MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ----- January 26, 2017

PAYABLES AND PAYROLL

12/1/2016	Payroll	262,951.65	
12/1/2016	Payroll Liabilities	96,355.42	
12/2/2016	Weekly Payables	267,420.51	
12/5/2016	McKesson Drugs	2,086.45	
12/5/2016	Returned Check	30.00	
12/8/2016	Returned Check	80.00	
12/9/2016	Weekly Payables	1,617.00	
12/12/2016	McKesson Drugs	2,731.35	
12/13/2016	Payroll	253,757.96	
12/13/2016	Payroll by Check	639.54	
12/14/2016	Weekly Payables	299,065.16	
12/15/2016	Payroll by Check	642.19	
12/15/2016	Payroll Liabilities	91,324.84	
12/16/2016	TDCRS	115,799.70	
12/19/2016	McKesson Drugs	1,496.93	
12/19/2016	Payroll Liabilities	134.43	
12/20/2016	Weekly Payables	1,104,267.41	
12/27/2016	Payroll by Check	646.87	
12/27/2016	Payroll	255,596.14	
12/27/2016	McKesson Drugs	3,702.83	
12/28/2016	Payroll Liabilities	91,861.19	
12/28/2016	Weekly Payables	212,508.82	
12/29/2016	Credit Card Invoice	1,340.39	
12/29/2016	Credit Card Invoice	4,476.23	
12/29/2016	Patient Refunds	39.99	
	Monthly Electronic Transfers for Payroll Expenses(not incl above)	641.43	
	Monthly Electronic Transfers for Operating Expenses	6,188.33	

APPROVED

JAN 2 6 2017

CALHOUN COUNTY
COMMISSIONERS COUF

Total Payables and Payroll		**$ 3,077,402.76**

INTER-GOVERNMENT TRANSFERS

Inter-Government Transfers for December 2016		-
IGT DSRIP Audit Cost	-	-
Total Inter-Government Transfers	**$**	-

INTRA-ACCOUNT TRANSFERS

from Memorial Medical Center to Private Waiver Clearing Acct

Total Intra-Account Transfers	**$**	-
SUBTOTAL MEMORIAL MEDICAL CENTER DISBURSEMENTS		**$ 3,077,402.76**
INDIGENT HEALTHCARE FUND EXPENSES	**$**	**44,913.11**
NURSING HOME UPL EXPENSES FOR December 2016		**$ 5,459,764.88**
IGT December 2016 MPAP NH Program	**$**	-
MMC Construction	**$**	-
GRAND TOTAL DISBURSEMENTS APPROVED January 26, 2017		**$ 8,582,080.75**

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- January 26, 2017

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

Adu Sports Medicine Clinic		140.19
William J. Crowley D.O.		
Richard Arroyo-Diaz		
HEB Pharmacy (Medimpact)		589.25
MMCenter (In-patient $13,619.05 / Out-patient $15,767.75 / ER $9,224.97)		38,611.77
Memorial Medical Clinic		2,352.81
MMC Professional Fees		259.29
Port Lavaca Clinic		1,178.40
Radiology Unlimited PA		566.18
Regional Employee Assistance		360.00
Victoria Anesthesiology Assoc		141.22
SUBTOTAL		**44,199.11**
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)		**1,074.00**
	Subtotal	45,273.11
Co-pays adjustments for December 2016		**(360.00)**
Reimbursement from Medicaid		**0.00**
TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES		**44,913.11**

800 01262017 01 CALHOUN COUNTY, TEXAS

DATE: 1/26/2017

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			$44,913.11
	approved by Commissioners Court on 01/26/2017			
1000-001-46010	December Interest $0.00			$0.00
				$44,913.11

COUNTY AUDITOR APPROVAL ONLY

APPROVED ON JAN 19 2017 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: _____ 1/26/17

DEPARTMENT HEAD DATE

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ----January 26, 2017

Nursing Home UPL

IN	OUT			ACH Deposits	ACH Transfers
	Weekly Cantex Transfer				
11/21/16-11/30/16	12/7/2016	Ashford-4553			572,764.09
12/01/16-12/02/16	12/7/2016	Ashford-4553		362,094.54	362,094.54
12/07/16-12/09/16	12/13/2016	Ashford-4553		575,310.09	575,310.09
12/16/2016	12/21/2016	Ashford-4553		56,552.22	56,552.22
12/16/16-12/27/16	12/29/2016	Ashford-4553		263,312.19	263,312.19
12/16/16-12/27/16		Ashford-4553		151,367.00	
12/28/16-12/30/16		Ashford-4553		173,897.66	
11/21/16-11/30/16	12/7/2016	Broadmoor-4596			$ 180,212.63
11/03/16-11/07/16	12/7/16-12/13/16	Broadmoor-4596		107,500.00	107,500.00
12/16/2016	12/21/2016	Broadmoor-4596		67,697.53	67,697.53
12/19/16-12/27/16	12/29/2016	Broadmoor-4596		174,362.07	174,362.07
12/19/16-12/27/16		Broadmoor-4596		1,613.36	
12/27/16-12/30/16		Broadmoor-4596		238,762.38	
11/21/16-11/30/16	12/7/2016	Crescent-4588			$ 137,948.41
12/01/16-12/02/16	12/7/2016	Crescent-4588		55,126.61	55,126.61
12/06/16-12/08/16	12/13/2016	Crescent-4588		796,094.21	796,094.21
12/13/16-12/16/16	12/21/2016	Crescent-4588		42,722.40	42,722.40
12/19/16-12/27/16	12/29/2016	Crescent-4588		297,104.47	297,104.47
12/19/16-12/27/16		Crescent-4588		21,530.90	
12/28/16-12/30/16		Crescent-4588		42,800.45	
11/21/16-11/30/16	12/7/2016	Fort Bend-4618			$ 138,759.56
12/1/2016	12/7/2016	Fort Bend-4618		91,447.50	91,447.50
12/05/16-12/09/16	12/13/2016	Fort Bend-4618		73,399.10	73,399.10
12/12/16-12/16/16	12/21/2016	Fort Bend-4618		14,956.95	14,956.95
12/19/16-12/27/16	12/29/2016	Fort Bend-4618		115,562.64	115,562.64
12/19/16-12/27/16		Fort Bend-4618		12,600.39	
12/28/16-12/30/16		Fort Bend-4618		86,013.75	
11/21/16-11/30/16	12/7/2016	Solera-4561			$ 214,560.64
12/01/16-12/02/16	12/7/2016	Solera-4561		132,765.48	132,765.48
12/05/16-12/08/16	12/6/16-12/13/16	Solera-4561		893,317.02	893,317.02
12/12/16-12/16/16	12/21/2016	Solera-4561		96,142.53	96,142.53
12/19/16-12/27/16		Solera-4561		36,440.75	
12/28/16-12/30/16		Solera-4561		83,481.86	
	SUBTOTAL			5,064,028.05	5,459,764.88

Memorial Medical Center Checks - fund transfer to NH

Ashford
Broadmoor
Crescent
Fort Bend
Solera

Total -

ACH Transfers

IGT December 2016 MPAP NHP -

SUBTOTAL **$** - **$** -

TOTAL APPROVED NURSING HOME WEEKLY CANTEX TRANSFERS **5,459,764.88**

MEMORIAL MEDICAL CENTER CONSTRUCTION ACCOUNT

COMMISSIONERS COURT APPROVAL LIST FOR --- January 26, 2017

PAYABLES	$ -
GRAND TOTAL DISBURSEMENTS APPROVED January 26, 2017	-

Issued 01/16/17

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 12/31/2016 through 12/31/2016
For Source Group Indigent Health Care
For Vendor: All Vendors

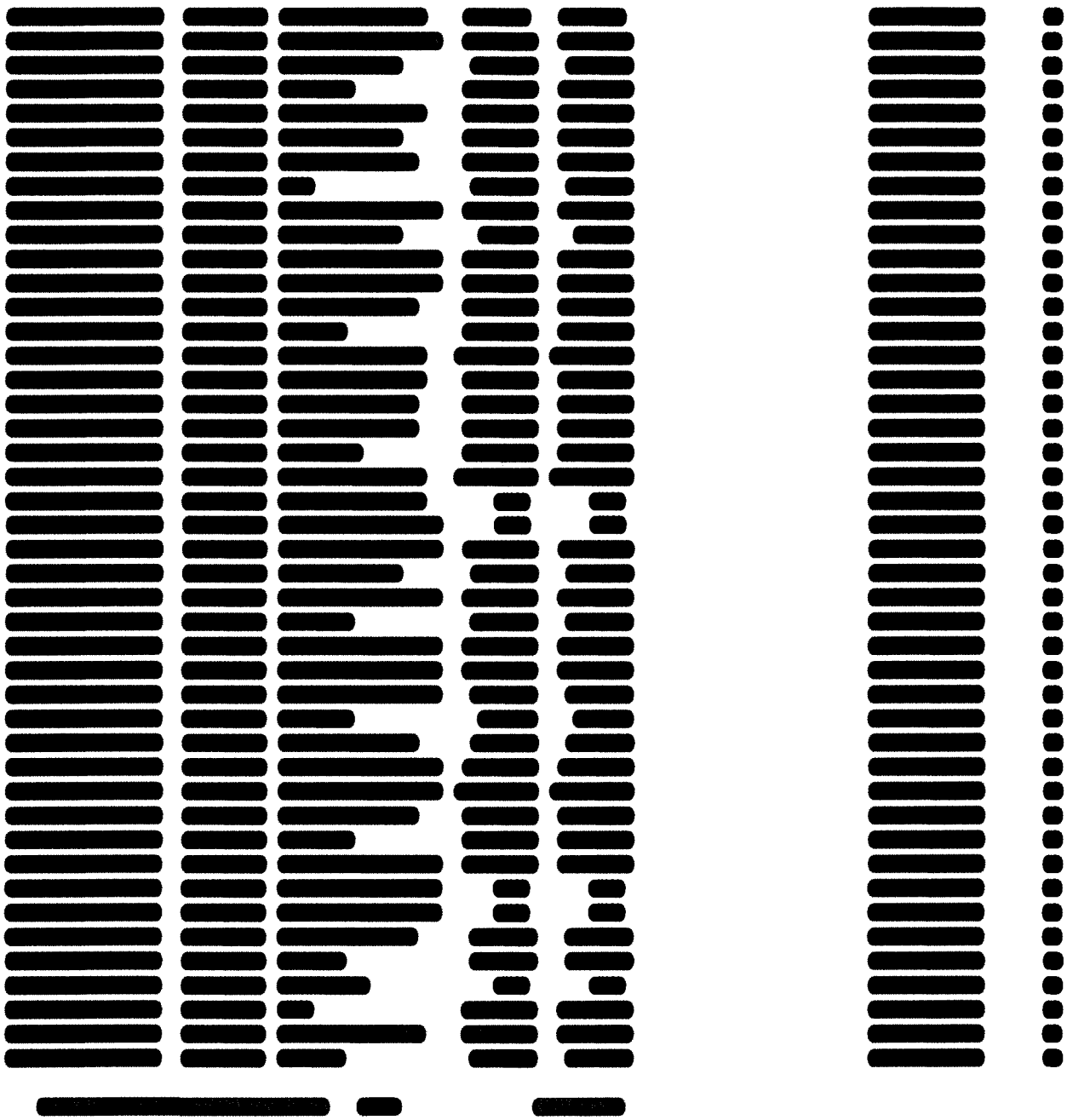
Source	Description	Amount Billed	Amount Paid
01	Physician Services	8,183.50	1,325.66
01-2	Physician Services- Anesthesia	624.00	141.22
02	Prescription Drugs	632.25	589.25
08	Rural Health Clinics	4,215.00	3,531.21
13	Mmc - Inpatient Hospital	27,793.97	13,619.05
14	Mmc - Hospital Outpatient	77,635.64	15,767.75
15	Mmc - Er Bills	27,984.77	9,224.97
	Expenditures	147,499.59	44,629.57
	Reimb/Adjustments	-430.46	-430.46
	Grand Total	**147,069.13**	**44,199.11**

Copays	<360.00>
Expenses	1,074.00
Total:	44,913.11

APPROVED
ON

JAN 16 2017

BY
CALHOUN COUNTY AUDITOR



G/L NUMBER	RECEIPT DATE	PAY NUMBER	TYPE	PAYER	CASH AMOUNT	RECEIPT AMOUNT	NUMBER	NAME	DISC DATE	INIT	COLL CODE	GL CASH ACCOUNT
50240.000	12/05/16	449718	CA		10.00	10.00			00/00/00	CAS		2
50240.000	12/13/16	450337	CA		10.00	10.00			00/00/00	CAS		2
50240.000	12/13/16	450338	CA		10.00-	10.00-			00/00/00	CAS		2
50240.000	12/13/16	450339	CA		10.00	10.00			00/00/00	CAS		2
50240.000	12/14/16	450484	CA		10.00	10.00			00/00/00	CAS		2
50240.000	12/01/16	449586	CA		10.00	10.00			00/00/00	PLB		2
50240.000	12/02/16	449640	CA		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	12/02/16	449690	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	12/02/16	449695	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	12/02/16	449696	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	12/02/16	449698	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	12/05/16	449714	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	12/06/16	449858	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	12/06/16	449877	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	12/06/16	449882	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	12/07/16	449893	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	12/07/16	449978	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	12/08/16	450118	CK	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	12/08/16	450123	CK	[redacted]	10.00-	10.00-			00/00/00	PLB		2
50240.000	12/12/16	450242	CK	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	12/12/16	450243	CK	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	12/12/16	450291	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	12/14/16	450468	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	12/14/16	450511	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	12/15/16	450574	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	12/16/16	450737	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	12/16/16	450795	CA	[redacted]	.00	.00			00/00/00	PLB		2
50240.000	12/16/16	450796	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	12/20/16	450915	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	12/20/16	450982	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	12/21/16	451026	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	12/22/16	451172	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	12/27/16	451349	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	12/28/16	451418	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	12/28/16	451433	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	12/28/16	451554	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	12/29/16	451706	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	12/30/16	451712	CA	[redacted]	10.00-	10.00-			00/00/00	PLB		2
50240.000	12/30/16	451757	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	12/30/16	451807	CK	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	12/06/16	449804	MO	[redacted]	10.00	10.00			00/00/00	VTT		2
50240.000	12/30/16	451710	CA	[redacted]	10.00	10.00			00/00/00	VTT		2
50240.000	12/30/16	451775	CA	[redacted]	10.00	10.00			00/00/00	VTT		2

TOTAL 50240.000 COUNTY INDIGENT COPAYS 360.00

[redacted]

Year	Month	Copay	Total Indigent Expenses	Payroll	Operating
2015	December	-360.00	21,744.24	3,664.67	18,079.57
2016	January	-260.00	8,021.86	7,126.05	895.81
2016	Feb	-487.71	38,328.28	4,075.76	34,252.52
2016	Mar	-460.00	23,369.32	8,393.34	14,975.98
2016	Apr	-370.00	26,711.12	9,227.16	17,483.96
2016	May	-260.00	21,803.29	7,779.55	14,023.74
2016	June	-530.00	60,899.21	8,057.13	52,842.08
2016	July	-490.00	49,664.20	1,074.00	48,590.20
2016	August	-490.00	8,913.03	1,074.00	7,839.03
2016	September	-600.00	93,234.97	1,074.00	92,160.97
2016	October	-610.00	50,140.06	1,074.00	49,066.06
2016	November	-520.00	50,661.12	1,074.00	49,587.12
2017	December	-360.00	45,273.11	1,074.00	44,199.11
		(5,797.71)	477,019.57	51,102.99	425,916.58
2016 Current Budget Balance			167,182.72	(1,102.99)	174,083.42

	Physician		In-patient	Out-patient	Laboratory	Rural Health Clinic	Optional Services - Home Health			MMC - Inpatient	MMC - Outpatient	MMC - ER	
	1,181.94	-	-	-	-	**2,672.34**	-	-	-	**9,506.78**	**3,774.67**	**943.84**	18,079.57
February '16 for Jan. '16	01	02	03	04	05	08	10	11	12	13	14	15	
	507.26					388.55							
	507.26	-	-	-	-	**388.55**	-	-	-	-	-	-	895.81
March '16	01	02	03	04	05	08	10	2/11		13	14	15	
	75.38				30.28								
		1,362.07				942.72							
	127.56												
	80.23												
										6,969.33	22,199.26	2,465.69	
	283.17	**1,362.07**	-	-	**30.28**	**942.72**	-	-		**6,969.33**	**22,199.26**	**2,465.69**	34,252.52
April '16	01	02	03	04	05	08	10	2/11		13	14	15	
		141.80											
										10,640.08	185.35		
						3,464.39							
						78.56							
	465.80												
	465.80	**141.80**	-	-	-	**3,542.95**	-	-		**10,640.08**	**185.35**	-	14,975.98

May '16	01	02	03	04	05	08	10	2/11	13	14	15	
			407.52									
										12,902.21	1,299.25	
	209.97					2,267.43						
						157.12						
	81.53											
	158.93											
	450.43	**407.52**	**0**	**0**	**0**	**2,424.55**	**0**	**0**	**-**	**12,902.21**	**1,299.25**	17,483.96

June '16	01	02	03	04	05	08	10	2/11	13	14	15	
	87.86											
					39.11							
	8.82											
	360.26											
		309.87										
										9,783.44	980.92	
						1,951.54						
	331.73											
	170.19											
	958.86	**309.87**	**-**	**-**	**39.11**	**1,951.54**	**-**	**-**	**-**	**9,783.44**	**980.92**	14,023.74

July '16	01	02	03	04	05	08	10	2/11	13	14	15	
	517.51											
	151.84											
	47.85											
	768.09											
	46.73											
		644.88										
	44.57								20,725.48	24,383.96	1,408.85	
						1,894.62						
					9.30	707.04						
	355.77											
	313.27											
	758.17											
	64.15											
	3,067.95	**644.88**	**-**	**-**	**9.30**	**2,601.66**	**-**	**-**	**20,725.48**	**24,383.96**	**1,408.85**	52,842.08

August '16	01	02	03	04	05	08	10	2/11	13	14	15		
	643.15												
	128.72												
	46.73												
	46.73												
		766.00											
	1,511.75					2,937.48			23,195.71	11,877.11	5,260.53		
						785.60							
	402.56												
	459.71												
	220.25												
	308.17												
	3,767.77	**766.00**	-	-	-	**3,723.08**	-	-	**23,195.71**	**11,877.11**	**5,260.53**	48,590.20	
September'16	01	02	03	04	05	08	10	2/11	13	14	15		
	165.39												
							536.09						
			82.07										
	438.20												
	158.01												
	355.08												
		692.84											
	1,096.31					3,322.05							
	564.28												
	168.77												
	259.94												
	3,205.98	**692.84**	**82.07**	-	-	**3,322.05**	**536.09**	-	-	-	-	7,839.03	
October '16	01	02	03	04	05	08	10	2/11	13	14	15		
	655.53												
							187.52						
	71.93												
		973.33											
	480.77					707.04							
	728.68												
	220.19												
	185.02												
									57,681.53	70,571.02	22,774.62		
	2,342.12	**973.33**	-	-	-	**707.04**	**187.52**	-	**57,681.53**	**70,571.02**	**22,774.62**	92,160.97	($63,076.21 Adj on m

November '16	01	02	03	04	05	08	10	2/11	13	14	15		
	279.36												
		151.05											
	705.85												
	165.89												
	47.85												
		537.52											
										34,708.19	5,402.06		
	367.21					4,862.87							
						785.60							
	385.26												
	265.54												
	401.81												
	2,618.77	**688.57**	-	-	-	**5,648.47**	-	-	-	**34,708.19**	**5,402.06**		49,066.06
December '16	01	02	03	04	05	08	10	2/11	13	14	15		
	312.25												
	671.80												
	257.26												
		674.90											
	47.85												
										37,064.16	3,501.09		
	948.88	3,681.33											
	9.30					1,021.28							
	631.96												
	253.95												
	265.96												
	200.87												
	44.28												
	3,644.36	**4,356.23**	-	-	-	**1,021.28**	-	-	-	-	**37,064.16**	**3,501.09**	49,587.12
January'17 for Dec 2016	01	02	03	04	05	08	10	2/11	13	14	15		
	140.19												
		589.25											
									13,619.05	15,767.75	9,224.97		
						2,352.81							
	259.29												
						1,178.40							
	566.18												
	360.00												
	141.22												
	1,466.88	**589.25**	-	-	-	**3,531.21**	-	-	-	**13,619.05**	**15,767.75**	**9,224.97**	44,199.11
													425,916.58
													174,083.42

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	5	3	7	55	3
YTD	78	23	91	696	51
Monthly Avg	7	2	8	58	4

December 2015 Active 57

APPROVED
ON
DEC 01 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

12/01/2016 MEMORIAL MEDICAL CENTER 0
08:18 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 12/10/2016

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
9940304279	OXYGEN RES CARE	11/14/20	11/06/20	12/06/20		410.44	0.00	0.00	410.44

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	410.44	0.00	0.00	410.44

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
9649861146	INTRA OCULAR LENSES CS	11/16/20	11/02/20	12/02/20		477.00	0.00	0.00	477.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1690	ALCON LABORATORIES, INC.	477.00	0.00	0.00	477.00

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
2568812	PRO FEES PHY THRPY 11/6 - 11/12/16	11/29/20	11/17/20	11/27/20		2,080.00	0.00	0.00	2,080.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11232	AMN HEALTHCARE ALLIED, INC.	2,080.00	0.00	0.00	2,080.00

Vendor#	Vendor Name	Class	Pay Code
10938	BANK OF THE WEST		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
3995192	LEASE & RENTAL PHARMACY	11/23/20	11/14/20	12/01/20		6,145.37	0.00	0.00	6,145.37

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10938	BANK OF THE WEST	6,145.37	0.00	0.00	6,145.37

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
52709694	CS INVENTORY & RECOVERY	11/22/20	11/03/20	12/03/20		472.02	0.00	0.00	472.02

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1075	BAXTER HEALTHCARE CORP	472.02	0.00	0.00	472.02

Vendor#	Vendor Name	Class	Pay Code
M2485	BAYER HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
6004572455	SUPPLIES CT SCAN	11/22/20	10/27/20	11/26/20		1,033.44	0.00	0.00	1,033.44

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2485	BAYER HEALTHCARE	1,033.44	0.00	0.00	1,033.44

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
105955264	SUPPLIES GENERAL LAB	11/16/20	11/02/20	12/02/20		5,312.14	0.00	0.00	5,312.14
105954816		11/16/20	11/02/20	12/02/20		2,536.04	0.00	0.00	2,536.04

	SUPPLIES GENERAL LAB							
105961643 ✓		11/16/20	11/02/20	12/02/20	406.48	0.00	0.00	406.48 ✓
	SUPPLIES GENRAL LAB							
105955311 ✓		11/16/20	11/02/20	12/02/20	627.50	0.00	0.00	627.50 ✓
	SUPPLIES GENERAL LAB							
105957676 ✓		11/16/20	11/03/20	12/03/20	374.97	0.00	0.00	374.97 ✓
	SUPPLIES GENERAL LAB							
105959215 ✓		11/16/20	11/03/20	12/03/20	824.88	0.00	0.00	824.88 ✓
	SUPPLIES GENERAL LAB							
105957959 ✓		11/16/20	11/03/20	12/03/20	594.19	0.00	0.00	594.19 ✓
	SUPPLIES GENERAL LAB							
105932844		11/16/20	11/07/20	12/07/20	7,487.95	0.00	0.00	7,487.95 ✓
	SUPPLIES GENERAL LAB							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC			18,164.15	0.00	0.00	18,164.15

Vendor#	Vendor Name	Class	Pay Code
10024	BECTON, DICKINSON & CO (BD)		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9102491720 ✓		10/31/20	10/31/20	12/03/20			1,137.22	0.00	0.00	1,137.22 ✓
	FREIGHT LAB Supplies									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10024	BECTON, DICKINSON & CO (BD)					1,137.22	0.00	0.00	1,137.22

Vendor#	Vendor Name	Class	Pay Code
11050	BIRCH COMMUNICATIONS ✓		

NMC Did not correct to correct amt. Take off and do seperate run

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
22764150		11/23/20	11/16/20	12/08/20			984.76	0.00	0.00	984.76 1,149.41
	TELEPHONE HOSP GEN									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11050	BIRCH COMMUNICATIONS					984.76	0.00	0.00	984.76 1,149.41

Vendor#	Vendor Name	Class	Pay Code
B1813	BROOKHOLLOW ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
B983460 ✓		11/29/20	11/04/20	12/04/20			177.99	0.00	0.00	177.99 ✓
	SUPPLIES QUALITY ASSURAN									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	B1813	BROOKHOLLOW					177.99	0.00	0.00	177.99

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
21542		11/23/20	11/09/20	12/09/20			418.85	0.00	0.00	418.85 ✓
	PURCHASED SERVICES INFO									
21541		11/23/20	11/09/20	12/09/20			84.15	0.00	0.00	84.15 52.23
	PURCHASED SERVICES INFO									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	C1010	CABLE ONE					503.00	0.00	0.00	503.00 471.08

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
92136615 ✓		11/22/20	11/07/20	12/07/20			636.18	0.00	0.00	636.18 ✓
	CS INVENTORY									
92137676 ✓		11/22/20	11/08/20	12/08/20			92.16	0.00	0.00	92.16 ✓
	CS INVENTORY									

92139406	11/22/20 11/10/20 12/10/20	430.50	0.00	0.00	430.50
	CS INVENTORY & XRAY SUPP				
Vendor Totals	Number Name	Gross	Discount	No-Pay	Net
	10350 CENTURION MEDICAL PRODUCTS	1,158.84	0.00	0.00	1,158.84

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
21544		11/23/20	11/10/20	11/17/20		117.59	0.00	0.00	117.59
	WATER & SEWER PLNT OPER								
21543		11/23/20	11/10/20	11/30/20		872.10	0.00	0.00	872.10
	WATER & SEWER PLNT OPER								
21545		11/29/20	11/17/20	12/05/20		6,704.22	0.00	0.00	6,704.22
	WATER & SEWER								
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net
	C1730 CITY OF PORT LAVACA					7,693.91	0.00	0.00	7,693.91

Vendor#	Vendor Name	Class	Pay Code
10646	COVIDIEN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
23383630		11/14/20	07/07/20	12/03/20		1,050.56	0.00	0.00	1,050.56
	PREPAID EXPENSES PREPAI	- Maint Contract 840 Ventilator							
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net
	10646 COVIDIEN					1,050.56	0.00	0.00	1,050.56

Vendor#	Vendor Name	Class	Pay Code
10006	CUSTOM MEDICAL SPECIALTIES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
215440		11/22/20	11/09/20	12/08/20		81.14	0.00	0.00	81.14
	SUPPLIES XRAY								
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net
	10006 CUSTOM MEDICAL SPECIALTIES					81.14	0.00	0.00	81.14

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
487474-0		11/10/20	11/07/20	12/07/20		360.00	0.00	0.00	360.00
	CS INVENTORY								
487387-0		11/14/20	11/04/20	12/04/20		237.28	0.00	0.00	237.28
	40220088								
487378-0		11/14/20	11/04/20	12/04/20		69.99	0.00	0.00	69.99
	OFFICE SUPPLIES OB								
487461-0		11/14/20	11/07/20	12/07/20		20.29	0.00	0.00	20.29
	OFFICE SUPPLIES MM CLINIC								
487468-0		11/14/20	11/07/20	12/07/20		7.04	0.00	0.00	7.04
	OFFICE SUPPLIES I/C								
487885-0-		11/29/20	11/10/20	12/10/20		59.98	0.00	0.00	59.98
	OFFICE SUPPLIES ADMIN								
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net
	10368 DEWITT POTH & SON					754.58	0.00	0.00	754.58

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
8882		11/22/20	11/11/20	12/10/20		79.95	0.00	0.00	79.95
	FORMS BUS OFFICE								

Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	D1752	DLE PAPER & PACKAGING					79.95	0.00	0.00	79.95
Vendor#	Vendor Name				Class	Pay Code				
10175	DSHS CENTRAL LAB MC2004 ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	21523-		11/21/20	11/02/20	12/02/20		199.30	0.00	0.00	199.30 ✓
		OUTSIDE SRV LAB								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10175	DSHS CENTRAL LAB MC2004					199.30	0.00	0.00	199.30
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
	21555		11/29/20	11/28/20	12/01/20		705.00	0.00	0.00	705.00 ✓
		EMPL EXP P/R CLEARNG OTH								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10558	EMPLOYEE ACTIVITIES TEAM					705.00	0.00	0.00	705.00
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
	A1611071378 ✓		11/29/20	11/07/20	12/07/20		16,476.00	0.00	0.00	16,476.00 ✓
		SOFTWARE MAINT								
	T1611091378 ✓		11/29/20	11/09/20	12/09/20		13,030.06	0.00	0.00	13,030.06 ✓
		OUTSIDE SER SOFTWARE								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	C2510	EVIDENT					29,506.06	0.00	0.00	29,506.06
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	12/03/20		29.16	0.00	0.00	29.16 ✓
		SUPPLIES GENERAL PLNT OF								
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				
F1130	FFF ENTERPRISES ✓				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	6687034 ✓		11/14/20	11/02/20	12/02/20		166.33	0.00	0.00	166.33 ✓
		INVENTORY PHARMACY INVE								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	F1130	FFF ENTERPRISES					166.33	0.00	0.00	166.33
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 ✓		11/16/20	10/26/20	12/03/20		78.99	0.00	0.00	78.99 ✓
		SUPPLIES GENERAL LAB								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE					78.99	0.00	0.00	78.99
Vendor#	Vendor Name				Class	Pay Code				
11183	FRONTIER ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	121316		11/29/20	11/19/20	12/10/20		62.08	0.00	0.00	62.08 57.08
		TELEPHONE HOSP GEN								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net

	11183	FRONTIER				62.08	0.00	0.00	62.08 57.08

Vendor#	Vendor Name	Class	Pay Code
10283	GE HEALTHCARE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
6000634999	MAINT CONTR RADIOLOGY	11/23/20	11/01/20	12/01/20		3,173.16	0.00	0.00	3,173.16

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10283	GE HEALTHCARE	3,173.16	0.00	0.00	3,173.16

Vendor#	Vendor Name	Class	Pay Code
G1001	GETINGE USA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
6070089	SUPPLIES GENERAL SURGER	11/23/20	11/17/20	11/30/20		121.36	0.00	0.00	121.36

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1001	GETINGE USA	121.36	0.00	0.00	121.36

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
9270068514	SUPPLIES GENERAL PLNT OF	11/16/20	11/02/20	12/02/20		275.81	0.00	0.00	275.81
9277676376	SUPPLIES GENERAL PLNT OF	11/16/20	11/10/20	12/10/20		78.58	0.00	0.00	78.58

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W1300	GRAINGER	354.39	0.00	0.00	354.39

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
107503	SUPPLIES GENERAL PLNT OF	11/29/20	11/19/20	11/29/20		29.39	0.00	0.00	29.39

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1292	GULF COAST HARDWARE / ACE	29.39	0.00	0.00	29.39

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
1228824	SUPPLIES HOUSEKEEPING &	11/10/20	11/08/20	12/08/20		197.30	0.00	0.00	197.30
1228816	SUPPLIES HOUSEKEEPING	11/10/20	11/08/20	12/08/20		32.45	0.00	0.00	32.45
1224752	SUPPLIES HOUSEKEEPING	11/22/20	11/01/20	12/01/20		181.30	0.00	0.00	181.30

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	411.05	0.00	0.00	411.05

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
920600765	CS INVENTORY	11/22/20	11/09/20	12/09/20		316.78	0.00	0.00	316.78

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H1850	HOSPIRA WORLDWIDE, INC	316.78	0.00	0.00	316.78

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
42014244		11/22/20	09/23/20	10/23/20		40.78	0.00	0.00	40.78
	CS INVENTORY								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	I0415	INDEPENDENCE MEDICAL				40.78	0.00	0.00	40.78

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
917268986		11/22/20	11/08/20	12/08/20		25.53	0.00	0.00	25.53
	SUPPLIES SURGERY								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE SYSTEMS, INC				25.53	0.00	0.00	25.53

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
360941		11/29/20	11/03/20			1,075.76	0.00	0.00	1,075.76
	PROV FEES OB Hotel Exp 10/25/16 to 11/1/16 8 Days								
360331		11/29/20	11/03/20	12/01/20		1,081.46	0.00	0.00	1,081.46
	PROF FEES OB Hotel 10/11-18/2016 8 Days = 1075.76 Toll & Chg = 5.70								
361099		11/29/20	11/18/20	12/01/20		18,622.91	0.00	0.00	18,622.91
	PROF FEES OB								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11230	JACKSON & COKER LOCUM TENENS,				20,780.13	0.00	0.00	20,780.13

Take off until we rec. inv. for hours

18,622.67

18,622.67

Vendor#	Vendor Name	Class	Pay Code
11238	JOBS THERAPY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
83076		11/23/20	11/15/20	12/10/20		140.00	0.00	0.00	140.00
	PURCHASED SERVICES ADMI Advertising- Occupational Therapist								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11238	JOBS THERAPY				140.00	0.00	0.00	140.00

Vendor#	Vendor Name	Class	Pay Code
K1049	KENTEC MEDICAL INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
0964957		11/22/20	11/10/20	12/09/20		158.00	0.00	0.00	158.00
	SUPPLIES NURSERY								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	K1049	KENTEC MEDICAL INC				158.00	0.00	0.00	158.00

Vendor#	Vendor Name	Class	Pay Code
L0700	LABCORP OF AMERICA HOLDINGS	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
53227610		11/16/20	10/29/20	12/03/20		58.36	0.00	0.00	58.36
	PURCHASED SERVICES LAB								
53312844		11/16/20	10/29/20	12/03/20		129.50	0.00	0.00	129.50
	PURCHASED SERVICES LAB								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	L0700	LABCORP OF AMERICA HOLDINGS				187.86	0.00	0.00	187.86

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
14537278		11/23/20	11/14/20	12/05/20		756.64	0.00	0.00	756.64
	LEASE & RENTAL INFO TECH								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net

11099	MARLIN BUSINESS BANK				756.64	0.00	0.00	756.64

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
69303		11/23/20	10/05/20	11/30/20		71.03	0.00	0.00	71.03
	OFFICE SUPPLIES MM CLINIC Presc Pads - Durst								

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
M1950	MARTIN PRINTING CO	71.03	0.00	0.00	71.03

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
88622002		11/16/20	11/04/20	12/04/20		132.45	0.00	0.00	132.45
	SUPPLIES GENERAL LAB								
87917718		11/29/20	10/25/20	11/15/20		2,405.94	0.00	0.00	2,405.94
	LAB SUPPLIES								

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
M2178	MCKESSON MEDICAL SURGICAL INC	2,538.39	0.00	0.00	2,538.39

Vendor# Vendor Name — Class — Pay Code

M2827 MEDIVATORS — M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2512436		11/10/20	11/03/20	12/03/20		247.90	0.00	0.00	247.90
	SUPPLIES SURGERY								

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
M2827	MEDIVATORS	247.90	0.00	0.00	247.90

Vendor# Vendor Name — Class — Pay Code

M2659 MERRY X-RAY/SOURCEONE HEALTHCA — M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
30094331099		11/10/20	11/02/20	12/02/20		398.18	0.00	0.00	398.18
	CS INVENTORY & RECOVERY								
32590520835		11/17/20	11/02/20	12/02/20		266.67	0.00	0.00	266.67
	PURCHASED SERVICES MAMI								
30094334442		11/22/20	11/09/20	12/09/20		1,316.98	0.00	0.00	1,316.98

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
M2659	MERRY X-RAY/SOURCEONE HEALTHCA	1,981.83	0.00	0.00	1,981.83

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
21548		11/23/20	11/11/20	12/01/20		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
111416		11/23/20	11/14/20	11/30/20		10,928.07	0.00	0.00	10,928.07
	EMPLE EXP DENTAL INS OTH								

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
10810	MMC EMPLOYEE BENEFIT PLAN	10,928.07	0.00	0.00	10,928.07

Vendor# Vendor Name — Class — Pay Code

10536 MORRIS & DICKSON CO, LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9588123		11/23/20	11/21/20	11/22/20		1,372.87	0.00	0.00	1,372.87
	INVENTORY PHARMACY INVE								
9588124		11/23/20	11/21/20	11/22/20		87.79	0.00	0.00	87.79
	INVENTORY PHARMACY INVE								
CM25591		11/23/20	11/21/20	11/22/20		-80.48	0.00	0.00	-80.48
	INVENTORY PHARMACY INVE								
CM25909		11/23/20	11/22/20	11/23/20		-1,860.99	0.00	0.00	-1,860.99
	INVENTORY PHARMACY INVE								
9595854		11/23/20	11/22/20	11/23/20		4,082.84	0.00	0.00	4,082.84
	INVENTORY PHARMACY INVE								
9595853		11/23/20	11/22/20	11/23/20		1.54	0.00	0.00	1.54
	INVENTORY PHARMACY INVE								
9595855		11/23/20	11/22/20	11/23/20		112.95	0.00	0.00	112.95
	INVENTORY PHARMACY INVE								
9596300		11/23/20	11/22/20	11/23/20		31.48	0.00	0.00	31.48
	INVENTORY PHARMACY INVE								
9600159		11/29/20	11/23/20	11/24/20		701.11	0.00	0.00	701.11
	INVENTORY PHARMACY INVE								
CM26377		11/29/20	11/23/20	11/24/20		-127.15	0.00	0.00	-127.15
	INVENTORY PHARMACY INVE								
9600160		11/29/20	11/23/20	11/24/20		38.43	0.00	0.00	38.43
	INVENTORY PHARMACY INVE								
9600158		11/29/20	11/23/20	11/24/20		40.24	0.00	0.00	40.24
	INVENTORY PHARMACY INVE								
9601795		11/29/20	11/25/20	11/26/20		9.97	0.00	0.00	9.97
	INVENTORY PHARMACY INVE								
9601796		11/29/20	11/25/20	11/26/20		3.88	0.00	0.00	3.88
	INVENTORY PHARMACY INVE								
9601797		11/29/20	11/25/20	11/26/20		400.57	0.00	0.00	400.57
	INVENTORY PHARMACY INVE								
9602905		11/29/20	11/25/20	11/26/20		55.01	0.00	0.00	55.01
	INVENTORY PHARMACY INVE								
9602903		11/29/20	11/25/20	11/26/20		1.29	0.00	0.00	1.29
	INVENTORY PHARMACY INVE								
9602906		11/29/20	11/25/20	11/26/20		11.04	0.00	0.00	11.04
	INVENTORY PHARMACY INVE								
9602904		11/29/20	11/25/20	11/26/20		441.68	0.00	0.00	441.68
	INVENTORY PHARMACY INVE								
9601798		11/29/20	11/25/20	11/26/20		166.45	0.00	0.00	166.45
	INVENTORY PHARMACY INVE								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC				5,490.52	0.00	0.00	5,490.52

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
3770742		11/23/20	11/14/20			75.18	0.00	0.00	75.18
	SUPPLIES GENERAL HOMEHC								
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
11256	NOVITAS SOLUTIONS - PART A		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21553		11/29/20	11/28/20	11/28/20		8,608.00	0.00	0.00	8,608.00
	MEDICARE SETTLEMENT								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11256	NOVITAS SOLUTIONS - PART A				8,608.00	0.00	0.00	8,608.00

Vendor# Vendor Name — Class — Pay Code

11257 NOVITAS SOLUTIONS - PART A

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21554		11/29/20	11/28/20	11/28/20		36,588.00	0.00	0.00	36,588.00
	MEDICARE SETTLEMENT								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11257	NOVITAS SOLUTIONS - PART A				36,588.00	0.00	0.00	36,588.00

Vendor# Vendor Name — Class — Pay Code

10948 NOVITAS SOLUTIONS -PART A

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21552		11/29/20	11/28/20	12/01/20		14,552.00	0.00	0.00	14,552.00
	M/CARE COST SETTLEMENTS								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10948	NOVITAS SOLUTIONS -PART A				14,552.00	0.00	0.00	14,552.00

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
2022221691		11/10/20	11/01/20	12/03/20		178.28	0.00	0.00	178.28
	CS INVENTORY								
2022221670		11/10/20	11/01/20	12/03/20		1,171.17	0.00	0.00	1,171.17
	SUPPLIES VARIOUS DEPTS								
2022282548		11/10/20	11/03/20	12/03/20		22.49	0.00	0.00	22.49
	CS INVENTORY								
2022216651		11/10/20	11/10/20	12/10/20		26.96	0.00	0.00	26.96
	CS INVENTORY								
2022443692		11/22/20	11/09/20	12/09/20		1,612.98	0.00	0.00	1,612.98
	SUPPLIES VARIOUS DEPTS								
2022443662		11/22/20	11/09/20	12/09/20		1,068.04	0.00	0.00	1,068.04
	SUPPLIES VARIOUS DEPTS								
2022442019		11/22/20	11/09/20	12/09/20		195.79	0.00	0.00	195.79
	SUPPLIES VARIOUS DEPTS								
2022442007		11/22/20	11/09/20	12/09/20		71.06	0.00	0.00	71.06
	SUPPLIES VARIOUS DEPTS								
2022441697		11/22/20	11/09/20	12/09/20		49.03	0.00	0.00	49.03
	DIETARY & SURGERY SUPPLI								
2022441452		11/22/20	11/09/20	12/09/20		22.49	0.00	0.00	22.49
	CS INVENTORY								
2022442029		11/22/20	11/09/20	12/09/20		34.53	0.00	0.00	34.53
	CS INVENTORY								
2022443438		11/22/20	11/09/20	12/09/20		795.26	0.00	0.00	795.26
	SUPPLIES VARIOUS DEPTS								
2022479919		11/22/20	11/10/20	12/10/20		36.88	0.00	0.00	36.88
	SUPPLIES HOUSEKEEPING								
2022479320		11/22/20	11/10/20	12/10/20		3.33	0.00	0.00	3.33
	CS INVENTORY								
2022484567		11/22/20	11/10/20	12/10/20		1,072.50	0.00	0.00	1,072.50

