MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---December 18, 2024

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	933,429.40
TOTAL TRANSFERS BETWEEN FUNDS	$	63,214.57
TOTAL NURSING HOME UPL EXPENSES	$	760,585.08
TOTAL INTER-GOVERNMENT TRANSFERS	$	594.20
GRAND TOTAL DISBURSEMENTS APPROVED December 18, 2024	$	1,757,823.25

APPROVED

DEC 18 2024

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---December 18, 2024

PAYABLES AND PAYROLL			
12/12/2024	Weekly Payables	366,492.54	
12/16/2024	Gulf Coast Paper Company - Critical	898.99	
12/16/2024	Ampcare LLC - Critical	1,081.48	
12/16/2024	ADHC LLC - Critical	821.60	
12/16/2024	McKesson-340B Prescription Expense	2,414.03	
12/16/2024	Amerisource Bergen-340B Prescription Expense	568.04	
12/16/2024	Amerisource Bergen-340B Prescription Expense	121.85	
12/16/2024	Payroll Liabilities-Payroll Taxes	110,373.74	
12/16/2024	Payroll	363,131.39	
	Prosperity Electronic Bank Payments		
12/16/2024	90 Degree Benefits - employee insurance claims	79,943.81	
12/16/2024	Pay Plus-Patient Claims Processing Fee	605.79	
12/16/2024	Credit Card Processing Fee	5,619.98	
12/16/2024	Health Equity -HSA Contributions	1,356.16	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 933,429.40**
TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES			
12/12/2024	MMC Operating to Ashford-Correction of insurance payment deposited into MMC Operating in error	5,478.48	
12/12/2024	MMC Operating to Fort bend-Correction of insurance payment deposited into MMC Operating in error	11,708.59	
12/12/2024	MMC Operating to Broadmoor-Correction of insurance payment deposited into MMC Operating in error	14,208.54	
12/12/2024	MMC Operating to The Crescent-Correction of insurance payment deposited into MMC Operating in error	8,454.04	
12/12/2024	MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error	2,583.44	
12/12/2024	MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error	9,651.44	
12/12/2024	MMC Operating to Bethany-Correction of insurance payment deposited into MMC Operating in error	11,130.04	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 63,214.57**
NURSING HOME UPL EXPENSES			
12/16/2024	Nursing Home UPL-Cantex Transfer	395,303.97	
12/16/2024	Nursing Home UPL-Nexion Transfer	114,336.99	
12/16/2024	Nursing Home UPL-Tuscany Transfer	110,402.66	
12/16/2024	Nursing Home UPL-HSL Transfer	129,401.25	
TRANSFER BETWEEN FUNDS FROM NURSING HOMES TO MMC			
12/16/2024	Crescent-MMC insurance payment deposited into Crescent in error	275.68	
12/16/2024	Golden Creek - MMC insurance payment deposited into Goldencreek in error	364.53	
TRANSFER OF FUNDS BETWEEN NURSING HOMES			
12/16/2024	Crescent to Tuscany - Tuscany payment deposited into Crescent in error	10,500.00	
TOTAL NURSING HOME UPL EXPENSES			**$ 760,585.08**
INTER-GOVERNMENT TRANSFERS			
12/16/2024	UC DY 9 Redistribution Payment & IGT Call	594.20	
TOTAL INTER-GOVERNMENT TRANSFERS			**$ 594.20**
GRAND TOTAL DISBURSEMENTS APPROVED December 18, 2024			**$ 1,757,823.25**

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9156090834		11/30/202	11/30/202	12/25/202			2,580.41	0.00	0.00	2,580.41
5512690067		11/30/202	11/30/202	12/25/202			1,036.36	0.00	0.00	1,036.36
5512689873		12/10/202	11/30/202	12/27/202			574.32	0.00	0.00	574.32

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	4,191.09	0.00	0.00	4,191.09

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
1GTYD4FF34WH		11/25/202	11/02/202	12/26/202			-1.83	0.00	0.00	-1.83
1TPW94FLT9CX		12/03/202	11/22/202	12/22/202			21.98	0.00	0.00	21.98

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES	20.15	0.00	0.00	20.15

Vendor#	Vendor Name	Class	Pay Code
M2485	BAYER HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6011703180		11/30/202	11/14/202	12/26/202			1,334.77	0.00	0.00	1,334.77

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2485	BAYER HEALTHCARE	1,334.77	0.00	0.00	1,334.77

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
111717485		12/03/202	12/02/202	12/27/202			1,173.22	0.00	0.00	1,173.22

no invoice - removed

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	1,173.22	0.00	0.00	1,173.22

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9113251181	SUPPLIES	11/25/202	09/18/202	12/26/202			131.60	0.00	0.00	131.60

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10024	BECTON, DICKINSON & CO (BD)	131.60	0.00	0.00	131.60

Vendor#	Vendor Name	Class	Pay Code
14753	BIOMERIEUX, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1213391964		11/30/202	11/27/202	12/27/202			10,228.02	0.00	0.00	10,228.02

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14753	BIOMERIEUX, INC	10,228.02	0.00	0.00	10,228.02

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8003682034		11/30/202	11/30/202	12/25/202			0.00	0.00	0.00	0.00

CANT REMOVE THIS TOTAL BECAUSE OF OSV BALANCE

8003691966AB	12/11/202	11/24/202	12/27/202	149.28	0.00	0.00	149.28
8003685613A	12/12/202	11/17/202	12/27/202	325.43	0.00	0.00	325.43

Vendor Totals:

Number	Name	Gross	Discount	No-Pay	Net
C1325	CARDINAL HEALTH 414, INC.	474.71	0.00	0.00	474.71

Vendor# C1600 — Vendor Name: CITIZENS MEDICAL CENTER — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
202427		11/30/202	12/02/202	12/27/202			55,340.52	0.00	0.00	55,340.52

November 2024

Vendor Totals:

Number	Name	Gross	Discount	No-Pay	Net
C1600	CITIZENS MEDICAL CENTER	55,340.52	0.00	0.00	55,340.52

Vendor# 10212 — Vendor Name: CLINICAL PATHOLOGY LABS — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
17656103124		11/30/202	10/31/202	12/26/202			2,788.45	0.00	0.00	2,788.45
17656113024		11/30/202	11/30/202	12/26/202			10,448.38	0.00	0.00	10,448.38

Vendor Totals:

Number	Name	Gross	Discount	No-Pay	Net
10212	CLINICAL PATHOLOGY LABS	13,236.83	0.00	0.00	13,236.83

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
44555691016		11/30/202	12/05/202	12/27/202			616.67	0.00	0.00	616.67

Vendor Totals:

Number	Name	Gross	Discount	No-Pay	Net
13336	COCA COLA SOUTHWEST BEVERAGES	616.67	0.00	0.00	616.67

Vendor# 11030 — Vendor Name: COMBINED INSURANCE — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
110124B		11/30/202	12/05/202	11/27/202			501.72	0.00	0.00	501.72

Vendor Totals:

Number	Name	Gross	Discount	No-Pay	Net
11030	COMBINED INSURANCE	501.72	0.00	0.00	501.72

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7421807		11/30/202	11/22/202	12/22/202			2,960.00	0.00	0.00	2,960.00

Vendor Totals:

Number	Name	Gross	Discount	No-Pay	Net
10043	CROSS COUNTRY STAFFING	2,960.00	0.00	0.00	2,960.00

Vendor# 12044 — Vendor Name: CULLIGAN ULTRAPURE INC. — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
11302024		11/30/202	11/30/202	12/27/202			554.15	0.00	0.00	554.15

Vendor Totals:

Number	Name	Gross	Discount	No-Pay	Net
12044	CULLIGAN ULTRAPURE INC.	554.15	0.00	0.00	554.15

Vendor# 15996 — Vendor Name: [redacted] — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
120324		11/30/202	12/06/202	12/27/202			80.00	0.00	0.00	80.00

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	15996	[redacted]					80.00	0.00	0.00	80.00
Vendor#	Vendor Name				Class	Pay Code				
D1200	DETAR HOSPITAL				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	DTR2411017		12/11/202	12/02/202	12/27/202		64.34	0.00	0.00	64.34
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	D1200	DETAR HOSPITAL					64.34	0.00	0.00	64.34
Vendor#	Vendor Name				Class	Pay Code				
10368	DEWITT POTH & SON									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	7673300		11/30/202	09/10/202	12/26/202		640.86	0.00	0.00	640.86
	7760890		12/01/202	12/02/202	12/27/202		55.56	0.00	0.00	55.56
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON					696.42	0.00	0.00	696.42
Vendor#	Vendor Name				Class	Pay Code				
10789	DISCOVERY MEDICAL NETWORK INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	MMC113024		11/30/202	11/30/202	12/27/202		112,530.51	0.00	0.00	112,530.51
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDICAL NETWORK INC					112,530.51	0.00	0.00	112,530.51
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
	0003097799		11/30/202	12/02/202	12/27/202		479.75	0.00	0.00	479.75
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	15240	ECLINICAL WORKS LLC					479.75	0.00	0.00	479.75
Vendor#	Vendor Name				Class	Pay Code				
11091	ECOLAB									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	6349364186		11/30/202	11/26/202	12/27/202		1,027.52	0.00	0.00	1,027.52
	6349364179		11/30/202	11/26/202	12/27/202		300.00	0.00	0.00	300.00
	6349364145		11/30/202	11/26/202	12/27/202		231.38	0.00	0.00	231.38
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11091	ECOLAB					1,558.90	0.00	0.00	1,558.90
Vendor#	Vendor Name				Class	Pay Code				
10689	FASTHEALTH CORPORATION									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	12A24MMC		11/30/202	12/01/202	12/27/202		595.00	0.00	0.00	595.00
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10689	FASTHEALTH CORPORATION					595.00	0.00	0.00	595.00
Vendor#	Vendor Name				Class	Pay Code				
F1100	FEDERAL EXPRESS CORP.				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	869648520		11/30/202	11/28/202	12/23/202		62.43	0.00	0.00	62.43
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net

	F1100	FEDERAL EXPRESS CORP.					62.43	0.00	0.00	62.43
Vendor#	Vendor Name				Class	Pay Code				
14336	FIRETRON, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	310838		11/30/202	11/22/202	12/26/202			828.24	0.00	0.00	828.24
	312257A		12/12/202	11/22/202	12/26/202			660.00	0.00	0.00	660.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14336	FIRETRON, INC					1,488.24	0.00	0.00	1,488.24
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
	3436325		11/25/202	06/01/202	12/26/202			3,923.32	0.00	0.00	3,923.32
		SUPPLIES LAB									
	7256450		12/09/202	12/02/202	12/27/202			302.40	0.00	0.00	302.40
	7256451		12/09/202	12/02/202	12/27/202			356.22	0.00	0.00	356.22
	7289498		12/09/202	12/03/202	12/27/202			829.98	0.00	0.00	829.98
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		F1400	FISHER HEALTHCARE					5,411.92	0.00	0.00	5,411.92
Vendor#	Vendor Name				Class	Pay Code				
11183	FRONTIER									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	120224		11/30/202	12/02/202	12/26/202			1,270.58	0.00	0.00	1,270.58
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11183	FRONTIER					1,270.58	0.00	0.00	1,270.58
Vendor#	Vendor Name				Class	Pay Code				
14156	FUJI FILM									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	91565597		11/30/202	11/25/202	12/25/202			7,908.33	0.00	0.00	7,908.33
		12/25/24-01/24/25									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14156	FUJI FILM					7,908.33	0.00	0.00	7,908.33
Vendor#	Vendor Name				Class	Pay Code				
11078	FUSION MEDICAL STAFFING, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	INV768418		11/30/202	11/30/202	12/25/202			2,656.00	0.00	0.00	2,656.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11078	FUSION MEDICAL STAFFING, LLC					2,656.00	0.00	0.00	2,656.00
Vendor#	Vendor Name				Class	Pay Code				
12948	GREAT AMERICA FINANCIAL SVCS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	37992926		11/30/202	11/28/202	12/24/202			9,754.00	0.00	0.00	9,754.00
	38005105		11/30/202	12/02/202	12/27/202			72.21	0.00	0.00	72.21
	38005104		11/30/202	12/02/202	12/27/202			197.02	0.00	0.00	197.02
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		12948	GREAT AMERICA FINANCIAL SVCS					10,023.23	0.00	0.00	10,023.23
Vendor#	Vendor Name				Class	Pay Code				

