

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---November 29, 2023

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 370,823.68
TOTAL TRANSFERS BETWEEN FUNDS	\$ 11,573.25
TOTAL NURSING HOME UPL EXPENSES	\$ 1,250,717.19
TOTAL INTER-GOVERNMENT TRANSFERS	\$ 2,008,782.84
GRAND TOTAL DISBURSEMENTS APPROVED November 29, 2023	\$ 3,641,896.96

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---November 29, 2023

PAYABLES AND PAYROLL

11/22/2023 Weekly Payables	364,443.95
11/22/2023 Patient Refunds	1,479.86
11/27/2023 McKesson-340B Prescription Expense	2,892.44
11/27/2023 Amerisource Bergen-340B Prescription Expense	1,228.80

Prosperity Electronic Bank Payments

11/20-11/24/23 Pay Plus-Patient Claims Processing Fee	207.94
11/24/2023 ExpertPay- child support	570.69

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS \$ 370,823.68

TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

11/22/2023 MMC Operating to Crescent-correction of NH insurance payment deposited into MMC Operating in error	4,560.00
11/22/2023 MMC Operating to Golden Creek-correction of NH insurance payment deposited into MMC Operating in error	6,130.57
11/22/2023 MMC Operating to Gulf Pointe Plaza -correction of NH insurance payment deposited into MMC Operating	576.91
11/22/2023 MMC Operating to Bethany-correction of NH insurance payment deposited into MMC Operating	305.77

TOTAL TRANSFERS BETWEEN FUNDS \$ 11,573.25

NURSING HOME UPL EXPENSES

11/27/2023 Nursing Home UPL-Cantex Transfer	771,790.72
11/27/2023 Nursing Home UPL-Nexion Transfer	157,339.68
11/27/2023 Nursing Home UPL-HMG Transfer	71,265.10
11/27/2023 Nursing Home UPL-Tuscany Transfer	107,589.17
11/27/2023 Nursing Home UPL-HSL Transfer	49,413.70

QIPP CHECKS TO MMC

11/27/2023 Ashford	32,764.41
11/27/2023 Broadmoor	12,116.44
11/27/2023 Crescent	9,031.75
11/27/2023 Fort Bend	10,226.72
11/27/2023 Solera	9,809.87
11/27/2023 Tuscany	19,369.63

TOTAL NURSING HOME UPL EXPENSES \$ 1,250,717.19

INTER-GOVERNMENT TRANSFERS

11/27/2023 IGT QIPP Second Half of Year 7 SFY24 to be paid December 04, 2023	\$1,983,403.28
11/27/2023 IGT RAPPs to be paid November 30, 2023	25,379.56

TOTAL INTER-GOVERNMENT TRANSFERS \$2,008,782.84

GRAND TOTAL DISBURSEMENTS APPROVED November 29, 2023 \$ 3,641,896.96

RECEIVED BY THE COUNTY AUDITOR ON

NOV 22 2023

11/22/2023

GALHOUN COUNTY, TEXAS

09:46

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Due Dates Through: 12/15/2023

Vendor#	Vendor Name	Class	Pay Code							
10950	ACUTE CARE INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
INV1536 ✓		11/21/20	11/20/20	12/15/20			1,400.00	0.00	0.00	1,400.00 ✓
	RFID FEE									
Vendor Totals	Number Name						Gross	Discount	No-Pay	Net
	10950 ACUTE CARE INC						1,400.00	0.00	0.00	1,400.00
R1200	ADT COMMERCIAL ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
152728377 ✓		11/21/20	11/05/20	11/30/20			53.61	0.00	0.00	53.61 ✓
	FIRE MONITORING									
Vendor Totals	Number Name						Gross	Discount	No-Pay	Net
	R1200 ADT COMMERCIAL						53.61	0.00	0.00	53.61
14848	AMERICAN HOSPITAL ASSOCIATION ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
570683 ✓		11/20/20	11/15/20	12/15/20			5,000.00	0.00	0.00	5,000.00 ✓
	PLEDGE-SW HW S24 VICTORI									
Vendor Totals	Number Name						Gross	Discount	No-Pay	Net
	14848 AMERICAN HOSPITAL ASSOCIATION						5,000.00	0.00	0.00	5,000.00
A2218	AQUA BEVERAGE COMPANY ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9302023		11/21/20	09/30/20	10/25/20			51.50	0.00	0.00	51.50 ✓
	WATER									
103123		11/21/20	10/31/20	11/25/20			12.00	0.00	0.00	12.00 ✓
122803	LATE FEE									
Vendor Totals	Number Name						Gross	Discount	No-Pay	Net
	A2218 AQUA BEVERAGE COMPANY						63.50	0.00	0.00	63.50
11756	AYA HEALTHCARE INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
3701925 ✓		11/21/20	11/16/20	12/15/20			2,976.75	0.00	0.00	2,976.75 ✓
	KARIANN DUNN 11/7-11/9/23 LVN ✓									
Vendor Totals	Number Name						Gross	Discount	No-Pay	Net
	11756 AYA HEALTHCARE INC						2,976.75	0.00	0.00	2,976.75
B1150	BAXTER HEALTHCARE ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
80649872 ✓		11/15/20	10/09/20	11/09/20			43.06	0.00	0.00	43.06 ✓
	SUPPLIES									
80785093 ✓		11/15/20	10/23/20	11/17/20			361.65	0.00	0.00	361.65 ✓
	SUPPLIES									
80932158 ✓		11/15/20	11/02/20	11/27/20			262.92	0.00	0.00	262.92 ✓
	SUPPLIES									
Vendor Totals	Number Name						Gross	Discount	No-Pay	Net
	B1150 BAXTER HEALTHCARE						667.63	0.00	0.00	667.63

Vendor#	Vendor Name		Class	Pay Code						
11544	BAY STORAGE ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
20230263 ✓		11/21/20	11/01/20	12/01/20		2,820.00	0.00	0.00	2,820.00 ✓	
DEC23-MAY24 #175/180/191/255										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	11544	BAY STORAGE				2,820.00	0.00	0.00	2,820.00	
Vendor#	Vendor Name		Class	Pay Code						
B1220	BECKMAN COULTER INC ✓		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
110884731 ✓		11/01/20	09/27/20	10/22/20		1,808.62	0.00	0.00	1,808.62 ✓	
SUPPLIES										
110960331 ✓		11/15/20	11/06/20	12/01/20		15,369.68	0.00	0.00	15,369.68 ✓	
SUPPLIES										
110985620 ✓		11/20/20	11/16/20	12/11/20		1,472.49	0.00	0.00	1,472.49 ✓	
SUPPLIES										
110970145 ✓		11/22/20	11/10/19	12/05/19		77.25	0.00	0.00	77.25 ✓	
SUPPLIES										
5481023 ✓		11/22/20	11/13/20	12/08/20		5,016.58	0.00	0.00	5,016.58 ✓	
CONTRACT										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	B1220	BECKMAN COULTER INC				23,744.62	0.00	0.00	23,744.62	
Vendor#	Vendor Name		Class	Pay Code						
B1320	BEEKLEY CORPORATION ✓		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
MIN0025962 ✓		11/15/20	08/15/20	09/15/20		311.00	0.00	0.00	311.00 ✓	
SUPPLIES										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	B1320	BEEKLEY CORPORATION				311.00	0.00	0.00	311.00	
Vendor#	Vendor Name		Class	Pay Code						
B1650	BOSART LOCK & KEY INC ✓		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
127175 ✓		11/21/20	11/14/20	12/01/20		213.95	0.00	0.00	213.95 ✓	
KEYS										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	B1650	BOSART LOCK & KEY INC				213.95	0.00	0.00	213.95	
Vendor#	Vendor Name		Class	Pay Code						
B1655	BOSTON SCIENTIFIC CORPORATION ✓		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
995343835 ✓		11/15/20	11/07/20	12/07/20		759.00	0.00	0.00	759.00 ✓	
SUPPLIES										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	B1655	BOSTON SCIENTIFIC CORPORATION				759.00	0.00	0.00	759.00	
Vendor#	Vendor Name		Class	Pay Code						
11224	CABLES AND SENSORS ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
158285 ✓		11/01/20	10/23/20	11/22/20		88.00	0.00	0.00	88.00 ✓	
SUPPLIES										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	11224	CABLES AND SENSORS				88.00	0.00	0.00	88.00	

11295	CALHOUN COUNTY INDIGENT ACCOUN ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
112123		11/21/20	11/21/20	11/22/20		10.00	0.00	0.00	10.00	✓
	INDIGENT									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	11295 CALHOUN COUNTY INDIGENT ACCOUN					10.00	0.00	0.00	10.00	
Vendor#	Vendor Name				Class	Pay Code				
C1325	CARDINAL HEALTH 414, INC. ✓				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
8003351538 ✓		11/20/20	11/05/20	11/30/20		165.47	0.00	0.00	165.47	✓
	SUPPLIES									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	C1325 CARDINAL HEALTH 414, INC.					165.47	0.00	0.00	165.47	
Vendor#	Vendor Name				Class	Pay Code				
12768	CHEMAQUA ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
8460081 ✓		11/21/20	11/10/20	11/20/20		593.69	0.00	0.00	593.69	✓
	WATER TREATMENT									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	12768 CHEMAQUA					593.69	0.00	0.00	593.69	
Vendor#	Vendor Name				Class	Pay Code				
15060	CHRISTY SILVAS ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
112123		11/21/20	11/21/20	11/29/20		93.68	0.00	0.00	93.68	✓
	TRAVEL REIMB-TORCH CONF <i>paid twice in error</i>									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	15060 CHRISTY SILVAS					93.68	0.00	0.00	93.68	
Vendor#	Vendor Name				Class	Pay Code				
10786	CLINICAL PATHOLOGY ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
17656-202310 ✓		11/21/20	10/31/20	11/25/20		20,065.83	0.00	0.00	20,065.83	✓
	LAB SERV									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	10786 CLINICAL PATHOLOGY					20,065.83	0.00	0.00	20,065.83	
Vendor#	Vendor Name				Class	Pay Code				
C1166	COASTAL OFFICE SOLUTONS ✓				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
OE-QT-23937-1 ✓		11/01/20	08/11/20	08/21/20		199.98	0.00	0.00	199.98	✓
	SUPPLIES									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	C1166 COASTAL OFFICE SOLUTONS					199.98	0.00	0.00	199.98	
Vendor#	Vendor Name				Class	Pay Code				
14292	DEARBORN LIFE INSURANCE COMPAN ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
111323		11/21/20	11/13/20	12/13/20		4,179.38	0.00	0.00	4,179.38	✓
	LIFE INSUR <i>(12/11-12/31/23)</i>									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	14292 DEARBORN LIFE INSURANCE COMPAN					4,179.38	0.00	0.00	4,179.38	
Vendor#	Vendor Name				Class	Pay Code				
14800	DIRECTV ENTERTAINMENT HOLDINGS ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	

