MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ----- February 23, 2017

PAYABLES AND PAYROLL

1/3/2017	McKesson Drugs	$ 2,349.14
1/4/2017	Weekly Payables	199,047.66
1/4/2017	Patient Refunds	552.56
1/10/2017	McKesson Drugs	4,663.51
1/10/2017	Payroll	260,464.22
1/10/2017	Payroll by Check	390.32
1/11/2017	Weekly Payables	206,189.01
1/11/2017	Patient Refunds	72.31
1/11/2017	Returned Check	23.33
1/13/2017	Payroll Liabilities	95,639.76
1/16/2017	McKesson Drugs	2,485.96
1/17/2017	Credit Card Invoice	1,374.11
1/17/2017	Credit Card Invoice	3,595.13
1/18/2017	TCDRS	169,130.89
1/19/2017	Weekly Payables	1,152,936.42
1/19/2017	Patient Refunds	7,602.40
1/24/2017	McKesson Drugs	3,135.18
1/24/2017	Payroll	260,432.99
1/24/2017	Payroll by Check	71.86
1/25/2017	Weekly Payables	256,273.91
1/30/2017	McKesson Drugs	3,217.86
1/31/2017	MMC Employee Benefit Plan	48,609.63

APPROVED
FEB 23 2017
CALHOUN COUNTY
COMMISSIONERS COURT

Monthly Electronic Transfers for Payroll Expenses(not incl above)	427.62	
Monthly Electronic Transfers for Operating Expenses	8,241.54	
Total Payables and Payroll		**$ 2,686,927.32**

INTER-GOVERNMENT TRANSFERS

Inter-Government Transfers for January 2017	670,961.30	
Total Inter-Government Transfers		**$ 670,961.30**

INTRA-ACCOUNT TRANSFERS

Total Intra-Account Transfers	**$ -**
SUBTOTAL MEMORIAL MEDICAL CENTER DISBURSEMENTS	**$ 3,357,888.62**
INDIGENT HEALTHCARE FUND EXPENSES	**$ 44,308.75**
NURSING HOME UPL EXPENSES	**$ 4,974,724.77**
NURSING HOME INTER-GOVERNMENT TRANSFER FOR JANUARY 2017	**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED 2/23/2017	**$ 8,376,922.14**

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- February 23, 2017

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

Adu Sports Medicine Clinic (Ayo Adu MD)	233.65
Clinical Pathology Labs	110.62
Gulf Coast Foot Clinic PA	33.27
HEB Pharmacy-MedImpact	270.29
Refund from HEB Pharmacy - Credit on Bill	(71.67)
MMC (Phys Fee $595.67/In-patient $5,457.70 / Out-patient $18,919.86 / ER $9,462.90)	34,436.13
MMCenter Professional Fees	167.00
Memorial Medical Clinic	4,703.54
Radiology Unlimited PA	292.70
Regional Employee Assistance	302.71
Victoria Eye Center	213.84
SUBTOTAL	**40,692.08**
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)	**4,166.67**
Subtotal	**44,858.75**
Less: Co-Pays collected in January 2017	(550.00)
TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES	**44,308.75**

800 02232017 01 CALHOUN COUNTY, TEXAS

DATE: 2/23/2017

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			$44,308.75
	approved by Commissioners Court on 02/23/2017			
1000-001-46010	January Interest $0.00			$0.00
				$44,308.75

COUNTY AUDITOR APPROVAL ONLY

APPROVED ON FEB 21 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: Michael J Pfeil 2/23/17

DEPARTMENT HEAD DATE

Issued 02/21/17

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 02/01/2017 through 02/01/2017
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	8,066.62	1,949.46
01-1	Injections	11.00	11.00
02	Prescription Drugs	198.62	198.62
05	Lab/x-ray	168.44	38.30
08	Rural Health Clinics	4,815.00	4,654.24
13	Mmc - Inpatient Hospital	11,138.17	5,457.70
14	Mmc - Hospital Outpatient	56,886.20	18,919.86
15	Mmc - Er Bills	28,705.79	9,462.90
	Expenditures	110,106.87	40,809.11
	Reimb/Adjustments	-117.03	-117.03
	Grand Total	**109,989.84**	**40,692.08**

Copaays	<550.00>
Expenses	4,166.67
Total	44,308.75

APPROVED
ON

FEB 2 1 2017

BY
CALHOUN COUNTY AUDITOR

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ----February 23, 2017

Nursing Home UPL

	Weekly Cantex Transfer		ACH Deposits	ACH Transfers
IN	**OUT**			
12/16/16-12/30/16	1/6/2017	Ashford-4553		$ 325,264.66
01/04/17-01/06/17	1/6/17-1/11/17	Ashford-4553	$ 316,399.10	316,399.10
01/12/17-01/17/17	1/20/2017	Ashford-4553	94,357.03	94,357.03
01/18/17-01/27/17	1/31/2017	Ashford-4553	309,405.54	309,405.54
01/30/17-01/31/17		Ashford-4553	171,088.83	
12/19/16-12/30/16	1/6/2017	Broadmoor-4596		$ 240,375.74
01/03/17-01/06/17	1/6/17-1/11/17	Broadmoor-4596	883,924.51	883,924.51
01/11/17-01/17/17	1/20/2017	Broadmoor-4596	142,450.66	142,450.66
01/18/17-01/27/17	1/31/2017	Broadmoor-4596	524,213.89	524,213.89
01/30/17-01/31/17		Broadmoor-4596	9,002.16	
12/19/16-12/30/16	1/6/2017	Crescent-4588		$ 64,331.35
01/03/17-01/06/17	1/6/17-1/11/17	Crescent-4588	80,853.86	80,853.86
01/09/17-01/17/17	1/20/2017	Crescent-4588	30,537.82	30,537.82
01/18/17-01/27/17	1/31/2017	Crescent-4588	329,627.95	329,627.95
01/30/17-01/31/17		Crescent-4588	30,781.35	
12/19/16-12/30/16	1/6/2017	Fort Bend-4618		$ 98,614.14
01/05/17-01/06/17	1/6/17-1/11/17	Fort Bend-4618	582,805.15	582,805.15
01/10/17-01/17/17	1/20/2017	Fort Bend-4618	33,755.03	33,755.03
01/20/17-01/27/17	1/31/2017	Fort Bend-4618	149,595.40	149,595.40
1/31/2017		Fort Bend-4618	18,723.97	
12/19/16-12/30/16	1/6/2017	Solera-4561		$ 119,922.58
01/03/17-01/06/17	1/6/17-1/11/17	Solera-4561	118,354.05	118,354.05
01/09/17-01/17/17	1/20/2017	Solera-4561	81,355.02	81,355.02
01/18/17-01/27/17	1/31/2017	Solera-4561	448,581.29	448,581.29
01/30/17-01/31/17		Solera-4561	41,231.09	
SUBTOTAL			4,397,043.70	4,974,724.77

		NH to MMC Oper Acct	ACH Transfers
NH Ashford UPL IGT			
NH Ashford UPL IGT			
NH Broadmoor UPL IGT			
NH Broadmoor UPL IGT			
NH Crescent UPL IGT			
NH Crescent UPL IGT			
NH Fort Bend UPL IGT			
NH Fort Bend UPL IGT			
NH Solera UPL IGT			
NH Solera UPL IGT			
SUBTOTAL		$ -	$ -

TOTAL APPROVED NURSING HOME WEEKLY CANTEX TRANSFERS	**4,974,724.77**

MEMORIAL MEDICAL CENTER CONSTRUCTION ACCOUNT

COMMISSIONERS COURT APPROVAL LIST FOR ----February 23, 2017

PAYABLES

None - Construction Completed

Total Approved MMC Construction Expenses	-

Issued 02/21/17

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 02/01/2017 through 02/01/2017
For Source Group Indigent Health Care
For Vendor: MEMORIAL MEDICAL CENTER
Vendor NPI #: 1689630865

Source	Description	Amount Billed	Amount Paid
01	Physician Services	1,795.00	595.67
13	Mmc - Inpatient Hospital	11,138.17	5,457.70
14	Mmc - Hospital Outpatient	56,886.20	18,919.86
15	Mmc - Er Bills	28,705.79	9,462.90
	Expenditures	98,525.16	34,436.13
	Reimb/Adjustments	0.00	0.00
	Grand Total	**98,525.16**	**34,436.13**

Source Totals Report Detail

Invoice #	Source	DOS	Amount Billed	Amount Paid
006609*10091*7	01	11/09/2016	105.00	16.84
006609*10091*7	01	11/09/2016	330.00	140.18
006525*10091*6	01	11/09/2016	330.00	117.74
006525*10091*6	01	11/10/2016	145.00	44.57
006525*10091*6	01	11/11/2016	145.00	44.57
006525*10091*6	01	11/12/2016	145.00	44.57
006525*10091*6	01	11/13/2016	145.00	44.57
006525*10091*6	01	11/14/2016	145.00	44.57
006525*10091*6	01	11/15/2016	145.00	44.57
006525*10091*6	01	11/16/2016	160.00	53.49
2 invoices, 10 line items			**1,795.00**	**595.67**
006634*10091*2	13	01/06/2017	11,138.17	5,457.70
1 invoices, 1 line items			**11,138.17**	**5,457.70**
004625*10091*1	14	12/29/2016	2,809.00	926.97
004625*10091*2	14	12/27/2016	47.00	30.25
004625*10091*3	14	01/18/2017	574.14	189.47
005132*10091*18	14	01/06/2017	998.00	329.34
005287*10091*22	14	12/16/2016	47.00	30.25
005366*10091*5	14	12/14/2016	47.00	30.25
005546B*10091*17	14	12/27/2016	47.00	30.25
005595*10091*1	14	12/12/2016	47.00	30.25
006120*10091*36	14	01/10/2017	519.00	171.27
006179*10091*105	14	01/09/2017	56.00	18.48
006179*10091*106	14	01/18/2017	546.00	180.18
006257*10091*53	14	01/05/2017	740.00	244.20
006398*10091*7	14	12/30/2016	5,854.00	1,931.82
006421*10091*7	14	12/01/2016	1,955.02	645.16
006421*10091*8	14	01/17/2017	298.00	98.34
006498*10091*9	14	01/18/2017	559.00	184.47
006513*10091*1	14	12/21/2016	47.00	30.25
006527*10091*1	14	12/14/2016	47.00	30.25

006566*10091*9	14	01/05/2017	1,126.00	371.58
006566*10091*10	14	12/19/2016	47.00	30.25
006584*10091*10	14	12/28/2016	804.00	265.32
006594*10091*12	14	01/18/2017	166.00	54.78
006597*10091*9	14	12/05/2016	47.00	30.25
006607*10091*10	14	12/06/2016	47.00	30.25
006618*10091*2	14	12/25/2016	16,709.13	5,514.01
006619*10091*5	14	12/12/2016	1,257.02	414.82
006634*10091*3	14	11/04/2016	457.08	150.84
006637*10091*8	14	01/17/2017	1,257.14	414.86
006637*10091*9	14	01/23/2017	3,266.00	1,077.78
006650*10091*11	14	11/17/2016	10,614.51	3,502.79
006652*10091*1	14	01/11/2017	916.00	302.28
006655*10091*3	14	12/29/2016	2,990.00	986.70
006655*10091*4	14	01/23/2017	348.16	114.89
006658*10091*3	14	12/27/2016	1,597.00	527.01
34 invoices, 34 line items			**56,886.20**	**18,919.86**
003993*10091*41	15	10/30/2016	1,195.00	394.35
006501*10091*11	15	11/26/2016	7,466.59	2,463.97
006519*10091*8	15	01/06/2017	958.00	306.14
006525*10091*7	15	11/27/2016	425.00	140.25
006534*10091*1	15	01/18/2017	1,771.00	584.43
006609*10091*8	15	11/08/2016	11,653.51	3,845.66
006656*10091*2	15	01/06/2017	4,590.59	1,514.89
006656*10091*3	15	01/13/2017	646.10	213.21
8 invoices, 8 line items			**28,705.79**	**9,462.90**
Grand Totals			**98,525.16**	**34,436.13**

45 invoices listed.
53 line items listed.

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Calhoun County Indigent Account

Date Requested: 2/8/2017

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

AMOUNT $550.00

G/L NUMBER: 50240000

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

January 2017

REQUESTED BY: Adam Machicek

AUTHORIZED BY:

Calhoun County Indigent Program
Co-Pays - Account 50240000
2/8/2017

January	550.00
Total	550.00

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

G/L NUMBER	RECEIPT DATE	PAY NUMBER	TYPE	PAYER	CASH AMOUNT	RECEIPT AMOUNT	NUMBER	NAME	DISC DATE	COLL INIT	GL CODE	CASH ACCOUNT
[redacted]												
50240.000	01/03/17	451881	CA	[redacted]	10.00	10.00			00/00/00	VTT		2
50240.000	01/03/17	451884	CA	[redacted]	10.00	10.00			00/00/00	VTT		2
50240.000	01/03/17	451907	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/03/17	451914	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/04/17	451923	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/05/17	452067	CK	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/05/17	452147	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/06/17	452249	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/09/17	452365	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/09/17	452400	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/09/17	452441	CA	[redacted]	10.00	10.00			00/00/00	ARK		2
50240.000	01/09/17	452455	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/09/17	452456	CA	[redacted]	20.00	20.00			00/00/00	PLB		2
50240.000	01/10/17	452482	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/10/17	452526	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/10/17	452538	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/11/17	452586	CA	[redacted]	10.00	10.00			00/00/00	VTT		2
50240.000	01/11/17	452606	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/12/17	452786	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/13/17	452814	CA	[redacted]	10.00	10.00			00/00/00	VTT		2
50240.000	01/13/17	452815	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/13/17	452823	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/13/17	452884	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/13/17	452885	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/16/17	452889	CA	[redacted]	10.00	10.00			00/00/00	CAS		2
50240.000	01/16/17	452911	CK	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/16/17	452912	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/17/17	453125	MC	[redacted]	10.00	10.00			00/00/00	ARK		2
50240.000	01/18/17	453163	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/18/17	453171	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/18/17	453173	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/18/17	453283	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/19/17	453304	CA	[redacted]	10.00	10.00			00/00/00	VTT		2
50240.000	01/19/17	453305	CA	[redacted]	10.00	10.00			00/00/00	VTT		2
50240.000	01/19/17	453306	CA	[redacted]	10.00-	10.00-			00/00/00	VTT		2
50240.000	01/19/17	453314	VI	[redacted]	10.00	10.00			00/00/00	VTT		2
50240.000	01/19/17	453341	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/19/17	453345	VI	CAFE	91.67	91.67			00/00/00	PLB		2
50240.000	01/19/17	453346	MC	CAFE	61.54	61.54			00/00/00	PLB		2
50240.000	01/19/17	453347	AE	CAFE	3.79	3.79			00/00/00	PLB		2
50240.000	01/19/17	453370	CA	[redacted]	10.00	10.00			00/00/00	VTT		2

Reclass

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	01/19/17	453371	CA	[redacted]	10.00	10.00			00/00/00	VTT		2
50240.000	01/19/17	453385	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/19/17	453401	CK	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/20/17	453503	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/20/17	453504	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/23/17	453565	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/23/17	453623	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/23/17	453624	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/24/17	453680	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/25/17	453764	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/25/17	453793	CK	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/25/17	453835	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/26/17	453870	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/26/17	453871	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/26/17	453961	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/27/17	454057	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/30/17	454143	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/31/17	454162	CA	[redacted]	10.00	10.00			00/00/00	PLB		2

TOTAL 50240.000 COUNTY INDIGENT COPAYS ~~77.00~~ $550.00

[redacted]

Calhoun County Indigent Care Patient Caseload 2017

	Approved	Denied	Removed	Active	Pending
January	9	1	4	62	4
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
YTD					
Monthly Avg	11	1	4	62	4
December 2016 Active		55			

RUN DATE:01/03/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:17:41 CHECK REGISTER and Payable List GLCKREG
01/03/17 THRU 01/03/17

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000866	01/03/17	408.88	MCKESSON
A/P	000867	01/03/17	551.73	MCKESSON
A/P	000868	01/03/17	1,388.53	MCKESSON
TOTALS:			2,349.14	

340B Prescription Expenses

APPROVED
ON
JAN 03 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeiffer
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: 12/30/2016

DC: 8115

Territory: 400

Customer: 190813
Date: 12/31/2016

Page: 001

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

As of: 12/30/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 12/31/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
12/27/2016	01/03/2017	7784046734	1000937953	115Invoice	1.82	91.07		89.25	✓	7784046734	
12/27/2016	01/03/2017	7784046735	1000938496	115Invoice	1.79	89.39		87.60	✓	7784046735	
12/27/2016	01/03/2017	7784046737	1000939285	115Invoice	2.02	101.21		99.19	✓	7784046737	
12/28/2016	01/03/2017	7784327607	1000939724	115Invoice	0.20	9.97		9.77	✓	7784327607	
12/30/2016	01/03/2017	7784819082	1000941051	115Invoice	2.51	125.58		123.07	✓	7784819082	

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

TOTAL:

Subtotals: 417.22 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,191.52
12/27/2016

If Paid By 01/03/2017,
Pay This Amount: 408.88 USD

If Paid After 01/03/2017,
Pay this Amount: 417.22 USD

Due If Paid On Time:
USD 408.88

Disc lost if paid late:
8.34

Due If Paid Late:
USD 417.22

1.3.17

APPROVED
ON
JAN 03 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 12/30/2016

Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 12/31/2016

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: 12/30/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 12/31/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
12/27/2016	01/03/2017	7784035431	3454581948	115Invoice	3.56	178.17		✓ 174.61	✓	7784035431	
12/27/2016	01/03/2017	7784035432	3454581951	115Invoice	4.62	231.14		✓ 226.52	✓	7784035432	
12/30/2016	01/03/2017	7784818786	3454581960	115Invoice	3.07	153.67		✓ 150.60	✓	7784818786	

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

TOTAL:

Subtotals: 562.98 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,134.60
12/27/2016

If Paid By 01/03/2017,
Pay This Amount: 551.73 USD

If Paid After 01/03/2017,
Pay this Amount: 562.98 USD

Due If Paid On Time:
USD 551.73

Disc lost if paid late:
11.25

Due If Paid Late:
USD 562.98

1.3.17

APPROVED
ON
JAN 03 2017
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: 12/30/2016

DC: 8115

Territory: 400

Customer: 262252
Date: 12/31/2016

Page: 001

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

As of: 12/30/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 12/31/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
12/27/2016	01/03/2017	7784052100	1000937955	115Invoice	0.96	47.92		46.96		7784052100	
12/27/2016	01/03/2017	7784052103	1000937955	115Invoice	0.03	1.47		1.44		7784052103	
12/27/2016	01/03/2017	7784052105	1000938498	115Invoice	8.39	419.34		410.95		7784052105	
12/27/2016	01/03/2017	7784052106	1000938900	115Invoice	0.20	10.10		9.90		7784052106	
12/27/2016	01/03/2017	7784052107	1000939287	115Invoice	5.48	273.97		268.49		7784052107	
12/28/2016	01/03/2017	7784362529	1000939726	115Invoice	0.53	26.58		26.05		7784362529	
12/29/2016	01/03/2017	7784574701	1000940443	115Invoice	4.69	234.39		229.70		7784574701	
12/30/2016	01/03/2017	7784808170	1000941053	115Invoice	8.06	403.10		395.04		7784808170	

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

TOTAL:

Subtotals: 1,416.87 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,376.71
12/27/2016

If Paid By 01/03/2017,
Pay This Amount: 1,388.53 USD

If Paid After 01/03/2017,
Pay this Amount: 1,416.87 USD

Due If Paid On Time:
USD 1,388.53

Disc lost if paid late:
28.34

Due If Paid Late:
USD 1,416.87

1.3.17

APPROVED
ON
JAN 03 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

APPROVED
ON
JAN 04 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

01/04/2017 MEMORIAL MEDICAL CENTER 0
15:01 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 01/12/2017

Vendor#	Vendor Name	Class	Pay Code
10950	ACUTE CARE INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
22884		12/30/20	12/20/20	12/30/20		1,400.00	0.00	0.00	1,400.00
	PURCHASED SERVICES E/R								

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9650181374		12/22/20	12/13/20	01/12/20		1,549.50	0.00	0.00	1,549.50
	SUPPLIES GENERAL SURGER								

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2556053		12/30/20	10/27/20	11/06/20		3,385.38	0.00	0.00	3,385.38
	PROF FEES PHY THRPY James Smith, 10/16-10/21/2016								
2584848		12/30/20	12/15/20	12/25/20		2,968.80	0.00	0.00	2,968.80
	PROF FEES PHY THRPY Meghan Smith 12/5-12/10/2016								
2590098		12/30/20	12/22/20	01/01/20		3,085.88	0.00	0.00	3,085.88
	PROF FEES PHY THRPY Meghan Smith 12/11-12/17/2016								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11232	AMN HEALTHCARE ALLIED, INC.	9,440.06	0.00	0.00	9,440.06

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
53091824		12/22/20	12/12/20	01/11/20		167.92	0.00	0.00	167.92
	INVENTRY CENTRAL SUP INV								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE	167.92	0.00	0.00	167.92

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
106028178		12/23/20	12/12/20	01/11/20		3,933.48	0.00	0.00	3,933.48
	SUPPLIES GENERAL LAB								
5362519		12/23/20	12/12/20	01/11/20		4,233.46	0.00	0.00	4,233.46
	SUPPLIES GENERAL LAB								
106012322		12/26/20	12/04/20	01/07/20		5,217.30	0.00	0.00	5,217.30
	SUPPLIES GENERAL LAB								
106014885		12/26/20	12/05/20	01/07/20		991.98	0.00	0.00	991.98
	SUPPLIES GENERAL LAB								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	14,376.22	0.00	0.00	14,376.22

Vendor#	Vendor Name	Class	Pay Code
11050	BIRCH COMMUNICATIONS		

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

22978440-		12/28/20	12/16/20	01/07/20	1,274.07	0.00	0.00	1,274.07 1,380.78
	TELEPHONE HOSP GEN							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	11050	BIRCH COMMUNICATIONS			1,274.07	0.00	0.00	1,274.07 1,380.78

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
952811472		12/31/20	12/19/20	01/03/20			499.00	0.00	0.00	499.00
	SUPPLIES GENERAL SURGER									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1655	BOSTON SCIENTIFIC CORPORATION	499.00	0.00	0.00	499.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
23662580		12/31/20	12/05/20	01/03/20			166.37	0.00	0.00	166.37
	SUPPLIES GENERAL SURGER									

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
C1030	CAL COM FEDERAL CREDIT UNION	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21639		12/30/20	12/22/20	12/22/20			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
A1730	CAREFUSION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9107272454		12/22/20	12/09/20	01/08/20			87.33	0.00	0.00	87.33
	SUPPLIES GENERAL SURGER									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1730	CAREFUSION	87.33	0.00	0.00	87.33

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21632		12/30/20	11/01/20	11/30/20			165.00	0.00	0.00	165.00
					11/29 + 11/30/16					
21631		12/30/20	11/01/20	11/30/20			577.50	0.00	0.00	577.50
	PURCHASED SERVICES OCC				11/2,4,4, 7, 23, 23, 29/2016					

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
GGK4819		12/30/20	12/12/20	01/11/20			387.06	0.00	0.00	387.06
	SUPPLIES GENERAL MM CLIN									
GGK9795		12/30/20	12/12/20	01/11/20			548.28	0.00	0.00	548.28
	SUPPLIES GENERAL ER									
GGL8202		12/30/20	12/12/20	01/11/20			2,856.67	0.00	0.00	2,856.67
	SUPPLIES GENERAL MM CLIN									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.	3,792.01	0.00	0.00	3,792.01

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
92159688		12/22/20	12/12/20	01/11/20		867.04	0.00	0.00	867.04
	INVENTRY CENTRAL SUP INV								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10350	CENTURION MEDICAL PRODUCTS	867.04	0.00	0.00	867.04

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
325153		12/30/20	12/20/20	12/30/20		777.12	0.00	0.00	777.12
	SUPPLIES GENERAL SURGER								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1970	CONMED CORPORATION	777.12	0.00	0.00	777.12

Vendor#	Vendor Name	Class	Pay Code
L1430	CONMED LINVATEC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2438743		12/22/20	12/13/20	01/10/20		333.72	0.00	0.00	333.72
	SUPPLIES GENERAL SURGER								

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

Vendor#	Vendor Name	Class	Pay Code
10646	COVIDIEN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
233383630		12/30/20	12/14/20	12/24/20		1,050.58	0.00	0.00	1,050.58
	PREPAID EXPENSES PREPAI								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10646	COVIDIEN	1,050.58	0.00	0.00	1,050.58

Need invoice and approval

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
21645		12/31/20	12/19/20	01/01/20		734.14	0.00	0.00	734.14
	PURCHASED SERVICES HLTH 12/19/16 - 1/1/17								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11008	DERRI HART	734.14	0.00	0.00	734.14

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
490285-0		12/18/20	12/08/20	01/07/20		339.28	0.00	0.00	339.28
	SUPPLIES GENERAL ADMIN								
490445-0		12/18/20	12/09/20	01/08/20		73.56	0.00	0.00	73.56
	OFFICE SUPPLIES C/S								
490443-0		12/18/20	12/09/20	01/08/20		79.89	0.00	0.00	79.89
	OFFICE SUPPLIES QUALT ASI								
490531-0		12/22/20	12/12/20	01/11/20		65.41	0.00	0.00	65.41
	OFFICE SUPPLIES E/R								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	558.14	0.00	0.00	558.14

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

21633	12/30/20 12/29/20 12/29/20	360.00	0.00	0.00	360.00
CONT EDUCATION E/R Diana Garcia					
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

E1275 ENV SERVICES INC — W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
351786	REPAIRS INSTRUMENT LAB	12/31/20	11/08/20	12/08/20		925.00	0.00	0.00	925.00

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
E1275	ENV SERVICES INC	925.00	0.00	0.00	925.00

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
925260	SOFTWARE EXP INFO TECH	12/18/20	12/06/20	01/07/20		4,500.00	0.00	0.00	4,500.00
A1612061378	SOFTWARE EXP. INFO TECH	12/18/20	12/06/20	01/07/20		16,408.00	0.00	0.00	16,408.00
T1612091378	SOFTWARE EXP INFO TECH	12/23/20	12/09/20	01/08/20		7,116.38	0.00	0.00	7,116.38

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
C2510	EVIDENT	28,024.38	0.00	0.00	28,024.38

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
5-651-60404	FREIGHT C/S	12/30/20	12/22/20	01/06/20		13.63	0.00	0.00	13.63

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
F1100	FEDERAL EXPRESS CORP.	13.63	0.00	0.00	13.63

Vendor# Vendor Name — Class — Pay Code

10788 FIRETROL PROTECTION SYSTEMS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
100457364	PURCHASED SERVICES PLNT	12/30/20	12/22/20	01/01/20		307.50	0.00	0.00	307.50

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

Vendor# Vendor Name — Class — Pay Code

11037 FIRST CLEARING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21640	EMPL EXP P/R CLEARNG OTH	12/30/20	12/22/20	12/22/20		75.00	0.00	0.00	75.00

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

Vendor# Vendor Name — Class — Pay Code

F1400 FISHER HEALTHCARE — M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
6119948	SUPPLIES GENERAL LAB	12/23/20	12/13/20	01/12/20		28.14	0.00	0.00	28.14
1104077	SUPPLIES GENERAL LAB	12/26/20	11/02/20	01/07/20		87.63	0.00	0.00	87.63
1541878	SUPPLIES GENERAL LAB	12/26/20	11/03/20	01/07/20		93.14	0.00	0.00	93.14

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	208.91	0.00	0.00	208.91

Vendor#	Vendor Name	Class	Pay Code
F1653	FORT BEND SERVICES, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
0206189-IN	MAINT CONTR PLNT OPER	12/18/20	12/01/20	01/07/20			530.00	0.00	0.00	530.00

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

Vendor#	Vendor Name	Class	Pay Code
W1300	GRAINGER	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9300533990	SUPPLIES GENERAL PLNT OF	12/23/20	12/08/20	01/07/20			127.44	0.00	0.00	127.44

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W1300	GRAINGER	127.44	0.00	0.00	127.44

Vendor#	Vendor Name	Class	Pay Code
11267	HEALTH EFILINGS LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2147	DUES & SUBSCRIPTIONS ADM	12/30/20	12/23/20	12/31/20			3,180.00	0.00	0.00	3,180.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11267	HEALTH EFILINGS LLC	3,180.00	0.00	0.00	3,180.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
353965	PROF FEES OB	08/29/20	08/23/20	01/03/20			236.52	0.00	0.00	236.52 Needs Breakdown
354628	PROF FEES OB 8/17/16 8/21/16 Fuel	09/12/20	08/30/20	01/03/20			30.53	0.00	0.00	30.53
360941	PROV FEES OB Hotel 10/25/16 - 11/1/16	11/29/20	11/03/20	01/03/20			1,075.76	0.00	0.00	1,075.76
360331	PROF FEES OB Hotel 10/11 - 10/18/16 ($1,075.76) Tolls $5.70 10/11-19/16	11/29/20	11/03/20	01/03/20			1,081.46	0.00	0.00	1,081.46
362206	PRO FEES OB Hotel 11/8 - 11/15/16	11/30/20	11/30/20	01/12/20			1,075.76	0.00	0.00	1,075.76
363032	PROF FEES OB	12/18/20	12/07/20	01/07/20			1,398.08	0.00	0.00	1,398.08 Take off till have inv for hrs
358078	PROF FEES OB Hotel 9/13-9/20/16	12/31/20	10/06/20	11/06/20			1,075.76	0.00	0.00	1,075.76
358537	PROF FEES OB Rental Car 9/27 - 10/5/16	12/31/20	10/12/20	11/12/20			323.87	0.00	0.00	323.87
359189	PROF FEES OB 10/12 - 10/18/16	12/31/20	10/25/20	11/25/20			14,938.50	0.00	0.00	14,938.50
359601	PROF FEES OB Rental car 10/11 - 10/19/16	12/31/20	10/26/20	11/26/20			382.16	0.00	0.00	382.16
360789	PROF FEES OB Rental Cal 10/25 - 11/2/16	12/31/20	11/09/20	12/09/20			324.96	0.00	0.00	324.96
360598	PROF FEES OB 10/26 - 11/1/16	12/31/20	11/09/20	12/09/20			13,822.00	0.00	0.00	13,822.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

