

Customer Number
100566356 / 100566356

Terms
Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	60.53
Past Due:	0.00
Total Due:	60.53
Account Balance:	60.53

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	3194474009	7008062673	Invoice	4.09		0.00	4.09
11-04-2024	11-15-2024	3194554757	7008076393	Invoice	27.01		0.00	27.01
11-05-2024	11-15-2024	3194718282	7008085217	Invoice	23.34		0.00	23.34
11-06-2024	11-15-2024	3194879202	7008097644	Invoice	1.55		0.00	1.55
11-07-2024	11-15-2024	3195032506	7008104321	Invoice	2.72		0.00	2.72
11-08-2024	11-15-2024	3195189317	7008114297	Invoice	1.82		0.00	1.82

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
60.53	0.00	0.00	0.00	0.00	0.00	0.00

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NOV 18 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
11-15-2024	60.53
Total Due:	60.53

85

AmerisourceBergen

STATEMENT

Statement Number: 68617425
Date: 11-15-2024

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

Customer Number
100135284 / 037028186

Terms
Sat - Fri Due in 7 days

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

Summary

Not Yet Due:	0.00
Current:	1,814.00
Past Due:	0.00
Total Due:	1,814.00
Account Balance:	1,814.00

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
11-11-2024	11-22-2024	3195315127	7008112861	Invoice	478.46		0.00	478.46
11-11-2024	11-22-2024	3195315128	7008124549	Invoice	1,137.91		0.00	1,137.91
11-11-2024	11-22-2024	3195315129	7008113629	Invoice	12.12		0.00	12.12
11-13-2024	11-22-2024	3195645860	7008142254	Invoice	91.70		0.00	91.70
11-13-2024	11-22-2024	3195645861	7008142254	Invoice	1.24		0.00	1.24
11-14-2024	11-22-2024	3195726449	7008153266	Invoice	18.36		0.00	18.36
11-15-2024	11-22-2024	3195972204	7008161334	Invoice	74.21		0.00	74.21

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
1,814.00	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
11-15-2024	(2,785.65)

APPROVED ON
NOV 18 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
11-22-2024	1,814.00
Total Due:	1,814.00

Amerrsource Stmt. 6816354 31

Account Summary Aging Report

DISCLAIMER: This report is for informational purposes only. Please refer to the AmerisourceBergen Statement of Account for a complete list of outstanding invoices and adjustments thereto, including (without limitation) accrued interest, payments and other credits or adjustments. Please note also that invoices are deemed outstanding until complete payment thereon is received.

Customer Number	Customer Name	Current	1-7	8-15	16-30	31-45	46-60	61-75	75+	Total Balances
100566356	WALGREENS CENTRAL FILL #21373 340B	276.28	0.00	0.00	0.00	0.00	0.00	0.00	0.00	276.28
		* 276.28	* 0.00	* 0.00	* 0.00	* 0.00	* 0.00	* 0.00	* 0.00	* 276.28

APPROVED ON

NOV 18 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHKNO	GRPNO	LOCNO	EMPNO	DEPNO	CLMPRE	CLMNO	CLMOUT	CHKDT	AMT	CLMTP	PAYEE	PAYTO	CVGCD	CVGTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUDT	PAYNO
3403	76351	1	1	0	2024	311000005	0	11/11/2024	$38,493.38	1	TRUESCRIPTS MANAGEMENT SERVICE LLC	P	$17	0	[redacted]		PCS	F	10/21/2024	11/3/2024	464334244
3404	76351	2	7	0	2024	304001183	0	11/11/2024	$180.94	1	SINGLETON ASSOCIATES PA	P	321	0			MRIO	F	10/15/2024	10/15/2024	741680498
3405	76351	2	33	0	2024	309000871	0	11/11/2024	$281.86	1	CHRIST, LUKE'S HEALTH BAYLOR COLLEGE OF	P	186	0			HLAB	F	7/12/2024	7/12/2024	741161938
3407	76351	3	27	0	2024	305000955	0	11/11/2024	$12.07	1	SINGLETON ASSOCIATES PA	P	181	0			KRAY	F	10/15/2024	10/15/2024	741680498
3408	76351	3	32	0	2024	304001637	0	11/11/2024	$20.37	1	CLINICAL PATHOLOGY LABS, INC	P	172	0			AB	F	10/15/2024	10/15/2024	742554159
3410	76351	3	62	0	2024	306001751	0	11/11/2024	$51.65	1	CITIZENS MEDICAL PROFESSIONALS	P	177	0			OV	F	9/14/2024	9/14/2024	471158090
3411	76351	3	47	0	2024	305001416	0	11/11/2024	$63.55	1	VICTORIA WOMENS CLINIC ASSOCIATES	P	172	0			AB	F	10/24/2024	10/24/2024	741831291
3412	76351	3	27	0	2024	304001173	0	11/11/2024	$83.52	1	SINGLETON ASSOCIATES PA	P	172	0			AB	F	10/15/2024	10/15/2024	741680498
3413	76351	3	36	1	2024	306000087	0	11/11/2024	$83.52	1	SINGLETON ASSOCIATES PA	P	172	0			AB	F	10/11/2024	10/11/2024	741680498
3414	76351	3	8	0	2024	309001928	0	11/11/2024	$83.52	1	SINGLETON ASSOCIATES PA	P	172	0			AB	F	10/21/2024	10/21/2024	741680498
3415	76351	3	49	0	2024	306000079	0	11/11/2024	$90.47	1	SINGLETON ASSOCIATES PA	P	321	0			MRIO	F	10/1/2024	10/1/2024	741680498
3417	76351	3	35	1	2024	309000635	0	11/11/2024	$115.83	1	SINGLETON ASSOCIATES PA	P	178	0			SO	F	10/21/2024	10/21/2024	741680498
3418	76351	3	58	2	2024	302000395	0	11/11/2024	$153.60	1	VICTORIA EMERGENCY PARTNERS	P	189	0			ERD	F	9/14/2024	9/14/2024	455637445
3419	76351	3	21	0	2024	306001717	0	11/11/2024	$157.15	1	SAMUEL COPELAND MD	P	484	0			ODKS	F	10/28/2024	10/28/2024	471158090
3420	76351	3	28	0	2024	306001750	0	11/11/2024	$288.70	1	PATHOLOGISTS BIOMEDICAL LABORATORIES LLP	P	185	0			LAB	F	9/23/2024	9/23/2024	751049190
3422	76351	3	9	1	2024	304001032	0	11/11/2024	$362.44	1	CITIZENS MEDICAL PROFESSIONALS	P	172	0			AB	F	10/2/2024	10/2/2024	471158090
3424	76351	3	37	0	2024	309001939	0	11/11/2024	$634.38	1	WILSON A ALMONTE MD PLLC	P	323	0			MRIS	F	8/22/2024	8/22/2024	474898361
3425	76351	3	28	0	2024	306001737	0	11/11/2024	$652.86	1	PATHOLOGISTS BIOMEDICAL LABORATORIES LLP	P	449	0			LBDS	F	9/23/2024	9/23/2024	751049190
3426	76351	3	50	0	2024	309001913	0	11/11/2024	$870.47	1	VICTORIA ORTHOPEDIC CENTER, PLLC	P	178	0			SO	F	10/3/2024	10/3/2024	260351734
3429	76360	1	17	0	2024	304001170	0	11/11/2024	$97.44	1	SINGLETON ASSOCIATES PA	P	181	0			KRAY	F	10/17/2024	10/17/2024	741680498
3430	76360	2	101	0	2024	306000232	0	11/11/2024	$19.79	1	SINGLETON ASSOCIATES PA	P	183	0			RAD	F	10/10/2024	10/10/2024	741680498
3431	76360	2	101	0	2024	309000632	0	11/11/2024	$148.71	1	SINGLETON ASSOCIATES PA	P	189	0			ERD	F	10/20/2024	10/20/2024	741680498
3433	76360	3	19	0	2024	304000041	0	11/11/2024	$5.43	1	MEDSOLUTIONS	P	172	0			AB	F	2/5/2024	2/6/2024	202536458
3434	76360	3	70	1	2024	305001407	0	11/11/2024	$29.10	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0			OV	F	10/22/2024	10/22/2024	742605670
3435	76360	3	24	0	2024	306000077	0	11/11/2024	$65.91	1	SINGLETON ASSOCIATES PA	P	324	0			CAT	F	10/11/2024	10/11/2024	741680498
3436	76360	3	49	2	2024	305001402	0	11/11/2024	$67.56	1	MELISSA A. RAINER ERWIN, MD PA	P	177	0			OV	F	10/29/2024	10/29/2024	200802489
3437	76360	3	19	0	2024	304000036	0	11/11/2024	$74.91	1	MEDSOLUTIONS	P	172	0			AB	F	5/7/2024	5/8/2024	202536458
3438	76360	3	19	0	2024	305000040	0	11/11/2024	$74.91	1	MEDSOLUTIONS	P	172	0			AB	F	4/3/2024	4/4/2024	202536458
3439	76360	3	23	0	2024	306000074	0	11/11/2024	$83.52	1	SINGLETON ASSOCIATES PA	P	172	0			AB	F	10/11/2024	10/11/2024	741680498
3440	76360	3	75	0	2024	304001174	0	11/11/2024	$89.17	1	SINGLETON ASSOCIATES PA	P	321	0			MRIO	F	10/10/2024	10/10/2024	741680498
3441	76360	3	105	0	2024	306000233	0	11/11/2024	$110.72	1	SINGLETON ASSOCIATES PA	P	324	0			CAT	F	10/1/2024	10/1/2024	741680498
3442	76360	3	107	1	2024	305000409	0	11/11/2024	$116.49	1	RETINA CONSULTANTS OF HOUSTON	P	457	0			OVS	F	10/14/2024	10/14/2024	742109903
3443	76360	3	19	0	2024	304000039	0	11/11/2024	$138.78	1	MEDSOLUTIONS	P	172	0			AB	F	2/5/2024	2/6/2024	202536458
3444	76360	3	43	0	2024	304001625	0	11/11/2024	$150.04	1	VICTORIA FOOT AND ANKLE CENTER, PLLC	P	457	0			OVS	F	10/18/2024	10/18/2024	863759949
3446	76360	3	32	1	2024	306001716	0	11/11/2024	$252.99	1	VICTORIA VEIN AND SURGERY CLINIC	P	456	0			INJS	F	10/15/2024	10/15/2024	452590280
3449	76360	3	15	1	2024	309001940	0	11/11/2024	$386.10	1	NORTHSTAR ANESTHESIA, PA	P	405	0			AOQ	F	1/4/2024	1/4/2024	201218565
3450	76360	3	15	1	2024	309001946	0	11/11/2024	$386.10	1	NORTHSTAR ANESTHESIA, PA	P	405	0			AOQ	F	1/4/2024	1/4/2024	201218565
									$44,977.45												

