MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---November 27, 2024

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	405,932.49
TOTAL TRANSFERS BETWEEN FUNDS	$	193,884.83
TOTAL NURSING HOME UPL EXPENSES	$	1,696,209.81
TOTAL INTER-GOVERNMENT TRANSFERS	$	1,309,828.35
GRAND TOTAL DISBURSEMENTS APPROVED November 27, 2024	$	3,605,855.48

APPROVED

NOV 27 2024

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---November 27, 2024

PAYABLES AND PAYROLL			
11/21/2024	Weekly Payables	265,821.63	
11/25/2024	McKesson-340B Prescription Expense	1,871.06	
11/25/2024	Amerisource Bergen-340B Prescription Expense	1,510.06	
11/25/2024	Amerisource Bergen-340B Prescription Expense	24.26	
	Prosperity Electronic Bank Payments		
11/25/2024	90 Degree Benefits - employee insurance claims	55,988.78	
11/25/2024	90 Degree Benefits - employee insurance claims	8,754.61	
11/25/2024	HPHG - healh insurance premium payment 12/1/24	71,029.34	
11/25/2024	Pay Plus-Patient Claims Processing Fee	749.12	
11/25/2024	Amerisource Bergen Overage	183.63	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 405,932.49**
TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES			
11/21/2024	MMC Operating to Ashford-Correction of insurance payment deposited into MMC Operating in error	26,976.14	
11/21/2024	MMC Operating to Broadmoor-Correction of insurance payment deposited into MMC Operating in error	15,914.07	
11/21/2024	MMC Operating to The Crescent-Correction of insurance payment deposited into MMC Operating in error	11,329.51	
11/21/2024	MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error	61,084.28	
11/21/2024	MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error	75,285.83	
11/21/2024	MMC Operating to Bethany-Correction of insurance payment deposited into MMC Operating in error	3,295.00	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 193,884.83**
NURSING HOME UPL EXPENSES			
11/25/2024	Nursing Home UPL-Cantex Transfer	1,295,267.89	
11/25/2024	Nursing Home UPL-Nexion Transfer	89,858.55	
11/25/2024	Nursing Home UPL-Tuscany Transfer	207,126.80	
11/25/2024	Nursing Home UPL-HSL Transfer	103,632.30	
TRANSFER BETWEEN FUNDS FROM NURSING HOMES TO MMC			
11/25/2024	Tuscany to MMC -MMC Insurance payment deposited into Tuscany Village in error	324.27	
TOTAL NURSING HOME UPL EXPENSES			**$ 1,696,209.81**
INTER-GOVERNMENT TRANSFERS			
11/25/2024	Accrued NH QIPP IGT	1,309,828.35	
TOTAL INTER-GOVERNMENT TRANSFERS			**$ 1,309,828.35**
GRAND TOTAL DISBURSEMENTS APPROVED November 27, 2024			**$ 3,605,855.48**

Vendor#	Vendor Name	Class	Pay Code
11237	3WON, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4365		10/31/202	11/01/202	12/01/202			199.00	0.00	0.00	199.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11237	3WON, LLC	199.00	0.00	0.00	199.00

Vendor#	Vendor Name	Class	Pay Code
13180	ADVANCED STERILIZATION PRODUCT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8020775768		11/13/202	10/31/202	10/31/202			879.90	0.00	0.00	879.90

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13180	ADVANCED STERILIZATION PRODUCT	879.90	0.00	0.00	879.90

Vendor#	Vendor Name	Class	Pay Code
A1715	ALCO SALES & SERVICE CO	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2966200IN		11/01/202	11/11/202	11/19/202			134.40	0.00	0.00	134.40

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1715	ALCO SALES & SERVICE CO	134.40	0.00	0.00	134.40

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
RPSV004353046		10/08/202	09/27/202	10/12/202			172.66	0.00	0.00	172.66

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1705	ALIMED INC.	172.66	0.00	0.00	172.66

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
191CG7MD1XGJ		11/05/202	11/04/202	12/04/202			46.61	0.00	0.00	46.61
11G49VWRHLNQA		11/12/202	10/31/202	11/30/202			731.07	0.00	0.00	731.07
1FRFTM1M46LM		11/12/202	11/06/202	12/06/202			30.92	0.00	0.00	30.92

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES	808.60	0.00	0.00	808.60

Vendor#	Vendor Name	Class	Pay Code
A2150	ANNOUNCEMENTS PLUS TOO AGAIN	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6360		11/12/202	11/01/202	12/01/202			18.00	0.00	0.00	18.00
5302		11/13/202	10/31/202	11/10/202			25.00	0.00	0.00	25.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A2150	ANNOUNCEMENTS PLUS TOO AGAIN	43.00	0.00	0.00	43.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
922268363		11/12/202	11/08/202	11/12/202			295.00	0.00	0.00	295.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A2271	ARTHREX, INC	295.00	0.00	0.00	295.00

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
80188662		11/18/202	08/30/202	09/24/202			-629.50	0.00	0.00	-629.50
80188663		11/18/202	08/30/202	09/24/202			-629.50	0.00	0.00	-629.50
78193676		11/18/202	02/21/202	03/17/202			2,466.00	0.00	0.00	2,466.00
80029245		11/19/202	08/14/202	09/14/202			933.44	0.00	0.00	933.44

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE	2,140.44	0.00	0.00	2,140.44

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
111678452		10/31/202	11/11/202	12/06/202			130.67	0.00	0.00	130.67
4553674		11/05/202	11/03/202	12/03/202			1,484.00	0.00	0.00	1,484.00
7372065		11/05/202	11/04/202	12/04/202			9,219.56	0.00	0.00	9,219.56
111669351		11/06/202	11/05/202	11/30/202			3,322.72	0.00	0.00	3,322.72
111673455		11/11/202	11/07/202	12/02/202			5,759.11	0.00	0.00	5,759.11
111674740		11/12/202	11/07/202	12/02/202			192.81	0.00	0.00	192.81
111675965		11/12/202	11/08/202	12/03/202			214.06	0.00	0.00	214.06
111678357		11/12/202	11/11/202	12/06/202			2,052.55	0.00	0.00	2,052.55

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	22,375.48	0.00	0.00	22,375.48

Vendor#	Vendor Name	Class	Pay Code
B1320	BEEKLEY CORPORATION	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MIN0157018		11/13/202	11/14/202	11/19/202			398.00	0.00	0.00	398.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1320	BEEKLEY CORPORATION	398.00	0.00	0.00	398.00

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
907746673		11/19/202	11/05/202	11/18/202			2,124.00	0.00	0.00	2,124.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11072	BIO-RAD LABORATORIES, INC	2,124.00	0.00	0.00	2,124.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
AB4JX4LA		11/01/202	11/05/202	12/05/202			212.90	0.00	0.00	212.90

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.	212.90	0.00	0.00	212.90

Vendor#	Vendor Name	Class	Pay Code
13264	CERVEY, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
31718		11/05/202	11/05/202	11/30/202			1,650.00	0.00	0.00	1,650.00

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

Vendor#	Vendor Name	Class	Pay Code
12768	CHEMAQUA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8918025		11/18/202	11/10/202	11/20/202			593.69	0.00	0.00	593.69

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

Vendor#	Vendor Name	Class	Pay Code
15188	CLARITY ENROLLMENT SOLUTIONS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1837		11/11/202	11/01/202	12/01/202			345.00	0.00	0.00	345.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15188	CLARITY ENROLLMENT SOLUTIONS	345.00	0.00	0.00	345.00

Vendor#	Vendor Name	Class	Pay Code
13000	CLEARFLY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV654410AB		11/20/202	11/01/202	11/15/202			1,217.28	0.00	0.00	1,217.28

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13000	CLEARFLY	1,217.28	0.00	0.00	1,217.28

Vendor#	Vendor Name	Class	Pay Code
10212	CLINICAL PATHOLOGY LABS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
176562024100		10/31/202	10/31/202	11/19/202			5,320.62	0.00	0.00	5,320.62

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10212	CLINICAL PATHOLOGY LABS	5,320.62	0.00	0.00	5,320.62

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
921835		10/31/202	10/31/202	11/30/202			2,896.90	0.00	0.00	2,896.90

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14080	CORROHEALTH, INC.	2,896.90	0.00	0.00	2,896.90

Vendor#	Vendor Name	Class	Pay Code
10646	COVIDIEN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5870881865		11/13/202	01/05/202	01/15/202			940.84	0.00	0.00	940.84
5871032983		11/13/202	01/22/202	02/01/202			940.84	0.00	0.00	940.84
5871846934		11/20/202	05/01/202	05/11/202			940.84	0.00	0.00	940.84

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10646	COVIDIEN	2,822.52	0.00	0.00	2,822.52

Vendor#	Vendor Name	Class	Pay Code

10043 CROSS COUNTRY STAFFING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7394496		10/31/202	11/01/202	12/01/202			1,580.00	0.00	0.00	1,580.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10043	CROSS COUNTRY STAFFING	1,580.00	0.00	0.00	1,580.00

Vendor#	Vendor Name	Class	Pay Code
14400	CULINARY CONCESSIONS LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV00001637A		10/31/202	10/31/202	11/30/202			37,891.60	0.00	0.00	37,891.60

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14400	CULINARY CONCESSIONS LLC	37,891.60	0.00	0.00	37,891.60

Vendor#	Vendor Name	Class	Pay Code
10006	CUSTOM ASSEMBLIES, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV11857		11/11/202	11/11/202	11/30/202			385.04	0.00	0.00	385.04

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10006	CUSTOM ASSEMBLIES, INC	385.04	0.00	0.00	385.04

Vendor#	Vendor Name	Class	Pay Code
11368	CYRACOM LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2024072615		11/05/202	10/31/202	11/30/202			331.01	0.00	0.00	331.01

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11368	CYRACOM LLC	331.01	0.00	0.00	331.01

Vendor#	Vendor Name	Class	Pay Code
11524	DATA INNOVATIONS LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
102690		11/01/202	10/11/202	11/05/202			1,680.00	0.00	0.00	1,680.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11524	DATA INNOVATIONS LLC	1,680.00	0.00	0.00	1,680.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7736300		11/12/202	11/06/202	12/01/202			614.56	0.00	0.00	614.56
7736520		11/12/202	11/06/202	12/01/202			327.20	0.00	0.00	327.20

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	941.76	0.00	0.00	941.76

Vendor#	Vendor Name	Class	Pay Code
10175	DSHS CENTRAL LAB MC2004		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
110524A		11/20/202	11/05/202	11/30/202			686.30	0.00	0.00	686.30

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10175	DSHS CENTRAL LAB MC2004	686.30	0.00	0.00	686.30

Vendor#	Vendor Name	Class	Pay Code
15240	ECLINICAL WORKS LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
003086024A		10/31/202	11/10/202	12/01/202			475.25	0.00	0.00	475.25

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net

	15240	ECLINICAL WORKS LLC					475.25	0.00	0.00	475.25
Vendor#	Vendor Name				Class	Pay Code				
11091	ECOLAB									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	6348872723		11/18/202	11/10/202	12/01/202			231.38	0.00	0.00	231.38
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11091	ECOLAB					231.38	0.00	0.00	231.38
Vendor#	Vendor Name				Class	Pay Code				
14708	EQUALIZE RCM SERVICES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	538472		11/04/202	11/01/202	12/04/202			1,535.44	0.00	0.00	1,535.44
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14708	EQUALIZE RCM SERVICES					1,535.44	0.00	0.00	1,535.44
Vendor#	Vendor Name				Class	Pay Code				
11944	EQUIFAX WORKFORCE SOLUTIONS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	2062839737A		10/31/202	10/31/202	11/30/202			10.99	0.00	0.00	10.99
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11944	EQUIFAX WORKFORCE SOLUTIONS					10.99	0.00	0.00	10.99
Vendor#	Vendor Name				Class	Pay Code				
15832	EVERON									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	156975727		11/19/202	11/03/202	12/03/202			58.43	0.00	0.00	58.43
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		15832	EVERON					58.43	0.00	0.00	58.43
Vendor#	Vendor Name				Class	Pay Code				
S0501	EVOQUA WATER TECHNOLOGIES LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	906740263		11/11/202	11/06/202	12/01/202			1,668.75	0.00	0.00	1,668.75
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		S0501	EVOQUA WATER TECHNOLOGIES LLC					1,668.75	0.00	0.00	1,668.75
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
	6630511		10/29/202	11/04/202	12/01/202			169.36	0.00	0.00	169.36
	6664839		10/29/202	11/05/202	11/30/202			736.36	0.00	0.00	736.36
	6564042		10/31/202	10/31/202	11/25/202			645.39	0.00	0.00	645.39
	6388819		11/05/202	10/24/202	11/30/202			1,177.22	0.00	0.00	1,177.22
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		F1400	FISHER HEALTHCARE					2,728.33	0.00	0.00	2,728.33
Vendor#	Vendor Name				Class	Pay Code				
12404	GE PRECISION HEALTHCARE, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	6002801396		10/21/202	11/01/202	12/01/202			998.34	0.00	0.00	998.34
	6002801058		11/04/202	11/01/202	12/01/202			86.67	0.00	0.00	86.67

