MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ----- February 25, 2016

PAYABLES AND PAYROLL

1/4/2016	McKesson Drugs	$ 1,993.52
1/5/2016	Weekly Payables	11,309.25
1/6/2016	Weekly Payables	350,814.13
1/6/2016	Payroll Liabilities	96,172.86
1/6/2016	Patient Refunds-Broadmoor Creekside	17,392.03
1/6/2016	Patient Refunds	799.80
1/11/2016	McKesson Drugs	1,266.96
1/12/2016	Payroll	274,285.35
1/13/2016	Weekly Payables	160,847.71
1/13/2016	Patient Refunds	9,704.09
1/14/2016	Weekly Payables	5,694.00
1/15/2016	TCDRS	167,983.18
1/18/2016	McKesson Drugs	1,442.72
1/20/2016	Payroll Liabilities	102,554.24
1/20/2016	Weekly Payables	244,509.85
1/20/2016	Patient Refunds	8,596.43
1/21/2016	TAC Unemployment Fund	10,874.96
1/25/2016	McKesson Drugs	812.84
1/25/2016	Credit Card Invoice	3,148.10
1/26/2016	Payroll	260,564.49
1/27/2016	Weekly Payables	179,226.44
1/29/2016	Employee Medical Insurance	47,182.84
1/31/2016	Monthly Electronic Transfers for Payroll Expenses(not incl above)	724.62
1/31/2016	Monthly Electronic Transfers for Operating Expenses	5,033.39

APPROVED
FEB 25 2016
CALHOUN COUNTY
COMMISSIONERS COURT

Total Payables and Payroll		**$ 1,962,933.80**
INTER-GOVERNMENT TRANSFERS		
Inter-Government Transfers for January 2016	1,493,132.66	
Total Inter-Government Transfers		**$ 1,493,132.66**
INTRA-ACCOUNT TRANSFERS		
Total Intra-Account Transfers		**$ -**
SUBTOTAL MEMORIAL MEDICAL CENTER DISBURSEMENTS		**$ 3,456,066.46**
INDIGENT HEALTHCARE FUND EXPENSES		**$ 7,761.86**
NURSING HOME UPL EXPENSES		**$ 3,522,275.96**
NURSING HOME INTER-GOVERNMENT TRANSFER FOR JANUARY 2016		**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED 2/25/2016		**$ 6,986,104.28**

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- February 25, 2016

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

Michelle M. Cummins MD	196.65
Memorial Medical Clinic	160.00
Port Lavaca Clinic	388.55
Radiology Unlimited PA	16.58
Victoria Professional Medical	134.03
SUBTOTAL	**895.81**
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)	7,126.05
Less: Co-Pays collected in January 2016	**(260.00)**
TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES	**7,761.86**

800 02252016 01 CALHOUN COUNTY, TEXAS

DATE: 2/25/2016

CC Indigent Health Care

VENDOR # 852

ACCOUNT NUMBER	DESCRIPTION OF GOODS OR SERVICES	QUANTITY	UNIT PRICE	TOTAL PRICE
1000-800-98722-999	Transfer to pay bills for Indigent Health Care			$7,761.86
	approved by Commissioners Court on 02/25/2016			
1000-001-46010	January Interest $0.00			$0.00
				$7,761.86

COUNTY AUDITOR APPROVAL ONLY

APPROVED ON FEB 22 2016 BY CALHOUN COUNTY AUDITOR

THE ITEMS OR SERVICES SHOWN ABOVE ARE NEEDED IN THE DISCHARGE OF MY OFFICIAL DUTIES AND I CERTIFY THAT FUNDS ARE AVAILABLE TO PAY THIS OBLIGATION.

I CERTIFY THAT THE ABOVE ITEMS OR SERVICES WERE RECEIVED BY ME IN GOOD CONDITION AND REQUEST THE COUNTY TREASURER TO PAY THE ABOVE OBLIGATION.

BY: _____ 2/25/16

DEPARTMENT HEAD DATE

Issued 02/22/16

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 02/16/2016 through 02/16/2016
For Vendor: All Vendors

Source	Description		Amount Billed		Amount Paid
01	Physician Services		5,556.00		507.26
08	Rural Health Clinics		615.00		388.55
		Expenditures	6,171.00		895.81
		Reimb/Adjustments	0.00		0.00
		Grand Total	**6,171.00**		**895.81**

Salary/Expenses	7,126.05
Applied Copays	<260.00>
Monthly Total	7,761.86
Fiscal Year Total	7,761.86

APPROVED
ON

FEB 22 2016

BY
CALHOUN COUNTY AUDITOR

Jerry L. Pickett, CFO

G/L NUMBER	DATE	RECEIPT NUMBER	PAY TY	PE PAYER	CASH AMOUNT	RECEIPT AMOUNT	NUMBER	NAME	DISC DATE	INI	C T C	OLL ODE	GL CASH ACCOUNT
50240	1/4/2016	421410	CA		$ 10.00	$ 10.00					PLB		2
50240	1/5/2016	421569	CA		$ 10.00	$ 10.00					LMV		2
50240	1/5/2016	421630	CA		$ 10.00	$ 10.00					PL8		2
50240	1/6/2016	421661	CA		$ 10.00	$ 10.00					PLB		2
50240	1/7/2016	421784	VI		$ 10.00	$ 10.00					PLB		2
50240	1/11/2016	421984	CA		$ 10.00	$ 10.00					PLB		2
50240	1/11/2016	421985	CA		$ 10.00	$ 10.00					PLB		2
50240	1/11/2016	422048	CA		$ 10.00	$ 10.00					PLB		2
50240	1/12/2016	42215B	CA		$ 10.00	$ 10.00					PLB		2
50240	1/13/2016	422252	CA		$ 10.00	$ 10.00					PLB		2
50240	1/13/2016	422282	CA		$ 10.00	$ 10.00					PLB		2
50240	1/14/2016	422438	CA		$ 10.00	$ 10.00					PLB		2
50240	1/15/2016	422472	MC		$ 10.00	$ 10.00					PLB		2
50240	1/15/2016	422508	CA		$ 10.00	$ 10.00					PLB		2
50240	1/19/2016	422653	CA		$ 10.00	$ 10.00					PLB		2
50240	1/19/2016	422655	CA		$ 10.00	$ 10.00					PLB		2
50240	1/19/2016	422683	CA		$ 10.00	$ 10.00					PLB		2
50240	1/19/2016	422703	CA		$ 10.00	$ 10.00					PLB		2
50240	1/22/2016	423039	CA		$ 10.00	$ 10.00					PLB		2
50240	1/22/2016	423052	CA		$ 10.00	$ 10.00					MKG		2
50240	1/22/2016	423062	CA		$ 10.00	$ 10.00					PLB		2
50240	1/25/2016	423132	CA		$ 10.00	$ 10.00					PLB		2
50240	1/26/2016	423252	CA		$ 10.00	$ 10.00					PLB		2
50240	1/26/2016	42328B	CA		$ 10.00	$ 10.00					PLB		2
50240	1/27/2016	423306	CA		$ 10.00	$ 10.00					PLB		2
50240	1/28/2016	423472	CA		$ 10.00	$ 10.00					DJR		2
**TOT	AL** 50240	.000 COUN	TY I	NDIGENT COPAYS		$ 260.00							

Calhoun County Indigent Care Patient Caseload

	Approved	Denied	Removed	Active	Pending
January	4	5	3	58	6
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
YTD	4	5	3	58	6
Monthly Avg	4	5	3	58	6

December 2015 Active 57

MEMORIAL MEDICAL CENTER
PORT LAVACA, TX
MANUAL JOURNAL ENTRIES
MONTH OF
JANUARY 2016

Recorded ARM 2/9/16
Reviewed

Acct #	JE #	Description	Check #	Debit Amount	Credit Amount
10255000		Indigent Healthcare		7,126.05	
40450074		Reimbursement - Calhoun Cty			5,482.77
40015074		Benefits - FICA			303.52
40025074		Benefits - FUTA			13.19
40040074		Benefits - Retirement			339.67
60320000		Benefits - Insurance			986.90
40220074		Supplies - General			-
40225074		Supplies - Office			-
40230074		Forms			-
40610074		Continuing Education			-
40510074		Outside Services			-
40215074		Freight			-
40600074		Miscellaneous			-
			TOTALS	7,126.05	7,126.05

EXPLANATION FOR ENTRY - To reclassify indigent care expenses to misc receivable

REVERSING: YES _____ NO _____ JE # 011638

APPROVED
ON

FEB 19 2016

BY
CALHOUN COUNTY AUDITOR

ACCT NUMBER & DESC	DATE	MEMO	REFERENCE	JOURNAL	CS#/BAT/SEQ	ACTIVITY	BALANCE
40000074 SALARIES REG PROD -CALHOUN C							
40000074 SALARIES REG PROD -CALHO		BEGINNING BALANCE AS OF: 01/01/16					.00
	01/01/16	REVERSE ACCRUAL		PR	19 4742 397	-487.06	
	01/07/16	PAY-P 12/25/15 01/07/16		PR	19 4775 47	-1,464.95	
	01/21/16	PAY-P 01/08/16 01/21/16		PR	19 4801 46	1,891.90	
	01/31/16	Accrual--Days= 10		PR	19 4801 400	1,351.40	
		01/31 ACTIVITY/END BALANCE				4,221.19	4,221.19
40010074 SALARIES PTO/EIB -CALHO		BEGINNING BALANCE AS OF: 01/01/16					.00
	01/01/16	REVERSE ACCRUAL		PR	19 4742 499	-469.70	
	01/07/16	Auto PR Bene Accrual Re		PR	19 4741 91	-125.95	
	01/07/16	Auto PR Bene Accrual		PR	19 4774 89	681.16	
	01/07/16	PAY-P 12/25/15 01/07/16		PR	19 4775 94	-1,120.64	
	01/21/16	Auto PR Bene Accrual Re		PR	19 4774 91	-681.16	
	01/21/16	Auto PR Bene Accrual		PR	19 4800 85	766.13	
	01/21/16	PAY-P 01/08/16 01/21/16		PR	19 4801 96	-1,005.28	
	01/31/16	Accrual--Days= 10		PR	19 4801 500	718.10	
		01/31 ACTIVITY/END BALANCE				3,014.50	3,014.50
40015074 FICA -CALHO		BEGINNING BALANCE AS OF: 01/01/16					.00
	01/01/16	REVERSE ACCRUAL		PR	19 4742 681	-35.07	
	01/01/16	REVERSE ACCRUAL		PR	19 4742 743	-8.19	
	01/07/16	PAY-P 12/25/15 01/07/16		PR	19 4775 372	-27.16	
	01/07/16	PAY-P 12/25/15 01/07/16		PR	19 4775 403	116.12	
	01/21/16	PAY-P 01/08/16 01/21/16		PR	19 4801 538	-30.37	
	01/21/16	PAY-P 01/08/16 01/21/16		PR	19 4801 568	129.87	
	01/31/16	Accrual--Days= 10		PR	19 4801 678	92.80	
	01/31/16	Accrual--Days= 10		PR	19 4801 738	21.70	
		01/31 ACTIVITY/END BALANCE				374.76	374.76
40025074 FUT -CALHO		BEGINNING BALANCE AS OF: 01/01/16					.00
	01/07/16	PAY-P 12/25/15 01/07/16		PR	19 4775 434	-6.22	
	01/21/16	PAY-P 01/08/16 01/21/16		PR	19 4801 598	-6.97	
	01/31/16	Accrual--Days= 10		PR	19 4801 798	5.00	
		01/31 ACTIVITY/END BALANCE				18.19	18.19
40040074 RETIREMENT -CALHO		BEGINNING BALANCE AS OF: 01/01/16					.00
	01/01/16	REVERSE ACCRUAL		PR	19 4742 865	-51.52	
	01/07/16	PAY-P 12/25/15 01/07/16		PR	19 4775 465	-161.11	
	01/21/16	PAY-P 01/08/16 01/21/16		PR	19 4801 628	178.56	
	01/31/16	Accrual--Days= 10		PR	19 4801 856	127.50	
		01/31 ACTIVITY/END BALANCE				415.65	415.65
		COST CENTER TOTAL:				8,044.29	

Indigent Healthcare Program
Incurred by MMC
JANUARY 2016

Indigent H'care Coordinator Salary	# 40000074	7-Jan	$ 1,464.95
	# 40000074	21-Jan	1,891.90
	# 40000074		
	# 40050074		
	# 40050074		
	(# 40010074)		2,125.92
			5,482.77
Benefits:	#40040074		339.67
FICA	# 40015074	7-Jan	143.28
	# 40015074	21-Jan	160.24
	# 40015074		
			303.52
FUTA	# 40025074	7-Jan	6.22
	# 40025074	21-Jan	6.97
	# 40025075		
			13.19
Other Benefits (18 %)	# 63200000		986.90
General Supplies	# 40220074		-
Office Supplies	# 40225074		-
Forms	#40230074		-
Continuing Education	#40610074		-
Outside Services	#40510074		-
Freight	#40215074		-
Travel	#40600074		-

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
1/3/2016

Nursing Home	IBC Account Number	Previous Beginning Balance	ACH Transfer-In	IGT Transfer-In	Transfer-Out	MMC Portion of IGT	Cantex Portion of IGT	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens	4553	186,795.84	11,767.56	-	186,695.84	-	-	11,867.56	11,767.56

Routing Information for Ashford Gardens:
Ashford Health Care Center Ltd Co
JP Morgan Chase Bank
ABA 0614
Account 4257

Nursing Home	IBC Account Number	Previous Beginning Balance	ACH Transfer-In	IGT Transfer-In	Transfer-Out	MMC Portion of IGT	Cantex Portion of IGT	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Solera at West Houston	4561	239,866.57	120,381.83	-	239,766.57	-	-	120,481.83	120,381.83
Crescent	4588	167,991.95	21,963.45	-	167,891.95	-	-	22,063.45	21,963.45
Broadmoor	4596	144,947.17	422,181.65	-	144,847.17	-	-	422,281.65	422,181.65
Fort Bend	4618	21,197.12	22,417.32	-	21,097.12	-	-	22,517.32	22,417.32
									586,944.25

Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:
Cantex Health Care Centers III LLC
JP Morgan Chase Bank
ABA : 0614
Account # 2922

Approved:

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.

Michael J. Pfeifer
Calhoun County Judge
Date: 1-7-16

APPROVED
JAN - 4 2016
COUNTY AUDITOR

A:\NH Weekly Transfers\NH UPL Transfer Summary 1-3-16.xlsx

IBC Bank Activity
12/27/15 through 1/03/16

Ashford Gardens					Transfer-Out	Transfer-In	
12/28/2015	5025	4553	142	ACH CREDIT RECEIVED		5,679.80	Molina HC of TX Molina HC
12/29/2015	5025	4553	142	ACH CREDIT RECEIVED		6,087.76	AGING DISAB SVCS HCCLAIMPMT
12/29/2015	5025	4553	495	OUTGOING MONEY TRANSFER	186,695.84		ASHFORD HEALTH CARE CENTER LTD
					186,695.84	**11,767.56**	

Solera at West Houston					Transfer-Out	Transfer-In	
12/28/2015	05025	4561	142	ACH CREDIT RECEIVED		1,119.70	Molina HC of TX Molina HC
12/28/2015	05025	4561	142	ACH CREDIT RECEIVED		3,123.19	AMERIGROUP CORPO HCCLAIMPMT
12/29/2015	05025	4561	142	ACH CREDIT RECEIVED		1,385.55	AGING DISAB SVCS HCCLAIMPMT
12/29/2015	05025	4561	495	OUTGOING MONEY TRANSFER	239,766.57		CANTEX HEALTH CARE CENTERS LLC
12/29/2015	05025	4561	142	ACH CREDIT RECEIVED		76,645.96	NOVITAS SOLUTION HCCLAIMPMT
12/30/2015	05025	4561	142	ACH CREDIT RECEIVED		11,544.63	NOVITAS SOLUTION HCCLAIMPMT
12/31/2015	05025	4561	142	ACH CREDIT RECEIVED		4,296.95	AMERIGROUP CORPO HCCLAIMPMT
12/31/2015	05025	4561	142	ACH CREDIT RECEIVED		10,081.39	AMERIGROUP CORPO HCCLAIMPMT
12/31/2015	5025	4561	142	ACH CREDIT RECEIVED		12,184.46	NOVITAS SOLUTION HCCLAIMPMT
					239,766.57	**120,381.83**	

Crescent					Transfer-Out	Transfer-In	
12/28/2015	05025	4588	142	ACH CREDIT RECEIVED		7,091.29	AMERIGROUP CORPO HCCLAIMPMT
12/29/2015	5025	4588	495	OUTGOING MONEY TRANSFER	167,891.95		CANTEX HEALTH CARE CENTERS III
12/29/2015	5025	4588	142	ACH CREDIT RECEIVED		2,001.40	AGING DISAB SVCS HCCLAIMPMT
12/29/2015	5025	4588	142	ACH CREDIT RECEIVED		952.73	AMERIGROUP CORPO HCCLAIMPMT
12/30/2015	5025	4588	142	ACH CREDIT RECEIVED		410.08	Molina HC of TX Molina HC
12/31/2015	5025	4588	142	ACH CREDIT RECEIVED		11,507.95	NOVITAS SOLUTION HCCLAIMPMT
					167,891.95	**21,963.45**	

Broadmoor					Transfer-Out	Transfer-In	
12/28/2015	5025	4596	142	ACH CREDIT RECEIVED		195,244.17	NOVITAS SOLUTION HCCLAIMPMT
12/29/2015	5025	4596	142	ACH CREDIT RECEIVED		209,220.99	NOVITAS SOLUTION HCCLAIMPMT
12/29/2015	5025	4596	495	OUTGOING MONEY TRANSFER	144,847.17		CANTEX HEALTH CARE CENTERS III
12/30/2015	5025	4596	142	ACH CREDIT RECEIVED		15,101.56	NOVITAS SOLUTION HCCLAIMPMT
12/31/2015	05025	4596	142	ACH CREDIT RECEIVED		2,614.93	NOVITAS SOLUTION HCCLAIMPMT
					144,847.17	**422,181.65**	

Fort Bend					Transfer-Out	Transfer-In	
12/28/2015	5025	4618	142	ACH CREDIT RECEIVED		6,336.94	AMERIGROUP CORPO HCCLAIMPMT
12/29/2015	5025	4618	142	ACH CREDIT RECEIVED		1,613.18	NOVITAS SOLUTION HCCLAIMPMT
12/29/2015	5025	4618	495	OUTGOING MONEY TRANSFER	21,097.12		CANTEX HEALTH CARE CENTERS III
12/30/2015	5025	4618	142	ACH CREDIT RECEIVED		12,402.47	Molina HC of TX Molina HC
12/31/2015	5025	4618	142	ACH CREDIT RECEIVED		2,064.73	AMERIGROUP CORPO HCCLAIMPMT
					21,097.12	**22,417.32**	

Account Portfolio as of 01/04/2016 8:32:55 AM

Account Display
(•) Display By Account Type
( ) Display By Asset/Liability

Commercial Checking Accounts

Account Name	Account Number	Today's Beginning Balance	Available Balance
Memorial Medical Center	3387	$25,069.79	$25,069.79
Memorial Medical Center	4553	$11,867.56	$13,453.51
Memorial Medical Center	4561	$120,481.83	$120,481.83
Memorial Medical Center	4588	$22,063.45	$22,799.23
Memorial Medical Center	4596	$422,281.65	$424,804.70
Memorial Medical Center	4618	$22,517.32	$22,517.32
Memorial Medical Center Operat	0301	$2,750,646.70	$2,750,513.46
County of Calhoun Indigent	1101	$6,893.26	$6,706.45
Totals		**$3,381,821.56**	**$3,386,346.29**

RUN DATE:01/04/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:16:16 CHECK REGISTER and Payable List GLCKREG
01/04/16 THRU 01/04/16

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000713	01/04/16	370.69	MCKESSON
A/P	000714	01/04/16	1,622.83	MCKESSON
TOTALS:			1,993.52	

340B Prescription Expenses

APPROVED
BY
JAN 04 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 1-7-16

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 01/01/2016

DC: 8115

Territory: 400

Customer: 190813
Date: 01/01/2016

Page: 001

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

As of: 01/01/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 01/01/2016

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	
12/28/2015	01/05/2016	7723356417	1000739179	115Invoice	0.99	49.41		48.42	✓	7723356417	
12/28/2015	01/05/2016	7723356419	1000739564	115Invoice	2.76	137.91		135.15	✓	7723356419	
12/28/2015	01/05/2016	7723356421	1000739976	115Invoice	2.87	143.35		140.48	✓	7723356421	
12/29/2015	01/05/2016	7723598524	1000740380	115Invoice	0.95	47.59		46.64	✓	7723598524	

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

TOTAL:

Subtotals: 378.26 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 12/28/2015 361.39

If Paid By 01/05/2016,
Pay This Amount: 370.69 USD

If Paid After 01/05/2016,
Pay this Amount: 378.26 USD

Due If Paid On Time:
USD 370.69

Disc lost if paid late:
7.57

Due If Paid Late:
USD 378.26

ck#713

APPROVED

JAN 04 2016

McKESSON

STATEMENT

Company: 8000

CVS PHCY 7006/MEMORIA PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 01/01/2016

DC: 8115

Territory: 400

Customer: 262252
Date: 01/01/2016

Page: 001

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

As of: 01/01/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252
Date: 01/01/2016

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	
12/28/2015	01/05/2016	7723364099	1000738627	115Invoice	17.91	895.57		877.66	✓	7723364099	
12/28/2015	01/05/2016	7723364101	1000739181	115Invoice	5.62	280.96		275.34	✓	7723364101	
12/28/2015	01/05/2016	7723364104	1000739566	115Invoice	0.03	1.60		1.57	✓	7723364104	
12/28/2015	01/05/2016	7723364106	1000739978	115Invoice	0.08	3.95		3.87	✓	7723364106	
12/29/2015	01/05/2016	7723609108	1000740382	115Invoice	0.38	19.15		18.77	✓	7723609108	
12/30/2015	01/05/2016	7723817879	1000741105	115Invoice	0.37	18.45		18.08	✓	7723817879	
12/31/2015	01/05/2016	7724049593	1000741667	115Invoice	8.73	436.27		427.54	✓	7724049593	

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

TOTAL:

Subtotals: 1,655.95 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 666.38
12/28/2015

If Paid By 01/05/2016,
Pay This Amount: 1,622.83 USD

If Paid After 01/05/2016,
Pay this Amount: 1,655.95 USD

Due If Paid On Time:
USD 1,622.83

Disc lost if paid late:
33.12

Due If Paid Late:
USD 1,655.95

ck# 714

APPROVED BY
JAN 04 2016
COMPLIANCE

RUN DATE:01/05/16 MEMORIAL MEDICAL CENTER CRT#019 PAGE 1
TIME:14:27 EDIT LIST FOR BATCH 019 4761 TRANSACTION SEQUENCE GLEDIT

SEQ.	ACCOUNT NUMBER	A.H.A. NUMBER	TRANS DATE	JOURNAL	AMOUNT	SUB-LED	REFERENCE	MEMO	G.L. ACCOUNT DESCRIPTION
1	20000000		12/31/15	PJ	1,488.00CR	10954	0012195	TEXAS PRN	INV DT=10/24/15 DUE=112315
2	40510001		12/31/15	PJ	1,488.00	10954	0012195	TEXAS PRN	PURCHASED SERVICES -OB
3	20000000		12/31/15	PJ	2,052.00CR	10954	012277	TEXAS PRN	INV DT=10/31/15 DUE=113015
4	40510001		12/31/15	PJ	2,052.00	10954	012277	TEXAS PRN	PURCHASED SERVICES -OB
5	20000000		12/31/15	PJ	1,368.00CR	10954	012366	TEXAS PRN	INV DT=11/07/15 DUE=120715
6	40510001		12/31/15	PJ	1,368.00	10954	012366	TEXAS PRN	PURCHASED SERVICES -OB
7	20000000		12/31/15	PJ	2,807.25CR	10954	012447	TEXAS PRN	INV DT=11/14/15 DUE=121415
8	40510001		12/31/15	PJ	2,807.25	10954	012447	TEXAS PRN	PURCHASED SERVICES -OB
9	20000000		12/31/15	PJ	1,542.00CR	10954	012534	TEXAS PRN	INV DT=11/21/15 DUE=122115
10	40510001		12/31/15	PJ	1,542.00	10954	012534	TEXAS PRN	PURCHASED SERVICES -OB
11	20000000		12/31/15	PJ	2,052.00CR	10954	012616	TEXAS PRN	INV DT=11/28/15 DUE=122815
12	40510001		12/31/15	PJ	2,052.00	10954	012616	TEXAS PRN	PURCHASED SERVICES -OB
	363060006					131448		148870	

----------RECAP----------

JOURNAL	YRMO	COUNT	DEBIT	CREDIT		
PJ	1512	12	11,309.25	11,309.25		
	TOTAL	12	11,309.25	11,309.25	A/P TOTAL	11,309.25

ACCOUNT TOTAL RECAP ON NEXT PAGE

Contract Nursing

APPROVED
ON
JAN 05 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 164425

Michael J. Pfeifer
Calhoun County Judge
Date: 1-7-16

RUN DATE:01/05/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:14:34 CHECK REGISTER GLCKREG
01/05/16 THRU 01/05/16

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	164425	01/05/16	11,309.25	TEXAS PRN
TOTALS:			11,309.25	

01/06/2016 MEMORIAL MEDICAL CENTER 0
08:02 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 01/18/2016

Vendor#	Vendor Name	Class	Pay Code
10864	ACCLARENT, INC. ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
IN246243 ✓		12/30/20	12/08/20	01/07/20			8,803.15	0.00	0.00	8,803.15
	SUPPLIES SURGERY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10864	ACCLARENT, INC.	8,803.15	0.00	0.00	8,803.15 ✓

Vendor#	Vendor Name	Class	Pay Code
11014	ADVANCED COMMUNICATIONS ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
CS4651424 ✓		12/31/20	12/17/20	01/16/20			211.50	0.00	0.00	211.50
	SUPPLIES PLANT OPS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11014	ADVANCED COMMUNICATIONS	211.50	0.00	0.00	211.50 ✓

Vendor#	Vendor Name	Class	Pay Code
A1680	AIRGAS-SOUTHWEST ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9046374588		12/31/20	12/10/20	01/09/20			38.00	0.00	0.00	38.00 ✓
	SUPPLIES PLANT OPS									
9046435590		12/31/20	12/14/20	01/13/20			2,770.34	0.00	0.00	2,770.34 ✓
	OXYGEN CARDIO									
9800293454		12/31/20	12/17/20	01/16/20			240.15	0.00	0.00	240.15 ✓
	SUPPLIES PLANT OPS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS-SOUTHWEST	3,048.49	0.00	0.00	3,048.49

Vendor#	Vendor Name	Class	Pay Code
A1690	ALCON LABORTORIES INC ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20362339 ✓		12/30/20	12/15/20	01/14/20			1,549.50	0.00	0.00	1,549.50
	SUPPLIES SURGERY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1690	ALCON LABORTORIES INC	1,549.50	0.00	0.00	1,549.50 ✓

Vendor#	Vendor Name	Class	Pay Code
10533	ALERE NORTH AMERICA INC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
90835730 ✓		12/31/20	12/08/20	01/07/20			132.62	0.00	0.00	132.62 ✓
	LAB SUPPLIES									
90843056 ✓		12/31/20	12/16/20	01/15/20			7,571.17	0.00	0.00	7,571.17 ✓
	PREPAID EXP LAB									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10533	ALERE NORTH AMERICA INC	7,703.79	0.00	0.00	7,703.79

Vendor#	Vendor Name	Class	Pay Code
A2050	AMTEC MEDICAL INC ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
63934 ✓		12/30/20	12/16/20	01/15/20			131.38	0.00	0.00	131.38
	SUPPLIES NUC MED									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2050	AMTEC MEDICAL INC	131.38	0.00	0.00	131.38 ✓

Vendor#	Vendor Name				Class	Pay Code				
11027	ANGELA DOBBINS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	20591		12/31/20	12/31/20	12/31/20			421.18	0.00	0.00	421.18
		CONT EDUCATION CLINIC									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		11027	ANGELA DOBBINS					421.18	0.00	0.00	421.18
Vendor#	Vendor Name				Class	Pay Code				
A2150	ANNOUNCEMENTS PLUS TOO AGAIN				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	535		12/18/20	12/10/20	01/09/20			30.00	0.00	0.00	30.00
		SUPPLIES PLANT OPS									
	534		12/18/20	12/10/20	01/09/20			22.00	0.00	0.00	22.00
		SUPPLIES ICU									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		A2150	ANNOUNCEMENTS PLUS TOO AGAIN					52.00	0.00	0.00	52.00
Vendor#	Vendor Name				Class	Pay Code				
A2600	AUTO PARTS & MACHINE CO.				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	781108		12/31/20	12/18/20	01/17/20			29.99	0.00	0.00	29.99
		SUPPLIES PLANT OPS									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		A2600	AUTO PARTS & MACHINE CO.					29.99	0.00	0.00	29.99
Vendor#	Vendor Name				Class	Pay Code				
B1075	BAXTER HEALTHCARE CORP				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	49480522		12/17/20	12/10/20	01/09/20			389.68	0.00	0.00	389.68
		CS INVENTORY & RECOVERY									
	49502294		12/31/20	12/14/20	01/13/20			330.32	0.00	0.00	330.32
		CS INVENTORY									
	49510123		12/31/20	12/15/20	01/14/20			841.57	0.00	0.00	841.57
		PHARMACY DRUGS									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		B1075	BAXTER HEALTHCARE CORP					1,561.57	0.00	0.00	1,561.57
Vendor#	Vendor Name				Class	Pay Code				
M2485	BAYER HEALTHCARE				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	6003533973		12/30/20	12/16/20	01/15/20			516.72	0.00	0.00	516.72
		SUPPLIES CT SCAN									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		M2485	BAYER HEALTHCARE					516.72	0.00	0.00	516.72
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
	5343582		12/31/20	12/12/20	01/11/20			3,933.48	0.00	0.00	3,933.48
		LEASE & MAINT CONTR LAB									
	5343577		12/31/20	12/12/20	01/11/20			4,233.46	0.00	0.00	4,233.46
		LEASE & MAINT CONTR LAB									
	105337654		12/31/20	12/13/20	01/12/20			1,563.36	0.00	0.00	1,563.36
		LAB SUPPLIES									
	105355916		12/31/20	12/21/20	01/18/20			1,351.46	0.00	0.00	1,351.46
		LAB SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	11,081.76	0.00	0.00	11,081.76

Vendor#	Vendor Name	Class	Pay Code
B1800	BRIGGS HEALTHCARE ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8225284 RI ✓	SUPPLIES HIM	12/31/20	12/14/20	01/13/20			91.28	0.00	0.00	91.28

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1800	BRIGGS HEALTHCARE	91.28	0.00	0.00	91.28 ✓

Vendor#	Vendor Name	Class	Pay Code
11146	BROADMOOR AT CREEKSIDE PARK ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20596	DEPOSITED MONEY DUE BRC	12/31/20	12/17/20	12/17/20			5,670.00	0.00	0.00	5,670.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11146	BROADMOOR AT CREEKSIDE PARK	5,670.00	0.00	0.00	5,670.00 ✓

Vendor#	Vendor Name	Class	Pay Code
C1203	CALHOUN COUNTY WASTE MGMT ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
448753 ✓	OUTSIDE SRV GROUNDS	12/31/20	12/30/20	12/30/20			5.00	0.00	0.00	5.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1203	CALHOUN COUNTY WASTE MGMT	5.00	0.00	0.00	5.00 ✓

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
ZZ43811 ✓	COMPUTERS	12/31/20	10/28/20	11/27/20			3,510.60	0.00	0.00	3,510.60 ✓
BBJ0550 ✓	COMPUTERS	12/31/20	10/30/20	11/29/20			1,786.45	0.00	0.00	1,786.45 ✓
BMD5196 ✓	SUPPLIES IT	12/31/20	12/15/20	01/14/20			283.04	0.00	0.00	283.04 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.	5,580.09	0.00	0.00	5,580.09

Vendor#	Vendor Name	Class	Pay Code
10350	CENTURION MEDICAL PRODUCTS ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
91914356 ✓	CS INVENTORY	12/30/20	12/14/20	01/13/20			182.88	0.00	0.00	182.88 ✓
91916396 ✓	CS INVENTORY	12/30/20	12/16/20	01/15/20			532.00	0.00	0.00	532.00 ✓
91906176 ✓	CS INVENTORY & CS SUPPLY	12/31/20	12/02/20	01/01/20			561.34	0.00	0.00	561.34 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10350	CENTURION MEDICAL PRODUCTS	1,276.22	0.00	0.00	1,276.22

Vendor#	Vendor Name	Class	Pay Code
10105	CHRIS KOVAREK ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
31 ✓	OUTSIDE SRV SOCIAL WORKI	12/31/20	01/01/20	01/01/20			360.00	0.00	0.00	360.00 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

	10105	CHRIS KOVAREK				360.00	0.00	0.00	360.00
Vendor#	Vendor Name			Class	Pay Code				
11030	COMBINED INSURANCE CO								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	20595		12/31/20	01/01/20	01/01/20		2,680.82	0.00	0.00	2,680.82
		EMPLOYEE PERSONAL INS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11030	COMBINED INSURANCE CO				2,680.82	0.00	0.00	2,680.82
Vendor#	Vendor Name			Class	Pay Code					
C1970	CONMED CORPORATION			M						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	121827		12/30/20	12/16/20	01/15/20		349.76	0.00	0.00	349.76
		SUPPLIES SURGERY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1970	CONMED CORPORATION				349.76	0.00	0.00	349.76
Vendor#	Vendor Name			Class	Pay Code					
C1443	CYGNUS MEDICAL LLC			M						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	183052		12/31/20	12/18/20	01/17/20		439.00	0.00	0.00	439.00
		SUPPLIES SURGERY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1443	CYGNUS MEDICAL LLC				439.00	0.00	0.00	439.00
Vendor#	Vendor Name			Class	Pay Code					
10368	DEWITT POTH & SON									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	459238-0		12/17/20	12/14/20	01/13/20		18.14	0.00	0.00	18.14
		CS INVENTORY								
	459151-0		12/18/20	12/11/20	01/10/20		51.29	0.00	0.00	51.29
		SUPPLIES PLANT OPS								
	459534-0		12/29/20	12/15/20	01/14/20		897.36	0.00	0.00	897.36
		CLINIC								
	458307-0		12/31/20	12/03/20	01/02/20		25.08	0.00	0.00	25.08
		SUPPLIES ADMIN								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10368	DEWITT POTH & SON				991.87	0.00	0.00	991.87
Vendor#	Vendor Name			Class	Pay Code					
D1710	DOWNTOWN CLEANERS			W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	20585		12/31/20	12/10/20	12/10/20		42.35	0.00	0.00	42.35
		OUTSIDE SRV HOUSEKEEPIN								
	20586		12/31/20	12/28/20	12/28/20		35.00	0.00	0.00	35.00
		OUTSIDE SRV HOUSEKEEPIN								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		D1710	DOWNTOWN CLEANERS				77.35	0.00	0.00	77.35
Vendor#	Vendor Name			Class	Pay Code					
10175	DSHS CENTRAL LAB MC2004									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	CN0426-112015		12/31/20	12/08/20	01/07/20		504.00	0.00	0.00	504.00
		LAB SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10175	DSHS CENTRAL LAB MC2004				504.00	0.00	0.00	504.00
Vendor#	Vendor Name			Class	Pay Code					