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APPROVED ON

NOV 18 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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"	★	$ 116,206.50	#
	"1 TO CONFIRM"		1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 61,641.32	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 14,416.18	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 40,149.00	#
☐	"6-DIGIT SETTLEMENT DATE"	★		
	"1 TO CONFIRM"		1	
☐	ACKNOWLEDGEMENT NUMBER			

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

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED *3/18/2014*

ENTER VOID CKS AS NEGATIVE NUMBERS

		VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: BEGIN	11/1/2024					
PAY PERIOD: END	11/14/2024					
PAY DATE:	11/22/2024					
GROSS PAY:	$ 534,325.99			$ -		$ 534,325.99
DEDUCTIONS:						
A/R	$ 375.00					$ 375.00
ADVANC						$ -
BOOTS						$ -
MUTUAL CRITICAL ILLNESS						$ -
MUTUAL ACCIDENT						$ -
IRS TAX						$ -
MUTUAL SHORT TERM DIS						$ -
MUTUAL VISION	$ 827.68					$ 827.68
CAFÉ-D	$ 1,210.16					$ 1,210.16
CAFÉ-H	$ 29,704.29					$ 29,704.29
	$ -					$ -
	$ -					$ -
CAFÉ-P						$ -
CANCER						$ -
CHILD	$ 570.69					$ 570.69
CLINIC	$ 135.00					$ 135.00
COMBIN	$ 250.86					$ 250.86
CREDUN	$ -					$ -
DENTAL	$ -					$ -
DEP-LF						$ -
MUTUAL TERM LIFE	$ 1,226.91					$ 1,226.91
MUTUAL HOSP INDEM	$ 491.50					$ 491.50
FED TAX	$ 40,149.00					$ 40,149.00
FICA-M	$ 7,208.09					$ 7,208.09
FICA-O	$ 30,820.66					$ 30,820.66
FICA-M ADDITIONAL						$ -
FIRST C						$ -
FLEX S	$ 4,582.30					$ 4,582.30
FLX-FE	$ -					$ -
GIFT S	$ 100.13					$ 100.13
MUTUAL CRITICAL ILLNESS	$ 974.23					$ 974.23
MUTUAL ACCIDENT	$ 688.76					$ 688.76
MUTUAL SHORT TERM DIS	$ 1,704.47					$ 1,704.47
LEGAL	$ 1,170.12					$ 1,170.12
OTHER	$ 7,817.84					$ 7,817.84
NATIONAL FARM LIFE	$ 1,256.63					$ 1,256.63
MED SURCHARGE	$ 255.00					$ 255.00
Blank						$ -
RELAY						$ -
REPAY						$ -
STONEDF	$ 895.00					$ 895.00
STONE						$ -
STONE 2						$ -
STUDEN						$ -
TSA-R	$ 36,562.80					$ 36,562.80
UW/HOS	$ -					$ -
TOTAL DEDUCTIONS:	$ 168,977.12	$ -	$ -	$ -	$ -	$ 168,977.12
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$ 365,348.87	$ -	$ -	$ -	$ -	$ 365,348.87
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFÉ 125 PLAN:	$ 37,219.43	Less Exempt:				
TAXABLE PAY:	$ 497,106.56	$ 497,106.56				Exempt Amt:

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 7,208.05		
FICA - MED (EE)	1.45%	$ 7,208.05	$ 7,208.09	$ (0.04)
FICA - SOC SEC (ER)	6.20%	$ 30,820.61		
FICA - SOC SEC (EE)	6.20%	$ 30,820.61	$ 30,820.66	$ (0.05)
FED WITHHOLDING		$ 40,149.00	$ 40,149.00	

Employees over FICA-SS Cap:
Michael Gaines

Paycode S - Employee Reimb.:

TOTAL: $ -

TAX DEPOSIT:		$ 116,206.32	$ 116,206.50	
FICA - MEDICARE	2.90%	$ 14,416.10	$14,416.18	
FICA - SOCIAL SECURITY	12.40%	$ 61,641.22	$61,641.32	**PREPARED BY:**
FED WITHHOLDING		$ 40,149.00	$40,149.00	**PREPARED DATE:**
TOTAL TAX:		$ 116,206.32	$116,206.50	$ (0.18)