NOV. 2024 Fees

6002801057	11/04/202	11/01/202	12/01/202	3,588.58	0.00	0.00	3,588.58	
6002801060	11/04/202	11/01/202	12/01/202	61.67	0.00	0.00	61.67	
6002801059	11/04/202	11/01/202	12/01/202	2,422.50	0.00	0.00	2,422.50	
6002801062	11/04/202	11/01/202	12/01/202	5,665.83	0.00	0.00	5,665.83	
6002801374	11/13/202	11/01/202	12/01/202	216.10	0.00	0.00	216.10	

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12404	GE PRECISION HEALTHCARE, LLC	13,039.69	0.00	0.00	13,039.69

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
37792984		11/06/202	11/01/202	11/30/202			72.21	0.00	0.00	72.21
37792983		11/06/202	11/01/202	11/30/202			197.02	0.00	0.00	197.02

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12948	GREAT AMERICA FINANCIAL SVCS	269.23	0.00	0.00	269.23

Vendor# G1210 — Vendor Name: GULF COAST PAPER COMPANY — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2590522		11/11/202	11/05/202	12/05/202			737.76	0.00	0.00	737.76

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	737.76	0.00	0.00	737.76

Vendor# 10334 — Vendor Name: HEALTH CARE LOGISTICS INC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
309685121		11/12/202	11/07/202	12/02/202			146.00	0.00	0.00	146.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10334	HEALTH CARE LOGISTICS INC	146.00	0.00	0.00	146.00

Vendor# 11552 — Vendor Name: HEALTHCARE FINANCIAL SERVICES — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100949524		11/20/202	10/27/202	12/01/202			4,610.52	0.00	0.00	4,610.52

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11552	HEALTHCARE FINANCIAL SERVICES	4,610.52	0.00	0.00	4,610.52

Vendor# H1227 — Vendor Name: HEALTHSURE INSURANCE SERVICES — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5770		11/05/202	11/05/202	12/01/202			500.00	0.00	0.00	500.00

Renewal Of Bond

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	H1227	HEALTHSURE INSURANCE SERVICES	500.00	0.00	0.00	500.00

Vendor# 14916 — Vendor Name: HEWLETT-PACKARD — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100000553520	INV PERIOD 12/0124-12/31/24	10/18/202	10/17/202	12/01/202			573.53	0.00	0.00	573.53
100000624476	INV PERIOD 1/1/24-1/31/25	11/18/202	11/18/202	12/01/202			573.53	0.00	0.00	573.53

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14916	HEWLETT-PACKARD	1,147.06	0.00	0.00	1,147.06

Vendor#	Vendor Name	Class	Pay Code
H1399	HILL-ROM COMPANY, INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3469351		11/06/202	10/31/202	11/30/202			520.00	0.00	0.00	520.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	H1399	HILL-ROM COMPANY, INC	520.00	0.00	0.00	520.00

Vendor#	Vendor Name	Class	Pay Code
12196	ICU MEDICAL, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4379407		11/15/202	10/24/202	11/30/202			314.26	0.00	0.00	314.26

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12196	ICU MEDICAL, INC	314.26	0.00	0.00	314.26

Vendor#	Vendor Name	Class	Pay Code
11200	IRON MOUNTAIN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
JWVZ633		10/30/202	10/31/202	11/30/202			1,614.67	0.00	0.00	1,614.67

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11200	IRON MOUNTAIN	1,614.67	0.00	0.00	1,614.67

Vendor#	Vendor Name	Class	Pay Code
15944	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
DOEKAT0001		11/19/202	11/15/202	11/19/202			150.00	0.00	0.00	150.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15944	[redacted]	150.00	0.00	0.00	150.00

Vendor#	Vendor Name	Class	Pay Code
11600	LEGAL SHIELD		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
111524		11/19/202	11/15/202	11/19/202			535.60	0.00	0.00	535.60

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11600	LEGAL SHIELD	535.60	0.00	0.00	535.60

Vendor#	Vendor Name	Class	Pay Code
10972	M G TRUST		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
111424		11/18/202	11/14/202	11/18/202			895.00	0.00	0.00	895.00

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

Vendor#	Vendor Name	Class	Pay Code
15200	MANAGED CARE PARTNERS INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6566		11/18/202	12/01/202	12/01/202			500.00	0.00	0.00	500.00
	PROF FEES DECEMBER 2024									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15200	MANAGED CARE PARTNERS INC.	500.00	0.00	0.00	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
22776791		10/21/202	10/16/202	11/30/202			528.41	0.00	0.00	528.41

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	528.41	0.00	0.00	528.41

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1978586	DECEMBER 2024 COVERAGE MC	11/19/202	11/15/202	11/19/202			1,680.00	0.00	0.00	1,680.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11612	MEDICAL AIR SERVICES ASSOC.	1,680.00	0.00	0.00	1,680.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2336915348		10/02/202	09/25/202	11/30/202			109.67	0.00	0.00	109.67
2343030091		11/05/202	11/05/202	11/30/202			205.20	0.00	0.00	205.20
2343030093		11/05/202	11/05/202	11/30/202			174.14	0.00	0.00	174.14
2343030092		11/05/202	11/05/202	11/30/202			178.17	0.00	0.00	178.17
2343157536		11/11/202	11/06/202	12/01/202			80.03	0.00	0.00	80.03
2343157526		11/11/202	11/06/202	12/01/202			84.21	0.00	0.00	84.21
2343157528		11/11/202	11/06/202	12/01/202			285.66	0.00	0.00	285.66
2343157522		11/11/202	11/06/202	12/01/202			340.48	0.00	0.00	340.48
2343157529		11/11/202	11/06/202	12/01/202			7.71	0.00	0.00	7.71
2343157527		11/11/202	11/06/202	12/01/202			59.40	0.00	0.00	59.40
2343157535		11/11/202	11/06/202	12/01/202			5.62	0.00	0.00	5.62
2343157524		11/11/202	11/06/202	12/01/202			26.00	0.00	0.00	26.00
2343157533		11/11/202	11/06/202	12/01/202			106.45	0.00	0.00	106.45
2343157523		11/11/202	11/06/202	12/01/202			120.58	0.00	0.00	120.58
2343157530		11/11/202	11/06/202	12/01/202			15,147.48	0.00	0.00	15,147.48
2343157525		11/11/202	11/06/202	12/01/202			115.01	0.00	0.00	115.01
2343157532		11/20/202	11/06/202	12/01/202			45.10	0.00	0.00	45.10

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	17,090.91	0.00	0.00	17,090.91

Vendor#	Vendor Name	Class	Pay Code
10963	MEMORIAL MEDICAL CLINIC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
111424		11/18/202	11/14/202	11/18/202			135.00	0.00	0.00	135.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10963	MEMORIAL MEDICAL CLINIC	135.00	0.00	0.00	135.00

Vendor#	Vendor Name	Class	Pay Code

10536 MORRIS & DICKSON CO, LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2659527		11/18/202	11/07/202	11/17/202			15.92	0.00	0.00	15.92
2661891		11/18/202	11/07/202	11/17/202			3,689.01	0.00	0.00	3,689.01
2659528		11/18/202	11/07/202	11/17/202			24.61	0.00	0.00	24.61
2659526		11/18/202	11/07/202	11/17/202			86.23	0.00	0.00	86.23
2669853		11/18/202	11/10/202	11/20/202			286.75	0.00	0.00	286.75
2669852		11/18/202	11/10/202	11/20/202			104.58	0.00	0.00	104.58
2671747		11/18/202	11/11/202	11/21/202			30.27	0.00	0.00	30.27
2673224		11/18/202	11/11/202	11/21/202			23.58	0.00	0.00	23.58
2674965		11/18/202	11/11/202	11/21/202			161.88	0.00	0.00	161.88
2674964		11/18/202	11/11/202	11/21/202			4,731.59	0.00	0.00	4,731.59
2679629		11/18/202	11/12/202	11/22/202			11.25	0.00	0.00	11.25
2679470		11/18/202	11/12/202	11/22/202			848.89	0.00	0.00	848.89
2679628		11/18/202	11/12/202	11/22/202			31.91	0.00	0.00	31.91
2677343		11/18/202	11/12/202	11/22/202			172.46	0.00	0.00	172.46
2677342		11/18/202	11/12/202	11/22/202			185.28	0.00	0.00	185.28

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	10,404.21	0.00	0.00	10,404.21

Vendor#	Vendor Name	Class	Pay Code
15224	MUTUAL OF OMAHA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
001792349295		11/19/202	11/19/202	12/01/202			24,295.84	0.00	0.00	24,295.84

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15224	MUTUAL OF OMAHA	24,295.84	0.00	0.00	24,295.84

Vendor#	Vendor Name	Class	Pay Code
M2659	MXR IMAGING, INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8801200209		11/13/202	11/04/202	12/04/202			198.08	0.00	0.00	198.08

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2659	MXR IMAGING, INC	198.08	0.00	0.00	198.08

Vendor#	Vendor Name	Class	Pay Code
12388	NATIONAL FARM LIFE INSURANCE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4349283A		11/21/202	11/19/202	12/01/202			2,660.54	0.00	0.00	2,660.54

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12388	NATIONAL FARM LIFE INSURANCE	2,660.54	0.00	0.00	2,660.54

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
37120818		11/11/202	11/06/202	12/01/202			145.00	0.00	0.00	145.00
37127049		11/12/202	11/07/202	12/02/202			1,125.00	0.00	0.00	1,125.00

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

Vendor# Vendor Name Class Pay Code

O1416 ORTHO CLINICAL DIAGNOSTICS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1853790103		11/06/202	11/05/202	12/05/202			752.16	0.00	0.00	752.16

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
O1416	ORTHO CLINICAL DIAGNOSTICS	752.16	0.00	0.00	752.16

Vendor# Vendor Name Class Pay Code

11155 PARAREV

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
922057		11/11/202	11/01/202	12/01/202			3,084.00	0.00	0.00	3,084.00

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

Vendor# Vendor Name Class Pay Code

10152 PARTSSOURCE, LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
05513390		11/11/202	10/31/202	11/30/202			74.69	0.00	0.00	74.69

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10152	PARTSSOURCE, LLC	74.69	0.00	0.00	74.69

Vendor# Vendor Name Class Pay Code

P2100 PORT LAVACA WAVE W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
103124		11/01/202	11/06/202	12/01/202			1,285.00	0.00	0.00	1,285.00

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
P2100	PORT LAVACA WAVE	1,285.00	0.00	0.00	1,285.00

Vendor# Vendor Name Class Pay Code

11932 PRESS GANEY ASSOCIATES, INC.

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN000674022A		10/31/202	10/31/202	11/30/202			2,838.92	0.00	0.00	2,838.92

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

Vendor# Vendor Name Class Pay Code

11215 RICHARD ARROYO-DIAZ ICP

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
111920		11/18/202	11/19/202	11/19/202			778.68	0.00	0.00	778.68

4 Reading Fees for OTC Echos

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11215	RICHARD ARROYO-DIAZ	778.68	0.00	0.00	778.68

Vendor# Vendor Name Class Pay Code

10699 SIGN AD, LTD.

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
306747		11/18/202	11/16/202	11/26/202			425.00	0.00	0.00	425.00

