MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---February 5, 2025

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	470,117.24
TOTAL TRANSFERS BETWEEN FUNDS	$	904,584.12
TOTAL NURSING HOME UPL EXPENSES	$	1,132,900.68
TOTAL INTER-GOVERNMENT TRANSFERS	$	49,775.00
GRAND TOTAL DISBURSEMENTS APPROVED February 5, 2025	$	2,557,377.04

APPROVED

FEB 05 2025

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---February 5, 2025

PAYABLES AND PAYROLL			
1/30/2025	Weekly Payables	194,045.84	
2/3/2025	McKesson-340B Prescription Expense	2,751.69	
2/3/2025	Amerisource Bergen-340B Prescription Expense	345.95	
2/3/2025	Amerisource Bergen-340B Prescription Expense	3,992.17	
	Prosperity Electronic Bank Payments		
2/3/2025	90 Degree Benefits - employee insurance claims	77,660.00	
2/3/2025	90 Degree Benefits - employee insurance claims	104,751.38	
2/3/2025	90 Degree Benefits - employee insurance claims	26,333.57	
2/3/2025	HPHG - healh insurance premium payment	59,961.33	
2/3/2025	Pay Plus-Patient Claims Processing Fee	275.31	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 470,117.24**
TRANSFERS BETWEEN FUNDS-MMC			
2/3/2025	Transfer from Prosperity Money Market to Operating Account	800,000.00	
TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES			
1/30/2025	MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error	80,080.12	
1/30/2025	MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error	24,504.00	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 904,584.12**
NURSING HOME UPL EXPENSES			
2/3/2025	Nursing Home UPL-Cantex Transfer	705,444.01	
2/3/2025	Nursing Home UPL-Nexion Transfer	9,124.39	
2/3/2025	Nursing Home UPL-HMG Transfer	191.53	
2/3/2025	Nursing Home UPL-Tuscany Transfer	263,928.62	
2/3/2025	Nursing Home UPL-HSL Transfer	154,212.13	
TOTAL NURSING HOME UPL EXPENSES			**$ 1,132,900.68**
INTER-GOVERNMENT TRANSFERS			
2/3/2025	UC IGT	49,775.00	
TOTAL INTER-GOVERNMENT TRANSFERS			**$ 49,775.00**
GRAND TOTAL DISBURSEMENTS APPROVED February 5, 2025			**$ 2,557,377.04**

Vendor#	Vendor Name	Class	Pay Code
13180	ADVANCED STERILIZATION PRODUCT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8020812529		01/29/202	01/21/202	01/29/202			362.94	0.00	0.00	362.94

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13180	ADVANCED STERILIZATION PRODUCT	362.94	0.00	0.00	362.94

Vendor#	Vendor Name	Class	Pay Code
12232	ALCOR SCIENTIFIC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
198627		01/29/202	01/24/202	01/24/202			1,780.00	0.00	0.00	1,780.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12232	ALCOR SCIENTIFIC	1,780.00	0.00	0.00	1,780.00

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
1GHHLHKCTMKD		01/14/202	01/14/202	02/13/202			67.96	0.00	0.00	67.96

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES	67.96	0.00	0.00	67.96

Vendor#	Vendor Name	Class	Pay Code
10592	AMERICAN PROFICIENCY INSTITUTE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
715585		01/15/202	01/09/202	02/03/202			193.00	0.00	0.00	193.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10592	AMERICAN PROFICIENCY INSTITUTE	193.00	0.00	0.00	193.00

Vendor#	Vendor Name	Class	Pay Code
B1150	BAXTER HEALTHCARE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
82952919		01/23/202	10/03/202	10/28/202			361.22	0.00	0.00	361.22
83296704		01/23/202	12/17/202	01/11/202			319.71	0.00	0.00	319.71

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE	680.93	0.00	0.00	680.93

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
6011763394		01/23/202	01/02/202	01/23/202			585.16	0.00	0.00	585.16
6011769627		01/29/202	01/09/202	01/29/202			585.16	0.00	0.00	585.16

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2485	BAYER HEALTHCARE	1,170.32	0.00	0.00	1,170.32

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
111777429		01/08/202	01/03/202	01/28/202			3,841.86	0.00	0.00	3,841.86
111782319		01/15/202	01/07/202	02/01/202			1,495.20	0.00	0.00	1,495.20

111787082	01/15/202 01/08/202 02/02/202	231.19	0.00	0.00	231.19
111785855	01/15/202 01/08/202 02/02/202	5,861.25	0.00	0.00	5,861.25
111790388	01/15/202 01/09/202 02/03/202	388.24	0.00	0.00	388.24
111792873	01/15/202 01/12/202 02/06/202	135.31	0.00	0.00	135.31
111793445	01/15/202 01/12/202 02/06/202	287.86	0.00	0.00	287.86
111799366	01/22/202 01/14/202 02/08/202	129.00	0.00	0.00	129.00
111802470	01/22/202 01/15/202 02/09/202	3,472.53	0.00	0.00	3,472.53
7376759	01/27/202 01/17/202 02/11/202	7,867.25	0.00	0.00	7,867.25

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	23,709.69	0.00	0.00	23,709.69

Vendor# 14680 — Vendor Name: BLAIS MICROSCOPE COMPANY LLC — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
84345		01/27/202	01/15/202	01/27/202			970.00	0.00	0.00	970.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14680	BLAIS MICROSCOPE COMPANY LLC	970.00	0.00	0.00	970.00

Vendor# B1650 — Vendor Name: BOSART LOCK & KEY INC — Class: M — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
129297		01/22/202	01/14/202	02/13/202			217.45	0.00	0.00	217.45

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1650	BOSART LOCK & KEY INC	217.45	0.00	0.00	217.45

Vendor# 13968 — Vendor Name: BROOKHOLLOW — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
B2829969		01/14/202	12/17/202	01/22/202			195.59	0.00	0.00	195.59

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13968	BROOKHOLLOW	195.59	0.00	0.00	195.59

Vendor# C1048 — Vendor Name: CALHOUN COUNTY — Class: W — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
012425		01/27/202	01/24/202	02/05/202			113.87	0.00	0.00	113.87

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY	113.87	0.00	0.00	113.87

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2000288961		01/22/202	01/13/202	02/12/202			250.00	0.00	0.00	250.00
2000288962		01/22/202	01/14/202	02/13/202			46.90	0.00	0.00	46.90

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10541	CARESFIELD	296.90	0.00	0.00	296.90

Vendor#	Vendor Name	Class	Pay Code
C1970	CONMED CORPORATION	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10819335		01/15/202	01/09/202	12/18/202			651.20	0.00	0.00	651.20

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1970	CONMED CORPORATION	651.20	0.00	0.00	651.20

Vendor#	Vendor Name	Class	Pay Code
13932	COVIDIEN SALES LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5873824202		01/15/202	12/31/202	01/08/202			496.50	0.00	0.00	496.50

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13932	COVIDIEN SALES LLC	496.50	0.00	0.00	496.50

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
7802550		01/22/202	01/13/202	02/07/202			5.95	0.00	0.00	5.95
7801990		01/22/202	01/13/202	02/07/202			154.92	0.00	0.00	154.92
7802551		01/29/202	01/14/202	02/08/202			86.83	0.00	0.00	86.83
7806260		01/29/202	01/14/202	02/08/202			396.67	0.00	0.00	396.67
7807760		01/29/202	01/16/202	02/10/202			453.69	0.00	0.00	453.69

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	1,098.06	0.00	0.00	1,098.06

Vendor#	Vendor Name	Class	Pay Code
13240	ELSEVIER INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
R079497	Pharmacy Subsciption 1/4/25 - 1/3/26	01/10/202	01/09/202	02/08/202			3,144.73	0.00	0.00	3,144.73

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13240	ELSEVIER INC.	3,144.73	0.00	0.00	3,144.73