	11230	JACKSON & COKER LOCUM TENENS,			35,765.36	0.00	0.00	35,765.36	34,130.76

Vendor#	Vendor Name	Class	Pay Code
J1415	JOHNSTONE SUPPLY	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
6003901		12/30/20	10/04/20	10/14/20		656.30	0.00	0.00	656.30
	SUPPLIES GERRAL PLNT OPE								
6003535-01		12/30/20	10/04/20	10/14/20		239.98	0.00	0.00	239.98
	SUPPLIES GERERAL PLNT OF								
6003901-01		12/30/20	10/07/20	10/17/20		360.75	0.00	0.00	360.75
	SUPPLIES GENERAL PLNT OF								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J1415	JOHNSTONE SUPPLY	1,257.03	0.00	0.00	1,257.03

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
21641		12/30/20	12/22/20	12/22/20		1,382.50	0.00	0.00	1,382.50
	EMP EXP P/R CLEARNG OTHE								

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

Vendor#	Vendor Name	Class	Pay Code
J1350	M.C. JOHNSON COMPANY INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
00267826		12/31/20	12/22/20	01/03/20		104.40	0.00	0.00	104.40
	INVENATRY CENTARAL SUP II								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J1350	M.C. JOHNSON COMPANY INC	104.40	0.00	0.00	104.40

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
695656607		12/18/20	12/05/20	01/07/20		180.92	0.00	0.00	180.92
	OFFICES SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M1950	MARTIN PRINTING CO	180.92	0.00	0.00	180.92

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
90361544		12/23/20	12/06/20	01/10/20		172.95	0.00	0.00	172.95
	SUPPLIES GENERAL LAB								
90817803		12/23/20	12/13/20	01/12/20		1,715.97	0.00	0.00	1,715.97
	SUPPLIES GENERAL LAB								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	1,888.92	0.00	0.00	1,888.92

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
1819696294		12/31/20	12/21/20	01/03/20		111.13	0.00	0.00	111.13
	INVENTRY CENTRAL SUP INV								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	111.13	0.00	0.00	111.13

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

21642		12/30/20	12/22/20	12/22/20		140.00	0.00	0.00	140.00
	EMPL EXP P/R CLEARNG OTH								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10963	MEMORIAL MEDICAL CLINIC				140.00	0.00	0.00	140.00
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
	21635		12/30/20	01/01/20	01/01/20		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				
10791	MINDRAY DS USA, INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	0600513507		12/30/20	12/20/20	01/09/20		209.69	0.00	0.00	209.69
		REPAIRS INSTRUMENT E/R								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10791	MINDRAY DS USA, INC.				209.69	0.00	0.00	209.69
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
	122316		12/30/20	12/23/20	12/23/20		5,106.40	0.00	0.00	5,106.40
		EMPL EXP HOSP INSURN OTH								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10810	MMC EMPLOYEE BENEFIT PLAN				5,106.40	0.00	0.00	5,106.40
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
	0411		12/30/20	12/20/20	12/21/20		-2.05	0.00	0.00	-2.05
		INVENTORY PHARMACY INVE								
	9714927		12/30/20	12/22/20	12/23/20		339.46	0.00	0.00	339.46
		INVENTOYR PHARMACY INVE								
	9714925		12/30/20	12/22/20	12/23/20		62.13	0.00	0.00	62.13
		INVENTORY PHARMACY INVE								
	9714926		12/30/20	12/22/20	12/23/20		314.28	0.00	0.00	314.28
		INVENTORY PHARMACY INVE								
	9718110		12/30/20	12/23/20	12/24/20		27.21	0.00	0.00	27.21
		INVENTORY PHARMACY INVE								
	9718252		12/30/20	12/23/20	12/24/20		66.76	0.00	0.00	66.76
		INVENTORY PHARMAVY INVE								
	9718250		12/30/20	12/23/20	12/24/20		205.37	0.00	0.00	205.37
		INVENTORY PHARMACY INVE								
	CM35111		12/30/20	12/23/20	12/24/20		-182.84	0.00	0.00	-182.84
		INVENTORY PHARMACY INVE								
	9718253		12/30/20	12/23/20	12/24/20		22.20	0.00	0.00	22.20
		INVENTORY PHARMAVY INVE								
	9718251		12/30/20	12/23/20	12/24/20		245.86	0.00	0.00	245.86
		INVENTORY PHARMAVY INVE								
	9725383		12/30/20	12/27/20	12/28/20		23.26	0.00	0.00	23.26
		INVENTORY PHARMACY INVE								
	9725381		12/30/20	12/27/20	12/28/20		5.93	0.00	0.00	5.93

	INVENTORY PHARMAVY INVE						
9725380	12/30/20	12/27/20	12/28/20	161.22	0.00	0.00	161.22
	INVENTORY PHARMAVY INVE						
SC4401	12/30/20	12/27/20	12/28/20	19.97	0.00	0.00	19.97
	INVENTORY PHARMAVY INVE						
9725382	12/30/20	12/27/20	12/28/20	1,276.75	0.00	0.00	1,276.75
	INVENTORY PHARMACY INVE						
9728549	12/30/20	12/27/20	12/28/20	42.95	0.00	0.00	42.95
	INVENTORY PHARMAVY INVE						
9728548	12/30/20	12/27/20	12/28/20	918.85	0.00	0.00	918.85
	INVENTORY PHARMACY INVE						
9734161	12/30/20	12/28/20	12/29/20	18.45	0.00	0.00	18.45
	INVENTORY PHARMACY INVE						
9729780	12/30/20	12/28/20	12/29/20	860.66	0.00	0.00	860.66
	INVENTORY PHARMAVY INVE						
9733781	12/30/20	12/28/20	12/29/20	3,095.79	0.00	0.00	3,095.79
	INVENTORY PHARMAVY INVE						
9733783	12/30/20	12/28/20	12/29/20	96.23	0.00	0.00	96.23
	INVENTORY PHARMAVY INVE						
9733782	12/30/20	12/28/20	12/29/20	501.50	0.00	0.00	501.50
	INVENATORY PHARMACY INV						
9737969	12/30/20	12/29/20	12/30/20	302.09	0.00	0.00	302.09
	INVENTORY PHARMACY INVE						
9737968	12/30/20	12/29/20	12/30/20	115.86	0.00	0.00	115.86
	INVENTORY PHARMACY INVE						
9737970	12/30/20	12/29/20	12/30/20	37.39	0.00	0.00	37.39
	INVENTORY PHARMACY INVE						
9737705	12/30/20	12/29/20	12/30/20	652.28	0.00	0.00	652.28
	INVENTORY PHARMAVY INVE						

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	9,227.56	0.00	0.00	9,227.56

Vendor# O1410 Vendor Name: ON-SITE TESTING SPECIALISTS Class: W Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
23548		12/23/20	12/07/20	01/07/20		443.82	0.00	0.00	443.82
	SUPPLIES GENERAL LAB								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	O1410	ON-SITE TESTING SPECIALISTS	443.82	0.00	0.00	443.82

Vendor# OM425 Vendor Name: OWENS & MINOR Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2023324155		12/14/20	12/13/20	01/12/20		40.09	0.00	0.00	40.09
	INVENTRY CENTRAL SUP INV								
2023211666		12/15/20	12/08/20	01/07/20		14.46	0.00	0.00	14.46
	INVENTRY CENTRAL SUP INV								
2023212446		12/15/20	12/08/20	01/07/20		31.72	0.00	0.00	31.72
	INVENTRY CENTRAL SUP INV								
2023214794		12/15/20	12/08/20	01/07/20		140.99	0.00	0.00	140.99
	INVENTRY CENTRAL SUP INV								
2023217418		12/15/20	12/08/20	01/07/20		1,208.11	0.00	0.00	1,208.11
	SUPPLIES GENERAL SURGER								
2023218828		12/15/20	12/08/20	01/07/20		1,214.27	0.00	0.00	1,214.27

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21643		01/03/20	12/29/20	12/29/20		506.00	0.00	0.00	506.00
	PURCHASED SERVICES C/S								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1080	RITA DAVIS	506.00	0.00	0.00	506.00

Vendor# K0536 Vendor Name SHIRLEY KARNEI ✓ Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21644		12/31/20	12/19/20	01/01/20		1,032.68	0.00	0.00	1,032.68 ✓
	PURCHASED SERVICES HLTH 12/19/16 - 1/1/17								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	K0536	SHIRLEY KARNEI	1,032.68	0.00	0.00	1,032.68

Vendor# S2353 Vendor Name SMITHS MEDICAL ASD INC ✓ Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
14704014 ✓		12/27/20	12/08/20	01/07/20		248.84	0.00	0.00	248.84 ✓
	SUPPLIES GENERAL SURGER								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2353	SMITHS MEDICAL ASD INC	248.84	0.00	0.00	248.84

Vendor# S2830 Vendor Name STRYKER SALES CORP ✓ Class M Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
632537A ✓		12/23/20	12/08/20	01/07/20		94.80	0.00	0.00	94.80 ✓
	SUPPLIES GENERAL SURGER								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2830	STRYKER SALES CORP	94.80	0.00	0.00	94.80

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
113067680		12/23/20	12/15/20	01/10/20		275.91	0.00	0.00	275.91 ✓
	MEAT EXPENSE DIETARY								
113084069		12/30/20	12/22/20	01/11/20		641.96	0.00	0.00	641.96 ✓
	FOOD SUPPLIES DIETARY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2951	SYSCO FOOD SERVICES OF	917.87	0.00	0.00	917.87

Vendor# T1809 Vendor Name TARHC ✓ Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
17-70		12/30/20	01/01/20	01/01/20		300.00	0.00	0.00	300.00 ✓
	DUE & SUBSCRIPTIONS MM C								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T1809	TARHC	300.00	0.00	0.00	300.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
122116		12/30/20	12/21/20	01/05/20		3,690.52	0.00	0.00	3,690.52 3,875.04
	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 3,875.04

Vendor# T2204 Vendor Name TEXAS MUTUAL INSURANCE CO Class W Pay Code

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

		INVENTRY CENTRAL SUP INV							
	2023321779		12/23/20	12/13/20	01/12/20	16.98	0.00	0.00	16.98
		SUPPLIES GENERAL OB							
	2023332457		12/23/20	12/13/20	01/12/20	1,369.18	0.00	0.00	1,369.18
		INVENTRY CENTRAL SUP INV							
	2023331786		12/23/20	12/13/20	01/12/20	1,218.99	0.00	0.00	1,218.99
		SUPPLIES GENERAL SURGER							
	2023331343		12/23/20	12/13/20	01/12/20	49.39	0.00	0.00	49.39
		SUPPLIES GENERAL OB							
	2023325767		12/23/20	12/13/20	01/12/20	372.82	0.00	0.00	372.82
		SUPPLIES GENERAL OB							
	202279685		12/31/20	11/22/20	12/22/20	83.05	0.00	0.00	83.05
		SUPPLIES GENERAL MED/SUI							
	202923873		12/31/20	11/29/20	12/29/20	620.20	0.00	0.00	620.20
		INVENTRY CENTRAL SUP INV							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		OM425	OWENS & MINOR			6,380.25	0.00	0.00	6,380.25
Vendor#	Vendor Name				Class	Pay Code			
11242	PECA								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	16014.06		12/30/20	12/21/20	12/31/20		9,000.00	0.00	0.00	9,000.00
		PURCHASED SERVICES ADMI								
	16014.07		12/30/20	12/21/20	12/31/20		2,123.75	0.00	0.00	2,123.75
		PURCHASED SERVICES ADMI								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11242	PECA				11,123.75	0.00	0.00	11,123.75
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
	A1815023		12/23/20	12/08/20	01/07/20		203.85	0.00	0.00	203.85
		INVENTORY PHARMACY INVE								
	A1818219		12/23/20	12/12/20	01/11/20		142.00	0.00	0.00	142.00
		INVENTORY PHARMACY INVE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10204	PHARMEDIUM SERVICES LLC				345.85	0.00	0.00	345.85
Vendor#	Vendor Name				Class	Pay Code				
P2100	PORT LAVACA WAVE				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	113016		12/23/20	11/30/20	01/07/20		800.50	0.00	0.00	800.50
		PUBLIC REL/ADVERTISE HR/P								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		P2100	PORT LAVACA WAVE				800.50	0.00	0.00	800.50
Vendor#	Vendor Name				Class	Pay Code				
11137	REALITY MEDICAL IMAGING OF TX									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	1416		12/30/20	12/05/20	12/31/20		2,817.50	0.00	0.00	2,817.50
		MAINT CONTR RADIOLOGY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11137	REALITY MEDICAL IMAGING OF TX				2,817.50	0.00	0.00	2,817.50
Vendor#	Vendor Name				Class	Pay Code				
D1080	RITA DAVIS				W					

21020236	12/30/20	12/23/20	01/11/20	8,842.00	0.00	0.00	8,842.00
INS WORK COMP HOSP GEN							
Vendor Totals Number Name				Gross	Discount	No-Pay	Net
T2204 TEXAS MUTUAL INSURANCE CO				8,842.00	0.00	0.00	8,842.00

Vendor#	Vendor Name	Class	Pay Code
T4400	TORCH	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
17.198		12/30/20	01/01/20	01/01/20			950.00	0.00	0.00	950.00
PURCHASED SERVICES ADMI										
17.334		12/30/20	01/01/20	01/01/20			3,550.00	0.00	0.00	3,550.00
PURCHASED SERVICES ADMI										
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
T4400 TORCH							4,500.00	0.00	0.00	4,500.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
62467434		12/30/20	12/06/20	12/16/20			121.50	0.00	0.00	121.50
INVENTORY CENTRAL SUP IN										
62469141		12/30/20	12/07/20	12/20/20			90.00	0.00	0.00	90.00
INVENTRY CENTRAL SUP INV										
62476131		12/30/20	12/13/20	12/23/20			1,409.17	0.00	0.00	1,409.17
INVENTRY CENTRAL SUP INV										
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
T3130 TRI-ANIM HEALTH SERVICES INC							1,620.67	0.00	0.00	1,620.67

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
054003522152		12/30/20	12/23/20	01/12/20			26,664.02	0.00	0.00	26,664.02
ELECTRICITY PLNT OPER										
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
11169 TXU ENERGY							26,664.02	0.00	0.00	26,664.02

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
8150751752		12/23/20	12/13/20	01/12/20			32.92	0.00	0.00	32.92
PURCHASED SRVICES MAINT										
8150751662		12/23/20	12/13/20	01/12/20			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
8400235415		12/30/20	12/09/20	01/08/20			1,060.07	0.00	0.00	1,060.07
LAUNDRY HOUSEKEEPING										
8400235378		12/30/20	12/09/20	01/08/20			387.29	0.00	0.00	387.29
LAUNDRY HOUSEKEEPING										
840235567		12/30/20	12/13/20	01/12/20			84.84	0.00	0.00	84.84
LAUNDRY HOUSEKEEPING										
8400235568		12/30/20	12/13/20	01/12/20			108.07	0.00	0.00	108.07
LAUNDRY DIETARY										

8400235566		12/30/20	12/13/20	01/12/20	303.10	0.00	0.00	303.10
LAUNDRY HOUSEKEEPING								
8400235608		12/30/20	12/13/20	01/12/20	151.28	0.00	0.00	151.28
LAUNDRY HOUSEKEEPING								
8400235570		12/30/20	12/13/20	01/12/20	108.59	0.00	0.00	108.59
LAUNDRY HOUSEKEEPING								
8400235619		12/30/20	12/13/20	01/12/20	1,216.47	0.00	0.00	1,216.47
LAUNDRY HOUSEKEEPING								
8400235569		12/30/20	12/13/20	01/12/20	108.08	0.00	0.00	108.08
LAUNDRY OB								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC			3,527.79	0.00	0.00	3,527.79

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
	4321679		12/23/20	10/27/20	01/10/20			44.61	0.00	0.00	44.61
		FOOD SUPPLIES DIETARY									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		10172	US FOOD SERVICE					44.61	0.00	0.00	44.61

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
	9777128906		12/30/20	12/16/20	01/11/20			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

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	201,441.61	0.00	0.00	201,441.61

pg 12 Birch { <1,274.07> + 1,380.78

pg 3 Covidien { <1,050.58>

pg 5 Jackson & Coker { <236.52> <1,398.08>

pg 10 Tx Advantage Comm. Bank { <3,690.52> + 3,875.04

199,047.66

Michael J. Pfeifer
Calhoun County Judge
Date: 1-26-17

APPROVED ON
JAN 04 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS #169392 to #169453

RUN DATE: 01/05/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME: 13:18 EDIT LIST FOR PATIENT REFUNDS ARID=0001 APCDEDIT

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	010517	444.58	P	2	REFUND FOR [redacted]	CK#169475
		010517	107.98	P	2	REFUND FOR [redacted]	CK# 169476
	ARID=0001 TOTAL		552.56				
TOTAL			552.56				

APPROVED
ON

JAN 04 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 1-26-17

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	169392	01/05/17	44.61	US FOOD SERVICE
A/P	169393	01/05/17	345.85	PHARMEDIUM SERVICES LLC
A/P	169394	01/05/17	867.04	CENTURION MEDICAL PRODUCTS
A/P	169395	01/05/17	558.14	DEWITT POTH & SON
A/P	169396	01/05/17	360.00	ENA SAN ANTONIO CHAPTER TNCC
A/P	169397	01/05/17	.00	VOIDED
A/P	169398	01/05/17	9,227.56	MORRIS & DICKSON CO, LLC
A/P	169399	01/05/17	307.50	FIRETROL PROTECTION SYSTEMS
A/P	169400	01/05/17	209.69	MINDRAY DS USA, INC.
A/P	169401	01/05/17	5,106.40	MMC EMPLOYEE BENEFIT PLAN
A/P	169402	01/05/17	1,400.00	ACUTE CARE INC
A/P	169403	01/05/17	140.00	MEMORIAL MEDICAL CLINIC
A/P	169404	01/05/17	1,382.50	M G TRUST
A/P	169405	01/05/17	734.14	DERRI HART
A/P	169406	01/05/17	75.00	FIRST CLEARING
A/P	169407	01/05/17	1,380.78	BIRCH COMMUNICATIONS
A/P	169408	01/05/17	2,817.50	REALITY MEDICAL IMAGING OF TX
A/P	169409	01/05/17	3,875.04	TEXAS ADVANTAGE COMMUNITY BANK
A/P	169410	01/05/17	26,664.02	TXU ENERGY
A/P	169411	01/05/17	34,130.76	JACKSON & COKER LOCUM TENENS,
A/P	169412	01/05/17	9,440.06	AMN HEALTHCARE ALLIED, INC.
A/P	169413	01/05/17	11,123.75	PECA
A/P	169414	01/05/17	3,180.00	HEALTH EFILINGS LLC
A/P	169415	01/05/17	1,549.50	ALCON LABORATORIES, INC.
A/P	169416	01/05/17	87.33	CAREFUSION
A/P	169417	01/05/17	167.92	BAXTER HEALTHCARE
A/P	169418	01/05/17	14,376.22	BECKMAN COULTER INC
A/P	169419	01/05/17	499.00	BOSTON SCIENTIFIC CORPORATION
A/P	169420	01/05/17	25.00	CAL COM FEDERAL CREDIT UNION
A/P	169421	01/05/17	777.12	CONMED CORPORATION
A/P	169422	01/05/17	3,792.01	CDW GOVERNMENT, INC.
A/P	169423	01/05/17	28,024.38	EVIDENT
A/P	169424	01/05/17	166.37	C R BARD, INC
A/P	169425	01/05/17	506.00	RITA DAVIS
A/P	169426	01/05/17	925.00	ENV SERVICES INC
A/P	169427	01/05/17	13.63	FEDERAL EXPRESS CORP.
A/P	169428	01/05/17	208.91	FISHER HEALTHCARE
A/P	169429	01/05/17	530.00	FORT BEND SERVICES, INC
A/P	169430	01/05/17	104.40	M.C. JOHNSON COMPANY INC
A/P	169431	01/05/17	1,257.03	JOHNSTONE SUPPLY
A/P	169432	01/05/17	1,032.68	SHIRLEY KARNEI
A/P	169433	01/05/17	333.72	CONMED LINVATEC
A/P	169434	01/05/17	180.92	MARTIN PRINTING CO
A/P	169435	01/05/17	1,888.92	MCKESSON MEDICAL SURGICAL INC
A/P	169436	01/05/17	111.13	MEDLINE INDUSTRIES INC
A/P	169437	01/05/17	258.52	METLIFE
A/P	169438	01/05/17	443.82	ON-SITE TESTING SPECIALISTS
A/P	169439	01/05/17	.00	VOIDED
A/P	169440	01/05/17	6,380.25	OWENS & MINOR
A/P	169441	01/05/17	800.50	PORT LAVACA WAVE

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	169442	01/05/17	248.84	SMITHS MEDICAL ASD INC
A/P	169443	01/05/17	94.80	STRYKER SALES CORP
A/P	169444	01/05/17	917.87	SYSCO FOOD SERVICES OF
A/P	169445	01/05/17	300.00	TARHC
A/P	169446	01/05/17	8,842.00	TEXAS MUTUAL INSURANCE CO
A/P	169447	01/05/17	1,620.67	TRI-ANIM HEALTH SERVICES INC
A/P	169448	01/05/17	4,500.00	TORCH
A/P	169449	01/05/17	76.46	UNIFIRST HOLDINGS
A/P	169450	01/05/17	3,527.79	UNIFIRST HOLDINGS INC
A/P	169451	01/05/17	238.67	VERIZON WIRELESS
A/P	169452	01/05/17	127.44	GRAINGER
A/P *	169453	01/05/17	742.50	CARMEN C. ZAPATA-ARROYO
A/P	169475	01/05/17	444.58	[redacted]
A/P	169476	01/05/17	107.98	
TOTALS:			199,600.22	

VOIDS
CKS # 169454
to
169474

APPROVED
ON

JAN 0 4 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
1/3/2017

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	414,779.19	263,312.19	173,897.66	-	211,913.62	-	-	325,364.66	**113,351.04**

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	518,082.42	481,541.67	83,481.83	-	63,771.31	-	-	120,022.58	**56,151.27**
Crescent	4588	318,795.37	297,164.47	42,800.45	-	29,360.30	-	-	64,431.35	**34,971.05**
Broadmoor	4596	176,075.43	174,362.07	238,762.38	-	2,688.93	-	-	240,475.74	**237,686.81**
Fort Bend	4618	128,263.03	115,562.64	86,013.75	-	63,001.95	-	-	98,714.14	**35,612.19**
										364,421.32

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: 1-26-17

APPROVED
JAN 0 5 2017
COUNTY AUDITOR

E:\NH Weekly Transfers\NH UPL Transfer Summary 1-3-17.xlsx

Account Portfolio as of 01/03/2017 8:58:26 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	$325,364.66	$325,364.66
Memorial Medical Center	4561	$120,022.58	$126,221.64
Memorial Medical Center	4588	$64,431.35	$70,008.27
Memorial Medical Center	4596	$240,475.74	$268,468.50
Memorial Medical Center	4618	$98,714.14	$98,714.14
Memorial Medical Center Operat	0301	$1,139,100.01	$1,144,147.25
County of Calhoun Indigent	1101	$53,238.47	$53,238.47
Totals		**$3,939,337.92**	**$3,984,153.90**

IBC Bank Activity
12/28/16 through 1/2/17

Ashford Gardens						Transfer-Out	Transfer-In	
12/28/2016	113105025	4553	142	ACH CREDIT RECEIVED			2,148.51	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
12/28/2016	113105025	4553	142	ACH CREDIT RECEIVED			3,973.19	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4019401*1201494502\
12/28/2016	113105025	4553	142	ACH CREDIT RECEIVED			4,567.08	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04911|TRN*1*EFT6566958*1205296137*000004911\
12/28/2016	113105025	4553	142	ACH CREDIT RECEIVED			14,325.99	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4021030*1201494502\
12/29/2016	113105025	4553	142	ACH CREDIT RECEIVED			1,047.06	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
12/29/2016	113105025	4553	495	OUTGOING MONEY TRANSFER		263,312.19		ASHFORD HEALTH CARE CENTER LTD
12/30/2016	113105025	4553	301	COMMERCIAL DEPOSIT			147,835.83	
						263,312.19	173,897.66	

Solera at West Houston						Transfer-Out	Transfer-In	
12/28/2016	113105025	4561	142	ACH CREDIT RECEIVED			220.01	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
12/29/2016	113105025	4561	142	ACH CREDIT RECEIVED			68.44	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4294203*1205296137*000004011\
12/29/2016	113105025	4561	495	OUTGOING MONEY TRANSFER		481,541.67		CANTEX HEALTH CARE CENTERS LLC
12/30/2016	113105025	4561	301	COMMERCIAL DEPOSIT			82,265.46	
12/30/2016	113105025	4561	142	ACH CREDIT RECEIVED			927.92	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
						481,541.67	83,481.83	

Crescent						Transfer-Out	Transfer-In	
12/28/2016	113105025	4588	399	MISCELLANEOUS CREDIT			1,110.00	Deposit Adj - Credit
12/28/2016	113105025	4588	142	ACH CREDIT RECEIVED			5,739.51	Molina HC of TX Molina HC|THE CRESCENT|TRN*1*EFT4019503*1201494502\
12/29/2016	113105025	4588	495	OUTGOING MONEY TRANSFER		297,164.47		CANTEX HEALTH CARE CENTERS III
12/30/2016	113105025	4588	301	COMMERCIAL DEPOSIT			35,950.94	
						297,164.47	42,800.45	

Broadmoor						Transfer-Out	Transfer-In	
12/28/2016	113105025	4596	142	ACH CREDIT RECEIVED			20,704.09	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4292696*1205296137*000004011\
12/29/2016	113105025	4596	142	ACH CREDIT RECEIVED			12,808.70	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4294223*1205296137*000004011\
12/29/2016	113105025	4596	142	ACH CREDIT RECEIVED			1,530.98	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
12/29/2016	113105025	4596	495	OUTGOING MONEY TRANSFER		174,362.07		CANTEX HEALTH CARE CENTERS III
12/30/2016	113105025	4596	301	COMMERCIAL DEPOSIT			31,084.00	
12/30/2016	113105025	4596	142	ACH CREDIT RECEIVED			172,634.61	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4295616*1205296137*000004011\
						174,362.07	238,762.38	

Fort Bend						Transfer-Out	Transfer-In	
12/28/2016	113105025	4618	142	ACH CREDIT RECEIVED			8,789.00	CENTENE CORP HCCLAIMPMT|FORT BEND HEALTHCARE C|TRN*1*0902407586*1742770542\
12/28/2016	113105025	4618	142	ACH CREDIT RECEIVED			3,064.68	AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|TRN*1*016122416300301*1752603231\
12/29/2016	113105025	4618	142	ACH CREDIT RECEIVED			237.13	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4293858*1205296137*000004011\
12/29/2016	113105025	4618	142	ACH CREDIT RECEIVED			2,651.57	Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRN*1*EFT4022295*1201494502\
12/29/2016	113105025	4618	495	OUTGOING MONEY TRANSFER		115,562.64		CANTEX HEALTH CARE CENTERS III
12/30/2016	113105025	4618	301	COMMERCIAL DEPOSIT			65,343.12	
12/30/2016	113105025	4618	142	ACH CREDIT RECEIVED			1,795.64	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
12/30/2016	113105025	4618	142	ACH CREDIT RECEIVED			4,132.61	AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|TRN*1*016122816000652*1752603231\
						115,562.64	86,013.75	

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
3189	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
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
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
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
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 12/29			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

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center

Date Requested: 1/4/2017

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

AMOUNT: $670,961.30

G/L NUMBER: [redacted] 10000005

EXPLANATION: ✓ To transfer funds from Private Waiver Clearing to Operating Account for DSRIP DY5 Round 2.

APPROVED ON JAN - 5 2017 BY CALHOUN COUNTY AUDITOR

REQUESTED BY: Adam Machicek

AUTHORIZED BY:

CK# 011
MMC Private Waiver Clearing Fund

Michael J. Pfeifer
Calhoun County Judge
Date: 1-24-17

TEXNET
Electronic Payment Network

Texas Comptroller of Public Accounts

Health and Human Services Commission
Memorial Medical Center Operating County
3411

Identification Number: 500 **Location:** 36

Transaction Complete

Trace #: 6045

Payment Total	$670,961.30
Settlement Date	01/04/2017
PAYMENT DETAIL	
DSRIP Amount	$670,961.30

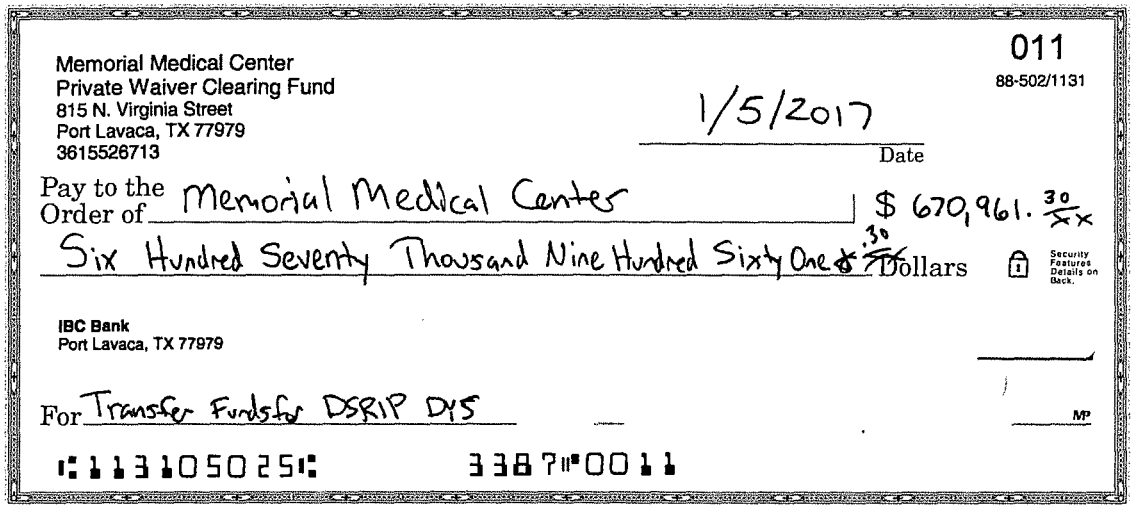
Edit | Return to Menu | LogOff

Help

IMPORTANT: DO NOT USE THE BACK BUTTON ON YOUR BROWSER WHILE USING TEXNET.

