MEMORIAL MEDICAL CENTER

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

PAYABLES AND PAYROLL

10/3/2016	McKesson Drugs	11,470.23
10/4/2016	Payroll	271,467.36
10/4/2016	Payroll by Check	2,500.84
10/4/2016	Patient Refunds	600.00
10/5/2016	Payroll Liabilities	100,843.68
10/6/2016	Weekly Payables	1,323,508.30
10/6/2016	Weekly Payables	364.41
10/10/2016	McKesson Drugs	2,292.61
10/11/2016	Returned Check	30.00
10/12/2016	Patient Refunds	5,633.73
10/12/2016	Weekly Payables	1,241,551.33
10/14/2016	Returned Check	200.00
10/17/2016	TDCRS	117,336.06
10/17/2016	McKesson Drugs	2,826.27
10/18/2016	Payroll by Check	1,732.76
10/18/2016	Payroll	262,743.54
10/18/2016	Weekly Payables	600.00
10/19/2016	Returned Check	304.14
10/20/2016	Payroll Liabilities	96,484.61
10/20/2016	Payroll by Check	278.76
10/21/2016	Payroll Liabilities	74.35
10/21/2016	Weekly Payables	136,854.30
10/21/2016	Patient Refunds	1,112.40
10/24/2016	McKesson Drugs	1,450.42
10/25/2016	Credit Card Invoice	3,418.68
10/25/2016	Credit Card Invoice	6,491.77
10/26/2016	Weekly Payables	170,906.43
10/26/2016	Patient Refunds	17,179.77
10/29/2016	Returned Check	455.14
10/31/2016	Returned Check	601.09
10/31/2016	Monthly Electronic Transfers for Payroll Expenses(not incl above)	886.84
10/31/2016	Monthly Electronic Transfers for Operating Expenses	6,919.58

APPROVED

NOV 2 2 2016

CALHOUN COUNTY
COMMISSIONERS COURT

Total Payables and Payroll		**$ 3,789,119.40**

INTER-GOVERNMENT TRANSFERS

Inter-Government Transfers for October 2016	69,112.38	**$ 69,112.38**
IGT DSRIP Audit Cost	-	
Total Inter-Government Transfers		**$ 69,112.38**

INTRA-ACCOUNT TRANSFERS

from Memorial Medical Center to Private Waiver Clearing Acct	1,333,614.25	
Total Intra-Account Transfers		**$ 1,333,614.25**

SUBTOTAL MEMORIAL MEDICAL CENTER DISBURSEMENTS	**$ 5,191,846.03**
INDIGENT HEALTHCARE FUND EXPENSES	**$ 49,530.06**
NURSING HOME UPL EXPENSES FOR October 2016	**$ 3,185,359.26**
IGT October 2016 MPAP NH Program	**$ -**
MMC Construction	**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED November 22, 2016	**$ 8,426,735.35**

MEMORIAL MEDICAL CENTER

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

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

Adu Sports Medicine Clinic		279.36
Community Pathology Association		151.05
William J. Crowley D.O.		705.85
Michelle M. Cummins MD		165.89
Richard Arroyo-Diaz		47.85
HEB Pharmacy (Medimpact)		567.52
Refund from HEB Pharmacy - Credit on Bill		(30.00)
MMCenter (In-patient $.00 / Out-patient $34,708.19 / ER $5,402.06)		40,110.25
Memorial Medical Clinic		5,230.08
Port Lavaca Clinic		785.60
Radiology Unlimited PA		385.26
Regional Employee Assistance		265.54
Victoria Anesthesiology Assoc		401.81
SUBTOTAL		**49,066.06**
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)		**1,074.00**
	Subtotal	50,140.06
Co-pays adjustments for October 2016		**(610.00)**
Reimbursement from Medicaid		**0.00**
TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES		**49,530.06**

800 11222016 01 CALHOUN COUNTY, TEXAS

DATE: 11/22/2016

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			$49,530.06
	approved by Commissioners Court on 11/22/2016			
1000-001-46010	October Interest $0.00			$0.00
				$49,530.06

COUNTY AUDITOR APPROVAL ONLY

APPROVED ON NOV 16 2016 BY CALHOUN COUNTY AUDITOR

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

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

BY: Michael J Pfeil 11/22/16

DEPARTMENT HEAD DATE

MEMORIAL MEDICAL CENTER

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

Nursing Home UPL

IN	OUT		**Weekly Cantex Transfer**	ACH Deposits	ACH Transfers
9/27/16-9/30/16	10/4/2016	Ashford-4553			447,104.81
10/05/16-10/07/16	10/13/2016	Ashford-4553		75,597.02	75,597.02
10/11/16-10/14/16	10/21/2016	Ashford-4553		73,757.88	73,757.88
10/20/16-10/24/16	10/28/2016	Ashford-4553		343,263.91	307,489.47
10/24/16-10/31/16		Ashford-4553		345,561.28	
9/27/16-9/30/16	10/4/2016	Broadmoor-4596			$ 63,420.91
10/03/16-10/07/16	10/13/2016	Broadmoor-4596		915,554.06	915,294.13
10/11/16-10/14/16	10/21/2016	Broadmoor-4596		52,808.81	52,808.81
10/03/16-10/20/16	9/30/2016	Broadmoor-4596		7,637.76	7,321.87
10/03/16-10/31/16		Broadmoor-4596		550,304.24	
9/26/16-9/30/16	10/4/2016	Crescent-4588			$ 72,923.04
10/03/16-10/07/16	10/13/2016	Crescent-4588		44,815.14	44,815.14
10/11/16-10/14/16	10/21/2016	Crescent-4588		25,970.30	25,970.30
10/19/2016	10/28/2016	Crescent-4588		127,932.84	29,610.02
10/19/16-10/31/16		Crescent-4588		273,307.24	
9/26/16-9/30/16	10/4/2016	Fort Bend-4618			$ 54,735.33
10/03/16-10/07/16	10/13/2016	Fort Bend-4618		548,503.11	548,503.11
10/11/16-10/12/16	10/21/2016	Fort Bend-4618		13,906.21	13,906.21
10/20/16-10/21/16	10/28/2016	Fort Bend-4618		97,596.27	95,306.74
10/20/16-10/31/16		Fort Bend-4618		160,849.23	
9/26/16-9/30/16	10/4/2016	Solera-4561			$ 150,661.05
10/03/16-10/07/16	10/13/2016	Solera-4561		60,413.07	60,413.07
10/12/16-10/14/16	10/21/2016	Solera-4561		20,036.91	20,036.91
10/18/16-10/21/16	10/28/2016	Solera-4561		357,992.55	89,579.84
		Solera-4561		497,532.81	
		SUBTOTAL		4,593,340.64	3,149,255.66

Memorial Medical Center Checks - fund transfer to NH	
Ashford	
Broadmoor	27,480.13
Crescent	
Fort Bend	
Solera	8,623.47
Total	36,103.60

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

TOTAL APPROVED NURSING HOME WEEKLY CANTEX TRANSFERS	**3,185,359.26**

MEMORIAL MEDICAL CENTER CONSTRUCTION ACCOUNT

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

PAYABLES	$ -
GRAND TOTAL DISBURSEMENTS APPROVED November 22, 2016	-

©IHS
Issued 11/16/16

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 11/01/2016 through 11/01/2016
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	14,975.93	2,368.21
01-2	Physician Services- Anesthesia	1,794.00	401.81
02	Prescription Drugs	673.52	537.52
08	Rural Health Clinics	6,430.00	5,648.27
14	Mmc - Hospital Outpatient	104,595.56	34,708.19
15	Mmc - Er Bills	16,415.33	5,402.06
	Expenditures	145,319.49	49,501.21
	Reimb/Adjustments	-435.15	-435.15
	Grand Total	**144,884.34**	**49,066.06**

APPROVED
ON

NOV 16 2016

BY
CALHOUN COUNTY AUDITOR

EXPENSES	+1074.00
COPAYS	- <610.00>
TTOAL	49,530.06

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

Recorded MDO
Reviewed

Acct #	JE #	Description	Check #	Debit Amount	Credit Amount
10255000		Indigent Healthcare		8,511.99	
40450074		Reimbursement - Calhoun Cty			5,930.54
40015074		Benefits - FICA			370.58
40025074		Benefits - FUTA			-
40040074		Benefits - Retirement			419.64
60320000		Benefits - Insurance			1,067.50
40220074		Supplies - General			55.77
40225074		Supplies - Office			12.48
40230074		Forms			-
40610074		Continuing Education			-
40510074		Outside Services			-
40215074		Freight			-
40600074		Miscellaneous			655.48
			TOTALS	8,511.99	8,511.99

1,074.00

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

REVERSING: YES _____ NO _____ JE # 101638

APPROVED
ON

NOV 14 2016

BY
CALHOUN COUNTY AUDITOR

Indigent Healthcare Program
Incurred by MMC
OCTOBER 2016

Indigent H'care Coordinator Salary	# 40000074	13-Oct	$ 3,062.73	
	# 40000074	27-Oct	2,515.53	
	# 40000074		-	
	# 40050074		76.58	
	# 40050074		160.34	
	# 40050074		-	
	(# 40010074)		115.36	
				5,930.54
Benefits:	#40040074			**419.64**
FICA	# 40015074	13-Oct	180.13	
	# 40015074	27-Oct	190.45	
	# 40015074		-	
				370.58
FUTA	# 40025074	13-Oct	-	
	# 40025074	27-Oct	-	
	# 40025075		-	
				-
Other Benefits (18 %)	# 63200000			**1,067.50**
General Supplies	# 40220074			**55.77**
Office Supplies	# 40225074			**12.48**
Forms	#40230074			**-**
Continuing Education	#40610074			**-**
Outside Services	#40510074			**-**
Freight	#40215074			**-**
Travel	#40600074			**655.48**

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: 10/01/16					48,799.74
	10/01/16	REVERSE ACCRUAL		PR	19 5423 421	-214.22	
	10/13/16	PAY-P.09/30/16 10/13/16		PR	19 5452 46	3,062.73	
	10/27/16	PAY-P.10/14/16 10/27/16		PR	100 79 45	2,515.53	
	10/31/16	Accrual--Days= 4		PR	100 79 404	718.72	
		10/31 ACTIVITY/END BALANCE				6,082.76	54,882.50
40005074 SALARIES OVERTIME -CALHO		BEGINNING BALANCE AS OF: 10/01/16					1,622.06
	10/01/16	REVERSE ACCRUAL		PR	19 5423 479	-3.95	
	10/13/16	PAY-P.09/30/16 10/13/16		PR	19 5452 71	76.58	
	10/27/16	PAY-P.10/14/16 10/27/16		PR	100 79 73	160.34	
	10/31/16	Accrual--Days= 4		PR	100 79 460	45.80	
		10/31 ACTIVITY/END BALANCE				278.77	1,900.83
40010074 SALARIES PTO/EIB -CALHO		BEGINNING BALANCE AS OF: 10/01/16					4,973.00
	10/01/16	REVERSE ACCRUAL		PR	19 5423 531	-8.24	
	10/13/16	Auto PR Bene Accrual Re		PR	19 5422 91	-1,322.75	
	10/13/16	Auto PR Bene Accrual		PR	19 5451 89	3,016.41	
	10/13/16	PAY-P.09/30/16 10/13/16		PR	19 5452 97	57.68	
	10/27/16	Auto PR Bene Accrual Re		PR	19 5451 91	-3,016.41	
	10/27/16	Auto PR Bene Accrual		PR	100 78 89	3,196.63	
	10/27/16	PAY-P.10/14/16 10/27/16		PR	100 79 97	57.68	
	10/31/16	Accrual--Days= 4		PR	100 79 508	16.48	
		10/31 ACTIVITY/END BALANCE				1,997.48	6,970.48
40015074 FICA -CALHO		BEGINNING BALANCE AS OF: 10/01/16					-30.54
	10/01/16	REVERSE ACCRUAL		PR	19 5423 735	-10.31	
	10/01/16	REVERSE ACCRUAL		PR	19 5423 801	-2.41	
	10/13/16	PAY-P.09/30/16 10/13/16		PR	19 5452 378	34.14	
	10/13/16	PAY-P.09/30/16 10/13/16		PR	19 5452 411	145.99	
	10/27/16	PAY-P.10/14/16 10/27/16		PR	100 79 551	36.10	
	10/27/16	PAY-P.10/14/16 10/27/16		PR	100 79 584	154.35	
	10/31/16	Accrual--Days= 4		PR	100 79 704	44.12	
	10/31/16	Accrual--Days= 4		PR	100 79 770	10.32	
		10/31 ACTIVITY/END BALANCE				412.30	381.76
40040074 RETIREMENT -CALHO		BEGINNING BALANCE AS OF: 10/01/16					-37.07
	10/01/16	REVERSE ACCRUAL		PR	19 5423 935	-14.45	
	10/13/16	PAY-P.09/30/16 10/13/16		PR	19 5452 477	204.51	
	10/27/16	PAY-P.10/14/16 10/27/16		PR	100 79 650	215.13	
	10/31/16	Accrual--Days= 4		PR	100 79 904	61.48	
		10/31 ACTIVITY/END BALANCE				466.67	429.60
40220074 SUPPLIES GENERAL -CALHO		BEGINNING BALANCE AS OF: 10/01/16					.00

1) Pick up payroll only. Actual
2) Expenses S/B Actual + Auto

ACCT NUMBER & DESC	DATE	MEMO	REFERENCE	JOURNAL	CS#/BAT/SEQ	ACTIVITY	BALANCE
40220074 SUPPLIES GENERAL	-CALHOUN C						
	10/24/16	DEWITT POTH & SON	486009-0	PJ	100 63 10	55.13	
	10/31/16	AUTO-TRAN/EXP.REPORT	000000	MM	79 2 25	.64	
		10/31 ACTIVITY/END BALANCE				55.77	55.77
40225074 OFFICE SUPPLIES	-CALHO	BEGINNING BALANCE AS OF: 10/01/16					.00
	10/31/16	AUTO-TRAN/EXP.REPORT	000000	MM	79 2 51	12.48	
		10/31 ACTIVITY/END BALANCE				12.48	12.48
40450074 REIMBURSEMENT		BEGINNING AND ENDING BALANCE:					-54,928.35
40600074 TRAVEL	-CALHO	BEGINNING BALANCE AS OF: 10/01/16					.00
	10/31/16	COURT YARD MARRIOTT	101667	JE	19 5488 60	327.74	
	10/31/16	COURT YARD MARRIOTT	101667	JE	19 5488 61	327.74	
		10/31 ACTIVITY/END BALANCE				655.48	655.48
		COST CENTER TOTAL:				9,961.71	

ENDING BALANCE GRAND TOTAL: 10,360.55

GRAND TOTAL ACTIVITY: 9,961.71

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Calhoun County Indigent Account

Date Requested: 11/10/2016

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

AMOUNT: $610.00

G/L NUMBER: 50240000

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

October 2016.

REQUESTED BY: Adam Machicek

AUTHORIZED BY:

G/L NUMBER	DATE	RECEIPT NUMBER	PAY TYPE	PAYER	CASH AMOUNT	RECEIPT AMOUNT	NUMBER	NAME	DISC DATE	INIT	COLL CODE	GL CASH ACCOUNT
[redacted]												
TOTAL 50200.000 COMMERCIAL INS. -ADJ						-392009.52						
50240.000	10/03/16	444571	CK	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/03/16	444627	MC	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/03/16	444641	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/03/16	444645	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/03/16	444647	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/04/16	444876	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/05/16	444886	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/05/16	444957	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/05/16	444968	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/07/16	445085	CA	[redacted]	10.00	10.00			00/00/00	CAS		2
50240.000	10/07/16	445130	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/07/16	445146	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/10/16	445205	CA	[redacted]	10.00	10.00			00/00/00	KDG		2
50240.000	10/10/16	445211	CA	[redacted]	10.00-	10.00-			00/00/00	PLB		2
50240.000	10/10/16	445214	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/10/16	445220	CA	[redacted]	10.00	10.00			00/00/00	VTT		2
50240.000	10/10/16	445245	CA	[redacted]	10.00	10.00			00/00/00	KDG		2
50240.000	10/10/16	445271	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/11/16	445319	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/11/16	445320	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/11/16	445382	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/11/16	445404	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/12/16	445451	CK	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/12/16	445522	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/12/16	445530	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/14/16	445626	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/14/16	445643	CK	[redacted]	10.00	10.00			00/00/00	ARK		2
50240.000	10/17/16	445796	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/18/16	445844	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/19/16	445973	VI	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/19/16	446031	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/19/16	446096	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/19/16	446097	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/19/16	446110	VI	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/20/16	446191	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/20/16	446196	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/21/16	446211	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/21/16	446296	MO	[redacted]	10.00	10.00			00/00/00	KDG		2
50240.000	10/21/16	446299	CK	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/21/16	446319	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/21/16	446321	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/24/16	446339	CA	[redacted]	10.00	10.00			00/00/00	CAS		2
50240.000	10/24/16	446340	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/24/16	446367	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/24/16	446380	CA	[redacted]	10.00	10.00			00/00/00	VTT		2
50240.000	10/24/16	446432	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/24/16	446446	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/24/16	446447	CA	[redacted]	10.00-	10.00-			00/00/00	PLB		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	10/25/16	446448	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/25/16	446466	CA	[redacted]	10.00	10.00			00/00/00	CAS		2
50240.000	10/25/16	446549	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/25/16	446550	CA	[redacted]	10.00	10.00			00/00/00	KDG		2
50240.000	10/26/16	446649	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/26/16	446683	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/26/16	446721	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/27/16	446824	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/28/16	446853	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/28/16	446878	CA	[redacted]	10.00	10.00			00/00/00	FAG		2
50240.000	10/28/16	446915	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/28/16	446920	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/31/16	446943	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/31/16	446946	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/31/16	446953	CA	[redacted]	10.00	10.00			00/00/00	FAG		2
50240.000	10/31/16	446973	CK	[redacted]	10.00	10.00			00/00/00	VTT		2
50240.000	10/31/16	447038	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
TOTAL 50240.000 COUNTY INDIGENT COPAYS						610.00						

[redacted]

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	5	0	11	66	3
November					
December					
YTD	64	20	65	585	48
Monthly Avg	6	2	7	59	5
December 2015 Active		57			

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
10/3/2016

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	266,754.19	424,506.56	604,957.18	-	-	-	-	447,204.81	447,104.81

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	[redacted]4561	525,760.91	579,559.18	204,559.32	-	-	-	-	150,761.05	150,661.05
Crescent	[redacted]4588	296,738.18	304,652.06	80,936.92	-	-	-	-	73,023.04	72,923.04
Broadmoor	[redacted]4596	349,969.56	355,685.64	69,236.99	-	-	-	-	63,520.91	63,420.91
Fort Bend	[redacted]4618	173,712.89	257,999.29	139,121.73	-	-	-	-	54,835.33	54,735.33
										341,740.33

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: 11-4-16

APPROVED
OCT 03 2016
COUNTY AUDITOR

E:\NH Weekly Transfers\NH UPL Transfer Summary 10-3-16.xlsx

IBC Bank Activity
9/26/16 through 10/2/16

Ashford Gardens					Transfer-Out	Transfer-In	
9/26/2016	113105025	4553	142	ACH CREDIT RECEIVED		4,886.36	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
9/27/2016	113105025	4553	301	COMMERCIAL DEPOSIT		62,564.84	
9/27/2016	113105025	4553	142	ACH CREDIT RECEIVED		173,789.16	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04911|TRN*1*EFT6536827*1205296137*000004911\
9/27/2016	113105025	4553	142	ACH CREDIT RECEIVED		306.31	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT3778348*1201494502\
9/27/2016	113105025	4553	301	COMMERCIAL DEPOSIT		201,101.68	
9/28/2016	113105025	4553	495	OUTGOING MONEY TRANSFER	110,241.62		ASHFORD HEALTH CARE CENTER LTD
9/29/2016	113105025	4553	142	ACH CREDIT RECEIVED		880.00	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04911|TRN*1*EFT6537950*1205296137*000004911\
9/29/2016	113105025	4553	142	ACH CREDIT RECEIVED		1,385.43	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT3785293*1201494502\
9/30/2016	113105025	4553	142	ACH CREDIT RECEIVED		37,075.79	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
9/30/2016	113105025	4553	301	COMMERCIAL DEPOSIT		122,967.61	
9/30/2016	113105025	4553	475	CHECK PAID	314,264.94		
					424,506.56	604,957.18	

Solera at West Houston					Transfer-Out	Transfer-In	
9/26/2016	113105025	4561	142	ACH CREDIT RECEIVED		7,232.81	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4197182*1205296137*000004011\
9/26/2016	113105025	4561	142	ACH CREDIT RECEIVED		1,778.04	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*016092210100173*1752603231\
9/27/2016	113105025	4561	142	ACH CREDIT RECEIVED		5,277.74	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*016092419700296*1752603231\
9/27/2016	113105025	4561	142	ACH CREDIT RECEIVED		2,441.38	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*016092310500081*1752603231\
9/27/2016	113105025	4561	142	ACH CREDIT RECEIVED		143.36	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*016092411400919*1752603231\
9/27/2016	113105025	4561	301	COMMERCIAL DEPOSIT		56,483.16	
9/27/2016	113105025	4561	301	COMMERCIAL DEPOSIT		28,241.58	
9/27/2016	113105025	4561	142	ACH CREDIT RECEIVED		6,942.48	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4198953*1205296137*000004011\
9/28/2016	113105025	4561	495	OUTGOING MONEY TRANSFER	488,005.47		CANTEX HEALTH CARE CENTERS LLC
9/28/2016	113105025	4561	142	ACH CREDIT RECEIVED		3,483.00	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
9/29/2016	113105025	4561	142	ACH CREDIT RECEIVED		25,582.41	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4202526*1205296137*000004011\
9/30/2016	113105025	4561	142	ACH CREDIT RECEIVED		996.82	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
9/30/2016	113105025	4561	475	CHECK PAID	91,553.71		
9/30/2016	113105025	4561	142	ACH CREDIT RECEIVED		1,058.40	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4203898*1205296137*000004011\
9/30/2016	113105025	4561	301	COMMERCIAL DEPOSIT		62,656.39	
9/30/2016	113105025	4561	142	ACH CREDIT RECEIVED		2,241.75	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*016092810100211*1752603231\
					579,559.18	204,559.32	

Crescent					Transfer-Out	Transfer-In	
9/26/2016	[redacted]	[redacted]	142	ACH CREDIT RECEIVED		1,081.00	Molina HC of TX Molina HC|THE CRESCENT|TRN*1*EFT3772762*1201494502\
9/26/2016	[redacted]	[redacted]	142	ACH CREDIT RECEIVED		867.92	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
9/26/2016	[redacted]	[redacted]	142	ACH CREDIT RECEIVED		645.43	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4197186*1205296137*000004011\
9/26/2016	[redacted]	[redacted]	142	ACH CREDIT RECEIVED		10.15	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*016092210100169*1752603231\
9/27/2016	[redacted]	[redacted]	142	ACH CREDIT RECEIVED		21,195.12	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4198962*1205296137*000004011\
9/27/2016	[redacted]	[redacted]	301	COMMERCIAL DEPOSIT		10,112.98	
9/27/2016	[redacted]	[redacted]	301	COMMERCIAL DEPOSIT		8,090.38	
9/27/2016	[redacted]	[redacted]	142	ACH CREDIT RECEIVED		6,689.75	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*016092310500076*1752603231\
9/28/2016	[redacted]	[redacted]	495	OUTGOING MONEY TRANSFER	274,389.59		CANTEX HEALTH CARE CENTERS III
9/29/2016	[redacted]	[redacted]	142	ACH CREDIT RECEIVED		363.87	Molina HC of TX Molina HC|THE CRESCENT|TRN*1*EFT3784467*1201494502\
9/30/2016	[redacted]	[redacted]	475	CHECK PAID	30,262.47		
9/30/2016	[redacted]	[redacted]	301	COMMERCIAL DEPOSIT		28,980.55	
9/30/2016	[redacted]	[redacted]	142	ACH CREDIT RECEIVED		2,899.77	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*016092815500080*1752603231\
					304,652.06	80,936.92	

Broadmoor					Transfer-Out	Transfer-In	
9/27/2016	113105025	4596	301	COMMERCIAL DEPOSIT		6,668.57	
9/27/2016	113105025	4596	301	COMMERCIAL DEPOSIT		1,111.43	
9/28/2016	113105025	4596	301	COMMERCIAL DEPOSIT		555.71	
9/28/2016	113105025	4596	495	OUTGOING MONEY TRANSFER	348,202.42		CANTEX HEALTH CARE CENTERS III
9/28/2016	113105025	4596	142	ACH CREDIT RECEIVED		14,369.34	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4200713*1205296137*000004011\
9/29/2016	113105025	4596	142	ACH CREDIT RECEIVED		14,013.61	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4202542*1205296137*000004011\
9/30/2016	113105025	4596	475	CHECK PAID	7,483.22		
9/30/2016	113105025	4596	301	COMMERCIAL DEPOSIT		30,186.73	
9/30/2016	113105025	4596	142	ACH CREDIT RECEIVED		2,331.60	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4203908*1205296137*000004011\
					355,685.64	69,236.99	

Fort Bend					Transfer-Out	Transfer-In	
9/26/2016	113105025	4618	142	ACH CREDIT RECEIVED		3,737.56	AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|TRN*1*016092211900011*1752603231\
9/26/2016	113105025	4618	142	ACH CREDIT RECEIVED		607.85	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4196812*1205296137*000004011\
9/27/2016	113105025	4618	301	COMMERCIAL DEPOSIT		65,102.01	
9/27/2016	113105025	4618	301	COMMERCIAL DEPOSIT		52,081.61	
9/27/2016	113105025	4618	142	ACH CREDIT RECEIVED		1,168.06	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4198601*1205296137*000004011\
9/28/2016	113105025	4618	495	OUTGOING MONEY TRANSFER	160,592.49		CANTEX HEALTH CARE CENTERS III
9/30/2016	113105025	4618	142	ACH CREDIT RECEIVED		9,601.17	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
9/30/2016	113105025	4618	475	CHECK PAID	97,406.80		
9/30/2016	113105025	4618	301	COMMERCIAL DEPOSIT		6,823.47	
					257,999.29	139,121.73	

Account Portfolio as of 10/03/2016 8:33:32 AM

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

Commercial Checking Accounts

Account Name	Account Number	Today's Beginning Balance	Available Balance
Memorial Medical Center	[redacted]3387	$511,758.51	$511,758.51
Memorial Medical Center	[redacted]4553	$447,204.81	$447,204.81
Memorial Medical Center	[redacted]4561	$150,761.05	$162,738.22
Memorial Medical Center	[redacted]4588	$73,023.04	$87,621.62
Memorial Medical Center	[redacted]4596	$63,520.91	$63,520.91
Memorial Medical Center	[redacted]4618	$54,835.33	$54,835.33
Memorial Medical Center Operat	[redacted]0301	$3,301,762.85	$3,242,349.99
County of Calhoun Indigent	[redacted]1101	$3,634.08	$3,587.35
Totals		**$4,606,500.58**	**$4,573,616.74**

RUN DATE:10/04/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:16:32 CHECK REGISTER and Payable List GLCKREG
10/04/16 THRU 10/04/16

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000827	10/04/16	883.47	MCKESSON
A/P	000828	10/04/16	1,007.54	MCKESSON
A/P *	000829	10/04/16	9,579.22	MCKESSON
A/P	168168	10/04/16	600.00	
TOTALS:			12,070.23	

340 B Prescription Expenses

Michael J Pfeifer
Michael J. Pfeifer
Calhoun County Judge
Date: 11-4-16

APPROVED
ON

OCT 0 3 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: 09/30/2016

DC: 8115

Territory: 400

Customer: 190813
Date: 10/01/2016

Page: 001

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

As of: 09/30/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 10/01/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
09/26/2016	10/04/2016	7768593474	1000889657	115Invoice	1.20	60.01		✓ 58.81	✓	7768593474	
09/26/2016	10/04/2016	7768593475	1000890232	115Invoice	3.78	188.77		✓ 184.99	✓	7768593475	
09/27/2016	10/04/2016	7768819172	1000891027	115Invoice	2.53	126.49		✓ 123.96	✓	7768819172	
09/28/2016	10/04/2016	7769077837	1000891648	115Invoice	1.22	61.03		✓ 59.81	✓	7769077837	
09/28/2016	10/04/2016	7769077838	1000891648	115Invoice	4.18	208.93		✓ 204.75	✓	7769077838	
09/30/2016	10/04/2016	7769525495	1000892914	115Invoice	5.13	256.28		✓ 251.15	✓	7769525495	

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

TOTAL:

Subtotals: 901.51 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 573.41
09/26/2016

If Paid By 10/04/2016,
Pay This Amount: 883.47 USD

If Paid After 10/04/2016,
Pay this Amount: 901.51 USD

Due If Paid On Time:
USD 883.47
Disc lost if paid late:
18.04
Due If Paid Late:
USD 901.51

Mail 10-4-16

10-3-16

Ck# 827

APPROVED
ON
OCT 03 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 09/30/2016

Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 10/01/2016

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: 09/30/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 10/01/2016

PLEASE CHECK ANY ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
09/26/2016	10/04/2016	7768581033	1095741	115Invoice	3.76	188.05		✓ 184.29	✓	7768581033	
09/26/2016	10/04/2016	7768581034	3454581732	115Invoice	12.09	604.56		✓ 592.47	✓	7768581034	
09/26/2016	10/04/2016	7768581035	3454581732	115Invoice	1.24	62.05		✓ 60.81	✓	7768581035	
09/28/2016	10/04/2016	7769070663	3454581738	115Invoice	3.12	156.03		✓ 152.91	✓	7769070663	
09/29/2016	10/04/2016	7769271655	3454581741	115Invoice	0.03	1.43		✓ 1.40	✓	7769271655	
09/30/2016	10/04/2016	7769535215	3454581744	115Invoice	0.32	15.98		✓ 15.66	✓	7769535215	

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

TOTAL:

Subtotals: 1,028.10 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 736.71
09/26/2016

If Paid By 10/04/2016,
Pay This Amount: 1,007.54 USD

If Paid After 10/04/2016,
Pay this Amount: 1,028.10 USD

Due If Paid On Time:
USD 1,007.54

Disc lost if paid late:
20.56

Due If Paid Late:
USD 1,028.10

Michael D Pfeil
10-4-16

10.3.16

Ck# 828

APPROVED
ON
OCT 03 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 09/30/2016

DC: 8115

Territory: 400

Customer: 262252
Date: 10/01/2016

Page: 001

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

As of: 09/30/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252
Date: 10/01/2016

PLEASE CHECK ANY ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
09/26/2016	10/04/2016	7768592988	1000889659	115Invoice	179.12	8,956.01		? 8,776.89 ✓		7768592988	
09/26/2016	10/04/2016	7768592991	1000889659	115Invoice	0.48	24.23		✓ 23.75 ✓		7768592991	
09/26/2016	10/04/2016	7768592992	1000890234	115Invoice	2.39	119.62		✓ 117.23 ✓		7768592992	
09/26/2016	10/04/2016	7768592994	1000890648	115Invoice	8.76	437.82		✓ 429.06 ✓		7768592994	
09/27/2016	10/04/2016	7768807915	1000891029	115Invoice	0.26	13.20		✓ 12.94 ✓		7768807915	
09/28/2016	10/04/2016	7769061926	1000891650	115Invoice	0.35	17.51		✓ 17.16 ✓		7769061926	
09/29/2016	10/04/2016	7769288955	1000892282	115Invoice	1.56	77.81		✓ 76.25 ✓		7769288955	
09/30/2016	10/04/2016	7769543414	1000892916	115Invoice	2.57	128.51		✓ 125.94 ✓		7769543414	

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

TOTAL:

Subtotals: 9,774.71 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,612.31
09/26/2016

If Paid By 10/04/2016,
Pay This Amount: 9,579.22 USD

If Paid After 10/04/2016,
Pay this Amount: 9,774.71 USD

Due If Paid On Time:
USD 9,579.22

Disc lost if paid late:
195.49

Due If Paid Late:
USD 9,774.71

Michael D Pfeil
10-4-16

10.3.16

CU#829

APPROVED ON
OCT 03 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

? Adam is checking to see if this is Correct.

See attached email and invoice
yes Price is Correct - Contract price expired ~~expired~~.

McKESSON

Invoice

Billing No.:	7768592988
Billing Date:	09/26/2016
PO#:	1000889659

MCKESSON CORPORATION DC#8115
3301 POLLOK DRIVE
CONROE TX 77303

Phone: 855/625-4677
DEA: RM0328408

BILL TO:
CVS PHCY 7006/MEMORIA PHS
815 N VIRGINIA STREET
PORT LAVACA TX 77979

SHIP TO:
CVS PHCY 7006/MEMORIA PHS
325 S HWY 35 BY PASS
PORT LAVACA TX 77979

DEA: BC5352149
PHCY: 24621

262252	912	037	1 of 3
Customer	**Route**	**Stop**	**Page**

The prices on this invoice may be subject to rebates, credits and other price adjustments. You are obligated to properly disclose and appropriately reflect all discounts, including rebates, in claims and costs submitted to federal and state government health care programs (including Medicare and Medicaid) and to provide this invoice and other discount documentation to government authorities on request, in accordance with all applicable laws and regulations, including 42 USC 1320a-7b(b)and the discount safe harbor.

NDC/UPC#	ITEM#	DEL DOC#	QTY	UM	ITEM DESCRIPTION	AWP OR RETAIL	R X	UNIT PRICE	I D	EXTENDED AMOUNT	H M
69097-0127-05	347-8591	645541861	1	EA	AMLODIPINE TAB 5MG CIP 90	155.69	R	0.80	K	0.80	
00378-2063-01	273-8227	645541861	1	EA	ATENOL+ CHL TAB 50/25 MYL 100@	188.35	R	9.79	K	9.79	
60505-2579-09	223-1777	645541861	1	EA	ATORVAS CALC TB 20MG APX 90@	519.63	R	5.74	K D	5.74	
65597-0106-30	147-6019	645541861	1	EA	BENICAR HCT TAB 40/12.5MG 30	291.24	R	0.31	K	0.31	
00378-2351-93	341-8746	645541861	3	EA	ESOMEPRAZ MAG 40MG MYL 30@	270.72	R	49.06	K	147.18	
00006-0577-61	161-6309	645541861	1	EA	JANUMET TAB 50/1000MG 60	436.08	R	0.74	K	0.74	
00169-3687-12	216-8227	645541861	1	EA	LEVEMIR VIAL 10ML	322.80	R	0.10	K	0.10	
00378-1813-77	355-8061	645541861	1	EA	LEVOTHYROX TB 125MCG MYLN 90@	59.28	R	25.71	K	25.71	
68682-0104-30	348-7857	645541861	3	EA	OMEPRAZOLE CP 40/1100MG VAL30@	3,145.08	R	2,856.78	O	8,570.34	
00093-0012-98	164-6934	645541861	1	EA	PANTOPRAZ DR TAB 40MG TEV 90@	368.22	R	1.59	K	1.59	
68382-0701-01	110-9750	645541861	1	EA	POT CHL ER CAP 10MEQ ZYD 100@	99.25	R	11.57	K	11.57	
68180-0353-09	175-5941	645541861	1	EA	SERTRALIN TAB 100MG LUPI 90	256.61	R	3.02	K	3.02	
65862-0198-01	211-8776	645541861	0 *	EA	GABAPENT CAP 100MG AURO 100			0.98	K		
		Above Item	2	EA	Manufacturer cannot supply						
00054-0018-25	128-6301	645541861	0 *	EA	PREDNISON TAB 20MG ROX 100@			3.82	K		
		Above Item	1	EA	Manufacturer backordered						
00093-1060-01	115-1471	645541861	0 *	EA	SOTALOL TAB 120MG TEV 100@			5.26	K		
		Above Item	2	EA	Manufacturer cannot supply						

Effective January 7, 2008 Mckesson Corporation is complying with the voluntary DEA request to distribute Methadone 40mg product only to those facilities authorized for detoxification and maintenance treatment, and hospitals. Please contact Mckesson Service First at 800-482-3784 with any questions.

*** Virtus - Consumer Level RECALL - Various Lots ***
HYOSCYAMINE NDCs 76439030910, 76439030710, 76439030810 - See McK Connect for affected lot#s. If you have affected product, please return item to the pharmacy where it was purchased for a refund.

*** Novo Nordisk - Consumer Level RECALL - Various Lots ***
GLUCAGEN HYPOKIT NDC 169706515 Lots: FS6X270;FS6X296;FS6X538;FS6X597; FS6X797;FS6X875 - If you have the affected lot, please contact GENCO at 888-840-1137 to arrange for return of product.

McKESSON

Invoice

Billing No.:	7768592988
Billing Date:	09/26/2016
PO#:	1000889659

DC:
MCKESSON CORPORATION DC#8115

Phone: 855/625-4677
DEA: RM0328408

BILL TO:
CVS PHCY 7006/MEMORIA PHS

SHIP TO:
CVS PHCY 7006/MEMORIA PHS

Customer	Route	Stop	Page
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NDC/UPC#	ITEM#	DEL DOC#	QTY	UM	ITEM DESCRIPTION	AWP OR RETAIL	RX	UNIT PRICE	ID	EXTENDED AMOUNT	HM

SUMMARY

TOTAL RX PURCHASES:	$8,776.89	TOTAL CONTRACT PURCHASES:	$206.55
TOTAL OTC PURCHASES:	$0.00	TOTAL NON CONTRACT PURCHASES:	$8,570.34

NET PAYABLE BY STATEMENT DATE 10/04/2016: $8,776.89
GROSS PAYABLE AFTER STATEMENT DATE 10/04/2016: $8,956.01

AWP is a benchmark published by MediSpan or supplied by manufacturers when it is unavailable through MediSpan. It is not an average, and does not reflect actual prices in sales transactions between wholesalers and their customers. AWP can change at any time and the AWP provided herein may not be current.

Lines	Cases	Pieces
12	0	16

This invoice is payable to **CARR: MCK INITIATED ACH DEBIT AMT DUE REMITTED VIA ACH DEBIT**
Statement for information only
Claims must be made within 5 days and show date of invoice.

MCKESSON

Invoice

Billing No.:	7768592988
Billing Date:	09/26/2016
PO#:	1000889659

DC:
MCKESSON CORPORATION DC#8115

Phone: 855/625-4677
DEA: RM0328408

BILL TO:
CVS PHCY 7006/MEMORIA PHS

SHIP TO:
CVS PHCY 7006/MEMORIA PHS

262252	912	037	3 of 3
Customer	**Route**	**Stop**	**Page**

* **SUBSTITUTION SUMMARY PAGE** * * * * * * * * * * * * * * * * * * *

OMITTED ITEMS

1286301 (N00054001825 - PREDNISON TAB 20MG ROX 100@) Manufacturer backordered
1151471 (N00093106001 - SOTALOL TAB 120MG TEV 100@) Manufacturer cannot supply
2118776 (N65862019801 - GABAPENT CAP 100MG AURO 100) Manufacturer cannot supply

Lines	Cases	Pieces
12	0	16

This invoice is payable to **CARR: MCK INITIATED ACH DEBIT AMT DUE REMITTED VIA ACH DEBIT**
Statement for information only
Claims must be made within 5 days and show date of invoice.