Sariah Rubio

11/18/2024

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	9972.25	N		N	N		237675.55
1	REGULAR PAY-S1	1778.00	N		N	N	N	85284.63
1	REGULAR PAY-S1	259.00	Y		N	N		8959.91
1	REGULAR PAY-S1	1.75	Y	2	N	N		82.01
2	REGULAR PAY-S2	2577.00	N		N	N		70645.65
2	REGULAR PAY-S2	2.25	N	2	N	N		72.54
2	REGULAR PAY-S2	118.75	Y		N	N		4650.51
2	REGULAR PAY-S2	13.50	Y	2	N	N		652.86
3	REGULAR PAY-S3	1453.75	N		N	N		50293.32
3	REGULAR PAY-S3	151.75	Y		N	N		8056.54
4	CALL BACK PAY	16.00	N	1	N	N	Y	849.65
4	CALL BACK PAY	12.00	N	2	N	N	Y	597.66
4	CALL BACK PAY	8.00	N	3	N	N	Y	425.74
C	CALL PAY	1884.75	N	1	N	N		3769.50
D	DOUBLE TIME	15.50	N	1	N	N		1203.11
D	DOUBLE TIME	32.00	N	2	N	N		2657.56
D	DOUBLE TIME	42.25	N	3	N	N		3565.30
D	DOUBLE TIME	8.00	Y	3	N	N		1142.40
E	EXTRA WAGES		N		N	N	N	10.00
E	EXTRA WAGES		N	1	N	N		20.00
E	EXTRA WAGES		N	1	N	N	N	2236.50
F	FUNERAL LEAVE	28.00	N	1	N	N		995.32
I	INSERVICE	18.00	N	1	N	N		797.62
K	EXTENDED-ILLNESS-BANK	295.00	N	1	N	N		7522.64
P	PAID-TIME-OFF	267.12	N		N	N	N	12585.44
P	PAID-TIME-OFF	1093.25	N	1	N	N		28671.03
X	CALL PAY 2	162.00	N	1	N	N		324.00
Y	YMCA/CURVES		N		N	N	N	15.00
Z	CALL PAY 3	96.00	N	1	N	N		288.00
p	PAID TIME OFF - PROBATION	8.00	N	1	N	N		256.00
t	PHONE & DATA		N		N	N	N	20.00

Deductions Summary

Code	Amount				
A/R	375.00	A/R2		A/R3	
ADVANC		AWARDS		BCBSVI	
BOOTS		CAFE H		CAFE-1	
CAFE-2		CAFE-3		CAFE-4	
CAFE-5		CAFE-C		CAFE-D	1210.16
CAFE-F		CAFE-H	29704.29	CAFE-I	
CAFE-L		CAFE-P		CANCER	
CHILD	570.69	CLINIC	135.00	COMBIN	250.86
CREDUN		DD ADV		DENTAL	
DEP-LF		DIS-LF		EAT	
EATCSH		FEDTAX	40149.00	FICA-M	7208.09
FICA-O	30820.66	FIRSTC		FLEX S	3942.81
FLX FE		FORT D		FUTA	
GIFT S	100.13	GRANT		GRP-IN	
GTL		HOSP-I		HSA	639.49
ID TFT		IRSTAX		LEAF	
LEGAL	355.62	MASA	814.50	MEALS	3592.71
METVIS		MISC		MISC/	
MMCSHR		MOOACC	688.76	MOOILL	974.23
MOOIND	491.50	MOOLIF	1226.91	MOOSTD	1704.47
MOOVIS	827.68	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	36562.80	TUTION		UNIFOR	4225.13
UW/HOS					

Grand Totals: 20313.87 ------- (Gross: 534325.99 Deductions: 168977.12 Net: 365348.87

Checks Count:- FT 202 PT 10 Other 43 Female 225 Male 29 Credit OverAmt 12 ZeroNet Term Total: 254

Michelle Cuddeback

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Nov 11, 2024 - Nov 17, 2024

Date	Bank Description	MMC Notes	Amount	CPSI "Handv Check"
11/12/2024	PAY PLUS ACHTrans 43136853 101000692244966 P	- 3rd Party Payor Fee	117.31	
11/12/2024	MCKESSON DRUG AUTO ACH ACH06258961 910000102	- 340B Drug Program Expense	6,115.79 *	
11/12/2024	transfer from operating to Money market to e	Wire out to NEXBANK (Money was returned)	- 1,000,000.00 **	
11/12/2024	TSYS/TRANSFIRST MERCH FEES 39300982541616 61	- Credit Card Processing Fee	2,142.40	
11/12/2024	TSYS/TRANSFIRST MERCH FEES 41399801332419 61	- Credit Card Processing Fee	640.82	
11/12/2024	TSYS/TRANSFIRST MERCH FEES 41399801332401 61	- Credit Card Processing Fee	1,322.47	
11/12/2024	TSYS/TRANSFIRST MERCH FEES 41399801332393 61	- Credit Card Processing Fee	2,703.57	
11/12/2024	TSYS/TRANSFIRST MERCH FEES 41399801332385 61	- Credit Card Processing Fee	421.46	
11/12/2024	TSYS/TRANSFIRST MERCH FEES 41399801368397 61	- Credit Card Processing Fee	262.42	
11/12/2024	IRS USATAXPYMT 270471714061218 6103601000266	- Payroll Taxes	122,418.15 **	
11/12/2024	HPHG LLC MEMORIAL MemMedCtr PtLav 1131226500	- Health Insurance Claim Payments	11,000.00 **	
11/13/2024	WIRE OUT MEMORIAL MEDICAL CENTER	Transfer to Prosperity Money Market	1,000,000.00 **	
11/13/2024	PAY PLUS ACHTrans 43342569 101000694243153 P	- 3rd Party Payor Fee	6.82	
11/13/2024	HEALTHEQUITY INC HealthEqui 1356888 91000015	- EmpDeduct/Employer Contribut	1,381.16 **	
11/14/2024	STATE COMPTRLR TEXNET 08443606/41113 2100002	ACCRUED IGT DSH	441.47 *	
11/14/2024	PAY PLUS ACHTrans 43507866 101000695983073 P	- 3rd Party Payor Fee	45.12	
11/15/2024	PAY PLUS ACHTrans 43838085 101000697222028 P	- 3rd Party Payor Fee	150.67	
11/15/2024	HPHG LLC PORT MemMedCtr PtLav 11312265008413	- Health Insurance Claim Payments	20,130.00 *	
11/15/2024	HPHG LLC MEMORIAL MemMedCtr PtLav 1131226500	- Health Insurance Claim Payments	8,789.90 *	
11/15/2024	HPHG LLC memorial MemMedCtr PtLav 1131226500	- Health Insurance Claim Payments	9,949.50 *	
11/15/2024	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	2,785.65 *	
11/15/2024	TEXAS COUNTY DRS RECEIVABLE 0419 21000025976	- Retirement Funding	- 181,896.35	
11/15/2024	FDMS FDMS PYMT 052-2100911-000 4100012222914	- Credit Card Machine Lease Fee	45.64	
11/15/2024	FDMS FDMS PYMT 052-1737276-000 4100012220784	- Credit Card Machine Lease Fee	120.09	
11/15/2024	FDMS FDMS PYMT 052-1743548-000 4100012222212	- Credit Card Machine Lease Fee	80.06	
11/15/2024	FDMS FDMS PYMT 052-1743547-000 4100012221192	- Credit Card Machine Lease Fee	40.03	
			2,373,006.85	

60.53 over

pay plus

Proc. Fees

Lease Fees

* Approved on 11.13.24 CC
** Approved on 11.06.24 CC

November 18, 2024

Steve Brock, CFO
Memorial Medical Center

ELECTRONIC TRANSFERS FC **Y BANK**
HS

Date	MMC Notes	Amount
11/20/2024 - WEBFILE TAX PYMT DD	- Sales Tax	2,454.87
		2,454.87

November 18, 2024

Steve Brock, CFO
Memorial Medical Center

APPROVED ON
NOV 18 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Sales and Use Tax

Taxpayer: [redacted], MEMORIAL MEDICAL CENTER
Address: 815 N VIRGINIA ST, PORT LAVACA TX 77979-3025
Tax Type: Sales and Use Tax

Return Summary Original Return for Period Ending 10/31/2024 (2410)

Total Amount Due and Payable may not reflect all payments or discounts. Please allow pending payments 3-5 business days to process and appear on this page.