	SUPPLIES VARIOUS DEPTS								
	2022479932		11/22/20	11/10/20	12/10/20	74.89	0.00	0.00	74.89
	CS INVENTORY								
	2022479317		11/22/20	11/10/20	12/10/20	67.94	0.00	0.00	67.94
	SUPPLIES SURGERY								
	2022483417		11/23/20	11/10/20	12/10/20	45.89	0.00	0.00	45.89
	SUPPLIES GENERAL OB								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		OM425	OWENS & MINOR			6,549.51	0.00	0.00	6,549.51
Vendor#	Vendor Name				Class	Pay Code			
11142	PAETEC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	68657754		11/29/20	11/22/20	12/10/20		8,338.16	0.00	0.00	8,338.16
		TELEPHONE HOSP GEN								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11142	PAETEC				8,338.16	0.00	0.00	8,338.16
Vendor#	Vendor Name				Class	Pay Code				
11242	PECA									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	16014.05		11/23/20	11/18/20	11/28/20		2,122.76	0.00	0.00	2,122.76
		PURCHASED SERVICES ADMI								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11242	PECA				2,122.76	0.00	0.00	2,122.76
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
	A1780578		11/17/20	11/02/20	12/02/20		142.00	0.00	0.00	142.00
		INVENTORY PHARMACY INVE								
	A1781886		11/17/20	11/03/20	12/03/20		126.00	0.00	0.00	126.00
		INVENTORY PHARMACY INVE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10204	PHARMEDIUM SERVICES LLC				268.00	0.00	0.00	268.00
Vendor#	Vendor Name				Class	Pay Code				
10032	PHILIPS HEALTHCARE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	933730603		11/23/20	10/29/20	11/29/20		2,626.58	0.00	0.00	2,626.58
		MAINT CONTRA NUC MED								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10032	PHILIPS HEALTHCARE				2,626.58	0.00	0.00	2,626.58
Vendor#	Vendor Name				Class	Pay Code				
10372	PRECISION DYNAMICS CORP (PDC)									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	3591548		11/22/20	11/10/20	12/10/20		116.98	0.00	0.00	116.98
		SUPPLIES SURGERY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10372	PRECISION DYNAMICS CORP (PDC)				116.98	0.00	0.00	116.98
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
	21546		11/23/20	11/17/20	12/06/20		2,001.34	0.00	0.00	2,001.34
		PREPAID INSURANCE PREPAI								
	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				
10896	QIAGEN INC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	97677681		10/31/20	10/20/20	11/20/20		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				
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	12/03/20		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	12/03/20		725.00	0.00	0.00	725.00
		PURCHASED SERVICES PLNT								
	260529		11/17/20	11/01/20	12/03/20		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	12/03/20		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				
10987	REVCYCLE+, INC.								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	MLVAC18922		11/17/20	10/31/20	12/03/20		1,728.70	0.00	0.00	1,728.70
		MAINT CONTR HLTH INFO								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10987	REVCYCLE+, INC.				1,728.70	0.00	0.00	1,728.70
Vendor#	Vendor Name			Class	Pay Code				
11220	ROBIN PLEDGER								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	21549		11/29/20	11/21/20	12/01/20		227.00	0.00	0.00	227.00
		CONT EDUCATION OB 11/17-18/2016 Houston								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11220	ROBIN PLEDGER				227.00	0.00	0.00	227.00
Vendor#	Vendor Name			Class	Pay Code				
10625	SARA RUBIO								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	21551		11/29/20	10/13/20	12/01/20		31.21	0.00	0.00	31.21
		TRAVEL E/R								
	21550		11/29/20	11/11/20	12/01/20		31.21	0.00	0.00	31.21

11/10/16

TRAVEL E/R

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10625	SARA RUBIO	62.42	0.00	0.00	62.42

Vendor#	Vendor Name	Class	Pay Code
S2345	SOUTHEAST TEXAS HEALTH SYS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
25756		11/23/20	10/01/20	11/01/20		5,000.00	0.00	0.00	5,000.00
	DUED & SUBSCRIPTIONS ADM 2016 Qtrly Dues (Oct, Nov, Dec)								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2345	SOUTHEAST TEXAS HEALTH SYS	5,000.00	0.00	0.00	5,000.00

Vendor#	Vendor Name	Class	Pay Code
11100	THE US CONSULTING GROUP		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
340365739		11/17/20	11/04/20	12/03/20		114.87	0.00	0.00	114.87
	PURCHASED SRVICES PLNT (								
340365740		11/17/20	11/04/20	12/03/20		1,161.39	0.00	0.00	1,161.39
	PURCHASED SERVICES PLNT								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11100	THE US CONSULTING GROUP	1,276.26	0.00	0.00	1,276.26

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
103116		11/17/20	10/31/20	12/03/20		1,786.29	0.00	0.00	1,786.29
	DUES & SUBSCRIPTIONS ADM Advertising								
0052997		11/29/20	10/31/20	12/01/20		24.80	0.00	0.00	24.80
	DUES & SUBSCRIPTIONS ADM Paper Charges								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	V1050	THE VICTORIA ADVOCATE	1,811.09	0.00	0.00	1,811.09

Vendor#	Vendor Name	Class	Pay Code
T2590	THERMO BIOSTAR	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
109122		11/17/20	11/02/20	12/03/20		40.00	0.00	0.00	40.00
	PRPAIRS INSTRUMENT OB								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T2590	THERMO BIOSTAR	40.00	0.00	0.00	40.00

Vendor#	Vendor Name	Class	Pay Code
T2250	THYSSENKRUPP ELEVATOR CORP	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
3002867181		10/31/20	11/01/20	11/01/20		1,150.65	0.00	0.00	1,150.65
	MAINT CONTR PLNT OPER								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T2250	THYSSENKRUPP ELEVATOR CORP	1,150.65	0.00	0.00	1,150.65

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
10244390		11/23/20	11/03/20	12/03/20		9,000.00	0.00	0.00	9,000.00
	MAINT CONTR CT SCAN								

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

Vendor#	Vendor Name	Class	Pay Code
11169	TXU ENERGY		

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

054003484538	11/29/20	11/21/20	12/10/20		25,929.16	0.00	0.00	25,929.16
ELECTRICITY PLNT OPER								
Vendor Totals Number Name					Gross	Discount	No-Pay	Net
11169 TXU ENERGY					25,929.16	0.00	0.00	25,929.16

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
8150748257		11/17/20	11/08/20	12/08/20			32.92	0.00	0.00	32.92
	PURCHASED SERVICES BIO M									
8150748169		11/17/20	11/08/20	12/08/20			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
8400230799		11/17/20	10/07/20	12/03/20			254.02	0.00	0.00	254.02
	LAUNDRY SURGERY									
8400230837		11/17/20	10/07/20	12/03/20			1,189.06	0.00	0.00	1,189.06
	LAUNDRY HOUSEKEEPING									
8400231506		11/17/20	10/18/20	12/03/20			301.54	0.00	0.00	301.54
	LAUNDRY HOUSEKEEPING									
8400231558		11/17/20	10/18/20	12/03/20			1,095.47	0.00	0.00	1,095.47
	LAUNDRY HOUSEKEEPING									
8400231507		11/17/20	10/18/20	12/03/20			200.27	0.00	0.00	200.27
	LAUNDRY HOUSEKEEPING									
8400231508		11/17/20	10/18/20	12/03/20			108.07	0.00	0.00	108.07
	LAUNDRY DIETARY									
8400231548		11/17/20	10/18/20	12/03/20			156.18	0.00	0.00	156.18
	LAUNDRY HOUSEKEEPING									
840231509		11/17/20	10/18/20	12/03/20			108.08	0.00	0.00	108.08
	LAUNDRY OB									
8400231510		11/17/20	10/18/20	12/03/20			99.98	0.00	0.00	99.98
	LAUNDRY HOUSEKEEPING									
8400232336		11/17/20	10/28/20	12/03/20			380.67	0.00	0.00	380.67
	LAUNDRY SURGERY									
8400232374		11/17/20	10/28/20	12/03/20			939.15	0.00	0.00	939.15
	LAUNDRY HOUSEKEEPING									
8400232832		11/17/20	11/04/20	12/04/20			380.67	0.00	0.00	380.67
	LAUNDRY SURGERY									
8400232873		11/17/20	11/04/20	12/04/20			959.46	0.00	0.00	959.46
	LAUNDRY HOUSEKEEPING									
8400233019		11/17/20	11/08/20	12/08/20			301.54	0.00	0.00	301.54
	LAUNDRY HOUSEKEEPING									
8400233022		11/17/20	11/08/20	12/08/20			108.08	0.00	0.00	108.08
	LAUNDRY OB									
8400233066		11/17/20	11/08/20	12/08/20			159.68	0.00	0.00	159.68
	LAUNDRY HOUSEKEEPING									
8400233021		11/17/20	11/08/20	12/08/20			108.07	0.00	0.00	108.07
	LAUNDRY DIETARY									
8400233020		11/17/20	11/08/20	12/08/20			87.96	0.00	0.00	87.96

	LAUNDRY HOUSEKEEPING							
8400233076		11/17/20	11/08/20	12/08/20	1,006.62	0.00	0.00	1,006.62
	LAUNDRY HOUSEKEEPING							
8400233023		11/17/20	11/08/20	12/08/20	108.59	0.00	0.00	108.59
	LAUNDRY HOUSEKEEPING							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC			8,053.16	0.00	0.00	8,053.16
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
7296458		11/17/20	10/31/20	12/03/20	64.46	0.00	0.00	64.46
	EMPL EXP P/R CLEARNG OTH							
7301192		11/17/20	10/31/20	12/03/20	25.99	0.00	0.00	25.99
	EMP EXP P/R CLEARNG OTHE							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	U1056	UNIFORM ADVANTAGE			90.45	0.00	0.00	90.45
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
4492114		11/15/20	11/07/20	12/03/20	1,677.26	0.00	0.00	1,677.26
	FOOD SUPPLIES DIETARY							
4563162		11/15/20	11/10/20	12/03/20	1,986.71	0.00	0.00	1,986.71
	FOOD SUPPLIES DIETARY							
4627875		11/17/20	11/12/20	12/03/20	1,767.08	0.00	0.00	1,767.08
	FOOD SUPPLIES DIETARY							
4703806		11/23/20	11/15/20	12/05/20	2,242.08	0.00	0.00	2,242.08
	MEAT EXPENSE DIETARY							
4752345		11/29/20	11/18/20	12/08/20	56.32	0.00	0.00	56.32
	SUPPLIES GENERAL DIETARY							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10172	US FOOD SERVICE			7,729.45	0.00	0.00	7,729.45
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
9775455976		11/29/20	11/16/20	12/10/20	238.67	0.00	0.00	238.67
	TELEPHONE HOSP GEN							
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			
V1471	VICTORIA RADIOWORKS, LTD			W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
16100295		11/17/20	10/31/20	12/03/20	210.00	0.00	0.00	210.00
	PUBLIC REL/ADVERTISE ADM							
16100296		11/17/20	10/31/20	12/03/20	300.00	0.00	0.00	300.00
	PUBLIC REL/ADVERTISE ADM							
16100298		11/17/20	10/31/20	12/03/20	120.00	0.00	0.00	120.00
	PUBLIC REL/ADVERTISE ADM							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	V1471	VICTORIA RADIOWORKS, LTD			630.00	0.00	0.00	630.00
Vendor#	Vendor Name			Class	Pay Code			
10793	WAGEWORKS							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net

125AI0497724		11/23/20	11/16/20	11/30/20	225.00	0.00	0.00	225.00
FLEXIBLE SPENDING OTHER I								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10793	WAGEWORKS			225.00	0.00	0.00	225.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
10614454		11/23/20	11/09/20	11/30/20		460.00	0.00	0.00	460.00
LEGAL SERVICES HOSP GEN									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10943	WALLER,LANSDEN, DORTCH & DAVIS				460.00	0.00	0.00	460.00

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
112862		11/17/20	11/09/20	12/09/20		405.02	0.00	0.00	405.02
SUPPLIES GENERAL BEHAV Health 250 stress Reliever (star) 250 Snap Pens									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	W1040	WATERMARK GRAPHICS INC				405.02	0.00	0.00	405.02

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
9110346506		11/16/20	11/08/20	12/08/20		1,365.00	0.00	0.00	1,365.00
SUPPLIES GENERAL LAB									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC				1,365.00	0.00	0.00	1,365.00

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
79-4337924		11/17/20	11/03/20	12/03/20		199.60	0.00	0.00	199.60
SUPPLIES GENRAL PLNT OPE									
79-4337944		11/17/20	11/03/20	12/03/20		199.60	0.00	0.00	199.60
SUPPLIES GENERAL PLNT OF									
79-4337952		11/17/20	11/03/20	12/03/20		199.60	0.00	0.00	199.60
SUPPLIES GENERAL PLNT OF									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10325	WHOLESALE ELECTRIC SUPPLY				598.80	0.00	0.00	598.80

Vendor#	Vendor Name	Class	Pay Code
W1270	WISCONSIN STATE LABORATORY	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
479800		11/16/20	10/31/20	11/30/20		635.00	0.00	0.00	635.00
DUES & SUBSCRIOTIONS LAB									
479965		11/16/20	10/31/20	12/03/20		638.00	0.00	0.00	638.00
DUES & SUBSCRIPTIONS LAB									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	W1270	WISCONSIN STATE LABORATORY				1,273.00	0.00	0.00	1,273.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	271,573.00	0.00	0.00	271,573.00

(see page 16 for New Total

Total Forward From Page 15 ⟶ 271,573.00

Page 2 → Birch - MMC corrected to WRONG Amount { ⟨ 984.76 ⟩
Will do new Check on New payable Run { +1,149.41

Page 2 → CableOne - Took of Sales Tax ⟶ { ⟨ 84.15 ⟩
{ + 52.23

Page 4 → Frontier - Took of Sales Tax ⟶ { ⟨62.08⟩
{ + 57.08

Page 6 → Jackson + Coker ⟶ { ⟨1,075.76⟩
Took 2 invoices off till hrs verified { ⟨1,081.46⟩
Corrected one Invoice to Contract { ⟨18,622.91⟩
{ +18,622.67

Page 10 → PECA ⟶ ⟨2,122.76⟩
Took off Till verified with Contract

$ 267,420.51

0.0

	0.0	271,573.00	+
		984.76	−
CK Register	269,506.96	1,149.41	+
	435.12	84.15	−
McKesson	271.49	52.23	+
	1,379.84	62.08	−
		57.08	+
Total CK Register	267,420.51	1,075.76	−
		1,081.46	−
	267,420.51	18,622.91	−
	267,420.51	18,622.67	+
	0.00	2,122.76	−
		267,420.51	Payable Total

Michael J. Pfeifer
Calhoun County Judge
Date: 1-4-17

Payables Approved 12/2/16
CKS Dated 12/8/16 - Problems at MMC
CKS# 169031 to 169111

RUN DATE:12/08/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:10:36 CHECK REGISTER GLCKREG
12/02/16 THRU 12/08/16

BANK	CHECK	DATE	AMOUNT	PAYEE
A/P	000854	12/05/16	435.12	MCKESSON
A/P	000855	12/05/16	271.49	MCKESSON
A/P *	000856	12/05/16	1,379.84	MCKESSON
A/P	168855	12/02/16	14,552.00	NOVITAS SOLUTIONS -PART A
A/P	168856	12/02/16	8,608.00	NOVITAS SOLUTIONS - PART A
A/P	168857	12/02/16	36,588.00	NOVITAS SOLUTIONS - PART A
A/P	168858	12/02/16	.00	*** VOIDED CHECK ***
A/P	168859	12/02/16	.00	CUSTOM MEDICAL SPECIALTIES
A/P	168860	12/02/16	.00	BECTON, DICKINSON & CO (BD)
A/P	168861	12/02/16	.00	PHILIPS HEALTHCARE
A/P	168862	12/02/16	.00	US FOOD SERVICE
A/P	168863	12/02/16	.00	DSHS CENTRAL LAB MC2004
A/P	168864	12/02/16	.00	PHARMEDIUM SERVICES LLC
A/P	168865	12/02/16	.00	GE HEALTHCARE
A/P	168866	12/02/16	.00	WHOLESALE ELECTRIC SUPPLY
A/P	168867	12/02/16	.00	PRINCIPAL LIFE
A/P	168868	12/02/16	.00	CENTURION MEDICAL PRODUCTS
A/P	168869	12/02/16	.00	DEWITT POTH & SON
A/P	168870	12/02/16	.00	PRECISION DYNAMICS CORP (PDC)
A/P	168871	12/02/16	.00	MORRIS & DICKSON CO, LL
A/P	168872	12/02/16	.00	MORRIS & DICKSON CO, LLC
A/P	168873	12/02/16	.00	EMPLOYEE ACTIVITIES TEAM
A/P	168874	12/02/16	.00	SARA RUBIO
A/P	168875	12/02/16	.00	COVIDIEN
A/P	168876	12/02/16	.00	WAGEWORKS
A/P	168877	12/02/16	.00	MMC EMPLOYEE BENEFIT PLAN
A/P	168878	12/02/16	.00	QIAGEN INC
A/P	168879	12/02/16	.00	BANK OF THE WEST
A/P	168880	12/02/16	.00	WALLER,LANSDEN, DORTCH & DAVIS
A/P	168881	12/02/16	.00	REVCYCLE+, INC.
A/P	168882	12/02/16	.00	BIRCH COMMUNICATIONS
A/P	168883	12/02/16	.00	MARLIN BUSINESS BANK
A/P	168884	12/02/16	.00	THE US CONSULTING GROUP
A/P	168885	12/02/16	.00	PAETEC
A/P	168886	12/02/16	.00	TXU ENERGY
A/P	168887	12/02/16	.00	FRONTIER
A/P	168888	12/02/16	.00	NORTH COAST MEDICAL INC
A/P	168889	12/02/16	.00	ROBIN PLEDGER
A/P	168890	12/02/16	.00	JACKSON & COKER LOCUM TENENS,
A/P	168891	12/02/16	.00	AMN HEALTHCARE ALLIED, INC.
A/P	168892	12/02/16	.00	JOBS THERAPY
A/P	168893	12/02/16	.00	GULF COAST HARDWARE / ACE
A/P	168894	12/02/16	.00	AIRGAS USA, LLC - CENTRAL DIV
A/P	168895	12/02/16	.00	ALCON LABORATORIES, INC.
A/P	168896	12/02/16	.00	BAXTER HEALTHCARE CORP
A/P	168897	12/02/16	.00	BECKMAN COULTER INC
A/P	168898	12/02/16	.00	BROOKHOLLOW
A/P	168899	12/02/16	.00	CABLE ONE
A/P	168900	12/02/16	.00	CITY OF PORT LAVACA
A/P	168901	12/02/16	.00	EVIDENT

435.12
271.49 +
1,379.84 +
2,086.45 =

McKesson on seperate Check Register

Void checks
168858 - 169030

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	168902	12/02/16	.00	DLE PAPER & PACKAGING
A/P	168903	12/02/16	.00	FASTENAL COMPANY
A/P	168904	12/02/16	.00	FFF ENTERPRISES
A/P	168905	12/02/16	.00	FISHER HEALTHCARE
A/P	168906	12/02/16	.00	GETINGE USA
A/P	168907	12/02/16	.00	GULF COAST PAPER COMPANY
A/P	168908	12/02/16	.00	HOSPIRA WORLDWIDE, INC
A/P	168909	12/02/16	.00	INDEPENDENCE MEDICAL
A/P	168910	12/02/16	.00	WERFEN USA LLC
A/P	168911	12/02/16	.00	J & J HEALTH CARE SYSTEMS, INC
A/P	168912	12/02/16	.00	KENTEC MEDICAL INC
A/P	168913	12/02/16	.00	LABCORP OF AMERICA HOLDINGS
A/P	168914	12/02/16	.00	MARTIN PRINTING CO
A/P	168915	12/02/16	.00	MCKESSON MEDICAL SURGICAL INC
A/P	168916	12/02/16	.00	BAYER HEALTHCARE
A/P	168917	12/02/16	.00	METLIFE
A/P	168918	12/02/16	.00	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	168919	12/02/16	.00	MEDIVATORS
A/P	168920	12/02/16	.00	OWENS & MINOR
A/P	168921	12/02/16	.00	OWENS & MINOR
A/P	168922	12/02/16	.00	OWENS & MINOR
A/P	168923	12/02/16	.00	RED HAWK
A/P	168924	12/02/16	.00	RADIOLOGY UNLIMITED, PA
A/P	168925	12/02/16	.00	RESPIRONICS, INC.
A/P	168926	12/02/16	.00	SOUTHEAST TEXAS HEALTH SYS
A/P	168927	12/02/16	.00	TOSHIBA AMERICA MEDICAL SYST.
A/P	168928	12/02/16	.00	THYSSENKRUPP ELEVATOR CORP
A/P	168929	12/02/16	.00	THERMO BIOSTAR
A/P	168930	12/02/16	.00	UNIFIRST HOLDINGS
A/P	168931	12/02/16	.00	UNIFORM ADVANTAGE
A/P	168932	12/02/16	.00	UNIFIRST HOLDINGS INC
A/P	168933	12/02/16	.00	UNIFIRST HOLDINGS INC
A/P	168934	12/02/16	.00	VERIZON WIRELESS
A/P	168935	12/02/16	.00	THE VICTORIA ADVOCATE
A/P	168936	12/02/16	.00	VICTORIA RADIOWORKS, LTD
A/P	168937	12/02/16	.00	WATERMARK GRAPHICS INC
A/P	168938	12/02/16	.00	WISCONSIN STATE LABORATORY
A/P	168939	12/02/16	.00	GRAINGER
A/P	168942	12/05/16	.00	CUSTOM MEDICAL SPECIALTIES
A/P	168943	12/05/16	.00	BECTON, DICKINSON & CO (BD)
A/P	168944	12/05/16	.00	PHILIPS HEALTHCARE
A/P	168945	12/05/16	.00	US FOOD SERVICE
A/P	168946	12/05/16	.00	DSHS CENTRAL LAB MC2004
A/P	168947	12/05/16	.00	PHARMEDIUM SERVICES LLC
A/P	168948	12/05/16	.00	GE HEALTHCARE
A/P	168949	12/05/16	.00	WHOLESALE ELECTRIC SUPPLY
A/P	168950	12/05/16	.00	PRINCIPAL LIFE
A/P	168951	12/05/16	.00	CENTURION MEDICAL PRODUCTS
A/P	168952	12/05/16	.00	DEWITT POTH & SON
A/P	168953	12/05/16	.00	PRECISION DYNAMICS CORP (PDC)
A/P	168954	12/05/16	.00	MORRIS & DICKSON CO, LL

168940 > voids
168941

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	168955	12/05/16	.00	MORRIS & DICKSON CO, LLC
A/P	168956	12/05/16	.00	EMPLOYEE ACTIVITIES TEAM
A/P	168957	12/05/16	.00	SARA RUBIO
A/P	168958	12/05/16	.00	COVIDIEN
A/P	168959	12/05/16	.00	WAGEWORKS
A/P	168960	12/05/16	.00	MMC EMPLOYEE BENEFIT PLAN
A/P	168961	12/05/16	.00	QIAGEN INC
A/P	168962	12/05/16	.00	BANK OF THE WEST
A/P	168963	12/05/16	.00	WALLER,LANSDEN, DORTCH & DAVIS
A/P	168964	12/05/16	.00	REVCYCLE+, INC.
A/P	168965	12/05/16	.00	BIRCH COMMUNICATIONS
A/P	168966	12/05/16	.00	MARLIN BUSINESS BANK
A/P	168967	12/05/16	.00	THE US CONSULTING GROUP
A/P	168968	12/05/16	.00	PAETEC
A/P	168969	12/05/16	.00	TXU ENERGY
A/P	168970	12/05/16	.00	FRONTIER
A/P	168971	12/05/16	.00	NORTH COAST MEDICAL INC
A/P	168972	12/05/16	.00	ROBIN PLEDGER
A/P	168973	12/05/16	.00	JACKSON & COKER LOCUM TENENS,
A/P	168974	12/05/16	.00	AMN HEALTHCARE ALLIED, INC.
A/P	168975	12/05/16	.00	JOBS THERAPY
A/P	168976	12/05/16	.00	GULF COAST HARDWARE / ACE
A/P	168977	12/05/16	.00	AIRGAS USA, LLC - CENTRAL DIV
A/P	168978	12/05/16	.00	ALCON LABORATORIES, INC.
A/P	168979	12/05/16	.00	BAXTER HEALTHCARE CORP
A/P	168980	12/05/16	.00	BECKMAN COULTER INC
A/P	168981	12/05/16	.00	BROOKHOLLOW
A/P	168982	12/05/16	.00	CABLE ONE
A/P	168983	12/05/16	.00	CITY OF PORT LAVACA
A/P	168984	12/05/16	.00	EVIDENT
A/P	168985	12/05/16	.00	DLE PAPER & PACKAGING
A/P	168986	12/05/16	.00	FASTENAL COMPANY
A/P	168987	12/05/16	.00	FFF ENTERPRISES
A/P	168988	12/05/16	.00	FISHER HEALTHCARE
A/P	168989	12/05/16	.00	GETINGE USA
A/P	168990	12/05/16	.00	GULF COAST PAPER COMPANY
A/P	168991	12/05/16	.00	HOSPIRA WORLDWIDE, INC
A/P	168992	12/05/16	.00	INDEPENDENCE MEDICAL
A/P	168993	12/05/16	.00	WERFEN USA LLC
A/P	168994	12/05/16	.00	J & J HEALTH CARE SYSTEMS, INC
A/P	168995	12/05/16	.00	KENTEC MEDICAL INC
A/P	168996	12/05/16	.00	LABCORP OF AMERICA HOLDINGS
A/P	168997	12/05/16	.00	MARTIN PRINTING CO
A/P	168998	12/05/16	.00	MCKESSON MEDICAL SURGICAL INC
A/P	168999	12/05/16	.00	BAYER HEALTHCARE
A/P	169000	12/05/16	.00	METLIFE
A/P	169001	12/05/16	.00	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	169002	12/05/16	.00	MEDIVATORS
A/P	169003	12/05/16	.00	OWENS & MINOR
A/P	169004	12/05/16	.00	OWENS & MINOR
A/P	169005	12/05/16	.00	OWENS & MINOR

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	169006	12/05/16	.00	RED HAWK
A/P	169007	12/05/16	.00	RADIOLOGY UNLIMITED, PA
A/P	169008	12/05/16	.00	RESPIRONICS, INC.
A/P	169009	12/05/16	.00	SOUTHEAST TEXAS HEALTH SYS
A/P	169010	12/05/16	.00	TOSHIBA AMERICA MEDICAL SYST.
A/P	169011	12/05/16	.00	THYSSENKRUPP ELEVATOR CORP
A/P	169012	12/05/16	.00	THERMO BIOSTAR
A/P	169013	12/05/16	.00	UNIFIRST HOLDINGS
A/P	169014	12/05/16	.00	UNIFORM ADVANTAGE
A/P	169015	12/05/16	.00	UNIFIRST HOLDINGS INC
A/P	169016	12/05/16	.00	UNIFIRST HOLDINGS INC
A/P	169017	12/05/16	.00	VERIZON WIRELESS
A/P	169018	12/05/16	.00	THE VICTORIA ADVOCATE
A/P	169019	12/05/16	.00	VICTORIA RADIOWORKS, LTD
A/P	169020	12/05/16	.00	WATERMARK GRAPHICS INC
A/P	169021	12/05/16	.00	WISCONSIN STATE LABORATORY
A/P	169022	12/05/16	.00	GRAINGER
A/P	169031	12/08/16	81.14	CUSTOM MEDICAL SPECIALTIES
A/P	169032	12/08/16	1,137.22	BECTON, DICKINSON & CO (BD)
A/P	169033	12/08/16	2,626.58	PHILIPS HEALTHCARE
A/P	169034	12/08/16	7,729.45	US FOOD SERVICE
A/P	169035	12/08/16	199.30	DSHS CENTRAL LAB MC2004
A/P	169036	12/08/16	268.00	PHARMEDIUM SERVICES LLC
A/P	169037	12/08/16	3,173.16	GE HEALTHCARE
A/P	169038	12/08/16	598.80	WHOLESALE ELECTRIC SUPPLY
A/P	169039	12/08/16	2,001.34	PRINCIPAL LIFE
A/P	169040	12/08/16	1,158.84	CENTURION MEDICAL PRODUCTS
A/P	169041	12/08/16	754.58	DEWITT POTH & SON
A/P	169042	12/08/16	116.98	PRECISION DYNAMICS CORP (PDC)
A/P	169043	12/08/16	.00	VOIDED
A/P	169044	12/08/16	5,490.52	MORRIS & DICKSON CO, LLC
A/P	169045	12/08/16	705.00	EMPLOYEE ACTIVITIES TEAM
A/P	169046	12/08/16	62.42	SARA RUBIO
A/P	169047	12/08/16	1,050.56	COVIDIEN
A/P	169048	12/08/16	225.00	WAGEWORKS
A/P	169049	12/08/16	10,928.07	MMC EMPLOYEE BENEFIT PLAN
A/P	169050	12/08/16	82.45	QIAGEN INC
A/P	169051	12/08/16	6,145.37	BANK OF THE WEST
A/P	169052	12/08/16	460.00	WALLER,LANSDEN, DORTCH & DAVIS
A/P	169053	12/08/16	1,728.70	REVCYCLE+, INC.
A/P	169054	12/08/16	1,149.41	BIRCH COMMUNICATIONS
A/P	169055	12/08/16	756.64	MARLIN BUSINESS BANK
A/P	169056	12/08/16	1,276.26	THE US CONSULTING GROUP
A/P	169057	12/08/16	8,338.16	PAETEC
A/P	169058	12/08/16	25,929.16	TXU ENERGY
A/P	169059	12/08/16	57.08	FRONTIER
A/P	169060	12/08/16	75.18	NORTH COAST MEDICAL INC
A/P	169061	12/08/16	227.00	ROBIN PLEDGER
A/P	169062	12/08/16	18,622.67	JACKSON & COKER LOCUM TENENS,
A/P	169063	12/08/16	2,080.00	AMN HEALTHCARE ALLIED, INC.
A/P	169064	12/08/16	140.00	JOBS THERAPY

169023 – 169030 = VOIDS

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	169065	12/08/16	29.39	GULF COAST HARDWARE / ACE
A/P	169066	12/08/16	410.44	AIRGAS USA, LLC - CENTRAL DIV
A/P	169067	12/08/16	477.00	ALCON LABORATORIES, INC.
A/P	169068	12/08/16	472.02	BAXTER HEALTHCARE CORP
A/P	169069	12/08/16	18,164.15	BECKMAN COULTER INC
A/P	169070	12/08/16	177.99	BROOKHOLLOW
A/P	169071	12/08/16	471.08	CABLE ONE
A/P	169072	12/08/16	7,693.91	CITY OF PORT LAVACA
A/P	169073	12/08/16	29,506.06	EVIDENT
A/P	169074	12/08/16	79.95	DLE PAPER & PACKAGING
A/P	169075	12/08/16	29.16	FASTENAL COMPANY
A/P	169076	12/08/16	166.33	FFF ENTERPRISES
A/P	169077	12/08/16	78.99	FISHER HEALTHCARE
A/P	169078	12/08/16	121.36	GETINGE USA
A/P	169079	12/08/16	411.05	GULF COAST PAPER COMPANY
A/P	169080	12/08/16	316.78	HOSPIRA WORLDWIDE, INC
A/P	169081	12/08/16	40.78	INDEPENDENCE MEDICAL
A/P	169082	12/08/16	1,365.00	WERFEN USA LLC
A/P	169083	12/08/16	25.53	J & J HEALTH CARE SYSTEMS, INC
A/P	169084	12/08/16	158.00	KENTEC MEDICAL INC
A/P	169085	12/08/16	187.86	LABCORP OF AMERICA HOLDINGS
A/P	169086	12/08/16	71.03	MARTIN PRINTING CO
A/P	169087	12/08/16	2,538.39	MCKESSON MEDICAL SURGICAL INC
A/P	169088	12/08/16	1,033.44	BAYER HEALTHCARE
A/P	169089	12/08/16	258.52	METLIFE
A/P	169090	12/08/16	1,981.83	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	169091	12/08/16	247.90	MEDIVATORS
A/P	169092	12/08/16	.00	VOIDED
A/P	169093	12/08/16	.00	VOIDED
A/P	169094	12/08/16	6,549.51	OWENS & MINOR
A/P	169095	12/08/16	766.25	RED HAWK
A/P	169096	12/08/16	165.00	RADIOLOGY UNLIMITED, PA
A/P	169097	12/08/16	179.88	RESPIRONICS, INC.
A/P	169098	12/08/16	5,000.00	SOUTHEAST TEXAS HEALTH SYS
A/P	169099	12/08/16	9,000.00	TOSHIBA AMERICA MEDICAL SYST.
A/P	169100	12/08/16	1,150.65	THYSSENKRUPP ELEVATOR CORP
A/P	169101	12/08/16	40.00	THERMO BIOSTAR
A/P	169102	12/08/16	76.46	UNIFIRST HOLDINGS
A/P	169103	12/08/16	90.45	UNIFORM ADVANTAGE
A/P	169104	12/08/16	.00	VOIDED
A/P	169105	12/08/16	8,053.16	UNIFIRST HOLDINGS INC
A/P	169106	12/08/16	238.67	VERIZON WIRELESS
A/P	169107	12/08/16	1,811.09	THE VICTORIA ADVOCATE
A/P	169108	12/08/16	630.00	VICTORIA RADIOWORKS, LTD
A/P	169109	12/08/16	405.02	WATERMARK GRAPHICS INC
A/P	169110	12/08/16	1,273.00	WISCONSIN STATE LABORATORY
A/P	169111	12/08/16	354.39	GRAINGER
TOTALS:			269,506.96	

<2,086.45> McKesson

267,420.51

Payables Approved 12/2/16 CKS Dated 12/8/16 Due to Complications at MMC.

Peggy

CKS# 169031 to 169111

APPROVED ON DEC 0 5 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

- McKesson

RUN DATE:12/05/16 TIME:17:39

MEMORIAL MEDICAL CENTER
CHECK REGISTER and Payables List For McKesson
12/05/16 THRU 12/05/16

PAGE 1
GLCKREG

340B Prescription Expenses

BANK	CODE	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P		000854	12/05/16	435.12	MCKESSON
A/P		000855	12/05/16	271.49	MCKESSON
A/P	*	000856	12/05/16	1,379.84	MCKESSON
A/P		168859	12/05/16	81.14CR	CUSTOM MEDICAL SPECIALTIES
A/P		168860	12/05/16	1,137.22CR	BECTON, DICKINSON & CO (BD)
A/P		168861	12/05/16	2,626.58CR	PHILIPS HEALTHCARE
A/P		168862	12/05/16	7,729.45CR	US FOOD SERVICE
A/P		168863	12/05/16	199.30CR	DSHS CENTRAL LAB MC2004
A/P		168864	12/05/16	268.00CR	PHARMEDIUM SERVICES LLC
A/P		168865	12/05/16	3,173.16CR	GE HEALTHCARE
A/P		168866	12/05/16	598.80CR	WHOLESALE ELECTRIC SUPPLY
A/P		168867	12/05/16	2,001.34CR	PRINCIPAL LIFE
A/P		168868	12/05/16	1,158.84CR	CENTURION MEDICAL PRODUCTS
A/P		168869	12/05/16	754.58CR	DEWITT POTH & SON
A/P		168870	12/05/16	116.98CR	PRECISION DYNAMICS CORP (PDC)
A/P		168871	12/05/16	.00	MORRIS & DICKSON CO, LLC
A/P		168872	12/05/16	5,490.52CR	MORRIS & DICKSON CO, LLC
A/P		168873	12/05/16	705.00CR	EMPLOYEE ACTIVITIES TEAM
A/P		168874	12/05/16	62.42CR	SARA RUBIO
A/P		168875	12/05/16	1,050.56CR	COVIDIEN
A/P		168876	12/05/16	225.00CR	WAGEWORKS
A/P		168877	12/05/16	10,928.07CR	MMC EMPLOYEE BENEFIT PLAN
A/P		168878	12/05/16	82.45CR	QIAGEN INC
A/P		168879	12/05/16	6,145.37CR	BANK OF THE WEST
A/P		168880	12/05/16	460.00CR	WALLER,LANSDEN, DORTCH & DAVIS
A/P		168881	12/05/16	1,728.70CR	REVCYCLE+, INC.
A/P		168882	12/05/16	2,134.17CR	BIRCH COMMUNICATIONS
A/P		168883	12/05/16	756.64CR	MARLIN BUSINESS BANK
A/P		168884	12/05/16	1,276.26CR	THE US CONSULTING GROUP
A/P		168885	12/05/16	8,338.16CR	PAETEC
A/P		168886	12/05/16	25,929.16CR	TXU ENERGY
A/P		168887	12/05/16	57.08CR	FRONTIER
A/P		168888	12/05/16	75.18CR	NORTH COAST MEDICAL INC
A/P		168889	12/05/16	227.00CR	ROBIN PLEDGER
A/P		168890	12/05/16	18,622.67CR	JACKSON & COKER LOCUM TENENS,
A/P		168891	12/05/16	2,080.00CR	AMN HEALTHCARE ALLIED, INC.
A/P		168892	12/05/16	140.00CR	JOBS THERAPY
A/P		168893	12/05/16	29.39CR	GULF COAST HARDWARE / ACE
A/P		168894	12/05/16	410.44CR	AIRGAS USA, LLC - CENTRAL DIV
A/P		168895	12/05/16	477.00CR	ALCON LABORATORIES, INC.
A/P		168896	12/05/16	472.02CR	BAXTER HEALTHCARE CORP
A/P		168897	12/05/16	18,164.15CR	BECKMAN COULTER INC
A/P		168898	12/05/16	177.99CR	BROOKHOLLOW
A/P		168899	12/05/16	471.08CR	CABLE ONE
A/P		168900	12/05/16	7,693.91CR	CITY OF PORT LAVACA
A/P		168901	12/05/16	29,506.06CR	EVIDENT
A/P		168902	12/05/16	79.95CR	DLE PAPER & PACKAGING
A/P		168903	12/05/16	29.16CR	FASTENAL COMPANY
A/P		168904	12/05/16	166.33CR	FFF ENTERPRISES
A/P		168905	12/05/16	78.99CR	FISHER HEALTHCARE

Total McKesson Checks
2,086.45 CK# 000854
000855
000856

435.12 +
271.49 +
1,379.84 +
2,086.45 *

This is For McKesson Only,
The Rest are the Voided Checks - Printer Error

Voids: 168859 to 168939

Michael J. Pfeifer
Calhoun County Judge
Date: 1-4-17

BANK--CHECK-- CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	168906	12/05/16	121.36CR	GETINGE USA
A/P	168907	12/05/16	411.05CR	GULF COAST PAPER COMPANY
A/P	168908	12/05/16	316.78CR	HOSPIRA WORLDWIDE, INC
A/P	168909	12/05/16	40.78CR	INDEPENDENCE MEDICAL
A/P	168910	12/05/16	1,365.00CR	WERFEN USA LLC
A/P	168911	12/05/16	25.53CR	J & J HEALTH CARE SYSTEMS, INC
A/P	168912	12/05/16	158.00CR	KENTEC MEDICAL INC
A/P	168913	12/05/16	187.86CR	LABCORP OF AMERICA HOLDINGS
A/P	168914	12/05/16	71.03CR	MARTIN PRINTING CO
A/P	168915	12/05/16	2,538.39CR	MCKESSON MEDICAL SURGICAL INC
A/P	168916	12/05/16	1,033.44CR	BAYER HEALTHCARE
A/P	168917	12/05/16	258.52CR	METLIFE
A/P	168918	12/05/16	1,981.83CR	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	168919	12/05/16	247.90CR	MEDIVATORS
A/P	168920	12/05/16	.00	OWENS & MINOR
A/P	168921	12/05/16	.00	OWENS & MINOR
A/P	168922	12/05/16	6,549.51CR	OWENS & MINOR
A/P	168923	12/05/16	766.25CR	RED HAWK
A/P	168924	12/05/16	165.00CR	RADIOLOGY UNLIMITED, PA
A/P	168925	12/05/16	179.88CR	RESPIRONICS, INC.
A/P	168926	12/05/16	5,000.00CR	SOUTHEAST TEXAS HEALTH SYS
A/P	168927	12/05/16	9,000.00CR	TOSHIBA AMERICA MEDICAL SYST.
A/P	168928	12/05/16	1,150.65CR	THYSSENKRUPP ELEVATOR CORP
A/P	168929	12/05/16	40.00CR	THERMO BIOSTAR
A/P	168930	12/05/16	76.46CR	UNIFIRST HOLDINGS
A/P	168931	12/05/16	90.45CR	UNIFORM ADVANTAGE
A/P	168932	12/05/16	.00	UNIFIRST HOLDINGS INC
A/P	168933	12/05/16	8,053.16CR	UNIFIRST HOLDINGS INC
A/P	168934	12/05/16	238.67CR	VERIZON WIRELESS
A/P	168935	12/05/16	1,811.09CR	THE VICTORIA ADVOCATE
A/P	168936	12/05/16	630.00CR	VICTORIA RADIOWORKS, LTD
A/P	168937	12/05/16	405.02CR	WATERMARK GRAPHICS INC
A/P	168938	12/05/16	1,273.00CR	WISCONSIN STATE LABORATORY
A/P	168939	12/05/16	354.39CR	GRAINGER
TOTALS:			206,570.82CR	

This check Register
Shows voided checks due to
mmc errors.