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net

	10699	SIGN AD, LTD.					425.00	0.00	0.00	425.00
Vendor#	Vendor Name				Class	Pay Code				
14868	SINGLETON ASSOCIATES, P.A.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	246103124001		10/31/202	11/11/202	11/19/202			10,986.65	0.00	0.00	10,986.65
		OCTOBER SERVICES									
	246093024001		10/31/202	11/11/202	11/19/202			7,278.65	0.00	0.00	7,278.65
		September Services									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14868	SINGLETON ASSOCIATES, P.A.					18,265.30	0.00	0.00	18,265.30
Vendor#	Vendor Name				Class	Pay Code				
S2694	STANFORD VACUUM SERVICE				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	135046		11/18/202	11/13/202	11/18/202			550.00	0.00	0.00	550.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		S2694	STANFORD VACUUM SERVICE					550.00	0.00	0.00	550.00
Vendor#	Vendor Name				Class	Pay Code				
10845	STAPLES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	6015837325		10/01/202	10/31/202	11/30/202			124.73	0.00	0.00	124.73
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10845	STAPLES					124.73	0.00	0.00	124.73
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
	10725842		06/27/202	03/03/202	12/01/202			-3,984.36	0.00	0.00	-3,984.36
		CREDIT									
	13026043		10/31/202	10/31/202	11/15/202			1,401.92	0.00	0.00	1,401.92
	13023584		10/31/202	10/31/202	11/25/202			189.40	0.00	0.00	189.40
	13026618		10/31/202	10/31/202	11/25/202			4,224.80	0.00	0.00	4,224.80
	13010768		11/06/202	10/29/202	11/30/202			-428.00	0.00	0.00	-428.00
	13047670		11/13/202	11/06/202	12/01/202			462.93	0.00	0.00	462.93
	13053247		11/13/202	11/07/202	12/02/202			218.40	0.00	0.00	218.40
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		S3940	STERIS CORPORATION					2,085.09	0.00	0.00	2,085.09
Vendor#	Vendor Name				Class	Pay Code				
10735	STRYKER SALES, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	9207645799		11/05/202	11/04/202	12/04/202			2,655.40	0.00	0.00	2,655.40
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10735	STRYKER SALES, LLC					2,655.40	0.00	0.00	2,655.40
Vendor#	Vendor Name				Class	Pay Code				
T2539	T-SYSTEM, INC				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	921287A		10/31/202	10/31/202	11/30/202			6,130.24	0.00	0.00	6,130.24
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net

	T2539	T-SYSTEM, INC					6,130.24	0.00	0.00	6,130.24
Vendor#	Vendor Name				Class	Pay Code				
10758	TEXAS SELECT STAFFING, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	002458451079	IN	11/18/202	11/13/202	11/14/202			3,782.00	0.00	0.00	3,782.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10758	TEXAS SELECT STAFFING, LLC					3,782.00	0.00	0.00	3,782.00
Vendor#	Vendor Name				Class	Pay Code				
10732	THERACOM, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	225647707301		11/13/202	11/04/202	11/30/202			2,675.45	0.00	0.00	2,675.45
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10732	THERACOM, LLC					2,675.45	0.00	0.00	2,675.45
Vendor#	Vendor Name				Class	Pay Code				
13616	TRIOSE, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	TRI201969		11/18/202	10/30/202	11/14/202			96.98	0.00	0.00	96.98
	TRI202751		11/18/202	11/07/202	11/22/202			127.45	0.00	0.00	127.45
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		13616	TRIOSE, INC					224.43	0.00	0.00	224.43
Vendor#	Vendor Name				Class	Pay Code				
C2510	TRUBRIDGE				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	1024908		10/31/202	11/06/202	12/01/202			5,750.00	0.00	0.00	5,750.00
	1025760		11/11/202	10/29/202	11/23/202			10,800.00	0.00	0.00	10,800.00
	T2411181378		11/20/202	11/18/202	12/01/202			10,978.19	0.00	0.00	10,978.19
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		C2510	TRUBRIDGE					27,528.19	0.00	0.00	27,528.19
Vendor#	Vendor Name				Class	Pay Code				
11002	TRUSTAFF									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	2274283		11/04/202	10/31/202	11/30/202			3,256.00	0.00	0.00	3,256.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11002	TRUSTAFF					3,256.00	0.00	0.00	3,256.00
Vendor#	Vendor Name				Class	Pay Code				
U1064	UNIFIRST HOLDINGS INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	2921046397		10/31/202	11/07/202	12/02/202			372.12	0.00	0.00	372.12
	2921046394		10/31/202	11/07/202	12/02/202			190.32	0.00	0.00	190.32
	2921046398		10/31/202	11/07/202	12/02/202			162.14	0.00	0.00	162.14
	2921046399		10/31/202	11/07/202	12/02/202			181.78	0.00	0.00	181.78
	2921046400		10/31/202	11/07/202	12/02/202			136.10	0.00	0.00	136.10
	2921046393		10/31/202	11/07/202	12/02/202			108.93	0.00	0.00	108.93

2921046395	10/31/202	11/07/202	12/02/202	2,224.19	0.00	0.00	2,224.19
2921046396	10/31/202	11/07/202	12/02/202	34.04	0.00	0.00	34.04
2921046593	11/12/202	11/11/202	12/06/202	99.33	0.00	0.00	99.33
2921046592	11/12/202	11/11/202	12/06/202	2,585.05	0.00	0.00	2,585.05

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	6,094.00	0.00	0.00	6,094.00

Vendor# U1056 — Vendor Name: UNIFORM ADVANTAGE — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
SIV15647626		10/31/202	09/14/202	10/14/202			108.73	0.00	0.00	108.73

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1056	UNIFORM ADVANTAGE	108.73	0.00	0.00	108.73

Vendor# U2001 — Vendor Name: US POSTAL SERVICE — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
11192024		11/20/202	11/19/202	11/19/202			2,200.00	0.00	0.00	2,200.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U2001	US POSTAL SERVICE	2,200.00	0.00	0.00	2,200.00

Vendor# 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
9111645331		10/02/202	10/11/202	11/05/202			1,571.67	0.00	0.00	1,571.67
9111670165		11/11/202	11/06/202	12/01/202			1,255.50	0.00	0.00	1,255.50

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	2,827.17	0.00	0.00	2,827.17

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	265,821.63	0.00	0.00	265,821.63

APPROVED ON

NOV 21 2024

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Chk# 204032-
204711

RUN DATE:11/25/24 MEMORIAL MEDICAL CENTER PAGE 1
TIME:12:04 CHECK REGISTER GLCKREG
11/27/24 THRU 11/27/24

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	206632	11/27/24	199.00	3WON, LLC
A/P	206633	11/27/24	879.90	ADVANCED STERILIZATION PRODUCT
A/P	206634	11/27/24	134.40	ALCO SALES & SERVICE CO
A/P	206635	11/27/24	172.66	ALIMED INC.
A/P	206636	11/27/24	808.60	AMAZON CAPITAL SERVICES
A/P	206637	11/27/24	43.00	ANNOUNCEMENTS PLUS TOO AGAIN
A/P	206638	11/27/24	295.00	ARTHREX, INC
A/P	206639	11/27/24	2,140.44	BAXTER HEALTHCARE
A/P	206640	11/27/24	22,375.48	BECKMAN COULTER INC
A/P	206641	11/27/24	398.00	BEEKLEY CORPORATION
A/P	206642	11/27/24	2,124.00	BIO-RAD LABORATORIES, INC
A/P	206643	11/27/24	212.90	CDW GOVERNMENT, INC.
A/P	206644	11/27/24	1,650.00	CERVEY, LLC
A/P	206645	11/27/24	593.69	CHEMAQUA
A/P	206646	11/27/24	345.00	CLARITY ENROLLMENT SOLUTIONS
A/P	206647	11/27/24	1,217.28	CLEARFLY
A/P	206648	11/27/24	5,320.62	CLINICAL PATHOLOGY LABS
A/P	206649	11/27/24	2,896.90	CORROHEALTH, INC.
A/P	206650	11/27/24	2,822.52	COVIDIEN
A/P	206651	11/27/24	1,580.00	CROSS COUNTRY STAFFING
A/P	206652	11/27/24	37,891.60	CULINARY CONCESSIONS LLC
A/P	206653	11/27/24	385.04	CUSTOM ASSEMBLIES, INC
A/P	206654	11/27/24	331.01	CYRACOM LLC
A/P	206655	11/27/24	1,680.00	DATA INNOVATIONS LLC
A/P	206656	11/27/24	941.76	DEWITT POTH & SON
A/P	206657	11/27/24	686.30	DSHS CENTRAL LAB MC2004
A/P	206658	11/27/24	475.25	ECLINICAL WORKS LLC
A/P	206659	11/27/24	231.38	ECOLAB
A/P	206660	11/27/24	1,535.44	EQUALIZE RCM SERVICES
A/P	206661	11/27/24	10.99	EQUIFAX WORKFORCE SOLUTIONS
A/P	206662	11/27/24	58.43	EVERON
A/P	206663	11/27/24	1,668.75	EVOQUA WATER TECHNOLOGIES LLC
A/P	206664	11/27/24	2,728.33	FISHER HEALTHCARE
A/P	206665	11/27/24	13,039.69	GE PRECISION HEALTHCARE, LLC
A/P	206666	11/27/24	269.23	GREAT AMERICA FINANCIAL SVCS
A/P	206667	11/27/24	737.76	GULF COAST PAPER COMPANY
A/P	206668	11/27/24	146.00	HEALTH CARE LOGISTICS INC
A/P	206669	11/27/24	4,610.52	HEALTHCARE FINANCIAL SERVICES
A/P	206670	11/27/24	500.00	HEALTHSURE INSURANCE SERVICES
A/P	206671	11/27/24	1,147.06	HEWLETT-PACKARD
A/P	206672	11/27/24	520.00	HILL-ROM COMPANY, INC
A/P	206673	11/27/24	314.26	ICU MEDICAL, INC
A/P	206674	11/27/24	1,614.67	IRON MOUNTAIN
A/P	206675	11/27/24	150.00	[redacted]
A/P	206676	11/27/24	535.60	LEGAL SHIELD
A/P	206677	11/27/24	895.00	M G TRUST
A/P	206678	11/27/24	500.00	MANAGED CARE PARTNERS INC.
A/P	206679	11/27/24	528.41	MCKESSON MEDICAL SURGICAL INC
A/P	206680	11/27/24	1,680.00	MEDICAL AIR SERVICES ASSOC.
A/P	206681	11/27/24	.00	VOIDED

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	206682	11/27/24	.00	VOIDED
A/P	206683	11/27/24	17,090.91	MEDLINE INDUSTRIES INC
A/P	206684	11/27/24	135.00	MEMORIAL MEDICAL CLINIC
A/P	206685	11/27/24	10,404.21	MORRIS & DICKSON CO, LLC
A/P	206686	11/27/24	24,295.84	MUTUAL OF OMAHA
A/P	206687	11/27/24	198.08	MXR IMAGING, INC
A/P	206688	11/27/24	2,660.54	NATIONAL FARM LIFE INSURANCE
A/P	206689	11/27/24	1,270.00	OLYMPUS AMERICA INC
A/P	206690	11/27/24	752.16	ORTHO CLINICAL DIAGNOSTICS
A/P	206691	11/27/24	3,084.00	PARAREV
A/P	206692	11/27/24	74.69	PARTSSOURCE, LLC
A/P	206693	11/27/24	1,285.00	PORT LAVACA WAVE
A/P	206694	11/27/24	2,838.92	PRESS GANEY ASSOCIATES, INC.
A/P	206695	11/27/24	778.68	RICHARD ARROYO-DIAZ
A/P	206696	11/27/24	425.00	SIGN AD, LTD.
A/P	206697	11/27/24	18,265.30	SINGLETON ASSOCIATES, P.A.
A/P	206698	11/27/24	550.00	STANFORD VACUUM SERVICE
A/P	206699	11/27/24	124.73	STAPLES
A/P	206700	11/27/24	2,085.09	STERIS CORPORATION
A/P	206701	11/27/24	2,655.40	STRYKER SALES, LLC
A/P	206702	11/27/24	6,130.24	T-SYSTEM, INC
A/P	206703	11/27/24	3,782.00	TEXAS SELECT STAFFING, LLC
A/P	206704	11/27/24	2,675.45	THERACOM, LLC
A/P	206705	11/27/24	224.43	TRIOSE, INC
A/P	206706	11/27/24	27,528.19	TRUBRIDGE
A/P	206707	11/27/24	3,256.00	TRUSTAFF
A/P	206708	11/27/24	6,094.00	UNIFIRST HOLDINGS INC
A/P	206709	11/27/24	108.73	UNIFORM ADVANTAGE
A/P	206710	11/27/24	2,200.00	US POSTAL SERVICE
A/P	206711	11/27/24	2,827.17	WERFEN USA LLC
A/P	206712	11/27/24	26,976.14	ASHFORD GARDENS
A/P	206713	11/27/24	3,295.00	BETHANY SENIOR LIVING
A/P	206714	11/27/24	15,914.07	BROADMOOR AT CREEKSIDE PARK
A/P	206715	11/27/24	61,084.28	GOLDENCREEK HEALTHCARE
A/P	206716	11/27/24	11,329.51	THE CRESCENT
A/P	206717	11/27/24	75,285.83	TUSCANY VILLAGE
TOTALS:			459,706.46	

