MEMORIAL MEDICAL CENTER

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

PAYABLES AND PAYROLL			
11/1/2016	McKesson Drugs	3,198.71	
11/1/2016	Payroll	259,000.60	
11/1/2016	Payroll by Check	68.46	
11/2/2016	Patient Refunds	422.00	
11/2/2016	Weekly Payables	231,666.45	
11/3/2016	Payroll Liabilities	352.38	
11/3/2016	Payroll Liabilities	94,287.41	
11/3/2016	Payroll by Check	966.21	
11/7/2016	McKesson Drugs	1,927.81	
11/9/2016	Weekly Payables	226,669.27	
11/9/2016	Returned Check	45.00	
11/14/2016	McKesson Drugs	2,500.62	
11/15/2016	TDCRS	118,296.88	
11/17/2016	Patient Refunds	2,003.19	
11/17/2016	Weekly Payables	840,722.67	
11/17/2016	Payroll by Check	1,079.84	
11/17/2016	Payroll Liabilities	95,981.82	
11/17/2016	Payroll	263,159.26	
11/17/2016	Payroll by Check	1,079.84	
11/18/2016	Payroll Liabilities	221.93	
11/21/2016	Weekly Payables	190,478.96	
11/21/2016	McKesson Drugs	2,590.06	
11/23/2016	Credit Card Invoice	3,292.60	
11/23/2016	Credit Card Invoice	1,612.49	
11/28/2016	McKesson Drugs	1,731.45	
11/30/2016	Monthly Electronic Transfers for Payroll Expenses(not incl above)	497.58	
11/30/2016	Monthly Electronic Transfers for Operating Expenses	6,137.25	
	Total Payables and Payroll		**$ 2,349,990.74**
INTER-GOVERNMENT TRANSFERS			
	Inter-Government Transfers for November 2016	218,451.27	**218,451.27**
	IGT DSRIP Audit Cost	-	**-**
	Total Inter-Government Transfers		**$ 218,451.27**
INTRA-ACCOUNT TRANSFERS			
11/22/2016	from Memorial Medical Center to Private Waiver Clearing Acct	52,618.21	
	Total Intra-Account Transfers		**$ 52,618.21**
SUBTOTAL MEMORIAL MEDICAL CENTER DISBURSEMENTS			**$ 2,621,060.22**
INDIGENT HEALTHCARE FUND EXPENSES			**$ 50,141.12**
NURSING HOME UPL EXPENSES FOR November 2016			**$ 3,398,226.29**
IGT November 2016 MPAP NH Program			**$ -**
MMC Construction			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED December 22, 2016			**$ 6,069,427.63**

APPROVED

DEC 2 2 2016

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

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

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

Adu Sports Medicine Clinic		312.25
William J. Crowley D.O.		671.80
Richard Arroyo-Diaz		257.26
HEB Pharmacy (Medimpact)		674.90
MMC Professional Fees		47.85
MMCenter (In-patient $.00 / Out-patient $37,064.16 / ER $3,501.09)		40,565.25
Memorial Medical Clinic		4,630.21
Port Lavaca Clinic		1,030.58
Radiology Unlimited PA		631.96
Regional Employee Assistance		253.95
Victoria Anesthesiology Assoc		265.96
Victoria Eye Center		200.87
Victoria Heart & Vascular Center		44.28
SUBTOTAL		**49,587.12**
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)		**1,074.00**
	Subtotal	50,661.12
Co-pays adjustments for November 2016		**(520.00)**
Reimbursement from Medicaid		**0.00**
TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES		**50,141.12**

800 12222016 01 CALHOUN COUNTY, TEXAS

DATE: 12/22/2016

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			$50,141.12
	approved by Commissioners Court on 12/22/2016			
1000-001-46010	November Interest $0.00			$0.00
				$50,141.12

COUNTY AUDITOR APPROVAL ONLY

APPROVED ON DEC 14 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 12/22/16

DEPARTMENT HEAD DATE

Year	Month	Copay	Total Indigent Expenses	Payroll	Operating
2016	January	-360.00	21,744.24	3,664.67	18.079.57
2016	February	-260.00	8,021.86	7,126.05	895.81
2016	March	-487.71	38,328.28	4,075.76	34,252.52
2016	April	-460.00	23,369.32	8,393.34	14,975.98
2016	May	-370.00	26,711.12	9,227.16	17,483.96
2016	June	-260.00	21,803.29	7,779.55	14,023.74
2016	July	-530.00	60,899.21	8,057.13	52,842.08
2016	August	-490.00	49,664.20	1,074.00	48,590.20
2016	September	-490.00	8,913.03	1,074.00	7,839.03
2016	October	-600.00	93,234.97	1,074.00	92,160.97
2016	November	-610.00	50,140.06	1,074.00	49,066.06
2016	December	-520.00	50,661.12	1,074.00	49,587.12
		(5,437.71)	453,490.70	53,693.66	399,797.04
2016 Current Budget Balance			191,071.59	(3,693.66)	200,202.96

Issued 12/14/16

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 12/01/2016 through 12/01/2016
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	16,996.90	3,378.40
01-2	Physician Services- Anesthesia	1,170.00	265.96
02	Prescription Drugs	858.90	674.90
08	Rural Health Clinics	5,752.85	4,702.61
14	Mmc - Hospital Outpatient	111,466.89	37,064.16
15	Mmc - Er Bills	10,609.36	3,501.09
	Expenditures	147,163.78	49,896.00
	Reimb/Adjustments	-308.88	-308.88
	Grand Total	**146,854.90**	**49,587.12**

Expenses	+1,074.00
Copays	<-520.00>
TOTAL	50,141.12

APPROVED
ON

DEC 14 2016

BY
CALHOUN COUNTY AUDITOR

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	9	0	19	56	0
December					
YTD	73	20	84	641	48
Monthly Avg	7	2	8	58	4
December 2015 Active		57			

MEMORIAL MEDICAL CENTER
PORT LAVACA, TX
MANUAL JOURNAL ENTRIES
MONTH OF
Nov-16

Recorded MDO
Reviewed

Acct #	JE #	Description	Check #	Debit Amount	Credit Amount
10255000		Indigent Healthcare		7,633.04	
40450074		Reimbursement - Calhoun Cty			5,782.85
40015074		Benefits - FICA			359.28
40025074		Benefits - FUTA			-
40040074		Benefits - Retirement			408.01
60320000		Benefits - Insurance			1,040.91
40220074		Supplies - General			41.99
40225074		Supplies - Office			-
40230074		Forms			-
40610074		Continuing Education			-
40510074		Outside Services			-
40215074		Freight			-
40600074		Miscellaneous			-
			TOTALS	7,633.04	7,633.04

1,074.00

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

REVERSING: YES _____ NO _____ JE # 111638

APPROVED
ON

DEC 14 2016

BY
CALHOUN COUNTY AUDITOR

ACCT NUMBER & DESC	DATE	MEMO	REFERENCE	JOURNAL	CS#/BAT/SEQ	ACTIVITY	BALANCE
40000074 SALARIES REG PROD -CALHOUN C							
40000074 SALARIES REG PROD -CALHO		BEGINNING BALANCE AS OF: 11/01/16					54,882.50
	11/01/16	REVERSE ACCRUAL		PR	100 79 405	-718.72	
	11/10/16	PAY-P.10/28/16 11/10/16		PR	100 110 46	2,554.47	
	11/24/16	PAY-P.11/11/16 11/24/16		PR	100 127 46	2,960.72	
	11/30/16	Accrual--Days= 6		PR	100 127 404	1,268.88	
		11/30 ACTIVITY/END BALANCE				6,065.35	60,947.85
40005074 SALARIES OVERTIME -CALHO		BEGINNING BALANCE AS OF: 11/01/16					1,900.83
	11/01/16	REVERSE ACCRUAL		PR	100 79 461	-45.80	
	11/10/16	PAY-P.10/28/16 11/10/16		PR	100 110 70	33.96	
	11/24/16	PAY-P.11/11/16 11/24/16		PR	100 127 69	118.34	
	11/30/16	Accrual--Days= 6		PR	100 127 450	50.70	
		11/30 ACTIVITY/END BALANCE				157.20	2,058.03
40010074 SALARIES PTO/EIB -CALHO		BEGINNING BALANCE AS OF: 11/01/16					6,970.48
	11/01/16	REVERSE ACCRUAL		PR	100 79 509	-16.48	
	11/10/16	Auto PR Bene Accrual Re		PR	100 78 91	-3,196.63	
	11/10/16	Auto PR Bene Accrual		PR	100 109 89	3,434.53	
	11/24/16	Auto PR Bene Accrual Re		PR	100 109 91	-3,434.53	
	11/24/16	Auto PR Bene Accrual		PR	100 126 89	3,557.07	
	11/24/16	PAY-P.11/11/16 11/24/16		PR	100 127 99	115.36	
	11/30/16	Accrual--Days= 6		PR	100 127 510	49.44	
		11/30 ACTIVITY/END BALANCE				508.76	7,479.24
40015074 FICA -CALHO		BEGINNING BALANCE AS OF: 11/01/16					11.18
	11/01/16	REVERSE ACCRUAL		PR	100 79 705	-44.12	
	11/01/16	REVERSE ACCRUAL		PR	100 79 771	-10.32	
	11/10/16	PAY-P.10/28/16 11/10/16		PR	100 110 381	34.00	
	11/10/16	PAY-P.10/28/16 11/10/16		PR	100 110 414	145.35	
	11/24/16	PAY-P.11/11/16 11/24/16		PR	100 127 557	34.11	
	11/24/16	PAY-P.11/11/16 11/24/16		PR	100 127 590	145.82	
	11/30/16	Accrual--Days= 6		PR	100 127 710	62.52	
	11/30/16	Accrual--Days= 6		PR	100 127 776	14.64	
		11/30 ACTIVITY/END BALANCE				382.00	393.18
40020074 SUT		BEGINNING AND ENDING BALANCE:					.00
40025074 FUT -CALHO		BEGINNING BALANCE AS OF: 11/01/16					.00
	11/01/16	REVERSE ACCRUAL		PR	100 79 841	.00	
	11/10/16	PAY-P.10/28/16 11/10/16		PR	100 110 447	.00	
	11/24/16	PAY-P.11/11/16 11/24/16		PR	100 127 623	.00	
	11/30/16	Accrual--Days= 6		PR	100 127 846	.00	
		11/30 ACTIVITY/END BALANCE				.00	.00

ACCT NUMBER & DESC	DATE	MEMO	REFERENCE	JOURNAL	CS#/BAT/SEQ	ACTIVITY	BALANCE
40040074 RETIREMENT		-CALHOUN C					
40040074 RETIREMENT		-CALHO BEGINNING BALANCE AS OF: 11/01/16					9.96
	11/01/16	REVERSE ACCRUAL		PR	100 79 905	-61.48	
	11/10/16	PAY-P.10/28/16 11/10/16		PR	100 110 480	203.71	
	11/24/16	PAY-P.11/11/16 11/24/16		PR	100 127 656	204.30	
	11/30/16	Accrual--Days= 6		PR	100 127 910	87.54	
		11/30 ACTIVITY/END BALANCE				434.07	444.03
40110074 REPAIRS INSTRUME		BEGINNING AND ENDING BALANCE:					.00
40120074 MAINT CONTR		BEGINNING AND ENDING BALANCE:					.00
40130074 REPAIRS DEPARTME		BEGINNING AND ENDING BALANCE:					.00
40215074 FREIGHT		BEGINNING AND ENDING BALANCE:					.00
40220074 SUPPLIES GENERAL		-CALHO BEGINNING BALANCE AS OF: 11/01/16					.00
	11/22/16	DEWITT POTH & SON	488209-0	PJ	19 5516 26	41.99	
		11/30 ACTIVITY/END BALANCE				41.99	41.99
40225074 OFFICE SUPPLIES		BEGINNING AND ENDING BALANCE:					.00
40230074 FORMS		BEGINNING AND ENDING BALANCE:					.00
40410074 COUNTY OFFSET		BEGINNING AND ENDING BALANCE:					.00
40450074 REIMBURSEMENT		BEGINNING AND ENDING BALANCE:					-60,858.89
40500074 LEASE & RENTAL		BEGINNING AND ENDING BALANCE:					.00
40510074 PURCHASED SERVIC		BEGINNING AND ENDING BALANCE:					.00
40530074 PROF FEES		BEGINNING AND ENDING BALANCE:					.00
40600074 TRAVEL		BEGINNING AND ENDING BALANCE:					.00
40605074 DUES & SUBSCRIPT		BEGINNING AND ENDING BALANCE:					.00

ACCT NUMBER & DESC	DATE	MEMO	REFERENCE	JOURNAL	CS#/BAT/SEQ	ACTIVITY	BALANCE
40610074 CONT EDUCATION		BEGINNING AND ENDING BALANCE:					.00
40900074 MISCELLANEOUS		BEGINNING AND ENDING BALANCE:					.00
		COST CENTER TOTAL:				7,589.37	
		ENDING BALANCE GRAND TOTAL:					10,505.43
		GRAND TOTAL ACTIVITY:					7,589.37

Cristy Tuazon

From: Adam Machicek <AMachicek@mmcportlavaca.com>
Sent: Wednesday, December 07, 2016 5:25 PM
To: Cristina Tuazon
Cc: Maria Ortiz; Janie Becerra
Subject: Indigent - Nov 2016
Attachments: Nov 2016.pdf

There were $520 in copays in Nov.

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

G/L NUMBER	RECEIPT DATE	PAY NUMBER	TYPE	PAYER	CASH AMOUNT	RECEIPT AMOUNT	NUMBER	NAME	DISC DATE	COLL INIT	GL CODE	CASH ACCOUNT
[redacted]												
50240.000	11/07/16	447604	CA	[redacted]	10.00	10.00			00/00/00	AWG		2
50240.000	11/04/16	447355	CA	[redacted]	10.00	10.00			00/00/00	CAS		2
50240.000	11/29/16	449276	CA	[redacted]	10.00	10.00			00/00/00	CAS		2
50240.000	11/25/16	449053	CA	[redacted]	10.00	10.00			00/00/00	JJG		2
50240.000	11/01/16	447147	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	11/01/16	447170	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	11/02/16	447190	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	11/02/16	447192	MC	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	11/02/16	447236	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	11/03/16	447286	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	11/03/16	447320	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	11/03/16	447328	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	11/04/16	447337	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	11/04/16	447349	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	11/04/16	447487	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	11/04/16	447488	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	11/07/16	447528	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	11/07/16	447551	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	11/07/16	447634	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	11/07/16	447635	VI	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	11/09/16	447775	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	11/09/16	447783	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	11/09/16	447822	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	11/09/16	447831	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	11/10/16	447838	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	11/10/16	447892	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	11/10/16	447894	CA	[redacted]	10.00-	10.00-			00/00/00	PLB		2
50240.000	11/11/16	448079	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	11/15/16	448258	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	11/16/16	448399	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	11/16/16	448402	CA	[redacted]	10.00-	10.00-			00/00/00	PLB		2
50240.000	11/17/16	448479	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	11/17/16	448485	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	11/17/16	448490	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	11/17/16	448545	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	11/17/16	448547	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	11/18/16	448576	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	11/18/16	448607	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	11/18/16	448608	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	11/21/16	448699	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	11/21/16	448713	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	11/21/16	448714	CK	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	11/21/16	448748	MC	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	11/22/16	448873	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	11/22/16	448886	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	11/25/16	449018	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	11/28/16	449169	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	11/28/16	449174	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	11/29/16	449210	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	11/29/16	449359	CK	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	11/30/16	449416	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	11/30/16	449499	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	11/30/16	449515	CK	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	11/15/16	448190	CA	[redacted]	10.00	10.00			00/00/00		VTT	2
50240.000	11/16/16	448320	CA	[redacted]	10.00	10.00			00/00/00		VTT	2
50240.000	11/30/16	449424	CA	[redacted]	10.00	10.00			00/00/00		VTT	2
TOTAL 50240.000 COUNTY INDIGENT COPAYS						520.00						

[redacted]

RUN DATE:11/01/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:13:38 CHECK REGISTER and Payable List GLCKREG
11/01/16 THRU 11/01/16

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000839	11/01/16	879.81	MCKESSON
A/P	000840	11/01/16	880.67	MCKESSON
A/P	000841	11/01/16	1,438.23	MCKESSON
TOTALS:			3,198.71	

340B Prescription Expenses

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

Michael J. Pfeifer
County Judge
11-4-16

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 10/28/2016

DC: 8115

Territory: 400

Customer: 190813
Date: 10/29/2016

Page: 001

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

As of: 10/28/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 10/29/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
10/24/2016	11/01/2016	7773366595	1000904806	115Invoice	2.13	106.39		✓ 104.26 ✓		7773366595	
10/24/2016	11/01/2016	7773366596	1000905373	115Invoice	8.18	409.01		✓ 400.83 ✓		7773366596	
10/24/2016	11/01/2016	7773366597	1000905770	115Invoice	4.12	205.98		✓ 201.86 ✓		7773366597	
10/25/2016	11/01/2016	7773644872	1000906152	115Invoice	2.28	113.87		✓ 111.59 ✓		7773644872	
10/26/2016	11/01/2016	7773843651	1000906534	115Invoice	0.94	46.97		✓ 46.03 ✓		7773843651	
10/28/2016	11/01/2016	7774325167	1000907749	115Invoice	0.31	15.55		✓ 15.24 ✓		7774325167	

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

TOTAL:

Subtotals: 897.77 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 605.20
10/24/2016

If Paid By 11/01/2016,
Pay This Amount: 879.81 USD

If Paid After 11/01/2016,
Pay this Amount: 897.77 USD

Due If Paid On Time:
USD 879.81

Disc lost if paid late:
17.96

Due If Paid Late:
USD 897.77

ck# 839

10-31-16

APPROVED
ON
NOV 01 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: 10/28/2016

DC: 8115

Territory: 400

Customer: 256342
Date: 10/29/2016

Page: 001

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

As of: 10/28/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 10/29/2016

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	
10/24/2016	11/01/2016	7773368009	3454581801	115Invoice	1.21	60.47		✓ 59.26	✓	7773368009	
10/24/2016	11/01/2016	7773368011	3454581801	115Invoice	0.45	22.45		✓ 22.00	✓	7773368011	
10/25/2016	11/01/2016	7773651297	3454581805	115Invoice	0.32	16.11		✓ 15.79	✓	7773651297	
10/25/2016	11/01/2016	7773651298	1096582	115Invoice	0.75	37.43		✓ 36.68	✓	7773651298	
10/26/2016	11/01/2016	7773870840	3454581809	115Invoice	6.75	337.31		✓ 330.56	✓	7773870840	
10/27/2016	11/01/2016	7774099528	3454581813	115Invoice	8.47	423.73		✓ 415.26	✓	7774099528	
10/28/2016	11/01/2016	7774331096	3454581817	115Invoice	0.02	1.14		✓ 1.12	✓	7774331096	

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

TOTAL:

Subtotals: 898.64 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 152.03
10/24/2016

If Paid By 11/01/2016,
Pay This Amount: 880.67 USD

If Paid After 11/01/2016,
Pay this Amount: 898.64 USD

Due If Paid On Time:
USD 880.67

Disc lost if paid late:
17.97

Due If Paid Late:
USD 898.64

ck# 840

12.31.14

APPROVED
ON

NOV 0 1 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: 10/28/2016
DC: 8115
Territory: 400
Customer: 262252
Date: 10/29/2016

Page: 001

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

As of: 10/28/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252
Date: 10/29/2016

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	
10/24/2016	11/01/2016	7773390812	1000904808	115Invoice	1.97	98.49		✓ 96.52	✓	7773390812	
10/24/2016	11/01/2016	7773390813	1000905375	115Invoice	3.36	167.88		✓ 164.52	✓	7773390813	
10/24/2016	11/01/2016	7773390814	1000905375	115Invoice	0.46	23.02		✓ 22.56	✓	7773390814	
10/24/2016	11/01/2016	7773390815	1000905772	115Invoice	6.05	302.60		✓ 296.55	✓	7773390815	
10/25/2016	11/01/2016	7773656938	1000906154	115Invoice	1.75	87.34		✓ 85.59	✓	7773656938	
10/25/2016	11/01/2016	7773656939	1000906154	115Invoice	0.43	21.74		✓ 21.31	✓	7773656939	
10/26/2016	11/01/2016	7773866719	1000906536	115Invoice	5.93	296.38		✓ 290.45	✓	7773866719	
10/27/2016	11/01/2016	7774085529	1000907166	115Invoice	0.89	44.43		✓ 43.54	✓	7774085529	
10/28/2016	11/01/2016	7774340117	1000907751	115Invoice	8.49	424.43		✓ 415.94	✓	7774340117	
10/28/2016	11/01/2016	7774340118	1000907751	115Invoice	0.03	1.28		✓ 1.25	✓	7774340118	

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

TOTAL:

Subtotals: 1,467.59 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 693.19
10/24/2016

If Paid By 11/01/2016,
Pay This Amount: 1,438.23 USD

If Paid After 11/01/2016,
Pay this Amount: 1,467.59 USD

Due If Paid On Time:
USD 1,438.23

Disc lost if paid late:
29.36

Due If Paid Late:
USD 1,467.59

Ch# 841

APPROVED ON
NOV 01 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
11/1/2016

Nursing Home	IBC Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	IGT Transfer-In	MMC Portion - Return of IGT	MMC Portion - Federal Match	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens	[redacted]4553	73,857.88	381,247.35	653,050.75	-	-	-	99,038.68	345,661.28	345,561.28

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	109,616.75	587,112.65	-	-	-	28,852.60	497,632.81	497,532.81
Crescent	[redacted]4588	26,070.30	55,580.32	302,917.26	-	-	-	9,537.03	273,407.24	273,307.24
Broadmoor	[redacted]4596	53,168.74	60,130.68	557,366.18	-	-	-	2,358.29	550,404.24	550,304.24
Fort Bend	[redacted]4618	14,006.21	109,212.95	256,155.97	-	-	-	30,697.16	160,949.23	160,849.23
										1,481,993.52

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

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

Approved:

Cantex transfer approved 10/27/16 was not done. This transfer includes those amounts. cm

APPROVED
NOV 0 2 2016
COUNTY AUDITOR

Account Portfolio as of 11/01/2016 8:24:58 AM

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

Commercial Checking Accounts

Account Name	Account Number	Today's Beginning Balance	Available Balance
Memorial Medical Center	3387	$1,845,372.76	$1,845,372.76
Memorial Medical Center	4553	$345,661.28	$346,552.02
Memorial Medical Center	4561	$497,632.81	$502,598.96
Memorial Medical Center	4588	$273,407.24	$273,537.72
Memorial Medical Center	4596	$550,404.24	$550,404.24
Memorial Medical Center	4618	$160,949.23	$160,949.23
Memorial Medical Center Operat	0301	$2,062,104.80	$2,065,363.26
County of Calhoun Indigent	1101	$7,307.36	$7,307.36
Totals		**$5,742,839.72**	**$5,752,085.55**

IBC Bank Activity
10/17/16 through 10/31/16

Ashford Gardens					Transfer-Out	Transfer-In	
10/20/2016	[redacted]	142	ACH CREDIT RECEIVED			14,395.05	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT3842118*1201494502\
10/20/2016	[redacted]	142	ACH CREDIT RECEIVED			6,848.43	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT3841194*1201494502\
10/20/2016	[redacted]	142	ACH CREDIT RECEIVED			122,701.55	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04911|TRN*1*EFT6543765*1205296137*000004911\
10/20/2016	[redacted]	301	COMMERCIAL DEPOSIT			19,038.64	
10/21/2016	[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	[redacted]	142	ACH CREDIT RECEIVED			24,609.02	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04911|TRN*1*EFT6544327*1205296137*000004911\
10/21/2016	[redacted]	495	OUTGOING MONEY TRANSFER		73,757.88		ASHFORD HEALTH CARE CENTER LTD
10/24/2016	[redacted]	142	ACH CREDIT RECEIVED			151,367.00	AMERIGROUP CORPO E-PAYMENT|MEMORIAL MEDICAL|ISA*00* *00* *ZZ*BCCACP401
10/24/2016	[redacted]	142	ACH CREDIT RECEIVED			6,160.92	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04911|TRN*1*EFT6544920*1205296137*000004911\
10/25/2016	[redacted]	142	ACH CREDIT RECEIVED			651.63	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04911|TRN*1*EFT6545389*1205296137*000004911\
10/26/2016	[redacted]	142	ACH CREDIT RECEIVED			5,065.74	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04911|TRN*1*EFT6546043*1205296137*000004911\
10/26/2016	[redacted]	301	COMMERCIAL DEPOSIT			194,614.53	
10/27/2016	[redacted]	142	ACH CREDIT RECEIVED			1,089.70	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
10/27/2016	[redacted]	301	COMMERCIAL DEPOSIT			88,707.66	
10/28/2016	[redacted]	47S	CHECK PAID		307,489.47		
10/31/2016	[redacted]	142	ACH CREDIT RECEIVED			8,183.12	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
10/31/2016	[redacted]	142	ACH CREDIT RECEIVED			3,540.11	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT3868752*1201494502\
10/31/2016	[redacted]	142	ACH CREDIT RECEIVED			1,773.43	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT3865957*1201494502\
					381,247.35	653,050.75	

Solera at West Houston					Transfer-Out	Transfer-In	
10/18/2016	113105025	4561	142	ACH CREDIT RECEIVED		1,495.91	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*016101414300181*1752603231\
10/19/2016	113105025	4561	142	ACH CREDIT RECEIVED		285,522.81	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4219741*1205296137*000004011\
10/20/2016	113105025	4561	301	COMMERCIAL DEPOSIT		19,702.57	
10/20/2016	113105025	4561	142	ACH CREDIT RECEIVED		143.97	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*016101813100131*1752603231\
10/21/2016	113105025	4561	142	ACH CREDIT RECEIVED		7,322.93	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*016101913700694*1752603231\
10/21/2016	113105025	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	113105025	4561	495	OUTGOING MONEY TRANSFER	20,036.91		CANTEX HEALTH CARE CENTERS LLC
10/21/2016	113105025	4561	142	ACH CREDIT RECEIVED		43,800.36	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4222796*1205296137*000004011\
10/24/2016	113105025	4561	142	ACH CREDIT RECEIVED		1,483.77	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*016102010300064*1752603231\
10/24/2016	113105025	4561	142	ACH CREDIT RECEIVED		36,440.75	AMERIGROUP CORPO E-PAYMENT|MEMORIAL MEDICAL|ISA*00* *00* *ZZ*BCCACP401
10/24/2016	113105025	4561	142	ACH CREDIT RECEIVED		14,091.39	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4224786*1205296137*000004011\
10/25/2016	113105025	4561	142	ACH CREDIT RECEIVED		4,749.47	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4226132*1205296137*000004011\
10/26/2016	113105025	4561	142	ACH CREDIT RECEIVED		1,140.90	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4228094*1205296137*000004011\
10/26/2016	113105025	4561	301	COMMERCIAL DEPOSIT		54,661.13	
10/27/2016	113105025	4561	142	ACH CREDIT RECEIVED		2,424.87	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*016102511900185*1752603231\
10/27/2016	113105025	4561	301	COMMERCIAL DEPOSIT		69,930.66	
10/27/2016	113105025	4561	142	ACH CREDIT RECEIVED		32,175.02	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4229670*1205296137*000004011\
10/27/2016	113105025	4561	142	ACH CREDIT RECEIVED		2,509.89	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*016102511300113*1752603231\
10/28/2016	113105025	4561	142	ACH CREDIT RECEIVED		8,371.35	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
10/28/2016	113105025	4561	475	CHECK PAID	89,579.84		
10/31/2016	113105025	4561	142	ACH CREDIT RECEIVED		1,140.90	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4232499*1205296137*000004011\
					109,616.75	587,112.65	

Crescent

						Transfer-Out	Transfer-In			
10/19/2016	113105025	[redacted]	4588	142	ACH CREDIT RECEIVED		127,932.84	676323		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4219744*1205296137*000004011\
10/20/2016	113105025	[redacted]	4588	142	ACH CREDIT RECEIVED		9,005.83	676323		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4221437*1205296137*000004011\
10/20/2016	113105025	[redacted]	4588	142	ACH CREDIT RECEIVED		3,986.78	PN1669860425		Molina HC of TX Molina HC|THE CRESCENT|TRN*1*EFT3841287*1201494502\
10/20/2016	113105025	[redacted]	4588	301	COMMERCIAL DEPOSIT		3,048.00	0	1.4E+07	
10/21/2016	113105025	[redacted]	4588	142	ACH CREDIT RECEIVED		24.00	1.7E+13		HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
10/21/2016	113105025	[redacted]	4588	142	ACH CREDIT RECEIVED		2,644.32	1.6E+13		AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*016101911300552*1452485907\
10/21/2016	113105025	[redacted]	4588	142	ACH CREDIT RECEIVED		26,122.63	676323		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4222800*1205296137*000004011\
10/21/2016	113105025	[redacted]	4588	495	OUTGOING MONEY TRANSFER	25,970.30				CANTEX HEALTH CARE CENTERS III
10/24/2016	113105025	[redacted]	4588	142	ACH CREDIT RECEIVED		14,190.28	676323		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4224790*1205296137*000004011\
10/24/2016	113105025	[redacted]	4588	142	ACH CREDIT RECEIVED		21,530.90	EE51422593		AMERIGROUP CORPO E-PAYMENT|MEMORIAL MEDICAL|ISA*00* *00* *ZZ*BCCACP401
10/25/2016	113105025	[redacted]	4588	142	ACH CREDIT RECEIVED		24,434.31	676323		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4226136*1205296137*000004011\
10/26/2016	113105025	[redacted]	4588	301	COMMERCIAL DEPOSIT		9,786.75	0	1.4E+07	
10/27/2016	113105025	[redacted]	4588	142	ACH CREDIT RECEIVED		661.08	1.6E+13		AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*016102514700008*1452485907\
10/27/2016	113105025	[redacted]	4588	301	COMMERCIAL DEPOSIT		37,126.83	0	1.4E+07	
10/27/2016	113105025	[redacted]	4588	142	ACH CREDIT RECEIVED		8,001.94	676323		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4229675*1205296137*000004011\
10/28/2016	113105025	[redacted]	4588	475	CHECK PAID	29,610.02		7	1.4E+07	
10/28/2016	113105025	[redacted]	4588	142	ACH CREDIT RECEIVED		7,821.85	1.7E+13		HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
10/31/2016	113105025	[redacted]	4588	142	ACH CREDIT RECEIVED		6,598.92	PN1669860425		Molina HC of TX Molina HC|THE CRESCENT|TRN*1*EFT3866144*1201494502\
						55,580.32	302,917.26			

Broadmoor

						Transfer-Out	Transfer-In			
10/17/2016	113105025	[redacted]	4596	142	ACH CREDIT RECEIVED		266.00	676357		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4217113*1205296137*000004011\
10/19/2016	113105025	[redacted]	4596	142	ACH CREDIT RECEIVED		394,860.87	676357		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4219756*1205296137*000004011\
10/20/2016	113105025	[redacted]	4596	142	ACH CREDIT RECEIVED		11,142.04	676357		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4221451*1205296137*000004011\
10/20/2016	113105025	[redacted]	4596	142	ACH CREDIT RECEIVED		1,408.22	PN1669860433		Molina HC of TX Molina HC|THE BROADMOOR AT CREEK|TRN*1*EFT3841199*1201494502\
10/20/2016	113105025	[redacted]	4596	301	COMMERCIAL DEPOSIT		7,637.76	0	1.4E+07	
10/20/2016	113105025	[redacted]	4596	142	ACH CREDIT RECEIVED		1,352.06	1.7E+13		HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
10/21/2016	113105025	[redacted]	4596	495	OUTGOING MONEY TRANSFER	52,808.81				CANTEX HEALTH CARE CENTERS III
10/21/2016	113105025	[redacted]	4596	142	ACH CREDIT RECEIVED		1,769.40	1.7E+13		HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
10/21/2016	113105025	[redacted]	4596	142	ACH CREDIT RECEIVED		4,259.35	676357		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4222818*1205296137*000004011\
10/24/2016	113105025	[redacted]	4596	142	ACH CREDIT RECEIVED		10,165.59	676357		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4224809*1205296137*000004011\
10/24/2016	113105025	[redacted]	4596	142	ACH CREDIT RECEIVED		1,613.36	EE51422594		AMERIGROUP CORPO E-PAYMENT|MEMORIAL MEDICAL|ISA*00* *00* *ZZ*BCCACP401
10/26/2016	113105025	[redacted]	4596	142	ACH CREDIT RECEIVED		2,876.63	1.7E+13		HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
10/26/2016	113105025	[redacted]	4596	301	COMMERCIAL DEPOSIT		6,453.44	0	1.4E+07	
10/26/2016	113105025	[redacted]	4596	142	ACH CREDIT RECEIVED		37,643.75	676357		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4228123*1205296137*000004011\
10/27/2016	113105025	[redacted]	4596	142	ACH CREDIT RECEIVED		1,573.43	676357		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4229692*1205296137*000004011\
10/27/2016	113105025	[redacted]	4596	301	COMMERCIAL DEPOSIT		51,702.61	0	1.4E+07	
10/27/2016	113105025	[redacted]	4596	142	ACH CREDIT RECEIVED		436.35	1.7E+13		HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
10/28/2016	113105025	[redacted]	4596	475	CHECK PAID	7,321.87		10	1.4E+07	
10/28/2016	113105025	[redacted]	4596	142	ACH CREDIT RECEIVED		21,836.30	676357		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4231023*1205296137*000004011\
10/31/2016	113105025	[redacted]	4596	142	ACH CREDIT RECEIVED		369.02	PN1669860433		Molina HC of TX Molina HC|THE BROADMOOR AT CREEK|TRN*1*EFT3865960*1201494502\
						60,130.68	557,366.18			

Fort Bend

						Transfer-Out	Transfer-In			
10/20/2016	113105025	[redacted]	4618	301	COMMERCIAL DEPOSIT		92.43	0	1.4E+07	
10/21/2016	113105025	[redacted]	4618	142	ACH CREDIT RECEIVED		90,247.33	675663		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4222731*1205296137*000004011\
10/21/2016	113105025	[redacted]	4618	495	OUTGOING MONEY TRANSFER	13,906.21				CANTEX HEALTH CARE CENTERS III
10/21/2016	113105025	[redacted]	4618	142	ACH CREDIT RECEIVED		36.00	1.7E+13		HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
10/21/2016	113105025	[redacted]	4618	142	ACH CREDIT RECEIVED		7,220.51	PN1730577503		Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRN*1*EFT3845288*1201494502\
10/24/2016	113105025	[redacted]	4618	142	ACH CREDIT RECEIVED		8,539.14	1.6E+13		AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|TRN*1*016102010300060*1752603231\
10/24/2016	113105025	[redacted]	4618	142	ACH CREDIT RECEIVED		12,600.39	EE51422591		AMERIGROUP CORPO E-PAYMENT|MEMORIAL MEDICAL|ISA*00* *00* *ZZ*BCCACP401
10/25/2016	113105025	[redacted]	4618	142	ACH CREDIT RECEIVED		4,294.04	675663		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4225890*1205296137*000004011\
10/26/2016	113105025	[redacted]	4618	301	COMMERCIAL DEPOSIT		63,001.95	0	1.4E+07	
10/27/2016	113105025	[redacted]	4618	142	ACH CREDIT RECEIVED		722.83	675663		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4229300*1205296137*000004011\
10/27/2016	113105025	[redacted]	4618	142	ACH CREDIT RECEIVED		1,730.41	1.6E+13		AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|TRN*1*016102511900181*1752603231\
10/27/2016	113105025	[redacted]	4618	301	COMMERCIAL DEPOSIT		50,884.56	0	1.4E+07	
10/28/2016	113105025	[redacted]	4618	475	CHECK PAID	95,306.74		7	1.4E+07	
10/31/2016	113105025	[redacted]	4618	142	ACH CREDIT RECEIVED		753.33	PN1730577503		Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRN*1*EFT3865956*1201494502\
10/31/2016	113105025	[redacted]	4618	142	ACH CREDIT RECEIVED		16,033.05	1.7E+13		HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
						109,212.95	256,155.97			

October -MPAP

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	3189	[illegible]	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	3433	[illegible]	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	3425	[illegible]	3006	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	3259	[illegible]	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	7503	[illegible]	3006	Memorial Medical Center	Fort Bend Healthcare Center	$50,401.56	$83,001.95	$0.00	$12,600.39	$126,003.90	$64,609.58	$30,697.16	$95,306.74	$30,697.16	$126,003.90
							$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						

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

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

Cindy Mueller

From: Adam Machicek <AMachicek@mmcportlavaca.com>
Sent: Tuesday, November 01, 2016 2:45 PM
To: 'Cindy Mueller' (cindy.mueller@calhouncotx.org)
Subject: Cantex Transfer
Attachments: NH 10-31-16.pdf

For approval.