088862205X21112 ✓	11/20/20	11/12/20	12/01/20	487.25	0.00	0.00	487.25			
SATELLITE										
Vendor Total:	Number	Name		Gross	Discount	No-Pay	Net			
	14800	DIRECTV ENTERTAINMENT HOLDINGS		487.25	0.00	0.00	487.25 ✓			
Vendor#	Vendor Name		Class	Pay Code						
10789	DISCOVERY MEDICAL NETWORK INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
MMC111523 ✓		11/22/20	11/22/20	11/23/20		134,104.79	0.00	0.00	134,104.79 ✓	
PHYSICIAN SERV (1111-1512023)										
Vendor Total:	Number	Name		Gross	Discount	No-Pay	Net			
	10789	DISCOVERY MEDICAL NETWORK INC		134,104.79	0.00	0.00	134,104.79			
Vendor#	Vendor Name		Class	Pay Code						
C2510	EVIDENT ✓		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
T2311151378 ✓		11/21/20	11/15/20	11/16/20		7,678.86	0.00	0.00	7,678.86 ✓	
BUS SERVICES										
Vendor Total:	Number	Name		Gross	Discount	No-Pay	Net			
	C2510	EVIDENT		7,678.86	0.00	0.00	7,678.86			
Vendor#	Vendor Name		Class	Pay Code						
F1400	FISHER HEALTHCARE ✓		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
2677059 ✓		11/01/20	05/03/20	05/28/20		84.02	0.00	0.00	84.02 ✓	
SUPPLIES										
3631699 ✓		11/01/20	06/08/20	07/03/20		33.20	0.00	0.00	33.20 ✓	
SUPPLIES										
5058767 ✓		11/01/20	08/02/20	08/27/20		107.69	0.00	0.00	107.69 ✓	
SUPPLIES										
5469362 ✓		11/01/20	08/17/20	09/11/20		826.45	0.00	0.00	826.45 ✓	
SUPPLIES										
6108887 ✓		11/01/20	09/12/20	10/07/20		1,277.54	0.00	0.00	1,277.54 ✓	
SUPPLIES										
7481604 ✓		11/15/20	11/02/20	11/27/20		101.92	0.00	0.00	101.92 ✓	
SUPPLIES										
7518402 ✓		11/15/20	11/03/20	11/28/20		5.84	0.00	0.00	5.84 ✓	
SUPPLIES										
7590258 ✓		11/15/20	11/07/20	12/02/20		328.78	0.00	0.00	328.78 ✓	
SUPPLIES										
7590257 ✓		11/15/20	11/07/20	12/02/20		619.15	0.00	0.00	619.15 ✓	
SUPPLIES										
7665869 ✓		11/15/20	11/09/20	12/04/20		140.84	0.00	0.00	140.84 ✓	
SUPPLIES										
7665870 ✓		11/15/20	11/09/20	12/04/20		1,047.47	0.00	0.00	1,047.47 ✓	
Vendor Total:	Number	Name		Gross	Discount	No-Pay	Net			
	F1400	FISHER HEALTHCARE		4,572.90	0.00	0.00	4,572.90			
Vendor#	Vendor Name		Class	Pay Code						
14156	FUJI FILM ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
91398742 ✓		11/21/20	10/25/20	11/25/20		7,908.33	0.00	0.00	7,908.33 ✓	
CONTRACT										
Vendor Total:	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				
11149	GBS ADMINISTRATORS, INC ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	801702869996 ✓		11/21/20	10/19/20	11/01/20		2,009.70	0.00	0.00	2,009.70 ✓
	LIFE INSUR									
	Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net
		11149	GBS ADMINISTRATORS, INC				2,009.70	0.00	0.00	2,009.70
Vendor#	Vendor Name				Class	Pay Code				
10283	GE HEALTHCARE ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	202897622 ✓		11/20/20	11/15/20	12/10/20		51.95	0.00	0.00	51.95 ✓
	SUPPLIES									
	Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net
		10283	GE HEALTHCARE				51.95	0.00	0.00	51.95
Vendor#	Vendor Name				Class	Pay Code				
W1300	GRAINGER ✓				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	9894046847 ✓		11/15/20	11/03/20	11/28/20		203.85	0.00	0.00	203.85 ✓
	SUPPLIES									
	9894431247 ✓		11/15/20	11/06/20	12/01/20		202.77	0.00	0.00	202.77 ✓
	SUPPLIES									
	Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net
		W1300	GRAINGER				406.62	0.00	0.00	406.62
Vendor#	Vendor Name				Class	Pay Code				
G1210	GULF COAST PAPER COMPANY ✓				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	2446935 ✓		11/15/20	11/15/20	12/15/20		792.11	0.00	0.00	792.11 ✓
	SUPPLIES									
	2469226 ✓		11/21/20	11/14/20	12/14/20		144.76	0.00	0.00	144.76 ✓
	SUPPLIES									
	2469229 ✓		11/21/20	11/14/20	12/14/20		144.76	0.00	0.00	144.76 ✓
	SUPPLIES									
	2469273 ✓		11/21/20	11/14/20	12/14/20		962.43	0.00	0.00	962.43 ✓
	SUPPLIES									
	Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net
		G1210	GULF COAST PAPER COMPANY				2,044.06	0.00	0.00	2,044.06
Vendor#	Vendor Name				Class	Pay Code				
11784	HALF LEAGUE STORAGE ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	111523		11/21/20	11/15/20	12/01/20		360.00	0.00	0.00	360.00 ✓
	STORAGE UNITS 11/12 35 NOV ✓									
	DEC, Jan									
	Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net
		11784	HALF LEAGUE STORAGE				360.00	0.00	0.00	360.00
Vendor#	Vendor Name				Class	Pay Code				
H1399	HILL-ROM COMPANY, INC ✓				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	3210095 ✓		11/21/20	10/31/20	11/30/20		520.00	0.00	0.00	520.00 ✓
	3218131 2ND YEAR COVERAGE									
	45935		11/22/20	10/31/20	11/30/20		751.75	0.00	0.00	751.75 ✓
	BED									

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net		
Vendor Totals				Number	Name	Gross	Discount	No-Pay	Net
	H1399	HILL-ROM COMPANY, INC		1,271.75	0.00	0.00	1,271.75		
15076	KNOX ASSOCIATES INC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV-KA-239295 ✓		11/15/20	11/13/20	12/13/20		1,020.00	0.00	0.00	1,020.00 ✓
				LOCK BOXES					
Vendor Totals				Number	Name	Gross	Discount	No-Pay	Net
	15076	KNOX ASSOCIATES INC		1,020.00	0.00	0.00	1,020.00		
11600	LEGAL SHIELD ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
111523		11/21/20	11/15/20	12/01/20		345.15	0.00	0.00	345.15 ✓
				PAYROLL DEDUCT					
Vendor Totals				Number	Name	Gross	Discount	No-Pay	Net
	11600	LEGAL SHIELD		345.15	0.00	0.00	345.15		
15068	LRS HEALTHCARE ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
643264 ✓		11/21/20	10/27/20	12/11/20		3,078.00	0.00	0.00	3,078.00 ✓
645357 ✓	DELICIA GARCIA 10/13-10/15/23 <i>Radiology Tech</i>	11/21/20	10/27/20	12/15/20		3,078.00	0.00	0.00	3,078.00 ✓
	DELICIA GARCIA 10/20-10/22/23 "					"			
Vendor Totals				Number	Name	Gross	Discount	No-Pay	Net
	15068	LRS HEALTHCARE		6,156.00	0.00	0.00	6,156.00		
10972	M G TRUST ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
112023		11/21/20	11/20/20	11/29/20		1,115.86	0.00	0.00	1,115.86 ✓
				PAYROLL DEDUCT					
Vendor Totals				Number	Name	Gross	Discount	No-Pay	Net
	10972	M G TRUST		1,115.86	0.00	0.00	1,115.86		
10613	MEDIMPACT HEALTHCARE SYS, INC. ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
51102 ✓		11/21/20	11/08/20	12/01/20		13.65	0.00	0.00	13.65 ✓
				INDIGENT					
Vendor Totals				Number	Name	Gross	Discount	No-Pay	Net
	10613	MEDIMPACT HEALTHCARE SYS, INC.		13.65	0.00	0.00	13.65		
M2470	MEDLINE INDUSTRIES INC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2284574235 ✓		11/01/20	09/13/20	10/29/20		7,464.24	0.00	0.00	7,464.24 ✓
				SUPPLIES					
2289028038 ✓		11/01/20	10/12/20	11/06/20		51.63	0.00	0.00	51.63 ✓
				SUPPLIES					
2289792995 ✓		11/01/20	10/17/20	11/11/20		66.12	0.00	0.00	66.12 ✓
				SUPPLIES					
2292345229 ✓		11/15/20	11/01/20	11/26/20		354.56	0.00	0.00	354.56 ✓
				SUPPLIES					
2292345231 ✓		11/15/20	11/01/20	11/26/20		1,068.63	0.00	0.00	1,068.63 ✓

		SUPPLIES										
2293382033	✓		11/15/20	11/08/20	12/03/20		549.90	0.00	0.00	549.90 ✓		
		SUPPLIES										
2294237962	✓		11/15/20	11/14/20	12/05/20		47.00	0.00	0.00	47.00 ✓		
		SUPPLIES										
2294404975	✓		11/20/20	11/15/20	12/10/20		206.80	0.00	0.00	206.80 ✓		
		SUPPLIES										
2294404967	✓		11/20/20	11/15/20	12/10/20		117.95	0.00	0.00	117.95 ✓		
		SUPPLIES										
2294404972	✓		11/20/20	11/15/20	12/10/20		50.89	0.00	0.00	50.89 ✓		
		SUPPLIES										
2294404976	✓		11/20/20	11/15/20	12/10/20		4,149.27	0.00	0.00	4,149.27 ✓		
		SUPPLIES										
2294404969	✓		11/20/20	11/15/20	12/10/20		248.08	0.00	0.00	248.08 ✓		
		SUPPLIES										
2294404984	✓		11/20/20	11/15/20	12/10/20		40.13	0.00	0.00	40.13 ✓		
		SUPPLIES										
2294404973	✓		11/20/20	11/15/20	12/10/20		23.99	0.00	0.00	23.99 ✓		
		SUPPLIES										
2294735353	✓		11/20/20	11/17/20	12/12/20		67.11	0.00	0.00	67.11 ✓		
		SUPPLIES										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							M2470	MEDLINE INDUSTRIES INC	14,506.30	0.00	0.00	14,506.30
Vendor#	Vendor Name		Class			Pay Code						
M2621	MMC AUXILIARY GIFT SHOP ✓		W									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
111623		11/21/20	11/16/20	11/29/20			329.28	0.00	0.00	329.28 ✓		
PAYROLL DEDUCT												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							M2621	MMC AUXILIARY GIFT SHOP	329.28	0.00	0.00	329.28
Vendor#	Vendor Name		Class			Pay Code						
10536	MORRIS & DICKSON CO, LLC ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
922030		11/20/20	02/12/20	02/22/20			-67.16	0.00	0.00	-67.16 ✓		
	CREDIT											
CM41171		11/20/20	06/23/20	07/03/20			-4.93	0.00	0.00	-4.93 ✓		
	CREDIT											
1147069		11/20/20	10/10/20	10/20/20			1,813.44	0.00	0.00	1,813.44 ✓		
	INVENTORY											
114714		11/20/20	10/11/20	10/21/20			3,351.75	0.00	0.00	3,351.75 ✓		
	INVENTORY											
1292328		11/21/20	11/15/20	11/25/20			33.78	0.00	0.00	33.78 ✓		
	INVENTORY											
1293229		11/21/20	11/15/20	11/25/20			2,915.34	0.00	0.00	2,915.34 ✓		
	INVENTORY											
1288666		11/21/20	11/15/20	11/25/20			3,611.54	0.00	0.00	3,611.54 ✓		
	INVENTORY											
1289409		11/21/20	11/15/20	11/25/20			250.23	0.00	0.00	250.23 ✓		
	INVENTORY											
1290891		11/21/20	11/15/20	11/25/20			534.94	0.00	0.00	534.94 ✓		
	INVENTORY											

