MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ----- June 23, 2016

PAYABLES AND PAYROLL

5/2/2016	McKesson Drugs	$ 1,884.08
5/3/2016	Payroll	262,541.80
5/3/2016	Payroll by checks	594.89
5/4/2016	Weekly Payables	213,115.56
5/6/2016	Payroll by checks	1,191.78
5/9/2016	Weekly Payables	7,696.67
5/9/2016	McKesson Drugs	2,987.08
5/10/2016	Payroll Liabilities	97,009.81
5/11/2016	Weekly Payables	281,390.46
5/11/2016	Patient Refunds	8,915.39
5/12/2016	Weekly Payables	29,978.87
5/16/2016	TDCRS	115,856.32
5/16/2016	McKesson Drugs	2,772.95
5/17/2016	Payroll	276,023.38
5/17/2016	Payroll by checks	887.69
5/17/2016	Return of Insurance Payment Made in Error	3,283.43
5/17/2016	Credit Card Invoice	8,587.36
5/18/2016	Payroll Liabilities	105,384.64
5/19/2016	Weekly Payables	149,049.36
5/19/2016	Weekly Payables	57.20
5/22/2016	McKesson Drugs	2,648.17
5/26/2016	Credit Card Invoice	4,164.66
5/26/2016	Weekly Payables	251,189.39
5/26/2016	Patient Refunds	433.00
5/31/2016	McKesson Drugs	2,763.55
4/30/2016	Monthly Electronic Transfers for Payroll Expenses(not incl above)	1,112.53
4/30/2016	Monthly Electronic Transfers for Operating Expenses	7,205.89

Total Payables and Payroll **$ 1,838,725.91**

INTER-GOVERNMENT TRANSFERS

Inter-Government Transfers for May 2016 -

Total Inter-Government Transfers **$ -**

INTRA-ACCOUNT TRANSFERS

Total Intra-Account Transfers **$ -**

SUBTOTAL MEMORIAL MEDICAL CENTER DISBURSEMENTS **$ 1,838,725.91**

INDIGENT HEALTHCARE FUND EXPENSES **$ 21,543.29**

NURSING HOME UPL EXPENSES FOR May 2016 **$ 4,290,904.96**

IGT May 2016 MPAP NH Program **$ 1,199,544.75**

MMC Construction **$ -**

GRAND TOTAL DISBURSEMENTS APPROVED June 23, 2016 **$ 7,350,718.91**

APPROVED
JUN 23 2016
CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- June 23, 2016

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

Adu Sports Medicine Clinic (Ayo Adu MD)	87.86
Clinical Pathology Labs	39.11
Community Pathology Associates	8.82
William J. Crowley D.O.	360.26
Refund from HEB Pharmacy - Credit on Bill	309.87
MMCenter (In-patient $ / Out-patient $9,783.44 / ER $980.92)	10,764.36
Memorial Medical Clinic	1,471.62
Port Lavaca Clinic	479.92
Radiology Unlimited PA	331.73
Regional Employee Assistance	170.19
SUBTOTAL	**14,023.74**
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)	7,779.55
Co-pays adjustments	**(260.00)**
TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES	**21,543.29**
Co-pays collected and applied for May 2016	**360.00**
MMCenter applied $10.00	
MMClinic applied $90.00	

800 06232016 01 CALHOUN COUNTY, TEXAS

DATE: 6/23/2016

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			$21,543.29
	approved by Commissioners Court on 06/23/2016			
1000-001-46010	May Interest $0.00			$0.00
				$21,543.29

COUNTY AUDITOR APPROVAL ONLY

APPROVED ON JUN 16 2016 BY CT 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: Michael J. Reed 6/23/16

DEPARTMENT HEAD DATE

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ----June 23, 2016

Nursing Home UPL

	Weekly Cantex Transfer		ACH Deposits	ACH Transfers
IN	**OUT**			
4/11/16-4/29/16	5/11/2016	Ashford-4553	447,526.15	$ 750,048.35
5/13/16-5/12/16	5/9/2016	Ashford-4553	30,927.87	30,927.87
5/18/16-5/20/16	5/24/2016	Ashford-4553	76,923.87	76,923.87
5/23/16-5/26/16		Ashford-4553	480,518.06	
5/02/16-5/06/16	5/09/16-5/11/16	Broadmoor-4596	205,132.82	$ 293,706.12
5/10/16-5/13/16	5/16/2016	Broadmoor-4596	37,254.74	37,254.74
5/18/16-5/20/16	5/24/2016	Broadmoor-4596	302,524.84	302,524.84
5/23/16-5/27/16		Broadmoor-4596	133,769.39	
5/02/16-5/05/16	5/09/16-5/11/16	Crescent-4588	179,646.10	$ 343,768.87
5/10/16-5/13/16	5/16/2016	Crescent-4588	61,324.35	61,234.35
5/19/16-5/20/16	5/24/2016	Crescent-4588	618,579.87	618,579.87
5/18/2016 MPAP		Crescent-4588	23,923.22	
5/23/16-5/31/16		Crescent-4588	156,778.07	
5/02/16-05/06/16	5/09/16-5/11/16	Fort Bend-4618	190,255.28	$ 337,305.08
5/09/16-5/12/16	5/16/2016	Fort Bend-4618	33,591.10	33,591.10
5/19/16-5/20/16	5/24/2016	Fort Bend-4618	54,946.97	54,946.97
5/18/2016		Fort Bend-4618	14,000.43	
5/23/16-5/26/16		Fort Bend-4618	154,035.23	
5/02/16-5/06/16	5/09/16-5/11/16	Solera-4561	325,238.05	$ 481,175.11
5/09/16-5/13/16	5/16/2016	Solera-4561	53,096.99	53,096.99
5/16/16-5/20/16	5/24/2016	Solera-4561	815,820.83	815,820.83
5/18/16 MPAP		Solera-4561	40,489.72	
5/23/16-5/31/16		Solera-4561	262,435.91	
	SUBTOTAL		4,251,213.71	4,290,904.96

Check Transfers Included to the above

5/2/2016	Broadmoor's portion NH MPAP Sept/Oct 2015 pmt from Ashford Account	14,580.01
5/2/2016	Solera's portion NH MPAP Sept/Oct 2015 payment from Ashford Account	123,493.65
5/2/2016	Fort Bend's portion NH MPAP Sept/Oct 2015 pmt from Ashford Account	142,337.73
5/2/2016	Crescent's portion NH MPAP Sept/Oct 2015 pmt from Ashford Account	22,110.81
5/9/2016	Memorial Medical Center portion NH MPAP Sept/Oct 2015 pmt from Ashford Acc	662,689.72
	Total	965,211.92

			ACH Transfers
	IGT May 2016 MPAP NHP		1,199,544.75
SUBTOTAL		**$ -**	**$ 1,199,544.75**

TOTAL APPROVED NURSING HOME WEEKLY CANTEX TRANSFERS	**5,490,449.71**

Issued 06/15/16

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 06/01/2016 through 06/01/2016
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	4,773.26	907.73
01-1	Injections	171.16	51.13
02	Prescription Drugs	277.83	277.83
05	Lab/x-ray	308.40	39.11
08	Rural Health Clinics	2,591.72	1,951.54
14	Mmc - Hospital Outpatient	28,619.41	9,783.44
15	Mmc - Er Bills	2,972.48	980.92
	Expenditures	39,936.61	14,214.05
	Reimb/Adjustments	-222.35	-222.35
	Grand Total	**39,714.26**	**13,991.70**

Copays Copays collected $360.00 MMC $10 & MMClinic $90	<-260.00>
Rx Processing Fee	32.04
Expenses	7779.55
Total	21,543.29

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

Recorded ARM 6/9/16
Reviewed JP 6/9/16

Acct #	JE #	Description	Check #	Debit Amount	Credit Amount
10255000		Indigent Healthcare		6,676.45	
40450074		Reimbursement - Calhoun Cty			5,916.61
40015074		Benefits - FICA			362.26
40025074		Benefits - FUTA			8.79
40040074		Benefits - Retirement			409.12
60320000		Benefits - Insurance			1,064.99
40220074		Supplies - General		1,103.10	
40225074		Supplies - Office			17.78
40230074		Forms			-
40610074		Continuing Education			-
40510074		Outside Services			-
40215074		Freight			-
40600074		Miscellaneous			-
			TOTALS	7,779.55	7,779.55

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

REVERSING: YES _____ NO _____ JE # 051638

Cristy Tuazon

From: Adam Machicek <AMachicek@mmcportlavaca.com>
Sent: Thursday, June 09, 2016 2:22 PM
To: Janie Becerra; Cristina Tuazon
Subject: Indigent Entry
Attachments: Indigent - May 2016.pdf

From: Jerry Pickett
Sent: Thursday, June 09, 2016 2:20 PM
To: Adam Machicek <AMachicek@mmcportlavaca.com>
Subject: Re: Indigent Entry - For Approval

Approved

Jerry Pickett

On Jun 9, 2016, at 2:18 PM, Adam Machicek <AMachicek@mmcportlavaca.com<mailto:AMachicek@mmcportlavaca.com>> wrote:
For approval and I'll forward it to the County and Janie.

Thanks,
Adam Machicek
Memorial Medical Center
81S N. Virginia St.
Port Lavaca, TX 77979
Office: (361) 552-0342

<Indigent - May 2016.pdf>

Indigent Healthcare Program
Incurred by MMC
MAY 2016

Indigent H'care Coordinator Salary	# 40000074	12-May	$ 3,071.18	
	# 40000074	26-May	2,576.55	
	# 40000074		-	
	# 40050074		51.19	
	# 40050074		44.65	
	(# 40010074)		173.04	
				5,916.61
Benefits:	#40040074			**409.12**
FICA	# 40015074	12-May	182.87	
	# 40015074	26-May	179.39	
	# 40015074		-	
				362.26
FUTA	# 40025074	12-May	4.44	
	# 40025074	26-May	4.35	
	# 40025075		-	
				8.79
Insurance ***Other Benefits (18 %)***	# 63200000			**1,064.99**
General Supplies	# 40220074			**(1,103.10)**
Office Supplies	# 40225074			**17.78**
Forms	#40230074			-
Continuing Education	#40610074			-
Outside Services	#40510074			-
Freight	#40215074			-
Travel	#40600074			-

RUN DATE: 06/09/16
TIME: 14:01

MEMORIAL MEDICAL CENTER
GL DETAIL REPORT - COST CENTER SEQUENCE
FOR: 05/01/16 - 05/31/16

6,696.78

ACCT NUMBER & DESC	DATE	MEMO	REFERENCE	JOURNAL	CS#/BAT/SEQ	ACTIVITY	BALANCE
40000074 SALARIES REG PROD -CALHOUN C						5,743.57	
40000074 SALARIES REG PROD -CALHO		BEGINNING BALANCE AS OF: 05/01/16					17,666.67
	05/01/16	REVERSE ACCRUAL		PR	19 5045 416	-440.86	
	05/12/16	PAY-P.04/29/16 05/12/16 May		PR	19 5083 48	3,071.18 -	
	05/26/16	PAY-P.05/13/16 05/26/16 June		PR	19 5116 49	2,576.55 -	
	05/31/16	Accrual--Days= 5		PR	19 5116 422	920.20	
		05/31 ACTIVITY/END BALANCE				6,127.07	23,793.74
40005074 SALARIES OVERTIME -CALHO		BEGINNING BALANCE AS OF: 05/01/16					327.80
	05/01/16	REVERSE ACCRUAL		PR	19 5045 470	-19.06	
	05/12/16	PAY-P.04/29/16 05/12/16		PR	19 5083 76	51.19 -	
	05/26/16	PAY-P.05/13/16 05/26/16		PR	19 5116 77	44.65 -	
	05/31/16	Accrual--Days= 5		PR	19 5116 478	15.95	
		05/31 ACTIVITY/END BALANCE				92.73	420.53
						173.04	
40010074 SALARIES PTO/EIB -CALHO		BEGINNING BALANCE AS OF: 05/01/16					3,199.36
	05/12/16	Auto PR Bene Accrual Re		PR	19 5044 87	-1,042.85	
	05/12/16	Auto PR Bene Accrual		PR	19 5082 85	1,047.32	
	05/12/16	PAY-P.04/29/16 05/12/16		PR	19 5083 101	115.36 -	
	05/26/16	Auto PR Bene Accrual Re		PR	19 5082 87	-1,047.32	
	05/26/16	Auto PR Bene Accrual		PR	19 5115 85	1,109.47	
	05/26/16	PAY-P.05/13/16 05/26/16		PR	19 5116 101	57.68 -	
	05/31/16	Accrual--Days= 5		PR	19 5116 526	20.60	
		05/31 ACTIVITY/END BALANCE				260.26	3,459.62
40015074 FICA -CALHO		BEGINNING BALANCE AS OF: 05/01/16					-16.24
	05/01/16	REVERSE ACCRUAL		PR	19 5045 710	-21.90	
	05/01/16	REVERSE ACCRUAL		PR	19 5045 772	-5.12	
	05/12/16	PAY-P.04/29/16 05/12/16		PR	19 5083 382	34.66 > -	
	05/12/16	PAY-P.04/29/16 05/12/16		PR	19 5083 414	148.21	
	05/26/16	PAY-P.05/13/16 05/26/16		PR	19 5116 575	34.00 > -	
	05/26/16	PAY-P.05/13/16 05/26/16		PR	19 5116 608	145.39	
	05/31/16	Accrual--Days= 5		PR	19 5116 728	51.95	
	05/31/16	Accrual--Days= 5		PR	19 5116 794	12.15	
		05/31 ACTIVITY/END BALANCE				399.34	383.10
40025074 FUT -CALHO		BEGINNING BALANCE AS OF: 05/01/16					.64
	05/01/16	REVERSE ACCRUAL		PR	19 5045 838	-.64	
	05/12/16	PAY-P.04/29/16 05/12/16		PR	19 5083 446	4.44 -	
	05/26/16	PAY-P.05/13/16 05/26/16		PR	19 5116 641	4.35 -	
	05/31/16	Accrual--Days= 5		PR	19 5116 864	1.55	
		05/31 ACTIVITY/END BALANCE				9.70	10.34
40040074 RETIREMENT -CALHO		BEGINNING BALANCE AS OF: 05/01/16					-21.24
	05/01/16	REVERSE ACCRUAL		PR	19 5045 898	-30.28	

ACCT NUMBER & DESC	DATE	MEMO	REFERENCE	JOURNAL	CS#/BAT/SEQ	ACTIVITY	BALANCE
40040074 RETIREMENT		-CALHOUN C					
	05/12/16	PAY-P 04/29/16 05/12/16		PR	19 5083 478	205.36	
	05/26/16	PAY-P 05/13/16 05/26/16		PR	19 5116 674	203.76	
	05/31/16	Accrual--Days= 5		PR	19 5116 928	72.75	
		05/31 ACTIVITY/END BALANCE				451.59	430.35
40220074 SUPPLIES GENERAL	-CALHO	BEGINNING BALANCE AS OF: 05/01/16					.00
	05/03/16	WALMART COMMUNITY	F701MBZS98	PJ	19 5043 47	1.97	
	05/17/16	DEWITT POTH & SON	472493-0	PJ	19 5080 25	6.57	
	05/20/16	CDW GOVERNMENT, INC.	CMCVB4705	PJ	19 5087 2	-1,530.90	
	05/20/16	CDW GOVERNMENT, INC.	CVB4705-0	PJ	19 5088 2	419.26	
		05/31 ACTIVITY/END BALANCE				-1,103.10	-1,103.10
40225074 OFFICE SUPPLIES	-CALHO	BEGINNING BALANCE AS OF: 05/01/16					.00
	05/31/16	AUTO-TRAN/EXP.REPORT	000000	MM	25 745 49	17.78	
		05/31 ACTIVITY/END BALANCE				17.78	17.78
40450074 REIMBURSEMENT		BEGINNING AND ENDING BALANCE:					-20,773.77
		COST CENTER TOTAL:				6,255.37	

ENDING BALANCE GRAND TOTAL: 6,638.59

GRAND TOTAL ACTIVITY: 6,255.37

Calhoun County Indigent Care Patient Caseload

	Approved	Denied	Removed	Active	Pending
January	4	5	3	58	6
February	7	2	8	57	7
March	2	3	5	51	9
April	5	2	14	46	8
May	4	3	3	47	3
June					
July					
August					
September					
October					
November					
December					
YTD	22	15	33	259	33
Monthly Avg	4	3	7	52	7
December 2015 Active		57			

G/L NUMBER	DATE	RECEIPT NUMBER	PAY TYPE	PAYER	CASH AMOUNT	RECEIPT AMOUNT	NUMBER	NAME	DISC DATE	COLL INIT	GL CODE	CASH ACCOUNT
50200.000	05/31/16	433584	IN	CHRISTUS HEALTH PLA	5144.85-	5144.85-			00/00/00	FAG		2
50200.000	05/31/16	433590	IN	CHRISTUS HEALTH PLA	2164.56-	2164.56-			00/00/00	FAG		2
50200.000	05/31/16	433655	IN	AETNA U S HEALTHCAR	6900.89-	6900.89-			00/00/00	FAG		2
50200.000	05/31/16	433667	IN	AETNA TRS CARE	4862.57-	4862.57-			00/00/00	FAG		2
50200.000	05/02/16	431172	IN	TEXAS ASSOCIATION O	10624.79-	10624.79-			00/00/00	MRP		2
50200.000	05/02/16	431193	IN	UNITED HEALTHCARE	.00	.00			00/00/00	MRP		2
50200.000	05/02/16	431204	IN	SUPERIOR CHIPS O/P	1369.66-	1369.66-			00/00/00	MRP		2
50200.000	05/02/16	431223	IN	HUMANA	5302.11-	5302.11-			00/00/00	MRP		2
50200.000	05/10/16	431891	IN	AETNA TRS CARE	47.94-	47.94-			00/00/00	MRP		2
50200.000	05/12/16	432149	IN	UNITED HEALTHCARE	3003.43-	3003.43-			00/00/00	MRP		2
50200.000	05/13/16	432231	IN	TRICARE	3109.04-	3109.04-			00/00/00	MRP		2
50200.000	05/13/16	432236	IN	CHRISTUS HEALTH PLA	11138.85-	11138.85-			00/00/00	MRP		2
50200.000	05/13/16	432253	IN	CIGNA	146.25-	146.25-			00/00/00	MRP		2
50200.000	05/18/16	432559	IN	DSHS HSR 8/SA COMMU	348.04-	348.04-			00/00/00	MRP		2
50200.000	05/20/16	432724	IN	TRICARE	1400.82-	1400.82-			00/00/00	MRP		2
50200.000	05/20/16	432738	IN	UMR	917.91-	917.91-			00/00/00	MRP		2
50200.000	05/31/16	433735	IN	TEXAS REHABILITATIO	4512.80-	4512.80-			00/00/00	MRP		2
50200.000	05/31/16	433882	IN	AETNA TRS CARE	1845.21-	1845.21-			00/00/00	MRP		2
50200.000	05/27/16	433519	IN	AETNA	157.28-	157.28-			00/00/00	THS		2
50200.000	05/27/16	433520	IN	AETNA	382.90-	382.90-			00/00/00	THS		2
TOTAL 50200.000 COMMERCIAL INS. -ADJ						-372873.44						
50240.000	05/03/16	431243	CA		10.00	10.00			00/00/00	BAE		2
50240.000	05/03/16	431315	CA		10.00	10.00			00/00/00	JC		2
50240.000	05/17/16	432404	CK		10.00	10.00			00/00/00	JC		2
50240.000	05/20/16	432688	CA		10.00	10.00			00/00/00	JC		2
50240.000	05/20/16	432689	CA		10.00-	10.00-			00/00/00	JC		2
50240.000	05/05/16	431532	CA		10.00	10.00			00/00/00	LMV		2
50240.000	05/12/16	432068	MC		10.00	10.00			00/00/00	LMV		2
50240.000	05/13/16	432132	CA		10.00	10.00			00/00/00	LMV		2
50240.000	05/25/16	432994	CA		10.00	10.00			00/00/00	LMV		2
50240.000	05/23/16	432753	CA		10.00	10.00			00/00/00	MRP		2
50240.000	05/04/16	431370	CA		10.00	10.00			00/00/00	PLB		2
50240.000	05/04/16	431406	CA		10.00	10.00			00/00/00	PLB		2
50240.000	05/04/16	431407	CA		10.00	10.00			00/00/00	PLB		2
50240.000	05/05/16	431490	MC		10.00	10.00			00/00/00	PLB		2
50240.000	05/09/16	431633	CA		10.00	10.00			00/00/00	PLB		2
50240.000	05/10/16	431832	CA		10.00	10.00			00/00/00	PLB		2
50240.000	05/10/16	431870	CA		10.00	10.00			00/00/00	PLB		2
50240.000	05/10/16	431871	CA		10.00	10.00			00/00/00	PLB		2
50240.000	05/12/16	432062	CA		10.00	10.00			00/00/00	PLB		2
50240.000	05/13/16	432113	VI		10.00	10.00			00/00/00	PLB		2
50240.000	05/16/16	432198	CA		10.00	10.00			00/00/00	PLB		2
50240.000	05/16/16	432220	CA		10.00	10.00			00/00/00	PLB		2
50240.000	05/16/16	432234	CK		10.00	10.00			00/00/00	PLB		2
50240.000	05/16/16	432255	CA		10.00	10.00			00/00/00	PLB		2
50240.000	05/16/16	432310	CA		10.00	10.00			00/00/00	PLB		2
50240.000	05/18/16	432412	CA		10.00	10.00			00/00/00	PLB		2
50240.000	05/18/16	432432	CA		10.00	10.00			00/00/00	PLB		2
50240.000	05/18/16	432433	VI		10.00	10.00			00/00/00	PLB		2
50240.000	05/23/16	432817	CA		10.00	10.00			00/00/00	PLB		2
50240.000	05/24/16	433012	CA		10.00	10.00			00/00/00	PLB		2
50240.000	05/24/16	433031	CK		10.00	10.00			00/00/00	PLB		2

MM Center 10-
MM Clinic 90-
100-

G/L NUMBER	DATE	RECEIPT NUMBER	PAY TYPE	PAYER	CASH AMOUNT	RECEIPT AMOUNT	NUMBER	NAME	DISC DATE	COLL INIT	GL CODE	CASH ACCOUNT
50240.000	05/24/16	433032	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	05/25/16	433078	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	05/31/16	433432	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	05/31/16	433509	CK	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	05/02/16	431108	MC	[redacted]	10.00	10.00			00/00/00	TJC		2
50240.000	05/03/16	431286	MC	[redacted]	10.00	10.00			00/00/00	TJC		2
50240.000	05/20/16	432687	CA	[redacted]	10.00	10.00			00/00/00	TJC		2
TOTAL 50240.000 COUNTY INDIGENT COPAYS						360.00	−100 = 260 −					
50420.000	05/06/16	431571	CK	[redacted]	500.00	500.00			00/00/00	PLB		2
TOTAL 50420.000 GIVING TREE DONATION-OTHER REV						500.00						
50500.000	05/04/16	431417	DD	HEALTH HUMAN SVC	32.83	32.83			00/00/00	PLB		2
TOTAL 50500.000 M/CAID DISPRO/UCC -OTHER REV						32.83						
MM Center 10 − MM Clinic 90												
50510.000	05/23/16	432749	CA	CAFE	330.55	330.55			00/00/00	MRP		2
50510.000	05/23/16	432750	VI	CAFE	57.41	57.41			00/00/00	MRP		2
50510.000	05/23/16	432751	MC	CAFE	35.91	35.91			00/00/00	MRP		2
50510.000	05/26/16	433238	CA	CAFE	189.94	189.94			00/00/00	MRP		2
50510.000	05/26/16	433239	CK	CAFE	33.90	33.90			00/00/00	MRP		2
50510.000	05/26/16	433240	VI	CAFE	78.36	78.36			00/00/00	MRP		2
50510.000	05/26/16	433241	MC	CAFE	19.36	19.36			00/00/00	MRP		2
50510.000	05/26/16	433242	CA	ROTARY	72.00	72.00			00/00/00	MRP		2
50510.000	05/02/16	431088	VI	CAFE	51.02	51.02			00/00/00	PLB		2
50510.000	05/02/16	431089	MC	CAFE	11.00	11.00			00/00/00	PLB		2
50510.000	05/02/16	431090	CA	CAFE	215.16	215.16			00/00/00	PLB		2
50510.000	05/02/16	431148	VI	CAFE	2.37	2.37			00/00/00	PLB		2
50510.000	05/02/16	431149	MC	CAFE	1.20	1.20			00/00/00	PLB		2
50510.000	05/02/16	431150	CA	CAFE	51.67	51.67			00/00/00	PLB		2
50510.000	05/02/16	431153	VI	CAFE	41.14	41.14			00/00/00	PLB		2
50510.000	05/02/16	431154	MC	CAFE	10.64	10.64			00/00/00	PLB		2
50510.000	05/02/16	431155	CA	CAFE	41.31	41.31			00/00/00	PLB		2
50510.000	05/02/16	431158	VI	CAFE	20.16	20.16			00/00/00	PLB		2
50510.000	05/02/16	431159	MC	CAFE	36.48	36.48			00/00/00	PLB		2
50510.000	05/02/16	431160	CA	CAFE	75.42	75.42			00/00/00	PLB		2
50510.000	05/03/16	431276	VI	CAFE	66.84	66.84			00/00/00	PLB		2
50510.000	05/03/16	431277	MC	CAFE	18.03	18.03			00/00/00	PLB		2
50510.000	05/03/16	431278	AE	CAFE	6.15	6.15			00/00/00	PLB		2
50510.000	05/03/16	431279	CA	CAFE	185.54	185.54			00/00/00	PLB		2
50510.000	05/03/16	431304	VI	CAFE	4.79	4.79			00/00/00	PLB		2
50510.000	05/03/16	431305	MC	CAFE	10.02	10.02			00/00/00	PLB		2
50510.000	05/03/16	431306	CA	CAFE	47.50	47.50			00/00/00	PLB		2
50510.000	05/04/16	431378	VI	CAFE	77.28	77.28			00/00/00	PLB		2
50510.000	05/04/16	431379	MC	CAFE	23.46	23.46			00/00/00	PLB		2
50510.000	05/04/16	431380	CA	CAFE	229.55	229.55			00/00/00	PLB		2
50510.000	05/04/16	431431	VI	CAFE	13.68	13.68			00/00/00	PLB		2
50510.000	05/04/16	431432	MC	CAFE	2.68	2.68			00/00/00	PLB		2
50510.000	05/04/16	431433	CA	CAFE	63.22	63.22			00/00/00	PLB		2
50510.000	05/05/16	431492	VI	CAFE	66.90	66.90			00/00/00	PLB		2
50510.000	05/05/16	431493	MC	CAFE	66.81	66.81			00/00/00	PLB		2
50510.000	05/05/16	431494	DS	CAFE	5.40	5.40			00/00/00	PLB		2

RUN DATE:05/02/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:15:33 CHECK REGISTER and Payable List GLCKREG
05/02/16 THRU 05/02/16

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000761	05/02/16	59.04	MCKESSON
A/P	000762	05/02/16	513.61	MCKESSON
A/P	000763	05/02/16	1,311.43	MCKESSON
TOTALS:			1,884.08	

340B Prescription Expenses

APPROVED
ON

MAY 0 2 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 5-12-16

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: 04/29/2016

DC: 8115

Territory: 400

Customer: 256342
Date: 04/29/2016

Page: 001

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

As of: 04/29/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 04/29/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
04/25/2016	05/03/2016	7743029051	3454581393	115Invoice	0.91	45.54		44.63 ✓		7743029051	
04/28/2016	05/03/2016	7743712494	3454581402	115Invoice	0.29	14.70		14.41 ✓		7743712494	

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

TOTAL:

Subtotals: 60.24 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 444.57
04/25/2016

If Paid By 05/03/2016,
Pay This Amount: 59.04 USD

If Paid After 05/03/2016,
Pay this Amount: 60.24 USD

Due If Paid On Time:
USD 59.04

Disc lost if paid late:
1.20

Due If Paid Late:
USD 60.24

Ck#761

5/2/16

APPROVED
ON
MAY 02 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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: 04/29/2016

DC: 8115

Territory: 400

Customer: 190813
Date: 04/29/2016

Page: 001

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

As of: 04/29/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 04/29/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
04/25/2016	05/03/2016	7743013345	1000805131	115Invoice	1.62	80.76		79.14		7743013345	
04/25/2016	05/03/2016	7743013346	1000805131	115Invoice	1.44	72.24		70.80		7743013346	
04/25/2016	05/03/2016	7743013347	1000805960	115Invoice	0.01	0.32		0.31		7743013347	
04/25/2016	05/03/2016	7743013348	1000806359	115Invoice	3.68	183.88		180.20		7743013348	
04/26/2016	05/03/2016	7743266881	1000806749	115Invoice	0.98	48.76		47.78		7743266881	
04/28/2016	05/03/2016	7743726826	1000807946	115Invoice	0.72	35.97		35.25		7743726826	
04/29/2016	05/03/2016	7743934249	1000809420	115Invoice	2.04	102.17		100.13		7743934249	

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

TOTAL:

Subtotals: 524.10 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 174.84
04/25/2016

If Paid By 05/03/2016,
Pay This Amount: 513.61 USD

If Paid After 05/03/2016,
Pay this Amount: 524.10 USD

Due If Paid On Time:
USD 513.61

Disc lost if paid late:
10.49

Due If Paid Late:
USD 524.10

Ck#762

APPROVED
ON
MAY 02 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: 04/29/2016 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 04/29/2016

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

As of: 04/29/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 04/29/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
04/25/2016	05/03/2016	7743032154	1000805133	115Invoice	7.79	389.48		381.69✓		7743032154	
04/25/2016	05/03/2016	7743032155	1000805133	115Invoice	0.16	7.79		7.63✓		7743032155	
04/25/2016	05/03/2016	7743032156	1000805962	115Invoice	3.75	187.39		183.64✓		7743032156	
04/25/2016	05/03/2016	7743032157	1000806361	115Invoice	3.15	157.48		154.33✓		7743032157	
04/26/2016	05/03/2016	7743261121	1000806751	115Invoice	0.18	8.93		8.75✓		7743261121	
04/27/2016	05/03/2016	7743488726	1000807375	115Invoice	0.12	6.23		6.11✓		7743488726	
04/28/2016	05/03/2016	7743714563	1000807948	115Invoice	9.21	460.43		451.22✓		7743714563	
04/28/2016	05/03/2016	7743714564	1000807948	115Invoice	0.69	34.40		33.71✓		7743714564	
04/29/2016	05/03/2016	7743931660	1000809423	115Invoice	1.68	84.03		82.35✓		7743931660	
04/29/2016	05/03/2016	7743931664	1000809423	115Invoice	0.04	2.04		2.00✓		7743931664	

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

TOTAL:

Subtotals: 1,338.20 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,001.92
04/25/2016

If Paid By 05/03/2016,
Pay This Amount: 1,311.43 USD

If Paid After 05/03/2016,
Pay this Amount: 1,338.20 USD

Due If Paid On Time:
USD 1,311.43

Disc lost if paid late:
26.77

Due If Paid Late:
USD 1,338.20

5.2.16

ck#763

APPROVED
ON
MAY 02 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Identifying Variables							Allocation							
NPI	Current Contract	Previous Contract	Facility Number	TIN	Legal Entity	DBA Facility Name	FFS (Not Payable)	Molina	United Health-care	Superior	Ameri-group	Cigna	Total
[redacted]	[redacted]	[redacted]	4811	[redacted]	Memorial Medical Center	Ashford Gardens	$87,031.58	✓ $135,381.58	✓ $435,155.92		$0.00	$338,454.94	$0.00	$996,024.02
			105818		Memorial Medical Center	The Broadmoor at Creekside Park	$3,845.00	✓ $2,430.00	✓ $14,580.01	✓	$1,215.00	$3,845.00	$0.00	$25,515.01
			105314		Memorial Medical Center	The Crescent	$4,422.18	✓ $17,688.65	✓ $22,110.81	✓	$0.00	$48,643.88	$0.00	$92,865.50
			105006		Memorial Medical Center	Solera at West Houston	$10,291.14	✓ $61,746.83	✓ $123,493.65	✓	$0.00	$82,329.10	$0.00	$277,860.72
			4628		Memorial Medical Center	Fort Bend Healthcare Center	$28,487.55	✓ $113,870.18	✓ $142,337.73	✓	$0.00	$28,487.55	$0.00	$313,143.02

* Total $302,522.20

APPROVED ON MAY 02 2016
COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CKs# 001 to # 004

Michael J. Pfeifer
Calhoun County Judge
Date: 5-12-16

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: NH Broadmoor

Date Requested: 5/2/2016

APPROVED ON MAY 02 2016 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY
- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Mail Check to Vendor
- ☐ Return Check to Dept

AMOUNT $14,580.01

G/L NUMBER:

EXPLANATION: To transfer Broadmoor's portion of the NH MPAP Sep/Oct 2015 payment from the Ashford account.

REQUESTED BY: Adam Machicek

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: NH Crescent

Date Requested: 5/2/2016

APPROVED ON MAY 02 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY
- [ ] Imprest Cash
- [ ] A/P Check
- [ ] Mail Check to Vendor
- [ ] Return Check to Dept

AMOUNT $22,110.81

G/L NUMBER:

EXPLANATION: To transfer Crescent's portion of the NH MPAP Sep/Oct 2015 payment from the Ashford account.

REQUESTED BY: Adam Machicek

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: NH Solera

Date Requested: 5/2/2016

APPROVED ON MAY 02 2016 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY
- [ ] Imprest Cash
- [ ] A/P Check
- [ ] Mail Check to Vendor
- [ ] Return Check to Dept

AMOUNT $123,493.65

G/L NUMBER:

EXPLANATION: To transfer Solera's portion of the NH MPAP Sep/Oct 2015 payment from the Ashford account.

REQUESTED BY: Adam Machicek

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: NH Fort Bend

Date Requested: 5/2/2016

APPROVED ON MAY 02 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY
- [ ] Imprest Cash
- [ ] A/P Check
- [ ] Mail Check to Vendor
- [ ] Return Check to Dept

AMOUNT: $142,337.73

G/L NUMBER:

EXPLANATION: To transfer Fort Bend's portion of the NH MPAP Sep/Oct 2015 payment from the Ashford account.

REQUESTED BY: Adam Machicek

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHA	000001	05/02/16	14,580.01	NH BROADMOOR
NHA	000002	05/02/16	22,110.81	NH CRESCENT
NHA	000003	05/02/16	123,493.65	NH SOLERA
NHA	000004	05/02/16	142,337.73	NH FORT BEND
TOTALS:			302,522.20	

APPROVED
ON

MAY 04 2016

05/04/2016
09:46
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 05/10/2016

0
ap_open_invoice.template

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
20911	TELEPHONE EXPENSE	04/28/20	04/17/20	05/10/20		2,543.09	0.00	0.00	2,543.09

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11062	AIRESPRING INC	2,543.09	0.00	0.00	2,543.09 ✓

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2641517-IN ✓	REPAIRS TO WHEELCHAIR	04/28/20	04/07/20	05/07/20		206.69	0.00	0.00	206.69 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1715	ALCO SALES & SERVICE CO	206.69	0.00	0.00	206.69

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
RPSV02156001 ✓	SUPPLIES SURGERY	04/23/20	04/05/20	05/05/20		174.37	0.00	0.00	174.37 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1705	ALIMED INC.	174.37	0.00	0.00	174.37

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
777276192 ✓	PHARMACY DRUGS	04/28/20	04/18/20	05/10/20		71.00	0.00	0.00	71.00 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1360	AMERISOURCEBERGEN DRUG CORP	71.00	0.00	0.00	71.00

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
792114 ✓	REPAIRS TRANSPORTATION	04/27/20	04/08/20	05/08/20		73.15	0.00	0.00	73.15 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2600	AUTO PARTS & MACHINE CO.	73.15	0.00	0.00	73.15

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
75314720 ✓	CS INVENTORY	04/11/20	04/04/20	05/03/20		54.66	0.00	0.00	54.66 ✓
75314782 ✓	CS INVENTORY	04/11/20	04/04/20	05/03/20		54.66	0.00	0.00	54.66 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B0435	BARD PERIPHERAL VASCULAR	109.32	0.00	0.00	109.32

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
50567127 ✓		04/11/20	04/04/20	05/04/20		395.19	0.00	0.00	395.19 ✓

	CS INVENTORY								
50608941 ✓		04/15/20	04/07/20	05/07/20		137.59	0.00	0.00	137.59 ✓
	SUPPLIES RECOVERY								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	B1075	BAXTER HEALTHCARE CORP				532.78	0.00	0.00	532.78
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
	6003900104 ✓		04/22/20	04/06/20	05/06/20		775.08	0.00	0.00	775.08 ✓
	SUPPLIES CT SCAN								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2485	BAYER HEALTHCARE				775.08	0.00	0.00	775.08
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
	105552974 ✓		04/18/20	04/01/20	05/03/20		65.00	0.00	0.00	65.00 ✓
	LAB SUPPLIES								
	105553212 ✓		04/18/20	04/01/20	05/03/20		53.30	0.00	0.00	53.30 ✓
	LAB SUPPLIES								
	105553424 ✓		04/18/20	04/03/20	05/03/20		525.00	0.00	0.00	525.00 ✓
	LAB SUPPLIES								
	105553535 ✓		04/18/20	04/03/20	05/03/20		10,595.81	0.00	0.00	10,595.81 ✓
	LAB SUPPLIES								
	105555513 ✓		04/18/20	04/04/20	05/04/20		1,582.77	0.00	0.00	1,582.77 ✓
	LAB SUPPLIES								
	105555600 ✓		04/18/20	04/04/20	05/04/20		7,313.91	0.00	0.00	7,313.91 ✓
	LAB SUPPLIES								
	105555605 ✓		04/18/20	04/04/20	05/04/20		3,260.10	0.00	0.00	3,260.10 ✓
	LAB SUPPLIES								
	105559318 ✓		04/18/20	04/05/20	05/05/20		359.38	0.00	0.00	359.38 ✓
	LAB SUPPLIES								
	4272704 ✓		04/18/20	04/05/20	05/05/20		6,026.00	0.00	0.00	6,026.00 ✓
	MAINT CONTRACT LAB								
	105558506 ✓		04/18/20	04/05/20	05/05/20		2,515.98	0.00	0.00	2,515.98 ✓
	LAB SUPPLIES								
	105566262 ✓		04/28/20	04/08/20	05/08/20		91.84	0.00	0.00	91.84 ✓
	SUPPLIES LAB								
	4272914 ✓		04/28/20	04/08/20	05/08/20		2,450.00	0.00	0.00	2,450.00 ✓
	MAINT CONTR LAB								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC				34,839.09	0.00	0.00	34,839.09
Vendor#	Vendor Name				Class	Pay Code			
11050	BIRCH COMMUNICATIONS ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	21147306 ✓		04/28/20	04/16/20	05/08/20		1,047.52	0.00	0.00	1,047.52 ✓
	TELEPHONE EXPENSE								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11050	BIRCH COMMUNICATIONS				1,047.52	0.00	0.00	1,047.52
Vendor#	Vendor Name				Class	Pay Code			
D1040	C R BARD, INC ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	23452130 ✓		04/11/20	04/04/20	05/03/20		166.32	0.00	0.00	166.32 ✓

	SUPPLIES SURGERY								
23457564 ✓		04/22/20	04/11/20	05/10/20		166.32	0.00	0.00	166.32 ✓
	SUPPLIES SURGERY								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	D1040	C R BARD, INC				332.64	0.00	0.00	332.64
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
	8000974947 ✓		04/29/20	02/29/20	03/30/20		234.01	0.00	0.00	234.01 ✓
	SUPPLIES NUC MED								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	A1825	CARDINAL HEALTH 414,LLC				234.01	0.00	0.00	234.01
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
	91989283 ✓		04/11/20	04/04/20	05/04/20		588.98	0.00	0.00	588.98 ✓
	CS INVENTORY								
	91990804 ✓		04/11/20	04/06/20	05/06/20		64.40	0.00	0.00	64.40 ✓
	CS INVENTORY								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10350	CENTURION MEDICAL PRODUCTS				653.38	0.00	0.00	653.38
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
	2272887 ✓		04/15/20	04/07/20	05/07/20		283.50	0.00	0.00	283.50 ✓
	SUPPLIES DIETARY								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1410	CERTIFIED LABORATORIES				283.50	0.00	0.00	283.50
Vendor#	Vendor Name				Class	Pay Code			
C1730	CITY OF PORT LAVACA ✓				W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	1315-04/16 ✓		04/28/20	04/21/20	05/09/20		356.64	0.00	0.00	356.64 ✓
	WATER & SEWER								
	1320-04/21 ✓		04/28/20	04/21/20	05/09/20		4,304.76	0.00	0.00	4,304.76 ✓
	WATER & SEWER								
	6505-04/16		04/28/20	04/21/20	05/09/20		972.42	0.00	0.00	972.42 ✓
	WATER & SEWER								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1730	CITY OF PORT LAVACA				5,633.82	0.00	0.00	5,633.82
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
	20918		05/01/20	05/01/20	05/01/20		2,646.78	0.00	0.00	2,646.78 ✓
	EMPLOYEE PERSONAL INS								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11030	COMBINED INSURANCE CO				2,646.78	0.00	0.00	2,646.78
Vendor#	Vendor Name				Class	Pay Code			
10556	CPP WOUND CARE #28,LLC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	19323 ✓		04/28/20	04/10/20	05/10/20		26,750.00	0.00	0.00	26,750.00 ✓
	OUTSIDE SRV WOUND CARE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10556	CPP WOUND CARE #28,LLC	26,750.00	0.00	0.00	26,750.00