Note last week's wire was not competed so the activity was rolled into this weeks.

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

APPROVED
ON

NOV 0 2 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

11/01/2016
14:41

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 11/08/2016

0
ap_open_invoice.template

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
438668 ✓		10/25/20	10/03/20	11/08/20		9,750.00	0.00	0.00	9,750.00 ✓
	DUES & SUBCRIPTIONS LAB								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10592	AMERICAN PROFICIENCY INSTITUTE	9,750.00	0.00	0.00	9,750.00

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
25500534		10/27/20	10/16/20	10/26/20		2,938.25	0.00	0.00	2,938.25 ✓
	PROF FEES PHY THRPY								
2552718 ✓		10/27/20	10/20/20	10/30/20		2,564.50	0.00	0.00	2,564.50 ✓
	PROF FEES PHY THRPY								
25253447CR ✓		10/31/20	09/08/20	09/18/20		-3,361.00	0.00	0.00	-3,361.00 ✓
	PROF FEES PHY THRPY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11232	AMN HEALTHCARE ALLIED, INC.	2,141.75	0.00	0.00	2,141.75

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
105901760 ✓		10/20/20	10/04/20	11/08/20		950.88	0.00	0.00	950.88 ✓
	SUPPLIES LAB								
105902177 ✓		10/20/20	10/04/20	11/08/20		9,603.55	0.00	0.00	9,603.55 ✓
	SUPPLIES LAB								
105901831 ✓		10/20/20	10/04/20	11/08/20		1,569.24	0.00	0.00	1,569.24 ✓
	SUPPLIES LAB								
105903783		10/20/20	10/05/20	11/08/20		2,071.26	0.00	0.00	2,071.26 ✓
	SUPPLIES LAB								
4286220 ✓		10/20/20	10/05/20	11/08/20		6,026.00	0.00	0.00	6,026.00 ✓
	MAINT CONTR LAB								
105905276 ✓		10/20/20	10/05/20	11/08/20		232.98	0.00	0.00	232.98 ✓
	SUPPLIES LAB								
105906674 ✓		10/20/20	10/06/20	11/08/20		126.76	0.00	0.00	126.76 ✓
	SUPPLIES LAB								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	20,580.67	0.00	0.00	20,580.67

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
21460		10/28/20	10/04/20	11/04/20		43.81	0.00	0.00	43.81 ✓
	PURCHASED SERVICES INFO								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1010	CABLE ONE	43.81	0.00	0.00	43.81

Vendor#	Vendor Name	Class	Pay Code
A1725	CARDINAL HEALTH ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8001146351 ✓		10/27/20	09/30/20	10/30/20		346.11	0.00	0.00	346.11 ✓

SUPPLIES GENERAL NUC MEI

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1725	CARDINAL HEALTH	346.11	0.00	0.00	346.11

Vendor#	Vendor Name	Class	Pay Code
C1730	CITY OF PORT LAVACA ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21457		10/27/20	10/20/20	11/07/20			482.71	0.00	0.00	482.71 ✓
	WATER & SEWER PLNT OPER									
21456		10/27/20	10/20/20	11/07/20			6,370.32	0.00	0.00	6,370.32 ✓
	WATER & SEWER PLNT OPER									
21486		10/31/20	10/20/20	11/07/20			783.06	0.00	0.00	783.06 ✓
	WATER & SEWER PLNT OPER									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1730	CITY OF PORT LAVACA	7,636.09	0.00	0.00	7,636.09

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
WO-14557-1 ✓		10/31/20	10/28/20	11/08/20			14.77	0.00	0.00	14.77 ✓
	OFFICE SUPPLIES MM CLINIC									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1166	COASTAL OFFICE SOLUTONS	14.77	0.00	0.00	14.77

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
477301-0 ✓		10/31/20	07/13/20	08/12/20			10.16	0.00	0.00	10.16 ✓
	OFFICE SUPPLIES BUS OFFCI									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	10.16	0.00	0.00	10.16

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
21482		10/31/20	10/03/20	10/13/20			6.10	0.00	0.00	6.10 ✓
	PURCHASED SERVICES HOUS									
21483		10/31/20	10/05/20	10/15/20			6.10	0.00	0.00	6.10 ✓
	PURCHASED SERVICES HOUS									
21481		10/31/20	10/13/20	10/23/20			60.00	0.00	0.00	60.00 ✓
	PURCHASED SERVICES HOUS									
21484		10/31/20	10/24/20	11/03/20			6.10	0.00	0.00	6.10 ✓
	PURCHASED SERVICES HOUS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1710	DOWNTOWN CLEANERS	78.30	0.00	0.00	78.30

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
62386 ✓		10/28/20	10/13/20	10/31/20			143.50	0.00	0.00	143.50 ✓
	PURCHASES SERVICES PLNT									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	E0500	EAGLE FIRE & SAFETY INC	143.50	0.00	0.00	143.50

Vendor#	Vendor Name	Class	Pay Code
C2510	EVIDENT ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
A1610051378 ✓		10/20/20	10/05/20	11/08/20			16,007.00	0.00	0.00	16,007.00 ✓

		SOFTWARE MAINT IT							
	923703 ✓		10/20/20	10/06/20	11/08/20	1,446.10	0.00	0.00	1,446.10 ✓
		SUPPLIES ACCOUNTING							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		C2510	EVIDENT			17,453.10	0.00	0.00	17,453.10
Vendor#	Vendor Name				Class	Pay Code			
F1100	FEDERAL EXPRESS CORP. ✓				W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	5-583-77841 ✓		10/27/20	10/20/20	11/04/20		54.95	0.00	0.00	54.95 ✓
		FREIGHT C/S							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		F1100	FEDERAL EXPRESS CORP.			54.95	0.00	0.00	54.95
Vendor#	Vendor Name				Class	Pay Code			
10788	FIRETROL PROTECTION SYSTEMS ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	100448720 ✓		10/31/20	10/25/20	11/04/20		307.50	0.00	0.00	307.50 ✓
		PURCHASED SERVICES PLNT							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		10788	FIRETROL PROTECTION SYSTEMS			307.50	0.00	0.00	307.50
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
	7487187 ✓		10/28/20	10/04/20	11/03/20		1,188.76	0.00	0.00	1,188.76 ✓
		FREIGHT LAB							
	7577688 ✓		10/28/20	10/06/20	11/05/20		131.12	0.00	0.00	131.12 ✓
		SUPPLIES GENERAL LAB							
	7946228 ✓		10/28/20	10/12/20	11/08/20		106.50	0.00	0.00	106.50 ✓
		SUPPLIES GENERAL LAB							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		F1400	FISHER HEALTHCARE			1,426.38	0.00	0.00	1,426.38
Vendor#	Vendor Name				Class	Pay Code			
10283	GE HEALTHCARE ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	6000601184 ✓		10/28/20	10/01/20	10/31/20		3,173.16	0.00	0.00	3,173.16 ✓
		MAINT CONTR MIR							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		10283	GE HEALTHCARE			3,173.16	0.00	0.00	3,173.16
Vendor#	Vendor Name				Class	Pay Code			
10653	GLOBAL EQUIPMENT CO. INC. ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	080216		10/31/20	08/02/20	09/01/20		113.54	0.00	0.00	113.54 ✓
		FREIGHT HOUSEKEEP							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		10653	GLOBAL EQUIPMENT CO. INC.			113.54	0.00	0.00	113.54
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
	21478		10/31/20	10/04/20	10/31/20		25.00	0.00	0.00	25.00 ✓
		PURCHASED SERVICES LAB							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		G0401	GULF COAST DELIVERY			25.00	0.00	0.00	25.00

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
	1209073-		10/26/20	10/04/20	11/08/20		454.06	0.00	0.00	454.06
		SUPPLIES HOUSEKEEPING								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		G1210	GULF COAST PAPER COMPANY				454.06	0.00	0.00	454.06
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
	055528		10/27/20	08/22/20	09/11/20		38.47	0.00	0.00	38.47
		FOOD SUPPLIES DIETARY								
	074923		10/27/20	10/14/20	11/03/20		160.51	0.00	0.00	160.51
		FOOD SUPPLIES DIETARY								
	084234		10/27/20	10/18/20	11/07/20		99.92	0.00	0.00	99.92
		FOOD SUPPLIES DIETARY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		H0030	H E BUTT GROCERY				298.90	0.00	0.00	298.90
Vendor#	Vendor Name				Class	Pay Code				
10922	HUNTER PHARMACY SERVICES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	1873		10/14/20	09/30/20	11/08/20		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				
11230	JACKSON & COKER LOCUM TENENS,									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	357774		10/27/20	10/05/20	11/05/20		7,780.12	0.00	0.00	7,780.12
		PRO FEES OB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11230	JACKSON & COKER LOCUM TENENS,				7,780.12	0.00	0.00	7,780.12
Vendor#	Vendor Name				Class	Pay Code				
10285	JAMES A DANIEL									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	21473		10/31/20	10/31/20	10/31/20		750.00	0.00	0.00	750.00
		LEASE & RENTAL ADMIN								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10285	JAMES A DANIEL				750.00	0.00	0.00	750.00
Vendor#	Vendor Name				Class	Pay Code				
11099	MARLIN BUSINESS BANK									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	14466721		10/24/20	10/13/20	11/08/20		662.27	0.00	0.00	662.27
		LEASE & RENTAL INFO TECH								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11099	MARLIN BUSINESS BANK				662.27	0.00	0.00	662.27
Vendor#	Vendor Name				Class	Pay Code				
M2659	MERRY X-RAY/SOURCEONE HEALTHCA				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	32590516345		10/28/20	10/03/20	11/02/20		266.67	0.00	0.00	266.67
		PURCHASED SERVICES MAM								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net

	M2659	MERRY X-RAY/SOURCEONE HEALTHCA				266.67	0.00	0.00	266.67
Vendor#	Vendor Name				Class	Pay Code			
M2650	METLIFE ✓				W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	21461		10/28/20	10/01/20	11/01/20		258.52	0.00	0.00	258.52 ✓
		EMPL EXP P/R CLEARNG OTH								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2650	METLIFE				258.52	0.00	0.00	258.52
Vendor#	Vendor Name				Class	Pay Code				
10810	MMC EMPLOYEE BENEFIT PLAN ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	101716		10/24/20	10/17/20	11/08/20		31,023.75	0.00	0.00	31,023.75 ✓
		EMPL EXP DENT INSURN OTH								
	102416		10/27/20	10/24/20	10/31/20		23,973.17	0.00	0.00	23,973.17 ✓
		EMPL EXP DEN INSURN OTHE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10810	MMC EMPLOYEE BENEFIT PLAN				54,996.92	0.00	0.00	54,996.92
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
	9487551 ✓		10/27/20	10/26/20	10/27/20		2,800.99	0.00	0.00	2,800.99 ✓
		INVENTORY PHARMACY INVE								
	9488005 ✓		10/27/20	10/26/20	10/27/20		22.20	0.00	0.00	22.20 ✓
		INVENTORY PHARMACY INVE								
	9485094 ✓		10/27/20	10/26/20	10/27/20		308.92	0.00	0.00	308.92 ✓
		INVENTORY PHARMACY INVE								
	9487550 ✓		10/27/20	10/26/20	10/27/20		0.10	0.00	0.00	0.10 ✓
		INVENTORY PHARMACY INVE								
	9485093 ✓		10/27/20	10/26/20	10/27/20		0.39	0.00	0.00	0.39 ✓
		INVENTORY PHARMACY INVE								
	9487552 ✓		10/27/20	10/26/20	10/27/20		24.34	0.00	0.00	24.34 ✓
		INVENTORY PHARMACY INVE								
	0300 ✓		10/28/20	10/24/20	10/25/20		-5.00	0.00	0.00	-5.00 ✓
		INVENTORY PHARAMACY INV								
	9482598 ✓		10/28/20	10/25/20	10/26/20		1,503.33	0.00	0.00	1,503.33 ✓
		INVENTORY PHARMACY INVE								
	9482599 ✓		10/28/20	10/25/20	10/26/20		120.11	0.00	0.00	120.11 ✓
		INVENTORY PHARMACY INVE								
	CM16285 ✓		10/28/20	10/25/20	10/26/20		-797.09	0.00	0.00	-797.09 ✓
		INVENTORY PHARMACY INVE								
	9482597 ✓		10/28/20	10/25/20	10/26/20		1.54	0.00	0.00	1.54 ✓
		INVENTROY PHARMACY INVE								
	9482600 ✓		10/28/20	10/25/20	10/26/20		4.18	0.00	0.00	4.18 ✓
		INVENTORY PHARMACY INVE								
	9495363 ✓		10/31/20	10/28/20	10/29/20		17.35	0.00	0.00	17.35 ✓
		INVENTROY PHARMACY INVE								
	9495360 ✓		10/31/20	10/28/20	10/29/20		281.43	0.00	0.00	281.43 ✓
		INVENTORY PHARMACY INVE								
	9495361 ✓		10/31/20	10/28/20	10/29/20		1,502.94	0.00	0.00	1,502.94 ✓
		INVENTORY PHARMACY INVE								
	9495362 ✓		10/31/20	10/28/20	10/29/20		1.59	0.00	0.00	1.59 ✓

	INVENTORY PHARMACY INVE							
CM18511	10/31/20	10/31/20	11/01/20		-201.50	0.00	0.00	-201.50
	INVENTORY PHARMACY INVE							
CM18512	10/31/20	10/31/20	11/01/20		-87.17	0.00	0.00	-87.17
	INVENTORY PHARMACY INVE							
9504823	10/31/20	10/31/20	11/01/20		131.30	0.00	0.00	131.30
	INVENTORY PHARMACY INVE							
9504825	10/31/20	10/31/20	11/01/20		1,530.16	0.00	0.00	1,530.16
	INVENTORY PHARMACY INVE							
9504824	10/31/20	10/31/20	11/01/20		7,901.61	0.00	0.00	7,901.61
	INVENTORY PHARMACY INVE							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC			15,061.72	0.00	0.00	15,061.72

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
2015961193		10/28/20	09/01/20	10/01/20			113.93	0.00	0.00	113.93
	SUPPLIES GENERAL LAB									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR					113.93	0.00	0.00	113.93

Vendor#	Vendor Name			Class	Pay Code				
11242	PECA								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
16014.02		10/27/20	10/23/20	11/02/20			9,000.00	0.00	0.00	9,000.00
	PURCHASED SERVICES ADMI									
16014.03		10/31/20	10/28/20	11/07/20			2,756.51	0.00	0.00	2,756.51
	PURCHASED SERVICES ADMI									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11242	PECA					11,756.51	0.00	0.00	11,756.51

Vendor#	Vendor Name			Class	Pay Code				
10752	PHI CARES MEMBERSHIP								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21479		10/31/20	10/31/20				2,240.00	0.00	0.00	2,240.00
	EMPL EXP P/R CLEARNG OTH									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10752	PHI CARES MEMBERSHIP					2,240.00	0.00	0.00	2,240.00

Vendor#	Vendor Name			Class	Pay Code				
11125	PORT LAVACA RETAIL GROUP LLC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21474		10/31/20	10/31/20	10/31/20			11,001.20	0.00	0.00	11,001.20
	LEASE & RENTAL BEHAV HTH									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11125	PORT LAVACA RETAIL GROUP LLC					11,001.20	0.00	0.00	11,001.20

Vendor#	Vendor Name			Class	Pay Code				
P2200	POWER ELECTRIC			W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
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				
10326	PRINCIPAL LIFE ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	21443		10/24/20	11/01/20	11/01/20		2,001.34	0.00	0.00	2,001.34 ✓
		PREPAID INSURANCE PREPA								
	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				
R1321	RECEIVABLE MANAGEMENT, INC ✓				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	21463		10/28/20	09/01/20	09/30/20		365.62	0.00	0.00	365.62 ✓
		COLLECTION EXPENSE BUS (								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		R1321	RECEIVABLE MANAGEMENT, INC				365.62	0.00	0.00	365.62
Vendor#	Vendor Name				Class	Pay Code				
G0425	ROBERTS, ROBERTS & ODEFEY, LLP ✓				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	46 ✓		10/07/20	10/06/20	11/08/20		3,368.75	0.00	0.00	3,368.75 ✓
		LEGAL SERVICES HOSP GEN								
	148 ✓		10/07/20	10/06/20	11/08/20		9,916.50	0.00	0.00	9,916.50 ✓
		LEGAL SERVICES HOSP GEN								
	78 ✓		10/07/20	10/06/20	11/08/20		550.00	0.00	0.00	550.00 ✓
		LEGAL SERVICES HOSP GEN								
	2 ✓		10/07/20	10/06/20	11/08/20		687.50	0.00	0.00	687.50 ✓
		LEGAL SEVICES HOSP GEN								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		G0425	ROBERTS, ROBERTS & ODEFEY, LLP				14,522.75	0.00	0.00	14,522.75
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
	5125-0 ✓		10/27/20	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				
V1050	THE VICTORIA ADVOCATE ✓				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	0049734		10/27/20	10/03/20	10/18/20		24.80	0.00	0.00	24.80 ✓
		DUES & SUBSRIPTIONS ADMI								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		V1050	THE VICTORIA ADVOCATE				24.80	0.00	0.00	24.80
Vendor#	Vendor Name				Class	Pay Code				
11169	TXU ENERGY ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	054006447837 ✓		10/28/20	10/22/20	11/08/20		30,069.11	0.00	0.00	30,069.11 ✓
	3	ELECTRICITY PLNT OPER					28,328.04			28,328.04
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11169	TXU ENERGY				30,069.11	0.00	0.00	30,069.11
Vendor#	Vendor Name				Class	Pay Code	28,328.04			28,328.04
U1056	UNIFORM ADVANTAGE ✓				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net

7236417-		10/28/20	10/04/20	10/19/20	398.85	0.00	0.00	398.85

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1056	UNIFORM ADVANTAGE	398.85	0.00	0.00	398.85

Vendor# 10172 Vendor Name: US FOOD SERVICE Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
4105968	FOOD SUPPLIES DIETARY	10/31/20	10/17/20	11/06/20			2,609.95	0.00	0.00	2,609.95

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10172	US FOOD SERVICE	2,609.95	0.00	0.00	2,609.95

Vendor# 11166 Vendor Name: WEST INTERACTIVE SERVICES CORP Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
INV001697689	PURCHASED SERVICES MM C	10/27/20	09/30/20	09/30/20			379.58	0.00	0.00	379.58

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11166	WEST INTERACTIVE SERVICES CORP	379.58	0.00	0.00	379.58

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	233,407.59	0.00	0.00	233,407.59

pg 4 correction { <7,780.12> / +7,780.00

pg 7 correction { <30,069.11> / +28,328.09

$231,666.45

233,407.59 +
7,780.12 −
7,780.00 +
30,069.11 −
28,328.09 +
231,666.45 *

Michael J. Pfeifer
County Judge
11-4-16

APPROVED ON
NOV 02 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS # 168569 to # 168609

RUN DATE: 11/02/16
TIME: 11:31

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1
APCDEDIT

PATIENT [redacted]	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
	110216	422.00	2		REFUND FOR [redacted]	
WI 537830001						
ARID=0001 TOTAL		422.00				
TOTAL		422.00				

APPROVED
ON
NOV 0 2 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#168610

Michael J. Pfeifer
County Judge
11-4-16

RUN DATE:11/07/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:14:58 CHECK REGISTER and Payable List GLCKREG
11/07/16 THRU 11/07/16

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000842	11/07/16	442.95	MCKESSON
A/P	000843	11/07/16	725.74	MCKESSON
A/P	000844	11/07/16	759.12	MCKESSON
TOTALS:			1,927.81	

340 B Prescription Expenses

APPROVED
ON

NOV 07 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 11/04/2016

DC: 8115

Territory: 400

Customer: 190813
Date: 11/05/2016

Page: 001

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

As of: 11/04/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 11/05/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
10/31/2016	11/08/2016	7774633347	1000908385	115Invoice	3.17	158.68		✓ 155.51	✓	7774633347	
10/31/2016	11/08/2016	7774633352	1000908961	115Invoice	2.41	120.67		✓ 118.26	✓	7774633352	
11/03/2016	11/08/2016	7775284020	1000910926	115Invoice	0.42	21.21		✓ 20.79	✓	7775284020	
11/04/2016	11/08/2016	7775526656	1000911492	115Invoice	3.03	151.42		✓ 148.39	✓	7775526656	

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

TOTAL:

Subtotals: 451.98 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 879.81
10/31/2016

If Paid By 11/08/2016,
Pay This Amount: ✓ 442.95 USD

If Paid After 11/08/2016,
Pay this Amount: 451.98 USD

Due If Paid On Time:
USD 442.95

Disc lost if paid late:
9.03

Due If Paid Late:
USD 451.98

Ck# 842

11.7.16

APPROVED
ON
NOV 07 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: 11/04/2016

DC: 8115

Territory: 400

Customer: 256342
Date: 11/05/2016

Page: 001

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

As of: 11/04/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 11/05/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
10/31/2016	11/08/2016	7774613936	3454581821	115Invoice	3.68	184.23		180.55		7774613936	
11/01/2016	11/08/2016	7774831340	3454581825	115Invoice	0.94	46.97		46.03		7774831340	
11/01/2016	11/08/2016	7774831341	1096897	115Invoice	0.09	4.45		4.36		7774831341	
11/02/2016	11/08/2016	7775067858	3454581829	115Invoice	3.68	184.23		180.55		7775067858	
11/03/2016	11/08/2016	7775303186	3454581832	115Invoice	5.77	288.59		282.82		7775303186	
11/03/2016	11/08/2016	7775303187	1096959	115Invoice	0.01	0.32		0.31		7775303187	
11/04/2016	11/08/2016	7775525329	3454581836	115Invoice	0.64	31.76		31.12		7775525329	

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

TOTAL:

Subtotals: 740.55 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 880.67
10/31/2016

If Paid By 11/08/2016,
Pay This Amount: 725.74 USD

If Paid After 11/08/2016,
Pay this Amount: 740.55 USD

Due If Paid On Time:
USD 725.74

Disc lost if paid late:
14.81

Due If Paid Late:
USD 740.55

Ck# 843

11.7.16

APPROVED
ON
NOV 07 2015
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: 11/04/2016

DC: 8115

Territory: 400

Customer: 262252
Date: 11/05/2016

Page: 001

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

As of: 11/04/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 11/05/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
10/31/2016	11/08/2016	7774619946	1000908387	115Invoice	2.47	123.74		121.27		7774619946	
10/31/2016	11/08/2016	7774619949	1000908963	115Invoice	4.64	232.17		227.53		7774619949	
10/31/2016	11/08/2016	7774619952	1000909362	115Invoice	2.03	101.58		99.55		7774619952	
11/01/2016	11/08/2016	7774843958	1000909734	115Invoice	0.69	34.51		33.82		7774843958	
11/02/2016	11/08/2016	7775068088	1000910321	115Invoice	0.19	9.69		9.50		7775068088	
11/03/2016	11/08/2016	7775308589	1000910928	115Invoice	3.45	172.69		169.24		7775308589	
11/03/2016	11/08/2016	7775308593	1000910928	115Invoice	0.12	5.84		5.72		7775308593	
11/04/2016	11/08/2016	7775533765	1000911494	115Invoice	1.83	91.69		89.86		7775533765	
11/04/2016	11/08/2016	7775533766	1000911494	115Invoice	0.05	2.68		2.63		7775533766	

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

TOTAL:

Subtotals: 774.59 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,438.23
10/31/2016

If Paid By 11/08/2016,
Pay This Amount: 759.12 USD

If Paid After 11/08/2016,
Pay this Amount: 774.59 USD

Due If Paid On Time:
USD 759.12
Disc lost if paid late:
15.47
Due If Paid Late:
USD 774.59

11.7.16

ck# 844

APPROVED
ON
NOV 07 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
11/8/2016

Nursing Home	IBC Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	IGT Transfer-In	MMC Portion - Return of IGT	MMC Portion - Federal Match	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens	4553	345,661.28	345,561.28	149,758.47	-	-	-	-	149,858.47	149,758.47

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

Nursing Home	IBC Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	IGT Transfer-In	MMC Portion - Return of IGT	MMC Portion - Federal Match	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Solera at West Houston	4561	497,632.81	497,532.81	34,029.24	-	-	-	-	34,129.24	34,029.24
Crescent	4588	273,407.24	273,307.24	24,321.34	-	-	-	-	24,421.34	24,321.34
Broadmoor	4596	550,404.24	550,304.24	63,862.08	-	-	-	-	63,962.08	63,862.08
Fort Bend	4618	160,949.23	160,849.23	8,240.68	-	-	-	-	8,340.68	8,240.68
										130,453.34

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

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

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

Approved:

APPROVED

NOV 09 2016

COUNTY AUDITOR

IBC Bank Activity
11/1/16 through 11/7/16

Ashford Gardens					Transfer-Out	Transfer-In			
11/1/2016	113105025	4553	142	ACH CREDIT RECEIVED		890.74	PN1326436189		Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT3872504*1201494502\
11/3/2016	113105025	4553	495	OUTGOING MONEY TRANSFER	345,561.28				ASHFORD HEALTH CARE CENTER LTD
11/7/2016	113105025	4553	301	COMMERCIAL DEPOSIT		148,867.73	0	14028353	
					345,561.28	149,758.47			

Solera at West Houston					Transfer-Out	Transfer-In			
11/1/2016	113105025	4561	142	ACH CREDIT RECEIVED		3,728.40	1.61029E+13		AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*016102910201690*1752603231\
11/1/2016	113105025	4561	142	ACH CREDIT RECEIVED		1,237.75	1.61029E+13		AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*016102913600456*1752603231\
11/2/2016	113105025	4561	142	ACH CREDIT RECEIVED		467.33	676310		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4236479*1205296137*000004011\
11/3/2016	113105025	4561	142	ACH CREDIT RECEIVED		5,704.48	676310		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4238309*1205296137*000004011\
11/3/2016	113105025	4561	495	OUTGOING MONEY TRANSFER	497,532.81				CANTEX HEALTH CARE CENTERS LLC
11/7/2016	113105025	4561	301	COMMERCIAL DEPOSIT		22,891.28	0	14000549	
					497,532.81	34,029.24			

Crescent					Transfer-Out	Transfer-In			
11/1/2016	113105025	4588	142	ACH CREDIT RECEIVED		130.48	1.61029E+13		AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*016102910201688*1752603231\
11/3/2016	113105025	4588	495	OUTGOING MONEY TRANSFER	273,307.24				CANTEX HEALTH CARE CENTERS III
11/7/2016	113105025	4588	301	COMMERCIAL DEPOSIT		24,190.86	0	14028387	
					273,307.24	24,321.34			

Broadmoor					Transfer-Out	Transfer-In			
11/3/2016	113105025	4596	142	ACH CREDIT RECEIVED		4,537.74	676357		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4238321*1205296137*000004011\
11/3/2016	113105025	4596	495	OUTGOING MONEY TRANSFER	550,304.24				CANTEX HEALTH CARE CENTERS III
11/7/2016	113105025	4596	301	COMMERCIAL DEPOSIT		59,324.34	0	14028366	
					550,304.24	63,862.08			

Fort Bend					Transfer-Out	Transfer-In			
11/3/2016	113105025	4618	495	OUTGOING MONEY TRANSFER	160,849.23				CANTEX HEALTH CARE CENTERS III
11/7/2016	113105025	4618	301	COMMERCIAL DEPOSIT		8,240.68	0	14000559	
					160,849.23	8,240.68			

Account Portfolio as of 11/08/2016 8:15:48 AM

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

Commercial Checking Accounts

Account Name	Account Number	Today's Beginning Balance	Available Balance
Memorial Medical Center	3387	$1,845,372.76	$1,845,372.76
Memorial Medical Center	4553	$149,858.47	$152,320.11
Memorial Medical Center	4561	$34,129.24	$40,989.24
Memorial Medical Center	4588	$24,421.34	$35,560.93
Memorial Medical Center	4596	$63,962.08	$63,962.08
Memorial Medical Center	4618	$8,340.68	$12,946.04
Memorial Medical Center Operat	0301	$1,933,391.58	$1,962,064.03
County of Calhoun Indigent	1101	$7,119.84	$7,119.84
Totals		**$4,066,595.99**	**$4,120,335.03**

APPROVED
ON

NOV 09 2016
11/08/2016
16:00
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 11/17/2016

0
ap_open_invoice.template

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
IN270067 ✓	SUPPLIES SURGERY	10/19/20	10/10/20	11/09/20			8,774.14	0.00	0.00	8,774.14 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10864	ACCLARENT, INC.	8,774.14	0.00	0.00	8,774.14

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
456772 ✓	EMPL EXP P/R CLEARNG OTH	10/25/20	11/01/20	11/01/20			3,198.20	0.00	0.00	3,198.20 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1790	AFLAC	3,198.20	0.00	0.00	3,198.20