PATIENT NUMBER	PAYEE NAME	DATE	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	100416	600.00	3	REFUND FOR [redacted]	
	ARID=0001 TOTAL		600.00			
TOTAL			600.00			

APPROVED
ON
OCT 0 4 2016

CK# 168168

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 11-4-16

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	168168	10/04/16	600.00	[redacted]
TOTALS:			600.00	

APPROVED
ON

OCT 0 4 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

APPROVED ON
OCT 0 6 2016
COUNTY AUDITOR CALLAHAN COUNTY TEXAS

10/05/2016 16:0

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 10/15/2016

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11237	3WON, LLC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1022 ✓		09/26/20	08/31/20	10/10/20			4,990.00	0.00	0.00	4,990.00 ✓
	PURCHASED SERVICES ADMI									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11237	3WON, LLC	4,990.00	0.00	0.00	4,990.00

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
9055356742 ✓		09/28/20	09/14/20	10/14/20			85.71	0.00	0.00	85.71 ✓
	SUPPLIES PLNT OPER									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	85.71	0.00	0.00	85.71

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
2529932 ✓		09/27/20	09/15/20	10/15/20			2,687.75	0.00	0.00	2,687.75 ✓
2525347	PROF FEES PHY THRPY									
~~2539161~~ ✓		09/30/20	09/23/20	09/23/20			3,361.00	0.00	0.00	3,361.00 ✓
	PROF FEES PHY THRPY									
2539161- ✓		09/30/20	09/29/20	10/14/20			2,971.00	0.00	0.00	2,971.00 ✓
	PROF FEES PHY THRPY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11232	AMN HEALTHCARE ALLIED, INC.	9,019.75	0.00	0.00	9,019.75

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	10/15/20			73.00	0.00	0.00	73.00 ✓
	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
B0435	BARD PERIPHERAL VASCULAR ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
75807123 ✓		09/20/20	09/14/20	10/14/20			260.00	0.00	0.00	260.00 ✓
	ULTRASOUND SUPPLY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B0435	BARD PERIPHERAL VASCULAR	260.00	0.00	0.00	260.00

Vendor#	Vendor Name	Class	Pay Code
B1150	BAXTER HEALTHCARE ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
52182283 ✓		10/04/20	09/12/20	10/12/20			633.15	0.00	0.00	633.15 ✓
	SUPPLIES GENERAL REACVY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE	633.15	0.00	0.00	633.15

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
105856163 ✓		09/30/20	09/12/20	10/12/20			3,933.48	0.00	0.00	3,933.48 ✓
	LEASE & RENTAL LAB									
53587827		09/30/20	09/12/20	10/12/20			4,233.46	0.00	0.00	4,233.46 ✓
	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
B2727	BENTLEY & SMART ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
160202 ✓		09/27/20	09/15/20	10/15/20			239.00	0.00	0.00	239.00 ✓
	SUPPLIES GENERAL RADIOL(									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	B2727	BENTLEY & SMART					239.00	0.00	0.00	239.00

Vendor#	Vendor Name	Class	Pay Code
11050	BIRCH COMMUNICATIONS ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
22323530 ✓		09/27/20	09/16/20	10/08/20			1,146.40	0.00	0.00	1,146.40 ✓
	TELEPHONE HOSP GEN									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11050	BIRCH COMMUNICATIONS					1,146.40	0.00	0.00	1,146.40

Vendor#	Vendor Name	Class	Pay Code
10599	BKD, LLP ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
BK00637973 ✓		08/31/20	08/30/20	10/10/20			3,496.00	0.00	0.00	3,496.00 ✓
	AUDITING FEES									
BK00637972 ✓		08/31/20	08/30/20	10/10/20			3,175.00	0.00	0.00	3,175.00 ✓
	AUDITING FEES									
BK00638621 ✓		08/31/20	08/30/20	10/10/20			35,489.60	0.00	0.00	35,489.60 ✓
	AUDITING FEES									
BK00639181 ✓		08/31/20	08/31/20	10/10/20			2,840.40	0.00	0.00	2,840.40 ✓
	AUDITING FEES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10599	BKD, LLP					45,001.00	0.00	0.00	45,001.00

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
23588343 ✓		09/20/20	09/12/20	10/12/20			425.97	0.00	0.00	425.97 ✓
	SURGERY SUPPLY									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	D1040	C R BARD, INC					425.97	0.00	0.00	425.97

Vendor#	Vendor Name	Class	Pay Code
C1048	CALHOUN COUNTY ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21388		09/29/20	08/24/20	10/10/20			116.41	0.00	0.00	116.41 ✓
	FUEL & SERVICES TRANSPOF									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY					116.41	0.00	0.00	116.41

Vendor#	Vendor Name	Class	Pay Code
10988	CALHOUN SPORTS MEDICINE ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21406		10/05/20	10/04/20	10/04/20			250.00	0.00	0.00	250.00 ✓

ADVERTISING

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10988	CALHOUN SPORTS MEDICINE	250.00	0.00	0.00	250.00

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
8001128697 ✓		09/30/20	09/10/20	10/10/20			995.27	0.00	0.00	995.27 ✓
	SUPPLIES GENERAL NUC MEI									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1825	CARDINAL HEALTH 414,LLC	995.27	0.00	0.00	995.27

Vendor#	Vendor Name	Class	Pay Code
10650	CAREFUSION 2200, INC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
85498 ✓		09/30/20	09/14/20	10/14/20			919.19	0.00	0.00	919.19 ✓
	MINOR EQUIPMENT SURGER'									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10650	CAREFUSION 2200, INC	919.19	0.00	0.00	919.19

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
DSV0475 ✓		09/22/20	07/22/20	10/10/20			272.80	0.00	0.00	272.80 ✓
	MAJOR MOVABLE EQUIP									
DTT7981 ✓		09/22/20	07/25/20	10/10/20			28.00	0.00	0.00	28.00 ✓
	MAJOR MOVABLE EQUIP PP &									
DSX7746 ✓		09/22/20	07/25/20	10/10/20			1,463.72	0.00	0.00	1,463.72 ✓
	MAJOR MOVABLE EQUIP									
DTD2278 ✓		09/23/20	07/25/20	10/10/20			4,319.74	0.00	0.00	4,319.74 ✓
	MAJOR MOVABLE EQUIP									
FHS0028 ✓		09/27/20	09/13/20	10/13/20			699.18	0.00	0.00	699.18 ✓
	OFFICE SUPPLIES RADIOLOG									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.	6,783.44	0.00	0.00	6,783.44

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
21391		09/30/20	09/28/20	10/13/20			47.47	0.00	0.00	47.47 ✓
	FUEL PLNT OPER									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	E1270	CENTERPOINT ENERGY	47.47	0.00	0.00	47.47

Vendor#	Vendor Name	Class	Pay Code
C1410	CERTIFIED LABORATORIES ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2452042 ✓		09/22/20	09/15/20	10/15/20			202.50	0.00	0.00	202.50 ✓
	SUPPLIES GENERAL DIETARY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1410	CERTIFIED LABORATORIES	202.50	0.00	0.00	202.50

Vendor#	Vendor Name	Class	Pay Code
11126	COLA RESOURCES, INC. ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21390		09/30/20	09/26/20	09/26/20			249.00	0.00	0.00	249.00 ✓
CR10967	DUES & SUBSCRIPTION MED.									

Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11126	COLA RESOURCES, INC.					249.00	0.00	0.00	249.00

Vendor#	Vendor Name			Class	Pay Code					
11030	COMBINED INSURANCE CO ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	21400		09/30/20	09/30/20	10/01/20		2,646.78	0.00	0.00	2,646.78 ✓
		EMPL EXP P/R CLEARNG OTH								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11030	COMBINED INSURANCE CO				2,646.78	0.00	0.00	2,646.78

Vendor#	Vendor Name			Class	Pay Code					
C1970	CONMED CORPORATION ✓			M						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	253642 ✓		08/24/20	08/17/20	09/16/20		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					
10368	DEWITT POTH & SON ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	482449-0 ✓		09/19/20	09/12/20	10/12/20		6.68	0.00	0.00	6.68 ✓
		OFFICE SUPPLIES ACCT								
	482228-0 ✓		09/19/20	09/12/20	10/12/20		54.81	0.00	0.00	54.81 ✓
		OFFICE SUPPLIES								
	482644-0 ✓		09/19/20	09/14/20	10/14/20		8.86	0.00	0.00	8.86 ✓
	482917-0	OFFICE SUPPLIES BEHAV HTI								
	~~42080~~		09/20/20	09/14/20	10/14/20		289.71	0.00	0.00	289.71 ✓
		CENTRAL SUPPLY								
	482700-0 ✓		09/26/20	09/14/20	10/14/20		30.38	0.00	0.00	30.38 ✓
		OFFICE SUPPLIES LAB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10368	DEWITT POTH & SON				390.44	0.00	0.00	390.44

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
	8801 ✓		09/20/20	09/14/20	10/14/20		185.60	0.00	0.00	185.60 ✓
		CENTRAL SUPPLY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		D1752	DLE PAPER & PACKAGING				185.60	0.00	0.00	185.60

Vendor#	Vendor Name			Class	Pay Code					
D1710	DOWNTOWN CLEANERS ✓			W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	21407		09/30/20	09/02/20	09/12/20		40.00	0.00	0.00	40.00 ✓
		OUTSIDE SRV HOUSEKEEPIN								
	21408		09/30/20	09/06/20	09/16/20		40.00	0.00	0.00	40.00 ✓
		OUTSIDE SRV HOUSEKEEPIN								
	21409		09/30/20	09/12/20	09/22/20		6.10	0.00	0.00	6.10 ✓
		OUTSIDE SRV HOUSEKEEPIN								
	21410		09/30/20	09/12/20	09/22/20		12.20	0.00	0.00	12.20 ✓
		OUTSIDE SRV HOUSEKEEPIN								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		D1710	DOWNTOWN CLEANERS				98.30	0.00	0.00	98.30

Vendor#	Vendor Name	Class	Pay Code

11079 DR. PETER ROJAS Remove per Vicki

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21342		09/26/20	09/17/20	10/10/20		2,001.34	0.00	0.00	2,001.34
	EMPL EXP P/R INS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11079	DR. PETER ROJAS	2,001.34	0.00	0.00	2,001.34

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
21355		09/27/20	09/14/20	10/14/20		213.79	0.00	0.00	213.79 ✓
	PURCHASED SERVICES 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

C2510 EVIDENT ✓ — M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
A1609061378 ✓		09/14/20	09/06/20	10/10/20		18,757.00	0.00	0.00	18,757.00 ✓
	SOFTWARE MAINT IT								
T160901378		09/19/20	09/10/20	10/10/20		14,831.91	0.00	0.00	14,831.91 ✓
	SOFTWARE EXPENSE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C2510	EVIDENT	33,588.91	0.00	0.00	33,588.91

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
5-554-33072 ✓		09/29/20	09/22/20	10/07/20		7.74	0.00	0.00	7.74 ✓
	FREIGHT C/S								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.	7.74	0.00	0.00	7.74

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
5824968 ✓		09/30/20	09/06/20	10/06/20		792.77	0.00	0.00	792.77 ✓
	SUPPLIES LAB								
5941308 ✓		09/30/20	09/08/20	10/08/20		1,616.80	0.00	0.00	1,616.80 ✓
	SUPPLIES LAB								
6133054 ✓		09/30/20	09/13/20	10/13/20		498.90	0.00	0.00	498.90 ✓
	SUPPLIES LAB								
6133056 ✓		09/30/20	09/13/20	10/13/20		1,660.54	0.00	0.00	1,660.54 ✓
	SUPPLIES LAB								
6202713 ✓		09/30/20	09/14/20	10/14/20		271.34	0.00	0.00	271.34 ✓
6202715	SUPPLIES LAB					104.31			104.31

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	4,840.35	0.00	0.00	4,840.35

Vendor# Vendor Name — Class — Pay Code

11183 FRONTIER ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21407		09/30/20	09/19/20	10/13/20		62.39 57.08	0.00	0.00	62.39 57.08
	TELEPHONE EXPENSE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11183	FRONTIER	62.39 57.08	0.00	0.00	62.39 57.08

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
	9212328554		09/14/20	08/31/20	09/30/20		239.63	0.00	0.00	239.63
		SUPPLIES PLANT OPS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		W1300	GRAINGER				239.63	0.00	0.00	239.63
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
	12-8312		09/30/20	09/13/20	10/13/20		443.00	0.00	0.00	443.00
		FREIGHT LAB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11235	GREAT BASIN SCIENTIFIC, INC				443.00	0.00	0.00	443.00
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
	21395		09/30/20	09/27/20			125.00	0.00	0.00	125.00
		PURCHASED SERVICES RES								
	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
	106069		09/30/20	09/28/20	10/08/20		13.74	0.00	0.00	13.74
		SUPPLIES GENERAL PLNT OF								
	10687		09/30/20	09/28/20	10/08/20		1.79	0.00	0.00	1.79
		SUPPLIES GENERAL PLNT OF								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		A1292	GULF COAST HARDWARE / ACE				15.53	0.00	0.00	15.53
Vendor#	Vendor Name				Class	Pay Code				
10829	HEALTHSTREAM, INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	0007205		09/29/20	06/08/20	10/15/20		1,330.88	0.00	0.00	1,330.88
		PURCHASED SERVICES ADMI								
	0008974		09/29/20	07/01/20	07/31/20		1,807.05	0.00	0.00	1,807.05
		PURCHASED SERVICES ADMI								
	0008956		09/29/20	07/01/20	07/31/20		1,330.88	0.00	0.00	1,330.88
		PURCHASED SERVICES ADMI								
	0007048		09/30/20	06/08/20	10/10/20		1,807.05	0.00	0.00	1,807.05
		PURCHASED SERVICES ADMI								
	0007050		09/30/20	06/08/20	10/10/20		1,879.00	0.00	0.00	1,879.00
		PURCHASED SERVICES ADMI								
	0007019		09/30/20	06/08/20	10/10/20		1,409.25	0.00	0.00	1,409.25
		PURCHASED SERVICES ADMI								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10829	HEALTHSTREAM, INC.				9,564.11	0.00	0.00	9,564.11
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
	920520554		09/20/20	09/12/20	10/12/20		314.98	0.00	0.00	314.98
		CENTRAL SUPPLY								

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
	41834691 ✓		09/20/20	09/12/20	10/12/20		45.64	0.00	0.00	45.64 ✓
		CENTRAL SUPPLY								

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	I0415	INDEPENDENCE MEDICAL				45.64	0.00	0.00	45.64

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
	4586059283		09/30/20	09/15/20	07/23/20		263.35 373.35	0.00	0.00	263.35 373.35
		PURCHASED SERVICES ADMI								
	3070186637 ✓		09/30/20	09/20/20	09/20/20		-110.00	0.00	0.00	-110.00 ✓
		CREDIT OUTSIDE SERV ADM								

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11200	IRON MOUNTAIN				153.35	0.00	0.00	153.35

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
	917037406 ✓		09/20/20	09/12/20	10/12/20		1,859.19	0.00	0.00	1,859.19 ✓
		SURGERY SUPPLY								

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE SYSTEMS, INC				1,859.19	0.00	0.00	1,859.19

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
	356004 ✓		09/28/20	09/13/20	10/13/20		28,869.83	0.00	0.00	28,869.83 ✓
		PROF FEES OB								
	356302 ✓		09/28/20	09/14/20	10/14/20		1,202.47	0.00	0.00	1,202.47 ✓
		PROF FEES OB								
	356857 ✓		09/30/20	09/21/20			1,075.76	0.00	0.00	1,075.76 ✓
		PROF FEES OB								

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11230	JACKSON & COKER LOCUM TENENS,				31,148.06	0.00	0.00	31,148.06

Vendor#	Vendor Name		Class	Pay Code					
11244	JANIE BACERRA ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	21405		09/30/20	09/28/20	09/28/20		298.32	0.00	0.00	298.32 ✓
		TRAVEL EXPENSE INDIGENT								

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11244	JANIE BACERRA				298.32	0.00	0.00	298.32

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
	6003525 3		09/30/20	09/27/20	10/07/20		284.98	0.00	0.00	284.98 ✓
		SUPPLIES GENERAL PLNT OF								

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	J1415	JOHNSTONE SUPPLY				284.98	0.00	0.00	284.98

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
16038		09/30/20	09/16/20	09/16/20			840.00	0.00	0.00	840.00 ✓
	CONT EDUCATION NURSING									
16040		09/30/20	09/26/20	09/26/20			1,300.00	0.00	0.00	1,300.00 ✓
	CONT EDUCATION									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10720	LIFESOURCE EDUCATIONAL SRV LLC	2,140.00	0.00	0.00	2,140.00

Vendor# Vendor Name — Class — Pay Code

M1950 MARTIN PRINTING CO ✓ — W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
6915869164 ✓		09/20/20	09/12/20	10/12/20			138.40	0.00	0.00	138.40 ✓
	OFFICE SUPPLIES MM CLINIC									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M1950	MARTIN PRINTING CO	138.40	0.00	0.00	138.40

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
84895623 ✓		09/09/20	09/02/20	10/15/20			195.30	0.00	0.00	195.30 ✓
	CS INVENTORY & RECOVERY									
85089024 ✓		09/14/20	09/07/20	10/15/20			23.59	0.00	0.00	23.59 ✓
	CS INVENTORY									
85343026 ✓		09/20/20	09/12/20	10/12/20			526.86	0.00	0.00	526.86 ✓
	CENTRAL SUPPLY									
85372883 ✓		09/26/20	09/12/20	10/12/20			52.21	0.00	0.00	52.21 ✓
	SUPPLIES GENERAL LAB									
85355539 ✓		09/26/20	09/12/20	10/12/20			186.55	0.00	0.00	186.55 ✓
	SUPPLIES GENERAL LAB									
85784102 ✓		09/29/20	09/22/20	10/15/20			370.92	0.00	0.00	370.92 ✓
	FREIGHT SURGERY									
85282194 ✓		09/30/20	09/09/20	10/09/20			2,496.00	0.00	0.00	2,496.00 ✓
	SUPPLIES GENERAL LAB									
85484822 ✓		09/30/20	09/14/20	10/14/20			113.25	0.00	0.00	113.25 ✓
	SUPPLIES GENERAL LAB									
85877971 ✓		09/30/20	09/20/20	09/20/20			-335.59	0.00	0.00	-335.59 ✓
	SUPPLIES GENERAL LAB									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	3,629.09	0.00	0.00	3,629.09

Vendor# Vendor Name — Class — Pay Code

11243 MEDIALAB,INC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21401		09/30/20	08/22/20	09/21/20			2,505.00	0.00	0.00	2,505.00 ✓
	DUE & SUBSCRIPTION LAB									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11243	MEDIALAB,INC	2,505.00	0.00	0.00	2,505.00

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
1814689192 ✓		09/20/20	09/13/20	10/13/20			5.77	0.00	0.00	5.77 ✓
	CENTRAL SUPPLY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	5.77	0.00	0.00	5.77

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
	1864018		09/30/20	09/14/20	10/14/20		305.19	0.00	0.00	305.19
		FREIGHT LAB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10182	MERCEDES MEDICAL				305.19	0.00	0.00	305.19
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
	30094306349		09/20/20	09/14/20	10/14/20		447.84	0.00	0.00	447.84
		SUPPLIES GENERAL RADIOL(								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2659	MERRY X-RAY/SOURCEONE HEALTHCA				447.84	0.00	0.00	447.84
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
	21392		09/30/20	09/29/20	01/02/19		192.87	0.00	0.00	192.87
		EMPL EXP P/R CLEARNG OTH								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2621	MMC AUXILIARY GIFT SHOP				192.87	0.00	0.00	192.87
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
	092616		09/28/20	09/26/20	10/10/20		88,791.47	0.00	0.00	88,791.47
		EMPL MED CLAIM								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10810	MMC EMPLOYEE BENEFIT PLAN				88,791.47	0.00	0.00	88,791.47
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
	9270683		09/30/20	09/01/20	09/02/20		2,005.54	0.00	0.00	2,005.54
		INVENTORY PHARMACY INVE								
	9367339		09/30/20	09/27/20	09/28/20		1,656.12	0.00	0.00	1,656.12
		INVENTORY PHARMACY INVE								
	9367340		09/30/20	09/27/20	09/28/20		259.20	0.00	0.00	259.20
		INVENTORY PHARMACY INVE								
	9367338		09/30/20	09/27/20	09/28/20		55.38	0.00	0.00	55.38
		INVENTORY PHARMACY INVE								
	CM95886		09/30/20	09/27/20	09/28/20		-123.09	0.00	0.00	-123.09
		INVENTORY PHARMACY INVE								
	9374829		09/30/20	09/28/20	09/29/20		2,161.13	0.00	0.00	2,161.13
		INVENTORY PHARMACY INVE								
	9374830		09/30/20	09/28/20	09/29/20		353.74	0.00	0.00	353.74
		INVENTORY PHARMACY INVE								
	9379199		09/30/20	09/29/20	09/30/20		34.35	0.00	0.00	34.35
		INVENTORY PHARMACY INVE								
	9379201		09/30/20	09/29/20	09/30/20		107.49	0.00	0.00	107.49
		INVENTORY PHARMACY INVE								
	9378274		09/30/20	09/29/20	09/30/20		1,010.81	0.00	0.00	1,010.81
		INVENTORY PHARMACY INVE								

9379200	09/30/20	09/29/20	09/30/20		2,220.89	0.00	0.00	2,220.89
INVENTORY PHRMACY INVEN								
9383449	09/30/20	09/30/20	10/01/20		1.17	0.00	0.00	1.17
INVENTORY PHARMACY INVE								
9383311	09/30/20	09/30/20	10/01/20		4.63	0.00	0.00	4.63
INVENTORY PHARMACY INVE								
9383306	09/30/20	09/30/20	10/01/20		0.10	0.00	0.00	0.10
INVENTORY PHARMACY INVE								
9383309	09/30/20	09/30/20	10/01/20		2,755.71	0.00	0.00	2,755.71
INVENTORY PHARMACY INVE								
9383307	09/30/20	09/30/20	10/01/20		51.65	0.00	0.00	51.65
INVENTORY PHARMACY INVE								
9383310	09/30/20	09/30/20	10/01/20		157.52	0.00	0.00	157.52
INVENTORY PHARMACY INVE								
9391345	10/04/20	10/03/20	10/04/20		49.63	0.00	0.00	49.63
INVENTORY PHARMACY INVE								
9391347	10/04/20	10/03/20	10/04/20		385.62	0.00	0.00	385.62
INVENTORY PHARMACY INVE								
9391346	10/04/20	10/03/20	10/04/20		2,145.89	0.00	0.00	2,145.89
INVENTORY PHARMACY INVE								
9390788	10/04/20	10/03/20	10/04/20		490.25	0.00	0.00	490.25
INVENTORY PHARMACY INVE								
Vendor Totals Number Name					Gross	Discount	No-Pay	Net
10536 MORRIS & DICKSON CO, LLC					15,783.73	0.00	0.00	15,783.73

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
22995		09/30/20	09/07/20	10/07/20		179.84	0.00	0.00	179.84
	FREIGHT MED SURG								
Vendor Totals Number Name						Gross	Discount	No-Pay	Net
	O1410 ON-SITE TESTING SPECIALISTS					179.84	0.00	0.00	179.84

Vendor#	Vendor Name	Class	Pay Code
O1416	ORTHO CLINICAL DIAGNOSTICS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1850033773		09/30/20	07/25/20	08/24/20		760.93	0.00	0.00	760.93
	SUPPLIES GENERAL BLOOD E								
1850035530		09/30/20	07/28/20	08/27/20		113.00	0.00	0.00	113.00
	FREIGHT LAB								
1850105905		09/30/20	09/15/20	10/15/20		886.27	0.00	0.00	886.27
	FREIGHT LAB								
Vendor Totals Number Name						Gross	Discount	No-Pay	Net
	O1416 ORTHO CLINICAL DIAGNOSTICS					1,760.20	0.00	0.00	1,760.20

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
2020874108		09/19/20	09/13/20	10/13/20		1,324.98	0.00	0.00	1,324.98
	SUPPLIES VARIOUS DEPTS								
2020871087		09/19/20	09/13/20	10/13/20		11.87	0.00	0.00	11.87
	CS INVENTORY								
2020874838		09/19/20	09/13/20	10/13/20		32.74	0.00	0.00	32.74
	CS INVENTORY								
2020874773		09/19/20	09/13/20	10/13/20		2,414.58	0.00	0.00	2,414.58

	CS IVENTORY & LAB SUPPLY							
2020870792 ✓	09/19/20	09/13/20	10/13/20		96.24	0.00	0.00	96.24 ✓
	CS INVENTORY							
2020869922 ✓	09/19/20	09/13/20	10/13/20		69.42	0.00	0.00	69.42 ✓
	INVENTORY CS							
2020871099 ✓	09/19/20	09/13/20	10/13/20		288.42	0.00	0.00	288.42 ✓
	SURGERY SUPPLIES							
2020870183 ✓	09/19/20	09/13/20	10/13/20		14.08	0.00	0.00	14.08 ✓
	CS INVENTORY							
2020869703 ✓	09/20/20	09/13/20	10/13/20		4.16	0.00	0.00	4.16 ✓
	CENTRAL SUPPLY							
2020962907 ✓	09/22/20	09/15/20	10/15/20		5.03	0.00	0.00	5.03 ✓
	CENTRAL SUPPLY							
2020961286 ✓	09/22/20	09/15/20	10/15/20		12.84	0.00	0.00	12.84 ✓
	CENTRAL SUPPLY							
2020961846 ✓	09/22/20	09/15/20	10/15/20		22.49	0.00	0.00	22.49 ✓
	CENTRAL SUPPLY							
2020966743 ✓	09/22/20	09/15/20	10/15/20		1,694.95	0.00	0.00	1,694.95 ✓
	CENTRAL SUPPLY							
2020961134 ✓	09/22/20	09/15/20	10/15/20		3.22	0.00	0.00	3.22 ✓
2020961544 ✓	09/22/20	09/15/20	10/15/20		9.62	0.00	0.00	9.62 ✓
2020963932 ✓	09/27/20	09/15/20	10/15/20		35.46	0.00	0.00	35.46 ✓
	SUPPLIES GENRAL SURGERY							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR			6,040.10	0.00	0.00	6,040.10

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
21399		09/30/20	09/28/20	10/03/20			877.50	0.00	0.00	877.50 ✓
	PURCHASED SERVICES MM C									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11069	PABLO GARZA	877.50	0.00	0.00	877.50

Vendor#	Vendor Name	Class	Pay Code
11142	PAETEC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
68514373 ✓		09/30/20	09/22/20	10/11/20			8,233.19	0.00	0.00	8,233.19 ✓
	TELEPHONE HOSP GEN									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11142	PAETEC	8,233.19	0.00	0.00	8,233.19

Vendor#	Vendor Name	Class	Pay Code
11242	PECA ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
16014.01 ✓		09/30/20	09/15/20	10/15/20			9,000.00	0.00	0.00	9,000.00 ✓
	PURCHASED SERVICES ADMI									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11242	PECA	9,000.00	0.00	0.00	9,000.00

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

A1731291		09/20/20	09/12/20	10/12/20		271.80	0.00	0.00	271.80
INVENTORY PHARMACY									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10204	PHARMEDIUM SERVICES LLC				271.80	0.00	0.00	271.80
Vendor#	Vendor Name				Class	Pay Code			
10541	PLATINUM CODE								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
069163		09/19/20	09/12/20	10/12/20			98.28	0.00	0.00	98.28
LAB SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10541	PLATINUM CODE					98.28	0.00	0.00	98.28
Vendor#	Vendor Name				Class	Pay Code			
10372	PRECISION DYNAMICS CORP (PDC)								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
3528022		09/30/20	09/15/20	10/15/20			26.61	0.00	0.00	26.61
FREIGHT RADIOLOGY									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10372	PRECISION DYNAMICS CORP (PDC)					26.61	0.00	0.00	26.61
Vendor#	Vendor Name				Class	Pay Code			
10326	PRINCIPAL LIFE								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21342		10/01/20	09/17/20	10/01/20			2,001.34	0.00	0.00	2,001.34
EMPLOYEE PERSONAL INS									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10326	PRINCIPAL LIFE					2,001.34	0.00	0.00	2,001.34
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
21363		09/27/20	09/23/20	10/10/20			792,643.11	0.00	0.00	792,643.11
PRIV WAIVER CLEAR ACCT C									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10782	PRIVATE WAIVER CLEARING ACCT					792,643.11	0.00	0.00	792,643.11
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
1261103		09/30/20	06/06/20	07/06/20			37.50	0.00	0.00	37.50
SUPPLIES GENERAL MRI									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	R1045	R & D BATTERIES INC					37.50	0.00	0.00	37.50
Vendor#	Vendor Name				Class	Pay Code			
10626	RAUSHANAH MONDAY								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21388		09/30/20	09/29/20	09/29/20			268.92	0.00	0.00	268.92
TRAVEL OB									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10626	RAUSHANAH MONDAY					268.92	0.00	0.00	268.92
Vendor#	Vendor Name				Class	Pay Code			
11024	REED, CLAYMON, MEEKER & HARGET								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21371		09/28/20	09/09/20	10/10/20			1,300.00	0.00	0.00	1,300.00
LEGAL SERVICES HOSP GEN									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net

11024	REED, CLAYMON, MEEKER & HARGET	1,300.00	0.00	0.00	1,300.00			

Vendor# Vendor Name Class Pay Code

11240 REMI CORPORATION

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
944864		09/29/20	06/30/20	10/15/20			7,989.60	0.00	0.00	7,989.60
	PREPAID EXPENSES PREPAI									

Vendor Totals Number Name Gross Discount No-Pay Net

11240	REMI CORPORATION	7,989.60	0.00	0.00	7,989.60

Vendor# Vendor Name Class Pay Code

S1850 SHIP SHUTTLE TAXI SERVICE W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21365		09/27/20	09/16/20	09/16/20			324.00	0.00	0.00	324.00
	PURCHASED SERVICES E/R									

Vendor Totals Number Name Gross Discount No-Pay Net

S1850	SHIP SHUTTLE TAXI SERVICE	324.00	0.00	0.00	324.00

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
205324		09/30/20	09/30/20	10/10/20			390.00	0.00	0.00	390.00
	PUBLIC REL/ADVERTISE ADM									

Vendor Totals Number Name Gross Discount No-Pay Net

10699	SIGN AD, LTD.	390.00	0.00	0.00	390.00

Vendor# Vendor Name Class Pay Code

S2362 SMITH & NEPHEW

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
93229952		09/14/20	09/07/20	10/10/20			1,016.89	0.00	0.00	1,016.89
	SUPPLIES SURGERY									
93229953		09/14/20	09/07/20	10/10/20			780.75	0.00	0.00	780.75
	SUPPLIES SURGERY									

Vendor Totals Number Name Gross Discount No-Pay Net

S2362	SMITH & NEPHEW	1,797.64	0.00	0.00	1,797.64

Vendor# Vendor Name Class Pay Code

10220 SPECTRUM TECHNOLOGIES

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
11800692		09/30/20	09/15/20				780.00	0.00	0.00	780.00
	FREIGHT LAB									

Vendor Totals Number Name Gross Discount No-Pay Net

10220	SPECTRUM TECHNOLOGIES	780.00	0.00	0.00	780.00

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
INV3695		09/30/20	01/01/20	02/01/20			537.00	0.00	0.00	537.00
	PURCHASED SERVICES ADMI									
SIN007218		09/30/20	08/31/20				314.75	0.00	0.00	314.75
	PURCHASED SERVICES ADMI									

Vendor Totals Number Name Gross Discount No-Pay Net

11083	STRATUS VIDEO INTERPRETING	851.75	0.00	0.00	851.75

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
366640A		09/20/20	09/13/20	10/13/20			94.80	0.00	0.00	94.80

	SURGERY SUPPLY								
	~~385476A~~		09/29/20	09/20/20	10/10/20	361.31	0.00	0.00	361.31
	SUPPLIES GENERAL SURGER								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	S2830	STRYKER SALES CORP				456.11	0.00	0.00	456.11
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
	2842607-		09/26/20	09/14/20	10/14/20		2,188.26	0.00	0.00	2,188.26
	SUPPLIES SURGERY								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10735	STRYKER SUSTAINABILITY					2,188.26	0.00	0.00	2,188.26
Vendor#	Vendor Name				Class	Pay Code			
11103	STUDER GROUP, LLC	Remove per Vicki							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	077910		09/14/20	09/01/20	10/10/20		18,938.27	0.00	0.00	18,938.27
	LEADERSHIP TRAINING								
	075442		09/28/20	07/01/20	10/10/20		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#	Vendor Name				Class	Pay Code			
T1450	TEXAS ASSOCIATION OF COUNTIES				W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	21404		09/30/20	09/30/20	09/30/20		5,534.95	0.00	0.00	5,534.95
	UNEMPLOYMENT									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	T1450	TEXAS ASSOCIATION OF COUNTIES					5,534.95	0.00	0.00	5,534.95
Vendor#	Vendor Name				Class	Pay Code			
11207	TEXAS HHSC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	21389		09/30/20	09/26/20	10/10/20		126,573.19	0.00	0.00	126,573.19
	IGT EXP UCC OTHER EXP									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11207	TEXAS HHSC					126,573.19	0.00	0.00	126,573.19
Vendor#	Vendor Name				Class	Pay Code			
T2204	TEXAS MUTUAL INSURANCE CO				W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	21402		09/30/20	09/15/20	10/10/20		4,731.00	0.00	0.00	4,731.00
	INS WORK COMP HOSP GEN									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	T2204	TEXAS MUTUAL INSURANCE CO					4,731.00	0.00	0.00	4,731.00
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
	054003411829-		09/28/20	09/23/20	10/13/20		31,974.11	0.00	0.00	31,974.11
	ELECTRICITY									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11169	TXU ENERGY					31,974.11	0.00	0.00	31,974.11
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

8150742575		09/14/20	09/13/20	10/13/20		48.62	0.00	0.00	48.62
OUTSIDE SRV MAINT									
8150742665		09/14/20	09/13/20	10/13/20		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
8400228996		09/20/20	09/13/20	10/13/20			149.05	0.00	0.00	149.05
LAUNDRY HOUSEKEEPING										
8400228950		09/20/20	09/13/20	10/13/20			219.88	0.00	0.00	219.88
LAUNDRY HOUSEKEEPING										
8400228952		09/20/20	09/13/20	10/13/20			106.23	0.00	0.00	106.23
LAUNDRY HOUSEKEEPING										
8400228953		09/20/20	09/13/20	10/13/20			140.88	0.00	0.00	140.88
LAUNDRY HOUSEKEEPING										
8400228949		09/20/20	09/13/20	10/13/20			287.18	0.00	0.00	287.18
LAUNDRY HOUSEKEEPING										
8400229005		09/20/20	09/13/20	10/13/20			1,401.94	0.00	0.00	1,401.94
LAUNDRY HOUSEKEEPING										
8400228951		09/20/20	09/13/20	10/13/20			103.20	0.00	0.00	103.20
LAUNDRY HOUSEKEEPING										
8400226869		09/30/20	08/16/20	09/15/20			214.38	0.00	0.00	214.38
LAUNDRY HOUSEKEEPING										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC					2,622.74	0.00	0.00	2,622.74

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
7189662		09/30/20	09/14/20	09/29/20			142.28	0.00	0.00	142.28
EMPL EXP P/R CLEARNG OTH										
7219161		09/30/20	09/27/20	10/12/20			90.91	0.00	0.00	90.91
EMPL EXP P/R CLEARNG OTH										
7218836		09/30/20	09/27/20	10/12/20			172.71	0.00	0.00	172.71
EMPL EXP P/R CLEARNG OTH										
7219162		09/30/20	09/27/20	10/12/20			43.97	0.00	0.00	43.97
EMP EXP P/R CLEARNG OTHE										
7219160		09/30/20	09/27/20	10/12/20			165.90	0.00	0.00	165.90
EMPL EXP P/R CLEARNG OTH										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	U1056	UNIFORM ADVANTAGE					615.77	0.00	0.00	615.77

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
3565926		09/30/20	09/19/20	10/09/20			-23.72	0.00	0.00	-23.72
SUPPLIES GENERAL DIETARY										
3641278		09/30/20	09/22/20	10/12/20			2,002.40	0.00	0.00	2,002.40
SUPPLIES GENERAL DIETARY										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10172	US FOOD SERVICE					1,978.68	0.00	0.00	1,978.68

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
10608893 ✓	LEGAL SERVICES HOSP GEN	09/30/20	09/14/20	10/14/20		416.00	0.00	0.00	416.00 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10943	WALLER,LANSDEN, DORTCH & DAVIS	416.00	0.00	0.00	416.00

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
9110334000 ✓	LEASE & RENTAL LAB	09/30/20	09/15/20	10/15/20		1,571.67	0.00	0.00	1,571.67 ✓

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

Vendor#	Vendor Name	Class	Pay Code
10556	WOUND CARE SPECIALISTS ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
WCS00000177 ✓	PURCHASED SERVICES W/C	09/28/20	09/01/20	10/10/20		29,175.00	0.00	0.00	29,175.00 ✓
WCS00000206 ✓	PURCHASED SERVICES W/C	09/28/20	09/01/20	10/10/20		350.00	0.00	0.00	350.00 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10556	WOUND CARE SPECIALISTS	29,525.00	0.00	0.00	29,525.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,344,810.84	0.00	0.00	1,344,810.84

1,344,810.84 +
2,001.34 −
104.31 +
62.39 −
57.08 +
263.35 −
373.35 +
18,938.27 −
571.93 −
1,323,508.30 *

pg 5 correction { <2,001.34>
Add { + 104.31
Fisher Healthcare for supplies

pg 5 addt'l correction { <62.39>
{ +57.08

pg 7 correction { <263.35>
{ +373.35

pg 14 correction { <18,938.27>
{ <571.93>

$1,323,508.30

APPROVED ON
OCT 06 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS #168169 to #168254

Michael J. Pfeifer
Calhoun County Judge
Date: 11-4-16

SEQ.	ACCOUNT NUMBER	A.H.A. NUMBER	TRANS DATE	JOURNAL	AMOUNT	SUB-LED	REFERENCE	MEMO	G.L. ACCOUNT DESCRIPTION	
1	10000000		10/07/16	CD	200.00CR		A/PC168255	[redacted]	OPERATING	-CASH
	10210000		10/07/16	CD	200.00		A/PC168255		PATIENT REFUNDS	-A/R
2	10000000		10/07/16	CD	164.41CR		A/PC168256		OPERATING	-CASH
	10210000		10/07/16	CD	164.41		A/PC168256		PATIENT REFUNDS	-A/R
	40420000						0	673022		

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JOURNAL	YRMO	COUNT	DEBIT	CREDIT
CD	1610	4	364.41	364.41
	TOTAL	4	364.41	364.41

ACCOUNT TOTAL RECAP ON NEXT PAGE

APPROVED ON
OCT 06 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS # 168255 to #168256