10977 ECOLAB EQUIPMENT CARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
94082886	REPAIRS DIETARY	12/31/20	12/18/20	01/17/20			136.63	0.00	0.00	136.63
94082885	SUPPLIES DIETARY	12/31/20	12/18/20	01/17/20			154.89	0.00	0.00	154.89

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10977	ECOLAB EQUIPMENT CARE	291.52	0.00	0.00	291.52

Vendor# C2510 Vendor Name EVIDENT Class M Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
T1512091378	OUTSIDE SRV BUS OFFICE &	12/18/20	12/09/20	01/09/20			11,557.02	0.00	0.00	11,557.02

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C2510	EVIDENT	11,557.02	0.00	0.00	11,557.02

Vendor# F1100 Vendor Name FEDERAL EXPRESS CORP. Class W Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
5-258-50557	FREIGHT EXPENSE ADMIN	12/31/20	12/11/19	01/01/20			54.66	0.00	0.00	54.66

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.	54.66	0.00	0.00	54.66

Vendor# F1400 Vendor Name FISHER HEALTHCARE Class M Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8977183	LAB SUPPLIES	12/31/20	12/09/20	01/08/20			236.13	0.00	0.00	236.13
8977181	LAB SUPPLIES CREDIT	12/31/20	12/09/20	01/08/20			-362.80	0.00	0.00	-362.80
9127352	LAB SUPPLIES	12/31/20	12/11/20	01/10/20			1,461.25	0.00	0.00	1,461.25
9332727	LAB SUPPLIES	12/31/20	12/16/20	01/15/20			2,273.44	0.00	0.00	2,273.44
9540219	LAB SUPPLIES	12/31/20	12/21/20	01/18/20			18.54	0.00	0.00	18.54

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	3,626.56	0.00	0.00	3,626.56

Vendor# W1300 Vendor Name GRAINGER Class M Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9917581762	SUPPLIES PLANT OPS	12/31/20	12/14/20	01/13/20			127.89	0.00	0.00	127.89

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W1300	GRAINGER	127.89	0.00	0.00	127.89

Vendor# G0401 Vendor Name GULF COAST DELIVERY Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20587	OUTSIDE SRV LAB,CARDIO, X	12/31/20	12/28/20	12/28/20			250.00	0.00	0.00	250.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G0401	GULF COAST DELIVERY	250.00	0.00	0.00	250.00

Vendor#	Vendor Name				Class	Pay Code				
A1292	GULF COAST HARDWARE / ACE				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	97640		12/31/20	12/09/20	01/08/20		15.28	0.00	0.00	15.28
		SUPPLIES PLANT OPS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		A1292	GULF COAST HARDWARE / ACE				15.28	0.00	0.00	15.28
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
	1060293		12/18/20	12/15/20	01/14/20		336.00	0.00	0.00	336.00
		SUPPLIES HOUSEKEEPING								
	1060294		12/18/20	12/15/20	01/14/20		197.25	0.00	0.00	197.25
		SUPPLIES HOUSEKEEPING								
	1060298		12/18/20	12/15/20	01/14/20		126.50	0.00	0.00	126.50
	1056208 156208	SUPPLIES HOUSEKEEPING								
			12/31/20	12/08/20	01/07/20		1,697.64	0.00	0.00	1,697.64
		OUTSIDE TRASH CANS CLINI(								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		G1210	GULF COAST PAPER COMPANY				2,357.39	0.00	0.00	2,357.39
Vendor#	Vendor Name				Class	Pay Code				
H1050	HAVEL'S INCORPORATED				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	1180796		12/30/20	12/16/20	01/15/20		165.95	0.00	0.00	165.95
		SUPPLIES SURGERY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		H1050	HAVEL'S INCORPORATED				165.95	0.00	0.00	165.95
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
	145633		12/31/20	12/19/20	01/18/20		7,091.05	0.00	0.00	7,091.05
		ICU MATTRESSES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		H1399	HILL-ROM COMPANY, INC				7,091.05	0.00	0.00	7,091.05
Vendor#	Vendor Name				Class	Pay Code				
H0416	HOLOGIC INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	7713600		12/30/20	12/18/20	01/17/20		257.94	0.00	0.00	257.94
		SUPPLIES MAMMO								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		H0416	HOLOGIC INC				257.94	0.00	0.00	257.94
Vendor#	Vendor Name				Class	Pay Code				
I0415	INDEPENDENCE MEDICAL									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	38032245		12/30/20	12/10/20	01/09/20		22.53	0.00	0.00	22.53
		CS INVENTORY								
	38074631		12/30/20	12/14/20	01/13/20		115.22	0.00	0.00	115.22
		CS INVENTORY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		I0415	INDEPENDENCE MEDICAL				137.75	0.00	0.00	137.75
Vendor#	Vendor Name				Class	Pay Code				
11108	ITERSOURCE CORPORATION									

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
4135		12/31/20	12/17/20	01/16/20			7,979.97	0.00	0.00	7,979.97
	NEW CLINIC EXPENSE									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11108	ITERSOURCE CORPORATION					7,979.97	0.00	0.00	7,979.97

Vendor#	Vendor Name	Class	Pay Code
J0150	J & J HEALTH CARE SYSTEMS, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
915746165		12/30/20	12/17/20	01/16/20			732.62	0.00	0.00	732.62
	SUPPLIES SURGERY									
915749446		12/30/20	12/18/20	01/17/20			2,289.37	0.00	0.00	2,289.37
	SUPPLIES SURGERY									
915728781		12/31/20	12/15/20	01/14/20			866.57	0.00	0.00	866.57
	BLOOD BANK SUPPLIES									
915731004		12/31/20	12/16/20	01/15/20			113.00	0.00	0.00	113.00
	BLOOD BANK SUPPLIES									
915751518		12/31/20	12/18/20	01/17/20			904.73	0.00	0.00	904.73
	BLOOD BANK SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE SYSTEMS, INC					4,906.29	0.00	0.00	4,906.29

Vendor#	Vendor Name	Class	Pay Code
11120	JAYNE CANALES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20590		12/31/20	12/29/20	12/29/20			35.08	0.00	0.00	35.08
	TRAVEL EXPENSE PHARMAC									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11120	JAYNE CANALES					35.08	0.00	0.00	35.08

Vendor#	Vendor Name	Class	Pay Code
10578	LUMINANT ENERGY COMPANY LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
INV0534486		12/11/20	12/01/20	01/16/20			3,071.44	0.00	0.00	3,071.44
	FUEL PLANT OPS									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10578	LUMINANT ENERGY COMPANY LLC					3,071.44	0.00	0.00	3,071.44

Vendor#	Vendor Name	Class	Pay Code
M1511	MARKETLAB, INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
M0015776		12/31/20	12/17/20	01/16/20			52.80	0.00	0.00	52.80
	SUPPLIES CLINIC									
M0017137		12/31/20	12/21/20	01/18/20			97.74	0.00	0.00	97.74
	SUPPLIES CLINIC									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	M1511	MARKETLAB, INC					150.54	0.00	0.00	150.54

Vendor#	Vendor Name	Class	Pay Code
M1500	MARKS PLUMBING PARTS	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
INV001477140		12/31/20	12/16/20	01/15/20			71.67	0.00	0.00	71.67
	SUPPLIES PLANT OPS									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	M1500	MARKS PLUMBING PARTS					71.67	0.00	0.00	71.67

Vendor#	Vendor Name	Class	Pay Code

M2178 MCKESSON MEDICAL SURGICAL INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
69794177		12/31/20	12/14/20	01/15/20			293.28	0.00	0.00	293.28
	SUPPLIES LAB									
69876034		12/31/20	12/15/20	01/14/20			291.55	0.00	0.00	291.55
	LAB SUPPLIES									
69864270		12/31/20	12/15/20	01/14/20			108.07	0.00	0.00	108.07
	LAB SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	692.90	0.00	0.00	692.90

Vendor# Vendor Name — Class — Pay Code

M2449 MEDISAFE AMERICA LLC — M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
50946		12/31/20	12/14/20	01/13/20			127.55	0.00	0.00	127.55
	SUPPLIES SURGERY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2449	MEDISAFE AMERICA LLC	127.55	0.00	0.00	127.55

Vendor# Vendor Name — Class — Pay Code

M2659 MERRY X-RAY/SOURCEONE HEALTHCA — M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
30094165070		12/30/20	12/14/20	01/13/20			158.90	0.00	0.00	158.90
	SUPPLIES SURGERY									
30094167334		12/30/20	12/17/20	01/16/20			1,441.42	0.00	0.00	1,441.42
	SUPPLIES XRAY									
30094167333		12/30/20	12/17/20	01/16/20			158.90	0.00	0.00	158.90
	SUPPLIES SURGERY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2659	MERRY X-RAY/SOURCEONE HEALTHCA	1,759.22	0.00	0.00	1,759.22

Vendor# Vendor Name — Class — Pay Code

11031 MIDWEST HEALTH CARE INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
6244		12/31/20	12/03/20	01/02/20			2,550.00	0.00	0.00	2,550.00
	OUTSIDE SRV CLINIC									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11031	MIDWEST HEALTH CARE INC	2,550.00	0.00	0.00	2,550.00

Vendor# Vendor Name — Class — Pay Code

10810 MMC EMPLOYEE BENEFIT PLAN

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
DECEMBER142015		12/31/20	12/14/20	12/14/20			15,726.70	0.00	0.00	15,726.70
	EMPLOYEE MEDICAL CLAIMS									
DECEMBER212015		12/31/20	12/21/20	12/21/20			52,176.81	0.00	0.00	52,176.81
	EMPLOYEE MEDICAL CLAIMS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN	67,903.51	0.00	0.00	67,903.51

Vendor# Vendor Name — Class — Pay Code

M2662 MMC VOLUNTEERS — W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
671215		12/31/20	01/02/20	01/02/20			100.86	0.00	0.00	100.86
	CREDIT CARD FEES ADMIN									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2662	MMC VOLUNTEERS	100.86	0.00	0.00	100.86

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
SC0757		12/31/20	12/28/20	12/29/20		40.93	0.00	0.00	40.93
	PHARMACY DRUGS								
8298865		12/31/20	12/29/20	12/30/20		22.20	0.00	0.00	22.20
	PHARMACY DRUGS								
8296859		12/31/20	12/29/20	12/30/20		1,088.94	0.00	0.00	1,088.94
	PHARMACY DRUGS								
8298866		12/31/20	12/29/20	12/30/20		147.94	0.00	0.00	147.94
	PHARMACY DRUGS								
8305015		12/31/20	12/30/20	12/31/20		5.46	0.00	0.00	5.46
	PHARMACY DRUGS								
8305013		12/31/20	12/30/20	12/31/20		47.87	0.00	0.00	47.87
	PHARMACY DRUGS								
8305671		12/31/20	12/30/20	12/31/20		63.40	0.00	0.00	63.40
	PHARMACY DRUGS								
8305012		12/31/20	12/30/20	12/31/20		9.42	0.00	0.00	9.42
	PHARMACY DRUGS								
8305011		12/31/20	12/30/20	12/31/20		471.85	0.00	0.00	471.85
	PHARMACY DRUGS								
8305014		12/31/20	12/30/20	12/31/20		2,150.86	0.00	0.00	2,150.86
	PHARMACY DRUGS								
CM80130		12/31/20	12/31/20	01/01/20		-33.12	0.00	0.00	-33.12
	PHARMACY CREDIT								
CM80129		12/31/20	12/31/20	01/01/20		-16.56	0.00	0.00	-16.56
	PHARMACY CREDIT								
CM80127		12/31/20	12/31/20	01/01/20		-32.19	0.00	0.00	-32.19
	PHARMACY CREDIT								
CM80131		12/31/20	12/31/20	01/01/20		-33.12	0.00	0.00	-33.12
	PHARMACY CREDIT								
CM80133		12/31/20	12/31/20	01/01/20		-126.61	0.00	0.00	-126.61
	PHARMACY CREDIT								
CM80132		12/31/20	12/31/20	01/01/20		-8.28	0.00	0.00	-8.28
	PHARMACY CREDIT								
CM80134		12/31/20	12/31/20	01/01/20		-63.30	0.00	0.00	-63.30
	PHARMACY CREDIT								
CM80128		12/31/20	12/31/20	01/01/20		-8.28	0.00	0.00	-8.28
	PHARMACY CREDIT								
8316166		01/05/20	01/04/20	01/05/20		696.48	0.00	0.00	696.48
	PHARMACY DRUGS								
8316165		01/05/20	01/04/20	01/05/20		10,040.75	0.00	0.00	10,040.75
	PHARMACY DRUGS								
8316167		01/05/20	01/04/20	01/05/20		13.27	0.00	0.00	13.27
	PHARMACY DRUGS								
8316164		01/05/20	01/04/20	01/05/20		835.66	0.00	0.00	835.66
	PHARMACY DRUGS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	15,313.57	0.00	0.00	15,313.57

Vendor#	Vendor Name	Class	Pay Code
11086	MY BINDING		

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

100535848		12/31/20	12/15/20	01/14/20		455.95	0.00	0.00	455.95
MINOR EQUIPMENT CS									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11086	MY BINDING				455.95	0.00	0.00	455.95

Vendor#	Vendor Name	Class	Pay Code
10601	NOBLE AMERICAS ENERGY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
5136013		12/31/20	12/28/20	01/07/20			32,039.60	0.00	0.00	32,039.60
ELECTRICITY PLANT OPS										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10601	NOBLE AMERICAS ENERGY					32,039.60	0.00	0.00	32,039.60

Vendor#	Vendor Name	Class	Pay Code
10948	NOVITAS SOLUTIONS -PART A		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20588		12/31/20	12/29/20	12/29/20			31,911.00	0.00	0.00	31,911.00
COST REPORT SETTLEMENT										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10948	NOVITAS SOLUTIONS -PART A					31,911.00	0.00	0.00	31,911.00

Vendor#	Vendor Name	Class	Pay Code
O0920	OFFICE DEPOT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
808922767001		12/15/20	11/30/20	12/30/20			115.89	0.00	0.00	115.89
OFFICE SUPPLIES ADMIN										
812471382001		12/30/20	12/15/20	01/14/20			61.74	0.00	0.00	61.74
SUPPLIES XRAY										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	O0920	OFFICE DEPOT					177.63	0.00	0.00	177.63

Vendor#	Vendor Name	Class	Pay Code
OM425	OWENS & MINOR		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2012191332		12/15/20	12/01/20	12/31/20			207.94	0.00	0.00	207.94
CS INVENTORY										
2012497206		12/15/20	12/10/20	01/09/20			215.63	0.00	0.00	215.63
SUPPLIES SURGERY										
2012489856		12/15/20	12/10/20	01/09/20			67.94	0.00	0.00	67.94
SUPPLIES SURGERY										
2012490631		12/15/20	12/10/20	01/09/20			38.46	0.00	0.00	38.46
CS INVENTORY										
2012494580		12/15/20	12/10/20	01/09/20			155.62	0.00	0.00	155.62
SUPPLIES LAB										
2012490111		12/15/20	12/10/20	01/09/20			22.49	0.00	0.00	22.49
CS INVENTORY										
2012491558		12/15/20	12/10/20	01/09/20			392.80	0.00	0.00	392.80
CS INVENTORY										
2012492422		12/15/20	12/10/20	01/09/20			45.64	0.00	0.00	45.64
SUPPLIES CARDIO										
2012491624		12/15/20	12/10/20	01/09/20			130.83	0.00	0.00	130.83
SUPPLIES LAB										
2012490616		12/15/20	12/10/20	01/09/20			153.47	0.00	0.00	153.47
SUPPLIES SURGERY & HOUS										
2012409414		12/17/20	12/08/20	01/07/20			1,154.75	0.00	0.00	1,154.75
SUPPLIES VARIOUS DEPTS										

2012627990	12/30/20	12/15/20	01/14/20	7.31	0.00	0.00	7.31
SUPPLIES SURGERY							
2012632317	12/30/20	12/15/20	01/14/20	1,090.70	0.00	0.00	1,090.70
SUPPLIES VARIOUS DEPTS							
2012626465	12/30/20	12/15/20	01/14/20	176.58	0.00	0.00	176.58
CS INVENTORY							
2012715149	12/30/20	12/17/20	01/16/20	13.80	0.00	0.00	13.80
SUPPLIES DIETARY							
2012716514	12/30/20	12/17/20	01/16/20	14.46	0.00	0.00	14.46
CS INVENTORY							
2012722540	12/30/20	12/17/20	01/16/20	1,454.98	0.00	0.00	1,454.98
CS INVENTORY							
2012720923	12/30/20	12/17/20	01/16/20	225.97	0.00	0.00	225.97
SUPPLIES VARIOUS DEPTS							
2012713910	12/30/20	12/17/20	01/16/20	56.05	0.00	0.00	56.05
SUPPLIES CARDIO							
2012717725	12/31/20	12/17/20	01/16/20	1,994.50	0.00	0.00	1,994.50
EQUIPMENT CLINIC							
Vendor Totals Number Name				Gross	Discount	No-Pay	Net
OM425 OWENS & MINOR				7,619.92	0.00	0.00	7,619.92

Vendor#	Vendor Name	Class	Pay Code
11142	PAETEC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
59023196		12/31/20	12/22/20				7,942.61	0.00	0.00	7,942.61
	TELEPHONE EXPENSE									
Vendor Totals	Number Name						Gross	Discount	No-Pay	Net
	11142 PAETEC						7,942.61	0.00	0.00	7,942.61

Vendor#	Vendor Name	Class	Pay Code
V1530	PAM VILLAFUERTE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
3192-37		12/31/20	12/30/20	12/30/20			6.85	0.00	0.00	6.85
	GIFT FOR SPEAKER									
Vendor Totals	Number Name						Gross	Discount	No-Pay	Net
	V1530 PAM VILLAFUERTE						6.85	0.00	0.00	6.85

Vendor#	Vendor Name	Class	Pay Code
10204	PHARMEDIUM SERVICES LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
A1485649		12/31/20	12/14/20	01/13/20			35.69	0.00	0.00	35.69
	PHARMACY DRUGS									
A1490345		12/31/20	12/18/20	01/17/20			240.40	0.00	0.00	240.40
	PHARMACY DRUGS									
Vendor Totals	Number Name						Gross	Discount	No-Pay	Net
	10204 PHARMEDIUM SERVICES LLC						276.09	0.00	0.00	276.09

Vendor#	Vendor Name	Class	Pay Code
10541	PLATINUM CODE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
041204		12/30/20	12/15/20	01/14/20			309.39	0.00	0.00	309.39
	CS INVENTORY									
041121		12/30/20	12/15/20	01/14/20			362.93	0.00	0.00	362.93
	CS INVENTORY									
Vendor Totals	Number Name						Gross	Discount	No-Pay	Net

	10541	PLATINUM CODE					672.32	0.00	0.00	672.32
Vendor#	Vendor Name				Class	Pay Code				
P2200	POWER ELECTRIC				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	A16734		12/31/20	12/09/20	01/08/20		2.79	0.00	0.00	2.79
		SUPPLIES PLANT OPS								
	A16894		12/31/20	12/15/20	01/14/20		20.37	0.00	0.00	20.37
		SUPPLIES PLANT OPS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		P2200	POWER ELECTRIC				23.16	0.00	0.00	23.16
Vendor#	Vendor Name				Class	Pay Code				
10372	PRECISION DYNAMICS CORP (PDC)									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	3221933		12/30/20	12/17/20	01/16/20		94.85	0.00	0.00	94.85
		SUPPLIES MAMMO								
	3214753		12/31/20	12/11/20	01/10/20		43.77	0.00	0.00	43.77
		SUPPLIES HIM								
	3220249		12/31/20	12/16/20	01/15/20		26.41	0.00	0.00	26.41
		SUPPLIES XRAY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10372	PRECISION DYNAMICS CORP (PDC)				165.03	0.00	0.00	165.03
Vendor#	Vendor Name				Class	Pay Code				
R1268	RADIOLOGY UNLIMITED, PA				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	20588		12/31/20	09/29/20	10/29/20		950.00	0.00	0.00	950.00
		READ FEES XRAY								
	20589		12/31/20	11/30/20	12/30/20		20.00	0.00	0.00	20.00
		READ FEES XRAY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		R1268	RADIOLOGY UNLIMITED, PA				970.00	0.00	0.00	970.00
Vendor#	Vendor Name				Class	Pay Code				
11080	RADSOURCE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	P1758		12/31/20	11/12/20	11/12/20		1,500.00	0.00	0.00	1,500.00
		FREIGHT EXPENSE CLINIC								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11080	RADSOURCE				1,500.00	0.00	0.00	1,500.00
Vendor#	Vendor Name				Class	Pay Code				
D1080	RITA DAVIS				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	20592		12/31/20	12/31/20	12/31/20		460.00	0.00	0.00	460.00
		OUTSIDE SRV CS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		D1080	RITA DAVIS				460.00	0.00	0.00	460.00
Vendor#	Vendor Name				Class	Pay Code				
K0536	SHIRLEY KARNEI									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	20594		12/31/20	01/04/20	01/04/20		1,270.10	0.00	0.00	1,270.10
		OUTSIDE SRV TRANSCRIPTIC								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		K0536	SHIRLEY KARNEI				1,270.10	0.00	0.00	1,270.10
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
197376		01/01/20	01/01/20	01/10/20			1,260.00	0.00	0.00	1,260.00
	ADVERTISING									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10699	SIGN AD, LTD.	1,260.00	0.00	0.00	1,260.00

Vendor# Vendor Name — Class — Pay Code

S2362 SMITH & NEPHEW

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
92679296		12/30/20	12/14/20	01/13/20			748.00	0.00	0.00	748.00
	SUPPLIES SURGERY									
92686740		12/30/20	12/16/20	01/15/20			750.33	0.00	0.00	750.33
	SUPPLIES SURGERY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2362	SMITH & NEPHEW	1,498.33	0.00	0.00	1,498.33

Vendor# Vendor Name — Class — Pay Code

S2400 SO TEX BLOOD & TISSUE CENTER — M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
90017017		12/31/20	12/17/20	01/16/20			6,114.00	0.00	0.00	6,114.00
	BLOOD BANK SUPPLIES									
90016953		12/31/20	12/17/20	01/16/20			-4,500.00	0.00	0.00	-4,500.00
	BLOOD BANK CREDIT									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2400	SO TEX BLOOD & TISSUE CENTER	1,614.00	0.00	0.00	1,614.00

Vendor# Vendor Name — Class — Pay Code

S2694 STANFORD VACUUM SERVICE — M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
221656		12/18/20	12/14/20	01/13/20			340.00	0.00	0.00	340.00
	OUTSIDE SRV DIETARY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2694	STANFORD VACUUM SERVICE	340.00	0.00	0.00	340.00

Vendor# Vendor Name — Class — Pay Code

S2830 STRYKER SALES CORP — M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
516958A		12/30/20	12/15/20	01/14/20			47.40	0.00	0.00	47.40
	SUPPLIES SURGERY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2830	STRYKER SALES CORP	47.40	0.00	0.00	47.40

Vendor# Vendor Name — Class — Pay Code

S2834 STRYKER SALES CORP — M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1843083		12/31/20	12/16/20	01/15/20			234.65	0.00	0.00	234.65
	REPAIRS ER									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2834	STRYKER SALES CORP	234.65	0.00	0.00	234.65

Vendor# Vendor Name — Class — Pay Code

10735 STRYKER SUSTAINABILITY

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2598232		11/30/20	11/03/20	01/08/20			-103.28	0.00	0.00	-103.28
	CREDIT SURGERY SUPPLIES									
2624250		12/30/20	12/07/20	01/06/20			3,169.08	0.00	0.00	3,169.08

SUPPLIES SURGERY

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10735	STRYKER SUSTAINABILITY	3,065.80	0.00	0.00	3,065.80

Vendor#	Vendor Name	Class	Pay Code
11103	STUDER GROUP, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
068372		12/31/20	12/19/20	01/18/20			377.09	0.00	0.00	377.09

OUTSIDE SRV ADMIN

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11103	STUDER GROUP, LLC	377.09	0.00	0.00	377.09

Vendor#	Vendor Name	Class	Pay Code
10941	THE UPS PRINT STORE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
80453		12/31/20	12/19/20	01/18/20			50.00	0.00	0.00	50.00

SUPPLIES ADMIN

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10941	THE UPS PRINT STORE	50.00	0.00	0.00	50.00

Vendor#	Vendor Name	Class	Pay Code
V1050	THE VICTORIA ADVOCATE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20593		12/31/20	12/27/20	12/27/20			24.80	0.00	0.00	24.80

DUES & SUBCRIPTIONS ADMI

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	V1050	THE VICTORIA ADVOCATE	24.80	0.00	0.00	24.80

Vendor#	Vendor Name	Class	Pay Code
U1054	UNIFIRST HOLDINGS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8150714622		12/18/20	12/15/20	01/14/20			46.60	0.00	0.00	46.60

OUTSIDE SRV MAINT

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8150714724		12/18/20	12/15/20	01/14/20			28.50	0.00	0.00	28.50

OUTSIDE SRV BIO MED

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1054	UNIFIRST HOLDINGS	75.10	0.00	0.00	75.10

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
8400209232		12/18/20	12/11/20	01/10/20			678.72	0.00	0.00	678.72

LAUNDRY SURGERY

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8400209273		12/18/20	12/11/20	01/10/20			896.89	0.00	0.00	896.89

LAUNDRY HOUSEKEEPING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8400209401		12/18/20	12/15/20	01/14/20			104.21	0.00	0.00	104.21

LAUNDRY OB

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8400209400		12/18/20	12/15/20	01/14/20			158.74	0.00	0.00	158.74

LAUNDRY DIETARY

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8400209398		12/18/20	12/15/20	01/14/20			198.52	0.00	0.00	198.52

LAUNDRY HOUSEKEEPING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8400209453		12/18/20	12/15/20	01/14/20			1,077.70	0.00	0.00	1,077.70

LAUNDRY HOUSEKEEPING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8400209399		12/18/20	12/15/20	01/14/20			217.41	0.00	0.00	217.41

LAUNDRY HOUSEKEEPING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8400209402		12/18/20	12/15/20	01/14/20			254.96	0.00	0.00	254.96

LAUDNRY HOUSEKEEPING

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC				3,587.15	0.00	0.00	3,587.15

Vendor#	Vendor Name			Class	Pay Code				
U1056	UNIFORM ADVANTAGE			W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	6595763		12/18/20	12/10/20	01/09/20		-2.00	0.00	0.00	-2.00
		UNIFORM CREDIT								
	6594771		12/18/20	12/10/20	01/09/20		10.00	0.00	0.00	10.00
		EMPLOYEE UNIFORMS								
	6595762		12/18/20	12/10/20	01/09/20		14.99	0.00	0.00	14.99
		EMPLOYEE UNIFORMS								
	6607108		12/31/20	12/17/20	01/16/20		161.97	0.00	0.00	161.97
		EMPLOYEE UNIFORMS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		U1056	UNIFORM ADVANTAGE				184.96	0.00	0.00	184.96

Vendor#	Vendor Name			Class	Pay Code				
V0555	VERIZON SOUTHWEST			M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	5526713120715		12/31/20	12/07/20	01/01/20		1,367.60	0.00	0.00	1,367.60
		TELEPHONE EXPENSE								
	5521567121915		12/31/20	12/19/20	01/13/20		57.00	0.00	0.00	57.00
		TELEPHONE EXPENSE								
	1977697		12/31/20	12/19/20	01/13/20		60.67	0.00	0.00	60.67
		TELEPHONE EXPENSE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		V0555	VERIZON SOUTHWEST				1,485.27	0.00	0.00	1,485.27

Vendor#	Vendor Name			Class	Pay Code				
11112	VICTORIA PROFESSIONAL								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	MMC0005		12/31/20	01/06/20	01/06/20		62,000.00	0.00	0.00	62,000.00
		PROF FEES HOSPITALIST								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11112	VICTORIA PROFESSIONAL				62,000.00	0.00	0.00	62,000.00

Vendor#	Vendor Name			Class	Pay Code				
10793	WAGEWORKS								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	125AI0438663		12/18/20	12/16/20	01/15/20		125.00	0.00	0.00	125.00
		FLEX SPENDING ADMIN FEE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10793	WAGEWORKS				125.00	0.00	0.00	125.00

Vendor#	Vendor Name			Class	Pay Code				
W1040	WATERMARK GRAPHICS INC			M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	108252		12/31/20	12/15/20	01/14/20		34.00	0.00	0.00	34.00
		OUTSIDE SRV ADIMIN								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		W1040	WATERMARK GRAPHICS INC				34.00	0.00	0.00	34.00

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
	9110260562		12/31/20	12/15/20	01/14/20		1,571.67	0.00	0.00	1,571.67

	MAINT CONT LAB								
	9110261291		12/31/20	12/15/20	01/14/20	408.00	0.00	0.00	408.00
	LAB SUPPLIES								
	9110261809		12/31/20	12/16/20	01/15/20	2,824.30	0.00	0.00	2,824.30
	LAB SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC				4,803.97	0.00	0.00	4,803.97
Vendor#	Vendor Name				Class	Pay Code			
10325	WHOLESALE ELECTRIC SUPPLY								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	79-4015711		12/18/20	12/10/20	01/09/20		95.41	0.00	0.00	95.41
	SUPPLIES PLANT OPS								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10325	WHOLESALE ELECTRIC SUPPLY					95.41	0.00	0.00	95.41
Vendor#	Vendor Name				Class	Pay Code			
Z1005	ZIMMER US, INC.				W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	145057-JW4870		12/30/20	12/11/20	01/10/20		688.91	0.00	0.00	688.91
	SUPPLIES SURGERY								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	Z1005	ZIMMER US, INC.					688.91	0.00	0.00	688.91

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	350,814.13	0.00	0.00	350,814.13

Michael J. Pfeifer
Calhoun County Judge
Date: 1-11-16

APPROVED ON
JAN 06 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS #164426
+o
#164512

RUN DATE: 01/06/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME: 07:49 EDIT LIST FOR PATIENT REFUNDS ARID=0001 APCDEDIT

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	010616	350.00	2		[redacted]	
		010616	400.00	2			
		010616	49.80	2			
MIS100	01 THE BROADMOOR CREEKSIDE	012813	17337.96	2		REFUND FOR MISSAPLIED PAYMENT	
			/s16 17392.03				
	ARID=0001 TOTAL		18137.76				
TOTAL			18137.76 s16 18,191.83				

Michael J. Pfeiffer
Calhoun County Judge
Date: 1-11-16

APPROVED
ON
JAN 0 6 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 164513
to
#164516

RUN DATE:01/06/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:16:09 CHECK REGISTER GLCKREG
01/06/16 THRU 01/06/16

BANK	CHECK	DATE	AMOUNT	PAYEE
A/P	164426	01/06/16	360.00	CHRIS KOVAREK
A/P	164427	01/06/16	504.00	DSHS CENTRAL LAB MC2004
A/P	164428	01/06/16	276.09	PHARMEDIUM SERVICES LLC
A/P	164429	01/06/16	95.41	WHOLESALE ELECTRIC SUPPLY
A/P	164430	01/06/16	1,276.22	CENTURION MEDICAL PRODUCTS
A/P	164431	01/06/16	991.87	DEWITT POTH & SON
A/P	164432	01/06/16	165.03	PRECISION DYNAMICS CORP (PDC)
A/P	164433	01/06/16	7,703.79	ALERE NORTH AMERICA INC
A/P	164434	01/06/16	.00	VOIDED
A/P	164435	01/06/16	15,313.57	MORRIS & DICKSON CO, LLC
A/P	164436	01/06/16	672.32	PLATINUM CODE
A/P	164437	01/06/16	3,071.44	LUMINANT ENERGY COMPANY LLC
A/P	164438	01/06/16	32,039.60	NOBLE AMERICAS ENERGY
A/P	164439	01/06/16	1,260.00	SIGN AD, LTD.
A/P	164440	01/06/16	3,065.80	STRYKER SUSTAINABILITY
A/P	164441	01/06/16	125.00	WAGEWORKS
A/P	164442	01/06/16	67,903.51	MMC EMPLOYEE BENEFIT PLAN
A/P	164443	01/06/16	8,803.15	ACCLARENT, INC.
A/P	164444	01/06/16	50.00	THE UPS PRINT STORE
A/P	164445	01/06/16	31,911.00	NOVITAS SOLUTIONS -PART A
A/P	164446	01/06/16	291.52	ECOLAB EQUIPMENT CARE
A/P	164447	01/06/16	211.50	ADVANCED COMMUNICATIONS
A/P	164448	01/06/16	421.18	ANGELA DOBBINS
A/P	164449	01/06/16	2,680.82	COMBINED INSURANCE CO
A/P	164450	01/06/16	2,550.00	MIDWEST HEALTH CARE INC
A/P	164451	01/06/16	1,500.00	RADSOURCE
A/P	164452	01/06/16	455.95	MY BINDING
A/P	164453	01/06/16	377.09	STUDER GROUP, LLC
A/P	164454	01/06/16	7,979.97	ITERSOURCE CORPORATION
A/P	164455	01/06/16	62,000.00	VICTORIA PROFESSIONAL
A/P	164456	01/06/16	35.08	JAYNE CANALES
A/P	164457	01/06/16	7,942.61	PAETEC
A/P	164458	01/06/16	5,670.00	BROADMOOR AT CREEKSIDE PARK
A/P	164459	01/06/16	15.28	GULF COAST HARDWARE / ACE
A/P	164460	01/06/16	3,048.49	AIRGAS-SOUTHWEST
A/P	164461	01/06/16	1,549.50	ALCON LABORTORIES INC
A/P	164462	01/06/16	131.38	AMTEC MEDICAL INC
A/P	164463	01/06/16	52.00	ANNOUNCEMENTS PLUS TOO AGAIN
A/P	164464	01/06/16	29.99	AUTO PARTS & MACHINE CO.
A/P	164465	01/06/16	1,561.57	BAXTER HEALTHCARE CORP
A/P	164466	01/06/16	11,081.76	BECKMAN COULTER INC
A/P	164467	01/06/16	91.28	BRIGGS HEALTHCARE
A/P	164468	01/06/16	5.00	CALHOUN COUNTY WASTE MGMT
A/P	164469	01/06/16	439.00	CYGNUS MEDICAL LLC
A/P	164470	01/06/16	349.76	CONMED CORPORATION
A/P	164471	01/06/16	5,580.09	CDW GOVERNMENT, INC.
A/P	164472	01/06/16	11,557.02	EVIDENT
A/P	164473	01/06/16	460.00	RITA DAVIS
A/P	164474	01/06/16	77.35	DOWNTOWN CLEANERS
A/P	164475	01/06/16	54.66	FEDERAL EXPRESS CORP.