APPROVED ON

NOV 27 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Pay. 265,821.63 +
Taxes 193,884.83 +
459,706.46 ◇

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: 11/22/2024 Page: 002

DC: 8115
Customer INV SuppID:
Territory:

Customer: 632536
Date: 11/22/2024

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

As of: 11/22/2024 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 11/22/2024 **ITEMS NOT PAID (✓)**

National Account 632536

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 1,909.26 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 11/26/2024, Pay This Amount: 1,871.06 USD

If Paid After 11/26/2024, Pay this Amount: 1,909.26 USD

Due If Paid On Time: USD 1,871.06

Disc lost if paid late: 38.20

Due If Paid Late: USD 1,909.26

21•39 +
1,826•61 +
14•77 +
3•87 +
4•42 +
1,871•06 ◇

APPROVED ON
NOV 25 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

HEB PHCY 0434/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 11/22/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 190813
Date: 11/22/2024

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

As of: 11/22/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 **PLEASE CHECK ANY**
Date: 11/22/2024 **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 190813 HEB PHCY 0434/MEM MED PHS											
11/22/2024	11/26/2024	7534886968	4293279	115Invoice	0.44	21.83		21.39	✓	7534886968	

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

TOTAL: Customer Number 190813 HEB PHCY 0434/MEM MED PHS

Subtotals: 21.83 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 8,141.80
10/07/2024

If Paid By 11/26/2024,
Pay This Amount: 21.39 USD

If Paid After 11/26/2024,
Pay this Amount: 21.83 USD

Due If Paid On Time:
USD 21.39

Disc lost if paid late:
0.44

Due If Paid Late:
USD 21.83

APPROVED ON

NOV 25 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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McKESSON

STATEMENT

Company: 8000

As of: 11/22/2024 Page: 001

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

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 11/22/2024

As of: 11/22/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 11/22/2024 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											
11/16/2024	11/26/2024	7533739627	210917264	115Invoice	2.14	106.81		104.67	✓	7533739627	
11/16/2024	11/26/2024	7533739628	216999438	115Invoice	0.03	1.48		1.45	✓	7533739628	
11/18/2024	11/26/2024	7533999621	217804620	115Invoice	0.83	41.42		40.59	✓	7533999621	
11/18/2024	11/26/2024	7533999622	209850930	115Invoice	1.56	77.95		76.39	✓	7533999622	
11/18/2024	11/26/2024	7533999623	209781352	115Invoice	0.31	15.46		15.15	✓	7533999623	
11/18/2024	11/26/2024	7533999624	210000019	115Invoice	5.23	261.41		256.18	✓	7533999624	
11/18/2024	11/26/2024	7533999625	213308769	115Invoice	1.60	79.85		78.25	✓	7533999625	
11/18/2024	11/26/2024	7533999626	217037486	115Invoice	5.26	262.98		257.72	✓	7533999626	
11/19/2024	11/26/2024	7534287073	210474216	115Invoice	4.39	219.56		215.17	✓	7534287073	
11/20/2024	11/26/2024	7534550912	214020785	115Invoice	1.80	90.21		88.41	✓	7534550912	
11/20/2024	11/26/2024	7534550913	209606802	115Invoice	13.24	662.24		649.00	✓	7534550913	
11/20/2024	11/26/2024	7534550914	217037486	115Invoice	0.01	0.32		0.31	✓	7534550914	
11/20/2024	11/26/2024	7534550915	217357762	115Invoice	0.01	0.63		0.62	✓	7534550915	
11/20/2024	11/26/2024	7534550916	214545134	115Invoice	0.02	0.95		0.93	✓	7534550916	
11/20/2024	11/26/2024	7534550917	212443630	115Invoice	0.02	0.95		0.93	✓	7534550917	
11/21/2024	11/26/2024	7534813998	218254772	115Invoice	0.83	41.42		40.59	✓	7534813998	
11/22/2024	11/26/2024	7535073265	209781352	115Invoice	0.01	0.26		0.25	✓	7535073265	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 1,863.90 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,406.36
11/18/2024

If Paid By 11/26/2024,
Pay This Amount: 1,826.61 USD

If Paid After 11/26/2024,
Pay this Amount: 1,863.90 USD

Due If Paid On Time:
USD 1,826.61

Disc lost if paid late:
37.29

Due If Paid Late:
USD 1,863.90

APPROVED ON
NOV 25 2024
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 11/22/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 820405
Date: 11/22/2024

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

As of: 11/22/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 **PLEASE CHECK ANY**
Date: 11/22/2024 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 820405 HEB PHCY WHSE/MEM MED PHS											
11/21/2024	11/26/2024	7534609684	B2411-055-181130	115Invoice	0.30	15.07		14.77	✓	7534609684	

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

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

Subtotals: 15.07 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 6,115.79
11/11/2024

If Paid By 11/26/2024,
Pay This Amount: 14.77 USD

If Paid After 11/26/2024,
Pay this Amount: 15.07 USD

Due If Paid On Time:
USD 14.77

Disc lost if paid late:
0.30

Due If Paid Late:
USD 15.07

APPROVED ON

NOV 25 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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McKESSON

STATEMENT

Company: 8000

As of: 11/22/2024

Page: 001

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

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

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835434
Date: 11/22/2024

As of: 11/22/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835434 **PLEASE CHECK ANY**
Date: 11/22/2024 **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											
11/20/2024	11/26/2024	7534356087	3682598	115Invoice	0.08	3.95		3.87	✓	7534356087	

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: 3.95 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,406.36
11/18/2024

If Paid By 11/26/2024, Pay This Amount: 3.87 USD

If Paid After 11/26/2024, Pay this Amount: 3.95 USD

Due If Paid On Time: USD 3.87

Disc lost if paid late: 0.08

Due If Paid Late: USD 3.95

APPROVED ON

NOV 25 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: 11/22/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835437
Date: 11/22/2024

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

As of: 11/22/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835437 **PLEASE CHECK ANY**
Date: 11/22/2024 **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											
11/20/2024	11/26/2024	7534567033	3681542	115Invoice	0.09	4.51		4.42	✓	7534567033	

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: 4.51 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,406.36
11/18/2024

If Paid By 11/26/2024,
Pay This Amount: 4.42 USD

If Paid After 11/26/2024,
Pay this Amount: 4.51 USD

Due If Paid On Time:
USD 4.42

Disc lost if paid late:
0.09

Due If Paid Late:
USD 4.51

APPROVED ON
NOV 25 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

AmerisourceBergen

STATEMENT

Statement Number: 68645419
Date: 11-22-2024

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

DEA: RA0289276
866-451-9655

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

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

Customer Number
100135284 / 037028186

Terms
Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	1,510.06
Past Due:	0.00
Total Due:	1,510.06
Account Balance:	1,510.06

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
11-18-2024	11-29-2024	3196142094	7008170688	Invoice	38.75		0.00	38.75
11-18-2024	11-29-2024	3196142095	7008180572	Invoice	11.52		0.00	11.52
11-18-2024	11-29-2024	3196142096	7008171260	Invoice	1.36		0.00	1.36
11-18-2024	11-29-2024	3196142097	7008180707	Invoice	5.86		0.00	5.86
11-20-2024	11-29-2024	3196465281	7008202762	Invoice	1,292.79		0.00	1,292.79
11-21-2024	11-29-2024	3196612683	7008212177	Invoice	94.46		0.00	94.46
11-21-2024	11-29-2024	3196612684	7008212177	Invoice	1.01		0.00	1.01
11-22-2024	11-29-2024	3196777813	7008221987	Invoice	48.44		0.00	48.44
11-22-2024	11-29-2024	3196777814	7008221987	Invoice	15.87		0.00	15.87

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
1,510.06	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
11-22-2024	(2,079.63)

APPROVED ON
NOV 25 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
11-29-2024	1,510.06
Total Due:	1,510.06

AmerisourceBergen

STATEMENT

Statement Number: 68663412
Date: 11-22-2024

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:	24.26
Past Due:	0.00
Total Due:	24.26
Account Balance:	24.26

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
11-18-2024	11-29-2024	3196115590	7008179933	Invoice	1.77		0.00	1.77
11-20-2024	11-29-2024	3196489210	7008202119	Invoice	4.27		0.00	4.27
11-21-2024	11-29-2024	3196667953	7008221900	Invoice	8.42		0.00	8.42
11-22-2024	11-29-2024	3196823148	7008230832	Invoice	9.80		0.00	9.80

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
24.26	0.00	0.00	0.00	0.00	0.00	0.00

APPROVED ON
NOV 25 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
11-29-2024	24.26
Total Due:	24.26

CHKNO	GRPNO	LOCNO	EMPNO	DEPNO	CLMPRE	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYTO	CVGCD	CVGTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUDT	PRVNO
3454	76351	3	56	0	2024	312000469	0	11/18/2024	$10,746.61	1	M.D. ANDERSON CANCER CENTER	P	754	0	[redacted]		HCAT	F	10/22/2024	10/22/2024	746001118
3459	76351	3	43	3	2024	312004025	0	11/18/2024	$95.32	1	SCOTT & WHITE CLINIC	P	728	0			TELM	F	11/4/2024	11/4/2024	742958277
3461	76351	3	57	0	2024	312004089	0	11/18/2024	$105.03	1	PORT LAVACA CLINIC ASSOCIATES	P	360	0			POV	F	10/30/2024	10/30/2024	742605670
3462	76351	3	21	0	2024	312004049	0	11/18/2024	$125.34	1	SAMUEL COPELAND MD	P	457	0			OVS	F	10/28/2024	10/28/2024	471158090
3463	76351	3	49	0	2024	312000400	0	11/18/2024	$127.35	1	TMH PHYSICIAN ASSOCIATES, PLLC	P	457	0			OVS	F	10/8/2024	10/8/2024	300520570
3465	76351	3	39	0	2024	312004035	0	11/18/2024	$238.69	1	PORT LAVACA CLINIC ASSOCIATES	P	172	0			AB	I	11/1/2024	11/1/2024	742605670
3467	76351	3	56	0	2024	317001576	0	11/18/2024	$348.75	1	VIP CARE SERVICES LLC	P	604	0			CASE	F	10/16/2024	10/30/2024	271837628
3469	76351	3	39	0	2024	312001699	0	11/18/2024	$464.22	1	DETAR HEALTHCARE SYSTEM	P	172	0			AB	F	10/30/2024	10/30/2024	621754940
3474	76360	3	30	1	2024	312001377	0	11/18/2024	$20,592.36	1	TEXAS ORTHOPEDIC HOSPITAL	P	434	0			OHS	F	10/25/2024	10/25/2024	760418502
3475	76360	3	21	1	2024	318000715	0	11/18/2024	$20,801.00	1	LIBERTY DIALYSIS VICTORIA	P	465	0			HDI	F	10/1/2024	10/31/2024	262438451
3476	76360	3	104	0	2024	312000395	0	11/18/2024	$10.33	1	SINGLETON ASSOCIATES PA	P	181	0			XRAY	F	10/16/2024	10/16/2024	741680498
3477	76360	3	83	0	2024	312004111	0	11/18/2024	$19.10	1	VICTORIA ORTHOPEDIC CENTER, PLLC	P	457	0			OVS	F	10/30/2024	10/30/2024	260151734
3481	76360	3	13	0	2024	312001353	0	11/18/2024	$55.89	1	SCOTT P. STEIN, D.O., P.A.	P	457	0			OVS	F	10/30/2024	10/30/2024	742861393
3483	76360	3	26	1	2024	312004129	0	11/18/2024	$62.37	1	TMH PHYSICIAN ASSOCIATES, PLLC	P	450	0			XRDS	F	10/22/2024	10/22/2024	300520570
3484	76360	3	26	1	2024	312004067	0	11/18/2024	$71.56	1	TMH PHYSICIAN ASSOCIATES, PLLC	P	457	0			OVS	F	10/22/2024	10/22/2024	300520570
3489	76360	3	32	1	2024	312001698	0	11/18/2024	$89.33	1	JACKSON COUNTY MEDICAL CLINIC OF EDNA	P	186	0			HLAB	F	10/28/2024	10/28/2024	741738475
3496	76360	3	32	6	2024	317001567	0	11/18/2024	$232.50	1	VIP CARE SERVICES LLC	P	604	0			CASE	F	10/9/2024	10/25/2024	271837628
3497	76360	3	31	0	2024	312000392	0	11/18/2024	$241.72	1	TMH PHYSICIAN ASSOCIATES, PLLC	P	483	0			ODX	F	10/23/2024	10/23/2024	300520570
3498	76360	3	28	0	2024	317001566	0	11/18/2024	$348.75	1	VIP CARE SERVICES LLC	P	604	0			CASE	F	10/31/2024	10/31/2024	271837628
3499	76360	3	50	0	2024	317001569	0	11/18/2024	$348.75	1	VIP CARE SERVICES LLC	P	604	0			CASE	F	10/4/2024	10/28/2024	271837628
3500	76360	3	24	0	2024	312004055	0	11/18/2024	$742.81	1	VICTORIA HEART VASCULAR CENTER	P	457	0			OVS	F	10/24/2024	10/24/2024	562284144
3504	76370	3	27	0	2024	312003941	0	11/18/2024	$60.50	1	AMERICAN SPECIALTY PHYSICAL MEDICINE	P	460	0			PT	F	10/30/2024	10/30/2024	455513255
3505	76370	3	27	0	2024	312004086	0	11/18/2024	$60.50	1	AMERICAN SPECIALTY PHYSICAL MEDICINE	P	460	0			PT	F	10/28/2024	10/28/2024	455513255
									$55,988.78												

