MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ----- October 27, 2016

PAYABLES AND PAYROLL			
9/1/2016	Credit Card Invoice	2,539.31	
9/6/2016	McKesson Drugs	2,550.48	
9/6/2016	Payroll	265,078.17	
9/6/2016	Payroll by Check	1,027.79	
9/7/2016	Patient Refunds	16,376.33	
9/7/2016	Weekly Payables	150,936.43	
9/8/2016	Payroll Liabilities	98,996.16	
9/12/2016	McKesson Drugs	3,110.51	
9/14/2016	Weekly Payables	410,948.08	
9/14/2016	Patient Refunds	3,169.09	
9/15/2016	TDCRS	120,293.90	
9/15/2016	Weekly Payables	117,527.00	
9/19/2016	McKesson Drugs	2,848.11	
9/20/2016	Payroll by Check	5,001.40	
9/20/2016	Payroll	262,802.23	
9/21/2016	Weekly Payables	195,375.72	
9/22/2016	Payroll Liabilities	98,076.21	
9/26/2016	McKesson Drugs	2,922.43	
9/29/2016	Credit Card Invoice	4,051.38	
9/29/2016	Weekly Payables	176,470.07	
9/29/2016	Credit Card Invoice	731.60	
9/29/2016	Patient Refunds	245.32	
9/30/2016	Monthly Electronic Transfers for Payroll Expenses(not incl above)	646.76	
9/30/2016	Monthly Electronic Transfers for Operating Expenses	7,121.19	
	Total Payables and Payroll		**$ 1,948,845.67**
INTER-GOVERNMENT TRANSFERS			
	Inter-Government Transfers for September 2016	1,957,922.91	
	IGT DSRIP Audit Cost		
	Total Inter-Government Transfers		**$ 1,957,922.91**
INTRA-ACCOUNT TRANSFERS			
	from Memorial Medical Center to Private Waiver Clearing Acct	266,208.37	
	Total Intra-Account Transfers		**$ 266,208.37**
SUBTOTAL MEMORIAL MEDICAL CENTER DISBURSEMENTS			**$ 4,172,976.95**
INDIGENT HEALTHCARE FUND EXPENSES			**$ 92,634.97**
NURSING HOME UPL EXPENSES FOR September 2016			**$ 5,466,778.71**
IGT September 2016 MPAP NH Program			**$ -**
MMC Construction			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED October 27, 2016			**$ 9,732,390.63**

APPROVED

OCT 27 2016

CALHOUN COUNTY
COMMISSIONERS COU

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- October 27, 2016

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

Adu Sports Medicine Clinic		655.53
American Home Patient		187.52
Michelle M. Cummins MD		71.93
HEB Pharmacy (Medimpact)		973.33
MMCenter (In-patient $57,681.53 / Out-patient $70,571.02 / ER $22,774.62)		151,027.17
Adjustment to Monthly Allowance		(63,076.21)
Port Lavaca Clinic		1,187.81
Radiology Unlimited PA		728.68
Regional Employee Assistance		220.19
Victoria Professional Medical		185.02
SUBTOTAL		**92,160.97**
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)		**1,074.00**
	Subtotal	93,234.97
Co-pays adjustments for September 2016		**(600.00)**
Reimbursement from Medicaid		**0.00**
TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES		**92,634.97**

800 10272016 01 CALHOUN COUNTY, TEXAS

DATE: 10/27/2016

CC Indigent Health Care

VENDOR # 852

ACCOUNT NUMBER	DESCRIPTION OF GOODS OR SERVICES	QUANTITY	UNIT PRICE	TOTAL PRICE
1000-800-98722-999	Transfer to pay bills for Indigent Health Care			$92,634.97
	approved by Commissioners Court on 10/27/2016			
1000-001-46010	September Interest $0.00			$0.00
				$92,634.97

COUNTY AUDITOR APPROVAL ONLY

APPROVED ON OCT 19 2016 BY CJ 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 Pfeiffer 10/27/16

DEPARTMENT HEAD DATE

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ----October 27, 2016

Nursing Home UPL

IN	**Weekly Cantex Transfer** OUT		ACH Deposits	ACH Transfers
8/22/16-8/31/16	9/7/2016	Ashford-4553		$ 490,586.36
9/07/16-9/16/16	9/20/2016	Ashford-4553	869,128.53	869,128.53
9/19/16-9/23/16	9/28/2016	Ashford-4553	266,654.19	110,241.62
9/27/16-9/30/16	9/30/2016	Ashford-4553	314,264.94	314,264.94
9/27/16-9/30/16		Ashford-4553	447,104.81	
8/22/16-8/31/16	9/7/2016	Broadmoor-4596		$ 48,261.95
9/07/16-9/16/16	9/20/2016	Broadmoor-4596	147,383.10	147,383.10
9/07/16-9/16/16	9/20/2016	Broadmoor-4596	348,202.42	348,202.42
9/27/16-9/30/16	9/30/2016	Broadmoor-4596	7,483.22	7,483.22
9/27/16-9/30/16		Broadmoor-4596	63,420.91	
8/22/16-8/30/16	9/7/2016	Crescent-4588		$ 69,052.77
9/01/16-9/16/16	9/20/2016	Crescent-4588	749,715.35	749,715.35
9/19/16-9/23/16	9/28/2016	Crescent-4588	274,389.59	274,389.59
9/26/16-9/30-16	9/30/2016	Crescent-4588	30,262.47	30,262.47
9/26/16-9/30/16		Crescent-4588	72,923.04	
8/22/16-9/01/16	9/7/2016	Fort Bend-4618		$ 153,596.94
9/07/16-9/16/16	9/20/2016	Fort Bend-4618	50,057.51	50,057.51
9/19/16-9/23/16	9/28/2016	Fort Bend-4618	160,592.49	160,592.49
09/26/16-09/30/16	9/30/2016	Fort Bend-4618	97,406.80	97,406.80
09/26/16-09/30/16		Fort Bend-4618	54,735.33	
8/22/16-09/01/16	9/7/2016	Solera-4561		$ 144,785.77
9/06/16-9/16/16	9/20/2016	Solera-4561	821,827.70	821,827.70
9/20/16-9/23/16	9/28/2016	Solera-4561	488,005.47	488,005.47
9/27/16-9/30/16	9/30/2016	Solera-4561	91,563.71	91,563.71
9/26/17-9/30/16		Solera-4561	150,661.05	
	SUBTOTAL		5,505,752.63	5,466,778.71

Memorial Medical Center Checks - fund transfer to NH

Ashford	
Broadmoor	
Crescent	
Fort Bend	
Solera	
Total	-

		ACH Transfers
IGT September 2016 MPAP NHP		-
SUBTOTAL	**$ -**	**$ -**

TOTAL APPROVED NURSING HOME WEEKLY CANTEX TRANSFERS	**5,466,778.71**

MEMORIAL MEDICAL CENTER CONSTRUCTION ACCOUNT

COMMISSIONERS COURT APPROVAL LIST FOR ----October 27, 2016

PAYABLES	$ -
GRAND TOTAL DISBURSEMENTS APPROVED October 27, 2016	-

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Calhoun County Indigent Account

Date Requested: 10/12/2016

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

AMOUNT $600.00

G/L NUMBER: 50240000

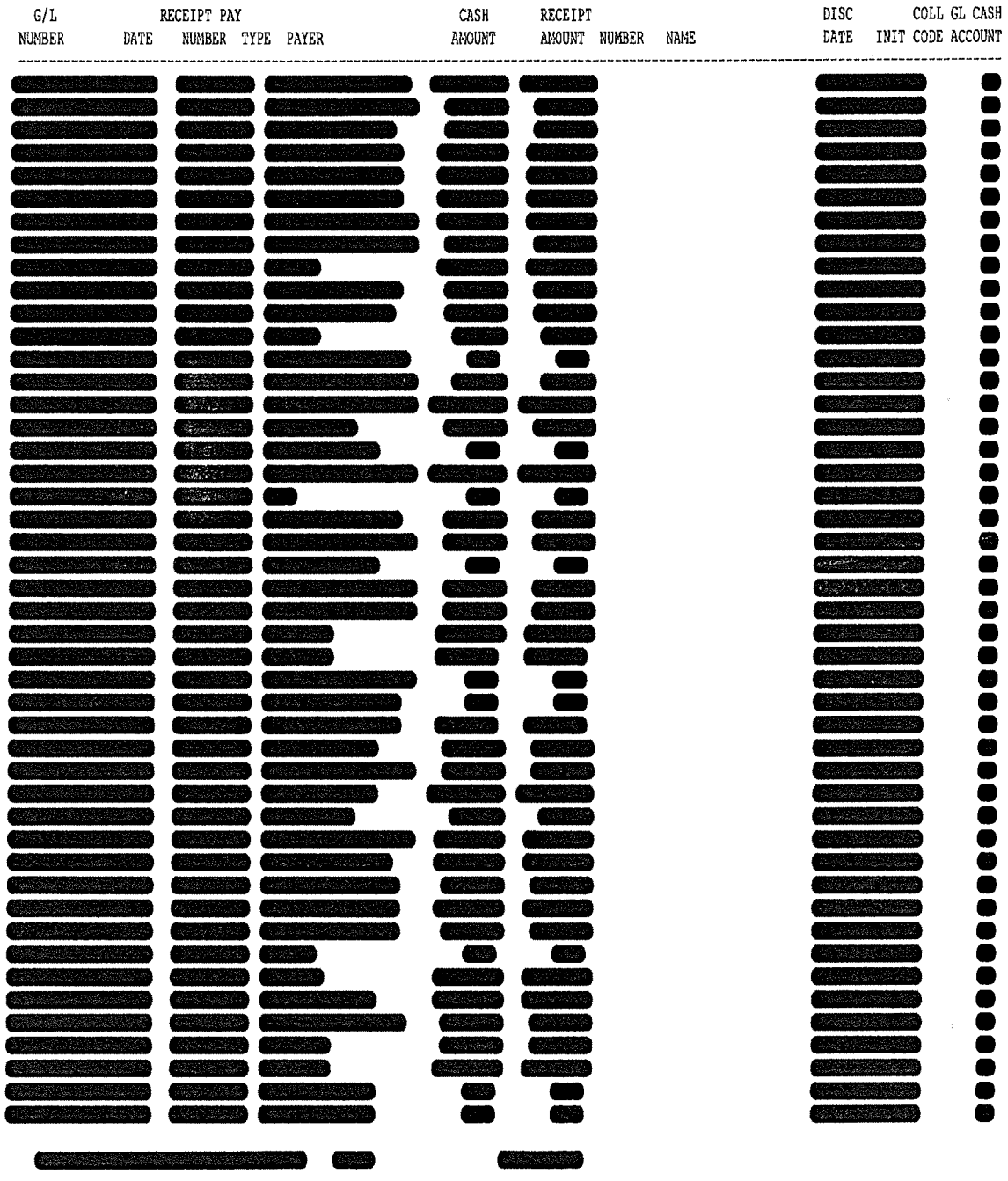
EXPLANATION: To transfer indigent co-pays from the operating account to the indigent bank account:

September 2016.

APPROVED ON OCT 18 2016 BY CALHOUN COUNTY AUDITOR

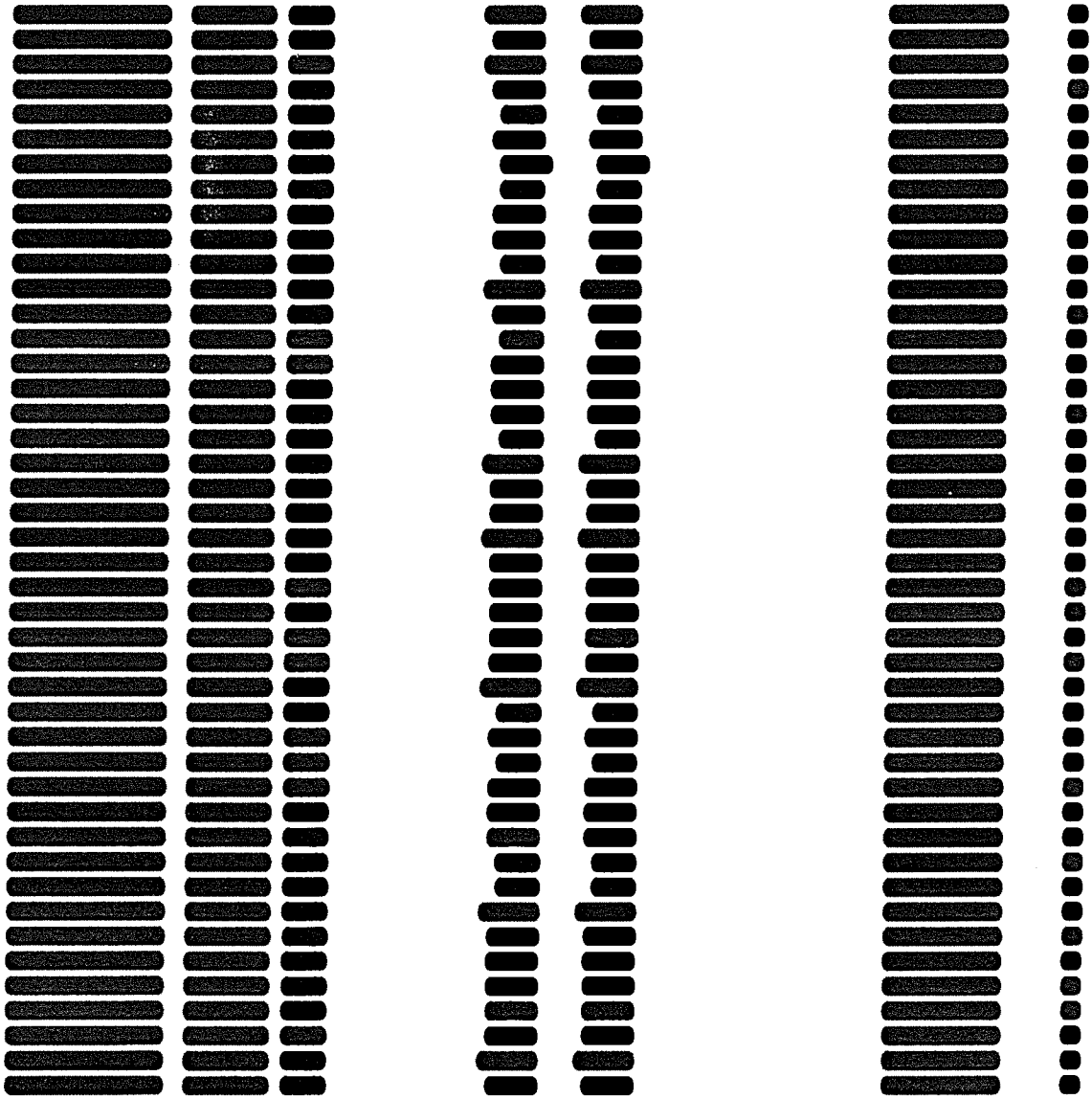
REQUESTED BY: Adam Machicek

AUTHORIZED BY:



G/L NUMBER	RECEIPT DATE	PAY NUMBER	TYPE	PAYER	CASH AMOUNT	RECEIPT AMOUNT	NUMBER	NAME	DISC DATE	COLL INIT	GL CODE	CASH ACCOUNT
50240.000	09/01/16	442098	CA		10.00	10.00			00/00/00	PLB		2
50240.000	09/01/16	442099	CA		10.00	10.00			00/00/00	PLB		2
50240.000	09/02/16	442205	CA		10.00	10.00			00/00/00	PLB		2
50240.000	09/02/16	442213	CA		10.00	10.00			00/00/00	BRT		2
50240.000	09/02/16	442223	CA		10.00	10.00			00/00/00	BRT		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	09/28/16	444267	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	09/28/16	444287	CK	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	09/29/16	444405	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	09/30/16	444484	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	09/30/16	444505	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	09/30/16	444507	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	09/30/16	444527	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
TOTAL 50240.000 COUNTY INDIGENT COPAYS						600.00						



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

Recorded MdO 10/10/16
Reviewed

Acct #	JE #	Description	Check #	Debit Amount	Credit Amount
10255000		Indigent Healthcare		12,856.00	
40450074		Reimbursement - Calhoun Cty			9,575.70
40015074		Benefits - FICA			553.80
40025074		Benefits - FUTA			-
40040074		Benefits - Retirement			627.35
60320000		Benefits - Insurance			1,723.63
40220074		Supplies - General			0.64
40225074		Supplies - Office			11.94
40230074		Forms			-
40610074		Continuing Education			-
40510074		Outside Services			-
40215074		Freight			-
40600074		Miscellaneous			362.94
			TOTALS	12,856.00	12,856.00

Allowed - 1,074.00

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

REVERSING: YES _____ NO _____

JE # 091638

APPROVED
ON

OCT 18 2016

BY
CALHOUN COUNTY AUDITOR

Indigent Healthcare Program
Incurred by MMC
September 2016

Indigent H'care Coordinator Salary	# 40000074	1-Sep	$ 3,148.20	
	# 40000074	15-Sep	2,896.18	
	# 40000074	29-Sep	2,999.04	
	# 40050074		130.26	
	# 40050074		173.66	
	# 40050074		55.32	
	(# 40010074)		173.04	
				9,575.70
Benefits:	#40040074			627.35
FICA	# 40015074	1-Sep	188.49	
	# 40015074	15-Sep	187.28	
	# 40015074	29-Sep	178.03	
				553.80
FUTA	# 40025074	1-Sep	-	
	# 40025074	15-Sep	-	
	# 40025075		-	
				-
Other Benefits (18 %)	# 63200000			1,723.63
General Supplies	# 40220074			0.64
Office Supplies	# 40225074			11.94
Forms	#40230074			-
Continuing Education	#40610074			-
Outside Services	#40510074			-
Freight	#40215074			-
Travel	#40600074			362.94

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: 09/01/16					42,199.56
	09/01/16	REVERSE ACCRUAL		PR	19 5328 415	-2,657.46	
	09/01/16	PAY-P.08/19/16 09/01/16		PR	19 5360 47	3,148.20	
	09/15/16	PAY-P.09/02/16 09/15/16		PR	19 5401 47	2,896.18	
	09/29/16	PAY-P.09/16/16 09/29/16		PR	19 5423 49	2,999.04	
	09/30/16	Accrual--Days= 1		PR	19 5423 420	214.22	
		09/30 ACTIVITY/END BALANCE				6,600.18	48,799.74
40005074 SALARIES OVERTIME -CALHO		BEGINNING BALANCE AS OF: 09/01/16					1,324.13
	09/01/16	REVERSE ACCRUAL		PR	19 5328 469	-65.26	
	09/01/16	PAY-P.08/19/16 09/01/16		PR	19 5360 75	130.26	
	09/15/16	PAY-P.09/02/16 09/15/16		PR	19 5401 74	173.66	
	09/29/16	PAY-P.09/16/16 09/29/16		PR	19 5423 78	55.32	
	09/30/16	Accrual--Days= 1		PR	19 5423 478	3.95	
		09/30 ACTIVITY/END BALANCE				297.93	1,622.06
40010074 SALARIES PTO/EIB -CALHO		BEGINNING BALANCE AS OF: 09/01/16					4,658.83
	09/01/16	Auto PR Bene Accrual Re		PR	19 5327 87	-1,136.30	
	09/01/16	REVERSE ACCRUAL		PR	19 5328 517	-53.56	
	09/01/16	Auto PR Bene Accrual		PR	19 5359 85	1,198.45	
	09/01/16	PAY-P.08/19/16 09/01/16		PR	19 5360 98	57.68	
	09/15/16	Auto PR Bene Accrual Re		PR	19 5359 87	-1,198.45	
	09/15/16	Auto PR Bene Accrual		PR	19 5400 89	1,318.28	
	09/29/16	Auto PR Bene Accrual Re		PR	19 5400 91	-1,318.28	
	09/29/16	Auto PR Bene Accrual		PR	19 5422 89	1,322.75	
	09/29/16	PAY-P.09/16/16 09/29/16		PR	19 5423 104	115.36	
	09/30/16	Accrual--Days= 1		PR	19 5423 530	8.24	
		09/30 ACTIVITY/END BALANCE				314.17	4,973.00
40015074 FICA -CALHO		BEGINNING BALANCE AS OF: 09/01/16					115.08
	09/01/16	REVERSE ACCRUAL		PR	19 5328 717	-128.31	
	09/01/16	REVERSE ACCRUAL		PR	19 5328 783	-30.03	
	09/01/16	PAY-P.08/19/16 09/01/16		PR	19 5360 373	35.73	
	09/01/16	PAY-P.08/19/16 09/01/16		PR	19 5360 406	152.76	
	09/15/16	PAY-P.09/02/16 09/15/16		PR	19 5401 386	35.49	
	09/15/16	PAY-P.09/02/16 09/15/16		PR	19 5401 419	151.79	
	09/29/16	PAY-P.09/16/16 09/29/16		PR	19 5423 581	33.74	
	09/29/16	PAY-P.09/16/16 09/29/16		PR	19 5423 614	144.29	
	09/30/16	Accrual--Days= 1		PR	19 5423 734	10.31	
	09/30/16	Accrual--Days= 1		PR	19 5423 800	2.41	
		09/30 ACTIVITY/END BALANCE				408.18	523.26
40040074 RETIREMENT -CALHO		BEGINNING BALANCE AS OF: 09/01/16					129.05
	09/01/16	REVERSE ACCRUAL		PR	19 5328 913	-180.57	
	09/01/16	PAY-P.08/19/16 09/01/16		PR	19 5360 472	213.11	

ACCT NUMBER & DESC	DATE MEMO	REFERENCE	JOURNAL	CS#/BAT/SEQ	ACTIVITY	BALANCE
40040074 RETIREMENT	-CALHOUN C					
	09/15/16 PAY-P.09/02/16 09/15/16		PR	19 5401 485	211.88	
	09/29/16 PAY-P.09/16/16 09/29/16		PR	19 5423 680	202.36	
	09/30/16 Accrual--Days= 1		PR	19 5423 934	14.45	
	09/30 ACTIVITY/END BALANCE				461.23	590.28
40220074 SUPPLIES GENERAL	-CALHO BEGINNING BALANCE AS OF: 09/01/16					.00
	09/30/16 AUTO-TRAN/EXP.REPORT	000000	MM	101 0 27	.64	
	09/30 ACTIVITY/END BALANCE				.64	.64
40225074 OFFICE SUPPLIES	-CALHO BEGINNING BALANCE AS OF: 09/01/16					.00
	09/30/16 AUTO-TRAN/EXP.REPORT	000000	MM	101 0 50	11.94	
	09/30 ACTIVITY/END BALANCE				11.94	11.94
40450074 REIMBURSEMENT	BEGINNING AND ENDING BALANCE:					-45,352.65
40600074 TRAVEL	-CALHO BEGINNING BALANCE AS OF: 09/01/16					.00
	09/26/16 JAMIE GRASSE	21345	PJ	19 5408 2	56.30	
	09/29/16 JAMIE GRASSE	CM21345	PJ	19 5416 2	-56.30	
	09/29/16 JAMIE GRASSE	21345-	PJ	19 5417 2	64.62	
	09/30/16 JANIE BACERRA	21405	PJ	19 5425 2	298.32	
	09/30 ACTIVITY/END BALANCE				362.94	362.94
	COST CENTER TOTAL:				8,457.21	

ENDING BALANCE GRAND TOTAL: 11,531.21

GRAND TOTAL ACTIVITY: 8,457.21

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	13	0	6	73	2
October					
November					
December					
YTD	59	20	54	519	45
Monthly Avg	7	2	6	58	5
December 2015 Active		57			

IBC BANK
We Do More

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

Visa® Business Card
MEMORIAL MEDICAL CNT
JERRY L PICKETT

Cardmember Service
BUS 30 ELN 8 3

New Balance	**$2,539.31**
Minimum Payment Due	**$26.00**
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	+	$3,163.61
Payments	-	$3,163.61CR
Other Credits		$0.00
Purchases	+	$2,539.31
Balance Transfers		$0.00
Advances		$0.00
Other Debits		$0.00
Fees Charged		$0.00
Interest Charged		$0.00
New Balance	=	**$2,539.31**
Past Due		**$0.00**
Minimum Payment Due		**$26.00**
Credit Line		$10,000.00
Available Credit		$7,460.69
Days in Billing Period		29

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

mmc will pay by phone

APPROVED
ON
SEP 0 1 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

2539.31

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

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

IBC BANK
We Do More

24-Hour Cardmember Servi
. to pay by phone
. to change your address

00

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

Account Number	
Payment Due Date	9/01/2016
New Balance	$2,539.31
Minimum Payment Due	$26.00

Amount Enclosed $_____

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

IBC BANK
We Do More

~~4472~~

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

MEMORIAL MEDICAL CNT
JERRY L PICKETT (

Cardmember Service (

Important Messages

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

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

Transactions

Payments and Other Credits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
07/27	07/27		PAYMENT THANK YOU	$3,163.61CR	
			TOTAL THIS PERIOD	**$3,163.61CR**	

Purchases and Other Debits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
07/21	07/20	0008	EB HFMAACHE SUMMER I 801-413-7200 CA	$75.00 ✓	
07/22	07/21	4523	Association of Women's 800-354-2268 DC	$260.85 ✓	
07/26	07/25	0309	X-RITE INCORPORATED 616-803-2000 MI	$208.16 ✓	13.1% Sales Tax
07/27	07/26	3942	HEB #434 PORT LAVACA TX	$270.90 ✓	
07/29	07/28	0118	X-RITE INCORPORATED 616-803-2000 MI	$362.95 ✓	22.95 Sales Tax
08/01	07/31	3427	MARRIOTT JW HILL RSRT& 866-435-7627 TX 07/27/16 FOR 04 NIGHTS FOLIO: 006251	* $868.80 ✓	
08/01	07/31	3633	MARRIOTT JW HILL RSRT& 866-435-7627 TX 07/28/16 FOR 03 NIGHTS FOLIO: 006524	$464.66 ✓	
08/04	08/03	0222	ACADEMY SPORTS #128 VICTORIA TX	$27.99 ✓	
			TOTAL THIS PERIOD	**$2,539.31**	

120.00 Reimb to mmc By Employee

Jerry Pd MMC the Sales Tax SO Bill could be paid PH

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

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

Signature/Approval: _____ Accounting Code: _____

Continued on Next Page

MEMORIAL MEDICAL [illegible]
PURCHASE ORDER

(1)

1-866-552-[illegible] Page

[illegible] N. VIRGINIA ST.
[illegible]ORT 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

[illegible]dor Name: Cardmember Service

Date: 8/11/16

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		EB HFMA/ACHE Registration			75.00
2			for Jerry Pickett			
3	—		Assoc. of Women's - Fetal Heart			260.85
4			Monitoring Principles - x3 - OB			
5	—		X-Rite Incorporated - Rad/DI	13.16 Sales Tax		208.16
6	—		HEB - Medicine purchased for			270.90
7			pt.			
8	—		X-Rite Incorp - Rad/DI	22.95 Sales Tax		362.95
9	—		Marriott JW - San Antonio	Pay this		868.80
10			Hotel for Jerry Pickett - THT Conf. (Receipt for $120 included)			~~$748.80~~ <120.00

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

NOTES:

charges made to Jerry's credit card

Reimb Payment to MMC on Hotel Bill

Contact: _____ Date: _____

Quoted By: _____

Buyer: _____ E.T.A. _____

Jerry PO Sales Tax

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: 8/11/16

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			464.66 ✓
2			Hotel for Terry Sizer - THT Gov Conf			
3	—					
4			Quick Ladder 15' - PT Dept			27.99 ✓
5						
6						2,539.31
7						
8						
9						
10						

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

NOTES:

Charges made to Jerry's credit card

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm.Dir. Clinical Service _____

CFO _____

Administrator _____

RECEIPT

MEMORIAL MEDICAL CENTER
815 N VIRGINIA
PORT LAVACA, TX 779793025

DATE	RECEIPT NUMBER	TYPE OF PAYMENT	PAYOR NAME
09/02/16	442164	PAYMENT-CHECK	PICKETT JERRY

ACCOUNT NO.	ACCOUNT NAME	AMOUNT	OFFICE USE
60370000	EMPL EXP P/R CLEARNG-O	36.11	60370000
		36.11	

THIS IS YOUR RECEIPT
PLEASE KEEP FOR YOUR RECORDS

PLB

X-Rite 13.16
X-Rite 22.95
36.11

Jerry Reimb MMC
So Bill could be
pd. pd

XRITE, INC *WORLD HEADQUARTERS
4300 44th Street SE
Grand Rapids, Michigan USA 49512
Phone (800)248-9748 *Fax (616)803-2845

INVOICE

INVOICE 912438
PAGE 1 of 2
DATE 25Jul2016
ORDER NUMBER CO1291343
SHIP NUMBER 1059136
CUSTOMER NUMBER 5621601
P.O. NUMBER REV CC/Farah Janak
SALES PERSON 1
SHIP VIA UPS Ground
TERMS 25 - CHARGE CARD
DUE BY 01Aug2016
CURRENCY USD

SHIP TO
MEMORIAL MEDICAL CENTER
Attn: Farah Janak
815 N VIRGINIA ST
PORT LAVACA TX 77979-3025
USA

SOLD TO
MEMORIAL MEDICAL CENTER
ACCOUNTS PAYABLE
815 N VIRGINIA ST
PORT LAVACA TX 77979-3025
USA

ITEM NUMBER/DESCRIPTION	U/M	QUANTITY/PRICE	NET AMOUNT
Carrier . . : UPS Ground Reference order number R151569 The items on this invoice have been charged to the credit card provided at the time of purchase. Please do not remit! THANK YOU FOR YOUR ORDER!		1Z4596939052460873	
LS331 SERVICE UNIT 331 Country of Origin: US Harm Code: 9027.50.4060 Item #: LS331 Serial #: 114217	EA	1.000 195.000	195.00
Texas Sales Tax state + County .50 6.25			13.16

MEMORIAL MEDICAL CENTER
RECEIVED
JUL 29 2016
ACCOUNTS PAYABLE

195. ×
0.0675 =
13.16 *

TOTAL DUE 208.16

NET SALES	195.00
MISC CHARGES	.00
SHIPPING/HANDLING	.00
TAX	13.16

Unless otherwise agreed in writing and signed by both parties, Seller's Terms and Conditions and Warranty Policy attached hereto shall apply to this order. No other terms or conditions will apply to any order placed by Buyer to Seller except in cases where agreements are in place directly between Buyer and Seller. By accepting the delivery of goods and/or services under this order, Buyer agrees that all terms and conditions attached to or referenced in a Buyer's order will be null and void.

Remit To: X-Rite, Inc. Lockbox 62750, 62750 Collection Center Drive Chicago, IL 60693-0627
Bank of America
Wire Transfer: Routing: 026009593 Swift: BOFAUS3N Account number 8765030744
ACH Payment ABA number 071923284 Account Number 8765030744

XRITE, INC *WORLD HEADQUARTERS
4300 44th Street SE
Grand Rapids, Michigan USA 49512
Phone (800)248-9748 *Fax (616)803-2845

INVOICE

INVOICE 913131
PAGE 1 of 2
DATE 28Jul2016
ORDER NUMBER CO1291864
SHIP NUMBER 1059691
CUSTOMER NUMBER 5621601
P.O. NUMBER REV CC/ Ref# 84978
SALES PERSON 1
SHIP VIA UPS Ground
TERMS 25 - CHARGE CARD
DUE BY 02Aug2016
CURRENCY USD

SHIP TO
MEMORIAL MEDICAL CENTER
815 N VIRGINIA ST
PORT LAVACA TX 77979-3025
USA

SOLD TO
MEMORIAL MEDICAL CENTER
ACCOUNTS PAYABLE
815 N VIRGINIA ST
PORT LAVACA TX 77979-3025
USA

ITEM NUMBER/DESCRIPTION	U/M	QUANTITY/PRICE	NET AMOUNT
Carrier . . : UPS Ground Reference order number Q504730 The items on this invoice have been charged to the credit card provided at the time of purchase. Please do not remit! THANK YOU FOR YOUR ORDER!		1Z4596930352106384	
C396 CERTIFICATION 396 Country of Origin: US Harm Code: 9027.50.4060 Item #: C396 Serial #: 4717	EA	1.000 320.000	320.00
SHP			20.00
		320. x 0.0675 = 21.60 *	1.35 21.60
Texas Sales Tax		20. x 0.0675 = 1.35 *	
MEMORIAL MEDICAL CENTER RECEIVED AUG 01 2016 ACCOUNTS PAYABLE		0. *	

Sales Tax 22.95 22.95

TOTAL DUE 362.95

NET SALES	320.00
MISC CHARGES	20.00
SHIPPING/HANDLING	.00
TAX	22.95

Unless otherwise agreed in writing and signed by both parties, Seller's Terms and Conditions and Warranty Policy attached hereto shall apply to this order. No other terms or conditions will apply to any order placed by Buyer to Seller except in cases where agreements are in place directly between Buyer and Seller. By accepting the delivery of goods and/or services under this order, Buyer agrees that all terms and conditions attached to or referenced in a Buyer's order will be null and void.

Remit To: X-Rite, Inc. Lockbox 62750, 62750 Collection Center Drive Chicago, IL 60693-0627
Bank of America
Wire Transfer: Routing: 026009593 Swift: BOFAUS3N Account number 8765030744
ACH Payment ABA number 071923284 Account Number 8765030744

XRINV

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
9/6/2016

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	235,226.69	88,805.25	344,264.91	-	208,611.11	92,183.05	92,183.05	490,686.35	189,792.19

Routing Information for Ashford Gordens:
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	116,360.74	81,034.68	109,559.71	-	60,773.95	26,855.37	26,855.37	144,885.77	57,156.45
Crescent	4588	100,886.56	79,973.36	48,239.56	-	20,088.42	8,876.86	8,876.86	69,152.76	40,087.48
Broadmoor	4596	50,576.58	48,917.00	46,702.38	-	4,691.44	2,073.10	2,073.10	48,361.96	41,497.42
Fort Bend	4618	29,936.51	17,656.13	141,416.56	-	64,659.27	28,572.25	28,572.25	153,696.94	60,365.42
										199,106.77

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
SEP 06 2016
COUNTY AUDITOR

E:\NH Weekly Transfers\NH UPL Transfer Summary 9-6-16.xlsx

IBC Bank Activity
8/29/16 through 9/5/16

Ashford Gardens					Transfer-Out	Transfer-In	
8/29/2016	05025	4553	301	COMMERCIAL DEPOSIT		126,204.81	
8/29/2016	05025	4553	142	ACH CREDIT RECEIVED		29,716.72	AGING DISAB SVCS HCCLAIMPMT|MEMORIAL MEDICAL CENTE|!
8/30/2016	05025	4553	495	OUTGOING MONEY TRANSFER	88,805.25		ASHFORD HEALTH CARE CENTER LTD
8/31/2016	05025	4553	301	COMMERCIAL DEPOSIT		188,127.38	
8/31/2016	05025	4553	142	ACH CREDIT RECEIVED		216.00	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*:
					88,805.25	344,264.91	

Solera at West Houston					Transfer-Out	Transfer-In	
8/29/2016	05025	4561	142	ACH CREDIT RECEIVED		10,049.62	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1
8/29/2016	05025	4561	301	COMMERCIAL DEPOSIT		26,419.54	
8/29/2016	05025	4561	142	ACH CREDIT RECEIVED		5,313.00	AGING DISAB SVCS HCCLAIMPMT|MEMORIAL MEDICAL CENTE|
8/30/2016	05025	4561	142	ACH CREDIT RECEIVED		1,285.28	AGING DISAB SVCS HCCLAIMPMT|MEMORIAL MEDICAL CENTE|
8/30/2016	05025	4561	142	ACH CREDIT RECEIVED		6,455.40	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*0
8/30/2016	05025	4561	495	OUTGOING MONEY TRANSFER	81,034.68		CANTEX HEALTH CARE CENTERS LLC
8/30/2016	05025	4561	142	ACH CREDIT RECEIVED		258.56	Molina HC of TX Molina HC|SOLERA TRANSITIONAL HE|TRN*
8/31/2016	05025	4561	301	COMMERCIAL DEPOSIT		52,839.09	
9/1/2016	05025	4561	142	ACH CREDIT RECEIVED		3,870.92	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1
9/1/2016	05025	4561	142	ACH CREDIT RECEIVED		2,992.50	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TF
9/2/2016	05025	4561	142	ACH CREDIT RECEIVED		75.80	Molina HC of TX Molina HC|SOLERA TRANSITIONAL HE|TRN*1*F
					81,034.68	109,559.71	

Crescent					Transfer-Out	Transfer-In	
8/29/2016	05025	4588	301	COMMERCIAL DEPOSIT		29,374.41	
8/30/2016	05025	4588	495	OUTGOING MONEY TRANSFER	79,973.36		CANTEX HEALTH CARE CENTERS III
8/30/2016	05025	4588	142	ACH CREDIT RECEIVED		6,199.61	Molina HC of TX Molina HC|THE CRESCENT|TRN*1*
8/31/2016	05025	4588	301	COMMERCIAL DEPOSIT		9,460.53	
9/1/2016	05025	4588	142	ACH CREDIT RECEIVED		3,205.01	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*
					79,973.36	48,239.56	

Broadmoor					Transfer-Out	Transfer-In	
8/29/2016	05025	4596	301	COMMERCIAL DEPOSIT		27,253.77	
8/29/2016	05025	4596	142	ACH CREDIT RECEIVED		10,594.37	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*
8/30/2016	05025	4596	495	OUTGOING MONEY TRANSFER	48,917.00		CANTEX HEALTH CARE CENTERS III
8/30/2016	05025	4596	142	ACH CREDIT RECEIVED		2,615.91	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRI
8/31/2016	05025	4596	301	COMMERCIAL DEPOSIT		6,238.33	
					48,917.00	46,702.38	

Fort Bend					Transfer-Out	Transfer-In	
8/29/2016	05025	4618	301	COMMERCIAL DEPOSIT		48,721.51	
8/29/2016	05025	4618	142	ACH CREDIT RECEIVED		4,226.20	AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|1
8/30/2016	05025	4618	142	ACH CREDIT RECEIVED		4,587.88	AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|1
8/30/2016	05025	4618	495	OUTGOING MONEY TRANSFER	17,656.13		CANTEX HEALTH CARE CENTERS III
8/31/2016	05025	4618	301	COMMERCIAL DEPOSIT		60,901.88	
9/1/2016	05025	4618	142	ACH CREDIT RECEIVED		22,979.09	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011
					17,656.13	141,416.56	

Account Portfolio as of 09/06/2016 9:35:11 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	$490,686.35	$490,686.35
Memorial Medical Center	4561	$144,885.77	$147,401.62
Memorial Medical Center	·4588	$69,152.76	$69,152.76
Memorial Medical Center	¦4596	$48,361.96	$48,361.96
Memorial Medical Center	4618	$153,696.94	$153,696.94
Memorial Medical Center Operat	¦0301	$3,419,244.03	$3,400,648.40
County of Calhoun Indigent	1101	$11,354.20	$11,354.20
Totals		**$4,582,932.15**	**$4,566,852.37**