Michael J. Pfeifer
Calhoun County Judge
Date: 11-4-16

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	168169	10/07/16	1,978.68	US FOOD SERVICE
A/P	168170	10/07/16	213.79	DSHS CENTRAL LAB MC2004
A/P	168171	10/07/16	305.19	MERCEDES MEDICAL
A/P	168172	10/07/16	271.80	PHARMEDIUM SERVICES LLC
A/P	168173	10/07/16	780.00	SPECTRUM TECHNOLOGIES
A/P	168174	10/07/16	2,001.34	PRINCIPAL LIFE
A/P	168175	10/07/16	390.44	DEWITT POTH & SON
A/P	168176	10/07/16	26.61	PRECISION DYNAMICS CORP (PDC)
A/P	168177	10/07/16	.00	VOIDED
A/P	168178	10/07/16	15,783.73	MORRIS & DICKSON CO, LLC
A/P	168179	10/07/16	98.28	PLATINUM CODE
A/P	168180	10/07/16	29,525.00	WOUND CARE SPECIALISTS
A/P	168181	10/07/16	45,001.00	BKD, LLP
A/P	168182	10/07/16	268.92	RAUSHANAH MONDAY
A/P	168183	10/07/16	919.19	CAREFUSION 2200, INC
A/P	168184	10/07/16	390.00	SIGN AD, LTD.
A/P	168185	10/07/16	2,140.00	LIFESOURCE EDUCATIONAL SRV LLC
A/P	168186	10/07/16	2,188.26	STRYKER SUSTAINABILITY
A/P	168187	10/07/16	792,643.11	PRIVATE WAIVER CLEARING ACCT
A/P	168188	10/07/16	88,791.47	MMC EMPLOYEE BENEFIT PLAN
A/P	168189	10/07/16	9,564.11	HEALTHSTREAM, INC.
A/P	168190	10/07/16	416.00	WALLER,LANSDEN, DORTCH & DAVIS
A/P	168191	10/07/16	250.00	CALHOUN SPORTS MEDICINE
A/P	168192	10/07/16	1,300.00	REED, CLAYMON, MEEKER & HARGET
A/P	168193	10/07/16	2,646.78	COMBINED INSURANCE CO
A/P	168194	10/07/16	1,146.40	BIRCH COMMUNICATIONS
A/P	168195	10/07/16	877.50	PABLO GARZA
A/P	168196	10/07/16	851.75	STRATUS VIDEO INTERPRETING
A/P	168197	10/07/16	249.00	COLA RESOURCES, INC.
A/P	168198	10/07/16	8,233.19	PAETEC
A/P	168199	10/07/16	31,974.11	TXU ENERGY
A/P	168200	10/07/16	57.08	FRONTIER
A/P	168201	10/07/16	263.35	IRON MOUNTAIN
A/P	168202	10/07/16	126,573.19	TEXAS HHSC
A/P	168203	10/07/16	31,148.06	JACKSON & COKER LOCUM TENENS,
A/P	168204	10/07/16	9,019.75	AMN HEALTHCARE ALLIED, INC.
A/P	168205	10/07/16	443.00	GREAT BASIN SCIENTIFIC, INC
A/P	168206	10/07/16	4,990.00	3WON, LLC
A/P	168207	10/07/16	7,989.60	REMI CORPORATION
A/P	168208	10/07/16	9,000.00	PECA
A/P	168209	10/07/16	2,505.00	MEDIALAB,INC
A/P	168210	10/07/16	298.32	JANIE BACERRA
A/P	168211	10/07/16	15.53	GULF COAST HARDWARE / ACE
A/P	168212	10/07/16	85.71	AIRGAS USA, LLC - CENTRAL DIV
A/P	168213	10/07/16	995.27	CARDINAL HEALTH 414,LLC
A/P	168214	10/07/16	73.00	ANNOUNCEMENTS PLUS TOO AGAIN
A/P	168215	10/07/16	260.00	BARD PERIPHERAL VASCULAR
A/P	168216	10/07/16	633.15	BAXTER HEALTHCARE
A/P	168217	10/07/16	8,166.94	BECKMAN COULTER INC
A/P	168218	10/07/16	239.00	BENTLEY & SMART

BANK--CHECK	NUMBER	DATE	AMOUNT	PAYEE
A/P	168219	10/07/16	116.41	CALHOUN COUNTY
A/P	168220	10/07/16	202.50	CERTIFIED LABORATORIES
A/P	168221	10/07/16	89.25	CONMED CORPORATION
A/P	168222	10/07/16	6,783.44	CDW GOVERNMENT, INC.
A/P	168223	10/07/16	33,588.91	EVIDENT
A/P	168224	10/07/16	425.97	C R BARD, INC
A/P	168225	10/07/16	98.30	DOWNTOWN CLEANERS
A/P	168226	10/07/16	185.60	DLE PAPER & PACKAGING
A/P	168227	10/07/16	47.47	CENTERPOINT ENERGY
A/P	168228	10/07/16	7.74	FEDERAL EXPRESS CORP.
A/P	168229	10/07/16	4,944.66	FISHER HEALTHCARE
A/P	168230	10/07/16	125.00	GULF COAST DELIVERY
A/P	168231	10/07/16	314.98	HOSPIRA WORLDWIDE, INC
A/P	168232	10/07/16	45.64	INDEPENDENCE MEDICAL
A/P	168233	10/07/16	1,571.67	WERFEN USA LLC
A/P	168234	10/07/16	1,859.19	J & J HEALTH CARE SYSTEMS, INC
A/P	168235	10/07/16	284.98	JOHNSTONE SUPPLY
A/P	168236	10/07/16	138.40	MARTIN PRINTING CO
A/P	168237	10/07/16	3,629.09	MCKESSON MEDICAL SURGICAL INC
A/P	168238	10/07/16	5.77	MEDLINE INDUSTRIES INC
A/P	168239	10/07/16	192.87	MMC AUXILIARY GIFT SHOP
A/P	168240	10/07/16	447.84	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	168241	10/07/16	179.84	ON-SITE TESTING SPECIALISTS
A/P	168242	10/07/16	1,760.20	ORTHO CLINICAL DIAGNOSTICS
A/P	168243	10/07/16	.00	VOIDED
A/P	168244	10/07/16	6,040.10	OWENS & MINOR
A/P	168245	10/07/16	37.50	R & D BATTERIES INC
A/P	168246	10/07/16	324.00	SHIP SHUTTLE TAXI SERVICE
A/P	168247	10/07/16	1,797.64	SMITH & NEPHEW
A/P	168248	10/07/16	456.11	STRYKER SALES CORP
A/P	168249	10/07/16	5,534.95	TEXAS ASSOCIATION OF COUNTIES
A/P	168250	10/07/16	4,731.00	TEXAS MUTUAL INSURANCE CO
A/P	168251	10/07/16	81.54	UNIFIRST HOLDINGS
A/P	168252	10/07/16	615.77	UNIFORM ADVANTAGE
A/P	168253	10/07/16	2,622.74	UNIFIRST HOLDINGS INC
A/P	168254	10/07/16	239.63	GRAINGER
A/P	168255	10/07/16	200.00	[redacted]
A/P	168256	10/07/16	164.41	
TOTALS:			1,323,872.71	

APPROVED
ON

OCT 0 6 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:10/10/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:15:03 CHECK REGISTER AnO Payable List GLCKREG
10/10/16 THRU 10/10/16

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000830	10/10/16	1,338.59	MCKESSON
A/P	000831	10/10/16	427.11	MCKESSON
A/P	000832	10/10/16	526.91	MCKESSON
TOTALS:			2,292.61	

340B Prescription Expenses

Michael J. Pfeifer
Calhoun County Judge
Date: 11-4-16

APPROVED
ON

OCT 10 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

As of: 10/07/2016

Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 10/08/2016

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 10/07/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 10/08/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
10/03/2016	10/11/2016	7769807100	1000893509	115Invoice	11.80	590.10		✓578.30	✓	7769807100	
10/03/2016	10/11/2016	7769807103	1000893930	115Invoice	6.99	349.56		✓342.57	✓	7769807103	
10/03/2016	10/11/2016	7769807104	1000894495	115Invoice	0.72	36.18		✓35.46	✓	7769807104	
10/04/2016	10/11/2016	7770043225	1000894871	115Invoice	1.85	92.55		✓90.70	✓	7770043225	
10/05/2016	10/11/2016	7770271420	1000895261	115Invoice	0.68	34.20		✓33.52	✓	7770271420	
10/06/2016	10/11/2016	7770481901	1000896114	115Invoice	1.23	61.51		✓60.28	✓	7770481901	
10/06/2016	10/11/2016	7770481902	1000896114	115Invoice	0.34	17.09		✓16.75	✓	7770481902	
10/07/2016	10/11/2016	7770725669	1000896751	115Invoice	3.69	184.70		✓181.01	✓	7770725669	

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

TOTAL:

Subtotals: 1,365.89 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 883.47
10/03/2016

If Paid By 10/11/2016,
Pay This Amount: ✓ 1,338.59 USD

If Paid After 10/11/2016,
Pay this Amount: 1,365.89 USD

Due If Paid On Time:
USD 1,338.59

Disc lost if paid late:
27.30

Due If Paid Late:
USD 1,365.89

APPROVED
ON
OCT 10 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

ck# 830

10-10-16

McKESSON

STATEMENT

Company: 8000

As of: 10/07/2016

Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 10/08/2016

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 10/07/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 10/08/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
10/03/2016	10/11/2016	7769806323	3454581747	115Invoice	0.01	0.32		✓ 0.31	✓	7769806323	
10/04/2016	10/11/2016	7770052645	3454581751	115Invoice	0.21	10.47		✓ 10.26	✓	7770052645	
10/05/2016	10/11/2016	7770273338	3454581754	115Invoice	0.22	11.18		✓ 10.96	✓	7770273338	
10/05/2016	10/11/2016	7770273341	1096060	115Invoice	2.71	135.71		✓ 133.00	✓	7770273341	
10/06/2016	10/11/2016	7770501844	3454581758	115Invoice	5.56	278.14		✓ 272.58	✓	7770501844	

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

TOTAL:

Subtotals: 435.82 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,007.54
10/03/2016

If Paid By 10/11/2016,
Pay This Amount: 427.11 USD

If Paid After 10/11/2016,
Pay this Amount: 435.82 USD

Due If Paid On Time:
USD 427.11

Disc lost if paid late:
8.71

Due If Paid Late:
USD 435.82

Ck# 831

APPROVED
ON
OCT 10 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

10.10.16

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: 10/07/2016

DC: 8115

Territory: 400

Customer: 262252
Date: 10/08/2016

Page: 001

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

As of: 10/07/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 10/08/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
10/03/2016	10/11/2016	7769795589	1000893511	115Invoice	0.34	16.94		√16.60✓		7769795589	
10/03/2016	10/11/2016	7769795590	1000893932	115Invoice	0.03	1.28		√ 1.25✓		7769795590	
10/03/2016	10/11/2016	7769795592	1000893932	115Invoice	0.72	35.82		✓ 35.10✓		7769795592	
10/03/2016	10/11/2016	7769795596	1000894497	115Invoice	1.18	59.01		√ 57.83✓		7769795596	
10/04/2016	10/11/2016	7770037398	1000894873	115Invoice	0.39	19.65		√ 19.26✓		7770037398	
10/05/2016	10/11/2016	7770285923	1000895263	115Invoice	0.91	45.37		√ 44.46✓		7770285923	
10/06/2016	10/11/2016	7770484964	1000896116	115Invoice	2.19	109.62		√107.43✓		7770484964	
10/07/2016	10/11/2016	7770722788	1000896753	115Invoice	5.00	249.98		√244.98✓		7770722788	

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

TOTAL:

Subtotals: 537.67 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 9,579.22
10/03/2016

If Paid By 10/11/2016,
Pay This Amount: 526.91 USD

If Paid After 10/11/2016,
Pay this Amount: 537.67 USD

Due If Paid On Time:
USD 526.91

Disc lost if paid late:
10.76

Due If Paid Late:
USD 537.67

ck#832

APPROVED
ON
OCT 10 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

10.10.16

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
10/10/2016

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	[redacted]4553	447,204.81	447,104.81	75,597.02	-	-	-	-	75,697.02	75,597.02

Routing Information for Ashford Gardens:
Ashford Health Care Center Ltd Co
JP Morgan Chase Bank
ABA [redacted]0614
Account [redacted]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	[redacted]4561	150,761.05	150,661.05	60,413.07	-	-	-	-	60,513.07	60,413.07
Crescent	[redacted]4588	73,023.04	72,923.04	44,815.14	-	-	-	-	44,915.14	44,815.14
Broadmoor	[redacted]4596	63,520.91	63,420.91	915,554.06	-	-	259.93	259.93	915,654.06	915,294.13
Fort Bend	[redacted]4618	54,835.33	54,735.33	548,503.11	-	-	-	-	548,603.11	548,503.11
										1,569,025.45

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

Approved:

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

Michael J. Pfeifer
Calhoun County Judge
Date: 11-4-16

APPROVED
OCT 12 2016
COUNTY AUDITOR

E:\NH Weekly Transfers\NH UPL Transfer Summary 10-10-16.xlsx

IBC Bank Activity
10/3/16 through 10/9/16

Ashford Gardens						Transfer-Out	Transfer-In	
10/4/2016	113105025	[redacted]	4553	495	OUTGOING MONEY TRANSFER	447,104.81		ASHFORD HEALTH CARE CENTER LTD
10/5/2016	113105025		4553	301	COMMERCIAL DEPOSIT		18,250.51	
10/6/2016	113105025		4553	142	ACH CREDIT RECEIVED		1,132.69	F Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT3805437*1201494502\
10/7/2016	113105025		4553	301	COMMERCIAL DEPOSIT		48,797.99	
10/7/2016	113105025		4553	142	ACH CREDIT RECEIVED		7,415.83	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04911|TRN*1*EFT6540429*1205296137*000004911\
						447,104.81	75,597.02	

Solera at West Houston						Transfer-Out	Transfer-In	
10/3/2016	113105025	[redacted]	4561	142	ACH CREDIT RECEIVED		4,563.59	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4205074*1205296137*000004011\
10/3/2016	113105025		4561	142	ACH CREDIT RECEIVED		7,413.58	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4205073*1205296137*000004011\
10/4/2016	113105025		4561	495	OUTGOING MONEY TRANSFER	150,661.05		CANTEX HEALTH CARE CENTERS LLC
10/4/2016	113105025		4561	142	ACH CREDIT RECEIVED		1,102.50	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*016093010600311*1752603231\
10/5/2016	113105025		4561	301	COMMERCIAL DEPOSIT		31,009.34	
10/6/2016	113105025		4561	142	ACH CREDIT RECEIVED		6,821.26	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*016100412300077*1752603231\
10/7/2016	113105025		4561	142	ACH CREDIT RECEIVED		7,415.80	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4209939*1205296137*000004011\
10/7/2016	113105025		4561	301	COMMERCIAL DEPOSIT		1,820.49	
10/7/2016	113105025		4561	142	ACH CREDIT RECEIVED		266.51	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4209940*1205296137*000004011\
						150,661.05	60,413.07	

Crescent						Transfer-Out	Transfer-In	
10/3/2016	113105025	[redacted]	4588	142	ACH CREDIT RECEIVED		14,598.58	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
10/4/2016	113105025		4588	495	OUTGOING MONEY TRANSFER	72,923.04		CANTEX HEALTH CARE CENTERS III
10/5/2016	113105025		4588	301	COMMERCIAL DEPOSIT		5,713.84	
10/7/2016	113105025		4588	142	ACH CREDIT RECEIVED		376.99	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4209943*1205296137*000004011\
10/7/2016	113105025		4588	301	COMMERCIAL DEPOSIT		24,125.73	
						72,923.04	44,815.14	

Broadmoor						Transfer-Out	Transfer-In	
10/3/2016	113105025	[redacted]	4596	195	INCOMING MONEY TRANSFER		843,930.02	CANTEX HEALTH CARE CENTERS III
10/4/2016	113105025		4596	495	OUTGOING MONEY TRANSFER	63,420.91		CANTEX HEALTH CARE CENTERS III
10/5/2016	113105025		4596	301	COMMERCIAL DEPOSIT		39,801.39	
10/5/2016	113105025		4596	142	ACH CREDIT RECEIVED		8,969.66	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4207609*1205296137*000004011\
10/6/2016	113105025		4596	142	ACH CREDIT RECEIVED		11,869.68	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
10/7/2016	113105025		4596	301	COMMERCIAL DEPOSIT		10,983.31	
						63,420.91	915,554.06	

Fort Bend						Transfer-Out	Transfer-In	
10/3/2016	113105025	[redacted]	4618	195	INCOMING MONEY TRANSFER		527,372.91	CANTEX HEALTH CARE CENTERS III
10/4/2016	113105025		4618	495	OUTGOING MONEY TRANSFER	54,735.33		CANTEX HEALTH CARE CENTERS III
10/5/2016	113105025		4618	301	COMMERCIAL DEPOSIT		7,749.75	
10/7/2016	113105025		4618	301	COMMERCIAL DEPOSIT		1,820.70	
10/7/2016	113105025		4618	142	ACH CREDIT RECEIVED		11,559.75	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4209645*1205296137*000004011\
						54,735.33	548,503.11	

Account Portfolio as of 10/10/2016 8:13:38 AM

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

Commercial Checking Accounts

Account Name	Account Number	Today's Beginning Balance	Available Balance
Memorial Medical Center	[redacted]3387	$511,758.51	$511,758.51
Memorial Medical Center	[redacted]4553	$75,697.02	$75,697.02
Memorial Medical Center	[redacted]4561	$60,513.07	$60,513.07
Memorial Medical Center	[redacted]4588	$44,915.14	$44,915.14
Memorial Medical Center	[redacted]4596	$915,654.06	$915,654.06
Memorial Medical Center	[redacted]4618	$548,603.11	$548,603.11
Memorial Medical Center Operat	[redacted]0301	$3,072,396.64	$3,072,366.47
County of Calhoun Indigent	[redacted]1101	$5,464.80	$5,464.80
Totals		**$5,235,002.35**	**$5,234,972.18**

APPROVED ON
OCT 12 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

10/11/2016
14:30

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 10/22/2016

0
ap_open_invoice.template

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
905587731 5	FREIGHT RES CARE	09/30/20	09/20/20	10/20/20		50.75	0.00	0.00	50.75 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	50.75	0.00	0.00	50.75

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
383466	EMPL EXP DENTAL INS OTHE	10/11/20	09/16/20	10/15/20		30,430.73	0.00	0.00	30,430.73 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10814	ALLIED BENEFIT SYSTEMS	30,430.73	0.00	0.00	30,430.73

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
INV00046204 ✓	SUPPLIES GENERAL LAB	09/30/20	09/20/20	10/20/20		687.56	0.00	0.00	687.56 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1746	ALPHA TEC SYSTEMS INC	687.56	0.00	0.00	687.56

Vendor#	Vendor Name	Class	Pay Code
11247	AVENO NETWORKS ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
AVEQ1544	SUPPLIES GENERAL INFO TE	10/10/20	03/09/20	06/15/20		318.00	0.00	0.00	318.00 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11247	AVENO NETWORKS	318.00	0.00	0.00	318.00

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
75819151 ✓	SUPPLIES GENERAL CT SCAN	09/30/20	09/19/20	10/16/20		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
B1150	BAXTER HEALTHCARE ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
52260664 ✓	INVENTRY CENTRAL SUP INV	09/30/20	09/19/20	10/19/20		514.09	0.00	0.00	514.09 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE	514.09	0.00	0.00	514.09

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
23584890 ✓	FREIGHT SURGERY	09/20/20	09/07/20	10/16/20		166.37	0.00	0.00	166.37 ✓

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
	21421		10/10/20	10/01/20	10/15/20		1,400.00	0.00	0.00	1,400.00 ✓
		PURCHASED SERVICES INFO								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1010	CABLE ONE				1,400.00	0.00	0.00	1,400.00
Vendor#	Vendor Name				Class	Pay Code				
C1033	CAD SOLUTIONS, INC ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	202071 ✓		10/10/20	08/31/20	09/30/20		680.00	0.00	0.00	680.00 ✓
		PURCHASED SERVICES MAM								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1033	CAD SOLUTIONS, INC				680.00	0.00	0.00	680.00
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
	21415		10/10/20	10/04/20			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				
Z0850	CARMEN C. ZAPATA-ARROYO ✓				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	21425		10/11/20	08/10/20	09/06/20		1,553.75	0.00	0.00	1,553.75 ✓
		PURCHASED SERVICES OCC								
	21424		10/11/20	08/31/20	08/31/20		2,090.00	0.00	0.00	2,090.00 ✓
		PURCHASED SERVICES OCC								
	21426		10/11/20	09/01/20	10/03/20		563.75	0.00	0.00	563.75 ✓
		PURCHASED SERVICES OCC								
	21427		10/11/20	09/02/20	10/03/20		866.25	0.00	0.00	866.25 ✓
		PURCHASED SERVICES OCC								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		Z0850	CARMEN C. ZAPATA-ARROYO				5,073.75	0.00	0.00	5,073.75
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
	FKP 8025 ✓		09/30/20	09/21/20	10/21/20		31.59	0.00	0.00	31.59 ✓
		MAJOR MOVABLE EQUIP PP & Lenovo Pen								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1992	CDW GOVERNMENT, INC.				31.59	0.00	0.00	31.59
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
	92098577 ✓		09/20/20	09/12/20	10/16/20		963.22	0.00	0.00	963.22 ✓
		CENTRAL SUPPLY								
	92105535 ✓		09/28/20	09/21/20	10/21/20		141.00	0.00	0.00	141.00 ✓
		INVETRY CENTRAL SUP INVE								
	92103362 ✓		09/29/20	09/19/20	10/19/20		1,522.80	0.00	0.00	1,522.80 ✓
		INVENTRY CENTRAL SUP INV								
	92102336- ✓		09/30/20	09/20/20	10/20/20		92.16	0.00	0.00	92.16 ✓

INVENTRY CENTRAL SUP INV

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10350	CENTURION MEDICAL PRODUCTS	2,719.18	0.00	0.00	2,719.18

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
53237931 ✓		09/29/20	09/21/20	10/21/20		562.99	0.00	0.00	562.99 ✓
	SUPPLIES GENERAL EDUCAT								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1478	CHANNING L BETE CO INC	562.99	0.00	0.00	562.99

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-9314-1 ✓		09/30/20	09/29/20	10/10/20		62.50	0.00	0.00	62.50 ✓
	FREIGHT CARD REH								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1166	COASTAL OFFICE SOLUTONS	62.50	0.00	0.00	62.50

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
267350 ✓		09/20/20	09/12/20	10/16/20		89.25	0.00	0.00	89.25 ✓
	SURGERY SUPPLY								
271768 ✓		09/30/20	09/19/20	10/16/20		457.87	0.00	0.00	457.87 ✓
	SUPPLIES GENERAL SURGER								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1970	CONMED CORPORATION	547.12	0.00	0.00	547.12

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
555X02170702 ✓		10/07/20	09/30/20	10/22/20		249.10	0.00	0.00	249.10 ✓
	SUPPLIES GENERAL PLNT OF								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	R1050	CULLIGAN OF VICTORIA	249.10	0.00	0.00	249.10

Vendor#	Vendor Name	Class	Pay Code
S2896	DANETTE BETHANY ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21411		10/07/20	10/04/20	10/15/20		79.00	0.00	0.00	79.00 ✓
	TRAVEL MED/SURG								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2896	DANETTE BETHANY	79.00	0.00	0.00	79.00

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
21422		10/10/20	10/09/20	10/19/20		583.99	0.00	0.00	583.99 ✓
	PURCHASED SERVICES HLTH								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11008	DERRI HART	583.99	0.00	0.00	583.99

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
482421-0 ✓		09/20/20	09/12/20	10/16/20		71.41	0.00	0.00	71.41 ✓

	CENTERAL SUPPLY								
483069-0 ✓		09/22/20	09/19/20	10/19/20		78.14	0.00	0.00	78.14 ✓
	CENTRAL SUPPLY								
483502 0		09/27/20	09/22/20	10/22/20		275.92	0.00	0.00	275.92 ✓
4833020	OFFICE SUPPLIES LAB								
40220046		09/28/20	09/21/20	10/21/20		59.17	0.00	0.00	59.17 ✓
	SUPPLIES CARD REH								
483348-0 ✓		09/29/20	09/21/20	10/21/20		374.63	0.00	0.00	374.63 ✓
	INVERNTRY CENTRAL SUP IN								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON				859.27	0.00	0.00	859.27
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
	391194 ✓		09/30/20	09/26/20	10/16/20		152.62	0.00	0.00	152.62 ✓
		SUPPLIES GENERAL SURGEF								
	391644 ✓		09/30/20	09/28/20	10/16/20		152.62	0.00	0.00	152.62 ✓
		SUPPLIES GENERAY SURGEF								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10042	ERBE USA INC SURGICAL SYSTEMS				305.24	0.00	0.00	305.24
Vendor#	Vendor Name				Class	Pay Code				
11121	EXEBRIDGE ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	12046 ✓		09/22/20	09/19/20	10/19/20		6,678.76	0.00	0.00	6,678.76 ✓
		MAJOR MOVABLE EQUIP PP&								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11121	EXEBRIDGE				6,678.76	0.00	0.00	6,678.76
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
	21418		10/10/20	10/04/20			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
	6458416 ✓		09/30/20	09/20/20	10/20/20		480.02	0.00	0.00	480.02 ✓
		SUPPLIES LAB								
	6529165 ✓		09/30/20	09/21/20	10/21/20		927.97	0.00	0.00	927.97 ✓
		SUPPLIES LAB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		F1400	FISHER HEALTHCARE				1,407.99	0.00	0.00	1,407.99
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
	0205206-IN ✓		10/10/20	10/03/20			530.00	0.00	0.00	530.00 ✓
		MAINT CONTR PLNT OPER								
	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				
11149	GARDNER & WHITE, INC. ✓									

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
481006008		10/11/20	08/01/20	10/10/20			5,268.70	0.00	0.00	5,268.70 ✓
	EMPL EXP LNG TRM DIS OTHI									
481006009		10/11/20	09/01/20	10/10/20			5,988.78	0.00	0.00	5,988.78 ✓
	EMPL EXP LNG TRM DIS OTHI									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11149	GARDNER & WHITE, INC.					11,257.48	0.00	0.00	11,257.48

Vendor#	Vendor Name	Class	Pay Code
11245	GENERAL HOSPITAL SUPPLY ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
201034 ✓		09/30/20	09/20/20	10/20/20			121.00	0.00	0.00	121.00 ✓
	SUPPLIES ER									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11245	GENERAL HOSPITAL SUPPLY					121.00	0.00	0.00	121.00

Vendor#	Vendor Name	Class	Pay Code
10901	GENESIS DIAGNOSTICS ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
46388 ✓		09/30/20	09/20/20	10/20/20			305.50	0.00	0.00	305.50 ✓
	SUPPLIES LAB									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10901	GENESIS DIAGNOSTICS					305.50	0.00	0.00	305.50

Vendor#	Vendor Name	Class	Pay Code
C1470	GI SUPPLY ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
582608 ✓		09/20/20	09/07/20	10/16/20			313.00	0.00	0.00	313.00 ✓
	FREIGHT SURGERY									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	C1470	GI SUPPLY					313.00	0.00	0.00	313.00

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
106097 ✓		09/30/20	09/29/20	10/16/20			1.40	0.00	0.00	1.40 ✓
	SUPPLIES PLANT OPS									
106135 ✓		09/30/20	09/30/20	10/16/20			-82.00	0.00	0.00	-82.00 ✓
	CREDIT PLANT OPS SUPPLIES									
106130 ✓		09/30/20	09/30/20	10/16/20			164.00	0.00	0.00	164.00 ✓
	SUPPLIES PLANT OPS									
106175 ✓		10/07/20	10/03/20	10/13/20			21.96	0.00	0.00	21.96 ✓
	SUPPLIES GENERAL PLNT OF									
106158 ✓		10/07/20	10/03/20	10/13/20			47.56	0.00	0.00	47.56 ✓
	SUPPLIES GENERAL PLNT OF									
106216 ✓		10/07/20	10/04/20	10/14/20			13.48	0.00	0.00	13.48 ✓
	SUPPLIES GERNAL PLNT OPE									
INV106273 ✓		10/10/20	10/06/20	10/16/20			33.92	0.00	0.00	33.92 ✓
	SUPPLIES GENERAL PLNT OF Remove Per Vicki									
INV106274 ✓		10/10/20	10/06/20	10/16/20			14.99	0.00	0.00	14.99 ✓
	SUPPLIES GENERAL PLNT OF									
104476 ✓		10/11/20	08/03/20	08/13/20			42.11	0.00	0.00	42.11 ✓
	SUPPLIES GENERAL PLNT OF									
106180 ✓		10/11/20	10/03/20	10/13/20			3.99	0.00	0.00	3.99 ✓
	SUPPLIES GENERAL PLNT OF									

106274		10/11/20	10/06/20	10/16/20		14.99	0.00	0.00	14.99
	SUPPLIES GENERAL PLNT OF								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	A1292	GULF COAST HARDWARE / ACE				276.40	0.00	0.00	276.40
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
1197030		09/20/20	09/13/20	10/16/20			397.71	0.00	0.00	397.71
	SUPPLIES HOUSEKEEPING									
1192895		09/30/20	09/06/20	10/16/20			159.80	0.00	0.00	159.80
	SUPPLIES GENERAL CARD RI									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY					557.51	0.00	0.00	557.51
Vendor#	Vendor Name				Class	Pay Code				
H0030	H E BUTT GROCERY				M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
040345		09/30/20	06/29/20	10/16/20			31.13	0.00	0.00	31.13
	FOOD SUPPLIES DIETARY									
OC-36614		09/30/20	08/30/20	10/16/20			0.95	0.00	0.00	0.95
	SERVICE CHARGE DIETARY									
OC-36827		09/30/20	09/28/20	10/18/20			0.46	0.00	0.00	0.46
	SERVICE CHARGE DIETARY									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	H0030	H E BUTT GROCERY					32.54	0.00	0.00	32.54
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
41937336		09/30/20	09/19/20	10/19/20			305.08	0.00	0.00	305.08
	INVENTRY CENTRAL SUP INV									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	I0415	INDEPENDENCE MEDICAL					305.08	0.00	0.00	305.08
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
917007149		09/20/20	09/02/20	10/16/20			586.33	0.00	0.00	586.33
	SURGERY SUPPLIES									
917030989		09/20/20	09/09/20	10/16/20			705.64	0.00	0.00	705.64
	SURGERY SUPPLY									
917066117		09/30/20	09/19/20	10/19/20			1,576.42	0.00	0.00	1,576.42
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE SYSTEMS, INC					2,868.39	0.00	0.00	2,868.39
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
356583		09/30/20	09/21/20	10/21/20			16.68	0.00	0.00	16.68
	PROF FEES OB									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11230	JACKSON & COKER LOCUM TENENS,					16.68	0.00	0.00	16.68
Vendor#	Vendor Name				Class	Pay Code				
11238	JOBS THERAPY									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net

83053	09/27/20	09/23/20	10/22/20	299.00	0.00	0.00	299.00
PURCHASED SERVICES ADMI							
Vendor Totals Number	Name			Gross	Discount	No-Pay	Net
11238	JOBS THERAPY			299.00	0.00	0.00	299.00

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
16039		10/11/20	09/23/20	09/28/20			1,170.00	0.00	0.00	1,170.00
CONT EDUCATION SURGERY										
16041		10/11/20	10/07/20	10/12/20			390.00	0.00	0.00	390.00
CONT EDUCATION E/R										
Vendor Totals Number	Name						Gross	Discount	No-Pay	Net
10720	LIFESOURCE EDUCATIONAL SRV LLC						1,560.00	0.00	0.00	1,560.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
53859		10/11/20	09/12/20	10/12/20			109.59	0.00	0.00	109.59
SUPPLIES GENERAL PLNT OF										
Vendor Totals Number	Name						Gross	Discount	No-Pay	Net
L1640	LOWE'S HOME CENTERS INC						109.59	0.00	0.00	109.59

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
INV0539357		10/10/20	10/04/20				1,500.57	0.00	0.00	1,500.57
FUEL PLNT OPER										
Vendor Totals Number	Name						Gross	Discount	No-Pay	Net
10578	LUMINANT ENERGY COMPANY LLC						1,500.57	0.00	0.00	1,500.57

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
21419		10/10/20	10/04/20				1,382.50	0.00	0.00	1,382.50
EMPL EXP P/R CLEARNG OTH										
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
J1350	M.C. JOHNSON COMPANY INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
00266184		09/30/20	10/06/20	10/16/20			104.40	0.00	0.00	104.40
INVENTRY CENTRAL SUP INV										
Vendor Totals Number	Name						Gross	Discount	No-Pay	Net
J1350	M.C. JOHNSON COMPANY INC						104.40	0.00	0.00	104.40

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
83565925		09/20/20	08/11/20	10/16/20			21.30	0.00	0.00	21.30
CENTRAL SUPPLY										
85869109		09/30/20	09/20/20	10/20/20			190.78	0.00	0.00	190.78
SUPPLIES GENERAL LAB										
85832913		09/30/20	09/20/20	10/20/20			5,906.97	0.00	0.00	5,906.97
SUPPLIES GENERAL LAB										
86062718		09/30/20	09/23/20	10/16/20			322.48	0.00	0.00	322.48

SUPPLIES PLANT OPS

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	6,441.53	0.00	0.00	6,441.53

Vendor# M2827 Vendor Name: MEDIVATORS ✓ Class: M Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2413963 ✓		09/20/20	07/20/20	10/16/20		105.52	0.00	0.00	105.52 ✓
	SURGERY SUPPLY								
2437937 ✓		09/20/20	08/15/20	10/16/20		247.90	0.00	0.00	247.90 ✓
	FREIGHT SURGERY								
2450292 ✓		09/20/20	08/29/20	10/16/20		247.90	0.00	0.00	247.90 ✓
	FREIGHT SURGERY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2827	MEDIVATORS	601.32	0.00	0.00	601.32

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1815098226 ✓		09/30/20	09/21/20	10/21/20		110.79	0.00	0.00	110.79 ✓
	SUPPLIES CLINIC								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	110.79	0.00	0.00	110.79

Vendor# 10963 Vendor Name: MEMORIAL MEDICAL CLINIC ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21420		10/10/20	10/04/20	10/15/20		35.00	0.00	0.00	35.00 ✓
	EMPL EXP P/R CLEARNG OTH								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10963	MEMORIAL MEDICAL CLINIC	35.00	0.00	0.00	35.00

Vendor# 10182 Vendor Name: MERCEDES MEDICAL ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1865496 ✓		09/30/20	09/20/20	10/20/20		383.41	0.00	0.00	383.41 ✓
	SUPPLIES LAB								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10182	MERCEDES MEDICAL	383.41	0.00	0.00	383.41

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
30094301370 ✓		09/20/20	09/02/20	10/16/20		157.98	0.00	0.00	157.98 ✓
	FREIGHT SURGERY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2659	MERRY X-RAY/SOURCEONE HEALTHCA	157.98	0.00	0.00	157.98

Vendor# 11127 Vendor Name: MISTY RECTOR ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21408		09/30/20	10/01/20	10/16/20		14.49	0.00	0.00	14.49 ✓
	TRAVEL EXPENSE LAB								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11127	MISTY RECTOR	14.49	0.00	0.00	14.49

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

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

100316		10/10/20 10/10/20 10/20/20			29,479.99	0.00	0.00	29,479.99
	EMPL EXP HOSP DENTAL INS							
091916		10/10/20 09/19/20 10/10/20			15,498.13	0.00	0.00	15,498.13
	EMPL EXP DENTAL INS OTHE							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN			44,978.12	0.00	0.00	44,978.12

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
671224		09/30/20	10/03/20	10/16/20			91.87	0.00	0.00	91.87
	CREDIT CARD FEES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	M2662	MMC VOLUNTEERS					91.87	0.00	0.00	91.87

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
9396642		10/10/20	10/04/20	10/05/20			3.99	0.00	0.00	3.99
	INVENTROY PHARMACY INVE									
9393594		10/10/20	10/04/20	10/05/20			56.94	0.00	0.00	56.94
	INVENTROY PHARMACY INVE									
9396643		10/10/20	10/04/20	10/05/20			631.33	0.00	0.00	631.33
	INVENTROY PHARMACY INVE									
9402471		10/10/20	10/05/20	10/06/20			5.63	0.00	0.00	5.63
	INVENTORY PHARMACY INVE									
9402184		10/10/20	10/05/20	10/06/20			1,903.14	0.00	0.00	1,903.14
	INVENTROY PHARMACY INVE									
9402185		10/10/20	10/05/20	10/06/20			46.43	0.00	0.00	46.43
	INVENTROY PHARMACY INVE									
9396644		10/10/20	10/05/20	10/06/20			74.87	0.00	0.00	74.87
	INVENTROY PHARMACY INVE									
9402183		10/10/20	10/05/20	10/06/20			98.82	0.00	0.00	98.82
	INVENTROY PHARMACY INVE									
9398903		10/10/20	10/05/20	10/06/20			5,149.98	0.00	0.00	5,149.98
	INVENTORY PHARMACY INVE									
9406856		10/10/20	10/06/20	10/07/20			440.73	0.00	0.00	440.73
	INVENTROYPHARMACY INVEI									
9406855		10/10/20	10/06/20	10/07/20			1,195.32	0.00	0.00	1,195.32
	INVENTORY PHARMACY INVE									
CM99587		10/10/20	10/06/20	10/07/20			-268.66	0.00	0.00	-268.66
	INVENTORY PHARMACY INVE									
9405105		10/10/20	10/06/20	10/07/20			56.94	0.00	0.00	56.94
	INVENTORY PHARMACY INVE									
CM99586		10/10/20	10/06/20	10/07/20			-409.84	0.00	0.00	-409.84
	INVENTORY PHARMACY INVE									
CM99585		10/10/20	10/06/20	10/07/20			-126.32	0.00	0.00	-126.32
	INVENTORY PHARMACY INVE									
9406854		10/10/20	10/06/20	10/07/20			24.21	0.00	0.00	24.21
	INVENTORY PHARMACY INVE									
9406857		10/10/20	10/06/20	10/07/20			44.39	0.00	0.00	44.39
	INVENTORY PHARMACY INVE									
9411769		10/10/20	10/07/20	10/08/20			212.30	0.00	0.00	212.30

	INVENTORY PHARMACY INVE							
9411767 ✓	10/10/20	10/07/20	10/08/20		30.68	0.00	0.00	30.68 ✓
	INVENTORY PHARMACY INVE							
9411768 ✓	10/10/20	10/07/20	10/08/20		2,250.24	0.00	0.00	2,250.24 ✓
	INVENTORY PHARMACY INVE							
9412188 ✓	10/10/20	10/07/20	10/08/20		5,901.35	0.00	0.00	5,901.35 ✓
	INVENTORY PHARMACY INVE							
9399167 ✓	10/11/20	10/05/20	10/06/20		1,500.00	0.00	0.00	1,500.00 ✓
	PURCHASED SERVICES PHAF							
9419577 ✓	10/11/20	10/10/20	10/11/20		516.65	0.00	0.00	516.65 ✓
	INVENTORY PHARMACY INVE							
CM10692 ✓	10/11/20	10/10/20	10/11/20		-103.31	0.00	0.00	-103.31 ✓
	INVENTORY PHARMACY INVE							
9419575 ✓	10/11/20	10/10/20	10/11/20		1,677.05	0.00	0.00	1,677.05 ✓
	INVENTORY PHARMACY INVE							
9419576 ✓	10/11/20	10/10/20	10/11/20		1,453.18	0.00	0.00	1,453.18 ✓
	INVENTORY PHARMACY INVE							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC			22,366.04	0.00	0.00	22,366.04

Vendor#	Vendor Name			Class	Pay Code				
10868	NOVA BIOMEDICAL ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	90298137 ✓		09/26/20	09/16/20	10/16/20		3,165.34	0.00	0.00	3,165.34 ✓
		SUPPLIES GENERAL LAB								
	90299626 ✓		09/30/20	09/21/20	10/21/20		311.93	0.00	0.00	311.93 ✓
		FREIGHT LAB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10868	NOVA BIOMEDICAL				3,477.27	0.00	0.00	3,477.27

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
	21410 09		10/07/20	10/03/20	10/15/20		3.99 3000.	0.00	0.00	3.99 3000.
		PURCHASED SERVICES DIET/								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		N1225	NUTRITION OPTIONS				3.99 3000.	0.00	0.00	3.99 3000.