Vendor#	Vendor Name	Class	Pay Code
11284	EMERGENCY STAFFING SOLUTIONS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
43912	JAN 16TH-30TH	01/27/202	01/31/202	02/10/202			40,062.50	0.00	0.00	40,062.50

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

Vendor#	Vendor Name	Class	Pay Code
F1400	FISHER HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7685227		01/01/202	12/18/202	01/12/202			373.57	0.00	0.00	373.57
7808347		01/15/202	12/26/202	01/20/202			16,844.39	0.00	0.00	16,844.39
8022265		01/15/202	01/09/202	02/03/202			339.37	0.00	0.00	339.37
8122423		01/22/202	01/14/202	02/08/202			263.23	0.00	0.00	263.23
8122424		01/22/202	01/14/202	02/08/202			189.17	0.00	0.00	189.17

8159805	01/22/202 01/15/202 02/09/202	5,718.60	0.00	0.00	5,718.60		
6836302	01/23/202 11/12/202 12/07/202	220.28	0.00	0.00	220.28		
6906932	01/23/202 11/14/202 12/09/202	387.16	0.00	0.00	387.16		
7084509	01/23/202 11/21/202 12/16/202	944.10	0.00	0.00	944.10		
7221653	01/23/202 11/27/202 12/22/202	2,532.17	0.00	0.00	2,532.17		

NO Sig. Approval - removed

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	27,812.04	0.00	0.00	27,812.04

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
91591220	022525-032425	01/27/202	01/25/202	01/27/202			7,908.33	0.00	0.00	7,908.33

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14156	FUJI FILM	7,908.33	0.00	0.00	7,908.33

Vendor#	Vendor Name	Class	Pay Code
11078	FUSION MEDICAL STAFFING, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV790215		01/27/202	01/18/202	02/12/202			3,320.00	0.00	0.00	3,320.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11078	FUSION MEDICAL STAFFING, LLC	3,320.00	0.00	0.00	3,320.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2596975		01/27/202	11/25/202	12/25/202			991.15	0.00	0.00	991.15
2610729		01/29/202	01/14/202	02/13/202			1,035.62	0.00	0.00	1,035.62
2610728		01/29/202	01/14/202	02/13/202			92.58	0.00	0.00	92.58

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	2,119.35	0.00	0.00	2,119.35

Vendor#	Vendor Name	Class	Pay Code
H1600	HOBART SALES & SERVICE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
35986868		01/27/202	04/08/202	05/08/202			729.05	0.00	0.00	729.05

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	H1600	HOBART SALES & SERVICE	729.05	0.00	0.00	729.05

Vendor#	Vendor Name	Class	Pay Code
15208	HOSPITAL CARE CONSULTANTS INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6754		01/27/202	01/31/202	02/10/202			23,663.00	0.00	0.00	23,663.00

Services Meth. - 40m

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
25M0000259		01/09/202	01/09/202	02/08/202			736.56	0.00	0.00	736.56

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2352800411		01/22/202	01/14/202	02/08/202			252.00	0.00	0.00	252.00
2352949277		01/22/202	01/14/202	02/08/202			200.77	0.00	0.00	200.77
2353073286		01/22/202	01/15/202	02/09/202			31.27	0.00	0.00	31.27
2353073285		01/22/202	01/15/202	02/09/202			11.62	0.00	0.00	11.62
2353073289		01/22/202	01/15/202	02/09/202			4,970.01	0.00	0.00	4,970.01
2353073287		01/22/202	01/15/202	02/09/202			216.68	0.00	0.00	216.68
2353073288		01/22/202	01/15/202	02/09/202			5.14	0.00	0.00	5.14
2353202565		01/22/202	01/16/202	02/10/202			11.24	0.00	0.00	11.24
2353438196		01/22/202	01/17/202	02/11/202			7.08	0.00	0.00	7.08
2350846050		01/23/202	12/31/202	01/25/202			80.03	0.00	0.00	80.03

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	5,785.84	0.00	0.00	5,785.84

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
011025		01/27/202	11/25/202	01/27/202			380.00	0.00	0.00	380.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10963	MEMORIAL MEDICAL CLINIC	380.00	0.00	0.00	380.00

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
0035419		01/27/202	01/15/202	01/25/202			210.00	0.00	0.00	210.00
2927386		01/27/202	01/15/202	01/25/202			122.55	0.00	0.00	122.55
2924403		01/27/202	01/15/202	01/25/202			58.42	0.00	0.00	58.42
2924402		01/27/202	01/15/202	01/25/202			423.66	0.00	0.00	423.66
2927387		01/27/202	01/15/202	01/25/202			115.23	0.00	0.00	115.23
2930044		01/27/202	01/16/202	01/26/202			62.99	0.00	0.00	62.99
2932933		01/27/202	01/16/202	01/26/202			473.82	0.00	0.00	473.82
CM81253		01/27/202	01/16/202	01/26/202			-2,258.08	0.00	0.00	-2,258.08
2932747		01/27/202	01/16/202	02/10/202			0.29	0.00	0.00	0.29
2930045		01/27/202	01/16/202	02/10/202			24.54	0.00	0.00	24.54

2932934	01/27/202 01/16/202 02/10/202	6,611.56	0.00	0.00	6,611.56		
2932746	01/27/202 01/16/202 02/10/202	56.69	0.00	0.00	56.69		
2939293	01/27/202 01/19/202 01/29/202	90.78	0.00	0.00	90.78		
2939292	01/27/202 01/19/202 02/10/202	29.18	0.00	0.00	29.18		
2940316	01/27/202 01/19/202 02/10/202	325.92	0.00	0.00	325.92		
2940317	01/27/202 01/19/202 02/10/202	514.93	0.00	0.00	514.93		
2952706	01/27/202 01/22/202 02/01/202	411.46	0.00	0.00	411.46		

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	7,273.94	0.00	0.00	7,273.94

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
8801217771		01/15/202	01/08/202	02/07/202			442.14	0.00	0.00	442.14	
8801218960		01/29/202	01/14/202	02/13/202			181.30	0.00	0.00	181.30	

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2659	MXR IMAGING, INC	623.44	0.00	0.00	623.44

Vendor#	Vendor Name	Class	Pay Code
O1416	ORTHO CLINICAL DIAGNOSTICS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1853883139		01/15/202	01/09/202	02/08/202			283.38	0.00	0.00	283.38

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	O1416	ORTHO CLINICAL DIAGNOSTICS	283.38	0.00	0.00	283.38

Vendor#	Vendor Name	Class	Pay Code
11155	PARAREV		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2014027		01/27/202	01/01/202	01/31/202			3,084.00	0.00	0.00	3,084.00
919557		01/27/202	09/01/202	10/01/202			3,084.00	0.00	0.00	3,084.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11155	PARAREV	6,168.00	0.00	0.00	6,168.00

Vendor#	Vendor Name	Class	Pay Code
12708	POC ELECTRIC, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4271		01/27/202	01/24/202	02/01/202			209.71	0.00	0.00	209.71

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12708	POC ELECTRIC, LLC	209.71	0.00	0.00	209.71

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
33040		01/27/202	01/21/202	01/28/202			10,950.00	0.00	0.00	10,950.00
33138	NOV-DEC	01/27/202	01/23/202	01/27/202			5,950.00	0.00	0.00	5,950.00

no Sig. approval - removed

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11024	REED, CLAYMON, MEEKER & HARGET	16,900.00	0.00	0.00	16,900.00

Vendor#	Vendor Name	Class	Pay Code
14996	REMEDI8 LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
31367		01/10/202	12/31/202	01/09/202			10,136.00	0.00	0.00	10,136.00
30849		01/15/202	12/04/202	01/03/202			4,000.00	0.00	0.00	4,000.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14996	REMEDI8 LLC	14,136.00	0.00	0.00	14,136.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
012025		01/29/202	01/20/202	01/29/202			114.58	0.00	0.00	114.58