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	164476	01/06/16	3,626.56	FISHER HEALTHCARE
A/P	164477	01/06/16	250.00	GULF COAST DELIVERY
A/P	164478	01/06/16	2,357.39	GULF COAST PAPER COMPANY
A/P	164479	01/06/16	257.94	HOLOGIC INC
A/P	164480	01/06/16	165.95	HAVEL'S INCORPORATED
A/P	164481	01/06/16	7,091.05	HILL-ROM COMPANY, INC
A/P	164482	01/06/16	137.75	INDEPENDENCE MEDICAL
A/P	164483	01/06/16	4,803.97	WERFEN USA LLC
A/P	164484	01/06/16	4,906.29	J & J HEALTH CARE SYSTEMS, INC
A/P	164485	01/06/16	1,270.10	SHIRLEY KARNEI
A/P	164486	01/06/16	71.67	MARKS PLUMBING PARTS
A/P	164487	01/06/16	150.54	MARKETLAB, INC
A/P	164488	01/06/16	692.90	MCKESSON MEDICAL SURGICAL INC
A/P	164489	01/06/16	127.55	MEDISAFE AMERICA LLC
A/P	164490	01/06/16	516.72	BAYER HEALTHCARE
A/P	164491	01/06/16	1,759.22	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	164492	01/06/16	100.86	MMC VOLUNTEERS
A/P	164493	01/06/16	177.63	OFFICE DEPOT
A/P	164494	01/06/16	.00	VOIDED
A/P	164495	01/06/16	.00	VOIDED
A/P	164496	01/06/16	7,619.92	OWENS & MINOR
A/P	164497	01/06/16	23.16	POWER ELECTRIC
A/P	164498	01/06/16	970.00	RADIOLOGY UNLIMITED, PA
A/P	164499	01/06/16	1,498.33	SMITH & NEPHEW
A/P	164500	01/06/16	1,614.00	SO TEX BLOOD & TISSUE CENTER
A/P	164501	01/06/16	340.00	STANFORD VACUUM SERVICE
A/P	164502	01/06/16	47.40	STRYKER SALES CORP
A/P	164503	01/06/16	234.65	STRYKER SALES CORP
A/P	164504	01/06/16	75.10	UNIFIRST HOLDINGS
A/P	164505	01/06/16	184.96	UNIFORM ADVANTAGE
A/P	164506	01/06/16	3,587.15	UNIFIRST HOLDINGS INC
A/P	164507	01/06/16	1,485.27	VERIZON SOUTHWEST
A/P	164508	01/06/16	24.80	THE VICTORIA ADVOCATE
A/P	164509	01/06/16	6.85	PAM VILLAFUERTE
A/P	164510	01/06/16	34.00	WATERMARK GRAPHICS INC
A/P	164511	01/06/16	127.89	GRAINGER
A/P	164512	01/06/16	688.91	ZIMMER US, INC.
A/P	164513	01/06/16	350.00	[redacted]
A/P	164514	01/06/16	400.00	
A/P	164515	01/06/16	49.80	
A/P	164516	01/06/16	17,392.03	
TOTALS:			369,005.96	

ptt

RUN DATE:01/11/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:11:40 CHECK REGISTER and Payable List GLCKREG
01/11/16 THRU 01/11/16

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000715	01/11/16	660.25	MCKESSON
A/P	000716	01/11/16	255.15	MCKESSON
A/P	000717	01/11/16	351.56	MCKESSON
TOTALS:			1,266.96	

340 B Prescription Expenses

APPROVED
ON
JAN 11 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 2-1-16

McKESSON

STATEMENT

Company: 8000

As of: 01/08/2016

Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 01/08/2016

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 01/08/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 01/08/2016

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	
01/04/2016	01/12/2016	7724355067	1000742101	115Invoice	0.32	15.99		15.67	✓	7724355067	
01/04/2016	01/12/2016	7724355068	1000742534	115Invoice	1.46	73.02		71.56	✓	7724355068	
01/04/2016	01/12/2016	7724355069	1000742534	115Invoice	4.02	200.91		196.89	✓	7724355069	
01/04/2016	01/12/2016	7724355070	1000743048	115Invoice	1.47	73.72		72.25	✓	7724355070	
01/04/2016	01/12/2016	7724355071	1000743048	115Invoice		0.08		0.08	✓	7724355071	
01/07/2016	01/12/2016	7725083119	1000744906	115Invoice	1.08	54.06		52.98	✓	7725083119	
01/08/2016	01/12/2016	7725293565	1000745590	115Invoice	0.21	10.27		10.06	✓	7725293565	
01/08/2016	01/12/2016	7725293566	1000745590	115Invoice	4.91	245.67		240.76	✓	7725293566	

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

TOTAL:

Subtotals: 673.72 USD

Future Due: 0.00

If Paid By 01/12/2016,
Pay This Amount: 660.25 USD

Due If Paid On Time:
USD 660.25

Past Due: 0.00

Disc lost if paid late:
13.47

Last Payment 370.69
01/04/2016

If Paid After 01/12/2016,
Pay this Amount: 673.72 USD

Due If Paid Late:
USD 673.72

CK#715

APPROVED
BY:
JAN 11 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 01/08/2016

Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 01/08/2016

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: 01/08/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 01/08/2016

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	
01/06/2016	01/12/2016	7724854308	3454581140	115Invoice	3.17	158.40		155.23	✓	7724854308	
01/08/2016	01/12/2016	7725302110	3454581146	115Invoice	2.04	101.96		99.92	✓	7725302110	

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

TOTAL:

Subtotals: 260.36 USD

Future Due: 0.00

If Paid By 01/12/2016, Pay This Amount: 255.15 USD

Due If Paid On Time: USD 255.15

Past Due: 0.00

Disc lost if paid late: 5.21

Last Payment 12/14/2015 763.73

If Paid After 01/12/2016, Pay this Amount: 260.36 USD

Due If Paid Late: USD 260.36

chk # 716

APPROVED
GFT

JAN 11 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

CVS PHCY 7006/MEMORIA PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 01/08/2016

DC: 8115

Territory: 400

Customer: 262252
Date: 01/08/2016

Page: 001

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

As of: 01/08/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252
Date: 01/08/2016

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	
01/04/2016	01/12/2016	7724373810	1000742104	115Invoice	0.21	10.46		10.25	✓	7724373810	
01/04/2016	01/12/2016	7724373812	1000742536	115Invoice	1.77	88.26		86.49	✓	7724373812	
01/04/2016	01/12/2016	7724373814	1000743050	115Invoice	2.32	115.95		113.63	✓	7724373814	
01/04/2016	01/12/2016	7724373815	1000743470	115Invoice	0.95	47.53		46.58	✓	7724373815	
01/05/2016	01/12/2016	7724621677	1000743885	115Invoice	0.12	5.90		5.78	✓	7724621677	
01/06/2016	01/12/2016	7724853421	1000744313	115Invoice	0.44	22.02		21.58	✓	7724853421	
01/07/2016	01/12/2016	7725073109	1000744908	115Invoice	0.99	49.64		48.65	✓	7725073109	
01/07/2016	01/12/2016	7725073111	1000744908	115Invoice	0.27	13.26		12.99	✓	7725073111	
01/08/2016	01/12/2016	7725309881	1000745592	115Invoice	0.11	5.72		5.61	✓	7725309881	

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

TOTAL:

Subtotals: 358.74 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,622.83
01/04/2016

If Paid By 01/12/2016,
Pay This Amount: 351.56 USD

If Paid After 01/12/2016,
Pay this Amount: 358.74 USD

Due If Paid On Time:
USD 351.56

Disc lost if paid late: 7.18

Due If Paid Late:
USD 358.74

ck#717

APPROVED
BY:
JAN 11 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
1/12/2016

Nursing Home	IBC Account Number	Previous Beginning Balance	ACH Transfer-In	IGT Transfer-In	Transfer-Out	MMC Portion of IGT	Cantex Portion of IGT	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens	4553	11,867.56	729,790.34	-	11,767.56	-	-	729,890.34	729,790.34

Routing Information for Ashford Gardens:
Ashford Health Care Center Ltd Co
JP Morgan Chase Bank
ABA '0614
Account # '4257

Nursing Home	IBC Account Number	Previous Beginning Balance	ACH Transfer-In	IGT Transfer-In	Transfer-Out	MMC Portion of IGT	Cantex Portion of IGT	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Solera at West Houston	4561	120,481.83	101,582.84	-	120,381.83	-	-	101,682.84	101,582.84
Crescent	4588	22,063.45	675,208.86	-	21,963.45	-	-	675,308.86	675,208.86
Broadmoor	4596	422,281.65	846,442.43	-	422,181.65	-	-	846,542.43	846,442.43
Fort Bend	4618	22,517.32	59,368.04	-	22,417.32	-	-	59,468.04	59,368.04
									1,682,602.17

Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:
Cantex Health Care Centers III LLC
JP Morgan Chase Bank
ABA . 0614
Account # '2922

Approved:

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.

Michael J. Pfeifer
County Judge
Date: 2-1-16

APPROVED
JAN 12 2016
COUNTY AUDITOR

IBC Bank Activity
1/4/16 through 1/12/16

Ashford Gardens					Transfer-Out	Transfer-In	
1/4/2016	5025	4553	142	ACH CREDIT RECEIVED		135.76	Molina HC of TX Molina HC
1/4/2016	5025	4553	301	COMMERCIAL DEPOSIT		124,524.89	
1/4/2016	5025	4553	142	ACH CREDIT RECEIVED		1,450.19	Molina HC of TX Molina HC
1/5/2016	5025	4553	495	OUTGOING MONEY TRANSFER	11,767.56		ASHFORD HEALTH CARE CENTER LTD
1/6/2016	5025	4553	142	ACH CREDIT RECEIVED		204.16	NOVITAS SOLUTION HCCLAIMPMT
1/6/2016	5025	4553	142	ACH CREDIT RECEIVED		93,300.58	NOVITAS SOLUTION HCCLAIMPMT
1/7/2016	5025	4553	195	INCOMING MONEY TRANSFER		289,324.51	CANTEX HEALTH CARE CENTERS LLC
1/7/2016	5025	4553	301	COMMERCIAL DEPOSIT		191,919.60	
1/8/2016	5025	4553	142	ACH CREDIT RECEIVED		1,599.11	Molina HC of TX Molina HC
1/8/2016	5025	4553	142	ACH CREDIT RECEIVED		0.29	AGING DISAB SVCS HCCLAIMPMT
1/8/2016	5025	4553	142	ACH CREDIT RECEIVED		1,477.30	NOVITAS SOLUTION HCCLAIMPMT
1/8/2016	5025	4553	142	ACH CREDIT RECEIVED		10,423.09	Molina HC of TX Molina HC
1/11/2016	5025	4553	142	ACH CREDIT RECEIVED		1,587.40	Molina HC of TX Molina HC
1/11/2016	5025	4553	142	ACH CREDIT RECEIVED		10,460.24	AGING DISAB SVCS HCCLAIMPMT
1/11/2016	5025	4553	142	ACH CREDIT RECEIVED		3,383.22	Molina HC of TX Molina HC
					11,767.56	729,790.34	

Solera at West Houston					Transfer-Out	Transfer-In	
1/4/2016	5025	4561	301	COMMERCIAL DEPOSIT		59,384.02	
1/5/2016	5025	4561	495	OUTGOING MONEY TRANSFER	120,381.83		CANTEX HEALTH CARE CENTERS LLC
1/6/2016	5025	4561	142	ACH CREDIT RECEIVED		1,418.57	NOVITAS SOLUTION HCCLAIMPMT
1/7/2016	5025	4561	301	COMMERCIAL DEPOSIT		35,505.64	
1/8/2016	5025	4561	142	ACH CREDIT RECEIVED		362.38	NOVITAS SOLUTION HCCLAIMPMT
1/8/2016	5025	4561	142	ACH CREDIT RECEIVED		704.74	Molina HC of TX Molina HC
1/8/2016	5025	4561	142	ACH CREDIT RECEIVED		1,031.83	Molina HC of TX Molina HC
1/11/2016	5025	4561	142	ACH CREDIT RECEIVED		1,524.10	AGING DISAB SVCS HCCLAIMPMT
1/11/2016	5025	4561	142	ACH CREDIT RECEIVED		1,084.50	AMERIGROUP CORPO HCCLAIMPMT
1/11/2016	5025	4561	142	ACH CREDIT RECEIVED		567.06	NOVITAS SOLUTION HCCLAIMPMT
					120,381.83	101,582.84	

Crescent					Transfer-Out	Transfer-In	
1/4/2016	5025	4588	142	ACH CREDIT RECEIVED		735.78	Molina HC of TX Molina HC
1/4/2016	5025	4588	301	COMMERCIAL DEPOSIT		52,225.28	
1/5/2016	5025	4588	495	OUTGOING MONEY TRANSFER	21,963.45		CANTEX HEALTH CARE CENTERS III
1/6/2016	5025	4588	142	ACH CREDIT RECEIVED		861.85	NOVITAS SOLUTION HCCLAIMPMT
1/7/2016	5025	4588	195	INCOMING MONEY TRANSFER		557,843.60	CANTEX HEALTH CARE CENTERS III
1/7/2016	5025	4588	301	COMMERCIAL DEPOSIT		55,266.80	
1/11/2016	5025	4588	142	ACH CREDIT RECEIVED		6,074.01	AMERIGROUP CORPO HCCLAIMPMT
1/11/2016	5025	4588	142	ACH CREDIT RECEIVED		2,201.54	AGING DISAB SVCS HCCLAIMPMT
					21,963.45	675,208.86	

Broadmoor					Transfer-Out	Transfer-In	
1/4/2016	5025	4596	142	ACH CREDIT RECEIVED		2,523.05	NOVITAS SOLUTION HCCLAIMPMT
1/4/2016	5025	4596	301	COMMERCIAL DEPOSIT		66,405.35	
1/5/2016	5025	4596	142	ACH CREDIT RECEIVED		276.04	NOVITAS SOLUTION HCCLAIMPMT
1/5/2016	5025	4596	495	OUTGOING MONEY TRANSFER	422,181.65		CANTEX HEALTH CARE CENTERS III
1/6/2016	5025	4596	142	ACH CREDIT RECEIVED		1,104.30	NOVITAS SOLUTION HCCLAIMPMT
1/7/2016	5025	4596	301	COMMERCIAL DEPOSIT		38,876.56	
1/7/2016	5025	4596	195	INCOMING MONEY TRANSFER		737,257.13	CANTEX HEALTH CARE CENTERS III
					422,181.65	846,442.43	

Fort Bend					Transfer-Out	Transfer-In	
1/4/2016	5025	4618	301	COMMERCIAL DEPOSIT		10,548.65	
1/5/2016	5025	4618	142	ACH CREDIT RECEIVED		2,546.58	AMERIGROUP CORPO HCCLAIMPMT
1/5/2016	5025	4618	495	OUTGOING MONEY TRANSFER	22,417.32		CANTEX HEALTH CARE CENTERS III
1/6/2016	5025	4618	142	ACH CREDIT RECEIVED		13,791.43	AGING DISAB SVCS HCCLAIMPMT
1/7/2016	5025	4618	142	ACH CREDIT RECEIVED		1,202.71	NOVITAS SOLUTION HCCLAIMPMT
1/7/2016	5025	4618	142	ACH CREDIT RECEIVED		13,991.59	AMERIGROUP CORPO HCCLAIMPMT
1/7/2016	5025	4618	301	COMMERCIAL DEPOSIT		495.61	
1/11/2016	5025	4618	142	ACH CREDIT RECEIVED		13,642.74	Molina HC of TX Molina HC
1/11/2016	5025	4618	142	ACH CREDIT RECEIVED		3,148.73	AMERIGROUP CORPO HCCLAIMPMT
					22,417.32	59,368.04	

Account Portfolio as of 01/12/2016 8:15:58 AM

Account Display
(•) Display By Account Type
( ) Display By Asset/Liability

Commercial Checking Accounts

Account Name	Account Number	Today's Beginning Balance	Available Balance
Memorial Medical Center	3387	$25,069.79	$25,069.79
Memorial Medical Center	4553	$729,890.34	$729,907.50
Memorial Medical Center	4561	$101,682.84	$103,221.08
Memorial Medical Center	4588	$675,308.86	$677,471.52
Memorial Medical Center	4596	$846,542.43	$846,542.43
Memorial Medical Center	4618	$59,468.04	$59,468.04
Memorial Medical Center Operat	0301	$1,227,317.10	$1,249,699.00
County of Calhoun Indigent	1101	$6,706.45	$6,706.45
Totals		**$3,671,985.85**	**$3,698,085.81**

APPROVED
ON

JAN 13 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

01/12/2016 MEMORIAL MEDICAL CENTER 0
16:40 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 01/25/2016

Vendor#	Vendor Name	Class	Pay Code
A1430	ADVANCE MEDICAL DESIGNS INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
SI01084612 ✓		12/30/20	12/21/20	01/20/20		21.25	0.00	0.00	21.25 ✓
	SUPPLIES SURGERY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1430	ADVANCE MEDICAL DESIGNS INC	21.25	0.00	0.00	21.25 ✓

Vendor#	Vendor Name	Class	Pay Code
A1680	AIRGAS-SOUTHWEST ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9046648302 ✓		12/31/20	12/21/20	01/20/20		59.66	0.00	0.00	59.66 ✓
	SUPPLIES PLANT OPS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS-SOUTHWEST	59.66	0.00	0.00	59.66 ✓

Vendor#	Vendor Name	Class	Pay Code
A1360	AMERISOURCEBERGEN DRUG CORP ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
770780372 ✓		01/05/20	01/04/20	01/25/20		7.32	0.00	0.00	7.32 ✓
	PHARMACY DRUGS								
771328738 ✓		01/12/20	01/12/20	01/25/20		6.04	0.00	0.00	6.04 ✓
	PHARMACY DRUGS								
771328739 ✓		01/12/20	01/12/20	01/25/20		51.14	0.00	0.00	51.14 ✓
	PHARMACY DRUGS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1360	AMERISOURCEBERGEN DRUG CORP	64.50	0.00	0.00	64.50

Vendor#	Vendor Name	Class	Pay Code
A2206	APIC ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
37502		01/12/20	01/06/20	01/06/20		205.00	0.00	0.00	205.00
	DUES & SUBCRIPTIONS INFE(								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2206	APIC	205.00	0.00	0.00	205.00 ✓

Vendor#	Vendor Name	Class	Pay Code
B0435	BARD PERIPHERAL VASCULAR ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
75022974 ✓		12/31/20	12/26/20	01/25/20		54.66	0.00	0.00	54.66
	CS INVENTORY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B0435	BARD PERIPHERAL VASCULAR	54.66	0.00	0.00	54.66 ✓

Vendor#	Vendor Name	Class	Pay Code
11148	BECK AIR CONDITIONING, INC. ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
11683		01/12/20	12/30/20	01/15/20		125.00	0.00	0.00	125.00
	OUTSIDE SRV MAINT								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11148	BECK AIR CONDITIONING, INC.	125.00	0.00	0.00	125.00 ✓

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
4265301		12/31/20	12/25/20	01/24/20			825.69	0.00	0.00	825.69
	MAINT CONTR									
105361573		12/31/20	12/26/20	01/25/20			1,128.79	0.00	0.00	1,128.79
	LAB SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	1,954.48	0.00	0.00	1,954.48

Vendor#	Vendor Name	Class	Pay Code
C1048	CALHOUN COUNTY	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20600		01/12/20	12/24/20	12/24/20			75.61	0.00	0.00	75.61
	TRANSPORTATION FUEL									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY	75.61	0.00	0.00	75.61

Vendor#	Vendor Name	Class	Pay Code
A1825	CARDINAL HEALTH 414,LLC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8000903349		12/31/20	12/12/20	01/16/20			827.57	0.00	0.00	827.57
	SUPPLIES NUC MED									
8000908976		12/31/20	12/19/20	01/23/20			477.02	0.00	0.00	477.02
	SUPPLIES NUC MED									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1825	CARDINAL HEALTH 414,LLC	1,304.59	0.00	0.00	1,304.59

Vendor#	Vendor Name	Class	Pay Code
Z0850	CARMEN C. ZAPATA-ARROYO	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20601		01/12/20	12/31/20				1,320.00	0.00	0.00	1,320.00
	OUTSIDE SRV OCC THERAPH									
20602		01/12/20	12/31/20	12/31/20			165.00	0.00	0.00	165.00
	OUTSIDE SRV OCC THERAPY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	Z0850	CARMEN C. ZAPATA-ARROYO	1,485.00	0.00	0.00	1,485.00

Vendor#	Vendor Name	Class	Pay Code
C1275	CARROT TOP INDUSTRIES INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
28731700		12/31/20	12/22/20	01/21/20			239.66	0.00	0.00	239.66
	SUPPLIES PLANT OPS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1275	CARROT TOP INDUSTRIES INC	239.66	0.00	0.00	239.66

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
BNQ3431		12/31/20	12/22/20	01/21/20			192.18	0.00	0.00	192.18
	COMPUTER									
BNR5357		12/31/20	12/22/20	01/21/20			1,069.80	0.00	0.00	1,069.80
	COMPUTERS									
BNS8402		12/31/20	12/22/20	01/21/20			84.75	0.00	0.00	84.75
	SUPPLIES IT									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.	1,346.73	0.00	0.00	1,346.73

Vendor#	Vendor Name	Class	Pay Code
10350	CENTURION MEDICAL PRODUCTS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
91918673		12/30/20	12/21/20	01/20/20			777.22	0.00	0.00	777.22
	CS INVENTORY & RECOVERY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10350	CENTURION MEDICAL PRODUCTS	777.22	0.00	0.00	777.22

Vendor#	Vendor Name	Class	Pay Code
C1410	CERTIFIED LABORATORIES	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2137126		12/31/20	12/03/20	12/13/20			125.28	0.00	0.00	125.28
	SUPPLIES DIETARY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1410	CERTIFIED LABORATORIES	125.28	0.00	0.00	125.28

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
NOVEMBER 2015		12/31/20	11/09/20	12/09/20			9.00	0.00	0.00	9.00
	OUTSIDE SRV LAB									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1600	CITIZENS MEDICAL CENTER	9.00	0.00	0.00	9.00

Vendor#	Vendor Name	Class	Pay Code
11107	COURTNE THURLKILL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20602		01/12/20	01/07/20	01/07/20			738.65	0.00	0.00	738.65
	TRAVEL EXPENSE CLINIC									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11107	COURTNE THURLKILL	738.65	0.00	0.00	738.65

Vendor#	Vendor Name	Class	Pay Code
R1050	CULLIGAN OF VICTORIA	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
555X01701606		01/12/20	12/31/20	01/22/20			584.50	0.00	0.00	584.50
	SUPPLIES PLANT OPS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	R1050	CULLIGAN OF VICTORIA	584.50	0.00	0.00	584.50

Vendor#	Vendor Name	Class	Pay Code
10284	CYTO THERM L.P.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
285597		12/31/20	12/21/20	01/20/20			153.94	0.00	0.00	153.94
	BLOOD BANK SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10284	CYTO THERM L.P.	153.94	0.00	0.00	153.94

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
460024-0		12/30/20	12/21/20	01/20/20			157.48	0.00	0.00	157.48
	SUPPLIES VARIOUS DEPTS									
460025-0		12/30/20	12/21/20	01/20/20			331.36	0.00	0.00	331.36
	CS INVENTORY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	488.84	0.00	0.00	488.84

Vendor#	Vendor Name	Class	Pay Code
11147	ENVIRONMENTAL SAFETY, INC		

	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	12288		12/31/20	12/09/20	01/08/20			717.60	0.00	0.00	717.60
		SUPPLIES DIETARY									
Vendor Totals	Number	Name						Gross	Discount	No-Pay	Net
	11147	ENVIRONMENTAL SAFETY, INC						717.60	0.00	0.00	717.60

Vendor#	Vendor Name	Class	Pay Code
10003	FILTER TECHNOLOGY CO, INC		

	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	86864		12/31/20	12/21/20	01/20/20			940.22	0.00	0.00	940.22
		SUPPLIES PLANT OPS									
Vendor Totals	Number	Name						Gross	Discount	No-Pay	Net
	10003	FILTER TECHNOLOGY CO, INC						940.22	0.00	0.00	940.22

Vendor#	Vendor Name	Class	Pay Code
11037	FIRST CLEARING		

	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	20597		12/31/20	12/31/20	12/31/20			75.00	0.00	0.00	75.00
		EMPLOYEE PERSONAL INVES									
Vendor Totals	Number	Name						Gross	Discount	No-Pay	Net
	11037	FIRST CLEARING						75.00	0.00	0.00	75.00

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
	9257905		12/31/20	12/15/20	01/19/20			75.02	0.00	0.00	75.02
		LAB SUPPLIES									
	9540223		12/31/20	12/21/20	01/20/20			40.00	0.00	0.00	40.00
		LAB SUPPLIES									
	9540220		12/31/20	12/21/20	01/20/20			2,953.95	0.00	0.00	2,953.95
		LAB SUPPLIES									
	9624335		12/31/20	12/22/20	01/21/20			417.19	0.00	0.00	417.19
		LAB SUPPLIES									
	9624332		12/31/20	12/22/20	01/21/20			81.40	0.00	0.00	81.40
		LAB SUPPLIES									
	9624333		12/31/20	12/22/20	01/21/20			522.98	0.00	0.00	522.98
		LAB SUPPLIES									
	9716121		12/31/20	12/23/20	01/22/20			3,268.30	0.00	0.00	3,268.30
	9809209		12/31/20	12/28/20	01/25/20			77.64	0.00	0.00	77.64
		LAB SUPPLIES									
	9898076		12/31/20	12/29/20	01/25/20			325.94	0.00	0.00	325.94
		LAB SUPPLIES									
Vendor Totals	Number	Name						Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE						7,762.42	0.00	0.00	7,762.42

Vendor#	Vendor Name	Class	Pay Code
A1292	GULF COAST HARDWARE / ACE	W	

	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	D77185		12/31/20	12/23/20	01/22/20			20.98	0.00	0.00	20.98
		SUPPLIES PLANT OPS									
	D77527		12/31/20	12/24/20	01/23/20			29.99	0.00	0.00	29.99
		SUPPLIES CLINIC									
Vendor Totals	Number	Name						Gross	Discount	No-Pay	Net
	A1292	GULF COAST HARDWARE / ACE						50.97	0.00	0.00	50.97

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
1063111 ✓		12/30/20	12/21/20	01/20/20		406.00	0.00	0.00	406.00 ✓
	SUPPLIES HOUSEKEEPING								
1063117 ✓		12/31/20	12/21/20	01/20/20		601.26	0.00	0.00	601.26 ✓
	CLINIC HOUSEKEEPING SUPF								
1063101 ✓		12/31/20	12/21/20	01/20/20		1,073.10	0.00	0.00	1,073.10 ✓
	CLINIC HOUSEKEEPING SUPF								
1063118 ✓		12/31/20	12/21/20	01/20/20		156.41	0.00	0.00	156.41 ✓
	CLINIC HOUSEKEEPING SUPF								
1064851 ✓		12/31/20	12/28/20	01/25/20		324.96	0.00	0.00	324.96 ✓
	CLINIC HOUSEKEEPING SUPF								
1064853 ✓		12/31/20	12/28/20	01/25/20		1,093.75	0.00	0.00	1,093.75 ✓
	CLINIC HOUSEKEEPING SUPF								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	3,655.48	0.00	0.00	3,655.48

Vendor# Vendor Name — Class — Pay Code

H0030 H E BUTT GROCERY ✓ M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
093319 ✓		12/31/20	12/13/20	01/02/20		11.26	0.00	0.00	11.26 ✓
	FOOD SUPPLIES DIETARY								
059263 ✓		12/31/20	12/20/20	01/09/20		32.74	0.00	0.00	32.74 ✓
	FOOD SUPPLIES DIETARY								
061101 ✓		12/31/20	12/21/20	01/10/20		15.87	0.00	0.00	15.87 ✓
	FOOD SUPPLIES DIETARY								
063263 ✓		12/31/20	12/22/20	01/11/20		13.44	0.00	0.00	13.44 ✓
	FOOD SUPPLIES DIETARY								
075974 ✓		12/31/20	12/28/20	01/17/20		38.12	0.00	0.00	38.12 ✓
	FOOD SUPPLIES DIETARY								
078248 ✓		12/31/20	12/29/20	01/18/20		15.06	0.00	0.00	15.06 ✓
	FOOD SUPPLIES DIETARY								
080115 ✓		12/31/20	12/30/20	01/19/20		37.10	0.00	0.00	37.10 ✓
	FOOD SUPPLIES DIETARY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H0030	H E BUTT GROCERY	163.59	0.00	0.00	163.59

Vendor# Vendor Name — Class — Pay Code

10334 HEALTH CARE LOGISTICS INC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
5715221 ✓		12/31/20	12/21/20	01/20/20		69.80	0.00	0.00	69.80
	SUPPLIES PHARMACY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10334	HEALTH CARE LOGISTICS INC	69.80	0.00	0.00	69.80 ✓

Vendor# Vendor Name — Class — Pay Code

H1226 HEALTHMARK INDUSTRIES CO INC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV663182 ✓		12/30/20	12/21/20	01/20/20		176.23	0.00	0.00	176.23
	SUPPLIES SURGERY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H1226	HEALTHMARK INDUSTRIES CO INC	176.23	0.00	0.00	176.23 ✓

Vendor# Vendor Name — Class — Pay Code

10829 HEALTHSTREAM, INC. ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
027707		01/12/20	12/26/20	01/25/20			1,879.00	0.00	0.00	1,879.00
	OUTSIDE SRV ADMIN									
027718		01/12/20	12/26/20	01/25/20			1,330.87	0.00	0.00	1,330.87
	OUTSIDE SRV ADMIN									
028247		01/12/20	12/26/20	01/25/20			2,818.50	0.00	0.00	2,818.50
	OUTSIDE SRV ADMIN									
027708		01/12/20	12/26/20	01/25/20			1,807.05	0.00	0.00	1,807.05
	OUTSIDE SRV ER DEPT									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10829	HEALTHSTREAM, INC.	7,835.42	0.00	0.00	7,835.42

Vendor#	Vendor Name	Class	Pay Code
H1850	HOSPIRA WORLDWIDE, INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
920107529		12/31/20	12/23/20	01/22/20			316.78	0.00	0.00	316.78
	CS INVENTORY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H1850	HOSPIRA WORLDWIDE, INC	316.78	0.00	0.00	316.78

Vendor#	Vendor Name	Class	Pay Code
10922	HUNTER PHARMACY SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1432		01/12/20	12/31/20				14,372.04	0.00	0.00	14,372.04
	OUTSIDE SRV PHARMACY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10922	HUNTER PHARMACY SERVICES	14,372.04	0.00	0.00	14,372.04

Vendor#	Vendor Name	Class	Pay Code
I0415	INDEPENDENCE MEDICAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
38199106		12/31/20	12/22/20	01/21/20			19.54	0.00	0.00	19.54
	CS INVENTORY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I0415	INDEPENDENCE MEDICAL	19.54	0.00	0.00	19.54

Vendor#	Vendor Name	Class	Pay Code
M1300	J A MAJORS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
I5162455		12/31/20	12/22/20	01/21/20			83.45	0.00	0.00	83.45
	SUPPLIES PT									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M1300	J A MAJORS	83.45	0.00	0.00	83.45

Vendor#	Vendor Name	Class	Pay Code
J1415	JOHNSTONE SUPPLY	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
609212		01/12/20	12/22/20	01/21/20			539.90	0.00	0.00	539.90
	SUPPLIES PLANT OPS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J1415	JOHNSTONE SUPPLY	539.90	0.00	0.00	539.90

Vendor#	Vendor Name	Class	Pay Code
L1640	LOWE'S HOME CENTERS INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
45447		01/12/20	12/28/20	01/25/20			137.31	0.00	0.00	137.31
	SUPPLIES PLANT OPS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

	L1640	LOWE'S HOME CENTERS INC				137.31	0.00	0.00	137.31
Vendor#	Vendor Name				Class	Pay Code			
10972	M G TRUST								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	20598		12/31/20	12/31/20	12/31/20		1,457.50	0.00	0.00	1,457.50
		EMPLOYEE PERSONAL INVES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10972	M G TRUST				1,457.50	0.00	0.00	1,457.50
Vendor#	Vendor Name				Class	Pay Code				
M2178	MCKESSON MEDICAL SURGICAL INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	70346909		12/31/20	12/23/20	01/22/20		184.71	0.00	0.00	184.71
		LAB SUPPLIES								
	70332951		12/31/20	12/23/20	01/22/20		-85.58	0.00	0.00	-85.58
		LAB SUPPLY CREDIT								
	70419554		12/31/20	12/24/20	01/23/20		6,434.57	0.00	0.00	6,434.57
		LAB SUPPLIES								
	70419445		12/31/20	12/24/20	01/23/20		21.15	0.00	0.00	21.15
		LAB SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2178	MCKESSON MEDICAL SURGICAL INC				6,554.85	0.00	0.00	6,554.85
Vendor#	Vendor Name				Class	Pay Code				
M0500	MEMORIAL MEDICAL CENTER				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	20604		01/12/20	01/06/20	01/06/20		200.00	0.00	0.00	200.00
		PETTY CASH CLINIC								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M0500	MEMORIAL MEDICAL CENTER				200.00	0.00	0.00	200.00
Vendor#	Vendor Name				Class	Pay Code				
10963	MEMORIAL MEDICAL CLINIC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	20599		12/31/20	12/31/20	12/31/20		90.00	0.00	0.00	90.00
		EMPLOYEE COPAYS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10963	MEMORIAL MEDICAL CLINIC				90.00	0.00	0.00	90.00
Vendor#	Vendor Name				Class	Pay Code				
10182	MERCEDES MEDICAL									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	1794060		12/31/20	12/14/20	01/13/20		363.34	0.00	0.00	363.34
		LAB SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10182	MERCEDES MEDICAL				363.34	0.00	0.00	363.34
Vendor#	Vendor Name				Class	Pay Code				
10810	MMC EMPLOYEE BENEFIT PLAN									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	DECEMBER282015		12/31/20	12/28/20	01/19/20		24,132.00	0.00	0.00	24,132.00
		EMPLOYEE MEDICAL CLAIMS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10810	MMC EMPLOYEE BENEFIT PLAN				24,132.00	0.00	0.00	24,132.00
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
8322691		01/12/20	01/05/20	01/06/20		25.87	0.00	0.00	25.87
	PHARMACY DRUGS								
8322692		01/12/20	01/05/20	01/06/20		3,425.71	0.00	0.00	3,425.71
	PHAMACY DRUGS CLINIC								
8322693		01/12/20	01/05/20	01/06/20		257.46	0.00	0.00	257.46
	PHARMACY DRUGS								
8327684		01/12/20	01/06/20	01/07/20		429.56	0.00	0.00	429.56
	PHARMACY DRUGS								
8327685		01/12/20	01/06/20	01/07/20		63.12	0.00	0.00	63.12
	PHARMACY DRUGS								
8327682		01/12/20	01/06/20	01/07/20		17.90	0.00	0.00	17.90
	PHARMACY DRUGS								
8327683		01/12/20	01/06/20	01/07/20		6.48	0.00	0.00	6.48
	PHARMACY DRUGS								
8327686		01/12/20	01/06/20	01/07/20		610.35	0.00	0.00	610.35
	PHARMACY DRUGS								
8332371		01/12/20	01/07/20	01/08/20		237.19	0.00	0.00	237.19
	PHARMACY DRUGS								
8332372		01/12/20	01/07/20	01/08/20		88.78	0.00	0.00	88.78
	PHARMACY DRUGS								
8332369		01/12/20	01/07/20	01/08/20		685.06	0.00	0.00	685.06
	PHARMACY DRUGS								
8332370		01/12/20	01/07/20	01/08/20		7,959.39	0.00	0.00	7,959.39
	PHARMACY DRUGS								
8336088		01/12/20	01/08/20	01/09/20		176.98	0.00	0.00	176.98
	PHARMACY DRUGS								
8336091		01/12/20	01/08/20	01/09/20		53.07	0.00	0.00	53.07
	PHARMACY DRUGS								
8336089		01/12/20	01/08/20	01/09/20		815.78	0.00	0.00	815.78
	PHARMACY DRUGS								
CM82557		01/12/20	01/08/20	01/09/20		-156.43	0.00	0.00	-156.43
	PHARMACY CREDIT								
8336090		01/12/20	01/08/20	01/09/20		246.11	0.00	0.00	246.11
	PHARMACY DRUGS								
CM82558		01/12/20	01/08/20	01/09/20		-16.79	0.00	0.00	-16.79
	PHARMACY CREDIT								
8341520		01/12/20	01/11/20	01/12/20		422.60	0.00	0.00	422.60
	PHARMACY DRUGS								
8341909		01/12/20	01/11/20	01/12/20		1,735.02	0.00	0.00	1,735.02
	PHARMACY DRUGS								
8341906		01/12/20	01/11/20	01/12/20		2,620.16	0.00	0.00	2,620.16
	PHARMACY DRUGS								
8341907		01/12/20	01/11/20	01/12/20		433.25	0.00	0.00	433.25
	PHARMACY DRUGS								
8341908		01/12/20	01/11/20	01/12/20		386.00	0.00	0.00	386.00
	PHARMACY DRUGS								
8344743		01/12/20	01/11/20	01/12/20		159.86	0.00	0.00	159.86
	PHARMACY DRUGS								
8344744		01/12/20	01/11/20	01/12/20		141.87	0.00	0.00	141.87
	PHARMACY DRUGS								
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net