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
	86646680001 ✓		09/30/20	09/22/20	10/16/20		123.48	0.00	0.00	123.48 ✓
		SUPPLIES GENERAL MM CLIN								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		O0920	OFFICE DEPOT				123.48	0.00	0.00	123.48

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
	1850111884 ✓		09/30/20	09/22/20	10/22/20		866.57	0.00	0.00	866.57 ✓
		SUPPLIES GENERAL BLOOD E								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		O1416	ORTHO CLINICAL DIAGNOSTICS				866.57	0.00	0.00	866.57

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

215698		10/10/20 10/01/20 10/21/20			200.00	0.00	0.00	200.00
	PURCHASED SERVICES PLNT							
215526		10/10/20 10/01/20 10/21/20			250.00	0.00	0.00	250.00
	PURCHASED SERVICES PLNT							
215527		10/10/20 10/01/20 10/21/20			45.00	0.00	0.00	45.00
	PURCHASED SERVICES							
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
2021080222		09/28/20	09/20/20	10/20/20		122.40	0.00	0.00	122.40
	SUPPLIES GENERAL SURGER								
2021080495		09/28/20	09/20/20	10/20/20		106.21	0.00	0.00	106.21
	INVENTRY CENTRAL SUP INV								
2021079825		09/29/20	09/20/20	10/20/20		6.66	0.00	0.00	6.66
	INVNTRY CENTRAL SUP INVE								
2021080474		09/29/20	09/20/20	10/20/20		136.97	0.00	0.00	136.97
	SUPPLIES GENERAL MM CLIN								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR				372.24	0.00	0.00	372.24
Vendor#	Vendor Name			Class	Pay Code				
10032	PHILIPS HEALTHCARE								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
933558200		10/10/20	09/28/20	10/07/20		2,626.58	0.00	0.00	2,626.58
	MAINT CONTR NUC MED								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10032	PHILIPS HEALTHCARE				2,626.58	0.00	0.00	2,626.58
Vendor#	Vendor Name			Class	Pay Code				
10541	PLATINUM CODE								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
070365		09/29/20	09/21/20	10/21/20		151.68	0.00	0.00	151.68
	OFFICE SUPPLIES LAB								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10541	PLATINUM CODE				151.68	0.00	0.00	151.68
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
3527569		09/30/20	09/14/20	10/14/20		148.62	0.00	0.00	148.62
	SUPPLIES GENERAL C/S								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10372	PRECISION DYNAMICS CORP (PDC)				148.62	0.00	0.00	148.62
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
21413		10/07/20	10/05/20	10/05/20		540,971.14	0.00	0.00	540,971.14
	PRIV WAIVER CLEAR ACCT C								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10782	PRIVATE WAIVER CLEARING ACCT				540,971.14	0.00	0.00	540,971.14
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
1279317		09/30/20	09/16/20	10/16/20			151.40	0.00	0.00	151.40
	SUPPLIES PLANT OPS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	R1045	R & D BATTERIES INC	151.40	0.00	0.00	151.40

Vendor# 10960 Vendor Name: RICOH USA, INC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
97604858		10/11/20	09/30/20	10/19/20			9,012.85	0.00	0.00	9,012.85
	LEASE & RENTAL SURGERY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10960	RICOH USA, INC	9,012.85	0.00	0.00	9,012.85

Vendor# 10543 Vendor Name: ROGERS HOME MEDICAL — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
3009		10/07/20	05/12/20	10/15/20			175.00	0.00	0.00	175.00
	SPPLIES GENERAL PHY THRF									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10543	ROGERS HOME MEDICAL	175.00	0.00	0.00	175.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21430		10/11/20	09/26/20	10/09/20			1,285.79	0.00	0.00	1,285.79
	PURCHASED SERVICES HLTH									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	K0536	SHIRLEY KARNEI	1,285.79	0.00	0.00	1,285.79

Vendor# S2001 Vendor Name: SIEMENS MEDICAL SOLUTIONS INC — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
115352473		09/30/20	09/19/20	10/19/20			832.25	0.00	0.00	832.25
	MAINT CONTR ULTRASOUND									
115355789		10/10/20	09/29/20	10/07/20			633.33	0.00	0.00	633.33
	MAINT CONTR MAMMOGRPY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2001	SIEMENS MEDICAL SOLUTIONS INC	1,465.58	0.00	0.00	1,465.58

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
205307		10/10/20	10/04/20	10/14/20			1,275.00	0.00	0.00	1,275.00
	PUBLIC REL/ADVERTISE ADM									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10699	SIGN AD, LTD.	1,275.00	0.00	0.00	1,275.00

Vendor# S2270 Vendor Name: SMILE MAKERS — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
7880710		09/30/20	09/21/20	10/21/20			72.89	0.00	0.00	72.89
	SUPPLIES GENERAL ER									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2270	SMILE MAKERS	72.89	0.00	0.00	72.89

Vendor# S2400 Vendor Name: SO TEX BLOOD & TISSUE CENTER — Class: M — Pay Code:

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

90022478	09/30/20 09/19/20 10/19/20			8,630.90	0.00	0.00	8,630.90
BLOOD BANK SUPPLIES							
90022409	09/30/20 09/19/20 10/19/20			-3,199.42	0.00	0.00	-3,199.42
BLOOD BANK CREDIT							
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net
	S2400	SO TEX BLOOD & TISSUE CENTER		5,431.48	0.00	0.00	5,431.48

Vendor#	Vendor Name	Class	Pay Code
10220	SPECTRUM TECHNOLOGIES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
11800695		09/30/20	09/21/20	10/21/20			465.43	0.00	0.00	465.43
FREIGHT MED SURG										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10220	SPECTRUM TECHNOLOGIES					465.43	0.00	0.00	465.43

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
356020A		09/20/20	09/08/20	10/16/20			361.31	0.00	0.00	361.31
PHYSICAL THERA										
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
11103	STUDER GROUP, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
077910		09/14/20	09/01/20	10/16/20			18,938.27	0.00	0.00	18,938.27
LEADERSHIP TRAINING										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11103	STUDER GROUP, LLC					18,938.27	0.00	0.00	18,938.27

Vendor#	Vendor Name	Class	Pay Code
10808	TEXAS PRESCRIPTION PROGRAM		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21414		10/10/20	10/04/20	10/15/20			90.00	0.00	0.00	90.00
SUPPLIES GENERAL MM CLIN										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10808	TEXAS PRESCRIPTION PROGRAM					90.00	0.00	0.00	90.00

Vendor#	Vendor Name	Class	Pay Code
T2230	TEXAS WIRED MUSIC INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
A893915		10/10/20	09/01/20	09/30/20			63.95	0.00	0.00	63.95
PURCHASED SERVICES ADMI										
A893916		10/10/20	09/01/20	09/30/20			73.95	0.00	0.00	73.95
PURCHASED SERVICES ADMI										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	T2230	TEXAS WIRED MUSIC INC					137.90	0.00	0.00	137.90

Vendor#	Vendor Name	Class	Pay Code
T2303	TG	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21412		10/07/20	10/04/20	10/04/20			112.63	0.00	0.00	112.63
EMPL EXP P/R CLEARING OTH										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	T2303	TG					112.63	0.00	0.00	112.63

Vendor#	Vendor Name	Class	Pay Code

11039 THE BRATTON FIRM

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1228245	COLLECTION EXPENSE	09/30/20	08/15/20	10/16/20		56.80	0.00	0.00	56.80
1228246	COLLECTION EXPENSE	09/30/20	08/15/20	10/16/20		32.00	0.00	0.00	32.00
1228254	COLLECTION EXPENSE	09/30/20	08/15/20	10/16/20		50.88	0.00	0.00	50.88

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11039	THE BRATTON FIRM	139.68	0.00	0.00	139.68

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
484757-0	DUES & SUBSCRIPTIONS ADM	10/11/20	09/30/20	10/15/20		58.86	0.00	0.00	58.86

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

Vendor# T0801 Vendor Name TLC STAFFING Class W Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21084	CONTRACT NURSING	09/30/20	09/27/20	10/16/20		294.69	0.00	0.00	294.69

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T0801	TLC STAFFING	294.69	0.00	0.00	294.69

Vendor# T4400 Vendor Name TORCH Class W Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
16.422	OUTSIDE SRV ADMIN	09/30/20	09/23/20	10/16/20		2,701.12	0.00	0.00	2,701.12

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T4400	TORCH	2,701.12	0.00	0.00	2,701.12

Vendor# T3334 Vendor Name TRINITY PHYSICS CONSULTING LLC Class W Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
03-3264	PURCHASED SERVICES RADI	10/10/20	09/27/20	10/22/20		3,000.00	0.00	0.00	3,000.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T3334	TRINITY PHYSICS CONSULTING LLC	3,000.00	0.00	0.00	3,000.00

Vendor# 11246 Vendor Name TROEMNER, LLC Class W Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
00811151	REPAIRS LAB	09/30/20	09/16/20	10/16/20		99.59	0.00	0.00	99.59

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11246	TROEMNER, LLC	99.59	0.00	0.00	99.59

Vendor# U1054 Vendor Name UNIFIRST HOLDINGS Class W Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8150743363	PURCHASED SERVICES MAIN	09/30/20	09/20/20	10/20/20		32.92	0.00	0.00	32.92
8150743269	PURCHASED SERVICES MAIN	10/11/20	09/20/20	10/20/20		48.62	0.00	0.00	48.62

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
8400229273	LAUNDRY HOUSEKEEPING	09/20/20	09/16/20	10/16/20			395.45	0.00	0.00	395.45
84002229313	LAUNDRY HOUSEKEEPING	09/20/20	09/16/20	10/16/20			1,103.68	0.00	0.00	1,103.68
8400229467	LAUNDRY HOUSEKEEPING	09/30/20	09/20/20	10/20/20			99.98	0.00	0.00	99.98
8400229519	LAUNDRY HOUSEKEEPING	09/30/20	09/20/20	10/20/20			719.07	0.00	0.00	719.07
8400229507	LAUDRY HOUSEKEEPING	09/30/20	09/20/20	10/20/20			163.42	0.00	0.00	163.42
840229465	LANUDRY HOUSEKEEPING	09/30/20	09/20/20	10/20/20			108.07	0.00	0.00	108.07
84002291166	LAUNDRY HOUSEKEEPING	09/30/20	09/20/20	10/20/20			108.08	0.00	0.00	108.08
840022963	LAUNDRY HOUSEKEEPING	09/30/20	09/20/20	10/20/20			301.54	0.00	0.00	301.54
8400229464	LAUNDRY HOUSEKEEPING	10/11/20	09/20/20	10/20/20			252.68	0.00	0.00	252.68

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	3,251.97	0.00	0.00	3,251.97

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
7236426	EMPL EXP P/R CLEARNG OTH	10/11/20	10/04/20	10/19/20			141.92	0.00	0.00	141.92
7236422	EMPL EXP P/R CLEARNG OTH	10/11/20	10/04/20	10/19/20			91.41	0.00	0.00	91.41
7236417	EMPL EXP P/R CLEARNG OTH	10/11/20	10/04/20	10/19/20			398.85	0.00	0.00	398.85
7236424	EMPL EXP P/R CLEARNG OTH	10/11/20	10/04/20	10/19/20			87.87	0.00	0.00	87.87

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1056	UNIFORM ADVANTAGE	720.05	0.00	0.00	720.05

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
37000588	FOOD SUPPLIES DIETARY	09/30/20	09/26/20	10/16/20			2,593.38	0.00	0.00	2,593.38
3368915	FOOD SUPPLIES DIETARY	10/10/20	09/08/20	09/28/20			1,577.68	0.00	0.00	1,577.68
3565926-	FOOD SUPPLIES DIETARY	10/10/20	09/19/20	10/09/20			3,074.13	0.00	0.00	3,074.13
3769486	FOOD SUPPLIES DIETARY	10/10/20	09/29/20	10/19/20			2,137.96	0.00	0.00	2,137.96
3822637	SUPPLIES GENERAL DIETARY	10/10/20	09/30/20	10/20/20			42.92	0.00	0.00	42.92

	3881873 ✓		10/10/20	10/02/20	10/22/20		10.84	0.00	0.00	10.84 ✓
		SUPPLIES GENERAL DIETARY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10172	US FOOD SERVICE				9,436.91	0.00	0.00	9,436.91
Vendor#	Vendor Name				Class	Pay Code				
10915	WAGEWORKS ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	21417		10/10/20	10/04/20	10/15/20		2,693.28	0.00	0.00	2,693.28 ✓
		ACCRUED FLEXIBLE SPENDIN								
	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
	9110334968 ✓		09/30/20	09/20/20	10/20/20		618.00	0.00	0.00	618.00 ✓
		LAB SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		I1110	WERFEN USA LLC				618.00	0.00	0.00	618.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	761,880.58	0.00	0.00	761,880.58

Add
Calhoun County - 1st pymt - Loan For MPAP Program dated 8/17/15 {+476,689.73

pg 5 correction {< 14.99>

pg 10 correction {<3.99>
{+3000.00

$1,241,551.33

761,880.58 +
476,689.73 +
14.99 -
3.99 -
3,000.00 +
1,241,551.33 *

Michael J. Pfeifer
Calhoun County Judge
Date: 11-4-16

APPROVED ON
OCT 12 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS # 168257
to
168345

RUN DATE: 10/11/16
TIME: 14:26

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]		101016	72.20			PATIENT RE	
		101116	1403.30			REFUND FOR	
		101116	4013.23		1	REFUND FOR	
		101016	95.00			REFUND FOR	
		101016	50.00			REFUND FOR	

ARID=0001 TOTAL 5633.73

TOTAL 5633.73

APPROVED
ON
OCT 12 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS # 168346
+0
168350

Michael J. Pfeiffer
Calhoun County Judge
Date 11-4-16

BANK--CHECK-- CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	168257	10/12/16	2,626.58	PHILIPS HEALTHCARE
A/P	168258	10/12/16	305.24	ERBE USA INC SURGICAL SYSTEMS
A/P	168259	10/12/16	9,436.91	US FOOD SERVICE
A/P	168260	10/12/16	383.41	MERCEDES MEDICAL
A/P	168261	10/12/16	465.43	SPECTRUM TECHNOLOGIES
A/P	168262	10/12/16	2,719.18	CENTURION MEDICAL PRODUCTS
A/P	168263	10/12/16	859.27	DEWITT POTH & SON
A/P	168264	10/12/16	148.62	PRECISION DYNAMICS CORP (PDC)
A/P	168265	10/12/16	.00	VOIDED
A/P	168266	10/12/16	22,366.04	MORRIS & DICKSON CO, LLC
A/P	168267	10/12/16	151.68	PLATINUM CODE
A/P	168268	10/12/16	175.00	ROGERS HOME MEDICAL
A/P	168269	10/12/16	1,500.57	LUMINANT ENERGY COMPANY LLC
A/P	168270	10/12/16	1,275.00	SIGN AD, LTD.
A/P	168271	10/12/16	1,560.00	LIFESOURCE EDUCATIONAL SRV LLC
A/P	168272	10/12/16	495.00	OSCAR TORRES
A/P	168273	10/12/16	540,971.14	PRIVATE WAIVER CLEARING ACCT
A/P	168274	10/12/16	90.00	TEXAS PRESCRIPTION PROGRAM
A/P	168275	10/12/16	44,978.12	MMC EMPLOYEE BENEFIT PLAN
A/P	168276	10/12/16	30,430.73	ALLIED BENEFIT SYSTEMS
A/P	168277	10/12/16	3,477.27	NOVA BIOMEDICAL
A/P	168278	10/12/16	305.50	GENESIS DIAGNOSTICS
A/P	168279	10/12/16	2,693.28	WAGEWORKS
A/P	168280	10/12/16	9,012.85	RICOH USA, INC
A/P	168281	10/12/16	35.00	MEMORIAL MEDICAL CLINIC
A/P	168282	10/12/16	1,382.50	M G TRUST
A/P	168283	10/12/16	583.99	DERRI HART
A/P	168284	10/12/16	75.00	FIRST CLEARING
A/P	168285	10/12/16	139.68	THE BRATTON FIRM
A/P	168286	10/12/16	18,938.27	STUDER GROUP, LLC
A/P	168287	10/12/16	6,678.76	EXEBRIDGE
A/P	168288	10/12/16	14.49	MISTY RECTOR
A/P	168289	10/12/16	11,257.48	GARDNER & WHITE, INC.
A/P	168290	10/12/16	16.68	JACKSON & COKER LOCUM TENENS,
A/P	168291	10/12/16	299.00	JOBS THERAPY
A/P	168292	10/12/16	121.00	GENERAL HOSPITAL SUPPLY
A/P	168293	10/12/16	99.59	TROEMNER, LLC
A/P	168294	10/12/16	318.00	AVENO NETWORKS
A/P	168295	10/12/16	261.41	GULF COAST HARDWARE / ACE
A/P	168296	10/12/16	50.75	AIRGAS USA, LLC - CENTRAL DIV
A/P	168297	10/12/16	687.56	ALPHA TEC SYSTEMS INC
A/P	168298	10/12/16	344.62	BARD PERIPHERAL VASCULAR
A/P	168299	10/12/16	514.09	BAXTER HEALTHCARE
A/P	168300	10/12/16	1,400.00	CABLE ONE
A/P	168301	10/12/16	25.00	CAL COM FEDERAL CREDIT UNION
A/P	168302	10/12/16	680.00	CAD SOLUTIONS, INC
A/P	168303	10/12/16	476,689.73	CALHOUN COUNTY
A/P	168304	10/12/16	62.50	COASTAL OFFICE SOLUTONS
A/P	168305	10/12/16	313.00	GI SUPPLY
A/P	168306	10/12/16	562.99	CHANNING L BETE CO INC

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	168307	10/12/16	547.12	CONMED CORPORATION
A/P	168308	10/12/16	31.59	CDW GOVERNMENT, INC.
A/P	168309	10/12/16	166.37	C R BARD, INC
A/P	168310	10/12/16	1,407.99	FISHER HEALTHCARE
A/P	168311	10/12/16	530.00	FORT BEND SERVICES, INC
A/P	168312	10/12/16	557.51	GULF COAST PAPER COMPANY
A/P	168313	10/12/16	32.54	H E BUTT GROCERY
A/P	168314	10/12/16	305.08	INDEPENDENCE MEDICAL
A/P	168315	10/12/16	618.00	WERFEN USA LLC
A/P	168316	10/12/16	2,868.39	J & J HEALTH CARE SYSTEMS, INC
A/P	168317	10/12/16	104.40	M.C. JOHNSON COMPANY INC
A/P	168318	10/12/16	1,285.79	SHIRLEY KARNEI
A/P	168319	10/12/16	109.59	LOWE'S HOME CENTERS INC
A/P	168320	10/12/16	6,441.53	MCKESSON MEDICAL SURGICAL INC
A/P	168321	10/12/16	110.79	MEDLINE INDUSTRIES INC
A/P	168322	10/12/16	157.98	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	168323	10/12/16	91.87	MMC VOLUNTEERS
A/P	168324	10/12/16	601.32	MEDIVATORS
A/P	168325	10/12/16	3,000.00	NUTRITION OPTIONS
A/P	168326	10/12/16	123.48	OFFICE DEPOT
A/P	168327	10/12/16	866.57	ORTHO CLINICAL DIAGNOSTICS
A/P	168328	10/12/16	372.24	OWENS & MINOR
A/P	168329	10/12/16	151.40	R & D BATTERIES INC
A/P	168330	10/12/16	249.10	CULLIGAN OF VICTORIA
A/P	168331	10/12/16	1,465.58	SIEMENS MEDICAL SOLUTIONS INC
A/P	168332	10/12/16	72.89	SMILE MAKERS
A/P	168333	10/12/16	5,431.48	SO TEX BLOOD & TISSUE CENTER
A/P	168334	10/12/16	361.31	STRYKER SALES CORP
A/P	168335	10/12/16	79.00	DANETTE BETHANY
A/P	168336	10/12/16	294.69	TLC STAFFING
A/P	168337	10/12/16	137.90	TEXAS WIRED MUSIC INC
A/P	168338	10/12/16	112.63	TG
A/P	168339	10/12/16	3,000.00	TRINITY PHYSICS CONSULTING LLC
A/P	168340	10/12/16	2,701.12	TORCH
A/P	168341	10/12/16	81.54	UNIFIRST HOLDINGS
A/P	168342	10/12/16	720.05	UNIFORM ADVANTAGE
A/P	168343	10/12/16	3,251.97	UNIFIRST HOLDINGS INC
A/P	168344	10/12/16	58.86	THE VICTORIA ADVOCATE
A/P	168345	10/12/16	5,073.75	CARMEN C. ZAPATA-ARROYO
A/P	168346	10/12/16	72.20	[redacted]
A/P	168347	10/12/16	1,403.30	
A/P	168348	10/12/16	4,013.23	
A/P	168349	10/12/16	95.00	
A/P	168350	10/12/16	50.00	
TOTALS:			1,247,185.06	

APPROVED
ON

OCT 12 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:10/17/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:17:18 CHECK REGISTER and Payable List GLCKREG
10/17/16 THRU 10/17/16

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000833	10/17/16	1,225.90	MCKESSON
A/P	000834	10/17/16	198.60	MCKESSON
A/P	000835	10/17/16	1,401.77	MCKESSON
TOTALS:			2,826.27	

340B Prescription Expenses

Michael J. Pfeifer
Calhoun County Judge
Date: 11-4-16

APPROVED
ON

OCT 17 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: 10/14/2016

DC: 8115

Territory: 400

Customer: 190813
Date: 10/15/2016

Page: 001

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

As of: 10/14/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 10/15/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
10/10/2016	10/18/2016	7770974720	1000897335	115Invoice	10.21	510.61		500.40		7770974720	
10/10/2016	10/18/2016	7770974721	1000897904	115Invoice	7.55	377.28		369.73		7770974721	
10/10/2016	10/18/2016	7770974722	1000898307	115Invoice	2.31	115.63		113.32		7770974722	
10/11/2016	10/18/2016	7771217166	1000898691	115Invoice	1.22	60.79		59.57		7771217166	
10/11/2016	10/18/2016	7771217167	1000898691	115Invoice	3.42	170.96		167.54		7771217167	
10/14/2016	10/18/2016	7771889626	1000900520	115Invoice	0.31	15.65		15.34		7771889626	

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

TOTAL:

Subtotals: 1,250.92 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,338.59
10/11/2016

If Paid By 10/18/2016,
Pay This Amount: 1,225.90 USD

If Paid After 10/18/2016,
Pay this Amount: 1,250.92 USD

Due If Paid On Time:
USD 1,225.90

Disc lost if paid late:
25.02

Due If Paid Late:
USD 1,250.92

ck# 833

APPROVED
ON
OCT 17 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

10.17.16

McKESSON

STATEMENT

Company: 8000

As of: 10/14/2016 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 10/15/2016

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: 10/14/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 10/15/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
10/10/2016	10/18/2016	7770971573	1096144	115Invoice	2.68	133.94		✓ 131.26 ✓		7770971573	
10/10/2016	10/18/2016	7770971574	3454581765	115Invoice	0.18	8.90		✓ 8.72 ✓		7770971574	
10/12/2016	10/18/2016	7771449088	3454581772	115Invoice	0.80	39.88		✓ 39.08 ✓		7771449088	
10/13/2016	10/18/2016	7771669353	3454581776	115Invoice	0.37	18.63		✓ 18.26 ✓		7771669353	
10/14/2016	10/18/2016	7771891486	3454581779	115Invoice	0.03	1.31		✓ 1.28 ✓		7771891486	

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

TOTAL:

Subtotals: 202.66 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 427.11
10/11/2016

If Paid By 10/18/2016,
Pay This Amount: 198.60 USD

If Paid After 10/18/2016,
Pay this Amount: 202.66 USD

Due If Paid On Time:
USD 198.60

Disc lost if paid late: 4.06

Due If Paid Late:
USD 202.66

Ck# 834

APPROVED ON
OCT 17 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: 10/14/2016

DC: 8115

Territory: 400

Customer: 262252
Date: 10/15/2016

Page: 001

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

As of: 10/14/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252
Date: 10/15/2016

PLEASE CHECK ANY ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
10/10/2016	10/18/2016	7770996875	1000897337	115Invoice	3.40	169.89		166.49	✓	7770996875	
10/10/2016	10/18/2016	7770996876	1000897337	115Invoice	0.12	5.84		5.72	✓	7770996876	
10/10/2016	10/18/2016	7770996877	1000897906	115Invoice	0.74	36.91		36.17	✓	7770996877	
10/10/2016	10/18/2016	7770996878	1000898309	115Invoice	10.48	524.15		513.67	✓	7770996878	
10/10/2016	10/18/2016	7770996879	1000898309	115Invoice	0.02	0.81		0.79	✓	7770996879	
10/11/2016	10/18/2016	7771212586	1000898693	115Invoice	0.24	12.13		11.89	✓	7771212586	
10/12/2016	10/18/2016	7771459513	1000899064	115Invoice	0.34	17.24		16.90	✓	7771459513	
10/13/2016	10/18/2016	7771694588	1000899923	115Invoice	9.99	499.37		489.38	✓	7771694588	
10/13/2016	10/18/2016	7771694589	1000899923	115Invoice	0.81	40.33		39.52	✓	7771694589	
10/14/2016	10/18/2016	7771898944	1000900522	115Invoice	2.47	123.71		121.24	✓	7771898944	

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

TOTAL:

Subtotals: 1,430.38 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 526.91
10/11/2016

If Paid By 10/18/2016,
Pay This Amount: 1,401.77 USD

If Paid After 10/18/2016,
Pay this Amount: 1,430.38 USD

Due If Paid On Time:
USD 1,401.77
Disc lost if paid late:
28.61
Due If Paid Late:
USD 1,430.38

APPROVED ON
OCT 17 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

ck# 835

10.17.16

SEQ.	ACCOUNT NUMBER	A.H.A. NUMBER	TRANS DATE	JOURNAL	AMOUNT	SUB-LED	REFERENCE	MEMO	G.L. ACCOUNT DESCRIPTION
1	20000000		10/18/16	PJ	600.00CR	10094	112920164	ST DAVIDS HEALTHCARE	INV DT=10/10/16 DUE=101016
2	40610015		10/18/16	PJ	600.00	10094	112920164	ST DAVIDS HEALTHCARE	CONT EDUCATION -E/R

60610015 20188 225840328

-R E C A P-

JOURNAL	YRMO	COUNT	DEBIT	CREDIT		
PJ	1610	2	600.00	600.00		
	TOTAL	2	600.00	600.00	A/P TOTAL	600.00

ACCOUNT TOTAL RECAP ON NEXT PAGE

Michael J. Pfeifer
Calhoun County Judge
Date: 11-4-16

APPROVED
ON
OCT 18 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	168351	10/18/16	600.00	ST DAVIDS HEALTHCARE
TOTALS:			600.00	

APPROVED
ON

OCT 18 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
10/17/2016

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	2810244553	75,697.02	75,597.02	73,757.88	-	-	-	-	73,857.88	73,757.88

Routing Information for Ashford Gardens:
Ashford Health Care Center Ltd Co
JP Morgan Chase Bank
ABA [redacted]0614
Acc[redacted]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	[redacted]4561	60,513.07	60,413.07	20,036.91	-	-	-	-	20,136.91	20,036.91
Crescent	[redacted]4588	44,915.14	44,815.14	25,970.30	-	-	-	-	26,070.30	25,970.30
Broadmoor	[redacted]4596	915,654.06	915,294.13	52,808.81	-	-	259.93	-	53,168.74	52,808.81
Fort Bend	[redacted]4618	548,603.11	548,503.11	13,906.21	-	-	-	-	14,006.21	13,906.21
										112,722.23

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

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

Approved:

Michael J. Pfeifer
Calhoun County Judge
Date: 11-4-16

APPROVED
OCT 19 2016
COUNTY AUDITOR

IBC Bank Activity
10/10/16 through 10/16/16

Ashford Gardens					Transfer-Out	Transfer-In	
10/11/2016	113105025	4553	142	ACH CREDIT RECEIVED		4,713.29	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
10/12/2016	113105025	4553	142	ACH CREDIT RECEIVED		7,253.58	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT3816876*1201494502\
10/12/2016	113105025	4553	142	ACH CREDIT RECEIVED		5,879.58	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT3815331*1201494502\
10/12/2016	113105025	4553	142	ACH CREDIT RECEIVED		96.22	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT3817823*1201494502\
10/13/2016	113105025	4553	495	OUTGOING MONEY TRANSFER	75,597.02		ASHFORD HEALTH CARE CENTER LTD
10/13/2016	113105025	4553	142	ACH CREDIT RECEIVED		10,346.95	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04911|TRN*1*EFT6541764*1205296137*000004911\
10/14/2016	113105025	4553	301	COMMERCIAL DEPOSIT		45,468.26	
					75,597.02	73,757.88	

Solera at West Houston					Transfer-Out	Transfer-In	
10/12/2016	113105025	4561	142	ACH CREDIT RECEIVED		4,167.52	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*016100710700150*1752603231\
10/12/2016	113105025	4561	142	ACH CREDIT RECEIVED		258.01	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
10/13/2016	113105025	4561	495	OUTGOING MONEY TRANSFER	60,413.07		CANTEX HEALTH CARE CENTERS LLC
10/14/2016	113105025	4561	301	COMMERCIAL DEPOSIT		12,255.78	
10/14/2016	113105025	4561	142	ACH CREDIT RECEIVED		3,355.60	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*016101216700393*1752603231\
					60,413.07	20,036.91	

Crescent					Transfer-Out	Transfer-In	
10/11/2016	113105025	4588	142	ACH CREDIT RECEIVED		1,591.19	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
10/11/2016	113105025	4588	142	ACH CREDIT RECEIVED		5,632.40	Molina HC of TX Molina HC|THE CRESCENT|TRN*1*EFT3811729*1201494502\
10/13/2016	113105025	4588	495	OUTGOING MONEY TRANSFER	44,815.14		CANTEX HEALTH CARE CENTERS III
10/13/2016	113105025	4588	142	ACH CREDIT RECEIVED		9,539.71	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4214566*1205296137*000004011\
10/14/2016	113105025	4588	301	COMMERCIAL DEPOSIT		9,207.00	
					44,815.14	25,970.30	

Broadmoor					Transfer-Out	Transfer-In	
10/11/2016	113105025	4596	142	ACH CREDIT RECEIVED		1,170.57	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
10/11/2016	113105025	4596	142	ACH CREDIT RECEIVED		541.64	Molina HC of TX Molina HC|THE BROADMOOR AT CREEK|TRN*1*EFT3811673*1201494502\
10/13/2016	113105025	4596	495	OUTGOING MONEY TRANSFER	915,294.13		CANTEX HEALTH CARE CENTERS III
10/14/2016	113105025	4596	142	ACH CREDIT RECEIVED		10,218.79	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4215912*1205296137*000004011\
10/14/2016	113105025	4596	301	COMMERCIAL DEPOSIT		40,877.81	
					915,294.13	52,808.81	

Fort Bend					Transfer-Out	Transfer-In	
10/11/2016	113105025	4618	142	ACH CREDIT RECEIVED		1,324.62	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
10/12/2016	113105025	4618	142	ACH CREDIT RECEIVED		5,187.60	AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|TRN*1*016100710700145*1752603231\
10/12/2016	113105025	4618	142	ACH CREDIT RECEIVED		3,471.45	Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRN*1*EFT3815330*1201494502\
10/13/2016	113105025	4618	495	OUTGOING MONEY TRANSFER	548,503.11		CANTEX HEALTH CARE CENTERS III
10/14/2016	113105025	4618	301	COMMERCIAL DEPOSIT		3,922.54	
					548,503.11	13,906.21	

Account Portfolio as of 10/17/2016 8:11:43 AM

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

Commercial Checking Accounts

Account Name	Account Number	Today's Beginning Balance	Available Balance
Memorial Medical Center	[redacted]3387	$1,304,401.62	$1,304,401.62
Memorial Medical Center	[redacted]4553	$73,857.88	$73,857.88
Memorial Medical Center	[redacted]4561	$20,136.91	$20,136.91
Memorial Medical Center	[redacted]4588	$26,070.30	$26,070.30
Memorial Medical Center	[redacted]4596	$53,168.74	$53,434.74
Memorial Medical Center	[redacted]4618	$14,006.21	$14,006.21
Memorial Medical Center Operat	[redacted]0301	$2,405,635.72	$2,340,570.51
County of Calhoun Indigent	[redacted]1101	$3,255.36	$3,255.36
Totals		**$3,900,532.74**	**$3,835,733.53**

APPROVED
ON
SEP 21 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

10/20/2016
10:30

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 10/31/2016

0
ap_open_invoice.template

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
9055898112 ✓	OXYGEN RES CARE	10/10/20	09/30/20	10/30/20		2,051.46	0.00	0.00	2,051.46 ✓
9939588185 ✓	SUPPLIES GENERAL PLNT OF	10/10/20	09/30/20	10/30/20		403.59	0.00	0.00	403.59 ✓
9939588186 ✓	SUPPLIES GENERAL PLNT OF	10/10/20	09/30/20	10/30/20		354.51	0.00	0.00	354.51 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	2,809.56	0.00	0.00	2,809.56

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
9649588739 ✓	INTRA OCULAR LENSES C/S	10/14/20	09/27/20	10/27/20		954.00	0.00	0.00	954.00 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1690	ALCON LABORATORIES, INC.	954.00	0.00	0.00	954.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
437769 ✓	DUES & SUBCRIPTIONS LAB	10/18/20	09/27/20	10/27/20		1,315.00	0.00	0.00	1,315.00 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10592	AMERICAN PROFICIENCY INSTITUTE	1,315.00	0.00	0.00	1,315.00

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
2550534 ✓	PROF FEES PT	10/17/20	10/16/20	10/26/20		2,938.25	0.00	0.00	2,938.25 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11232	AMN HEALTHCARE ALLIED, INC.	2,938.25	0.00	0.00	2,938.25

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
726705 ✓	SUPPLIES LAB	10/18/20	09/30/20	10/25/20		29.09	0.00	0.00	29.09 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2218	AQUA BEVERAGE COMPANY	29.09	0.00	0.00	29.09

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
810146 ✓	SUPPLIES GENERAL PLNT OF	10/14/20	10/07/20	10/22/20		14.26	0.00	0.00	14.26 ✓
810056 ✓	SUPPLIES GENERAL PLNT OF	10/14/20	10/07/20	10/22/20		5.97	0.00	0.00	5.97 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2600	AUTO PARTS & MACHINE CO.	20.23	0.00	0.00	20.23

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
	3966136 ✓		10/17/20	10/12/20	10/29/20		6,145.37	0.00	0.00	6,145.37 ✓
		LEASE & RENTAL PHARMACY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10938	BANK OF THE WEST				6,145.37	0.00	0.00	6,145.37
Vendor#	Vendor Name				Class	Pay Code				
B1075	BAXTER HEALTHCARE CORP ✓				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	52305316 ✓		10/13/20	09/26/20	10/26/20		1,018.43	0.00	0.00	1,018.43 ✓
		INVENTRY CENTRAL SUP INV								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		B1075	BAXTER HEALTHCARE CORP				1,018.43	0.00	0.00	1,018.43
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
	6004485423 ✓		10/13/20	09/28/20	10/13/20		1,033.44	0.00	0.00	1,033.44 ✓
		FREIGHT CT SCAN								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2485	BAYER HEALTHCARE				1,033.44	0.00	0.00	1,033.44
Vendor#	Vendor Name				Class	Pay Code				
B1220	BECKMAN COULTER INC ✓				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	4285173 ✓		10/18/20	09/25/20	10/25/20		2,450.00	0.00	0.00	2,450.00 ✓
		MAINT CONTR LAB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		B1220	BECKMAN COULTER INC				2,450.00	0.00	0.00	2,450.00
Vendor#	Vendor Name				Class	Pay Code				
B1320	BEEKLEY MEDICAL ✓				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	INVI050325 ✓		10/07/20	09/28/20	10/28/20		237.95	0.00	0.00	237.95 ✓
		FREIGHT MRI								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		B1320	BEEKLEY MEDICAL				237.95	0.00	0.00	237.95
Vendor#	Vendor Name				Class	Pay Code				
10599	BKD, LLP ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	BK00649266 ✓		10/07/20	09/30/20	10/30/20		2,202.00	0.00	0.00	2,202.00 ✓
		AUDITING FEES ACCOUNTINC								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10599	BKD, LLP				2,202.00	0.00	0.00	2,202.00
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
	21431		10/14/20	10/12/20	10/12/20		600.00	0.00	0.00	600.00 ✓
		COUNTY INDIGENT COPAYS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11041	CALHOUN CO INDIGENT ACCT				600.00	0.00	0.00	600.00
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

8001139971 ✓	10/17/20	09/24/20	10/29/20	404.13	0.00	0.00	404.13 ✓
SUPPLIES NUC MED							
8001134225 ✓	10/18/20	09/17/20	10/22/20	405.38	0.00	0.00	405.38 ✓
SUPPLIES NUC MED							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1825	CARDINAL HEALTH 414,LLC	809.51	0.00	0.00	809.51

Vendor# 10650 Vendor Name: CAREFUSION 2200, INC ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9106928400 ✓		10/14/20	08/05/20	09/04/20			119.27	0.00	0.00	119.27 ✓
SUPPLIES GENERAL SURGER										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10650	CAREFUSION 2200, INC	119.27	0.00	0.00	119.27

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
FLL9973 ✓		09/30/20	09/23/20	10/23/20			503.96	0.00	0.00	503.96 ✓
MAJOR MOVABLE EQUIP PP&										
FMD8822 ✓		09/30/20	09/27/20	10/27/20			1,400.92	0.00	0.00	1,400.92 ✓
MAJOR MOVABLE EQUIP PPE										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.	1,904.88	0.00	0.00	1,904.88

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
92108828 ✓		09/30/20	09/27/20	10/27/20			823.84	0.00	0.00	823.84 ✓
INVENTRY CENTRAL SUP INV										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10350	CENTURION MEDICAL PRODUCTS	823.84	0.00	0.00	823.84

Vendor# 11107 Vendor Name: COURTNE THURLKILL ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21432		10/14/20	10/10/20	10/10/20			186.54	0.00	0.00	186.54 ✓
DUE & SUBSCRIPTIONS MM C										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11107	COURTNE THURLKILL	186.54	0.00	0.00	186.54

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
483627-0 ✓		09/29/20	09/23/20	10/23/20			33.06	0.00	0.00	33.06 ✓
OFFICE SUPPLIES HR/PR										
483595-0 ✓		09/29/20	09/23/20	10/23/20			70.82	0.00	0.00	70.82 ✓
SUPPLIES GENERAL CARD RI										
483586-0 ✓		09/29/20	09/23/20	10/23/20			16.60	0.00	0.00	16.60 ✓
OFFICE SUPPLIES RADIOLOG										
483764-0		09/29/20	09/26/20	10/26/20			339.28	0.00	0.00	339.28 ✓
OFFICE SUPPLIES HR/PR										
483702-0 ✓		09/29/20	09/26/20	10/26/20			23.42	0.00	0.00	23.42 ✓
OFFICE SUPPLIES HR/PR										
483688 ✓		09/29/20	09/26/20	10/26/20			137.25	0.00	0.00	137.25 ✓
OFFICE SUPPLIES MED/SURG										

483724-0		09/29/20	09/26/20	10/26/20		41.27	0.00	0.00	41.27
	OFFICE SUPPLIES MED/SURG								
483722-0		09/30/20	09/26/20	10/26/20		473.34	0.00	0.00	473.34
	SUPPLIES GENERAL E/R								
484673-0		10/13/20	10/05/20	11/04/20		270.04	0.00	0.00	270.04
	INVENTRY CENTRAL SUP INV								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON				1,405.08	0.00	0.00	1,405.08

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
8814		09/29/20	09/26/20	10/26/20			79.95	0.00	0.00	79.95
	FORMS BUS OFFICE									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	D1752	DLE PAPER & PACKAGING					79.95	0.00	0.00	79.95

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
TXPOT166129		10/10/20	09/27/20	10/27/20			47.40	0.00	0.00	47.40
	SUPPLIES GENERAL PLNT OF									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	F1050	FASTENAL COMPANY					47.40	0.00	0.00	47.40