This Check Register for McKesson only

CK# 000854 = 435.12
000855 = 271.49
000856 = 1,379.84
2,086.45

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: 12/02/2016

DC: 8115

Territory: 400

Customer: 190813
Date: 12/03/2016

Page: 001

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

As of: 12/02/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 12/03/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
11/28/2016	12/06/2016	7779147217	1000922729	115Invoice	2.15	107.69		105.54		7779147217	
11/28/2016	12/06/2016	7779147218	1000923185	115Invoice	0.42	21.21		20.79		7779147218	
11/28/2016	12/06/2016	7779147219	1000923625	115Invoice	1.21	60.50		59.29		7779147219	
11/28/2016	12/06/2016	7779147220	1000924017	115Invoice	0.02	1.14		1.12		7779147220	
11/29/2016	12/06/2016	7779413280	1000924393	115Invoice	1.21	60.47		59.26		7779413280	
11/30/2016	12/06/2016	7779671133	1000925148	115Invoice	1.08	54.24		53.16		7779671133	
12/01/2016	12/06/2016	7779862568	1000925730	115Invoice	0.10	5.23		5.13		7779862568	
12/02/2016	12/06/2016	7780142676	1000926302	115Invoice	2.67	133.50		130.83		7780142676	

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

TOTAL:

Subtotals: 443.98 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 804.79
11/28/2016

If Paid By 12/06/2016,
Pay This Amount: 435.12 USD

If Paid After 12/06/2016,
Pay this Amount: 443.98 USD

Due If Paid On Time:
USD 435.12

Disc lost if paid late:
8.86

Due If Paid Late:
USD 443.98

12.5.16

Ck# 854

APPROVED
ON
DEC 05 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: 12/02/2016

DC: 8115

Territory: 400

Customer: 256342
Date: 12/03/2016

Page: 001

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

As of: 12/02/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 12/03/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
11/28/2016	12/06/2016	7779145363	3454581883	115Invoice	3.56	177.86		174.30		7779145363	
11/28/2016	12/06/2016	7779145364	3454581886	115Invoice	0.08	4.04		3.96		7779145364	
11/30/2016	12/06/2016	7779663336	3454581892	115Invoice	1.56	77.97		76.41		7779663336	
12/02/2016	12/06/2016	7780118607	3454581898	115Invoice	0.34	17.16		16.82		7780118607	

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

TOTAL:

Subtotals: 277.03 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 443.18
11/28/2016

If Paid By 12/06/2016,
Pay This Amount: 271.49 USD

If Paid After 12/06/2016,
Pay this Amount: 277.03 USD

Due If Paid On Time:
USD 271.49

Disc lost if paid late:
5.54

Due If Paid Late:
USD 277.03

ck# 855

12.5.16

APPROVED
ON

DEC 05 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: 12/02/2016

DC: 8115

Territory: 400

Customer: 262252
Date: 12/03/2016

Page: 001

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

As of: 12/02/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 12/03/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
11/28/2016	12/06/2016	7779173799	1000922731	115Invoice	2.42	121.14		118.72		7779173799	
11/28/2016	12/06/2016	7779173800	1000923187	115Invoice	4.55	227.35		222.80		7779173800	
11/28/2016	12/06/2016	7779173801	1000923187	115Invoice	0.03	1.47		1.44		7779173801	
11/28/2016	12/06/2016	7779173802	1000923627	115Invoice	1.93	96.41		94.48		7779173802	
11/28/2016	12/06/2016	7779173803	1000924019	115Invoice	7.62	380.98		373.36		7779173803	
11/29/2016	12/06/2016	7779406180	1000924395	115Invoice	0.08	4.13		4.05		7779406180	
11/30/2016	12/06/2016	7779667829	1000925150	115Invoice	1.37	68.39		67.02		7779667829	
12/01/2016	12/06/2016	7779912957	1000925732	115Invoice	1.12	56.01		54.89		7779912957	
12/02/2016	12/06/2016	7780135407	1000926304	115Invoice	8.53	426.28		417.75		7780135407	
12/02/2016	12/06/2016	7780135409	1000926304	115Invoice	0.52	25.85		25.33		7780135409	

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

TOTAL:

Subtotals: 1,408.01 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 483.48
11/28/2016

If Paid By 12/06/2016,
Pay This Amount: 1,379.84 USD

If Paid After 12/06/2016,
Pay this Amount: 1,408.01 USD

Due If Paid On Time:
USD 1,379.84
Disc lost if paid late:
28.17
Due If Paid Late:
USD 1,408.01

12.5.16

ck# 856

APPROVED
ON
DEC 05 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
12/5/2016

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	168,526.74	168,426.74	934,858.63	-	230,127.69	94,975.70	94,975.70	934,958.63	609,755.24

Routing Information for Ashford Gardens:
Ashford Health Care Center Ltd Co
JP Morgan Chase Bank
[redacted]*0614*
[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	446,926.28	446,826.28	347,326.12	-	67,042.30	27,668.94	27,668.94	347,426.12	252,614.88
Crescent	[redacted]4588	274,887.45	275,897.45	194,187.02	-	22,160.38	9,145.78	9,145.78	193,177.02	161,770.85
Broadmoor	[redacted]4596	283,436.54	288,250.54	292,626.63	-	5,479.76	2,869.04	2,261.54	287,812.63	279,363.82
Fort Bend	[redacted]4618	111,158.67	111,058.67	230,207.06	-	71,328.37	29,437.84	29,437.83	230,307.06	129,440.86
										823,190.42

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

Approved:

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

Michael J. Pfeifer
Calhoun County Judge
Date: 1-4-17

APPROVED
DEC - 6 2016
COUNTY AUDITOR

E:\NH Weekly Transfers\NH UPL Transfer Summary 11-28-16.xlsx

Account Portfolio as of 12/05/2016 10:49:02 AM

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

Commercial Checking Accounts

Account Name	Account Number	Today's Beginning Balance	Available Balance
Memorial Medical Center	3387	$1,897,990.97	$1,897,990.97
Memorial Medical Center	4553	$934,958.63	$934,958.63
Memorial Medical Center	4561	$347,426.12	$347,904.23
Memorial Medical Center	4588	$193,177.02	$193,177.02
Memorial Medical Center	4596	$287,812.63	$287,812.63
Memorial Medical Center	4618	$230,307.06	$238,891.94
Memorial Medical Center Operat	0301	$1,341,403.95	$1,384,653.47
County of Calhoun Indigent	1101	$2,633.35	($37,476.90)
Totals		**$5,235,709.73**	**$5,247,911.99**

IBC Bank Activity
11/21/16 through 12/4/16

Ashford Gardens					Transfer-Out	Transfer-In		
11/21/2016	113105025	4553	142	ACH CREDIT RECEIVED		4,658.90		Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT3919777*1201494502\
11/21/2016	113105025	4553	142	ACH CREDIT RECEIVED		131,235.55		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04911|TRN*1*EFT6553869*1205296137*000004911\
11/21/2016	113105025	4553	142	ACH CREDIT RECEIVED		9,667.70	I	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT3921653*1201494502\
11/22/2016	113105025	4553	142	ACH CREDIT RECEIVED		4,186.00		HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
11/22/2016	113105025	4553	142	ACH CREDIT RECEIVED		11,100.56		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04911|TRN*1*EFT6554557*1205296137*000004911\
11/22/2016	113105025	4553	142	ACH CREDIT RECEIVED		13,214.01	I	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT3928847*1201494502\
11/23/2016	113105025	4553	142	ACH CREDIT RECEIVED		3,911.45		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04911|TRN*1*EFT6555235*1205296137*000004911\
11/23/2016	113105025	4553	495	OUTGOING MONEY TRANSFER	168,426.74			ASHFORD HEALTH CARE CENTER LTD
11/25/2016	113105025	4553	142	ACH CREDIT RECEIVED		583.76		HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
11/28/2016	113105025	4553	142	ACH CREDIT RECEIVED		5,762.62	I	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT3936417*1201494502\
11/28/2016	113105025	4553	301	COMMERCIAL DEPOSIT		220,208.59		3
11/28/2016	113105025	4553	142	ACH CREDIT RECEIVED		112.40		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04911|TRN*1*EFT6556546*1205296137*000004911\
11/28/2016	113105025	4553	142	ACH CREDIT RECEIVED		3,239.17	P	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT3935415*1201494502\
11/29/2016	113105025	4553	142	ACH CREDIT RECEIVED		478.08	P	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT3942229*1201494502\
11/30/2016	113105025	4553	142	ACH CREDIT RECEIVED		0.19		PaySpan PaySpan|ASHFORD GARDEN S 2
11/30/2016	113105025	4553	142	ACH CREDIT RECEIVED		156,412.57	E	AMERIGROUP CORPO E-PAYMENT|MEMORIAL MEDICAL|ISA*00* *00* *ZZ*BCCACP401
11/30/2016	113105025	4553	142	ACH CREDIT RECEIVED		1,932.26	P	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT3945691*1201494502\
11/30/2016	113105025	4553	142	ACH CREDIT RECEIVED		6,060.28		HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
12/1/2016	113105025	4553	301	COMMERCIAL DEPOSIT		159,652.50		J
12/1/2016	113105025	4553	301	COMMERCIAL DEPOSIT		201,101.68		)
12/2/2016	113105025	4553	142	ACH CREDIT RECEIVED		1,340.36	F	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT3956424*1201494502\
					168,426.74	934,858.63		

Solera at West Houston					Transfer-Out	Transfer-In		
11/21/2016	113105025	4561	142	ACH CREDIT RECEIVED		8,635.63		HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
11/21/2016	113105025	4561	142	ACH CREDIT RECEIVED		17,515.22		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4254692*1205296137*000004011\
11/22/2016	113105025	4561	142	ACH CREDIT RECEIVED		2,522.88		AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*016111813700006*1752603231\
11/22/2016	113105025	4561	142	ACH CREDIT RECEIVED		6,165.17		AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*016111915200577*1752603231\
11/22/2016	113105025	4561	142	ACH CREDIT RECEIVED		4,069.85		HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
11/22/2016	113105025	4561	142	ACH CREDIT RECEIVED		2,924.15		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4257021*1205296137*000004011\
11/22/2016	113105025	4561	142	ACH CREDIT RECEIVED		0.04		PaySpan PaySpan|MEMORIAL MEDICAL CENTE
11/23/2016	113105025	4561	495	OUTGOING MONEY TRANSFER	446,826.28			CANTEX HEALTH CARE CENTERS LLC
11/23/2016	113105025	4561	142	ACH CREDIT RECEIVED		4,677.89		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4259104*1205296137*000004011\
11/25/2016	113105025	4561	142	ACH CREDIT RECEIVED		5,490.21		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4260927*1205296137*000004011\
11/28/2016	113105025	4561	301	COMMERCIAL DEPOSIT		81,295.14		5
11/28/2016	113105025	4561	142	ACH CREDIT RECEIVED		23,419.56		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4262557*1205296137*000004011\
11/29/2016	113105025	4561	142	ACH CREDIT RECEIVED		3,084.66		AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*016112612000324*1752603231\
11/29/2016	113105025	4561	142	ACH CREDIT RECEIVED		16,967.32		HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
11/30/2016	113105025	4561	142	ACH CREDIT RECEIVED		137.48		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4266052*1205296137*000004011\
11/30/2016	113105025	4561	142	ACH CREDIT RECEIVED		37,655.44	EE	AMERIGROUP CORPO E-PAYMENT|MEMORIAL MEDICAL|ISA*00* *00* *ZZ*BCCACP401
12/1/2016	113105025	4561	301	COMMERCIAL DEPOSIT		56,483.16		4
12/1/2016	113105025	4561	301	COMMERCIAL DEPOSIT		63,387.49		5
12/2/2016	113105025	4561	142	ACH CREDIT RECEIVED		9,030.83		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4268687*1205296137*000004011\
12/2/2016	113105025	4561	142	ACH CREDIT RECEIVED		3,864.00		HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
					446,826.28	347,326.12		

Crescent					Transfer-Out	Transfer-In			
11/21/2016	113105025	[redacted]	4588	142 ACH CREDIT RECEIVED		31,629.88	676323		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4254697*1205296137*000004011\
11/21/2016	113105025		4588	142 ACH CREDIT RECEIVED		879.99	PN1669860425		Molina HC of TX Molina HC|THE CRESCENT|TRN*1*EFT3919880*1201494502\
11/21/2016	113105025		4588	555 DEPOSITED ITEM RETURNED	1,110.00				Deposit Item Ret
11/22/2016	113105025		4588	142 ACH CREDIT RECEIVED		1,513.78	1.61119E+13		AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*016111915000211*1752603231\
11/22/2016	113105025		4588	142 ACH CREDIT RECEIVED		11,285.89	1.61118E+13		AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*016111813700003*1752603231\
11/22/2016	113105025		4588	142 ACH CREDIT RECEIVED		6,497.12	676323		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4257028*1205296137*000004011\
11/23/2016	113105025		4588	495 OUTGOING MONEY TRANSFER	274,787.45				CANTEX HEALTH CARE CENTERS III
11/23/2016	113105025		4588	142 ACH CREDIT RECEIVED		22,497.92	676323		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4259111*1205296137*000004011\
11/28/2016	113105025		4588	142 ACH CREDIT RECEIVED		4,593.64	PN1669860425		Molina HC of TX Molina HC|THE CRESCENT|TRN*1*EFT3935540*1201494502\
11/28/2016	113105025		4588	301 COMMERCIAL DEPOSIT		29,259.04	0	14145297	
11/28/2016	113105025		4588	142 ACH CREDIT RECEIVED		2,493.28	PN1669860425		Molina HC of TX Molina HC|THE CRESCENT|TRN*1*EFT3931698*1201494502\
11/29/2016	113105025		4588	142 ACH CREDIT RECEIVED		3,138.81	1.61124E+13		AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*016112410900107*1752603231\
11/29/2016	113105025		4588	142 ACH CREDIT RECEIVED		2,627.59	1.746E+13		HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|74263B006|ISA~00~0000000000~00~0000000000~ZZ~174600008
11/29/2016	113105025		4588	142 ACH CREDIT RECEIVED		392.72	1.61124E+13		AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*016112415500894*1452485907\
11/30/2016	113105025		4588	142 ACH CREDIT RECEIVED		22,248.59	EE51436585		AMERIGROUP CORPO E-PAYMENT|MEMORIAL MEDICAL|ISA*00* *00* *ZZ*BCCACP401
11/30/2016	113105025		4588	142 ACH CREDIT RECEIVED		0.16			PaySpan PaySpan|THE CRESCENT THE CRESC
12/1/2016	113105025		4588	301 COMMERCIAL DEPOSIT		39,233.05	0	14037083	
12/1/2016	113105025		4588	301 COMMERCIAL DEPOSIT		10,112.98	0	14068942	
12/2/2016	113105025		4588	142 ACH CREDIT RECEIVED		2,829.71	1.6113E+13		AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*016113010801945*1752603231\
12/2/2016	113105025		4588	142 ACH CREDIT RECEIVED		376.87	PN1669860425		Molina HC of TX Molina HC|THE CRESCENT|TRN*1*EFT3954536*1201494502\
12/2/2016	113105025		4588	142 ACH CREDIT RECEIVED		2,576.00	1.746E+13		HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|74263B006|ISA~00~0000000000~00~0000000000~ZZ~174600008
					275,897.45	194,187.02			

Broadmoor					Transfer-Out	Transfer-In			
11/21/2016	113105025		4596	142 ACH CREDIT RECEIVED		1,133.45	PN1669860433		Molina HC of TX Molina HC|THE BROADMOOR AT CREEK|TRN*1*EFT3919779*1201494502\
11/21/2016	113105025		4596	555 DEPOSITED ITEM RETURNED	4,914.00				Deposit Item Ret
11/23/2016	113105025		4596	495 OUTGOING MONEY TRANSFER	283,336.54				CANTEX HEALTH CARE CENTERS III
11/23/2016	113105025		4596	142 ACH CREDIT RECEIVED		7,103.95	1.746E+13		HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
11/23/2016	113105025		4596	142 ACH CREDIT RECEIVED		17,855.19	676357		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4259134*1205296137*000004011\
11/28/2016	113105025		4596	142 ACH CREDIT RECEIVED		348.75	PN1669860433		Molina HC of TX Molina HC|THE BROADMOOR AT CREEK|TRN*1*EFT3931576*1201494502\
11/28/2016	113105025		4596	301 COMMERCIAL DEPOSIT		63,802.31	0	14145399	
11/28/2016	113105025		4596	142 ACH CREDIT RECEIVED		81,725.04	676357		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4262573*1205296137*000004011\
11/29/2016	113105025		4596	142 ACH CREDIT RECEIVED		532.83	676357		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4264559*1205296137*000004011\
11/29/2016	113105025		4596	301 COMMERCIAL DEPOSIT		555.71	0	14066040	
11/29/2016	113105025		4596	142 ACH CREDIT RECEIVED		576.32	1.746E+13		HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
11/30/2016	113105025		4596	142 ACH CREDIT RECEIVED		1,667.14	EE51436586		AMERIGROUP CORPO E-PAYMENT|MEMORIAL MEDICAL|ISA*00* *00* *ZZ*BCCACP401
11/30/2016	113105025		4596	142 ACH CREDIT RECEIVED		1,932.00	1.746E+13		HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
11/30/2016	113105025		4596	142 ACH CREDIT RECEIVED		7,893.94	676357		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4266067*1205296137*000004011\
12/1/2016	113105025		4596	142 ACH CREDIT RECEIVED		12,808.70	676357		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4267394*1205296137*000004011\
12/1/2016	113105025		4596	301 COMMERCIAL DEPOSIT		6,668.57	0	14068941	
12/1/2016	113105025		4596	301 COMMERCIAL DEPOSIT		88,022.73	0	14037090	
					288,250.54	292,626.63			

Fort Bend					Transfer-Out	Transfer-In			
11/21/2016	113105025	[redacted]	4618	142 ACH CREDIT RECEIVED		11,444.48	PN1730577503		Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRN*1*EFT3919776*1201494502\
11/21/2016	113105025		4618	142 ACH CREDIT RECEIVED		3,000.52	675663		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4254285*1205296137*000004011\
11/22/2016	113105025		4618	142 ACH CREDIT RECEIVED		8,195.18	675663		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4256284*1205296137*000004011\
11/22/2016	113105025		4618	142 ACH CREDIT RECEIVED		5,579.34	1.61119E+13		AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|TRN*1*016111915000212*1752603231\
11/23/2016	113105025		4618	495 OUTGOING MONEY TRANSFER	111,058.67				CANTEX HEALTH CARE CENTERS III
11/28/2016	113105025		4618	142 ACH CREDIT RECEIVED		5,885.61	PN1730577503		Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRN*1*EFT3935414*1201494502\
11/28/2016	113105025		4618	301 COMMERCIAL DEPOSIT		73,448.14	0	14145292	
11/29/2016	113105025		4618	142 ACH CREDIT RECEIVED		15,876.94	1.746E+13		HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
11/29/2016	113105025		4618	142 ACH CREDIT RECEIVED		2,308.87	1.61124E+13		AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|TRN*1*016112410900108*1752603231\
11/30/2016	113105025		4618	142 ACH CREDIT RECEIVED		13,020.40	EE51436583		AMERIGROUP CORPO E-PAYMENT|MEMORIAL MEDICAL|ISA*00* *00* *ZZ*8CCACP401
11/30/2016	113105025		4618	142 ACH CREDIT RECEIVED		0.08			PaySpan PaySpan|FORT BEND HEAL THCARE
12/1/2016	113105025		4618	301 COMMERCIAL DEPOSIT		26,174.21	0	14037169	
12/1/2016	113105025		4618	142 ACH CREDIT RECEIVED		171.28	1.61129E+13		AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|TRN*1*016112912400008*1752603231\
12/1/2016	113105025		4618	301 COMMERCIAL DEPOSIT		65,102.01	0	14068943	
					111,058.67	230,207.06			

NPI	Facility Number	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
[redacted]6189	4811	Memorial Medical Center	Ashford Gardens	$62,564.84	$201,101.68	$0.00	$156,412.57	$420,079.09	$230,127.69	$94,975.70	$325,103.39	$94,975.70	$420,079.09
[redacted]0433	105818	Memorial Medical Center	The Broadmoor at Creekside Park	$1,111.43	$6,668.57	$555.71	$1,667.14	$10,002.85	$5,479.76	$2,261.54	$7,741.31	$2,261.54	$10,002.85
[redacted]0425	105314	Memorial Medical Center	The Crescent	$8,090.38	$10,112.98	$0.00	$22,248.59	$40,451.95	$22,160.38	$9,145.78	$31,306.17	$9,145.78	$40,451.95
[redacted]3259	105006	Memorial Medical Center	Solera at West Houston	$28,241.58	$56,483.16	$0.00	$37,655.44	$122,380.18	$67,042.30	$27,668.94	$94,711.24	$27,668.94	$122,380.18
[redacted]7503	4628	Memorial Medical Center	Fort Bend Healthcare Center	$52,081.61	$85,102.01	$0.00	$13,020.40	$130,204.02	$71,328.37	$29,437.84	$100,766.20	$29,437.83	$130,204.03
				$152,089.84	$339,468.40	$555.71	$231,004.14	$723,118.09	$396,138.50	$163,489.80	$559,628.31	$163,489.79	$723,118.10
				Deposited 11/28	Deposited 12/1	Deposited 11/29	Deposited 11/30						

				230127.69	94975.7	94975.7
IGT	953,379.45	8/17/2015		5479.76	2261.54	2261.54
IGT	953,379.45	11/10/2015		22160.38	9145.78	9145.78
IGT	1,199,607.62	2/12/2016		67042.3	27668.94	27668.94
IGT	1,199,544.75	5/16/2016		71328.37	29437.84	29437.83
IGT	149,257.21	11/18/2016	Reconcilation IGT			
	4,455,168.48		Total IGT's for MPAP program	396138.5	163489.8	163489.79

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
	1,584,553.98	IGT Still Outstanding
	396,138.50	Monthly Return of IGTs

w Chip

Cantex Deposit
5/20/2016

Ashford	Broadmoor	Crescent	Fort Bend	Solera
2810244553	2810244596	2810244588	2810244618	2810244561
214,011.11	7,170.50	10,874.17	70,002.17	60,734.58
66,581.10	1,195.08	8,699.34	56,001.73	30,367.29
445.35	2,393.81	915.30	322.00	6,682.90
781.25	1,649.40	160.00	3,494.16	7,316.85
312.50	751.34	4,803.36	4,492.00	322.00
11,204.86	12.55	566.81	2,815.48	87.38
31,490.72	3,517.55	654.56		2,972.62
279.63	1,640.86	1,932.00		3,419.19
224.86	1,127.00	165.19		3,188.90
3,267.00	1,215.00			1,416.80
382.36	3,150.00			3,323.10
363.00	1,932.00			5,445.00
2,960.66	860.66			8,187.56
13,623.48	107.81			5,677.20
10,680.00				
6.00				
5,542.71				
4,198.65				
366,355.24	26,723.56	28,770.73	137,127.54	139,141.37

MPAP

Superior MPAP - April
½ to be recouped, $607.50 by mmc
on next wire transfer.

NPI	Facility Number	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
1326436189	4811	Memorial Medical Center	Ashford Gardens	$62,564.84	$201,101.68	$0.00	$156,412.57	$420,079.09	$230,127.69	$94,975.70	$325,103.39	$94,975.70	$420,079.09
1669860433	105818	Memorial Medical Center	The Broadmoor at Creekside Park	$1,111.43	$6,668.57	$555.71	$1,667.14	$10,002.85	$5,479.76	$2,261.54	$7,741.30	$2,261.54	$10,002.84
1669860425	105314	Memorial Medical Center	The Crescent	$8,090.38	$10,112.98	$0.00	$22,248.59	$40,451.95	$22,160.38	$9,145.78	$31,306.16	$9,145.78	$40,451.94
1497143259	105006	Memorial Medical Center	Solera at West Houston	$28,241.58	$56,483.16	$0.00	$37,655.44	$122,380.18	$67,042.30	$27,668.94	$94,711.24	$27,668.94	$122,380.18
1730577503	4628	Memorial Medical Center	Fort Bend Healthcare Center	$52,081.61	$65,102.01	$0.00	$13,020.40	$130,204.02	$71,328.37	$29,437.84	$100,766.21	$29,437.83	$130,204.04
				$152,089.84	$339,468.40	$555.71	$231,004.14	$723,118.09	$396,138.50	$163,489.80	$559,628.30	$163,489.79	$723,118.09
				Deposited 11/28	Deposited 12/1	Deposited 11/29	Deposited 11/30						

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	
IGT	149,257.21	11/18/2016	Reconcilation IGT
	4,455,168.48		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
	1,584,553.98	IGT Still Outstanding
	396,138.50	Monthly Return of IGTs

APPROVED
ON

DEC 06 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 1-4-17

325,103.39 +
7,741.30 +
31,306.16 +
94,711.24 +
100,766.21 +
559,628.30 *

559,628.30 +
559,628.30 –
0.00 *

325,103.39 +
7,741.30 +
31,306.16 +
94,711.24 +
100,766.21 +
559,628.30 *

559,628.30 +
559,628.30 –
0.00 *

CK #012 NH Ashford = 325,103.39
CK #011 NH Broadmoor = 7,741.30
CK #008 NH Crescent = 31,306.16
CK #008 NH Solera = 94,711.24
CK #008 NH Fort Bend = 100,766.21
559,628.30

94,975.70 +
2,261.54 +
9,145.78 +
27,668.94 +
29,437.83 +
163,489.79 *

559,628.30 +
163,489.79 +
723,118.09 *

723,118.09 +
723,118.09 –
0.00 *

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
NHA	000012	12/05/16	325,103.39	MEMORIAL MEDICAL CENTER
TOTALS:			325,103.39	

APPROVED
ON

DEC 0 6 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
NHB	000011	12/05/16	7,741.30	MEMORIAL MEDICAL CENTER
TOTALS:			7,741.30	

APPROVED
ON

DEC 0 6 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

BANK--CHECK			
CODE NUMBER	DATE	AMOUNT	PAYEE
NHC 000008	12/05/16	31,306.16	MEMORIAL MEDICAL CENTER
TOTALS:		31,306.16	

APPROVED
ON

DEC 0 6 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHF	000008	12/05/16	100,766.21	MEMORIAL MEDICAL CENTER
TOTALS:			100,766.21	

APPROVED
ON

DEC 0 6 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHS	000008	12/05/16	94,711.24	MEMORIAL MEDICAL CENTER
TOTALS:			94,711.24	

APPROVED
ON

DEC 06 2016

COUNTY AUDITOR
CUYAHOGA COUNTY, OHIO

RUN DATE:12/09/16 MEMORIAL MEDICAL CENTER CRT#100 PAGE 1
TIME:11:05 EDIT LIST FOR BATCH 100 0157 TRANSACTION SEQUENCE GLEDIT

SEQ.	ACCOUNT NUMBER	A.H.A. NUMBER	TRANS DATE	JOURNAL	AMOUNT	SUB-LED	REFERENCE	MEMO	G.L. ACCOUNT DESCRIPTION	
1	10000000		12/09/16	CD	700.48CR	11008	A/PC169112	DERRI HART	OPERATING	-CASH
	20000000		12/09/16	CD	700.48	11008	A/PC169112	DERRI HART	ACCOUNTS PAYABLE	-A/P
2	10000000		12/09/16	CD	916.52CR	K0536	A/PC169113	SHIRLEY KARNEI	OPERATING	-CASH
	20000000		12/09/16	CD	916.52	K0536	A/PC169113	SHIRLEY KARNEI	ACCOUNTS PAYABLE	-A/P
	60000000					23088		676450	Transcription Contract Wages	

CK #169112 - 169113

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

JOURNAL	YRMO	COUNT	DEBIT	CREDIT
CD	1612	4	1,617.00	1,617.00
	TOTAL	4	1,617.00	1,617.00

ACCOUNT TOTAL RECAP ON NEXT PAGE

APPROVED
ON
DEC 09 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 1-4-17

Ø

RUN DATE:12/09/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:11:08 CHECK REGISTER GLCKREG
12/09/16 THRU 12/09/16

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	169112	12/09/16	700.48	DERRI HART
A/P	169113	12/09/16	916.52	SHIRLEY KARNEI
TOTALS:			1,617.00	

APPROVED
ON

DEC 09 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
12/12/2016

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	934,958.63	934,858.63	575,310.09	-	-	-	-	575,410.09	575,310.09

Routing Information for Ashford Gardens:
Ashford Health Care Center Ltd Co
JP Morgan Chase Bank
AB[redacted]0614
Accou[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	347,426.12	347,688.37	893,317.02	-	-	-	-	893,054.77	892,954.77
Crescent	[redacted]4588	193,177.02	193,077.01	796,094.20	-	-	-	-	796,194.21	796,094.21
Broadmoor	[redacted]4596	287,812.63	287,105.12	29,833.62	-	-	-	-	30,541.13	30,441.13
Fort Bend	[redacted]4618	230,307.06	230,207.07	73,389.10	-	-	-	-	73,489.09	73,389.09
										1,792,879.20

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

Approved:

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

Michael J. Pistier
Calhoun County Judge
Date: 1-4-17

APPROVED
DEC 12 2016
COUNTY AUDITOR

IBC Bank Activity
12/5/16 through 12/11/16

Ashford Gardens					Transfer-Out	Transfer-In			
12/7/2016	113105025	4553	142	ACH CREDIT RECEIVED		7,183.13	F		Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT3966373*1201494502\
12/7/2016	113105025	4553	142	ACH CREDIT RECEIVED		9,600.32	F		Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT3967982*1201494502\
12/7/2016	113105025	4553	475	CHECK PAID	325,103.39			56	
12/7/2016	113105025	4553	495	OUTGOING MONEY TRANSFER	609,755.24				ASHFORD HEALTH CARE CENTER LTD
12/8/2016	113105025	4553	301	COMMERCIAL DEPOSIT		41,341.82		4	
12/8/2016	113105025	4553	142	ACH CREDIT RECEIVED		1,564.56		1	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
12/9/2016	113105025	4553	195	INCOMING MONEY TRANSFER		503,122.13			CANTEX HEALTH CARE CENTERS LLC
12/9/2016	113105025	4553	142	ACH CREDIT RECEIVED		12,498.13		1.	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
					934,858.63	575,310.09			

Solera at West Houstor					Transfer-Out	Transfer-In			
12/5/2016	113105025	4561	142	ACH CREDIT RECEIVED		478.11			NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4270047*1205296137*000004011\
12/6/2016	113105025	4561	142	ACH CREDIT RECEIVED		1,659.69			NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4271267*1205296137*000004011\
12/6/2016	113105025	4561	555	DEPOSITED ITEM RETURNED	362.25				Deposit Item Ret
12/7/2016	113105025	4561	475	CHECK PAID	94,711.24			57	
12/7/2016	113105025	4561	495	OUTGOING MONEY TRANSFER	252,614.88				CANTEX HEALTH CARE CENTERS LLC
12/8/2016	113105025	4561	301	COMMERCIAL DEPOSIT		43,907.71		52	
12/8/2016	113105025	4561	195	INCOMING MONEY TRANSFER		847,271.51			CANTEX HEALTH CARE CENTERS III
					347,688.37	893,317.02			

Crescent					Transfer-Out	Transfer-In			
12/6/2016	11310502	4588	195	INCOMING MONEY TRANSFER		739,856.80			CANTEX HEALTH CARE CENTERS III
12/7/2016	11310502	4588	495	OUTGOING MONEY TRANSFER	161,770.85				CANTEX HEALTH CARE CENTERS III
12/7/2016	11310502	4588	142	ACH CREDIT RECEIVED		6,203.77	P		Molina HC of TX Molina HC|THE CRESCENT|TRN*1*EFT3966472*1201494502\
12/7/2016	11310502	4588	475	CHECK PAID	31,306.16			1	
12/8/2016	11310502	4588	301	COMMERCIAL DEPOSIT		38,155.15		9	
12/8/2016	11310502	4588	142	ACH CREDIT RECEIVED		1,276.34			AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*0161206155000335*1452485907\
12/8/2016	11310502	4588	142	ACH CREDIT RECEIVED		1,073.62	P		Molina HC of TX Molina HC|THE CRESCENT|TRN*1*EFT3969995*1201494502\
12/8/2016	11310502	4588	142	ACH CREDIT RECEIVED		9,528.52			AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*0161206107001447*1752603231\
					193,077.01	796,094.20			

Broadmoor					Transfer-Out	Transfer-In			
12/7/2016	113105025	4596	475	CHECK PAID	7,741.30			8	
12/7/2016	113105025	4596	142	ACH CREDIT RECEIVED		1,133.45	P		Molina HC of TX Molina HC|THE BROADMOOR AT CREEK|TRN*1*EFT3966376*1201494502\
12/7/2016	113105025	4596	495	OUTGOING MONEY TRANSFER	279,363.82				CANTEX HEALTH CARE CENTERS III
12/8/2016	113105025	4596	301	COMMERCIAL DEPOSIT		28,700.17		8	
					287,105.12	29,833.62			

Fort Bend					Transfer-Out	Transfer-In			
12/5/2016	113105025	4618	142	ACH CREDIT RECEIVED		8,584.88		6	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4269761*1205296137*000004011\
12/7/2016	113105025	4618	495	OUTGOING MONEY TRANSFER	129,440.86				CANTEX HEALTH CARE CENTERS III
12/7/2016	113105025	4618	475	CHECK PAID	100,766.21				
12/8/2016	113105025	4618	142	ACH CREDIT RECEIVED		10,724.09			Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRN*1*EFT3969889*1201494502\
12/8/2016	113105025	4618	301	COMMERCIAL DEPOSIT		34,324.61			
12/9/2016	113105025	4618	142	ACH CREDIT RECEIVED		1,840.74			HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
12/9/2016	113105025	4618	142	ACH CREDIT RECEIVED		17,914.78			Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRN*1*EFT3974030*1201494502\
					230,207.07	73,389.10			

Account Portfolio as of 12/12/2016 9:06:54 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	$1,897,990.97	$1,897,990.97
Memorial Medical Center	4553	$575,410.09	$575,410.09
Memorial Medical Center	4561	$893,054.77	$926,116.37
Memorial Medical Center	4588	$796,194.21	$796,194.21
Memorial Medical Center	4596	$30,541.13	$30,541.13
Memorial Medical Center	4618	$73,489.09	$86,809.75
Memorial Medical Center Operat	0301	$2,164,832.75	$2,192,343.69
County of Calhoun Indigent	1101	$9,205.79	$9,205.79
Totals		**$6,440,718.80**	**$6,514,612.00**

RUN DATE:12/12/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:14:30 CHECK REGISTER and Payables List GLCKREG
12/12/16 THRU 12/12/16

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000857	12/12/16	494.79	MCKESSON
A/P	000858	12/12/16	807.51	MCKESSON
A/P	000859	12/12/16	1,429.05	MCKESSON
TOTALS:			2,731.35	

340 B Prescription Expenses

Michael J. Pfeifer
Calhoun County Judge
Date: 1-4-17

APPROVED
ON

DEC 12 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: 12/09/2016 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 12/10/2016

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

As of: 12/09/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 12/10/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
12/05/2016	12/13/2016	7780366019	1000926864	115Invoice	4.46	223.07		✓ 218.61	✓	7780366019	
12/05/2016	12/13/2016	7780366023	1000927419	115Invoice	0.88	44.11		✓ 43.23	✓	7780366023	
12/05/2016	12/13/2016	7780366024	1000927827	115Invoice	2.71	135.71		✓ 133.00	✓	7780366024	
12/06/2016	12/13/2016	7780616275	1000928213	115Invoice	0.42	20.95		✓ 20.53	✓	7780616275	
12/07/2016	12/13/2016	7780862971	1000928876	115Invoice	1.57	78.41		✓ 76.84	✓	7780862971	
12/09/2016	12/13/2016	7781308630	1000930020	115Invoice	0.05	2.63		✓ 2.58	✓	7781308630	

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

TOTAL:

Subtotals: 504.88 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 435.12
12/05/2016

If Paid By 12/13/2016,
Pay This Amount: 494.79 USD

If Paid After 12/13/2016,
Pay this Amount: 504.88 USD

Due If Paid On Time:
USD 494.79

Disc lost if paid late:
10.09

Due If Paid Late:
USD 504.88

12.12.16

CK#857

APPROVED ON
DEC 12 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 12/09/2016

DC: 8115

Territory: 400

Customer: 256342
Date: 12/10/2016

Page: 001

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

As of: 12/09/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 12/10/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross) P F	Amount (net) P F	Receivable Number	
12/05/2016	12/13/2016	7780353667	3454581901	115Invoice	3.56	177.86	✓ 174.30 ✓	7780353667	
12/06/2016	12/13/2016	7780615006	3454581904	115Invoice	4.61	230.51	✓ 225.90 ✓	7780615006	
12/07/2016	12/13/2016	7780863881	3454581907	115Invoice	0.94	46.97	✓ 46.03 ✓	7780863881	
12/08/2016	12/13/2016	7781081651	3454581910	115Invoice	4.69	234.55	✓ 229.86 ✓	7781081651	
12/09/2016	12/13/2016	7781314598	3454581913	115Invoice		0.16	✓ 0.16 ✓	7781314598	
12/09/2016	12/13/2016	7781314599	1098013	115Invoice	2.68	133.94	✓ 131.26 ✓	7781314599	

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

TOTAL:

Subtotals: 823.99 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 271.49
12/05/2016

If Paid By 12/13/2016,
Pay This Amount: ✓ 807.51 USD

If Paid After 12/13/2016,
Pay this Amount: 823.99 USD

Due If Paid On Time:
USD 807.51

Disc lost if paid late:
16.48

Due If Paid Late:
USD 823.99

Ck# 858

12.12.16

APPROVED
ON

DEC 12 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 12/09/2016

DC: 8115

Territory: 400

Customer: 262252
Date: 12/10/2016

Page: 001

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

As of: 12/09/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 12/10/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
12/05/2016	12/13/2016	7780397886	1000926866	115Invoice	6.41	320.39		313.98		7780397886	
12/05/2016	12/13/2016	7780397887	1000927421	115Invoice	1.25	62.31		61.06		7780397887	
12/05/2016	12/13/2016	7780397888	1000927829	115Invoice	5.25	262.37		257.12		7780397888	
12/05/2016	12/13/2016	7780397889	1000927829	115Invoice	0.09	4.35		4.26		7780397889	
12/06/2016	12/13/2016	7780602638	1000928215	115Invoice	1.72	85.82		84.10		7780602638	
12/07/2016	12/13/2016	7780863709	1000928878	115Invoice	7.29	364.42		357.13		7780863709	
12/08/2016	12/13/2016	7781091711	1000929442	115Invoice	6.59	329.41		322.82		7781091711	
12/08/2016	12/13/2016	7781091712	1000929442	115Invoice	0.25	12.50		12.25		7781091712	
12/09/2016	12/13/2016	7781308806	1000930022	115Invoice	0.33	16.66		16.33		7781308806	

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

TOTAL:

Subtotals: 1,458.23 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,379.84
12/05/2016

If Paid By 12/13/2016,
Pay This Amount: 1,429.05 USD

If Paid After 12/13/2016,
Pay this Amount: 1,458.23 USD

Due If Paid On Time:
USD 1,429.05
Disc lost if paid late:
29.18
Due If Paid Late:
USD 1,458.23

Ck# 859

12.12.16

APPROVED
ON
DEC 12 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Report reprinted from original 12/13/16 report

APPROVED ON DEC 14 2016 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

12/16/2016 07:54 — MEMORIAL MEDICAL CENTER — AP Open Invoice List — Due Dates Through: 12/24/2016 — 0 — ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
A1226	AHRMM		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21569	DUES & SUBSCRIPTINS C/S	12/06/20	11/15/20	12/15/20		125.00	0.00	0.00	125.00 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1226	AHRMM	125.00	0.00	0.00	125.00

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
1343998	TELEPHONE HOSP GEN	12/06/20	11/15/20	12/15/20		5,198.17	0.00	0.00	5,198.17
1343998CM	TELEPHONE HOSP GEN	12/13/20	11/15/20	12/15/20		-5,198.17	0.00	0.00	-5,198.17 Error
1343998-	TELEPHONE HOSP GEN	12/13/20	11/16/20	12/10/20		2,480.13	0.00	0.00	2,480.13 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11062	AIRESPRING INC	2,480.13	0.00	0.00	2,480.13

Take off- Jerry Paid By Credit Card

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
9650022243	INTRA OCULA LENSES C/S Freight only	12/06/20	11/17/20	12/17/20		20.00	0.00	0.00	20.00 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1690	ALCON LABORATORIES, INC.	20.00	0.00	0.00	20.00

Vendor#	Vendor Name	Class	Pay Code
A1705	ALIMED INC.	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
RPSV02351018	INVENTRY CENTRAL SUP INV	11/23/20	11/14/20	12/15/20		58.50	0.00	0.00	58.50 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1705	ALIMED INC.	58.50	0.00	0.00	58.50