Revised:01/09/13 (483)

Check Register



Memorial Medical Center
Private Waiver Clearing Fund
815 N. Virginia Street
Port Lavaca, TX 77979
3615526713

011
88-502/1131

1/5/2017
Date

Pay to the Order of Memorial Medical Center $ 670,961.30

Six Hundred Seventy Thousand Nine Hundred Sixty One & 30/xx Dollars

Security Features Details on Back.

IBC Bank
Port Lavaca, TX 77979

For Transfer Funds for DSRIP DY5

MP

⑆113105025⑆ 3387⑈0011

NPI	Facility Number	DBA Facility Name	Molina	United Health-care	Ameri-group	Total	Return of IGT	MMC Federal Match	Total MMC	Cantex Federal Match	Total IGT Return and Federal Match
3189	4811	Ashford Gardens	$60,546.62	$194,614.53	$151,367.00	$406,528.15	$230,127.69	$88,200.23	$318,327.92	$88,200.23	$406,528.15
1433	105818	The Broadmoor at Creekside Park	$1,075.57	$6,453.44	$1,613.36	$9,142.37	$5,479.75	$1,831.31	$7,311.06	$1,831.31	$9,142.37
1425	105314	The Crescent	$7,829.40	$9,786.75	$21,530.90	$39,147.05	$22,160.38	$8,493.34	$30,653.72	$8,493.33	$39,147.04
1259	105006	Solera at West Houston	$27,330.56	$54,661.13	$36,440.75	$118,432.44	$67,042.30	$25,695.07	$92,737.37	$25,695.07	$118,432.44
7503	4628	Fort Bend Healthcare Center	$50,401.56	$63,001.95	$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	$223,552.40	$699,253.91	$396,138.48	$151,557.72	$547,696.20	$151,557.71	$699,253.91
			Deposited 12/29	Deposited 1/4	Deposited 12/23						

Michael J. Pfeifer
Calhoun County Judge
Date: 1-26-17

APPROVED
ON

JAN - 5 2017

BY
CALHOUN COUNTY AUDITOR

CK #013 Ashford Gardens 318,327.92
CK# 012 Broadmoor 7,311.06
CK# 009 Crescent 30,653.72
CK# 009 Solera 92,737.37
CK# 009 Fort Bend 98,666.14
547,696.21

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
NHA	000013	01/05/17	318,327.92	MEMORIAL MEDICAL CENTER
TOTALS:			318,327.92	

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
NHB	000012	01/05/17	7,311.06	MEMORIAL MEDICAL CENTER
TOTALS:			7,311.06	

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
NHC	000009	01/05/17	30,653.72	MEMORIAL MEDICAL CENTER
TOTALS:			30,653.72	

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
NHS	000009	01/05/17	92,737.37	MEMORIAL MEDICAL CENTER
TOTALS:			92,737.37	

BANK--CHECK--				
CODE	NUMBER	DATE	AMOUNT	PAYEE
NHF	000009	01/05/17	98,666.14	MEMORIAL MEDICAL CENTER
TOTALS:			98,666.14	

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
1/9/2017

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	325,364.66	431,678.96	316,399.10	-	-	-	88,200.23	210,084.80	**209,984.80**

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

Nursing Home	IBC Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	IGT Transfer-In	MMC Portion - Return of IGT	MMC Portion - Federal Match	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Solera at West Houston	4561	120,022.58	148,888.64	118,354.05	-	-	-	25,695.07	89,487.99	**89,387.99**
Crescent	4588	64,431.35	65,624.77	80,853.86	-	-	-	8,493.33	79,660.44	**79,560.44**
Broadmoor	4596	240,475.74	244,997.87	883,924.51	-	-	-	1,831.31	879,402.38	**879,302.38**
Fort Bend	4618	98,714.14	134,278.33	582,805.15	-	-	-	27,337.77	547,240.96	**547,140.96**
										1,595,391.77

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

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: 1-24-17

APPROVED
JAN 09 2017
COUNTY AUDITOR

Account Portfolio as of 01/09/2017 8:50:45 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	$1,227,029.67	$1,227,029.67
Memorial Medical Center	4553	$210,084.80	$210,084.80
Memorial Medical Center	4561	$89,487.99	$111,588.95
Memorial Medical Center	4588	$79,660.44	$82,431.87
Memorial Medical Center	4596	$879,402.38	$879,402.38
Memorial Medical Center	4618	$547,240.96	$547,240.96
Memorial Medical Center Operat	0301	$1,840,256.27	$1,828,667.51
County of Calhoun Indigent	1101	$11,599.22	$11,599.22
Totals		**$4,884,761.73**	**$4,898,045.36**

IBC Bank Activity
1/3/17 through 1/8/17

Ashford Gardens					Transfer-Out	Transfer-In	
1/4/2017	113105025	4553	142	ACH CREDIT RECEIVED		4,108.71	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4032242*1201494502\
1/5/2017	113105025	4553	301	COMMERCIAL DEPOSIT		194,614.53	
1/6/2017	113105025	4553	475	CHECK PAID	318,327.92		
1/6/2017	113105025	4553	495	OUTGOING MONEY TRANSFER	113,351.04		ASHFORD HEALTH CARE CENTER LTD
1/6/2017	113105025	4553	301	COMMERCIAL DEPOSIT		117,675.86	
					431,678.96	316,399.10	

Solera at West Houste					Transfer-Out	Transfer-In	
1/3/2017	113105025	4561	142	ACH CREDIT RECEIVED		1,286.54	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
1/3/2017	113105025	4561	142	ACH CREDIT RECEIVED		4,912.52	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*016122911900111*1752603231\
1/4/2017	113105025	4561	142	ACH CREDIT RECEIVED		3,538.74	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*016123010400152*1752603231\
1/4/2017	113105025	4561	142	ACH CREDIT RECEIVED		6,068.01	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*016123013300112*1752603231\
1/5/2017	113105025	4561	301	COMMERCIAL DEPOSIT		54,661.13	
1/6/2017	113105025	4561	475	CHECK PAID	92,737.37		
1/6/2017	113105025	4561	301	COMMERCIAL DEPOSIT		47,887.11	
1/6/2017	113105025	4561	495	OUTGOING MONEY TRANSFER	56,151.27		CANTEX HEALTH CARE CENTERS LLC
					148,888.64	118,354.05	

Crescent					Transfer-Out	Transfer-In	
1/3/2017	113105025	4588	142	ACH CREDIT RECEIVED		785.44	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*016122912700040*1452485907\
1/3/2017	113105025	4588	142	ACH CREDIT RECEIVED		4,791.48	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*016122911900109*1752603231\
1/4/2017	113105025	4588	142	ACH CREDIT RECEIVED		460.86	Molina HC of TX Molina HC|THE CRESCENT|TRN*1*EFT4032370*1201494502\
1/4/2017	113105025	4588	142	ACH CREDIT RECEIVED		801.12	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*016123010400148*1752603231\
1/4/2017	113105025	4588	142	ACH CREDIT RECEIVED		5,969.73	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*016123118203124*1752603231\
1/5/2017	113105025	4588	301	COMMERCIAL DEPOSIT		9,786.75	
1/6/2017	113105025	4588	495	OUTGOING MONEY TRANSFER	34,971.05		CANTEX HEALTH CARE CENTERS III
1/6/2017	113105025	4588	475	CHECK PAID	30,653.72		
1/6/2017	113105025	4588	301	COMMERCIAL DEPOSIT		58,258.48	
					65,624.77	80,853.86	

Broadmoor					Transfer-Out	Transfer-In	
1/3/2017	113105025	4596	142	ACH CREDIT RECEIVED		8,008.71	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
1/3/2017	113105025	4596	142	ACH CREDIT RECEIVED		19,984.05	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4296904*1205296137*000004011\
1/5/2017	113105025	4596	301	COMMERCIAL DEPOSIT		6,453.44	
1/5/2017	113105025	4596	142	ACH CREDIT RECEIVED		295.74	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4299629*1205296137*000004011\
1/6/2017	113105025	4596	301	COMMERCIAL DEPOSIT		40,269.33	
1/6/2017	113105025	4596	195	INCOMING MONEY TRANSFER		808,913.24	CANTEX HEALTH CARE CENTERS III
1/6/2017	113105025	4596	495	OUTGOING MONEY TRANSFER	237,686.81		CANTEX HEALTH CARE CENTERS III
1/6/2017	113105025	4596	475	CHECK PAID	7,311.06		
					244,997.87	883,924.51	

Fort Bend					Transfer-Out	Transfer-In	
1/5/2017	113105025	4618	301	COMMERCIAL DEPOSIT		63,001.95	
1/6/2017	113105025	4618	301	COMMERCIAL DEPOSIT		8,044.02	
1/6/2017	113105025	4618	495	OUTGOING MONEY TRANSFER	35,612.19		CANTEX HEALTH CARE CENTERS III
1/6/2017	113105025	4618	475	CHECK PAID	98,666.14		
1/6/2017	113105025	4618	195	INCOMING MONEY TRANSFER		511,759.18	CANTEX HEALTH CARE CENTERS III
					134,278.33	582,805.15	

NPI	Facility Number	DBA Facility Name	Molina	United Health-care	Ameri-group	Total	Return of IGT	MMC Federal Match	Total MMC	Cantex Federal Match	Total IGT Return and Federal Match
36189	4811	Ashford Gardens	$60,546.62	$194,614.53	$151,367.00	$406,528.15	$230,127.69	$88,200.23	$318,327.92	$88,200.23	$406,528.15
30433	105818	The Broadmoor at Creekside Park	$1,075.57	$6,453.44	$1,613.36	$9,142.37	$5,479.75	$1,831.31	$7,311.06	$1,831.31	$9,142.37
30425	105314	The Crescent	$7,829.40	$9,786.75	$21,530.90	$39,147.05	$22,160.38	$8,493.34	$30,653.72	$8,493.33	$39,147.04
33259	105006	Solera at West Houston	$27,330.56	$54,661.13	$36,440.75	$118,432.44	$67,042.30	$25,695.07	$92,737.37	$25,695.07	$118,432.44
17503	4628	Fort Bend Healthcare Center	$50,401.56	$63,001.95	$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	$223,552.40	$699,253.91	$396,138.48	$151,557.72	$547,696.20	$151,557.71	$699,253.91
			Deposited 12/29	Deposited 1/4	Deposited 12/23						

RUN DATE:01/10/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:13:16 CHECK REGISTER and Payable List GLCKREG
01/10/17 THRU 01/10/17

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000869	01/10/17	1,540.13	MCKESSON
A/P	000870	01/10/17	766.27	MCKESSON
A/P	000871	01/10/17	2,357.11	MCKESSON
TOTALS:			4,663.51	

340 B Prescription Expenses

APPROVED
ON

JAN 10 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 1-26-17

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: 01/06/2017

DC: 8115

Territory: 400

Customer: 190813
Date: 01/07/2017

Page: 001

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

As of: 01/06/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 01/07/2017

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	
01/02/2017	01/10/2017	7785076676	1000941649	115Invoice	7.05	352.36		✓ 345.31		7785076676	
01/02/2017	01/10/2017	7785076679	1000942072	115Invoice	6.33	316.74		✓ 310.41		7785076679	
01/02/2017	01/10/2017	7785076680	1000942477	115Invoice	0.60	29.84		✓ 29.24		7785076680	
01/03/2017	01/10/2017	7785289171	1000942865	115Invoice	2.93	146.29		✓ 143.36		7785289171	
01/04/2017	01/10/2017	7785489242	1000943488	115Invoice	0.71	35.40		✓ 34.69		7785489242	
01/05/2017	01/10/2017	7785720432	1000944068	115Invoice	0.25	12.69		✓ 12.44		7785720432	
01/06/2017	01/10/2017	7785968593	1000944657	115Invoice	13.56	678.24		✓ 664.68		7785968593	

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

TOTAL:

Subtotals: 1,571.56 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 408.88
01/03/2017

If Paid By 01/10/2017,
Pay This Amount: 1,540.13 USD

If Paid After 01/10/2017,
Pay this Amount: 1,571.56 USD

Due If Paid On Time:
USD 1,540.13

Disc lost if paid late:
31.43

Due If Paid Late:
USD 1,571.56

Check #869

1.9.17

APPROVED
ON
JAN 10 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 01/06/2017

Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 01/07/2017

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: 01/06/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 01/07/2017 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
01/02/2017	01/10/2017	7785075646	3454581963	115Invoice	5.65	282.37		276.72		7785075646	
01/03/2017	01/10/2017	7785247263	3454581966	115Invoice	4.34	217.19		212.85		7785247263	
01/04/2017	01/10/2017	7785483106	3454581969	115Invoice	4.34	217.19		212.85		7785483106	
01/05/2017	01/10/2017	7785716539	3454581972	115Invoice	1.30	65.05		63.75		7785716539	
01/06/2017	01/10/2017	7785938805	1098855	115Invoice		0.10		0.10		7785938805	

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

TOTAL:

Subtotals: 781.90 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 551.73
01/03/2017

If Paid By 01/10/2017,
Pay This Amount: 766.27 USD

If Paid After 01/10/2017,
Pay this Amount: 781.90 USD

Due If Paid On Time:
USD 766.27

Disc lost if paid late:
15.63

Due If Paid Late:
USD 781.90

Ck# 870

1.9.17

APPROVED
ON

JAN 10 2017

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: 01/06/2017

DC: 8115

Territory: 400

Customer: 262252
Date: 01/07/2017

Page: 001

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

As of: 01/06/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 01/07/2017 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
01/02/2017	01/10/2017	7785077797	1000941651	115Invoice	19.53	976.59		✓ 957.06		7785077797	
01/02/2017	01/10/2017	7785077798	1000941651	115Invoice	0.02	1.18		✓ 1.16		7785077798	
01/02/2017	01/10/2017	7785077800	1000942074	115Invoice	4.76	238.21		✓ 233.45		7785077800	
01/02/2017	01/10/2017	7785077801	1000942074	115Invoice	0.53	26.59		✓ 26.06		7785077801	
01/02/2017	01/10/2017	7785077804	1000942479	115Invoice	2.42	121.11		✓ 118.69		7785077804	
01/02/2017	01/10/2017	7785077805	1000942479	115Invoice	0.02	1.06		✓ 1.04		7785077805	
01/03/2017	01/10/2017	7785268616	1000942867	115Invoice	1.18	58.79		✓ 57.61		7785268616	
01/04/2017	01/10/2017	7785488523	1000943490	115Invoice	5.16	258.03		✓ 252.87		7785488523	
01/05/2017	01/10/2017	7785713558	1000944070	115Invoice	11.06	552.95		✓ 541.89		7785713558	
01/05/2017	01/10/2017	7785713559	1000944070	115Invoice	0.19	9.47		✓ 9.28		7785713559	
01/06/2017	01/10/2017	7785964276	1000944659	115Invoice	3.22	161.22		✓ 158.00		7785964276	

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

TOTAL:

Subtotals: 2,405.20 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,388.53
01/03/2017

If Paid By 01/10/2017,
Pay This Amount: 2,357.11 USD

If Paid After 01/10/2017,
Pay this Amount: 2,405.20 USD

Due If Paid On Time:
USD 2,357.11

Disc lost if paid late:
48.09

Due If Paid Late:
USD 2,405.20

1.9.17

ck#871

APPROVED
ON
JAN 10 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

APPROVED
ON

JAN 11 2017

COUNTY AUDITOR
CALVERT COUNTY, TEXAS

01/11/2017
08:23

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 01/19/2017

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
A1790	AFLAC ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
847393 ✓	EMPL EXP P/R CLEARNG OTH	01/09/20	12/01/20	12/02/20		3,198.20	0.00	0.00	3,198.20 ✓
277676 ✓	EMPL EXP P/R CLEARNG OTH	01/09/20	01/01/20	01/02/20		3,074.67	0.00	0.00	3,074.67 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1790	AFLAC	6,272.87	0.00	0.00	6,272.87

Vendor#	Vendor Name	Class	Pay Code
A1679	AIR SPECIALTY & EQUIPMENT CO ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
35627 ✓	SUPPLIES GENERAL PLNT OF	12/30/20	12/20/20	01/19/20		1,732.52	0.00	0.00	1,732.52 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1679	AIR SPECIALTY & EQUIPMENT CO	1,732.52	0.00	0.00	1,732.52

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
91144863 ✓	INVENTORY LABORATORY IN'	12/30/20	12/20/20	01/19/20		5,173.94	0.00	0.00	5,173.94 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10533	ALERE NORTH AMERICA INC	5,173.94	0.00	0.00	5,173.94

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
2576598 ✓	PROF FEES PHY THRPY	01/07/20	12/01/20	12/11/20		2,001.98	0.00	0.00	2,001.98 ✓
2594274	PHY FEES PHY THRPY	01/07/20	12/29/20	01/08/20		4,253.42	0.00	0.00	4,253.42

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11232	AMN HEALTHCARE ALLIED, INC.	6,255.40	0.00	0.00	6,255.40

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
816764 ✓	SUPPLIES GENERAL PLNT OF	01/07/20	12/09/20	12/19/20		70.96	0.00	0.00	70.96 ✓
816001 ✓	SUPPLIES GENERAL PLNT OF	01/07/20	12/09/20	12/24/20		56.99	0.00	0.00	56.99 ✓
817104 ✓	SUPPLIES GENERAL PLNT OF	01/07/20	12/22/20	01/06/20		9.89	0.00	0.00	9.89 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2600	AUTO PARTS & MACHINE CO.	137.84	0.00	0.00	137.84

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
106034243 ✓	SUPPLIES GENERAL LAB	12/23/20	12/14/20	01/13/20		61.87	0.00	0.00	61.87 ✓

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC				61.87	0.00	0.00	61.87

Vendor#	Vendor Name	Class	Pay Code
B0437	C R BARD INC ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
23665560 ✓		01/07/20	12/07/20	01/06/20			166.37	0.00	0.00	166.37 ✓
	SUPPLIES GENERAL SURGER									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B0437	C R BARD INC	166.37	0.00	0.00	166.37

Vendor#	Vendor Name	Class	Pay Code
C1010	CABLE ONE ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21619*		01/11/20	12/26/20	01/15/20			427.28	0.00	0.00	427.28 ✓
	PURCHASED SERVICES INFO									
21620*		01/11/20	12/26/20	01/15/20	54.34	64.34		0.00	0.00	64.34 54.34
	PURCHASED SERVICES INFO									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1010	CABLE ONE	491.62	0.00	0.00	491.62

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
21650		01/07/20	01/06/20	01/06/20			360.00	0.00	0.00	360.00 ✓
	COUNTY INDIGENT COPAYS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY	360.00	0.00	0.00	360.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8001201227 ✓		12/30/20	12/10/20	01/14/20			467.71	0.00	0.00	467.71 ✓
	INVENTORY PHARMACY INVE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH 414, INC.	467.71	0.00	0.00	467.71

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21648		01/07/20	12/01/20	12/30/20			440.00	0.00	0.00	440.00 ✓
	PURCHASED SERVICES OCC									
21647		01/07/20	12/01/20	12/31/20			687.50	0.00	0.00	687.50 ✓
	PURCHASED SERVICES OCC									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	Z0850	CARMEN C. ZAPATA-ARROYO	1,127.50	0.00	0.00	1,127.50

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
GHS7615 ✓		01/07/20	12/19/20	01/18/20			301.10	0.00	0.00	301.10 ✓
	OFFICE SUPPLIES INFO TECH									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.	301.10	0.00	0.00	301.10

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
011717		01/07/20	11/22/20	12/30/20			49.40	0.00	0.00	49.40 ✓

FUEL PLNT OPER

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	E1270	CENTERPOINT ENERGY	49.40	0.00	0.00	49.40

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
92156481		12/14/20	12/14/20	01/13/20		512.25	0.00	0.00	512.25
	INVENTRY CENTRAL SUP INV								
92161733		12/22/20	12/14/20	01/13/20		173.86	0.00	0.00	173.86
	INVENTRY CENTRAL SUP INV								
92165519		12/31/20	12/20/20	01/19/20		92.16	0.00	0.00	92.16
	INVENTRY CENTRAL SUP INV								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10350	CENTURION MEDICAL PRODUCTS	778.27	0.00	0.00	778.27

Vendor#	Vendor Name	Class	Pay Code
C1166	COASTAL OFFICE SOLUTONS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
WO15324-1		01/07/20	12/08/20	12/18/20		16.33	0.00	0.00	16.33
	OFFICE SUPPLIES PHY THRP								
WO-15325-1		01/07/20	12/08/20	12/18/20		59.26	0.00	0.00	59.26
	OFFICE SUPPLIES MM CLINIC								
WO-15597.1		01/07/20	01/04/20	01/14/20		84.80	0.00	0.00	84.80
	OFFICE SUPPLIES BEHAV HTI								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1166	COASTAL OFFICE SOLUTONS	160.39	0.00	0.00	160.39

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
489998-0		12/15/20	12/15/20	01/14/20		389.10	0.00	0.00	389.10
	INVENTRY CENTRAL SUP INV								
490652-0		12/22/20	12/14/20	01/13/20		504.53	0.00	0.00	504.53
	SUPPLIES GENERAL CALHOU								
490896-0		12/22/20	12/15/20	01/14/20		191.47	0.00	0.00	191.47
	INVENTRY CENTRAL SUP INV								
490886-0		12/23/20	12/15/20	01/14/20		55.39	0.00	0.00	55.39
	OFFICE SUPPLIES SURGERY								
491013-0		12/30/20	12/19/20	01/18/20		122.95	0.00	0.00	122.95
	SUPPLIES GENERAL MED/SUI								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	1,263.44	0.00	0.00	1,263.44

Vendor#	Vendor Name	Class	Pay Code
D1710	DOWNTOWN CLEANERS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1348		01/07/20	11/03/20	11/13/20		6.10	0.00	0.00	6.10
	PURCHASED SERVICES HOU								
1398		01/07/20	11/09/20	11/19/20		6.10	0.00	0.00	6.10
	PURCHASED SERVICES HOU								
111716		01/07/20	11/17/20	11/27/20		32.00	0.00	0.00	32.00
	PURCHASED SERVICES HOU								
2111		01/07/20	12/06/20	12/16/20		12.20	0.00	0.00	12.20
	PURCHASED SERVICES HOU								

2135		01/07/20	12/07/20	12/17/20	12.20	0.00	0.00	12.20
	PURCHASED SERVICES HOU							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	D1710	DOWNTOWN CLEANERS			68.60	0.00	0.00	68.60

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
403529		12/30/20	12/19/20	01/19/20			152.62	0.00	0.00	152.62
	SUPPLIES GERAL SURGERY									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10042	ERBE USA INC SURGICAL SYSTEMS					152.62	0.00	0.00	152.62

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
925607		12/30/20	12/14/20	01/13/20			1,231.86	0.00	0.00	1,231.86
	MAJOR MOVABLE EQUIP PP &									
925700		12/30/20	12/19/20	01/18/20			6,750.00	0.00	0.00	6,750.00
	MAJOR MOVABLE EQUIP PP &									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	C2510	EVIDENT					7,981.86	0.00	0.00	7,981.86

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
902876588		01/07/20	11/21/20	12/21/20			689.36	0.00	0.00	689.36
	SUPPLIES GENERAL LAB									
902876610		01/07/20	11/21/20	12/21/20			877.41	0.00	0.00	877.41
	SUPPLIES GENERAL LAB									
902884813		01/07/20	11/29/20	12/29/20			993.46	0.00	0.00	993.46
	SUPPLIES GENERAL LAB									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	S0501	EVOQUA WATER TECHNOLOGIES LLC					2,560.23	0.00	0.00	2,560.23

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
6283456		12/23/20	12/14/20	01/13/20			69.02	0.00	0.00	69.02
	SUPPLIES GENERAL LAB									
6283455		12/23/20	12/14/20	01/13/20			1,161.15	0.00	0.00	1,161.15
	SUPPLIES GENERAL LAB									
6434874		12/30/20	12/15/20	01/14/20			-602.50	0.00	0.00	-602.50
	SUPPLIES GENERAL LAB									
6434876		12/30/20	12/15/20	01/14/20			310.00	0.00	0.00	310.00
	SUPPLIES GENERAL LAB									
6577763		12/30/20	12/16/20	01/15/20			98.10	0.00	0.00	98.10
6577762		12/30/20	12/16/20	01/18/20			65.12	0.00	0.00	65.12
	SUPPLIES GENERAL LAB									
6722762		12/30/20	12/19/20	01/18/20			249.22	0.00	0.00	249.22
	SUPPLIES GENERAL LAB									
6722787		12/30/20	12/19/20	01/18/20			378.50	0.00	0.00	378.50
	SUPPLIES GENERAL LAB									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE					1,728.61	0.00	0.00	1,728.61

Vendor#	Vendor Name	Class	Pay Code
11183	FRONTIER ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
11217		12/30/20	12/19/20	01/15/20		55.42	0.00	0.00	55.42 ✓
	TELEPHONE HOSP GEN								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11183	FRONTIER	55.42	0.00	0.00	55.42

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
46712 ✓		12/23/20	12/19/20	01/18/20		224.92	0.00	0.00	224.92 ✓
	SUPPLIES GENERAL LAB								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10901	GENESIS DIAGNOSTICS	224.92	0.00	0.00	224.92

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
9312809198 ✓		01/07/20	12/20/20	01/19/20		120.96	0.00	0.00	120.96 ✓
	SUPPLIES GENERAL PLNT OF								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W1300	GRAINGER	120.96	0.00	0.00	120.96

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1371		01/07/20	11/15/20	11/30/20		60.00	0.00	0.00	60.00 ✓
	MISCELLANEOUS ADMIN								
1380		01/07/20	11/28/20	12/13/20		58.95	0.00	0.00	58.95 ✓
	MISCELLANEOUS ADMIN								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1050	GREENHOUSE FLORAL DESIGNERS	118.95	0.00	0.00	118.95

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
107713 ✓		01/07/20	12/01/20	12/11/20		31.47	0.00	0.00	31.47 ✓
	SUPPLIES GENERAL PLNT OF								
107727 ✓		01/07/20	12/01/20	12/11/20		-23.98	0.00	0.00	-23.98 ✓
107826 ~~120616~~	SUPPLIES GENERAL PLNT OF	01/07/20	12/06/20	12/16/20		4.49	0.00	0.00	4.49 ✓
	SUPPLIES GENERAL PLNT OF								
107812 ✓		01/07/20	12/06/20	12/16/20		20.48 .48	0.00	0.00	20.48 .48
	SUPPLIES GENERAL PLNT OF								
107841 ✓		01/07/20	12/07/20	12/17/20		19.47	0.00	0.00	19.47 ✓
	SUPPLIES GENERAL PLNT OF								
107948 ✓		01/07/20	12/09/20	12/19/20		21.27	0.00	0.00	21.27 ✓
	SUPPLIES GENERAL PLNT OF								
108159 ✓		01/07/20	12/16/20	12/26/20		40.96	0.00	0.00	40.96 ✓
	SUPPLIES GENERAL PLNT OF								
108244 ✓		01/07/20	12/20/20	12/30/20		1.56	0.00	0.00	1.56 ✓
	SUPPLIES GENERAL PLNT OF								
108227 ✓		01/07/20	12/20/20	12/30/20		11.46	0.00	0.00	11.46 ✓
	SUPPLIES GENERAL PLNT OF								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1292	GULF COAST HARDWARE / ACE	127.18	0.00	0.00	127.18

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
1249686		12/30/20	12/20/20	01/19/20		45.58	0.00	0.00	45.58
	SUPPLIES GENERAL HOUSEK								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	45.58	0.00	0.00	45.58

Vendor#	Vendor Name	Class	Pay Code
H1100	HAYES ELECTRIC SERVICE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
A2161129-04		01/07/20	11/29/20	12/09/20		6,750.00	0.00	0.00	6,750.00
	FIXED EQUIPMENT PP E								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H1100	HAYES ELECTRIC SERVICE	6,750.00	0.00	0.00	6,750.00

Vendor#	Vendor Name	Class	Pay Code
H0031	HEB		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
120116		01/07/20	12/01/20	12/30/20		35.76	0.00	0.00	35.76
	SUPPLIES GENERAL DIETARY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H0031	HEB	35.76	0.00	0.00	35.76

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
363890		12/30/20	12/14/20	01/14/20		18.40	0.00	0.00	18.40
	PROF FEES OB								
363802		12/30/20	12/14/20	01/14/20		32.12	0.00	0.00	32.12
	PROF FEES OB								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11230	JACKSON & COKER LOCUM TENENS,	50.52	0.00	0.00	50.52

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
917412652		12/30/20	12/15/20	01/15/20		919.46	0.00	0.00	919.46
	SUPPLIES GENERAL SURGER								
917431776		12/30/20	12/19/20	01/19/20		436.82	0.00	0.00	436.82
	SUPPLIES GERNERAL SURGE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J1400	JOHNSON & JOHNSON	1,356.28	0.00	0.00	1,356.28

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
90473321		12/23/20	12/07/20	01/15/20		679.74	0.00	0.00	679.74
	SUPPLIES GENERAL LAB								
90645738		12/23/20	12/09/20	01/15/20		258.41	0.00	0.00	258.41
	SUPPLIES GENERAL LAB								
908605578		12/23/20	12/14/20	01/13/20		392.36	0.00	0.00	392.36
	SUPPLIES GENERAL LAB								
90868109		12/23/20	12/14/20	01/15/20		141.36	0.00	0.00	141.36
	SUPPLIES GENRAL LAB								