H0031 HEB CREDIT RECEIVABLES DEPT308

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
112524AB		12/12/202	11/25/202	12/26/202			537.52	0.00	0.00	537.52

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	H0031	HEB CREDIT RECEIVABLES DEPT308	537.52	0.00	0.00	537.52

Vendor# H0416 Vendor Name HOLOGIC INC. Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
11127095		12/01/202	11/04/202	12/27/202			236.25	0.00	0.00	236.25

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	H0416	HOLOGIC INC	236.25	0.00	0.00	236.25

Vendor# 15852 Vendor Name HUMANA MILITARY Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
GARKIE0001A	2ND REQUEST	12/01/202	12/04/202	12/27/202			55.00	0.00	0.00	55.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15852	HUMANA MILITARY	55.00	0.00	0.00	55.00

Vendor# 10922 Vendor Name HUNTER PHARMACY SERVICES Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6278A		11/30/202	11/30/202	12/27/202			13,808.33	0.00	0.00	13,808.33

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10922	HUNTER PHARMACY SERVICES	13,808.33	0.00	0.00	13,808.33

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
24M0163901		12/09/202	12/06/202	12/27/202			736.56	0.00	0.00	736.56

December 2024

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

Vendor# 11108 Vendor Name ITERSOURCE CORPORATION Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
711836		11/30/202	12/02/202	12/27/202			250.00	0.00	0.00	250.00

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

Vendor# 14540 Vendor Name JINDAL X LLC Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
202425071	NOV SERVICE DATE	11/30/202	12/05/202	12/27/202			9,000.00	0.00	0.00	9,000.00

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

Vendor# L1001 Vendor Name LANDAUER INC Class W Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
101268034		11/30/202	11/14/202	12/27/202			1,011.45	0.00	0.00	1,011.45

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	L1001	LANDAUER INC	1,011.45	0.00	0.00	1,011.45

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
22983121		12/01/202	12/03/202	12/27/202			614.65	0.00	0.00	614.65
22991418		12/01/202	12/04/202	12/27/202			2,217.49	0.00	0.00	2,217.49

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	2,832.14	0.00	0.00	2,832.14

Vendor# Vendor Name Class Pay Code

11141 MEDICAL DATA SYSTEMS, INC.

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
198155		11/30/202	11/30/202	12/25/202			132.81	0.00	0.00	132.81
197647		11/30/202	11/30/202	12/27/202			135.58	0.00	0.00	135.58
197646		11/30/202	11/30/202	12/27/202			2,653.34	0.00	0.00	2,653.34
197645A		12/12/202	11/30/202	12/27/202			348.79	0.00	0.00	348.79

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11141	MEDICAL DATA SYSTEMS, INC.	3,270.52	0.00	0.00	3,270.52

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
2343157534		11/11/202	11/06/202	12/01/202			110.50	0.00	0.00	110.50
	SUPPLIES									
2343157531		11/11/202	11/06/202	12/01/202			7,866.74	0.00	0.00	7,866.74
2344069445		11/22/202	11/13/202	12/08/202			2,883.82	0.00	0.00	2,883.82
	SUPPLIES									
2345232654		11/22/202	11/20/202	12/15/202			3,098.31	0.00	0.00	3,098.31
2338907337		11/25/202	10/09/202	12/26/202			5,830.69	0.00	0.00	5,830.69
2342143242		11/25/202	10/30/202	12/26/202			1,567.99	0.00	0.00	1,567.99
2345232650		11/30/202	11/20/202	12/27/202			1,232.96	0.00	0.00	1,232.96
2345829716		11/30/202	11/23/202	12/27/202			45.93	0.00	0.00	45.93
2346115952		11/30/202	11/26/202	12/26/202			94.61	0.00	0.00	94.61
2346083870		11/30/202	11/26/202	12/27/202			78.40	0.00	0.00	78.40
2346118239		11/30/202	11/27/202	12/27/202			521.52	0.00	0.00	521.52
2346118245		11/30/202	11/27/202	12/27/202			12.38	0.00	0.00	12.38
2346118248		11/30/202	11/27/202	12/27/202			30.86	0.00	0.00	30.86
2346118250		11/30/202	11/27/202	12/27/202			977.90	0.00	0.00	977.90
2346118251		11/30/202	11/27/202	12/27/202			90.60	0.00	0.00	90.60
2346118244		11/30/202	11/27/202	12/27/202			629.48	0.00	0.00	629.48

2346118243	11/30/202	11/27/202	12/27/202	102.12	0.00	0.00	102.12
2346429481	11/30/202	11/28/202	12/27/202	41.99	0.00	0.00	41.99
2346118247	12/09/202	11/27/202	12/22/202	30.86	0.00	0.00	30.86

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	25,247.66	0.00	0.00	25,247.66

Vendor# 12248 Vendor Name: MEMORIAL MEDICAL CENTER Class: Pay Code:

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

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

Vendor# 10182 Vendor Name: MERCEDES SCIENTIFIC Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2898885		11/30/202	11/25/202	12/27/202			53.34	0.00	0.00	53.34

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10182	MERCEDES SCIENTIFIC	53.34	0.00	0.00	53.34

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
SC6458		11/30/202	11/25/202	12/27/202			478.24	0.00	0.00	478.24
SC6459		11/30/202	11/25/202	12/27/202			250.77	0.00	0.00	250.77
SC6457		11/30/202	11/25/202	12/27/202			171.40	0.00	0.00	171.40
2735263		11/30/202	11/26/202	12/27/202			23.58	0.00	0.00	23.58
2735264		11/30/202	11/26/202	12/27/202			2,599.29	0.00	0.00	2,599.29
2737965		11/30/202	11/26/202	12/27/202			701.60	0.00	0.00	701.60
2735262		11/30/202	11/26/202	12/27/202			791.73	0.00	0.00	791.73
2737966		11/30/202	11/26/202	12/27/202			612.94	0.00	0.00	612.94
2743283		11/30/202	11/27/202	12/27/202			18.34	0.00	0.00	18.34
2741249		11/30/202	11/27/202	12/27/202			115.62	0.00	0.00	115.62
2741251		11/30/202	11/27/202	12/27/202			264.41	0.00	0.00	264.41
2742692		11/30/202	11/27/202	12/27/202			1.98	0.00	0.00	1.98
2743284		11/30/202	11/27/202	12/27/202			229.37	0.00	0.00	229.37
2743438		11/30/202	11/27/202	12/27/202			10.28	0.00	0.00	10.28
2741250		11/30/202	11/27/202	12/27/202			87.04	0.00	0.00	87.04
2743282		11/30/202	11/27/202	12/27/202			261.96	0.00	0.00	261.96

2749460	12/01/202	12/01/202	12/27/202		849.21	0.00	0.00	849.21
2748873	12/01/202	12/01/202	12/27/202		63.46	0.00	0.00	63.46
2749461	12/01/202	12/01/202	12/27/202		61.57	0.00	0.00	61.57
2749459	12/01/202	12/01/202	12/27/202		85.53	0.00	0.00	85.53

Vendor Totals: Number Name

Number	Name	Gross	Discount	No-Pay	Net
10536	MORRIS & DICKSON CO, LLC	7,678.32	0.00	0.00	7,678.32

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
37218223		11/30/202	11/25/202	12/27/202			406.48	0.00	0.00	406.48

Vendor Totals: Number Name

Number	Name	Gross	Discount	No-Pay	Net
O1500	OLYMPUS AMERICA INC	406.48	0.00	0.00	406.48

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
05530794		11/30/202	11/14/202	12/27/202			861.08	0.00	0.00	861.08

Vendor Totals: Number Name

Number	Name	Gross	Discount	No-Pay	Net
10152	PARTSSOURCE, LLC	861.08	0.00	0.00	861.08

Vendor# Vendor Name — Class — Pay Code

12480 PRO ENERGY PARTNERS LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
24110600		11/30/202	12/09/202	12/26/202			2,285.42	0.00	0.00	2,285.42

Vendor Totals: Number Name

Number	Name	Gross	Discount	No-Pay	Net
12480	PRO ENERGY PARTNERS LLC	2,285.42	0.00	0.00	2,285.42

Vendor# Vendor Name — Class — Pay Code

G0425 ROBERTS, ODEFEY, WITTE & WALL — W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2340A		12/11/202	12/10/202	12/27/202			2,117.50	0.00	0.00	2,117.50

Vendor Totals: Number Name

Number	Name	Gross	Discount	No-Pay	Net
G0425	ROBERTS, ODEFEY, WITTE & WALL	2,117.50	0.00	0.00	2,117.50

Vendor# Vendor Name — Class — Pay Code

10688 SAN ANTONIO ENA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
120424	TRAUMA NURSING CORE COURS	12/01/202	11/30/202	12/27/202			850.00	0.00	0.00	850.00

Vendor Totals: Number Name

Number	Name	Gross	Discount	No-Pay	Net
10688	SAN ANTONIO ENA	850.00	0.00	0.00	850.00

Vendor# Vendor Name — Class — Pay Code

S1700 SHARN INC — M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN02382403		11/30/202	11/25/202	12/27/202			237.46	0.00	0.00	237.46

Vendor Totals: Number Name

Number	Name	Gross	Discount	No-Pay	Net
S1700	SHARN INC	237.46	0.00	0.00	237.46

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

246113024001		11/30/202	12/10/202	12/26/202	5,424.65	0.00	0.00	5,424.65

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14868	SINGLETON ASSOCIATES, P.A.	5,424.65	0.00	0.00	5,424.65

Vendor# 11296 — Vendor Name: SOUTH TEXAS BLOOD & TISSUE CEN — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CM13720		11/30/202	11/30/202	12/25/202			-3,085.00	0.00	0.00	-3,085.00
I07045627		11/30/202	11/30/202	12/25/202			5,313.00	0.00	0.00	5,313.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11296	SOUTH TEXAS BLOOD & TISSUE CEN	2,228.00	0.00	0.00	2,228.00

Vendor# S2694 — Vendor Name: STANFORD VACUUM SERVICE — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
135380		12/01/202	12/06/202	12/27/202			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# S3940 — Vendor Name: STERIS CORPORATION — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
13125386		11/30/202	11/24/202	12/27/202			354.35	0.00	0.00	354.35

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S3940	STERIS CORPORATION	354.35	0.00	0.00	354.35

Vendor# 14524 — Vendor Name: SYSMEX AMERICA, INC. — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
95632402		11/30/202	11/30/202	12/27/202			527.44	0.00	0.00	527.44

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14524	SYSMEX AMERICA, INC.	527.44	0.00	0.00	527.44

Vendor# T1880 — Vendor Name: TEXAS DEPARTMENT OF LICENSING — Class: A/P — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10184587		11/30/202	11/15/202	12/27/202			140.00	0.00	0.00	140.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	T1880	TEXAS DEPARTMENT OF LICENSING	140.00	0.00	0.00	140.00

Vendor# T2204 — Vendor Name: TEXAS MUTUAL INSURANCE CO — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1006377855		11/30/202	12/02/202	12/24/202			4,707.00	0.00	0.00	4,707.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	T2204	TEXAS MUTUAL INSURANCE CO	4,707.00	0.00	0.00	4,707.00

Vendor# 10758 — Vendor Name: TEXAS SELECT STAFFING, LLC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
002469751079IN		11/30/202	12/06/202	12/27/202			3,599.00	0.00	0.00	3,599.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10758	TEXAS SELECT STAFFING, LLC	3,599.00	0.00	0.00	3,599.00

Vendor# Vendor Name Class Pay Code

11067 TRIZETTO PROVIDER SOLUTIONS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
35FK112400		11/30/202	11/01/202	12/27/202			1,887.97	0.00	0.00	1,887.97

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11067	TRIZETTO PROVIDER SOLUTIONS	1,887.97	0.00	0.00	1,887.97

Vendor# C2510 Vendor Name TRUBRIDGE Class M Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
ADJCM1378		11/19/202	11/19/202	12/27/202			-3,626.00	0.00	0.00	-3,626.00
A2412041378		11/30/202	12/04/202	12/27/202			20,613.00	0.00	0.00	20,613.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C2510	TRUBRIDGE	16,987.00	0.00	0.00	16,987.00