Vendor#	Vendor Name	Class	Pay Code
H0900	D HARRIS CONSULTING LLC ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20182 ✓		04/29/20	03/28/20	04/28/20			700.00	0.00	0.00	700.00 ✓
	OUTSIDE SRV NUC MED									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H0900	D HARRIS CONSULTING LLC	700.00	0.00	0.00	700.00

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
468997-0 ✓		04/11/20	04/04/20	05/04/20			394.54	0.00	0.00	394.54 ✓
	CS INVENTORY									
469016-0 ✓		04/11/20	04/04/20	05/04/20			138.32	0.00	0.00	138.32 ✓
	OFFICE SUPPLIES ER									
469366-0 ✓		04/11/20	04/06/20	05/06/20			27.02	0.00	0.00	27.02 ✓
	CS INVENTORY									
469314-0 ✓		04/11/20	04/06/20	05/06/20			121.65	0.00	0.00	121.65 ✓
	OFFICE SUPPLIES ADMIN									
469199-0 ✓		04/23/20	04/05/20	05/05/20			68.60	0.00	0.00	68.60 ✓
	OFFICE SUPPLIES DIETARY									
469247-0 ✓		04/23/20	04/05/20	05/05/20			12.10	0.00	0.00	12.10 ✓
	OFFICE SUPPLIES PT									
469196-0 ✓		04/23/20	04/05/20	05/05/20			126.15	0.00	0.00	126.15 ✓
	OFFICE SUPPLIES HIM									
469388-0 ✓		04/28/20	04/06/20	05/06/20			22.09	0.00	0.00	22.09 ✓
	OFFICE SUPPLIES CLINIC									
469673-0 ✓		04/28/20	04/08/20	05/08/20			13.00	0.00	0.00	13.00 ✓
	OFFICE SUPPLIES SURGICAL									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	923.47	0.00	0.00	923.47

Vendor#	Vendor Name	Class	Pay Code
D1530	DIEBEL OIL CO INC ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
19141 ✓		04/23/20	04/05/20	05/05/20			492.00	0.00	0.00	492.00 ✓
	FOR HURICANE PREPARATIO									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1530	DIEBEL OIL CO INC	492.00	0.00	0.00	492.00

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
20904		04/28/20	04/07/20	04/17/20			12.20	0.00	0.00	12.20 ✓
	OUTSIDE SRV HOUSEKEEPIN									
20905		04/28/20	04/12/20	04/22/20			30.00	0.00	0.00	30.00 ✓
	OUTSIDE SRV HOUSEKEEPIN									
20920		04/29/20	04/26/20	05/06/20			6.10	0.00	0.00	6.10 ✓
	OUTSIDE SRV HOUSEKEEPIN									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1710	DOWNTOWN CLEANERS	48.30	0.00	0.00	48.30

Vendor#	Vendor Name	Class	Pay Code
11096	DR JEWEL LINCOLN ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20906		04/28/20	04/25/20	04/25/20		500.00	0.00	0.00	500.00
	PROF FEES CLINIC								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11096	DR JEWEL LINCOLN				500.00	0.00	0.00	500.00

Vendor# E0500 Vendor Name EAGLE FIRE & SAFETY INC Class M Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
59625		04/23/20	04/04/20	05/04/20		127.75	0.00	0.00	127.75
	OUTSIDE SRV PLANT SRV								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	E0500	EAGLE FIRE & SAFETY INC				127.75	0.00	0.00	127.75

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
20921		04/29/20	04/28/20	04/28/20		4,000.00	0.00	0.00	4,000.00
	MINOR EQUIP CLINC								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C2510	EVIDENT				4,000.00	0.00	0.00	4,000.00

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
5-391-47020		04/29/20	04/21/20	05/06/20		45.37	0.00	0.00	45.37
	FREIGHT EXPENSE MED SUR								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.				45.37	0.00	0.00	45.37

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
0975336		04/15/20	04/04/20	05/04/20		137.90	0.00	0.00	137.90
	LAB SUPPLIES								
1095919		04/15/20	04/05/20	05/05/20		133.28	0.00	0.00	133.28
	LAB SUPPLIES								
1216013		04/28/20	04/06/20	05/06/20		303.14	0.00	0.00	303.14
	SUPPLIES LAB								
1216012		04/28/20	04/06/20	05/06/20		2,422.20	0.00	0.00	2,422.20
	SUPPLIES LAB								
1324803		04/28/20	04/07/20	05/07/20		280.00	0.00	0.00	280.00
	SUPPLIES LAB								
1415387		04/28/20	04/08/20	05/08/20		478.95	0.00	0.00	478.95
	LAB SUPPLIES								
1586620		04/28/20	04/12/20	05/10/20		53.67	0.00	0.00	53.67
	LAB SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE				3,809.14	0.00	0.00	3,809.14

Vendor# 10678 Vendor Name FIVE STAR STERILIZER SERVICES Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
4425		04/23/20	04/04/20	05/04/20		2,376.58	0.00	0.00	2,376.58
	REPAIRS INSTRUMENT SURG								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net

	10678	FIVE STAR STERILIZER SERVICES					2,376.58	0.00	0.00	2,376.58
Vendor#	Vendor Name				Class	Pay Code				
11184	FLDR DESIGNS LLC ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	15054 ✓		04/29/20	03/28/20	04/27/20		3,284.53	0.00	0.00	3,284.53 ✓
		SUPPLIES XRAY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11184	FLDR DESIGNS LLC				3,284.53	0.00	0.00	3,284.53
Vendor#	Vendor Name				Class	Pay Code				
11183	FRONTIER ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	20914		04/28/20	04/19/20			54.14	0.00	0.00	54.14 ✓
		TELEPHONE EXPENSE								
	20915		04/28/20	04/19/20	05/10/20		52.22	0.00	0.00	52.22 ✓
		TELEPHONE EXPENSE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11183	FRONTIER				106.36	0.00	0.00	106.36
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
	81297 ✓		04/28/20	04/08/20	05/08/20		3,354.00	0.00	0.00	3,354.00 ✓
		PROF FEES PT								
	81392 ✓		04/28/20	04/08/20	05/08/20		3,111.63	0.00	0.00	3,111.63 ✓
		PROF FEES PT								
	72047 ✓		04/29/20	01/15/20	02/14/20		3,061.50	0.00	0.00	3,061.50 ✓
		PROF FEES PT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11078	FUSION MEDICAL STAFFING, LLC				9,527.13	0.00	0.00	9,527.13
Vendor#	Vendor Name				Class	Pay Code				
10283	GE HEALTHCARE ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	030360885 ✓		04/28/20	04/08/20	05/08/20		805.27	0.00	0.00	805.27 ✓
		OUTSIDE SRV OB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10283	GE HEALTHCARE				805.27	0.00	0.00	805.27
Vendor#	Vendor Name				Class	Pay Code				
W1300	GRAINGER ✓				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	9077446939 ✓		04/15/20	04/08/20	05/08/20		84.40	0.00	0.00	84.40 ✓
		SUPPLIES PLANT OPS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		W1300	GRAINGER				84.40	0.00	0.00	84.40
Vendor#	Vendor Name				Class	Pay Code				
G0930	GRAPHIC CONTROLS LLC ✓				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	MG3728 ✓		04/15/20	04/07/20	05/07/20		120.24	0.00	0.00	120.24 ✓
		SUPPLIES ULTRA SOUND								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		G0930	GRAPHIC CONTROLS LLC				120.24	0.00	0.00	120.24
Vendor#	Vendor Name				Class	Pay Code				
G0401	GULF COAST DELIVERY ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net

20922		04/29/20	04/28/20	04/28/20	75.00	0.00	0.00	75.00
	OUTSIDE SRV CARDIO & LAB							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	G0401	GULF COAST DELIVERY			75.00	0.00	0.00	75.00

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
101141		04/27/20	04/08/20	05/03/20			6.42	0.00	0.00	6.42
	SUPPLIES PLANT OPS									
101341		04/27/20	04/15/20	05/03/20			10.43	0.00	0.00	10.43
	SUPPLIES PLANT OPS									
101352		04/27/20	04/16/20	05/03/20			37.73	0.00	0.00	37.73
	SUPPLIES PLANT OPS									
101099		04/28/20	04/07/20	04/17/20			24.97	0.00	0.00	24.97
	SUPPLIES PLANT OPS									
101125		04/28/20	04/08/20	04/18/20			50.96	0.00	0.00	50.96
	SUPPLIES PLANT OPS									
101178		04/28/20	04/11/20	04/21/20			4.49	0.00	0.00	4.49
	SUPPLIES PLANT OPS									
101191		04/28/20	04/11/20	04/21/20			22.13	0.00	0.00	22.13
	SUPPLIES PLANT OPS									
101212		04/28/20	04/12/20	04/22/20			9.54	0.00	0.00	9.54
	SUPPLIES PLANT OPS									
101243		04/28/20	04/13/20	04/23/20			5.97	0.00	0.00	5.97
	SUPPLIES CLINIC									
101261		04/28/20	04/13/20	04/23/20			12.56	0.00	0.00	12.56
	SUPPLIES PLANT OPS									
101275		04/28/20	04/14/20	04/24/20			35.99	0.00	0.00	35.99
	SUPPLIES PLANT OPS									
101456		04/28/20	04/21/20	05/01/20			57.48	0.00	0.00	57.48
	SUPPLIES PLANT OPS									
101480		04/28/20	04/22/20	05/02/20			82.69	0.00	0.00	82.69
	SUPPLIES PLANT OPS									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	A1292	GULF COAST HARDWARE / ACE					361.36	0.00	0.00	361.36

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
1116724		04/11/20	04/05/20	05/05/20			99.27	0.00	0.00	99.27
	SUPPLIES XRAY									
1116740		04/11/20	04/05/20	05/05/20			103.33	0.00	0.00	103.33
	SUPPLIES HOUSEKEEPING									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY					202.60	0.00	0.00	202.60

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
SI007764		04/15/20	04/08/20	05/08/20			34.85	0.00	0.00	34.85
	SUPPLIES CT SCAN									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	H1050	HAVEL'S INCORPORATED					34.85	0.00	0.00	34.85

Vendor#	Vendor Name				Class	Pay Code				
11182	HEATHER MUTCHLER									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	20907		04/29/20	04/20/20	04/20/20		92.00	0.00	0.00	92.00
		TRAVEL EXPENSE MED SURG								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11182	HEATHER MUTCHLER				92.00	0.00	0.00	92.00
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
	920277857		04/11/20	04/04/20	05/04/20		311.69	0.00	0.00	311.69
		CS INVENTORY								
	920277466		04/11/20	04/04/20	05/04/20		340.41	0.00	0.00	340.41
		CS INVENTORY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		H1850	HOSPIRA WORLDWIDE, INC				652.10	0.00	0.00	652.10
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
	39622194		04/11/20	04/04/20	05/04/20		70.12	0.00	0.00	70.12
		CS INVENTORY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		I0415	INDEPENDENCE MEDICAL				70.12	0.00	0.00	70.12
Vendor#	Vendor Name				Class	Pay Code				
I1260	INTOXIMETERS INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	528049		04/18/20	04/05/20	05/05/20		2,890.35	0.00	0.00	2,890.35
		LAB SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		I1260	INTOXIMETERS INC				2,890.35	0.00	0.00	2,890.35
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
	916296573		04/11/20	04/04/20	05/04/20		137.99	0.00	0.00	137.99
		SUPPLIES SURGERY								
	916296574		04/11/20	04/04/20	05/04/20		145.96	0.00	0.00	145.96
		SUPPLIES SURGERY								
	916303492		04/15/20	04/05/20	05/05/20		866.57	0.00	0.00	866.57
		BLOOD BANK SUPPLIES								
	916313027		04/28/20	04/07/20	05/07/20		893.88	0.00	0.00	893.88
		SUPPLIES BLOOD BANK								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		J0150	J & J HEALTH CARE SYSTEMS, INC				2,044.40	0.00	0.00	2,044.40
Vendor#	Vendor Name				Class	Pay Code				
11105	JERRY PICKETT									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	20923		04/29/20	04/28/20	04/28/20		361.36	0.00	0.00	361.36
		TRAVEL EXPENSE ADMIN								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11105	JERRY PICKETT				361.36	0.00	0.00	361.36
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
1002206		04/29/20	04/29/20	05/09/20		772.53	0.00	0.00	772.53
	SUPPLIES CLINIC								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	J1415	JOHNSTONE SUPPLY				772.53	0.00	0.00	772.53

Vendor#	Vendor Name	Class	Pay Code
11179	LABORATORY SUPPLY CO		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
3592873		04/18/20	03/03/20	05/06/20		434.59	0.00	0.00	434.59
	LAB SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11179	LABORATORY SUPPLY CO				434.59	0.00	0.00	434.59

Vendor#	Vendor Name	Class	Pay Code
L1001	LANDAUER INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
100364025		04/29/20	02/23/20	03/25/20		714.00	0.00	0.00	714.00
	OUTSIDE SRV XRAY								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	L1001	LANDAUER INC				714.00	0.00	0.00	714.00

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
45114		04/29/20	03/15/20	04/28/20		34.16	0.00	0.00	34.16
	SUPPLIES PLANT OPS								
72993		04/29/20	03/25/20	04/28/20		265.92	0.00	0.00	265.92
	SUPPLIES ER								
94668		04/29/20	03/28/20	04/28/20		226.45	0.00	0.00	226.45
	SUPPLIES PLANT OPS								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	L1640	LOWE'S HOME CENTERS INC				526.53	0.00	0.00	526.53

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
76285344		04/15/20	04/05/20	05/05/20		1,226.58	0.00	0.00	1,226.58
	LAB SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC				1,226.58	0.00	0.00	1,226.58

Vendor#	Vendor Name	Class	Pay Code
10945	MELANIE GRIFFITH		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20924		04/29/20	04/20/20	04/20/20		179.48	0.00	0.00	179.48
	TRAVEL EXP MED SURG								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10945	MELANIE GRIFFITH				179.48	0.00	0.00	179.48

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
1822506		04/15/20	04/05/20	05/05/20		145.66	0.00	0.00	145.66
	LAB SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10182	MERCEDES MEDICAL				145.66	0.00	0.00	145.66

Vendor#	Vendor Name				Class	Pay Code				
M2658	MERRITT, HAWKINS & ASSOCIATES				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	SINV115013		04/29/20	04/22/20	05/02/20		3,000.00	0.00	0.00	3,000.00
		PHY RECRUITMENT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2658	MERRITT, HAWKINS & ASSOCIATES				3,000.00	0.00	0.00	3,000.00
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
	30094226354		04/11/20	04/07/20	05/07/20		1,654.65	0.00	0.00	1,654.65
		SUPPLIES XRAY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2659	MERRY X-RAY/SOURCEONE HEALTHCA				1,654.65	0.00	0.00	1,654.65
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
	20908		04/28/20	04/27/20	04/27/20		113.69	0.00	0.00	113.69
		EMPLOYEE GIFT SHOP PURC								
	20919		04/29/20	04/30/20	04/30/20		117.62	0.00	0.00	117.62
		EMPLOYEE GIFT SHOP PURC								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2621	MMC AUXILIARY GIFT SHOP				231.31	0.00	0.00	231.31
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
	671219		04/29/20	04/30/20	04/30/20		93.70	0.00	0.00	93.70
		CREDIT CARD FEES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2662	MMC VOLUNTEERS				93.70	0.00	0.00	93.70
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
	1976		04/28/20	04/25/20	04/26/20		-33.48	0.00	0.00	-33.48
		PHARMACY CREDIT								
	1991		04/28/20	04/25/20	04/26/20		-675.36	0.00	0.00	-675.36
		PHARMACY CREDIT								
	SC2035		04/28/20	04/26/20	04/27/20		18.72	0.00	0.00	18.72
		SERVICE CHARGE								
	SC2034		04/28/20	04/26/20	04/27/20		33.22	0.00	0.00	33.22
		SERVICE CHARGE								
	CM37144		04/28/20	04/27/20	04/28/20		-2,180.72	0.00	0.00	-2,180.72
		PHARMACY CREDIT								
	8772084		04/28/20	04/27/20	04/28/20		5,687.65	0.00	0.00	5,687.65
		PHARMACY DRUGS								
	8772083		04/28/20	04/27/20	04/28/20		10,189.93	0.00	0.00	10,189.93
		PHARMACY DRUGS								
	8772086		04/28/20	04/27/20	04/28/20		41.01	0.00	0.00	41.01
		PHARMACY DRUGS								
	CM37143		04/28/20	04/27/20	04/28/20		-51.71	0.00	0.00	-51.71
		PHARMACY CREDIT								
	8772085		04/28/20	04/27/20	04/28/20		45.17	0.00	0.00	45.17

CM37142	PHARMACY DRUGS	04/28/20	04/27/20	04/28/20	-51.71	0.00	0.00	-51.71
8772182	PHARMACY CREDIT	04/28/20	04/27/20	04/28/20	137.43	0.00	0.00	137.43
0005249	PHARMACY DRUGS	04/29/20	01/14/20	01/15/20	-36.50	0.00	0.00	-36.50
SC01090	PHARMACY CREDIT	04/29/20	01/25/20	01/26/20	157.35	0.00	0.00	157.35
CM96317	PHARMACY DRUGS	04/29/20	02/02/20	02/03/20	-19.07	0.00	0.00	-19.07
8468046	PHARMACY CREDIT	04/29/20	02/11/20	02/12/20	564.35	0.00	0.00	564.35
8470956	PHARMACY DRUGS	04/29/20	02/11/20	02/12/20	2,206.77	0.00	0.00	2,206.77
8582220	PHARMACY DRUGS	04/29/20	02/11/20	02/12/20	23.37	0.00	0.00	23.37
SC01755	PHARMACY DRUGS	04/29/20	03/24/20	03/25/20	75.79	0.00	0.00	75.79
SC01754	PHARMACY DRUGS	04/29/20	03/24/20	03/25/20	30.47	0.00	0.00	30.47
8651351	PHARMACY DRUGS	04/29/20	03/28/20	03/29/20	1,267.16	0.00	0.00	1,267.16
8651352	PHARMACY DRUGS	04/29/20	03/28/20	03/29/20	154.58	0.00	0.00	154.58
8651350	PHARMACY DRUGS	04/29/20	03/28/20	03/29/20	28.31	0.00	0.00	28.31
CM37649	PHARMACY DRUGS	04/29/20	04/28/20	04/29/20	-112.82	0.00	0.00	-112.82
8777850	PHARMACY DRUGS	04/29/20	04/28/20	04/29/20	7,653.08	0.00	0.00	7,653.08
8777849	PHARMACY DRUGS	04/29/20	04/28/20	04/29/20	31.85	0.00	0.00	31.85
8777851	PHARMACY DRUGS	04/29/20	04/28/20	04/29/20	7.09	0.00	0.00	7.09
8778177	PHARMACY DRUGS	04/29/20	04/28/20	04/29/20	278.31	0.00	0.00	278.31
8777848	PHARMACY DRUGS	04/29/20	04/28/20	04/29/20	2,910.49	0.00	0.00	2,910.49
8783734	PHARMACY DRUGS	04/29/20	04/29/20	04/30/20	8,182.90	0.00	0.00	8,182.90
8783735	PHARMACY DRUGS	04/29/20	04/29/20	04/30/20	40.70	0.00	0.00	40.70
8781818	PHARMACY DRUGS	04/29/20	04/29/20	04/30/20	12.79	0.00	0.00	12.79
08783736	PHARMACY DRUGS	04/29/20	04/29/20	04/30/20	114.86	0.00	0.00	114.86
8791616	PHARMACY DRUGS	05/03/20	05/02/20	05/03/20	192.23	0.00	0.00	192.23
8791614	PHARMACY DRUGS	05/03/20	05/02/20	05/03/20	76.46	0.00	0.00	76.46

8791615		05/03/20	05/02/20	05/03/20		1,590.74	0.00	0.00	1,590.74
PHARMACY DRUGS									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC				38,591.41	0.00	0.00	38,591.41

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
2016170530		04/11/20	04/07/20	05/07/20			10.24	0.00	0.00	10.24
	CS INVENTORY									
2016158762		04/11/20	04/07/20	05/07/20			75.91	0.00	0.00	75.91
	CS INVENTORY									
2016157564		04/11/20	04/07/20	05/07/20			39.28	0.00	0.00	39.28
	SUPPLIES SURGERY									
2016170187		04/11/20	04/07/20	05/07/20			67.94	0.00	0.00	67.94
	SUPPLIES SURGERY									
2016163120		04/11/20	04/07/20	05/07/20			1,688.59	0.00	0.00	1,688.59
	SUPPLIES VARIOUS DEPTS									
2015867290		04/23/20	03/29/20	05/03/20			35.82	0.00	0.00	35.82
	SUPPLIES LAB									
2016040911		04/23/20	04/04/20	05/04/20			51.19	0.00	0.00	51.19
	SUPPLIES CLINIC									
2016040851		04/23/20	04/04/20	05/04/20			1,661.83	0.00	0.00	1,661.83
	SUPPLIES VARIOUS DEPTS									
2016040903		04/23/20	04/04/20	05/04/20			71.91	0.00	0.00	71.91
	SUPPLIES PT									
2016028388		04/23/20	04/04/20	05/04/20			12.74	0.00	0.00	12.74
	SUPPLIES DIETARY									
2016041582		04/23/20	04/04/20	05/04/20			3.33	0.00	0.00	3.33
	CS INVENTORY									
2016041902		04/23/20	04/04/20	05/04/20			164.31	0.00	0.00	164.31
	SUPPLIES SURGERY									
2016039322		04/23/20	04/04/20	05/04/20			1,016.37	0.00	0.00	1,016.37
	SUPPLIES VARIOUS DEPTS									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR					4,899.46	0.00	0.00	4,899.46

Vendor#	Vendor Name	Class	Pay Code
11142	PAETEC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
59360220		04/29/20	04/23/20	05/10/20			7,938.80	0.00	0.00	7,938.80
	TELEPHONE EXPENSE									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11142	PAETEC					7,938.80	0.00	0.00	7,938.80

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
A1587686		04/28/20	04/07/20	05/07/20			106.50	0.00	0.00	106.50
	PHARMACY DRUGS									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10204	PHARMEDIUM SERVICES LLC					106.50	0.00	0.00	106.50

Vendor#	Vendor Name	Class	Pay Code
P1470	PHILIP THOMAE PHOTOGRAPHER	W	

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

10126 ✓		04/28/20	04/25/20	04/25/20		100.00	0.00	0.00	100.00 ✓
	OUTSIDE SRV ADMIN								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	P1470	PHILIP THOMAE PHOTOGRAPHER				100.00	0.00	0.00	100.00
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
	052328 ✓		04/15/20	04/05/20	05/05/20		32.76	0.00	0.00	32.76 ✓
	SUPPLIES LAB									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10541	PLATINUM CODE				32.76	0.00	0.00	32.76
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
	B21209 ✓		04/28/20	04/13/20	04/23/20		12.49	0.00	0.00	12.49 ✓
	SUPPLIES PLANT OPS									
	A20658 ✓		04/28/20	04/14/20	04/24/20		23.89	0.00	0.00	23.89 ✓
	SUPPLIES PLANT OPS									
	B21450 ✓		04/28/20	04/22/20	05/02/20		-14.99	0.00	0.00	-14.99 ✓
	CREDIT SUPPLIES PLANT OP									
	A20885 ✓		04/28/20	04/22/20	05/02/20		16.98	0.00	0.00	16.98 ✓
	SUPPLIES PLANT OPS									
	B21456 ✓		04/28/20	04/22/20	05/02/20		23.99	0.00	0.00	23.99 ✓
	SUPPLIES PLANT OPS									
	A20889 ✓		04/28/20	04/22/20	05/02/20		16.98	0.00	0.00	16.98 ✓
	SUPPLIES PLANT OPS									
	B21515 ✓		04/28/20	04/26/20	05/06/20		56.08	0.00	0.00	56.08 ✓
	SUPPLIES PLANT OPS									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	P2200	POWER ELECTRIC				135.42	0.00	0.00	135.42
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
	3342096 ✓		04/15/20	04/04/20	05/04/20		305.98	0.00	0.00	305.98 ✓
	SUPPLIES MAMMO									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10372	PRECISION DYNAMICS CORP (PDC)				305.98	0.00	0.00	305.98
Vendor#	Vendor Name				Class	Pay Code			
10570	PROFESSIONAL MEDIA RESOURCES ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	1604074 ✓		04/28/20	04/13/20	04/23/20		98.90	0.00	0.00	98.90 ✓
	SUPPLIES SOCIAL WORKER									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10570	PROFESSIONAL MEDIA RESOURCES				98.90	0.00	0.00	98.90
Vendor#	Vendor Name				Class	Pay Code			
10896	QIAGEN INC ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	97409327 ✓		04/23/20	04/05/20	05/05/20		248.42	0.00	0.00	248.42 ✓
	SUPPLIES LAB									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10896	QIAGEN INC				248.42	0.00	0.00	248.42

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
	20926		04/29/20	03/10/20	04/09/20		35.00	0.00	0.00	35.00
		READ FEES XRAY								
	20924		04/29/20	03/30/20	04/29/20		75.00	0.00	0.00	75.00
		READ FEES XRAY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		R1268	RADIOLOGY UNLIMITED, PA				110.00	0.00	0.00	110.00
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
	20925		04/29/20	03/31/20	04/30/20		96.00	0.00	0.00	96.00
		COLLECTION FEES BUS OFFI								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		R1321	RECEIVABLE MANAGEMENT, INC				96.00	0.00	0.00	96.00
Vendor#	Vendor Name				Class	Pay Code				
R1471	RESPIRONICS, INC.				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	929241486-2		04/28/20	01/27/20	02/26/20		89.94	0.00	0.00	89.94
		LEASE & RENTAL CARDIO								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		R1471	RESPIRONICS, INC.				89.94	0.00	0.00	89.94
Vendor#	Vendor Name				Class	Pay Code				
10315	REXEL									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	S113419514.001		04/29/20	03/24/20	04/25/20		1,165.31	0.00	0.00	1,165.31
		SUPPLIES ER								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10315	REXEL				1,165.31	0.00	0.00	1,165.31
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
	7908-7		04/29/20	04/05/20	04/20/20		97.40	0.00	0.00	97.40
		SUPPLIES PLANT OPS								
	8055-6		04/29/20	04/08/20	04/23/20		34.34	0.00	0.00	34.34
		SUPPLIES PLANT OPS								
	8305-5		04/29/20	04/14/20	04/29/20		-2.62	0.00	0.00	-2.62
		CREDIT SALES TAX								
	8304-8		04/29/20	04/14/20	04/29/20		-7.42	0.00	0.00	-7.42
		CREDIT SALES TAX								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S1800	SHERWIN WILLIAMS				121.70	0.00	0.00	121.70
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
	200400450		04/29/20	03/16/20	04/15/20		5,685.25	0.00	0.00	5,685.25
		MAJOR EQUIPMENT XRAY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2001	SIEMENS MEDICAL SOLUTIONS INC				5,685.25	0.00	0.00	5,685.25
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
869859A		04/15/20	04/05/20	05/05/20		361.31	0.00	0.00	361.31
	SUPPLIES SURGERY								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	S2830	STRYKER SALES CORP				361.31	0.00	0.00	361.31

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
604142398		04/29/20	04/14/20	05/04/20		609.19	0.00	0.00	609.19
	FOOD SUPPLIES DIETARY								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	S2951	SYSCO FOOD SERVICES OF				609.19	0.00	0.00	609.19

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
TX0001728		05/03/20	05/01/20	05/01/20		2,680.00	0.00	0.00	2,680.00
	PROF FEES ER								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10611	TELE-PHYSICIANS, P.A. (TX)				2,680.00	0.00	0.00	2,680.00

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
20912		04/28/20	04/20/20	04/30/20		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
T1875	TEXAS DEPT OF STATE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
ZZ113-181		04/29/20	02/29/20	02/29/20		2,035.00	0.00	0.00	2,035.00
	ANNUAL RENEWAL MAMMO L								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	T1875	TEXAS DEPT OF STATE				2,035.00	0.00	0.00	2,035.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20927		04/29/20	04/30/20	05/10/20		4,752.00	0.00	0.00	4,752.00
	WORK COMP								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	T2204	TEXAS MUTUAL INSURANCE CO				4,752.00	0.00	0.00	4,752.00

Vendor#	Vendor Name	Class	Pay Code
10808	TEXAS PRESCRIPTION PROGRAM		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20909		04/28/20	04/25/20	04/25/20		27.00	0.00	0.00	27.00
	SUPPLIES CLINIC								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10808	TEXAS PRESCRIPTION PROGRAM				27.00	0.00	0.00	27.00

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
20913		04/28/20	04/17/20	05/02/20		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
T1724	TOSHIBA AMERICA MEDICAL SYST. ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
10211628 ✓		04/23/20	04/03/20	05/03/20			9,000.00	0.00	0.00	9,000.00 ✓
	MAINT CONTR CT SCAN									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T1724	TOSHIBA AMERICA MEDICAL SYST.	9,000.00	0.00	0.00	9,000.00

Vendor#	Vendor Name	Class	Pay Code
T3130	TRI-ANIM HEALTH SERVICES INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
62203450 ✓		04/28/20	04/06/20	05/06/20			187.52	0.00	0.00	187.52 ✓
	SUPPLIES CARDIO									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T3130	TRI-ANIM HEALTH SERVICES INC	187.52	0.00	0.00	187.52

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
8150726364 ✓		04/23/20	04/05/20	05/05/20			31.92	0.00	0.00	31.92 ✓
	OUTSIDE SRV BIO MED									
8150726265 ✓		04/23/20	04/05/20	05/05/20			41.70	0.00	0.00	41.70 ✓
	OUTSIDE SRV MAINT									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1054	UNIFIRST HOLDINGS	73.62	0.00	0.00	73.62

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
8400217250 ✓		04/23/20	04/05/20	05/05/20			322.82	0.00	0.00	322.82 ✓
	LAUNDRY HOUSEKEEPING									
840217291 ✓		04/23/20	04/05/20	05/05/20			155.32	0.00	0.00	155.32 ✓
	LAUNDRY HOUSEKEEPING									
8400217254 ✓		04/23/20	04/05/20	05/05/20			94.28	0.00	0.00	94.28 ✓
	LAUNDRY HOUSEKEEPING									
8400217253 ✓		04/23/20	04/05/20	05/05/20			106.23	0.00	0.00	106.23 ✓
	LAUNDRY HOUSEKEEPING									
8400217304 ✓		04/23/20	04/05/20	05/05/20			1,128.97	0.00	0.00	1,128.97 ✓
	LAUNDRY HOUSEKEEPING									
8400217251 ✓		04/23/20	04/05/20	05/05/20			167.68	0.00	0.00	167.68 ✓
	LAUNDRY HOUSEKEEPING									
8400217252 ✓		04/23/20	04/05/20	05/05/20			167.84	0.00	0.00	167.84 ✓
	LAUNDRY DIETARY									
8400217627 ✓		04/28/20	04/08/20	05/08/20			572.71	0.00	0.00	572.71 ✓
	LAUNDRY HOUSEKEEPING									
8400217587 ✓		04/28/20	04/08/20	05/08/20			373.69	0.00	0.00	373.69 ✓
	LAUNDRY SURGERY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	3,089.54	0.00	0.00	3,089.54

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

5425053	04/29/20	02/14/20	03/05/20	47.64	0.00	0.00	47.64
FOOD SUPPLIES DIETARY							
5683661	04/29/20	03/01/20	03/21/20	129.83	0.00	0.00	129.83
DIETARY SUPPLIES							
5814122	04/29/20	03/06/20	03/26/20	14.04	0.00	0.00	14.04
FOOD SUPPLIES DIETARY							
3116219	04/29/20	03/18/20	04/07/20	98.18	0.00	0.00	98.18
SUPPLIES DIETARY							
3299604	04/29/20	03/27/20	04/16/20	13.83	0.00	0.00	13.83
FOOD SUPPLIES DIETARY							
3511288	04/29/20	04/09/20	04/29/20	131.37	0.00	0.00	131.37
SUPPLIES DIETARY							
3582436	04/29/20	04/14/20	05/04/20	1,982.03	0.00	0.00	1,982.03
FOOD SUPPLIES DIETARY							
3689198	04/29/20	04/17/20	05/07/20	56.32	0.00	0.00	56.32
SUPPLIES DIETARY							
3642862	04/29/20	04/18/20	05/08/20	2,692.68	0.00	0.00	2,692.68
FOOD SUPPLIES DIETARY							
Vendor Totals Number Name				Gross	Discount	No-Pay	Net
10172 US FOOD SERVICE				5,165.92	0.00	0.00	5,165.92

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
20910		04/28/20	04/25/20	04/25/20		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
V0559	VERIZON WIRELESS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9763883605		04/28/20	04/16/20	05/10/20		238.88	0.00	0.00	238.88
TELEPHONE EXPENSE									
Vendor Totals Number Name						Gross	Discount	No-Pay	Net
V0559 VERIZON WIRELESS						238.88	0.00	0.00	238.88

Vendor#	Vendor Name	Class	Pay Code
W1005	WALMART COMMUNITY	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
EX01J82TM2		04/29/20	03/14/20	05/01/20		105.00	0.00	0.00	105.00
SUPPLIES PLANT OPS									
EY01JJVPLJ		04/29/20	03/15/20	05/01/20		5.28	0.00	0.00	5.28
CS INVENTORY									
FE01PTM6Q3		04/29/20	03/30/20	04/29/20		21.54	0.00	0.00	21.54
CS INVENTORY & XRAY SUPP									
FE01R4B08P		04/29/20	03/31/20	04/30/20		25.67	0.00	0.00	25.67
OFFICE SUPPLIES ADMIN									
EF01R4B08Z		04/29/20	03/31/20	04/30/20		28.23	0.00	0.00	28.23
SUPPLIES PLANT OPS									
FJ01TG394R		04/29/20	04/04/20	05/01/20		15.00	0.00	0.00	15.00
SUPPLIES PLANT OPS									
FN01SVE7ST		04/29/20	04/08/20	05/01/20		3.84	0.00	0.00	3.84
SUPPLIES LAB									

FT01SVE7SY		04/29/20	04/08/20	05/01/20	-10.68	0.00	0.00	-10.68 ✓
	CREDIT LAB SUPPLIES							
FN01SVE7V9		04/29/20	04/08/20	05/01/20	28.57	0.00	0.00	28.57 ✓
	LAB SUPPLIES							
F401LMDLX1		05/03/20	03/21/20	04/20/20	174.48	0.00	0.00	174.48 ✓
	SUPPLIES OB							
F701MBZS98		05/03/20	03/23/20	04/22/20	6.93	0.00	0.00	6.93 ✓
	SUPPLIES CS & INDIGENT							
F801N50FJX		05/03/20	03/25/20	04/24/20	59.80	0.00	0.00	59.80 ✓
	SUPPLIES MED SURG							
FB01P4812H		05/03/20	03/28/20	04/27/20	12.82	0.00	0.00	12.82 ✓
	SUPPLIES ADMIN							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	W1005	WALMART COMMUNITY			476.48	0.00	0.00	476.48

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
	9110251099	✓	04/29/20	11/10/20	12/10/20			158.00	0.00	0.00	158.00 ✓
	LAB SUPPLIES										
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		I1110	WERFEN USA LLC					158.00	0.00	0.00	158.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	213,115.56	0.00	0.00	213,115.56

APPROVED
ON
MAY 04 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS #166109
to
#166198

Michael J. Pfeifer
Calhoun County Judge
Date 5-12-16

RUN DATE:05/04/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:16:11 CHECK REGISTER GLCKREG
05/04/16 THRU 05/04/16

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	166109	05/04/16	5,165.92	US FOOD SERVICE
A/P	166110	05/04/16	145.66	MERCEDES MEDICAL
A/P	166111	05/04/16	106.50	PHARMEDIUM SERVICES LLC
A/P	166112	05/04/16	805.27	GE HEALTHCARE
A/P	166113	05/04/16	1,165.31	REXEL
A/P	166114	05/04/16	653.38	CENTURION MEDICAL PRODUCTS
A/P	166115	05/04/16	923.47	DEWITT POTH & SON
A/P	166116	05/04/16	305.98	PRECISION DYNAMICS CORP (PDC)
A/P	166117	05/04/16	.00	VOIDED
A/P	166118	05/04/16	.00	VOIDED
A/P	166119	05/04/16	38,591.41	MORRIS & DICKSON CO, LLC
A/P	166120	05/04/16	32.76	PLATINUM CODE
A/P	166121	05/04/16	26,750.00	CPP WOUND CARE #28,LLC
A/P	166122	05/04/16	98.90	PROFESSIONAL MEDIA RESOURCES
A/P	166123	05/04/16	2,680.00	TELE-PHYSICIANS, P.A. (TX)
A/P	166124	05/04/16	2,376.58	FIVE STAR STERILIZER SERVICES
A/P	166125	05/04/16	27.00	TEXAS PRESCRIPTION PROGRAM
A/P	166126	05/04/16	248.42	QIAGEN INC
A/P	166127	05/04/16	179.48	MELANIE GRIFFITH
A/P	166128	05/04/16	2,646.78	COMBINED INSURANCE CO
A/P	166129	05/04/16	1,047.52	BIRCH COMMUNICATIONS
A/P	166130	05/04/16	2,543.09	AIRESPRING INC
A/P	166131	05/04/16	9,527.13	FUSION MEDICAL STAFFING, LLC
A/P	166132	05/04/16	500.00	DR JEWEL LINCOLN
A/P	166133	05/04/16	361.36	JERRY PICKETT
A/P	166134	05/04/16	3,690.52	TEXAS ADVANTAGE COMMUNITY BANK
A/P	166135	05/04/16	7,938.80	PAETEC
A/P	166136	05/04/16	434.59	LABORATORY SUPPLY CO
A/P	166137	05/04/16	92.00	HEATHER MUTCHLER
A/P	166138	05/04/16	106.36	FRONTIER
A/P	166139	05/04/16	3,284.53	FLDR DESIGNS LLC
A/P	166140	05/04/16	361.36	GULF COAST HARDWARE / ACE
A/P	166141	05/04/16	71.00	AMERISOURCEBERGEN DRUG CORP
A/P	166142	05/04/16	174.37	ALIMED INC.
A/P	166143	05/04/16	206.69	ALCO SALES & SERVICE CO
A/P	166144	05/04/16	234.01	CARDINAL HEALTH 414,LLC
A/P	166145	05/04/16	73.15	AUTO PARTS & MACHINE CO.
A/P	166146	05/04/16	109.32	BARD PERIPHERAL VASCULAR
A/P	166147	05/04/16	532.78	BAXTER HEALTHCARE CORP
A/P	166148	05/04/16	34,839.09	BECKMAN COULTER INC
A/P	166149	05/04/16	283.50	CERTIFIED LABORATORIES
A/P	166150	05/04/16	5,633.82	CITY OF PORT LAVACA
A/P	166151	05/04/16	4,000.00	EVIDENT
A/P	166152	05/04/16	332.64	C R BARD, INC
A/P	166153	05/04/16	492.00	DIEBEL OIL CO INC
A/P	166154	05/04/16	48.30	DOWNTOWN CLEANERS
A/P	166155	05/04/16	127.75	EAGLE FIRE & SAFETY INC
A/P	166156	05/04/16	45.37	FEDERAL EXPRESS CORP.
A/P	166157	05/04/16	3,809.14	FISHER HEALTHCARE
A/P	166158	05/04/16	75.00	GULF COAST DELIVERY

BANK--CHECK	NUMBER	DATE	AMOUNT	PAYEE
A/P	166159	05/04/16	120.24	GRAPHIC CONTROLS LLC
A/P	166160	05/04/16	202.60	GULF COAST PAPER COMPANY
A/P	166161	05/04/16	700.00	D HARRIS CONSULTING LLC
A/P	166162	05/04/16	34.85	HAVEL'S INCORPORATED
A/P	166163	05/04/16	652.10	HOSPIRA WORLDWIDE, INC
A/P	166164	05/04/16	70.12	INDEPENDENCE MEDICAL
A/P	166165	05/04/16	158.00	WERFEN USA LLC
A/P	166166	05/04/16	2,890.35	INTOXIMETERS INC
A/P	166167	05/04/16	2,044.40	J & J HEALTH CARE SYSTEMS, INC
A/P	166168	05/04/16	772.53	JOHNSTONE SUPPLY
A/P	166169	05/04/16	714.00	LANDAUER INC
A/P	166170	05/04/16	526.53	LOWE'S HOME CENTERS INC
A/P	166171	05/04/16	1,226.58	MCKESSON MEDICAL SURGICAL INC
A/P	166172	05/04/16	775.08	BAYER HEALTHCARE
A/P	166173	05/04/16	231.31	MMC AUXILIARY GIFT SHOP
A/P	166174	05/04/16	3,000.00	MERRITT, HAWKINS & ASSOCIATES
A/P	166175	05/04/16	1,654.65	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	166176	05/04/16	93.70	MMC VOLUNTEERS
A/P	166177	05/04/16	.00	VOIDED
A/P	166178	05/04/16	4,899.46	OWENS & MINOR
A/P	166179	05/04/16	100.00	PHILIP THOMAE PHOTOGRAPHER
A/P	166180	05/04/16	135.42	POWER ELECTRIC
A/P	166181	05/04/16	110.00	RADIOLOGY UNLIMITED, PA
A/P	166182	05/04/16	96.00	RECEIVABLE MANAGEMENT, INC
A/P	166183	05/04/16	89.94	RESPIRONICS, INC.
A/P	166184	05/04/16	121.70	SHERWIN WILLIAMS
A/P	166185	05/04/16	5,685.25	SIEMENS MEDICAL SOLUTIONS INC
A/P	166186	05/04/16	361.31	STRYKER SALES CORP
A/P	166187	05/04/16	609.19	SYSCO FOOD SERVICES OF
A/P	166188	05/04/16	9,000.00	TOSHIBA AMERICA MEDICAL SYST.
A/P	166189	05/04/16	2,035.00	TEXAS DEPT OF STATE
A/P	166190	05/04/16	4,752.00	TEXAS MUTUAL INSURANCE CO
A/P	166191	05/04/16	187.52	TRI-ANIM HEALTH SERVICES INC
A/P	166192	05/04/16	73.62	UNIFIRST HOLDINGS
A/P	166193	05/04/16	3,089.54	UNIFIRST HOLDINGS INC
A/P	166194	05/04/16	1,200.00	US POSTAL SERVICE
A/P	166195	05/04/16	238.88	VERIZON WIRELESS
A/P	166196	05/04/16	24.80	THE VICTORIA ADVOCATE
A/P	166197	05/04/16	476.48	WALMART COMMUNITY
A/P	166198	05/04/16	84.40	GRAINGER
TOTALS:			213,115.56	

APPROVED
ON

MAY 04 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
5/9/2016

Nursing Home	IBC Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	IGT Transfer-In	MMC Portion of IGT	Cantex Portion of IGT	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens	4553	421,965.54	589,006.16	1,318,577.30	-	662,689.72	246,302.72	1,151,536.68	488,746.96

Routing Information for Ashford Gardens:
Ashford Health Care Center Ltd Co
JP Morgan Chase Bank
ABA 111000614
Account 4257

Nursing Home	IBC Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	IGT Transfer-In	MMC Portion of IGT	Cantex Portion of IGT	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Solera at West Houston	4561	500,154.89	438,308.06	419,428.28	-	195,068.29	72,501.29	481,275.11	286,106.82
Crescent	4588	276,877.74	259,089.09	326,080.22	-	64,478.57	23,964.77	343,868.87	279,290.30
Broadmoor	4596	455,989.11	453,459.11	291,276.12	-	12,400.91	4,609.10	293,806.12	281,305.21
Fort Bend	4618	448,487.88	334,517.69	223,434.89	-	207,539.12	77,136.35	337,405.08	129,765.96
									976,468.29

Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:
Cantex Health Care Centers III LLC
JP Morgan Chase Bank
ABA 111000614
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.

