MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ----- September 22, 2016

PAYABLES AND PAYROLL			
8/1/2016	McKesson Drugs	1,471.00	
8/2/2016	Patient Refunds	614.15	
8/2/2016	Weekly Payables	281,155.97	
8/8/2016	McKesson Drugs	2,610.31	
8/9/2016	Payroll	272,752.16	
8/10/2016	Payroll Liabilities	101,565.29	
8/10/2016	Weekly Payables	125,017.35	
8/10/2016	Patient Refunds	27,827.57	
8/11/2016	Lowes Credit Card Invoice	683.40	
8/15/2016	TDCRS	120,230.96	
8/15/2016	McKesson Drugs	2,701.71	
8/15/2016	Payroll by Check	129.62	
8/16/2016	Payroll Liabilities	22.48	
8/18/2016	Weekly Payables	242,463.46	
8/19/2016	Credit Card Invoice	3,297.81	
8/22/2016	McKesson Drugs	2,515.10	
8/24/2016	Payroll Liabilities	101,821.12	
8/24/2016	Weekly Payables	192,951.54	
8/25/2016	Payroll	273,792.30	
8/30/2016	McKesson Drugs	2,548.35	
8/31/2016	Patient Refunds	787.20	
8/31/2016	Weekly Payables	193,326.37	
8/31/2016	Monthly Electronic Transfers for Payroll Expenses(not incl above)	576.12	
8/31/2016	Monthly Electronic Transfers for Operating Expenses	7,253.00	
	Total Payables and Payroll		**$ 1,958,114.34**
INTER-GOVERNMENT TRANSFERS			
	Inter-Government Transfers for August 2016		
	IGT DSRIP Audit Cost		
	Total Inter-Government Transfers		**$ -**
INTRA-ACCOUNT TRANSFERS			
	Total Intra-Account Transfers		**$ -**
SUBTOTAL MEMORIAL MEDICAL CENTER DISBURSEMENTS			**$ 1,958,114.34**
INDIGENT HEALTHCARE FUND EXPENSES			**$ 8,423.03**
NURSING HOME UPL EXPENSES FOR August 2016			**$ 4,064,576.80**
IGT August 2016 MPAP NH Program			**$ -**
MMC Construction			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED September 22, 2016			**$ 6,031,114.17**

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- September 22, 2016

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

Adu Sports Medicine Clinic		165.39
American Home Patient		536.09
Community Pathology Association		82.07
William J. Crowley D.O.		438.20
Michelle M. Cummins MD		158.01
Richard Arroyo-Diaz		355.08
HEB Pharmacy (Medimpact)		692.84
Memorial Medical Clinic		4,418.36
Radiology Unlimited PA		564.28
Regional Employee Assistance		168.77
Victoria Anesthesiology Assoc		259.94
SUBTOTAL		**7,839.03**
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)		**1,074.00**
	Subtotal	8,913.03
Co-pays adjustments for August 2016		**(490.00)**
Reimbursement from Medicaid		**0.00**
TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES		**8,423.03**

800 09222016 01 CALHOUN COUNTY, TEXAS

DATE: 9/22/2016

VENDOR # 852

CC Indigent Health Care

ACCOUNT NUMBER	DESCRIPTION OF GOODS OR SERVICES	QUANTITY	UNIT PRICE	TOTAL PRICE
1000-800-98722-999	Transfer to pay bills for Indigent Health Care			$8,423.03
	approved by Commissioners Court on 09/22/2016			
1000-001-46010	August Interest $0.00			$0.00
				$8,423.03

COUNTY AUDITOR APPROVAL ONLY

APPROVED ON SEP 20 2016 BY CALHOUN COUNTY AUDITOR

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

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

BY: Michael J Pfeifer 9/22/16

DEPARTMENT HEAD DATE

Issued 09/19/16

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 09/01/2016 through 09/01/2016
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	13,780.30	3,028.11
01-2	Physician Services- Anesthesia	1,248.00	259.94
02	Prescription Drugs	692.84	692.84
08	Rural Health Clinics	3,700.12	3,322.05
10	Optional Services - Home Healt	847.38	536.09
	Expenditures	20,702.21	8,272.60
	Reimb/Adjustments	-433.57	-433.57
	Grand Total	**20,268.64**	**7,839.03**

Copays	<-490.00>
Expenses	1,074.00
Total	8,423.03

APPROVED
ON

SEP 2 0 2016

BY
CALHOUN COUNTY AUDITOR

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

Recorded ARM 9/8/16
Reviewed

Acct #	JE #	Description	Check #	Debit Amount	Credit Amount
10255000		Indigent Healthcare		8,236.54	
40450074		Reimbursement - Calhoun Cty			6,271.59
40015074		Benefits - FICA			385.39
40025074		Benefits - FUTA			-
40040074		Benefits - Retirement			434.89
60320000		Benefits - Insurance			1,128.89
40220074		Supplies - General			0.64
40225074		Supplies - Office			15.14
40230074		Forms			-
40610074		Continuing Education			-
40510074		Outside Services			-
40215074		Freight			-
40600074		Miscellaneous			-
			TOTALS	8,236.54	8,236.54

Payroll Budget 1,074.00

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

REVERSING: YES _____ NO _____ APPROVED ON SEP 20 2016 BY CALHOUN COUNTY AUDITOR JE # 081638

Indigent Healthcare Program
Incurred by MMC
AUGUST 2016

Indigent H'care Coordinator Salary	# 40000074	4-Aug	$ 2,782.28	
	# 40000074	18-Aug	2,861.94	
	# 40000074		-	
	# 40050074		499.39	
	# 40050074		70.30	
	(# 40010074)		57.68	
				6,271.59
Benefits:	#40040074			434.89
FICA	# 40015074	4-Aug	214.98	
	# 40015074	18-Aug	170.41	
	# 40015074		-	
				385.39
FUTA	# 40025074	4-Aug	-	
	# 40025074	18-Aug	-	
	# 40025075		-	
				-
Other Benefits (18 %)	# 63200000			1,128.89
General Supplies	# 40220074			0.64
Office Supplies	# 40225074			15.14
Forms	#40230074			-
Continuing Education	#40610074			-
Outside Services	#40510074			-
Freight	#40215074			-
Travel	#40600074			-

ACCT NUMBER & DESC	DATE	MEMO	REFERENCE	JOURNAL	CS#/BAT/SEQ	ACTIVITY	BALANCE
40000074 SALARIES REG PROD -CALHOUN C							
40000074 SALARIES REG PROD -CALHO		BEGINNING BALANCE AS OF: 08/01/16					35,791.58
	08/01/16	REVERSE ACCRUAL		PR	19 5263 418	-1,893.70	
	08/04/16	PAY-P.07/22/16 08/04/16		PR	19 5299 47	2,782.28 -	
	08/18/16	PAY-P.08/05/16 08/18/16		PR	19 5328 47	2,861.94 -	
	08/31/16	Accrual--Days= 13		PR	19 5328 414	2,657.46	
		08/31 ACTIVITY/END BALANCE				6,407.98	42,199.56
40005074 SALARIES OVERTIME -CALHO		BEGINNING BALANCE AS OF: 08/01/16					707.88
	08/01/16	REVERSE ACCRUAL		PR	19 5263 472	-18.70	
	08/04/16	PAY-P.07/22/16 08/04/16		PR	19 5299 75	499.39 -	
	08/18/16	PAY-P.08/05/16 08/18/16		PR	19 5328 74	70.30 -	
	08/31/16	Accrual--Days= 13		PR	19 5328 468	65.26	
		08/31 ACTIVITY/END BALANCE				616.25	1,324.13
40010074 SALARIES PTO/EIB -CALHO		BEGINNING BALANCE AS OF: 08/01/16					4,750.21
	08/01/16	REVERSE ACCRUAL		PR	19 5263 534	-384.60	
	08/04/16	Auto PR Bene Accrual Re		PR	19 5262 87	-954.32	
	08/04/16	Auto PR Bene Accrual		PR	19 5298 85	1,074.15	
	08/18/16	Auto PR Bene Accrual Re		PR	19 5298 87	-1,074.15	
	08/18/16	Auto PR Bene Accrual		PR	19 5327 85	1,136.30	
	08/18/16	PAY-P.08/05/16 08/18/16		PR	19 5328 98	57.68 -	
	08/31/16	Accrual--Days= 13		PR	19 5328 516	53.56	
		08/31 ACTIVITY/END BALANCE				-91.38	4,658.83
40015074 FICA -CALHO		BEGINNING BALANCE AS OF: 08/01/16					84.84
	08/01/16	REVERSE ACCRUAL		PR	19 5263 728	-103.80	
	08/01/16	REVERSE ACCRUAL		PR	19 5263 794	-24.30	
	08/04/16	PAY-P.07/22/16 08/04/16		PR	19 5299 386	40.75 >	
	08/04/16	PAY-P.07/22/16 08/04/16		PR	19 5299 419	174.23 >	
	08/18/16	PAY-P.08/05/16 08/18/16		PR	19 5328 563	32.30 >	
	08/18/16	PAY-P.08/05/16 08/18/16		PR	19 5328 596	138.11	
	08/31/16	Accrual--Days= 13		PR	19 5328 716	128.31	
	08/31/16	Accrual--Days= 13		PR	19 5328 782	30.03	
		08/31 ACTIVITY/END BALANCE				415.63	500.47
40040074 RETIREMENT -CALHO		BEGINNING BALANCE AS OF: 08/01/16					93.98
	08/01/16	REVERSE ACCRUAL		PR	19 5263 924	-145.50	
	08/04/16	PAY-P.07/22/16 08/04/16		PR	19 5299 485	240.37 -	
	08/18/16	PAY-P.08/05/16 08/18/16		PR	19 5328 662	194.52 -	
	08/31/16	Accrual--Days= 13		PR	19 5328 912	180.57	
		08/31 ACTIVITY/END BALANCE				469.96	563.94
40220074 SUPPLIES GENERAL -CALHO		BEGINNING BALANCE AS OF: 08/01/16					.00
	08/31/16	AUTO-TRAN/EXP.REPORT	000000	MM	25 823 28	.64 -	

ACCT NUMBER & DESC	DATE	MEMO	REFERENCE	JOURNAL	CS#/BAT/SEQ	ACTIVITY	BALANCE
40220074 SUPPLIES GENERAL		-CALHOUN C					
		08/31 ACTIVITY/END BALANCE				.64	.64
40225074 OFFICE SUPPLIES		-CALHO BEGINNING BALANCE AS OF: 08/01/16					.00
	08/12/16	DEWITT POTH & SON	479311-0	PJ	19 5309 4	6.57	
	08/31/16	AUTO-TRAN/EXP.REPORT	000000	MM	25 823 57	8.57	
		08/31 ACTIVITY/END BALANCE				15.14	15.14
40450074 REIMBURSEMENT		BEGINNING AND ENDING BALANCE:					-39,081.06
		COST CENTER TOTAL:				7,834.22	

ENDING BALANCE GRAND TOTAL: 10,181.65

GRAND TOTAL ACTIVITY: 7,834.22

MEMORIAL MEDICAL CENTER
CHECK REQUEST

11041
2/205

PAY TO: Calhoun County Indigent Account

Date Requested: 8/9/2016

APPROVED ON AUG 18 2016 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

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

AMOUNT: $490.00

G/L NUMBER: 50240000

EXPLANATION: To transfer indigent co-pays from the operating account to the indigent bank account.
July 2016

REQUESTED BY: Adam Machicek

AUTHORIZED BY:

Calhoun County Indigent Program
Co-Pays - Account 50240000
8/9/2016

July	490.00
Total	490.00

All indigent co-pays are to be deposited into the Indigent Program bank account.
The County will reduce funding of indigent program by the co-pay amount.

G/L NUMBER	DATE	RECEIPT NUMBER	PAY TYPE	PAYER	CASH AMOUNT	RECEIPT AMOUNT	NUMBER	NAME	DISC DATE	INIT	COLL CODE	GL CASH ACCOUNT
50240.000	07/28/16	438987	CA	[redacted]	10.00	10.00			00/00/00	AMG		2
50240.000	07/28/16	438988	CA		10.00	10.00			00/00/00	AMG		2
50240.000	07/29/16	439056	CA		10.00	10.00			00/00/00	AMG		2
50240.000	07/25/16	438548	VI		10.00	10.00			00/00/00	BAE		2
50240.000	07/20/16	438108	MC		10.00	10.00			00/00/00	CAS		2
50240.000	07/22/16	438326	CA		10.00	10.00			00/00/00	CAS		2
50240.000	07/25/16	438521	CA		10.00	10.00			00/00/00	CAS		2
50240.000	07/12/16	437281	CA		10.00	10.00			00/00/00	CSG		2
50240.000	07/15/16	437752	CK		10.00	10.00			00/00/00	CSG		2
50240.000	07/19/16	438014	CK		10.00	10.00			00/00/00	CSG		2
50240.000	07/05/16	436473	CA		10.00	10.00			00/00/00	JC		2
50240.000	07/11/16	437199	CA		10.00	10.00			00/00/00	JC		2
50240.000	07/01/16	436394	CA		10.00	10.00			00/00/00	PLB		2
50240.000	07/01/16	436403	CA		10.00	10.00			00/00/00	PLB		2
50240.000	07/05/16	436580	CA		10.00	10.00			00/00/00	PLB		2
50240.000	07/05/16	436584	CA		10.00	10.00			00/00/00	PLB		2
50240.000	07/06/16	436616	CA		10.00	10.00			00/00/00	PLB		2
50240.000	07/06/16	436706	CA		10.00	10.00			00/00/00	PLB		2
50240.000	07/06/16	436726	CK		10.00	10.00			00/00/00	PLB		2
50240.000	07/06/16	436727	CK		10.00	10.00			00/00/00	PLB		2
50240.000	07/07/16	436946	CA		10.00	10.00			00/00/00	PLB		2
50240.000	07/08/16	437144	CA		10.00	10.00			00/00/00	PLB		2
50240.000	07/08/16	437145	CA		10.00-	10.00-			00/00/00	PLB		2
50240.000	07/11/16	437181	CK		10.00	10.00			00/00/00	PLB		2
50240.000	07/11/16	437225	CA		10.00	10.00			00/00/00	PLB		2
50240.000	07/11/16	437226	CA		10.00	10.00			00/00/00	PLB		2
50240.000	07/11/16	437235	CA		10.00	10.00			00/00/00	PLB		2
50240.000	07/11/16	437342	CK		10.00	10.00			00/00/00	PLB		2
50240.000	07/11/16	437449	CK		10.00-	10.00-			00/00/00	PLB		2
50240.000	07/12/16	437450	CK		10.00	10.00			00/00/00	PLB		2
50240.000	07/13/16	437503	CA		10.00	10.00			00/00/00	PLB		2
50240.000	07/13/16	437529	CA		10.00-	10.00-			00/00/00	PLB		2
50240.000	07/13/16	437595	MC		10.00	10.00			00/00/00	PLB		2
50240.000	07/13/16	437598	CA		10.00	10.00			00/00/00	PLB		2
50240.000	07/18/16	437852	CA		10.00	10.00			00/00/00	PLB		2
50240.000	07/18/16	437980	CA		10.00	10.00			00/00/00	PLB		2
50240.000	07/18/16	437981	CK		10.00	10.00			00/00/00	PLB		2
50240.000	07/18/16	438001	CA		10.00	10.00			00/00/00	PLB		2
50240.000	07/18/16	438002	CA		10.00-	10.00-			00/00/00	PLB		2
50240.000	07/19/16	438003	CA		10.00	10.00			00/00/00	PLB		2
50240.000	07/20/16	438110	CA		10.00	10.00			00/00/00	PLB		2
50240.000	07/20/16	438133	CA		10.00	10.00			00/00/00	PLB		2
50240.000	07/20/16	438197	CA		10.00	10.00			00/00/00	PLB		2
50240.000	07/25/16	438437	MC		10.00	10.00			00/00/00	PLB		2
50240.000	07/25/16	438460	CA		10.00	10.00			00/00/00	PLB		2
50240.000	07/26/16	438571	CA		10.00	10.00			00/00/00	PLB		2
50240.000	07/26/16	438574	CA		10.00	10.00			00/00/00	PLB		2
50240.000	07/26/16	438699	CA		10.00	10.00			00/00/00	PLB		2
50240.000	07/27/16	438868	MC		10.00	10.00			00/00/00	PLB		2
50240.000	07/27/16	438869	MC		10.00	10.00			00/00/00	PLB		2
50240.000	07/27/16	438892	MC		10.00-	10.00-			00/00/00	PLB		2
50240.000	07/28/16	438995	CA		10.00	10.00			00/00/00	PLB		2
50240.000	07/25/16	438544	CA		10.00	10.00			00/00/00	THS		2

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	07/01/16	436313	CA	[redacted]	10.00	10.00			00/00/00	TJC		2
50240.000	07/13/16	437550	CA		10.00	10.00			00/00/00	TJC		2
50240.000	07/14/16	437610	VI		10.00	10.00			00/00/00	TJC		2
50240.000	07/14/16	437626	CA		10.00	10.00			00/00/00	TJC		2
50240.000	07/14/16	437733	MC		10.00	10.00			00/00/00	TJC		2
50240.000	07/26/16	438605	CA		10.00	10.00			00/00/00	TJC		2
TOTAL 50240.000 COUNTY INDIGENT COPAYS						490.00						
50510.000	07/20/16	438200	AE	CAFE	1.39	1.39			00/00/00	CAS		2
50510.000	07/20/16	438201	VI	CAFE	17.84	17.84			00/00/00	CAS		2
50510.000	07/20/16	438202	MC	CAFE	2.11	2.11			00/00/00	CAS		2
50510.000	07/20/16	438204	CA	CAFE	72.20	72.20			00/00/00	CAS		2
50510.000	07/21/16	438240	VI	CAFE	44.98	44.98			00/00/00	CAS		2
50510.000	07/21/16	438241	MC	CAFE	37.63	37.63			00/00/00	CAS		2
50510.000	07/21/16	438242	CA	CAFE	186.31	186.31			00/00/00	CAS		2
50510.000	07/21/16	438296	CA	CAFE	58.27	58.27			00/00/00	CAS		2
50510.000	07/21/16	438297	VI	CAFE	7.83	7.83			00/00/00	CAS		2
50510.000	07/21/16	438298	MC	CAFE	19.15	19.15			00/00/00	CAS		2
50510.000	07/21/16	438310	VI	CAFE	7.83-	7.83-			00/00/00	CAS		2
50510.000	07/21/16	438311	VI	CAFE	19.15	19.15			00/00/00	CAS		2
50510.000	07/21/16	438312	MC	CAFE	7.83	7.83			00/00/00	CAS		2
50510.000	07/21/16	438313	MC	CAFE	19.15-	19.15-			00/00/00	CAS		2
50510.000	07/22/16	438348	CA	CAFE	165.17	165.17			00/00/00	CAS		2
50510.000	07/22/16	438349	MC	CAFE	16.99	16.99			00/00/00	CAS		2
50510.000	07/22/16	438350	VI	CAFE	70.61	70.61			00/00/00	CAS		2
50510.000	07/22/16	438404	CA	CAFE	61.14	61.14			00/00/00	CAS		2
50510.000	07/22/16	438405	VI	CAFE	3.30	3.30			00/00/00	CAS		2
50510.000	07/25/16	438512	CA	CAFE	73.81	73.81			00/00/00	CAS		2
50510.000	07/25/16	438513	MC	CAFE	10.57	10.57			00/00/00	CAS		2
50510.000	07/25/16	438514	VI	CAFE	24.31	24.31			00/00/00	CAS		2
50510.000	07/25/16	438516	CA	CAFE COOKIES	63.95	63.95			00/00/00	CAS		2
50510.000	07/25/16	438518	CA	CAFE	129.65	129.65			00/00/00	CAS		2
50510.000	07/25/16	438519	VI	CAFE	30.46	30.46			00/00/00	CAS		2
50510.000	07/25/16	438520	MC	CAFE	10.33	10.33			00/00/00	CAS		2
50510.000	07/25/16	438530	CK	CC ROTARY	36.58	36.58			00/00/00	CAS		2
50510.000	07/25/16	438540	VI	CAFE	13.76	13.76			00/00/00	CAS		2
50510.000	07/25/16	438541	MC	CAFE	6.13	6.13			00/00/00	CAS		2
50510.000	07/25/16	438542	AE	CAFE	1.45	1.45			00/00/00	CAS		2
50510.000	07/25/16	438543	CA	CAFE	58.71	58.71			00/00/00	CAS		2
50510.000	07/26/16	438621	CA	CAFE	236.70	236.70			00/00/00	CAS		2
50510.000	07/26/16	438622	VI	CAFE	110.41	110.41			00/00/00	CAS		2
50510.000	07/26/16	438623	MC	CAFE	39.25	39.25			00/00/00	CAS		2
50510.000	07/01/16	436345	VI	CAFE	103.10	103.10			00/00/00	PLB		2
50510.000	07/01/16	436346	MC	CAFE	43.40	43.40			00/00/00	PLB		2
50510.000	07/01/16	436347	CA	CAFE	230.02	230.02			00/00/00	PLB		2
50510.000	07/01/16	436406	VI	CAFE	21.14	21.14			00/00/00	PLB		2
50510.000	07/01/16	436407	MC	CAFE	4.05	4.05			00/00/00	PLB		2
50510.000	07/01/16	436408	CA	CAFE	45.67	45.67			00/00/00	PLB		2
50510.000	07/05/16	436510	VI	CAFE	101.83	101.83			00/00/00	PLB		2
50510.000	07/05/16	436511	MC	CAFE	19.15	19.15			00/00/00	PLB		2
50510.000	07/05/16	436512	CA	CAFE	207.17	207.17			00/00/00	PLB		2
50510.000	07/05/16	436558	VI	CAFE	26.26	26.26			00/00/00	PLB		2
50510.000	07/05/16	436559	MC	CAFE	19.86	19.86			00/00/00	PLB		2

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	6	2	6	55	2
July	13	2	4	66	3
August	5	1	5	66	5
September					
October					
November					
December					
YTD	46	20	48	446	43
Monthly Avg	6	3	6	56	5
December 2015 Active		57			

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
8/1/2016

Nursing Home	IBC Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	IGT Transfer-In	MMC Portion - Return of IGT	MMC Portion - Federal Match	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens	4553	444,249.99	444,149.99	187,139.76	-	62,564.84	-	-	187,239.76	**124,574.92**

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 - Return of IGT	MMC Portion - Federal Match	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Solera at West Houston	4561	316,010.03	315,910.03	125,606.14	-	28,241.58	-	-	125,706.14	**97,364.56**
Crescent	4588	176,203.30	176,103.30	111,142.56	-	8,090.38	-	-	111,242.56	**103,052.18**
Broadmoor	4596	358,024.85	357,924.85	255,823.17	-	1,111.43	-	-	255,923.17	**254,711.74**
Fort Bend	4618	38,132.02	38,032.02	105,276.23	-	52,081.61	-	-	105,376.23	**53,194.62**
										508,323.10

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

Approved:

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

Michael J. Pfeifer
Calhoun County Judge
Date: 8-4-16

APPROVED
AUG 0 1 2016
COUNTY AUDITOR

E:\NH Weekly Transfers\NH UPL Transfer Summary 7-31-16

IBC Bank Activity
7/25/16 through 7/31/16

Ashford Gardens					Transfer-Out	Transfer-In	
7/25/2016	)5025	4553	142	ACH CREDIT RECEIVED		21,429.55	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04911
7/26/2016	:5025	4553	142	ACH CREDIT RECEIVED		5,099.06	AGING DISAB SVCS HCCLAIMPMT|MEMORIAL MEDICAL CENTE|53917
7/26/2016	)5025	4553	142	ACH CREDIT RECEIVED		385.23	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT3613633*
7/27/2016	)5025	4553	301	COMMERCIAL DEPOSIT		1,296.76	
7/28/2016	)5025	4553	495	OUTGOING MONEY TRANSFER	444,149.99		ASHFORD HEALTH CARE CENTER LTD
7/29/2016	)5025	4553	301	COMMERCIAL DEPOSIT		132,243.71	
7/29/2016	5025	4553	142	ACH CREDIT RECEIVED		936.79	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*
7/29/2016	)5025	4553	142	ACH CREDIT RECEIVED		25,748.66	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04911
					444,149.99	187,139.76	

Solera at West Houston					Transfer-Out	Transfer-In	
7/25/2016	)5025	4561	142	ACH CREDIT RECEIVED		8,720.36	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN
7/25/2016	)5025	4561	142	ACH CREDIT RECEIVED		39,736.40	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|0
7/25/2016	)5025	4561	142	ACH CREDIT RECEIVED		525.50	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN
7/26/2016	)5025	4561	142	ACH CREDIT RECEIVED		11.14	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TI
7/26/2016	)5025	4561	142	ACH CREDIT RECEIVED		19,364.40	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE
7/27/2016	)5025	4561	301	COMMERCIAL DEPOSIT		9,402.16	
7/28/2016	)5025	4561	142	ACH CREDIT RECEIVED		18,980.00	AGING DISAB SVCS HCCLAIMPMT|MEMORIAL MEDICAL CENTE|53917
7/28/2016	)5025	4561	495	OUTGOING MONEY TRANSFER	315,910.03		CANTEX HEALTH CARE CENTERS LLC
7/29/2016	)5025	4561	301	COMMERCIAL DEPOSIT		28,866.18	
					315,910.03	125,606.14	

Crescent					Transfer-Out	Transfer-In	
7/25/2016	5025	4588	142	ACH CREDIT RECEIVED		2,038.17	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*
7/25/2016	5025	4588	142	ACH CREDIT RECEIVED		17,870.60	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011
7/26/2016	5025	4588	142	ACH CREDIT RECEIVED		12,599.13	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011
7/27/2016	5025	4588	142	ACH CREDIT RECEIVED		203.79	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|T
7/27/2016	5025	4588	301	COMMERCIAL DEPOSIT		2,109.08	
7/28/2016	5025	4588	495	OUTGOING MONEY TRANSFER	176,103.30		CANTEX HEALTH CARE CENTERS III
7/29/2016	5025	4588	142	ACH CREDIT RECEIVED		3,202.63	Molina HC of TX Molina HC|THE CRESCENT|*
7/29/2016	5025	4588	301	COMMERCIAL DEPOSIT		62,096.98	
7/29/2016	5025	4588	142	ACH CREDIT RECEIVED		11,022.18	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*
					176,103.30	111,142.56	

Broadmoor					Transfer-Out	Transfer-In	
7/25/2016	)5025	4596	142	ACH CREDIT RECEIVED		97,298.10	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*
7/26/2016	)5025	4596	142	ACH CREDIT RECEIVED		33,987.12	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*
7/27/2016	)5025	4596	301	COMMERCIAL DEPOSIT		7,494.90	
7/27/2016	)5025	4596	142	ACH CREDIT RECEIVED		7,428.03	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*
7/28/2016	)5025	4596	142	ACH CREDIT RECEIVED		37,477.13	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*
7/28/2016	)5025	4596	495	OUTGOING MONEY TRANSFER	357,924.85		CANTEX HEALTH CARE CENTERS III
7/29/2016	)5025	4596	142	ACH CREDIT RECEIVED		54,744.71	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*E
7/29/2016	)5025	4596	301	COMMERCIAL DEPOSIT		17,393.18	
					357,924.85	255,823.17	

Fort Bend					Transfer-Out	Transfer-In	
7/25/2016	05025	4618	142	ACH CREDIT RECEIVED		9,193.87	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|0
7/25/2016	05025	4618	142	ACH CREDIT RECEIVED		7,571.75	AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare
7/27/2016	)5025	4618	142	ACH CREDIT RECEIVED		3,451.07	Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRI
7/27/2016	)5025	4618	142	ACH CREDIT RECEIVED		8,195.12	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|11
7/27/2016	)5025	4618	301	COMMERCIAL DEPOSIT		2,506.30	9
7/28/2016	)5025	4618	142	ACH CREDIT RECEIVED		5,276.44	AGING DISAB SVCS HCCLAIMPMT|MEMORIAL MEDICAL CENTE|5
7/28/2016	)5025	4618	495	OUTGOING MONEY TRANSFER	38,032.02		CANTEX HEALTH CARE CENTERS III
7/29/2016	)5025	4618	142	ACH CREDIT RECEIVED		3,033.12	AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|TRN*1
7/29/2016	)5025	4618	301	COMMERCIAL DEPOSIT		54,533.96	5
7/29/2016	)5025	4618	142	ACH CREDIT RECEIVED		11,514.60	Molina HC of TX Molina HC|FORT BEND CONTINUING C|T
					38,032.02	105,276.23	

Account Portfolio as of 08/01/2016 9:26:08 AM

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

Commercial Checking Accounts

Account Name	Account Number	Today's Beginning Balance	Available Balance
Memorial Medical Center	3387	$245,550.14	$245,550.14
Memorial Medical Center	4553	$187,239.76	$187,887.37
Memorial Medical Center	4561	$125,706.14	$134,258.00
Memorial Medical Center	4588	$111,242.56	$116,141.35
Memorial Medical Center	4596	$255,923.17	$274,867.25
Memorial Medical Center	4618	$105,376.23	$105,376.23
Memorial Medical Center Operat	0301	$1,334,245.55	$1,321,684.26
County of Calhoun Indigent	1101	$10,395.42	$10,395.42
Totals		**$2,375,678.97**	**$2,396,160.02**

Count	Eligibility Period	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 Payable	Return of IGT	MMC Federal Match	Cantex Federal Match	Total IGT Return and Federal Match
164	2	[illegible]	[illegible]551[illegible]	027	4811	1	L3 Memorial Medical Center	Ashford Gardens	0.9	460,299.61	40,220.52	62,564.84	201,101.68	0.00	156,412.57	0.00	460,299.61	$420,079.09	$208,450.79	$105,814.15	$105,814.15	$420,079.09
168	2	1433	1524	592	105818	1	L3 Memorial Medical Center	The Broadmoor at Creekside Park	0.9	11,669.98	1,667.14	1,111.43	6,668.57	555.71	1,667.14	0.00	11,669.99	$10,002.85	$4,883.89	$2,241.77	$2,241.77	$9,447.14
187	2	1425	584	572	105314	1	3 Memorial Medical Center	The Crescent	0.9	42,474.55	2,022.60	8,090.58	10,112.98	0.00	22,248.59	0.00	42,474.55	$40,451.95	$20,072.98	$10,189.48	$10,189.48	$40,451.95
188	2	259	585	163	105006	1.	3 Memorial Medical Center	Solera at West Houston	0.9	127,087.24	4,706.93	28,241.58	56,483.16	0.00	37,655.44	0.00	127,087.11	$122,380.18	$60,727.24	$30,826.47	$30,826.47	$122,380.18
189	2	503	586	28	4628	1.	3 Memorial Medical Center	Fort Bend Healthcare Center	0.9	143,224.57	13,020.40	52,081.61	65,102.01	0.00	13,020.40	0.00	143,224.42	$130,204.02	$64,809.57	$32,797.22	$32,797.22	$130,204.02
												152,089.84	339,468.40	555.71	231,004.14	0.00		$722,118.09	$358,824.19	$181,869.09	$181,869.09	$722,562.36

IGT	953,379.45	8/17/2015	Paid
IGT	953,379.45	11/10/2015	
IGT	1,199,607.62	2/12/2016	
IGT	1,199,544.75	5/16/2016	
	4,305,911.27	Total IGT's for MPAP program	

Actual Return of IGTs

358,831.18	Return of IGT - Sept
358,831.18	Return of IGT - Oct
358,831.18	Return of IGT - Nov
1,076,493.54	Total Return of IGTs
358,824.19	Monthly Return of IGTs

RUN DATE:08/01/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:14:55 CHECK REGISTER and Payable List GLCKREG
08/01/16 THRU 08/01/16

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000800	08/01/16	707.55	MCKESSON
A/P	000801	08/01/16	512.98	MCKESSON
A/P	000802	08/01/16	250.47	MCKESSON
TOTALS:			1,471.00	

340 B Prescription Expenses

AUG 01 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

APPROVED
ON

AUG 01 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 8-4-16

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: 07/29/2016

DC: 8115

Territory: 400

Customer: 190813
Date: 07/30/2016

Page: 001

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

As of: 07/29/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 07/30/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
07/25/2016	08/02/2016	7758049948	1000854795	115Invoice	0.84	41.77		✓40.93	✓	7758049948	
07/25/2016	08/02/2016	7758049949	1000856124	115Invoice	2.93	146.50		✓143.57	✓	7758049949	
07/25/2016	08/02/2016	7758049950	1000856532	115Invoice	0.94	47.17		✓ 46.23	✓	7758049950	
07/26/2016	08/02/2016	7758248562	1000856906	115Invoice	1.22	61.10		✓ 59.88	✓	7758248562	
07/26/2016	08/02/2016	7758248563	1000856906	115Invoice	6.45	322.52		✓316.07	✓	7758248563	
07/27/2016	08/02/2016	7758477762	1000857327	115Invoice	0.43	21.74		✓ 21.31	✓	7758477762	
07/28/2016	08/02/2016	7758725141	1000858174	115Invoice	1.22	61.21		✓ 59.99	✓	7758725141	
07/29/2016	08/02/2016	7758932184	1000859087	115Invoice	0.40	19.97		✓ 19.57	✓	7758932184	

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

TOTAL:

Subtotals: 721.98 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 627.38
07/25/2016

If Paid By 08/02/2016,
Pay This Amount: 707.55 USD

If Paid After 08/02/2016,
Pay this Amount: 721.98 USD

Due If Paid On Time:
USD 707.55

Disc lost if paid late:
14.43

Due If Paid Late:
USD 721.98

ck# 800

APPROVED
ON
AUG 0 1 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: 07/29/2016

DC: 8115

Territory: 400

Customer: 256342
Date: 07/30/2016

Page: 001

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

As of: 07/29/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 07/30/2016

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	
07/25/2016	08/02/2016	7758061191	3454581601	115Invoice	4.43	221.66		✓ 217.23 ✓		7758061191	
07/26/2016	08/02/2016	7758274282	3454581604	115Invoice	6.02	301.15		✓ 295.13 ✓		7758274282	
07/27/2016	08/02/2016	7758507333	3454581607	115Invoice	0.01	0.32		✓ 0.31 ✓		7758507333	
07/29/2016	08/02/2016	7758948666	1094346	115Invoice	0.01	0.32		✓ 0.31 ✓		7758948666	

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

TOTAL:

Subtotals: 523.45 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 438.45
07/25/2016

If Paid By 08/02/2016,
Pay This Amount: 512.98 USD

If Paid After 08/02/2016,
Pay this Amount: 523.45 USD

Due If Paid On Time:
USD 512.98

Disc lost if paid late:
10.47

Due If Paid Late:
USD 523.45

Ck# 801

8-1-16

APPROVED
ON
AUG 01 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: 07/29/2016 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 07/30/2016

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

As of: 07/29/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 07/30/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
07/25/2016	08/02/2016	7758075020	1000854797	115Invoice	0.07	3.26		✓ 3.19 ✓		7758075020	
07/25/2016	08/02/2016	7758075021	1000856126	115Invoice	0.52	26.17		✓ 25.65 ✓		7758075021	
07/25/2016	08/02/2016	7758075022	1000856535	115Invoice	0.03	1.57		✓ 1.54 ✓		7758075022	
07/25/2016	08/02/2016	7758075023	1000856535	115Invoice	0.84	42.11		✓ 41.27 ✓		7758075023	
07/26/2016	08/02/2016	7758278958	1000856908	115Invoice	0.26	12.96		✓ 12.70 ✓		7758278958	
07/27/2016	08/02/2016	7758516274	1000857329	115Invoice	0.23	11.65		✓ 11.42 ✓		7758516274	
07/28/2016	08/02/2016	7758735362	1000858176	115Invoice	0.30	14.76		✓ 14.46 ✓		7758735362	
07/28/2016	08/02/2016	7758735365	1000858176	115Invoice	1.76	88.12		✓ 86.36 ✓		7758735365	
07/29/2016	08/02/2016	7758950004	1000859089	115Invoice	0.78	38.97		✓ 38.19 ✓		7758950004	
07/29/2016	08/02/2016	7758950007	1000859089	115Invoice	0.32	16.01		✓ 15.69 ✓		7758950007	

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

TOTAL:

Subtotals: 255.58 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,697.29
07/25/2016

If Paid By 08/02/2016,
Pay This Amount: 250.47 USD

If Paid After 08/02/2016,
Pay this Amount: 255.58 USD

Due If Paid On Time:
USD 250.47

Disc lost if paid late:
5.11

Due If Paid Late:
USD 255.58

Ck# 802

8-1-16

APPROVED
ON
AUG 01 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

APPROVED ON

AUG 0 2 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

08/02/2016 MEMORIAL MEDICAL CENTER 0
14:53 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 08/18/2016

Vendor#	Vendor Name	Class	Pay Code
A0401	ABBOTT NUTRITION ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
605989614 ✓		07/26/20	07/19/20	08/18/20			38.32	0.00	0.00	38.32 ✓
	SUPPLIES DIETARY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A0401	ABBOTT NUTRITION	38.32	0.00	0.00	38.32

Vendor#	Vendor Name	Class	Pay Code
A1350	ACTION LUMBER ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
010637 ✓		07/28/20	07/19/20	07/19/20			11.50	0.00	0.00	11.50 ✓
	SUPPLIES PLANT OPS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1350	ACTION LUMBER	11.50	0.00	0.00	11.50

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
164820 ✓		07/29/20	07/12/20	08/01/20			3,318.48	0.00	0.00	3,318.48 ✓
	EMPLOYEE PERSONAL INS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1790	AFLAC	3,318.48	0.00	0.00	3,318.48

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9053343238 ✓		07/28/20	07/14/20	08/13/20			108.18	0.00	0.00	108.18 ✓
	SUPPLIES PLANT OPS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	108.18	0.00	0.00	108.18

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
9649099601 ✓		07/26/20	07/18/20	08/17/20			1,549.50	0.00	0.00	1,549.50 ✓
	SUPPLIES SURGERY									
9649071759 ✓		07/28/20	07/13/20	08/12/20			954.00	0.00	0.00	954.00 ✓
	INTRA OCULAR LENSES									
9649110973 ✓		07/28/20	07/19/20	08/18/20			84.85	0.00	0.00	84.85 ✓
	SUPPLIES SURGERY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1690	ALCON LABORATORIES, INC.	2,588.35	0.00	0.00	2,588.35

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
380723		07/29/20	07/19/20	08/01/20			30,726.93	0.00	0.00	30,726.93 ✓
	EMPLOYEE MEDICAL PREMIU									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10814	ALLIED BENEFIT SYSTEMS	30,726.93	0.00	0.00	30,726.93

Vendor#	Vendor Name	Class	Pay Code
10592	AMERICAN PROFICIENCY INSTITUTE ✓		

See Last page

Michael J. Pfeifer
Calhoun County Judge
Date:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
427473		07/28/20	07/18/20	08/17/20			193.34	0.00	0.00	193.34
	DUES & SUBCRIPTIONS									
427472		07/28/20	07/18/20	08/17/20			169.00	0.00	0.00	169.00
	DUES & SUBCRIPTIONS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10592	AMERICAN PROFICIENCY INSTITUTE	362.34	0.00	0.00	362.34

Vendor# 11217 Vendor Name: ANDREA PAGE — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21190		07/31/20	07/16/20	07/16/20			23.50	0.00	0.00	23.50
	CONT EDUCATION OB Exam Fee									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11217	ANDREA PAGE	23.50	0.00	0.00	23.50

Vendor# A2600 Vendor Name: AUTO PARTS & MACHINE CO. — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
803245		07/31/20	07/29/20	08/13/20			140.10	0.00	0.00	140.10
	SUPPLIES PLANT OPS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2600	AUTO PARTS & MACHINE CO.	140.10	0.00	0.00	140.10

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
51503875		07/21/20	07/14/20	08/13/20			862.93	0.00	0.00	862.93
	CS INVENTORY & ANESTHESI									
51530533		07/26/20	07/18/20	08/17/20			441.99	0.00	0.00	441.99
	CS INVENTORY & RECOVERY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1075	BAXTER HEALTHCARE CORP	1,304.92	0.00	0.00	1,304.92

Vendor# B1220 Vendor Name: BECKMAN COULTER INC — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
105741217		07/28/20	07/11/20	08/10/20			218.47	0.00	0.00	218.47
	SUPPLIES LAB									
5354617		07/28/20	07/12/20	08/11/20			3,933.48	0.00	0.00	3,933.48
	MAINT CONTRA & LEASE LAB									
5354565		07/28/20	07/12/20	08/11/20			4,233.46	0.00	0.00	4,233.46
	MAINT CONTR & LEASE LAB									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	8,385.41	0.00	0.00	8,385.41

Vendor# M4300 Vendor Name: BILLIE DUCKWORTH — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21191		07/31/20	07/08/20	07/08/20			23.50	0.00	0.00	23.50
	CONT EDUCATION OB Exam Fee									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M4300	BILLIE DUCKWORTH	23.50	0.00	0.00	23.50

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
109613		07/25/20	07/11/20	08/10/20			24.20	0.00	0.00	24.20

	OUTSIDE SRV MAINT								
	109661 ✓		07/25/20	07/18/20	08/17/20	164.10	0.00	0.00	164.10 ✓
	OUTSIDE SRV MAINT								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		B1650	BOSART LOCK & KEY INC			188.30	0.00	0.00	188.30
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
	950651828 ✓		07/26/20	07/18/20	08/17/20		457.00	0.00	0.00	457.00 ✓
	SUPPLIES SURGERY								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		B1655	BOSTON SCIENTIFIC CORPORATION			457.00	0.00	0.00	457.00
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
	8466714 RI ✓		07/21/20	07/13/20	08/12/20		145.39	0.00	0.00	145.39 ✓
	CS INVENRTORY								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		B1800	BRIGGS HEALTHCARE			145.39	0.00	0.00	145.39
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
	23534227 ✓		07/21/20	07/11/20	08/10/20		166.37	0.00	0.00	166.37 ✓
	SUPPLIES SURGERY								
	23536531 ✓		07/21/20	07/13/20	08/12/20		325.67	0.00	0.00	325.67 ✓
	SUPPLIES SURGERY								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		D1040	C R BARD, INC			492.04	0.00	0.00	492.04
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
	21170		07/28/20	07/28/20	07/28/20		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			
A1825	CARDINAL HEALTH 414,LLC ✓				M				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	8001079745 ✓		07/28/20	07/09/20	08/13/20		379.35	0.00	0.00	379.35 ✓
	SUPPLIES NUC MED								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		A1825	CARDINAL HEALTH 414,LLC			379.35	0.00	0.00	379.35
Vendor#	Vendor Name				Class	Pay Code			
10650	CAREFUSION 2200, INC ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	9106851701 ✓		07/28/20	07/08/20	08/07/20		25.55	0.00	0.00	25.55 ✓
	SUPPLIES EKG								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		10650	CAREFUSION 2200, INC			25.55	0.00	0.00	25.55
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
DQJ3674 ✓		07/28/20	07/12/20	08/11/20		214.18	0.00	0.00	214.18 ✓
	SUPPLIES BUS OFFICE								
DRJ1713 ✓		07/28/20	07/15/20	08/14/20		195.42	0.00	0.00	195.42 ✓
	SUPPLIES SURGERY CLINIC								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.	409.60	0.00	0.00	409.60

Vendor#	Vendor Name	Class	Pay Code
E1270	CENTERPOINT ENERGY ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21176		07/31/20	07/29/20	08/15/20		48.53	0.00	0.00	48.53 ✓
	FUEL EXP PLANT OPS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	E1270	CENTERPOINT ENERGY	48.53	0.00	0.00	48.53

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
92055192 ✓		07/15/20	07/15/20	08/14/20		217.00	0.00	0.00	217.00 ✓
	SUPPLIES CS								
92056272 ✓		07/21/20	07/11/20	08/10/20		269.00	0.00	0.00	269.00 ✓
	CS INVENTORY								
92057832 ✓		07/21/20	07/13/20	08/12/20		56.07	0.00	0.00	56.07 ✓
	CS INVENTORY								
92057833 ✓		07/21/20	07/13/20	08/12/20		297.00	0.00	0.00	297.00 ✓
	CS INVENTORY								
92060567 ✓		07/21/20	07/18/20	08/17/20		990.26	0.00	0.00	990.26 ✓
	CS INVENTORY & RECOVERY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10350	CENTURION MEDICAL PRODUCTS	1,829.33	0.00	0.00	1,829.33

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
21174		07/28/20	07/18/20	08/05/20		961.53	0.00	0.00	961.53 ✓
	SEWER & WATER								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1730	CITY OF PORT LAVACA	961.53	0.00	0.00	961.53

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
21177		07/31/20	07/31/20	08/01/20		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
C1970	CONMED CORPORATION ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
236109 ✓		07/21/20	07/18/20	08/17/20		460.00	0.00	0.00	460.00 ✓
	SUPPLIES SURGERY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1970	CONMED CORPORATION	460.00	0.00	0.00	460.00

Vendor#	Vendor Name	Class	Pay Code
L1430	CONMED-LINVATEC ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2325720 ✓		07/21/20	07/18/20	08/17/20			333.72	0.00	0.00	333.72 ✓
	SUPPLIES SURGERY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	L1430	CONMED LINVATEC	333.72	0.00	0.00	333.72

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
210302 ✓		07/21/20	07/11/20	08/10/20			59.67	0.00	0.00	59.67 ✓
	SUPPLIES XRAY									
210206 ✓		07/21/20	07/11/20	08/10/20			912.75	0.00	0.00	912.75 ✓
	SUPPLIES CT SCAN									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10006	CUSTOM MEDICAL SPECIALTIES	972.42	0.00	0.00	972.42

Vendor#	Vendor Name	Class	Pay Code
11008	DERRI HART ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21178		07/31/20	07/31/20	07/31/20			410.00	0.00	0.00	410.00 ✓
	OUTSIDE SRV TRANSCRIPTIC									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11008	DERRI HART	410.00	0.00	0.00	410.00

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
477042-0 ✓		07/15/20	07/11/20	08/10/20			226.28	0.00	0.00	226.28 ✓
	CS INVENTORY									
477262-0 ✓		07/21/20	07/13/20	08/12/20			297.74	0.00	0.00	297.74 ✓
	CS INVENTORY & ACCT SUPF									
477589-0 ✓		07/21/20	07/15/20	08/14/20			69.16	0.00	0.00	69.16 ✓
	OFFICE SUPPLIES HOSPITALI									
477578-0 ✓		07/21/20	07/15/20	08/14/20			51.98	0.00	0.00	51.98 ✓
	OFFICE SUPPLIES ADMIN									
477630-0 ✓		07/21/20	07/18/20	08/17/20			250.43	0.00	0.00	250.43 ✓
	CS INVENTORY & INDIGENT S									
477012-0 ✓		07/28/20	07/08/20	08/07/20			56.93	0.00	0.00	56.93 ✓
	SUPPLIES XRAY									
477234-0 ✓		07/28/20	07/11/20	08/10/20			20.29	0.00	0.00	20.29 ✓
	SUPPLIES CLINIC									
477151-0 ✓		07/28/20	07/12/20	08/11/20			117.63	0.00	0.00	117.63 ✓
	OFFICE SUPPLIES BUS OFFIC									
477326-0 ✓		07/28/20	07/14/20	08/13/20			275.92	0.00	0.00	275.92 ✓
	OFFICE SUPPLIES INDIGENT									
477375-0 ✓		07/28/20	07/14/20	08/13/20			44.04	0.00	0.00	44.04 ✓
	SUPPLIES CLINIC									
477584-0 ✓		07/28/20	07/15/20	08/14/20			40.20	0.00	0.00	40.20 ✓
	OFFICE SUPPLIES INFECT CC									
477637-0 ✓		07/28/20	07/18/20	08/17/20			21.63	0.00	0.00	21.63 ✓
	SUPPLIES XRAY									
477375-1 ✓		07/28/20	07/18/20	08/17/20			51.98	0.00	0.00	51.98 ✓
	SUPPLIES CLINIC									
477728-0 ✓		07/28/20	07/19/20	08/18/20			27.44	0.00	0.00	27.44 ✓