Vendor# 11002 Vendor Name TRUSTAFF Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2281959		11/30/202	11/28/202	12/27/202			3,168.00	0.00	0.00	3,168.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11002	TRUSTAFF	3,168.00	0.00	0.00	3,168.00

Vendor# U1064 Vendor Name UNIFIRST HOLDINGS INC Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2921043341		11/30/202	09/30/202	12/27/202			124.69	0.00	0.00	124.69
2921047960		11/30/202	11/28/202	12/23/202			162.14	0.00	0.00	162.14
2921047961		11/30/202	11/28/202	12/23/202			181.78	0.00	0.00	181.78
2921047957		11/30/202	11/28/202	12/23/202			1,602.80	0.00	0.00	1,602.80
2921047956		11/30/202	11/28/202	12/23/202			149.41	0.00	0.00	149.41
2921047962		11/30/202	11/28/202	12/23/202			136.31	0.00	0.00	136.31
2921047955		11/30/202	11/28/202	12/23/202			100.88	0.00	0.00	100.88
2921047958		11/30/202	11/28/202	12/23/202			126.96	0.00	0.00	126.96
2921047959		11/30/202	11/28/202	12/23/202			372.12	0.00	0.00	372.12
2921048495		12/01/202	12/05/202	12/27/202			398.50	0.00	0.00	398.50
2921048492		12/01/202	12/05/202	12/27/202			154.03	0.00	0.00	154.03
2921048494		12/01/202	12/05/202	12/27/202			81.96	0.00	0.00	81.96
2921048179		12/04/202	12/02/202	12/27/202			2,459.18	0.00	0.00	2,459.18
2921048180		12/04/202	12/02/202	12/27/202			126.28	0.00	0.00	126.28

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	6,177.04	0.00	0.00	6,177.04

Vendor# Vendor Name Class Pay Code

V0552 VERATHON INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
81019410		11/30/202	11/26/202	12/27/202			12,133.00	0.00	0.00	12,133.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	V0552	VERATHON INC	12,133.00	0.00	0.00	12,133.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
24110179		11/30/202	11/30/202	12/27/202			200.00	0.00	0.00	200.00

November 2024

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	V1471	VICTORIA RADIOWORKS, LLC	200.00	0.00	0.00	200.00

Vendor# 14612 Vendor Name WAGEWORKS Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV7112746		11/30/202	10/23/202	12/27/202			569.75	0.00	0.00	569.75

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14612	WAGEWORKS	569.75	0.00	0.00	569.75

Vendor# 12548 Vendor Name WAGEWORKS, INC Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1124TR116685		11/30/202	11/01/202	12/27/202			131.25	0.00	0.00	131.25

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

Vendor# 11018 Vendor Name WEBPT, INC Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV595781		11/30/202	09/30/202	12/27/202			260.08	0.00	0.00	260.08

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11018	WEBPT, INC	260.08	0.00	0.00	260.08

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
9111687086		11/30/202	11/25/202	12/27/202			1,210.80	0.00	0.00	1,210.80
9111692168		12/02/202	12/02/202	12/27/202			331.80	0.00	0.00	331.80

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	1,542.60	0.00	0.00	1,542.60

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	367,665.76	0.00	0.00	367,665.76

APPROVED ON

DEC 12 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

366,492.54

Check 206918 - 206987

12/16/2024
11:51

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 10/30/2024

0
ap_open_invoice.template

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2575888		12/01/202	09/24/202	10/24/202			898.99	0.00	0.00	898.99

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	898.99	0.00	0.00	898.99

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	898.99	0.00	0.00	898.99

APPROVED ON

DEC 16 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Check 201694 ce

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

Vendor#	Vendor Name	Class	Pay Code
15992	AMPCARE LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10044		12/16/202	11/07/202	12/07/202			1,081.48	0.00	0.00	1,081.48

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15992	AMPCARE LLC	1,081.48	0.00	0.00	1,081.48

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,081.48	0.00	0.00	1,081.48

APPROVED ON

DEC 16 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 206921

12/16/2024
11:52

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
15964	ADHC LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
505394	COLLECTION	12/16/202	11/15/202	12/15/202			821.60	0.00	0.00	821.60

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15964	ADHC LLC	821.60	0.00	0.00	821.60

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	821.60	0.00	0.00	821.60

APPROVED ON
DEC 16 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 204918

Ø

RUN DATE:12/17/24 MEMORIAL MEDICAL CENTER PAGE 1
TIME:12:00 CHECK REGISTER GLCKREG
12/18/24 THRU 12/18/24

BANK--CHECK-- CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	206918	12/18/24	821.60	ADHC LLC
A/P	206919	12/18/24	4,191.09	AIRGAS USA, LLC - CENTRAL DIV
A/P	206920	12/18/24	20.15	AMAZON CAPITAL SERVICES
A/P	206921	12/18/24	1,081.48	AMPCARE LLC
A/P	206922	12/18/24	1,334.77	BAYER HEALTHCARE
A/P	206923	12/18/24	131.60	BECTON, DICKINSON & CO (BD)
A/P	206924	12/18/24	10,228.02	BIOMERIEUX, INC
A/P	206925	12/18/24	474.71	CARDINAL HEALTH 414, INC.
A/P	206926	12/18/24	55,340.52	CITIZENS MEDICAL CENTER
A/P	206927	12/18/24	13,236.83	CLINICAL PATHOLOGY LABS
A/P	206928	12/18/24	616.67	COCA COLA SOUTHWEST BEVERAGES
A/P	206929	12/18/24	501.72	COMBINED INSURANCE
A/P	206930	12/18/24	2,960.00	CROSS COUNTRY STAFFING
A/P	206931	12/18/24	554.15	CULLIGAN ULTRAPURE INC.
A/P	206932	12/18/24	80.00	[redacted]
A/P	206933	12/18/24	64.34	DETAR HOSPITAL
A/P	206934	12/18/24	696.42	DEWITT POTH & SON
A/P	206935	12/18/24	112,530.51	DISCOVERY MEDICAL NETWORK INC
A/P	206936	12/18/24	479.75	ECLINICAL WORKS LLC
A/P	206937	12/18/24	1,558.90	ECOLAB
A/P	206938	12/18/24	595.00	FASTHEALTH CORPORATION
A/P	206939	12/18/24	62.43	FEDERAL EXPRESS CORP.
A/P	206940	12/18/24	1,488.24	FIRETRON, INC
A/P	206941	12/18/24	5,411.92	FISHER HEALTHCARE
A/P	206942	12/18/24	1,270.58	FRONTIER
A/P	206943	12/18/24	7,908.33	FUJI FILM
A/P	206944	12/18/24	2,656.00	FUSION MEDICAL STAFFING, LLC
A/P	206945	12/18/24	10,023.23	GREAT AMERICA FINANCIAL SVCS
A/P	206946	12/18/24	898.99	GULF COAST PAPER COMPANY
A/P	206947	12/18/24	537.52	HEB CREDIT RECEIVABLES DEPT308
A/P	206948	12/18/24	236.25	HOLOGIC INC
A/P	206949	12/18/24	55.00	HUMANA MILITARY
A/P	206950	12/18/24	13,808.33	HUNTER PHARMACY SERVICES
A/P	206951	12/18/24	736.56	INOVALON PROVIDER INC.
A/P	206952	12/18/24	250.00	ITERSOURCE CORPORATION
A/P	206953	12/18/24	9,000.00	JINDAL X LLC
A/P	206954	12/18/24	1,011.45	LANDAUER INC
A/P	206955	12/18/24	2,832.14	MCKESSON MEDICAL SURGICAL INC
A/P	206956	12/18/24	3,270.52	MEDICAL DATA SYSTEMS, INC.
A/P	206957	12/18/24	.00	VOIDED
A/P	206958	12/18/24	.00	VOIDED
A/P	206959	12/18/24	25,247.66	MEDLINE INDUSTRIES INC
A/P	206960	12/18/24	14.50	MEMORIAL MEDICAL CENTER
A/P	206961	12/18/24	53.34	MERCEDES SCIENTIFIC
A/P	206962	12/18/24	.00	VOIDED
A/P	206963	12/18/24	7,678.32	MORRIS & DICKSON CO, LLC
A/P	206964	12/18/24	406.48	OLYMPUS AMERICA INC
A/P	206965	12/18/24	861.08	PARTSSOURCE, LLC
A/P	206966	12/18/24	2,285.42	PRO ENERGY PARTNERS LLC
A/P	206967	12/18/24	2,117.50	ROBERTS, ODEFEY, WITTE & WALL

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	206968	12/18/24	850.00	SAN ANTONIO ENA
A/P	206969	12/18/24	237.46	SHARN INC
A/P	206970	12/18/24	5,424.65	SINGLETON ASSOCIATES, P.A.
A/P	206971	12/18/24	2,228.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	206972	12/18/24	550.00	STANFORD VACUUM SERVICE
A/P	206973	12/18/24	354.35	STERIS CORPORATION
A/P	206974	12/18/24	527.44	SYSMEX AMERICA, INC.
A/P	206975	12/18/24	140.00	TEXAS DEPARTMENT OF LICENSING
A/P	206976	12/18/24	4,707.00	TEXAS MUTUAL INSURANCE CO
A/P	206977	12/18/24	3,599.00	TEXAS SELECT STAFFING, LLC
A/P	206978	12/18/24	1,887.97	TRIZETTO PROVIDER SOLUTIONS
A/P	206979	12/18/24	16,987.00	TRUBRIDGE
A/P	206980	12/18/24	3,168.00	TRUSTAFF
A/P	206981	12/18/24	6,177.04	UNIFIRST HOLDINGS INC
A/P	206982	12/18/24	12,133.00	VERATHON INC
A/P	206983	12/18/24	200.00	VICTORIA RADIOWORKS, LLC
A/P	206984	12/18/24	569.75	WAGEWORKS
A/P	206985	12/18/24	131.25	WAGEWORKS, INC
A/P	206986	12/18/24	260.08	WEBPT, INC
A/P	206987	12/18/24	1,542.60	WERFEN USA LLC
A/P	206988	12/18/24	5,478.48	ASHFORD GARDENS
A/P	206989	12/18/24	11,130.04	BETHANY SENIOR LIVING
A/P	206990	12/18/24	14,208.54	BROADMOOR AT CREEKSIDE PARK
A/P	206991	12/18/24	11,708.59	FORTBEND HEALTHCARE CENTER
A/P	206992	12/18/24	2,583.44	GOLDENCREEK HEALTHCARE
A/P	206993	12/18/24	8,454.04	THE CRESCENT
A/P	206994	12/18/24	9,651.44	TUSCANY VILLAGE
TOTALS:			432,509.18	

APPROVED ON

DEC 17 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payables
366,492.54 +
Criticars 898.99 +
1,081.48 +
821.60 +
NH Trans. 63,214.57 +
432,509.18 ◊

McKESSON

STATEMENT

Company: 8000

As of: 12/13/2024 Page: 002

DC: 8115
Customer INV SuppID:
Territory:

Customer: 632536
Date: 12/13/2024

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 12/13/2024 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 12/13/2024 **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: 2,463.55 USD

Future Due:	0.00			
Past Due:	11.72-	If Paid By 12/17/2024, Pay This Amount:	2,414.03 USD	Due If Paid On Time: USD 2,414.03
Last Payment 08/07/2017	2,451.97	If Paid After 12/17/2024, Pay this Amount:	2,463.55 USD	Disc lost if paid late: 49.52
				Due If Paid Late: USD 2,463.55

5.79 +
2,184.41 +
11.29 +
4.26 +
122.96 +
58.30 +
27.02 +
2,414.03 ◇

APPROVED ON
DEC 16 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: 12/13/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 190813
Date: 12/13/2024

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

As of: 12/13/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 **PLEASE CHECK ANY**
Date: 12/13/2024 **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											
12/11/2024	12/17/2024	7538337935	4322850	115Invoice	0.12	5.91		5.79	✓	7538337935	

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: 5.91 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,871.06
11/25/2024

If Paid By 12/17/2024, Pay This Amount: 5.79 USD

If Paid After 12/17/2024, Pay this Amount: 5.91 USD

Due If Paid On Time: USD 5.79

Disc lost if paid late: 0.12

Due If Paid Late: USD 5.91

APPROVED ON
DEC 16 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 12/13/2024 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 256342
Date: 12/13/2024