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
5-568-73437		10/14/20	10/06/20	10/21/20			133.00	0.00	0.00	133.00
	FREIGHT C/S									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.					133.00	0.00	0.00	133.00

Vendor#	Vendor Name	Class	Pay Code
F1130	FFF ENTERPRISES	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
6592140		09/14/20	08/29/20	10/28/20			357.50	0.00	0.00	357.50
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	F1130	FFF ENTERPRISES					357.50	0.00	0.00	357.50

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
6602137		09/30/20	09/22/20	10/23/20			1,091.13	0.00	0.00	1,091.13
	SUPPLIES LAB									
6602132		09/30/20	09/22/20	10/23/20			457.19	0.00	0.00	457.19
	SUPPLIES LAB									
6673686		10/18/20	09/23/20	10/23/20			69.36	0.00	0.00	69.36
	SUPPLIES LAB									
6751782		10/18/20	09/26/20	10/26/20			317.85	0.00	0.00	317.85
	SUPPLIES LAB									
7129718		10/18/20	09/27/20	10/27/20			82.78	0.00	0.00	82.78
	SUPPLIES LAB									
6851119		10/18/20	09/27/20	10/27/20			1,173.29	0.00	0.00	1,173.29
	SUPPLIES LAB									
6968805		10/18/20	09/28/20	10/28/20			255.23	0.00	0.00	255.23

	SUPPLIES LAB							
7129717 ✓		10/18/20	09/29/20	10/29/20	208.22	0.00	0.00	208.22 ✓
	SUPPLIES LAB							
7269981 ✓		10/18/20	09/30/20	10/30/20	119.88	0.00	0.00	119.88 ✓
	SUPPLIES LAB							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE			3,774.93	0.00	0.00	3,774.93

Vendor#	Vendor Name	Class	Pay Code
11184	FLDR DESIGNS LLC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
15092 ✓		10/11/20	09/28/20	10/28/20			756.12	0.00	0.00	756.12 ✓
	FREIGHT RADIOLOGY									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11184	FLDR DESIGNS LLC					756.12	0.00	0.00	756.12

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
E106904 ✓		10/14/20	07/29/20	08/28/20			2,775.63	0.00	0.00	2,775.63 ✓
	PROF FEES PHY THRPY									
E108047 ✓		10/14/20	08/12/20	09/11/20			2,640.00	0.00	0.00	2,640.00 ✓
	PROF FEES PHY THRPY									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11078	FUSION MEDICAL STAFFING, LLC					5,415.63	0.00	0.00	5,415.63

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
46420 ✓		10/18/20	09/30/20	10/30/20			225.42	0.00	0.00	225.42 ✓
	SUPPLIES LAB									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10901	GENESIS DIAGNOSTICS					225.42	0.00	0.00	225.42

Vendor#	Vendor Name	Class	Pay Code
G1001	GETINGE USA ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
6061369 ✓		10/05/20	10/05/20	10/05/20			111.72	0.00	0.00	111.72 ✓
	SUPPLIES GENERAL SURGER									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	G1001	GETINGE USA					111.72	0.00	0.00	111.72

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
33471144 ✓		09/14/20	08/29/20	10/28/20			8,495.37	0.00	0.00	8,495.37 ✓
	40215038									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10642	GLAXOSMITHKLINE PHARMACUETICAL					8,495.37	0.00	0.00	8,495.37

Vendor#	Vendor Name	Class	Pay Code
G1050	GREENHOUSE FLORAL DESIGNERS ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1307		10/14/20	09/30/20	10/10/20			88.95	0.00	0.00	88.95 ✓
	MISCELLANEOUS									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	G1050	GREENHOUSE FLORAL DESIGNERS					88.95	0.00	0.00	88.95

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
	~~A1292~~ 10431O		10/14/20	10/07/20	10/17/20		51.98	0.00	0.00	51.98
		SUPPLIES GENERAL PLNT OF								
	106405		10/14/20	10/10/20	10/20/20		10.76	0.00	0.00	10.76
		SUPPLLIES GENERAL PLNT O								
	106439		10/14/20	10/11/20	10/21/20		15.75	0.00	0.00	15.75
		SUPPLIES GENERAL PLNT OF								
	106430		10/14/20	10/11/20	10/21/20		82.12	0.00	0.00	82.12
		SUPPLIES GENRAL PLNT OPE								
	106397		10/14/20	10/11/20	10/21/20		23.77	0.00	0.00	23.77
		SUPPLIES GENERAL PLNT OF								
	106495		10/14/20	10/13/20	10/23/20		41.44	0.00	0.00	41.44
		SUPPLIES GENERAL PLNT OF								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		A1292	GULF COAST HARDWARE / ACE				225.82	0.00	0.00	225.82
Vendor#	Vendor Name				Class	Pay Code				
G1210	GULF COAST PAPER COMPANY				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	1197017		10/14/20	09/13/20	10/13/20		79.90	0.00	0.00	79.90
		SUPPLIES GENERAL HOUSEK								
	1200957-		10/19/20	09/20/20	10/20/20		205.82	0.00	0.00	205.82
		SUPPLIES HOUSEKEEPING								
	1204946-		10/19/20	09/27/20	10/27/20		340.68	0.00	0.00	340.68
		SUPPLIES HOUSEKEEPING								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		G1210	GULF COAST PAPER COMPANY				626.40	0.00	0.00	626.40
Vendor#	Vendor Name				Class	Pay Code				
11102	GULF COAST REGIONAL									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	1092		09/30/20	09/28/20	10/28/20		750.00	0.00	0.00	750.00
		OUTSIDE SRV ADMIN								
	1093		10/07/20	09/28/20	10/28/20		900.00	0.00	0.00	900.00
		PURCHASED SERVICES MM C								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11102	GULF COAST REGIONAL				1,650.00	0.00	0.00	1,650.00
Vendor#	Vendor Name				Class	Pay Code				
H0030	H E BUTT GROCERY				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	895691		10/14/20	08/24/20	09/13/20		22.24	0.00	0.00	22.24
		FOOD SUPPLIES DIETARY								
	896335		10/14/20	08/25/20	09/14/20		71.24	0.00	0.00	71.24
		FOOD SUPPLIES DIETARY								
	903768		10/14/20	08/29/20	09/18/20		60.12	0.00	0.00	60.12
		FOOD SUPPLIES DIETARY								
	903757		10/14/20	08/29/20	09/18/20		-59.92	0.00	0.00	-59.92
		FOOD SUPPLIES DIETARY								
	915687		10/14/20	09/05/20	09/25/20		30.98	0.00	0.00	30.98
		FOOD SUPPLIES DIETARY								
	917566		10/14/20	09/06/20	09/26/20		7.96	0.00	0.00	7.96
		FOOD SUPPLIES DIETARY								

930874	10/14/20	09/13/20	10/03/20		19.60	0.00	0.00	19.60
	FOOD SUPPLIES DIETARY							
935117	10/14/20	09/16/20	10/06/20		106.31 105.00	0.00	0.00	106.31 105.00
	FOOD SUPPLIES DIETARY							
940509	10/14/20	09/19/20	10/09/20		26.35	0.00	0.00	26.35
	FOOD SUPPLIES DIETARY							
942272	10/14/20	09/20/20	10/10/20		3.22	0.00	0.00	3.22
	FOOD SUPPLIES DIETARY							
97150	10/14/20	10/07/20	10/27/20		23.30	0.00	0.00	23.30
	FOOD SUPPLIES DIETARY							
972934	10/14/20	10/08/20	10/28/20		53.57	0.00	0.00	53.57
	FOOD SUPPLIES DIETARY							
974917	10/14/20	10/09/20	10/29/20		29.73	0.00	0.00	29.73
	FOOD SUPPLIES DIETARY							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	H0030	H E BUTT GROCERY			394.70	0.00	0.00	394.70

Vendor#	Vendor Name	Class	Pay Code
10829	HEALTHSTREAM, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
0008969		10/14/20	07/01/20	07/31/20			1,879.00	0.00	0.00	1,879.00
	PURCHASED SERVICES ADMI									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10829	HEALTHSTREAM, INC.					1,879.00	0.00	0.00	1,879.00

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
PJIN0094252		09/30/20	09/15/20	10/25/20			8,333.33	0.00	0.00	8,333.33
	MAINT CONTR MRI									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10298	HITACHI MEDICAL SYSTEMS					8,333.33	0.00	0.00	8,333.33

Vendor#	Vendor Name	Class	Pay Code
10922	HUNTER PHARMACY SERVICES Remove Per Vicki		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1873		10/14/20	09/30/20	10/20/20			14,081.49	0.00	0.00	14,081.49
	PURCHASED SERVICES PHAF									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10922	HUNTER PHARMACY SERVICES					14,081.49	0.00	0.00	14,081.49

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
41996029		10/13/20	09/22/20	10/22/20			32.37	0.00	0.00	32.37
	SUPPLIES GENERAL SURGER									
42035496		10/13/20	09/26/20	10/26/20			116.75	0.00	0.00	116.75
	INVENTRY CENTRAL SUP INV									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	I0415	INDEPENDENCE MEDICAL					149.12	0.00	0.00	149.12

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
917100368		09/30/20	09/26/20	10/26/20			126.00	0.00	0.00	126.00
	INVENTRY CENTRAL SUP INV									

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE SYSTEMS, INC				126.00	0.00	0.00	126.00
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
356966		10/10/20	09/28/20	10/28/20		14,786.76	0.00	0.00	14,786.76
	PROF FEES OB								
357193		10/10/20	09/28/20	10/28/20		510.86	0.00	0.00	510.86
	PROF FEES OB								
358247		10/17/20	10/11/20	10/11/20		8,645.69	0.00	0.00	8,645.69
	PROF FEES OB								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11230	JACKSON & COKER LOCUM TENENS,				23,943.31	0.00	0.00	23,943.31
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
107467338		10/11/20	09/30/20	10/30/20		500.00	0.00	0.00	500.00
	PUBLIC REL/ADVERTISE ADM								
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
3911906		10/17/20	09/30/20	10/30/20		5.40	0.00	0.00	5.40
	OUTSIDE SRV ADMIN								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	L1288	LANGUAGE LINE SERVICES				5.40	0.00	0.00	5.40
Vendor#	Vendor Name				Class	Pay Code			
10141	LAWSON PRODUCTS								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9304396015		09/30/20	09/26/20	10/26/20		207.04	0.00	0.00	207.04
	SUPPLIES GENERAL PLNT OF								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10141	LAWSON PRODUCTS				207.04	0.00	0.00	207.04
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
16045		10/17/20	10/14/20	10/19/20		520.00	0.00	0.00	520.00
	CONT EDUCATION NURSING								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10720	LIFESOURCE EDUCATIONAL SRV LLC				520.00	0.00	0.00	520.00
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
86346243		10/13/20	09/28/20	10/28/20		446.14	0.00	0.00	446.14
	FREIGHT C/S								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC				446.14	0.00	0.00	446.14
Vendor#	Vendor Name				Class	Pay Code			
11141	MEDICAL DATA SYSTEMS, INC.								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
100352		10/18/20	06/30/20	07/30/20		1,400.74	0.00	0.00	1,400.74

	COLLECTION EXP BUS OFFIC							
101628	10/18/20	07/31/20	08/30/20		1,485.92	0.00	0.00	1,485.92
	COLLECTION EXP BUS OFFIC							
102268	10/18/20	08/31/20	09/30/20		3,068.63	0.00	0.00	3,068.63
	COLLECTION EXPENSE BUS (							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	11141	MEDICAL DATA SYSTEMS, INC.			5,955.29	0.00	0.00	5,955.29
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
1815171765		09/29/20	09/22/20	10/23/20		41.75	0.00	0.00	41.75
	FREIGHT SURGERY							
1815518901		10/10/20	09/29/20	10/29/20		69.54	0.00	0.00	69.54
	FREIGHT OB							
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC				111.29	0.00	0.00	111.29
Vendor#	Vendor Name			Class	Pay Code				
M2550	MELSTAN, INC.			W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
36701		10/14/20	10/05/20	10/15/20		82.66	0.00	0.00	82.66
	SUPPLIES GENERAL GROUNI							
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2550	MELSTAN, INC.				82.66	0.00	0.00	82.66
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
1867726		10/18/20	09/27/20	10/27/20		258.62	0.00	0.00	258.62
	SUPPLIES LAB								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10182	MERCEDES MEDICAL				258.62	0.00	0.00	258.62
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
30094310386		09/30/20	09/22/20	10/23/20		157.98	0.00	0.00	157.98
	SUPPLIES GENREAL SURGER								
3009431366		10/13/20	09/29/20	10/29/20		1,372.19	0.00	0.00	1,372.19
	SUPPLIES X RAY								
30094314622		10/13/20	09/30/20	10/30/20		291.30	0.00	0.00	291.30
	SUPPLIES GENERAL MAMOGI								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2659	MERRY X-RAY/SOURCEONE HEALTHCA				1,821.47	0.00	0.00	1,821.47
Vendor#	Vendor Name			Class	Pay Code				
11127	MISTY RECTOR								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
21436		10/18/20	10/06/20	10/06/20		15.66	0.00	0.00	15.66
	TRAVEL EXPENSE LAB								
21437		10/18/20	10/17/20	10/17/20		15.66	0.00	0.00	15.66
	TRAVEL EXPENSE LAB								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11127	MISTY RECTOR				31.32	0.00	0.00	31.32
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
8573		10/14/20	10/10/20	10/11/20		-7.40	0.00	0.00	-7.40
9427743	INVENTORY PHARMACY INVE	10/14/20	10/12/20	10/13/20		138.78	0.00	0.00	138.78
942844	INVENTORY PHARMACY INVE	10/14/20	10/12/20	10/13/20		273.12	0.00	0.00	273.12
9427742	INVENTORY PHARMACY INVE	10/14/20	10/12/20	10/13/20		435.67	0.00	0.00	435.67
9427741	INVENTORY PHARMACY INVE	10/14/20	10/12/20	10/13/20		25.81	0.00	0.00	25.81
CM11525	INVENTORY PHARMACY INVE	10/14/20	10/12/20	10/13/20		-126.32	0.00	0.00	-126.32
9434054	INVENTORY PHARMACY INVE	10/14/20	10/13/20	10/14/20		35.51	0.00	0.00	35.51
9434055	INVENTORY PHARMACY INVE	10/14/20	10/13/20	10/14/20		22.20	0.00	0.00	22.20
9434220	INVENTORY PHARMACY INVE	10/14/20	10/13/20	10/14/20		20.27	0.00	0.00	20.27
CM12136	INVENTORY PHARMACY INVE	10/14/20	10/13/20	10/14/20		-23.39	0.00	0.00	-23.39
9434222	INVENTORY PHARMACY INVE	10/14/20	10/13/20	10/14/20		156.43	0.00	0.00	156.43
9434221	INVENTORY PHARMACY INVE	10/14/20	10/13/20	10/14/20		1,704.28	0.00	0.00	1,704.28
CM12513	PHARMACY CREDIT	10/18/20	10/14/20	10/15/20		-2.46	0.00	0.00	-2.46
9445264	PHARMACY DRUGS	10/18/20	10/17/20	10/18/20		0.19	0.00	0.00	0.19
9445263	PHARMACY DRUGS	10/18/20	10/17/20	10/18/20		0.19	0.00	0.00	0.19
9447009	PHARMACY DRUGS	10/18/20	10/17/20	10/18/20		276.94	0.00	0.00	276.94
9447007	PHARMACY DRUGS	10/18/20	10/17/20	10/18/20		152.30	0.00	0.00	152.30
9447008	PHARMACY DRUGS	10/18/20	10/17/20	10/18/20		1,416.18	0.00	0.00	1,416.18
9447010	PHARMACY DRUGS	10/18/20	10/17/20	10/18/20		141.18	0.00	0.00	141.18

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	4,639.48	0.00	0.00	4,639.48

Vendor#	Vendor Name	Class	Pay Code
N0460	NATIONAL BUSINESS FURNITURE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
CV882398-TDQ-	MINOR EQUIP FILE DRAWERS	10/10/20	09/30/20	10/30/20		1,132.10	0.00	0.00	1,132.10

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	N0460	NATIONAL BUSINESS FURNITURE	1,132.10	0.00	0.00	1,132.10

Vendor#	Vendor Name	Class	Pay Code
10868	NOVA BIOMEDICAL		

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

90300481		09/30/20 09/23/20 10/23/20			1,092.68	0.00	0.00	1,092.68
	MINOR EQUIPMENT LAB							
90300856		10/18/20 09/27/20 10/27/20			21.93	0.00	0.00	21.93
	SUPPLIES LAB							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10868	NOVA BIOMEDICAL			1,114.61	0.00	0.00	1,114.61

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
1850115105		10/18/20	09/27/20	10/27/20			1,292.80	0.00	0.00	1,292.80
	SUPPLIES BLOOD BANK									
1850116978		10/18/20	09/29/20	10/29/20			113.00	0.00	0.00	113.00
	SUPPLIES BLOOD BANK									
1850117825		10/18/20	09/30/20	10/30/20			376.20	0.00	0.00	376.20
	BLOOD BANK SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	O1416	ORTHO CLINICAL DIAGNOSTICS					1,782.00	0.00	0.00	1,782.00

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
2021162873		09/30/20	09/22/20	10/23/20			178.79	0.00	0.00	178.79
	SUPPLIES GENERAL SURGER									
2021277141		10/10/20	09/27/20	10/27/20			68.12	0.00	0.00	68.12
	INVENTRY CENTRAL SUP INV									
2021277709		10/10/20	09/27/20	10/27/20			151.58	0.00	0.00	151.58
	SUPPLIES GENERAL MM CLIN									
2021276632		10/10/20	09/27/20	10/27/20			33.14	0.00	0.00	33.14
	SUPPLIES GENERAL MM CLIN									
2021277137		10/10/20	09/27/20	10/27/20			59.44	0.00	0.00	59.44
	SUPPLIES GENERAL SURGER									
2021275894		10/10/20	09/27/20	10/27/20			147.12	0.00	0.00	147.12
201284493		10/13/20	09/20/20	10/20/20			1,131.44	0.00	0.00	1,131.44
	SUPPLIES GENERAL PHY THF									
2021167956		10/13/20	09/22/20	10/22/20			961.93	0.00	0.00	961.93
	INVENTRY CENTRAL SUP INV									
2021167442		10/13/20	09/22/20	10/22/20			959.22	0.00	0.00	959.22
	INVENTRY CENTRAL SUP INV									
2021277416		10/13/20	09/27/20	10/27/20			31.72	0.00	0.00	31.72
	INVENTRY CENTRAL SUP INV									
2021363739		10/13/20	09/29/20	10/29/20			1,538.26	0.00	0.00	1,538.26
	INVENTRY CENTRAL SUP INV									
2021167980		10/14/20	09/22/20	10/22/20			948.44	0.00	0.00	948.44
	SUPPLIES GENERAL MM CLIN									
2021530353		10/14/20	09/26/20	10/26/20			9.62	0.00	0.00	9.62
	INVENTRY CENTRAL SUP INV									
2021281667		10/14/20	09/27/20	10/27/20			3,258.12	0.00	0.00	3,258.12
	SUPPLIES VARIOUS DEPTS									
2021276289		10/17/20	09/27/20	10/27/20			25.91	0.00	0.00	25.91
	CS INVENTORY									
2021358260		10/17/20	09/29/20	10/29/20			53.56	0.00	0.00	53.56

CS INVENTORY

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR	9,556.41	0.00	0.00	9,556.41

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
21428		10/10/20	09/30/20	10/30/20		55.00	0.00	0.00	55.00
	PUBLIC REL/ADVERTISE ADM								

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
10736	PARAGARD DIRECT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
15013004709		09/14/20	09/01/20	10/30/20		451.50	0.00	0.00	451.50
	PHARMACY DRUGS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10736	PARAGARD DIRECT	451.50	0.00	0.00	451.50

Vendor#	Vendor Name	Class	Pay Code
10204	PHARMEDIUM SERVICES LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
A1744810		09/30/20	09/26/20	10/26/20		142.00	0.00	0.00	142.00
	PHARMACY DRUGS								
A1735459		10/17/20	09/15/20	10/15/20		324.90	0.00	0.00	324.90
	PHARMACY DRUGS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10204	PHARMEDIUM SERVICES LLC	466.90	0.00	0.00	466.90

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1001934610		10/10/20	09/15/20	10/15/20		6.13	0.00	0.00	6.13
	POSTAGE BUS OFFICE								
1001994279		10/10/20	09/26/20	10/26/20		207.00	0.00	0.00	207.00
	POSTAGE BUS OFFICE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P1800	PITNEY BOWES INC	213.13	0.00	0.00	213.13

Vendor#	Vendor Name	Class	Pay Code
10114	PORT LAVACA CHAMBER OF COMMERC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21433		10/14/20	10/11/20	10/11/20		165.00	0.00	0.00	165.00
	FAIR BOOTH PHY THRPY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10114	PORT LAVACA CHAMBER OF COMMERC	165.00	0.00	0.00	165.00

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
B25750		10/14/20	10/04/20	10/14/20		27.54	0.00	0.00	27.54
	SUPPLIES GENERAL PLNT OF								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P2200	POWER ELECTRIC	27.54	0.00	0.00	27.54

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

3537562		10/17/20	09/23/20	10/23/20		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
21434		10/14/20	09/14/20	09/24/20		375.00	0.00	0.00	375.00
PROF FEES RADIOLOGY									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	R1268	RADIOLOGY UNLIMITED, PA				375.00	0.00	0.00	375.00
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-17905		10/11/20	09/30/20	10/30/20		2,351.15	0.00	0.00	2,351.15
MAINT CONTR HLTH INFO									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10987	REVCYCLE+, INC.				2,351.15	0.00	0.00	2,351.15
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
906770401		09/14/20	08/31/20	10/29/20		1,672.58	0.00	0.00	1,672.58
PHARMACY DRUGS									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	S1001	SANOFI PASTEUR INC				1,672.58	0.00	0.00	1,672.58
Vendor#	Vendor Name				Class	Pay Code			
S1800	SHERWIN WILLIAMS				W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
~~10546~~ 5125-0		10/14/20	10/12/20	10/27/20		14.49	0.00	0.00	14.49
SUPPLIES GENERAL PLNT OF									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	S1800	SHERWIN WILLIAMS				14.49	0.00	0.00	14.49
Vendor#	Vendor Name				Class	Pay Code			
10995	SHIFTHOUND								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1612506		09/30/20	09/30/20	10/30/20		558.00	0.00	0.00	558.00
SCHEDULER									
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
4574910		10/18/20	10/06/20	10/24/20		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			
S2353	SMITHS MEDICAL ASD INC remove per vicki								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
14633955		10/13/20	09/22/20	10/06/20		133.64	0.00	0.00	133.64
SUPPLIES GENERAL SURGER									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2353	SMITHS MEDICAL ASD INC	133.64	0.00	0.00	133.64

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-17141	MAINT CONTR E/R	10/10/20	09/30/20	10/30/20		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
T1885	TEXAS DEPARTMENT OF PUBLIC SAF	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21435	PURCHASED SERVICES ADMI	10/14/20	10/14/20	10/14/20		297.00	0.00	0.00	297.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T1885	TEXAS DEPARTMENT OF PUBLIC SAF	297.00	0.00	0.00	297.00

Vendor#	Vendor Name	Class	Pay Code
T2230	TEXAS WIRED MUSIC INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
A898429	PURCHASED SERVICES ADMI	10/10/20	10/01/20	10/30/20		63.95	0.00	0.00	63.95
A898430	PURCHASED SERVICES ADMI	10/10/20	10/01/20	10/30/20		73.95	0.00	0.00	73.95

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
0048630	DUES & SUBSCRIPTIONS ADM	10/14/20	10/02/20	10/17/20		24.80	0.00	0.00	24.80

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

Vendor#	Vendor Name	Class	Pay Code
10732	THERACOM, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
154852647-301	PHARMACY DRUGS	09/14/20	08/24/20	10/23/20		1,783.60	0.00	0.00	1,783.60

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10732	THERACOM, LLC	1,783.60	0.00	0.00	1,783.60

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
~~32382209~~ 6238 2021	INVENTRY CENTRAL SUP INV	10/13/20	09/20/20	10/13/20		557.12	0.00	0.00	557.12

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T3130	TRI-ANIM HEALTH SERVICES INC	557.12	0.00	0.00	557.12

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
35FK101600	PURCHASED SERVICES MM C	10/14/20	10/01/20			1,052.75	0.00	0.00	1,052.75

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

11067	TRIZETTO PROVIDER SOLUTIONS				1,052.75	0.00	0.00	1,052.75

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
8150743963	PURCHASED SERVICES MAIN	09/30/20	09/27/20	10/27/20		48.62	0.00	0.00	48.62
8150744054	PURCHASED SERVICES MAIN	09/30/20	09/27/20	10/27/20		32.92	0.00	0.00	32.92

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
8400229782-	LAURNDRY SURGERY	09/28/20	09/23/20	10/23/20		413.17	0.00	0.00	413.17
8400229820	LAUNDRY HOUSEKEEPING	09/30/20	09/26/20	10/26/20		89.15	0.00	0.00	89.15
8400229985	LAUNDRY HOUSEKEEPING	09/30/20	09/27/20	10/27/20		99.98	0.00	0.00	99.98
8400230026	LAUNDRY HOUSEKEEPING	09/30/20	09/27/20	10/27/20		169.89	0.00	0.00	169.89
84002300035	LAUNDRY HOUSEKEEPING	09/30/20	09/27/20	10/27/20		1,112.40	0.00	0.00	1,112.40
8400229981	LAUNDRY HOUSEKEEPING	09/30/20	09/27/20	10/27/20		301.54	0.00	0.00	301.54
8400229982	LAUNDRY HOUSEKEEPING	09/30/20	09/27/20	10/27/20		245.22	0.00	0.00	245.22
8400229984	LAUNDRY OB	09/30/20	09/27/20	10/27/20		108.08	0.00	0.00	108.08
8400229983	LAUNDRY DIETARY	09/30/20	09/27/20	10/27/20		108.07	0.00	0.00	108.07
8400230304	LAUNDRY HOUSEKEEPING	09/30/20	09/30/20	10/30/20		413.17	0.00	0.00	413.17
8400230341	LAUNDRY HOUSEKEEPING	09/30/20	09/30/20	10/30/20		1,174.08	0.00	0.00	1,174.08

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	4,234.75	0.00	0.00	4,234.75

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
7236416	EMPL EXP P/R CLEARNG OTH	10/14/20	09/30/20	10/15/20		31.95	0.00	0.00	31.95
7236415	EMPL EXP P/R CLEARNG OTH	10/14/20	09/30/20	10/15/20		87.95	0.00	0.00	87.95
7239434	EXPL EXP P/R CLEARNG OTH	10/14/20	10/05/20	10/20/20		219.90	0.00	0.00	219.90
7239388	EMPL EXP P/R CLEARNG OTH	10/14/20	10/05/20	10/20/20		126.31	0.00	0.00	126.31

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1056	UNIFORM ADVANTAGE	466.11	0.00	0.00	466.11

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
	~~25.50~~		10/14/20	09/27/20	10/27/20		35.97	0.00	0.00	35.97
	9832955	SUPPLIES GENERAL INF CON								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		U1200	UNITED AD LABEL CO INC				35.97	0.00	0.00	35.97
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
	3835931~~100316~~		10/10/20	10/03/20	10/23/20		1,968.51	0.00	0.00	1,968.51 ✓
		FOOD SUPPLIES DIETARY								
	~~4~~		10/10/20	10/04/20	10/24/20		10.84	0.00	0.00	10.84 ✓
	3881873	SUPPLIES GENERAL DIETARY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10172	US FOOD SERVICE				1,979.35	0.00	0.00	1,979.35
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
	21423		10/10/20	10/03/20	10/03/20		1,000.00	0.00	0.00	1,000.00 ✓
		POSTAGE BUS OFFICE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		U2000	US POSTAL SERVICE				1,000.00	0.00	0.00	1,000.00
Vendor#	Vendor Name				Class	Pay Code				
V1471	VICTORIA RADIOWORKS, LTD ✓				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	16090245 ✓		09/30/20	09/30/20	10/30/20		210.00	0.00	0.00	210.00 ✓
		ADVERTISING								
	16090246 ✓		09/30/20	09/30/20	10/30/20		300.00	0.00	0.00	300.00 ✓
		ADVERTISING								
	16090248 ✓		09/30/20	09/30/20	10/30/20		200.00	0.00	0.00	200.00
		ADVERTISING								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net ✓
		V1471	VICTORIA RADIOWORKS, LTD				710.00	0.00	0.00	710.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	151,071.02	0.00	0.00	151,071.02

pg 7 correction { <106.31>
+105.00

pg 7 correction { <14,081.49>

pg 8 correction { <14,786.76>
+ 14,786.56
<8,645.69>
+8,645.61

pg 13 correction < 133.64>

$134,854.30

151,071.02 +
106.31 −
105.00 +
14,081.49 −
14,786.76 −
14,786.56 +
8,645.69 −
8,645.61 +
133.64 −
136,854.30 *

Michael J. Pfeifer
Calhoun County Judge
Date 11-4-16

APPROVED ON
OCT 21 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS # 168352 to # 168436

RUN DATE: 10/20/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME: 10:34 EDIT LIST FOR PATIENT REFUNDS ARID=0001 APCDEDIT

PATIENT NUMBER	PAYEE NAME			DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
BROAD600 01	THE BROADMOOR AT CREEK 5665 CREEKSIDE FOREST DRIVE SPRING	TX	77389	031516	27480.13	2		TRANSFER TO THE BROADMOOR AT CREEK	
SOLER600 01	SOLERA WEST HOUSTON 2101 GREENHOUSE ROAD HOUSTON	TX	770846108	031516	8623.47	2		TRANSFER TO SOLERA WEST HOUSTON	
	ARID=0001 TOTAL				36103.60				
TOTAL					36103.60				

APPROVED
ON
OCT 21 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Add
Jennifer Wright + 1,112.40
37,216.00

CKS # 168437
to
168438

Michael J. Pfeifer
Calhoun County Judge
Date 11-4-16

RUN DATE:10/20/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:16:57 CHECK REGISTER GLCKREG
10/20/16 THRU 10/20/16

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	168352	10/20/16	165.00	PORT LAVACA CHAMBER OF COMMERC
A/P	168353	10/20/16	207.04	LAWSON PRODUCTS
A/P	168354	10/20/16	1,979.35	US FOOD SERVICE
A/P	168355	10/20/16	258.62	MERCEDES MEDICAL
A/P	168356	10/20/16	466.90	PHARMEDIUM SERVICES LLC
A/P	168357	10/20/16	8,333.33	HITACHI MEDICAL SYSTEMS
A/P	168358	10/20/16	823.84	CENTURION MEDICAL PRODUCTS
A/P	168359	10/20/16	1,405.08	DEWITT POTH & SON
A/P	168360	10/20/16	276.44	PRECISION DYNAMICS CORP (PDC)
A/P	168361	10/20/16	.00	VOIDED
A/P	168362	10/20/16	4,639.48	MORRIS & DICKSON CO, LLC
A/P	168363	10/20/16	1,315.00	AMERICAN PROFICIENCY INSTITUTE
A/P	168364	10/20/16	2,202.00	BKD, LLP
A/P	168365	10/20/16	8,495.37	GLAXOSMITHKLINE PHARMACUETICAL
A/P	168366	10/20/16	119.27	CAREFUSION 2200, INC
A/P	168367	10/20/16	520.00	LIFESOURCE EDUCATIONAL SRV LLC
A/P	168368	10/20/16	1,783.60	THERACOM, LLC
A/P	168369	10/20/16	451.50	PARAGARD DIRECT
A/P	168370	10/20/16	1,879.00	HEALTHSTREAM, INC.
A/P	168371	10/20/16	1,114.61	NOVA BIOMEDICAL
A/P	168372	10/20/16	225.42	GENESIS DIAGNOSTICS
A/P	168373	10/20/16	1,333.33	SIEMENS FINANCIAL SERVICES
A/P	168374	10/20/16	6,145.37	BANK OF THE WEST
A/P	168375	10/20/16	2,351.15	REVCYCLE+, INC.
A/P	168376	10/20/16	558.00	SHIFTHOUND
A/P	168377	10/20/16	600.00	CALHOUN CO INDIGENT ACCT
A/P	168378	10/20/16	1,052.75	TRIZETTO PROVIDER SOLUTIONS
A/P	168379	10/20/16	5,415.63	FUSION MEDICAL STAFFING, LLC
A/P	168380	10/20/16	1,650.00	GULF COAST REGIONAL
A/P	168381	10/20/16	186.54	COURTNE THURLKILL
A/P	168382	10/20/16	31.32	MISTY RECTOR
A/P	168383	10/20/16	5,955.29	MEDICAL DATA SYSTEMS, INC.
A/P	168384	10/20/16	500.00	LAMAR COMPANIES
A/P	168385	10/20/16	756.12	FLDR DESIGNS LLC
A/P	168386	10/20/16	23,943.03	JACKSON & COKER LOCUM TENENS,
A/P	168387	10/20/16	2,938.25	AMN HEALTHCARE ALLIED, INC.
A/P	168388	10/20/16	225.82	GULF COAST HARDWARE / ACE
A/P	168389	10/20/16	2,809.56	AIRGAS USA, LLC - CENTRAL DIV
A/P	168390	10/20/16	954.00	ALCON LABORATORIES, INC.
A/P	168391	10/20/16	809.51	CARDINAL HEALTH 414,LLC
A/P	168392	10/20/16	29.09	AQUA BEVERAGE COMPANY
A/P	168393	10/20/16	20.23	AUTO PARTS & MACHINE CO.
A/P	168394	10/20/16	1,018.43	BAXTER HEALTHCARE CORP
A/P	168395	10/20/16	2,450.00	BECKMAN COULTER INC
A/P	168396	10/20/16	237.95	BEEKLEY MEDICAL
A/P	168397	10/20/16	1,904.88	CDW GOVERNMENT, INC.
A/P	168398	10/20/16	79.95	DLE PAPER & PACKAGING
A/P	168399	10/20/16	47.40	FASTENAL COMPANY
A/P	168400	10/20/16	133.00	FEDERAL EXPRESS CORP.
A/P	168401	10/20/16	357.50	FFF ENTERPRISES

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	168402	10/20/16	3,774.93	FISHER HEALTHCARE
A/P	168403	10/20/16	111.72	GETINGE USA
A/P	168404	10/20/16	88.95	GREENHOUSE FLORAL DESIGNERS
A/P	168405	10/20/16	626.40	GULF COAST PAPER COMPANY
A/P	168406	10/20/16	393.39	H E BUTT GROCERY
A/P	168407	10/20/16	149.12	INDEPENDENCE MEDICAL
A/P	168408	10/20/16	126.00	J & J HEALTH CARE SYSTEMS, INC
A/P	168409	10/20/16	5.40	LANGUAGE LINE SERVICES
A/P	168410	10/20/16	446.14	MCKESSON MEDICAL SURGICAL INC
A/P	168411	10/20/16	111.29	MEDLINE INDUSTRIES INC
A/P	168412	10/20/16	1,033.44	BAYER HEALTHCARE
A/P	168413	10/20/16	82.66	MELSTAN, INC.
A/P	168414	10/20/16	1,821.47	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	168415	10/20/16	1,132.10	NATIONAL BUSINESS FURNITURE
A/P	168416	10/20/16	1,782.00	ORTHO CLINICAL DIAGNOSTICS
A/P	168417	10/20/16	.00	VOIDED
A/P	168418	10/20/16	9,556.41	OWENS & MINOR
A/P	168419	10/20/16	55.00	PALACIOS BEACON
A/P	168420	10/20/16	213.13	PITNEY BOWES INC
A/P	168421	10/20/16	27.54	POWER ELECTRIC
A/P	168422	10/20/16	375.00	RADIOLOGY UNLIMITED, PA
A/P	168423	10/20/16	1,672.58	SANOFI PASTEUR INC
A/P	168424	10/20/16	14.49	SHERWIN WILLIAMS
A/P	168425	10/20/16	297.00	TEXAS DEPARTMENT OF PUBLIC SAF
A/P	168426	10/20/16	137.90	TEXAS WIRED MUSIC INC
A/P	168427	10/20/16	4,555.00	T-SYSTEM, INC
A/P	168428	10/20/16	557.12	TRI-ANIM HEALTH SERVICES INC
A/P	168429	10/20/16	81.54	UNIFIRST HOLDINGS
A/P	168430	10/20/16	466.11	UNIFORM ADVANTAGE
A/P	168431	10/20/16	4,234.75	UNIFIRST HOLDINGS INC
A/P	168432	10/20/16	35.97	UNITED AD LABEL CO INC
A/P	168433	10/20/16	1,000.00	US POSTAL SERVICE
A/P	168434	10/20/16	24.80	THE VICTORIA ADVOCATE
A/P	168435	10/20/16	710.00	VICTORIA RADIOWORKS, LTD
A/P	168436	10/20/16	1,112.40	WRIGHT JENNIFER
A/P	168437	10/20/16	27,480.13	THE BROADMOOR AT CREEK
A/P	168438	10/20/16	8,623.47	SOLERA WEST HOUSTON
TOTALS:			174,070.30	

APPROVED
ON

OCT 21 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:10/24/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:14:50 CHECK REGISTER and Payable GLCKREG
10/24/16 THRU 10/24/16

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000836	10/24/16	152.03	MCKESSON
A/P	000837	10/24/16	693.19	MCKESSON
A/P	000838	10/24/16	605.20	MCKESSON
TOTALS:			1,450.42	

340B Prescription Expenses

Michael J. Pfeifer
Calhoun County Judge
Date: 11-4-16

APPROVED
ON
OCT 24 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: 10/21/2016 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 10/22/2016

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

As of: 10/21/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 10/22/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
10/17/2016	10/25/2016	7772163809	3454581783	115Invoice	0.22	11.22		✓ 11.00	✓	7772163809	
10/18/2016	10/25/2016	7772416677	3454581787	115Invoice	1.11	55.39		✓ 54.28	✓	7772416677	
10/19/2016	10/25/2016	7772663357	3454581790	115Invoice	0.02	1.14		✓ 1.12	✓	7772663357	
10/20/2016	10/25/2016	7772906475	1096477	115Invoice	1.75	87.38		✓ 85.63	✓	7772906475	

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

TOTAL:

Subtotals: 155.13 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 198.60
10/17/2016

If Paid By 10/25/2016,
Pay This Amount: ✓ 152.03 USD

If Paid After 10/25/2016,
Pay this Amount: 155.13 USD

Due If Paid On Time:
USD 152.03

Disc lost if paid late:
3.10

Due If Paid Late:
USD 155.13

ck# 836

10.23.16

APPROVED ON
OCT 24 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 10/21/2016

DC: 8115

Territory: 400

Customer: 262252
Date: 10/22/2016

Page: 001

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

As of: 10/21/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 10/22/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
10/17/2016	10/25/2016	7772188967	1000901097	115Invoice	3.51	175.32		171.81	✓	7772188967	
10/17/2016	10/25/2016	7772188968	1000901668	115Invoice	0.12	5.82		5.70	✓	7772188968	
10/17/2016	10/25/2016	7772188969	1000901668	115Invoice	1.07	53.35		52.28	✓	7772188969	
10/17/2016	10/25/2016	7772188971	1000902062	115Invoice	3.85	192.55		188.70	✓	7772188971	
10/18/2016	10/25/2016	7772399175	1000902435	115Invoice	1.28	64.00		62.72	✓	7772399175	
10/18/2016	10/25/2016	7772399177	1000902435	115Invoice	0.02	0.81		0.79	✓	7772399177	
10/19/2016	10/25/2016	7772670278	1000903032	115Invoice	0.71	35.48		34.77	✓	7772670278	
10/20/2016	10/25/2016	7772917460	1000903597	115Invoice	0.20	9.76		9.56	✓	7772917460	
10/20/2016	10/25/2016	7772917462	1000903597	115Invoice	1.13	56.71		55.58	✓	7772917462	
10/21/2016	10/25/2016	7773136391	1000904168	115Invoice	2.17	108.37		106.20	✓	7773136391	
10/21/2016	10/25/2016	7773136392	1000904168	115Invoice	0.10	5.18		5.08	✓	7773136392	

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

TOTAL:

Subtotals: 707.35 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,401.77
10/17/2016

If Paid By 10/25/2016,
Pay This Amount: 693.19 USD — ck #837

If Paid After 10/25/2016,
Pay this Amount: 707.35 USD

Due If Paid On Time:
USD 693.19

Disc lost if paid late: 14.16

Due If Paid Late:
USD 707.35

10.23.16

APPROVED ON
OCT 24 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: 10/21/2016

DC: 8115

Territory: 400

Customer: 190813
Date: 10/22/2016

Page: 001

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

As of: 10/21/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 10/22/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
10/17/2016	10/25/2016	7772164525	1000901095	115Invoice	0.44	21.91		21.47	✓	7772164525	
10/17/2016	10/25/2016	7772164526	1000901666	115Invoice	1.30	64.95		63.65	✓	7772164526	
10/18/2016	10/25/2016	7772442996	1000902433	115Invoice	4.00	200.05		196.05	✓	7772442996	
10/19/2016	10/25/2016	7772676686	1000903030	115Invoice	0.03	1.47		1.44	✓	7772676686	
10/19/2016	10/25/2016	7772676687	1000903030	115Invoice	0.61	30.66		30.05	✓	7772676687	
10/21/2016	10/25/2016	7773129090	1000904166	115Invoice	5.97	298.51		292.54	✓	7773129090	

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

TOTAL:

Subtotals: 617.55 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,225.90
10/17/2016

If Paid By 10/25/2016,
Pay This Amount: 605.20 USD

If Paid After 10/25/2016,
Pay this Amount: 617.55 USD

Due If Paid On Time:
USD 605.20

Disc lost if paid late:
12.35

Due If Paid Late:
USD 617.55

clerk 838

APPROVED ON
OCT 24 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

IBC BANK
We Do More

October 2016 Statement
Open Date: 09/07/2016 Closing Date: 10/05/2016

Visa® Business Card
MEMORIAL MEDICAL CNT
JASON W ANGLIN

Cardmember Service
BUS 30 ELN 78 3

New Balance	**$3,418.68**
Minimum Payment Due	**$35.00**
Payment Due Date	**11/01/2016**

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	+	$4,051.38
Payments	-	$4,051.38CR
Other Credits	-	$81.65CR
Purchases	+	$3,500.33
Balance Transfers		$0.00
Advances		$0.00
Other Debits		$0.00
Fees Charged		$0.00
Interest Charged		$0.00
New Balance	=	**$3,418.68**
Past Due		**$0.00**
Minimum Payment Due		**$35.00**
Credit Line		$10,000.00
Available Credit		$6,581.32
Days in Billing Period		29

Michael J. Pfeifer
Calhoun County Judge
Date 11-4-16

177.89
60.00
115.00
20.00
92.24
757.23
497.78
497.78
90.00
1.15
757.26
175.00
197.00
20.00
2.00
40.00
3,500.33

MMC will Pay By Phone

$3,418.68
APPROVED
ON
OCT 25 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payment Options:

Mail p... with a ...