OFFICE SUPPLIES DIETARY

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	1,551.65	0.00	0.00	1,551.65

Vendor#	Vendor Name	Class	Pay Code
10026	DONN STRINGO ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21192		07/31/20	07/08/20	07/08/20			23.50	0.00	0.00	23.50 ✓
	CONT EDUCATION Exam fee									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10026	DONN STRINGO	23.50	0.00	0.00	23.50

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
21179 ✓		07/31/20	07/11/20	07/21/20			20.00	0.00	0.00	20.00 ✓
	OUTSIDE SRV HOUSEKEEPIN									
21181 ✓		07/31/20	07/12/20	07/22/20			6.10	0.00	0.00	6.10 ✓
	OUTSIDE SRV HOUSEKEEPIN									
21180 ✓		07/31/20	07/21/20	07/31/20			20.00	0.00	0.00	20.00 ✓
	OUTSIDE SRV HOUSEKEEPIN									
21182 ✓		07/31/20	07/28/20	08/07/20			12.20	0.00	0.00	12.20 ✓
	OUTSDIE SRV HOUSEKEEPIN									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1710	DOWNTOWN CLEANERS	58.30	0.00	0.00	58.30

Vendor#	Vendor Name	Class	Pay Code
11216	DUTCH OPHTHALMIC USA ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1612821 ✓		07/31/20	07/18/20	08/17/20			562.36	0.00	0.00	562.36 ✓
	PHARMACY DRUGS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11216	DUTCH OPHTHALMIC USA	562.36	0.00	0.00	562.36

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
21173-		07/29/20	07/26/20	07/26/20			405.72	0.00	0.00	405.72 ✓
	TRAVEL EXP QUAILTY ASSUR Hospital Assoc. Summit 7/15/16-7/17/16 (Hospital engagement network)									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T0383	ERIN CLEVENGER	405.72	0.00	0.00	405.72

Vendor#	Vendor Name	Class	Pay Code
11218	ERIN WIDSON ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21193		07/31/20	07/14/20	07/14/20			23.50	0.00	0.00	23.50 ✓
	CONT EDUCATION OB Exam Fee									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11218	ERIN WIDSON	23.50	0.00	0.00	23.50

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
T1607111378 ✓		07/22/20	07/11/20	08/10/20			15,758.77	0.00	0.00	15,758.77 ✓
	OUTSIDE SRV BUS OFFICE &									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C2510	EVIDENT	15,758.77	0.00	0.00	15,758.77

Vendor#	Vendor Name	Class	Pay Code

S0501 EVOQUA WATER TECHNOLOGIES LLC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
902699669 ✓		07/28/20	07/01/20	07/31/20			153.18	0.00	0.00	153.18 ✓
	MAINT CONTR LAB									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S0501	EVOQUA WATER TECHNOLOGIES LLC	153.18	0.00	0.00	153.18

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
5-487-15993 ✓		07/28/20	07/21/20	08/05/20			43.39	0.00	0.00	43.39 ✓
	FREIGHT EXP SURGERY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.	43.39	0.00	0.00	43.39

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
21169		07/28/20	07/28/20	07/28/20			75.00	0.00	0.00	75.00 ✓
	EMPLOYEE PERSONAL INVEN									

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
9331660 ✓		07/28/20	07/06/20	08/05/20			247.22	0.00	0.00	247.22 ✓
	LAB SUPPLIES									
9561349 ✓		07/28/20	07/07/20	08/06/20			1,243.00	0.00	0.00	1,243.00 ✓
	LAB SUPPLIES									
988845 ✓		07/28/20	07/11/20	08/10/20			493.08	0.00	0.00	493.08 ✓
	LAB SUPPLIES									
0047608 ✓		07/28/20	07/12/20	08/11/20			473.89	0.00	0.00	473.89 ✓
	SUPPLIES LAB									
0335163 ✓		07/28/20	07/14/20	08/13/20			314.93	0.00	0.00	314.93 ✓
	SUPPLIES LAB									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	2,772.12	0.00	0.00	2,772.12

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
E104445 ✓		07/31/20	06/24/20	07/24/20			3,021.25	0.00	0.00	3,021.25 ✓
	PROF FEES PT									
101314 ✓		07/31/20	07/01/20	07/31/20			200.00	0.00	0.00	200.00 ✓
	PROF FEES PT									
E104726 ✓		07/31/20	07/01/20	07/31/20			2,725.38	0.00	0.00	2,725.38 ✓
	PROF FEES PT									
E105871 ✓		07/31/20	07/15/20	08/14/20			1,260.50	0.00	0.00	1,260.50 ✓
	PROF FEES PT									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11078	FUSION MEDICAL STAFFING, LLC	7,207.13	0.00	0.00	7,207.13

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

	48100600-8		07/29/20	08/01/20	08/01/20	5,268.70	0.00	0.00	5,268.70
	LIFE & DISABILITY INS								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		11149	GARDNER & WHITE, INC.			5,268.70	0.00	0.00	5,268.70
Vendor#	Vendor Name				Class	Pay Code			
G0100	GE HEALTHCARE				W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	202327578		07/21/20	07/12/20	08/11/20		54.95	0.00	0.00	54.95
	SUPPLIES CT SCAN									
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		G0100	GE HEALTHCARE			54.95	0.00	0.00	54.95
Vendor#	Vendor Name				Class	Pay Code			
10488	GE HEALTHCARE IITS USA CORP								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	030387982		07/28/20	07/13/20	08/12/20		827.01	0.00	0.00	827.01
	DUES & SUBCRIPTIONS OB									
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		10488	GE HEALTHCARE IITS USA CORP			827.01	0.00	0.00	827.01
Vendor#	Vendor Name				Class	Pay Code			
G1001	GETINGE USA								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	6046119		07/26/20	07/18/20	08/17/20		172.39	0.00	0.00	172.39
	SUPPLIES SURGERY									
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		G1001	GETINGE USA			172.39	0.00	0.00	172.39
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
	109732428		07/28/20	07/13/20	08/12/20		15.58	0.00	0.00	15.58
	SUPPLIES PHARMACY									
	109764183		07/28/20	07/20/20	08/18/20		26.90	0.00	0.00	26.90
	SUPPLIES PHARMACY									
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		10653	GLOBAL EQUIPMENT CO. INC.			42.48	0.00	0.00	42.48
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
	21187		07/31/20	07/25/20	07/25/20		125.00	0.00	0.00	125.00
	OUTSIDE SRV RESP-LAB --XR									
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		G0401	GULF COAST DELIVERY			125.00	0.00	0.00	125.00
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
	104090		07/28/20	07/21/20	07/31/20		25.99	0.00	0.00	25.99
	SUPPLIES PLANT OPS									
	104077		07/28/20	07/21/20	07/31/20		28.98	0.00	0.00	28.98
	SUPPLIES PLANT OPS									
	104114		07/28/20	07/22/20	08/01/20		33.53	0.00	0.00	33.53
	SUPPLIES PLANT OPS									
	104209		07/28/20	07/26/20	08/05/20		4.49	0.00	0.00	4.49
	SUPPLIES PLANT OPS									

104224 ✓	07/31/20 07/25/20 08/04/20		6.49	0.00	0.00	6.49 ✓
SUPPLIES PLANT OPS						
104220 ✓	07/31/20 07/26/20 08/05/20		37.92	0.00	0.00	37.92 ✓
SUPPLIES PLANT OPS						
104219 ✓	07/31/20 07/26/20 08/05/20		2.96	0.00	0.00	2.96 ✓
SUPPLIES PLANT OPS						
104264 ✓	07/31/20 07/27/20 08/06/20		53.98	0.00	0.00	53.98 ✓
SUPPLIES PLANT OPS						
Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1292	GULF COAST HARDWARE / ACE	194.34	0.00	0.00	194.34

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
1165083 ✓		07/15/20	07/12/20	08/11/20			95.46	0.00	0.00	95.46 ✓
SUPPLIES HOUSEKEEPING										
1168247 ✓		07/21/20	07/19/20	08/18/20			95.46	0.00	0.00	95.46 ✓
SUPPLIES HOUSEKEEPING										
1165362 ✓		07/28/20	07/12/20	08/11/20			170.75	0.00	0.00	170.75 ✓
SUPPLIES HOUSEKEEPING										
1165096 ✓		07/28/20	07/12/20	08/11/20			129.30	0.00	0.00	129.30 ✓
HOUSEKEEPING SUPPLIES										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY					490.97	0.00	0.00	490.97

Vendor#	Vendor Name	Class	Pay Code
H0030	H E BUTT GROCERY ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
11148 ✓		07/28/20	07/18/20	08/07/20			7.00	0.00	0.00	7.00 ✓
REPLACEMENT CARD										
843910 ✓		07/31/20	07/25/20	08/14/20			33.92	0.00	0.00	33.92 ✓
FOOD SUPPLIES DIETARY										
845152 ✓		07/31/20	07/26/20	08/15/20			234.34	0.00	0.00	234.34 ✓
FOOD SUPPLIES DIETARY										
845138 ✓		07/31/20	07/26/20	08/15/20			116.55	0.00	0.00	116.55 ✓
FOOD SUPPLIES DIETARY										
846693 ✓		07/31/20	07/27/20	08/16/20			47.61	0.00	0.00	47.61 ✓
FOOD SUPPLIES DIETARY										
849815 ✓		07/31/20	07/29/20	08/18/20			33.62	0.00	0.00	33.62 ✓
FOOD SUPPLIES DIETARY										
853311 ✓		07/31/20	07/31/20	08/15/20			10.44	0.00	0.00	10.44 ✓
FOOD SUPPLIES DIETARY										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	H0030	H E BUTT GROCERY					483.48	0.00	0.00	483.48

Vendor#	Vendor Name	Class	Pay Code
10334	HEALTH CARE LOGISTICS INC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
5937116 ✓		07/28/20	07/13/20	08/12/20			120.50	0.00	0.00	120.50 ✓
SUPPLIES PHARMACY										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10334	HEALTH CARE LOGISTICS INC					120.50	0.00	0.00	120.50

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
21194	CONT EDUCATION OB Exam fee	07/31/20	07/14/20	07/14/20		23.50	0.00	0.00	23.50
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11182	HEATHER MUTCHLER				23.50	0.00	0.00	23.50

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
851096134	SUPPLIES MED SURG	07/22/20	07/11/20	08/10/20		472.00	0.00	0.00	472.00
851096329	SUPPLIES MED SURG	07/28/20	07/18/20	08/17/20		166.00	0.00	0.00	166.00
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	H1850	HOSPIRA WORLDWIDE, INC				638.00	0.00	0.00	638.00

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
41004020	CS INVENTORY	07/21/20	07/13/20	08/12/20		4.48	0.00	0.00	4.48
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	I0415	INDEPENDENCE MEDICAL				4.48	0.00	0.00	4.48

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
534355	SUPPLIES LAB	07/28/20	06/13/20	07/13/20		433.80	0.00	0.00	433.80
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	I1260	INTOXIMETERS INC				433.80	0.00	0.00	433.80

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
916733586	BLOOD BANK SUPPLIES	07/28/20	06/28/20	07/28/20		481.28	0.00	0.00	481.28
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE SYSTEMS, INC				481.28	0.00	0.00	481.28

Vendor#	Vendor Name	Class	Pay Code
10285	JAMES A DANIEL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21175	STORAGE BLDG RENT	07/29/20	07/28/20	08/01/20		750.00	0.00	0.00	750.00
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10285	JAMES A DANIEL				750.00	0.00	0.00	750.00

Vendor#	Vendor Name	Class	Pay Code
10507	JASON ANGLIN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21183	TRAVEL EXPENSE ADMIN	07/31/20	08/01/20	08/01/20		78.00	0.00	0.00	78.00
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10507	JASON ANGLIN				78.00	0.00	0.00	78.00

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

21189	07/31/20	08/01/20	08/01/20		97.96	0.00	0.00	97.96
TRAVEL EXPENSE ADMIN								
21185	07/31/20	08/01/20	08/01/20		162.00	0.00	0.00	162.00
TRAVEL EXPENSE ADMIN								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	11105	JERRY PICKETT			259.96	0.00	0.00	259.96

Vendor#	Vendor Name	Class	Pay Code
10612	KENDALL/HUNT PUBLISHING COMPAN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
11440890		07/28/20	07/15/20	08/14/20			119.00	0.00	0.00	119.00
	SUPPLIES OB									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10612	KENDALL/HUNT PUBLISHING COMPAN					119.00	0.00	0.00	119.00

Vendor#	Vendor Name	Class	Pay Code
K1231	KONICA MINOLTA MEDICAL IMAGING		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
144590		07/28/20	06/02/20	07/02/20			9,750.00	0.00	0.00	9,750.00
	PC ON CR REPLACED									
144983		07/28/20	06/09/20	07/09/20			3,754.50	0.00	0.00	3,754.50
	MAINT CONTR XRAY									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	K1231	KONICA MINOLTA MEDICAL IMAGING					13,504.50	0.00	0.00	13,504.50

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
107224253		07/31/20	07/11/20	08/10/20			500.00	0.00	0.00	500.00
	ADVERTISING									
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
10141	LAWSON PRODUCTS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9304237923		07/28/20	07/18/20	08/17/20			367.85	0.00	0.00	367.85
	SUPPLIES PLANT OPS									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10141	LAWSON PRODUCTS					367.85	0.00	0.00	367.85

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
21172		07/28/20	07/28/20	07/28/20			1,282.50	0.00	0.00	1,282.50
	EMPLOYEE PERSONAL INVES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10972	M G TRUST					1,282.50	0.00	0.00	1,282.50

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
82417136		07/28/20	07/22/20	08/15/20			1,054.11	0.00	0.00	1,054.11
	CS INVENTORY									
81392906		07/31/20	07/05/20	08/15/20			185.10	0.00	0.00	185.10
	LAB SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net

	M2178	MCKESSON MEDICAL SURGICAL INC				1,239.21	0.00	0.00	1,239.21
Vendor#	Vendor Name				Class	Pay Code			
M2449	MEDISAFE AMERICA LLC ✓				M				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	55495 ✓		07/28/20	07/13/20	08/12/20		174.13	0.00	0.00	174.13 ✓
		INSTRUMENT REPAIRS SURG								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2449	MEDISAFE AMERICA LLC				174.13	0.00	0.00	174.13
Vendor#	Vendor Name				Class	Pay Code				
M2827	MEDIVATORS ✓				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	2407807 ✓		07/21/20	07/13/20	08/12/20		105.52	0.00	0.00	105.52 ✓
		SUPPLIES SURGERY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2827	MEDIVATORS				105.52	0.00	0.00	105.52
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
	21171		07/28/20	07/28/20	07/28/20		80.00	0.00	0.00	80.00 ✓
		EMPLOYEE CO PAYS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10963	MEMORIAL MEDICAL CLINIC				80.00	0.00	0.00	80.00
Vendor#	Vendor Name				Class	Pay Code				
10904	MERCK SHARP & DOHME CORP ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	7008887222 ✓		06/30/20	06/13/20	08/11/20		1,589.12	0.00	0.00	1,589.12 ✓
		PHARMACY DRUGS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10904	MERCK SHARP & DOHME CORP				1,589.12	0.00	0.00	1,589.12
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
	30094274778 ✓		07/21/20	07/11/20	08/10/20		159.31	0.00	0.00	159.31 ✓
		SUPPLIES SURGERY								
	30094276744 ✓		07/21/20	07/14/20	08/13/20		88.40	0.00	0.00	88.40 ✓
		SUPPLIES MAMMO								
	30094278766 ✓		07/26/20	07/19/20	08/18/20		264.33	0.00	0.00	264.33 ✓
		SUPPLIES ULTRASOUND & SU								
	32590503553 ✓		07/28/20	07/08/20	08/07/20		266.67	0.00	0.00	266.67 ✓
		OUTSIDE SRV MAMMO								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2659	MERRY X-RAY/SOURCEONE HEALTHCA				778.71	0.00	0.00	778.71
Vendor#	Vendor Name				Class	Pay Code				
11205	MICRO SURGICAL TECHNOLOGY INC ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	0000177572 ✓		07/21/20	07/11/20	08/10/20		762.87	0.00	0.00	762.87 ✓
		SUPPLIES SURGERY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11205	MICRO SURGICAL TECHNOLOGY INC				762.87	0.00	0.00	762.87
Vendor#	Vendor Name				Class	Pay Code				
M2685	MICROTEK MEDICAL INC ✓				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net

3904710		07/26/20	07/14/20	08/13/20		266.39	0.00	0.00	266.39
CS INVENTORY									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2685	MICROTEK MEDICAL INC				266.39	0.00	0.00	266.39

Vendor#	Vendor Name	Class	Pay Code
10663	MIRELES TECHNOLOGIES, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
6910		07/15/20	07/11/20	08/10/20			570.00	0.00	0.00	570.00
	REPAIRS LAB									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10663	MIRELES TECHNOLOGIES, INC					570.00	0.00	0.00	570.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
JULY252016		07/28/20	07/25/20	07/25/20			23,598.24	0.00	0.00	23,598.24
	EMPLOYEE MEDICAL CLAIMS									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN					23,598.24	0.00	0.00	23,598.24

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
671222		07/31/20	08/01/20	08/01/20			96.85	0.00	0.00	96.85
	CREDIT CARD FEES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	M2662	MMC VOLUNTEERS					96.85	0.00	0.00	96.85

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
9120204		07/28/20	07/26/20	07/27/20			2,014.22	0.00	0.00	2,014.22
	PHARMACY DRUGS									
9120205		07/28/20	07/26/20	07/27/20			4,814.07	0.00	0.00	4,814.07
	PHARMACY DRUGS									
9126406		07/28/20	07/27/20	07/28/20			258.62	0.00	0.00	258.62
	PHARMACY DRUGS									
9125092		07/28/20	07/27/20	07/28/20			16.89	0.00	0.00	16.89
	PHARMACY DRUGS									
9126407		07/28/20	07/27/20	07/28/20			26.04	0.00	0.00	26.04
	PHARMACY DRUGS									
9125660		07/28/20	07/27/20	07/28/20			190.89	0.00	0.00	190.89
	PHARMACY DRUGS									
9126931		07/28/20	07/27/20	07/28/20			74.31	0.00	0.00	74.31
	PHARMACY DRUGS									
9126930		07/28/20	07/27/20	07/28/20			6,584.29	0.00	0.00	6,584.29
	PHARMACY DRUGS									
9125659		07/28/20	07/27/20	07/28/20			32.14	0.00	0.00	32.14
	PHARMACY DRUGS									
9126929		07/28/20	07/27/20	07/28/20			286.58	0.00	0.00	286.58
	PHARMACY DRUGS									
8807673		07/31/20	05/05/20	05/06/20			129.92	0.00	0.00	129.92
	PHARMACY DRUGS									
8807984		07/31/20	05/05/20	05/06/20			359.11	0.00	0.00	359.11

	PHARMACY DRUGS							
8923063		07/31/20	06/06/20	06/07/20	1,500.00	0.00	0.00	1,500.00
	OUTSIDE SRV PHARMACY							
SC2898		07/31/20	07/25/20	07/26/20	30.96	0.00	0.00	30.96
	SERVICE CHARGE PHARMAC							
9130072		07/31/20	07/28/20	07/29/20	676.17	0.00	0.00	676.17
	PHARMACY DRUGS							
9130071		07/31/20	07/28/20	07/29/20	650.20	0.00	0.00	650.20
	PHARMACY DRUGS							
9130073		07/31/20	07/28/20	07/29/20	295.36	0.00	0.00	295.36
	PHARMACY DRUGS							
9130074		07/31/20	07/28/20	07/29/20	17.37	0.00	0.00	17.37
	PHARMACY DRUGS							
9130070		07/31/20	07/28/20	07/29/20	130.48	0.00	0.00	130.48
	PHARMACY DRUGS							
CM70206		07/31/20	07/29/20	07/30/20	-261.42	0.00	0.00	-261.42
	PHARMACY CREDIT							
9139954		08/01/20	08/01/20	08/02/20	22.20	0.00	0.00	22.20
	PHARMACY DRUGS							
9139872		08/01/20	08/01/20	08/02/20	6,056.16	0.00	0.00	6,056.16
	PHARMACY DRUGS							
9139873		08/01/20	08/01/20	08/02/20	478.61	0.00	0.00	478.61
	PHARMACY DRUGS							
9139871		08/01/20	08/01/20	08/02/20	451.83	0.00	0.00	451.83
	PHARMACY DRUGS							
9140610		08/01/20	08/01/20	08/02/20	15.79	0.00	0.00	15.79
	PHARMACY DRUGS							
9140034		08/01/20	08/01/20	08/02/20	643.41	0.00	0.00	643.41
	PHARMACY DRUGS							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	25,494.20	0.00	0.00	25,494.20

Vendor#	Vendor Name	Class	Pay Code
11214	NORTHERN TOOL & EQUIPMENT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21166		07/26/20	05/16/20	08/10/20			339.80	0.00	0.00	339.80
	SUPPLIES PLANT OPS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11214	NORTHERN TOOL & EQUIPMENT	339.80	0.00	0.00	339.80

Vendor#	Vendor Name	Class	Pay Code
10777	OSCAR TORRES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
213830		07/28/20	06/01/20	06/21/20			200.00	0.00	0.00	200.00
	OUTSIDE SRV PLANT OPS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10777	OSCAR TORRES	200.00	0.00	0.00	200.00

Vendor#	Vendor Name	Class	Pay Code
OM425	OWENS & MINOR		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2018735226		07/01/20	06/30/20	08/10/20			1,309.94	0.00	0.00	1,309.94
	SUPPLIES VARIOUS DEPTS									
2019024877		07/18/20	07/12/20	08/11/20			1,303.76	0.00	0.00	1,303.76
	SUPPLIES VARIOUS DEPTS									

2019026198		07/18/20	07/12/20	08/11/20	294.89	0.00	0.00	294.89
	SUPPLIES ER & PT							
2019021655		07/18/20	07/12/20	08/11/20	49.40	0.00	0.00	49.40
	SUPPLIES DIETARY							
2019020960		07/18/20	07/12/20	08/11/20	7.49	0.00	0.00	7.49
	CS INVENTORY							
2019026384		07/18/20	07/12/20	08/11/20	1,748.40	0.00	0.00	1,748.40
	CS INVENTORY & LAB SUPPL							
2019129072		07/18/20	07/14/20	08/13/20	134.49	0.00	0.00	134.49
	CS INVENTORY							
2019132290		07/18/20	07/14/20	08/13/20	472.19	0.00	0.00	472.19
	SUPPLIES PT & CLINIC							
2019127459		07/18/20	07/14/20	08/13/20	7.49	0.00	0.00	7.49
	CS INVENTORY							
2019127915		07/18/20	07/14/20	08/13/20	47.38	0.00	0.00	47.38
	CS INVENTORY							
2019132310		07/18/20	07/14/20	08/13/20	64.32	0.00	0.00	64.32
	SUPPLIES PT							
2019128194		07/18/20	07/14/20	08/13/20	4.16	0.00	0.00	4.16
	CS INVENTORY							
2019127382		07/18/20	07/14/20	08/13/20	56.50	0.00	0.00	56.50
	SUPPLIES CARDIO & CLINIC							
2019127898		07/18/20	07/14/20	08/13/20	65.67	0.00	0.00	65.67
	CS INVENTORY							
2019132402		07/21/20	07/14/20	08/13/20	1,199.12	0.00	0.00	1,199.12
	CS INVENTORY							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR			6,765.20	0.00	0.00	6,765.20

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
21188		07/31/20	07/31/20	07/31/20			1,207.50	0.00	0.00	1,207.50
	OUTSIDE SRV CLINIC									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11069	PABLO GARZA	1,207.50	0.00	0.00	1,207.50

Vendor#	Vendor Name	Class	Pay Code
11142	PAETEC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
59590325		07/28/20	07/22/20	08/10/20			8,338.10	0.00	0.00	8,338.10
	TELEPHONE EXPENSE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11142	PAETEC	8,338.10	0.00	0.00	8,338.10

Vendor#	Vendor Name	Class	Pay Code
P1038	PAM PARRISH	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21195		07/31/20	07/18/20	07/18/20			23.50	0.00	0.00	23.50
	CONT EDUCATION OB Exam Fee									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P1038	PAM PARRISH	23.50	0.00	0.00	23.50

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
A1679575		07/31/20	07/18/20	08/17/20			177.50	0.00	0.00	177.50
	PHARMACY DRUGS									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10204	PHARMEDIUM SERVICES LLC					177.50	0.00	0.00	177.50

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
10133		07/31/20	07/28/20	07/28/20			86.00	0.00	0.00	86.00
	OUTSIDE SRV ADMIN									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	P1470	PHILIP THOMAE PHOTOGRAPHER					86.00	0.00	0.00	86.00

Vendor#	Vendor Name	Class	Pay Code
P1876	POLYMEDCO INC.	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1069182		07/28/20	07/14/20	08/13/20			811.60	0.00	0.00	811.60
	LAB SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	P1876	POLYMEDCO INC.					811.60	0.00	0.00	811.60

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21176		07/29/20	07/28/20	08/01/20			11,001.20	0.00	0.00	11,001.20
	RENT PT & BEHAVE HEALTH									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11125	PORT LAVACA RETAIL GROUP LLC					11,001.20	0.00	0.00	11,001.20

Vendor#	Vendor Name	Class	Pay Code
P2200	POWER ELECTRIC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
A23530		07/28/20	07/26/20	08/05/20			9.90	0.00	0.00	9.90
	SUPPLIE PLANT OPS									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	P2200	POWER ELECTRIC					9.90	0.00	0.00	9.90

Vendor#	Vendor Name	Class	Pay Code
R1045	R & D BATTERIES INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1251868		07/31/20	04/13/20	05/13/20			489.40	0.00	0.00	489.40
	REPAIRS MED SURG									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	R1045	R & D BATTERIES INC					489.40	0.00	0.00	489.40

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
21186		07/31/20	07/31/20	07/31/20			1,245.20	0.00	0.00	1,245.20
	OUTSIDE SRV TRANSCRIPTIC									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	K0536	SHIRLEY KARNEI					1,245.20	0.00	0.00	1,245.20

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
200491868		07/28/20	06/22/20	07/22/20			2,560.00	0.00	0.00	2,560.00
	OUTSIDE SRV ULTRA SOUND									

	200498990		07/28/20	07/06/20	08/05/20		544.00	0.00	0.00	544.00
		OUTSIDE SRV XRAY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2001	SIEMENS MEDICAL SOLUTIONS INC				3,104.00	0.00	0.00	3,104.00
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
	14565063		07/21/20	07/13/20	08/12/20		191.11	0.00	0.00	191.11
		SUPPLIES SURGERY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2353	SMITHS MEDICAL ASD INC				191.11	0.00	0.00	191.11
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
	90021259		07/28/20	07/19/20	08/18/20		5,073.52	0.00	0.00	5,073.52
		BLOOD BANK SUPPLIES								
	90021180		07/28/20	07/19/20	08/18/20		-450.00	0.00	0.00	-450.00
		BLOOD BANK CREDIT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2400	SO TEX BLOOD & TISSUE CENTER				4,623.52	0.00	0.00	4,623.52
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
	199729A		07/26/20	07/19/20	08/18/20		361.31	0.00	0.00	361.31
		SUPPLIES PT								
	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
	607140841		07/31/20	07/14/20	08/03/20		723.28	0.00	0.00	723.28
		FOOD SUPPLIES DIETARY								
	607280606		07/31/20	07/28/20	08/17/20		3,325.79	0.00	0.00	3,325.79
		FOOD SUPPLIES DIETARY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2951	SYSCO FOOD SERVICES OF				4,049.07	0.00	0.00	4,049.07
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
	21175		07/29/20	07/28/20	07/28/20		4,943.00	0.00	0.00	4,943.00
		WORK COMP INS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		T2204	TEXAS MUTUAL INSURANCE CO				4,943.00	0.00	0.00	4,943.00
Vendor#	Vendor Name					Class	Pay Code			
11169	TXU ENERGY									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	054003336742		07/31/20	07/26/20	08/15/20		37,984.32	0.00	0.00	37,984.32
		ELECTRICITY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11169	TXU ENERGY				37,984.32	0.00	0.00	37,984.32
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
8150736273 ✓		07/28/20	07/12/20	08/11/20			45.80	0.00	0.00	45.80 ✓
	OUTSIDE SRV MAINT									
8150736367 ✓		07/28/20	07/12/20	08/11/20			30.87	0.00	0.00	30.87 ✓
	OUTSIDE SRV BIO MED									
8150737073 ✓		07/28/20	07/19/20	08/18/20			31.92	0.00	0.00	31.92 ✓
	OUTSIDE SRV BIO MED									
8150736980 ✓		07/28/20	07/19/20	08/18/20			45.80	0.00	0.00	45.80 ✓
	OUTSIDE SRV MAINT									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1054	UNIFIRST HOLDINGS	154.39	0.00	0.00	154.39

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
8400224366 ✓		07/28/20	07/12/20	08/11/20			106.23	0.00	0.00	106.23 ✓
	LAUNDRY OB									
8400224364 ✓		07/28/20	07/12/20	08/11/20			209.01	0.00	0.00	209.01 ✓
	LAUNDRY HOUSEKEEPING									
8400224405 ✓		07/28/20	07/12/20	08/11/20			144.49	0.00	0.00	144.49 ✓
	LAUNDRY HOUSEKEEPING									
8400224365 ✓		07/28/20	07/12/20	08/11/20			103.20	0.00	0.00	103.20 ✓
	LAUNDRY DIETARY									
8400224367 ✓		07/28/20	07/12/20	08/11/20			89.22	0.00	0.00	89.22 ✓
	LAUNDRY HOUSEKEEPING									
8400224417 ✓		07/28/20	07/12/20	08/11/20			1,464.46	0.00	0.00	1,464.46 ✓
	LAUNDRY HOUSEKEEPING									
8400224363 ✓		07/28/20	07/12/20	08/11/20			214.38	0.00	0.00	214.38 ✓
	LAUNDRY HOUSEKEEPING									
8400224704 ✓		07/28/20	07/15/20	08/14/20			1,125.12	0.00	0.00	1,125.12 ✓
	LAUNDRY HOUSEKEEPING									
8400224663 ✓		07/28/20	07/15/20	08/14/20			434.66	0.00	0.00	434.66 ✓
	LAUNDRY SURERY									
8400224855 ✓		07/28/20	07/19/20	08/18/20			238.84	0.00	0.00	238.84 ✓
	LAUNDRY HOUSEKEEPING									
8400224854 ✓		07/28/20	07/19/20	08/18/20			214.38	0.00	0.00	214.38 ✓
	LAUNDRY HOUSEKEEPING									
8400224857 ✓		07/28/20	07/19/20	08/18/20			106.23	0.00	0.00	106.23 ✓
	LAUNDRY OB									
8400224898 ✓		07/28/20	07/19/20	08/18/20			144.49	0.00	0.00	144.49 ✓
	LAUNDRY HOUSEKEEPING									
8400224908 ✓		07/28/20	07/19/20	08/18/20			1,066.46	0.00	0.00	1,066.46 ✓
	LAUNDRY HOUSEKEEPING									
8400224858 ✓		07/28/20	07/19/20	08/18/20			89.22	0.00	0.00	89.22 ✓
	LAUNDRY HOUSEKEEPING									
8400224856 ✓		07/28/20	07/19/20	08/18/20			103.20	0.00	0.00	103.20 ✓
	LAUNDRY DIETARY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	5,853.59	0.00	0.00	5,853.59

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

6767314		07/31/20	03/01/20	03/16/20	53.97	0.00	0.00	53.97
EMPLOYEE UNIFIORMS								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	U1056	UNIFORM ADVANTAGE			53.97	0.00	0.00	53.97

Vendor#	Vendor Name	Class	Pay Code
10968	UNITED RENTALS (NORTH AMERICA)		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
138662926-001		07/28/20	07/07/20	08/06/20			718.56	0.00	0.00	718.56
OUTSIDE SRV PLANT OPS										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10968	UNITED RENTALS (NORTH AMERICA)					718.56	0.00	0.00	718.56

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
5101545		07/31/20	07/07/20	07/27/20			2,439.83	0.00	0.00	2,439.83
FOOD SUPPLIES DIETARY										
5162976		07/31/20	07/11/20	07/31/20			2,260.54	0.00	0.00	2,260.54
FOOD SUPPLIES DIETARY										
5229469		07/31/20	07/14/20	08/03/20			2,090.47	0.00	0.00	2,090.47
FOOD SUPPLIES DIETARY										
5290849		07/31/20	07/18/20	08/07/20			1,873.84	0.00	0.00	1,873.84
FOOD SUPPLIES DIETARY										
5357134		07/31/20	07/21/20	08/10/20			2,590.32	0.00	0.00	2,590.32
FOOD SUPPLIES DIETARY										
5419739		07/31/20	07/25/20	08/14/20			1,857.19	0.00	0.00	1,857.19
FOOD SUPPLIES DIETARY										
5484689		07/31/20	07/27/20	08/16/20			86.93	0.00	0.00	86.93
FOOD SUPPLIES DIETARY										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10172	US FOOD SERVICE					13,199.12	0.00	0.00	13,199.12

Vendor#	Vendor Name	Class	Pay Code
11085	US IMPLANT SOLUTIONS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
19829		07/28/20	07/13/20	08/12/20			1,170.00	0.00	0.00	1,170.00
SUPPLIES SURGERY										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11085	US IMPLANT SOLUTIONS					1,170.00	0.00	0.00	1,170.00

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
21159		07/28/20	07/25/20	07/25/20			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
R1184	VERONICA RAGUSIN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21196		07/31/20	07/09/20	07/09/20			23.50	0.00	0.00	23.50
CONT EDUCATION OB Exam fee										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	R1184	VERONICA RAGUSIN					23.50	0.00	0.00	23.50

Vendor#	Vendor Name				Class	Pay Code				
10915	WAGEWORKS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	21168		07/28/20	07/28/20	07/28/20		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
	125AL0475359		07/22/20	07/11/20	08/10/20		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
	10602947		07/28/20	07/18/20	08/17/20		660.65	0.00	0.00	660.65
		LEGAL SERVICES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10943	WALLER,LANSDEN, DORTCH & DAVIS				660.65	0.00	0.00	660.65
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
	9110318372		07/28/20	07/13/20	08/12/20		1,571.67	0.00	0.00	1,571.67
		LEASE & RENTAL LAB								
	9110317119		07/28/20	07/13/20	08/12/20		600.00	0.00	0.00	600.00
		SUPPLIES LAB								
	9110317317		07/28/20	07/13/20	08/12/20		815.76	0.00	0.00	815.76
		LAB SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		I1110	WERFEN USA LLC				2,987.43	0.00	0.00	2,987.43
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
	79-4225445		07/28/20	07/13/20	08/12/20		253.30	0.00	0.00	253.30
		SUPPLIES PLANT OPS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10325	WHOLESALE ELECTRIC SUPPLY				253.30	0.00	0.00	253.30

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	281,155.97	0.00	0.00	281,155.97

APPROVED
ON
AUG 0 2 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 8-4-16

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
01		080316	614.15	2		REFUND FOR	
	TX 77979						
	ARID=0001 TOTAL		614.15				
TOTAL			614.15				

APPROVED
ON

AUG 0 2 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 8-4-16

RUN DATE:08/03/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:16:00 CHECK REGISTER GLCKREG
08/03/16 THRU 08/03/16

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	167320	08/03/16	972.42	CUSTOM MEDICAL SPECIALTIES
A/P	167321	08/03/16	23.50	DONN STRINGO
A/P	167322	08/03/16	367.85	LAWSON PRODUCTS
A/P	167323	08/03/16	13,199.12	US FOOD SERVICE
A/P	167324	08/03/16	177.50	PHARMEDIUM SERVICES LLC
A/P	167325	08/03/16	750.00	JAMES A DANIEL
A/P	167326	08/03/16	253.30	WHOLESALE ELECTRIC SUPPLY
A/P	167327	08/03/16	120.50	HEALTH CARE LOGISTICS INC
A/P	167328	08/03/16	1,829.33	CENTURION MEDICAL PRODUCTS
A/P	167329	08/03/16	.00	VOIDED
A/P	167330	08/03/16	1,551.65	DEWITT POTH & SON
A/P	167331	08/03/16	827.01	GE HEALTHCARE IITS USA CORP
A/P	167332	08/03/16	78.00	JASON ANGLIN
A/P	167333	08/03/16	.00	VOIDED
A/P	167334	08/03/16	25,494.20	MORRIS & DICKSON CO, LLC
A/P	167335	08/03/16	362.34	AMERICAN PROFICIENCY INSTITUTE
A/P	167336	08/03/16	119.00	KENDALL/HUNT PUBLISHING COMPAN
A/P	167337	08/03/16	25.55	CAREFUSION 2200, INC
A/P	167338	08/03/16	42.48	GLOBAL EQUIPMENT CO. INC.
A/P	167339	08/03/16	570.00	MIRELES TECHNOLOGIES, INC
A/P	167340	08/03/16	200.00	OSCAR TORRES
A/P	167341	08/03/16	225.00	WAGEWORKS
A/P	167342	08/03/16	23,598.24	MMC EMPLOYEE BENEFIT PLAN
A/P	167343	08/03/16	30,726.93	ALLIED BENEFIT SYSTEMS
A/P	167344	08/03/16	1,589.12	MERCK SHARP & DOHME CORP
A/P	167345	08/03/16	2,276.61	WAGEWORKS
A/P	167346	08/03/16	660.65	WALLER,LANSDEN, DORTCH & DAVIS
A/P	167347	08/03/16	80.00	MEMORIAL MEDICAL CLINIC
A/P	167348	08/03/16	718.56	UNITED RENTALS (NORTH AMERICA)
A/P	167349	08/03/16	1,282.50	M G TRUST
A/P	167350	08/03/16	410.00	DERRI HART
A/P	167351	08/03/16	2,646.78	COMBINED INSURANCE CO
A/P	167352	08/03/16	75.00	FIRST CLEARING
A/P	167353	08/03/16	1,207.50	PABLO GARZA
A/P	167354	08/03/16	7,207.13	FUSION MEDICAL STAFFING, LLC
A/P	167355	08/03/16	1,170.00	US IMPLANT SOLUTIONS
A/P	167356	08/03/16	259.96	JERRY PICKETT
A/P	167357	08/03/16	11,001.20	PORT LAVACA RETAIL GROUP LLC
A/P	167358	08/03/16	8,338.10	PAETEC
A/P	167359	08/03/16	5,268.70	GARDNER & WHITE, INC.
A/P	167360	08/03/16	500.00	LAMAR COMPANIES
A/P	167361	08/03/16	37,984.32	TXU ENERGY
A/P	167362	08/03/16	23.50	HEATHER MUTCHLER
A/P	167363	08/03/16	762.87	MICRO SURGICAL TECHNOLOGY INC
A/P	167364	08/03/16	339.80	NORTHERN TOOL & EQUIPMENT
A/P	167365	08/03/16	562.36	DUTCH OPHTHALMIC USA
A/P	167366	08/03/16	23.50	ANDREA PAGE
A/P	167367	08/03/16	23.50	ERIN WIDSON
A/P	167368	08/03/16	38.32	ABBOTT NUTRITION
A/P	167369	08/03/16	194.34	GULF COAST HARDWARE / ACE

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	167370	08/03/16	11.50	ACTION LUMBER
A/P	167371	08/03/16	108.18	AIRGAS USA, LLC - CENTRAL DIV
A/P	167372	08/03/16	2,588.35	ALCON LABORATORIES, INC.
A/P	167373	08/03/16	3,318.48	AFLAC
A/P	167374	08/03/16	379.35	CARDINAL HEALTH 414,LLC
A/P	167375	08/03/16	140.10	AUTO PARTS & MACHINE CO.
A/P	167376	08/03/16	1,304.92	BAXTER HEALTHCARE CORP
A/P	167377	08/03/16	8,385.41	BECKMAN COULTER INC
A/P	167378	08/03/16	188.30	BOSART LOCK & KEY INC
A/P	167379	08/03/16	457.00	BOSTON SCIENTIFIC CORPORATION
A/P	167380	08/03/16	145.39	BRIGGS HEALTHCARE
A/P	167381	08/03/16	25.00	CAL COM FEDERAL CREDIT UNION
A/P	167382	08/03/16	961.53	CITY OF PORT LAVACA
A/P	167383	08/03/16	460.00	CONMED CORPORATION
A/P	167384	08/03/16	409.60	CDW GOVERNMENT, INC.
A/P	167385	08/03/16	15,758.77	EVIDENT
A/P	167386	08/03/16	492.04	C R BARD, INC
A/P	167387	08/03/16	58.30	DOWNTOWN CLEANERS
A/P	167388	08/03/16	48.53	CENTERPOINT ENERGY
A/P	167389	08/03/16	43.39	FEDERAL EXPRESS CORP.
A/P	167390	08/03/16	2,772.12	FISHER HEALTHCARE
A/P	167391	08/03/16	54.95	GE HEALTHCARE
A/P	167392	08/03/16	125.00	GULF COAST DELIVERY
A/P	167393	08/03/16	172.39	GETINGE USA
A/P	167394	08/03/16	490.97	GULF COAST PAPER COMPANY
A/P	167395	08/03/16	483.48	H E BUTT GROCERY
A/P	167396	08/03/16	638.00	HOSPIRA WORLDWIDE, INC
A/P	167397	08/03/16	4.48	INDEPENDENCE MEDICAL
A/P	167398	08/03/16	2,987.43	WERFEN USA LLC
A/P	167399	08/03/16	433.80	INTOXIMETERS INC
A/P	167400	08/03/16	481.28	J & J HEALTH CARE SYSTEMS, INC
A/P	167401	08/03/16	1,245.20	SHIRLEY KARNEI
A/P	167402	08/03/16	13,504.50	KONICA MINOLTA MEDICAL IMAGING
A/P	167403	08/03/16	333.72	CONMED LINVATEC
A/P	167404	08/03/16	1,239.21	MCKESSON MEDICAL SURGICAL INC
A/P	167405	08/03/16	174.13	MEDISAFE AMERICA LLC
A/P	167406	08/03/16	778.71	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	167407	08/03/16	96.85	MMC VOLUNTEERS
A/P	167408	08/03/16	266.39	MICROTEK MEDICAL INC
A/P	167409	08/03/16	105.52	MEDIVATORS
A/P	167410	08/03/16	23.50	BILLIE DUCKWORTH
A/P	167411	08/03/16	.00	VOIDED
A/P	167412	08/03/16	6,765.20	OWENS & MINOR
A/P	167413	08/03/16	23.50	PAM PARRISH
A/P	167414	08/03/16	86.00	PHILIP THOMAE PHOTOGRAPHER
A/P	167415	08/03/16	811.60	POLYMEDCO INC.
A/P	167416	08/03/16	9.90	POWER ELECTRIC
A/P	167417	08/03/16	489.40	R & D BATTERIES INC
A/P	167418	08/03/16	23.50	VERONICA RAGUSIN
A/P	167419	08/03/16	153.18	EVOQUA WATER TECHNOLOGIES LLC
A/P	167420	08/03/16	3,104.00	SIEMENS MEDICAL SOLUTIONS INC

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	167421	08/03/16	191.11	SMITHS MEDICAL ASD INC
A/P	167422	08/03/16	4,623.52	SO TEX BLOOD & TISSUE CENTER
A/P	167423	08/03/16	361.31	STRYKER SALES CORP
A/P	167424	08/03/16	4,049.07	SYSCO FOOD SERVICES OF
A/P	167425	08/03/16	405.72	ERIN CLEVENGER
A/P	167426	08/03/16	4,943.00	TEXAS MUTUAL INSURANCE CO
A/P	167427	08/03/16	154.39	UNIFIRST HOLDINGS
A/P	167428	08/03/16	53.97	UNIFORM ADVANTAGE
A/P	167429	08/03/16	.00	VOIDED
A/P	167430	08/03/16	5,853.59	UNIFIRST HOLDINGS INC
A/P	167431	08/03/16	1,200.00	US POSTAL SERVICE
A/P	167432	08/03/16	614.15	
TOTALS:			281,770.12	

APPROVED
ON

AUG 0 2 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Count	Eligibility Period	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 Payable	Return of IGT	MMC Federal Match	Total MMC	Center Federal Match	Total IGT Return and Federal Match
164	2	36189	6516	027	4811		13	Memorial Medical Center	Ashford Gardens	0.9 460,299.61	40,220.52	62,564.84	201,101.68	0.00	156,412.57	0.00	460,299.61	$420,079.09	$208,611.11	$105,733.99	$314,345.10	$105,733.99	$420,079.09
168	2	0433	6524	592	105818		13	Memorial Medical Center	The Broadmoor at Creekside Park	0.9 11,669.98	1,667.14	1,111.43	6,668.57	0.00	1,667.14	0.00	11,669.99	$9,447.14	$4,691.45	$2,377.85	$7,069.29	$2,377.85	$9,447.14
187	2	3425	5584	372	105314	1	13	Memorial Medical Center	The Crescent	0.9 42,474.55	2,022.60	8,090.38	10,112.98	0.00	22,248.59	0.00	42,474.55	$40,451.95	$20,088.42	$10,181.76	$30,270.19	$10,181.76	$40,451.95
188	2	3259	5585	163	105006	1	13	Memorial Medical Center	Solera at West Houston	0.9 127,087.24	4,706.93	28,241.58	56,483.16	0.00	37,655.44	0.00	127,087.11	$122,380.18	$60,773.95	$30,803.12	$91,577.06	$30,803.12	$122,380.18
189	2	7503	5586	028	4628	1	13	Memorial Medical Center	Fort Bend Healthcare Center	0.9 143,224.57	13,020.40	52,081.61	65,102.01	0.00	13,020.40	0.00	143,224.42	$130,204.02	$64,659.26	$32,772.38	$97,431.64	$32,772.38	$130,204.02
												152,089.84	339,468.40	0.00	231,004.14	0.00		$722,562.38	$358,824.19	$181,869.09	$540,693.29	$181,869.09	$722,562.38
										Date Received		28-Jul	4-Aug		2-Aug								

✓ ✓ ✓

181,869.10

540,693.28

181,869.10

IGT	953,379.45	8/17/2015
IGT	953,379.45	11/10/2015
IGT	1,199,607.62	2/12/2016
IGT	1,199,544.75	5/16/2016
	4,305,911.27	Total IGT's for MPAP program

Actual Return of IGTs

358,831.18	Return of IGT - Sept
358,831.18	Return of IGT - Oct
358,831.18	Return of IGT - Nov
1,076,493.54	Total Return of IGTs
358,824.19	Monthly Return of IGTs