Vendor#	Vendor Name	Class	Pay Code
A1225	AHRMM/AHA ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21496	DUES & SUBSCRIPTIONS PUF	10/31/20	11/04/20	11/04/20			165.00	0.00	0.00	165.00 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1225	AHRMM/AHA	165.00	0.00	0.00	165.00

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
9056139184 ✓	OXYGEN RES CARE	10/25/20	10/13/20	11/12/20			39.57	0.00	0.00	39.57 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	39.57	0.00	0.00	39.57

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
INV-00047277 ✓	SUPPLIES GENERAL LAB	10/31/20	10/25/20	10/31/20			286.11	0.00	0.00	286.11 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1746	ALPHA TEC SYSTEMS INC	286.11	0.00	0.00	286.11

Vendor#	Vendor Name	Class	Pay Code
A1360	AMERISOURCEBERGEN DRUG CORP ✓	W	Remove per Rita Williams

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9007763040	INVENTORY PHARMACY INVE	10/31/20	10/31/20	10/31/20			94.04	0.00	0.00	94.04 ✓
907763039	INVENTORY PHARMACY INVE	10/31/20	10/31/20	10/31/20			119.40	0.00	0.00	119.40 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1360	AMERISOURCEBERGEN DRUG CORP	213.44	0.00	0.00	213.44

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
2544218 ✓		10/14/20	10/06/20	11/10/20			3,033.00	0.00	0.00	3,033.00 ✓

PROF FEES PHY THRPY

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11232	AMN HEALTHCARE ALLIED, INC.	3,033.00	0.00	0.00	3,033.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
52426630 ✓		10/19/20	10/10/20	11/09/20		609.25	0.00	0.00	609.25 ✓
	SUPPLIES VARIOUS DEPTS								
52520447 ✓		10/26/20	10/17/20	11/16/20		580.20	0.00	0.00	580.20 ✓
	CS INVENTORY & RECOVERY								
52612245 ✓		10/31/20	10/26/20	10/27/20		340.46	0.00	0.00	340.46 ✓
	INVENTRY CENTRAL SUP INV								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1075	BAXTER HEALTHCARE CORP	1,529.91	0.00	0.00	1,529.91

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
105901581 ✓		10/20/20	10/04/20	11/09/20		20,114.49	0.00	0.00	20,114.49 ✓
	SUPPLIES LAB								
105916059 ✓		10/20/20	10/12/20	11/11/20		3,933.48	0.00	0.00	3,933.48 ✓
	LEASE & MAINT CONTR LAB								
5359451 ✓		10/20/20	10/12/20	11/11/20		4,233.46	0.00	0.00	4,233.46 ✓
	LEASE & MAINT CONTR LAB								
105911318 ✓		10/31/20	10/10/20	11/09/20		82.20	0.00	0.00	82.20 ✓
	FREIGHT LAB								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	28,363.63	0.00	0.00	28,363.63

Vendor# B1655 Vendor Name: BOSTON SCIENTIFIC CORPORATION ✓ Class: M Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
~~10172016~~ 95190404		10/26/20	10/17/20	11/16/20		457.00	0.00	0.00	457.00 ✓
	SUPPLIES SURGERY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1655	BOSTON SCIENTIFIC CORPORATION	457.00	0.00	0.00	457.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
202093 ✓		10/31/20	09/28/20	10/28/20		488.00	0.00	0.00	488.00 ✓
	PURCHASED SERVICES MAM								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1033	CAD SOLUTIONS, INC	488.00	0.00	0.00	488.00

Vendor# C1325 Vendor Name: CARDINAL HEALTH 414, INC. ✓ Class: W Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8001158425 ✓		10/31/20	10/15/20	11/15/20		200.84	0.00	0.00	200.84 ✓
	SUPPLIES GENERAL NUC MEI								
8001152644 ✓		10/31/20	10/28/20	11/12/20		386.84	0.00	0.00	386.84 ✓
	SUPPLIES GENERAL NUC MEI								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH 414, INC.	587.68	0.00	0.00	587.68

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
FQL7566 ✓		10/20/20	10/12/20	11/11/20		1,728.50	0.00	0.00	1,728.50 ✓
	SURGERY COMPUTER								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.				1,728.50	0.00	0.00	1,728.50

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
21477		10/31/20	10/11/20	11/14/20		47.47	0.00	0.00	47.47 ✓
	FUE 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
10350	CENTURION MEDICAL PRODUCTS ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
92117940 ✓		10/19/20	10/10/20	11/09/20		284.50	0.00	0.00	284.50 ✓
	CS INVENTORY								
92118839 ✓		10/19/20	10/11/20	11/10/20		858.67	0.00	0.00	858.67 ✓
	CS INVENTORY								
92122527 ✓		10/24/20	10/17/20	11/16/20		231.38	0.00	0.00	231.38 ✓
	INVENTRY CENTRAL SUP INV								
92127182 ✓		10/31/20	10/24/20	10/31/20		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				1,466.71	0.00	0.00	1,466.71

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
21487		10/31/20	11/01/20			2,646.78	0.00	0.00	2,646.78 ✓
	EMPL EXP CLEARNG OTHER I								
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
284130 ✓		10/19/20	10/10/20	11/09/20		178.50	0.00	0.00	178.50 ✓
	SUPPLIES SURGERY								
286297 ✓		10/19/20	10/13/20	11/12/20		87.50	0.00	0.00	87.50 ✓
	SUPPLIES SURGERY								
292242 ✓		10/31/20	11/03/20	11/03/20		230.00	0.00	0.00	230.00 ✓
	SUPPLIES GENERAL SURGER								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1970	CONMED CORPORATION				496.00	0.00	0.00	496.00

Vendor#	Vendor Name	Class	Pay Code
C2515	CPSI ✓	IMP	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
924113 ✓		10/31/20	10/26/20	10/27/20		1,544.80	0.00	0.00	1,544.80 ✓
	MAINT CONTR INFO TECH								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C2515	CPSI				1,544.80	0.00	0.00	1,544.80

Vendor#	Vendor Name	Class	Pay Code

C1443 CYGNUS MEDICAL LLC ✓ M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
202459 ✓		10/26/20	10/18/20	11/17/20			264.00	0.00	0.00	264.00 ✓
	SUPPLIES SURGERY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1443	CYGNUS MEDICAL LLC	264.00	0.00	0.00	264.00

Vendor# Vendor Name — Class — Pay Code

H0900 D HARRIS CONSULTING LLC ✓ W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20650		10/27/20	10/13/20	11/13/20			700.00	0.00	0.00	700.00 ✓
	PURCHASED SERVICES NUN									

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

Vendor# Vendor Name — Class — Pay Code

11008 DERRI HART ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21498		11/08/20	11/06/20	11/07/20			536.80	0.00	0.00	536.80 ✓
	OUTSIDE SRV TRANSCRIPTIC									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11008	DERRI HART	536.80	0.00	0.00	536.80

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
485164-0 ✓		10/19/20	10/10/20	11/09/20			70.44	0.00	0.00	70.44 ✓
	CS INVENTORY									
485307-0 ✓		10/19/20	10/12/20	11/11/20			169.24	0.00	0.00	169.24 ✓
	CS INVENTORY & MRI SUPPLI									
485739-0 ✓		10/19/20	10/17/20	11/16/20			464.15	0.00	0.00	464.15 ✓
	CS INVENTORY & SURGERY S									
485137-0 ✓		10/20/20	10/10/20	11/09/20			66.76	0.00	0.00	66.76 ✓
	OFFICE SUPPLIES ADMIN									
485246-0 ✓		10/20/20	10/11/20	11/10/20			47.61	0.00	0.00	47.61 ✓
	OFFICE SUPPLIES LAB									
485339-0 ✓		10/20/20	10/12/20	11/11/20			3.18	0.00	0.00	3.18 ✓
	OFFICE SUPPLIES SURGERY									
485344-0 ✓		10/20/20	10/12/20	11/11/20			68.00	0.00	0.00	68.00 ✓
	OFFICE SUPPLIES CS									
485285-0 ✓		10/20/20	10/12/20	11/11/20			60.12	0.00	0.00	60.12 ✓
	OFFICE SUPPLIES NURSE AD									
485399-0 ✓		10/20/20	10/13/20	11/12/20			34.32	0.00	0.00	34.32 ✓
	OFFICE SUPPLIES CS									
485389-0 ✓		10/20/20	10/13/20	11/12/20			66.76	0.00	0.00	66.76 ✓
	SUPPLIES ADMIN									
485246-1 ✓		10/20/20	10/14/20	11/13/20			117.78	0.00	0.00	117.78 ✓
	OFFICE SUPPLIES LAB									
478692-0 ✓		10/31/20	08/01/20	08/31/20			301.65	0.00	0.00	301.65 ✓
	INVENTRY CNETRAL SUP INV									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	1,470.01	0.00	0.00	1,470.01

Vendor# Vendor Name — Class — Pay Code

D1785 DYNATRONICS CORPORATION ✓

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

911811 ✓		10/31/20	10/28/20	11/03/20	371.80	0.00	0.00	371.80 ✓
	SUPPLIES GENERAL PHY THF							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1785	DYNATRONICS CORPORATION	371.80	0.00	0.00	371.80

Vendor#	Vendor Name	Class	Pay Code
11046	E-MDS, INC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
14693 ✓		11/08/20	11/04/20	11/04/20		39,253.70	0.00	0.00	39,253.70 ✓
	OUTSIDE SRV CLINIC								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11046	E-MDS, INC	39,253.70	0.00	0.00	39,253.70

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
62348 ✓		10/31/20	10/24/20	10/31/20		280.00	0.00	0.00	280.00 ✓
	PURCHASED SERVICES PLNT								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	E0500	EAGLE FIRE & SAFETY INC	280.00	0.00	0.00	280.00

Vendor#	Vendor Name	Class	Pay Code
10558	EMPLOYEE ACTIVITIES TEAM ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21487		10/31/20	10/31/20	10/31/20		20.00	0.00	0.00	20.00 ✓
	EMPL EXP P/R CLEARNG OTH								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10558	EMPLOYEE ACTIVITIES TEAM	20.00	0.00	0.00	20.00

Vendor#	Vendor Name	Class	Pay Code
T0383	ERIN CLEVENGER ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21492		10/31/20	11/01/20	11/11/20		144.84 132.84	0.00	0.00	144.84 132.84
	TRAVEL QUALT ASU Quality steering Committee monthly meeting 10/19/16								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T0383	ERIN CLEVENGER	144.84 132.84	0.00	0.00	144.84 132.84

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
21501		11/08/20	11/08/20	11/08/20		900.00	0.00	0.00	900.00 ✓
	DEPOSIT BI-DIRECTIONAL INT								
21500		11/08/20	11/08/20	11/08/20		450.00	0.00	0.00	450.00 ✓
	DEPOSIT XRAY INTERFACE								
21502		11/08/20	11/08/20	11/08/20		750.00	0.00	0.00	750.00 ✓
	DEPOSIT ON XRAY CONVERS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C2510	EVIDENT	2,100.00	0.00	0.00	2,100.00

Vendor#	Vendor Name	Class	Pay Code
10788	FIRETROL PROTECTION SYSTEMS ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
100448697 ✓		10/31/20	10/25/20	11/04/20		307.50	0.00	0.00	307.50 ✓
	PURCHASED SERVICES PLNT								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10788	FIRETROL PROTECTION SYSTEMS	307.50	0.00	0.00	307.50

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
7886968 ✓		10/20/20	10/11/20	11/10/20		305.00	0.00	0.00	305.00 ✓
	SUPPLIES LAB								
7886964 ✓		10/20/20	10/11/20	11/10/20		621.07	0.00	0.00	621.07 ✓
	SUPPLIES LAB								
7946229 ✓		10/20/20	10/12/20	11/11/20		237.71	0.00	0.00	237.71 ✓
	SUPPLIES LAB								
7946230 ✓		10/20/20	10/12/20	11/11/20		263.96	0.00	0.00	263.96 ✓
	SUPPLIES LAB								
8012699		10/31/20	10/13/20	11/12/20		1,024.77	0.00	0.00	1,024.77
	FREIGHT LAB								
8222476 ✓		10/31/20	10/18/20	11/17/20		677.12	0.00	0.00	677.12 ✓
	FREIGHT LAB								
8310782 ✓		10/31/20	10/19/20	11/17/20		106.50	0.00	0.00	106.50 ✓
	SUPPLIES GENERAL LAB								
8758639 ✓		10/31/20	10/25/20	11/17/20		54.35	0.00	0.00	54.35 ✓
	SUPPLIES GENERAL LAB								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	3,290.48	0.00	0.00	3,290.48

Vendor# Vendor Name — Class — Pay Code

11183 FRONTIER ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21475		10/31/20	10/19/20	11/14/20		3.09	0.00	0.00	3.09
	TELEPHONE HOSP GEN								
21476		10/31/20	10/19/20	11/14/20	62.08	141.02	0.00	0.00	141.02 62.08
	TELEPHONE HOSP GEN								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11183	FRONTIER	144.11 62.08	0.00	0.00	144.11 62.08

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
110158116 ✓		10/27/20	10/18/20	11/17/20		56.28	0.00	0.00	56.28 ✓
	FREIGHT HOUSKEEP								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10653	GLOBAL EQUIPMENT CO. INC.	56.28	0.00	0.00	56.28

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
9250856656 ✓		10/20/20	10/12/20	11/11/20		120.90	0.00	0.00	120.90 ✓
	SUPPLIES PLANT OPS								
9255089501 ✓		10/27/20	10/18/20	11/17/20		26.76	0.00	0.00	26.76 ✓
	SUPPLIES GENERAL PLNT OF								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W1300	GRAINGER	147.66	0.00	0.00	147.66

Vendor# Vendor Name — Class — Pay Code

G1210 GULF COAST PAPER COMPANY Remove Mper Rita Williams

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1212905		10/13/20	10/11/20	10/18/20		308.76	0.00	0.00	308.76
	SUPPLIES GENERAL HOUSEK								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	308.76	0.00	0.00	308.76

Vendor#	Vendor Name				Class	Pay Code				
H1399	HILL-ROM COMPANY, INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	323747		10/28/20	10/15/20	11/15/20		65.65	0.00	0.00	65.65
		FREIGHT E/R								
	324854		10/28/20	10/17/20	11/17/20		-589.91	0.00	0.00	-589.91
		REPAIRS INSTRUMENT E/R								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		H1399	HILL-ROM COMPANY, INC				-524.26	0.00	0.00	-524.26
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
	42237217		10/19/20	10/10/20	11/09/20		63.16	0.00	0.00	63.16
		CS INVENTORY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		I0415	INDEPENDENCE MEDICAL				63.16	0.00	0.00	63.16
Vendor#	Vendor Name				Class	Pay Code				
I1127	INTEGRATED MEDICAL SYSTEMS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	1376755		10/27/20	10/17/20	11/16/20		71.25	0.00	0.00	71.25
	1377630		10/27/20	10/18/20	11/17/20		70.00	0.00	0.00	70.00
		FREIGHT PLNT OPER								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		I1127	INTEGRATED MEDICAL SYSTEMS				141.25	0.00	0.00	141.25
Vendor#	Vendor Name				Class	Pay Code				
I1260	INTOXIMETERS INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	545970		10/31/20	10/14/20	11/14/20		438.75	0.00	0.00	438.75
		FREIGHT LAB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		I1260	INTOXIMETERS INC				438.75	0.00	0.00	438.75
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
	86681893		10/17/20	10/04/20	11/15/20		527.25	0.00	0.00	527.25
		CS INVENTORY								
	86879107		10/17/20	10/06/20	11/15/20		897.78	0.00	0.00	897.78
		CS INVENTORY & RECOVERY								
	87263705		10/19/20	10/13/20	11/15/20		4.32	0.00	0.00	4.32
		CS INVENTORY								
	87421830		10/26/20	10/17/20	11/16/20		24.69	0.00	0.00	24.69
		CS INVENTORY & RECOVERY								
	87425517		10/26/20	10/26/20	11/15/20		7.14	0.00	0.00	7.14
		SUPPLIES GENERAL RECVRY								
	87088520		10/28/20	10/11/20	11/10/20		183.47	0.00	0.00	183.47
		SUPPLIES GENERAL LAB								
	87428333		10/31/20	10/17/20	11/15/20		1,097.28	0.00	0.00	1,097.28
		SUPPLIES GENERAL LAB								
	87430993		11/03/20	10/17/20	11/16/20		141.36	0.00	0.00	141.36
		INVENTRY CENTRAL SUP INV								

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC				2,883.29	0.00	0.00	2,883.29

Vendor#	Vendor Name	Class	Pay Code
10182	MERCEDES MEDICAL ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
187514 ✓		10/28/20	10/11/20	11/10/20			83.68	0.00	0.00	83.68 ✓
	FREIGHT LAB									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10182	MERCEDES MEDICAL	83.68	0.00	0.00	83.68

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
30094320714 ✓		10/28/20	10/13/20	11/12/20			900.51	0.00	0.00	900.51 ✓
	SUPPLIES GENERAL RADILOC									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2659	MERRY X-RAY/SOURCEONE HEALTHCA	900.51	0.00	0.00	900.51

Vendor#	Vendor Name	Class	Pay Code
M2685	MICROTEK MEDICAL INC ✓	.M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
3964757 ✓		10/19/20	10/12/20	11/11/20			276.24	0.00	0.00	276.24 ✓
	CS INVENTORY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2685	MICROTEK MEDICAL INC	276.24	0.00	0.00	276.24

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
21494		10/31/20	10/31/20	11/11/20			45,474.64	0.00	0.00	45,474.64 ✓
	EMPL EXP DENTAL INS OTHE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN	45,474.64	0.00	0.00	45,474.64

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
671225		10/31/20	10/12/20	10/12/20			103.27	0.00	0.00	103.27
	MISCELLANEOUS ADMIN									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2662	MMC VOLUNTEERS	103.27	0.00	0.00	103.27 ✓

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
9514233 ✓		10/31/20	10/19/20	10/20/20			57.66	0.00	0.00	57.66 ✓
	INVENTORY PHARMACY INVE									
SC3780 ✓		10/31/20	10/26/20	10/27/20			16.65	0.00	0.00	16.65 ✓
	INVENTORY PHARMACY INVE									
0958 ✓		10/31/20	10/27/20	10/28/20			-36.26	0.00	0.00	-36.26 ✓
	INVENTORY PHARMACY INVE									
9509135 ✓		10/31/20	11/01/20	11/02/20			19.76	0.00	0.00	19.76 ✓
	INVENTORY PHARMACY INVE									
9507137		10/31/20	11/01/20	11/02/20			97.05	0.00	0.00	97.05 ✓
	INVENTORY PHARMACY INVE									
9509136 ✓		10/31/20	11/01/20	11/02/20			3,117.96	0.00	0.00	3,117.96 ✓
	INVENTORY PHARMACY INVE									

9505759	10/31/20 11/01/20 11/02/20		399.98	0.00	0.00	399.98
	INVENTORY PHARMACY INVE					
1552	10/31/20 11/01/20 11/02/20		-15.90	0.00	0.00	-15.90
	INVENTORY PHARMACY INVE					
CM19192	10/31/20 11/02/20 11/03/20		-157.52	0.00	0.00	-157.52
	INVENTORY PHARMACY INVE					
9513922	10/31/20 11/02/20 11/03/20		4.05	0.00	0.00	4.05
	INVENTORY PHARMACY INVE					
9514232	10/31/20 11/02/20 11/03/20		7,510.20	0.00	0.00	7,510.20
9511343	10/31/20 11/02/20 11/03/20		83.96	0.00	0.00	83.96
	INVENTORY PHARMACY INVE					
2391	10/31/20 11/03/20 11/04/20		-16.60	0.00	0.00	-16.60
	INVENTORY PHARMACY INVE					
9520100	10/31/20 11/03/20 11/04/20		36.24	0.00	0.00	36.24
	INVENTORY PHARMACY INVE					
2390	10/31/20 11/03/20 11/04/20		-4.99	0.00	0.00	-4.99
	INVENTORY PHARMACY INVE					
9520098	10/31/20 11/03/20 11/04/20		16.27	0.00	0.00	16.27
	INVENTORY PHARMACY INVE					
9520099	10/31/20 11/03/20 11/04/20		2,332.81	0.00	0.00	2,332.81
	INVENTORY PHARMACY INVE					
2392	10/31/20 11/03/20 11/04/20		-347.84	0.00	0.00	-347.84
	INVENTORY PHARMACY INVE					
9519828	10/31/20 11/03/20 11/04/20		4.45	0.00	0.00	4.45
	INVENTORY PHARMACY INVE					
9521861	11/08/20 11/04/20 11/05/20		1,500.00	0.00	0.00	1,500.00
	INVENTORY PHARMACY INVE					
CM20211	11/08/20 11/04/20 11/05/20		-76.26	0.00	0.00	-76.26
	INVENTORY PHARMACY INVE					
9529504	11/08/20 11/07/20 11/08/20		27.44	0.00	0.00	27.44
	INVENTORY PHARMACY INVE					
9530369	11/08/20 11/07/20 11/08/20		151.88	0.00	0.00	151.88
	INVENTORY PHARMACY INVE					
9530073	11/08/20 11/07/20 11/08/20		114.21	0.00	0.00	114.21
	INVENTORY PHARMACY INVE					
9530367	11/08/20 11/07/20 11/08/20		49.97	0.00	0.00	49.97
	INVENTORY PHARMACY INVE					
9530368	11/08/20 11/07/20 11/08/20		1,734.64	0.00	0.00	1,734.64
	INVENTORY PHARMACY INVE					
Vendor Totals	Number Name		Gross	Discount	No-Pay	Net
	10536 MORRIS & DICKSON CO, LLC		16,619.81	0.00	0.00	16,619.81

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
872541345001		10/31/20	10/18/20	11/03/20			61.74	0.00	0.00	61.74
	SUPPLIES GENERAL RADIOL(									
Vendor Totals	Number Name						Gross	Discount	No-Pay	Net
	O0920 OFFICE DEPOT						61.74	0.00	0.00	61.74

Vendor#	Vendor Name	Class	Pay Code
O1416	ORTHO CLINICAL DIAGNOSTICS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1850141688		10/31/20	10/17/20	11/16/20		405.62	0.00	0.00	405.62
	FREIGHT LAB								
1850134632		10/31/20	10/18/20	11/17/20		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				1,272.19	0.00	0.00	1,272.19

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
2021280589		10/13/20	09/27/20	10/27/20		1,207.00	0.00	0.00	1,207.00
	SUPPLIES GENERAL SURGER								
2021464657		10/13/20	10/04/20	11/04/20		180.79	0.00	0.00	180.79
	SUPPLIES GENERAL ICU								
2021464534		10/13/20	10/04/20	11/04/20		1,145.46	0.00	0.00	1,145.46
	INVENTRY CENTRAL SUP INV								
2021460371		10/13/20	10/04/20	11/04/20		22.49	0.00	0.00	22.49
	INVENTRY CENTRAL SUP INV								
2021461447		10/13/20	10/04/20	11/04/20		153.92	0.00	0.00	153.92
	INVENTRY CENTRAL SUP INV								
2021460669		10/13/20	10/04/20	11/04/20		193.92	0.00	0.00	193.92
	INVENTRY CENTRAL SUP INV								
2021462077		10/13/20	10/04/20	11/04/20		114.40	0.00	0.00	114.40
	INVENTRY CENTRAL SUP INV								
2021460365		10/13/20	10/04/20	11/04/20		31.07	0.00	0.00	31.07
	INVENTRY CENTRAL SUP INV								
2021464942		10/13/20	10/04/20	11/04/20		387.20	0.00	0.00	387.20
	SUPPLIES GENERAL SURGER								
2021084640		10/19/20	09/20/20	10/20/20		1,545.82	0.00	0.00	1,545.82
	CS INVENTORY								
2021656865		10/19/20	10/11/20	11/10/20		2,611.24	0.00	0.00	2,611.24
	CS INVENTORY								
2021651936		10/19/20	10/11/20	11/10/20		110.24	0.00	0.00	110.24
	SUPPLIES GENERAL C/S								
2021651700		10/19/20	10/11/20	11/10/20		17.72	0.00	0.00	17.72
	CS INVENTORY								
2021656184		10/19/20	10/11/20	11/10/20		602.52	0.00	0.00	602.52
	SUPPLIES SURGERY								
2021656168		10/19/20	10/11/20	11/10/20		1,052.28	0.00	0.00	1,052.28
	SUPPLIES VARIOUS DEPTS								
2021736175		10/19/20	10/13/20	11/12/20		1,437.85	0.00	0.00	1,437.85
	SUPPLIES VARIOUS DEPTS								
2021742869		10/19/20	10/13/20	11/12/20		49.45	0.00	0.00	49.45
	SUPPLIES OB								
2021744006		10/19/20	10/13/20	11/12/20		265.38	0.00	0.00	265.38
	CS INVENTORY								
2021652387		10/24/20	10/11/20	11/10/20		301.26	0.00	0.00	301.26
	SUPPLIES GENERAL SURGER								
2021656854		10/24/20	10/11/20	11/10/20		893.50	0.00	0.00	893.50
	INVENTRY CENTRAL SUP INV								
2021651375		10/24/20	10/11/20	11/10/20		92.88	0.00	0.00	92.88
	INVENTRY CENTRAL SUP INV								

2021843436	10/24/20	10/18/20	11/17/20		72.00	0.00	0.00	72.00
SUPPLIES GENERAL ICU								
2021834855	10/24/20	10/18/20	11/17/20		1,106.83	0.00	0.00	1,106.83
SUPPLIES GENERAL DIETARY								
2021843663	10/24/20	10/18/20	11/17/20		32.87	0.00	0.00	32.87
INVENTRY CENTRAL SUP INV								
2021844145	10/24/20	10/18/20	11/17/20		146.00	0.00	0.00	146.00
INVENTRY CENTRAL SUP INV								
2021835311	10/24/20	10/18/20	11/17/20		1,431.47	0.00	0.00	1,431.47
INVENTRY CENTRAL SUP INV								
2021844141	10/25/20	10/18/20	11/17/20		23.79	0.00	0.00	23.79
INVENTRY CENTRAL SUP INV								
2021163451	10/31/20	09/22/20	10/22/20		57.07	0.00	0.00	57.07
CS INVENTORY								
2021460167	10/31/20	10/04/20	11/03/20		99.45	0.00	0.00	99.45
INVENTRY CENTRAL SUP INV								
2021843125	10/31/20	10/18/20	11/17/20		55.35	0.00	0.00	55.35
SUPPLIES RESP								
Vendor Totals Number	Name				Gross	Discount	No-Pay	Net
OM425	OWENS & MINOR				15,441.22	0.00	0.00	15,441.22

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
21490		10/31/20	10/31/20	10/31/20			540.00	0.00	0.00	540.00
PURCHASED SERVICES MM C										

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
11069	PABLO GARZA	540.00	0.00	0.00	540.00

Vendor#	Vendor Name	Class	Pay Code
11142	PAETEC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
68585722		10/28/20	10/22/20	11/10/20			8,336.61	0.00	0.00	8,336.61
TELEPHONE HOSP GEN										

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
11142	PAETEC	8,336.61	0.00	0.00	8,336.61

Vendor#	Vendor Name	Class	Pay Code
10606	PENLON, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
0P/0007039		10/20/20	10/11/20	11/10/20			122.53	0.00	0.00	122.53
REPAIRS ANESTHESA										

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
10606	PENLON, INC	122.53	0.00	0.00	122.53

Vendor#	Vendor Name	Class	Pay Code
10899	PHYSICIAN SALES & SERVICE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1855498		10/31/20	12/04/20	10/31/20			175.18	0.00	0.00	175.18
SUPPLIES GENERAL LAB										

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
10899	PHYSICIAN SALES & SERVICE	175.18	0.00	0.00	175.18

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

1072430 ✓		10/20/20	10/13/20	11/12/20		811.60	0.00	0.00	811.60 ✓
	SUPPLIES LAB								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	P1876	POLYMEDCO INC.				811.60	0.00	0.00	811.60
Vendor#	Vendor Name				Class	Pay Code			
P1960	PORT LAVACA CLINIC ASSOC Remove W per Rita Williams								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21489		10/31/20	10/11/20	10/31/20		90.00	0.00	0.00	90.00
	PURCHASED SERVICES MM C								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	P1960	PORT LAVACA CLINIC ASSOC				90.00	0.00	0.00	90.00
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
B25794 ✓		10/10/20	10/06/20	11/16/20		104.70	0.00	0.00	104.70 ✓
	SUPPLIES GENERAL PLNT OF								
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 ✓
A26734	SUPPLIES GENERAL PLNT OF								
~~21493~~		10/31/20	10/28/20	11/07/20		2.99	0.00	0.00	2.99 ✓
	SUPPLIES GENERAL PLNT OF								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	P2200	POWER ELECTRIC				107.69	0.00	0.00	107.69
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
3548908 ✓		10/13/20	10/13/20	11/12/20		106.63	0.00	0.00	106.63 ✓
	FREIGHT C/S								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10372	PRECISION DYNAMICS CORP (PDC)				106.63	0.00	0.00	106.63
Vendor#	Vendor Name				Class	Pay Code			
10896	QIAGEN INC Remove per Rita Williams								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
97677681		10/31/20	10/20/20	10/31/20		82.45	0.00	0.00	82.45
	SUPPLIES GENERAL LAB								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10896	QIAGEN INC				82.45	0.00	0.00	82.45
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
1283826 ✓		10/20/20	10/12/20	11/12/20		151.38	0.00	0.00	151.38 ✓
	REPAIRS SURGERY								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	R1045	R & D BATTERIES INC				151.38	0.00	0.00	151.38
Vendor#	Vendor Name				Class	Pay Code			
10538	RADIOLOGY UNLTD PA - PRINT1099 ✓				ICP				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21495		10/31/20	10/17/20	10/17/20		295.00	0.00	0.00	295.00 ✓
	UNEARNED INCOME INDIGEN								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10538	RADIOLOGY UNLTD PA - PRINT1099				295.00	0.00	0.00	295.00

Vendor#	Vendor Name	Class	Pay Code
11080	RADSOURCE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
SC54673	PURCHASED SERVICES RADI	10/28/20	10/12/20	11/11/20		1,667.00	0.00	0.00	1,667.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11080	RADSOURCE	1,667.00	0.00	0.00	1,667.00

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
21459	LEGAL SERVICES HOSP GEN	10/27/20	10/12/20	11/12/20		150.00	0.00	0.00	150.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11024	REED, CLAYMON, MEEKER & HARGET	150.00	0.00	0.00	150.00

Vendor#	Vendor Name	Class	Pay Code
10645	REVISTA de VICTORIA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
10201629	PUBLIC REL/ADVERTISE ADM	10/31/20	10/19/20			120.00	0.00	0.00	120.00

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

Vendor#	Vendor Name	Class	Pay Code
10927	ROSHANDA GRAY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21497	TRAVEL EXPENSE ADMIN South Texas Health System Board Retreat 11/2/16 - 11/3/16	11/08/20	11/04/20	11/04/20		112.24	0.00	0.00	112.24

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10927	ROSHANDA GRAY	112.24	0.00	0.00	112.24

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
21499	OUTSIDE SRV TRANSCIPTION	11/08/20	11/06/20	11/06/20		1,120.57	0.00	0.00	1,120.57

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	K0536	SHIRLEY KARNEI	1,120.57	0.00	0.00	1,120.57

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
115364762	MAINT MAMMOGRPY	10/28/20	10/18/20	11/17/20		832.25	0.00	0.00	832.25

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
206268	PUBLIC REL/ADVERTISE ADM	10/31/20	11/01/20	11/11/20		1,275.00	0.00	0.00	1,275.00

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

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
93314480		10/31/20	10/24/20	10/25/20		477.82	0.00	0.00	477.82
	SUPPLIES GENERAL SURGER								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2362	SMITH & NEPHEW	477.82	0.00	0.00	477.82

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
90022957		10/31/20	10/18/20	11/17/20		-2,970.89	0.00	0.00	-2,970.89
	SUPPLIES GENERAL BLOOD E								
90023030		10/31/20	10/18/20	11/17/20		5,092.01	0.00	0.00	5,092.01
	SUPPLIES GENERAL BLOOK E								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2400	SO TEX BLOOD & TISSUE CENTER	2,121.12	0.00	0.00	2,121.12

Vendor# 10735 Vendor Name: STRYKER SUSTAINABILITY Remove per Rita Williams Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
28867345		10/24/20	10/14/20	11/13/20		321.50	0.00	0.00	321.50
	SUPPLIES GENERAL								
2864812		10/26/20	10/12/20	11/11/20		3,165.13	0.00	0.00	3,165.13
	SUPPLIES SURGERY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10735	STRYKER SUSTAINABILITY	~~3,486.63~~ 3,165.13	0.00	0.00	~~3,486.63~~ 3,165.13