Vendor#	Vendor Name	Class	Pay Code
A1760	AMERICAN ACADEMY OF PEDIATRICS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
13375787	OFFICE SUPPLIES NURSERY	11/23/20	11/11/20	12/11/20		113.90	0.00	0.00	113.90 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1760	AMERICAN ACADEMY OF PEDIATRICS	113.90	0.00	0.00	113.90

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
910103874	INVENTORY PHARMACY INVE	12/12/20	12/06/20	12/06/20		11.48	0.00	0.00	11.48 ✓
910103875	INVENTORY PHARMACY INVE	12/12/20	12/06/20	12/07/20		150.57	0.00	0.00	150.57 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1360	AMERISOURCEBERGEN DRUG CORP	162.05	0.00	0.00	162.05 ✓

Vendor#	Vendor Name				Class	Pay Code				
11232	AMN HEALTHCARE ALLIED, INC. 11/28/16									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	2574104		12/06/20	11/15/20	12/11/20			2,650.73	0.00	0.00	2,650.73 ✓
		PROF FEES PHY THRPY 11/14-11/18/16 Meghan Smith									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		11232	AMN HEALTHCARE ALLIED, INC.					2,650.73	0.00	0.00	2,650.73 ✓
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
	52771238		12/05/20	11/10/20	12/11/20			446.73	0.00	0.00	446.73 ✓
		INVENTRY CENTRAL SUP INV									
	52863209		12/05/20	11/21/20	12/21/20			691.06	0.00	0.00	691.06 ✓
		INVENTRY CENTRAL SUP INV									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		B1150	BAXTER HEALTHCARE					1,137.79	0.00	0.00	1,137.79 ✓
Vendor#	Vendor Name				Class	Pay Code				
B1075	BAXTER HEALTHCARE CORP				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	52800579		11/22/20	11/14/20	12/14/20			334.76	0.00	0.00	334.76 ✓
		CS INVENTORY & RECOVERY									
	52839151		12/12/20	11/17/20	12/17/20			1,478.22	0.00	0.00	1,478.22 ✓
		PROPERTY TAX E/R									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		B1075	BAXTER HEALTHCARE CORP					1,812.98	0.00	0.00	1,812.98 ✓
Vendor#	Vendor Name				Class	Pay Code				
M2485	BAYER HEALTHCARE				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	6004650145		12/06/20	11/15/20	12/15/20			258.36	0.00	0.00	258.36 ✓
		SUPPLIES GENERAL CT SCAN									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		M2485	BAYER HEALTHCARE					258.36	0.00	0.00	258.36 ✓
Vendor#	Vendor Name				Class	Pay Code				
B1210	BECKMAN COULTER, INC.				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	5361019		12/06/20	11/15/20	12/11/20			4,233.46	0.00	0.00	4,233.46 ✓
		FREIGHT MED SURG									
	105977430		12/06/20	11/15/20	12/11/20			3,933.48	0.00	0.00	3,933.48 ✓
		LEASE & RENTAL LAB									
	105957069		12/06/20	11/15/20	12/15/20			68.10	0.00	0.00	68.10 ✓
		SUPPLIES GENERAL LAB									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		B1210	BECKMAN COULTER, INC.					8,235.04	0.00	0.00	8,235.04 ✓
Vendor#	Vendor Name				Class	Pay Code				
B1800	BRIGGS HEALTHCARE				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	8618338 RI		12/05/20	11/15/20	12/11/20			140.41	0.00	0.00	140.41 ✓
		INVENTRY CENTRAL SUP INV									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		B1800	BRIGGS HEALTHCARE					140.41	0.00	0.00	140.41 ✓
Vendor#	Vendor Name				Class	Pay Code				
11146	BROADMOOR AT CREEKSIDE PARK									

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21547		12/06/20	11/18/20	12/18/20			2,672.60	0.00	0.00	2,672.60
	UNDISTRIBUTED A/R CLINIC MMC Received Money in Error									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11146	BROADMOOR AT CREEKSIDE PARK					2,672.60	0.00	0.00	2,672.60

Vendor#	Vendor Name	Class	Pay Code
D1040	C R BARD, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
23643780		11/22/20	11/14/20	12/14/20			166.37	0.00	0.00	166.37
	SUPPLIES SURGERY									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	D1040	C R BARD, INC					166.37	0.00	0.00	166.37

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
202108		12/06/20	10/27/20 31	12/11/20			888.00	0.00	0.00	888.00
	PURCHASED SERVICES MAMI									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	C1033	CAD SOLUTIONS, INC					888.00	0.00	0.00	888.00

Vendor#	Vendor Name	Class	Pay Code
11041	CALHOUN CO INDIGENT ACCT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21581		12/12/20	12/07/20	12/07/20			520.00	0.00	0.00	520.00
	COUNTY INDIGENT COPAYS									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11041	CALHOUN CO INDIGENT ACCT					520.00	0.00	0.00	520.00

Vendor#	Vendor Name	Class	Pay Code
C1203	CALHOUN COUNTY WASTE MGMT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
448766		11/30/20	11/30/20	12/11/20			81.00	0.00	0.00	81.00
	PURCHASED SERVICES GRO Waste Fees									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	C1203	CALHOUN COUNTY WASTE MGMT					81.00	0.00	0.00	81.00

Vendor#	Vendor Name	Class	Pay Code
10209	CARDINAL HEALTH		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8001175082		12/06/20	10/27/20	12/11/20			687.96	0.00	0.00	687.96
	SUPPLIES GENERAL NUC MEI									
8001177299		12/06/20	10/27/20	12/11/20			2,357.95	0.00	0.00	2,357.95
	SUPPLIES GENERAL NUC MEI									
8001182335		12/06/20	10/27/20	12/17/20			484.42	0.00	0.00	484.42
	SUPPLIES GENERAL NUC MEI									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10209	CARDINAL HEALTH					3,530.33	0.00	0.00	3,530.33

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
121516		12/06/20	11/30/20	12/15/20			46.85	0.00	0.00	46.85
	FUEL PLNT OPER									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	E1270	CENTERPOINT ENERGY					46.85	0.00	0.00	46.85

Vendor#	Vendor Name				Class	Pay Code				
10350	CENTURION MEDICAL PRODUCTS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	92141303		11/22/20	11/14/20	12/14/20		383.50	0.00	0.00	383.50
		CS INVENTORY								
	92141837		11/22/20	11/15/20	12/15/20		641.60	0.00	0.00	641.60
		CS INVENTORY								
	92141836		11/22/20	11/15/20	12/15/20		17.70	0.00	0.00	17.70
		CS INVENTORY								
	92141838		11/22/20	11/15/20	12/15/20		102.00	0.00	0.00	102.00
		CS INVENTORY								
	92147316		12/05/20	11/21/20	12/21/20		196.32	0.00	0.00	196.32
		INVENTRY CENTRAL SUP INV								
	92146249		12/05/20	11/21/20	12/21/20		929.84	0.00	0.00	929.84
		INVENTRY CENTRAL SUP INV								
	92148462		12/05/20	11/23/20	12/23/20		254.75	0.00	0.00	254.75
		INVENTRY CENTRAL SUP INV								
	92138533		12/15/20	11/09/20	12/09/20		190.60	0.00	0.00	190.60
		INVENTRY CENTRAL SUP INV								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10350	CENTURION MEDICAL PRODUCTS				2,716.31	0.00	0.00	2,716.31
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
	307512		12/05/20	11/18/20	12/11/20		89.25	0.00	0.00	89.25
		SUPPLIES GENERAL SURGER								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1970	CONMED CORPORATION				89.25	0.00	0.00	89.25
Vendor#	Vendor Name				Class	Pay Code				
C1443	CYGNUS MEDICAL LLC					M				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	204638		12/05/20	11/17/20	12/17/20		440.00	0.00	0.00	440.00
		SUPPLIES GENERAL SURGER								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1443	CYGNUS MEDICAL LLC				440.00	0.00	0.00	440.00
Vendor#	Vendor Name				Class	Pay Code				
10368	DEWITT POTH & SON									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	488193-0		11/16/20	11/14/20	12/14/20		146.65	0.00	0.00	146.65
		OFFICE SUPPLIES HLTH INFO								
	488219-0		11/22/20	11/14/20	12/14/20		370.18	0.00	0.00	370.18
		CS INVENTORY								
	488209-0		11/22/20	11/14/20	12/14/20		139.97	0.00	0.00	139.97
		SUPPLIES INDIGENT & SURGI								
	488608-0		11/23/20	11/17/20	12/17/20		37.54	0.00	0.00	37.54
		OFFICE SUPPLIES CARD REH								
	488882-0		12/05/20	11/21/20	12/21/20		134.17	0.00	0.00	134.17
		SUPPLIES GENERAL MM CLIN								
	488670-0		12/06/20	11/18/20	12/18/20		117.34	0.00	0.00	117.34
		OFFICE SUPPLIES LAB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10368	DEWITT POTH & SON				945.85	0.00	0.00	945.85

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
	8887		11/22/20	11/15/20	12/14/20			201.50	0.00	0.00	201.50
		FORMS CS SUPPLY									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		D1752	DLE PAPER & PACKAGING					201.50	0.00	0.00	201.50
Vendor#	Vendor Name				Class	Pay Code				
10403	ENA SAN ANTONIO CHAPTER TNCC				IMP					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	21583		12/12/20	12/12/20	12/15/20			360.00	0.00	0.00	360.00
		CONT EDUCATION E/R									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		10403	ENA SAN ANTONIO CHAPTER TNCC					360.00	0.00	0.00	360.00
Vendor#	Vendor Name				Class	Pay Code				
11147	ENVIRONMENTAL SAFETY, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	12415		12/09/20	09/15/20	12/11/20			1,940.16	0.00	0.00	1,940.16
		SUPPLIES GENERAL DIETARY									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		11147	ENVIRONMENTAL SAFETY, INC					1,940.16	0.00	0.00	1,940.16
Vendor#	Vendor Name				Class	Pay Code				
10042	ERBE USA INC SURGICAL SYSTEMS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	399519		12/05/20	11/21/20	12/11/20			153.03	0.00	0.00	153.03
		SUPPLIES GENERAL SURGER									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		10042	ERBE USA INC SURGICAL SYSTEMS					153.03	0.00	0.00	153.03
Vendor#	Vendor Name				Class	Pay Code				
T0383	ERIN CLEVENGER				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	21580		12/12/20	12/09/20	12/09/20			235.32	0.00	0.00	235.32
		TRAVEL NURSERY									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		T0383	ERIN CLEVENGER					235.32	0.00	0.00	235.32
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
	924753		12/06/20	11/15/20	12/15/20			308.00	0.00	0.00	308.00
		SOFTWARE EXP INFO TECH									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		C2510	EVIDENT					308.00	0.00	0.00	308.00
Vendor#	Vendor Name				Class	Pay Code				
F1100	FEDERAL EXPRESS CORP.				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	5-621-26742		11/30/20	11/24/20	12/11/20			18.91	0.00	0.00	18.91
		FREIGHT C/S									
	5-628-76472		12/12/20	12/01/20	12/01/20			9.63	0.00	0.00	9.63
		FREIGHT C/S									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		F1100	FEDERAL EXPRESS CORP.					28.54	0.00	0.00	28.54

Vendor#	Vendor Name				Class	Pay Code				
10003	FILTER TECHNOLOGY CO, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	90881		11/23/20	11/18/20	12/18/20		578.80	0.00	0.00	578.80
		SUPPLIES GENERAL PLNT OF								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10003	FILTER TECHNOLOGY CO, INC				578.80	0.00	0.00	578.80
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
	1820829		11/30/20	11/04/20	12/11/20		270.45	0.00	0.00	270.45
		SUPPLIES GENERAL LAB								
	2418084		11/30/20	11/10/20	12/11/20		266.58	0.00	0.00	266.58
		SUPPLIES GENERAL LAB								
	4479314		11/30/20	11/22/20	12/22/20		1,015.01	0.00	0.00	1,015.01
		SUPPLIES GENERAL LAB								
	4605052		11/30/20	11/23/20	12/23/20		193.51	0.00	0.00	193.51
		SUPPLIES GENERAL LAB								
	4605051		11/30/20	11/30/20	11/24/20		11.32	0.00	0.00	11.32
		SUPPLIES GENERAL LAB								
	4923500		11/30/20	11/30/20	12/24/20		65.12	0.00	0.00	65.12
		SUPPLIES GENERAL LAB								
	4923504		11/30/20	11/30/20	12/24/20		78.99	0.00	0.00	78.99
		SUPPLIES GENERAL LAB								
	4923499		11/30/20	11/30/20	12/24/20		32.56	0.00	0.00	32.56
		SUPPLIES GENERAL LAB								
	2186587		12/06/20	11/08/20	12/11/20		22.80	0.00	0.00	22.80
		SUPPLIES GENERAL LAB								
	2186589		12/06/20	11/08/20	12/11/20		1,102.34	0.00	0.00	1,102.34
		SUPPLIES GENERAL LAB								
	2316836		12/06/20	11/09/20	12/11/20		3,552.89	0.00	0.00	3,552.89
		SUPPLIES GENERAL LAB								
	2418085		12/06/20	11/10/20	12/11/20		106.50	0.00	0.00	106.50
		SUPPLIES GENERAL LAB								
	2575268		12/06/20	11/11/20	12/11/20		1,177.44	0.00	0.00	1,177.44
		SUPPLIES GENERAL LAB								
	2880991		12/06/20	11/14/20	12/14/20		128.96	0.00	0.00	128.96
		SUPPLIES GENERAL LAB								
	3398630		12/06/20	11/15/20	12/15/20		78.78	0.00	0.00	78.78
		SUPPLIES GENERAL LAB								
	3775735		12/06/20	11/16/20	12/16/20		667.35	0.00	0.00	667.35
		SUPPLIES GENERAL LAB								
	4037303		12/06/20	11/17/20	12/17/20		1,759.93	0.00	0.00	1,759.93
		SUPPLIES GENERAL LAB								
	3775734		12/06/20	11/18/20	12/18/20		105.05	0.00	0.00	105.05
		SUPPLIES GENERAL LAB								
	4199980		12/06/20	11/18/20	12/18/20		128.55	0.00	0.00	128.55
		SUPPLIES GENERAL LAB								
	4330798		12/06/20	11/21/20	12/21/20		124.61	0.00	0.00	124.61
		SUPPLIES GENERAL LAB								
	4330799		12/06/20	11/21/20	12/21/20		1,564.52	0.00	0.00	1,564.52

4479313		12/06/20 11/22/20 12/22/20		16.07	0.00	0.00	16.07	✓
	SUPPLIES GENERAL LAB							
4479311		12/06/20 11/22/20 12/22/20		445.87	0.00	0.00	445.87	✓
	SUPPLIES GENERAL LAB							
5276359		12/09/20 08/24/20 12/11/20		1,088.78	0.00	0.00	1,088.78	✓
	SUPPLIES GENERAL LAB							
5014773		12/09/20 12/01/20 12/24/20		1,078.72	0.00	0.00	1,078.72	✓
	SUPPLIES GENERAL LAB							
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net	
	F1400	FISHER HEALTHCARE		15,082.70	0.00	0.00	15,082.70	✓
Vendor#	Vendor Name		Class	Pay Code				
G1001	GETINGE USA							
Invoice#	Comment	Tran Dt Inv Dt Due Dt Check D Pay		Gross	Discount	No-Pay	Net	
6070360		11/23/20 11/17/20 12/17/20		198.64	0.00	0.00	198.64	✓
	SUPPLIES GENERAL SURGER							
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net	
	G1001	GETINGE USA		198.64	0.00	0.00	198.64	✓
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	
9278742045		11/23/20 11/11/20 12/11/20		125.06	0.00	0.00	125.06	✓
	MAINT CONTR DIETARY							
9287139852		12/09/20 11/21/20 12/21/20		100.83	0.00	0.00	100.83	✓
	SUPPLIES GENERAL PLNT OF							
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net	
	W1300	GRAINGER		225.89	0.00	0.00	225.89	✓
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	
107088		12/08/20 11/04/20 11/14/20		14.63	0.00	0.00	14.63	✓
	SUPPLIES GENERAL PLNT OF							
107071		12/08/20 11/04/20 11/14/20		31.98	0.00	0.00	31.98	✓
	SUPPLIES GENERAL PLNT OF							
107391		12/08/20 11/16/20 11/26/20		74.88	0.00	0.00	74.88	✓
	SUPPLIES GENERAL PLNT OF							
107383		12/08/20 11/16/20 12/11/20		14.15	0.00	0.00	14.15	✓
	SUPPLIES GENERAL PLNT OF							
107473		12/08/20 11/21/20 12/11/20		19.87	0.00	0.00	19.87	✓
	SUPPLIES GENERAL PLNT OF							
107390		12/08/20 11/30/20 12/10/20		29.99	0.00	0.00	29.99	✓
	SUPPLIES GENERAL PLNT OF							
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net	
	A1292	GULF COAST HARDWARE / ACE		185.50	0.00	0.00	185.50	✓
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	
1232677		11/22/20 11/15/20 12/15/20		369.66	0.00	0.00	369.66	✓
	SUPPLIES HOUSEKEEPING							
1235709		12/05/20 11/21/20 12/21/20		259.13	0.00	0.00	259.13	✓
	SUPPLIES GNERAL HOUSEKE							
1238443		12/05/20 11/29/20 12/24/20		201.34	0.00	0.00	201.34	✓

	SANITARY SUPPLIES HOUSEK								
	1238429		12/05/20	11/29/20	12/24/20	29.60	0.00	0.00	29.60
	SUPPLIES GENERAL HOUSEK								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		G1210	GULF COAST PAPER COMPANY			859.73	0.00	0.00	859.73
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
	087722		11/29/20	11/24/20	12/14/20	2.44	0.00	0.00	2.44
	FOOD SUPPLIES DIETARY								
	095041		11/29/20	11/27/20	12/17/20	11.22	0.00	0.00	11.22
	FOOD SUPPLIES DIETARY								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		H0030	H E BUTT GROCERY			13.66	0.00	0.00	13.66
Vendor#	Vendor Name				Class	Pay Code			
10334	HEALTH CARE LOGISTICS INC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	6072236		12/09/20	11/17/20	12/17/20	75.35	0.00	0.00	75.35
	SUPPLIES GENERAL PHARMA								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		10334	HEALTH CARE LOGISTICS INC			75.35	0.00	0.00	75.35
Vendor#	Vendor Name				Class	Pay Code			
H1227	HEALTHSURE INSURANCE SERVICES								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	5438		12/12/20	12/06/20	12/15/20	33,375.75	0.00	0.00	33,375.75
	PREPAID INSURANCE PREPA					Directors/officers Liability Ins.			
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		H1227	HEALTHSURE INSURANCE SERVICES			33,375.75	0.00	0.00	33,375.75
Vendor#	Vendor Name				Class	Pay Code			
10258	HITACHI MEDICAL SYSTEMS								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	PJIN0096285		11/23/20	11/15/20	12/24/20	8,333.33	0.00	0.00	8,333.33
	MAINT CONTR MRI								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		10258	HITACHI MEDICAL SYSTEMS			8,333.33	0.00	0.00	8,333.33
Vendor#	Vendor Name				Class	Pay Code			
H0416	HOLOGIC INC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	8028268		12/05/20	11/15/20	12/11/20	91.26	0.00	0.00	91.26
	SUPPLIES GENERAL SURGER								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		H0416	HOLOGIC INC			91.26	0.00	0.00	91.26
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
	1969-		12/15/20	11/30/20	12/20/20	14,129.65	0.00	0.00	14,129.65
	PURCHASED SERVICES PHAF								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		10922	HUNTER PHARMACY SERVICES			14,129.65	0.00	0.00	14,129.65
Vendor#	Vendor Name				Class	Pay Code			
I0320	IAHCSMM				W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net

	21575		12/09/20	11/30/20	12/11/20		114.00	0.00	0.00	114.00
		DUES & SUBCRIPTIONS SURC								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		I0320	IAHCSMM				114.00	0.00	0.00	114.00
Vendor#	Vendor Name				Class	Pay Code				
I1260	INTOXIMETERS INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	547789		11/30/20	11/04/20	12/11/20		438.75	0.00	0.00	438.75
		SUPPLIES GENERAL LAB								
	549113		11/30/20	11/22/20	12/11/20		105.85	0.00	0.00	105.85
		SUPPLIES GENERAL LAB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		I1260	INTOXIMETERS INC				544.60	0.00	0.00	544.60
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
	4586051557		12/12/20	11/19/20	12/06/20		263.35	0.00	0.00	263.35
		PURCHASED SERVICES ADMI								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11200	IRON MOUNTAIN				263.35	0.00	0.00	263.35
Vendor#	Vendor Name				Class	Pay Code				
J0150	J & J HEALTH CARE SYSTEMS, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	917290838		11/22/20	11/14/20	12/14/20		1,250.55	0.00	0.00	1,250.55
		SUPPLIES SURGERY								
	917302953		12/05/20	11/16/20	12/16/20		2,720.95	0.00	0.00	2,720.95
		SUPPLIES GENERAL SURGER								
	917308914		12/05/20	11/17/20	12/17/20		1,648.84	0.00	0.00	1,648.84
		SUPPLIES GENERAL SURGER								
	917318835		12/05/20	11/21/20	12/21/20		732.62	0.00	0.00	732.62
		SUPPLIES GENERAL SURGER								
	917321572		12/05/20	11/21/20	12/21/20		218.75	0.00	0.00	218.75
		SUPPLIES GENERAL BLOOD E								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		J0150	J & J HEALTH CARE SYSTEMS, INC				6,571.71	0.00	0.00	6,571.71
Vendor#	Vendor Name				Class	Pay Code				
10423	JOHNGSELF ASSOCIATES INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	003-406		12/09/20	12/04/20	12/19/20		15,800.00	0.00	0.00	15,800.00
		PURCHASED SERVICES ADMI Physicians Search 30% of $36,000 and 1st Installment (50%) of Reimb Expenses								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10423	JOHNGSELF ASSOCIATES INC				15,800.00	0.00	0.00	15,800.00
Vendor#	Vendor Name				Class	Pay Code				
L1001	LANDAUER INC				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	100436889		12/09/20	11/22/20	12/05/20		765.91	0.00	0.00	765.91
		PURCHASED SERVICES RADI Badges								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		L1001	LANDAUER INC				765.91	0.00	0.00	765.91
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
INV0540229		12/09/20	12/01/20	12/15/20		1,659.05	0.00	0.00	1,659.05
	FUE PLNT OPER								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10578	LUMINANT ENERGY COMPANY LLC				1,659.05	0.00	0.00	1,659.05

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
69429-30		11/23/20	11/14/20	12/14/20		110.90	0.00	0.00	110.90
	OFFICE SUPPLIES MM CLINIC Business / Appt Cards Rojas								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M1950	MARTIN PRINTING CO				110.90	0.00	0.00	110.90

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
88422116		11/10/20	11/02/20	12/15/20		527.17	0.00	0.00	527.17
	CS INVENTORY								
88841346		11/22/20	11/09/20	12/11/20		373.08	0.00	0.00	373.08
	CS INVENTORY & RECOVERY								
89106873		11/30/20	11/14/20	12/14/20		351.55	0.00	0.00	351.55
	SUPPLIES GENERAL LAB								
89232986		11/30/20	11/16/20	12/16/20		21.15	0.00	0.00	21.15
	SUPPLIES GENERAL LAB								
89172485		11/30/20	11/16/20	12/16/20		3,340.80	0.00	0.00	3,340.80
	SUPPLIES GENERAL LAB								
89694919		11/30/20	11/23/20	12/23/20		972.92	0.00	0.00	972.92
	SUPPLIES GENERAL LAB								
88749068		11/30/20	11/30/20	12/24/20		123.45	0.00	0.00	123.45
	SUPPLIES GENERAL LAB								
89254374		11/30/20	11/30/20	12/24/20		28.46	0.00	0.00	28.46
	SUPPLIES GENERAL LAB								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC				5,738.58	0.00	0.00	5,738.58

Vendor# M2320 Vendor Name MEDIBADGE Class M Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
727959		11/30/20	11/28/20	12/18/20		117.95	0.00	0.00	117.95
	SUPPLIES GENERAL LAB								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2320	MEDIBADGE				117.95	0.00	0.00	117.95

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
104698		12/12/20	11/30/20	12/05/20		1,759.50	0.00	0.00	1,759.50
	COLLECTION EXPENSE BUS (								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11141	MEDICAL DATA SYSTEMS, INC.				1,759.50	0.00	0.00	1,759.50

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1818378115		12/05/20	11/24/20	12/11/20		48.59	0.00	0.00	48.59
	INVENTRY CENTRAL SUP INV								

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC				48.59	0.00	0.00	48.59

Vendor#	Vendor Name	Class	Pay Code
M2556	MEGADYNE MEDICAL	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
I1119586		12/05/20	11/21/20	12/11/20			54.00	0.00	0.00	54.00
	SUPPLIES GENERAL SURGER									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2556	MEGADYNE MEDICAL	54.00	0.00	0.00	54.00

Vendor#	Vendor Name	Class	Pay Code
11260	MELANIE GRIFFTH		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21581		12/12/20	12/12/20	12/12/20			1,008.78	0.00	0.00	1,008.78
	MISC RECEIVABLE RECEIVAB	Payroll check that was pd due to Direct Deposit being rejected								OK

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11260	MELANIE GRIFFTH	1,008.78	0.00	0.00	1,008.78

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
37432		11/30/20	11/15/20	12/11/20			42.85	0.00	0.00	42.85
	SUPPLIES GNERAL GROUNDS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2550	MELSTAN, INC.	42.85	0.00	0.00	42.85

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
7009588099		11/30/20	11/21/20	12/11/20			1,969.13	0.00	0.00	1,969.13
	INVENTORY PHARMACY INVE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10904	MERCK SHARP & DOHME CORP	1,969.13	0.00	0.00	1,969.13

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
30094338832		12/05/20	11/18/20	12/18/20			134.72	0.00	0.00	134.72
	SUPPLIES GENERAL SURGER									
30094338833		12/05/20	11/18/20	12/18/20			160.51	0.00	0.00	160.51
	SUPPLIES GENERAL SURGER									
30094338834		12/05/20	11/18/20	12/18/20			269.44	0.00	0.00	269.44
	SUPPLIES GENERAL SURGER									
30094340230		12/05/20	11/22/20	12/22/20			1,029.76	0.00	0.00	1,029.76
	SUPPLIES GENERAL MAMMO									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2659	MERRY X-RAY/SOURCEONE HEALTHCA	1,594.43	0.00	0.00	1,594.43

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
112116		11/29/20	11/21/20	12/11/20			32,620.78	0.00	0.00	32,620.78
	EMPL EXP DENT INSURN OTH									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN	32,620.78	0.00	0.00	32,620.78

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
671226-		12/15/20	12/01/20	12/24/20		92.46	0.00	0.00	92.46
	MISCELLANEOUS ADMIN								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2662	MMC VOLUNTEERS	92.46	0.00	0.00	92.46

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
9614126		11/30/20	11/29/20	11/30/20		26.06	0.00	0.00	26.06
9614124		11/30/20	11/29/20	12/11/20		0.64	0.00	0.00	0.64
	INVENTORY PHARMACY INVE								
9614127		11/30/20	11/29/20	12/11/20		26.48	0.00	0.00	26.48
	INVENTORY PHARMACY INVE								
6592		11/30/20	11/30/20	12/11/20		-7.40	0.00	0.00	-7.40
	INVENTORY PHARMACY INVE								
9619668		11/30/20	11/30/20	12/11/20		166.87	0.00	0.00	166.87
	INVENTORY PHARMACY INVE								
9640789		11/30/20	12/01/20	12/11/20		8,549.25	0.00	0.00	8,549.25
	INVENTORY PHARMACY INVE								
9626907		11/30/20	12/01/20	12/11/20		14.42	0.00	0.00	14.42
	INVENTORY PHARMACY INVE								
9627531		11/30/20	12/01/20	12/11/20		1,669.32	0.00	0.00	1,669.32
	INVENTORY PHARMACY INVE								
9640788		11/30/20	12/01/20	12/11/20		624.93	0.00	0.00	624.93
	INVENTORY PHARMACY INVE								
9627200		11/30/20	12/01/20	12/11/20		13.24	0.00	0.00	13.24
	INVENTORY PHARMACY INVE								
9627532		11/30/20	12/01/20	12/11/20		3,450.47	0.00	0.00	3,450.47
	INVENTORY PHARMACY INVE								
9646969		11/30/20	12/06/20	12/11/20		71.68	0.00	0.00	71.68
	INVENTORY PHARMACY INVE								
9647176		11/30/20	12/06/20	12/11/20		478.91	0.00	0.00	478.91
	INVENTORY PHARMACY INVE								
9647175		11/30/20	12/06/20	12/11/20		131.78	0.00	0.00	131.78
	INVENTORY PHARMACY INVE								
CM29496		11/30/20	12/06/20	12/11/20		-292.95	0.00	0.00	-292.95
	INVENTORY PHARMACY INVE								
9614125		12/08/20	11/29/20	12/11/20		2,990.19	0.00	0.00	2,990.19
	INVENTORY PHARMACY INVE								
9640790		12/08/20	12/01/20	12/11/20		164.24	0.00	0.00	164.24
	INVENTORY PHARMACY INVE								
9639984		12/08/20	12/01/20	12/11/20		537.31	0.00	0.00	537.31
	INVENTORY PHARMACY INVE								
9627533		12/08/20	12/01/20	12/11/20		22.20	0.00	0.00	22.20
	INVENTORY PHARMACY INVE								
7258		12/08/20	12/05/20	12/11/20		-0.64	0.00	0.00	-0.64
	INVENTORY PHARMACY INVE								
9647177		12/08/20	12/06/20	12/11/20		13.99	0.00	0.00	13.99
	INVENTORY PHARMACY INVE								
9651003		12/12/20	12/07/20	12/08/20		166.18	0.00	0.00	166.18

		INVENTORY PHARMACY INVE							
	9647803		12/12/20	12/07/20	12/08/20	1,500.00	0.00	0.00	1,500.00
		INVENTROY PHARMACY INVE							
	9651002		12/12/20	12/07/20	12/08/20	6,421.33	0.00	0.00	6,421.33
		INVENTORY PHARMACY INVE							
	9656564		12/12/20	12/08/20	12/09/20	151.58	0.00	0.00	151.58
		INVENTORY PHARMACY INVE							
	9655149		12/12/20	12/08/20	12/09/20	136.55	0.00	0.00	136.55
		INVENTROY PHARMACY INVE							
	9656264		12/12/20	12/08/20	12/09/20	37.63	0.00	0.00	37.63
		INVENTORY PHARMACY INVE							
	9656565		12/12/20	12/08/20	12/09/20	2,278.15	0.00	0.00	2,278.15
		INVENTORY PHARMACY INVE							
	9656263		12/12/20	12/08/20	12/09/20	35.51	0.00	0.00	35.51
		INVENTORY PHARMACY INVE							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		10536	MORRIS & DICKSON CO, LLC			29,377.92	0.00	0.00	29,377.92
Vendor#	Vendor Name				Class	Pay Code			
10868	NOVA BIOMEDICAL								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	90319265		12/09/20	11/23/20	12/01/20		3,165.34	0.00	0.00	3,165.34
		SUPPLIES GENERAL LAB							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		10868	NOVA BIOMEDICAL			3,165.34	0.00	0.00	3,165.34
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
	21582		12/12/20	12/01/20	12/11/20		3,750.00	0.00	0.00	3,750.00
		PURCHASED SERVICES DIET, December							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		N1225	NUTRITION OPTIONS			3,750.00	0.00	0.00	3,750.00
Vendor#	Vendor Name				Class	Pay Code			
O0920	OFFICE DEPOT								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	879557756001		12/05/20	11/15/20	12/11/20		61.74	0.00	0.00	61.74
		SUPPLIES GENERAL HLTH INI							
	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
	1850158215		11/30/20	11/10/20	12/11/20		144.03	0.00	0.00	144.03
		SUPPLIES GNERAL BLOOK BI							
	1850161828		11/30/20	11/15/20	12/15/20		866.57	0.00	0.00	866.57
		SUPPLIES GENERAL BLOOD E							
	1850154562		11/30/20	11/16/20	12/16/20		113.00	0.00	0.00	113.00
		SUPPLIES GENERAL BLOOD E							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		O1416	ORTHO CLINICAL DIAGNOSTICS			1,123.60	0.00	0.00	1,123.60
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
	2022588927		11/22/20	11/15/20	12/15/20		212.84	0.00	0.00	212.84 ✓
		CS INVENTORY								
	2022586026		11/22/20	11/15/20	12/15/20		53.39	0.00	0.00	53.39 ✓
		CS INVENTORY								
	2022589171		11/22/20	11/15/20	12/15/20		48.94	0.00	0.00	48.94 ✓
		CS INVENTORY								
	2022587926		11/22/20	11/15/20	12/15/20		19.22	0.00	0.00	19.22 ✓
		CS INVENTORY								
	2022593585		11/22/20	11/15/20	12/15/20		1,467.82	0.00	0.00	1,467.82 ✓
		CS INVENTORY								
	2022682381		11/22/20	11/17/20	12/17/20		45.38	0.00	0.00	45.38 ✓
		SUPPLIES PT								
	2022681219		11/22/20	11/17/20	12/17/20		36.88	0.00	0.00	36.88 ✓
		SUPPLIES HOUSEKEEPING								
	2022685187		11/22/20	11/17/20	12/17/20		23.00	0.00	0.00	23.00 ✓
		SUPPLIES HOUSEKEEPING								
	2022681213		11/22/20	11/17/20	12/17/20		10.35	0.00	0.00	10.35 ✓
		SUPPLIES DIETARY								
	2022680670		11/22/20	11/17/20	12/17/20		22.86	0.00	0.00	22.86 ✓
		SUPPLIES HOUSEKEEPING								
	2022800528		12/15/20	11/22/20	12/22/20		~~19.10~~	0.00	0.00	~~19.10~~ Take 88
		INVENTRY CENTRAL SUP INV								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		OM425	OWENS & MINOR				~~1,959.78~~	0.00	0.00	~~1,959.78~~
Vendor#	Vendor Name				Class	Pay Code	1940.68			1940.68
11069	PABLO GARZA									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	21570		11/30/20	12/01/20	12/11/20		645.00	0.00	0.00	645.00 ✓
		PURCHASED SERVICES MM C	11/6-30/2016	21½ hrs x30						
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11069	PABLO GARZA				645.00	0.00	0.00	645.00 ✓
Vendor#	Vendor Name				Class	Pay Code				
11242	PECA									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	16014.05-		12/16/20	11/18/20	12/24/20		2,122.04	0.00	0.00	2,122.04 ✓
		PURCHASED SERVICES ADMI								
	16014.04- ✓		12/16/20	11/23/20	12/24/20		9,000.00	0.00	0.00	9,000.00 ✓
		PURCHASED SERVICES ADMI								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11242	PECA				11,122.04	0.00	0.00	11,122.04
Vendor#	Vendor Name				Class	Pay Code				
P1260	PENTAX MEDICAL COMPANY				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	92087816		11/30/20	11/18/20	12/11/20		130.14	0.00	0.00	130.14 ✓
		SUPPLIES GENERAL SURGER								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net ✓
		P1260	PENTAX MEDICAL COMPANY				130.14	0.00	0.00	130.14
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
	A1792562		11/30/20	11/15/20	12/15/20		177.50	0.00	0.00	177.50 ✓

		INVENTORY PHARMACY INVE							
	A1795663		11/30/20	11/17/20	12/17/20	177.50	0.00	0.00	177.50
		INVENTORY PHHARMACY INV							
	A1799039		11/30/20	11/21/20	12/21/20	142.00	0.00	0.00	142.00
		INVENEROY PHARMACY INVE							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		10204	PHARMEDIUM SERVICES LLC			497.00	0.00	0.00	497.00
Vendor#	Vendor Name				Class	Pay Code			
10032	PHILIPS HEALTHCARE								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	933882223		11/30/20	11/29/20	12/15/20		2,627.00	0.00	0.00	2,627.00
		MAINT CONTR NUC MED							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		10032	PHILIPS HEALTHCARE			2,627.00	0.00	0.00	2,627.00
Vendor#	Vendor Name				Class	Pay Code			
10073	PORT LAVACA CLINIC ASSOC, PA				ICP				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	21568		11/30/20	11/29/20	12/11/20		70.00	0.00	0.00	70.00
		UNDEARNED INCOME INDIGE							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		10073	PORT LAVACA CLINIC ASSOC, PA			70.00	0.00	0.00	70.00
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
	B26559		11/30/20	11/27/20	11/27/20		5.66	0.00	0.00	5.66
		SUPPLIES GENRAL LAB							
	B26542		11/30/20	11/27/20	12/11/20		11.09	0.00	0.00	11.09
		SUPPLIES GENERAL LAB							
	A26961		11/30/20	11/27/20	12/15/20		5.94	0.00	0.00	5.94
		SUPPLIES GENERAL PLNT OF							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		P2200	POWER ELECTRIC			22.69	0.00	0.00	22.69
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
	3595999		11/22/20	10/08/20	12/24/20		276.44	0.00	0.00	276.44
		SUPPLIES GENERAL C/S							
	3592557		11/23/20	11/16/20	12/16/20		26.61	0.00	0.00	26.61
		SUPPLIES GENERAL RADIOLC							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		10372	PRECISION DYNAMICS CORP (PDC)			303.05	0.00	0.00	303.05
Vendor#	Vendor Name				Class	Pay Code			
P1725	PREMIER SLEEP DISORDERS CENTER				M				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	100116		12/09/20	10/01/20	12/05/20		5,125.00	0.00	0.00	5,125.00
		PURCHASED SERVICES RES							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		P1725	PREMIER SLEEP DISORDERS CENTER			5,125.00	0.00	0.00	5,125.00
Vendor#	Vendor Name				Class	Pay Code			
11195	PSYCHEMEDICS CORPORATION								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net

	475319		12/09/20	10/31/20	12/05/20	39.00	0.00	0.00	39.00
		PURCHASED SERVICES LAB							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		11195	PSYCHEMEDICS CORPORATION			39.00	0.00	0.00	39.00
Vendor#	Vendor Name				Class	Pay Code			
R1268	RADIOLOGY UNLIMITED, PA				W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	112116		11/30/20	11/21/20	12/11/20		3,280.00	0.00	0.00	3,280.00
		PROF FEES RADIOLOGY 82x40								
	21578		12/12/20	11/01/20	12/01/20		330.00	0.00	0.00	330.00
		PROF FEES RADIOLOGY 19x15 and 3x15								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		R1268	RADIOLOGY UNLIMITED, PA				3,610.00	0.00	0.00	3,610.00
Vendor#	Vendor Name				Class	Pay Code				
11080	RADSOURCE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	SC54789		11/23/20	11/12/20	12/12/20		1,667.00	0.00	0.00	1,667.00
		PURCHASED SERVICES RADI								
	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				
10645	REVISTA de VICTORIA									
	Invoice#	Comment	Tran Dt	Inv Dt 18	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	11201630		11/30/20	11/21/20	12/11/20		120.00	0.00	0.00	120.00
		PUBLIC RED/ADVERTISE ADM								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10645	REVISTA de VICTORIA				120.00	0.00	0.00	120.00
Vendor#	Vendor Name				Class	Pay Code				
10960	RICOH USA, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	97919580		12/12/20	11/30/20	12/19/20		5,909.84	0.00	0.00	5,909.84
		LEASES & RENTAL MM CLINIC								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10960	RICOH USA, INC				5,909.84	0.00	0.00	5,909.84
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
	907440882		11/23/20	11/10/20	12/15/20		342.57	0.00	0.00	342.57
		INVENTORY PHARMACY INVE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S1001	SANOFI PASTEUR INC				342.57	0.00	0.00	342.57
Vendor#	Vendor Name				Class	Pay Code				
S1850	SHIP SHUTTLE TAXI SERVICE				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	420933		11/30/20	11/12/20	12/11/20		10.00	0.00	0.00	10.00
		PURCHASED SERVICES E/R 15								
	784712		11/30/20	11/15/20	12/11/20		70.00	0.00	0.00	70.00
		PURCHASED SERVICES E/R								
	420934		12/08/20	11/17/20	12/11/20		8.00	0.00	0.00	8.00
		PURCHASED SERVICES E/R								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S1850	SHIP SHUTTLE TAXI SERVICE				88.00	0.00	0.00	88.00

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
	115379749		11/30/20	11/29/20	12/11/20		633.33	0.00	0.00	633.33
		SUPPLIES GENERAL LAB								
	115376983		11/30/20	11/30/20	12/24/20		832.25	0.00	0.00	832.25
		SUPPLIES GENERAL LAB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		D0350	SIEMENS HEALTHCARE DIAGNOSTICS				1,465.58	0.00	0.00	1,465.58
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
	270234		12/09/20	12/01/20	12/11/20		1,275.00	0.00	0.00	1,275.00
		PUBLIC REL/ADVERTIES ADM								
	207251		12/09/20	12/01/20	12/11/20		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.				1,675.00	0.00	0.00	1,675.00
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
	93367040		12/05/20	11/18/20	12/11/20		247.23	0.00	0.00	247.23
		SUPPLIES GENERAL SURGER								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2362	SMITH & NEPHEW				247.23	0.00	0.00	247.23
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
	90023556		11/30/20	11/17/20	12/17/20		4,187.05	0.00	0.00	4,187.05
		SUPPLIES GENERAL BLOOK E								
	90023768		11/30/20	11/30/20	12/24/20		-2,701.54	0.00	0.00	-2,701.54
		SUPPLIES GENERAL BLOOD E								
	120116		11/30/20	11/30/20	12/24/20		-26.81	0.00	0.00	-26.81
		SUPPLIES GENERAL BLOOD E								
	90023486		12/08/20	11/17/20	12/17/20		-1,142.65	0.00	0.00	-1,142.65
		SUPPLIES GENERAL BLOOD E								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2400	SO TEX BLOOD & TISSUE CENTER				316.05	0.00	0.00	316.05
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
	2891214		11/22/20	11/11/20	12/11/20		192.84	0.00	0.00	192.84
		SUPPLIES SURGERY								
	2868369		11/23/20	10/15/20	12/11/20		-45.00	0.00	0.00	-45.00
		OFFICE SUPPLIES SURGERY								
	2890768		12/12/20	11/11/20	12/11/20		-65.00	0.00	0.00	-65.00
		SUPPLIES GENERAL SURGER								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10735	STRYKER SUSTAINABILITY				82.84	0.00	0.00	82.84
Vendor#	Vendor Name				Class	Pay Code				
10887	STUDER GROUP									