1298112	✓		11/21/20	11/16/20	11/26/20			10,816.61	0.00	0.00	10,816.61	✓	
		INVENTORY											
1298111	✓		11/21/20	11/16/20	11/26/20			4,032.58	0.00	0.00	4,032.58	✓	
		INVENTORY											
1304125	✓		11/21/20	11/19/20	11/29/20			106.15	0.00	0.00	106.15	✓	
		INVENTORY											
1305409	✓		11/21/20	11/19/20	11/29/20			181.04	0.00	0.00	181.04	✓	
		INVENTORY											
1304126	✓		11/21/20	11/19/20	11/29/20			18,404.27	0.00	0.00	18,404.27	✓	
		INVENTORY											
1305408	✓		11/21/20	11/19/20	11/29/20			68.32	0.00	0.00	68.32	✓	
		INVENTORY											
1310424	✓		11/21/20	11/20/20	11/30/20			1,503.60	0.00	0.00	1,503.60	✓	
		INVENTORY											
1307215	✓		11/21/20	11/20/20	11/30/20			96.11	0.00	0.00	96.11	✓	
		INVENTORY											
CM74986	✓		11/21/20	11/20/20	11/30/20			-7.37	0.00	0.00	-7.37	✓	
		CREDIT											
1310425	✓		11/21/20	11/20/20	11/30/20			934.61	0.00	0.00	934.61	✓	
		INVENTORY											
Vendor Totals								Number	Name	Gross	Discount	No-Pay	Net
								10536	MORRIS & DICKSON CO, LLC	48,574.85	0.00	0.00	48,574.85
Vendor#	Vendor Name		Class		Pay Code								
M2659	MXR IMAGING, INC ✓		M										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net			
8801089119	✓	11/15/20	11/14/20	12/14/20			159.62	0.00	0.00	159.62	✓		
	SUPPLIES												
Vendor Totals								Number	Name	Gross	Discount	No-Pay	Net
								M2659	MXR IMAGING, INC	159.62	0.00	0.00	159.62
Vendor#	Vendor Name		Class		Pay Code								
12388	NATIONAL FARM LIFE INSURANCE ✓												
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net			
4083533	✓	11/21/20	11/13/20	12/01/20			3,175.59	0.00	0.00	3,175.59	✓		
	LIFE INSUR												
Vendor Totals								Number	Name	Gross	Discount	No-Pay	Net
								12388	NATIONAL FARM LIFE INSURANCE	3,175.59	0.00	0.00	3,175.59
Vendor#	Vendor Name		Class		Pay Code								
13624	NEXION HEALTH AT NAVASOTA INC ✓												
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net			
TELEMED20230702	✓	11/21/20	11/13/20	12/01/20			1,000.00	0.00	0.00	1,000.00	✓		
	TELEMEDICINE REIMB OCT 20												
Vendor Totals								Number	Name	Gross	Discount	No-Pay	Net
								13624	NEXION HEALTH AT NAVASOTA INC	1,000.00	0.00	0.00	1,000.00
Vendor#	Vendor Name		Class		Pay Code								
O1500	OLYMPUS AMERICA INC ✓		M										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net			
35283973	✓	11/15/20	11/06/20	12/01/20			145.00	0.00	0.00	145.00	✓		
	SUPPLIES												
35295188	✓	11/15/20	11/20/20	12/15/20			1,125.00	0.00	0.00	1,125.00	✓		
	CONTRACT												
Vendor Totals								Number	Name	Gross	Discount	No-Pay	Net

	O1500	OLYMPUS AMERICA INC					1,270.00	0.00	0.00	1,270.00
Vendor#	Vendor Name		Class	Pay Code						
O1416	ORTHO CLINICAL DIAGNOSTICS ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1853224380 ✓		11/21/20	10/27/20	11/26/20			190.04	0.00	0.00	190.04 ✓
SUPPLIES										
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net		
	O1416	ORTHO CLINICAL DIAGNOSTICS			190.04	0.00	0.00	190.04		
Vendor#	Vendor Name		Class	Pay Code						
10152	PARTSSOURCE, LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
05005083 ✓		11/15/20	11/02/20	12/02/20			438.07	0.00	0.00	438.07 ✓
SUPPLIES										
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net		
	10152	PARTSSOURCE, LLC			438.07	0.00	0.00	438.07		
Vendor#	Vendor Name		Class	Pay Code						
14764	PL-CPR, LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
258 ✓		11/21/20	10/17/20	11/17/20			275.00	0.00	0.00	275.00 ✓
BLS RECERT										
260 ✓		11/21/20	10/20/20	11/20/20			525.00	0.00	0.00	525.00 ✓
PALS										
263 ✓		11/21/20	10/26/20	11/26/20			525.00	0.00	0.00	525.00 ✓
ACLS										
265 ✓		11/21/20	10/30/20	11/30/20			525.00	0.00	0.00	525.00 ✓
PALS										
266 ✓		11/21/20	11/01/20	12/01/20			525.00	0.00	0.00	525.00 ✓
ACLS										
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net		
	14764	PL-CPR, LLC			2,375.00	0.00	0.00	2,375.00		
Vendor#	Vendor Name		Class	Pay Code						
12480	PRO ENERGY PARTNERS LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2310-0600 ✓		11/21/20	10/31/20	11/15/20			2,009.93	0.00	0.00	2,009.93 ✓
GAS										
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net		
	12480	PRO ENERGY PARTNERS LLC			2,009.93	0.00	0.00	2,009.93		
Vendor#	Vendor Name		Class	Pay Code						
11080	RADSOURCE ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
SC32691223 ✓		11/20/20	11/16/20	12/11/20			1,708.33	0.00	0.00	1,708.33 ✓
SERVICE AGREEMENT										
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net		
	11080	RADSOURCE			1,708.33	0.00	0.00	1,708.33		
Vendor#	Vendor Name		Class	Pay Code						
S1001	SANOFI PASTEUR INC ✓		W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
921287945 ✓		10/31/20	09/13/20	12/12/20			31,271.28	0.00	0.00	31,271.28 ✓
INVENTORY										
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net		
	S1001	SANOFI PASTEUR INC			31,271.28	0.00	0.00	31,271.28		

Vendor#	Vendor Name	Class	Pay Code							
10699	SIGN AD, LTD. ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
294156 ✓		11/21/20	11/16/20	11/26/20		410.00	0.00	0.00	410.00 ✓	
	ADVERTISING									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	10699 SIGN AD, LTD.					410.00	0.00	0.00	410.00	
11296	SOUTH TEXAS BLOOD & TISSUE CEN ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
107036030 ✓		11/21/20	11/15/20	12/10/20		5,026.00	0.00	0.00	5,026.00 ✓	
	BLOOD									
CM109020 ✓		11/21/20	11/15/20	12/10/20		-2,112.00	0.00	0.00	-2,112.00 ✓	
	CREDIT									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	11296 SOUTH TEXAS BLOOD & TISSUE CEN					2,914.00	0.00	0.00	2,914.00	
S2694	STANFORD VACUUM SERVICE ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
295432 ✓		11/20/20	11/10/20	12/01/20		550.00	0.00	0.00	550.00 ✓	
	GREASE TRAP									
295356 ✓		11/20/20	11/16/20	12/01/20		550.00	0.00	0.00	550.00 ✓	
	GREASE TRAP									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	S2694 STANFORD VACUUM SERVICE					1,100.00	0.00	0.00	1,100.00	
S3940	STERIS CORPORATION ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
11772345 ✓		11/15/20	11/13/20	12/08/20		446.32	0.00	0.00	446.32 ✓	
	SUPPLIES									
11759693 ✓		11/21/20	11/09/20	12/04/20		317.45	0.00	0.00	317.45 ✓	
	SUPPLIES									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	S3940 STERIS CORPORATION					763.77	0.00	0.00	763.77	
10735	STRYKER SUSTAINABILITY ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
4787800 ✓		11/21/20	08/29/20	09/28/20		2,770.16	0.00	0.00	2,770.16 ✓	
	SUPPLIES									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	10735 STRYKER SUSTAINABILITY					2,770.16	0.00	0.00	2,770.16	
10758	TEXAS SELECT STAFFING, LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
0023108 -51-079-IN ✓		11/20/20	11/16/20	11/17/20		4,235.00	0.00	0.00	4,235.00 ✓	
	BRANDON BATES W/E 11/11/20									
0022885 -51-079-IN ✓		11/21/20	10/18/20	10/19/20		1,072.50	0.00	0.00	1,072.50 ✓	
	BRANDON BATES 10/14/23 RN									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	10758 TEXAS SELECT STAFFING, LLC					5,307.50	0.00	0.00	5,307.50	
Vendor#	Vendor Name	Class	Pay Code							

U0080	UAL ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
001990103 ✓	- sales tax	11/15/20	09/07/20	10/07/20	198.60	214.98	0.00	0.00	214.98	198.60
	SUPPLIES									
Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net	
	U0080	UAL				198.60	0.00	0.00	214.98	198.60
Vendor#	Vendor Name			Class	Pay Code					
U1064	UNIFIRST HOLDINGS INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
2921018517 ✓	LAUNDRY	11/20/20	11/16/20	12/11/20		29.95	0.00	0.00	29.95	✓
2921018518 ✓	LAUNDRY	11/20/20	11/16/20	12/11/20		299.18	0.00	0.00	299.18	✓
2921018515 ✓	LAUNDRY	11/20/20	11/16/20	12/11/20		176.71	0.00	0.00	176.71	✓
2921018519 ✓	LAUNDRY	11/20/20	11/16/20	12/11/20		244.19	0.00	0.00	244.19	✓
2921018516 ✓	LAUNDRY	11/20/20	11/16/20	12/11/20		2,235.42	0.00	0.00	2,235.42	✓
2921018521 ✓	LAUNDRY	11/20/20	11/16/20	12/11/20		102.46	0.00	0.00	102.46	✓
2921018520 ✓	LAUNDRY	11/20/20	11/16/20	12/11/20		235.33	0.00	0.00	235.33	✓
2921018514 ✓	LAUNDRY	11/20/20	11/16/20	12/11/20		100.51	0.00	0.00	100.51	✓
Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net	
	U1064	UNIFIRST HOLDINGS INC				3,423.75	0.00	0.00	3,423.75	
Vendor#	Vendor Name			Class	Pay Code					
V1056	VICTORIA AIR CONDITIONING LTD ✓			W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
207468 ✓	DUCT WORK	11/15/20	11/15/20	11/15/20		2,700.00	0.00	0.00	2,700.00	✓
Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net	
	V1056	VICTORIA AIR CONDITIONING LTD				2,700.00	0.00	0.00	2,700.00	
Vendor#	Vendor Name			Class	Pay Code					
12208	WAGeworks ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
INV5782563 ✓	MONTHLY COMPLIANCE	11/21/20	10/25/20	11/25/20		475.25	0.00	0.00	475.25	✓
Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net	
	12208	WAGeworks				475.25	0.00	0.00	475.25	
Vendor#	Vendor Name			Class	Pay Code					
I1110	WERFEN USA LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
9111412676 ✓	SUPPLIES	11/15/20	11/13/20	12/05/20		1,953.00	0.00	0.00	1,953.00	✓
9111414674 ✓	CONTRACT	11/20/20	11/15/20	12/10/20		1,571.67	0.00	0.00	1,571.67	✓
Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net	
	I1110	WERFEN USA LLC				3,524.67	0.00	0.00	3,524.67	
Vendor#	Vendor Name			Class	Pay Code					

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
11400	WEST COAST MEDICAL RESOURCES ✓										
INV104273	✓ SUPPLIES	11/01/20	09/18/20	10/18/20		895.00	0.00	0.00	895.00 ✓		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11400	WEST COAST MEDICAL RESOURCES	895.00	0.00	0.00	895.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	364,460.33	0.00	0.00	364,460.33

$364,460.33 +$
 $214.98 -$
 $198.60 +$
 $364,443.95 *$

pg 11 correction
(sales tax)

$\{ < 214.98 >$
 $\{ + 198.60$

 $\$ 364,443.95$

APPROVED ON
NOV 22 2023
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

RECEIVED BY THE
COUNTY AUDITOR ON
RUN DATE: 11/22/23
TIME: 09:00
NOV 22 2023

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1
APCDEDIT

PATIENT
NUMBER
CALHOUN COUNTY, TEXAS
PAYEE NAME

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY PAT CODE TYPE	DESCRIPTION	GL NUM
		112123	160.00	✓ 3	REFUND FOR	
		112123	50.00	✓ 1	REFUND FOR	
		112123	1269.86	✓ 2	REFUND FOR	

ARID=0001 TOTAL

1479.86

TOTAL

1479.86

APPROVED ON

NOV 22 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

STATEMENT

As of: 11/24/2023

Page: 001

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

Company: 8000

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

CARR: MCK INITIATED ACH DEBIT
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only
USA

DC: 8115

Territory: 7001

Customer Location:

Customer: 835438

Date: 11/25/2023

As of: 11/24/2023 Page: 001

Mail to: Comp: 8000

CARR: MCK INITIATED ACH DEBIT
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only
USA

Cust: 835438 PLEASE CHECK ANY
Date: ITEMS NOT PAID

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number
11/22/2023	11/28/2023	7459667719	2850245	115Invoice	0.68	34.01		33.33		7459667719

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

TOTAL

Future Due:	0.00	Subtotals:	34.01	USD	Due If Paid On Time:	33.33
Past Due:	0.00	If Paid By 11/28/2023			USD	
Least Payment:	11,739.80	Pay This Amount:	33.33	USD	Disc lost if paid late:	0.68
11/13/2023		If Paid After 11/28/2023	34.01	USD	Due if paid late:	34.01
Total Discount:	0.68	Pay This Amount:			USD	

Andrew De Los Santos
11/27/23

33.33 +
2,846.79 +
12.32 +
2,892.44 *

APPROVED ON

NOV 27 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

STATEMENT

As of: 11/24/2023

Page: 001

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

Company: 8000

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

CARR: MCK INITIATED ACH DEBIT
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only
USA