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	3189	4811	13005	Memorial Medical Center	Ashford Gardens	$37,625.65	$58,526.40	$186,127.38	$0.00	$146,621.44	$0.00	$430,602.87	$392,977.22	$208,611.11	$92,183.05	$300,794.17	$92,183.05	$392,977.22
168	2	30433	105818	13004	Memorial Medical Center	The Broadmoor at Creekside Park	$1,559.58	$1,065.72	$5,206.84	$0.00	$3,155.53	$0.00	$10,917.07	$8,837.63	$4,691.44	$2,073.10	$6,764.53	$2,073.10	$8,837.63
187	2	80425	105314	13008	Memorial Medical Center	The Crescent	$1,892.11	$7,560.40	$8,460.59	$0.00	$20,413.20	$0.00	$39,734.26	$37,842.15	$20,088.42	$8,876.86	$28,965.29	$8,876.86	$37,842.15
188	2	43259	105006	13007	Memorial Medical Center	Solera at West Houston	$4,403.26	$26,416.74	$53,538.00	$0.00	$35,228.91	$0.00	$118,887.95	$114,484.69	$60,773.95	$26,855.37	$87,629.32	$26,855.37	$114,484.69
189	2	77503	4628	13006	Memorial Medical Center	Fort Bend Healthcare Center	$12,160.38	$48,721.51	$60,501.48	$0.00	$12,160.38	$0.00	$133,884.15	$121,803.77	$64,659.27	$28,572.25	$93,231.52	$28,572.25	$121,803.77
								$142,297.53	$347,557.20	$0.00	$226,200.66	$0.00	$734,126.30	$675,945.46	$358,824.19	$158,560.63	$517,384.83	$158,560.63	$675,945.46

Received 8/26 Received 8/31 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

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:09/06/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:13:54 CHECK REGISTER and Payable List GLCKREG
09/06/16 THRU 09/06/16

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000815	09/06/16	710.07	MCKESSON
A/P	000816	09/06/16	662.21	MCKESSON
A/P	000817	09/06/16	1,178.20	MCKESSON
TOTALS:			2,550.48	

340 B Prescription Expenses

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

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

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 09/02/2016

DC: 8115

Territory: 400

Customer: 190813
Date: 09/03/2016

Page: 001

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

As of: 09/02/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 09/03/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
08/29/2016	09/06/2016	7763937507	1000874629	115Invoice	1.09	54.36		53.27 ✓		7763937507	
08/29/2016	09/06/2016	7763937508	1000874629	115Invoice	1.22	61.03		59.81 ✓		7763937508	
08/29/2016	09/06/2016	7763937509	1000875349	115Invoice	0.41	20.65		20.24 ✓		7763937509	
08/29/2016	09/06/2016	7763937510	1000875753	115Invoice	0.71	35.69		34.98 ✓		7763937510	
08/30/2016	09/06/2016	7764201857	1000876134	115Invoice	0.16	7.97		7.81 ✓		7764201857	
08/31/2016	09/06/2016	7764450337	1000876934	115Invoice	0.48	23.91		23.43 ✓		7764450337	
09/02/2016	09/06/2016	7764927704	1000878117	115Invoice	10.42	520.95		510.53 ✓		7764927704	

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

TOTAL:

Subtotals: 724.56 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 636.09
08/29/2016

If Paid By 09/06/2016,
Pay This Amount: 710.07 USD

If Paid After 09/06/2016,
Pay this Amount: 724.56 USD

Due If Paid On Time:
USD 710.07

Disc lost if paid late:
14.49

Due If Paid Late:
USD 724.56

ck# 815

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

9-6-16

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 09/02/2016

DC: 8115

Territory: 400

Customer: 256342
Date: 09/03/2016

Page: 001

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

As of: 09/02/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 09/03/2016

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	
08/29/2016	09/06/2016	7763956025	3454581681	115Invoice	9.96	498.05		488.09 ✓		7763956025	
08/30/2016	09/06/2016	7764207147	3454581684	115Invoice	1.72	86.09		84.37 ✓		7764207147	
08/31/2016	09/06/2016	7764447034	3454581687	115Invoice	0.03	1.47		1.44 ✓		7764447034	
09/01/2016	09/06/2016	7764680562	3454581690	115Invoice	1.78	89.08		87.30 ✓		7764680562	
09/02/2016	09/06/2016	7764911284	3454581693	115Invoice	0.01	0.71		0.70 ✓		7764911284	
09/02/2016	09/06/2016	7764911285	1095167	115Invoice	0.01	0.32		0.31 ✓		7764911285	

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

TOTAL:

Subtotals: 675.72 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 684.28
08/29/2016

If Paid By 09/06/2016,
Pay This Amount: 662.21 USD

If Paid After 09/06/2016,
Pay this Amount: 675.72 USD

Due If Paid On Time:
USD 662.21

Disc lost if paid late:
13.51

Due If Paid Late:
USD 675.72

Ck# 816

APPROVED
ON
SEP 06 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

9.6.16

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 09/02/2016 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 09/03/2016

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

As of: 09/02/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 09/03/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
08/29/2016	09/06/2016	7763951495	1000874631	115Invoice	4.96	248.00		243.04	✓	7763951495	
08/29/2016	09/06/2016	7763951497	1000874631	115Invoice	0.11	5.63		5.52	✓	7763951497	
08/29/2016	09/06/2016	7763951499	1000875351	115Invoice	8.14	406.93		398.79	✓	7763951499	
08/29/2016	09/06/2016	7763951503	1000875755	115Invoice	1.18	59.03		57.85	✓	7763951503	
08/30/2016	09/06/2016	7764199808	1000876136	115Invoice	5.97	298.44		292.47	✓	7764199808	
08/30/2016	09/06/2016	7764199809	1000876136	115Invoice	0.07	3.33		3.26	✓	7764199809	
08/31/2016	09/06/2016	7764464143	1000876936	115Invoice	0.70	34.78		34.08	✓	7764464143	
09/01/2016	09/06/2016	7764686156	1000877531	115Invoice	0.77	38.63		37.86	✓	7764686156	
09/01/2016	09/06/2016	7764686157	1000877531	115Invoice	0.61	30.66		30.05	✓	7764686157	
09/02/2016	09/06/2016	7764929969	1000878119	115Invoice	1.51	75.48		73.97	✓	7764929969	
09/02/2016	09/06/2016	7764929970	1000878119	115Invoice	0.03	1.34		1.31	✓	7764929970	

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

TOTAL:

Subtotals: 1,202.25 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,227.98
08/29/2016

If Paid By 09/06/2016,
Pay This Amount: 1,178.20 USD

If Paid After 09/06/2016,
Pay this Amount: 1,202.25 USD

Due If Paid On Time:
USD 1,178.20

Disc lost if paid late:
24.05

Due If Paid Late:
USD 1,202.25

Chk# 817

APPROVED
ON
SEP 06 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

APPROVED
ON

SEP 07 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

09/07/2016
08:51

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 09/16/2016

0
ap_open_invoice.template

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
22638 ✓		08/31/20	08/20/20	08/30/20			1,400.00	0.00	0.00	1,400.00 ✓
	OUTSIDE SRV ER									

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9054479689 ✓		08/31/20	08/17/20	09/16/20			2,599.07	0.00	0.00	2,599.07 ✓
	OXYGEN RESP CARE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	2,599.07	0.00	0.00	2,599.07

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9649309393 ✓		08/30/20	08/17/20	09/16/20			1,549.50	0.00	0.00	1,549.50 ✓
	SUPPLIES SURGERY									

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
91040399 ✓		08/31/20	08/16/20	09/15/20			5,044.31	0.00	0.00	5,044.31 ✓
	SUPPLIES LAB									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10533	ALERE NORTH AMERICA INC	5,044.31	0.00	0.00	5,044.31

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-00044984 ✓		08/31/20	08/09/20	09/08/20			315.14	0.00	0.00	315.14 ✓
	SUPPLIES LAB									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1746	ALPHA TEC SYSTEMS INC	315.14	0.00	0.00	315.14

Vendor#	Vendor Name	Class	Pay Code
A1748	AMERICAN CATHETER CORPORATION ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
39479 ✓		08/30/20	08/17/20	09/16/20			644.77	0.00	0.00	644.77 ✓
	SUPPLIES SURGERY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1748	AMERICAN CATHETER CORPORATION	644.77	0.00	0.00	644.77

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
805978 ✓		08/31/20	08/25/20	09/09/20			31.98	0.00	0.00	31.98 ✓
	SUPPLIES PLANT OPS									
806250 ✓		08/31/20	08/29/20	09/13/20			17.00	0.00	0.00	17.00 ✓

	SUPPLIES PLANT OPS								
	806174	08/31/20	08/29/20	09/13/20		37.97	0.00	0.00	37.97 ✓
	SUPPLIES TRANSPORTATION								
	806247 ✓	08/31/20	08/29/20	09/13/20		67.31	0.00	0.00	67.31 ✓
	SUPPLIES PLANT OPS								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	A2600	AUTO PARTS & MACHINE CO.				154.26	0.00	0.00	154.26
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
	5356216 ✓		08/31/20	08/12/20	09/11/20		4,233.46	0.00	0.00	4,233.46 ✓
	LEASE & MAINT CONTR LAB								
	5356200 ✓		08/31/20	08/12/20	09/11/20		3,933.48	0.00	0.00	3,933.48 ✓
	LEASE & MAINT CONTR LAB								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC				8,166.94	0.00	0.00	8,166.94
Vendor#	Vendor Name				Class	Pay Code			
B1800	BRIGGS HEALTHCARE ✓				M				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	8501985 RI ✓		08/31/20	08/17/20	09/16/20		1,410.34	0.00	0.00	1,410.34 ✓
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	B1800	BRIGGS HEALTHCARE				1,410.34	0.00	0.00	1,410.34
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
	FBB7048 ✓		08/31/20	08/17/20	09/16/20		156.95	0.00	0.00	156.95 ✓
	OFFICE SUPPLIES HR								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.				156.95	0.00	0.00	156.95
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
	21299		08/31/20	08/29/20	09/13/20		46.85	0.00	0.00	46.85 ✓
	FUEL PLANT OPS								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	E1270	CENTERPOINT ENERGY				46.85	0.00	0.00	46.85
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
	53219884 ✓		08/31/20	08/17/20	09/16/20		201.38	0.00	0.00	201.38 ✓
	CONT EDUCATION MED SURC								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1478	CHANNING L BETE CO INC				201.38	0.00	0.00	201.38
Vendor#	Vendor Name				Class	Pay Code			
10786	CLINICAL PATHOLOGY ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	201607-0 ✓		08/31/20	07/31/20	08/30/20		6,140.15	0.00	0.00	6,140.15 ✓
	OUTSIDE SRV LAB								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10786	CLINICAL PATHOLOGY				6,140.15	0.00	0.00	6,140.15
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
480171-0 ✓		08/24/20	08/17/20	09/16/20		9.10	0.00	0.00	9.10 ✓
	SUPPLIES ADMIN								
480154-0 ✓		08/24/20	08/17/20	09/16/20		310.03	0.00	0.00	310.03 ✓
	CS INVENTORY								
480338-0 ✓		08/24/20	08/18/20	09/16/20		36.40	0.00	0.00	36.40 ✓
	SUPPLIES ADMIN								
480150-0 ✓		08/31/20	08/17/20	09/16/20		30.57	0.00	0.00	30.57 ✓
	OFFICE SUPPLIES HR								
480235-0 ✓		08/31/20	08/17/20	09/16/20		145.36	0.00	0.00	145.36 ✓
	OFFICE SUPPLIES CLINIC								
480130-0 ✓		08/31/20	08/17/20	09/16/20		70.05	0.00	0.00	70.05 ✓
	OFFICE SUPPLIES LAB								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	601.51	0.00	0.00	601.51

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
31301		08/31/20	08/04/20	08/14/20		35.00	0.00	0.00	35.00 ✓
	OUTSIDE SRV HOUSEKEEPIN								
21300		08/31/20	08/16/20	08/26/20		28.00	0.00	0.00	28.00 ✓
	OUTSIDE SRV HOUSEKEEPIN								
21294		08/31/20	08/17/20	09/16/20		6.10	0.00	0.00	6.10 ✓
	OUTSIDE SRV HOUSEKEEPIN								
21297		08/31/20	08/18/20	08/28/20		35.00	0.00	0.00	35.00 ✓
	OUTSIDE SRV HOUSEKEEPIN								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1710	DOWNTOWN CLEANERS	104.10	0.00	0.00	104.10

Vendor# Vendor Name — Class — Pay Code

11147 ENVIRONMENTAL SAFETY, INC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
12389 ✓		08/31/20	05/26/20	09/16/20		957.60	0.00	0.00	957.60 ✓
	SUPPLIES DIETARY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11147	ENVIRONMENTAL SAFETY, INC	957.60	0.00	0.00	957.60

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
2849404 ✓		08/31/20	08/05/20	09/04/20		142.52	0.00	0.00	142.52 ✓
	SUPPLIES LAB								
2914758 ✓		08/31/20	08/08/20	09/07/20		55.90	0.00	0.00	55.90 ✓
	LAB SUPPLIES								
2984257 ✓		08/31/20	08/09/20	09/08/20		-76.00	0.00	0.00	-76.00 ✓
	CREDIT CLINIC SUPPLIES								
2984252 ✓		08/31/20	08/09/20	09/08/20		722.27	0.00	0.00	722.27 ✓
	SUPPLIES LAB								
3052565 ✓		08/31/20	08/10/20	09/09/20		80.05	0.00	0.00	80.05 ✓
	LAB SUPPLIES								
3157152 ✓		08/31/20	08/11/20	09/10/20		244.72	0.00	0.00	244.72 ✓
	SUPPLIES LAB								

3965511 ✓		08/31/20	08/16/20	09/15/20	2,339.22	0.00	0.00	2,339.22 ✓
	LAB SUPPLIES							
4170258 ✓		08/31/20	08/17/20	09/16/20	206.90	0.00	0.00	206.90 ✓
	SUPPLIES LAB							
4399672 ✓		08/31/20	08/18/20	09/16/20	128.40	0.00	0.00	128.40 ✓
	SUPPLIES LAB							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE			3,843.98	0.00	0.00	3,843.98

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
21298		08/31/20	08/30/20	08/30/20			125.00	0.00	0.00	125.00 ✓
	OUTSIDE SRV LAB & XRAY									
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
105119 ✓		08/31/20	08/25/20	09/04/20			27.96	0.00	0.00	27.96 ✓
	SUPPLIES PLANT OPS									
105174 ✓		08/31/20	08/27/20	09/06/20			69.99	0.00	0.00	69.99 ✓
	SUPPLIES PLANT OPS									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	A1292	GULF COAST HARDWARE / ACE					97.95	0.00	0.00	97.95

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
5975392 ✓		08/31/20	08/17/20	09/16/20			63.60	0.00	0.00	63.60 ✓
	SUPPLIES PHARMACY									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10334	HEALTH CARE LOGISTICS INC					63.60	0.00	0.00	63.60

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
41491751 ✓		08/24/20	08/17/20	09/16/20			91.75	0.00	0.00	91.75 ✓
	CS INVENTORY									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	I0415	INDEPENDENCE MEDICAL					91.75	0.00	0.00	91.75

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
916937794 ✓		08/30/20	08/17/20	09/16/20			855.73	0.00	0.00	855.73 ✓
	SUPPLIES SURGERY									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE SYSTEMS, INC					855.73	0.00	0.00	855.73

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
21307		08/31/20	09/02/20	09/02/20			179.28	0.00	0.00	179.28 ✓
	TRAVEL EXPENSE ADMIN Area Hospital Meeting 8/24 AZH-E/HFMA Assoc. meeting 8/25									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10507	JASON ANGLIN					179.28	0.00	0.00	179.28

Vendor#	Vendor Name	Class	Pay Code
10341	JENISE SVETLIK ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21308	TRAVEL EXPENSE Stable class @ CMC 8/31/16	08/31/20	08/31/20	08/31/20		29.91	0.00	0.00	29.91 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10341	JENISE SVETLIK	29.91	0.00	0.00	29.91

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
M0098166 ✓	LAB SUPPLEIS	08/31/20	08/16/20	09/15/20		203.33	0.00	0.00	203.33 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M1511	MARKETLAB, INC	203.33	0.00	0.00	203.33

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
82785864 ✓	LAB SUPPLIES CREDIT	08/31/20	07/28/20	08/27/20		-20.80	0.00	0.00	-20.80 ✓
82804919 ✓	LAB SUPPLIES	08/31/20	07/29/20	08/15/20		21.19	0.00	0.00	21.19 ✓
83409147 ✓	LAB SUPPLIES	08/31/20	08/09/20	09/08/20		57.80	0.00	0.00	57.80 ✓
83410099 ✓	LAB SUPPLIES	08/31/20	08/09/20	09/15/20		191.17	0.00	0.00	191.17 ✓
83576414 ✓	LAB SUPPLIES	08/31/20	08/11/20	09/15/20		971.00	0.00	0.00	971.00 ✓
83880750 ✓	LAB SUPPLIES	08/31/20	08/17/20	09/15/20		296.74	0.00	0.00	296.74 ✓
84045210 ✓	LAB SUPPLIES	08/31/20	08/19/20	09/15/20		28.52	0.00	0.00	28.52 ✓
84087605 ✓	LAB SUPPLIES	08/31/20	08/21/20	09/15/20		509.03	0.00	0.00	509.03 ✓
84238741 ✓	LAB SUPPLIES	08/31/20	08/21/20	09/16/20		396.24	0.00	0.00	396.24 ✓
84208133 ✓	LAB SUPPLIES	08/31/20	08/23/20	09/15/20		140.40	0.00	0.00	140.40 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	2,591.29	0.00	0.00	2,591.29

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
1854116 ✓	SUPPLIES LAB	08/31/20	08/09/20	09/08/20		145.81	0.00	0.00	145.81 ✓
1856305 ✓	SUPPLIES LAB	08/31/20	08/16/20	09/15/20		354.12	0.00	0.00	354.12 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10182	MERCEDES MEDICAL	499.93	0.00	0.00	499.93

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

AUGUST292016		08/31/20	08/29/20	08/29/20		45,750.56	0.00	0.00	45,750.56
	EMPLOYEE INS CLAIMS								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN				45,750.56	0.00	0.00	45,750.56
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
671223		08/31/20	09/01/20	09/01/20		94.06	0.00	0.00	94.06
	CREDIT CARD FEES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2662	MMC VOLUNTEERS				94.06	0.00	0.00	94.06
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
SC2595		08/31/20	06/27/20	06/28/20		10.43	0.00	0.00	10.43
	SERVICE CHARGE PHARMAC								
9078726		08/31/20	07/15/20	07/16/20		194.12	0.00	0.00	194.12
	PHARMACY DRUGS								
9078466		08/31/20	07/15/20	07/16/20		0.39	0.00	0.00	0.39
	PHARMACY DRUGS								
9078727		08/31/20	07/15/20	07/16/20		17.31	0.00	0.00	17.31
	PHARMACY DRUGS								
9078725		08/31/20	07/15/20	07/16/20		41.58	0.00	0.00	41.58
	PHARMACY DRUGS								
9257486		08/31/20	08/30/20	09/16/20		19.30	0.00	0.00	19.30
	PHARMACY DRUGS								
9257488		08/31/20	08/30/20	09/16/20		297.03	0.00	0.00	297.03
	PHARMACY DRUGS								
9257489		08/31/20	08/30/20	09/16/20		131.16	0.00	0.00	131.16
	PHARMACY DRUGS								
9257487		08/31/20	08/30/20	09/16/20		68.71	0.00	0.00	68.71
	PHARMACY DRUGS								
9265098		08/31/20	08/31/20	09/01/20		1.59	0.00	0.00	1.59
	PHARMACY DRUGS								
9265099		08/31/20	08/31/20	09/01/20		22.20	0.00	0.00	22.20
	PHARMACY DRUGS								
9265096		08/31/20	08/31/20	09/01/20		1,322.11	0.00	0.00	1,322.11
	PHARMACY DRUGS								
9265097		08/31/20	08/31/20	09/01/20		1,396.32	0.00	0.00	1,396.32
	PHARMACY DRUGS								
9268578		09/01/20	09/01/20	09/02/20		91.48	0.00	0.00	91.48
	PHARMACY DRUGS								
9270684		09/01/20	09/01/20	09/02/20		456.55	0.00	0.00	456.55
	PHARMACY DRUGS								
9270682		09/01/20	09/01/20	09/02/20		191.30	0.00	0.00	191.30
	PHARMACY DRUGS								
9272504		09/01/20	09/02/20	09/03/20		685.34	0.00	0.00	685.34
	PHARMACY DRUGS								
9274502		09/01/20	09/02/20	09/03/20		228.22	0.00	0.00	228.22
	PHARMACY DRUGS								
9274503		09/01/20	09/02/20	09/03/20		4.14	0.00	0.00	4.14
	PHARMACY DRUGS								

9274501 ✓	09/01/20 09/02/20 09/03/20			83.69	0.00	0.00	83.69 ✓	
PHARMACY DRUGS								
9272380 ✓	09/01/20 09/02/20 09/03/20			3,433.32	0.00	0.00	3,433.32 ✓	
PHARMACY DRUGS								
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net	
	10536	MORRIS & DICKSON CO, LLC		8,696.29	0.00	0.00	8,696.29	
Vendor#	Vendor Name		Class	Pay Code				
11163	NINA GREEN ✓							
Invoice#	Comment	Tran Dt Inv Dt Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
21309		08/31/20 08/31/20 08/31/20		27.91	0.00	0.00	27.91 ✓	
TRAVEL EXPENSE OB stable class @ CMC 8/31/14								
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net	
	11163	NINA GREEN		27.91	0.00	0.00	27.91	
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	
22863 ✓		08/31/20 08/11/20 09/10/20		89.98	0.00	0.00	89.98 ✓	
LAB SUPPLIES								
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net	
	O1410	ON-SITE TESTING SPECIALISTS		89.98	0.00	0.00	89.98	
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	
21302		08/31/20 08/31/20 08/31/20		1,642.50	0.00	0.00	1,642.50 ✓	
OUTSIDE SRV CLINIC								
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net	
	11069	PABLO GARZA		1,642.50	0.00	0.00	1,642.50	
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	
1070392 ✓		08/31/20 08/16/20 09/15/20		125.26	0.00	0.00	125.26 ✓	
LAB SUPPLIES								
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net	
	P1876	POLYMEDCO INC.		125.26	0.00	0.00	125.26	
Vendor#	Vendor Name		Class	Pay Code				
10896	QIAGEN INC ✓							
Invoice#	Comment	Tran Dt Inv Dt Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
97568396 ✓		08/31/20 07/27/20 08/26/20		287.42	0.00	0.00	287.42 ✓	
SUPPLIES LAB								
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net	
	10896	QIAGEN INC		287.42	0.00	0.00	287.42	
Vendor#	Vendor Name		Class	Pay Code				
R1250	RANDY'S FLOOR COMPANY ✓		W					
Invoice#	Comment	Tran Dt Inv Dt Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
21295		08/31/20 07/05/20 09/16/20		1,293.00	0.00	0.00	1,293.00 ✓	
SUPPLIES PLANT OPS								
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net	
	R1250	RANDY'S FLOOR COMPANY		1,293.00	0.00	0.00	1,293.00	
Vendor#	Vendor Name		Class	Pay Code				
10645	REVISTA de VICTORIA ✓							
Invoice#	Comment	Tran Dt Inv Dt Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	

	08201628		08/31/20	08/19/20	09/02/20	120.00	0.00	0.00	120.00
		ADVERTISING							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		10645	REVISTA de VICTORIA			120.00	0.00	0.00	120.00
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
	21303		08/31/20	08/22/20	08/22/20		29.70	0.00	0.00	29.70
		TRAVEL EXPENSE ER	HP6 distribution of Ank Vest 8/22/14							
	21304		08/31/20	08/26/20	08/26/20		30.35	0.00	0.00	30.35
		TRAVEL EXPENSE ER	GCRMC Injury Prev Meeting @ Dator 8/25/14							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		10625	SARA RUBIO			60.05	0.00	0.00	60.05
Vendor#	Vendor Name				Class	Pay Code			
D0350	SIEMENS HEALTHCARE DIAGNOSTICS				M				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	951016055		08/31/20	01/30/20	03/02/20		1,050.00	0.00	0.00	1,050.00
		MAINT CONTR LAB								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		D0350	SIEMENS HEALTHCARE DIAGNOSTICS			1,050.00	0.00	0.00	1,050.00
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
	204379		09/01/20	09/01/20	09/11/20		1,275.00	0.00	0.00	1,275.00
		ADVERTISING								
	204397		09/01/20	09/01/20	09/11/20		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			
S2400	SO TEX BLOOD & TISSUE CENTER				M				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	90021878		08/31/20	08/17/20	09/16/20		5,051.56	0.00	0.00	5,051.56
		BLOOD BANK SUPPLIES								
	90021801		08/31/20	08/17/20	09/16/20		-1,142.65	0.00	0.00	-1,142.65
		BLOOD BANK CREDIT								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		S2400	SO TEX BLOOD & TISSUE CENTER			3,908.91	0.00	0.00	3,908.91
Vendor#	Vendor Name				Class	Pay Code			
11083	STRATUS VIDEO INTERPRETING								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	SIN055816		08/31/20	07/31/20	09/16/20		124.50	0.00	0.00	124.50
		OUTSIDE SRV ADMIN								
	SIN006245		08/31/20	07/31/20	09/16/20		255.00	0.00	0.00	255.00
		OUTSIDE SRV ADMIN								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		11083	STRATUS VIDEO INTERPRETING			379.50	0.00	0.00	379.50
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
	2821395		08/24/20	08/17/20	09/16/20		301.70	0.00	0.00	301.70
		SUPPLIES SURGERY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10735	STRYKER SUSTAINABILITY	301.70	0.00	0.00	301.70

Vendor#	Vendor Name	Class	Pay Code
10765	TEXAS HOSPITAL ASSOCIATION ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
0900086494 ✓	DUES & SUBCRIPTIONS	08/31/20	08/11/20	09/16/20			6,981.00	0.00	0.00	6,981.00 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10765	TEXAS HOSPITAL ASSOCIATION	6,981.00	0.00	0.00	6,981.00

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
054003373309 ✓	ELECTRICITY PLANT OPS	08/31/20	08/24/20	09/13/20			35,449.36	0.00	0.00	35,449.36 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11169	TXU ENERGY	35,449.36	0.00	0.00	35,449.36

Vendor#	Vendor Name	Class	Pay Code
U1350	UPS ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
0000778941346 ✓	FREIGHT EXPENSE	08/31/20	08/20/20	08/31/20			1,333.96	0.00	0.00	1,333.96 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1350	UPS	1,333.96	0.00	0.00	1,333.96

Vendor#	Vendor Name	Class	Pay Code
10915	WAGEWORKS ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21296	MONEY TO FUNDS FLEX SPEI	08/31/20	08/12/20	09/16/20			1,764.28	0.00	0.00	1,764.28 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10915	WAGEWORKS	1,764.28	0.00	0.00	1,764.28

Vendor#	Vendor Name	Class	Pay Code
10793	WAGEWORKS ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
125AI0480961 ✓	ADMIN FEES FLEX SPENDING	08/31/20	08/17/20	09/16/20			225.00	0.00	0.00	225.00 ✓

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
I1110	WERFEN USA LLC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9110325455 ✓	LEASE & RENTAL LAB	08/31/20	08/15/20	09/14/20			1,571.67	0.00	0.00	1,571.67 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	1,571.67	0.00	0.00	1,571.67

Vendor#	Vendor Name	Class	Pay Code
Z1005	ZIMMER US, INC. ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
131408-OM3666 ✓	SUPPLIES ER	08/30/20	08/24/20	09/16/20			44.40	0.00	0.00	44.40 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	Z1005	ZIMMER US, INC.	44.40	0.00	0.00	44.40

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	150,936.43	0.00	0.00	150,936.43

APPROVED
ON
SEP 07 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS # 167807
to
167857

Michael J. Pfeifer
Calhoun County Judge
Date: 9-20-16

RUN DATE: 09/07/16
TIME: 08:35

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	090616	146.74		5	REFUND FOR	[redacted]
		090616	1826.71		3	REFUND FOR	
		090716	115.60		2	REFUND FOR	
		090616	274.47		2	REFUND FOR	
		090616	54.74		3	REFUND FOR	
		090616	80.95		2	REFUND FOR	
		090616	165.44		2	REFUND FOR	
		090616	51.58		2	REFUND FOR	
		090616	45.80		2	REFUND FOR	
		090616	74.17		2	REFUND FOR	
		090616	85.00		2	REFUND FOR	
		090616	714.22		2	REFUND FOR	
		090616	18.43		3	REFUND FOR	
		090616	74.86		2	REFUND FOR	
		090616	38.08		2	REFUND FOR	
		090616	1946.11		2	REFUND FOR	

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	090616	820.33	✓	2	REFUND FOR	
		090616	166.68	✓	2	REFUND FOR	
		090616	50.00	✓	2	REFUND FOR	
		090616	1673.00	✓	2	REFUND FOR	
		090616	145.13	✓	2	REFUND FOR	
		090616	25.00	✓	2	REFUND FOR	
		090616	128.15	✓	2	REFUND FOR	
		090616	141.62	✓	3	REFUND FOR	
		090616	1108.32	✓	2	REFUND FOR	
		090616	387.06	✓	2	REFUND FOR	
		090616	75.69	✓	2	REFUND FOR	
		090616	1528.83	✓	2	REFUND FOR	
		090616	1338.76	✓	2	REFUND FOR	
		090616	100.00	✓	2	REFUND FOR	
		090616	10.92	✓	2	REFUND FOR	
		090616	1041.40	✓	2	REFUND FOR	
		090616	106.89	✓	3	REFUND FOR	

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	0[redacted]0616	14.43 ✓	2		REFUND FOR	
		0[redacted]0616	30.23 ✓	2		REFUND FOR	
		0[redacted]0616	71.34 ✓	2		REFUND FOR	
		0[redacted]0616	1637.47 ✓	2		REFUND FOR	
		0[redacted]0616	62.18 ✓	2		REFUND FOR	
	ARID=0001 TOTAL		16376.33				
TOTAL			16376.33				

APPROVED ON
SEP 07 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS # 167858 TO 167895

Michael J. Pfeifer
Calhoun County Judge
Date: 9-20-16

RUN DATE:09/07/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:15:26 CHECK REGISTER GLCKREG
09/07/16 THRU 09/07/16

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	167807	09/07/16	499.93	MERCEDES MEDICAL
A/P	167808	09/07/16	63.60	HEALTH CARE LOGISTICS INC
A/P	167809	09/07/16	29.91	JENISE SVETLIK
A/P	167810	09/07/16	601.51	DEWITT POTH & SON
A/P	167811	09/07/16	179.28	JASON ANGLIN
A/P	167812	09/07/16	5,044.31	ALERE NORTH AMERICA INC
A/P	167813	09/07/16	.00	VOIDED
A/P	167814	09/07/16	8,696.29	MORRIS & DICKSON CO, LLC
A/P	167815	09/07/16	60.05	SARA RUBIO
A/P	167816	09/07/16	120.00	REVISTA de VICTORIA
A/P	167817	09/07/16	1,665.00	SIGN AD, LTD.
A/P	167818	09/07/16	301.70	STRYKER SUSTAINABILITY
A/P	167819	09/07/16	6,981.00	TEXAS HOSPITAL ASSOCIATION
A/P	167820	09/07/16	6,140.15	CLINICAL PATHOLOGY
A/P	167821	09/07/16	225.00	WAGEWORKS
A/P	167822	09/07/16	45,750.56	MMC EMPLOYEE BENEFIT PLAN
A/P	167823	09/07/16	287.42	QIAGEN INC
A/P	167824	09/07/16	1,764.28	WAGEWORKS
A/P	167825	09/07/16	1,400.00	ACUTE CARE INC
A/P	167826	09/07/16	1,642.50	PABLO GARZA
A/P	167827	09/07/16	379.50	STRATUS VIDEO INTERPRETING
A/P	167828	09/07/16	957.60	ENVIRONMENTAL SAFETY, INC
A/P	167829	09/07/16	27.91	NINA GREEN
A/P	167830	09/07/16	35,449.36	TXU ENERGY
A/P	167831	09/07/16	97.95	GULF COAST HARDWARE / ACE
A/P	167832	09/07/16	2,599.07	AIRGAS USA, LLC - CENTRAL DIV
A/P	167833	09/07/16	1,549.50	ALCON LABORATORIES, INC.
A/P	167834	09/07/16	315.14	ALPHA TEC SYSTEMS INC
A/P	167835	09/07/16	644.77	AMERICAN CATHETER CORPORATION
A/P	167836	09/07/16	154.26	AUTO PARTS & MACHINE CO.
A/P	167837	09/07/16	8,166.94	BECKMAN COULTER INC
A/P	167838	09/07/16	1,410.34	BRIGGS HEALTHCARE
A/P	167839	09/07/16	201.38	CHANNING L BETE CO INC
A/P	167840	09/07/16	156.95	CDW GOVERNMENT, INC.
A/P	167841	09/07/16	1,050.00	SIEMENS HEALTHCARE DIAGNOSTICS
A/P	167842	09/07/16	104.10	DOWNTOWN CLEANERS
A/P	167843	09/07/16	46.85	CENTERPOINT ENERGY
A/P	167844	09/07/16	3,843.98	FISHER HEALTHCARE
A/P	167845	09/07/16	125.00	GULF COAST DELIVERY
A/P	167846	09/07/16	91.75	INDEPENDENCE MEDICAL
A/P	167847	09/07/16	1,571.67	WERFEN USA LLC
A/P	167848	09/07/16	855.73	J & J HEALTH CARE SYSTEMS, INC
A/P	167849	09/07/16	203.33	MARKETLAB, INC
A/P	167850	09/07/16	2,591.29	MCKESSON MEDICAL SURGICAL INC
A/P	167851	09/07/16	94.06	MMC VOLUNTEERS
A/P	167852	09/07/16	89.98	ON-SITE TESTING SPECIALISTS
A/P	167853	09/07/16	125.26	POLYMEDCO INC.
A/P	167854	09/07/16	1,293.00	RANDY'S FLOOR COMPANY
A/P	167855	09/07/16	3,908.91	SO TEX BLOOD & TISSUE CENTER
A/P	167856	09/07/16	1,333.96	UPS

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	167857	09/07/16	44.40	ZIMMER US, INC.
A/P	167858	09/07/16	146.74	[redacted]
A/P	167859	09/07/16	1,826.71	
A/P	167860	09/07/16	115.60	
A/P	167861	09/07/16	274.47	
A/P	167862	09/07/16	54.74	
A/P	167863	09/07/16	80.95	
A/P	167864	09/07/16	165.44	
A/P	167865	09/07/16	51.58	
A/P	167866	09/07/16	45.80	
A/P	167867	09/07/16	74.17	
A/P	167868	09/07/16	85.00	
A/P	167869	09/07/16	714.22	
A/P	167870	09/07/16	18.43	
A/P	167871	09/07/16	74.86	
A/P	167872	09/07/16	38.08	
A/P	167873	09/07/16	1,946.11	
A/P	167874	09/07/16	820.33	
A/P	167875	09/07/16	166.68	
A/P	167876	09/07/16	50.00	
A/P	167877	09/07/16	1,673.00	
A/P	167878	09/07/16	145.13	
A/P	167879	09/07/16	25.00	
A/P	167880	09/07/16	128.15	
A/P	167881	09/07/16	141.62	
A/P	167882	09/07/16	1,108.32	
A/P	167883	09/07/16	387.06	
A/P	167884	09/07/16	75.69	
A/P	167885	09/07/16	1,528.83	
A/P	167886	09/07/16	1,338.76	
A/P	167887	09/07/16	100.00	
A/P	167888	09/07/16	10.92	
A/P	167889	09/07/16	1,041.40	
A/P	167890	09/07/16	106.89	
A/P	167891	09/07/16	14.43	
A/P	167892	09/07/16	30.23	
A/P	167893	09/07/16	71.34	
A/P	167894	09/07/16	1,637.47	
A/P	167895	09/07/16	62.18	
TOTALS:			167,312.76	

APPROVED
ON

SEP 07 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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	5189	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	$208,611.11	$92,183.05	$300,794.17	$92,183.05	$392,977.22
168	2	0433	105818	113004	Memorial Medical Center	The Broadmoor at Creekside Park	$1,559.58	$1,039.72	$6,238.33	$0.00	$1,559.58	$0.00	$10,917.07	$8,837.63	$4,691.44	$2,073.10	$6,764.53	$2,073.10	$8,837.63
187	2	0425	105314	113008	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	$20,088.42	$8,876.86	$28,965.29	$8,876.86	$37,842.15
188	2	3259	105006	113007	Memorial Medical Center	Solera at West Houston	$4,403.26	$26,419.54	$52,839.09	$0.00	$35,226.06	$0.00	$118,887.95	$114,484.69	$60,773.95	$26,855.37	$87,629.32	$26,855.37	$114,484.69
189	2	7503	4628	113006	Memorial Medical Center	Fort Bend Healthcare Center	$12,180.38	$48,721.51	$60,901.66	$0.00	$12,180.38	$0.00	$133,984.15	$121,803.77	$64,659.27	$28,572.25	$93,231.52	$28,572.25	$121,803.77
								$142,277.59	$317,567.21	$0.00	$216,100.66	$0.00	$734,126.30	$675,945.46	$358,824.19	$158,560.63	$517,384.83	$158,560.63	$675,945.46
								Received 8/26	Received 8/31		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

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	1,268,455.07

Michael J. Pfeifer
Calhoun County Judge
Date: 9-20-16

APPROVED ON

SEP 07 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

300,794.17 +
28,965.29 +
87,629.32 +
93,231.52 +
510,620.30 ◇
6,764.53 +
517,384.83 *

517,384.83 +
517,384.83 –
0.00 =

* Check was voided and Reissued with CK #
(Amount was written incorrectly)

CK#009 NH Ashford = 300,794.17
* CK#006 ~~NH Broadmoor~~ VOID = ~~6,764.53~~ VOID
CK#005 NH Crescent = 28,965.29
CK#005 NH Solera = 87,629.32
CK#005 NH FortBend = 93,231.52
510,620.30

CK#~~007~~ 006 NH Broadmoor = 6,764.53
517,384.83

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHA	000009	09/06/16	300,794.17	MEMORIAL MEDCIAL CENTER
TOTALS:			300,794.17	

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHC	000005	09/06/16	28,965.29	MEMORIAL MEDICAL CENTER
TOTALS:			28,965.29	

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
NHS	000005	09/06/16	87,629.32	MEMORIAL MEDICAL CENTER
TOTALS:			87,629.32	

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHF	000005	09/06/16	93,231.52	MEMORIAL MEDICAL CENTER
TOTALS:			93,231.52	

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHB	000007	09/07/16	6,764.53	MEMORIAL MEDICAL CENTER
TOTALS:			6,764.53	

CK# 006 VOIDED

RUN DATE:09/13/16 MEMORIAL MEDICAL CENTER and Payable List PAGE 1
TIME:08:14 CHECK REGISTER GLCKREG
09/13/16 THRU 09/13/16

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000818	09/13/16	1,421.39	MCKESSON
A/P	000819	09/13/16	676.01	MCKESSON
A/P	000820	09/13/16	1,013.11	MCKESSON
TOTALS:			3,110.51	