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S0900	SAMS CLUB DIRECT	114.58	0.00	0.00	114.58

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0024896		01/27/202	01/23/202	01/24/202			3,614.00	0.00	0.00	3,614.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10758	TEXAS SELECT STAFFING, LLC	3,614.00	0.00	0.00	3,614.00

Vendor#	Vendor Name	Class	Pay Code
13616	TRIOSE, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
TRI205907		01/27/202	12/10/202	12/25/202			61.56	0.00	0.00	61.56
TRI206566		01/27/202	12/17/202	01/01/202			92.73	0.00	0.00	92.73
TRI207957		01/27/202	12/31/202	01/15/202			355.93	0.00	0.00	355.93
TRI208640		01/27/202	01/08/202	01/23/202			86.52	0.00	0.00	86.52
TRI209262		01/27/202	01/15/202	01/30/202			100.99	0.00	0.00	100.99

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13616	TRIOSE, INC	697.73	0.00	0.00	697.73

Vendor#	Vendor Name	Class	Pay Code
15444	VANDERBILT HEALTH		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CI00085373		01/27/202	01/01/202	01/31/202			450.00	0.00	0.00	450.00

Annual Fee Jan - March 2025

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15444	VANDERBILT HEALTH	450.00	0.00	0.00	450.00

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
81052521		01/22/202	01/16/202	02/10/202			464.30	0.00	0.00	464.30

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	V0552	VERATHON INC	464.30	0.00	0.00	464.30

Vendor#	Vendor Name	Class	Pay Code
I1110	WERFEN USA LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9111733966		01/22/202	01/15/202	02/09/202			1,571.67	0.00	0.00	1,571.67
9111736180		01/22/202	01/16/202	02/10/202			210.44	0.00	0.00	210.44

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	1,782.11	0.00	0.00	1,782.11

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	200,383.00	0.00	0.00	200,383.00

APPROVED ON

JAN 30 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 207449 - 207491

200,383.00 +
387.16 - Pg. 4 FisherHealth Inv# 6906932 no sig.
5,950.00 - Pg. 6 Reed, Clayman... Inv# 33138 no sig.
194,045.84 ◊

RUN DATE:02/03/25 MEMORIAL MEDICAL CENTER PAGE 1
TIME:15:23 CHECK REGISTER GLCKREG
02/05/25 THRU 02/05/25

BANK	CODE	NUMBER	DATE	AMOUNT	PAYEE
	A/P	207449	02/05/25	362.94	ADVANCED STERILIZATION PRODUCT
	A/P	207450	02/05/25	1,780.00	ALCOR SCIENTIFIC
	A/P	207451	02/05/25	67.96	AMAZON CAPITAL SERVICES
	A/P	207452	02/05/25	193.00	AMERICAN PROFICIENCY INSTITUTE
	A/P	207453	02/05/25	680.93	BAXTER HEALTHCARE
	A/P	207454	02/05/25	1,170.32	BAYER HEALTHCARE
	A/P	207455	02/05/25	.00	VOIDED
	A/P	207456	02/05/25	23,709.69	BECKMAN COULTER INC
	A/P	207457	02/05/25	970.00	BLAIS MICROSCOPE COMPANY LLC
	A/P	207458	02/05/25	217.45	BOSART LOCK & KEY INC
	A/P	207459	02/05/25	195.59	BROOKHOLLOW
	A/P	207460	02/05/25	113.87	CALHOUN COUNTY
	A/P	207461	02/05/25	296.90	CARESFIELD
	A/P	207462	02/05/25	651.20	CONMED CORPORATION
	A/P	207463	02/05/25	496.50	COVIDIEN SALES LLC
	A/P	207464	02/05/25	1,098.06	DENITT POTH & SON
	A/P	207465	02/05/25	3,144.73	ELSEVIER INC.
	A/P	207466	02/05/25	40,062.50	EMERGENCY STAFFING SOLUTIONS
	A/P	207467	02/05/25	.00	VOIDED
	A/P	207468	02/05/25	27,424.98	FISHER HEALTHCARE
	A/P	207469	02/05/25	7,908.33	FUJI FILM
	A/P	207470	02/05/25	3,320.00	FUSION MEDICAL STAFFING, LLC
	A/P	207471	02/05/25	2,119.35	GULF COAST PAPER COMPANY
	A/P	207472	02/05/25	729.05	HOBART SALES & SERVICE
	A/P	207473	02/05/25	23,663.00	HOSPITAL CARE CONSULTANTS INC.
	A/P	207474	02/05/25	736.56	INOVALON PROVIDER INC.
	A/P	207475	02/05/25	.00	VOIDED
	A/P	207476	02/05/25	5,785.84	MEDLINE INDUSTRIES INC
	A/P	207477	02/05/25	380.00	MEMORIAL MEDICAL CLINIC
	A/P	207478	02/05/25	.00	VOIDED
	A/P	207479	02/05/25	7,273.94	MORRIS & DICKSON CO, LLC
	A/P	207480	02/05/25	623.44	MXR IMAGING, INC
	A/P	207481	02/05/25	283.38	ORTHO CLINICAL DIAGNOSTICS
	A/P	207482	02/05/25	6,168.00	PARAREV
	A/P	207483	02/05/25	209.71	POC ELECTRIC, LLC
	A/P	207484	02/05/25	10,950.00	REED, CLAYMON, MEEKER & HARGET
	A/P	207485	02/05/25	14,136.00	REMEDI8 LLC
	A/P	207486	02/05/25	114.58	SAMS CLUB DIRECT
	A/P	207487	02/05/25	3,614.00	TEXAS SELECT STAFFING, LLC
	A/P	207488	02/05/25	697.73	TRIOSE, INC
	A/P	207489	02/05/25	450.00	VANDERBILT HEALTH
	A/P	207490	02/05/25	464.30	VERATHON INC
	A/P	207491	02/05/25	1,782.11	WERFEN USA LLC
	A/P	207492	02/05/25	80,080.12	GOLDENCREEK HEALTHCARE
	A/P	207493	02/05/25	24,504.00	TUSCANY VILLAGE
TOTALS:				298,629.96	

APPROVED ON

FEB 05 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

194,045.84 + - Payables
80,080.12 + } NH kfers
24,504.00 +
298,629.96 ◊

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 01/31/2025 Page: 002

DC: 8115
Customer INV SuppID:
Territory:

Customer: 632536
Date: 02/01/2025

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

As of: 01/31/2025 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 02/01/2025 **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:	2,807.85 USD	
Future Due:	0.00			Due If Paid On Time: USD 2,751.69
Past Due:	0.00	If Paid By 02/04/2025, Pay This Amount:	2,751.69 USD	Disc lost if paid late: 56.16
Last Payment 08/07/2017	2,451.97	If Paid After 02/04/2025, Pay this Amount:	2,807.85 USD	Due If Paid Late: USD 2,807.85

2,489.07 +
254.02 +
3.74 +
3.48 +
1.38 +
2,751.69 ◇

APPROVED ON
FEB 03 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

As of: 01/31/2025 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 02/01/2025

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

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

As of: 01/31/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 02/01/2025 **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											
01/27/2025	02/04/2025	7547479443	225184157	115Invoice	0.02	1.06		1.04	✓	7547479443	
01/28/2025	02/04/2025	7547798187	217107713	115Invoice	0.02	0.95		0.93	✓	7547798187	
01/28/2025	02/04/2025	7547798191	225394463	115Invoice	0.02	0.95		0.93	✓	7547798191	
01/28/2025	02/04/2025	7547798194	216833893	115Invoice	0.02	0.95		0.93	✓	7547798194	
01/29/2025	02/04/2025	7548073553	223063089	115Invoice	22.53	1,126.36		1,103.83	✓	7548073553	
01/31/2025	02/04/2025	7548582081	224761472	115Invoice	0.02	0.95		0.93	✓	7548582081	
01/31/2025	02/04/2025	7548582082	223662370	115Invoice	22.91	1,145.66		1,122.75	✓	7548582082	
01/31/2025	02/04/2025	7548582083	217107713	115Invoice	5.26	262.99		257.73	✓	7548582083	