DC: 8115

Territory: 7001

Customer Location:

Customer: 256342

Date: 11/25/2023

As of: 11/24/2023 Page: 001

Mail to: Comp: 8000

CARR: MCK INITIATED ACH DEBIT
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only
USA

Cust: 256342 PLEASE CHECK ANY
Date: ITEMS NOT PAID ↓

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
11/20/2023	11/28/2023	7458861680	96101918	115Invoice	1.34	66.99		65.65		7458861680	✓
11/20/2023	11/28/2023	7458861683	96141004	115Invoice	8.03	401.44		393.41		7458861683	✓
11/20/2023	11/28/2023	7458878737	96282041	115Invoice	0.01	0.63		0.62		7458878737	✓
11/20/2023	11/28/2023	7459064494	96067319	195Invoice	0.03	1.27		1.24		7459064494	✓
11/20/2023	11/28/2023	7459064495	96147376	195Invoice	0.36	17.87		17.51		7459064495	✓
11/20/2023	11/28/2023	7459138235	96072437	115Invoice	20.26	1,013.06		992.80		7459138235	✓
11/21/2023	11/28/2023	7459206896	96343027	115Invoice	0.03	1.58		1.55		7459206896	✓
11/21/2023	11/28/2023	7459359878	96151147	115Invoice	0.02	0.95		0.93		7459359878	✓
11/21/2023	11/28/2023	7459359879	96355819	115Invoice	0.36	18.18		17.82		7459359879	✓
11/22/2023	11/28/2023	7459485356	96558897	115Invoice	18.28	913.90		895.62		7459485356	✓
11/22/2023	11/28/2023	7459643946	96492530	195Invoice	3.46	172.76		169.30		7459643946	✓
11/22/2023	11/28/2023	7459643947	96499183	115Invoice	0.57	28.40		27.83		7459643947	✓
11/24/2023	11/28/2023	7459931671	96678090	115Invoice	5.34	266.92		261.58		7459931671	✓
11/24/2023	11/28/2023	7459958229	96614043	195Invoice	0.02	0.95		0.93		7459958229	✓

STATEMENT

As of: 11/24/2023

Page: 002

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

Company: 8000

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

CARR: MCK INITIATED ACH DEBIT
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only
USA

DC: 8115

Territory: 7001

Customer Location:

Customer: 256342

Date: 11/25/2023

As of: 11/24/2023 Page: 002

Mail to: Comp: 8000

CARR: MCK INITIATED ACH DEBIT
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only
USA

Cust: 256342 **PLEASE CHECK ANY ITEMS NOT PAID**

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

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

TOTAL

Future Due:	0.00	Subtotals:	2,904.90	USD	Due If Paid On Time:	2,846.79 ✓
Past Due:	0.00	If Paid By 11/28/2023			USD	58.11
Partial Payment:	12,898.53	Pay This Amount:	2,846.79	USD	Disc lost if paid late:	USD 2,904.90
Partial Payment:		If Paid After 11/28/2023	2,904.90	USD	Due if paid late:	USD
Total Discount:	58.11	Pay This Amount:				

Andrew Delos Santos
11/27/23

STATEMENT

As of: 11/24/2023

Page: 001

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

Company: 8000

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

CARR: MCK INITIATED ACH DEBIT
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only
USA

DC: 8115

Territory: 7001

Customer Location:

Customer: 835434

Date: 11/25/2023

As of: 11/24/2023 Page: 001

Mail to: Comp: 8000

CARR: MCK INITIATED ACH DEBIT
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only
USA

Cust: 835434 PLEASE CHECK ANY
Date: ITEMS NOT PAID ↓

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number
11/22/2023	11/28/2023	7459488453	2849138	115Invoice	0.25	12.57		12.32		7459488453

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

TOTAL

Future Due:	0.00	Subtotals:	12.57	USD	Due If Paid On Time:	12.32
Past Due:	0.00	If Paid By 11/28/2023			USD	
Fast Payment:	12,898.53	Pay This Amount:	12.32	USD	Disc lost if paid late:	0.25
1/20/2023		If Paid After 11/28/2023	12.57	USD	Due if paid late:	12.57
Total Discount:	0.25	Pay This Amount:			USD	

Andrew De los Santos
11/27/23

Amerisourcebergen

All Items Report

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

Account Number	Account Name	COID	Invoice Number	Invoice Date	Due Date	Invoice Description	P.O. Number	Statement Number	Clearing Number	Clearing Date	Status	Age Ctg	Tax Amount	Invoice Amount	
100135284	WALGREENS #12494 340B	#	3154686536	11/20/2023	12/01/2023	INVOICE(ZF2)	7004777063	#	#		Open	0	0.00	26.21	✓
	WALGREENS #12494 340B	#	3154686537	11/20/2023	12/01/2023	INVOICE(ZF2)	7004784719	#	#		Open	0	0.00	235.97	✓
	WALGREENS #12494 340B	#	3154686538	11/20/2023	12/01/2023	INVOICE(ZF2)	7004786586	#	#		Open	0	0.00	107.96	✓
	WALGREENS #12494 340B	#	3154794700	11/20/2023	12/01/2023	INVOICE(ZF2)	7004802264	#	#		Open	0	0.00	44.30	✓
	WALGREENS #12494 340B	#	3154985712	11/21/2023	12/01/2023	INVOICE(ZF2)	7004811341	#	#		Open	0	0.00	12.49	✓
	WALGREENS #12494 340B	#	3155138823	11/22/2023	12/01/2023	INVOICE(ZF2)	7004819770	#	#		Open	0	0.00	146.27	✓
	WALGREENS #12494 340B	#	3155278685	11/24/2023	12/01/2023	INVOICE(ZF2)	7004830218	#	#		Open	0	0.00	133.26	✓
	WALGREENS #12494 340B	#	3155278686	11/24/2023	12/01/2023	INVOICE(ZF2)	7004831531	#	#		Open	0	0.00	513.52	✓
	WALGREENS #12494 340B	#	3155278687	11/24/2023	12/01/2023	INVOICE(ZF2)	7004831957	#	#		Open	0	0.00	8.82	✓
100135284														1,228.80	
														1,228.80	✓

Andrew De La Santeas
11/27/23

APPROVED ON

NOV 27 2023

BY COUNTY AUDITOR,
CALHOUN COUNTY, TEXAS

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Nov 20, 2023 - Nov 26, 2023 ✓**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>
11/24/2023	PAY PLUS ACHTrans 000000007355533 1010006999	- 3rd Party Payor Fee
11/24/2023	EXPERTPAY EXPERTPAY 746003411 91000018984436	- Child Support Payment
11/24/2023	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense
11/24/2023	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll
11/22/2023	PAY PLUS ACHTrans 000000007223763 1010006988	- 3rd Party Payor Fee
11/21/2023	PAY PLUS ACHTrans 000000007106141 1010006977	- 3rd Party Payor Fee
11/21/2023	MCKESSON DRUG AUTO ACH ACH05747411 910000128	- 340B Drug Program Expense
11/20/2023	PAY PLUS ACHTrans 000000006955694 1010006965	- 3rd Party Payor Fee

<u>Amount</u>	<u>CPS</u>
\$ 70.76 ✓	Pay PLUS 70.76 +
\$ 570.69	3.55 +
\$ 1,463.18 *	1.44 +
\$ 393,252.95 *	132.19 +
\$ 12,898.53 *	207.94 *
\$ 132.19	Expertpay 570.69 +
<u>408,393.29 ✓</u>	570.69 *
	778.63 *

Andrew De los Santos
ANDREW DE LOS SANTOS
Memorial Medical Center

November 27, 2023
* Approved 11/22/23 cc

**PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS**

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>
11/30/2023 ✓	STATE COMPTRLR TEXNET 07952329	RAPPS IGT Payment ✓
12/4/2023 ✓	STATE COMPTRLR TEXNET 07953118	QIPP IGT Payment ✓

<u>Amount</u>	
\$ 25,379.56	408,393.29 +
\$ 1,983,403.28	1,463.18 -
<u>2,008,782.84</u>	393,252.95 -
	12,898.53 -
	778.63 *
	778.63 +
	778.63 -
	<u>0.00 *</u>

Andrew De los Santos
ANDREW DE LOS SANTOS
Memorial Medical Center

November 27, 2023

**APPROVED ON
NOV 27 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**



Transaction Summary

Transaction Complete
Trace #

**Texas Health and Human Services Commission
Memorial Medical Center Operating County**

Payment Total	\$25,379.56
Bank Routing and Account Number	
Settlement Date	11/30/2023 ✓
RAPPS Amount	\$25,379.56 ✓
Entered By	Andrew De Los Santos .



Transaction Summary

Transaction Complete
Trace #:

**Texas Health and Human Services Commission
Memorial Medical Center Operating County**

Payment Total	\$1,983,403.28
Bank Routing and Account Number	
Settlement Date	12/4/2023 ✓
QIPP Amount	\$1,983,403.28 ✓
Entered By	Andrew De Los Santos

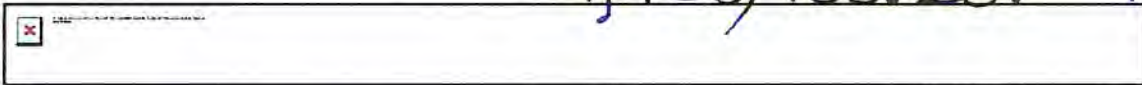
Andrew DeLosSantos

From: Texas Health and Human Services Commission <txhhs@public.govdelivery.com>
Sent: Thursday, November 16, 2023 9:31 PM
To: Andrew DeLosSantos
Subject: [BULK] QIPP IGT Notification Second Half of Year 7 (SFY24)

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.



2,206,740.52
-223,337.24 *Half Pointe*
1,983,403.28 ✓ *Flora*



QIPP IGT Notification Second Half of Year 7 (SFY24)

The Texas Health and Human Services Commission (HHSC) is providing notification of the second half Intergovernmental Transfer (IGT) call for Quality Incentive Payment Program (QIPP) Year 7.

The IGT amounts can be found in column D on the December IGT Call tab of the **"QIPP Year 7 IGT Call – May 2023 & December 2023"** file. This file can be found under QIPP Year 7 (SFY24) Related Documents on the [HHSC Provider Finance website](#).

The IGT must be entered into TexNet no later than close of business Dec. 1, 2023, with a settlement date of Dec. 4, 2023.

- This settlement date is non-negotiable.
- The funds need to be placed in the "QIPP" Bucket.

Please transfer funds through TexNet. TexNet instructions are available on the [Texas Comptroller's website](#).



Send an email with a screenshot or PDF of the confirmation/trace sheet to [PFD QIPP Payments](#).

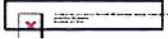


Please email any questions regarding this change or the calculation in general to [PFD QIPP](#).



You have subscribed to get updates about Texas Health and Human Services (HHS). For more information about HHS, [please visit our website](#).

Stay Connected



Subscriber Services

[Manage Preferences](#) | [Unsubscribe](#) | [Help](#)

This email was sent to adelossantos@mmcportlavaca.com using govDelivery Communications Cloud on behalf of: Texas Health and Human Services Commission · 707 17th St, Suite 4000 · Denver, CO 80202



This list contains the suggested requested amounts. No excess funds have been added.

Suggested IGT was updated as a result of changes in ownership for enrolled facilities.