340 B Prescription Services

APPROVED
ON

SEP 12 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 9-20-16

McKESSON

Company: 8000

STATEMENT

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: 09/09/2016

DC: 8115

Territory: 400

Customer: 190813
Date: 09/10/2016

Page: 001

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

As of: 09/09/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 09/10/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
09/06/2016	09/13/2016	7765218580	1000878699	115Invoice	0.28	13.80		13.52 ✓		7765218580	
09/06/2016	09/13/2016	7765218582	1000879278	115Invoice	6.36	317.80		311.44 ✓		7765218582	
09/06/2016	09/13/2016	7765218583	1000879701	115Invoice	1.56	78.10		76.54 ✓		7765218583	
09/06/2016	09/13/2016	7765218584	1000880060	115Invoice	13.41	670.38		656.97 ✓		7765218584	
09/07/2016	09/13/2016	7765474146	1000880414	115Invoice	4.96	247.81		242.85 ✓		7765474146	
09/08/2016	09/13/2016	7765697632	1000881277	115Invoice	1.53	76.59		75.06 ✓		7765697632	
09/09/2016	09/13/2016	7765962074	1000881832	115Invoice	0.92	45.93		45.01 ✓		7765962074	

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

TOTAL:

Subtotals: 1,450.41 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 710.07
09/06/2016

If Paid By 09/13/2016,
Pay This Amount: 1,421.39 USD

If Paid After 09/13/2016,
Pay this Amount: 1,450.41 USD

Due If Paid On Time:
USD 1,421.39

Disc lost if paid late:
29.02

Due If Paid Late:
USD 1,450.41

Ck#818

9.12.16

APPROVED
ON
SEP 12 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: 09/09/2016 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 09/10/2016

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

As of: 09/09/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 09/10/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
09/06/2016	09/13/2016	7765229447	3454581696	115Invoice	4.76	237.82		233.06 ✓		7765229447	
09/06/2016	09/13/2016	7765229448	3454581699	115Invoice	6.28	314.22		307.94 ✓		7765229448	
09/08/2016	09/13/2016	7765713120	3454581705	115Invoice	2.76	137.77		135.01 ✓		7765713120	

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

TOTAL:

Subtotals: 689.81 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 662.21
09/06/2016

If Paid By 09/13/2016,
Pay This Amount: 676.01 USD

If Paid After 09/13/2016,
Pay this Amount: 689.81 USD

Due If Paid On Time:
USD 676.01
Disc lost if paid late:
13.80
Due If Paid Late:
USD 689.81

ch#819

9.12.16

APPROVED
ON
SEP 12 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: 09/09/2016

DC: 8115

Territory: 400

Customer: 262252
Date: 09/10/2016

Page: 001

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

As of: 09/09/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 09/10/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
09/06/2016	09/13/2016	7765215612	1000878701	115Invoice	0.72	36.24		35.52	✓	7765215612	
09/06/2016	09/13/2016	7765215615	1000879280	115Invoice	0.47	23.49		23.02	✓	7765215615	
09/06/2016	09/13/2016	7765215616	1000879703	115Invoice	3.92	195.95		192.03	✓	7765215616	
09/06/2016	09/13/2016	7765218817	1000879703	115Invoice	0.32	16.01		15.69	✓	7765218817	
09/06/2016	09/13/2016	7765218818	1000880062	115Invoice	4.71	235.29		230.58	✓	7765218818	
09/07/2016	09/13/2016	7765488984	1000880416	115Invoice	1.67	83.36		81.69	✓	7765488984	
09/07/2016	09/13/2016	7765488985	1000880416	115Invoice	0.16	7.98		7.82	✓	7765488985	
09/08/2016	09/13/2016	7765705817	1000881279	115Invoice	2.71	135.60		132.89	✓	7765705817	
09/09/2016	09/13/2016	7765961514	1000881834	115Invoice	6.00	299.87		293.87	✓	7765961514	

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

TOTAL:

Subtotals: 1,033.79 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,178.20
09/06/2016

If Paid By 09/13/2016,
Pay This Amount: 1,013.11 USD

If Paid After 09/13/2016,
Pay this Amount: 1,033.79 USD

Due If Paid On Time:
USD 1,013.11

Disc lost if paid late:
20.68

Due If Paid Late:
USD 1,033.79

9.12.16

Ck#820

APPROVED
ON
SEP 12 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

APPROVED
ON

SEP 14 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

09/13/2016
15:38

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 09/26/2016

0
ap_open_invoice.template

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
9649351932		08/31/20	08/24/20	09/23/20			795.00	0.00	0.00	795.00 ✓
	INTRA OCULAR LENSES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1690	ALCON LABORATORIES, INC.	795.00	0.00	0.00	795.00

Vendor#	Vendor Name	Class	Pay Code
11232	AMN HEALTHCARE ALLIED, INC. ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2520926 ✓		09/13/20	09/01/20	09/16/20			2,990.00	0.00	0.00	2,990.00 ✓
	PROF FEES PT									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11232	AMN HEALTHCARE ALLIED, INC.	2,990.00	0.00	0.00	2,990.00

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
51964308 ✓		08/30/20	08/22/20	09/21/20			481.70	0.00	0.00	481.70 ✓
	SUPPLIES VARIOUS DEPTS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1075	BAXTER HEALTHCARE CORP	481.70	0.00	0.00	481.70

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
6004372284 ✓		08/31/20	08/24/20	09/23/20			1,291.80	0.00	0.00	1,291.80 ✓
	SUPPLIES CT SCAN									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2485	BAYER HEALTHCARE	1,291.80	0.00	0.00	1,291.80

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
105818812 ✓		08/31/20	08/22/20	09/21/20			373.26	0.00	0.00	373.26 ✓
	SUPPLIES LAB									
105825424 ✓		08/31/20	08/25/20	09/24/20			1,156.36	0.00	0.00	1,156.36 ✓
	LAB SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	1,529.62	0.00	0.00	1,529.62

Vendor#	Vendor Name	Class	Pay Code
11211	BHB MACHINE & PUMP REPAIR, LLC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
707532 ✓		09/13/20	09/07/20	09/07/20			290.00	0.00	0.00	290.00 ✓
	REPAIRS CLINIC									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11211	BHB MACHINE & PUMP REPAIR, LLC	290.00	0.00	0.00	290.00

Vendor#	Vendor Name	Class	Pay Code
B1395	BIODEX MEDICAL SYSTEMS INC ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
326985 ✓		09/13/20	08/17/20	09/16/20			2,595.00	0.00	0.00	2,595.00 ✓

	REPAIRS NUC MED								
	327769 ✓		09/13/20	08/30/20	09/15/20	-1,000.00	0.00	0.00	-1,000.00 ✓
	CREDIT ON OLD UNIT NUC ME								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	B1395	BIODEX MEDICAL SYSTEMS INC				1,595.00	0.00	0.00	1,595.00
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
	23567775 ✓		08/30/20	08/22/20	09/21/20		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			
C1010	CABLE ONE ✓				W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	21323		09/12/20	09/08/20	09/15/20		1,400.00	0.00	0.00	1,400.00 ✓
	OUTSIDE SRV IT								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	C1010	CABLE ONE					1,400.00	0.00	0.00	1,400.00
Vendor#	Vendor Name				Class	Pay Code			
C1030	CAL COM FEDERAL CREDIT UNION ✓				W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	21316		09/12/20	09/08/20			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			
11041	CALHOUN CO INDIGENT ACCT ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	21318		09/12/20	09/09/20	09/09/20		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			
A1825	CARDINAL HEALTH 414,LLC ✓				M				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	8001109850 ✓		08/31/20	08/13/20	09/17/20		670.78	0.00	0.00	670.78 ✓
	SUPPLIES NUC MED								
	8001115153 ✓		08/31/20	08/20/20	09/24/20		982.50	0.00	0.00	982.50 ✓
	SUPPLIES NUC MED								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	A1825	CARDINAL HEALTH 414,LLC					1,653.28	0.00	0.00	1,653.28
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
	FCF9021 ✓		08/31/20	08/22/20	09/21/20		1,071.71	0.00	0.00	1,071.71 ✓
	SUPPLIES MAINT								
	FCV3355 ✓		08/31/20	08/24/20	09/23/20		88.75	0.00	0.00	88.75 ✓
	SUPPLIES IT								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.					1,160.46	0.00	0.00	1,160.46
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
21319		09/12/20	08/31/20	09/15/20			180.00	0.00	0.00	180.00 ✓
	PHARMACY DRUGS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1390	CENTRAL DRUGS	180.00	0.00	0.00	180.00

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
92084760 ✓		08/30/20	08/22/20	09/21/20			660.50	0.00	0.00	660.50 ✓
	CS INVENTORY & PT SUPPLY									
92086802 ✓		08/30/20	08/24/20	09/23/20			589.06	0.00	0.00	589.06 ✓
	CS INVENTORY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10350	CENTURION MEDICAL PRODUCTS	1,249.56	0.00	0.00	1,249.56

Vendor# Vendor Name Class Pay Code

C1166 COASTAL OFFICE SOLUTONS ✓ W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
OE-8661-1 ✓		09/12/20	09/02/20	09/12/20			345.00	0.00	0.00	345.00 ✓
	BUSINESS CARDS VARIOUS D									
OE-8661-2 ✓		09/13/20	09/08/20	09/18/20			293.00	0.00	0.00	293.00 ✓
	CS INVENTORY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1166	COASTAL OFFICE SOLUTONS	638.00	0.00	0.00	638.00

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
255515 ✓		08/30/20	08/22/20	09/21/20			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

10006 CUSTOM MEDICAL SPECIALTIES ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
212147 ✓		08/30/20	08/24/20	09/23/20			304.82	0.00	0.00	304.82 ✓
	SUPPLIES CT SCAN									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10006	CUSTOM MEDICAL SPECIALTIES	304.82	0.00	0.00	304.82

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
21324		09/13/20	09/12/20	09/12/20			445.00	0.00	0.00	445.00 ✓
	OUTSIDE SRV TRANSCRIPTIC									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11008	DERRI HART	445.00	0.00	0.00	445.00

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
480464-0 ✓		08/30/20	08/22/20	09/21/20			282.60	0.00	0.00	282.60 ✓
	CS INVENTORY & SURGERY S									
480834-0 ✓		08/30/20	08/24/20	09/23/20			26.73	0.00	0.00	26.73 ✓

	CS INVENTORY							
480826-0 ✓		08/30/20	08/24/20	09/23/20	39.64	0.00	0.00	39.64 ✓
	OFFICE SUPPLIES XRAY							
481057-0 ✓		08/30/20	08/25/20	09/24/20	389.85	0.00	0.00	389.85 ✓
	CS INVENTORY							
480826-1 ✓		08/30/20	08/26/20	09/25/20	20.58	0.00	0.00	20.58 ✓
	SUPPLIES DIETARY							
480232-0		08/31/20	08/18/20	09/17/20	25.36	0.00	0.00	25.36 ✓
	OFFICE SUPPLIES ADMIN							
477895-0 ✓		08/31/20	08/19/20	09/18/20	19.00	0.00	0.00	19.00 ✓
	SUPPLIES CARDIO							
480411-0 ✓		08/31/20	08/19/20	09/18/20	159.04	0.00	0.00	159.04 ✓
	OFFICE SUPPLIES SURGERY							
480482-0		08/31/20	08/22/20	09/21/20	9.78	0.00	0.00	9.78 ✓
	OFFICE SUPPLIES CLINIC							
480789-0 ✓		08/31/20	08/23/20	09/22/20	100.88	0.00	0.00	100.88 ✓
	OFFICE SUPPLIES ADMIN							
480722-0 ✓		08/31/20	08/23/20	09/22/20	447.07	0.00	0.00	447.07 ✓
	SUPPLIES XRAY							
481078-0 ✓		08/31/20	08/26/20	09/25/20	59.83	0.00	0.00	59.83 ✓
	OFFICE SUPPLIES ADMIN							
481111-0 ✓		08/31/20	08/26/20	09/25/20	50.36	0.00	0.00	50.36 ✓
	SUPPLIES CLINIC							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON			1,630.72	0.00	0.00	1,630.72
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
8775 ✓		08/30/20	08/24/20	09/23/20		47.95	0.00	0.00	47.95 ✓
	SUPPLIES DIETARY							
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	D1752	DLE PAPER & PACKAGING				47.95	0.00	0.00	47.95
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
897713 ✓		08/30/20	08/23/20	09/22/20		105.80	0.00	0.00	105.80 ✓
	SUPPLIES PT							
897766 ✓		08/31/20	08/23/20	09/22/20		186.10	0.00	0.00	186.10 ✓
	SUPPLIES CARDIAC REHAB							
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	D1785	DYNATRONICS CORPORATION				291.90	0.00	0.00	291.90
Vendor#	Vendor Name			Class	Pay Code			
10558	EMPLOYEE ACTIVITIES TEAM ✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
21311		09/12/20	09/09/20	09/09/20		1,820.00	0.00	0.00	1,820.00 ✓
	PAYROLL DEDUCT - EAT COM							
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10558	EMPLOYEE ACTIVITIES TEAM				1,820.00	0.00	0.00	1,820.00
Vendor#	Vendor Name			Class	Pay Code			
F1100	FEDERAL EXPRESS CORP. ✓			W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
5-532-12694 ✓		09/12/20	09/01/20	09/16/20		9.75	0.00	0.00	9.75 ✓

FREIGHT EXPENSE PHARMAC

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.	9.75	0.00	0.00	9.75

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
21315		09/12/20	09/08/20	09/08/20			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
4592898 ✓		08/31/20	08/19/20	09/18/20			454.15	0.00	0.00	454.15 ✓
	LAB SUPPLIES									
4992283 ✓		08/31/20	08/23/20	09/22/20			3.04	0.00	0.00	3.04 ✓
	LAB SUPPLIES									
2914759 ✓		09/12/20	08/08/20	09/07/20			6.34	0.00	0.00	6.34 ✓
	SUPPLIES LAB									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	463.53	0.00	0.00	463.53

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
46593		09/12/20	08/25/20	09/24/20			152.98	0.00	0.00	152.98 ✓
	REPAIRS SURGERY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10678	FIVE STAR STERILIZER SERVICES	152.98	0.00	0.00	152.98

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
E108582		08/31/20	08/19/20	09/18/20			2,016.00	0.00	0.00	2,016.00 ✓
	PROF FEES PT									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11078	FUSION MEDICAL STAFFING, LLC	2,016.00	0.00	0.00	2,016.00

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
9203627170 ✓		08/31/20	08/22/20	09/21/20			87.40	0.00	0.00	87.40 ✓
	SUPPLIES PLANT OPS									
9203627188 ✓		08/31/20	08/22/20	09/21/20			51.66	0.00	0.00	51.66 ✓
	SUPPLIES LAB									
9203918603 ✓		08/31/20	08/22/20	09/21/20			195.15	0.00	0.00	195.15 ✓
	SUPPLIES PLANT OPS									
9203511390 ✓		08/31/20	08/22/20	09/21/20			781.20	0.00	0.00	781.20 ✓
	SUPPLIES VARIOUS DEPTS									
9207755928 ✓		08/31/20	08/25/20	09/24/20			66.60	0.00	0.00	66.60 ✓
	SUPPLIES PLANT OPS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W1300	GRAINGER	1,182.01	0.00	0.00	1,182.01

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
105300 ✓		09/12/20	08/31/20	09/10/20		7.99	0.00	0.00	7.99 ✓
105356 ✓	SUPPLIES PLANT OPS	09/12/20	09/02/20	09/12/20		30.48	0.00	0.00	30.48 ✓
105424 ✓	SUPPLIES PLANT OPS	09/12/20	09/06/20	09/16/20		24.48	0.00	0.00	24.48 ✓
105439 ✓	SUPPLIES PLANT OPS	09/12/20	09/06/20	09/16/20		17.99	0.00	0.00	17.99 ✓
105483 ✓	SUPPLIES PLANT OPS	09/12/20	09/07/20	09/17/20		14.97	0.00	0.00	14.97 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1292	GULF COAST HARDWARE / ACE	95.91	0.00	0.00	95.91

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
1185631 ✓	SUPPLIES HOUSEKEEPING	08/30/20	08/23/20	09/22/20		335.16	0.00	0.00	335.16 ✓
1185624 ✓	SUPPLIES HOUSEKEEPING	08/31/20	08/23/20	09/22/20		58.56	0.00	0.00	58.56 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	393.72	0.00	0.00	393.72

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
920495052 ✓	CS INVENTORY	08/31/20	08/25/20	09/24/20		314.98	0.00	0.00	314.98 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H1850	HOSPIRA WORLDWIDE, INC	314.98	0.00	0.00	314.98

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
41509590 ✓	CS INVENTORY	08/30/20	08/18/20	09/17/20		16.95	0.00	0.00	16.95 ✓
41586015 ✓	CS INVENTORY	08/30/20	08/24/20	09/23/20		88.91	0.00	0.00	88.91 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I0415	INDEPENDENCE MEDICAL	105.86	0.00	0.00	105.86

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
1350928 ✓	REPAIRS SURGERY	08/31/20	08/26/20	09/25/20		231.00	0.00	0.00	231.00 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I1127	INTEGRATED MEDICAL SYSTEMS	231.00	0.00	0.00	231.00

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
540980 ✓	OUTSIDE SRV LAB	08/31/20	08/23/20	09/22/20		170.00	0.00	0.00	170.00 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

	I1260	INTOXIMETERS INC				170.00	0.00	0.00	170.00
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
	916958130 ✓		08/30/20	08/23/20	09/22/20	732.62		0.00	0.00	732.62 ✓
		SUPPLIES SURGERY								
	916960629 ✓		08/31/20	08/23/20	09/22/20	42.00		0.00	0.00	42.00 ✓
		SUPPLIES SURGERY								
	916966539 ✓		08/31/20	08/24/20	09/23/20	459.73		0.00	0.00	459.73 ✓
		SURGERY SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		J0150	J & J HEALTH CARE SYSTEMS, INC				1,234.35	0.00	0.00	1,234.35
Vendor#	Vendor Name			Class	Pay Code				
11230	JACKSON & COKER LOCUM TENENS, Remove per Vicki Kalisek								
	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								
	354628		09/12/20	08/30/20	08/30/20	30.53		0.00	0.00	30.53
		PROF FEES OB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11230	JACKSON & COKER LOCUM TENENS,				267.05	0.00	0.00	267.05
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
	6003490 ✓		09/12/20	09/08/20	09/18/20	189.02		0.00	0.00	189.02 ✓
		SUPPLIES PLANT OPS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		J1415	JOHNSTONE SUPPLY				189.02	0.00	0.00	189.02
Vendor#	Vendor Name			Class	Pay Code				
L1001	LANDAUER INC ✓			W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross		Discount	No-Pay	Net
	104413604		09/12/20	08/24/20	09/23/20	870.30		0.00	0.00	870.30 ✓
		OUTSIDE SRV XRAY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		L1001	LANDAUER INC				870.30	0.00	0.00	870.30
Vendor#	Vendor Name			Class	Pay Code				
10720	LIFESOURCE EDUCATIONAL SRV LLC ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross		Discount	No-Pay	Net
	16034		09/12/20	08/29/20	09/12/20	780.00		0.00	0.00	780.00 ✓
		CONT EDUCATION NURSING								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10720	LIFESOURCE EDUCATIONAL SRV LLC				780.00	0.00	0.00	780.00
Vendor#	Vendor Name			Class	Pay Code				
10972	M G TRUST ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross		Discount	No-Pay	Net
	21313		09/12/20	09/08/20	09/08/20	1,382.50		0.00	0.00	1,382.50 ✓
		EMPLOYEE PERSONAL INVEN								
	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
84277696	CS INVENTORY & ER SUPPLY	08/31/20	08/24/20	09/21/20		701.29	0.00	0.00	701.29

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	701.29	0.00	0.00	701.29

Vendor#	Vendor Name	Class	Pay Code
M2326	MEDICAL CONSULTANTS NETWORK	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
16F0877979	SUPPLIES PT	09/13/20	06/08/20	07/08/20		249.99	0.00	0.00	249.99

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2326	MEDICAL CONSULTANTS NETWORK	249.99	0.00	0.00	249.99

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
1813701275	SUPPLIES CLINIC	08/31/20	08/23/20	09/22/20		60.59	0.00	0.00	60.59
1814113951	CS INVENTORY	09/09/20	08/31/20	09/09/20		45.16	0.00	0.00	45.16

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	105.75	0.00	0.00	105.75

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
21312	CLINIC CO PAYS	09/12/20	09/08/20	09/08/20		100.00	0.00	0.00	100.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10963	MEMORIAL MEDICAL CLINIC	100.00	0.00	0.00	100.00

Vendor#	Vendor Name	Class	Pay Code
10182	MERCEDES MEDICAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1858240	LAB SUPPLIES	08/31/20	08/24/20	09/23/20		269.81	0.00	0.00	269.81

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
30094295017	SUPPLIES CT SCAN	08/30/20	08/22/20	09/21/20		731.92	0.00	0.00	731.92
30094295794	SUPPLIES SURGERY	08/30/20	08/23/20	09/22/20		157.98	0.00	0.00	157.98
30094296499	SUPPLIES XRAY	08/31/20	08/24/20	09/23/20		824.27	0.00	0.00	824.27
30094297138	SUPPLIES MAMMO	08/31/20	08/25/20	09/24/20		163.34	0.00	0.00	163.34

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2659	MERRY X-RAY/SOURCEONE HEALTHCA	1,877.51	0.00	0.00	1,877.51

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
SEPTEMBER62016		09/12/20	09/06/20	09/06/20		35,631.21	0.00	0.00	35,631.21

EMPLOYEE MEDICAL CLAIMS

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN	35,631.21	0.00	0.00	35,631.21

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
9282833	PHARMACY DRUGS	09/12/20	09/06/20	09/07/20		1,459.50	0.00	0.00	1,459.50
9282837	PHARMACY DRUGS	09/12/20	09/06/20	09/07/20		236.15	0.00	0.00	236.15
9282834	PHARMACY DRUGS	09/12/20	09/06/20	09/07/20		17.48	0.00	0.00	17.48
9282836	PHARMACY DRUGS	09/12/20	09/06/20	09/07/20		4,330.75	0.00	0.00	4,330.75
9282835	PHARMACY DRUGS	09/12/20	09/06/20	09/07/20		22.20	0.00	0.00	22.20
9289891	PHARMACY DRUGS	09/12/20	09/07/20	09/08/20		228.44	0.00	0.00	228.44
9285583	PHARMACY DRUGS	09/12/20	09/07/20	09/08/20		419.15	0.00	0.00	419.15
9289892	PHARMACY DRUGS	09/12/20	09/07/20	09/08/20		409.84	0.00	0.00	409.84
9289890	PHARMACY DRUGS	09/12/20	09/07/20	09/08/20		2,181.48	0.00	0.00	2,181.48
9285856	OUTSIDE SRV PHARMACY	09/12/20	09/07/20	09/08/20		1,500.00	0.00	0.00	1,500.00
9289893	PHARMACY DRUGS	09/12/20	09/07/20	09/08/20		409.84	0.00	0.00	409.84
9289889	PHARMACY DRUGS	09/12/20	09/07/20	09/08/20		19.95	0.00	0.00	19.95
9289894	PHARMACY DRUGS	09/12/20	09/07/20	09/08/20		537.31	0.00	0.00	537.31
9287547	PHARMACY DRUGS	09/12/20	09/07/20	09/08/20		46.26	0.00	0.00	46.26
9288924	PHARMACY DRUGS	09/12/20	09/07/20	09/08/20		341.94	0.00	0.00	341.94
9295019	PHARMACY DRUGS	09/12/20	09/08/20	09/09/20		685.78	0.00	0.00	685.78
9295017	PHARMACY DRUGS	09/12/20	09/08/20	09/09/20		2,375.32	0.00	0.00	2,375.32
9295018	PHARMACY DRUGS	09/12/20	09/08/20	09/09/20		8,263.11	0.00	0.00	8,263.11
9295020	PHARMACY DRUGS	09/12/20	09/08/20	09/09/20		13.24	0.00	0.00	13.24
9298241	PHARMACY DRUGS	09/13/20	09/09/20	09/10/20		212.30	0.00	0.00	212.30
9298006	PHARMACY DRUGS	09/13/20	09/09/20	09/10/20		145.02	0.00	0.00	145.02
9298008	PHARMACY DRUGS	09/13/20	09/09/20	09/10/20		22.20	0.00	0.00	22.20
9298239	PHARMACY DRUGS	09/13/20	09/09/20	09/10/20		22.98	0.00	0.00	22.98

	PHARMACY DRUGS							
9298240 ✓		09/13/20	09/09/20	09/10/20	2,242.83	0.00	0.00	2,242.83 ✓
	PHARMACY DRUGS							
9306151 ✓		09/13/20	09/12/20	09/13/20	805.23	0.00	0.00	805.23 ✓
	PHARMACY DRUGS							
CM87524 ✓		09/13/20	09/12/20	09/13/20	-55.01	0.00	0.00	-55.01 ✓
	CREDIT PHARMACY DRUGS							
9305984 ✓		09/13/20	09/12/20	09/13/20	151.78	0.00	0.00	151.78 ✓
	PHARMACY DRUGS							
9305986 ✓		09/13/20	09/12/20	09/13/20	345.78	0.00	0.00	345.78 ✓
	PHARMACY DRUGS							
9305985 ✓		09/13/20	09/12/20	09/13/20	2,884.72	0.00	0.00	2,884.72 ✓
	PHARMACY DRUGS							
9305987 ✓		09/13/20	09/12/20	09/13/20	74.30	0.00	0.00	74.30 ✓
	PHARMACY DRUGS							
9305988 ✓		09/13/20	09/12/20	09/13/20	815.33	0.00	0.00	815.33 ✓
	PHARMACY DRUGS							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC			31,165.20	0.00	0.00	31,165.20
Vendor#	Vendor Name			Class	Pay Code			
M4250	MORTAN INC ✓			M				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	262122 ✓		08/30/20	08/23/20	09/22/20		283.75	0.00	0.00	283.75 ✓
		CS INVENTORY								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	M4250	MORTAN INC					283.75	0.00	0.00	283.75
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
	860221717001 ✓		08/31/20	08/25/20	09/24/20		61.74	0.00	0.00	61.74 ✓
		SUPPLIES XRAY								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	O0920	OFFICE DEPOT					61.74	0.00	0.00	61.74
Vendor#	Vendor Name			Class	Pay Code			
O1416	ORTHO CLINICAL DIAGNOSTICS ✓							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	1850057827 ✓		08/31/20	08/18/20	09/17/20		1,657.55	0.00	0.00	1,657.55 ✓
		BLOOD BANK SUPPLIES								
	1850061298 ✓		08/31/20	08/23/20	09/22/20		866.57	0.00	0.00	866.57 ✓
		SUPPLIES BLOOD BANK								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	O1416	ORTHO CLINICAL DIAGNOSTICS					2,524.12	0.00	0.00	2,524.12
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
	2020208111 ✓		08/24/20	08/18/20	09/17/20		84.50	0.00	0.00	84.50 ✓
		CS INVENTORY								
	2020219190 ✓		08/30/20	08/19/20	09/18/20		1,264.59	0.00	0.00	1,264.59 ✓
		SUPPLIES VARIOUS DEPTS								
	2020215259 ✓		08/30/20	08/19/20	09/18/20		96.24	0.00	0.00	96.24 ✓
		CS INVENTORY								
	2020215965 ✓		08/30/20	08/19/20	09/18/20		37.90	0.00	0.00	37.90 ✓

	CS INVENTORY						
2020302548	08/30/20 08/23/20 09/22/20		86.92	0.00	0.00	86.92	
	CS INVENTORY						
2020299892	08/30/20 08/23/20 09/22/20		68.48	0.00	0.00	68.48	
	SUPPLIES SURGERY						
2020300626	08/30/20 08/23/20 09/22/20		43.46	0.00	0.00	43.46	
	CS INVENTORY						
2020307471	08/30/20 08/23/20 09/22/20		832.60	0.00	0.00	832.60	
	CS INVENTORY						
2020299668	08/30/20 08/23/20 09/22/20		9.99	0.00	0.00	9.99	
	CS INVENTORY						
2020302184	08/30/20 08/23/20 09/22/20		43.46	0.00	0.00	43.46	
	CS INVENTORY						
2020302106	08/30/20 08/23/20 09/22/20		53.79	0.00	0.00	53.79	
	SUPPLIES SURGERY						
2020301204	08/30/20 08/23/20 09/22/20		31.07	0.00	0.00	31.07	
	CS INVENTORY						
2020307488	08/30/20 08/23/20 09/22/20		2,840.06	0.00	0.00	2,840.06	
	SUPPLIES VARIOUS DEPTS						
2020404904	08/30/20 08/25/20 09/24/20		96.24	0.00	0.00	96.24	
	CS INVENTORY						
2020403985	08/30/20 08/25/20 09/24/20		68.48	0.00	0.00	68.48	
	SUPPLIES SURGERY						
2020409126	08/30/20 08/25/20 09/24/20		66.84	0.00	0.00	66.84	
	SUPPLIES CLINIC						
2020404189	08/30/20 08/25/20 09/24/20		32.64	0.00	0.00	32.64	
	CS INVENTORY						
2020403989	08/30/20 08/25/20 09/24/20		67.94	0.00	0.00	67.94	
	SUPPLIES SURGERY						
2020410075	08/30/20 08/25/20 09/24/20		1,510.68	0.00	0.00	1,510.68	
	CS INVENTORY						
2020405452	08/30/20 08/25/20 09/24/20		17.64	0.00	0.00	17.64	
	CS INVENTORY						
2020404677	08/30/20 08/25/20 09/24/20		27.03	0.00	0.00	27.03	
	SUPPLIES SURGERY						
2020408990	08/30/20 08/25/20 09/24/20		294.85	0.00	0.00	294.85	
	SUPPLIES VARIOUS DEPTS						
2020405447	08/30/20 08/25/20 09/24/20		21.30	0.00	0.00	21.30	
	CS INVENTORY						
2020404693	08/30/20 08/25/20 09/24/20		3.89	0.00	0.00	3.89	
	CS INVENTORY						
2020300120	08/31/20 08/23/20 09/22/20		-5.35	0.00	0.00	-5.35	
	CREDIT CS INVENTORY						
2020413180	08/31/20 08/25/20 09/24/20		351.14	0.00	0.00	351.14	
	CS INVENTORY						
Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net	
	OM425	OWENS & MINOR	8,046.38	0.00	0.00	8,046.38	

Vendor#	Vendor Name	Class	Pay Code
11155	PARA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1795		08/31/20	07/07/20	08/06/20			100.00	0.00	0.00	100.00

OUTSIDE SRV ADMIN

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11155	PARA	100.00	0.00	0.00	100.00

Vendor#	Vendor Name	Class	Pay Code
10204	PHARMEDIUM SERVICES LLC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
A1709664 ✓		09/12/20	08/18/20	09/17/20			203.85	0.00	0.00	203.85 ✓
	PHARMACY DRUGS									
A1712211 ✓		09/12/20	08/22/20	09/21/20			177.50	0.00	0.00	177.50 ✓
	PHARMACY DRUGS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10204	PHARMEDIUM SERVICES LLC	381.35	0.00	0.00	381.35

Vendor#	Vendor Name	Class	Pay Code
11135	PIONEER PRODUCTS, INC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
SI-86672 ✓		09/13/20	04/19/20	06/19/20			458.28	0.00	0.00	458.28 ✓
	SUPPLIES DIETARY									
SI-86667 ✓		09/13/20	04/19/20	07/19/20			458.04	0.00	0.00	458.04 ✓
	SUPPLIES DIETARY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11135	PIONEER PRODUCTS, INC	916.32	0.00	0.00	916.32

Vendor#	Vendor Name	Class	Pay Code
P2200	POWER ELECTRIC ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
A24657 ✓		09/12/20	09/01/20	09/11/20			1.74	0.00	0.00	1.74 ✓
	SUPPLIES PLANT OPS									
A24638 ✓		09/12/20	09/01/20	09/11/20			17.15	0.00	0.00	17.15 ✓
	SUPPLIES PLANT OPS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P2200	POWER ELECTRIC	18.89	0.00	0.00	18.89

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
3497548 ✓		08/30/20	08/18/20	09/17/20			60.26	0.00	0.00	60.26 ✓
	CS INVENTORY									
3502120 ✓		08/30/20	08/23/20	09/22/20			276.44	0.00	0.00	276.44 ✓
	CS INVENTORY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10372	PRECISION DYNAMICS CORP (PDC)	336.70	0.00	0.00	336.70

Vendor#	Vendor Name	Class	Pay Code
10782	PRIVATE WAIVER CLEARING ACCT ✓	ICP	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21317		09/12/20	09/09/20	09/09/20			266,208.37	0.00	0.00	266,208.37 ✓
	TRANSFER FUNDS- PRIVATE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10782	PRIVATE WAIVER CLEARING ACCT	266,208.37	0.00	0.00	266,208.37

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
1274701 ✓		08/31/20	08/19/20	09/18/20			261.10	0.00	0.00	261.10 ✓
	REPAIRS SURGERY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

	R1045	R & D BATTERIES INC				261.10	0.00	0.00	261.10
Vendor#	Vendor Name				Class	Pay Code			
~~11137~~ 1337	REALITY MEDICAL IMAGING OF TX								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	1337		08/31/20	08/31/20	08/31/20		2,817.50	0.00	0.00	2,817.50
		MAINT CONTR XRAY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11137	REALITY MEDICAL IMAGING OF TX				2,817.50	0.00	0.00	2,817.50
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
	SM251471		08/31/20	08/26/20	09/25/20		725.00	0.00	0.00	725.00
		OUTSIDE SRV PLANT OPS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		R1200	RED HAWK				725.00	0.00	0.00	725.00
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
	97435353		08/31/20	08/31/20	09/19/20		5,909.84	0.00	0.00	5,909.84
		COPIER LEASE								
	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			
10927	ROSHANDA GRAY								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	21320		09/12/20	09/07/20	09/07/20		213.40	0.00	0.00	213.40
		TRAVEL EXPENSE ADMIN TX HHSC - DSRIP Statewide Learning Collaboration Summit 8/29 - 8/31								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10927	ROSHANDA GRAY				213.40	0.00	0.00	213.40
Vendor#	Vendor Name				Class	Pay Code			
S1001	SANOFI PASTEUR INC				W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	906346561		07/31/20	07/20/20	09/18/20		133.12	0.00	0.00	133.12
		PHARMACY DRUGS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S1001	SANOFI PASTEUR INC				133.12	0.00	0.00	133.12
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
	21325		09/13/20	09/07/20	09/07/20		29.92	0.00	0.00	29.92
		TRAVEL EXPENSE ER HPG & GC RAC meeting for Ems Mgmt								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10625	SARA RUBIO				29.92	0.00	0.00	29.92
Vendor#	Vendor Name				Class	Pay Code			
10343	SCAN SOUND, INC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	100031367		09/01/20	08/25/20	09/24/20		47.79	0.00	0.00	47.79
		SUPPLIES XRAY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10343	SCAN SOUND, INC				47.79	0.00	0.00	47.79
Vendor#	Vendor Name				Class	Pay Code			

11233 SERJ INSTRUMENTS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1090		09/13/20	08/09/20	09/08/20		305.00	0.00	0.00	305.00
	SUPPLIES SURGERY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11233	SERJ INSTRUMENTS	305.00	0.00	0.00	305.00

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
21326		09/13/20	09/11/20	09/11/20		1,213.80	0.00	0.00	1,213.80
	OUTSIDE SRV TRANSCRIPTIC								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	K0536	SHIRLEY KARNEI	1,213.80	0.00	0.00	1,213.80

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
115340053		08/31/20	08/18/20	09/17/20		832.25	0.00	0.00	832.25
	MAINT CONTR ULTRASOUND								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2001	SIEMENS MEDICAL SOLUTIONS INC	832.25	0.00	0.00	832.25

Vendor# Vendor Name — Class — Pay Code

S2270 SMILE MAKERS — M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
7959442		08/31/20	08/23/20	09/22/20		57.91	0.00	0.00	57.91
	SUPPLIES CLINIC								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2270	SMILE MAKERS	57.91	0.00	0.00	57.91

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
14598567		08/24/20	08/18/20	09/17/20		265.40	0.00	0.00	265.40
	SUPPLIES SURGERY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2353	SMITHS MEDICAL ASD INC	265.40	0.00	0.00	265.40

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
316558A		08/31/20	08/25/20	09/24/20		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
2823946		08/30/20	08/22/20	09/21/20		447.32	0.00	0.00	447.32
	SUPPLIES SURGERY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10735	STRYKER SUSTAINABILITY	447.32	0.00	0.00	447.32

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
21321		09/12/20	09/08/20	09/08/20		157.96	0.00	0.00	157.96

EFM class 9/8/16

TRAVEL EXPENSE OB

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11070	SUSAN SMALLEY	157.96	0.00	0.00	157.96

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
21321		09/12/20	09/08/20	09/08/20			107.89	0.00	0.00	107.89
	STUDENT LOAN GARNISHME									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T2303	TG	107.89	0.00	0.00	107.89

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
21310		08/31/20	08/31/20	09/15/20			681.52	0.00	0.00	681.52
	ADVERTISING									
21322		09/12/20	08/21/20	09/05/20			24.80	0.00	0.00	24.80
	DUES & SUBCRIPTIONS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	V1050	THE VICTORIA ADVOCATE	706.32	0.00	0.00	706.32

Vendor#	Vendor Name	Class	Pay Code
10732	THERACOM, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
152686947-301		07/31/20	07/21/20	09/19/20			2,140.32	0.00	0.00	2,140.32
	PHARMACY DRUGS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10732	THERACOM, LLC	2,140.32	0.00	0.00	2,140.32

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
8150740480		08/31/20	08/23/20	09/22/20			48.62	0.00	0.00	48.62
	OUTSIDE SRV MAINT									
8150740576		08/31/20	08/23/20	09/22/20			32.92	0.00	0.00	32.92
	OUTSIDE SRV BIO MED									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1054	UNIFIRST HOLDINGS	81.54	0.00	0.00	81.54

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
8400227203		08/31/20	08/19/20	09/18/20			426.65	0.00	0.00	426.65
	LAUNDRY SURGERY									
8400227242		08/31/20	08/19/20	09/18/20			1,170.59	0.00	0.00	1,170.59
	LAUNDRY HOUSEKEEPING									
8400227394		08/31/20	08/23/20	09/22/20			103.20	0.00	0.00	103.20
	LAUNDRY DIETARY									
8400227446		08/31/20	08/23/20	09/22/20			1,364.42	0.00	0.00	1,364.42
	LAUNDRY HOUSEKEEPING									
8400227396		08/31/20	08/23/20	09/22/20			87.53	0.00	0.00	87.53
	LAUNDRY HOUSEKEEPING									
8400227392		08/31/20	08/23/20	09/22/20			214.38	0.00	0.00	214.38
	LAUNDRY HOUSEKEEPING									
8400227393		08/31/20	08/23/20	09/22/20			224.45	0.00	0.00	224.45