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

TOTAL: **Customer Number 256342 WALMART 1098/MEM MED PHS**

Subtotals: 2,539.87 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,682.08
01/27/2025

If Paid By 02/04/2025,
Pay This Amount: 2,489.07 USD

If Paid After 02/04/2025,
Pay this Amount: 2,539.87 USD

APPROVED ON
FEB 03 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Due If Paid On Time:
USD 2,489.07

Disc lost if paid late:
50.80

Due If Paid Late:
USD 2,539.87

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 01/31/2025

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 820405
Date: 02/01/2025

Page: 001

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

As of: 01/31/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 **PLEASE CHECK ANY**
Date: 02/01/2025 **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											
01/27/2025	02/04/2025	7547199881	B2501-055-188241	115Invoice		0.08		0.08	✓	7547199881	
01/30/2025	02/04/2025	7548133826	B2501-055-188741	115Invoice	5.18	259.12		253.94	✓	7548133826	

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: 259.20 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,682.08
01/27/2025

If Paid By 02/04/2025,
Pay This Amount: 254.02 USD

If Paid After 02/04/2025,
Pay this Amount: 259.20 USD

Due If Paid On Time:
USD 254.02

Disc lost if paid late:
5.18

Due If Paid Late:
USD 259.20

APPROVED ON

FEB 03 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 01/31/2025 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835434
Date: 02/01/2025

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: 01/31/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835434 **PLEASE CHECK ANY**
Date: 02/01/2025 **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											
01/29/2025	02/04/2025	7547882235	3844694	115Invoice	0.08	3.82		3.74	✓	7547882235	

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

TOTAL: **Customer Number 835434 CVS PHCY 8923/MEM MC PHS**

Subtotals: 3.82 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,449.41
01/13/2025

If Paid By 02/04/2025, Pay This Amount: 3.74 USD

If Paid After 02/04/2025, Pay this Amount: 3.82 USD

Due If Paid On Time: USD 3.74

Disc lost if paid late: 0.08

Due If Paid Late: USD 3.82

APPROVED ON

FEB 03 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

CVS PHCY 7416/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 01/31/2025

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 835437
Date: 02/01/2025

Page: 001

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

As of: 01/31/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835437 **PLEASE CHECK ANY**
Date: 02/01/2025 **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											
01/29/2025	02/04/2025	7548091455	3841775	115Invoice	0.07	3.55		3.48	✓	7548091455	

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: 3.55 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,621.67
01/20/2025

If Paid By 02/04/2025,
Pay This Amount: 3.48 USD

If Paid After 02/04/2025,
Pay this Amount: 3.55 USD

Due If Paid On Time:
USD 3.48

Disc lost if paid late:
0.07

Due If Paid Late:
USD 3.55

APPROVED ON

FEB 03 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 6000

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: 01/31/2025 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 835438
Date: 02/01/2025

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

As of: 01/31/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 **PLEASE CHECK ANY**
Date: 02/01/2025 **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											
01/29/2025	02/04/2025	7548087692	3843278	115Invoice	0.03	1.41		1.38	✓	7548087692	

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

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

Subtotals: 1.41 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,621.67
01/20/2025

If Paid By 02/04/2025,
Pay This Amount: 1.38 USD

If Paid After 02/04/2025,
Pay this Amount: 1.41 USD

Due If Paid On Time:
USD 1.38

Disc lost if paid late:
0.03

Due If Paid Late:
USD 1.41

APPROVED ON

FEB 03 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

AmerisourceBergen

STATEMENT

Statement Number: 69080850
Date: 01-31-2025

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:	345.95
Past Due:	0.00
Total Due:	345.95
Account Balance:	345.95

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
01-27-2025	02-07-2025	3203881838	7008776130	Invoice	4.98		0.00	4.98
01-27-2025	02-07-2025	3203881839	7008782675	Invoice	8.25		0.00	8.25
01-27-2025	02-07-2025	3203882020	7008792818	Invoice	186.41		0.00	186.41
01-27-2025	02-07-2025	3203882021	7008793822	Invoice	0.74		0.00	0.74
01-28-2025	02-07-2025	3204046402	7008798858	Invoice	85.49		0.00	85.49
01-29-2025	02-07-2025	3204196031	7008808766	Invoice	25.96		0.00	25.96
01-30-2025	02-07-2025	3204348394	7008817072	Invoice	6.66		0.00	6.66
01-30-2025	02-07-2025	363043126	7007809180	Invoice	(2.67)		0.00	(2.67)
01-30-2025	02-07-2025	363043127	7007809180	Invoice	3.46		0.00	3.46
01-31-2025	02-07-2025	3204502202	7008824718	Invoice	26.67		0.00	26.67

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
345.95	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
01-31-2025	(4,133.48)

APPROVED ON
FEB 03 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
02-07-2025	345.95
Total Due:	345.95

AmerisourceBergen

STATEMENT

Statement Number: 69098696
Date: 01-31-2025

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:	3,992.17
Past Due:	0.00
Total Due:	3,992.17
Account Balance:	3,992.17

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
01-27-2025	02-07-2025	3203847649	7008792270	Invoice	998.05		0.00	998.05
01-28-2025	02-07-2025	3204095404	7008808455	Invoice	1,993.36		0.00	1,993.36
01-29-2025	02-07-2025	3204249839	7008817488	Invoice	0.66		0.00	0.66
01-30-2025	02-07-2025	3204402667	7008824783	Invoice	5.15		0.00	5.15
01-31-2025	02-07-2025	3204552958	7008831317	Invoice	994.95		0.00	994.95

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
3,992.17	0.00	0.00	0.00	0.00	0.00	0.00

APPROVED ON
FEB 03 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
02-07-2025	3,992.17
Total Due:	3,992.17

CHKNO	GRPNO	LOCNO	EMPNO	DEPNO	CLMPRE	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYTO	CVGCD	CVGTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT
3099	76360	3	32	6	2024	269002189	0	10/1/2024	$77,660.00	1	WOMAN'S HOSPITAL OF TEXA	P	485	0	[redacted]		INLM	F	5/28/2024