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

As of: 12/13/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 12/13/2024 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											
12/07/2024	12/17/2024	7537730658	211140867	115Invoice	1.17	58.47		57.30	✓	7537730658	
12/09/2024	12/17/2024	7537978425	211413206	115Invoice	1.17	58.47		57.30	✓	7537978425	
12/09/2024	12/17/2024	7537978426	213861162	115Invoice	0.09	4.72		4.63	✓	7537978426	
12/10/2024	12/17/2024	7538258304	213638490	115Invoice	0.01	0.32		0.31	✓	7538258304	
12/10/2024	12/17/2024	7538258305	213984734	115Invoice	0.01	0.32		0.31	✓	7538258305	
12/10/2024	12/17/2024	7538258306	215227355	115Invoice	1.80	90.01		88.21	✓	7538258306	
12/10/2024	12/17/2024	7538258307	214058278	115Invoice	17.95	897.27		879.32	✓	7538258307	
12/10/2024	12/17/2024	7538258308	217073171	115Invoice	5.26	262.98		257.72	✓	7538258308	
12/10/2024	12/17/2024	7538270393	212443630	115Invoice	4.39	219.56		215.17	✓	7538270393	
12/11/2024	12/17/2024	7538531873	220419397	115Invoice	0.01	0.32		0.31	✓	7538531873	
12/12/2024	12/17/2024	7538780240	213984734	115Invoice	5.26	262.99		257.73	✓	7538780240	
12/12/2024	12/17/2024	7538780241	220487913	115Invoice		0.16		0.16	✓	7538780241	
12/12/2024	12/17/2024	7538780243	213861162	115Invoice	4.95	247.70		242.75	✓	7538780243	
12/12/2024	12/17/2024	7538780246	212641400	115Invoice	0.01	0.32		0.31	✓	7538780246	
12/12/2024	12/17/2024	7538780247	213052783	115Invoice	0.01	0.32		0.31	✓	7538780247	
12/12/2024	12/17/2024	7538780248	213153848	115Invoice	0.01	0.32		0.31	✓	7538780248	
12/13/2024	12/17/2024	7539021207	220658344	115Invoice	0.02	0.95		0.93	✓	7539021207	
12/13/2024	12/17/2024	7539021208	220594590	115Invoice	1.05	52.71		51.66	✓	7539021208	
12/13/2024	12/17/2024	7539021209	220658344	115Invoice	1.42	71.09		69.67	✓	7539021209	

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

APPROVED ON
DEC 16 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 2,229.00 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,366.86
12/09/2024

If Paid By 12/17/2024,
Pay This Amount: 2,184.41 USD

If Paid After 12/17/2024,
Pay this Amount: 2,229.00 USD

Due If Paid On Time:
USD 2,184.41

Disc lost if paid late:
44.59

Due If Paid Late:
USD 2,229.00

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 12/13/2024 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 820405
Date: 12/13/2024

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 12/13/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 **PLEASE CHECK ANY**
Date: 12/13/2024 **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											
12/09/2024	12/09/2024	7538063369	MFC PR CORR CR	Pricing Cor		11.72-	P	11.72-	P	7538063369	
12/09/2024	12/17/2024	7538063370	MFC PR CORR IN	Pricing Cor	0.21	10.34		10.13		7538063370	
12/12/2024	12/17/2024	7538602282	B2412-055-183471	115Invoice	0.26	13.14		12.88		7538602282	

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: 11.76 USD

Future Due: 0.00

Past Due: 11.72-

Last Payment 1,366.86
12/09/2024

If Paid By 12/17/2024, Pay This Amount: 11.29 USD

If Paid After 12/17/2024, Pay this Amount: 11.76 USD

Due If Paid On Time: USD 11.29

Disc lost if paid late: 0.47

Due If Paid Late: USD 11.76

APPROVED ON

DEC 16 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 12/13/2024 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 835430
Date: 12/13/2024

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 12/13/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835430 **PLEASE CHECK ANY**
Date: 12/13/2024 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835430 CVS PHCY 10356/MEM MC PHS											
12/11/2024	12/17/2024	7538344345	3730379	115Invoice	0.09	4.35		4.26 ✓		7538344345	

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

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

Subtotals: 4.35 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,406.36
11/18/2024

If Paid By 12/17/2024,
Pay This Amount: 4.26 USD

If Paid After 12/17/2024,
Pay this Amount: 4.35 USD

Due If Paid On Time:
USD 4.26

Disc lost if paid late:
0.09

Due If Paid Late:
USD 4.35

APPROVED ON
DEC 16 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 12/13/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835434
Date: 12/13/2024

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

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

As of: 12/13/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835434 **PLEASE CHECK ANY**
Date: 12/13/2024 **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											
12/11/2024	12/17/2024	7538402199	3732462	115Invoice	0.55	27.43		26.88	✓	7538402199	
12/11/2024	12/17/2024	7538408001	3732462	115Invoice	1.96	98.04		96.08	✓	7538408001	

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: 125.47 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,871.06
11/25/2024

If Paid By 12/17/2024,
Pay This Amount: 122.96 USD

If Paid After 12/17/2024,
Pay this Amount: 125.47 USD

Due If Paid On Time:
USD 122.96

Disc lost if paid late:
2.51

Due If Paid Late:
USD 125.47

APPROVED ON
DEC 16 2024
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

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: 12/13/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835437
Date: 12/13/2024

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

As of: 12/13/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835437 **PLEASE CHECK ANY**
Date: 12/13/2024 **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											
12/11/2024	12/17/2024	7538544587	3729329	115Invoice	1.19	59.49		58.30	✓	7538544587	

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: 59.49 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,288.79
12/02/2024

If Paid By 12/17/2024,
Pay This Amount: 58.30 USD

If Paid After 12/17/2024,
Pay this Amount: 59.49 USD

Due If Paid On Time:
USD 58.30

Disc lost if paid late:
1.19

Due If Paid Late:
USD 59.49

APPROVED ON
DEC 16 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 12/13/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835438
Date: 12/13/2024

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

As of: 12/13/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 **PLEASE CHECK ANY**
Date: 12/13/2024 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS											
12/11/2024	12/17/2024	7538541080	3730383	115Invoice	0.55	27.57		27.02 ✓		7538541080	

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

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

Subtotals: 27.57 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,406.36
11/18/2024

If Paid By 12/17/2024,
Pay This Amount: 27.02 USD

If Paid After 12/17/2024,
Pay this Amount: 27.57 USD

Due If Paid On Time:
USD 27.02

Disc lost if paid late:
0.55

Due If Paid Late:
USD 27.57

APPROVED ON
DEC 16 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

AmerisourceBergen

STATEMENT

Statement Number: 68776924
Date: 12-13-2024

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:	568.04
Past Due:	0.00
Total Due:	568.04
Account Balance:	568.04

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
12-08-2024	12-20-2024	3198444456	7008349720	Invoice	30.51		0.00	30.51
12-08-2024	12-20-2024	3198444457	7008359395	Invoice	31.31		0.00	31.31
12-08-2024	12-20-2024	3198444458	7008359395	Invoice	3.18		0.00	3.18
12-08-2024	12-20-2024	3198444459	7008367180	Invoice	429.33		0.00	429.33
12-08-2024	12-20-2024	3198445520	7008349797	Invoice	1.36		0.00	1.36
12-11-2024	12-20-2024	3198778657	7008381868	Invoice	9.81		0.00	9.81
12-12-2024	12-20-2024	3198933710	7008388978	Invoice	2.09		0.00	2.09
12-13-2024	12-20-2024	3199096484	7008397459	Invoice	35.05		0.00	35.05
12-13-2024	12-20-2024	3199096485	7008397459	Invoice	25.40		0.00	25.40

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
568.04	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
12-13-2024	(826.95)

APPROVED ON
DEC 16 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
12-20-2024	568.04
Total Due:	568.04

AmerisourceBergen

STATEMENT

Statement Number: 68794715
Date: 12-13-2024

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:	121.85
Past Due:	0.00
Total Due:	121.85
Account Balance:	121.85

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
12-09-2024	12-20-2024	3198420373	7008359355	Invoice	11.60		0.00	11.60
12-09-2024	12-20-2024	3198420374	7008367410	Invoice	66.21		0.00	66.21
12-10-2024	12-20-2024	3198676751	7008381439	Invoice	31.74		0.00	31.74
12-11-2024	12-20-2024	3198833460	7008388320	Invoice	6.88		0.00	6.88
12-13-2024	12-20-2024	3199140750	7008405580	Invoice	5.42		0.00	5.42

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
121.85	0.00	0.00	0.00	0.00	0.00	0.00

APPROVED ON
DEC 16 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
12-20-2024	121.85
Total Due:	121.85

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

	###	ENTER:	
☐ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	###		
☐ "ENTER YOUR 4-DIGIT PIN"			
☐ "MAKE A PAYMENT, PRESS 1"		1	
☐ "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★	941	#
☐ "IF FEDERAL TAX DEPOSIT ENTER 1"		1	
☐ "ENTER 2-DIGIT TAX FILING YEAR"	★	24	
☐ "ENTER 2-DIGIT TAX FILING ENDING MONTH"	★	12	
1ST QTR - 03 (MARCH) - Jan, Feb, Mar			
2ND QTR - 06 (JUNE) - Apr, May, June			
3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept			
4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec			
☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	$ 110,373.74	#
"1 TO CONFIRM"		1	
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 57,806.02	#
"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 14,087.48	#
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 38,480.24	#
☐ "6-DIGIT SETTLEMENT DATE"	★		
"1 TO CONFIRM"		1	
☐ ACKNOWLEDGEMENT NUMBER			

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

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED *3/18/2014*

ENTER VOID CKS AS NEGATIVE NUMBERS

		VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: BEGIN	11/29/2024					
PAY PERIOD: END	12/12/2024					
PAY DATE:	12/20/2024					
GROSS PAY:	$ 522,846.94			$ -		$ 522,846.94
DEDUCTIONS:						
A/R	$ 300.00					$ 300.00
ADVANC						$ -
BOOTS						$ -
MUTUAL CRITICAL ILLNESS						$ -
MUTUAL ACCIDENT						$ -
IRS TAX						$ -
MUTUAL SHORT TERM DIS						$ -
MUTUAL VISION	$ 827.68					$ 827.68
CAFÉ-D	$ 1,205.36					$ 1,205.36
CAFÉ-H	$ 29,528.30					$ 29,528.30
	$ -					$ -
	$ -					$ -
CAFÉ-P						$ -
CANCER						$ -
CHILD	$ 570.69					$ 570.69
CLINIC	$ 200.00					$ 200.00
COMBIN	$ 250.86					$ 250.86
CREDUN	$ -					$ -
DENTAL	$ -					$ -
DEP-LF						$ -
MUTUAL TERM LIFE	$ 1,225.15					$ 1,225.15
MUTUAL HOSP INDEM	$ 478.50					$ 478.50
FED TAX	$ 38,480.24					$ 38,480.24
FICA-M	$ 7,043.74					$ 7,043.74
FICA-O	$ 28,903.01					$ 28,903.01
FICA-M ADDITIONAL						$ -
FIRST C						$ -
FLEX S	$ 4,618.26					$ 4,618.26
FLX-FE	$ -					$ -
GIFT S	$ 345.36					$ 345.36
MUTUAL CRITICAL ILLNESS	$ 970.93					$ 970.93
MUTUAL ACCIDENT	$ 683.38					$ 683.38
MUTUAL SHORT TERM DIS	$ 1,664.76					$ 1,664.76
LEGAL	$ 1,171.60					$ 1,171.60
OTHER	$ 3,102.72					$ 3,102.72
NATIONAL FARM LIFE	$ 1,256.63					$ 1,256.63
MED SURCHARGE	$ 255.00					$ 255.00
Blank						$ -
RELAY						$ -
REPAY						$ -
STONEDF	$ 895.00					$ 895.00
STONE						$ -
STONE 2						$ -
STUDEN						$ -
TSA-R	$ 35,738.38					$ 35,738.38
UW/HOS	$ -					$ -
TOTAL DEDUCTIONS:	$ 159,715.55	$ -	$ -	$ -	$ -	$ 159,715.55
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$ 363,131.39	$ -	$ -	$ -	$ -	$ 363,131.39
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFÉ 125 PLAN:	$ 37,074.60	**Less Exempt:**				
TAXABLE PAY:	$ 485,772.34	$ 466,176.50				