	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	081747		12/09/20	12/01/20	12/15/20			18,938.23	0.00	0.00	18,938.23
		ACCRUED PAYABLES ACCRU 2 of 12 installments									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		10887	STUDER GROUP					18,938.23	0.00	0.00	18,938.23
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
	113011508		11/30/20	11/17/20	12/11/20			476.80	0.00	0.00	476.80
		FOOD SUPPLIES DIETARY									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		S2951	SYSCO FOOD SERVICES OF					476.80	0.00	0.00	476.80
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
	120916		12/12/20	12/09/20	12/11/20			4,647.00	0.00	0.00	4,647.00
		INS WORK COMP HOSP GEN									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		T2204	TEXAS MUTUAL INSURANCE CO					4,647.00	0.00	0.00	4,647.00
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
	001519		12/09/20	12/01/20	12/01/20			275.80	0.00	0.00	275.80
		PURCHASED SERVICES ADMI									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		T2230	TEXAS WIRED MUSIC INC					275.80	0.00	0.00	275.80
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
	0054053		12/09/20	11/27/20	12/12/20			24.80	0.00	0.00	24.80
		DUES & SUBSCRIPTIONS ADM									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		V1050	THE VICTORIA ADVOCATE					24.80	0.00	0.00	24.80
Vendor#	Vendor Name				Class	Pay Code					
10732	THERACOM, LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	160702141-301		11/23/20	11/17/20	12/24/20			2,140.32	0.00	0.00	2,140.32
		INVENTORY PHARMACY INVE									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		10732	THERACOM, LLC					2,140.32	0.00	0.00	2,140.32
Vendor#	Vendor Name				Class	Pay Code					
U1054	UNIFIRST HOLDINGS				W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	8150748859		11/17/20	11/15/20	12/15/20			47.34	0.00	0.00	47.34
		PURCHASED SERVICES MAIN									
	8150748950		11/17/20	11/15/20	12/15/20			32.92	0.00	0.00	32.92
		PURCHASED SERAVICES BIO									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		U1054	UNIFIRST HOLDINGS					80.26	0.00	0.00	80.26
Vendor#	Vendor Name				Class	Pay Code					
U1064	UNIFIRST HOLDINGS INC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net

8400233346	11/17/20	11/11/20	12/11/20	491.39	0.00	0.00	491.39	
LAUNDRY SURGERY								
8400233383	11/17/20	11/11/20	12/11/20	1,086.27	0.00	0.00	1,086.27	
LAUNDRY HOUSEKEEPING								
8400234044	11/23/20	11/11/20	12/11/20	108.07	0.00	0.00	108.07	
LAUNDRY DIETARY								
8400234042	11/23/20	11/11/20	12/11/20	303.10	0.00	0.00	303.10	
LAUNDRY HOUSEKEEPING								
8400233535	11/23/20	11/15/20	12/15/20	108.07	0.00	0.00	108.07	
LAUNDRY DIETARY								
8400233586	11/23/20	11/15/20	12/15/20	1,070.35	0.00	0.00	1,070.35	
LAUNDRY HOUSEKEEPING								
8400233537	11/23/20	11/15/20	12/15/20	108.59	0.00	0.00	108.59	
LAUNDRY HOUSEKEEPING								
8400233533	11/23/20	11/15/20	12/15/20	303.10	0.00	0.00	303.10	
LAUNDRY HOUSEKEEPING								
8400233536	11/23/20	11/15/20	12/15/20	108.08	0.00	0.00	108.08	
LAUNDRY OB								
8400233534	11/23/20	11/15/20	12/15/20	104.30	0.00	0.00	104.30	
LAUNDRY HOUSEKEEPING								
8400233576	11/23/20	11/15/20	12/15/20	159.68	0.00	0.00	159.68	
LAUNDRY HOUSEKEEPING								
8400233848	11/23/20	11/18/20	12/18/20	436.44	0.00	0.00	436.44	
LAUNDRY OB								
8400233887	11/23/20	11/18/20	12/18/20	1,109.79	0.00	0.00	1,109.79	
LAUNDRY HOUSEKEEPING								
8400234043	11/23/20	11/22/20	12/22/20	111.30	0.00	0.00	111.30	
LAUNDRY HOUSEKEEPING								
8400234086	11/23/20	11/22/20	12/22/20	159.68	0.00	0.00	159.68	
LAUNDRY HOUSEKEEPING								
8400234096	11/23/20	11/22/20	12/22/20	1,157.79	0.00	0.00	1,157.79	
LAUNDRY HOUSEKEEPING								
8400234045	11/23/20	11/22/20	12/22/20	108.08	0.00	0.00	108.08	
LAUNDRY OB								
8400234046	11/23/20	11/22/20	12/22/20	108.59	0.00	0.00	108.59	
LAUNDRY HOUSEKEEPING								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	7,142.67	0.00	0.00	7,142.67

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
0000778941476		11/30/20	11/19/20	12/11/20		708.38	0.00	0.00	708.38
	FREIGHT C/S								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1350	UPS	708.38	0.00	0.00	708.38

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
4763662		11/23/20	11/21/20	12/11/20		1,852.46	0.00	0.00	1,852.46
	MEAT EXPENSE DIETARY								
4492109		12/09/20	11/07/20	11/27/20		63.00	0.00	0.00	63.00

		SUPPLIES GENERAL DIETARY							
	4854286		12/09/20	11/25/20	12/15/20	1,882.92	0.00	0.00	1,882.92
		MEAT EXPENSE DIETARY							
	4780486		12/09/20	11/28/20	12/18/20	1,705.07	0.00	0.00	1,705.07
		MEAT EXPENSE DIETARY							
	4938409		12/09/20	12/01/20	12/21/20	1,883.92	0.00	0.00	1,883.92
		MEAT EXPENSE DIETARY							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		10172	US FOOD SERVICE			7,387.37	0.00	0.00	7,387.37
Vendor#	Vendor Name				Class	Pay Code			
11112	VICTORIA PROFESSIONAL								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	21579		12/12/20	12/07/20	12/15/20		1,805.78	0.00	0.00	1,805.78
		PROF FEES HOSPITALIST								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11112	VICTORIA PROFESSIONAL				1,805.78	0.00	0.00	1,805.78
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
	9110347000		11/30/20	11/09/20	12/09/20		1,964.52	0.00	0.00	1,964.52
		SUPPLIES GENERAL LAB								
	9110348375		11/30/20	11/15/20	12/15/20		1,571.67	0.00	0.00	1,571.67
		LEASE & RENTAL LAB								
	9110349470		11/30/20	11/17/20	12/17/20		507.74	0.00	0.00	507.74
	9110350469		11/30/20	11/22/20	12/22/20		1,964.52	0.00	0.00	1,964.52
		SUPPLIES GENERAL LAB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		I1110	WERFEN USA LLC				6,008.45	0.00	0.00	6,008.45
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
	79-4333977		11/23/20	11/17/20	12/17/20		30.89	0.00	0.00	30.89
		SUPPLIES GENERAL PLNT OF								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10325	WHOLESALE ELECTRIC SUPPLY				30.89	0.00	0.00	30.89

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	301,754.99	0.00	0.00	301,754.99

Pg 4 correction (190.60)

Pg 13 correction (19.10)

301,545.29

Pg 1 - paid By Credit Card (2,480.13)

299,065.16

APPROVED ON

DEC 14 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

		MEAT EXPENSE DIETARY							
	4938409		12/09/20	12/01/20	12/21/20	1,883.92	0.00	0.00	1,883.92
		MEAT EXPENSE DIETARY							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		10172	US FOOD SERVICE			7,387.37	0.00	0.00	7,387.37
Vendor#	Vendor Name				Class	Pay Code			
11112	VICTORIA PROFESSIONAL								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	21579		12/12/20	12/07/20	12/15/20		1,805.78	0.00	0.00	1,805.78
		PROF FEES HOSPITALIST							
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11112	VICTORIA PROFESSIONAL				1,805.78	0.00	0.00	1,805.78
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
	9110347000		11/30/20	11/09/20	12/09/20		1,964.52	0.00	0.00	1,964.52
		SUPPLIES GENERAL LAB							
	9110348375		11/30/20	11/15/20	12/15/20		1,571.67	0.00	0.00	1,571.67
		LEASE & RENTAL LAB							
	9110349470		11/30/20	11/17/20	12/17/20		507.74	0.00	0.00	507.74
	9110350469		11/30/20	11/22/20	12/22/20		1,964.52	0.00	0.00	1,964.52
		SUPPLIES GENERAL LAB							
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		I1110	WERFEN USA LLC				6,008.45	0.00	0.00	6,008.45
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
	79-4333977		11/23/20	11/17/20	12/17/20		30.89	0.00	0.00	30.89
		SUPPLIES GENERAL PLNT OF								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10325	WHOLESALE ELECTRIC SUPPLY				30.89	0.00	0.00	30.89

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	301,545.29	0.00	0.00	301,545.29

AIRESPRING PAID BY CARD

Michael J. Pfeifer
Calhoun County Judge
Date 1-4-17

2,480.13
299,065.16
299,065.16

CK# 169114
to
169232

APPROVED
ON
DEC 14 2016 (ph)

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:12/16/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:14:36 CHECK REGISTER GLCKREG
12/16/16 THRU 12/16/16

BANK--CHECK-- CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	169114	12/16/16	2,627.00	PHILIPS HEALTHCARE
A/P	169115	12/16/16	153.03	ERBE USA INC SURGICAL SYSTEMS
A/P	169116	12/16/16	70.00	PORT LAVACA CLINIC ASSOC, PA
A/P	169117	12/16/16	3,798.38	US FOOD SERVICE
A/P	169118	12/16/16	177.50	PHARMEDIUM SERVICES LLC
A/P	169119	12/16/16	3,045.91	CARDINAL HEALTH
A/P	169120	12/16/16	1,144.80	CENTURION MEDICAL PRODUCTS
A/P	169121	12/16/16	656.80	DEWITT POTH & SON
A/P	169122	12/16/16	26.61	PRECISION DYNAMICS CORP (PDC)
A/P	169123	12/16/16	360.00	ENA SAN ANTONIO CHAPTER TNCC
A/P	169124	12/16/16	.00	VOIDED
A/P	169125	12/16/16	29,377.92	MORRIS & DICKSON CO, LLC
A/P	169126	12/16/16	1,659.05	LUMINANT ENERGY COMPANY LLC
A/P	169127	12/16/16	120.00	REVISTA de VICTORIA
A/P	169128	12/16/16	1,675.00	SIGN AD, LTD.
A/P	169129	12/16/16	82.84	STRYKER SUSTAINABILITY
A/P	169130	12/16/16	32,620.78	MMC EMPLOYEE BENEFIT PLAN
A/P	169131	12/16/16	3,165.34	NOVA BIOMEDICAL
A/P	169132	12/16/16	18,938.23	STUDER GROUP
A/P	169133	12/16/16	1,969.13	MERCK SHARP & DOHME CORP
A/P	169134	12/16/16	520.00	CALHOUN CO INDIGENT ACCT
A/P	169135	12/16/16	645.00	PABLO GARZA
A/P	169136	12/16/16	1,667.00	RADSOURCE
A/P	169137	12/16/16	1,805.78	VICTORIA PROFESSIONAL
A/P	169138	12/16/16	1,759.50	MEDICAL DATA SYSTEMS, INC.
A/P	169139	12/16/16	1,940.16	ENVIRONMENTAL SAFETY, INC
A/P	169140	12/16/16	39.00	PSYCHEMEDICS CORPORATION
A/P	169141	12/16/16	263.35	IRON MOUNTAIN
A/P	169142	12/16/16	2,650.73	AMN HEALTHCARE ALLIED, INC.
A/P	169143	12/16/16	1,008.78	MELANIE GRIFFTH
A/P	169144	12/16/16	125.00	AHRMM
A/P	169145	12/16/16	185.50	GULF COAST HARDWARE / ACE
A/P	169146	12/16/16	162.05	AMERISOURCEBERGEN DRUG CORP
A/P	169147	12/16/16	58.50	ALIMED INC.
A/P	169148	12/16/16	113.90	AMERICAN ACADEMY OF PEDIATRICS
A/P	169149	12/16/16	334.76	BAXTER HEALTHCARE CORP
A/P	169150	12/16/16	446.73	BAXTER HEALTHCARE
A/P	169151	12/16/16	8,235.04	BECKMAN COULTER, INC.
A/P	169152	12/16/16	140.41	BRIGGS HEALTHCARE
A/P	169153	12/16/16	888.00	CAD SOLUTIONS, INC
A/P	169154	12/16/16	81.00	CALHOUN COUNTY WASTE MGMT
A/P	169155	12/16/16	89.25	CONMED CORPORATION
A/P	169156	12/16/16	308.00	EVIDENT
A/P	169157	12/16/16	633.33	SIEMENS HEALTHCARE DIAGNOSTICS
A/P	169158	12/16/16	166.37	C R BARD, INC
A/P	169159	12/16/16	201.50	DLE PAPER & PACKAGING
A/P	169160	12/16/16	46.85	CENTERPOINT ENERGY
A/P	169161	12/16/16	28.54	FEDERAL EXPRESS CORP.
A/P	169162	12/16/16	8,474.19	FISHER HEALTHCARE
A/P	169163	12/16/16	369.66	GULF COAST PAPER COMPANY

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	169164	12/16/16	2.44	H E BUTT GROCERY
A/P	169165	12/16/16	91.26	HOLOGIC INC
A/P	169166	12/16/16	33,375.75	HEALTHSURE INSURANCE SERVICES
A/P	169167	12/16/16	114.00	IAHCSMM
A/P	169168	12/16/16	3,536.19	WERFEN USA LLC
A/P	169169	12/16/16	544.60	INTOXIMETERS INC
A/P	169170	12/16/16	3,971.50	J & J HEALTH CARE SYSTEMS, INC
A/P	169171	12/16/16	765.91	LANDAUER INC
A/P	169172	12/16/16	110.90	MARTIN PRINTING CO
A/P	169173	12/16/16	4,613.75	MCKESSON MEDICAL SURGICAL INC
A/P	169174	12/16/16	48.59	MEDLINE INDUSTRIES INC
A/P	169175	12/16/16	258.36	BAYER HEALTHCARE
A/P	169176	12/16/16	42.85	MELSTAN, INC.
A/P	169177	12/16/16	54.00	MEGADYNE MEDICAL
A/P	169178	12/16/16	3,750.00	NUTRITION OPTIONS
A/P	169179	12/16/16	61.74	OFFICE DEPOT
A/P	169180	12/16/16	1,123.60	ORTHO CLINICAL DIAGNOSTICS
A/P	169181	12/16/16	1,802.21	OWENS & MINOR
A/P	169182	12/16/16	130.14	PENTAX MEDICAL COMPANY
A/P	169183	12/16/16	5,125.00	PREMIER SLEEP DISORDERS CENTER
A/P	169184	12/16/16	22.69	POWER ELECTRIC
A/P	169185	12/16/16	3,610.00	RADIOLOGY UNLIMITED, PA
A/P	169186	12/16/16	342.57	SANOFI PASTEUR INC
A/P	169187	12/16/16	88.00	SHIP SHUTTLE TAXI SERVICE
A/P	169188	12/16/16	247.23	SMITH & NEPHEW
A/P	169189	12/16/16	476.80	SYSCO FOOD SERVICES OF
A/P	169190	12/16/16	235.32	ERIN CLEVENGER
A/P	169191	12/16/16	4,647.00	TEXAS MUTUAL INSURANCE CO
A/P	169192	12/16/16	275.80	TEXAS WIRED MUSIC INC
A/P	169193	12/16/16	80.26	UNIFIRST HOLDINGS
A/P	169194	12/16/16	3,951.00	UNIFIRST HOLDINGS INC
A/P	169195	12/16/16	708.38	UPS
A/P	169196	12/16/16	24.80	THE VICTORIA ADVOCATE
A/P	169197	12/16/16	125.06	GRAINGER
A/P	169198	12/16/16	578.80	FILTER TECHNOLOGY CO, INC
A/P	169199	12/16/16	3,588.99	US FOOD SERVICE
A/P	169200	12/16/16	319.50	PHARMEDIUM SERVICES LLC
A/P	169201	12/16/16	484.42	CARDINAL HEALTH
A/P	169202	12/16/16	8,333.33	HITACHI MEDICAL SYSTEMS
A/P	169203	12/16/16	30.89	WHOLESALE ELECTRIC SUPPLY
A/P	169204	12/16/16	75.35	HEALTH CARE LOGISTICS INC
A/P	169205	12/16/16	1,380.91	CENTURION MEDICAL PRODUCTS
A/P	169206	12/16/16	289.05	DEWITT POTH & SON
A/P	169207	12/16/16	276.44	PRECISION DYNAMICS CORP (PDC)
A/P	169208	12/16/16	15,800.00	JOHNGSELF ASSOCIATES INC
A/P	169209	12/16/16	2,140.32	THERACOM, LLC
A/P	169210	12/16/16	14,129.65	HUNTER PHARMACY SERVICES
A/P	169211	12/16/16	5,909.84	RICOH USA, INC
A/P	169212	12/16/16	2,672.60	BROADMOOR AT CREEKSIDE PARK
A/P	169213	12/16/16	11,122.04	PECA
A/P	169214	12/16/16	20.00	ALCON LABORATORIES, INC.

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	169215	12/16/16	1,478.22	BAXTER HEALTHCARE CORP
A/P	169216	12/16/16	691.06	BAXTER HEALTHCARE
A/P	169217	12/16/16	440.00	CYGNUS MEDICAL LLC
A/P	169218	12/16/16	832.25	SIEMENS HEALTHCARE DIAGNOSTICS
A/P	169219	12/16/16	6,608.51	FISHER HEALTHCARE
A/P	169220	12/16/16	198.64	GETINGE USA
A/P	169221	12/16/16	490.07	GULF COAST PAPER COMPANY
A/P	169222	12/16/16	11.22	H E BUTT GROCERY
A/P	169223	12/16/16	2,472.26	WERFEN USA LLC
A/P	169224	12/16/16	2,600.21	J & J HEALTH CARE SYSTEMS, INC
A/P	169225	12/16/16	1,124.83	MCKESSON MEDICAL SURGICAL INC
A/P	169226	12/16/16	117.95	MEDIBADGE
A/P	169227	12/16/16	1,594.43	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	169228	12/16/16	92.46	MMC VOLUNTEERS
A/P	169229	12/16/16	138.47	OWENS & MINOR
A/P	169230	12/16/16	316.05	SO TEX BLOOD & TISSUE CENTER
A/P	169231	12/16/16	3,191.67	UNIFIRST HOLDINGS INC
A/P	169232	12/16/16	100.83	GRAINGER
TOTALS:			299,065.16	

APPROVED ON
DEC 14 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:12/19/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:16:37 CHECK REGISTER and Payable List GLCKREG
12/19/16 THRU 12/19/16

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000860	12/19/16	554.75	MCKESSON
A/P	000861	12/19/16	146.34	MCKESSON
A/P	000862	12/19/16	795.84	MCKESSON
TOTALS:			1,496.93	

340 B Prescription Expenses

APPROVED
ON

DEC 19 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
1-4-17

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: 12/16/2016

DC: 8115

Territory: 400

Customer: 190813
Date: 12/17/2016

Page: 001

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

As of: 12/16/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 12/17/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross) P F	Amount (net) P F	Receivable Number	
12/12/2016	12/20/2016	7781606984	1000930600	115Invoice	1.92	96.00	✓94.08 ✓	7781606984	
12/12/2016	12/20/2016	7781606985	1000931143	115Invoice	1.61	80.27	✓ 78.66 ✓	7781606985	
12/12/2016	12/20/2016	7781606986	1000931544	115Invoice	2.80	139.91	✓ 137.11 ✓	7781606986	
12/13/2016	12/20/2016	7781837584	1000931931	115Invoice	5.02	250.86	✓245.84 ✓	7781837584	
12/14/2016	12/20/2016	7782086398	1000932575	115Invoice		0.16	✓ 0.16 ✓	7782086398	
12/14/2016	12/14/2016	7782170744	MFC PR CORR CR	Pricing Cor		90.31- P	90.31- P ✓	7782170744	
12/14/2016	12/20/2016	7782170745	MFC PR CORR IN	Pricing Cor	1.81	90.42	✓ 88.61 ✓	7782170745	
12/15/2016	12/20/2016	7782308739	1000933152	115Invoice	0.01	0.61	✓ 0.60 ✓	7782308739	

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

TOTAL:

Subtotals: 567.92 USD

Future Due: 0.00

Past Due: 90.31-

Last Payment 494.79
12/12/2016

If Paid By 12/20/2016,
Pay This Amount: 554.75 USD

If Paid After 12/20/2016,
Pay this Amount: 567.92 USD

Due If Paid On Time:
USD 554.75

Disc lost if paid late:
13.17

Due If Paid Late:
USD 567.92

ck# 860

12-19-16

APPROVED
ON

DEC 19 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 12/16/2016

Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 12/17/2016

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: 12/16/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 12/17/2016

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	
12/12/2016	12/20/2016	7781572574	1098038	115Invoice	0.75	37.39		✓ 36.64 ✓		7781572574	
12/13/2016	12/20/2016	7781838667	3454581920	115Invoice	0.01	0.32		✓ 0.31 ✓		7781838667	
12/14/2016	12/20/2016	7782078714	3454581923	115Invoice	0.40	19.81		✓ 19.41 ✓		7782078714	
12/15/2016	12/20/2016	7782324212	3454581926	115Invoice	1.83	91.65		✓ 89.82 ✓		7782324212	
12/16/2016	12/20/2016	7782542173	3454581929	115Invoice		0.16		✓ 0.16 ✓		7782542173	

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

TOTAL:

Subtotals: 149.33 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 807.51
12/12/2016

If Paid By 12/20/2016,
Pay This Amount: 146.34 USD

If Paid After 12/20/2016,
Pay this Amount: 149.33 USD

Due If Paid On Time:
USD 146.34

Disc lost if paid late:
2.99

Due If Paid Late:
USD 149.33

Ck# 861

12.19.16

APPROVED
ON
DEC 19 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 12/16/2016 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 12/17/2016

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

As of: 12/16/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 12/17/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross) P F	Amount (net) P F	Receivable Number	
12/12/2016	12/20/2016	7781609750	1000930602	115Invoice	3.62	180.76	✓177.14✓	7781609750	
12/12/2016	12/20/2016	7781609751	1000931145	115Invoice	3.09	154.58	✓151.49✓	7781609751	
12/12/2016	12/20/2016	7781609752	1000931145	115Invoice	0.12	5.84	✓5.72✓	7781609752	
12/12/2016	12/20/2016	7781609753	1000931546	115Invoice	0.17	8.74	✓8.57✓	7781609753	
12/13/2016	12/20/2016	7781841672	1000931933	115Invoice	3.18	159.17	✓155.99✓	7781841672	
12/14/2016	12/20/2016	7782089019	1000932577	115Invoice	1.68	84.01	✓82.33✓	7782089019	
12/15/2016	12/20/2016	7782321660	1000933154	115Invoice	4.38	219.07	✓214.69✓	7782321660	
12/15/2016	12/20/2016	7782321662	1000933154	115Invoice	0.02	0.81	✓0.79✓	7782321662	
12/15/2016	12/15/2016	7782389218	1000929442 C/R M	Pricing Cor		29.14- P	✓29.14- P✓	7782389218	
12/15/2016	12/20/2016	7782389219	1000929442 C/R M	Pricing Cor	0.58	28.84	✓28.26✓	7782389219	

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

TOTAL:

Subtotals: 812.68 USD

Future Due: 0.00

Past Due: 29.14-

Last Payment 1,429.05
12/12/2016

If Paid By 12/20/2016,
Pay This Amount: 795.84 USD

If Paid After 12/20/2016,
Pay this Amount: 812.68 USD

Due If Paid On Time:
USD 795.84
Disc lost if paid late:
16.84
Due If Paid Late:
USD 812.68

12.19.16

Ck#862

APPROVED
ON
DEC 19 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
12/19/2016

Nursing Home	IBC Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	IGT Transfer-In	MMC Portion - Return of IGT	MMC Portion - Federal Match	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens	4553	575,410.09	575,310.09	56,552.22	-	-	-	-	56,652.22	56,552.22

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	893,054.77	892,954.77	96,142.53	-	-	-	-	96,242.53	96,142.53
Crescent	4588	796,194.21	796,094.21	42,722.40	-	-	-	-	42,822.40	42,722.40
Broadmoor	4596	30,541.13	30,441.13	67,697.53	-	-	-	-	67,797.53	67,697.53
Fort Bend	4618	73,489.09	73,389.09	14,956.95	-	-	-	-	15,056.95	14,956.95
										221,519.41

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

Approved:

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

Michael J. Pfeiffer
Calhoun County Judge
Date 1-4-17

APPROVED
DEC 2 0 2016
COUNTY AUDITOR

E:\NH Weekly Transfers\NH UPL Transfer Summary 12-19-16.xlsx

IBC Bank Activity
12/12/16 through 12/18/16

Ashford Gardens				Transfer-Out	Transfer-In			
12/13/2016	113105025	4553	495 OUTGOING MONEY TRANSFER	575,310.09				ASHFORD HEALTH CARE CENTER LTD
12/16/2016	113105025	4553	142 ACH CREDIT RECEIVED		1,047.97	PN1326436189		Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT3994966*1201494502\
12/16/2016	113105025	4553	301 COMMERCIAL DEPOSIT		55,504.25	0	14035493	
				575,310.09	56,552.22			

Solera at West Houston				Transfer-Out	Transfer-In	
12/12/2016	113105025	4561	142 ACH CREDIT RECEIVED		27,684.50	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*016120813200025*1752603231\
12/12/2016	113105025	4561	142 ACH CREDIT RECEIVED		5,262.63	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4275231*1205296137*000004011\
12/12/2016	113105025	4561	142 ACH CREDIT RECEIVED		114.47	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
12/13/2016	113105025	4561	495 OUTGOING MONEY TRANSFER	892,954.77		CANTEX HEALTH CARE CENTERS LLC
12/13/2016	113105025	4561	142 ACH CREDIT RECEIVED		7,627.12	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*016121012600259*1752603231\
12/14/2016	113105025	4561	142 ACH CREDIT RECEIVED		13,278.93	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*016121212700012*1752603231\
12/15/2016	113105025	4561	142 ACH CREDIT RECEIVED		6,641.25	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
12/16/2016	113105025	4561	301 COMMERCIAL DEPOSIT		35,533.63	
				892,954.77	96,142.53	

Crescent				Transfer-Out	Transfer-In	
12/13/2016	113105025	4588	495 OUTGOING MONEY TRANSFER	796,094.21		CANTEX HEALTH CARE CENTERS III
12/13/2016	113105025	4588	142 ACH CREDIT RECEIVED		2,800.00	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*016121016300035*1752603231\
12/16/2016	113105025	4588	301 COMMERCIAL DEPOSIT		34,533.40	
12/16/2016	113105025	4588	142 ACH CREDIT RECEIVED		4,097.18	Molina HC of TX Molina HC|THE CRESCENT|TRN*1*EFT3993026*1201494502\
12/16/2016	113105025	4588	142 ACH CREDIT RECEIVED		1,291.82	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*016121412900104*1752603231\
				796,094.21	42,722.40	

Broadmoor				Transfer-Out	Transfer-In	
12/13/2016	113105025	4596	495 OUTGOING MONEY TRANSFER	30,441.13		CANTEX HEALTH CARE CENTERS III
12/16/2016	113105025	4596	301 COMMERCIAL DEPOSIT		67,697.53	
				30,441.13	67,697.53	

Fort Bend				Transfer-Out	Transfer-In	
12/12/2016	113105025	4618	142 ACH CREDIT RECEIVED		1,353.02	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
12/12/2016	113105025	4618	142 ACH CREDIT RECEIVED		11,967.64	AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|TRN*1*016120811400113*1752603231\
12/13/2016	113105025	4618	495 OUTGOING MONEY TRANSFER	73,389.09		CANTEX HEALTH CARE CENTERS III
12/14/2016	113105025	4618	142 ACH CREDIT RECEIVED		143.80	CENTENE CORP HCCLAIMPMT|FORT BEND HEALTHCARE C|TRN*1*0902386421*1742770542\
12/16/2016	113105025	4618	301 COMMERCIAL DEPOSIT		1,492.49	
				73,389.09	14,956.95	

Account Portfolio as of 12/19/2016 8:13:32 AM

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

Commercial Checking Accounts

Account Name	Account Number	Today's Beginning Balance	Available Balance
Memorial Medical Center	3387	$1,897,990.97	$1,897,990.97
Memorial Medical Center	4553	$56,652.22	$71,495.14
Memorial Medical Center	4561	$96,242.53	$100,529.98
Memorial Medical Center	4588	$42,822.40	$50,992.33
Memorial Medical Center	4596	$67,797.53	$68,941.71
Memorial Medical Center	4618	$15,056.95	$28,266.14
Memorial Medical Center Operat	0301	$1,966,547.18	$2,010,754.22
County of Calhoun Indigent	1101	$3,648.50	$3,648.50
Totals		**$4,146,758.28**	**$4,232,618.99**

APPROVED ON

DEC 20 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

12/20/2016 MEMORIAL MEDICAL CENTER 0
08:15 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 12/30/2016

Vendor#	Vendor Name	Class	Pay Code
A1430	ADVANCE MEDICAL DESIGNS INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
SI01139878		12/15/20	12/05/20	12/30/20		21.25	0.00	0.00	21.25
	SUPPLIES GENERAL SURGER								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1430	ADVANCE MEDICAL DESIGNS INC	21.25	0.00	0.00	21.25

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
9057521345		12/16/20	11/15/20	12/30/20		50.99	0.00	0.00	50.99
	OXYGEN RES CARE								
9941036573		12/16/20	11/30/20	12/30/20		412.23	0.00	0.00	412.23
	OXYGEN RES CARE								
9941036572		12/16/20	11/30/20	12/30/20		403.59	0.00	0.00	403.59
	OXYGEN RES CARE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	866.81	0.00	0.00	866.81

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

12/5/16

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9650127234		12/16/20	11/30/20	12/30/20		159.00	0.00	0.00	159.00
	INTRA OCULAR LENSES C/S								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1690	ALCON LABORATORIES, INC.	159.00	0.00	0.00	159.00

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
17379818		11/23/20	11/01/20	11/30/20		325.00	0.00	0.00	325.00
	PREPAID EXPENSES PREPAI 2017 Dues								
17379818		12/16/20	11/30/20	12/30/20		325.00	0.00	0.00	325.00 Take Off Duplicate
	DUE & SUBSCRIPTIONS ADMI								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1787	AMERICAN COLLEGE OF HEALTHCARE	650.00	0.00	0.00	650.00 325.00

Vendor#	Vendor Name	Class	Pay Code
A1571	AMERICAN HOSPITAL ASSOCIATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
120516		12/18/20	12/05/20	12/30/20		9,942.00	0.00	0.00	9,942.00
	DUES & SUBSCRIPTIONS ADM								

1900056725

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1571	AMERICAN HOSPITAL ASSOCIATION	9,942.00	0.00	0.00	9,942.00

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
2568809A		12/16/20	11/17/20	12/30/20		1,678.22	0.00	0.00 OK	1,678.22
	PROF FEES PHY THRPY 11/17 Meghan Smith 11/6-11/16								
2568818		12/16/20	12/02/20	12/02/20		2,630.00	0.00	0.00	2,630.00
	PROF FEES PHY THRPY James Smith 10/30 - 11/4/16								

2580415		12/16/20	12/08/20	12/30/20	2,855.09	0.00	0.00	2,855.09
	PROF FEES PHY THRPY Meghan Smith 11/27-12/2/16							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	11232	AMN HEALTHCARE ALLIED, INC.			7,163.31	0.00	0.00	7,163.31
Vendor#	Vendor Name			Class	Pay Code			
A1553	APPLIED CARDIAC SYSTEMS			M				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	0011577-IN		12/16/20	11/17/20	12/30/20		309.50	0.00	0.00	309.50
	SUPPLIES GENERAL EKG									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	A1553	APPLIED CARDIAC SYSTEMS					309.50	0.00	0.00	309.50
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
	738127		12/16/20	11/30/20	12/30/20		29.09	0.00	0.00	29.09
	SUPPLIES GENERAL LAB									
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			
10938	BANK OF THE WEST							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	4022073		12/18/20	12/12/20	12/30/20		6,145.37	0.00	0.00	6,145.37
	LEASE & RENTAL PHARMACY Includes late Payment of 307.27									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10938	BANK OF THE WEST					6,145.37	0.00	0.00	6,145.37
Vendor#	Vendor Name			Class	Pay Code			
B1075	BAXTER HEALTHCARE CORP			M				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	52948989		12/12/20	12/01/20	12/30/20		190.50	0.00	0.00	190.50
	SUPPLIES GENERAL RECVRY									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	B1075	BAXTER HEALTHCARE CORP					190.50	0.00	0.00	190.50
Vendor#	Vendor Name			Class	Pay Code			
B1680	BOUND TREE MEDICAL, LLC			M				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	82338058		12/15/20	11/29/20	12/30/20		227.10	0.00	0.00	227.10
	INVENTRY CENTRAL SUP INV									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	B1680	BOUND TREE MEDICAL, LLC					227.10	0.00	0.00	227.10
Vendor#	Vendor Name			Class	Pay Code			
B1800	BRIGGS HEALTHCARE			M				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	8628566RI		12/16/20	11/28/20	12/30/20		199.20	0.00	0.00	199.20
	SUPPLIES GENERAL OB									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	B1800	BRIGGS HEALTHCARE					199.20	0.00	0.00	199.20
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
	21587		12/16/20	12/08/20	12/30/20		25.00	0.00	0.00	25.00
	ACCRUED CREDIT UNION AC(									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net

C1030	CAL COM FEDERAL CREDIT UNION				25.00	0.00	0.00	25.00

Vendor# Vendor Name — Class — Pay Code

C1048 CALHOUN COUNTY ✓ — W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21596		12/19/20	12/15/20	12/30/20		953,379.45	0.00	0.00	953,379.45 ✓
	ADVANCE CALHOUN CO NH U								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY	953,379.45	0.00	0.00	953,379.45

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
21584		12/19/20	11/24/20	12/14/20		114.60	0.00	0.00	114.60 ✓
	FUEL & SERVICES TRANSPOF Closing Date 11/24/16								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1112	CALHOUN COUNTY	114.60	0.00	0.00	114.60

Vendor# Vendor Name — Class — Pay Code

C1219 CAROLINA LIQUID CHEMISTRIES ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
0149850-IN ✓		12/06/20	11/30/20	12/30/20		110.34	0.00	0.00	110.34 ✓
	SUPPLIES GENERAL LAB								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1219	CAROLINA LIQUID CHEMISTRIES	110.34	0.00	0.00	110.34

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
113016		12/19/20	11/30/20	12/30/20		120.00	0.00	0.00	120.00 ✓
	INVENTORY PHARMACY INVE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1390	CENTRAL DRUGS	120.00	0.00	0.00	120.00

Vendor# Vendor Name — Class — Pay Code

10350 CENTURION MEDICAL PRODUCTS ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
92138533 ✓		12/15/20	11/09/20	12/30/20		190.60	0.00	0.00	190.60 ✓
	INVENTRY CENTRAL SUP INV								
92150909 ✓		12/15/20	11/29/20	12/29/20		340.34	0.00	0.00	340.34 ✓
	INVENTRY CENTRAL SUP INV								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10350	CENTURION MEDICAL PRODUCTS	530.94	0.00	0.00	530.94

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
201611-0		12/18/20	11/30/20	12/01/20		7,267.35	0.00	0.00	7,267.35 ✓
	PURCHASED SERVICES LAB								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10212	CLINICAL PATHOLOGY LABS	7,267.35	0.00	0.00	7,267.35

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
21590		12/18/20	12/01/20	12/01/20		2,646.78	0.00	0.00	2,646.78 ✓
	EMPL EXP P/R CLEARNT OTH Nov. Deductions								

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

R1050 CULLIGAN OF VICTORIA ✓ — M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
555X02261303 ✓	SUPPLIES GENERAL PLNT OF	12/18/20	11/30/20	12/22/20		568.70	0.00	0.00	568.70 ✓

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
R1050	CULLIGAN OF VICTORIA	568.70	0.00	0.00	568.70

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
216104 ✓	SUPPLIES GENERAL CT SCAN	12/14/20	11/22/20 ✓	12/30/20		304.82	0.00	0.00	304.82 ✓
216510 ✓	SUPPLIES GENERAL CT SCAN	12/15/20	12/14/20	12/02/20		59.70	0.00	0.00	59.70 ✓

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
10006	CUSTOM MEDICAL SPECIALTIES	364.52	0.00	0.00	364.52

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
21597	PURCHASED SERVICES HLTH 12/6 - 12/14/16	12/19/20	12/05/20	12/18/20		737.17	0.00	0.00	737.17 731.17

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
11008	DERRI HART	737.17	0.00	0.00	737.17 731.17

Vendor# Vendor Name — Class — Pay Code

10368 DEWITT POTH & SON ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
489212-0 ✓	OFFICE SUPPLIES MED/SURG	12/06/20	11/28/20 ✓	12/28/20		137.25	0.00	0.00	137.25 ✓

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
10368	DEWITT POTH & SON	137.25	0.00	0.00	137.25

Vendor# Vendor Name — Class — Pay Code

11011 DIAMOND HEALTHCARE WEST Corp

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
IN20049834 ✓	PROF FEES BEHAV HTH	12/06/20	11/28/20 SP	11/30/20		19,166.67	0.00	0.00	19,166.67

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
11011	DIAMOND HEALTHCARE WEST	19,166.67	0.00	0.00	19,166.67

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
120516	PURCHASED SERVICES LAB	12/18/20	12/05/20 ✓	12/05/20		346.65	0.00	0.00	346.65 ✓

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
10175	DSHS CENTRAL LAB MC2004	346.65	0.00	0.00	346.65

Vendor# Vendor Name — Class — Pay Code

11216 DUTCH OPHTHALMIC USA ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1623074 ✓	INVENTORY PHARMACY INVE	12/06/20	11/28/20 ✓	12/28/20		565.06	0.00	0.00	565.06 ✓

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
11216	DUTCH OPHTHALMIC USA	565.06	0.00	0.00	565.06

Vendor#	Vendor Name	Class	Pay Code
R1185	FARAH JANAK		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21577		12/12/20	12/05/20	12/30/20		589.30	0.00	0.00	589.30
	TRAVEL RADIOLOGY 11/26 - 12/2/16 Chicago								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	R1185	FARAH JANAK	589.30	0.00	0.00	589.30

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
21586		12/16/20	12/08/20	12/30/20		75.00	0.00	0.00	75.00
	EMPL EXP P/R CLEARNG OTH								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11037	FIRST CLEARING	75.00	0.00	0.00	75.00

Vendor#	Vendor Name	Class	Pay Code
F1400	FISHER HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
5579361		12/18/20	08/30/20	12/30/20		1,121.31	0.00	0.00	1,121.31
	SUPPLIES GENERAL LAB								
5665320		12/18/20	08/31/20	12/30/20		108.19	0.00	0.00	108.19
	SUPPLIES GENERAL LAB								
5276360		12/19/20	08/24/20	09/23/20		41.16	0.00	0.00	41.16
	SUPPLIES GENERAL LAB								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	1,270.66	0.00	0.00	1,270.66

Vendor#	Vendor Name	Class	Pay Code
11149	GARDNER & WHITE, INC.		