Rounding

CK#008 NH Ashford → $314,345.10

CK#004 NH Broadmoor → 7,069.29

CK#004 NH Crescent → 30,270.19

CK#004 NH Fort Bend → 97,431.64

CK#004 NH Solera → 91,577.06

540,693.28

Michael J. Pfeifer
Calhoun County Judge
Date: 9-7-16

0 • C *

314,345.10 +
7,069.29 +
30,270.19 +
97,431.64 +
91,577.06 +
540,693.28 *

APPROVED ON
AUG 05 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
NHA	000008	08/05/16	314,345.10	MEMORIAL MEDICAL CENTER
TOTALS:			314,345.10	

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
NHB	000004	08/05/16	7,069.29	MEMORIAL MEDICAL CENTER
TOTALS:			7,069.29	

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
NHC	000004	08/05/16	30,270.19	MEMORIAL MEDICAL CENTER
TOTALS:			30,270.19	

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
NHF	000004	08/05/16	97,431.64	MEMORIAL MEDICAL CENTER
TOTALS:			97,431.64	

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
NHS	000004	08/05/16	91,577.06	MEMORIAL MEDICAL CENTER
TOTALS:			91,577.06	

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
8/8/2016

Nursing Home	IBC Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	IGT Transfer-In	MMC Portion - Return of IGT	MMC Portion - Federal Match	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens	4553	187,239.76	124,574.92	417,308.86	-	208,611.11	105,733.99	105,733.99	479,973.70	**165,528.60**

Routing Information for Ashford Gardens:
Ashford Health Care Center Ltd Co
JP Morgan Chase Bank
ABA 0614
Account 34257

Nursing Home	IBC Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	IGT Transfer-In	MMC Portion - Return of IGT	MMC Portion - Federal Match	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Solera at West Houston	4561	125,706.14	97,364.56	107,359.46	-	60,773.95	30,803.12	30,803.12	135,701.04	**44,023.98**
Crescent	4588	111,242.56	103,052.18	40,558.28	-	20,088.42	10,181.76	10,181.76	48,748.66	**18,378.47**
Broadmoor	4596	255,923.17	254,711.74	32,714.67	-	4,691.45	2,377.85	2,377.85	33,926.10	**26,756.81**
Fort Bend	4618	105,376.23	53,194.62	94,934.49	-	64,659.26	32,772.38	32,772.38	147,116.10	**49,584.46**
										138,743.71

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

Approved:

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

Michael J. Pfeifer
Calhoun County Judge
Date: 9-7-16

APPROVED
AUG 08 2016
COUNTY AUDITOR

IBC Bank Activity
8/1/16 through 8/8/16

Ashford Gardens					Transfer-Out	Transfer-In	
8/1/2016	5025	4553	142	ACH CREDIT RECEIVED		647.61	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*
8/2/2016	5025	4553	142	ACH CREDIT RECEIVED		156,412.57	AMERIGROUP CORPO E-PAYMENT|MEMORIAL MEDICAL|ISA*00* *00*
8/2/2016	5025	4553	142	ACH CREDIT RECEIVED		12,445.58	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04911|TRN*1
8/2/2016	5025	4553	495	OUTGOING MONEY TRANSFER	124,574.92		ASHFORD HEALTH CARE CENTER LTD
8/3/2016	5025	4553	142	ACH CREDIT RECEIVED		7,432.00	AGING DISAB SVCS HCCLAIMPMT|MEMORIAL MEDICAL CENTE|
8/4/2016	5025	4553	142	ACH CREDIT RECEIVED		19,207.35	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04911|TRN*1*E
8/4/2016	5025	4553	301	COMMERCIAL DEPOSIT		201,101.68	
8/4/2016	5025	4553	142	ACH CREDIT RECEIVED		337.46	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1
8/5/2016	5025	4553	142	ACH CREDIT RECEIVED		15,532.23	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1
8/5/2016	5025	4553	142	ACH CREDIT RECEIVED		4,192.38	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*
					124,574.92	417,308.86	

Solera at West Houston					Transfer-Out	Transfer-In	
8/1/2016	5025	4561	142	ACH CREDIT RECEIVED		6,855.14	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|
8/1/2016	5025	4561	142	ACH CREDIT RECEIVED		1,696.72	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1
8/2/2016	5025	4561	495	OUTGOING MONEY TRANSFER	97,364.56		CANTEX HEALTH CARE CENTERS LLC
8/2/2016	5025	4561	142	ACH CREDIT RECEIVED		37,655.44	AMERIGROUP CORPO E-PAYMENT|MEMORIAL MEDICAL|ISA*00* *00*
8/4/2016	5025	4561	142	ACH CREDIT RECEIVED		4,669.00	AGING DISAB SVCS HCCLAIMPMT|MEMORIAL MEDICAL CENTE|
8/4/2016	5025	4561	301	COMMERCIAL DEPOSIT		56,483.16	
					97,364.56	107,359.46	

Crescent					Transfer-Out	Transfer-In	
8/1/2016	5025	4588	142	ACH CREDIT RECEIVED		4,898.79	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|(
8/2/2016	5025	4588	495	OUTGOING MONEY TRANSFER	103,052.18		CANTEX HEALTH CARE CENTERS III
8/2/2016	5025	4588	142	ACH CREDIT RECEIVED		22,248.59	AMERIGROUP CORPO E-PAYMENT|MEMORIAL MEDICAL|ISA*00* *00*
8/4/2016	5025	4588	301	COMMERCIAL DEPOSIT		10,112.98	
8/5/2016	5025	4588	142	ACH CREDIT RECEIVED		2,733.14	Molina HC of TX Molina HC|THE CRESCENT,
8/5/2016	5025	4588	142	ACH CREDIT RECEIVED		564.78	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*
					103,052.18	40,558.28	

Broadmoor					Transfer-Out	Transfer-In	
8/1/2016	5025	4596	142	ACH CREDIT RECEIVED		18,944.08	AGING DISAB SVCS HCCLAIMPMT|MEMORIAL MEDICAL CENTE|
8/2/2016	5025	4596	495	OUTGOING MONEY TRANSFER	254,711.74		CANTEX HEALTH CARE CENTERS III
8/2/2016	5025	4596	142	ACH CREDIT RECEIVED		383.42	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1
8/2/2016	5025	4596	142	ACH CREDIT RECEIVED		1,667.14	AMERIGROUP CORPO E-PAYMENT|MEMORIAL MEDICAL|ISA*00* *00*
8/4/2016	5025	4596	301	COMMERCIAL DEPOSIT		6,668.57	
8/4/2016	5025	4596	142	ACH CREDIT RECEIVED		2,234.44	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*
8/5/2016	5025	4596	142	ACH CREDIT RECEIVED		1,220.99	Molina HC of TX Molina HC|THE BROADMOOR AT CREEK|TRN*1*EFT3641776*1
8/5/2016	5025	4596	142	ACH CREDIT RECEIVED		1,596.03	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*
					254,711.74	32,714.67	

Fort Bend					Transfer-Out	Transfer-In	
8/2/2016	5025	4618	495	OUTGOING MONEY TRANSFER	53,194.62		CANTEX HEALTH CARE CENTERS III
8/2/2016	5025	4618	142	ACH CREDIT RECEIVED		13,020.40	AMERIGROUP CORPO E-PAYMENT|MEMORIAL MEDICAL|ISA*00* *00*
8/4/2016	5025	4618	301	COMMERCIAL DEPOSIT		65,102.01	
8/5/2016	5025	4618	142	ACH CREDIT RECEIVED		16,812.08	Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRN*1
					53,194.62	94,934.49	

Account Portfolio as of 08/08/2016 8:13:42 AM

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

Commercial Checking Accounts

Account Name	Account Number	Today's Beginning Balance	Available Balance
Memorial Medical Center	3387	$245,550.14	$245,550.14
Memorial Medical Center	4553	$479,973.70	$486,377.57
Memorial Medical Center	4561	$135,701.04	$143,298.52
Memorial Medical Center	4588	$48,748.66	$61,985.85
Memorial Medical Center	4596	$33,926.10	$43,256.39
Memorial Medical Center	4618	$147,116.10	$147,116.10
Memorial Medical Center Operat	0301	$2,702,303.99	$2,747,219.54
County of Calhoun Indigent	1101	$16,144.64	$16,144.64
Totals		**$3,809,464.37**	**$3,890,948.75**

Count	Eligibility Period	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 Payable	Return of IGT	MMC Federal Match	Total MMC	Cantex Federal Match	Total IGT Return and Federal Match
164	2	6189	76516	27	4811	+13	Memorial Medical Center	Ashford Gardens	0.9	460,299.61	40,220.52	62,564.84	201,101.68	0.00	156,412.57	0.00	460,299.61	$420,079.09	$208,811.11	$105,733.99	$314,545.10	$105,733.99	$420,079.09
168	2	0433	5524	92	105818	+13	Memorial Medical Center	The Broadmoor at Creekside Park	0.9	11,669.98	1,667.14	1,111.43	6,668.57	0.00	1,667.14	0.00	11,669.99	$8,447.14	$4,691.45	$2,377.85	$7,069.29	$2,377.85	$8,447.14
187	2	0425	5584	72	105314	+13	Memorial Medical Center	The Crescent	0.9	42,474.55	2,022.60	8,090.38	10,112.98	0.00	22,248.59	0.00	42,474.55	$40,451.95	$20,088.42	$10,181.76	$30,270.19	$10,181.76	$40,451.95
188	2	1259	5585	53	105006	+13	Memorial Medical Center	Solera at West Houston	0.9	127,087.24	4,706.93	28,241.58	56,483.16	0.00	37,655.44	0.00	127,087.11	$122,380.18	$60,773.95	$30,803.12	$91,577.06	$30,803.12	$122,380.18
189	2	7503	5586	18	4628	+13	Memorial Medical Center	Fort Bend Healthcare Center	0.9	143,224.57	13,020.40	52,081.61	65,102.01	0.00	13,020.40	0.00	143,224.42	$130,204.02	$64,659.26	$32,772.38	$97,431.64	$32,772.38	$130,204.02
												152,089.84	339,468.40	0.00	231,004.14	0.00		$722,562.38	$358,824.19	$181,869.09	$540,893.29	$181,869.09	$722,562.38
											Date Received	28-Jul	4-Aug		2-Aug							

IGT	953,379.45	8/17/2015
IGT	953,379.45	11/10/2015
IGT	1,199,607.62	2/12/2016
IGT	1,199,544.75	5/16/2016
	4,305,911.27	Total IGT's for MPAP program

Actual Return of IGTs

358,831.18	Return of IGT - Sept
358,831.18	Return of IGT - Oct
358,831.18	Return of IGT - Nov
1,076,493.54	Total Return of IGTs
358,824.19	Monthly Return of IGTs

RUN DATE:08/08/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:15:11 CHECK REGISTER and Payable List GLCKREG
08/08/16 THRU 08/08/16

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000803	08/08/16	748.95	MCKESSON
A/P	000804	08/08/16	626.75	MCKESSON
A/P	000805	08/08/16	1,234.61	MCKESSON
TOTALS:			2,610.31	

3408 Prescription Expenses

Michael J. Pfeifer
Calhoun County Judge
Date: 9-7-16

APPROVED
ON
AUG 08 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

As of: 08/05/2016 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 08/06/2016

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: 08/05/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 08/06/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
08/01/2016	08/09/2016	7759227084	1000859651	115Invoice	3.45	172.38		168.93		7759227084	
08/01/2016	08/09/2016	7759227085	1000860215	115Invoice	1.94	97.10		95.16		7759227085	
08/01/2016	08/09/2016	7759227086	1000860616	115Invoice	6.90	344.89		337.99		7759227086	
08/02/2016	08/09/2016	7759438918	1000860996	115Invoice	2.39	119.73		117.34		7759438918	
08/04/2016	08/09/2016	7759895141	1000862246	115Invoice	0.19	9.56		9.37		7759895141	
08/05/2016	08/09/2016	7760130527	1000862852	115Invoice	0.41	20.57		20.16		7760130527	

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

TOTAL:

Subtotals: 764.23 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 707.55
08/01/2016

If Paid By 08/09/2016,
Pay This Amount: 748.95 USD

If Paid After 08/09/2016,
Pay this Amount: 764.23 USD

Due If Paid On Time:
USD 748.95

Disc lost if paid late:
15.28

Due If Paid Late:
USD 764.23

Ck# 803

8-8-16

APPROVED
ON
AUG 0 8 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: 08/05/2016 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 08/06/2016

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

As of: 08/05/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 08/06/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
08/01/2016	08/09/2016	7759212055	1094375	115Invoice	1.54	77.22		✓75.68	✓	7759212055	
08/01/2016	08/09/2016	7759212056	3454581617	115Invoice	0.02	1.03		✓1.01	✓	7759212056	
08/02/2016	08/09/2016	7759470450	3454581620	115Invoice	0.30	14.95		✓14.65	✓	7759470450	
08/03/2016	08/09/2016	7759667249	3454581623	115Invoice	3.56	177.86		✓174.30	✓	7759667249	
08/04/2016	08/09/2016	7759917975	3454581626	115Invoice	0.03	1.51		✓1.48	✓	7759917975	
08/05/2016	08/09/2016	7760136659	3454581629	115Invoice	7.32	365.91		✓358.59	✓	7760136659	
08/05/2016	08/09/2016	7760136660	1094510	115Invoice	0.02	1.06		✓1.04	✓	7760136660	

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

TOTAL:

Subtotals: 639.54 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 512.98
08/01/2016

If Paid By 08/09/2016,
Pay This Amount: 626.75 USD

If Paid After 08/09/2016,
Pay this Amount: 639.54 USD

Due If Paid On Time:
USD 626.75

Disc lost if paid late:
12.79

Due If Paid Late:
USD 639.54

ck#804

9-8-16

APPROVED
ON
AUG 08 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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: 08/05/2016
DC: 8115
Territory: 400
Customer: 262252
Date: 08/06/2016

Page: 001

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

As of: 08/05/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 08/06/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
08/01/2016	08/09/2016	7759222885	1000859653	115Invoice	0.78	38.78		✓38.00	✓	7759222885	
08/01/2016	08/09/2016	7759222887	1000860217	115Invoice	0.09	4.39		✓ 4.30	✓	7759222887	
08/01/2016	08/09/2016	7759222889	1000860217	115Invoice	4.19	209.71		✓205.52	✓	7759222889	
08/01/2016	08/09/2016	7759222892	1000860618	115Invoice	5.57	278.29		✓272.72	✓	7759222892	
08/02/2016	08/09/2016	7759465172	1000860998	115Invoice	0.40	20.23		✓ 19.83	✓	7759465172	
08/03/2016	08/09/2016	7759693053	1000861657	115Invoice	0.32	15.98		✓ 15.66	✓	7759693053	
08/04/2016	08/09/2016	7759942309	1000862248	115Invoice	0.93	46.35		✓ 45.42	✓	7759942309	
08/05/2016	08/09/2016	7760146446	1000862854	115Invoice	14.91	745.50		✓730.59	✓	7760146446	
08/05/2016	08/09/2016	7760146452	1000862854	115Invoice	0.02	1.19		✓ 1.17	✓	7760146452	
08/05/2016	08/05/2016	7760206142	MFC PR CORR CR	Pricing Cor		110.00-	P	✓110.00-	P ✓	7760206142	
08/05/2016	08/09/2016	7760206143	MFC PR CORR IN	Pricing Cor	0.23	11.63		✓11.40	✓	7760206143	

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

TOTAL:

Subtotals: 1,262.05 USD

Future Due: 0.00

Past Due: 110.00-

Last Payment 250.47
08/01/2016

If Paid By 08/09/2016,
Pay This Amount: 1,234.61 USD

If Paid After 08/09/2016,
Pay this Amount: 1,262.05 USD

Due If Paid On Time:
USD 1,234.61
Disc lost if paid late: 27.44
Due If Paid Late:
USD 1,262.05

ch#805

8-8-16

APPROVED ON
AUG 08 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

08/09/2016 MEMORIAL MEDICAL CENTER 0
14:09 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 08/25/2016

Vendor#	Vendor Name	Class	Pay Code
10419	AMBU INC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
216091686 ✓	CS INVENTORY	07/31/20	07/06/20	08/19/20		109.51	0.00	0.00	109.51 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10419	AMBU INC	109.51	0.00	0.00	109.51

Vendor#	Vendor Name	Class	Pay Code
10670	AMPRONIX ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
355862 ✓	SUPPLIES XRAY	07/28/20	07/21/20	08/20/20		68.26	0.00	0.00	68.26 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10670	AMPRONIX	68.26	0.00	0.00	68.26

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
794450 ✓	SUPPLIES TRANSPORTATION	08/09/20	05/03/20	05/18/20		105.96	0.00	0.00	105.96 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2600	AUTO PARTS & MACHINE CO.	105.96	0.00	0.00	105.96

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
51582302 ✓	CS INVENTORY	07/29/20	07/25/20	08/24/20		358.66	0.00	0.00	358.66 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1075	BAXTER HEALTHCARE CORP	358.66	0.00	0.00	358.66

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
6004261007 ✓	SUPPLIES XRAY	07/29/20	07/21/20	08/20/20		1,912.42	0.00	0.00	1,912.42 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2485	BAYER HEALTHCARE	1,912.42	0.00	0.00	1,912.42

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
105766608 ✓	FREIGHT CREDIT LAB	07/31/20	07/25/20	08/24/20		-225.35	0.00	0.00	-225.35 ✓
105766742 ✓	LAB SUPPLIES	07/31/20	07/25/20	08/24/20		1,294.69	0.00	0.00	1,294.69 ✓
105768430 ✓	SUPPLIES LAB	07/31/20	07/26/20	08/25/20		42.89	0.00	0.00	42.89 ✓
105772466 ✓	SUPPLIES LAB	07/31/20	07/27/20	08/25/20		99.96	0.00	0.00	99.96 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	1,212.19	0.00	0.00	1,212.19

Vendor#	Vendor Name				Class	Pay Code				
10024	BECTON, DICKINSON & CO (BD)									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	9101907854		07/31/20	01/19/20	02/18/20		1,137.22	0.00	0.00	1,137.22
		SUPPLIES LAB								
	9102316985		07/31/20	07/27/20	08/25/20		590.05	0.00	0.00	590.05
		SUPPLIES LAB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10024	BECTON, DICKINSON & CO (BD)				1,727.27	0.00	0.00	1,727.27
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
	8476694 RI		07/28/20	07/22/20	08/21/20		54.82	0.00	0.00	54.82
		SUPPLIES HIM								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		B1800	BRIGGS HEALTHCARE				54.82	0.00	0.00	54.82
Vendor#	Vendor Name				Class	Pay Code				
11221	BRITTANY RUDDICK									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	21193		08/09/20	07/14/20	07/14/20		23.50	0.00	0.00	23.50
		CONT EDUCATION MED SURC EXAM Fee								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11221	BRITTANY RUDDICK				23.50	0.00	0.00	23.50
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
	21194		08/09/20	08/08/20	08/15/20		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				
C1033	CAD SOLUTIONS, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	202033		08/09/20	06/30/20	07/30/20		608.00	0.00	0.00	608.00
		OUTSIDE SRV MAMMO								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1033	CAD SOLUTIONS, INC				608.00	0.00	0.00	608.00
Vendor#	Vendor Name				Class	Pay Code				
C1203	CALHOUN COUNTY WASTE MGMT									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	448760		07/31/20	06/30/20	06/30/20		36.00	0.00	0.00	36.00
		OUTSIDE SRV GROUNDS								
	448763		07/31/20	08/01/20	07/31/20		16.00	0.00	0.00	16.00
		OUTSIDE SRV GROUNDS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1203	CALHOUN COUNTY WASTE MGMT				52.00	0.00	0.00	52.00
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
	8001085143		07/31/20	07/16/20	08/20/20		701.83	0.00	0.00	701.83
		SUPPLIES NUC MED								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net

	A1825	CARDINAL HEALTH 414,LLC				701.83	0.00	0.00	701.83
Vendor#	Vendor Name			Class	Pay Code				
A1730	CAREFUSION ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	9106880867 ✓		07/28/20	07/20/20	08/19/20		51.04	0.00	0.00	51.04 ✓
		SUPPLIES SURGERY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		A1730	CAREFUSION				51.04	0.00	0.00	51.04
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
	92063027 ✓		07/21/20	07/20/20	08/19/20		269.00	0.00	0.00	269.00 ✓
		SUPPLIES RECOVERY								
	92065899 ✓		07/29/20	07/25/20	08/24/20		350.20	0.00	0.00	350.20 ✓
		CS INVENTORY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10350	CENTURION MEDICAL PRODUCTS				619.20	0.00	0.00	619.20
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
	2398918 ✓		08/09/20	07/28/20	08/07/20		125.28	0.00	0.00	125.28 ✓
		SUPPLIES DIETARY								
	2398917 ✓		08/09/20	07/28/20	08/07/20		202.50	0.00	0.00	202.50 ✓
		SUPPLIES DIETARY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1410	CERTIFIED LABORATORIES				327.78	0.00	0.00	327.78
Vendor#	Vendor Name			Class	Pay Code				
10974	CONNIE LUNA ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	21190		07/31/20	07/08/20	07/08/20		23.50	0.00	0.00	23.50 ✓
		CONT EDUCATION OB Exam Fee								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10974	CONNIE LUNA				23.50	0.00	0.00	23.50
Vendor#	Vendor Name			Class	Pay Code				
C1443	CYGNUS MEDICAL LLC ✓			M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	196430 ✓		07/31/20	07/19/20	08/18/20		248.00	0.00	0.00	248.00 ✓
		SUPPLIES SURGERY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1443	CYGNUS MEDICAL LLC				248.00	0.00	0.00	248.00
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
	478010-0 ✓		07/28/20	07/21/20	08/20/20		87.38	0.00	0.00	87.38 ✓
		OFFICE SUPPLIES LAB								
	478016-0 ✓		07/28/20	07/21/20	08/20/20		45.51	0.00	0.00	45.51 ✓
		OFFICE SUPPLIES BUS OFFIC								
	478078-0 ✓		07/28/20	07/22/20	08/21/20		10.79	0.00	0.00	10.79 ✓
		SUPPLIES BEHAVE HEALTH								
	478081-0 ✓		07/28/20	07/22/20	08/21/20		10.46	0.00	0.00	10.46 ✓
		SUPPLIES XRAY								

	478079-0		07/28/20	07/22/20	08/21/20		103.57	0.00	0.00	103.57
		SUPPLIES HIM								
	478087-0		07/28/20	07/25/20	08/24/20		29.47	0.00	0.00	29.47
		OFFICE SUPPLIES LAB								
	478118-0		07/28/20	07/25/20	08/24/20		496.05	0.00	0.00	496.05
		CS INVENTORY & ER SUPPLY								
	478087-1		07/28/20	07/25/20	08/24/20		4.87	0.00	0.00	4.87
		OFFICE SUPPLIES LAB								
	478359-0		07/28/20	07/26/20	08/25/20		41.54	0.00	0.00	41.54
		SUPPLIES BUS OFFICE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10368	DEWITT POTH & SON				829.64	0.00	0.00	829.64
Vendor#	Vendor Name				Class	Pay Code				
11219	DIAGNOS TEMPS, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	012516		07/31/20	07/17/20	08/16/20		584.00	0.00	0.00	584.00
		PROF FEES XRAY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11219	DIAGNOS TEMPS, INC				584.00	0.00	0.00	584.00
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
	8736		07/26/20	07/22/20	08/21/20		185.60	0.00	0.00	185.60
		FORM STOCK CS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		D1752	DLE PAPER & PACKAGING				185.60	0.00	0.00	185.60
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
	5-495-25454		08/09/20	07/28/20	08/12/20		9.61	0.00	0.00	9.61
		FREIGHT PHARMACY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		F1100	FEDERAL EXPRESS CORP.				9.61	0.00	0.00	9.61
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
	0545241		07/31/20	07/15/20	08/14/20		17.30	0.00	0.00	17.30
		SUPPLIES LAB								
	1485093		07/31/20	07/20/20	08/19/20		2,005.77	0.00	0.00	2,005.77
		SUPPLIES LAB								
	1837980		07/31/20	07/22/20	08/21/20		457.19	0.00	0.00	457.19
		SUPPLIES LAB								
	2197280		07/31/20	07/27/20	08/25/20		134.56	0.00	0.00	134.56
		LAB SUPPLIES								
	2089129		08/09/20	07/26/20	08/25/20		98.75	0.00	0.00	98.75
		SUPPLIES CLINIC								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		F1400	FISHER HEALTHCARE				2,713.57	0.00	0.00	2,713.57
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
	E106378		07/31/20	07/22/20	08/21/20		2,570.00	0.00	0.00	2,570.00

PROF FEES PT

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11078	FUSION MEDICAL STAFFING, LLC	2,570.00	0.00	0.00	2,570.00

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
109764094 ✓		07/28/20	07/20/20	08/19/20			43.90	0.00	0.00	43.90 ✓
	SUPPLIES PLANT OPS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10653	GLOBAL EQUIPMENT CO. INC.	43.90	0.00	0.00	43.90

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
9172391964 ✓		07/28/20	07/20/20	08/19/20			21.47	0.00	0.00	21.47 ✓
	SUPPLIES PLANT OPS									
9176423961 ✓		07/31/20	07/25/20	08/24/20			114.36	0.00	0.00	114.36 ✓
	SUPPLIES PLANT OPS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W1300	GRAINGER	135.83	0.00	0.00	135.83

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
1168947 ✓		07/26/20	07/20/20	08/19/20			495.45	0.00	0.00	495.45 ✓
	SUPPLIES HOUSEKEEPING									
1170888 ✓		07/28/20	07/25/20	08/24/20			2,998.00	0.00	0.00	2,998.00 ✓
	NEW AUTO SCRUBBER									
1171456 ✓		07/28/20	07/26/20	08/25/20			86.13	0.00	0.00	86.13 ✓
	SUPPLIES HOUSEKEEPING									
1171467 ✓		07/28/20	07/26/20	08/25/20			213.68	0.00	0.00	213.68 ✓
	SUPPLY HOUSEKEEPING & SI									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	3,793.26	0.00	0.00	3,793.26

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
SI018024 ✓		07/28/20	07/20/20	08/19/20			165.95	0.00	0.00	165.95 ✓
	SUPPLIES SURGERY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H1050	HAVEL'S INCORPORATED	165.95	0.00	0.00	165.95

Vendor#	Vendor Name	Class	Pay Code
10521	HD SUPPLY FACILITIES ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9147525369 ✓		08/09/20	07/25/20	08/24/20			104.97	0.00	0.00	104.97 ✓
	SUPPLIES HIM									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10521	HD SUPPLY FACILITIES	104.97	0.00	0.00	104.97

Vendor#	Vendor Name	Class	Pay Code
10298	HITACHI MEDICAL SYSTEMS ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
PJIN0092171 ✓		07/28/20	07/18/20	08/25/20			8,333.33	0.00	0.00	8,333.33 ✓
	MAINT CONTR MRI									

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10298	HITACHI MEDICAL SYSTEMS				8,333.33	0.00	0.00	8,333.33

Vendor#	Vendor Name	Class	Pay Code
H0416	HOLOGIC INC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
7915239 ✓		07/29/20	07/22/20	08/21/20			1,327.24	0.00	0.00	1,327.24 ✓
	SUPPLIES MAMMO									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H0416	HOLOGIC INC	1,327.24	0.00	0.00	1,327.24

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
41102549 ✓		07/26/20	07/20/20	08/19/20			14.59	0.00	0.00	14.59 ✓
	CS INVENTORY									
41157592 ✓		07/31/20	07/25/20	08/24/20			71.73	0.00	0.00	71.73 ✓
	CS INVENTORY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I0415	INDEPENDENCE MEDICAL	86.32	0.00	0.00	86.32

Vendor#	Vendor Name	Class	Pay Code
11200	IRON MOUNTAIN ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
4586060214 ✓		08/09/20	06/25/20	07/25/20			239.40	0.00	0.00	239.40 ✓
	OUTSIDE SRV ADMIN									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11200	IRON MOUNTAIN	239.40	0.00	0.00	239.40

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
916731321 ✓		07/31/20	06/27/20	07/27/20			2,228.57	0.00	0.00	2,228.57 ✓
	SUPPLIES SURGERY									
916792934 ✓		07/31/20	07/12/20	08/19/20			247.02	0.00	0.00	247.02 ✓
	SUPPLIES ER									
916796120 ✓		07/31/20	07/13/20	08/19/20			732.62	0.00	0.00	732.62 ✓
	SUPPLIES SURGERY									
916814089 ✓		07/31/20	07/18/20	08/19/20			2,249.83	0.00	0.00	2,249.83 ✓
	SUPPLIES SURGERY									
916814090 ✓		07/31/20	07/18/20	08/19/20			459.73	0.00	0.00	459.73 ✓
	SUPPLIES SURGERY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE SYSTEMS, INC	5,917.77	0.00	0.00	5,917.77

Vendor#	Vendor Name	Class	Pay Code
J1300	JECKER FLOOR & GLASS ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
74003 ✓		08/09/20	08/02/20	08/12/20			40.00	0.00	0.00	40.00 ✓
	REPAIRS TO DIETARY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J1300	JECKER FLOOR & GLASS	40.00	0.00	0.00	40.00

Vendor#	Vendor Name	Class	Pay Code
K1070	KEY SURGICAL INC ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
829505 ✓		07/29/20	07/25/20	08/24/20			40.00	0.00	0.00	40.00 ✓
	SUPPLIES SURGERY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	K1070	KEY SURGICAL INC	40.00	0.00	0.00	40.00

Vendor#	Vendor Name	Class	Pay Code
11223	MALORY GRANZ ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21198		08/09/20	07/08/20	07/08/20			23.50	0.00	0.00	23.50 ✓
	CONT EDUCATION OB Exam Fee									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11223	MALORY GRANZ	23.50	0.00	0.00	23.50

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
M0086835 ✓		07/31/20	07/13/20	08/12/20			163.48	0.00	0.00	163.48 ✓
	SUPPLIES LAB									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M1511	MARKETLAB, INC	163.48	0.00	0.00	163.48

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
80850669 ✓		07/31/20	06/23/20	07/23/20			43.38	0.00	0.00	43.38 ✓
	SUPPLIES LAB									
82522589 ✓		07/31/20	07/25/20	08/15/20			158.06	0.00	0.00	158.06 ✓
	SUPPLIES LAB									
82597520 ✓		07/31/20	07/26/20	08/15/20			4,457.81	0.00	0.00	4,457.81 ✓
	LAB SUPPLIES									
82575783 ✓		07/31/20	07/26/20	08/15/20			26.09	0.00	0.00	26.09 ✓
	LAB SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	4,685.34	0.00	0.00	4,685.34

Vendor#	Vendor Name	Class	Pay Code
M2470	MEDLINE INDUSTRIES INC ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1812363858 ✓		07/29/20	07/26/20	08/25/20			37.58	0.00	0.00	37.58 ✓
	SUPPLIES SURGERY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	37.58	0.00	0.00	37.58

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
0021949 ✓		08/09/20	07/28/20	08/07/20			43.65	0.00	0.00	43.65 ✓
	SUPPLIES GROUNDS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2550	MELSTAN, INC.	43.65	0.00	0.00	43.65

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
1850338 ✓		07/31/20	07/25/20	08/24/20			604.68	0.00	0.00	604.68 ✓
	SUPPLIES LAB									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10182	MERCEDES MEDICAL	604.68	0.00	0.00	604.68

Vendor#	Vendor Name	Class	Pay Code

10904 MERCK SHARP & DOHME CORP ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
7009044514 ✓		07/31/20	07/20/20	08/19/20			1,929.75	0.00	0.00	1,929.75 ✓
	PHARMACY DRUGS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10904	MERCK SHARP & DOHME CORP	1,929.75	0.00	0.00	1,929.75

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
30094279573 ✓		07/26/20	07/20/20	08/19/20			907.66	0.00	0.00	907.66 ✓
	SUPPLIES XRAY									
30094280249 ✓		07/26/20	07/21/20	08/20/20			39.78	0.00	0.00	39.78 ✓
	SUPPLIES XRAY									
30094281481 ✓		07/29/20	07/25/20	08/24/20			104.74	0.00	0.00	104.74 ✓
	SUPPLIES XRAY									
30094281482 ✓		07/29/20	07/25/20	08/24/20			157.96	0.00	0.00	157.96 ✓
	SUPPLIES SURGERY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2659	MERRY X-RAY/SOURCEONE HEALTHCA	1,210.14	0.00	0.00	1,210.14

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
21195		08/09/20	08/01/20	08/01/20			258.52	0.00	0.00	258.52 ✓
	EMPLOYEE PERSONAL INS									

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

Vendor# Vendor Name — Class — Pay Code

10810 MMC EMPLOYEE BENEFIT PLAN ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
AUGUST12016		08/09/20	08/01/20	08/01/20			33,198.33	0.00	0.00	33,198.33 ✓
	EMPLOYEE MEDICAL CLAIMS									
AUGUST8205		08/09/20	08/08/20	08/08/20			7,194.16	0.00	0.00	7,194.16 ✓
	EMPLOYEE MEDICAL CLAIMS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN	40,392.49	0.00	0.00	40,392.49

Vendor# Vendor Name — Class — Pay Code

C1279 MONICA CARR ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21196		08/09/20	07/25/20	07/25/20			23.50	0.00	0.00	23.50 ✓
	CONT EDUCATION OB Exam Fee									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1279	MONICA CARR	23.50	0.00	0.00	23.50

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
9148678 ✓		08/09/20	08/02/20	08/03/20			157.57	0.00	0.00	157.57 ✓
	PHARMACY DRUGS									
9148679 ✓		08/09/20	08/02/20	08/03/20			10.21	0.00	0.00	10.21 ✓
	PHARMACY DRUGS									
9148680 ✓		08/09/20	08/02/20	08/03/20			142.42	0.00	0.00	142.42 ✓
	PHARMACY DRUGS									
9148295 ✓		08/09/20	08/02/20	08/03/20			16.89	0.00	0.00	16.89 ✓

	PHARMACY DRUGS							
9153085 ✓		08/09/20	08/03/20	08/04/20	348.65	0.00	0.00	348.65 ✓
	PHARMACY DRUGS							
CM71634 ✓		08/09/20	08/03/20	08/04/20	-218.07	0.00	0.00	-218.07 ✓
	PHARMACY CREDIT							
9150126 ✓		08/09/20	08/03/20	08/04/20	258.77	0.00	0.00	258.77 ✓
	PHARMACY DRUGS							
9153082 ✓		08/09/20	08/03/20	08/04/20	779.59	0.00	0.00	779.59 ✓
	PHARMACY DRUGS							
9153083 ✓		08/09/20	08/03/20	08/04/20	68.71	0.00	0.00	68.71 ✓
	PHARMACY DRUGS							
9150128 ✓		08/09/20	08/03/20	08/04/20	31.85	0.00	0.00	31.85 ✓
	PHARMACY DRUGS							
9153084 ✓		08/09/20	08/03/20	08/04/20	800.78	0.00	0.00	800.78 ✓
	PHARMACY DRUGS							
9157125 ✓		08/09/20	08/04/20	08/05/20	38.60	0.00	0.00	38.60 ✓
	PHARMACY DRUGS							
9157123 ✓		08/09/20	08/04/20	08/05/20	8.20	0.00	0.00	8.20 ✓
	PHARMACY DRUGS							
9157124 ✓		08/09/20	08/04/20	08/05/20	260.16	0.00	0.00	260.16 ✓
	PHARMACY DRUGS							
9170507 ✓		08/09/20	08/08/20	08/09/20	140.35	0.00	0.00	140.35 ✓
	PHARMACY DRUGS							
9171154 ✓		08/09/20	08/08/20	08/09/20	1,267.68	0.00	0.00	1,267.68 ✓
	PHARMACY DRUGS							
9170506 ✓		08/09/20	08/08/20	08/09/20	9.23	0.00	0.00	9.23 ✓
	PHARMACY DRUGS							
9171155 ✓		08/09/20	08/08/20	08/09/20	329.32	0.00	0.00	329.32 ✓
	PHARMACY DRUGS							
9171153 ✓		08/09/20	08/08/20	08/09/20	587.06	0.00	0.00	587.06 ✓
	PHARMACY DRUGS							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	5,037.97	0.00	0.00	5,037.97

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
21197		08/09/20	08/04/20	08/04/20		34.56	0.00	0.00	34.56 ✓
	TRAVEL EXPENSE INFECT CC Infection Prevention Meeting 8/3/16								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2252	NADINE GARNER	34.56	0.00	0.00	34.56

Vendor#	Vendor Name	Class	Pay Code
10188	NATUS MEDICAL INC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
10404020402 ✓		08/09/20	07/25/20	08/24/20		340.00	0.00	0.00	340.00 ✓
	SUPPLIES MED SURG								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10188	NATUS MEDICAL INC	340.00	0.00	0.00	340.00

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
22704 ✓		07/31/20	07/19/20	08/18/20		179.84	0.00	0.00	179.84 ✓

SUPPLIES LAB

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
2019331838 ✓		07/26/20	07/21/20	08/20/20			1,141.60	0.00	0.00	1,141.60 ✓
	CS INVENTORY									
2019326852 ✓		07/26/20	07/21/20	08/20/20			22.73	0.00	0.00	22.73 ✓
	SUPPLIES CLINIC									
2019325023 ✓		07/26/20	07/21/20	08/20/20			17.72	0.00	0.00	17.72 ✓
	CS INVENTORY									
2019324561 ✓		07/26/20	07/21/20	08/20/20			136.38	0.00	0.00	136.38 ✓
	SUPPLIES CLINIC									
2019330762 ✓		07/26/20	07/21/20	08/20/20			653.38	0.00	0.00	653.38 ✓
	SUPPLIES VARIOUS DEPTS									
2019324551 ✓		07/26/20	07/21/20	08/20/20			136.38	0.00	0.00	136.38 ✓
	SUPPLIES CLINIC									
2019412182 ✓		07/28/20	07/25/20	08/24/20			47.66	0.00	0.00	47.66 ✓
	CS INVENT & SURG CLINIC SU									
2019413788 ✓		07/28/20	07/25/20	08/24/20			1,892.19	0.00	0.00	1,892.19 ✓
	SUPPLIES VARIOUS DEPTS									
2019412535 ✓		07/28/20	07/25/20	08/24/20			98.19	0.00	0.00	98.19 ✓
	CS INVENTORY									
2017361145 ✓		07/29/20	05/17/20	06/16/20			55.00	0.00	0.00	55.00 ✓
	SUPPLIES MED SURG									
2019260575 ✓		07/29/20	07/19/20	08/18/20			1,427.09	0.00	0.00	1,427.09 ✓
	SUPPLIES VARIOUS DEPTS									
2019457064 ✓		07/31/20	07/26/20	08/25/20			62.50	0.00	0.00	62.50 ✓
	SUPPLIES MED SURG									
2019463472 ✓		07/31/20	07/26/20	08/25/20			453.18	0.00	0.00	453.18 ✓
	SUPPLIES VARIOUS DEPTS									
2019459434 ✓		07/31/20	07/26/20	08/25/20			109.86	0.00	0.00	109.86 ✓
	SUPPLIES MED SURG									
2019459452 ✓		07/31/20	07/26/20	08/25/20			88.21	0.00	0.00	88.21 ✓
	CS INVENTORY									
2019458271 ✓		07/31/20	07/26/20	08/25/20			88.21	0.00	0.00	88.21 ✓
	CS INVENTORY									
2019462618 ✓		07/31/20	07/26/20	08/25/20			1,594.11	0.00	0.00	1,594.11 ✓
	CS INVENTORY & LAB SUPPL									
2019456849 ✓		07/31/20	07/26/20	08/25/20			25.91	0.00	0.00	25.91 ✓
	CS INVENTORY									
2019457266 ✓		07/31/20	07/26/20	08/25/20			35.23	0.00	0.00	35.23 ✓
	CS INVENTORY									
2019463118 ✓		07/31/20	07/26/20	08/25/20			1,049.03	0.00	0.00	1,049.03 ✓
	SUPPLIES VARIOUS DEPTS									
2019457823 ✓		07/31/20	07/26/20	08/25/20			238.62	0.00	0.00	238.62 ✓
	CS INVENTORY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR	9,373.18	0.00	0.00	9,373.18

Vendor#	Vendor Name	Class	Pay Code
10032	PHILIPS HEALTHCARE ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
933201345 ✓		07/28/20	07/20/20	08/19/20			101.40	0.00	0.00	101.40 ✓
	SUPPLIES RECOVERY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10032	PHILIPS HEALTHCARE	101.40	0.00	0.00	101.40

Vendor#	Vendor Name	Class	Pay Code
P1590	PHYSICIAN'S RECORD COMPANY ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
PROFORMA293278		07/31/20	06/28/20	07/28/20			284.13	0.00	0.00	284.13 ✓
	SUPPLIES SURGERY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P1590	PHYSICIAN'S RECORD COMPANY	284.13	0.00	0.00	284.13

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
063900 ✓		07/29/20	07/25/20	08/24/20			288.99	0.00	0.00	288.99 ✓
	SUPPLIES LAB									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10541	PLATINUM CODE	288.99	0.00	0.00	288.99

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
21191		07/31/20	07/31/20	08/15/20			6,775.00	0.00	0.00	6,775.00 ✓
	OUTSIDE SRV RESP CARE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P1725	PREMIER SLEEP DISORDERS CENTER	6,775.00	0.00	0.00	6,775.00

Vendor#	Vendor Name	Class	Pay Code
I0520	RICOH USA, INC. ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
97274812 ✓		08/09/20	07/31/20	08/19/20			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#	Vendor Name	Class	Pay Code
11220	ROBIN PLEDGER ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21192		07/31/20	07/12/20	07/12/20			23.50	0.00	0.00	23.50 ✓
	CONT EDUCATION OB Exam Fee									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11220	ROBIN PLEDGER	23.50	0.00	0.00	23.50

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
2483-6 ✓		07/31/20	07/28/20	08/12/20			31.32	0.00	0.00	31.32 ✓
	SUPPLIES PLANT OPS									
2485-1 ✓		07/31/20	07/28/20	08/12/20			6.44	0.00	0.00	6.44 ✓
	SUPPLIES PLANT OPS									
2482-8 ✓		07/31/20	07/28/20	08/12/20			292.44	0.00	0.00	292.44 ✓
	SUPPLIES PLANT OPS									
2522-1 ✓		07/31/20	07/29/20	08/13/20			8.99	0.00	0.00	8.99 ✓
	SUPPLIES PLANT OPS									

Vendor Totals Number Name Gross Discount No-Pay Net
S1800 SHERWIN WILLIAMS 339.19 0.00 0.00 339.19

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
1152327735 ✓ 07/31/20 07/18/20 08/17/20 832.25 0.00 0.00 832.25 ✓
MAINT CONT ULTRASOUND
Vendor Totals Number Name Gross Discount No-Pay Net
S2001 SIEMENS MEDICAL SOLUTIONS INC 832.25 0.00 0.00 832.25

Vendor# Vendor Name Class Pay Code
10699 SIGN AD, LTD. ✓
Invoice# Comment Tran Dt Inv Dt Due Dt Check D Pay Gross Discount No-Pay Net
203467 ✓ 08/09/20 08/01/20 08/11/20 1,275.00 0.00 0.00 1,275.00 ✓
ADVERTISING
203487 ✓ 08/09/20 08/01/20 08/11/20 390.00 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
10681 SIMMLER, INC. ✓
Invoice# Comment Tran Dt Inv Dt Due Dt Check D Pay Gross Discount No-Pay Net
180294 ✓ 07/31/20 07/20/20 08/19/20 155.00 0.00 0.00 155.00 ✓
SUPPLIES BLOOD BANK
Vendor Totals Number Name Gross Discount No-Pay Net
10681 SIMMLER, INC. 155.00 0.00 0.00 155.00

Vendor# Vendor Name Class Pay Code
10735 STRYKER SUSTAINABILITY ✓
Invoice# Comment Tran Dt Inv Dt Due Dt Check D Pay Gross Discount No-Pay Net
2799895 ✓ 07/28/20 07/21/20 08/20/20 507.15 0.00 0.00 507.15 ✓
SUPPLIES SURGERY
Vendor Totals Number Name Gross Discount No-Pay Net
10735 STRYKER SUSTAINABILITY 507.15 0.00 0.00 507.15

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
A889432 ✓ 08/09/20 08/01/20 08/01/20 73.95 0.00 0.00 73.95 ✓
OUTSIDE SRV ADMIN
A889431 ✓ 08/09/20 08/01/20 08/01/20 63.95 0.00 0.00 63.95 ✓
OUTSIDE SRV ADMIN
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
11222 THE TRIBUNE ✓
Invoice# Comment Tran Dt Inv Dt Due Dt Check D Pay Gross Discount No-Pay Net
21797-0716 ✓ 08/09/20 07/31/20 07/31/20 247.50 0.00 0.00 247.50 ✓
ADVERTISING
Vendor Totals Number Name Gross Discount No-Pay Net
11222 THE TRIBUNE 247.50 0.00 0.00 247.50

Vendor# Vendor Name Class Pay Code
T0801 TLC STAFFING ✓ W
Invoice# Comment Tran Dt Inv Dt Due Dt Check D Pay Gross Discount No-Pay Net
20872 08/09/20 08/02/20 08/02/20 456.01 0.00 0.00 456.01 ✓

CONTRACT NURSING ICU

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T0801	TLC STAFFING	456.01	0.00	0.00	456.01

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
8150737667 ✓		07/28/20	07/26/20	08/25/20			45.80	0.00	0.00	45.80 ✓
	OUTSIDE SRV MAINT									
8150737761 ✓		07/28/20	07/26/20	08/25/20			31.92	0.00	0.00	31.92 ✓
	OUTSIDE SRV BIO MED									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1054	UNIFIRST HOLDINGS	77.72	0.00	0.00	77.72

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
8400225206 ✓		07/28/20	07/22/20	08/21/20			1,031.43	0.00	0.00	1,031.43 ✓
	LAUNDRY HOUSEKEEPING									
8400225164 ✓		07/28/20	07/22/20	08/21/20			424.26	0.00	0.00	424.26 ✓
	LAUNDRY SURGERY									
8400225356 ✓		07/28/20	07/26/20	08/25/20			87.02	0.00	0.00	87.02 ✓
	LAUNDRY HOUSEKEEPING									
8400225352 ✓		07/28/20	07/26/20	08/25/20			214.38	0.00	0.00	214.38 ✓
	LAUNDRY HOUSEKEEPING									
8400225354 ✓		07/28/20	07/26/20	08/25/20			103.20	0.00	0.00	103.20 ✓
	LAUNDRY DIETARY									
8400225355 ✓		07/28/20	07/26/20	08/25/20			106.23	0.00	0.00	106.23 ✓
	LAUNDRY OB									
8400225407 ✓		07/28/20	07/26/20	08/25/20			1,145.36	0.00	0.00	1,145.36 ✓
	LAUNDRY HOUSEKEEPING									
8400225395 ✓		07/28/20	07/26/20	08/25/20			144.49	0.00	0.00	144.49 ✓
	LAUNDRY HOUSEKEEPING									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	3,256.37	0.00	0.00	3,256.37

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
7090500 ✓		08/09/20	08/02/20	08/17/20			170.94	0.00	0.00	170.94 ✓
	EMPLOYEE UNIFORMS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1056	UNIFORM ADVANTAGE	170.94	0.00	0.00	170.94