APPROVED
MAY - 9 2016
COUNTY AUDITOR

Michael J. Pfeifer
Calhoun County Judge
Date: 5-12-16

E:\NH Weekly Transfers\NH UPL Transfer Summary 5-9-16.xlsx

MPAP program update 4/14/2016
Note All MPAP payments by State are State estimates which will be reconciled based on actual utilization.

MPAP Payments Expected in April:

NPI	DBA Facility Name	Molina	United Health-care	Amerigroup EFTs	Total	Return of Sept IGT	Return of Oct IGT	Net Income	MMC 50% of Net Income	Nursing Home Incentive Payment	Nursing Home Quality Payment	Total MMC Check	Total Cantex Check	Total Distributions
[redacted]	Ashford Gardens	✓ $135,381.58	✓ $435,155.92	✓ $338,454.94	$908,992.44	208,193.50	208,193.50	492,605.44	246,302.72	197,042.18	49,260.54	662,689.72	246,302.72	908,992.44
	The Broadmoor at Creekside Park	✓ $2,430.00	✓ $14,580.01		$17,010.01	3,895.90	3,895.90	9,218.21	4,609.11	3,687.28	921.82	12,400.91	4,609.10	17,010.01
	The Crescent	✓ $17,688.65	✓ $22,110.81	✓ $48,643.88	$88,443.34	20,256.90	20,256.90	47,929.54	23,964.77	19,171.82	4,792.95	64,478.57	23,964.77	88,443.34
	Solera at West Houston	✓ $61,746.83	✓ $123,493.65	✓ $82,329.10	$267,569.58	61,283.50	61,283.50	145,002.58	72,501.29	58,001.03	14,500.26	195,068.29	72,501.29	267,569.58
	Fort Bend Healthcare Center	✓ $113,870.19	✓ $142,337.73	✓ $28,467.55	$284,675.47	65,201.38	65,201.38	154,272.71	77,136.36	61,709.09	15,427.27	207,539.12	77,136.35	284,675.47
					$1,566,690.84	358,831.18	358,831.18	849,028.48	424,514.25	339,611.39	84,902.84	1,142,176.61	424,514.23	1,566,690.84

IBC Bank Activity
4/25/16 through 5/8/16

Ashford Gardens					Transfer-Out	Transfer-In			
4/25/2016	113105025	4553	142	ACH CREDIT RECEIVED		4,983.74	PN1326436189		Molina HC of TX Molina HC
4/25/2016	113105025	4553	142	ACH CREDIT RECEIVED		2,437.40	1.746E+13		AGING DISAB 5VCS HCCLAIMPMT
4/25/2016	113105025	4553	495	OUTGOING MONEY TRANSFER	286,483.96 ✓				ASHFORD HEALTH CARE CENTER LTO
4/25/2016	113105025	4553	142	ACH CREDIT RECEIVED		14,261.20	675423		NOVITAS SOLUTION HCCLAIMPMT
4/26/2016	113105025	4553	142	ACH CREDIT RECEIVED		6,564.99	675423		NOVITAS SOLUTION HCCLAIMPMT
4/26/2016	113105025	4553	301	COMMERCIAL DEPOSIT		824,811.40		0	14047577
4/26/2016	113105025	4553	142	ACH CREDIT RECEIVED		3,801.25	PN1326436189		Molina HC of TX Molina HC
4/27/2016	113105025	4553	142	ACH CREDIT RECEIVED		12,543.71	675423		NOVITAS SOLUTION HCCLAIMPMT
4/28/2016	113105025	4553	142	ACH CREDIT RECEIVED		157.50	PN1326436189		Molina HC of TX Molina HC
4/28/2016	113105025	4553	142	ACH CREDIT RECEIVED		865.70	PN1326436189		Molina HC of TX Molina HC
4/29/2016	113105025	4553	142	ACH CREDIT RECEIVED		624.26	PN1326436189		Molina HC of TX Molina HC
5/2/2016	113105025	4553	475	CHECK PAID	14,580.01			1	14177534
5/2/2016	113105025	4553	301	COMMERCIAL DEPOSIT		33,831.63		0	14177522
5/2/2016	113105025	4553	475	CHECK PAID	22,110.81			2	14177528
5/2/2016	113105025	4553	475	CHECK PAID	123,493.65			3	14177573
5/2/2016	113105025	4553	475	CHECK PAID	142,337.73			4	14177567
5/4/2016	113105025	4553	142	ACH CREDIT RECEIVED		756.21	PN1326436189		Molina HC of TX Molina HC
5/6/2016	113105025	4553	301	COMMERCIAL DEPOSIT		412,418.32		0	14082986
5/6/2016	113105025	4553	142	ACH CREDIT RECEIVED		519.99	PN1326436189		Molina HC of TX Molina HC
					589,006.16	1,318,577.30			

Solera at West Houston					Transfer-Out	Transfer-In			
4/25/2016	113105025	4561	142	ACH CREDIT RECEIVED		3,251.14	1.60421E+13		AMERIGROUP CORPO HCCLAIMPMT
4/25/2016	113105025	4561	142	ACH CREDIT RECEIVED		1,584.31	1.746E+13		AGING DISAB 5VCS HCCLAIMPMT
4/25/2016	113105025	4561	495	OUTGOING MONEY TRANSFER	438,308.06 ✓				CANTEX HEALTH CARE CENTERS LLC
4/26/2016	113105025	4561	301	COMMERCIAL DEPOSIT		1,112.75		0	14047562
4/26/2016	113105025	4561	142	ACH CREDIT RECEIVED		81,108.45	676310		NOVITAS SOLUTION HCCLAIMPMT
4/27/2016	113105025	4561	142	ACH CREDIT RECEIVED		4,563.72	676310		NOVITAS SOLUTION HCCLAIMPMT
4/29/2016	113105025	4561	142	ACH CREDIT RECEIVED		2,569.86	1.60427E+13		AMERIGROUP CORPO HCCLAIMPMT
5/2/2016	113105025	4561	301	COMMERCIAL DEPOSIT		162,394.51		0	14177572
5/2/2016	113105025	4561	142	ACH CREDIT RECEIVED		82,329.10	EE513S2435		AMERIGROUP CORPO E-PAYMENT
5/4/2016	113105025	4561	142	ACH CREDIT RECEIVED		1,815.65	676310		NOVITAS SOLUTION HCCLAIMPMT
5/5/2016	113105025	4561	142	ACH CREDIT RECEIVED		14,284.73	1.60503E+13		AMERIGROUP CORPO HCCLAIMPMT
5/5/2016	113105025	4561	142	ACH CREDIT RECEIVED		724.59	676310		NOVITAS SOLUTION HCCLAIMPMT
5/6/2016	113105025	4561	301	COMMERCIAL DEPOSIT		57,105.11		0	14083015
5/6/2016	113105025	4561	142	ACH CREDIT RECEIVED		3,173.26	1.746E+13		AGING DISAB 5VCS HCCLAIMPMT
5/6/2016	113105025	4561	142	ACH CREDIT RECEIVED		1,896.76	676310		NOVITAS SOLUTION HCCLAIMPMT
5/6/2016	113105025	4561	142	ACH CREDIT RECEIVED		880.00	676310		NOVITAS SOLUTION HCCLAIMPMT
5/6/2016	113105025	4561	142	ACH CREDIT RECEIVED		634.34	1.60504E+13		AMERIGROUP CORPO HCCLAIMPMT
					438,308.06	419,428.28			

Crescent					Transfer-Out	Transfer-In			
4/25/2016	113105025	4588	142	ACH CREDIT RECEIVED		4,682.32	1.60421E+13		AMERIGROUP CORPO HCCLAIMPMT
4/25/2016	113105025	4588	142	ACH CREDIT RECEIVED		29,505.49	676323		NOVITAS SOLUTION HCCLAIMPMT
4/25/2016	113105025	4588	142	ACH CREDIT RECEIVED		1,339.40	1.746E+13		AGING DISAB 5VCS HCCLAIMPMT
4/25/2016	113105025	4588	495	OUTGOING MONEY TRANSFER	259,089.09 ✓				CANTEX HEALTH CARE CENTERS III
4/26/2016	113105025	4588	301	COMMERCIAL DEPOSIT		1,771.00		0	14047582
4/26/2016	113105025	4588	142	ACH CREDIT RECEIVED		1,020.87	PN166986042S		Molina HC of TX Molina HC
4/26/2016	113105025	4588	142	ACH CREDIT RECEIVED		7,378.47	676323		NOVITAS SOLUTION HCCLAIMPMT
4/26/2016	113105025	4588	142	ACH CREDIT RECEIVED		3,517.14	1.746E+13		AGING DISAB 5VCS HCCLAIMPMT
4/27/2016	113105025	4588	142	ACH CREDIT RECEIVED		70,257.85	676323		NOVITAS SOLUTION HCCLAIMPMT
4/28/2016	113105025	4588	142	ACH CREDIT RECEIVED		22,397.99	676323		NOVITAS SOLUTION HCCLAIMPMT
4/29/2016	113105025	4588	142	ACH CREDIT RECEIVED		4,563.59	676323		NOVITAS SOLUTION HCCLAIMPMT
5/2/2016	113105025	4588	301	COMMERCIAL DEPOSIT		46,854.44		0	14177527
5/2/2016	113105025	4588	142	ACH CREDIT RECEIVED		48,643.88	EE513S2436		AMERIGROUP CORPO E-PAYMENT
5/3/2016	113105025	4588	142	ACH CREDIT RECEIVED		6,451.65	1.6043E+13		AMERIGROUP CORPO HCCLAIMPMT
5/4/2016	113105025	4588	142	ACH CREDIT RECEIVED		367.14	1.746E+13		AGING DISAB 5VCS HCCLAIMPMT
5/4/2016	113105025	4588	142	ACH CREDIT RECEIVED		2,835.82	PN166986042S		Molina HC of TX Molina HC
5/5/2016	113105025	4588	142	ACH CREDIT RECEIVED		6,865.74	PN166986042S		Molina HC of TX Molina HC
5/5/2016	113105025	4588	142	ACH CREDIT RECEIVED		2,401.68	1.60503E+13		AMERIGROUP CORPO HCCLAIMPMT
5/6/2016	113105025	4588	301	COMMERCIAL DEPOSIT		65,225.75		0	14083002
					259,089.09	326,080.22			

Broadmoor					Transfer-Out	Transfer-In			
4/25/2016	113105025	4596	142	ACH CREDIT RECEIVED		34,033.99	676357		NOVITAS SOLUTION HCCLAIMPMT
4/25/2016	113105025	4596	142	ACH CREDIT RECEIVED		1,128.82	1.746E+13		AGING DISAB SVCS HCCLAIMPMT
4/25/2016	113105025	4596	495	OUTGOING MONEY TRANSFER	453,459.11				CANTEX HEALTH CARE CENTERS III
4/25/2016	113105025	4596	142	ACH CREDIT RECEIVED		714.96	PN1669860433		Molina HC of TX Molina HC
4/26/2016	113105025	4596	142	ACH CREDIT RECEIVED		604.72	PN1669860433		Molina HC of TX Molina HC
4/27/2016	113105025	4596	142	ACH CREDIT RECEIVED		27,642.86	676357		NOVITAS SOLUTION HCCLAIMPMT
4/28/2016	113105025	4596	142	ACH CREDIT RECEIVED		1,620.58	PN1669860433		Molina HC of TX Molina HC
4/28/2016	113105025	4596	142	ACH CREDIT RECEIVED		4,861.44	676357		NOVITAS SOLUTION HCCLAIMPMT
4/28/2016	113105025	4596	142	ACH CREDIT RECEIVED		7,072.67	1.746E+13		AGING DISAB SVCS HCCLAIMPMT
4/29/2016	113105025	4596	142	ACH CREDIT RECEIVED		8,463.26	676357		NOVITAS SOLUTION HCCLAIMPMT
5/2/2016	113105025	4596	301	COMMERCIAL DEPOSIT		69,942.07	0	14177533	
5/2/2016	113105025	4596	142	ACH CREDIT RECEIVED		1,634.57	PN1669860433		Molina HC of TX Molina HC
5/5/2016	113105025	4596	142	ACH CREDIT RECEIVED		27,250.15	676357		NOVITAS SOLUTION HCCLAIMPMT
5/6/2016	113105025	4596	301	COMMERCIAL DEPOSIT		106,306.03	0	14083031	
					453,459.11	291,276.12			

Fort Bend					Transfer-Out	Transfer-In			
4/25/2016	113105025	4618	495	OUTGOING MONEY TRANSFER	334,517.69				CANTEX HEALTH CARE CENTERS III
4/25/2016	113105025	4618	142	ACH CREDIT RECEIVED		14,569.37	675663		NOVITAS SOLUTION HCCLAIMPMT
4/25/2016	113105025	4618	142	ACH CREDIT RECEIVED		1,994.48	1.60421E+13		AMERIGROUP CORPO HCCLAIMPMT
4/26/2016	113105025	4618	301	COMMERCIAL DEPOSIT		6,883.14	0	14047549	
4/26/2016	113105025	4618	142	ACH CREDIT RECEIVED		1,059.82	675663		NOVITAS SOLUTION HCCLAIMPMT
4/26/2016	113105025	4618	142	ACH CREDIT RECEIVED		7,062.34	PN1730577503		Molina HC of TX Molina HC
4/29/2016	113105025	4618	142	ACH CREDIT RECEIVED		1,610.46	675663		NOVITAS SOLUTION HCCLAIMPMT
5/2/2016	113105025	4618	142	ACH CREDIT RECEIVED		28,467.55	EE51352434		AMERIGROUP CORPO E-PAYMENT
5/2/2016	113105025	4618	301	COMMERCIAL DEPOSIT		151,694.94	0	14177566	
5/5/2016	113105025	4618	142	ACH CREDIT RECEIVED		1,822.02	1.746E+13		AGING DISAB SVCS HCCLAIMPMT
5/5/2016	113105025	4618	142	ACH CREDIT RECEIVED		49.62	1.60503E+13		AMERIGROUP CORPO HCCLAIMPMT
5/6/2016	113105025	4618	301	COMMERCIAL DEPOSIT		8,197.78	0	14083063	
5/6/2016	113105025	4618	142	ACH CREDIT RECEIVED		23.37	1.60504E+13		AMERIGROUP CORPO HCCLAIMPMT
					334,517.69	223,434.89			

Account Portfolio as of 05/09/2016 9:29:29 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	$1,151,536.68	$1,151,536.68
Memorial Medical Center	[redacted]4561	$481,275.11	$485,620.67
Memorial Medical Center	[redacted]4588	$343,868.87	$343,868.87
Memorial Medical Center	[redacted]4596	$293,806.12	$293,806.12
Memorial Medical Center	[redacted]4618	$337,405.08	$348,941.44
Memorial Medical Center Operat	[redacted]0301	$1,084,291.95	$1,077,224.74
County of Calhoun Indigent	[redacted]1101	$6,200.19	$6,200.19
Totals		**$3,723,453.79**	**$3,732,268.50**

RUN DATE:05/09/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:11:22 CHECK REGISTER and Payable List GLCKREG
05/09/16 THRU 05/09/16

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000764	05/09/16	1,716.10	MCKESSON
A/P	000765	05/09/16	206.38	MCKESSON
A/P	000766	05/09/16	1,064.60	MCKESSON
TOTALS:			2,987.08	

340B Prescription Expenses

APPROVED
ON

MAY 09 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 5-12-16

McKESSON

Company: 8000

STATEMENT

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: 05/06/2016 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 05/06/2016

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

As of: 05/06/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 05/06/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
05/02/2016	05/10/2016	7744241187	1000810008	115Invoice	15.16	757.84		742.68 ✓		7744241187	
05/02/2016	05/10/2016	7744241193	1000810569	115Invoice	8.53	426.42		417.89 ✓		7744241193	
05/02/2016	05/10/2016	7744241196	1000810966	115Invoice	0.86	42.99		42.13 ✓		7744241196	
05/03/2016	05/10/2016	7744463945	1000811345	115Invoice	0.76	38.14		37.38 ✓		7744463945	
05/04/2016	05/10/2016	7744680254	1000812006	115Invoice	0.09	4.50		4.41 ✓		7744680254	
05/05/2016	05/10/2016	7744923949	1000812600	115Invoice	6.61	330.31		323.70 ✓		7744923949	
05/05/2016	05/10/2016	7744923950	1000812600	115Invoice	0.20	10.20		10.00 ✓		7744923950	
05/06/2016	05/10/2016	7745143920	1000813202	115Invoice	2.81	140.72		137.91 ✓		7745143920	

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

TOTAL:

Subtotals: 1,751.12 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,311.43
05/02/2016

If Paid By 05/10/2016,
Pay This Amount: 1,716.10 USD

If Paid After 05/10/2016,
Pay this Amount: 1,751.12 USD

Due If Paid On Time:
USD 1,716.10

Disc lost if paid late:
35.02

Due If Paid Late:
USD 1,751.12

5.9.16

Ck# 764

APPROVED
ON
MAY 09 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

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: 05/06/2016 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 05/06/2016

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

As of: 05/06/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 05/06/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
05/02/2016	05/10/2016	7744221006	3454581409	115Invoice	2.11	105.30		103.19	✓	7744221006	
05/03/2016	05/10/2016	7744446372	3454581412	115Invoice	2.11	105.30		103.19	✓	7744446372	

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

TOTAL:

Subtotals: 210.60 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 59.04
05/02/2016

If Paid By 05/10/2016,
Pay This Amount: 206.38 USD

If Paid After 05/10/2016,
Pay this Amount: 210.60 USD

Due If Paid On Time:
USD 206.38

Disc lost if paid late:
4.22

Due If Paid Late:
USD 210.60

5.9.16

CK# 765

APPROVED
ON
MAY 09 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 05/06/2016 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 05/06/2016

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: 05/06/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 05/06/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
05/02/2016	05/10/2016	7744250168	1000810006	115Invoice	2.74	137.22		134.48		7744250168	
05/02/2016	05/10/2016	7744250171	1000810567	115Invoice	5.91	295.60		289.69		7744250171	
05/02/2016	05/10/2016	7744250173	1000810964	115Invoice	3.98	199.19		195.21		7744250173	
05/03/2016	05/10/2016	7744465008	1000811343	115Invoice	5.35	267.70		262.35		7744465008	
05/04/2016	05/10/2016	7744672943	1000812004	115Invoice	0.50	25.15		24.65		7744672943	
05/05/2016	05/10/2016	7744900440	1000812598	115Invoice	0.23	11.65		11.42		7744900440	
05/06/2016	05/10/2016	7745124059	1000813200	115Invoice	3.00	149.80		146.80		7745124059	

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

TOTAL:

Subtotals: 1,086.31 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 513.61
05/02/2016

If Paid By 05/10/2016,
Pay This Amount: 1,064.60 USD

If Paid After 05/10/2016,
Pay this Amount: 1,086.31 USD

Due If Paid On Time:
USD 1,064.60

Disc lost if paid late:
21.71

Due If Paid Late:
USD 1,086.31

clu#766

5.9.16

APPROVED
ON
MAY 09 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:05/09/16 MEMORIAL MEDICAL CENTER CRT#019 PAGE 1
TIME:11:27 EDIT LIST FOR BATCH 019 5060 TRANSACTION SEQUENCE GLEDIT

SEQ.	ACCOUNT NUMBER	A.H.A. NUMBER	TRANS DATE	JOURNAL	AMOUNT	SUB-LED	REFERENCE	MEMO	G.L. ACCOUNT DESCRIPTION	
1	10000000		05/09/16	CD	7,696.67CR	I1110	A/PC166199	WERFEN USA LLC	OPERATING	-CASH
	20000000		05/09/16	CD	7,696.67	I1110	A/PC166199	WERFEN USA LLC	ACCOUNTS PAYABLE	-A/P
	30000000					2220	332398			

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

JOURNAL	YRMO	COUNT	DEBIT	CREDIT
CD	1605	2	7,696.67	7,696.67
	TOTAL	2	7,696.67	7,696.67

Maintenic ; Lease for lab

ACCOUNT TOTAL RECAP ON NEXT PAGE

APPROVED
ON
MAY 0 9 2016 CK# 166199

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 5-12-16

RUN DATE:05/09/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:11:29 CHECK REGISTER GLCKREG
05/09/16 THRU 05/09/16

BANK	CHECK	DATE	AMOUNT	PAYEE
A/P	000764	05/09/16	1,716.10	MCKESSON
A/P	000765	05/09/16	206.38	MCKESSON
A/P *	000766	05/09/16	1,064.60	MCKESSON
A/P	166199	05/09/16	7,696.67	WERFEN USA LLC
TOTALS:			10,683.75	

on separate check register

matches payable approved

APPROVED
ON

MAY 0 9 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MPAP program update 4/14/2016
Note All MPAP payments by State are State estimates which will be reconciled based on actual utilization.

MPAP Payments Expected in April:

NPI	DBA Facility Name	Molina	United Health-care	Amerigroup EFTs	Total	Return of Sept IGT	Return of Oct IGT	Net Income	MMC 50% of Net Income	Nursing Home Incentive Payment	Nursing Home Quality Payment	Total MMC Check	Total Cantex Check	Total Distributions
1326436189	Ashford Gardens	$135,381.58	$435,155.92	$338,454.94	$908,992.44	208,193.50	208,193.50	492,605.44	246,302.72	197,042.18	49,260.54	(1) 662,689.72	246,302.72	908,992.44
1669860433	The Broadmoor at Creekside Park	$2,430.00	$14,580.01		$17,010.01	3,895.90	3,895.90	9,218.21	4,609.11	3,687.28	921.82	(2) 12,400.91	4,609.10	17,010.01
1669860425	The Crescent	$17,688.65	$22,110.81	$48,643.88	$88,443.34	20,256.90	20,256.90	47,929.54	23,964.77	19,171.82	4,792.95	(3) 64,478.57	23,964.77	88,443.34
1497143259	Solera at West Houston	$61,746.83	$123,493.65	$82,329.10	$267,569.58	61,283.50	61,283.50	145,002.58	72,501.29	58,001.03	14,500.26	(4) 195,068.29	72,501.29	267,569.58
1730577503	Fort Bend Healthcare Center	$113,870.19	$142,337.73	$28,467.55	$284,675.47	65,201.38	65,201.38	154,272.71	77,136.36	61,709.09	15,427.27	(5) 207,539.12	77,136.35	284,675.47
					$1,566,690.84	358,831.18	358,831.18	849,028.48	424,514.25	339,611.39	84,902.84	1,142,176.61	424,514.23	1,566,690.84

Michael J Pfeifer

Michael J. Pfeifer
Calhoun County Judge
Date: 5-12-16

APPROVED ON
MAY 09 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS #
(1) CK#005
(2) CK#001
(3) CK#001
(4) CK#001
(5) CK#001

Memorial Medical Center
NH Ashford
202 S. Ann St. Ste. A
Port Lavaca, TX 77979
3615526713

005
88-502/1131

5/9/2016
Date

Pay to the Order of Memorial Medical Center $ 662,689.72

Six Hundred Sixty Two Thousand Six Hundred Eighty Nine & 72 Dollars

IBC Bank
Port Lavaca, TX 77979

Calhoun County Auditor

For MPAP Payment MP

⑈113105025⑈ 4553⑈0005

Memorial Medical Center
NH Broadmoor
202 S. Ann St. Ste. A
Port Lavaca, TX 77979
3615526713

001
88-502/1131

5/9/2016
Date

Pay to the Order of Memorial Medical Center $ 12,400.91

Twelve Thousand Four Hundred & 91 Dollars

IBC Bank
Port Lavaca, TX 77979

Calhoun County Auditor

For MPAP Payment MP

⑈113105025⑈ 4596⑈0001

Memorial Medical Center
NH Crescent
202 S. Ann St. Ste. A
Port Lavaca, TX 77979
3615526713

001
88-502/1131

5/9/2016
Date

Pay to the Order of Memorial Medical Center $ 64,478.57

Sixty Four Thousand Four Hundred Seventy Eight & 57 Dollars

IBC Bank
Port Lavaca, TX 77979

Calhoun County Auditor

For MPAP Payment MP

⑈113105025⑈ 4588⑈0001

Memorial Medical Center
NH Solera
202 S. Ann St. Ste. A
Port Lavaca, TX 77979
3615526713

001
88-502/1131

5/9/2016
Date

Pay to the Order of Memorial Medical Center $ 195,068.29

One Hundred Ninty Five Thousand Sixty Eight & 29 Dollars

IBC Bank
Port Lavaca, TX 77979

County Auditor

For MPAP Payment MP

⑈113105025⑈ 4561⑈0001

Memorial Medical Center
NH Fort Bend
202 S. Ann St. Ste. A
Port Lavaca, TX 77979
3615526713

001
88-502/1131

5/9/2016
Date

Pay to the Order of Memorial Medical Center $ 207,539.12

Two Hundred Seven Thousand Five Hundred Thirty Nine & 12 Dollars

IBC Bank
Port Lavaca, TX 77979

Calhoun County Auditor

For MPAP Payment MP

⑈113105025⑈ 4618⑈0001

APPROVED
ON

MAY 11 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

05/10/2016 MEMORIAL MEDICAL CENTER 0
1748 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 05/20/2016

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
IN256562 ✓		04/15/20	04/06/20	05/11/20			8,802.88	0.00	0.00	8,802.88 ✓
	SUPPLIES SURGERY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10864	ACCLARENT, INC.	8,802.88	0.00	0.00	8,802.88

Vendor#	Vendor Name	Class	Pay Code
10832	ACI/BOLAND, INC. ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
0034294 ✓		04/30/20	04/28/20	04/28/20			925.23	0.00	0.00	925.23 ✓
	CLINIC CONSTRUCTION									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10832	ACI/BOLAND, INC.	925.23	0.00	0.00	925.23

Vendor#	Vendor Name	Class	Pay Code
10950	ACUTE CARE INC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
22408 ✓		05/10/20	04/20/20	04/30/20			1,400.00	0.00	0.00	1,400.00 ✓
	OUTSIDE SRV ER									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10950	ACUTE CARE INC	1,400.00	0.00	0.00	1,400.00

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
9050275218 ✓		04/28/20	04/11/20	05/11/20			68.76	0.00	0.00	68.76 ✓
	SUPPLIES PLANT OPS									
9050417498 ✓		04/28/20	04/15/20	05/15/20			241.44	0.00	0.00	241.44 ✓
	SUPPLIES PLANT OPS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS-SOUTHWEST	310.20	0.00	0.00	310.20

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2642584-IN ✓		04/28/20	04/14/20	05/14/20			36.07	0.00	0.00	36.07 ✓
	REPAIRS XRAY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1715	ALCO SALES & SERVICE CO	36.07	0.00	0.00	36.07

Vendor#	Vendor Name	Class	Pay Code
A1690	ALCON LABORATORIES, INC. ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9648422107 ✓		04/29/20	04/07/20	05/11/20			1,549.50	0.00	0.00	1,549.50 ✓
	SUPPLIES SURGERY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1690	ALCON LABORATORIES, 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
90944651 ✓		04/30/20	04/19/20	05/19/20			7,571.62	0.00	0.00	7,571.62 ✓

LAB INVENTORY

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10533	ALERE NORTH AMERICA INC	7,571.62	0.00	0.00	7,571.62

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
RPSV02074174 ✓		05/09/20	01/12/20	02/12/20			60.40	0.00	0.00	60.40 ✓
	SUPPLIES PT									
RPSV02076743 ✓		05/09/20	01/14/20	02/14/20			157.50	0.00	0.00	157.50 ✓
	SUPPLIES PT									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1705	ALIMED INC.	217.90	0.00	0.00	217.90

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
0000376143 ✓		05/09/20	04/25/20	05/15/20			33,530.44	0.00	0.00	33,530.44 ✓
	EMPLOYEE INS PREMIUMS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10814	ALLIED BENEFIT SYSTEMS	33,530.44	0.00	0.00	33,530.44

Vendor#	Vendor Name	Class	Pay Code
A1746	ALPHA TEC SYSTEMS INC ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
INV-00041631 ✓		04/30/20	04/18/20	05/18/20			243.13	0.00	0.00	243.13 ✓
	LAB SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1746	ALPHA TEC SYSTEMS INC	243.13	0.00	0.00	243.13

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
792856 ✓		04/28/20	04/15/20	05/15/20			28.98	0.00	0.00	28.98 ✓
	SUPPLIES MAINT									
794027 ✓		04/29/20	04/28/20	05/13/20			18.95	0.00	0.00	18.95 ✓
	SUPPLIES TRANSPORTATION									
794170 ✓		04/29/20	04/29/20	05/14/20			97.96	0.00	0.00	97.96 ✓
	SUPPLIES TRANSPORTATION									
793924 ✓		04/30/20	04/27/20	05/12/20			36.50	0.00	0.00	36.50 ✓
	SUPPLIES PLANT OPS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2600	AUTO PARTS & MACHINE CO.	182.39	0.00	0.00	182.39

Vendor#	Vendor Name	Class	Pay Code
B0436	BARD ACCESS ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
44668402 ✓		04/23/20	04/14/20	05/14/20			561.36	0.00	0.00	561.36 ✓
	SUPPLIES ULTRA SOUND									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B0436	BARD ACCESS	561.36	0.00	0.00	561.36

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
50629503 ✓		04/22/20	04/11/20	05/11/20			330.20	0.00	0.00	330.20 ✓
	CS INVENTORY									
50635065 ✓		04/22/20	04/12/20	05/12/20			114.50	0.00	0.00	114.50 ✓

	SUPPLIES RECOVERY								
50662844 ✓		04/22/20	04/14/20	05/14/20		137.28	0.00	0.00	137.28 ✓
	CS INVENTORY & ANESTHESI								
50670375 ✓		04/22/20	04/14/20	05/14/20		114.50	0.00	0.00	114.50 ✓
	SUPPLIES ANESTHESIA								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	B1075	BAXTER HEALTHCARE CORP				696.48	0.00	0.00	696.48
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
	6003944613 ✓		04/29/20	04/19/20	05/19/20		1,033.44	0.00	0.00	1,033.44 ✓
	SUPPLIES CT SCAN								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	M2485	BAYER HEALTHCARE					1,033.44	0.00	0.00	1,033.44
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
	5349676 ✓		04/27/20	04/12/20	05/12/20		3,933.48	0.00	0.00	3,933.48 ✓
	LEASE & MAINT CONTR LAB									
	5349672 ✓		04/27/20	04/12/20	05/12/20		4,233.46	0.00	0.00	4,233.46 ✓
	LEASE & MAINT CONTR LAB									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC					8,166.94	0.00	0.00	8,166.94
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
	949355758 ✓		04/22/20	04/13/20	05/13/20		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				
B1800	BRIGGS HEALTHCARE ✓				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	839666 RI ✓		04/27/20	04/12/20	05/12/20		219.70	0.00	0.00	219.70 ✓
	SUPPLIES BUS OFFICE									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	B1800	BRIGGS HEALTHCARE					219.70	0.00	0.00	219.70
Vendor#	Vendor Name				Class	Pay Code				
D1040	C R BARD, INC ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	23462552 ✓		04/23/20	04/15/20	05/15/20		266.62	0.00	0.00	266.62 ✓
	SUPPLIES SURGERY									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	D1040	C R BARD, INC					266.62	0.00	0.00	266.62
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
	20942		05/09/20	05/05/20	05/15/20		1,400.00	0.00	0.00	1,400.00 ✓
	OUTSIDE SRV IT									
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
	20932		05/09/20	05/03/20	05/03/20		25.00	0.00	0.00	25.00 ✓
		EMPLOYEE CREDIT UNION								
	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				
C1992	CDW GOVERNMENT, INC. ✓				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	CSG6718 ✓		04/28/20	04/14/20	05/14/20		5,753.64	0.00	0.00	5,753.64 ✓
		COMPUTERS								
	CRZ7369 ✓		04/28/20	04/14/20	05/14/20		210.70	0.00	0.00	210.70 ✓
		OFFICE SUPPLIES BUS OFFIC								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1992	CDW GOVERNMENT, INC.				5,964.34	0.00	0.00	5,964.34
Vendor#	Vendor Name				Class	Pay Code				
E1270	CENTERPOINT ENERGY ENTEX ✓				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	20937		05/09/20	04/28/20	05/13/20		50.15	0.00	0.00	50.15 ✓
		FUEL PLANT OPS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		E1270	CENTERPOINT ENERGY ENTEX				50.15	0.00	0.00	50.15
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
	20938		05/09/20	04/30/20	05/15/20		120.00	0.00	0.00	120.00 ✓
		PHARMACY DRUGS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1390	CENTRAL DRUGS				120.00	0.00	0.00	120.00
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
	91994188 ✓		04/22/20	04/11/20	05/11/20		1,357.64	0.00	0.00	1,357.64 ✓
		CS INVENTORY & RECOVERY								
	91996266 ✓		04/22/20	04/13/20	05/13/20		504.40	0.00	0.00	504.40 ✓
		CS INVENTORY & PT SUPPLY								
	92000894 ✓		04/23/20	04/20/20	05/20/20		786.02	0.00	0.00	786.02 ✓
		CS INVENTORY & RECOVERY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10350	CENTURION MEDICAL PRODUCTS				2,648.06	0.00	0.00	2,648.06
Vendor#	Vendor Name				Class	Pay Code				
C1478	CHANNING L BETE CO INC ✓				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	53135312 ✓		04/28/20	04/11/20	05/11/20		784.33	0.00	0.00	784.33 ✓
		SUPPLIES EDUCATION								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1478	CHANNING L BETE CO INC				784.33	0.00	0.00	784.33
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
	185307 ✓		04/26/20	04/20/20	05/20/20		687.24	0.00	0.00	687.24 ✓

SURGERY SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1970	CONMED CORPORATION	687.24	0.00	0.00	687.24

Vendor#	Vendor Name	Class	Pay Code
10556	CPP WOUND CARE #28,LLC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
19338 ✓		04/30/20	04/10/20	05/10/20			350.00	0.00	0.00	350.00 ✓
	OUTSIDE SRV WOUND CARE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10556	CPP WOUND CARE #28,LLC	350.00	0.00	0.00	350.00

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
206849 ✓		04/26/20	04/19/20	05/19/20			375.40	0.00	0.00	375.40 ✓
	SUPPLIES XRAY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10006	CUSTOM MEDICAL SPECIALTIES	375.40	0.00	0.00	375.40

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
469889-0 ✓		04/15/20	04/12/20	05/12/20			4.00	0.00	0.00	4.00 ✓
	OFFICE SUPPLIES CLINIC									
469971-0 ✓		04/15/20	04/13/20	05/13/20			424.88	0.00	0.00	424.88 ✓
	CS INVENTORY									
470424-0 ✓		04/23/20	04/18/20	05/18/20			26.26	0.00	0.00	26.26 ✓
	SUPPLIES SURGERY									
470423-0 ✓		04/23/20	04/18/20	05/18/20			289.33	0.00	0.00	289.33 ✓
	CS INVENTORY									
470593-0 ✓		04/26/20	04/20/20	05/20/20			81.60	0.00	0.00	81.60 ✓
	CS INVENTORY & INDIGENT S									
470067-0 ✓		04/27/20	04/14/20	05/14/20			60.06	0.00	0.00	60.06 ✓
	OFFICE SUPPLIES ACCOUNTI									
470013-0 ✓		04/28/20	04/13/20	05/13/20			54.12	0.00	0.00	54.12 ✓
	OFFICE SUPPIES ACCOUNTIN									
470538-0 ✓		04/28/20	04/19/20	05/19/20			281.84	0.00	0.00	281.84 ✓
	SUPPLIES ADMIN									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	1,222.09	0.00	0.00	1,222.09

Vendor#	Vendor Name	Class	Pay Code
D1752	DLE PAPER & PACKAGING ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8612 ✓		04/23/20	04/18/20	05/18/20			312.39	0.00	0.00	312.39 ✓
	CS FORM STOCK									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1752	DLE PAPER & PACKAGING	312.39	0.00	0.00	312.39

Vendor#	Vendor Name	Class	Pay Code
D1785	DYNATRONICS CORPORATION ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
873683 ✓		04/22/20	04/13/20	05/12/20			86.00	0.00	0.00	86.00 ✓
	SUPPLIES PT									
874272 ✓		04/23/20	04/15/20	05/15/20			52.90	0.00	0.00	52.90 ✓

	SUPPLIES PT								
874770 ✓		04/28/20	04/19/20	05/19/20		395.66	0.00	0.00	395.66 ✓
	SUPPLIES PT								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	D1785	DYNATRONICS CORPORATION				534.56	0.00	0.00	534.56
Vendor#	Vendor Name				Class	Pay Code			
11180	E-CODE SOLUTIONS OF ILLINOIS, ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
238		05/10/20	04/22/20	05/07/20		6,435.00	0.00	0.00	6,435.00 ✓
	OUTSIDE SRV HIM								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11180	E-CODE SOLUTIONS OF ILLINOIS,				6,435.00	0.00	0.00	6,435.00
Vendor#	Vendor Name				Class	Pay Code			
11186	EDDIE BALBOA ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20939		05/09/20	05/04/20	05/04/20		691.66	0.00	0.00	691.66 ✓
	TRAVEL EXP ER								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11186	EDDIE BALBOA				691.66	0.00	0.00	691.66
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
368516 ✓		04/23/20	04/18/20	05/18/20		152.86	0.00	0.00	152.86 ✓
	SUPPLIES SURGERY								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10042	ERBE USA INC SURGICAL SYSTEMS				152.86	0.00	0.00	152.86
Vendor#	Vendor Name				Class	Pay Code			
C2510	EVIDENT ✓				M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
A1604041378 ✓		04/23/20	04/04/20	05/11/20		16,203.00	0.00	0.00	16,203.00 ✓
	SOFTWARE MAINT IT								
T604111378 ✓		04/27/20	04/11/20	05/11/20		13,705.80	0.00	0.00	13,705.80 ✓
	OUTSIDE SRV BUS OFFICE &								
10%FUSION1378 ✓		05/09/20	05/03/20	05/03/20		500.00	0.00	0.00	500.00 ✓
	DWN PAY FUSION TO PACS IN								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C2510	EVIDENT				30,408.80	0.00	0.00	30,408.80
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
5-399-1208		05/09/20	04/28/20	05/13/20		176.21	0.00	0.00	176.21 ✓
	FREIGHT EXP LAB & BIO MED								
5-406-55124 ✓		05/10/20	05/05/20	05/05/20		37.36	0.00	0.00	37.36 ✓
	FREIGHT LAB								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.				213.57	0.00	0.00	213.57
Vendor#	Vendor Name				Class	Pay Code			
11188	FIESTA FACTORY ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20943		05/10/20	05/05/20	05/05/20		139.00	0.00	0.00	139.00 ✓
	HEALTH FAIR EXPENSE								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net