Total IGT Call

FACILITY ID	FACILITY NAME	FACILITY OWNER	DECEMBER REQUEST
106081	SORRENTO	HAMILTON COUNTY HOSPITAL DISTRICT	\$ 163,440.93
106546	WINDEMERE AT WESTOVER HILLS	HAMILTON COUNTY HOSPITAL DISTRICT	\$ 197,086.50
106566	FORUM PARKWAY HEALTH & REHABILITATION	HAMILTON COUNTY HOSPITAL DISTRICT	\$ 322,163.59
107065	THE RESERVE AT RICHARDSON	HAMILTON COUNTY HOSPITAL DISTRICT	\$ 122,520.65
110116	ADVANCED HEALTH & REHAB CENTER OF GARLAND	HAMILTON COUNTY HOSPITAL DISTRICT	\$ 560,221.84
110356	CEDAR HOLLOW REHABILITATION CENTER	HAMILTON COUNTY HOSPITAL DISTRICT	\$ 39,023.76
4491	MI CASITA NURSING AND REHABILITATION	HANSFORD COUNTY HOSPITAL DISTRICT	\$ 214,295.32
4942	HANSFORD COUNTY HOSPITAL DISTRICT DBA LAKERIDGE NURSING A	HANSFORD COUNTY HOSPITAL DISTRICT	\$ 261,889.81
5176	HANSFORD MANOR	HANSFORD COUNTY HOSPITAL DISTRICT	\$ 163,526.72
102587	THE PLAZA AT LUBBOCK	HANSFORD COUNTY HOSPITAL DISTRICT	\$ 463,454.38
5183	WINDFLOWER HEALTH CENTER	HEMPHILL COUNTY HOSPITAL DISTRICT	\$ 179,551.68
110431	MESA VIEW SENIOR LIVING	HEMPHILL COUNTY HOSPITAL DISTRICT	\$ 122,726.53
4633	ROSE TRAIL NURSING AND REHABILITATION CENTER	HOPKINS COUNTY HOSPITAL DISTRICT	\$ 378,199.50
5186	PETAL HILL NURSING AND REHABILITATION CENTER	HOPKINS COUNTY HOSPITAL DISTRICT	\$ 349,237.89
5213	COLONIAL NURSING & REHABILITATION CENTER	HOPKINS COUNTY HOSPITAL DISTRICT	\$ 228,141.30
5218	LONGVIEW HILL NURSING AND REHABILITATION CENTER	HOPKINS COUNTY HOSPITAL DISTRICT	\$ 598,534.21
5390	PARK PLACE NURSING & REHABILITATION CENTER	HOPKINS COUNTY HOSPITAL DISTRICT	\$ 358,159.71
105966	TREVISO TRANSITIONAL CARE	HOPKINS COUNTY HOSPITAL DISTRICT	\$ 213,437.45
4814	PARK VIEW CARE CENTER	JACK COUNTY HOSPITAL DISTRICT	\$ 841,156.31
4852	ARLINGTON RESIDENCE AND REHABILITATION CENTER	JACK COUNTY HOSPITAL DISTRICT	\$ 316,896.28
4888	FAITH COMMUNITY NURSING & REHABILITATION	JACK COUNTY HOSPITAL DISTRICT	\$ 109,498.22
4202	KENT COUNTY NURSING HOME	KENT COUNTY	\$ 156,921.14
4756	MUNDAY NURSING CENTER	KNOX COUNTY HOSPITAL DISTRICT	\$ 158,482.46
4170	COLONIAL PINES HEALTHCARE CENTER	LIBERTY COUNTY HOSPITAL DISTRICT NO 1	\$ 260,208.39
4593	COLLEGE STREET HEALTH CARE CENTER	LIBERTY COUNTY HOSPITAL DISTRICT NO 1	\$ 94,725.74
4630	CASCADES AT SENIOR REHAB	LIBERTY COUNTY HOSPITAL DISTRICT NO 1	\$ 511,066.03
4803	TWIN OAKS HEALTH & REHABILITATION CENTER	LIBERTY COUNTY HOSPITAL DISTRICT NO 1	\$ 273,282.29
4907	CASS VALLEY HEALTHCARE CENTER	LIBERTY COUNTY HOSPITAL DISTRICT NO 1	\$ 145,597.28
4929	WHISPERWOOD NURSING & REHABILITATION CENTER	LIBERTY COUNTY HOSPITAL DISTRICT NO 1	\$ 314,957.50
4989	PINE TREE LODGE NURSING CENTER	LIBERTY COUNTY HOSPITAL DISTRICT NO 1	\$ 290,525.43
5002	MESA HILLS POST ACUTE	LIBERTY COUNTY HOSPITAL DISTRICT NO 1	\$ 403,403.65
5048	PASADENA POST ACUTE	LIBERTY COUNTY HOSPITAL DISTRICT NO 1	\$ 516,419.12
5081	GREENBRIER NURSING & REHABILITATION CENTER OF TYLER	LIBERTY COUNTY HOSPITAL DISTRICT NO 1	\$ 259,402.00
5100	VIDOR HEALTH & REHABILITATION CENTER	LIBERTY COUNTY HOSPITAL DISTRICT NO 1	\$ 362,620.62
5161	BREMOND NURSING AND REHABILITATION CENTER	LIBERTY COUNTY HOSPITAL DISTRICT NO 1	\$ 186,037.16
5199	RIVER POINTE OF TRINITY HEALTHCARE AND REHABILITATION CENTE	LIBERTY COUNTY HOSPITAL DISTRICT NO 1	\$ 234,695.41
5201	AVALON PLACE KIRBYVILLE	LIBERTY COUNTY HOSPITAL DISTRICT NO 1	\$ 271,120.47
5222	PINE GROVE NURSING CENTER	LIBERTY COUNTY HOSPITAL DISTRICT NO 1	\$ 255,541.59
5245	TIMBERWOOD NURSING AND REHABILITATION CENTER	LIBERTY COUNTY HOSPITAL DISTRICT NO 1	\$ 378,045.08
5253	SOUTHLAND REHABILITATION AND HEALTHCARE CENTER	LIBERTY COUNTY HOSPITAL DISTRICT NO 1	\$ 327,568.15
5325	SOLIDAGO HEALTH AND REHABILITATION	LIBERTY COUNTY HOSPITAL DISTRICT NO 1	\$ 358,262.66
5329	BRIARCLIFF SKILLED NURSING FACILITY	LIBERTY COUNTY HOSPITAL DISTRICT NO 1	\$ 239,430.84
5360	LEGACY AT TOWN CREEK	LIBERTY COUNTY HOSPITAL DISTRICT NO 1	\$ 513,468.06
5368	THE PHOENIX POSTACUTE	LIBERTY COUNTY HOSPITAL DISTRICT NO 1	\$ 362,586.31
102369	EAST VIEW HEALTHCARE	LIBERTY COUNTY HOSPITAL DISTRICT NO 1	\$ 335,426.22
102704	FAIRFIELD NURSING & REHABILITATION CENTER	LIBERTY COUNTY HOSPITAL DISTRICT NO 1	\$ 303,221.87
102907	LEGEND OAKS HEALTHCARE AND REHABILITATION CENTER NORTHW	LIBERTY COUNTY HOSPITAL DISTRICT NO 1	\$ 345,669.16
103086	THE COURTYARDS AT PASADENA	LIBERTY COUNTY HOSPITAL DISTRICT NO 1	\$ 433,772.16
103471	MASON CREEK TRANSITIONAL CARE OF KATY	LIBERTY COUNTY HOSPITAL DISTRICT NO 1	\$ 345,326.01
103739	JEFFERSON NURSING AND REHABILITATION CENTER	LIBERTY COUNTY HOSPITAL DISTRICT NO 1	\$ 254,752.35
103866	COPPERFIELD HEALTHCARE AND REHABILITATION	LIBERTY COUNTY HOSPITAL DISTRICT NO 1	\$ 368,351.18
104200	MISTY WILLOW HEALTHCARE AND REHABILITATION CENTER	LIBERTY COUNTY HOSPITAL DISTRICT NO 1	\$ 273,659.76
104599	THE HEIGHTS OF TYLER	LIBERTY COUNTY HOSPITAL DISTRICT NO 1	\$ 413,251.97
105467	CAPROCK NURSING & REHABILITATION	LIBERTY COUNTY HOSPITAL DISTRICT NO 1	\$ 274,123.00
105594	BRIDGECREST REHABILITATION SUITES	LIBERTY COUNTY HOSPITAL DISTRICT NO 1	\$ 376,174.93
105652	THE HEIGHTS OF TOMBALL	LIBERTY COUNTY HOSPITAL DISTRICT NO 1	\$ 329,884.40
105682	THE HEIGHTS OF NORTH HOUSTON	LIBERTY COUNTY HOSPITAL DISTRICT NO 1	\$ 459,971.44

107241	FIVE POINTS NURSING AND REHABILITATION	LIBERTY COUNTY HOSPITAL DISTRICT NO 1	\$	280,694.27
4121	PARKVIEW NURSING AND REHABILITATION CENTER	MAVERICK COUNTY HOSPITAL DISTRICT	\$	346,715.76
4458	HACIENDA OAKS AT BEEVILLE	MAVERICK COUNTY HOSPITAL DISTRICT	\$	267,568.90
4502	PLEASANTON NORTH NURSING AND REHABILITATION	MAVERICK COUNTY HOSPITAL DISTRICT	\$	168,262.15
4588	HURST PLAZA NURSING AND REHAB	MAVERICK COUNTY HOSPITAL DISTRICT	\$	378,371.07
4629	JOURDANTON NURSING AND REHABILITATION	MAVERICK COUNTY HOSPITAL DISTRICT	\$	287,419.95
4737	PLEASANTON SOUTH NURSING AND REHAB CENTER	MAVERICK COUNTY HOSPITAL DISTRICT	\$	386,984.06
4842	CYPRESS WOODS CARE CENTER	MAVERICK COUNTY HOSPITAL DISTRICT	\$	375,488.64
4944	SAN ANTONIO WEST NURSING AND REHABILITATION	MAVERICK COUNTY HOSPITAL DISTRICT	\$	542,704.18
4966	SAN JACINTO MANOR	MAVERICK COUNTY HOSPITAL DISTRICT	\$	323,621.96
5185	HERITAGE TRAILS NURSING AND REHABILITATION CENTER	MAVERICK COUNTY HOSPITAL DISTRICT	\$	490,099.74
106495	THE LODGE AT BEAR CREEK	MAVERICK COUNTY HOSPITAL DISTRICT	\$	140,879.01
5024	MCCAMEY CONVALESCENT CENTER	MCCAMEY COUNTY HOSPITAL DISTRICT	\$	143,195.26
4272	FOCUSED CARE AT CRANE	MCCULLOCH COUNTY HOSPITAL DISTRICT	\$	362,037.27
4327	RISING STAR NURSING CENTER	MCCULLOCH COUNTY HOSPITAL DISTRICT	\$	147,827.74
4538	OAKS NURSING CENTER	MCCULLOCH COUNTY HOSPITAL DISTRICT	\$	303,976.80
4744	BRADY WEST REHAB & NURSING	MCCULLOCH COUNTY HOSPITAL DISTRICT	\$	159,632.00
5327	SAN ANTONIO RESIDENCE AND REHABILITATION CENTER	MCCULLOCH COUNTY HOSPITAL DISTRICT	\$	175,471.73
5343	ROSEWOOD REHABILITATION AND CARE CENTER	MCCULLOCH COUNTY HOSPITAL DISTRICT	\$	306,104.31
100313	SAGECREST ALZHEIMERS CARE CENTER	MCCULLOCH COUNTY HOSPITAL DISTRICT	\$	186,706.30
105581	ROYAL MANOR	MCCULLOCH COUNTY HOSPITAL DISTRICT	\$	301,935.07
4531	COMMUNITY CARE CENTER OF HONDO	MEDINA COUNTY HOSPITAL DISTRICT	\$	183,806.71
4736	TOWN AND COUNTRY NURSING AND REHABILITATION CENTER	MEDINA COUNTY HOSPITAL DISTRICT	\$	470,677.62
5280	GUADALUPE VALLEY NURSING AND REHABILITATION CENTER	MEDINA COUNTY HOSPITAL DISTRICT	\$	364,696.66
5311	MEDINA VALLEY HEALTH & REHABILITATION CENTER	MEDINA COUNTY HOSPITAL DISTRICT	\$	260,603.01
104118	CIBOLO CREEK	MEDINA COUNTY HOSPITAL DISTRICT	\$	334,568.35
105330	LAS COLINAS OF WESTOVER	MEDINA COUNTY HOSPITAL DISTRICT	\$	428,899.47
4628	FORT BEND HEALTHCARE CENTER	MEMORIAL MEDICAL CENTER	\$	158,636.87
4811	ASHFORD GARDENS	MEMORIAL MEDICAL CENTER	\$	508,166.44
102540	GOLDEN CREEK HEALTHCARE AND REHABILITATION CENTER	MEMORIAL MEDICAL CENTER	\$	294,471.62
103462	TUSCANY VILLAGE	MEMORIAL MEDICAL CENTER	\$	300,596.80
105006	SOLERA AT WEST HOUSTON	MEMORIAL MEDICAL CENTER	\$	152,134.24
105314	THE CRESCENT	MEMORIAL MEDICAL CENTER	\$	140,227.03
105818	THE BROADMOOR AT CREEKSIDE PARK	MEMORIAL MEDICAL CENTER	\$	187,993.10
110301	BETHANY SENIOR LIVING	MEMORIAL MEDICAL CENTER	\$	241,177.18
4075	MENARD MANOR	MENARD COUNTY HOSPITAL DISTRICT	\$	101,331.32
4280	FOCUSED CARE AT HOGAN PARK	MIDLAND COUNTY HOSPITAL DISTRICT	\$	339,115.05
4982	FOCUSED CARE AT MIDLAND	MIDLAND COUNTY HOSPITAL DISTRICT	\$	460,966.56
5012	FOCUSED CARE AT ODESSA	MIDLAND COUNTY HOSPITAL DISTRICT	\$	217,143.44
5164	SANDHILLS NURSING & REHABILITATION	MIDLAND COUNTY HOSPITAL DISTRICT	\$	267,380.16
5310	FOCUSED CARE AT FORT STOCKTON	MIDLAND COUNTY HOSPITAL DISTRICT	\$	337,725.31
106965	ASHTON MEDICAL LODGE	MIDLAND COUNTY HOSPITAL DISTRICT	\$	364,319.20
4221	MITCHELL COUNTY NURSING AND REHABILITATION CENTER	MITCHELL COUNTY HOSPITAL DISTRICT	\$	206,471.57
5249	MEMORIAL NURSING AND REHABILITATION CENTER	MOORE COUNTY HOSPITAL DISTRICT	\$	144,035.97
4210	PARK VIEW NURSING CARE CENTER	MULESHOE AREA HOSPITAL DISTRICT	\$	148,874.34
5129	HERITAGE AT LONGVIEW HEALTHCARE CENTER	NACOGDOCHES COUNTY HOSPITAL DISTRICT	\$	324,994.55
5195	STONECREEK NURSING & REHABILITATION	NACOGDOCHES COUNTY HOSPITAL DISTRICT	\$	199,865.99
103421	HERITAGE HOUSE OF MARSHALL HEALTH & REHABILITATION CENTER	NACOGDOCHES COUNTY HOSPITAL DISTRICT	\$	254,563.62
110205	LEGACY AT JACKSONVILLE	NACOGDOCHES COUNTY HOSPITAL DISTRICT	\$	202,823.70
113	TRAYMORE NURSING CENTER	NOCONA HOSPITAL DISTRICT	\$	327,945.62
4026	ELECTRA HEALTHCARE CENTER	NOCONA HOSPITAL DISTRICT	\$	133,398.41
4307	OAK MANOR OF COMMERCE NURSING AND REHABILITATION	NOCONA HOSPITAL DISTRICT	\$	171,899.50
4381	GREENVILLE GARDENS	NOCONA HOSPITAL DISTRICT	\$	336,695.86
4384	GRACE CARE CENTER OF HENRIETTA	NOCONA HOSPITAL DISTRICT	\$	128,954.65
4413	EVERGREEN HEALTHCARE CENTER	NOCONA HOSPITAL DISTRICT	\$	115,743.49
4418	ADVANCED REHABILITATION AND HEALTHCARE OF BOWIE	NOCONA HOSPITAL DISTRICT	\$	563,361.63
4668	FARMERSVILLE HEALTH AND REHABILITATION	NOCONA HOSPITAL DISTRICT	\$	244,475.10
4755	SKYLINE NURSING CENTER	NOCONA HOSPITAL DISTRICT	\$	700,431.72
4817	GRACE CARE CENTER OF NOCONA	NOCONA HOSPITAL DISTRICT	\$	170,664.17
5060	SUNNY SPRINGS NURSING & REHAB	NOCONA HOSPITAL DISTRICT	\$	234,592.47
5102	LANDMARK OF PLANO REHABILITATION AND NURSING CENTER	NOCONA HOSPITAL DISTRICT	\$	272,887.67
5127	THE HIGHLANDS GUEST CARE CENTER LLC	NOCONA HOSPITAL DISTRICT	\$	397,329.94