Bill Reference # 48100600

Bill Ref # 48100600

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
110116		12/18/20	11/01/20	11/30/20		5,419.04	0.00	0.00	5,419.04 5,343.87
	EMPL EXP LNG TRM DIS OTHI								
120116		12/18/20	12/01/20	12/01/20		5,419.07	0.00	0.00	5,419.07 5,343.87
	EMPL EXP LNG TRM DIS OTHI								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11149	GARDNER & WHITE, INC.	10,838.11	0.00	0.00	10,838.11

10,687.74

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
46600		12/08/20	11/30/20	12/30/20		117.71	0.00	0.00	117.71
	SUPPLIES GENERAL LAB								
46589		12/09/20	11/29/20	12/29/20		96.17	0.00	0.00	96.17
	SUPPLIES GENERAL LAB								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10901	GENESIS DIAGNOSTICS	213.88	0.00	0.00	213.88

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
9293164241		12/12/20	11/30/20	12/30/20		168.98	0.00	0.00	168.98
	SUPPLIES GENERAL PLNT OF								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W1300	GRAINGER	168.98	0.00	0.00	168.98

Vendor#	Vendor Name	Class	Pay Code

G0401 GULF COAST DELIVERY

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21573	PURCHASED SERVIES RED C. 4 Rides 11/7-30/2016	12/08/20	11/30/20	12/30/20		100.00	0.00	0.00	100.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G0401	GULF COAST DELIVERY	100.00	0.00	0.00	100.00

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
1242409	SUPPLIES GENERAL HOUSEK	12/14/20	12/06/20	12/30/20		47.73	0.00	0.00	47.73

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	47.73	0.00	0.00	47.73

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
920611260	MAINT CONTR ANESTHESA	12/15/20	11/16/20	12/30/20		346.65	0.00	0.00	346.65

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H1850	HOSPIRA WORLDWIDE, INC	346.65	0.00	0.00	346.65

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
362708	PROF FEES OB 11/27 +:11 7 AM 11/30/16	12/18/20	12/07/20	12/25/20		6,333.22	0.00	0.00	Correct to contract 6,333.14
363032	PROF FEES OB	12/18/20	12/07/20	12/30/20		1,398.08	0.00	0.00	1,398.08

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11230	JACKSON & COKER LOCUM TENENS,	7,731.30	0.00	0.00	6,333.14

Vendor# Vendor Name — Class — Pay Code

J1400 JOHNSON & JOHNSON

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
917364694	SUPPLIES GENERAL SURGER	12/18/20	12/02/20	12/25/20		467.52	0.00	0.00	467.52

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J1400	JOHNSON & JOHNSON	467.52	0.00	0.00	467.52

Vendor# Vendor Name — Class — Pay Code

J1415 JOHNSTONE SUPPLY — W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
6004526	SUPPLIES GENERAL PNT OPE	12/18/20	12/05/20	12/15/20		117.13	0.00	0.00	117.13

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J1415	JOHNSTONE SUPPLY	117.13	0.00	0.00	117.13

Vendor# Vendor Name — Class — Pay Code

K1227 KYANNE POWER

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21591	TRAVEL E/R Halletsville 11/29+30/2016 Pay travel meals Reimb thru Payroll	12/18/20	12/01/20	12/25/20		44.00	0.00	0.00	44.00 0

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	K1227	KYANNE POWER	44.00	0.00	0.00	44.00 0

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
107622993		11/30/20	11/28/20	12/28/20		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
3951647		12/18/20	11/30/20	12/30/20		100.80	0.00	0.00	100.80
	PURCHASED SERVICES ADMI Over the phone interpretation								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	L1288	LANGUAGE LINE SERVICES	100.80	0.00	0.00	100.80

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
21589		12/16/20	12/08/20	12/30/20		1,382.50	0.00	0.00	1,382.50
	EMPL EXP CLEARNG OTHER I								

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
M2310	MEDELA INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
12044885		12/15/20	11/23/20	12/30/20		307.90	0.00	0.00	307.90
	INVENTRY CNETRAL SUP INV								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2310	MEDELA INC	307.90	0.00	0.00	307.90

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
21585		12/16/20	12/08/20	12/30/20		70.00	0.00	0.00	70.00
	EMPL EXP P/R CLEARNG OTH Copays								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10963	MEMORIAL MEDICAL CLINIC	70.00	0.00	0.00	70.00

Vendor#	Vendor Name	Class	Pay Code
11127	MISTY RECTOR		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21572		12/12/20	11/30/20	12/25/20		12.96	0.00	0.00	12.96
	TRAVEL LAB 10/19, 25 11/2, 9, 16, 30/2016								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11127	MISTY RECTOR	12.96	0.00	0.00	12.96

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
9670132		12/18/20	12/12/20	12/13/20		1,305.40	0.00	0.00	1,305.40
	INVENTORY PHARMACY INVE								
9665286		12/18/20	12/12/20	12/13/20		171.58	0.00	0.00	171.58
	INVENTORY PHARMACY INVE								
9670133		12/18/20	12/12/20	12/13/20		500.74	0.00	0.00	500.74
	INVENTORY PHARMACY INVE								
9670131		12/18/20	12/12/20	12/13/20		2,144.75	0.00	0.00	2,144.75
	INVENTORY PHARMACY INVE								

9670130	12/18/20 12/12/20 12/13/20	162.81	0.00	0.00	162.81
	INVENTORY PHARMACY INVE				
9675926	12/18/20 12/13/20 12/14/20	470.65	0.00	0.00	470.65
	INVENTORY PHARMACY INVE				
9675927	12/18/20 12/13/20 12/14/20	28.95	0.00	0.00	28.95
	INVENTORY PHARMACY INVE				
9338	12/18/20 12/13/20 12/14/20	-2.93	0.00	0.00	-2.93
	INVENTROY PHARMACY INVE				
9264	12/18/20 12/13/20 12/14/20	-382.33	0.00	0.00	-382.33
	INVENTORY PHARMACY INVE				
9675925	12/18/20 12/13/20 12/14/20	1,658.70	0.00	0.00	1,658.70
	INVENTORY PHARMACY INVE				
9681061	12/18/20 12/14/20 12/15/20	2,425.23	0.00	0.00	2,425.23
	INVENTORY PHARMACY INVE				
9680788	12/18/20 12/14/20 12/15/20	0.98	0.00	0.00	0.98
	INVENTORY PHARMACY INVE				
9681062	12/18/20 12/14/20 12/15/20	135.10	0.00	0.00	135.10
	INVENTORY PHARMACY INVE				
9680789	12/18/20 12/14/20 12/15/20	283.78	0.00	0.00	283.78
	INVENTROY PHARMACY INVE				
9681063	12/18/20 12/14/20 12/15/20	22.20	0.00	0.00	22.20
	INVENTORY PHARMACY INVE				
9678666	12/18/20 12/14/20 12/15/20	637.09	0.00	0.00	637.09
	INVENTROY PHARMACY INVE				
9685171	12/18/20 12/15/20 12/16/20	789.27	0.00	0.00	789.27
	INVENTORY PHARMACY INVE				
9683204	12/18/20 12/15/20 12/16/20	13.93	0.00	0.00	13.93
	INVENTORY PHARMACY INVE				
9684010	12/18/20 12/15/20 12/16/20	268.16	0.00	0.00	268.16
	INVENTORY PHARMACY INVE				
9685170	12/18/20 12/15/20 12/16/20	35.51	0.00	0.00	35.51
	INVENTORY PHARMACY INVE				
9685173	12/18/20 12/15/20 12/16/20	15.83	0.00	0.00	15.83
	INVENTORY PHARMACY INVE				
9685169	12/18/20 12/15/20 12/16/20	201.93	0.00	0.00	201.93
	INVENTORY PHARMACY INVE				
9685172	12/18/20 12/15/20 12/16/20	491.69	0.00	0.00	491.69
	INVENTORY PHARMACY INVE				
9689481	12/19/20 12/16/20 12/30/20	115.03	0.00	0.00	115.03
	INVENTORY PHARMACY INVE				
9689370	12/19/20 12/16/20 12/30/20	29.31	0.00	0.00	29.31
	INVENTORY PHARMACY INVE				
9690220	12/19/20 12/16/20 12/30/20	594.25	0.00	0.00	594.25
	INVENTORY PHARMACY INVE				
9689480	12/19/20 12/16/20 12/30/20	1,751.18	0.00	0.00	1,751.18
	INVENTORY PHARMACY INVE				
CM32711	12/19/20 12/16/20 12/30/20	-347.40	0.00	0.00	-347.40
	INVENTORY PHARMACY INVE				
Vendor Totals	Number Name	Gross	Discount	No-Pay	Net
	10536 MORRIS & DICKSON CO, LLC	13,521.39	0.00	0.00	13,521.39

Vendor#	Vendor Name	Class	Pay Code
11256	NOVITAS SOLUTIONS - PART A		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21599		12/19/20	12/16/20	12/30/20		1,918.00	0.00	0.00	1,918.00
	M/CARE COST SETTLEMENT								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11256	NOVITAS SOLUTIONS - PART A	1,918.00	0.00	0.00	1,918.00

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
216463		12/18/20	11/05/20	11/25/20		250.00	0.00	0.00	250.00
	PURCHASED SERVICES PLNT								
216662		12/18/20	11/05/20	11/25/20		200.00	0.00	0.00	200.00
	PURCHASED SERVICES PNT (								
216464		12/20/20	11/05/20	11/25/20		45.00	0.00	0.00	45.00
	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
2022685919		12/14/20	11/17/20	12/30/20		983.30	0.00	0.00	983.30
	INVENTRY CENTRAL SUP INV								
2022803577		12/14/20	11/22/20	12/30/20		1,442.08	0.00	0.00	1,442.08
	SUPPLIES GENERAL DIETARY								
2022800247		12/14/20	11/22/20	12/30/20		317.40	0.00	0.00	317.40
	SUPPLIES GENERAL SURGER								
2022799754		12/14/20	11/22/20	12/30/20		65.95	0.00	0.00	65.95
	INVENTRY CENTRAL SUP INV								
2022876307		12/14/20	11/28/20	12/28/20		6.90	0.00	0.00	6.90
20228768 64	SUPPLIES GENERAL DIETARY								
202876864		12/14/20	11/28/20	12/28/20		10.68	0.00	0.00	10.68
	SUPPLIES GENERAL DIETARY								
2022923841		12/14/20	11/29/20	12/29/20		389.53	0.00	0.00	389.53
	SUPPLIES GENERAL CARD RE								
2023015134		12/14/20	12/01/20	12/30/20		14.13	0.00	0.00	14.13
	SUPPLIES GENERAL DIETARY								
2022799554		12/15/20	11/22/20	12/30/20		168.71	0.00	0.00	168.71
	INVENTRY CENTRAL SUP INV								
2022800528		12/15/20	11/22/20	12/30/20		19.10	0.00	0.00	19.10
	INVENTRY CENTRAL SUP INV								
2022876877		12/15/20	11/28/20	12/28/20		75.80	0.00	0.00	75.80
	INVENTRY CENTRAL SUP INV								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR	3,493.58	0.00	0.00	3,493.58

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
21600		12/19/20	12/15/20	12/30/20		720.00	0.00	0.00	720.00
	PURCHASED SERVICES MM C 12/3-14/16								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11069	PABLO GARZA	720.00	0.00	0.00	720.00

Vendor# Vendor Name — Class — Pay Code

Need Inv. for Balance Forward. Can only pay Current Chgs

P2100	PORT LAVACA WAVE				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	103116		12/18/20	10/31/20	12/02/20		3,616.27	0.00	0.00	3,616.27 2,624.02
		PURBLIS REL/ADVERTISE HR/ 10/1 - 29/16								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		P2100	PORT LAVACA WAVE				3,616.27	0.00	0.00	3,616.27 2,624.02
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
	3606544 ✓		12/15/20	11/24/20	12/30/20		303.59	0.00	0.00	303.59 ✓
		SUPPLIES GENERAL C/S								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10372	PRECISION DYNAMICS CORP (PDC)				303.59	0.00	0.00	303.59 ✓
Vendor#	Vendor Name				Class	Pay Code				
11195	PSYCHEMEDICS CORPORATION									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	479907 ✓		12/18/20	11/30/20	12/30/20		379.50	0.00	0.00	379.50 ✓
		PURCHASED SERVICES LAB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11195	PSYCHEMEDICS CORPORATION				379.50	0.00	0.00	379.50
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
	1292457 ✓		12/18/20	12/01/20	12/25/20		142.03	0.00	0.00	142.03 ✓
		REPAIRS INSTURMENT CARD								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		R1045	R & D BATTERIES INC				142.03	0.00	0.00	142.03
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
	110116		12/18/20	11/01/20	11/11/20		155.00	0.00	0.00	155.00 ✓
		PROF FEES RADIOLOGY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		R1268	RADIOLOGY UNLIMITED, PA				155.00	0.00	0.00	155.00
Vendor#	Vendor Name				Class	Pay Code				
11080	RADSOURCE ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	SC54814 ✓		12/18/20	11/16/20	12/08/20		1,625.00	0.00	0.00	1,625.00 ✓
		PURCHASED SERVICES RADI								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11080	RADSOURCE				1,625.00	0.00	0.00	1,625.00
Vendor#	Vendor Name				Class	Pay Code				
10625	SARA RUBIO									

Day Travel Meals Reimb thru Payroll.

	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	21592		12/18/20	12/13/20	12/13/20		41.97	0.00	0.00	41.97 29.97
		TRAVEL 12/7/16 Victoria Ems Mgmt Office								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10625	SARA RUBIO				41.97	0.00	0.00	41.97 29.97
Vendor#	Vendor Name				Class	Pay Code				
10836	SHERRY KING									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	21593		12/18/20	12/01/20	12/01/20		210.16	0.00	0.00	210.16 164.16

Halletsville - Day Travel Meals Reimb thru Payroll

S2830	STRYKER SALES CORP				361.31	0.00	0.00	361.31

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
611170967		12/18/20	11/17/20	12/07/20		322.53	0.00	0.00	322.53
	MEAT EXPENSE DIETARY								
113030655		12/18/20	12/01/20	12/21/20		605.54	0.00	0.00	605.54
	MEAT EXPENSE DIETARY								
113049703		12/18/20	12/08/20	12/28/20		308.03	0.00	0.00	308.03
	FOOD SUPPLIES DIETARM								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2951	SYSCO FOOD SERVICES OF	1,236.10	0.00	0.00	1,236.10

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
MLVAC-19917		12/18/20	11/30/20	12/30/20		2,041.40	0.00	0.00	2,041.40
	MAINT CONTR E/R								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T2539	T-SYSTEM, INC	2,041.40	0.00	0.00	2,041.40

Vendor#	Vendor Name	Class	Pay Code
11097	TEXAS A&M HEALTH SCIENCE CENT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
014-2016IQ		12/18/20	11/04/20	12/30/20		6,155.00	0.00	0.00	6,155.00
	PREPAID EXPENSES PREPAI								

up 2 Oct 15, 2016 - Oct 14, 2017

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11097	TEXAS A&M HEALTH SCIENCE CENT	6,155.00	0.00	0.00	6,155.00

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
100416		12/06/20	10/27/20	12/25/20		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
D1641	THE DOCTORS' CENTER	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
01-884-113016		12/18/20	11/01/20	11/30/20		150.00	0.00	0.00	150.00
	PURCHASED SERVICES LAB								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1641	THE DOCTORS' CENTER	150.00	0.00	0.00	150.00

Vendor#	Vendor Name	Class	Pay Code
11100	THE US CONSULTING GROUP		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
340366031		12/18/20	12/01/20	12/25/20		1,161.39	0.00	0.00	1,161.39
	PURCHASED SERVICES PLNT								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11100	THE US CONSULTING GROUP	1,161.39	0.00	0.00	1,161.39

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
10249022		12/18/20	12/04/20	12/25/20		9,000.00	0.00	0.00	9,000.00
	MAINT CONTR CT SCAN								

TRAVEL

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10836	SHERRY KING	210.16	0.00	0.00	210.16

164.16

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
7043-3		12/18/20	12/06/20	12/30/20			37.34	0.00	0.00	37.34

SUPPLIES GENERAL PLNT OF

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S1800	SHERWIN WILLIAMS	37.34	0.00	0.00	37.34

Vendor#	Vendor Name	Class	Pay Code
10995	SHIFTHOUND		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1612979		12/12/20	11/30/20	12/30/20			558.00	0.00	0.00	558.00

DUE & SUBSCRIPTIONS RADI

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10995	SHIFTHOUND	558.00	0.00	0.00	558.00

Vendor#	Vendor Name	Class	Pay Code
K0536	SHIRLEY KARNEI		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21598		12/19/20	12/05/20	12/30/20			1,338.70	0.00	0.00	1,338.70

PURCHASED SERVICES HLTH 12/5-16/2016

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	K0536	SHIRLEY KARNEI	1,338.70	0.00	0.00	1,338.70

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
4584150		12/18/20	12/06/20	12/30/20			1,333.33	0.00	0.00	1,333.33

LEASES & RENTAL LAB

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10936	SIEMENS FINANCIAL SERVICES	1,333.33	0.00	0.00	1,333.33

Vendor#	Vendor Name	Class	Pay Code
S2362	SMITH & NEPHEW		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
93397859		12/15/20	12/05/20	12/30/20			516.64	0.00	0.00	516.64

SUPPLIES GENERAL SURGER

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2362	SMITH & NEPHEW	516.64	0.00	0.00	516.64

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
90023840		12/18/20	11/30/20	12/30/20			5,408.87	0.00	0.00	5,408.87

SUPPLIES GENERAL BLOOD E

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2400	SO TEX BLOOD & TISSUE CENTER	5,408.87	0.00	0.00	5,408.87

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
592700A		12/15/20	11/25/20	12/30/20			361.31	0.00	0.00	361.31

SUPPLIES GENERAL PHY THF

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

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

Vendor# U1054 Vendor Name: UNIFIRST HOLDINGS Class: W Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8150749566	PURCHASED SERVICES MAIN	12/09/20	11/29/20	11/22/20		43.54	0.00	0.00	43.54
8150750343	PURCHASED SERVICES BIO M	12/09/20	11/29/20	12/29/20		32.92	0.00	0.00	32.92
8150750253	PURCHASED SERVICES MAIN	12/09/20	11/29/20	12/29/20		43.54	0.00	0.00	43.54
8150749655	PURCHASED SERVICES MAIN	12/09/20	11/29/20	12/29/20		32.92	0.00	0.00	32.92

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1054	UNIFIRST HOLDINGS	152.92	0.00	0.00	152.92

Vendor# U1064 Vendor Name: UNIFIRST HOLDINGS INC Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8400234358	LAUNDRY SURGERY	11/30/20	11/25/20	12/25/20		420.04	0.00	0.00	420.04
840234543	LAUNDRY HOUSKEEPING	11/30/20	11/25/20	12/25/20		85.47	0.00	0.00	85.47
8400234392	LAUNDRY HOUSEDKEEPING	11/30/20	11/25/20	12/25/20		800.18	0.00	0.00	800.18
8400234583	LAUNDRY HOUSEKEEPING	11/30/20	11/29/20	12/29/20		159.68	0.00	0.00	159.68
8400234546	LAUNDRY HOUSEKEEPING	11/30/20	11/29/20	12/29/20		108.59	0.00	0.00	108.59
8400234544	LAUNDRY DIETARY	11/30/20	11/29/20	12/29/20		108.07	0.00	0.00	108.07
8400234593	LAURNDRY HOUSEKEEPING	11/30/20	11/29/20	12/29/20		1,094.00	0.00	0.00	1,094.00
8400234545	LAUNDRY OB	11/30/20	11/29/20	12/29/20		108.08	0.00	0.00	108.08
8400234542	LAUNDRY HOUSEKEEPING	11/30/20	11/29/20	12/29/20		303.10	0.00	0.00	303.10

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	3,187.21	0.00	0.00	3,187.21

Vendor# U1056 Vendor Name: UNIFORM ADVANTAGE Class: W Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
7329184	EMPL EXP P/R CLEARNG OTH	12/18/20	11/17/20	12/02/20		128.94	0.00	0.00	128.94
7370731	EMPL EXPP/R CLEARNG OTHI	12/18/20	12/05/20	12/20/20		84.96	0.00	0.00	84.96

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1056	UNIFORM ADVANTAGE	213.90	0.00	0.00	213.90

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
~~4572344~~ 4752344		12/09/20	11/18/20	12/30/20		36.90	0.00	0.00	36.90

	SUPPLIES GENERAL DIETARY							
5047657		12/18/20	12/01/20	12/06/20	33.94	0.00	0.00	33.94
	SUPPLIES GENERAL DIETARY							
5001600		12/18/20	12/05/20	12/25/20	1,777.91	0.00	0.00	1,777.91
	MEAT EXPENSE DIETARY							
5071227		12/18/20	12/08/20	12/28/20	2,263.92	0.00	0.00	2,263.92
	MEAT EXPENSE DIETARY							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10172	US FOOD SERVICE			4,112.67	0.00	0.00	4,112.67

Vendor#	Vendor Name	Class	Pay Code
10915	WAGEWORKS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21588		12/16/20	12/08/20	12/30/20			2,258.38	0.00	0.00	2,258.38
	ACCRUED FLEXIBLE SPENDIN									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10915	WAGEWORKS					2,258.38	0.00	0.00	2,258.38

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
10617975		12/19/20	11/30/20	12/08/20			715.20	0.00	0.00	715.20
	LEGAL SERVICES HOSP GEN									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10943	WALLER,LANSDEN, DORTCH & DAVIS					715.20	0.00	0.00	715.20

Vendor#	Vendor Name	Class	Pay Code
W1005	WALMART COMMUNITY	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
101616		12/18/20	10/16/20	11/11/20			347.37	0.00	0.00	347.37
	SUPPLIES GENERAL Statement closing Date 10/16/16 was Due 11/11/16									141.11
111616		12/18/20	11/16/20	12/12/20			135.90	0.00	0.00	135.90 include Late fee
	SUPPLIES GENERAL RADIOL(Statement closing Date 11/16/16 was Due 12/12/16									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	W1005	WALMART COMMUNITY					483.27	0.00	0.00	483.27 488.48

Vendor#	Vendor Name	Class	Pay Code
I1110	WERFEN USA LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9110350007		12/19/20	11/21/20	12/21/20			128.75	0.00	0.00	128.75
	SUPPLIES GENERAL LAB									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC					128.75	0.00	0.00	128.75

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
79-4350899		12/18/20	12/02/20	12/25/20			5.56	0.00	0.00	5.56
	SUPPLIES GENERAL PLNT OF									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10325	WHOLESALE ELECTRIC SUPPLY					5.56	0.00	0.00	5.56

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,107,235.98	0.00	0.00	1,107,235.98

12.20.16 See pg 15 for corrections and new total

Grand Total from Page 14	$1,107,235.98
Page 1, American College of Healthcare (duplicate invoice)	(325.00)
Page 4, Derri Hart (correction to amount)	(737.17) +731.17
Page 5, Gardner & White (correction to amount of invoices)	(10,838.11) +10,687.74
Page 6, Jackson & Coker (correction to amount of invoice & take one invoice off)	(7,731.30) +6,333.14
Page 6, Kyanne Power (take off – Day Travel Meals reimbursed thru Payroll)	(44.00)
Page 10, Port Lavaca Wave (correct amount to current balance only)	(3,616.27) +2,624.02
Page 10, Sara Rubio (correct amount – Day Travel Meals reimbursed thru Payroll)	(41.97) +29.97
Page 10, Sherry King (correct amount – Day Travel Meals reimbursed thru Payroll)	(210.16) +164.16
Page 14, Walmart (correct amount to include late fee)	(483.27) +488.48
New Grand Total	O • C $1,104,267.41

1,107,235.98 +
325.00 -
737.17 -
731.17 +
10,838.11 -
10,687.74 +
7,731.30 -
6,333.14 +
44.00 -
3,616.27 -
2,624.02 +
41.97 -
29.97 +
210.16 -
164.16 +
483.27 -
488.48 +
1,104,267.41 *

APPROVED ON
DEC 20 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeiffer
Calhoun County Judge
Date: 1-4-17

CKS# 169 326
to
169320

RUN DATE:12/21/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:11:56 CHECK REGISTER GLCKREG
12/21/16 THRU 12/21/16

BANK	CODE	CHECK NUMBER	DATE	AMOUNT	PAYEE
	A/P	169236	12/21/16	364.52	CUSTOM MEDICAL SPECIALTIES
	A/P	169237	12/21/16	4,112.67	US FOOD SERVICE
	A/P	169238	12/21/16	346.65	DSHS CENTRAL LAB MC2004
	A/P	169239	12/21/16	7,267.35	CLINICAL PATHOLOGY LABS
	A/P	169240	12/21/16	5.56	WHOLESALE ELECTRIC SUPPLY
	A/P	169241	12/21/16	530.94	CENTURION MEDICAL PRODUCTS
	A/P	169242	12/21/16	137.25	DEWITT POTH & SON
	A/P	169243	12/21/16	303.59	PRECISION DYNAMICS CORP (PDC)
	A/P	169244	12/21/16	.00	VOIDED
	A/P	169245	12/21/16	13,521.39	MORRIS & DICKSON CO, LLC
	A/P	169246	12/21/16	29.97	SARA RUBIO
	A/P	169247	12/21/16	495.00	OSCAR TORRES
	A/P	169248	12/21/16	164.16	SHERRY KING
	A/P	169249	12/21/16	213.88	GENESIS DIAGNOSTICS
	A/P	169250	12/21/16	2,258.38	WAGEWORKS
	A/P	169251	12/21/16	1,333.33	SIEMENS FINANCIAL SERVICES
	A/P	169252	12/21/16	6,145.37	BANK OF THE WEST
	A/P	169253	12/21/16	715.20	WALLER,LANSDEN, DORTCH & DAVIS
	A/P	169254	12/21/16	70.00	MEMORIAL MEDICAL CLINIC
	A/P	169255	12/21/16	1,382.50	M G TRUST
	A/P	169256	12/21/16	558.00	SHIFTHOUND
	A/P	169257	12/21/16	731.17	DERRI HART
	A/P	169258	12/21/16	19,166.67	DIAMOND HEALTHCARE WEST
	A/P	169259	12/21/16	2,646.78	COMBINED INSURANCE CO
	A/P	169260	12/21/16	75.00	FIRST CLEARING
	A/P	169261	12/21/16	720.00	PABLO GARZA
	A/P	169262	12/21/16	1,625.00	RADSOURCE
	A/P	169263	12/21/16	6,155.00	TEXAS A&M HEALTH SCIENCE CENT
	A/P	169264	12/21/16	1,161.39	THE US CONSULTING GROUP
	A/P	169265	12/21/16	12.96	MISTY RECTOR
	A/P	169266	12/21/16	3,690.52	TEXAS ADVANTAGE COMMUNITY BANK
	A/P	169267	12/21/16	10,687.74	GARDNER & WHITE, INC.
	A/P	169268	12/21/16	500.00	LAMAR COMPANIES
	A/P	169269	12/21/16	379.50	PSYCHEMEDICS CORPORATION
	A/P	169270	12/21/16	565.06	DUTCH OPHTHALMIC USA
	A/P	169271	12/21/16	6,333.14	JACKSON & COKER LOCUM TENENS,
	A/P	169272	12/21/16	7,163.31	AMN HEALTHCARE ALLIED, INC.
	A/P	169273	12/21/16	1,918.00	NOVITAS SOLUTIONS - PART A
	A/P	169274	12/21/16	21.25	ADVANCE MEDICAL DESIGNS INC
	A/P	169275	12/21/16	309.50	APPLIED CARDIAC SYSTEMS
	A/P	169276	12/21/16	9,942.00	AMERICAN HOSPITAL ASSOCIATION
	A/P	169277	12/21/16	866.81	AIRGAS USA, LLC - CENTRAL DIV
	A/P	169278	12/21/16	159.00	ALCON LABORATORIES, INC.
	A/P	169279	12/21/16	325.00	AMERICAN COLLEGE OF HEALTHCARE
	A/P	169280	12/21/16	29.09	AQUA BEVERAGE COMPANY
	A/P	169281	12/21/16	190.50	BAXTER HEALTHCARE CORP
	A/P	169282	12/21/16	227.10	BOUND TREE MEDICAL, LLC
	A/P	169283	12/21/16	199.20	BRIGGS HEALTHCARE
	A/P	169284	12/21/16	25.00	CAL COM FEDERAL CREDIT UNION
	A/P	169285	12/21/16	953,379.45	CALHOUN COUNTY

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	169286	12/21/16	114.60	CALHOUN COUNTY
A/P	169287	12/21/16	110.34	CAROLINA LIQUID CHEMISTRIES
A/P	169288	12/21/16	120.00	CENTRAL DRUGS
A/P	169289	12/21/16	150.00	THE DOCTORS' CENTER
A/P	169290	12/21/16	1,270.66	FISHER HEALTHCARE
A/P	169291	12/21/16	100.00	GULF COAST DELIVERY
A/P	169292	12/21/16	47.73	GULF COAST PAPER COMPANY
A/P	169293	12/21/16	346.65	HOSPIRA WORLDWIDE, INC
A/P	169294	12/21/16	128.75	WERFEN USA LLC
A/P	169295	12/21/16	467.52	JOHNSON & JOHNSON
A/P	169296	12/21/16	117.13	JOHNSTONE SUPPLY
A/P	169297	12/21/16	1,338.70	SHIRLEY KARNEI
A/P	169298	12/21/16	100.80	LANGUAGE LINE SERVICES
A/P	169299	12/21/16	307.90	MEDELA INC
A/P	169300	12/21/16	.00	VOIDED
A/P	169301	12/21/16	3,493.58	OWENS & MINOR
A/P	169302	12/21/16	2,624.02	PORT LAVACA WAVE
A/P	169303	12/21/16	142.03	R & D BATTERIES INC
A/P	169304	12/21/16	568.70	CULLIGAN OF VICTORIA
A/P	169305	12/21/16	589.30	FARAH JANAK
A/P	169306	12/21/16	155.00	RADIOLOGY UNLIMITED, PA
A/P	169307	12/21/16	37.34	SHERWIN WILLIAMS
A/P	169308	12/21/16	516.64	SMITH & NEPHEW
A/P	169309	12/21/16	5,408.87	SO TEX BLOOD & TISSUE CENTER
A/P	169310	12/21/16	361.31	STRYKER SALES CORP
A/P	169311	12/21/16	1,236.10	SYSCO FOOD SERVICES OF
A/P	169312	12/21/16	9,000.00	TOSHIBA AMERICA MEDICAL SYST.
A/P	169313	12/21/16	2,041.40	T-SYSTEM, INC
A/P	169314	12/21/16	152.92	UNIFIRST HOLDINGS
A/P	169315	12/21/16	213.90	UNIFORM ADVANTAGE
A/P *	169316	12/21/16	3,187.21	UNIFIRST HOLDINGS INC
A/P	169319	12/21/16	488.48	WALMART COMMUNITY
A/P	169320	12/21/16	168.98	GRAINGER
TOTALS:			1,104,267.41	

APPROVED ON
DEC 20 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS# 169317 and 169318 are voids

RUN DATE:12/27/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:16:31 CHECK REGISTER and Payable List + GLCKREG
12/27/16 THRU 12/27/16

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000863	12/27/16	1,191.52	MCKESSON
A/P	000864	12/27/16	1,134.60	MCKESSON
A/P	000865	12/27/16	1,376.71	MCKESSON
TOTALS:			3,702.83	

340B Prescription Expenses

APPROVED
ON
DEC 27 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 1-4-17

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: 12/23/2016

DC: 8115

Territory: 400

Customer: 190813
Date: 12/24/2016

Page: 001

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

As of: 12/23/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 12/24/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
12/19/2016	12/27/2016	7782801015	1000934239	115Invoice	1.20	59.80		58.60		7782801015	
12/19/2016	12/27/2016	7782801016	1000934785	115Invoice	0.33	16.73		16.40		7782801016	
12/19/2016	12/27/2016	7782805117	1000934785	115Invoice	1.21	60.47		59.26		7782805117	
12/19/2016	12/27/2016	7782805118	1000935187	115Invoice	0.13	6.40		6.27		7782805118	
12/20/2016	12/27/2016	7783042628	1000935571	115Invoice	16.12	805.85		789.73		7783042628	
12/20/2016	12/27/2016	7783042629	1000935571	115Invoice	0.24	11.86		11.62		7783042629	
12/21/2016	12/27/2016	7783302118	1000936122	115Invoice	0.02	0.97		0.95		7783302118	
12/22/2016	12/27/2016	7783499434	1000936761	115Invoice	1.21	60.61		59.40		7783499434	
12/22/2016	12/27/2016	7783553389	1000936761	115Invoice	1.82	91.04		89.22		7783553389	
12/23/2016	12/27/2016	7783755737	1000937361	115Invoice	2.04	102.11		100.07		7783755737	

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

TOTAL:

Future Due: 0.00

Past Due: 0.00

Last Payment 554.75
12/19/2016

Subtotals: 1,215.84 USD

If Paid By 12/27/2016,
Pay This Amount: 1,191.52 USD

If Paid After 12/27/2016,
Pay this Amount: 1,215.84 USD

Due If Paid On Time:
USD 1,191.52
Disc lost if paid late:
24.32
Due If Paid Late:
USD 1,215.84

12.26.16

Ck #863

APPROVED
ON

DEC 27 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: 12/23/2016

DC: 8115

Territory: 400

Customer: 256342
Date: 12/24/2016

Page: 001

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

As of: 12/23/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 12/24/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
12/19/2016	12/27/2016	7782819948	3454581933	115Invoice	0.01	0.32		0.31	✓	7782819948	
12/20/2016	12/27/2016	7783058574	1098358	115Invoice	1.75	87.38		85.63	✓	7783058574	
12/20/2016	12/27/2016	7783058575	3454581936	115Invoice	0.02	0.95		0.93	✓	7783058575	
12/21/2016	12/27/2016	7783296349	3454581939	115Invoice	6.84	342.24		335.40	✓	7783296349	
12/21/2016	12/27/2016	7783296350	1098453	115Invoice	6.15	307.35		301.20	✓	7783296350	
12/22/2016	12/27/2016	7783514061	3454581942	115Invoice	4.43	221.69		217.26	✓	7783514061	
12/23/2016	12/27/2016	7783752223	3454581945	115Invoice	3.96	197.83		193.87	✓	7783752223	

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

TOTAL:

Subtotals: 1,157.76 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 146.34
12/19/2016

If Paid By 12/27/2016,
Pay This Amount: 1,134.60 USD

If Paid After 12/27/2016,
Pay this Amount: 1,157.76 USD

Due If Paid On Time:
USD 1,134.60
Disc lost if paid late:
23.16
Due If Paid Late:
USD 1,157.76

Ck# 864

12.26.16

APPROVED
ON
DEC 27 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 12/23/2016

DC: 8115

Territory: 400

Customer: 262252
Date: 12/24/2016

Page: 001

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

As of: 12/23/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 12/24/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
12/19/2016	12/27/2016	7782835293	1000934241	115Invoice	2.36	118.16		✓ 115.80	✓	7782835293	
12/19/2016	12/27/2016	7782835294	1000934241	115Invoice	0.23	11.67		✓ 11.44	✓	7782835294	
12/19/2016	12/27/2016	7782835295	1000934787	115Invoice	10.52	526.17		✓ 515.65	✓	7782835295	
12/19/2016	12/27/2016	7782835297	1000935189	115Invoice	5.45	272.74		✓ 267.29	✓	7782835297	
12/20/2016	12/27/2016	7783063183	1000935573	115Invoice	1.15	57.74		✓ 56.59	✓	7783063183	
12/21/2016	12/27/2016	7783286808	1000936124	115Invoice	1.37	68.57		✓ 67.20	✓	7783286808	
12/22/2016	12/27/2016	7783518730	1000936763	115Invoice	2.19	109.73		✓ 107.54	✓	7783518730	
12/23/2016	12/27/2016	7783763294	1000937363	115Invoice	4.80	240.00		✓ 235.20	✓	7783763294	

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

TOTAL:

Subtotals: 1,404.78 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 795.84
12/19/2016

If Paid By 12/27/2016,
Pay This Amount: 1,376.71 USD

If Paid After 12/27/2016,
Pay this Amount: 1,404.78 USD

Due If Paid On Time:
USD 1,376.71
Disc lost if paid late:
28.07
Due If Paid Late:
USD 1,404.78

Clr#865

APPROVED
ON
DEC 27 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
12/28/2016

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	56,652.22	56,552.22	414,679.19	-	151,367.00	-	-	414,779.19	**263,312.19**

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	96,242.53	96,142.53	517,982.42	-	36,440.75	-	-	518,082.42	**481,541.67**
Crescent	4588	42,822.40	42,722.40	318,695.37	-	21,530.90	-	-	318,795.37	**297,164.47**
Broadmoor	4596	67,797.53	67,697.53	175,975.43	-	1,613.36	-	-	176,075.43	**174,362.07**
Fort Bend	4618	15,056.95	14,956.95	128,163.03	-	12,600.39	-	-	128,263.03	**115,562.64**
										1,068,630.85

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

Approved:

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

Michael J. Pfeifer
Calhoun County Judge
Date 1-4-17

APPROVED
DEC 28 2016
COUNTY AUDITOR

E:\NH Weekly Transfers\NH UPL Transfer Summary 12-28-16.xlsx

Account Portfolio as of 12/28/2016 1:49:54 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	$1,897,990.97	$1,897,990.97
Memorial Medical Center	4553	$414,779.19	$439,793.96
Memorial Medical Center	4561	$518,082.42	$518,302.43
Memorial Medical Center	4588	$318,795.37	$324,534.88
Memorial Medical Center	4596	$176,075.43	$196,779.52
Memorial Medical Center	4618	$128,263.03	$140,116.71
Memorial Medical Center Operat	0301	$1,396,864.75	$1,097,212.34
County of Calhoun Indigent	1101	$3,648.50	$3,648.50
Totals		**$4,854,499.66**	**$4,618,379.31**

IBC Bank Activity
12/19/16 through 12/27/16

Ashford Gardens					Transfer-Out	Transfer-In		
12/19/2016	113105[redacted]	4553	142	ACH CREDIT RECEIVED		5,428.18		Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT3996453*1201494502\
12/19/2016	113105[redacted]	4553	142	ACH CREDIT RECEIVED		9,414.74		Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT3997186*1201494502\
12/20/2016	113105[redacted]	4553	142	ACH CREDIT RECEIVED		1,047.06		HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
12/21/2016	113105[redacted]	4553	495	OUTGOING MONEY TRANSFER	56,552.22			ASHFORD HEALTH CARE CENTER LTD
12/21/2016	113105[redacted]	4553	142	ACH CREDIT RECEIVED		130,776.44		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04911|TRN*1*EFT6564300*1205296137*000004911\
12/22/2016	113105[redacted]	4553	142	ACH CREDIT RECEIVED		10,886.13		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04911|TRN*1*EFT6564983*1205296137*000004911\
12/23/2016	113105[redacted]	4553	142	ACH CREDIT RECEIVED		7,935.74		Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4014439*1201494502\
12/23/2016	113105[redacted]	4553	142	ACH CREDIT RECEIVED		4,726.31		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04911|TRN*1*EFT6565584*1205296137*000004911\
12/23/2016	113105[redacted]	4553	142	ACH CREDIT RECEIVED		151,367.00		AMERIGROUP CORPO E-PAYMENT|MEMORIAL MEDICAL|ISA*00* *00* *ZZ*BCCACP401
12/23/2016	113105[redacted]	4553	142	ACH CREDIT RECEIVED		10,081.47		Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4012232*1201494502\
12/27/2016	113105[redacted]	4553	142	ACH CREDIT RECEIVED		3,574.33		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04911|TRN*1*EFT6566280*1205296137*000004911\
12/27/2016	113105[redacted]	4553	142	ACH CREDIT RECEIVED		5,384.70		HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
12/27/2016	113105[redacted]	4553	301	COMMERCIAL DEPOSIT		74,057.09		
					56,552.22	414,679.19		

Solera at West Houston					Transfer-Out	Transfer-In		
12/19/2016	113105[redacted]	4561	142	ACH CREDIT RECEIVED		3,288.00		HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
12/19/2016	113105[redacted]	4561	142	ACH CREDIT RECEIVED		2,999.45		AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*016121511800221*1752603231\
12/21/2016	113105[redacted]	4561	142	ACH CREDIT RECEIVED		301,723.68		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4284109*1205296137*000004011\
12/21/2016	113105[redacted]	4561	495	OUTGOING MONEY TRANSFER	96,142.53			CANTEX HEALTH CARE CENTERS LLC
12/22/2016	113105[redacted]	4561	142	ACH CREDIT RECEIVED		18,410.19		AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*016122012500059*1752603231\
12/22/2016	113105[redacted]	4561	142	ACH CREDIT RECEIVED		63,458.67		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4286542*1205296137*000004011\
12/23/2016	113105[redacted]	4561	142	ACH CREDIT RECEIVED		36,440.75		AMERIGROUP CORPO E-PAYMENT|MEMORIAL MEDICAL|ISA*00* *00* *ZZ*BCCACP401
12/23/2016	113105[redacted]	4561	142	ACH CREDIT RECEIVED		87.59		AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*016122111100775*1752603231\
12/23/2016	113105[redacted]	4561	142	ACH CREDIT RECEIVED		2,674.53		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4288474*1205296137*000004011\
12/23/2016	113105[redacted]	4561	142	ACH CREDIT RECEIVED		5,861.48		AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*016122112600336*1752603231\
12/27/2016	113105[redacted]	4561	142	ACH CREDIT RECEIVED		3,957.20		HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
12/27/2016	113105[redacted]	4561	301	COMMERCIAL DEPOSIT		59,086.19		
12/27/2016	113105[redacted]	4561	142	ACH CREDIT RECEIVED		21,994.69		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4290527*1205296137*000004011\
					96,142.53	517,982.42		