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 7,043.70		
FICA - MED (EE)	1.45%	$ 7,043.70	$ 7,043.74	$ (0.04)
FICA - SOC SEC (ER)	6.20%	$ 28,902.94		
FICA - SOC SEC (EE)	6.20%	$ 28,902.94	$ 28,903.01	$ (0.07)
FED WITHHOLDING		$ 38,480.24	$ 38,480.24	
TAX DEPOSIT:		$ 110,373.52	$ 110,373.74	
FICA - MEDICARE	2.90%	$ 14,087.40	$14,087.48	
FICA - SOCIAL SECURITY	12.40%	$ 57,805.88	$57,806.02	**PREPARED BY:** Sariah Rubio
FED WITHHOLDING		$ 38,480.24	$38,480.24	**PREPARED DATE:** 12/16/2024
TOTAL TAX:		$ 110,373.52	$110,373.74	$ (0.22)

Exempt Amt:	
Employees over FICA-SS Cap:	
Shanna O'Donnell	$ 5,653.17
Erin Clevenger	$ 7,442.44
Steve Brock	$ 6,500.23
Paycode S - Employee Reimb.:	
TOTAL:	$ 19,595.84

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WB	HO	CB	Gross
1	REGULAR PAY-S1	9504.00	N		N	N		224424.02
1	REGULAR PAY-S1	1797.75	N		N	N	N	84898.45
1	REGULAR PAY-S1	279.50	Y		N	N		9628.89
1	REGULAR PAY-S1	4.00	Y		N	N	N	187.44
2	REGULAR PAY-S2	2430.50	N		N	N		68159.28
2	REGULAR PAY-S2	102.00	Y		N	N		3841.65
3	REGULAR PAY-S3	1448.50	N		N	N		50142.53
3	REGULAR PAY-S3	180.00	Y		N	N		8505.16
4	CALL BACK PAY	18.00	N	1	N	N	Y	977.78
4	CALL BACK PAY	4.00	N	2	N	N	Y	178.72
C	CALL PAY	2360.50	N	1	N	N		4721.00
D	DOUBLE TIME	14.00	N	1	N	N		515.80
D	DOUBLE TIME	22.25	N	2	N	N		1924.42
D	DOUBLE TIME	48.00	N	3	N	N		4234.81
E	EXTRA WAGES		N		N	N	N	-207.83
E	EXTRA WAGES		N	1	N	N	N	1501.25
F	FUNERAL LEAVE	72.00	N	1	N	N		2246.64
J	JURY LEAVE	40.00	N	1	N	N		1400.00
K	EXTENDED-ILLNESS-BANK	1.00	N		N	N	N	29.83
K	EXTENDED-ILLNESS-BANK	250.00	N	1	N	N		6687.92
P	PAID-TIME-OFF	162.00	N		N	N	N	3790.37
P	PAID-TIME-OFF	1559.50	N	1	N	N		44198.99
X	CALL PAY 2	226.00	N	1	N	N		452.00
Y	YMCA/CURVES		N		N	N	N	15.00
Z	CALL PAY 3	96.00	N	1	N	N		288.00
p	PAID TIME OFF - PROBATION	6.00	N	1	N	N		194.82

Deductions Summary

Code	Amount	Code	Amount	Code	Amount
A/R	300.00	A/R2		A/R3	
ADVANC		AWARDS		BCBSVI	
BOOTS		CAFE H		CAFE-1	
CAFE-2		CAFE-3		CAFE-4	
CAFE-5		CAFE-C		CAFE-D	1205.36
CAFE-F		CAFE-H	29528.30	CAFE-I	
CAFE-L		CAFE-P		CANCER	
CHILD	570.69	CLINIC	200.00	COMBIN	250.86
CREDUN		DD ADV		DENTAL	
DEP-LF		DIS-LF		EAT	
EATCSH		FEDTAX	38480.24	FICA-M	7043.74
FICA-O	28903.01	FIRSTC		FLEX S	3912.10
FLX FE		FORT D		FUTA	
GIFT S	345.36	GRANT		GRP-IN	
GTL		HOSP-I		HSA	706.16
ID TFT		IRSTAX		LEAF	
LEGAL	366.60	MASA	805.00	MEALS	3102.72
METVIS		MISC		MISC/	
MMCSHR		MOOACC	683.38	MOOILL	970.93
MOOIND	478.50	MOOLIF	1225.15	MOOSTD	1664.76
MOOVIS	827.68	NATFML	1256.63	OTHER	
PHI		PHI***		PR FIN	
RELAY		REPAY		SAMS	
SCRUBS		SIGNON		ST-TX	
STONDF	895.00	STONE		STONE2	
STUDEN		SUNACC		SUNILL	
SUNIND		SUNLIF		SUNSTD	
SUNVIS		SURCHG	255.00	TSA-1	
TSA-2		TSA-C		TSA-P	
TSA-R	35738.38	TUTION		UNIFOR	
UW/HOS					

Grand Totals: 20625.50 ------- (Gross: 522846.94 Deductions: 159715.55 Net: 363131.39

Checks Count:- FT 201 PT 14 Other 42 Female 229 Male 27 Credit OverAmt 11 ZeroNet Term Total: 256

CHKNO	GRPNO	LOCNO	EMPNO	DEPNO	CLMPRE	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYTO	CVSCD	CVSTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUDT	PRVNO
3593	76351	1	1	0	2024	340001272	0	12/9/2024	$61,216.74	1	TRUESCRIPTS MANAGEMENT SERVICE LLC	P	517	0			PCS	F	11/18/2024	12/1/2024	464334244
3595	76351	3	38	0	2024	327001283	0	12/9/2024	$11,740.00	1	UT PHYSICIANS	P	179	0			SI	F	11/14/2024	11/14/2024	760459500
3597	76351	3	38	0	2024	324000742	0	12/9/2024	$13.34	1	UT PHYSICIANS	P	183	0			RAD	F	11/14/2024	11/14/2024	760459500
3598	76351	3	35	1	2024	323001302	0	12/9/2024	$13.79	1	SINGLETON ASSOCIATES PA	P	183	0			RAD	F	9/12/2024	9/12/2024	741680498
3599	76351	3	8	0	2024	330001557	0	12/9/2024	$20.37	1	CLINICAL PATHOLOGY LABS, INC	P	172	0			AB	F	10/14/2024	10/14/2024	742554159
3602	76351	3	31	0	2024	324000735	0	12/9/2024	$71.56	1	TMH PHYSICIAN ASSOCIATES, PLLC	P	457	0			OVS	F	9/10/2024	9/10/2024	300520570
3603	76351	3	31	0	2024	324000764	0	12/9/2024	$71.56	1	TMH PHYSICIAN ASSOCIATES, PLLC	P	457	0			OVS	F	8/6/2024	8/6/2024	300520570
3604	76351	3	47	0	2024	324000740	0	12/9/2024	$72.62	1	VICTORIA WOMENS CLINIC ASSOCIATES	P	180	0			XRDR	F	11/12/2024	11/12/2024	741831291
3607	76351	3	4	0	2024	323001369	0	12/9/2024	$83.52	1	SINGLETON ASSOCIATES PA	P	172	0			AB	F	11/6/2024	11/6/2024	741680498
3610	76351	3	8	0	2024	327001346	0	12/9/2024	$97.68	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0			OV	F	11/18/2024	11/18/2024	742605670
3612	76351	3	57	2	2024	327001307	0	12/9/2024	$146.58	1	MINUTECLINIC, LOCATED INSIDE CVS	P	177	0			OV	F	11/17/2024	11/17/2024	204768243
3613	76351	3	65	1	2024	326000898	0	12/9/2024	$153.60	1	VICTORIA EMERGENCY PARTNERS	P	189	0			ERD	F	11/12/2024	11/12/2024	455637445
3614	76351	3	43	0	2024	326000911	0	12/9/2024	$185.48	1	HOUSTON CARDIOVASCULAR ASSOC INC	P	455	0			INJ	F	11/4/2024	11/4/2024	741941710
3627	76351	3	38	0	2024	327001311	0	12/9/2024	$1,596.64	1	UT PHYSICIANS	P	424	0			TI	F	11/14/2024	11/14/2024	760459500
3631	76360	2	72	0	2024	323001299	0	12/9/2024	$24.54	1	SINGLETON ASSOCIATES PA	P	183	0			RAD	F	9/12/2024	9/12/2024	741680498
3632	76360	2	36	0	2024	326000890	0	12/9/2024	$26.38	1	MEHRAN A NEZHAD MD	P	177	0			OV	F	11/18/2024	11/18/2024	742929415
3635	76360	3	14	0	2024	323001367	0	12/9/2024	$12.07	1	SINGLETON ASSOCIATES PA	P	181	0			XRAY	F	11/4/2024	11/4/2024	741680498
3636	76360	3	31	0	2024	326000918	0	12/9/2024	$12.07	1	SINGLETON ASSOCIATES PA	P	181	0			XRAY	F	11/8/2024	11/8/2024	741680498
3637	76360	3	82	0	2024	324000766	0	12/9/2024	$13.79	1	SINGLETON ASSOCIATES PA	P	181	0			XRAY	F	11/6/2024	11/6/2024	741680498
3638	76360	3	82	0	2024	326000916	0	12/9/2024	$13.81	1	SINGLETON ASSOCIATES PA	P	181	0			XRAY	F	11/6/2024	11/6/2024	741680498
3639	76360	3	43	1	2024	325000860	0	12/9/2024	$29.10	1	KHIEM VU DO PA	P	177	0			OV	F	8/22/2024	8/22/2024	451261253
3640	76360	3	58	0	2024	326000851	0	12/9/2024	$42.62	1	SINGLETON ASSOCIATES PA	P	603	0			US	F	11/8/2024	11/8/2024	741680498
3645	76360	3	28	0	2024	332001294	0	12/9/2024	$51.79	1	OAKBEND MEDICAL CENTER	P	186	0			HLAB	F	10/21/2024	10/21/2024	760339462
3646	76360	3	94	0	2024	327001293	0	12/9/2024	$59.94	1	AYO ADU, MD PLLC	P	177	0			OV	F	11/20/2024	11/20/2024	273335355
3652	76360	3	107	1	2024	324000760	0	12/9/2024	$116.49	1	RETINA CONSULTANTS OF HOUSTON	P	457	0			OVS	F	11/11/2024	11/11/2024	742109903
3655	76360	3	33	0	2024	327001343	0	12/9/2024	$139.20	1	SINGLETON ASSOCIATES PA	P	181	0			XRAY	F	11/11/2024	11/11/2024	741680498
3656	76360	3	28	0	2024	325000847	0	12/9/2024	$172.35	1	TMH PHYSICIAN ASSOCIATES, PLLC	P	177	0			OV	F	11/18/2024	11/18/2024	300520570
3667	76360	3	24	0	2024	324000759	0	12/9/2024	$1,251.98	1	VICTORIA HEART VASCULAR CENTER	P	484	0			ODXS	F	10/24/2024	10/24/2024	562284144
3674	76360	3	28	0	2024	323001338	0	12/9/2024	$2,494.20	1	HOUSTON METHODIST SUGAR LAND HOSPITAL	P	321	0			MRID	F	7/31/2024	7/31/2024	760545192
									$79,943.81												

APPROVED ON

DEC 16 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Dec 9, 2024 - Dec 15, 2024