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
610200719		10/20/20	10/20/20	11/09/20		406.76	0.00	0.00	406.76
	FOOD SUPPLIES DIETARY								
610270602		10/31/20	10/27/20	11/16/20		32.47	0.00	0.00	32.47
	FOOD SUPPLIES DIETARY								
610280904		10/31/20	10/28/20	11/17/20		786.55	0.00	0.00	786.55
	MEAT EXPENSE DIETARY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2951	SYSCO FOOD SERVICES OF	1,225.78	0.00	0.00	1,225.78

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21458		10/27/20	10/31/20	11/17/20		3,690.52	0.00	0.00	3,690.52
	LEASE & RENTAL RADIOLOGY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11140	TEXAS ADVANTAGE COMMUNITY BANK	3,690.52	0.00	0.00	3,690.52

Vendor# T1915 Vendor Name: TEXAS GLASS & TINTING Class: M Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
107688		10/31/20	09/01/20	10/01/20		218.00	0.00	0.00	218.00
	SUPPLIES GENERAL MM CLIN								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T1915	TEXAS GLASS & TINTING	218.00	0.00	0.00	218.00

Vendor# U0080 Vendor Name: UAL Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
281697441		10/31/20	10/27/20	10/31/20		142.11	0.00	0.00	142.11

FREIGHT DIETARY

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U0080	UAL	142.11	0.00	0.00	142.11

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
8150745354		10/20/20	10/11/20	11/10/20			56.84	0.00	0.00	56.84
	OUTSIDE SRV MAINT									
8150745444		10/20/20	10/11/20	11/10/20			32.92	0.00	0.00	32.92
	OUTSIDE SERV BIO MED									
8150746059		10/28/20	10/18/20	11/17/20			43.54	0.00	0.00	43.54
	PURCHASED SERVICES MAIN									
8150746150		10/28/20	10/18/20	11/17/20			32.92	0.00	0.00	32.92
8150741182		10/31/20	08/30/20	09/29/20			48.62	0.00	0.00	48.62
	PURCHASED SERVICES MAIN									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1054	UNIFIRST HOLDINGS	214.84	0.00	0.00	214.84

Vendor#	Vendor Name	Class	Pay Code
U1064	UNIFIRST HOLDINGS INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8400230994		10/20/20	10/11/20	11/10/20			108.08	0.00	0.00	108.08
	LAUNDRY OB									
8400230993		10/20/20	10/11/20	11/10/20			108.07	0.00	0.00	108.07
	LAUNDRY DIETARY									
8400231038		10/20/20	10/11/20	11/10/20			156.18	0.00	0.00	156.18
	LAUNDRY HOUSEKEEPING									
8400230992		10/20/20	10/11/20	11/10/20			216.42	0.00	0.00	216.42
	LAUNDRY HOUSEKEEPING									
8400231047		10/20/20	10/11/20	11/10/20			1,121.54	0.00	0.00	1,121.54
	LAUNDRY HOUSEKEEPING									
8400230995		10/20/20	10/11/20	11/10/20			99.98	0.00	0.00	99.98
	LAUNDRY HOUSEKEEPING									
8400231355		10/20/20	10/14/20	11/13/20			1,147.35	0.00	0.00	1,147.35
	LAUNDRY HOUSEKEEPING									
8400231317		10/20/20	10/14/20	11/13/20			424.07	0.00	0.00	424.07
	LAUNDRY SURGERY									
8400230991-		10/24/20	10/11/20	11/10/20			301.54	0.00	0.00	301.54
	LAUNDRY HOUSKEEPING									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	3,683.23	0.00	0.00	3,683.23

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
7282002		10/31/20	10/24/20	11/08/20			112.94	0.00	0.00	112.94
	EMPL EXP P/R CLEARNG OTH									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1056	UNIFORM ADVANTAGE	112.94	0.00	0.00	112.94

Vendor#	Vendor Name	Class	Pay Code
U1350	UPS	W	

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

0000778941426	10/24/20	10/15/20	10/26/20		1,006.08	0.00	0.00	1,006.08
FREIGHT C/S								
Vendor Totals Number	Name				Gross	Discount	No-Pay	Net
U1350	UPS				1,006.08	0.00	0.00	1,006.08

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
4175232	FOOD SUPPLIES DIETARY	10/31/20	10/20/20	11/09/20			2,229.38	0.00	0.00	2,229.38
4192826	SUPPLIES GENERAL DIETARY	10/31/20	10/20/20	11/09/20			168.99	0.00	0.00	168.99
4298499	MEAT EXPENSE DIETARY	10/31/20	10/27/20	11/16/20			2,194.03	0.00	0.00	2,194.03

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
10172	US FOOD SERVICE	4,592.40	0.00	0.00	4,592.40

Vendor#	Vendor Name	Class	Pay Code
U1800	UTAH MEDICAL PRODUCTS INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
969042	SUPPLIES RESP	10/19/20	10/11/20	11/10/20			110.88	0.00	0.00	110.88

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
U1800	UTAH MEDICAL PRODUCTS INC	110.88	0.00	0.00	110.88

Vendor#	Vendor Name	Class	Pay Code
V0559	VERIZON WIRELESS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9773785622	TELEPHONE HOSP GEN	10/28/20	11/11/20	11/11/20			238.67	0.00	0.00	238.67

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
V0559	VERIZON WIRELESS	238.67	0.00	0.00	238.67

Vendor#	Vendor Name	Class	Pay Code
10793	WAGEWORKS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
125A10492141	FLEX SPENDING ADMIN FEES	10/20/20	10/17/20	11/16/20			225.00	0.00	0.00	225.00

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
10793	WAGEWORKS	225.00	0.00	0.00	225.00

Vendor#	Vendor Name	Class	Pay Code
I1110	WERFEN USA LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9110340880	LEASE & RENTAL LAB	10/31/20	10/14/20	11/13/20			1,571.67	0.00	0.00	1,571.67
9110341894	SUPPLIES GENERAL LAB	10/31/20	10/18/20	11/17/20			132.00	0.00	0.00	132.00

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
I1110	WERFEN USA LLC	1,703.67	0.00	0.00	1,703.67

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
79-4307866	SUPPLIES PLANT OPS	10/20/20	10/10/20	11/09/20			212.00	0.00	0.00	212.00

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
10325	WHOLESALE ELECTRIC SUPPLY	212.00	0.00	0.00	212.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	227,255.19	0.00	0.00	227,255.19

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pg 7 correction { <65.65> +589.91

$226,669.27

227,255.19 +
144.84 -
132.84 +
3.09 -
141.02 -
62.08 +
308.76 -
90.00 -
82.45 -
321.50 -
226,358.45 *

226,358.45 +
94.04 -
119.40 -
65.65 -
589.91 +
226,669.27 *

APPROVED
ON

NOV 09 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS # 168611
to
#168693

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

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	168611	11/09/16	4,592.40	US FOOD SERVICE
A/P	168612	11/09/16	83.68	MERCEDES MEDICAL
A/P	168613	11/09/16	212.00	WHOLESALE ELECTRIC SUPPLY
A/P	168614	11/09/16	1,466.71	CENTURION MEDICAL PRODUCTS
A/P	168615	11/09/16	1,470.01	DEWITT POTH & SON
A/P	168616	11/09/16	106.63	PRECISION DYNAMICS CORP (PDC)
A/P	168617	11/09/16	.00	VOIDED
A/P	168618	11/09/16	16,619.81	MORRIS & DICKSON CO, LLC
A/P	168619	11/09/16	295.00	RADIOLOGY UNLTD PA - PRINT1099
A/P	168620	11/09/16	20.00	EMPLOYEE ACTIVITIES TEAM
A/P	168621	11/09/16	122.53	PENLON, INC
A/P	168622	11/09/16	120.00	REVISTA de VICTORIA
A/P	168623	11/09/16	56.28	GLOBAL EQUIPMENT CO. INC.
A/P	168624	11/09/16	1,275.00	SIGN AD, LTD.
A/P	168625	11/09/16	3,165.13	STRYKER SUSTAINABILITY
A/P	168626	11/09/16	307.50	FIRETROL PROTECTION SYSTEMS
A/P	168627	11/09/16	225.00	WAGEWORKS
A/P	168628	11/09/16	45,474.64	MMC EMPLOYEE BENEFIT PLAN
A/P	168629	11/09/16	8,774.14	ACCLARENT, INC.
A/P	168630	11/09/16	175.18	PHYSICIAN SALES & SERVICE
A/P	168631	11/09/16	112.24	ROSHANDA GRAY
A/P	168632	11/09/16	536.80	DERRI HART
A/P	168633	11/09/16	150.00	REED, CLAYMON, MEEKER & HARGET
A/P	168634	11/09/16	2,646.78	COMBINED INSURANCE CO
A/P	168635	11/09/16	39,253.70	E-MDS, INC
A/P	168636	11/09/16	540.00	PABLO GARZA
A/P	168637	11/09/16	1,667.00	RADSOURCE
A/P	168638	11/09/16	3,690.52	TEXAS ADVANTAGE COMMUNITY BANK
A/P	168639	11/09/16	8,336.61	PAETEC
A/P	168640	11/09/16	.00	FRONTIER
A/P	168641	11/09/16	3,033.00	AMN HEALTHCARE ALLIED, INC.
A/P	168642	11/09/16	165.00	AHRMM/AHA
A/P	168643	11/09/16	39.57	AIRGAS USA, LLC - CENTRAL DIV
A/P	168644	11/09/16	286.11	ALPHA TEC SYSTEMS INC
A/P	168645	11/09/16	3,198.20	AFLAC
A/P	168646	11/09/16	1,529.91	BAXTER HEALTHCARE CORP
A/P	168647	11/09/16	28,363.63	BECKMAN COULTER INC
A/P	168648	11/09/16	457.00	BOSTON SCIENTIFIC CORPORATION
A/P	168649	11/09/16	488.00	CAD SOLUTIONS, INC
A/P	168650	11/09/16	587.68	CARDINAL HEALTH 414, INC.
A/P	168651	11/09/16	264.00	CYGNUS MEDICAL LLC
A/P	168652	11/09/16	496.00	CONMED CORPORATION
A/P	168653	11/09/16	1,728.50	CDW GOVERNMENT, INC.
A/P	168654	11/09/16	2,100.00	EVIDENT
A/P	168655	11/09/16	1,544.80	CPSI
A/P	168656	11/09/16	371.80	DYNATRONICS CORPORATION
A/P	168657	11/09/16	280.00	EAGLE FIRE & SAFETY INC
A/P	168658	11/09/16	47.47	CENTERPOINT ENERGY
A/P	168659	11/09/16	3,290.48	FISHER HEALTHCARE
A/P	168660	11/09/16	700.00	D HARRIS CONSULTING LLC

#168640 Voided Replaced with check #168693

BANK	CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P		168661	11/09/16	63.16	INDEPENDENCE MEDICAL
A/P		168662	11/09/16	1,703.67	WERFEN USA LLC
A/P		168663	11/09/16	141.25	INTEGRATED MEDICAL SYSTEMS
A/P		168664	11/09/16	438.75	INTOXIMETERS INC
A/P		168665	11/09/16	1,120.57	SHIRLEY KARNEI
A/P		168666	11/09/16	2,883.29	MCKESSON MEDICAL SURGICAL INC
A/P		168667	11/09/16	900.51	MERRY X-RAY/SOURCEONE HEALTHCA
A/P		168668	11/09/16	103.27	MMC VOLUNTEERS
A/P		168669	11/09/16	276.24	MICROTEK MEDICAL INC
A/P		168670	11/09/16	61.74	OFFICE DEPOT
A/P		168671	11/09/16	1,272.19	ORTHO CLINICAL DIAGNOSTICS
A/P		168672	11/09/16	.00	VOIDED
A/P		168673	11/09/16	.00	VOIDED
A/P		168674	11/09/16	.00	VOIDED
A/P		168675	11/09/16	15,441.22	OWENS & MINOR
A/P		168676	11/09/16	811.60	POLYMEDCO INC.
A/P		168677	11/09/16	107.69	POWER ELECTRIC
A/P		168678	11/09/16	151.38	R & D BATTERIES INC
A/P		168679	11/09/16	832.25	SIEMENS MEDICAL SOLUTIONS INC
A/P		168680	11/09/16	477.82	SMITH & NEPHEW
A/P		168681	11/09/16	2,121.12	SO TEX BLOOD & TISSUE CENTER
A/P		168682	11/09/16	1,225.78	SYSCO FOOD SERVICES OF
A/P		168683	11/09/16	132.84	ERIN CLEVENGER
A/P		168684	11/09/16	218.00	TEXAS GLASS & TINTING
A/P		168685	11/09/16	142.11	UAL
A/P		168686	11/09/16	214.84	UNIFIRST HOLDINGS
A/P		168687	11/09/16	112.94	UNIFORM ADVANTAGE
A/P		168688	11/09/16	3,683.23	UNIFIRST HOLDINGS INC
A/P		168689	11/09/16	1,006.08	UPS
A/P		168690	11/09/16	110.88	UTAH MEDICAL PRODUCTS INC
A/P		168691	11/09/16	238.67	VERIZON WIRELESS
A/P		168692	11/09/16	147.66	GRAINGER
A/P		168693	11/09/16	62.08	FRONTIER
TOTALS:				226,669.27	

APPROVED
ON

NOV 09 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:11/15/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:09:52 CHECK REGISTER and Payable List GLCKREG
11/15/16 THRU 11/15/16

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000845	11/15/16	460.41	MCKESSON
A/P	000846	11/15/16	750.02	MCKESSON
A/P	000847	11/15/16	1,290.19	MCKESSON
TOTALS:			2,500.62	

340 B Prescription Expenses

APPROVED
ON

NOV 14 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 11/11/2016

DC: 8115

Territory: 400

Customer: 190813
Date: 11/12/2016

Page: 001

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

As of: 11/11/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 11/12/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
11/07/2016	11/15/2016	7775816469	1000912216	115Invoice	3.39	169.37		✓165.98	✓	7775816469	
11/07/2016	11/15/2016	7775816470	1000912783	115Invoice	3.45	172.70		✓169.25	✓	7775816470	
11/10/2016	11/15/2016	7776480861	1000914754	115Invoice	0.01	0.31		✓ 0.30	✓	7776480861	
11/11/2016	11/15/2016	7776735205	1000915343	115Invoice	2.55	127.43		✓124.88	✓	7776735205	

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

TOTAL:

Subtotals: 469.81 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 442.95
11/07/2016

If Paid By 11/15/2016,
Pay This Amount: ✓ 460.41 USD

If Paid After 11/15/2016,
Pay this Amount: 469.81 USD

Due If Paid On Time:
USD 460.41

Disc lost if paid late:
9.40

Due If Paid Late:
USD 469.81

ck# 845

APPROVED
ON

NOV 14 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

As of: 11/11/2016 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 11/12/2016

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

As of: 11/11/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

Cust: 256342 PLEASE CHECK ANY
Date: 11/12/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
11/07/2016	11/15/2016	7775796111	3454581839	115Invoice	7.12	355.95		✓ 348.83	✓	7775796111	
11/08/2016	11/15/2016	7776055708	3454581843	115Invoice	0.02	0.95		✓ 0.93	✓	7776055708	
11/09/2016	11/15/2016	7776278659	1097094	115Invoice	3.50	174.76		✓ 171.26	✓	7776278659	
11/10/2016	11/15/2016	7776517253	3454581850	115Invoice	0.06	3.16		✓ 3.10	✓	7776517253	
11/11/2016	11/15/2016	7776744002	3454581853	115Invoice	4.61	230.51		✓ 225.90	✓	7776744002	

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

TOTAL:

Subtotals: 765.33 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 725.74
11/07/2016

If Paid By 11/15/2016,
Pay This Amount: 750.02 USD

If Paid After 11/15/2016,
Pay this Amount: 765.33 USD

Due If Paid On Time:
USD 750.02

Disc lost if paid late:
15.31

Due If Paid Late:
USD 765.33

ck# 846

APPROVED
ON
NOV 14 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: 11/11/2016

DC: 8115

Territory: 400

Customer: 262252
Date: 11/12/2016

Page: 001

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

As of: 11/11/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 11/12/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
11/07/2016	11/15/2016	7775784292	1000912218	115Invoice	5.02	251.13		246.11	✓	7775784292	
11/07/2016	11/15/2016	7775784293	1000912785	115Invoice	0.94	47.01		46.07	✓	7775784293	
11/07/2016	11/15/2016	7775784294	1000913179	115Invoice	2.80	139.85		137.05	✓	7775784294	
11/07/2016	11/15/2016	7775784296	1000913179	115Invoice	0.03	1.28		1.25	✓	7775784296	
11/08/2016	11/15/2016	7776048602	1000913553	115Invoice	1.43	71.41		69.98	✓	7776048602	
11/09/2016	11/15/2016	7776287127	1000914159	115Invoice	1.98	98.82		96.84	✓	7776287127	
11/10/2016	11/15/2016	7776508020	1000914756	115Invoice	9.22	461.21		451.99	✓	7776508020	
11/11/2016	11/15/2016	7776745608	1000915345	115Invoice	4.89	244.35		239.46	✓	7776745608	
11/11/2016	11/15/2016	7776745612	1000915345	115Invoice	0.03	1.47		1.44	✓	7776745612	

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

TOTAL:

Subtotals: 1,316.53 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 759.12
11/07/2016

If Paid By 11/15/2016,
Pay This Amount: 1,290.19 USD

If Paid After 11/15/2016,
Pay this Amount: 1,316.53 USD

Due If Paid On Time:
USD 1,290.19

Disc lost if paid late:
26.34

Due If Paid Late:
USD 1,316.53

ck# 847

APPROVED
ON
NOV 14 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

APPROVED
ON

NOV 17 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

11/16/2016 08:17

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 11/25/2016

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11062	AIRESPRING INC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
94003386 ✓		11/14/20	10/16/20	11/09/20			2,695.79	0.00	0.00	2,695.79 2,718.04
	TELEPHONE HOSP GEN									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11062	AIRESPRING INC ✓	2,695.79	0.00	0.00	2,695.79 2,718.04

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
9056697870 ✓		10/31/20	10/24/20	11/23/20			63.50	0.00	0.00	63.50 ✓
	FREIGHT RES CARE									
9056677871		11/14/20	10/24/20	11/23/20			361.84	0.00	0.00	361.84 ✓
9056697871	FREIGHT RES CARE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV ✓	425.34	0.00	0.00	425.34

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
9649744425 ✓		10/31/20	10/19/20	11/18/20			1,549.50	0.00	0.00	1,549.50 ✓
	SUPPLIES GENERAL SURGER									
9649798679 ✓		10/31/20	10/26/20	11/25/20			477.00	0.00	0.00	477.00 ✓
	INTRA OCULAR LENSES C/S									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1690	ALCON LABORATORIES, INC.	2,026.50	0.00	0.00	2,026.50

Vendor#	Vendor Name	Class	Pay Code
10668	ALLIED FIRE PROTECTION SA, LP ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
SI182521 ✓		10/31/20	10/24/20	11/23/20			450.00	0.00	0.00	450.00 ✓
	PURCHASED SERVICES PLNT									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10668	ALLIED FIRE PROTECTION SA, LP	450.00	0.00	0.00	450.00

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
442073 ✓		10/28/20	10/24/20	11/24/20			110.00	0.00	0.00	110.00 ✓
	DUES &SUBSCRIPTIONS LAB									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10592	AMERICAN PROFICIENCY INSTITUTE	110.00	0.00	0.00	110.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
574129905 ✓		05/23/20	02/03/20	02/25/20			-300.05	0.00	0.00	-300.05 ✓
	PHARMACY CREDIT									
574539104 ✓		05/23/20	02/15/20	02/25/20			-101.54	0.00	0.00	-101.54 ✓
	PHARMACY CREDIT									
779296323 ✓		05/26/20	05/19/20	06/10/20			7.32	0.00	0.00	7.32 ✓
	PHARMACY DRUGS									

907763040		10/31/20	10/31/20	11/18/20	94.04	0.00	0.00	94.04
	INVENTORY PHARMACY INVE							
907763039		10/31/20	10/31/20	11/18/20	119.40	0.00	0.00	119.40
	INVENTORY PHARMACY INVE							
908213804		11/14/20	11/06/20	11/17/20	28.52	0.00	0.00	28.52
	INVENTORY PHARMACY INVE							
900101640		11/15/20	06/28/20	07/10/20	25.66	0.00	0.00	25.66
	PHARMACY DRUGS							
900102231		11/15/20	06/28/20	07/10/20	142.00	0.00	0.00	142.00
	PHARMACY DRUGS							
902746660		11/15/20	08/10/20	08/25/20	25.66	0.00	0.00	25.66
	PHARMACY DRUGS							
902746981		11/15/20	08/10/20	08/25/20	68.27	0.00	0.00	68.27
	PHARMACY DRUGS							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	A1360	AMERISOURCEBERGEN DRUG CORP			109.28	0.00	0.00	109.28

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
2560419		11/14/20	11/03/20	11/13/20			2,272.00	0.00	0.00	2,272.00
	PURCHASED SERVICES PHY 10/23-29/2016 James Smith									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11232	AMN HEALTHCARE ALLIED, INC.					2,272.00	0.00	0.00	2,272.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
105941222		11/08/20	10/25/20	11/24/20			1,156.36	0.00	0.00	1,156.36
	LAB SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC					1,156.36	0.00	0.00	1,156.36

Vendor#	Vendor Name	Class	Pay Code
10599	BKD, LLP		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
BK00655836		10/28/20	10/23/20	11/22/20			2,754.70	0.00	0.00	2,754.70
	AUDITING FEES ACCOUNTINC									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10599	BKD, LLP					2,754.70	0.00	0.00	2,754.70

Vendor#	Vendor Name	Class	Pay Code
11253	BLUEPRINT PUBLISHING		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
0744893473		11/14/20	10/10/20	10/25/20			589.95	0.00	0.00	589.95
	PUBLIC REL/ADVERTISE ADM									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11253	BLUEPRINT PUBLISHING					589.95	0.00	0.00	589.95

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
21505		11/14/20	11/10/20	11/16/20			610.00	0.00	0.00	610.00
	COUNTY INLDIGENT COPAYS									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11041	CALHOUN CO INDIGENT ACCT					610.00	0.00	0.00	610.00

Vendor#	Vendor Name	Class	Pay Code

C1048 CALHOUN COUNTY ✓ W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21506		11/14/20	11/11/20	11/11/20		476,689.73	0.00	0.00	476,689.73 ✓
	ADVANCE CALHOUN CO NH L								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY	476,689.73	0.00	0.00	476,689.73

Vendor# Vendor Name — Class — Pay Code

C1112 CALHOUN COUNTY ✓ W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
092416		11/15/20	09/24/20 ✓	11/05/20		141.46	0.00	0.00	141.46 ✓
	FUEL & SERVICES TRAN SPO								
102416		11/15/20	10/24/20 ✓	11/05/20		167.28	0.00	0.00	167.28 ✓
	FUEL & SERVICES TRANSPOF								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1112	CALHOUN COUNTY	308.74	0.00	0.00	308.74

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
21515		11/15/20	10/01/20	11/01/20		506.55	0.00	0.00	506.55 508.75
	PURCHASED SERVICES OCC 9.25 hrs								
21516		11/15/20	10/01/20	11/07/20		412.50	0.00	0.00	412.50 ✓
	PURCHASED SERVICES OCC 7.5 hrs x 55								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	Z0850	CARMEN C. ZAPATA-ARROYO	919.05	0.00	0.00	919.05 921.25

Vendor# Vendor Name — Class — Pay Code

C1390 CENTRAL DRUGS ✓ W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
101516		10/25/20	10/19/20	11/18/20		165.00	0.00	0.00	165.00 ✓
	INVENTORY PHARMACY INVE								
21504		11/14/20	10/31/20	11/25/20		255.00	0.00	0.00	255.00 90.00
	INVENTORY PHARMACY INVE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1390	CENTRAL DRUGS	420.00	0.00	0.00	420.00 255.00

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
92124522 ✓		10/26/20	10/19/20	11/18/20		469.24	0.00	0.00	469.24 ✓
	CS INVENTORY								
92129213 ✓		10/31/20	10/26/20	11/25/20		775.52	0.00	0.00	775.52 ✓
	INVENTRY CENTRAL SUP INV								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10350	CENTURION MEDICAL PRODUCTS	1,244.76	0.00	0.00	1,244.76

Vendor# Vendor Name — Class — Pay Code

10646 COVIDIEN

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21504		11/14/20	10/31/20	11/10/20		1,050.56	0.00	0.00	1,050.56 X Took off
23879487	PREPAID EXPENSES PREPAI								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10646	COVIDIEN	1,050.56	0.00	0.00	1,050.56 Per Vicky

Vendor# Vendor Name — Class — Pay Code

C2515 CPSI ✓ IMP

	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	924194		11/14/20	10/26/20	11/01/20		41,544.00	0.00	0.00	41,544.00
		MAJOR MOVABLE EQUIP PP&								
	924195		11/14/20	10/28/20	11/01/20		619.20	0.00	0.00	619.20
		MAJOR MOVABLE EQUIP PP&								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C2515	CPSI				42,163.20	0.00	0.00	42,163.20

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
	555X02217008		10/31/20	10/31/20	11/22/20		684.30	0.00	0.00	684.30
		SUPPLIES GENERAL PLNT OF								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		R1050	CULLIGAN OF VICTORIA				684.30	0.00	0.00	684.30

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
	486009-0		10/24/20	10/19/20	11/18/20		84.12	0.00	0.00	84.12
		SUPPLIES GENERAL C/S								
	486300-0		10/26/20	10/24/20	11/23/20		26.70	0.00	0.00	26.70
		SUPPLIES SURGERY								
	485989-0		10/28/20	10/19/20	11/18/20		181.86	0.00	0.00	181.86
		OFFICE SUPPLIES INF CONT								
	486065-0		10/31/20	10/20/20	11/19/20		126.15	0.00	0.00	126.15
		OFFICE SUPPLIES BUS OFFIC								
	486290-0		10/31/20	10/25/20	11/24/20		62.26	0.00	0.00	62.26
		OFFICE SUPPLIES MM CLINIC								
	486465-0		10/31/20	10/25/20	11/24/20		149.89	0.00	0.00	149.89
		OFFICE SUPPLIES ACCOUNTI								
	486367-0		10/31/20	10/25/20	11/24/20		12.52	0.00	0.00	12.52
		OFFICE SUPPLIES BUS OFFIC								
	486677-0		10/31/20	10/26/20	11/25/20		112.92	0.00	0.00	112.92
		OFFICE SUPPLIES ADMIN								
	486676-0		10/31/20	10/26/20	11/25/20		19.08	0.00	0.00	19.08
		OFFICE SUPPLIES HLTH INFO								
	486631-0		10/31/20	10/26/20	11/25/20		521.58	0.00	0.00	521.58
		OFFICE SUPPLIES E/R								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10368	DEWITT POTH & SON				1,297.08	0.00	0.00	1,297.08

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
	21507		11/14/20	10/18/20	10/28/20		30.50	0.00	0.00	30.50
		PURCHASED SERVICES HOU								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		D1710	DOWNTOWN CLEANERS				30.50	0.00	0.00	30.50

Vendor#	Vendor Name	Class	Pay Code
D1785	DYNATRONICS CORPORATION		

	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	909739		10/27/20	10/19/20	11/19/20		466.71	0.00	0.00	466.71
		FREIGHT PHY THRPY								
	911310		10/31/20	10/26/20	11/25/20		106.48	0.00	0.00	106.48

FREIGHT PHY THRPY

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1785	DYNATRONICS CORPORATION	573.19	0.00	0.00	573.19

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
~~21508~~ 62348		11/14/20	10/24/20	11/18/20			280.00	0.00	0.00	280.00

PURCHASED SERVICES DIET

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	E0500	EAGLE FIRE & SAFETY INC	280.00	0.00	0.00	280.00

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
T1610101378		10/20/20	10/10/20	11/18/20			13,303.05	0.00	0.00	13,303.05

OUTSIDE SERV BUS OFF ETC

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C2510	EVIDENT	13,303.05	0.00	0.00	13,303.05

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
5-592-24783		11/14/20	10/27/20	11/10/20			19.60	0.00	0.00	19.60

FREIGHT C/S

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
5-599-62839		11/14/20	11/03/20	11/10/20			18.86	0.00	0.00	18.86

FREIGHT C/S

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.	38.46	0.00	0.00	38.46

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
8493778		10/31/20	10/21/20	11/20/20			457.19	0.00	0.00	457.19

SUPPLIES GENERAL LAB

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8758640		10/31/20	10/25/20	11/24/20			1,617.88	0.00	0.00	1,617.88

SUPPLIES GENERAL LAB

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	2,075.07	0.00	0.00	2,075.07

Vendor#	Vendor Name	Class	Pay Code
11183	FRONTIER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21475		10/31/20	10/19/20	11/18/20			3.09	0.00	0.00	3.09 / 0 Taxes?