Vendor#	Vendor Name	Class	Pay Code
U1200	UNITED AD LABEL CO INC ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
844167167 ✓		07/31/20	07/26/20	08/25/20			88.65	0.00	0.00	88.65 ✓
	SUPPLIES DIETARY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1200	UNITED AD LABEL CO INC	88.65	0.00	0.00	88.65

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
4349853 ✓		08/09/20	05/25/20	06/14/20			44.61	0.00	0.00	44.61 ✓

	SUPPLIES DIETARY					
5536161 ✓	08/09/20 07/29/20 08/18/20	68.80	0.00	0.00	68.80 ✓	
	SUPPLIES DIETARY					
5536160 ✓	08/09/20 07/29/20 08/18/20	245.67	0.00	0.00	245.67 ✓	
	SUPPLIES DIETARY					
5546938 ✓	08/09/20 08/01/20 08/21/20	2,279.22	0.00	0.00	2,279.22 ✓	
	FOOD SUPPLIES DIETARY					
Vendor Totals	Number Name	Gross	Discount	No-Pay	Net	
	10172 US FOOD SERVICE	2,638.30	0.00	0.00	2,638.30	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	125,017.35	0.00	0.00	125,017.35

APPROVED
ON
AUG 10 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS#167433
to
#167506

Michael J Pfeifer

Michael J. Pfeifer
Calhoun County Judge
Date: 9-7-16

RUN DATE: 08/09/16
TIME: 14:35

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PATIENT NUMBER	PAYEE NAME		DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]			080916	50.00 ✓		3	REFUND FOR	
	TX	77979	080916	396.00 ✓		3	REFUND FOR	
	TX	77220	080916	23.33 ✓		2	REFUND FOR	
	TX	77465	080916	78.80 ✓		2	REFUND FOR	
	TX	77979	080916	166.88 ✓		2	REFUND FOR	
	TX	77979	080916	40.00 ✓		2	REFUND FOR	
	TX	77979	080916	125.00 ✓		2	REFUND FOR	
	TX	77983	080916	247.71 ✓		2	REFUND FOR	
	TX	77979	080916	232.65 ✓		2	REFUND FOR	
	TX	77979	080916	78.00 ✓		2	REFUND FOR	
	TX	77979	080916	203.00 ✓		2	REFUND FOR	
	TX	77979	080916	2086.82 ✓		2	REFUND FOR	
	GA	311931655	080916	1057.00 ✓		2	REFUND FOR	
	TX	77979	080916	651.19 ✓		2	REFUND FOR	
	KY	405124079	080916	11.84 ✓		2	REFUND FOR	
	TX	77979	080916	253.87 ✓		2	REFUND FOR	
	TN	372410836	080916	242.49 ✓		2	REFUND FOR	
	TX	77465						

Michael J. Pfeifer
Calhoun County Judge
Date 9-2-16

PATIENT NUMBER	PAYEE NAME			DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]				080916	40.60 ✓		2	REFUND FOR	
		TX	77465	080916	32.74 ✓		2	REFUND FOR	
		TX	77465	080916	45.00 ✓		3	REFUND FOR	
		TX	77983	080916	230.73 ✓		2	REFUND FOR	
		TX	77990	080916	1572.78 ✓		2	REFUND FOR	
		UT	84130	080916	20.00 ✓		2	REFUND FOR	
		TX	77465	080916	139.08 ✓		2	REFUND FOR	
		TX	77979	080916	244.40 ✓		2	REFUND FOR	
		TX	77990	080916	101.93 ✓		2	REFUND FOR	+
		TX	77979	080916	146.85 ✓		2	REFUND FOR	
		TX	77983	080916	25.49 ✓		2	REFUND FOR	
		TX	77950						
BROAD600 01	THE BROADMOOR AT CREEK			031516	8550.71 ✓		2	TRANSFER TO THE BROADMOOR AT CREEK	
	5665 CREEKSIDE								
	FOREST DRIVE								
	SPRING	TX	77389						
SOLER600 01	SOLERA WEST HOUSTON			031516	10732.68 ✓		2	TRANSFER TO SOLERA WEST HOUSTON	
	2101 GREENHOUSE ROAD								
	HOUSTON	TX	770846108						
	ARID=0001 TOTAL				27827.57				
TOTAL					27827.57				

APPROVED ON AUG 10 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS # 167507 to # 167536

9-7-16

BANK	CODE	NUMBER	DATE	AMOUNT	PAYEE
	A/P	167433	08/10/16	1,727.27	BECTON, DICKINSON & CO (BD)
	A/P	167434	08/10/16	101.40	PHILIPS HEALTHCARE
	A/P	167435	08/10/16	2,638.30	US FOOD SERVICE
	A/P	167436	08/10/16	604.68	MERCEDES MEDICAL
	A/P	167437	08/10/16	340.00	NATUS MEDICAL INC
	A/P	167438	08/10/16	8,333.33	HITACHI MEDICAL SYSTEMS
	A/P	167439	08/10/16	619.20	CENTURION MEDICAL PRODUCTS
	A/P	167440	08/10/16	829.64	DEWITT POTH & SON
	A/P	167441	08/10/16	109.51	AMBU INC
	A/P	167442	08/10/16	104.97	HD SUPPLY FACILITIES
	A/P	167443	08/10/16	.00	VOIDED
	A/P	167444	08/10/16	5,037.97	MORRIS & DICKSON CO, LLC
	A/P	167445	08/10/16	288.99	PLATINUM CODE
	A/P	167446	08/10/16	43.90	GLOBAL EQUIPMENT CO. INC.
	A/P	167447	08/10/16	68.26	AMPRONIX
	A/P	167448	08/10/16	155.00	SIMMLER, INC.
	A/P	167449	08/10/16	1,665.00	SIGN AD, LTD.
	A/P	167450	08/10/16	507.15	STRYKER SUSTAINABILITY
	A/P	167451	08/10/16	40,392.49	MMC EMPLOYEE BENEFIT PLAN
	A/P	167452	08/10/16	1,929.75	MERCK SHARP & DOHME CORP
	A/P	167453	08/10/16	23.50	CONNIE LUNA
	A/P	167454	08/10/16	2,570.00	FUSION MEDICAL STAFFING, LLC
	A/P	167455	08/10/16	239.40	IRON MOUNTAIN
	A/P	167456	08/10/16	584.00	DIAGNOS TEMPS, INC
	A/P	167457	08/10/16	23.50	ROBIN PLEDGER
	A/P	167458	08/10/16	23.50	BRITTANY RUDDICK
	A/P	167459	08/10/16	247.50	THE TRIBUNE
	A/P	167460	08/10/16	23.50	MALORY GRANZ
	A/P	167461	08/10/16	51.04	CAREFUSION
	A/P	167462	08/10/16	701.83	CARDINAL HEALTH 414,LLC
	A/P	167463	08/10/16	34.56	NADINE GARNER
	A/P	167464	08/10/16	105.96	AUTO PARTS & MACHINE CO.
	A/P	167465	08/10/16	358.66	BAXTER HEALTHCARE CORP
	A/P	167466	08/10/16	1,212.19	BECKMAN COULTER INC
	A/P	167467	08/10/16	54.82	BRIGGS HEALTHCARE
	A/P	167468	08/10/16	1,400.00	CABLE ONE
	A/P	167469	08/10/16	608.00	CAD SOLUTIONS, INC
	A/P	167470	08/10/16	52.00	CALHOUN COUNTY WASTE MGMT
	A/P	167471	08/10/16	23.50	MONICA CARR
	A/P	167472	08/10/16	327.78	CERTIFIED LABORATORIES
	A/P	167473	08/10/16	248.00	CYGNUS MEDICAL LLC
	A/P	167474	08/10/16	185.60	DLE PAPER & PACKAGING
	A/P	167475	08/10/16	9.61	FEDERAL EXPRESS CORP.
	A/P	167476	08/10/16	2,713.57	FISHER HEALTHCARE
	A/P	167477	08/10/16	3,793.26	GULF COAST PAPER COMPANY
	A/P	167478	08/10/16	1,327.24	HOLOGIC INC
	A/P	167479	08/10/16	165.95	HAVEL'S INCORPORATED
	A/P	167480	08/10/16	86.32	INDEPENDENCE MEDICAL
	A/P	167481	08/10/16	5,909.84	RICOH USA, INC.
	A/P	167482	08/10/16	5,917.77	J & J HEALTH CARE SYSTEMS, INC

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	167483	08/10/16	40.00	JECKER FLOOR & GLASS
A/P	167484	08/10/16	40.00	KEY SURGICAL INC
A/P	167485	08/10/16	163.48	MARKETLAB, INC
A/P	167486	08/10/16	4,685.34	MCKESSON MEDICAL SURGICAL INC
A/P	167487	08/10/16	37.58	MEDLINE INDUSTRIES INC
A/P	167488	08/10/16	1,912.42	BAYER HEALTHCARE
A/P	167489	08/10/16	43.65	MELSTAN, INC.
A/P	167490	08/10/16	258.52	METLIFE
A/P	167491	08/10/16	1,210.14	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	167492	08/10/16	179.84	ON-SITE TESTING SPECIALISTS
A/P	167493	08/10/16	.00	VOIDED
A/P	167494	08/10/16	.00	VOIDED
A/P	167495	08/10/16	9,373.18	OWENS & MINOR
A/P	167496	08/10/16	284.13	PHYSICIAN'S RECORD COMPANY
A/P	167497	08/10/16	6,775.00	PREMIER SLEEP DISORDERS CENTER
A/P	167498	08/10/16	339.19	SHERWIN WILLIAMS
A/P	167499	08/10/16	832.25	SIEMENS MEDICAL SOLUTIONS INC
A/P	167500	08/10/16	456.01	TLC STAFFING
A/P	167501	08/10/16	137.90	TEXAS WIRED MUSIC INC
A/P	167502	08/10/16	77.72	UNIFIRST HOLDINGS
A/P	167503	08/10/16	170.94	UNIFORM ADVANTAGE
A/P	167504	08/10/16	3,256.37	UNIFIRST HOLDINGS INC
A/P	167505	08/10/16	88.65	UNITED AD LABEL CO INC
A/P	167506	08/10/16	135.83	GRAINGER
A/P	167507	08/10/16	50.00	[redacted]
A/P	167508	08/10/16	396.00	
A/P	167509	08/10/16	23.33	
A/P	167510	08/10/16	78.80	
A/P	167511	08/10/16	166.88	
A/P	167512	08/10/16	40.00	
A/P	167513	08/10/16	125.00	
A/P	167514	08/10/16	247.71	
A/P	167515	08/10/16	232.65	
A/P	167516	08/10/16	78.00	
A/P	167517	08/10/16	203.00	
A/P	167518	08/10/16	2,086.82	
A/P	167519	08/10/16	1,057.00	
A/P	167520	08/10/16	651.19	
A/P	167521	08/10/16	11.84	
A/P	167522	08/10/16	253.87	
A/P	167523	08/10/16	242.49	
A/P	167524	08/10/16	40.60	
A/P	167525	08/10/16	32.74	
A/P	167526	08/10/16	45.00	
A/P	167527	08/10/16	230.73	
A/P	167528	08/10/16	1,572.78	
A/P	167529	08/10/16	20.00	
A/P	167530	08/10/16	139.08	
A/P	167531	08/10/16	244.40	
A/P	167532	08/10/16	101.93	
A/P	167533	08/10/16	146.85	

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	167534	08/10/16	25.49	[redacted]
A/P	167535	08/10/16	8,550.71	
A/P	167536	08/10/16	10,732.68	
TOTALS:			152,844.92	

APPROVED
ON
AUG 10 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

LOWE'S
ProServices

WANT TO PAY TWO INVOICES.
396.03
287.37
683.40

*Get 5% Off your purchase or o
Rewards Card from American E
LowesForPros.com. Look for the
Cannot be used in conjunction w
programs such as Quote Suppo
products and/or services: extend
Monogram, Smeg or Liebherr ap
Consumer Credit Card, Lowe's®

Lowe's® Business Card Account

HOSPITAL - HEALTHCARE

Visit us at www.lowes.com/credit

Summary of Account Activity	
Previous Balance	$44.99
- Payments	$99.56
- Other Credits	$0.00
+ Purchases/Debits	$479.16
+ Fees Charged	**$0.00**
+ Interest Charged	**$0.00**
New Balance	**$424.59**
Credit Limit	$3,000.00
Available Credit	$2,575.00
Statement Closing Date	07/02/2016
Days in Billing Cycle	30

Payment Information	
New Balance	$424.59
Total Minimum Payment Due	$25.00
Payment Due Date	07/28/2016

21.94 TAXES
6.62 Interest
28.56 NOT PAYIN

APPROVED ON $683.40
AUG 11 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MMC 8:11
Call in payment

Transaction Summary

Tran Date	Post Date	Reference Number/ Invoice Number	Description of Transaction or Credit			Amount
06/03	06/03	96024	STORE 0282 VICTORIA TX			$396.03
06/03	06/03	96025	STORE 0282 VICTORIA TX			$83.13
06/28	06/28		PHONE PYMT-THANK YOU	ATLANTA	GA	($99.56)

Interest Charge Calculation

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

Type of Balance	Expiration Date	Annual Percentage Rate	Balance Subject To Interest Rate	Interest Charge	Balance Method
Regular Purchases	NA	21.00%	$0.00	$0.00	2D

Important Account Information

5% EVERYDAY CREDIT DISCOUNT WAS APPLIED AT POINT OF SALE FOR ALL QUALIFYING INVOICES THAT APPEAR ON THIS STATEMENT. PLEASE CONSULT YOUR ORIGINAL SALES RECEIPT FOR LINE ITEM DETAIL ON THE 5% SAVINGS. THANK YOU FOR USING LOWE'S AS YOUR SUPPLIER.

Michael J. Pfeifer
Calhoun County Judge
Date: 9-7-16

CUSTOMER SERVICE: For Account Information log on to www.lowes.com/credit. This account is not registered. The authentication code is: 5LIP924, or call toll-free 1-800-444-1408.

PAYMENT DUE BY 5 P.M. (ET) ON THE DUE DATE.

NOTICE: We may convert your payment into an electronic debit. See reverse for details, Billing Rights Information and other important information.

Detach and mail this portion with your check. Do not include any correspondence with your check.

LOWE'S
ProServices

Total Minimum Payment Due	Payment Due Date	New Balance
$25.00	07/28/2016	$424.59

Payment Enclosed:
Please use blue or black ink. $ ☐☐☐☐☐.☐☐

New address or email? Print changes on back.

HOSPITAL - HEALTHCARE
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979-3025

Make Payment to: LOWES BUSINESS ACCT/SYNCB
P.O. BOX 530970
ATLANTA, GA 30353-0970

HOSPITAL - HEALTHCARE 349703

ACCOUNT #
INVOICE # : 96024
TRANSACTION # : 0

LOWE'S BUSINESS ACCOUNT
DATE OF SALE : 160603
AUTHORIZATION : 000793

P.O. # : NO
STORE # : 282
REGISTER # :

S.K.U	DESCRIPTION	QUANTITY	UNIT	PRICE	EXT. PRICE
000000000059145	HENRY 40 LB 565 SELFLVL U	5.000	EA	$35.13	$175.65
000000000040684	24-24 CEILING PANL FASHTO	2.000	CT	$42.61	$85.22
000000000054195	24-48 CLNG PANL FASHTNE 9	2.000	CT	$39.09	$78.18
000000000091603	OURO ROMANO SHEET 9277-46	1.000	EA	$56.98	$56.98
000000000155670	PROMOTIONAL DISCOUNT APPL	1.000	EA	$0.00	$0.00

SUB $396.03 TAX $0.00 TOTAL INVOICE $396.03
CREDITS TOTAL $0.00
BALANCE DUE $396.03

Approved 8-11-16

HOSPITAL - HEALTHCARE 349703

ACCOUNT #
INVOICE # : 96025
TRANSACTION # : 0

LOWE'S BUSINESS ACCOUNT
DATE OF SALE : 160603
AUTHORIZATION : 000480

P.O. # : NO
STORE # : 282
REGISTER # :

S.K.U	DESCRIPTION	QUANTITY	UNIT	PRICE	EXT. PRICE
000000000047970	GE SIL II WD CLEAR 10.1OZ	12.000	EA	$5.11	$61.32
000000000596901	WERNER OPP 2-STEP STEEL 2	1.000	EA	$15.18	$15.18
000000000334956	FM - X-THICK REINFORCED	1.000	EA	$6.63	$6.63
000000000155670	PROMOTIONAL DISCOUNT APPL	1.000	EA	$0.00	$0.00

SUB $83.13 TAX $0.00 TOTAL INVOICE $83.13
CREDITS TOTAL $0.00
BALANCE DUE $83.13

1-2

LOWE'S

LOWE'S HOME CENTERS, LLC
8602 NORTH NAVARRO ST.
VICTORIA, TX 77904 (361) 573-7700

*********************APPROVED*****************
PICK UP INFORMATION
TO OBTAIN STOCK MERCHANDISE DESIGNATED AS
[PICK UP LATER] ON THIS RECEIPT YOU MUST
COME TO THE CUSTOMER SERVICE DESK.
AUG 1 1 2016
*********COUNTY AUDITOR*************
CALHOUN COUNTY, TEXAS

SALE -
SALES#: S[illegible] TRANS#: 42981314 06-03-16

91603 9277-46-48X9 56.98 ✓
DURO ROMANO SHEET 9277-46
59.98 DISCOUNT -3.00
[PICK UP LATER - LOW[illegible] on 06/03/2016]
[illegible] 949 85.22 ✓
24 24 [illegible]
44 [illegible] 2.24
[illegible] on [illegible]2016]
[illegible] 78.18 ✓ 78.18
24 48 [illegible]
41.15 [illegible] 2.[illegible]
[illegible] 19
[PICK UP LATER - LOWE'S [illegible] on 06/03/2016]
59145 FP00565095 175.65 ✓
HENRY 40 LB [illegible]
36.98 DISCOUNT EACH -1.85
5 @ 35.13
[PICK UP LATER - LOWES # 282 on 06/03/2016]
INVOICE 96024 SUBTOTAL: [illegible]
SUBTOTAL: [illegible]
TOTAL TAX: 0.00
BALANCE DUE: [illegible]96.03
LCC: [illegible]
396.03
TOTAL DISCOUNT: 20.85
LCC:XXXXX AMOUNT:396.03 AUTHCD:000793
SWIPED REFID:687414 06/03/16 14:13:38
LBA/PO: NO
STORE: 0282 TERMINAL: 53 06/03/16 14:15:54
OF ITEMS PURCHASED: 8
EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS

[illegible]IAL MEDICAL CENTER
PURCHASE ORDER

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

Date: 1 Jun 16

P.O. # 84982

Account #

Initiated By: Chuck

Form # 9401

Department 402200 | Deliver To

Description	Unit Cost	Unit Meas.	Extended Cost
Tile 2X4	39.69 44.~~65~~	EA	~~88~~ 18
Tile 2X2	42.61		89 20
48" X 96"	56.98		56.98
40LB [illegible]	35.13		175.65

Est. Total Cost ~~231.98~~ TOTAL COST 396.03

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

Dept. Director [signature]
Dir. Nursing
Adm.Dir. Clinical Service
CFO
Administrator [signature]

0 52400

LOWE'S

LOWE'S HOME CENTERS, LLC
8602 NORTH NAVARRO ST.
VICTORIA, TX 77904 (361) 573-7700

****

ORDER INFORMATION

TO OBTAIN A APPROVED FOR YOUR ORDER VISIT
GN
WWW.LOWES.COM/STATUS

AUG 1 1 2016

AFTER BEING NOTIFIED THAT THE PICKUP LATER ORDER IS AVAILABLE, PLEASE COME TO THE CUSTOMER SERVICE DESK TO COLLECT YOUR MERCHANDISE.

**********CALHOUN COUNTY, TEXAS**********

- SALE -

SALES#: S0282PV1 18465 TRANS#: 42873562 07-18-16

446590 949-58-48X96	✓ 37.98	Diet
WHITE MATTE SHEET 949-58-		
39.98 DISCOUNT EACH	-2.00	
41163 00273	✓ 28.48	Diet
GAL ORIGINAL CONTACT CEME		
29.98 DISCOUNT EACH	-1.50	
49023 297-2301	✓ 13.28	clinic
CHROME RECESSED PAPR HOLD		
13.98 DISCOUNT EACH	-0.70	
434982 SGV-PWA65	✓ 132.05	maint
18-FT TELESCOPING WAND		
139.00 DISCOUNT EACH	-6.95	
INVOICE 70824 SUBTOTAL:	211.79	

- SOS SALE -

SALES#: S0282PV1 18465 TRANS#: 42873562 07-18-16

79264 FW250-BROWN	✓ 75.58	clinic
FENCE WEAVE 250' ROLL BRO		
39.78 DISCOUNT EACH	-1.99	
2 @ 37.79		
[PICK UP LATER - LOWES # 282 on 08/01/2016]		
PO #: 32804055		
INVOICE 70825 SUBTOTAL:	75.58	

INVOICE 70824 SUBTOTAL:	✓ 211.79	
INVOICE 70825 SUBTOTAL:	✓ 75.58	clinic
SUBTOTAL:	✓ 287.37	
TOTAL TAX:	0.00	
BALANCE DUE:	287.37	
LCC:	287.37	
TOTAL DISCOUNT:	**15.13**	

LCC:XXXXXX AMOUNT:287.37 AUTHCD:000729
SWIPED REFID:537967 07/18/16 15:15:53
LBA/PO: 0
STORE: 0282 TERMINAL: 52 07418/16 15:25:40

RUN DATE:08/15/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:16:14 CHECK REGISTER and Payable List GLCKREG
08/15/16 THRU 08/15/16

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000806	08/15/16	422.00	MCKESSON
A/P	000807	08/15/16	867.83	MCKESSON
A/P	000808	08/15/16	1,411.88	MCKESSON
TOTALS:			2,701.71	

3400 Prescription Expenses

APPROVED
ON
AUG 15 2016
BY
CALHOUN COUNTY AUDITOR

Michael J. Pfeifer
Calhoun County Judge
Date 9-7-16

McKESSON

Company: 8000

STATEMENT

As of: 08/12/2016 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 08/13/2016

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: 08/12/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 08/13/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
08/08/2016	08/16/2016	7760402231	1000863454	115Invoice	0.03	1.34		1.31 ✓		7760402231	
08/08/2016	08/16/2016	7760402232	1000863454	115Invoice	1.74	86.78		85.04 ✓		7760402232	
08/08/2016	08/16/2016	7760402233	1000864056	115Invoice	0.12	5.94		5.82 ✓		7760402233	
08/08/2016	08/16/2016	7760402234	1000864464	115Invoice	2.18	108.86		106.68 ✓		7760402234	
08/12/2016	08/16/2016	7761310005	1000866048	115Invoice	4.55	227.70		223.15 ✓		7761310005	

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

TOTAL:

Subtotals: 430.62 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/08/2016 748.95

If Paid By 08/16/2016,
Pay This Amount: 422.00 USD

If Paid After 08/16/2016,
Pay this Amount: 430.62 USD

Due If Paid On Time:
USD 422.00

Disc lost if paid late: 8.62

Due If Paid Late:
USD 430.62

Chk# 806

APPROVED
ON
AUG 15 2016
BY
CALHOUN COUNTY AUDITOR

3.15.16

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: 08/12/2016

DC: 8115

Territory: 400

Customer: 256342
Date: 08/13/2016

Page: 001

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

As of: 08/12/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 08/13/2016

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	
08/08/2016	08/16/2016	7760409026	3454581633	115Invoice	0.16	7.97		7.81		7760409026	
08/09/2016	08/16/2016	7760673010	3454581636	115Invoice	9.23	461.70		452.47		7760673010	
08/10/2016	08/16/2016	7760879720	3454581639	115Invoice	5.45	272.45		267.00		7760879720	
08/11/2016	08/16/2016	7761086953	3454581642	115Invoice	2.86	143.10		140.24		7761086953	
08/12/2016	08/16/2016	7761347537	3454581645	115Invoice	0.01	0.32		0.31		7761347537	

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

TOTAL:

Subtotals: 885.54 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/08/2016 626.75

If Paid By 08/16/2016, Pay This Amount: 867.83 USD

If Paid After 08/16/2016, Pay this Amount: 885.54 USD

Due If Paid On Time: USD 867.83

Disc lost if paid late: 17.71

Due If Paid Late: USD 885.54

CK# 807

8-15-16

APPROVED ON 15 AUG 22 2016 BY CALHOUN COUNTY AUDITOR

McKESSON

Company: 8000

STATEMENT

As of: 08/12/2016 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 08/13/2016

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: 08/12/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252
Date: 08/13/2016

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	
08/08/2016	08/16/2016	7760427221	1000863456	115Invoice	0.99	49.44		48.45 ✓		7760427221	
08/08/2016	08/16/2016	7760427223	1000864058	115Invoice	3.19	159.36		156.17 ✓		7760427223	
08/08/2016	08/16/2016	7760427225	1000864466	115Invoice	12.42	620.82		608.40 ✓		7760427225	
08/08/2016	08/16/2016	7760427228	1000864466	115Invoice	0.09	4.40		4.31 ✓		7760427228	
08/09/2016	08/16/2016	7760661550	1000864838	115Invoice	1.41	70.61		69.20 ✓		7760661550	
08/10/2016	08/16/2016	7760880107	1000865216	115Invoice	3.60	179.78		176.18 ✓		7760880107	
08/11/2016	08/16/2016	7761095731	1000865635	115Invoice	2.79	139.48		136.69 ✓		7761095731	
08/12/2016	08/16/2016	7761341095	1000866050	115Invoice	0.03	1.44		1.41 ✓		7761341095	
08/12/2016	08/16/2016	7761341096	1000866050	115Invoice	4.31	215.38		211.07 ✓		7761341096	

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

TOTAL:

Subtotals: 1,440.71 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,234.61
08/08/2016

If Paid By 08/16/2016,
Pay This Amount: 1,411.88 USD

If Paid After 08/16/2016,
Pay this Amount: 1,440.71 USD

Due If Paid On Time:
USD 1,411.88

Disc lost if paid late:
28.83

Due If Paid Late:
USD 1,440.71

Ck# 808

8.15.16

APPROVED
ON
15
AUG ~~22~~ 2016
BY
CALHOUN COUNTY AUDITOR

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
8/8/2016

Nursing Home	IBC Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	IGT Transfer-In	MMC Portion - Return of IGT	MMC Portion - Federal Match	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens	4553	479,973.70	479,873.70	108,535.63	-	-	-	-	108,635.63	108,535.63

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 - Return of IGT	MMC Portion - Federal Match	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Solera at West Houston	4561	135,701.04	135,601.04	86,447.34	-	-	-	-	86,547.34	86,447.34
Crescent	4588	48,748.66	48,648.66	57,921.03	-	-	-	-	58,021.03	57,921.03
Broadmoor	4596	33,926.10	33,826.10	127,733.87	-	-	277.86	277.85	127,833.87	127,456.01
Fort Bend	4618	147,116.10	147,016.10	45,549.29	-	-	-	-	45,649.29	45,549.29
										317,373.67

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

Approved:

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

Michael J. Pfeifer
Calhoun County Judge
Date: 9-7-16

APPROVED
AUG 16 2016
COUNTY AUDITOR

E:\NH Weekly Transfers\NH UPL Transfer Summary 8-15-16.xlsx

IBC Bank Activity
8/8/16 through 8/14/16

						Transfer-Out	Transfer-In	
[redacted]								
[redacted]	[redacted]	[redacted]	[redacted]	142	ACH CREDIT RECEIVED		6,403.87	AGING DISAB SVCS HCCLAIMPMT|MEMORIAL MEDICAL CENTE|5
[redacted]	[redacted]	[redacted]	[redacted]	475	CHECK PAID	314,345.10		
[redacted]	[redacted]	[redacted]	[redacted]	301	COMMERCIAL DEPOSIT		52,076.80	
[redacted]	[redacted]	[redacted]	[redacted]	142	ACH CREDIT RECEIVED		48.16	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|T
[redacted]	[redacted]	[redacted]	[redacted]	142	ACH CREDIT RECEIVED		771.61	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1
[redacted]	[redacted]	[redacted]	[redacted]	495	OUTGOING MONEY TRANSFER	165,528.60		ASHFORD HEALTH CARE CENTER LTD
[redacted]	[redacted]	[redacted]	[redacted]	301	COMMERCIAL DEPOSIT		49,235.19	
						479,873.70	108,535.63	

Solera at West Houston						Transfer-Out	Transfer-In	
8/8/2016	[redacted]	5025	[redacted]	4561	475 CHECK PAID	91,577.06		
8/8/2016	[redacted]	5025	[redacted]	4561	142 ACH CREDIT RECEIVED		2,247.61	AGING DISAB SVCS HCCLAIMPMT|MEMORIAL MEDICAL CENTE|5
8/8/2016	[redacted]	5025	[redacted]	4561	142 ACH CREDIT RECEIVED		5,349.87	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TR
8/8/2016	[redacted]	5025	[redacted]	4561	301 COMMERCIAL DEPOSIT		30,532.89	
8/9/2016	[redacted]	5025	[redacted]	4561	495 OUTGOING MONEY TRANSFER	44,023.98		CANTEX HEALTH CARE CENTERS LLC
8/12/2016	[redacted]	5025	[redacted]	4561	301 COMMERCIAL DEPOSIT		48,316.97	
						135,601.04	86,447.34	

Crescent						Transfer-Out	Transfer-In	
8/8/2016	[redacted]	5025	[redacted]	4588	301 COMMERCIAL DEPOSIT		33,568.38	
8/8/2016	[redacted]	5025	[redacted]	4588	142 ACH CREDIT RECEIVED		13,237.19	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*016
8/8/2016	[redacted]	5025	[redacted]	4588	475 CHECK PAID	30,270.19		
8/9/2016	[redacted]	5025	[redacted]	4588	142 ACH CREDIT RECEIVED		1,877.09	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*
8/9/2016	[redacted]	5025	[redacted]	4588	495 OUTGOING MONEY TRANSFER	18,378.47		CANTEX HEALTH CARE CENTERS III
8/11/2016	[redacted]	5025	[redacted]	4588	142 ACH CREDIT RECEIVED		177.65	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*
8/12/2016	[redacted]	5025	[redacted]	4588	301 COMMERCIAL DEPOSIT		5,515.80	
8/12/2016	[redacted]	5025	[redacted]	4588	142 ACH CREDIT RECEIVED		3,544.92	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*
						48,648.66	57,921.03	

Broadmoor						Transfer-Out	Transfer-In	
8/8/2016	[redacted]	5025	[redacted]	4596	142 ACH CREDIT RECEIVED		9,330.29	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*
8/8/2016	[redacted]	5025	[redacted]	4596	301 COMMERCIAL DEPOSIT		45,032.58	
8/8/2016	[redacted]	5025	[redacted]	4596	475 CHECK PAID	7,069.29		
8/9/2016	[redacted]	5025	[redacted]	4596	142 ACH CREDIT RECEIVED		3,667.87	AGING DISAB SVCS HCCLAIMPMT|MEMORIAL MEDICAL CENTE|5
8/9/2016	[redacted]	5025	[redacted]	4596	495 OUTGOING MONEY TRANSFER	26,756.81		CANTEX HEALTH CARE CENTERS III
8/12/2016	[redacted]	5025	[redacted]	4596	301 COMMERCIAL DEPOSIT		69,703.13	
						33,826.10	127,733.87	

Fort Bend						Transfer-Out	Transfer-In	
8/8/2016	[redacted]	5025	[redacted]	4618	301 COMMERCIAL DEPOSIT		23,445.70	
8/8/2016	[redacted]	5025	[redacted]	4618	475 CHECK PAID	97,431.64		
8/9/2016	[redacted]	5025	[redacted]	4618	142 ACH CREDIT RECEIVED		2,623.68	Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRN*1*
8/9/2016	[redacted]	5025	[redacted]	4618	142 ACH CREDIT RECEIVED		4,006.69	AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|T
8/9/2016	[redacted]	5025	[redacted]	4618	495 OUTGOING MONEY TRANSFER	49,584.46		CANTEX HEALTH CARE CENTERS III
8/9/2016	[redacted]	5025	[redacted]	4618	142 ACH CREDIT RECEIVED		985.18	AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|TRN
8/11/2016	[redacted]	5025	[redacted]	4618	142 ACH CREDIT RECEIVED		7,570.00	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT
8/12/2016	[redacted]	5025	[redacted]	4618	301 COMMERCIAL DEPOSIT		6,918.04	
						147,016.10	45,549.29	

Count	Eligibility Period	NPI	Current Contract	Previous Contract	Facility Number	TIN	Legal Entity	DBA Facility Name		FFS (Net Payable)	Molina	United Health-care	Superior	Ameri-group	Cigna	Total	Net Payable	Return of IGT	MMC Federal Match	Caritas Federal Match	Total IGT Return and Federal Match
164	2	36189	9516	17	4811		13005	Memorial Medical Center	Ashford Gardens	$460,299.61	$40,220.52	$62,564.84	$201,101.68	$0.00	$156,412.57	$0.00	$460,299.61	$420,079.09	$208,450.79	$105,814.15	$105,814.15	$420,079.09
188	2	30433	9524	12	105818		13004	Memorial Medical Center	The Broadmoor at Creekside Park	$11,669.98	$1,667.14	$1,111.43	$8,668.57	$555.71	$1,667.14	$0.00	$11,669.99	$10,002.85	$4,963.59	$2,241.77	$2,241.77	$9,447.14
187	2	30425	9564	12	105314		13006	Memorial Medical Center	The Crescent	$42,474.55	$2,022.60	$8,090.38	$10,112.98	$0.00	$22,248.59	$0.00	$42,474.55	$40,451.95	$20,072.95	$10,189.48	$10,189.48	$40,451.95
188	2	13259	9585	13	105006		13007	Memorial Medical Center	Solera at West Houston	$127,087.24	$4,706.93	$28,241.58	$56,483.16	$0.00	$37,655.44	$0.00	$127,087.11	$122,380.18	$60,727.24	$30,826.47	$30,826.47	$122,380.18
189	2	17503	9586	28	4628		13006	Memorial Medical Center	Fort Bend Healthcare Center	$143,224.57	$13,020.40	$52,081.61	$65,102.01	$0.00	$13,020.40	$0.00	$143,224.42	$130,204.02	$64,609.57	$32,797.22	$32,797.22	$130,204.02
											$152,089.84	$339,468.40	$555.71	$231,004.14	$0.00		$723,118.09	$358,824.19	$181,869.09	$181,869.09	$722,562.38
											29-Jun	8-Jul	Paid 8/11/15	29-Jun							

IGT	953,379.45	8/17/2015	$722,562.38
IGT	953,379.45	11/10/2015	
IGT	1,199,607.62	2/12/2016	
IGT	1,199,544.75	5/16/2016	
	4,305,911.27	Total IGT's for MPAP program	

Actual Return of IGTs

358,831.18	Return of IGT - Sept
358,831.18	Return of IGT - Oct
358,831.18	Return of IGT - Nov
1,076,493.54	Total Return of IGTs
358,824.19	Monthly Return of IGTs

Account Portfolio as of 08/15/2016 8:17:27 AM

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

Commercial Checking Accounts

Account Name	Account Number	Today's Beginning Balance	Available Balance
Memorial Medical Center	3387	$245,550.14	$245,550.14
Memorial Medical Center	4553	$108,635.63	$108,635.63
Memorial Medical Center	4561	$86,547.34	$89,688.37
Memorial Medical Center	4588	$58,021.03	$62,628.70
Memorial Medical Center	4596	$127,833.87	$127,833.87
Memorial Medical Center	4618	$45,649.29	$45,649.29
Memorial Medical Center Operat	0301	$3,234,001.92	$3,133,376.22
County of Calhoun Indigent	1101	$16,144.64	$16,144.64
Totals		**$3,922,383.86**	**$3,829,506.86**

Payable List

For MMC Portion - Federal Match $ 277.86

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
8/8/2016

Nursing Home	IBC Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	IGT Transfer-In	MMC Portion - Return of IGT	MMC Portion - Federal Match	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens					-	-	-	-		

Routing Information for Ashford Gardens:
Ashford Health Care Center Ltd Co
JP Margan Chase Bank

Payable List
For CK#005

Nursing Home	IBC Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	IGT Transfer-In	MMC Portion - Return of IGT	MMC Portion - Federal Match	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
					-	-	-	-		
					-	-	-	-		
Broadmoor	4596	33,926.10	33,826.10	127,733.87	-	-	277.86	277.85	127,833.87	127,456.01
					-	-	-	-		

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

Approved: Michael J. Pfeil

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

APPROVED
ON
AUG 17 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Count	Eligibility Period	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 Payable	Return of IGT	MMC Federal Match	Cantex Federal Match	Total IGT Return and Federal Match
164	2	1189	001026516	3027	4811	1113005	Memorial Medical Center	Ashford Gardens	$460,299.61	$40,220.52	$62,564.84	$201,101.68	$0.00	$156,412.57	$0.00	$460,299.61	$420,079.09	$208,450.79	$105,814.15	$105,814.15	$420,079.09
168	2	1433	001026524	5592	105818	1113004	Memorial Medical Center	The Broadmoor at Creekside Park	$11,669.98	$1,667.14	$1,111.43	$6,668.57	$555.71	$1,667.14	$0.00	$11,669.99	$10,002.85	$4,983.59	$2,241.77	$2,241.77	$9,447.14
167	2	1425	001026584	0672	105314	1113008	Memorial Medical Center	The Crescent	$42,474.55	$2,022.60	$8,090.38	$10,112.98	$0.00	$22,248.59	$0.00	$42,474.55	$40,451.95	$20,072.98	$10,189.48	$10,189.48	$40,451.95
188	2	1259	001026585	9963	105006	1113007	Memorial Medical Center	Solera at West Houston	$127,087.24	$4,706.93	$28,241.58	$56,483.16	$0.00	$37,655.44	$0.00	$127,087.11	$122,380.18	$60,727.24	$30,826.47	$30,826.47	$122,380.18
189	2	1503	001026582	5928	4628	1113006	Memorial Medical Center	Fort Bend Healthcare Center	$143,224.57	$13,020.40	$52,081.61	$65,102.01	$0.00	$13,020.40	$0.00	$143,224.42	$130,204.02	$64,608.57	$32,797.22	$32,797.22	$130,204.02
											$152,089.84	$339,468.40	$555.71	$231,004.14	$0.00		$723,118.09	$358,824.19	$181,869.09	$181,869.09	$722,562.38
											29-Jun	8-Jul	Paid 8/11/16	29-Jun							

IGT	953,379.45	8/17/2015	$722,562.38
IGT	953,379.45	11/10/2015	
IGT	1,199,607.62	2/12/2016	
IGT	1,199,544.75	5/16/2016	
	4,305,911.27	Total IGT's for MPAP program	

Actual Return of IGTs

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358,831.18	Return of IGT - Oct
358,831.18	Return of IGT - Nov
1,076,493.54	Total Return of IGTs
358,824.19	Monthly Return of IGTs

APPROVED
ON

AUG 17 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

005
88-502/1131

8/16/16
Date

Pay to the Order of Memorial Medical Center $ 277.86

Two Hundred Seventy Seven & 86 Dollars

Security Features Details on Back.

IBC Bank
Port Lavaca, TX 77979

For MPAP-Broadmoor-June

VP

⑈ 150251 ⑈ 4596⑈0005

RUN DATE:08/17/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:09:36 CHECK REGISTER GLCKREG
08/16/16 THRU 08/17/16

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHB	000005	08/16/16	277.86	MEMORIAL MEDICAL CENTER
TOTALS:			277.86	

APPROVED
ON
AUG 17 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

APPROVED
ON
AUG 18 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

08/16/2016 MEMORIAL MEDICAL CENTER 0
17:26 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 09/02/2016

Vendor#	Vendor Name	Class	Pay Code
10250	4IMPRINT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
4817964		08/12/20	08/03/20	09/02/20		303.76	0.00	0.00	303.76
	BUSINESS DEVELOPMENT								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10250	4IMPRINT	303.76	0.00	0.00	303.76

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
22582		08/15/20	07/20/20			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 USA, LLC - CENTRAL DIV	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9938163913		08/11/20	07/31/20	08/30/20		410.44	0.00	0.00	410.44
	SUPPLIES PLANT OPS								
9053882226		08/11/20	07/31/20	08/30/20		2,051.46	0.00	0.00	2,051.46
	OXYGEN								
9938163914		08/11/20	07/31/20	08/30/20		368.76	0.00	0.00	368.76
	SUPPLIES PLANT OPS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	2,830.66	0.00	0.00	2,830.66

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
9649156799		08/12/20	07/26/20	08/25/20		1,113.00	0.00	0.00	1,113.00
	INTRA OCULAR LENSES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1690	ALCON LABORATORIES, INC.	1,113.00	0.00	0.00	1,113.00

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
22537		08/15/20	06/14/20	06/29/20		599.00	0.00	0.00	599.00
	MINOR EQUIPMENT PT Portable A/C unit - PT at Plaza								
22849		08/15/20	08/11/20	08/26/20		179.00	0.00	0.00	179.00
	MINOR EQUIPMENT ICU - under cabinet Refrigerator								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10931	AMERICAN APPLIANCE	778.00	0.00	0.00	778.00

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
804716		08/16/20	08/12/20	08/27/20		73.60	0.00	0.00	73.60
	SUPPLIES PLANT OPS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2600	AUTO PARTS & MACHINE CO.	73.60	0.00	0.00	73.60

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
	44762753		08/10/20	08/01/20	08/31/20		216.75	0.00	0.00	216.75
		CS INVENTORY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		B0436	BARD ACCESS				216.75	0.00	0.00	216.75
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
	51639470		08/10/20	08/01/20	08/31/20		400.86	0.00	0.00	400.86
		CS INVENTORY & RECOVERY								
	51639478		08/11/20	08/01/20	08/31/20		2,767.00	0.00	0.00	2,767.00
		IV PUMP RENTAL								
	51641761		08/11/20	08/01/20	08/31/20		190.50	0.00	0.00	190.50
		IV PUMP RENTAL								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		B1075	BAXTER HEALTHCARE CORP				3,358.36	0.00	0.00	3,358.36
Vendor#	Vendor Name				Class	Pay Code				
10599	BKD, LLP									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	BK00630138		07/31/20	07/29/20	08/28/20		18,778.00	0.00	0.00	18,778.00
		AUDITING FEES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10599	BKD, LLP				18,778.00	0.00	0.00	18,778.00
Vendor#	Vendor Name				Class	Pay Code				
B1650	BOSART LOCK & KEY INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	109752		07/29/20	07/28/20	08/27/20		11.20	0.00	0.00	11.20
		SUPPLIES CLINIC								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		B1650	BOSART LOCK & KEY INC				11.20	0.00	0.00	11.20
Vendor#	Vendor Name				Class	Pay Code				
B1680	BOUND TREE MEDICAL, LLC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	82225822		08/10/20	08/01/20	08/31/20		90.84	0.00	0.00	90.84
		CS INVENTORY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		B1680	BOUND TREE MEDICAL, LLC				90.84	0.00	0.00	90.84
Vendor#	Vendor Name				Class	Pay Code				
11054	BRENDA PENA									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	21229		08/16/20	07/24/20	07/24/20		23.50	0.00	0.00	23.50
		CONT EDUCATION OB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11054	BRENDA PENA				23.50	0.00	0.00	23.50
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
	23547603		07/31/20	07/27/20	08/26/20		166.37	0.00	0.00	166.37
		SUPPLIES SURGERY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net

	D1040	C R BARD, INC				166.37	0.00	0.00	166.37

Vendor#	Vendor Name	Class	Pay Code
11224	CABLES AND SENSORS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
24204		08/11/20	08/03/20	09/02/20			70.00	0.00	0.00	70.00
	SUPPLIES OB									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11224	CABLES AND SENSORS	70.00	0.00	0.00	70.00

Vendor#	Vendor Name	Class	Pay Code
C1033	CAD SOLUTIONS, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
202061		08/11/20	07/31/20	08/30/20			536.00	0.00	0.00	536.00
	OUTSIDE SRV MAMMO									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1033	CAD SOLUTIONS, INC	536.00	0.00	0.00	536.00

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
21204		08/11/20	07/31/20	08/04/20			25.00	0.00	0.00	25.00
	CREDIT UNION EMPLOYEE									

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
11041	CALHOUN CO INDIGENT ACCT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21205		08/11/20	08/09/20	08/09/20			490.00	0.00	0.00	490.00
	INDIGENT CO PAYS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11041	CALHOUN CO INDIGENT ACCT	490.00	0.00	0.00	490.00

Vendor#	Vendor Name	Class	Pay Code
C1048	CALHOUN COUNTY	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21207		08/12/20	06/24/20	06/24/20			179.57	0.00	0.00	179.57
	FUEL TRANSPORTATION 6/24/16 closing Date									
21208		08/12/20	07/24/20	07/24/20			146.33	0.00	0.00	146.33
	FUEL TRANSPORTATION 7/24/16 closing Date									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY	325.90	0.00	0.00	325.90

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
8001090860		08/12/20	07/23/20	08/27/20			127.12	0.00	0.00	127.12
	SUPPLIES NUC MED									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1825	CARDINAL HEALTH 414,LLC	127.12	0.00	0.00	127.12

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
21215		08/12/20	07/31/20	07/31/20			1,031.25	0.00	0.00	1,031.25
	OUTSIDE SRV OCC THERAPY									
21216		08/12/20	07/31/20	07/31/20			165.00	0.00	0.00	165.00

OUTSIDE SRV OCC THERAPY

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	Z0850	CARMEN C. ZAPATA-ARROYO	1,196.25	0.00	0.00	1,196.25

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
DVS0979		08/11/20	08/02/20	09/01/20		52.78	0.00	0.00	52.78

OFFICE SUPPLIES HR

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.	52.78	0.00	0.00	52.78

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
21228		08/16/20	07/31/20	08/30/20		90.00	0.00	0.00	90.00

PHARMACY DRUGS 7/7/16

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1390	CENTRAL DRUGS	90.00	0.00	0.00	90.00

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
92070171		08/10/20	08/01/20	08/31/20		1,116.04	0.00	0.00	1,116.04

SUPPLIES VARIOUS DEPTS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
92072807		08/10/20	08/03/20	09/02/20		223.80	0.00	0.00	223.80

CS INVENTORY

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10350	CENTURION MEDICAL PRODUCTS	1,339.84	0.00	0.00	1,339.84

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
245517		08/10/20	08/03/20	09/02/20		89.25	0.00	0.00	89.25

SUPPLIES SURGERY

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1970	CONMED CORPORATION	89.25	0.00	0.00	89.25

Vendor#	Vendor Name	Class	Pay Code
L1430	CONMED LINVATEC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2336180		08/10/20	08/01/20	08/31/20		284.28	0.00	0.00	284.28

SUPPLIES SURGERY

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	L1430	CONMED LINVATEC	284.28	0.00	0.00	284.28

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
555X02078103		08/16/20	07/31/20	08/22/20		303.50	0.00	0.00	303.50

SUPPLIES PLANT OPS

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	R1050	CULLIGAN OF VICTORIA	303.50	0.00	0.00	303.50

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
210962		08/10/20	07/27/20	08/26/20		155.08	0.00	0.00	155.08