	11188	FIESTA FACTORY				139.00	0.00	0.00	139.00
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
	20935		05/09/20	05/03/20	05/03/20		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
	1586622 ✓		04/27/20	04/12/20	05/12/20		2,825.05	0.00	0.00	2,825.05 ✓
		LAB SUPPLIES								
	1586621 ✓		04/27/20	04/12/20	05/12/20		469.36	0.00	0.00	469.36 ✓
		LAB SUPPLIES								
	1675900 ✓		04/27/20	04/13/20	05/13/20		1,361.56	0.00	0.00	1,361.56 ✓
		LAB SUPPLIES								
	0725484 ✓		04/30/20	03/31/20	04/30/20		938.63	0.00	0.00	938.63 ✓
		LAB SUPPLIES								
	2537674 ✓		04/30/20	04/19/20	05/19/20		57.75	0.00	0.00	57.75 ✓
		LAB SUPPLIES								
	2013216 ✓		04/30/20	04/19/20	05/19/20		661.15	0.00	0.00	661.15 ✓
		LAB SUPPLIES								
	2111906 ✓		04/30/20	04/20/20	05/20/20		920.69	0.00	0.00	920.69 ✓
		LAB SUPPLIES								
	2474974 ✓		04/30/20	04/25/20	05/20/20		190.20	0.00	0.00	190.20 ✓
		LAB SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		F1400	FISHER HEALTHCARE				7,424.39	0.00	0.00	7,424.39
Vendor#	Vendor Name				Class	Pay Code				
10678	FIVE STAR STERILIZER SERVICES ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	4434 ✓		04/27/20	04/13/20	05/13/20		134.93	0.00	0.00	134.93 ✓
		REPAIRS SURGERY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10678	FIVE STAR STERILIZER SERVICES				134.93	0.00	0.00	134.93
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
	82395 ✓		04/28/20	04/15/20	05/15/20		4,017.51	0.00	0.00	4,017.51 ✓
		PROF FEES PT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11078	FUSION MEDICAL STAFFING, LLC				4,017.51	0.00	0.00	4,017.51
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
	45796 ✓		04/27/20	04/14/20	05/14/20		194.60	0.00	0.00	194.60 ✓
		LAB SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10901	GENESIS DIAGNOSTICS				194.60	0.00	0.00	194.60
Vendor#	Vendor Name				Class	Pay Code				

10653 GLOBAL EQUIPMENT CO. INC.

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
109355614	SUPPLIES LAB	04/28/20	04/13/20	05/13/20		58.86	0.00	0.00	58.86

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10653	GLOBAL EQUIPMENT CO. INC.	58.86	0.00	0.00	58.86

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
1120560	SUPPLIES HOUSEKEEPING &	04/15/20	04/12/20	05/12/20		228.18	0.00	0.00	228.18
1120563	SUPPLIES HOUSEKEEPING	04/15/20	04/12/20	05/12/20		170.00	0.00	0.00	170.00
1124246	SUPPLIES HOUSEKEEPING	04/23/20	04/19/20	05/19/20		253.26	0.00	0.00	253.26

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	651.44	0.00	0.00	651.44

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
39713663	CS INVENTORY	04/22/20	04/11/20	05/11/20		69.14	0.00	0.00	69.14
39749761	CS INVENTORY	04/22/20	04/13/20	05/13/20		2.99	0.00	0.00	2.99
39764455	SUPPLIES PT	04/23/20	04/14/20	05/14/20		2.32	0.00	0.00	2.32
39845704	CS INVENTORY	04/26/20	04/20/20	05/20/20		161.36	0.00	0.00	161.36

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I0415	INDEPENDENCE MEDICAL	235.81	0.00	0.00	235.81

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
916333911	SUPPLIES SURGERY	04/22/20	04/11/20	05/11/20		148.67	0.00	0.00	148.67
916347983	SUPPLIES SURGERY	04/23/20	04/13/20	05/13/20		42.00	0.00	0.00	42.00
916386174	SUPPLIES SURGERY	04/29/20	04/20/20	05/20/20		792.00	0.00	0.00	792.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE SYSTEMS, INC	982.67	0.00	0.00	982.67

Vendor# Vendor Name — Class — Pay Code

11167 LAMAR COMPANIES

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
106966881	ADVERTISING	04/28/20	04/18/20	05/18/20		500.00	0.00	0.00	500.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11167	LAMAR COMPANIES	500.00	0.00	0.00	500.00

Vendor# Vendor Name — Class — Pay Code

11185 LAURA PRICE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20929		04/30/20	05/05/20	05/05/20		31.64	0.00	0.00	31.64

TRAVEL EXP PT

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11185	LAURA PRICE	31.64	0.00	0.00	31.64

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
20936		05/09/20	05/03/20	05/03/20			932.50	0.00	0.00	932.50 ✓

EMPLOYEE PERSONAL INVES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10972	M G TRUST	932.50	0.00	0.00	932.50

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
76205370 ✓		04/11/20	04/04/20	05/15/20			526.93	0.00	0.00	526.93 ✓
	CS INVENTORY									
76384489 ✓		04/15/20	04/06/20	05/15/20			1,053.79	0.00	0.00	1,053.79 ✓
	CS INVENTORY									
76781069 ✓		04/22/20	04/13/20	05/13/20			3.55	0.00	0.00	3.55 ✓
	CS INVENTORY									
76684557 ✓		04/27/20	04/12/20	05/15/20			3,360.70	0.00	0.00	3,360.70 ✓
	LAB SUPPLIES									
76469495 ✓		04/28/20	04/07/20	05/15/20			392.43	0.00	0.00	392.43 ✓
	SUPPLIES LAB									
76567322 ✓		04/28/20	04/08/20	05/15/20			224.98	0.00	0.00	224.98 ✓
	LAB SUPPLIES									
76567334 ✓		04/28/20	04/08/20	05/15/20			132.45	0.00	0.00	132.45 ✓
	LAB SUPPLIES									
77547684 ✓		04/29/20	04/27/20	05/15/20			702.55	0.00	0.00	702.55 ✓
	CS INVENTORY									
76282060 ✓		04/30/20	04/05/20	05/15/20			150.40	0.00	0.00	150.40 ✓
	SUPPLIES LAB									
76935538 ✓		04/30/20	04/15/20	05/15/20			335.19	0.00	0.00	335.19 ✓
	SUPPLIES LAB									
77007686 ✓		04/30/20	04/18/20	05/15/20			1,589.00	0.00	0.00	1,589.00 ✓
	lab supplies									
77039790 ✓		04/30/20	04/18/20	05/15/20			644.96	0.00	0.00	644.96 ✓
	LAB SUPPLIES									
77077701 ✓		04/30/20	04/19/20	05/15/20			440.85	0.00	0.00	440.85 ✓
	SUPPLIES LAB									
77354435 ✓		04/30/20	04/24/20	05/15/20			201.25	0.00	0.00	201.25 ✓
	LAB SUPPLIES									
77471124 ✓		04/30/20	04/26/20	05/15/20			850.71	0.00	0.00	850.71 ✓
	LAB SUPPLIES									
77500824 ✓		04/30/20	04/26/20	05/15/20			60.10	0.00	0.00	60.10 ✓
	LAB SUPPLIES									
76084905 ✓		05/10/20	03/31/20	04/30/20			1.47	0.00	0.00	1.47 ✓
	FINANCE CHARGE									
77558910 ✓		05/10/20	04/27/20	05/15/20			16.65	0.00	0.00	16.65 ✓
	SUPPLIES NUC MED									
77770052 ✓		05/10/20	04/30/20	05/05/20			7.11	0.00	0.00	7.11 ✓
	FINANCE CHARGE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	10,695.07	0.00	0.00	10,695.07

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
20934		05/09/20	05/03/20	05/03/20			50.00	0.00	0.00	50.00
	CLINIC CO PAYS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10963	MEMORIAL MEDICAL CLINIC	50.00	0.00	0.00	50.00

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
1824089		04/27/20	04/12/20	05/12/20			269.66	0.00	0.00	269.66
	LAB SUPPLIES									
1825714		04/30/20	04/19/20	05/19/20			360.84	0.00	0.00	360.84
	LAB SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10182	MERCEDES MEDICAL	630.50	0.00	0.00	630.50

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
30094229375		04/22/20	04/13/20	05/13/20			159.21	0.00	0.00	159.21
	SURGERY SUPPLIES									
30094230027		04/23/20	04/14/20	05/14/20			442.66	0.00	0.00	442.66
	SUPPLIES MRI									
30094233069		04/26/20	04/20/20	05/20/20			862.64	0.00	0.00	862.64
	SUPPLIES XRAY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2659	MERRY X-RAY/SOURCEONE HEALTHCA	1,464.51	0.00	0.00	1,464.51

Vendor#	Vendor Name	Class	Pay Code
10515	MICHELLE CANTU		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20940		05/09/20	05/05/20	05/05/20			31.64	0.00	0.00	31.64
	TRAVEL EXP PT									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10515	MICHELLE CANTU	31.64	0.00	0.00	31.64

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
APRIL182016		04/23/20	04/18/20	05/11/20			65,022.02	0.00	0.00	65,022.02
	EMPLOYEE MEDICAL CLAIMS									
APRIL252016		04/30/20	04/25/20	04/25/20			11,392.64	0.00	0.00	11,392.64
	EMPLOYEE MEDICAL CLAIMS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN	76,414.66	0.00	0.00	76,414.66

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
8797292		05/09/20	05/03/20	05/04/20			4.52	0.00	0.00	4.52
	PHARMACY DRUGS									
8796391		05/09/20	05/03/20	05/04/20			129.92	0.00	0.00	129.92
	PHARMACY DRUGS									

CM38878		05/09/20	05/03/20	05/04/20	-94.19	0.00	0.00	-94.19
	PHARMACY CREDIT							
8796393		05/09/20	05/03/20	05/04/20	306.51	0.00	0.00	306.51
	PHARMACY DRUGS							
8796394		05/09/20	05/03/20	05/04/20	29.31	0.00	0.00	29.31
	PHARMACY DRUGS							
8796392		05/09/20	05/03/20	05/04/20	911.39	0.00	0.00	911.39
	PHARMACY DRUGS							
8796390		05/09/20	05/03/20	05/04/20	51.39	0.00	0.00	51.39
	PHARMACY DRUGS							
8802574		05/09/20	05/04/20	05/05/20	449.49	0.00	0.00	449.49
	PHARMACY DRUGS							
8799517		05/09/20	05/04/20	05/05/20	33.05	0.00	0.00	33.05
	PHARMACY DRUGS							
8802571		05/09/20	05/04/20	05/05/20	1,990.69	0.00	0.00	1,990.69
	PHARMACY DRUGS							
8802572		05/09/20	05/04/20	05/05/20	1,088.90	0.00	0.00	1,088.90
	PHARMACY DRUGS							
8804446		05/09/20	05/05/20	05/06/20	1,500.00	0.00	0.00	1,500.00
	OUTSIDE SRV PHARMACY							
8811272		05/09/20	05/06/20	05/07/20	136.97	0.00	0.00	136.97
	PHARMACY DRUGS							
8811616		05/09/20	05/06/20	05/07/20	164.86	0.00	0.00	164.86
	PHARMACY DRUGS							
8811271		05/09/20	05/06/20	05/07/20	410.92	0.00	0.00	410.92
	PHARMACY DRUGS							
8811620		05/09/20	05/06/20	05/07/20	751.89	0.00	0.00	751.89
	PHARMACY DRUGS							
8811617		05/09/20	05/06/20	05/07/20	768.24	0.00	0.00	768.24
	PHARMACY DRUGS							
8811619		05/09/20	05/06/20	05/07/20	4.44	0.00	0.00	4.44
	PHARMACY DRUGS							
8811618		05/09/20	05/06/20	05/07/20	54.09	0.00	0.00	54.09
	PHARMACY DRUGS							
8820276		05/10/20	05/09/20	05/10/20	637.59	0.00	0.00	637.59
	PHARMACY DRUGS							
8818186		05/10/20	05/09/20	05/10/20	637.09	0.00	0.00	637.09
	PHARMACY DRUGS							
8818327		05/10/20	05/09/20	05/10/20	35.16	0.00	0.00	35.16
	PHARMACY DRUGS							
8820278		05/10/20	05/09/20	05/10/20	238.21	0.00	0.00	238.21
	PHARMACY DRUGS							
8818326		05/10/20	05/09/20	05/10/20	9.23	0.00	0.00	9.23
	PHARMACY DRUGS							
8820277		05/10/20	05/09/20	05/10/20	1,512.46	0.00	0.00	1,512.46
	PHARMACY DRUGS							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC			11,762.13	0.00	0.00	11,762.13

Vendor#	Vendor Name		Class	Pay Code					
A2252	NADINE GARNER		W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net

20930		04/30/20	05/05/20	05/05/20		250.40	0.00	0.00	250.40
	TRAVEL EXPENSE INFECTION								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	A2252	NADINE GARNER				250.40	0.00	0.00	250.40
Vendor#	Vendor Name				Class	Pay Code			
10868	NOVA BIOMEDICAL								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
90247881		04/30/20	04/20/20	05/20/20		110.84	0.00	0.00	110.84
	LAB SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10868	NOVA BIOMEDICAL				110.84	0.00	0.00	110.84
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
835355980001		04/23/20	04/14/20	05/14/20		123.48	0.00	0.00	123.48
	OFFICE SUPPLIES XRAY								
835163767001		04/28/20	04/13/20	05/15/20		56.94	0.00	0.00	56.94
	OFFICE SUPPLIES ADMIN								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	O0920	OFFICE DEPOT				180.42	0.00	0.00	180.42
Vendor#	Vendor Name				Class	Pay Code			
O1500	OLYMPUS AMERICA INC				M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
92230888		04/11/20	03/29/20	05/13/20		1,231.15	0.00	0.00	1,231.15
	SUPPLIES SURGERY								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	O1500	OLYMPUS AMERICA INC				1,231.15	0.00	0.00	1,231.15
Vendor#	Vendor Name				Class	Pay Code			
O1410	ON-SITE TESTING SPECIALISTS				W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
22160		04/30/20	04/19/20	05/19/20		179.84	0.00	0.00	179.84
	LAB SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	O1410	ON-SITE TESTING SPECIALISTS				179.84	0.00	0.00	179.84
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
2016295119		04/15/20	04/12/20	05/12/20		6.36	0.00	0.00	6.36
	CS INVENTORY								
2016295098		04/15/20	04/12/20	05/12/20		1,460.49	0.00	0.00	1,460.49
	SUPPLIES VARIOUS DEPTS								
2016292521		04/15/20	04/12/20	05/12/20		1,083.27	0.00	0.00	1,083.27
	SUPPLIES VARIOUS DEPTS								
2016301503		04/15/20	04/12/20	05/12/20		39.00	0.00	0.00	39.00
	SUPPLIES DIETARY								
2016291430		04/15/20	04/12/20	05/12/20		4.16	0.00	0.00	4.16
	CS INVENTORY								
2016291456		04/15/20	04/12/20	05/12/20		11.02	0.00	0.00	11.02
	SUPPLIES PT								
2016291426		04/15/20	04/12/20	05/12/20		38.92	0.00	0.00	38.92
	CS INVENTORY								
2016358834		04/22/20	04/14/20	05/14/20		175.80	0.00	0.00	175.80

	SUPPLIES OB					
2016290880	04/23/20 04/12/20 05/12/20	130.83	0.00	0.00	130.83	
	SUPPLIES SURGERY					
2016366788	04/23/20 04/14/20 05/14/20	1,216.38	0.00	0.00	1,216.38	
	CS INVENTORY					
2016359274	04/23/20 04/14/20 05/14/20	2.94	0.00	0.00	2.94	
	CS INVENTORY					
2016358846	04/23/20 04/14/20 05/14/20	75.88	0.00	0.00	75.88	
	CS INVENTORY					
2016364879	04/23/20 04/14/20 05/14/20	808.33	0.00	0.00	808.33	
	SUPPLIES VARIOUS DEPTS					
2016361161	04/23/20 04/14/20 05/14/20	115.00	0.00	0.00	115.00	
	SUPPLIES HOUSEKEEPING					
2016535351	04/26/20 04/20/20 05/20/20	77.57	0.00	0.00	77.57	
	CS INVENTORY					
2016549447	04/26/20 04/20/20 05/20/20	56.05	0.00	0.00	56.05	
	SUPPLIES CARDIO					
2016540664	04/26/20 04/20/20 05/20/20	1,964.98	0.00	0.00	1,964.98	
	SUPPLIES VARIOUS DEPTS					
2016540615	04/26/20 04/20/20 05/20/20	1,560.12	0.00	0.00	1,560.12	
	SUPPLIES VARIOUS DEPTS					
2016536213	04/26/20 04/20/20 05/20/20	104.62	0.00	0.00	104.62	
	SUPPLIES SURGERY					
2016534211	04/26/20 04/20/20 05/20/20	230.08	0.00	0.00	230.08	
	CS INVENTORY					
2016540704	04/26/20 04/20/20 05/20/20	33.04	0.00	0.00	33.04	
	SUPPLIES PT					
2016363399	04/27/20 04/14/20 05/14/20	138.56	0.00	0.00	138.56	
	SUPPLIES PT					
8000001615	05/10/20 11/30/20 12/30/20	46.56	0.00	0.00	46.56	
	FINANCE CHARGE					
8000007703	05/10/20 12/31/20 01/30/20	132.44	0.00	0.00	132.44	
	FINANCE CHARGES					
8000012677	05/10/20 01/31/20 03/02/20	199.99	0.00	0.00	199.99	
	FINANCE CHARGE					
8000016578	05/10/20 02/28/20 03/30/20	127.39	0.00	0.00	127.39	
	FINANCE CHARGE					
2010615435	05/10/20 10/08/20 11/07/20	393.27	0.00	0.00	393.27	
	SUPPLIES VARIOUS DEPTS					
2010612252	05/10/20 10/08/20 11/07/20	25.72	0.00	0.00	25.72	
	CS INVENTORY					
2010615408	05/10/20 10/08/20 11/07/20	379.08	0.00	0.00	379.08	
	CS INVENTORY					
8000046364	05/10/20 10/31/20 11/30/20	28.65	0.00	0.00	28.65	
	FINANCE CHARGE					
2011457320	05/10/20 11/05/20 12/05/20	1.48	0.00	0.00	1.48	
	CS INVENTORY					
2012014569	05/10/20 11/24/20 12/24/20	4.44	0.00	0.00	4.44	
	CS INVENTORY					
8000051264	05/10/20 11/30/20 12/30/20	141.79	0.00	0.00	141.79	
	FINANCE CHARGE					

8000058715	05/10/20	01/31/20	03/01/20		41.25	0.00	0.00	41.25
FIANCE CHARGE								
8000061910	05/10/20	02/29/20	03/30/20		121.36	0.00	0.00	121.36
FINANCE CHARGE								
8000066724	05/10/20	04/30/20	05/05/20		11.77	0.00	0.00	11.77
FINANCE CHARGE								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR			10,988.59	0.00	0.00	10,988.59

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
A1591170	PHARMACY DRUGS	04/28/20	04/12/20	05/12/20			142.00	0.00	0.00	142.00
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10204	PHARMEDIUM SERVICES LLC					142.00	0.00	0.00	142.00

Vendor# Vendor Name — Class — Pay Code

P1470 PHILIP THOMAE PHOTOGRAPHER — W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
10127	OUTSIDE SRV ADMIN	05/09/20	05/03/20	05/03/20			100.00	0.00	0.00	100.00
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	P1470	PHILIP THOMAE PHOTOGRAPHER					100.00	0.00	0.00	100.00

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
053286	SUPPLIES LAB	04/29/20	04/13/20	05/13/20			116.60	0.00	0.00	116.60
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10541	PLATINUM CODE					116.60	0.00	0.00	116.60

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
A20750	SUPPLIES PLANT OPS	04/27/20	04/18/20	05/18/20			20.99	0.00	0.00	20.99
A21079	SUPPLIES PLANT OPS	04/29/20	04/29/20	05/11/20			20.96	0.00	0.00	20.96
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	P2200	POWER ELECTRIC					41.95	0.00	0.00	41.95

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
3354026	CS INVENTORY	04/23/20	04/14/20	05/14/20			248.02	0.00	0.00	248.02
3358285	CS INVENTORY	04/26/20	04/19/20	05/19/20			59.09	0.00	0.00	59.09
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10372	PRECISION DYNAMICS CORP (PDC)					307.11	0.00	0.00	307.11

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
35474	OUTSIDE SRV MAMMO	04/27/20	04/14/20	05/14/20			95.00	0.00	0.00	95.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10889	PROCESSOR & CHEMICAL SERVICES	95.00	0.00	0.00	95.00

Vendor# I0520 Vendor Name: RICOH USA, INC. Class: M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
96771362	COPIER LEASE	05/09/20	04/30/20	05/19/20		5,909.84	0.00	0.00	5,909.84

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I0520	RICOH USA, INC.	5,909.84	0.00	0.00	5,909.84

Vendor# G0425 Vendor Name: ROBERTS, ROBERTS & ODEFEY, LLP Class: W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
146	LEGAL SERVICES	04/29/20	04/29/20	05/11/20		3,481.50	0.00	0.00	3,481.50
44	LEGAL SERVICES	04/29/20	04/29/20	05/11/20		206.25	0.00	0.00	206.25

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G0425	ROBERTS, ROBERTS & ODEFEY, LLP	3,687.75	0.00	0.00	3,687.75

Vendor# 10625 Vendor Name: SARA RUBIO Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20928	TRAVEL EXPENSE ER	04/30/20	05/03/20	05/03/20		217.68	0.00	0.00	217.68

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10625	SARA RUBIO	217.68	0.00	0.00	217.68

Vendor# S1800 Vendor Name: SHERWIN WILLIAMS Class: W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8754-4	SUPPLIES PLANT OPS	04/29/20	04/25/20	05/11/20		123.48	0.00	0.00	123.48
8950-8	SUPPLIES PLANT OPS	04/29/20	04/28/20	05/13/20		45.08	0.00	0.00	45.08
8973-0	SUPPLIES PLANT OPS	04/29/20	04/29/20	05/14/20		13.98	0.00	0.00	13.98
8992-0	SUPPLIES PLANT OPS	04/30/20	04/29/20	05/14/20		20.97	0.00	0.00	20.97
9024-1	SUPPLIES PLANT OPS	04/30/20	04/30/20	05/15/20		7.60	0.00	0.00	7.60

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S1800	SHERWIN WILLIAMS	211.11	0.00	0.00	211.11

Vendor# K0536 Vendor Name: SHIRLEY KARNEI Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20944	OUTSIDE SRV TRANSCRIPTIC	05/10/20	05/08/20	05/08/20		1,276.80	0.00	0.00	1,276.80

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	K0536	SHIRLEY KARNEI	1,276.80	0.00	0.00	1,276.80

Vendor# 10699 Vendor Name: SIGN AD, LTD. Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
200730		05/09/20	05/01/20	05/11/20		1,275.00	0.00	0.00	1,275.00

		ADVERTISING							
	200753		05/09/20	05/01/20	05/11/20	390.00	0.00	0.00	390.00
		ADVERTISING							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		10699	SIGN AD, LTD.			1,665.00	0.00	0.00	1,665.00
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
	92934964		04/15/20	04/11/20	05/11/20		778.64	0.00	0.00	778.64
		SUPPLIES SURGERY								
	92955683		04/26/20	04/20/20	05/20/20		999.36	0.00	0.00	999.36
		SUPPLIES SURGERY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2362	SMITH & NEPHEW				1,778.00	0.00	0.00	1,778.00
Vendor#	Vendor Name				Class	Pay Code				
S2353	SMITHS MEDICAL ASD INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	14476729		04/23/20	04/13/20	05/13/20		332.22	0.00	0.00	332.22
		SUPPLIES SURGERY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2353	SMITHS MEDICAL ASD INC				332.22	0.00	0.00	332.22
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
	90019267		04/28/20	04/18/20	05/18/20		3,660.00	0.00	0.00	3,660.00
		BLOOD BANK SUPPLIES								
	90019194		04/28/20	04/18/20	05/18/20		-2,025.00	0.00	0.00	-2,025.00
		BLOOD BANK CREDIT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2400	SO TEX BLOOD & TISSUE CENTER				1,635.00	0.00	0.00	1,635.00
Vendor#	Vendor Name				Class	Pay Code				
11181	STACIE HUNT									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	20941		05/09/20	05/04/20	05/04/20		60.00	0.00	0.00	60.00
		TRAVEL EXPENSE ER								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11181	STACIE HUNT				60.00	0.00	0.00	60.00
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
	913216A		04/26/20	04/19/20	05/19/20		84.00	0.00	0.00	84.00
		SUPPLIES SURGERY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2830	STRYKER SALES CORP				84.00	0.00	0.00	84.00
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
	2722634		04/23/20	04/12/20	05/12/20		188.18	0.00	0.00	188.18
		SUPPLIES SURGERY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10735	STRYKER SUSTAINABILITY				188.18	0.00	0.00	188.18
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
604212461	FOOD SUPPLIES DIETARY	04/29/20	04/21/20	05/11/20			712.43	0.00	0.00	712.43

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2951	SYSCO FOOD SERVICES OF	712.43	0.00	0.00	712.43

Vendor# Vendor Name Class Pay Code

T2230 TEXAS WIRED MUSIC INC W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
A875987	OUTSIDE SRV ADMIN	05/09/20	05/01/20	05/01/20			63.95	0.00	0.00	63.95
A875988	OUTSIDE SRV ADMIN	05/09/20	05/01/20	05/01/20			73.95	0.00	0.00	73.95

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T2230	TEXAS WIRED MUSIC INC	137.90	0.00	0.00	137.90

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
8150727105	OUTSIDE SRV BIO MED	04/28/20	04/12/20	05/12/20			31.92	0.00	0.00	31.92
8150727007	OUTSIDE SRV MAINT	04/28/20	04/12/20	05/12/20			41.00	0.00	0.00	41.00
8150727727	OUTSIDE SRV MAINT	04/28/20	04/19/20	05/19/20			41.00	0.00	0.00	41.00
8150727825	OUTSIDE SRV BIO MED	04/28/20	04/19/20	05/19/20			31.92	0.00	0.00	31.92

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1054	UNIFIRST HOLDINGS	145.84	0.00	0.00	145.84

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
8400217801	LAUNDRY HOUSEKEEPING	04/28/20	04/12/20	05/12/20			1,200.10	0.00	0.00	1,200.10
8400217751	LAUNDRY DIETARY	04/28/20	04/12/20	05/12/20			165.55	0.00	0.00	165.55
8400217752	LAUNDRY OB	04/28/20	04/12/20	05/12/20			106.23	0.00	0.00	106.23
8400217749	LAUNDRY HOUSEKEEPING	04/28/20	04/12/20	05/12/20			318.38	0.00	0.00	318.38
8400217750	LAUNDRY HOUSEKEEPING	04/28/20	04/12/20	05/12/20			186.35	0.00	0.00	186.35
8400217790	LAUNDRY HOUSEKEEPING	04/28/20	04/12/20	05/12/20			155.32	0.00	0.00	155.32
8400217753	LAUNDRY HOUSEKEEPING	04/28/20	04/12/20	05/12/20			94.28	0.00	0.00	94.28
8400218135	LAUNDRY HOUSEKEEPING	04/28/20	04/15/20	05/15/20			1,130.51	0.00	0.00	1,130.51
8400218095	LAUNDRY SURGERY	04/28/20	04/15/20	05/15/20			373.69	0.00	0.00	373.69
8400218262	LAUNDRY HOUSEKEEPING	04/28/20	04/19/20	05/19/20			318.38	0.00	0.00	318.38

8400218264		04/28/20	04/19/20	05/19/20		186.12	0.00	0.00	186.12
LAUNDRY DIETARY									
8400218302		04/28/20	04/19/20	05/19/20		155.32	0.00	0.00	155.32
LAUNDRY HOUSEKEEPING									
8400218265		04/28/20	04/19/20	05/19/20		106.23	0.00	0.00	106.23
LAUNDRY OB									
8400218266		04/28/20	04/19/20	05/19/20		94.28	0.00	0.00	94.28
LAUNDRY HOUSEKEEPING									
8400218263		04/28/20	04/19/20	05/19/20		214.45	0.00	0.00	214.45
LAUNDRY HOUSEKEEPIG									
8400218315		04/28/20	04/19/20	05/19/20		924.02	0.00	0.00	924.02
LAUNDRY HOUSEKEEPING									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC				5,729.21	0.00	0.00	5,729.21

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
	6885729		04/28/20	04/20/20	05/20/20		79.91	0.00	0.00	79.91
		EMPLOYEE UNIFORMS								
	6885730		04/28/20	04/20/20	05/20/20		185.85	0.00	0.00	185.85
		EMPLOYEE UNIFORMS								
	6885728		04/28/20	04/20/20	05/20/20		157.05	0.00	0.00	157.05
		EMPLOYEE UNIFORMS								
	6885731		04/28/20	04/20/20	05/20/20		134.91	0.00	0.00	134.91
		EMPLOYEE UNIFORMS								
	6885727		04/28/20	04/20/20	05/20/20		205.92	0.00	0.00	205.92
		EMPLOYEE UNIFORMS								
	6885732		04/28/20	04/20/20	05/20/20		135.40	0.00	0.00	135.40
		EMPLOYEE UNIFORMS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		U1056	UNIFORM ADVANTAGE				899.04	0.00	0.00	899.04

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
	3711977		04/29/20	04/21/20	05/11/20		1,781.03	0.00	0.00	1,781.03
		FOOD SUPPLIES DIETARY								
	3772287		04/29/20	04/25/20	05/15/20		2,408.87	0.00	0.00	2,408.87
		FOOD SUPPLIES DIETARY								
	8994296		04/30/20	03/26/20	04/15/20		32.57	0.00	0.00	32.57
		SERVICE CHARGE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10172	US FOOD SERVICE				4,222.47	0.00	0.00	4,222.47

Vendor#	Vendor Name			Class	Pay Code				
10915	WAGEWORKS								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	20933		05/09/20	05/03/20	05/03/20		2,276.61	0.00	0.00	2,276.61
		MONEY TO FUND FLEX SPENI								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10915	WAGEWORKS				2,276.61	0.00	0.00	2,276.61

Vendor#	Vendor Name			Class	Pay Code				
10793	WAGEWORKS								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net

125A10458543		04/27/20	04/13/20	05/13/20	225.00	0.00	0.00	225.00
FLEX SPENDING ADMIN FEE								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10793	WAGEWORKS			225.00	0.00	0.00	225.00

Vendor#	Vendor Name	Class	Pay Code
10943	WALLER,LANSDEN, DORTCH & DAVIS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
10595052	LEGAL SERVICES	04/28/20	04/14/20	05/14/20			452.91	0.00	0.00	452.91
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10943	WALLER,LANSDEN, DORTCH & DAVIS					452.91	0.00	0.00	452.91

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
109974	SUPPLIES SURGICAL CLINIC	04/28/20	04/12/20	05/12/20			92.50	0.00	0.00	92.50
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	W1040	WATERMARK GRAPHICS INC					92.50	0.00	0.00	92.50

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
9310014744	LAB SUPPLIES CREDIT	04/30/20	04/01/20	05/01/20			-785.81	0.00	0.00	-785.81
9110293155	LAB SUPPLIES	04/30/20	04/12/20	05/12/20			196.00	0.00	0.00	196.00
9110294439	LEASE & RENTAL LAB	04/30/20	04/15/20	05/15/20			1,571.67	0.00	0.00	1,571.67
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC					981.86	0.00	0.00	981.86

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	281,390.46	0.00	0.00	281,390.46

APPROVED
ON

MAY 11 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#166200
+0
#166296

Michael J. Pfeifer
Calhoun County Judge
Date: 5-19-16

APPROVED ON MAY 11 2016

COUNTY AUDITOR CALHOUN COUNTY, TEXAS

RUN DATE: 05/10/16
TIME: 16:09

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	051016	126.00				
7979		051016	104.00				
7905		051016	250.00				
7982		051016	50.00				
7979		051016	238.00				
7469		051016	45.00				
7979		051016	2145.40				
7979		051016	812.00				
4079		051016	61.13				
7979		051016	225.00				
7979		051016	120.00				
7979		051016	231.20				
7979		051016	47.20				
7979		051016	174.20				
7979		051016	29.77				
7979		051016	194.60				
77465							

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	051016	27.75	2		REFUND	[redacted]
77979		051016	315.00	2		REFUND	
77465		051016	302.63	2		REFUND	
77979		051016	100.00	3		REFUND	
77983		051016	1862.49	2		REFUND	
77979		051016	488.51	2		REFUND	
77979							

ARID=0001 Total page 1+2 ⟶ 7949.88 See page 4 for Grand Total

PATIENT NUMBER	PAYEE NAME	DATE	PAY AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]		051016	20.00		2	REFUND FOR [redacted]	
77979		051016	41.40		2	REFUND FOR [redacted]	
77979		051016	20.00		2	REFUND FOR [redacted]	
77971		051016	42.00		2	REFUND FOR [redacted]	
77979		051016	24.69		2	REFUND FOR [redacted]	
77982		051016	10.00		2	REFUND FOR [redacted]	
77979		051016	35.00		2	REFUND FOR [redacted]	
77979		051016	15.00		2	REFUND FOR [redacted]	
77979		051016	35.56		2	REFUND FOR [redacted]	
77979		051016	25.00		2	REFUND FOR [redacted]	
77979		051016	177.00		2	REFUND FOR [redacted]	
[redacted]		051016	30.00		2	REFUND FOR [redacted]	
77979		051016	20.00		2	REFUND FOR [redacted]	
77979		051016	25.00		2	REFUND FOR [redacted]	
77991		051016	25.00		2	REFUND FOR [redacted]	
77991		051016	39.94		2	REFUND FOR [redacted]	
77979		051016	25.00		2	REFUND FOR [redacted]	
77979							

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	051016	126.00	2	REFUND	[redacted]	
7979		051016	94.00	2	REFUND		
7979		051016	49.92	2	REFUND		
7983		051016	10.00	2	REFUND		
7979		051016	25.00	2	REFUND		
7979		051016	25.00	2	REFUND		
7979		051016	25.00	2	REFUND		
7979							

ARID=0010 TOTAL page 3 + 4 ⟶ 965.51

TOTAL 8915.39 Total of pages 1-4

APPROVED
ON
MAY 11 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS # 166297
+0
#166342

Michael J. Pfeifer
Calhoun County Judge
Date: 5-19-16

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	166200	05/11/16	375.40	CUSTOM MEDICAL SPECIALTIES
A/P	166201	05/11/16	152.86	ERBE USA INC SURGICAL SYSTEMS
A/P	166202	05/11/16	4,222.47	US FOOD SERVICE
A/P	166203	05/11/16	630.50	MERCEDES MEDICAL
A/P	166204	05/11/16	142.00	PHARMEDIUM SERVICES LLC
A/P	166205	05/11/16	2,648.06	CENTURION MEDICAL PRODUCTS
A/P	166206	05/11/16	1,222.09	DEW1TT POTH & SON
A/P	166207	05/11/16	307.11	PRECISION DYNAMICS CORP (PDC)
A/P	166208	05/11/16	31.64	MICHELLE CANTU
A/P	166209	05/11/16	7,571.62	ALERE NORTH AMERICA INC
A/P	166210	05/11/16	.00	VOIDED
A/P	166211	05/11/16	11,762.13	MORRIS & DICKSON CO, LLC
A/P	166212	05/11/16	116.60	PLATINUM CODE
A/P	166213	05/11/16	350.00	CPP WOUND CARE #28,LLC
A/P	166214	05/11/16	217.68	SARA RUBIO
A/P	166215	05/11/16	58.86	GLOBAL EQUIPMENT CO. INC.
A/P	166216	05/11/16	134.93	FIVE STAR STERILIZER SERVICES
A/P	166217	05/11/16	1,665.00	SIGN AD, LTD.
A/P	166218	05/11/16	188.18	STRYKER SUSTAINABILITY
A/P	166219	05/11/16	225.00	WAGEWORKS
A/P	166220	05/11/16	76,414.66	MMC EMPLOYEE BENEFIT PLAN
A/P	166221	05/11/16	33,530.44	ALLIED BENEFIT SYSTEMS
A/P	166222	05/11/16	925.23	ACI/BOLAND, INC.
A/P	166223	05/11/16	8,802.88	ACCLARENT, INC.
A/P	166224	05/11/16	110.84	NOVA BIOMEDICAL
A/P	166225	05/11/16	95.00	PROCESSOR & CHEMICAL SERVICES
A/P	166226	05/11/16	194.60	GENESIS DIAGNOSTICS
A/P	166227	05/11/16	2,276.61	WAGEWORKS
A/P	166228	05/11/16	452.91	WALLER,LANSDEN, DORTCH & DAVIS
A/P	166229	05/11/16	1,400.00	ACUTE CARE INC
A/P	166230	05/11/16	50.00	MEMORIAL MEDICAL CLINIC
A/P	166231	05/11/16	932.50	M G TRUST
A/P	166232	05/11/16	75.00	FIRST CLEARING
A/P	166233	05/11/16	4,017.51	FUSION MEDICAL STAFFING, LLC
A/P	166234	05/11/16	500.00	LAMAR COMPANIES
A/P	166235	05/11/16	6,435.00	E-CODE SOLUTIONS OF ILLINOIS,
A/P	166236	05/11/16	60.00	STACIE HUNT
A/P	166237	05/11/16	31.64	LAURA PRICE
A/P	166238	05/11/16	691.66	EDDIE BALBOA
A/P	166239	05/11/16	139.00	FIESTA FACTORY
A/P	166240	05/11/16	310.20	AIRGAS-SOUTHWEST
A/P	166241	05/11/16	1,549.50	ALCON LABORATORIES, INC.
A/P	166242	05/11/16	217.90	ALIMED INC.
A/P	166243	05/11/16	36.07	ALCO SALES & SERVICE CO
A/P	166244	05/11/16	243.13	ALPHA TEC SYSTEMS INC
A/P	166245	05/11/16	250.40	NADINE GARNER
A/P	166246	05/11/16	182.39	AUTO PARTS & MACHINE CO.
A/P	166247	05/11/16	561.36	BARD ACCESS
A/P	166248	05/11/16	696.48	BAXTER HEALTHCARE CORP
A/P	166249	05/11/16	8,166.94	BECKMAN COULTER INC

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	166250	05/11/16	209.00	BOSTON SCIENTIFIC CORPORATION
A/P	166251	05/11/16	219.70	BRIGGS HEALTHCARE
A/P	166252	05/11/16	1,400.00	CABLE ONE
A/P	166253	05/11/16	25.00	CAL COM FEDERAL CREDIT UNION
A/P	166254	05/11/16	120.00	CENTRAL DRUGS
A/P	166255	05/11/16	784.33	CHANNING L BETE CO INC
A/P	166256	05/11/16	687.24	CONMED CORPORATION
A/P	166257	05/11/16	5,964.34	CDW GOVERNMENT, INC.
A/P	166258	05/11/16	30,408.80	EVIDENT
A/P	166259	05/11/16	266.62	C R BARD, INC
A/P	166260	05/11/16	312.39	DLE PAPER & PACKAGING
A/P	166261	05/11/16	534.56	DYNATRONICS CORPORATION
A/P	166262	05/11/16	50.15	CENTERPOINT ENERGY ENTEX
A/P	166263	05/11/16	213.57	FEDERAL EXPRESS CORP.
A/P	166264	05/11/16	7,424.39	FISHER HEALTHCARE
A/P	166265	05/11/16	3,687.75	ROBERTS, ROBERTS & ODEFEY, LLP
A/P	166266	05/11/16	651.44	GULF COAST PAPER COMPANY
A/P	166267	05/11/16	235.81	INDEPENDENCE MEDICAL
A/P	166268	05/11/16	5,909.84	RICOH USA, INC.
A/P	166269	05/11/16	981.86	WERFEN USA LLC
A/P	166270	05/11/16	982.67	J & J HEALTH CARE SYSTEMS, INC
A/P	166271	05/11/16	1,276.80	SHIRLEY KARNEI
A/P	166272	05/11/16	.00	VOIDED
A/P	166273	05/11/16	10,695.07	MCKESSON MEDICAL SURGICAL INC
A/P	166274	05/11/16	1,033.44	BAYER HEALTHCARE
A/P	166275	05/11/16	1,464.51	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	166276	05/11/16	180.42	OFFICE DEPOT
A/P	166277	05/11/16	179.84	ON-SITE TESTING SPECIALISTS
A/P	166278	05/11/16	1,231.15	OLYMPUS AMERICA INC
A/P	166279	05/11/16	.00	VOIDED
A/P	166280	05/11/16	.00	VOIDED
A/P	166281	05/11/16	.00	VOIDED
A/P	166282	05/11/16	10,988.59	OWENS & MINOR
A/P	166283	05/11/16	100.00	PHILIP THOMAE PHOTOGRAPHER
A/P	166284	05/11/16	41.95	POWER ELECTRIC
A/P	166285	05/11/16	211.11	SHERWIN WILLIAMS
A/P	166286	05/11/16	332.22	SMITHS MEDICAL ASD INC
A/P	166287	05/11/16	1,778.00	SMITH & NEPHEW
A/P	166288	05/11/16	1,635.00	SO TEX BLOOD & TISSUE CENTER
A/P	166289	05/11/16	84.00	STRYKER SALES CORP
A/P	166290	05/11/16	712.43	SYSCO FOOD SERVICES OF
A/P	166291	05/11/16	137.90	TEXAS WIRED MUSIC INC
A/P	166292	05/11/16	145.84	UNIFIRST HOLDINGS
A/P	166293	05/11/16	899.04	UNIFORM ADVANTAGE
A/P	166294	05/11/16	.00	VOIDED
A/P	166295	05/11/16	5,729.21	UNIFIRST HOLDINGS INC
A/P	166296	05/11/16	92.50	WATERMARK GRAPHICS INC
A/P	166297	05/11/16	126.00	[redacted]
A/P	166298	05/11/16	104.00	
A/P	166299	05/11/16	250.00	
A/P	166300	05/11/16	50.00	