Please det... check payable to: Cardmember Service

IBC BANK
We Do More

3,500.33
81.65
2-88 3,418.68

...yment Due Date	11/01/2016
...w Balance	$3,418.68
Minimum Payment Due	$35.00

Amount Enclosed $_____

. to pay by phone
. to change your address

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

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

IBC BANK
We Do More

October 2016 Statement 09/07/2016 - 10/05/2016

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.

IMPORTANT INFORMATION ABOUT YOUR ACCOUNT TERMS. Please read this notice and keep with your records. Effective June 1, 2016, the 3rd, 4th and 5th sentences of the Minimum Payment section of your Cardmember Agreement are clarified to read as follows:

"Your Minimum Payment will be calculated as follows: first we determine the "Base Minimum Payment", which is the greater of $30.00 or 1.00% of your New Balance up to the Credit Limit not including items (1) and (2) below which, if not a whole dollar amount, will be rounded to the next highest dollar. To the Base Minimum Payment we may add one or more of the following items, as incurred on your Account:

(1) any late, annual and/or any other Account related fee, (2) the INTEREST CHARGE, and (3) if your Account is over the Credit Limit, some or all of the balance amount over your Credit Limit. If the resulting Minimum Payment is greater than $30.00, the total, if not a whole dollar amount, is then rounded to the next highest dollar."

Transactions

Payments and Other Credits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
09/12	09/09	0259	PAYPAL *HUSINGGROUP 4029357733 CA MERCHANDISE/SERVICE RETURN	$81.65CR	
09/30	09/30		PAYMENT THANK YOU	$4,051.38CR	
			TOTAL THIS PERIOD	**$4,133.03CR**	

Purchases and Other Debits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
09/08	09/07	9150	SAFETYPRODUCTS 760-944-1048 CA	$177.89	
09/08	09/07	2650	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$60.00	
09/08	09/08	4200	AMA*CREDENTIALING 800-621-8335 IL	$115.00	
09/09	09/09	8398	AMA*CREDENTIALING 800-621-8335 IL	$20.00	
09/15	09/13	0340	LA QUINTA INNS 0567 SAN ANTONIO TX 09/13/16 FOR 01 NIGHTS FOLIO: 292741	$92.24	
09/19	09/18	6680	MARRIOTT CHICAGO M MIL 866-435-7627 IL 09/18/16 FOR 01 NIGHTS FOLIO: 007613	$757.23	
09/19	09/18	6995	MARRIOTT CHICAGO M MIL 866-435-7627 IL 09/18/16 FOR 01 NIGHTS FOLIO: 007601	$497.78	
09/19	09/18	7001	MARRIOTT CHICAGO M MIL 866-435-7627 IL 09/18/16 FOR 01 NIGHTS FOLIO: 007612	$497.78	

Continued on Next Page

IBC BANK
We Do More

October 2016 Statement 09/07/2016 - 10/05/2016

MEMORIAL MEDICAL CNT
JASON W ANGLIN

Cardmember Service

Transactions

Purchases and Other Debits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
09/20	09/19	5875	TEXAS ASSOCIATION OF L CLYDE TX	$90.00	
09/26	09/24	9831	MARRIOTT CHICAGO M MIL 866-435-7627 IL 09/20/16 FOR 04 NIGHTS FOLIO: 005914	$1.15	
09/26	09/24	0524	MARRIOTT CHICAGO M MIL 866-435-7627 IL 09/20/16 FOR 04 NIGHTS FOLIO: 005915	$757.26	
09/26	09/22	2046	SWIFT SOLUTIONS AUSTIN TX	$175.00	
09/29	09/28	7342	SP * CODING LEADER CODINGLEADER. FL	$197.00	
10/04	10/03	6990	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$20.00	
10/05	10/04	7384	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
10/05	10/05	8314	AMA*CREDENTIALING 800-621-8335 IL	$40.00	
			TOTAL THIS PERIOD	**$3,500.33**	

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: _____

Interest Charge Calculation

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

**APR for current and future transactions.

Balance Type	Balance By Type	Balance Subject to Interest Rate	Variable	Interest Charge	Annual Percentage Rate	Expires with Statement
**BALANCE TRANSFER	$0.00	$0.00	YES	$0.00	10.24%	
**PURCHASES	$3,418.68	$0.00	YES	$0.00	10.24%	
**ADVANCES	$0.00	$0.00	YES	$0.00	24.24%	

End of Statement

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

(1)

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

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

Vendor Name: ~~Credit~~ Cardmember Service

Date: 10/6/16

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	—		Safety Products - CPR Key-			177.89 ✓
2			chains + gloves			
3	—		NPDB - Renewals X20			60.00 ✓
4	—		AMA Credentialing - 6 physicians			115.00 ✓
5			Reappt + Cont. Monitoring			
6	—		AMA credentialing - 1 phy.			20.00 ✓
7			Reappt. + Cont. monitoring			
8	—		La Quinta Inn - Hotel expense			92.24
9			Rausharrah Monday Tx Assoc. of Local WIC Directors			
10	—		Marriott Chicago Hotel expense for Jenise Svetlik CSI conf. 9/20-22/16			757.23 ✓

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

NOTES:

charges made to Jason's card

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

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: 10/6/16

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 Chicago - Hotel expense			497.78 ✓
2			Jenise Siethik - CPSI 9/18+19/16			
3	—		Marriott Chicago - Hotel expense			497.78 ✓
4			Donn Stringo 9/18+19/16			
5	—		Texas Assoc. of Clyde - Raushanah			90.00 ✓
6			Monday registration 9/26-27/16			
7	—		Chicago Marriott - Telecomm			1.15 ✓
8			to remove or credit acct.			
9	—		Marriott Chicago - Hotel expense			757.26 ✓
10			Donn Stringo 9/20-22/16			

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

NOTES:

Charges made to Jason's card

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm.Dir. Clinical Service _____

CFO _____

Administrator _____

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

(3)

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

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

Vendor Name: Cardmember Service

Date: 10/6/16

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	—		SWIFT Solutions - Registration			175.00 ✓
2			for Doiarne Atkinson -			
3	—		SP Coding Leader - Webinar			197.00 ✓
4			for MMC clinic			
5	—		NPDB - 10 Phy			20.00 ✓
6	—		NPDB - 1 Phy			2.00 ✓
7	—		AMA Profile - 1 Phy			40.00 ✓
8						
9						3,500.33
10						

Total Page 1, 2, 3 =

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

NOTES:

Charges made to Jason's card

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm.Dir. Clinical Service _____

CFO _____

Administrator _____

Sylvia Mendoza

From: eBay [ebay@ebay.com]
Sent: Friday, September 09, 2016 8:56 AM
To: Sylvia Mendoza
Subject: You have a refund for: Mitsubishi MD3000 Medical Ultrasound VCR Video Cassette Recorder VHS Player

You've received a $81.65 refund, SYLVIA!

You received a refund for this item

Hi SYLVIA,

The seller accepted your return of Mitsubishi MD3000 Medical Ultrasound VCR Video Cassette Recorder VHS Player, and refunded you $81.65. It should be available in your PayPal account.

Credit

You don't need to return this item to the seller - you can keep the item. You can view details of this return on eBay.

View return status

APPROVED ON
OCT 25 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Item Information

Mitsubishi MD3000 Medical Ultrasound VCR Video Cassette Recorder VHS Player
Return ID:
Seller ID:

Email reference ic

eBay sent this message to SYLVIA MENDOZA). Learn more

Why am I receiving this email?
You are receiving this email based on your eBay account preferences. If you'd rather not receive these emails, click unsubscribe.

eBay is committed to your privacy. Learn more about our privacy notice and user agreement.

Sylvia Mendoza

From: service@paypal.com
Sent: Friday, September 09, 2016 8:57 AM
To: Sylvia Mendoza
Subject: Refund from Husing Group of Companies Inc.

Husing Group of Companies Inc. just sent you a refund

Sep 9, 2016 06:56:23 PDT

Dear JASON ANGLIN,

Husing Group of Companies Inc. just sent you a full refund of $81.65 USD for your purchase.

We're currently processing your refund. However, depending on your card issuer, it may take up to 30 days for the money to be available in your card balance.

This refund will appear on your credit card statement as credit from PAYPAL *HUSINGGROUP.

If you have any questions about this refund, please contact Husing Group of Companies

Seller
Husing Group of Companies Inc.
info@gbs1.biz
http://www.gbs1.biz/
855-500-5769
Inc..

Note from seller
None provided

Original transaction details

Description	Unit price	Qty	Amount
Mitsubishi MD3000 Medical Ultrasound VCR Video Cassette Recorder VHS Player Item #: 271828916450	$59.00 USD	1	$59.00 USD

Shipping and handling:	$22.65 USD
Insurance:	$0.00 USD
Total:	$81.65 USD
Refund to	$81.65 USD

Invoice Number:

Sincerely,
PayPal

Help | Security Center

This email was sent by an automated system, so if you reply, nobody will see it. To get in touch with us, log in to your account and click "Contact Us" at the bottom of any page.

IBC BANK
We Do More

October 2016 Statement
Open Date: 09/07/2016 Closing Date: 10/05/2016

Visa® Business Card
MEMORIAL MEDICAL CNT
JERRY L PICKETT

Cardmember Service
BUS 30 ELN 78 3

New Balance	**$6,491.77**
Minimum Payment Due	**$65.00**
Payment Due Date	**11/01/2016**

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	+	$731.60
Payments	-	$731.60CR
Other Credits	-	$65.13CR
Purchases	+	$6,556.90
Balance Transfers		$0.00
Advances		$0.00
Other Debits		$0.00
Fees Charged		$0.00
Interest Charged		$0.00
New Balance	=	**$6,491.77**
Past Due		**$0.00**
Minimum Payment Due		**$65.00**
Credit Line		$10,000.00
Available Credit		$3,508.23
Days in Billing Period		29

approved

Michael J. Pfeifer
Calhoun County Judge
Date 11-4-16

6,556.90
65.13 -
535.97 -
5,955.80 =

6,020.93 +
65.13 -
5,955.80 =

6,491.77 +
535.97 -
5,955.80 =

MMC will Pay By Phone
#5,955.80 + 535.97 =
APPROVED ON
OCT 25 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Total 6,491.77 *
Total approve
Peggy

Payment Options:

Mail payment coupon with a check

...e at ...intaccess.com

Please detach and send c... to: Cardmember Service

0 • C

IBC BANK
We Do More

5,955.80 +
535.97 - ...aber
6,491.77 * ...e Date 11/01/2016
New Balance $6,491.77
Minimum Payment Due $65.00

Amount Enclosed $_____

C . to pay by phone
. to change your address

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

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

IBC BANK
We Do More

October 2016 Statement 09/07/2016 - 10/05/2016

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.

IMPORTANT INFORMATION ABOUT YOUR ACCOUNT TERMS. Please read this notice and keep with your records. Effective June 1, 2016, the 3rd, 4th and 5th sentences of the Minimum Payment section of your Cardmember Agreement are clarified to read as follows:

"Your Minimum Payment will be calculated as follows: first we determine the "Base Minimum Payment", which is the greater of $30.00 or 1.00% of your New Balance up to the Credit Limit not including items (1) and (2) below which, if not a whole dollar amount, will be rounded to the next highest dollar. To the Base Minimum Payment we may add one or more of the following items, as incurred on your Account:

(1) any late, annual and/or any other Account related fee, (2) the INTEREST CHARGE, and (3) if your Account is over the Credit Limit, some or all of the balance amount over your Credit Limit. If the resulting Minimum Payment is greater than $30.00, the total, if not a whole dollar amount, is then rounded to the next highest dollar."

Transactions

Credit Sales Tax = 65.13

Payments and Other Credits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
09/16	09/15	0126	X-RITE INCORPORATED 6168032000 MI Credit Sales Tax MERCHANDISE/SERVICE RETURN	$29.02CR	✓
09/16	09/15	0134	X-RITE INCORPORATED 6168032000 MI Cr Sales Tax MERCHANDISE/SERVICE RETURN	✓$22.95CR	✓
09/16	09/15	0142	X-RITE INCORPORATED 6168032000 MI Cr Sales Tax MERCHANDISE/SERVICE RETURN	✓$13.16CR	✓
09/30	09/30		PAYMENT THANK YOU	$731.60CR	
			TOTAL THIS PERIOD	**$796.73CR**	

Purchases and Other Debits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
09/09	09/08	7367	PAYPAL *MEDWORXSUPP 402-935-7733 CA	$138.45 ✓	✓
09/13	09/12	7841	ARROW INTERNATIONAL 919-5448000 NC	$535.97	Not Approved yet
09/19	09/17	9630	COURTYARD BY MARRIOTT AUSTIN TX 09/17/16 FOR 01 NIGHTS FOLIO: 261061	$327.74✓	✓
09/19	09/17	9648	COURTYARD BY MARRIOTT AUSTIN TX 09/17/16 FOR 01 NIGHTS FOLIO: 261062	$327.74 ✓	✓
10/04	10/03	0046	ADVANCED HEALTH EDU 713-772-0157 TX	$3,777.00✓	✓
10/05	10/04	7678	ROY MATHESON AND ASSOC 603-358-6525 NH	$1,450.00 ✓	✓
			TOTAL THIS PERIOD	**$6,556.90**	

6,556.90
535.97
6,020.93 → only approved 6,020.93

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: 10/18/16

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	—		Paypal - Medworx Supply for Diagnostic Imaging		10/25/16 ✓	138.45
2						
3	—		ARROW International - Multi-Lumen			535.97 ✓
4			Vein Cath Blue - CS		~~Add~~ (Approved) ~~Ref~~	
5	—		Courtyard by Marriott -		10/25/16 ✓	327.74
6			hotel for Jamie Becerra - Oncologist			
7	—		Courtyard by Marriott -		10/25/16 ✓	327.74
8			hotel for Jamie Brasse			
9	—		Advanced Health Edu - Registration		10/25/16 ✓	3777.00
10			for Edward Matula, Nucmed			
—			~~Registration~~ - ~~Registration~~			

Est. Freight _____ Est. Total Cost _____ TOTAL COST 5,106.90

NOTES:

Charges made to Jenny's VISA

Approved
10/25/16 $4570.93
10/25/16 535.97

138.45 +
327.74 +
327.74 +
3,777.00 +
4,570.93 =

5,106.90 +
535.97 −
4,570.93 =

4,570.93 +
535.97 +
5,106.90 =

Contact: _____ Date: _____

Quoted By: _____

Buyer: _____ E.T.A. _____

ector _____

ing 5,106.90

Clinical Service _____

rator _____

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: 10/18/16

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	—		Roy Matheson + Assoc. —		✓	1,450.00
2			Registration for Lana Price,			
3			PT Dir.			
4						
5						
6						
7						
8						
9						
10						

Est. Freight _____ Est. Total Cost _____ TOTAL COST 1,450.00 ✓

NOTES:

Charges made to Jenny's VISA — &

APPROVED ON OCT 25 2016 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

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

PAGE	1
DATE	01Sep2016
ORDER NUMBER	
SHIP NUMBER	
CUSTOMER NUMBER	
P.O. NUMBER REV	CC/FARAH JANAK
SALES PERSON	1
SHIP VIA	BESTWAY
TERMS	25 - CHARGE CARD
DUE BY	06Sep2016
CURRENCY	USD
XRITE GST #	

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

APPROVED ON
OCT 25 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

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

PAGE	1
DATE	01Sep2016
ORDER NUMBER	
SHIP NUMBER	
CUSTOMER NUMBER	
P.O. NUMBER REV	
SALES PERSON	1
SHIP VIA	BESTWAY
TERMS	25 - CHARGE CARD
DUE BY	06Sep2016
CURRENCY	USD
XRITE GST	

ITEM NUMBER/DESCRIPTION	U/M	QUANTITY/PRICE	NET AMOUNT
Previous invoice			
THANK YOU FOR YOUR ORDER! PREVIOUS INVOICE			
SALES TAX - TEXAS			-22.95
			.00

APPROVED ON
OCT 25 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

TOTAL DUE -22.95

NET SALES	.00
MISC CHARGES	-22.95
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

XREMINV

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	
PAGE	1
DATE	01Sep2016
ORDER NUMBER	
SHIP NUMBER	
CUSTOMER NUMBER	
P.O. NUMBER REV	CC/FARAH JANAK
SALES PERSON	1
SHIP VIA	BESTWAY
TERMS	25 - CHARGE CARD
DUE BY	06Sep2016
CURRENCY	USD
XRITE GST #	

ITEM NUMBER/DESCRIPTION	U/M	QUANTITY/PRICE	NET AMOUNT
Previous invoice .			
THANK YOU FOR YOUR ORDER! PREVIOUS INVOICE			
SALES TAX - TEXAS			-13.16
			.00

TOTAL DUE	-13.16
NET SALES	.00
MISC CHARGES	-13.16
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

XREMINV

APPROVED
ON

OCT 26 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

10/26/2016
09:36

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 11/07/2016

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
22767 ✓		10/25/20	10/20/20	10/30/20		1,400.00	0.00	0.00	1,400.00 ✓
	PURCHASED SERVICES E/R								

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

Vendor#	Vendor Name	Class	Pay Code
A1790	AFLAC ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
595110 ✓		10/25/20	09/01/20	09/30/20		3,198.20	0.00	0.00	3,198.20 ✓
	EMPL EXP P/R CLEARNG OTH								
982333 ✓		10/25/20	10/01/20	10/30/20		3,198.20	0.00	0.00	3,198.20 ✓
	EMPL EXP P/R CLEARNG OTH								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1790	AFLAC	6,396.40	0.00	0.00	6,396.40

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
9055928024 ✓		10/24/20	09/21/20	10/21/20		196.18	0.00	0.00	196.18 ✓
	FREIGHT RES CARE								
9056139183 ✓		10/25/20	10/04/20	11/03/20		564.00	0.00	0.00	564.00 ✓
	FREIGHT RES CARE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	760.18	0.00	0.00	760.18

Vendor#	Vendor Name	Class	Pay Code
A2150	ANNOUNCEMENTS PLUS TOO AGAIN ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
573 ✓		10/24/20	03/08/20	03/18/20		153.20	0.00	0.00	153.20 ✓
	SUPPLIES GENERAL MM CLIN								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2150	ANNOUNCEMENTS PLUS TOO AGAIN	153.20	0.00	0.00	153.20

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
811336 ✓		10/25/20	10/20/20	11/04/20		25.98	0.00	0.00	25.98 ✓
	SUPPLIES GENERAL PLNT OF								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2600	AUTO PARTS & MACHINE CO.	25.98	0.00	0.00	25.98

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
52368418 ✓		10/13/20	10/03/20	11/02/20		705.59	0.00	0.00	705.59 ✓
	INVENTRY CENTRAL SUP INV								
52381577 ✓		10/20/20	10/04/20	11/03/20		190.50	0.00	0.00	190.50 ✓
	IV PUMP RENTAL								
52381870 ✓		10/20/20	10/04/20	11/03/20		2,767.00	0.00	0.00	2,767.00 ✓
	IV PUMP RENTAL								

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	B1075	BAXTER HEALTHCARE CORP				3,663.09	0.00	0.00	3,663.09

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
6004528765 ✓		10/24/20	10/13/20	10/24/20			516.72	0.00	0.00	516.72 ✓
	FREIGHT CT SCAN									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2485	BAYER HEALTHCARE	516.72	0.00	0.00	516.72

Vendor#	Vendor Name	Class	Pay Code
B1220	BECKMAN COULTER INC ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
105883258 ✓		10/20/20	09/26/20	11/01/20			1,295.99	0.00	0.00	1,295.99 ✓
	SUPPLIES LAB									
105898142 ✓		10/20/20	10/03/20	11/02/20			1,223.27	0.00	0.00	1,223.27 ✓
105898191 ✓		10/20/20	10/03/20	11/02/20			3,304.96	0.00	0.00	3,304.96 ✓
105898192 ✓		10/20/20	10/03/20	11/02/20			1,856.85	0.00	0.00	1,856.85 ✓
	PROPERTY TAX LAB									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	7,681.07	0.00	0.00	7,681.07

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
326193 ✓		10/24/20	08/04/20				18.86	0.00	0.00	18.86 ✓
	FREIGHT MAMOGRPY									
326432 ✓		10/24/20	08/09/20				19.40	0.00	0.00	19.40 ✓
	FREIGHT MAMOGRPY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1395	BIODEX MEDICAL SYSTEMS INC	38.26	0.00	0.00	38.26

Vendor#	Vendor Name	Class	Pay Code
11050	BIRCH COMMUNICATIONS ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
22545574 ✓		10/24/20	10/16/20	11/07/20			1,220.68	0.00	0.00	1,220.68 ✓
	TELEPHONE HOST GEN									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11050	BIRCH COMMUNICATIONS	1,220.68	0.00	0.00	1,220.68

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
82293564 ✓		10/24/20	10/06/20	10/24/20			196.82	0.00	0.00	196.82 ✓
	INVENTRY CENTRAL SUP INV									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1680	BOUND TREE MEDICAL, LLC	196.82	0.00	0.00	196.82

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
21452		10/25/20	10/01/20	10/30/20			483.93	0.00	0.00	483.93 ✓
	PURCHASED SERVICES INFO									
21453		10/25/20	10/01/20	10/31/20			448.61	0.00	0.00	448.61 ✓
	PURCHASED SERVICES INFO									

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1010	CABLE ONE				932.54	0.00	0.00	932.54

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
	21445		10/25/20	10/13/20	10/30/20	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				
10350	CENTURION MEDICAL PRODUCTS ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	92112397 ✓		10/13/20	10/03/20	11/02/20	1,424.24	0.00	0.00	1,424.24 ✓
		INVENTRY CENTRAL SUP INV							
	92115093 ✓		10/13/20	10/05/20	11/04/20	269.00	0.00	0.00	269.00 ✓
		SUPPLIES GENERAL RECVRY							
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10350	CENTURION MEDICAL PRODUCTS				1,693.24	0.00	0.00	1,693.24

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
	201609-0		10/19/20	09/30/20	11/01/20	5,561.20	0.00	0.00	5,561.20 ✓
		OUTSIDE SRV LAB							
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10786	CLINICAL PATHOLOGY				5,561.20	0.00	0.00	5,561.20

Vendor#	Vendor Name			Class	Pay Code				
10646	COVIDIEN ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	238879487		10/25/20	10/07/20	11/07/20	1,050.56	0.00	0.00	1,050.56 ✓
		PREPAID EXPENSES PREPAI[							
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10646	COVIDIEN				1,050.56	0.00	0.00	1,050.56

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
	RT00139925 ✓		09/30/20	09/12/20	11/01/20	7,682.67	0.00	0.00	7,682.67 ✓
		LEASE & RENTAL MED/SURG							
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11004	CSI LEASING INC				7,682.67	0.00	0.00	7,682.67

Vendor#	Vendor Name			Class	Pay Code				
R1050	CULLIGAN OF VICTORIA ✓			M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	555X02123602 ✓		10/25/20	10/01/20	09/22/20	364.70	0.00	0.00	364.70 ✓
		SUPPLIES GENERAL PLNT OF							
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	R1050	CULLIGAN OF VICTORIA				364.70	0.00	0.00	364.70

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
	21455		10/25/20	10/23/20	10/24/20	423.17	0.00	0.00	423.17 ✓
		OUTSIDE SRV TRANSCRIPTIC							

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11008	DERRI HART				423.17	0.00	0.00	423.17

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
484757-0	INVENTRY CENTRAL SUP INV	10/11/20	10/06/20	11/05/20		256.39	0.00	0.00	256.39
484311-0	INVENTRY CENTRAL SUP INV	10/13/20	10/03/20	11/02/20		384.19	0.00	0.00	384.19
484840-0	OFFICE SUPPLIES ACCOUNTI	10/20/20	10/06/20	11/05/20		151.52	0.00	0.00	151.52

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	792.10	0.00	0.00	792.10

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
8826	FORMS BUS OFFICE	10/10/20	10/04/20	11/04/20		155.80	0.00	0.00	155.80

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1752	DLE PAPER & PACKAGING	155.80	0.00	0.00	155.80

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
21440	SUPPLIES LAB	10/20/20	10/04/20	11/03/20		336.00	0.00	0.00	336.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10175	DSHS CENTRAL LAB MC2004	336.00	0.00	0.00	336.00

Vendor#	Vendor Name	Class	Pay Code
S0501	EVOQUA WATER TECHNOLOGIES LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
902800628	SUPPLIES LAB	10/19/20	09/22/20	11/01/20		631.61	0.00	0.00	631.61
902820446	MAINT CONTR LAB	10/20/20	10/01/20	11/01/20		153.18	0.00	0.00	153.18

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S0501	EVOQUA WATER TECHNOLOGIES LLC	784.79	0.00	0.00	784.79

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
TXPOT166344	SUPPLIES GENERAL PLNT OF	10/07/20	10/03/20	11/02/20		33.64	0.00	0.00	33.64

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1050	FASTENAL COMPANY	33.64	0.00	0.00	33.64

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
10A16	PURCHASED SERVICES ADMI	10/24/20	10/01/20			495.00	0.00	0.00	495.00

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	

SUPPLIES LAB

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11235	GREAT BASIN SCIENTIFIC, INC	443.00	0.00	0.00	443.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
106511 ✓		10/24/20	10/13/20	10/23/20		22.99	0.00	0.00	22.99 ✓
	SUPPLIES GENERAL PLNT OF								
106519 ✓		10/24/20	10/13/20	10/23/20		25.99	0.00	0.00	25.99 ✓
	SUPPLIES GENERAL PLNT OF								
106534 ✓		10/24/20	10/14/20	10/24/20		46.98	0.00	0.00	46.98 ✓
	SUPPLIES GENERAL PLNT OF								
106587 ✓		10/24/20	10/17/20	10/27/20		6.98	0.00	0.00	6.98 ✓
	SUPPLIES GENERAL PLNT OF								
106734 ✓		10/25/20	10/21/20	10/31/20		24.47	0.00	0.00	24.47 ✓
	SUPPLIES GENERAL PLNT OF								
106703 ✓		10/25/20	10/21/20	10/31/20		31.47	0.00	0.00	31.47 ✓
	SUPPLIES GENERAL PLNT OF								
106727 ✓		10/25/20	10/21/20	10/31/20		2.99	0.00	0.00	2.99 ✓
	SUPPLIES GENERAL PLNT OF								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1292	GULF COAST HARDWARE / ACE	161.87	0.00	0.00	161.87

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
6027397 ✓		10/20/20	10/06/20	11/05/20		36.90	0.00	0.00	36.90 ✓
	SUPPLIES PHARMACY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10334	HEALTH CARE LOGISTICS INC	36.90	0.00	0.00	36.90

Vendor# 10829 Vendor Name: HEALTHSTREAM, INC. ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
0023973		10/20/20	10/07/20	11/06/20		1,409.25	0.00	0.00	1,409.25 ✓
	OUTSIDE SRV ADMIN								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10829	HEALTHSTREAM, INC.	1,409.25	0.00	0.00	1,409.25

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
318684 ✓		10/20/20	10/06/20	11/05/20		596.41	0.00	0.00	596.41 ✓
	INSTRUMENT REPAIR ER								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H1399	HILL-ROM COMPANY, INC	596.41	0.00	0.00	596.41

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
PJIN0084981 ✓		10/24/20	12/15/20			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# 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
5-576-44718	FREIGHT C/S	10/25/20	10/13/20	10/28/20		30.98	0.00	0.00	30.98

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.	30.98	0.00	0.00	30.98

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
21446	EMPL EXP P/R CLEARNG OTH	10/25/20	10/13/20	10/30/20		75.00	0.00	0.00	75.00

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
11078	FUSION MEDICAL STAFFING, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
E111398	PROF FEES PT	09/30/20	09/30/20	11/01/20		3,183.00	0.00	0.00	3,183.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11078	FUSION MEDICAL STAFFING, LLC	3,183.00	0.00	0.00	3,183.00

Vendor#	Vendor Name	Class	Pay Code
G0321	GALLS,LLC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
006185545	EMPLOYEE UNIFORMS	10/20/20	10/05/20	11/04/20		35.94	0.00	0.00	35.94

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G0321	GALLS,LLC	35.94	0.00	0.00	35.94

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
030412467	DUES & SUBCRIPTIONS OB	10/20/20	10/07/20	11/06/20		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
10653	GLOBAL EQUIPMENT CO. INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
110071973	FREIGHT HOUSEKEEP	10/25/20	09/28/20	10/28/20		93.19	0.00	0.00	93.19

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10653	GLOBAL EQUIPMENT CO. INC.	93.19	0.00	0.00	93.19

Vendor#	Vendor Name	Class	Pay Code
G0930	GRAPHIC CONTROLS LLC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
MM2408	SUPPLIES GENERAL ULTRAS	10/24/20	10/13/20	10/24/20		120.73	0.00	0.00	120.73

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G0930	GRAPHIC CONTROLS LLC	120.73	0.00	0.00	120.73

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
12-8477		10/19/20	09/27/20	11/01/20		443.00	0.00	0.00	443.00

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
851103657	MAINT CONTR ANESTHESA	10/20/20	10/01/20	11/01/20			11.25	0.00	0.00	11.25
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	H1850	HOSPIRA WORLDWIDE, INC					11.25	0.00	0.00	11.25

Vendor#	Vendor Name	Class	Pay Code
I0415	INDEPENDENCE MEDICAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
42178904	INVENTRY CENTRAL SUP INV	10/13/20	10/05/20	11/04/20			108.08	0.00	0.00	108.08
42182092CR	FREIGHT EXPENSE CS	10/14/20	10/05/20	11/04/20			-98.08	0.00	0.00	-98.08
42183695	CS INVENTORY	10/19/20	10/06/20	11/05/20			9.25	0.00	0.00	9.25
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	I0415	INDEPENDENCE MEDICAL					19.25	0.00	0.00	19.25

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
4586083194	PURFCHASED SERVICES ADM	10/24/20	09/24/20	10/24/20			252.90	0.00	0.00	252.90
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11200	IRON MOUNTAIN					252.90	0.00	0.00	252.90

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
917106149	SUPPLIES SURGERY	10/24/20	09/28/20	11/01/20			326.36	0.00	0.00	326.36
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE SYSTEMS, INC					326.36	0.00	0.00	326.36

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
359025	PROF FEES OB	10/24/20	10/01/20				1,075.76	0.00	0.00	1,075.76
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11230	JACKSON & COKER LOCUM TENENS,					1,075.76	0.00	0.00	1,075.76

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
6002990	SUPPLIES GENERAL PLNT OF	10/24/20	08/25/20	09/04/20			351.78	0.00	0.00	351.78
6003535	SUPPLIES GENERAL PLNT OF	10/24/20	08/25/20	09/04/20			284.98	0.00	0.00	284.98
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	J1415	JOHNSTONE SUPPLY					636.76	0.00	0.00	636.76

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
857047	SUPPLIES GENERAL SURGER	10/24/20	10/24/20	10/24/20			42.00	0.00	0.00	42.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	K1070	KEY SURGICAL INC	42.00	0.00	0.00	42.00

Vendor# L0700 Vendor Name LABCORP OF AMERICA HOLDINGS Class M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
52995201	OUTSIDE SRV LAB	10/19/20	10/01/20	11/01/20			26.50	0.00	0.00	26.50

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	L0700	LABCORP OF AMERICA HOLDINGS	26.50	0.00	0.00	26.50

Vendor# 10972 Vendor Name M G TRUST Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21447	EMPL EXP P/R CLEARNG OTH	10/25/20	10/13/20	10/30/20			1,382.50	0.00	0.00	1,382.50

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10972	M G TRUST	1,382.50	0.00	0.00	1,382.50

Vendor# M1511 Vendor Name MARKETLAB, INC Class W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
M0114178	SUPPLIES LAB	10/20/20	09/30/20	11/01/20			146.71	0.00	0.00	146.71

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M1511	MARKETLAB, INC	146.71	0.00	0.00	146.71

Vendor# M2178 Vendor Name MCKESSON MEDICAL SURGICAL INC Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
86193015	FREIGHT C/S	09/30/20	10/04/20	11/03/20			568.74	0.00	0.00	568.74
86233819	SUPPLIES LAB	10/19/20	09/27/20	11/01/20			335.59	0.00	0.00	335.59
86267666	SUPPLIES LABA	10/20/20	09/27/20	11/01/20			2,304.95	0.00	0.00	2,304.95
86819606	SUPPLIES LAB	10/20/20	10/05/20	11/07/20			132.45	0.00	0.00	132.45

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	3,341.73	0.00	0.00	3,341.73

Vendor# 11248 Vendor Name MEDIA PRINT SOLUTIONS Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
744893415	ADVERTISING	10/19/20	08/18/20	11/01/20			489.95	0.00	0.00	489.95

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11248	MEDIA PRINT SOLUTIONS	489.95	0.00	0.00	489.95

Vendor# 11141 Vendor Name MEDICAL DATA SYSTEMS, INC. Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
103250	COLLECTION EXPENSE BUS (	10/20/20	09/30/20	11/01/20			2,916.54	0.00	0.00	2,916.54

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11141	MEDICAL DATA SYSTEMS, INC.	2,916.54	0.00	0.00	2,916.54

Vendor# M2470 Vendor Name MEDLINE INDUSTRIES INC Class M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1815782282	SUPPLIES SURG CLINIC	10/20/20	10/05/20	11/04/20			55.15	0.00	0.00	55.15
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC					55.15	0.00	0.00	55.15

Vendor#	Vendor Name	Class	Pay Code
10963	MEMORIAL MEDICAL CLINIC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21448	EMPL EXP P/R CLEARNG OTH	10/25/20	10/13/20	10/30/20			180.00	0.00	0.00	180.00
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10963	MEMORIAL MEDICAL CLINIC					180.00	0.00	0.00	180.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
SINV120686	PHY RECRUITMENT ADMIN	10/24/20	09/30/20				1,380.00	0.00	0.00	1,380.00
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	M2658	MERRITT, HAWKINS & ASSOCIATES					1,380.00	0.00	0.00	1,380.00

Vendor#	Vendor Name	Class	Pay Code
10791	MINDRAY DS USA, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
0600496845		10/24/20	09/26/20	10/16/20			1,347.50	0.00	0.00	1,347.50
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10791	MINDRAY DS USA, INC.					1,347.50	0.00	0.00	1,347.50

Vendor#	Vendor Name	Class	Pay Code
10536	MORRIS & DICKSON CO, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9544	INVENTORY PHARMACY INVE	10/24/20	10/17/20	10/18/20			-0.23	0.00	0.00	-0.23
9455095	INVENTORY PHARMCY INVEN	10/24/20	10/19/20	10/20/20			35.09	0.00	0.00	35.09
9458583	INVENTORY PHARMACY INVE	10/24/20	10/19/20	10/20/20			2,092.65	0.00	0.00	2,092.65
9458584	INVENTORUY PHARMACY INV	10/24/20	10/19/20	10/20/20			307.90	0.00	0.00	307.90
9458582	INVENTORY PHARMACY INVE	10/24/20	10/19/20	10/20/20			121.00	0.00	0.00	121.00
9455096	INVENTORY PHARMACY INVE	10/24/20	10/19/20	10/20/20			211.16	0.00	0.00	211.16
0020	INVERNTORY PHARMACY INV	10/24/20	10/20/20	10/21/20			-4.99	0.00	0.00	-4.99
94606009	INVENTORY PHARMACY INVE	10/24/20	10/20/20	10/21/20			49.85	0.00	0.00	49.85
9463826	INVENTORY PHARMACY INVE	10/24/20	10/20/20	10/21/20			315.57	0.00	0.00	315.57
CM14466	INVENTORY PHARMACY INVE	10/24/20	10/20/20	10/21/20			-268.66	0.00	0.00	-268.66
9463825	INVENTORY PHARMACY INVE	10/24/20	10/20/20	10/21/20			1,677.11	0.00	0.00	1,677.11

9463824		10/24/20	10/20/20	10/21/20	1.02	0.00	0.00	1.02
	INVENTORY PHARMACY INVE							
9463827		10/24/20	10/20/20	10/21/20	813.99	0.00	0.00	813.99
	INVENTORY PHARMACY INVE							
9463566		10/24/20	10/20/20	10/21/20	88.78	0.00	0.00	88.78
	INVENTORY PHARMACY INVE							
9467763		10/24/20	10/21/20	10/22/20	38.10	0.00	0.00	38.10
	INVENTORY PHARMACY INVE							
9467628		10/24/20	10/21/20	10/22/20	1,887.71	0.00	0.00	1,887.71
	INVENTORY PHARMACY INVE							
9473928		10/25/20	10/24/20	10/25/20	246.08	0.00	0.00	246.08
	INVENTORY PHARMACT INVE							
9473929		10/25/20	10/24/20	10/25/20	2,976.19	0.00	0.00	2,976.19
	INVENTORY PHARMACY INVE							
9473930		10/25/20	10/24/20	10/25/20	382.12	0.00	0.00	382.12
	INVENTORY PHARMACY INVE							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	10,970.44	0.00	0.00	10,970.44