SUPPLIES XRAY

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10006	CUSTOM MEDICAL SPECIALTIES	155.08	0.00	0.00	155.08

Vendor# 11231 Vendor Name: DAVID SCOTT ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21230		08/16/20	08/09/20	08/09/20		750.00	0.00	0.00	750.00 ✓
	RECOVER CHAIRS(2) & 2 couches								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11231	DAVID SCOTT	750.00	0.00	0.00	750.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
478079-1 ✓		07/28/20	07/27/20	08/26/20		25.23	0.00	0.00	25.23 ✓
	SUPPLIES HIM								
476608-1 ✓		07/28/20	07/27/20	08/26/20		16.19	0.00	0.00	16.19 ✓
	CS INVENTORY								
478457-0 ✓		07/29/20	07/27/20	08/26/20		103.96	0.00	0.00	103.96 ✓
	SUPPLIES ACCOUNTING								
478396-0 ✓		07/29/20	07/27/20	08/26/20		96.35	0.00	0.00	96.35 ✓
	OFFICE SUPPLIES BUS DEV								
478435-0 ✓		07/29/20	07/27/20	08/26/20		339.28	0.00	0.00	339.28 ✓
	OFFICE SUPPLIES HR								
478404-0 ✓		07/29/20	07/27/20	08/26/20		9.52	0.00	0.00	9.52 ✓
	CS INVENTORY								
478957-0 ✓		08/10/20	08/03/20	09/02/20		51.29	0.00	0.00	51.29 ✓
	SUPPLIES DIETARY								
478491-0 ✓		08/11/20	07/28/20	08/27/20		28.29	0.00	0.00	28.29 ✓
	OFFICE SUPPLIES BUS OFFIC								
478741-0 ✓		08/11/20	08/02/20	09/01/20		64.47	0.00	0.00	64.47 ✓
	OFFICE SUPPLIES CLINIC								
478725-0 ✓		08/11/20	08/02/20	09/01/20		183.34	0.00	0.00	183.34 ✓
	SUPPLIES HIM								
478743-0 ✓		08/11/20	08/02/20	09/01/20		56.70	0.00	0.00	56.70 ✓
	OFFICE SUPPLIES HR								
478742-0 ✓		08/11/20	08/02/20	09/01/20		183.34	0.00	0.00	183.34 ✓
	SUPPLIES HIM								
473261-0 ✓		08/15/20	05/23/20	06/22/20		27.08	0.00	0.00	27.08 ✓
	SUPPLIES HIM								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	1,185.04	0.00	0.00	1,185.04

Vendor# 11219 Vendor Name: DIAGNOS TEMPS, INC Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
012539		08/12/20	07/31/20			2,920.00	0.00	0.00	2,920.00 ✓
	PROF FEES XRAY 40hrs 7/18 - 22/2016 Sam Moore								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11219	DIAGNOS TEMPS, INC	2,920.00	0.00	0.00	2,920.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8747 ✓		07/31/20	08/01/20	08/31/20		68.91	0.00	0.00	68.91 ✓

		FORM SUPPLIES CS								
	8748 ✓		08/10/20	08/01/20	08/31/20		79.95	0.00	0.00	79.95 ✓
		FORM SUPPLIES CS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		D1752	DLE PAPER & PACKAGING				148.86	0.00	0.00	148.86
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
	383834 ✓		08/10/20	08/03/20	09/02/20		153.03	0.00	0.00	153.03 ✓
		SUPPLIES SURGERY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10042	ERBE USA INC SURGICAL SYSTEMS				153.03	0.00	0.00	153.03
Vendor#	Vendor Name					Class	Pay Code			
11225	ERIKA OSORNIA									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	21206		08/11/20	07/18/20	07/18/20		23.50	0.00	0.00	23.50 Take off No Receipt
		CONT EDUCATION OB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11225	ERIKA OSORNIA				23.50	0.00	0.00	23.50
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
	A1608021378 ✓		08/11/20	08/02/20	09/01/20		16,090.00	0.00	0.00	16,090.00
		SOFTWARE MAINT IT								✓
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C2510	EVIDENT				16,090.00	0.00	0.00	16,090.00
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
	08A16mmc ✓		08/11/20	08/01/20	08/31/20		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			
F1106	FDA-MQSA PROGRAM ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	1745400021 ✓		08/12/20	08/01/20	08/31/20		548.00	0.00	0.00	548.00 ✓
		OUTSIDE SRV MAMMO								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		F1106	FDA-MQSA PROGRAM				548.00	0.00	0.00	548.00
Vendor#	Vendor Name					Class	Pay Code			
10003	FILTER TECHNOLOGY CO, INC ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	89503 ✓		08/15/20	07/29/20	08/28/20		260.00	0.00	0.00	260.00 ✓
		SUPPLIES PLANT OPS								
	89614 ✓		08/15/20	08/04/20	09/02/20		376.66	0.00	0.00	376.66 ✓
		SUPPLIES PLANT OPS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10003	FILTER TECHNOLOGY CO, INC				636.66	0.00	0.00	636.66
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

21203	08/11/20	08/04/20	08/04/20	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
2089128 ✓	07/31/20	07/26/20	08/26/20		426.27	0.00	0.00	426.27 ✓
LAB SUPPLIES								
2197282 ✓	07/31/20	07/27/20	08/26/20		1,334.42	0.00	0.00	1,334.42 ✓
SUPPLIES LAB								
2197281 ✓	07/31/20	07/27/20	08/26/20		1,005.47	0.00	0.00	1,005.47 ✓
SUPPLIES LAB								
Vendor Totals Number	Name				Gross	Discount	No-Pay	Net
F1400	FISHER HEALTHCARE				2,766.16	0.00	0.00	2,766.16
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
0204141-IN ✓	08/11/20	08/01/20	08/31/20		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				
10653 GLOBAL EQUIPMENT CO. INC ✓								
Invoice# Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
109812779 ✓	08/11/20	07/30/20	08/29/20		95.62	0.00	0.00	95.62 ✓
SUPPLIES GROUNDS								
109820854 ✓	08/11/20	08/02/20	09/01/20		305.65	0.00	0.00	305.65 ✓
SUPPLIES GROUNDS								
109822661 ✓	08/11/20	08/02/20	09/01/20		113.54	0.00	0.00	113.54 ✓
SUPPLIES GROUNDS								
Vendor Totals Number	Name				Gross	Discount	No-Pay	Net
10653	GLOBAL EQUIPMENT CO. INC.				514.81	0.00	0.00	514.81
Vendor# Vendor Name			Class	Pay Code				
11226 GUILLERMINA DIAZ-MARTINEZ								
Invoice# Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
21217	08/12/20	08/09/20	08/09/20		700.00	0.00	0.00	700.00 Take Off No Invoice
OUTSIDE SRV GROUNDS								
Vendor Totals Number	Name				Gross	Discount	No-Pay	Net
11226	GUILLERMINA DIAZ-MARTINEZ				700.00	0.00	0.00	700.00
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
104423 ✓	08/11/20	08/02/20	08/12/20		15.49	0.00	0.00	15.49 ✓
SUPPLIES PLANT OPS								
104446 ✓	08/11/20	08/02/20	08/12/20		27.97	0.00	0.00	27.97 ✓
SUPPLIES PLANT OPS								
104445 ✓	08/11/20	08/02/20	08/12/20		32.95	0.00	0.00	32.95 ✓
SUPPLIES PLANT OPS								
104459 ✓	08/11/20	08/03/20	08/13/20		26.55	0.00	0.00	26.55 ✓
SUPPLIES PLANT OPS								

104450		08/11/20	08/03/20	08/13/20	13.98	0.00	0.00	13.98
	SUPPLIES PLANT OPS							
104473		08/11/20	08/03/20	08/13/20	29.97	0.00	0.00	29.97
	SUPPLIES PLANT OPS							
104598		08/11/20	08/08/20	08/18/20	16.71	0.00	0.00	16.71
	SUPPLIES PLANT OPS							
104504		08/12/20	08/04/20	08/14/20	12.99	0.00	0.00	12.99
	SUPPLIES PLANT OPS							
104503		08/12/20	08/04/20	08/14/20	17.73	0.00	0.00	17.73
	SUPPLIES PLANT OPS							
104488		08/12/20	08/04/20	08/14/20	14.98	0.00	0.00	14.98
	SUPPLIES PLANT OPS							
104622		08/15/20	08/09/20	08/19/20	3.54	0.00	0.00	3.54
	SUPPLIES PLANT OPS							
104632		08/15/20	08/09/20	08/19/20	5.99	0.00	0.00	5.99
	SUPPLIES PLANT OPS							
104668		08/15/20	08/10/20	08/20/20	5.99	0.00	0.00	5.99
	SUPPLIES PLANT OPS							
104704		08/15/20	08/11/20	08/21/20	50.69	0.00	0.00	50.69
	SUPPLIES PLANT OPS							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	A1292	GULF COAST HARDWARE / ACE			275.53	0.00	0.00	275.53

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
1174494		08/10/20	08/02/20	09/01/20		215.89	0.00	0.00	215.89
	SUPPLIES HOUSEKEEPING								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY				215.89	0.00	0.00	215.89

Vendor#	Vendor Name	Class	Pay Code
10334	HEALTH CARE LOGISTICS INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
5953622		08/11/20	07/28/20	08/27/20		13.35	0.00	0.00	13.35
	SUPPLIES PHARMACY								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10334	HEALTH CARE LOGISTICS INC				13.35	0.00	0.00	13.35

Vendor#	Vendor Name	Class	Pay Code
H1399	HILL-ROM COMPANY, INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
280779		08/12/20	08/03/20	09/02/20		381.95	0.00	0.00	381.95
	REPAIRS OB								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	H1399	HILL-ROM COMPANY, INC				381.95	0.00	0.00	381.95

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
851097168		08/11/20	08/01/20	08/31/20		11.25	0.00	0.00	11.25
	MAINT CONT 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
1771 ✓		08/15/20	07/31/20	08/30/20			14,416.98	0.00	0.00	14,416.98 ✓
	OUTSIDE SRV PHARMACY July 25 - Aug 10, 2016									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10922	HUNTER PHARMACY SERVICES	14,416.98	0.00	0.00	14,416.98

Vendor# I0415 Vendor Name: INDEPENDENCE MEDICAL ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
41196617 ✓		07/31/20	07/27/20	08/26/20			52.80	0.00	0.00	52.80 ✓
	CS INVENTORY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I0415	INDEPENDENCE MEDICAL	52.80	0.00	0.00	52.80

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
916848815 ✓		08/10/20	07/26/20	08/26/20			459.73	0.00	0.00	459.73 ✓
	SUPPLIES SURGERY									
916854680 ✓		08/10/20	07/27/20	08/26/20			315.91	0.00	0.00	315.91 ✓
	SUPPLIES SURGERY									
916883664 ✓		08/15/20	08/03/20	09/02/20			459.73	0.00	0.00	459.73 ✓
	SUPPLIES SURGERY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE SYSTEMS, INC	1,235.37	0.00	0.00	1,235.37

Vendor# W1369 Vendor Name: JACK WU ✓ Class: W Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
231221		08/15/20	08/08/20	08/08/20			732.64	0.00	0.00	732.64 ✓
	TRAVEL EXPENSE ADMIN 7/28 - 30/2016 Mileage + Hotel									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W1369	JACK WU	732.64	0.00	0.00	732.64

Vendor# 11230 Vendor Name: JACKSON & COKER LOCUM TENENS, ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
352980		08/16/20	08/09/20	08/09/20			8,392.12	0.00	0.00	8,392.12
	PROF FEES OB 8/3, 8/4, 8/5, 8/6/2016									8392.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11230	JACKSON & COKER LOCUM TENENS,	8,392.12	0.00	0.00	8,392.12

Vendor# J1415 Vendor Name: JOHNSTONE SUPPLY ✓ Class: W Pay Code:

8392.00

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
6002456 ✓		08/12/20	08/05/20	08/15/20			885.41	0.00	0.00	885.41 ✓
	NEW A/C FOR LAB									
6002457 ✓		08/12/20	08/05/20	08/15/20			4,079.60	0.00	0.00	4,079.60 ✓
	NEW A/C FOR LAB									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J1415	JOHNSTONE SUPPLY	4,965.01	0.00	0.00	4,965.01

Vendor# K1255 Vendor Name: KRAMES Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8108350 ✓		08/11/20	07/27/20	08/26/20			201.76	0.00	0.00	201.76 ✓
	SUPPLIES SURGICAL CLINIC									

	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		K1255	KRAMES				201.76	0.00	0.00	201.76
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
	53883		08/12/20	07/28/20	08/28/20		179.10	0.00	0.00	179.10
		SUPPLIES PT								
	21210		08/12/20	07/28/20	08/28/20		25.00	0.00	0.00	25.00
		LOWES FEES Late Fee								
	21211		08/12/20	08/02/20	08/28/20		11.00	0.00	0.00	11.00
		INTEREST FEE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		L1640	LOWE'S HOME CENTERS INC				215.10	0.00	0.00	215.10
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
	21200		08/11/20	08/04/20	08/04/20		1,282.50	0.00	0.00	1,282.50
		EMPLOYEE PERSONAL INVES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10972	M G TRUST				1,282.50	0.00	0.00	1,282.50
Vendor#	Vendor Name				Class	Pay Code				
M1500	MARKS PLUMBING PARTS				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	INV0015436476		08/11/20	07/29/20	08/28/20		255.36	0.00	0.00	255.36
		SUPPLIES PLANT OPS								
	INV001537407		08/11/20	08/02/20	09/01/20		1,115.08	0.00	0.00	1,115.08
		MINOR EQUIPMENT PLANT OI								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M1500	MARKS PLUMBING PARTS				1,370.44	0.00	0.00	1,370.44
Vendor#	Vendor Name				Class	Pay Code				
10613	MEDIMPACT HEALTHCARE SYS, INC.				ICP					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	21220		08/12/20	08/04/20	08/04/20		1,149.65	0.00	0.00	1,149.65 OK
		DONATION From Hospital Employee to Pay HEB Piece for Indigent Program								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10613	MEDIMPACT HEALTHCARE SYS, INC.				1,149.65	0.00	0.00	1,149.65
Vendor#	Vendor Name				Class	Pay Code				
M2827	MEDIVATORS				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	2425554		08/10/20	08/01/20	08/31/20		247.90	0.00	0.00	247.90
		SUPPLIES SURGERY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2827	MEDIVATORS				247.90	0.00	0.00	247.90
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
	21207		08/11/20	07/21/20	07/21/20		23.50	0.00	0.00	23.50
		CONT EDUCATION OB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10945	MELANIE GRIFFITH				23.50	0.00	0.00	23.50
Vendor#	Vendor Name				Class	Pay Code				
M2550	MELSTAN, INC.				W					

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
0020858		08/16/20	08/08/20	08/18/20		4.85	0.00	0.00	4.85
	SUPPLIES GROUNDS								
0020925		08/16/20	08/12/20	08/22/20		47.90	0.00	0.00	47.90
	SUPPLIES GROUNDS								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2550	MELSTAN, INC.				52.75	0.00	0.00	52.75

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
21202		08/11/20	08/04/20	08/04/20		110.00	0.00	0.00	110.00
	EMPLOYEE CO PAYS								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10963	MEMORIAL MEDICAL CLINIC				110.00	0.00	0.00	110.00

Vendor#	Vendor Name	Class	Pay Code
M2590	MERCURY MEDICAL	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
774633		08/10/20	08/01/20	08/31/20		179.38	0.00	0.00	179.38
	CS INVENTORY								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2590	MERCURY MEDICAL				179.38	0.00	0.00	179.38

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
SINV118441		08/11/20	07/31/20	08/10/20		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
30094283032		07/31/20	07/27/20	08/26/20		1,170.45	0.00	0.00	1,170.45
	SUPPLIES XRAY								
30094283031		07/31/20	07/27/20	08/26/20		469.02	0.00	0.00	469.02
	SUPPLIES MRI								
32590506497		08/11/20	07/27/20	08/26/20		266.67	0.00	0.00	266.67
	MAINT CONTR XRAY								
32590507303		08/12/20	08/02/20	09/01/20		266.67	0.00	0.00	266.67
	OUTSIDE SRV MAMMO								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2659	MERRY X-RAY/SOURCEONE HEALTHCA				2,172.81	0.00	0.00	2,172.81

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
21209		08/12/20	07/22/20	07/22/20		96.66	0.00	0.00	96.66
	EMPLOYEE GIFT SHOP PURC								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP				96.66	0.00	0.00	96.66

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

AUGUST152016	08/16/20	08/15/20	08/15/20	46,708.52	0.00	0.00	46,708.52
EMPLOYEE MEDICAL CLAIMS							
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN		46,708.52	0.00	0.00	46,708.52

Vendor#	Vendor Name	Class	Pay Code
M3331	MOORE MEDICAL LLC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
99158722 I		08/10/20	08/02/20	09/01/20			48.20	0.00	0.00	48.20
	SUPPLIES SPECIALTY CLINIC									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	M3331	MOORE MEDICAL LLC					48.20	0.00	0.00	48.20

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
9176220		08/11/20	08/09/20	08/10/20			58.20	0.00	0.00	58.20
	PHARMACY DRUGS									
9176219		08/11/20	08/09/20	08/10/20			1,300.03	0.00	0.00	1,300.03
	PHARMACY DRUGS									
9176218		08/11/20	08/09/20	08/10/20			37.42	0.00	0.00	37.42
	PHARMACY DRUGS									
9160397		08/15/20	08/05/20	08/06/20			1,500.00	0.00	0.00	1,500.00
	OUTSIDE SRV PHARMACY									
7327		08/15/20	08/08/20	08/09/20			-1,807.88	0.00	0.00	-1,807.88
	PHARMACY CREDIT									
7328		08/15/20	08/08/20	08/09/20			-51.14	0.00	0.00	-51.14
	PHARMACY CREDIT									
7326		08/15/20	08/08/20	08/09/20			-4.99	0.00	0.00	-4.99
	PHARMACY CREDIT									
7329		08/15/20	08/08/20	08/09/20			-13.92	0.00	0.00	-13.92
	PHARMACY CREDIT									
9182308		08/15/20	08/10/20	08/11/20			6.29	0.00	0.00	6.29
	PHARMACY DRUGS									
9178144		08/15/20	08/10/20	08/11/20			30.40	0.00	0.00	30.40
	PHARMACY DRUGS									
9178145		08/15/20	08/10/20	08/11/20			108.00	0.00	0.00	108.00
	PHARMACY DRUGS									
9182309		08/15/20	08/10/20	08/11/20			1,311.19	0.00	0.00	1,311.19
	PHARMACY DRUGS									
9186720		08/15/20	08/11/20	08/12/20			387.51	0.00	0.00	387.51
	PHARMACY DRUGS									
9186721		08/15/20	08/11/20	08/12/20			314.74	0.00	0.00	314.74
	PHARMACY DRUGS									
9186719		08/15/20	08/11/20	08/12/20			2,093.43	0.00	0.00	2,093.43
	PHARMACY DRUGS									
8810		08/15/20	08/11/20	08/12/20			-254.98	0.00	0.00	-254.98
	PHARMACY CREDIT									
9190331		08/15/20	08/12/20	08/13/20			158.75	0.00	0.00	158.75
	PHARMACY DRUGS									
9190330		08/15/20	08/12/20	08/13/20			889.67	0.00	0.00	889.67
	PHARMACY DRUGS									
9190329		08/15/20	08/12/20	08/13/20			3.14	0.00	0.00	3.14
	PHARMACY DRUGS									

9195738	08/16/20	08/15/20	08/16/20	680.66	0.00	0.00	680.66	
PHARMACY DRUGS								
9195741	08/16/20	08/15/20	08/16/20	430.66	0.00	0.00	430.66	
PHARMACY DRUGS								
9194894	08/16/20	08/15/20	08/16/20	48.30	0.00	0.00	48.30	
PHARMACY DRUGS								
9195740	08/16/20	08/15/20	08/16/20	332.98	0.00	0.00	332.98	
PHARMACY DRUGS								
9195739	08/16/20	08/15/20	08/16/20	8,982.28	0.00	0.00	8,982.28	
PHARMACY DRUGS								
Vendor Totals Number	Name			Gross	Discount	No-Pay	Net	
10536	MORRIS & DICKSON CO, LLC			16,540.74	0.00	0.00	16,540.74	

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21227		08/15/20	08/14/20	08/14/20			19,440.00	0.00	0.00	19,440.00
	2015 MEDICARE COST SETTL - 1st Review									

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
10948	NOVITAS SOLUTIONS -PART A	19,440.00	0.00	0.00	19,440.00

Vendor#	Vendor Name	Class	Pay Code
N1225	NUTRITION OPTIONS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21218		08/12/20	08/10/20	08/10/20			3,000.00	0.00	0.00	3,000.00
	OUTSIDE SRV DIETARY August									

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

Vendor#	Vendor Name	Class	Pay Code
O0920	OFFICE DEPOT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
853043356001		08/10/20	07/26/20	08/28/20			123.48	0.00	0.00	123.48
	SUPPLIES BUS OFFICE									
853054013001		08/10/20	07/26/20	08/28/20			61.74	0.00	0.00	61.74
	SUPPLIES XRAY									

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
O0920	OFFICE DEPOT	185.22	0.00	0.00	185.22

Vendor#	Vendor Name	Class	Pay Code
10777	OSCAR TORRES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
214792		08/12/20	08/06/20	08/26/20			200.00	0.00	0.00	200.00
	OUTSIDE SRV PLANT OPS									
214625		08/12/20	08/06/20	08/26/20			250.00	0.00	0.00	250.00
	OUTSIDE SRV PLANT OPS									

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
10777	OSCAR TORRES	450.00	0.00	0.00	450.00

Vendor#	Vendor Name	Class	Pay Code
OM425	OWENS & MINOR		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2019549026		07/31/20	07/28/20	08/27/20			138.56	0.00	0.00	138.56
	SUPPLIES PT									
2019551934		07/31/20	07/28/20	08/27/20			1,429.33	0.00	0.00	1,429.33
	SUPPLIES VARIOUS DEPTS									

2019547166		07/31/20	07/28/20	08/27/20	29.58	0.00	0.00	29.58
	CS INVENTORY							
2019676839		08/10/20	08/02/20	09/01/20	184.06	0.00	0.00	184.06
	SUPPLIES SURGERY							
2019676811		08/10/20	08/02/20	09/01/20	21.00	0.00	0.00	21.00
	SUPPLIES SURGERY							
2019682037		08/10/20	08/02/20	09/01/20	1,400.09	0.00	0.00	1,400.09
	CS INVENTORY							
2019677600		08/10/20	08/02/20	09/01/20	39.66	0.00	0.00	39.66
	SUPPLIES CLINIC							
2019676321		08/10/20	08/02/20	09/01/20	14.79	0.00	0.00	14.79
	CS INVENTORY							
2019682423		08/10/20	08/02/20	09/01/20	1,694.13	0.00	0.00	1,694.13
	SUPPLIES VARIOUS DEPTS							
2019676013		08/10/20	08/02/20	09/01/20	109.91	0.00	0.00	109.91
	SUPPLIES CLINIC							
2019023524		08/15/20	07/12/20	08/11/20	47.49	0.00	0.00	47.49
	CS INVENTORY & SURGERY S							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR			5,108.60	0.00	0.00	5,108.60

Vendor#	Vendor Name	Class	Pay Code
P0706	PALACIOS BEACON	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21199		08/11/20	08/01/20	08/31/20			54.20	0.00	0.00	54.20
	ADVERTISING									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	P0706	PALACIOS BEACON					54.20	0.00	0.00	54.20

Vendor#	Vendor Name	Class	Pay Code
11155	PARA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1869		08/11/20	08/01/20	08/31/20			2,000.00	0.00	0.00	2,000.00
	OUTSIDE SRV ADMIN Revenue Integrity Program									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11155	PARA					2,000.00	0.00	0.00	2,000.00

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
5588924592		08/11/20	08/01/20	08/31/20			10.93	0.00	0.00	10.93
	SUPPLIES OT REHAB									
5652873814		08/11/20	08/01/20	08/31/20			482.43	0.00	0.00	482.43
	SUPPLIES OT REHAB									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	S0905	PATTERSON MEDICAL					493.36	0.00	0.00	493.36

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
A1691097		08/11/20	07/29/20	08/28/20			135.90	0.00	0.00	135.90
	PHARMACY DRUGS									
A1692472		08/11/20	08/01/20	08/31/20			142.00	0.00	0.00	142.00
	PHARMACY DRUGS									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10204	PHARMEDIUM SERVICES LLC					277.90	0.00	0.00	277.90

Vendor#	Vendor Name				Class	Pay Code				
10032	PHILIPS HEALTHCARE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	933249816		08/11/20	07/29/20	08/28/20		2,626.58	0.00	0.00	2,626.58
		MAINT CONTR NUC MED								
	933251946		08/11/20	07/29/20	08/28/20		395.16	0.00	0.00	395.16
		SUPPLIES ICU								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10032	PHILIPS HEALTHCARE				3,021.74	0.00	0.00	3,021.74
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
	065075		08/10/20	08/03/20	09/02/20		151.68	0.00	0.00	151.68
		OFFICE SUPPLIES LAB								
	063493		08/15/20	07/20/20	08/19/20		157.95	0.00	0.00	157.95
		SUPPLIES LAB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10541	PLATINUM CODE				309.63	0.00	0.00	309.63
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
	21219		08/12/20	07/31/20	08/30/20		1,457.30	0.00	0.00	1,457.30
		ADVERTISING								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		P2100	PORT LAVACA WAVE				1,457.30	0.00	0.00	1,457.30
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
	3473752		08/10/20	07/28/20	08/27/20		336.70	0.00	0.00	336.70
		CS INVENTORY								
	3479797		08/12/20	08/03/20	09/02/20		69.70	0.00	0.00	69.70
		SUPPLIES XRAY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10372	PRECISION DYNAMICS CORP (PDC)				406.40	0.00	0.00	406.40
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-09847		08/12/20	08/01/20	08/31/20		4,050.00	0.00	0.00	4,050.00
		OUTSIDE SRV BUS OFFICE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11009	RECONDO				4,050.00	0.00	0.00	4,050.00
Vendor#	Vendor Name				Class	Pay Code				
R1200	RED HAWK									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	247655		08/11/20	08/01/20	08/31/20		37.50	0.00	0.00	37.50
		OUTSIDE SRV PLANT OPS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		R1200	RED HAWK				37.50	0.00	0.00	37.50
Vendor#	Vendor Name				Class	Pay Code				
R1471	RESPIRONICS, INC.				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net

931607886		07/31/20	07/27/20	08/26/20		179.88	0.00	0.00	179.88
	LEASE & RENTAL RESP CARE								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	R1471	RESPIRONICS, INC.				179.88	0.00	0.00	179.88
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-15787		08/11/20	07/31/20	08/30/20		2,206.60	0.00	0.00	2,206.60
	MAINT CONTR HIM								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10987	REVCYCLE+, INC.				2,206.60	0.00	0.00	2,206.60
Vendor#	Vendor Name				Class	Pay Code			
11227	RHONDA NIELSEN								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21222		08/15/20	08/08/20	08/08/20		1,062.58	0.00	0.00	1,062.58
	TRAVEL EXPENSE ADMIN 7/27-30/2016								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11227	RHONDA NIELSEN				1,062.58	0.00	0.00	1,062.58
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
2622-9		08/12/20	08/01/20	08/16/20		106.77	0.00	0.00	106.77
	SUPPLIES PLANT OPS								
2811-8		08/12/20	08/05/20	08/20/20		48.74	0.00	0.00	48.74
	SUPPLIES PLANT OPS								
2977-7		08/15/20	08/10/20	08/25/20		55.98	0.00	0.00	55.98
	SUPPLIES PLANT OPS								
3013-0		08/15/20	08/11/20	08/26/20		13.25	0.00	0.00	13.25
	SUPPLIES PLANT OPS								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	S1800	SHERWIN WILLIAMS				224.74	0.00	0.00	224.74
Vendor#	Vendor Name				Class	Pay Code			
10995	SHIFTHOUND								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1612054		08/12/20	07/31/20	08/30/20		558.00	0.00	0.00	558.00
	SUBCRIPTION TO SCHEDULE								
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
21223		08/15/20	08/14/20	08/14/20		1,081.60	0.00	0.00	1,081.60
	OUTSIDE SRV TRANSCRIPTIC 8/1-12/2016								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	K0536	SHIRLEY KARNEI				1,081.60	0.00	0.00	1,081.60
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
115331243		08/12/20	07/30/20	08/29/20		633.33	0.00	0.00	633.33
	MAINT CONTR MAMMO								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	S2001	SIEMENS MEDICAL SOLUTIONS INC				633.33	0.00	0.00	633.33

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
	93160429		08/10/20	08/01/20	08/31/20		256.08	0.00	0.00	256.08
		SUPPLIES SURGERY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2362	SMITH & NEPHEW				256.08	0.00	0.00	256.08
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
	14581148		08/10/20	07/28/20	08/27/20		190.57	0.00	0.00	190.57
		SUPPLIES SURGERY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2353	SMITHS MEDICAL ASD INC				190.57	0.00	0.00	190.57
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
	90021582		07/31/20	07/31/20	08/30/20		5,153.14	0.00	0.00	5,153.14
		BLOOD BANK SUPPLIES								
	90021514		07/31/20	07/31/20	08/30/20		-2,478.53	0.00	0.00	-2,478.53
		BLOOD BANK CREDIT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2400	SO TEX BLOOD & TISSUE CENTER				2,674.61	0.00	0.00	2,674.61
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
	4006472397		08/12/20	08/01/20	08/31/20		1,661.22	0.00	0.00	1,661.22
		OUTSIDE SRV HOUSEKEEPIN								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S3960	STERICYCLE, INC				1,661.22	0.00	0.00	1,661.22
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
	232492A		08/10/20	07/28/20	08/27/20		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				
10735	STRYKER SUSTAINABILITY									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	2804368		08/10/20	07/27/20	08/26/20		188.20	0.00	0.00	188.20
		SUPPLIES SURGEY								
	2809408		08/15/20	08/03/20	09/02/20		166.70	0.00	0.00	166.70
		SUPPLIES SURGERY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10735	STRYKER SUSTAINABILITY				354.90	0.00	0.00	354.90
Vendor#	Vendor Name				Class	Pay Code				
10769	SUSAN FOESTER									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	21224		08/15/20	08/08/20	08/08/20		910.80	0.00	0.00	910.80
		TRAVEL EXPENSE ADMIN 1/27-30/2016								

Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10769	SUSAN FOESTER					910.80	0.00	0.00	910.80
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
	604082818		08/12/20	04/08/20	04/28/20		123.64	0.00	0.00	123.64
		SUPPLIES DIETARY								
	604292888		08/12/20	04/29/20	05/19/20		23.25	0.00	0.00	23.25
		SUPPLIES DIETARY								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	S2951	SYSCO FOOD SERVICES OF					146.89	0.00	0.00	146.89
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-15010		08/12/20	07/31/20	08/30/20		4,555.00	0.00	0.00	4,555.00
		MAINT CONT 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				
11228	TERRY SIZER									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	21225		08/15/20	08/08/20	08/08/20		546.11	0.00	0.00	546.11
		TRAVEL EXPENSE ADMIN 7/27 - 30/2016								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11228	TERRY SIZER					546.11	0.00	0.00	546.11
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
	21213		08/12/20	08/04/20	08/04/20		111.95	0.00	0.00	111.95
		STUDENT LOAN GARNISHMEI								
	21212		08/12/20	08/04/20	08/04/20		145.42	0.00	0.00	145.42
		STUDENT LOAN GARNISHMEI								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	T2303	TG					257.37	0.00	0.00	257.37
Vendor#	Vendor Name				Class	Pay Code				
11100	THE US CONSULTING GROUP									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	340361963		08/11/20	08/02/20	09/01/20		179.75	0.00	0.00	179.75
		OUTSIDE SRV PLANT OPS								
	340361964		08/11/20	08/02/20	09/01/20		1,066.29	0.00	0.00	1,066.29
		OUTSIDE SRV PLANT OPS								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11100	THE US CONSULTING GROUP					1,246.04	0.00	0.00	1,246.04
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
	21214		08/12/20	07/31/20	08/15/20		772.20	0.00	0.00	772.20
		ADVERTISING								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	V1050	THE VICTORIA ADVOCATE					772.20	0.00	0.00	772.20
Vendor#	Vendor Name				Class	Pay Code				
T2250	THYSSENKRUPP ELEVATOR CORP				M					

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
3002705449		08/16/20	08/01/20	08/31/20		1,150.65	0.00	0.00	1,150.65
	MAINT CONTR PLANT OPS								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	T2250	THYSSENKRUPP ELEVATOR CORP				1,150.65	0.00	0.00	1,150.65

Vendor#	Vendor Name	Class	Pay Code
11229	TRINITY SHORES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21226		08/15/20	08/10/20	08/10/20		25.00	0.00	0.00	25.00
	DUES & SUBCRIPTION 50 2016 Senior Palooza Reg. for Rehab Serv. Booth								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11229	TRINITY SHORES				25.00	0.00	0.00	25.00

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
35FK081600		08/16/20	08/01/20	08/16/20		1,473.12	0.00	0.00	1,473.12
	OUTSIDE SRV CLINIC								
3A3X081600		08/16/20	08/01/20	08/31/20		119.00	0.00	0.00	119.00
	OUTSIDE SRV CLINIC								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11067	TRIZETTO PROVIDER SOLUTIONS				1,592.12	0.00	0.00	1,592.12

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
8150738378		08/12/20	08/02/20	09/01/20		45.80	0.00	0.00	45.80
	OUTSIDE SRV MAINT								
8150738472		08/12/20	08/02/20	09/01/20		31.92	0.00	0.00	31.92
	OUTSIDE SRV BIOMED								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	U1054	UNIFIRST HOLDINGS				77.72	0.00	0.00	77.72

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
8400225654		07/29/20	07/29/20	08/28/20		421.45	0.00	0.00	421.45
	LAUNDRY SURGERY								
8400225698		07/29/20	07/29/20	08/28/20		910.73	0.00	0.00	910.73
	LAUNDRY HOUSEKEEPING								
8400225905		08/12/20	08/02/20	09/01/20		1,191.14	0.00	0.00	1,191.14
	LAUNDRY HOUSEKEEPING								
8400225855		08/12/20	08/02/20	09/01/20		103.20	0.00	0.00	103.20
	LAUNDRY DIETARY								
8400225895		08/12/20	08/02/20	09/01/20		144.49	0.00	0.00	144.49
	LAUNDRY HOUSEKEEPING								
8400225854		08/12/20	08/02/20	09/01/20		248.00	0.00	0.00	248.00
	LAUNDRY HOUSEKEEPING								
8400225857		08/12/20	08/02/20	09/01/20		77.78	0.00	0.00	77.78
	LAUNDRY HOUSEKEEPING								
8400225856		08/12/20	08/02/20	09/01/20		106.23	0.00	0.00	106.23
	LAUNDRY OB								
8400225853		08/12/20	08/02/20	09/01/20		214.38	0.00	0.00	214.38
	LAUNDRY HOUSEKEEPING								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	3,417.40	0.00	0.00	3,417.40

Vendor# U1056 Vendor Name UNIFORM ADVANTAGE Class W Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
7093410	EMPLOYEE UNIFORMS	08/12/20	08/03/20	08/18/20		124.88	0.00	0.00	124.88
7093485	EMPLOYEE UNIFORMS	08/12/20	08/03/20	08/18/20		324.28	0.00	0.00	324.28
7093427	EMPLOYEE UNIFORMS	08/12/20	08/03/20	08/18/20		87.91	0.00	0.00	87.91
7093411	EMPLOYEE UNIFORMS	08/12/20	08/03/20	08/18/20		147.91	0.00	0.00	147.91
7093429	EMPLOYEE UNIFORMS	08/12/20	08/03/20	08/18/20		94.87	0.00	0.00	94.87
7093374	EMPLOYEE UNIFORMS	08/12/20	08/03/20	08/18/20		128.91	0.00	0.00	128.91
7093924	EMPLOYEE UNIFORMS	08/12/20	08/04/20	08/19/20		107.55	0.00	0.00	107.55
7093925	EMPLOYEE UNIFORMS	08/12/20	08/04/20	08/19/20		234.89	0.00	0.00	234.89
70793459	EMPLOYEE UNIFORMS	08/15/20	08/03/20	08/18/20		194.41	0.00	0.00	194.41
7093926	EMPLOYEE UNIFORMS	08/15/20	08/04/20	08/19/20		106.85	0.00	0.00	106.85
7093923	EMPLOYEE UNIFORMS	08/15/20	08/04/20	08/19/20		90.74	0.00	0.00	90.74

7093459

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1056	UNIFORM ADVANTAGE	1,643.20	0.00	0.00	1,643.20

Vendor# 10172 Vendor Name US FOOD SERVICE Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
5680077	FOOD SUPPLIES DIETARY	08/12/20	08/02/20	08/22/20		2,619.22	0.00	0.00	2,619.22
5745900	FOOD SUPPLIES DIETARY	08/15/20	08/11/20	08/31/20		1,477.87	0.00	0.00	1,477.87

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10172	US FOOD SERVICE	4,097.09	0.00	0.00	4,097.09

Vendor# V1080 Vendor Name VICTORIA COMMUNICATION SVCS Class M Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2786	SUPPLIES PLANT OPS	07/31/20	07/28/20	08/27/20		192.50	0.00	0.00	192.50

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	V1080	VICTORIA COMMUNICATION SVCS	192.50	0.00	0.00	192.50

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
16070217	ADVERTISING	08/11/20	07/31/20	08/30/20		210.00	0.00	0.00	210.00
16070218	ADVERTISING	08/11/20	07/31/20	08/30/20		300.00	0.00	0.00	300.00

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
21201		08/12/20	08/04/20	08/04/20		2,693.28	0.00	0.00	2,693.28 ✓
	MONEY TO FUND FLEX SPENI								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10915	WAGEWORKS	2,693.28	0.00	0.00	2,693.28

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
111476		08/12/20	08/03/20	09/02/20		188.54	0.00	0.00	188.54 ✓
	SUPPLIES MAINT & SECURITY	24 Caps for Maint/Security Depts							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W1040	WATERMARK GRAPHICS INC	188.54	0.00	0.00	188.54

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	241,617.08	0.00	0.00	241,617.08

No receipt → Pg 6 → (23.50)

No Invoice → Pg 7 → (700.00)

Correct per contract Pg 9 → (8,392.12) / +8,392.00

V# 11096 Dr. Lincoln → Add +1,000.00
July 20 & 21, 2016

V# 11008 Derri Hart → ADD +570.00
Contract Transcription
8/2 - 8/14/16

242,463.46

Michael J. Pfeifer
Calhoun County Judge
Date: 9-7-16

APPROVED ON
AUG 18 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS# 167537 + 0 # 167654

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	167537	08/19/16	636.66	FILTER TECHNOLOGY CO, INC
A/P	167538	08/19/16	155.08	CUSTOM MEDICAL SPECIALTIES
A/P	167539	08/19/16	3,021.74	PHILIPS HEALTHCARE
A/P	167540	08/19/16	153.03	ERBE USA INC SURGICAL SYSTEMS
A/P	167541	08/19/16	4,097.09	US FOOD SERVICE
A/P	167542	08/19/16	277.90	PHARMEDIUM SERVICES LLC
A/P	167543	08/19/16	303.76	4IMPRINT
A/P	167544	08/19/16	13.35	HEALTH CARE LOGISTICS INC
A/P	167545	08/19/16	1,339.84	CENTURION MEDICAL PRODUCTS
A/P	167546	08/19/16	.00	VOIDED
A/P	167547	08/19/16	1,185.04	DEWITT POTH & SON
A/P	167548	08/19/16	406.40	PRECISION DYNAMICS CORP (PDC)
A/P	167549	08/19/16	.00	VOIDED
A/P	167550	08/19/16	16,540.74	MORRIS & DICKSON CO, LLC
A/P	167551	08/19/16	309.63	PLATINUM CODE
A/P	167552	08/19/16	18,778.00	BKD, LLP
A/P	167553	08/19/16	1,149.65	MEDIMPACT HEALTHCARE SYS, INC.
A/P	167554	08/19/16	514.81	GLOBAL EQUIPMENT CO. INC.
A/P	167555	08/19/16	495.00	FASTHEALTH CORPORATION
A/P	167556	08/19/16	354.90	STRYKER SUSTAINABILITY
A/P	167557	08/19/16	910.80	SUSAN FOESTER
A/P	167558	08/19/16	450.00	OSCAR TORRES
A/P	167559	08/19/16	46,708.52	MMC EMPLOYEE BENEFIT PLAN
A/P	167560	08/19/16	2,693.28	WAGEWORKS
A/P	167561	08/19/16	14,416.98	HUNTER PHARMACY SERVICES
A/P	167562	08/19/16	778.00	AMERICAN APPLIANCE
A/P	167563	08/19/16	23.50	MELANIE GRIFFITH
A/P	167564	08/19/16	19,440.00	NOVITAS SOLUTIONS -PART A
A/P	167565	08/19/16	1,400.00	ACUTE CARE INC
A/P	167566	08/19/16	110.00	MEMORIAL MEDICAL CLINIC
A/P	167567	08/19/16	1,282.50	M G TRUST
A/P	167568	08/19/16	2,206.60	REVCYCLE+, INC.
A/P	167569	08/19/16	558.00	SHIFTHOUND
A/P	167570	08/19/16	570.00	DERRI HART
A/P	167571	08/19/16	4,050.00	RECONDO
A/P	167572	08/19/16	75.00	FIRST CLEARING
A/P	167573	08/19/16	490.00	CALHOUN CO INDIGENT ACCT
A/P	167574	08/19/16	23.50	BRENDA PENA
A/P	167575	08/19/16	1,592.12	TRIZETTO PROVIDER SOLUTIONS
A/P	167576	08/19/16	1,000.00	DR JEWEL LINCOLN
A/P	167577	08/19/16	1,246.04	THE US CONSULTING GROUP
A/P	167578	08/19/16	2,000.00	PARA
A/P	167579	08/19/16	2,920.00	DIAGNOS TEMPS, INC
A/P	167580	08/19/16	70.00	CABLES AND SENSORS
A/P	167581	08/19/16	1,062.58	RHONDA NIELSEN
A/P	167582	08/19/16	546.11	TERRY SIZER
A/P	167583	08/19/16	25.00	TRINITY SHORES
A/P	167584	08/19/16	8,392.00	JACKSON & COKER LOCUM TENENS,
A/P	167585	08/19/16	750.00	DAVID SCOTT
A/P	167586	08/19/16	275.53	GULF COAST HARDWARE / ACE

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	167587	08/19/16	2,830.66	AIRGAS USA, LLC - CENTRAL DIV
A/P	167588	08/19/16	1,113.00	ALCON LABORATORIES, INC.
A/P	167589	08/19/16	127.12	CARDINAL HEALTH 414,LLC
A/P	167590	08/19/16	73.60	AUTO PARTS & MACHINE CO.
A/P	167591	08/19/16	216.75	BARD ACCESS
A/P	167592	08/19/16	3,358.36	BAXTER HEALTHCARE CORP
A/P	167593	08/19/16	11.20	BOSART LOCK & KEY INC
A/P	167594	08/19/16	90.84	BOUND TREE MEDICAL, LLC
A/P	167595	08/19/16	25.00	CAL COM FEDERAL CREDIT UNION
A/P	167596	08/19/16	536.00	CAD SOLUTIONS, INC
A/P	167597	08/19/16	325.90	CALHOUN COUNTY
A/P	167598	08/19/16	90.00	CENTRAL DRUGS
A/P	167599	08/19/16	89.25	CONMED CORPORATION
A/P	167600	08/19/16	52.78	CDW GOVERNMENT, INC.
A/P	167601	08/19/16	16,090.00	EVIDENT
A/P	167602	08/19/16	166.37	C R BARD, INC
A/P	167603	08/19/16	148.86	DLE PAPER & PACKAGING
A/P	167604	08/19/16	548.00	FDA-MQSA PROGRAM
A/P	167605	08/19/16	2,766.16	FISHER HEALTHCARE
A/P	167606	08/19/16	530.00	FORT BEND SERVICES, INC
A/P	167607	08/19/16	215.89	GULF COAST PAPER COMPANY
A/P	167608	08/19/16	381.95	HILL-ROM COMPANY, INC
A/P	167609	08/19/16	11.25	HOSPIRA WORLDWIDE, INC
A/P	167610	08/19/16	52.80	INDEPENDENCE MEDICAL
A/P	167611	08/19/16	1,235.37	J & J HEALTH CARE SYSTEMS, INC
A/P	167612	08/19/16	4,965.01	JOHNSTONE SUPPLY
A/P	167613	08/19/16	1,081.60	SHIRLEY KARNEI
A/P	167614	08/19/16	201.76	KRAMES
A/P	167615	08/19/16	284.28	CONMED LINVATEC
A/P	167616	08/19/16	215.10	LOWE'S HOME CENTERS INC
A/P	167617	08/19/16	1,370.44	MARKS PLUMBING PARTS
A/P	167618	08/19/16	52.75	MELSTAN, INC.
A/P	167619	08/19/16	179.38	MERCURY MEDICAL
A/P	167620	08/19/16	96.66	MMC AUXILIARY GIFT SHOP
A/P	167621	08/19/16	3,000.00	MERRITT, HAWKINS & ASSOCIATES
A/P	167622	08/19/16	2,172.81	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	167623	08/19/16	247.90	MEDIVATORS
A/P	167624	08/19/16	48.20	MOORE MEDICAL LLC
A/P	167625	08/19/16	3,000.00	NUTRITION OPTIONS
A/P	167626	08/19/16	185.22	OFFICE DEPOT
A/P	167627	08/19/16	.00	VOIDED
A/P	167628	08/19/16	5,108.60	OWENS & MINOR
A/P	167629	08/19/16	54.20	PALACIOS BEACON
A/P	167630	08/19/16	1,457.30	PORT LAVACA WAVE
A/P	167631	08/19/16	303.50	CULLIGAN OF VICTORIA
A/P	167632	08/19/16	37.50	RED HAWK
A/P	167633	08/19/16	179.88	RESPIRONICS, INC.
A/P	167634	08/19/16	493.36	PATTERSON MEDICAL
A/P	167635	08/19/16	224.74	SHERWIN WILLIAMS
A/P	167636	08/19/16	633.33	SIEMENS MEDICAL SOLUTIONS INC
A/P	167637	08/19/16	190.57	SMITHS MEDICAL ASD INC

BANK--CHECK---- CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	167638	08/19/16	256.08	SMITH & NEPHEW
A/P	167639	08/19/16	2,674.61	SO TEX BLOOD & TISSUE CENTER
A/P	167640	08/19/16	361.31	STRYKER SALES CORP
A/P	167641	08/19/16	146.89	SYSCO FOOD SERVICES OF
A/P	167642	08/19/16	1,661.22	STERICYCLE, INC
A/P	167643	08/19/16	1,150.65	THYSSENKRUPP ELEVATOR CORP
A/P	167644	08/19/16	257.37	TG
A/P	167645	08/19/16	4,555.00	T-SYSTEM, INC
A/P	167646	08/19/16	77.72	UNIFIRST HOLDINGS
A/P	167647	08/19/16	1,643.20	UNIFORM ADVANTAGE
A/P	167648	08/19/16	3,417.40	UNIFIRST HOLDINGS INC
A/P	167649	08/19/16	772.20	THE VICTORIA ADVOCATE
A/P	167650	08/19/16	192.50	VICTORIA COMMUNICATION SVCS
A/P	167651	08/19/16	510.00	VICTORIA RADIOWORKS, LTD
A/P	167652	08/19/16	188.54	WATERMARK GRAPHICS INC
A/P	167653	08/19/16	732.64	JACK WU
A/P	167654	08/19/16	1,196.25	CARMEN C. ZAPATA-ARROYO
TOTALS:			242,463.46	

APPROVED
ON

AUG 18 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

IBC BANK
We Do More

August 2016 Statement
Open Date: 07/07/2016 Closing Date: 08/04/2016

Visa® Business Card
MEMORIAL MEDICAL CNT
JASON W ANGLIN (

Cardmember Service
BUS 30 ELN 8 3

New Balance	**$3,297.81**
Minimum Payment Due	**$33.00**
Payment Due Date	**09/01/2016**

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	+	$3,983.88
Payments	-	$3,983.88CR
Other Credits	-	$583.00CR
Purchases	+	$3,880.81
Balance Transfers		$0.00
Advances		$0.00
Other Debits		$0.00
Fees Charged		$0.00
Interest Charged		$0.00
New Balance	=	$3,297.81
Past Due		**$0.00**
Minimum Payment Due		**$33.00**
Credit Line		$10,000.00
Available Credit		$6,702.19
Days in Billing Period		29

Michael J Pfeifer
Michael J. Pfeifer
Calhoun County Judge
Date: 9-7-16

$3,297.81
MMC
will pay
by phone

APPROVED
ON
AUG 19 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

Payment Due Date	9/01/2016
New Balance	$3,297.81
Minimum Payment Due	$33.00

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

August 2016 Statement 07/07/2016 - 08/04/2016

MEMORIAL MEDICAL CNT
JASON W ANGLIN

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.