90956405	12/23/20	12/15/20	01/15/20		123.14	0.00	0.00	123.14
SUPPLIES GENERAL LAB								
90351839	12/26/20	12/06/20	01/15/20		123.14	0.00	0.00	123.14
SUPPLIES GENERAL LAB								
90346134	12/26/20	12/06/20	01/15/20		60.10	0.00	0.00	60.10
SUPPLIES GENERAL LAB								
91178216	12/30/20	12/20/20	01/15/20		136.90	0.00	0.00	136.90
SUPPLIES GENERAL LAB								
91420096	01/07/20	12/23/20	01/15/20		78.05	0.00	0.00	78.05
SUPPLIES GENERAL LAB								
91465868	01/07/20	12/23/20	01/15/20		2,093.10	0.00	0.00	2,093.10
SUPPLIES GENERAL LAB								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC			4,086.30	0.00	0.00	4,086.30

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
36468		01/07/20	12/23/20	01/02/20			19.40	0.00	0.00	19.40
	SUPPLIES GENERAL GROUNI									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2550	MELSTAN, INC.	19.40	0.00	0.00	19.40

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
122216-		01/10/20	12/22/20	12/31/20			86.72	0.00	0.00	86.72
	EMPL EXP P/R CLEARNG OTH									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP	86.72	0.00	0.00	86.72

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
112816		01/09/20	11/28/20	11/28/20			31,592.18	0.00	0.00	31,592.18
	EMPL EXP HOSP INSURN OTH									
120516		01/09/20	12/05/20	12/05/20			12,691.60	0.00	0.00	12,691.60
	EMPL EXP INSURN OTHER EX									
121216		01/09/20	12/12/20	12/12/20			44,297.80	0.00	0.00	44,297.80
	EMPL EXP DENTAL INS OTHEI									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN	88,581.58	0.00	0.00	88,581.58

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
671227		01/07/20	01/02/20	01/02/20			112.81	0.00	0.00	112.81
	MISCELLANEOUS ADMIN									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2662	MMC VOLUNTEERS	112.81	0.00	0.00	112.81

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
9742852		01/07/20	12/30/20	12/31/20			58.35	0.00	0.00	58.35
	INVENTORY PHARMACY INVN									

9742714	01/07/20 12/30/20 12/31/20	30.88	0.00	0.00	30.88
	INVENTORY PHARMACY INVE				
9742851	01/07/20 12/30/20 12/31/20	139.98	0.00	0.00	139.98
	INVENTORY PHARMACY INVE				
9742850	01/07/20 12/30/20 12/31/20	325.89	0.00	0.00	325.89
	INVENTORY PHARMACY INVE				
9750326	01/07/20 01/03/20 01/04/20	123.07	0.00	0.00	123.07
	INVENTORY PHARMACY INVE				
9750324	01/07/20 01/03/20 01/04/20	407.36	0.00	0.00	407.36
	INVENTORY PHARMAVY INVE				
9753100	01/07/20 01/03/20 01/04/20	1,598.38	0.00	0.00	1,598.38
	INVENTORY PHARMACY INVE				
9750325	01/07/20 01/03/20 01/04/20	725.39	0.00	0.00	725.39
	INVENTORY PHARMACY INCE				
9757392	01/07/20 01/04/20 01/05/20	5,906.13	0.00	0.00	5,906.13
	INVENTORY PHARMACY INVE				
9757394	01/07/20 01/04/20 01/05/20	28.58	0.00	0.00	28.58
	INVENTORY PHARMACY INVE				
1878	01/07/20 01/04/20 01/05/20	-134.06	0.00	0.00	-134.06
	INVENTORY PHARMACY INVE				
2059	01/07/20 01/04/20 01/05/20	-1.61	0.00	0.00	-1.61
	INVENTORY PHARMACY INVE				
9757097	01/07/20 01/04/20 01/05/20	352.53	0.00	0.00	352.53
	INVENTORY PHARMACY INVE				
9757393	01/07/20 01/04/20 01/05/20	1,341.80	0.00	0.00	1,341.80
	INVENTORY PHARMACY INVE				
9762321	01/07/20 01/05/20 01/06/20	9.59	0.00	0.00	9.59
	INVENTORY PHARMACY INVE				
9762319	01/07/20 01/05/20 01/06/20	85.50	0.00	0.00	85.50
	INVENTORY PHARMACY INVE				
9762320	01/07/20 01/05/20 01/06/20	293.29	0.00	0.00	293.29
	INVENTORY PHARMACY INVE				
9728547-	01/10/20 12/27/20 12/28/20	177.20	0.00	0.00	177.20
	INVENTORY PHARMACY INVE				

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	11,468.25	0.00	0.00	11,468.25

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
887631298001		12/22/20	12/15/20	01/15/20			123.48	0.00	0.00	123.48
	OFFICE SUPPLIES BUS OFFIC									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	O0920	OFFICE DEPOT	123.48	0.00	0.00	123.48

Vendor# Vendor Name — Class — Pay Code

O1416 ORTHO CLINICAL DIAGNOSTICS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1850188959		12/26/20	12/12/20	01/15/20			866.57	0.00	0.00	866.57
	SUPPLIES GENERAL BLOOD E									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	O1416	ORTHO CLINICAL DIAGNOSTICS	866.57	0.00	0.00	866.57

Vendor# Vendor Name — Class — Pay Code

OM425 OWENS & MINOR

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2023413169		12/14/20	12/15/20	01/14/20		1,224.55	0.00	0.00	1,224.55
	INVENTRY CENTRAL SUP INV								
2022799543		12/15/20	11/22/20	01/14/20		42.00	0.00	0.00	42.00
	SUPPLIES GENERAL SURGER								
2023413393		12/23/20	12/15/20	01/14/20		280.45	0.00	0.00	280.45
	SUPPLIES GENERAL SURGER								
2023408646		12/23/20	12/15/20	01/14/20		321.60	0.00	0.00	321.60
	SUPPLIES GENERAL PHY THF								
2023407934		12/23/20	12/15/20	01/14/20		41.31	0.00	0.00	41.31
	INVENTRY CENTRAL SUP INV								
2022799749-		01/07/20	11/22/20	12/22/20		4.16	0.00	0.00	4.16
	INVENTRY CENTRAL SUP INV								
2022927099-		01/07/20	11/29/20	12/29/20		1,755.48	0.00	0.00	1,755.48
	INVENTRY CENTRAL SUP INV								
2023137427		01/07/20	12/06/20	01/05/20		16.53	0.00	0.00	16.53
	INVENTRY CENTRAL SUP INV								
2023212010		01/07/20	12/08/20	01/07/20		42.59	0.00	0.00	42.59
	SUPPLIES GENERAL PHY THF								
2023324951		01/07/20	12/13/20	01/12/20		186.41	0.00	0.00	186.41
	SUPPLIES GENERAL PHY THF								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR				3,915.08	0.00	0.00	3,915.08

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
21653		01/07/20	12/19/20	01/01/20		502.50	0.00	0.00	502.50
	PURCHASED SERVICES MM C								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11069	PABLO GARZA				502.50	0.00	0.00	502.50

Vendor#	Vendor Name	Class	Pay Code
11142	PAETEC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
68724444		12/30/20	12/22/20	01/15/20		8,338.19	0.00	0.00	8,338.19
	TELEPHONE HOSP GEN								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11142	PAETEC				8,338.19	0.00	0.00	8,338.19

Vendor#	Vendor Name	Class	Pay Code
11155	PARA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1481		01/07/20	04/01/20	05/01/20		2,000.00	0.00	0.00	2,000.00
	PURCHASED SERVICES ADMI								
2070		01/07/20	10/01/20	10/31/20		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
10204	PHARMEDIUM SERVICES LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
312609		11/30/20	11/30/20	01/17/20		-177.50	0.00	0.00	-177.50
	INVENTORY PHARMACY INVE								

312573		11/30/20	11/30/20	01/17/20	-142.00	0.00	0.00	-142.00
	INVENTORY PHARMACY INVE							
A1825772		12/30/20	12/20/20	01/19/20	142.00	0.00	0.00	142.00
	INVENTORY PHARMACY INVE							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10204	PHARMEDIUM SERVICES LLC	-177.50	0.00	0.00	-177.50

Vendor#	Vendor Name	Class	Pay Code
10541	PLATINUM CODE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
073544-		01/10/20	10/19/20	11/18/20			58.98	0.00	0.00	58.98
	SUPPLIES GENERAL LAB									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10541	PLATINUM CODE	58.98	0.00	0.00	58.98

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
3627685		12/31/20	12/15/20	01/14/20			236.57	0.00	0.00	236.57
	SUPPLIES GENERAL C/S									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10372	PRECISION DYNAMICS CORP (PDC)	236.57	0.00	0.00	236.57

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
21652		01/07/20	11/01/20	11/16/20			11,275.00	0.00	0.00	11,275.00
	PURCHASES SERVICES RES (									
21651		01/07/20	12/01/20	12/31/20			6,800.00	0.00	0.00	6,800.00
	PURCHASED SERVICES RES (									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P1725	PREMIER SLEEP DISORDERS CENTER	18,075.00	0.00	0.00	18,075.00

Vendor#	Vendor Name	Class	Pay Code
10645	REVISTA de VICTORIA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
12201633		01/07/20	12/20/20	12/30/20			120.00	0.00	0.00	120.00
	PUBLIC REL/ADVERTISE ADM									

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

Vendor#	Vendor Name	Class	Pay Code
S1001	SANOFI PASTEUR INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
907469714*		12/27/20	11/16/20	01/15/20			3,535.86	0.00	0.00	3,535.86
	INVENTORY PHARMACY INVE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S1001	SANOFI PASTEUR INC	3,535.86	0.00	0.00	3,535.86

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
7109-2		01/07/20	12/08/20	01/16/20			109.93	0.00	0.00	109.93
	SUPPLIES GENERAL PLNT OF									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S1800	SHERWIN WILLIAMS	109.93	0.00	0.00	109.93

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
115389153	MAINT CONTR MAMOGRPY	12/31/20	12/19/20	01/18/20		832.25	0.00	0.00	832.25

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
90024080	SUPPLIES GERAL BLOOD BNI	12/23/20	12/20/20	01/19/20		-3,420.30	0.00	0.00	-3,420.30
90024144-	SUPPLIES GENERAL BLOOD E	01/10/20	12/20/20	01/19/20		6,612.58	0.00	0.00	6,612.58

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2400	SO TEX BLOOD & TISSUE CENTER	3,192.28	0.00	0.00	3,192.28

Vendor#	Vendor Name	Class	Pay Code
10845	STAPLES ADVANTAGE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8042286959	MINOR EQUIPMENT MRI	01/07/20	12/17/20	01/16/20		3,689.88	0.00	0.00	3,689.88

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10845	STAPLES ADVANTAGE	3,689.88	0.00	0.00	3,689.88

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
113097993	MEAT EXPENSE DIETARY	01/07/20	12/29/20	01/18/20		1,034.50	0.00	0.00	1,034.50

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2951	SYSCO FOOD SERVICES OF	1,034.50	0.00	0.00	1,034.50

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
0056195	DUES & SUBSCRIPTIONS ADM	12/30/20	12/11/20	01/15/20		24.80	0.00	0.00	24.80
0057300	DUES & SUBSRIPTIONS ADMI	01/07/20	12/12/20	12/25/20		24.80	0.00	0.00	24.80

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	V1050	THE VICTORIA ADVOCATE	49.60	0.00	0.00	49.60

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
8150752360	PURCHASED SERVICES MAIN	12/23/20	12/20/20	01/19/20		45.44	0.00	0.00	45.44
8150752447	PURCHASED SERVICES MAIN	12/23/20	12/20/20	01/19/20		32.92	0.00	0.00	32.92

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1054	UNIFIRST HOLDINGS	78.36	0.00	0.00	78.36

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
8400235925	LAUNDRY HOUSEKEEPING	12/23/20	12/16/20	01/15/20		1,396.11	0.00	0.00	1,396.11

8400235886	12/23/20	12/16/20	01/15/20		420.04	0.00	0.00	420.04
LAUNDRY HOUSEKEEPING								
8400236133	12/23/20	12/20/20	01/19/20		1,109.55	0.00	0.00	1,109.55
LAUNDRY HOUSEKEEPING								
8400236124	12/23/20	12/20/20	01/19/20		151.28	0.00	0.00	151.28
LAUNDRY HOUSEKEEPING								
8400236082	12/23/20	12/20/20	01/19/20		88.55	0.00	0.00	88.55
LAUNDRY HOUSEKEEPING								
8400236081	12/23/20	12/20/20	01/19/20		303.10	0.00	0.00	303.10
LAUNDRY HOUSEKEEPING								
8400236084	12/23/20	12/20/20	01/19/20		108.08	0.00	0.00	108.08
LAUNDRY OB								
8400236083	12/23/20	12/20/20	01/19/20		108.07	0.00	0.00	108.07
LAUNDRY DIETARY								
8400236085	12/23/20	12/20/20	01/19/20		108.59	0.00	0.00	108.59
LAUNDRY HOUSEKEEPING								
Vendor Totals Number	Name				Gross	Discount	No-Pay	Net
U1064	UNIFIRST HOLDINGS INC				3,793.37	0.00	0.00	3,793.37

Vendor#	Vendor Name	Class	Pay Code
U1056	UNIFORM ADVANTAGE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
7390785		01/07/20	12/17/20	01/01/20			219.92	0.00	0.00	219.92
EMPL EXP P/R CLEARNIG OTH										
7390792		01/09/20	12/17/20	01/01/20			100.89	0.00	0.00	100.89
EMPL EXP P/R CLEARNG OTH										
Vendor Totals Number	Name						Gross	Discount	No-Pay	Net
U1056	UNIFORM ADVANTAGE						320.81	0.00	0.00	320.81

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
5328393		12/30/20	12/21/20	01/19/20			6.18	0.00	0.00	6.18
SUPPLIES GENERAL DIETARY										
5331271		12/30/20	12/22/20	01/19/20			1,906.82	0.00	0.00	1,906.82
MEAT EXPENSE DIETARY										
5391277		12/30/20	12/27/20	01/19/20			1,325.41	0.00	0.00	1,325.41
MEAT EXPENSE DIETARY										
Vendor Totals Number	Name						Gross	Discount	No-Pay	Net
10172	US FOOD SERVICE						3,238.41	0.00	0.00	3,238.41

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
010317		01/07/20	01/03/20	01/05/20			1,200.00	0.00	0.00	1,200.00
POSTAGE BUS OFFICE										
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
V0554	VCS SECURITY SYSTEMS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
106303		12/30/20	12/25/20	01/19/20			495.00	0.00	0.00	495.00
OFFICE SUPPLIES MM CLINIC										
Vendor Totals Number	Name						Gross	Discount	No-Pay	Net
V0554	VCS SECURITY SYSTEMS						495.00	0.00	0.00	495.00

Vendor#	Vendor Name	Class	Pay Code
I1110	WERFEN USA LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9110356270	LEASE & RENTAL LAB	12/23/20	12/15/20	01/14/20		1,571.67	0.00	0.00	1,571.67
9110356941	SUPPLIES GNERAL LAB	01/07/20	12/19/20	01/18/20		432.60	0.00	0.00	432.60
9110357714	SUPPLIES GENERAL LAB	01/07/20	12/20/20	01/19/20		128.75	0.00	0.00	128.75

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	2,133.02	0.00	0.00	2,133.02

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	210,294.93	0.00	0.00	210,294.93

pg 1 correction <4,253.42>

pg 2 correction {<64.34> +54.34

pg 5 correction {<20.48> +.48

pg 9 correction +177.50

$206,189.01

APPROVED
ON

JAN 11 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKs # 169477 to # 169538

210,294.93 +
4,253.42 −
64.34 −
54.34 +
20.48 −
0.48 +
177.50 +
206,189.01 =

Michael J. Pfeifer
Calhoun County Judge
Date: 1-26-17

RUN DATE: 01/12/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME: 14:29 EDIT LIST FOR PATIENT REFUNDS ARID=0001 APCDEDIT

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]		121616	72.31	P	2	REFUND FOR [redacted]	
	ARID=0001 TOTAL		72.31				
TOTAL			72.31				

APPROVED
ON
JAN 1 1 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 169539

Michael J. Pfeifer
Calhoun County Judge
Date: 1-26-17

RUN DATE:01/12/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:14:36 CHECK REGISTER GLCKREG
01/12/17 THRU 01/12/17

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	169477	01/12/17	152.62	ERBE USA INC SURGICAL SYSTEMS
A/P	169478	01/12/17	3,238.41	US FOOD SERVICE
A/P	169479	01/12/17	778.27	CENTURION MEDICAL PRODUCTS
A/P	169480	01/12/17	1,263.44	DEWITT POTH & SON
A/P	169481	01/12/17	236.57	PRECISION DYNAMICS CORP (PDC)
A/P	169482	01/12/17	5,173.94	ALERE NORTH AMERICA INC
A/P	169483	01/12/17	.00	VOIDED
A/P	169484	01/12/17	11,468.25	MORRIS & DICKSON CO, LLC
A/P	169485	01/12/17	58.98	PLATINUM CODE
A/P	169486	01/12/17	120.00	REVISTA de VICTORIA
A/P	169487	01/12/17	88,581.58	MMC EMPLOYEE BENEFIT PLAN
A/P	169488	01/12/17	3,689.88	STAPLES ADVANTAGE
A/P	169489	01/12/17	224.92	GENESIS DIAGNOSTICS
A/P	169490	01/12/17	502.50	PABLO GARZA
A/P	169491	01/12/17	8,338.19	PAETEC
A/P	169492	01/12/17	4,000.00	PARA
A/P	169493	01/12/17	55.42	FRONTIER
A/P	169494	01/12/17	50.52	JACKSON & COKER LOCUM TENENS,
A/P	169495	01/12/17	2,001.98	AMN HEALTHCARE ALLIED, INC.
A/P	169496	01/12/17	107.18	GULF COAST HARDWARE / ACE
A/P	169497	01/12/17	1,732.52	AIR SPECIALTY & EQUIPMENT CO
A/P	169498	01/12/17	6,272.87	AFLAC
A/P	169499	01/12/17	137.84	AUTO PARTS & MACHINE CO.
A/P	169500	01/12/17	166.37	C R BARD INC
A/P	169501	01/12/17	61.87	BECKMAN COULTER INC
A/P	169502	01/12/17	481.62	CABLE ONE
A/P	169503	01/12/17	360.00	CALHOUN COUNTY
A/P	169504	01/12/17	160.39	COASTAL OFFICE SOLUTONS
A/P	169505	01/12/17	467.71	CARDINAL HEALTH 414, INC.
A/P	169506	01/12/17	301.10	CDW GOVERNMENT, INC.
A/P	169507	01/12/17	7,981.86	EVIDENT
A/P	169508	01/12/17	68.60	DOWNTOWN CLEANERS
A/P	169509	01/12/17	49.40	CENTERPOINT ENERGY
A/P	169510	01/12/17	1,728.61	FISHER HEALTHCARE
A/P	169511	01/12/17	118.95	GREENHOUSE FLORAL DESIGNERS
A/P	169512	01/12/17	45.58	GULF COAST PAPER COMPANY
A/P	169513	01/12/17	35.76	HEB
A/P	169514	01/12/17	6,750.00	HAYES ELECTRIC SERVICE
A/P	169515	01/12/17	2,133.02	WERFEN USA LLC
A/P	169516	01/12/17	1,356.28	JOHNSON & JOHNSON
A/P	169517	01/12/17	4,086.30	MCKESSON MEDICAL SURGICAL INC
A/P	169518	01/12/17	19.40	MELSTAN, INC.
A/P	169519	01/12/17	86.72	MMC AUXILIARY GIFT SHOP
A/P	169520	01/12/17	112.81	MMC VOLUNTEERS
A/P	169521	01/12/17	123.48	OFFICE DEPOT
A/P	169522	01/12/17	866.57	ORTHO CLINICAL DIAGNOSTICS
A/P	169523	01/12/17	3,915.08	OWENS & MINOR
A/P	169524	01/12/17	18,075.00	PREMIER SLEEP DISORDERS CENTER
A/P	169525	01/12/17	2,560.23	EVOQUA WATER TECHNOLOGIES LLC
A/P	169526	01/12/17	3,535.86	SANOFI PASTEUR INC

BANK	CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P		169527	01/12/17	109.93	SHERWIN WILLIAMS
A/P		169528	01/12/17	832.25	SIEMENS MEDICAL SOLUTIONS INC
A/P		169529	01/12/17	3,192.28	SO TEX BLOOD & TISSUE CENTER
A/P		169530	01/12/17	1,034.50	SYSCO FOOD SERVICES OF
A/P		169531	01/12/17	78.36	UNIFIRST HOLDINGS
A/P		169532	01/12/17	320.81	UNIFORM ADVANTAGE
A/P		169533	01/12/17	3,793.37	UNIFIRST HOLDINGS INC
A/P		169534	01/12/17	1,200.00	US POSTAL SERVICE
A/P		169535	01/12/17	495.00	VCS SECURITY SYSTEMS
A/P		169536	01/12/17	49.60	THE VICTORIA ADVOCATE
A/P		169537	01/12/17	120.96	GRAINGER
A/P		169538	01/12/17	1,127.50	CARMEN C. ZAPATA-ARROYO
A/P		169539	01/12/17	72.31	[redacted]
TOTALS:				206,261.32	

APPROVED
ON

JAN 1 1 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:01/17/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:08:20 CHECK REGISTER and Payables List GLCKREG
01/17/17 THRU 01/17/17

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000872	01/17/17	740.03	MCKESSON
A/P	000873	01/17/17	600.42	MCKESSON
A/P	000874	01/17/17	1,145.51	MCKESSON
TOTALS:			2,485.96	

3400 Prescription Expenses

APPROVED
ON

JAN 16 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 1-26-17

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: 01/13/2017

DC: 8115

Territory: 400

Customer: 190813
Date: 01/14/2017

Page: 001

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

As of: 01/13/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 01/14/2017

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	
01/09/2017	01/17/2017	7786254232	1000945277	115Invoice	4.51	225.34		220.83		7786254232	✓
01/09/2017	01/17/2017	7786254233	1000945828	115Invoice	2.24	112.22		109.98		7786254233	✓
01/09/2017	01/17/2017	7786254234	1000946227	115Invoice	1.02	51.21		50.19		7786254234	✓
01/10/2017	01/17/2017	7786466222	1000946605	115Invoice	0.52	25.85		25.33		7786466222	✓
01/11/2017	01/17/2017	7786714338	1000947304	115Invoice	0.87	43.33		42.46		7786714338	✓
01/11/2017	01/17/2017	7786714339	1000947304	115Invoice	0.02	0.79		0.77		7786714339	✓
01/11/2017	01/17/2017	8900818044	0000025300	Addbill INV		19.42		19.42		8900818044	✓
01/12/2017	01/17/2017	7786980774	1000948062	115Invoice		0.16		0.16		7786980774	✓
01/13/2017	01/17/2017	7787232153	1000948641	115Invoice	5.53	276.42		270.89		7787232153	✓

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

TOTAL:

Subtotals: 754.74 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,540.13
01/09/2017

If Paid By 01/17/2017,
Pay This Amount: 740.03 USD

If Paid After 01/17/2017,
Pay this Amount: 754.74 USD

Due If Paid On Time:
USD 740.03

Disc lost if paid late:
14.71

Due If Paid Late:
USD 754.74

739-

1-16-17

ck# 872

APPROVED
ON
JAN 16 2017 PM
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 01/13/2017

Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 01/14/2017

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: 01/13/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 01/14/2017

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	
01/09/2017	01/17/2017	7786221746	1098886	115Invoice	0.01	0.63		0.62		7786221746	✓
01/09/2017	01/17/2017	7786221748	3454581979	115Invoice	3.01	150.60		147.59		7786221748	✓
01/10/2017	01/17/2017	7786470760	3454581982	115Invoice	2.96	147.78		144.82		7786470760	✓
01/11/2017	01/17/2017	7786711080	3454581985	115Invoice	0.24	12.11		11.87		7786711080	✓
01/12/2017	01/17/2017	7786995834	3454581988	115Invoice	2.76	138.02		135.26		7786995834	✓
01/13/2017	01/17/2017	7787242257	3454581991	115Invoice	3.27	163.53		160.26		7787242257	✓

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

TOTAL:

Subtotals: 612.67 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 766.27
01/09/2017

If Paid By 01/17/2017,
Pay This Amount: 600.42 USD

If Paid After 01/17/2017,
Pay this Amount: 612.67 USD

Due If Paid On Time:
USD 600.42

Disc lost if paid late:
12.25

Due If Paid Late:
USD 612.67

1.16.17

CK# 873

APPROVED
ON
JAN 16 2017
BY
CALHOUN COUNTY AUDITOR

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 01/13/2017

DC: 8115

Territory: 400

Customer: 262252
Date: 01/14/2017

Page: 001

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

As of: 01/13/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 01/14/2017 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
01/09/2017	01/17/2017	7786248999	1000945279	115Invoice	3.39	169.64		166.25		7786248999	✓
01/09/2017	01/17/2017	7786249001	1000945279	115Invoice	0.02	1.04		1.02		7786249001	✓
01/09/2017	01/17/2017	7786249002	1000945830	115Invoice	2.45	122.71		120.26		7786249002	✓
01/09/2017	01/17/2017	7786249003	1000946229	115Invoice	0.86	42.91		42.05		7786249003	✓
01/09/2017	01/17/2017	7786249005	1000946229	115Invoice	0.03	1.43		1.40		7786249005	✓
01/10/2017	01/17/2017	7786483307	1000946607	115Invoice	6.91	345.60		338.69		7786483307	✓
01/11/2017	01/17/2017	7786726600	1000947306	115Invoice	0.62	31.09		30.47		7786726600	✓
01/12/2017	01/17/2017	7787021832	1000948064	115Invoice	7.18	358.79		351.61		7787021832	✓
01/12/2017	01/17/2017	7787021833	1000948064	115Invoice	0.04	2.16		2.12		7787021833	✓
01/13/2017	01/17/2017	7787248466	1000948643	115Invoice	1.86	92.76		90.90		7787248466	✓
01/13/2017	01/17/2017	7787248469	1000948643	115Invoice	0.02	0.76		0.74		7787248469	✓

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

TOTAL:

Subtotals: 1,168.89 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,357.11
01/09/2017

If Paid By 01/17/2017,
Pay This Amount: 1,145.51 USD

If Paid After 01/17/2017,
Pay this Amount: 1,168.89 USD

Due If Paid On Time:
USD 1,145.51

Disc lost if paid late:
23.38

Due If Paid Late:
USD 1,168.89

cust#874

APPROVED
ON
JAN 16 2017
BY CT
CALHOUN COUNTY AUDITOR

IBC BANK
We Do More

January 2017 Statement
Open Date: 12/06/2016 Closing Date: 01/05/2017

Visa® Business Card
MEMORIAL MEDICAL CNT
JASON W ANGLIN

Cardmember Service
BUS 30 ELN 8 3

New Balance	**$1,374.11**
Minimum Payment Due	**$14.00**
Payment Due Date	**02/01/2017**

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	+	$4,476.23
Payments	-	$4,476.23CR
Other Credits		$0.00
Purchases	+	$1,374.11
Balance Transfers		$0.00
Advances		$0.00
Other Debits		$0.00
Fees Charged		$0.00
Interest Charged		$0.00
New Balance	**=**	**$1,374.11**
Past Due		**$0.00**
Minimum Payment Due		**$14.00**
Credit Line		$10,000.00
Available Credit		$8,625.89
Days in Billing Period		31

6.00 +
40.00 +
136.85 +
100.00 +
14.00 +
380.00 +
676.85 *

30.00 +
442.26 +
43.00 +
10.00 +
172.00 +
697.26 *

697.26 +
676.85 +
Payme 1,374.11 *

Michael J. Pfeifer
Calhoun County Judge
Date: 1-26-17

MMC will Pay By Phone

APPROVED ON 1,374.11
JAN 17 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Mail payment coupon with a check

1,374.11 +
1,374.11 -
0.00 *

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

IB

Account Number	
Payment Due Date	2/01/2017
New Balance	$1,374.11
Minimum Payment Due	$14.00

Amount Enclosed $_____

. to pay by phone
. to change your address

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

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

IBC BANK
We Do More

January 2017 Statement 12/06/2016 - 01/05/2017

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
12/29	12/29		PAYMENT THANK YOU	$4,476.23CR	
			TOTAL THIS PERIOD	**$4,476.23CR**	

Purchases and Other Debits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
12/06	12/05	5020	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
12/06	12/05	5103	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
12/08	12/07	4404	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
12/08	12/08	5078	AMA*CREDENTIALING 800-621-8335 IL	$40.00	
12/09	12/07	6441	OMNI AUSTIN SOUTHPARK AUSTIN TX 12/07/16 FOR 01 NIGHTS FOLIO: 095702	$136.85	
12/12	12/09	7066	PAYPAL *TEXASORGANI 402-935-7733 TX	$100.00	
12/15	12/14	7786	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
12/15	12/14	7869	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
12/15	12/14	7943	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
12/15	12/14	8024	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
12/15	12/14	8107	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
12/15	12/14	8289	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
12/15	12/14	8362	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
12/15	12/15	6934	AMA*CREDENTIALING 800-621-8335 IL	$380.00	
12/16	12/15	7550	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
12/16	12/15	7634	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
12/16	12/15	7717	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
12/16	12/15	7899	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
12/16	12/15	7972	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
12/16	12/15	8053	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
12/16	12/15	8137	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
12/16	12/15	8210	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
12/16	12/15	8392	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
12/16	12/15	8475	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	