CREDITS TAKEN

Credits Taken

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

Licensed Customs Broker Exported Sales

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

LOCATION SUMMARY

Loc #	Total Texas Sales	Taxable Sales	Taxable Purchases	Subject to State Tax (Rate .0625)	State Tax Due	Subject to Local Tax	Local Tax Rate	Local Tax Due
00004	29,756	29,756	0	29,756	1,859.75	29,756	0.02000	595.12
SubTotal	**29,756**	**29,756**	**0**	**29,756**	**1,859.75**	**29,756**		**595.12**

Total Tax for Locations $2,454.87

Total Tax Due:	$2,454.87
Balance Due:	$2,454.87
Pending Payments:	- $2,442.59

Date/Time	11-04-2024 / 02:11 PM
Submitted By	cclevenger256
Pay Date	10-31-2024
Employee Deposits	$74,591.42
Employer Contributions	$107,304.93
Group Term Life Premiums	$0.00
Total	$181,896.35
Comments	
Payroll File	October 2024 Retirement Upload.xlsx

CLOSE PRINT

Plan	Start Date	EE Per Pay C	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	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	$25.00	$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	3/1/2024	$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	1/1/2024	$20.00	$25.00
2024 Heath Equity Health Savings Account	2/1/2024	$0.00	$25.00
		$751.16	$775.00
	Total	$1,526.16	

Memorial Medical Center
Transfer Request

Amount: $ 250,000.00 **Date:** 11/18/2024

From Account: Prosperity Operating Account [redacted]

To Account: Prosperity Money Market [redacted]

APPROVED ON
NOV 18 2024
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Explanation:

Transfer from Prosperity Operating Account to Prosperity Money Market Account

Requested by: Michelle Cumberland **Date:** 11/18/2024

Authorized by: [signature] **Date:**

RECEIVED BY THE
COUNTY AUDITOR ON

NOV 14 2024

CALHOUN COUNTY, TEXAS

11/14/2024 MEMORIAL MEDICAL CENTER 0
10:00 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 11/30/2024

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
110524		11/13/202	11/05/202	11/30/202			20,779.40	0.00	0.00	20,779.40
110724		11/13/202	11/07/202	11/30/202			204.00	0.00	0.00	204.00

ins. pmt dep. into mmc opt. in error

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11832	BROADMOOR AT CREEKSIDE PARK	20,983.40	0.00	0.00	20,983.40

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	20,983.40	0.00	0.00	20,983.40

APPROVED ON

NOV 14 2024

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Chk# 206627

RECEIVED BY THE
COUNTY AUDITOR ON

NOV 14 2024

CALHOUN COUNTY, TEXAS

11/14/2024
10:01

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 11/30/2024

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
110724		11/13/202	11/07/202	11/30/202			5,551.20	0.00	0.00	5,551.20

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

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	5,551.20	0.00	0.00	5,551.20

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	5,551.20	0.00	0.00	5,551.20

APPROVED ON

NOV 14 2024

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Check 206630

RECEIVED BY THE
COUNTY AUDITOR ON

NOV 14 2024

CALHOUN COUNTY, TEXAS

11/14/2024 MEMORIAL MEDICAL CENTER 0
10:03 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 11/30/2024

Vendor#	Vendor Name	Class	Pay Code
11836	GOLDENCREEK HEALTHCARE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
110424		11/13/202	11/04/202	11/30/202			3,132.55	0.00	0.00	3,132.55
110624A		11/13/202	11/06/202	11/30/202			425.86	0.00	0.00	425.86
110624B		11/13/202	11/06/202	11/30/202			511.48	0.00	0.00	511.48
110624		11/13/202	11/06/202	11/30/202			344.72	0.00	0.00	344.72

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

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11836	GOLDENCREEK HEALTHCARE	4,414.61	0.00	0.00	4,414.61

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	4,414.61	0.00	0.00	4,414.61

APPROVED ON

NOV 14 2024

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Check 20241128

RECEIVED BY THE
COUNTY AUDITOR ON

NOV 14 2024

11/14/2024
10:04

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 11/30/2024

0
ap_open_invoice.template

CALHOUN COUNTY, TEXAS

Vendor#	Vendor Name	Class	Pay Code
12696	GULF POINTE PLAZA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
110424		11/13/202	11/04/202	11/30/202			0.21	0.00	0.00	0.21

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

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12696	GULF POINTE PLAZA	0.21	0.00	0.00	0.21

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	0.21	0.00	0.00	0.21

APPROVED ON

NOV 14 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 206629

RECEIVED BY THE
COUNTY AUDITOR ON

NOV 14 2024

CALHOUN COUNTY, TEXAS

11/14/2024 MEMORIAL MEDICAL CENTER 0
10:04 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 11/30/2024

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
102924A		10/29/202	10/29/202	11/30/202			13,680.00	0.00	0.00	13,680.00
110424	ins. pmt. dep. into mmc opt in error	11/13/202	11/04/202	11/30/202			5,304.00	0.00	0.00	5,304.00
110624	"	11/13/202	11/06/202	11/30/202			5,262.28	0.00	0.00	5,262.28
110724	"	11/13/202	11/07/202	11/30/202			9,090.00	0.00	0.00	9,090.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	33,336.28	0.00	0.00	33,336.28

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	33,336.28	0.00	0.00	33,336.28

APPROVED ON

NOV 14 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 2066631

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
11/18/2024

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		59,833.71	59,568.05	248,623.45			248,889.11	**237,992.89**
						Bank Balance	248,889.11	
						Variance	-	
						Leave in Balance	100.00	
Routing Information for Ashford Gardens.						**Molina Quarter 4**	10,534.46	
Ashford Health Care Center Ltd Co								
JP Morgan Chase Bank						**Oct Interest**	261.76	
						Nov Interest		
						Dec Interest		
						Adjust Balance/Transfer Amt	**237,992.89**	
Broadmoor		80,858.91	80,534.48	166,316.07			166,640.50	**163,971.24**
						Bank Balance	166,640.50	
						Variance	-	
						Leave in Balance	100.00	
						Molina Quarter 4	2,344.83	
						Oct Interest	224.43	
						Nov Interest		
						Dec Interest		
						Adjust Balance/Transfer Amt	**163,971.24**	
Crescent		86,492.95	86,091.39	302,827.60			303,229.16	**285,425.82**
						Bank Balance	303,229.16	
						Variance	-	
						Leave in Balance	100.00	
						Molina Quarter 4	2,901.78	
						Claim Payment owed to Tuscany	14,500.00	
						Oct Interest	301.56	
						Nov Interest		
						Dec Interest		
						Adjust Balance/Transfer Amt	**285,425.82**	
Fort Bend		33,515.91	33,316.24	56,985.62			57,185.29	**53,686.48**
						Bank Balance	57,185.29	
						Variance	-	
						Leave in Balance	100.00	
						Molina Quarter 4	3,299.14	
						Oct Interest	99.67	
						Nov Interest		
						Dec Interest		
						Adjust Balance/Transfer Amt	**53,686.48**	
Solera at W Houston		81,752.93	81,474.82	156,892.87			157,170.98	**153,652.80**
						Bank Balance	157,170.98	
						Variance	-	
						Leave in Balance	100.00	
						Molina Quarter 4	3,135.70	
						Oct Interest	282.48	
						Nov Interest		
						Dec Interest		
						Adjust Balance/Transfer Amt	**153,652.80**	

237,992.89 +
163,971.24 +
285,425.82 +
53,686.48 + *Fort Bend / Broadmoor*
153,652.80 +
894,729.23 ◊