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten Check" #
12/13/2024	PAY PLUS ACHTrans 47514575 101000693940065 P	- 3rd Party Payor Fee	60.77	901474
12/13/2024	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	826.95 *	55065
12/12/2024	PAY PLUS ACHTrans 47307110 101000692519778 P	- 3rd Party Payor Fee	184.85	90147
12/11/2024	WIRE OUT HEALTHEQUITY	-Wageworks	9,347.64 *	80063
12/11/2024	STATE COMPTRLR TEXNET 08475542/41210 2100002	UC DY9 REDISTRIBUTION PYMT	594.20	11009
12/11/2024	STATE COMPTRLR TEXNET 08475160/41210 2100002	-QIPP Y8 IGT	1,309,828.35 ***	11009
12/11/2024	PAY PLUS ACHTrans 47164645 101000691234810 P	- 3rd Party Payor Fee	40.85	90147
12/10/2024	PAY PLUS ACHTrans 46985771 101000699994598 P	- 3rd Party Payor Fee	2.01	90148
12/10/2024	MCKESSON DRUG AUTO ACH ACH06298539 910000155	- 340B Drug Program Expense	1,366.86 *	55065
12/10/2024	TSYS/TRANSFIRST MERCH FEES 39300982541616 61	- Credit Card Processing Fee	1,505.17	90148
12/10/2024	TSYS/TRANSFIRST MERCH FEES 41399801332419 61	- Credit Card Processing Fee	202.22	90148
12/10/2024	TSYS/TRANSFIRST MERCH FEES 41399801332401 61	- Credit Card Processing Fee	1,086.96	90148
12/10/2024	TSYS/TRANSFIRST MERCH FEES 41399801332393 61	- Credit Card Processing Fee	2,328.97	90148
12/10/2024	TSYS/TRANSFIRST MERCH FEES 41399801332385 61	- Credit Card Processing Fee	266.30	90148
12/10/2024	TSYS/TRANSFIRST MERCH FEES 41399801368397 61	- Credit Card Processing Fee	230.36	90148
12/9/2024	PAY PLUS ACHTrans 46675947 101000698587566 P	- 3rd Party Payor Fee	317.31	90148
12/9/2024	IRS USATAXPYMT 270474485427074 6103601000677	- Payroll Taxes	121,166.95 **	80063
			1,449,356.72	

60.77 +
184.85 +
40.85 + pay plus
2.01 +
317.31 +
605.79 ◊
594.20 + St. UC pay comp.
594.20 ◊
1,505.17 + Proc. Fees
202.22 +
1,086.96 +
2,328.97 +
266.30 +
230.36 +
5,619.98 ◊

* Approved on 12.11.24 cc
** Approved on 12.04.24 cc
*** Approved on 11.27.24 cc

Steve Brock, CFO
Memorial Medical Center
December 9, 2024

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
			0.00

1,449,356.72 +
826.95 -
9,347.64 -
1,309,828.35 -
1,366.86 -
121,166.95 -
6,819.97 ◊
6,819.97 -
0.00 ◊

605.79 +
594.20 +
5,619.98 +
6,819.97 ◊
0.0

Steve Brock, CFO
Memorial Medical Center
December 9, 2024

APPROVED ON
DEC 16 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Plan	Start Date	EE Per Pay Cost	ER Per Pay Cost
2024 Heath Equity Health Savings Account	1/1/2024	$0.00	$25.00
2024 Heath Equity Health Savings Account	1/1/2024	$100.00	$25.00
2024 Heath Equity Health Savings Account	1/1/2024	$147.91	$25.00
2024 Heath Equity Health Savings Account	7/1/2024	$0.00	$25.00
2024 Heath Equity Health Savings Account	10/1/2024	$25.00	$25.00
2024 Heath Equity Health Savings Account	1/1/2024	$60.00	$25.00
2024 Heath Equity Health Savings Account	1/1/2024	$10.00	$25.00
2024 Heath Equity Health Savings Account	1/1/2024	$0.00	$25.00
2024 Heath Equity Health Savings Account	1/1/2024	$0.00	$25.00
2024 Heath Equity Health Savings Account	1/1/2024	$0.00	$25.00
2024 Heath Equity Health Savings Account	1/1/2024	$25.00	$25.00
2024 Heath Equity Health Savings Account	1/1/2024	$0.00	$25.00
2024 Heath Equity Health Savings Account	8/1/2024	$0.00	$25.00
2024 Heath Equity Health Savings Account	1/1/2024	$0.00	$25.00
2024 Heath Equity Health Savings Account	2/1/2024	$163.25	$25.00
2024 Heath Equity Health Savings Account	10/1/2024	$0.00	$25.00
2024 Heath Equity Health Savings Account	1/1/2024	$50.00	$25.00
2024 Heath Equity Health Savings Account	2/1/2024	$0.00	$25.00
2024 Heath Equity Health Savings Account	1/1/2024	$100.00	$25.00
2024 Heath Equity Health Savings Account	1/1/2024	$0.00	$25.00
2024 Heath Equity Health Savings Account	1/1/2024	$0.00	$25.00
2024 Heath Equity Health Savings Account	9/1/2024	$0.00	$25.00
2024 Heath Equity Health Savings Account	1/1/2024	$25.00	$25.00
2024 Heath Equity Health Savings Account	7/1/2024	$0.00	$25.00
2024 Heath Equity Health Savings Account	1/1/2024	$0.00	$25.00
2024 Heath Equity Health Savings Account	2/1/2024	$0.00	$25.00
		$706.16	$650.00
	Total	$1,356.16	

RECEIVED BY THE
COUNTY AUDITOR ON

DEC 12 2024

CALHOUN COUNTY, TEXAS

12/12/2024
11:25

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 12/28/2024

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
120324		12/12/202	12/03/202	12/28/202			5,478.48	0.00	0.00	5,478.48
	TRANSFER ins. pmt. dep. into mmc apt. in error									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11816	ASHFORD GARDENS	5,478.48	0.00	0.00	5,478.48

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	5,478.48	0.00	0.00	5,478.48

APPROVED ON

DEC 12 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 206988

RECEIVED BY THE
COUNTY AUDITOR ON

DEC 12 2024

CALHOUN COUNTY, TEXAS

12/12/2024
11:23

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 12/28/2024

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11820	FORTBEND HEALTHCARE CENTER		

	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	120324		12/12/202	12/03/202	12/28/202			11,685.01	0.00	0.00	11,685.01
		TRANSFER ins. pmt. dep. into mmc opt in error									
	120424		12/12/202	12/04/202	12/28/202			23.58	0.00	0.00	23.58
		TRANSFER "							"		
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11820	FORTBEND HEALTHCARE CENTER					11,708.59	0.00	0.00	11,708.59

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	11,708.59	0.00	0.00	11,708.59

APPROVED ON

DEC 12 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Check 206991

RECEIVED BY THE
COUNTY AUDITOR ON

DEC 12 2024

CALHOUN COUNTY, TEXAS

12/12/2024
14:04

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 12/28/2024

0
ap_open_invoice.template

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
112924BA		12/12/202	11/29/202	12/28/202			4,896.00	0.00	0.00	4,896.00
120324	ins.pmt.dep.into mmc opt. in error	12/12/202	12/03/202	12/28/202			9,312.54	0.00	0.00	9,312.54
	TRANSFER									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11832	BROADMOOR AT CREEKSIDE PARK	14,208.54	0.00	0.00	14,208.54

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	14,208.54	0.00	0.00	14,208.54

APPROVED ON

DEC 12 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 206990

RECEIVED BY THE
COUNTY AUDITOR ON

DEC 12 2024

CALHOUN COUNTY, TEXAS

12/12/2024 MEMORIAL MEDICAL CENTER 0
11:26 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 12/28/2024

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
	120324		12/12/202	12/03/202	12/28/202			7,542.04	0.00	0.00	7,542.04
		TRANSFER ins. pmt. adv. into mmc opt. in error									
	120324A		12/12/202	12/03/202	12/28/202			912.00	0.00	0.00	912.00
		TRANSFER									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11824	THE CRESCENT					8,454.04	0.00	0.00	8,454.04

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	8,454.04	0.00	0.00	8,454.04

APPROVED ON

DEC 12 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 206993

RECEIVED BY THE COUNTY AUDITOR ON

DEC 12 2024

CALHOUN COUNTY, TEXAS

12/12/2024 MEMORIAL MEDICAL CENTER 0

11:27 AP Open Invoice List ap_open_invoice.template

Due Dates Through: 12/28/2024

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
112924BA		11/30/202	11/29/202	12/28/202			4,896.00	0.00	0.00	4,896.00
120424	TRANSFER	12/12/202	12/04/202	12/28/202			2,583.44	0.00	0.00	2,583.44

removed - no invoice / chk req.

ins. pmt dep. into mmc opt in error

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	7,479.44	0.00	0.00	7,479.44

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	7,479.44	0.00	0.00	7,479.44

APPROVED ON

DEC 12 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 206923

RECEIVED BY THE
COUNTY AUDITOR ON

DEC 12 2024

CALHOUN COUNTY, TEXAS

12/12/2024 MEMORIAL MEDICAL CENTER 0
11:24 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 12/28/2024

Vendor#	Vendor Name	Class	Pay Code
13004	TUSCANY VILLAGE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
120224A		12/12/202	12/02/202	12/28/202			7,575.00	0.00	0.00	7,575.00
	TRANSFER ins.pmt.dep.into mmcopt.in error									
120224		12/12/202	12/02/202	12/28/202			1,010.00	0.00	0.00	1,010.00
	TRANSFER									
120324		12/12/202	12/03/202	12/28/202			1,066.44	0.00	0.00	1,066.44
	TRANSFER									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	9,651.44	0.00	0.00	9,651.44

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	9,651.44	0.00	0.00	9,651.44

APPROVED ON

DEC 12 2024

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Chk# 206494

RECEIVED BY THE COUNTY AUDITOR ON

DEC 12 2024

CALHOUN COUNTY, TEXAS

12/12/2024 MEMORIAL MEDICAL CENTER 0
11:26 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 12/28/2024

Vendor# Vendor Name Class Pay Code

12792 BETHANY SENIOR LIVING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
120224		12/12/202	12/02/202	12/28/202			668.46	0.00	0.00	668.46
	TRANSFER ins.pmt dep. into mmc opt. in error									
120224A		12/12/202	12/02/202	12/28/202			96.42	0.00	0.00	96.42
	TRANSFER "							"		
120324A		12/12/202	12/03/202	12/28/202			1,350.90	0.00	0.00	1,350.90
	TRANSFER "							"		
120324B		12/12/202	12/03/202	12/28/202			8,617.04	0.00	0.00	8,617.04
	TRANSFER "							"		
120324		12/12/202	12/03/202	12/28/202			397.22	0.00	0.00	397.22
	TRANSFER "							"		
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	12792	BETHANY SENIOR LIVING					11,130.04	0.00	0.00	11,130.04

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	11,130.04	0.00	0.00	11,130.04

APPROVED ON

DEC 12 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 2069189

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
12/16/2024

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		123,466.71	122,995.24	66,862.91			67,334.38	**66,772.17**
						Bank Balance	67,334.38	
						Variance	-	
						Leave in Balance	100.00	

Routing Information for Ashford Gardens:

Ashford Health Care Center Ltd Co
JP Morgan Chase Bank

						Oct Interest	261.76	
						Nov Interest	200.45	
						Dec Interest		
						Adjust Balance/Transfer Amt	**66,772.17**	
Broadmoor		86,474.88	85,937.53	179,396.11		-	179,933.46	**179,396.11**
						Bank Balance	179,933.46	
						Variance	-	
						Leave in Balance	100.00	
						Oct Interest	224.43	
						Nov Interest	212.92	
						Dec Interest		
						Adjust Balance/Transfer Amt	**179,396.11**	
Crescent		98,625.61	97,916.37	130,185.86			130,895.10	**119,410.18**
						Bank Balance	130,895.10	
						Variance	-	
						Leave in Balance	100.00	
						Claim pymt owed to Tuscany	10,500.00	
						Claim pymt owed to MMC	275.68	
						Oct Interest	301.56	
						Nov Interest	307.68	
						Dec Interest		
						Adjust Balance/Transfer Amt	**119,410.18**	
Fort Bend		54,065.23	53,809.19	11,736.92			11,992.96	**11,736.92**
						Bank Balance	11,992.96	
						Variance	-	
						Leave in Balance	100.00	
						Oct Interest	99.67	
						Nov Interest	56.37	
						Dec Interest		
						Adjust Balance/Transfer Amt	**11,736.92**	
Solera at W Houst	I	108,302.51	107,832.74	18,078.42			18,548.19	**17,988.59**
						Bank Balance	18,548.19	
						Variance	-	
						Leave in Balance	100.00	
						Oct Interest	282.48	
						Nov Interest	177.12	
						Dec Interest		
						Adjust Balance/Transfer Amt	**17,988.59**	