IBC BANK
We Do More

January 2017 Statement 12/06/2016 - 01/05/2017

MEMORIAL MEDICAL CNT
JASON W ANGLIN

Cardmember Service

Transactions

Purchases and Other Debits

Post Date	Trans Date	Ref #	Transaction Description		Amount	Notation
12/16	12/15	8541	NPDB NPDB.HRSA.GOV	800-767-6732 VA	$2.00	
12/16	12/15	8624	NPDB NPDB.HRSA.GOV	800-767-6732 VA	$2.00	
12/16	12/15	8707	NPDB NPDB.HRSA.GOV	800-767-6732 VA	$2.00	
12/16	12/15	8889	NPDB NPDB.HRSA.GOV	800-767-6732 VA	$2.00	
12/16	12/15	8962	NPDB NPDB.HRSA.GOV	800-767-6732 VA	$2.00	
12/21	12/19	9346	HOLIDAY INN HOUSTON 12/19/16 FOR 01 NIGHTS FOLIO: 12203993	HOUSTON TX	$442.26	
12/28	12/28	6735	AMA*CREDENTIALING	800-621-8335 IL	$43.00	
12/30	12/29	3471	NPDB NPDB.HRSA.GOV	800-767-6732 VA	$2.00	
12/30	12/29	3547	NPDB NPDB.HRSA.GOV	800-767-6732 VA	$2.00	
12/30	12/29	3620	NPDB NPDB.HRSA.GOV	800-767-6732 VA	$2.00	
12/30	12/29	3703	NPDB NPDB.HRSA.GOV	800-767-6732 VA	$2.00	
12/30	12/29	3885	NPDB NPDB.HRSA.GOV	800-767-6732 VA	$2.00	
12/30	12/30	2966	AMA*CREDENTIALING	800-621-8335 IL	$172.00	
				TOTAL THIS PERIOD	**$1,374.11**	

Fees

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
01/05			ANNUAL MEMBERSHIP FEE	$0.00	
			TOTAL FEES THIS PERIOD	**$0.00**	

2017 Totals Year-to-Date	
Total Fees Charged in 2017	$0.00
Total Interest Charged in 2017	$0.00

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

Signature/Approval: _____ Accounting Code: _____

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: 1/13/17

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	—		NPDB x 3 Providers	~~2.00~~	2.00 x 3 listed separately	✓ 6.00
2	—		AMA Credentialing - 1 DR.			✓ 40.00
3	—		Omni Austin SouthPark			✓ 136.85
4			Austin - Erin Cleveneger			
5	—		PayPal - TORCH Registration 50		✓	100.00
6			Advocacy Days - Jason			
7			Angela & Jerry Pickett			
8	—		NPDB x 7 Providers	2	2.00 x 7 listed separately	✓ 14.00
9	—		AMA Credentialing x 10	38	✓	380.00
10			Initial + cont. monitoring			

Est. Freight _____ Est. Total Cost _____ TOTAL COST 676.85

NOTES:

Charges made to Jason's credit card

APPROVED
JAN 17 2017
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: 1/13/17

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	—		NPDB x 15 PROVIDERS	2 (2.00 x 15 / 1 x 15 separately)		√ 30.00
2	—		Holiday Inn Houston			√ 442.26
3			Hotel expense for Robin			
4			Pledger, DB Nurse			
5	—		AMA Credentialing - 1	43		√ 43.00
6			Initial + Cont. Monitoring			
7	—		NPDB x 5 PROVIDERS	~~3~~ 2 (2 @ 5 listed separately)		√ 10.00
8	—		AMA Credentialing x 4	43		√ 172.00
9			Initial + Cont. Monitoring			
10						

Est. Freight _____ Est. Total Cost _____ TOTAL COST 697.26

NOTES:

Charges made to Jason's credit card XXX

APPROVED
JAN 17 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

Dept. Director _____

Dir. Nursing _____

Adm.Dir. Clinical Service _____

CFO _____

Administrator _____

IBC BANK
We Do More

January 2017 Statement
Open Date: 12/06/2016 Closing Date: 01/05/2017

Visa® Business Card
MEMORIAL MEDICAL CNT
JERRY L PICKETT ( )

Cardmember Service (
BUS 30 ELN 8 3

New Balance	**$3,595.13**
Minimum Payment Due	**$36.00**
Payment Due Date	**02/01/2017**

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	+	$1,340.39
Payments	-	$1,340.39CR
Other Credits		$0.00
Purchases	+	$3,595.13
Balance Transfers		$0.00
Advances		$0.00
Other Debits		$0.00
Fees Charged		$0.00
Interest Charged		$0.00
New Balance	=	**$3,595.13**
Past Due		**$0.00**
Minimum Payment Due		**$36.00**
Credit Line		$10,000.00
Available Credit		$6,404.87
Days in Billing Period		31

Michael J. Pfeifer
Calhoun County Judge
Date: 1-26-17

3,290.13 +
205.00 +
100.00 +
3,595.13 *

MMC Will Pay By Phone

APPROVED ON 3,595.13

3,595.13 +
3,595.13 -
0.00 *

JAN 17 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payment Options:
POST Mail payment coupon with a check
Pay online at
(Pay by phone

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

IBC BANK
We Do More

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

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

Account Number	
Payment Due Date	2/01/2017
New Balance	$3,595.13
Minimum Payment Due	$36.00

Amount Enclosed $_____

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

IBC BANK
We Do More

January 2017 Statement 12/06/2016 - 01/05/2017

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
12/29	12/29		PAYMENT THANK YOU	$1,340.39CR	
			TOTAL THIS PERIOD	**$1,340.39CR**	

Purchases and Other Debits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
12/12	12/08	0012	TEXAS HOSPITAL ASSOC 512-465-1000 TX	$810.00	✓
12/15	12/14	3600	APIC 202-454-2641 VA	$205.00	✓
12/15	12/15	0037	TEXAS SOCIETY OF INFEC 512-7223717 TX	$100.00	✓
12/19	12/17	6422	AIRESPRING INC. 800-825-1055 CA	$2,480.13	✓
			TOTAL THIS PERIOD	**$3,595.13**	

2017 Totals Year-to-Date

Total Fees Charged in 2017	$0.00
Total Interest Charged in 2017	$0.00

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

Signature/Approval: _____ Accounting Code: _____

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: 1/13/16

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	—		THA - Registration for Jerry		✓	810.00 ✓
2			Rickett - Conference and			
3			Workshop			
4	—		Airespring Inc -		✓	2,480.13
5						
6						
7						
8						
9						
10						

APPROVED ON JAN 17 2017 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

Est. Freight _____ Est. Total Cost _____ TOTAL COST 3290.13 ✓

NOTES:

Charges made to Jerry's credit card XXX

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm. Dir. Clinical Service _____

CFO _____

Administrator _____

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: APIC

Date: 1-6-16

Vendor Address: Box 79502

202-789-1890

P.O. #

Vendor Phone #: Baltimore Md.

Account #

Vendor Fax #: 202-454-2590

Initiated By: NG

Form # 9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	1		Membership Renewal		✓	$205.00
2						
3						
4						
5						
6						
7						
8						
9						
10						

APPROVED ON JAN 17 2017 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

Est. Freight _____ Est. Total Cost _____ TOTAL COST $205.00 ✓

NOTES:

Charge made to Jerry's credit card XXX

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director

Dir. Nursing Ellen Cleveng RN

Adm.Dir. Clinical Service

CFO

Administrator

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: TSICP

Vendor Address: P.O. Box 341357
Austin Tx. 78734

Vendor Phone #: 512-263-2480

Vendor Fax #: 512-402-1825

Date: 12-8-16

P.O. # _____

Account # _____

Initiated By: NG

Form #9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	1		Membership Renewal		✓	$100.00
2						
3						
4						
5						
6						
7						
8						
9						
10						

APPROVED ON JAN 17 2017 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

Est. Freight _____ Est. Total Cost _____ TOTAL COST $100.00

NOTES:

Charge made to Jerry's credit card XXX

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

Dept. Director Nadine Garner
Dir. Nursing Erin Clevenger RN
Adm.Dir. Clinical Service _____
CFO _____
Administrator _____

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
1/18/2017

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	210,084.80	209,984.80	94,357.03	-	-	-	-	94,457.03	94,357.03

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	89,487.99	89,387.99	81,355.02	-	-	-	-	81,455.02	81,355.02
Crescent	4588	79,660.44	79,560.44	30,537.82	-	-	-	-	30,637.82	30,537.82
Broadmoor	4596	879,402.38	879,302.38	142,450.66	-	-	-	-	142,550.66	142,450.66
Fort Bend	4618	547,240.96	547,140.96	33,755.03	-	-	-	-	33,855.03	33,755.03
										288,098.53

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: 1-26-17

APPROVED
JAN 19 2017
COUNTY AUDITOR

E:\NH Weekly Transfers\NH UPL Transfer Summary 1-17-17.xlsx

IBC Bank Activity
1/9/17 through 1/17/17

Ashford Gardens					Transfer-Out	Transfer-In	
1/11/2017	113105025	4553	495	OUTGOING MONEY TRANSFER	209,984.80		ASHFORD HEALTH CARE CENTER LTD
1/12/2017	113105025	4553	142	ACH CREDIT RECEIVED		8,861.27	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4055034*1201494502\
1/13/2017	113105025	4553	142	ACH CREDIT RECEIVED		5,931.63	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
1/17/2017	113105025	4553	301	COMMERCIAL DEPOSIT		79,564.13	
					209,984.80	94,357.03	

Solera at West Houston					Transfer-Out	Transfer-In	
1/9/2017	113105025	4561	142	ACH CREDIT RECEIVED		1,480.55	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017010514000116*1752603231\
1/9/2017	113105025	4561	142	ACH CREDIT RECEIVED		5,635.00	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
1/9/2017	113105025	4561	142	ACH CREDIT RECEIVED		14,985.41	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4301535*1205296137*000004011\
1/10/2017	113105025	4561	142	ACH CREDIT RECEIVED		563.37	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017010712500257*1752603231\
1/11/2017	113105025	4561	495	OUTGOING MONEY TRANSFER	89,387.99		CANTEX HEALTH CARE CENTERS LLC
1/11/2017	113105025	4561	142	ACH CREDIT RECEIVED		8,372.00	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
1/12/2017	113105025	4561	142	ACH CREDIT RECEIVED		5,537.58	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017011013900051*1752603231\
1/12/2017	113105025	4561	142	ACH CREDIT RECEIVED		2,104.78	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4305001*1205296137*000004011\
1/13/2017	113105025	4561	142	ACH CREDIT RECEIVED		2,667.77	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
1/17/2017	113105025	4561	142	ACH CREDIT RECEIVED		870.24	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017011213100069*1752603231\
1/17/2017	113105025	4561	301	COMMERCIAL DEPOSIT		39,138.32	
					89,387.99	81,355.02	

Crescent					Transfer-Out	Transfer-In	
1/9/2017	113105025	4588	142	ACH CREDIT RECEIVED		2,771.43	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017010514000114*1752603231\
1/11/2017	113105025	4588	495	OUTGOING MONEY TRANSFER	79,560.44		CANTEX HEALTH CARE CENTERS III
1/11/2017	113105025	4588	142	ACH CREDIT RECEIVED		6,577.56	Molina HC of TX Molina HC|THE CRESCENT|TRN*1*EFT4051173*1201494502\
1/12/2017	113105025	4588	142	ACH CREDIT RECEIVED		5,219.31	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017011013900047*1752603231\
1/12/2017	113105025	4588	142	ACH CREDIT RECEIVED		2,293.52	Molina HC of TX Molina HC|THE CRESCENT|TRN*1*EFT4054273*1201494502\
1/12/2017	113105025	4588	142	ACH CREDIT RECEIVED		981.80	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017011012400002*1452485907\
1/17/2017	113105025	4588	301	COMMERCIAL DEPOSIT		12,632.17	
1/17/2017	113105025	4588	142	ACH CREDIT RECEIVED		62.03	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4307416*1205296137*000004011\
					79,560.44	30,537.82	

Broadmoor					Transfer-Out	Transfer-In	
1/11/2017	113105025	4596	495	OUTGOING MONEY TRANSFER	879,302.38		CANTEX HEALTH CARE CENTERS III
1/11/2017	113105025	4596	142	ACH CREDIT RECEIVED		28,662.00	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4303742*1205296137*000004011\
1/12/2017	113105025	4596	142	ACH CREDIT RECEIVED		60,966.34	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4305021*1205296137*000004011\
1/13/2017	113105025	4596	142	ACH CREDIT RECEIVED		13,989.85	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4306233*1205296137*000004011\
1/13/2017	113105025	4596	142	ACH CREDIT RECEIVED		2,427.61	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
1/17/2017	113105025	4596	301	COMMERCIAL DEPOSIT		36,404.86	
					879,302.38	142,450.66	

Fort Bend					Transfer-Out	Transfer-In	
1/10/2017	113105025	4618	142	ACH CREDIT RECEIVED		1,731.82	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4302031*1205296137*000004011\
1/11/2017	113105025	4618	495	OUTGOING MONEY TRANSFER	547,140.96		CANTEX HEALTH CARE CENTERS III
1/12/2017	113105025	4618	142	ACH CREDIT RECEIVED		6,746.79	Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRN*1*EFT4054184*1201494502\
1/13/2017	113105025	4618	142	ACH CREDIT RECEIVED		3,020.40	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
1/17/2017	113105025	4618	142	ACH CREDIT RECEIVED		6,529.46	AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|TRN*1*017011213100067*1752603231\
1/17/2017	113105025	4618	301	COMMERCIAL DEPOSIT		15,726.56	
					547,140.96	33,755.03	

Account Portfolio as of 01/18/2017 10:03:21 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	$1,227,029.67	$1,227,029.67
Memorial Medical Center	4553	$94,457.03	$94,842.09
Memorial Medical Center	4561	$81,455.02	$86,144.65
Memorial Medical Center	4588	$30,637.82	$38,687.82
Memorial Medical Center	4596	$142,550.66	$143,832.06
Memorial Medical Center	4618	$33,855.03	$33,855.03
Memorial Medical Center Operat	0301	$1,809,482.82	$1,637,323.80
County of Calhoun Indigent	1101	$3,770.28	$3,458.03
Totals		**$3,423,238.33**	**$3,265,173.15**

APPROVED ON

JAN 19 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

01/18/2017 MEMORIAL MEDICAL CENTER 0
10:25 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 01/26/2017

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
SIO1142834	SUPPLIES GENERAL SURGRY	01/13/20	12/21/20	01/20/20		23.50	0.00	0.00	23.50

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1430	ADVANCE MEDICAL DESIGNS INC	23.50	0.00	0.00	23.50

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
9058648288	OXYGEN RES CARE	01/07/20	12/23/20	01/22/20		50.99	0.00	0.00	50.99

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	50.99	0.00	0.00	50.99

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
9650289488	INTRA OCULAR LENSES C/S	01/07/20	12/22/20	01/21/20		318.00	0.00	0.00	318.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1690	ALCON LABORATORIES, INC.	318.00	0.00	0.00	318.00

Vendor#	Vendor Name	Class	Pay Code
10419	AMBU INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
217024321	INVENTRY CENTRAL SUP INV	01/13/20	01/03/20	01/13/20		109.55	0.00	0.00	109.55

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10419	AMBU INC	109.55	0.00	0.00	109.55

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
912294248	INVENTORY PHARMACY INVE	01/16/20	01/12/20	01/13/20		40.60	0.00	0.00	40.60

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1360	AMERISOURCEBERGEN DRUG CORP	40.60	0.00	0.00	40.60

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
2594715	PROF FEES PHY THRPY	01/13/20	12/29/20	01/13/20		585.23	0.00	0.00	585.23
2598030	PROF FEES PHY THRPY	01/13/20	01/05/20	01/15/20		3,767.60	0.00	0.00	3,767.60

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11232	AMN HEALTHCARE ALLIED, INC.	4,352.83	0.00	0.00	4,352.83

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
53115359		12/22/20	12/14/20	01/21/20		119.06	0.00	0.00	119.06

		INVENTRY CENTRAL SUP INV						
	53127418	12/31/20	12/15/20	01/21/20	550.16	0.00	0.00	550.16
		INVENTRY CENTRAL SUP INV						
	Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net
		B1150	BAXTER HEALTHCARE		669.22	0.00	0.00	669.22

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
	53196853		01/07/20	12/22/20	01/21/20			35.74	0.00	0.00	35.74
		SUPPLIES GENERAL LAB									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		B1075	BAXTER HEALTHCARE CORP					35.74	0.00	0.00	35.74

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
	4292789		01/07/20	12/25/20	01/24/20			2,450.00	0.00	0.00	2,450.00
		SUPPLIES GENERAL LAB									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		B1220	BECKMAN COULTER INC					2,450.00	0.00	0.00	2,450.00

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

	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	9102588608		01/13/20	11/28/20	12/28/20			2,553.80	0.00	0.00	2,553.80
		SUPPLIES GENERAL LAB									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		10024	BECTON, DICKINSON & CO (BD)					2,553.80	0.00	0.00	2,553.80

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

	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	952596200		01/13/20	12/05/20	01/13/20			747.00	0.00	0.00	747.00
		SUPPLIES GENERAL SURGER									
	952958325		01/13/20	12/30/20	01/13/20			457.00	0.00	0.00	457.00
		SUPPLIES GENERAL SURGER									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		B1655	BOSTON SCIENTIFIC CORPORATION					1,204.00	0.00	0.00	1,204.00

Vendor#	Vendor Name	Class	Pay Code
C1030	CAL COM FEDERAL CREDIT UNION	W	

	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	21655		01/13/20	12/23/20	01/05/20			25.00	0.00	0.00	25.00
		ACCURED 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
	21665		01/16/20	01/16/20	01/19/20			975,000.00	0.00	0.00	975,000.00
		ADVANCE CALHOUN CO NH U									
	21666		01/17/20	12/22/20	12/24/20			65.73	0.00	0.00	65.73
		FUEL & SERVICES TRANSPOF 12/24/16									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		C1048	CALHOUN COUNTY					975,065.73	0.00	0.00	975,065.73

Vendor#	Vendor Name	Class	Pay Code

C1325 CARDINAL HEALTH 414, INC. W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8001215704	INVENTORY PHARMACY INVE	01/07/20	12/11/20	01/21/20		611.91	0.00	0.00	611.91

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH 414, INC.	611.91	0.00	0.00	611.91

Vendor# Vendor Name — Class — Pay Code

10650 CAREFUSION 2200, INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9107304592	SUPPLIES GENERAL SURGER	12/30/20	12/21/20	01/20/20		816.00	0.00	0.00	816.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10650	CAREFUSION 2200, INC	816.00	0.00	0.00	816.00

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
92166563	INVENTRY CENTRAL SUP INV	12/31/20	12/21/20	01/20/20		594.88	0.00	0.00	594.88
92164337	INVENTRY CENTRAL SUP INV	01/13/20	12/19/20	01/18/20		1,181.13	0.00	0.00	1,181.13

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10350	CENTURION MEDICAL PRODUCTS	1,776.01	0.00	0.00	1,776.01

Vendor# Vendor Name — Class — Pay Code

C1166 COASTAL OFFICE SOLUTONS W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
OE-11311-1	SUPPLIES GENERAL C/S	01/13/20	01/11/20	01/21/20		46.99	0.00	0.00	46.99
WO-15862-1	OFFICE SUPPLIES LAB	01/13/20	01/11/20	01/21/20		46.48	0.00	0.00	46.48
WO-15820-1	SUPPLIES GENERAL ADMIN	01/13/20	01/11/20	01/21/20		105.25	0.00	0.00	105.25

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1166	COASTAL OFFICE SOLUTONS	198.72	0.00	0.00	198.72

Vendor# Vendor Name — Class — Pay Code

10509 DA&E

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9037	PROF FEES-ACCOUNTING	01/13/20	12/27/20	01/15/20		1,410.00	0.00	0.00	1,410.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10509	DA&E	1,410.00	0.00	0.00	1,410.00

Vendor# Vendor Name — Class — Pay Code

11273 DELMA CARDONA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21657	EMPLOYEE RECRUITING ICU	01/16/20	01/09/20	01/09/20		25.72	0.00	0.00	25.72
21656	EMPLOYEE RECRUITING ICU	01/16/20	01/10/20	01/10/20		1,540.12	0.00	0.00	1,540.12

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11273	DELMA CARDONA	1,565.84	0.00	0.00	1,565.84

Took off sales Tax 23.76

1563.88

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
491029-0		12/22/20	12/19/20	01/21/20			256.12	0.00	0.00	256.12
	INVENTRY CENTRAL SUP INV									
491017-1		12/30/20	12/21/20	01/20/20			159.04	0.00	0.00	159.04
	SUPPLIES GENERAL OB									
491547-0		12/30/20	12/22/20	01/21/20			515.46	0.00	0.00	515.46
	SUPPLIES GENERAL C/S									
491636-0		12/31/20	12/23/20	01/22/20			120.99	0.00	0.00	120.99
	OFFICE SUPPLIES E/R									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON					1,051.61	0.00	0.00	1,051.61

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
010317	Statement	01/13/20	01/03/20	01/15/20			4,424.86	0.00	0.00	4,424.86
	MAJOR MOVABLE EQUIP PP &									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11046	E-MDS, INC					4,424.86	0.00	0.00	4,424.86

Vendor#	Vendor Name	Class	Pay Code
11049	ELITECH GROUP INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
571177		01/13/20	12/28/20	01/15/20			176.01	0.00	0.00	176.01
	SUPPLIES GENERAL LAB									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11049	ELITECH GROUP INC					176.01	0.00	0.00	176.01

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
011117		01/13/20	01/11/20	01/15/20			360.00	0.00	0.00	360.00
	CONT EDUCATION E/R Malory Granz									
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
C2510	EVIDENT	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
925699		12/30/20	12/19/20 (12/20)	01/20/20			4,050.00	0.00	0.00	4,050.00
	MAJOR MOVABLE EQUIP PP &									
925698		12/30/20	12/20/20	01/20/20			8,100.00	0.00	0.00	8,100.00
	MAJOR MOVABLE EQUIP PP &									
926044		01/07/20	12/28/20	01/21/20			575.00	0.00	0.00	575.00
	OFFICE SUPPLIES INFO TECH									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	C2510	EVIDENT					12,725.00	0.00	0.00	12,725.00

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
21658		01/13/20	12/23/20	01/05/20			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
6995737		12/30/20	12/21/20	01/20/20		4,738.21	0.00	0.00	4,738.21
	SUPPLIES GENERAL LAB								
7165428		01/07/20	12/23/20	01/22/20		8.66	0.00	0.00	8.66
	SUPPLIES GENERAL LAB								
7234299		01/07/20	12/27/20	01/26/20		109.63	0.00	0.00	109.63
	SUPPLIES GENERAL LAB								
7234296		01/07/20	12/27/20	01/26/20		137.62	0.00	0.00	137.62
	SUPPLIES GENERAL LAB								
7234298		01/07/20	12/27/20	01/26/20		670.52	0.00	0.00	670.52
	SUPPLIES GENERAL LAB								
7234297		01/07/20	12/27/20	01/26/20		68.00	0.00	0.00	68.00
	SUPPLIES GENERAL LAB								
7355834		01/07/20	12/28/20	01/26/20		561.82	0.00	0.00	561.82
	SUPPLIES GENERAL LAB								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE				6,294.46	0.00	0.00	6,294.46

Vendor#	Vendor Name	Class	Pay Code
G0906	GE HEALTHCARE FIN SRVS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
62570967		01/07/20	12/21/20	01/20/20		280.00	0.00	0.00	280.00
	MAINT CONTR RADIOLOGY								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	G0906	GE HEALTHCARE FIN SRVS				280.00	0.00	0.00	280.00

Vendor#	Vendor Name	Class	Pay Code
W1300	GRAINGER	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9314395626		12/30/20	12/22/20	01/21/20		700.20	0.00	0.00	700.20
	SUPPLIES GENERAL PLNT OF								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	W1300	GRAINGER				700.20	0.00	0.00	700.20

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
21634		12/30/20	12/29/20	01/26/20		50.00	0.00	0.00	50.00
	PURCHASED SERVICES RES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	G0401	GULF COAST DELIVERY				50.00	0.00	0.00	50.00

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
1249694		12/22/20	12/20/20	01/21/20		343.60	0.00	0.00	343.60
	SUPPLIES GENERAL HOUSEK								
1249820		12/31/20	12/21/20	01/20/20		72.70	0.00	0.00	72.70
	SUPPLIES GNERAL DIETARY								
1251256		12/31/20	12/27/20	01/26/20		301.73	0.00	0.00	301.73
	SUPPLIES GENERAL HOUSEK								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY				718.03	0.00	0.00	718.03

Vendor#	Vendor Name	Class	Pay Code
11267	HEALTH EFILINGS LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2100		01/16/20	09/15/20	09/30/20		5,170.00	0.00	0.00	5,170.00
	PURCHASED SERVICES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11267	HEALTH EFILINGS LLC				5,170.00	0.00	0.00	5,170.00

Vendor#	Vendor Name	Class	Pay Code
H1400	HILL-ROM	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
362422		12/31/20	12/21/20	01/20/20		175.15	0.00	0.00	175.15
	REPAIRS INSTRUMENT OB								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	H1400	HILL-ROM				175.15	0.00	0.00	175.15

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
PJIN0097321		12/23/20	12/15/20	01/25/20		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
10922	HUNTER PHARMACY SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2020		01/16/20	12/31/20	01/20/20		14,563.22	0.00	0.00	14,563.22
	PURCHASED SERVICES PHAF								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10922	HUNTER PHARMACY SERVICES				14,563.22	0.00	0.00	14,563.22

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
NHU1265		01/16/20	12/31/20	01/26/20		462.90	0.00	0.00	462.90
	PURCHASED SERVICES ADMI Shredding								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11200	IRON MOUNTAIN				462.90	0.00	0.00	462.90

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
353965		08/29/20	08/23/20	01/26/20		236.52	0.00	0.00	236.52
	PROF FEES OB								
364446		01/16/20	12/27/20	01/26/20		15,976.20	0.00	0.00	15,976.20 15,976.00
	PROF FEES OB 12/7-13/2016								
365290		01/16/20	01/04/20	01/15/20		13,871.00	0.00	0.00	13,871.00
	PROF FEES OB 12/22-28/2016								
365678		01/16/20	01/05/20	01/15/20		2,151.52	0.00	0.00	2,151.52
	PROF FEES OB Hotel 12/6-13/16 + 12/20-27/16								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11230	JACKSON & COKER LOCUM TENENS,				32,235.24	0.00	0.00	32,235.24 32,235.04

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
107695218		01/07/20	12/26/20	01/25/20		500.00	0.00	0.00	500.00
	PUBLIC REV/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
10972	M G TRUST		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21660		01/16/20	12/23/20	01/05/20			1,382.50	0.00	0.00	1,382.50
	EMPL EXP P/R CLEARNG OTH									

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
MO141945		01/07/20	12/27/20	01/26/20			53.72	0.00	0.00	53.72
	SUPPLIES GENERAL LAB									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M1511	MARKETLAB, INC	53.72	0.00	0.00	53.72

Vendor#	Vendor Name	Class	Pay Code
M2181	MATTHEW BENDER & CO.,INC.	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9023636X		01/16/20	12/23/20	01/23/20			60.44	0.00	0.00	60.44
	CONT EDUCATION PHARMAC									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2181	MATTHEW BENDER & CO.,INC.	60.44	0.00	0.00	60.44

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
91536543		01/07/20	12/27/20	01/26/20			224.63	0.00	0.00	224.63
	SUPPLIES GENERAL LAB									
91575308		01/07/20	12/28/20	01/15/20			2,067.75	0.00	0.00	2,067.75
	SUPPLIES GENERAL LAB									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	2,292.38	0.00	0.00	2,292.38

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
106223		01/16/20	12/31/20	01/15/20			1,244.39	0.00	0.00	1,244.39
	COLLECTION EXPENSE BUS (									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11141	MEDICAL DATA SYSTEMS, INC.	1,244.39	0.00	0.00	1,244.39

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1819772669		01/07/20	12/22/20	01/22/20			73.87	0.00	0.00	73.87
	INVENTRY CENTRAL SUP INV									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	73.87	0.00	0.00	73.87

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
21659		01/16/20	12/23/20	01/05/20			65.00	0.00	0.00	65.00
	EMPL EXP P/R CLEARNG OTH									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

	10963	MEMORIAL MEDICAL CLINIC				65.00	0.00	0.00	65.00
Vendor#	Vendor Name				Class	Pay Code			
M2659	MERRY X-RAY/SOURCEONE HEALTHCA				M				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	30094341151-		01/16/20	11/23/20	12/23/20		337.64	0.00	0.00	337.64
		SUPPLIES GNERAL RADIOLO(								
	30094354067		01/16/20	12/22/20	01/21/20		1,477.92	0.00	0.00	1,477.92
		SUPPLIES GENERAL RADIOL(								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2659	MERRY X-RAY/SOURCEONE HEALTHCA				1,815.56	0.00	0.00	1,815.56
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
	010917		01/16/20	01/09/20	01/19/20		6,799.59	0.00	0.00	6,799.59
		EMPLL EXP DENT INSURN OT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10810	MMC EMPLOYEE BENEFIT PLAN				6,799.59	0.00	0.00	6,799.59
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
	9765876		01/16/20	01/06/20	01/07/20		1,500.00	0.00	0.00	1,500.00
		INVENTORY PHARMACY INVE								
	9777835		01/16/20	01/09/20	01/10/20		115.24	0.00	0.00	115.24
		INVENTORY PHARMACY INVE								
	9777833		01/16/20	01/09/20	01/10/20		789.86	0.00	0.00	789.86
		INVENTORY PHARMACY INVE								
	9777836		01/16/20	01/09/20	01/10/20		9.68	0.00	0.00	9.68
		INVENTORY PHARMACY INVE								
	9777834		01/16/20	01/09/20	01/10/20		3,010.43	0.00	0.00	3,010.43
		INVENTORY PHARMACY INVE								
	9781600		01/16/20	01/10/20	01/11/20		374.96	0.00	0.00	374.96
		INVENTORY PHARMACY INVE								
	9781599		01/16/20	01/10/20	01/11/20		67.66	0.00	0.00	67.66
		INVENTORY PHARMACY INVE								
	9781601		01/16/20	01/10/20	01/11/20		240.03	0.00	0.00	240.03
		INVENTORY PHARMACY INVE								
	9785159		01/16/20	01/11/20	01/12/20		117.31	0.00	0.00	117.31
		INVENTORY PHARMACY INVE								
	9785767		01/16/20	01/11/20	01/12/20		423.60	0.00	0.00	423.60
		INVENTORY PHARMACY INVE								
	9785072		01/16/20	01/11/20	01/12/20		102.29	0.00	0.00	102.29
		INVENTORY PHARMACY INVE								
	9785073		01/16/20	01/11/20	01/12/20		102.29	0.00	0.00	102.29
		INVENTORY PHARMACY INVE								
	9785765		01/16/20	01/11/20	01/12/20		2,016.29	0.00	0.00	2,016.29
		INVENTORY PHARMACY INVE								
	9785158		01/16/20	01/11/20	01/12/20		127.42	0.00	0.00	127.42
		INVNTORY PHARMACY INVEN								
	9785074		01/16/20	01/11/20	01/12/20		20.75	0.00	0.00	20.75
		INVENTORY PHARMACY INVE								
	9785766		01/16/20	01/11/20	01/12/20		1,654.00	0.00	0.00	1,654.00
		INVENTORY PHARMACY INVE								