TOTAL TRANSFERS	**894,729.23**

Approved:
Steve Brock, CFO **11/18/2024**

APPROVED ON
NOV 18 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
11/15/2024	Enhanced Analysis Ch	96.10	-					-	-
11/15/2024	MANAGEANDNET1718 MNS PMNT 000000000000093 41	-	3,733.00					-	3,733.00
11/15/2024	HNB - ECHO HCCLAIMPMT 746003411 440000241314	-	13,389.34					-	13,389.34
11/15/2024	HNB - ECHO HCCLAIMPMT 746003411 440000240333	-	1,969.02					-	1,969.02
11/15/2024	HNB - ECHO HCCLAIMPMT 746003411 440000242453	-	44,676.69					-	44,676.69
11/15/2024	UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384	-	619.50					-	619.50
11/15/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	5,234.43					-	5,234.43
11/15/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130052	-	302.27					-	302.27
11/14/2024	Deposit	-	2,909.85					-	2,909.85
11/14/2024	HNB - ECHO HCCLAIMPMT 746003411 440000298526	-	123.90					-	123.90
11/14/2024	HNB - ECHO HCCLAIMPMT 746003411 440000297897	-	6,694.67					-	6,694.67
11/13/2024	WIRE OUT ASHFORD HEALTH CARE CENTER LTD	59,471.95	-					-	-
11/13/2024	MOLINA HEALTHCAR MOLINAACH 01336931 42000011	-	35,114.87			16,813.23	18,301.64	10,534.46	24,580.41
11/13/2024	MANAGEANDNET1718 MNS PMNT 000000000000093 41	-	4,263.00					-	4,263.00
11/13/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	78,799.60					-	78,799.60
11/13/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130052	-	5,942.01					-	5,942.01
11/12/2024	MANAGEANDNET1718 MNS PMNT 000000000000093 41	-	812.00					-	812.00
11/12/2024	HNB - ECHO HCCLAIMPMT 746003411 440000271773	-	14,744.74					-	14,744.74
11/12/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	29,294.56					-	29,294.56
		59,568.05	248,623.45	-	-	16,813.23	18,301.64	10,534.46	238,088.99

Broadmoor

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
11/15/2024	HUMANA INS CO HCCLAIMPMT 61997998 8300005427	-	4,185.00					-	4,185.00
11/15/2024	HNB - ECHO HCCLAIMPMT 746003411 440000240333	-	17,590.83					-	17,590.83
11/15/2024	HNB - ECHO HCCLAIMPMT 746003411 440000240333	-	6,377.71					-	6,377.71
11/15/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	7,070.00					-	7,070.00
11/15/2024	UnitedHealthcare HCCLAIMPMT 746003411 910000	-	13,635.00					-	13,635.00
11/15/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,217.93					-	2,217.93
11/15/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,072.04					-	1,072.04
11/15/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130042	-	1,810.12					-	1,810.12
11/14/2024	HNB - ECHO HCCLAIMPMT 746003411 440000298526	-	43,632.43					-	43,632.43
11/13/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	80,534.48	-					-	-
11/13/2024	MOLINA HEALTHCAR MOLINAACH 01337468 42000011	-	7,816.10			6,232.78	1,583.32	2,344.83	5,471.27
11/13/2024	MANAGEANDNET1718 MNS PMNT 000000000004293 41	-	2,925.00					-	2,925.00
11/13/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	5,240.99					-	5,240.99
11/13/2024	NOVITAS SOLUTION HCCLAIMPMT 676357 420000156	-	368.35					-	368.35
11/13/2024	HUMANA INS CO HCCLAIMPMT 61686219 8300005113	-	465.00					-	465.00
11/13/2024	HUMANA CHA DISB HCCLAIMPMT 61855175 42000013	-	1,860.00					-	1,860.00
11/12/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	43,819.57					-	43,819.57
11/12/2024	HUMANA CHA DISB HCCLAIMPMT 61529851 42000015	-	6,230.00					-	6,230.00
		80,534.48	166,316.07	-	-	6,232.78	1,583.32	2,344.83	163,971.24

Crescent

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
11/15/2024	DEVOTED HEALTH P HCCLAIMPMT 21000023416845	-	1,729.00					-	1,729.00
11/15/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	10,250.00					-	10,250.00
11/15/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130082	-	202.07					-	202.07
11/15/2024	CIGNA HCCLAIMPMT 1669860425 91000013555336	-	204.00					-	204.00
11/14/2024	Deposit	-	24,709.86					-	24,709.86
11/14/2024	HNB - ECHO HCCLAIMPMT 746003411 440000298526	-	7,553.82					-	7,553.82
11/14/2024	DEVOTED HEALTH P HCCLAIMPMT 21000026895640	-	4,050.00					-	4,050.00
11/14/2024	DEVOTED HEALTH P HCCLAIMPMT 21000026895638	-	7,650.00					-	7,650.00
11/14/2024	DEVOTED HEALTH P HCCLAIMPMT 21000026895636	-	6,300.00					-	6,300.00
11/14/2024	DEVOTED HEALTH P HCCLAIMPMT 21000026895634	-	450.00					-	450.00
11/13/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	86,091.39	-					-	-
11/13/2024	MOLINA HEALTHCAR MOLINAACH 01337426 42000011	-	9,672.60			4,631.06	5,041.54	2,901.78	6,770.82
11/13/2024	MANAGEANDNET1718 MNS PMNT 000000000003268 41	-	2,047.50					-	2,047.50
11/13/2024	NOVITAS SOLUTION HCCLAIMPMT 676323 420000156	-	22,163.02					-	22,163.02
11/12/2024	HNB - ECHO HCCLAIMPMT 746003411 440000271773	-	4,236.97					-	4,236.97
11/12/2024	DEVOTED HEALTH P HCCLAIMPMT 21000024427966	-	9,900.00					-	9,900.00
11/12/2024	DEVOTED HEALTH P HCCLAIMPMT 21000024427964	-	14,500.00					-	14,500.00
11/12/2024	DEVOTED HEALTH P HCCLAIMPMT 21000024427962	-	31,260.00					-	31,260.00
11/12/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	43,827.52					-	43,827.52
11/12/2024	NOVITAS SOLUTION HCCLAIMPMT 676323 420000185	-	39,699.77					-	39,699.77
11/12/2024	HUMANA CHA DISB HCCLAIMPMT 61529728 42000015	-	9,686.00					-	9,686.00
11/12/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130082	-	1,195.47					-	1,195.47
11/12/2024	DEVOTED HEALTH P HCCLAIMPMT 21000026676403	-	14,850.00					-	14,850.00
11/12/2024	DEVOTED HEALTH P HCCLAIMPMT 21000026676397	-	6,300.00					-	6,300.00
11/12/2024	DEVOTED HEALTH P HCCLAIMPMT 21000026676401	-	14,400.00					-	14,400.00
11/12/2024	DEVOTED HEALTH P HCCLAIMPMT 21000026676399	-	13,950.00					-	13,950.00
11/12/2024	AARP Supplementa HCCLAIMPMT 746003411 124384	-	2,040.00					-	2,040.00
		86,091.39	302,827.60	-	-	4,631.06	5,041.54	2,901.78	299,925.82

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
11/15/2024	MANAGEANDNET1718 MNS PMNT 000000000004294 41	-	5,175.00					-	5,175.00
11/15/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	3,010.00					-	3,010.00
11/15/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130062	-	379.75					-	379.75
11/14/2024	HNB - ECHO HCCLAIMPMT 746003411 440000298526	-	9,745.71					-	9,745.71
11/13/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	33,316.24	-					-	-
11/13/2024	MOLINA HEALTHCAR MOLINAACH 01337084 42000011	-	10,997.14			5,257.82	5,739.32	3,299.14	7,698.00
11/12/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	27,678.02					-	27,678.02
		33,316.24	56,985.62	-	-	5,257.82	5,739.32	3,299.14	53,686.48