APPROVED ON

NOV 25 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHKNO	GRPNO	LOCNO	EMPNO	DEPNO	CLMPRE	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYTO	CVGCD	CVGTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUDT	PAYNO
3291	76351	1	2	1	2024	285001262	0	11/4/2024	$157.08	1	VICTORIA WOMENS CLINIC ASSOCIATES	P	172	0	[redacted]		AB	F	10/7/2024	10/7/2024	741831291
3293	76351	2	31	0	2024	303000190	0	11/4/2024	$199.48	1	BAYLOR COLLEGE OF MEDICINE	P	177	0	[redacted]		OV	F	10/16/2024	10/16/2024	300791563
3295	76351	3	53	0	2024	296000143	0	11/4/2024	$10.75	1	SINGLETON ASSOCIATES PA	P	181	0	[redacted]		XRAY	F	10/3/2024	10/3/2024	741680498
3296	76351	3	11	0	2024	297000154	0	11/4/2024	$12.07	1	SINGLETON ASSOCIATES PA	P	181	0	[redacted]		XRAY	F	10/4/2024	10/4/2024	741680498
3297	76351	3	43	0	2024	290000265	0	11/4/2024	$18.15	1	TMH PHYSICIAN ASSOCIATES, PLLC	P	484	0	[redacted]		OOXS	F	10/3/2024	10/3/2024	300520570
3298	76351	3	44	1	2024	288001003	0	11/4/2024	$29.10	1	STEPHEN M. DENTLER, DO, PA	P	728	0	[redacted]		TELM	F	10/9/2024	10/9/2024	742872709
3299	76351	3	49	0	2024	297001436	0	11/4/2024	$36.10	1	MELISSA A KAINER ERWIN MD PA	P	177	0	[redacted]		OV	F	10/16/2024	10/16/2024	200802489
3300	76351	3	32	0	2024	302000096	0	11/4/2024	$44.80	1	SINGLETON ASSOCIATES PA	P	603	0	[redacted]		US	F	10/3/2024	10/3/2024	741680498
3301	76351	3	65	0	2024	297000881	0	11/4/2024	$45.00	1	JACKSON COUNTY MEDICAL CLINIC OF EDNA	P	360	0	[redacted]		POV	F	10/9/2024	10/9/2024	741738475
3305	76351	3	65	0	2024	302001569	0	11/4/2024	$68.51	1	AMERICAN REGIONAL HEALTH CENTER	P	184	0	[redacted]		LBDR	F	10/22/2024	10/22/2024	742640162
3306	76351	3	35	1	2024	282001095	0	11/4/2024	$74.22	1	VICTORIA ORTHOPEDIC CENTER, PLLC	P	457	0	[redacted]		OVS	F	10/2/2024	10/2/2024	260151734
3308	76351	3	43	2	2024	290001214	0	11/4/2024	$79.18	1	AARON M MCGUIRE OD	P	457	0	[redacted]		OVS	F	10/8/2024	10/8/2024	742208337
3309	76351	3	43	0	2024	290001223	0	11/4/2024	$79.18	1	AARON M MCGUIRE OD	P	457	0	[redacted]		OVS	F	10/8/2024	10/8/2024	742208337
3312	76351	3	31	0	2024	303001153	0	11/4/2024	$82.22	1	CITIZENS MEDICAL PROFESSIONALS	P	457	0	[redacted]		OVS	F	10/22/2024	10/22/2024	471158090
3314	76351	3	14	0	2024	302001574	0	11/4/2024	$94.58	1	HEIGHTS RHEUMATOLOGY PA	P	457	0	[redacted]		OVS	F	10/22/2024	10/22/2024	922238856
3316	76351	3	37	0	2024	288001009	0	11/4/2024	$102.28	1	AARON M MCGUIRE OD	P	457	0	[redacted]		OVS	F	10/4/2024	10/4/2024	742208337
3317	76351	3	49	0	2024	291001100	0	11/4/2024	$105.03	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0	[redacted]		OV	F	10/14/2024	10/14/2024	742605670
3318	76351	3	51	0	2024	303001164	0	11/4/2024	$108.97	1	ASHRAF ABUSARA MD	P	457	0	[redacted]		OVS	F	10/22/2024	10/22/2024	471158090
3319	76351	3	43	0	2024	285001472	0	11/4/2024	$127.35	1	TMH PHYSICIAN ASSOCIATES, PLLC	P	457	0	[redacted]		OVS	F	10/3/2024	10/3/2024	300520570
3320	76351	3	57	1	2024	302000512	0	11/4/2024	$153.60	1	ESS OF PORT LAVACA LLC	P	189	0	[redacted]		ERD	F	7/28/2024	7/28/2024	815248556
3321	76351	3	11	0	2024	302000805	0	11/4/2024	$153.60	1	ESS OF PORT LAVACA LLC	P	189	0	[redacted]		ERD	F	10/9/2024	10/9/2024	815248556
3322	76351	3	8	0	2024	291001117	0	11/4/2024	$171.15	1	PORT LAVACA CLINIC ASSOCIATES	P	172	0	[redacted]		AB	F	10/14/2024	10/14/2024	742605670
3323	76351	3	11	0	2024	299000514	0	11/4/2024	$172.68	1	SINGLETON ASSOCIATES PA	P	189	0	[redacted]		ERD	F	10/9/2024	10/9/2024	741680498
3324	76351	3	56	0	2024	299001792	0	11/4/2024	$240.55	1	PHYSICIANS REFERRAL SERVICE	P	177	0	[redacted]		OV	F	10/22/2024	10/22/2024	760273984
3325	76351	3	32	0	2024	297000723	0	11/4/2024	$244.66	1	VICTORIA WOMENS CLINIC ASSOCIATES	P	172	0	[redacted]		AB	F	10/15/2024	10/15/2024	741831291
3331	76351	3	56	0	2024	303001154	0	11/4/2024	$419.90	1	PHYSICIANS REFERRAL SERVICE	P	324	0	[redacted]		CAT	F	10/22/2024	10/22/2024	760273984
3335	76351	3	56	0	2024	303001168	0	11/4/2024	$1,122.85	1	PHYSICIANS REFERRAL SERVICE	P	324	0	[redacted]		CAT	F	10/22/2024	10/22/2024	760273984
3338	76351	999	37	0	2024	297000882	0	11/4/2024	$94.94	1	HARESH KUMAR M.D	P	457	0	[redacted]		OVS	F	10/14/2024	10/14/2024	453050693
3340	76360	2	36	0	2024	278002214	0	11/4/2024	$26.38	1	MEHRAN A NEZHAD MD	P	177	0	[redacted]		OV	F	10/1/2024	10/1/2024	742929415
3344	76360	2	29	0	2024	281001137	0	11/4/2024	$57.56	1	HILLCROFT MEDICAL CLINIC ASSOC	P	457	0	[redacted]		OVS	F	10/2/2024	10/2/2024	741700061
3346	76360	2	87	0	2024	284001084	0	11/4/2024	$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0	[redacted]		OV	F	10/7/2024	10/7/2024	742605670
3352	76360	2	87	0	2024	292001698	0	11/4/2024	$323.73	1	VICTORIA EYE CENTER	P	457	0	[redacted]		OVS	F	10/11/2024	10/11/2024	742208337
3355	76360	3	28	0	2024	305001483	0	11/4/2024	$6.59	9	CIGNA HEALTH AND LIFE INSURANCE COMPANY	P	30	1	[redacted]		EK30	F	9/19/2024	9/19/2024	591031071
3356	76360	3	83	0	2024	297001455	0	11/4/2024	$9.57	1	VICTORIA WOMENS CLINIC ASSOCIATES	P	177	0	[redacted]		OV	F	10/9/2024	10/9/2024	741831291
3357	76360	3	13	0	2024	302000399	0	11/4/2024	$10.75	1	SINGLETON ASSOCIATES PA	P	181	0	[redacted]		XRAY	F	10/10/2024	10/10/2024	741680498
3358	76360	3	75	0	2024	297000159	0	11/4/2024	$13.79	1	SINGLETON ASSOCIATES PA	P	181	0	[redacted]		XRAY	F	10/3/2024	10/3/2024	741680498
3359	76360	3	107	1	2024	283001644	0	11/4/2024	$16.38	1	VICTORIA EYE CENTER	P	457	0	[redacted]		OVS	F	10/1/2024	10/1/2024	742208337
3360	76360	3	44	1	2024	286000996	0	11/4/2024	$29.10	1	PORT LAVACA CLINIC	P	177	0	[redacted]		OV	F	10/9/2024	10/9/2024	742605670
3361	76360	3	94	3	2024	295001627	0	11/4/2024	$32.25	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0	[redacted]		OV	F	10/16/2024	10/16/2024	742605670
3362	76360	3	24	0	2024	302000191	0	11/4/2024	$40.95	1	SINGLETON ASSOCIATES PA	P	189	0	[redacted]		ERD	F	10/8/2024	10/8/2024	741680498
3363	76360	3	44	1	2024	283001635	0	11/4/2024	$41.16	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0	[redacted]		OV	F	10/5/2024	10/5/2024	742605670
3365	76360	3	59	1	2024	288001014	0	11/4/2024	$49.03	1	CIRCLE MEDICAL - UCSF AFFILIATE	P	728	0	[redacted]		TELM	F	10/7/2024	10/7/2024	474883537
3366	76360	3	3	0	2024	298000231	0	11/4/2024	$51.76	1	SINGLETON ASSOCIATES PA	P	189	0	[redacted]		ERD	F	10/3/2024	10/3/2024	741680498
3367	76360	3	74	0	2024	292002038	0	11/4/2024	$59.94	1	AYO ADU, MD PLLC	P	177	0	[redacted]		OV	F	10/15/2024	10/15/2024	273335355
3368	76360	3	94	0	2024	299001803	0	11/4/2024	$59.94	1	AYO ADU, MD PLLC	P	177	0	[redacted]		OV	F	10/23/2024	10/23/2024	273335355
3371	76360	3	46	0	2024	283001652	0	11/4/2024	$79.18	1	VICTORIA EYE CENTER	P	457	0	[redacted]		OVS	F	10/1/2024	10/1/2024	742208337
3374	76360	3	83	0	2024	302000392	0	11/4/2024	$82.74	1	SINGLETON ASSOCIATES PA	P	321	0	[redacted]		MRJO	F	10/7/2024	10/7/2024	741680498
3375	76360	3	32	3	2024	284001081	0	11/4/2024	$89.75	1	MELISSA A. KAINER ERWIN, MD PA	P	177	0	[redacted]		OV	F	10/8/2024	10/8/2024	200802489
3377	76360	3	32	4	2024	281001139	0	11/4/2024	$103.05	1	CRESCENT VIEW MEDICAL CLINICS PA	P	177	0	[redacted]		OV	F	10/2/2024	10/2/2024	452547088
3378	76360	3	2	0	2024	296001324	0	11/4/2024	$136.30	1	HERMAN LEONG, MD, PA	P	457	0	[redacted]		OVS	F	10/10/2024	10/10/2024	452070018
3379	76360	3	21	1	2024	296001344	0	11/4/2024	$140.03	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0	[redacted]		OV	F	10/16/2024	10/16/2024	742605670
3380	76360	3	32	6	2024	281001115	0	11/4/2024	$146.79	1	CRESCENT VIEW MEDICAL CLINICS PA	P	172	0	[redacted]		AB	F	10/2/2024	10/2/2024	452547088
3381	76360	3	3	0	2024	299000505	0	11/4/2024	$153.60	1	ESS OF PORT LAVACA LLC	P	189	0	[redacted]		ERD	F	10/3/2024	10/3/2024	815248556
3382	76360	3	24	0	2024	302000510	0	11/4/2024	$153.60	1	ESS OF PORT LAVACA LLC	P	189	0	[redacted]		ERD	F	10/8/2024	10/8/2024	815248556
3383	76360	3	31	0	2024	302000513	0	11/4/2024	$153.60	1	OLEANDER EMERGENCY MEDICINE ASSOCIATES	P	189	0	[redacted]		ERD	F	6/9/2024	6/9/2024	454288136
3386	76360	3	41	2	2024	284001092	0	11/4/2024	$163.32	1	PORT LAVACA CLINIC	P	172	0	[redacted]		AB	F	10/4/2024	10/4/2024	742605670
3388	76360	3	107	1	2024	302000093	0	11/4/2024	$212.97	1	RETINA CONSULTANTS OF HOUSTON	P	457	0	[redacted]		OVS	F	10/7/2024	10/7/2024	742109903
3389	76360	3	26	0	2024	299001779	0	11/4/2024	$223.81	1	DIP JADAV M.D.	P	457	0	[redacted]		OVS	F	10/22/2024	10/22/2024	463314962
3400	76360	3	28	0	2024	288001007	0	11/4/2024	$1,773.12	1	AMIRALI S POPATIA MD	P	456	0	[redacted]		INIS	F	10/1/2024	10/1/2024	760599320
									$8,754.61												