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	166301	05/11/16	238.00	[redacted]
A/P	166302	05/11/16	45.00	
A/P	166303	05/11/16	2,145.40	
A/P	166304	05/11/16	812.00	
A/P	166305	05/11/16	61.13	
A/P	166306	05/11/16	225.00	
A/P	166307	05/11/16	120.00	
A/P	166308	05/11/16	231.20	
A/P	166309	05/11/16	47.20	
A/P	166310	05/11/16	174.20	
A/P	166311	05/11/16	29.77	
A/P	166312	05/11/16	194.60	
A/P	166313	05/11/16	27.75	
A/P	166314	05/11/16	315.00	
A/P	166315	05/11/16	302.63	
A/P	166316	05/11/16	100.00	
A/P	166317	05/11/16	1,862.49	
A/P	166318	05/11/16	488.51	
A/P	166319	05/11/16	20.00	
A/P	166320	05/11/16	41.40	
A/P	166321	05/11/16	20.00	
A/P	166322	05/11/16	42.00	
A/P	166323	05/11/16	24.69	
A/P	166324	05/11/16	10.00	
A/P	166325	05/11/16	35.00	
A/P	166326	05/11/16	15.00	
A/P	166327	05/11/16	35.56	
A/P	166328	05/11/16	25.00	
A/P	166329	05/11/16	177.00	
A/P	166330	05/11/16	30.00	
A/P	166331	05/11/16	20.00	
A/P	166332	05/11/16	25.00	
A/P	166333	05/11/16	25.00	
A/P	166334	05/11/16	39.94	
A/P	166335	05/11/16	25.00	
A/P	166336	05/11/16	126.00	
A/P	166337	05/11/16	94.00	
A/P	166338	05/11/16	49.92	
A/P	166339	05/11/16	10.00	
A/P	166340	05/11/16	25.00	
A/P	166341	05/11/16	25.00	
A/P	166342	05/11/16	25.00	
TOTALS:			290,305.85	

APPROVED
ON

MAY 11 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

SEQ.	ACCOUNT NUMBER	A.H.A. NUMBER	TRANS DATE	JOURNAL	AMOUNT	SUB-LED	REFERENCE	MEMO	G.L. ACCOUNT DESCRIPTION
1	***** D E L E T E D *****								
2	***** D E L E T E D *****								
3	20000000		05/12/16	PJ	29,978.87CR	11169	05400321827TXU ENERGY		INV DT=04/27/16 DUE=051716
4	40830063		05/12/16	PJ	29,978.87	11169	05400321827TXU ENERGY		ELECTRICITY -PLNT
	60830063					22338	1080064364		

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

JOURNAL	YRMO	COUNT	DEBIT	CREDIT		
PJ	1605	2	29,978.87	29,978.87		
	TOTAL	2	29,978.87	29,978.87	A/P TOTAL	29,978.87

ACCOUNT TOTAL RECAP ON NEXT PAGE

APPROVED ON
MAY 12 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#166343

Michael J Pfeifer
Michael J. Pfeifer
Calhoun County Judge
Date: 5-19-16

RUN DATE:05/12/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:11:44 CHECK REGISTER GLCKREG
05/12/16 THRU 05/12/16

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	166343	05/12/16	29,978.87	TXU ENERGY
TOTALS:			29,978.87	

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
5/16/2016

Nursing Home	IBC Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	IGT Transfer-In	MMC Portion of IGT	Cantex Portion of IGT	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens	4553	1,151,536.68	1,151,436.68	30,927.87	-	-	-	31,027.87	30,927.87

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	Transfer-Out	ACH Transfer-In	IGT Transfer-In	MMC Portion of IGT	Cantex Portion of IGT	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Solera at West Houston	4561	481,275.11	481,175.11	53,096.99	-	-	-	53,196.99	53,096.99
Crescent	4588	343,868.87	343,768.87	61,324.35	-	-	-	61,424.35	61,324.35
Broadmoor	4596	293,806.12	293,706.12	37,254.74	-	-	-	37,354.74	37,254.74
Fort Bend	4618	337,405.08	337,305.08	33,591.10	-	-	-	33,691.10	33,591.10
									185,267.18

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

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

Approved:

APPROVED
MAY 16 2016
COUNTY AUDITOR

Michael J. Pfeifer
Calhoun County Judge
Date: 5-19-16

E:\NH Weekly Transfers\NH UPL Transfer Summary 5-16-16.xlsx

I8C Bank Activity
5/9/16 through 5/15/16

Ashford Gardens					Transfer-Out	Transfer-In			
5/9/2016	113105025	4553	475	CHECK PAID	662,689.72			5 14174318	
5/10/2016	113105025	4553	142	ACH CREDIT RECEIVED		9,802.49	PN1326436189		Molina HC of TX Molina HC
5/10/2016	113105025	4553	142	ACH CREDIT RECEIVED		3,663.04	1.746E+13		AGING DISA8 SVCS HCCLAIMPMT
5/11/2016	113105025	4553	495	OUTGOING MONEY TRANSFER	488,746.96				ASHFORD HEALTH CARE CENTER LTD
5/12/2016	113105025	4553	142	ACH CREDIT RECEIVED		207.72	675423		NOVITAS SOLUTION HCCLAIMPMT
5/12/2016	113105025	4553	142	ACH CREDIT RECEIVED		6,207.86	PN1326436189		Molina HC of TX Molina HC
5/13/2016	113105025	4553	301	COMMERCIAL DEPOSIT		11,046.76	0	14004076	
					1,151,436.68	30,927.87			

Solera at West Houston					Transfer-Out	Transfer-In			
5/9/2016	113105025	4561	475	CHECK PAID	195,068.29			1 14174322	
5/9/2016	113105025	4561	142	ACH CREDIT RECEIVED		4,345.56	1.60505E+13		AMERIGROUP CORPO HCCLAIMPMT
5/10/2016	113105025	4561	142	ACH CREDIT RECEIVED		3,909.54	1.60506E+13		AMERIGROUP CORPO HCCLAIMPMT
5/10/2016	113105025	4561	142	ACH CREDIT RECEIVED		2,715.97	1.746E+13		AGING DISA8 SVCS HCCLAIMPMT
5/11/2016	113105025	4561	495	OUTGOING MONEY TRANSFER	286,106.82				CANTEX HEALTH CARE CENTERS LLC
5/11/2016	113105025	4561	142	ACH CREDIT RECEIVED		571.84	676310		NOVITAS SOLUTION HCCLAIMPMT
5/12/2016	113105025	4561	142	ACH CREDIT RECEIVED		3,320.44	1.6051E+13		AMERIGROUP CORPO HCCLAIMPMT
5/12/2016	113105025	4561	142	ACH CREDIT RECEIVED		1,663.84	1.6051E+13		AMERIGROUP CORPO HCCLAIMPMT
5/13/2016	113105025	4561	301	COMMERCIAL DEPOSIT		28,000.41	0	14004084	
5/13/2016	113105025	4561	142	ACH CREDIT RECEIVED		8,569.39	1.60511E+13		AMERIGROUP CORPO HCCLAIMPMT
					481,175.11	53,096.99			

Crescent					Transfer-Out	Transfer-In			
5/9/2016	113105025	4588	475	CHECK PAID	64,478.57			1 14174319	
5/10/2016	113105025	4588	142	ACH CREDIT RECEIVED		8,562.59	1.60507E+13		AMERIGROUP CORPO HCCLAIMPMT
5/11/2016	113105025	4588	495	OUTGOING MONEY TRANSFER	279,290.30				CANTEX HEALTH CARE CENTERS III
5/11/2016	113105025	4588	142	ACH CREDIT RECEIVED		5,725.97	676323		NOVITAS SOLUTION HCCLAIMPMT
5/12/2016	113105025	4588	142	ACH CREDIT RECEIVED		2,304.46	PN1669860425		Molina HC of TX Molina HC
5/13/2016	113105025	4588	301	COMMERCIAL DEPOSIT		44,655.25	0	14004065	
5/13/2016	113105025	4588	142	ACH CREDIT RECEIVED		76.08	1.60511E+13		AMERIGROUP CORPO HCCLAIMPMT
					343,768.87	61,324.35			

Broadmoor					Transfer-Out	Transfer-In			
5/9/2016	113105025	4596	475	CHECK PAID	12,400.91			1 14174321	
5/10/2016	113105025	4596	142	ACH CREDIT RECEIVED		1,225.64	PN1669860433		Molina HC of TX Molina HC
5/10/2016	113105025	4596	142	ACH CREDIT RECEIVED		14,849.88	676357		NOVITAS SOLUTION HCCLAIMPMT
5/11/2016	113105025	4596	495	OUTGOING MONEY TRANSFER	281,305.21				CANTEX HEALTH CARE CENTERS III
5/12/2016	113105025	4596	142	ACH CREDIT RECEIVED		1,036.66	PN1669860433		Molina HC of TX Molina HC
5/13/2016	113105025	4596	301	COMMERCIAL DEPOSIT		20,142.56	0	14004038	
					293,706.12	37,254.74			

Fort Bend					Transfer-Out	Transfer-In			
5/9/2016	113105025	4618	475	CHECK PAID	207,539.12			1 14174320	
5/9/2016	113105025	4618	142	ACH CREDIT RECEIVED		11,536.36	1.746E+13		AGING DISA8 SVCS HCCLAIMPMT
5/10/2016	113105025	4618	142	ACH CREDIT RECEIVED		7,614.00	PN1730577503		Molina HC of TX Molina HC
5/10/2016	113105025	4618	142	ACH CREDIT RECEIVED		3,419.11	1.60507E+13		AMERIGROUP CORPO HCCLAIMPMT
5/11/2016	113105025	4618	495	OUTGOING MONEY TRANSFER	129,765.96				CANTEX HEALTH CARE CENTERS III
5/12/2016	113105025	4618	142	ACH CREDIT RECEIVED		11,021.63	PN1730577503		Molina HC of TX Molina HC
					337,305.08	33,591.10			

Account Portfolio as of 05/16/2016 8:15:57 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	$31,027.87	$31,027.87
Memorial Medical Center	[redacted]4561	$53,196.99	$58,122.69
Memorial Medical Center	[redacted]4588	$61,424.35	$61,424.35
Memorial Medical Center	[redacted]4596	$37,354.74	$37,354.74
Memorial Medical Center	[redacted]4618	$33,691.10	$33,691.10
Memorial Medical Center Operat	[redacted]0301	$2,377,596.36	$1,109,920.60
County of Calhoun Indigent	[redacted]1101	$2,735.80	$2,735.80
Totals		**$2,622,097.00**	**$1,359,346.94**

RUN DATE:05/16/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:16:14 CHECK REGISTER and Payables List GLCKREG
05/16/16 THRU 05/16/16

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000767	05/16/16	738.45	MCKESSON
A/P	000768	05/16/16	246.56	MCKESSON
A/P	000769	05/16/16	1,787.94	MCKESSON
TOTALS:			2,772.95	

APPROVED
ON

MAY 16 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

340B Prescription Expenses

Michael J. Pfeifer
Calhoun County Judge
Date: 5-19-16

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: 05/13/2016 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 05/14/2016

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

As of: 05/13/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 05/14/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
05/09/2016	05/17/2016	7745393539	1000813789	115Invoice	1.45	72.39		✓ 70.94	✓	7745393539	
05/09/2016	05/17/2016	7745393540	1000813789	115Invoice	0.19	9.40		✓ 9.21	✓	7745393540	
05/09/2016	05/17/2016	7745393541	1000814375	115Invoice	6.49	324.32		✓317.83	✓	7745393541	
05/09/2016	05/17/2016	7745393542	1000814777	115Invoice	2.86	143.10		✓140.24	✓	7745393542	
05/10/2016	05/17/2016	7745596364	1000815160	115Invoice	1.57	78.60		✓ 77.03	✓	7745596364	
05/13/2016	05/17/2016	7746294699	1000816732	115Invoice	2.51	125.71		✓123.20	✓	7746294699	

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

TOTAL:

Subtotals: 753.52 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,064.60
05/09/2016

If Paid By 05/17/2016,
Pay This Amount: 738.45 USD

If Paid After 05/17/2016,
Pay this Amount: 753.52 USD

Due If Paid On Time:
USD 738.45

Disc lost if paid late:
15.07

Due If Paid Late:
USD 753.52

ck # 767

APPROVED
ON
MAY 16 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: 05/13/2016 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 05/14/2016

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

As of: 05/13/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 05/14/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
05/09/2016	05/17/2016	7745401572	3454581425	115Invoice	2.10	104.82		102.72 ✓		7745401572	
05/10/2016	05/17/2016	7745622203	3454581428	115Invoice	2.10	104.82		102.72 ✓		7745622203	
05/11/2016	05/17/2016	7745832789	3454581431	115Invoice	0.83	41.33		40.50 ✓		7745832789	
05/13/2016	05/17/2016	7746292627	1091232	115Invoice	0.01	0.63		0.62 ✓		7746292627	

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

TOTAL:

Subtotals: 251.60 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 206.38
05/09/2016

If Paid By 05/17/2016,
Pay This Amount: 246.56 USD

If Paid After 05/17/2016,
Pay this Amount: 251.60 USD

Due If Paid On Time:
USD 246.56 ✓

Disc lost if paid late:
5.04

Due If Paid Late:
USD 251.60

Ck# 768

APPROVED
ON
MAY 16 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: 05/13/2016 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 05/14/2016

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

As of: 05/13/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 05/14/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
05/09/2016	05/17/2016	7745429326	1000813791	115Invoice	0.52	26.12		✓25.60	✓	7745429326	
05/09/2016	05/17/2016	7745429329	1000814377	115Invoice	2.62	131.11		✓128.49	✓	7745429329	
05/09/2016	05/17/2016	7745429330	1000814779	115Invoice	1.84	92.05		✓ 90.21	✓	7745429330	
05/10/2016	05/17/2016	7745629501	1000815163	115Invoice	2.44	122.11		✓119.67	✓	7745629501	
05/11/2016	05/17/2016	7745845926	1000815532	115Invoice	22.13	1,106.66		✓1,084.53	✓	7745845926	
05/12/2016	05/17/2016	7746066179	1000816137	115Invoice	5.00	249.98		✓ 244.98	✓	7746066179	
05/13/2016	05/17/2016	7746297735	1000816734	115Invoice	1.93	96.39		✓ 94.46	✓	7746297735	

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

TOTAL:

Subtotals: 1,824.42 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,716.10
05/09/2016

If Paid By 05/17/2016,
Pay This Amount: 1,787.94 USD

If Paid After 05/17/2016,
Pay this Amount: 1,824.42 USD

Due If Paid On Time:
USD 1,787.94

Disc lost if paid late:
36.48

Due If Paid Late:
USD 1,824.42

ck# 769

APPROVED
ON
MAY 16 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

IBC BANK
We Do More

May 2016 Statement
Open Date: 04/06/2016 ing Date: 05/04/2016

Visa® Business Card
MEMORIAL MEDICAL CNT
JASON W ANGLIN

Cardmember Service
BUS 30 ELN 8 3

New Balance	**$8,587.36**
Minimum Payment Due	**$86.00**
Payment Due Date	**06/01/2016**

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%.

Activity Summary

Previous Balance	+	$6,238.44
Payments	-	$6,238.44CR
Other Credits		$0.00
Purchases	+	$8,587.36
Balance Transfers		$0.00
Advances		$0.00
Other Debits		$0.00
Fees Charged		$0.00
Interest Charged		$0.00
New Balance	=	**$8,587.36**
Past Due		**$0.00**
Minimum Payment Due		**$86.00**
Credit Line		$10,000.00
Available Credit		$1,412.64
Days in Billing Period		29

Michael J Pfeifer
Michael J. Pfeifer
Calhoun County Judge
Date: 5-19-16

MMC will pay By Phone

APPROVED ON MAY 17 2016 $ 8,587.36

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payment Options:
Mail payment coupon with a check
Pay by phone

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

IBC BANK
We Do More

Payment Due Date	6/01/2016
New Balance	$8,587.36
Minimum Payment Due	$86.00

Amount Enclosed $_____

. to pay by phone
. to change your address

MEMORIAL MEDICAL CNT
JASON W ANGLIN
202 S ANN ST # A
PORT LAVACA TX 77979-4204

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

IBC BANK
We Do More

May 2016 Statement 04/06/2016 - 05/04/2016

MEMORIAL MEDICAL CNT
JASON W ANGLIN (

Cardmember Service (1-

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.

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
04/22	04/22		PAYMENT THANK YOU	$6,238.44CR	
			TOTAL THIS PERIOD	$6,238.44CR	

Purchases and Other Debits

Jason Reimb to nmc

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
04/06	04/01	7729	TLF TOBLERS CENTRAL DE 816-2416150 MO	$98.63	6.68 Sales Tax
04/07	04/05	0014	TEXAS HOSPITAL ASSOC 512-465-1000 TX	$495.00	
04/08	04/06	0011	MICHAEL BUFFALO CONSUL 409-3700806 TX	$325.00	
04/08	04/07	5156	JOHNSTONE SUPPLY VCTRI VICTORIA TX	$88.73	
04/11	04/08	2488	COMFORT SUITES 281-565-5566 TX 04/06/16 FOR 01 NIGHTS FOLIO: 0249329095	$244.16	
04/11	04/08	1353	SURVEYMONKEY.COM 971-2445555 CA	$26.00	
04/12	04/11	5683	SAFETYPRODUCTS 760-944-1048 CA	$177.74	
04/14	04/13	1158	JOHNSTONE SUPPLY VCTRI VICTORIA TX	$283.50	Rec credit
04/14	04/14	8207	AMA*CREDENTIALING 800-621-8335 IL	$43.00	
04/20	04/18	6034	TLF MC ADAMS FLORAL IN 361-5752307 TX	$81.08	6.18 Sales Tax
04/22	04/21	2433	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$21.00	
04/22	04/21	2508	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$3.00	
04/22	04/21	2680	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$3.00	
04/22	04/21	2763	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$3.00	
04/22	04/22	8272	AMA*CREDENTIALING 800-621-8335 IL	$86.00	
04/25	04/23	3702	EB 2016 REGIONAL EMER 801-413-7200 CA	$500.00	
04/25	04/24	7049	WESTIN RIVERWALK SAN ANTONIO TX 04/24/16 FOLIO: 1414486	$670.61	Rec Credit
04/25	04/22	0042	GREENHOUSE FLORAL DES 361-552-9758 TX	$74.63	5.68 Sales Tax
04/27	04/26	2110	TEXASORGANI 512-615-6270 TX	$25.00	
04/28	04/26	0028	TEXAS HOSPITAL ASSOC 512-465-1000 TX	$4,455.00	
04/28	04/27	5771	DOUBLETREE AUSTIN AUSTIN TX 04/25/16 FOR 02 NIGHTS	$324.62	

Continued on Next Page

IBC BANK
We Do More

May 2016 Statement 04/06/2016 - 05/04/2016

MEMORIAL MEDICAL CNT
JASON W ANGLIN

Cardmember Service (

Transactions

Purchases and Other Debits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
05/02	04/30	1265	FOLIO: 0001060993 WESTIN RIVERWALK SAN ANTONIO TX 04/30/16	$84.45	
05/02	04/30	1153	FOLIO: 1414486 LA QUINTA INN & SUITES HOUSTON TX 04/27/16 FOR 03 NIGHTS	$343.98	
05/03	05/02	6320	FOLIO: 851200 SIGNATURE EMERGENCY PR 610-4855267 PA	$130.23	
			TOTAL THIS PERIOD	**$8,587.36**	

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

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

Signature/Approval: _____ Accounting Code: _____

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

**APR for current and future transactions.

Balance Type	Balance By Type	Balance Subject to Interest Rate	Variable	Interest Charge	Annual Percentage Rate	Expires with Statement
**BALANCE TRANSFER	$0.00	$0.00	YES	$0.00	10.24%	
**PURCHASES	$8,587.36	$0.00	YES	$0.00	10.24%	
**ADVANCES	$0.00	$0.00	YES	$0.00	24.24%	

Continued on Next Page

(1)

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

Bill To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Ship To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Vendor Name: Cardmember Service

Date: 5/5/16

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		TLF Tolleers Central - [redacted]	*Sales Tax 6.68		98.63 Sales Tax
2			Plant for Dr. Crowley's mom			
3			Deepest Sympathy - Kansas City, MO			
4	—		Texas Hospital Assoc - Registration			495.00 ✓
5			for Roshanda Gray - THT Conference			
6	—		Michael Buffalo Consulting -			325.00 ✓
7			Registration for Sara Rubio - New Trauma coordinator			
8			TNCC Course			
9	—		Comfort Suites - Hotel expense			244.16 ✓
10			for Jeri Davis - ANFP Workshop Food service			

Est. Freight _____ Est. Total Cost _____ TOTAL COST $ 1,162.79

NOTES:

Charges made to Jason's credit card # [redacted]

APPROVED ON MAY 17 2016 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

Contact:	Date:
Quoted By:	
Buyer:	E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm. Dir. Clinical Service _____

CFO _____

Administrator _____

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

(2)

Bill To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Ship To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Vendor Name: Cardmember Service

Date: 5/5/16

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		Survey Monkey - Monthly Plan			26.00 ✓
2	—		AMA Credentials - 1 Doctor			43.00 ✓
3			Init + Continuous			
4	—		TLF McAdams - Deepest Sympathy			~~64.95~~
5			for Henry Barber (Plant)		Sales Tax of $6.18	81.08 Edw to
6	—		NPDB (x7 Providers)			21.00 ✓
7	—		NPDB (x1 Provider)			3.00 ✓
8	—		" "			3.00 ✓
9	—		" "			3.00 ✓
10	—		AMA Credentialials - 2 Doctors			86.00 ✓

Est. Freight Init + Cont | Est. Total Cost _____ | TOTAL COST $266.08

NOTES:

Charges made to Jason's credit card #[redacted]

APPROVED ON MAY 17 2016 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

Contact:	Date:
Quoted By:	
Buyer:	E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm.Dir. Clinical Service _____

CFO _____

Administrator _____

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

(3)

Bill To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Ship To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Vendor Name: Cardmember Service

Date: 5/5/16

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		EB 2016 Regional Emergency			500.00 ✓
2			Registration x 2 (Sara Rubio + Stacie Hunt)			
3	—		Westin RiverWalk - Hotel expense			*670.61 ✓
4			Sara Rubio + Stacie Hunt * 2 night stay			
5	—		Westin RiverWalk - Hotel expense			* 84.45 ✓
6			Sara Rubio + Stacie Hunt			
7	—		Greenhouse Floral - plant for		Sales Tax @ 6.68	74.63 Sales Tax
8			Erin Clevenger's Dad - Sympathy			
9	—		TORCH - Summit Mtg - Jason Anglin			25.00 ✓
10	—					

Est. Freight _____ Est. Total Cost _____ TOTAL COST 1,354.69

NOTES:

Charges made to Jason's credit card # [redacted]

APPROVED ON MAY 17 2016 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm.Dir. Clinical Service _____

CFO _____

Administrator _____

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

(4)

Bill To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Ship To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Vendor Name: Cardmember Service

Date: 5/5/16

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		3 THA - Registration for THT			4455.00 ✓
2			2016 Governance Conf - Jason Anglin,			
3			Michael Cravana, Susan Foerster,			
4			Jerry Pickett, Rolando Reyes,			
5			Dr. Bunnell, Rhonda Nielsen, +			
6			Terry Sizer - Anne Marie Odefey			
7			to Reimburse hospital			
8	—		Double Tree - hotel expense for			324.62 ✓
9			Nadine Barrer - Drug Control Mtg			
10	—		La Quinta Inn - Hotel Expense for Rachel Heffner - OB Course			

Est. Freight _____ Est. Total Cost _____ TOTAL COST $4,779.62

NOTES:

Charges made to Jason's credit card [redacted] APPROVED ON MAY 17 2016 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

Contact:	Date:
Quoted By:	
Buyer:	E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm.Dir. Clinical Service _____

CFO _____

Administrator _____

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

(5)

Bill To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Ship To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Vendor Name: Cardmember Service

Date: 5/5/16

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		Signature Emergency PR – Printer Roller			130.23 ✓
2						
3						
4						
5			* 3 night stay - LaQuinta, Houston TX			
6			OB Ultra Sound Course - Rachel Heffner			
7						
8			Per Vicky			
9						
10						

Est. Freight _____ Est. Total Cost _____ TOTAL COST $130.23

NOTES:

Charges made to Mr. Angelin's card [redacted] + 343.98 *

474.21

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____ APPROVED ON MAY 17 2016

Dir. Nursing _____

Adm.Dir. Clinical Service _____

CFO _____ COUNTY AUDITOR CALHOUN COUNTY, TEXAS

Administrator _____

(6)

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

Bill To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Ship To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Vendor Name: Johnstone Supply

Vendor Address: 815 N. Virginia

Vendor Phone #: 574-6349

Vendor Fax #:

Date: 18 April 16

P.O. #

Account #

Initiated By:

Form # 9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1		239-468	Temp controler	$88.73		88 73 ✓
2						
3						
4						
5						
6						
7						
8						
9						
10						

APPROVED ON MAY 17 2016 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

Est. Freight _____ Est. Total Cost _____ TOTAL COST 88 73

NOTES:

Charged to VISA

Contact:	Date:
Quoted By:	
Buyer:	E.T.A.

Dept. Director Chad Shk

Dir. Nursing

Adm.Dir. Clinical Service

CFO

Administrator

(7)

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

Bill To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

(Safety Products)

Ship To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Vendor Name: Fiest Aid

Date: 4-11-16

Vendor Address: _____

P.O. # Credit Card

Vendor Phone #: 1-888-228-6694

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required	Expense #	Department	Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	100	FA CPR-02	Key Chain	1.66		166.00
2				SH		11.74
3						
4						
5						
6						
7						
8						
9						
10						

APPROVED ON MAY 17 2016 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

Est. Freight _____ Est. Total Cost _____ TOTAL COST 177.74

NOTES:

111161
1231613.

Contact:	Date:
Quoted By:	
Buyer:	E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm.Dir. Clinical Service _____

CFO _____

Administrator _____

(8)

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

Bill To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Ship To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Vendor Name: Johnstone

Vendor Address: 405 W Water Street
Victoria TX

Vendor Phone #: 574-6349

Vendor Fax #:

Date:

P.O. #

Account #

Initiated By:

Form # 9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1		L38-724	Temp controll assembly 120V			372 23
2		L39-468	Temp controller 24V (return)		—	88 73
3						
4						
5						
6						
7						
8						
9						
10						

APPROVED ON MAY 17 2016 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

Est. Freight _____ Est. Total Cost _____ TOTAL COST 283 50

NOTES:

First controler Wrong Voltage.
needed for Plasma Freezer. -50° ~~celcius~~.
changed to VP8A

Contact:	Date:
Quoted By:	
Buyer:	E.T.A.

Dept. Director

Dir. Nursing

Adm.Dir. Clinical Service

CFO

Administrator

APPROVED
ON
MAY 17 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

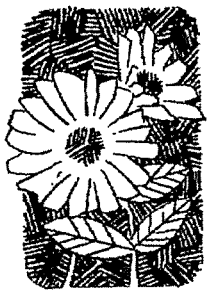
McAdams Floral
Credit tax $6.18

This Credit will appear on next Credit card Statement

[redacted]

Refund

[redacted]



The Greenhouse
Floral Designers
704 North Virginia, Port Lavaca, Texas 77979
512-552-9758

Pam:

Here is a copy of the credit card refund for Liz. Sorry, Thanks,

Jim

APPROVED ON
MAY 17 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

this credit will appear on next credit card statement

(361)552-9758
GREENHOUSE FLORAL DES
704 N VIRGINIA ST
PORT LAVACA, TX 77979

05/13/2016 18109121
MID: 000000003774675
TID: 05744967
372600811882

CREDIT CARD
VISA REFUND

CARD: XXXXXXXXXXXX4378
INVOICE 0000
Batch #: 000447
App Code: Manual
Entry Mode: Offline
Cust Code: 140

REFUND AMT $5.68

I agree to pay above total amount according to card issuer agreement (Merchant agreement if Credit Voucher)

X_____

MERCHANT COPY

RECEIPT

MEMORIAL MEDICAL CENTER
815 N VIRGINIA
PORT LAVACA, TX 779793025

DATE	RECEIPT NUMBER	TYPE OF PAYMENT	PAYOR NAME
05/17/16	432408	PAYMENT-CASH	ANGLIN JASON

ACCOUNT NO.	ACCOUNT NAME	AMOUNT	OFFICE USE
40900090	MISCELLANEOUS -A	6.68	40900090
		6.68	

APPROVED ON MAY 17 2016 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

THIS IS YOUR RECEIPT
PLEASE KEEP FOR YOUR RECORDS

PLB

1 GREEN PLANT - 10" PEACE LILY	80.00	80.00
Delivery:		11.95
Service:		.00
Relay:		.00
Tax:		6.68
Total:		98.63

Reimb AL to MMC By Jason

Card Message

With Deepest Sympathy.
Our Thoughts And Prayers Are
With You.

From
Memorial Medical Center
Board Members
And Administrative Staff.

APPROVED
ON

MAY 19 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

05/19/2016 MEMORIAL MEDICAL CENTER 0
08:41 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 05/25/2016

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
IN251607	SUPPLIES SURGERY	05/17/20	02/08/20	03/08/20		8,807.05	0.00	0.00	8,807.05 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10864	ACCLARENT, INC.	8,807.05	0.00	0.00	8,807.05

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
RPSV02134920	SUPPLIES PT	05/16/20	03/14/20	04/14/20		60.62	0.00	0.00	60.62 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1705	ALIMED INC.	60.62	0.00	0.00	60.62

Vendor#	Vendor Name	Class	Pay Code
10931	AMERICAN APPLIANCE ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
22335	SUPPLIES ER	05/16/20	05/10/20	05/10/20		90.00	0.00	0.00	90.00 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10931	AMERICAN APPLIANCE	90.00	0.00	0.00	90.00

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
602	HOSPITAL FAIR WEEK BANNERS & Business Cards	05/11/20	04/20/20	05/21/20		225.00	0.00	0.00	225.00 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2150	ANNOUNCEMENTS PLUS TOO AGAIN	225.00	0.00	0.00	225.00

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
697869	LAB SUPPLIES	05/11/20	04/20/20	05/25/20		19.34	0.00	0.00	19.34 ✓

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
A2600	AUTO PARTS & MACHINE CO.✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
793462	SUPPLIES PLANT OPS	04/28/20	04/22/20	05/22/20		29.99	0.00	0.00	29.99 ✓
794471	SUPPLIES PLANT OPS	05/11/20	05/03/20	05/21/20		2.87	0.00	0.00	2.87 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2600	AUTO PARTS & MACHINE CO.	32.86	0.00	0.00	32.86

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
50719135		04/29/20	04/21/20	05/21/20		376.89	0.00	0.00	376.89 ✓

		CS INVENTORY & LAB SUPPLI							
	50747793		04/29/20	04/25/20	05/25/20	252.09	0.00	0.00	252.09 ✓
		SUPPLIES RECOVERY							
	50743884		04/29/20	04/25/20	05/25/20	118.86	0.00	0.00	118.86 ✓
		CS INVENTORY							
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	B1075	BAXTER HEALTHCARE CORP ✓				747.84	0.00	0.00	747.84
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
	105593762		04/30/20	04/25/20	05/25/20		1,156.36	0.00	0.00	1,156.36 ✓
		LAB SUPPLIES							
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC ✓					1,156.36	0.00	0.00	1,156.36
Vendor#	Vendor Name				Class	Pay Code			
D1040	C R BARD, INC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	23468157		04/29/20	04/22/20	05/22/20		325.62	0.00	0.00	325.62 ✓
		SUPPLIES SURGERY							
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	D1040	C R BARD, INC ✓					325.62	0.00	0.00	325.62
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
	CVB4705		04/29/20	04/22/20	05/22/20		1,530.90	0.00	0.00	1,530.90 ✓
		MINOR EQUIPMENT INDIGENT	Indigent only $491.26 > vicky corrected IT = 1,039.64							
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC. ✓					1,530.90	0.00	0.00	1,530.90
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
	92003715		04/29/20	04/25/20	05/25/20		543.86	0.00	0.00	543.86 ✓
		CS INVENTORY & OB SUPPLIE							
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10350	CENTURION MEDICAL PRODUCTS ✓					543.86	0.00	0.00	543.86
Vendor#	Vendor Name				Class	Pay Code			
C1730	CITY OF PORT LAVACA				W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	PL-65		05/16/20	05/13/20	05/13/20		20.00	0.00	0.00	20.00 ✓
		DIETARY PERMIT								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	C1730	CITY OF PORT LAVACA ✓					20.00	0.00	0.00	20.00
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
	555X01890607		05/12/20	04/30/20	05/22/20		534.70	0.00	0.00	534.70 ✓
		SUPPLIES PLANT OPS								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	R1050	CULLIGAN OF VICTORIA ✓					534.70	0.00	0.00	534.70
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

	470828-0		04/28/20	04/21/20	05/21/20	19.45	0.00	0.00	19.45 ✓
		SUPPLIES HIM							
	470538-1		04/28/20	04/21/20	05/21/20	9.16	0.00	0.00	9.16 ✓
		SUPPLIES ADMIN							
	470827-0		04/28/20	04/21/20	05/21/20	13.02	0.00	0.00	13.02 ✓
		SUPPLIES CLINIC							
	471072-0		04/29/20	04/25/20	05/25/20	33.08	0.00	0.00	33.08 ✓
		OFFICE SUPPLIES BEHAVE HI							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		10368	DEWITT POTH & SON ✓			74.71	0.00	0.00	74.71
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
	20949		05/11/20	04/14/20	05/21/20		20.00	0.00	0.00	20.00 ✓
		OUTSIDE SRV HOUSEKEEPIN							
	20948		05/11/20	04/28/20	05/21/20		28.00	0.00	0.00	28.00 ✓
		OUTSIDE SRV HOUSEKEEPIN							
	20954		05/12/20	05/09/20	05/19/20		6.10	0.00	0.00	6.10 ✓
		OUTSIDE SRV HOUSEKEEPIN Lab Coat							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		D1710	DOWNTOWN CLEANERS ✓			54.10	0.00	0.00	54.10
Vendor#	Vendor Name				Class	Pay Code			
11180	E-CODE SOLUTIONS OF ILLINOIS,								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	245		05/09/20	05/05/20	05/21/20		1,526.25	0.00	0.00	1,526.25 ✓
		OUTSIDE SRV HIM							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		11180	E-CODE SOLUTIONS OF ILLINOIS, ✓			1,526.25	0.00	0.00	1,526.25
Vendor#	Vendor Name				Class	Pay Code			
F1300	FIRESTONE OF PORT LAVACA				W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	0051241		05/16/20	05/05/20	05/05/20		1,183.64	0.00	0.00	1,183.64 ✓
		REPAIRS TRANSPORTATION							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		F1300	FIRESTONE OF PORT LAVACA ✓			1,183.64	0.00	0.00	1,183.64
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
	2365746		04/30/20	04/22/20	05/22/20		457.19	0.00	0.00	457.19 ✓
		LAB SUPPLIES							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		F1400	FISHER HEALTHCARE ✓			457.19	0.00	0.00	457.19
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
	83098		04/28/20	04/22/20	05/22/20		4,947.38	0.00	0.00	4,947.38 ✓
		PROF FEES PT 4/18-22/16 + 4/18-25/16 + 4/23-24/16 Christian Hawley							
	77766		05/16/20	03/04/20	04/03/20		4,068.25	0.00	0.00	4,068.25 Took off to Review
		PROF FEES PT ~~Laura Price 3/29-3/4/16 + 3/29-3/6/16 This is BEFORE She became MMG employee on 4/1/16~~							
	77704		05/16/20	03/04/20	04/03/20		3,087.00	0.00	0.00	3,087.00 ✓
		PROF FEE PT 3/29/16-3/4/16 Christian Hawley							

	80661		05/16/20	04/01/20	05/01/20	3,346.38	0.00	0.00	3,346.38 ✓
		PROF FEES PT 3/28 - 4/1/16 4/1 - 4/3 4/2 - 3/16 Christian Hawley							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		11078	FUSION MEDICAL STAFFING, LLC ✓			15,449.01	0.00	0.00	15,449.01 11,380.76
Vendor#	Vendor Name				Class	Pay Code			
11149	GARDNER & WHITE, INC.								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	48100600-3		05/16/20	03/01/20	03/01/20	4,443.41	0.00	0.00	4,443.41 ✓
		LIFE & LONG TERM DISABILIT March Invoice							
	48100600-4		05/16/20	04/01/20	04/01/20	5,166.95	0.00	0.00	5,166.95 ✓
		LIFE & LONG TERM DISABILT April Invoice							
	48100600-5		05/16/20	05/01/20	05/01/20	5,246.05	0.00	0.00	5,246.05 ✓
		LIFE & LONG TERM DISABILIT May Invoice							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		11149	GARDNER & WHITE, INC.			14,856.41	0.00	0.00	14,856.41
Vendor#	Vendor Name				Class	Pay Code			
W1300	GRAINGER				M				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	9093404516		04/29/20	04/25/20	05/25/20	307.69	0.00	0.00	307.69 ✓
		SUPPLIES PLANT OPS							
	9092439083		04/29/20	04/25/20	05/25/20	115.38	0.00	0.00	115.38 ✓
		SUPPLIES PLANT OPS							
	9093152917		04/29/20	04/25/20	05/25/20	62.80	0.00	0.00	62.80 ✓
		SUPPLIES PLANT OPS							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		W1300	GRAINGER			485.87	0.00	0.00	485.87
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
	101744		05/11/20	05/02/20	05/21/20	11.49	0.00	0.00	11.49 ✓
		SUPPLIES PLANT OPS							
	101798		05/11/20	05/03/20	05/21/20	34.95	0.00	0.00	34.95 ✓
		SUPPLIES PLANT OPS							
	101783		05/11/20	05/03/20	05/21/20	12.28	0.00	0.00	12.28 ✓
		SUPPLIES PLANT OPS							
	101855		05/11/20	05/05/20	05/21/20	6.99	0.00	0.00	6.99 ✓
		SUPPLIES PLANT OPS							
	101947		05/16/20	05/09/20	05/19/20	21.54	0.00	0.00	21.54 ✓
		SUPPLIES PLANT OPS							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		A1292	GULF COAST HARDWARE / ACE ✓			87.25	0.00	0.00	87.25
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
	39861188		04/29/20	04/21/20	05/21/20	19.78	0.00	0.00	19.78 ✓
		CS INVENTORY							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		I0415	INDEPENDENCE MEDICAL ✓			19.78	0.00	0.00	19.78
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
	916398655		04/29/20	04/22/20	05/22/20	106.49	0.00	0.00	106.49 ✓

	SUPPLIES SURGERY							
916398656		04/29/20	04/22/20	05/22/20	919.46	0.00	0.00	919.46
	SUPPLIES SURGERY							
916398657		04/29/20	04/22/20	05/22/20	352.82	0.00	0.00	352.82
	SUPPLIES SURGERY							
916404411		04/29/20	04/25/20	05/25/20	732.62	0.00	0.00	732.62
	SUPPLIES SURGERY							
916406933		04/29/20	04/25/20	05/25/20	42.00	0.00	0.00	42.00
	CS INVENTORY							
916389664		04/30/20	04/21/20	05/21/20	373.46	0.00	0.00	373.46
	BLOOD BANK SUPPLIES							
916234703		05/12/20	03/23/20	04/22/20	373.46	0.00	0.00	373.46
	BLOOD BANK SUPPLIES							
916243354		05/12/20	03/24/20	04/23/20	113.00	0.00	0.00	113.00
	BLOOD BANK SUPPLIES							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE SYSTEMS, INC			3,013.31	0.00	0.00	3,013.31

Vendor#	Vendor Name	Class	Pay Code
10507	JASON ANGLIN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20959		05/17/20	05/12/20	05/12/20			35.00	0.00	0.00	35.00
	SUPPLIES PHARMACY									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10507	JASON ANGLIN					35.00	0.00	0.00	35.00

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
38224		05/17/20	04/06/20	05/20/20			31.92	0.00	0.00	31.92
	SUPPLIES PLANT OPS									
91623		05/17/20	04/25/20	05/20/20			101.99	0.00	0.00	101.99
	SUPPLIES PLANT OPS									
91617		05/17/20	04/25/20	05/20/20			88.09	0.00	0.00	88.09
	SUPPLIES PLANT OPS									
91627		05/17/20	04/25/20	05/20/20			30.83	0.00	0.00	30.83
	SUPPLIES PLANT OPS									
CREDIT -1		05/17/20	04/28/20	05/20/20			-16.71	0.00	0.00	-16.71
	SALES TAX CREDIT									
LATE		05/17/20	04/28/20	05/20/20			25.00	0.00	0.00	25.00
	LATE FEE									
92093		05/17/20	04/28/20	05/20/20			62.19	0.00	0.00	62.19
	SUPPLIES PLANT OPS									
CREDIT-2		05/17/20	04/29/20	05/20/20			-4.74	0.00	0.00	-4.74
	SALES TAX CREDIT									
INTEREST		05/17/20	05/02/20	05/20/20			11.29	0.00	0.00	11.29
	INTEREST EXPENSE									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	L1640	LOWE'S HOME CENTERS INC					329.86	0.00	0.00	329.86

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
705612		04/29/20	04/21/20	05/21/20			117.95	0.00	0.00	117.95

SUPPLIES LAB

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2320	MEDIBADGE ✓	117.95	0.00	0.00	117.95 ✓

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
20960		05/17/20	05/13/20	05/13/20			500.00	0.00	0.00	500.00 ✓
	PETTY CASH FOR CLINIC 3checkIn + 2checkout									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10963	MEMORIAL MEDICAL CLINIC	500.00	0.00	0.00	500.00