Crescent					Transfer-Out	Transfer-In		
12/19/2016	113105[redacted]	4588	142	ACH CREDIT RECEIVED		1,926.98		AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*016121514900410*1752603231\
12/19/2016	113105[redacted]	4588	142	ACH CREDIT RECEIVED		6,242.95		Molina HC of TX Molina HC|THE CRESCENT|TRN*1*EFT3996520*1201494502\
12/20/2016	113105[redacted]	4588	142	ACH CREDIT RECEIVED		191,935.76		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4282442*1205296137*000004011\
12/21/2016	113105[redacted]	4588	142	ACH CREDIT RECEIVED		15,384.28		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4284114*1205296137*000004011\
12/21/2016	113105[redacted]	4588	495	OUTGOING MONEY TRANSFER	42,722.40			CANTEX HEALTH CARE CENTERS III
12/22/2016	113105[redacted]	4588	142	ACH CREDIT RECEIVED		7,895.22		AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*016122012500052*1752603231\
12/22/2016	113105[redacted]	4588	142	ACH CREDIT RECEIVED		5,857.27		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4286548*1205296137*000004011\
12/22/2016	113105[redacted]	4588	142	ACH CREDIT RECEIVED		3,920.16		Molina HC of TX Molina HC|THE CRESCENT|TRN*1*EFT4008082*1201494502\
12/22/2016	113105[redacted]	4588	142	ACH CREDIT RECEIVED		1,276.34		AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*016122010700066*1452485907\
12/23/2016	113105[redacted]	4588	142	ACH CREDIT RECEIVED		21,530.90		AMERIGROUP CORPO E-PAYMENT|MEMORIAL MEDICAL|ISA*00* *00* *ZZ*BCCACP401
12/23/2016	113105[redacted]	4588	142	ACH CREDIT RECEIVED		18,830.95		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4288478*1205296137*000004011\
12/27/2016	113105[redacted]	4588	301	COMMERCIAL DEPOSIT		34,856.46		
12/27/2016	113105025	4588	142	ACH CREDIT RECEIVED		9,038.10		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4290532*1205296137*000004011\
					42,722.40	318,695.37		

Broadmoor					Transfer-Out	Transfer-In		
12/19/2016	113105025	4596	142	ACH CREDIT RECEIVED		1,144.18		Molina HC of TX Molina HC|THE BROADMOOR AT CREEK|TRN*1*EFT3996455*1201494502\
12/21/2016	113105025	4596	495	OUTGOING MONEY TRANSFER	67,697.53			CANTEX HEALTH CARE CENTERS III
12/21/2016	113105025	4596	142	ACH CREDIT RECEIVED		848.58		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4284130*1205296137*000004011\
12/22/2016	113105025	4596	142	ACH CREDIT RECEIVED		48,246.10		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4286567*1205296137*000004011\
12/23/2016	113105025	4596	142	ACH CREDIT RECEIVED		29,310.94		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4288499*1205296137*000004011\
12/23/2016	113105025	4596	142	ACH CREDIT RECEIVED		1,613.36		AMERIGROUP CORPO E-PAYMENT|MEMORIAL MEDICAL|ISA*00* *00* *ZZ*BCCACP401
12/27/2016	113105025	4596	399	MISCELLANEOUS CREDIT		4,914.00		Deposit Adj - Credit
12/27/2016	113105025	4596	142	ACH CREDIT RECEIVED		21,516.24		HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
12/27/2016	113105025	4596	142	ACH CREDIT RECEIVED		12,923.89		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4290549*1205296137*000004011\
12/27/2016	113105025	4596	301	COMMERCIAL DEPOSIT		55,458.14		
					67,697.53	175,975.43		

Fort Bend					Transfer-Out	Transfer-In		
12/19/2016	113105025	4618	142	ACH CREDIT RECEIVED		13,209.19		Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRN*1*EFT3996452*1201494502\
12/20/2016	113105025	4618	142	ACH CREDIT RECEIVED		703.30		Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRN*1*EFT4000115*1201494502\
12/20/2016	113105025	4618	142	ACH CREDIT RECEIVED		1,869.72		HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
12/21/2016	113105025	4618	142	ACH CREDIT RECEIVED		57,015.05		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4284044*1205296137*000004011\
12/21/2016	113105025	4618	495	OUTGOING MONEY TRANSFER	14,956.95			CANTEX HEALTH CARE CENTERS III
12/22/2016	113105025	4618	142	ACH CREDIT RECEIVED		5,866.49		AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|TRN*1*016122012500053*1752603231\
12/22/2016	113105025	4618	142	ACH CREDIT RECEIVED		577.99		Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRN*1*EFT4007997*1201494502\
12/23/2016	113105025	4618	142	ACH CREDIT RECEIVED		3,672.34		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4288068*1205296137*000004011\
12/23/2016	113105025	4618	142	ACH CREDIT RECEIVED		12,600.39		AMERIGROUP CORPO E-PAYMENT|MEMORIAL MEDICAL|ISA*00* *00* *ZZ*BCCACP401
12/27/2016	113105025	4618	301	COMMERCIAL DEPOSIT		32,648.56		
					14,956.95	128,163.03		

NPI	Facility Number	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
[redacted]6189	4811	Ashford Gardens	$60,546.62	$194,614.53	$0.00	$151,367.00	$406,528.15	$230,127.69	$88,200.23	$318,327.92	$88,200.23	$406,528.15
[redacted]0433	105818	The Broadmoor at Creekside Park	$1,075.57	$6,453.44	$537.79	$1,613.36	$9,680.16	$5,479.75	$2,100.20	$7,579.96	$2,100.20	$9,680.16
[redacted]0425	105314	The Crescent	$7,829.40	$9,786.75	$0.00	$21,530.90	$39,147.05	$22,160.38	$8,493.33	$30,653.72	$8,493.33	$39,147.05
[redacted]3259	105006	Solera at West Houston	$27,330.56	$54,661.13	$0.00	$36,440.75	$118,432.44	$67,042.30	$25,695.07	$92,737.37	$25,695.07	$118,432.44
[redacted]7503	4628	Fort Bend Healthcare Center	$50,401.56	$63,001.95	$0.00	$12,600.39	$126,003.90	$71,328.36	$27,337.78	$98,666.14	$27,337.77	$126,003.91
			$147,183.71	$328,517.80	$537.79	$223,552.40	$699,791.70	$396,138.50	$151,826.61	$547,965.11	$151,826.60	$699,791.71

Deposited 12/23

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
IGT	149,257.21	11/18/2016 Reconcilation IGT
	4,455,168.48	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	396,138.50	Return of IGT - May
December		
January		
February		
	3,266,752.99	Total Return of IGTs
	1,188,415.49	IGT Still Outstanding
	396,138.50	Monthly Return of IGTs

APPROVED
ON
DEC 2 8 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

12/27/2016 MEMORIAL MEDICAL CENTER 0
09:38 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 01/06/2017

Vendor#	Vendor Name	Class	Pay Code
A0401	ABBOTT NUTRITION - laboratories		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
606570117	SUPPLIES GENERAL DIETARY	12/22/20	12/13/20	12/22/20		76.64	0.00	0.00	76.64

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A0401	ABBOTT NUTRITION	76.64	0.00	0.00	76.64

Vendor#	Vendor Name	Class	Pay Code
A1430	ADVANCE MEDICAL DESIGNS INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
SI01141611	SUPPLIES GENERAL SURGER	12/22/20	12/14/20	12/22/20		19.40	0.00	0.00	19.40

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1430	ADVANCE MEDICAL DESIGNS INC	19.40	0.00	0.00	19.40

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
21601	TELEPHONE HOSP GEN	12/23/20	12/16/20	01/09/20		2,394.27	0.00	0.00	2,394.27

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11062	AIRESPRING INC	2,394.27	0.00	0.00	2,394.27

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
9057846540	OXYGEN RES CARE	12/12/20	11/30/20	01/01/20		2,051.46	0.00	0.00	2,051.46

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	2,051.46	0.00	0.00	2,051.46

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
91097958	SUPPLIES GENERAL LAB	12/23/20	10/25/20	11/24/20		5,044.18	0.00	0.00	5,044.18
91121130	SUPPLIES GENERAL LAB	12/23/20	11/22/20	12/22/20		129.70	0.00	0.00	129.70

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10533	ALERE NORTH AMERICA INC	5,173.88	0.00	0.00	5,173.88

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
21614-	EMPL EXP HOSP INSURN OTH	12/27/20	12/19/20	12/19/20		42,828.75	0.00	0.00	42,828.75

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10814	ALLIED BENEFIT SYSTEMS	42,828.75	0.00	0.00	42,828.75

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
815414		12/16/20	12/05/20	01/05/20		13.01	0.00	0.00	13.01

SUPPLIES GENERAL PLNT OF

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2600	AUTO PARTS & MACHINE CO.	13.01	0.00	0.00	13.01

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
53012800		12/23/20	12/02/20	01/01/20		2,767.00	0.00	0.00	2,767.00
	INVENTRY CENTRAL SUP INV								
53032375		12/23/20	12/06/20	01/05/20		518.74	0.00	0.00	518.74
	INVENTRY CENTRAL SUP INV								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1075	BAXTER HEALTHCARE CORP	3,285.74	0.00	0.00	3,285.74

Vendor#	Vendor Name	Class	Pay Code
M2485	BAYER HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
6004694881		12/23/20	12/07/20	12/30/20		258.36	0.00	0.00	258.36
	SUPPLIES GENERAL CT SCAN								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2485	BAYER HEALTHCARE	258.36	0.00	0.00	258.36

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
106010766		12/16/20	12/02/20	01/05/20		65.00	0.00	0.00	65.00
	SUPPLIES GENERAL LAB								
106012341		12/16/20	12/04/20	01/03/20		8,078.20	0.00	0.00	8,078.20
	SUPPLIES GENERAL LAB								
106014821		12/16/20	12/05/20	01/04/20		3,402.89	0.00	0.00	3,402.89
	SUPPLIES GENERAL LAB								
106014621		12/16/20	12/05/20	01/04/20		2,618.62	0.00	0.00	2,618.62
	SUPPLIES GENERAL LAB								
106014372		12/16/20	12/05/20	01/04/20		1,298.62	0.00	0.00	1,298.62
	SUPPLIES GENERAL LAB								
106018181		12/16/20	12/06/20	01/05/20		244.54	0.00	0.00	244.54
	SUPPLIES GENERAL LAB								
106015542		12/26/20	12/05/20	01/04/20		3,268.94	0.00	0.00	3,268.94
	SUPPLIES GENERAL LAB								
106014990		12/26/20	12/05/20	01/04/20		2,795.08	0.00	0.00	2,795.08
	SUPPLIES GENERAL LAB								
106015523		12/26/20	12/05/20	01/04/20		446.35	0.00	0.00	446.35
	SUPPLIES GENERAL LAB								
106017576		12/26/20	12/06/20	01/05/20		116.13	0.00	0.00	116.13
	SUPPLIES GENERAL LAB								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	22,334.37	0.00	0.00	22,334.37

Vendor#	Vendor Name	Class	Pay Code
11146	BROADMOOR AT CREEKSIDE PARK		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21615		12/23/20	12/15/20	12/31/20		322.00	0.00	0.00	322.00
	UNDISTRIBUTED A/R CLINIC mmc Received Broadmoor's money								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11146	BROADMOOR AT CREEKSIDE PARK	322.00	0.00	0.00	322.00

Vendor#	Vendor Name	Class	Pay Code

C1033 CAD SOLUTIONS, INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
202118		12/23/20	11/30/20	12/30/20		728.00	0.00	0.00	728.00
	PURCHASED SERVICES MAMI 91 X8								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1033	CAD SOLUTIONS, INC	728.00	0.00	0.00	728.00

Vendor# A1825 Vendor Name CARDINAL HEALTH 414,LLC Class M Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8001187762		12/23/20	11/19/20	12/24/20		370.17	0.00	0.00	370.17
	SUPPLIES GENERAL NUC MEI								
8001193445		12/23/20	11/30/20	12/30/20		1,076.40	0.00	0.00	1,076.40
	SUPPLIES GENERAL NUC MEI								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1825	CARDINAL HEALTH 414,LLC	1,446.57	0.00	0.00	1,446.57

Vendor# 10381 Vendor Name CAREFUSION 211, INC Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
SC-56888-4		12/23/20	10/20/20	11/19/20		3,808.64	0.00	0.00	3,808.64
	PREPAID EXPENSES PREPAI								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10381	CAREFUSION 211, INC	3,808.64	0.00	0.00	3,808.64

Vendor# Z0850 Vendor Name CARMEN C. ZAPATA-ARROYO Class W Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21622		12/26/20	11/01/20	12/01/20		165.00	0.00	0.00	165.00
	PURCHASED SERVICES OCC Rehab 3hrs x 55 11/29, 11/30/16								
21623		12/26/20	11/01/20	12/01/20		577.50	0.00	0.00	577.50
	PURCHASED SERVICES OCC Hospital 10.5hrs x 55 Nov								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	Z0850	CARMEN C. ZAPATA-ARROYO	742.50	0.00	0.00	742.50

Vendor# 10350 Vendor Name CENTURION MEDICAL PRODUCTS Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
92154863		12/15/20	12/05/20	01/04/20		397.22	0.00	0.00	397.22
	INVENTRY CENTRAL SUP INV								
92155957		12/15/20	12/06/20	01/05/20		538.32	0.00	0.00	538.32
	INVENTRY CENTRAL SUP INV								
92156480		12/23/20	12/07/20	01/06/20		84.48	0.00	0.00	84.48

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10350	CENTURION MEDICAL PRODUCTS	1,020.02	0.00	0.00	1,020.02

Vendor# C1410 Vendor Name CERTIFIED LABORATORIES Class M Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2548343		12/23/20	12/09/20	12/19/20		202.50	0.00	0.00	202.50
	SUPPLIES GENERAL DIETARY								

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21617		12/23/20	12/15/20	01/05/20		6,481.62	0.00	0.00	6,481.62
	WATER & SEWER PLNT OPER								
21616		12/23/20	12/15/20	01/05/20		284.15	0.00	0.00	284.15
	WATER & SEWER PLNT OPER								
21618-		12/27/20	12/10/20	12/15/20		458.31	0.00	0.00	458.31 371.25
	WATER & SEWER PLNT OPER					current amt only			
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1730	CITY OF PORT LAVACA				7,224.08	0.00	0.00	7,224.08 7137.02

Vendor#	Vendor Name	Class	Pay Code
11259	COUNTY CONNECTION MARKETING		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
361653		12/23/20	10/12/20	10/12/20		449.95	0.00	0.00	449.95
	PUBLIC REL/ADVERTISE HR/P								
404657		12/23/20	11/14/20	11/29/20		549.95	0.00	0.00	549.95
	PUBLIC REL/ADVERTISE HR/P								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11259	COUNTY CONNECTION MARKETING				999.90	0.00	0.00	999.90

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
RT00145294		12/06/20	11/21/20	01/06/20		7,682.67	0.00	0.00	7,682.67
	LEASE 7 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
10033	CUMMINS SOUTHERN PLAINS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
023-8104		12/23/20	11/02/20	12/02/20		2,335.00	0.00	0.00	2,335.00
	REPAIRS DEPARTMENTAL PL								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10033	CUMMINS SOUTHERN PLAINS				2,335.00	0.00	0.00	2,335.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
489195-0		12/05/20	11/23/20	01/04/20		40.07	0.00	0.00	40.07
	INVENTRY CENTRAL SUP INV								
489834-0		12/15/20	12/05/20	01/04/20		168.86	0.00	0.00	168.86
	INVENTRY CENTRAL SUP INV								
489749-0		12/18/20	12/02/20	01/01/20		17.01	0.00	0.00	17.01
	OFFICE SUPPLIES LAB								
489999-0		12/18/20	12/07/20	01/06/20		14.24	0.00	0.00	14.24
	SUPPLIES GENERAL LAB								
489480-0		12/22/20	11/30/20	12/30/20		364.28	0.00	0.00	364.28
	INVENTRY CENTRAL SUP INV								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON				604.46	0.00	0.00	604.46

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
8898		12/22/20	11/23/20	12/30/20		79.98	0.00	0.00	79.98
	FORMS MM CLINIC								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1752	DLE PAPER & PACKAGING	79.98	0.00	0.00	79.98

Vendor#	Vendor Name	Class	Pay Code
11265	EDWARD MATULA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21621		12/26/20	12/08/20	01/06/20		346.67	0.00	0.00	346.67
	TRAVEL RADIOLOGY 11/13-19/2016 Houston								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11265	EDWARD MATULA	346.67	0.00	0.00	346.67

Vendor#	Vendor Name	Class	Pay Code
E1090	EDWARDS LIFESCIENCES	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
6193170		12/22/20	12/07/20	12/22/20		164.70	0.00	0.00	164.70
	INVENTRY CENTRAL SUP INV								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	E1090	EDWARDS LIFESCIENCES	164.70	0.00	0.00	164.70

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
902894280		12/18/20	12/01/20	12/31/20		153.18	0.00	0.00	153.18
	SUPPLIES GENERAL LAB								
902641027		12/23/20	05/19/20	12/31/20		724.90	0.00	0.00	724.90
	SUPPLIES GENERAL LABY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S0501	EVOQUA WATER TECHNOLOGIES LLC	878.08	0.00	0.00	878.08

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
TXPOT168642		12/23/20	12/05/20	01/04/20		14.76	0.00	0.00	14.76
	SUPPLIES GENERAL PLNT OF								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1050	FASTENAL COMPANY	14.76	0.00	0.00	14.76

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
12A16MMC		12/06/20	12/01/20	12/31/20		495.00	0.00	0.00	495.00
	PURCHASED SERVICES ADMI Monthly Website								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10689	FASTHEALTH CORPORATION	495.00	0.00	0.00	495.00

Vendor#	Vendor Name	Class	Pay Code
F1100	FEDERAL EXPRESS CORP.	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
5-636-09102		12/18/20	12/08/20	12/31/20		59.32	0.00	0.00	59.32
	FREIGHT C/S								
5-644-18666		12/23/20	12/15/20	12/30/20		37.19	0.00	0.00	37.19
	FREIGHT C/S								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.	96.51	0.00	0.00	96.51

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

5722289		12/18/20	09/01/20	01/01/20	177.53	0.00	0.00	177.53
	SUPPLIES GENERAL LAB							
5089931		12/18/20	12/02/20	01/01/20	106.50	0.00	0.00	106.50
	SUPPLIES GENERAL LAB							
5158184		12/18/20	12/05/20	01/04/20	106.50	0.00	0.00	106.50
	SUPPLIES GENERAL LAB							
5158183		12/18/20	12/05/20	01/04/20	1,140.92	0.00	0.00	1,140.92
	SUPPLIES GENERAL LAB							
5432492		12/18/20	12/06/20	01/05/20	453.31	0.00	0.00	453.31
	SUPPLIES GENERAL LAB							
5233920		12/18/20	12/06/20	01/05/20	1,235.91	0.00	0.00	1,235.91
	SUPPLIES GENERAL LAB							
5014768		12/19/20	12/01/20	12/31/20	61.77	0.00	0.00	61.77
	SUPPLIES GENERAL LAB							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	3,282.44	0.00	0.00	3,282.44

Vendor# 11149 Vendor Name: GARDNER & WHITE, INC. Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
48100600		12/23/20	01/01/20	01/01/20			3,800.07	0.00	0.00	3,800.07
	EMPL EXP LNG TRM DIS OTHI									

Take off Inv Date 1/1/2017

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11149	GARDNER & WHITE, INC.	3,800.07	0.00	0.00	3,800.07

Vendor# 10283 Vendor Name: GE HEALTHCARE Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
6000655645		12/23/20	12/01/20	12/31/20			3,173.16	0.00	0.00	3,173.16
	MAINT CONTR RADIOLOGY									
030428813		12/23/20	12/07/20	12/07/20			827.01	0.00	0.00	827.01
	MAINT CONTR RADIOLOGY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10283	GE HEALTHCARE	4,000.17	0.00	0.00	4,000.17

Vendor# G1876 Vendor Name: GOLDEN CRESCENT RAC Class: IMP Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21628		12/23/20	12/09/20	12/24/20			300.00	0.00	0.00	300.00
	DUES & SUBCRIPTIONS ADMI									

2017 Dues

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1876	GOLDEN CRESCENT RAC	300.00	0.00	0.00	300.00

Vendor# W1300 Vendor Name: GRAINGER Class: M Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9278742037		12/23/20	11/11/20	12/11/20			312.08	0.00	0.00	312.08
	SUPPLIES GENERAL PLNT OF									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W1300	GRAINGER	312.08	0.00	0.00	312.08

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1242314		12/18/20	12/06/20	01/05/20			700.20	0.00	0.00	700.20
	SUPPLIES GENERAL HOUSE I									
1242883		12/23/20	12/07/20	01/06/20			36.35	0.00	0.00	36.35

SUPPLIES GENERAL HOUSEK

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	736.55	0.00	0.00	736.55

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
21594		12/18/20	12/16/20	01/05/20		89.10	0.00	0.00	89.10
	PURCHASED SERVICES PHAF Mileage 11/9/16 A. Otwold								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10922	HUNTER PHARMACY SERVICES	89.10	0.00	0.00	89.10

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
1398923		12/23/20	11/28/20	12/28/20		317.00	0.00	0.00	317.00
	SUPPLIES GENERAL SURGER								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I1127	INTEGRATED MEDICAL SYSTEMS	317.00	0.00	0.00	317.00

Vendor#	Vendor Name	Class	Pay Code
J1400	JOHNSON & JOHNSON		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
91475017		12/23/20	06/26/20	12/31/20		8,516.60	0.00	0.00	8,516.60
	SUPPLIES GENERAL SURGER								
917383363		12/23/20	12/07/20	12/30/20		396.00	0.00	0.00	396.00
	SUPPLIES GENERAL SURGER								

6/26/2015

OK Per Email From Jerry

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J1400	JOHNSON & JOHNSON	8,912.60	0.00	0.00	8,912.60

Vendor#	Vendor Name	Class	Pay Code
M1344	MAINE STANDARDS CO., LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
16-22075-		12/26/20	10/13/20	12/06/20		3,108.92	0.00	0.00	3,108.92
	SUPPLIES GENERAL LAB								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M1344	MAINE STANDARDS CO., LLC	3,108.92	0.00	0.00	3,108.92

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
14612487		12/23/20	12/14/20	01/05/20		756.64	0.00	0.00	756.64
	LEASE & RENTAL INFO TECH								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11099	MARLIN BUSINESS BANK	756.64	0.00	0.00	756.64

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1819105526		12/22/20	12/09/20	12/25/20		86.92	0.00	0.00	86.92
	INVENTRY CENTRAL SUP INV								
1819328653		12/22/20	12/14/20	12/22/20		69.63	0.00	0.00	69.63
	INVENTRY CENTRAL SUP INV								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	156.55	0.00	0.00	156.55

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
1887406		12/18/20	12/06/20	01/05/20		88.00	0.00	0.00	88.00
	SUPPLIES GENERAL LAB								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10182	MERCEDES MEDICAL				88.00	0.00	0.00	88.00

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
30094341149		12/22/20	11/23/20	12/23/20		155.23	0.00	0.00	155.23
	SUPPLIES GENERAL CT SCAN								
32590524931		12/23/20	12/02/20	01/01/20		266.67	0.00	0.00	266.67
	SUPPLIES GENERAL MAMOGI								
30094346625		12/23/20	12/07/20	01/06/20		1,537.22	0.00	0.00	1,537.22
	SUPPLIES GENERAL MAMMO								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2659	MERRY X-RAY/SOURCEONE HEALTHCA				1,959.12	0.00	0.00	1,959.12

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
0600508277		12/23/20	11/22/20	01/06/20		94.06	0.00	0.00	94.06
	REPAIRS INSTRUMENT E/R								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10791	MINDRAY DS USA, INC.				94.06	0.00	0.00	94.06

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
21624		12/23/20	12/21/20	12/21/20		290.35	0.00	0.00	290.35 290.82
	EMPL EXP CLEARNG OTHER I								
21626-		12/27/20	12/08/20	12/08/20		133.52	0.00	0.00	133.52
	EMPL EXP P/R CLEARNG OTH								
21625-		12/27/20	12/14/20	12/14/20		341.55	0.00	0.00	341.55
	EMPL EXP P/R CLEARNG OTH								
21627-		12/27/20	12/16/20	12/16/20		377.27	0.00	0.00	377.27
	EMP EXP P/R CLEARNG OTHE								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP				1,143.69	0.00	0.00	1,143.69 1143.16

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
9690221		12/19/20	12/16/20	01/01/20		10,667.11	0.00	0.00	10,667.11
	INVENTORY PHARMACY INVE								
9699634		12/23/20	12/19/20	12/20/20		88.60	0.00	0.00	88.60
	INVENTORY PHARMACY INVE								
9699633		12/23/20	12/19/20	01/06/20		2,441.13	0.00	0.00	2,441.13
	INVENTORY PHARMACY INVE								
9705523		12/23/20	12/20/20	12/21/20		16.93	0.00	0.00	16.93
	INVENTORY PHARMACY INVE								
9705522		12/23/20	12/20/20	12/21/20		707.69	0.00	0.00	707.69
	INVENTORY PHARMACY INVE								
9705521		12/23/20	12/20/20	12/21/20		443.78	0.00	0.00	443.78
	INVENTORY PHARMACY INVE								
9710110		12/23/20	12/21/20	12/22/20		2,219.77	0.00	0.00	2,219.77

	INVENTORY PHARMACY INVE							
9710112		12/23/20	12/21/20	12/22/20	429.27	0.00	0.00	429.27
	INVENTORY PHARMACY INVE							
9710514		12/23/20	12/21/20	12/22/20	158.26	0.00	0.00	158.26
	INVLENTORY PHARMACY INV							
CM33991		12/23/20	12/21/20	12/22/20	-384.75	0.00	0.00	-384.75
	INVENTORY PHARMACY INVE							
9710111		12/23/20	12/21/20	12/22/20	474.95	0.00	0.00	474.95
	INVENTORY PHARMACY INVE							
9699632		12/26/20	12/19/20	12/20/20	5.70	0.00	0.00	5.70
	INVENTORY PHARMACY INVE							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC			17,268.44	0.00	0.00	17,268.44

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
1850161827		12/26/20	11/15/20	12/15/20		382.45	0.00	0.00	382.45
	SUPPLIES GENERAL BLOOD E								
1850183026		12/26/20	12/06/20	01/05/20		405.62	0.00	0.00	405.62
	SUPPLIES GENERAL BLOOD E								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	O1416	ORTHO CLINICAL DIAGNOSTICS				788.07	0.00	0.00	788.07

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
2022804758		12/05/20	11/22/20	12/22/20		2,192.54	0.00	0.00	2,192.54
	INVENTRY CENTRAL SUP INV								
2023016340		12/05/20	12/01/20	12/31/20		3.89	0.00	0.00	3.89
	INVENTRY CENTRAL SUP INV								
2023016234		12/14/20	12/01/20	12/31/20		45.56	0.00	0.00	45.56
	SUPPLIES GENERAL DIETARY								
2023016247		12/14/20	12/01/20	12/31/20		45.84	0.00	0.00	45.84
	SUPPLIES GENERAL DIETARY								
2023015128		12/14/20	12/01/20	12/31/20		44.25	0.00	0.00	44.25
	SUPPLIES GENERAL DIETARY								
2023015437		12/14/20	12/01/20	12/31/20		6.90	0.00	0.00	6.90
	SUPPLIES GENERAL DIETARY								
2023408475		12/14/20	12/15/20	01/04/20		3.56	0.00	0.00	3.56
	SUPPLIES GENERAL HOUSEK								
2023136216		12/15/20	12/06/20	01/05/20		105.42	0.00	0.00	105.42
	INVENTRY CENTRAL SUP INV								
2023143878		12/15/20	12/06/20	01/05/20		2,712.26	0.00	0.00	2,712.26
	INVENTRY CENTRAL SUP INV								
2023135441		12/15/20	12/06/20	01/05/20		22.49	0.00	0.00	22.49
	INVENTRY CENTRAL SUP INV								
2023137033		12/15/20	12/06/20	01/05/20		295.48	0.00	0.00	295.48
	INVENTRY CENTRAL SUP INV								
2023140028		12/15/20	12/06/20	01/05/20		653.45	0.00	0.00	653.45
	SUPPLIES GENERAL SURGER								
2023015092		12/18/20	12/01/20	12/31/20		179.92	0.00	0.00	179.92
	REPAIRS INSTRUMENT MED/S								

2023137833		12/18/20	12/06/20	01/05/20	186.41	0.00	0.00	186.41
	REPAIRS INSTRUMENT E/R							
2021318318		12/18/20	12/06/20	01/05/20	207.84	0.00	0.00	207.84
	SUPPLIES GENERAL PHY THF							
2022214787		12/23/20	11/01/20	12/01/20	99.45	0.00	0.00	99.45
	SUPPLIES GNERAL SURGERY							
2023322175		12/23/20	11/23/20	12/23/20	214.00	0.00	0.00	214.00
	INVENTRY CENTRAL SUP INV							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR			7,019.26	0.00	0.00	7,019.26

Vendor#	Vendor Name	Class	Pay Code
11155	PARA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2254		11/30/20	11/17/20	12/31/20			2,000.00	0.00	0.00	2,000.00
	PURCHASED SERVICES ADMI									
2162		12/19/20	12/01/20	12/31/20			2,000.00	0.00	0.00	2,000.00
	PURCHASED SERVICES ADMI									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11155	PARA					4,000.00	0.00	0.00	4,000.00

Vendor#	Vendor Name	Class	Pay Code
10541	PLATINUM CODE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
074009		12/22/20	10/24/20	11/23/20			407.91	0.00	0.00	407.91
	SUPPLIES GENERAL LAB									
074323		12/22/20	10/26/20	01/06/20			32.76	0.00	0.00	32.76
	SUPPLIES GENERAL LAB									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10541	PLATINUM CODE					440.67	0.00	0.00	440.67

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
3619802		12/22/20	12/08/20	01/06/20			229.62	0.00	0.00	229.62
	SUPPLIES GENERAL C/S									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10372	PRECISION DYNAMICS CORP (PDC)					229.62	0.00	0.00	229.62

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
264799		12/18/20	12/01/20	12/31/20			41.25	0.00	0.00	41.25
	PURCHASES SERVICES PLNT									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	R1200	RED HAWK					41.25	0.00	0.00	41.25

Vendor#	Vendor Name	Class	Pay Code
10936	SIEMENS FINANCIAL SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
4584151		12/23/20	12/06/20	01/05/20			1,665.28	0.00	0.00	1,665.28
	LEASE & RENTAL LAB									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10936	SIEMENS FINANCIAL SERVICES					1,665.28	0.00	0.00	1,665.28

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

	93414869		12/22/20	12/13/20	12/22/20	1,004.25	0.00	0.00	1,004.25
		SUPPLIES GENERAL SURGER							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		S2362	SMITH & NEPHEW			1,004.25	0.00	0.00	1,004.25
Vendor#	Vendor Name				Class	Pay Code			
S2353	SMITHS MEDICAL ASD INC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	14706624		12/22/20	12/09/20	12/22/20		332.48	0.00	0.00	332.48
		SUPPLIES GENERAL SURGER							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		S2353	SMITHS MEDICAL ASD INC			332.48	0.00	0.00	332.48
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
	4006730434		12/09/20	12/01/20	12/31/20		3,783.33	0.00	0.00	3,783.33 1,919.87
		PURCHASED SERVICES HOU								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		S3960	STERICYCLE, INC			3,783.33	0.00	0.00	3,783.33 1,919.87
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-19148		12/18/20	11/30/20	01/01/20		4,555.00	0.00	0.00	4,555.00
		MAINT CONTR E/R								
	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			
11100	THE US CONSULTING GROUP								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	340366030		12/09/20	12/01/20	01/05/20		179.75	0.00	0.00	179.75
		PURCHASED SERVICES PLNT								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		11100	THE US CONSULTING GROUP			179.75	0.00	0.00	179.75
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
	113016*		12/27/20	11/30/20	12/15/20		1,380.63	0.00	0.00	1,380.63
		DUE & SUBSCRIPTION - ADMI	Advertising							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		V1050	THE VICTORIA ADVOCATE			1,380.63	0.00	0.00	1,380.63
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
	3A3X121600		12/23/20	12/01/20	12/31/20		119.00	0.00	0.00	119.00
		PURCHASED SERVICES MM C								
	35FK121600		12/23/20	12/01/20	12/31/20		2,619.91	0.00	0.00	2,619.91
		PURCHASED SERVICES MM C								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		11067	TRIZETTO PROVIDER SOLUTIONS			2,738.91	0.00	0.00	2,738.91
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

8150751045		12/18/20	12/06/20	01/05/20	32.92	0.00	0.00	32.92
	PURCHASED SERVICES MAIN							
8150750958		12/18/20	12/06/20	01/05/20	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
8400234899		12/18/20	12/02/20	01/01/20			1,161.47	0.00	0.00	1,161.47
	LAUNDRY HOUSEKEEPING									
8400235052		12/18/20	12/06/20	01/05/20			108.08	0.00	0.00	108.08
	LAURNDRY OB									
8400235050		12/18/20	12/06/20	01/05/20			85.75	0.00	0.00	85.75
	LUNDRY HOUSEKEEPING									
8400235051		12/18/20	12/06/20	01/05/20			108.07	0.00	0.00	108.07
	LAUNDRY DIETARY									
8400235049		12/18/20	12/06/20	01/05/20			303.10	0.00	0.00	303.10
	LAUNDRY HOSEKEEPING									
8400235053		12/18/20	12/06/20	01/05/20			108.59	0.00	0.00	108.59
	LAURNDRY HOUSEKEEPING									
8400235106		12/18/20	12/06/20	01/05/20			819.28	0.00	0.00	819.28
	LAURNDRY HOUSEKEEPING									
8400235096		12/18/20	12/06/20	01/05/20			151.28	0.00	0.00	151.28
	LAUNDRY HOUSEKEEPING									
8400234860		12/23/20	12/02/20	01/01/20			391.10	0.00	0.00	391.10
	LAUNDRY HOUSEKEEPING									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC					3,236.72	0.00	0.00	3,236.72

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
7329179		12/23/20	11/17/20	12/02/20			84.96	0.00	0.00	84.96
	EMP EXP P/R CLEARNG OTH I									
7370754		12/23/20	12/05/20	12/20/20			187.38	0.00	0.00	187.38
	EMPL EXP P/R CLEARNG OTH									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	U1056	UNIFORM ADVANTAGE					272.34	0.00	0.00	272.34

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
0000778941516		12/23/20	12/17/20	12/31/20			1,174.12	0.00	0.00	1,174.12
	FREIGHT C/S									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	U1350	UPS					1,174.12	0.00	0.00	1,174.12

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
4703807		12/23/20	11/17/20	12/06/20			24.75	0.00	0.00	24.75
	FOOD SUPPLIES DIETARY									
5135047		12/23/20	12/12/20	01/01/20			2,065.44	0.00	0.00	2,065.44
	MEAT EXPENSE DIETARY									

5205956		12/23/20	12/15/20	01/04/20	2,067.08	0.00	0.00	2,067.08
	MEAT EXPENSE DIETARY							
5265276		12/23/20	12/19/20	01/06/20	2,202.69	0.00	0.00	2,202.69
	MEAT EXPENSE DIETARY							
4703808		12/26/20	11/17/20	12/06/20	34.69	0.00	0.00	34.69
	SUPPLIES GENERAL DIETARY							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10172	US FOOD SERVICE			6,394.65	0.00	0.00	6,394.65

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
21629		12/23/20	12/05/20	12/03/20			1,200.00	0.00	0.00	1,200.00
	POSTAGE BUS OFFCE									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	U2000	US POSTAL SERVICE					1,200.00	0.00	0.00	1,200.00

Vendor#	Vendor Name	Class	Pay Code
10793	WAGEWORKS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
125AI0503374		12/23/20	12/16/20	12/31/20			225.00	0.00	0.00	225.00
	FLEXIBLE SPENDING OTHER I									
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
11166	WEST INTERACTIVE SERVICES CORP		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
INV001736442		12/23/20	12/01/20	12/31/20			368.80	0.00	0.00	368.80
	PURCHASED SERVICES MM C									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11166	WEST INTERACTIVE SERVICES CORP					368.80	0.00	0.00	368.80

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
WCS00000521		12/23/20	12/01/20	12/31/20			23,200.00	0.00	0.00	23,200.00
	PURCHASED SERVICES W/C									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10556	WOUND CARE SPECIALISTS					23,200.00	0.00	0.00	23,200.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	218,259.94	0.00	0.00	218,259.94

Michael J. Pfeifer
Calhoun County Judge
Date: 1-4-17

Pg 4 correction city of PL { (458.31) +371.25

Pg 6 correction Gardner+White { (3,800.07)

Pg 8 correction MMC Aux. Gift Shop { (291.35) +290.82

Pg 11 correction Stericycle (3,783.33) +1,919.87

212,508.82

218,259.94 +
458.31 -
371.25 +
3,800.07 -
291.35 -
290.82 +
3,783.33 -
1,919.87 +
212,508.82 *

APPROVED ON DEC 28 2016

CKS# 169321 to #169389

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]		121616	24.49	P	2	REFUND FOR [redacted]	
		121616	15.50	P	2	REFUND FOR	
	ARID=0001 TOTAL		39.99				
TOTAL			39.99				

Approved 12/29/16 By Auditor's Office.

* CK # 169390 = 24.49
CK # 169391 = 15.50
} Both checks were approved, printed and signed on 12/29/16

Michael J Pfeifer
Deputy Judge
1-4-17

BANK	CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P		169321	12/29/16	2,335.00	CUMMINS SOUTHERN PLAINS
A/P		169322	12/29/16	6,394.65	US FOOD SERVICE
A/P		169323	12/29/16	88.00	MERCEDES MEDICAL
A/P		169324	12/29/16	4,000.17	GE HEALTHCARE
A/P		169325	12/29/16	1,020.02	CENTURION MEDICAL PRODUCTS
A/P		169326	12/29/16	604.46	DEWITT POTH & SON
A/P		169327	12/29/16	229.62	PRECISION DYNAMICS CORP (PDC)
A/P		169328	12/29/16	3,808.64	CAREFUSION 211, INC
A/P		169329	12/29/16	5,173.88	ALERE NORTH AMERICA INC
A/P		169330	12/29/16	17,268.44	MORRIS & DICKSON CO, LLC
A/P		169331	12/29/16	440.67	PLATINUM CODE
A/P		169332	12/29/16	23,200.00	WOUND CARE SPECIALISTS
A/P		169333	12/29/16	495.00	FASTHEALTH CORPORATION
A/P		169334	12/29/16	94.06	MINDRAY DS USA, INC.
A/P		169335	12/29/16	225.00	WAGEWORKS
A/P		169336	12/29/16	42,828.75	ALLIED BENEFIT SYSTEMS
A/P		169337	12/29/16	89.10	HUNTER PHARMACY SERVICES
A/P		169338	12/29/16	1,665.28	SIEMENS FINANCIAL SERVICES
A/P		169339	12/29/16	7,682.67	CSI LEASING INC
A/P		169340	12/29/16	2,394.27	AIRESPRING INC
A/P		169341	12/29/16	2,738.91	TRIZETTO PROVIDER SOLUTIONS
A/P		169342	12/29/16	756.64	MARLIN BUSINESS BANK
A/P		169343	12/29/16	179.75	THE US CONSULTING GROUP
A/P		169344	12/29/16	322.00	BROADMOOR AT CREEKSIDE PARK
A/P		169345	12/29/16	4,000.00	PARA
A/P		169346	12/29/16	368.80	WEST INTERACTIVE SERVICES CORP
A/P		169347	12/29/16	999.90	COUNTY CONNECTION MARKETING
A/P		169348	12/29/16	346.67	EDWARD MATULA
A/P		169349	12/29/16	76.64	ABBOTT NUTRITION
A/P		169350	12/29/16	19.40	ADVANCE MEDICAL DESIGNS INC
A/P		169351	12/29/16	2,051.46	AIRGAS USA, LLC - CENTRAL DIV
A/P		169352	12/29/16	1,446.57	CARDINAL HEALTH 414,LLC
A/P		169353	12/29/16	13.01	AUTO PARTS & MACHINE CO.
A/P		169354	12/29/16	3,285.74	BAXTER HEALTHCARE CORP
A/P		169355	12/29/16	22,334.37	BECKMAN COULTER INC
A/P		169356	12/29/16	728.00	CAD SOLUTIONS, INC
A/P		169357	12/29/16	202.50	CERTIFIED LABORATORIES
A/P		169358	12/29/16	7,137.02	CITY OF PORT LAVACA
A/P		169359	12/29/16	79.98	DLE PAPER & PACKAGING
A/P		169360	12/29/16	164.70	EDWARDS LIFESCIENCES
A/P		169361	12/29/16	14.76	FASTENAL COMPANY
A/P		169362	12/29/16	96.51	FEDERAL EXPRESS CORP.
A/P		169363	12/29/16	3,282.44	FISHER HEALTHCARE
A/P		169364	12/29/16	736.55	GULF COAST PAPER COMPANY
A/P		169365	12/29/16	300.00	GOLDEN CRESCENT RAC
A/P		169366	12/29/16	317.00	INTEGRATED MEDICAL SYSTEMS
A/P		169367	12/29/16	8,912.60	JOHNSON & JOHNSON
A/P		169368	12/29/16	3,108.92	MAINE STANDARDS CO., LLC
A/P		169369	12/29/16	156.55	MEDLINE INDUSTRIES INC
A/P		169370	12/29/16	258.36	BAYER HEALTHCARE

BANK--CHECK	NUMBER	DATE	AMOUNT	PAYEE
A/P	169371	12/29/16	1,143.16	MMC AUXILIARY GIFT SHOP
A/P	169372	12/29/16	1,959.12	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	169373	12/29/16	788.07	ORTHO CLINICAL DIAGNOSTICS
A/P	169374	12/29/16	.00	VOIDED
A/P	169375	12/29/16	7,019.26	OWENS & MINOR
A/P	169376	12/29/16	41.25	RED HAWK
A/P	169377	12/29/16	878.08	EVOQUA WATER TECHNOLOGIES LLC
A/P	169378	12/29/16	332.48	SMITHS MEDICAL ASD INC
A/P	169379	12/29/16	1,004.25	SMITH & NEPHEW
A/P	169380	12/29/16	1,919.87	STERICYCLE, INC
A/P	169381	12/29/16	4,555.00	T-SYSTEM, INC
A/P	169382	12/29/16	76.46	UNIFIRST HOLDINGS
A/P	169383	12/29/16	272.34	UNIFORM ADVANTAGE
A/P	169384	12/29/16	3,236.72	UNIFIRST HOLDINGS INC
A/P	169385	12/29/16	1,174.12	UPS
A/P	169386	12/29/16	1,200.00	US POSTAL SERVICE
A/P	169387	12/29/16	1,380.63	THE VICTORIA ADVOCATE
A/P	169388	12/29/16	312.08	GRAINGER
A/P	169389	12/29/16	742.50	CARMEN C. ZAPATA-ARROYO
A/P	169390	12/29/16	24.49	[redacted]
A/P	169391	12/29/16	15.50	[redacted]
TOTALS:			212,548.81	

} these 2 checks were approved 12/29/16 By Auditor's office.