APPROVED ON

NOV 25 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

90 Degree Benefits

Monthly Billing for 12/1/2024

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

Master Group Totals

							Total Due
	SPEC AGG	177	$59,077.36	Adjustments	2	$413.56	$59,490.92
	ADMIN FEES	177	$7,345.50	Adjustments	1	$41.50	$7,387.00
	PPO UR	177	$3,432.03	Adjustments	1	$19.39	$3,451.42
	CHIC MGMT FEE		$700.00				$700.00

Balance Forward:		$72,153.74
Payments:	-	$72,153.74
Adjustments:	+	$0.00
Beginning Balance:		$0.00
Current Amount Due:	+	$70,554.89
Current Adjustments:	+	$474.45
Total Amount Due:		**$71,029.34**

Description	Medical
EE	106
ES	16
EF	13
EC	42
Mst Total	177

APPROVED ON

NOV 25 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Make Check Payable To:

Attn: Revenue Department
90 Degree Benefits
PO Box 13246
Birmingham, AL 35202

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

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Nov 18, 2024 - Nov 24, 2024

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten Check" #
11/22/2024	PAY PLUS ACHTrans 44791210 101000693792991 P	- 3rd Party Payor Fee	59.18	901452
11/22/2024	HEALTHEQUITY INC HealthEqui 1356888 91000018	- EmpDeduct/Employer Contribut	1,381.16 *	800626
11/22/2024	EXPERTPAY EXPERTPAY 746003411 91000011710522	-Child Support Payment	570.69 **	800627
11/22/2024	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	2,079.63 *	500652
11/22/2024	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	363,801.48 *	
11/21/2024	PAY PLUS ACHTrans 44624020 101000692681975 P	- 3rd Party Payor Fee	115.49	901452
11/20/2024	appvd CC 11.20.24	-wire out to Prosperity Money Market	250,000.00 *	700143
11/20/2024	WEBFILE TAX PYMT DD 902/77445534 21000023996	- Sales Tax	2,442.59 *	700144
11/20/2024	PAY PLUS ACHTrans 44320337 101000691253221 P	- 3rd Party Payor Fee	259.14	901453
11/19/2024	PAY PLUS ACHTrans 44207338 101000699940917 P	- 3rd Party Payor Fee	89.38	901454
11/19/2024	MCKESSON DRUG AUTO ACH ACH06265702 910000119	- 340B Drug Program Expense	1,406.36 *	500653
11/18/2024	STATE COMPTRLR TEXNET 08443613/41115 2100002	CHIRP IGT SFY25	70,813.11 **	110091
11/18/2024	PAY PLUS ACHTrans 44043837 101000698385942 P	- 3rd Party Payor Fee	225.93	901455
			693,244.14	

over 183.63

*Approved on 11.20.24 cc
**Approved on 11.13.24 cc

November 25, 2024

Steve Brock, CFO
Memorial Medical Center

PAY PLUS

59.18 +
115.49 +
259.14 +
89.38 +
225.93 +
749.12 ◇

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
12/11/2024	- STATE COMTRLR TEXNET	ACCRUED NH QIPP IGT	1,309,828.35
			1,309,828.35

693,244.14 +
1,381.16 -
570.69 -
2,079.63 -
363,801.48 -
250,000.00 -
2,442.59 -
1,406.36 -
70,813.11 -
749.12 ◇
749.12 -
0.00 ◇

November 25, 2024

Steve Brock, CFO
Memorial Medical Center

APPROVED ON
NOV 25 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

TEXNET Electronic Payment Network — Texas Comptroller of Public Accounts

Transaction Summary

Transaction Complete
Trace #:

Texas Health and Human Services Commission
Memorial Medical Center Operating County

Payment Total	$1,309,828.35
Bank Routing and Account Number	
Settlement Date	12/11/2024
QIPP Amount	$1,309,828.35
Entered By	Caitlin Clevenger

RECEIVED BY THE
COUNTY AUDITOR ON

NOV 21 2024

CALHOUN COUNTY, TEXAS

11/21/2024
11:08

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 12/07/2024

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11816	ASHFORD GARDENS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
111424		11/20/202	11/14/202	12/07/202			26,976.14	0.00	0.00	26,976.14

ins pmt dep into mmc opt. in error

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11816	ASHFORD GARDENS	26,976.14	0.00	0.00	26,976.14

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	26,976.14	0.00	0.00	26,976.14

APPROVED ON

NOV 21 2024

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Chk# 206712

RECEIVED BY THE
COUNTY AUDITOR ON
NOV 21 2024

11/21/2024 MEMORIAL MEDICAL CENTER 0
11:09 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 12/07/2024

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

CALHOUN COUNTY, TEXAS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
111424		11/20/202	11/14/202	12/07/202			2,426.98	0.00	0.00	2,426.98
111424A	ins. pmt dep. into MMC opt. in error	11/20/202	11/14/202	12/07/202			13,487.09	0.00	0.00	13,487.09

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11832	BROADMOOR AT CREEKSIDE PARK	15,914.07	0.00	0.00	15,914.07

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	15,914.07	0.00	0.00	15,914.07

APPROVED ON
NOV 21 2024
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Chk# 206714

RECEIVED BY THE COUNTY AUDITOR ON

NOV 21 2024

CALHOUN COUNTY, TEXAS

11/21/2024 MEMORIAL MEDICAL CENTER 0

11:09 AP Open Invoice List ap_open_invoice.template

Due Dates Through: 12/07/2024

Vendor#	Vendor Name	Class	Pay Code
11824	THE CRESCENT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
111424		11/20/202	11/14/202	12/07/202			11,329.51	0.00	0.00	11,329.51

ins. pmt dep. into mmcopt. in error

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	11,329.51	0.00	0.00	11,329.51

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	11,329.51	0.00	0.00	11,329.51

APPROVED ON

NOV 21 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 206714

RECEIVED BY THE COUNTY AUDITOR ON

NOV 21 2024

CALHOUN COUNTY, TEXAS

11/21/2024 MEMORIAL MEDICAL CENTER 0

11:12 AP Open Invoice List ap_open_invoice.template

Due Dates Through: 12/07/2024

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
110824A	ins. pmt dep into mmc opt in error	11/20/202	11/08/202	12/07/202			3,608.80	0.00	0.00	3,608.80
110824		11/20/202	11/08/202	12/07/202			14,269.93	0.00	0.00	14,269.93
111224		11/20/202	11/12/202	12/07/202			2,921.84	0.00	0.00	2,921.84
111224A		11/20/202	11/12/202	12/07/202			22.15	0.00	0.00	22.15
111324		11/20/202	11/13/202	12/07/202			19,680.00	0.00	0.00	19,680.00
111324A		11/20/202	11/13/202	12/07/202			12,581.00	0.00	0.00	12,581.00
111424		11/20/202	11/14/202	12/07/202			8,000.56	0.00	0.00	8,000.56

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	61,084.28	0.00	0.00	61,084.28

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	61,084.28	0.00	0.00	61,084.28

APPROVED ON

NOV 21 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 206715

RECEIVED BY THE
COUNTY AUDITOR ON

NOV 21 2024

CALHOUN COUNTY, TEXAS

11/21/2024
11:13

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 12/07/2024

0
ap_open_invoice.template

Vendor# Vendor Name Class Pay Code

13004 TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
111424A		11/20/202	11/08/202	12/07/202			22,003.21	0.00	0.00	22,003.21
111324	ins. pmt dep. into MMC Opt. in error	11/20/202	11/08/202	12/07/202			27,562.92	0.00	0.00	27,562.92
111224		11/20/202	11/08/202	12/07/202			9,188.70	0.00	0.00	9,188.70
111424		11/20/202	11/08/202	12/07/202			1,632.00	0.00	0.00	1,632.00
110824		11/20/202	11/08/202	12/07/202			9,595.00	0.00	0.00	9,595.00
110824A		11/20/202	11/08/202	12/07/202			5,304.00	0.00	0.00	5,304.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	75,285.83	0.00	0.00	75,285.83

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	75,285.83	0.00	0.00	75,285.83

APPROVED ON

NOV 21 2024

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Chk# 206717

RECEIVED BY THE
COUNTY AUDITOR ON

NOV 21 2024

11/21/2024
11:12

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 12/07/2024

0
ap_open_invoice.template

Vendor# Vendor Name CALHOUN COUNTY, TEXAS Class Pay Code
12792 BETHANY SENIOR LIVING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
110824		11/20/202	11/08/202	12/07/202			1,944.10	0.00	0.00	1,944.10
111424	ins pmt dep. into mmc opt in error	11/20/202	11/14/202	12/07/202			1,350.90	0.00	0.00	1,350.90

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12792	BETHANY SENIOR LIVING	3,295.00	0.00	0.00	3,295.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	3,295.00	0.00	0.00	3,295.00

APPROVED ON

NOV 21 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 206713

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
11/25/2024

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		248,889.11	237,992.89	141,484.88			152,381.10	**141,484.88**
						Bank Balance	152,381.10	
						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	**141,484.88**	
Broadmoor		166,640.50	163,971.24	330,968.22		-	333,637.48	**330,968.22**
						Bank Balance	333,637.48	
						Variance	-	
						Leave in Balance	100.00	
						Molina Quarter 4	2,344.83	
						Oct Interest	224.43	
						Nov Interest		
						Dec Interest		
						Adjust Balance/Transfer Amt	**330,968.22**	
Crescent		303,229.16	285,425.82	490,729.44			508,532.78	**490,729.44**
						Bank Balance	508,532.78	
						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	**490,729.44**	
Fort Bend		57,185.29	53,686.48	58,124.22			61,623.03	**58,124.22**
						Bank Balance	61,623.03	
						Variance	-	
						Leave in Balance	100.00	
						Molina Quarter 4	3,299.14	
						Oct Interest	99.67	
						Nov Interest		
						Dec Interest		
						Adjust Balance/Transfer Amt	**58,124.22**	
Solera at W Houston		157,170.98	153,652.80	273,961.13			277,479.31	**273,961.13**
						Bank Balance	277,479.31	
						Variance	-	
						Leave in Balance	100.00	
						Molina Quarter 4	3,135.70	
						Oct Interest	282.48	
						Nov Interest		
						Dec Interest		
						Adjust Balance/Transfer Amt	**273,961.13**	