	10536	MORRIS & DICKSON CO, LLC				20,824.35	0.00	0.00	20,824.35

Vendor#	Vendor Name	Class	Pay Code
10777	OSCAR TORRES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
211383	OUTSIDE SRV MAINT	01/12/20	01/02/20	01/25/20			250.00	0.00	0.00	250.00
211384	OUTSIDE SRV MAINT	01/12/20	01/02/20	01/25/20			45.00	0.00	0.00	45.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10777	OSCAR TORRES	295.00	0.00	0.00	295.00

Vendor#	Vendor Name	Class	Pay Code
OM425	OWENS & MINOR		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2012631542	CS INVENTORY & LAB SUPPL	12/30/20	12/15/20	01/14/20			996.50	0.00	0.00	996.50
2012849867	SUPPLIES RESPITORY	12/30/20	12/22/20	01/21/20			44.25	0.00	0.00	44.25
2012850651	CS INVENTORY	12/30/20	12/22/20	01/21/20			3.33	0.00	0.00	3.33
2012851222	SUPPLIES RECOVERY	12/30/20	12/22/20	01/21/20			80.20	0.00	0.00	80.20
2012852184	CS INVENTORY	12/30/20	12/22/20	01/21/20			102.25	0.00	0.00	102.25
2012860168	CS INVENTORY	12/30/20	12/22/20	01/21/20			2,681.53	0.00	0.00	2,681.53
2012851377	CS INVENTORY	12/30/20	12/22/20	01/21/20			84.09	0.00	0.00	84.09
2012852966	CS INVENTORY	12/30/20	12/22/20	01/21/20			20.21	0.00	0.00	20.21
2012852923	SUPPLIES SURGERY	12/30/20	12/22/20	01/21/20			7.31	0.00	0.00	7.31
2012857631	SUPPLIES VARIOUS DEPTS	12/30/20	12/22/20	01/21/20			1,658.49	0.00	0.00	1,658.49
~~84199~~ W12853W7	SUPPLIES MED SURG	12/31/20	12/22/20	01/21/20			138.85	0.00	0.00	138.85

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR	5,817.01	0.00	0.00	5,817.01

Vendor#	Vendor Name	Class	Pay Code
11069	PABLO GARZA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
206303	OUTSIDE SRV CLINIC	01/12/20	12/31/20	12/31/20			1,012.50	0.00	0.00	1,012.50

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11069	PABLO GARZA	1,012.50	0.00	0.00	1,012.50

Vendor#	Vendor Name	Class	Pay Code
10541	PLATINUM CODE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
041608.1	SUPPLIES LAB	12/30/20	12/17/20	01/16/20			585.75	0.00	0.00	585.75
041608.2	SUPPLIES LAB	12/30/20	12/18/20	01/17/20			121.68	0.00	0.00	121.68

042023		12/30/20	12/22/20	01/21/20		517.32	0.00	0.00	517.32
CS INVENTORY									
041597		12/31/20	12/22/20	01/21/20		79.13	0.00	0.00	79.13
SUPPLIES MED SURG									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10541	PLATINUM CODE				1,303.88	0.00	0.00	1,303.88
Vendor#	Vendor Name				Class	Pay Code			
10372	PRECISION DYNAMICS CORP (PDC)								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
3226102		12/31/20	12/22/20	01/21/20		116.20	0.00	0.00	116.20
SUPPLIES MAMMO									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10372	PRECISION DYNAMICS CORP (PDC)				116.20	0.00	0.00	116.20
Vendor#	Vendor Name				Class	Pay Code			
10889	PROCESSOR & CHEMICAL SERVICES								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
34837		12/31/20	12/24/20	01/23/20		95.00	0.00	0.00	95.00
OUTSIDE SRV MAMMO									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10889	PROCESSOR & CHEMICAL SERVICES				95.00	0.00	0.00	95.00
Vendor#	Vendor Name				Class	Pay Code			
R1268	RADIOLOGY UNLIMITED, PA				W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20604		01/12/20	10/30/20	11/29/20		495.00	0.00	0.00	495.00
READ FEES XRAY									
20605		01/12/20	10/30/20	11/29/20		105.00	0.00	0.00	105.00
READ FEES XRAY									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	R1268	RADIOLOGY UNLIMITED, PA				600.00	0.00	0.00	600.00
Vendor#	Vendor Name				Class	Pay Code			
I0520	RICOH USA, INC.				M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
96073019		01/12/20	12/31/20	01/19/20		7,741.64	0.00	0.00	7,741.64
COPIES LEASE									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	I0520	RICOH USA, INC.				7,741.64	0.00	0.00	7,741.64
Vendor#	Vendor Name				Class	Pay Code			
S2001	SIEMENS MEDICAL SOLUTIONS INC				M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
115241428		12/31/20	12/18/20	01/17/20		832.25	0.00	0.00	832.25
MAINT CONTR ULTRASOUND									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	S2001	SIEMENS MEDICAL SOLUTIONS INC				832.25	0.00	0.00	832.25
Vendor#	Vendor Name				Class	Pay Code			
10681	SIMMLER, INC.								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
179194		12/31/20	12/22/20	01/21/20		155.00	0.00	0.00	155.00
BLOOD BANK SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10681	SIMMLER, INC.				155.00	0.00	0.00	155.00
Vendor#	Vendor Name				Class	Pay Code			
S2951	SYSCO FOOD SERVICES OF				M				

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
512312384		12/31/20	12/31/20	01/20/20		1,104.88	0.00	0.00	1,104.88
	FOOD SUPPLIES DIETARY								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	S2951	SYSCO FOOD SERVICES OF				1,104.88	0.00	0.00	1,104.88

Vendor# Vendor Name — Class — Pay Code

10954 TEXAS PRN

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
012871		12/31/20	12/19/20	01/18/20		1,496.25	0.00	0.00	1,496.25
	CONTRACT NURSING								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10954	TEXAS PRN				1,496.25	0.00	0.00	1,496.25

Vendor# Vendor Name — Class — Pay Code

U1460 THE UNIFORM CONNECTION

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
191439		01/12/20	01/05/20	01/05/20		61.20	0.00	0.00	61.20
	SUPPLIES CLINIC								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	U1460	THE UNIFORM CONNECTION				61.20	0.00	0.00	61.20

Vendor# Vendor Name — Class — Pay Code

U1054 UNIFIRST HOLDINGS — W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8150715369		12/31/20	12/22/20	01/21/20		46.60	0.00	0.00	46.60
	OUTSIDE SRV MAINT								
8150715469		12/31/20	12/22/20	01/21/20		28.50	0.00	0.00	28.50
	OUTSIDE SRV BIO MED								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	U1054	UNIFIRST HOLDINGS				75.10	0.00	0.00	75.10

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
8400208436		12/31/20	12/01/20	12/31/20		150.60	0.00	0.00	150.60
	LAUNDRY DIETARY								
8400208938		12/31/20	12/08/20	01/07/20		150.60	0.00	0.00	150.60
	LAUNDRY DIETARY								
8400209440		12/31/20	12/15/20	01/14/20		150.60	0.00	0.00	150.60
	LAUNDRY DIETARY								
8400209886		12/31/20	12/22/20	01/21/20		221.75	0.00	0.00	221.75
	LAUNDRY HOUSEKEEPING								
8400209889		12/31/20	12/22/20	01/21/20		173.21	0.00	0.00	173.21
	LAUNDRY HOUSEKEEPING								
8400209933		12/31/20	12/22/20	01/21/20		1,142.81	0.00	0.00	1,142.81
	LAUNDRY HOUSEKEEPING								
8400209888		12/31/20	12/22/20	01/21/20		104.21	0.00	0.00	104.21
	LAUNDRY OB								
8400209885		12/31/20	12/22/20	01/21/20		198.52	0.00	0.00	198.52
	LAUDNRY HOUSEKEEPING								
8400209887		12/31/20	12/22/20	01/21/20		152.79	0.00	0.00	152.79
	LAUDNRY DIETARY								
8400209923		12/31/20	12/22/20	01/21/20		150.60	0.00	0.00	150.60
	LAUNDRY DIETARY								

8400210187		12/31/20	12/25/20	01/24/20		581.35	0.00	0.00	581.35
LAUNDRY SURGERY									
8400210225		12/31/20	12/25/20	01/24/20		981.02	0.00	0.00	981.02
LAUNDRY HOUSEKEEPING									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC				4,158.06	0.00	0.00	4,158.06
Vendor#	Vendor Name				Class	Pay Code			
U1056	UNIFORM ADVANTAGE				W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
6611385		12/31/20	12/21/20	01/20/20			233.91	0.00	0.00	233.91
EMPLOYEE UNIFORMS										
6611389		12/31/20	12/21/20	01/20/20			84.94	0.00	0.00	84.94
EMPLOEE UNIFORMS										
6611383		12/31/20	12/21/20	01/20/20			235.88	0.00	0.00	235.88
EMPLOYEE UNIFORMS										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	U1056	UNIFORM ADVANTAGE					554.73	0.00	0.00	554.73
Vendor#	Vendor Name				Class	Pay Code				
U1350	UPS				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
778941515		01/12/20	12/19/20	12/30/20			444.70	0.00	0.00	444.70
FREIGHT EXP VARIOUS DEPT										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	U1350	UPS					444.70	0.00	0.00	444.70
Vendor#	Vendor Name				Class	Pay Code				
10172	US FOOD SERVICE									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
4021049		12/31/20	11/30/20	12/20/20			2,372.93	0.00	0.00	2,372.93
FOOD SUPPLIES DIETARY										
4330270		12/31/20	12/15/20	01/04/20			61.11	0.00	0.00	61.11
SUPPLIES DIETARY										
4412308		12/31/20	12/21/20	01/10/20			2,979.36	0.00	0.00	2,979.36
FOOD SUPPLIES DIETARY										
4480541		12/31/20	12/24/20	01/13/20			1,994.27	0.00	0.00	1,994.27
FOOD SUPPLIES DIETARY										
4509225		12/31/20	12/28/20	01/17/20			2,694.13	0.00	0.00	2,694.13
FOOD SUPPLIES DIETARY										
4575566		12/31/20	12/31/20	01/20/20			2,283.55	0.00	0.00	2,283.55
FOOD SUPPLIES DIETARY										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10172	US FOOD SERVICE					12,385.35	0.00	0.00	12,385.35
Vendor#	Vendor Name				Class	Pay Code				
10924	VICTORIA PROFESSIONAL MEDICAL									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
DEC 2015		01/12/20	01/07/20	01/07/20			15,000.00	0.00	0.00	15,000.00
PROF FEES ER										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10924	VICTORIA PROFESSIONAL MEDICAL					15,000.00	0.00	0.00	15,000.00
Vendor#	Vendor Name				Class	Pay Code				
V1471	VICTORIA RADIOWORKS, LTD				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
15120308		12/31/20	12/31/20	12/31/20			336.00	0.00	0.00	336.00

	ADVERTISING							
15120305		12/31/20	12/31/20	12/31/20	260.00	0.00	0.00	260.00
	ADVERTISING							
15120304		12/31/20	12/31/20	12/31/20	260.00	0.00	0.00	260.00
	ADVERTISING							
15120307		12/31/20	12/31/20	12/31/20	224.00	0.00	0.00	224.00
	ADVERTISING							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	V1471	VICTORIA RADIOWORKS, LTD			1,080.00	0.00	0.00	1,080.00

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
9110262599		12/31/20	12/21/20	01/20/20		2,937.00	0.00	0.00	2,937.00
	LAB SUPPLIES								
911263121		12/31/20	12/22/20	01/21/20		658.00	0.00	0.00	658.00
	LAB SUPPLIES								
9310013651		12/31/20	12/22/20	01/21/20		1,907.30	0.00	0.00	1,907.30
	LAB SUPPLIES								
9110263707		12/31/20	12/24/20	01/23/20		440.00	0.00	0.00	440.00
	LAB SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC				5,942.30	0.00	0.00	5,942.30

Vendor#	Vendor Name			Class	Pay Code			
10325	WHOLESALE ELECTRIC SUPPLY							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
79-3961483		01/12/20	10/06/20	11/06/20		225.30	0.00	0.00	225.30
	SUPPLIES PLANT OPS								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10325	WHOLESALE ELECTRIC SUPPLY				225.30	0.00	0.00	225.30

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	160,847.71	0.00	0.00	160,847.71

APPROVED
ON

JAN 13 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS#

to

#164582

#164583 = VOID

Michael J. Pfeifer
Calhoun County Judge
Date: 2-1-16

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	011216	10.00				
		092115	240.29				
		011216	209.17				
		011216	20.00				
		092115	557.33				
		011216	177.00				
[redacted]	[redacted]	011216	119.05				
		011216	124.42				
		102615	1600.22				
		011216	50.00				
		011216	250.00				
[redacted]	[redacted]	011216	174.27				
		011216	95.62				
		102615	44.40				
		102615	41.07				
		092115	442.12				

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	102615	283.20				
		092115	1899.37				
		102615	102.33				
		012813	2991.59				
		011216	163.68				
		011216	32.64				
	ARID=0001 TOTAL		9627.77				
TOTAL			9627.77				

P1288264 [redacted]

+ 74.32

9,704.09

CKS# 164584

to

164606

APPROVED ON

JAN 13 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 2-1-16

RUN DATE:01/13/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:14:57 CHECK REGISTER GLCKREG
01/13/16 THRU 01/13/16

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	164517	01/13/16	940.22	FILTER TECHNOLOGY CO, INC
A/P	164518	01/13/16	12,385.35	US FOOD SERVICE
A/P	164519	01/13/16	363.34	MERCEDES MEDICAL
A/P	164520	01/13/16	153.94	CYTO THERM L.P.
A/P	164521	01/13/16	225.30	WHOLESALE ELECTRIC SUPPLY
A/P	164522	01/13/16	69.80	HEALTH CARE LOGISTICS INC
A/P	164523	01/13/16	777.22	CENTURION MEDICAL PRODUCTS
A/P	164524	01/13/16	488.84	DEWITT POTH & SON
A/P	164525	01/13/16	116.20	PRECISION DYNAMICS CORP (PDC)
A/P	164526	01/13/16	.00	VOIDED
A/P	164527	01/13/16	20,824.35	MORRIS & DICKSON CO, LLC
A/P	164528	01/13/16	1,303.88	PLATINUM CODE
A/P	164529	01/13/16	155.00	SIMMLER, INC.
A/P	164530	01/13/16	295.00	OSCAR TORRES
A/P	164531	01/13/16	24,132.00	MMC EMPLOYEE BENEFIT PLAN
A/P	164532	01/13/16	7,835.42	HEALTHSTREAM, INC.
A/P	164533	01/13/16	95.00	PROCESSOR & CHEMICAL SERVICES
A/P	164534	01/13/16	14,372.04	HUNTER PHARMACY SERVICES
A/P	164535	01/13/16	15,000.00	VICTORIA PROFESSIONAL MEDICAL
A/P	164536	01/13/16	1,496.25	TEXAS PRN
A/P	164537	01/13/16	90.00	MEMORIAL MEDICAL CLINIC
A/P	164538	01/13/16	1,457.50	M G TRUST
A/P	164539	01/13/16	75.00	FIRST CLEARING
A/P	164540	01/13/16	1,012.50	PABLO GARZA
A/P	164541	01/13/16	738.65	COURTNE THURLKILL
A/P	164542	01/13/16	717.60	ENVIRONMENTAL SAFETY, INC
A/P	164543	01/13/16	125.00	BECK AIR CONDITIONING, INC.
A/P	164544	01/13/16	50.97	GULF COAST HARDWARE / ACE
A/P	164545	01/13/16	64.50	AMERISOURCEBERGEN DRUG CORP
A/P	164546	01/13/16	21.25	ADVANCE MEDICAL DESIGNS INC
A/P	164547	01/13/16	59.66	AIRGAS-SOUTHWEST
A/P	164548	01/13/16	1,304.59	CARDINAL HEALTH 414,LLC
A/P	164549	01/13/16	205.00	APIC
A/P	164550	01/13/16	54.66	BARD PERIPHERAL VASCULAR
A/P	164551	01/13/16	1,954.48	BECKMAN COULTER INC
A/P	164552	01/13/16	75.61	CALHOUN COUNTY
A/P	164553	01/13/16	239.66	CARROT TOP INDUSTRIES INC
A/P	164554	01/13/16	125.28	CERTIFIED LABORATORIES
A/P	164555	01/13/16	9.00	CITIZENS MEDICAL CENTER
A/P	164556	01/13/16	1,346.73	CDW GOVERNMENT, INC.
A/P	164557	01/13/16	7,762.42	FISHER HEALTHCARE
A/P	164558	01/13/16	3,655.48	GULF COAST PAPER COMPANY
A/P	164559	01/13/16	163.59	H E BUTT GROCERY
A/P	164560	01/13/16	176.23	HEALTHMARK INDUSTRIES CO INC
A/P	164561	01/13/16	316.78	HOSPIRA WORLDWIDE, INC
A/P	164562	01/13/16	19.54	INDEPENDENCE MEDICAL
A/P	164563	01/13/16	7,741.64	RICOH USA, INC.
A/P	164564	01/13/16	5,942.30	WERFEN USA LLC
A/P	164565	01/13/16	539.90	JOHNSTONE SUPPLY
A/P	164566	01/13/16	137.31	LOWE'S HOME CENTERS INC

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	164567	01/13/16	200.00	MEMORIAL MEDICAL CENTER
A/P	164568	01/13/16	83.45	J A MAJORS
A/P	164569	01/13/16	6,554.85	MCKESSON MEDICAL SURGICAL INC
A/P	164570	01/13/16	.00	VOIDED
A/P	164571	01/13/16	5,817.01	OWENS & MINOR
A/P	164572	01/13/16	584.50	CULLIGAN OF VICTORIA
A/P	164573	01/13/16	600.00	RADIOLOGY UNLIMITED, PA
A/P	164574	01/13/16	832.25	SIEMENS MEDICAL SOLUTIONS INC
A/P	164575	01/13/16	1,104.88	SYSCO FOOD SERVICES OF
A/P	164576	01/13/16	75.10	UNIFIRST HOLDINGS
A/P	164577	01/13/16	554.73	UNIFORM ADVANTAGE
A/P	164578	01/13/16	4,158.06	UNIFIRST HOLDINGS INC
A/P	164579	01/13/16	444.70	UPS
A/P	164580	01/13/16	61.20	THE UNIFORM CONNECTION
A/P	164581	01/13/16	1,080.00	VICTORIA RADIOWORKS, LTD
A/P *	164582	01/13/16	1,485.00	CARMEN C. ZAPATA-ARROYO
A/P	164584	01/13/16	10.00	[redacted]
A/P	164585	01/13/16	240.29	
A/P	164586	01/13/16	209.17	
A/P	164587	01/13/16	20.00	
A/P	164588	01/13/16	557.33	
A/P	164589	01/13/16	177.00	
A/P	164590	01/13/16	119.05	
A/P	164591	01/13/16	124.42	
A/P	164592	01/13/16	1,600.22	
A/P	164593	01/13/16	50.00	
A/P	164594	01/13/16	250.00	
A/P	164595	01/13/16	174.27	
A/P	164596	01/13/16	95.62	
A/P	164597	01/13/16	44.40	
A/P	164598	01/13/16	41.07	
A/P	164599	01/13/16	442.12	
A/P	164600	01/13/16	283.20	
A/P	164601	01/13/16	1,899.37	
A/P	164602	01/13/16	102.33	
A/P	164603	01/13/16	76.32	
A/P	164604	01/13/16	2,991.59	
A/P	164605	01/13/16	163.68	
A/P	164606	01/13/16	32.64	
TOTALS:			170,551.80	

CK# 164583 = VOID

PH

01/14/2016
08:32

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 01/14/2016

0
ap_open_invoice.template

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
20605		01/14/20	01/13/20	01/13/20			5,694.00	0.00	0.00	5,694.00
	DEPOSIT ON AD & D COVERA - Insurance									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11149	GBS ADMINISTRATORS, INC	5,694.00	0.00	0.00	5,694.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	5,694.00	0.00	0.00	5,694.00

APPROVED
BY:
JAN 14 2016
COUNTY AUDITOR
GALVESTON COUNTY, TEXAS

CK# 164608

Michael J. Pfeifer
Galveston County Judge
2-1-16

X

RUN DATE:01/14/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:08:38 CHECK REGISTER GLCKREG
01/14/16 THRU 01/14/16

BANK--CHECK-- CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	164608	01/14/16	5,694.00	GBS ADMINISTRATORS, INC
TOTALS:			5,694.00	

CK# 164607 = VOID

RUN DATE:01/18/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:14:32 CHECK REGISTER AND Payable List GLCKREG
01/18/16 THRU 01/18/16

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000718	01/18/16	149.38	MCKESSON
A/P	000719	01/18/16	1,293.34	MCKESSON
TOTALS:			1,442.72	

340 B Prescription Services

APPROVED
ON
JAN 18 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

2-1-16

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 01/15/2016 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 01/15/2016

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

As of: 01/15/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 01/15/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
01/11/2016	01/19/2016	7725580647	1000747053	115Invoice	0.49	24.28		23.79 ✓		7725580647	
01/11/2016	01/19/2016	7725580648	1000747490	115Invoice	1.27	63.45		62.18 ✓		7725580648	
01/12/2016	01/19/2016	7725833436	1000747913	115Invoice	1.29	64.54		63.25 ✓		7725833436	
01/13/2016	01/19/2016	7726062787	1000748633	115Invoice		0.16		0.16 ✓		7726062787	

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

TOTAL:

Subtotals: 152.43 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 660.25
01/11/2016

If Paid By 01/19/2016,
Pay This Amount: 149.38 USD

If Paid After 01/19/2016,
Pay this Amount: 152.43 USD

Due If Paid On Time:
USD 149.38

Disc lost if paid late:
3.05

Due If Paid Late:
USD 152.43

ck # 718

APPROVED
BY

JAN 18 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

CVS PHCY 7006/MEMORIA PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 01/15/2016

DC: 8115

Territory: 400

Customer: 262252
Date: 01/15/2016

Page: 001

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

As of: 01/15/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252
Date: 01/15/2016

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	
01/11/2016	01/19/2016	7725607031	1000746026	115Invoice	3.08	153.80		150.72 ✓		7725607031	
01/11/2016	01/19/2016	7725607032	1000747056	115Invoice	1.25	62.64		61.39 ✓		7725607032	
01/11/2016	01/19/2016	7725607034	1000747492	115Invoice	2.38	119.22		116.84 ✓		7725607034	
01/12/2016	01/19/2016	7725828710	1000747915	115Invoice	7.96	398.05		390.09 ✓		7725828710	
01/13/2016	01/19/2016	7726060943	1000748635	115Invoice	8.14	407.08		398.94 ✓		7726060943	
01/14/2016	01/19/2016	7726304260	1000749241	115Invoice	0.60	30.24		29.64 ✓		7726304260	
01/14/2016	01/19/2016	7726304261	1000749241	115Invoice	0.21	10.27		10.06 ✓		7726304261	
01/15/2016	01/19/2016	7726523502	1000749918	115Invoice	2.77	138.43		135.66 ✓		7726523502	

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

TOTAL:

Subtotals: 1,319.73 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 351.56
01/11/2016

If Paid By 01/19/2016,
Pay This Amount: 1,293.34 USD

If Paid After 01/19/2016,
Pay this Amount: 1,319.73 USD

Due If Paid On Time:
USD 1,293.34

Disc lost if paid late:
26.39

Due If Paid Late:
USD 1,319.73

CHK 719

APPROVED
BY
JAN 18 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
1/18/2016

Nursing Home	IBC Account Number	Previous Beginning Balance	ACH Transfer-In	IGT Transfer-In	Transfer-Out	MMC Portion of IGT	Cantex Portion of IGT	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens	4553	729,890.34	26,844.97	-	729,790.34	-	-	26,944.97	26,844.97

Routing Information for Ashford Gardens:
Ashford Health Care Center Ltd Co
JP Morgan Chase Bank
ABA 0614
Account # 4257

Nursing Home	IBC Account Number	Previous Beginning Balance	ACH Transfer-In	IGT Transfer-In	Transfer-Out	MMC Portion of IGT	Cantex Portion of IGT	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Solera at West Houston	4561	101,682.84	54,546.76	-	101,582.84	-	-	54,646.76	54,546.76
Crescent	4588	675,308.86	43,356.16	-	675,208.86	-	-	43,456.16	43,356.16
Broadmoor	4596	846,542.43	62,179.72	-	846,442.43	-	-	62,279.72	62,179.72
Fort Bend	4618	59,468.04	23,358.29	-	59,368.04	-	-	23,458.29	23,358.29
									183,440.93

Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:
Cantex Health Care Centers III LLC
JP Morgan Chase Bank
ABA 0614
Account # 2922

Approved:

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.

Michael J Pfeifer
Chambers County Judge
Date: 2-1-16

APPROVED
JAN 19 2016
COUNTY AUDITOR

A:\NH Weekly Transfers\NH UPL Transfer Summary 1-18-16.xlsx

IBC Bank Activity
1/12/2016 through 1/17/16

Ashford Gardens						Transfer-Out	Transfer-In	
1/12/2016	[redacted]	5025	[redacted]	4553	142 ACH CREDIT RECEIVED			Molina HC of TX Molina HC
1/13/2016		5025		4553	495 OUTGOING MONEY TRANSFER	729,790.34		ASHFORD HEALTH CARE CENTER LTD
1/13/2016		5025		4553	142 ACH CREDIT RECEIVED		18.41	Molina HC of TX Molina HC
1/15/2016		5025		4553	142 ACH CREDIT RECEIVED		800.00	AGING DISAB SVCS HCCLAIMPMT
1/15/2016		5025		4553	301 COMMERCIAL DEPOSIT		26,009.40	
						729,790.34	26,844.97	

Solera at West Houston						Transfer-Out	Transfer-In	
1/12/2016	[redacted]	5025	[redacted]	4561	142 ACH CREDIT RECEIVED		1,538.24	NOVITAS SOLUTION HCCLAIMPMT
1/13/2016		5025		4561	495 OUTGOING MONEY TRANSFER	101,582.84		CANTEX HEALTH CARE CENTERS LLC
1/14/2016		5025		4561	142 ACH CREDIT RECEIVED		5,636.62	AMERIGROUP CORPO HCCLAIMPMT
1/14/2016		5025		4561	142 ACH CREDIT RECEIVED		2,025.20	AMERIGROUP CORPO HCCLAIMPMT
1/14/2016		5025		4561	142 ACH CREDIT RECEIVED		14,332.50	AGING DISAB SVCS HCCLAIMPMT
1/15/2016		5025		4561	301 COMMERCIAL DEPOSIT		31,014.20	
						101,582.84	54,546.76	

Crescent						Transfer-Out	Transfer-In	
1/12/2016	[redacted]	5025	[redacted]	4588	142 ACH CREDIT RECEIVED		2,162.66	AMERIGROUP CORPO HCCLAIMPMT
1/13/2016		5025		4588	495 OUTGOING MONEY TRANSFER	675,208.86		CANTEX HEALTH CARE CENTERS III
1/14/2016		5025		4588	142 ACH CREDIT RECEIVED		497.03	AMERIGROUP CORPO HCCLAIMPMT
1/14/2016		5025		4588	142 ACH CREDIT RECEIVED		1,804.47	AMERIGROUP CORPO HCCLAIMPMT
1/14/2016		5025		4588	142 ACH CREDIT RECEIVED		3,300.44	AMERIGROUP CORPO HCCLAIMPMT
1/15/2016		5025		4588	301 COMMERCIAL DEPOSIT		35,591.56	
						675,208.86	43,356.16	

Broadmoor						Transfer-Out	Transfer-In	
1/13/2016	[redacted]	5025	[redacted]	4596	495 OUTGOING MONEY TRANSFER	846,442.43		CANTEX HEALTH CARE CENTERS III
1/15/2016		5025		4596	142 ACH CREDIT RECEIVED		1,635.40	NOVITAS SOLUTION HCCLAIMPMT
1/15/2016		5025		4596	301 COMMERCIAL DEPOSIT		60,544.32	
						846,442.43	62,179.72	

Fort Bend						Transfer-Out	Transfer-In	
1/13/2016	[redacted]	5025	[redacted]	4618	495 OUTGOING MONEY TRANSFER	59,368.04		CANTEX HEALTH CARE CENTERS III
1/13/2016		5025		4618	142 ACH CREDIT RECEIVED		3,726.50	AGING DISAB SVCS HCCLAIMPMT
1/14/2016		5025		4618	142 ACH CREDIT RECEIVED		9,864.55	Molina HC of TX Molina HC
1/14/2016		5025		4618	142 ACH CREDIT RECEIVED		705.18	AMERIGROUP CORPO HCCLAIMPMT
1/15/2016		5025		4618	301 COMMERCIAL DEPOSIT		9,062.06	
						59,368.04	23,358.29	

Account Portfolio as of 01/18/2016 8:52:49 AM

Account Display
◉ Display By Account Type
○ Display By Asset/Liability

Commercial Checking Accounts

Account Name	Account Number	Today's Beginning Balance	Available Balance
Memorial Medical Center	[redacted]3387	$25,069.79	$25,069.79
Memorial Medical Center	[redacted]4553	$26,944.97	$26,944.97
Memorial Medical Center	[redacted]4561	$54,646.76	$54,646.76
Memorial Medical Center	[redacted]4588	$43,456.16	$43,456.16
Memorial Medical Center	[redacted]4596	$62,279.72	$62,279.72
Memorial Medical Center	[redacted]4618	$23,458.29	$23,458.29
Memorial Medical Center Operat	[redacted]0301	$981,606.50	$982,122.50
County of Calhoun Indigent	[redacted]1101	$3,971.90	$3,971.90
Totals	[redacted]	**$1,221,434.09**	**$1,221,950.09**

APPROVED
ON

JAN 2 0 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

01/19/2016
16:16

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 02/01/2016

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ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11014	ADVANCED COMMUNICATIONS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
CS4669925 ✓		12/31/20	12/29/20	01/28/20			142.05	0.00	0.00	142.05
	SUPPLIES PLANT OPS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11014	ADVANCED COMMUNICATIONS	142.05	0.00	0.00	142.05 ✓

Vendor#	Vendor Name	Class	Pay Code
A1680	AIRGAS-SOUTHWEST ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9046877992 ✓		01/18/20	12/31/20	01/30/20			160.56	0.00	0.00	160.56 ✓
	SUPPLIES PLANT OPS									
9046858777 ✓		01/18/20	12/31/20	01/30/20			1,864.97	0.00	0.00	1,864.97 ✓
	OXYGEN CARDIO									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS-SOUTHWEST	2,025.53	0.00	0.00	2,025.53

Vendor#	Vendor Name	Class	Pay Code
A1645	ALCON LABORATORIES INC ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20449014 ✓		01/18/20	12/31/20	01/30/20			795.00	0.00	0.00	795.00
	INTRA OCULAR LENSES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1645	ALCON LABORATORIES INC	795.00	0.00	0.00	795.00 ✓

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
RPSV01890471 ✓		01/19/20	06/23/20	07/23/20			194.00	0.00	0.00	194.00 ✓
	SUPPLIES PT									
RPSV01891338 ✓		01/19/20	06/24/20	07/24/20			105.18	0.00	0.00	105.18 ✓
	SUPPLIES PT									
RPSV01928821 ✓		01/19/20	08/06/20	09/06/20			345.50	0.00	0.00	345.50 ✓
	SUPPLIES MED SURG									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1705	ALIMED INC.	644.68	0.00	0.00	644.68

Vendor#	Vendor Name	Class	Pay Code
10814	ALLIED BENEFIT SYSTEMS ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20621		01/19/20	01/21/19	01/15/20			28,166.84	0.00	0.00	28,166.84
	EMPLOYEE INS PREMIUMS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10814	ALLIED BENEFIT SYSTEMS	28,166.84	0.00	0.00	28,166.84 ✓

Vendor#	Vendor Name	Class	Pay Code
10713	ANNA HERNANDEZ		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20617		01/18/20	01/13/20	01/13/20			108.54	0.00	0.00	108.54
	TRAVEL EXPENSE ER									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10713	ANNA HERNANDEZ	108.54	0.00	0.00	108.54 ✓