Vendor#	Vendor Name	Class	Pay Code
M2658	MERRITT, HAWKINS & ASSOCIATES	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
~~SINV115194~~		05/12/20	04/30/20	05/10/20			~~9,813.08~~	0.00	0.00	~~9,813.08~~
	~~PHYSICIAN RECRUITMENT~~ Jerry took off to get detailed									
SINV115375		05/12/20	04/30/20	05/10/20			3,000.00	0.00	0.00	✓ 3,000.00
	PHYSCIAN RECRUITMENT									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2658	MERRITT, HAWKINS & ASSOCIATES	~~12,813.08~~	0.00	0.00	~~12,813.08~~ 3,000.00

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
30094211623		05/10/20	03/10/20	05/21/20			69.66	0.00	0.00	69.66 ✓
	SUPPLIES XRAY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2659	MERRY X-RAY/SOURCEONE HEALTHCA	69.66	0.00	0.00	69.66

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
20955		05/16/20	05/12/20	05/12/20			263.56	0.00	0.00	263.56
	EMPLOYEE GIFT SHOP PURC									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP ✓	263.56	0.00	0.00	263.56 ✓

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
MAY022016		05/11/20	05/02/20	05/21/20			69,378.59	0.00	0.00	69,378.59 ✓
	EMPLOYEE MEDICAL CLAIMS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN	69,378.59	0.00	0.00	69,378.59

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
8824224 ✓		05/12/20	05/10/20	05/11/20			228.45	0.00	0.00	228.45 ✓
	PHARMACY DRUGS									
8824221 ✓		05/12/20	05/10/20	05/11/20			326.33	0.00	0.00	326.33 ✓
	PHARMACY DRUGS									
8824223 ✓		05/12/20	05/10/20	05/11/20			349.57	0.00	0.00	349.57 ✓
	PHARMACY DRUGS									
8824222 ✓		05/12/20	05/10/20	05/11/20			17.35	0.00	0.00	17.35 ✓
	PHARMACY DRUGS									
4666 ✓		05/16/20	05/10/20	05/11/20			-0.32	0.00	0.00	-0.32 ✓

	PHARMACY CREDIT					
8831379	05/16/20 05/11/20 05/12/20	543.65	0.00	0.00	543.65	
	PHARMACY DRUGS					
8827482	05/16/20 05/11/20 05/12/20	32.18	0.00	0.00	32.18	
	PHARMACY DRUGS					
8827483	05/16/20 05/11/20 05/12/20	424.16	0.00	0.00	424.16	
	PHARMACY DRUGS					
8831378	05/16/20 05/11/20 05/12/20	159.79	0.00	0.00	159.79	
	PHARMACY DRUGS					
5175	05/16/20 05/12/20 05/13/20	-1.42	0.00	0.00	-1.42	
	PHARMACY CREDIT					
8832609	05/16/20 05/12/20 05/13/20	482.30	0.00	0.00	482.30	
	PHARMACY DRUGS					
CM42715	05/16/20 05/12/20 05/13/20	-156.43	0.00	0.00	-156.43	
	PHARMACY CREDIT					
8835046	05/16/20 05/12/20 05/13/20	60.16	0.00	0.00	60.16	
	PHARMACY DRUGS					
8835047	05/16/20 05/12/20 05/13/20	25.32	0.00	0.00	25.32	
	PHARMACY DRUGS					
8832607	05/16/20 05/12/20 05/13/20	59.83	0.00	0.00	59.83	
	PHARMACY DRUGS					
5169	05/16/20 05/12/20 05/13/20	-30.16	0.00	0.00	-30.16	
	PHARMACY CREDIT					
8832608	05/16/20 05/12/20 05/13/20	61.22	0.00	0.00	61.22	
	PHARMACY DRUGS					
8832611	05/16/20 05/12/20 05/13/20	48.25	0.00	0.00	48.25	
	PHARMACY DRUGS					
8832613	05/16/20 05/12/20 05/13/20	95.71	0.00	0.00	95.71	
	PHARMACY DRUGS					
8832612	05/16/20 05/12/20 05/13/20	44.39	0.00	0.00	44.39	
	PHARMACY DRUGS					
8832610	05/16/20 05/12/20 05/13/20	453.93	0.00	0.00	453.93	
	PHARMACY DRUGS					
8837505	05/16/20 05/13/20 05/14/20	0.19	0.00	0.00	0.19	
	PHARMACY DRUGS					
8838057	05/16/20 05/13/20 05/14/20	1,033.43	0.00	0.00	1,033.43	
	PHARMACY DRUGS					
8837504	05/16/20 05/13/20 05/14/20	0.19	0.00	0.00	0.19	
	PHARMACY DRUGS					
8838059	05/16/20 05/13/20 05/14/20	44.39	0.00	0.00	44.39	
	PHARMACY DRUGS					
8838058	05/16/20 05/13/20 05/14/20	25.54	0.00	0.00	25.54	
	PHARMACY DRUGS					
8838056	05/16/20 05/13/20 05/14/20	6.27	0.00	0.00	6.27	
	PHARMACY DRUGS					
CM43073	05/17/20 05/13/20 05/14/20	-416.66	0.00	0.00	-416.66	
	PHARMACY CREDIT					
8846681	05/17/20 05/16/20 05/17/20	55.58	0.00	0.00	55.58	
	PHARMACY DRUGS					
8846100	05/17/20 05/16/20 05/17/20	122.93	0.00	0.00	122.93	
	PHARMACY DRUGS					

8846101		05/17/20	05/16/20	05/17/20	3,266.64	0.00	0.00	3,266.64
PHARMACY DRUGS								
8844952		05/17/20	05/16/20	05/17/20	434.20	0.00	0.00	434.20
PHARMACY DRUGS								
8846102		05/17/20	05/16/20	05/17/20	600.37	0.00	0.00	600.37
PHARMACY DRUGS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	8,397.33	0.00	0.00	8,397.33

Vendor# M1002 Vendor Name MPULSE MAINTENANCE SOFTWARE Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
16-03-4120		05/17/20	03/23/20	04/22/20			1,462.50	0.00	0.00	1,462.50
MSP RENEWEL ONE YEAR										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M1002	MPULSE MAINTENANCE SOFTWARE	1,462.50	0.00	0.00	1,462.50

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
20956		05/16/20	05/12/20	05/12/20			3,000.00	0.00	0.00	3,000.00
OUTSIDE SRV DIETARY May										

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

Vendor# O0920 Vendor Name OFFICE DEPOT Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
834693395001		05/17/20	04/20/20	05/22/20			123.48	0.00	0.00	123.48
OFFICE SUPPLIES BUS OFFIC										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	O0920	OFFICE DEPOT	123.48	0.00	0.00	123.48

Vendor# I0955 Vendor Name OPTUM360 Class W Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
80011852008		05/16/20	03/08/20	03/23/20			128.94	0.00	0.00	128.94
SUPPLIES ER										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I0955	OPTUM360	128.94	0.00	0.00	128.94

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
2016601950		04/29/20	04/21/20	05/21/20			344.99	0.00	0.00	344.99
CS INVENTORY										
2016601418		04/29/20	04/21/20	05/21/20			54.93	0.00	0.00	54.93
SUPPLIES MED SURG										
2016610196		04/29/20	04/21/20	05/21/20			2,768.71	0.00	0.00	2,768.71
SUPPLIES VARIOUS DEPTS										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR	3,168.63	0.00	0.00	3,168.63

Vendor# 11069 Vendor Name PABLO GARZA Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20957		05/16/20	05/01/20	05/01/20			825.00	0.00	0.00	825.00
OUTSIDE SRV CLINIC 4/18-30/2016										

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11069	PABLO GARZA				825.00	0.00	0.00	825.00

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
A1600199		04/29/20	04/21/20	05/21/20			523.80	0.00	0.00	523.80 ✓
	PHARMACY DRUGS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10204	PHARMEDIUM SERVICES LLC ✓	523.80	0.00	0.00	523.80

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
052157.2		05/17/20	04/12/20	05/12/20			98.28	0.00	0.00	98.28 ✓
	SUPPLIES LAB									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10541	PLATINUM CODE ✓	98.28	0.00	0.00	98.28

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
B21694		05/11/20	05/03/20	05/21/20			11.38	0.00	0.00	11.38 ✓
	SUPPLIES GROUNDS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P2200	POWER ELECTRIC ✓	11.38	0.00	0.00	11.38

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
20951		05/12/20	03/10/20	04/09/20			40.00	0.00	0.00	40.00 ✓
	READ FEES XRAY									
20953		05/12/20	03/30/20	04/29/20			465.00	0.00	0.00	465.00 ✓
	READ FEES XRAY									
20952		05/12/20	03/30/20	04/29/20			50.00	0.00	0.00	50.00 ✓
	READ FEES XRAY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	R1268	RADIOLOGY UNLIMITED, PA ✓	555.00	0.00	0.00	555.00

Vendor#	Vendor Name	Class	Pay Code
10315	REXEL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
S113500309.001		04/28/20	04/15/20	05/25/20			3,255.00	0.00	0.00	3,255.00 ✓
	SUPPLIES GROUNDS									
737918		04/29/20	04/08/20	05/25/20			1,094.10	0.00	0.00	1,094.10 ✓
	SUPPLIES CARDIO									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10315	REXEL ✓	4,349.10	0.00	0.00	4,349.10

Vendor#	Vendor Name	Class	Pay Code
10625	SARA RUBIO		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20958		05/16/20	05/11/20	05/11/20			~~222.00~~	0.00	0.00	~~222.00~~ 230.00
	TRAVEL EXPENSE ER Sara Rubio 5/8-10/16 Austin TX									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10625	SARA RUBIO	~~222.00~~	0.00	0.00	~~222.00~~ 230.00

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
9195-9		05/11/20	05/05/20	05/21/20		203.96	0.00	0.00	203.96
	SUPPLIES PLANT OPS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S1800	SHERWIN WILLIAMS	203.96	0.00	0.00	203.96

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
4551842		05/16/20	05/06/20	05/06/20		1,350.66	0.00	0.00	1,350.66
	LEASE & RENTAL LAB								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10936	SIEMENS FINANCIAL SERVICES	1,350.66	0.00	0.00	1,350.66

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
20947		05/11/20	04/30/20	05/21/20		~~58.86~~	0.00	0.00	~~58.86~~ 52.32
	ADVERTISING								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	V1050	THE VICTORIA ADVOCATE	~~58.86~~	0.00	0.00	~~58.86~~ 52.32

Vendor# Vendor Name Class Pay Code

10732 THERACOM, LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
144930744-301		03/31/20	03/24/20	05/22/20		1,426.88	0.00	0.00	1,426.88
	PHARMACY DRUGS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10732	THERACOM, LLC	1,426.88	0.00	0.00	1,426.88

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
35FK051600		05/12/20	05/01/20	05/16/20		783.00	0.00	0.00	783.00
	OUTSIDE SRV CLINIC								
3A3X051600		05/12/20	05/01/20	05/16/20		119.00	0.00	0.00	119.00
	OUTSIDE SRV CLINIC								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11067	TRIZETTO PROVIDER SOLUTIONS	902.00	0.00	0.00	902.00

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
8400218636		04/28/20	04/22/20	05/22/20		938.37	0.00	0.00	938.37
	SUPPLIES HOUSEKEEPING								
8400218595		04/28/20	04/22/20	05/22/20		373.69	0.00	0.00	373.69
	LAUNDRY SURGERY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	1,312.06	0.00	0.00	1,312.06

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	~~162,929.23~~	0.00	0.00	162,929.23

Michael J. Pfeifer
Calhoun County Judge
Date: 5-31-16

CKS#166344
+0
#166396

APPROVED ON
MAY 19 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Pg 6 → <9813.08>
Pg 9 → {<222.00> +230.00
Pg 10 → {<58.86> +52.32>
Pg 3 → <4,068.25>
149,049.36

RUN DATE: 05/19/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME: 09:15 EDIT LIST FOR PATIENT REFUNDS ARID=0001 APCDEDIT

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	051916	57.20	3	[redacted]		
	99006						
	ARID=0001 TOTAL		57.20				
TOTAL			57.20				

APPROVED
ON
MAY 19 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 166397

Michael J. Pfeifer
Calhoun County Judge
Date: 5-31-16

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	166344	05/20/16	523.80	PHARMEDIUM SERVICES LLC
A/P	166345	05/20/16	4,349.10	REXEL
A/P	166346	05/20/16	543.86	CENTURION MEDICAL PRODUCTS
A/P	166347	05/20/16	74.71	DEWITT POTH & SON
A/P	166348	05/20/16	35.00	JASON ANGLIN
A/P	166349	05/20/16	.00	VOIDED
A/P	166350	05/20/16	.00	VOIDED
A/P	166351	05/20/16	8,397.33	MORRIS & DICKSON CO, LLC
A/P	166352	05/20/16	98.28	PLATINUM CODE
A/P	166353	05/20/16	230.00	SARA RUBIO
A/P	166354	05/20/16	1,426.88	THERACOM, LLC
A/P	166355	05/20/16	69,378.59	MMC EMPLOYEE BENEFIT PLAN
A/P	166356	05/20/16	8,807.05	ACCLARENT, INC.
A/P	166357	05/20/16	90.00	AMERICAN APPLIANCE
A/P	166358	05/20/16	1,350.66	SIEMENS FINANCIAL SERVICES
A/P	166359	05/20/16	500.00	MEMORIAL MEDICAL CLINIC
A/P	166360	05/20/16	902.00	TRIZETTO PROVIDER SOLUTIONS
A/P	166361	05/20/16	825.00	PABLO GARZA
A/P	166362	05/20/16	11,380.76	FUSION MEDICAL STAFFING, LLC
A/P	166363	05/20/16	14,856.41	GARDNER & WHITE, INC.
A/P	166364	05/20/16	1,526.25	E-CODE SOLUTIONS OF ILLINOIS,
A/P	166365	05/20/16	87.25	GULF COAST HARDWARE / ACE
A/P	166366	05/20/16	60.62	ALIMED INC.
A/P	166367	05/20/16	225.00	ANNOUNCEMENTS PLUS TOO AGAIN
A/P	166368	05/20/16	19.34	AQUA BEVERAGE COMPANY
A/P	166369	05/20/16	32.86	AUTO PARTS & MACHINE CO.
A/P	166370	05/20/16	747.84	BAXTER HEALTHCARE CORP
A/P	166371	05/20/16	1,156.36	BECKMAN COULTER INC
A/P	166372	05/20/16	20.00	CITY OF PORT LAVACA
A/P	166373	05/20/16	1,530.90	CDW GOVERNMENT, INC.
A/P	166374	05/20/16	325.62	C R BARD, INC
A/P	166375	05/20/16	54.10	DOWNTOWN CLEANERS
A/P	166376	05/20/16	1,183.64	FIRESTONE OF PORT LAVACA
A/P	166377	05/20/16	457.19	FISHER HEALTHCARE
A/P	166378	05/20/16	19.78	INDEPENDENCE MEDICAL
A/P	166379	05/20/16	128.94	OPTUM360
A/P	166380	05/20/16	3,013.31	J & J HEALTH CARE SYSTEMS, INC
A/P	166381	05/20/16	329.86	LOWE'S HOME CENTERS INC
A/P	166382	05/20/16	1,462.50	MPULSE MAINTENANCE SOFTWARE
A/P	166383	05/20/16	117.95	MEDIBADGE
A/P	166384	05/20/16	263.56	MMC AUXILIARY GIFT SHOP
A/P	166385	05/20/16	3,000.00	MERRITT, HAWKINS & ASSOCIATES
A/P	166386	05/20/16	69.66	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	166387	05/20/16	3,000.00	NUTRITION OPTIONS
A/P	166388	05/20/16	123.48	OFFICE DEPOT
A/P	166389	05/20/16	3,168.63	OWENS & MINOR
A/P	166390	05/20/16	11.38	POWER ELECTRIC
A/P	166391	05/20/16	534.70	CULLIGAN OF VICTORIA
A/P	166392	05/20/16	555.00	RADIOLOGY UNLIMITED, PA
A/P	166393	05/20/16	203.96	SHERWIN WILLIAMS

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	166394	05/20/16	1,312.06	UNIFIRST HOLDINGS INC
A/P	166395	05/20/16	52.32	THE VICTORIA ADVOCATE
A/P	166396	05/20/16	485.87	GRAINGER
A/P	166397	05/20/16	57.20	HEALTHCARE SRV CORP
TOTALS:			149,106.56	

5-19-16
ph

RUN DATE:05/23/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:08:41 CHECK REGISTER and Payables List GLCKREG
05/23/16 THRU 05/23/16

BANK--CHECK----				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000770	05/23/16	1,095.85	MCKESSON
A/P	000771	05/23/16	685.86	MCKESSON
A/P	000772	05/23/16	866.46	MCKESSON
TOTALS:			2,648.17	

APPROVED
ON

MAY 2 2 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 5-31-16

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: 05/20/2016

DC: 8115

Territory: 400

Customer: 190813
Date: 05/21/2016

Page: 001

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

As of: 05/20/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 05/21/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
05/16/2016	05/24/2016	7746551800	1000817342	115Invoice	0.68	33.95		✓ 33.27	✓	7746551800	
05/16/2016	05/24/2016	7746551801	1000817941	115Invoice	9.80	490.11		✓ 480.31	✓	7746551801	
05/16/2016	05/24/2016	7746551802	1000817941	115Invoice	1.45	72.39		✓ 70.94	✓	7746551802	
05/16/2016	05/24/2016	7746551803	1000818335	115Invoice	7.38	368.98		✓ 361.60	✓	7746551803	
05/18/2016	05/24/2016	7746989896	1000819374	115Invoice	0.18	9.18		✓ 9.00	✓	7746989896	
05/18/2016	05/24/2016	7746989897	1000819374	115Invoice		0.08		✓ 0.08	✓	7746989897	
05/20/2016	05/24/2016	7747433370	1000820890	115Invoice	2.87	143.52		✓ 140.65	✓	7747433370	

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

TOTAL:

Subtotals: 1,118.21 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 05/16/2016 738.45

If Paid By 05/24/2016,
Pay This Amount: 1,095.85 USD

If Paid After 05/24/2016,
Pay this Amount: 1,118.21 USD

Due If Paid On Time:
USD 1,095.85

Disc lost if paid late:
22.36

Due If Paid Late:
USD 1,118.21

APPROVED
ON
MAY 22 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

ck# 770

5-22-16

McKESSON

STATEMENT

Company: 8000

As of: 05/20/2016

Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 05/21/2016

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: 05/20/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 05/21/2016

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	
05/16/2016	05/24/2016	7746565657	3454581441	115Invoice	0.83	41.33		✓ 40.50	✓	7746565657	
05/17/2016	05/24/2016	7746785136	3454581444	115Invoice	1.74	86.77		✓ 85.03	✓	7746785136	
05/17/2016	05/24/2016	7746785137	1091433	115Invoice	0.01	0.32		✓ 0.31	✓	7746785137	
05/18/2016	05/24/2016	7746995898	3454581447	115Invoice	9.69	484.68		✓ 474.99	✓	7746995898	
05/19/2016	05/24/2016	7747230154	3454581450	115Invoice	1.74	86.77		✓ 85.03	✓	7747230154	

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

TOTAL:

Subtotals: 699.87 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 05/16/2016 246.56

If Paid By 05/24/2016,
Pay This Amount: 685.86 USD

If Paid After 05/24/2016,
Pay this Amount: 699.87 USD

Due If Paid On Time:
USD 685.86

Disc lost if paid late: 14.01

Due If Paid Late:
USD 699.87

APPROVED
ON
MAY 22 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

cc# 7TT

5.22.16

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: 05/20/2016

DC: 8115

Territory: 400

Customer: 262252
Date: 05/21/2016

Page: 001

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

As of: 05/20/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 05/21/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
05/16/2016	05/24/2016	7746580101	1000817344	115Invoice	0.76	37.95		✓ 37.19	✓	7746580101	
05/16/2016	05/24/2016	7746580104	1000817943	115Invoice	1.60	80.08		✓ 78.48	✓	7746580104	
05/16/2016	05/24/2016	7746580105	1000817943	115Invoice	0.30	14.85		✓ 14.55	✓	7746580105	
05/16/2016	05/24/2016	7746580106	1000818337	115Invoice	0.64	32.23		✓ 31.59	✓	7746580106	
05/17/2016	05/24/2016	7746794253	1000818701	115Invoice	3.09	154.68		✓ 151.59	✓	7746794253	
05/18/2016	05/24/2016	7746999018	1000819376	115Invoice	0.28	13.96		✓ 13.68	✓	7746999018	
05/19/2016	05/24/2016	7747243430	1000820285	115Invoice	1.44	72.24		✓ 70.80	✓	7747243430	
05/19/2016	05/24/2016	7747243432	1000820285	115Invoice	6.58	329.01		✓ 322.43	✓	7747243432	
05/20/2016	05/24/2016	7747444258	1000820892	115Invoice	2.98	149.13		✓ 146.15	✓	7747444258	

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

TOTAL:

Subtotals: 884.13 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,787.94
05/16/2016

If Paid By 05/24/2016,
Pay This Amount: 866.46 USD

If Paid After 05/24/2016,
Pay this Amount: 884.13 USD

Due If Paid On Time:
USD 866.46

Disc lost if paid late:
17.67

Due If Paid Late:
USD 884.13

APPROVED
ON
MAY 22 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

ck# 778

5.22.16

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
5/23/2016

Nursing Home	IBC Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	IGT Transfer-In	MMC Portion of IGT	Cantex Portion of IGT	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens	4553	31,027.87	30,927.87	76,923.87	-	-	-	77,023.87	76,923.87

Routing Information for Ashford Gardens:
Ashford Health Care Center Ltd Co
JP Morgan Chase Bank
ABA 111000614
Account 4257

Nursing Home	IBC Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	IGT Transfer-In	MMC Portion of IGT	Cantex Portion of IGT	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Solera at West Houston	[redacted]4561	53,196.99	53,096.99	856,310.55	-	40,489.72	-	856,410.55	815,820.83
Crescent	[redacted]4588	61,424.35	61,324.35	642,503.09	-	23,923.22	-	642,603.09	618,579.87
Broadmoor	[redacted]4596	37,354.74	37,254.74	302,524.84	-	-	-	302,624.84	302,524.84
Fort Bend	[redacted]4618	33,691.10	33,591.10	68,947.40	-	14,000.43	-	69,047.40	54,946.97
									1,791,872.51

Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:
Cantex Health Care Centers III LLC
JP Morgan Chase Bank
ABA 111000614
Accou[redacted]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: 5-31-16

APPROVED
MAY 23 2016
COUNTY AUDITOR

APPROVED
MAY 23 2016
COUNTY AUDITOR

Account Portfolio as of 05/23/2016 9:43:39 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	$77,023.87	$84,439.70
Memorial Medical Center	[redacted]4561	$856,410.55	$875,574.29
Memorial Medical Center	[redacted]4588	$642,603.09	$656,898.49
Memorial Medical Center	[redacted]4596	$302,624.84	$302,624.84
Memorial Medical Center	[redacted]4618	$69,047.40	$70,102.95
Memorial Medical Center Oper	[redacted]0301	$924,841.54	$968,820.21
County of Calhoun Indigent	[redacted]1101	$2,735.80	$2,735.80
Totals		**$2,900,356.88**	**$2,986,266.07**

IBC Bank Activity
5/16/16 through 5/22/16

Ashford Gardens					Transfer-Out	Transfer-In		
5/16/2016	113105025	4553	495	OUTGOING MONEY TRANSFER	30927.87			ASHFORD HEALTH CARE CENTER LTD
5/18/2016	113105025	4553	142	ACH CREDIT RECEIVED		1500.55	PN1326436189	Molina HC of TX Molina HC
5/20/2016	113105025	4553	142	ACH CREDIT RECEIVED		70768.17	675423	NOVITAS SOLUTION HCCLAIMPMT
5/20/2016	113105025	4553	142	ACH CREDIT RECEIVED		4655.15	1.746E+13	AGING DISA8 SVCS HCCLAIMPMT
					30,927.87	76,923.87		

Solera at West Houston					Transfer-Out	Transfer-In		
5/16/2016	113105025	4561	495	OUTGOING MONEY TRANSFER	53096.99			CANTEX HEALTH CARE CENTERS LLC
5/16/2016	113105025	4561	142	ACH CREDIT RECEIVED		1195.21	676310	NOVITAS SOLUTION HCCLAIMPMT
5/16/2016	113105025	4561	142	ACH CREDIT RECEIVED		3730.49	1.60512E+13	AMERIGROUP CORPO HCCLAIMPMT
5/17/2016	113105025	4561	142	ACH CREDIT RECEIVED		4405.43	1.60513E+13	AMERIGROUP CORPO HCCLAIMPMT
5/18/2016	113105025	4561	142	ACH CREDIT RECEIVED		40489.72	EE51360254	AMERIGROUP CORPO E-PAYMENT MPAP
5/18/2016	113105025	4561	195	INCOMING MONEY TRANSFER		525681.43		CANTEX HEALTH CARE CENTERS III
5/20/2016	113105025	4561	142	ACH CREDIT RECEIVED		1951.71	1.746E+13	AGING DISA8 SVCS HCCLAIMPMT
5/20/2016	113105025	4561	142	ACH CREDIT RECEIVED		278856.56	676310	NOVITAS SOLUTION HCCLAIMPMT
					53,096.99	856,310.55		

Crescent					Transfer-Out	Transfer-In		
5/16/2016	113105025	4588	495	OUTGOING MONEY TRANSFER	61324.35			CANTEX HEALTH CARE CENTERS III
5/18/2016	113105025	4588	142	ACH CREDIT RECEIVED		23923.22	EE51360255	AMERIGROUP CORPO E-PAYMENT MPAP
5/18/2016	113105025	4588	195	INCOMING MONEY TRANSFER		483581.97		CANTEX HEALTH CARE CENTERS III
5/19/2016	113105025	4588	142	ACH CREDIT RECEIVED		113607.11	676323	NOVITAS SOLUTION HCCLAIMPMT
5/20/2016	113105025	4588	142	ACH CREDIT RECEIVED		21390.79	676323	NOVITAS SOLUTION HCCLAIMPMT
					61,324.35	642,503.09		

Broadmoor					Transfer-Out	Transfer-In		
5/16/2016	113105025	4596	495	OUTGOING MONEY TRANSFER	37254.74			CANTEX HEALTH CARE CENTERS III
5/18/2016	113105025	4596	142	ACH CREDIT RECEIVED		13051.78	676357	NOVITAS SOLUTION HCCLAIMPMT
5/19/2016	113105025	4596	142	ACH CREDIT RECEIVED		270717.96	676357	NOVITAS SOLUTION HCCLAIMPMT
5/20/2016	113105025	4596	142	ACH CREDIT RECEIVED		18755.1	676357	NOVITAS SOLUTION HCCLAIMPMT
					37,254.74	302,524.84		

Fort Bend					Transfer-Out	Transfer-In		
5/16/2016	113105025	4618	495	OUTGOING MONEY TRANSFER	33591.1			CANTEX HEALTH CARE CENTERS III
5/18/2016	113105025	4618	142	ACH CREDIT RECEIVED		14000.43	EE51360253	AMERIGROUP CORPO E-PAYMENT MPAP
5/19/2016	113105025	4618	142	ACH CREDIT RECEIVED		38789.79	675663	NOVITAS SOLUTION HCCLAIMPMT
5/20/2016	113105025	4618	142	ACH CREDIT RECEIVED		16157.18	675663	NOVITAS SOLUTION HCCLAIMPMT
					33,591.10	68,947.40		

Identifying Variables							Allocation										
NPI	Current Contract	Previous Contract	Facility Number	TIN	Legal Entity	DBA Facility Name	FFS (Not Payable)	Molina	United Health-care	Superior	Ameri-group	Cigna	Total	Net Not Payable	Cantex Portion	IGT as a % of Payable
[redacted]	[redacted]	[redacted]	4811	[redacted]	Memorial Med	Ashford Gardens	$42,802.42	$86,591.10	$214,011.11	$0.00	$166,453.25	$0.00	$489,847.88	$447,045.46	$ 119,747.90	0.578404732
			105818		Memorial Med	The Broadmoor at Creekside Park	$1,792.62	$1,185.96	$7,170.50	$597.54	$1,792.62	$0.00	$12,548.36	$10,755.74	$ 2,881.09	0.013916193
			105314		Memorial Med	The Crescent	$2,174.83	$3,698.24	$10,874.17	$0.00	$23,923.22	$0.00	$45,671.56	$43,496.73	$ 11,651.26	0.056277754
			105006		Memorial Med	Solera at West Houston	$5,061.22	$30,987.29	$60,734.58	$0.00	$40,489.72	$0.00	$136,652.81	$131,591.59	$ 35,248.80	0.170258296
			4628		Memorial Med	Fort Bend Healthcare Center	$14,000.43	$56,000.76	$70,002.17	$0.00	$14,000.43	$0.00	$154,004.76	$140,004.33	$ 37,502.28	0.181143025
								Paid 5/20/16	Paid 5/20/16		Paid 5/18/16			$772,893.85		
							$65,831.52	$162,844.54	$362,792.53	$597.54	$246,659.24	$0.00	$838,725.37			
													$65,831.52			
													$772,893.65			
											IGT Return		$ 358,831.18			
											Amount to split		$ 414,062.87			
											Net IGT Return		$ 207,031.34			

	Total	IGT Return	Program Benefits	Total
	$772,893.85			
MMC Portion		$ 358,831.18	$ 207,031.34	$ 565,862.51
Cantex Portion			$ 207,031.34	$ 207,031.34
				$ 772,893.85

Still waiting on Superior & Ameri-Group payments. ARM 5/23/16

Molina & United deposited Friday after 2. Deposit will hit account on 5/24/16.

APPROVED
ON
MAY 25 2016
Ph
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

05/25/2016 MEMORIAL MEDICAL CENTER 0
13:19 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 06/01/2016

Vendor#	Vendor Name				Class	Pay Code				
10950	ACUTE CARE INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	22465		05/20/20	05/20/20	05/30/20		1,400.00	0.00	0.00	1,400.00
		OUTSIDE SRV ER								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10950	ACUTE CARE INC				1,400.00	0.00	0.00	1,400.00
Vendor#	Vendor Name				Class	Pay Code				
A1790	AFLAC				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	399626		05/24/20	03/11/20	04/01/20		3,284.20	0.00	0.00	3,284.20
		EMPLOYEE PERSONAL INS								
	830182		05/24/20	04/11/20	05/01/20		3,284.20	0.00	0.00	3,284.20
		EMPLOYEE PERSONAL INS								
	304482		05/24/20	05/12/20	06/01/20		3,284.20	0.00	0.00	3,284.20
		EMPLOYEE PERSONAL INS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		A1790	AFLAC				9,852.60	0.00	0.00	9,852.60
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
	9050923978		05/12/20	04/30/20	05/30/20		1,896.67	0.00	0.00	1,896.67
		OXYGEN CARDIO								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		A1680	AIRGAS-SOUTHWEST				1,896.67	0.00	0.00	1,896.67
Vendor#	Vendor Name				Class	Pay Code				
A1690	ALCON LABORATORIES, INC.				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	9648544665		05/12/20	04/28/20	05/28/20		795.00	0.00	0.00	795.00
		INTRA OCULAR LENSES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		A1690	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
	RPSV02181563		05/11/20	05/02/20	06/01/20		196.20	0.00	0.00	196.20
		SUPPLIES PT								
	RPSV02187724		05/23/20	05/09/20	05/24/20		113.71	0.00	0.00	113.71
		SUPPLIES OCC THERAPY								
	RPSV02194843		05/23/20	05/16/20	05/31/20		132.62	0.00	0.00	132.62
		SUPPLIES PT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		A1705	ALIMED INC.				442.53	0.00	0.00	442.53
Vendor#	Vendor Name				Class	Pay Code				
A1746	ALPHA TEC SYSTEMS INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	INV-00041858		04/30/20	04/26/20	05/26/20		260.67	0.00	0.00	260.67
		SUPPLIES LAB								

Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	A1746	ALPHA TEC SYSTEMS INC					260.67	0.00	0.00	260.67
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
	608		05/12/20	04/28/20	05/28/20		35.90	0.00	0.00	35.90
		SUPPLIES ADMIN								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	A2150	ANNOUNCEMENTS PLUS TOO AGAIN					35.90	0.00	0.00	35.90
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
	795672		05/18/20	05/13/20	05/28/20		30.36	0.00	0.00	30.36
		SUPPLIES PLANT OPS								
	795377		05/23/20	05/11/20	05/26/20		16.60	0.00	0.00	16.60
		SUPPLIES PLANT OPS								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	A2600	AUTO PARTS & MACHINE CO.					46.96	0.00	0.00	46.96
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
	3835688		05/23/20	05/12/20	06/01/20		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
	50777757		04/29/20	04/28/20	05/28/20		330.32	0.00	0.00	330.32
		CS INVENTORY								
	50806984		05/11/20	05/02/20	06/01/20		190.50	0.00	0.00	190.50
		IV PUMP RENTAL								
	50805009		05/11/20	05/02/20	06/01/20		2,767.00	0.00	0.00	2,767.00
		IV PUMP RENTAL								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	B1075	BAXTER HEALTHCARE CORP					3,287.82	0.00	0.00	3,287.82
Vendor#	Vendor Name				Class	Pay Code				
11050	BIRCH COMMUNICATIONS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	21385244		05/24/20	05/16/20	06/01/20		1,048.52	0.00	0.00	1,048.52
		TELEPHONE EXPENSE								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11050	BIRCH COMMUNICATIONS					1,048.52	0.00	0.00	1,048.52
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
	949618764		05/17/20	05/02/20	06/01/20		218.00	0.00	0.00	218.00
		SUPPLIES SURGERY								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	B1655	BOSTON SCIENTIFIC CORPORATION					218.00	0.00	0.00	218.00
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
20980		05/24/20	05/20/20	05/30/20			52.63	0.00	0.00	52.63 X 42.22
	OUTSIDE SRV CLINIC	Took off Sales Tax current & previous								
20979		05/24/20	05/20/20	05/30/20			635.35	0.00	0.00	635.35
	OUTSIDE SRV IT									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	C1010	CABLE ONE					687.98	0.00	0.00	687.98 677.57

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
20967		05/23/20	05/19/20	05/19/20			25.00	0.00	0.00	25.00
	EMPLOYEE CREDIT UNION									
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
A1730	CAREFUSION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9106666242		05/11/20	05/02/20	06/01/20			143.52	0.00	0.00	143.52
	SUPPLIES SURGICAL CLINIC									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	A1730	CAREFUSION					143.52	0.00	0.00	143.52

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
20976		05/23/20	04/30/20	04/30/20			165.00	0.00	0.00	165.00
	OUTSIDE SRV OCC THERAPY 4/11 + 4/15/16									
20975		05/23/20	04/30/20	04/30/20			453.75	0.00	0.00	453.75
	OUTSIDE SRV OCC THERAPY 4/4,6,8,11,12,15/2016									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	Z0850	CARMEN C. ZAPATA-ARROYO					618.75	0.00	0.00	618.75

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
92008598		05/10/20	05/02/20	06/01/20			981.64	0.00	0.00	981.64
	CS INVENTORY									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10350	CENTURION MEDICAL PRODUCTS					981.64	0.00	0.00	981.64

Vendor#	Vendor Name	Class	Pay Code
C1478	CHANNING L BETE CO INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
53148278		05/12/20	04/27/20	05/27/20			755.70	0.00	0.00	755.70
	SUPPLIES EDUCATION									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	C1478	CHANNING L BETE CO INC					755.70	0.00	0.00	755.70

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
20977		05/24/20	04/30/20	05/30/20			314.70	0.00	0.00	314.70
	PHARMACY DRUGS									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	C1600	CITIZENS MEDICAL CENTER					314.70	0.00	0.00	314.70

Vendor#	Vendor Name				Class	Pay Code				
10723	CLIA LABORATORY PROGRAM									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	45D0054055		05/11/20	05/10/20	05/27/20		2,841.00	0.00	0.00	2,841.00
		2 YR COMPLIANCE FEE LAB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10723	CLIA LABORATORY PROGRAM				2,841.00	0.00	0.00	2,841.00
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
	20945		05/11/20	04/30/20	05/30/20		9,410.33	0.00	0.00	9,410.33
		OUTSIDE SRV LAB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10786	CLINICAL PATHOLOGY				9,410.33	0.00	0.00	9,410.33
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
	RT00126441		05/23/20	04/23/20	06/01/20		7,682.67	0.00	0.00	7,682.67
		LEASE & RENTAL CLINIC- MEI								
	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				
11189	CST CO.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	9061606-11		05/23/20	05/10/20			213.77	0.00	0.00	213.77
		FREIGHT EXP CS 9/22/2015 freight Charge								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11189	CST CO.				213.77	0.00	0.00	213.77
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
	207193		05/10/20	04/27/20	05/27/20		84.17	0.00	0.00	84.17
		SUPPLIES XRAY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10006	CUSTOM MEDICAL SPECIALTIES				84.17	0.00	0.00	84.17
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
	471119-0		04/29/20	04/26/20	05/26/20		107.48	0.00	0.00	107.48
		OFFICE SUPPLIES ADMIN								
	471307-0		04/29/20	04/27/20	05/27/20		54.90	0.00	0.00	54.90
		CS INVENTORY								
	471286-0		04/29/20	04/27/20	05/27/20		8.09	0.00	0.00	8.09
		OFFICE SUPPLIES CLINIC								
	471213-0		04/29/20	04/27/20	05/27/20		417.00	0.00	0.00	417.00
		CS INVENTORY								
	471300-0		04/29/20	04/27/20	05/27/20		217.45	0.00	0.00	217.45
		OFFICE SUPPLIES MED SURG								
	471306-0		04/29/20	04/27/20	05/27/20		58.46	0.00	0.00	58.46
		SUPPLIES VARIOUS DEPTS								
	471571-0		05/10/20	05/02/20	06/01/20		30.36	0.00	0.00	30.36
		CS INVENTORY & SURGERY S								

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON				893.74	0.00	0.00	893.74

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
	20961		05/18/20	05/02/20	06/01/20		336.00	0.00	0.00	336.00
		SUPPLIES LAB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10175	DSHS CENTRAL LAB MC2004				336.00	0.00	0.00	336.00

Vendor#	Vendor Name			Class	Pay Code				
D1785	DYNATRONICS CORPORATION								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	875704		05/24/20	04/22/20	05/22/20		88.00	0.00	0.00	88.00
		EQUPMENT CARDIO REHAB								
	877329		05/24/20	04/29/20	05/29/20		11,055.30	0.00	0.00	11,055.30
		EQUIPMENT CARDIO REHAB								
	879481		05/24/20	05/13/20	06/01/20		438.46	0.00	0.00	438.46
		EQUIPMENT CARDIO REHAB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		D1785	DYNATRONICS CORPORATION				11,581.76	0.00	0.00	11,581.76

Vendor#	Vendor Name			Class	Pay Code				
11046	E-MDS, INC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	12199		05/24/20	05/24/20	05/24/20		1,637.50	0.00	0.00	1,637.50
		OUTSIDE SRV CLINIC								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11046	E-MDS, INC				1,637.50	0.00	0.00	1,637.50

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
	370638		05/10/20	05/02/20	06/01/20		152.90	0.00	0.00	152.90
		SUPPLIES SURGERY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10042	ERBE USA INC SURGICAL SYSTEMS				152.90	0.00	0.00	152.90

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
	20984		05/24/20	05/23/20	05/23/20		184.32	0.00	0.00	184.32 / 166.32
		TRAVEL EXP NURSE ADMIN 4/18/16 Austin								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		T0383	ERIN CLEVENGER				184.32	0.00	0.00	184.32 / 166.32

Took off Meals - Pay Travel Put on payroll

Vendor#	Vendor Name			Class	Pay Code				
C2510	EVIDENT (CPSI)			M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	T1605091378		05/18/20	05/02/20	06/01/20		13,928.42	0.00	0.00	13,928.42
		OUTSIDE SRV BUS OFFICE &								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C2510	EVIDENT				13,928.42	0.00	0.00	13,928.42

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

05A16mmc	05/11/20	05/01/20	05/31/20		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
F1100	FEDERAL EXPRESS CORP.	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
5-414-03393		05/23/20	05/12/20	05/27/20			137.66	0.00	0.00	137.66
FREIGHT EXPENSE LAB										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.					137.66	0.00	0.00	137.66

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
20965		05/23/20	05/19/20				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
2537676		04/30/20	04/26/20	05/26/20			1,533.14	0.00	0.00	1,533.14
LAB SUPPLIES										
2620430		05/11/20	04/27/20	05/27/20			544.35	0.00	0.00	544.35
SUPPLIES LAB										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE					2,077.49	0.00	0.00	2,077.49

Vendor#	Vendor Name	Class	Pay Code
10678	FIVE STAR STERILIZER SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
4459		04/29/20	04/27/20	05/27/20			116.03	0.00	0.00	116.03
REPAIRS SURGERY										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10678	FIVE STAR STERILIZER SERVICES					116.03	0.00	0.00	116.03

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
0202548-IN		05/12/20	05/02/20	06/01/20			530.00	0.00	0.00	530.00
MAINT CONTR PLANT OPS										
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
11078	FUSION MEDICAL STAFFING, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
84071		05/23/20	04/29/20	05/29/20			2,614.50	0.00	0.00	2,614.50
PROF FEES PT Christian Hawley 4/25-29/2016										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11078	FUSION MEDICAL STAFFING, LLC					2,614.50	0.00	0.00	2,614.50

Vendor#	Vendor Name	Class	Pay Code
10653	GLOBAL EQUIPMENT CO. INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
109419188		05/11/20	04/28/20	05/28/20			386.90	0.00	0.00	386.90

SUPPLIES LAB

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10653	GLOBAL EQUIPMENT CO. INC.	386.90	0.00	0.00	386.90