TELEPHONE HOSP GEN — No Invoice

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11183	FRONTIER	3.09	0.00	0.00	3.09 0

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
46506		10/31/20	10/19/20	11/19/20			104.30	0.00	0.00	104.30

FREIGHT LAB

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10901	GENESIS DIAGNOSTICS	104.30	0.00	0.00	104.30

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
33554256 ✓		09/30/20	09/20/20	11/19/20			8,495.37	0.00	0.00	8,495.37 ✓
	INVENTORY PHARMACY INVE									
33561358 ✓		09/30/20	09/22/20	11/22/20			1,866.80	0.00	0.00	1,866.80 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10642	GLAXOSMITHKLINE PHARMACUETICAL	10,362.17	0.00	0.00	10,362.17

Vendor# W1300 Vendor Name: GRAINER ✓ Class: M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9262387260 ✓		10/31/20	10/26/20	11/25/20			51.71	0.00	0.00	51.71 ✓
	SUPPLIES GENERAL PLNT OF									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W1300	GRAINER	51.71	0.00	0.00	51.71

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
107137 ✓		11/14/20	10/27/20	11/06/20			12.45	0.00	0.00	12.45 ✓
	SUPPLIES GENERAL PLNT OF									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1292	GULF COAST HARDWARE / ACE	12.45	0.00	0.00	12.45

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1217962-		11/08/20	10/19/20	11/18/20			421.29	0.00	0.00	421.29 ✓
	SUPPLIES GENERAL HOUSEK									
1212905-		11/11/20	10/11/20	11/10/20			306.96	0.00	0.00	306.96 305.96
	HOUSEKEEPING SUPPLIES									
200947		11/15/20	09/20/20	10/20/20			486.00 OK	0.00	0.00	OK 486.00 ✓ 486.00
	SUPPLIES GENERAL HOUSEK									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	1,214.25	0.00	0.00	1,214.25 1,213.25

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
073076 ✓		11/15/20	08/30/20	11/25/20			8.81	0.00	0.00	8.81 ✓
	FOOD SUPPLIES DIETARY									
OC-37218 ✓		11/15/20	09/28/20	10/18/20			0.82	0.00	0.00	0.82
	MISCELLANEOUS DIETARY Finance Chg									
OC-36828 ✓		11/15/20	09/28/20	10/18/20			3.16	0.00	0.00	3.16 ✓
	MISCELLANEOUS DIETARY Finance Chg									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H0030	H E BUTT GROCERY	12.79	0.00	0.00	12.79

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
323747 ✓		10/28/20	10/15/20	11/18/20			65.65	0.00	0.00	65.65 X
	FREIGHT E/R									
324854		10/28/20	10/17/20	11/18/20			-589.91	0.00	0.00	-589.91 X
	REPAIRS INSTRUMENT E/R									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H1399	HILL-ROM COMPANY, INC	-524.26	0.00	0.00	-524.26 X

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
PJIN0095295	MAINT CONTR MRI	10/28/20	10/15/20	11/25/20		8,333.33	0.00	0.00	8,333.33

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		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1921	PURCHASED SERVICES PHAF	11/15/20	10/31/20	11/20/20		14,055.47	0.00	0.00	14,055.47

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10922	HUNTER PHARMACY SERVICES	14,055.47	0.00	0.00	14,055.47

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
42375247	CS INVENTORY	10/26/20	10/19/20	11/18/20		46.27	0.00	0.00	46.27

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I0415	INDEPENDENCE MEDICAL	46.27	0.00	0.00	46.27

Vendor#	Vendor Name	Class	Pay Code
I1127	INTEGRATED MEDICAL SYSTEMS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1380119	FREIGHT SURGERY	10/31/20	10/25/20	11/24/20		48.25	0.00	0.00	48.25

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I1127	INTEGRATED MEDICAL SYSTEMS	48.25	0.00	0.00	48.25

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
917199689	SUPPLIES OB	10/31/20	10/21/20	11/20/20		50.43	0.00	0.00	50.43
917205985	SUPPLIES SURGERY	10/31/20	10/24/20	11/23/20		42.00	0.00	0.00	42.00
917217925	SUPPLIES SURGERY	10/31/20	10/26/20	11/25/20		42.00	0.00	0.00	42.00
917189454	SURGERY SUPPLIES	11/10/20	10/19/20	11/18/20		269.70	0.00	0.00	269.70

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE SYSTEMS, INC	404.13	0.00	0.00	404.13

Vendor#	Vendor Name	Class	Pay Code
11105	JERRY PICKETT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21511	EMPL EXP P/R CLEARNG OTH	11/15/20	11/07/20	11/16/20		65.13	0.00	0.00	65.13 x 36.11

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11105	JERRY PICKETT	65.13	0.00	0.00	65.13 36.11

Vendor#	Vendor Name	Class	Pay Code
10904	MERCK SHARP & DOHME CORP		

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

7009426774		11/15/20	10/12/20	11/18/20	1,577.98	0.00	0.00	1,577.98
	INVENTORY PHARMACY INVE							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10904	MERCK SHARP & DOHME CORP			1,577.98	0.00	0.00	1,577.98

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
30094327297		11/10/20	10/26/20	11/25/20			389.44	0.00	0.00	389.44
	SUPPLIES MAMMO									

X Take 86 Per Vicy

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2659	MERRY X-RAY/SOURCEONE HEALTHCA	389.44	0.00	0.00	389.44 X

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
21485		10/31/20	10/24/20	11/24/20			116.86	0.00	0.00	116.86
	EMPL EXP P/R CLEARING OTH									
21503		11/14/20	11/10/20	11/11/20			62.50	0.00	0.00	62.50
	EMPL EXP P/R CLEARNG OTH									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP	179.36	0.00	0.00	179.36

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
110716		11/15/20	11/07/20	11/09/20			110,664.64	0.00	0.00	110,664.64
	EMPL EXP DENTAL INS OTHE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN	110,664.64	0.00	0.00	110,664.64

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
9543658		11/15/20	11/09/20	11/10/20			871.15	0.00	0.00	871.15
	INVENTORY PHARMACY INVE									
3377		11/15/20	11/09/20	11/10/20			-13.79	0.00	0.00	-13.79
	INVENTORY PHARMACY INVE									
9544383		11/15/20	11/09/20	11/10/20			1.63	0.00	0.00	1.63
	INVENTORY PHARMACY INVE									
9544384		11/15/20	11/09/20	11/10/20			25,056.02	0.00	0.00	25,056.02
	INVENTORY PHARMACY INVE									
9543657		11/15/20	11/09/20	11/10/20			5.93	0.00	0.00	5.93
	INVENTORY PHARMACY INVE									
9543659		11/15/20	11/09/20	11/10/20			7.11	0.00	0.00	7.11
	INVENTORY PHARMACY INVE									
3386		11/15/20	11/09/20	11/10/20			-787.92	0.00	0.00	-787.92
	INVENTORY PHARMACY INVE									
9544385		11/15/20	11/09/20	11/10/20			193.33	0.00	0.00	193.33
	INVENTORY PHARMACY INVE									
9547348		11/15/20	11/10/20	11/11/20			71.02	0.00	0.00	71.02
	INVENTORY PHARMACY INVE									
9547609		11/15/20	11/10/20	11/11/20			1,926.29	0.00	0.00	1,926.29
	INVENTORY PHARMACY INVE									
9547608		11/15/20	11/10/20	11/11/20			25.81	0.00	0.00	25.81
	INVENTORY PHARMACY INVE									

2022050434	10/31/20	10/25/20	11/24/20	102.34	0.00	0.00	102.34
SUPPLIES GENERAL MM CLIN							
2015712124	11/09/20	03/24/20	04/23/20	8.98	0.00	0.00	8.98
SUPPLIES SURGERY							
2020720520	11/09/20	09/07/20	10/07/20	51.41	0.00	0.00	51.41
CS INVENTORY							
2022284967	11/10/20	11/03/20	12/03/20	392.80	0.00	0.00	392.80
CS INVENTORY							
Vendor Totals Number	Name			Gross	Discount	No-Pay	Net
OM425	OWENS & MINOR			4,728.37	0.00	0.00	4,728.37

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
A1752811		10/25/20	10/04/20	11/18/20			142.00	0.00	0.00	142.00
INVENTORY PHARMACY INVE										
A1755868		10/25/20	10/19/20	11/18/20			142.00	0.00	0.00	142.00
INVENTORY PHARMACY INVE										
Vendor Totals Number	Name						Gross	Discount	No-Pay	Net
10204	PHARMEDIUM SERVICES LLC						284.00	0.00	0.00	284.00

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
21514		11/15/20	11/11/20	11/15/20			52,618.21	0.00	0.00	52,618.21
PRIV WAIVER CLEAR ACCT C/										
Vendor Totals Number	Name						Gross	Discount	No-Pay	Net
10782	PRIVATE WAIVER CLEARING ACCT						52,618.21	0.00	0.00	52,618.21

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
1276570		11/15/20	09/28/20				261.10	0.00	0.00	261.10
Supply+ FREIGHT SURGERY										
Vendor Totals Number	Name						Gross	Discount	No-Pay	Net
R1045	R & D BATTERIES INC						261.10	0.00	0.00	261.10

Vendor# Vendor Name — Class — Pay Code

11251 RAPID PRINTING LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
~~21518~~		11/15/20	10/13/20	11/12/20			50.00	0.00	0.00	50.00
1042 SUPPLIES GENERAL MAMMO										
Vendor Totals Number	Name						Gross	Discount	No-Pay	Net
11251	RAPID PRINTING LLC						50.00	0.00	0.00	50.00

Vendor# Vendor Name — Class — Pay Code

I0520 RICOH USA, INC. — M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
97760029		11/15/20	10/31/20	11/19/20			5,909.84	0.00	0.00	5,909.84
LEASE & RENTAL MM CLINIC										
Vendor Totals Number	Name						Gross	Discount	No-Pay	Net
I0520	RICOH USA, INC.						5,909.84	0.00	0.00	5,909.84

Vendor# Vendor Name — Class — Pay Code

11164 RS CLARK & ASSOCIATES, INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20160731-		11/11/20	07/31/20	08/30/20			281.09	0.00	0.00	281.09
COLLECTION FEES										

9547610		11/15/20	11/10/20	11/11/20		156.43	0.00	0.00	156.43
	INVENTORY PHARMACY INVE								
9558071		11/15/20	11/14/20	11/15/20		846.26	0.00	0.00	846.26
	INVENTORY PHARMACY INVE								
9558072		11/15/20	11/14/20	11/15/20		2,923.23	0.00	0.00	2,923.23
	INVENTORY PHARMACY INVE								
9557759		11/15/20	11/14/20	11/15/20		68.63	0.00	0.00	68.63
	INVENTORY PHARMACY INVE								
9558073		11/15/20	11/14/20	11/15/20		129.16	0.00	0.00	129.16
	INVENTORY PHARMACY INVE								
9557760		11/15/20	11/14/20	11/15/20		44.39	0.00	0.00	44.39
	INVENTORY PHARMACY INVE								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC				31,524.68	0.00	0.00	31,524.68

Vendor#	Vendor Name			Class	Pay Code				
A2252	NADINE GARNER			W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21510		11/14/20	11/08/20	11/17/20		121.48	0.00	0.00	121.48
	TRAVEL INF CONT 11/2-3/2016 Corpus Christi								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	A2252	NADINE GARNER				121.48	0.00	0.00	121.48

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
3760520		11/15/20	10/26/20	11/25/20		75.18	0.00	0.00	75.18
	SUPPLIES GENERAL OCC THI								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11198	NORTH COAST MEDICAL INC				75.18	0.00	0.00	75.18

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
2021844136		10/25/20	10/18/20	11/18/20		57.07	0.00	0.00	57.07
	INVENTRY CENTRAL SUP INV								
2021909876		10/26/20	10/20/20	11/19/20		612.54	0.00	0.00	612.54
	CS INVENTORY								
2021918036		10/26/20	10/20/20	11/19/20		127.28	0.00	0.00	127.28
	SUPPLIES SURGERY								
2021904352		10/26/20	10/20/20	11/19/20		32.04	0.00	0.00	32.04
	SUPPLIES SURGERY								
2021909236		10/26/20	10/20/20	11/19/20		444.79	0.00	0.00	444.79
	SUPPLIES VARIOUS DEPTS								
2021904776		10/26/20	10/20/20	11/19/20		20.35	0.00	0.00	20.35
	CS INVENTORY								
2021918712		10/26/20	10/20/20	11/19/20		3.56	0.00	0.00	3.56
	SUPPLIES DIETARY								
2022046927		10/31/20	10/25/20	11/24/20		1,065.07	0.00	0.00	1,065.07
	CS INVENTORY & LAB SUPPL								
2022046051		10/31/20	10/25/20	11/24/20		1,783.18	0.00	0.00	1,783.18
	SUPPLIES GENERAL SURGER								
2022042198		10/31/20	10/25/20	11/24/20		26.96	0.00	0.00	26.96
	INVENTRY CENTRAL SUP INV								

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11164	RS CLARK & ASSOCIATES, INC				281.09	0.00	0.00	281.09

Vendor#	Vendor Name			Class	Pay Code				
11252	RX WASTE SYSTEMS LLC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	1210		11/15/20	10/02/20	11/25/20		634.55	0.00	0.00	634.55
		FREIGHT ADMIM - Pharmaceutical Waste Compliance and Disposal Program, wall mount w/cable, and Freight								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11252	RX WASTE SYSTEMS LLC				634.55	0.00	0.00	634.55

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
	906989033		09/30/20	09/20/20	11/19/20		647.70	0.00	0.00	647.70
		PHARMACY DRUGS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S1001	SANOFI PASTEUR INC				647.70	0.00	0.00	647.70

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
	E35/10546		11/15/20	11/04/20	11/19/20		18.67	0.00	0.00	18.67
		SUPPLIES GENERAL PLNT OF								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S1800	SHERWIN WILLIAMS				18.67	0.00	0.00	18.67

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
	206285		11/15/20	11/01/20	11/11/20		400.00	0.00	0.00	400.00
		PUBLIC REL/ADVERTISE ADM								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10699	SIGN AD, LTD.				400.00	0.00	0.00	400.00

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
	93306850		10/31/20	10/19/20	11/18/20		1,476.82	0.00	0.00	1,476.82
		SURGERY SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2362	SMITH & NEPHEW				1,476.82	0.00	0.00	1,476.82

Vendor#	Vendor Name			Class	Pay Code				
S2694	STANFORD VACUUM SERVICE			M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	604453		11/15/20	08/31/20	11/11/20		385.00	0.00	0.00	385.00
		PURCHASED SERVICES DIET/								
	518465		11/15/20	11/07/20	11/17/20		385.00	0.00	0.00	385.00
		PURCHASED SERVICES DIET/								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2694	STANFORD VACUUM SERVICE				770.00	0.00	0.00	770.00

Vendor#	Vendor Name			Class	Pay Code				
S3940	STERIS CORPORATION			M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	6497029		11/10/20	10/25/20	11/24/20		64.65	0.00	0.00	64.65
		SUPPLIES SURGERY								

	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S3940	STERIS CORPORATION				64.65	0.00	0.00	64.65
Vendor#	Vendor Name				Class	Pay Code				
10735	STRYKER SUSTAINABILITY ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	2867345 ✓		11/15/20	10/14/20	11/13/20		328.70	0.00	0.00	328.70 ✓
		SUPPLIES GENERAL SURGER								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10735	STRYKER SUSTAINABILITY				328.70	0.00	0.00	328.70
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
	611030725 ✓		10/31/20	11/03/20	11/23/20		225.02	0.00	0.00	225.02 ✓
		MEAT EXPENSE DIETARY								
	611100800 ✓		11/15/20	11/10/20	11/25/20		986.05	0.00	0.00	986.05 ✓
		MEAT EXPENSE DIETARY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2951	SYSCO FOOD SERVICES OF				1,211.07	0.00	0.00	1,211.07
Vendor#	Vendor Name				Class	Pay Code				
10611	TELE-PHYSICIANS, P.A. (TX)									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	TX0002069 ✓		11/15/20	09/01/20	11/01/20		2,680.00	0.00	0.00	2,680.00 ✓
		PROF FEES E/R 9/1/2016								
	TX0001985 ✓		11/15/20	07/31/20	11/01/20		4,000.00	0.00	0.00	4,000.00 ✓
		PROF FEES ER July 2016 additional consult fees								
	TX0002243 ✓		11/15/20	10/01/20	11/01/20		2,680.00	0.00	0.00	2,680.00 ✓
		PROF FEES E/R Oct 2016								
	TX0002321 ✓		11/15/20	11/01/20	11/01/20		2,680.00	0.00	0.00	2,680.00 ✓
		PROF FEES E/R Nov 2016								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10611	TELE-PHYSICIANS, P.A. (TX)				12,040.00	0.00	0.00	12,040.00
Vendor#	Vendor Name				Class	Pay Code				
11140	TEXAS ADVANTAGE COMMUNITY BANK ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	21513		11/15/20	11/04/20	11/17/20		3,690.52	0.00	0.00	3,690.52 ✓
		LEASE & RENTAL RADIOLOGY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11140	TEXAS ADVANTAGE COMMUNITY BANK				3,690.52	0.00	0.00	3,690.52
Vendor#	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
	21512		11/15/20	10/01/20	11/15/20		6,110.00	0.00	0.00	6,110.00 ✓
		INS WORK COMP HOSP GEN								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		T2204	TEXAS MUTUAL INSURANCE CO				6,110.00	0.00	0.00	6,110.00
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
	21517		11/15/20	11/01/20	11/25/20		137.90	0.00	0.00	137.90 ✓
		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				
11067	TRIZETTO PROVIDER SOLUTIONS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	3A3X111600		11/15/20	11/01/20	11/17/20		119.00	0.00	0.00	119.00
		PURCHASED SERVICES MM C								
	35FK111600		11/15/20	11/01/20	11/17/20		1,252.00	0.00	0.00	1,252.00
		PURCHASED SERVICES MM C								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11067	TRIZETTO PROVIDER SOLUTIONS				1,371.00	0.00	0.00	1,371.00
Vendor#	Vendor Name				Class	Pay Code				
U1054	UNIFIRST HOLDINGS				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	8150746858		10/28/20	10/25/20	11/24/20		32.92	0.00	0.00	32.92
		PURCHASED SERVICES MAIN								
	8150746769		10/28/20	10/25/20	11/24/20		43.54	0.00	0.00	43.54
		PURCHASED SERVICES MAIN								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		U1054	UNIFIRST HOLDINGS				76.46	0.00	0.00	76.46
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
	8400231819		10/28/20	10/21/20	11/20/20		617.42	0.00	0.00	617.42
		LAUNDRY HOUSEKEEPING								
	8400231859		10/28/20	10/21/20	11/20/20		861.05	0.00	0.00	861.05
		LAUNDRY HOUSEKEEPING								
	8400232013		10/31/20	10/25/20	11/24/20		108.07	0.00	0.00	108.07
		LAUNDRY HOUSEKEEPING								
	8400232011		10/31/20	10/25/20	11/24/20		301.54	0.00	0.00	301.54
		LAUNDRY HOSEKEEPING								
	8400232014		10/31/20	10/25/20	11/24/20		108.08	0.00	0.00	108.08
		LAUNDRY HOUSEKEEPING								
	~~8400323012~~		10/31/20	10/25/20	11/24/20		282.32	0.00	0.00	282.32
	8400232012	LAUNDRY HOSEKEEPING								
	8400232056		10/31/20	10/25/20	11/24/20		169.48	0.00	0.00	169.48
		LAUNDRY HOUSEKEEPING								
	8400323065		10/31/20	10/25/20	11/24/20		987.59	0.00	0.00	987.59
	8400232065	LAUNDRY HOUSEKEEPING								
	8400232015		10/31/20	10/25/20	11/24/20		188.89	0.00	0.00	188.89
		LAUNDRY HOUSEKEEPING								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		U1064	UNIFIRST HOLDINGS INC				3,624.44	0.00	0.00	3,624.44
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
	3968893		11/15/20	10/10/20	10/30/20		2,458.01	0.00	0.00	2,458.01
		MEAT EXPENSE DIETARY								
	3905812		11/15/20	10/13/20	11/02/20		233.66	0.00	0.00	233.66
		FOOD SUPPLIES DIETARY								
	4036954		11/15/20	10/13/20	11/02/20		1,542.55	0.00	0.00	1,542.55
		MEAT EXPENSE DIETARY								
	4275688		11/15/20	10/25/20	11/14/20		43.71	0.00	0.00	43.71

	SUPPLIES GENERAL DIETARY							
4231243	11/15/20	10/27/20	11/16/20	2,808.96	0.00	0.00	2,808.96	
	MEAT EXPENSE DIETARY							
4321679	11/15/20	10/27/20	11/16/20	44.61	0.00	0.00	44.61	
	FOOD SUPPLIES DIETARY							
3905813	11/15/20	10/27/20	11/16/20	26.56	0.00	0.00	26.56	
	SUPPLIES GENERAL DIETARY							
4359797	11/15/20	10/31/20	11/20/20	1,808.10	0.00	0.00	1,808.10	
	MEAT EXPENSE DIETARY							
4429100	11/15/20	11/03/20	11/23/20	1,898.54	0.00	0.00	1,898.54	
	MEAT EXPENSE DIETARY							
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net	
	10172	US FOOD SERVICE		10,864.70	0.00	0.00	10,864.70	

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
21480		10/31/20	10/31/20	10/31/20			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
V0554	VCS SECURITY SYSTEMS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
104661		10/31/20	10/21/20	11/21/20			120.00	0.00	0.00	120.00
	OFFICE SUPPLIES MM CLINIC									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	V0554	VCS SECURITY SYSTEMS	120.00	0.00	0.00	120.00

Vendor#	Vendor Name	Class	Pay Code
V0552	VERATHON INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
795747		11/10/20	10/26/20	11/25/20			72.64	0.00	0.00	72.64
	SUPPLIES MED SURG									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	V0552	VERATHON INC	72.64	0.00	0.00	72.64

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
~~21519~~ 111812	EMPL EXP P/R CLEARNG OTH Shipping charge	11/15/20	08/29/20	09/28/20			20.19	0.00	0.00	20.19

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W1040	WATERMARK GRAPHICS INC	20.19	0.00	0.00	20.19

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	841,812.07	0.00	0.00	841,812.07

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

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continued

CKS# 168694 to 168766
Approved 11/17/16 (PH)

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	TN 372410836	111616	2003.19	2		REFUND FOR [redacted]	
	ARID=0001 TOTAL		2003.19				
TOTAL			2003.19				

CK# 168767

APPROVED
ON
17 PH
NOV ~~16~~ 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

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RUN DATE:11/18/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:11:06 CHECK REGISTER GLCKREG
11/18/16 THRU 11/18/16

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	168694	11/18/16	10,864.70	US FOOD SERVICE
A/P	168695	11/18/16	284.00	PHARMEDIUM SERVICES LLC
A/P	168696	11/18/16	8,333.33	HITACHI MEDICAL SYSTEMS
A/P	168697	11/18/16	1,244.76	CENTURION MEDICAL PRODUCTS
A/P	168698	11/18/16	1,297.08	DEWITT POTH & SON
A/P	168699	11/18/16	.00	VOIDED
A/P	168700	11/18/16	31,524.68	MORRIS & DICKSON CO, LLC
A/P	168701	11/18/16	110.00	AMERICAN PROFICIENCY INSTITUTE
A/P	168702	11/18/16	2,754.70	BKD, LLP
A/P	168703	11/18/16	12,040.00	TELE-PHYSICIANS, P.A. (TX)
A/P	168704	11/18/16	10,362.17	GLAXOSMITHKLINE PHARMACUETICAL
A/P	168705	11/18/16	450.00	ALLIED FIRE PROTECTION SA, LP
A/P	168706	11/18/16	400.00	SIGN AD, LTD.
A/P	168707	11/18/16	328.70	STRYKER SUSTAINABILITY
A/P	168708	11/18/16	52,618.21	PRIVATE WAIVER CLEARING ACCT
A/P	168709	11/18/16	110,664.64	MMC EMPLOYEE BENEFIT PLAN
A/P	168710	11/18/16	104.30	GENESIS DIAGNOSTICS
A/P	168711	11/18/16	1,577.98	MERCK SHARP & DOHME CORP
A/P	168712	11/18/16	14,055.47	HUNTER PHARMACY SERVICES
A/P	168713	11/18/16	610.00	CALHOUN CO INDIGENT ACCT
A/P	168714	11/18/16	2,718.04	AIRESPRING INC
A/P	168715	11/18/16	1,371.00	TRIZETTO PROVIDER SOLUTIONS
A/P	168716	11/18/16	36.11	JERRY PICKETT
A/P	168717	11/18/16	3,690.52	TEXAS ADVANTAGE COMMUNITY BANK
A/P	168718	11/18/16	281.09	RS CLARK & ASSOCIATES, INC
A/P	168719	11/18/16	75.18	NORTH COAST MEDICAL INC
A/P	168720	11/18/16	2,272.00	AMN HEALTHCARE ALLIED, INC.
A/P	168721	11/18/16	50.00	RAPID PRINTING LLC
A/P	168722	11/18/16	634.55	RX WASTE SYSTEMS LLC
A/P	168723	11/18/16	589.95	BLUEPRINT PUBLISHING
A/P	168724	11/18/16	12.45	GULF COAST HARDWARE / ACE
A/P	168725	11/18/16	109.28	AMERISOURCEBERGEN DRUG CORP
A/P	168726	11/18/16	425.34	AIRGAS USA, LLC - CENTRAL DIV
A/P	168727	11/18/16	2,026.50	ALCON LABORATORIES, INC.
A/P	168728	11/18/16	121.48	NADINE GARNER
A/P	168729	11/18/16	1,156.36	BECKMAN COULTER INC
A/P	168730	11/18/16	476,689.73	CALHOUN COUNTY
A/P	168731	11/18/16	308.74	CALHOUN COUNTY
A/P	168732	11/18/16	255.00	CENTRAL DRUGS
A/P	168733	11/18/16	13,303.05	EVIDENT
A/P	168734	11/18/16	42,163.20	CPSI
A/P	168735	11/18/16	30.50	DOWNTOWN CLEANERS
A/P	168736	11/18/16	573.19	DYNATRONICS CORPORATION
A/P	168737	11/18/16	280.00	EAGLE FIRE & SAFETY INC
A/P	168738	11/18/16	38.46	FEDERAL EXPRESS CORP.
A/P	168739	11/18/16	2,075.07	FISHER HEALTHCARE
A/P	168740	11/18/16	1,213.25	GULF COAST PAPER COMPANY
A/P	168741	11/18/16	12.79	H E BUTT GROCERY
A/P	168742	11/18/16	46.27	INDEPENDENCE MEDICAL
A/P	168743	11/18/16	5,909.84	RICOH USA, INC.

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	168744	11/18/16	48.25	INTEGRATED MEDICAL SYSTEMS
A/P	168745	11/18/16	404.13	J & J HEALTH CARE SYSTEMS, INC
A/P	168746	11/18/16	179.36	MMC AUXILIARY GIFT SHOP
A/P	168747	11/18/16	.00	VOIDED
A/P	168748	11/18/16	4,728.37	OWENS & MINOR
A/P	168749	11/18/16	261.10	R & D BATTERIES INC
A/P	168750	11/18/16	684.30	CULLIGAN OF VICTORIA
A/P	168751	11/18/16	647.70	SANOFI PASTEUR INC
A/P	168752	11/18/16	18.67	SHERWIN WILLIAMS
A/P	168753	11/18/16	1,476.82	SMITH & NEPHEW
A/P	168754	11/18/16	770.00	STANFORD VACUUM SERVICE
A/P	168755	11/18/16	1,211.07	SYSCO FOOD SERVICES OF
A/P	168756	11/18/16	64.65	STERIS CORPORATION
A/P	168757	11/18/16	6,110.00	TEXAS MUTUAL INSURANCE CO
A/P	168758	11/18/16	137.90	TEXAS WIRED MUSIC INC
A/P	168759	11/18/16	76.46	UNIFIRST HOLDINGS
A/P	168760	11/18/16	3,624.44	UNIFIRST HOLDINGS INC
A/P	168761	11/18/16	1,000.00	US POSTAL SERVICE
A/P	168762	11/18/16	72.64	VERATHON INC
A/P	168763	11/18/16	120.00	VCS SECURITY SYSTEMS
A/P	168764	11/18/16	20.19	WATERMARK GRAPHICS INC
A/P	168765	11/18/16	51.71	GRAINGER
A/P	168766	11/18/16	921.25	CARMEN C. ZAPATA-ARROYO
A/P	168767	11/18/16	2,003.19	[redacted]
TOTALS:			842,725.86	

APPROVED
ON
NOV 17 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:11/21/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:13:44 CHECK REGISTER and Payable List GLCKREG
11/21/16 THRU 11/21/16

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000848	11/21/16	403.29	MCKESSON
A/P	000849	11/21/16	846.67	MCKESSON
A/P	000850	11/21/16	1,340.10	MCKESSON
TOTALS:			2,590.06	

340 B Prescription Expenses

APPROVED
ON

NOV 2 1 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 11/18/2016 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 11/19/2016

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

As of: 11/18/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 11/19/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
11/14/2016	11/22/2016	7776981324	1000915909	115Invoice	2.71	135.26		✓ 132.55		7776981324	
11/14/2016	11/22/2016	7776981328	1000916457	115Invoice	1.66	83.13		✓ 81.47		7776981328	
11/14/2016	11/22/2016	7776981330	1000916867	115Invoice	1.17	58.66		✓ 57.49		7776981330	
11/15/2016	11/22/2016	7777222521	1000917239	115Invoice	0.45	22.53		✓ 22.08		7777222521	
11/17/2016	11/22/2016	7777662883	1000918448	115Invoice	0.03	1.37		✓ 1.34		7777662883	
11/18/2016	11/22/2016	7777902833	1000919024	115Invoice	2.21	110.57		✓ 108.36		7777902833	

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

TOTAL:

Subtotals: 411.52 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 460.41
11/14/2016

If Paid By 11/22/2016,
Pay This Amount: 403.29 USD

If Paid After 11/22/2016,
Pay this Amount: 411.52 USD

Due If Paid On Time:
USD 403.29

Disc lost if paid late:
8.23

Due If Paid Late:
USD 411.52

✓

ch# 848

11.21.16

APPROVED
ON
NOV 21 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 11/18/2016

Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 11/19/2016

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: 11/18/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 11/19/2016

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	
11/14/2016	11/22/2016	7777007125	3454581856	115Invoice	0.24	11.86		✓ 11.62		7777007125	
11/15/2016	11/22/2016	7777253451	3454581859	115Invoice	0.22	11.22		✓ 11.00		7777253451	
11/16/2016	11/22/2016	7777479478	3454581862	115Invoice	3.31	165.53		✓ 162.22		7777479478	
11/18/2016	11/22/2016	7777926176	3454581868	115Invoice	13.51	675.34		✓ 661.83		7777926176	

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

TOTAL:

Subtotals: 863.95 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 750.02
11/14/2016

If Paid By 11/22/2016,
Pay This Amount: 846.67 USD

If Paid After 11/22/2016,
Pay this Amount: 863.95 USD

Due If Paid On Time:
USD 846.67

Disc lost if paid late:
17.28

Due If Paid Late:
USD 863.95

✓

Ck# 849

11.21.16

APPROVED
ON
NOV 21 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 11/18/2016 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 11/19/2016

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 11/18/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 11/19/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
11/14/2016	11/22/2016	7777011430	1000915911	115Invoice	1.23	61.60		60.37		7777011430	
11/14/2016	11/22/2016	7777011431	1000916459	115Invoice	8.47	423.36		414.89		7777011431	
11/14/2016	11/22/2016	7777011432	1000916869	115Invoice	0.94	46.96		46.02		7777011432	
11/15/2016	11/22/2016	7777233162	1000917241	115Invoice	2.59	129.41		126.82		7777233162	
11/16/2016	11/22/2016	7777467973	1000917829	115Invoice	2.16	107.79		105.63		7777467973	
11/17/2016	11/22/2016	7777699321	1000918450	115Invoice	5.25	262.38		257.13		7777699321	
11/17/2016	11/22/2016	7777699322	1000918450	115Invoice	1.74	86.81		85.07		7777699322	
11/18/2016	11/22/2016	7777907090	1000919026	115Invoice	4.98	249.15		244.17		7777907090	

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

TOTAL:

Subtotals: 1,367.46 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,290.19
11/14/2016

If Paid By 11/22/2016,
Pay This Amount: 1,340.10 USD

If Paid After 11/22/2016,
Pay this Amount: 1,367.46 USD

Due If Paid On Time:
USD 1,340.10

Disc lost if paid late:
27.36

Due If Paid Late:
USD 1,367.46

ck# 850

11.21.16

APPROVED
ON

NOV 21 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

APPROVED
ON
NOV 2 1 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

11/21/2016 MEMORIAL MEDICAL CENTER 0
12:18 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 12/01/2016

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
9056982384	OXYGEN RES CARE	10/31/20	10/31/20	11/30/20		2,261.19	0.00	0.00	2,261.19
9056897387	SUPPLIES GENERAL PLNT OF	10/31/20	10/31/20	11/30/20		2,051.46	0.00	0.00	2,051.46
9940304280	OXYGEN RES CARE	11/14/20	10/31/20	11/30/20		373.75	0.00	0.00	373.75

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	4,686.40	0.00	0.00	4,686.40

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
9649528190	INTRA OCULAR LENSES CS	11/16/20	09/19/20	11/26/20		3,099.00	0.00	0.00	3,099.00
9649582209	INTRA OCULAR LENSES CS	11/16/20	09/26/20	11/26/20		159.00	0.00	0.00	159.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1690	ALCON LABORATORIES, INC.	3,258.00	0.00	0.00	3,258.00

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
A13114-11-2016-01	EMPL EXP HOSP INSURN OTH	11/21/20	10/19/20	11/26/20		30,750.70	0.00	0.00	30,750.70

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10814	ALLIED BENEFIT SYSTEMS	30,750.70	0.00	0.00	30,750.70

Vendor#	Vendor Name	Class	Pay Code
A1787	AMERICAN COLLEGE OF HEALTHCARE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
~~111816~~ 1774382	PREPAID EXPENSES PREPAI	11/21/20	11/16/20	11/26/20		325.00	0.00	0.00	325.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1787	AMERICAN COLLEGE OF HEALTHCARE	325.00	0.00	0.00	325.00

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
442072	DUES & SUBSCRIPTIONS LAB	10/28/20	10/24/20	11/30/20		36.67	0.00	0.00	36.67

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10592	AMERICAN PROFICIENCY INSTITUTE	36.67	0.00	0.00	36.67

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
732536	SUPPLIES GENERAL LAB	11/16/20	10/31/20	11/30/20		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
	813657		11/21/20	11/14/20	11/29/20		19.20	0.00	0.00	19.20
		SUPPLIES GENERAL PLNT OF								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		A2600	AUTO PARTS & MACHINE CO.				19.20	0.00	0.00	19.20
Vendor#	Vendor Name				Class	Pay Code				
B0436	BARD ACCESS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	44844016		11/10/20	10/31/20	11/30/20		216.75	0.00	0.00	216.75
		CS INVENTORY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		B0436	BARD ACCESS				216.75	0.00	0.00	216.75
Vendor#	Vendor Name				Class	Pay Code				
B1150	BAXTER HEALTHCARE				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	52653444		11/14/20	11/01/20	12/01/20		2,767.00	0.00	0.00	2,767.00
		SUPPLIES GENERAL RECVRY								
	52∅655848		11/14/20	11/01/20	12/01/20		190.50	0.00	0.00	190.50
52655848		SUPPLIES GENERAL RECVRY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		B1150	BAXTER HEALTHCARE				2,957.50	0.00	0.00	2,957.50
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
	BK00660657		11/07/20	10/31/20	11/30/20		2,104.60	0.00	0.00	2,104.60
		AUDITING FEES ACCOUNTINC								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10599	BKD, LLP				2,104.60	0.00	0.00	2,104.60
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
	21537		11/21/20	11/15/20	11/26/20		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				
C1325	CARDINAL HEALTH 414, INC.				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	8001163865		11/14/20	10/22/20	11/26/20		467.55	0.00	0.00	467.55
		SUPPLIES GENERAL NUC MEI								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1325	CARDINAL HEALTH 414, INC.				467.55	0.00	0.00	467.55
Vendor#	Vendor Name				Class	Pay Code				
C1992	CDW GOVERNMENT, INC.				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	FTR0608		10/31/20	10/27/20	11/26/20		3,824.64	0.00	0.00	3,824.64
		MAJOR MOVABLE EQUIP PP &								
	FSW8317		11/16/20	10/25/20	11/26/20		1,505.95	0.00	0.00	1,505.95
		PREPAID EXPENSES PREPAI(								
	DWW0578		11/21/20	08/08/20	11/26/20		264.35	0.00	0.00	264.35