$77,660.00

APPROVED ON

FEB 03 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHKNO	GRPNO	LOCNO	EMPNO	DEPNO	CLMPRE	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYTO	CVGCD	CVGTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUDT	PRVNO
4027	76351	3	23	0	2025	2000986	0	1/27/2025	$60.46	1	SINGLETON ASSOCIATES PA	P	324	0	[redacted]		CAT	F	12/6/2024	12/6/2024	741680498
4030	76351	3	50	0	2025	2000971	0	1/27/2025	$83.52	1	SINGLETON ASSOCIATES PA	P	172	0			AB	F	12/9/2024	12/9/2024	741680498
4033	76351	3	65	1	2025	2000964	0	1/27/2025	$153.60	1	VICTORIA EMERGENCY PARTNERS	P	189	0			ERD	F	12/9/2024	12/9/2024	455637445
4034	76351	3	44	0	2025	10000171	0	1/27/2025	$223.31	1	ESS OF PORT LAVACA LLC	P	189	0			ERD	F	12/13/2024	12/13/2024	815248556
4035	76351	3	35	1	2025	21000293	0	1/27/2025	$275.32	1	VICTORIA ORTHOPEDIC CENTER, PLLC	P	432	0			TO	F	12/17/2024	12/17/2024	260151734
4038	76360	2	62	1	2025	2000956	0	1/27/2025	$10.33	1	SINGLETON ASSOCIATES PA	P	181	0			XRAY	F	12/6/2024	12/6/2024	741680498
4040	76360	3	21	1	2025	13000596	0	1/27/2025	$20,801.00	1	LIBERTY DIALYSIS VICTORIA	P	465	0			HDI	F	12/1/2024	12/31/2024	262438451
4041	76360	3	32	0	2025	21000229	0	1/27/2025	$33,971.70	1	HOUSTON METHODIST HOSPITAL	P	434	0			OHS	F	10/31/2024	10/31/2024	741180155
4042	76360	3	33	0	2025	17000319	0	1/27/2025	$46,000.00	1	HOUSTON METHODIST SUGAR LAND HOSPITAL	P	434	0			OHS	F	12/31/2024	12/31/2024	760545192
4043	76360	3	3	0	2025	2000945	0	1/27/2025	$11.19	1	SINGLETON ASSOCIATES PA	P	189	0			ERD	F	12/11/2024	12/11/2024	741680498
4044	76360	3	53	2	2025	2000937	0	1/27/2025	$25.01	1	CHILDRENS PHYSICIAN SERVICES OF SOUTH	P	457	0			OVS	F	11/25/2024	11/25/2024	742620408
4049	76360	3	3	0	2025	2001001	0	1/27/2025	$84.48	1	SINGLETON ASSOCIATES PA	P	189	0			ERD	F	12/11/2024	12/11/2024	741680498
4050	76360	3	24	0	2025	2000915	0	1/27/2025	$90.47	1	SINGLETON ASSOCIATES PA	P	321	0			MRIO	F	12/10/2024	12/10/2024	741680498
4054	76360	3	33	0	2025	2000988	0	1/27/2025	$231.50	1	TMH PHYSICIANS AND SURGEONS, PLLC	P	752	0			TELS	F	12/26/2024	12/26/2024	455185756
4055	76360	3	60	1	2025	2000990	0	1/27/2025	$346.62	1	VICTORIA EP PLLC	P	189	0			ERD	F	12/21/2024	12/21/2024	474741110
4059	76360	3	60	1	2025	2000353	0	1/27/2025	$2,373.92	1	VICTORIA ED LLC	P	406	0			ER	F	12/21/2024	12/21/2024	473152225
4060	76370	3	22	0	2025	2000933	0	1/27/2025	$8.95	1	SINGLETON ASSOCIATES PA	P	189	0			ERD	F	12/11/2024	12/11/2024	741680498
									$104,751.38												

83

APPROVED ON

FEB 03 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHKNO	GRPNO	LOCNO	EMPNO	DEPNO	CLMPRE	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYTO	CVCCD	CVCTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUDT	PRVID
4016	76351	1	1	0	2025	17001901	0	1/21/2025	$11,874.33	1	TRUESCRIPTS MANAGEMENT SERVICE LLC	P	517	0	[redacted]		PCS	F	12/30/2024	1/12/2025	464334244
4017	76351	3	38	0	2025	16001324	0	1/21/2025	$658.75	1	VIP CARE SERVICES LLC	P	604	0			CASE	F	12/10/2024	12/20/2024	271837628
4018	76360	3	28	0	2025	17001360	0	1/21/2025	$8,789.90	1	AMIRALI S POPATIA MD	P	457	0			OVS	F	10/21/2024	10/21/2024	760599320
4019	76360	3	47	0	2025	10000161	0	1/21/2025	$101.33	1	AMIT AGARWAL M.D	P	457	0			OVS	F	12/16/2024	12/16/2024	760459500
4020	76360	3	51	1	2025	17001523	0	1/21/2025	$110.04	1	VICTORIA EYE CENTER	P	457	0			OVS	F	11/25/2024	11/25/2024	742208337
4021	76360	3	60	0	2025	2000038	0	1/21/2025	$153.60	1	ESS OF PORT LAVACA LLC	P	189	0			ERD	F	11/17/2024	11/17/2024	815248556
4022	76360	3	32	6	2025	16001323	0	1/21/2025	$271.25	1	VIP CARE SERVICES LLC	P	604	0			CASE	F	12/30/2024	12/31/2024	271837628
4023	76360	3	28	0	2025	16001322	0	1/21/2025	$426.25	1	VIP CARE SERVICES LLC	P	604	0			CASE	F	12/18/2024	12/31/2024	271837628
4024	76360	3	28	0	2025	17001361	0	1/21/2025	$1,773.12	1	AMIRALI S POPATIA MD	P	456	0			INJS	F	10/22/2024	10/22/2024	760599320
4025	76360	3	51	1	2024	365000452	0	1/21/2025	$2,175.00	1	VICTORIA EYE CENTER	P	431	0			SFS	F	12/9/2024	12/9/2024	742208337
									$26,333.57												

APPROVED ON

FEB 03 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

HPHG, LLC dba 90 Degree Benefits

Monthly Billing for 1/1/2025

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

Master Group Totals

						Total Due
SPEC AGG	174	$57,498.64	Adjustments	39	($7,066.36)	$50,432.28
ADMIN FEES	174	$7,221.00	Adjustments	29	($1,203.50)	$6,017.50
PPO UR	174	$3,373.86	Adjustments	29	($562.31)	$2,811.55
CHIC MGMT FEE		$700.00				$700.00

Balance Forward:		$227.55
Payments:	-	$227.55
Adjustments:	+	$0.00
Beginning Balance:		$0.00
Current Amount Due:	+	$68,793.50
Current Adjustments:	+	($8,832.17)
Total Amount Due:		**$59,961.33**

Description	Medical
EE	105
ES	17
EF	11
EC	41
Mst Total	174

APPROVED ON
FEB 03 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Make Check Payable To:
Attn: Revenue Department
90 Degree Benefits
PO Box 13246
Birmingham, AL 35202

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

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Jan 27, 2025 - February 2, 2025

Date	Bank Description	MMC Notes	Amount		CPSI "Handwritten Check" #
1/31/2025	PAY PLUS ACHTrans 53834407 101000698834601 P	- 3rd Party Payor Fee	125.27		901543
1/31/2025	EXPERTPAY EXPERTPAY 746003411 91000017521184	-Child Support Payment	570.69	*	800570
1/31/2025	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	4,133.48	*	550558
1/31/2025	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	414,456.87	*	
1/30/2025	PAY PLUS ACHTrans 53662231 101000697598266 P	- 3rd Party Payor Fee	31.26		901544
1/29/2025	PAY PLUS ACHTrans 53520122 101000696037023 P	- 3rd Party Payor Fee	7.52		901545
1/29/2025	HPHG LLC MEMORIALME MemMedCtr PtLav 11312265	- Health Insurance Claim Payments	36,790.75	**	800571
1/28/2025	PAY PLUS ACHTrans 53245890 101000694866069 P	- 3rd Party Payor Fee	83.33		901546
1/28/2025	MCKESSON DRUG AUTO ACH ACH06368437 910000123	- 340B Drug Program Expense	3,682.08	*	550559
1/27/2025	PAY PLUS ACHTrans 53103489 101000693465471 P	- 3rd Party Payor Fee	27.93		901547
			459,909.18		

February 3, 2025

Steve Brock, CFO
Memorial Medical Center

* Approved on 1.29.25 cc
** Approved on 1.22.25 cc

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
2/5/2025	- STATE COMTRLR TEXNET	- UC IGT	49,775.00
			49,775.00

February 3, 2025

Steve Brock, CFO
Memorial Medical Center

80

459,909.18 +
570.69 -
4,133.48 -
414,456.87 -
36,790.75 -
3,682.08 -
275.31 ◊
275.31 -
0.00 ◊

APPROVED ON
FEB 03 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

pay plus

125.27 +
31.26 +
7.52 +
83.33 +
27.93 +
275.31 ◊

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	$49,775.00
Bank Routing and Account Number	
Settlement Date	2/5/2025
Miscellaneous Amount	$49,775.00
Entered By	Michelle Cumberland