Vendor#	Vendor Name				Class	Pay Code				
A2218	AQUA BEVERAGE COMPANY ✓				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	674748 ✓		01/19/20	12/31/20	01/25/20		19.34	0.00	0.00	19.34
		LAB SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		A2218	AQUA BEVERAGE COMPANY				19.34	0.00	0.00	19.34 ✓
Vendor#	Vendor Name				Class	Pay Code				
A2260	ARROW INTERNATIONAL INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	93599246 ✓		01/14/20	12/30/20	01/29/20		522.37	0.00	0.00	522.37
		CS INVENTORY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		A2260	ARROW INTERNATIONAL INC				522.37	0.00	0.00	522.37 ✓
Vendor#	Vendor Name				Class	Pay Code				
10938	BANK OF THE WEST ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	3735085 ✓		01/19/20	01/12/20	02/01/20		6,145.37	0.00	0.00	6,145.37
		LEASE & RENTAL PHARMACY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10938	BANK OF THE WEST				6,145.37	0.00	0.00	6,145.37 ✓
Vendor#	Vendor Name				Class	Pay Code				
B1075	BAXTER HEALTHCARE CORP ✓				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	49616792 ✓		12/31/20	12/28/20	01/27/20		440.61	0.00	0.00	440.61
		CS INVENTORY & ANESTHESI								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		B1075	BAXTER HEALTHCARE CORP				440.61	0.00	0.00	440.61 ✓
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
	105365984 ✓		12/31/20	12/28/20	01/27/20		-125.25	0.00	0.00	-125.25 ✓
		FREIGHT CREDIT LAB								
	105367181 ✓		12/31/20	12/29/20	01/28/20		718.76	0.00	0.00	718.76 ✓
		LAB SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		B1220	BECKMAN COULTER INC				593.51	0.00	0.00	593.51
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
	947990754 ✓		01/14/20	12/28/20	01/14/20		656.00	0.00	0.00	656.00
		SUPPLIES SURGERY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		B1655	BOSTON SCIENTIFIC CORPORATION				656.00	0.00	0.00	656.00 ✓
Vendor#	Vendor Name				Class	Pay Code				
B1800	BRIGGS HEALTHCARE ✓				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	8242208 RI ✓		12/31/20	12/28/20	01/27/20		220.25	0.00	0.00	220.25
		SUPPLIES XARY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		B1800	BRIGGS HEALTHCARE				220.25	0.00	0.00	220.25 ✓
Vendor#	Vendor Name				Class	Pay Code				

C1010 CABLE ONE ✓ W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20608	OUTSIDE SRV IT	01/18/20	01/11/20	01/15/20			1,400.00	0.00	0.00	1,400.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1010	CABLE ONE	1,400.00	0.00	0.00	1,400.00 ✓

Vendor# Vendor Name — Class — Pay Code

C1030 CAL COM FEDERAL CREDIT UNION ✓ W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20610	EMPLOYEE CREDIT UNION	01/18/20	01/07/20	01/07/20			25.00	0.00	0.00	25.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1030	CAL COM FEDERAL CREDIT UNION	25.00	0.00	0.00	25.00 ✓

Vendor# Vendor Name — Class — Pay Code

10472 CARDMEMBER SERVICES ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
JANUARY2016	VISA CARD CHARGES	01/19/20	01/06/20	02/01/20			2,340.81	0.00	0.00	2,340.81

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10472	CARDMEMBER SERVICES	2,340.81	0.00	0.00	2,340.81 ✓

Vendor# Vendor Name — Class — Pay Code

C1992 CDW GOVERNMENT, INC. ✓ M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
ZM38564 ✓	SUPPLIES IT	01/18/20	10/05/20	11/04/20			78.71	0.00	0.00	78.71 ✓
ZR54292 ✓	COMPUTERS	01/18/20	10/14/20	11/13/20			6,317.01	0.00	0.00	6,317.01 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.	6,395.72	0.00	0.00	6,395.72

Vendor# Vendor Name — Class — Pay Code

C1390 CENTRAL DRUGS ✓ W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20620	PHARMACY DRUGS	01/19/20	12/31/20	01/30/20			285.00	0.00	0.00	285.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1390	CENTRAL DRUGS	285.00	0.00	0.00	285.00 ✓

Vendor# Vendor Name — Class — Pay Code

10350 CENTURION MEDICAL PRODUCTS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
91922750 ✓	CS INVENTORY & RECOVERY	12/31/20	12/28/20	01/27/20			821.50	0.00	0.00	821.50

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10350	CENTURION MEDICAL PRODUCTS	821.50	0.00	0.00	821.50 ✓

Vendor# Vendor Name — Class — Pay Code

10661 CENTURYLINK ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1362637238	TELEPHONE EXPENSE	01/18/20	01/03/20	02/01/20			41.01	0.00	0.00	41.01

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10661	CENTURYLINK	41.01	0.00	0.00	41.01 ✓

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
20622		01/19/20	12/31/20	01/30/20		6,756.91	0.00	0.00	6,756.91
	OUTSIDE SRV LAB								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10786	CLINICAL PATHOLOGY	6,756.91	0.00	0.00	6,756.91 ✓

Vendor# Vendor Name Class Pay Code

11004 CSI LEASING INC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
RT00115215 ✓		01/18/20	12/21/20	02/01/20		7,682.67	0.00	0.00	7,682.67
	LEASE MED SURG & CLINIC								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11004	CSI LEASING INC	7,682.67	0.00	0.00	7,682.67 ✓

Vendor# Vendor Name Class Pay Code

S2896 DANETTE BETHANY ✓ W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20627		01/19/20	01/18/20	01/18/20		88.86	0.00	0.00	88.86
	SUPPLIES CLINIC								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2896	DANETTE BETHANY	88.86	0.00	0.00	88.86 ✓

Vendor# Vendor Name Class Pay Code

10368 DEWITT POTH & SON ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
460374-0 ✓		12/31/20	12/28/20	01/27/20		212.59	0.00	0.00	212.59 ✓
	CS INVENTORY								
460356-0 ✓		12/31/20	12/28/20	01/27/20		34.91	0.00	0.00	34.91 ✓
	SUPPLIES BUS OFFICE								
460425-0 ✓		12/31/20	12/29/20	01/28/20		8.12	0.00	0.00	8.12 ✓
	OFFICE SUPPLES BUS OFFICI								
460374-1 ✓		12/31/20	12/30/20	01/29/20		194.44	0.00	0.00	194.44 ✓
	SUPPLIES CLINIC								
460582-0 ✓		01/18/20	12/31/20	01/30/20		80.52	0.00	0.00	80.52 ✓
	OFFICE SUPPLIES CLINIC								
460581-0 ✓		01/18/20	12/31/20	01/30/20		137.52	0.00	0.00	137.52 ✓
	OFFICE SUPPLIES LAB								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	668.10	0.00	0.00	668.10

Vendor# Vendor Name Class Pay Code

D1710 DOWNTOWN CLEANERS ✓ W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20623		01/19/20	05/11/20	06/11/20		75.00	0.00	0.00	75.00
	OUTSIDE SRV HOUSEKEEPIN								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1710	DOWNTOWN CLEANERS	75.00	0.00	0.00	75.00 ✓

Vendor# Vendor Name Class Pay Code

10042 ERBE USA INC SURGICAL SYSTEMS ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
353329 ✓		12/31/20	12/28/20	01/27/20		151.96	0.00	0.00	151.96
	SUPPLIES SURGERY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10042	ERBE USA INC SURGICAL SYSTEMS	151.96	0.00	0.00	151.96 ✓

Vendor# Vendor Name Class Pay Code

10689 FASTHEALTH CORPORATION

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
01A16mmc		01/18/20	01/01/20	01/31/20		495.00	0.00	0.00	495.00
	OUTSIDE SRV ADMIN								

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

Vendor#	Vendor Name	Class	Pay Code
11037	FIRST CLEARING		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20611		01/18/20	01/07/20	01/07/20		75.00	0.00	0.00	75.00
	EMPLOYEE PERSONAL INVES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11037	FIRST CLEARING	75.00	0.00	0.00	75.00

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
9898079		12/31/20	12/29/20	01/28/20		1,270.85	0.00	0.00	1,270.85
	LAB SUPPLIES								
9898078		12/31/20	12/29/20	01/28/20		496.59	0.00	0.00	496.59
	LAB SUPPLIES								
9898077		12/31/20	12/29/20	01/28/20		821.69	0.00	0.00	821.69
	LAB SUPPLIES								
9898075		12/31/20	12/29/20	01/28/20		65.12	0.00	0.00	65.12
	LAB SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	2,654.25	0.00	0.00	2,654.25

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
59573		01/19/20	09/04/20	10/04/20		1,575.00	0.00	0.00	1,575.00
	PROF FEES PT								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11078	FUSION MEDICAL STAFFING, LLC	1,575.00	0.00	0.00	1,575.00

Vendor#	Vendor Name	Class	Pay Code
G0120	GE MEDICAL SYSTEMS, INFO TECH		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2580547		12/31/20	12/29/20	01/28/20		238.00	0.00	0.00	238.00
	REPAIRS MED SURG								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G0120	GE MEDICAL SYSTEMS, INFO TECH	238.00	0.00	0.00	238.00

Vendor#	Vendor Name	Class	Pay Code
A1292	GULF COAST HARDWARE / ACE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
98113		12/31/20	12/28/20	01/27/20		14.98	0.00	0.00	14.98
	SUPPLIES PLANT OPS								
98148		12/31/20	12/29/20	01/28/20		52.97	0.00	0.00	52.97
	SUPPLIES PLANT OPS								
98135		12/31/20	12/29/20	01/28/20		79.98	0.00	0.00	79.98
	SUPPLIES PLANT OPS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1292	GULF COAST HARDWARE / ACE	147.93	0.00	0.00	147.93

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
	1063103		12/31/20	12/21/20	01/26/20		127.05	0.00	0.00	127.05
		CLINIC HOUSEKEEPING SUPF								
	1063102		12/31/20	12/21/20	01/26/20		623.00	0.00	0.00	623.00
		CLINIC HOUSEKEEPING SUPF								
	1064860		12/31/20	12/28/20	01/27/20		100.20	0.00	0.00	100.20
		SUPPLIES DIETARY								
	1064809		12/31/20	12/28/20	01/27/20		4,563.30	0.00	0.00	4,563.30
		CLINIC SUPPLIES								
	164855		12/31/20	12/28/20	01/27/20		314.58	0.00	0.00	314.58
		TRASH CAN CLINIC								
	1064811		12/31/20	12/28/20	01/27/20		2,630.24	0.00	0.00	2,630.24
		CLINIC TRASH CANS								
	1064852		12/31/20	12/28/20	01/27/20		162.66	0.00	0.00	162.66
		CLINIC HOUSEKEEPING SUPF								
	1064857		12/31/20	12/28/20	01/27/20		697.36	0.00	0.00	697.36
		SUPPLIES CLINIC								
	1064810		12/31/20	12/28/20	01/27/20		148.00	0.00	0.00	148.00
		CLINIC SUPPLIES								
	1064854		12/31/20	12/28/20	01/27/20		36.00	0.00	0.00	36.00
		CLINIC HOUSEKEEPING SUPF								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		G1210	GULF COAST PAPER COMPANY				9,402.39	0.00	0.00	9,402.39
Vendor#	Vendor Name				Class	Pay Code				
10344	INCISIVE SURGICAL									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	132690		12/31/20	12/28/20	01/27/20		308.00	0.00	0.00	308.00
		CS INVENTORY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10344	INCISIVE SURGICAL				308.00	0.00	0.00	308.00
Vendor#	Vendor Name				Class	Pay Code				
I1127	INTEGRATED MEDICAL SYSTEMS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	1223241		01/18/20	12/29/20	01/28/20		201.00	0.00	0.00	201.00
		SUPPLIES SURGERY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		I1127	INTEGRATED MEDICAL SYSTEMS				201.00	0.00	0.00	201.00
Vendor#	Vendor Name				Class	Pay Code				
J0150	J & J HEALTH CARE SYSTEMS, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	915791147		01/14/20	12/28/20	01/27/20		976.44	0.00	0.00	976.44
		SUPPLIES SURGERY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		J0150	J & J HEALTH CARE SYSTEMS, INC				976.44	0.00	0.00	976.44
Vendor#	Vendor Name				Class	Pay Code				
10285	JAMES A DANIEL									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	20624		01/19/20	01/19/20	01/19/20		750.00	0.00	0.00	750.00
		STORAGE RENT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net

	10285	JAMES A DANIEL				750.00	0.00	0.00	750.00
Vendor#	Vendor Name				Class	Pay Code			
L0700	LABCORP OF AMERICA HOLDINGS ✓				M				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	50271291 ✓		01/19/20	01/02/20	02/01/20		96.50	0.00	0.00	96.50
		OUTSIDE SRV LAB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		L0700	LABCORP OF AMERICA HOLDINGS				96.50	0.00	0.00	96.50 ✓
Vendor#	Vendor Name				Class	Pay Code				
10972	M G TRUST ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	20612		01/18/20	01/12/20	01/12/20		957.50	0.00	0.00	957.50
		EMPLOYEE PERSONAL INVEN								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10972	M G TRUST				957.50	0.00	0.00	957.50 ✓
Vendor#	Vendor Name				Class	Pay Code				
M1500	MARKS PLUMBING PARTS ✓				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	INV001479519 ✓		12/31/20	12/29/20	01/28/20		158.96	0.00	0.00	158.96
		SUPPLIES PLANT OPS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M1500	MARKS PLUMBING PARTS				158.96	0.00	0.00	158.96 ✓
Vendor#	Vendor Name				Class	Pay Code				
11099	MARLIN BUSINESS BANK ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	13822225 ✓		01/19/20	01/14/20	02/01/20		662.27	0.00	0.00	662.27
		LEASE & RENTAL DATA								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11099	MARLIN BUSINESS BANK				662.27	0.00	0.00	662.27 ✓
Vendor#	Vendor Name				Class	Pay Code				
M2181	MATTHEW BENDER & CO.,INC. ✓				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	79393691 ✓		01/19/20	12/28/20	01/27/20		56.44	0.00	0.00	56.44
		CONT ED PHARMACY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2181	MATTHEW BENDER & CO.,INC.				56.44	0.00	0.00	56.44 ✓
Vendor#	Vendor Name				Class	Pay Code				
M2178	MCKESSON MEDICAL SURGICAL INC ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	7063552 ✓		01/19/20	12/30/20	01/29/20		21.62	0.00	0.00	21.62
		LAB SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2178	MCKESSON MEDICAL SURGICAL INC				21.62	0.00	0.00	21.62 ✓
Vendor#	Vendor Name				Class	Pay Code				
11141	MEDICAL DATA SYSTEMS, INC. ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	95912 ✓		01/18/20	12/30/20	01/29/20		304.96	0.00	0.00	304.96
		COLLECTION FEES BUS OFFI								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11141	MEDICAL DATA SYSTEMS, INC.				304.96	0.00	0.00	304.96 ✓
Vendor#	Vendor Name				Class	Pay Code				

M2470 MEDLINE INDUSTRIES INC ✓ M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1092752936 ✓		01/18/20	12/31/20	01/30/20		41.27	0.00	0.00	41.27
	SUPPLIES SURGERY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	41.27	0.00	0.00	41.27 ✓

Vendor# Vendor Name Class Pay Code

10182 MERCEDES MEDICAL ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1797360 ✓		12/31/20	12/30/20	01/29/20		594.91	0.00	0.00	594.91
	LAB SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10182	MERCEDES MEDICAL	594.91	0.00	0.00	594.91 ✓

Vendor# Vendor Name Class Pay Code

M2659 MERRY X-RAY/SOURCEONE HEALTHCA ✓ M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
30094174559 ✓		01/14/20	12/31/20	01/30/20		985.17	0.00	0.00	985.17
	SUPPLIES XRAY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2659	MERRY X-RAY/SOURCEONE HEALTHCA	985.17	0.00	0.00	985.17 ✓

Vendor# Vendor Name Class Pay Code

11031 MIDWEST HEALTH CARE INC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
6257 ✓		01/18/20	12/31/20	01/30/20		150.00	0.00	0.00	150.00
	OUTSIDE SRV CLINIC								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11031	MIDWEST HEALTH CARE INC	150.00	0.00	0.00	150.00 ✓

Vendor# Vendor Name Class Pay Code

10810 MMC EMPLOYEE BENEFIT PLAN ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
JANUARY423016		01/18/20	01/04/20	01/04/20		14,478.61	0.00	0.00	14,478.61 ✓
	EMPLOYEE MEDICAL CLAIMS								
JANUARY11206		01/18/20	01/11/20	01/11/20		23,760.64	0.00	0.00	23,760.64 ✓
	EMPLOYEE MEDICAL CLAIMS ✓								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN	38,239.25	0.00	0.00	38,239.25

Vendor# Vendor Name Class Pay Code

C1279 MONICA CARR ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20628		01/19/20	01/15/20	01/15/20		29.16	0.00	0.00	29.16
	TRAVEL EXPENSE OB								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1279	MONICA CARR	29.16	0.00	0.00	29.16 ✓

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
0005687-1 ✓		01/18/20	09/22/20	09/23/20		5.00	0.00	0.00	5.00 ✓
	PHARMACY DRUGS								
0001679-1 ✓		01/18/20	10/26/20	10/27/20		2,758.63	0.00	0.00	2,758.63 ✓
	PHARMACY DRUGS								
0002799-1 ✓		01/18/20	11/02/20	11/03/20		3.13	0.00	0.00	3.13 ✓
	PHARMACY DRUGS								

8171877	01/18/20 11/24/20 11/25/20	6.42	0.00	0.00	6.42	
	PHARMACY DRUGS					
8227134	01/18/20 12/09/20 12/10/20	1,157.28	0.00	0.00	1,157.28	
	PHARMACY DRUGS					
8265719	01/18/20 12/18/20 12/19/20	1,648.35	0.00	0.00	1,648.35	
	PHARMACY DRUGS					
8271704	01/18/20 12/21/20 12/22/20	16,158.10	0.00	0.00	16,158.10	
	PHARMACY DRUGS					
8350616	01/18/20 01/12/20 01/13/20	1,131.61	0.00	0.00	1,131.61	
	PHARMACY DRUGS					
8350617	01/18/20 01/12/20 01/13/20	2.75	0.00	0.00	2.75	
	PHARMACY DRUGS					
8350614	01/18/20 01/12/20 01/13/20	97.71	0.00	0.00	97.71	
	PHARMACY DRUGS					
8350615	01/18/20 01/12/20 01/13/20	173.85	0.00	0.00	173.85	
	PHARMACY DRUGS					
CM84028	01/18/20 01/12/20 01/13/20	-726.05	0.00	0.00	-726.05	
	PHARMACY CREDIT					
CM84027	01/18/20 01/12/20 01/13/20	-873.99	0.00	0.00	-873.99	
	PHARMACY CREDIT					
8357437	01/18/20 01/13/20 01/14/20	2,143.44	0.00	0.00	2,143.44	
	PHARMACY DRUGS					
8355102	01/18/20 01/13/20 01/14/20	268.66	0.00	0.00	268.66	
	PHARMACY DRUGS					
8357436	01/18/20 01/13/20 01/14/20	46.58	0.00	0.00	46.58	
	PHARMACY DRUGS					
8357853	01/18/20 01/13/20 01/14/20	0.38	0.00	0.00	0.38	
	PHARMACY DRUGS					
8354317	01/18/20 01/13/20 01/14/20	4,093.08	0.00	0.00	4,093.08	
	PHARMACY DRUGS					
8355101	01/18/20 01/13/20 01/14/20	138.59	0.00	0.00	138.59	
	PHARMACY DRUGS					
8357438	01/18/20 01/13/20 01/14/20	375.67	0.00	0.00	375.67	
	PHARMACY DRUGS					
8357854	01/18/20 01/13/20 01/14/20	3,436.28	0.00	0.00	3,436.28	
	PHARMACY DRUGS					
8352760	01/19/20 01/13/20 01/14/20	1,500.00	0.00	0.00	1,500.00	
	OUTSIDE SRV PHARMACY					
8360635	01/19/20 01/14/20 01/15/20	123.13	0.00	0.00	123.13	
	PHARMACY DRUGS					
8360634	01/19/20 01/14/20 01/15/20	2,092.08	0.00	0.00	2,092.08	
	PHARMACY DRUGS					
8360633	01/19/20 01/14/20 01/15/20	20.94	0.00	0.00	20.94	
	PHARMACY DRUGS					
8360636	01/19/20 01/14/20 01/15/20	44.39	0.00	0.00	44.39	
	PHARMACY DRUGS					
8365500	01/19/20 01/15/20 01/16/20	221.17	0.00	0.00	221.17	
	PHARMACY DRUGS					
8365501	01/19/20 01/15/20 01/16/20	253.15	0.00	0.00	253.15	
	PHARMACY DRUGS					
8365502	01/19/20 01/15/20 01/16/20	44.39	0.00	0.00	44.39	

	PHARMACY DRUGS							
8365499		01/19/20	01/15/20	01/16/20	21.23	0.00	0.00	21.23
	PHARMACY DRUGS							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	36,365.95	0.00	0.00	36,365.95

Vendor#	Vendor Name	Class	Pay Code
N1100	NATIONAL RECALL ALERT CENTER	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
430395		01/18/20	01/04/20	01/15/20		595.00	0.00	0.00	595.00
	DUES & SUBCRIPTIONS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	N1100	NATIONAL RECALL ALERT CENTER	595.00	0.00	0.00	595.00

Vendor#	Vendor Name	Class	Pay Code
OM425	OWENS & MINOR		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2013026280		12/31/20	12/29/20	01/28/20		44.98	0.00	0.00	44.98
	CS INVENTORY								
2013028534		12/31/20	12/29/20	01/28/20		7.31	0.00	0.00	7.31
	SUPPLIES SURGERY								
2013035775		12/31/20	12/29/20	01/28/20		1,033.77	0.00	0.00	1,033.77
	SUPPLIES VARIOUS DEPTS								
2013028719		12/31/20	12/29/20	01/28/20		44.98	0.00	0.00	44.98
	CS INVENTORY								
2013028709		12/31/20	12/29/20	01/28/20		37.77	0.00	0.00	37.77
	CS INVENTORY								
2013069505		12/31/20	12/30/20	01/29/20		5.88	0.00	0.00	5.88
	CS INVENTORY								
2011145045		01/14/20	10/27/20	11/26/20		9.90	0.00	0.00	9.90
	SUPPLIES PT								
2011145062		01/14/20	10/27/20	11/26/20		108.27	0.00	0.00	108.27
	SUPPLIES SURGERY								
2013137549		01/14/20	12/31/20	01/30/20		22.49	0.00	0.00	22.49
	CS INVENTORY								
8000054726		01/18/20	12/31/20	01/30/20		8.90	0.00	0.00	8.90
	SERVICE CHARGE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR	1,324.25	0.00	0.00	1,324.25

Vendor#	Vendor Name	Class	Pay Code
11069	PABLO GARZA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20629		01/19/20	01/14/20	01/14/20		1,177.50	0.00	0.00	1,177.50
	OUTSIDE SRV CLINIC								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11069	PABLO GARZA	1,177.50	0.00	0.00	1,177.50

Vendor#	Vendor Name	Class	Pay Code
11026	PERSONNEL CONCEPTS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9329307904		01/19/20	11/11/20	12/11/20		1,629.25	0.00	0.00	1,629.25
	SUPPLIES HR								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11026	PERSONNEL CONCEPTS	1,629.25	0.00	0.00	1,629.25

Vendor#	Vendor Name	Class	Pay Code

10032 PHILIPS HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
932161246	MAINT CONTR NUC MED	12/31/20	12/29/20	01/28/20		2,626.58	0.00	0.00	2,626.58

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10032	PHILIPS HEALTHCARE	2,626.58	0.00	0.00	2,626.58

Vendor#	Vendor Name	Class	Pay Code
P1800	PITNEY BOWES INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
515667	POSTAGE EXPENSE	01/18/20	12/16/20	01/15/20		207.00	0.00	0.00	207.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P1800	PITNEY BOWES INC	207.00	0.00	0.00	207.00

Vendor#	Vendor Name	Class	Pay Code
10541	PLATINUM CODE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
042399	CS INVENTORY & CARDIO SU	12/31/20	12/28/20	01/27/20		643.59	0.00	0.00	643.59

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10541	PLATINUM CODE	643.59	0.00	0.00	643.59

Vendor#	Vendor Name	Class	Pay Code
11125	PORT LAVACA RETAIL GROUP LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20625	RENT PT & BEHAVE HEALTH	01/19/20	01/19/20	01/19/20		11,001.20	0.00	0.00	11,001.20

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11125	PORT LAVACA RETAIL GROUP LLC	11,001.20	0.00	0.00	11,001.20

Vendor#	Vendor Name	Class	Pay Code
P2100	PORT LAVACA WAVE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20614	ADVERTISING	01/18/20	12/31/20	01/30/20		1,516.95	0.00	0.00	1,516.95

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P2100	PORT LAVACA WAVE	1,516.95	0.00	0.00	1,516.95

Vendor#	Vendor Name	Class	Pay Code
P2200	POWER ELECTRIC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
B18419	SUPPLIES BIO MED	01/19/20	12/29/20	01/28/20		11.18	0.00	0.00	11.18

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P2200	POWER ELECTRIC	11.18	0.00	0.00	11.18

Vendor#	Vendor Name	Class	Pay Code
10372	PRECISION DYNAMICS CORP (PDC)		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
3231246	CS INVENTORY	01/14/20	12/29/20	01/28/20		59.43	0.00	0.00	59.43

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10372	PRECISION DYNAMICS CORP (PDC)	59.43	0.00	0.00	59.43

Vendor#	Vendor Name	Class	Pay Code
10477	PURE FORCE		

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

0121281 ✓		01/18/20	11/15/20	12/15/20		143.01	0.00	0.00	143.01 ✓
SUPPLIES DIETARY									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10477	PURE FORCE				143.01	0.00	0.00	143.01
Vendor#	Vendor Name				Class	Pay Code			
10844	RECALL SECURE DESTRUCTION SRV ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
4586042900 ✓		01/18/20	12/19/20	01/18/20		190.95	0.00	0.00	190.95
OUTSIDE SRV ADMIN									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10844	RECALL SECURE DESTRUCTION SRV				190.95	0.00	0.00	190.95 ✓
Vendor#	Vendor Name				Class	Pay Code			
R1321	RECEIVABLE MANAGEMENT, INC ✓				W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20607		01/18/20	12/31/20	01/30/20		43.80	0.00	0.00	43.80
COLLECTION EXPENSE BUS (									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	R1321	RECEIVABLE MANAGEMENT, INC				43.80	0.00	0.00	43.80 ✓
Vendor#	Vendor Name				Class	Pay Code			
11009	RECONDO ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV-08661 ✓		01/18/20	01/01/20	01/31/20		4,050.00	0.00	0.00	4,050.00
OUTSIDE SRV BUS OFFICE									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11009	RECONDO				4,050.00	0.00	0.00	4,050.00 ✓
Vendor#	Vendor Name				Class	Pay Code			
R1200	RED HAWK ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
221110 ✓		01/18/20	01/01/20	01/31/20		37.50	0.00	0.00	37.50
OUTSIDE SRV PLANT OPS									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	R1200	RED HAWK				37.50	0.00	0.00	37.50 ✓
Vendor#	Vendor Name				Class	Pay Code			
10987	REVCYCLE+, INC. ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
MLVAC-8499 ✓		01/18/20	12/31/20	01/30/20		1,997.15	0.00	0.00	1,997.15
MAINT CONTR HIM									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10987	REVCYCLE+, INC.				1,997.15	0.00	0.00	1,997.15 ✓
Vendor#	Vendor Name				Class	Pay Code			
10995	SHIFTHOUND ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1010431		12/31/20	12/31/20	01/30/20		425.00	0.00	0.00	425.00
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10995	SHIFTHOUND				425.00	0.00	0.00	425.00 ✓
Vendor#	Vendor Name				Class	Pay Code			
K0536	SHIRLEY KARNEI ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20631		01/19/20	01/17/20	01/17/20		1,425.10	0.00	0.00	1,425.10 ✓
OUTSIDE SRV HIM									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net

	K0536 SHIRLEY KARNEI					1,425.10	0.00	0.00	1,425.10
Vendor#	Vendor Name				Class	Pay Code			
10936	SIEMENS FINANCIAL SERVICES								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	4532357		01/19/20	01/06/20	01/24/20		1,333.33	0.00	0.00	1,333.33
		LEASE & RENTAL LAB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10936	SIEMENS FINANCIAL SERVICES				1,333.33	0.00	0.00	1,333.33
Vendor#	Vendor Name				Class	Pay Code				
S2400	SO TEX BLOOD & TISSUE CENTER				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	90016679		12/31/20	11/30/20	01/26/20		-4,050.00	0.00	0.00	-4,050.00
		BLOOD BANK CREDIT								
	090017273		12/31/20	12/31/20	01/30/20		5,715.00	0.00	0.00	5,715.00
		BLOOD BANK SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2400	SO TEX BLOOD & TISSUE CENTER				1,665.00	0.00	0.00	1,665.00
Vendor#	Vendor Name				Class	Pay Code				
S2345	SOUTHEAST TEXAS HEALTH SYS				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	25589		01/18/20	01/01/20	01/31/20		1,000.00	0.00	0.00	1,000.00
		DUES & SUBCRIPTIONS ADMI								
	25585		01/18/20	01/01/20	01/31/20		5,000.00	0.00	0.00	5,000.00
		DUES & SUBCRIPTIONS ADMI								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2345	SOUTHEAST TEXAS HEALTH SYS				6,000.00	0.00	0.00	6,000.00
Vendor#	Vendor Name				Class	Pay Code				
S3960	STERICYCLE, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	4005861263		01/19/20	09/03/20	10/03/20		879.08	0.00	0.00	879.08
		OUTSIDE SRV HOUSEKEEPIN								
	4005923196		01/19/20	10/31/20	11/30/20		879.08	0.00	0.00	879.08
		OUTSIDE SRV HOUSKEEPING								
	4005984874		01/19/20	11/30/20	12/30/20		879.08	0.00	0.00	879.08
		OUTSIDE SRV HOUSEKEEPIN								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S3960	STERICYCLE, INC				2,637.24	0.00	0.00	2,637.24
Vendor#	Vendor Name				Class	Pay Code				
11103	STUDER GROUP, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	FS0055670		01/18/20	09/03/20			29.62	0.00	0.00	29.62
		SUPPLIES MED SURG								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11103	STUDER GROUP, LLC				29.62	0.00	0.00	29.62
Vendor#	Vendor Name				Class	Pay Code				
T2539	T-SYSTEM, INC				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	205EV-7694		01/18/20	12/31/20	01/30/20		4,555.00	0.00	0.00	4,555.00
		MAINT CONT ER								
	205EV-7910		01/18/20	01/01/20	01/31/20		9,250.00	0.00	0.00	9,250.00
		ANNUAL MAINT CONTR								

205EV-7887		01/18/20	01/01/20	01/31/20		4,995.00	0.00	0.00	4,995.00
ER EXPENSE									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	T2539	T-SYSTEM, INC				18,800.00	0.00	0.00	18,800.00
Vendor#	Vendor Name				Class	Pay Code			
T2303	TG				W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20616		01/19/20	01/14/20	01/14/20		162.89	0.00	0.00	162.89
GARNISHMENT FOR STUDEN									
20615		01/19/20	01/14/20	01/14/20		137.37	0.00	0.00	137.37
GARNISHMENT FOR STUDEN									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	T2303	TG				300.26	0.00	0.00	300.26
Vendor#	Vendor Name				Class	Pay Code			
11013	THE GALLERY COLLECTION								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
16A0000224		01/19/20	01/12/20	01/12/20		522.74	0.00	0.00	522.74
MISC ADMIN									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11013	THE GALLERY COLLECTION				522.74	0.00	0.00	522.74
Vendor#	Vendor Name				Class	Pay Code			
V1050	THE VICTORIA ADVOCATE				W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20609		01/18/20	12/31/20	01/30/20		90.11	0.00	0.00	90.11
ADVERTISING									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	V1050	THE VICTORIA ADVOCATE				90.11	0.00	0.00	90.11
Vendor#	Vendor Name				Class	Pay Code			
T3050	TRANE U. S. INC.				M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
336345X		01/18/20	12/31/20	01/30/20		434.87	0.00	0.00	434.87
SUPPLIES PLANT OPS									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	T3050	TRANE U. S. INC.				434.87	0.00	0.00	434.87
Vendor#	Vendor Name				Class	Pay Code			
11067	TRIZETTO PROVIDER SOLUTIONS								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
35FK011600		01/18/20	01/01/20	01/31/20		495.00	0.00	0.00	495.00
OUTSIDE SRV CLINIC									
3A3X011600		01/18/20	01/01/20	01/31/20		99.00	0.00	0.00	99.00
OUTSIDE SRV CLINIC									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11067	TRIZETTO PROVIDER SOLUTIONS				594.00	0.00	0.00	594.00
Vendor#	Vendor Name				Class	Pay Code			
U1054	UNIFIRST HOLDINGS				W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8150716219		12/31/20	12/29/20	01/28/20		28.50	0.00	0.00	28.50
OUTSIDE SRV BIO MED									
8150716119		12/31/20	12/29/20	01/28/20		46.60	0.00	0.00	46.60
OUTSIDE SRV MAINT									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	U1054	UNIFIRST HOLDINGS				75.10	0.00	0.00	75.10

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
	8400210380		12/31/20	12/29/20	01/28/20		150.60	0.00	0.00	150.60
		LAUNDRY DIETARY								
	8400210344		12/31/20	12/29/20	01/28/20		100.76	0.00	0.00	100.76
		LAUNDRY HOUSEKEEPING								
	8400210342		12/31/20	12/29/20	01/28/20		152.79	0.00	0.00	152.79
		LAUNDRY DIETARY								
	8400210341		12/31/20	12/29/20	01/28/20		206.32	0.00	0.00	206.32
		LAUNDRY HOUSEKEEPING								
	8400210343		12/31/20	12/29/20	01/28/20		104.21	0.00	0.00	104.21
		LAUNDRY OB								
	8400210392		12/31/20	12/29/20	01/28/20		980.24	0.00	0.00	980.24
		LAUNDRY HOUSEKEEPING								
	8400210340		12/31/20	12/29/20	01/28/20		198.52	0.00	0.00	198.52
		LAUNDRY HOUSEKEEPING								
	8400210629		01/18/20	01/01/20	01/31/20		545.30	0.00	0.00	545.30
		LAUNDRY SURGERY								
	8400210668		01/18/20	01/01/20	01/31/20		749.53	0.00	0.00	749.53
		LAUNDRY HOUSEKEEPING								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		U1064	UNIFIRST HOLDINGS INC				3,188.27	0.00	0.00	3,188.27
Vendor#	Vendor Name				Class	Pay Code				
U0414	UNUM LIFE INS CO OF AMERICA									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	0138830-001 4		01/19/20	01/12/20	02/01/20		5,967.98	0.00	0.00	5,967.98
		LG TERM DISAABILITY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		U0414	UNUM LIFE INS CO OF AMERICA				5,967.98	0.00	0.00	5,967.98
Vendor#	Vendor Name				Class	Pay Code				
U2000	US POSTAL SERVICE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	20606		01/18/20	01/04/20	01/04/20		1,200.00	0.00	0.00	1,200.00
		POSTAGE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		U2000	US POSTAL SERVICE				1,200.00	0.00	0.00	1,200.00
Vendor#	Vendor Name				Class	Pay Code				
U2001	US POSTAL SERVICE				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	20615		01/18/20	01/13/20	01/13/20		300.00	0.00	0.00	300.00
		POSTAGE EXPENSE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		U2001	US POSTAL SERVICE				300.00	0.00	0.00	300.00
Vendor#	Vendor Name				Class	Pay Code				
10942	VICKIE BROOME									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	20632		01/19/20	01/15/20	01/15/20		29.16	0.00	0.00	29.16
		TRAVEL EXPENSE OB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10942	VICKIE BROOME				29.16	0.00	0.00	29.16