	LAUNDRY HOUSEKEEPING								
	8400227434		08/31/20	08/23/20	09/22/20	141.05	0.00	0.00	141.05
	LAUNDRY HOUSEKEEPING								
	8400227395		08/31/20	08/23/20	09/22/20	106.23	0.00	0.00	106.23
	LAUNDRY HOUSEKEEPING								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC				3,838.50	0.00	0.00	3,838.50
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
	7155378		09/12/20	08/30/20	09/14/20		40.97	0.00	0.00	40.97
	EMPLOYEE UNIFORMS									
	7165639		09/13/20	09/03/20	09/18/20		118.90	0.00	0.00	118.90
	EMPLOYEE UNIFORMS									
	7165646		09/13/20	09/03/20	09/18/20		150.89	0.00	0.00	150.89
	EMPLOYEE UNIFORMS									
	7170938		09/13/20	09/06/20	09/21/20		9.97	0.00	0.00	9.97
	EMPLOYEE UNIFORMS									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	U1056	UNIFORM ADVANTAGE					320.73	0.00	0.00	320.73
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
	350094303		08/31/20	08/24/20	09/23/20		84.48	0.00	0.00	84.48
	SUPPLIES DIETARY									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	U1200	UNITED AD LABEL CO INC					84.48	0.00	0.00	84.48
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
	3170812		08/31/20	08/29/20	09/18/20		2,548.03	0.00	0.00	2,548.03
	FOOD SUPPLIES DIETARY									
	3108669		09/12/20	08/25/20	09/14/20		1,863.94	0.00	0.00	1,863.94
	FOOD SUPPLIES DIETARY									
	5938058		09/12/20	08/30/20	09/19/20		-68.82	0.00	0.00	-68.82
	CREDIT FOOD SUPPLIES									
	3241023		09/12/20	09/01/20	09/21/20		2,285.08	0.00	0.00	2,285.08
	FOOD SUPPLIES DIETARY									
	3241024		09/12/20	09/01/20	09/21/20		17.45	0.00	0.00	17.45
	FOOD SUPPLIES DIETARY									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10172	US FOOD SERVICE					6,645.68	0.00	0.00	6,645.68
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
	21327		09/13/20	09/19/20	09/13/20		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				
10915	WAGEWORKS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net

21314		09/12/20 09/08/20 09/08/20			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				
I1110	WERFEN USA LLC ✓							
Invoice#	Comment	Tran Dt Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
9110327779		08/31/20 08/23/20	09/22/20		140.00	0.00	0.00	140.00 ✓
	LAB SUPPLIES							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC			140.00	0.00	0.00	140.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	411,215.13	0.00	0.00	411,215.13

P97
Correction

{ <234.52>
{ <30.53>

410,948.08

411,215.13 +
236.52 -
30.53 -
410,948.08 *

Michael J. Pfeifer
Calhoun County Judge
Date: 9-20-16

APPROVED
ON
SEP 14 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE: 09/13/16
TIME: 15:29

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]		091316	1260.00	✓	1	REFUND FO[redacted]	
		091316	1909.09	✓	3	REFUND FO[redacted]	
	ARID=0001 TOTAL		3169.09	✓			
TOTAL			3169.09				

APPROVED
ON
SEP 14 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS #167987
to
#167988

Michael J. Pfeifer
Calhoun County Judge
Date: 9-20-16

RUN DATE:09/14/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:16:01 CHECK REGISTER GLCKREG
09/14/16 THRU 09/14/16

BANK--CHECK-- CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	167896	09/14/16	304.82	CUSTOM MEDICAL SPECIALTIES
A/P	167897	09/14/16	6,645.68	US FOOD SERVICE
A/P	167898	09/14/16	269.81	MERCEDES MEDICAL
A/P	167899	09/14/16	381.35	PHARMEDIUM SERVICES LLC
A/P	167900	09/14/16	47.79	SCAN SOUND, INC
A/P	167901	09/14/16	1,249.56	CENTURION MEDICAL PRODUCTS
A/P	167902	09/14/16	.00	VOIDED
A/P	167903	09/14/16	1,630.72	DEWITT POTH & SON
A/P	167904	09/14/16	336.70	PRECISION DYNAMICS CORP (PDC)
A/P	167905	09/14/16	.00	VOIDED
A/P	167906	09/14/16	.00	VOIDED
A/P	167907	09/14/16	31,165.20	MORRIS & DICKSON CO, LLC
A/P	167908	09/14/16	1,820.00	EMPLOYEE ACTIVITIES TEAM
A/P	167909	09/14/16	29.92	SARA RUBIO
A/P	167910	09/14/16	152.98	FIVE STAR STERILIZER SERVICES
A/P	167911	09/14/16	780.00	LIFESOURCE EDUCATIONAL SRV LLC
A/P	167912	09/14/16	2,140.32	THERACOM, LLC
A/P	167913	09/14/16	447.32	STRYKER SUSTAINABILITY
A/P	167914	09/14/16	266,208.37	PRIVATE WAIVER CLEARING ACCT
A/P	167915	09/14/16	35,631.21	MMC EMPLOYEE BENEFIT PLAN
A/P	167916	09/14/16	2,693.28	WAGEWORKS
A/P	167917	09/14/16	213.40	ROSHANDA GRAY
A/P	167918	09/14/16	100.00	MEMORIAL MEDICAL CLINIC
A/P	167919	09/14/16	1,382.50	M G TRUST
A/P	167920	09/14/16	445.00	DERRI HART
A/P	167921	09/14/16	75.00	FIRST CLEARING
A/P	167922	09/14/16	490.00	CALHOUN CO INDIGENT ACCT
A/P	167923	09/14/16	157.96	SUSAN SMALLEY
A/P	167924	09/14/16	2,016.00	FUSION MEDICAL STAFFING, LLC
A/P	167925	09/14/16	916.32	PIONEER PRODUCTS, INC
A/P	167926	09/14/16	2,817.50	REALITY MEDICAL IMAGING OF TX
A/P	167927	09/14/16	100.00	PARA
A/P	167928	09/14/16	290.00	BHB MACHINE & PUMP REPAIR, LLC
A/P	167929	09/14/16	2,990.00	AMN HEALTHCARE ALLIED, INC.
A/P	167930	09/14/16	305.00	SERJ INSTRUMENTS
A/P	167931	09/14/16	95.91	GULF COAST HARDWARE / ACE
A/P	167932	09/14/16	795.00	ALCON LABORATORIES, INC.
A/P	167933	09/14/16	1,653.28	CARDINAL HEALTH 414,LLC
A/P	167934	09/14/16	481.70	BAXTER HEALTHCARE CORP
A/P	167935	09/14/16	1,529.62	BECKMAN COULTER INC
A/P	167936	09/14/16	1,595.00	BIODEX MEDICAL SYSTEMS INC
A/P	167937	09/14/16	1,400.00	CABLE ONE
A/P	167938	09/14/16	25.00	CAL COM FEDERAL CREDIT UNION
A/P	167939	09/14/16	638.00	COASTAL OFFICE SOLUTONS
A/P	167940	09/14/16	180.00	CENTRAL DRUGS
A/P	167941	09/14/16	89.25	CONMED CORPORATION
A/P	167942	09/14/16	1,160.46	CDW GOVERNMENT, INC.
A/P	167943	09/14/16	166.37	C R BARD, INC
A/P	167944	09/14/16	47.95	DLE PAPER & PACKAGING
A/P	167945	09/14/16	291.90	DYNATRONICS CORPORATION

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	167946	09/14/16	9.75	FEDERAL EXPRESS CORP.
A/P	167947	09/14/16	463.53	FISHER HEALTHCARE
A/P	167948	09/14/16	393.72	GULF COAST PAPER COMPANY
A/P	167949	09/14/16	314.98	HOSPIRA WORLDWIDE, INC
A/P	167950	09/14/16	105.86	INDEPENDENCE MEDICAL
A/P	167951	09/14/16	5,909.84	RICOH USA, INC.
A/P	167952	09/14/16	140.00	WERFEN USA LLC
A/P	167953	09/14/16	231.00	INTEGRATED MEDICAL SYSTEMS
A/P	167954	09/14/16	170.00	INTOXIMETERS INC
A/P	167955	09/14/16	1,234.35	J & J HEALTH CARE SYSTEMS, INC
A/P	167956	09/14/16	189.02	JOHNSTONE SUPPLY
A/P	167957	09/14/16	1,213.80	SHIRLEY KARNEI
A/P	167958	09/14/16	870.30	LANDAUER INC
A/P	167959	09/14/16	701.29	MCKESSON MEDICAL SURGICAL INC
A/P	167960	09/14/16	249.99	MEDICAL CONSULTANTS NETWORK
A/P	167961	09/14/16	105.75	MEDLINE INDUSTRIES INC
A/P	167962	09/14/16	1,291.80	BAYER HEALTHCARE
A/P	167963	09/14/16	1,877.51	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	167964	09/14/16	283.75	MORTAN INC
A/P	167965	09/14/16	61.74	OFFICE DEPOT
A/P	167966	09/14/16	2,524.12	ORTHO CLINICAL DIAGNOSTICS
A/P	167967	09/14/16	.00	VOIDED
A/P	167968	09/14/16	.00	VOIDED
A/P	167969	09/14/16	.00	VOIDED
A/P	167970	09/14/16	8,046.38	OWENS & MINOR
A/P	167971	09/14/16	18.89	POWER ELECTRIC
A/P	167972	09/14/16	261.10	R & D BATTERIES INC
A/P	167973	09/14/16	725.00	RED HAWK
A/P	167974	09/14/16	133.12	SANOFI PASTEUR INC
A/P	167975	09/14/16	832.25	SIEMENS MEDICAL SOLUTIONS INC
A/P	167976	09/14/16	57.91	SMILE MAKERS
A/P	167977	09/14/16	265.40	SMITHS MEDICAL ASD INC
A/P	167978	09/14/16	361.31	STRYKER SALES CORP
A/P	167979	09/14/16	107.89	TG
A/P	167980	09/14/16	81.54	UNIFIRST HOLDINGS
A/P	167981	09/14/16	320.73	UNIFORM ADVANTAGE
A/P	167982	09/14/16	3,838.50	UNIFIRST HOLDINGS INC
A/P	167983	09/14/16	84.48	UNITED AD LABEL CO INC
A/P	167984	09/14/16	1,200.00	US POSTAL SERVICE
A/P	167985	09/14/16	706.32	THE VICTORIA ADVOCATE
A/P	167986	09/14/16	1,182.01	GRAINGER
A/P	167987	09/14/16	1,260.00	[redacted]
A/P	167988	09/14/16	1,909.09	
TOTALS:			414,117.17	

APPROVED
ON

SEP 14 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Count	Eligibility Period	NPI	Current Contract	Previous Contract	Facility Number	TIN	Legal Entity	DBA Facility Name	Superior	Return of IGT	MMC Federal Match	Total MMC	Cantex Federal Match	Total IGT Return and Federal Match
164	2	36189	001026516	1013027	4811	46E+13	Memorial Medical Center	Ashford Gardens	0.00	$0.00	$0.00	$0.00	$0.00	$0.00
168	2	30433	001026524	1025592	105818	46E+13	Memorial Medical Center	The Broadmoor at Creekside Park	555.71	$0.00	$277.86	$277.86	$277.85	$555.71
187	2	30425	001026584	1020672	105314	46E+13	Memorial Medical Center	The Crescent	0.00	$0.00	$0.00	$0.00	$0.00	$0.00
188	2	3259	001026585	1019963	105006	46E+13	Memorial Medical Center	Solera at West Houston	0.00	$0.00	$0.00	$0.00	$0.00	$0.00
189	2	7503	001026586	1025928	4628	46E+13	Memorial Medical Center	Fort Bend Healthcare Center	0.00	$0.00	$0.00	$0.00	$0.00	$0.00
									555.71	$0.00	$277.86	$277.86	$277.85	$555.71
									Deposited 9/12					

Michael J. Pfeifer
Calhoun County Judge
Date: 9-20-16

CK# 008
NH Broadmoor = 277.86

APPROVED
ON
SEP 15 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

008
88-502/1131

9/13/16
Date

Pay to the Order of Memorial Medical Center $ 277.86
XX

Two Hundred Seventy Seven & 86/XX Dollars

Security Features Details on Back.

IBC Bank
Port Lavaca, TX 77979

County Auditor

For MPAP

County Treasurer

⑆ 3251 ⑆ 596⑈0008

Check Date: Jul/28/2016 Supplier Number: 0000030493 Check No: 127494

Invoice Number	Invoice Date	Voucher ID	Gross Amount	Discount Taken	Late Charge	Paid Amount
MPAP 07-22-16	Jul/22/2016	00739450	555.71	0.00	0.00	555.71

Check Number	Date	Total Gross Amount	Total Discounts	Total Late Charge	Total Paid Amount
127494	Jul/28/2016	$555.71	$0.00	$0.00	$555.71

Centene Management Company LLC
Centene Corporation
St Louis MO 63105

CITIBANK N.A.
ONE PENN'S WAY
NEWCASTLE DE 19720

62-20/311

Date 7/28/2016
Check Number **127494**

Pay ****FIVE HUNDRED FIFTY-FIVE AND 71/100 DOLLAR $ *** 555.71

To The Order Of
THE BROADMOOR AT CREEKSIDE PARK
815 N. VIRGINIA STREET
PORT LAVACA TX 77979

⑈ ⑆94⑈ 1⑆ 209⑆ 3463⑈

superior
healthplan.

2100 South IH-35 Suite 200 Austin, TX 78704 • 512-692-1465 • Fax 866-702-4836

Dear Contracted Provider:

Attached/Enclosed are funds for the Minimum Payment Amount Program (MPAP) proxy payments for the month of January 2016 for your facility.

As indicated in an April 4, 2016, e-mail distributed by the Health and Human Services Commission (HHSC) to all nursing facilities (NFs) eligible for MPAP payments, analyses performed in September 2015 of data required to calculate MPAP payments indicated that available encounters data extracts did not represent the total managed care days of service provided by eligible NFs. HHSC will continue working with its managed care organizations (MCOs) and NFs to resolve issues pertaining to the encounters data extract. In the interim, in an effort to address cash flow issues for the owners of eligible NFs, HHSC calculated proxy payments to apply to services provided in January 2016.

The attached/enclosed proxy payment amount was calculated by the HHSC Rate Analysis Department (RAD). Questions as to the calculation and payment amount should be directed to Andrew Wolfe, HHSC RAD Senior Rate Analyst, at andrew.wolfe@hhsc.state.tx.us or 512-707-6072.

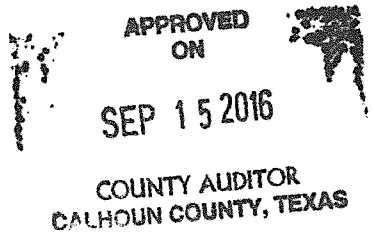
Sincerely,

Superior HealthPlan

RUN DATE:09/16/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:09:31 CHECK REGISTER GLCKREG
09/12/16 THRU 09/16/16

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHB	000008	09/13/16	277.86	MEMORIAL MEDICAL CENTER
TOTALS:			277.86	



RUN DATE:09/15/16 MEMORIAL MEDICAL CENTER CRT#019 PAGE 1
TIME:12:51 EDIT LIST FOR BATCH 019 5387 TRANSACTION SEQUENCE GLEDIT

SEQ.	ACCOUNT NUMBER	A.H.A. NUMBER	TRANS DATE	JOURNAL	AMOUNT	SUB-LED	REFERENCE	MEMO	G.L. ACCOUNT DESCRIPTION
1	20000000		09/15/16	PJ	117,527.00CR	10948	21332	NOVITAS SOLUTIONS -PART	INV DT=09/13/16 DUE=092216
2	10280000		09/15/16	PJ	117,527.00	10948	21332	NOVITAS SOLUTIONS -PART	THIRD PARTY RECEIVABLE - 2
	30280000					21896	42664		

Medicare Interim Reimbursement

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

JOURNAL	YRMO	COUNT	DEBIT	CREDIT		
PJ	1609	2	117,527.00	117,527.00		
	TOTAL	2	117,527.00	117,527.00	A/P TOTAL	117,527.00

ACCOUNT TOTAL RECAP ON NEXT PAGE

APPROVED
ON
SEP 15 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK # 167989

Michael J. Pfeifer
Calhoun County Judge
Date: 9-20-16

&

RUN DATE:09/15/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:12:54 CHECK REGISTER GLCKREG
09/15/16 THRU 09/15/16

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	167989	09/15/16	117,527.00	NOVITAS SOLUTIONS -PART A
TOTALS:			117,527.00	

APPROVED
ON

SEP 15 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
9/19/2016

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	490,686.35	490,586.36	869,128.54	-	-	-	-	869,228.53	**869,128.53**

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	144,885.77	144,785.77	821,827.70	-	-	-	-	821,927.70	**821,827.70**
Crescent	4588	69,152.76	69,052.77	749,715.36	-	-	-	-	749,815.35	**749,715.35**
Broadmoor	4596	48,361.96	48,539.81	147,363.09	-		-	-	147,185.24	**147,085.24**
Fort Bend	4618	153,696.94	153,596.94	50,057.51	-	-	-	-	50,157.51	**50,057.51**
										1,768,685.80

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: 9-20-16

APPROVED
SEP 19 2016
COUNTY AUDITOR

E:\NH Weekly Transfers\NH UPL Transfer Summary 9-19-16.xlsx

IBC Bank Activity
9/6/16 through 9/18/16

Ashford Gardens					Transfer-Out	Transfer-In	
9/7/2016	5025	4553	301	COMMERCIAL DEPOSIT		71,814.17	
9/7/2016	5025	4553	475	CHECK PAID	300,794.17		
9/7/2016	502	4553	495	OUTGOING MONEY TRANSFER	189,792.19		ASHFORD HEALTH CARE CENTER LTD
9/9/2016	502	4553	195	INCOMING MONEY TRANSFER		700,451.45	CANTEX HEALTH CARE CENTERS LLC
9/12/2016	502	4553	142	ACH CREDIT RECEIVED		4,736.43	Molina HC of TX Molina HC|ASHFORD GARDENS
9/12/2016	502	4553	142	ACH CREDIT RECEIVED		8,922.57	Molina HC of TX Molina HC|ASHFORD GARDENS
9/12/2016	502	4553	301	COMMERCIAL DEPOSIT		61,154.91	
9/14/2016	502	4553	142	ACH CREDIT RECEIVED		1,432.00	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|C
9/14/2016	502	4553	142	ACH CREDIT RECEIVED		7,709.05	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|
9/15/2016	502	4553	142	ACH CREDIT RECEIVED		256.06	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*E
9/15/2016	502	4553	142	ACH CREDIT RECEIVED		2,505.34	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|
9/16/2016	502	4553	142	ACH CREDIT RECEIVED		6,845.50	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1
9/16/2016	502	4553	301	COMMERCIAL DEPOSIT		2,901.06	
					490,586.36	869,128.54	

Solera at W iston					Transfer-Out	Transfer-In	
9/6/2016	5025	4561	142	ACH CREDIT RECEIVED		2,515.85	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston
9/7/2016	5025	4561	301	COMMERCIAL DEPOSIT		58,129.81	
9/7/2016	502	4561	495	OUTGOING MONEY TRANSFER	57,156.45		CANTEX HEALTH CARE CENTERS LLC
9/7/2016	502	4561	475	CHECK PAID	87,629.32		
9/8/2016	502	4561	142	ACH CREDIT RECEIVED		3,548.34	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|D
9/8/2016	502	4561	142	ACH CREDIT RECEIVED		5,084.45	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638
9/12/2016	502	4561	142	ACH CREDIT RECEIVED		2,285.27	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRI
9/12/2016	502	4561	301	COMMERCIAL DEPOSIT		46,202.84	
9/12/2016	502	4561	142	ACH CREDIT RECEIVED		2,436.40	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|74263
9/13/2016	5025	4561	142	ACH CREDIT RECEIVED		1,662.78	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TR
9/13/2016	5025	4561	195	INCOMING MONEY TRANSFER		663,533.52	CANTEX HEALTH CARE CENTERS III
9/14/2016	5025	4561	142	ACH CREDIT RECEIVED		842.30	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*E
9/16/2016	5025	4561	301	COMMERCIAL DEPOSIT		16,606.75	
9/16/2016	5025	4561	142	ACH CREDIT RECEIVED		15,122.98	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TI
9/16/2016	5025	4561	142	ACH CREDIT RECEIVED		3,830.34	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|T
9/16/2016	5025	4561	142	ACH CREDIT RECEIVED		26.07	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|T
					144,785.77	821,827.70	

Crescent					Transfer-Out	Transfer-In	
9/7/2016	5025	4588	475	CHECK PAID	28,965.29		
9/7/2016	5025	4588	495	OUTGOING MONEY TRANSFER	40,087.48		CANTEX HEALTH CARE CENTERS III
9/7/2016	5025	4588	301	COMMERCIAL DEPOSIT		44,168.41	
9/7/2016	5025	4588	142	ACH CREDIT RECEIVED		4,172.11	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011
9/9/2016	5025	4588	195	INCOMING MONEY TRANSFER		666,496.30	CANTEX HEALTH CARE CENTERS III
9/12/2016	5025	4588	142	ACH CREDIT RECEIVED		11,097.28	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|T
9/12/2016	5025	4588	301	COMMERCIAL DEPOSIT		7,707.58	
9/12/2016	5025	4588	142	ACH CREDIT RECEIVED		4,697.68	Molina HC of TX Molina HC|THE CRESCENT|
9/14/2016	5025	4588	142	ACH CREDIT RECEIVED		2,401.73	NOVITAS SOLUTION HCCLAIMPMT|MEMOR
9/16/2016	5025	4588	301	COMMERCIAL DEPOSIT		7,578.11	
9/16/2016	5025	4588	142	ACH CREDIT RECEIVED		1,396.16	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|
					69,052.77	749,715.36	

Broadmoor					Transfer-Out	Transfer-In	
9/7/2016	05025	4596	301	COMMERCIAL DEPOSIT		67,187.13	
9/7/2016	05025	4596	495	OUTGOING MONEY TRANSFER	41,497.42		CANTEX HEALTH CARE CENTERS III
9/7/2016	05025	4596	475	CHECK PAID	6,764.53		
9/9/2016	05025	4596	142	ACH CREDIT RECEIVED		180.87	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|
9/12/2016	5025	4596	301	COMMERCIAL DEPOSIT		63,747.65	
9/12/2016	5025	4596	142	ACH CREDIT RECEIVED		1,478.30	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|T
9/12/2016	5025	4596	142	ACH CREDIT RECEIVED		872.14	Molina HC of TX Molina HC|THE BROADMOOR AT CREEK|T
9/16/2016	5025	4596	142	ACH CREDIT RECEIVED		265.53	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|7*******
9/16/2016	5025	4596	301	COMMERCIAL DEPOSIT		13,631.47	
9/16/2016	5025	4596	475	CHECK PAID	277.86		
					48,539.81	147,363.09	

Fort Bend					Transfer-Out	Transfer-In	
9/7/2016	5025	4618	495	OUTGOING MONEY TRANSFER	60,365.42		CANTEX HEALTH CARE CENTERS II
9/7/2016	5025	4618	475	CHECK PAID	93,231.52		
9/7/2016	5025	4618	301	COMMERCIAL DEPOSIT		9,869.67	
9/9/2016	5025	4618	142	ACH CREDIT RECEIVED		621.96	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|T
9/12/2016	5025	4618	301	COMMERCIAL DEPOSIT		6,273.45	
9/12/2016	5025	4618	142	ACH CREDIT RECEIVED		9,362.21	Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRN*1*
9/13/2016	5025	4618	142	ACH CREDIT RECEIVED		3,083.84	Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRN*1
9/13/2016	5025	4618	142	ACH CREDIT RECEIVED		6,267.01	AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|T
9/13/2016	5025	4618	142	ACH CREDIT RECEIVED		4,280.55	AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|TRN*1
9/15/2016	5025	4618	142	ACH CREDIT RECEIVED		8,849.82	Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRN*
9/16/2016	5025	4618	301	COMMERCIAL DEPOSIT		1,449.00	
					153,596.94	50,057.51	

Account Portfolio as of 09/19/2016 8:24:53 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	$511,758.51	$511,758.51
Memorial Medical Center	4553	$869,228.53	$882,489.63
Memorial Medical Center	4561	$821,927.70	$821,927.70
Memorial Medical Center	4588	$749,815.35	$756,283.27
Memorial Medical Center	4596	$147,185.24	$148,308.29
Memorial Medical Center	4618	$50,157.51	$62,666.39
Memorial Medical Center Operat	0301	$1,850,991.62	$1,885,356.94
County of Calhoun Indigent	1101	$4,277.23	$4,277.23
Totals		**$5,005,341.69**	**$5,073,067.96**

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
9/13/2016

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	490,686.35	490,586.36	847,079.53	-	-	-	-	847,179.52	847,079.52

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	144,885.77	144,785.77	120,202.96	-	-	-	-	120,302.96	120,202.96
Crescent	4588	69,152.76	69,052.77	738,339.36	-	-	-	-	738,439.35	738,339.35
Broadmoor	4596	48,361.96	48,261.95	133,466.09	-	277.86	-	-	133,566.10	133,188.24
Fort Bend	4618	153,696.94	153,596.94	26,127.29	-	-	-	-	26,227.29	26,127.29
										1,017,857.84

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.

No transfer 9/13/16 → Included w/ 9/19/16 Transfer

IBC Bank Activity
9/6/16 through 9/12/16

Ashford Gardens						Transfer-Out	Transfer-In	
9/7/2016	[redacted]5025	[redacted]	4553	301	COMMERCIAL DEPOSIT		71,814.17	
9/7/2016	[redacted]5025	[redacted]	4553	475	CHECK PAID	300,794.17		
9/7/2016	[redacted]5025	[redacted]	4553	495	OUTGOING MONEY TRANSFER	189,792.19		ASHFORD HEALTH CARE CENTER LTD
9/9/2016	[redacted]5025	[redacted]	4553	195	INCOMING MONEY TRANSFER		700,451.45	CANTEX HEALTH CARE CENTERS LLC
9/12/2016	[redacted]5025	[redacted]	4553	142	ACH CREDIT RECEIVED		4,736.43	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*
9/12/2016	[redacted]5025	[redacted]	4553	142	ACH CREDIT RECEIVED		8,922.57	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*
9/12/2016	[redacted]5025	[redacted]	4553	301	COMMERCIAL DEPOSIT		61,154.91	
						490,586.36	847,079.53	

Solera at We[redacted]iston						Transfer-Out	Transfer-In	
9/6/2016	[redacted]5025	[redacted]	4561	142	ACH CREDIT RECEIVED		2,515.85	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|T
9/7/2016	[redacted]5025	[redacted]	4561	301	COMMERCIAL DEPOSIT		58,129.81	
9/7/2016	[redacted]5025	[redacted]	4561	495	OUTGOING MONEY TRANSFER	57,156.45		CANTEX HEALTH CARE CENTERS LLC
9/7/2016	[redacted]5025	[redacted]	4561	475	CHECK PAID	87,629.32		
9/8/2016	[redacted]5025	[redacted]	4561	142	ACH CREDIT RECEIVED		3,548.34	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|0401
9/8/2016	[redacted]5025	[redacted]	4561	142	ACH CREDIT RECEIVED		5,084.45	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|IS
9/12/2016	[redacted]5025	[redacted]	4561	142	ACH CREDIT RECEIVED		2,285.27	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*.
9/12/2016	[redacted]5025	[redacted]	4561	301	COMMERCIAL DEPOSIT		46,202.84	
9/12/2016	[redacted]5025	[redacted]	4561	142	ACH CREDIT RECEIVED		2,436.40	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~00
						144,785.77	120,202.96	

Crescent						Transfer-Out	Transfer-In	
9/7/2016	[redacted]5025	[redacted]	4588	475	CHECK PAID	28,965.29		
9/7/2016	[redacted]5025	[redacted]	4588	495	OUTGOING MONEY TRANSFER	40,087.48		CANTEX HEALTH CARE CENTERS III
9/7/2016	[redacted]5025	[redacted]	4588	301	COMMERCIAL DEPOSIT		44,168.41	
9/7/2016	[redacted]5025	[redacted]	4588	142	ACH CREDIT RECEIVED		4,172.11	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT417
9/9/2016	[redacted]5025	[redacted]	4588	195	INCOMING MONEY TRANSFER		666,496.30	CANTEX HEALTH CARE CENTERS III
9/12/2016	[redacted]5025	[redacted]	4588	142	ACH CREDIT RECEIVED		11,097.28	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*
9/12/2016	[redacted]5025	[redacted]	4588	301	COMMERCIAL DEPOSIT		7,707.58	
9/12/2016	[redacted]5025	[redacted]	4588	142	ACH CREDIT RECEIVED		4,697.68	Molina HC of TX Molina HC|THE CRESCENT|TRN*1*EFT3
						69,052.77	738,339.36	

Broadmoor						Transfer-Out	Transfer-In	
9/7/2016	[redacted]5025	[redacted]	4596	301	COMMERCIAL DEPOSIT		67,187.13	
9/7/2016	[redacted]5025	[redacted]	4596	495	OUTGOING MONEY TRANSFER	41,497.42		CANTEX HEALTH CARE CENTERS III
9/7/2016	[redacted]5025	[redacted]	4596	475	CHECK PAID	6,764.53		
9/9/2016	[redacted]5025	[redacted]	4596	142	ACH CREDIT RECEIVED		180.87	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~I
9/12/2016	[redacted]5025	[redacted]	4596	301	COMMERCIAL DEPOSIT		63,747.65	
9/12/2016	[redacted]5025	[redacted]	4596	142	ACH CREDIT RECEIVED		1,478.30	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|IS
9/12/2016	[redacted]5025	[redacted]	4596	142	ACH CREDIT RECEIVED		872.14	Molina HC of TX Molina HC|THE BROADMOOR AT CREEK|TRN*1*EFT37
						48,261.95	133,466.09	

Fort Bend						Transfer-Out	Transfer-In	
9/7/2016	[redacted]5025	[redacted]	4618	495	OUTGOING MONEY TRANSFER	60,365.42		CANTEX HEALTH CARE CENTERS III
9/7/2016	[redacted]5025	[redacted]	4618	475	CHECK PAID	93,231.52		
9/7/2016	[redacted]5025	[redacted]	4618	301	COMMERCIAL DEPOSIT		9,869.67	
9/9/2016	[redacted]5025	[redacted]	4618	142	ACH CREDIT RECEIVED		621.96	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|0401
9/12/2016	[redacted]5025	[redacted]	4618	301	COMMERCIAL DEPOSIT		6,273.45	
9/12/2016	[redacted]5025	[redacted]	4618	142	ACH CREDIT RECEIVED		9,362.21	Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRN*1*E
						153,596.94	26,127.29	

Account Portfolio as of 09/13/2016 9:59:20 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	$847,179.52	$847,179.52
Memorial Medical Center	4561	$120,302.96	$121,965.74
Memorial Medical Center	4588	$738,439.35	$738,439.35
Memorial Medical Center	4596	$133,566.10	$133,566.10
Memorial Medical Center	4618	$26,227.29	$39,858.69
Memorial Medical Center Operat	0301	$2,015,306.26	$2,055,935.41
County of Calhoun Indigent	1101	$11,354.20	$10,894.49
Totals		**$4,137,925.82**	**$4,193,389.44**

Count	Eligibility Period	NPI	Current Contract	Previous Contract	Facility Number	TIN	Legal Entity	DBA Facility Name	Superior	Return of IGT	MMC Federal Match	Total MMC	Cantex Federal Match	Total IGT Return and Federal Match
164	2	436189	001026516	1013027	4811	E+13	Memorial Medical Center	Ashford Gardens	0.00	$0.00	$0.00	$0.00	$0.00	$0.00
168	2	860433	001026524	1025592	105818	E+13	Memorial Medical Center	The Broadmoor at Creekside Park	555.71	$0.00	$277.86	$277.86	$277.85	$555.71
187	2	360425	001026584	1020672	105314	E+13	Memorial Medical Center	The Crescent	0.00	$0.00	$0.00	$0.00	$0.00	$0.00
188	2	143259	001026585	1019963	105006	E+13	Memorial Medical Center	Solera at West Houston	0.00	$0.00	$0.00	$0.00	$0.00	$0.00
189	2	077503	001026586	1025928	4628	E+13	Memorial Medical Center	Fort Bend Healthcare Center	0.00	$0.00	$0.00	$0.00	$0.00	$0.00
									555.71	$0.00	$277.86	$277.86	$277.85	$555.71
									Deposited 9/12					

RUN DATE:09/19/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:13:33 CHECK REGISTER and Payable List GLCKREG
09/19/16 THRU 09/19/16

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000821	09/19/16	467.42	MCKESSON
A/P	000822	09/19/16	603.89	MCKESSON
A/P	000823	09/19/16	1,776.80	MCKESSON
TOTALS:			2,848.11	

340 B Prescription Services

APPROVED
ON

SEP 19 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 9-20-16

McKESSON

Company: 8000

STATEMENT

As of: 09/16/2016 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 09/17/2016

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

As of: 09/16/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

Cust: 190813 PLEASE CHECK ANY
Date: 09/17/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
09/12/2016	09/20/2016	7766191167	1000882446	115Invoice	0.02	0.85		✓ 0.83 ✓		7766191167	
09/12/2016	09/20/2016	7766191168	1000882919	115Invoice	1.55	77.71		✓ 76.16 ✓		7766191168	
09/12/2016	09/20/2016	7766191170	1000883328	115Invoice	2.60	130.10		✓ 127.50 ✓		7766191170	
09/13/2016	09/20/2016	7766442313	1000883706	115Invoice	0.12	5.94		✓ 5.82 ✓		7766442313	
09/14/2016	09/20/2016	7766649909	1000884194	115Invoice	5.11	255.63		✓ 250.52 ✓		7766649909	
09/15/2016	09/20/2016	7766888636	1000884687	115Invoice	0.13	6.72		✓ 6.59 ✓		7766888636	

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

TOTAL:

Subtotals: 476.95 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,421.39
09/12/2016

If Paid By 09/20/2016,
Pay This Amount: 467.42 USD

If Paid After 09/20/2016,
Pay this Amount: 476.95 USD

Due If Paid On Time:
USD 467.42

Disc lost if paid late:
9.53

Due If Paid Late:
USD 476.95

ck# 821

9.14.16

APPROVED
ON

SEP 19 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: 09/16/2016

DC: 8115

Territory: 400

Customer: 256342
Date: 09/17/2016

Page: 001

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

As of: 09/16/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 09/17/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
09/14/2016	09/20/2016	7766680218	3454581708	115Invoice	6.07	303.61		✓ 297.54	✓	7766680218	
09/16/2016	09/20/2016	7767129231	3454581714	115Invoice	6.25	312.60		✓ 306.35	✓	7767129231	

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

TOTAL:

Subtotals: 616.21 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 676.01
09/12/2016

If Paid By 09/20/2016,
Pay This Amount: ✓ 603.89 USD

If Paid After 09/20/2016,
Pay this Amount: 616.21 USD

Due If Paid On Time:
USD 603.89

Disc lost if paid late:
12.32

Due If Paid Late:
USD 616.21

ck# 822

9.19.16

APPROVED
ON
SEP 19 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: 09/16/2016

DC: 8115

Territory: 400

Customer: 262252
Date: 09/17/2016

Page: 001

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

As of: 09/16/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 09/17/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
09/12/2016	09/20/2016	7766196214	1000882448	115Invoice	16.22	810.99		✓ 794.77		7766196214	
09/12/2016	09/20/2016	7766196216	1000882448	115Invoice	0.05	2.67		✓ 2.62		7766196216	
09/12/2016	09/20/2016	7766199617	1000882921	115Invoice	0.23	11.60		✓ 11.37		7766199617	
09/12/2016	09/20/2016	7766199619	1000883330	115Invoice	6.67	333.38		✓ 326.71		7766199619	
09/13/2016	09/20/2016	7766446429	1000883708	115Invoice	2.70	134.99		✓ 132.29		7766446429	
09/14/2016	09/20/2016	7766687565	1000884196	115Invoice	1.73	86.27		✓ 84.54		7766687565	
09/15/2016	09/20/2016	7766901853	1000884689	115Invoice	4.28	213.78		✓ 209.50		7766901853	
09/16/2016	09/20/2016	7767126539	1000885326	115Invoice	4.39	219.39		✓ 215.00		7767126539	

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

TOTAL:

Subtotals: 1,813.07 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,013.11
09/12/2016

If Paid By 09/20/2016,
Pay This Amount: 1,776.80 USD

If Paid After 09/20/2016,
Pay this Amount: 1,813.07 USD

Due If Paid On Time:
USD 1,776.80
Disc lost if paid late:
36.27
Due If Paid Late:
USD 1,813.07

Ck #823

APPROVED
ON
SEP 19 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

9.19.16

APPROVED
ON

SEP 2 1 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

09/21/2016 MEMORIAL MEDICAL CENTER 0
12:42 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 09/30/2016

Vendor#	Vendor Name				Class	Pay Code				
11234	ADRIANNA GALVAN									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	21334		09/19/20	09/15/20	09/15/20		31.21	0.00	0.00	31.21
		TRAVEL EXPENSE - Mileage 9/14/16								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11234	ADRIANNA GALVAN				31.21	0.00	0.00	31.21
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
	9938856063		09/15/20	08/31/20	09/30/20		368.76	0.00	0.00	368.76
		SUPPLIES PLANT OPS								
	9054911845		09/15/20	08/31/20	09/30/20		2,051.46	0.00	0.00	2,051.46
		OXYGEN RESP CARE Rentals								
	9938856062		09/15/20	08/31/20	09/30/20		410.44	0.00	0.00	410.44
		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
	9649110974		09/14/20	07/19/20	09/27/20		424.25	0.00	0.00	424.25
		SUPPLIES SURGERY								
	9649122053		09/14/20	07/21/20	09/27/20		159.00	0.00	0.00	159.00
		INTRA OCULAR LENSES								
	9649122054		09/14/20	07/21/20	09/27/20		159.00	0.00	0.00	159.00
		INTRA OCULAR LENSES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		A1690	ALCON LABORATORIES, INC.				742.25	0.00	0.00	742.25
Vendor#	Vendor Name				Class	Pay Code				
A2150	ANNOUNCEMENTS PLUS TOO AGAIN				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	659		09/19/20	08/30/20	09/09/20		73.00	0.00	0.00	73.00 Took off - No Detailed Receipt
		SUPPLIES GENERAL								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		A2150	ANNOUNCEMENTS PLUS TOO AGAIN				73.00	0.00	0.00	73.00
Vendor#	Vendor Name				Class	Pay Code				
A0810	AORN				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	21335		09/19/20	09/19/20	09/19/20		160.00	0.00	0.00	160.00
		DUES & SUBCRIPTIONS SURG 1 yr								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		A0810	AORN				160.00	0.00	0.00	160.00
Vendor#	Vendor Name				Class	Pay Code				
A2218	AQUA BEVERAGE COMPANY				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	720939		09/19/20	08/31/20	09/25/20		27.59	0.00	0.00	27.59
		SUPPLIES FOR LAB								

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
3939641	LEASE & RENTAL PHARMACY	09/19/20	09/11/20	09/30/20			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
B0435	BARD PERIPHERAL VASCULAR	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
75798717	SURGERY SUPPLY	09/20/20	09/12/20	09/12/20			344.62	0.00	0.00	344.62

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B0435	BARD PERIPHERAL VASCULAR	344.62	0.00	0.00	344.62

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
52036843	CS INVENTORY & RECOVERY	08/31/20	08/29/20	09/28/20			776.75	0.00	0.00	776.75

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1075	BAXTER HEALTHCARE CORP	776.75	0.00	0.00	776.75