Run Date: 1/29/2025
Run Time: 08:55:37

Memorial Medical Center
Transfer Request

Amount: $ 800,000.00 **Date:** 2/3/2025

From Account: Prosperity Money Market [redacted]

To Account: Prosperity Operating Account [redacted]

APPROVED ON
FEB 03 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Explanation:

Transfer from Prosperity Money Market Account to Prosperity Operating Account

Requested by: Michelle Cumberland **Date:** 2/3/2025

Authorized by: [signature] **Date:** 2/3/2025

RECEIVED BY THE
COUNTY AUDITOR ON

JAN 30 2025

01/30/2025
10:44

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 02/14/2025

0
ap_open_invoice.template

Vendor# Vendor Name CALHOUN COUNTY, TEXAS Class Pay Code
11836 GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
012325A		01/27/202	01/23/202	02/14/202			1,168.64	0.00	0.00	1,168.64
	ins pmt dep into mmc opt in error									
012325B		01/27/202	01/23/202	02/14/202			10,554.75	0.00	0.00	10,554.75
012325		01/27/202	01/23/202	02/14/202			5,625.00	0.00	0.00	5,625.00
012425		01/27/202	01/24/202	02/14/202			62,731.73	0.00	0.00	62,731.73

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	80,080.12	0.00	0.00	80,080.12

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	80,080.12	0.00	0.00	80,080.12

APPROVED ON

JAN 30 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 207492

RECEIVED BY THE
COUNTY AUDITOR ON

JAN 30 2025

CALHOUN COUNTY, TEXAS

01/30/2025
10:44

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 02/14/2025

0
ap_open_invoice.template

Vendor# Vendor Name Class Pay Code

13004 TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
012425		01/27/202	01/25/202	02/14/202			9,595.00	0.00	0.00	9,595.00
012325	INS. pmt. dep. into MMC Opt in error	01/27/202	01/23/202	02/14/202			6,324.00	0.00	0.00	6,324.00
012325A		01/27/202	01/23/202	02/14/202			8,585.00	0.00	0.00	8,585.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	24,504.00	0.00	0.00	24,504.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	24,504.00	0.00	0.00	24,504.00

APPROVED ON

JAN 30 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 207493

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
2/3/2025

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		85,112.77	85,012.77	37,927.08			38,027.08	37,927.08
						Bank Balance	38,027.08	
						Variance	-	
						Leave in Balance	100.00	

Routing Information for Ashford Gardens:

Ashford Health Care Center Ltd Co
JP Morgan Chase Bank

						Adjust Balance/Transfer Amt	37,927.08	
Broadmoor		26,015.59	25,915.59	88,502.46			88,602.46	88,502.46
						Bank Balance	88,602.46	
						Variance	-	
						Leave in Balance	100.00	

						Adjust Balance/Transfer Amt	88,502.46	
Crescent		64,565.76	64,465.76	342,243.54			342,343.54	342,243.54
						Bank Balance	342,343.54	
						Variance	-	
						Leave in Balance	100.00	

						Adjust Balance/Transfer Amt	342,243.54	
Fort Bend		2,686.88	-	1,537.88			4,224.76	4,124.76
						Bank Balance	4,224.76	
						Variance	-	
						Leave in Balance	100.00	

						Adjust Balance/Transfer Amt	4,124.76	
Solera at W Houston		13,558.78	13,458.78	232,646.17			232,746.17	232,646.17
						Bank Balance	232,746.17	
						Variance	-	
						Leave in Balance	100.00	

37,927.08 +
88,502.46 +
342,243.54 +
4,124.76 + Houston / Fort Bend / Broadmoor
232,646.17 +
705,444.01 ◇

	Adjust Balance/Transfer Amt	232,646.17
TOTAL TRANSFERS		705,444.01

Approved:
Steve Brock, CFO 2/3/2025

APPROVED ON
FEB 03 2025
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
1/31/2025	Added to Account	-	67.84					-	67.84
1/30/2025	MANAGEANDNET1718 MNS PMNT 000000000000093 41	-	411.84					-	411.84
1/30/2025	NOVITAS SOLUTION HCCLAIMPMT 675423 420000195	-	497.76					-	497.76
1/29/2025	WIRE OUT ASHFORD HEALTH CARE CENTER LTD	85,012.77	-					-	-
1/29/2025	HNB - ECHO HCCLAIMPMT 746003411 440000263684	-	12,590.76					-	12,590.76
1/29/2025	NOVITAS SOLUTION HCCLAIMPMT 675423 420000162	-	19,403.88					-	19,403.88
1/27/2025	MANAGEANDNET1718 MNS PMNT 000000000000093 41	-	4,955.00					-	4,955.00
		-	-					-	-
		85,012.77	37,927.08	-	-	-	-	-	37,927.08

Broadmoor

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
1/31/2025	Added to Account	-	54.20					-	54.20
1/31/2025	Deposit	-	1,241.02					-	1,241.02
1/30/2025	NOVITAS SOLUTION HCCLAIMPMT 676357 420000194	-	43,856.35					-	43,856.35
1/29/2025	WIRE OUT CANTEX HEALTH CARE CENTERS III	25,915.59	-					-	-
1/29/2025	HNB - ECHO HCCLAIMPMT 746003411 440000263838	-	9,075.73					-	9,075.73
1/29/2025	HNB - ECHO HCCLAIMPMT 746003411 440000262755	-	568.40					-	568.40
1/29/2025	NOVITAS SOLUTION HCCLAIMPMT 676357 420000161	-	23,161.76					-	23,161.76
1/27/2025	MANAGEANDNET1718 MNS PMNT 000000000004293 41	-	9,240.00					-	9,240.00
1/27/2025	HUMANA CHA DISB HCCLAIMPMT 67163297 42000016	-	1,305.00					-	1,305.00
		-	-					-	-
		25,915.59	88,502.46	-	-	-	-	-	88,502.46

Crescent

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
1/31/2025	Added to Account	-	140.77					-	140.77
1/31/2025	382	5,924.30	-					-	-
1/31/2025	Deposit	-	2,400.00					-	2,400.00
1/31/2025	DEVOTED HEALTH P HCCLAIMPMT 21000027549300	-	6,750.00					-	6,750.00
1/31/2025	NOVITAS SOLUTION HCCLAIMPMT 676323 420000166	-	63,519.13					-	63,519.13
1/30/2025	HNB - ECHO HCCLAIMPMT 746003411 440000206254	-	61,692.39					-	61,692.39
1/30/2025	DEVOTED HEALTH P HCCLAIMPMT 21000022873814	-	2,500.00					-	2,500.00
1/30/2025	DEVOTED HEALTH P HCCLAIMPMT 21000022873812	-	9,600.00					-	9,600.00
1/30/2025	NOVITAS SOLUTION HCCLAIMPMT 676323 420000194	-	164,979.33					-	164,979.33
1/29/2025	WIRE OUT CANTEX HEALTH CARE CENTERS III	58,541.46	-					-	-
1/29/2025	HNB - ECHO HCCLAIMPMT 746003411 440000262755	-	128.74					-	128.74
1/29/2025	HNB - ECHO HCCLAIMPMT 746003411 440000263684	-	6,831.30					-	6,831.30
1/29/2025	HNB - ECHO HCCLAIMPMT 746003411 440000263802	-	999.70					-	999.70
1/29/2025	NOVITAS SOLUTION HCCLAIMPMT 676323 420000161	-	254.67					-	254.67
1/28/2025	MANAGEANDNET1718 MNS PMNT 000000000003268 41	-	838.00					-	838.00
1/28/2025	HNB - ECHO HCCLAIMPMT 746003411 440000223524	-	1,208.51					-	1,208.51
1/28/2025	DEVOTED HEALTH P HCCLAIMPMT 21000027182891	-	6,300.00					-	6,300.00
1/28/2025	DEVOTED HEALTH P HCCLAIMPMT 21000027182889	-	4,500.00					-	4,500.00
1/27/2025	HUMANA CHA DISB HCCLAIMPMT 67162971 42000016	-	2,225.00					-	2,225.00
1/27/2025	DEVOTED HEALTH P HCCLAIMPMT 21000029623649	-	7,376.00					-	7,376.00
		-	-					-	-
		64,465.76	342,243.54	-	-	-	-	-	342,243.54