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
	155134		01/19/20	11/12/20	12/12/20		261.00	0.00	0.00	261.00
		OUTSIDE SRV PLANT OPS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		V1056	VICTORIA AIR CONDITIONING LTD				261.00	0.00	0.00	261.00
Vendor#	Vendor Name				Class	Pay Code				
10915	WAGEWORKS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	20613		01/18/20	01/08/20	01/08/20		1,716.95	0.00	0.00	1,716.95
		MONEY TO FUND FLEX SPENI								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10915	WAGEWORKS				1,716.95	0.00	0.00	1,716.95
Vendor#	Vendor Name				Class	Pay Code				
11018	WEBPT, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	INV159479		01/19/20	11/12/20	12/12/20		7,524.00	0.00	0.00	7,524.00
		SOFTWARE PACKAGE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11018	WEBPT, INC				7,524.00	0.00	0.00	7,524.00
Vendor#	Vendor Name				Class	Pay Code				
Y0902	YVONNE FELKINS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	20619		01/18/20	01/13/20	01/13/20		36.18	0.00	0.00	36.18
		TRAVEL EXPENSE ER								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		Y0902	YVONNE FELKINS				36.18	0.00	0.00	36.18

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	244,509.85	0.00	0.00	244,509.85

Michael J. Pfeifer
Calhoun County Judge
Date: 2-1-16

APPROVED ON
JAN 20 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKs #164609 to #164701

RUN DATE: 01/19/16
TIME: 15:31

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1
APCDEDIT

PATIENT NUMBER	PAYEE NAME	DATE	PAY AMOUNT	PAT CODE	TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	011916	195.17				
		011916	536.82				
		011916	252.54				
		011916	92.44				
		011916	25.00				
		081015	117.60				
		011916	50.00				
		011916	50.00				
		011916	222.00				
		011916	48.80				
		011916	907.00				
		011916	42.86				
		011916	10.05				
		011916	12.05				
		011916	26.49				

Michael J. Pfeifer
Calhoun County Judge
Date: 2-1-16

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	011916	168.88	[redacted]			
		011916	380.00				
		011916	59.02				
		011916	448.29				
		011916	130.50				
		011916	196.24				
		011916	249.96				
		011916	21.04				
		011916	157.07				
		011916	87.01				
		011916	440.07				
		011916	100.00				
		011916	87.37				
		011916	46.32				
		011916	560.00				
		011916	259.41				
		011916	16.84				

RUN DATE: 01/19/16
TIME: 15:31

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 3
APCDEDIT

PATIENT NUMBER	PAYEE NAME	DATE	PAY AMOUNT	PAT CODE TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	011916	17.94	[redacted]	[redacted]	
		011916	50.87			
		011916	62.34			
		011916	100.00			
		011916	44.31			
		011916	68.44			
		011916	75.83			
		011916	256.48			
		011916	352.80			
		011916	658.00			
		011916	99.14			
		011916	50.00			
		011916	211.67			
		011916	128.62			
		011916	390.88			
		011916	20.35			
		011916	11.92			

ARID=0001 TOTAL 8596.43

APPROVED
~~ON~~

CKS# 164702
to
#164750

JAN 20 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:01/20/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:15:47 CHECK REGISTER GLCKREG
01/20/16 THRU 01/20/16

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	164609	01/20/16	2,626.58	PHILIPS HEALTHCARE
A/P	164610	01/20/16	151.96	ERBE USA INC SURGICAL SYSTEMS
A/P	164611	01/20/16	594.91	MERCEDES MEDICAL
A/P	164612	01/20/16	750.00	JAMES A DANIEL
A/P	164613	01/20/16	308.00	INCISIVE SURGICAL
A/P	164614	01/20/16	821.50	CENTURION MEDICAL PRODUCTS
A/P	164615	01/20/16	668.10	DEWITT POTH & SON
A/P	164616	01/20/16	59.43	PRECISION DYNAMICS CORP (PDC)
A/P	164617	01/20/16	2,340.81	CARDMEMBER SERVICES
A/P	164618	01/20/16	143.01	PURE FORCE
A/P	164619	01/20/16	.00	VOIDED
A/P	164620	01/20/16	36,365.95	MORRIS & DICKSON CO, LLC
A/P	164621	01/20/16	643.59	PLATINUM CODE
A/P	164622	01/20/16	41.01	CENTURYLINK
A/P	164623	01/20/16	495.00	FASTHEALTH CORPORATION
A/P	164624	01/20/16	108.54	ANNA HERNANDEZ
A/P	164625	01/20/16	6,756.91	CLINICAL PATHOLOGY
A/P	164626	01/20/16	38,239.25	MMC EMPLOYEE BENEFIT PLAN
A/P	164627	01/20/16	28,166.84	ALLIED BENEFIT SYSTEMS
A/P	164628	01/20/16	190.95	RECALL SECURE DESTRUCTION SRV
A/P	164629	01/20/16	1,716.95	WAGEWORKS
A/P	164630	01/20/16	1,333.33	SIEMENS FINANCIAL SERVICES
A/P	164631	01/20/16	6,145.37	BANK OF THE WEST
A/P	164632	01/20/16	29.16	VICKIE BROOME
A/P	164633	01/20/16	957.50	M G TRUST
A/P	164634	01/20/16	1,997.15	REVCYCLE+, INC.
A/P	164635	01/20/16	425.00	SHIFTHOUND
A/P	164636	01/20/16	7,682.67	CSI LEASING INC
A/P	164637	01/20/16	4,050.00	RECONDO
A/P	164638	01/20/16	522.74	THE GALLERY COLLECTION
A/P	164639	01/20/16	142.05	ADVANCED COMMUNICATIONS
A/P	164640	01/20/16	7,524.00	WEBPT, INC
A/P	164641	01/20/16	1,629.25	PERSONNEL CONCEPTS
A/P	164642	01/20/16	150.00	MIDWEST HEALTH CARE INC
A/P	164643	01/20/16	75.00	FIRST CLEARING
A/P	164644	01/20/16	594.00	TRIZETTO PROVIDER SOLUTIONS
A/P	164645	01/20/16	1,177.50	PABLO GARZA
A/P	164646	01/20/16	1,575.00	FUSION MEDICAL STAFFING, LLC
A/P	164647	01/20/16	662.27	MARLIN BUSINESS BANK
A/P	164648	01/20/16	29.62	STUDER GROUP, LLC
A/P	164649	01/20/16	11,001.20	PORT LAVACA RETAIL GROUP LLC
A/P	164650	01/20/16	304.96	MEDICAL DATA SYSTEMS, INC.
A/P	164651	01/20/16	147.93	GULF COAST HARDWARE / ACE
A/P	164652	01/20/16	795.00	ALCON LABORATORIES INC
A/P	164653	01/20/16	2,025.53	AIRGAS-SOUTHWEST
A/P	164654	01/20/16	644.68	ALIMED INC.
A/P	164655	01/20/16	19.34	AQUA BEVERAGE COMPANY
A/P	164656	01/20/16	522.37	ARROW INTERNATIONAL INC
A/P	164657	01/20/16	440.61	BAXTER HEALTHCARE CORP
A/P	164658	01/20/16	593.51	BECKMAN COULTER INC

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	164659	01/20/16	656.00	BOSTON SCIENTIFIC CORPORATION
A/P	164660	01/20/16	220.25	BRIGGS HEALTHCARE
A/P	164661	01/20/16	1,400.00	CABLE ONE
A/P	164662	01/20/16	25.00	CAL COM FEDERAL CREDIT UNION
A/P	164663	01/20/16	29.16	MONICA CARR
A/P	164664	01/20/16	285.00	CENTRAL DRUGS
A/P	164665	01/20/16	6,395.72	CDW GOVERNMENT, INC.
A/P	164666	01/20/16	75.00	DOWNTOWN CLEANERS
A/P	164667	01/20/16	2,654.25	FISHER HEALTHCARE
A/P	164668	01/20/16	238.00	GE MEDICAL SYSTEMS, INFO TECH
A/P	164669	01/20/16	9,402.39	GULF COAST PAPER COMPANY
A/P	164670	01/20/16	201.00	INTEGRATED MEDICAL SYSTEMS
A/P	164671	01/20/16	976.44	J & J HEALTH CARE SYSTEMS, INC
A/P	164672	01/20/16	1,425.10	SHIRLEY KARNEI
A/P	164673	01/20/16	96.50	LABCORP OF AMERICA HOLDINGS
A/P	164674	01/20/16	158.96	MARKS PLUMBING PARTS
A/P	164675	01/20/16	21.62	MCKESSON MEDICAL SURGICAL INC
A/P	164676	01/20/16	56.44	MATTHEW BENDER & CO.,INC.
A/P	164677	01/20/16	41.27	MEDLINE INDUSTRIES INC
A/P	164678	01/20/16	985.17	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	164679	01/20/16	595.00	NATIONAL RECALL ALERT CENTER
A/P	164680	01/20/16	.00	VOIDED
A/P	164681	01/20/16	1,324.25	OWENS & MINOR
A/P	164682	01/20/16	207.00	PITNEY BOWES INC
A/P	164683	01/20/16	1,516.95	PORT LAVACA WAVE
A/P	164684	01/20/16	11.18	POWER ELECTRIC
A/P	164685	01/20/16	37.50	RED HAWK
A/P	164686	01/20/16	43.80	RECEIVABLE MANAGEMENT, INC
A/P	164687	01/20/16	6,000.00	SOUTHEAST TEXAS HEALTH SYS
A/P	164688	01/20/16	1,665.00	SO TEX BLOOD & TISSUE CENTER
A/P	164689	01/20/16	88.86	DANETTE BETHANY
A/P	164690	01/20/16	2,637.24	STERICYCLE, INC
A/P	164691	01/20/16	300.26	TG
A/P	164692	01/20/16	18,800.00	T-SYSTEM, INC
A/P	164693	01/20/16	434.87	TRANE U. S. INC.
A/P	164694	01/20/16	5,967.98	UNUM LIFE INS CO OF AMERICA
A/P	164695	01/20/16	75.10	UNIFIRST HOLDINGS
A/P	164696	01/20/16	3,188.27	UNIFIRST HOLDINGS INC
A/P	164697	01/20/16	1,200.00	US POSTAL SERVICE
A/P	164698	01/20/16	300.00	US POSTAL SERVICE
A/P	164699	01/20/16	90.11	THE VICTORIA ADVOCATE
A/P	164700	01/20/16	261.00	VICTORIA AIR CONDITIONING LTD
A/P	164701	01/20/16	36.18	YVONNE FELKINS
A/P	164702	01/20/16	195.17	[redacted]
A/P	164703	01/20/16	536.82	
A/P	164704	01/20/16	252.54	
A/P	164705	01/20/16	92.44	
A/P	164706	01/20/16	25.00	
A/P	164707	01/20/16	117.60	
A/P	164708	01/20/16	50.00	
A/P	164709	01/20/16	50.00	

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	164710	01/20/16	222.00	[redacted]
A/P	164711	01/20/16	48.80	
A/P	164712	01/20/16	907.00	
A/P	164713	01/20/16	42.86	
A/P	164714	01/20/16	10.05	
A/P	164715	01/20/16	12.05	
A/P	164716	01/20/16	26.49	
A/P	164717	01/20/16	168.88	
A/P	164718	01/20/16	380.00	
A/P	164719	01/20/16	59.02	
A/P	164720	01/20/16	448.29	
A/P	164721	01/20/16	130.50	
A/P	164722	01/20/16	196.24	
A/P	164723	01/20/16	249.96	
A/P	164724	01/20/16	21.04	
A/P	164725	01/20/16	157.07	
A/P	164726	01/20/16	87.01	
A/P	164727	01/20/16	440.07	
A/P	164728	01/20/16	100.00	
A/P	164729	01/20/16	87.37	
A/P	164730	01/20/16	46.32	
A/P	164731	01/20/16	560.00	
A/P	164732	01/20/16	259.41	
A/P	164733	01/20/16	16.84	
A/P	164734	01/20/16	17.94	
A/P	164735	01/20/16	50.87	
A/P	164736	01/20/16	62.34	
A/P	164737	01/20/16	100.00	
A/P	164738	01/20/16	44.31	
A/P	164739	01/20/16	68.44	
A/P	164740	01/20/16	75.83	
A/P	164741	01/20/16	256.48	
A/P	164742	01/20/16	352.80	
A/P	164743	01/20/16	658.00	
A/P	164744	01/20/16	99.14	
A/P	164745	01/20/16	50.00	
A/P	164746	01/20/16	211.67	
A/P	164747	01/20/16	128.62	
A/P	164748	01/20/16	390.88	
A/P	164749	01/20/16	20.35	
A/P	164750	01/20/16	11.92	
A/P *	164751	01/20/16	10,874.96	TIES
TOTALS:			263,981.24	

* CK # 164751 was ran on 1/20/16 But was not approved till 1/21/16.

T1450
20633

TEXAS ASSOCIATION OF COUNTIES

UNEMPLOYMENT FUND
CONTRIBUTION WORKSHEET

Memorial Medical Center - Calhoun
Ms. Vicky Kalisek
PO Box 25
Port Lavaca, TX 77979-0025

Phone (361) 552-6713
Fax: (361) 552-0388

Entity:
Quarter ending: 12/31/2015
2015 Rate: 0.0041

Person completing this form: _____

Exclude elected officials from all parts of the Unemployment Report. Include election workers who have earned $1,000 or more for the year. Include part-time, temporary, and extra season workers. Two part-time workers equal one full-time employee. Also include any supplemental wages you may pay to state employees (example: extension agent). If you have any questions, call us at the Texas Association of Counties office, 1-800-456-5974, or TALX Employer Services, at 1-866-848-4623 x3127.

A. Number of full-time employees: 217, 219, 216.
(1st month) (2nd month) (3rd month)

B. Enter Gross Wage total paid this quarter to all covered employees for services during the quarter, with no limits: $ 2,652,428.09

(Rate) 0.0041 Times (Gross Wages) 2,652,428.09 = $ 10,874.96
(Contribution)
($25 minimum)

Mail this completed UF-1 report and your check for required contribution, to be received no later than January 10, 2016*, to:

Texas Association of Counties
Unemployment Fund
P.O. Box 487
San Antonio, Texas 78292-0487

APPROVED ON
JAN 2 1 2016
BY
CALHOUN COUNTY AUDITOR

Please complete the following UF forms and fax them to Robert Buchholtz at 1-866-223-9829 or send them in a secured email to TAC@equifax.com:

1) TAC UF-1 Contribution Worksheet (this page)
2) TAC UF-2 Governmental Function form
3) TAC UF-3 Wage List

CK#164751
Check is dated 1/20/16 and on Check Register with 1/20/16 Payables But was not brought to Auditor for approval until Jan 21, 2016

Do not send theUF-2 or the UF-3 wage report to the P.O. Box.

***Reports or contributions postmarked after the 10th day of a new quarter shall be subject to a late penalty. The penalty will be that portion of any assessed TWC fine attributable to Fund Member's late reporting up to $10,000. If it is necessary to wait for the commissioners' court to approve the check, please send the UF 1, 2 and 3 forms in on time without the check.**

40050092

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
1/25/2016

Nursing Home	IBC Account Number	Previous Beginning Balance	ACH Transfer-In	IGT Transfer-In	Transfer-Out	MMC Portion of IGT	Cantex Portion of IGT	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens	4553	26,944.97	85,585.99	-	26,844.97	-	-	85,685.99	85,585.99

Routing Information for Ashford Gardens:
Ashford Health Core Center Ltd Co
JP Morgan Chose Bonk
ABA 0614
Account # 4257

Nursing Home	IBC Account Number	Previous Beginning Balance	ACH Transfer-In	IGT Transfer-In	Transfer-Out	MMC Portion of IGT	Cantex Portion of IGT	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Solera at West Houston	4561	54,646.76	67,489.00	-	54,546.76	-	-	67,589.00	67,489.00
Crescent	4588	43,456.16	74,389.46	-	43,356.16	-	-	74,489.46	74,389.46
Broadmoor	4596	62,279.72	22,761.27	-	62,179.72	-	-	22,861.27	22,761.27
Fort Bend	4618	23,458.29	50,660.02	-	23,358.29	-	-	50,760.02	50,660.02
									215,299.75

Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:
Cantex Health Care Centers III LLC
JP Morgan Chase Bank
ABA 0614
Account # 2922

Approved:

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.

Michael J. Pfeifer
Calhoun County Judge
Date: 2-1-16

APPROVED
JAN 25 2016
COUNTY AUDITOR

A:\NH Weekly Transfers\NH UPL Transfer Summary 1-25-16.xlsx

IBC Bank Activity
1/18/2016 through 1/24/16

Ashford Gardens					Transfer-Out	Transfer-In	
1/20/2016	5025	4553	495	OUTGOING MONEY TRANSFER	26,844.97		ASHFORD HEALTH CARE CENTER LTD
1/22/2016	5025	4553	301	COMMERCIAL DEPOSIT		75,661.66	
1/22/2016	5025	4553	142	ACH CREDIT RECEIVED		9,924.33	AGING DISAB SVCS HCCLAIMPMT
					26,844.97	85,585.99	

Solera at West Houston					Transfer-Out	Transfer-In	
1/19/2016	5025	4561	142	ACH CREDIT RECEIVED		9,591.22	AGING DISAB SVCS HCCLAIMPMT
1/20/2016	5025	4561	495	OUTGOING MONEY TRANSFER	54,546.76		CANTEX HEALTH CARE CENTERS LLC
1/20/2016	5025	4561	142	ACH CREDIT RECEIVED		3,456.00	AGING DISAB SVCS HCCLAIMPMT
1/20/2016	5025	4561	142	ACH CREDIT RECEIVED		5,169.30	AMERIGROUP CORPO HCCLAIMPMT
1/22/2016	5025	4561	142	ACH CREDIT RECEIVED		20,536.60	AMERIGROUP CORPO HCCLAIMPMT
1/22/2016	5025	4561	301	COMMERCIAL DEPOSIT		17,717.31	
1/22/2016	5025	4561	142	ACH CREDIT RECEIVED		11,018.57	AGING DISAB SVCS HCCLAIMPMT
					54,546.76	67,489.00	

Crescent					Transfer-Out	Transfer-In	
1/19/2016	5025	4588	142	ACH CREDIT RECEIVED		12,643.28	AGING DISAB SVCS HCCLAIMPMT
1/20/2016	5025	4588	142	ACH CREDIT RECEIVED		12,127.50	AMERIGROUP CORPO HCCLAIMPMT
1/20/2016	5025	4588	495	OUTGOING MONEY TRANSFER	43,356.16		CANTEX HEALTH CARE CENTERS III
1/22/2016	5025	4588	142	ACH CREDIT RECEIVED		3,715.87	AGING DISAB SVCS HCCLAIMPMT
1/22/2016	5025	4588	301	COMMERCIAL DEPOSIT		32,161.40	
1/22/2016	5025	4588	142	ACH CREDIT RECEIVED		13,741.41	AMERIGROUP CORPO HCCLAIMPMT
					43,356.16	74,389.46	

Broadmoor					Transfer-Out	Transfer-In	
1/20/2016	5025	4596	495	OUTGOING MONEY TRANSFER	62,179.72		CANTEX HEALTH CARE CENTERS III
1/22/2016	5025	4596	142	ACH CREDIT RECEIVED		414.06	NOVITAS SOLUTION HCCLAIMPMT
1/22/2016	5025	4596	142	ACH CREDIT RECEIVED		184.61	NOVITAS SOLUTION HCCLAIMPMT
1/22/2016	5025	4596	142	ACH CREDIT RECEIVED		2,053.80	AGING DISAB SVCS HCCLAIMPMT
1/22/2016	5025	4596	301	COMMERCIAL DEPOSIT		20,108.80	
					62,179.72	22,761.27	

Fort Bend					Transfer-Out	Transfer-In	
1/20/2016	5025	4618	495	OUTGOING MONEY TRANSFER	23,358.29		CANTEX HEALTH CARE CENTERS III
1/20/2016	5025	4618	142	ACH CREDIT RECEIVED		4,409.17	AGING DISAB SVCS HCCLAIMPMT
1/21/2016	5025	4618	142	ACH CREDIT RECEIVED		315.00	AGING DISAB SVCS HCCLAIMPMT
1/21/2016	5025	4618	142	ACH CREDIT RECEIVED		31,025.03	Molina HC of TX Molina HC
1/22/2016	5025	4618	142	ACH CREDIT RECEIVED		920.91	AGING DISAB SVCS HCCLAIMPMT
1/22/201	5025	4618	142	ACH CREDIT RECEIVED		7,900.01	AMERIGROUP CORPO HCCLAIMPMT
1/22/2016	5025	4618	301	COMMERCIAL DEPOSIT		6,089.90	
					23,358.29	50,660.02	

Account Portfolio as of 01/25/2016 9:22:19 AM

Account Display
(•) Display By Account Type
( ) Display By Asset/Liability

Commercial Checking Accounts

Account Name	Account Number	Today's Beginning Balance	Available Balance
Memorial Medical Center	3387	$25,069.79	$25,069.79
Memorial Medical Center	4553	$85,685.99	$85,685.99
Memorial Medical Center	4561	$67,589.00	$76,981.83
Memorial Medical Center	4588	$74,489.46	$76,762.68
Memorial Medical Center	4596	$22,861.27	$33,971.93
Memorial Medical Center	4618	$50,760.02	$67,507.16
Memorial Medical Center Operat	0301	$976,121.04	$1,026,801.91
County of Calhoun Indigent	1101	$3,374.09	$3,374.09
Totals		**$1,305,950.66**	**$1,396,155.38**

RUN DATE:01/25/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:11:44 CHECK REGISTER - Payable List GLCKREG
01/25/16 THRU 01/25/16

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000720	01/25/16	411.94	MCKESSON
A/P	000721	01/25/16	94.81	MCKESSON
A/P	000722	01/25/16	306.09	MCKESSON
TOTALS:			812.84	

340 B Prescription Expenses

APPROVED
ON
JAN 25 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 2-1-16

McKESSON

Company: 8000

STATEMENT

As of: 01/22/2016

Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 01/22/2016

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 01/22/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 01/22/2016

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	
01/18/2016	01/26/2016	7726780637	1000750516	115Invoice	1.46	72.94		71.48 ✓	✓	7726780637	
01/18/2016	01/26/2016	7726780638	1000750516	115Invoice	0.01	0.32		0.31 ✓	✓	7726780638	
01/18/2016	01/26/2016	7726780639	1000751178	115Invoice	2.71	135.71		133.00 ✓	✓	7726780639	
01/18/2016	01/26/2016	7726780640	1000751605	115Invoice	1.20	60.06		58.86 ✓	✓	7726780640	
01/19/2016	01/26/2016	7727015461	1000752017	115Invoice	1.54	77.18		75.64 ✓	✓	7727015461	
01/19/2016	01/26/2016	7727015463	1000752017	115Invoice	1.48	73.97		72.49 ✓	✓	7727015463	
01/22/2016	01/26/2016	7727659837	1000754244	115Invoice		0.16		0.16 ✓	✓	7727659837	

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

TOTAL:

Subtotals: 420.34 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 149.38
01/19/2016

If Paid By 01/26/2016,
Pay This Amount: 411.94 USD

If Paid After 01/26/2016,
Pay this Amount: 420.34 USD

Due If Paid On Time:
USD 411.94

Disc lost if paid late:
8.40

Due If Paid Late:
USD 420.34

Ch # 720

APPROVED ON
JAN 25 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

As of: 01/22/2016

DC: 8115

Territory: 400

Customer: 256342
Date: 01/22/2016

Page: 001

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

As of: 01/22/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 01/22/2016

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	
01/18/2016	01/26/2016	7726773771	1087670	115Invoice	0.01	0.33		0.32 ✓		7726773771	
01/19/2016	01/26/2016	7727035025	3454581169	115Invoice	1.02	50.98		49.96 ✓		7727035025	
01/20/2016	01/26/2016	7727238410	1087739	115Invoice		0.07		0.07 ✓		7727238410	
01/22/2016	01/26/2016	7727686688	3454581178	115Invoice	0.91	45.37		44.46 ✓		7727686688	

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

TOTAL:

Subtotals: 96.75 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 255.15
01/11/2016

If Paid By 01/26/2016,
Pay This Amount: ✓ 94.81 USD

If Paid After 01/26/2016,
Pay this Amount: 96.75 USD

Due If Paid On Time:
USD 94.81

Disc lost if paid late:
1.94

Due If Paid Late:
USD 96.75

Ck# 721

APPROVED ON
JAN 25 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

CVS PHCY 7006/MEMORIA PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 01/22/2016

DC: 8115

Territory: 400

Customer: 262252
Date: 01/22/2016

Page: 001

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

As of: 01/22/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252
Date: 01/22/2016

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	
01/18/2016	01/26/2016	7726811507	1000750519	115Invoice	2.55	127.61		125.06 ✓✓		7726811507	
01/18/2016	01/26/2016	7726811509	1000751180	115Invoice	0.15	7.71		7.56 ✓✓		7726811509	
01/18/2016	01/26/2016	7726811510	1000751607	115Invoice	0.69	34.50		33.81 ✓✓		7726811510	
01/19/2016	01/26/2016	7727030712	1000752019	115Invoice	0.02	0.92		0.90 ✓✓		7727030712	
01/19/2016	01/26/2016	7727030713	1000752019	115Invoice	0.12	5.92		5.80 ✓✓		7727030713	
01/20/2016	01/26/2016	7727239052	1000753008	115Invoice	0.18	8.82		8.64 ✓✓		7727239052	
01/21/2016	01/26/2016	7727473263	1000753617	115Invoice	1.54	77.13		75.59 ✓✓		7727473263	
01/22/2016	01/26/2016	7727688436	1000754246	115Invoice	0.99	49.72		48.73 ✓✓		7727688436	

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

TOTAL:

Subtotals: 312.33 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,293.34
01/19/2016

If Paid By 01/26/2016,
Pay This Amount: 306.09 USD

If Paid After 01/26/2016,
Pay this Amount: 312.33 USD

Due If Paid On Time:
USD 306.09

Disc lost if paid late:
6.24

Due If Paid Late:
USD 312.33

Ck #722

APPROVED ON
JAN 25 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

IBC BANK
We Do More

January 2016 Statement
Open Date: 12/05/2015 Closing Date: 01/06/2016

Visa® Business Card
MEMORIAL MEDICAL CNT
JERRY L PICKETT

New Balance	**$3,148.10**
Minimum Payment Due	**$32.00**
Payment Due Date	**02/01/2016**

Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay up to a $39.00 Late Fee and your APRs may be increased up to the Penalty APR of 28.99%.

Cardmember Service
BUS 30 ELN 78 3

Activity Summary

Previous Balance	+	$1,068.30
Payments	-	$1,068.30CR
Other Credits		$0.00
Purchases	+	$3,148.10
Balance Transfers		$0.00
Advances		$0.00
Other Debits		$0.00
Fees Charged		$0.00
Interest Charged		$0.00
New Balance	=	**$3,148.10**
Past Due		**$0.00**
Minimum Payment Due		**$32.00**
Credit Line		$10,000.00
Available Credit		$6,851.90
Days in Billing Period		33

Michael J. Pfeifer
Calhoun County Judge
Date: 2-1-16

MMC
w:11
Call in

APPROVED ON $ 3,148.10
JAN 25 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payment Options:
Mail payment coupon with a check
Pay online at myaccountaccess.com
Pay by phone

Please detach and send coupon with check payable to: Cardmember Service

IBC BANK
We Do More

. to pay by phone
. to change your address

MEMORIAL MEDICAL CNT
JERRY L PICKETT
202 S ANN ST
PORT LAVACA TX 77979-4204

Account Number	
Payment Due Date	2/01/2016
New Balance	$3,148.10
Minimum Payment Due	$32.00

Amount Enclosed $_____

Cardmember Service
P.O. Box 790408
St. Louis, MO 63179-0408

IBC BANK
We Do More

January 2016 Statement 12/05/2015 - 01/06/2016

MEMORIAL MEDICAL CNT
JERRY L PICKETT

Cardmember Service

Important Messages

Paying Interest: You have a 24 to 30 day interest-free period for Purchases provided you have paid your previous balance in full by the Payment Due Date shown on your monthly Account statement. In order to avoid additional INTEREST CHARGES on Purchases, you must pay your new balance in full by the Payment Due Date shown on the front of your monthly Account statement.

There is no interest-free period for transactions that post to the Account as Advances or Balance Transfers except as provided in any Offer Materials. Those transactions are subject to interest from the date they post to the Account until the date they are paid in full.

An Easy Way to Monitor Your Spending. Now there's a more convenient way to view and monitor your credit card spending history. With ScoreBoard, you can securely view your transaction and spending information online. It's a valuable cardmember tool that will help you manage your expenses from the convenience of your computer! See enclosed insert for more details.

Visa Payment Controls allows you to customize each of your employee's business credit cards to control where, when, and how your employees use them. Easily set controls that limit card use by time of day or day of week, dollar amount, transaction types or geographical locations. Visit myaccountaccess.com/vpc to set up customized controls on your employees' business credit cards today.