Transactions

Payments and Other Credits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
07/08	07/07	0709	EVENT DECOR DIRECT BOYNTON BEACH FL MERCHANDISE/SERVICE RETURN	$187.00CR	
07/21	07/19	0052	TEXAS HOSPITAL ASSOC 5124651000 TX MERCHANDISE/SERVICE RETURN	$396.00CR	
07/22	07/22		PAYMENT THANK YOU	$3,983.88CR	
			TOTAL THIS PERIOD	**$4,566.88CR**	

Purchases and Other Debits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
07/08	07/06	0031	CORPUS CHRISTI STAMPWO CORP CHRISTI TX	$145.00	
07/08	07/07	1756	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$15.00	
07/08	07/07	1830	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$45.00	
07/08	07/07	1913	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$3.00	
07/08	07/08	3999	AMA*CREDENTIALING 800-621-8335 IL	$43.00	
07/08	07/08	4443	AMA*CREDENTIALING 800-621-8335 IL	$129.00	
07/11	07/09	0053	TEXAS HOSPITAL ASSOC 512-465-1000 TX	$335.00	
07/14	07/13	7939	EB TEXAS TRAUMA COORD 801-413-7200 CA	$50.00	
07/20	07/19	1211	EB HFMAACHE SUMMER I 801-413-7200 CA	$75.00	
07/20	07/20	6327	OR SUPPLY 502-432-7393 KY	$50.36	
07/22	07/21	8494	EB HFMAACHE SUMMER I 801-413-7200 CA	$75.00	
07/28	07/27	1712	OMNI AUSTIN DOWNTOWN AUSTIN TX 07/26/16 FOR 03 NIGHTS FOLIO: 302218	$550.20	
07/28	07/27	8771	MARRIOTT JW HILL RSRT& 866-435-7627 TX 07/27/16 FOR 01 NIGHTS FOLIO: 018184	$547.56	
08/01	07/30	3300	MARRIOTT JW HILL RSRT& 866-435-7627 TX 07/28/16 FOR 02 NIGHTS FOLIO: 006388	$232.33	
08/01	07/31	3203	MARRIOTT JW HILL RSRT& 866-435-7627 TX 07/28/16 FOR 03 NIGHTS FOLIO: 006439	$606.37	
08/01	07/31	3419	MARRIOTT JW HILL RSRT& 866-435-7627 TX 07/27/16 FOR 04 NIGHTS FOLIO: 019658	$696.99	
08/04	08/03	0186	LA QUINTA INN & SUITES PORT LAVACA TX	$84.00	

Continued on Next Page

IBC BANK
We Do More

August 2016 Statement 07/07/2016 - 08/04/2016

MEMORIAL MEDICAL CNT
JASON W ANGLIN

Cardmember Service

Transactions

Purchases and Other Debits

Post Date	Trans Date	Ref #	Transaction Description		Amount	Notation
			08/03/16 FOR 01 NIGHTS FOLIO: 898720			
08/04	08/04	7755	S & S X-RAY	281-815-1300 TX	$198.00	✓
				TOTAL THIS PERIOD	$3,880.81	

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	$3,297.81	$0.00	YES	$0.00	10.24%	
**ADVANCES	$0.00	$0.00	YES	$0.00	24.24%	

Contact Us

Phone

Questions
Cardmember Service
P.O. Box 6353
Fargo, ND 58125-6353

Mail payment coupon with a check
Cardmember Service
P.O. Box 790408
St. Louis, MO 63179-0408

Online

End of Statement

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

(1)

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: Caramember Service

Date: 8/10/16

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	—		CCSW - New restroom sign for			145.00 ✓
2			clinic			
3	—		NPDB - 5 Providers - Credential	3		15.00 ✓
4	—		NPDB - 15 Renewals - Credential	3		45.00 ✓
5	—		NPDB - 1 Provider - Credential	3		3.00 ✓
6	—		AMA - Init + Cont mon x 1			43.00 ✓
7	—		AMA - Init + Cont mon x 3			129.00 ✓
8	—		Texas Hospital Assoc. - Registration			335.00 ✓
9			for Jack Wu - THT Governance Conf.			
10	—		Eventbright - Registration for Sara Rubio for Trauma Forum			50.00 ✓

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

NOTES:

Charges made to Mr. Anglin's card

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: 8/10/16

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	—		Eventbrite - Registration for			75.00 ✓
2			Jason Anglin - HFMA/ACHE			
3	—		Eventbrite - Registration for			75.00 ✓
4			Roshanda G. Thomas - HFMA/ACHE			
5	—		Omni Austin Downtown —			550.20 ✓
6			Hotel for Danette - TARHC Conf.			
7	—		Marriott JW - San Antonio -			
8			THT Governance Conf - Hotel			547.56 ✓
9			for Jack Wu - Cxl fee			
10	—		Marriott JW - San Antonio			232.33 ✓

Hotel for Dr. Bunner THT Governance Conf.

Est. Freight _____ Cxl fee Est. Total Cost _____ TOTAL COST _____

NOTES:

Charges made to mr. Anglin's card

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: 8/10/16

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	–		Marriott JW. San Antonio			606.37 ✓
2			Hotel for Rosharda Gray -			
3			THT Governance Conf.			
4	–		Marriott JW - San Antonio			696.99 ✓
5			Hotel for Jason Anglin			
6			THT Governance Conf			
7	–		La Quinta Inn - Hotel & for			84.00 ✓
8			Dr. Dorst - 1st night charge			
9	–		Refund - Event Decor Direct			(187.00)
10			Refund - TX/HealthCare Regi - R. Reyes			(396.00)

Est. Freight Adapter ~~Est. Total Cost~~ Clips ~~TOTAL COST~~ +50.36

NOTES:

charges made to Mr. Anglin's card Cable/Curtain +198.00

3297.81

Contac.

Quoted

Buyer.

0 • C

145.00 + 15.00 + 45.00 + 3.00 + 43.00 + 129.00 + 335.00 + 50.00 + 75.00 + 75.00 + 550.20 + 547.56 + 232.33 + 606.37 + 696.99 + 84.00 + 187.00 - 396.00 + 50.36 + 198.00 = 3,297.81

ice

JA

RUN DATE:08/22/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:11:43 CHECK REGISTER and Payable List GLCKREG
08/22/16 THRU 08/22/16

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000809	08/22/16	613.09	MCKESSON
A/P	000810	08/22/16	831.13	MCKESSON
A/P	000811	08/22/16	1,070.88	MCKESSON
TOTALS:			2,515.10	

340 B Prescription Services

APPROVED
ON

AUG 2 2 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
County Judge
9-7-16

McKESSON

Company: 8000

STATEMENT

As of: 08/19/2016

Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 08/20/2016

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: 08/19/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 **PLEASE CHECK ANY**
Date: 08/20/2016 **ITEMS NOT PAID (✓)**

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
08/15/2016	08/23/2016	7761542861	1000866975	115Invoice	1.54	76.91		75.37 ✓		7761542861	
08/15/2016	08/23/2016	7761542863	1000867379	115Invoice	4.27	213.48		209.21 ✓		7761542863	
08/15/2016	08/23/2016	7761542866	1000867783	115Invoice	6.70	334.90		328.20 ✓		7761542866	
08/19/2016	08/23/2016	7762487781	1000869572	115Invoice	0.01	0.32		0.31 ✓		7762487781	

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

TOTAL:

Subtotals: 625.61 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 422.00
08/15/2016

If Paid By 08/23/2016,
Pay This Amount: 613.09 USD

If Paid After 08/23/2016,
Pay this Amount: 625.61 USD

Due If Paid On Time:
USD 613.09
Disc lost if paid late:
12.52
Due If Paid Late:
USD 625.61

CK#809

10-22-16

APPROVED
ON
AUG 22 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: 08/19/2016 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 08/20/2016

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

As of: 08/19/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 08/20/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
08/15/2016	08/23/2016	7761541453	3454581649	115Invoice	0.11	5.67		5.56 ✓		7761541453	
08/16/2016	08/23/2016	7761827845	3454581652	115Invoice	3.02	150.98		147.96 ✓		7761827845	
08/17/2016	08/23/2016	7762026215	3454581655	115Invoice	2.61	130.51		127.90 ✓		7762026215	
08/18/2016	08/23/2016	7762283317	3454581658	115Invoice	9.48	473.92		464.44 ✓		7762283317	
08/18/2016	08/23/2016	7762283318	1094817	115Invoice	1.72	85.81		84.09 ✓		7762283318	
08/19/2016	08/23/2016	7762500313	3454581661	115Invoice	0.02	1.20		1.18 ✓		7762500313	

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

TOTAL:

Subtotals: 848.09 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 867.83
08/15/2016

If Paid By 08/23/2016,
Pay This Amount: ✓ 831.13 USD

If Paid After 08/23/2016,
Pay this Amount: 848.09 USD

Due If Paid On Time:
USD 831.13
Disc lost if paid late:
16.96
Due If Paid Late:
USD 848.09

CK#810

10-22-16

APPROVED
ON
AUG 22 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: 08/19/2016

DC: 8115

Territory: 400

Customer: 262252
Date: 08/20/2016

Page: 001

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

As of: 08/19/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 08/20/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
08/15/2016	08/23/2016	7761565837	1000866977	115Invoice	11.73	586.70		574.97 ✓		7761565837	
08/15/2016	08/23/2016	7761565838	1000867381	115Invoice	1.47	73.56		72.09 ✓		7761565838	
08/15/2016	08/23/2016	7761565841	1000867785	115Invoice	4.76	238.05		233.29 ✓		7761565841	
08/16/2016	08/23/2016	7761820502	1000868154	115Invoice	0.50	25.06		24.56 ✓		7761820502	
08/17/2016	08/23/2016	7762037475	1000868565	115Invoice	1.01	50.34		49.33 ✓		7762037475	
08/18/2016	08/23/2016	7762273857	1000868973	115Invoice	2.01	100.68		98.67 ✓		7762273857	
08/18/2016	08/23/2016	7762273859	1000868973	115Invoice	0.20	10.04		9.84 ✓		7762273859	
08/19/2016	08/23/2016	7762507764	1000869574	115Invoice	0.17	8.30		8.13 ✓		7762507764	

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

TOTAL:

Subtotals: 1,092.73 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,411.88
08/15/2016

If Paid By 08/23/2016,
Pay This Amount: 1,070.88 USD

If Paid After 08/23/2016,
Pay this Amount: 1,092.73 USD

Due If Paid On Time:
USD 1,070.88

Disc lost if paid late:
21.85

Due If Paid Late:
USD 1,092.73

CK# 811

10-22-16

APPROVED
ON
AUG 22 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
8/22/2016

Nursing Home	IBC Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	IGT Transfer-In	MMC Portion - Return of IGT	MMC Portion - Federal Match	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens	4553	108,635.63	108,535.63	275,278.63	-	-	-	-	275,378.63	**275,278.63**

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 - Return of IGT	MMC Portion - Federal Match	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Solera at West Houston	4561	86,547.34	86,447.34	900,915.02	-	-	-	-	901,015.02	**900,915.02**
Crescent	4588	58,021.03	57,921.03	196,833.51	-	-	-	-	196,933.51	**196,833.51**
Broadmoor	4596	127,833.87	127,733.87	406,600.38	-	-	-	-	406,700.38	**406,600.38**
Fort Bend	4618	45,649.29	45,549.29	45,506.53	-	-	-	-	45,606.53	**45,506.53**
										1,549,855.44

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
AUG 23 2016
COUNTY AUDITOR

Michael J. Pfeifer
Calhoun County Judge
Date: 9-7-16

E:\NH Weekly Transfers\NH UPL Transfer Summary 8-22-16.xlsx

IBC Bank Activity
8/15/16 through 8/21/16

Ashford Gardens						Transfer-Out	Transfer-In	
8/17/2016	[redacted]	5025	[redacted]	4553	495 OUTGOING MONEY TRANSFER	108,535.63		ASHFORD HEALTH CARE CENTER LTD
8/18/2016	[redacted]	5025	[redacted]	4553	142 ACH CREDIT RECEIVED		187,971.18	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04911|TRN*1*
8/18/2016	[redacted]	5025	[redacted]	4553	142 ACH CREDIT RECEIVED		711.25	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*
8/18/2016	[redacted]	5025	[redacted]	4553	142 ACH CREDIT RECEIVED		335.45	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*
8/19/2016	[redacted]	5025	[redacted]	4553	301 COMMERCIAL DEPOSIT		69,592.92	
8/19/2016	[redacted]	5025	[redacted]	4553	142 ACH CREDIT RECEIVED		2,302.58	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EF
8/19/2016	[redacted]	5025	[redacted]	4553	142 ACH CREDIT RECEIVED		4,030.07	AGING DISAB SVCS HCCLAIMPMT|MEMORIAL MEDICAL CENTE|5391746000156|TRN*1*
8/19/2016	[redacted]	5025	[redacted]	4553	142 ACH CREDIT RECEIVED		10,335.18	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*f
						108,535.63	275,278.63	

Solera at West Houston						Transfer-Out	Transfer-In	
8/15/2016	[redacted]	5025	[redacted]	4561	142 ACH CREDIT RECEIVED		3,141.03	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*(
8/16/2016	[redacted]	5025	[redacted]	4561	142 ACH CREDIT RECEIVED		3,929.30	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*(
8/16/2016	[redacted]	5025	[redacted]	4561	142 ACH CREDIT RECEIVED		385.41	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*(
8/17/2016	[redacted]	5025	[redacted]	4561	495 OUTGOING MONEY TRANSFER	86,447.34		CANTEX HEALTH CARE CENTERS LLC
8/17/2016	[redacted]	5025	[redacted]	4561	195 INCOMING MONEY TRANSFER		567,556.66	CANTEX HEALTH CARE CENTERS III
8/17/2016	[redacted]	5025	[redacted]	4561	142 ACH CREDIT RECEIVED		5,388.00	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*E
8/19/2016	[redacted]	5025	[redacted]	4561	142 ACH CREDIT RECEIVED		3,643.31	AGING DISAB SVCS HCCLAIMPMT|MEMORIAL MEDICAL CENTE|5391746000156|'
8/19/2016	[redacted]	5025	[redacted]	4561	142 ACH CREDIT RECEIVED		266,192.99	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*E
8/19/2016	[redacted]	5025	[redacted]	4561	301 COMMERCIAL DEPOSIT		46,437.33	
8/19/2016	[redacted]	5025	[redacted]	4561	142 ACH CREDIT RECEIVED		4,240.99	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*f
						86,447.34	900,915.02	

Crescent						Transfer-Out	Transfer-In	
8/15/2016	[redacted]	5025	[redacted]	4588	142 ACH CREDIT RECEIVED		4,607.67	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*E
8/17/2016	[redacted]	5025	[redacted]	4588	142 ACH CREDIT RECEIVED		3,997.00	AGING DISAB SVCS HCCLAIMPMT|MEMORIAL MEDICAL CENTE|5391746000156|'
8/17/2016	[redacted]	5025	[redacted]	4588	495 OUTGOING MONEY TRANSFER	57,921.03		CANTEX HEALTH CARE CENTERS III
8/18/2016	[redacted]	5025	[redacted]	4588	142 ACH CREDIT RECEIVED		9,073.31	Molina HC of TX Molina HC|THE CRESCENT|TRN*1*E
8/19/2016	[redacted]	5025	[redacted]	4588	142 ACH CREDIT RECEIVED		7,905.27	Molina HC of TX Molina HC|THE CRESCENT|TRN*1*E
8/19/2016	[redacted]	5025	[redacted]	4588	142 ACH CREDIT RECEIVED		2,302.58	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*
8/19/2016	[redacted]	5025	[redacted]	4588	142 ACH CREDIT RECEIVED		137,195.56	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4
8/19/2016	[redacted]	5025	[redacted]	4588	301 COMMERCIAL DEPOSIT		21,919.40	
8/19/2016	[redacted]	5025	[redacted]	4588	142 ACH CREDIT RECEIVED		9,832.72	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*0
						57,921.03	196,833.51	

Broadmoor						Transfer-Out	Transfer-In	
8/17/2016	[redacted]		[redacted]	4588	475 CHECK PAID	277.86		
8/17/2016	[redacted]		[redacted]	4588	142 ACH CREDIT RECEIVED		10,794.93	AGING DISAB SVCS HCCLAIMPMT|MEMORIAL MEDICAL CENTE|539:
8/17/2016	[redacted]		[redacted]	4588	142 ACH CREDIT RECEIVED		6,361.00	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1'
8/17/2016	[redacted]		[redacted]	4588	495 OUTGOING MONEY TRANSFER	127,456.01		CANTEX HEALTH CARE CENTERS III
8/18/2016	[redacted]		[redacted]	4588	142 ACH CREDIT RECEIVED		329,053.64	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*
8/19/2016	[redacted]		[redacted]	4588	142 ACH CREDIT RECEIVED		19,876.94	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1'
8/19/2016	[redacted]		[redacted]	4588	301 COMMERCIAL DEPOSIT		37,099.27	
8/19/2016	[redacted]		[redacted]	4588	142 ACH CREDIT RECEIVED		2,193.61	AGING DISAB SVCS HCCLAIMPMT|MEMORIAL MEDICAL CENTE|: RN*1*0
8/19/2016	[redacted]		[redacted]	4588	142 ACH CREDIT RECEIVED		1,220.99	Molina HC of TX Molina HC|THE BROADMOOR AT CREEK|TRN*1*E
						127,733.87	406,600.38	

Fort Bend						Transfer-Out	Transfer-In	
8/17/2016	[redacted]	5025	[redacted]	4618	142 ACH CREDIT RECEIVED		2,325.93	AGING DISAB SVCS HCCLAIMPMT|MEMORIAL MEDICAL CENTE|5
8/17/2016	[redacted]	5025	[redacted]	4618	495 OUTGOING MONEY TRANSFER	45,549.29		CANTEX HEALTH CARE CENTERS III
8/19/2016	[redacted]	5025	[redacted]	4618	142 ACH CREDIT RECEIVED		17,487.56	Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRN*1*
8/19/2016	[redacted]	5025	[redacted]	4618	301 COMMERCIAL DEPOSIT		7,170.66	
8/19/2016	[redacted]	5025	[redacted]	4618	142 ACH CREDIT RECEIVED		18,522.38	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1
						45,549.29	45,506.53	

Account Portfolio as of 8/22/2016 9:01:02 AM

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

Commercial Checking Accounts

Account Name	Account Number	Today's Beginning Balance	Available Balance
Memorial Medical Center	3387	$245,550.14	$245,550.14
Memorial Medical Center	4553	$275,378.63	$308,341.46
Memorial Medical Center	4561	$901,015.02	$962,863.81
Memorial Medical Center	4588	$196,933.51	$242,843.39
Memorial Medical Center	4596	$406,700.38	$410,017.33
Memorial Medical Center	4618	$45,606.53	$53,447.37
Memorial Medical Center Operat	0301	$3,267,830.48	$3,350,027.64
County of Calhoun Indigent	1101	$10,437.35	$10,437.35
Totals		**$5,349,452.04**	**$5,583,528.49**

APPROVED
ON
AUG 24 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

08/24/2016
08:09

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 09/04/2016

0
ap_open_invoice.template

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
381980	EMPLOYEE INSURANCE PREI	08/17/20	08/16/20	09/03/20		30,559.29	0.00	0.00	30,559.29 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10814	ALLIED BENEFIT SYSTEMS	30,559.29	0.00	0.00	30,559.29

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-00044814 ✓	LAB SUPPLIES	08/22/20	08/02/20	09/01/20		106.15	0.00	0.00	106.15 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1746	ALPHA TEC SYSTEMS INC	106.15	0.00	0.00	106.15

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
715016	SUPPLIES LAB	08/22/20	07/31/20	08/25/20		27.59	0.00	0.00	27.59 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2218	AQUA BEVERAGE COMPANY	27.59	0.00	0.00	27.59

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
3913341 ✓	LEASE & RENTAL PHARMACY	08/23/20	08/12/20	09/01/20		6,145.37	0.00	0.00	6,145.37 ✓

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
B1220	BECKMAN COULTER INC ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
105785907 ✓	SUPPLIES LAB	08/22/20	08/03/20	09/02/20		3,548.73	0.00	0.00	3,548.73 ✓
105783640 ✓	SUPPLIES LAB	08/23/20	08/02/20	09/01/20		65.00	0.00	0.00	65.00 ✓
105786824 ✓	SUPPLIES LAB	08/23/20	08/03/20	09/02/20		1,820.36	0.00	0.00	1,820.36 ✓
105785756 ✓	SUPPLIES LAB	08/23/20	08/03/20	09/02/20		7,607.43	0.00	0.00	7,607.43 ✓
105786251 ✓	SUPPLIES LAB	08/23/20	08/03/20	09/02/20		13,739.69	0.00	0.00	13,739.69 ✓
105794399 ✓	SUPPLIES LAB	08/23/20	08/08/20	09/04/20		322.82	0.00	0.00	322.82 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	27,104.03	0.00	0.00	27,104.03

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

22099021 08/23/20 08/16/20 09/04/20 1,243.98 0.00 0.00 1,243.98
TELEPHONE EXPENSE
Vendor Totals Number Name Gross Discount No-Pay Net
11050 BIRCH COMMUNICATIONS 1,243.98 0.00 0.00 1,243.98

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
21248 08/23/20 08/22/20 08/30/20 43.80 0.00 0.00 43.80
OUTSIDE SRV IT
21249 08/23/20 08/22/20 08/30/20 635.35 0.00 0.00 635.35
OUTSIDE SRV IT
Vendor Totals Number Name Gross Discount No-Pay Net
C1010 CABLE ONE 679.15 0.00 0.00 679.15

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
8001096225 08/23/20 07/31/20 08/30/20 442.98 0.00 0.00 442.98
SUPPLIES NUC MED
Vendor Totals Number Name Gross Discount No-Pay Net
A1825 CARDINAL HEALTH 414,LLC 442.98 0.00 0.00 442.98

Vendor# Vendor Name Class Pay Code
10650 CAREFUSION 2200, INC
Invoice# Comment Tran Dt Inv Dt Due Dt Check D Pay Gross Discount No-Pay Net
9106924842 08/17/20 08/04/20 09/03/20 164.13 0.00 0.00 164.13
SUPPLIES SURGERY
Vendor Totals Number Name Gross Discount No-Pay Net
10650 CAREFUSION 2200, INC 164.13 0.00 0.00 164.13

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
DWT6713 08/17/20 08/05/20 09/04/20 700.46 0.00 0.00 700.46
MINOR EQUIP COMPUTER HII
DWV6614 08/17/20 08/06/20 09/04/20 365.93 0.00 0.00 365.93
MINOR EQUIP COMPUTER HII
Vendor Totals Number Name Gross Discount No-Pay Net
C1992 CDW GOVERNMENT, INC. 1,066.39 0.00 0.00 1,066.39

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
53213953 08/23/20 08/05/20 09/04/20 915.56 0.00 0.00 915.56
SUPPLIES EDUCATION
Vendor Totals Number Name Gross Discount No-Pay Net
C1478 CHANNING L BETE CO INC 915.56 0.00 0.00 915.56

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
21244 08/23/20 03/31/20 04/30/20 303.06 0.00 0.00 303.06
PHARMACY DRUGS
21245 08/23/20 04/30/20 05/30/20 4.50 0.00 0.00 4.50
OUTSIDE SRV LAB
Vendor Totals Number Name Gross Discount No-Pay Net
C1600 CITIZENS MEDICAL CENTER 307.56 0.00 0.00 307.56

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
	20504 ✓		08/23/20	07/29/20			700.00	0.00	0.00	700.00
		OUTSIDE SRV NUC MED Maintenance on Machine								
	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				
S2896	DANETTE BETHANY ✓				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	21246		08/23/20	08/16/20	08/16/20		263.24	0.00	0.00	263.24 ✓
		TRAVEL EXPENSE CLINIC TAHHC conference - Austin 7/20/16 - 7/29/16								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2896	DANETTE BETHANY				263.24	0.00	0.00	263.24
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
	479182-0 ✓		08/10/20	08/05/20	09/04/20		449.10	0.00	0.00	449.10 ✓
		CS INVENTORY								
	479098-0 ✓		08/17/20	08/04/20	09/03/20		105.46	0.00	0.00	105.46 ✓
		OFFICE SUPPLIES ER								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10368	DEWITT POTH & SON				554.56	0.00	0.00	554.56
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
	894462 ✓		08/10/20	08/04/20	09/03/20		178.75	0.00	0.00	178.75 ✓
		SUPPLIES PT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		D1785	DYNATRONICS CORPORATION				178.75	0.00	0.00	178.75
Vendor#	Vendor Name				Class	Pay Code				
S0501	EVOQUA WATER TECHNOLOGIES LLC ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	~~S0501~~ 902618819 ✓		08/22/20	05/01/20	05/31/20		153.18	0.00	0.00	153.18 ✓
	902736951 ✓		08/22/20	08/01/20	08/31/20		153.18	0.00	0.00	153.18 ✓
		MAINT CONTR LAB								
	902740074 ✓		08/22/20	08/03/20	09/02/20		382.24	0.00	0.00	382.24 ✓
		SUPPLIES LAB								
	902641049 ✓		08/23/20	05/23/20	06/22/20		724.90	0.00	0.00	724.90 ✓
		SUPPLIES LAB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S0501	EVOQUA WATER TECHNOLOGIES LLC				1,413.50	0.00	0.00	1,413.50
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
	5-509-86078 ✓		08/17/20	08/11/20	09/03/20		27.70	0.00	0.00	27.70 ✓
		FREIGHT EXP LAB & PHARMA								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		F1100	FEDERAL EXPRESS CORP.				27.70	0.00	0.00	27.70
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
2774911 ✓		08/17/20	08/04/20	09/03/20		196.37	0.00	0.00	196.37 ✓
	SUPPLIES CLINIC								
2292872 ✓		08/22/20	07/28/20	08/27/20		46.69	0.00	0.00	46.69
	SUPPLIES LAB								
2292848 ✓		08/22/20	07/28/20	08/27/20		970.41	0.00	0.00	970.41 ✓
	SUPPLIES LAB								
2609717 ✓		08/22/20	08/02/20	09/01/20		1,660.88	0.00	0.00	1,660.88 ✓
	SUPPLIES LAB								
2609716 ✓		08/22/20	08/02/20	09/01/20		143.17	0.00	0.00	143.17 ✓
	SUPPLIES LAB								
2697330 ✓		08/22/20	08/03/20	09/02/20		435.73	0.00	0.00	435.73 ✓
	SUPPLIES LAB								
2774910 ✓		08/22/20	08/04/20	09/03/20		285.72	0.00	0.00	285.72 ✓
	SUPPLIES LAB								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	3,738.97	0.00	0.00	3,738.97

Vendor# Vendor Name Class Pay Code

10466 FLUKE ELECTRONICS ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
33078515 ✓		08/17/20	08/04/20	09/03/20		173.49	0.00	0.00	173.49 ✓
	SUPPLIES BIO MED								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10466	FLUKE ELECTRONICS	173.49	0.00	0.00	173.49

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
E107423		08/17/20	08/05/20	09/04/20		2,063.25	0.00	0.00	2,063.25 ✓
	PROF FEES PT								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11078	FUSION MEDICAL STAFFING, LLC	2,063.25	0.00	0.00	2,063.25

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
46182 ✓		08/22/20	08/02/20	09/01/20		713.37	0.00	0.00	713.37 ✓
	SUPPLIES LAB								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10901	GENESIS DIAGNOSTICS	713.37	0.00	0.00	713.37

Vendor# Vendor Name Class Pay Code

11226 GUILLERMINA DIAZ-MARTINEZ ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21217		08/12/20	08/09/20	09/03/20		700.00	0.00	0.00	700.00 ✓
	OUTSIDE SRV GROUNDS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11226	GUILLERMINA DIAZ-MARTINEZ	700.00	0.00	0.00	700.00

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
104799 ✓		08/17/20	08/15/20	09/03/20		9.00	0.00	0.00	9.00 ✓
	SUPPLIES PLANT OPS								
104798 ✓		08/17/20	08/15/20	09/03/20		18.96	0.00	0.00	18.96 ✓

		SUPPLIES PLANT OPS							
	104804		08/17/20	08/15/20	09/03/20	24.90	0.00	0.00	24.90
		SUPPLIES PLANT OPS							
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	A1292	GULF COAST HARDWARE / ACE				52.86	0.00	0.00	52.86
Vendor#	Vendor Name				Class	Pay Code			
H0030	H E BUTT GROCERY				M				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	862474		08/23/20	08/05/20	08/25/20		53.45	0.00	0.00	53.45
		FOOD SUPPLIES DIETARY								
	867414		08/23/20	08/08/20	08/28/20		49.75	0.00	0.00	49.75
		FOOD SUPPLIES DIETARY								
	871188		08/23/20	08/10/20	08/30/20		64.64	0.00	0.00	64.64
		FOOD SUPPLIES DEITARY								
	871402		08/23/20	08/10/20	08/30/20		14.70	0.00	0.00	14.70
		FOOD SUPPLIES DIETARY								
	872874		08/23/20	08/11/20	08/31/20		12.00	0.00	0.00	12.00
		FOOD SUPPLIES DIETARY								
	879879		08/23/20	08/15/20	09/04/20		22.89	0.00	0.00	22.89
		FOOD SUPPLIES DIETARY								
	884086		08/23/20	08/17/20	09/04/20		13.40	0.00	0.00	13.40
		FOOD SUPPLIES DIETARY								
	885175		08/23/20	08/18/20	09/04/20		7.82	0.00	0.00	7.82
		FOOD SUPPLIES DIETARY								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	H0030	H E BUTT GROCERY					238.65	0.00	0.00	238.65
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
	1339781		08/23/20	08/04/20	09/03/20		48.00	0.00	0.00	48.00
		REPAIRS SURGERY								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	I1127	INTEGRATED MEDICAL SYSTEMS					48.00	0.00	0.00	48.00
Vendor#	Vendor Name				Class	Pay Code				
J0150	J & J HEALTH CARE SYSTEMS, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	916727948		08/17/20	06/27/20	09/03/20		8,857.26	0.00	0.00	8,857.26
		MAINT CONTR 3 YRS SURGEF								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE SYSTEMS, INC					8,857.26	0.00	0.00	8,857.26
Vendor#	Vendor Name				Class	Pay Code				
11230	JACKSON & COKER LOCUM TENENS,									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	353438		08/23/20	08/16/20	08/16/20		6,306.00	0.00	0.00	6,306.00
		PROF FEES OB								
	353849		08/23/20	08/17/20	08/17/20		1,075.76	0.00	0.00	1,075.76
		PROF FEES OB								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11230	JACKSON & COKER LOCUM TENENS,					7,381.76	0.00	0.00	7,381.76
Vendor#	Vendor Name				Class	Pay Code				
10285	JAMES A DANIEL									

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21247		08/23/20	08/22/20	08/22/20		750.00	0.00	0.00	750.00
	RENTAL STORGE BLDG								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10285	JAMES A DANIEL				750.00	0.00	0.00	750.00

Vendor#	Vendor Name	Class	Pay Code
J1415	JOHNSTONE SUPPLY	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
6002536		08/17/20	08/05/20	09/03/20		973.06	0.00	0.00	973.06
	SUPPLIES PLANT OPS								
6002921		08/17/20	08/09/20	09/03/20		145.00	0.00	0.00	145.00
	SUPPLIES DIETARY								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	J1415	JOHNSTONE SUPPLY				1,118.06	0.00	0.00	1,118.06

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
52520887		08/22/20	07/30/20	08/29/20		79.50	0.00	0.00	79.50
	OUTSIDE SRV LAB								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	L0700	LABCORP OF AMERICA HOLDINGS				79.50	0.00	0.00	79.50

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
3872736		08/17/20	07/31/20	09/03/20		24.30	0.00	0.00	24.30
	OUTSIDE SRV ADMIN								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	L1288	LANGUAGE LINE SERVICES				24.30	0.00	0.00	24.30

Vendor#	Vendor Name	Class	Pay Code
10778	MAGAW MEDICAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
13192		08/17/20	08/05/20	09/04/20		515.00	0.00	0.00	515.00
	REPAIRS ANESTHESA								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10778	MAGAW MEDICAL				515.00	0.00	0.00	515.00

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
14322103		08/23/20	08/14/20	09/04/20		662.27	0.00	0.00	662.27
	LEASE & RENTAL IT								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11099	MARLIN BUSINESS BANK				662.27	0.00	0.00	662.27

Vendor#	Vendor Name	Class	Pay Code
10182	MERCEDES MEDICAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1852505		08/22/20	08/02/20	09/01/20		269.81	0.00	0.00	269.81
	LAB SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10182	MERCEDES MEDICAL				269.81	0.00	0.00	269.81

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

30094287250		08/10/20	08/04/20	09/03/20		116.01	0.00	0.00	116.01
	SUPPLIES XRAY								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2659	MERRY X-RAY/SOURCEONE HEALTHCA				116.01	0.00	0.00	116.01

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
21250		08/23/20	08/22/20	09/01/20			258.52	0.00	0.00	258.52
	EMPLOYEE PERSONAL INS									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	M2650	METLIFE					258.52	0.00	0.00	258.52

Vendor#	Vendor Name	Class	Pay Code
11127	MISTY RECTOR		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21241		08/23/20	08/17/20	08/17/20			12.96	0.00	0.00	12.96
	TRAVEL EXPENSE LAB Lab Draw @ Trinity 3/30/16 - 5/19/16									
21240		08/23/20	08/17/20	08/17/20			12.96	0.00	0.00	12.96
	TRAVEL EXPENSE LAB Lab Draw @ Trinity 1/27/16 - 3/23/16									
21238		08/23/20	08/17/20	08/17/20			13.80	0.00	0.00	13.80
	TRAVEL EXPENSE LAB Lab Draw @ Trinity 10/7/15 - 12/12/15									
21239		08/23/20	08/17/20	08/17/20			13.38	0.00	0.00	13.38
	TRAVEL EXPENSE LAB Lab Draw @ Trinity 12/19/15 - 1/20/16									
21242		08/23/20	08/17/20	08/17/20			12.96	0.00	0.00	12.96
	TRAVEL EXPENSE LAB Lab Draw @ Trinity 5/25/16 - 7/13/16									
21243		08/23/20	08/17/20	08/17/20			10.80	0.00	0.00	10.80
	TRAVEL EXPENSE LAB Lab Draw @ Trinity 7/20/16 - 8/7/16									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11127	MISTY RECTOR					76.86	0.00	0.00	76.86

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
AUGUST222016		08/23/20	08/22/20	08/22/20			50,172.10	0.00	0.00	50,172.10
	EMPLOYEE MEDICAL CLAIMS									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN					50,172.10	0.00	0.00	50,172.10

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
9204624		08/17/20	08/16/20	09/03/20			1,702.15	0.00	0.00	1,702.15
	PHARMACY DRUGS									
9203553		08/17/20	08/16/20	09/03/20			35.17	0.00	0.00	35.17
	PHARMACY DRUGS									
9204623		08/17/20	08/16/20	09/03/20			75.14	0.00	0.00	75.14
	PHARMACY DRUGS									
9204625		08/17/20	08/16/20	09/03/20			12.60	0.00	0.00	12.60
	PHARMACY DRUGS									
CM77180		08/23/20	08/17/20	08/18/20			-96.92	0.00	0.00	-96.92
	PHARMACY CREDIT									
9208046		08/23/20	08/17/20	08/18/20			659.77	0.00	0.00	659.77
	PHARMACY DRUGS									
CM77179		08/23/20	08/17/20	08/18/20			-401.45	0.00	0.00	-401.45

		PHARMACY CREDIT								
	9208048		08/23/20	08/17/20	08/18/20		15.68	0.00	0.00	15.68
		PHARMACY DRUGS								
	9208047		08/23/20	08/17/20	08/18/20		774.92	0.00	0.00	774.92
		PHARMACY DRUGS								
	9217367		08/23/20	08/19/20	08/20/20		591.33	0.00	0.00	591.33
		PHARMACY DRUGS								
	9217368		08/23/20	08/19/20	08/20/20		133.08	0.00	0.00	133.08
		PHARMACY DRUGS								
	9217366		08/23/20	08/19/20	08/20/20		112.45	0.00	0.00	112.45
		PHARMACY DRUGS								
	9217622		08/23/20	08/19/20	08/20/20		46.56	0.00	0.00	46.56
		PHARMACY DRUGS								
	9217369		08/23/20	08/19/20	08/20/20		137.22	0.00	0.00	137.22
		PHARMACY DRUGS								
	9224442		08/23/20	08/22/20	08/23/20		492.84	0.00	0.00	492.84
		PHARMACY DRUGS								
	9224440		08/23/20	08/22/20	08/23/20		258.62	0.00	0.00	258.62
		PHARMACY DRUGS								
	9224441		08/23/20	08/22/20	08/23/20		2,670.86	0.00	0.00	2,670.86
		PHARMACY DRUGS								
	9223989		08/23/20	08/22/20	08/23/20		9.56	0.00	0.00	9.56
		PHARMACY DRUGS								
	9224443		08/23/20	08/22/20	08/23/20		487.21	0.00	0.00	487.21
		PHARMACY DRUGS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10536	MORRIS & DICKSON CO, LLC				7,716.79	0.00	0.00	7,716.79
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
	855423575001		08/12/20	08/05/20	09/04/20		149.14	0.00	0.00	149.14
		SUPPLIES LAB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		O0920	OFFICE DEPOT				149.14	0.00	0.00	149.14
Vendor#	Vendor Name				Class	Pay Code				
10777	OSCAR TORRES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	214887		08/17/20	08/06/20	09/03/20		150.00	0.00	0.00	150.00
		OUTSIDE SRV PLANT OPS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10777	OSCAR TORRES				150.00	0.00	0.00	150.00
Vendor#	Vendor Name				Class	Pay Code				
OM425	OWENS & MINOR									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	2019765682		08/12/20	08/04/20	09/03/20		1,540.01	0.00	0.00	1,540.01
		CS INVENTORY								
	2019764990		08/12/20	08/04/20	09/03/20		843.44	0.00	0.00	843.44
		SUPPLIES VARIOUS DEPTS								
	2019758204		08/12/20	08/04/20	09/03/20		2.94	0.00	0.00	2.94
		CS INVENTORY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		OM425	OWENS & MINOR				2,386.39	0.00	0.00	2,386.39

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
	21248		08/23/20	08/15/20	08/15/20			1,125.00	0.00	0.00	1,125.00
		OUTSIDE SRV CLINIC									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		11069	PABLO GARZA					1,125.00	0.00	0.00	1,125.00
Vendor#	Vendor Name				Class	Pay Code				
P1260	PENTAX MEDICAL COMPANY				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	92078497		08/17/20	08/04/20	09/03/20			98.05	0.00	0.00	98.05
		SUPPLIES SURGERY									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		P1260	PENTAX MEDICAL COMPANY					98.05	0.00	0.00	98.05
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
	A1697677		08/17/20	08/05/20	09/04/20			135.90	0.00	0.00	135.90
		PHARMACY DRUGS									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		10204	PHARMEDIUM SERVICES LLC					135.90	0.00	0.00	135.90
Vendor#	Vendor Name				Class	Pay Code				
11125	PORT LAVACA RETAIL GROUP LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	21249		08/23/20	08/22/20	08/22/20			11,001.20	0.00	0.00	11,001.20
		RENT PT & BEHAVE HEALTH									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		11125	PORT LAVACA RETAIL GROUP LLC					11,001.20	0.00	0.00	11,001.20
Vendor#	Vendor Name				Class	Pay Code				
P2200	POWER ELECTRIC				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	B24399		08/23/20	08/11/20	08/21/20			41.77	0.00	0.00	41.77
		SUPPLIES PLANT OPS									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		P2200	POWER ELECTRIC					41.77	0.00	0.00	41.77
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
	21251		08/23/20	08/17/20	09/01/20			2,010.32	0.00	0.00	2,010.32
		EMPLOYEE PERSONAL INS									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		10326	PRINCIPAL LIFE					2,010.32	0.00	0.00	2,010.32
Vendor#	Vendor Name				Class	Pay Code				
10477	PURE FORCE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	2655118		08/23/20	08/02/20	09/01/20			142.72	0.00	0.00	142.72
		SUPPLIES DIETARY									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		10477	PURE FORCE					142.72	0.00	0.00	142.72
Vendor#	Vendor Name				Class	Pay Code				
10927	ROSHANDA GRAY									

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21232		08/17/20	08/08/20	09/03/20			91.69	0.00	0.00	91.69
	TRAVEL EXPENE PHARMACY Tonh TX CAH Network Meeting 7/13/16									
21233		08/17/20	08/08/20	09/03/20			193.32	0.00	0.00	193.32
	TRAVEL EXPENSE ADMIN Winter On Site Meetings - Stroke Activity Project 7/25/16									
21231		08/17/20	08/08/20	09/03/20			181.76	0.00	0.00	181.76
	TRAVEL EXPENSE ADMIN 2016 Healthcare Governance Conference 7/27/16-7/30/16									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10927	ROSHANDA GRAY					466.77	0.00	0.00	466.77

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
3139-3		08/17/20	08/15/20	09/03/20			11.75	0.00	0.00	11.75
	SUPPLIES PLANT OPS									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	S1800	SHERWIN WILLIAMS					11.75	0.00	0.00	11.75

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
4565852		08/22/20	08/06/20	08/24/20			1,333.33	0.00	0.00	1,333.33
	LEASE & RENTAL LAB									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10936	SIEMENS FINANCIAL SERVICES					1,333.33	0.00	0.00	1,333.33

Vendor#	Vendor Name	Class	Pay Code
11070	SUSAN SMALLEY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21235		08/17/20	08/15/20	09/03/20			147.96	0.00	0.00	147.96
	TRAVEL EXPENSE OB EFM training 8/15/16									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11070	SUSAN SMALLEY					147.96	0.00	0.00	147.96

Vendor#	Vendor Name	Class	Pay Code
T0801	TLC STAFFING	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20927		08/23/20	08/16/20	08/16/20			513.28	0.00	0.00	513.28
	CONRACT NURSING									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	T0801	TLC STAFFING					513.28	0.00	0.00	513.28

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
10230676		08/17/20	08/04/20	09/03/20			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
U1064	UNIFIRST HOLDINGS INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8400226165		08/17/20	08/05/20	09/04/20			442.25	0.00	0.00	442.25
	LAUDNRY SURGERY									
8400226208		08/17/20	08/05/20	09/04/20			1,172.94	0.00	0.00	1,172.94
	LAUNDRY HOUSEKEEPING									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net

	U1064	UNIFIRST HOLDINGS INC				1,615.19	0.00	0.00	1,615.19
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
	7093928		08/17/20	08/04/20	09/03/20		210.97	0.00	0.00	210.97
		EMPLOYEE UNIFORMS								
	7113670		08/23/20	08/12/20	08/27/20		180.32	0.00	0.00	180.32
		EMPLOYEE UNIFORMS								
	7113676		08/23/20	08/12/20	08/27/20		210.27	0.00	0.00	210.27
		EMPLOYEE UNIFORMS								
	7113212		08/23/20	08/12/20	08/27/20		18.07	0.00	0.00	18.07
		EMPLOYEE UNIFORMS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		U1056	UNIFORM ADVANTAGE				619.63	0.00	0.00	619.63
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
	5807162		08/17/20	08/15/20	09/04/20		2,401.32	0.00	0.00	2,401.32
		FOOD SUPPLIES DIETARY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10172	US FOOD SERVICE				2,401.32	0.00	0.00	2,401.32
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
	21234		08/22/20	08/22/20	08/22/20		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				
10942	VICKIE BROOME									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	21252		08/23/20	08/18/20	08/18/20		23.50	0.00	0.00	23.50
		CONT EDUCATION OB Exam Fee								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10942	VICKIE BROOME				23.50	0.00	0.00	23.50
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
	9110322782		08/22/20	08/03/20	09/02/20		283.00	0.00	0.00	283.00
		SUPPLIES LAB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		I1110	WERFEN USA LLC				283.00	0.00	0.00	283.00
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
	INV001672761		08/23/20	07/31/20	08/30/20		323.56	0.00	0.00	323.56
		OUTSIDE SRV CLINIC								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11166	WEST INTERACTIVE SERVICES CORP				323.56	0.00	0.00	323.56
Vendor#	Vendor Name				Class	Pay Code				
W1270	WISCONSIN STATE LABORATORY				W					

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
469769		08/22/20	07/31/20	08/30/20			145.00	0.00	0.00	145.00
	DUES & SUBSCRIPTIONS LAB									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W1270	WISCONSIN STATE LABORATORY	145.00	0.00	0.00	145.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	192,951.54	0.00	0.00	192,951.54

APPROVED ON
AUG 24 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS# 167655
to
167719