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
11/15/2024	Enhanced Analysis Ch	104.37	-					-	-
11/15/2024	MANAGEANDNET1718 MNS PMNT 000000000002482 41	-	5,400.00					-	5,400.00
11/15/2024	HNB - ECHO HCCLAIMPMT 746003411 440000242453	-	13,569.96					-	13,569.96
11/15/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	3,296.57					-	3,296.57
11/15/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	7,766.14					-	7,766.14
11/15/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	5,344.58					-	5,344.58
11/15/2024	NOVITAS SOLUTION HCCLAIMPMT 676310 420000173	-	6,472.29					-	6,472.29
11/15/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130072	-	50.10					-	50.10
11/14/2024	Deposit	-	6,777.52					-	6,777.52
11/14/2024	Deposit	-	1,842.67					-	1,842.67

11/14/2024	HUMANA INS CO HCCLAIMPMT 61701705 8300005821	-	5,580.00					-	5,580.00
11/14/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	6,300.00					-	6,300.00
11/14/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,584.64					-	2,584.64
11/13/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	81,370.45	-					-	-
11/13/2024	MOLINA HEALTHCAR MOLINAACH 01337385 42000011	-	10,452.34			4,993.92	5,458.42	3,135.70	7,316.64
11/13/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	995.75					-	995.75
11/13/2024	NOVITAS SOLUTION HCCLAIMPMT 676310 420000156	-	10,254.45					-	10,254.45
11/13/2024	HUMANA CHA DISB HCCLAIMPMT 61835544 42000013	-	5,115.00					-	5,115.00
11/13/2024	HUMANA CHA DISB HCCLAIMPMT 61835546 42000013	-	5,785.00					-	5,785.00
11/13/2024	HUMANA CHA DISB HCCLAIMPMT 61835545 42000013	-	6,374.43					-	6,374.43
11/12/2024	HNB - ECHO HCCLAIMPMT 746003411 440000271773	-	1,376.06					-	1,376.06
11/12/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	37,321.94					-	37,321.94
11/12/2024	NOVITAS SOLUTION HCCLAIMPMT 676310 420000185	-	14,233.43					-	14,233.43
								-	-
		81,474.82	156,892.87	-	-	4,993.92	5,458.42	3,135.70	153,757.17
	TOTALS		**931,645.61**	-	-	**37,928.81**	**36,124.24**	**22,215.92**	**909,429.70**

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,036,568.47	$2,128,032.42	$2,036,568.47	$2,071,281.35
*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	$248,889.11	$263,815.61	$248,889.11	$179,060.96
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$166,640.50	$202,051.60	$166,640.50	$112,681.87
*4411 MEMORIAL MEDICAL / NH CRESCENT	$303,229.16	$345,657.83	$303,229.16	$290,844.09
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$157,170.98	$175,536.09	$157,170.98	$115,375.71
*4446 MEMORIAL MEDICAL / NH FORT BEND	$57,185.29	$58,523.36	$57,185.29	$48,620.54
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$116,400.83	$122,382.12	$116,400.83	$54,436.07
*4551 CAL CO INDIGENT HEALTHCARE	$9,706.51	$9,706.51	$9,706.51	$9,706.51
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$666.86	$666.86	$666.86	$100.00
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$44,287.71	$44,312.71	$44,287.71	$40,501.63
*5506 MMC -NH BETHANY SENIOR LIVING	$59,691.70	$62,294.81	$59,691.70	$10,365.13
*3407 MMC -NH TUSCANY VILLAGE	$243,139.02	$296,093.82	$243,139.02	$209,590.19
*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	**$3,449,718.73**	**$3,715,216.33**	**$3,449,718.73**	**$3,148,706.64**

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
11/18/2024

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		125,318.97	125,063.48	116,145.34		-	116,400.83	94,335.30
						Bank Balance	116,400.83	
						Variance	-	
						Leave in Balance	100.00	
						Superior Quarter 4	21,810.04	
						Oct Interest	155.49	
						Nov Interest		
						Dec Interest		
						Adjust Balance/Transfer Amt	94,335.30	

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, CFO
11/18/2024

APPROVED ON
NOV 18 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	
11/15/2024	TSYS/TRANSFIRST CR CD DEP 543684555876917 43	-	400.00					-	400.00
11/15/2024	LUMINOS HOLDCO L Turner R&B 113114890620499	-	6,830.90					-	6,830.90
11/15/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2	-	208.75					-	208.75
11/15/2024	Centene Manageme ACH 008765433514 1110000265	-	54,525.11			26,126.11	28,399.00	21,810.04	32,715.07
11/14/2024	Deposit	-	31,985.72					-	31,985.72
11/14/2024	TSYS/TRANSFIRST CR CD DEP 543684555876917 43	-	500.00					-	500.00
11/14/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001373	-	1,794.63					-	1,794.63
11/14/2024	AETNA AS01 HCCLAIMPMT 1588075964 51000017473	-	2,275.00					-	2,275.00
11/13/2024	WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	125,063.48	-					-	-
11/13/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001524	-	1,073.00					-	1,073.00
11/13/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001524	-	400.00					-	400.00
11/13/2024	NOVITAS SOLUTION HCCLAIMPMT 676097 420000156	-	9,833.93					-	9,833.93
11/13/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2	-	903.26					-	903.26
11/12/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001291	-	1,255.29					-	1,255.29
11/12/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2	-	4,159.75					-	4,159.75
								-	-
		125,063.48	116,145.34	-	-	26,126.11	28,399.00	21,810.04	94,335.30

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,036,568.47	$2,128,032.42	$2,036,568.47	$2,071,281.35
*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	$248,889.11	$263,815.61	$248,889.11	$179,060.96
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$166,640.50	$202,051.60	$166,640.50	$112,681.87
*4411 MEMORIAL MEDICAL / NH CRESCENT	$303,229.16	$345,657.83	$303,229.16	$290,844.09
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$157,170.98	$175,536.09	$157,170.98	$115,375.71
*4446 MEMORIAL MEDICAL / NH FORT BEND	$57,185.29	$58,523.36	$57,185.29	$48,620.54
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$116,400.83 ✓	$122,382.12	$116,400.83	$54,436.07
*4551 CAL CO INDIGENT HEALTHCARE	$9,706.51	$9,706.51	$9,706.51	$9,706.51
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$666.86	$666.86	$666.86	$100.00
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$44,287.71	$44,312.71	$44,287.71	$40,501.63
*5506 MMC -NH BETHANY SENIOR LIVING	$59,691.70	$62,294.81	$59,691.70	$10,365.13
*3407 MMC -NH TUSCANY VILLAGE	$243,139.02	$296,093.82	$243,139.02	$209,590.19
*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	**$3,449,718.73**	**$3,715,216.33**	**$3,449,718.73**	**$3,148,706.64**

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
11/18/2024

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		6,662.24	6,562.24	566.86				666.86	no transfer
							Bank Balance	666.86	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	566.86	

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		32,908.94	32,808.94	44,187.71				44,287.71	44,187.71
							Bank Balance	44,287.71	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	44,187.71	

Routing Information for Gulf Pointe Plaza:

TOTAL TRANSFERS	44,754.57

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, CFO
11/18/2024

APPROVED ON
NOV 18 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
11/15/2024	HNB - ECHO HCCLAIMPMT 746003411 440000241314	-	498.83					-	498.83
11/15/2024	HNB - ECHO HCCLAIMPMT 746003411 440000241225	-	68.03					-	68.03
11/13/2024	WIRE OUT HMG Rockport SNF, LP -Commerical	6,562.24	-					-	-
								-	-
		6,562.24	**566.86**	-	-	-	-	-	**566.86**

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
11/15/2024	MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	3,786.08					-	3,786.08
11/14/2024	Deposit	-	39,166.72					-	39,166.72
11/13/2024	WIRE OUT HMG Rockport SNF, LP - Commerical	32,808.94	-					-	-
11/12/2024	MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	1,234.91					-	1,234.91
								-	-
		32,808.94	**44,187.71**	-	-	-	-	-	**44,187.71**
		39,371.18	**44,754.57**	-	-	-	-	-	**44,754.57**