Vendor#	Vendor Name	Class	Pay Code
11198	NORTH COAST MEDICAL INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
3747235		10/20/20	10/03/20	11/02/20			68.50	0.00	0.00	68.50
	SUPPLIES OCC THERAPY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11198	NORTH COAST MEDICAL INC	68.50	0.00	0.00	68.50

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
23078		10/19/20	09/21/20	11/01/20			179.84	0.00	0.00	179.84
	SUPPLIES LAB									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	O1410	ON-SITE TESTING SPECIALISTS	179.84	0.00	0.00	179.84

Vendor#	Vendor Name	Class	Pay Code
OM425	OWENS & MINOR		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2021461075		10/13/20	10/04/20	11/03/20			3.45	0.00	0.00	3.45
	SUPPLIES GENERAL DIETARY									
2021460661		10/13/20	10/04/20	11/03/20			266.22	0.00	0.00	266.22
	INVENTRY CENTRAL SUP INV									
2021461067		10/13/20	10/04/20	11/03/20			21.30	0.00	0.00	21.30
	SUPPLIES GERAL SURGERY									
2021531600		10/13/20	10/06/20	11/05/20			9.62	0.00	0.00	9.62
	INVENTRY CENTRAL SUP INV									
2021461143		10/14/20	10/04/20	11/03/20			76.96	0.00	0.00	76.96
	INVENTRY CENTRAL SUP INV									
2021535283		10/17/20	10/06/20	11/05/20			1,310.70	0.00	0.00	1,310.70
	CS INVENTORY									
2021535713		10/17/20	10/06/20	11/05/20			360.49	0.00	0.00	360.49
	SUPPLIES VARIOUS DEPTS									
2021162865		10/19/20	09/22/20	11/01/20			43.02	0.00	0.00	43.02
	CS INVENTORY									
2021162857		10/19/20	09/22/20	11/01/20			7.10	0.00	0.00	7.10

	CS INVENTORY							
2020963272		10/24/20	09/15/20	10/15/20	148.62	0.00	0.00	148.62
	SUPPLIES GENERAL SURGER							
2021460672		10/24/20	10/04/20	11/03/20	72.00	0.00	0.00	72.00
	SUPPLIES GENERAL ICU							
2021460360		10/24/20	10/04/20	11/03/20	53.70	0.00	0.00	53.70
	SUPPLIES GENERAL SURGIC/							
0512215980		10/25/20	02/01/20	03/03/20	56.91	0.00	0.00	56.91
	FINANCE CHARGE							
0512244212		10/25/20	04/14/20	05/14/20	44.40	0.00	0.00	44.40
	FINANCE CHARGE							
0512292400		10/25/20	07/01/20	07/31/20	48.24	0.00	0.00	48.24
	FINANCE CHARGE							
2009916377		10/25/20	09/17/20	10/17/20	4.16	0.00	0.00	4.16
2015961567		10/25/20	03/31/20	04/30/20	14.98	0.00	0.00	14.98
	CS INVENTORY							
2016785974		10/25/20	04/27/20	05/27/20	-52.68	0.00	0.00	-52.68
	CREDIT CS INVENTORY							
05012259452		10/25/20	05/14/20	06/13/20	222.16	0.00	0.00	222.16
	FINANCE CHARGE							
2019020667		10/25/20	07/12/20	08/11/20	67.94	0.00	0.00	67.94
	SUPPLIES SURGERY							
2019127623		10/25/20	07/14/20	08/13/20	4.72	0.00	0.00	4.72
	CS INVENTORY							
8000076011		10/25/20	07/31/20	08/30/20	11.11	0.00	0.00	11.11
	FINANCE CHARGE							
2020112793		10/25/20	08/15/20	09/14/20	5.35	0.00	0.00	5.35
	SUPPLIES HOUSEKEEPING							
2020309300		10/25/20	08/23/20	09/22/20	76.80	0.00	0.00	76.80
	SUPPLIES SURGERY							
2020300609		10/25/20	08/23/20	09/22/20	28.06	0.00	0.00	28.06
	CS INVENTORY							
2020568650		10/25/20	08/31/20	09/30/20	-44.64	0.00	0.00	-44.64
	CS INVENTORY CREDIT							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR			2,860.69	0.00	0.00	2,860.69

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
21444		10/25/20	10/19/20	10/27/20			727.50	0.00	0.00	727.50
	PURCHASED SERVICES MM C									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11069	PABLO GARZA	727.50	0.00	0.00	727.50

Vendor#	Vendor Name	Class	Pay Code
10541	PLATINUM CODE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
069972		10/19/20	09/19/20	11/01/20			157.95	0.00	0.00	157.95
	SUPPLIES LAB									
071136		10/19/20	09/28/20	11/01/20			98.28	0.00	0.00	98.28
	SUPPLIES LAB									

071645		10/19/20	10/03/20	11/02/20		247.64	0.00	0.00	247.64
SUPPLIES LAB									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10541	PLATINUM CODE				503.87	0.00	0.00	503.87
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
1072106		10/11/20	10/04/20	11/04/20		125.26	0.00	0.00	125.26
SUPPLIES GENERAL LAB									
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			
P2100	PORT LAVACA WAVE				W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21438		10/19/20	09/30/20	11/01/20		992.25	0.00	0.00	992.25
ADVERTISING									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	P2100	PORT LAVACA WAVE				992.25	0.00	0.00	992.25
Vendor#	Vendor Name				Class	Pay Code			
P2180	POSITIVE PROMOTIONS				M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
05593503		10/25/20	09/28/20	10/28/20		378.02	0.00	0.00	378.02
FREIGHT MAMMOGRPY									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	P2180	POSITIVE PROMOTIONS				378.02	0.00	0.00	378.02
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
A26020		10/25/20	10/20/20	10/30/20		11.09	0.00	0.00	11.09
SUPPLIES GENERAL PLNT OF									
B26198		10/25/20	10/21/20	10/31/20		-11.09	0.00	0.00	-11.09
SUPPLIES GENERAL PLNT OF									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	P2200	POWER ELECTRIC				0.00	0.00	0.00	0.00
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
3552794		10/19/20	10/06/20	11/05/20		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			
P1725	PREMIER SLEEP DISORDERS CENTER				M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21441		10/24/20	10/01/20	10/16/20		10,150.00	0.00	0.00	10,150.00
PURCHASED SERVICES RES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	P1725	PREMIER SLEEP DISORDERS CENTER				10,150.00	0.00	0.00	10,150.00
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
1261103-		10/24/20	06/06/20			15.17	0.00	0.00	15.17

FREIGHT E/R

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	R1045	R & D BATTERIES INC	15.17	0.00	0.00	15.17

Vendor#	Vendor Name	Class	Pay Code
10626	RAUSHANAH MONDAY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21451		10/25/20	10/12/20				214.92	0.00	0.00	214.92

TRAVEL HOSPITALIST

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10626	RAUSHANAH MONDAY	214.92	0.00	0.00	214.92

Vendor#	Vendor Name	Class	Pay Code
11009	RECONDO		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
INV10198		10/11/20	10/01/20	11/01/20			4,050.00	0.00	0.00	4,050.00

PURCHASED SERVICES BUS

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
256058		10/24/20	10/01/20	10/31/20			41.25	0.00	0.00	41.25

PURCHASED SERVICES PLNT

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
10927	ROSHANDA GRAY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21422		10/24/20	10/18/20	10/26/20			60.48	0.00	0.00	60.48

TRAVEL ADMIN

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10927	ROSHANDA GRAY	60.48	0.00	0.00	60.48

Vendor#	Vendor Name	Class	Pay Code
S1405	SERVICE SUPPLY OF VICTORIA INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
700886932		10/14/20	10/07/20	11/06/20			57.18	0.00	0.00	57.18

SUPPLIES GENERAL PLNT OF

700868487		10/24/20	06/16/20	07/16/20			218.08	0.00	0.00	218.08

SUPPLIES GENERAL PLNT OF

700874286		10/24/20	07/22/20	08/21/20			134.26	0.00	0.00	134.26

SUPPLIES GENERAL PLNT OF

700879488		10/24/20	08/23/20	09/22/20			174.68	0.00	0.00	174.68

SUPPLIES GENERAL PLNT OF

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S1405	SERVICE SUPPLY OF VICTORIA INC	584.20	0.00	0.00	584.20

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
21454		10/25/20	10/23/20	10/23/20			1,243.11	0.00	0.00	1,243.11

OUTSIDE SRV TRANSCRIPTIC

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	K0536	SHIRLEY KARNEI	1,243.11	0.00	0.00	1,243.11

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
	93277114		10/17/20	10/03/20	11/02/20		250.81	0.00	0.00	250.81
		SUPPLIES SURGERY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2362	SMITH & NEPHEW				250.81	0.00	0.00	250.81
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
	14633955		10/13/20	09/22/20	11/01/20		133.64	0.00	0.00	133.64
		SUPPLIES GENERAL SURGER								
	14633491		10/19/20	09/22/20	11/01/20		198.84	0.00	0.00	198.84
		SUPPLIES SURGERY								
	14653902		10/24/20	10/14/20	10/24/20		264.86	0.00	0.00	264.86
		SUPPLIES GENERAL SURGER								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2353	SMITHS MEDICAL ASD INC				597.34	0.00	0.00	597.34
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
	90022628		10/19/20	09/30/20	11/01/20		-2,056.77	0.00	0.00	-2,056.77
		BLOOD BANK CREDIT								
	90022697		10/19/20	09/30/20	11/01/20		11,561.68	0.00	0.00	11,561.68
		BLOOD BANK SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2400	SO TEX BLOOD & TISSUE CENTER				9,504.91	0.00	0.00	9,504.91
Vendor#	Vendor Name				Class	Pay Code				
S3960	STERICYCLE, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	4006602948		09/30/20	10/01/20	11/01/20		2,064.63	0.00	0.00	2,064.63
		OUTSIDE SRV HOUSEKEEPIN								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S3960	STERICYCLE, INC				2,064.63	0.00	0.00	2,064.63
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
	439969A		10/17/20	10/06/20	11/05/20		361.31	0.00	0.00	361.31
		SUPPLIES PT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2830	STRYKER SALES CORP				361.31	0.00	0.00	361.31
Vendor#	Vendor Name				Class	Pay Code				
S2951	SYSCO FOOD SERVICES OF				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	607110631		10/20/20	07/11/20	11/01/20		632.28	0.00	0.00	632.28
		FOOD SUPPLIES DIETARY								
	607180596		10/20/20	07/18/20	11/01/20		329.64	0.00	0.00	329.64
		FOOD SUPPLIES DIETARY								
	607210434		10/20/20	07/21/20	11/01/20		381.09	0.00	0.00	381.09
		FOOD SUPPLIES DIETARY								
	608040659		10/20/20	08/04/20	11/01/20		882.78	0.00	0.00	882.78
		FOOD SUPPLIES DIETARY								

608110517	10/20/20	08/11/20	11/01/20		343.19	0.00	0.00	343.19
FOOD SUPPLIES DIETARY								
608180472	10/20/20	08/18/20	11/01/20		288.09	0.00	0.00	288.09
FOOD SUPPLIES DIETARY								
608251403	10/20/20	08/25/20	11/01/20		193.57	0.00	0.00	193.57
FOOD SUPPLIES DIETARY								
609010718	10/20/20	09/01/20	11/01/20		292.55	0.00	0.00	292.55
FOOD SUPPLIES DIETARY								
609080511	10/20/20	09/08/20	11/01/20		392.05	0.00	0.00	392.05
FOOD SUPPLIES DIETARY								
609150581	10/20/20	09/15/20	11/01/20		492.22	0.00	0.00	492.22
FOOD SUPPLIES DIETARY								
609220651	10/20/20	09/22/20	11/01/20		327.97	0.00	0.00	327.97
FOOD SUPPLIES DIETARY								
609290608	10/20/20	09/29/20	11/01/20		402.64	0.00	0.00	402.64
FOOD SUPPLIES DIETARY								
610060984	10/20/20	10/06/20	11/01/20		148.69	0.00	0.00	148.69
FOOD SUPPLIES DIETARY								
610130661	10/20/20	10/13/20	11/02/20		849.51	0.00	0.00	849.51
FOOD SUPPLIES DIETARY								
606022542	10/24/20	06/02/20	06/22/20		598.80	0.00	0.00	598.80
SUPPLIES GENERAL DIETARY								
606032074	10/24/20	06/03/20	06/23/20		56.99	0.00	0.00	56.99
FOOD SUPPLIES DIETARY								
606092120	10/24/20	06/03/20	06/23/20		774.60	0.00	0.00	774.60
MEAT EXPENSE DIETARY								
606232565	10/24/20	06/23/20	07/13/20		867.22	0.00	0.00	867.22
SUPPLIES GENERAL DIETARY								
606302444	10/24/20	06/30/20	07/20/20		1,108.78	0.00	0.00	1,108.78
MEAT EXPENSE DIETARY								
606162831	10/24/20	10/17/20	11/06/20		510.17	0.00	0.00	510.17
MEAT EXPENSE DIETARY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2951	SYSCO FOOD SERVICES OF	9,872.83	0.00	0.00	9,872.83

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
21450		10/25/20	10/19/20	10/27/20			112.63	0.00	0.00	112.63
EMPL EXP P/R CLEARNG OTH										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T2303	TG	112.63	0.00	0.00	112.63

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
340365417		10/20/20	10/04/20	11/03/20			179.75	0.00	0.00	179.75
OUTSIDE SRV PLANT OPS										
340365420		10/20/20	10/04/20	11/03/20			1,161.39	0.00	0.00	1,161.39
OUTSIDE SRV PLANT OPS										

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

T2250 THYSSENKRUPP ELEVATOR CORP ✓ M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
50000523305 ✓		10/25/20	06/01/20	07/06/20			732.00	0.00	0.00	732.00 ✓
	MAINT CONTR PLNT OPER									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T2250	THYSSENKRUPP ELEVATOR CORP	732.00	0.00	0.00	732.00

Vendor# Vendor Name Class Pay Code

T1724 TOSHIBA AMERICA MEDICAL SYST. ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
10239855 ✓		10/11/20	10/04/20	11/04/20			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
3A3X101600 ✓		10/25/20	10/01/20	11/03/20			119.00	0.00	0.00	119.00 ✓
	PURCHASED SERVICES MM C									

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

10959 TRUVEN HEALTH ANALYTICS INC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
316809 ✓		10/20/20	10/01/20	11/01/20			1,978.75	0.00	0.00	1,978.75 ✓
	OUTSIDE SRV ADMIN									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10959	TRUVEN HEALTH ANALYTICS INC	1,978.75	0.00	0.00	1,978.75

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
8150744745 ✓		10/10/20	10/04/20	11/03/20			32.92	0.00	0.00	32.92 ✓
	PURCHASED SERVICES MAIN									
8150744653 ✓		10/10/20	10/04/20	11/03/20			48.62	0.00	0.00	48.62 ✓
	PURCHASED SERVICES MAIN									

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
8400230540 ✓		10/10/20	10/04/20	11/03/20			1,423.05	0.00	0.00	1,423.05 ✓
	LAUNDRY HOUSEKEEPING									
8400230488 ✓		10/10/20	10/04/20	11/03/20			192.52	0.00	0.00	192.52 ✓
	LAUNDRY HOUSEKEEPING									
8400230529 ✓		10/10/20	10/04/20	11/03/20			156.18	0.00	0.00	156.18 ✓
	LAURNDRY HOUSEKEEPING									
8400230489 ✓		10/10/20	10/04/20	11/03/20			108.07	0.00	0.00	108.07 ✓
	LAUNDRY HOUSEKEEPING									
8400230491 ✓		10/10/20	10/04/20	11/03/20			99.98	0.00	0.00	99.98 ✓
	LAUNDRY HOUSEKEEPING									
8400230490 ✓		10/10/20	10/04/20	11/03/20			108.08	0.00	0.00	108.08 ✓
	LAUNDRY HOUSEKEEPING									
8400230487 ✓		10/10/20	10/04/20	11/03/20			301.54	0.00	0.00	301.54 ✓

LAUNDRY HOUSEKEEPING

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	2,389.42	0.00	0.00	2,389.42

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
7252758		10/20/20	10/11/20	11/01/20		135.85	0.00	0.00	135.85
	EMPLOYEE UNIFORMS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1056	UNIFORM ADVANTAGE	135.85	0.00	0.00	135.85

Vendor#	Vendor Name	Class	Pay Code
10915	WAGEWORKS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21449		10/25/20	10/13/20	10/30/20		2,693.28	0.00	0.00	2,693.28
	ACCRUED FLEXIBLE SPENDIN								

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

Vendor#	Vendor Name	Class	Pay Code
W1040	WATERMARK GRAPHICS INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
112142		10/25/20	09/20/20	10/20/20		1,261.48	0.00	0.00	1,261.48
	EMPL EXP P/R CLEARNG OTH								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W1040	WATERMARK GRAPHICS INC	1,261.48	0.00	0.00	1,261.48

Vendor#	Vendor Name	Class	Pay Code
I1110	WERFEN USA LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9110336493		10/19/20	09/27/20	11/01/20		3,929.04	0.00	0.00	3,929.04
	SUPPLIES LAB								
9110336335		10/19/20	09/27/20	11/01/20		201.88	0.00	0.00	201.88
	SUPPLIES LAB								
9110336691		10/19/20	09/28/20	11/01/20		79.00	0.00	0.00	79.00
	SUPPLIES LAB								
9110338610		10/20/20	10/05/20	11/04/20		922.57	0.00	0.00	922.57
	SUPPLIES LAB								
9310018074		10/20/20	10/05/20	11/04/20		-603.11	0.00	0.00	-603.11
	LAB SUPPLIES CREDIT								
9310018230		10/20/20	10/07/20	11/06/20		-1,388.92	0.00	0.00	-1,388.92
	LAB SUPPLIES CREDIT								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	3,140.46	0.00	0.00	3,140.46

Vendor#	Vendor Name	Class	Pay Code
10325	WHOLESALE ELECTRIC SUPPLY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
79-4225601		10/24/20	07/13/20	10/16/20		496.83	0.00	0.00	496.83
	SUPPLIES GENERAL PLNT OF								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10325	WHOLESALE ELECTRIC SUPPLY	496.83	0.00	0.00	496.83

Vendor#	Vendor Name	Class	Pay Code
10556	WOUND CARE SPECIALISTS		

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

WCS00000245		10/20/20	10/01/20	11/01/20	19,375.00	0.00	0.00	19,375.00
OUTSIDE SRV WOUND CARE								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10556	WOUND CARE SPECIALISTS			19,375.00	0.00	0.00	19,375.00

Vendor#	Vendor Name	Class	Pay Code
11134	YOURMEMBERSHIP		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
R24162046		09/30/20	09/27/20	11/01/20			595.00	0.00	0.00	595.00
DUES & SUBSCRIPTION PHY										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11134	YOURMEMBERSHIP					595.00	0.00	0.00	595.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	170,906.43	0.00	0.00	170,906.43

APPROVED
ON
OCT 26 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date 11-4-16

CRS # 168439
to
168536

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]		102416	36.83	✓	2	REFUND FOR	
971		102416	37.46	✓	2	REFUND FOR	
978		102416	1232.14	✓	2	REFUND FOR	
979		080316	520.42	✓	2	REFUND FOR	
979		102416	34.47	✓	2	REFUND FOR	
979		102416	188.80	✓	2	REFUND FOR	
901		102416	37.63	✓	2	REFUND FOR	
7979		102416	100.00	✓	2	REFUND FOR	
7979		102416	35.86	✓	2	REFUND FOR	
7979		102416	1443.00	✓	2	REFUND FOR	
7979		102416	1147.28	✓	2	REFUND FOR	
7979		102416	36.32	✓	2	REFUND FOR	
7979		102416	136.08	✓	2	REFUND FOR	
7979		102416	479.60	✓	2	REFUND FOR	
7979		102416	10.78	✓	2	REFUND FOR	
7951		102416	16.25	✓	2	REFUND FOR	
7979		102416	2638.00	✓	2	REFUND FOR	
7979							

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
		102416	301.47	✓	2	REFUND FOR	
77979		102416	35.96	✓	2	REFUND FOR	
77979		102416	461.12	✓	2	REFUND FOR	
77982		102416	517.17	✓	2	REFUND FOR	
77465		102416	37.21	✓	3	REFUND FOR	
77990		102416	37.46	✓	2	REFUND FOR	
77978		102416	37.76	✓	2	REFUND FOR	
77979		102416	703.72	✓	2	REFUND FOR	
77901		102416	35.66	✓	3	REFUND FOR	
77982		102416	1995.23	✓	2	REFUND FOR	
77905		102416	1058.16	✓	2	REFUND FOR	
77905		102416	35.08	✓	2	REFUND FOR	
77978		102416	1866.80	✓	2	REFUND FOR	
77979		102416	217.14	✓	2	REFUND FOR	
77979		102416	1708.91	✓	2	REFUND FOR	
77979							

ARID=0001 TOTAL 17179.77

TOTAL 17179.77

APPROVED ON
OCT 26 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS #168537
+0
168568

Michael J. Pfeifer
County Judge
11-4-16

RUN DATE:10/27/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:09:04 CHECK REGISTER GLCKREG
10/27/16 THRU 10/27/16

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	168439	10/27/16	336.00	DSHS CENTRAL LAB MC2004
A/P	168440	10/27/16	8,333.33	HITACHI MEDICAL SYSTEMS
A/P	168441	10/27/16	496.83	WHOLESALE ELECTRIC SUPPLY
A/P	168442	10/27/16	36.90	HEALTH CARE LOGISTICS INC
A/P	168443	10/27/16	1,693.24	CENTURION MEDICAL PRODUCTS
A/P	168444	10/27/16	792.10	DEWITT POTH & SON
A/P	168445	10/27/16	276.44	PRECISION DYNAMICS CORP (PDC)
A/P	168446	10/27/16	827.01	GE HEALTHCARE IITS USA CORP
A/P	168447	10/27/16	.00	VOIDED
A/P	168448	10/27/16	10,970.44	MORRIS & DICKSON CO, LLC
A/P	168449	10/27/16	503.87	PLATINUM CODE
A/P	168450	10/27/16	19,375.00	WOUND CARE SPECIALISTS
A/P	168451	10/27/16	214.92	RAUSHANAH MONDAY
A/P	168452	10/27/16	1,050.56	COVIDIEN
A/P	168453	10/27/16	93.19	GLOBAL EQUIPMENT CO. INC.
A/P	168454	10/27/16	495.00	FASTHEALTH CORPORATION
A/P	168455	10/27/16	5,561.20	CLINICAL PATHOLOGY
A/P	168456	10/27/16	1,347.50	MINDRAY DS USA, INC.
A/P	168457	10/27/16	1,409.25	HEALTHSTREAM, INC.
A/P	168458	10/27/16	2,693.28	WAGEWORKS
A/P	168459	10/27/16	60.48	ROSHANDA GRAY
A/P	168460	10/27/16	1,400.00	ACUTE CARE INC
A/P	168461	10/27/16	1,978.75	TRUVEN HEALTH ANALYTICS INC
A/P	168462	10/27/16	180.00	MEMORIAL MEDICAL CLINIC
A/P	168463	10/27/16	1,382.50	M G TRUST
A/P	168464	10/27/16	7,682.67	CSI LEASING INC
A/P	168465	10/27/16	423.17	DERRI HART
A/P	168466	10/27/16	4,050.00	RECONDO
A/P	168467	10/27/16	75.00	FIRST CLEARING
A/P	168468	10/27/16	1,220.68	BIRCH COMMUNICATIONS
A/P	168469	10/27/16	119.00	TRIZETTO PROVIDER SOLUTIONS
A/P	168470	10/27/16	727.50	PABLO GARZA
A/P	168471	10/27/16	3,183.00	FUSION MEDICAL STAFFING, LLC
A/P	168472	10/27/16	1,341.14	THE US CONSULTING GROUP
A/P	168473	10/27/16	595.00	YOURMEMBERSHIP
A/P	168474	10/27/16	2,916.54	MEDICAL DATA SYSTEMS, INC.
A/P	168475	10/27/16	68.50	NORTH COAST MEDICAL INC
A/P	168476	10/27/16	252.90	IRON MOUNTAIN
A/P	168477	10/27/16	1,075.76	JACKSON & COKER LOCUM TENENS,
A/P	168478	10/27/16	443.00	GREAT BASIN SCIENTIFIC, INC
A/P	168479	10/27/16	489.95	MEDIA PRINT SOLUTIONS
A/P	168480	10/27/16	161.87	GULF COAST HARDWARE / ACE
A/P	168481	10/27/16	760.18	AIRGAS USA, LLC - CENTRAL DIV
A/P	168482	10/27/16	6,396.40	AFLAC
A/P	168483	10/27/16	153.20	ANNOUNCEMENTS PLUS TOO AGAIN
A/P	168484	10/27/16	25.98	AUTO PARTS & MACHINE CO.
A/P	168485	10/27/16	3,663.09	BAXTER HEALTHCARE CORP
A/P	168486	10/27/16	7,681.07	BECKMAN COULTER INC
A/P	168487	10/27/16	38.26	BIODEX MEDICAL SYSTEMS INC
A/P	168488	10/27/16	196.82	BOUND TREE MEDICAL, LLC

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	168489	10/27/16	932.54	CABLE ONE
A/P	168490	10/27/16	25.00	CAL COM FEDERAL CREDIT UNION
A/P	168491	10/27/16	155.80	DLE PAPER & PACKAGING
A/P	168492	10/27/16	33.64	FASTENAL COMPANY
A/P	168493	10/27/16	30.98	FEDERAL EXPRESS CORP.
A/P	168494	10/27/16	35.94	GALLS,LLC
A/P	168495	10/27/16	120.73	GRAPHIC CONTROLS LLC
A/P	168496	10/27/16	596.41	HILL-ROM COMPANY, INC
A/P	168497	10/27/16	11.25	HOSPIRA WORLDWIDE, INC
A/P	168498	10/27/16	19.25	INDEPENDENCE MEDICAL
A/P	168499	10/27/16	3,140.46	WERFEN USA LLC
A/P	168500	10/27/16	326.36	J & J HEALTH CARE SYSTEMS, INC
A/P	168501	10/27/16	636.76	JOHNSTONE SUPPLY
A/P	168502	10/27/16	1,243.11	SHIRLEY KARNEI
A/P	168503	10/27/16	42.00	KEY SURGICAL INC
A/P	168504	10/27/16	26.50	LABCORP OF AMERICA HOLDINGS
A/P	168505	10/27/16	146.71	MARKETLAB, INC
A/P	168506	10/27/16	3,341.73	MCKESSON MEDICAL SURGICAL INC
A/P	168507	10/27/16	55.15	MEDLINE INDUSTRIES INC
A/P	168508	10/27/16	516.72	BAYER HEALTHCARE
A/P	168509	10/27/16	1,380.00	MERRITT, HAWKINS & ASSOCIATES
A/P	168510	10/27/16	179.84	ON-SITE TESTING SPECIALISTS
A/P	168511	10/27/16	.00	VOIDED
A/P	168512	10/27/16	.00	VOIDED
A/P	168513	10/27/16	2,860.69	OWENS & MINOR
A/P	168514	10/27/16	10,150.00	PREMIER SLEEP DISORDERS CENTER
A/P	168515	10/27/16	125.26	POLYMEDCO INC.
A/P	168516	10/27/16	992.25	PORT LAVACA WAVE
A/P	168517	10/27/16	378.02	POSITIVE PROMOTIONS
A/P	168518	10/27/16	15.17	R & D BATTERIES INC
A/P	168519	10/27/16	364.70	CULLIGAN OF VICTORIA
A/P	168520	10/27/16	41.25	RED HAWK
A/P	168521	10/27/16	784.79	EVOQUA WATER TECHNOLOGIES LLC
A/P	168522	10/27/16	584.20	SERVICE SUPPLY OF VICTORIA INC
A/P	168523	10/27/16	597.34	SMITHS MEDICAL ASD INC
A/P	168524	10/27/16	250.81	SMITH & NEPHEW
A/P	168525	10/27/16	9,504.91	SO TEX BLOOD & TISSUE CENTER
A/P	168526	10/27/16	361.31	STRYKER SALES CORP
A/P	168527	10/27/16	.00	VOIDED
A/P	168528	10/27/16	9,872.83	SYSCO FOOD SERVICES OF
A/P	168529	10/27/16	2,064.63	STERICYCLE, INC
A/P	168530	10/27/16	9,000.00	TOSHIBA AMERICA MEDICAL SYST.
A/P	168531	10/27/16	732.00	THYSSENKRUPP ELEVATOR CORP
A/P	168532	10/27/16	112.63	TG
A/P	168533	10/27/16	81.54	UNIFIRST HOLDINGS
A/P	168534	10/27/16	135.85	UNIFORM ADVANTAGE
A/P	168535	10/27/16	2,389.42	UNIFIRST HOLDINGS INC
A/P	168536	10/27/16	1,261.48	[redacted]
A/P	168537	10/27/16	36.83	
A/P	168538	10/27/16	37.46	
A/P	168539	10/27/16	1,232.14	

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	168540	10/27/16	520.42	[redacted]
A/P	168541	10/27/16	34.47	
A/P	168542	10/27/16	188.80	
A/P	168543	10/27/16	37.63	
A/P	168544	10/27/16	100.00	
A/P	168545	10/27/16	35.86	
A/P	168546	10/27/16	1,443.00	
A/P	168547	10/27/16	1,147.28	
A/P	168548	10/27/16	36.32	
A/P	168549	10/27/16	136.08	
A/P	168550	10/27/16	479.60	
A/P	168551	10/27/16	10.78	
A/P	168552	10/27/16	16.25	
A/P	168553	10/27/16	2,638.00	
A/P	168554	10/27/16	301.47	
A/P	168555	10/27/16	35.96	
A/P	168556	10/27/16	461.12	
A/P	168557	10/27/16	517.17	
A/P	168558	10/27/16	37.21	
A/P	168559	10/27/16	37.46	
A/P	168560	10/27/16	37.76	
A/P	168561	10/27/16	703.72	
A/P	168562	10/27/16	35.66	
A/P	168563	10/27/16	1,995.23	
A/P	168564	10/27/16	1,058.16	
A/P	168565	10/27/16	35.08	
A/P	168566	10/27/16	1,866.80	
A/P	168567	10/27/16	217.14	
A/P	168568	10/27/16	1,708.91	
TOTALS:			188,086.20	

APPROVED
ON

OCT 26 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
10/24/2016

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	[redacted]4553	73,857.88	73,757.88	191,896.91	-	-	-	-	191,996.91	191,896.91

Routing Information for Ashford Gardens:
Ashford Health Care Center Ltd Co
JP Morgan Chase Bank
ABA [redacted]0614
Account [redacted]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	[redacted]4561	20,136.91	20,036.91	357,992.55	-	-	-	-	358,092.55	357,992.55
Crescent	[redacted]4588	26,070.30	25,970.30	172,764.40	-	-	-	-	172,864.40	172,764.40
Broadmoor	[redacted]4596	53,168.74	52,808.81	422,695.70	-	-	259.93	-	423,055.63	422,695.70
Fort Bend	[redacted]4618	14,006.21	13,906.21	97,596.27	-	-	-	-	97,696.27	97,596.27
										1,051,048.92

Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:
Contex Health Care Centers III LLC
JP Morgan Chase Bank
A[redacted]0614
Accou[redacted]2922

Approved: [signature]

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.

[signature]
Michael J. Pfeifer
Calhoun County Judge
Date: 11-4-16

APPROVED
OCT 27 2016
COUNTY AUDITOR

E:\NH Weekly Transfers\NH UPL Transfer Summary 10-24-16.xlsx

IBC Bank Activity
10/17/16 through 10/23/16

Ashford Gardens					Transfer-Out	Transfer-In	
10/20/2016	1131[redacted]	4[redacted]	142	ACH CREDIT RECEIVED		122,701.55	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04911|TRN*1*EFT6543765*1205296137*000004911\
10/20/2016	1131[redacted]	4[redacted]	301	COMMERCIAL DEPOSIT		19,038.64	
10/20/2016	1131[redacted]	4[redacted]	142	ACH CREDIT RECEIVED		6,848.43	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT3841194*1201494502\
10/20/2016	1131[redacted]	4[redacted]	142	ACH CREDIT RECEIVED		14,395.05	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT3842118*1201494502\
10/21/2016	1131[redacted]	4[redacted]	142	ACH CREDIT RECEIVED		4,304.22	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
10/21/2016	1131[redacted]	4[redacted]	142	ACH CREDIT RECEIVED		24,609.02	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04911|TRN*1*EFT6544327*1205296137*000004911\
10/21/2016	1131[redacted]	4[redacted]	495	OUTGOING MONEY TRANSFER	73,757.88		ASHFORD HEALTH CARE CENTER LTD
					73,757.88	191,896.91	

Solera at West Houston					Transfer-Out	Transfer-In	
10/18/2016	1131050[redacted]	4561	142	ACH CREDIT RECEIVED		1,495.91	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*016101414300181*1752603231\
10/19/2016	1131050[redacted]	4561	142	ACH CREDIT RECEIVED		285,522.81	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4219741*1205296137*000004011\
10/20/2016	1131050[redacted]	4561	301	COMMERCIAL DEPOSIT		19,702.57	
10/20/2016	1131050[redacted]	4561	142	ACH CREDIT RECEIVED		143.97	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*016101813100131*1752603231\
10/21/2016	1131050[redacted]	4561	142	ACH CREDIT RECEIVED		43,800.36	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4222796*1205296137*000004011\
10/21/2016	1131050[redacted]	4561	142	ACH CREDIT RECEIVED		7,322.93	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*016101913700694*1752603231\
10/21/2016	1131050[redacted]	4561	142	ACH CREDIT RECEIVED		4.00	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
10/21/2016	1131050[redacted]	4561	495	OUTGOING MONEY TRANSFER	20,036.91		CANTEX HEALTH CARE CENTERS LLC
					20,036.91	357,992.55	

Crescent					Transfer-Out	Transfer-In	
10/19/2016	1131050[redacted]	4588	142	ACH CREDIT RECEIVED		127,932.84	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4219744*1205296137*000004011\
10/20/2016	1131050[redacted]	4588	142	ACH CREDIT RECEIVED		9,005.83	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4221437*1205296137*000004011\
10/20/2016	1131050[redacted]	4588	142	ACH CREDIT RECEIVED		3,986.78	Molina HC of TX Molina HC|THE CRESCENT|TRN*1*EFT3841287*1201494502\
10/20/2016	1131050[redacted]	4588	301	COMMERCIAL DEPOSIT		3,048.00	
10/21/2016	1131050[redacted]	4588	142	ACH CREDIT RECEIVED		26,122.63	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4222800*1205296137*000004011\
10/21/2016	1131050[redacted]	4588	142	ACH CREDIT RECEIVED		2,644.32	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*016101911300552*1452485907\
10/21/2016	1131050[redacted]	4588	142	ACH CREDIT RECEIVED		24.00	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
10/21/2016	1131050[redacted]	4588	495	OUTGOING MONEY TRANSFER	25,970.30		CANTEX HEALTH CARE CENTERS III
					25,970.30	172,764.40	

Broadmoor					Transfer-Out	Transfer-In	
10/17/2016	1131[redacted]	4[redacted]	142	ACH CREDIT RECEIVED		266.00	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4217113*1205296137*000004011\
10/19/2016	1131[redacted]	4[redacted]	142	ACH CREDIT RECEIVED		394,860.87	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4219756*1205296137*000004011\
10/20/2016	1131[redacted]	4[redacted]	142	ACH CREDIT RECEIVED		1,408.22	Molina HC of TX Molina HC|THE BROADMOOR AT CREEK|TRN*1*EFT3841199*1201494502\
10/20/2016	1131[redacted]	4[redacted]	142	ACH CREDIT RECEIVED		1,352.08	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
10/20/2016	1131[redacted]	4[redacted]	301	COMMERCIAL DEPOSIT		7,637.76	
10/20/2016	1131[redacted]	4[redacted]	142	ACH CREDIT RECEIVED		11,142.04	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4221451*1205296137*000004011\
10/21/2016	1131[redacted]	4[redacted]	142	ACH CREDIT RECEIVED		4,259.35	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4222818*1205296137*000004011\
10/21/2016	1131[redacted]	4[redacted]	495	OUTGOING MONEY TRANSFER	52,808.81		CANTEX HEALTH CARE CENTERS III
10/21/2016	1131[redacted]	4[redacted]	142	ACH CREDIT RECEIVED		1,769.40	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
					52,808.81	422,695.70	

Fort Bend					Transfer-Out	Transfer-In	
10/20/2016	1131050[redacted]	4618	301	COMMERCIAL DEPOSIT		92.43	
10/21/2016	1131050[redacted]	4618	142	ACH CREDIT RECEIVED		7,220.51	Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRN*1*EFT3845288*1201494502\
10/21/2016	1131050[redacted]	4618	142	ACH CREDIT RECEIVED		36.00	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
10/21/2016	1131050[redacted]	4618	495	OUTGOING MONEY TRANSFER	13,906.21		CANTEX HEALTH CARE CENTERS III
10/21/2016	1131050[redacted]	4618	142	ACH CREDIT RECEIVED		90,247.33	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4222731*1205296137*000004011\
					13,906.21	97,596.27	

Account Portfolio as of 10/24/2016 8:11:14 AM

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

Commercial Checking Accounts

Account Name	Account Number	Today's Beginning Balance	Available Balance
Memorial Medical Center	[redacted]3387	$1,845,372.76	$1,845,372.76
Memorial Medical Center	[redacted]4553	$191,996.91	$349,524.83
Memorial Medical Center	[redacted]4561	$358,092.55	$410,108.46
Memorial Medical Center	[redacted]4588	$172,864.40	$208,585.58
Memorial Medical Center	[redacted]4596	$423,055.63	$434,834.58
Memorial Medical Center	[redacted]4618	$97,696.27	$118,835.80
Memorial Medical Center Operat	[redacted]0301	$1,072,321.29	$1,114,136.28
County of Calhoun Indigent	[redacted]1101	$3,855.36	$3,855.36
Totals		**$4,165,255.17**	**$4,485,253.65**

Count	Eligibility Period	NPI	Facility Number	Texas Identification Number (TIN)	Legal Entity	DBA Facility Name	Molina	United Health-care	Superior	Ameri-group	Total	Return of IGT	MMC Federal Match	Total MMC	Cantex Federal Match	Total IGT Return and Federal Match
164	2	189		3005	Memorial Medical Center	Ashford Gardens	$60,546.62	$194,614.53	$0.00	$151,367.00	$406,528.15	$208,450.79	$99,038.68	$307,489.47	$99,038.68	$406,528.15
168	2	433		3004	Memorial Medical Center	The Broadmoor at Creekside Park	$1,075.57	$6,453.44	$537.79	$1,613.36	$9,680.16	$4,963.59	$2,358.29	$7,321.87	$2,358.29	$9,680.16
187	2	425		3008	Memorial Medical Center	The Crescent	$7,829.40	$9,786.75	$0.00	$21,530.90	$39,147.05	$20,072.99	$9,537.03	$29,610.02	$9,537.03	$39,147.05
188	2	259		3007	Memorial Medical Center	Solera at West Houston	$27,330.56	$54,661.13	$0.00	$36,440.75	$118,432.44	$60,727.25	$28,852.60	$89,579.84	$28,852.60	$118,432.44
189	2	503		3006	Memorial Medical Center	Fort Bend Healthcare Center	$50,401.56	$63,001.95	$0.00	$12,600.39	$126,003.90	$64,609.58	$30,697.16	$95,306.74	$30,697.16	$126,003.90
														4	6	
							$147,183.71	$328,517.80	$537.79	$223,552.40	$699,791.70	$358,824.19	$170,483.75	$529,307.95	$170,483.75	$699,791.70
						Deposited	10/26/2016	10/26/2016	10/26/2016	10/24/2016						

307,489.47 +
7,321.87 +
29,610.02 +
89,579.84 +
95,306.74 +
529,307.94 =

529,307.94 +
529,307.95 –
0.01 =

99,038.68 +
2,358.29 +
9,537.03 +
28,852.60 +
30,697.16 +
170,483.76 =

529,307.94 +
170,483.76 +
699,791.70 =

699,791.70 –
699,791.70 –
0.00 =

Michael J. Pfeifer
Calhoun County Judge
Date 11-4-16

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

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ON
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COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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	358,824.19	Return of IGT - April
November		
December		
January		
February		
	2,870,614.50	Total Return of IGTs
	1,435,296.77	IGT Still Outstanding
	358,824.19	Monthly Return of IGTs

307,489.47 +
7,321.87 +
29,610.02 +
89,579.84 +
95,306.74 +
529,307.94 =

529,307.94 +
529,307.94 –
0.00 =

CK#011 NH Ashford = 307,489.47
CK#010 NH Broadmoor = 7,321.87
CK#007 NH Crescent = 29,610.02
CK#007 NH Solera = 89,579.84
CK#007 NH Fort Bend = 95,306.74
529,307.94

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

011
88-502/1131

10/28/16
Date

Pay to the Order of Memorial Medical Center | $ 307,489.47

Three Hundred Seven Thousand Four Hundred Eighty Nine & 47/xx Dollars

Security Features Details on Back.