Michael J. Pfeifer
Calhoun County Judge
Date: 9-7-16

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	167655	08/24/16	2,401.32	US FOOD SERVICE
A/P	167656	08/24/16	269.81	MERCEDES MEDICAL
A/P	167657	08/24/16	135.90	PHARMEDIUM SERVICES LLC
A/P	167658	08/24/16	750.00	JAMES A DANIEL
A/P	167659	08/24/16	2,010.32	PRINCIPAL LIFE
A/P	167660	08/24/16	554.56	DEWITT POTH & SON
A/P	167661	08/24/16	173.49	FLUKE ELECTRONICS
A/P	167662	08/24/16	142.72	PURE FORCE
A/P	167663	08/24/16	.00	VOIDED
A/P	167664	08/24/16	7,716.79	MORRIS & DICKSON CO, LLC
A/P	167665	08/24/16	164.13	CAREFUSION 2200, INC
A/P	167666	08/24/16	150.00	OSCAR TORRES
A/P	167667	08/24/16	515.00	MAGAW MEDICAL
A/P	167668	08/24/16	50,172.10	MMC EMPLOYEE BENEFIT PLAN
A/P	167669	08/24/16	30,559.29	ALLIED BENEFIT SYSTEMS
A/P	167670	08/24/16	713.37	GENESIS DIAGNOSTICS
A/P	167671	08/24/16	466.77	ROSHANDA GRAY
A/P	167672	08/24/16	1,333.33	SIEMENS FINANCIAL SERVICES
A/P	167673	08/24/16	6,145.37	BANK OF THE WEST
A/P	167674	08/24/16	23.50	VICKIE BROOME
A/P	167675	08/24/16	1,243.98	BIRCH COMMUNICATIONS
A/P	167676	08/24/16	1,125.00	PABLO GARZA
A/P	167677	08/24/16	147.96	SUSAN SMALLEY
A/P	167678	08/24/16	2,063.25	FUSION MEDICAL STAFFING, LLC
A/P	167679	08/24/16	662.27	MARLIN BUSINESS BANK
A/P	167680	08/24/16	11,001.20	PORT LAVACA RETAIL GROUP LLC
A/P	167681	08/24/16	76.86	MISTY RECTOR
A/P	167682	08/24/16	323.56	WEST INTERACTIVE SERVICES CORP
A/P	167683	08/24/16	700.00	GUILLERMINA DIAZ-MARTINEZ
A/P	167684	08/24/16	7,381.76	JACKSON & COKER LOCUM TENENS,
A/P	167685	08/24/16	52.86	GULF COAST HARDWARE / ACE
A/P	167686	08/24/16	106.15	ALPHA TEC SYSTEMS INC
A/P	167687	08/24/16	442.98	CARDINAL HEALTH 414,LLC
A/P	167688	08/24/16	27.59	AQUA BEVERAGE COMPANY
A/P	167689	08/24/16	27,104.03	BECKMAN COULTER INC
A/P	167690	08/24/16	679.15	CABLE ONE
A/P	167691	08/24/16	915.56	CHANNING L BETE CO INC
A/P	167692	08/24/16	307.56	CITIZENS MEDICAL CENTER
A/P	167693	08/24/16	1,066.39	CDW GOVERNMENT, INC.
A/P	167694	08/24/16	178.75	DYNATRONICS CORPORATION
A/P	167695	08/24/16	27.70	FEDERAL EXPRESS CORP.
A/P	167696	08/24/16	3,738.97	FISHER HEALTHCARE
A/P	167697	08/24/16	238.65	H E BUTT GROCERY
A/P	167698	08/24/16	700.00	D HARRIS CONSULTING LLC
A/P	167699	08/24/16	283.00	WERFEN USA LLC
A/P	167700	08/24/16	48.00	INTEGRATED MEDICAL SYSTEMS
A/P	167701	08/24/16	8,857.26	J & J HEALTH CARE SYSTEMS, INC
A/P	167702	08/24/16	1,118.06	JOHNSTONE SUPPLY
A/P	167703	08/24/16	79.50	LABCORP OF AMERICA HOLDINGS
A/P	167704	08/24/16	24.30	LANGUAGE LINE SERVICES

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	167705	08/24/16	258.52	METLIFE
A/P	167706	08/24/16	116.01	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	167707	08/24/16	149.14	OFFICE DEPOT
A/P	167708	08/24/16	2,386.39	OWENS & MINOR
A/P	167709	08/24/16	98.05	PENTAX MEDICAL COMPANY
A/P	167710	08/24/16	41.77	POWER ELECTRIC
A/P	167711	08/24/16	1,413.50	EVOQUA WATER TECHNOLOGIES LLC
A/P	167712	08/24/16	11.75	SHERWIN WILLIAMS
A/P	167713	08/24/16	263.24	DANETTE BETHANY
A/P	167714	08/24/16	513.28	TLC STAFFING
A/P	167715	08/24/16	9,000.00	TOSHIBA AMERICA MEDICAL SYST.
A/P	167716	08/24/16	619.63	UNIFORM ADVANTAGE
A/P	167717	08/24/16	1,615.19	UNIFIRST HOLDINGS INC
A/P	167718	08/24/16	1,200.00	US POSTAL SERVICE
A/P	167719	08/24/16	145.00	WISCONSIN STATE LABORATORY
TOTALS:			192,951.54	

Approved on Aug 24, 2016
County Auditor
Calhoun County Texas
PH

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
8/29/2016

Nursing Home	IBC Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	IGT Transfer-In	MMC Portion - Return of IGT	MMC Portion - Federal Match	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens	4553	275,378.63	275,278.63	235,126.69	-	-	146,321.44	-	235,226.69	88,805.25

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 - Return of IGT	MMC Portion - Federal Match	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Solera at West Houston	4561	901,015.02	900,915.02	116,260.74	-	-	35,226.06	-	116,360.74	81,034.68
Crescent	4588	196,933.51	196,833.51	100,786.56	-	-	20,813.20	-	100,886.56	79,973.36
Broadmoor	4596	406,700.38	406,600.38	50,476.58	-	-	1,559.58	-	50,576.58	48,917.00
Fort Bend	4618	45,606.53	45,506.53	29,836.51	-	-	12,180.38	-	29,936.51	17,656.13
										227,581.17

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

Approved:

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

Michael J. Pfeifer
Calhoun County Judge
Date: 9-7-16

APPROVED
AUG 29 2016
COUNTY AUDITOR

IBC Bank Activity
8/22/16 through 8/28/16

Ashford Gardens					Transfer-Out	Transfer-In	
8/22/2016	5025	4553	142	ACH CREDIT RECEIVED		6,779.55	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*
8/22/2016	5025	4553	142	ACH CREDIT RECEIVED		10,284.67	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TR
8/22/2016	5025	4553	142	ACH CREDIT RECEIVED		12,552.98	AGING DISAB SVCS HCCLAIMPMT|MEMORIAL MEDICAL CE
8/22/2016	5025	4553	142	ACH CREDIT RECEIVED		3,345.63	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EF
8/23/2016	5025	4553	142	ACH CREDIT RECEIVED		21,116.24	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|
8/23/2016	5025	4553	495	OUTGOING MONEY TRANSFER	275,278.63		ASHFORD HEALTH CARE CENTER LTD
8/24/2016	5025	4553	142	ACH CREDIT RECEIVED		953.97	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|
8/24/2016	5025	4553	301	COMMERCIAL DEPOSIT		6,146.64	
8/24/2016	5025	4553	142	ACH CREDIT RECEIVED		146,321.44	AMERIGROUP CORPO E-PAYMENT|MEMORIAL MEDICAL|ISA*00* *00*
8/25/2016	5025	4553	142	ACH CREDIT RECEIVED		7,531.25	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EF
8/25/2016	5025	4553	142	ACH CREDIT RECEIVED		16,161.61	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TR
8/25/2016	5025	4553	142	ACH CREDIT RECEIVED		2,998.97	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*E
8/26/2016	5025	4553	142	ACH CREDIT RECEIVED		933.74	AGING DISAB SVCS HCCLAIMPMT|MEMORIAL MEDICAL CENTE| *1*
					275,278.63	235,126.69	

Solera at West Houston					Transfer-Out	Transfer-In	
8/22/2016	5025	4561	142	ACH CREDIT RECEIVED		61,848.79	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1
8/23/2016	5025	4561	495	OUTGOING MONEY TRANSFER	900,915.02		CANTEX HEALTH CARE CENTERS LLC
8/24/2016	5025	4561	301	COMMERCIAL DEPOSIT		1,202.48	
8/24/2016	5025	4561	142	ACH CREDIT RECEIVED		1,409.83	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|T
8/24/2016	5025	4561	142	ACH CREDIT RECEIVED		35,226.06	AMERIGROUP CORPO E-PAYMENT|MEMORIAL MEDICAL|ISA*00*
8/25/2016	5025	4561	142	ACH CREDIT RECEIVED		5,031.71	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*
8/25/2016	5025	4561	142	ACH CREDIT RECEIVED		3,714.01	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|
8/26/2016	5025	4561	142	ACH CREDIT RECEIVED		2,892.96	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1
8/26/2016	5025	4561	142	ACH CREDIT RECEIVED		2,072.99	AGING DISAB SVCS HCCLAIMPMT|MEMORIAL MEDICAL CENTE|539 56|TRN*1
8/26/2016	5025	4561	142	ACH CREDIT RECEIVED		2,861.91	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT
					900,915.02	116,260.74	

Crescent					Transfer-Out	Transfer-In	
8/22/2016	5025	4588	142	ACH CREDIT RECEIVED		42,508.97	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|0
8/22/2016	5025	4588	142	ACH CREDIT RECEIVED		3,400.91	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*01608
8/23/2016	5025	4588	142	ACH CREDIT RECEIVED		1,360.56	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*
8/23/2016	5025	4588	495	OUTGOING MONEY TRANSFER	196,833.51		CANTEX HEALTH CARE CENTERS III
8/24/2016	5025	4588	142	ACH CREDIT RECEIVED		4,813.52	AGING DISAB SVCS HCCLAIMPMT|MEMORIAL MEDICAL CENTE| 56|TRN*1*
8/24/2016	5025	4588	301	COMMERCIAL DEPOSIT		6,262.71	
8/24/2016	5025	4588	142	ACH CREDIT RECEIVED		20,813.20	AMERIGROUP CORPO E-PAYMENT|MEMORIAL MEDICAL|ISA*00* *00*
8/25/2016	5025	4588	142	ACH CREDIT RECEIVED		3,952.63	Molina HC of TX Molina HC|THE CRESCENT|TRN*1*EFT3691039*
8/25/2016	5025	4588	142	ACH CREDIT RECEIVED		4,733.48	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|4 11|
8/25/2016	5025	4588	142	ACH CREDIT RECEIVED		5,172.48	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*0
8/26/2016	5025	4588	142	ACH CREDIT RECEIVED		1,151.29	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*0
8/26/2016	5025	4588	142	ACH CREDIT RECEIVED		6,616.81	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*01
					196,833.51	100,786.56	

Broadmoor					Transfer-Out	Transfer-In	
8/22/2016	5025	4596	142	ACH CREDIT RECEIVED		3,316.95	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT
8/23/2016	5025	4596	495	OUTGOING MONEY TRANSFER	406,600.38		CANTEX HEALTH CARE CENTERS III
8/23/2016	5025	4596	142	ACH CREDIT RECEIVED		15,097.38	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*
8/24/2016	5025	4596	142	ACH CREDIT RECEIVED		15,615.66	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1
8/24/2016	5025	4596	142	ACH CREDIT RECEIVED		1,559.58	AMERIGROUP CORPO E-PAYMENT|MEMORIAL MEDICAL|ISA*00* *00*
8/24/2016	5025	4596	301	COMMERCIAL DEPOSIT		13,250.02	
8/25/2016	5025	4596	142	ACH CREDIT RECEIVED		610.50	Molina HC of TX Molina HC|THE BROADMOOR AT CREEK|TRN*1* 4
8/26/2016	5025	4596	142	ACH CREDIT RECEIVED		1,026.49	AGING DISAB SVCS HCCLAIMPMT|MEMORIAL MEDICAL CENTE|5991
					406,600.38	50,476.58	

Fort Bend					Transfer-Out	Transfer-In	
8/22/2016	05025	4618	142	ACH CREDIT RECEIVED		7,840.84	AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|TR
8/23/2016	05025	4618	495	OUTGOING MONEY TRANSFER	45,506.53		CANTEX HEALTH CARE CENTERS III
8/24/2016	05025	4618	142	ACH CREDIT RECEIVED		12,180.38	AMERIGROUP CORPO E-PAYMENT|MEMORIAL MEDICAL|ISA*00* *00*
8/25/2016	05025	4618	142	ACH CREDIT RECEIVED		9,815.29	Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRN*1*
					45,506.53	29,836.51	

Account Portfolio as of 08/29/2016 9:35:44 AM

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

Commercial Checking Accounts

Account Name	Account Number	Today's Beginning Balance	Available Balance
Memorial Medical Center	3387	$245,550.14	$245,550.14
Memorial Medical Center	4553	$235,226.69	$264,943.41
Memorial Medical Center	4561	$116,360.74	$131,723.36
Memorial Medical Center	4588	$100,886.56	$100,886.56
Memorial Medical Center	4596	$50,576.58	$61,170.95
Memorial Medical Center	4618	$29,936.51	$34,162.71
Memorial Medical Center Operat	0301	$3,123,950.41	$3,161,829.11
County of Calhoun Indigent	1101	$10,437.35	$10,437.35
Totals		**$3,912,924.98**	**$4,010,703.59**

Count	Eligibility Period	NPI	Facility Number	TIN	Legal Entity	DBA Facility Name	FFS (Not Payable)	Molina	United Health-care	Superior	Ameri-group	Cigna	Total	Net Payable	Return of IGT	MMC Federal Match	Total MMC	Cantex Federal Match	Total IGT Return and Federal Match
164	2	6189	4811	113005	Memorial Medical Center	Ashford Gardens	$37,625.65	$58,528.40	$188,127.38	$0.00	$146,321.44	$0.00	$430,602.87	$392,977.22	$208,450.80	$92,263.21	$300,714.01	$92,263.21	$392,977.22
168	2	0433	105818	13004	Memorial Medical Center	The Broadmoor at Creekside Park	$1,559.58	$1,039.72	$6,238.33	$519.86	$1,559.58	$0.00	$10,917.07	$9,357.49	$4,963.59	$1,937.02	$6,900.61	$1,937.02	$8,837.63
187	2	0425	105314	13008	Memorial Medical Center	The Crescent	$1,892.11	$7,568.42	$9,460.53	$0.00	$20,813.20	$0.00	$39,734.26	$37,842.15	$20,072.99	$8,864.58	$28,957.57	$8,864.58	$37,842.15
188	2	3259	105006	13007	Memorial Medical Center	Solera at West Houston	$4,403.26	$29,419.54	$52,839.09	$0.00	$35,226.06	$0.00	$118,887.95	$114,484.69	$60,727.25	$26,878.72	$87,605.97	$26,878.72	$114,484.69
189	2	7503	4628	13006	Memorial Medical Center	Fort Bend Healthcare Center	$12,180.38	$48,721.51	$60,901.88	$0.00	$12,180.38	$0.00	$133,984.15	$121,803.77	$64,609.58	$28,597.10	$93,206.67	$28,597.10	$121,803.77
								$142,277.59	$317,567.21	$519.86	$216,100.66	$0.00	$734,126.30	$676,465.32	$358,824.19	$158,560.63	$517,384.83	$158,560.63	$675,945.46

Received 8/26

Received 8/24

IGT	953,379.45	8/17/2015
IGT	953,379.45	11/10/2015
IGT	1,199,607.62	2/12/2016
IGT	1,199,544.75	5/16/2016
	4,305,911.27	Total IGT's for MPAP program

Deposit has not cleared as of 8/29/16

Actual Return of IGTs

358,831.18	Return of IGT - Sept
358,831.18	Return of IGT - Oct
358,831.18	Return of IGT - Nov
1,076,493.54	Total Return of IGTs
358,824.19	Monthly Return of IGTs

Aug	358,824.19	158,560.63
Sept	358,824.19	158,560.63
Oct	358,824.19	158,560.63
Nov	358,824.19	158,560.63
Dec	358,824.19	158,560.63
Jan	358,824.19	158,560.63
Feb	358,824.19	158,560.63
March	358,824.19	158,560.63
	2,870,593.54	1,268,485.07

RUN DATE:08/29/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:14:07 CHECK REGISTER and Payable List GLCKREG
08/29/16 THRU 08/29/16

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000812	08/29/16	636.09	MCKESSON
A/P	000813	08/29/16	684.28	MCKESSON
A/P	000814	08/29/16	1,227.98	MCKESSON
TOTALS:			2,548.35	

APPROVED
ON

AUG 29 2016
BY ct
CALHOUN COUNTY AUDITOR

340 B Prescription Expenses

Michael J. Pfeifer
Calhoun County Judge
9-7-16

McKESSON

STATEMENT

Company: 8000

As of: 08/26/2016

Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 08/27/2016

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: 08/26/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 08/27/2016

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	
08/22/2016	08/30/2016	7762738624	1000870454	115Invoice	0.01	0.32		0.31		7762738624	
08/22/2016	08/30/2016	7762738625	1000871246	115Invoice	0.49	24.38		23.89		7762738625	
08/22/2016	08/30/2016	7762738626	1000871630	115Invoice	2.77	138.55		135.78		7762738626	
08/23/2016	08/30/2016	7762992401	1000871994	115Invoice	7.67	383.46		375.79		7762992401	
08/24/2016	08/30/2016	7763222990	1000872624	115Invoice		0.16		0.16		7763222990	
08/25/2016	08/30/2016	7763426624	1000873363	115Invoice	0.01	0.65		0.64		7763426624	
08/26/2016	08/30/2016	7763697883	1000874202	115Invoice	2.03	101.55		99.52		7763697883	

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

TOTAL:

Subtotals: 649.07 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 613.09
08/22/2016

If Paid By 08/30/2016,
Pay This Amount: 636.09 USD

If Paid After 08/30/2016,
Pay this Amount: 649.07 USD

Due If Paid On Time:
USD 636.09

Disc lost if paid late:
12.98

Due If Paid Late:
USD 649.07

8.29.16

Ck# 812

APPROVED
ON

AUG 29 2016

BY CT

CALHOUN COUNTY AUDITOR

McKESSON

STATEMENT

Company: 8000

As of: 08/26/2016 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 08/27/2016

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: 08/26/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 08/27/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
08/22/2016	08/30/2016	7762742462	3454581665	115Invoice	0.17	8.67		8.50	-	7762742462	
08/23/2016	08/30/2016	7762995617	1094924	115Invoice	0.02	1.06		1.04	-	7762995617	
08/23/2016	08/30/2016	7762995618	3454581668	115Invoice	12.68	634.14		621.46	-	7762995618	
08/25/2016	08/30/2016	7763452731	3454581674	115Invoice	1.09	54.37		53.28	-	7763452731	

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

TOTAL:

Subtotals: 698.24 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 831.13
08/22/2016

If Paid By 08/30/2016,
Pay This Amount: 684.28 USD

If Paid After 08/30/2016,
Pay this Amount: 698.24 USD

Due If Paid On Time:
USD 684.28

Disc lost if paid late:
13.96

Due If Paid Late:
USD 698.24

Ck# 813

8-29-16

APPROVED
ON

AUG 29 2016

BY CT
CALHOUN COUNTY AUDITOR

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: 08/26/2016

DC: 8115

Territory: 400

Customer: 262252
Date: 08/27/2016

Page: 001

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

As of: 08/26/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 08/27/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
08/22/2016	08/30/2016	7762767598	1000870456	115Invoice	8.84	441.93		433.09	✓	7762767598	
08/22/2016	08/30/2016	7762767601	1000871248	115Invoice	1.77	88.27		86.50	✓	7762767601	
08/22/2016	08/30/2016	7762767603	1000871632	115Invoice	0.93	46.27		45.34	✓	7762767603	
08/23/2016	08/30/2016	7762984049	1000871996	115Invoice	0.53	26.43		25.90	✓	7762984049	
08/24/2016	08/30/2016	7763243985	1000872626	115Invoice	0.02	1.00		0.98	✓	7763243985	
08/25/2016	08/30/2016	7763442221	1000873365	115Invoice	0.09	4.38		4.29	✓	7763442221	
08/26/2016	08/30/2016	7763683842	1000874204	115Invoice	12.90	644.78		631.88	✓	7763683842	

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

TOTAL:

Subtotals: 1,253.06 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,070.88
08/22/2016

If Paid By 08/30/2016,
Pay This Amount: 1,227.98 USD

If Paid After 08/30/2016,
Pay this Amount: 1,253.06 USD

Due If Paid On Time:
USD 1,227.98

Disc lost if paid late:
25.08

Due If Paid Late:
USD 1,253.06

Ck# 814

8-29-16

APPROVED
ON
AUG 29 2016 CT
BY
CALHOUN COUNTY AUDITOR

APPROVED ON
AUG 31 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

08/30/2016 12:19

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 09/15/2016

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
21258		08/29/20	08/16/20	09/09/20		2,440.78	0.00	0.00	2,440.78 ✓
	TELEPHONE EXPENSE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11062	AIRESPRING INC	2,440.78	0.00	0.00	2,440.78

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9054272361 ✓		08/23/20	08/09/20	09/08/20		50.75	0.00	0.00	50.75 ✓
	SUPPLIES PLANT OPS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	50.75	0.00	0.00	50.75

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
2657786-IN ✓		08/29/20	08/12/20	09/11/20		67.24	0.00	0.00	67.24 ✓
	REPAIRS MED SURG								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1715	ALCO SALES & SERVICE CO	67.24	0.00	0.00	67.24

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
9649260640 ✓		08/24/20	08/10/20	09/09/20		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
B1075	BAXTER HEALTHCARE CORP ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
51693508 ✓		08/16/20	08/08/20	09/07/20		568.03	0.00	0.00	568.03 ✓
	SUPPLIES VARIOUS DEPTS								
51800576 ✓		08/24/20	08/15/20	09/14/20		550.16	0.00	0.00	550.16 ✓
	CS INVENTORY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1075	BAXTER HEALTHCARE CORP	1,118.19	0.00	0.00	1,118.19

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
6004326448 ✓		08/29/20	08/09/20	09/08/20		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
10522	BIOMET INC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
18-003365 ✓		08/24/20	08/15/20	09/14/20		779.64	0.00	0.00	779.64 ✓

SUPPLIES SURGERY

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10522	BIOMET INC	779.64	0.00	0.00	779.64

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
109903 ✓		08/17/20	08/15/20	09/14/20			27.85	0.00	0.00	27.85 ✓

SUPPLIES LAB

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1650	BOSART LOCK & KEY INC	27.85	0.00	0.00	27.85

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
949039793 ✓		08/24/20	03/21/20	09/05/20			309.00	0.00	0.00	309.00 ✓
	SUPPLIES SURGERY									
950999415 ✓		08/24/20	08/11/20	09/10/20			214.00	0.00	0.00	214.00 ✓
	SUPPLIES SURGERY									
951033678 ✓		08/24/20	08/15/20	09/14/20			309.00	0.00	0.00	309.00 ✓
	SUPPLIES SURGERY									
951089773 ✓		08/24/20	08/18/20	09/15/20			413.00	0.00	0.00	413.00 ✓
	SUPPLIES SURGERY									
938443096 ✓		08/29/20	10/16/20	09/05/20			-1,212.00	0.00	0.00	-1,212.00 ✓
	CREDIT SURGERY SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1655	BOSTON SCIENTIFIC CORPORATION	33.00	0.00	0.00	33.00

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
23556617 ✓		08/16/20	08/08/20	09/07/20			166.37	0.00	0.00	166.37 ✓
	SUPPLIES SURGERY									
23561973 ✓		08/24/20	08/15/20	09/14/20			166.37	0.00	0.00	166.37 ✓
	SUPPLIES SURGERY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1040	C R BARD, INC	332.74	0.00	0.00	332.74

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
21259		08/29/20	08/24/20	08/24/20			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
A1825	CARDINAL HEALTH 414,LLC ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8001104358 ✓		08/29/20	08/06/20	09/10/20			433.96	0.00	0.00	433.96 ✓
	SUPPLIES NUC MED									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1825	CARDINAL HEALTH 414,LLC	433.96	0.00	0.00	433.96

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
92075580 ✓		08/12/20	08/08/20	09/07/20			612.68	0.00	0.00	612.68 ✓

	CS INVENTORY							
92080132 ✓		08/24/20	08/15/20	09/14/20	1,179.38	0.00	0.00	1,179.38 ✓
	CS INVENTORY & RECOVERY							
92081262 ✓		08/24/20	08/16/20	09/15/20	5.50	0.00	0.00	5.50 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10350	CENTURION MEDICAL PRODUCTS	1,797.56	0.00	0.00	1,797.56

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
21279		08/29/20	08/17/20	09/06/20			6,439.20	0.00	0.00	6,439.20 ✓
	WATER & SEWER									
21272		08/29/20	08/17/20	09/06/20			830.85	0.00	0.00	830.85 ✓
	WATER & SEWER CLINIC									
21280		08/29/20	08/17/20	09/06/20			505.10	0.00	0.00	505.10 ✓
	WATER & SEWER									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1730	CITY OF PORT LAVACA	7,775.15	0.00	0.00	7,775.15

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
21275		08/29/20	08/22/20	09/01/20			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
C1970	CONMED CORPORATION ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
249378 ✓		08/16/20	08/10/20	09/09/20			89.25	0.00	0.00	89.25 ✓
	SUPPLIES SURGERY									
251641 ✓		08/24/20	08/15/20	09/14/20			89.25	0.00	0.00	89.25 ✓
	SUPPLIES SURGERY									
251857 ✓		08/24/20	08/15/20	09/14/20			457.87	0.00	0.00	457.87 ✓
	SUPPLIES SURGERY									
252728 ✓		08/24/20	08/16/20	09/15/20			508.74	0.00	0.00	508.74 ✓
	SUPPLIES SURGERY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1970	CONMED CORPORATION	1,145.11	0.00	0.00	1,145.11

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
RT00134543 ✓		08/29/20	07/21/20	09/01/20			7,682.67	0.00	0.00	7,682.67 ✓
	LEASE & RENTAL MED SURG									

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
C1443	CYGNUS MEDICAL LLC ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
197796 ✓		08/24/20	08/09/20	09/08/20			440.00	0.00	0.00	440.00 ✓
	SUPPLIES SURGERY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

	C1443	CYGNUS MEDICAL LLC				440.00	0.00	0.00	440.00
Vendor#	Vendor Name			Class	Pay Code				
11008	DERRI HART ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	21278		08/29/20	08/28/20	08/29/20		515.00	0.00	0.00	515.00 ✓
		OUTSIDE SRV TRANSCRIPTIC								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11008	DERRI HART				515.00	0.00	0.00	515.00
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
	479311-0 ✓		08/12/20	08/08/20	09/07/20		144.89	0.00	0.00	144.89 ✓
		SUPPLY- ER & BUS OFFICE								
	479488-0 ✓		08/12/20	08/10/20	09/09/20		16.51	0.00	0.00	16.51 ✓
		CS INVENTORY & DIETARY SU								
	479482-0 ✓		08/17/20	08/10/20	09/09/20		114.56	0.00	0.00	114.56 ✓
		SUPPLIES CS								
	479669-0 ✓		08/17/20	08/10/20	09/09/20		54.24	0.00	0.00	54.24 ✓
		SUPPLIES HIM								
	479710-0 ✓		08/17/20	08/11/20	09/10/20		388.77	0.00	0.00	388.77 ✓
		SUPPLIES ADMIN								
	479926-0 ✓		08/24/20	08/15/20	09/14/20		46.22	0.00	0.00	46.22 ✓
		SUPPLIES XRAY								
	479863-0 ✓		08/24/20	08/15/20	09/14/20		427.00	0.00	0.00	427.00 ✓
		CS INVENTORY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10368	DEWITT POTH & SON				1,192.19	0.00	0.00	1,192.19
Vendor#	Vendor Name			Class	Pay Code				
11079	DR. PETER ROJAS ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	21276		08/29/20	08/26/20	08/26/20		39.99	0.00	0.00	39.99 ✓
		NEW KEY BOARD								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11079	DR. PETER ROJAS				39.99	0.00	0.00	39.99
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
	896519 ✓		08/24/20	08/16/20	09/15/20		87.80	0.00	0.00	87.80 ✓
		SUPPLIES PT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		D1785	DYNATRONICS CORPORATION				87.80	0.00	0.00	87.80
Vendor#	Vendor Name			Class	Pay Code				
E1280	ENVIROMED RESOURCES ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	2016-MMC1 ✓		08/17/20	08/16/20	09/15/20		1,500.00	0.00	0.00	1,500.00 ✓
		OUTSIDE SRV ER								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		E1280	ENVIROMED RESOURCES				1,500.00	0.00	0.00	1,500.00
Vendor#	Vendor Name			Class	Pay Code				
11225	ERIKA OSORNIA ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	21206		08/11/20	07/18/20	09/10/20		23.50	0.00	0.00	23.50 ✓

CONT EDUCATION OB Exam Fee

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11225	ERIKA OSORNIA	23.50	0.00	0.00	23.50

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
T1608091378 ✓		08/23/20	08/09/20	09/08/20		14,868.12	0.00	0.00	14,868.12 ✓
	OUTSIDE SRV VARIOUS DEPT								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C2510	EVIDENT	14,868.12	0.00	0.00	14,868.12

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
5-517-50968 ✓		08/29/20	08/18/20	09/02/20		76.34	0.00	0.00	76.34 ✓
	FREIGHT EXP VARIOUS DEPT								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.	76.34	0.00	0.00	76.34

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
21260		08/29/20	08/24/20	08/24/20		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
10678	FIVE STAR STERILIZER SERVICES ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
4617 ✓		08/23/20	08/08/20	09/07/20		2,050.92	0.00	0.00	2,050.92 ✓
	REPAIRS SURGERY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10678	FIVE STAR STERILIZER SERVICES	2,050.92	0.00	0.00	2,050.92

Vendor#	Vendor Name	Class	Pay Code
11183	FRONTIER ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21273		08/29/20	08/19/20	09/12/20		57.08	0.00	0.00	57.08 ✓
	TELEPHONE EXPENSE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11183	FRONTIER	57.08	0.00	0.00	57.08

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
6000560945 ✓		08/29/20	08/01/20	08/31/20		3,173.16	0.00	0.00	3,173.16 ✓
	MAINT CONTR XRAY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10283	GE HEALTHCARE	3,173.16	0.00	0.00	3,173.16

Vendor#	Vendor Name	Class	Pay Code
10488	GE HEALTHCARE IITS USA CORP ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
030379831 ✓		08/29/20	06/28/20	07/28/20		827.01	0.00	0.00	827.01 ✓
	DUES & SUBCRIPTIONS OB								
030395434 ✓		08/29/20	08/12/20	09/11/20		827.01	0.00	0.00	827.01 ✓

DUES & SUBCRIPTIONS OB

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10488	GE HEALTHCARE IITS USA CORP	1,654.02	0.00	0.00	1,654.02

Vendor#	Vendor Name	Class	Pay Code
G1001	GETINGE USA ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
6050282 ✓		08/12/20	08/08/20	09/07/20			102.90	0.00	0.00	102.90 ✓
	SUPPLIES SURGERY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1001	GETINGE USA	102.90	0.00	0.00	102.90

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
109849310 ✓		08/17/20	08/08/20	09/07/20			18.72	0.00	0.00	18.72 ✓
	SUPPLIES PHARMACY									
109861118 ✓		08/17/20	08/10/20	09/09/20			27.20	0.00	0.00	27.20 ✓
	SUPPLIES PHARMACY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10653	GLOBAL EQUIPMENT CO. INC.	45.92	0.00	0.00	45.92

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
104897 ✓		08/29/20	08/18/20	08/28/20			50.95	0.00	0.00	50.95 ✓
	SUPPLIES PLANT OPS									
104921 ✓		08/29/20	08/19/20	08/29/20			53.48	0.00	0.00	53.48 ✓
	SUPPLIES PLANT OPS									
105092 ✓		08/29/20	08/25/20	09/04/20			52.98	0.00	0.00	52.98 ✓
	SUPPLIES PLANT OPS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1292	GULF COAST HARDWARE / ACE	157.41	0.00	0.00	157.41

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
1178074 ✓		08/12/20	08/09/20	09/08/20			234.55	0.00	0.00	234.55 ✓
	SUPPLIES HOUSEKEEPING									
1180045 ✓		08/17/20	08/12/20	09/11/20			45.58	0.00	0.00	45.58 ✓
	SUPPPLIES HOUSEKEEPING									
1181838 ✓		08/24/20	08/16/20	09/15/20			163.83	0.00	0.00	163.83 ✓
	SUPPLIES HOUSEKEEPING									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	443.96	0.00	0.00	443.96

Vendor#	Vendor Name	Class	Pay Code
H1399	HILL-ROM COMPANY, INC ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
283983 ✓		08/17/20	08/09/20	09/08/20			180.62	0.00	0.00	180.62 ✓
	REPAIRS OB									
285427 ✓		08/23/20	08/11/20	09/10/20			50.16	0.00	0.00	50.16 ✓
	REPAIRS OB									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H1399	HILL-ROM COMPANY, INC	230.78	0.00	0.00	230.78

Vendor#	Vendor Name	Class	Pay Code
11114	HOSPITALPORTAL.NET ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
13774 ✓		08/17/20	08/12/20	09/11/20		3,487.50	0.00	0.00	3,487.50 ✓
	MAINT CONTR ADMIN								
13776 ✓		08/29/20	08/15/20	09/14/20		3,750.00	0.00	0.00	3,750.00 ✓
	MAINT CONTR ADMIN								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11114	HOSPITALPORTAL.NET				7,237.50	0.00	0.00	7,237.50

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
41395769 ✓		08/16/20	08/10/20	09/09/20		121.61	0.00	0.00	121.61 ✓
	CS INVENTORY								
41413075 ✓		08/24/20	08/11/20	09/10/20		77.81	0.00	0.00	77.81 ✓
	CS INVENTORY								
41452560 ✓		08/24/20	08/15/20	09/14/20		55.58	0.00	0.00	55.58 ✓
	CS INVENTORY & SURGERY S								
38242970 ✓		08/25/20	12/28/20	01/28/20		7.46	0.00	0.00	7.46 ✓
	CS INVENTORY								
39130975 ✓		08/25/20	02/29/20	03/30/20		33.70	0.00	0.00	33.70 ✓
	CS INVENTORY								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	I0415	INDEPENDENCE MEDICAL				296.16	0.00	0.00	296.16

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
916899370 ✓		08/16/20	08/08/20	09/07/20		897.73	0.00	0.00	897.73 ✓
	SUPPLIES SURGERY								
916910714 ✓		08/24/20	08/10/20	09/09/20		459.73	0.00	0.00	459.73 ✓
	SURGERY SUPPLIES								
916925918 ✓		08/24/20	08/15/20	09/14/20		737.32	0.00	0.00	737.32 ✓
	SUPPLIES SURGERY								
916925916 ✓		08/24/20	08/15/20	09/14/20		488.56	0.00	0.00	488.56 ✓
	SUPPLIES SURGERY								
916925917 ✓		08/24/20	08/15/20	09/14/20		438.00	0.00	0.00	438.00 ✓
	SUPPLIES SURGERY								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE SYSTEMS, INC				3,021.34	0.00	0.00	3,021.34

Vendor#	Vendor Name	Class	Pay Code
11230	JACKSON & COKER LOCUM TENENS, Remove per Vicki		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
353965		08/29/20	08/23/20	08/23/20		236.52	0.00	0.00	236.52
	PROF FEES OB								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11230	JACKSON & COKER LOCUM TENENS,				236.52	0.00	0.00	236.52

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
107307911 ✓		08/17/20	08/08/20	09/07/20		500.00	0.00	0.00	500.00 ✓
	ADVERTISING								
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				
10578	LUMINANT ENERGY COMPANY LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	INV0538467		08/11/20	08/01/20	09/06/20		1,618.58	0.00	0.00	1,618.58
		FUEL PLANT OPS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10578	LUMINANT ENERGY COMPANY LLC				1,618.58	0.00	0.00	1,618.58
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
	21263		08/29/20	08/24/20	08/24/20		1,382.50	0.00	0.00	1,382.50
		EMPLOYEE PERSONAL INVES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10972	M G TRUST				1,382.50	0.00	0.00	1,382.50
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
	82919650		08/10/20	08/01/20	09/15/20		351.63	0.00	0.00	351.63
		CS INVENTORY								
	83284593		08/12/20	08/05/20	09/15/20		86.62	0.00	0.00	86.62
		SUPPLIES OB								
	83359781		08/16/20	08/08/20	09/15/20		145.69	0.00	0.00	145.69
	83493080	CS INVENTORY								
	~~71518746~~		08/16/20	08/10/20	09/15/20		19.68	0.00	0.00	19.68
		SUPPLIES RECOVERY								
	83752328		08/24/20	08/15/20	09/15/20		790.68	0.00	0.00	790.68
		CS INVENTORY								
	83908954		08/24/20	08/17/20	09/15/20		5.40	0.00	0.00	5.40
		CS INVENTORY								
	83056828		08/29/20	08/02/20	09/15/20		132.45	0.00	0.00	132.45
		SUPPLIES LAB								
	83018358		08/29/20	08/02/20	09/15/20		1,226.97	0.00	0.00	1,226.97
		SUPPLIES LAB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2178	MCKESSON MEDICAL SURGICAL INC				2,759.12	0.00	0.00	2,759.12
Vendor#	Vendor Name				Class	Pay Code				
11203	MEDI-DOSE, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	0624582		08/17/20	08/08/20	09/07/20		147.90	0.00	0.00	147.90
		SUPPLIES PHARMACY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11203	MEDI-DOSE, INC				147.90	0.00	0.00	147.90
Vendor#	Vendor Name				Class	Pay Code				
M2470	MEDLINE INDUSTRIES INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	1812949091		08/17/20	08/06/20	09/05/20		140.11	0.00	0.00	140.11
		SUPPLIES PT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2470	MEDLINE INDUSTRIES INC				140.11	0.00	0.00	140.11
Vendor#	Vendor Name				Class	Pay Code				
M2499	MEDTRONIC USA, INC.				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net

	2526756208 ✓		08/16/20	08/08/20	09/07/20		267.15	0.00	0.00	267.15 ✓
		CS INVENTORY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2499	MEDTRONIC USA, INC.				267.15	0.00	0.00	267.15
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
	21261		08/29/20	08/24/20	08/24/20		170.00	0.00	0.00	170.00 ✓
		EMPLOYEE CLINIC CO PAYS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10963	MEMORIAL MEDICAL CLINIC				170.00	0.00	0.00	170.00
Vendor#	Vendor Name				Class	Pay Code				
M2590	MERCURY MEDICAL ✓				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	775646 ✓		08/12/20	08/08/20	09/07/20		180.55	0.00	0.00	180.55 ✓
		CS INVENTORY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2590	MERCURY MEDICAL				180.55	0.00	0.00	180.55
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
	SINV119004 ✓		08/30/20	08/22/20	09/01/20		605.30	0.00	0.00	605.30 ✓
		PHY RECRUITMENT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2658	MERRITT, HAWKINS & ASSOCIATES				605.30	0.00	0.00	605.30
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
	30094288527 ✓		08/16/20	08/08/20	09/07/20		157.98	0.00	0.00	157.98 ✓
		SUPPLIES SURGERY								
	30094289091 ✓		08/16/20	08/09/20	09/08/20		1,637.12	0.00	0.00	1,637.12 ✓
		SUPPLIES XRAY								
	30094289819 ✓		08/16/20	08/10/20	09/09/20		659.10	0.00	0.00	659.10 ✓
	30094291190 ✓		08/24/20	08/12/20	09/11/20		243.89	0.00	0.00	243.89 ✓
		SUPPLIES MAMMO								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2659	MERRY X-RAY/SOURCEONE HEALTHCA				2,698.09	0.00	0.00	2,698.09
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
	21270		08/29/20	07/06/20	07/06/20		165.00	0.00	0.00	165.00 ✓
		EMPLOYEE GIFT SHOP PURC								
	21271		08/29/20	08/15/20	08/15/20		83.37	0.00	0.00	83.37 ✓
		EMPLOYEE GIFT SHOP PURC								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2621	MMC AUXILIARY GIFT SHOP				248.37	0.00	0.00	248.37
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
	9231031 ✓		08/29/20	08/23/20	08/24/20		358.72	0.00	0.00	358.72 ✓

	PHARMACY DRUGS							
9231030		08/29/20	08/23/20	08/24/20	2.29	0.00	0.00	2.29
	PHARMACY DRUGS							
9231994		08/29/20	08/23/20	08/24/20	278.02	0.00	0.00	278.02
	PHARMACY DRUGS							
9231032		08/29/20	08/23/20	08/24/20	231.67	0.00	0.00	231.67
	PHARMACY DRUGS							
CM79493		08/29/20	08/23/20	08/24/20	-4.18	0.00	0.00	-4.18
	PHARMACY CREDIT							
9236790		08/29/20	08/24/20	08/25/20	16.97	0.00	0.00	16.97
	PHARMACY DRUGS							
9236791		08/29/20	08/24/20	08/25/20	2,040.02	0.00	0.00	2,040.02
	PHARMACY DRUGS							
9240691		08/29/20	08/25/20	08/26/20	220.66	0.00	0.00	220.66
	PHARMACY DRUGS							
9240689		08/29/20	08/25/20	08/26/20	65.83	0.00	0.00	65.83
	PHARMACY DRUGS							
9240690		08/29/20	08/25/20	08/26/20	2,576.53	0.00	0.00	2,576.53
	PHARMACY DRUGS							
9238707		08/29/20	08/25/20	08/26/20	9,255.25	0.00	0.00	9,255.25
	PHARMACY DRUGS							
9245770		08/30/20	08/26/20	08/27/20	218.80	0.00	0.00	218.80
	PHARMACY DRUGS							
9245768		08/30/20	08/26/20	08/27/20	27.15	0.00	0.00	27.15
	PHARMACY DRUGS							
CM80981		08/30/20	08/26/20	08/27/20	-332.69	0.00	0.00	-332.69
	PHARMACY CREDIT							
9245771		08/30/20	08/26/20	08/27/20	8.68	0.00	0.00	8.68
	PHARMACY DRUGS							
9245769		08/30/20	08/26/20	08/27/20	502.60	0.00	0.00	502.60
	PHARMACY DRUGS							
9245772		08/30/20	08/26/20	08/27/20	5.83	0.00	0.00	5.83
	PHARMACY DRUGS							
9253010		08/30/20	08/29/20	08/30/20	237.55	0.00	0.00	237.55
	PHARMACY DRUGS							
9250227		08/30/20	08/29/20	08/30/20	3,433.32	0.00	0.00	3,433.32
	PHARMACY DRUGS							
9253011		08/30/20	08/29/20	08/30/20	2,289.53	0.00	0.00	2,289.53
	PHARMACY DRUGS							
9253012		08/30/20	08/29/20	08/30/20	290.42	0.00	0.00	290.42
	PHARMACY DRUGS							
9252771		08/30/20	08/29/20	08/30/20	468.02	0.00	0.00	468.02
	PHARMACY DRUGS							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC			22,190.99	0.00	0.00	22,190.99

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
21255		08/29/20	08/23/20	08/23/20		275.66	0.00	0.00	275.66
	TRAVEL EXPENSE INFECTION	Take a Stand Against Resistance conf. 8/17/16 - 8/19/16							
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	A2252	NADINE GARNER				275.66	0.00	0.00	275.66

Vendor#	Vendor Name	Class	Pay Code
10188	NATUS MEDICAL INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1040405706	SUPPLIES OB	08/29/20	08/01/20	08/31/20		1,394.57	0.00	0.00	1,394.57

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10188	NATUS MEDICAL INC	1,394.57	0.00	0.00	1,394.57

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
2019918391	CS INVENTORY	08/16/20	08/09/20	09/08/20		2,978.45	0.00	0.00	2,978.45
2019918800	SUPPLIES VARIOUS DEPTS	08/16/20	08/09/20	09/08/20		1,717.34	0.00	0.00	1,717.34
2019915526	SUPPLIES LAB	08/16/20	08/09/20	09/08/20		7.16	0.00	0.00	7.16
2019915837	SUPPLIES CLINIC	08/16/20	08/09/20	09/08/20		54.93	0.00	0.00	54.93
2019914598	SUPPLIES OB	08/16/20	08/09/20	09/08/20		62.50	0.00	0.00	62.50
2019914916	SUPPLIES SURGERY	08/16/20	08/09/20	09/08/20		122.40	0.00	0.00	122.40
2019914474	CS INVENTORY	08/16/20	08/09/20	09/08/20		3.33	0.00	0.00	3.33
2019972247	CS INVENTORY	08/16/20	08/11/20	09/10/20		19.55	0.00	0.00	19.55
2019975357	SUPPLIES VARIOUS DEPTS	08/16/20	08/11/20	09/10/20		955.60	0.00	0.00	955.60
2019971555	SUPPLIES LAB	08/16/20	08/11/20	09/10/20		71.02	0.00	0.00	71.02
2019976968	CS INVENTORY & PT SUPPLY	08/16/20	08/11/20	09/10/20		943.43	0.00	0.00	943.43
2020110423	CS INVENTORY	08/24/20	08/16/20	09/15/20		5.82	0.00	0.00	5.82
2020115067	CS INVENTORY & LAB SUPPL	08/24/20	08/16/20	09/15/20		1,502.40	0.00	0.00	1,502.40
2020109723	SUPPLIES SURGERY	08/24/20	08/16/20	09/15/20		21.00	0.00	0.00	21.00
2020113941	SUPPLIES VARIOUS DEPTS	08/24/20	08/16/20	09/15/20		1,588.20	0.00	0.00	1,588.20
2020109549	SUPPLIES VARIOUS DEPTS	08/24/20	08/16/20	09/15/20		88.07	0.00	0.00	88.07

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR	10,141.20	0.00	0.00	10,141.20

Vendor#	Vendor Name	Class	Pay Code
11142	PAETEC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
59665377	TELEPHONE EXPENSE	08/29/20	08/22/20	09/10/20		8,338.18	0.00	0.00	8,338.18

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11142	PAETEC	8,338.18	0.00	0.00	8,338.18

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
	A1702354 ✓		08/17/20	08/10/20	09/09/20		142.00	0.00	0.00	142.00 ✓
		PHARMACY DRUGS								
	A1703088 ✓		08/17/20	08/11/20	09/10/20		198.90	0.00	0.00	198.90 ✓
		PHARMACY DRUGS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10204	PHARMEDIUM SERVICES LLC				340.90	0.00	0.00	340.90
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
	MALEK001 ✓		08/29/20	08/29/20	09/08/20		1,695.00	0.00	0.00	1,695.00 ✓
		READ FEES XRAY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		R1268	RADIOLOGY UNLIMITED, PA				1,695.00	0.00	0.00	1,695.00
Vendor#	Vendor Name				Class	Pay Code				
10626	RAUSHANAH MONDAY ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	21256		08/29/20	08/23/20	08/23/20		23.50	0.00	0.00	23.50 ✓
		CONT EDUCATION OB Exam fee								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10626	RAUSHANAH MONDAY				23.50	0.00	0.00	23.50
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
	21272		08/29/20	07/14/20	07/14/20		30.02	0.00	0.00	30.02 ✓
		TRAVEL EXPENSE ER Monthly HPG HTC Meeting 7/14/16								
	21273		08/29/20	08/10/20	08/10/20		21.92	0.00	0.00	21.92 ✓
		TRAVEL EXPENSE ER CPC Instruction @ Tivoli ISD 8/10/16								
	21274		08/29/20	08/11/20	08/11/20		31.21	0.00	0.00	31.21 ✓
		TRAVEL EXPENSE ER GCTASC Meeting 8/11/16								
	21275		08/29/20	08/23/20	08/23/20		196.00	0.00	0.00	196.00 ✓
		TRAVEL EXPENSE ER TTCF Quarterly Meeting 8/22/16 - 8/23/16								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10625	SARA RUBIO				279.15	0.00	0.00	279.15
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
	3242-5 ✓		08/29/20	08/18/20	09/02/20		86.85	0.00	0.00	86.85 ✓
		SUPPLIES PLANT OPS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S1800	SHERWIN WILLIAMS				86.85	0.00	0.00	86.85
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
	21277		08/29/20	08/28/20	08/28/20		1,265.10	0.00	0.00	1,265.10 ✓
		OUTSIDE SRV TRANSCRIPTIC								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		K0536	SHIRLEY KARNEI				1,265.10	0.00	0.00	1,265.10
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
200519542	REPAIRS ULTRASOUND	08/29/20	08/14/20	09/13/20			6,039.58	0.00	0.00	6,039.58