66,772.17 +
179,396.11 +
119,410.18 +
11,736.92 +
17,988.59 +
395,303.97 ◊

West Houston / Fort Bend / Broadmoor

TOTAL TRANSFERS	**395,303.97**

Approved:
Steve Brock, CFO — 12/16/2024

APPROVED ON
DEC 16 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

Ashford Gardens

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
12/13/2024	Enhanced Analysis Ch	90.74	-					-	-
12/13/2024	HNB - ECHO HCCLAIMPMT 746003411 440000246946	-	148.63					-	148.63
12/13/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	2,880.00					-	2,880.00
12/12/2024	Deposit	-	23,051.04					-	23,051.04
12/12/2024	MANAGEANDNET1718 MNS PMNT 000000000000093 41	-	2,030.00					-	2,030.00
12/12/2024	HNB - ECHO HCCLAIMPMT 746003411 440000202079	-	23,809.85					-	23,809.85
12/12/2024	HNB - ECHO HCCLAIMPMT 746003411 440000201949	-	2,756.63					-	2,756.63
12/12/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	11,310.00					-	11,310.00
12/11/2024	WIRE OUT ASHFORD HEALTH CARE CENTER LTD	122,904.50	-					-	-
12/10/2024	HNB - ECHO HCCLAIMPMT 746003411 440000219207	-	84.95					-	84.95
12/9/2024	MANAGEANDNET1718 MNS PMNT 000000000000093 41	-	370.00					-	370.00
12/9/2024	HNB - ECHO HCCLAIMPMT 746003411 440000262074	-	421.81					-	421.81
								-	-
		122,995.24	66,862.91	-	-	-	-	-	66,862.91

Broadmoor

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
12/13/2024	Check 292	4,424.00	-					-	-
12/13/2024	HNB - ECHO HCCLAIMPMT 746003411 440000246800	-	1,031.55					-	1,031.55
12/13/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,984.64					-	2,984.64
12/13/2024	AARP Supplementa HCCLAIMPMT 746003411 124384	-	6,324.00					-	6,324.00
12/12/2024	Deposit	-	21,775.23					-	21,775.23
12/12/2024	HNB - ECHO HCCLAIMPMT 746003411 440000202079	-	37,302.34					-	37,302.34
12/12/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	2,020.00					-	2,020.00
12/12/2024	UHC GOVERNMENT E HCCLAIMPMT 746003411 124384	-	4,355.30					-	4,355.30
12/11/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	81,513.53	-					-	-
12/11/2024	HNB - ECHO HCCLAIMPMT 746003411 440000259652	-	537.81					-	537.81
12/11/2024	HNB - ECHO HCCLAIMPMT 746003411 440000258831	-	807.01					-	807.01
12/11/2024	HNB - ECHO HCCLAIMPMT 746003411 440000259255	-	13,529.30					-	13,529.30
12/11/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	35,908.50					-	35,908.50
12/11/2024	HUMANA INS CO HCCLAIMPMT 63958063 8300005514	-	5,580.00					-	5,580.00
12/11/2024	HUMANA CHA DISB HCCLAIMPMT 63996306 42000010	-	6,150.00					-	6,150.00
12/10/2024	MANAGEANDNET1718 MNS PMNT 000000000004293 41	-	7,023.27					-	7,023.27
12/10/2024	HNB - ECHO HCCLAIMPMT 746003411 440000219527	-	1,681.85					-	1,681.85
12/10/2024	UnitedHealthcare HCCLAIMPMT 746003411 910000	-	130.00					-	130.00
12/10/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	16,777.12					-	16,777.12
12/9/2024	HNB - ECHO HCCLAIMPMT 746003411 440000262076	-	4,949.50					-	4,949.50
12/9/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	8,886.40					-	8,886.40
12/9/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,642.29					-	1,642.29
								-	-
		85,937.53	179,396.11	-	-	-	-	-	179,396.11

Crescent

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
12/13/2024	HNB - ECHO HCCLAIMPMT 746003411 440000246583	-	451.83					-	451.83
12/13/2024	HNB - ECHO HCCLAIMPMT 746003411 440000246800	-	4,993.23					-	4,993.23
12/13/2024	DEVOTED HEALTH P HCCLAIMPMT 21000020677573	-	7,200.00					-	7,200.00
12/12/2024	Deposit	-	9,118.78					-	9,118.78
12/12/2024	HNB - ECHO HCCLAIMPMT 746003411 440000202079	-	26.72					-	26.72
12/11/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	97,916.37	-					-	-
12/11/2024	HNB - ECHO HCCLAIMPMT 746003411 440000258831	-	123.58					-	123.58
12/11/2024	DEVOTED HEALTH P HCCLAIMPMT 21000025947863	-	4,500.00					-	4,500.00
12/11/2024	DEVOTED HEALTH P HCCLAIMPMT 21000027286285	-	1,800.00					-	1,800.00
12/11/2024	DEVOTED HEALTH P HCCLAIMPMT 21000027286283	-	9,450.00					-	9,450.00
12/11/2024	DEVOTED HEALTH P HCCLAIMPMT 21000027286281	-	1,374.84					-	1,374.84
12/11/2024	DEVOTED HEALTH P HCCLAIMPMT 21000027286279	-	4,050.00					-	4,050.00
12/11/2024	DEVOTED HEALTH P HCCLAIMPMT 21000027286277	-	5,315.91					-	5,315.91
12/11/2024	DEVOTED HEALTH P HCCLAIMPMT 21000027286275	-	10,500.00					-	10,500.00
12/11/2024	DEVOTED HEALTH P HCCLAIMPMT 21000027286273	-	6,681.00					-	6,681.00
12/11/2024	DEVOTED HEALTH P HCCLAIMPMT 21000027286271	-	39,016.20					-	39,016.20
12/11/2024	DEVOTED HEALTH P HCCLAIMPMT 21000027284806	-	4,851.00					-	4,851.00
12/10/2024	NOVITAS SOLUTION HCCLAIMPMT 676323 420000195	-	16,714.36					-	16,714.36
12/9/2024	HNB - ECHO HCCLAIMPMT 746003411 440000262074	-	4,018.41					-	4,018.41
								-	-
		97,916.37	130,185.86	-	-	-	-	-	130,185.86

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
12/12/2024	HNB - ECHO HCCLAIMPMT 746003411 440000202079	-	50.10					-	50.10
12/12/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	11,180.00					-	11,180.00
12/11/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	53,809.19	-					-	-
12/11/2024	HNB - ECHO HCCLAIMPMT 746003411 440000258831	-	76.82					-	76.82
12/11/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	430.00					-	430.00
								-	-
		53,809.19	11,736.92	-	-	-	-	-	11,736.92

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
12/13/2024	Enhanced Analysis Ch	89.83	-					-	-
12/12/2024	Deposit	-	408.00					-	408.00
12/12/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	180.00					-	180.00
12/11/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	107,742.91	-					-	-
12/11/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	900.00					-	900.00
12/11/2024	HUMANA INS CO HCCLAIMPMT 63960378 8300005514	-	3,255.00					-	3,255.00
12/10/2024	NOVITAS SOLUTION HCCLAIMPMT 676310 420000195	-	4,385.15					-	4,385.15
12/9/2024	HNB - ECHO HCCLAIMPMT 746003411 440000262074	-	8,550.39					-	8,550.39
12/9/2024	HNB - ECHO HCCLAIMPMT 746003411 440000262486	-	399.88					-	399.88
								-	-
		107,832.74	18,078.42	-	-	-	-	-	18,078.42

TOTALS

	406,260.22	-	-	-	-	-		406,260.22

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,659,815.62	$2,604,122.92	$2,659,815.62	$2,511,754.00
*4365 MMC - CLINIC SERIES 2014	$548.64	$548.64	$548.64	$548.64
*4373 MMC - PRIVATE WAIVER CLEARING	$441.68	$441.68	$441.68	$441.68
*4381 MEMORIAL MEDICAL / NH ASHFORD	$67,334.38	$83,068.16	$67,334.38	$64,396.49
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$179,933.46	$179,933.46	$179,933.46	$174,017.27
*4411 MEMORIAL MEDICAL / NH CRESCENT	$130,895.10	$130,921.82	$130,895.10	$118,250.04
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$18,548.19	$24,049.79	$18,548.19	$18,638.02
*4446 MEMORIAL MEDICAL / NH FORT BEND	$11,992.96	$17,713.22	$11,992.96	$11,992.96
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$115,144.24	$124,762.13	$115,144.24	$115,144.24
*4551 CAL CO INDIGENT HEALTHCARE	$5,494.12	$5,494.12	$5,494.12	$5,494.12
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$3,303.75	$3,303.75	$3,303.75	$3,303.75
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$4,640.82	$4,640.82	$4,640.82	$844.05
*5506 MMC -NH BETHANY SENIOR LIVING	$129,636.76	$131,628.16	$129,636.76	$124,611.40
*3407 MMC -NH TUSCANY VILLAGE	$110,502.66	$131,402.47	$110,502.66	$90,156.67
*3660 MMC -BETHANY SR LIVING - DACA	$0.00	$0.00	$0.00	$0.00
*2998 MMC -MONEY MARKET FUND	$1,055,380.38	$1,055,380.38	$1,055,380.38	$1,055,380.38
*7168 MEMORIAL MEDICAL CENTER - LOCKBOX MONEY MKT	$100.00	$100.00	$100.00	$100.00
Total Balance	**$4,493,712.76**	**$4,497,511.52**	**$4,493,712.76**	**$4,295,073.71**

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
12/16/2024

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		110,853.18	110,410.46	114,701.52		-	115,144.24	114,336.99
						Bank Balance	115,144.24	
						Variance	-	
						Leave in Balance	100.00	
						Claim Payment owed to MMC	63.66	
						Claim Payment owed to MMC	364.53	
						Oct Interest	155.49	
						Nov Interest	123.57	
						Dec Interest		
						Adjust Balance/Transfer Amt	114,336.99	

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 12/16/2024

APPROVED ON
DEC 16 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
12/12/2024	Deposit	-	99,105.45					-	99,105.45
12/12/2024	AETNA AS01 HCCLAIMPMT 1588075964 51000016652	-	4,550.00					-	4,550.00
12/11/2024	WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	110,410.46	-					-	-
12/11/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001376	-	1,794.63					-	1,794.63
12/10/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001384	-	1,255.29					-	1,255.29
12/9/2024	TSYS/TRANSFIRST CR CD DEP 543684555876917 43	-	6,365.00					-	6,365.00
12/9/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2	-	1,631.15					-	1,631.15
								-	-
		110,410.46	114,701.52	-	-	-	-	-	114,701.52

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,659,815.62	$2,604,122.92	$2,659,815.62	$2,511,754.00
*4365 MMC - CLINIC SERIES 2014	$548.64	$548.64	$548.64	$548.64
*4373 MMC - PRIVATE WAIVER CLEARING	$441.68	$441.68	$441.68	$441.68
*4381 MEMORIAL MEDICAL / NH ASHFORD	$67,334.38	$83,068.16	$67,334.38	$64,396.49
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$179,933.46	$179,933.46	$179,933.46	$174,017.27
*4411 MEMORIAL MEDICAL / NH CRESCENT	$130,895.10	$130,921.82	$130,895.10	$118,250.04
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$18,548.19	$24,049.79	$18,548.19	$18,638.02
*4446 MEMORIAL MEDICAL / NH FORT BEND	$11,992.96	$17,713.22	$11,992.96	$11,992.96
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$115,144.24	$124,762.13	$115,144.24	$115,144.24
*4551 CAL CO INDIGENT HEALTHCARE	$5,494.12	$5,494.12	$5,494.12	$5,494.12
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$3,303.75	$3,303.75	$3,303.75	$3,303.75
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$4,640.82	$4,640.82	$4,640.82	$844.05
*5506 MMC -NH BETHANY SENIOR LIVING	$129,636.76	$131,628.16	$129,636.76	$124,611.40
*3407 MMC -NH TUSCANY VILLAGE	$110,502.66	$131,402.47	$110,502.66	$90,156.67
*3660 MMC -BETHANY SR LIVING - DACA	$0.00	$0.00	$0.00	$0.00
*2998 MMC -MONEY MARKET FUND	$1,055,380.38	$1,055,380.38	$1,055,380.38	$1,055,380.38
*7168 MEMORIAL MEDICAL CENTER - LOCKBOX MONEY MKT	$100.00	$100.00	$100.00	$100.00
Total Balance	**$4,493,712.76**	**$4,497,511.52**	**$4,493,712.76**	**$4,295,073.71**

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
12/16/2024

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza- Private Pay		2,418.34	-	885.41			-	3,303.75	no transfer
							Bank Balance	3,303.75	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	3,203.75	