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
9102384220	SUPPLIES LAB	09/19/20	08/26/20	09/25/20			1,460.61	0.00	0.00	1,460.61

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10024	BECTON, DICKINSON & CO (BD)	1,460.61	0.00	0.00	1,460.61

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
951222662	SUPPLIES SURGERY	08/31/20	08/29/20	09/28/20			746.08	0.00	0.00	746.08

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1655	BOSTON SCIENTIFIC CORPORATION	746.08	0.00	0.00	746.08

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
FDM9892	SUPPLIES IT	08/31/20	08/26/20	09/27/20			2,090.77	0.00	0.00	2,090.77
FDV6827	COMPUTER EQUIP	09/19/20	08/29/20	09/28/20			2,745.86	0.00	0.00	2,745.86
FFD9860	COMPUTER EQUIPMENT	09/19/20	08/30/20	09/29/20			946.55	0.00	0.00	946.55

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.	5,783.18	0.00	0.00	5,783.18

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
92089821		08/31/20	08/29/20	09/28/20			1,220.50	0.00	0.00	1,220.50

	CS INVENTORY & RECOVERY							
	92091709 ✓	09/09/20	08/31/20	09/30/20	504.00	0.00	0.00	504.00 ✓
	CS INVENTORY							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10350	CENTURION MEDICAL PRODUCTS			1,724.50	0.00	0.00	1,724.50
Vendor#	Vendor Name			Class	Pay Code			
10723	CLIA LABORATORY PROGRAM ✓							
	Invoice#	Comment	Tran Dt Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	21306		08/31/20 08/16/20	09/30/20		430.00	0.00	0.00	430.00 ✓
	DUES & SUBCRIPTIONS LAB Regular Cert Fee							
	21305		08/31/20 08/16/20	09/30/20		150.00	0.00	0.00	150.00 ✓
	DUES & SUBCRIPTIONS LAB Certificate Fee							
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10723	CLIA LABORATORY PROGRAM				580.00	0.00	0.00	580.00
Vendor#	Vendor Name			Class	Pay Code				
10467	CLINICAL & LABORATORY								
	Invoice#	Comment	Tran Dt Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	13490 ✓		08/31/20 04/04/20	09/30/20		400.00	0.00	0.00	400.00 ✓
	DUES & SUBCRIPTIONS 7/1/16 to 6/30/17								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10467	CLINICAL & LABORATORY				400.00	0.00	0.00	400.00
Vendor#	Vendor Name			Class	Pay Code				
10786	CLINICAL PATHOLOGY ✓								
	Invoice#	Comment	Tran Dt Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	201608-0 ✓		09/19/20 08/31/20	09/30/20		15,811.97	0.00	0.00	15,811.97 9,771.57
	OUTSIDE SRV LAB								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10786	CLINICAL PATHOLOGY				15,811.97	0.00	0.00	15,811.97 9,771.57
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
	199138 ✓		09/09/20 08/29/20	09/28/20		418.00	0.00	0.00	418.00 ✓
	SUPPLIES SURGERY								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1443	CYGNUS MEDICAL LLC				418.00	0.00	0.00	418.00
Vendor#	Vendor Name			Class	Pay Code				
D0356	D'S OUTDOOR POWER EQUIP INC ✓								
	Invoice#	Comment	Tran Dt Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	377531 ✓		09/19/20 09/15/20			121.26	0.00	0.00	121.26 ✓
	SUPPLIES GENERAL GROUNI								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	D0356	D'S OUTDOOR POWER EQUIP INC				121.26	0.00	0.00	121.26
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
	481198-0 ✓		08/31/20 08/29/20	09/28/20		50.00	0.00	0.00	50.00 ✓
	FORM PAPER FOR CS								
	481160-0 ✓		08/31/20 08/31/20	09/30/20		19.40	0.00	0.00	19.40 ✓
	CS INVENTORY								
	481057-1 ✓		08/31/20 08/31/20	09/30/20		4.76	0.00	0.00	4.76 ✓
	CS INVENTORY								

481160-1 CS Inventory Inv Date 8/31/16 → 38.36

480834-1		08/31/20	08/31/20	09/30/20	4.76	0.00	0.00	4.76
	CS INVENTORY							
481351-0		09/14/20	08/31/20	09/30/20	118.09	0.00	0.00	118.09
	OFFICE SUPPLIES CLINIC							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	197.01	0.00	0.00	197.01 235.37

Vendor#	Vendor Name	Class	Pay Code
10175	DSHS CENTRAL LAB MC2004		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21337		09/19/20	08/02/20	09/01/20			213.79	0.00	0.00	213.79
	OUTSIDE SRV LAB									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10175	DSHS CENTRAL LAB MC2004	213.79	0.00	0.00	213.79

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
897961		09/15/20	08/24/20	09/23/20			1,787.00	0.00	0.00	1,787.00
	MINOR EQUIP PT									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1785	DYNATRONICS CORPORATION	1,787.00	0.00	0.00	1,787.00

Vendor#	Vendor Name	Class	Pay Code
10042	ERBE USA INC SURGICAL SYSTEMS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
387251		08/31/20	08/29/20	09/28/20			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
F1100	FEDERAL EXPRESS CORP.	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
5-539-21043		09/15/20	09/08/20	09/23/20			16.16	0.00	0.00	16.16
	FREIGHT EXP LAB									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.	16.16	0.00	0.00	16.16

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
89908		09/19/20	10/06/20				422.58	0.00	0.00	422.58
	FREIGTH PLNT OPER									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10003	FILTER TECHNOLOGY CO, INC	422.58	0.00	0.00	422.58

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
5507014		09/19/20	08/29/20	09/28/20			24.78	0.00	0.00	24.78
	SUPPLIES LAB									
5579360		09/19/20	08/30/20	09/29/20			54.36	0.00	0.00	54.36
	LAB SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	79.14	0.00	0.00	79.14

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
46282		09/19/20	08/24/20	09/23/20		191.10	0.00	0.00	191.10
	LAB SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10901	GENESIS DIAGNOSTICS				191.10	0.00	0.00	191.10

Vendor#	Vendor Name	Class	Pay Code
10642	GLAXOSMITHKLINE PHARMACUETICAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
33484793		09/19/20	09/01/20			1,817.17	0.00	0.00	1,817.17
	DRUGS PHARMACY								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10642	GLAXOSMITHKLINE PHARMACUETICAL				1,817.17	0.00	0.00	1,817.17

Vendor#	Vendor Name	Class	Pay Code
11235	GREAT BASIN SCIENTIFIC, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
12-8212		09/19/20	08/30/20	09/29/20		1,289.00	0.00	0.00	1,289.00
	LAB SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11235	GREAT BASIN SCIENTIFIC, INC				1,289.00	0.00	0.00	1,289.00

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
105608		09/15/20	09/12/20	09/22/20		8.99	0.00	0.00	8.99
	SUPPLIES PLANT OPS								
105593		09/15/20	09/12/20	09/22/20		18.97	0.00	0.00	18.97
	SUPPLIES PLANT OPS								
105607		09/15/20	09/12/20	09/22/20		14.97	0.00	0.00	14.97
	SUPPLIES PLANT OPS								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	A1292	GULF COAST HARDWARE / ACE				42.93	0.00	0.00	42.93

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1189314		09/14/20	08/30/20	09/29/20		619.34	0.00	0.00	619.34
	SUPPLIES HOUSEKEEPING								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY				619.34	0.00	0.00	619.34

Vendor#	Vendor Name	Class	Pay Code
11197	HEARTSMART.COM		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
HS180546		09/15/20	08/31/20	09/30/20		1,695.00	0.00	0.00	1,695.00
	MINOR EQUIP CARDIAC REHA								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11197	HEARTSMART.COM				1,695.00	0.00	0.00	1,695.00

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
PJIN0093171		08/31/20	08/15/20	09/27/20		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				
I0415	INDEPENDENCE MEDICAL									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	41663991		08/31/20	08/30/20	09/29/20		49.55	0.00	0.00	49.55
		CS INVENTORY & SURGERY S								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		I0415	INDEPENDENCE MEDICAL				49.55	0.00	0.00	49.55
Vendor#	Vendor Name				Class	Pay Code				
11210	INTERMEDIX									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	21328		09/14/20	09/13/20	09/27/20		50.00	0.00	0.00	50.00
		ER COPAY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11210	INTERMEDIX				50.00	0.00	0.00	50.00
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
	534504		09/19/20	06/14/20	07/14/20		433.80	0.00	0.00	433.80
		LAB SUPPLIES								
	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				
11200	IRON MOUNTAIN									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	4586067549		09/15/20	08/20/20	09/20/20		280.35	0.00	0.00	280.35
		OUTSIDE SRV SHREDDING								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11200	IRON MOUNTAIN				280.35	0.00	0.00	280.35
Vendor#	Vendor Name				Class	Pay Code				
J0150	J & J HEALTH CARE SYSTEMS, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	916984855		08/31/20	08/29/20	09/28/20		282.66	0.00	0.00	282.66
		SUPPLIES SURGERY								
	916996683		09/09/20	08/31/20	09/30/20		57.77	0.00	0.00	57.77
		SUPPLIES SURGERY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		J0150	J & J HEALTH CARE SYSTEMS, INC				340.43	0.00	0.00	340.43
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
	353965		08/29/20	08/23/20	09/27/20		236.52	0.00	0.00	236.52
		PROF FEES OB								
	354628		09/12/20	08/30/20	09/27/20		30.53	0.00	0.00	30.53
		PROF FEES OB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11230	JACKSON & COKER LOCUM TENENS,				267.05	0.00	0.00	267.05
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
	21330		09/19/20	09/15/20	09/30/20		750.00	0.00	0.00	750.00
		STORAGE RENT OCT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net

Took off - No Backup

	10285 JAMES A DANIEL					750.00	0.00	0.00	750.00
Vendor#	Vendor Name			Class	Pay Code				
11122	K & M SPORTS								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	84173		09/15/20	09/13/20	09/13/20		275.00	0.00	0.00	275.00
		ADVERTISING								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11122	K & M SPORTS				275.00	0.00	0.00	275.00
Vendor#	Vendor Name				Class	Pay Code				
11034	KOVEN TECHNOLOGY, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	75035		09/19/20	09/08/20	09/08/20		367.00	0.00	0.00	367.00
		SUPPLIES SURGERY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11034	KOVEN TECHNOLOGY, INC				367.00	0.00	0.00	367.00
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
	107382399		09/19/20	09/05/20			500.00	0.00	0.00	500.00
		PUBLIC REL/ADERTIESE								
	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				
L1288	LANGUAGE LINE SERVICES				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	3892258		09/14/20	08/31/20	09/30/20		27.00	0.00	0.00	27.00
		OUTSIDE SRV ADMIN								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		L1288	LANGUAGE LINE SERVICES				27.00	0.00	0.00	27.00
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
	M0102234		09/14/20	08/29/20	09/28/20		212.98	0.00	0.00	212.98
		SUPPLIES MED SURG								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M1511	MARKETLAB, INC				212.98	0.00	0.00	212.98
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
	INV001541523		09/15/20	08/17/20	09/16/20		389.15	0.00	0.00	389.15
		SUPPLIES PLANT OPS								
	INV001541521		09/15/20	08/17/20	09/16/20		787.86	0.00	0.00	787.86
		SUPPLIES PLANT OPS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M1500	MARKS PLUMBING PARTS				1,177.01	0.00	0.00	1,177.01
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
	14393882		09/20/20	09/12/20	09/30/20		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			
M2178	MCKESSON MEDICAL SURGICAL INC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	84735380		09/19/20	08/31/20	09/15/20		132.45	0.00	0.00	132.45
		SUPPLIES LAB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2178	MCKESSON MEDICAL SURGICAL INC				132.45	0.00	0.00	132.45
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
	1860018		09/15/20	08/30/20	09/29/20		269.81	0.00	0.00	269.81
		SUPPLIES LAB								
	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
	30094298518		09/09/20	08/29/20	09/28/20		79.65	0.00	0.00	79.65
		SUPPLIES XRAY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2659	MERRY X-RAY/SOURCEONE HEALTHCA				79.65	0.00	0.00	79.65
Vendor#	Vendor Name				Class	Pay Code			
M2621	MMC AUXILIARY GIFT SHOP				W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	21336		09/19/20	09/19/20	09/19/20		92.02	0.00	0.00	92.02
		EMPLOYEE GIFT SHOP								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2621	MMC AUXILIARY GIFT SHOP				92.02	0.00	0.00	92.02
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
	SEPT122016		09/14/20	09/12/20	09/12/20		44,546.07	0.00	0.00	44,546.07
		EMPLOYEE MEDICAL CLAIMS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10810	MMC EMPLOYEE BENEFIT PLAN				44,546.07	0.00	0.00	44,546.07
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
	3005		09/15/20	09/08/20	09/09/20		-0.71	0.00	0.00	-0.71
		CREDIT PHARMACY DRUGS								
	9311144		09/15/20	09/13/20	09/14/20		14.08	0.00	0.00	14.08
		PHARMACY DRUGS								
	CM87992		09/15/20	09/13/20	09/14/20		-4.23	0.00	0.00	-4.23
		PHARMACY CREDIT								
	9311145		09/15/20	09/13/20	09/14/20		276.54	0.00	0.00	276.54
		PHARMACY DRUGS								
	CM87991		09/15/20	09/13/20	09/14/20		-193.69	0.00	0.00	-193.69
		PHARMACY CREDIT								
	9311026		09/15/20	09/13/20	09/14/20		74.30	0.00	0.00	74.30
		PHARMACY DRUGS								
	9311146		09/15/20	09/13/20	09/14/20		48.25	0.00	0.00	48.25

	PHARMACY DRUGS						
9317752	09/19/20 09/14/20 09/15/20		44.39	0.00	0.00	44.39	
	PHARMACY DRUGS						
9315208	09/19/20 09/14/20 09/15/20		274.35	0.00	0.00	274.35	
	PHARMACY DRUGS						
9317750	09/19/20 09/14/20 09/15/20		2,827.29	0.00	0.00	2,827.29	
	PHARMACY DRUGS						
9317749	09/19/20 09/14/20 09/15/20		67.55	0.00	0.00	67.55	
	PHARMACY DRUGS						
9317751	09/19/20 09/14/20 09/15/20		231.48	0.00	0.00	231.48	
	PHARMACY DRUGS						
9323410	09/19/20 09/15/20 09/16/20		34.35	0.00	0.00	34.35	
	INVERNTORY PHARMACY INV						
9323411	09/19/20 09/15/20 09/16/20		214.24	0.00	0.00	214.24	
	INVENTORY PHARMACY INVE						
9323946	09/19/20 09/15/20 09/16/20		91.17	0.00	0.00	91.17	
	INVERTORY-PHARMACY INVE						
9323945	09/19/20 09/15/20 09/16/20		9,793.26	0.00	0.00	9,793.26	
	INVENTORY PHARMACY INVE						
9336978	09/20/20 09/19/20 09/20/20		13,386.21	0.00	0.00	13,386.21	
	INVENTORY PHARMACY						
9336977	09/20/20 09/19/20 09/20/20		5.98	0.00	0.00	5.98	
	INVENTORY PHARMACY						
9336979	09/20/20 09/19/20 09/20/20		221.78	0.00	0.00	221.78	
	INVENTORY PHARMACY						
9336976	09/20/20 09/19/20 09/20/20		10,122.51	0.00	0.00	10,122.51	
	INVENTORY PHARMACY						
Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net	
	10536	MORRIS & DICKSON CO, LLC	37,529.10	0.00	0.00	37,529.10	

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
21329		09/14/20	09/14/20	09/27/20			31.32	0.00	0.00	31.32
	TRAVEL EXPENSE INFECT CC 9/13/16									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	A2252	NADINE GARNER					31.32	0.00	0.00	31.32

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
22948		09/15/20	08/30/20	09/29/20			260.98	0.00	0.00	260.98
	SUPPLIES LAB									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	O1410	ON-SITE TESTING SPECIALISTS					260.98	0.00	0.00	260.98

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
215060		09/20/20	09/03/20	09/23/20			250.00	0.00	0.00	250.00
	PURCHASED SERVICES PLNT Pest Control MMC									
215061		09/20/20	09/03/20	09/23/20			45.00	0.00	0.00	45.00
	PURCHASED SERVICE PLNT (Pest Control PT									
215255		09/20/20	09/09/20	09/29/20			200.00	0.00	0.00	200.00
	Pest Control MMC Clinic									

PURCHASED SERVICES PLNT

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

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
2020507943		08/31/20	08/30/20	09/29/20			36.30	0.00	0.00	36.30
	CS INVENTORY									
2020507949		08/31/20	08/30/20	09/29/20			29.04	0.00	0.00	29.04
	SUPPLIES DIETARY									
2020507393		08/31/20	08/30/20	09/29/20			195.95	0.00	0.00	195.95
	CS INVENTORY									
2020514093		08/31/20	08/30/20	09/29/20			1,293.68	0.00	0.00	1,293.68
	SUPPLIES VARIOUS DEPTS									
2020507021		08/31/20	08/30/20	09/29/20			68.48	0.00	0.00	68.48
	SUPPLIES SURGERY									
2020514182		08/31/20	08/30/20	09/29/20			2,802.82	0.00	0.00	2,802.82
	CS INVENTORY									
2020506563		08/31/20	08/30/20	09/29/20			48.75	0.00	0.00	48.75
	CS INVENTORY									
2020507407		08/31/20	08/30/20	09/29/20			79.61	0.00	0.00	79.61
	CS INVENTORY									
2020508388		08/31/20	08/30/20	09/29/20			153.25	0.00	0.00	153.25
	CS INVENTORY									
2020569288		08/31/20	08/31/20	09/30/20			-66.87	0.00	0.00	-66.87
	CS INVENTORY CREDIT									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR	4,641.01	0.00	0.00	4,641.01

Vendor#	Vendor Name	Class	Pay Code
11069	PABLO GARZA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21340		09/20/20	09/19/20	09/19/20			1,117.50	0.00	0.00	1,117.50
	PURCHASED SERVICES MM C 9/4- 9/14/16									

Vendor Totals	Number	Name	37 1/4 hrs x $30	Gross	Discount	No-Pay	Net
	11069	PABLO GARZA		1,117.50	0.00	0.00	1,117.50

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
21333		09/15/20	09/01/20				55.00	0.00	0.00	55.00
	ADVERTISING 2x5 Dr. Trowns									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P0706	PALACIOS BEACON	55.00	0.00	0.00	55.00

Vendor#	Vendor Name	Class	Pay Code
10204	PHARMEDIUM SERVICES LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
A1722001		09/14/20	08/31/20	09/30/20			142.00	0.00	0.00	142.00
	PHARMACY DRUGS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10204	PHARMEDIUM SERVICES LLC	142.00	0.00	0.00	142.00

Vendor#	Vendor Name	Class	Pay Code
P1600	PHYSIO CONTROL CORPORATION	M	

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

116141145		09/14/20	08/31/20	09/30/20	7,406.00	0.00	0.00	7,406.00
	LIFEPAK DEFIB/MONITOR							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	P1600	PHYSIO CONTROL CORPORATION			7,406.00	0.00	0.00	7,406.00

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
21331		09/19/20	09/15/20	09/15/20			11,001.20	0.00	0.00	11,001.20
	RENT FOR PT & BEHAVE HEA Oct 2016									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11125	PORT LAVACA RETAIL GROUP LLC					11,001.20	0.00	0.00	11,001.20

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21339		09/19/20	08/31/20	09/30/20			1,231.77	0.00	0.00	1,231.77
	August / ADVERTISING + Emp Ad, Fall Sports Special									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	P2100	PORT LAVACA WAVE					1,231.77	0.00	0.00	1,231.77

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
3508549		09/09/20	08/29/20	09/28/20			60.26	0.00	0.00	60.26
	CS INVENTORY									
3510587		09/09/20	08/30/20	09/29/20			276.44	0.00	0.00	276.44
	CS INVENTORY									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10372	PRECISION DYNAMICS CORP (PDC)					336.70	0.00	0.00	336.70

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
21341		09/21/20	09/01/20	09/16/20			7,900.00	0.00	0.00	7,900.00
	OUTSIDE SRV RESP CARE August 2016									
Vendor Totals	Number	Name 8x$975 6x$550					Gross	Discount	No-Pay	Net
	P1725	PREMIER SLEEP DISORDERS CENTER					7,900.00	0.00	0.00	7,900.00

Vendor#	Vendor Name	Class	Pay Code
R1268	RADIOLOGY UNLIMITED, PA	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
CQ0716		09/19/20	09/14/20	09/24/20			30.00	0.00	0.00	30.00
	READ FEES XRAY									
CQ0816		09/19/20	09/14/20	09/24/20			180.00	0.00	0.00	180.00
	READ FEES XRAY									
RB0716		09/19/20	09/14/20	09/24/20			600.00	0.00	0.00	600.00
	READ FEES XRAY									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	R1268	RADIOLOGY UNLIMITED, PA					810.00	0.00	0.00	810.00

Vendor#	Vendor Name	Class	Pay Code
10987	REVCYCLE+, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
MLVAC-16857		09/14/20	08/31/20	09/30/20			2,649.10	0.00	0.00	2,649.10
	MAINT CONTR HIM									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net

	10987	REVCYCLE+, INC.				2,649.10	0.00	0.00	2,649.10
Vendor#	Vendor Name				Class	Pay Code				
S1001	SANOFI PASTEUR INC				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	906770400		09/14/20	08/31/20	09/30/20		1,767.93	0.00	0.00	1,767.93
		PHARMACY DRUGS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S1001	SANOFI PASTEUR INC				1,767.93	0.00	0.00	1,767.93
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
	21338		09/19/20	09/15/20			31.21	0.00	0.00	31.21
		TRAVEL ER 9/15/16								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10625	SARA RUBIO				31.21	0.00	0.00	31.21
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
	4029-5		09/19/20	09/09/20	09/24/20		143.59	0.00	0.00	143.59
		SUPPLIES PLANT OPS								
	4091-5		09/19/20	09/12/20	09/27/20		34.46	0.00	0.00	34.46
		SUPPLIES PLANT OPS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S1800	SHERWIN WILLIAMS				178.05	0.00	0.00	178.05
Vendor#	Vendor Name				Class	Pay Code				
10995	SHIFTHOUND									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	1612280		08/31/20	08/31/20	09/30/20		558.00	0.00	0.00	558.00
		monthly Services Fees								
	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				
10936	SIEMENS FINANCIAL SERVICES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	4570252		09/19/20	09/06/20	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				
S2362	SMITH & NEPHEW									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	93212678		08/31/20	08/29/20	09/28/20		255.02	0.00	0.00	255.02
		SUPPLIES SURGERY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2362	SMITH & NEPHEW				255.02	0.00	0.00	255.02
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
	90022112		08/31/20	08/31/20	09/30/20		-2,970.89	0.00	0.00	-2,970.89
		CREDIT BLOOD BANK								
	90022186		08/31/20	08/31/20	09/30/20		6,920.65	0.00	0.00	6,920.65
		SUPPLIES BLOOD BANK								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2400	SO TEX BLOOD & TISSUE CENTER	3,949.76	0.00	0.00	3,949.76

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-16095	MAINT CONTR E/R	09/19/20	08/31/20				4,555.00	0.00	0.00	4,555.00

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
10941	THE UPS PRINT STORE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9067	SUPPLIES CARDIAC REHAB 1000 Businesscards Appt Cards	08/31/20	08/27/20	09/27/20			30.00	0.00	0.00	30.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10941	THE UPS PRINT STORE	30.00	0.00	0.00	30.00

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
340362227	OUTSIDE SRV PLANT OPS	09/14/20	09/01/20	09/30/20			179.75	0.00	0.00	179.75
340362228	OUTSIDE SRV PLANT OPS	09/14/20	09/01/20	09/30/20			1,161.39	0.00	0.00	1,161.39

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11100	THE US CONSULTING GROUP	1,341.14	0.00	0.00	1,341.14

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
3A3X091600	OUTSIDE SRV CLINIC	09/14/20	09/01/20	09/27/20			119.00	0.00	0.00	119.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11067	TRIZETTO PROVIDER SOLUTIONS	119.00	0.00	0.00	119.00

Vendor#	Vendor Name	Class	Pay Code
U1054	UNIFIRST HOLDINGS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8150741275	OUTSIDE SRV BIO MED	08/31/20	08/30/20	09/29/20			32.92	0.00	0.00	32.92

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1054	UNIFIRST HOLDINGS	32.92	0.00	0.00	32.92

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
8400227708	LAUNDRY SURGERY	08/31/20	08/26/20	09/27/20			447.45	0.00	0.00	447.45
8400227750	LAUNDRY HOUSEKEEPING	08/31/20	08/26/20	09/27/20			1,104.93	0.00	0.00	1,104.93
8400227915	LAUNDRY OB	08/31/20	08/30/20	09/29/20			106.23	0.00	0.00	106.23
8400227955	LAUNDRY HOUSEKEEPING	08/31/20	08/30/20	09/29/20			141.05	0.00	0.00	141.05
8400227912		08/31/20	08/30/20	09/29/20			287.18	0.00	0.00	287.18

		LAUNDRY HOUSEKEEPING							
	8400227964		08/31/20	08/30/20	09/29/20	1,180.84	0.00	0.00	1,180.84
		LAUNDRY HOUSEKEEPING							
	8400227913		08/31/20	08/30/20	09/29/20	200.90	0.00	0.00	200.90
		LAUNDRY HOUSEKEEPING							
	8400227916		08/31/20	08/30/20	09/29/20	87.53	0.00	0.00	87.53
		LAUNDRY HOUSEKEEPING							
	8400227914		08/31/20	08/30/20	09/29/20	103.20	0.00	0.00	103.20
		LAUNDRY DIETARY							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		U1064	UNIFIRST HOLDINGS INC			3,659.31	0.00	0.00	3,659.31
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
	843713647		08/31/20	08/26/20	09/27/20		25.71	0.00	0.00	25.71
		SUPPLIES HIM							
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		U1200	UNITED AD LABEL CO INC				25.71	0.00	0.00	25.71
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
	3305114		09/12/20	09/05/20	09/27/20		1,689.68	0.00	0.00	1,689.68
		FOOD SUPPLIES DIETARY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10172	US FOOD SERVICE				1,689.68	0.00	0.00	1,689.68
Vendor#	Vendor Name				Class	Pay Code				
V1471	VICTORIA RADIOWORKS, LTD				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	16080275		08/31/20	08/31/20	09/30/20		300.00	0.00	0.00	300.00
		ADVERTISING 93.3 8/1 - 12/20/16								
	16080274		08/31/20	08/31/20	09/30/20		210.00	0.00	0.00	210.00
		ADVERTISING 104.7 Aug 1-12, 2016								
	16080277		08/31/20	08/31/20	09/30/20		40.00	0.00	0.00	40.00
		ADVERTISING 93.3 Aug 26, 2016								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		V1471	VICTORIA RADIOWORKS, LTD				550.00	0.00	0.00	550.00
Vendor#	Vendor Name				Class	Pay Code				
10793	WAGEWORKS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	125AIO86564		09/20/20	09/12/20			225.00	0.00	0.00	225.00
		FLEXIBLE SPENDING OTHER								
	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
	10606834		09/14/20	08/18/20	09/27/20		264.00	0.00	0.00	264.00
		LEGAL SERVICES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10943	WALLER,LANSDEN, DORTCH & DAVIS				264.00	0.00	0.00	264.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net

201,717.81	0.00	0.00	201,717.81

Pg 1 Correction <73.00>

Pg 3 Correction {<15,811.97>
+9,771.57

Pg 3 correction + 38.36

Pg 6 correction <267.05>

195,375.72

APPROVED
ON

SEP 21 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 10-5-16

RUN DATE:09/22/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:17:02 CHECK REGISTER GLCKREG
09/22/16 THRU 09/22/16

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	167990	09/22/16	422.58	FILTER TECHNOLOGY CO, INC
A/P	167991	09/22/16	1,460.61	BECTON, DICKINSON & CO (BD)
A/P	167992	09/22/16	153.03	ERBE USA INC SURGICAL SYSTEMS
A/P	167993	09/22/16	1,689.68	US FOOD SERVICE
A/P	167994	09/22/16	213.79	DSHS CENTRAL LAB MC2004
A/P	167995	09/22/16	269.81	MERCEDES MEDICAL
A/P	167996	09/22/16	142.00	PHARMEDIUM SERVICES LLC
A/P	167997	09/22/16	750.00	JAMES A DANIEL
A/P	167998	09/22/16	8,333.33	HITACHI MEDICAL SYSTEMS
A/P	167999	09/22/16	1,724.50	CENTURION MEDICAL PRODUCTS
A/P	168000	09/22/16	235.37	DEWITT POTH & SON
A/P	168001	09/22/16	336.70	PRECISION DYNAMICS CORP (PDC)
A/P	168002	09/22/16	400.00	CLINICAL & LABORATORY
A/P	168003	09/22/16	.00	VOIDED
A/P	168004	09/22/16	37,529.10	MORRIS & DICKSON CO, LLC
A/P	168005	09/22/16	31.21	SARA RUBIO
A/P	168006	09/22/16	1,817.17	GLAXOSMITHKLINE PHARMACUETICAL
A/P	168007	09/22/16	580.00	CLIA LABORATORY PROGRAM
A/P	168008	09/22/16	495.00	OSCAR TORRES
A/P	168009	09/22/16	9,771.57	CLINICAL PATHOLOGY
A/P	168010	09/22/16	225.00	WAGEWORKS
A/P	168011	09/22/16	44,546.07	MMC EMPLOYEE BENEFIT PLAN
A/P	168012	09/22/16	191.10	GENESIS DIAGNOSTICS
A/P	168013	09/22/16	1,333.33	SIEMENS FINANCIAL SERVICES
A/P	168014	09/22/16	6,145.37	BANK OF THE WEST
A/P	168015	09/22/16	30.00	THE UPS PRINT STORE
A/P	168016	09/22/16	264.00	WALLER,LANSDEN, DORTCH & DAVIS
A/P	168017	09/22/16	2,649.10	REVCYCLE+, INC.
A/P	168018	09/22/16	558.00	SHIFTHOUND
A/P	168019	09/22/16	367.00	KOVEN TECHNOLOGY, INC
A/P	168020	09/22/16	119.00	TRIZETTO PROVIDER SOLUTIONS
A/P	168021	09/22/16	1,117.50	PABLO GARZA
A/P	168022	09/22/16	662.27	MARLIN BUSINESS BANK
A/P	168023	09/22/16	1,341.14	THE US CONSULTING GROUP
A/P	168024	09/22/16	275.00	K & M SPORTS
A/P	168025	09/22/16	11,001.20	PORT LAVACA RETAIL GROUP LLC
A/P	168026	09/22/16	500.00	LAMAR COMPANIES
A/P	168027	09/22/16	1,695.00	HEARTSMART.COM
A/P	168028	09/22/16	280.35	IRON MOUNTAIN
A/P	168029	09/22/16	50.00	INTERMEDIX
A/P	168030	09/22/16	31.21	ADRIANNA GALVAN
A/P	168031	09/22/16	1,289.00	GREAT BASIN SCIENTIFIC, INC
A/P	168032	09/22/16	160.00	AORN
A/P	168033	09/22/16	42.93	GULF COAST HARDWARE / ACE
A/P	168034	09/22/16	2,830.66	AIRGAS USA, LLC - CENTRAL DIV
A/P	168035	09/22/16	742.25	ALCON LABORATORIES, INC.
A/P	168036	09/22/16	27.59	AQUA BEVERAGE COMPANY
A/P	168037	09/22/16	31.32	NADINE GARNER
A/P	168038	09/22/16	344.62	BARD PERIPHERAL VASCULAR
A/P	168039	09/22/16	776.75	BAXTER HEALTHCARE CORP

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	168040	09/22/16	746.08	BOSTON SCIENTIFIC CORPORATION
A/P	168041	09/22/16	418.00	CYGNUS MEDICAL LLC
A/P	168042	09/22/16	5,783.18	CDW GOVERNMENT, INC.
A/P	168043	09/22/16	121.26	D'S OUTDOOR POWER EQUIP INC
A/P	168044	09/22/16	1,787.00	DYNATRONICS CORPORATION
A/P	168045	09/22/16	16.16	FEDERAL EXPRESS CORP.
A/P	168046	09/22/16	79.14	FISHER HEALTHCARE
A/P	168047	09/22/16	619.34	GULF COAST PAPER COMPANY
A/P	168048	09/22/16	49.55	INDEPENDENCE MEDICAL
A/P	168049	09/22/16	433.80	INTOXIMETERS INC
A/P	168050	09/22/16	340.43	J & J HEALTH CARE SYSTEMS, INC
A/P	168051	09/22/16	27.00	LANGUAGE LINE SERVICES
A/P	168052	09/22/16	1,177.01	MARKS PLUMBING PARTS
A/P	168053	09/22/16	212.98	MARKETLAB, INC
A/P	168054	09/22/16	132.45	MCKESSON MEDICAL SURGICAL INC
A/P	168055	09/22/16	92.02	MMC AUXILIARY GIFT SHOP
A/P	168056	09/22/16	79.65	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	168057	09/22/16	260.98	ON-SITE TESTING SPECIALISTS
A/P	168058	09/22/16	.00	VOIDED
A/P	168059	09/22/16	4,641.01	OWENS & MINOR
A/P	168060	09/22/16	55.00	PALACIOS BEACON
A/P	168061	09/22/16	7,406.00	PHYSIO CONTROL CORPORATION
A/P	168062	09/22/16	7,900.00	PREMIER SLEEP DISORDERS CENTER
A/P	168063	09/22/16	1,231.77	PORT LAVACA WAVE
A/P	168064	09/22/16	810.00	RADIOLOGY UNLIMITED, PA
A/P	168065	09/22/16	1,767.93	SANOFI PASTEUR INC
A/P	168066	09/22/16	178.05	SHERWIN WILLIAMS
A/P	168067	09/22/16	255.02	SMITH & NEPHEW
A/P	168068	09/22/16	3,949.76	SO TEX BLOOD & TISSUE CENTER
A/P	168069	09/22/16	4,555.00	T-SYSTEM, INC
A/P	168070	09/22/16	32.92	UNIFIRST HOLDINGS
A/P	168071	09/22/16	3,659.31	UNIFIRST HOLDINGS INC
A/P	168072	09/22/16	25.71	UNITED AD LABEL CO INC
A/P	168073	09/22/16	550.00	VICTORIA RADIOWORKS, LTD
TOTALS:			195,375.72	

APPROVED
ON

SEP 21 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
9/26/2016

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	869,228.53	869,128.53	266,654.19	-	156,412.57	-	-	266,754.19	110,241.62

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	821,927.70	821,827.70	525,660.91	-	37,655.44	-	-	525,760.91	488,005.47
Crescent	4588	749,815.35	749,715.35	296,638.18	-	22,248.59	-	-	296,738.18	274,389.59
Broadmoor	4596	147,185.24	147,085.24	349,869.56	-	1,667.14	-	-	349,969.56	348,202.42
Fort Bend	4618	50,157.51	50,057.51	173,612.89	-	13,020.40	-	-	173,712.89	160,592.49
										1,271,189.97

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.