APPROVED
ON
28pk
DEC 29 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

IBC BANK
We Do More

December 2016 Statement

Open Date: 11/04/2016 Closing Date: 12/05/2016

Visa® Business Card
MEMORIAL MEDICAL CNT
JASON W ANGLIN

Cardmember Service
BUS 30 ELN 8 3

New Balance	**$4,476.23**
Minimum Payment Due	**$45.00**
Payment Due Date	**01/01/2017**

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	+	$1,612.49
Payments	-	$1,612.49CR
Other Credits		$0.00
Purchases	+	$4,476.23
Balance Transfers		$0.00
Advances		$0.00
Other Debits		$0.00
Fees Charged		$0.00
Interest Charged		$0.00
New Balance	=	**$4,476.23**
Past Due		**$0.00**
Minimum Payment Due		**$45.00**
Credit Line		$10,000.00
Available Credit		$5,523.77
Days in Billing Period		32

Michael J. Pfeifer
Calhoun County Judge
1-4-17

MMC will pay by Phone

APPROVED ON DEC 29 2016
4,476.23
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

000024904 01 SP 000638569602975 P

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

Account Number	
Payment Due Date	1/01/2017
New Balance	$4,476.23
Minimum Payment Due	$45.00

Amount Enclosed $_____

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

IBC BANK
We Do More

December 2016 Statement 11/04/2016 - 12/05/2016

MEMORIAL MEDICAL CNT
JASON W ANGLIN

Cardmember Service

Important Messages

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

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

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
11/28	11/28		PAYMENT THANK YOU	$1,612.49CR	
			TOTAL THIS PERIOD	**$1,612.49CR**	

Purchases and Other Debits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
11/04	11/02	0306	LIGHTHOUSE INN AT ARAN ROCKPORT TX 11/02/16 FOR 01 NIGHTS FOLIO: 0000116406	$148.35	
11/07	11/03	0022	LIGHTHOUSE INN AT ARAN ROCKPORT TX 11/01/16 FOR 02 NIGHTS FOLIO: 0000116404	$296.70	
11/07	11/04	1735	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$14.00	
11/10	11/10	0178	AHC MEDIA LLC 404-262-5434 GA	$349.00	
11/14	11/11	3596	DIY AWARDS 800-810-1216 CT	$288.95	
11/14	11/12	3381	AMA*CREDENTIALING 800-621-8335 IL	$228.00	
11/17	11/16	1826	HEALTHSTREAM E-LEARNIN 800-521-0574 TN	$129.00	
11/17	11/17	3694	AMA*CREDENTIALING 800-621-8335 IL	$228.00	
11/21	11/19	9109	HOLIDAY INN HOUSTON NE HOUSTON TX 11/13/16 FOLIO: 2105403	$654.03	
11/21	11/17	0039	TEXAS HOSPITAL ASSOC 512-465-1000 TX	$175.00	
11/21	11/18	1793	WESTIN (WESTIN HOTELS) CHICAGO IL 11/18/16 FOLIO: 4007979	$150.27	
11/21	11/18	1801	WESTIN (WESTIN HOTELS) CHICAGO IL 11/18/16 FOLIO: 4007980	$150.27	
11/21	11/18	4383	WESTIN (WESTIN HOTELS) CHICAGO IL 11/18/16 FOLIO: 4007979	$1,502.72	
11/22	11/21	2190	ALL AMERICAN AWARDS AN 361-5783862 TX	$46.35	

Continued on Next Page

IBC BANK
We Do More

December 2016 Statement 11/04/2016 - 12/05/2016

MEMORIAL MEDICAL CNT
JASON W ANGLIN

Cardmember Service

Transactions

Purchases and Other Debits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
11/23	11/22	7630	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
11/23	11/23	1251	AMA*CREDENTIALING 800-621-8335 IL	$40.00	
12/01	11/23	3547	MEDICINE MAN PHARMACY 361-482-0345 TX	$20.59	
12/02	12/02	7562	AMA*CREDENTIALING 800-621-8335 IL	$43.00	
12/05	12/02	2898	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$8.00	
12/05	12/02	2971	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
			TOTAL THIS PERIOD	**$4,476.23**	

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

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

Signature/Approval: _____ Accounting Code: _____

Interest Charge Calculation

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

**APR for current and future transactions.

Balance Type	Balance By Type	Balance Subject to Interest Rate	Variable	Interest Charge	Annual Percentage Rate	Expires with Statement
**BALANCE TRANSFER	$0.00	$0.00	YES	$0.00	10.24%	
**PURCHASES	$4,476.23	$0.00	YES	$0.00	10.24%	
**ADVANCES	$0.00	$0.00	YES	$0.00	24.24%	

Continued on Next Page

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

(1)

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

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

Vendor Name: Cardmember Service

Date: 12/29/16

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	—		Lighthouse Inn - Roshanda		✓	148.35
2			Thomas - SETH Conference			
3	—		Lighthouse Inn - Jason Anglin		✓	296.70
4			SETH Conference + Board Mtg			
5	—		NPDB 7 Renewals (Credentialing)		✓	14.00
6	—		AHC Media - CMS Hospital		✓	349.00
7			Infection Control Standards - webinar			
8	—		DIY Awards - Plaques for		✓	288.95
9			Retirement - Vicky Kalisek and			
10			Pat Diebel			

Est. Freight _____ Est. Total Cost _____ TOTAL COST 1097.00

NOTES:

Charges made to Jason's cc xxx

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

Dept. Director _____

Dir. Nursing _____

Adm. Dir. Clinical Service _____

CFO _____

Administrator _____

MEMORIAL MEDICAL CENTER

PURCHASE ORDER

(2)

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

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

Vendor Name: Credit Card member Service

Date: 12/29/16

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form #/9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		AMA Credentialing - 6 Profiles		✓	228.00
2			Initial + Cont. Monitoring			
3	—		HealthStream E-Learning -		✓	129.00
4			NRP Instructor Renewal			
5	—		AMA Credentialing - 6 Profiles		✓	228.00
6			Initial + Cont. Monitoring			
7	—		Holiday Inn Houston - Hotel		✓	654.03
8			Edward Matula - Training			
9	—		Texas Hosp Association		✓	175.00
10			Webinar - Two Midnight Rule			

Est. Freight _____ Est. Total Cost _____ TOTAL COST 1414.03

NOTES:

Charges made on Jason's cc XXX

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm. Dir. Clinical Service _____

CFO _____

Administrator _____

(3)

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: 12/29/16

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	—		Westin Hotel - Farah Jarak		✓	150.27
2			RSNA Conference - Chicago			
3	—		" "		✓	150.27
4	—		" "		✓	1502.72
5	—		All American Awards - Plaque			46.35
6			for DJ Williams - In Memory of			
7	—		NPDB - 1 Provider		✓	2.00
8	—		AMA - 1 Provider - Initial		✓	40.00
9	—		Medicine Man Pharmacy		✓	20.59
10			for patient need			

Est. Freight _____ Est. Total Cost _____ TOTAL COST 1912.20

NOTES:

Charges made to Jason's card xxx

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm.Dir. Clinical Service _____

CFO _____

Administrator _____

(4)

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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

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

Vendor Name: Cardmember Service

Date: 12/29/16

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form #9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		AMA Credentialing – 1 Profile		✓	43.00
2			Initial + Cont. Monitoring			
3	—		NPDB – 4 Providers	2.00	✓	8.00
4	—		NPDB – 1 Provider		✓	2.00
5						
6						
7						
8						
9						
10						

Est. Freight _____ Est. Total Cost _____ TOTAL COST 53.00

NOTES:

Charges made to Jason's credit card XXX

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm. Dir. Clinical Service _____

CFO _____

Administrator _____

IBC BANK
We Do More

December 2016 Statement
Open Date: 11/04/2016 Closing Date: 12/05/2016

Visa® Business Card
MEMORIAL MEDICAL CNT
JERRY L PICKETT

Cardmember Service
BUS 30 ELN 8 3

New Balance	**$1,340.39**
Minimum Payment Due	**$14.00**
Payment Due Date	**01/01/2017**

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	+	$3,292.60
Payments	-	$3,292.60CR
Other Credits		$0.00
Purchases	+	$1,340.39
Balance Transfers		$0.00
Advances		$0.00
Other Debits		$0.00
Fees Charged		$0.00
Interest Charged		$0.00
New Balance	=	**$1,340.39**
Past Due		**$0.00**
Minimum Payment Due		**$14.00**
Credit Line		$10,000.00
Available Credit		$8,659.61
Days in Billing Period		32

MMC pay will phone BS

Michael J. Pfeifer
Calhoun County Judge
Date 1-4-17

APPROVED ON DEC 29 2016 1,340.39

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payment Options:

Mail payment coupon with a check

Pay online at myaccountaccess.com

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

Account Number	
Payment Due Date	1/01/2017
New Balance	$1,340.39
Minimum Payment Due	$14.00

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

December 2016 Statement 11/04/2016 - 12/05/2016

MEMORIAL MEDICAL CNT
JERRY L PICKETT

Cardmember Service

Important Messages

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

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

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
11/28	11/28		PAYMENT THANK YOU	$3,292.60CR	
			TOTAL THIS PERIOD	**$3,292.60CR**	

Purchases and Other Debits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
11/04	11/02	0249	LIGHTHOUSE INN AT ARAN ROCKPORT TX 11/01/16 FOR 01 NIGHTS FOLIO: 0000116405	$148.35	
11/04	11/03	0447	OMNI CORPUS CHRISTI CORPUS CHRIST TX 11/02/16 FOR 01 NIGHTS FOLIO: 965947	$171.35	
11/07	11/03	2449	OMNI CORPUS CHRISTI CORPUS CHRIST TX 11/02/16 FOR 01 NIGHTS FOLIO: 961077	$171.35	
11/07	11/03	2514	OMNI CORPUS CHRISTI CORPUS CHRIST TX 11/02/16 FOR 01 NIGHTS FOLIO: 961078	$193.35	
11/07	11/03	2845	OMNI CORPUS CHRISTI CORPUS CHRIST TX 11/02/16 FOR 01 NIGHTS FOLIO: 961077	$2.99	
11/29	11/28	9841	CMS MEDICARE APPLIC FE 410-786-2192 MD	$554.00	
11/29	11/28	9233	BHY*AORN INC & SUBS 800-755-2676 CO	$99.00	
			TOTAL THIS PERIOD	**$1,340.39**	

2016 Totals Year-to-Date

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

Continued on Next Page

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

(1)

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

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

Vendor Name: Cardmember Service

Date: 12/29/16

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	—		Lighthouse Inn - Jerry Pickett		✓	148.35
2			SETH Conference			
3	—		Omni Corpus - Nadine Garner		✓	171.35
4			Hot Topics Workshop by THIE			
5	—		Omni Corpus - Jerry Pickett		✓	171.35
6			Hot Topics Workshop by THIE			
7	—		Omni Corpus - Roshanda Thomas		✓	193.35
8			Hot Topics Workshop by THIE			
9	—		Omni Corpus - Ironing —		✓	2.99
10			Jerry Pickett to pay		Jerry pd ✓	

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

Jerry Reimb MMC

NOTES:

Charges made to Jerry's cc xxx

APPROVED ON
DEC 29 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm. Dir. Clinical Service _____

CFO _____

Administrator _____

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

(2)

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

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

Vendor Name: Cardmember Service

Date: 12/29/16

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	—		CMS Medicare Application		✓	554.00
2			Fee			
3	—		AORN Subscription for		✓	99.00
4			Sandy Ruddick, OR DIR.			
5						
6						
7						
8						
9						
10						

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

NOTES:

Charges made to Jerry's cc XXXX

APPROVED ON
DEC 29 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm. Dir. Clinical Service _____

CFO _____

Administrator _____

MEMORIAL MEDICAL CENTER

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- DECEMBER 2016

Monthly Electronic Transfers for Operating Expenses

12/1/2016	Expertpay	- Child Support	213.81
12/1/2016	Memorial Medical Payroll	- Payroll	262,951.65
12/2/2016	IBC Merch Bankcd Fincl Adj	- Credit Card Processing Fee	7.50
12/2/2016	IBC Merch Bank Discount	- Credit Card Processing Fee	19.95
12/2/2016	IBC Merch Bank Fee	- Credit Card Processing Fee	29.95
12/2/2016	IRS USATAXPYMT	- Payroll Taxes	96,355.42
12/5/2016	Dep Item Returned	- Returned Check	30.00
12/5/2016	IBC Merch Bankcd Fincl Adj	- Credit Card Processing Fee	7.50
12/5/2016	IBC Merch Bankcd Fincl Adj	- Credit Card Processing Fee	7.50
12/5/2016	IBC Merch Bankcd Fincl Adj	- Credit Card Processing Fee	7.50
12/5/2016	IBC Merch Bankcd Fincl Adj	- Credit Card Processing Fee	7.50
12/5/2016	IBC Merch Bankcd Fincl Adj	- Credit Card Processing Fee	7.50
12/5/2016	IBC Merch Bank Fee	- Credit Card Processing Fee	9.95
12/5/2016	FDGL Lease Payment	- Credit Card Machine Lease Expense	59.25
12/5/2016	FDGL Lease Payment	- Credit Card Machine Lease Expense	59.25
12/5/2016	IBC Merch Bank Fee	- Credit Card Processing Fee	61.27
12/5/2016	IBC Merch Bank Fee	- Credit Card Processing Fee	65.23
12/5/2016	IBC Merch Bank Fee	- Credit Card Processing Fee	72.42
12/5/2016	IBC Merch Bank Interchng	- Credit Card Processing Fee	73.39
12/5/2016	IBC Merch Bank Discount	- Credit Card Processing Fee	85.43
12/5/2016	FDGL Lease Payment	- Credit Card Machine Lease Expense	86.30
12/5/2016	Vivonet Acquisit Payment	- Credit Card Machine Lease Expense	99.00
12/5/2016	IBC Merch Bank Fee	- Credit Card Processing Fee	126.56
12/5/2016	IBC Merch Bank Interchng	- Credit Card Processing Fee	166.64
12/5/2016	IBC Merch Bank Interchng	- Credit Card Processing Fee	166.80
12/5/2016	IBC Merch Bank Discount	- Credit Card Processing Fee	252.95
12/5/2016	IBC Merch Bank Discount	- Credit Card Processing Fee	589.61
12/5/2016	IBC Merch Bank Interchng	- Credit Card Processing Fee	1,150.04
12/5/2016	IBC Merch Bank Discount	- Credit Card Processing Fee	1,543.60
12/6/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	271.49
12/6/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	435.12
12/6/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	1,379.84
12/7/2016	FDGL Lease Payment	- Credit Card Machine Lease Expense	30.25
12/8/2016	Dep Item Returned	Tracer #178000231	80.00
12/12/2016	Clover APP MRKT Clover App	- Credit Card Machine Lease Expense	16.25
12/12/2016	FDGL Lease Payment	- Credit Card Machine Lease Expense	30.17
12/12/2016	Clover APP MRKT Clover App	- Credit Card Machine Lease Expense	81.20
12/13/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	494.79
12/13/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	807.51
12/13/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	1,429.05
12/14/2016	Webfile Tax Portal	- Sales Tax	1,111.64
12/15/2016	Expertpay	- Child Support	213.81
12/15/2016	Memorial Medical Payroll	- Payroll	253,757.96
12/16/2016	IRS USATAXPYMT	- Payroll Taxes	91,324.84
12/16/2016	Texas County DRS	- Retirement Funding	115,799.70
12/19/2016	Telecheck	- Credit Card Processing Fee	5.00
12/20/2016	IRS USATAXPYMT	- Payroll Taxes	134.43
12/20/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	146.34
12/20/2016	FDGL Lease Payment	- Credit Card Machine Lease Expense	151.23
12/20/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	554.75
12/20/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	795.84
12/28/2016	Expertpay	- Child Support	213.81
12/28/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	1,134.60
12/28/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	1,191.52
12/28/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	1,376.71
12/29/2016	IRS USATAXPYMT	- Payroll Taxes	91,861.19
12/29/2016	Memorial Medical Payroll	- Payroll	255,596.14
12/30/2016	Cardmember Service	- IBC Credit Card Invoice	1,340.39
12/30/2016	Cardmember Service	- IBC Credit Card Invoice	4,476.23
			1,190,555.27

Jason Anglin
MMC Chief Executive Officer

APPROVED
ON

JAN 16 2017

BY
CALHOUN COUNTY AUDITOR

IBC

BANK

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

CUSTOMER

8/NE/131/019/1991
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH ASHFORD
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

7

CUSTOMER NO.	PAGE NO.
	1 of 2

12/01/2016 to 12/31/2016
STATEMENT PERIOD

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

Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
572,864.09	29	1,582,533.70	5	1,830,033.13	325,364.66 ✓

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
12/01		* 201,101.68	12/08		— 41,341.82	12/27		○ 74,057.09
12/01		* 159,652.50	12/16		+ 55,504.25	12/30		147,835.83 O/S

Checks (Debits)

Date	Check #	Amount
12/07	12	* 325,103.39

Electronic Activity

Credits

12/02	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	* 1,340.36
12/07	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	— 9,600.32
12/07	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	— 7,183.13
12/08	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005	— 1,564.56
12/09	Incoming Wire	0235 CANTEX HEALTH CARE CENTERS LLC	— 503,122.13
12/09	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005	— 12,498.13
12/16	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	+ 1,047.97
12/19	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	○ 9,414.74
12/19	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	○ 5,428.18
12/20	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005	○ 1,047.06
12/21	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	○ 130,776.44
12/22	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	○ 10,886.13
12/23	Electronic Deposit	AMERIGROUP CORPO E-PAYMENT EE51447998	○ 151,367.00
12/23	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	○ 10,081.47
12/23	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	○ 7,935.74
12/23	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	○ 4,726.31
12/27	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005	○ 5,384.70
12/27	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	○ 3,574.33
12/28	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	14,325.99
12/28	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	4,567.08
12/28	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	3,973.19
12/28	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005	2,148.51
12/29	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005	1,047.06

O/S

Debits

12/07	Outgoing Wire	0079 ASHFORD HEALTH CARE CENTER LTD	* 609,755.24
12/13	Outgoing Wire	0217 ASHFORD HEALTH CARE CENTER LTD	— 575,310.09
12/21	Outgoing Wire	0464 ASHFORD HEALTH CARE CENTER LTD	+ 56,552.22
12/29	Outgoing Wire	0445 ASHFORD HEALTH CARE CENTER LTD	

414,679.19 -263,312.19 = 151,3

IBC

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

CUSTOMER
8/NE/131/019/1997
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH BROADMOOR
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

8

CUSTOMER NO.	PAGE NO.
	1 of 2

12/01/2016 to 12/31/2016
STATEMENT PERIOD

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

Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
180,312.63	20	619,768.96	5	559,605.85	240,475.74

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
12/01		* 88,022.73	12/16		+ 67,697.53	12/27		o 4,914.00
12/01		* 6,668.57	12/27		o 55,458.14	12/30		o/s 31,084.00
12/08		— 28,700.17						

Checks (Debits)

Date	Check #	Amount
12/07	11	*7,741.30 ✓

Electronic Activity

	Credits		
12/01	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	* 12,808.70
12/07	Electronic Deposit	Molina HC of TX Molina HC PN1669860433	— 1,133.45
12/19	Electronic Deposit	Molina HC of TX Molina HC PN1669860433	o 1,144.18
12/21	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	o 848.58
12/22	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	o 48,246.10
12/23	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	o 29,310.94
12/23	Electronic Deposit	AMERIGROUP CORPO E-PAYMENT EE51447997	o 1,613.36
12/27	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113004	o 21,516.24
12/27	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	o 12,923.89
12/28	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	20,704.09
12/29	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	o/s 12,808.70
12/29	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113004	1,530.98
12/30	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	172,634.61
	Debits		
12/07	Outgoing Wire	0082 CANTEX HEALTH CARE CENTERS III	* 279,363.82
12/13	Outgoing Wire	0220 CANTEX HEALTH CARE CENTERS III	* — 30,441.13
12/21	Outgoing Wire	0467 CANTEX HEALTH CARE CENTERS III	+ 67,697.53 o/s
12/29	Outgoing Wire	0449 CANTEX HEALTH CARE CENTERS III	4914.00 + 171,061.43 = 174,362.07 = 1,613

Daily Ending Balance

12/01	287,812.63	12/19	68,941.71	12/27	176,075.43
12/07	1,840.96	12/21	2,092.76	12/28	196,779.52
12/08	30,541.13	12/22	50,338.86	12/29	36,757.13
12/13	100.00	12/23	81,263.16	12/30	240,475.74
12/16	67,797.53				

IBC

BANK

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

CUSTOMER

8/NE/131/019/1995
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH CRESCENT
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

8

CUSTOMER NO.	PAGE NO.
	1 of 2

12/01/2016 to 12/31/2016
STATEMENT PERIOD

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

Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
138,048.41	30	1,255,441.03	5	1,329,058.09	64,431.35

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
12/01		39,233.05	12/16		34,533.40	12/28		1,110.00
12/01		10,112.98	12/27		34,856.46	12/30		35,950.94
12/08		38,155.15						

Checks (Debits)

Date	Check #	Amount
12/07	8	31,306.16

Electronic Activity

Credits

12/02	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16113010801945	2,829.71
12/02	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113008	2,576.00
12/02	Electronic Deposit	Molina HC of TX Molina HC PN1669860425	376.87
12/06	Incoming Wire	0362 CANTEX HEALTH CARE CENTERS III	739,856.80
12/07	Electronic Deposit	Molina HC of TX Molina HC PN1669860425	6,203.77
12/08	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16120610700144	9,528.52
12/08	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16120615500335	1,276.34
12/08	Electronic Deposit	Molina HC of TX Molina HC PN1669860425	1,073.62
12/13	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16121016300035	2,800.00
12/16	Electronic Deposit	Molina HC of TX Molina HC PN1669860425	4,097.18
12/16	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16121412900104	1,291.82
12/19	Electronic Deposit	Molina HC of TX Molina HC PN1669860425	6,242.95
12/19	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16121514900410	1,926.98
12/20	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	191,935.76
12/21	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	15,384.28
12/22	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16122012500052	7,895.22
12/22	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	5,857.27
12/22	Electronic Deposit	Molina HC of TX Molina HC PN1669860425	3,920.16
12/22	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16122010700066	1,276.34
12/23	Electronic Deposit	AMERIGROUP CORPO E-PAYMENT EE51447996	21,530.90
12/23	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	18,830.95
12/27	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	9,038.10
12/28	Electronic Deposit	Molina HC of TX Molina HC PN1669860425	5,739.51

Debits

12/07	Outgoing Wire	0081 CANTEX HEALTH CARE CENTERS III	161,770.85
12/13	Outgoing Wire	0219 CANTEX HEALTH CARE CENTERS III	796,094.21
12/21	Outgoing Wire	0466 CANTEX HEALTH CARE CENTERS III	42,722.40
12/29	Outgoing Wire	0448 CANTEX HEALTH CARE CENTERS III	297,164.47

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CUSTOMER

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STATEMENT

8

CUSTOMER NO.	PAGE NO.
	2 of 2

12/01/2016 to 12/31/2016
STATEMENT PERIOD

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

Daily Ending Balance

12/01	187,394.44	12/16	42,822.40	12/23	274,900.81
12/02	193,177.02	12/19	50,992.33	12/27	318,795.37
12/06	933,033.82	12/20	242,928.09	12/28	325,644.88
12/07	746,160.58	12/21	215,589.97	12/29	28,480.41
12/08	796,194.21	12/22	234,538.96	12/30	64,431.35
12/13	2,900.00				

Notice to Customers: A CTR Reference Guide

Why is my financial institution asking me for identification and personal information?

Federal law requires financial institutions to report currency (cash or coin) transactions over $10,000 conducted by, or on behalf of, one person, as well as multiple currency transactions that aggregate to be over $10,000 in a single day. These transactions are reported on Currency Transaction Reports (CTRs). The federal law requiring these reports was passed to safeguard the financial industry from threats posed by money laundering and other financial crime. To comply with this law, financial institutions must obtain personal identification information about the individual conducting the transaction such as a Social Security number as well as a driver's license or other government issued document. This requirement applies whether the individual conducting the transaction has an account relationship with the institution or not. There is no general prohibition against handling large amounts of currency and the filing of a CTR is required regardless of the reasons for the currency transaction. The financial institution collects this information in a manner consistent with a customer's right to financial privacy.

Can I break up my currency transactions into multiple, smaller amounts to avoid being reported to the government?

No. This is called "structuring." Federal law makes it a crime to break up transactions into smaller amounts for the purpose of evading the CTR reporting requirement and this may lead to a required disclosure from the financial institution to the government. Structuring transactions to prevent a CTR from being reported can result in imprisonment for not more than five years and/or a fine of up to $250,000. If structuring involves more than $100,000 in a twelve month period or is performed while violating another law of the United States, the penalty is doubled.

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STATEMENT

7

CUSTOMER NO.	PAGE NO.
	1 of 2

12/01/2016 to 12/31/2016
STATEMENT PERIOD

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Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
138,859.56	28	393,970.33	5	434,115.75	98,714.14

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
12/01		65,102.01	12/08		34,324.61	12/27		32,648.56
12/01		26,174.21	12/16		1,492.49	12/30		65,343.12

Checks (Debits)

Date	Check #	Amount
12/07	8	100,766.21

Electronic Activity

	Credits		
12/01	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16112912400008	171.28
12/05	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663	8,584.88
12/08	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	10,724.09
12/09	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	17,914.78
12/09	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113006	1,840.74
12/12	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16120811400113	11,967.64
12/12	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113006	1,353.02
12/14	Electronic Deposit	CENTENE CORP HCCLAIMPMT	143.80
12/19	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	13,209.19
12/20	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113006	1,869.72
12/20	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	703.30
12/21	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663	57,015.05
12/22	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16122012500053	5,866.49
12/22	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	577.99
12/23	Electronic Deposit	AMERIGROUP CORPO E-PAYMENT EE51447994	12,600.39
12/23	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663	3,672.34
12/28	Electronic Deposit	CENTENE CORP HCCLAIMPMT	8,789.00
12/28	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16122416300301	3,064.68
12/29	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	2,651.57
12/29	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663	237.13
12/30	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16122816000652	4,132.61
12/30	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113006	1,795.64
	Debits		
12/07	Outgoing Wire	0083 CANTEX HEALTH CARE CENTERS III	129,440.86
12/13	Outgoing Wire	0221 CANTEX HEALTH CARE CENTERS III	73,389.09
12/21	Outgoing Wire	0470 CANTEX HEALTH CARE CENTERS III	14,956.95
12/29	Outgoing Wire	0450 CANTEX HEALTH CARE CENTERS III	128,163.03 - 115,562.64 = 12,60

Daily Ending Balance

12/01	230,307.06	12/07	8,684.87	12/09	73,489.09
12/05	238,891.94	12/08	53,733.57	12/12	86,809.75

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STATEMENT

7

CUSTOMER NO.	PAGE NO.
	1 of 2

12/01/2016 to 12/31/2016
STATEMENT PERIOD

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Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
214,660.64	31	1,723,689.28	6	1,818,327.34	120,022.58

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
12/01		63,387.49	12/08		43,907.71	12/27		59,086.19
12/01		56,483.16	12/16		35,533.63	12/30		82,265.46

Checks (Debits)

Date	Check #	Amount
12/07	8	94,711.24

Electronic Activity

Credits

12/02	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	9,030.83
12/02	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113007	3,864.00
12/05	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	478.11
12/06	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	1,659.69
12/08	Incoming Wire	0791 CANTEX HEALTH CARE CENTERS III	847,271.51
12/12	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16120813200025	27,684.50
12/12	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	5,262.63
12/12	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113007	114.47
12/13	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16121012600259	7,627.12
12/14	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16121212700012	13,278.93
12/15	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113007	6,641.25
12/19	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16121511800221	2,999.45
12/19	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113007	1,288.00
12/21	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	301,723.68
12/22	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	63,458.67
12/22	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16122012500059	18,410.19
12/23	Electronic Deposit	AMERIGROUP CORPO E-PAYMENT EE51447995	36,440.75
12/23	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16122112600336	5,861.48
12/23	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	2,674.53
12/23	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16122111100775	87.59
12/27	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	21,994.69
12/27	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113007	3,957.20
12/28	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113007	220.01
12/29	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	68.44
12/30	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113007	927.92

Debits

12/06	Dep Item Returned	(Tracer# 17000107)	362.25
12/07	Outgoing Wire	0080 CANTEX HEALTH CARE CENTERS LLC	252,614.88
12/13	Outgoing Wire	0218 CANTEX HEALTH CARE CENTERS LLC	892,954.77
12/21	Outgoing Wire	0465 CANTEX HEALTH CARE CENTERS LLC	96,142.53
12/29	Outgoing Wire	0447 CANTEX HEALTH CARE CENTERS LLC	481,541.67

94,711.24 + 252,614.88 = 347326
517,982.42 - 481,541.67 = 36,44

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STATEMENT 404

CUSTOMER NO.	PAGE NO.
	1 of 13

12/01/2016 to 12/31/2016
STATEMENT PERIOD

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Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
1,493,136.37	504	2,525,205.83	359	2,879,242.19	1,139,100.01

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
12/01		57,005.49	12/09		1,089.50	12/20		85.00
12/01		1,211.12	12/09		772.74	12/21		5,214.71
12/01		279.00	12/09		651.81	12/21		439.00
12/01		85.00	12/09		243.00	12/21		410.13
12/02		67,639.89	12/12		78,352.83	12/21		342.95
12/02		1,616.51	12/12		5,773.41	12/21		25.00
12/02		460.00	12/12		575.00	12/22		15,445.91
12/02		428.15	12/12		384.08	12/22		789.82
12/02		146.14	12/12		50.00	12/22		338.40
12/05		8,807.06	12/13		6,792.53	12/22		259.50
12/05		3,764.96	12/13		2,861.12	12/23		22,368.12
12/05		498.00	12/13		549.12	12/23		312.64
12/05		330.07	12/13		404.00	12/23		125.00
12/05		115.00	12/14		7,008.31	12/23		10.00
12/05		80.00	12/14		472.91	12/23		0.80
12/05		8.00	12/14		209.00	12/27		116,943.45
12/06		52,363.81	12/14		18.00	12/27		812.05
12/06		5,839.24	12/15		20,600.19	12/27		351.00
12/06		1,641.01	12/15		463.60	12/27		316.00
12/06		1,080.70	12/15		266.00	12/27		186.97
12/06		858.05	12/15		7.50	12/27		133.30
12/06		743.86	12/16		30,043.83	12/28		3,651.52
12/06		669.77	12/16		1,228.20	12/28		1,844.94
12/06		469.00	12/16		400.00	12/28		424.00
12/07		566,913.51	12/16		135.00	12/28		72.44
12/07		2,335.43	12/19		63,276.34	12/29		5,805.02
12/07		336.00	12/19		1,336.05	12/29		1,943.52
12/07		278.76	12/19		243.50	12/29		879.88
12/07		241.49	12/19		172.72	12/29		35.00
12/07		40.05	12/19		160.00	12/29		18.57
12/07		22.23	12/19		90.00	12/30		27,613.62
12/08		41,229.47	12/20		7,265.16	12/30		1,014.53
12/08		195.00	12/20		1,901.06	12/30		259.00
12/08		15.00	12/20		1,847.66	12/30		173.23
12/09		16,250.06	12/20		404.00			

Checks (Debits)

Date	Check #	Amount	Date	Check #	Amount	Date	Check #	Amount
12/06	61828	782.96	12/12 *	168555	35.96	12/06 *	168754	770.00
12/05	61829	278.76	12/01 *	168626	307.50	12/15 *	168758	137.90
12/16	61830	639.54	12/02 *	168724	12.45	12/02 *	168769	2,724.64
12/19	61831	642.19	12/05	168725	109.28	12/01	168770	549.70
12/28 *	164733	16.84	12/09 *	168741	12.79	12/06 *	168772	750.00
12/08 *	167432	614.15	12/01 *	168746	179.36	12/01 *	168774	511.09

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STATEMENT 404

CUSTOMER NO. | PAGE NO.
12 of 13

12/01/2016 to 12/31/2016
STATEMENT PERIOD

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	Debits		
12/01	Electronic Payment	EXPERTPAY EXPERTPAY xxxxx3411	213.81
12/01	Electronic Payment	MEMORIAL MEDICAL PAYROLL	262,951.65
12/02	Electronic Payment	IBC MERCH BNKCD FINCL ADJ 674200009993	7.50
12/02	Electronic Payment	IBC MERCH BNKCD DISCOUNT 674200009993	19.95
12/02	Electronic Payment	IBC MERCH BNKCD FEE 674200009993	29.95
12/02	Electronic Payment	IRS USATAXPYMT 220673771621635	96,355.42
12/05	Dep Item Returned	(Tracer# 17000130)	30.00
12/05	Electronic Payment	IBC MERCH BNKCD FINCL ADJ 971160910883	7.50
12/05	Electronic Payment	IBC MERCH BNKCD FINCL ADJ 971160911881	7.50
12/05	Electronic Payment	IBC MERCH BNKCD FINCL ADJ 971160912889	7.50
12/05	Electronic Payment	IBC MERCH BNKCD FINCL ADJ 971160914885	7.50
12/05	Electronic Payment	IBC MERCH BNKCD FINCL ADJ 971160913887	7.50
12/05	Electronic Payment	IBC MERCH BNKCD FEE 971160912889	9.95
12/05	Electronic Payment	FDGL LEASE PYMT	59.25
12/05	Electronic Payment	FDGL LEASE PYMT	59.25
12/05	Electronic Payment	IBC MERCH BNKCD FEE 971160911881	61.27
12/05	Electronic Payment	IBC MERCH BNKCD FEE 971160914885	65.23
12/05	Electronic Payment	IBC MERCH BNKCD FEE 971160910883	72.42
12/05	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160913887	73.39
12/05	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160913887	85.43
12/05	Electronic Payment	FDGL LEASE PYMT	86.30
12/05	Electronic Payment	VIVONET ACQUISIT PAYMENT 1136	99.00
12/05	Electronic Payment	IBC MERCH BNKCD FEE 971160913887	126.56
12/05	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160911881	166.64
12/05	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160914885	166.80
12/05	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160914885	252.95
12/05	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160911881	589.61
12/05	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160910883	1,150.04
12/05	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160910883	1,543.60
12/06	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02988757	271.49
12/06	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02988678	435.12
12/06	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02988767	1,379.84
12/07	Electronic Payment	FDGL LEASE PYMT	30.25
12/08	Dep Item Returned	(Tracer# 17000231)	80.00
12/12	Electronic Payment	CLOVER APP MRKT CLOVER APP	16.25
12/12	Electronic Payment	FDGL LEASE PYMT	30.17
12/12	Electronic Payment	CLOVER APP MRKT CLOVER APP	81.20
12/13	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02997599	494.79
12/13	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02997721	807.51
12/13	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02997743	1,429.05
12/14	Electronic Payment	WEBFILE TAX PYMT DD 902/25794057	1,111.64
12/15	Electronic Payment	EXPERTPAY EXPERTPAY xxxxx3411	213.81
12/15	Electronic Payment	MEMORIAL MEDICAL PAYROLL	253,757.96
12/16	Electronic Payment	IRS USATAXPYMT 220675173492927	91,324.84
12/16	Electronic Payment	TEXAS COUNTY DRS RECEIVABLE 419	115,799.70
12/19	Electronic Payment	Telecheck INV122016D xxxxx9736	5.00
12/20	Electronic Payment	IRS USATAXPYMT 220675503082712	134.43
12/20	Electronic Payment	MCKESSON DRUG AUTO ACH ACH03001557	146.34

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STATEMENT 404

CUSTOMER NO.	PAGE NO.
	13 of 13

12/01/2016 to 12/31/2016
STATEMENT PERIOD

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12/20	Electronic Payment	FDGL LEASE PYMT	151.23
12/20	Electronic Payment	MCKESSON DRUG AUTO ACH ACH03001467	554.75
12/20	Electronic Payment	MCKESSON DRUG AUTO ACH ACH03001578	795.84
12/28	Electronic Payment	EXPERTPAY EXPERTPAY xxxxx3411	213.81
12/28	Electronic Payment	MCKESSON DRUG AUTO ACH ACH03010445	1,134.60
12/28	Electronic Payment	MCKESSON DRUG AUTO ACH ACH03010284	1,191.52
12/28	Electronic Payment	MCKESSON DRUG AUTO ACH ACH03010479	1,376.71
12/29	Electronic Payment	IRS USATAXPYMT 220676491060335	91,861.19
12/29	Electronic Payment	MEMORIAL MEDICAL PAYROLL	255,596.14
12/30	Electronic Payment	CARDMEMBER SERV ELECT PYMT	1,340.39
12/30	Electronic Payment	CARDMEMBER SERV ELECT PYMT	4,476.23

Daily Ending Balance

12/01	1,301,511.41	12/12	2,300,848.25	12/21	2,141,487.44
12/02	1,341,403.95	12/13	2,299,914.09	12/22	2,245,789.52
12/05	1,398,256.56	12/14	2,311,127.03	12/23	1,276,296.73
12/06	1,485,504.14	12/15	2,098,821.55	12/27	1,396,864.75
12/07	2,031,905.08	12/16	1,966,547.18	12/28	1,355,037.96
12/08	2,103,225.43	12/19	2,045,806.51	12/29	1,003,957.68
12/09	2,164,832.75	12/20	2,081,442.54	12/30	1,139,100.01

Notice to Customers: A CTR Reference Guide

Why is my financial institution asking me for identification and personal information?

Federal law requires financial institutions to report currency (cash or coin) transactions over $10,000 conducted by, or on behalf of, one person, as well as multiple currency transactions that aggregate to be over $10,000 in a single day. These transactions are reported on Currency Transaction Reports (CTRs). The federal law requiring these reports was passed to safeguard the financial industry from threats posed by money laundering and other financial crime. To comply with this law, financial institutions must obtain personal identification information about the individual conducting the transaction such as a Social Security number as well as a driver's license or other government issued document. This requirement applies whether the individual conducting the transaction has an account relationship with the institution or not. There is no general prohibition against handling large amounts of currency and the filing of a CTR is required regardless of the reasons for the currency transaction. The financial institution collects this information in a manner consistent with a customer's right to financial privacy.

Can I break up my currency transactions into multiple, smaller amounts to avoid being reported to the government?

No. This is called "structuring." Federal law makes it a crime to break up transactions into smaller amounts for the purpose of evading the CTR reporting requirement and this may lead to a required disclosure from the financial institution to the government. Structuring transactions to prevent a CTR from being reported can result in imprisonment for not more than five years and/or a fine of up to $250,000. If structuring involves more than $100,000 in a twelve month period or is performed while violating another law of the United States, the penalty is doubled.

IBC

BANK

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

CUSTOMER

8/NE/131/019/1914
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
PRIVATE WAIVER CLEARING FUND
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT 0

CUSTOMER NO.	PAGE NO.
	1 of 1

12/01/2016 to 12/31/2016
STATEMENT PERIOD

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

Regular Checking — Account Recap — Account Number -

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

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IBC

BANK

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

CUSTOMER

8/NE/131/019/1954
MEMORIAL MEDICAL CENTER CONSTRUCTION COU
CLINIC SERIES 2014
202 S ANN STE A
PORT LAVACA TX 77979

STATEMENT

CUSTOMER NO.	PAGE NO.
	1 of 1

12/01/2016 to 12/31/2016
STATEMENT PERIOD

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

Regular Checking — Account Recap — Account Number -

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

Notice to Customers: A CTR Reference Guide

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IBC

BANK

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

CUSTOMER

8/NE/131/019/2385

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

STATEMENT

CUSTOMER NO.	PAGE NO.
	1 of 1

12/01/2016 to 12/31/2016
STATEMENT PERIOD

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Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
3,707.35	2	99,671.18	13	50,140.06	53,238.47

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount
12/06		49,530.06	12/30		50,141.12

Checks (Debits)

Date	Check #	Amount	Date	Check #	Amount	Date	Check #	Amount
12/08	11888	151.05	12/06	11893	401.81	12/12	11897	5,230.08
12/30	11889	165.89	12/02	11894	1,074.00	12/13	11898	279.36
12/09	11890	785.60	12/05	11895	40,110.25	12/08	11899	705.85
12/30	11891	385.26	12/08	11896	537.52	12/15	11900	47.85
12/08	11892	265.54						

Daily Ending Balance

12/02	2,633.35	12/08	9,991.39	12/13	3,696.35
12/05	-37,476.90	12/09	9,205.79	12/15	3,648.50
12/06	11,651.35	12/12	3,975.71	12/30	53,238.47

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