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,036,568.47	$2,128,032.42	$2,036,568.47	$2,071,281.35
*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	$248,889.11	$263,815.61	$248,889.11	$179,060.96
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$166,640.50	$202,051.60	$166,640.50	$112,681.87
*4411 MEMORIAL MEDICAL / NH CRESCENT	$303,229.16	$345,657.83	$303,229.16	$290,844.09
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$157,170.98	$175,536.09	$157,170.98	$115,375.71
*4446 MEMORIAL MEDICAL / NH FORT BEND	$57,185.29	$58,523.36	$57,185.29	$48,620.54
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$116,400.83	$122,382.12	$116,400.83	$54,436.07
*4551 CAL CO INDIGENT HEALTHCARE	$9,706.51	$9,706.51	$9,706.51	$9,706.51
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$666.86	$666.86	$666.86	$100.00
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$44,287.71	$44,312.71	$44,287.71	$40,501.63
*5506 MMC -NH BETHANY SENIOR LIVING	$59,691.70	$62,294.81	$59,691.70	$10,365.13
*3407 MMC -NH TUSCANY VILLAGE	$243,139.02	$296,093.82	$243,139.02	$209,590.19
*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	**$3,449,718.73**	**$3,715,216.33**	**$3,449,718.73**	**$3,148,706.64**

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
11/18/2024

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		110,157.01	110,057.01	243,039.02	-	-	-	243,139.02	237,856.82
							Bank Balance	243,139.02	
							Variance	-	
							Leave in Balance	100.00	
							Molina Quarter 4	5,182.20	
							Adjust Balance/Transfer Amt	237,856.82	

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, CFO 11/18/2024

APPROVED ON
NOV 18 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	
11/15/2024	NOVITAS SOLUTION HCCLAIMPMT 676201 420000173	-	33,548.83					-	33,548.83
11/14/2024	Deposit	-	64,927.52					-	64,927.52
11/14/2024	HNB - ECHO HCCLAIMPMT 746003411 440000298526	-	28,696.72					-	28,696.72
11/13/2024	WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	110,057.01	-					-	-
11/13/2024	MOLINA HEALTHCAR MOLINAACH 01337462 42000011	-	10,364.39			42.75	10,321.64	5,182.20	5,182.20
11/13/2024	HNB - ECHO HCCLAIMPMT 746003411 440000244342	-	1,979.80					-	1,979.80
11/13/2024	NOVITAS SOLUTION HCCLAIMPMT 676201 420000156	-	67,322.10					-	67,322.10
11/12/2024	Deposit	-	16,422.22					-	16,422.22
11/12/2024	HNB - ECHO HCCLAIMPMT 746003411 440000271773	-	19,777.44					-	19,777.44
								-	-
		110,057.01	243,039.02	-	-	42.75	10,321.64	5,182.20	237,856.83

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,036,568.47	$2,128,032.42	$2,036,568.47	$2,071,281.35
*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	$248,889.11	$263,815.61	$248,889.11	$179,060.96
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$166,640.50	$202,051.60	$166,640.50	$112,681.87
*4411 MEMORIAL MEDICAL / NH CRESCENT	$303,229.16	$345,657.83	$303,229.16	$290,844.09
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$157,170.98	$175,536.09	$157,170.98	$115,375.71
*4446 MEMORIAL MEDICAL / NH FORT BEND	$57,185.29	$58,523.36	$57,185.29	$48,620.54
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$116,400.83	$122,382.12	$116,400.83	$54,436.07
*4551 CAL CO INDIGENT HEALTHCARE	$9,706.51	$9,706.51	$9,706.51	$9,706.51
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$666.86	$666.86	$666.86	$100.00
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$44,287.71	$44,312.71	$44,287.71	$40,501.63
*5506 MMC -NH BETHANY SENIOR LIVING	$59,691.70	$62,294.81	$59,691.70	$10,365.13
*3407 MMC -NH TUSCANY VILLAGE	$243,139.02	$296,093.82	$243,139.02	$209,590.19
*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	**$3,449,718.73**	**$3,715,216.33**	**$3,449,718.73**	**$3,148,706.64**

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
11/18/2024

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		20,911.40	20,730.43	59,510.73			-	59,691.70	45,914.49
							Bank Balance	59,691.70	
							Variance	-	
							Leave in Balance	100.00	
							Superior Quarter 4	13,596.24	
							Oct Interest	80.97	
							Nov Interest		
							Dec Interest		
							Adjust Balance/Transfer Amt	45,914.49	

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, CFO 11/18/2024

APPROVED ON
NOV 18 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	
11/15/2024	HNB - ECHO HCCLAIMPMT 746003411 440000241248	-	3,859.95					-	3,859.95
11/15/2024	HNB - ECHO HCCLAIMPMT 746003411 440000240333	-	1,295.50					-	1,295.50
11/15/2024	NOVITAS SOLUTION HCCLAIMPMT 676481 420000173	-	4,392.41					-	4,392.41
11/15/2024	HOSPICE OF SOUTH Payments NF 113122650078233	-	730.23					-	730.23
11/15/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	202.07					-	202.07
11/15/2024	Centene Manageme ACH 008765433514 1110000265	-	38,846.41			12,514.64	26,331.77	13,596.24	25,250.17
11/14/2024	HNB - ECHO HCCLAIMPMT 746003411 440000297897	-	2,535.35					-	2,535.35
11/13/2024	WIRE OUT PORT LAVACA NH, LLC	20,730.43	-					-	-
11/13/2024	HNB - ECHO HCCLAIMPMT 746003411 440000244327	-	3,833.90					-	3,833.90
11/12/2024	HNB - ECHO HCCLAIMPMT 746003411 440000271773	-	3,814.91					-	3,814.91
								-	-
		20,730.43	**59,510.73**	**-**	**-**	**12,514.64**	**26,331.77**	**13,596.24**	**45,914.49**

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,036,568.47	$2,128,032.42	$2,036,568.47	$2,071,281.35
*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	$248,889.11	$263,815.61	$248,889.11	$179,060.96
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$166,640.50	$202,051.60	$166,640.50	$112,681.87
*4411 MEMORIAL MEDICAL / NH CRESCENT	$303,229.16	$345,657.83	$303,229.16	$290,844.09
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$157,170.98	$175,536.09	$157,170.98	$115,375.71
*4446 MEMORIAL MEDICAL / NH FORT BEND	$57,185.29	$58,523.36	$57,185.29	$48,620.54
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$116,400.83	$122,382.12	$116,400.83	$54,436.07
*4551 CAL CO INDIGENT HEALTHCARE	$9,706.51	$9,706.51	$9,706.51	$9,706.51
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$666.86	$666.86	$666.86	$100.00
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$44,287.71	$44,312.71	$44,287.71	$40,501.63
*5506 MMC -NH BETHANY SENIOR LIVING	$59,691.70	$62,294.81	$59,691.70	$10,365.13
*3407 MMC -NH TUSCANY VILLAGE	$243,139.02	$296,093.82	$243,139.02	$209,590.19
*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	**$3,449,718.73**	**$3,715,216.33**	**$3,449,718.73**	**$3,148,706.64**

✓ Ashford

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: Memorial Medical Center

Date Requested: 11/18/2024

APPROVED ON
NOV 18 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 001256

FOR ACCT USE ONLY

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

AMOUNT: $ 10,534.46 ✓

G/L NUMBER: 10255040

EXPLANATION: Molina Quarter 4 QIPP Payment

REQUESTED BY: Caitlin Clevenger

✓

AUTHORIZED BY:

✓ Broadmoor

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center

Date Requested: 11/18/2024

APPROVED ON
NOV 18 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 000290

FOR ACCT USE ONLY

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

✓

AMOUNT: $ 2,344.83

G/L NUMBER: 10255040

EXPLANATION: Molina Quarter 4 QIPP Payment

REQUESTED BY: Caitlin Clevenger

✓

AUTHORIZED BY:

✓ Crescent

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center

Date Requested: 11/18/2024

APPROVED ON
NOV 18 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CHK#002901

FOR ACCT USE ONLY

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

AMOUNT: $ 2,901.78 ✓

G/L NUMBER: 10255040

EXPLANATION: Molina Quarter 4 QIPP Payment

✓

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY:

✓ Fort Bend

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center

Date Requested: 11/18/2024

APPROVED ON
NOV 18 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk# 000262

FOR ACCT USE ONLY

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

AMOUNT: $ 3,299.14 ✓

G/L NUMBER: 10255040

EXPLANATION: Molina Quarter 4 QIPP Payment

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: [signature]

✓ Solera

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center

Date Requested: 11/18/2024

APPROVED ON
NOV 18 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk# 001317

FOR ACCT USE ONLY

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

AMOUNT: $ 3,135.70

G/L NUMBER: 10255040

EXPLANATION: Molina Quarter 4 QIPP Payment

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY:

✓ Golden Creek

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center

Date Requested: 11/18/2024

APPROVED ON
NOV 18 2024
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Chk# 000226

FOR ACCT USE ONLY

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

AMOUNT: $ 21,810.04 ✓

G/L NUMBER: 10255040

EXPLANATION: Superior Quarter 4 QIPP Payment

REQUESTED BY: Caitlin Clevenger

✓

AUTHORIZED BY:

✓ Bethany

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center

Date Requested: 11/18/2024

APPROVED ON NOV 18 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk# 0010516

FOR ACCT USE ONLY

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

AMOUNT: $ 13,596.24 ✓

G/L NUMBER: 10255040

EXPLANATION: Superior Quarter 4 QIPP Payment

✓

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY:

Tuscany

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center

Date Requested: 11/18/2024

APPROVED ON
NOV 18 2024
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS
Chk# 001176

FOR ACCT USE ONLY

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

AMOUNT: $ 5,182.20

G/L NUMBER: 10255040

EXPLANATION: Molina Quarter 4 QIPP Payment

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY:

QIPP Payment to MMC from Nursing Facilities **Commissioner's Court** **11/20/2024**

NH Name	From Bank Acct #	Ck #	Payee	GL #	Molina Quarter 4	Superior Quarter 4		TOTAL	Date
Ashford	[redacted] Prosperity		MMC -Prosperity Operating [redacted]	10255040	10,534.46			10,534.46	11/20/2024
Broadmoor	[redacted] Prosperity		MMC -Prosperity Operating [redacted]	10255040	2,344.83			2,344.83	11/20/2024
Crescent	[redacted] Prosperity		MMC -Prosperity Operating [redacted]	10255040	2,901.78			2,901.78	11/20/2024
Fort Bend	[redacted] Prosperity		MMC -Prosperity Operating [redacted]	10255040	3,299.14			3,299.14	11/20/2024
Solera	[redacted] Prosperity		MMC -Prosperity Operating [redacted]	10255040	3,135.70			3,135.70	11/20/2024
Golden Creek	[redacted] Prosperity		MMC -Prosperity Operating [redacted]	10255040		21,810.04		21,810.04	11/20/2024
Bethany	[redacted] Prosperity		MMC -Prosperity Operating [redacted]	10255040		13,596.24		13,596.24	11/20/2024
Tuscany	[redacted] Prosperity		MMC -Prosperity Operating [redacted]	10255040	5,182.20			5,182.20	11/20/2024
				Total:	**27,398.11**	**35,406.28**	-	**62,804.39**	
	Note:								

Approved:

Steve Brock, CFO 11/18/2024

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAY TO: Tuscany

Date Requested: 11/18/2024

APPROVED ON
NOV 18 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 000370

FOR ACCT USE ONLY

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

AMOUNT: $ 14,500.00

G/L NUMBER: 21400007

EXPLANATION: Claim Paymwnt owed from Crescent to Tuscany

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY:

RUN DATE:11/22/24 MEMORIAL MEDICAL CENTER PAGE 1
TIME:10:06 CHECK REGISTER GLCKREG
11/22/24 THRU 11/22/24

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
NHG *	000226	11/22/24	21,810.04	MMC OPERATING
NHF *	000262	11/22/24	3,299.14	MMC OPERATING
NHB *	000290	11/22/24	2,344.83	MMC OPERATING
NHC *	000370	11/22/24	14,500.00	TUSCANY VILLAGE
BSL *	001056	11/22/24	13,596.24	MMC OPERATING
TUS *	001176	11/22/24	5,182.20	MMC OPERATING
NHA *	001256	11/22/24	10,534.46	MMC OPERATING
NHS *	001317	11/22/24	3,135.70	MMC OPERATING
NHC	002901	11/22/24	2,901.78	MMC OPERATING
TOTALS:			77,304.39	

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

001256

88-2265/1131

Date 11-22-24

PAY
TO THE ORDER OF MMC Operating $ 10,534. 46/100

Ten thousand, five hundred thirty-four dollars 3 46/100 DOLLARS

PROSPERITY BANK®

county auditor

county treasurer

FOR Molina Q4 Oipp

Security features are included. Details on back.

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

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

000290

88-2265/1131

Date 11-22-24

PAY
TO THE ORDER OF MMC Operating $ 2,344. 83/100

Two thousand, three hundred forty-four dollars 3 83/100 DOLLARS

PROSPERITY BANK®

county auditor

county treasurer

FOR Molina Q4 Oipp

Security features are included. Details on back.

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

000368

88-2265/1131

Date 11-22-24

PAY
TO THE ORDER OF MMC Operating $ 2,901. 70/100

Two thousand, nine hundred one dollar 3 70/100 DOLLARS

PROSPERITY BANK®

county auditor

county treasurer

FOR Molina Q4 Oipp

Security features are included. Details on back.

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

000262

88-2265/1131

Date 11-22-24

PAY
TO THE ORDER OF MMC Operating $ 3,299.14/100

Three thousand, two hundred ninety-nine dollars & 14/100 DOLLARS

PROSPERITY BANK®

County auditor

County treasurer

FOR Molina Q4 QIPP

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

001317

88-2265/1131

Date 11-22-24

PAY
TO THE ORDER OF MMC Operating $ 3,135.70

Three thousand, one hundred thirty five dollars & 70/100 DOLLARS

PROSPERITY BANK®

County auditor

County treasurer

FOR Molina Q4 QIPP

Security features are included. Details on back.

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

000226

88-2265/1131

Date 11-22-24

PAY
TO THE ORDER OF MMC Operating $ 21,810.04

Twenty one thousand, eight hundred ten dollars & 04/100 DOLLARS

PROSPERITY BANK®

County auditor

County treasurer

FOR Superior Q4 QIPP

Security features are included. Details on back.

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

1056

88-2265/1131-87

CHECK ARMOR

DATE 11-22-24

PAY TO THE ORDER OF MMC Operating $ 13,596.24/100

Thirteen thousand, five hundred ninety-six dollars and 24/100 DOLLARS

Photo Safe Deposit® Details on back

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

FOR Superior Q4 QIPP

county auditor

MP
county treasurer

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MP

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

001176

Date 11-22-24 88-2265/1131

PAY TO THE ORDER OF MMC Operating $ 5,182.20/100

Five thousand, one hundred eighty-two dollars and 20/100 DOLLARS

PROSPERITY BANK®

FOR Molina Q4 QIPP

county auditor

MP
county treasurer

Security features are included. Details on back.

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MP

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

000370

Date 11-22-24 88-2265/1131

PAY TO THE ORDER OF Tuscany Village $ 14,500.00/100

Forteen thousand, five hundred dollars and 00/100 DOLLARS

PROSPERITY BANK®

FOR Claim Payment

county auditor

MP
county treasurer

Security features are included. Details on back.