\$ 2,206,740.52 MMC NF's
 \$ (223,337.24) Gulf Pointe
 \$ 1,983,403.28 IGT Due

RECEIVED BY THE
COUNTY AUDITOR ON

NOV 22 2023
11/22/2023

CALHOUN COUNTY, TEXAS

10:23

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Class Pay Code

Vendor# Vendor Name

11824 THE CRESCENT

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
----------	---------	---------	--------	--------	---------	-----------	----------	--------	-----

111623		11/21/20	11/16/20	12/16/20		4,560.00	0.00	0.00	4,560.00 ✓
--------	--	----------	----------	----------	--	----------	------	------	------------

TRANSFER NH insurance pymt deposited into MMC openly

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
---------------	--------	------	-------	----------	--------	-----

	11824	THE CRESCENT	4,560.00	0.00	0.00	4,560.00
--	-------	--------------	----------	------	------	----------

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	4,560.00	0.00	0.00	4,560.00

APPROVED ON

NOV 22 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED BY THE
COUNTY AUDITOR ON

NOV 22 2023

11/22/2023

10:24

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Class Pay Code

Vendor# Vendor Name

11836 GOLDENCREEK HEALTHCARE ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
111423		11/20/20	11/14/20	12/16/20		3,760.57	0.00	0.00	3,760.57 ✓		
	TRANSFER										
111423A		11/20/20	11/14/20	12/16/20		2,370.00	0.00	0.00	2,370.00 ✓		
	TRANSFER										
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
						11836	GOLDENCREEK HEALTHCARE	6,130.57	0.00	0.00	6,130.57

NH insurance pymt deposited into mme operating

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	6,130.57	0.00	0.00	6,130.57

APPROVED ON

NOV 22 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED BY THE
COUNTY AUDITOR ON

NOV 22 2023

11/22/2023

10:24

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap_open_invoice.template

Dates Through:

Class Pay Code

Vendor# Vendor Name

12696 GULF POINTE PLAZA ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
111423		11/20/20	11/14/20	12/16/20		357.33	0.00	0.00	357.33 ✓
	TRANSFER	<i>NH insurance pymt deposited int MMC operating</i>							
111523		11/21/20	11/15/20	12/16/20		219.58	0.00	0.00	219.58 ✓
	SUPPLIES	<i>transfer "</i>							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
12696		GULF POINTE PLAZA	576.91	0.00	0.00	576.91

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	576.91	0.00	0.00	576.91

APPROVED ON

NOV 22 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED BY THE
COUNTY AUDITOR ON

NOV 22 2023

11/22/2023
CALHOUN COUNTY, TEXAS
10:23

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap_open_invoice.template

Dates Through:

Class Pay Code

Vendor# Vendor Name

12792 BETHANY SENIOR LIVING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
111423		11/20/20	11/14/20	12/16/20		157.38	0.00	0.00	157.38 ✓
	TRANSFER	<i>NH insurance pymt deposited into MMC operating</i>							
111523		11/21/20	11/15/20	12/16/20		148.39	0.00	0.00	148.39 ✓
	TRANSFER	<i>"</i>							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12792	BETHANY SENIOR LIVING	305.77	0.00	0.00	305.77

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	305.77	0.00	0.00	305.77

APPROVED ON

NOV 22 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
 Nursing Home UPL
 Weekly Cantex Transfer
 Prosperity Accounts
 11/27/2023

Account	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens	153,614.94	153,332.57	115,804.70		116,087.07	83,040.29
					Bank Balance	116,087.07
					Variance	
					Leave in Balance	100.00
<i>Routine Information for Ashford Gardens:</i>						
					Molina YR7 September QIPP	11,200.50
					Amerigroup YR7 September QIPP	21,563.91
					November Interest	182.37
					Adjust Balance/Transfer Amt	83,040.29
Broadmoor	101,317.18	101,060.54	153,018.07		153,274.71	140,901.63
					Bank Balance	153,274.71
					Variance	
					Leave in Balance	100.00
					Molina YR7 September QIPP	4,142.00
					Amerigroup YR7 September QIPP	7,974.44
					November Interest	156.64
					Adjust Balance/Transfer Amt	140,901.63
Crescent	134,062.95	133,672.17	246,512.76		246,903.54	237,481.01
					Bank Balance	246,903.54
					Variance	
					Leave in Balance	100.00
					Molina YR7 September QIPP	3,087.50
					Amerigroup YR7 September QIPP	5,944.25
					November Interest	290.78
					Adjust Balance/Transfer Amt	237,481.01
Fort Bend	87,526.25	14,013.23	111,889.73		185,402.75	88,088.86
					Bank Balance	185,402.75
					Variance	
					Leave in Balance	100.00
					YS IAR/YS IGT REFUND	86,902.69
					Molina YR7 September QIPP	3,496.00
					Amerigroup YR7 September QIPP	6,730.72
					November Interest	84.48
					Adjust Balance/Transfer Amt	88,088.86
Solera at W Houston	85,684.38	85,356.26	232,088.80		232,416.92	222,278.93
					Bank Balance	232,416.92
					Variance	
					Leave in Balance	100.00
					Molina YR7 September QIPP	3,353.50
					Amerigroup YR7 September QIPP	6,456.37
					November Interest	228.12
					Adjust Balance/Transfer Amt	222,278.93

83,040.29 +
 140,901.63 + *Broadmoor*
 237,481.01 +
 88,088.86 +
 222,278.93 +
 771,790.72 *
 * 1 open account

APPROVED ON
 NOV 27 2023

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

TOTAL TRANSFERS 771,790.72
 Approved: *Andrew De Los Santos*
 ANDREW DE LOS SANTOS 11/27/2023

Ashford Services	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
11/24/2023 Check	29,091.86							
11/24/2023 HNB - ECHO HCCLAIMPMT 746003411 440000225165		299.67						299.67
11/24/2023 NOVITAS SOLUTION HCCLAIMPMT 675423 420000199		2,218.36						2,218.36
11/24/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2		15,508.90						15,508.90
11/22/2023 WIRE OUT ASHFORD HEALTH CARE CENTER LTD	124,240.71							
11/22/2023 MOLINA HEALTHCAR MOLINAACH 01236939 42000019		14,250.00	11,200.50				11,200.50	3,049.50
11/22/2023 HNB - ECHO HCCLAIMPMT 746003411 440000288660		273.17						273.17
11/22/2023 HNB - ECHO HCCLAIMPMT 746003411 440000288644		5,653.18						5,653.18
11/22/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		1,507.50						1,507.50
11/22/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2		4,508.50						4,508.50
11/21/2023 HNB - ECHO HCCLAIMPMT 746003411 440000243268		200.00						200.00
11/21/2023 AMERIGROUP CORPO E-PAYMENT EES2701159 111000		27,435.00	21,563.91				21,563.91	5,871.09
11/20/2023 MANAGEANDNET1718 MNS PMNT 000000000000093 41		2,592.00						2,592.00
11/20/2023 NOVITAS SOLUTION HCCLAIMPMT 675423 420000149		41,358.42						41,358.42
TOTAL	153,332.57	115,804.70	32,764.41				32,764.41	83,040.29

Grandmoor	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
11/24/2023 Check	13,475.07							
11/24/2023 HNB - ECHO HCCLAIMPMT 746003411 440000225778		2,095.29						2,095.29
11/24/2023 HNB - ECHO HCCLAIMPMT 746003411 440000225165		21.71						21.71
11/24/2023 HNB - ECHO HCCLAIMPMT 746003411 440000225165		229.78						229.78
11/24/2023 UnitedHealthcare HCCLAIMPMT 746003411 124384		12,030.00						12,030.00
11/24/2023 NOVITAS SOLUTION HCCLAIMPMT 676357 420000198		3,081.43						3,081.43
11/24/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2		4,088.70						4,088.70
11/22/2023 WIRE OUT CANTEX HEALTH CARE CENTERS III	87,585.47							
11/22/2023 MOLINA HEALTHCAR MOLINAACH 01237475 42000019		5,272.50	4,142.00				4,142.00	1,130.50
11/22/2023 HNB - ECHO HCCLAIMPMT 746003411 440000288660		25.05						25.05
11/22/2023 HNB - ECHO HCCLAIMPMT 746003411 440000288660		251.98						251.98
11/22/2023 HNB - ECHO HCCLAIMPMT 746003411 440000288644		2,950.10						2,950.10
11/22/2023 UnitedHealthcare HCCLAIMPMT 746003411 124384		8,500.00						8,500.00
11/22/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2		5,457.52						5,457.52
11/21/2023 HNB - ECHO HCCLAIMPMT 746003411 440000243671		3,615.36						3,615.36
11/21/2023 HNB - ECHO HCCLAIMPMT 746003411 440000243268		339.82						339.82
11/21/2023 UnitedHealthcare HCCLAIMPMT 746003411 124384		11,800.00						11,800.00
11/21/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		124.42						124.42
11/21/2023 NOVITAS SOLUTION HCCLAIMPMT 676357 420000106		82,983.46						82,983.46
11/21/2023 AMERIGROUP CORPO E-PAYMENT EES2701162 111000		10,150.95	7,974.44				7,974.44	2,176.51
TOTAL	101,060.54	153,018.07	12,116.44				12,116.44	140,901.63