IBC Bank
Port Lavaca, TX 77979

[redacted]

For MPAP - April 2016

⑈ 5025 ⑈ ⑆4553⑈0011

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

010
88-502/1131

10/28/16
Date

Pay to the Order of Memorial Medical Center | $ 7,321.87

Seven Thousand Three Hundred Twenty One & 87/xx Dollars

Security Features Details on Back.

IBC Bank
Port Lavaca, TX 77979

[redacted]

For MPAP - April 2016

⑈ 5025 ⑈ ⑆4596⑈0010

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

007
88-502/1131

10/28/16
Date

Pay to the Order of Memorial Medical Center | $ 29,610.02

Twenty Nine Thousand Six Hundred Ten & 02/xx Dollars

Security Features Details on Back.

IBC Bank
Port Lavaca, TX 77979

[redacted]

For MPAP - April 2016

⑈ 5025 ⑈ ⑆4588⑈0007

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

007
88-502/1131

10/28/16
Date

Pay to the Order of Memorial Medical Center $ 89,579.84

Eighty Nine Thousand Five Hundred Seventy Nine & 84/xx Dollars

Security Features Details on Back.

IBC Bank
Port Lavaca, TX 77979

[redacted]

For MPAP- April 2016

County Treasurer

⑈ 5025 ⑆ 4561 ⑈ 0007

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

007
88-502/1131

10/28/16
Date

Pay to the Order of Memorial Medical Center $ 95,306.74

Ninety Five Thousand Three Hundred Six & 74/xx Dollars

Security Features Details on Back.

IBC Bank
Port Lavaca, TX 77979

[redacted]

For MPAP- April 2016

County Treasurer

⑈ 5025 ⑆ 4618 ⑈ 0007

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHA	000011	10/28/16	307,489.47	MEMORIAL MEDICAL CENTER
TOTALS:			307,489.47	

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ON
OCT 28 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
NHB	000010	10/28/16	7,321.87	MEMORIAL MEDICAL CENTER
TOTALS:			7,321.87	

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OCT 28 2016
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CALHOUN COUNTY, TEXAS

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHC	000007	10/28/16	29,610.02	MEMORIAL MEDICAL CENTER
TOTALS:			29,610.02	

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ON
OCT 28 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

BANK--CHECK			
CODE	NUMBER DATE	AMOUNT	PAYEE
NHS	000007 10/28/16	89,579.84	MEMORIAL MEDICAL CENTER
TOTALS:		89,579.84	

APPROVED
ON
OCT 28 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
NHF	000007	10/28/16	95,306.74	MEMORIAL MEDICAL CENTER
TOTALS:			95,306.74	

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CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- OCTOBER 2016

Monthly Electronic Transfers for Operating Expenses

10/3/2016	IBC Merch Bank Fee	- Credit Card Processing Fee	9.95	Total - 6,919.58
10/3/2016	IBC Merch Bank Fee	- Credit Card Processing Fee	60.95	
10/3/2016	IBC Merch Bank Fee	- Credit Card Processing Fee	63.96	
10/3/2016	IBC Merch Bank Fee	- Credit Card Processing Fee	70.74	
10/3/2016	IBC Merch Bank Interchng	- Credit Card Processing Fee	82.68	
10/3/2016	IBC Merch Bank Discount	- Credit Card Processing Fee	99.01	
10/3/2016	IBC Merch Bank Interchng	- Credit Card Processing Fee	134.49	
10/3/2016	IBC Merch Bank Fee	- Credit Card Processing Fee	135.90	
10/3/2016	IBC Merch Bank Interchng	- Credit Card Processing Fee	199.20	
10/3/2016	IBC Merch Bank Discount	- Credit Card Processing Fee	249.92	
10/3/2016	IBC Merch Bank Discount	- Credit Card Processing Fee	349.32	
10/3/2016	IBC Merch Bank Deposit	- Credit Card Processing Fee	440.53	
10/3/2016	Cardmember Service	- IBC Credit Card Invoice	~~731.60~~	9/29/16
10/3/2016	IBC Merch Bank Interchng	- Credit Card Processing Fee	1,252.67	
10/3/2016	IBC Merch Bank Discount	- Credit Card Processing Fee	1,827.52	
10/3/2016	Cardmember Service	- IBC Credit Card Invoice	~~4,051.38~~	9/29/16
10/3/2016	State Comptrlr Texnet	- 2017 DSH Advance Pmt	69,112.38	
10/4/2016	IBC Merch Bank Discount	- Credit Card Processing Fee	19.95	
10/4/2016	IBC Merch Bank Fee	- Credit Card Processing Fee	29.95	
10/4/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	~~883.47~~	
10/4/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	~~1,007.54~~	11,470.23 10/3/16
10/4/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	~~9,579.22~~	
10/5/2016	FDGL Lease Payment	- Credit Card Machine Lease Expense	59.25	
10/5/2016	FDGL Lease Payment	- Credit Card Machine Lease Expense	59.25	
10/5/2016	FDGL Lease Payment	- Credit Card Machine Lease Expense	86.30	
10/5/2016	Vivonet Acquisit Payment	- Credit Card Machine Lease Expense	99.00	
10/6/2016	ACS SLS Expertpay	- Child Support	~~473.07~~	886.84
10/6/2016	IRS USATAXPYMT	- Payroll Taxes	100,843.68	
10/6/2016	Memorial Medical Payroll	- Payroll	~~271,467.36~~	
10/7/2016	FDGL Lease Payment	- Credit Card Machine Lease Expense	30.25	
10/11/2016	Dep Item Returned	- Returned Check	30.00	10/11/16
10/11/2016	FDGL Lease Payment	- Credit Card Machine Lease Expense	30.17	
10/12/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	~~427.11~~	
10/12/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	~~526.91~~	2,292.61 10/10/16
10/12/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	~~1,338.59~~	
10/13/2016	DLX for Business Bus Prod	- Business Office Expense	165.93	
10/14/2016	Dep Item Returned	- Returned Check	200.00	10/14/16
10/17/2016	Webfile Tax Portal	- Sales Tax	1,109.01	
10/17/2016	Texas County DRS	- Retirement Funding	117,336.06	
10/18/2016	Clover APP MRKT Clover App	- Credit Card Machine Lease Expense	16.25	
10/18/2016	Clover APP MRKT Clover App	- Credit Card Machine Lease Expense	81.20	
10/18/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	~~198.60~~	
10/18/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	~~1,225.90~~	2,826.27 10/17/16
10/18/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	~~1,401.77~~	
10/19/2016	Dep Item Returned	- Returned Check	304.14	10/19/16
10/19/2016	Telecheck	- Credit Card Processing Fee	5.00	
10/20/2016	FDGL Lease Payment	- Credit Card Machine Lease Expense	151.23	
10/20/2016	ACS SLS Expertpay	- Child Support	~~413.77~~	
10/20/2016	Memorial Medical Payroll	- Payroll	~~262,743.54~~	
10/21/2016	IRS USATAXPYMT	- Payroll Taxes	96,484.61	
10/24/2016	IRS USATAXPYMT	- Payroll Taxes	74.35	
10/25/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	~~152.03~~	
10/25/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	~~605.20~~	1,450.42 10/24/16
10/25/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	~~693.19~~	
10/27/2016	Cardmember Service	- IBC Credit Card Invoice	* 3,418.68	10/25/16
10/27/2016	Cardmember Service	- IBC Credit Card Invoice	* 6,491.77	10/25/16
10/28/2016	Dep Item Returned	- Returned Check	455.14	10/29/16
10/31/2016	Dep Item Returned	- Returned Check	601.09	10/31/16
			$ 960,191.73	

APPROVED
ON

NOV 15 2016

BY
CALHOUN COUNTY AUDITOR

Date

Jason Anglin
MMC Chief Executive Officer

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/131/019/1272
MEMORIAL MEDICAL CENTER OPERATING
COUNTY OF CALHOUN
201 W AUSTIN STREET
PORT LAVACA TX 77979

STATEMENT 494

CUSTOMER NO.	PAGE NO.
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10/01/2016 to 10/31/2016
STATEMENT PERIOD

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

10/31	Electronic Deposit	CENTENE CORP HCCLAIMPMT	543.24
10/31	Electronic Deposit	CENTENE CORP HCCLAIMPMT	543.24
10/31	Electronic Deposit	NOVITAS HCCLAIMPMT 1689630865	483.77
10/31	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160915882	345.00
10/31	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160911881	337.62
10/31	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160915882	285.00
10/31	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160913887	204.27
10/31	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160911881	155.00
10/31	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160913887	124.75
10/31	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160910883	100.00
10/31	Electronic Deposit	CENTENE CORP HCCLAIMPMT	94.46
10/31	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160914885	69.58
10/31	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C16301E14063740	52.97
10/31	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160913887	39.40
10/31	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160911881	15.00

Debits

10/03	Electronic Payment	IBC MERCH BNKCD FEE 971160912889	9.95
10/03	Electronic Payment	IBC MERCH BNKCD FEE 971160911881	60.95
10/03	Electronic Payment	IBC MERCH BNKCD FEE 971160914885	63.96
10/03	Electronic Payment	IBC MERCH BNKCD FEE 971160910883	70.74
10/03	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160913887	82.68
10/03	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160913887	99.01
10/03	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160911881	134.49
10/03	Electronic Payment	IBC MERCH BNKCD FEE 971160913887	135.90
10/03	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160914885	199.20
10/03	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160914885	249.92
10/03	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160911881	349.32
10/03	Electronic Payment	IBC MERCH BNKCD DEPOSIT 971160915882	440.53
10/03	Electronic Payment	CARDMEMBER SERV ELECT PYMT	731.60
10/03	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160910883	1,252.67
10/03	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160910883	1,827.52
10/03	Electronic Payment	CARDMEMBER SERV ELECT PYMT	4,051.38
10/03	Electronic Payment	STATE COMPTRLR TEXNET 25153504/60930	69,112.38
10/04	Electronic Payment	IBC MERCH BNKCD DISCOUNT 674200009993	19.95
10/04	Electronic Payment	IBC MERCH BNKCD FEE 674200009993	29.95
10/04	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02935316	883.47
10/04	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02935391	1,007.54
10/04	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02935402	9,579.22
10/05	Electronic Payment	FDGL LEASE PYMT	59.25
10/05	Electronic Payment	FDGL LEASE PYMT	59.25
10/05	Electronic Payment	FDGL LEASE PYMT	86.30
10/05	Electronic Payment	VIVONET ACQUISIT PAYMENT 1136	99.00
10/06	Electronic Payment	ACS SLS EXPERTPAY xxxxx3411	473.07
10/06	Electronic Payment	IRS USATAXPYMT 220668091863529	100,843.68
10/06	Electronic Payment	MEMORIAL MEDICAL PAYROLL	271,467.36
10/07	Electronic Payment	FDGL LEASE PYMT	30.25
10/11	Dep Item Returned	(Tracer# 17000146)	30.00
10/11	Electronic Payment	FDGL LEASE PYMT	30.17

IBC

BANK

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

CUSTOMER

8/NE/131/019/1273
MEMORIAL MEDICAL CENTER OPERATING
COUNTY OF CALHOUN
201 W AUSTIN STREET
PORT LAVACA TX 77979

STATEMENT 494

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10/01/2016 to 10/31/2016
STATEMENT PERIOD

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

10/12	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02944262	427.11
10/12	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02944282	526.91
10/12	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02944124	1,338.59
10/13	Electronic Payment	DLX For Business BUS PROD 2038128821128	165.93
10/14	Dep Item Returned	(Tracer# 17000239)	200.00
10/17	Electronic Payment	WEBFILE TAX PYMT DD 902/25260102	1,109.01
10/17	Electronic Payment	TEXAS COUNTY DRS RECEIVABLE 419	117,336.06
10/18	Electronic Payment	CLOVER APP MRKT CLOVER APP	16.25
10/18	Electronic Payment	CLOVER APP MRKT CLOVER APP	81.20
10/18	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02948036	198.60
10/18	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02947957	1,225.90
10/18	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02948045	1,401.77
10/19	Dep Item Returned	(Tracer# 17000205)	304.14
10/19	Electronic Payment	Telecheck INV102016D xxxxx9736	5.00
10/20	Electronic Payment	FDGL LEASE PYMT	151.23
10/20	Electronic Payment	ACS SLS EXPERTPAY xxxxx3411	413.77
10/20	Electronic Payment	MEMORIAL MEDICAL PAYROLL	262,743.54
10/21	Electronic Payment	IRS USATAXPYMT 220669581870327	96,484.61
10/24	Electronic Payment	IRS USATAXPYMT 220669820607631	74.35
10/25	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02953090	152.03
10/25	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02952535	605.20
10/25	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02953126	693.19
10/27	Electronic Payment	CARDMEMBER SERV ELECT PYMT	3,418.68
10/27	Electronic Payment	CARDMEMBER SERV ELECT PYMT	6,491.77
10/28	Dep Item Returned	(Tracer# 17000112)	455.14
10/31	Dep Item Returned	(Tracer# 17000105)	601.09

Daily Ending Balance

10/03	3,325,922.40	10/13	2,211,649.70	10/24	1,204,502.14
10/04	3,279,440.41	10/14	2,405,635.72	10/25	1,222,826.24
10/05	3,310,461.64	10/17	1,282,457.14	10/26	1,263,935.62
10/06	2,981,539.65	10/18	1,259,393.13	10/27	1,293,411.68
10/07	3,072,396.64	10/19	1,251,334.57	10/28	1,871,044.41
10/11	2,315,041.67	10/20	1,044,616.31	10/31	2,062,104.80
10/12	2,281,987.70	10/21	1,072,321.29		

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

CUSTOMER

8/NE/131/019/1115
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH ASHFORD
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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CUSTOMER NO.	PAGE NO.
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10/01/2016 to 10/31/2016
STATEMENT PERIOD

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

Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
447,204.81	26	802,405.65	4	903,949.18	345,661.28

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
10/05		18,250.51	10/14		45,468.26	10/26		194,614.53
10/07		48,797.99	10/20		19,038.64	10/27		88,707.66

Checks (Debits)

Date	Check #	Amount
10/28	11	307,489.47

Electronic Activity

	Credits			
10/06	Electronic Deposit	Molina HC of TX Molina HC PN1326436189		1,132.69
10/07	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423		7,415.83
10/11	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005		4,713.29
10/12	Electronic Deposit	Molina HC of TX Molina HC PN1326436189		7,253.58
10/12	Electronic Deposit	Molina HC of TX Molina HC PN1326436189		5,879.58
10/12	Electronic Deposit	Molina HC of TX Molina HC PN1326436189		96.22
10/13	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423		10,346.95
10/20	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423		122,701.55
10/20	Electronic Deposit	Molina HC of TX Molina HC PN1326436189		14,395.05
10/20	Electronic Deposit	Molina HC of TX Molina HC PN1326436189		6,848.43
10/21	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423		24,609.02
10/21	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005		4,304.22
10/24	Electronic Deposit	AMERIGROUP CORPO E-PAYMENT EE51422595		151,367.00
10/24	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423		6,160.92
10/25	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423		651.63
10/26	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423		5,065.74
10/27	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005		1,089.70
10/31	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005		8,183.12
10/31	Electronic Deposit	Molina HC of TX Molina HC PN1326436189		3,540.11
10/31	Electronic Deposit	Molina HC of TX Molina HC PN1326436189		1,773.43
	Debits			
10/04	Outgoing Wire	0027 ASHFORD HEALTH CARE CENTER LTD	prev. mo.	447,104.81
10/13	Outgoing Wire	0520 ASHFORD HEALTH CARE CENTER LTD		75,597.02
10/21	Outgoing Wire	0001 ASHFORD HEALTH CARE CENTER LTD		73,757.88

191,896.91
+ 151,367.00
343,263.91
ck − 307,489.47
35,774.44

Daily Ending Balance

10/04	100.00	10/12	93,639.69	10/24	349,524.83
10/05	18,350.51	10/13	28,389.62	10/25	350,176.46
10/06	19,483.20	10/14	73,857.88	10/26	549,856.73
10/07	75,697.02	10/20	236,841.55	10/27	639,654.09
10/11	80,410.31	10/21	191,996.91	10/28	332,164.62

IBC

BANK

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

CUSTOMER

8/NE/131/019/1120
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH BROADMOOR
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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10/01/2016 to 10/31/2016
STATEMENT PERIOD

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

Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
63,520.91	27	1,525,729.05	4	1,038,845.72	550,404.24

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
10/05		39,801.39	10/14		40,877.81	10/26		6,453.44
10/07		10,983.31	10/20		7,637.76	10/27		51,702.61

Checks (Debits)

Date	Check #	Amount
10/28	10	7,321.87

Electronic Activity

	Credits			
10/03	Incoming Wire	0947 CANTEX HEALTH CARE CENTERS III		843,930.02
10/05	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357		8,969.66
10/06	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113004	915,554.06	11,869.68
10/11	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113004	915,294.13	1,170.57
10/11	Electronic Deposit	Molina HC of TX Molina HC PN1669860433	25993	541.64
10/14	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357		10,218.79
10/17	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	7637.76	266.00
10/19	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357		394,860.87
10/20	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	-7321.87	11,142.04
10/20	Electronic Deposit	Molina HC of TX Molina HC PN1669860433	315.89	1,408.22
10/20	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113004		1,352.06
10/21	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357		4,259.35
10/21	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113004		1,769.40
10/24	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357		10,165.59
10/24	Electronic Deposit	AMERIGROUP CORPO E-PAYMENT EE51422594		1,613.36
10/26	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357		37,643.75
10/26	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113004		2,876.63
10/27	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357		1,573.43
10/27	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113004		436.35
10/28	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357		21,836.30
10/31	Electronic Deposit	Molina HC of TX Molina HC PN1669860433		369.02
	Debits			
10/04	Outgoing Wire	0030 CANTEX HEALTH CARE CENTERS III	prev. mo	63,420.91
10/13	Outgoing Wire	0523 CANTEX HEALTH CARE CENTERS III		915,294.13
10/21	Outgoing Wire	0004 CANTEX HEALTH CARE CENTERS III		52,808.81

Daily Ending Balance

10/03	907,450.93	10/07	915,654.06	10/17	53,434.74
10/04	844,030.02	10/11	917,366.27	10/19	448,295.61
10/05	892,801.07	10/13	2,072.14	10/20	469,835.69
10/06	904,670.75	10/14	53,168.74	10/21	423,055.63

IBC

BANK

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

CUSTOMER

8/NE/131/019/1119
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH CRESCENT
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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CUSTOMER NO.	PAGE NO.
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10/01/2016 to 10/31/2016
STATEMENT PERIOD

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

Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
73,023.04	24	373,702.70	4	173,318.50	273,407.24

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
10/05		5,713.84	10/14		9,207.00	10/26		9,786.75
10/07		24,125.73	10/20		3,048.00	10/27		37,126.83

Checks (Debits)

Date	Check #	Amount
10/28	7	29,610.02

Electronic Activity

	Credits			
10/03	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113008		14,598.58
10/07	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323		376.99
10/11	Electronic Deposit	Molina HC of TX Molina HC PN1669860425		5,632.40
10/11	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113008		1,591.19
10/13	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323		9,539.71
10/19	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323		127,932.84
10/20	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323		9,005.83
10/20	Electronic Deposit	Molina HC of TX Molina HC PN1669860425		3,986.78
10/21	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323		26,122.63
10/21	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16101911300552		2,644.32
10/21	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113008		24.00
10/24	Electronic Deposit	AMERIGROUP CORPO E-PAYMENT EE51422593		21,530.90
10/24	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323		14,190.28
10/25	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323		24,434.31
10/27	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323		8,001.94
10/27	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16102514700008		661.08
10/28	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113008		7,821.85
10/31	Electronic Deposit	Molina HC of TX Molina HC PN1669860425		6,598.92
	Debits			
10/04	Outgoing Wire	0029 CANTEX HEALTH CARE CENTERS III	prev. mo.	72,923.04
10/13	Outgoing Wire	0522 CANTEX HEALTH CARE CENTERS III		44,815.14
10/21	Outgoing Wire	0003 CANTEX HEALTH CARE CENTERS III		25,970.30

- 127,932.84
- 29,610.02
= 98,322.82

Daily Ending Balance

10/03	87,621.62	10/14	26,070.30	10/25	233,019.89
10/04	14,698.58	10/19	154,003.14	10/26	242,806.64
10/05	20,412.42	10/20	170,043.75	10/27	288,596.49
10/07	44,915.14	10/21	172,864.40	10/28	266,808.32
10/11	52,138.73	10/24	208,585.58	10/31	273,407.24
10/13	16,863.30				

IBC

BANK

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

CUSTOMER

8/NE/131/019/1122
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH FORT BEND
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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CUSTOMER NO.	PAGE NO.
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10/01/2016 to 10/31/2016
STATEMENT PERIOD

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Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
54,835.33	21	818,565.29	4	712,451.39	160,949.23

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
10/05		7,749.75	10/14		3,922.54	10/26		63,001.95
10/07		1,820.70	10/20		92.43	10/27		50,884.56

Checks (Debits)

Date	Check #	Amount
10/28	7	95,306.74

Electronic Activity

	Credits			
10/03	Incoming Wire	0948 CANTEX HEALTH CARE CENTERS III		527,372.91
10/07	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663		11,559.75
10/11	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113006		1,324.62
10/12	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16100710700145		5,187.60
10/12	Electronic Deposit	Molina HC of TX Molina HC PN1730577503		3,471.45
10/21	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663	97,596.27	90,247.33
10/21	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	- 95,306.74	7,220.51
10/21	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113006	2,289.53	36.00
10/24	Electronic Deposit	AMERIGROUP CORPO E-PAYMENT EE51422591		12,600.39
10/24	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16102010300060		8,539.14
10/25	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663		4,294.04
10/27	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16102511900181		1,730.41
10/27	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663		722.83
10/31	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113006		16,033.05
10/31	Electronic Deposit	Molina HC of TX Molina HC PN1730577503		753.33
	Debits			
10/04	Outgoing Wire	0031 CANTEX HEALTH CARE CENTERS III	prev. mo	54,735.33
10/13	Outgoing Wire	0524 CANTEX HEALTH CARE CENTERS III		548,503.11
10/21	Outgoing Wire	0005 CANTEX HEALTH CARE CENTERS III		13,906.21

Daily Ending Balance

10/03	582,208.24	10/13	10,083.67	10/25	123,129.84
10/04	527,472.91	10/14	14,006.21	10/26	186,131.79
10/05	535,222.66	10/20	14,098.64	10/27	239,469.59
10/07	548,603.11	10/21	97,696.27	10/28	144,162.85
10/11	549,927.73	10/24	118,835.80	10/31	160,949.23
10/12	558,586.78				

IBC

BANK

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

CUSTOMER

8/NE/131/019/1117
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH SOLERA
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

7

CUSTOMER NO.	PAGE NO.
	1 of 2

10/01/2016 to 10/31/2016
STATEMENT PERIOD

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

Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
150,761.05	31	667,562.63	4	320,690.87	497,632.81

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
10/05		31,009.34	10/14		12,255.78	10/26		54,661.13
10/07		1,820.49	10/20		19,702.57	10/27		69,930.66

Checks (Debits)

Date	Check #	Amount
10/28	7	89,579.84

Electronic Activity

	Credits			
10/03	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT	676310	7,413.58
10/03	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT	676310	4,563.59
10/04	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT	16093010600311	1,102.50
10/06	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT	16100412300077	6,821.26
10/07	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT	676310	7,415.80
10/07	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT	676310	266.51
10/12	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT	16100710700150	4,167.52
10/12	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS	17460034113007	258.01
10/14	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT	16101216700393	3,355.60
10/18	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT	16101414300181	1,495.91
10/19	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT	676310	285,522.81
10/20	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT	16101813100131	143.97
10/21	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT	676310	43,800.36
10/21	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT	16101913700694	7,322.93
10/21	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS	17460034113007	4.00
10/24	Electronic Deposit	AMERIGROUP CORPO E-PAYMENT	EE51422592	36,440.75
10/24	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT	676310	14,091.39
10/24	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT	16102010300064	1,483.77
10/25	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT	676310	4,749.47
10/26	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT	676310	1,140.90
10/27	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT	676310	32,175.02
10/27	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT	16102511300113	2,509.89
10/27	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT	16102511900185	2,424.87
10/28	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS	17460034113007	8,371.35
10/31	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT	676310	1,140.90
	Debits			
10/04	Outgoing Wire	0028 CANTEX HEALTH CARE CENTERS LLC		150,661.05
10/13	Outgoing Wire	0521 CANTEX HEALTH CARE CENTERS LLC		60,413.07
10/21	Outgoing Wire	0002 CANTEX HEALTH CARE CENTERS LLC		20,036.91

prev mo.

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

CUSTOMER

B/NE/131/019/1049
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
PRIVATE WAIVER CLEARING FUND
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

2

CUSTOMER NO.	PAGE NO.
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10/01/2016 to 10/31/2016
STATEMENT PERIOD

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

Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
511,758.51	2	1,333,614.25	0	0.00	1,845,372.76

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount
10/11		792,643.11	10/17		540,971.14

Daily Ending Balance

10/11	1,304,401.62	10/17	1,845,372.76

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

STATEMENT

CUSTOMER

8/NE/131/019/1274

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

CUSTOMER NO.	PAGE NO.
	1 of 1

10/01/2016 to 10/31/2016
STATEMENT PERIOD

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

Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
3,634.08	3	101,658.00	15	97,984.72	7,307.36

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
10/04		8,423.03	10/21		600.00	10/31		92,634.97

Checks (Debits)

Date	Check #	Amount	Date	Check #	Amount	Date	Check #	Amount
10/03	11863	46.73	10/07	11870	259.94	10/06	11875	355.08
10/12 *	11866	82.07	10/04	11871	1,074.00	10/11	11876	536.09
10/28	11867	158.01	10/12	11872	692.84	10/07	11877	438.20
10/14	11868	564.28	10/07	11873	4,418.36	10/31 *	11882	1,074.00
10/11	11869	168.77	10/12	11874	165.39	10/31	11883	87,950.96

* Indicates a skip in check number sequence

Daily Ending Balance

10/03	3,587.35	10/11	4,759.94	10/21	3,855.36
10/04	10,936.38	10/12	3,819.64	10/28	3,697.35
10/06	10,581.30	10/14	3,255.36	10/31	7,307.36
10/07	5,464.80				

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

CUSTOMER

8/NE/131/019/1084
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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10/01/2016 to 10/31/2016
STATEMENT PERIOD

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

Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
95.00	0	0.00	1	5.00	90.00

Electronic Activity

10/31	Debits Service Fee	Inactive Account Fee	5.00

11/14/16 Rhonda was reminded by Pat

Daily Ending Balance

10/31	90.00

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"	★ 12	
	1ST QTR - 03 (MARCH) - Jan, Feb, Mar		
	2ND QTR - 06 (JUNE) - Apr, May, June		
	3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept		
	4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec		
☐	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★ $ 100,843.68	#
	"1 TO CONFIRM"	1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0 $ 46,298.96	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"	$ 11,079.62	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	$ 43,465.10	#
	CHECK	$ -	
☐	"6-DIGIT SETTLEMENT DATE"	★ 10/6/2016	
	"1 TO CONFIRM"	1	
☐	ACKNOWLEDGEMENT NUMBER	918635291	

CALLED IN BY:	Caitlynn Davenport
CALLED IN DATE:	10/5/2016
CALLED IN TIME:	8:25

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	09/16/16					
PAY PERIOD: END	09/29/16					
PAY DATE:	10/06/16					
GROSS PAY:	$ 404,517.29					$ 404,517.29
DEDUCTIONS:						
A/R	$ 934.50					$ 934.50
ADVANC	$ 12.86					$ 12.86
BOOTS	$ -					$ -
CAFÉ-C	$ 534.19					$ 534.19
CAFÉ-D	$ 1,349.67					$ 1,349.67
CAFÉ-H	$ 15,614.87					$ 15,614.87
CAFÉ-I	$ 160.08					$ 160.08
CAFÉ-L	$ 329.76					$ 329.76
CAFÉ-P	$ 322.32					$ 322.32
CANCER	$ 17.49					$ 17.49
CHILD	$ 468.57					$ 468.57
CLINIC	$ 35.00					$ 35.00
COMBIN	$ 1,194.47					$ 1,194.47
CREDUN	$ 25.00					$ 25.00
DENTAL	$ 240.00					$ 240.00
DEP-LF	$ 557.91					$ 557.91
EAT	$ 315.00					$ 315.00
FED TAX	$ 43,465.10					$ 43,465.10
FICA-M	$ 5,539.74					$ 5,539.74
FICA-O	$ 23,149.59					$ 23,149.59
FIRST C	$ 75.00					$ 75.00
FLEX S	$ 2,693.28					$ 2,693.28
FLX-FE	$ -					$ -
GIFT S	$ 98.82					$ 98.82
GRP-IN	$ 129.26					$ 129.26
GTL	$ -					$ -
HOSP-I	$ 2,360.00					$ 2,360.00
MISC	$ -					$ -
OTHER	$ 709.08					$ 709.08
PHI	$ -					$ -
PR FIN	$ 406.20					$ 406.20
RELAY	$ -					$ -
REPAY	$ -					$ -
STONEDF	$ 1,382.50					$ 1,382.50
STONE	$ -					$ -
STONE 2	$ -					$ -
STUDEN	$ 112.63					$ 112.63
TSA-R	$ 28,316.20					$ 28,316.20
UW/HOS	$ -					$ -
TOTAL DEDUCTIONS:	$ 130,549.09	$ -	$ -	$ -	$ -	$ 130,549.09
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$ 273,968.20	$ -	$ -	$ -	$ -	$ 273,968.20
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFÉ 125 PLAN:	$ 22,461.67	Less Exempt:				
TAXABLE PAY:	$ 382,055.62	$ 373,378.76				

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 5,539.81		
FICA - MED (EE)	1.45%	$ 5,539.81	$ 5,539.74	$ 0.07
FICA - SOC SEC (ER)	6.20%	$ 23,149.48		
FICA - SOC SEC (EE)	6.20%	$ 23,149.48	$ 23,149.59	$ (0.11)
FED WITHHOLDING		$ 43,465.10	$ 43,465.10	
TAX DEPOSIT:		$ 100,843.68	$ 100,843.76	$ (0.08)
FICA - MEDICARE	2.90%	$ 11,079.62	11,079.61	
FICA - SOCIAL SECURITY	12.40%	$ 46,298.96	46,298.97	
FED WITHHOLDING		$ 43,465.10	43,465.10	
TOTAL TAX:		$ 100,843.68	100,843.68	

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

PREPARED BY: Caitlynn Davenport

PREPARED DATE: 10/4/2016

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"	★ 12	
	1ST QTR - 03 (MARCH) - Jan, Feb, Mar		
	2ND QTR - 06 (JUNE) - Apr, May, June		
	3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept		
	4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec		
☑	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★ $ 96,484.61	#
	"1 TO CONFIRM"	1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0 $ 44,643.74	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"	$ 10,682.36	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	$ 41,158.51	#
		CHECK $ -	
☑	"6-DIGIT SETTLEMENT DATE"	★ 10/21/2016	
	"1 TO CONFIRM"	1	
☐	ACKNOWLEDGEMENT NUMBER	818 10327	

CALLED IN BY:	Cathynn P
CALLED IN DATE:	10/20/2016
CALLED IN TIME:	9:15

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	09/30/16					
PAY PERIOD: END	10/13/16					
PAY DATE:	10/20/16					
GROSS PAY:	$ 391,022.69					$ 391,022.69
DEDUCTIONS:						
A/R	$ 811.89					$ 811.89
ADVANC	$ -					$ -
BOOTS	$ -					$ -
CAFÉ-C	$ 534.19					$ 534.19
CAFÉ-D	$ 1,378.36					$ 1,378.36
CAFÉ-H	$ 15,790.24					$ 15,790.24
CAFÉ-I	$ 160.08					$ 160.08
CAFÉ-L	$ 329.76					$ 329.76
CAFÉ-P	$ 322.32					$ 322.32
CANCER	$ 17.49					$ 17.49
CHILD	$ 410.77					$ 410.77
CLINIC	$ 180.00					$ 180.00
COMBIN	$ 1,194.47					$ 1,194.47
CREDUN	$ 25.00					$ 25.00
DENTAL	$ 240.00					$ 240.00
DEP-LF	$ 557.91					$ 557.91
EAT	$ 145.00					$ 145.00
FED TAX	$ 41,158.51					$ 41,158.51
FICA-M	$ 5,341.23					$ 5,341.23
FICA-O	$ 22,321.94					$ 22,321.94
FIRST C	$ 75.00					$ 75.00
FLEX S	$ 2,693.28					$ 2,693.28
FLX-FE	$ -					$ -
GIFT S	$ 160.00					$ 160.00
GRP-IN	$ 129.26					$ 129.26
GTL	$ -					$ -
HOSP-I	$ 2,360.00					$ 2,360.00
MISC	$ -					$ -
OTHER	$ 936.70					$ 936.70
PHI	$ -					$ -
PR FIN	$ 406.20					$ 406.20
RELAY	$ -					$ -
REPAY	$ -					$ -
STONEDF	$ 1,382.50					$ 1,382.50
STONE	$ -					$ -
STONE 2	$ -					$ -
STUDEN	$ 112.63					$ 112.63
TSA-R	$ 27,371.66					$ 27,371.66
UW/HOS	$ -					$ -
TOTAL DEDUCTIONS:	$ 126,546.39	$ -	$ -	$ -	$ -	$ 126,546.39
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$ 264,476.30	$ -	$ -	$ -	$ -	$ 264,476.30
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	

TOTAL CAFÉ 125 PLAN: $ 22,665.73 — Less Exempt:

TAXABLE PAY: $ 368,356.96 — $ 360,030.10 — Exempt Amt:

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 5,341.18		
FICA - MED (EE)	1.45%	$ 5,341.18	$ 5,341.23	$ (0.05)
FICA - SOC SEC (ER)	6.20%	$ 22,321.87		
FICA - SOC SEC (EE)	6.20%	$ 22,321.87	$ 22,321.94	$ (0.07)
FED WITHHOLDING		$ 41,158.51	$ 41,158.51	
TAX DEPOSIT:		$ 96,484.61	$ 96,484.85	$ (0.24)

FICA - MEDICARE	2.90%	$ 10,682.36
FICA - SOCIAL SECURITY	12.40%	$ 44,643.74
FED WITHHOLDING		$ 41,158.51
TOTAL TAX:		$ 96,484.61

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: 10/19/2016

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"	12	

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

☑	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	$ 74.35	#
	"1 TO CONFIRM"	1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0 $ 40.68	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"	$ 9.52	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	$ 24.15	#
	CHECK	$ -	
☑	"6-DIGIT SETTLEMENT DATE"	10/24/2016	
	"1 TO CONFIRM"	1	
☑	ACKNOWLEDGEMENT NUMBER	20607631	

CALLED IN BY:	Caitlyn P.
CALLED IN DATE:	10/21/2016
CALLED IN TIME:	8:55

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		09/30/16					
PAY PERIOD: END		10/13/16					
PAY DATE:		10/20/16					
GROSS PAY:	$	0.01					$ 0.01
DEDUCTIONS:							
A/R	$	-					$ -
ADVANC	$	-					$ -
BOOTS	$	-					$ -
CAFÉ-C	$	-					$ -
CAFÉ-D	$	-					$ -
CAFÉ-H	$	(328.00)					$ (328.00)
CAFÉ-I	$	-					$ -
CAFÉ-L	$	-					$ -
CAFÉ-P	$	-					$ -
CANCER	$	-					$ -
CHILD	$	-					$ -
CLINIC	$	-					$ -
COMBIN	$	-					$ -
CREDUN	$	-					$ -
DENTAL	$	-					$ -
DEP-LF	$	-					$ -
EAT	$	-					$ -
FED TAX	$	24.15					$ 24.15
FICA-M	$	4.76					$ 4.76
FICA-O	$	20.34					$ 20.34
FIRST C	$	-					$ -
FLEX S	$	-					$ -
FLX-FE	$	-					$ -
GIFT S	$	-					$ -
GRP-IN	$	-					$ -
GTL	$	-					$ -
HOSP-I	$	-					$ -
MISC	$	-					$ -
OTHER	$	-					$ -
PHI	$	-					$ -
PR FIN	$	-					$ -
RELAY	$	-					$ -
REPAY	$	-					$ -
STONEDF	$	-					$ -
STONE	$	-					$ -
STONE 2	$	-					$ -
STUDEN	$	-					$ -
TSA-R	$	-					$ -
UW/HOS	$	-					$ -
TOTAL DEDUCTIONS:	$	(278.75)	$ -	$ -	$ -	$ -	$ (278.75)
	SHOULD MATCH REPORT		**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$	278.76	$ -	$ -	$ -	$ -	$ 278.76
	SHOULD MATCH REPORT		**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFÉ 125 PLAN:	$	(328.00)	Less Exempt:				
TAXABLE PAY:	$	328.01	$ 328.01				Exempt Amt:

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 4.76		
FICA - MED (EE)	1.45%	$ 4.76	$ 4.76	$ -
FICA - SOC SEC (ER)	6.20%	$ 20.34		
FICA - SOC SEC (EE)	6.20%	$ 20.34	$ 20.34	$ -
FED WITHHOLDING		$ 24.15	$ 24.15	
TAX DEPOSIT:		$ 74.35	$ 74.35	$ -

FICA - MEDICARE	2.90%	$ 9.52
FICA - SOCIAL SECURITY	12.40%	$ 40.68
FED WITHHOLDING		$ 24.15
TOTAL TAX:		$ 74.35

Employees over FICA-SS Cap: $ -

Jason Anglin

Diane

Paycode S - Employee Reimb.:

Roshanda S. Gray

TOTAL: $ -

PREPARED BY: Caitlynn Davenport

PREPARED DATE: 10/21/2016