	SUPPLIES GENERAL HLTH INI							
FFP7701	11/21/20	09/01/20	11/26/20	222.40	0.00	0.00	222.40	
	SUPPLIES GENERAL INFO TE							
FFW1600	11/21/20	09/02/20	11/26/20	111.20	0.00	0.00	111.20	
	SUPPLIES GENERAL INFO TE							
FLT8218	11/21/20	09/26/20	11/26/20	731.86	0.00	0.00	731.86	
	OFFICE SUPPLIES INFO TECH							
FMC1971	11/21/20	09/27/20	11/27/20	2,123.25	0.00	0.00	2,123.25	
	OFFICE SUPPLIES ACCOUNTI							
FBR7926	11/21/20	10/15/20	11/14/20	111.20	0.00	0.00	111.20	
	SUPPLIES GENERAL INFO TE							
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net	
	C1992	CDW GOVERNMENT, INC.		8,894.85	0.00	0.00	8,894.85	

Vendor#	Vendor Name	Class	Pay Code
10212	CLINICAL PATHOLOGY LABS	ICP	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
201610-0		11/16/20	10/31/20	11/26/20			5,524.45	0.00	0.00	5,524.45
	PURCHASED SERVICES LAB									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10212	CLINICAL PATHOLOGY LABS					5,524.45	0.00	0.00	5,524.45

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
IN-460		11/16/20	11/15/20	11/26/20			165.00	0.00	0.00	165.00
	OFFICE SUPPLIES MM CLINIC									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	C1166	COASTAL OFFICE SOLUTONS					165.00	0.00	0.00	165.00

Vendor#	Vendor Name	Class	Pay Code
C1870	COLLEGE OF AMERICAN PATHOLOGIS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2139111		10/31/20	10/08/20	12/01/20			321.18	0.00	0.00	321.18
	DUES & SUBSCRIPTIONS LAB									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	C1870	COLLEGE OF AMERICAN PATHOLOGIS					321.18	0.00	0.00	321.18

Vendor#	Vendor Name	Class	Pay Code
C2150	COOK MEDICAL INCORPORATED	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
V14730601		10/31/20	10/26/20	11/26/20			651.76	0.00	0.00	651.76
	INVENTRY CENTRAL SUP INV									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	C2150	COOK MEDICAL INCORPORATED					651.76	0.00	0.00	651.76

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
RT00142469		10/31/20	10/24/20	12/01/20			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
10006	CUSTOM MEDICAL SPECIALTIES		

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

214856	10/31/20	10/26/20	11/26/20	304.79	0.00	0.00	304.79
FREIGHT CT SCAN							
Vendor Totals Number	Name			Gross	Discount	No-Pay	Net
10006	CUSTOM MEDICAL SPECIALTIES			304.79	0.00	0.00	304.79

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
486913-0		10/31/20	10/31/20	11/30/20			6.68	0.00	0.00	6.68
	OFFICE SUPPLIES AUXILIARY									
486861-0		10/31/20	10/31/20	11/30/20			12.21	0.00	0.00	12.21
	OFFICE SUPPLIES LAB									
486983-0		10/31/20	11/01/20	12/01/20			22.99	0.00	0.00	22.99
	OFFICE SUPPLIES BUS OFFCI									
486982-0		11/10/20	11/01/20	12/01/20			483.81	0.00	0.00	483.81
	SUPPLIES VARIOUS DEPTS									
Vendor Totals Number	Name						Gross	Discount	No-Pay	Net
10368	DEWITT POTH & SON						525.69	0.00	0.00	525.69

Vendor#	Vendor Name	Class	Pay Code
11139	DIANNE ATKINSON		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21533		11/21/20	11/16/20	11/26/20			211.24	0.00	0.00	211.24
	TRAVEL MM CLINIC 10/24-26/2016 Austin TX									
Vendor Totals Number	Name						Gross	Discount	No-Pay	Net
11139	DIANNE ATKINSON						211.24	0.00	0.00	211.24

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
8871		11/10/20	11/02/20	12/01/20			47.95	0.00	0.00	47.95
	SUPPLIES DIETARY									
Vendor Totals Number	Name						Gross	Discount	No-Pay	Net
D1752	DLE PAPER & PACKAGING						47.95	0.00	0.00	47.95

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21524		11/16/20	09/02/20	11/26/20			2,172.24	0.00	0.00	2,172.24
	PURCHASED SERVICES LAB									
21522		11/16/20	11/02/20	11/26/20			552.40	0.00	0.00	552.40
	SUPPLIES GENERAL LAB									
Vendor Totals Number	Name						Gross	Discount	No-Pay	Net
10175	DSHS CENTRAL LAB MC2004						2,724.64	0.00	0.00	2,724.64

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
902857427		11/16/20	11/01/20	12/01/20			153.18	0.00	0.00	153.18
	SUPPLIES GENERAL LAB									
Vendor Totals Number	Name						Gross	Discount	No-Pay	Net
S0501	EVOQUA WATER TECHNOLOGIES LLC						153.18	0.00	0.00	153.18

Vendor#	Vendor Name	Class	Pay Code
F1050	FASTENAL COMPANY	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
TXPOT167462		11/14/20	10/28/20	11/27/20			29.16	0.00	0.00	29.16
	SUPPLIES GENERAL PLNT OF									

Take off per Vicky

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1050	FASTENAL COMPANY	29.16	0.00	0.00	29.16

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
11A16MMC	PURCHASED SERVICES ADMI	11/14/20	11/01/20	11/30/20			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
F1300	FIRESTONE OF PORT LAVACA	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
0053228	PURCHASED SERVICES TRAN	11/16/20	11/03/20	11/26/20			862.48	0.00	0.00	862.48

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1300	FIRESTONE OF PORT LAVACA	862.48	0.00	0.00	862.48

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
21538	EMPL EXP P/R CLEARNG OTH	11/21/20	11/15/20	11/26/20			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
F1400	FISHER HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8990783	SUPPLIES GENERAL LAB	11/16/20	10/26/20	11/26/20			78.99	0.00	0.00	78.99
8990793	SUPPLIES GENERAL LAB	11/16/20	10/26/20	11/26/20			70.93	0.00	0.00	70.93
9423743	FREIGHT LAB	11/16/20	10/27/20	11/26/20			820.85	0.00	0.00	820.85
9423789	SUPPLIES GENERAL LAB	11/16/20	10/27/20	11/26/20			12,008.26	0.00	0.00	12,008.26
0569047	SUPPLIES GENERAL LAB	11/16/20	11/01/20	12/01/20			367.11	0.00	0.00	367.11
0569070	SUPPLIES GENERAL LAB	11/16/20	11/01/20	12/01/20			2,035.03	0.00	0.00	2,035.03
0569038	SUPPLIES GENERAL LAB	11/16/20	11/01/20	12/01/20			54.35	0.00	0.00	54.35

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	15,435.52	0.00	0.00	15,435.52

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
4700	REPAIRS INSTRUMENT OB	11/21/20	09/21/20	11/26/20			223.17	0.00	0.00	223.17
4773	REPAIRS INSTRUMENT SURG	11/21/20	11/02/20	11/26/20			162.15	0.00	0.00	162.15

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10678	FIVE STAR STERILIZER SERVICES	385.32	0.00	0.00	385.32

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
	0205695-IN		11/14/20	11/01/20	11/30/20		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				
10488	GE HEALTHCARE IITS USA CORP									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	030420886		11/16/20	10/13/20	11/26/20		827.01	0.00	0.00	827.01
		DUES & SUBSCRIPTIONS OB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10488	GE HEALTHCARE IITS USA CORP				827.01	0.00	0.00	827.01
Vendor#	Vendor Name				Class	Pay Code				
10901	GENESIS DIAGNOSTICS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	46528		11/16/20	10/26/20	11/26/20		407.96	0.00	0.00	407.96
		SUPPLIES GENERAL LAB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10901	GENESIS DIAGNOSTICS				407.96	0.00	0.00	407.96
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
	33598183		11/16/20	10/13/20	11/26/20		4,902.25	0.00	0.00	4,902.25
		INVENTORY PHARMACY INVE								
	33616645		11/16/20	11/02/20	11/30/20		-173.93	0.00	0.00	-173.93
		INVENTORY PHARMACY INVE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10642	GLAXOSMITHKLINE PHARMACUETICAL				4,728.32	0.00	0.00	4,728.32
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
	9267491380		11/14/20	10/31/20	11/30/20		82.24	0.00	0.00	82.24
		SUPPLIES GENERAL PLNT OF								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		W1300	GRAINGER				82.24	0.00	0.00	82.24
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
	107255		11/17/20	11/03/20	11/26/20		18.54	0.00	0.00	18.54
		SUPPLIES GENERAL PLNT OF								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		A1292	GULF COAST HARDWARE / ACE				18.54	0.00	0.00	18.54
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
	851105436		11/17/20	11/01/20	12/01/20		11.25	0.00	0.00	11.25
		MAINT CONTR ANESTHESA								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		H1850	HOSPIRA WORLDWIDE, INC				11.25	0.00	0.00	11.25
Vendor#	Vendor Name				Class	Pay Code				

Bad V# need wrong Vendor#

H3906 HUNTER PHARMACY SERVICES W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1921		11/17/20	10/31/20	11/30/20			14,055.47	0.00	0.00	14,055.47
	PURCHASED SERVICES PHAF									

Duplicate Invoice was Paid 11/17/16

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H3906	HUNTER PHARMACY SERVICES	14,055.47	0.00	0.00	14,055.47

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
42556788		11/10/20	11/01/20	12/01/20			31.04	0.00	0.00	31.04
	SUPPLIES SURGERY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I0415	INDEPENDENCE MEDICAL	31.04	0.00	0.00	31.04

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
4586066920		11/17/20	10/22/20	11/26/20			252.90	0.00	0.00	252.90
	PURCHASED SERVICES ADMI									

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
917236102		11/10/20	10/31/20	11/30/20			299.54	0.00	0.00	299.54
	SUPPLIES SURGERY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE SYSTEMS, INC	299.54	0.00	0.00	299.54

Vendor# Vendor Name Class Pay Code

10285 JAMES A DANIEL

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21530		11/21/20	11/21/20	11/21/20			750.00	0.00	0.00	750.00
	LEASE & RENTAL ADMIN Dec 2016									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10285	JAMES A DANIEL	750.00	0.00	0.00	750.00

Vendor# Vendor Name Class Pay Code

11167 LAMAR COMPANIES

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
107539971		11/17/20	10/31/20	11/30/20			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
3931666		11/17/20	10/31/20	11/30/20			88.20	0.00	0.00	88.20
	PURCHASED SERVICES ADMI									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	L1288	LANGUAGE LINE SERVICES	88.20	0.00	0.00	88.20

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

	INV0539792		10/31/20	11/01/20	11/30/20	1,785.69	0.00	0.00	1,785.69
	FUEL PLNT OPER								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		10578	LUMINANT ENERGY COMPANY LLC			1,785.69	0.00	0.00	1,785.69
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
	21535		11/21/20	11/15/20	11/26/20		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			
M1511	MARKETLAB, INC				W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	MO124491		11/16/20	11/01/20	12/01/20		395.71	0.00	0.00	395.71
		SUPPLIES GENERAL LAB								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		M1511	MARKETLAB, INC			395.71	0.00	0.00	395.71
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
	69370		10/31/20	10/28/20	11/27/20		105.65	0.00	0.00	105.65
		FREIGHT MM CLINIC Appt Cards - Diaz								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		M1950	MARTIN PRINTING CO			105.65	0.00	0.00	105.65
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
	88057764		11/16/20	10/27/20	11/26/20		353.90	0.00	0.00	353.90
		SUPPLIES GENERAL LAB								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		M2178	MCKESSON MEDICAL SURGICAL INC			353.90	0.00	0.00	353.90
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
	104286		11/17/20	10/31/20	11/26/20		3,353.32	0.00	0.00	3,353.32
		COLLECTION EXPENSE BUS (								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		11141	MEDICAL DATA SYSTEMS, INC.			3,353.32	0.00	0.00	3,353.32
Vendor#	Vendor Name				Class	Pay Code			
M2449	MEDISAFE AMERICA LLC				M				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	58023		11/17/20	10/31/20	11/30/20		166.95	0.00	0.00	166.95
		SUPPLIES GENERAL SURGER								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		M2449	MEDISAFE AMERICA LLC			166.95	0.00	0.00	166.95
Vendor#	Vendor Name				Class	Pay Code			
10963	MEMORIAL MEDICAL CLINIC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	21539		11/21/20	11/15/20	11/26/20		200.00	0.00	0.00	200.00
		EMPL EXP P/R CLEARNG OTH								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net

10963	MEMORIAL MEDICAL CLINIC				200.00	0.00	0.00	200.00

Vendor# Vendor Name — Class — Pay Code

M2659 MERRY X-RAY/SOURCEONE HEALTHCA — M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
30094328032	SUPPLIES XRAY	10/31/20	10/27/20	11/26/20		141.19	0.00	0.00	141.19
30094331709	SUPPLIES MAMMO	11/10/20	10/26/20	11/26/20		389.44	0.00	0.00	389.44

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2659	MERRY X-RAY/SOURCEONE HEALTHCA	530.63	0.00	0.00	530.63

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
9571752	INVENTORY PHARMACY INVE	11/17/20	11/16/20	11/26/20		48.88	0.00	0.00	48.88
9571751	INVENTORY PHARMACY INVE	11/17/20	11/16/20	11/26/20		1,676.43	0.00	0.00	1,676.43
9571753	INVENTORY PHARMACY INVE	11/17/20	11/16/20	11/26/20		259.60	0.00	0.00	259.60
9576512	INVENTORY PHARMACY INVE	11/21/20	11/14/20	11/15/20		4.45	0.00	0.00	4.45
9565887	INVENTORY PHARMACY INVE	11/21/20	11/15/20	11/16/20		2,193.66	0.00	0.00	2,193.66
9566591	INVENTORY PHARMACY INVE	11/21/20	11/15/20	11/16/20		425.75	0.00	0.00	425.75
9565886	INVENTORY PHARMACY INVE	11/21/20	11/15/20	11/16/20		63.46	0.00	0.00	63.46
9566200	INVENTORY PHARMACY INVE	11/21/20	11/15/20	11/16/20		45.03	0.00	0.00	45.03
9565888	INVENTORY PHARMACY INVE	11/21/20	11/15/20	11/16/20		276.19	0.00	0.00	276.19
9579514 (9576514)	INVENTORY PHARMACY INVE	11/21/20	11/17/20	11/18/20		939.48	0.00	0.00	939.48
9576513	INVENTORY PHARMACY INVE	11/21/20	11/17/20	11/18/20		28.95	0.00	0.00	28.95
9576515	INVENTORY PHARMACY INVE	11/21/20	11/17/20	11/18/20		221.48	0.00	0.00	221.48
9580429	INBENTORY PHARMACY INVE	11/21/20	11/18/20	11/19/20		859.29	0.00	0.00	859.29
9580428	INVENTROY PHARMACY INVE	11/21/20	11/18/20	11/19/20		133.90	0.00	0.00	133.90
9580100	INVENTORY PHARMACY INVE	11/21/20	11/18/20	11/19/20		191.05	0.00	0.00	191.05

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	7,367.60	0.00	0.00	7,367.60

Vendor# Vendor Name — Class — Pay Code

A2252 NADINE GARNER — W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21532	TRAVEL INF CONT 11/16/16 -WarmSpringS(Victoria)	11/21/20	11/18/20	11/18/20		34.56	0.00	0.00	34.56

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

	A2252 NADINE GARNER					34.56	0.00	0.00	34.56
Vendor#	Vendor Name				Class	Pay Code			
11254	NARHC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	21528		11/17/20	11/14/20	11/26/20		600.00	0.00	0.00	600.00
		DUES & SUBSCRIPTION MM C								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11254	NARHC				600.00	0.00	0.00	600.00
Vendor#	Vendor Name				Class	Pay Code				
N1225	NUTRITION OPTIONS				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	21525		11/17/20	11/03/20	11/26/20		3,000.00	0.00	0.00	3,000.00
		PURCHASED SERVICE DIETAI Nov 2016								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		N1225	NUTRITION OPTIONS				3,000.00	0.00	0.00	3,000.00
Vendor#	Vendor Name				Class	Pay Code				
O0920	OFFICE DEPOT									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	874826040001		10/31/20	10/27/20	11/27/20		149.14	0.00	0.00	149.14
		SUPPLIES LAB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		O0920	OFFICE DEPOT				149.14	0.00	0.00	149.14
Vendor#	Vendor Name				Class	Pay Code				
O1416	ORTHO CLINICAL DIAGNOSTICS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	1850142954		11/16/20	10/27/20	11/26/20		501.77	0.00	0.00	501.77
		FREIGHT LAB								
	1850142955		11/17/20	10/27/20	11/26/20		382.45	0.00	0.00	382.45
		SUPPLIES GENERAL BLOOD E								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		O1416	ORTHO CLINICAL DIAGNOSTICS				884.22	0.00	0.00	884.22
Vendor#	Vendor Name				Class	Pay Code				
10777	OSCAR TORRES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	216238 MT		11/21/20	11/05/20	11/25/20		200.00	0.00	0.00	200.00
		PURCHASED SERVICES PLNT								
	216059 MT		11/21/20	11/05/20	11/25/20		45.00	0.00	0.00	45.00
		PURCHASED SERVICES PLNT								
	216058 MT		11/21/20	11/05/20	11/25/20		250.00	0.00	0.00	250.00
		PURCHASED SERVICES PLNT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10777	OSCAR TORRES				495.00	0.00	0.00	495.00
Vendor#	Vendor Name				Class	Pay Code				
OM425	OWENS & MINOR									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	2022095529		10/31/20	10/27/20	11/26/20		14.79	0.00	0.00	14.79
		CS INVENTORY								
	2022094003		10/31/20	10/27/20	11/26/20		7.49	0.00	0.00	7.49
		INVENTRY CENTRAL SUP INV								
	2022093429		10/31/20	10/27/20	11/26/20		6.90	0.00	0.00	6.90
		SUPPLIES GENERAL DIETARY								
	2022228430		10/31/20	11/01/20	12/01/20		193.92	0.00	0.00	193.92

CS INVENTORY
2022099874 ✓ 11/10/20 10/27/20 11/26/20 1,319.65 0.00 0.00 1,319.65 ✓
SUPPLIES VARIOUS DEPTS
2022216119 ✓ 11/10/20 11/01/20 12/01/20 14.46 0.00 0.00 14.46 ✓
CS INVENTORY
202228521 11/10/20 11/01/20 12/01/20 3.89 0.00 0.00 3.89 ✓
2022228521 CS INVENTORY
2022228573 ✓ 11/10/20 11/01/20 12/01/20 44.25 0.00 0.00 44.25 ✓
SUPPLIES RESP CARE
202219897 11/10/20 11/01/20 12/01/20 1,453.05 0.00 0.00 1,453.05 ✓
2022219897 SUPPLIES VARIOUS DEPTS
2010612549 ✓ 11/17/20 10/08/20 11/27/20 3.33 0.00 0.00 3.33 ✓
CS INVENTORY
202110095 11/17/20 08/16/20 11/27/20 44.73 0.00 0.00 44.73 ✓ Takeoff Pervicky
2020110095 CS INVENTORY
2020877151 ✓ 11/21/20 09/13/20 11/26/20 35.46 0.00 0.00 35.46 ✓
INVENTRY CENTRAL SUP INV
2021276345- ✓ 11/21/20 09/27/20 10/27/20 -35.46 0.00 0.00 -35.46 ✓
CS INVENTORY CREDIT
2021372838- ✓ 11/21/20 09/30/20 10/30/20 -330.47 0.00 0.00 -330.47 ✓
CREDIT SURGERY SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR	2,775.99	0.00	0.00	2,775.99 2731.26

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
21534		11/21/20	11/16/20	11/26/20			750.00	0.00	0.00	750.00 ✓
	PURCHASED SERVICES MM C	11/1 - 15/2016 25 hrs x 30								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11069	PABLO GARZA	750.00	0.00	0.00	750.00

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
A1769688 ✓		11/17/20	10/21/20	11/26/20			203.85	0.00	0.00	203.85 ✓
	INVENTORY PHARMACY INVE									
A1777496 ✓		11/17/20	10/31/20	11/30/20			203.85	0.00	0.00	203.85 ✓
	INVENTORY PHARMACY INVE									
A1778300 ✓		11/17/20	10/31/20	11/30/20			142.00	0.00	0.00	142.00 ✓
	INVENTORY PHARMACY INVE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10204	PHARMEDIUM SERVICES LLC	549.70	0.00	0.00	549.70

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
10137 ✓		11/21/20	11/17/20	11/26/20			160.00	0.00	0.00	160.00 ✓
	PURCHASED SERVICES ADMI	16 x 20 - DS Williams								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P1470	PHILIP THOMAE PHOTOGRAPHER	160.00	0.00	0.00	160.00

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

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

	21529		11/21/20	11/21/20	11/21/20	11,001.20	0.00	0.00	11,001.20
		LEASE & RENTAL BEHAV HTH							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		11125	PORT LAVACA RETAIL GROUP LLC			11,001.20	0.00	0.00	11,001.20
Vendor#	Vendor Name				Class	Pay Code			
10372	PRECISION DYNAMICS CORP (PDC)								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	3576618		10/31/20	10/27/20	11/26/20		60.26	0.00	0.00	60.26
		CS INVENTORY								
	3576577		11/10/20	10/27/20	11/26/20		57.82	0.00	0.00	57.82
		SUPPLIES MAMMO								
	3579650		11/10/20	10/31/20	11/30/20		276.44	0.00	0.00	276.44
		CS INVENTORY								
	3579398		11/10/20	10/31/20	11/30/20		116.57	0.00	0.00	116.57
		SUPPLIES MAMMO								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10372	PRECISION DYNAMICS CORP (PDC)				511.09	0.00	0.00	511.09
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
	RU0916		11/17/20	11/17/20	11/27/20		165.00	0.00	0.00	165.00
		PROF FEES RADIOLOGY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		R1268	RADIOLOGY UNLIMITED, PA				165.00	0.00	0.00	165.00
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
	SM260887		11/17/20	10/28/20	11/27/20		725.00	0.00	0.00	725.00
		PURCHASED SERVICES PLNT								
	260529		11/17/20	11/01/20	12/01/20		41.25	0.00	0.00	41.25
		PURCHASED SERVICES PLNT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		R1200	RED HAWK				766.25	0.00	0.00	766.25
Vendor#	Vendor Name				Class	Pay Code				
R1471	RESPIRONICS, INC.				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	932757904		11/17/20	10/27/20	11/27/20		179.88	0.00	0.00	179.88
		LEASE & RENTAL RES CARE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		R1471	RESPIRONICS, INC.				179.88	0.00	0.00	179.88
Vendor#	Vendor Name				Class	Pay Code				
11255	ROLANDO REYES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	1240		11/21/20	10/11/20	11/26/20		3,450.00	0.00	0.00	3,450.00
		MAJOR MOVABLE EQUIP PP & (Lab) Repairs								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11255	ROLANDO REYES				3,450.00	0.00	0.00	3,450.00
Vendor#	Vendor Name				Class	Pay Code				
11233	SERJ INSTRUMENTS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	1102		11/17/20	10/31/20	11/30/20		150.00	0.00	0.00	150.00
		SUPPLIES GENERAL SURGER								

Took off Per Vicky

Took off Per Vicky

Took off Per Vicky

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11233	SERJ INSTRUMENTS				150.00	0.00	0.00	150.00

Vendor#	Vendor Name	Class	Pay Code
10995	SHIFTHOUND		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1612750	DUES & SUBCRIPTIONS RADI	11/17/20	10/31/20	11/30/20			558.00	0.00	0.00	558.00

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
4579526	LEASE & RENTAL LAB	11/16/20	11/06/20	11/24/20			1,333.33	0.00	0.00	1,333.33

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
D0350	SIEMENS HEALTHCARE DIAGNOSTICS	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
115368488	SUPPLIES GENERAL LAB	11/17/20	10/31/20	11/26/20			633.33	0.00	0.00	633.33

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D0350	SIEMENS HEALTHCARE DIAGNOSTICS	633.33	0.00	0.00	633.33

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
90023159	SUPPLIES GENERAL BLOOD E	10/31/20	10/31/20	11/30/20			-3,199.42	0.00	0.00	-3,199.42
90023234	SUPPLIES GENERAL BLOOK E	10/31/20	10/31/20	11/30/20			7,622.65	0.00	0.00	7,622.65

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2400	SO TEX BLOOD & TISSUE CENTER	4,423.23	0.00	0.00	4,423.23

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
4006665851	PURCHASED SERVICES HOU:	10/31/20	10/31/20	11/30/20			1,863.46	0.00	0.00	1,863.46

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S3960	STERICYCLE, INC	1,863.46	0.00	0.00	1,863.46

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
501042A	SUPPLIES SURGERY	10/31/20	10/27/20	11/26/20			189.60	0.00	0.00	189.60

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2830	STRYKER SALES CORP	189.60	0.00	0.00	189.60

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-18155	MAINT CONTR E/R	10/31/20	10/31/20	11/30/20			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				
10611	TELE-PHYSICIANS, P.A. (TX)								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	TX0001257	PROF FEES E/R	11/15/20	11/30/20	11/30/20		600.00	0.00	0.00	600.00
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10611	TELE-PHYSICIANS, P.A. (TX)					600.00	0.00	0.00	600.00

Vendor#	Vendor Name			Class	Pay Code				
T2303	TG			W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	21534	EMPL EXP P/R CLEARNG OTH	11/21/20	11/16/20	11/26/20		95.97	0.00	0.00	95.97
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	T2303	TG					95.97	0.00	0.00	95.97

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
	157409855-301	INVENTORY PHARMACY INVE	10/28/20	09/30/20	11/30/20		2,853.76	0.00	0.00	2,853.76
	157960813-301	INVENTORY PHARMACY INVE	10/31/20	10/07/20	12/01/20		1,426.88	0.00	0.00	1,426.88
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10732	THERACOM, LLC					4,280.64	0.00	0.00	4,280.64

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
	8150747461	PURCHASED SERVICES MAIN	10/31/20	10/28/20	11/27/20		44.27	0.00	0.00	44.27
	8150747551	PURCHASED SERVICES MAIN	10/31/20	11/01/20	12/01/20		32.92	0.00	0.00	32.92
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	U1054	UNIFIRST HOLDINGS					77.19	0.00	0.00	77.19

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
	8700232523	LAUNDRY HOUSEKEEPING	10/31/20	11/01/20	12/01/20		101.86	0.00	0.00	101.86
	8400232574	LAUNDRY HOUSEKEEPING	10/31/20	11/01/20	12/01/20		1,135.71	0.00	0.00	1,135.71
	8400232525	LAUNDRY HOUSEKEEPING	10/31/20	11/01/20	12/01/20		108.08	0.00	0.00	108.08
	8400232522	LAUNDRY HOUSEKEEPING	10/31/20	11/01/20	12/01/20		301.54	0.00	0.00	301.54
	8400232564	LAUNDRY HOUSEKEEPING	10/31/20	11/01/20	12/01/20		159.68	0.00	0.00	159.68
	8400232524	LAUNDRY HOUSEKEEPING	10/31/20	11/01/20	12/01/20		108.07	0.00	0.00	108.07
	8400232526	LAUNDRY HOUSEKEEPING	10/31/20	11/01/20	12/01/20		108.59	0.00	0.00	108.59
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net

	U1064 UNIFIRST HOLDINGS INC					2,023.53	0.00	0.00	2,023.53
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
	7313550 ✓		11/21/20 11/08/20	11/23/20		233.70	0.00	0.00	233.70 ✓
		EMPL EXP P/R CLEARNG OTH							
	Vendor Totals Number	Name				Gross	Discount	No-Pay	Net
	U1056	UNIFORM ADVANTAGE				233.70	0.00	0.00	233.70
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
	21527		11/17/20 11/14/20	11/26/20		215.00	0.00	0.00	215.00 ✓
		POSTAGE BUS OFFICE BRM Permit							
	Vendor Totals Number	Name				Gross	Discount	No-Pay	Net
	U2000	US POSTAL SERVICE				215.00	0.00	0.00	215.00
Vendor#	Vendor Name			Class	Pay Code				
10915	WAGEWORKS ✓								
	Invoice#	Comment	Tran Dt Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	21536		11/21/20 11/15/20	11/26/20		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				
10943	WALLER,LANSDEN, DORTCH & DAVIS ✓								
	Invoice#	Comment	Tran Dt Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	10612148 ✓		11/17/20 10/20/20	11/26/20		756.00	0.00	0.00	756.00 ✓
		LEGAL SERVICES HOSP GEN							
	Vendor Totals Number	Name				Gross	Discount	No-Pay	Net
	10943	WALLER,LANSDEN, DORTCH & DAVIS				756.00	0.00	0.00	756.00
Vendor#	Vendor Name			Class	Pay Code				
11018	WEBPT, INC								
	Invoice#	Comment	Tran Dt Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	INV251142 ✓		11/17/20 11/12/20	11/26/20		6,771.60	0.00	0.00	6,771.60 ✓
		MAJOR MOVABLE EQUIP PP &							
	Vendor Totals Number	Name				Gross	Discount	No-Pay	Net
	11018	WEBPT, INC				6,771.60	0.00	0.00	6,771.60
Vendor#	Vendor Name			Class	Pay Code				
11166	WEST INTERACTIVE SERVICES CORP ✓								
	Invoice#	Comment	Tran Dt Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	INV001710774 ✓		11/21/20 10/31/20	11/26/20		331.72	0.00	0.00	331.72 ✓
		PURCHASED SERVICES MM C							
	Vendor Totals Number	Name				Gross	Discount	No-Pay	Net
	11166	WEST INTERACTIVE SERVICES CORP				331.72	0.00	0.00	331.72
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
	WCS00000348 ✓		11/21/20 11/01/20	11/01/20		19,550.00	0.00	0.00	19,550.00 ✓
		PURCHASED SERVICES W/C							
	Vendor Totals Number	Name				Gross	Discount	No-Pay	Net
	10556	WOUND CARE SPECIALISTS				19,550.00	0.00	0.00	19,550.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	204,397.37	0.00	0.00	204,397.37

pg 4+5 ⟨29.16⟩
pg 5 ⟨78.99⟩
pg 7 ⟨14,055.47⟩
pg 11 ⟨44.73⟩
pg 12 ⟨165.00⟩
pg 12 ⟨725.00⟩
⟨41.25⟩
pg 12 ⟨179.88⟩

189,077.89
+ 1,401.07
190,478.96

Add Shirley Karnei
Transcription Contract Wages
11/7/2016 thru 11/20/2016

CK S# 168768
TO
#168854

APPROVED
ON
NOV 21 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	168768	11/22/16	304.79	CUSTOM MEDICAL SPECIALTIES
A/P	168769	11/22/16	2,724.64	DSHS CENTRAL LAB MC2004
A/P	168770	11/22/16	549.70	PHARMEDIUM SERVICES LLC
A/P	168771	11/22/16	5,524.45	CLINICAL PATHOLOGY LABS
A/P	168772	11/22/16	750.00	JAMES A DANIEL
A/P	168773	11/22/16	525.69	DEWITT POTH & SON
A/P	168774	11/22/16	511.09	PRECISION DYNAMICS CORP (PDC)
A/P	168775	11/22/16	827.01	GE HEALTHCARE IITS USA CORP
A/P	168776	11/22/16	7,367.60	MORRIS & DICKSON CO, LLC
A/P	168777	11/22/16	19,550.00	WOUND CARE SPECIALISTS
A/P	168778	11/22/16	1,785.69	LUMINANT ENERGY COMPANY LLC
A/P	168779	11/22/16	36.67	AMERICAN PROFICIENCY INSTITUTE
A/P	168780	11/22/16	2,104.60	BKD, LLP
A/P	168781	11/22/16	600.00	TELE-PHYSICIANS, P.A. (TX)
A/P	168782	11/22/16	4,728.32	GLAXOSMITHKLINE PHARMACUETICAL
A/P	168783	11/22/16	385.32	FIVE STAR STERILIZER SERVICES
A/P	168784	11/22/16	495.00	FASTHEALTH CORPORATION
A/P	168785	11/22/16	4,280.64	THERACOM, LLC
A/P	168786	11/22/16	495.00	OSCAR TORRES
A/P	168787	11/22/16	30,750.70	ALLIED BENEFIT SYSTEMS
A/P	168788	11/22/16	407.96	GENESIS DIAGNOSTICS
A/P	168789	11/22/16	2,693.28	WAGEWORKS
A/P	168790	11/22/16	1,333.33	SIEMENS FINANCIAL SERVICES
A/P	168791	11/22/16	756.00	WALLER,LANSDEN, DORTCH & DAVIS
A/P	168792	11/22/16	200.00	MEMORIAL MEDICAL CLINIC
A/P	168793	11/22/16	1,382.50	M G TRUST
A/P	168794	11/22/16	558.00	SHIFTHOUND
A/P	168795	11/22/16	7,682.67	CSI LEASING INC
A/P	168796	11/22/16	6,771.60	WEBPT, INC
A/P	168797	11/22/16	75.00	FIRST CLEARING
A/P	168798	11/22/16	750.00	PABLO GARZA
A/P	168799	11/22/16	11,001.20	PORT LAVACA RETAIL GROUP LLC
A/P	168800	11/22/16	211.24	DIANNE ATKINSON
A/P	168801	11/22/16	3,353.32	MEDICAL DATA SYSTEMS, INC.
A/P	168802	11/22/16	331.72	WEST INTERACTIVE SERVICES CORP
A/P	168803	11/22/16	500.00	LAMAR COMPANIES
A/P	168804	11/22/16	252.90	IRON MOUNTAIN
A/P	168805	11/22/16	150.00	SERJ INSTRUMENTS
A/P	168806	11/22/16	600.00	NARHC
A/P	168807	11/22/16	3,450.00	ROLANDO REYES
A/P	168808	11/22/16	18.54	GULF COAST HARDWARE / ACE
A/P	168809	11/22/16	4,686.40	AIRGAS USA, LLC - CENTRAL DIV
A/P	168810	11/22/16	3,258.00	ALCON LABORATORIES, INC.
A/P	168811	11/22/16	325.00	AMERICAN COLLEGE OF HEALTHCARE
A/P	168812	11/22/16	29.09	AQUA BEVERAGE COMPANY
A/P	168813	11/22/16	34.56	NADINE GARNER
A/P	168814	11/22/16	19.20	AUTO PARTS & MACHINE CO.
A/P	168815	11/22/16	216.75	BARD ACCESS
A/P	168816	11/22/16	2,957.50	BAXTER HEALTHCARE
A/P	168817	11/22/16	25.00	CAL COM FEDERAL CREDIT UNION