141,484.88 +
330,968.22 +
490,729.44 +
58,124.22 +
273,961.13 +
1,295,267.89 ◊

tion / Fort Bend / Broadmoor

APPROVED ON
NOV 25 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

TOTAL TRANSFERS **1,295,267.89**

Approved:
Steve Brock, CFO **11/25/2024**

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

J:\NH Weekly Transfers\NH UPL Transfer Summary\2024\NH UPL Transfer Summary 11.25.24

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
11/22/2024	HNB - ECHO HCCLAIMPMT 746003411 440000267132	-	7,088.48					-	7,088.48
11/22/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	19,421.53					-	19,421.53
11/22/2024	NOVITAS SOLUTION HCCLAIMPMT 675423 420000144	-	863.59					-	863.59
11/21/2024	HNB - ECHO HCCLAIMPMT 746003411 440000226532	-	5,119.45					-	5,119.45
11/21/2024	NOVITAS SOLUTION HCCLAIMPMT 675423 420000127	-	10,987.54					-	10,987.54
11/20/2024	WIRE OUT ASHFORD HEALTH CARE CENTER LTD	237,992.89	-					-	-
11/20/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	5,740.00					-	5,740.00
11/20/2024	NOVITAS SOLUTION HCCLAIMPMT 675423 420000193	-	74,395.29					-	74,395.29
11/19/2024	MANAGEANDNET1718 MNS PMNT 000000000000093 41	-	2,942.50					-	2,942.50
11/18/2024	HNB - ECHO HCCLAIMPMT 746003411 440000283691	-	3,938.04					-	3,938.04
11/18/2024	UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384	-	408.00					-	408.00
11/18/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	4,070.99					-	4,070.99
11/18/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2	-	389.47					-	389.47
11/18/2024	AARP Supplementa HCCLAIMPMT 746003411 124384	-	6,120.00					-	6,120.00
								-	-
		237,992.89	141,484.88	-	-	-	-	-	141,484.88

Broadmoor

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
11/22/2024	Deposit	-	20,983.40					-	20,983.40
11/22/2024	HNB - ECHO HCCLAIMPMT 746003411 440000267132	-	333.23					-	333.23
11/22/2024	HNB - ECHO HCCLAIMPMT 746003411 440000267132	-	33,521.38					-	33,521.38
11/22/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	5,555.00					-	5,555.00
11/22/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	25,971.68					-	25,971.68
11/22/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	6,181.77					-	6,181.77
11/22/2024	NOVITAS SOLUTION HCCLAIMPMT 676357 420000143	-	23,336.08					-	23,336.08
11/22/2024	HUMANA CHA DISB HCCLAIMPMT 62528086 42000011	-	890.00					-	890.00
11/21/2024	MANAGEANDNET1718 MNS PMNT 000000000004293 41	-	2,773.29					-	2,773.29
11/21/2024	HNB - ECHO HCCLAIMPMT 746003411 440000226533	-	3,837.19					-	3,837.19
11/21/2024	NOVITAS SOLUTION HCCLAIMPMT 676357 420000126	-	120,683.83					-	120,683.83
11/20/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	163,971.24	-					-	-
11/20/2024	MANAGEANDNET1718 MNS PMNT 000000000004293 41	-	1,200.00					-	1,200.00
11/20/2024	HNB - ECHO HCCLAIMPMT 746003411 440000287908	-	16,882.13					-	16,882.13
11/20/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	7,070.00					-	7,070.00
11/20/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	916.52					-	916.52
11/20/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	323.70					-	323.70
11/20/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2	-	8,923.80					-	8,923.80
11/19/2024	MANAGEANDNET1718 MNS PMNT 000000000004293 41	-	5,944.12					-	5,944.12
11/19/2024	HUMANA INS CO HCCLAIMPMT 62236155 8300005255	-	4,185.00					-	4,185.00
11/19/2024	HUMANA INS CO HCCLAIMPMT 62236154 8300005255	-	6,045.00					-	6,045.00
11/18/2024	MANAGEANDNET1718 MNS PMNT 000000000004293 41	-	1,362.50					-	1,362.50
11/18/2024	HNB - ECHO HCCLAIMPMT 746003411 440000283655	-	28,223.16					-	28,223.16
11/18/2024	HNB - ECHO HCCLAIMPMT 746003411 440000283156	-	1,832.30					-	1,832.30
11/18/2024	UnitedHealthcare HCCLAIMPMT 746003411 910000	-	130.00					-	130.00
11/18/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	3,863.14					-	3,863.14
								-	-
		163,971.24	330,968.22	-	-	-	-	-	330,968.22

Crescent

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
11/22/2024	Deposit	-	5,551.20					-	5,551.20
11/22/2024	HNB - ECHO HCCLAIMPMT 746003411 440000267132	-	47,021.18					-	47,021.18
11/22/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	29,661.51					-	29,661.51
11/22/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	20,994.46					-	20,994.46
11/22/2024	NOVITAS SOLUTION HCCLAIMPMT 676323 420000143	-	2,218.03					-	2,218.03
11/21/2024	HNB - ECHO HCCLAIMPMT 746003411 440000226532	-	11,714.70					-	11,714.70
11/21/2024	NOVITAS SOLUTION HCCLAIMPMT 676323 420000126	-	261,047.40					-	261,047.40
11/21/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2	-	2,278.78					-	2,278.78
11/20/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	285,425.82	-					-	-
11/20/2024	HNB - ECHO HCCLAIMPMT 746003411 440000286949	-	3,704.78					-	3,704.78
11/20/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	9,499.73					-	9,499.73
11/20/2024	DEVOTED HEALTH P HCCLAIMPMT 21000022016963	-	5,850.00					-	5,850.00
11/20/2024	DEVOTED HEALTH P HCCLAIMPMT 21000022016961	-	4,050.00					-	4,050.00
11/20/2024	DEVOTED HEALTH P HCCLAIMPMT 21000022016959	-	4,950.00					-	4,950.00
11/20/2024	DEVOTED HEALTH P HCCLAIMPMT 21000022016957	-	1,800.00					-	1,800.00
11/19/2024	MANAGEANDNET1718 MNS PMNT 000000000003268 41	-	10,800.00					-	10,800.00
11/19/2024	HUMANA INS CO HCCLAIMPMT 62238605 8300005255	-	13,674.00					-	13,674.00
11/19/2024	HUMANA CHA DISB HCCLAIMPMT 62364575 42000013	-	12,090.00					-	12,090.00
11/19/2024	HUMANA CHA DISB HCCLAIMPMT 62364576 42000013	-	1,395.00					-	1,395.00
11/18/2024	HNB - ECHO HCCLAIMPMT 746003411 440000283646	-	42,428.67					-	42,428.67
								-	-
		285,425.82	490,729.44	-	-	-	-	-	490,729.44

Fort Bend

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
11/22/2024	MANAGEANDNET1718 MNS PMNT 000000000004294 41	-	5,040.00					-	5,040.00
11/22/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	860.00					-	860.00
11/21/2024	HNB - ECHO HCCLAIMPMT 746003411 440000226532	-	2,127.54					-	2,127.54
11/20/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	53,686.48	-					-	-
11/20/2024	HNB - ECHO HCCLAIMPMT 746003411 440000286944	-	9,153.94					-	9,153.94
11/20/2024	NOVITAS SOLUTION HCCLAIMPMT 675663 420000193	-	39,604.67					-	39,604.67
11/18/2024	HNB - ECHO HCCLAIMPMT 746003411 440000282950	-	1,338.07					-	1,338.07
								-	-
		53,686.48	58,124.22	-	-	-	-	-	58,124.22

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
11/22/2024	MANAGEANDNET1718 MNS PMNT 000000000002482 41	-	5,911.00					-	5,911.00
11/22/2024	HNB - ECHO HCCLAIMPMT 746003411 440000267132	-	6,174.63					-	6,174.63
11/21/2024	MANAGEANDNET1718 MNS PMNT 000000000002482 41	-	330.00					-	330.00
11/21/2024	HNB - ECHO HCCLAIMPMT 746003411 440000226532	-	16,263.84					-	16,263.84
11/21/2024	NOVITAS SOLUTION HCCLAIMPMT 676310 420000126	-	223,004.89					-	223,004.89
11/20/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	153,652.80	-					-	-
11/20/2024	MANAGEANDNET1718 MNS PMNT 000000000002482 41	-	1,650.00					-	1,650.00
11/20/2024	HNB - ECHO HCCLAIMPMT 746003411 440000286984	-	443.75					-	443.75
11/20/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	600.00					-	600.00
11/19/2024	HNB - ECHO HCCLAIMPMT 746003411 440000246441	-	1,217.91					-	1,217.91
11/18/2024	HNB - ECHO HCCLAIMPMT 746003411 440000283646	-	18,365.11					-	18,365.11
								-	-

	153,652.80	273,961.13	-	-	-	-	-	273,961.13
TOTALS		1,295,267.89	-	-	-	-	-	1,295,267.89

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,770,275.13	$1,694,126.27	$1,770,275.13	$1,970,974.39
*4365 MMC - CLINIC SERIES 2014	$547.97	$547.97	$547.97	$547.97
*4373 MMC - PRIVATE WAIVER CLEARING	$441.14	$441.14	$441.14	$441.14
*4381 MEMORIAL MEDICAL / NH ASHFORD	$152,381.10	$217,827.75	$152,381.10	$125,007.50
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$333,637.48	$346,993.68	$333,637.48	$216,864.94
*4411 MEMORIAL MEDICAL / NH CRESCENT	$508,532.78	$535,625.59	$508,532.78	$403,086.40
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$277,479.31	$319,094.50	$277,479.31	$265,393.68
*4446 MEMORIAL MEDICAL / NH FORT BEND	$61,623.03	$80,128.34	$61,623.03	$55,723.03
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$111,924.08	$111,924.08	$111,924.08	$46,069.04
*4551 CAL CO INDIGENT HEALTHCARE	$5,497.00	$5,497.00	$5,497.00	$9,706.51
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$1,038.67	$1,038.67	$1,038.67	$1,038.67
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$125.21	$125.21	$125.21	$125.00
*5506 MMC -NH BETHANY SENIOR LIVING	$117,409.51	$121,023.28	$117,409.51	$115,891.14
*3407 MMC -NH TUSCANY VILLAGE	$212,733.27	$229,188.33	$212,733.27	$179,396.99
*3660 MMC -BETHANY SR LIVING - DACA	$100.00	$100.00	$100.00	$100.00
*2998 MMC -MONEY MARKET FUND	$255,053.48	$255,053.48	$255,053.48	$255,053.48
Total Balance	**$3,808,799.16**	**$3,918,735.29**	**$3,808,799.16**	**$3,645,419.88**

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
11/25/2024

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	-	116,400.83	94,735.30	90,258.55		-	111,924.08	89,858.55
						Bank Balance	111,924.08	
						Variance	-	
						Leave in Balance	100.00	
						Superior Quarter 4	21,810.04	
						Oct Interest	155.49	
						Nov Interest		
						Dec Interest		
						Adjust Balance/Transfer Amt	89,858.55	

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 11/25/2024

APPROVED ON
NOV 25 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
11/22/2024	Deposit	-	4,414.61					-	4,414.61
11/22/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130112	-	160.23					-	160.23
11/22/2024	NOVITAS SOLUTION HCCLAIMPMT 676097 420000143	-	61,280.20					-	61,280.20
11/21/2024	TSYS/TRANSFIRST CR CD DEP 5436845555876917 43	-	3,530.00					-	3,530.00
11/21/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130112	-	1,427.25					-	1,427.25
11/21/2024	AETNA AS01 HCCLAIMPMT 1588075964 51000011065	-	5,850.00					-	5,850.00
11/20/2024	WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	94,335.30	-					-	-
11/20/2024	HNB - ECHO HCCLAIMPMT 746003411 440000287908	-	4,344.45					-	4,344.45
11/20/2024	HNB - ECHO HCCLAIMPMT 746003411 440000286949	-	2,870.52					-	2,870.52
11/18/2024	GOLDENCREEKHEALT ELEC DEBIT 1220356 91000013	400.00	-					-	-
11/18/2024	TSYS/TRANSFIRST CR CD DEP 5436845555876917 43	-	6,238.37					-	6,238.37
11/18/2024	HNB - ECHO HCCLAIMPMT 746003411 440000283691	-	142.92					-	142.92
								-	-
		94,735.30	90,258.55	-	-	-	-	-	90,258.55