Crescent	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
11/24/2023 Check	11,236.79							
11/24/2023 MANAGEANDNET1718 MNS PMNT 000000000003268 41		278.63						278.63
11/24/2023 HNB - ECHO HCCLAIMPMT 746003411 440000225165		12,179.22						12,179.22
11/24/2023 HNB - ECHO HCCLAIMPMT 746003411 440000225165		25.05						25.05
11/24/2023 HNB - ECHO HCCLAIMPMT 746003411 440000225639		401.84						401.84
11/24/2023 UnitedHealthcare HCCLAIMPMT 746003411 124384		7,600.00						7,600.00
11/24/2023 NOVITAS SOLUTION HCCLAIMPMT 676323 420000198		17,275.54						17,275.54
11/24/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2		660.30						660.30
11/24/2023 DEVOTED HEALTH P HCCLAIMPMT 21000023318976		450.00						450.00
11/24/2023 DEVOTED HEALTH P HCCLAIMPMT 21000023318976		6,300.00						6,300.00
11/22/2023 Check	22,500.00							
11/22/2023 WIRE OUT CANTEX HEALTH CARE CENTERS III	99,935.38							
11/22/2023 Deposit		4,140.00						4,140.00
11/22/2023 MOLINA HEALTHCAR MOLINAACH 01237433 42000019		3,933.00	3,087.50				3,087.50	845.50
11/22/2023 HNB - ECHO HCCLAIMPMT 746003411 440000288660		28.39						28.39
11/22/2023 HNB - ECHO HCCLAIMPMT 746003411 440000288644		1,506.60						1,506.60
11/22/2023 UnitedHealthcare HCCLAIMPMT 746003411 124384		6,970.00						6,970.00
11/22/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		572.58						572.58
11/22/2023 NOVITAS SOLUTION HCCLAIMPMT 676323 420000144		6,147.15						6,147.15
11/21/2023 HNB - ECHO HCCLAIMPMT 746003411 440000243671		3,214.73						3,214.73
11/21/2023 HNB - ECHO HCCLAIMPMT 746003411 440000243268		1,200.00						1,200.00
11/21/2023 UnitedHealthcare HCCLAIMPMT 746003411 124384		10,720.00						10,720.00
11/21/2023 NOVITAS SOLUTION HCCLAIMPMT 676323 420000106		118,889.78						118,889.78
11/21/2023 HUMANA CHA DISB HCCLAIMPMT 35274381 42000019		4,345.00						4,345.00
11/21/2023 DEVOTED HEALTH P HCCLAIMPMT 21000021247484		4,866.00						4,866.00
11/21/2023 DEVOTED HEALTH P HCCLAIMPMT 21000021247482		1,350.00						1,350.00
11/21/2023 DEVOTED HEALTH P HCCLAIMPMT 21000021247480		8,352.29						8,352.29
11/21/2023 AMERIGROUP CORPO E-PAYMENT EES2701161 111000		7,572.06	5,944.25				5,944.25	1,627.81
11/20/2023 NOVITAS SOLUTION HCCLAIMPMT 676323 420000148		17,534.60						17,534.60
TOTAL	133,672.17	246,512.76	9,031.75				9,031.75	237,481.01

Fort Bend	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
11/24/2023 Check	14,013.23							
11/24/2023 NOVITAS SOLUTION HCCLAIMPMT 675663 420000198		40,971.13						40,971.13
11/22/2023 MOLINA HEALTHCAR MOLINAACH 01237094 42000019		4,446.00	3,496.00				3,496.00	950.00
11/22/2023 HNB - ECHO HCCLAIMPMT 746003411 440000288660		53.44						53.44
11/22/2023 HNB - ECHO HCCLAIMPMT 746003411 440000288644		298.69						298.69
11/22/2023 NOVITAS SOLUTION HCCLAIMPMT 675663 420000144		18,044.56						18,044.56
11/21/2023 NOVITAS SOLUTION HCCLAIMPMT 675663 420000106		38,030.09						38,030.09
11/21/2023 AMERIGROUP CORPO E-PAYMENT EES2701158 111000		8,559.72	6,730.72				6,730.72	1,829.00
11/20/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		1,486.10						1,486.10
TOTAL	14,013.23	111,889.73	10,226.72				10,226.72	101,663.01

Solara at West Houston	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
11/24/2023 Check	8,726.73							
11/24/2023 HNB - ECHO HCCLAIMPMT 746003411 440000225165		25.05						25.05
11/24/2023 HNB - ECHO HCCLAIMPMT 746003411 440000225621		6,174.63						6,174.63
11/24/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2		583.63						583.63
11/22/2023 WIRE OUT CANTEX HEALTH CARE CENTERS III	76,629.53							
11/22/2023 MOLINA HEALTHCAR MOLINAACH 01237392 42000019		4,265.50	3,353.50				3,353.50	912.00
11/22/2023 HNB - ECHO HCCLAIMPMT 746003411 440000288660		53.44						53.44
11/22/2023 HNB - ECHO HCCLAIMPMT 746003411 440000288644		28.39						28.39
11/22/2023 NOVITAS SOLUTION HCCLAIMPMT 676310 420000144		2,011.17						2,011.17
11/21/2023 UMR USNAS HCCLAIMPMT 746003411 1243848742953		2,844.08						2,844.08
11/21/2023 HNB - ECHO HCCLAIMPMT 746003411 440000243665		180.00						180.00
11/21/2023 HNB - ECHO HCCLAIMPMT 746003411 440000243665		9,190.40						9,190.40

11/21/2023	NOVITAS SOLUTION HCCLAIMPMT 676310 420000106	-	169,153.33	-	-	-	169,153.33	
11/21/2023	HUMANA CHA DISB HCCLAIMPMT 35312300 42000019	-	72.69	-	-	-	72.69	
11/21/2023	AMERIGROUP CORPO E-PAYMENT EE52701160 111000	-	8,212.21	6,456.37	-	6,456.37	1,755.84	
11/20/2023	UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384	-	5,850.00	-	-	-	5,850.00	
11/20/2023	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	4,023.90	-	-	-	4,023.90	
11/20/2023	NOVITAS SOLUTION HCCLAIMPMT 676310 420000148	0	19420.38	-	-	-	19,420.38	
		<u>85,356.26</u>	<u>232,088.80</u>	<u>9,809.87</u>	-	-	<u>9,809.87</u>	<u>222,278.93</u>
TOTALS		487,434.77	859,314.06	73,949.19	-	-	73,949.19	785,364.87

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$3,047,847.53	\$3,018,516.78	\$3,047,847.53	\$3,157,118.18
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$539.81	\$539.81	\$539.81	\$539.81
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$434.57	\$434.57	\$434.57	\$434.57
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD ✓	\$116,087.07 ✓	\$128,724.20	\$116,087.07	\$127,152.00
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR ✓	\$153,274.71 ✓	\$166,704.60	\$153,274.71	\$145,202.87
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT ✓	\$246,903.54 ✓	\$263,688.95	\$246,903.54	\$212,969.75
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON ✓	\$232,416.92 ✓	\$232,888.63	\$232,416.92	\$234,360.34
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND ✓	\$185,402.75 ✓	\$192,292.74	\$185,402.75	\$158,444.85
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$157,623.18	\$162,629.33	\$157,623.18	\$153,121.50
*4551 CAL CO INDIGENT HEALTHCARE	\$13,340.52	\$13,340.52	\$13,340.52	\$13,340.52
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$850.80	\$5,478.50	\$850.80	\$850.80
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$71,365.10	\$78,908.65	\$71,365.10	\$68,543.94
*5506 MMC -NH BETHANY SENIOR LIVING	\$49,745.95	\$49,745.95	\$49,745.95	\$88,458.94
*3407 MMC -NH TUSCANY VILLAGE	\$127,341.82	\$139,660.70	\$127,341.82	\$164,116.95
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$2,094,298.35	\$2,094,298.35	\$2,094,298.35	\$2,094,298.35
Total Balance	\$6,497,572.62	\$6,547,952.28	\$6,497,572.62	\$6,619,053.37

Memorial Medical Center
 Nursing Home UPL
 Weekly Nexion Transfer
 Prosperity Accounts
 10/23/2023

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		181,645.13	181,361.63	157,339.68		157,623.18	157,339.68
					Bank Balance	157,623.18	
					Variance	-	
					Leave in Balance	100.00	
					November Interest	183.50	
					Adjust Balance/Transfer Amt	157,339.68	

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: Andrew De los Santos
 ANDREW DE LOS SANTOS 11/27/2023

APPROVED ON
 NOV 27 2023
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Golden Creek ✓

11/24/2023 Check
11/24/2023 NOVITAS SOLUTION HCCLAIMPMT 676097 420000198
11/24/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2
11/22/2023 WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC
11/22/2023 Deposit
11/22/2023 HNB - ECHO HCCLAIMPMT 746003411 440000288644
11/22/2023 GOLDENCREEKHEALT MERC DEP 1220356 9100001811
11/21/2023 HNB - ECHO HCCLAIMPMT 746003411 440000243672
11/20/2023 TSYS/TRANSFIRST CR CO DEP 543684555876917 91

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-in	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
55,556.43 ✓	-	-	-	-	-	-	-
-	57,942.58	-	-	-	-	-	57,942.58
-	2,115.53 ✓	-	-	-	-	-	2,115.53
125,805.20	-	-	-	-	-	-	-
-	91,669.32	-	-	-	-	-	91,669.32
-	1,293.93	-	-	-	-	-	1,293.93
-	1,052.00	-	-	-	-	-	1,052.00
-	1,475.32	-	-	-	-	-	1,475.32
-	1,791.00	-	-	-	-	-	1,791.00
181,361.63 ✓	157,339.68 ✓	-	-	-	-	-	157,339.68

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$3,047,847.53	\$3,018,516.78	\$3,047,847.53	\$3,157,118.18
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$539.81	\$539.81	\$539.81	\$539.81
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$434.57	\$434.57	\$434.57	\$434.57
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$116,087.07	\$128,724.20	\$116,087.07	\$127,152.00
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$153,274.71	\$166,704.60	\$153,274.71	\$145,202.87
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$246,903.54	\$263,688.95	\$246,903.54	\$212,969.75
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$232,416.92	\$232,888.63	\$232,416.92	\$234,360.34
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$185,402.75	\$192,292.74	\$185,402.75	\$158,444.85
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE ✓	\$157,623.18 ✓	\$162,629.33 ✓	\$157,623.18	\$153,121.50
*4551 CAL CO INDIGENT HEALTHCARE	\$13,340.52	\$13,340.52	\$13,340.52	\$13,340.52
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$850.80	\$5,478.50	\$850.80	\$850.80
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$71,365.10	\$78,908.65	\$71,365.10	\$68,543.94
*5506 MMC -NH BETHANY SENIOR LIVING	\$49,745.95	\$49,745.95	\$49,745.95	\$88,458.94
*3407 MMC -NH TUSCANY VILLAGE	\$127,341.82	\$139,660.70	\$127,341.82	\$164,116.95
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$2,094,298.35	\$2,094,298.35	\$2,094,298.35	\$2,094,298.35
Total Balance	\$6,497,572.62	\$6,547,952.28	\$6,497,572.62	\$6,619,053.37

Memorial Medical Center
 Nursing Home UPL
 Weekly HMG Transfer
 Prosperity Accounts
 11/27/2023

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 Points Plaza- Private Pay		656.44	-	194.36			850.80	no transfer
						Bank Balance	850.80	
						Variance		
						Leave in Balance	100.00	

Adjust Balance/Transfer Amt 750.80

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 Points Plaza-Medicare/Medicaid		7,023.17	6,923.17	71,265.10			71,365.10	71,265.10
						Bank Balance	71,365.10	
						Variance		
						Leave in Balance	100.00	