Vendor# A1292 Vendor Name: GULF COAST HARDWARE / ACE ✓ Class: W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
101806 ✓		05/23/20	05/04/20	05/14/20			53.96	0.00	0.00	53.96 ✓
	SUPPLIES PLANT OPS									
102033 ✓		05/23/20	05/11/20	05/21/20			22.98	0.00	0.00	22.98 ✓
	SUPPLIES PLANT OPS									
102052 ✓		05/23/20	05/12/20	05/22/20			47.92	0.00	0.00	47.92 ✓
	SUPPLIES PLANT OPS									
102068 ✓		05/23/20	05/12/20	05/22/20			10.99	0.00	0.00	10.99 ✓
	SUPPLIES PLANT OPS									
102131 ✓		05/23/20	05/16/20	05/26/20			4.39	0.00	0.00	4.39 ✓
	SUPPLIES PLANT OPS									
102153 ✓		05/23/20	05/16/20	05/26/20			31.41	0.00	0.00	31.41 ✓
	SUPPLIES PLANT OPS									
102186 ✓		05/23/20	05/17/20	05/27/20			16.99	0.00	0.00	16.99 ✓
	SUPPLIES PLANT OPS									
102180 ✓		05/23/20	05/17/20	05/27/20			64.73	0.00	0.00	64.73 ✓
	SUPPLIES PLANT OPS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1292	GULF COAST HARDWARE / ACE	253.37	0.00	0.00	253.37

Vendor# G1210 Vendor Name: GULF COAST PAPER COMPANY ✓ Class: M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1127986 ✓		04/29/20	04/26/20	05/26/20			421.23	0.00	0.00	421.23 ✓
	SUPPLIES HOUSEKEEPING									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	421.23	0.00	0.00	421.23

Vendor# H0030 Vendor Name: H E BUTT GROCERY Class: M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
649678 ✓		05/23/20	04/06/20	04/26/20			15.30	0.00	0.00	15.30 ✓
	FOOD SUPPLIES DIETARY									
667272 ✓		05/23/20	04/16/20	05/06/20			66.16	0.00	0.00	66.16 ✓
	FOOD SUPPLIES DIETARY									
669032 ✓		05/23/20	04/17/20	05/07/20			6.72	0.00	0.00	6.72 ✓
	FOOD SUPPLIES DIETARY									
672336 ✓		05/23/20	04/19/20	05/09/20			39.91	0.00	0.00	39.91 ✓
	FOOD SUPPLIES DIETARY									
678493 ✓		05/23/20	04/22/20	05/12/20			31.35	0.00	0.00	31.35 ✓
	FOOD SUPPLIES DIETARY									
686638 ✓		05/23/20	04/27/20	05/17/20			67.21	0.00	0.00	67.21 ✓
	FOOD SUPPLIES DIETARY									
696141 ✓		05/23/20	05/03/20	05/23/20			40.55	0.00	0.00	40.55 ✓
	FOOD SUPPLIES DIETARY									
697802 ✓		05/23/20	05/04/20	05/24/20			36.98	0.00	0.00	36.98 ✓
	FOOD SUPPLIES DIETARY									
707454		05/23/20	05/09/20	05/29/20			29.18	0.00	0.00	29.18 X 28.08

Sales Tax 1.10

71 8050 Food Supplies 5/15/16 +9.84

	FOOD SUPPLIES DIETARY							
713699	05/23/20	05/12/20	06/01/20		54.20	0.00	0.00	54.20
	FOOD SUPPLIES DIETARY							
713714	05/23/20	05/12/20	06/01/20		15.00	0.00	0.00	15.00
	FOOD SUPPLIES DIETARY							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	H0030	H E BUTT GROCERY			402.56	0.00	0.00	402.56 411.30

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
851085857		05/11/20	05/01/20	05/31/20			11.25	0.00	0.00	11.25
	MAINT CONTR ANESTHESA									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	H1850	HOSPIRA WORLDWIDE, INC					11.25	0.00	0.00	11.25

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
1627		05/12/20	04/30/20	05/30/20			13,761.93	0.00	0.00	13,761.93
	OUTSIDE SRV PHARMACY									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10922	HUNTER PHARMACY SERVICES					13,761.93	0.00	0.00	13,761.93

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
~~10415~~ 39936466	CS INVENTORY	04/29/20	04/27/20	05/27/20			41.01	0.00	0.00	41.01
39994369		05/10/20	05/02/20	06/01/20			118.30	0.00	0.00	118.30
	CS INVENTORY									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	I0415	INDEPENDENCE MEDICAL					159.31	0.00	0.00	159.31

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
1288377		05/11/20	04/29/20	05/29/20			60.36	0.00	0.00	60.36
	REPAIRS SURGERY									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	I1127	INTEGRATED MEDICAL SYSTEMS					60.36	0.00	0.00	60.36

Vendor#	Vendor Name	Class	Pay Code
10442	INTERSTATE ALL BATTERY CENTER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1901104002779		04/28/20	04/27/20	05/27/20			179.70	0.00	0.00	179.70
	SUPPLIES PLANT OPS									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10442	INTERSTATE ALL BATTERY CENTER					179.70	0.00	0.00	179.70

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
916444549		05/10/20	05/02/20	06/01/20			181.37	0.00	0.00	181.37
	SUPPLIES SURGERY									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE SYSTEMS, INC					181.37	0.00	0.00	181.37

Vendor#	Vendor Name	Class	Pay Code

11098 JERI DAVIS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20968		05/23/20	05/18/20				75.97	0.00	0.00	75.97
	FOOD SUPPLIES DIETARY Food Handling Trng Disposable Trays									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11098	JERI DAVIS	75.97	0.00	0.00	75.97

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
6000706		05/23/20	05/05/20	05/20/20			114.46	0.00	0.00	114.46
	SUPPLIES PLANT OPS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J1415	JOHNSTONE SUPPLY	114.46	0.00	0.00	114.46

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
51535755		05/23/20	04/30/20	05/30/20			430.00	0.00	0.00	430.00
	OUTSIDE SRV LAB									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	L0700	LABCORP OF AMERICA HOLDINGS	430.00	0.00	0.00	430.00

Vendor#	Vendor Name	Class	Pay Code
L1288	LANGUAGE LINE SERVICES	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
3814158		05/12/20	04/30/20	05/30/20			74.70	0.00	0.00	74.70
	OUTSIDE SRV ADMIN									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	L1288	LANGUAGE LINE SERVICES	74.70	0.00	0.00	74.70

Vendor#	Vendor Name	Class	Pay Code
10720	LIFESOURCE EDUCATIONAL SRV LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
16018		05/18/20	05/13/20	05/27/20			1,120.00	0.00	0.00	1,120.00
	CONT EDUCATION NURSING 8 x 140									
16020		05/23/20	05/16/20	05/30/20			780.00	0.00	0.00	780.00
	CONT EDUCATION NURSING 6 x 130									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10720	LIFESOURCE EDUCATIONAL SRV LLC	1,900.00	0.00	0.00	1,900.00

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
20966		05/23/20	05/19/20	05/19/20			932.50	0.00	0.00	932.50
	EMPLOYEE PERSONAL INVES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10972	M G TRUST	932.50	0.00	0.00	932.50

Vendor#	Vendor Name	Class	Pay Code
J1350	M.C. JOHNSON COMPANY INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
00263781		05/10/20	05/02/20	06/01/20			104.30	0.00	0.00	104.30
	CS INVENTORY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J1350	M.C. JOHNSON COMPANY INC	104.30	0.00	0.00	104.30

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
14103975	LEASE & RENTAL IT	05/24/20	05/15/20	06/01/20		662.27	0.00	0.00	662.27

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11099	MARLIN BUSINESS BANK	662.27	0.00	0.00	662.27

Vendor# M1950 Vendor Name MARTIN PRINTING CO Class W Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
68595	SUPPLIES CLINIC	04/30/20	04/26/20	05/26/20		350.81	0.00	0.00	350.81
68653,68654	SUPPLIES CLINIC	05/11/20	04/28/20	05/28/20		147.52	0.00	0.00	147.52

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M1950	MARTIN PRINTING CO	498.33	0.00	0.00	498.33

Vendor# M2827 Vendor Name MEDIVATORS Class M Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2331526	SUPPLIES SURGERY	05/24/20	04/13/20	05/12/20		247.90	0.00	0.00	247.90
2340068	SUPPLIES SURGERY	05/24/20	04/22/20	05/23/20		105.52	0.00	0.00	105.52

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2827	MEDIVATORS	353.42	0.00	0.00	353.42

Vendor# M2550 Vendor Name MELSTAN, INC. Class W Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
49941	SUPPLIES PLANT OPS	05/11/20	04/29/20	05/29/20		12.95	0.00	0.00	12.95

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2550	MELSTAN, INC.	12.95	0.00	0.00	12.95

Vendor# 10963 Vendor Name MEMORIAL MEDICAL CLINIC Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20963	EMPLOYEE CO PAYS	05/23/20	05/19/20	05/19/20		90.00	0.00	0.00	90.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10963	MEMORIAL MEDICAL CLINIC	90.00	0.00	0.00	90.00

Vendor# M2658 Vendor Name MERRITT, HAWKINS & ASSOCIATES Class W Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
SINV115194	PHYSICIAN RECRUITMENT	05/12/20	04/30/20	05/26/20		9,813.08	0.00	0.00	9,813.08

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2658	MERRITT, HAWKINS & ASSOCIATES	9,813.08	0.00	0.00	9,813.08

Vendor# M2659 Vendor Name MERRY X-RAY/SOURCEONE HEALTHCA Class M Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
30094237282	SUPPLIES ULTRASOUND	05/10/20	04/28/20	05/28/20		123.42	0.00	0.00	123.42
30094187461	SUPPLIES XRAY	05/24/20	01/27/20	02/26/20		1,937.18	0.00	0.00	1,937.18

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2659	MERRY X-RAY/SOURCEONE HEALTHCA	2,060.60	0.00	0.00	2,060.60

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
20981	EMPLOYEE PERSONAL INS	05/24/20	05/23/20	06/01/20			258.52	0.00	0.00	258.52

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
10810	MMC EMPLOYEE BENEFIT PLAN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
MAY092016	EMPLOYEE MEDICAL CLAIMS	05/11/20	05/09/20	05/26/20			18,172.97	0.00	0.00	18,172.97
MAY172016	EMPLOYEE MEDICAL CLAIMS	05/24/20	05/17/20	05/17/20			33,472.00	0.00	0.00	33,472.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN	51,644.97	0.00	0.00	51,644.97

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
8850816	PHARMACY DRUGS	05/23/20	05/17/20	05/18/20			129.00	0.00	0.00	129.00
8850818	PHARMACY DRUGS	05/23/20	05/17/20	05/18/20			88.05	0.00	0.00	88.05
8850817	PHARMACY DRUGS	05/23/20	05/17/20	05/18/20			730.34	0.00	0.00	730.34
8858637	PHARMACY DRUGS	05/23/20	05/18/20	05/19/20			148.51	0.00	0.00	148.51
8858636	PHARMACY DRUGS	05/23/20	05/18/20	05/19/20			4,245.80	0.00	0.00	4,245.80
8858635	PHARMACY DRUGS	05/23/20	05/18/20	05/19/20			77.38	0.00	0.00	77.38
8863149	PHARMACY DRUGS	05/24/20	05/19/20	05/20/20			663.56	0.00	0.00	663.56
8863150	PHARMACY DRUGS	05/24/20	05/19/20	05/20/20			214.11	0.00	0.00	214.11
8866007	PHARMACY DRUGS	05/24/20	05/20/20	05/21/20			10.47	0.00	0.00	10.47
8866008	PHARMACY DRUGS	05/24/20	05/20/20	05/21/20			1,172.91	0.00	0.00	1,172.91
8866009	PHARMACY DRUGS	05/24/20	05/20/20	05/21/20			174.45	0.00	0.00	174.45
8875617	PHARMACY DRUGS	05/24/20	05/23/20	05/24/20			625.43	0.00	0.00	625.43
8871120	PHARMACY DRUGS	05/24/20	05/23/20	05/24/20			3,149.95	0.00	0.00	3,149.95
8876144	PHARMACY DRUGS	05/24/20	05/23/20	05/24/20			53.96	0.00	0.00	53.96
8876143	PHARMACY DRUGS	05/24/20	05/23/20	05/24/20			22.20	0.00	0.00	22.20

8875615		05/24/20	05/23/20	05/24/20	1,619.64	0.00	0.00	1,619.64
	PHARMACY DRUGS							
8875616		05/24/20	05/23/20	05/24/20	2,268.56	0.00	0.00	2,268.56
	PHARMACY DRUGS							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	15,394.32	0.00	0.00	15,394.32

Vendor# 10777 Vendor Name: OSCAR TORRES Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
213263		05/24/20	05/07/20	05/27/20			45.00	0.00	0.00	45.00
	OUTSIDE SRV PLANT OPS									
213341		05/24/20	05/07/20	05/27/20			200.00	0.00	0.00	200.00
	OUTSIDE SRV PLANT OPS									
213262		05/24/20	05/07/20	05/27/20			250.00	0.00	0.00	250.00
	OUTSIDE SRV PLANT IOPS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10777	OSCAR TORRES	495.00	0.00	0.00	495.00

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
2016717274		04/29/20	04/26/20	05/26/20			1,162.48	0.00	0.00	1,162.48
	SUPPLIES VARIOUS DEPTS									
2016710383		04/29/20	04/26/20	05/26/20			44.25	0.00	0.00	44.25
	SUPPLIES RESP CARE									
2016711159		04/29/20	04/26/20	05/26/20			67.94	0.00	0.00	67.94
	SUPPLIES SURGERY									
2016711764		04/29/20	04/26/20	05/26/20			53.70	0.00	0.00	53.70
	SUPPLIES SPECIALTY CLINIC									
2016711897		04/29/20	04/26/20	05/26/20			79.24	0.00	0.00	79.24
	CS INVENTORY									
2016712650		04/29/20	04/26/20	05/26/20			32.12	0.00	0.00	32.12
	SUPPLIES LAB									
2016711386		04/29/20	04/26/20	05/26/20			43.46	0.00	0.00	43.46
	CS INVENTORY									
2016710809		04/29/20	04/26/20	05/26/20			49.56	0.00	0.00	49.56
	SUPPLIES RESP CARE									
2016717685		04/29/20	04/26/20	05/26/20			1,623.70	0.00	0.00	1,623.70
	CS INVENTORY									
2016711168		04/29/20	04/26/20	05/26/20			268.27	0.00	0.00	268.27
	SUPPLIES SURGERY									
2016713552		04/29/20	04/26/20	05/26/20			364.10	0.00	0.00	364.10
	SUPPLIES CLINIC									
2016804078		04/29/20	04/28/20	05/28/20			1,324.71	0.00	0.00	1,324.71
	SUPPLIES VARIOUS DEPTS									
2016798875		04/29/20	04/28/20	05/28/20			24.15	0.00	0.00	24.15
	SUPPLIES DIETARY									
2016806333		04/29/20	04/28/20	05/28/20			42.48	0.00	0.00	42.48
	SUPPLIES LAB									
2016799655		04/29/20	04/28/20	05/28/20			633.15	0.00	0.00	633.15
	SUPPLIES CLINIC									
2016797563		04/29/20	04/28/20	05/28/20			3.95	0.00	0.00	3.95
	CS INVENTORY									

	2016803499		04/29/20	04/28/20	05/28/20	222.80	0.00	0.00	222.80
		SUPPLIES VARIOUS DEPTS							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		OM425	OWENS & MINOR			6,040.06	0.00	0.00	6,040.06
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
	20962		05/23/20	05/11/20	05/11/20		742.50	0.00	0.00	742.50
		OUTSIDE SRV CLINIC								
	Vendor Totals	Number	Name	4/29/2016			Gross	Discount	No-Pay	Net
		11069	PABLO GARZA	5/2,3,4,5,9,10,11/2016			742.50	0.00	0.00	742.50
Vendor#	Vendor Name				Class	Pay Code				
S0905	PATTERSON MEDICAL				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	5682758620		05/12/20	04/28/20	05/28/20		54.47	0.00	0.00	54.47
		SUPPLIES PT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S0905	PATTERSON MEDICAL				54.47	0.00	0.00	54.47
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
	300941		05/23/20	04/27/20	05/27/20		-59.90	0.00	0.00	-59.90
		PHARMACY CREDIT								
	A1609176		05/23/20	05/02/20	06/01/20		142.00	0.00	0.00	142.00
		PHARMACY DRUGS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10204	PHARMEDIUM SERVICES LLC				82.10	0.00	0.00	82.10
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
	054750		05/10/20	04/27/20	05/27/20		98.28	0.00	0.00	98.28
		SUPPLIES LAB								
	055158		05/10/20	05/02/20	06/01/20		151.68	0.00	0.00	151.68
		SUPPLIES LAB								
	055142		05/10/20	05/02/20	06/01/20		98.28	0.00	0.00	98.28
		SUPPLIES LAB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10541	PLATINUM CODE				348.24	0.00	0.00	348.24
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
	20946		05/11/20	04/30/20	05/30/20		1,607.51	0.00	0.00	1,607.51
		ADVERTISING								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		P2100	PORT LAVACA WAVE				1,607.51	0.00	0.00	1,607.51
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
	A21654		05/23/20	05/18/20	05/28/20		12.86	0.00	0.00	12.86
		SUPPLIES PLANT OPS								
	B22131		05/23/20	05/19/20	05/29/20		5.68	0.00	0.00	5.68

SUPPLIES PLANT OPS

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P2200	POWER ELECTRIC	18.54	0.00	0.00	18.54

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
20986		05/24/20	04/30/20	04/30/20		7,850.00	0.00	0.00	7,850.00

OUTSIDE SRV RESP CARE

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P1725	PREMIER SLEEP DISORDERS CENTER	7,850.00	0.00	0.00	7,850.00

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
20978		05/23/20	05/17/20	06/01/20		2,021.38	0.00	0.00	2,021.38

EMPLOYEE PERSONAL INS

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10326	PRINCIPAL LIFE	2,021.38	0.00	0.00	2,021.38

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
20985		05/24/20	03/10/20	04/09/20		160.00	0.00	0.00	160.00

READ FEES XRAY

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	R1268	RADIOLOGY UNLIMITED, PA	160.00	0.00	0.00	160.00

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
4586080037		05/23/20	04/23/20	05/23/20		239.40	0.00	0.00	239.40

OUTSIDE SRV - SHREDDING

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10844	RECALL SECURE DESTRUCTION SRV	239.40	0.00	0.00	239.40

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-09260		05/11/20	05/01/20	05/31/20		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
10987	REVCYCLE+, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
MLVAC-12544		05/11/20	04/30/20	05/30/20		2,008.95	0.00	0.00	2,008.95

OUTSIDE SRV HIM

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10987	REVCYCLE+, INC.	2,008.95	0.00	0.00	2,008.95

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
9532-3		05/18/20	05/13/20	05/28/20		70.43	0.00	0.00	70.43

SUPPLIES PLANT OPS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9617-2		05/23/20	05/16/20	05/31/20		21.33	0.00	0.00	21.33

SUPPLIES PLANT OPS

	9644-6		05/23/20	05/17/20	06/01/20	101.98	0.00	0.00	101.98
		SUPPLIES PLANT OPS							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		S1800	SHERWIN WILLIAMS			193.74	0.00	0.00	193.74
Vendor#	Vendor Name				Class	Pay Code			
10995	SHIFTHOUND								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	1611373		04/30/20	04/30/20	05/30/20		558.00	0.00	0.00	558.00
		OUTSIDE SRV-NURSING-LAB-								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10995	SHIFTHOUND				558.00	0.00	0.00	558.00
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
	20983		05/24/20	05/20/20	05/20/20		1,003.30	0.00	0.00	1,003.30 1,001.90
		OUTSIDE SRV TRANSCRIPTIC								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		K0536	SHIRLEY KARNEI 5/9-20/2016				1,003.30	0.00	0.00	1,003.30 1,001.90
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
	92970857		04/29/20	04/27/20	05/27/20		245.97	0.00	0.00	245.97
		SUPPLIES SURGERY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2362	SMITH & NEPHEW				245.97	0.00	0.00	245.97
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
	90019658		04/30/20	04/30/20	05/30/20		-1,800.00	0.00	0.00	-1,800.00
		BLOOD SUPPLIES CREDIT								
	90019728		04/30/20	04/30/20	05/30/20		4,050.00	0.00	0.00	4,050.00
		SUPPLIES BLOOD BANK								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2400	SO TEX BLOOD & TISSUE CENTER				2,250.00	0.00	0.00	2,250.00
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
	4006302455		05/11/20	04/30/20	05/30/20		1,429.45	0.00	0.00	1,429.45
		OUTSIDE SRV HOUSEKEEPIN								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S3960	STERICYCLE, INC				1,429.45	0.00	0.00	1,429.45
Vendor#	Vendor Name				Class	Pay Code				
S3940	STERIS CORPORATION				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	6195012		04/29/20	04/26/20	05/26/20		456.01	0.00	0.00	456.01
		SUPPLIES SURGERY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S3940	STERIS CORPORATION				456.01	0.00	0.00	456.01
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

	604282820		05/23/20	04/28/20	05/18/20	1,380.72	0.00	0.00	1,380.72
		FOOD SUPPLIES DIETARY							
	605052716		05/23/20	05/05/20	05/25/20	1,026.02	0.00	0.00	1,026.02
		FOOD SUPPLIES DIETARY							
	605122479		05/23/20	05/12/20	06/01/20	967.94	0.00	0.00	967.94
		FOOD SUPPLIES DIETARY							
	603292150		05/24/20	03/29/20	04/18/20	68.66	0.00	0.00	68.66
		FOOD SUPPLIES DIETARY							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		S2951	SYSCO FOOD SERVICES OF			3,443.34	0.00	0.00	3,443.34
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-11793		04/29/20	04/30/20	05/30/20		4,555.00	0.00	0.00	4,555.00
		MAINT CONTR ER							
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		T2539	T-SYSTEM, INC				4,555.00	0.00	0.00	4,555.00
Vendor#	Vendor Name				Class	Pay Code			
10128	TERRYBERRY								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	C53969		05/12/20	04/29/20	05/29/20		1,266.53	0.00	0.00	1,266.53
		YEARS OF SERVICE PINS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10128	TERRYBERRY				1,266.53	0.00	0.00	1,266.53
Vendor#	Vendor Name				Class	Pay Code			
T1885	TEXAS DEPARTMENT OF PUBLIC SAF				W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	20982		05/24/20	05/19/20	05/19/20		297.00	0.00	0.00	297.00
		OUTSIDE SRV HR								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		T1885	TEXAS DEPARTMENT OF PUBLIC SAF				297.00	0.00	0.00	297.00
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
	20969		05/23/20	04/21/20	04/21/20		140.42	0.00	0.00	140.42
		STUDENT LOAN GARNISHME								
	20972		05/23/20	04/21/20	04/21/20		127.09	0.00	0.00	127.09
		STUDENT LOAN GARNISHME								
	20973		05/23/20	05/05/20	05/05/20		127.83	0.00	0.00	127.83
		STUDENT LOAN GARNISHME								
	20970		05/23/20	05/05/20	05/05/20		106.47	0.00	0.00	106.47
		STUDENT LOAN GARNISHME								
	20974		05/23/20	05/19/20	05/19/20		128.04	0.00	0.00	128.04
		STUDENT LOAN GARNISHME								
	20971		05/23/20	05/19/20	05/19/20		102.10	0.00	0.00	102.10
		STUDENT LOAN GARANISHM								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		T2303	TG				731.95	0.00	0.00	731.95
Vendor#	Vendor Name				Class	Pay Code			
10985	THE COMPLIANCE TEAM, INC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	SIN039735		04/30/20	04/26/20	05/26/20		67.02	0.00	0.00	67.02

OUTSIDE SRV CLINIC

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10985	THE COMPLIANCE TEAM, INC	67.02	0.00	0.00	67.02

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
8671		05/18/20	04/30/20	05/30/20			197.50	0.00	0.00	197.50
	SUPPLIES DIETARY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10941	THE UPS PRINT STORE	197.50	0.00	0.00	197.50

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
8150728553		04/28/20	04/26/20	05/26/20			31.92	0.00	0.00	31.92
	OUTSIDE SRV BIO MED									
8150728458		04/28/20	04/26/20	05/26/20			57.80	0.00	0.00	57.80
	OUTSIDE SRV MAINT									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1054	UNIFIRST HOLDINGS	89.72	0.00	0.00	89.72

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
8400218799		04/28/20	04/26/20	05/26/20			155.32	0.00	0.00	155.32
	LAUNDRY HOUSEKEEPING									
8400218760		04/28/20	04/26/20	05/26/20			94.28	0.00	0.00	94.28
	LAUNDRY HOUSEKEEPING									
8400218756		04/28/20	04/26/20	05/26/20			318.38	0.00	0.00	318.38
	LAUNDRY HOUSEKEEPING									
8400218758		04/28/20	04/26/20	05/26/20			186.12	0.00	0.00	186.12
	LAUNRY DIETARY									
8400218759		04/28/20	04/26/20	05/26/20			106.23	0.00	0.00	106.23
	LAUNDRY OB									
8400218810		04/28/20	04/26/20	05/26/20			1,051.81	0.00	0.00	1,051.81
	LAUNDRY HOUSEKEEPING									
8400218757		04/28/20	04/26/20	05/26/20			234.76	0.00	0.00	234.76
	LAUNDRY HOUSEKEEPING									
8400219150		05/11/20	04/29/20	05/29/20			1,125.03	0.00	0.00	1,125.03
	LAUNDRY HOUSEKEEPIG									
8400219108		05/11/20	04/29/20	05/29/20			373.69	0.00	0.00	373.69
	LAUNDRY SURGERY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	3,645.62	0.00	0.00	3,645.62

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
4075345		05/18/20	05/10/20	05/30/20			47.64	0.00	0.00	47.64
	SUPPLIES DIETARY									
4095695		05/18/20	05/11/20	05/31/20			77.30	0.00	0.00	77.30
	SUPPLIES DIETARY									
3841876		05/23/20	04/28/20	05/18/20			2,007.06	0.00	0.00	2,007.06
	FOOD SUPPLIES DIETARY									

3903638		05/23/20	05/02/20	05/22/20	2,096.18	0.00	0.00	2,096.18
	FOOD SUPPLIES DIETARY							
3973067		05/23/20	05/05/20	05/25/20	3,534.47	0.00	0.00	3,534.47
	FOOD SUPPLIES DIETARY							
4029869		05/23/20	05/09/20	05/29/20	3,919.08	0.00	0.00	3,919.08
	FOOD SUPPLIES DIETARY							
4100741		05/23/20	05/12/20	06/01/20	2,005.67	0.00	0.00	2,005.67
	FOOD SUPPLIES DIETARY							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10172	US FOOD SERVICE			13,687.40	0.00	0.00	13,687.40

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
16040238		05/12/20	04/30/20	05/30/20			210.00	0.00	0.00	210.00
	ADVERTISING									
16040239		05/12/20	04/30/20	05/30/20			300.00	0.00	0.00	300.00
	ADVERTISING									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	V1471	VICTORIA RADIOWORKS, LTD					510.00	0.00	0.00	510.00

Vendor#	Vendor Name	Class	Pay Code
10915	WAGEWORKS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20964		05/23/20	05/19/20	05/19/20			2,276.61	0.00	0.00	2,276.61
	MONEY TO FUND FLEX SPENI									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10915	WAGEWORKS					2,276.61	0.00	0.00	2,276.61

Vendor#	Vendor Name	Class	Pay Code
W1005	WALMART COMMUNITY	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
610400483124		05/24/20	04/13/20	05/13/20			373.94	0.00	0.00	373.94
	SUPPLIES ER									
6104200293128		05/24/20	04/13/20	05/13/20			49.84	0.00	0.00	49.84
	SUPPLIES PT									
610500209006		05/24/20	04/14/20	05/14/20			112.31	0.00	0.00	112.31
	MISC SUPPLIES ADMIN									
610600844963		05/24/20	04/15/20	05/15/20			14.08	0.00	0.00	14.08
	SUPPLIES MAINT & CLINIC									
611000157153		05/24/20	04/19/20	05/19/20			37.60	0.00	0.00	37.60
	SUPPLIES XRAY & MAINT									
611300230053		05/24/20	04/22/20	05/22/20			4.44	0.00	0.00	4.44
	OFFICE SUPPLIES XRAY									
611600180983		05/24/20	04/25/20	05/25/20			9.44	0.00	0.00	9.44
	SUPPLIES LAB									
611600535891		05/24/20	04/25/20	05/25/20			77.16	0.00	0.00	77.16
	SUPPLIES PT									
611800189985		05/24/20	04/27/20	05/27/20			1.76	0.00	0.00	1.76
	SUPPLIES SURGERY									
009975		05/24/20	05/02/20	06/01/20			59.94	0.00	0.00	59.94
	SUPPLIES HOUSEKEEPING									
612500854293		05/24/20	05/04/20	06/01/20			63.90	0.00	0.00	63.90
	SUPPLIES HOUSEKEEPING									
006358CR		05/24/20	05/04/20	06/01/20			-59.94	0.00	0.00	-59.94

	SUPPLIES CREDIT HOUSEKEI							
612700695650		05/24/20	05/06/20	06/01/20	149.16	0.00	0.00	149.16
	HR CAMERA & HEALTHFAIR S							
008801		05/24/20	05/06/20	06/01/20	23.97	0.00	0.00	23.97
	SUPPLIES DIETARY							
61320026788		05/24/20	05/11/20	06/01/20	4.00	0.00	0.00	4.00
	HEALTH FAIR SUPPLIES							
613200610604		05/24/20	05/11/20	06/01/20	20.68	0.00	0.00	20.68
	SURGERY SUPPLY & HEALTH							
613300214754		05/24/20	05/12/20	06/01/20	31.91	0.00	0.00	31.91
	HEALTH FAIR SUPPLIES							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	W1005	WALMART COMMUNITY			974.19	0.00	0.00	974.19

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
	9110297340		04/30/20	04/27/20	05/27/20			72.00	0.00	0.00	72.00
		LAB SUPPLIES									
	9110297474		04/30/20	04/27/20	05/27/20			1,964.52	0.00	0.00	1,964.52
		LAB SUPPLIES									
	9110297652		04/30/20	04/28/20	05/28/20			800.00	0.00	0.00	800.00
		LAB SUPPLIES									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		I1110	WERFEN USA LLC					2,836.52	0.00	0.00	2,836.52

Vendor#	Vendor Name				Class	Pay Code				
11166	WEST INTERACTIVE SERVICES CORP									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	INV001634864		05/23/20	04/30/20				319.48	0.00	0.00	319.48
		OUTSIDE SRV CLINIC									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		11166	WEST INTERACTIVE SERVICES CORP					319.48	0.00	0.00	319.48

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
	79-4156432		04/30/20	04/29/20	05/29/20			270.00	0.00	0.00	270.00
		SUPPLIES PLANT OPS									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		10325	WHOLESALE ELECTRIC SUPPLY					270.00	0.00	0.00	270.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	251,210.46	0.00	0.00	251,210.46

Pg 3 { (52.63) +42.22
Pg 5 { (184.32) +166.32
Pg 7 { (29.18) +28.08
Pg 8 +9.84
Pg 15 { (1003.30) +1001.90
251,189.39

Michael J. Pfeifer
Calhoun County Judge
Date: 5-31-16

APPROVED ON
MAY 26 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE: 05/25/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME: 15:06 EDIT LIST FOR PATIENT REFUNDS ARID=0001 APCDEDIT

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]		052516	433.00	2		REFUND FOR [redacted]	
	TX 77979						
	ARID=0001 TOTAL		433.00				
TOTAL			433.00				

APPROVED
ON

MAY 26 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 5-31-16

RUN DATE:05/26/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:15:54 CHECK REGISTER GLCKREG
05/26/16 THRU 05/26/16

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	166398	05/26/16	84.17	CUSTOM MEDICAL SPECIALTIES
A/P	166399	05/26/16	152.90	ERBE USA INC SURGICAL SYSTEMS
A/P	166400	05/26/16	1,266.53	TERRYBERRY
A/P	166401	05/26/16	13,687.40	US FOOD SERVICE
A/P	166402	05/26/16	336.00	DSHS CENTRAL LAB MC2004
A/P	166403	05/26/16	82.10	PHARMEDIUM SERVICES LLC
A/P	166404	05/26/16	270.00	WHOLESALE ELECTRIC SUPPLY
A/P	166405	05/26/16	2,021.38	PRINCIPAL LIFE
A/P	166406	05/26/16	981.64	CENTURION MEDICAL PRODUCTS
A/P	166407	05/26/16	893.74	DEWITT POTH & SON
A/P	166408	05/26/16	179.70	INTERSTATE ALL BATTERY CENTER
A/P	166409	05/26/16	.00	VOIDED
A/P	166410	05/26/16	15,394.32	MORRIS & DICKSON CO, LLC
A/P	166411	05/26/16	348.24	PLATINUM CODE
A/P	166412	05/26/16	386.90	GLOBAL EQUIPMENT CO. INC.
A/P	166413	05/26/16	116.03	FIVE STAR STERILIZER SERVICES
A/P	166414	05/26/16	495.00	FASTHEALTH CORPORATION
A/P	166415	05/26/16	1,900.00	LIFESOURCE EDUCATIONAL SRV LLC
A/P	166416	05/26/16	2,841.00	CLIA LABORATORY PROGRAM
A/P	166417	05/26/16	495.00	OSCAR TORRES
A/P	166418	05/26/16	9,410.33	CLINICAL PATHOLOGY
A/P	166419	05/26/16	51,644.97	MMC EMPLOYEE BENEFIT PLAN
A/P	166420	05/26/16	239.40	RECALL SECURE DESTRUCTION SRV
A/P	166421	05/26/16	2,276.61	WAGEWORKS
A/P	166422	05/26/16	13,761.93	HUNTER PHARMACY SERVICES
A/P	166423	05/26/16	6,145.37	BANK OF THE WEST
A/P	166424	05/26/16	197.50	THE UPS PRINT STORE
A/P	166425	05/26/16	1,400.00	ACUTE CARE INC
A/P	166426	05/26/16	90.00	MEMORIAL MEDICAL CLINIC
A/P	166427	05/26/16	932.50	M G TRUST
A/P	166428	05/26/16	67.02	THE COMPLIANCE TEAM, INC
A/P	166429	05/26/16	2,008.95	REVCYCLE+, INC.
A/P	166430	05/26/16	558.00	SHIFTHOUND
A/P	166431	05/26/16	7,682.67	CSI LEASING INC
A/P	166432	05/26/16	4,050.00	RECONDO
A/P	166433	05/26/16	75.00	FIRST CLEARING
A/P	166434	05/26/16	1,637.50	E-MDS, INC
A/P	166435	05/26/16	1,048.52	BIRCH COMMUNICATIONS
A/P	166436	05/26/16	742.50	PABLO GARZA
A/P	166437	05/26/16	2,614.50	FUSION MEDICAL STAFFING, LLC
A/P	166438	05/26/16	75.97	JERI DAVIS
A/P	166439	05/26/16	662.27	MARLIN BUSINESS BANK
A/P	166440	05/26/16	319.48	WEST INTERACTIVE SERVICES CORP
A/P	166441	05/26/16	213.77	CST CO.
A/P	166442	05/26/16	253.37	GULF COAST HARDWARE / ACE
A/P	166443	05/26/16	1,896.67	AIRGAS-SOUTHWEST
A/P	166444	05/26/16	795.00	ALCON LABORATORIES, INC.
A/P	166445	05/26/16	442.53	ALIMED INC.
A/P	166446	05/26/16	143.52	CAREFUSION
A/P	166447	05/26/16	260.67	ALPHA TEC SYSTEMS INC

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	166448	05/26/16	9,852.60	AFLAC
A/P	166449	05/26/16	35.90	ANNOUNCEMENTS PLUS TOO AGAIN
A/P	166450	05/26/16	46.96	AUTO PARTS & MACHINE CO.
A/P	166451	05/26/16	3,287.82	BAXTER HEALTHCARE CORP
A/P	166452	05/26/16	218.00	BOSTON SCIENTIFIC CORPORATION
A/P	166453	05/26/16	677.57	CABLE ONE
A/P	166454	05/26/16	25.00	CAL COM FEDERAL CREDIT UNION
A/P	166455	05/26/16	755.70	CHANNING L BETE CO INC
A/P	166456	05/26/16	314.70	CITIZENS MEDICAL CENTER
A/P	166457	05/26/16	13,928.42	EVIDENT
A/P	166458	05/26/16	11,581.76	DYNATRONICS CORPORATION
A/P	166459	05/26/16	137.66	FEDERAL EXPRESS CORP.
A/P	166460	05/26/16	2,077.49	FISHER HEALTHCARE
A/P	166461	05/26/16	530.00	FORT BEND SERVICES, INC
A/P	166462	05/26/16	421.23	GULF COAST PAPER COMPANY
A/P	166463	05/26/16	411.30	H E BUTT GROCERY
A/P	166464	05/26/16	11.25	HOSPIRA WORLDWIDE, INC
A/P	166465	05/26/16	159.31	INDEPENDENCE MEDICAL
A/P	166466	05/26/16	2,836.52	WERFEN USA LLC
A/P	166467	05/26/16	60.36	INTEGRATED MEDICAL SYSTEMS
A/P	166468	05/26/16	181.37	J & J HEALTH CARE SYSTEMS, INC
A/P	166469	05/26/16	104.30	M.C. JOHNSON COMPANY INC
A/P	166470	05/26/16	114.46	JOHNSTONE SUPPLY
A/P	166471	05/26/16	1,001.90	SHIRLEY KARNEI
A/P	166472	05/26/16	430.00	LABCORP OF AMERICA HOLDINGS
A/P	166473	05/26/16	74.70	LANGUAGE LINE SERVICES
A/P	166474	05/26/16	498.33	MARTIN PRINTING CO
A/P	166475	05/26/16	12.95	MELSTAN, INC.
A/P	166476	05/26/16	258.52	METLIFE
A/P	166477	05/26/16	9,813.08	MERRITT, HAWKINS & ASSOCIATES
A/P	166478	05/26/16	2,060.60	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	166479	05/26/16	353.42	MEDIVATORS
A/P	166480	05/26/16	.00	VOIDED
A/P	166481	05/26/16	6,040.06	OWENS & MINOR
A/P	166482	05/26/16	7,850.00	PREMIER SLEEP DISORDERS CENTER
A/P	166483	05/26/16	1,607.51	PORT LAVACA WAVE
A/P	166484	05/26/16	18.54	POWER ELECTRIC
A/P	166485	05/26/16	160.00	RADIOLOGY UNLIMITED, PA
A/P	166486	05/26/16	54.47	PATTERSON MEDICAL
A/P	166487	05/26/16	193.74	SHERWIN WILLIAMS
A/P	166488	05/26/16	245.97	SMITH & NEPHEW
A/P	166489	05/26/16	2,250.00	SO TEX BLOOD & TISSUE CENTER
A/P	166490	05/26/16	3,443.34	SYSCO FOOD SERVICES OF
A/P	166491	05/26/16	456.01	STERIS CORPORATION
A/P	166492	05/26/16	1,429.45	STERICYCLE, INC
A/P	166493	05/26/16	166.32	ERIN CLEVENGER
A/P	166494	05/26/16	297.00	TEXAS DEPARTMENT OF PUBLIC SAF
A/P	166495	05/26/16	731.95	TG
A/P	166496	05/26/16	4,555.00	T-SYSTEM, INC
A/P	166497	05/26/16	89.72	UNIFIRST HOLDINGS
A/P	166498	05/26/16	3,645.62	UNIFIRST HOLDINGS INC

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	166499	05/26/16	510.00	VICTORIA RADIOWORKS, LTD
A/P	166500	05/26/16	.00	VOIDED
A/P	166501	05/26/16	974.19	WALMART COMMUNITY
A/P	166502	05/26/16	618.75	CARMEN C. ZAPATA-ARROYO
A/P	166503	05/26/16	433.00	[redacted]
TOTALS:			251,622.39	

APPROVED
ON

MAY 26 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

VPH

IBC BANK
We Do More

May 2016 Statement
Open Date: 04/06/2016 Closing Date: 05/04/2016

Visa® Business Card
MEMORIAL MEDICAL CNT
JERRY L PICKETT

Cardmember Service
BUS 30 ELN 8 3

New Balance	**$4,164.66**
Minimum Payment Due	**$42.00**
Payment Due Date	**06/01/2016**

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%.

Activity Summary

Previous Balance	+	$5,568.82
Payments	-	$5,568.82CR
Other Credits		$0.00
Purchases	+	$4,164.66
Balance Transfers		$0.00
Advances		$0.00
Other Debits		$0.00
Fees Charged		$0.00
Interest Charged		$0.00
New Balance	=	$4,164.66
Past Due		$0.00
Minimum Payment Due		$42.00
Credit Line		$10,000.00
Available Credit		$5,835.34
Days in Billing Period		29

Michael J Pfeifer
Michael J. Pfeifer
Calhoun County Judge
Date: 5-31-16

4,164.66
APPROVED
ON
MAY 26 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MMC will Pay By Phone

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

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

IBC BANK
We Do More

24-Hour Cardmember Servic
. 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	6/01/2016
New Balance	$4,164.66
Minimum Payment Due	$42.00

Amount Enclosed $_____

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

IBC BANK
We Do More

May 2016 Statement 04/06/2016 - 05/04/2016

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.