Transactions

Payments and Other Credits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
12/30	12/30		PAYMENT THANK YOU	$1,068.30CR	
			TOTAL THIS PERIOD	**$1,068.30CR**	

Purchases and Other Debits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
12/10	12/09	0168	AIRESPRING INC. 800-825-1055 CA Communications	$1,090.80 ✓	
12/21	12/17	9449	WERFEN USA LLC 781-861-4574 MA Lab expense	$1,997.30 ✓	
12/21	12/18	3594	ECOLAB EQUIP CARE - GC 800-822-2303 MN	$60.00 ✓	
			TOTAL THIS PERIOD	**$3,148.10**	

2016 Totals Year-to-Date	
Total Fees Charged in 2016	$0.00
Total Interest Charged in 2016	$0.00

19.64
−59.64
60.00

Company Approval *(This area for use by your company)*

Signature/Approval: _____ Accounting Code: _____

Continued on Next Page

APPROVED
ON

JAN 2 7 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

01/27/2016
08:41

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 02/05/2016

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
10909	AESYNT, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
3574539	MAINT CONTR PHARMACY	01/19/20	01/05/20	02/04/20		10,521.00	0.00	0.00	10,521.00
3573913	MAINT CONTR PHARMACY	01/19/20	01/05/20	02/04/20		3,849.10	0.00	0.00	3,849.10
3573912	MAINT CONTR PHARMACY	01/19/20	01/05/20	02/04/20		1,458.61	0.00	0.00	1,458.61
3574540	MAINT CONTR PHARMACY	01/19/20	01/05/20	02/04/20		2,898.00	0.00	0.00	2,898.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10909	AESYNT, INC.	18,726.71	0.00	0.00	18,726.71

Vendor#	Vendor Name	Class	Pay Code
11062	AIRESPRING INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20643	TELEPHONE EXPENSE	01/26/20	01/16/20	02/01/20		1,840.24	0.00	0.00	1,840.24

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11062	AIRESPRING INC	1,840.24	0.00	0.00	1,840.24

Vendor#	Vendor Name	Class	Pay Code
A1680	AIRGAS-SOUTHWEST	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9932613497	SUPPLIES PLANT OPS	01/25/20	12/31/20	01/30/20		431.46	0.00	0.00	431.46
9932614182	SUPPLIES PLANT OPS	01/25/20	12/31/20	01/30/20		401.43	0.00	0.00	401.43

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS-SOUTHWEST	832.89	0.00	0.00	832.89

Vendor#	Vendor Name	Class	Pay Code
A1360	AMERISOURCEBERGEN DRUG CORP	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
771649424	PHARMACY DRUGS	01/25/20	01/18/20	02/05/20		379.02	0.00	0.00	379.02
771909765	PHARMACY DRUGS	01/25/20	01/21/20	02/05/20		306.46	0.00	0.00	306.46
7723161182	PHARMACY DRUGS	01/26/20	01/26/20	01/26/20		569.20	0.00	0.00	569.20

7721611 82

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1360	AMERISOURCEBERGEN DRUG CORP	1,254.68	0.00	0.00	1,254.68

Vendor#	Vendor Name	Class	Pay Code
B1075	BAXTER HEALTHCARE CORP	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
49700341	SUPPLIES ANESTHESIA	01/14/20	01/04/20	02/03/20		42.73	0.00	0.00	42.73
49701726	INFUSION PUMP LEASE	01/18/20	01/04/20	02/03/20		190.50	0.00	0.00	190.50
49699748		01/18/20	01/04/20	02/03/20		2,767.00	0.00	0.00	2,767.00

IV PUMP LEASE

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1075	BAXTER HEALTHCARE CORP	3,000.23	0.00	0.00	3,000.23

Vendor#	Vendor Name	Class	Pay Code
M2485	BAYER HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
6003572931		01/14/20	12/31/20	01/30/20			246.00	0.00	0.00	246.00

SUPPLIES CT SCAN

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2485	BAYER HEALTHCARE	246.00	0.00	0.00	246.00

Vendor#	Vendor Name	Class	Pay Code
B1281	BAYMEDICAL PRODUCTS	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
12098030		01/25/20	12/14/20	01/13/20			219.18	0.00	0.00	219.18

SUPPLIES ER

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1281	BAYMEDICAL PRODUCTS	219.18	0.00	0.00	219.18

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
4266414		01/19/20	01/05/20	02/04/20			6,026.00	0.00	0.00	6,026.00

MAINT CONTR LAB

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	6,026.00	0.00	0.00	6,026.00

Vendor#	Vendor Name	Class	Pay Code
B2727	BENTLEY & SMART	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
160005		01/18/20	01/05/20	02/04/20			669.00	0.00	0.00	669.00

SUPPLIES XRAY

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B2727	BENTLEY & SMART	669.00	0.00	0.00	669.00

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
107536		01/25/20	01/19/20	02/05/20			386.95	0.00	0.00	386.95

SUPPLIES CLINIC

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1650	BOSART LOCK & KEY INC	386.95	0.00	0.00	386.95

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
948040321		01/22/20	01/04/20	02/03/20			209.00	0.00	0.00	209.00

SUPPLIES SURGERY

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1655	BOSTON SCIENTIFIC CORPORATION	209.00	0.00	0.00	209.00

Vendor#	Vendor Name	Class	Pay Code
C1010	CABLE ONE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20637		01/25/20	01/22/20	01/30/20			635.35	0.00	0.00	635.35

OUTSIDE SRV IT

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1010	CABLE ONE	635.35	0.00	0.00	635.35

Vendor#	Vendor Name				Class	Pay Code				
A1730	CAREFUSION									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	9106316808		01/25/20	12/31/20	01/30/20		45.02	0.00	0.00	45.02
		SUPPLIES CLINIC								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		A1730	CAREFUSION				45.02	0.00	0.00	45.02
Vendor#	Vendor Name				Class	Pay Code				
C1992	CDW GOVERNMENT, INC.				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	BQF7704		01/18/20	01/05/20	02/04/20		124.70	0.00	0.00	124.70
		SUPPLIES IT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1992	CDW GOVERNMENT, INC.				124.70	0.00	0.00	124.70
Vendor#	Vendor Name				Class	Pay Code				
10350	CENTURION MEDICAL PRODUCTS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	91926752		01/14/20	01/04/20	02/03/20		676.70	0.00	0.00	676.70
		CS INVENTORY								
	91928782		01/14/20	01/06/20	02/05/20		470.00	0.00	0.00	470.00
		CS INVENTORY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10350	CENTURION MEDICAL PRODUCTS				1,146.70	0.00	0.00	1,146.70
Vendor#	Vendor Name				Class	Pay Code				
C1611	CITIZENS MEDICAL CENTER				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	20644		01/26/20	01/04/20	01/04/20		147.00	0.00	0.00	147.00
		SUPPLIES EDUCATION								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1611	CITIZENS MEDICAL CENTER				147.00	0.00	0.00	147.00
Vendor#	Vendor Name				Class	Pay Code				
10006	CUSTOM MEDICAL SPECIALTIES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	201966		01/14/20	01/04/20	02/03/20		81.14	0.00	0.00	81.14
		SUPPLIES XRAY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10006	CUSTOM MEDICAL SPECIALTIES				81.14	0.00	0.00	81.14
Vendor#	Vendor Name				Class	Pay Code				
C1443	CYGNUS MEDICAL LLC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	183786		01/14/20	01/04/20	02/03/20		263.00	0.00	0.00	263.00
		SUPPLIES SURGERY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1443	CYGNUS MEDICAL LLC				263.00	0.00	0.00	263.00
Vendor#	Vendor Name				Class	Pay Code				
11152	DEBRA MUSTERED									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	20633		01/25/20	01/15/20	01/15/20		29.16	0.00	0.00	29.16
		TRAVEL EXPENSE OB Mileage - Cardiac Class								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11152	DEBRA MUSTERED				29.16	0.00	0.00	29.16

Vendor#	Vendor Name				Class	Pay Code				
10368	DEWITT POTH & SON									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	460653-0		01/14/20	01/04/20	02/03/20		167.51	0.00	0.00	167.51
		SUPPLIES ER & SURGERY								
	460659-0		01/14/20	01/04/20	02/03/20		375.98	0.00	0.00	375.98
		CS INVENTORY								
	461046-0		01/14/20	01/06/20	02/05/20		6.68	0.00	0.00	6.68
		OFFICE SUPPLIES PT								
	461033-0		01/14/20	01/06/20	02/05/20		238.06	0.00	0.00	238.06
		CS INVENTORY								
	461084-0		01/14/20	01/06/20	02/05/20		142.14	0.00	0.00	142.14
		OFFICE SUPPLIES ADMIN								
	460727-0		01/18/20	01/04/20	02/03/20		229.17	0.00	0.00	229.17
		OFFICE SUPPLIES HIM								
	460588-0		01/18/20	01/04/20	02/03/20		25.11	0.00	0.00	25.11
		OFFICE SUPPLIES CLINIC								
	460770-0		01/18/20	01/05/20	02/04/20		50.07	0.00	0.00	50.07
		SUPPLIES CS								
	460801-0		01/18/20	01/05/20	02/04/20		551.86	0.00	0.00	551.86
		OFFICE SUPPLIES CLINIC								
	460757-0		01/18/20	01/05/20	02/04/20		11.64	0.00	0.00	11.64
		OFFICE SUPPLIES BUS OFFIC								
	461059-0		01/18/20	01/06/20	02/05/20		80.50	0.00	0.00	80.50
		OFFICE SUPPLIES CLINIC								
	461090-0		01/18/20	01/06/20	02/05/20		39.52	0.00	0.00	39.52
		OFFICE SUPPLIES SURGERY								
	461060-0		01/18/20	01/06/20	02/05/20		43.38	0.00	0.00	43.38
		SUPPLIES CS								
	461741-0		01/18/20	01/12/20	02/05/20		16.00	0.00	0.00	16.00
		OFFICE SUPPLIES CLINIC								
	447402-0		01/26/20	08/05/20	09/04/20		59.10	0.00	0.00	59.10
		SUPPLIES BEHAVE HEALTH								
	448262-0		01/26/20	08/13/20	09/12/20		60.76	0.00	0.00	60.76
		SUPPLIES BEHAVE HEALTH								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10368	DEWITT POTH & SON				2,097.48	0.00	0.00	2,097.48

Vendor#	Vendor Name				Class	Pay Code				
E1070	EDWARDS PLUMBING INC				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	56702		01/26/20	10/19/20	11/18/20		3,910.00	0.00	0.00	3,910.00
		OUTSIDE SRV MAINT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		E1070	EDWARDS PLUMBING INC				3,910.00	0.00	0.00	3,910.00

Vendor#	Vendor Name				Class	Pay Code				
T0383	ERIN CLEVENGER				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	20638		01/25/20	01/22/20	01/22/20		31.27	0.00	0.00	31.27 31.10
		TRAVEL EXPENSE QUAILTY A								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		T0383	ERIN CLEVENGER				31.27	0.00	0.00	31.27 31.10

Vendor#	Vendor Name	Class	Pay Code

F1100 FEDERAL EXPRESS CORP. W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
5-287-08476	FREIGHT EXPENSE LAB & ADI	01/25/20	01/14/20	01/29/20		25.63	0.00	0.00	25.63

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.	25.63	0.00	0.00	25.63

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
9989380	LAB SUPPLIES	01/19/20	12/30/20	02/02/20		200.29	0.00	0.00	200.29
0124486	LAB SUPPLIES	01/19/20	01/04/20	02/03/20		77.64	0.00	0.00	77.64
0124482	LAB SUPPLIES	01/19/20	01/04/20	02/03/20		1,846.74	0.00	0.00	1,846.74
0272907	LAB SUPPLIES	01/19/20	01/05/20	02/04/20		106.00	0.00	0.00	106.00
0272908	LAB SUPPLIES	01/19/20	01/05/20	02/04/20		21.15	0.00	0.00	21.15

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	2,251.82	0.00	0.00	2,251.82

Vendor# Vendor Name Class Pay Code

F1653 FORT BEND SERVICES, INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
0200305-IN	MAINT CONTR PLANT OPS	01/18/20	01/04/20	02/03/20		530.00	0.00	0.00	530.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1653	FORT BEND SERVICES, INC	530.00	0.00	0.00	530.00

Vendor# Vendor Name Class Pay Code

10901 GENESIS DIAGNOSTICS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
45375	LAB SUPPLIES	01/19/20	01/04/20	02/03/20		274.12	0.00	0.00	274.12

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10901	GENESIS DIAGNOSTICS	274.12	0.00	0.00	274.12

Vendor# Vendor Name Class Pay Code

G1001 GETINGE USA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
6008111	SUPPLIES CLINIC	01/14/20	01/04/20	02/03/20		104.04	0.00	0.00	104.04

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1001	GETINGE USA	104.04	0.00	0.00	104.04

Vendor# Vendor Name Class Pay Code

A1292 GULF COAST HARDWARE / ACE W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
98250	SUPPLIES CLINIC	01/18/20	01/04/20	02/03/20		9.98	0.00	0.00	9.98
98244	SUPPLIES CLINIC	01/18/20	01/04/20	02/03/20		9.99	0.00	0.00	9.99
98246	SUPPLIES CLINIC	01/18/20	01/04/20	02/03/20		65.87	0.00	0.00	65.87

	98251		01/18/20	01/04/20	02/03/20	19.98	0.00	0.00	19.98
		SUPPLIES CLINIC							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		A1292	GULF COAST HARDWARE / ACE			105.82	0.00	0.00	105.82
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
	1067846		01/14/20	01/05/20	02/04/20	350.46	0.00	0.00	350.46
		SUPPLIES HOUSEKEEPING							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		G1210	GULF COAST PAPER COMPANY			350.46	0.00	0.00	350.46
Vendor#	Vendor Name				Class	Pay Code			
I0415	INDEPENDENCE MEDICAL								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	38353469		01/14/20	01/04/20	02/03/20	65.28	0.00	0.00	65.28
		CS INVENTORY							
	38379807		01/14/20	01/05/20	02/04/20	26.58	0.00	0.00	26.58
		CS INVENTORY							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		I0415	INDEPENDENCE MEDICAL			91.86	0.00	0.00	91.86
Vendor#	Vendor Name				Class	Pay Code			
L1005	LAERDAL MEDICAL CORPORATION								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
Take out I Ø	2016/20000000123		01/14/20	01/04/20	02/03/20	114.42	0.00	0.00	114.42
		CS INVENTORY							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		L1005	LAERDAL MEDICAL CORPORATION			114.42	0.00	0.00	114.42
Vendor#	Vendor Name				Class	Pay Code			
M1950	MARTIN PRINTING CO				W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	68143		01/25/20	01/04/20	02/03/20	83.60	0.00	0.00	83.60
		SUPPLIES HOSPITALIST							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		M1950	MARTIN PRINTING CO			83.60	0.00	0.00	83.60
Vendor#	Vendor Name				Class	Pay Code			
M2320	MEDIBADGE				M				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	693187		01/18/20	01/04/20	02/03/20	104.95	0.00	0.00	104.95
		SUPPLIES CLINCI							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		M2320	MEDIBADGE			104.95	0.00	0.00	104.95
Vendor#	Vendor Name				Class	Pay Code			
10182	MERCEDES MEDICAL								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	1798296		01/19/20	01/05/20	02/04/20	609.00	0.00	0.00	609.00
		LAB SUPPLIES							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		10182	MERCEDES MEDICAL			609.00	0.00	0.00	609.00
Vendor#	Vendor Name				Class	Pay Code			
M2659	MERRY X-RAY/SOURCEONE HEALTHCA				M				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	30094176253		01/14/20	01/06/20	02/05/20	442.78	0.00	0.00	442.78

SUPPLIES MRI

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2659	MERRY X-RAY/SOURCEONE HEALTHCA	442.78	0.00	0.00	442.78

Vendor#	Vendor Name	Class	Pay Code
M2650	METLIFE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20639		01/25/20	02/01/20	02/01/20			258.52	0.00	0.00	258.52
	EMPLOYEE PERSONAL INS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2650	METLIFE	258.52	0.00	0.00	258.52

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
20642		01/25/20	01/20/20	01/20/20			233.77	0.00	0.00	233.77
	EMPLOYEE GIFT SHOP PURC									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP	233.77	0.00	0.00	233.77

Vendor#	Vendor Name	Class	Pay Code
10810	MMC EMPLOYEE BENEFIT PLAN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
JANUARY182016		01/25/20	01/18/20	01/18/20			24,353.05	0.00	0.00	24,353.05
	EMPLOYEE MEDICAL CLAIMS									
JANUARY25,2016		01/26/20	01/25/20	01/25/20			47,266.07	0.00	0.00	47,266.07
	EMPLOYEE MEDICAL CLAIMS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN	71,619.12	0.00	0.00	71,619.12

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
8377695		01/25/20	01/19/20	01/20/20			3,526.29	0.00	0.00	3,526.29
	PHARMACY DRUGS									
8377696		01/25/20	01/19/20	01/20/20			1,197.89	0.00	0.00	1,197.89
	PHARMACY DRUGS									
8377694		01/25/20	01/19/20	01/20/20			1,093.98	0.00	0.00	1,093.98
	PHARMACY DRUGS									
8377697		01/25/20	01/19/20	01/20/20			13.24	0.00	0.00	13.24
	PHARMACY DRUGS									
8382804		01/25/20	01/20/20	01/21/20			1,727.80	0.00	0.00	1,727.80
	PHARMACY DRUGS									
8382806		01/25/20	01/20/20	01/21/20			8.68	0.00	0.00	8.68
	PHARMACY DRUGS									
8382803		01/25/20	01/20/20	01/21/20			23.27	0.00	0.00	23.27
	PHARMACY DRUGS									
8382805		01/25/20	01/20/20	01/21/20			101.18	0.00	0.00	101.18
	PHARMACY DRUGS									
8386666		01/25/20	01/21/20	01/22/20			28.60	0.00	0.00	28.60
	PHARMACY DRUGS									
8386664		01/25/20	01/21/20	01/22/20			11.58	0.00	0.00	11.58
	PHARMACY DRUGS									
8386665		01/25/20	01/21/20	01/22/20			1,027.07	0.00	0.00	1,027.07
	PHARMACY DRUGS									

8386663	01/25/20	01/21/20	01/22/20	74.83	0.00	0.00	74.83	
PHARMACY DRUGS								
8391546	01/25/20	01/22/20	01/23/20	4,474.61	0.00	0.00	4,474.61	
PHARMACY DRUGS								
8391544	01/25/20	01/22/20	01/23/20	972.99	0.00	0.00	972.99	
PHARMACY DRUGS								
8391545	01/25/20	01/22/20	01/23/20	103.64	0.00	0.00	103.64	
PHARMACY DRUGS								
8400211	01/26/20	01/25/20	01/26/20	866.26	0.00	0.00	866.26	
PHARMACY DRUGS								
8400213	01/26/20	01/25/20	01/26/20	229.79	0.00	0.00	229.79	
PHARMACY DRUGS								
8400212	01/26/20	01/25/20	01/26/20	1,518.35	0.00	0.00	1,518.35	
PHARMACY DRUGS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	17,000.05	0.00	0.00	17,000.05

Vendor# 10868 Vendor Name: NOVA BIOMEDICAL Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
90208215		01/19/20	01/05/20	02/04/20			3,165.34	0.00	0.00	3,165.34
LAB SUPPLIES										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10868	NOVA BIOMEDICAL	3,165.34	0.00	0.00	3,165.34

Vendor# N1225 Vendor Name: NUTRITION OPTIONS Class: W Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20645		01/26/20	01/21/20	01/21/20			3,000.00	0.00	0.00	3,000.00
OUTSIDE SRV DIETITIAN Jan 2016										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	N1225	NUTRITION OPTIONS	3,000.00	0.00	0.00	3,000.00

Vendor# OM425 Vendor Name: OWENS & MINOR Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2013206311		01/14/20	01/05/20	02/04/20			17.80	0.00	0.00	17.80
SUPPLIES DIETARY										
2013211938		01/14/20	01/05/20	02/04/20			2,144.31	0.00	0.00	2,144.31
CS INVENTORY										
2013204720		01/14/20	01/05/20	02/04/20			21.36	0.00	0.00	21.36
SUPPLIES DIETARY										
2013210883		01/14/20	01/05/20	02/04/20			1,154.66	0.00	0.00	1,154.66
SUPPLIES VARIOUS DEPTS										
2013185231		01/25/20	01/04/20	02/03/20			2,704.36	0.00	0.00	2,704.36
EXAM LIGHT CLINIC										
2013205254		01/25/20	01/05/20	02/04/20			1,070.49	0.00	0.00	1,070.49
CLINIC EXPENSE										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR	7,112.98	0.00	0.00	7,112.98

Vendor# 10541 Vendor Name: PLATINUM CODE Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
043162		01/14/20	01/05/20	02/04/20			823.49	0.00	0.00	823.49
CS INVENTORY										

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10541	PLATINUM CODE				823.49	0.00	0.00	823.49

Vendor#	Vendor Name	Class	Pay Code
P1725	PREMIER SLEEP DISORDERS CENTER	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20640		01/25/20	01/04/20	02/03/20		5,675.00	0.00	0.00	5,675.00
	OUTSIDE SRV RES CARE								5100.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P1725	PREMIER SLEEP DISORDERS CENTER	5,675.00	0.00	0.00	5,675.00

Vendor#	Vendor Name	Class	Pay Code
10326	PRINCIPAL LIFE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20635		01/25/20	01/17/20	02/01/20		2,073.36	0.00	0.00	2,073.36
	EMPLOYEE PERSONAL INS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10326	PRINCIPAL LIFE	2,073.36	0.00	0.00	2,073.36

Vendor#	Vendor Name	Class	Pay Code
S1800	SHERWIN WILLIAMS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
4814-0		01/18/20	01/06/20	02/05/20		79.88	0.00	0.00	79.88
	SUPPLIES XRAY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S1800	SHERWIN WILLIAMS	79.88	0.00	0.00	79.88

Vendor#	Vendor Name	Class	Pay Code
S3960	STERICYCLE, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
4006048511		01/25/20	12/31/20	01/30/20		879.08	0.00	0.00	879.08
	OUTSIDE SRV HOUSEKEEPIN								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S3960	STERICYCLE, INC	879.08	0.00	0.00	879.08

Vendor#	Vendor Name	Class	Pay Code
10735	STRYKER SUSTAINABILITY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2643284		01/14/20	01/04/20	02/03/20		166.43	0.00	0.00	166.43
	SUPPLIES SURGERY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10735	STRYKER SUSTAINABILITY	166.43	0.00	0.00	166.43

Vendor#	Vendor Name	Class	Pay Code
11070	SUSAN SMALLEY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20634		01/25/20	01/15/20	01/15/20		29.16	0.00	0.00	29.16
	TRAVEL EXPENSE OB Cambiac C 1455								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11070	SUSAN SMALLEY	29.16	0.00	0.00	29.16

Vendor#	Vendor Name	Class	Pay Code
S2951	SYSCO FOOD SERVICES OF	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
512242348		01/26/20	12/24/20	01/13/20		425.12	0.00	0.00	425.12
	FOOD SUPPLIES DIETARY								
601071967		01/26/20	01/07/20	01/27/20		1,000.67	0.00	0.00	1,000.67
	FOOD SUPPLIES DIETARY								

601142540		01/26/20	01/14/20	02/03/20		602.37	0.00	0.00	602.37
FOOD SUPPLIES DIETARY									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	S2951	SYSCO FOOD SERVICES OF				2,028.16	0.00	0.00	2,028.16
Vendor#	Vendor Name				Class	Pay Code			
10611	TELE-PHYSICIANS, P.A. (TX)								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
TX0001301		01/25/20	12/31/20	01/30/20		1,200.00	0.00	0.00	1,200.00
PROF FEES ER									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10611	TELE-PHYSICIANS, P.A. (TX)				1,200.00	0.00	0.00	1,200.00
Vendor#	Vendor Name				Class	Pay Code			
11106	TELEVOX								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV001591412		01/25/20	12/31/20	01/30/20		301.32	0.00	0.00	301.32
OUTSIDE SRV CLINIC									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11106	TELEVOX				301.32	0.00	0.00	301.32
Vendor#	Vendor Name				Class	Pay Code			
11140	TEXAS ADVANTAGE COMMUNITY BANK								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20641		01/25/20	01/21/20	01/31/20		3,690.52	0.00	0.00	3,690.52
LEASE & RENTAL XRAY									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11140	TEXAS ADVANTAGE COMMUNITY BANK				3,690.52	0.00	0.00	3,690.52
Vendor#	Vendor Name				Class	Pay Code			
V1050	THE VICTORIA ADVOCATE				W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20636		01/25/20	01/10/20	02/05/20		24.80	0.00	0.00	24.80
DUES & SUBCRIPTIONS ADMI									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	V1050	THE VICTORIA ADVOCATE				24.80	0.00	0.00	24.80
Vendor#	Vendor Name				Class	Pay Code			
U1054	UNIFIRST HOLDINGS				W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8150716870		01/18/20	01/05/20	02/04/20		46.60	0.00	0.00	46.60
OUTSIDE SRV MAINT									
8150716969		01/18/20	01/05/20	02/04/20		28.50	0.00	0.00	28.50
OUTSIDE SRV BIO MED									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	U1054	UNIFIRST HOLDINGS				75.10	0.00	0.00	75.10
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
8400210839	2840210839	01/18/20	01/05/20	02/04/20		1,083.43	0.00	0.00	1,083.43
LAUNDRY HOUSEKEEPING									
8400210785		01/18/20	01/05/20	02/04/20		295.87	0.00	0.00	295.87
LAUNDRY HOUSEKEEPING									
8400210788		01/18/20	01/05/20	02/04/20		104.21	0.00	0.00	104.21
LAUNDRY OB									
8400210789		01/18/20	01/05/20	02/04/20		100.76	0.00	0.00	100.76
LAUNDRY HOUSEKEEPING									

8400210787		01/18/20	01/05/20	02/04/20		193.93	0.00	0.00	193.93
	LAUNDRY DIETARY								
8400210786		01/25/20	01/05/20	02/04/20		165.94	0.00	0.00	165.94
	LAUDNRY HOUSEKEEPING								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC				1,944.14	0.00	0.00	1,944.14
Vendor#	Vendor Name			Class	Pay Code				
U1350	UPS			W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	0000778941036		01/26/20	01/16/20	01/27/20		555.91	0.00	0.00	555.91
		FREIGHT EXPENSE VARIOUS								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	U1350	UPS					555.91	0.00	0.00	555.91
Vendor#	Vendor Name				Class	Pay Code				
10172	US FOOD SERVICE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	4614391		01/26/20	01/04/20	01/24/20		1,994.93	0.00	0.00	1,994.93
		FOOD SUPPLIES DIETARY								
	4681826		01/26/20	01/07/20	01/27/20		2,602.83	0.00	0.00	2,602.83
		FOOD SUPPLIES DIETARY								
	4741187		01/26/20	01/11/20	01/31/20		2,424.95	0.00	0.00	2,424.95
		FOOD SUPPLIES DIETARY								
	4806985		01/26/20	01/14/20	02/03/20		2,855.50	0.00	0.00	2,855.50
		FOOD SUPPLIES DIETARY								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10172	US FOOD SERVICE					9,878.21	0.00	0.00	9,878.21
Vendor#	Vendor Name				Class	Pay Code				
W1005	WALMART COMMUNITY				W					
Auth II	~~Invoice#~~	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	015810		01/25/20	12/15/20	02/05/20		5.97	0.00	0.00	5.97
		SUPPLIES CS								
	016678		01/25/20	12/16/20	02/05/20		683.88	0.00	0.00	683.88
		SUPPLIES CLINIC								
	017334		01/25/20	12/17/20	02/05/20		48.00	0.00	0.00	48.00
		SUPPLIES CLINIC								
	023439		01/25/20	12/23/20	02/05/20		14.88	0.00	0.00	14.88
		SUPPLIES IT								
	031419		01/25/20	12/31/20	02/05/20		22.28	0.00	0.00	22.28
		SUPPLIES LAB								
	005495		01/25/20	01/05/20	01/25/20		33.46	0.00	0.00	33.46
		SUPPLIES VARIOUS DEPTS								
	CREDIT		01/25/20	01/07/20	01/07/20		-14.91	0.00	0.00	-14.91
		LAB SUPPLIES CREDIT								
	007736		01/25/20	01/07/20	02/05/20		27.72	0.00	0.00	27.72
		SUPPLIES CLINIC								
	007953		01/25/20	01/07/20	02/05/20		87.41	0.00	0.00	87.41
		SUPPLIES LAB								
	011845		01/25/20	01/11/20	01/25/20		14.57	0.00	0.00	14.57
		SUPPLIES INVENTORY & XRA								
	012579		01/25/20	01/12/20	02/05/20		11.74	0.00	0.00	11.74
		SUPPLIES CLINIC								

030718 Supplies 12/30/15 → + 45.69

Credit Sales Tax 12/31/15 (this is double actual Sales Tax on 45.69 chg) → (3.62) (43.88)

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W1005	WALMART COMMUNITY ✓	935.00	0.00	0.00	935.00

977.07

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	179,759.54	0.00	0.00	179,759.54

Pg 4 Correction { <31.27> / +31.10

Pg 9 Correction { <5,675.00> / +5,100.00

Pg 11 Correction { <935.00> / +977.07

179,226.44

APPROVED ON

JAN 27 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS# 164752 to #164812

Michael J. Pfeifer
Calhoun County Judge
Date: 2-1-16

RUN DATE:01/28/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:13:58 CHECK REGISTER GLCKREG
01/28/16 THRU 01/28/16

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	164752	01/28/16	81.14	CUSTOM MEDICAL SPECIALTIES
A/P	164753	01/28/16	9,878.21	US FOOD SERVICE
A/P	164754	01/28/16	609.00	MERCEDES MEDICAL
A/P	164755	01/28/16	2,073.36	PRINCIPAL LIFE
A/P	164756	01/28/16	1,146.70	CENTURION MEDICAL PRODUCTS
A/P	164757	01/28/16	.00	VOIDED
A/P	164758	01/28/16	2,097.48	DEWITT POTH & SON
A/P	164759	01/28/16	.00	VOIDED
A/P	164760	01/28/16	17,000.05	MORRIS & DICKSON CO, LLC
A/P	164761	01/28/16	823.49	PLATINUM CODE
A/P	164762	01/28/16	1,200.00	TELE-PHYSICIANS, P.A. (TX)
A/P	164763	01/28/16	166.43	STRYKER SUSTAINABILITY
A/P	164764	01/28/16	71,619.12	MMC EMPLOYEE BENEFIT PLAN
A/P	164765	01/28/16	3,165.34	NOVA BIOMEDICAL
A/P	164766	01/28/16	274.12	GENESIS DIAGNOSTICS
A/P	164767	01/28/16	18,726.71	AESYNT, INC.
A/P	164768	01/28/16	1,840.24	AIRESPRING INC
A/P	164769	01/28/16	29.16	SUSAN SMALLEY
A/P	164770	01/28/16	301.32	TELEVOX
A/P	164771	01/28/16	3,690.52	TEXAS ADVANTAGE COMMUNITY BANK
A/P	164772	01/28/16	29.16	DEBRA MUSTERED
A/P	164773	01/28/16	105.82	GULF COAST HARDWARE / ACE
A/P	164774	01/28/16	1,254.68	AMERISOURCEBERGEN DRUG CORP
A/P	164775	01/28/16	832.89	AIRGAS-SOUTHWEST
A/P	164776	01/28/16	45.02	CAREFUSION
A/P	164777	01/28/16	3,000.23	BAXTER HEALTHCARE CORP
A/P	164778	01/28/16	6,026.00	BECKMAN COULTER INC
A/P	164779	01/28/16	219.18	BAYMEDICAL PRODUCTS
A/P	164780	01/28/16	386.95	BOSART LOCK & KEY INC
A/P	164781	01/28/16	209.00	BOSTON SCIENTIFIC CORPORATION
A/P	164782	01/28/16	669.00	BENTLEY & SMART
A/P	164783	01/28/16	635.35	CABLE ONE
A/P	164784	01/28/16	263.00	CYGNUS MEDICAL LLC
A/P	164785	01/28/16	147.00	CITIZENS MEDICAL CENTER
A/P	164786	01/28/16	124.70	COW GOVERNMENT, INC.
A/P	164787	01/28/16	3,910.00	EDWARDS PLUMBING INC
A/P	164788	01/28/16	25.63	FEDERAL EXPRESS CORP.
A/P	164789	01/28/16	2,251.82	FISHER HEALTHCARE
A/P	164790	01/28/16	530.00	FORT BEND SERVICES, INC
A/P	164791	01/28/16	104.04	GETINGE USA
A/P	164792	01/28/16	350.46	GULF COAST PAPER COMPANY
A/P	164793	01/28/16	91.86	INDEPENDENCE MEDICAL
A/P	164794	01/28/16	114.42	LAERDAL MEDICAL CORPORATION
A/P	164795	01/28/16	83.60	MARTIN PRINTING CO
A/P	164796	01/28/16	104.95	MEDIBADGE
A/P	164797	01/28/16	246.00	BAYER HEALTHCARE
A/P	164798	01/28/16	233.77	MMC AUXILIARY GIFT SHOP
A/P	164799	01/28/16	258.52	METLIFE
A/P	164800	01/28/16	442.78	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	164801	01/28/16	3,000.00	NUTRITION OPTIONS

BANK--CHECK----				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	164802	01/28/16	7,112.98	OWENS & MINOR
A/P	164803	01/28/16	5,100.00	PREMIER SLEEP DISORDERS CENTER
A/P	164804	01/28/16	79.88	SHERWIN WILLIAMS
A/P	164805	01/28/16	2,028.16	SYSCO FOOD SERVICES OF
A/P	164806	01/28/16	879.08	STERICYCLE, INC
A/P	164807	01/28/16	31.10	ERIN CLEVENGER
A/P	164808	01/28/16	75.10	UNIFIRST HOLDINGS
A/P	164809	01/28/16	1,944.14	UNIFIRST HOLDINGS INC
A/P	164810	01/28/16	555.91	UPS
A/P	164811	01/28/16	24.80	THE VICTORIA ADVOCATE
A/P	164812	01/28/16	977.07	WALMART COMMUNITY
TOTALS:			179,226.44	

RUN DATE:01/29/16 MEMORIAL MEDICAL CENTER CRT#019 PAGE 1
TIME:09:24 EDIT LIST FOR BATCH 019 4816 TRANSACTION SEQUENCE GLEDIT

SEQ.	ACCOUNT NUMBER	A.H.A. NUMBER	TRANS DATE	JOURNAL	AMOUNT	SUB-LED	REFERENCE	MEMO	G.L. ACCOUNT DESCRIPTION
1	20000000		01/29/16	PJ	47,182.84CR	10810	january2820MMC	EMPLOYEE BENEFIT PL	INV DT=01/28/16 DUE=012816
2	60320000		01/29/16	PJ	47,182.84	10810	january2820MMC	EMPLOYEE BENEFIT PL	EMPL EXP HOSP INSURN-OTHER
	80320000					21620		564	

- - - - - - - - - -R E C A P- - - - - - - - - -

JOURNAL	YRMO	COUNT	DEBIT	CREDIT		
PJ	1601	2	47,182.84	47,182.84		
	TOTAL	2	47,182.84	47,182.84	A/P TOTAL	47,182.84

ACCOUNT TOTAL RECAP ON NEXT PAGE

Medical Insurance

APPROVED ON

JAN 2 9 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#164813

Michael J. Pfeifer
Calhoun County Judge
Date 2-1-16

RUN DATE:01/29/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:09:30 CHECK REGISTER GLCKREG
01/29/16 THRU 01/29/16

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	164813	01/29/16	47,182.84	MMC EMPLOYEE BENEFIT PLAN
TOTALS:			47,182.84	

PH

TOLL FEE PHONE NUMBER: 1-800-555-3453

(EFTPS TUTORIAL SYSTEM: 1-800-572-8683)

		ENTER:	
☑	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"		
☑	"ENTER YOUR 4-DIGIT PIN"	###	
☑	"MAKE A PAYMENT, PRESS 1"		1
☑	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★	941 #
☑	"IF FEDERAL TAX DEPOSIT ENTER 1"		1
☑	"ENTER 2-DIGIT TAX FILING YEAR"	★	15
☑	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★	12

1ST QTR - 03 (MARCH) - Jan, Feb, Mar
2ND QTR - 06 (JUNE) - Apr, May, June
3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept
4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec

☑	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	$ 96,172.86 #
	"1 TO CONFIRM"		1
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"		$ 45,525.98 #
	"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 10,647.20 #
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 39,999.68 #
		CHECK	$ -
☑	"6-DIGIT SETTLEMENT DATE"	★	1/6/2016
	"1 TO CONFIRM"		1

☐ ACKNOWLEDGEMENT NUMBER	10517329

CALLED IN BY:	Catherine
CALLED IN DATE:	1/5/2016
CALLED IN TIME:	8:39AM

TOLL FEE PHONE NUMBER: 1-800-555-3453

(EFTPS TUTORIAL SYSTEM: 1-800-572-8683)

		MEMORIAL MED CTR ENTER:	
☑	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"		
☑	"ENTER YOUR 4-DIGIT PIN"		
☑	"MAKE A PAYMENT, PRESS 1"	1	
☑	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★ 941	#
☑	"IF FEDERAL TAX DEPOSIT ENTER 1"	1	
☑	"ENTER 2-DIGIT TAX FILING YEAR"	★ 16	
☑	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★ 03	
	1ST QTR - 03 (MARCH) - Jan, Feb, Mar		
	2ND QTR - 06 (JUNE) - Apr, May, June		
	3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept		
	4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec		
☑	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★ $ 102,554.24	#
	"1 TO CONFIRM"	1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	$ 47,667.38	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"	$ 11,148.02	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	$ 43,738.84	#
	CHECK	$ -	
☑	"6-DIGIT SETTLEMENT DATE"	★ ~~1/7/2015~~	1/20/16
	"1 TO CONFIRM"	1	
☑	ACKNOWLEDGEMENT NUMBER	D2736725	

CALLED IN BY:	CKeCBy	
CALLED IN DATE:	~~1/6/2015~~	01/19/16
CALLED IN TIME:	11:45 am	

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED *3/18/2014*

ENTER VOID CKS AS NEGATIVE NUMBERS

		VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: BEGIN	12/25/15					
PAY PERIOD: END	01/07/16					
PAY DATE:	01/14/16					
GROSS PAY:	$ 397,396.15					$ 397,396.15
DEDUCTIONS:						
A/R	$ 960.41					$ 960.41
BOOTS	$ -					$ -
CAFÉ-C	$ 584.13					$ 584.13
CAFÉ-D	$ 877.87					$ 877.87
CAFÉ-H	$ 8,911.37					$ 8,911.37
CAFÉ-I	$ 168.49					$ 168.49
CAFÉ-L	$ 344.40					$ 344.40
CAFÉ-P	$ 378.60					$ 378.60
CANCER	$ 28.50					$ 28.50
CLINIC	$ 90.00					$ 90.00
COMBIN	$ 1,313.99					$ 1,313.99
CREDUN	$ 25.00					$ 25.00
DENTAL	$ 271.25					$ 271.25
DEP-LF	$ 501.87					$ 501.87
EAT	$ 20.00					$ 20.00
FED TAX	$ 43,738.84					$ 43,738.84
FICA-M	$ 5,574.11					$ 5,574.11
FICA-O	$ 23,833.75					$ 23,833.75
FLEX S	$ 1,716.95					$ 1,716.95
FLX-FE	$ 67.00					$ 67.00
GIFT S	$ 349.26					$ 349.26
GRP-IN	$ 129.26					$ 129.26
GTL	$ -					$ -
HOSP-I	$ 2,215.00					$ 2,215.00
MISC	$ -					$ -
OTHER	$ 1,386.89					$ 1,386.89
PHI	$ -					$ -
PR FIN	$ 473.33					$ 473.33
REPAY	$ -					$ -
STONE	$ 957.50					$ 957.50
STONE 2	$ 75.00					$ 75.00
STUDEN	$ 300.26					$ 300.26
TSA-R	$ 27,817.77					$ 27,817.77
UW/HOS	$ -					$ -
TOTAL DEDUCTIONS:	$ 123,110.80	$ -	$ -	$ -	$ -	$ 123,110.80
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$ 274,285.35	$ -	$ -	$ -	$ -	$ 274,285.35
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFÉ 125 PLAN:	$ 12,981.81	Less Exempt:				
TAXABLE PAY:	$ 384,414.34	$ 384,414.34				Exempt Amt:

1/12/16

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 5,574.01		
FICA - MED (EE)	1.45%	$ 5,574.01	$ 5,574.11	$ (0.10)
FICA - SOC SEC (ER)	6.20%	$ 23,833.69		
FICA - SOC SEC (EE)	6.20%	$ 23,833.69	$ 23,833.75	$ (0.06)
FED WITHHOLDING		$ 43,738.84	$ 43,738.84	
TAX DEPOSIT:		$ 102,554.24	$ 102,554.56	$ (0.32)

FICA - MEDICARE	2.90%	$ 11,148.02
FICA - SOCIAL SECURITY	12.40%	$ 47,667.38
FED WITHHOLDING		$ 43,738.84
TOTAL TAX:		$ 102,554.24

Employees over FICA-SS Cap: $ -

Jason Anglin

Diane

Paycode S - Employee Relmb.:

Roshanda S. Gray

TOTAL: $ -

PREPARED BY: Clarri Atkinson

PREPARED DATE: 1/19/2016

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	7970.25	N		N	N		155358.40
1	REGULAR PAY-S1	955.25	N		N	N	N	35871.54
1	REGULAR PAY-S1	414.25	N		N	Y		12302.59
1	REGULAR PAY-S1	80.25	Y		N	N		2263.63
2	REGULAR PAY-S2	2170.25	N		N	N		48198.61
2	REGULAR PAY-S2	403.00	N		N	Y		13704.67
2	REGULAR PAY-S2	71.00	Y		N	N		2491.74
3	REGULAR PAY-S3	1288.75	N		N	N		34142.93
3	REGULAR PAY-S3	330.25	N		N	Y		12737.73
3	REGULAR PAY-S3	73.25	Y		N	N		2897.71
C	CALL PAY	2901.00	N	1	N	N		5802.00
D	DOUBLE TIME	30.00	N		N	N		2010.94
E	EXTRA WAGES		N		N	N	N	5688.50
E	EXTRA WAGES		N	1	N	N		65.00
E	EXTRA WAGES		N	1	N	N	N	1252.00
K	EXTENDED-ILLNESS-BANK	132.00	N		N	N	N	3040.32
K	EXTENDED-ILLNESS-BANK	124.00	N	1	N	N		3177.72
P	PAID-TIME-OFF	56.00	N		N	N	N	2812.36
P	PAID-TIME-OFF	2423.32	N	1	N	N		51349.92
X	CALL PAY 2	64.00	N		N	N	N	128.00
X	CALL PAY 2	64.00	N	1	N	N		128.00
Z	CALL PAY 3	144.00	N		N	N	N	432.00
p	PAID TIME OFF - PROBATION	60.00	N	1	N	N		1104.84
t	PHONE & DATA		N		N	N	N	435.00

Deductions Summary

Code	Amount	Code	Amount	Code	Amount
A/R	960.41	AWARDS		BOOTS	
CAFE H		CAFE-C	584.13	CAFE-D	877.87
CAFE-F		CAFE-H	8911.37	CAFE-I	168.49
CAFE-L	344.40	CAFE-P	378.60	CANCER	28.50
CLINIC	90.00	COMBIN	1313.99	CREDUN	25.00
DENTAL	271.25	DEP-LF	501.87	EAT	20.00
FEDTAX	43738.84	FICA-M	5574.11	FICA-O	23833.75
FLEX S	1716.95	FLX FE	67.00	FORT D	
FUTA		GIFT S	349.26	GRANT	
GRP-IN	129.26	GTL		HOSP-I	2215.00
ID TFT		LEAF		MISC	
MISC/		OTHER	1386.89	PHI	
PHI***		PR FIN	473.33	RELAY	
REPAY		SIGNON		ST-TX	
STONE	957.50	STONE2	75.00	STUDEN	300.26
TSA-1		TSA-2		TSA-C	
TSA-P		TSA-R	27817.77	TUTION	
UW/HOS					

Grand Totals: 19754.82 ------- (Gross: 397396.15 Deductions: 123110.80 Net: 274285.35)

Checks Count:- FT 195 PT 10 Other 34 Female 206 Male 33 Credit OverAmt 27 ZeroNet Term Total: 239

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

		ENTER VOID CKS AS NEGATIVE NUMBERS				
		VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: BEGIN	01/08/16					
PAY PERIOD: END	01/21/16					
PAY DATE:	01/28/16					
GROSS PAY:	$ 381,123.09					$ 381,123.09
DEDUCTIONS:						
A/R	$ 991.75					$ 991.75
BOOTS	$ -					$ -
CAFÉ-C	$ 584.13					$ 584.13
CAFÉ-D	$ 1,178.97					$ 1,178.97
CAFÉ-H	$ 11,519.27					$ 11,519.27
CAFÉ-I	$ 168.49					$ 168.49
CAFÉ-L	$ 344.40					$ 344.40
CAFÉ-P	$ 378.60					$ 378.60
CANCER	$ 28.50					$ 28.50
CLINIC	$ 100.00					$ 100.00
COMBIN	$ 1,313.99					$ 1,313.99
CREDUN	$ 25.00					$ 25.00
DENTAL	$ 265.00					$ 265.00
DEP-LF	$ 501.87					$ 501.87
EAT	$ 15.00					$ 15.00
FED TAX	$ 41,035.89					$ 41,035.89
FICA-M	$ 5,296.54					$ 5,296.54
FICA-O	$ 22,647.57					$ 22,647.57
FLEX S	$ 1,666.95					$ 1,666.95
FLX-FE	$ 64.50					$ 64.50
GIFT S	$ 229.59					$ 229.59
GRP-IN	$ 129.26					$ 129.26
GTL	$ -					$ -
HOSP-I	$ 2,190.00					$ 2,190.00
MISC	$ -					$ -
OTHER	$ 1,429.81					$ 1,429.81
PHI	$ -					$ -
PR FIN	$ 473.33					$ 473.33
REPAY	$ -					$ -
STONE	$ 957.50					$ 957.50
STONE 2	$ 75.00					$ 75.00
STUDEN	$ 269.03					$ 269.03
TSA-R	$ 26,678.66					$ 26,678.66
UW/HOS	$ -					$ -
TOTAL DEDUCTIONS:	$ 120,558.60	$ -	$ -	$ -	$ -	$ 120,558.60
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$ 260,564.49	$ -	$ -	$ -	$ -	$ 260,564.49 1/26/16
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFÉ 125 PLAN:	$ 15,840.81	Less Exempt:				
TAXABLE PAY:	$ 365,282.28	$ 365,282.28				Exempt Amt:

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 5,296.59		
FICA - MED (EE)	1.45%	$ 5,296.59	$ 5,296.54	$ 0.05
FICA - SOC SEC (ER)	6.20%	$ 22,647.50		
FICA - SOC SEC (EE)	6.20%	$ 22,647.50	$ 22,647.57	$ (0.07)
FED WITHHOLDING		$ 41,035.89	$ 41,035.89	
TAX DEPOSIT:		$ 96,924.07	$ 96,924.11	$ (0.04)

FICA - MEDICARE	2.90%	$ 10,593.18
FICA - SOCIAL SECURITY	12.40%	$ 45,295.00
FED WITHHOLDING		$ 41,035.89
TOTAL TAX:		$ 96,924.07

Employees over FICA-SS Cap:	$ -
Jason Anglin	
Diane	
Paycode S - Employee Relmb.:	
Roshanda S. Gray	
TOTAL:	$ -

PREPARED BY: Clarri Atkinson

PREPARED DATE: 2/2/2016

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	9646.25	N		N	N		192795.56
1	REGULAR PAY-S1	1172.25	N		N	N	N	44822.00
1	REGULAR PAY-S1	224.00	Y		N	N		6454.86
1	REGULAR PAY-S1	2.00	Y		N	N	N	93.87
2	REGULAR PAY-S2	2635.75	N		N	N		58514.19
2	REGULAR PAY-S2	45.75	Y		N	N		1552.29
3	REGULAR PAY-S3	1680.00	N		N	N		43862.31
3	REGULAR PAY-S3	42.50	Y		N	N		1624.01
C	CALL PAY	276.00	N		N	N	N	552.00
C	CALL PAY	2427.75	N	1	N	N		4855.50
E	EXTRA WAGES		N		N	N	N	61.50
E	EXTRA WAGES		N	1	N	N		61.25
E	EXTRA WAGES		N	1	N	N	N	559.00
F	FUNERAL LEAVE	69.00	N	1	N	N		1513.26
I	INSERVICE	87.25	N	1	N	N		2620.92
I	INSERVICE	37.75	Y	1	N	N		1623.88
K	EXTENDED-ILLNESS-BANK	72.00	N		N	N	N	889.92
K	EXTENDED-ILLNESS-BANK	246.00	N	1	N	N		4609.84
M	MEAL REIMBURSEMENT		N		N	N	N	107.00
P	PAID-TIME-OFF	114.22	N		N	N	N	1160.28
P	PAID-TIME-OFF	552.00	N	1	N	N		12056.65
X	CALL PAY 2	144.00	N		N	N	N	288.00
X	CALL PAY 2	16.00	N	1	N	N		32.00
Z	CALL PAY 3	48.00	N		N	N	N	144.00
Z	CALL PAY 3	48.00	N	1	N	N		144.00
t	PHONE & DATA		N		N	N	N	125.00

Deductions Summary

Code	Amount	Code	Amount	Code	Amount
A/R	991.75	AWARDS		BOOTS	
CAFE H		CAFE-C	584.13	CAFE-D	1178.97
CAFE-F		CAFE-H	11519.27	CAFE-I	168.49
CAFE-L	344.40	CAFE-P	378.60	CANCER	28.50
CLINIC	100.00	COMBIN	1313.99	CREDUN	25.00
DENTAL	265.00	DEP-LF	501.87	EAT	15.00
FEDTAX	41035.89	FICA-M	5296.54	FICA-O	22647.57
FLEX S	1666.95	FLX FE	64.50	FORT D	
FUTA		GIFT S	229.59	GRANT	
GRP-IN	129.26	GTL		HOSP-I	2190.00
ID TFT		LEAF		MISC	
MISC/		OTHER	1429.81	PHI	
PHI***		PR FIN	473.33	RELAY	
REPAY		SIGNON		ST-TX	
STONE	957.50	STONE2	75.00	STUDEN	269.03
TSA-1		TSA-2		TSA-C	
TSA-P		TSA-R	26678.66	TUTION	
UW/HOS					

Grand Totals: 19586.47 ------- (Gross: 381123.09 Deductions: 120558.60 Net: 260564.49)

Checks Count:- FT 192 PT 10 Other 37 Female 209 Male 30 Credit OverAmt 23 ZeroNet Term Total: 239

MEMORIAL MEDICAL CENTER

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- FEBRUARY 2016

Monthly Electronic Transfers for Operating Expenses

1/4/2016	IBC Merch Bank Interchng	- Credit Card Processing Fee	3.28	
1/4/2016	IBC Merch Bank Discount	- Credit Card Processing Fee	10.86	
	IBC Merch Bank Fee	- Credit Card Processing Fee	14.38	
	IBC Merch Bank Fee	- Credit Card Processing Fee	46.24	
	IBC Merch Bank Fee	- Credit Card Processing Fee	60.81	
	IBC Merch Bank Fee	- Credit Card Processing Fee	65.69	
	IBC Merch Bank Interchng	- Credit Card Processing Fee	73.24	
	IBC Merch Bank Interchng	- Credit Card Processing Fee	108.92	
	IBC Merch Bank Discount	- Credit Card Processing Fee	137.53	
	IBC Merch Bank Interchng	- Credit Card Processing Fee	150.03	
	IBC Merch Bank Fee	- Credit Card Processing Fee	180.63	
	IBC Merch Bank Discount	- Credit Card Processing Fee	263.71	
	IBC Merch Bank Discount	- Credit Card Processing Fee	378.96	
	IBC Merch Bank Discount	- Credit Card Processing Fee	894.51	
	IBC Merch Bank Interchng	- Credit Card Processing Fee	929.79	
	IBC Merch Bank Discount	- Credit Card Processing Fee	19.95	
	IBC Merch Bank Fee	- Credit Card Processing Fee	29.95	
	FDGL Lease Payment	- Credit Card Machine Lease Expense	59.25	
	FDGL Lease Payment	- Credit Card Machine Lease Expense	59.25	
	FDGL Lease Payment	- Credit Card Machine Lease Expense	86.30	1/4/16
	Mckesson Drug Auto ACH	- 340B Drug Program Expense	~~370.69~~	1,993.52
	Mckesson Drug Auto ACH	- 340B Drug Program Expense	~~1,622.83~~	
	State Comptrlr Texnet	- IGT DY4 DSRIP ROUND 2 1/5/16	1,493,132.66	
	Vivonet Acquisit Payment	- Credit Card Machine Lease Expense	99.00	
	IRS USATAXPYMT	- Payroll Taxes 1/6/16	96,172.86	
	FDGL Lease Payment	- Credit Card Machine Lease Expense	52.43	
	FDGL Lease Payment	- Credit Card Machine Lease Expense	30.17	
	Mckesson Drug Auto ACH	- 340B Drug Program Expense	~~255.15~~	1/11/16
	Mckesson Drug Auto ACH	- 340B Drug Program Expense	~~351.56~~	1,266.96
	Mckesson Drug Auto ACH	- 340B Drug Program Expense	~~660.25~~	
	ACS SLS Expertpay	- Child Support	362.31	
	Webfile Tax Portal	- Sales Tax	1,273.51	1/12/16
	Memorial Medical Payroll	- Payroll 1/12/16	273,572.14	71321 CK
	Texas County DRS	- Retirement Funding 1/15/16	167,983.18	
	Telecheck	- Credit Card Processing Fee	5.00	1/18/16
	Mckesson Drug Auto ACH	- 340B Drug Program Expense	~~149.38~~	1442.72
	Mckesson Drug Auto ACH	- 340B Drug Program Expense	~~1,293.34~~	
	IRS USATAXPYMT	- Payroll Taxes 1/20/16	102,554.24	
	Mckesson Drug Auto ACH	- 340B Drug Program Expense	~~94.81~~	1/25/16
	Mckesson Drug Auto ACH	- 340B Drug Program Expense	~~306.09~~	812.84
	Mckesson Drug Auto ACH	- 340B Drug Program Expense	~~411.94~~	
	Cardmember Service	- IBC Credit Card Invoice	~~3,148.10~~	
	ACS SLS Expertpay	- Child Support	362.31	
	Memorial Medical Payroll	- Payroll 1/26/16	260,564.49	
		APPROVED ON	$ 2,408,401.72	

Note: Each month all electronic debit activity should be included on this form. Have CEO or CFO sign and then return the signed form to the County Auditors.

FEB 19 2016

BY

CALHOUN COUNTY AUDITOR

A:\2016\Electronic Transfer Activity.xlsx

IBC

BANK

International Bank of Commerce
311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER

8/NE/131/019/1552
MEMORIAL MEDICAL CENTER OPERATING
COUNTY OF CALHOUN
201 W AUSTIN STREET
PORT LAVACA TX 77979

STATEMENT 384

CUSTOMER NO.	PAGE NO.
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01/01/2016 to 01/31/2016
STATEMENT PERIOD

For 24 hour information about your account, please call IBC Voice at number given. Please examine and report any discrepancies within 14 days from your statement date by calling (361) 552-9771.

Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
2,750,646.70	322	2,887,913.69	362	3,426,346.35	2,212,214.04

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
01/04		57,276.22	01/12		1,173.23	01/20		270.33
01/04		177.73	01/12		61.80	01/21		25,582.68
01/05		9,483.40	01/13		35,247.32	01/21		273.20
01/05		429.00	01/13		1,040.42	01/21		87.50
01/05		319.72	01/13		50.00	01/22		26,554.01
01/06		25,654.15	01/13		44.33	01/22		2,048.69
01/06		140.00	01/14		19,810.83	01/25		43,886.88
01/06		105.00	01/14		1,032.78	01/25		360.00
01/07		12,585.39	01/14		39.54	01/25		14.45
01/07		723.81	01/15		17,702.75	01/26		3,320.87
01/07		159.20	01/15		436.80	01/26		343.53
01/08		15,658.61	01/15		220.00	01/26		275.00
01/08		3,237.49	01/15		50.00	01/26		20.00
01/08		25.00	01/19		39,167.59	01/26		19.10
01/08		10.00	01/19		9,974.39	01/27		2,286.16
01/08		9.10	01/19		4,257.79	01/27		578.72
01/11		45,273.01	01/19		1,295.99	01/27		155.00
01/11		568.20	01/19		123.20	01/28		17,567.50
01/11		92.10	01/19		119.16	01/28		215.60
01/11		60.00	01/19		87.34	01/29		40,860.52
01/11		25.00	01/19		35.00	01/29		372.00
01/12		9,972.01	01/20		2,963.47	01/29		77.06

Checks (Debits)

Date	Check #	Amount	Date	Check #	Amount	Date	Check #	Amount
01/04		165.67	01/04 *	164387	11,896.89	01/04	164408	6,334.83
01/12	1111	0.60	01/05	164388	26,823.00	01/06	164409	635.35
01/12 *	1111	0.40	01/05	164389	2,073.36	01/07	164410	712.45
01/15 *	61784	713.21	01/19	164390	148.36	01/06	164411	9.06
01/08 *	163787	720.00	01/06	164391	12,111.32	01/05	164412	11,931.19
01/07 *	164166	3,750.00	01/05	164392	1,050.58	01/11	164413	300.00
01/21 *	164234	290.24	01/05	164393	45.00	01/05	164414	318.40
01/04 *	164259	425.00	01/06	164394	6,145.37	01/07	164415	38,450.40
01/08	164260	210.00	01/07	164395	301.00	01/04	164416	520.37
01/04 *	164282	258.72	01/07 *	164397	1,550.00	01/05	164417	258.52
01/04 *	164303	1,460.61	01/07 *	164399	900.84	01/05	164418	5,430.00
01/04 *	164311	38.72	01/06	164400	820.50	01/06	164419	2,418.44
01/04 *	164351	176.23	01/04	164401	97.60	01/04	164420	9,318.00
01/04 *	164360	70.21	01/05	164402	756.64	01/05	164421	1,000.00
01/04 *	164364	208.92	01/07	164403	303.08	01/07	164422	321.94
01/07 *	164366	3,000.00	01/04	164404	6,655.11	01/06	164423	24.80
01/04 *	164370	811.60	01/05	164405	3,690.52	01/06	164424	355.46
01/28 *	164373	300.00	01/21	164406	14.49	01/08	164425	11,309.25
01/04 *	164376	947.39	01/07	164407	650.00	01/11	164426	360.00

IBC

BANK

International Bank of Commerce
311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER

8/NE/131/019/1560
MEMORIAL MEDICAL CENTER OPERATING
COUNTY OF CALHOUN
201 W AUSTIN STREET
PORT LAVACA TX 77979

STATEMENT 384

CUSTOMER NO.	PAGE NO.
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01/01/2016 to 01/31/2016
STATEMENT PERIOD

For 24 hour information about your account, please call IBC Voice at number given. Please examine and report any discrepancies within 14 days from your statement date by calling (361) 552-9771.

Debits

01/04	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160912889	3.28
01/04	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160912889	10.86
01/04	Electronic Payment	IBC MERCH BNKCD FEE 971160912889	14.38
01/04	Electronic Payment	IBC MERCH BNKCD FEE 971160914885	46.24
01/04	Electronic Payment	IBC MERCH BNKCD FEE 971160911881	60.81
01/04	Electronic Payment	IBC MERCH BNKCD FEE 971160910883	65.69
01/04	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160914885	73.24
01/04	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160913887	108.92
01/04	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160914885	137.53
01/04	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160911881	150.03
01/04	Electronic Payment	IBC MERCH BNKCD FEE 971160913887	180.63
01/04	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160913887	263.71
01/04	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160911881	378.96
01/04	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160910883	894.51
01/04	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160910883	929.79
01/05	Electronic Payment	IBC MERCH BNKCD DISCOUNT 674200009993	19.95
01/05	Electronic Payment	IBC MERCH BNKCD FEE 674200009993	29.95
01/05	Electronic Payment	FDGL LEASE PYMT	59.25
01/05	Electronic Payment	FDGL LEASE PYMT	59.25
01/05	Electronic Payment	FDGL LEASE PYMT	86.30
01/05	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02701275	370.69
01/05	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02701369	1,622.83
01/05	Electronic Payment	STATE COMPTRLR TEXNET 22756109/60104	1,493,132.66
01/06	Electronic Payment	VIVONET ACQUISIT PAYMENT 508574	99.00
01/06	Electronic Payment	IRS USATAXPYMT 220640610517329	96,172.86
01/07	Electronic Payment	FDGL LEASE PYMT	52.43
01/11	Electronic Payment	FDGL LEASE PYMT	30.17
01/12	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02709774	255.15
01/12	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02709795	351.56
01/12	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02709667	660.25
01/14	Electronic Payment	ACS SLS EXPERTPAY xxxxx3411	362.31
01/14	Electronic Payment	WEBFILE TAX PYMT DD 902/22843621	1,273.51
01/14	Electronic Payment	MEMORIAL MEDICAL PAYROLL	273,572.14
01/15	Electronic Payment	TEXAS COUNTY DRS RECEIVABLE 419	167,983.18
01/19	Electronic Payment	Telecheck INV012016D xxxxx9736	5.00
01/20	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02713851	149.38
01/20	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02714023	1,293.34
01/20	Electronic Payment	IRS USATAXPYMT 220642002736725	102,554.24
01/26	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02721822	94.81
01/26	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02721834	306.09
01/26	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02721755	411.94
01/26	Electronic Payment	CARDMEMBER SERV ELECT PYMT	3,148.10
01/28	Electronic Payment	ACS SLS EXPERTPAY xxxxx3411	362.31
01/28	Electronic Payment	MEMORIAL MEDICAL PAYROLL	260,564.49

Daily Ending Balance

01/04	2,809,188.73	01/06	1,261,778.19	01/08	1,202,808.05
01/05	1,308,630.06	01/07	1,210,196.67	01/11	1,227,317.10

IBC

BANK

International Bank of Commerce
311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER

8/NE/131/019/1461
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH ASHFORD
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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CUSTOMER NO.	PAGE NO.
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01/01/2016 to 01/31/2016
STATEMENT PERIOD

For 24 hour information about your account, please call IBC Voice at number given. Please examine and report any discrepancies within 14 days from your statement date by calling (361) 552-9771.

Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
11,867.56	33	1,035,243.57	4	853,988.86	193,122.27

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
01/04		124,524.89	01/15		26,009.40	01/29		53,573.50
01/07		191,919.60	01/22		75,661.66			

Electronic Activity

	Credits		
01/04	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	1,450.19
01/04	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	135.76
01/06	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	93,300.58
01/06	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	204.16
01/07	Incoming Wire	0261 CANTEX HEALTH CARE CENTERS LLC	289,324.51
01/08	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	10,423.09
01/08	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	1,599.11
01/08	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	1,477.30
01/08	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113005	0.29
01/11	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113005	10,460.24
01/11	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	3,383.22
01/11	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	1,587.40
01/12	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	17.16
01/13	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	18.41
01/15	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113005	800.00
01/22	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113005	9,924.33
01/26	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	19,087.59
01/26	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	6,788.48
01/26	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	6,232.88
01/27	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	87,137.51
01/27	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113005	2,362.06
01/27	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	297.23
01/28	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	10,008.03
01/28	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113005	2,274.50
01/28	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	2,192.80
01/28	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	1,847.99
01/29	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	1,102.80
01/29	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113005	116.90
	Debits		
01/05	Outgoing Wire	0001 ASHFORD HEALTH CARE CENTER LTD 12/28 - 12/29/15	11,767.56
01/13	Outgoing Wire	0008 ASHFORD HEALTH CARE CENTER LTD	729,790.34
01/20	Outgoing Wire	0092 ASHFORD HEALTH CARE CENTER LTD	26,844.97
01/26	Outgoing Wire	0021 ASHFORD HEALTH CARE CENTER LTD	85,585.99

1/26 - 1/29/16
O/S 193,022.27

IBC

BANK

International Bank of Commerce
311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER

8/NE/131/019/1465
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NB BROADMOOR
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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01/01/2016 to 01/31/2016
STATEMENT PERIOD

For 24 hour information about your account, please call IBC Voice at number given. Please examine and report any discrepancies within 14 days from your statement date by calling (361) 552-9771.

Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
422,281.65	21	1,301,747.71	4	1,353,565.07	370,464.29

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
01/04		66,405.35	01/15		60,544.32	01/29		8,101.91
01/07		38,876.56	01/22		20,108.80			

Electronic Activity

	Credits		
01/04	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	2,523.05
01/05	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	276.04
01/06	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	1,104.30
01/07	Incoming Wire	0262 CANTEX HEALTH CARE CENTERS III	737,257.13
01/15	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	1,635.40
01/22	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113004	2,053.80
01/22	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	414.06
01/22	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	184.61
01/25	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113004	11,110.66
01/26	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	299,445.37
01/26	Electronic Deposit	Molina HC of TX Molina HC PN1669860433	1,410.97
01/26	Electronic Deposit	Molina HC of TX Molina HC PN1669860433	1,197.61
01/27	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	40,914.06
01/27	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	3.09
01/28	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	8,157.24
01/29	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113004	23.38
	Debits		
01/05	Outgoing Wire	0004 CANTEX HEALTH CARE CENTERS III	422,181.65
01/13	Outgoing Wire	0011 CANTEX HEALTH CARE CENTERS III	846,442.43
01/20	Outgoing Wire	0095 CANTEX HEALTH CARE CENTERS III	62,179.72
01/26	Outgoing Wire	0026 CANTEX HEALTH CARE CENTERS III	22,761.27

1/25 - 1/29/16
D/S 370,364.29

12/28 - 12/31/15
1/4 - 1/7/16

Daily Ending Balance

01/04	491,210.05	01/15	62,279.72	01/26	313,264.61
01/05	69,304.44	01/20	100.00	01/27	354,181.76
01/06	70,408.74	01/22	22,861.27	01/28	362,339.00
01/07	846,542.43	01/25	33,971.93	01/29	370,464.29
01/13	100.00				

IBC BANK
International Bank of Commerce
311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER

8/NE/131/019/1464
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH CRESCENT
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
22,063.45	23	1,016,660.27	4	814,917.93	223,805.79

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
01/04		52,225.28	01/15		35,591.56	01/29		36,297.32
01/07		55,266.80	01/22		32,161.40			

Electronic Activity

Credits

01/04	Electronic Deposit	Molina HC of TX Molina HC PN1669860425	735.78
01/06	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	861.85
01/07	Incoming Wire	0260 CANTEX HEALTH CARE CENTERS III	557,843.60
01/11	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16010715400107	6,074.01
01/11	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113008	2,201.54
01/12	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16010810500163	2,162.66
01/14	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16011211800137	3,300.44
01/14	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16011216200082	1,804.47
01/14	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16011215500065	497.03
01/19	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113008	12,643.28
01/20	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16011513100052	12,127.50
01/22	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16012013800661	13,741.41
01/22	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113008	3,715.87
01/25	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16012119300068	2,273.22
01/26	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16012212100218	2,778.58
01/27	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	163,674.55
01/28	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	15,532.12
01/29	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16012716400147	3,150.00

1/25 - 1/29/16
O/S 223,705.79

Debits

01/05	Outgoing Wire	0003 CANTEX HEALTH CARE CENTERS III	21,963.45
01/13	Outgoing Wire	0010 CANTEX HEALTH CARE CENTERS III	675,208.86
01/20	Outgoing Wire	0094 CANTEX HEALTH CARE CENTERS III	43,356.16
01/26	Outgoing Wire	0025 CANTEX HEALTH CARE CENTERS III	74,389.46

12/28 - 12/31/15

Daily Ending Balance

01/04	75,024.51	01/13	2,262.66	01/25	76,762.68
01/05	53,061.06	01/14	7,864.60	01/26	5,151.80
01/06	53,922.91	01/15	43,456.16	01/27	168,826.35
01/07	667,033.31	01/19	56,099.44	01/28	184,358.47
01/11	675,308.86	01/20	24,870.78	01/29	223,805.79
01/12	677,471.52	01/22	74,489.46		

IBC BANK
International Bank of Commerce
311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER

8/NE/131/019/1466
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH FORT BEND
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
22,517.32	24	203,004.09	4	155,803.67	69,717.74

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
01/04		10,548.65	01/15		9,062.06	01/29		9,683.98
01/07		495.61	01/22		6,089.90			

Electronic Activity

	Credits		
01/05	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16010110600005	2,546.58
01/06	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113006	13,791.43
01/07	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16010511200010	13,991.59
01/07	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663	1,202.71
01/11	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	13,642.74
01/11	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16010715400108	3,148.73
01/13	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113006	3,726.50
01/14	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	9,864.55
01/14	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16011211800138	705.18
01/20	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113006	4,409.17
01/21	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	31,025.03
01/21	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113006	315.00
01/22	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16012013800662	7,900.01
01/22	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113006	920.91
01/25	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663	16,747.14
01/26	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	4,050.50
01/27	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663	29,059.95
01/28	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663	9,948.06
01/29	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113006	128.11
	Debits		
01/05	Outgoing Wire	0005 CANTEX HEALTH CARE CENTERS III	22,417.32
01/13	Outgoing Wire	0012 CANTEX HEALTH CARE CENTERS III	59,368.04
01/20	Outgoing Wire	0096 CANTEX HEALTH CARE CENTERS III	23,358.29
01/26	Outgoing Wire	0028 CANTEX HEALTH CARE CENTERS III	50,660.02

1/25 - 1/29/16
D/S 69,617.74

12/28 - 12/31/15

Daily Ending Balance

01/04	33,065.97	01/14	14,396.23	01/25	67,507.16
01/05	13,195.23	01/15	23,458.29	01/26	20,897.64
01/06	26,986.66	01/20	4,509.17	01/27	49,957.59
01/07	42,676.57	01/21	35,849.20	01/28	59,905.65
01/11	59,468.04	01/22	50,760.02	01/29	69,717.74
01/13	3,826.50				

IBC

BANK

International Bank of Commerce
311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER

8/NE/131/019/1463
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH SOLERA
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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For 24 hour information about your account, please call IBC Voice at number given. Please examine and report any discrepancies within 14 days from your statement date by calling (361) 552-9771.

Regular Checking — Account Recap — Account Number [redacted]

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
120,481.83	27	534,143.53	4	344,000.43	310,624.93

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
01/04		59,384.02	01/15		31,014.20	01/29		27,098.59
01/07		35,505.64	01/22		17,717.31			

Electronic Activity

Credits

01/06	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	1,418.57
01/08	Electronic Deposit	Molina HC of TX Molina HC PN1669860433	1,031.83
01/08	Electronic Deposit	Molina HC of TX Molina HC PN1669860433	704.74
01/08	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	362.38
01/11	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113007	1,524.10
01/11	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16010715400112	1,084.50
01/11	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	567.06
01/12	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	1,538.24
01/14	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113007	14,332.50
01/14	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16011216200085	5,636.62
01/14	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16011211800141	2,025.20
01/19	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113007	9,591.22
01/20	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16011514600051	5,169.30
01/20	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113007	3,456.00
01/22	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16012013800666	20,536.60
01/22	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113007	11,018.57
01/25	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16012119300072	6,196.30
01/25	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16012110300007	3,196.53
01/26	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	225,373.75
01/26	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16012314200389	517.53
01/27	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	40,477.64
01/28	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	7,664.59

1/25 - 1/29/16
D/S 310,524.93

Debits

01/05	Outgoing Wire	0002 CANTEX HEALTH CARE CENTERS LLC	120,381.83
01/13	Outgoing Wire	0009 CANTEX HEALTH CARE CENTERS LLC	101,582.84
01/20	Outgoing Wire	0093 CANTEX HEALTH CARE CENTERS LLC	54,546.76
01/26	Outgoing Wire	0024 CANTEX HEALTH CARE CENTERS LLC	67,489.00

12/28 - 12/31/15

Daily Ending Balance

01/04	179,865.85	01/12	103,221.08	01/22	67,589.00
01/05	59,484.02	01/13	1,638.24	01/25	76,981.83
01/06	60,902.59	01/14	23,632.56	01/26	235,384.11
01/07	96,408.23	01/15	54,646.76	01/27	275,861.75
01/08	98,507.18	01/19	64,237.98	01/28	283,526.34
01/11	101,682.84	01/20	18,316.52	01/29	310,624.93

BANK

International Bank of Commerce
311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER

8/NE/131/019/1396
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
PRIVATE WAIVER CLEARING FUND
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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01/01/2016 to 01/31/2016
STATEMENT PERIOD

For 24 hour information about your account, please call IBC Voice at number given. Your officer is Derek J. Schmidt.
Please examine and report any discrepancies within 14 days from your statement date by calling (361) 552-9771.

Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
25,069.79	0	0.00	0	0.00	25,069.79

BANK

International Bank of Commerce
311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER

8/NE/131/019/1431
MEMORIAL MEDICAL CENTER CONSTRUCTION COU
CLINIC SERIES 2014
202 S ANN STE A
PORT LAVACA TX 77979

STATEMENT

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STATEMENT PERIOD

For 24 hour information about your account, please call IBC Voice at number given. Please examine and report any discrepancies within 14 days from your statement date by calling (361) 552-9771.

Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
797,148.26	0	0.00	0	0.00	797,148.26

IBC

BANK

International Bank of Commerce
311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER

8/NE/131/019/1562

COUNTY OF CALHOUN TEXAS
INDIGENT HEALTHCARE
202 S Ann St Ste A
Port Lavaca TX 77979

STATEMENT

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01/01/2016 to 01/31/2016
STATEMENT PERIOD

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Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
6,893.26	1	21,384.24	15	21,795.87	6,481.63

Deposits (Credits)

Date	Deposit#	Amount
01/29		21,384.24

Checks (Debits)

Date	Check #	Amount	Date	Check #	Amount	Date	Check #	Amount
01/04	11761	186.81	01/13	11777	204.32	01/29	11784	22.14
01/13 *	11773	3.47	01/13	11778	470.54	01/12	11785	330.17
01/12	11774	112.89	01/15	11779	161.71	01/20	11786	597.81
01/15	11775	753.09	01/12 *	11782	546.73	01/29 *	11792	3,664.67
01/27	11776	364.60	01/12	11783	151.63	01/29	11793	14,225.29

* Indicates a skip in check number sequence

Daily Ending Balance

01/04	6,706.45	01/15	3,971.90	01/27	3,009.49
01/12	5,565.03	01/20	3,374.09	01/29	6,481.63
01/13	4,886.70				