9785075		01/16/20	01/11/20	01/12/20		73.63	0.00	0.00	73.63
	INVERNTORY PHARMACY INV							
9792564		01/16/20	01/12/20	01/13/20		577.82	0.00	0.00	577.82
	INVENTORY PHARMACY INVE							
9792562		01/16/20	01/12/20	01/13/20		38.53	0.00	0.00	38.53
	INVENTORY PHARMACY INVE							
CM1349		01/16/20	01/12/20	01/13/20		-29.53	0.00	0.00	-29.53
	INVENTORY PHARMACY INVE							
9792563		01/16/20	01/12/20	01/13/20		349.50	0.00	0.00	349.50
	INVENTORY PHARMACY INVE							
CM1350		01/16/20	01/12/20	01/13/20		-59.06	0.00	0.00	-59.06
	INVENTORY PHARMACY INVE							
9792565		01/16/20	01/12/20	01/13/20		48.25	0.00	0.00	48.25
	INVENTORY PHARMACY INVE							
9796826		01/16/20	01/13/20	01/14/20		468.81	0.00	0.00	468.81
	INVENTORY PHARMACY INVE							
9796825		01/16/20	01/13/20	01/14/20		451.50	0.00	0.00	451.50
	INVENTORY PHARMACY INVE							
9796827		01/16/20	01/13/20	01/14/20		259.58	0.00	0.00	259.58
	INVENTORY PHARMACY INVE							
9796828		01/16/20	01/13/20	01/14/20		22.20	0.00	0.00	22.20
	INVENTORY PHARMACY INVE							
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC				12,873.04	0.00	0.00	12,873.04

Vendor#	Vendor Name			Class	Pay Code				
10188	NATUS MEDICAL INC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	1040453912		01/16/20	11/22/20	12/22/20		571.22	0.00	0.00	571.22
		SUPPLIES GENERAL OB								
	1040457236		01/16/20	11/30/20	12/30/20		69.51	0.00	0.00	69.51
		SUPPLIES GNERAL OB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10188	NATUS MEDICAL INC				640.73	0.00	0.00	640.73

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
	21661		01/16/20	01/12/20	01/26/20		3,000.00	0.00	0.00	3,000.00
		PURCHASED SERVICES DIET/								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		N1225	NUTRITION OPTIONS				3,000.00	0.00	0.00	3,000.00

Vendor#	Vendor Name			Class	Pay Code				
O0920	OFFICE DEPOT								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	889235614001		01/13/20	01/13/20	01/13/20		61.74	0.00	0.00	61.74
		SUPPLIES GENERAL RADIOL(								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		O0920	OFFICE DEPOT				61.74	0.00	0.00	61.74

Vendor#	Vendor Name			Class	Pay Code				
O1416	ORTHO CLINICAL DIAGNOSTICS								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	1850199714		12/30/20	12/22/20	01/21/20		116.27	0.00	0.00	116.27

	SUPPLIES GENERAL BLOOD E							
1850186218		01/17/20	12/08/20	01/07/20	878.93	0.00	0.00	878.93
	SUPPLIES GENERAL LAB							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	O1416	ORTHO CLINICAL DIAGNOSTICS			995.20	0.00	0.00	995.20
Vendor#	Vendor Name			Class	Pay Code			
OM425	OWENS & MINOR							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	2023489380		12/22/20	12/19/20	01/21/20		95.70	0.00	0.00	95.70
	SUPPLIES GENERAL ICU									
	2023607523		12/31/20	12/22/20	01/21/20		199.45	0.00	0.00	199.45
	SUPPLIES GENERAL E/R									
	2023603836		12/31/20	12/22/20	01/21/20		130.56	0.00	0.00	130.56
	SUPPLIES GENERAL SURGER									
	2023612221		12/31/20	12/22/20	01/21/20		2,356.72	0.00	0.00	2,356.72
	INVENTRY CENTRAL SUP INV									
	2023602362		12/31/20	12/22/20	01/21/20		3.95	0.00	0.00	3.95
	INVENTRY CENTRAL SUP INV									
	2023700879		01/07/20	12/27/20	01/26/20		22.40	0.00	0.00	22.40
	SUPPLIES GENERAL I/C									
	2023413190		01/13/20	12/15/20	01/14/20		14.46	0.00	0.00	14.46
	INVENTRY CENTRAL SUP INV									
	2023523127		01/13/20	12/20/20	01/19/20		11.77	0.00	0.00	11.77
	INVENTRY CENTRY SUP INVE									
	22023520535		01/13/20	12/20/20	01/19/20		53.60	0.00	0.00	53.60
	INVENTRY CENTRAL SUP INV									
	2023521404		01/13/20	12/20/20	01/19/20		198.04	0.00	0.00	198.04
	INVENTRY CENTRAL SUP INV									
	2023527117		01/13/20	12/20/20	01/19/20		1,002.65	0.00	0.00	1,002.65
	SUPPLIES GENERAL HOUSEK									
	2023527258		01/13/20	12/20/20	01/19/20		720.04	0.00	0.00	720.04
	SUPPLIES GENERAL SURGER									
	2023522618		01/13/20	12/20/20	01/19/20		40.30	0.00	0.00	40.30
	SUPPLIES GENERAL SURGER									
	2023527563		01/13/20	12/20/20	01/19/20		255.41	0.00	0.00	255.41
	SUPPLIES GENERAL SURGER									
	202352647		01/13/20	12/20/20	01/19/20		60.20	0.00	0.00	60.20
	INVENTRY CENTRAL SUP INV									
	2023701562		01/13/20	12/27/20	01/26/20		66.72	0.00	0.00	66.72
	SUPPLIES GENERAL SURGER									
	2023701285		01/13/20	12/27/20	01/26/20		9.17	0.00	0.00	9.17
	SUPPLIES GENERAL LAB									
	2023775459		01/13/20	12/27/20	01/26/20		132.06	0.00	0.00	132.06
	INVENTRY CENTRAL SUP INV									
	2023703228		01/13/20	12/27/20	01/26/20		187.93	0.00	0.00	187.93
	INVENTRY CENTRAL SUP INV									
	2023701856		01/13/20	12/27/20	01/26/20		16.98	0.00	0.00	16.98
	SUPPLIES GNERAL OB									
	2023701872		01/13/20	12/27/20	01/26/20		18.72	0.00	0.00	18.72
	INVENTRY CENTRAL SUP INV									
	2023775410		01/13/20	12/29/20	01/26/20		902.92	0.00	0.00	902.92
	INVENTRY CENTRAL SUP INV									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR	6,499.75	0.00	0.00	6,499.75

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
312609	INVENTORY PHARMACY INVE	11/30/20	11/30/20	01/17/20			-177.50	0.00	0.00	-177.50

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10204	PHARMEDIUM SERVICES LLC	-177.50	0.00	0.00	-177.50

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1002866536	POSTAGE BUS OFFICE	01/16/20	12/27/20	01/26/20			207.00	0.00	0.00	207.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P1800	PITNEY BOWES INC	207.00	0.00	0.00	207.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1075059	SUPPLIES GENERAL LAB	01/16/20	12/27/20	01/26/20			125.26	0.00	0.00	125.26

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P1876	POLYMEDCO INC.	125.26	0.00	0.00	125.26

Vendor# 10372 Vendor Name: PRECISION DYNAMICS CORP (PDC) Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
3624868		12/22/20	12/13/20	01/21/20			276.44	0.00	0.00	276.44

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

Vendor# 10326 Vendor Name: PRINCIPAL LIFE Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
010117	PREPAID INSURANCE PREPAI	12/23/20	12/17/20	01/26/20			2,001.34	0.00	0.00	2,001.34

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10326	PRINCIPAL LIFE	2,001.34	0.00	0.00	2,001.34

Vendor# 10896 Vendor Name: QIAGEN INC Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
97759505	SUPPLIES GENERAL LAB	01/07/20	12/27/20	01/26/20			3,081.22	0.00	0.00	3,081.22

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10896	QIAGEN INC	3,081.22	0.00	0.00	3,081.22

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
RB0816	PROF FEES RADIOLOGY	01/16/20	10/03/20	10/13/20			600.00	0.00	0.00	600.00
RB1116	PROF FEES RADIOLOGY	01/16/20	11/01/20	11/11/20			1,500.00	0.00	0.00	1,500.00

RU1116	01/16/20	12/09/20	12/19/20	240.00	0.00	0.00	240.00
PROF FEES RADIOLOGY							
RB1216	01/16/20	12/09/20	12/19/20	300.00	0.00	0.00	300.00
PROF FEES RADILGY							
Vendor Totals Number Name				Gross	Discount	No-Pay	Net
R1268 RADIOLOGY UNLIMITED, PA				2,640.00	0.00	0.00	2,640.00

Vendor# Vendor Name — Class — Pay Code

R1321 RECEIVABLE MANAGEMENT, INC — W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21662		01/16/20	12/01/20	12/31/20			224.60	0.00	0.00	224.60
	COLLECTION EXPENSE BUS (									

Need invoice

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
R1321	RECEIVABLE MANAGEMENT, INC	224.60	0.00	0.00	224.60

Vendor# Vendor Name — Class — Pay Code

I0520 RICOH USA, INC. — M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
98085022		01/16/20	12/31/20	01/19/20			8,835.72	0.00	0.00	8,835.72
	LEASE & RENTALMED/SUR									

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
I0520	RICOH USA, INC.	8,835.72	0.00	0.00	8,835.72

Vendor# Vendor Name — Class — Pay Code

D1080 RITA DAVIS — W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21663		01/16/20	01/03/20	01/13/20			224.25	0.00	0.00	224.25
	PURCHASED SERVICES C/S									

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
D1080	RITA DAVIS	224.25	0.00	0.00	224.25

Vendor# Vendor Name — Class — Pay Code

11164 RS CLARK & ASSOCIATES, INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20161130-		01/18/20	11/30/20	01/26/20			348.27	0.00	0.00	348.27
	COLLECTION EXPENSE BUS (									

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
11164	RS CLARK & ASSOCIATES, INC	348.27	0.00	0.00	348.27

Vendor# Vendor Name — Class — Pay Code

10343 SCAN SOUND, INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
100033017		12/30/20	12/21/20	01/21/20			47.79	0.00	0.00	47.79
	SUPPLIES GENERAL MRI									

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
10343	SCAN SOUND, INC	47.79	0.00	0.00	47.79

Vendor# Vendor Name — Class — Pay Code

S1850 SHIP SHUTTLE TAXI SERVICE — W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
420942		01/16/20	12/27/20	01/15/20			10.00	0.00	0.00	10.00
	PURCHASED SERVICES E/R									
420944		01/16/20	01/03/20	01/15/20			45.00	0.00	0.00	45.00
	PURCHASED SERVICES E/R									
784716		01/16/20	01/06/20	01/15/20			10.00	0.00	0.00	10.00
	PURCHASED SERVICES E/R									

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
S1850	SHIP SHUTTLE TAXI SERVICE	65.00	0.00	0.00	65.00

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
	21667		01/17/20	01/02/20	01/15/20			1,076.79	0.00	0.00	1,076.79
		PURCHASED SRVICES HLTH I 1/2-15/2017									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		K0536	SHIRLEY KARNEI					1,076.79	0.00	0.00	1,076.79
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
	208190		01/16/20	01/01/20	01/11/20			400.00	0.00	0.00	400.00
		PUBLIC REL/ADVERTISE ADM									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		10699	SIGN AD, LTD.					400.00	0.00	0.00	400.00
Vendor#	Vendor Name				Class	Pay Code				
10735	STRYKER SUSTAINABILITY									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	2920291		12/22/20	12/14/20	01/21/20			96.42	0.00	0.00	96.42
		SUPPLIES GENERAL SURGER									
	2925203		01/13/20	12/20/20	01/19/20			258.42	0.00	0.00	258.42
		SUPPLIES GENERAL SURGER									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		10735	STRYKER SUSTAINABILITY					354.84	0.00	0.00	354.84
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
	113117909		01/16/20	01/05/20	01/25/20			745.24	0.00	0.00	745.24
		MEAT EXPENSE DIETARY									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		S2951	SYSCO FOOD SERVICES OF					745.24	0.00	0.00	745.24
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
	8150753141		12/30/20	12/27/20	01/26/20			32.92	0.00	0.00	32.92
		PURCHASED SERVICES BIO M									
	8150753053		12/30/20	12/27/20	01/26/20			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
	8400236436		12/23/20	12/23/20	01/22/20			993.31	0.00	0.00	993.31
		LAUNDRY HOUSEKEEPING									
	8400236399		12/23/20	12/23/20	01/22/20			387.29	0.00	0.00	387.29
		LAUNDRY SURGERY									
	8400236589		01/07/20	12/27/20	01/26/20			108.59	0.00	0.00	108.59
		LAUNDRY HOUSEKEEPING									
	8400236623		01/07/20	12/27/20	01/26/20			151.28	0.00	0.00	151.28
		LAUNDRY HOUSEKEEPING									
	8400236588		01/07/20	12/27/20	01/26/20			108.08	0.00	0.00	108.08

	LAUNDRY OB								
	8400236587	01/07/20	12/27/20	01/26/20		108.07	0.00	0.00	108.07
	LAUNDRY DIETRARY								
	840236632	01/07/20	12/27/20	01/26/20		1,389.52	0.00	0.00	1,389.52
	LAUNDRY HOUSEKEEPING								
	8400236586	01/07/20	12/27/20	01/26/20		88.86	0.00	0.00	88.86
	LAUNDRY HOUSEKEEPING								
	8400236585	01/07/20	12/27/20	01/26/20		303.10	0.00	0.00	303.10
	LAUNDRY HOUSEKEEPING								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC				3,638.10	0.00	0.00	3,638.10
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
	7390789		01/16/20	12/19/20	01/03/20		144.86	0.00	0.00	144.86
	EMPL EXP P/R CLEARNG OTH									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	U1056	UNIFORM ADVANTAGE				144.86	0.00	0.00	144.86
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
	5505369		01/07/20	01/03/20	01/23/20		3,265.45	0.00	0.00	3,265.45
	MEAT EXPENSE DIETARY									
	5551705		01/16/20	01/05/20	01/25/20		1,209.90	0.00	0.00	1,209.90
	MEAT EXPENSE DIETARY									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10172	US FOOD SERVICE				4,475.35	0.00	0.00	4,475.35
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
	16110294		01/16/20	11/30/20	12/30/20		40.00	0.00	0.00	40.00
	PUBLIC REL/ADVERTISH ADM									
	16110292		01/16/20	11/30/20	12/30/20		300.00	0.00	0.00	300.00
	PUBLIC REL/ADVERTISE ADM									
	16110291		01/16/20	11/30/20	12/30/20		210.00	0.00	0.00	210.00
	PUBLIC REL/ADVERTISE ADM									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	V1471	VICTORIA RADIOWORKS, LTD				550.00	0.00	0.00	550.00
Vendor#	Vendor Name				Class	Pay Code			
10915	WAGEWORKS								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	21664		01/16/20	12/23/20	01/05/20		2,101.49	0.00	0.00	2,101.49
	ACCRUED FEXIBLE SPENDIN(									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10915	WAGEWORKS				2,101.49	0.00	0.00	2,101.49
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
	121616		01/07/20	12/16/20	01/20/20		128.28	0.00	0.00	128.28
	INVENTRY CENTRAL SUP INV									
	011117		01/16/20	11/16/20	01/11/20		121.03	0.00	0.00	121.03
	SUPPLIES GENERAL LAB									

121.03 + late fee 7.25

128.28

late fee 7.25

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W1005	WALMART COMMUNITY	~~249.31~~ 128.28	0.00	0.00	~~249.31~~ 128.28

Vendor#	Vendor Name	Class	Pay Code
I1110	WERFEN USA LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9110358924		01/07/20	12/27/20	01/26/20			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	1,964.52	0.00	0.00	1,964.52

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,153,106.71	0.00	0.00	1,153,106.71

Pg 3 Correction took off Sales Tax { <25.72> + 23.76 ✓

Pg 6 Correction Corrected to contract { <15,976.20> + 15,976.00 ✓

Pg 11 add back Negative { + 177.50 ✓

Pg 12 Need Invoice { <224.60> ✓

Pg 14 correction { + 7.25 <128.28>

1,152,936.42

Michael J. Pfeifer
Calhoun County Judge
Date: 1-26-17

CKS# 169544
to
169620

APPROVED
ON
JAN 19 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

APPROVED
ON

JAN 19 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE: 01/18/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME: 10:59 EDIT LIST FOR PATIENT REFUNDS ARID=0001 APCDEDIT

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	121616	150.00	3		REFUND FOR [redacted]	
		121616	50.00	3		REFUND FOR	
		011717	16.01	2		REFUND FOR	
		121616	61.61	2		REFUND FOR	
		121616	50.00	2		REFUND FOR	
		121616	37.97	2		REFUND FOR	
		121616	31.05	3		REFUND FOR	
		121616	350.01	2		REFUND FOR	
		121616	19.00	2		REFUND FOR	
		121616	49.02	2		REFUND FOR	
		121616	19.07	2		REFUND FOR	
		121616	20.00	2		REFUND FOR	
		121616	107.11	2		REFUND FOR	
		121616	220.20	2		REFUND FOR	
		121616	15.34	2		REFUND FOR	
		121616	275.00	2		REFUND FOR	
		121616	18.70	2		REFUND FOR	

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	121616	53.34	2		REFUND FOR	[redacted]
		121616	78.93	2		REFUND FOR	
		121616	339.84	2		REFUND FOR	
		121616	81.40	2		REFUND FOR	
		121616	1259.03	3		REFUND FOR	
		121616	116.66	2		REFUND FOR	
		121616	515.89	2		REFUND FOR	
		121616	1447.19	2		REFUND FOR	
		121616	87.78	3		REFUND FOR	

ARID=0001 TOTAL 5470.15

TOTAL 5470.15

Michael J. Pfeifer
Calhoun County Judge
Date: 1-26-17

< 339.84 >
+ 453.12
< 1259.03 >
+ 1,923.98
< 1,447.19 >
+ 2,801.21
7,602.40

CKS# 169621
to
169646

APPROVED
ON
JAN 19 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

APPROVED
ON

JAN 19 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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RUN DATE:01/20/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:14:05 CHECK REGISTER GLCKREG
01/20/17 THRU 01/20/17

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	169544	01/20/17	2,553.80	BECTON, DICKINSON & CO (BD)
A/P	169545	01/20/17	4,475.35	US FOOD SERVICE
A/P	169546	01/20/17	640.73	NATUS MEDICAL INC
A/P	169547	01/20/17	8,333.33	HITACHI MEDICAL SYSTEMS
A/P	169548	01/20/17	2,001.34	PRINCIPAL LIFE
A/P	169549	01/20/17	47.79	SCAN SOUND, INC
A/P	169550	01/20/17	1,776.01	CENTURION MEDICAL PRODUCTS
A/P	169551	01/20/17	1,051.61	DEWITT POTH & SON
A/P	169552	01/20/17	276.44	PRECISION DYNAMICS CORP (PDC)
A/P	169553	01/20/17	360.00	ENA SAN ANTONIO CHAPTER TNCC
A/P	169554	01/20/17	109.55	AMBU INC
A/P	169555	01/20/17	1,410.00	DA&E
A/P	169556	01/20/17	.00	VOIDED
A/P	169557	01/20/17	12,873.04	MORRIS & DICKSON CO, LLC
A/P	169558	01/20/17	816.00	CAREFUSION 2200, INC
A/P	169559	01/20/17	400.00	SIGN AD, LTD.
A/P	169560	01/20/17	354.84	STRYKER SUSTAINABILITY
A/P	169561	01/20/17	6,799.59	MMC EMPLOYEE BENEFIT PLAN
A/P	169562	01/20/17	3,081.22	QIAGEN INC
A/P	169563	01/20/17	2,101.49	WAGEWORKS
A/P	169564	01/20/17	14,563.22	HUNTER PHARMACY SERVICES
A/P	169565	01/20/17	65.00	MEMORIAL MEDICAL CLINIC
A/P	169566	01/20/17	1,382.50	M G TRUST
A/P	169567	01/20/17	75.00	FIRST CLEARING
A/P	169568	01/20/17	4,424.86	E-MDS, INC
A/P	169569	01/20/17	176.01	ELITECH GROUP INC
A/P	169570	01/20/17	1,244.39	MEDICAL DATA SYSTEMS, INC.
A/P	169571	01/20/17	348.27	RS CLARK & ASSOCIATES, INC
A/P	169572	01/20/17	500.00	LAMAR COMPANIES
A/P	169573	01/20/17	462.90	IRON MOUNTAIN
A/P	169574	01/20/17	32,235.04	JACKSON & COKER LOCUM TENENS,
A/P	169575	01/20/17	4,352.83	AMN HEALTHCARE ALLIED, INC.
A/P	169576	01/20/17	5,170.00	HEALTH EFILINGS LLC
A/P	169577	01/20/17	1,563.88	DELMA CARDONA
A/P	169578	01/20/17	40.60	AMERISOURCEBERGEN DRUG CORP
A/P	169579	01/20/17	23.50	ADVANCE MEDICAL DESIGNS INC
A/P	169580	01/20/17	50.99	AIRGAS USA, LLC - CENTRAL DIV
A/P	169581	01/20/17	318.00	ALCON LABORATORIES, INC.
A/P	169582	01/20/17	35.74	BAXTER HEALTHCARE CORP
A/P	169583	01/20/17	669.22	BAXTER HEALTHCARE
A/P	169584	01/20/17	2,450.00	BECKMAN COULTER INC
A/P	169585	01/20/17	1,204.00	BOSTON SCIENTIFIC CORPORATION
A/P	169586	01/20/17	25.00	CAL COM FEDERAL CREDIT UNION
A/P	169587	01/20/17	975,065.73	CALHOUN COUNTY
A/P	169588	01/20/17	198.72	COASTAL OFFICE SOLUTONS
A/P	169589	01/20/17	611.91	CARDINAL HEALTH 414, INC.
A/P	169590	01/20/17	12,725.00	EVIDENT
A/P	169591	01/20/17	224.25	RITA DAVIS
A/P	169592	01/20/17	6,294.46	FISHER HEALTHCARE
A/P	169593	01/20/17	50.00	GULF COAST DELIVERY

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	169594	01/20/17	280.00	GE HEALTHCARE FIN SRVS
A/P	169595	01/20/17	718.03	GULF COAST PAPER COMPANY
A/P	169596	01/20/17	175.15	HILL-ROM
A/P	169597	01/20/17	8,835.72	RICOH USA, INC.
A/P	169598	01/20/17	1,964.52	WERFEN USA LLC
A/P	169599	01/20/17	1,076.79	SHIRLEY KARNEI
A/P	169600	01/20/17	53.72	MARKETLAB, INC
A/P	169601	01/20/17	2,292.38	MCKESSON MEDICAL SURGICAL INC
A/P	169602	01/20/17	60.44	MATTHEW BENDER & CO.,INC.
A/P	169603	01/20/17	73.87	MEDLINE INDUSTRIES INC
A/P	169604	01/20/17	1,815.56	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	169605	01/20/17	3,000.00	NUTRITION OPTIONS
A/P	169606	01/20/17	61.74	OFFICE DEPOT
A/P	169607	01/20/17	995.20	ORTHO CLINICAL DIAGNOSTICS
A/P	169608	01/20/17	.00	VOIDED
A/P	169609	01/20/17	6,499.75	OWENS & MINOR
A/P	169610	01/20/17	207.00	PITNEY BOWES INC
A/P	169611	01/20/17	125.26	POLYMEDCO INC.
A/P	169612	01/20/17	2,640.00	RADIOLOGY UNLIMITED, PA
A/P	169613	01/20/17	65.00	SHIP SHUTTLE TAXI SERVICE
A/P	169614	01/20/17	745.24	SYSCO FOOD SERVICES OF
A/P	169615	01/20/17	76.46	UNIFIRST HOLDINGS
A/P	169616	01/20/17	144.86	UNIFORM ADVANTAGE
A/P	169617	01/20/17	3,638.10	UNIFIRST HOLDINGS INC
A/P	169618	01/20/17	550.00	VICTORIA RADIOWORKS, LTD
A/P	169619	01/20/17	128.28	WALMART COMMUNITY
A/P	169620	01/20/17	700.20	GRAINGER
A/P	169621	01/20/17	150.00	[redacted]
A/P	169622	01/20/17	50.00	
A/P	169623	01/20/17	16.01	
A/P	169624	01/20/17	61.61	
A/P	169625	01/20/17	50.00	
A/P	169626	01/20/17	37.97	
A/P	169627	01/20/17	31.05	
A/P	169628	01/20/17	350.01	
A/P	169629	01/20/17	19.00	
A/P	169630	01/20/17	49.02	
A/P	169631	01/20/17	19.07	
A/P	169632	01/20/17	20.00	
A/P	169633	01/20/17	107.11	
A/P	169634	01/20/17	220.20	
A/P	169635	01/20/17	15.34	
A/P	169636	01/20/17	275.00	
A/P	169637	01/20/17	18.70	
A/P	169638	01/20/17	53.34	
A/P	169639	01/20/17	78.93	
A/P	169640	01/20/17	453.12	
A/P	169641	01/20/17	81.40	
A/P	169642	01/20/17	1,923.98	
A/P	169643	01/20/17	116.66	
A/P	169644	01/20/17	515.89	

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JAN 19 2017

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BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	169645	01/20/17	2,801.21	[redacted]
A/P	169646	01/20/17	87.78	
TOTALS:			1,160,538.82	

APPROVED ON
JAN 19 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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RUN DATE:01/26/17 TIME:13:23

MEMORIAL MEDICAL CENTER
CHECK REGISTER and Payable List For Only CKs #875-877
01/26/17 THRU 01/26/17

PAGE 1
GLCKREG

APPROVED ON
JAN 24 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

BANK	CODE	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P		000875	01/26/17	1,301.21	MCKESSON
A/P		000876	01/26/17	488.70	MCKESSON
A/P	*	000877	01/26/17	1,345.27	MCKESSON
A/P		169647	01/26/17	2,627.00	PHILIPS HEALTHCARE
A/P		169648	01/26/17	1,009.92	ERBE USA INC SURGICAL SYSTEMS
A/P		169649	01/26/17	890.41	DSHS CENTRAL LAB MC2004
A/P		169650	01/26/17	73.63	MERCEDES MEDICAL
A/P		169651	01/26/17	523.80	PHARMEDIUM SERVICES LLC
A/P		169652	01/26/17	860.59	SPECTRUM TECHNOLOGIES
A/P		169653	01/26/17	4,000.17	GE HEALTHCARE
A/P		169654	01/26/17	1,500.00	JAMES A DANIEL
A/P		169655	01/26/17	680.50	CENTURION MEDICAL PRODUCTS
A/P		169656	01/26/17	207.10	DEWITT POTH & SON
A/P		169657	01/26/17	.00	VOIDED
A/P		169658	01/26/17	7,992.33	MORRIS & DICKSON CO, LLC
A/P		169659	01/26/17	2,680.00	TELE-PHYSICIANS, P.A. (TX)
A/P		169660	01/26/17	30.50	SARA RUBIO
A/P		169661	01/26/17	495.00	PASTHEALTH CORPORATION
A/P		169662	01/26/17	495.00	OSCAR TORRES
A/P		169663	01/26/17	8,708.03	CLINICAL PATHOLOGY
A/P		169664	01/26/17	63,836.86	MMC EMPLOYEE BENEFIT PLAN
A/P		169665	01/26/17	5,016.93	HEALTHSTREAM, INC.
A/P		169666	01/26/17	1,800.52	MERCK SHARP & DOHME CORP
A/P		169667	01/26/17	19,663.05	AESYNT, INC.
A/P		169668	01/26/17	1,333.33	SIEMENS FINANCIAL SERVICES
A/P		169669	01/26/17	6,452.64	BANK OF THE WEST
A/P		169670	01/26/17	1,400.00	ACUTE CARE INC
A/P		169671	01/26/17	558.00	SHIFTHOUND
A/P		169672	01/26/17	7,682.67	CSI LEASING INC
A/P		169673	01/26/17	2,646.78	COMBINED INSURANCE CO
A/P		169674	01/26/17	250.00	E-MDS, INC
A/P		169675	01/26/17	2,939.89	TRIZETTO PROVIDER SOLUTIONS
A/P		169676	01/26/17	765.00	PABLO GARZA
A/P		169677	01/26/17	1,667.00	RADSOURCE
A/P		169678	01/26/17	1,161.39	THE US CONSULTING GROUP
A/P		169679	01/26/17	11,001.20	PORT LAVACA RETAIL GROUP LLC
A/P		169680	01/26/17	3,800.07	GARDNER & WHITE, INC.
A/P		169681	01/26/17	2,000.00	PARA
A/P		169682	01/26/17	4,253.42	AMN HEALTHCARE ALLIED, INC.
A/P		169683	01/26/17	1,962.00	GREAT BASIN SCIENTIFIC, INC
A/P		169684	01/26/17	10,947.69	PECA
A/P		169685	01/26/17	29.75	KYLE DANIEL
A/P		169686	01/26/17	29.03	MARY RODRIGUEZ
A/P		169687	01/26/17	2,051.46	AIRGAS USA, LLC - CENTRAL DIV
A/P		169688	01/26/17	190.50	BAXTER HEALTHCARE CORP
A/P		169689	01/26/17	1,156.36	BECKMAN COULTER INC
A/P		169690	01/26/17	54.82	BRIGGS HEALTHCARE
A/P		169691	01/26/17	168.97	COASTAL OFFICE SOLUTONS
A/P		169692	01/26/17	471.90	CARDINAL HEALTH 414, INC.
A/P		169693	01/26/17	737.06	CDW GOVERNMENT, INC.