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
1/31/2025	Added to Account	-	11.62					-	11.62
1/28/2025	NOVITAS SOLUTION HCCLAIMPMT 675663 420000132	-	1,526.26					-	1,526.26
		-	-					-	-
		-	1,537.88	-	-	-	-	-	1,537.88

Solara 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
1/31/2025	Added to Account	-	78.07					-	78.07
1/31/2025	1321	1,602.81	-					-	-
1/31/2025	Deposit	-	27,899.29					-	27,899.29
1/31/2025	MANAGEANDNET1718 MNS PMNT 000000000002482 41	-	831.00					-	831.00
1/31/2025	NOVITAS SOLUTION HCCLAIMPMT 676310 420000166	-	21,431.04					-	21,431.04
1/30/2025	HNB - ECHO HCCLAIMPMT 746003411 440000206254	-	66,485.08					-	66,485.08
1/30/2025	NOVITAS SOLUTION HCCLAIMPMT 676310 420000194	-	47,130.25					-	47,130.25
1/29/2025	WIRE OUT CANTEX HEALTH CARE CENTERS III	11,855.97	-					-	-
1/29/2025	NOVITAS SOLUTION HCCLAIMPMT 676310 420000161	-	67,278.06					-	67,278.06
1/28/2025	NOVITAS SOLUTION HCCLAIMPMT 676310 420000132	-	1,513.38					-	1,513.38
		-	-					-	-
		13,458.78	232,646.17	-	-	-	-	-	232,646.17

TOTALS			702,857.13	-	-	-	-	-	702,857.13

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,587,080.03	$1,501,845.11	$1,587,080.03	$1,587,080.03
*4381 MEMORIAL MEDICAL / NH ASHFORD	$38,027.08	$51,464.47	$38,027.08	$38,027.08
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$88,602.46	$98,996.42	$88,602.46	$88,602.46
*4411 MEMORIAL MEDICAL / NH CRESCENT	$342,343.54	$400,043.51	$342,343.54	$342,343.54
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$232,746.17	$242,700.57	$232,746.17	$232,746.17
*4446 MEMORIAL MEDICAL / NH FORT BEND	$4,224.76	$4,224.76	$4,224.76	$4,224.76
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$9,383.36	$15,607.73	$9,383.36	$9,383.36
*4551 CAL CO INDIGENT HEALTHCARE	$5,502.88	$5,502.88	$5,502.88	$5,502.88
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$291.53	$291.53	$291.53	$291.53
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$110.77	$110.77	$110.77	$110.77
*5506 MMC -NH BETHANY SENIOR LIVING	$264,197.42	$264,197.42	$264,197.42	$264,197.42
*3407 MMC -NH TUSCANY VILLAGE	$154,312.13	$154,312.13	$154,312.13	$154,312.13
*2998 MMC -MONEY MARKET FUND	$1,063,786.57	$1,063,786.57	$1,063,786.57	$1,063,786.57
*7168 MEMORIAL MEDICAL CENTER - LOCKBOX MONEY MKT	$39.73	$39.73	$39.73	$39.73
Total Balance	**$3,790,648.43**	**$3,803,123.60**	**$3,790,648.43**	**$3,790,648.43**

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
2/3/2025

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		212,056.27	211,956.27	9,283.36		-	9,383.36	9,124.39
						Bank Balance	9,383.36	
						Variance	-	
						Leave in Balance	100.00	
						January Interest	158.97	
						Adjust Balance/Transfer Amt	9,124.39	

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
2/3/2025

APPROVED ON
FEB 03 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek		Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
				QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
1/31/2025	Added to Account	-	158.97					-	158.97
1/31/2025	Deposit	-	2,457.39					-	2,457.39
1/31/2025	TSYS/TRANSFIRST CR CD DEP 543684555876917 43	-	1,552.00					-	1,552.00
1/29/2025	WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	211,956.27	-					-	-
1/29/2025	GOLDENCREEKHEALT MERC DEP 1220356 9100001172	-	5,115.00					-	5,115.00
								-	-
		211,956.27	9,283.36	-	-	-	-	-	9,283.36

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,587,080.03	$1,501,845.11	$1,587,080.03	$1,587,080.03
*4381 MEMORIAL MEDICAL / NH ASHFORD	$38,027.08	$51,464.47	$38,027.08	$38,027.08
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$88,602.46	$98,996.42	$88,602.46	$88,602.46
*4411 MEMORIAL MEDICAL / NH CRESCENT	$342,343.54	$400,043.51	$342,343.54	$342,343.54
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$232,746.17	$242,700.57	$232,746.17	$232,746.17
*4446 MEMORIAL MEDICAL / NH FORT BEND	$4,224.76	$4,224.76	$4,224.76	$4,224.76
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$9,383.36	$15,607.73	$9,383.36	$9,383.36
*4551 CAL CO INDIGENT HEALTHCARE	$5,502.88	$5,502.88	$5,502.88	$5,502.88
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$291.53	$291.53	$291.53	$291.53
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$110.77	$110.77	$110.77	$110.77
*5506 MMC -NH BETHANY SENIOR LIVING	$264,197.42	$264,197.42	$264,197.42	$264,197.42
*3407 MMC -NH TUSCANY VILLAGE	$154,312.13	$154,312.13	$154,312.13	$154,312.13
*2998 MMC -MONEY MARKET FUND	$1,063,786.57	$1,063,786.57	$1,063,786.57	$1,063,786.57
*7168 MEMORIAL MEDICAL CENTER - LOCKBOX MONEY MKT	$39.73	$39.73	$39.73	$39.73
Total Balance	**$3,790,648.43**	**$3,803,123.60**	**$3,790,648.43**	**$3,790,648.43**

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
2/3/2025

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		2,672.32	2,572.32	191.53		-		291.53	191.53
							Bank Balance	291.53	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	191.53	

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		110.63	-	0.14		-		110.77	-
							Bank Balance	110.63	
							Variance	0.14	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	10.63	
						TOTAL TRANSFERS		202.16	

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

2/3/2025

APPROVED ON

FEB 03 2025

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
1/31/2025	Added to Account	-	2.39					-	2.39
1/31/2025	HNB - ECHO HCCLAIMPMT 746003411 440000248915	-	36.33					-	36.33
1/29/2025	WIRE OUT HMG Rockport SNF, LP -Commerical	2,572.32	-					-	-
1/28/2025	HNB - ECHO HCCLAIMPMT 746003411 440000222925	-	152.81					-	152.81
		2,572.32	**191.53**	-	-	-	-	-	**191.53**

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
1/31/2025	Added to Account	-	0.14					-	0.14
								-	-
								-	-
		-	**0.14**	-	-	-	-	-	**0.14**
		2,572.32	**191.67**	-	-	-	-	-	**191.67**