APPROVED
SEP 26 2016
COUNTY AUDITOR

Michael J. Pfeifer
Calhoun County Judge
Date: 10-5-16

E:\NH Weekly Transfers\NH UPL Transfer Summary 9-26-16.xlsx

IBC Bank Activity
9/19/16 through 9/25/16

Ashford Gardens					Transfer-Out	Transfer-In	
9/19/2016	05025	4553	142	ACH CREDIT RECEIVED		3,605.25	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*
9/19/2016	05025	4553	142	ACH CREDIT RECEIVED		9,655.85	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*
9/20/2016	05025	4553	495	OUTGOING MONEY TRANSFER	869,128.53		ASHFORD HEALTH CARE CENTER LTD
9/21/2016	05025	4553	142	ACH CREDIT RECEIVED		156,412.57	AMERIGROUP CORPO E-PAYMENT|MEMORIAL MEDICAL|ISA*00*
9/22/2016	05025	4553	301	COMMERCIAL DEPOSIT		72,869.27	
9/22/2016	05025	4553	142	ACH CREDIT RECEIVED		2,156.71	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|I
9/22/2016	05025	4553	142	ACH CREDIT RECEIVED		6,263.23	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04911
9/23/2016	05025	4553	142	ACH CREDIT RECEIVED		2,638.38	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*
9/23/2016	05025	4553	142	ACH CREDIT RECEIVED		3,536.00	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*
9/23/2016	05025	4553	142	ACH CREDIT RECEIVED		4,096.85	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN
9/23/2016	05025	4553	142	ACH CREDIT RECEIVED		5,420.08	Molina HC of TX Molina HC|ASHFORD GARDENS|TR
					869,128.53	266,654.19	

Solera at West Houstor					Transfer-Out	Transfer-In	
9/20/2016	05025	4561	495	OUTGOING MONEY TRANSFER	821,827.70		CANTEX HEALTH CARE CENTERS LLC
9/20/2016	05025	4561	142	ACH CREDIT RECEIVED		4,372.73	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1
9/20/2016	05025	4561	142	ACH CREDIT RECEIVED		4,357.83	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*
9/21/2016	05025	4561	142	ACH CREDIT RECEIVED		37,655.44	AMERIGROUP CORPO E-PAYMENT|MEMORIAL MEDICAL|ISA*00*
9/22/2016	05025	4561	301	COMMERCIAL DEPOSIT		42,246.31	
9/22/2016	05025	4561	142	ACH CREDIT RECEIVED		376,354.21	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011
9/22/2016	05025	4561	142	ACH CREDIT RECEIVED		674.58	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*0
9/22/2016	05025	4561	142	ACH CREDIT RECEIVED		2,559.46	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*0
9/23/2016	05025	4561	142	ACH CREDIT RECEIVED		53,196.71	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011
9/23/2016	05025	4561	142	ACH CREDIT RECEIVED		3,455.17	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN
9/23/2016	05025	4561	142	ACH CREDIT RECEIVED		788.47	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN
					821,827.70	525,660.91	

Crescent					Transfer-Out	Transfer-In	
9/19/2016	05025	4588	142	ACH CREDIT RECEIVED		5,131.94	Molina HC of TX Molina HC|THE CRESCENT|TRN*
9/19/2016	05025	4588	142	ACH CREDIT RECEIVED		1,335.98	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|0401
9/20/2016	05025	4588	142	ACH CREDIT RECEIVED		12,804.28	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*016091610.
9/20/2016	05025	4588	142	ACH CREDIT RECEIVED		1,880.49	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA*
9/20/2016	05025	4588	495	OUTGOING MONEY TRANSFER	749,715.35		CANTEX HEALTH CARE CENTERS III
9/21/2016	05025	4588	142	ACH CREDIT RECEIVED		163,103.87	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1
9/21/2016	05025	4588	142	ACH CREDIT RECEIVED		22,248.59	AMERIGROUP CORPO E-PAYMENT|MEMORIAL MEDICAL|ISA*00* *00*
9/22/2016	05025	4588	142	ACH CREDIT RECEIVED		10,508.42	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*
9/22/2016	05025	4588	301	COMMERCIAL DEPOSIT		55,147.51	
9/23/2016	05025	4588	142	ACH CREDIT RECEIVED		1,612.60	Molina HC of TX Molina HC|THE CRESCENT|TRN*1*EF
9/23/2016	05025	4588	142	ACH CREDIT RECEIVED		717.21	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TR
9/23/2016	05025	4588	142	ACH CREDIT RECEIVED		32.29	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1
9/23/2016	05025	4588	142	ACH CREDIT RECEIVED		19,468.11	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*
9/23/2016	05025	4588	142	ACH CREDIT RECEIVED		2,646.89	Molina HC of TX Molina HC|THE CRESCENT|TRN*1*EFT3769575*1201494502\
					749,715.35	296,638.18	

Broadmoor					Transfer-Out	Transfer-In	
9/19/2016	5025	4596	142	ACH CREDIT RECEIVED		1,123.05	Molina HC of TX Molina HC|THE BROADMOOR AT CREEK|TRN
9/20/2016	5025	4596	495	OUTGOING MONEY TRANSFER	147,085.24		CANTEX HEALTH CARE CENTERS III
9/21/2016	5025	4596	142	ACH CREDIT RECEIVED		1,667.14	AMERIGROUP CORPO E-PAYMENT|MEMORIAL MEDICAL|ISA*00* *00* *Z
9/22/2016	5025	4596	301	COMMERCIAL DEPOSIT		42,290.60	
9/22/2016	5025	4596	142	ACH CREDIT RECEIVED		283,186.25	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|0
9/23/2016	5025	4596	142	ACH CREDIT RECEIVED		518.33	Molina HC of TX Molina HC|THE BROADMOOR AT CREEK|TRN*1*E
9/23/2016	5025	4596	142	ACH CREDIT RECEIVED		21,084.19	NOVITAS SOLUTION HCCLAIMPMT|MEMDRIAL MEDICAL CENTE|04011|TRN*1*E
					147,085.24	349,869.56	

Fort Bend					Transfer-Out	Transfer-In	
9/19/2016	5025	4618	142	ACH CREDIT RECEIVED		12,508.88	Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRN*1
9/20/2016	5025	4618	142	ACH CREDIT RECEIVED		8,098.05	AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|
9/20/2016	5025	4618	495	OUTGOING MONEY TRANSFER	50,057.51		CANTEX HEALTH CARE CENTERS III
9/21/2016	5025	4618	142	ACH CREDIT RECEIVED		13,020.40	AMERIGROUP CORPO E-PAYMENT|MEMDRIAL MEDICAL|ISA*00* *00*
9/22/2016	5025	4618	301	COMMERCIAL DEPOSIT		52,388.40	
9/22/2016	5025	4618	142	ACH CREDIT RECEIVED		67,678.59	NOVITAS SOLUTION HCCLAIMPMT|MEMDRIAL MEDICAL CENTE|04011|TRN*1*EF
9/23/2016	5025	4618	142	ACH CREDIT RECEIVED		8,091.53	NOVITAS SOLUTION HCCLAIMPMT|MEMDRIAL MEDICAL CENTE|04011|TRN*1*EF
9/23/2016	5025	4618	142	ACH CREDIT RECEIVED		7,495.83	Molina HC of TX Molina HC|FORT BEND CONTINUING C|T
9/23/2016	5025	4618	142	ACH CREDIT RECEIVED		4,331.21	Molina HC of TX Molina HC|FORT BEND CONTINUING C|T
					50,057.51	173,612.89	

Account Portfolio as of 09/26/2016 8:36:37 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	$511,758.51	$511,758.51
Memorial Medical Center	4553	$266,754.19	$271,640.55
Memorial Medical Center	4561	$525,760.91	$534,771.76
Memorial Medical Center	4588	$296,738.18	$299,342.68
Memorial Medical Center	4596	$349,969.56	$349,969.56
Memorial Medical Center	4618	$173,712.89	$178,058.30
Memorial Medical Center Operat	0301	$2,435,274.80	$2,546,692.27
County of Calhoun Indigent	1101	$3,634.08	$3,634.08
Totals		**$4,563,603.12**	**$4,695,867.71**

RUN DATE:09/26/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:13:42 CHECK REGISTER and Payable List GLCKREG
09/26/16 THRU 09/26/16

BANK--CHECK-- CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000824	09/26/16	573.41	MCKESSON
A/P	000825	09/26/16	736.71	MCKESSON
A/P	000826	09/26/16	1,612.31	MCKESSON
TOTALS:			2,922.43	

340B Prescription Expenses

APPROVED
ON

SEP 26 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 10-5-16

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: 09/23/2016

DC: 8115

Territory: 400

Customer: 190813
Date: 09/24/2016

Page: 001

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

As of: 09/23/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 09/24/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
09/19/2016	09/27/2016	7767378856	1000885905	115Invoice	1.50	74.96		73.46		7767378856	
09/19/2016	09/27/2016	7767378857	1000886467	115Invoice	0.17	8.68		8.51		7767378857	
09/19/2016	09/27/2016	7767378858	1000886860	115Invoice	0.41	20.39		19.98		7767378858	
09/19/2016	09/27/2016	7767378859	1000886860	115Invoice	3.91	195.41		191.50		7767378859	
09/20/2016	09/27/2016	7767622993	1000887245	115Invoice	0.76	37.85		37.09		7767622993	
09/21/2016	09/27/2016	7767841082	1000887854	115Invoice	4.55	227.70		223.15		7767841082	
09/23/2016	09/27/2016	7768306025	1000889076	115Invoice	0.40	20.12		19.72		7768306025	

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

TOTAL:

Subtotals: 585.11 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 467.42
09/19/2016

If Paid By 09/27/2016,
Pay This Amount: 573.41 USD

If Paid After 09/27/2016,
Pay this Amount: 585.11 USD

Due If Paid On Time:
USD 573.41
Disc lost if paid late:
11.70
Due If Paid Late:
USD 585.11

CK# 824

APPROVED
ON

SEP 26 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 09/23/2016

Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 09/24/2016

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: 09/23/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 09/24/2016

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	
09/19/2016	09/27/2016	7767379185	1095597	115Invoice	0.02	1.06		√ 1.04 ✓		7767379185	
09/19/2016	09/27/2016	7767379186	3454581717	115Invoice	0.07	3.57		√ 3.50 ✓		7767379186	
09/20/2016	09/27/2016	7767649401	3454581720	115Invoice	1.63	81.70		√80.07 ✓		7767649401	
09/21/2016	09/27/2016	7767864135	3454581723	115Invoice	4.57	228.42		√223.85 ✓		7767864135	
09/22/2016	09/27/2016	7768109074	3454581726	115Invoice	1.22	61.19		√ 59.97 ✓		7768109074	
09/22/2016	09/27/2016	7768109075	3454581726	115Invoice	7.34	367.12		√ 359.78 ✓		7768109075	
09/23/2016	09/27/2016	7768315782	3454581729	115Invoice	0.17	8.67		√ 8.50 ✓		7768315782	

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

TOTAL:

Subtotals: 751.73 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 603.89
09/19/2016

If Paid By 09/27/2016,
Pay This Amount: 736.71 USD

If Paid After 09/27/2016,
Pay this Amount: 751.73 USD

Due If Paid On Time:
USD 736.71
Disc lost if paid late:
15.02
Due If Paid Late:
USD 751.73

Ck# 825

APPROVED
ON
SEP 26 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: 09/23/2016

DC: 8115

Territory: 400

Customer: 262252
Date: 09/24/2016

Page: 001

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

As of: 09/23/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 09/24/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
09/19/2016	09/27/2016	7767394512	1000885907	115Invoice	2.60	130.24		127.64		7767394512	
09/19/2016	09/27/2016	7767394513	1000886862	115Invoice	0.03	1.34		1.31		7767394513	
09/19/2016	09/27/2016	7767394515	1000886862	115Invoice	4.66	232.85		228.19		7767394515	
09/20/2016	09/27/2016	7767660802	1000887247	115Invoice	5.39	269.74		264.35		7767660802	
09/21/2016	09/27/2016	7767864337	1000887856	115Invoice	0.08	3.82		3.74		7767864337	
09/22/2016	09/27/2016	7768104487	1000888493	115Invoice	4.37	218.58		214.21		7768104487	
09/23/2016	09/27/2016	7768333570	1000889078	115Invoice	15.77	788.64		772.87		7768333570	

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

TOTAL:

Subtotals: 1,645.21 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,776.80
09/19/2016

If Paid By 09/27/2016,
Pay This Amount: 1,612.31 USD

If Paid After 09/27/2016,
Pay this Amount: 1,645.21 USD

Due If Paid On Time:
USD 1,612.31

Disc lost if paid late:
32.90

Due If Paid Late:
USD 1,645.21

Ck#826

APPROVED
ON
SEP 26 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

APPROVED
ON

SEP 29 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

09/28/2016
15:41

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 10/09/2016

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
10250	4IMPRINT ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
12653860 ✓	SUPPLIES PT	09/15/20	09/01/20	10/01/20		481.48	0.00	0.00	481.48 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10250	4IMPRINT	481.48	0.00	0.00	481.48

Vendor#	Vendor Name	Class	Pay Code
11234	ADRIANNA GALVAN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21358-	TRAVEL ADMIN	09/28/20	09/26/20	09/26/20		222.91 239.39	0.00	0.00	222.91 239.39
21359-	TRAVEL ADMIN	09/28/20	09/27/20	09/28/20		30.35	0.00	0.00	30.35 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11234	ADRIANNA GALVAN	253.26	0.00	0.00	253.26

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
9055023415 ✓	SUPPLIES PLANT OPS	09/15/20	09/02/20	10/02/20		313.15	0.00	0.00	313.15 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	313.15	0.00	0.00	313.15

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
91057579 ✓	SUPPLIES GENERAL LAB	09/19/20	09/06/20	10/06/20		143.59	0.00	0.00	143.59 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10533	ALERE NORTH AMERICA INC	143.59	0.00	0.00	143.59

Vendor#	Vendor Name	Class	Pay Code
11232	AMN HEALTHCARE ALLIED, INC. ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2525347 ✓	PROF FEES PHY THRPY	09/22/20	09/08/20	10/08/20		3,361.00	0.00	0.00	3,361.00 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11232	AMN HEALTHCARE ALLIED, INC.	3,361.00	0.00	0.00	3,361.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
75786161 ✓	SUPPLIES SURGERY	09/14/20	09/07/20	10/07/20		224.31	0.00	0.00	224.31 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B0435	BARD PERIPHERAL VASCULAR	224.31	0.00	0.00	224.31

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
52075286 ✓		09/14/20	09/01/20	10/01/20		190.50	0.00	0.00	190.50 ✓

	IV PUMP RENTAL								
52073044		09/14/20	09/01/20	10/01/20		2,767.00	0.00	0.00	2,767.00
	IV PUMP RENTAL								
52065738		09/14/20	09/01/20	10/01/20		355.45	0.00	0.00	355.45
	CS INVENTORY								
52120528		09/14/20	09/08/20	10/08/20		318.32	0.00	0.00	318.32
	CS INVENTORY								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	B1075	BAXTER HEALTHCARE CORP				3,631.27	0.00	0.00	3,631.27
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
	6004401009		09/14/20	09/01/20	10/01/20		775.08	0.00	0.00	775.08
	SUPPLIES CT SCAN									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2485	BAYER HEALTHCARE				775.08	0.00	0.00	775.08
Vendor#	Vendor Name			Class	Pay Code				
B1220	BECKMAN COULTER INC			M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	105840214		09/19/20	09/01/20	10/01/20		90.24	0.00	0.00	90.24
	SUPPLY LAB									
	105840193		09/19/20	09/01/20	10/01/20		214.86	0.00	0.00	214.86
	SUPPY LAB									
	105842976		09/19/20	09/02/20	10/02/20		4,472.66	0.00	0.00	4,472.66
	SUPPLY LAB									
	105842850		09/19/20	09/02/20	10/02/20		790.92	0.00	0.00	790.92
	SUPPLY LAB									
	105843003		09/19/20	09/02/20	10/02/20		3,139.96	0.00	0.00	3,139.96
	SUPPLY LAB									
	105844066		09/19/20	09/05/20	10/05/20		157.84	0.00	0.00	157.84
	SUPPLY LAB									
	105844243		09/19/20	09/05/20	10/05/20		443.61	0.00	0.00	443.61
	SUPPLY LAB									
	105846597		09/19/20	09/06/20	10/06/20		115.74	0.00	0.00	115.74
	SUPPLY LAB									
	105842779		09/19/20	09/06/20	10/06/20		346.06	0.00	0.00	346.06
	SUPPLY LAB									
	105846990		09/19/20	09/06/20	10/06/20		175.50	0.00	0.00	175.50
	SUPPLY LAB									
	105847220		09/19/20	09/06/20	10/06/20		9,147.51	0.00	0.00	9,147.51
	SUPPLY LAB									
	105846487		09/19/20	09/06/20	10/06/20		6,722.55	0.00	0.00	6,722.55
	SUPPLY LAB									
	105848888		09/19/20	09/07/20	10/07/20		241.92	0.00	0.00	241.92
	SUPPPY LAB									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC				26,059.37	0.00	0.00	26,059.37
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
	82263183		09/14/20	09/08/20	10/08/20		133.98	0.00	0.00	133.98
	SUPPLIES OB									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1680	BOUND TREE MEDICAL, LLC	133.98	0.00	0.00	133.98

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
100951581		09/22/20	09/30/20	09/30/20			635.35	0.00	0.00	635.35 ✓
	PURCHASED SERVICES INFO									
21346		09/26/20	09/22/20	09/30/20			43.80	0.00	0.00	43.80 ✓
	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
C1030	CAL COM FEDERAL CREDIT UNION ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21347		09/27/20	09/20/20	09/20/20			25.00	0.00	0.00	25.00 ✓
	ACCRUED CREDIT UNION AC(									

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
80011220860- ✓		09/23/20	08/31/20	09/30/20			636.47	0.00	0.00	636.47 ✓
	SUPPLIES GENERAL NUC MEI									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1825	CARDINAL HEALTH 414,LLC	636.47	0.00	0.00	636.47

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
31908800 ✓		09/19/20	09/09/20	10/09/20			289.91	0.00	0.00	289.91 ✓
	SUPPLIES GENERAL GROUNI									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1275	CARROT TOP INDUSTRIES INC	289.91	0.00	0.00	289.91

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
92093691 ✓		09/09/20	09/02/20	10/02/20			320.80	0.00	0.00	320.80 ✓
	CS INVENTORY									
92094617 ✓		09/14/20	09/06/20	10/06/20			199.68	0.00	0.00	199.68 ✓
	CS INVENTORY									
92095556 ✓		09/14/20	09/07/20	10/07/20			674.68	0.00	0.00	674.68 ✓
	CS INVENTORY & RECOVERY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10350	CENTURION MEDICAL PRODUCTS	1,195.16	0.00	0.00	1,195.16

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
21354-		09/28/20	09/09/20	10/09/20			285.00	0.00	0.00	285.00 ✓
	SUPPLIES GENERAL EDUCAT									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1600	CITIZENS MEDICAL CENTER	285.00	0.00	0.00	285.00

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
12-1215-00		09/22/20	09/19/20				128.92	0.00	0.00	128.92 ✓
	WATER & SEWER PLNT OPER									
21353-		09/27/20	09/16/20	10/06/20			4,174.08	0.00	0.00	4,174.08 ✓
	WATER &SEWER PLNT OPER									
21353		09/27/20	09/16/20	10/06/20			205.35	0.00	0.00	205.35 ✓
	WATER & SEWER PLNT OPER									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1730	CITY OF PORT LAVACA	4,508.35	0.00	0.00	4,508.35

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
RT00137310 ✓		09/14/20	08/24/20	10/01/20			7,682.67	0.00	0.00	7,682.67 ✓
	LEASE CLINIC & 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

10006 CUSTOM MEDICAL SPECIALTIES ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
212517 ✓		09/09/20	09/01/20	10/01/20			608.03	0.00	0.00	608.03 ✓
	SUPPLIES CT SCAN									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10006	CUSTOM MEDICAL SPECIALTIES	608.03	0.00	0.00	608.03

Vendor# Vendor Name — Class — Pay Code

10509 DA&E ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8913		09/27/20	09/02/20	10/02/20			3,150.00	0.00	0.00	3,150.00 ✓
	PROF FEES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10509	DA&E	3,150.00	0.00	0.00	3,150.00

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
21374		09/28/20	09/25/20	09/25/20			756.03	0.00	0.00	756.03 ✓
	OUTSIDE SRV TRANSCRIPTIC									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11008	DERRI HART	756.03	0.00	0.00	756.03

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
481521-0 ✓		09/09/20	09/02/20	10/02/20			301.86	0.00	0.00	301.86 ✓
	CS INVENTORY									
481934-0 ✓		09/09/20	09/07/20	10/07/20			250.58	0.00	0.00	250.58 ✓
	CS INVENTORY									
481491-0 ✓		09/14/20	09/02/20	10/02/20			20.82	0.00	0.00	20.82 ✓
	OFFICE SUPPLIES CARDIAC F									
481850-0 ✓		09/14/20	09/06/20	10/06/20			18.53	0.00	0.00	18.53 ✓
	OFFICE SUPPLIES CLINIC									
481617-0 ✓		09/14/20	09/06/20	10/06/20			126.15	0.00	0.00	126.15 ✓
	OFFICE SUPPLIES HIM									
481619-0 ✓		09/14/20	09/06/20	10/06/20			115.01	0.00	0.00	115.01 ✓

	OFFICE SUPPLIES BEHAVE HI							
481835-0		09/14/20	09/06/20	10/06/20	505.72	0.00	0.00	505.72
	OFFICE SUPPLIES CARDIAC F							
481865-0		09/14/20	09/06/20	10/06/20	19.47	0.00	0.00	19.47
	OFFICE SUPPLIES SPECIAL C							
482026-0		09/14/20	09/08/20	10/08/20	12.00	0.00	0.00	12.00
	OFFICE SUPPLIES CARDIAC F							
482122-0		09/14/20	09/08/20	10/08/20	39.24	0.00	0.00	39.24
	OFFICE SUPPLIES BEHAVE HI							
482185-0		09/14/20	09/09/20	10/09/20	81.29	0.00	0.00	81.29
	OFFICE SUPPLIES OB							
481922-0		09/19/20	09/07/20	10/07/20	28.57	0.00	0.00	28.57
	OFFICE SUPPLIES							
481896-0		09/19/20	09/07/20	10/07/20	25.91	0.00	0.00	25.91
	OFFICE SUPPLIES							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON			1,545.15	0.00	0.00	1,545.15

Vendor#	Vendor Name	Class	Pay Code
D1532	DIGITAL INOVATION, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
998163		09/14/20	09/01/20	10/01/20			1,875.00	0.00	0.00	1,875.00
	YEARLY MAINT & SUPPORT E									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1532	DIGITAL INOVATION, INC.	1,875.00	0.00	0.00	1,875.00

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
21356		09/27/20	09/26/20	09/27/20			276.00	0.00	0.00	276.00
	TRAVEL MED/SURG									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10026	DONN STRINGO	276.00	0.00	0.00	276.00

Vendor#	Vendor Name	Class	Pay Code
D1710	DOWNTOWN CLEANERS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21357		09/27/20	09/13/20	09/23/20			32.00	0.00	0.00	32.00
	PURCHASED SERVICES HOU									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1710	DOWNTOWN CLEANERS	32.00	0.00	0.00	32.00

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
21341		09/26/20	09/21/20	09/21/20			339.95	0.00	0.00	339.95
	SUPPLIES GENERAL SURGIC/									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11079	DR. PETER ROJAS	339.95	0.00	0.00	339.95

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
21372		09/28/20	09/27/20	10/01/20			136.08	0.00	0.00	136.08
	TRAVEL QUALT ASU									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
		Quality Plan Steering committe meeting 9/21/16				

	T0383	ERIN CLEVENGER				136.08	0.00	0.00	136.08
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
	902778110		09/19/20	09/01/20	10/01/20	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				
F1050	FASTENAL COMPANY			M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	TXPOT165413		09/19/20	09/06/20	10/06/20	8.19	0.00	0.00	8.19
		SUPPLIES PLANT ORER							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		F1050	FASTENAL COMPANY			8.19	0.00	0.00	8.19
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
	09A16MMC		09/27/20	09/01/20	10/01/20	495.00	0.00	0.00	495.00
		PURCHASED SERVICES ADMI							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		10689	FASTHEALTH CORPORATION			495.00	0.00	0.00	495.00
Vendor#	Vendor Name			Class	Pay Code				
F1100	FEDERAL EXPRESS CORP.			W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	5-545-97240-		09/28/20	09/15/20	09/30/20	120.50	0.00	0.00	120.50
		FREIGHT LAB AND SURGERY							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		F1100	FEDERAL EXPRESS CORP.			120.50	0.00	0.00	120.50
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
	21348		09/27/20	09/20/20	09/20/20	75.00	0.00	0.00	75.00
		EMPL EXP P/R CLEARNG OTH							
	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
	5722288		09/19/20	09/01/20	10/01/20	131.12	0.00	0.00	131.12
		LAB SUPPLIES							
	5880240		09/19/20	09/07/20	10/07/20	542.67	0.00	0.00	542.67
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		F1400	FISHER HEALTHCARE			673.79	0.00	0.00	673.79
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
	4675		09/27/20	09/07/20	10/07/20	214.40	0.00	0.00	214.40
		REPAIRS INSTRUMENT SURG							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		10678	FIVE STAR STERILIZER SERVICES			214.40	0.00	0.00	214.40

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
0204674-IN	MAINT CONT PLANT OPS	09/14/20	09/01/20	10/01/20		530.00	0.00	0.00	530.00

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

Vendor#	Vendor Name	Class	Pay Code
10283	GE HEALTHCARE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
6000587974	MAINT CONTR RADIOLOGY	09/22/20	09/01/20	10/01/20		3,173.16	0.00	0.00	3,173.16

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
030401192	DUES & SUBCRIPTIONS OB	09/14/20	09/09/20	10/09/20		827.01	0.00	0.00	827.01

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
10642	GLAXOSMITHKLINE PHARMACUETICAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
33383481	PHARMACY DRUGS	08/17/20	08/03/20	10/02/20		686.37	0.00	0.00	686.37
33383465	PHARMACY DRUGS	08/17/20	08/03/20	10/02/20		210.09	0.00	0.00	210.09

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10642	GLAXOSMITHKLINE PHARMACUETICAL	896.46	0.00	0.00	896.46

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
105737	SUPPLIES GENERALL PLNT O	09/26/20	09/15/20	09/25/20		40.99	0.00	0.00	40.99
105758	SUPPLIES GENERAL PLLNT O	09/27/20	09/16/20	09/26/20		10.48	0.00	0.00	10.48
105789	SUPPLIES GENRAL PLNT OPE	09/27/20	09/19/20	09/29/20		3.90	0.00	0.00	3.90
105861	SUPPLIES GENERAL PLNT OF	09/27/20	09/21/20	10/01/20		63.97	0.00	0.00	63.97
105855	SUPPLIES GENERAL PLNT OF	09/27/20	09/21/20	10/01/20		47.99	0.00	0.00	47.99
105863	SUPPLIES GENERAL PLNT OF	09/27/20	09/21/20	10/01/20		-12.71	0.00	0.00	-12.71
105888	SUPPLIES GENERAL PLNT OF	09/27/20	09/22/20	10/02/20		36.55	0.00	0.00	36.55
1059	SUPPLIES GENERAL PLNT OF	09/27/20	09/22/20	10/02/20		8.99	0.00	0.00	8.99
105943	SUPPLIES GENERAL PLNT OF	09/27/20	09/23/20	10/03/20		0.08	0.00	0.00	0.08

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1292	GULF COAST HARDWARE / ACE	200.24	0.00	0.00	200.24

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1192890 ✓		09/09/20	09/06/20	10/06/20			426.67	0.00	0.00	426.67 ✓
	SUPPLIES HOUSEKEEPING									
1127987 ✓		09/22/20	04/26/20	10/01/20			83.00	0.00	0.00	83.00 ✓
	SUPPLIES GENERAL HOUSEK									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	509.67	0.00	0.00	509.67

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
851098987		09/14/20	09/01/20	10/01/20			11.25	0.00	0.00	11.25 ✓
	MAINT CONTR ANESTHESA									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H1850	HOSPIRA WORLDWIDE, INC	11.25	0.00	0.00	11.25

Vendor# 10922 Vendor Name: HUNTER PHARMACY SERVICES ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1816 ✓		09/14/20	08/31/20	10/01/20			14,699.72	0.00	0.00	14,699.72 ✓
	OUTSIDE SRV PHARMACY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10922	HUNTER PHARMACY SERVICES	14,699.72	0.00	0.00	14,699.72

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
41717309 ✓		09/14/20	09/02/20	10/02/20			86.22	0.00	0.00	86.22 ✓
	CS INVENTORY									
41793348 ✓		09/14/20	09/08/20	10/08/20			39.63	0.00	0.00	39.63 ✓
	CS INVENTORY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I0415	INDEPENDENCE MEDICAL	125.85	0.00	0.00	125.85

Vendor# I1127 Vendor Name: INTEGRATED MEDICAL SYSTEMS ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1358390 ✓		09/19/20	09/09/20	10/09/20			236.00	0.00	0.00	236.00
	REPAIR SURGERY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I1127	INTEGRATED MEDICAL SYSTEMS	236.00	0.00	0.00	236.00

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
917020171 ✓		09/22/20	09/07/20	10/07/20			330.26	0.00	0.00	330.26 ✓
	SURGERY SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE SYSTEMS, INC	330.26	0.00	0.00	330.26

Vendor# 10920 Vendor Name: JAMIE GRASSE ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21345		09/26/20	09/21/20	09/21/20			56.30	0.00	0.00	56.30 4467

TRAVEL EXPENSE INDIGENT

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10920	JAMIE GRASSE	56.30	0.00	0.00	56.30

Vendor#	Vendor Name	Class	Pay Code
10341	JENISE SVETLIK		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21362-		09/28/20	09/23/20	09/23/20			477.84	0.00	0.00	477.84

TRAVEL NURS ADMIN

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10341	JENISE SVETLIK	477.84	0.00	0.00	477.84

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
INV0539116		09/12/20	09/01/20	10/01/20			1,366.67	0.00	0.00	1,366.67

FUEL EXPENSE PLANT OPS

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10578	LUMINANT ENERGY COMPANY LLC	1,366.67	0.00	0.00	1,366.67

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
21351		09/28/20	09/20/20	09/20/20			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
84925841		09/19/20	09/02/20	10/02/20			43.38	0.00	0.00	43.38
	SUPPLIES GENERAL LAB									
85000149		09/19/20	09/06/20	10/06/20			2,396.44	0.00	0.00	2,396.44
	SUPPLIES GENERAL LAB									
85163623		09/19/20	09/08/20	10/08/20			223.37	0.00	0.00	223.37
	SUPPLIES GENERAL LAB									
85100562		09/22/20	09/07/20	10/07/20			10.20	0.00	0.00	10.20

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	2,673.39	0.00	0.00	2,673.39

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
1814253552		09/14/20	09/02/20	10/02/20			56.82	0.00	0.00	56.82
	SUPPLIES CLINIC									
1814318067		09/14/20	09/03/20	10/03/20			8.98	0.00	0.00	8.98
	CS INVENTORY									
1814550366		09/20/20	09/09/20	10/09/20			34.99	0.00	0.00	34.99
	CENTRAL SUPPLY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	100.79	0.00	0.00	100.79

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

21350		09/27/20	09/20/20	09/20/20		65.00	0.00	0.00	65.00
	EMPL EXP P/R CLEARNG OTH								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10963	MEMORIAL MEDICAL CLINIC				65.00	0.00	0.00	65.00
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
7009111435		09/14/20	08/04/20	10/02/20		1,172.33	0.00	0.00	1,172.33
	PHARMACY DRUGS								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10904	MERCK SHARP & DOHME CORP				1,172.33	0.00	0.00	1,172.33
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
SINV119623		09/28/20	08/31/20	09/10/20		3,320.00	0.00	0.00	3,320.00
	PHY RECRUITMENT ADMIN								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2658	MERRITT, HAWKINS & ASSOCIATES				3,320.00	0.00	0.00	3,320.00
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
30094301369		09/14/20	09/02/20	10/02/20		1,045.18	0.00	0.00	1,045.18
	SUPPLIES XRAY								
30094302697		09/14/20	09/07/20	10/07/20		149.78	0.00	0.00	149.78
	SUPPLIES CT SCAN								
32590512057		09/26/20	09/02/20	10/02/20		266.67	0.00	0.00	266.67
	PURCHASED SERVICES MAM								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2659	MERRY X-RAY/SOURCEONE HEALTHCA				1,461.63	0.00	0.00	1,461.63
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
21368		09/27/20	09/01/20	10/01/20		258.52	0.00	0.00	258.52
	EMPL EXP P/R CLEARNG OTH								
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			
10536	MORRIS & DICKSON CO, LLC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9342568		09/26/20	09/20/20	09/21/20		31.69	0.00	0.00	31.69
	INVENTORY PHARMACY								
9342569		09/26/20	09/20/20	09/21/20		534.61	0.00	0.00	534.61
	INVENTORY PHARMACY								
9342570		09/26/20	09/20/20	09/21/20		294.66	0.00	0.00	294.66
	INVENTROY PHARMACY								
9342571		09/26/20	09/20/20	09/21/20		44.39	0.00	0.00	44.39
	INVENTROY PHARMACY								
9342738		09/26/20	09/20/20	09/21/20		23.68	0.00	0.00	23.68
	INVENTORY PHARMACY								
9347829		09/26/20	09/21/20	09/22/20		112.97	0.00	0.00	112.97
	INVENTORY PHARMACY								
5213-		09/26/20	09/21/20	09/22/20		-5.87	0.00	0.00	-5.87

	INVERNTORY PHARMACY INV						
93447832	09/26/20 09/21/20 09/22/20		41.01	0.00	0.00	41.01	
	INVENTORY PHARMACY						
9347831	09/26/20 09/21/20 09/22/20		179.72	0.00	0.00	179.72	
	INVENTORY PHARMACY INVE						
9347413	09/26/20 09/21/20 09/22/20		5.35	0.00	0.00	5.35	
	INVENTORY PHARMACY						
9343339	09/26/20 09/21/20 09/22/20		0.49	0.00	0.00	0.49	
	INVENTORY PHARMACY						
9347830	09/26/20 09/21/20 09/22/20		1,374.90	0.00	0.00	1,374.90	
	INVENTORY PHARMACY						
9343340	09/26/20 09/21/20 09/22/20		101.56	0.00	0.00	101.56	
	INVENTORY PHARMACY						
9347833	09/26/20 09/21/20 09/22/20		521.85	0.00	0.00	521.85	
	INVENTORY PHARMACY						
5339	09/27/20 09/21/20 09/22/20		-10.65	0.00	0.00	-10.65	
	INVENTORY PHARMACY INVE						
9350895	09/27/20 09/22/20 09/23/20		117.16	0.00	0.00	117.16	
	INVENTORY PHARMACY INVE						
9348645	09/27/20 09/22/20 09/23/20		836.75	0.00	0.00	836.75	
	INVENTORY PHARMACY INVE						
9350894	09/27/20 09/22/20 09/23/20		5,774.61	0.00	0.00	5,774.61	
	INVENTORY PHARMACY INVE						
9350893	09/27/20 09/22/20 09/23/20		12.14	0.00	0.00	12.14	
	INVENTORY PHARMACY INVE						
9354759	09/27/20 09/23/20 09/24/20		47.88	0.00	0.00	47.88	
	INVENTORY PHARMACY INVE						
9354758	09/27/20 09/23/20 09/24/20		352.46	0.00	0.00	352.46	
	INVENTORY PHARMACY INVE						
69354757	09/27/20 09/23/20 09/24/20		53.05	0.00	0.00	53.05	
	INVENTORY PHARMACY INVE						
CM95091	09/27/20 09/23/20 09/24/20		-107.31	0.00	0.00	-107.31	
	INVENTORY PHARMACY INVE						
9354629	09/27/20 09/23/20 09/24/20		22.20	0.00	0.00	22.20	
	INVENTORY PHARMACY						
9364143	09/27/20 09/26/20 09/27/20		123.51	0.00	0.00	123.51	
	INVENTORY PHARMACY						
9359889	09/27/20 09/26/20 09/27/20		34.89	0.00	0.00	34.89	
	INVERNTORY PHARMACY INV						
9362758	09/27/20 09/26/20 09/27/20		27.38	0.00	0.00	27.38	
	INVENTORY PHARMACY						
9364145	09/27/20 09/26/20 09/27/20		673.90	0.00	0.00	673.90	
	INVENTORY PHARMACY INVE						
9364144	09/27/20 09/26/20 09/27/20		2,916.72	0.00	0.00	2,916.72	
	INVENTORY PHARMACY INVE						
Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net	
	10536	MORRIS & DICKSON CO, LLC	14,135.70	0.00	0.00	14,135.70	

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
	21364		09/27/20	09/22/20	09/30/20		3,750.00	0.00	0.00	3,750.00

PURCHASED SERVICES DIET

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	N1225	NUTRITION OPTIONS	3,750.00	0.00	0.00	3,750.00

Vendor#	Vendor Name	Class	Pay Code
O1416	ORTHO CLINICAL DIAGNOSTICS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1850091949		09/15/20	09/01/20	10/01/20			368.84	0.00	0.00	368.84
	BLOOD BANK SUPPLIES									
1850032072		09/26/20	07/26/20	08/25/20			866.57	0.00	0.00	866.57
	SUPPLIES GENERAL BLOOD E									
185003373		09/26/20	07/27/20	08/26/20			760.93	0.00	0.00	760.93
	SUPPLIES GENERAL BLOOD E									
1850057827-		09/26/20	08/18/20	09/17/20			1,657.55	0.00	0.00	1,657.55
	SUPPLIES GENERAL BLOOK E									
1850061298-		09/26/20	08/23/20	09/22/20			866.57	0.00	0.00	866.57
	SUPPLIES GENERAL BLOOK E									
1850091950		09/26/20	09/01/20	10/01/20			113.00	0.00	0.00	113.00
	SUPPLIES GENERAL BLOOD E									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	O1416	ORTHO CLINICAL DIAGNOSTICS	4,633.46	0.00	0.00	4,633.46

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
2020592475		09/09/20	09/01/20	10/01/20			51.48	0.00	0.00	51.48
	SUPPLIES ER									
2020600388		09/09/20	09/01/20	10/01/20			1,005.37	0.00	0.00	1,005.37
	SUPPLIES VARIOUS DEPTS									
2020592130		09/09/20	09/01/20	10/01/20			84.46	0.00	0.00	84.46
	CS INVENTORY									
2020593963		09/09/20	09/01/20	10/01/20			26.49	0.00	0.00	26.49
	CS INVENTORY									
2020601288		09/09/20	09/01/20	10/01/20			1,801.30	0.00	0.00	1,801.30
	CS INVENTORY & LAB SUPPL									
2020721255		09/14/20	09/07/20	10/07/20			961.00	0.00	0.00	961.00
	SUPPLIES VARIOUS DEPTS									
2020719741		09/14/20	09/07/20	10/07/20			37.90	0.00	0.00	37.90
	CS INVENTORY									
2020718845		09/14/20	09/07/20	10/07/20			20.05	0.00	0.00	20.05
	CS INVENTORY									
2020771211		09/14/20	09/08/20	10/08/20			1,501.38	0.00	0.00	1,501.38
	CS INVENTORY									
2020765443		09/14/20	09/08/20	10/08/20			432.09	0.00	0.00	432.09
	SUPPLIES LAB & SURGERY									
2020765040		09/14/20	09/08/20	10/08/20			52.83	0.00	0.00	52.83
	SUPPLIES SURGERY									
2020764485		09/14/20	09/08/20	10/08/20			44.25	0.00	0.00	44.25
	SUPPLIES RESP CARE									
2020771434		09/14/20	09/08/20	10/08/20			1,394.55	0.00	0.00	1,394.55
	SUPPLIES VARIOUS DEPTS									
2020764843		09/14/20	09/08/20	10/08/20			301.26	0.00	0.00	301.26
	SUPPLIES SURGERY									
2020110095		09/21/20	08/16/20	10/01/20			44.73	0.00	0.00	44.73

CS INVENTORY

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR	7,759.14	0.00	0.00	7,759.14

Vendor#	Vendor Name	Class	Pay Code
11155	PARA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1968		09/14/20	09/01/20	10/01/20			2,000.00	0.00	0.00	2,000.00
	OUTSIDE SRV ADMIN									

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
10204	PHARMEDIUM SERVICES LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
A1728806		09/20/20	09/02/20	10/02/20			324.90	0.00	0.00	324.90
	INVENTORY PHARMACY									
A1724289		09/20/20	09/02/20	10/02/20			397.80	0.00	0.00	397.80
	PHARMACY DRUG									
A1729040		09/20/20	09/08/20	10/08/20			142.00	0.00	0.00	142.00
	INVENTORY PHARMACY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10204	PHARMEDIUM SERVICES LLC	864.70	0.00	0.00	864.70

Vendor#	Vendor Name	Class	Pay Code
P1476	PHILIPS HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
933402620		09/26/20	08/30/20	09/20/20			2,626.58	0.00	0.00	2,626.58
	MAINT CONTR NUC MED									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P1476	PHILIPS HEALTHCARE	2,626.58	0.00	0.00	2,626.58

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
066146		09/21/20	08/15/20	10/01/20			280.40	0.00	0.00	280.40
067646		09/21/20	08/29/20	10/01/20			131.04	0.00	0.00	131.04
	SUPPLIES GENERAL LAB									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10541	PLATINUM CODE	411.44	0.00	0.00	411.44

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
3519741		09/19/20	09/08/20	10/08/20			276.44	0.00	0.00	276.44
	CS INVENTORY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10372	PRECISION DYNAMICS CORP (PDC)	276.44	0.00	0.00	276.44

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
21370		09/27/20	08/04/20	08/14/20			300.00	0.00	0.00	300.00
	PROF FEES									
21369		09/27/20	09/07/20	09/17/20			150.00	0.00	0.00	150.00
	PROF FEES RADIOLOGY									

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	R1268	RADIOLOGY UNLIMITED, PA				450.00	0.00	0.00	450.00

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-10011		09/14/20	09/01/20	10/01/20		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
	252814		09/15/20	09/01/20	10/01/20		41.25	0.00	0.00	41.25
		OUTSIDE SRV PLANT OPS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	R1200	RED HAWK	41.25	0.00	0.00	41.25

Vendor#	Vendor Name			Class	Pay Code				
10645	REVISTA de VICTORIA								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	09201630		09/27/20	09/19/20	10/03/20		120.00	0.00	0.00	120.00
		PUBLIC REL/ADVERTISE ADM								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10645	REVISTA de VICTORIA	120.00	0.00	0.00	120.00

Vendor#	Vendor Name			Class	Pay Code				
S1001	SANOFI PASTEUR INC			W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	906421013		08/17/20	08/03/20	10/01/20		1,792.83	0.00	0.00	1,792.83
		PHARMACY DRUGS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S1001	SANOFI PASTEUR INC	1,792.83	0.00	0.00	1,792.83

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
	4326-5		09/27/20	09/19/20	10/04/20		107.84	0.00	0.00	107.84
		SUPPLIES GENERAL PLNT OF								
	4456-0		09/27/20	09/22/20	10/07/20		101.98	0.00	0.00	101.98
		SUPPLIES GENRAL PLNT OPE								
	4489-1		09/27/20	09/23/20	10/08/20		18.67	0.00	0.00	18.67
		SUPPLIES GENRAL PLNT OPE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S1800	SHERWIN WILLIAMS	228.49	0.00	0.00	228.49