** McKesson - 340B Prescription Expenses

Approved By County Auditor 1/24/2017

CK# 875 1,301.21
876 488.70
877 1,345.27
3,135.18

Michael J. Pfeiffer
Calhoun County Judge
Date: 1-26-17

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: 01/20/2017

DC: 8115

Territory: 400

Customer: 190813
Date: 01/21/2017

Page: 001

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

As of: 01/20/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 01/21/2017 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
01/16/2017	01/24/2017	7787526907	1000949222	115Invoice	2.68	134.24		✓ 131.56		7787526907	
01/16/2017	01/24/2017	7787526908	1000949787	115Invoice	7.42	371.13		✓ 363.71		7787526908	
01/16/2017	01/24/2017	7787526910	1000950202	115Invoice	1.71	85.46		✓ 83.75		7787526910	
01/17/2017	01/24/2017	7787755663	1000950594	115Invoice	12.26	613.20		✓ 600.94		7787755663	
01/19/2017	01/24/2017	7788227422	1000951850	115Invoice	1.08	54.24		✓ 53.16		7788227422	
01/20/2017	01/24/2017	7788443890	1000952433	115Invoice	1.39	69.48		✓ 68.09		7788443890	

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

TOTAL:

Subtotals: 1,327.75 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 740.03
01/17/2017

If Paid By 01/24/2017,
Pay This Amount: 1,301.21 USD

If Paid After 01/24/2017,
Pay this Amount: 1,327.75 USD

Due If Paid On Time:
USD 1,301.21

Disc lost if paid late:
26.54

Due If Paid Late:
USD 1,327.75

1-23-17

CK# 875

APPROVED
ON

JAN 24 2017

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: 01/20/2017

DC: 8115

Territory: 400

Customer: 256342
Date: 01/21/2017

Page: 001

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

As of: 01/20/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 01/21/2017 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
01/16/2017	01/24/2017	7787525898	3454581995	115Invoice	0.18	8.97		✓ 8.79		7787525898	
01/17/2017	01/24/2017	7787759644	3454581998	115Invoice	7.18	358.85		✓ 351.67		7787759644	
01/18/2017	01/24/2017	7787987066	3454582001	115Invoice	0.03	1.57		✓ 1.54		7787987066	
01/19/2017	01/24/2017	7788219527	3454582004	115Invoice	2.57	128.50		✓ 125.93		7788219527	
01/20/2017	01/24/2017	7788440842	3454582007	115Invoice	0.02	0.79		✓ 0.77		7788440842	

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

TOTAL:

Subtotals: 498.68 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 600.42
01/17/2017

If Paid By 01/24/2017,
Pay This Amount: ✓ 488.70 USD

If Paid After 01/24/2017,
Pay this Amount: 498.68 USD

Due If Paid On Time:
USD 488.70

Disc lost if paid late:
9.98

Due If Paid Late:
USD 498.68

1.23.17

APPROVED
ON
JAN 24 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 876

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: 01/20/2017

DC: 8115

Territory: 400

Customer: 262252
Date: 01/21/2017

Page: 001

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

As of: 01/20/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 01/21/2017 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
01/16/2017	01/24/2017	7787526024	1000949224	115Invoice	11.70	584.96		✓ 573.26		7787526024	
01/16/2017	01/24/2017	7787526027	1000949789	115Invoice	4.98	248.97		✓ 243.99		7787526027	
01/16/2017	01/24/2017	7787526029	1000949789	115Invoice	0.13	6.49		✓ 6.36		7787526029	
01/16/2017	01/24/2017	7787526030	1000950204	115Invoice	2.26	112.77		✓ 110.51		7787526030	
01/17/2017	01/24/2017	7787777580	1000950596	115Invoice	2.85	142.65		✓ 139.80		7787777580	
01/18/2017	01/24/2017	7787978731	1000951190	115Invoice	0.35	17.50		✓ 17.15		7787978731	
01/19/2017	01/24/2017	7788223519	1000951852	115Invoice	3.54	176.81		✓ 173.27		7788223519	
01/19/2017	01/24/2017	7788223520	1000951852	115Invoice	0.17	8.32		✓ 8.15		7788223520	
01/20/2017	01/24/2017	7788461843	1000952435	115Invoice	1.49	74.27		✓ 72.78		7788461843	

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

TOTAL:

Subtotals: 1,372.74 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,145.51
01/17/2017

If Paid By 01/24/2017,
Pay This Amount: 1,345.27 USD

If Paid After 01/24/2017,
Pay this Amount: 1,372.74 USD

Due If Paid On Time:
USD 1,345.27
Disc lost if paid late:
27.47
Due If Paid Late:
USD 1,372.74

1.23.17

APPROVED
ON
JAN 24 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 877

APPROVED
ON
JAN 25 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

01/25/2017 MEMORIAL MEDICAL CENTER 0
09:58 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 02/02/2017

Vendor#	Vendor Name	Class	Pay Code
10950	ACUTE CARE INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
22937		01/22/20	01/20/20	01/30/20		1,400.00	0.00	0.00	1,400.00
	PURCHASED SERVICES E/R								

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

Vendor#	Vendor Name	Class	Pay Code
10909	AESYNT, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
3604720		01/13/20	01/01/20	01/31/20		1,531.54	0.00	0.00	1,531.54
	PREPAID EXPENSES PREPAI	yrly Maint. - ER							
3605269		01/13/20	01/01/20	01/31/20		11,047.05	0.00	0.00	11,047.05
	PREPAID EXPENSES PREPAI	yrly maint. - Various Depts							
3605270		01/13/20	01/01/20	01/31/20		3,042.90	0.00	0.00	3,042.90
	PREPAID EXPENSES PREPAI	yrly maint. - Anesthesia							
3604721		01/24/20	01/01/20	01/31/20		4,041.56	0.00	0.00	4,041.56
	PREPD EXP	yrly Maint. CRX Lite II							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10909	AESYNT, INC.	19,663.05	0.00	0.00	19,663.05

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
9058832613		01/13/20	12/31/20	01/30/20		2,051.46	0.00	0.00	2,051.46
	OXYGEN RES CARE								

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
11232	AMN HEALTHCARE ALLIED, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2594274		01/07/20	12/29/20	01/31/20		4,253.42	0.00	0.00	4,253.42
	PHY FEES PHY THRPY	MME Did not question hours on call while working							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11232	AMN HEALTHCARE ALLIED, INC.	4,253.42	0.00	0.00	4,253.42

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
4049375		01/22/20	01/12/20	02/01/20		6,452.64	0.00	0.00	6,452.64
	LEASE & RENTAL PHARMACY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10938	BANK OF THE WEST	6,452.64	0.00	0.00	6,452.64

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
533228901		01/13/20	01/03/20	02/02/20		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				
M2485	BAYER HEALTHCARE				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	6004780260		01/22/20	01/09/20	01/10/20		2,066.88	0.00	0.00	2,066.88
		SUPPLIES GENERAL CT SCAN								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2485	BAYER HEALTHCARE				2,066.88	0.00	0.00	2,066.88
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
	106061975		01/07/20	12/29/20	01/28/20		1,156.36	0.00	0.00	1,156.36
		SUPPLIES GENERAL LAB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		B1220	BECKMAN COULTER INC				1,156.36	0.00	0.00	1,156.36
Vendor#	Vendor Name				Class	Pay Code				
B1800	BRIGGS HEALTHCARE				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	8662512RI		01/22/20	12/29/20	01/28/20		54.82	0.00	0.00	54.82
		SUPPLIES GENERAL HLTH INI								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		B1800	BRIGGS HEALTHCARE				54.82	0.00	0.00	54.82
Vendor#	Vendor Name				Class	Pay Code				
C1325	CARDINAL HEALTH 414, INC.				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	8001221337		01/22/20	12/24/20	01/28/20		471.90	0.00	0.00	471.90
		SUPPLIES GENERAL NUC MEI								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1325	CARDINAL HEALTH 414, INC.				471.90	0.00	0.00	471.90
Vendor#	Vendor Name				Class	Pay Code				
C1992	CDW GOVERNMENT, INC.				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	GKN4769		01/22/20	12/29/20	01/28/20		737.06	0.00	0.00	737.06
		SUPPLIES GENERAL NUC MEI								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1992	CDW GOVERNMENT, INC.				737.06	0.00	0.00	737.06
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
	92133816		01/22/20	11/02/20	12/02/20		680.50	0.00	0.00	680.50
		INVENTRY CENTRAL SUP INV								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10350	CENTURION MEDICAL PRODUCTS				680.50	0.00	0.00	680.50
Vendor#	Vendor Name				Class	Pay Code				
10786	CLINICAL PATHOLOGY									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	201612-0		01/22/20	12/31/20	01/30/20		8,708.03	0.00	0.00	8,708.03
		PURCHASED SERVICES LAB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10786	CLINICAL PATHOLOGY				8,708.03	0.00	0.00	8,708.03
Vendor#	Vendor Name				Class	Pay Code				
C1166	COASTAL OFFICE SOLUTONS				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net

OE-11122-1	01/22/20 01/09/20 01/19/20	57.50	0.00	0.00	57.50		
SUPPLIES GENERAL SURGER							
OE-11134-1	01/22/20 01/09/20 01/19/20	57.50	0.00	0.00	57.50		
SUPPLIES GENERAL ADMIN							
WO-15920-1	01/22/20 01/13/20 01/23/20	53.97	0.00	0.00	53.97		
OFFICE SUPPLIES CARD REH							
Vendor Totals	Number Name	Gross	Discount	No-Pay	Net		
	C1166 COASTAL OFFICE SOLUTONS	168.97	0.00	0.00	168.97		

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
21649		01/07/20	01/01/20	01/31/20			2,646.78	0.00	0.00	2,646.78
EMPL EXP P/R CLEARNG OTH										

Vendor Totals	Number Name	Gross	Discount	No-Pay	Net
	11030 COMBINED INSURANCE CO	2,646.78	0.00	0.00	2,646.78

Vendor#	Vendor Name	Class	Pay Code
11004	CSI LEASING INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
RTOO147813		12/30/20	12/21/20	02/01/20			7,682.67	0.00	0.00	7,682.67
LEASE & RENTAL MED/SURG										

Vendor Totals	Number Name	Gross	Discount	No-Pay	Net
	11004 CSI LEASING INC	7,682.67	0.00	0.00	7,682.67

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
491786-0		12/31/20	12/29/20	01/28/20			15.93	0.00	0.00	15.93
OFFICE SUPPLIES RES CARE										
491771-0		12/31/20	12/29/20	01/28/20			28.29	0.00	0.00	28.29
OFFICE SUPPLIES MM CLINIC										
491821-0		01/07/20	12/30/20	01/29/20			23.42	0.00	0.00	23.42
SUPPLIES GENERAL C/S										
491899-0		01/07/20	01/03/20	02/02/20			49.61	0.00	0.00	49.61
OFFICE SUPPLIES PHY THRP										
491017-0		01/22/20	12/19/20	01/18/20			89.85	0.00	0.00	89.85
SUPPLIES GENERAL SURGER										

Vendor Totals	Number Name	Gross	Discount	No-Pay	Net
	10368 DEWITT POTH & SON	207.10	0.00	0.00	207.10

Vendor#	Vendor Name	Class	Pay Code
D1710	DOWNTOWN CLEANERS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2135-		01/22/20	01/16/20	12/09/20			12.20	0.00	0.00	12.20
PURCHASED SERVICES HOU										

Vendor Totals	Number Name	Gross	Discount	No-Pay	Net
	D1710 DOWNTOWN CLEANERS	12.20	0.00	0.00	12.20

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
010317-		01/22/20	01/03/20	01/03/20			338.01	0.00	0.00	338.01
SUPPLIES GENERAL LAB										
010317		01/22/20	01/03/20	01/13/20			552.40	0.00	0.00	552.40
SUPPLIES GENERAL LAB										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10175	DSHS CENTRAL LAB MC2004	890.41	0.00	0.00	890.41

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
15252	PURCHASED SERVICES MM C	01/22/20	12/28/20	12/28/20			250.00	0.00	0.00	250.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11046	E-MDS, INC	250.00	0.00	0.00	250.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
396544	SUPPLIES GENERAL SURGER	01/22/20	11/01/20	12/01/20			1,009.92	0.00	0.00	1,009.92

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10042	ERBE USA INC SURGICAL SYSTEMS	1,009.92	0.00	0.00	1,009.92

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
TXPOT169377	SUPPLIES GENERAL PLNT OF	01/13/20	12/28/20	01/27/20			22.06	0.00	0.00	22.06

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1050	FASTENAL COMPANY	22.06	0.00	0.00	22.06

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
01A17MMC	PURCHASED SERVICES ADMI Website Monthly Invoice	01/13/20	01/01/20	01/31/20			495.00	0.00	0.00	495.00

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
5-613-76862	FREIGHT CS	01/22/20	11/17/20	11/30/20			28.85	0.00	0.00	28.85
5-671-78768	FREIGHT CS	01/22/20	01/12/20	01/27/20			29.10	0.00	0.00	29.10

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.	57.95	0.00	0.00	57.95

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
5276359**	SUPPLIES GENERAL LAB	12/23/20	08/24/20	02/02/20			1,088.78	0.00	0.00	1,088.78
7355833	SUPPLIES GENERAL LAB	01/07/20	12/28/20	01/27/20			40.00	0.00	0.00	40.00
7496029	SUPPLIES GENERAL LAB	01/22/20	12/20/20	01/19/20			4.33	0.00	0.00	4.33
7112154**	SUPPLIES GENERAL LAB	01/22/20	12/22/20	01/21/20			380.52	0.00	0.00	380.52
7451152	SUPPLIES GENERAL LAB	01/22/20	12/29/20	01/26/20			3,283.07	0.00	0.00	3,283.07

7451148		01/22/20	12/29/20	01/28/20	12.90	0.00	0.00	12.90
	SUPPLIES GENERAL LAB							
7496030		01/22/20	12/30/20	01/26/20	12.99	0.00	0.00	12.99
	SUPPLIES GENERAL LAB							
7496025		01/22/20	12/30/20	01/29/20	36.67	0.00	0.00	36.67
	SUPPLIES GENERAL LAB							
7560591		01/22/20	01/03/20	02/02/20	881.49	0.00	0.00	881.49
	SUPPLIES GENERAL LAB							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE			5,740.75	0.00	0.00	5,740.75

Vendor#	Vendor Name	Class	Pay Code
F1653	FORT BEND SERVICES, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
0206657-IN		01/13/20	01/03/20	01/31/20			530.00	0.00	0.00	530.00
	MAINT CONTR PLNT OPER									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	F1653	FORT BEND SERVICES, INC					530.00	0.00	0.00	530.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
006700504		01/07/20	12/28/20	01/27/20			25.77	0.00	0.00	25.77
	EMPL EXP P/R CLEARNG OTH									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	G0321	GALLS,LLC					25.77	0.00	0.00	25.77

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
010117		01/23/20	01/01/20	01/31/20			3,800.07	0.00	0.00	3,800.07
	EMPL EXP LNG TRM DIS OTH									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11149	GARDNER & WHITE, INC.					3,800.07	0.00	0.00	3,800.07

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
6000680359		01/22/20	01/01/20	01/31/20			3,173.16	0.00	0.00	3,173.16
	MAINT CONTR RADIOLOGY									
030436501		01/22/20	01/06/20	01/26/20			827.01	0.00	0.00	827.01
	MAINT CONTR CT SCAN									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10283	GE HEALTHCARE					4,000.17	0.00	0.00	4,000.17

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
12-8977		01/22/20	11/08/20	12/08/20			654.00	0.00	0.00	654.00
	MAINT CONTR RADIOLOGY									
12-9168		01/22/20	11/28/20				654.00	0.00	0.00	654.00
	MAINTCONTR RADIOLGY									
12-9538		01/22/20	12/27/20	01/30/20			654.00	0.00	0.00	654.00
	MAINT CONTR RADIOLOGY									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11235	GREAT BASIN SCIENTIFIC, INC					1,962.00	0.00	0.00	1,962.00

Vendor#	Vendor Name				Class	Pay Code				
10829	HEALTHSTREAM, INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	0024152		01/22/20	10/07/20	11/06/20		1,330.88	0.00	0.00	1,330.88
		PURCHASED SERVICES MM C								
	0024130		01/22/20	10/07/20	11/06/20		1,807.05	0.00	0.00	1,807.05
		PURCHASED SERVICES MM C								
	0024126		01/22/20	10/07/20	11/06/20		1,879.00	0.00	0.00	1,879.00
		PURCHASED SERVICES MM C								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10829	HEALTHSTREAM, INC.				5,016.93	0.00	0.00	5,016.93
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
	5477		01/17/20	01/09/20	02/01/20		200.00	0.00	0.00	200.00
		PREPAID INSURANCE PREPAI Broadmoor Nursing Home								
	5481		01/24/20	01/09/20	01/31/20		1,000.00	0.00	0.00	1,000.00
		PREPAID INSURANCE PREPAI Ashford NH								
	5478		01/24/20	01/09/20	01/31/20		200.00	0.00	0.00	200.00
		PREPAID INSURANCE PREPAI Solera NH								
	5479		01/24/20	01/09/20	01/31/20		200.00	0.00	0.00	200.00
		PREPAID INSURANCE PREPAI Cresent NH								
	5480		01/24/20	01/09/20	01/31/20		250.00	0.00	0.00	250.00
		PREPAID INSURANCE PREPAI Ft. Bend NH								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		H1227	HEALTHSURE INSURANCE SERVICES				1,850.00	0.00	0.00	1,850.00
Vendor#	Vendor Name				Class	Pay Code				
H1222	HORIBA ABX DIAGNOSTICS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	5100537885		01/22/20	01/02/20	02/01/20		2,882.00	0.00	0.00	2,882.00
		MAINT CONTR LAB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		H1222	HORIBA ABX DIAGNOSTICS				2,882.00	0.00	0.00	2,882.00
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
	851107051		01/22/20	12/01/20	12/31/20		11.25	0.00	0.00	11.25
		MAINT CONTR ANESTHESA								
	851114184		01/22/20	01/01/20	01/31/20		11.25	0.00	0.00	11.25
		MAINT CONTR ANESTHESA								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		H1850	HOSPIRA WORLDWIDE, INC				22.50	0.00	0.00	22.50
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
	363032		12/18/20	12/07/20	01/31/20		1,398.08	0.00	0.00	1,398.08
		PROF FEES OB								
	366130		01/22/20	01/10/20	01/27/20		8,234.12	0.00	0.00	8,234.12
		PROF FEES OB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11230	JACKSON & COKER LOCUM TENENS,				9,632.20	0.00	0.00	9,632.20
Vendor#	Vendor Name				Class	Pay Code				

10285 JAMES A DANIEL

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21672		01/24/20	12/01/20	12/31/20		750.00	0.00	0.00	750.00
	LEASE & RENTAL ADMIN Dec 2016								
21673		01/24/20	01/01/20	01/31/20		750.00	0.00	0.00	750.00
	LEASE & RENTAL ADMIN Jan 2016								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10285	JAMES A DANIEL	1,500.00	0.00	0.00	1,500.00

Vendor# Vendor Name — Class — Pay Code

J1415 JOHNSTONE SUPPLY — W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
6004526		01/22/20	12/05/20	11/20/20		117.13	0.00	0.00	117.13 0
	SUPPLIES GENERAL PLNT OF								

Take off for Jerry

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J1415	JOHNSTONE SUPPLY	117.13	0.00	0.00	117.13 0

Vendor# Vendor Name — Class — Pay Code

K1750 KARL STORZ ENDOSCOPY-AMERICA — W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
93912886		01/16/20	12/30/20	02/02/20		988.55	0.00	0.00	988.55
	MINOR EQUIPMENT SURGER'								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	K1750	KARL STORZ ENDOSCOPY-AMERICA	988.55	0.00	0.00	988.55

Vendor# Vendor Name — Class — Pay Code

11275 KYLE DANIEL

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
011217		01/22/20	01/12/20	01/27/20		29.75	0.00	0.00	29.75
	TRAVEL ER Victoria - Jan 12, 2017								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11275	KYLE DANIEL	29.75	0.00	0.00	29.75

Vendor# Vendor Name — Class — Pay Code

11277 MARY RODRIGUEZ

Took off Sales Tax

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
011817		01/22/20	01/18/20	01/18/20		29.50	0.00	0.00	29.50 29.03
	SUPPLIES GENERAL DIETARY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11277	MARY RODRIGUEZ	29.50	0.00	0.00	29.50 29.03

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
89620973		01/22/20	11/22/20	12/15/20		17.25	0.00	0.00	17.25
	SUPPLIES GENERAL LAB								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	17.25	0.00	0.00	17.25

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
1895265		01/16/20	01/03/20	02/02/20		73.63	0.00	0.00	73.63
	SUPPLIES GENERAL LAB								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10182	MERCEDES MEDICAL	73.63	0.00	0.00	73.63

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
7009583363-		01/22/20	11/17/20	12/17/20		1,800.52	0.00	0.00	1,800.52
	INVENTORY PHARMACY INVE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10904	MERCK SHARP & DOHME CORP	1,800.52	0.00	0.00	1,800.52

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
21668		01/22/20	01/18/20	01/18/20		154.58	0.00	0.00	154.58 154.57
	EMPL EXP PR CLEARNG OTHI								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP	154.58	0.00	0.00	154.58 154.57

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
010317		01/22/20	01/03/20	01/13/20		37,546.18	0.00	0.00	37,546.18
	EMPL EXP DENTAL INS OTHEI								
011617		01/22/20	01/16/20	01/16/20		26,290.68	0.00	0.00	26,290.68
	EMPL EXP LIFE INSURN OTHE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN	63,836.86	0.00	0.00	63,836.86

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
9802881		01/22/20	01/16/20	01/17/20		635.93	0.00	0.00	635.93
	INVENTORY PHARMAVY INVE								
9802882		01/22/20	01/16/20	01/17/20		1,414.46	0.00	0.00	1,414.46 Take off Per Jerry
	INVENTORY PHARMAVY INVE								
9802883		01/22/20	01/16/20	01/17/20		464.80	0.00	0.00	464.80
	INVENTORY PHARMAVY INVE								
9802624		01/22/20	01/16/20	01/17/20		9.75	0.00	0.00	9.75
	INVENTORY PHARMACY INVE								
CM42549		01/22/20	01/16/20	01/17/20		-259.68	0.00	0.00	-259.68
	INVENTORY PHARMACY INVE								
CM42963		01/22/20	01/17/20	01/18/20		-136.87	0.00	0.00	-136.87 Take off Per Jerry
	INVENTORY PHARMACY INVE								
9810695		01/22/20	01/17/20	01/18/20		97.52	0.00	0.00	97.52
	INVENTORY PHARMACY INVE								
9810696		01/22/20	01/17/20	01/18/20		325.92	0.00	0.00	325.92
	INVENTORY PHARMACY INVE								
9810697		01/22/20	01/17/20	01/18/20		439.16	0.00	0.00	439.16
	INVENTORY PHARMACY INVE								
9813586		01/22/20	01/18/20	01/19/20		130.48	0.00	0.00	130.48
	INVENTORY PHARMACY INVE								
9816542		01/22/20	01/18/20	01/19/20		3,474.87	0.00	0.00	3,474.87
	INVENTOARY PHARMACY INV								
9813587		01/22/20	01/18/20	01/19/20		120.88	0.00	0.00	120.88
	INVENTORY PHARMACY INVE								
9817004		01/22/20	01/18/20	01/19/20		56.36	0.00	0.00	56.36
	INVENTORY PHARMACY INVE								
9816543		01/22/20	01/18/20	01/19/20		682.66	0.00	0.00	682.66

9816541	INVENTORY PHARMACY INVE 01/22/20 01/18/20 01/19/20	72.28	0.00	0.00	72.28
9817003	INVENTORY PHARMACY INVE 01/22/20 01/18/20 01/19/20	86.85	0.00	0.00	86.85
9819851	INVENTORY PHARMAVY INVE 01/22/20 01/19/20 01/12/19	408.48	0.00	0.00	408.48
9819850	INVENTORY PHARMACY INVE 01/22/20 01/19/20 01/12/19	301.42	0.00	0.00	301.42
9819852	INVENTORY PHARMACY INVE 01/22/20 01/19/20 01/12/19	80.40	0.00	0.00	80.40
9766350	INVENTORY PHARMACY INVE 01/23/20 01/06/20 01/07/20	7,942.85	0.00	0.00	7,942.85
9767256	INVENTORY PHARMACY INVE 01/23/20 01/06/20 01/07/20	10,130.46	0.00	0.00	10,130.46
9767329	INVENTORY PHARMACY INVE 01/23/20 01/06/20 01/07/20	34,644.71	0.00	0.00	34,644.71
CM43935	INVENTORY PHARMACY INVE 01/23/20 01/18/20 01/19/20	-7,942.85	0.00	0.00	-7,942.85
CM43937	INVENTORY PHARMACY INVE 01/23/20 01/18/20 01/19/20	-10,130.46	0.00	0.00	-10,130.46
CM43936	INVENTORY PHARMACY INVE 01/23/20 01/18/20 01/19/20	-34,644.71	0.00	0.00	-34,644.71
9823434	INVENTORY PHARMACY INVE 01/24/20 01/20/20 01/21/20	174.44	0.00	0.00	174.44
9823433	INVENTORY PHARMACY INVE 01/24/20 01/20/20 01/21/20	77.59	0.00	0.00	77.59
9823432	INVENTORY PHARMACY INVE 01/24/20 01/20/20 01/21/20	32.21	0.00	0.00	32.21
9823436	INVENTORY PHARMACY INVE 01/24/20 01/20/20 01/21/20	88.78	0.00	0.00	88.78
9823435	INVENTORY PHARMACY INVE 01/24/20 01/20/20 01/21/20	491.23	0.00	0.00	491.23
Vendor Totals	Number Name	Gross	Discount	No-Pay	Net
	10536 MORRIS & DICKSON CO, LLC	9,269.92	0.00	0.00	9,269.92

7,992.33

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
891443103001	SUPPLIES GENERAL LAB	01/07/20	12/30/20	01/29/20			61.74	0.00	0.00	61.74

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
1850206783	SUPPLIES GENERAL BLOOD E	01/07/20	12/29/20	01/28/20			736.52	0.00	0.00	736.52

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	O1416	ORTHO CLINICAL DIAGNOSTICS	736.52	0.00	0.00	736.52

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
217014		01/22/20	01/07/20	01/27/20		250.00	0.00	0.00	250.00
	PURCHASED SERVICES PLNT								
217097		01/22/20	01/07/20	01/27/20		200.00	0.00	0.00	200.00
	PURCHASED SERVICES PLNT								
217015		01/22/20	01/07/20	01/27/20		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
2023017418		12/14/20	12/01/20	01/31/20		3.45	0.00	0.00	3.45
	INVENTRY CENTRAL SUP INV								
2023015184		12/15/20	12/01/20	01/31/20		22.49	0.00	0.00	22.49
	INVENTRY CENTRAL SUP INV								
2022593296		12/31/20	11/15/20	01/31/20		1,319.21	0.00	0.00	1,319.21
	SUPPLIES GENERAL SURGER								
2023602931		12/31/20	12/22/20	02/02/20		2.94	0.00	0.00	2.94
	INVENTRY CENTRAL SUP INV								
2023771053		01/13/20	12/29/20	01/28/20		67.47	0.00	0.00	67.47
	INVENTRY CENTRAL SUP INV								
2023771039		01/13/20	12/29/20	01/28/20		175.80	0.00	0.00	175.80
	SUPPLIES GENERAL OB								
2023770756		01/13/20	12/29/20	01/28/20		44.25	0.00	0.00	44.25
	SUPPLIES GNERAL RES CARE								
2023933344		01/13/20	12/30/20	01/29/20		14.64	0.00	0.00	14.64
	INVENTRY CENTRAL SUP INV								
2023804001		01/13/20	12/30/20	01/29/20		54.93	0.00	0.00	54.93
	SUPPLIES GNERAL MED SUR								
2023803406		01/13/20	12/30/20	01/29/20		54.93	0.00	0.00	54.93
	SUPPLIES GENERAL MED SUI								
2023870930		01/13/20	01/03/20	01/29/20		420.74	0.00	0.00	420.74
	SUPPLIES GNEREAL MMC								
2023867686		01/13/20	01/03/20	02/02/20		53.60	0.00	0.00	53.60
	SUPPLIES GNERAL SURGERY								
2023870892		01/13/20	01/03/20	02/02/20		1,278.47	0.00	0.00	1,278.47
	INVENTRY CENTRAL SUP INV								
2023527599		01/22/20	12/20/20	01/19/20		1,470.47	0.00	0.00	1,470.47
	INVENTRY CENTRAL SUP INV								
2023610356		01/24/20	12/22/20	01/21/20		899.65	0.00	0.00	899.65
	SUPPLIES GENERAL SURGER								
2023643632-?		01/24/20	12/23/20	01/22/20		-66.87	0.00	0.00	-66.87
	INVENTRY CENTRAL SUP INV								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR				5,816.17	0.00	0.00	5,816.17

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
21669		01/22/20	01/15/20	01/15/20		765.00	0.00	0.00	765.00
	PURCHASED SERVICES MM C								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net

1/3-14/2017

11069	PABLO GARZA			765.00	0.00	0.00	765.00

Vendor# Vendor Name — Class — Pay Code

11155 PARA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2364		01/07/20	01/01/20	01/31/20		2,000.00	0.00	0.00	2,000.00
	PURCHASED SERVICES ADMI Revenue Integrity Program								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11155	PARA	2,000.00	0.00	0.00	2,000.00

Vendor# Vendor Name — Class — Pay Code

11242 PECA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
16014.08		01/24/20	01/21/20	01/31/20		9,000.00	0.00	0.00	9,000.00
	PURCHASED SERVICES ADMI 2 of 5								
16014.09		01/24/20	01/21/20	01/31/20		1,947.69	0.00	0.00	1,947.69
	PURCHASED SERVICES ADMI Airfare, Hotel, Rental Car, Meals								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11242	PECA	10,947.69	0.00	0.00	10,947.69

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
312609		11/30/20	11/30/20	01/17/20		-177.50	0.00	0.00	-177.50
	INVENTORY PHARMACY INVE								
A1825772		12/30/20	12/20/20	01/31/20		142.00	0.00	0.00	142.00
	INVENTORY PHARMACY INVE								
A1822691-?		01/22/20	12/16/20	01/15/20		252.00	0.00	0.00	252.00
	INVENTORY PHARMACY INVE								
A1830048		01/22/20	12/27/20	01/26/20		35.50	0.00	0.00	35.50
	INVENTORY PHARMACY INVE								
A1830612		01/22/20	12/27/20	01/26/20		142.00	0.00	0.00	142.00
	INVENTORY PHRMACY INVEN								
A1829857		01/22/20	12/27/20	01/26/20		271.80	0.00	0.00	271.80
	INVENTORY PHARMACY INVE								
A1835030		01/22/20	01/03/20	02/02/20		35.50	0.00	0.00	35.50
	INVENTORY PHARMAVY INVE								
313199		01/22/20	01/09/20	02/02/20		-35.50	0.00	0.00	-35.50
	INVENTORY PHARMACY INVE								

Take off.