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2001	SIEMENS MEDICAL SOLUTIONS INC	6,039.58	0.00	0.00	6,039.58

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
93174923	SUPPLIES SURGERY	08/30/20	08/08/20	09/07/20			256.96	0.00	0.00	256.96

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2362	SMITH & NEPHEW	256.96	0.00	0.00	256.96

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
285841A	SUPPLIES SURGERY	08/29/20	08/16/20	09/15/20			94.80	0.00	0.00	94.80

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2830	STRYKER SALES CORP	94.80	0.00	0.00	94.80

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
2813081	SUPPLIES SURGERY	08/16/20	08/08/20	09/07/20			301.70	0.00	0.00	301.70
2813903	SUPPLIES SURGERY	08/16/20	08/09/20	09/08/20			171.40	0.00	0.00	171.40
2819545	SUPPLIES SURGERY	08/24/20	08/16/20	09/15/20			464.23	0.00	0.00	464.23

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10735	STRYKER SUSTAINABILITY	937.33	0.00	0.00	937.33

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
077095	OUTSIDE SRV ADMIN	08/29/20	08/15/20	09/14/20			358.25	0.00	0.00	358.25

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11103	STUDER GROUP, LLC	358.25	0.00	0.00	358.25

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
21274	LEASE & RENTAL XRAY	08/29/20	08/22/20	08/31/20			3,690.52	0.00	0.00	3,690.52

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
T2204	TEXAS MUTUAL INSURANCE CO	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21257	WORK COMP INS	08/29/20	08/26/20	08/26/20			4,853.00	0.00	0.00	4,853.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T2204	TEXAS MUTUAL INSURANCE CO	4,853.00	0.00	0.00	4,853.00

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
	21254		08/29/20	08/24/20	08/24/20		56.00	0.00	0.00	56.00
		STUDENT LOAN GARNISHMEI								
	21253		08/29/20	08/24/20	08/24/20		107.89	0.00	0.00	107.89
		STUDENT LOAN GARNISHMEI								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		T2303	TG				163.89	0.00	0.00	163.89
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
	~~21264~~ 32323		08/29/20	05/15/20	05/30/20		24.80	0.00	0.00	24.80
		DUES & SUCRIPTIONS ADMIN								
	~~21265~~ 35700		08/29/20	06/12/20	06/27/20		24.80	0.00	0.00	24.80
		DUES & SUBCRIPTIONS ADMI								
	~~21266~~ 36593		08/29/20	06/26/20	07/11/20		24.80	0.00	0.00	24.80
		DUES & SUBCRIPTIONS ADMI								
	~~21267~~ 38750		08/29/20	07/10/20	07/25/20		24.80	0.00	0.00	24.80
		DUES & SUBCRIPTIONS ADMI								
	~~21268~~ 39891		08/29/20	07/24/20	08/08/20		24.80	0.00	0.00	24.80
		DUES & SUBCRIPTIONS ADMI								
	~~21269~~ 41967		08/29/20	08/07/20	08/22/20		24.80	0.00	0.00	24.80
		DUES & SUBCRIPTIONS ADMI								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		V1050	THE VICTORIA ADVOCATE				148.80	0.00	0.00	148.80
Vendor#	Vendor Name				Class	Pay Code				
T0801	TLC STAFFING				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	20958		08/30/20	08/23/20	08/23/20		523.75	0.00	0.00	523.75
		CONTRACT NURSING MED SU								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		T0801	TLC STAFFING				523.75	0.00	0.00	523.75
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
	62343472		08/24/20	08/15/20	09/14/20		152.57	0.00	0.00	152.57
		SUPPLIES ANESTHESIA								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		T3130	TRI-ANIM HEALTH SERVICES INC				152.57	0.00	0.00	152.57
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
	8150739165		08/17/20	08/09/20	09/08/20		31.92	0.00	0.00	31.92
		OUTSIDE SRV BIO MED								
	8150739071		08/17/20	08/09/20	09/08/20		45.80	0.00	0.00	45.80
		OUTSIDE SRV MAINT								
	8150739781		08/29/20	08/16/20	09/15/20		48.62	0.00	0.00	48.62
		OUTSIDE SRV MAINT								
	8150739873		08/29/20	08/16/20	09/15/20		32.92	0.00	0.00	32.92
		OUTSIDE SRV BIO MED								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net

U1054	UNIFIRST HOLDINGS				159.26	0.00	0.00	159.26

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
8400226359	LAUNDRY HOUSEKEEPING	08/17/20	08/09/20	09/08/20		76.28	0.00	0.00	76.28
8400226357	LAUNDRY DIETARY	08/17/20	08/09/20	09/08/20		103.20	0.00	0.00	103.20
8400226356	LAUNDRY HOUSEKEEPING	08/17/20	08/09/20	09/08/20		225.47	0.00	0.00	225.47
8400226409	LAUNDRY HOUSEKEEPING	08/17/20	08/09/20	09/08/20		967.15	0.00	0.00	967.15
8400226397	LAUNDRY HOUSEKEEPING	08/17/20	08/09/20	09/08/20		150.15	0.00	0.00	150.15
8400226358	LAUNDRY OB	08/17/20	08/09/20	09/08/20		106.23	0.00	0.00	106.23
8400226355	LAUNDRY HOUSEKEEPING	08/17/20	08/09/20	09/08/20		214.38	0.00	0.00	214.38
8400226668	LAUNDRY OB	08/29/20	08/12/20	09/11/20		395.45	0.00	0.00	395.45
8400226711	LAUNDRY HOUSEKEEPING	08/29/20	08/12/20	09/11/20		1,029.72	0.00	0.00	1,029.72
8400226872	LAUNDRY HOUSEKEEPING	08/29/20	08/16/20	09/15/20		106.23	0.00	0.00	106.23
8400226873	LAUNDRY HOUSEKEEPING	08/29/20	08/16/20	09/15/20		191.03	0.00	0.00	191.03
8400226871	LAUNDRY HOUSEKEEPING	08/29/20	08/16/20	09/15/20		111.60	0.00	0.00	111.60
8400226912	LAUNDRY HOUSEKEEPING	08/29/20	08/16/20	09/15/20		141.05	0.00	0.00	141.05
8400226962	LAUNDRY HOUSEKEEPING	08/29/20	08/16/20	09/15/20		918.03	0.00	0.00	918.03
8400226870	LAUNDRY HOUSEKEEPING	08/29/20	08/16/20	09/15/20		266.48	0.00	0.00	266.48

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	5,002.45	0.00	0.00	5,002.45

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
7106093	EMPLOYEE UNIFORMS	08/29/20	08/09/20	08/24/20		16.55	0.00	0.00	16.55

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1056	UNIFORM ADVANTAGE	16.55	0.00	0.00	16.55

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
5485098	FOOD SUPPLIES DIETARY	08/29/20	07/28/20	08/17/20		1,480.52	0.00	0.00	1,480.52
5875739	FOOD SUPPLIES DIETARY	08/29/20	08/18/20	09/07/20		2,384.21	0.00	0.00	2,384.21
3038688		08/29/20	08/22/20	09/11/20		2,219.10	0.00	0.00	2,219.10

FOOD SUPPLIES DIETARY

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10172	US FOOD SERVICE	6,083.83	0.00	0.00	6,083.83

Vendor# V0559 Vendor Name VERIZON WIRELESS ✓ Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9770461818 ✓		08/29/20	08/16/20	09/11/20		238.71	0.00	0.00	238.71 ✓

TELEPHONE EXPENSE

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	V0559	VERIZON WIRELESS	238.71	0.00	0.00	238.71

Vendor# 10915 Vendor Name WAGEWORKS ✓ Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21262		08/29/20	08/24/20	08/24/20		2,693.28	0.00	0.00	2,693.28 ✓

MONEY TO FUND FLEX SPENI

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10915	WAGEWORKS	2,693.28	0.00	0.00	2,693.28

Vendor# W1005 Vendor Name WALMART COMMUNITY ✓ Class W Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
004419		08/29/20	07/14/20	09/05/20		15.52	0.00	0.00	15.52 ✓
	FOOD SUPPLIES DIETARY								
000671		08/29/20	07/20/20	09/05/20		57.53	0.00	0.00	57.53 ✓
	FOOD SUPPLIES DIETARY								
000675		08/29/20	07/26/20	09/05/20		335.00	0.00	0.00	335.00 ✓
	SUPPLIES VARIOUS DEPTS								
000682		08/29/20	07/26/20	09/05/20		164.13	0.00	0.00	164.13 ✓
	SUPPLIES VARIOUS DEPTS								
00408		08/29/20	08/11/20	09/05/20		24.96	0.00	0.00	24.96 ✓
	SUPPLIES PLANT OPS								
004840		08/29/20	08/12/20	09/05/20		6.84	0.00	0.00	6.84 ✓
	SUPPLIES PLANT OPS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W1005	WALMART COMMUNITY	603.98	0.00	0.00	603.98

Michael L. Pfeiffer
Calhoun County Judge
Date 9-7-16

Vendor# I1110 Vendor Name WERFEN USA LLC ✓ Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9110324412 ✓		08/22/20	08/10/20	09/09/20		9,115.00	0.00	0.00	9,115.00 ✓

SUPPLIES LAB

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	9,115.00	0.00	0.00	9,115.00

Vendor# 10556 Vendor Name WOUND CARE SPECIALISTS ✓ Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20053 ✓		08/17/20	08/10/20	09/09/20		29,475.00	0.00	0.00	29,475.00 ✓

OUTSIDE SRV WOUND CARE

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10556	WOUND CARE SPECIALISTS	29,475.00	0.00	0.00	29,475.00

APPROVED ON AUG 31 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS # 167720 to 167803

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	193,562.89	0.00	0.00	193,562.89

pg 7 correction <236.52>

$193,326.37

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
		083016	61.00	3		REFUND FOR	
	TX 77979						
		083016	580.65	3		REFUND FOR	
	S						
	TX 75373						
		083016	145.55	2		REFUND FOR	
	TX 77979						
ARID=0001 TOTAL			787.20				
TOTAL			787.20				

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

CK# 167804
+0
#167806

Michael J. Pfeifer
Calhoun County Judge
Date: 9-7-16

RUN DATE:08/31/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:16:57 CHECK REGISTER GLCKREG
08/31/16 THRU 08/31/16

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	167720	08/31/16	6,083.83	US FOOD SERVICE
A/P	167721	08/31/16	1,394.57	NATUS MEDICAL INC
A/P	167722	08/31/16	340.90	PHARMEDIUM SERVICES LLC
A/P	167723	08/31/16	3,173.16	GE HEALTHCARE
A/P	167724	08/31/16	1,797.56	CENTURION MEDICAL PRODUCTS
A/P	167725	08/31/16	1,192.19	DEWITT POTH & SON
A/P	167726	08/31/16	1,654.02	GE HEALTHCARE IITS USA CORP
A/P	167727	08/31/16	779.64	BIOMET INC
A/P	167728	08/31/16	.00	VOIDED
A/P	167729	08/31/16	22,190.99	MORRIS & DICKSON CO, LLC
A/P	167730	08/31/16	29,475.00	WOUND CARE SPECIALISTS
A/P	167731	08/31/16	1,618.58	LUMINANT ENERGY COMPANY LLC
A/P	167732	08/31/16	279.15	SARA RUBIO
A/P	167733	08/31/16	23.50	RAUSHANAH MONDAY
A/P	167734	08/31/16	45.92	GLOBAL EQUIPMENT CO. INC.
A/P	167735	08/31/16	2,050.92	FIVE STAR STERILIZER SERVICES
A/P	167736	08/31/16	937.33	STRYKER SUSTAINABILITY
A/P	167737	08/31/16	2,693.28	WAGEWORKS
A/P	167738	08/31/16	170.00	MEMORIAL MEDICAL CLINIC
A/P	167739	08/31/16	1,382.50	M G TRUST
A/P	167740	08/31/16	7,682.67	CSI LEASING INC
A/P	167741	08/31/16	515.00	DERRI HART
A/P	167742	08/31/16	2,646.78	COMBINED INSURANCE CO
A/P	167743	08/31/16	75.00	FIRST CLEARING
A/P	167744	08/31/16	2,440.78	AIRESPRING INC
A/P	167745	08/31/16	39.99	DR. PETER ROJAS
A/P	167746	08/31/16	358.25	STUDER GROUP, LLC
A/P	167747	08/31/16	7,237.50	HOSPITALPORTAL.NET
A/P	167748	08/31/16	3,690.52	TEXAS ADVANTAGE COMMUNITY BANK
A/P	167749	08/31/16	8,338.18	PAETEC
A/P	167750	08/31/16	500.00	LAMAR COMPANIES
A/P	167751	08/31/16	57.08	FRONTIER
A/P	167752	08/31/16	147.90	MEDI-DOSE, INC
A/P	167753	08/31/16	23.50	ERIKA OSORNIA
A/P	167754	08/31/16	157.41	GULF COAST HARDWARE / ACE
A/P	167755	08/31/16	50.75	AIRGAS USA, LLC - CENTRAL DIV
A/P	167756	08/31/16	1,549.50	ALCON LABORATORIES, INC.
A/P	167757	08/31/16	67.24	ALCO SALES & SERVICE CO
A/P	167758	08/31/16	433.96	CARDINAL HEALTH 414,LLC
A/P	167759	08/31/16	275.66	NADINE GARNER
A/P	167760	08/31/16	1,118.19	BAXTER HEALTHCARE CORP
A/P	167761	08/31/16	27.85	BOSART LOCK & KEY INC
A/P	167762	08/31/16	33.00	BOSTON SCIENTIFIC CORPORATION
A/P	167763	08/31/16	25.00	CAL COM FEDERAL CREDIT UNION
A/P	167764	08/31/16	440.00	CYGNUS MEDICAL LLC
A/P	167765	08/31/16	7,775.15	CITY OF PORT LAVACA
A/P	167766	08/31/16	1,145.11	CONMED CORPORATION
A/P	167767	08/31/16	14,868.12	EVIDENT
A/P	167768	08/31/16	332.74	C R BARD, INC
A/P	167769	08/31/16	87.80	DYNATRONICS CORPORATION

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	167770	08/31/16	1,500.00	ENVIROMED RESOURCES
A/P	167771	08/31/16	76.34	FEDERAL EXPRESS CORP.
A/P	167772	08/31/16	102.90	GETINGE USA
A/P	167773	08/31/16	443.96	GULF COAST PAPER COMPANY
A/P	167774	08/31/16	230.78	HILL-ROM COMPANY, INC
A/P	167775	08/31/16	296.16	INDEPENDENCE MEDICAL
A/P	167776	08/31/16	9,115.00	WERFEN USA LLC
A/P	167777	08/31/16	3,021.34	J & J HEALTH CARE SYSTEMS, INC
A/P	167778	08/31/16	1,265.10	SHIRLEY KARNEI
A/P	167779	08/31/16	2,759.12	MCKESSON MEDICAL SURGICAL INC
A/P	167780	08/31/16	140.11	MEDLINE INDUSTRIES INC
A/P	167781	08/31/16	775.08	BAYER HEALTHCARE
A/P	167782	08/31/16	267.15	MEDTRONIC USA, INC.
A/P	167783	08/31/16	180.55	MERCURY MEDICAL
A/P	167784	08/31/16	248.37	MMC AUXILIARY GIFT SHOP
A/P	167785	08/31/16	605.30	MERRITT, HAWKINS & ASSOCIATES
A/P	167786	08/31/16	2,698.09	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	167787	08/31/16	.00	VOIDED
A/P	167788	08/31/16	10,141.20	OWENS & MINOR
A/P	167789	08/31/16	1,695.00	RADIOLOGY UNLIMITED, PA
A/P	167790	08/31/16	86.85	SHERWIN WILLIAMS
A/P	167791	08/31/16	6,039.58	SIEMENS MEDICAL SOLUTIONS INC
A/P	167792	08/31/16	256.96	SMITH & NEPHEW
A/P	167793	08/31/16	94.80	STRYKER SALES CORP
A/P	167794	08/31/16	523.75	TLC STAFFING
A/P	167795	08/31/16	4,853.00	TEXAS MUTUAL INSURANCE CO
A/P	167796	08/31/16	163.89	TG
A/P	167797	08/31/16	152.57	TRI-ANIM HEALTH SERVICES INC
A/P	167798	08/31/16	159.26	UNIFIRST HOLDINGS
A/P	167799	08/31/16	16.55	UNIFORM ADVANTAGE
A/P	167800	08/31/16	5,002.45	UNIFIRST HOLDINGS INC
A/P	167801	08/31/16	238.71	VERIZON WIRELESS
A/P	167802	08/31/16	148.80	THE VICTORIA ADVOCATE
A/P	167803	08/31/16	603.98	WALMART COMMUNITY
A/P	167804	08/31/16	61.00	
A/P	167805	08/31/16	580.65	R
A/P	167806	08/31/16	145.55	
TOTALS:			194,113.57	

APPROVED
ON

AUG 31 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

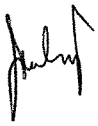
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- SEPTEMBER 2016

Monthly Electronic Transfers for Operating Expenses

8/2/2016	IBC Merch Bank Discount	- Credit Card Processing Fee	19.95
8/2/2016	IBC Merch Bank Fee	- Credit Card Processing Fee	29.95
8/2/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	250.47
8/2/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	512.98
8/2/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	707.55
8/3/2016	IBC Merch Bank Fee	- Credit Card Processing Fee	9.95
8/3/2016	IBC Merch Bank Interchng	- Credit Card Processing Fee	49.07
8/3/2016	IBC Merch Bank Fee	- Credit Card Processing Fee	59.01
8/3/2016	IBC Merch Bank Fee	- Credit Card Processing Fee	62.39
8/3/2016	IBC Merch Bank Interchng	- Credit Card Processing Fee	76.85
8/3/2016	IBC Merch Bank Fee	- Credit Card Processing Fee	85.10
8/3/2016	Vivonet Acquisit Payment	- Credit Card Machine Lease Expense	99.00
8/3/2016	IBC Merch Bank Discount	- Credit Card Processing Fee	100.65
8/3/2016	IBC Merch Bank Fee	- Credit Card Processing Fee	123.47
8/3/2016	IBC Merch Bank Interchng	- Credit Card Processing Fee	193.65
8/3/2016	IBC Merch Bank Discount	- Credit Card Processing Fee	329.88
8/3/2016	IBC Merch Bank Discount	- Credit Card Processing Fee	411.80
8/3/2016	IBC Merch Bank Interchng	- Credit Card Processing Fee	1,602.88
8/3/2016	IBC Merch Bank Discount	- Credit Card Processing Fee	2,203.14
8/5/2016	FDGL Lease Payment	- Credit Card Machine Lease Expense	59.25
8/5/2016	FDGL Lease Payment	- Credit Card Machine Lease Expense	59.25
8/5/2016	FDGL Lease Payment	- Credit Card Machine Lease Expense	86.30
8/8/2016	FDGL Lease Payment	- Credit Card Machine Lease Expense	30.25
8/9/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	626.75
8/9/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	748.95
8/9/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	1,234.61
8/10/2016	FDGL Lease Payment	- Credit Card Machine Lease Expense	30.17
8/11/2016	ACS SLS Expertpay	- Child Support	362.31
8/11/2016	IRS USATAXPYMT	- Payroll Taxes	101,565.29
8/11/2016	Memorial Medical Payroll	- Payroll	272,752.16
8/12/2016	Lowes BRC CC	- Lowes Credit Card Invoice	683.40
8/12/2016	Webfile Tax Portal	- Sales Tax	1,277.36
8/15/2016	Clover APP MRKT Clover App	- Credit Card Machine Lease Expense	16.25
8/15/2016	Texas County DRS	- Retirement Funding	120,230.96
8/16/2016	Clover APP MRKT Clover App	- Credit Card Machine Lease Expense	81.20
8/16/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	422.00
8/16/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	867.83
8/16/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	1,411.88
8/17/2016	IRS USATAXPYMT	- Payroll Taxes	22.48
8/19/2016	Telecheck	- Credit Card Processing Fee	5.00
8/22/2016	FDGL Lease Payment	- Credit Card Machine Lease Expense	151.23
8/23/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	613.09
8/23/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	831.13
8/23/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	1,070.88
8/25/2016	ACS SLS Expertpay	- Child Support	213.81
8/25/2016	Cardmember Service	- IBC Credit Card Invoice	3,297.81
8/25/2016	IRS USATAXPYMT	- Payroll Taxes	101,821.12
8/25/2016	Memorial Medical Payroll	- Payroll	273,792.30
8/30/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	636.09
8/30/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	684.28
8/30/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	1,227.98
			$ 893,841.11

APPROVED
ON
SEP 20 2016
BY
CALHOUN COUNTY AUDITOR

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



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

CUSTOMER

8/NE/131/019/1273
MEMORIAL MEDICAL CENTER OPERATING
COUNTY OF CALHOUN
201 W AUSTIN STREET
PORT LAVACA TX 77979

STATEMENT 584

CUSTOMER NO.	PAGE NO.
	1 of 14

08/01/2016 to 08/31/2016
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
1,334,245.55	543	3,830,878.03	513	1,936,106.53	3,229,017.05

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
08/01		141,334.85	08/11		2,489.24	08/23		459.03
08/01		2,519.10	08/11		1,704.70	08/23		453.55
08/01		585.00	08/11		918.96	08/23		345.00
08/01		333.00	08/11		50.00	08/23		181.24
08/01		200.00	08/11		28.40	08/23		131.91
08/01		160.00	08/12		64,212.97	08/24		17,071.36
08/02		1,442.88	08/12		431.00	08/24		3,794.82
08/02		839.82	08/12		415.00	08/24		1,694.41
08/02		443.00	08/12		133.66	08/24		328.00
08/02		329.78	08/12		35.00	08/24		70.00
08/03		10,952.72	08/15		87,670.08	08/24		69.74
08/03		3,998.50	08/15		573.00	08/24		35.00
08/03		460.00	08/15		220.00	08/25		13,137.13
08/03		318.00	08/15		25.00	08/25		4,055.77
08/03		81.00	08/15		6.63	08/25		2,965.85
08/03		12.00	08/16		18,725.37	08/25		1,996.70
08/04		9,573.38	08/16		2,010.19	08/25		606.86
08/04		208.10	08/16		325.00	08/25		509.80
08/04		177.40	08/16		268.23	08/25		411.00
08/04		145.00	08/16		5.95	08/25		25.00
08/04		41.45	08/17		7,533.14	08/26		24,645.84
08/04		30.00	08/17		6,584.66	08/26		2,641.89
08/05		50,405.38	08/17		586.69	08/26		503.03
08/05		281.00	08/17		290.00	08/26		470.08
08/05		216.85	08/17		225.67	08/26		13.00
08/08		665,108.80	08/17		91.30	08/29		43,978.72
08/08		525.00	08/17		35.00	08/29		636.76
08/08		298.04	08/18		29,609.95	08/29		255.00
08/08		206.75	08/18		2,228.27	08/29		108.51
08/09		11,338.63	08/18		95.00	08/30		6,262.12
08/09		2,143.07	08/18		30.00	08/30		1,477.28
08/09		2,088.15	08/18		20.00	08/30		454.35
08/09		699.00	08/19		31,474.89	08/30		277.00
08/09		279.10	08/19		1,310.77	08/30		60.00
08/09		128.94	08/19		477.65	08/30		25.00
08/09		75.00	08/19		374.00	08/31		10,674.86
08/09		71.10	08/19		88.26	08/31		5,345.90
08/10		1,725.53	08/22		96,098.99	08/31		592.13
08/10		823.51	08/22		1,041.17	08/31		150.00
08/10		649.11	08/22		366.00	08/31		103.68
08/11		10,975.88	08/23		14,954.20			

IBC

BANK

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

CUSTOMER

8/NE/131/019/1285
MEMORIAL MEDICAL CENTER OPERATING
COUNTY OF CALHOUN
201 W AUSTIN STREET
PORT LAVACA TX 77979

STATEMENT 584

CUSTOMER NO.	PAGE NO.
	13 of 14

08/01/2016 to 08/31/2016
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.

08/29	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C16238E65655790	75.00
08/29	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160915882	55.00
08/29	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160914885	50.00
08/29	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160913887	40.42
08/30	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 673422	12,815.19
08/30	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C16239E65768450	10,058.85
08/30	Electronic Deposit	Driscoll Childre Driscoll C MEMORIAL MEDICA	5,592.13
08/30	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160910883	2,603.11
08/30	Electronic Deposit	Driscoll Childre Driscoll C MEMORIAL MEDICA	2,407.23
08/30	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C16239E65768460	1,983.45
08/30	Electronic Deposit	DRISCOLL HEALTH Claim Pmt MEMORIAL MEDICA	1,190.73
08/30	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C16239E65768470	489.21
08/30	Electronic Deposit	AETNA H09 HCCLAIMPMT 1689630865	321.48
08/30	Electronic Deposit	AETNA H09 HCCLAIMPMT 1497153589	183.10
08/30	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160911881	125.00
08/30	Electronic Deposit	AETNA H09 HCCLAIMPMT 1497153589	86.65
08/30	Electronic Deposit	36 TREAS 310 MISC PAY 746003411360012	77.57
08/30	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160913887	17.56
08/31	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C16242E65881490	10,246.66
08/31	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160910883	3,177.78
08/31	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160915882	907.00
08/31	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160911881	549.09
08/31	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C16242E65881500	530.86
08/31	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C16242E65881510	431.06
08/31	Electronic Deposit	36 TREAS 310 MISC PAY 746003411360012	425.00
08/31	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C16242E12129910	407.75
08/31	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160913887	188.80
08/31	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160914885	100.00
08/31	Electronic Deposit	36 TREAS 310 MISC PAY 746003411360012	16.27

Debits

08/02	Electronic Payment	IBC MERCH BNKCD DISCOUNT 674200009993	19.95
08/02	Electronic Payment	IBC MERCH BNKCD FEE 674200009993	29.95
08/02	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02882045	250.47
08/02	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02882034	512.98
08/02	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02881967	707.55
08/03	Electronic Payment	IBC MERCH BNKCD FEE 971160912889	9.95
08/03	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160914885	49.07
08/03	Electronic Payment	IBC MERCH BNKCD FEE 971160911881	59.01
08/03	Electronic Payment	IBC MERCH BNKCD FEE 971160914885	62.39
08/03	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160913887	76.85
08/03	Electronic Payment	IBC MERCH BNKCD FEE 971160910883	85.10
08/03	Electronic Payment	VIVONET ACQUISIT PAYMENT 1136	99.00
08/03	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160913887	100.65
08/03	Electronic Payment	IBC MERCH BNKCD FEE 971160913887	123.47
08/03	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160911881	193.65
08/03	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160911881	329.88
08/03	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160914885	411.80
08/03	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160910883	1,602.88

IBC

BANK

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

CUSTOMER

8/NE/131/019/1286
MEMORIAL MEDICAL CENTER OPERATING
COUNTY OF CALHOUN
201 W AUSTIN STREET
PORT LAVACA TX 77979

STATEMENT 584

CUSTOMER NO.	PAGE NO.
	14 of 14

08/01/2016 to 08/31/2016
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.

08/03	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160910883	2,203.14
08/05	Electronic Payment	FDGL LEASE PYMT	59.25
08/05	Electronic Payment	FDGL LEASE PYMT	59.25
08/05	Electronic Payment	FDGL LEASE PYMT	86.30
08/08	Electronic Payment	FDGL LEASE PYMT	30.25
08/09	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02885446	626.75
08/09	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02885373	748.95
08/09	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02885456	1,234.61
08/10	Electronic Payment	FDGL LEASE PYMT	30.17
08/11	Electronic Payment	ACS SLS EXPERTPAY xxxxx3411	362.31
08/11	Electronic Payment	IRS USATAXPYMT 220662412965439	101,565.29
08/11	Electronic Payment	MEMORIAL MEDICAL PAYROLL	272,752.16
08/12	Electronic Payment	Lowes BRC CC LOWTELPAY 1123116111N	683.40
08/12	Electronic Payment	WEBFILE TAX PYMT DD 902/24760397	1,277.36
08/15	Electronic Payment	CLOVER APP MRKT CLOVER APP	16.25
08/15	Electronic Payment	TEXAS COUNTY DRS RECEIVABLE 419	120,230.96
08/16	Electronic Payment	CLOVER APP MRKT CLOVER APP	81.20
08/16	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02894549	422.00
08/16	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02894627	867.83
08/16	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02894636	1,411.88
08/17	Electronic Payment	IRS USATAXPYMT 220663032754167	22.48
08/19	Electronic Payment	Telecheck INV082016D xxxxx9736	5.00
08/22	Electronic Payment	FDGL LEASE PYMT	151.23
08/23	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02898138	613.09
08/23	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02898206	831.13
08/23	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02898214	1,070.88
08/25	Electronic Payment	ACS SLS EXPERTPAY xxxxx3411	213.81
08/25	Electronic Payment	CARDMEMBER SERV ELECT PYMT	3,297.81
08/25	Electronic Payment	IRS USATAXPYMT 220663854954770	101,821.12
08/25	Electronic Payment	MEMORIAL MEDICAL PAYROLL	273,792.30
08/30	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02906611	636.09
08/30	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02906697	684.28
08/30	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02906710	1,227.98

Daily Ending Balance

08/01	1,466,592.21	08/11	3,080,758.78	08/23	3,443,127.76
08/02	2,454,430.48	08/12	3,234,001.92	08/24	3,478,452.81
08/03	2,461,565.55	08/15	3,179,076.00	08/25	3,061,382.38
08/04	2,569,154.08	08/16	3,159,549.24	08/26	3,123,950.41
08/05	2,702,303.99	08/17	3,162,079.07	08/29	3,206,808.10
08/08	3,372,389.46	08/18	3,222,379.35	08/30	3,208,340.12
08/09	3,404,572.90	08/19	3,267,830.48	08/31	3,229,017.05
08/10	3,412,651.42	08/22	3,454,146.64		

IBC

BANK

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

CUSTOMER

8/NE/131/019/1143
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH ASHFORD
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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08/01/2016 to 08/31/2016
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
187,239.76	37	1,380,514.72	6	1,077,068.13	490,686.35

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
08/04		201,101.68	08/19		69,592.92	08/29		126,204.81
08/08		52,076.80	08/24		6,146.64	08/31		188,127.38
08/12		49,235.19						

Checks (Debits)

Date	Check #	Amount
08/08	8	314,345.10

Electronic Activity

	Credits		
08/01	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	647.61
08/02	Electronic Deposit	AMERIGROUP CORPO E-PAYMENT EE51390395	156,412.57
08/02	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	12,445.58
08/03	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113005	7,432.00
08/04	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	19,207.35
08/04	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	337.46
08/05	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	15,532.23
08/05	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	4,192.38
08/08	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113005	6,403.87
08/09	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	771.61
08/09	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	48.16
08/18	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	187,971.18
08/18	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	711.25
08/18	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	335.45
08/19	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	10,335.18
08/19	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113005	4,030.07
08/19	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	2,302.58
08/22	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113005	12,552.98
08/22	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16081816000060	10,284.67
08/22	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	6,779.55
08/22	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	3,345.63
08/23	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	21,116.24
08/24	Electronic Deposit	AMERIGROUP CORPO E-PAYMENT EE51399476	146,321.44
08/24	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	953.97
08/25	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16082313300149	16,161.61
08/25	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	7,531.25
08/25	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	2,998.97
08/26	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113005	933.74
08/29	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113005	29,716.72
08/31	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	216.00

417,308.86
108,535.63
275,278.63
235,126.69

314,345.10
124,574.92
165,528.60
604,448.62
from last mo. — 187,139.74
all credits — 417,308.86

235,126.69
− 88,805.25
146,321.44 Remaining

IBC

BANK

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311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER

8/NE/131/019/1144
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH ASHFORD
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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	Debits			
08/02	Outgoing Wire	0217 ASHFORD HEALTH CARE CENTER LTD	604,148.62 ✓	124,574.92
08/09	Outgoing Wire	0042 ASHFORD HEALTH CARE CENTER LTD		✓ 165,528.60
08/17	Outgoing Wire	0041 ASHFORD HEALTH CARE CENTER LTD		— 108,535.63
08/23	Outgoing Wire	0103 ASHFORD HEALTH CARE CENTER LTD		275,278.63+
08/30	Outgoing Wire	0017 ASHFORD HEALTH CARE CENTER LTD		* 88,805.25

Daily Ending Balance

08/01	187,887.37	08/12	108,635.63	08/24	207,601.12
08/02	232,170.60	08/17	100.00	08/25	234,292.95
08/03	239,602.60	08/18	189,117.88	08/26	235,226.69
08/04	460,249.09	08/19	275,378.63	08/29	391,148.22
08/05	479,973.70	08/22	308,341.46	08/30	302,342.97
08/08	224,109.27	08/23	54,179.07	08/31	490,686.35
08/09	59,400.44				

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CUSTOMER

8/NE/131/019/1149
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH BROADMOOR
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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08/01/2016 to 08/31/2016
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
255,923.17	29	664,227.88	7	871,789.09	48,361.96

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
08/04		6,668.57	08/19		37,099.27	08/29		27,253.77
08/08		45,032.58	08/24		13,250.02	08/31		6,238.33
08/12		69,703.13						

Checks (Debits)

Date	Check #	Amount	Date	Check #	Amount
08/08	4	7,069.29	08/17	5	277.86

Electronic Activity

	Credits			
08/01	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113004		18,944.08
08/02	Electronic Deposit	AMERIGROUP CORPO E-PAYMENT EE51390398		1,667.14
08/02	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357		383.42
08/04	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357		2,234.44
08/05	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357		1,596.03
08/05	Electronic Deposit	Molina HC of TX Molina HC PN1669860433		1,220.99
08/08	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357		9,330.29
08/09	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113004		3,667.87
08/17	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113004		10,794.93
08/17	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357		6,361.00
08/18	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357		329,053.64
08/19	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357		19,876.94
08/19	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113004		2,193.61
08/19	Electronic Deposit	Molina HC of TX Molina HC PN1669860433		1,220.99
08/22	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357		3,316.95
08/23	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357		15,097.38
08/24	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357		15,615.66
08/24	Electronic Deposit	AMERIGROUP CORPO E-PAYMENT EE51399475		1,559.58
08/25	Electronic Deposit	Molina HC of TX Molina HC PN1669860433		610.50
08/26	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113004		1,026.49
08/29	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357		10,594.37
08/30	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357		2,615.91
	Debits			
08/02	Outgoing Wire	0220 CANTEX HEALTH CARE CENTERS III		254,711.74
08/09	Outgoing Wire	0045 CANTEX HEALTH CARE CENTERS III		26,756.81
08/17	Outgoing Wire	0045 CANTEX HEALTH CARE CENTERS III		127,456.01
08/23	Outgoing Wire	0107 CANTEX HEALTH CARE CENTERS III		406,600.38
08/30	Outgoing Wire	0020 CANTEX HEALTH CARE CENTERS III		48,917.00

32,714.67
127,456.61
406,600.58
50,476.58

255,823.17

7,069.29
254,711.74
26,756.81
288,537.84
Prev mo — 255,823.17
— 32,714.67

50,476.58
-48,917.00
1,559.58 Remaining

IBC

BANK

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311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER

8/NE/131/019/1147
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH CRESCENT
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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08/01/2016 to 08/31/2016
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
111,242.56	33	441,133.93	6	486,428.74	65,947.75

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
08/04		10,112.98	08/19		21,919.40	08/29		29,374.41
08/08		33,568.38	08/24		6,262.71	08/31		9,460.53
08/12		5,515.80						

Checks (Debits)

Date	Check #	Amount
08/08	4	30,270.19

Electronic Activity

	Credits			
08/01	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323		4,898.79
08/02	Electronic Deposit	AMERIGROUP CORPO E-PAYMENT EE51390399		22,248.59
08/05	Electronic Deposit	Molina HC of TX Molina HC PN1669860425		2,733.14
08/05	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16080312000054	40,558.28	564.78
08/08	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16080411300053		13,237.19
08/09	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16080513800081		1,877.09
08/11	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	57,921.03	177.65
08/12	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16081013800309		3,544.92
08/15	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323		4,607.67
08/17	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113008		3,997.00
08/18	Electronic Deposit	Molina HC of TX Molina HC PN1669860425		9,073.31
08/19	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	196,833.51	137,195.56
08/19	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16081710700106		9,832.72
08/19	Electronic Deposit	Molina HC of TX Molina HC PN1669860425		7,905.27
08/19	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16081717100428		2,302.58
08/22	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323		42,508.97
08/22	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16081811600060		3,400.91
08/23	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323		1,360.56
08/24	Electronic Deposit	AMERIGROUP CORPO E-PAYMENT EE51399474		20,813.20
08/24	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113008	100,786.56	4,813.52
08/25	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16082315000064		5,172.48
08/25	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323		4,733.48
08/25	Electronic Deposit	Molina HC of TX Molina HC PN1669860425		3,952.63
08/26	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16082416200473		6,616.81
08/26	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16082412800151		1,151.29
08/30	Electronic Deposit	Molina HC of TX Molina HC PN1669860425		6,199.61
	Debits			
08/02	Outgoing Wire	0219 CANTEX HEALTH CARE CENTERS III		103,052.18
08/09	Outgoing Wire	0044 CANTEX HEALTH CARE CENTERS III		18,378.47
08/17	Outgoing Wire	0043 CANTEX HEALTH CARE CENTERS III		57,921.03

30,270.19
103,052.18
18,378.47
151,700.84
− 111,142.56
− 40,558.28
0

100,786.56
− 79,973.36
20,813.20 remainin

IBC

BANK

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311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER

8/NE/131/019/1148
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH CRESCENT
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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08/01/2016 to 08/31/2016
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08/23	Outgoing Wire	0106 CANTEX HEALTH CARE CENTERS III	196,833.51 †
08/30	Outgoing Wire	0019 CANTEX HEALTH CARE CENTERS III	* 79,973.36

Daily Ending Balance

08/01	116,141.35	08/12	58,021.03	08/24	79,259.87
08/02	35,337.76	08/15	62,628.70	08/25	93,118.46
08/04	45,450.74	08/17	8,704.67	08/26	100,886.56
08/05	48,748.66	08/18	17,777.98	08/29	130,260.97
08/08	65,284.04	08/19	196,933.51	08/30	56,487.22
08/09	48,782.66	08/22	242,843.39	08/31	65,947.75
08/11	48,960.31	08/23	47,370.44		

IBC

BANK

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CUSTOMER

8/NE/131/019/1151
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH FORT BEND
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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08/01/2016 to 08/31/2016
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
105,376.23	20	334,264.29	6	308,922.67	130,717.85

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
08/04		65,102.01	08/12		6,918.04	08/29		48,721.51
08/08		23,445.70	08/19		7,170.66	08/31		60,901.88

Checks (Debits)

Date	Check #	Amount
08/08	4	97,431.64

Electronic Activity

	Credits			
08/02	Electronic Deposit	AMERIGROUP CORPO E-PAYMENT EE51390396	94,934.49	13,020.40
08/05	Electronic Deposit	Molina HC of TX Molina HC PN1730577503		16,812.08
08/09	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16080618200398		4,006.69
08/09	Electronic Deposit	Molina HC of TX Molina HC PN1730577503		2,623.68
08/09	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16080511800180	45,549.29	985.18
08/11	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663		7,570.00
08/17	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113006		2,325.93
08/19	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663	45,506.53	18,522.38
08/19	Electronic Deposit	Molina HC of TX Molina HC PN1730577503		17,487.56
08/22	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16081811600061		7,840.84
08/24	Electronic Deposit	AMERIGROUP CORPO E-PAYMENT EE51399472		12,180.38
08/25	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	29,836.51	9,815.29
08/29	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16082512800043		4,226.20
08/30	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16082713700410		4,587.88
	Debits			
08/02	Outgoing Wire	0221 CANTEX HEALTH CARE CENTERS III		53,194.62
08/09	Outgoing Wire	0046 CANTEX HEALTH CARE CENTERS III		49,584.46
08/17	Outgoing Wire	0050 CANTEX HEALTH CARE CENTERS III		45,549.29
08/23	Outgoing Wire	0109 CANTEX HEALTH CARE CENTERS III		45,506.53
08/30	Outgoing Wire	0021 CANTEX HEALTH CARE CENTERS III		17,656.13

Daily Ending Balance

08/02	65,202.01	08/12	45,649.29	08/24	20,121.22
08/04	130,304.02	08/17	2,425.93	08/25	29,936.51
08/05	147,116.10	08/19	45,606.53	08/29	82,884.22
08/08	73,130.16	08/22	53,447.37	08/30	69,815.97
08/09	31,161.25	08/23	7,940.84	08/31	130,717.85
08/11	38,731.25				

97,431.64
53,194.62
49,584.46
200,210.72

last mo. — 105,276.23
— 94,934.49

29,836.51
— 17,656.13
12,180.38 remaining

IBC

BANK

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

CUSTOMER

8/NE/131/019/1145
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH SOLERA
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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08/01/2016 to 08/31/2016
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
125,706.14	34	1,313,603.05	6	1,301,362.64	137,946.55

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
08/04		56,483.16	08/19		46,437.33	08/29		26,419.54
08/08		30,532.89	08/24		* 1,202.48	08/31		52,839.09
08/12		48,316.97						

Checks (Debits)

Date	Check #	Amount
08/08	4	91,577.06

Electronic Activity

	Credits			
08/01	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16072810600292		6,855.14
08/01	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	107,359.46	1,696.72
08/02	Electronic Deposit	AMERIGROUP CORPO E-PAYMENT EE51390397		37,655.44
08/04	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113007		4,669.00
08/08	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16080411300056		5,349.87
08/08	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113007	86,447.34	2,247.61
08/15	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16081110400083		3,141.03
08/16	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16081212800223		3,929.30
08/16	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16081311800269		385.41
08/17	Incoming Wire	0704 CANTEX HEALTH CARE CENTERS III	900,915.02	567,556.66
08/17	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310		5,388.00
08/19	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310		266,192.99
08/19	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16081710700109		4,240.99
08/19	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113007		3,643.31
08/22	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310		* 61,848.79
08/24	Electronic Deposit	AMERIGROUP CORPO E-PAYMENT EE51399473		* 35,226.06
08/24	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310		* 1,409.83
08/25	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16082313300162	116,260.74	* 5,031.71
08/25	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310		* 3,714.01
08/26	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16082416200476		* 2,892.96
08/26	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310		* 2,861.91
08/26	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113007		* 2,072.99
08/29	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310		10,049.62
08/29	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113007		5,313.00
08/30	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16082610900047		6,455.40
08/30	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113007		1,285.28
08/30	Electronic Deposit	Molina HC of TX Molina HC PN1497143259		258.56
	Debits			
08/02	Outgoing Wire	0218 CANTEX HEALTH CARE CENTERS LLC		97,364.56
08/09	Outgoing Wire	0043 CANTEX HEALTH CARE CENTERS LLC		44,023.98

91,577.06
97,364.56
44,023.98
232,965.60
Prev mo. − 125,606.14
− 107,359.46
0

116,260.74
− 81,034.68
35,226.06 remaining

IBC

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

CUSTOMER
8/NE/131/019/1146
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH SOLERA
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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08/01/2016 to 08/31/2016
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.

08/17	Outgoing Wire	0042 CANTEX HEALTH CARE CENTERS LLC	86,447.34
08/23	Outgoing Wire	0105 CANTEX HEALTH CARE CENTERS LLC	900,915.02
08/30	Outgoing Wire	0018 CANTEX HEALTH CARE CENTERS LLC	81,034.68

Daily Ending Balance

08/01	134,258.00	08/15	89,688.37	08/24	99,787.16
08/02	74,548.88	08/16	94,003.08	08/25	108,532.88
08/04	135,701.04	08/17	580,500.40	08/26	116,360.74
08/08	82,254.35	08/19	901,015.02	08/29	158,142.90
08/09	38,230.37	08/22	962,863.81	08/30	85,107.46
08/12	86,547.34	08/23	61,948.79	08/31	137,946.55

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

STATEMENT

CUSTOMER

8/NE/131/019/1113
MEMORIAL MEDICAL CENTER CONSTRUCTION COU
CLINIC SERIES 2014
202 S ANN STE A
PORT LAVACA TX 77979

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STATEMENT PERIOD: 08/01/2016 to 08/31/2016

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.

Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
100.00	0	0.00	0	0.00	100.00

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

CUSTOMER

8/R0/131/019/127
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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08/01/2016 to 08/31/2016
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
100.00	0	0.00	1	5.00	95.00

Electronic Activity

08/31	Debits Service Fee	Inactive Account Fee	5.00

Daily Ending Balance

08/31	95.00

IBC

BANK

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

CUSTOMER

8/R0/131/019/126
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH ALLENBROOK HEALTHCARE CENTER
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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08/01/2016 to 08/31/2016
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
100.00	0	0.00	1	5.00	95.00

Electronic Activity

	Debits		
08/31	Service Fee	Inactive Account Fee	5.00

Daily Ending Balance

08/31	95.00

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

CUSTOMER

8/R0/131/019/125
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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08/01/2016 to 08/31/2016
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
100.00	0	0.00	1	5.00	95.00

Electronic Activity

08/31	Debits Service Fee	Inactive Account Fee	5.00

Daily Ending Balance

08/31	95.00

IBC

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

CUSTOMER

8/R0/131/019/124
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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08/01/2016 to 08/31/2016
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
100.00	0	0.00	1	5.00	95.00

Electronic Activity

08/31	Debits Service Fee	Inactive Account Fee	5.00

Daily Ending Balance

08/31	95.00

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

CUSTOMER

8/NE/131/019/1073
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
PRIVATE WAIVER CLEARING FUND
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

0

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08/01/2016 to 08/31/2016
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
245,550.14	0	0.00	0	0.00	245,550.14

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

CUSTOMER

8/NE/131/019/1287

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

STATEMENT

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08/01/2016 to 08/31/2016
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
10,395.42	2	60,859.21	16	60,817.28	10,437.35

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount
08/01		60,369.21	08/19		490.00

Checks (Debits)

Date	Check #	Amount	Date	Check #	Amount	Date	Check #	Amount
08/15	11814	78.56	08/19	11842	355.77	08/01	11847	46,562.86
08/19	11815	465.80	08/15	11843	313.27	08/15	11848	644.88
08/15 *	11818	141.80	08/15	11844	758.17	08/17	11849	1,894.62
08/16 *	11838	151.84	08/18	11845	64.15	08/16	11850	517.51
08/15	11839	46.73	08/01	11846	8,057.13	08/18	11851	47.85
08/15 *	11841	716.34						

* Indicates a skip in check number sequence

Daily Ending Balance

08/01	16,144.64	08/16	12,775.54	08/18	10,768.92
08/15	13,444.89	08/17	10,880.92	08/19	10,437.35