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
	21360		09/27/20	09/25/20	09/25/20		1,193.39	0.00	0.00	1,193.39
		PURCHASED SERVICES HLTH								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	K0536	SHIRLEY KARNEI	1,193.39	0.00	0.00	1,193.39

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
	~~1580035530~~		09/26/20	08/30/20			633.33	0.00	0.00	633.33

115343214

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2001	SIEMENS MEDICAL SOLUTIONS INC	633.33	0.00	0.00	633.33

Vendor# S3960 Vendor Name: STERICYCLE, INC ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
4006533275 ✓		09/14/20	09/01/20	10/01/20		1,919.87	0.00	0.00	1,919.87
	OUTSIDE SRV HOUSEKEEPIN								✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S3960	STERICYCLE, INC	1,919.87	0.00	0.00	1,919.87

Vendor# 11103 Vendor Name: STUDER GROUP, LLC ✓ Remove per Vicki Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
077910 ✓		09/14/20	09/01/20	10/01/20		18,938.27	0.00	0.00	18,938.27
	LEADERSHIP TRAINING								
075442		09/28/20	07/01/20	08/01/20		571.93	0.00	0.00	571.93
	PURCHASED SERVICES ADMI								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11103	STUDER GROUP, LLC	19,510.20	0.00	0.00	19,510.20

Vendor# 10982 Vendor Name: TELCOR ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
25834 ✓		09/14/20	09/01/20	10/01/20		2,695.00	0.00	0.00	2,695.00 ✓
	MAINT CONTR LAB								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10982	TELCOR	2,695.00	0.00	0.00	2,695.00

Vendor# 11140 Vendor Name: TEXAS ADVANTAGE COMMUNITY BANK ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21366		09/27/20	09/20/20	09/30/20		3,690.52	0.00	0.00	3,690.52 ✓
	LEASE 7 RENTAL RADIOLOGY								

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# 10808 Vendor Name: TEXAS PRESCRIPTION PROGRAM ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21343		09/26/20	09/20/20	09/20/20		45.00	0.00	0.00	45.00 ✓
	SUPPLIES GENERAL MM CLIN								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10808	TEXAS PRESCRIPTION PROGRAM	45.00	0.00	0.00	45.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21367		09/27/20	09/16/20	10/01/20		24.80	0.00	0.00	24.80 ✓
	DUES &SUBSCRIPTIONS ADM								

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

Vendor# T1724 Vendor Name: TOSHIBA AMERICA MEDICAL SYST. ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
10235099 ✓		09/26/20	09/03/20	10/03/20		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
11067	TRIZETTO PROVIDER SOLUTIONS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
35FK091600		09/26/20	09/01/20	10/01/20			1,394.49	0.00	0.00	1,394.49
	PURCHASED SERVICES MM C									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11067	TRIZETTO PROVIDER SOLUTIONS	1,394.49	0.00	0.00	1,394.49

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
8150741880		09/14/20	09/06/20	10/06/20			48.62	0.00	0.00	48.62
	OUTSIDE SRV MAINT									
8150741972		09/14/20	09/06/20	10/06/20			32.92	0.00	0.00	32.92
	OUTSIDE SRV MAINT									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1054	UNIFIRST HOLDINGS	81.54	0.00	0.00	81.54

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
8400228280		09/14/20	09/02/20	10/02/20			737.57	0.00	0.00	737.57
	LAUNDRY HOUSEKEEPING									
8400228240		09/14/20	09/02/20	10/02/20			395.45	0.00	0.00	395.45
	LAUNDRY SURGERY									
84002284479		09/19/20	09/06/20	10/06/20			1,203.48	0.00	0.00	1,203.48
	LAUNDRY HOUSEKEEPING									
8400228467		09/19/20	09/06/20	10/06/20			157.05	0.00	0.00	157.05
	LAUNDRY - HOUSEKEEPING									
8400228427		09/19/20	09/06/20	10/06/20			238.37	0.00	0.00	238.37
	LAUNDRY HOUSEKEEPING									
8400228429		09/19/20	09/06/20	10/06/20			106.23	0.00	0.00	106.23
	LAUNDRY -HOUSEKEEPING									
84022844428		09/19/20	09/06/20	10/06/20			103.20	0.00	0.00	103.20
	LAUNDRY HOUSEKEEPING									
84002284426		09/19/20	09/06/20	10/06/20			287.18	0.00	0.00	287.18
	LAUNDRY HOUSEKEEPING									
8400228430		09/19/20	09/06/20	10/06/20			87.53	0.00	0.00	87.53
	LAUNDRY HOUSEKEEPING									
8400228791		09/19/20	09/09/20	10/09/20			774.02	0.00	0.00	774.02
	LAUNDRY HOUSEKEEPING									
8400228752		09/19/20	09/09/20	10/09/20			395.45	0.00	0.00	395.45
	LAUNDRY HOUSEKEEPING									
8400225353		09/27/20	07/26/20	08/25/20			230.14	0.00	0.00	230.14
	LAUNDRY HOUSEKEEPING									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	4,715.67	0.00	0.00	4,715.67

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
7178684		09/26/20	09/09/20	09/24/20			25.99	0.00	0.00	25.99

		EMPL EXP P/R CLEARNG OTH							
	7178708		09/26/20	09/09/20	09/24/20	222.80	0.00	0.00	222.80
		EMPL EXP P/R CLEARING OTI							
	7178691		09/26/20	09/09/20	09/24/20	89.97	0.00	0.00	89.97
		EMPL EXP CLEARING OTHER							
	7178702		09/26/20	09/09/20	09/24/20	252.93	0.00	0.00	252.93
		EMPL EXP P/P CLEARNG OTH							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		U1056	UNIFORM ADVANTAGE			591.69	0.00	0.00	591.69
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
	3432964		09/14/20	09/12/20	10/02/20		2,372.79	0.00	0.00	2,372.79
		FOOD SUPPLIES DIETARY								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		10172	US FOOD SERVICE			2,372.79	0.00	0.00	2,372.79
Vendor#	Vendor Name				Class	Pay Code			
V0559	VERIZON WIRELESS								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	9772119300		09/27/20	09/16/20	10/09/20		238.71	0.00	0.00	238.71
		TELEPHONE -HOSP GEN								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		V0559	VERIZON WIRELESS			238.71	0.00	0.00	238.71
Vendor#	Vendor Name				Class	Pay Code			
10768	VICTORIA MEDICAL FOUNDATION								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	156-		09/27/20	09/09/20	10/09/20		650.00	0.00	0.00	650.00
		PREPAID EXPENSES PREPAI								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		10768	VICTORIA MEDICAL FOUNDATION			650.00	0.00	0.00	650.00
Vendor#	Vendor Name				Class	Pay Code			
10915	WAGEWORKS								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	21349		09/27/20	09/20/20	09/20/20		2,693.28	0.00	0.00	2,693.28
		ACCRUED FLEXIBLE SPENDI								
	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			
W1005	WALMART COMMUNITY				W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	00548		09/28/20	08/12/20	10/05/20		-24.96	0.00	0.00	-24.96
		SUPPLIES GENERAL PLNT OF								
	015511		09/28/20	08/15/20	10/01/20		13.84	0.00	0.00	13.84
		SUPPLIES GENERAL PLNT OF								
	017084		09/28/20	08/17/20	10/01/20		24.79	0.00	0.00	24.79
		SUPPLIES CS AND MAINT								
	017038		09/28/20	08/17/20	10/01/20		138.00	0.00	0.00	138.00
		SUPPLIES OB								
	023402		09/28/20	08/23/20	10/01/20		184.04	0.00	0.00	184.04
		SUPPLIES CARD REH								
	024311		09/28/20	08/24/20	10/01/20		7.96	0.00	0.00	7.96

	SUPPLIES RADIOLOGY						
001977	09/28/20 09/01/20 10/01/20			80.82	0.00	0.00	80.82
	SUPPLIES PHY THRPY						
002177	09/28/20 09/02/20 10/02/20			269.68	0.00	0.00	269.68
	SUPPLIES SURG CLINIC & CA						
007025	09/28/20 09/07/20 10/01/20			4.96	0.00	0.00	4.96
	SUPPLIES C/S						
003718	09/28/20 09/07/20 10/01/20			87.36	0.00	0.00	87.36
	SUPPLIES MED/SURG &PLNT						
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net
	W1005	WALMART COMMUNITY		786.49	0.00	0.00	786.49

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
INV001684828		09/27/20	08/31/20	09/30/20			379.28	0.00	0.00	379.28
	PURCHASED SERVICES MM C									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11166	WEST INTERACTIVE SERVICES CORP					379.28	0.00	0.00	379.28

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	190,767.17	0.00	0.00	190,767.17

pg 1 correction { <222.91> + 239.39

Add Evident - 10-1 Deposit for Add'l Imaglink storage + 5,058.30

Add Fetal Monitoring carseat Registration + 130.00

pg 8 correction { <56.30> + 64.62

pg 15 correction { <18,938.27> <571.93>

190,767.17 +
222.91 -
239.39 +
5,058.30 +
130.00 +
56.30 -
64.62 +
18,938.27 -
571.93 -
176,470.07 *

$176,470.07

APPROVED ON
SEP 29 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK5# 168074 +0 # 168166

Michael J. Pfeifer
Calhoun County Judge
Date: 10-5-16

RUN DATE: 09/28/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME: 15:52 EDIT LIST FOR PATIENT REFUNDS ARID=0001 APCDEDIT

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted] TX 77982	092816	245.32	2		REFUND FOR [redacted]	
	ARID=0001 TOTAL		245.32				
TOTAL			245.32 ✓				

APPROVED
ON
SEP 29 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#168167

Michael J. Pfeifer
Calhoun County Judge
Date: 10-5-16

RUN DATE:09/29/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:16:47 CHECK REGISTER GLCKREG
09/29/16 THRU 09/29/16

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	168074	09/29/16	608.03	CUSTOM MEDICAL SPECIALTIES
A/P	168075	09/29/16	276.00	DONN STRINGO
A/P	168076	09/29/16	2,372.79	US FOOD SERVICE
A/P	168077	09/29/16	864.70	PHARMEDIUM SERVICES LLC
A/P	168078	09/29/16	481.48	4IMPRINT
A/P	168079	09/29/16	3,173.16	GE HEALTHCARE
A/P	168080	09/29/16	477.84	JENISE SVETLIK
A/P	168081	09/29/16	1,195.16	CENTURION MEDICAL PRODUCTS
A/P	168082	09/29/16	1,545.15	DEWITT POTH & SON
A/P	168083	09/29/16	276.44	PRECISION DYNAMICS CORP (PDC)
A/P	168084	09/29/16	827.01	GE HEALTHCARE IITS USA CORP
A/P	168085	09/29/16	3,150.00	DA&E
A/P	168086	09/29/16	143.59	ALERE NORTH AMERICA INC
A/P	168087	09/29/16	.00	VOIDED
A/P	168088	09/29/16	14,135.70	MORRIS & DICKSON CO, LLC
A/P	168089	09/29/16	411.44	PLATINUM CODE
A/P	168090	09/29/16	1,366.67	LUMINANT ENERGY COMPANY LLC
A/P	168091	09/29/16	896.46	GLAXOSMITHKLINE PHARMACUETICAL
A/P	168092	09/29/16	120.00	REVISTA de VICTORIA
A/P	168093	09/29/16	214.40	FIVE STAR STERILIZER SERVICES
A/P	168094	09/29/16	495.00	FASTHEALTH CORPORATION
A/P	168095	09/29/16	650.00	VICTORIA MEDICAL FOUNDATION
A/P	168096	09/29/16	45.00	TEXAS PRESCRIPTION PROGRAM
A/P	168097	09/29/16	1,172.33	MERCK SHARP & DOHME CORP
A/P	168098	09/29/16	2,693.28	WAGEWORKS
A/P	168099	09/29/16	64.62	JAMIE GRASSE
A/P	168100	09/29/16	14,699.72	HUNTER PHARMACY SERVICES
A/P	168101	09/29/16	65.00	MEMORIAL MEDICAL CLINIC
A/P	168102	09/29/16	1,382.50	M G TRUST
A/P	168103	09/29/16	2,695.00	TELCOR
A/P	168104	09/29/16	7,682.67	CSI LEASING INC
A/P	168105	09/29/16	756.03	DERRI HART
A/P	168106	09/29/16	4,050.00	RECONDO
A/P	168107	09/29/16	75.00	FIRST CLEARING
A/P	168108	09/29/16	1,394.49	TRIZETTO PROVIDER SOLUTIONS
A/P	168109	09/29/16	339.95	DR. PETER ROJAS
A/P	168110	09/29/16	3,690.52	TEXAS ADVANTAGE COMMUNITY BANK
A/P	168111	09/29/16	2,000.00	PARA
A/P	168112	09/29/16	379.28	WEST INTERACTIVE SERVICES CORP
A/P	168113	09/29/16	130.00	HACPP
A/P	168114	09/29/16	3,361.00	AMN HEALTHCARE ALLIED, INC.
A/P	168115	09/29/16	269.74	ADRIANNA GALVAN
A/P	168116	09/29/16	200.24	GULF COAST HARDWARE / ACE
A/P	168117	09/29/16	313.15	AIRGAS USA, LLC - CENTRAL DIV
A/P	168118	09/29/16	636.47	CARDINAL HEALTH 414,LLC
A/P	168119	09/29/16	224.31	BARD PERIPHERAL VASCULAR
A/P	168120	09/29/16	3,631.27	BAXTER HEALTHCARE CORP
A/P	168121	09/29/16	26,059.37	BECKMAN COULTER INC
A/P	168122	09/29/16	133.98	BOUND TREE MEDICAL, LLC
A/P	168123	09/29/16	679.15	CABLE ONE

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	168124	09/29/16	25.00	CAL COM FEDERAL CREDIT UNION
A/P	168125	09/29/16	289.91	CARROT TOP INDUSTRIES INC
A/P	168126	09/29/16	285.00	CITIZENS MEDICAL CENTER
A/P	168127	09/29/16	4,508.35	CITY OF PORT LAVACA
A/P	168128	09/29/16	5,058.30	EVIDENT
A/P	168129	09/29/16	1,875.00	DIGITAL INOVATION, INC.
A/P	168130	09/29/16	32.00	DOWNTOWN CLEANERS
A/P	168131	09/29/16	8.19	FASTENAL COMPANY
A/P	168132	09/29/16	120.50	FEDERAL EXPRESS CORP.
A/P	168133	09/29/16	673.79	FISHER HEALTHCARE
A/P	168134	09/29/16	530.00	FORT BEND SERVICES, INC
A/P	168135	09/29/16	509.67	GULF COAST PAPER COMPANY
A/P	168136	09/29/16	11.25	HOSPIRA WORLDWIDE, INC
A/P	168137	09/29/16	125.85	INDEPENDENCE MEDICAL
A/P	168138	09/29/16	236.00	INTEGRATED MEDICAL SYSTEMS
A/P	168139	09/29/16	330.26	J & J HEALTH CARE SYSTEMS, INC
A/P	168140	09/29/16	1,193.39	SHIRLEY KARNEI
A/P	168141	09/29/16	2,673.39	MCKESSON MEDICAL SURGICAL INC
A/P	168142	09/29/16	100.79	MEDLINE INDUSTRIES INC
A/P	168143	09/29/16	775.08	BAYER HEALTHCARE
A/P	168144	09/29/16	258.52	METLIFE
A/P	168145	09/29/16	3,320.00	MERRITT, HAWKINS & ASSOCIATES
A/P	168146	09/29/16	1,461.63	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	168147	09/29/16	3,750.00	NUTRITION OPTIONS
A/P	168148	09/29/16	4,633.46	ORTHO CLINICAL DIAGNOSTICS
A/P	168149	09/29/16	.00	VOIDED
A/P	168150	09/29/16	7,759.14	OWENS & MINOR
A/P	168151	09/29/16	2,626.58	PHILIPS HEALTHCARE
A/P	168152	09/29/16	41.25	RED HAWK
A/P	168153	09/29/16	450.00	RADIOLOGY UNLIMITED, PA
A/P	168154	09/29/16	153.18	EVOQUA WATER TECHNOLOGIES LLC
A/P	168155	09/29/16	1,792.83	SANOFI PASTEUR INC
A/P	168156	09/29/16	228.49	SHERWIN WILLIAMS
A/P	168157	09/29/16	633.33	SIEMENS MEDICAL SOLUTIONS INC
A/P	168158	09/29/16	1,919.87	STERICYCLE, INC
A/P	168159	09/29/16	136.08	BRIN CLEVENGER
A/P	168160	09/29/16	9,000.00	TOSHIBA AMERICA MEDICAL SYST.
A/P	168161	09/29/16	81.54	UNIFIRST HOLDINGS
A/P	168162	09/29/16	591.69	UNIFORM ADVANTAGE
A/P	168163	09/29/16	4,715.67	UNIFIRST HOLDINGS INC
A/P	168164	09/29/16	238.71	VERIZON WIRELESS
A/P	168165	09/29/16	24.80	THE VICTORIA ADVOCATE
A/P	168166	09/29/16	786.49	WALMART COMMUNITY
A/P	168167	09/29/16	245.32	[redacted]
TOTALS:			176,715.39	

APPROVED
ON

SEP 29 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

IBC BANK
We Do More

September 2016 Statement
Open Date: 08/05/2016 Closing Date: 09/06/2016

Account

Visa® Business Card
MEMORIAL MEDICAL CNT
JERRY L PICKETT

Cardmember Service
BUS 30 ELN 8 3

New Balance	**$731.60**
Minimum Payment Due	**$10.00**
Payment Due Date	**10/01/2016**

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	+	$2,539.31
Payments	-	$2,539.31 CR
Other Credits		$0.00
Purchases	+	$731.60
Balance Transfers		$0.00
Advances		$0.00
Other Debits		$0.00
Fees Charged		$0.00
Interest Charged		$0.00
New Balance	=	**$731.60**
Past Due		**$0.00**
Minimum Payment Due		**$10.00**
Credit Line		$10,000.00
Available Credit		$9,268.40
Days in Billing Period		33

Michael J. Pfeifer
Calhoun County Judge
Date 10-5-16

APPROVED
ON
$731.60
MMC
Will Pay
By Phone.
SEP 29 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

24-Hour Cardmember Service
- to pay by phone
- to change your address

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

Account Number	
Payment Due Date	10/01/2016
New Balance	$731.60
Minimum Payment Due	$10.00

Amount Enclosed $_____

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

IBC BANK
We Do More

September 2016 Statement 08/05/2016 - 09/06/2016

MEMORIAL MEDICAL CNT
JERRY L PICKETT

Cardmember Service

Important Messages

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

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

Transactions

Payments and Other Credits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
09/01	09/01		PAYMENT THANK YOU	$2,539.31CR	
			TOTAL THIS PERIOD	**$2,539.31CR**	

Purchases and Other Debits

credit attached 29.02 Sales Tax

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
08/16	08/15	0164	X-RITE INCORPORATED 616-803-2000 MI	$459.02	✓
08/17	08/16	5651	THE GREEN IGUANA GRILL PORT LAVACA TX	$272.58	✓
			TOTAL THIS PERIOD	**$731.60**	

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: _____

Pay Sales Tax on this month's Bill. Take credit next month.

Peggy

Continued on Next Page

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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

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

Vendor Name: Cardmember Service

Date: 9/20/16

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

pay this month's Take Credit next month's Company Card Credit for Sales Tax. Jenn

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		X-Rite Inc. - Unit Certification		Sales Tax 29.82	459.02
2			Taxes to ~~be~~ reimbursed/credited			
3	—		The Green Iguana Grill -			272.58
4			Dinner with Admin + Doctors			
5						
6						
7						
8						
9						
10						

Est. Freight _____ Est. Total Cost _____ TOTAL COST 731.60

NOTES:

changes made to Jenn's credit card xxx

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm.Dir. Clinical Service _____

CFO _____

Administrator _____

X-RITE, INC. WORLD HEADQUARTERS
4300 44th Street SE
Grand Rapids, Michigan USA 49512

CREDIT MEMO

SHIP TO

MEMORIAL MEDICAL CENTER
ACCOUNTS PAYABLE
815 N VIRGINIA ST
PORT LAVACA TX 77979-3025
USA

SOLD TO

MEMORIAL MEDICAL CENTER
ACCOUNTS PAYABLE
815 N VIRGINIA ST
PORT LAVACA TX 77979-3025
USA

INVOICE	**61943**
PAGE	1
DATE	01Sep2016
ORDER NUMBER	CM 65533
SHIP NUMBER	1064322
CUSTOMER NUMBER	5621601
P.O. NUMBER REV	CC/FARAH JANAK
SALES PERSON	1
SHIP VIA	BESTWAY
TERMS	25 - CHARGE CARD
DUE BY	06Sep2016
CURRENCY	USD

XRITE GST # 89892 1473

ITEM NUMBER/DESCRIPTION	U/M	QUANTITY/PRICE	NET AMOUNT
Previous invoice 915090			
THANK YOU FOR YOUR ORDER! PREVIOUS INVOICE		915090	
SALES TAX - TEXAS			-29.02
			.00

TOTAL DUE	-29.02

NET SALES	.00
MISC CHARGES	-29.02
SHIPPING/HANDLING	.00
TAX	

***** Effective July 30, 2012 *****

Please use new Banking information identified below for remitting payment.

Remit To: X-Rite, Inc. Lockbox 62750, 62750 Collection Center Drive Chicago, IL 60693-0627
Bank of America
Wire Transfer: Routing: 026009593 Swift: BOFAUS3N Account number 8765030744

IBC BANK
We Do More

September 2016 Statement
Open Date: 08/05/2016 Closing Date: 09/06/2016

Account

Visa® Business Card
MEMORIAL MEDICAL CNT
JASON W ANGLIN

Cardmember Service
BUS 30 ELN 8 3

New Balance	**$4,051.38**
Minimum Payment Due	**$41.00**
Payment Due Date	**10/01/2016**

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	+	$3,297.81
Payments	-	$3,297.81CR
Other Credits	-	$795.06CR
Purchases	+	$4,842.28
Balance Transfers		$0.00
Advances		$0.00
Other Debits		$0.00
Fees Charged	+	$4.16
Interest Charged		$0.00
New Balance	=	**$4,051.38**
Past Due		**$0.00**
Minimum Payment Due		**$41.00**
Credit Line		$10,000.00
Available Credit		$5,948.62
Days in Billing Period		33

Michael J. Pfeifer
Calhoun County Judge
Date: 9-29-16

1,088.97 +
1,804.11 +
509.82 +
692.59 +
750.95 +
795.06 -
4,051.38 =

0.00

247.50 -
547.56 -
795.06 -
4,842.28 +
4.16 +
4,051.38 =

MMC will Pay By Phone

APPROVED ON
SEP 29 2016
4,051.38

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

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

IBC BANK
We Do More

24-Hour Cardmember Service:
- **to pay by phone**
- **to change your address**

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

Account Number	
Payment Due Date	10/01/2016
New Balance	$4,051.38
Minimum Payment Due	$41.00

Amount Enclosed $_____

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

IBC BANK
We Do More

September 2016 Statement 08/05/2016 - 09/06/2016

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
08/12	08/10	0035	TEXAS HOSPITAL ASSOC 5124651000 TX MERCHANDISE/SERVICE RETURN	$247.50CR	Mike Chalana Reg reimburse mon
08/17	08/16	5110	MARRIOTT JW HILL RSRT& 866-435-7627 TX MERCHANDISE/SERVICE RETURN 08/16/16 FOR 01 NIGHTS FOLIO: 018184	$547.56CR	1st Day CX Reimburse mon
08/24	08/24		PAYMENT THANK YOU	$3,297.81CR	
			TOTAL THIS PERIOD	**$4,092.87CR**	

Purchases and Other Debits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
08/08	08/05	9850	SOUTHWES 5262435299496 800-435-9792 TX JANAK/FARAH I 11/26/16 HOUSTN HOBBY TO CHGO MIDWAY CHGO MIDWAY TO HOUSTN HOBBY	$355.97	
08/08	08/05	9868	SOUTHWES 5260695335022 800-435-9792 TX JANAK/FARAH I 08/05/16 DALLAS LOVE TO DALLAS LOVE	$30.00	
08/08	08/04	9609	CPSI 251-639-8100 AL	$200.00	
08/08	08/05	8089	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$3.00	
08/08	08/05	6404	RSNA MEETING 800-310-7554 MD	$500.00	
08/08	08/06	2578	AMA*CREDENTIALING 800-621-8335 IL	$43.00	
08/12	08/11	3374	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$9.00	
08/12	08/11	9490	webinarpa 8006708418 HK	$208.00	
08/12	08/12	1909	S & S X-RAY 281-815-1300 TX	$139.36	
08/16	08/13	8578	HYATT REGENCY PITTSBUR PITTSBURGH PA 08/09/16 FOR 04 NIGHTS FOLIO: 08139857	$700.03	
08/17	08/15	5441	SOUTHWES 5260695967670 800-435-9792 TX SVETLIK/JENISE 08/15/16 DALLAS LOVE TO DALLAS LOVE DALLAS LOVE TO AUSTIN	$839.92	
08/24	08/23	8524	AMAZON MKTPLACE PMTS AMZN.COM/BILL WA	$156.99	
08/25	08/23	1445	WYNDHAM AUSTIN & WOODW AUSTIN TX 08/22/16 FOR 01 NIGHTS FOLIO: 24020144	$136.85	

Continued on Next Page

IBC BANK
We Do More

September 2016 Statement 08/05/2016 - 09/06/2016

MEMORIAL MEDICAL CNT
JASON W ANGLIN (

Cardmember Service

Transactions

Purchases and Other Debits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
08/25	08/23	3043	GO AIRPORT SHUTTLE CHICAGO IL	$74.00	
08/26	08/24	2614	TAJ PALACE AUSTIN TX	$93.00	
08/29	08/26	3864	RESIDENCE INN AUSTIN - AUSTIN TX 08/26/16 FOR 01 NIGHTS FOLIO: 239019	$205.97	
08/29	08/26	3872	RESIDENCE INN AUSTIN - AUSTIN TX 08/26/16 FOR 01 NIGHTS FOLIO: 239020	$205.97	
08/29	08/26	3880	RESIDENCE INN AUSTIN - AUSTIN TX 08/26/16 FOR 01 NIGHTS FOLIO: 239021	$205.97	
08/31	08/30	0648	PAYPAL *HORIZONSERV 402-935-7733 CA	$199.00	
09/01	08/31	3631	PAYPAL *HUSINGGROUP 402-935-7733 CA	$81.65	
09/02	08/31	8630	AT&T EXECUTIVE16199200 AUSTIN TX 08/29/16 FOLIO: 22256189	$454.60	
			TOTAL THIS PERIOD	$4,842.28	

Fees

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
08/12	08/11	9490	FRGN TRANS FEE-webinarpa 80	$4.16	
			TOTAL FEES THIS PERIOD	$4.16	

2016 Totals Year-to-Date	
Total Fees Charged in 2016	$4.16
Total Interest Charged in 2016	$0.00

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

Signature/Approval: _____ Accounting Code: _____

Continued on Next Page

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

(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: Cardmember Service

Date: 9/19/16

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	—		Southwest Airlines - Air fare for			355.97 ✓
2			Farah Janak - RSNA Conference			
3			in Chicago			
4	—		Southwest - Early Bird check-in			30.00 ✓
5			for Farah Janak			
6	—		CPSI Registration for Donn			200.00 ✓
7			Stringo + Jenise Stetlik			
8	—		NPDB - 1 Provider			3.00 ✓
9	—		RSNA - Registration for Farah			500.00 ✓
10			Janak Attendee Registration = 200.00 Virtual Registration = 300.00			

Est. Freight _____ Est. Total Cost _____ TOTAL COST 1,088.97

NOTES:

Charges made to Jason's credit card XXX

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

APPROVED ON SEP 29 2016 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

Dept. Director _____

Dir. Nursing _____

Adm.Dir. Clinical Service _____

CFO _____

Administrator _____

(2)

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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

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

Vendor Name: Cardmember Service

Date: 9/19/16

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	—		AMA Credentialing - 1 Initial			43.00 ✓
2			and Cont. Monitoring			
3	—		NPDB - 3 Renewal Providers 3			9.00 ✓
4	—		Webinar - HIPAA + Personal		*	208.00 ✓
5			Devices			
6	—		Hyatt Regency Pittsburgh, PA			700.03 ✓
7			Hotel expense Traci Shefcik, NP			
8	—		Southwest Airlines - Airfare			839.92 ✓
9			for Donn Stringo + Jenise Brettik			
10			CPSI Conference - Chicago IL			

Est. Freight _____ Est. Total Cost _____ TOTAL COST 1,799.95

NOTES:

Charges made to Jason's credit card XXX... + 4.16 *

1,804.11

* Forgein Transaction Fee

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

Dept. Director _____ APPROVED ON

Dir. Nursing _____ SEP 29 2016

Adm.Dir. Clinical Service _____ COUNTY AUDITOR CALHOUN COUNTY, TEXAS

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: 9/19/16

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	—		Wyndham Hotel (Austin -			136.85 ✓
2			Hotel expense Sara Rubio			
3			Trauma ~~Coffee~~ Conference			
4	—		Go Airport Shuttle - Farah			74.00 ✓
5			Janak (Chicago IL			~~Cost of Taf~~
6	—		TAJ Palace - Dinner in Austin			~~Cost of Taf~~ 93.00
7			Jason, Jerry & Roshanda		✓ OK	Out of State
8			ACHE/HFMA Mtg (Austin			
9	—		Residence Inn (Austin -			205.97 ✓
10			Hotel expense Roshanda Thomas ACHE/HFMA Mtg			

Est. Freight _____ Est. Total Cost _____ TOTAL COST 509.82

NOTES:

Charges made to Jason's credit card XXX

APPROVED ON SEP 29 2016 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm.Dir. Clinical Service _____

CFO _____

Administrator _____

(4)

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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

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

Vendor Name: Credit Card Service

Date: 9/19/16

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	—		Residense Inn Austin -			205.97 ✓
2			Hotel expense - Jason Anglin			
3			ACHE/HFMA Mtg			
4	—		Residense Inn Austin -			205.97 ✓
5			Hotel Expense - Jerry Pickett			
6			ACHE/HFMA Mtg			
7	—		PayPal - Horizons Svs -			199.00 ✓
8			Registration for Danette Bellamy		San Antonio	
9	—		PayPal - Video Cassette Recorder			81.65 ✓
10			Radiology			

Est. Freight _____ Est. Total Cost _____ TOTAL COST 692.59

NOTES:

credit card charges to Jason's acct XXX

APPROVED ON SEP 29 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm.Dir. Clinical Service _____

CFO _____

Administrator _____

(5)

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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

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

Vendor Name: Credit card Services

Date: 9/19/16

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	—		ATT Executive Education			454.60 ✓
2			+ Conference Center (Austin)			
3			Hotel expense - Roshanda Thomas			
4						
5			2 Spring Reel - Diag Imaging			139.36 ✓
6			Optical Isolator for fetal Monitor			156.99 ✓
7			Credit Hc Conference fee			<247.50>
8			Credit for Hotel cancellation Charge (Jackson)			<547.56>
9						
10						

Est. Freight _____ Est. Total Cost _____ TOTAL COST 454.60 ~~750.95~~

NOTES:

Charges made Jason's credit card XXX ...

Charges = 750.95
Credits = <795.06>

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm.Dir. Clinical Service _____

CFO _____

Administrator _____

APPROVED ON SEP 29 2016 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

Count	Eligibility Period	NPI	Current Contract	Previous Contract	Facility Number	Texas Identification Number (TIN)	Legal Entity	DBA Facility Name	Molina	United Health-care	Superior	Ameri-group	Cigna	Total	Return of IGT	MMC Federal Match	Total MMC	Cantex Federal Match	Total IGT Return and Federal Match
164	2	36189	001026516	1013027	4811	1113005	Memorial Medical Center	Ashford Gardens	$62,564.84	$201,101.68	$0.00	$156,412.57	$0.00	$420,079.09	$208,450.79	$105,814.15	$314,264.94	$105,814.15	$420,079.09
168	2	860433	001026524	1025592	105818	1113004	Memorial Medical Center	The Broadmoor at Creekside Park	$1,111.43	$6,668.57	$555.71	$1,667.14	$0.00	$10,002.85	$4,963.59	$2,519.63	$7,483.22	$2,519.63	$10,002.85
187	2	960425	001026584	1020672	105314	1113008	Memorial Medical Center	The Crescent	$8,090.38	$10,112.98	$0.00	$22,248.59	$0.00	$40,451.95	$20,072.98	$10,189.48	$30,262.47	$10,189.48	$40,451.95
188	2	143259	001026585	1019963	105006	1113007	Memorial Medical Center	Solera at West Houston	$26,241.58	$56,483.16	$0.00	$37,655.44	$0.00	$122,380.18	$60,727.24	$30,826.47	$91,553.71	$30,826.47	$122,380.18
189	2	977503	001026586	1025928	4828	1113006	Memorial Medical Center	Fort Bend Healthcare Center	$52,081.61	$65,102.01	$0.00	$13,020.40	$0.00	$130,204.02	$64,609.57	$32,797.22	$97,406.80	$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	$182,146.95	$540,971.14	$182,146.95	$723,118.09
								Deposited	9/26/2016	9/26/2016	9/27/2016	9/21/2016							

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

Michael J. Pfeifer
Calhoun County Judge
Date: 10-5-16

Month Paid	Actual Return of IGTs	
April	358,831.18	Return of IGT - Sept
April	358,831.18	Return of IGT - Oct
May	358,831.18	Return of IGT - Nov
June	358,824.19	Return of IGT - Dec
July	358,824.19	Return of IGT - Jan
August	358,824.19	Return of IGT - Feb
September	358,824.19	Return of IGT - March
October		
November		
December		
January		
February		
	2,511,790.31	Total Return of IGTs
	1,794,120.96	IGT Still Outstanding
	358,824.19	Monthly Return of IGTs

	Total MMC	Cantex Federal Match	
Aug	540,971.14	182,146.95	Feb
Sept	540,971.14	182,146.95	March
Oct	540,971.14	182,146.95	April
Nov	540,971.14	182,146.95	May
Dec	540,971.14	182,146.95	June
Jan	540,971.14	182,146.95	July
Feb	540,971.14	182,146.95	August
	3,786,797.99	1,275,028.64	

APPROVED
ON

SEP 29 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 010 NH Ashford 314,264.94
CK# 009 NH Broadmoor 7,483.22
CK# 006 NH Crescent 30,262.47
CK# 006 NH Solera 91,553.71
CK# 006 NH Fort Bend 97,406.80
540,971.14

314,264.94
7,483.22
30,262.47
91,553.71
97,406.80
540,971.14

540,971.14
540,971.14
0.00

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

010
88-502/1131

9/28/16
Date

Pay to the Order of Memorial Medical Center $ 314,264. 94/xx

Three Hundred Fourteen Thousand Two Hundred Sixty Four & 94/xx Dollars

Security Features Details on Back.

IBC Bank
Port Lavaca, TX 77979

For MPAP - March Payment

for

County Treasurer

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

009
88-502/1131

9/28/16
Date

Pay to the Order of Memorial Medical Center $ 7,483. 22/xx

Seven Thousand Four Hundred Eighty Three & 22/xx Dollars

Security Features Details on Back.

IBC Bank
Port Lavaca, TX 77979

For MPAP- March Payment

for

County Treasurer

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

006
88-502/1131

9/28/16
Date

Pay to the Order of Memorial Medical Center $ 30,262. 47/xx

Thirty Thousand Two Hundred Sixty Two & 47/xx Dollars

Security Features Details on Back.

IBC Bank
Port Lavaca, TX 77979

For MPAP- March Payment

for

County Treasurer

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

006
88-502/1131

9/28/16
Date

Pay to the Order of Memorial Medical Center $ 91,553. 71/xx

Ninety One Thousand Five Hundred Fifty Three & 71/xx Dollars

Security Features Details on Back.

IBC Bank
Port Lavaca, TX 77979

For MPAP March Payment

06

County Treasurer

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

006
88-502/1131

9/28/16
Date

Pay to the Order of Memorial Medical Center $ 97,406.80

Ninety Seven Thousand Four Hundred Six & 80 Dollars

Security Features Details on Back.