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,587,080.03	$1,501,845.11	$1,587,080.03	$1,587,080.03
*4381 MEMORIAL MEDICAL / NH ASHFORD	$38,027.08	$51,464.47	$38,027.08	$38,027.08
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$88,602.46	$98,996.42	$88,602.46	$88,602.46
*4411 MEMORIAL MEDICAL / NH CRESCENT	$342,343.54	$400,043.51	$342,343.54	$342,343.54
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$232,746.17	$242,700.57	$232,746.17	$232,746.17
*4446 MEMORIAL MEDICAL / NH FORT BEND	$4,224.76	$4,224.76	$4,224.76	$4,224.76
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$9,383.36	$15,607.73	$9,383.36	$9,383.36
*4551 CAL CO INDIGENT HEALTHCARE	$5,502.88	$5,502.88	$5,502.88	$5,502.88
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$291.53 √	$291.53	$291.53	$291.53
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$110.77 √	$110.77	$110.77	$110.77
*5506 MMC -NH BETHANY SENIOR LIVING	$264,197.42	$264,197.42	$264,197.42	$264,197.42
*3407 MMC -NH TUSCANY VILLAGE	$154,312.13	$154,312.13	$154,312.13	$154,312.13
*2998 MMC -MONEY MARKET FUND	$1,063,786.57	$1,063,786.57	$1,063,786.57	$1,063,786.57
*7168 MEMORIAL MEDICAL CENTER - LOCKBOX MONEY MKT	$39.73	$39.73	$39.73	$39.73
Total Balance	**$3,790,648.43**	**$3,803,123.60**	**$3,790,648.43**	**$3,790,648.43**

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
2/3/2025

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
Lavaca Bay Nursing and Rehab		456.32	-	263,741.10			-	264,197.42	263,928.62
							Bank Balance	264,197.42	
							Variance	-	
							Leave in Balance	100.00	
							January Interest	168.80	
							Adjust Balance/Transfer Amt	263,928.62	

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 2/3/2025

APPROVED ON
FEB 03 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Lavaca Bay Nursing and Rehab		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
1/31/2025	Added to Account	-	168.80					-	168.80
1/31/2025	NOVITAS SOLUTION HCCLAIMPMT 676481 420000166	-	2,018.67					-	2,018.67
1/31/2025	CENTENE CORP HCCLAIMPMT 53101126377480	-	2.99					-	2.99
1/30/2025	NOVITAS SOLUTION HCCLAIMPMT 676481 420000194	-	1,257.26					-	1,257.26
1/30/2025	BCBS TEXAS HCCLAIMPMT C25028E27933580 710001	-	2,448.00					-	2,448.00
1/29/2025	NDC SWEEP FAC 02330 560096800070615 SWEEP FR	-	14,725.34					-	14,725.34
1/29/2025	CENTENE CORP HCCLAIMPMT 53101120315815	-	17.04					-	17.04
1/28/2025	Deposit	-	59,340.07					-	59,340.07
1/28/2025	Deposit	-	31,904.99					-	31,904.99
1/28/2025	HNB - ECHO HCCLAIMPMT 746003411 440000223524	-	796.01					-	796.01
1/28/2025	NOVITAS SOLUTION HCCLAIMPMT 676481 420000132	-	8,758.88					-	8,758.88
1/28/2025	HUMANA CHA DISB HCCLAIMPMT 67328976 42000010	-	371.98					-	371.98
1/28/2025	CENTENE CORP HCCLAIMPMT 53101124998524	-	105,327.01					-	105,327.01
1/27/2025	HNB - ECHO HCCLAIMPMT 746003411 440000268030	-	94.90					-	94.90
1/27/2025	NOVITAS SOLUTION HCCLAIMPMT 676481 420000185	-	36,509.16					-	36,509.16
		-						-	-
		-	263,741.10	-	-	-	-	-	263,741.10

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,587,080.03	$1,501,845.11	$1,587,080.03	$1,587,080.03
*4381 MEMORIAL MEDICAL / NH ASHFORD	$38,027.08	$51,464.47	$38,027.08	$38,027.08
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$88,602.46	$98,996.42	$88,602.46	$88,602.46
*4411 MEMORIAL MEDICAL / NH CRESCENT	$342,343.54	$400,043.51	$342,343.54	$342,343.54
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$232,746.17	$242,700.57	$232,746.17	$232,746.17
*4446 MEMORIAL MEDICAL / NH FORT BEND	$4,224.76	$4,224.76	$4,224.76	$4,224.76
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$9,383.36	$15,607.73	$9,383.36	$9,383.36
*4551 CAL CO INDIGENT HEALTHCARE	$5,502.88	$5,502.88	$5,502.88	$5,502.88
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$291.53	$291.53	$291.53	$291.53
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$110.77	$110.77	$110.77	$110.77
*5506 MMC -NH BETHANY SENIOR LIVING	$264,197.42	$264,197.42	$264,197.42	$264,197.42
*3407 MMC -NH TUSCANY VILLAGE	$154,312.13	$154,312.13	$154,312.13	$154,312.13
*2998 MMC -MONEY MARKET FUND	$1,063,786.57	$1,063,786.57	$1,063,786.57	$1,063,786.57
*7168 MEMORIAL MEDICAL CENTER - LOCKBOX MONEY MKT	$39.73	$39.73	$39.73	$39.73
Total Balance	**$3,790,648.43**	**$3,803,123.60**	**$3,790,648.43**	**$3,790,648.43**

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
2/3/2025

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		482,879.97	482,779.97	154,212.13	-	-	-	154,312.13	154,212.13
							Bank Balance	154,312.13	
							Variance	-	
							Leave in Balance	100.00	

Adjust Balance/Transfer Amt 154,212.13

Approved:
Steve Brock, CFO 2/3/2025

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 ON
FEB 03 2025
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
1/31/2025	Added to Account	-	370.54					-	370.54
1/31/2025	Deposit	-	7,527.11					-	7,527.11
1/31/2025	Deposit	-	38,376.96					-	38,376.96
1/31/2025	Deposit	-	13,013.95					-	13,013.95
1/29/2025	WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	482,779.97	-					-	-
1/29/2025	HNB - ECHO HCCLAIMPMT 746003411 440000263838	-	46,486.14					-	46,486.14
1/29/2025	HNB - ECHO HCCLAIMPMT 746003411 440000263802	-	1,452.51					-	1,452.51
1/29/2025	NOVITAS SOLUTION HCCLAIMPMT 676201 420000161	-	11,315.17					-	11,315.17
1/28/2025	Deposit	-	2,652.00					-	2,652.00
1/28/2025	NOVITAS SOLUTION HCCLAIMPMT 676201 420000132	-	32,027.85					-	32,027.85
1/27/2025	HNB - ECHO HCCLAIMPMT 746003411 440000268030	-	989.90					-	989.90
								-	-
		482,779.97	154,212.13	-	-	-	-	-	154,212.13

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,587,080.03	$1,501,845.11	$1.587,080.03	$1,587,080.03
*4381 MEMORIAL MEDICAL / NH ASHFORD	$38,027.08	$51,464.47	$38,027.08	$38,027.08
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$88,602.46	$98,996.42	$88,602.46	$88,602.46
*4411 MEMORIAL MEDICAL / NH CRESCENT	$342,343.54	$400,043.51	$342.343.54	$342,343.54
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$232,746.17	$242,700.57	$232,746.17	$232,746.17
*4446 MEMORIAL MEDICAL / NH FORT BEND	$4,224.76	$4,224.76	$4,224.76	$4,224.76
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$9,383.36	$15,607.73	$9,383.36	$9,383.36
*4551 CAL CO INDIGENT HEALTHCARE	$5,502.88	$5,502.88	$5,502.88	$5,502.88
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$291.53	$291.53	$291.53	$291.53
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$110.77	$110.77	$110.77	$110.77
*5506 MMC -NH BETHANY SENIOR LIVING	$264,197.42	$264,197.42	$264,197.42	$264,197.42
*3407 MMC -NH TUSCANY VILLAGE	$154,312.13 √	$154,312.13	$154,312.13	$154,312.13
*2998 MMC -MONEY MARKET FUND	$1,063,786.57	$1,063,786.57	$1,063,786.57	$1,063,786.57
*7168 MEMORIAL MEDICAL CENTER - LOCKBOX MONEY MKT	$39.73	$39.73	$39.73	$39.73
Total Balance	**$3,790,648.43**	**$3,803,123.60**	**$3,790,648.43**	**$3,790,648.43**