Adjust Balance/Transfer Amt 71,265.10

Routine Information for Gulf Points Plaza:
 [Redacted]

TOTAL TRANSFERS 72,015.90

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: Andrew De Los Santos
 ANDREW DE LOS SANTOS 11/27/2023

APPROVED ON
NOV 27 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay

11/21/2023 HNB - ECHO HCCLAIMPMT 746003411 440000243672

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	194.36	-	-	-	-	-	194.36
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	194.36	-	-	-	-	-	194.36

Gulf Pointe Plaza-Medicare/Medicaid

11/24/2023 MERCHANT BANKCD DEPOSIT 496478518889 9100001
 11/24/2023 NORIDIAN J3A HCCLAIMPMT 675892 4200001647574
 11/22/2023 WIRE OUT HMG Rockport SNF, LP - Commerical
 11/22/2023 Deposit
 11/21/2023 NORIDIAN J3A HCCLAIMPMT 675892 4200001724807
 11/20/2023 MERCHANT BANKCD DEPOSIT 496478518889 9100001
 11/20/2023 MERCHANT BANKCD DEPOSIT 496478518889 9100001

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	2,346.00	-	-	-	-	-	2,346.00
-	475.16	-	-	-	-	-	475.16
6,923.17	-	-	-	-	-	-	-
-	1,754.56	-	-	-	-	-	1,754.56
-	62,689.38	-	-	-	-	-	62,689.38
-	2,000.00	-	-	-	-	-	2,000.00
-	2,000.00	-	-	-	-	-	2,000.00
6,923.17	71,265.10	-	-	-	-	-	71,265.10
6,923.17	71,459.46	-	-	-	-	-	71,459.46

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$3,047,847.53	\$3,018,516.78	\$3,047,847.53	\$3,157,118.18
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$539.81	\$539.81	\$539.81	\$539.81
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$434.57	\$434.57	\$434.57	\$434.57
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$116,087.07	\$128,724.20	\$116,087.07	\$127,152.00
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$153,274.71	\$166,704.60	\$153,274.71	\$145,202.87
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$246,903.54	\$263,688.95	\$246,903.54	\$212,969.75
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$232,416.92	\$232,888.63	\$232,416.92	\$234,360.34
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$185,402.75	\$192,292.74	\$185,402.75	\$158,444.85
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$157,623.18	\$162,629.33	\$157,623.18	\$153,121.50
*4551 CAL CO INDIGENT HEALTHCARE	\$13,340.52	\$13,340.52	\$13,340.52	\$13,340.52
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY ✓	\$850.80 ✓✓	\$5,478.50	\$850.80	\$850.80
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID ✓	\$71,365.10 ✓✓	\$78,908.65	\$71,365.10	\$68,543.94
*5506 MMC -NH BETHANY SENIOR LIVING	\$49,745.95	\$49,745.95	\$49,745.95	\$88,458.94
*3407 MMC -NH TUSCANY VILLAGE	\$127,341.82	\$139,660.70	\$127,341.82	\$164,116.95
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$2,094,298.35	\$2,094,298.35	\$2,094,298.35	\$2,094,298.35
Total Balance	\$6,497,572.62	\$6,547,952.28	\$6,497,572.62	\$6,619,053.37

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 11/27/2023

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		118,881.88	118,498.85	126,958.79			127,341.82	107,589.17
						Bank Balance	127,341.82	
						Variance		
						Leave in Balance	100.00	
						Molina YR7 September QIPP	6,621.50	
						Amerigroup YR7 September QIPP	12,748.13	
						November Interest	283.02	
						Adjust Balance/Transfer Amt	107,589.17	

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: *Andrew de los Santos*
 ANDREW DE LOS SANTOS 11/27/2023

APPROVED ON
NOV 27 2023
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Tuscany Village ✓

MMC PORTION

	Transfer-Out	Transfer-In	QIPP/Comp 1	QIPP/Comp 2	QIPP/Comp 3	QIPP/Comp 4&Lapse	QIPP TI	NH PORTION
11/24/2023 Check	39271.62	0					-	-
11/24/2023 HNB - ECHO HCCLAIMPMT 746003411 440000225165	0	2496.49					-	2,496.49
11/22/2023 WIRE OUT LINBAR ENTERPRISES, LLC	79227.23	0					-	-
11/22/2023 Deposit	0	2400					-	2,400.00
11/22/2023 Deposit	0	22500					-	22,500.00
11/22/2023 MOLINA HEALTHCAR MOLINAACH 01237469 42000019	0	8426.5	6,621.50				6,621.50	1,805.00
11/22/2023 HNB - ECHO HCCLAIMPMT 746003411 440000288861	0	36.74					-	36.74
11/22/2023 HNB - ECHO HCCLAIMPMT 746003411 440000288644	0	30191.98					-	30,191.98
11/21/2023 HNB - ECHO HCCLAIMPMT 746003411 440000243671	0	27222.28					-	27,222.28
11/21/2023 HNB - ECHO HCCLAIMPMT 746003411 440000243268	0	17461.57					-	17,461.57
11/21/2023 AMERIGROUP CORPO E-PAYMENT EE52701163 111000	0	16223.23	12,748.13				12,748.13	3,475.10
	118,498.85	126,958.79	19,369.63	-	-	-	19,369.63	107,589.16

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$3,047,847.53	\$3,018,516.78	\$3,047,847.53	\$3,157,118.18
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$539.81	\$539.81	\$539.81	\$539.81
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$434.57	\$434.57	\$434.57	\$434.57
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$116,087.07	\$128,724.20	\$116,087.07	\$127,152.00
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$153,274.71	\$166,704.60	\$153,274.71	\$145,202.87
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$246,903.54	\$263,688.95	\$246,903.54	\$212,969.75
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$232,416.92	\$232,888.63	\$232,416.92	\$234,360.34
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$185,402.75	\$192,292.74	\$185,402.75	\$158,444.85
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$157,623.18	\$162,629.33	\$157,623.18	\$153,121.50
*4551 CAL CO INDIGENT HEALTHCARE	\$13,340.52	\$13,340.52	\$13,340.52	\$13,340.52
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$850.80	\$5,478.50	\$850.80	\$850.80
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$71,365.10	\$78,908.65	\$71,365.10	\$68,543.94
*5506 MMC -NH BETHANY SENIOR LIVING	\$49,745.95	\$49,745.95	\$49,745.95	\$88,458.94
*3407 MMC -NH TUSCANY VILLAGE ✓	\$127,341.82 ✓	\$139,660.70	\$127,341.82	\$164,116.95
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$2,094,298.35	\$2,094,298.35	\$2,094,298.35	\$2,094,298.35
Total Balance	\$6,497,572.62	\$6,547,952.28	\$6,497,572.62	\$6,619,053.37

Memorial Medical Center
 Nursing Home UPL
 Weekly HSLTransfer
 Prosperity Accounts
 11/27/2023

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		225,399.23	225,066.98	49,413.70			49,745.95	49,413.70
						Bank Balance	49,745.95	
						Variance		
						Leave in Balance	100.00	
						November Interest	232.25	
						Adjust Balance/Transfer Amt	49,413.70	

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: *Andrew De Los Santos*
 ANDREW DE LOS SANTOS 11/27/2023

APPROVED ON

NOV 27 2023

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Bethany Senior Living

MMC PORTION

	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
11/24/2023 Check	40122.25	0					-	-
11/24/2023 HNB - ECHO HCCLAIMPMT 746003411 440000225165	0	20.04					-	20.04
11/24/2023 HOSPICE OF SOUTH Payments NF 113122650018742	0	1389.22					-	1,389.22
11/22/2023 WIRE OUT PORT LAVACA NH, LLC	184944.73	0					-	-
11/22/2023 Deposit	0	48004.44					-	48,004.44
	<u>225,066.98</u>	<u>49,413.70</u>	-	-	-	-	-	<u>49,413.70</u>

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$3,047,847.53	\$3,018,516.78	\$3,047,847.53	\$3,157,118.18
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$539.81	\$539.81	\$539.81	\$539.81
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$434.57	\$434.57	\$434.57	\$434.57
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$116,087.07	\$128,724.20	\$116,087.07	\$127,152.00
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$153,274.71	\$166,704.60	\$153,274.71	\$145,202.87
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$246,903.54	\$263,688.95	\$246,903.54	\$212,969.75
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$232,416.92	\$232,888.63	\$232,416.92	\$234,360.34
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$185,402.75	\$192,292.74	\$185,402.75	\$158,444.85
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$157,623.18	\$162,629.33	\$157,623.18	\$153,121.50
*4551 CAL CO INDIGENT HEALTHCARE	\$13,340.52	\$13,340.52	\$13,340.52	\$13,340.52
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$850.80	\$5,478.50	\$850.80	\$850.80
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$71,365.10	\$78,908.65	\$71,365.10	\$68,543.94
*5506 MMC -NH BETHANY SENIOR LIVING ✓	\$49,745.95 ✓	\$49,745.95	\$49,745.95	\$88,458.94
*3407 MMC -NH TUSCANY VILLAGE	\$127,341.82	\$139,660.70	\$127,341.82	\$164,116.95
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$2,094,298.35	\$2,094,298.35	\$2,094,298.35	\$2,094,298.35
Total Balance	\$6,497,572.62	\$6,547,952.28	\$6,497,572.62	\$6,619,053.37

Ashford ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P
A
Y
E
E
MMC

Date Requested: 11/27/2023

APPROVED ON
NOV 27 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT USE ONLY	
<input type="checkbox"/>	Imprest Cash
<input type="checkbox"/>	A/P Check
<input type="checkbox"/>	Mail Check to Vendor
<input type="checkbox"/>	Return Check to Dept

AMOUNT: \$ 32,764.41 ✓ G/L NUMBER: 10255040

EXPLANATION: Molina YR7 September QIPP, Amerigroup YR7 September QIPP

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Andrew Delo

11/27/23

Broadmoor ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P
A
Y
E
E

MMC _____

Date Requested: 11/27/2023

FOR ACCT USE ONLY

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

APPROVED ON
NOV 27 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AMOUNT: \$ 12,116.44 ✓ G/L NUMBER: 10255040

EXPLANATION: Molina YR7 September QIPP, Amerigroup YR7 September QIPP

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Andrew Delo

11/27/23

Crescent ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P
A
Y
E
E
MMC

Date Requested: 11/27/2023

FOR ACCT USE ONLY	
<input type="checkbox"/>	Imprest Cash
<input type="checkbox"/>	A/P Check
<input type="checkbox"/>	Mail Check to Vendor
<input type="checkbox"/>	Return Check to Dept

APPROVED ON
NOV 27 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AMOUNT: \$ 9,031.75 ✓ G/L NUMBER: 10255040

EXPLANATION: Molina YR7 September QIPP, Amerigroup YR7 September QIPP

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: *Andrew D. [Signature]*

11/27/23

Fort Bend ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P MMC
A _____
Y _____
E _____
E _____

Date Requested: 11/27/2023

FOR ACCT USE ONLY

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

APPROVED ON
NOV 27 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AMOUNT: \$ 10,226.72 ✓ G/L NUMBER: 10255040

EXPLANATION: Molina YR7 September QIPP, Amerigroup YR7 September QIPP

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Andrew J. DePoy-Santora

11/27/23

MEMORIAL MEDICAL CENTER CHECK REQUEST

P MMC
A _____
Y _____
E _____
E _____

Date Requested: 11/27/2023

FOR ACCT USE ONLY	
<input type="checkbox"/>	Imprest Cash
<input type="checkbox"/>	A/P Check
<input type="checkbox"/>	Mail Check to Vendor
<input type="checkbox"/>	Return Check to Dept

APPROVED ON
NOV 27 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AMOUNT: \$ 9,809.87 ✓ G/L NUMBER: 10255040

EXPLANATION: Molina YR7 September QIPP, Amerigroup YR7 September QIPP

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Andrew Dolar Santel

11/27/23

Tuscany ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P _____
A MMC
Y _____
E _____
E _____

Date Requested: 11/27/2023

APPROVED ON
NOV 27 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT USE ONLY

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

AMOUNT: \$ 19,369.63 ✓ G/L NUMBER: 10255040

EXPLANATION: Molina YR7 September QIPP, Amerigroup YR7 September QIPP

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: *Andrew Delos Santos*

11/27/23