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,770,275.13	$1,694,126.27	$1,770,275.13	$1,970,974.39
*4365 MMC - CLINIC SERIES 2014	$547.97	$547.97	$547.97	$547.97
*4373 MMC - PRIVATE WAIVER CLEARING	$441.14	$441.14	$441.14	$441.14
*4381 MEMORIAL MEDICAL / NH ASHFORD	$152,381.10	$217,827.75	$152,381.10	$125,007.50
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$333,637.48	$346,993.68	$333,637.48	$216,864.94
*4411 MEMORIAL MEDICAL / NH CRESCENT	$508,532.78	$535,625.59	$508,532.78	$403,086.40
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$277,479.31	$319,094.50	$277,479.31	$265,393.68
*4446 MEMORIAL MEDICAL / NH FORT BEND	$61,623.03	$80,128.34	$61,623.03	$55,723.03
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$111,924.08	$111,924.08	$111,924.08	$46,069.04
*4551 CAL CO INDIGENT HEALTHCARE	$5,497.00	$5,497.00	$5,497.00	$9,706.51
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$1,038.67	$1,038.67	$1,038.67	$1,038.67
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$125.21	$125.21	$125.21	$125.00
*5506 MMC -NH BETHANY SENIOR LIVING	$117,409.51	$121,023.28	$117,409.51	$115,891.14
*3407 MMC -NH TUSCANY VILLAGE	$212,733.27	$229,188.33	$212,733.27	$179,396.99
*3660 MMC -BETHANY SR LIVING - DACA	$100.00	$100.00	$100.00	$100.00
*2998 MMC -MONEY MARKET FUND	$255,053.48	$255,053.48	$255,053.48	$255,053.48
Total Balance	**$3,808,799.16**	**$3,918,735.29**	**$3,808,799.16**	**$3,645,419.88**

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
11/25/2024

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		666.86	-	371.81			-	1,038.67	no transfer
							Bank Balance	1,038.67	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	938.67	

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		44,287.71	44,187.71	25.21		-	-	125.21	-
							Bank Balance	125.21	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	25.21	

Routing Information for Gulf Pointe Plaza:

TOTAL TRANSFERS	963.88

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 11/25/2024

APPROVED ON

NOV 25 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
11/21/2024 HNB - ECHO HCCLAIMPMT 746003411 440000226532	-	371.81					-	371.81
							-	-
	-	371.81	-	-	-	-	-	371.81

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
11/22/2024 Deposit	-	0.21					-	0.21
11/20/2024 WIRE OUT HMG Rockport SNF, LP - Commerical	44,187.71	-					-	-
11/18/2024 MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	25.00					-	25.00
							-	-
	44,187.71	25.21	-	-	-	-	-	25.21
	44,187.71	397.02	-	-	-	-	-	397.02

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,770,275.13	$1,694,126.27	$1,770,275.13	$1,970,974.39
*4365 MMC - CLINIC SERIES 2014	$547.97	$547.97	$547.97	$547.97
*4373 MMC - PRIVATE WAIVER CLEARING	$441.14	$441.14	$441.14	$441.14
*4381 MEMORIAL MEDICAL / NH ASHFORD	$152,381.10	$217,827.75	$152,381.10	$125,007.50
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$333,637.48	$346,993.68	$333,637.48	$216,864.94
*4411 MEMORIAL MEDICAL / NH CRESCENT	$508,532.78	$535,625.59	$508,532.78	$403,086.40
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$277,479.31	$319,094.50	$277,479.31	$265,393.68
*4446 MEMORIAL MEDICAL / NH FORT BEND	$61,623.03	$80,128.34	$61,623.03	$55,723.03
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$111,924.08	$111,924.08	$111,924.08	$46,069.04
*4551 CAL CO INDIGENT HEALTHCARE	$5,497.00	$5,497.00	$5,497.00	$9,706.51
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$1,038.67	$1,038.67	$1,038.67	$1,038.67
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$125.21	$125.21	$125.21	$125.00
*5506 MMC -NH BETHANY SENIOR LIVING	$117,409.51	$121,023.28	$117,409.51	$115,891.14
*3407 MMC -NH TUSCANY VILLAGE	$212,733.27	$229,188.33	$212,733.27	$179,396.99
*3660 MMC -BETHANY SR LIVING - DACA	$100.00	$100.00	$100.00	$100.00
*2998 MMC -MONEY MARKET FUND	$255,053.48	$255,053.48	$255,053.48	$255,053.48
Total Balance	**$3,808,799.16**	**$3,918,735.29**	**$3,808,799.16**	**$3,645,419.88**

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
11/25/2024

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Tuscany Village		243,139.02	237,856.82	207,451.07	-	-	-	212,733.27	207,126.80
							Bank Balance	212,733.27	
							Variance	-	
							Leave in Balance	100.00	
							Molina Quarter 4	5,182.20	
							Claim Payment owed to MMC	324.27	
							Adjust Balance/Transfer Amt	207,126.80	

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 11/25/2024

APPROVED ON
NOV 25 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Tuscany Village		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp 1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp 3	QIPP/Comp 4&Lapse	QIPP TI	NH PORTION
11/22/2024	Deposit	-	33,336.28					-	33,336.28
11/20/2024	WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	237,856.82	-					-	-
11/19/2024	Deposit	-	14,650.00					-	14,650.00
11/19/2024	NOVITAS SOLUTION HCCLAIMPMT 676201 420000162	-	106,509.99					-	106,509.99
11/18/2024	HNB - ECHO HCCLAIMPMT 746003411 440000283655	-	52,954.80					-	52,954.80
								-	-
		237,856.82	207,451.07	-	-	-	-	-	207,451.07

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,770,275.13	$1,694,126.27	$1,770,275.13	$1,970,974.39
*4365 MMC - CLINIC SERIES 2014	$547.97	$547.97	$547.97	$547.97
*4373 MMC - PRIVATE WAIVER CLEARING	$441.14	$441.14	$441.14	$441.14
*4381 MEMORIAL MEDICAL / NH ASHFORD	$152,381.10	$217,827.75	$152,381.10	$125,007.50
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$333,637.48	$346,993.68	$333,637.48	$216,864.94
*4411 MEMORIAL MEDICAL / NH CRESCENT	$508,532.78	$535,625.59	$508,532.78	$403,086.40
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$277,479.31	$319,094.50	$277,479.31	$265,393.68
*4446 MEMORIAL MEDICAL / NH FORT BEND	$61,623.03	$80,128.34	$61,623.03	$55,723.03
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$111,924.08	$111,924.08	$111,924.08	$46,069.04
*4551 CAL CO INDIGENT HEALTHCARE	$5,497.00	$5,497.00	$5,497.00	$9,706.51
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$1,038.67	$1,038.67	$1,038.67	$1,038.67
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$125.21	$125.21	$125.21	$125.00
*5506 MMC -NH BETHANY SENIOR LIVING	$117,409.51	$121,023.28	$117,409.51	$115,891.14
*3407 MMC -NH TUSCANY VILLAGE	$212,733.27 √	$229,188.33	$212,733.27	$179,396.99
*3660 MMC -BETHANY SR LIVING - DACA	$100.00	$100.00	$100.00	$100.00
*2998 MMC -MONEY MARKET FUND	$255,053.48	$255,053.48	$255,053.48	$255,053.48
Total Balance	**$3,808,799.16**	**$3,918,735.29**	**$3,808,799.16**	**$3,645,419.88**

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
11/25/2024

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		59,691.70	45,914.49	103,632.30			-	117,409.51	103,632.30
							Bank Balance	117,409.51	
							Variance	-	
							Leave in Balance	100.00	
							Superior Quarter 4	13,596.24	
							Oct Interest	80.97	
							Nov Interest		
							Dec Interest		
							Adjust Balance/Transfer Amt	103,632.30	

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 11/25/2024

APPROVED ON
NOV 25 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	
11/22/2024	HOSPICE OF SOUTH Payments NF 113122650046512	-	576.71					-	576.71
11/22/2024	HNB - ECHO HCCLAIMPMT 746003411 440000267132	-	388.79					-	388.79
11/22/2024	HUMANA INS CO HCCLAIMPMT 62465134 8300005509	-	552.87					-	552.87
11/21/2024	NOVITAS SOLUTION HCCLAIMPMT 676481 420000126	-	80,692.32					-	80,692.32
11/20/2024	WIRE OUT PORT LAVACA NH, LLC	45,914.49	-					-	-
11/20/2024	PaySpan ACCTVERIFY 53101121787938	-	0.03					-	0.03
11/20/2024	HNB - ECHO HCCLAIMPMT 746003411 440000286949	-	18,818.47					-	18,818.47
11/18/2024	HNB - ECHO HCCLAIMPMT 746003411 440000283655	-	293.77					-	293.77
11/18/2024	NOVITAS SOLUTION HCCLAIMPMT 676481 420000197	-	2,309.34					-	2,309.34
								-	-
		45,914.49	103,632.30	-	-	-	-	-	103,632.30

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,770,275.13	$1,694,126.27	$1,770,275.13	$1,970,974.39
*4365 MMC - CLINIC SERIES 2014	$547.97	$547.97	$547.97	$547.97
*4373 MMC - PRIVATE WAIVER CLEARING	$441.14	$441.14	$441.14	$441.14
*4381 MEMORIAL MEDICAL / NH ASHFORD	$152,381.10	$217,827.75	$152,381.10	$125,007.50
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$333,637.48	$346,993.68	$333,637.48	$216,864.94
*4411 MEMORIAL MEDICAL / NH CRESCENT	$508,532.78	$535,625.59	$508,532.78	$403,086.40
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$277,479.31	$319,094.50	$277,479.31	$265,393.68
*4446 MEMORIAL MEDICAL / NH FORT BEND	$61,623.03	$80,128.34	$61,623.03	$55,723.03
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$111,924.08	$111,924.08	$111,924.08	$46,069.04
*4551 CAL CO INDIGENT HEALTHCARE	$5,497.00	$5,497.00	$5,497.00	$9,706.51
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$1,038.67	$1,038.67	$1,038.67	$1,038.67
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$125.21	$125.21	$125.21	$125.00
*5506 MMC -NH BETHANY SENIOR LIVING	$117,409.51 √	$121,023.28	$117,409.51	$115,891.14
*3407 MMC -NH TUSCANY VILLAGE	$212,733.27	$229,188.33	$212,733.27	$179,396.99
*3660 MMC -BETHANY SR LIVING - DACA	$100.00	$100.00	$100.00	$100.00
*2998 MMC -MONEY MARKET FUND	$255,053.48	$255,053.48	$255,053.48	$255,053.48
Total Balance	**$3,808,799.16**	**$3,918,735.29**	**$3,808,799.16**	**$3,645,419.88**

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center

Date Requested: 11/25/2024

APPROVED ON
NOV 25 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 001177

FOR ACCT USE ONLY

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

AMOUNT: $ 324.27 ✓

G/L NUMBER: 21400007

EXPLANATION: Claim pymnts owed from Tuscany to MMC

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: ✓

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

MP

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

001177

Date 11-27-24 88-2265/1131

PAY
TO THE ORDER OF MMC Operating $ 324.27/100

Three hundred twenty-four dollars and 27/100 **DOLLARS**

PROSPERITY BANK®

County auditor

MP

County treasurer

FOR claim payment

Security features are included. Details on back.

Ø

RUN DATE:11/27/24 MEMORIAL MEDICAL CENTER PAGE 1
TIME:09:01 CHECK REGISTER GLCKREG
11/27/24 THRU 11/27/24

BANK--CHECK----------

CODE	NUMBER	DATE	AMOUNT	PAYEE
TUS	001177	11/27/24	324.27	MMC OPERATING
TOTALS:			324.27	