IBC Bank
Port Lavaca, TX 77979

For MPAP- March Payment

Auditor

MP

County Treasurer

RUN DATE:09/29/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:16:55 CHECK REGISTER GLCKREG
09/28/16 THRU 09/28/16

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHA	000010	09/28/16	314,264.94	MEMORIAL MEDICAL CENTER
TOTALS:			314,264.94	

APPROVED
ON

SEP 29 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHB	000009	09/28/16	7,483.22	MEMORIAL MEDICAL CENTER
TOTALS:			7,483.22	

APPROVED
ON

SEP 29 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
NHC	000006	09/28/16	30,262.47	MEMORIAL MEDICAL CENTER
TOTALS:			30,262.47	

APPROVED
ON

SEP 29 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
NHS	000006	09/28/16	91,553.71	MEMORIAL MEDICAL CENTER
TOTALS:			91,553.71	

APPROVED
ON

SEP 29 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
NHF	000006	09/28/16	97,406.80	MEMORIAL MEDICAL CENTER
TOTALS:			97,406.80	

APPROVED
ON

SEP 29 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

TOLL FEE PHONE NUMBER: 1-800-555-3453
(EFTPS TUTORIAL SYSTEM: 1-800-572-8683)

		ENTER:	
☑	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"		
☑	"ENTER YOUR 4-DIGIT PIN"		
☑	"MAKE A PAYMENT, PRESS 1"	1	
☑	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★ 941	#
☑	"IF FEDERAL TAX DEPOSIT ENTER 1"	1	
☑	"ENTER 2-DIGIT TAX FILING YEAR"	★ 16	
☑	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★ 9	
	1ST QTR - 03 (MARCH) - Jan, Feb, Mar		
	2ND QTR - 06 (JUNE) - Apr, May, June		
	3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept		
	4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec		
☑	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★ $ 98,996.16	#
	"1 TO CONFIRM"	1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0 $ 45,119.38	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"	$ 10,803.74	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	$ 43,073.04	#
		CHECK $ -	
☑	"6-DIGIT SETTLEMENT DATE"	★ 9/9/2016	
	"1 TO CONFIRM"	1	
☑	ACKNOWLEDGEMENT NUMBER	43192627	

CALLED IN BY:	Catherine
CALLED IN DATE:	9/8/2016
CALLED IN TIME:	1:00 pm

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

"ENTER VOID CKS AS NEGATIVE NUMBERS"

		VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: BEGIN	08/19/16					
PAY PERIOD: END	09/01/16					
PAY DATE:	09/08/16			61813	61814	
GROSS PAY:	$ 394,510.70	$ (1,127.50)		$ 1,127.50	$ 317.85	$ 394,828.55
DEDUCTIONS:						
A/R	$ 1,002.24					$ 1,002.24
BOOTS	$ -					$ -
CAFÉ-C	$ 534.19					$ 534.19
CAFÉ-D	$ 1,336.18	$ (5.00)		$ 5.00		$ 1,336.18
CAFÉ-H	$ 15,452.36	$ (55.00)		$ 55.00		$ 15,452.36
CAFÉ-I	$ 160.08					$ 160.08
CAFÉ-L	$ 329.76					$ 329.76
CAFÉ-P	$ 322.32					$ 322.32
CANCER	$ 17.49					$ 17.49
CHILD	$ 320.38					$ 320.38
CLINIC	$ 100.00					$ 100.00
COMBIN	$ 1,201.19					$ 1,201.19
CREDUN	$ 25.00					$ 25.00
DENTAL	$ 250.00					$ 250.00
DEP-LF	$ 557.91					$ 557.91
EAT	$ -					$ -
FED TAX	$ 43,052.13	$ (27.90)		$ 27.90	$ 20.91	$ 43,073.04
FICA-M	$ 5,397.24	$ (15.48)		$ 15.48	$ 4.61	$ 5,401.85
FICA-O	$ 22,540.05	$ (66.19)		$ 66.19	$ 19.71	$ 22,559.76
FIRST C	$ 75.00					$ 75.00
FLEX S	$ 2,693.28					$ 2,693.28
FLX-FE	$ -					$ -
GIFT S	$ 69.49					$ 69.49
GRP-IN	$ 129.26					$ 129.26
GTL	$ -					$ -
HOSP-I	$ 2,415.00					$ 2,415.00
MISC	$ -					$ -
OTHER	$ 1,162.13					$ 1,162.13
PHI	$ -					$ -
PR FIN	$ 406.20					$ 406.20
RELAY	$ -					$ -
REPAY	$ -					$ -
STONEDF	$ 1,382.50					$ 1,382.50
STONE	$ -					$ -
STONE 2	$ -					$ -
STUDEN	$ 107.89					$ 107.89
TSA-R	$ 27,615.84	$ (78.93)		$ 78.93	$ 22.25	$ 27,638.09
UW/HOS	$ -					$ -
TOTAL DEDUCTIONS:	$ 128,655.11	$ (248.50)	$ -	$ 248.50	$ 67.48	$ 128,722.59
	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	
NET PAY:	$ 265,855.59	$ (879.00)	$ -	$ 879.00	$ 250.37	$ 266,105.96
	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	
TOTAL CAFÉ 125 PLAN:	$ 22,285.67	Less Exempt:				
TAXABLE PAY:	$ 372,542.88	$ 363,866.02				Exempt Amt:

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 5,401.87		
FICA - MED (EE)	1.45%	$ 5,401.87	$ 5,401.85	$ 0.02
FICA - SOC SEC (ER)	6.20%	$ 22,559.69		
FICA - SOC SEC (EE)	6.20%	$ 22,559.69	$ 22,559.76	$ (0.07)
FED WITHHOLDING		$ 43,073.04	$ 43,073.04	
TAX DEPOSIT:		$ 98,996.16	$ 98,996.26	$ (0.10)

FICA - MEDICARE	2.90%	$ 10,803.74
FICA - SOCIAL SECURITY	12.40%	$ 45,119.38
FED WITHHOLDING		$ 43,073.04
TOTAL TAX:		$ 98,996.16

Employees over FICA-SS Cap:	$ -
Jason Anglin	$ 8,676.86
Diane	
Paycode S - Employee Reimb.:	
Roshanda S. Gray	
TOTAL:	$ 8,676.86

PREPARED BY: Clarri Atkinson

PREPARED DATE: 9/8/2016

Employee	PayCd	Dept	Hrs	OT	SH	WE	HO	CB	Rate	Gross	Code	Amount	Code	Amount	Code	Amount
05983 FT Hrly: 24.5500	2	005	3.75	N		N	N	N	27.8000	104.25	FEDTAX	20.91	FICA-M	4.61	FICA-O	19.71
	3	005	8.25	N		N	N	N	28.8000	237.60	TSA-R	22.25				
Fed-Ex: 5-00 St-Ex: 0-00	C	005	-12.00	N		N	N	N	2.0000	-24.00						
Total:			.00						(Gross:	317.85	Deductions:	67.48	Net:	250.37)		

Department Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
2	REGULAR PAY-S2	3.75	N		N	N	N	104.25
3	REGULAR PAY-S3	8.25	N		N	N	N	237.60
C	CALL PAY	-12.00	N		N	N	N	-24.00

Deductions Summary

Code	Amount	Code	Amount	Code	Amount
A/R		ADVANC		AWARDS	
BOOTS		CAFE H		CAFE-C	
CAFE-D		CAFE-F		CAFE-H	
CAFE-I		CAFE-L		CAFE-P	
CANCER		CHILD		CLINIC	
COMBIN		CREDUN		DD ADV	
DENTAL		DEP-LF		EAT	
FEDTAX	20.91	FICA-M	4.61	FICA-O	19.71
FIRSTC		FLEX S		FLX FE	
FORT D		FUTA		GIFT S	
GRANT		GRP-IN		GTL	
HOSP-I		ID TFT		LEAF	
MISC		MISC/		OTHER	
PHI		PHI***		PR FIN	
RELAY		REPAY		SIGNON	
ST-TX		STONDF		STONE	
STONE2		STUDEN		TSA-1	
TSA-2		TSA-C		TSA-P	
TSA-R	22.25	TUTION		UW/HOS	

Department Totals:		Gross:	317.85	Deductions:	67.48	Net:	250.37)
Checks Count:- FT	1 PT	Other	Female	1 Male	Credit	OverAmt	ZeroNet	Term	Total: 1

CR 61814

TOLL FEE PHONE NUMBER: 1-800-555-3453
(EFTPS TUTORIAL SYSTEM: 1-800-572-8683)

		ENTER:	
☑	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"		
☑	"ENTER YOUR 4-DIGIT PIN"		
☑	"MAKE A PAYMENT, PRESS 1"	1	
☑	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★ 941	#
☑	"IF FEDERAL TAX DEPOSIT ENTER 1"	1	
☑	"ENTER 2-DIGIT TAX FILING YEAR"	★ 16	
☑	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★ 9	
	1ST QTR - 03 (MARCH) - Jan, Feb, Mar		
	2ND QTR - 06 (JUNE) - Apr, May, June		
	3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept		
	4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec		
☑	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★ $ 98,076.21	#
	"1 TO CONFIRM"	1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0 $ 45,045.68	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"	$ 10,776.36	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	$ 42,254.17	#
		CHECK $ -	
☑	"6-DIGIT SETTLEMENT DATE"	★ 9/23/2016	
	"1 TO CONFIRM"	1	
☑	ACKNOWLEDGEMENT NUMBER	416744258	

CALLED IN BY:	Ceithynn D.
CALLED IN DATE:	9/22/2016
CALLED IN TIME:	8:30

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED *3/18/2014*

ENTER VOID CKS AS NEGATIVE NUMBERS

		VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: BEGIN	08/19/16					
PAY PERIOD: END	09/01/16					
PAY DATE:	09/08/16					
GROSS PAY:	$ 394,250.21					$ 394,250.21
DEDUCTIONS:						
A/R	$ 914.50					$ 914.50
BOOTS	$ -					$ -
CAFÉ-C	$ 534.19					$ 534.19
CAFÉ-D	$ 1,369.02					$ 1,369.02
CAFÉ-H	$ 15,785.66					$ 15,785.66
CAFÉ-I	$ 160.08					$ 160.08
CAFÉ-L	$ 329.76					$ 329.76
CAFÉ-P	$ 322.32					$ 322.32
CANCER	$ 17.49					$ 17.49
CHILD	$ 320.38					$ 320.38
CLINIC	$ 65.00					$ 65.00
COMBIN	$ 1,194.47					$ 1,194.47
CREDUN	$ 25.00					$ 25.00
DENTAL	$ 250.00					$ 250.00
DEP-LF	$ 557.91					$ 557.91
EAT	$ 1,205.00					$ 1,205.00
FED TAX	$ 42,254.17					$ 42,254.17
FICA-M	$ 5,388.16					$ 5,388.16
FICA-O	$ 22,522.82					$ 22,522.82
FIRST C	$ 75.00					$ 75.00
FLEX S	$ 2,693.28					$ 2,693.28
FLX-FE	$ -					$ -
GIFT S	$ 85.11					$ 85.11
GRP-IN	$ 129.26					$ 129.26
GTL	$ -					$ -
HOSP-I	$ 2,360.00					$ 2,360.00
MISC	$ -					$ -
OTHER	$ 896.68					$ 896.68
PHI	$ -					$ -
PR FIN	$ 406.20					$ 406.20
RELAY	$ -					$ -
REPAY	$ -					$ -
STONEDF	$ 1,382.50					$ 1,382.50
STONE	$ -					$ -
STONE 2	$ -					$ -
STUDEN	$ 105.82					$ 105.82
TSA-R	$ 27,597.50					$ 27,597.50
UW/HOS	$ -					$ -
TOTAL DEDUCTIONS:	$ 128,947.28	$ -	$ -	$ -	$ -	$ 128,947.28
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$ 265,302.93	$ -	$ -	$ -	$ -	$ 265,302.93
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	

TOTAL CAFÉ 125 PLAN: $ 22,651.81 **Less Exempt:**

TAXABLE PAY: $ 371,598.40 $ 363,271.54 **Exempt Amt:**

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 5,388.18		
FICA - MED (EE)	1.45%	$ 5,388.18	$ 5,388.16	$ 0.02
FICA - SOC SEC (ER)	6.20%	$ 22,522.84		
FICA - SOC SEC (EE)	6.20%	$ 22,522.84	$ 22,522.82	$ 0.02
FED WITHHOLDING		$ 42,254.17	$ 42,254.17	
TAX DEPOSIT:		$ 98,076.21	$ 98,076.13	$ 0.08

FICA - MEDICARE	2.90%	$ 10,776.36
FICA - SOCIAL SECURITY	12.40%	$ 45,045.68
FED WITHHOLDING		$ 42,254.17
TOTAL TAX:		$ √ 98,076.21

Employees over FICA-SS Cap:	$ -
Jason Anglin	$ 8,326.86
Diane	
Paycode S - Employee Reimb.:	
Roshanda S. Gray	
TOTAL:	$ 8,326.86

PREPARED BY: Caitlynn Davenport

PREPARED DATE: 9/21/2016

MEMORIAL MEDICAL CENTER

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- OCTOBER 2016

Monthly Electronic Transfers for Operating Expenses

9/2/2016	IBC Merch Bank Discount	- Credit Card Processing Fee	19.95
9/2/2016	IBC Merch Bank Fee	- Credit Card Processing Fee	29.95
9/2/2016	Vivonet Acquisit Payment	- Credit Card Machine Lease Expense	99.00
9/2/2016	Cardmember Service	- IBC Credit Card Invoice	2,539.31
9/6/2016	IBC Merch Bank Fee	- Credit Card Processing Fee	9.95
9/6/2016	IBC Merch Bank Deposit	- Credit Card Processing Fee	15.93
9/6/2016	FDGL Lease Payment	- Credit Card Machine Lease Expense	59.25
9/6/2016	FDGL Lease Payment	- Credit Card Machine Lease Expense	59.25
9/6/2016	IBC Merch Bank Fee	- Credit Card Processing Fee	63.25
9/6/2016	IBC Merch Bank Interchng	- Credit Card Processing Fee	73.17
9/6/2016	IBC Merch Bank Fee	- Credit Card Processing Fee	76.98
9/6/2016	FDGL Lease Payment	- Credit Card Machine Lease Expense	86.30
9/6/2016	IBC Merch Bank Discount	- Credit Card Processing Fee	120.42
9/6/2016	IBC Merch Bank Fee	- Credit Card Processing Fee	134.35
9/6/2016	IBC Merch Bank Interchng	- Credit Card Processing Fee	135.07
9/6/2016	IBC Merch Bank Fee	- Credit Card Processing Fee	179.41
9/6/2016	IBC Merch Bank Interchng	- Credit Card Processing Fee	188.38
9/6/2016	IBC Merch Bank Discount	- Credit Card Processing Fee	379.35
9/6/2016	IBC Merch Bank Discount	- Credit Card Processing Fee	403.05
9/6/2016	IBC Merch Bank Discount	- Credit Card Processing Fee	1,616.15
9/6/2016	IBC Merch Bank Interchng	- Credit Card Processing Fee	1,735.66
9/7/2016	FDGL Lease Payment	- Credit Card Machine Lease Expense	30.25
9/7/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	662.21
9/7/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	710.07
9/7/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	1,178.20
9/8/2016	ACS SLS Expertpay	- Child Support	323.38 ✓
9/8/2016	Memorial Medical Payroll	- Payroll	✓ 265,078.17
9/9/2016	IRS USATAXPYMT	- Payroll Taxes Hospital Savings	98,996.16 *
9/9/2016	State Comptrlr Texnet	- IGT $1,618,116.81 UC & $339,806.10 SOH Program	1,957,922.91
9/12/2016	Clover APP MRKT Clover App	- Credit Card Machine Lease Expense	16.25
9/12/2016	FDGL Lease Payment	- Credit Card Machine Lease Expense	30.17
9/12/2016	Clover APP MRKT Clover App	- Credit Card Machine Lease Expense	81.20
9/13/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	676.01
9/13/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	1,013.11
9/13/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	1,421.39
9/15/2016	Webfile Tax Portal	- Sales Tax	1,322.27
9/15/2016	Texas County DRS	- Retirement Funding	120,293.90
9/19/2016	Telecheck	- Credit Card Processing Fee	5.00
9/20/2016	FDGL Lease Payment	- Credit Card Machine Lease Expense	151.23
9/20/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	467.42
9/20/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	603.89
9/20/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	1,776.80
9/22/2016	ACS SLS Expertpay	- Child Support	323.38 ✓
9/22/2016	Memorial Medical Payroll	- Payroll	✓ 262,802.23
9/23/2016	IRS USATAXPYMT	- Payroll Taxes	98,076.21 *
9/27/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	573.41
9/27/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	736.71
9/27/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	1,612.31
			$ 2,824,908.37

APPROVED ON OCT 18 2016

BY CALHOUN COUNTY AUDITOR

cc 731.60 9/29/16
cc 405.38 9/29/16

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

IBC

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

CUSTOMER
8/NE/131/019/2510
MEMORIAL MEDICAL CENTER OPERATING
COUNTY OF CALHOUN
201 W AUSTIN STREET
PORT LAVACA TX 77979

STATEMENT 459

CUSTOMER NO. | PAGE NO.
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09/01/2016 to 09/30/2016
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
3,229,017.05	523	4,045,509.83	393	3,972,764.03	3,301,762.85

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
09/01		60,210.80	09/13		1,684.91	09/21		838.35
09/01		160.46	09/13		1,665.67	09/21		449.00
09/01		144.00	09/13		1,536.90	09/21		16.16
09/01		140.00	09/13		95.00	09/21		10.00
09/01		20.00	09/13		47.05	09/22		8,193.64
09/01		7.50	09/14		4,757.32	09/22		1,836.28
09/02		29,375.05	09/14		2,682.07	09/22		705.00
09/02		399.00	09/14		502.53	09/22		55.00
09/02		292.77	09/14		345.00	09/22		36.83
09/06		109,104.07	09/14		35.60	09/23		19,223.95
09/06		3,245.90	09/15		24,688.06	09/23		3,919.62
09/06		1,282.20	09/15		8,424.38	09/23		477.00
09/06		568.00	09/15		1,266.50	09/23		134.82
09/06		274.00	09/15		393.75	09/26		80,338.05
09/06		180.00	09/15		333.00	09/26		895.91
09/06		120.00	09/15		10.00	09/26		864.16
09/06		20.00	09/15		8.30	09/26		220.00
09/07		524,481.54	09/16		9,895.70	09/27		14,166.85
09/07		629.42	09/16		515.00	09/27		5,162.92
09/07		547.89	09/16		20.14	09/27		618.00
09/07		471.00	09/19		72,844.86	09/27		576.00
09/07		20.00	09/19		2,141.83	09/27		149.74
09/08		11,324.16	09/19		1,850.36	09/27		20.00
09/08		419.00	09/19		467.08	09/28		20,323.80
09/08		365.98	09/19		390.00	09/28		2,486.07
09/08		85.10	09/19		80.00	09/28		484.00
09/08		17.48	09/19		50.00	09/28		302.52
09/09		12,906.09	09/19		22.49	09/28		20.00
09/09		607.00	09/19		10.00	09/29		14,453.90
09/09		498.73	09/19		10.00	09/29		431.71
09/09		143.68	09/20		12,457.30	09/29		175.00
09/12		124,921.42	09/20		2,577.52	09/29		77.21
09/12		3,146.92	09/20		517.58	09/29		8.30
09/12		2,488.37	09/20		501.00	09/30		578,381.94
09/12		749.00	09/20		464.00	09/30		1,498.85
09/12		427.92	09/20		237.61	09/30		299.00
09/12		145.00	09/20		50.00	09/30		192.10
09/12		100.00	09/21		8,297.63	09/30		170.00

Checks (Debits)

Date	Check #	Amount	Date	Check #	Amount	Date	Check #	Amount
09/14	61811	108.08	09/23	61814	250.37	09/22	61817	940.50
09/14	61812	669.34	09/26	61815	160.48	09/02 *	166133	361.36
09/09	61813	879.00	09/23	61816	1,399.72	09/13 *	167015	248.47

CUSTOMER
8/NE/131/019/2521
MEMORIAL MEDICAL CENTER OPERATING
COUNTY OF CALHOUN
201 W AUSTIN STREET
PORT LAVACA TX 77979

STATEMENT 459

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09/01/2016 to 09/30/2016
STATEMENT PERIOD

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09/29	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113000	18.00
09/30	Electronic Deposit	TMHP HCCLAIMPMT xxxxx9111	77,112.47
09/30	Electronic Deposit	AETNA AS01 HCCLAIMPMT 1689630865	10,342.34
09/30	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C16272E68260510	4,784.53
09/30	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160910883	3,448.73
09/30	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 673422	3,383.04
09/30	Electronic Deposit	AETNA H09 HCCLAIMPMT 1497153589	2,700.88
09/30	Electronic Deposit	AETNA A04 HCCLAIMPMT 1689630865	1,594.25
09/30	Electronic Deposit	TMHP HCCLAIMPMT xxxxx9112	1,358.10
09/30	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C16272E68260520	1,244.14
09/30	Electronic Deposit	AETNA AS01 HCCLAIMPMT 1497153589	1,058.36
09/30	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 451356	1,045.25
09/30	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C16272E68260530	438.79
09/30	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160915882	272.00
09/30	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160911881	247.91
09/30	Electronic Deposit	AETNA H09 HCCLAIMPMT 1689630865	185.36
09/30	Electronic Deposit	AETNA H09 HCCLAIMPMT 1497153589	185.30
09/30	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160913887	166.81
09/30	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C16272E13096360	135.00
09/30	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160914885	104.96
09/30	Electronic Deposit	AETNA A04 HCCLAIMPMT 1497153589	42.60
09/30	Electronic Deposit	36 TREAS 310 MISC PAY 746003411360012	42.56
09/30	Electronic Deposit	TMHP HCCLAIMPMT xxxxx7901	32.64
09/30	Electronic Deposit	36 TREAS 310 MISC PAY 746003411360012	20.06

Debits

09/02	Electronic Payment	IBC MERCH BNKCD DISCOUNT 674200009993	19.95
09/02	Electronic Payment	IBC MERCH BNKCD FEE 674200009993	29.95
09/02	Electronic Payment	VIVONET ACQUISIT PAYMENT 1136	99.00
09/02	Electronic Payment	CARDMEMBER SERV ELECT PYMT	2,539.31
09/06	Electronic Payment	IBC MERCH BNKCD FEE 971160912889	9.95
09/06	Electronic Payment	IBC MERCH BNKCD DEPOSIT 971160915882	15.93
09/06	Electronic Payment	FDGL LEASE PYMT	59.25
09/06	Electronic Payment	FDGL LEASE PYMT	59.25
09/06	Electronic Payment	IBC MERCH BNKCD FEE 971160914885	63.25
09/06	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160913887	73.17
09/06	Electronic Payment	IBC MERCH BNKCD FEE 971160910883	76.98
09/06	Electronic Payment	FDGL LEASE PYMT	86.30
09/06	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160913887	120.42
09/06	Electronic Payment	IBC MERCH BNKCD FEE 971160913887	134.35
09/06	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160911881	135.07
09/06	Electronic Payment	IBC MERCH BNKCD FEE 971160911881	179.41
09/06	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160914885	188.38
09/06	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160914885	379.35
09/06	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160911881	403.05
09/06	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160910883	1,616.15
09/06	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160910883	1,735.66
09/07	Electronic Payment	FDGL LEASE PYMT	30.25
09/07	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02910692	662.21

IBC

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

CUSTOMER
8/NE/131/019/2522
MEMORIAL MEDICAL CENTER OPERATING
COUNTY OF CALHOUN
201 W AUSTIN STREET
PORT LAVACA TX 77979

STATEMENT 459

CUSTOMER NO.	PAGE NO.
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09/01/2016 to 09/30/2016
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.

09/07	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02910549	710.07
09/07	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02910709	1,178.20
09/08	Electronic Payment	ACS SLS EXPERTPAY xxxxx3411	323.38
09/08	Electronic Payment	MEMORIAL MEDICAL PAYROLL	265,078.17
09/09	Electronic Payment	IRS USATAXPYMT 220665343192627	98,996.16
09/09	Electronic Payment	STATE COMPTRLR TEXNET 24944490/60908	1,957,922.91
09/12	Electronic Payment	CLOVER APP MRKT CLOVER APP	16.25
09/12	Electronic Payment	FDGL LEASE PYMT	30.17
09/12	Electronic Payment	CLOVER APP MRKT CLOVER APP	81.20
09/13	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02919249	676.01
09/13	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02919267	1,013.11
09/13	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02919141	1,421.39
09/15	Electronic Payment	WEBFILE TAX PYMT DD 902/25008960	1,322.27
09/15	Electronic Payment	TEXAS COUNTY DRS RECEIVABLE 419	120,293.90
09/19	Electronic Payment	Telecheck INV092016D xxxxx9736	5.00
09/20	Electronic Payment	FDGL LEASE PYMT	151.23
09/20	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02923033	467.42
09/20	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02923122	603.89
09/20	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02923136	1,776.80
09/22	Electronic Payment	ACS SLS EXPERTPAY xxxxx3411	323.38
09/22	Electronic Payment	MEMORIAL MEDICAL PAYROLL	262,802.23
09/23	Electronic Payment	IRS USATAXPYMT 220666741644258	98,076.21
09/27	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02931279	573.41
09/27	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02931349	736.71
09/27	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02931362	1,612.31

Daily Ending Balance

09/01	3,265,594.76	09/13	2,060,964.94	09/22	2,564,248.20
09/02	3,419,244.03	09/14	2,067,485.09	09/23	2,435,274.80
09/06	3,515,442.57	09/15	2,041,157.57	09/26	2,592,555.91
09/07	4,044,938.92	09/16	1,850,991.62	09/27	2,559,620.04
09/08	3,890,466.25	09/19	1,967,204.74	09/28	2,596,975.24
09/09	1,824,528.66	09/20	1,960,983.03	09/29	2,624,678.41
09/12	2,015,306.26	09/21	1,994,425.88	09/30	3,301,762.85

IBC

BANK

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

CUSTOMER

8/NE/131/019/1999
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
PRIVATE WAIVER CLEARING FUND
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

CUSTOMER NO.	PAGE NO.
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09/01/2016 to 09/30/2016
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	1	266,208.37	0	0.00	511,758.51

Deposits (Credits)

Date	Deposit#	Amount	
09/16		266,208.37	ck 167914

Daily Ending Balance

09/16	511,758.51

Notice to Customers: A CTR Reference Guide

Why is my financial institution asking me for identification and personal information?

Federal law requires financial institutions to report currency (cash or coin) transactions over $10,000 conducted by, or on behalf of, one person, as well as multiple currency transactions that aggregate to be over $10,000 in a single day. These transactions are reported on Currency Transaction Reports (CTRs). The federal law requiring these reports was passed to safeguard the financial industry from threats posed by money laundering and other financial crime. To comply with this law, financial institutions must obtain personal identification information about the individual conducting the transaction such as a Social Security number as well as a driver's license or other government issued document. This requirement applies whether the individual conducting the transaction has an account relationship with the institution or not. There is no general prohibition against handling large amounts of currency and the filing of a CTR is required regardless of the reasons for the currency transaction. The financial institution collects this information in a manner consistent with a customer's right to financial privacy.

Can I break up my currency transactions into multiple, smaller amounts to avoid being reported to the government?

No. This is called "structuring." Federal law makes it a crime to break up transactions into smaller amounts for the purpose of evading the CTR reporting requirement and this may lead to a required disclosure from the financial institution to the government. Structuring transactions to prevent a CTR from being reported can result in imprisonment for not more than five years and/or a fine of up to $250,000. If structuring involves more than $100,000 in a twelve month period or is performed while violating another law of the United States, the penalty is doubled.

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

STATEMENT

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09/01/2016 to 09/30/2016

STATEMENT PERIOD

CUSTOMER

8/NE/131/019/2075
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH ASHFORD
202 S ANN ST STE A
PORT LAVACA TX 77979

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
490,686.35	30	1,740,739.91	5	1,784,221.45 ✓	447,204.81 ✓

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
09/07		71,814.17	09/22		72,869.27	09/27		62,564.84
09/12		61,154.91	09/27		201,101.68	09/30		122,967.61
09/16		2,901.06						

Checks (Debits)

Date	Check #	Amount	Date	Check #	Amount
09/07	9	300,794.17 ✓	09/30	10	314,264.94 ✓

Electronic Activity

	Credits		
09/09	Incoming Wire	0349 CANTEX HEALTH CARE CENTERS LLC	700,451.45
09/12	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	8,922.57
09/12	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	4,736.43
09/14	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005	7,709.05
09/14	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	1,432.00
09/15	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005	2,905.34
09/15	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	256.06
09/16	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	6,845.50
09/19	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	9,655.85
09/19	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	3,605.25
09/21	Electronic Deposit	AMERIGROUP CORPO E-PAYMENT EE51409753	156,412.57
09/22	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	6,263.23
09/22	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005	2,156.71
09/23	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	5,420.08
09/23	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	4,096.85
09/23	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	3,536.00
09/23	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	2,638.38
09/26	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005	4,886.36
09/27	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	173,789.16
09/27	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	306.31
09/29	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	1,385.43
09/29	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	880.00
09/30	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005	37,075.79
	Debits		
09/07	Outgoing Wire	0003 ASHFORD HEALTH CARE CENTER LTD	189,792.19 ✓
09/20	Outgoing Wire	0138 ASHFORD HEALTH CARE CENTER LTD	869,128.53
09/28	Outgoing Wire	0012 ASHFORD HEALTH CARE CENTER LTD	110,241.62 =

prev. month
9/19/16 - 9/23/16 - 266,654.19 -
Bal 9/23/16 156,412.57

IBC

BANK

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

CUSTOMER

8/NE/131/019/2081
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH BROADMOOR
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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09/01/2016 to 09/30/2016
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
48,361.96	20	566,469.64	6	551,310.69	63,520.91

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
09/07		67,187.13	09/22		42,290.60	09/28		555.71
09/12		63,747.65	09/27		6,668.57	09/30		30,186.73
09/16		13,631.47	09/27		1,111.43			

Checks (Debits)

Date	Check #	Amount	Date	Check #	Amount	Date	Check #	Amount
09/07	7	6,764.53	09/16	8	277.86	09/30	9	7,483.22

Electronic Activity

	Credits			
09/09	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113004		180.87
09/12	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113004		1,478.30
09/12	Electronic Deposit	Molina HC of TX Molina HC PN1669860433		872.14
09/16	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113004		265.53
09/19	Electronic Deposit	Molina HC of TX Molina HC PN1669860433		1,123.05
09/21	Electronic Deposit	AMERIGROUP CORPO E-PAYMENT EE51409752		1,667.14
09/22	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357		283,186.25
09/23	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357		21,084.19
09/23	Electronic Deposit	Molina HC of TX Molina HC PN1669860433		518.33
09/28	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357		14,369.34
09/29	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357		14,013.61
09/30	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357		2,331.60
	Debits			
09/07	Outgoing Wire	0006 CANTEX HEALTH CARE CENTERS III	Prev mo.	41,497.42
09/20	Outgoing Wire	0141 CANTEX HEALTH CARE CENTERS III		147,085.24
09/28	Outgoing Wire	0016 CANTEX HEALTH CARE CENTERS III		348,202.42

Daily Ending Balance

09/07	67,287.14	09/20	1,223.05	09/27	357,749.56
09/09	67,468.01	09/21	2,890.19	09/28	24,472.19
09/12	133,566.10	09/22	328,367.04	09/29	38,485.80
09/16	147,185.24	09/23	349,969.56	09/30	63,520.91
09/19	148,308.29				

IBC

BANK

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

CUSTOMER

8/NE/131/019/2079
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH CRESCENT
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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09/01/2016 to 09/30/2016
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
65,947.75	34	1,130,495.47	5	1,123,420.18 ✓	73,023.04 ✓

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
09/07		44,168.41	09/22	Not on Adam's Report	55,147.51	09/27		8,090.38
09/12		7,707.58	09/27		10,112.98	09/30		28,980.55
09/16		7,578.11						

Checks (Debits)

Date	Check #	Amount	Date	Check #	Amount
09/07	5 ✓	28,965.29	09/30	6	30,262.47 ✓

Electronic Activity

	Credits		
09/01	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16083011500182	✓3,205.01
09/07	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	4,172.11
09/09	Incoming Wire	0351 CANTEX HEALTH CARE CENTERS III	666,496.30
09/12	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16090813900031	11,097.28
09/12	Electronic Deposit	Molina HC of TX Molina HC PN1669860425	4,697.68
09/14	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	2,401.73
09/16	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16091410800516	1,396.16
09/19	Electronic Deposit	Molina HC of TX Molina HC PN1669860425	5,131.94
09/19	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	1,335.98
09/20	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16091610500123	12,804.28
09/20	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113008	1,880.49
09/21	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	163,103.87
09/21	Electronic Deposit	AMERIGROUP CORPO E-PAYMENT EE51409751	22,248.59
09/22	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	10,508.42
09/23	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	19,468.11
09/23	Electronic Deposit	Molina HC of TX Molina HC PN1669860425	2,646.89
09/23	Electronic Deposit	Molina HC of TX Molina HC PN1669860425	1,612.60
09/23	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16092112900178	717.21
09/23	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16092114800113	32.29
09/26	Electronic Deposit	Molina HC of TX Molina HC PN1669860425	1,081.00
09/26	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113008	867.92
09/26	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	645.43
09/26	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16092210100169	10.15
09/27	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	21,195.12
09/27	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16092310500076	6,689.75
09/29	Electronic Deposit	Molina HC of TX Molina HC PN1669860425	363.87
09/30	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16092815500080	2,899.77
	Debits		
09/07	Outgoing Wire	0005 CANTEX HEALTH CARE CENTERS III	✓40,087.48
09/20	Outgoing Wire	0140 CANTEX HEALTH CARE CENTERS III (Pharm. mo. included 9/16 dep.)	749,715.35

IBC

BANK

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

CUSTOMER

8/NE/131/019/2080
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH CRESCENT
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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09/01/2016 to 09/30/2016
STATEMENT PERIOD

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09/28	Outgoing Wire	0015 CANTEX HEALTH CARE CENTERS III	274,389.59

Daily Ending Balance

09/01	69,152.76	09/19	756,283.27	09/26	299,342.68
09/07	48,440.51	09/20	21,252.69	09/27	345,430.91
09/09	714,936.81	09/21	206,605.15	09/28	71,041.32
09/12	738,439.35	09/22	272,261.08	09/29	71,405.19
09/14	740,841.08	09/23	296,738.18	09/30	73,023.04
09/16	749,815.35				

Notice to Customers: A CTR Reference Guide

Why is my financial institution asking me for identification and personal information?

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IBC

BANK

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

CUSTOMER

8/NE/131/019/2083
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH FORT BEND
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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09/01/2016 to 09/30/2016
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
130,717.85	25	385,771.22	5	461,653.74	54,835.33

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
09/07		9,869.67	09/22		52,388.40	09/27		52,081.61
09/12		6,273.45	09/27		65,102.01	09/30		6,823.47
09/16		1,449.00						

Checks (Debits)

Date	Check #	Amount	Date	Check #	Amount
09/07	5	93,231.52	09/30	6	97,406.80

Electronic Activity

Credits

09/01	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663	22,979.09
09/09	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663	621.96
09/12	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	9,362.21
09/13	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16090914500065	6,267.01
09/13	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16091013300606	4,280.55
09/13	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	3,083.84
09/15	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	8,849.82
09/19	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	12,508.88
09/20	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16091715200295	8,098.05
09/21	Electronic Deposit	AMERIGROUP CORPO E-PAYMENT EE51409749	13,020.40
09/22	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663	67,678.59
09/23	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663	8,091.53
09/23	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	7,495.83
09/23	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	4,331.21
09/26	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16092211900011	3,737.56
09/26	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663	607.85
09/27	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663	1,168.06
09/30	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113006	9,601.17

Debits

09/07	Outgoing Wire	0007 CANTEX HEALTH CARE CENTERS III	prev. mo. 9/1/16	60,365.42
09/20	Outgoing Wire	0142 CANTEX HEALTH CARE CENTERS III		50,057.51
09/28	Outgoing Wire	0017 CANTEX HEALTH CARE CENTERS III	173,612.89 –	160,592.49 = 13,020

Daily Ending Balance

09/01	153,696.94	09/16	50,157.51	09/23	173,712.89
09/07	9,969.67	09/19	62,666.39	09/26	178,058.30
09/09	10,591.63	09/20	20,706.93	09/27	296,409.98
09/12	26,227.29	09/21	33,727.33	09/28	135,817.49
09/13	39,858.69	09/22	153,794.32	09/30	54,835.33
09/15	48,708.51				

IBC

BANK

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

CUSTOMER

8/NE/131/019/2077
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH SOLERA
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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09/01/2016 to 09/30/2016

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)	Balance
137,946.55	41	1,558,987.15	5	1,546,172.65 ✓	150,761.05

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
09/07		58,129.81	09/22		42,246.31	09/27		28,241.58
09/12		46,202.84	09/27		56,483.16	09/30		62,656.39
09/16		16,606.75						

Checks (Debits)

Date	Check #	Amount	Date	Check #	Amount
09/07	5	87,629.32 ✓	09/30	6	91,553.71

Electronic Activity

	Credits			
09/01	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310		3,870.92 ✓
09/01	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16083011500184		2,992.50 ✓
09/02	Electronic Deposit	Molina HC of TX Molina HC PN1497143259		75.80 ✓
09/06	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16090110300156		2,515.85
09/08	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113007		5,084.45
09/08	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310		3,548.34
09/12	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113007		2,436.40
09/12	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16090813900034		2,285.27
09/13	Incoming Wire	0362 CANTEX HEALTH CARE CENTERS III		663,533.52
09/13	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16090914500068		1,662.78
09/14	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310		842.30
09/16	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310		15,122.98
09/16	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16091418800283		3,830.34
09/16	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16091410800520		26.07
09/20	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16091715200299		4,372.73
09/20	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16091610500126		4,357.83
09/21	Electronic Deposit	AMERIGROUP CORPO E-PAYMENT EE51409750		37,655.44 X
09/22	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310		376,354.21
09/22	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16092010400285		2,559.46
09/22	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16092012100072		674.58
09/23	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310		53,196.71
09/23	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16092114800116		3,455.17
09/23	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16092112900181		788.47
09/26	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310		7,232.81
09/26	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16092210100173		1,778.04
09/27	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310		6,942.48
09/27	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16092419700296		5,277.74
09/27	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16092310500081		2,441.38
09/27	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16092411400919		143.36
09/28	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113007		3,483.00
09/29	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310		25,582.41
09/30	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16092810100211		2,241.75

Included on the check 9/30

IBC

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

CUSTOMER
8/NE/131/019/2041
MEMORIAL MEDICAL CENTER CONSTRUCTION COU
CLINIC SERIES 2014
202 S ANN STE A
PORT LAVACA TX 77979

STATEMENT

CUSTOMER NO.	PAGE NO.
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09/01/2016 to 09/30/2016
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
100.00	0	0.00	1	5.00	95.00

Electronic Activity

09/30	Debits Service Fee	Inactive Account Fee	5.00

Daily Ending Balance

09/30	95.00

Notice to Customers: A CTR Reference Guide

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IBC

BANK

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

CUSTOMER

8/NE/131/019/2524

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

STATEMENT

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CUSTOMER NO.	PAGE NO.
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09/01/2016 to 09/30/2016
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
10,437.35	2	43,582.29	13	50,385.56	3,634.08

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount
09/01		43,092.29	09/16		490.00

Checks (Debits)

Date	Check #	Amount	Date	Check #	Amount	Date	Check #	Amount
09/02	11840	768.09	09/14	11857	308.17	09/01	11861	40,333.35
09/16 *	11853	128.72	09/13	11858	459.71	09/14	11862	766.00
09/16	11854	46.73	09/15	11859	220.25	09/15 *	11864	4,449.23
09/14	11855	785.60	09/01	11860	1,074.00	09/20	11865	643.15
09/16	11856	402.56						

* Indicates a skip in check number sequence

Daily Ending Balance

09/01	12,122.29	09/14	9,034.72	09/16	4,277.23
09/02	11,354.20	09/15	4,365.24	09/20	3,634.08
09/13	10,894.49				

Notice to Customers: A CTR Reference Guide

Why is my financial institution asking me for identification and personal information?

Federal law requires financial institutions to report currency (cash or coin) transactions over $10,000 conducted by, or on behalf of, one person, as well as multiple currency transactions that aggregate to be over $10,000 in a single day. These transactions are reported on Currency Transaction Reports (CTRs). The federal law requiring these reports was passed to safeguard the financial industry from threats posed by money laundering and other financial crime. To comply with this law, financial institutions must obtain personal identification information about the individual conducting the transaction such as a Social Security number as well as a driver's license or other government issued document. This requirement applies whether the individual conducting the transaction has an account relationship with the institution or not. There is no general prohibition against handling large amounts of currency and the filing of a CTR is required regardless of the reasons for the currency transaction. The financial institution collects this information in a manner consistent with a customer's right to financial privacy.

Can I break up my currency transactions into multiple, smaller amounts to avoid being reported to the government?

No. This is called "structuring." Federal law makes it a crime to break up transactions into smaller amounts for the purpose of evading the CTR reporting requirement and this may lead to a required disclosure from the financial institution to the government. Structuring transactions to prevent a CTR from being reported can result in imprisonment for not more than five years and/or a fine of up to $250,000. If structuring involves more than $100,000 in a twelve month period or is performed while violating another law of the United States, the penalty is doubled.

IBC

BANK

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

CUSTOMER

8/NE/131/019/2107
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH GOLDEN CREEK HEALTHCARE & REHAB
202 S ANN ST STE A
PORT LAVACA TX 77979

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Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
95.00	0	0.00	1	5.00	90.00

Electronic Activity

09/30	Debits Service Fee	Inactive Account Fee	5.00

Daily Ending Balance

09/30	90.00

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IBC

BANK

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

CUSTOMER

8/NE/131/019/2105
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH ALLENBROOK HEALTHCARE CENTER
202 S ANN ST STE A
PORT LAVACA TX 77979

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