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		29,884.30	29,784.30	4,540.82		-	-	4,640.82	-
							Bank Balance	4,640.82	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	4,540.82	
						TOTAL TRANSFERS		7,744.57	

Routing Information for Gulf Pointe Plaza:

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

Approved:
Steve Brock, CFO 12/16/2024

APPROVED ON
DEC 16 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
12/10/2024 HNB - ECHO HCCLAIMPMT 746003411 440000219207	-	885.41					-	885.41
							-	-
							-	-
							-	-
							-	-
	-	885.41	-	-	-	-	-	885.41

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
12/13/2024 MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	3,796.77					-	3,796.77
12/11/2024 WIRE OUT HMG Rockport SNF, LP - Commerical	29,784.30	-					-	-
12/11/2024 MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	744.05					-	744.05
							-	-
	29,784.30	4,540.82	-	-	-	-	-	4,540.82
	29,784.30	5,426.23	-	-	-	-	-	5,426.23

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,659,815.62	$2,604,122.92	$2,659,815.62	$2,511,754.00
*4365 MMC - CLINIC SERIES 2014	$548.64	$548.64	$548.64	$548.64
*4373 MMC - PRIVATE WAIVER CLEARING	$441.68	$441.68	$441.68	$441.68
*4381 MEMORIAL MEDICAL / NH ASHFORD	$67,334.38	$83,068.16	$67,334.38	$64,396.49
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$179,933.46	$179,933.46	$179,933.46	$174,017.27
*4411 MEMORIAL MEDICAL / NH CRESCENT	$130,895.10	$130,921.82	$130,895.10	$118,250.04
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$18,548.19	$24,049.79	$18,548.19	$18,638.02
*4446 MEMORIAL MEDICAL / NH FORT BEND	$11,992.96	$17,713.22	$11,992.96	$11,992.96
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$115,144.24	$124,762.13	$115,144.24	$115,144.24
*4551 CAL CO INDIGENT HEALTHCARE	$5,494.12	$5,494.12	$5,494.12	$5,494.12
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$3,303.75	$3,303.75	$3,303.75	$3,303.75
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$4,640.82	$4,640.82	$4,640.82	$844.05
*5506 MMC -NH BETHANY SENIOR LIVING	$129,636.76	$131,628.16	$129,636.76	$124,611.40
*3407 MMC -NH TUSCANY VILLAGE	$110,502.66	$131,402.47	$110,502.66	$90,156.67
*3660 MMC -BETHANY SR LIVING - DACA	$0.00	$0.00	$0.00	$0.00
*2998 MMC -MONEY MARKET FUND	$1,055,380.38	$1,055,380.38	$1,055,380.38	$1,055,380.38
*7168 MEMORIAL MEDICAL CENTER - LOCKBOX MONEY MKT	$100.00	$100.00	$100.00	$100.00
Total Balance	**$4,493,712.76**	**$4,497,511.52**	**$4,493,712.76**	**$4,295,073.71**

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
12/16/2024

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		222,173.87	213,522.07	101,850.86	-	-	-	110,502.66	110,402.66
							Bank Balance	110,502.66	
							Variance	-	
							Leave in Balance	100.00	

Adjust Balance/Transfer Amt 110,402.66

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 12/16/2024

APPROVED ON
DEC 16 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
12/13/2024	Deposit	-	4,424.00					-	4,424.00
12/13/2024	HNB - ECHO HCCLAIMPMT 746003411 440000246583	-	15,873.56					-	15,873.56
12/13/2024	HNB - ECHO HCCLAIMPMT 746003411 440000246800	-	48.43					-	48.43
12/12/2024	Deposit	-	5,614.08					-	5,614.08
12/12/2024	Deposit	-	32,727.10					-	32,727.10
12/12/2024	HNB - ECHO HCCLAIMPMT 746003411 440000202079	-	27,894.54					-	27,894.54
12/11/2024	WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	213,522.07	-					-	-
12/11/2024	HNB - ECHO HCCLAIMPMT 746003411 440000258831	-	238.81					-	238.81
12/9/2024	Deposit	-	1,836.00					-	1,836.00
12/9/2024	HNB - ECHO HCCLAIMPMT 746003411 440000262076	-	282.35					-	282.35
12/9/2024	NOVITAS SOLUTION HCCLAIMPMT 676201 420000149	-	12,911.99					-	12,911.99
								-	-
		213,522.07	**101,850.86**	-	-	-	-	-	**101,850.86**

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,659,815.62	$2,604,122.92	$2,659,815.62	$2,511,754.00
*4365 MMC - CLINIC SERIES 2014	$548.64	$548.64	$548.64	$548.64
*4373 MMC - PRIVATE WAIVER CLEARING	$441.68	$441.68	$441.68	$441.68
*4381 MEMORIAL MEDICAL / NH ASHFORD	$67,334.38	$83,068.16	$67,334.38	$64,396.49
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$179,933.46	$179,933.46	$179,933.46	$174,017.27
*4411 MEMORIAL MEDICAL / NH CRESCENT	$130,895.10	$130,921.82	$130,895.10	$118,250.04
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$18,548.19	$24,049.79	$18,548.19	$18,638.02
*4446 MEMORIAL MEDICAL / NH FORT BEND	$11,992.96	$17,713.22	$11,992.96	$11,992.96
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$115,144.24	$124,762.13	$115,144.24	$115,144.24
*4551 CAL CO INDIGENT HEALTHCARE	$5,494.12	$5,494.12	$5,494.12	$5,494.12
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$3,303.75	$3,303.75	$3,303.75	$3,303.75
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$4,640.82	$4,640.82	$4,640.82	$844.05
*5506 MMC -NH BETHANY SENIOR LIVING	$129,636.76	$131,628.16	$129,636.76	$124,611.40
*3407 MMC -NH TUSCANY VILLAGE	$110,502.66	$131,402.47	$110,502.66	$90,156.67
*3660 MMC -BETHANY SR LIVING - DACA	$0.00	$0.00	$0.00	$0.00
*2998 MMC -MONEY MARKET FUND	$1,055,380.38	$1,055,380.38	$1,055,380.38	$1,055,380.38
*7168 MEMORIAL MEDICAL CENTER - LOCKBOX MONEY MKT	$100.00	$100.00	$100.00	$100.00
Total Balance	**$4,493,712.76**	**$4,497,511.52**	**$4,493,712.76**	**$4,295,073.71**

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
12/16/2024

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	[redacted]	25,067.46	24,831.95	129,401.25			-	129,636.76	129,401.25
							Bank Balance	129,636.76	
							Variance	-	
							Leave in Balance	100.00	
							Oct Interest	80.97	
							Nov Interest	54.54	
							Dec Interest		
							Adjust Balance/Transfer Amt	129,401.25	

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 12/16/2024

APPROVED ON
DEC 16 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	
12/13/2024	Deposit	-	4,145.24					-	4,145.24
12/13/2024	HOSPICE OF SOUTH Payments NF 113122650074734	-	880.12					-	880.12
12/12/2024	Deposit	-	17,594.73					-	17,594.73
12/12/2024	Deposit	-	61,743.58					-	61,743.58
12/12/2024	NOVITAS SOLUTION HCCLAIMPMT 676481 420000137	-	1,121.90					-	1,121.90
12/11/2024	WIRE OUT PORT LAVACA NH, LLC	24,831.95	-					-	-
12/11/2024	CENTENE CORP HCCLAIMPMT 53101124487519	-	2,546.58					-	2,546.58
12/10/2024	NDC SWEEP FAC K236 313169658356S0 SWEEP FR	-	23,440.27					-	23,440.27
12/10/2024	NOVITAS SOLUTION HCCLAIMPMT 676481 420000195	-	1,507.26					-	1,507.26
12/10/2024	CENTENE CORP HCCLAIMPMT 53101127917907	-	15,980.91					-	15,980.91
12/9/2024	NOVITAS SOLUTION HCCLAIMPMT 676481 420000149	-	440.66					-	440.66
								-	-
		24,831.95	129,401.25	-	-	-	-	-	129,401.25

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,659,815.62	$2,604,122.92	$2,659,815.62	$2,511,754.00
*4365 MMC - CLINIC SERIES 2014	$548.64	$548.64	$548.64	$548.64
*4373 MMC - PRIVATE WAIVER CLEARING	$441.68	$441.68	$441.68	$441.68
*4381 MEMORIAL MEDICAL / NH ASHFORD	$67,334.38	$83,068.16	$67,334.38	$64,396.49
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$179,933.46	$179,933.46	$179,933.46	$174,017.27
*4411 MEMORIAL MEDICAL / NH CRESCENT	$130,895.10	$130,921.82	$130,895.10	$118,250.04
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$18,548.19	$24,049.79	$18,548.19	$18,638.02
*4446 MEMORIAL MEDICAL / NH FORT BEND	$11,992.96	$17,713.22	$11,992.96	$11,992.96
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$115,144.24	$124,762.13	$115,144.24	$115,144.24
*4551 CAL CO INDIGENT HEALTHCARE	$5,494.12	$5,494.12	$5,494.12	$5,494.12
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$3,303.75	$3,303.75	$3,303.75	$3,303.75
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$4,640.82	$4,640.82	$4,640.82	$844.05
*5506 MMC -NH BETHANY SENIOR LIVING	$129,636.76	$131,628.16	$129,636.76	$124,611.40
*3407 MMC -NH TUSCANY VILLAGE	$110,502.66	$131,402.47	$110,502.66	$90,156.67
*3660 MMC -BETHANY SR LIVING - DACA	$0.00	$0.00	$0.00	$0.00
*2998 MMC -MONEY MARKET FUND	$1,055,380.38	$1,055,380.38	$1,055,380.38	$1,055,380.38
*7168 MEMORIAL MEDICAL CENTER - LOCKBOX MONEY MKT	$100.00	$100.00	$100.00	$100.00
Total Balance	**$4,493,712.76**	**$4,497,511.52**	**$4,493,712.76**	**$4,295,073.71**

Crescent ✓

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: MMC OPERATING ✓

Date Requested: ✓ 12/16/2024

APPROVED ON
DEC 16 2024
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS
Chk#000373

FOR ACCT USE ONLY

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

AMOUNT: $ 275.68 ✓

G/L NUMBER: 21400007

EXPLANATION: Claim pymnts owed from Crescent to MMC

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: ✓

Golden Creek

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: MMC OPERATING

Date Requested: 12/16/2024

APPROVED ON
DEC 16 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 000228

FOR ACCT USE ONLY

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

AMOUNT: $ 364.53

G/L NUMBER: 21400007

EXPLANATION: Claim pymnts owed from Golden Creek to MMC

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: TUSCANY

Date Requested: 12/16/2024

APPROVED ON
DEC 16 2024
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS
Chk# 000372

FOR ACCT USE ONLY

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

AMOUNT: $ 10,500.00

G/L NUMBER: 21400007

EXPLANATION: Claim pymnts owed from Crescent to Tuscany

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.

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

MP
000228

88-2265/1131

Date 12/19/24

PAY
TO THE ORDER OF MMC Operating $ 364.53/100

Three hundred sixty-four dollars and 53/100 DOLLARS

PROSPERITY BANK

county auditor

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

FOR Claims payment

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

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

MP
000373

Date 12/19/24 88-2265/1131

PAY
TO THE ORDER OF MMC Operating $ 275.00/100

Two hundred seventy-five dollars and 00/100 DOLLARS

PROSPERITY BANK

county auditor

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

FOR Claim payment

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

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

MP
000372

Date 12/19/24 88-2265/1131

PAY
TO THE ORDER OF Tuscany Village $ 10,500.00/100

Ten Thousand five hundred dollars and 00/100 DOLLARS

PROSPERITY BANK

county auditor

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

FOR Claims payment

Ø

RUN DATE:12/20/24 MEMORIAL MEDICAL CENTER PAGE 1
TIME:09:35 CHECK REGISTER GLCKREG
12/19/24 THRU 12/19/24

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
NHG *	000228	12/19/24	364.53	MMC OPERATING
NHC	000372	12/19/24	10,500.00	TUSCANY
NHC	000373	12/19/24	275.68	MMC OPERATING
TOTALS:			11,140.21	

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	$594.20
Bank Routing and Account Number	
Settlement Date	12/11/2024
UC Hospital Amount	$594.20
Entered By	Caitlin Clevenger