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
04/26	04/26		PAYMENT THANK YOU	$5,568.82CR	
			TOTAL THIS PERIOD	$5,568.82CR	

Purchases and Other Debits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
04/13	04/12	1823	AIRESPRING INC. 800-825-1055 CA	$2,416.74	
05/02	04/28	4133	HYATT HOTELS DALLAS DALLAS TX 04/25/16 FOR 03 NIGHTS FOLIO: 0019990604280	$724.50	
05/02	04/28	4075	HYATT HOTELS DALLAS DALLAS TX 04/28/16 FOR 01 NIGHTS FOLIO: 0019990004280	$667.48	
05/03	05/02	0272	DIY AWARDS 800-810-1216 CT	$355.94	
			TOTAL THIS PERIOD	$4,164.66	

2016 Totals Year-to-Date

Total Fees Charged in 2016	$0.00
Total Interest Charged in 2016	$0.00

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

Signature/Approval: _____ Accounting Code: _____

Continued on Next Page

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

Bill To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Ship To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Vendor Name: Cardmember Service

Date: 5/13/16

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		Airspring		✓	2,416.74
2	—		Hyatt Hotel - Hotel expense for		✓	704.50
3			Jerry Pickett for TORCH Conf.			
4	—		Hyatt Hotel - Hotel expense for		✓	667.48
5			Jason Anglin for TORCH Conf.			
6			in Dallas			
7	—		DIY Awards - Plaque for		✓	355.94
8			Hospital Week Emp Awards			
9			3 @ 109.99			
10			SH 25.97			

Est. Freight _____ Est. Total Cost _____ TOTAL COST 4,164.66

NOTES:

Charges made to Jerry Pickett's credit card

APPROVED ON MAY 26 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Contact:	Date:
Quoted By:	
Buyer:	E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm.Dir. Clinical Service _____

CFO _____

Administrator _____

RUN DATE:05/31/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:13:41 CHECK REGISTER and Payable List GLCKREG
05/31/16 THRU 05/31/16

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000773	05/31/16	1,149.79	MCKESSON
A/P	000774	05/31/16	626.26	MCKESSON
A/P	000775	05/31/16	987.50	MCKESSON
TOTALS:			2,763.55	

340 B Prescription Expenses

APPROVED
ON

MAY 31 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 6-2-16

McKESSON

STATEMENT

Company: 8000

As of: 05/27/2016

Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 05/28/2016

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: 05/27/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 05/28/2016

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	
05/23/2016	05/31/2016	7747714765	1000821504	115Invoice	0.02	1.11		1.09		7747714765	
05/23/2016	05/31/2016	7747714766	1000822062	115Invoice	4.93	246.40		241.47		7747714766	
05/23/2016	05/31/2016	7747714767	1000822467	115Invoice	4.83	241.32		236.49		7747714767	
05/24/2016	05/31/2016	7747941966	1000822842	115Invoice	4.31	215.73		211.42		7747941966	
05/27/2016	05/31/2016	7748636037	1000824707	115Invoice	9.37	468.69		459.32		7748636037	

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

TOTAL:

Subtotals: 1,173.25 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,095.85
05/23/2016

If Paid By 05/31/2016,
Pay This Amount: ✓ 1,149.79 USD

If Paid After 05/31/2016,
Pay this Amount: 1,173.25 USD

Due If Paid On Time:
USD 1,149.79

Disc lost if paid late:
23.46

Due If Paid Late:
USD 1,173.25

Ck# 773

5.30.16

APPROVED
ON
MAY 31 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 05/27/2016 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 05/28/2016

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: 05/27/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 05/28/2016

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	
05/23/2016	05/31/2016	7747665395	3454581457	115Invoice	0.97	48.42		47.45 ✓		7747665395	
05/24/2016	05/31/2016	7747951784	3454581460	115Invoice	11.30	564.82		553.52 ✓		7747951784	
05/24/2016	05/31/2016	7747951785	1091948	115Invoice	0.52	25.81		25.29 ✓		7747951785	

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

TOTAL:

Subtotals: 639.05 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 685.86
05/23/2016

If Paid By 05/31/2016,
Pay This Amount: ✓ 626.26 USD

If Paid After 05/31/2016,
Pay this Amount: 639.05 USD

Due If Paid On Time:
USD 626.26

Disc lost if paid late:
12.79

Due If Paid Late:
USD 639.05

Ck# 774

5-30-16

APPROVED
ON
MAY 31 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

As of: 05/27/2016 Page: 001

Company: 8000

DC: 8115

Territory: 400

Customer: 262252
Date: 05/28/2016

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

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

As of: 05/27/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 05/28/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
05/23/2016	05/31/2016	7747725677	1000821507	115Invoice	5.25	262.68		257.43 ✓		7747725677	
05/23/2016	05/31/2016	7747725678	1000822064	115Invoice	8.14	406.91		398.77 ✓		7747725678	
05/23/2016	05/31/2016	7747725679	1000822469	115Invoice	0.88	44.01		43.13 ✓		7747725679	
05/24/2016	05/31/2016	7747946755	1000822844	115Invoice	3.66	183.01		179.35 ✓		7747946755	
05/25/2016	05/31/2016	7748162804	1000823480	115Invoice	0.26	12.76		12.50 ✓		7748162804	
05/26/2016	05/31/2016	7748401709	1000824110	115Invoice	1.67	83.72		82.05 ✓		7748401709	
05/27/2016	05/31/2016	7748634825	1000824710	115Invoice	0.29	14.56		14.27 ✓		7748634825	

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

TOTAL:

Subtotals: 1,007.65 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 866.46
05/23/2016

If Paid By 05/31/2016,
Pay This Amount: ✓ 987.50 USD

If Paid After 05/31/2016,
Pay this Amount: 1,007.65 USD

Due If Paid On Time:
USD 987.50

Disc lost if paid late:
20.15

Due If Paid Late:
USD 1,007.65

Chk# 775

5.30.16

APPROVED
ON
MAY 3 1 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

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

		2/6/2016 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"	★ 6	
	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"	★ $ 97,009.81	#
	"1 TO CONFIRM"	1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0 $ 45,824.78	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"	$ 10,717.08	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	$ 40,467.95	#
		CHECK $ -	
☑	"6-DIGIT SETTLEMENT DATE"	★ 5/11/2016	
	"1 TO CONFIRM"	1	
☐	ACKNOWLEDGEMENT NUMBER	1062042	

CALLED IN BY:	Catherson
CALLED IN DATE:	5/10/2016
CALLED IN TIME:	9:21

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	04/15/16					
PAY PERIOD: END	04/28/16					
PAY DATE:	05/05/16					
GROSS PAY:	$ 388,163.56			$ 1,640.00		$ 389,803.56
DEDUCTIONS:						
A/R	$ 1,062.00			$ -		$ 1,062.00
BOOTS	$ -			$ -		$ -
CAFÉ-C	$ 547.59			$ -		$ 547.59
CAFÉ-D	$ 1,307.50			$ -		$ 1,307.50
CAFÉ-H	$ 15,230.00			$ -		$ 15,230.00
CAFÉ-I	$ 168.49			$ -		$ 168.49
CAFÉ-L	$ 342.71			$ -		$ 342.71
CAFÉ-P	$ 376.02			$ -		$ 376.02
CANCER	$ 17.49			$ -		$ 17.49
CHILD	$ 427.67			$ -		$ 427.67
CLINIC	$ 50.00			$ -		$ 50.00
COMBIN	$ 1,296.97			$ -		$ 1,296.97
CREDUN	$ 25.00			$ -		$ 25.00
DENTAL	$ 265.00			$ -		$ 265.00
DEP-LF	$ 566.15			$ -		$ 566.15
EAT	$ 235.00			$ -		$ 235.00
FED TAX	$ 40,259.99			$ 207.96		$ 40,467.95
FICA-M	$ 5,334.72			$ 23.78		$ 5,358.50
FICA-O	$ 22,810.78			$ 101.68		$ 22,912.46
FLEX S	$ 2,276.61			$ -		$ 2,276.61
FLX-FE	$ -			$ -		$ -
GIFT S	$ 191.23			$ -		$ 191.23
GRP-IN	$ 129.26			$ -		$ 129.26
GTL	$ -			$ -		$ -
HOSP-I	$ 2,585.00			$ -		$ 2,585.00
MISC	$ -			$ -		$ -
OTHER	$ 543.80			$ -		$ 543.80
PHI	$ -			$ -		$ -
PR FIN	$ 448.61			$ -		$ 448.61
RELAY	$ 116.00			$ -		$ 116.00
REPAY	$ -			$ -		$ -
STONE	$ 932.50			$ -		$ 932.50
STONE 2	$ 75.00			$ -		$ 75.00
STUDEN	$ 234.30			$ -		$ 234.30
TSA-R	$ 27,171.48			$ 114.80		$ 27,286.28
UW/HOS	$ -					$ -
TOTAL DEDUCTIONS:	$ 125,026.87	$ -	$ -	$ 448.22	$ -	$ 125,475.09
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$ 263,136.69	$ -	$ -	$ 1,191.78	$ -	$ 264,328.47
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFÉ 125 PLAN:	$ 20,248.92	Less Exempt:				
TAXABLE PAY:	$ 369,554.64	$ 369,554.64				Exempt Amt:

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 5,358.54		
FICA - MED (EE)	1.45%	$ 5,358.54	$ 5,358.50	$ 0.04
FICA - SOC SEC (ER)	6.20%	$ 22,912.39		
FICA - SOC SEC (EE)	6.20%	$ 22,912.39	$ 22,912.46	$ (0.07)
FED WITHHOLDING		$ 40,467.95	$ 40,467.95	
TAX DEPOSIT:		$ 97,009.81	$ 97,009.87	$ (0.06)

FICA - MEDICARE	2.90%	$ 10,717.08
FICA - SOCIAL SECURITY	12.40%	$ 45,824.78
FED WITHHOLDING		$ 40,467.95
TOTAL TAX:		$ 97,009.81

Employees over FICA-SS Cap: $ -

Jason Anglin

Diane

Paycode S - Employee Reimb.:

Roshanda S. Gray

TOTAL: $ -

PREPARED BY: Clarri Atkinson

PREPARED DATE: 5/10/2016

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

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

		2/6/2016 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"	6	
	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"	$ 105,384.64	#
	"1 TO CONFIRM"	1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0 $ 48,484.84	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"	$ 11,339.20	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	$ 45,560.60	#
		CHECK $ 20 -	
☑	"6-DIGIT SETTLEMENT DATE"	5/19/2016	
	"1 TO CONFIRM"	1	
☐	ACKNOWLEDGEMENT NUMBER	21614969	

CALLED IN BY:	Catherman
CALLED IN DATE:	5/18/16 5/18/2016
CALLED IN TIME:	9:33

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED *3/18/2014*

		ENTER VOID CKS AS NEGATIVE NUMBERS				
PAY PERIOD: BEGIN	04/29/19	VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: END	05/12/19					
PAY DATE:	05/19/19					
GROSS PAY:	$ 411,471.36					$ 411,471.36
DEDUCTIONS:						
A/R	$ 1,177.00					$ 1,177.00
BOOTS	$ -					$ -
CAFÉ-C	$ 547.59					$ 547.59
CAFÉ-D	$ 1,326.80					$ 1,326.80
CAFÉ-H	$ 15,426.44					$ 15,426.44
CAFÉ-I	$ 168.49					$ 168.49
CAFÉ-L	$ 342.71					$ 342.71
CAFÉ-P	$ 376.02					$ 376.02
CANCER	$ 17.49					$ 17.49
CHILD	$ 941.15					$ 941.15
CLINIC	$ 90.00					$ 90.00
COMBIN	$ 1,251.47					$ 1,251.47
CREDUN	$ 25.00					$ 25.00
DENTAL	$ 265.00					$ 265.00
DEP-LF	$ 566.15					$ 566.15
EAT	$ 60.00					$ 60.00
FED TAX	$ 45,560.60					$ 45,560.60
FICA-M	$ 5,669.65					$ 5,669.65
FICA-O	$ 24,242.41					$ 24,242.41
FLEX S	$ 2,276.61					$ 2,276.61
FLX-FE	$ -					$ -
GIFT S	$ 247.50					$ 247.50
GRP-IN	$ 129.26					$ 129.26
GTL	$ -					$ -
HOSP-I	$ 2,585.00					$ 2,585.00
MISC	$ -					$ -
OTHER	$ 690.62					$ 690.62
PHI	$ -					$ -
PR FIN	$ 448.61					$ 448.61
RELAY	$ 88.00					$ 88.00
REPAY	$ -					$ -
STONE	$ 932.50					$ 932.50
STONE 2	$ 75.00					$ 75.00
STUDEN	$ 230.14					$ 230.14
TSA-R	$ 28,803.08					$ 28,803.08
UW/HOS	$ -					$ -
TOTAL DEDUCTIONS:	$ 134,560.29	$ -	$ -	$ -	$ -	$ 134,560.29
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$ 276,911.07	$ -	$ -	$ -	$ -	$ 276,911.07
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFÉ 125 PLAN:	$ 20,464.66	Less Exempt:				
TAXABLE PAY:	$ 391,006.70	$ 391,006.70				Exempt Amt:

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 5,669.60		
FICA - MED (EE)	1.45%	$ 5,669.60	$ 5,669.65	$ (0.05)
FICA - SOC SEC (ER)	6.20%	$ 24,242.42		
FICA - SOC SEC (EE)	6.20%	$ 24,242.42	$ 24,242.41	$ 0.01
FED WITHHOLDING		$ 45,560.60	$ 45,560.60	
TAX DEPOSIT:		$ 105,384.64	$ 105,384.72	$ (0.08)

FICA - MEDICARE	2.90%	$ 11,339.20
FICA - SOCIAL SECURITY	12.40%	$ 48,484.84
FED WITHHOLDING		$ 45,560.60
TOTAL TAX:		$ 105,384.64

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

PREPARED BY: Clarri Atkinson
PREPARED DATE: 5/18/2016

MEMORIAL MEDICAL CENTER

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- JUNE 2016

Monthly Electronic Transfers for Operating Expenses

5/3/2016	IBC Merch Bank Fee	- Credit Card Processing Fee	9.95
5/3/2016	IBC Merch Bank Discount	- Credit Card Processing Fee	19.95
5/3/2016	IBC Merch Bank Fee	- Credit Card Processing Fee	29.95
5/3/2016	IBC Merch Bank Fee	- Credit Card Processing Fee	56.65
5/3/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	59.04
5/3/2016	IBC Merch Bank Fee	- Credit Card Processing Fee	60.83
5/3/2016	IBC Merch Bank Fee	- Credit Card Processing Fee	64.39
5/3/2016	IBC Merch Bank Interchng	- Credit Card Processing Fee	65.75
5/3/2016	Vivonet Acquisit Payment	- Credit Card Machine Lease Expense	99.00
5/3/2016	IBC Merch Bank Discount	- Credit Card Processing Fee	104.23
5/3/2016	IBC Merch Bank Fee	- Credit Card Processing Fee	125.88
5/3/2016	IBC Merch Bank Interchng	- Credit Card Processing Fee	126.31
5/3/2016	IBC Merch Bank Discount	- Credit Card Processing Fee	206.03
5/3/2016	IBC Merch Bank Interchng	- Credit Card Processing Fee	245.40
5/3/2016	IBC Merch Bank Discount	- Credit Card Processing Fee	406.42
5/3/2016	IBC Merch Bank Deposit	- Credit Card Processing Fee	414.87
5/3/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	513.61
5/3/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	1,311.43
5/3/2016	IBC Merch Bank Interchng	- Credit Card Processing Fee	1,576.58
5/3/2016	IBC Merch Bank Discount	- Credit Card Processing Fee	1,854.57
5/5/2016	FDGL Lease Payment	- Credit Card Machine Lease Expense	59.25
5/5/2016	FDGL Lease Payment	- Credit Card Machine Lease Expense	59.25
5/5/2016	FDGL Lease Payment	- Credit Card Machine Lease Expense	86.30
5/5/2016	State Comptrlr Texnet	- IGT Third 2016 DSH Advance Payment	49,021.45
5/5/2016	Memorial Medical Payroll	- Payroll	262,541.80
5/6/2016	ACS SLS Expertpay	- Child Support	436.72
5/9/2016	FDGL Lease Payment	- Credit Card Machine Lease Expense	30.25
5/10/2016	FDGL Lease Payment	- Credit Card Machine Lease Expense	30.17
5/10/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	206.38
5/10/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	1,064.60
5/10/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	1,716.10
5/11/2016	Clover APP MRKT Clover App	- Credit Card Machine Lease Expense	81.20
5/11/2016	IRS USATAXPYMT	- Payroll Taxes	97,009.81
5/16/2016	Webfile Tax Portal	- Sales Tax	1,236.48
5/16/2016	Texas County DRS	- Retirement Funding	115,856.32
5/16/2016	State Comptrlr Texnet	- IGT May 2016 MPAP Nursing Home Program	1,199,544.75
5/17/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	246.56
5/17/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	738.45
5/17/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	1,787.94
5/17/2016	BCBS Texas HCClaimPmt	- Return of Insurance Payment Made in Error	3,283.43
5/18/2016	Cardmember Service	- IBC Credit Card Invoice	8,587.36
5/19/2016	Telecheck	- Credit Card Processing Fee	5.00
5/19/2016	Memorial Medical Payroll	- Payroll	276,023.38
5/20/2016	FDGL Lease Payment	- Credit Card Machine Lease Expense	151.23
5/20/2016	ACS SLS Expertpay	- Child Support	675.81
5/20/2016	IRS USATAXPYMT	- Payroll Taxes	105,384.64
5/24/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	685.86
5/24/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	866.46
5/24/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	1,095.85
5/31/2016	Cardmember Service	- IBC Credit Card Invoice	4,164.66
			$ 2,140,028.30

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.

APPROVED ON

JUN 13 2016

BY

CALHOUN COUNTY AUDITOR

E:\2016\Electronic Transfer Activity.xlsx

IBC

BANK

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

CUSTOMER

8/NE/131/019/1239
MEMORIAL MEDICAL CENTER OPERATING
COUNTY OF CALHOUN
201 W AUSTIN STREET
PORT LAVACA TX 77979

STATEMENT

478

CUSTOMER NO.	PAGE NO.
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05/01/2016 to 05/31/2016
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.

05/03	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160914885		- 206.03
05/03	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160911881		- 245.40
05/03	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160911881		- 406.42
05/03	Electronic Payment	IBC MERCH BNKCD DEPOSIT 971160915882		- 414.87
05/03	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02803661		513.61
05/03	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02803745	5/2 1,884.08	1,311.43
05/03	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160910883		- 1,576.58
05/03	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160910883		- 1,854.57
05/05	Electronic Payment	FDGL LEASE PYMT		- 59.25
05/05	Electronic Payment	FDGL LEASE PYMT		- 59.25
05/05	Electronic Payment	FDGL LEASE PYMT		- 86.30
05/05	Electronic Payment	STATE COMPTRLR TEXNET 23892387/60504	IGT	49,021.45
05/05	Electronic Payment	MEMORIAL MEDICAL PAYROLL	PR	262,541.80
05/06	Electronic Payment	ACS SLS EXPERTPAY xxxxx3411	1,112.53 C/S	436.72
05/09	Electronic Payment	FDGL LEASE PYMT		- 30.25
05/10	Electronic Payment	FDGL LEASE PYMT		- 30.17
05/10	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02809068		206.38
05/10	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02808458	5/9 2,987.08	1,064.60
05/10	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02809108		1,716.10
05/11	Electronic Payment	CLOVER APP MRKT CLOVER APP		- 81.20
05/11	Electronic Payment	IRS USATAXPYMT 220653210621042	PRL	97,009.81
05/16	Electronic Payment	WEBFILE TAX PYMT DD 902/24005000	Stax	1,236.48
05/16	Electronic Payment	TEXAS COUNTY DRS RECEIVABLE 419	TCDRS	115,856.32
05/16	Electronic Payment	STATE COMPTRLR TEXNET 23937342/60513	NP-IGT	1,199,544.75
05/17	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02816456		246.56
05/17	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02816387	5/16 2,772.95	738.45
05/17	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02816464		1,787.94
05/17	Electronic Payment	BCBS TEXAS HCCLAIMPMT C16131E57329000	Return of pmt	- 3,283.43
05/18	Electronic Payment	CARDMEMBER SERV ELECT PYMT	CC	8,587.36
05/19	Electronic Payment	Telecheck INV052016D xxxxx9736		- 5.00
05/19	Electronic Payment	MEMORIAL MEDICAL PAYROLL	PR	276,023.38
05/20	Electronic Payment	FDGL LEASE PYMT		- 151.23
05/20	Electronic Payment	ACS SLS EXPERTPAY xxxxx3411	C/S	675.81
05/20	Electronic Payment	IRS USATAXPYMT 220654121614969	PRL	105,384.64
05/24	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02819943		685.86
05/24	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02819954		866.46
05/24	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02819871	5/22 2,648.17	1,095.85
05/31	Electronic Payment	CARDMEMBER SERV ELECT PYMT	CC	4,164.66

Daily Ending Balance

05/02	1,255,338.00	05/11	2,175,624.89	05/20	924,841.54
05/03	1,235,332.12	05/12	2,249,684.10	05/23	1,100,866.88
05/04	1,240,785.14	05/13	2,377,596.36	05/24	1,100,854.68
05/05	989,514.19	05/16	1,142,291.65	05/25	1,095,674.41
05/06	1,084,291.95	05/17	1,079,796.22	05/26	1,226,912.34
05/09	2,333,001.57	05/18	1,208,050.21	05/27	1,272,195.28
05/10	2,269,178.31	05/19	982,754.77	05/31	1,468,496.55

IBC

BANK

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

CUSTOMER

8/NE/131/019/1229
MEMORIAL MEDICAL CENTER OPERATING
COUNTY OF CALHOUN
201 W AUSTIN STREET
PORT LAVACA TX 77979

STATEMENT 478

CUSTOMER NO. | PAGE NO.
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05/01/2016 to 05/31/2016
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
1,297,252.60	396	3,420,564.14	445	3,249,320.19	1,468,496.55

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
05/02		66,624.40	05/11		351.00	05/20		37.15
05/02		1,849.73	05/11		71.00	05/23		127,612.88
05/02		165.00	05/11		35.00	05/23		348.00
05/02		98.00	05/12		28,473.46	05/23		120.00
05/03		27,451.86	05/12		165.00	05/23		100.00
05/03		7,851.26	05/13		18,767.55	05/23		23.66
05/03		922.00	05/13		11,079.29	05/24		4,713.63
05/03		35.00	05/16		82,750.60	05/24		763.00
05/03		12.00	05/16		1,075.79	05/24		165.25
05/04		5,069.43	05/16		367.00	05/24		20.00
05/04		230.00	05/16		325.00	05/25		12,715.15
05/04		143.07	05/16		85.00	05/25		6,304.75
05/05		10,710.87	05/16		8.15	05/25		2,908.46
05/05		200.00	05/17		3,951.70	05/25		123.00
05/06		43,898.36	05/17		344.00	05/25		9.83
05/06		312.00	05/17		222.00	05/26		6,655.78
05/06		67.10	05/18		2,921.31	05/26		2,589.20
05/06		52.67	05/18		686.36	05/26		2,039.49
05/06		35.00	05/18		357.79	05/26		226.00
05/09		1,256,366.73	05/18		275.00	05/26		86.22
05/09		565.00	05/19		18,706.88	05/26		20.00
05/09		107.00	05/19		2,105.62	05/27		35,755.89
05/10		34,108.08	05/19		774.88	05/27		259.00
05/10		5,016.06	05/19		410.00	05/31		72,269.46
05/10		1,024.49	05/19		230.35	05/31		217.00
05/10		537.00	05/19		41.00	05/31		60.00
05/10		95.11	05/20		8,642.41	05/31		42.70
05/11		2,269.16	05/20		230.00			

Checks (Debits)

Date	Check #	Amount	Date	Check #	Amount	Date	Check #	Amount
05/24	61791	143.87	05/11 *	165948	756.75	05/02 *	165983	9,747.00
05/10 *	61794	594.89	05/02 *	165951	27.75	05/02 *	165985	1,000.00
05/09	61795	1,191.78	05/05	165952	1,706.00	05/02 *	165988	1,017.50
05/24	61796	887.69	05/02	165953	38.95	05/03	165989	357.74
05/04 *	165904	100.00	05/03	165954	260.83	05/03	165990	898.60
05/02 *	165927	4,636.76	05/03	165955	115.00	05/02	165991	5,253.16
05/02 *	165929	4.89	05/02 *	165957	27,989.60	05/02	165992	9,104.90
05/09 *	165934	2,113.56	05/02 *	165959	20,240.27	05/04	165993	378.30
05/04 *	165937	308.00	05/02	165960	150.00	05/02	165994	9,646.52
05/02 *	165939	932.50	05/02 *	165968	67.60	05/25	165995	153.94
05/03	165940	75.00	05/02 *	165975	2,725.37	05/05	165996	750.00
05/02 *	165942	10,000.00	05/02	165976	128.71	05/04	165997	8,333.33
05/03	165943	529.50	05/05 *	165980	1,308.01	05/03	165998	1,887.14

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

CUSTOMER

8/NE/131/019/1238
MEMORIAL MEDICAL CENTER OPERATING
COUNTY OF CALHOUN
201 W AUSTIN STREET
PORT LAVACA TX 77979

STATEMENT 478

CUSTOMER NO. [redacted] PAGE NO. 10 of 11

STATEMENT PERIOD 05/01/2016 to 05/31/2016

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.

05/27	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160915882	1,120.95
05/27	Electronic Deposit	AETNA A04 HCCLAIMPMT 1689630865	703.01
05/27	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160911881	564.64
05/27	Electronic Deposit	36 TREAS 310 MISC PAY 746003411360012	548.20
05/27	Electronic Deposit	Driscoll Childre Driscoll C MEMORIAL MEDICA	411.98
05/27	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C16146E09156550	243.23
05/27	Electronic Deposit	36 TREAS 310 MISC PAY 746003411360012	181.20
05/27	Electronic Deposit	AETNA AS01 HCCLAIMPMT 1144262957	139.84
05/27	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160913887	106.12
05/27	Electronic Deposit	DRISCOLL CHILDRE Claim Pmt MEMORIAL MEDICA	83.44
05/27	Electronic Deposit	36 TREAS 310 MISC PAY 746003411360012	52.51
05/27	Electronic Deposit	DRISCOLL CBP Claim Pmt MEMORIAL MEDICA	33.56
05/31	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 451356	76,942.38
05/31	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 45Z356	31,015.04
05/31	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C16147E58659400	25,845.81
05/31	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 673422	11,217.90
05/31	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160910883	4,712.81
05/31	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160911881	840.00
05/31	Electronic Deposit	AETNA A04 HCCLAIMPMT 1497153589	653.08
05/31	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160911881	575.00
05/31	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160915882	500.00
05/31	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 673422	496.24
05/31	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160915882	445.00
05/31	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160914885	295.00
05/31	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160911881	250.00
05/31	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160911881	241.56
05/31	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160913887	171.19
05/31	Electronic Deposit	AETNA H09 HCCLAIMPMT 1689630865	165.68
05/31	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160914885	96.08
05/31	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160913887	50.75
05/31	Electronic Deposit	AETNA AS01 HCCLAIMPMT 1497153589	48.32
05/31	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160914885	45.00
05/31	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160913887	39.81
05/31	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160913887	36.79
05/31	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160915882	35.00

Debits

05/03	Electronic Payment	IBC MERCH BNKCD FEE 971160912889	- 9.95
05/03	Electronic Payment	IBC MERCH BNKCD DISCOUNT 674200009993	- 19.95
05/03	Electronic Payment	IBC MERCH BNKCD FEE 674200009993	- 29.95
05/03	Electronic Payment	IBC MERCH BNKCD FEE 971160914885	- 56.65
05/03	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02803738	- 59.04
05/03	Electronic Payment	IBC MERCH BNKCD FEE 971160911881	- 60.83
05/03	Electronic Payment	IBC MERCH BNKCD FEE 971160910883	- 64.39
05/03	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160913887	- 65.75
05/03	Electronic Payment	VIVONET ACQUISIT PAYMENT 1136	- 99.00
05/03	Electronic Payment	IBC MERCB BNKCD DISCOUNT 971160913887	- 104.23
05/03	Electronic Payment	IBC MERCH BNKCD FEE 971160913887	- 125.88
05/03	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160914885	- 126.31

IBC

BANK

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311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER

8/NE/131/019/1126
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH ASHFORD
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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05/01/2016 to 05/31/2016
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
1,006,532.73	19	1,035,895.95	8	1,561,810.62	480,618.06

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
05/02		+ 33,831.63	05/13		+ 11,046.76	05/26		86,934.13
05/06		+ 412,418.32	05/23		366,355.24			

Checks (Debits)

Date	Check #	Amount	Date	Check #	Amount	Date	Check #	Amount
05/02	1 Broadmoor	14,580.01	05/02	3 Solara	123,493.65	05/09	5 MM Center	662,689.72
05/02	2 Crescent	22,110.81	05/02	4 Fort Bend	142,337.73			

Electronic Activity

	Credits		
05/04	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	+ 756.21
05/06	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	+ 519.99
05/10	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	+ 9,802.49
05/10	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113005	+ 3,663.04
05/12	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	+ 6,207.86
05/12	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	+ 207.72
05/18	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	1,500.55
05/20	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	70,768.17
05/20	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113005	4,655.15
05/23	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	7,415.83
05/24	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	11,815.54
05/24	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	5,968.08
05/25	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	142.54
05/26	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	1,886.70
	Debits		
05/11	Outgoing Wire	0022 ASHFORD HEALTH CARE CENTER LTD last in-dep 41,220.81 + 447,526.15	+ 488,746.96
05/16	Outgoing Wire	0254 ASHFORD HEALTH CARE CENTER LTD	+ 30,927.87
05/24	Outgoing Wire	0065 ASHFORD HEALTH CARE CENTER LTD	76,923.87

Daily Ending Balance

05/02	737,842.16	05/11	13,565.53	05/20	77,023.87
05/04	738,598.37	05/12	19,981.11	05/23	450,794.94
05/06	1,151,536.68	05/13	31,027.87	05/24	391,654.69
05/09	488,846.96	05/16	100.00	05/25	391,797.23
05/10	502,312.49	05/18	1,600.55	05/26	480,618.06

33,831.63
412,418.32
756.21
519.99
447,526.15

IBC

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Port Lavaca, Texas 77979

CUSTOMER

8/NE/131/019/1131
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
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PORT LAVACA TX 77979

STATEMENT

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05/01/2016 to 05/31/2016
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
88,673.30	18	678,681.79	4	633,485.70	133,869.39

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
05/02		69,942.07	05/13		20,142.56	05/26		23,550.55
05/06		106,306.03	05/23		26,723.56			

Checks (Debits)

Date	Check #	Amount
05/09	1	12,400.91

Electronic Activity

	Credits		
05/02	Electronic Deposit	Molina HC of TX Molina HC PN1669860433	1,634.57
05/05	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	27,250.15
05/10	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	14,849.88
05/10	Electronic Deposit	Molina HC of TX Molina HC PN1669860433	1,225.64
05/12	Electronic Deposit	Molina HC of TX Molina HC PN1669860433	1,036.66
05/18	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	13,051.78
05/19	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	270,717.96
05/20	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	18,755.10
05/24	Electronic Deposit	Molina HC of TX Molina HC PN1669860433	1,308.21
05/24	Electronic Deposit	Molina HC of TX Molina HC PN1669860433	204.91
05/25	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	67,429.36
05/26	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	7,840.69
05/27	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	6,712.11
	Debits		
05/11	Outgoing Wire	0025 CANTEX HEALTH CARE CENTERS III	281,305.21
05/16	Outgoing Wire	0259 CANTEX HEALTH CARE CENTERS III	37,254.74
05/24	Outgoing Wire	0068 CANTEX HEALTH CARE CENTERS III	302,524.84

prev mo 88,573.30 + 205,132.82

12,400.91

Daily Ending Balance

05/02	160,249.94	05/12	17,212.18	05/23	329,348.40
05/05	187,500.09	05/13	37,354.74	05/24	28,336.68
05/06	293,806.12	05/16	100.00	05/25	95,766.04
05/09	281,405.21	05/18	13,151.78	05/26	127,157.28
05/10	297,480.73	05/19	283,869.74	05/27	133,869.39
05/11	16,175.52	05/20	302,624.84		

69,942.07
1,634.57
27,250.15
106,306.03
205,132.82

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BANK

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CUSTOMER

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STATEMENT

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05/01/2016 to 05/31/2016
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Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
164,222.77	29	1,040,251.61	4	1,023,673.09	180,801.29

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
05/02		46,854.44	05/13		44,655.25	05/26		32,580.63
05/06		65,225.75	05/23		28,770.73			

Checks (Debits)

Date	Check #	Amount
05/09	1	64,478.57

Electronic Activity

	Credits		
05/02	Electronic Deposit	AMERIGROUP CORPO E-PAYMENT EE51352436	48,643.88
05/03	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16043017100217	6,451.65
05/04	Electronic Deposit	Molina HC of TX Molina HC PN1669860425	2,835.82
05/04	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113008	367.14
05/05	Electronic Deposit	Molina HC of TX Molina HC PN1669860425	6,865.74
05/05	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16050313000046	2,401.68
05/10	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16050714200787	8,562.59
05/11	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	5,725.97
05/12	Electronic Deposit	Molina HC of TX Molina HC PN1669860425	2,304.46
05/13	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16051113000370	76.08
05/18	Incoming Wire	0801 CANTEX HEALTH CARE CENTERS III	483,581.97
05/18	Electronic Deposit	AMERIGROUP CORPO E-PAYMENT EE51360255	23,923.22
05/19	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	113,607.11
05/20	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	21,390.79
05/23	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	10,393.09
05/23	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16051910500049	3,902.31
05/24	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	12,380.05
05/24	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16052011700038	5,025.37
05/24	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16052112100624	798.07
05/25	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	42,707.20
05/26	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	6,102.33
05/26	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16052410100039	1,256.81
05/27	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	4,998.07
05/31	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	7,863.41
	Debits		
05/11	Outgoing Wire	0024 CANTEX HEALTH CARE CENTERS III	279,290.30
05/16	Outgoing Wire	0258 CANTEX HEALTH CARE CENTERS III	61,324.35
05/24	Outgoing Wire	0067 CANTEX HEALTH CARE CENTERS III	618,579.87

prev. mo 164,122.77 + 179,646.10 = 279,290.30 + 64,478.57

46,854.44
65,225.75
48,643.88
6,451.65
2,835.82
367.14
6,865.74
2401.68
179,646.10

IBC

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CUSTOMER

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MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
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202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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05/01/2016 to 05/31/2016
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
147,149.80	18	446,829.01	4	425,843.15	168,135.66

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
05/02		+ 151,694.94	05/23		137,127.54	05/26		11,021.46
05/06		+ 8,197.78						

Checks (Debits)

Date	Check #	Amount
05/09	1	207,539.12

Electronic Activity

	Credits		
05/02	Electronic Deposit	AMERIGROUP CORPO E-PAYMENT EE51352434	+ 28,467.55
05/05	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113006	+ 1,822.02
05/05	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16050313000047	+ 49.62
05/06	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16050417000023	+ 23.37
05/09	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113006	11,536.36
05/10	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	7,614.00
05/10	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16050714200788	3,419.11
05/12	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	11,021.63
05/18	Electronic Deposit	AMERIGROUP CORPO E-PAYMENT EE51360253	14,000.43
05/19	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663	38,789.79
05/20	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663	16,157.18
05/23	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16051910500050	1,055.55
05/24	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	4,059.64
05/24	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663	771.04
	Debits		
05/11	Outgoing Wire	0026 CANTEX HEALTH CARE CENTERS III	129,765.96
05/16	Outgoing Wire	0261 CANTEX HEALTH CARE CENTERS III	33,591.10
05/24	Outgoing Wire	0069 CANTEX HEALTH CARE CENTERS III	54,946.97

Prev mo 147,049.80 + 190,255.28

Daily Ending Balance

05/02	327,312.29	05/11	22,669.47	05/20	69,047.40
05/05	329,183.93	05/12	33,691.10	05/23	207,230.49
05/06	337,405.08	05/16	100.00	05/24	157,114.20
05/09	141,402.32	05/18	14,100.43	05/26	168,135.66
05/10	152,435.43	05/19	52,890.22		

28,467.55
151,694.94
1,822.02
49.62
8,197.78
23.37
190,255.28

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BANK

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Port Lavaca, Texas 77979

CUSTOMER

B/NE/131/019/1127
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NH SOLERA
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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CUSTOMER NO.	PAGE NO.
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05/01/2016 to 05/31/2016
STATEMENT PERIOD

For 24 hour information about your account, please call IHC 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
156,037.06	36	1,497,081.50	4	1,350,092.93	303,025.63

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
05/02		162,394.51	05/13		28,000.41	05/26		19,193.22
05/06		57,105.11	05/23		139,141.37			

Checks (Debits)

Date	Check #	Amount
05/09	1	195,068.29

Electronic Activity

	Credits		
05/02	Electronic Deposit	AMERIGROUP CORPO E-PAYMENT EE51352435	82,329.10
05/04	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	1,815.65
05/05	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16050313000051	14,284.73
05/05	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	724.59
05/06	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113007	3,173.26
05/06	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	1,896.76
05/06	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	880.00
05/06	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16050417000026	634.34
05/09	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16050511200082	4,345.56
05/10	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16050613500142	3,909.54
05/10	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113007	2,715.97
05/11	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	571.84
05/12	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16051011400048	3,320.44
05/12	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16051011600086	1,663.84
05/13	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16051114500153	8,569.39
05/16	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16051212000247	3,730.49
05/16	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	1,195.21
05/17	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16051311500103	4,405.43
05/18	Incoming Wire	0798 CANTEX HEALTH CARE CENTERS III	525,681.43
05/18	Electronic Deposit	AMERIGROUP CORPO E-PAYMENT EE51360254	40,489.72
05/20	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	278,856.56
05/20	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113007	1,951.71
05/23	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16051915200146	11,036.89
05/23	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16051910500054	8,126.85
05/24	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	12,836.49
05/25	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	44,638.98
05/26	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16052410100041	1,190.44
05/26	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113007	935.92
05/27	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16052512200439	12,322.24
05/27	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	9,545.91
05/31	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16052612100099	3,467.60

IBC

BANK

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CUSTOMER

8/NE/131/019/1128
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
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PORT LAVACA TX 77979

STATEMENT

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CUSTOMER NO.	PAGE NO.
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05/01/2016 to 05/31/2016
STATEMENT PERIOD

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	Debits		
05/11	Outgoing Wire	0023 CANTEX HEALTH CARE CENTERS LLC	286,106.82
05/16	Outgoing Wire	0257 CANTEX HEALTH CARE CENTERS LLC	53,096.99
05/24	Outgoing Wire	0066 CANTEX HEALTH CARE CENTERS LLC	815,820.83

prev mo. 155,937.06 + 325,238.05 + 195,068.76

Daily Ending Balance

05/02	400,760.67	05/12	16,627.19	05/23	1,014,715.66
05/04	402,576.32	05/13	53,196.99	05/24	211,731.32
05/05	417,585.64	05/16	5,025.70	05/25	256,370.30
05/06	481,275.11	05/17	9,431.13	05/26	277,689.88
05/09	290,552.38	05/18	575,602.28	05/27	299,558.03
05/10	297,177.89	05/20	856,410.55	05/31	303,025.63
05/11	11,642.91				

IBC

BANK

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CUSTOMER

8/RG/131/019/470
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
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202 S ANN ST STE A
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STATEMENT

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05/01/2016 to 05/31/2016
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
85.55	1	14.45	0	0.00	100.00

Deposits (Credits)

Date	Deposit#	Amount
05/25		14.45

Daily Ending Balance

05/25	100.00

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CUSTOMER

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MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
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STATEMENT

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05/01/2016 to 05/31/2016
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
85.55	1	14.45	0	0.00	100.00

Deposits (Credits)

Date	Deposit#	Amount
05/25		14.45

Daily Ending Balance

05/25	100.00

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CUSTOMER

8/RG/131/019/471
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH GOLDEN CREEK HEALTHCARE & REHAB
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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CUSTOMER NO.	PAGE NO.
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05/01/2016 to 05/31/2016
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
85.55	1	14.45	0	0.00	100.00

Deposits (Credits)

Date	Deposit#	Amount
05/25		14.45

Daily Ending Balance

05/25	100.00

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

CUSTOMER

8/RG/131/019/468
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH GREEN ACRES OF BAYTOWN
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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05/01/2016 to 05/31/2016
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
85.55	1	14.45	0	0.00	100.00

Deposits (Credits)

Date	Deposit#	Amount
05/25		14.45

Daily Ending Balance

05/25	100.00

IBC

BANK

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

CUSTOMER

8/RG/131/019/469
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH HUMBLE HEALTHCARE CENTER
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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05/01/2016 to 05/31/2016
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
85.55	1	14.45	0	0.00	100.00

Deposits (Credits)

Date	Deposit#	Amount
05/25		14.45

Daily Ending Balance

05/25	100.00

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

CUSTOMER

8/NE/131/019/1240

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

STATEMENT

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05/01/2016 to 05/31/2016
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
6,200.19	0	0.00	1	3,464.39	2,735.80

Checks (Debits)

Date	Check #	Amount
05/13	11819	3,464.39

Daily Ending Balance

05/13	2,735.80

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

CUSTOMER

8/NE/131/019/1058
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
PRIVATE WAIVER CLEARING FUND
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

CUSTOMER NO.	PAGE NO.
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05/01/2016 to 05/31/2016
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

IBC

BANK

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

CUSTOMER

8/NE/131/019/1094
MEMORIAL MEDICAL CENTER CONSTRUCTION COU
CLINIC SERIES 2014
202 S ANN STE A
PORT LAVACA TX 77979

STATEMENT 0

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05/01/2016 to 05/31/2016
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 - 2810244154

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
375,373.94	0	0.00	0	0.00	375,373.94