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	168818	11/22/16	165.00	COASTAL OFFICE SOLUTONS
A/P	168819	11/22/16	467.55	CARDINAL HEALTH 414, INC.
A/P	168820	11/22/16	321.18	COLLEGE OF AMERICAN PATHOLOGIS
A/P	168821	11/22/16	8,894.85	CDW GOVERNMENT, INC.
A/P	168822	11/22/16	651.76	COOK MEDICAL INCORPORATED
A/P	168823	11/22/16	633.33	SIEMENS HEALTHCARE DIAGNOSTICS
A/P	168824	11/22/16	47.95	DLE PAPER & PACKAGING
A/P	168825	11/22/16	862.48	FIRESTONE OF PORT LAVACA
A/P	168826	11/22/16	15,356.53	FISHER HEALTHCARE
A/P	168827	11/22/16	530.00	FORT BEND SERVICES, INC
A/P	168828	11/22/16	11.25	HOSPIRA WORLDWIDE, INC
A/P	168829	11/22/16	31.04	INDEPENDENCE MEDICAL
A/P	168830	11/22/16	299.54	J & J HEALTH CARE SYSTEMS, INC
A/P	168831	11/22/16	1,401.07	SHIRLEY KARNEI
A/P	168832	11/22/16	88.20	LANGUAGE LINE SERVICES
A/P	168833	11/22/16	395.71	MARKETLAB, INC
A/P	168834	11/22/16	105.65	MARTIN PRINTING CO
A/P	168835	11/22/16	353.90	MCKESSON MEDICAL SURGICAL INC
A/P	168836	11/22/16	166.95	MEDISAFE AMERICA LLC
A/P	168837	11/22/16	530.63	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	168838	11/22/16	3,000.00	NUTRITION OPTIONS
A/P	168839	11/22/16	149.14	OFFICE DEPOT
A/P	168840	11/22/16	884.22	ORTHO CLINICAL DIAGNOSTICS
A/P	168841	11/22/16	.00	VOIDED
A/P	168842	11/22/16	2,731.26	OWENS & MINOR
A/P	168843	11/22/16	160.00	PHILIP THOMAE PHOTOGRAPHER
A/P	168844	11/22/16	153.18	EVOQUA WATER TECHNOLOGIES LLC
A/P	168845	11/22/16	4,423.23	SO TEX BLOOD & TISSUE CENTER
A/P	168846	11/22/16	189.60	STRYKER SALES CORP
A/P	168847	11/22/16	1,863.46	STERICYCLE, INC
A/P	168848	11/22/16	95.97	TG
A/P	168849	11/22/16	4,555.00	T-SYSTEM, INC
A/P	168850	11/22/16	77.19	UNIFIRST HOLDINGS
A/P	168851	11/22/16	233.70	UNIFORM ADVANTAGE
A/P	168852	11/22/16	2,023.53	UNIFIRST HOLDINGS INC
A/P	168853	11/22/16	215.00	US POSTAL SERVICE
A/P	168854	11/22/16	82.24	GRAINGER
TOTALS:			190,478.96	

APPROVED
ON

NOV 2 1 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
11/21/2016

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	149,858.47	149,758.47	168,426.74	-	-	-	-	168,526.74	168,426.74

Routing Information for Ashford Gardens:
Ashford Health Care Center Ltd Co
JP Morgan Chase Bank
ABA *10614*
Account # *4257*

Nursing Home	IBC Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	IGT Transfer-In	MMC Portion - Return of IGT	MMC Portion - Federal Match	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Solera at West Houston	4561	34,129.24	34,029.24	446,826.28	-	-	-	-	446,926.28	446,826.28
Crescent	4588	24,421.34	24,321.34	274,787.45	-	-	-	-	274,887.45	274,787.45
Broadmoor	4596	63,962.08	63,862.08	283,336.54	-	-	-	-	283,436.54	283,336.54
Fort Bend	4618	8,340.68	8,240.68	111,058.67	-	-	-	-	111,158.67	111,058.67
										1,116,008.94

Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:
Cantex Health Care Centers III LLC
JP Morgan Chase Bank
ABA *10614*
Account *2922*

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

Approved:

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

APPROVED
NOV 22 2016
COUNTY AUDITOR

IBC Bank Activity
11/8/16 through 11/20/16

Ashford Gardens					Transfer-Out	Transfer-In			
11/8/2016	113105025	4553	142	ACH CREDIT RECEIVED		2,461.64	1.746E+13		HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
11/9/2016	113105025	4553	142	ACH CREDIT RECEIVED		9,567.83	PN1326436189		Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT3891257*1201494502\
11/9/2016	113105025	4553	142	ACH CREDIT RECEIVED		5,172.67	PN1326436189		Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT3889609*1201494502\
11/14/2016	113105025	4553	495	OUTGOING MONEY TRANSFER	149,758.47				ASHFORD HEALTH CARE CENTER LTD
11/14/2016	113105025	4553	142	ACH CREDIT RECEIVED		6,714.13	PN1326436189		Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT3903123*1201494502\
11/14/2016	113105025	4553	301	COMMERCIAL DEPOSIT		64,232.80	0	14247975	
11/15/2016	113105025	4553	142	ACH CREDIT RECEIVED		10,713.08	PN1326436189		Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT3905692*1201494502\
11/15/2016	113105025	4553	142	ACH CREDIT RECEIVED		1,335.14	PN1326436189		Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT3909722*1201494502\
11/15/2016	113105025	4553	142	ACH CREDIT RECEIVED		4,361.53	PN1326436189		Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT3904772*1201494502\
11/15/2016	11310502	4553	142	ACH CREDIT RECEIVED		6,092.13	PN1326436189		Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT3908118*1201494502\
11/15/2016	11310502	4553	142	ACH CREDIT RECEIVED		4,788.68	1.746E+13		HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
11/16/2016	11310502	4553	142	ACH CREDIT RECEIVED		877.15	PN1326436189		Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT3914301*1201494502\
11/16/2016	11310502	4553	142	ACH CREDIT RECEIVED		2,019.56	1.746E+13		HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
11/18/2016	11310502	4553	301	COMMERCIAL DEPOSIT		45,382.53	0	14038986	
11/18/2016	11310502	4553	142	ACH CREDIT RECEIVED		2,922.62	675423		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04911|TRN*1*EFT6553346*1205296137*000004911\
11/18/2016	11310502	4553	142	ACH CREDIT RECEIVED		1,785.25	1.746E+13		HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
					149,758.47	168,426.74			

Solera at West Housto					Transfer-Out	Transfer-In			
11/8/2016	11310502	4561	142	ACH CREDIT RECEIVED		6,860.00	676310		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4242820*1205296137*000004011\
11/10/2016	11310502	4561	142	ACH CREDIT RECEIVED		1,910.47	1.61108E+13		AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*016110811800021*1752603231\
11/14/2016	11310502	4561	495	OUTGOING MONEY TRANSFER	34,029.24				CANTEX HEALTH CARE CENTERS LLC
11/14/2016	11310502	4561	301	COMMERCIAL DEPOSIT		56,714.74	0	14248008	
11/15/2016	11310502	4561	142	ACH CREDIT RECEIVED		15.70	1.61112E+13		AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*016111211102571*1752603231\
11/15/2016	11310502	4561	142	ACH CREDIT RECEIVED		3,403.79	1.61112E+13		AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*016111211101982*1752603231\
11/16/2016	11310502	4561	142	ACH CREDIT RECEIVED		25.84	676310		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4249809*1205296137*000004011\
11/18/2016	11310502	4561	301	COMMERCIAL DEPOSIT		39,506.50	0	14039014	
11/18/2016	11310502	4561	142	ACH CREDIT RECEIVED		338,389.24	676310		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4253115*1205296137*000004011\
					34,029.24	446,826.28			

Crescent					Transfer-Out	Transfer-In			
11/8/2016	11310502	4588	142	ACH CREDIT RECEIVED		628.80	1.61104E+13		AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*016110411100175*1752603231\
11/8/2016	11310502	4588	142	ACH CREDIT RECEIVED		10,510.79	676323		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4242823*1205296137*000004011\
11/9/2016	11310502	4588	142	ACH CREDIT RECEIVED		8,381.54	PN1669860425		Molina HC of TX Molina HC|THE CRESCENT|TRN*1*EFT3889712*1201494502\
11/10/2016	11310502	4588	142	ACH CREDIT RECEIVED		8,113.46	1.61108E+13		AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*016110811800018*1752603231\
11/10/2016	11310502	4588	142	ACH CREDIT RECEIVED		1,817.97	1.61108E+13		AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*016110813400050*1452485907\
11/14/2016	11310502	4588	495	OUTGOING MONEY TRANSFER	24,321.34				CANTEX HEALTH CARE CENTERS III
11/14/2016	11310502	4588	142	ACH CREDIT RECEIVED		1,610.51	1.61109E+13		AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*016110914100108*1752603231\
11/14/2016	11310502	4588	301	COMMERCIAL DEPOSIT		15,702.15	0	14247999	
11/14/2016	11310502	4588	142	ACH CREDIT RECEIVED		2,281.79	676323		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4246529*1205296137*000004011\
11/15/2016	11310502	4588	142	ACH CREDIT RECEIVED		383.79	676323		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4248409*1205296137*000004011\
11/15/2016	11310502	4588	142	ACH CREDIT RECEIVED		2,495.82	1.61112E+13		AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*016111211102568*1752603231\
11/15/2016	11310502	4588	142	ACH CREDIT RECEIVED		1,864.87	PN1669860425		Molina HC of TX Molina HC|THE CRESCENT|TRN*1*EFT3908201*1201494502\
11/16/2016	11310502	4588	142	ACH CREDIT RECEIVED		3,386.13	PN1669860425		Molina HC of TX Molina HC|THE CRESCENT|TRN*1*EFT3912807*1201494502\
11/18/2016	11310502	4588	301	COMMERCIAL DEPOSIT		22,140.35	0	14039002	
11/18/2016	11310502	4588	142	ACH CREDIT RECEIVED		195,469.48	676323		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4253118*1205296137*000004011\
					24,321.34	274,787.45			

Broadmoor					Transfer-Out	Transfer-In			
11/9/2016	11310502	4596	142	ACH CREDIT RECEIVED		1,237.19	1.746E+13		HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
11/9/2016	11310502	4596	142	ACH CREDIT RECEIVED		968.15	PN1669860433		Molina HC of TX Molina HC|THE BROADMOOR AT CREEK|TRN*1*EFT3889612*1201494502\
11/9/2016	11310502	4596	142	ACH CREDIT RECEIVED		270.32	676357		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4244206*1205296137*000004011\
11/14/2016	113105025	4596	495	OUTGOING MONEY TRANSFER	63,862.08				CANTEX HEALTH CARE CENTERS III
11/14/2016	113105025	4596	301	COMMERCIAL DEPOSIT		34,560.29	0	14247988	
11/14/2016	113105025	4596	142	ACH CREDIT RECEIVED		844.29	676357		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4246535*1205296137*000004011\
11/14/2016	113105025	4596	142	ACH CREDIT RECEIVED		67.69	1.746E+13		HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
11/18/2016	113105025	4596	301	COMMERCIAL DEPOSIT		33,740.42	0	14038993	
11/18/2016	113105025	4596	142	ACH CREDIT RECEIVED		211,648.19	676357		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4253128*1205296137*000004011\
					63,862.08	283,336.54			

Fort Bend					Transfer-Out	Transfer-In			
11/8/2016	113105025	4618	142	ACH CREDIT RECEIVED		4,605.36	1.61105E+13		AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|TRN*1*016110514500117*1752603231\
11/9/2016	113105025	4618	142	ACH CREDIT RECEIVED		9,935.26	PN1730577503		Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRN*1*EFT3889608*1201494502\
11/9/2016	113105025	4618	142	ACH CREDIT RECEIVED		2,568.50	1.746E+13		HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
11/14/2016	113105025	4618	301	COMMERCIAL DEPOSIT		18,024.22	0	14248026	
11/14/2016	113105025	4618	495	OUTGOING MONEY TRANSFER	8,240.68				CANTEX HEALTH CARE CENTERS III
11/18/2016	113105025	4618	142	ACH CREDIT RECEIVED		62,636.45	675663		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4253079*1205296137*000004011\
11/18/2016	113105025	4618	301	COMMERCIAL DEPOSIT		13,288.88	0	14039009	
					8,240.68	111,058.67			

Account Portfolio as of 11/21/2016 2:09:49 PM

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

Commercial Checking Accounts

Account Name	Account Number	Today's Beginning Balance	Available Balance
Memorial Medical Center	3387	$1,845,372.76	$1,845,372.76
Memorial Medical Center	1553	$168,526.74	$314,088.89
Memorial Medical Center	4561	$446,926.28	$473,077.13
Memorial Medical Center	4588	$274,887.45	$306,287.32
Memorial Medical Center	4596	$283,436.54	$279,655.99
Memorial Medical Center	4618	$111,158.67	$125,603.67
Memorial Medical Center Operat	0301	$1,795,115.53	$1,826,132.15
County of Calhoun Indigent	1101	$3,097.35	$3,097.35
Totals		**$4,928,521.32**	**$5,173,315.26**

IBC BANK
We Do More

November 2016 Statement
Open Date: 10/06/2016 Closing Date: 11/03/2016

Visa® Business Card
MEMORIAL MEDICAL CNT
JERRY L PICKETT

Cardmember Service
BUS 30 ELN 8 3

New Balance	**$3,292.60**
Minimum Payment Due	**$33.00**
Payment Due Date	**12/01/2016**

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

Activity Summary

Previous Balance	+	$6,491.77
Payments	-	$6,491.77CR
Other Credits	-	$1,588.45CR
Purchases	+	$4,881.05
Balance Transfers		$0.00
Advances		$0.00
Other Debits		$0.00
Fees Charged		$0.00
Interest Charged		$0.00
New Balance	=	**$3,292.60**
Past Due		**$0.00**
Minimum Payment Due		**$33.00**
Credit Line		$10,000.00
Available Credit		$6,707.40
Days in Billing Period		29

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

MAC
W: 11
Pay By
Phone

APPROVED ON 3,292.60
NOV 23 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payment Options:

Mail payment coupon with a check

Pay online at myaccountaccess.com

Pay by phone

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

IBC BANK
We Do More

24-Hour Cardmember Service

- to pay by phone
- to change your address

Payment Due Date	12/01/2016
New Balance	$3,292.60
Minimum Payment Due	$33.00

Amount Enclosed $_____

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

November 2016 Statement 10/06/2016 - 11/03/2016

MEMORIAL MEDICAL CNT
JERRY L PICKETT

Cardmember Service

Important Messages

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

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

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

Transactions

Payments and Other Credits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
10/06	10/05	4338	PAYPAL *MEDWORXSUPP 4029357733 CA MERCHANDISE/SERVICE RETURN	$138.45CR	
10/24	10/20	3660	ROY MATHESON AND ASSOC BEDFORD NH MERCHANDISE/SERVICE RETURN	$1,450.00CR	
10/26	10/26		PAYMENT THANK YOU	$6,491.77CR	
			TOTAL THIS PERIOD	**$8,080.22CR**	

Purchases and Other Debits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
10/06	10/05	7977	EL PATIO RESTAURANT PORT LAVACA TX	$60.57	
10/06	10/05	9974	HOLIDAY INN HOUSTON NE HOUSTON TX 10/05/16 FOLIO: 1105403	$654.03	
10/11	10/10	0988	FIGMD INC 7736723155 IL	$900.00	
10/19	10/18	6671	AIRESPRING INC. 800-825-1055 CA	$2,712.45	
10/26	10/25	3745	CMS MEDICARE APPLIC FE 410-786-2192 MD	$554.00	
			TOTAL THIS PERIOD	**$4,881.05**	

2016 Totals Year-to-Date

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

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

Signature/Approval: _____ Accounting Code: _____

Continued on Next Page

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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

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

Vendor Name: Cardmember Service

Date: 11/21/16

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	—		El Patio Restaurant - Lunch for PFS during Disaster		Sales Tax Reimb by Jerry for me	60.57
2						
3	—		Holiday Inn Houston - Edward Matula (Diagnostic Imaging) Training			654.03
4						
5	—		Fig MD Inc. (EMDs) for Clinic Providers			900.00
6						
7	—		Airspring Inc (Phone)			2,712.45
8	—		CMS Medicare Application			554.00
9						
10						

Est. Freight _____ Est. Total Cost _____ TOTAL COST $ 4,881.05

NOTES:

Charges made to Jerry's credit card xxx ... (138.45)

(1,450.00)

3,292.60

0 • C

4,881.05 +
138.45 -
1,450.00 -
3,292.60 =

3,292.60 +
3,292.60 -
0.00 =

Contact: _____ Date: _____

Quoted By: _____

Buyer: _____ E.T.A. _____

Dept. Director _____ APPROVED ON

Dir. Nursing _____

Adm. Dir. Clinical Service _____ NOV 23 2016

CFO _____ COUNTY AUDITOR CALHOUN COUNTY, TEXAS

Administrator _____

10472

IBC BANK
We Do More

November 2016 Statement
Open Date: 10/06/2016 Closing Date: 11/03/2016

Visa® Business Card
MEMORIAL MEDICAL CNT
JASON W ANGLIN

Cardmember Service
BUS 30 ELN 8 3

New Balance	**$1,612.49**
Minimum Payment Due	**$17.00**
Payment Due Date	**12/01/2016**

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

Activity Summary

Previous Balance	+	$3,418.68
Payments	-	$3,418.68CR
Other Credits	-	$1.15CR
Purchases	+	$1,613.64
Balance Transfers		$0.00
Advances		$0.00
Other Debits		$0.00
Fees Charged		$0.00
Interest Charged		$0.00
New Balance	=	**$1,612.49**
Past Due		**$0.00**
Minimum Payment Due		**$17.00**
Credit Line		$10,000.00
Available Credit		$8,387.51
Days in Billing Period		29

Mark J Pfeifer
County Judge
12-5-16

mmc
Will phone in the Payment

APPROVED ON
NOV 23 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

1,612.49

Payment Options:

Mail payment coupon with a check

Pay online at myaccountaccess.com

Pay by phone

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

IBC BANK
We Do More

Account Number	
Payment Due Date	12/01/2016
New Balance	$1,612.49
Minimum Payment Due	$17.00

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

November 2016 Statement 10/06/2016 - 11/03/2016

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.

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

Transactions

Payments and Other Credits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
10/11	10/06	9957	MARRIOTT CHICAGO M MIL 866-435-7627 IL MERCHANDISE/SERVICE RETURN 10/06/16 FOR 01 NIGHTS FOLIO: 005914	$1.15CR	
10/26	10/26		PAYMENT THANK YOU	$3,418.68CR	
			TOTAL THIS PERIOD	**$3,419.83CR**	

Purchases and Other Debits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
10/11	10/10	2571	ACT*Eide Bailly LLP 877-551-5560 TX	$300.00	
10/11	10/06	0039	TEXAS HOSPITAL ASSOC 512-465-1000 TX	$699.00	
10/13	10/12	1552	SP * CODING LEADER CODINGLEADER. FL	$207.00	
10/21	10/20	9223	TX CII RX PADS 512-305-8014 TX	$48.57	
10/21	10/20	1084	TX CII RX PADS 512-305-8014 TX	$48.57	
10/24	10/22	2952	OMNI AUSTIN SOUTHPARK AUSTIN TX 10/22/16 FOR 01 NIGHTS FOLIO: 089049	$310.50	
			TOTAL THIS PERIOD	**$1,613.64**	

2016 Totals Year-to-Date

Total Fees Charged in 2016	$4.16
Total Interest Charged in 2016	$0.00

Continued on Next Page

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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

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

Vendor Name: Cardmember Services

Date: 11/8/16

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	—		ACT - Eide Bailly - Fall Webinar	150		300.00 ✓
2			Series (2 Singles)			
3	—		Texas Hospital Association			699.00 ✓
4		550.00 = 2017 THA Conference 149.00 = Rural Health Workshop	Registration for Jason Anglin			
5			Annual Conference			
6	—		SP Coding Leader - CD-Rom			207.00 ✓
7			Webinar - Clinic			
8	—		TX C11 Rx Pads - Dr. Crowley			48.57
9	—		TX C11 Rx Pads - Dr. Truong			48.57
10	—		Omni Austin South Park - Dianne Atkinson - Clinic			310.50

Est. Freight _____ Est. Total Cost _____ TOTAL COST 1,613.64

NOTES:

charges made Jason's credit card XXX ① <1.15> ✓

① Credit of taxes on Webinar

Approved 1,612.49

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____ APPROVED ON

Dir. Nursing _____

Adm. Dir. Clinical Service _____ NOV 23 2016

CFO _____

Administrator _____ COUNTY AUDITOR CALHOUN COUNTY, TEXAS

RUN DATE:11/28/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:15:19 CHECK REGISTER and Payable List GLCKREG
11/28/16 THRU 11/28/16

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000851	11/28/16	804.79	MCKESSON
A/P	000852	11/28/16	443.18	MCKESSON
A/P	000853	11/28/16	483.48	MCKESSON
TOTALS:			1,731.45	

340 B Prescription Expenses

Paul J. Pieper
Calhoun County Judge
12-5-16

APPROVED ON
NOV 28 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: 11/25/2016

DC: 8115

Territory: 400

Customer: 190813
Date: 11/26/2016

Page: 001

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

As of: 11/25/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 11/26/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
11/21/2016	11/29/2016	7778198339	1000919609	115Invoice	0.85	42.45		41.60	✓	7778198339	
11/21/2016	11/29/2016	7778198340	1000919609	115Invoice	4.23	211.62		207.39	✓	7778198340	
11/21/2016	11/29/2016	7778198341	1000920148	115Invoice	9.89	494.48		484.59	✓	7778198341	
11/21/2016	11/29/2016	7778198343	1000920549	115Invoice	0.51	25.69		25.18	✓	7778198343	
11/22/2016	11/29/2016	7778413735	1000920923	115Invoice	0.94	46.97		46.03	✓	7778413735	

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

TOTAL:

Subtotals: 821.21 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 403.29
11/21/2016

If Paid By 11/29/2016,
Pay This Amount: 804.79 USD

If Paid After 11/29/2016,
Pay this Amount: 821.21 USD

Due If Paid On Time:
USD 804.79

Disc lost if paid late:
16.42

Due If Paid Late:
USD 821.21

ck# 851

APPROVED
ON
NOV 28 2016
BY
CALHOUN COUNTY AUDITOR

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: 11/25/2016

DC: 8115

Territory: 400

Customer: 256342
Date: 11/26/2016

Page: 001

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

As of: 11/25/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 11/26/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
11/21/2016	11/29/2016	7778177762	3454581871	115Invoice	0.89	44.30		43.41 ✓		7778177762	
11/22/2016	11/29/2016	7778405994	3454581874	115Invoice	0.88	43.95		43.07 ✓		7778405994	
11/23/2016	11/29/2016	7778675970	3454581877	115Invoice	5.44	272.02		266.58 ✓		7778675970	
11/23/2016	11/29/2016	7778675972	1097455	115Invoice	0.92	45.98		45.06 ✓		7778675972	
11/25/2016	11/29/2016	7778886952	3454581880	115Invoice	0.92	45.98		45.06 ✓		7778886952	

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

TOTAL:

Subtotals: 452.23 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 846.67
11/21/2016

If Paid By 11/29/2016,
Pay This Amount: 443.18 USD

If Paid After 11/29/2016,
Pay this Amount: 452.23 USD

Due If Paid On Time:
USD 443.18

Disc lost if paid late:
9.05

Due If Paid Late:
USD 452.23

11-28-16

ck# 852

APPROVED
ON
NOV 2 8 2016
BY CT
CALHOUN COUNTY AUDITOR

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: 11/25/2016

DC: 8115

Territory: 400

Customer: 262252
Date: 11/26/2016

Page: 001

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

As of: 11/25/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 11/26/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
11/21/2016	11/29/2016	7778199421	1000919611	115Invoice	1.60	80.08		78.48 ✓		7778199421	
11/21/2016	11/29/2016	7778199422	1000920150	115Invoice	1.63	81.33		79.70 ✓		7778199422	
11/21/2016	11/29/2016	7778199423	1000920551	115Invoice	1.29	64.67		63.38 ✓		7778199423	
11/22/2016	11/29/2016	7778421252	1000920925	115Invoice	0.48	24.01		23.53 ✓		7778421252	
11/23/2016	11/29/2016	7778666143	1000921571	115Invoice	0.92	45.98		45.06 ✓		7778666143	
11/25/2016	11/29/2016	7778890535	1000922145	115Invoice	3.95	197.28		193.33 ✓		7778890535	

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

TOTAL:

Subtotals: 493.35 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,340.10
11/21/2016

If Paid By 11/29/2016,
Pay This Amount: 483.48 USD

If Paid After 11/29/2016,
Pay this Amount: 493.35 USD

Due If Paid On Time:
USD 483.48 ✓
Disc lost if paid late:
9.87
Due If Paid Late:
USD 493.35

CK# 853

11-28-16

APPROVED
ON
NOV 2 8 2016
BY CT
CALHOUN COUNTY AUDITOR

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" 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	★ 12	
☐	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★ $ 94,287.41	#
	"1 TO CONFIRM"	1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0 $ 43,773.56	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"	$ 10,489.00	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	$ 40,024.85	#
		CHECK $ -	
☐	"6-DIGIT SETTLEMENT DATE"	★ 11/4/2016	
	"1 TO CONFIRM"	1	
☐	ACKNOWLEDGEMENT NUMBER	105116	

CALLED IN BY:	Caithynn P.
CALLED IN DATE:	11/3/2016
CALLED IN TIME:	9:38

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	10/14/16					
PAY PERIOD: END	10/27/16					
PAY DATE:	11/03/16					
GROSS PAY:	$ 383,869.17					$ 383,869.17
DEDUCTIONS:						
A/R	$ 914.50					$ 914.50
ADVANC	$ -					$ -
BOOTS	$ -					$ -
CAFÉ-C	$ 534.19					$ 534.19
CAFÉ-D	$ 1,387.13					$ 1,387.13
CAFÉ-H	$ 15,311.26					$ 15,311.26
CAFÉ-I	$ 160.08					$ 160.08
CAFÉ-L	$ 329.76					$ 329.76
CAFÉ-P	$ 306.49					$ 306.49
CANCER	$ 17.49					$ 17.49
CHILD	$ 280.77					$ 280.77
CLINIC	$ 120.00					$ 120.00
COMBIN	$ 1,181.00					$ 1,181.00
CREDUN	$ 25.00					$ 25.00
DENTAL	$ 240.00					$ 240.00
DEP-LF	$ 557.91					$ 557.91
EAT	$ 185.00					$ 185.00
FED TAX	$ 40,024.85					$ 40,024.85
FICA-M	$ 5,244.47					$ 5,244.47
FICA-O	$ 21,886.85					$ 21,886.85
FIRST C	$ 75.00					$ 75.00
FLEX S	$ 2,693.28					$ 2,693.28
FLX-FE	$ -					$ -
GIFT S	$ 119.19					$ 119.19
GRP-IN	$ 129.26					$ 129.26
GTL	$ -					$ -
HOSP-I	$ 2,360.00					$ 2,360.00
MISC	$ -					$ -
OTHER	$ 1,977.49					$ 1,977.49
PHI	$ -					$ -
PR FIN	$ 389.80					$ 389.80
RELAY	$ -					$ -
REPAY	$ -					$ -
STONEDF	$ 1,382.50					$ 1,382.50
STONE	$ -					$ -
STONE 2	$ -					$ -
STUDEN	$ 95.97					$ 95.97
TSA-R	$ 26,870.87					$ 26,870.87
UW/HOS	$ -					$ -
TOTAL DEDUCTIONS:	$ 124,800.11	$ -	$ -	$ -	$ -	$ 124,800.11
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$ 259,069.06	$ -	$ -	$ -	$ -	$ 259,069.06
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFÉ 125 PLAN:	$ 22,179.69	Less Exempt:				
TAXABLE PAY:	$ 361,689.48	$ 353,012.62				Exempt Amt:

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 5,244.50		
FICA - MED (EE)	1.45%	$ 5,244.50	$ 5,244.47	$ 0.03
FICA - SOC SEC (ER)	6.20%	$ 21,886.78		
FICA - SOC SEC (EE)	6.20%	$ 21,886.78	$ 21,886.85	$ (0.07)
FED WITHHOLDING		$ 40,024.85	$ 40,024.85	
TAX DEPOSIT:		$ 94,287.41	$ 94,287.49	$ (0.08)

FICA - MEDICARE	2.90%	$ 10,489.00
FICA - SOCIAL SECURITY	12.40%	$ 43,773.56
FED WITHHOLDING		$ 40,024.85
TOTAL TAX:		$ 94,287.41

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: 11/3/2016

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" 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	12	
☐	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	$ 352.38	#
	"1 TO CONFIRM"	1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0 $ 162.44	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"	$ 38.00	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	$ 151.94	#
	CHECK	$ -	
☐	"6-DIGIT SETTLEMENT DATE"	11/4/2016	
	"1 TO CONFIRM"	1	
☐	ACKNOWLEDGEMENT NUMBER	80682160	

CALLED IN BY:	C. Davenport
CALLED IN DATE:	11/3/2016
CALLED IN TIME:	2:59

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	10/14/16					
PAY PERIOD: END	10/27/16					
PAY DATE:	11/03/16					
GROSS PAY:	$ 1,310.08					$ 1,310.08
DEDUCTIONS:						
A/R	$ -					$ -
ADVANC	$ -					$ -
BOOTS	$ -					$ -
CAFÉ-C	$ -					$ -
CAFÉ-D	$ -					$ -
CAFÉ-H	$ -					$ -
CAFÉ-I	$ -					$ -
CAFÉ-L	$ -					$ -
CAFÉ-P	$ -					$ -
CANCER	$ -					$ -
CHILD	$ -					$ -
CLINIC	$ -					$ -
COMBIN	$ -					$ -
CREDUN	$ -					$ -
DENTAL	$ -					$ -
DEP-LF	$ -					$ -
EAT	$ -					$ -
FED TAX	$ 151.94					$ 151.94
FICA-M	$ 19.00					$ 19.00
FICA-O	$ 81.22					$ 81.22
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	$ 91.71					$ 91.71
UW/HOS	$ -					$ -
TOTAL DEDUCTIONS:	$ 343.87	$ -	$ -	$ -	$ -	$ 343.87
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$ 966.21	$ -	$ -	$ -	$ -	$ 966.21
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFÉ 125 PLAN:	$ -	Less Exempt:				
TAXABLE PAY:	$ 1,310.08	$ 1,310.08				Exempt Amt:

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 19.00		
FICA - MED (EE)	1.45%	$ 19.00	$ 19.00	$ -
FICA - SOC SEC (ER)	6.20%	$ 81.22		
FICA - SOC SEC (EE)	6.20%	$ 81.22	$ 81.22	$ -
FED WITHHOLDING		$ 151.94	$ 151.94	
TAX DEPOSIT:		$ 352.38	$ 352.38	$ -
FICA - MEDICARE	2.90%	$ 38.00		
FICA - SOCIAL SECURITY	12.40%	$ 162.44		
FED WITHHOLDING		$ 151.94		
TOTAL TAX:		$ 352.38		

Employees over FICA-SS Cap:

Jason Anglin $ -

Diane

Paycode S - Employee Reimb.:

Roshanda S. Gray

TOTAL: $ -

PREPARED BY: Caitlynn Davenport

PREPARED DATE: 11/3/2016

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" 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	12	
☐	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	$ 221.93	#
	"1 TO CONFIRM"	1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0 $ 160.38	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"	$ 37.50	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	$ 24.05	#
	CHECK	$ -	
☐	"6-DIGIT SETTLEMENT DATE"	11/21/2016	
	"1 TO CONFIRM"	1	
☐	ACKNOWLEDGEMENT NUMBER	405636666	

CALLED IN BY: C. Davenport

CALLED IN DATE: 11/18/2016

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	10/28/16					
PAY PERIOD: END	11/10/16					
PAY DATE:	11/17/16					
GROSS PAY:	$ 1,293.36					$ 1,293.36
DEDUCTIONS:						
A/R	$ -					$ -
ADVANC	$ -					$ -
BOOTS	$ -					$ -
CAFÉ-C	$ -					$ -
CAFÉ-D	$ -					$ -
CAFÉ-H	$ -					$ -
CAFÉ-I	$ -					$ -
CAFÉ-L	$ -					$ -
CAFÉ-P	$ -					$ -
CANCER	$ -					$ -
CHILD	$ -					$ -
CLINIC	$ -					$ -
COMBIN	$ -					$ -
CREDUN	$ -					$ -
DENTAL	$ -					$ -
DEP-LF	$ -					$ -
EAT	$ -					$ -
FED TAX	$ 24.05					$ 24.05
FICA-M	$ 18.75					$ 18.75
FICA-O	$ 80.18					$ 80.18
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	$ 90.54					$ 90.54
UW/HOS	$ -					$ -
TOTAL DEDUCTIONS:	$ 213.52	$ -	$ -	$ -	$ -	$ 213.52
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$ 1,079.84	$ -	$ -	$ -	$ -	$ 1,079.84
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFÉ 125 PLAN:	$ -	**Less Exempt:**				
TAXABLE PAY:	$ 1,293.36	$ 1,293.36				**Exempt Amt:**

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 18.75		
FICA - MED (EE)	1.45%	$ 18.75	$ 18.75	$ -
FICA - SOC SEC (ER)	6.20%	$ 80.19		
FICA - SOC SEC (EE)	6.20%	$ 80.19	$ 80.18	$ 0.01
FED WITHHOLDING		$ 24.05	$ 24.05	
TAX DEPOSIT:		$ 221.93	$ 221.91	$ 0.02

FICA - MEDICARE	2.90%	$ 37.50
FICA - SOCIAL SECURITY	12.40%	$ 160.38
FED WITHHOLDING		$ 24.05
TOTAL TAX:		$ 221.93

Employees over FICA-SS Cap:
Jason Anglin
Jerry

Paycode S - Employee Reimb.:
Roshanda S. Gray

TOTAL: $ -

PREPARED BY: Caitlynn Davenport

PREPARED DATE: 11/17/2016

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"	★ $ 95,981.82	#
	"1 TO CONFIRM"	1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0 $ 44,264.18	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"	$ 10,716.86	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	$ 41,000.78	#
		CHECK $ -	
☐	"6-DIGIT SETTLEMENT DATE"	★ 11/18/2016	
	"1 TO CONFIRM"	1	
☐	ACKNOWLEDGEMENT NUMBER	32781861	

CALLED IN BY:	C Davenport
CALLED IN DATE:	11/17/2016
CALLED IN TIME:	8:44

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	10/28/16					
PAY. PERIOD: END	11/10/16					
PAY DATE:	11/17/16					
GROSS PAY:	$ 392,274.19					$ 392,274.19
DEDUCTIONS:						
A/R	$ 798.07					$ 798.07
ADVANC	$ -					$ -
BOOTS	$ -					$ -
CAFÉ-C	$ 534.19					$ 534.19
CAFÉ-D	$ 1,377.86					$ 1,377.86
CAFÉ-H	$ 15,867.93					$ 15,867.93
CAFÉ-I	$ 160.08					$ 160.08
CAFÉ-L	$ 329.76					$ 329.76
CAFÉ-P	$ 306.49					$ 306.49
CANCER	$ 17.49					$ 17.49
CHILD	$ 212.31					$ 212.31
CLINIC	$ 200.00					$ 200.00
COMBIN	$ 1,181.00					$ 1,181.00
CREDUN	$ 25.00					$ 25.00
DENTAL	$ 30.00					$ 30.00
DEP-LF	$ 557.91					$ 557.91
EAT	$ 605.00					$ 605.00
FED TAX	$ 41,000.78					$ 41,000.78
FICA-M	$ 5,358.46					$ 5,358.46
FICA-O	$ 22,132.04					$ 22,132.04
FIRST C	$ 75.00					$ 75.00
FLEX S	$ 2,693.28					$ 2,693.28
FLX-FE	$ -					$ -
GIFT S	$ 133.45					$ 133.45
GRP-IN	$ 129.26					$ 129.26
GTL	$ -					$ -
HOSP-I	$ 2,360.00					$ 2,360.00
MISC	$ -					$ -
OTHER	$ 1,622.10					$ 1,622.10
PHI	$ 2,080.00					$ 2,080.00
PR FIN	$ 389.80					$ 389.80
RELAY	$ -					$ -
REPAY	$ -					$ -
STONEDF	$ 1,382.50					$ 1,382.50
STONE	$ -					$ -
STONE 2	$ -					$ -
STUDEN	$ 95.97					$ 95.97
TSA-R	$ 27,459.20					$ 27,459.20
UW/HOS	$ -					$ -
TOTAL DEDUCTIONS:	$ 129,114.93	$ -	$ -	$ -	$ -	$ 129,114.93
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$ 263,159.26	$ -	$ -	$ -	$ -	$ 263,159.26
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	

TOTAL CAFÉ 125 PLAN: $ 22,727.09 Less Exempt:

TAXABLE PAY: $ 369,547.10 $ 356,969.21 Exempt Amt:

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 5,358.43		
FICA - MED (EE)	1.45%	$ 5,358.43	$ 5,358.46	$ (0.03)
FICA - SOC SEC (ER)	6.20%	$ 22,132.09		
FICA - SOC SEC (EE)	6.20%	$ 22,132.09	$ 22,132.04	$ 0.05
FED WITHHOLDING		$ 41,000.78	$ 41,000.78	
TAX DEPOSIT:		$ 95,981.82	$ 95,981.78	$ 0.04

FICA - MEDICARE	2.90%	$ 10,716.86
FICA - SOCIAL SECURITY	12.40%	$ 44,264.18
FED WITHHOLDING		$ 41,000.78
TOTAL TAX:		$ 95,981.82

Employees over FICA-SS Cap:

Jason Anglin	$ 8,326.86
Jerry	$ 4,251.03

Paycode S - Employee Reimb.:

Roshanda S. Gray	
TOTAL:	$ 12,577.89

PREPARED BY: Caitlynn Davenport

PREPARED DATE: 11/16/2016

MEMORIAL MEDICAL CENTER

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- NOVEMBER 2016

Monthly Electronic Transfers for Operating Expenses

11/1/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	879.81
11/1/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	880.67
11/1/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	1,438.23
11/1/2016	State Comptrlr Texnet	- 2nd 2017 DSH Advance Pmt	69,193.49
11/2/2016	IBC Merch Bank Discount	- Credit Card Processing Fee	19.95
11/2/2016	IBC Merch Bank Fee	- Credit Card Processing Fee	29.95
11/3/2016	IBC Merch Bank Fee	- Credit Card Processing Fee	9.95
11/3/2016	IBC Merch Bank Fee	- Credit Card Processing Fee	59.30
11/3/2016	IBC Merch Bank Fee	- Credit Card Processing Fee	78.39
11/3/2016	IBC Merch Bank Interchng	- Credit Card Processing Fee	78.94
11/3/2016	IBC Merch Bank Fee	- Credit Card Processing Fee	79.32
11/3/2016	IBC Merch Bank Discount	- Credit Card Processing Fee	93.97
11/3/2016	IBC Merch Bank Interchng	- Credit Card Processing Fee	120.91
11/3/2016	IBC Merch Bank Fee	- Credit Card Processing Fee	129.74
11/3/2016	IBC Merch Bank Interchng	- Credit Card Processing Fee	222.49
11/3/2016	IBC Merch Bank Discount	- Credit Card Processing Fee	284.98
11/3/2016	IBC Merch Bank Discount	- Credit Card Processing Fee	287.07
11/3/2016	IBC Merch Bank Interchng	- Credit Card Processing Fee	1,359.65
11/3/2016	IBC Merch Bank Discount	- Credit Card Processing Fee	1,570.02
11/3/2016	Memorial Medical Payroll	- Payroll	259,000.60
11/4/2016	Vivonet Acquisit Payment	- Credit Card Machine Lease Expense	99.00
11/4/2016	IRS USATAXPYMT	- Payroll Taxes	352.38
11/4/2016	IRS USATAXPYMT	- Payroll Taxes	94,287.41
11/7/2016	FDGL Lease Payment	- Credit Card Machine Lease Expense	30.25
11/7/2016	FDGL Lease Payment	- Credit Card Machine Lease Expense	59.25
11/7/2016	FDGL Lease Payment	- Credit Card Machine Lease Expense	59.25
11/7/2016	FDGL Lease Payment	- Credit Card Machine Lease Expense	86.30
11/8/2016	Expertpay	- Child Support	283.77
11/8/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	442.95
11/8/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	725.74
11/8/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	759.12
11/9/2016	Dep Item Returned	- Returned Check	45.00
11/10/2016	FDGL Lease Payment	- Credit Card Machine Lease Expense	30.17
11/14/2016	Clover APP MRKT Clover App	- Credit Card Machine Lease Expense	16.25
11/14/2016	Clover APP MRKT Clover App	- Credit Card Machine Lease Expense	81.20
11/15/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	460.41
11/15/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	750.02
11/15/2016	Webfile Tax Portal	- Sales Tax	1,094.72
11/15/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	1,290.19
11/15/2016	Texas County DRS	- Retirement Funding	118,296.88
11/17/2016	Expertpay	- Child Support	213.81
11/17/2016	Memorial Medical Payroll	- Payroll	263,159.26
11/18/2016	IRS USATAXPYMT	- Payroll Taxes	95,981.82
11/18/2016	State Comptrlr Texnet	- MPAP Reconciliation IGT	149,257.78
11/21/2016	Telecheck	- Credit Card Processing Fee	5.00
11/21/2016	FDGL Lease Payment	- Credit Card Machine Lease Expense	151.23
11/21/2016	IRS USATAXPYMT	- Payroll Taxes	221.93
11/22/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	403.29
11/22/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	846.67
11/22/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	1,340.10
11/29/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	443.18
11/29/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	483.48
11/29/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	804.79
11/29/2016	Cardmember Service	- IBC Credit Card Invoice	1,612.49
11/29/2016	Cardmember Service	- IBC Credit Card Invoice	3,292.60
			$ 1,073,285.12

Jason Anglin
MMC Chief Executive Officer

APPROVED
ON

DEC 14 2016

BY
CALHOUN COUNTY AUDITOR

IBC

BANK

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

CUSTOMER

8/NE/131/019/1225
MEMORIAL MEDICAL CENTER OPERATING
COUNTY OF CALHOUN
201 W AUSTIN STREET
PORT LAVACA TX 77979

STATEMENT 464

CUSTOMER NO.	PAGE NO.
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11/01/2016 to 11/30/2016
STATEMENT PERIOD

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

Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
2,062,104.80	504	2,109,508.57	413	2,678,477.00	1,493,136.37

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
11/01		11,950.02	11/10		283.26	11/21		32.64
11/01		2,802.69	11/10		215.00	11/21		32.00
11/01		1,467.56	11/10		26.85	11/22		10,321.38
11/01		831.00	11/14		88,080.63	11/22		2,513.75
11/01		94.00	11/14		1,134.51	11/22		833.42
11/02		5,039.82	11/14		917.70	11/22		715.75
11/02		335.00	11/14		518.00	11/22		11.89
11/02		308.85	11/14		374.00	11/22		4.76
11/02		150.00	11/14		50.00	11/23		3,360.56
11/03		38,014.71	11/14		41.51	11/23		2,147.70
11/03		1,315.95	11/14		29.03	11/23		827.64
11/03		185.00	11/15		3,492.87	11/23		486.00
11/03		105.00	11/15		1,269.76	11/23		80.51
11/04		41,373.34	11/15		453.35	11/23		18.00
11/04		483.00	11/15		450.00	11/25		27,678.97
11/04		398.63	11/15		20.00	11/25		1,126.68
11/04		120.00	11/16		14,769.43	11/25		944.81
11/04		28.26	11/16		2,265.61	11/25		354.00
11/07		103,378.88	11/16		1,880.30	11/25		5.85
11/07		1,198.70	11/16		1,343.48	11/28		98,989.31
11/07		586.00	11/16		569.00	11/28		30.00
11/07		122.14	11/16		59.89	11/28		24.00
11/07		53.00	11/17		11,762.86	11/29		9,335.98
11/08		17,324.39	11/17		1,073.43	11/29		538.00
11/08		3,484.69	11/17		764.00	11/29		210.58
11/08		2,655.06	11/17		208.62	11/29		88.68
11/08		1,144.62	11/17		46.23	11/30		35,335.23
11/08		534.00	11/18		21,522.01	11/30		2,405.27
11/08		62.84	11/18		540.78	11/30		2,143.65
11/08		50.00	11/18		240.00	11/30		1,469.13
11/09		6,960.00	11/21		66,898.32	11/30		1,314.26
11/09		2,212.38	11/21		1,316.42	11/30		776.94
11/09		215.00	11/21		326.00	11/30		484.00
11/09		88.99	11/21		100.80	11/30		114.35
11/09		12.15	11/21		85.00	11/30		70.52
11/10		9,520.15						

Checks (Debits)

Date	Check #	Amount	Date	Check #	Amount	Date	Check #	Amount
11/03	61824	68.46	11/15 *	168197	249.00	11/02 *	168414	1,821.47
11/07	61825	966.21	11/23 *	168285	139.68	11/02 *	168433	1,000.00
11/29	61826	374.91	11/01 *	168340	2,701.12	11/02 *	168435	710.00
11/21	61827	704.93	11/07 *	168376	558.00	11/04 *	168439	336.00
11/28 *	167367	23.50	11/02 *	168380	1,650.00	11/03	168440	8,333.33

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

CUSTOMER

8/NE/131/019/1236
MEMORIAL MEDICAL CENTER OPERATING
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PORT LAVACA TX 77979

STATEMENT 464

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11/01/2016 to 11/30/2016
STATEMENT PERIOD

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11/30	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160910883		1,971.71
11/30	Electronic Deposit	Driscoll Childre Driscoll C MEMORIAL MEDICA		1,961.86
11/30	Electronic Deposit	DRISCOLL HEALTH HCCLAIMPMT MEMORIAL MEDICA		918.12
11/30	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160915882		908.95
11/30	Electronic Deposit	36 TREAS 310 MISC PAY 746003411360012		486.04
11/30	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 673422		461.34
11/30	Electronic Deposit	CENTENE CORP HCCLAIMPMT		388.08
11/30	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160914885		336.62
11/30	Electronic Deposit	CENTENE CORP HCCLAIMPMT		271.62
11/30	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160913887		141.90
11/30	Electronic Deposit	DRISCOLL CHILDRE HCCLAIMPMT MEMORIAL MEDICA		135.81
11/30	Electronic Deposit	AETNA H09 HCCLAIMPMT xxxxx3411		61.80
11/30	Electronic Deposit	DRISCOLL CHILDRE HCCLAIMPMT MEMORIAL MEDICA		41.43
11/30	Electronic Deposit	36 TREAS 310 MISC PAY 746003411360012		35.00
11/30	Electronic Deposit	AETNA AS01 HCCLAIMPMT xxxxx3411		19.20
11/30	Electronic Deposit	AETNA H09 HCCLAIMPMT xxxxx3411		14.20
	Debits			
11/01	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02960233		879.81
11/01	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02960321		880.67
11/01	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02960331		1,438.23
11/01	Electronic Payment	STATE COMPTRLR TEXNET 25446734/61031	DS-H	69,193.49
11/02	Electronic Payment	IBC MERCH BNKCD DISCOUNT 674200009993		19.95
11/02	Electronic Payment	IBC MERCH BNKCD FEE 674200009993		29.95
11/03	Electronic Payment	IBC MERCH BNKCD FEE 971160912889		9.95
11/03	Electronic Payment	IBC MERCH BNKCD FEE 971160911881		59.30
11/03	Electronic Payment	IBC MERCH BNKCD FEE 971160914885		78.39
11/03	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160913887		78.94
11/03	Electronic Payment	IBC MERCH BNKCD FEE 971160910883		79.32
11/03	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160913887		93.97
11/03	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160914885		120.91
11/03	Electronic Payment	IBC MERCH BNKCD FEE 971160913887		129.74
11/03	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160911881		222.49
11/03	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160914885		284.98
11/03	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160911881		287.07
11/03	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160910883		1,359.65
11/03	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160910883		1,570.02
11/03	Electronic Payment	MEMORIAL MEDICAL PAYROLL	P/R	259,000.60
11/04	Electronic Payment	VIVONET ACQUISIT PAYMENT 1136		99.00
11/04	Electronic Payment	IRS USATAXPYMT 220670980682160	P/R TAX	352.38
11/04	Electronic Payment	IRS USATAXPYMT 220670970511616	P/R TAX	94,287.41
11/07	Electronic Payment	FDGL LEASE PYMT		30.25
11/07	Electronic Payment	FDGL LEASE PYMT		59.25
11/07	Electronic Payment	FDGL LEASE PYMT		59.25
11/07	Electronic Payment	FDGL LEASE PYMT		86.30
11/08	Electronic Payment	EXPERTPAY EXPERTPAY xxxxx3411	C/S	- 283.77
11/08	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02963817		442.95
11/08	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02963897		725.74
11/08	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02963909		759.12

3,198.

1,927.

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

CUSTOMER

8/NE/131/019/1237
MEMORIAL MEDICAL CENTER OPERATING
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201 W AUSTIN STREET
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STATEMENT 464

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11/01/2016 to 11/30/2016
STATEMENT PERIOD

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11/09	Dep Item Returned	(Tracer# 17000124)	Rtnd Ck - 45.00
11/10	Electronic Payment	FDGL LEASE PYMT	30.17
11/14	Electronic Payment	CLOVER APP MRKT CLOVER APP	16.25
11/14	Electronic Payment	CLOVER APP MRKT CLOVER APP	81.20
11/15	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02972616	460.41
11/15	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02972781	750.02
11/15	Electronic Payment	WEBFILE TAX PYMT DD 902/25517088	Sales Tax -1,094.72
11/15	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02972823	1,290.19
11/15	Electronic Payment	TEXAS COUNTY DRS RECEIVABLE 419	TCDRS - 118,296.88
11/17	Electronic Payment	EXPERTPAY EXPERTPAY xxxxx3411	C/S - 213.81
11/17	Electronic Payment	MEMORIAL MEDICAL PAYROLL	PIR 263,159.26
11/18	Electronic Payment	IRS USATAXPYMT 220672332781861	P/R Taxes - 95,981.82
11/18	Electronic Payment	STATE COMPTRLR TEXNET 25510443/61117 DSH acct Amt	149,257.78
11/21	Electronic Payment	Telecheck INV112016D xxxxx9736	5.00
11/21	Electronic Payment	FDGL LEASE PYMT	151.23
11/21	Electronic Payment	IRS USATAXPYMT 220672640563666	221.93
11/22	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02976373	403.29
11/22	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02976469	846.67
11/22	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02976481	1,340.10
11/29	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02985045	443.18
11/29	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02985058	483.48
11/29	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02984969	804.79
11/29	Electronic Payment	CARDMEMBER SERV ELECT PYMT	1,612.49
11/29	Electronic Payment	CARDMEMBER SERV ELECT PYMT	3,292.60

2,500

4,936

Daily Ending Balance

11/01	2,001,834.94	11/10	1,984,722.33	11/22	1,709,573.27
11/02	2,066,980.92	11/14	2,069,549.70	11/23	1,689,306.24
11/03	1,813,357.26	11/15	1,990,396.41	11/25	1,306,748.50
11/04	1,848,647.88	11/16	2,028,543.69	11/28	1,432,693.95
11/07	1,933,391.58	11/17	1,956,401.42	11/29	1,481,032.28
11/08	1,918,317.91	11/18	1,795,115.53	11/30	1,493,136.37
11/09	1,934,095.00	11/21	1,782,220.49		

IBC

BANK

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

CUSTOMER

8/NE/131/019/1029
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
PRIVATE WAIVER CLEARING FUND
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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11/01/2016 to 11/30/2016
STATEMENT PERIOD

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

Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
1,845,372.76	1	52,618.21	0	0.00	1,897,990.97

Deposits (Credits)

Date	Deposit#	Amount	
11/22		52,618.21	MMC

Daily Ending Balance

11/22	1,897,990.97

IBC

BANK

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

CUSTOMER

8/NE/131/019/1064
MEMORIAL MEDICAL CENTER CONSTRUCTION COU
CLINIC SERIES 2014
202 S ANN STE A
PORT LAVACA TX 77979

STATEMENT

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CUSTOMER NO.	PAGE NO.
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11/01/2016 to 11/30/2016
STATEMENT PERIOD

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

Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
90.00	1	10.00	0	0.00	100.00

Deposits (Credits)

Date	Deposit#	Amount
11/14		10.00

Daily Ending Balance

11/14	100.00

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

STATEMENT

CUSTOMER

8/NE/131/019/1238

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

CUSTOMER NO.	PAGE NO.
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STATEMENT PERIOD: 11/01/2016 to 11/30/2016

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

Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
7,307.36	1	610.00	8	4,210.01	3,707.35

Deposits (Credits)

Date	Deposit#	Amount
11/21		610.00

Checks (Debits)

Date	Check #	Amount	Date	Check #	Amount	Date	Check #	Amount
11/18	11878	71.93	11/10	11881	220.19	11/16	11886	185.02
11/10	11879	1,187.81	11/09 *	11884	973.33	11/07	11887	187.52
11/14	11880	728.68	11/08	11885	655.53			

* Indicates a skip in check number sequence

Daily Ending Balance

11/07	7,119.84	11/10	4,082.98	11/18	3,097.35
11/08	6,464.31	11/14	3,354.30	11/21	3,707.35
11/09	5,490.98	11/16	3,169.28		

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

CUSTOMER

8/NE/131/019/1095
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH ASHFORD
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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11/01/2016 to 11/30/2016
STATEMENT PERIOD

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

Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
345,661.28	34	890,949.30	3	663,746.49	572,864.09

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
11/07		148,867.73	11/18		45,382.53	11/28		220,208.59
11/14		64,232.80						

Electronic Activity

Credits

11/01	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	890.74
11/08	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005	2,461.64
11/09	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	9,567.83
11/09	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	5,172.67
11/14	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	6,714.13
11/15	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	10,713.08
11/15	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	6,092.13
11/15	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005	4,788.68
11/15	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	4,361.53
11/15	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	1,335.14
11/16	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005	2,019.56
11/16	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	877.15
11/18	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	2,922.62
11/18	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005	1,785.25
11/21	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	131,235.55
11/21	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	9,667.70
11/21	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	4,658.90
11/22	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	13,214.01
11/22	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	11,100.56
11/22	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005	4,186.00
11/23	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	3,911.45
11/25	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005	583.76
11/28	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	5,762.62
11/28	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	3,239.17
11/28	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	112.40
11/29	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	478.08
11/30	Electronic Deposit	AMERIGROUP CORPO E-PAYMENT EE51436587	156,412.57
11/30	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005	6,060.28
11/30	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	1,932.26
11/30	Electronic Deposit	PaySpan PaySpan	0.19

Debits

11/03	Outgoing Wire	0149 ASHFORD HEALTH CARE CENTER LTD	Prev. mo.	345,561.28
11/14	Outgoing Wire	0012 ASHFORD HEALTH CARE CENTER LTD		149,758.47
11/23	Outgoing Wire	0513 ASHFORD HEALTH CARE CENTER LTD		168,426.74

IBC

BANK

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

CUSTOMER

8/NE/131/019/1101
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH BROADMOOR
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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CUSTOMER NO.	PAGE NO.
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11/01/2016 to 11/30/2016
STATEMENT PERIOD

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Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
550,404.24	22	532,325.25	4	902,416.86	180,312.63

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
11/07		59,324.34	11/18		33,740.42	11/29		555.71
11/14		34,560.29	11/28		63,802.31			

Electronic Activity

	Credits			
11/03	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357		4,537.74
11/09	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113004		1,237.19
11/09	Electronic Deposit	Molina HC of TX Molina HC PN1669860433		968.15
11/09	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357		270.32
11/14	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357		844.29
11/14	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113004		67.69
11/18	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357		211,648.19
11/21	Electronic Deposit	Molina HC of TX Molina HC PN1669860433		1,133.45
11/23	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357		17,855.19
11/23	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113004		7,103.95
11/28	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357		81,725.04
11/28	Electronic Deposit	Molina HC of TX Molina HC PN1669860433		348.75
11/29	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113004		576.32
11/29	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357		532.83
11/30	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357		7,893.94
11/30	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113004		1,932.00
11/30	Electronic Deposit	AMERIGROUP CORPO E-PAYMENT EE51436586		1,667.14
	Debits			
11/03	Outgoing Wire	0152 CANTEX HEALTH CARE CENTERS III	prev. mo	550,304.24
11/14	Outgoing Wire	0015 CANTEX HEALTH CARE CENTERS III		63,862.08
11/21	Dep Item Returned	(Tracer# 17000118)		4,914.00
11/23	Outgoing Wire	0516 CANTEX HEALTH CARE CENTERS III		283,336.54

Daily Ending Balance

11/03	4,637.74	11/18	283,436.54	11/28	167,154.69
11/07	63,962.08	11/21	279,655.99	11/29	168,819.55
11/09	66,437.74	11/23	21,278.59	11/30	180,312.63
11/14	38,047.93				

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

CUSTOMER

8/NE/131/019/1099
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH CRESCENT
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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STATEMENT PERIOD: 11/01/2016 to 11/30/2016

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

Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
273,407.24	30	438,167.20	4	573,526.03	138,048.41

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
11/07		24,190.86	11/18		22,140.35	11/28		29,259.04
11/14		15,702.15						

Electronic Activity

Credits

11/01	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16102910201688	130.48
11/08	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	10,510.79
11/08	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16110411100175	628.80
11/09	Electronic Deposit	Molina HC of TX Molina HC PN1669860425	8,381.54
11/10	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16110811800018	8,113.46
11/10	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16110813400050	1,817.97
11/14	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	2,281.79
11/14	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16110914100108	1,610.51
11/15	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16111211102568	2,495.82
11/15	Electronic Deposit	Molina HC of TX Molina HC PN1669860425	1,864.87
11/15	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	383.79
11/16	Electronic Deposit	Molina HC of TX Molina HC PN1669860425	3,386.13
11/18	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	195,469.48
11/21	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	31,629.88
11/21	Electronic Deposit	Molina HC of TX Molina HC PN1669860425	879.99
11/22	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16111813700003	11,285.89
11/22	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	6,497.12
11/22	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16111915000211	1,513.78
11/23	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	22,497.92
11/28	Electronic Deposit	Molina HC of TX Molina HC PN1669860425	4,593.64
11/28	Electronic Deposit	Molina HC of TX Molina HC PN1669860425	2,493.28
11/29	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16112410900107	3,138.81
11/29	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113008	2,627.59
11/29	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16112415500894	392.72
11/30	Electronic Deposit	AMERIGROUP CORPO E-PAYMENT EE51436585	22,248.59
11/30	Electronic Deposit	PaySpan PaySpan	0.16

Debits

11/03	Outgoing Wire	0151 CANTEX HEALTH CARE CENTERS III	Prev No. 273,307.24
11/14	Outgoing Wire	0014 CANTEX HEALTH CARE CENTERS III	24,321.34
11/21	Dep Item Returned	(Tracer# 17000117)	1,110.00
11/23	Outgoing Wire	0515 CANTEX HEALTH CARE CENTERS III	274,787.45

Daily Ending Balance

11/01	273,537.72	11/07	24,421.34	11/09	43,942.47
11/03	230.48	11/08	35,560.93	11/10	53,873.90

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

CUSTOMER

8/NE/131/019/1102
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH FORT BEND
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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STATEMENT PERIOD

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

Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
160,949.23	17	258,058.91	3	280,148.58	138,859.56

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
11/07		8,240.68	11/18		13,288.88	11/28		73,448.14
11/14		18,024.22						

Electronic Activity

Credits

11/08	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16110514500117	4,605.36
11/09	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	9,935.26
11/09	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113006	2,568.50
11/18	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663	62,636.45
11/21	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	11,444.48
11/21	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663	3,000.52
11/22	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663	8,195.18
11/22	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16111915000212	5,579.34
11/28	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	5,885.61
11/29	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113006	15,876.94
11/29	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16112410900108	2,308.87
11/30	Electronic Deposit	AMERIGROUP CORPO E-PAYMENT EE51436583	13,020.40
11/30	Electronic Deposit	PaySpan PaySpan	0.08

Debits

11/03	Outgoing Wire	0153 CANTEX HEALTH CARE CENTERS III	Prev mo 160,849.23
11/14	Outgoing Wire	0016 CANTEX HEALTH CARE CENTERS III	8,240.68
11/23	Outgoing Wire	0517 CANTEX HEALTH CARE CENTERS III	111,058.67

Daily Ending Balance

11/03	100.00	11/14	35,233.34	11/23	28,319.52
11/07	8,340.68	11/18	111,158.67	11/28	107,653.27
11/08	12,946.04	11/21	125,603.67	11/29	125,839.08
11/09	25,449.80	11/22	139,378.19	11/30	138,859.56

IBC

BANK

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

CUSTOMER

8/NE/131/019/1097
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH SOLERA
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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STATEMENT PERIOD

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

Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
497,632.81	28	695,416.16	3	978,388.33	214,660.64

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
11/07		22,891.28	11/18		39,506.50	11/28		81,295.14
11/14		56,714.74						

Electronic Activity

	Credits			
11/01	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT	16102910201690	3,728.40
11/01	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT	16102913600456	1,237.75
11/02	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT	676310	467.33
11/03	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT	676310	5,704.48
11/08	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT	676310	6,860.00
11/10	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT	16110811800021	1,910.47
11/15	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT	16111211101982	3,403.79
11/15	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT	16111211102571	15.70
11/16	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT	676310	25.84
11/18	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT	676310	338,389.24
11/21	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT	676310	17,515.22
11/21	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS	17460034113007	8,635.63
11/22	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT	16111915200577	6,165.17
11/22	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS	17460034113007	4,069.85
11/22	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT	676310	2,924.15
11/22	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT	16111813700006	2,522.88
11/22	Electronic Deposit	PaySpan PaySpan		0.04
11/23	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT	676310	4,677.89
11/25	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT	676310	5,490.21
11/28	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT	676310	23,419.56
11/29	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS	17460034113007	16,967.32
11/29	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT	16112612000324	3,084.66
11/30	Electronic Deposit	AMERIGROUP CORPO E-PAYMENT	EE51436584	37,655.44
11/30	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT	676310	137.48
	Debits			
11/03	Outgoing Wire	0150 CANTEX HEALTH CARE CENTERS LLC		prev mo. 497,532.81
11/14	Outgoing Wire	0013 CANTEX HEALTH CARE CENTERS LLC		34,029.24
11/23	Outgoing Wire	0514 CANTEX HEALTH CARE CENTERS LLC		446,826.28

Daily Ending Balance

11/01	502,598.96	11/10	42,899.71	11/21	473,077.13
11/02	503,066.29	11/14	65,585.21	11/22	488,759.22
11/03	11,237.96	11/15	69,004.70	11/23	46,610.83
11/07	34,129.24	11/16	69,030.54	11/25	52,101.04
11/08	40,989.24	11/18	446,926.28	11/28	156,815.74

IBC

BANK

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

CUSTOMER

8/NE/131/019/1121
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH ALLENBROOK HEALTHCARE CENTER
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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

Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
100.00	0	0.00	0	0.00	100.00

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

CUSTOMER

8/NE/131/019/1123
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH GOLDEN CREEK HEALTHCARE & REHAB
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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STATEMENT PERIOD: 11/01/2016 to 11/30/2016

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Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
100.00	0	0.00	0	0.00	100.00