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10204	PHARMEDIUM SERVICES LLC	665.80	0.00	0.00	665.80

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
934042798		01/22/20	12/29/20	01/29/20		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

11125 PORT LAVACA RETAIL GROUP LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21674		01/24/20	12/01/20	12/31/20		11,001.20	0.00	0.00	11,001.20
	LEASE & RENTAL BEHAV HTH DEC 2016?								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

11125	PORT LAVACA RETAIL GROUP LLC				11,001.20	0.00	0.00	11,001.20

Vendor# Vendor Name — Class — Pay Code

P2100 PORT LAVACA WAVE ✓ — W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
123116		01/16/20	12/31/20	01/30/20			1,580.18	0.00	0.00	1,580.18 ✓
	PUBLIC REL/ADVERTISE HR/P									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P2100	PORT LAVACA WAVE	1,580.18	0.00	0.00	1,580.18

Vendor# Vendor Name — Class — Pay Code

11080 RADSOURCE ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
~~SC54912~~ SC 55037	PURCHASED SERVICES RADI	12/23/20	~~12/12/20~~ 1/12/17	01/31/20			1,667.00	0.00	0.00	1,667.00 ✓

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

Vendor# Vendor Name — Class — Pay Code

R1200 RED HAWK ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
268695 ✓		01/16/20	01/01/20	01/31/20			41.25	0.00	0.00	41.25 ✓
	PURCHASED SERVICES PLNT									

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

Vendor# Vendor Name — Class — Pay Code

R1471 RESPIRONICS, INC. — M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
930456921 ✓		01/22/20	04/27/20	05/27/20			89.94	0.00	0.00	89.94 Take off Per Rita
	LEASE rENTAL RES CARE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	R1471	RESPIRONICS, INC.	89.94	0.00	0.00	89.94

Vendor# Vendor Name — Class — Pay Code

D1080 RITA DAVIS — W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21671		01/24/20	01/09/20	01/19/20			511.75	0.00	0.00	511.75 ✓
	PURCHASED SERVICES C/S 1/9, 10, 11, 12/2017									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1080	RITA DAVIS	511.75	0.00	0.00	511.75

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
011217		01/22/20	01/12/20	01/12/20			30.50	0.00	0.00	30.50 ✓
	TRAVEL ER 1/12/17									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10625	SARA RUBIO	30.50	0.00	0.00	30.50

Vendor# Vendor Name — Class — Pay Code

10995 SHIFTHOUND

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1613240 ✓		01/03/20	12/31/20	02/02/20			558.00	0.00	0.00	558.00 ✓

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

Vendor# Vendor Name — Class — Pay Code

10936 SIEMENS FINANCIAL SERVICES

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
4589023		01/23/20	01/06/20	01/24/20		1,333.33	0.00	0.00	1,333.33
	LEASE & RENTAL LAB								

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
115392115		01/22/20	12/30/20	01/29/20		633.33	0.00	0.00	633.33
	MAINT CONTR MAMMOGRPY								

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

Vendor#	Vendor Name	Class	Pay Code
S2270	SMILE MAKERS	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
7960721		01/22/20	01/13/20	01/23/20		69.96	0.00	0.00	69.96
	SUPPLIES GENERAL MMCLINI								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2270	SMILE MAKERS	69.96	0.00	0.00	69.96

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
90024434		01/07/20	12/31/20	01/30/20		6,582.07	0.00	0.00	6,582.07
	SUPPLIES GENERAL BLOOK E								
90024360		01/24/20	12/31/20	01/30/20		-1,368.12	0.00	0.00	-1,368.12
	SUPPLIES GENERAL BLOOD E								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2400	SO TEX BLOOD & TISSUE CENTER	5,213.95	0.00	0.00	5,213.95

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
25798		01/07/20	01/01/20	01/31/20		5,000.00	0.00	0.00	5,000.00
	DUE &SUBSCRIPTIONS ADMI								

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
10220	SPECTRUM TECHNOLOGIES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
3037980		01/22/20	09/23/20	10/23/20		686.63	0.00	0.00	686.63
	SUPPLIES GENERAL LAB								
1177478		01/22/20	12/21/20	01/21/20		244.96	0.00	0.00	244.96
	SUPPLIES GENERAL LAB								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10220	SPECTRUM TECHNOLOGIES	931.59	0.00	0.00	931.59

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
4006795016		01/07/20	01/01/20	01/31/20		3,928.09	0.00	0.00	3,928.09
	PURCHASED SERVICES HOU								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S3960	STERICYCLE, INC	3,928.09	0.00	0.00	3,928.09

Took off Sales Tax 634.30
226.29
860.59
Current Due 2,008.22
Current amt
2,008.22

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
	113135853		01/22/20	01/12/20	02/01/20		552.67	0.00	0.00	552.67
		MEAT EXPENSE DIETARY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2951	SYSCO FOOD SERVICES OF				552.67	0.00	0.00	552.67
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-20830		01/07/20	12/28/20	01/27/20		495.00	0.00	0.00	495.00
		MAINT CONTR E/R								
	205EV-20172		01/07/20	12/31/20	01/30/20		4,555.00	0.00	0.00	4,555.00
		MAINT CONTR E/R								
	205EV-20597		01/07/20	01/01/20	01/31/20		4,995.00	0.00	0.00	4,995.00
		MAINT CONTR ER								
	205EV20831		01/07/20	01/01/20	01/31/20		9,250.00	0.00	0.00	9,250.00
		MAINT CONTR E/R								
	MLVAC-20945		01/23/20	12/31/20	01/30/20		1,941.10	0.00	0.00	1,941.10
		MAINT CONTR E/R								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		T2539	T-SYSTEM, INC				21,236.10	0.00	0.00	21,236.10
Vendor#	Vendor Name				Class	Pay Code				
10611	TELE-PHYSICIANS, P.A. (TX)									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	TX0002467		01/24/20	01/01/20	01/01/20		2,680.00	0.00	0.00	2,680.00
		PROF FEES E/R January 2017								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10611	TELE-PHYSICIANS, P.A. (TX)				2,680.00	0.00	0.00	2,680.00
Vendor#	Vendor Name				Class	Pay Code				
T1450	TEXAS ASSOCIATION OF COUNTIES				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	123116		01/23/20	12/31/20	12/31/20		6,236.87	0.00	0.00	6,236.87
		INS UNEMPLOYMENAT HOSP								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		T1450	TEXAS ASSOCIATION OF COUNTIES				6,236.87	0.00	0.00	6,236.87
Vendor#	Vendor Name				Class	Pay Code				
T2303	TG				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	012317		01/24/20	01/23/20	01/23/20		533.79	0.00	0.00	533.79
		EMPL EXP P/R CLEARING OTH Nov, Dec 2016 Jan 5 2017								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		T2303	TG				533.79	0.00	0.00	533.79
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
	340366310		01/23/20	01/06/20	02/02/20		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				
V1050	THE VICTORIA ADVOCATE				W					

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
123116		01/24/20	12/31/20	12/31/20		2,291.56	0.00	0.00	2,291.56
	DUES & SUBSCRIPTION-ADM								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	V1050	THE VICTORIA ADVOCATE	2,291.56	0.00	0.00	2,291.56

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
62489395		01/23/20	12/23/20	01/16/20		80.00	0.00	0.00	80.00
	INVENTORY CENTRAL SUP IN								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T3130	TRI-ANIM HEALTH SERVICES INC	80.00	0.00	0.00	80.00

Vendor# 11067 Vendor Name: TRIZETTO PROVIDER SOLUTIONS Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
35FK011700		01/23/20	01/01/20	01/15/20		2,820.89	0.00	0.00	2,820.89
	PURCHASED SERVICES MM C								
3A3X011700		01/23/20	01/01/20	01/16/20		119.00	0.00	0.00	119.00
	PURCHASED SERVICES MM C								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11067	TRIZETTO PROVIDER SOLUTIONS	2,939.89	0.00	0.00	2,939.89

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
8150753762		01/07/20	01/03/20	02/02/20		43.54	0.00	0.00	43.54
	PURCHASED SERVICES MAIN								
8150753848		01/07/20	01/03/20	02/02/20		32.92	0.00	0.00	32.92
	PURCHASED SERVICES BIO M								
8150754479		01/16/20	01/10/20	02/02/20		43.54	0.00	0.00	43.54
	PURCHASES SERVICES MAIN								

Take OB Per Jerry

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1054	UNIFIRST HOLDINGS	120.00	0.00	0.00	120.00

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
8400236890		12/31/20	12/30/20	01/29/20		387.29	0.00	0.00	387.29
	LAUNDRY SURGERY								
8400236928		12/31/20	12/30/20	01/29/20		680.56	0.00	0.00	680.56
	LAUNDRY HOUSEKEEPING								
8400237086		01/07/20	01/03/20	02/02/20		108.59	0.00	0.00	108.59
	LAUNDRY HOUSEKEEPING								
8400237083		01/07/20	01/03/20	02/02/20		74.55	0.00	0.00	74.55
	LAUNDRY HOUSEKEEPING								
8400237127		01/07/20	01/03/20	02/02/20		159.68	0.00	0.00	159.68
	LAUNDRY HOUSEKEEPING								
8400237085		01/07/20	01/03/20	02/02/20		108.08	0.00	0.00	108.08
	LAUNDRY OB								
8400237082		01/07/20	01/03/20	02/02/20		303.10	0.00	0.00	303.10
	LAUNDRY HOUSEKEEPING								
8400237136		01/07/20	01/03/20	02/02/20		1,264.63	0.00	0.00	1,264.63
	LAUNDRY HOUSEKEEPING								

Take OB Per Jerry

	8400237084		01/07/20	01/03/20	02/02/20		108.07	0.00	0.00	108.07
		LAUNDRY DIETARY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		U1064	UNIFIRST HOLDINGS INC				3,194.55	0.00	0.00	3,194.55
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
	7437090		01/24/20	01/09/20	01/24/20		177.93	0.00	0.00	177.93
		EMPL EXP P/R CLEARNG OTH								
	7437109		01/24/20	01/12/20	01/27/20		128.29	0.00	0.00	128.29
		EMPL EXP PR CLEARNG OTHI								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		U1056	UNIFORM ADVANTAGE				306.22	0.00	0.00	306.22
Vendor#	Vendor Name				Class	Pay Code				
U1500	UROLITHIASIS LABORATORY				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	16M457812		01/24/20	12/31/20	12/31/20		35.00	0.00	0.00	35.00
		PURCH SERVS-LAB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		U1500	UROLITHIASIS LABORATORY				35.00	0.00	0.00	35.00
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
	5610836		01/16/20	01/09/20	01/29/20		41.76	0.00	0.00	41.76
		SUPPLIES GNERAL DIETARY								
	5610843		01/24/20	01/09/20	01/29/20		2,874.90	0.00	0.00	2,874.90
		SUPPLIES GENERAL DIETARY								
	5676952		01/24/20	01/12/20	02/01/20		1,353.96	0.00	0.00	1,353.96
		SUPPLIES GENERAL DIETARY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10172	US FOOD SERVICE				4,270.62	0.00	0.00	4,270.62
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
	16120277		01/16/20	12/31/20	01/31/20		300.00	0.00	0.00	300.00
		PUBLIC REL/ADVERTISE ADM								
	16120276		01/16/20	12/31/20	01/31/20		210.00	0.00	0.00	210.00
		PUBLIS REL/ADVERTISE ADMI								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		V1471	VICTORIA RADIOWORKS, LTD				510.00	0.00	0.00	510.00
Vendor#	Vendor Name				Class	Pay Code				
I1110	WERFEN USA LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	9110359672		01/07/20	12/30/20	01/29/20		716.88	0.00	0.00	716.88
		SUPPLIES GENERAL LAB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		I1110	WERFEN USA LLC				716.88	0.00	0.00	716.88
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
	WCS00000561		01/24/20	01/01/20	01/31/20		17,600.00	0.00	0.00	17,600.00
		PURCHASED SERVICES WC								

Take off per Jerry

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10556	WOUND CARE SPECIALISTS	17,600.00	0.00	0.00	17,600.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	295,780.29	0.00	0.00	295,780.29

Pg 6 Jackson & Coker { (1,398.08) (8,234.12)

Pg 7 Mary Rodriquez { (29.50) +29.03

Pg 8 MMC Auxiliary Gift Shop { (154.58) +154.57

Pg 11 Pharmedium Inv A1825772 { (142.00)

Pg 12 Respironics { (89.94)

Pg 13 Spectrum { (931.59) +860.59

Pg 13 Stericycle { (3,928.09) +2,008.22

Michael J. Pilgrim
Calhoun County Judge
Date: 1-26-17

APPROVED ON

JAN 25 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS# 169647
to
#169725

These were removed per Jerry - No Approval Signature and he is out of town.

Pg 5 (12.90)
Pg 7 (117.13)
Pg 8 (1,414.46)
add Backer 136.87
Pg 15 (120.00)
Pg 15&16 (3,194.55)
Pg 16 (306.22)
Pg 16 (35.00)
Pg 16 (4,270.62)
Pg 16 (716.88)
Pg 16/17 (17,600.00)

256,273.91 ✓

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	169647	01/26/17	2,627.00	PHILIPS HEALTHCARE
A/P	169648	01/26/17	1,009.92	ERBE USA INC SURGICAL SYSTEMS
A/P	169649	01/26/17	890.41	DSHS CENTRAL LAB MC2004
A/P	169650	01/26/17	73.63	MERCEDES MEDICAL
A/P	169651	01/26/17	523.80	PHARMEDIUM SERVICES LLC
A/P	169652	01/26/17	860.59	SPECTRUM TECHNOLOGIES
A/P	169653	01/26/17	4,000.17	GE HEALTHCARE
A/P	169654	01/26/17	1,500.00	JAMES A DANIEL
A/P	169655	01/26/17	680.50	CENTURION MEDICAL PRODUCTS
A/P	169656	01/26/17	207.10	DEWITT POTH & SON
A/P	169657	01/26/17	.00	VOIDED
A/P	169658	01/26/17	7,992.33	MORRIS & DICKSON CO, LLC
A/P	169659	01/26/17	2,680.00	TELE-PHYSICIANS, P.A. (TX)
A/P	169660	01/26/17	30.50	SARA RUBIO
A/P	169661	01/26/17	495.00	FASTHEALTH CORPORATION
A/P	169662	01/26/17	495.00	OSCAR TORRES
A/P	169663	01/26/17	8,708.03	CLINICAL PATHOLOGY
A/P	169664	01/26/17	63,836.86	MMC EMPLOYEE BENEFIT PLAN
A/P	169665	01/26/17	5,016.93	HEALTHSTREAM, INC.
A/P	169666	01/26/17	1,800.52	MERCK SHARP & DOHME CORP
A/P	169667	01/26/17	19,663.05	AESYNT, INC.
A/P	169668	01/26/17	1,333.33	SIEMENS FINANCIAL SERVICES
A/P	169669	01/26/17	6,452.64	BANK OF THE WEST
A/P	169670	01/26/17	1,400.00	ACUTE CARE INC
A/P	169671	01/26/17	558.00	SHIFTHOUND
A/P	169672	01/26/17	7,682.67	CSI LEASING INC
A/P	169673	01/26/17	2,646.78	COMBINED INSURANCE CO
A/P	169674	01/26/17	250.00	E-MDS, INC
A/P	169675	01/26/17	2,939.89	TRIZETTO PROVIDER SOLUTIONS
A/P	169676	01/26/17	765.00	PABLO GARZA
A/P	169677	01/26/17	1,667.00	RADSOURCE
A/P	169678	01/26/17	1,161.39	THE US CONSULTING GROUP
A/P	169679	01/26/17	11,001.20	PORT LAVACA RETAIL GROUP LLC
A/P	169680	01/26/17	3,800.07	GARDNER & WHITE, INC.
A/P	169681	01/26/17	2,000.00	PARA
A/P	169682	01/26/17	4,253.42	AMN HEALTHCARE ALLIED, INC.
A/P	169683	01/26/17	1,962.00	GREAT BASIN SCIENTIFIC, INC
A/P	169684	01/26/17	10,947.69	PECA
A/P	169685	01/26/17	29.75	KYLE DANIEL
A/P	169686	01/26/17	29.03	MARY RODRIGUEZ
A/P	169687	01/26/17	2,051.46	AIRGAS USA, LLC - CENTRAL DIV
A/P	169688	01/26/17	190.50	BAXTER HEALTHCARE CORP
A/P	169689	01/26/17	1,156.36	BECKMAN COULTER INC
A/P	169690	01/26/17	54.82	BRIGGS HEALTHCARE
A/P	169691	01/26/17	168.97	COASTAL OFFICE SOLUTONS
A/P	169692	01/26/17	471.90	CARDINAL HEALTH 414, INC.
A/P	169693	01/26/17	737.06	CDW GOVERNMENT, INC.
A/P	169694	01/26/17	511.75	RITA DAVIS
A/P	169695	01/26/17	12.20	DOWNTOWN CLEANERS
A/P	169696	01/26/17	22.06	FASTENAL COMPANY

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	169697	01/26/17	57.95	FEDERAL EXPRESS CORP.
A/P	169698	01/26/17	5,727.85	FISHER HEALTHCARE
A/P	169699	01/26/17	530.00	FORT BEND SERVICES, INC
A/P	169700	01/26/17	25.77	GALLS,LLC
A/P	169701	01/26/17	2,882.00	HORIBA ABX DIAGNOSTICS
A/P	169702	01/26/17	1,850.00	HEALTHSURE INSURANCE SERVICES
A/P	169703	01/26/17	22.50	HOSPIRA WORLDWIDE, INC
A/P	169704	01/26/17	988.55	KARL STORZ ENDOSCOPY-AMERICA
A/P	169705	01/26/17	17.25	MCKESSON MEDICAL SURGICAL INC
A/P	169706	01/26/17	2,066.88	BAYER HEALTHCARE
A/P	169707	01/26/17	154.57	MMC AUXILIARY GIFT SHOP
A/P	169708	01/26/17	61.74	OFFICE DEPOT
A/P	169709	01/26/17	736.52	ORTHO CLINICAL DIAGNOSTICS
A/P	169710	01/26/17	.00	VOIDED
A/P	169711	01/26/17	5,816.17	OWENS & MINOR
A/P	169712	01/26/17	1,580.18	PORT LAVACA WAVE
A/P	169713	01/26/17	41.25	RED HAWK
A/P	169714	01/26/17	633.33	SIEMENS MEDICAL SOLUTIONS INC
A/P	169715	01/26/17	69.96	SMILE MAKERS
A/P	169716	01/26/17	5,000.00	SOUTHEAST TEXAS HEALTH SYS
A/P	169717	01/26/17	5,213.95	SO TEX BLOOD & TISSUE CENTER
A/P	169718	01/26/17	552.67	SYSCO FOOD SERVICES OF
A/P	169719	01/26/17	2,008.22	STERICYCLE, INC
A/P	169720	01/26/17	6,236.87	TEXAS ASSOCIATION OF COUNTIES
A/P	169721	01/26/17	533.79	TG
A/P	169722	01/26/17	21,236.10	T-SYSTEM, INC
A/P	169723	01/26/17	80.00	TRI-ANIM HEALTH SERVICES INC
A/P	169724	01/26/17	2,291.56	THE VICTORIA ADVOCATE
A/P	169725	01/26/17	510.00	VICTORIA RADIOWORKS, LTD
TOTALS:			256,273.91	

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
1/30/2017

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	94,457.03	94,357.03	309,405.54	-	-	-	-	309,505.54	309,405.54

Routing Information for Ashford Gardens:
Ashford Health Care Center Ltd Co
JP Morgan Chase Bank
ABA 0614
Account x1257

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	81,455.02	81,355.02	448,581.29	-	-	-	-	448,681.29	448,581.29
Crescent	4588	30,637.82	30,537.82	329,627.95	-	-	-	-	329,727.95	329,627.95
Broadmoor	4596	142,550.66	142,450.66	524,213.89	-	-	-	-	524,313.89	524,213.89
Fort Bend	4618	33,855.03	33,755.03	149,595.40	-	-	-	-	149,695.40	149,595.40
										1,452,018.53

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
2-1-17

APPROVED
JAN 30 2017
COUNTY AUDITOR

Account Portfolio as of 01/30/2017 9:28:58 AM

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

Commercial Checking Accounts

Account Name	Account Number	Today's Beginning Balance	Available Balance
Memorial Medical Center	3387	$1,227,029.67	$1,227,029.67
Memorial Medical Center	4553	$309,505.54	$324,181.80
Memorial Medical Center	4561	$448,681.29	$452,220.83
Memorial Medical Center	4588	$329,727.95	$335,212.55
Memorial Medical Center	4596	$524,313.89	$526,881.60
Memorial Medical Center	4618	$149,695.40	$149,695.40
Memorial Medical Center Operat	0301	$3,456,218.37	$3,535,166.75
County of Calhoun Indigent	1101	$2,625.20	$2,625.20
Totals		**$6,447,797.31**	**$6,553,013.80**

IBC Bank Activity
1/18/17 through 1/29/17

Ashford Gardens					Transfer-Out	Transfer-In	
1/18/2017	113105025	4553	142	ACH CREDIT RECEIVED		385.06	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017011417200120*1752603231\
1/19/2017	113105025	4553	142	ACH CREDIT RECEIVED		190.26	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4070513*1201494502\
1/20/2017	113105025	4553	142	ACH CREDIT RECEIVED		4.10	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
1/20/2017	113105025	4553	495	OUTGOING MONEY TRANSFER	94,357.03		ASHFORD HEALTH CARE CENTER LTD
1/20/2017	113105025	4553	142	ACH CREDIT RECEIVED		5,788.78	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04911|TRN*1*EFT6572933*1205296137*000004911\
1/23/2017	113105025	4553	142	ACH CREDIT RECEIVED		10,224.05	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
1/23/2017	113105025	4553	142	ACH CREDIT RECEIVED		14,511.12	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4079837*1201494502\
1/24/2017	113105025	4553	142	ACH CREDIT RECEIVED		179,672.80	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04911|TRN*1*EFT6574234*1205296137*000004911\
1/25/2017	113105025	4553	142	ACH CREDIT RECEIVED		13,005.61	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04911|TRN*1*EFT6575081*1205296137*000004911\
1/26/2017	113105025	4553	142	ACH CREDIT RECEIVED		212.83	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04911|TRN*1*EFT6575887*1205296137*000004911\
1/27/2017	113105025	4553	142	ACH CREDIT RECEIVED		6,725.22	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
1/27/2017	113105025	4553	301	COMMERCIAL DEPOSIT		76,169.36	
1/27/2017	113105025	4553	142	ACH CREDIT RECEIVED		2,516.35	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4097866*1201494502\
					94,357.03	309,405.54	

Solera at West Houston					Transfer-Out	Transfer-In	
1/18/2017	113105025	4561	142	ACH CREDIT RECEIVED		4,689.63	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017011416400247*1752603231\
1/20/2017	113105025	4561	495	OUTGOING MONEY TRANSFER	81,355.02		CANTEX HEALTH CARE CENTERS LLC
1/20/2017	113105025	4561	142	ACH CREDIT RECEIVED		116.12	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4312501*1205296137*000004011\
1/24/2017	113105025	4561	142	ACH CREDIT RECEIVED		311,818.58	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4316036*1205296137*000004011\
1/24/2017	113105025	4561	142	ACH CREDIT RECEIVED		15,126.09	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017012113900453*1752603231\
1/24/2017	113105025	4561	142	ACH CREDIT RECEIVED		1,951.23	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017012012800011*1752603231\
1/25/2017	113105025	4561	142	ACH CREDIT RECEIVED		14,034.59	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4317830*1205296137*000004011\
1/25/2017	113105025	4561	142	ACH CREDIT RECEIVED		3,055.00	HEALTH HUMAN SVC INV-PAYMTS|MEMDRIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
1/26/2017	113105025	4561	142	ACH CREDIT RECEIVED		584.74	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4319628*1205296137*000004011\
1/26/2017	113105025	4561	142	ACH CREDIT RECEIVED		1,771.10	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017012412000795*1752603231\
1/27/2017	113105025	4561	142	ACH CREDIT RECEIVED		15,075.22	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017012513700556*1752603231\
1/27/2017	113105025	4561	142	ACH CREDIT RECEIVED		1,334.86	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017012513100133*1752603231\
1/27/2017	113105025	4561	301	COMMERCIAL DEPOSIT		79,024.13	
					81,355.02	448,581.29	

Crescent					Transfer-Out	Transfer-In	
1/18/2017	113105025	4588	142	ACH CREDIT RECEIVED		8,050.00	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017011417200129*1752603231\
1/20/2017	113105025	4588	495	OUTGOING MONEY TRANSFER	30,537.82		CANTEX HEALTH CARE CENTERS III
1/23/2017	113105025	4588	142	ACH CREDIT RECEIVED		224,937.34	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4314017*1205296137*000004011\
1/24/2017	113105025	4588	142	ACH CREDIT RECEIVED		4,931.46	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017012113900437*1752603231\
1/24/2017	113105025	4588	142	ACH CREDIT RECEIVED		4,168.81	Molina HC of TX Molina HC|THE CRESCENT|TRN*1*EFT4084087*1201494502\
1/24/2017	113105025	4588	142	ACH CREDIT RECEIVED		1,570.88	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017012012400053*1452485907\
1/24/2017	113105025	4588	142	ACH CREDIT RECEIVED		4,999.91	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4316041*1205296137*000004011\
1/24/2017	113105025	4588	142	ACH CREDIT RECEIVED		11,227.80	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017012012800008*1752603231\
1/25/2017	113105025	4588	142	ACH CREDIT RECEIVED		34,358.48	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4317837*1205296137*000004011\
1/26/2017	113105025	4588	142	ACH CREDIT RECEIVED		4,991.00	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017012412000793*1752603231\
1/27/2017	113105025	4588	301	COMMERCIAL DEPOSIT		27,114.73	
1/27/2017	113105025	4588	142	ACH CREDIT RECEIVED		3,277.54	Molina HC of TX Molina HC|THE CRESCENT|TRN*1*EFT4096192*1201494502\
					30,537.82	329,627.95	

Broadmoor						Transfer-Out	Transfer-In	
1/18/2017	11310502	[redacted]	4596	142	ACH CREDIT RECEIVED		1,281.40	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4309065*1205296137*000004011\
1/20/2017	11310502	[redacted]	4596	142	ACH CREDIT RECEIVED		382,725.00	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4312515*1205296137*000004011\
1/20/2017	11310502	[redacted]	4596	495	OUTGOING MONEY TRANSFER	142,450.66		CANTEX HEALTH CARE CENTERS III
1/20/2017	11310502	[redacted]	4596	142	ACH CREDIT RECEIVED		9,102.10	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
1/23/2017	11310502	[redacted]	4596	142	ACH CREDIT RECEIVED		4,896.84	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4314027*1205296137*000004011\
1/23/2017	11310502	[redacted]	4596	142	ACH CREDIT RECEIVED		4,962.75	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
1/24/2017	11310502	[redacted]	4596	142	ACH CREDIT RECEIVED		4,604.94	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4316058*1205296137*000004011\
1/25/2017	11310502	[redacted]	4596	142	ACH CREDIT RECEIVED		4,186.00	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
1/25/2017	11310502	[redacted]	4596	142	ACH CREDIT RECEIVED		24,640.72	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4317860*1205296137*000004011\
1/26/2017	11310502	[redacted]	4596	142	ACH CREDIT RECEIVED		2,436.36	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4319658*1205296137*000004011\
1/27/2017	11310502	[redacted]	4596	301	COMMERCIAL DEPOSIT		71,960.69	
1/27/2017	11310502	[redacted]	4596	142	ACH CREDIT RECEIVED		13,417.09	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4321342*1205296137*000004011\
						142,450.66	524,213.89	

Fort Bend						Transfer-Out	Transfer-In	
1/20/2017	11310502	[redacted]	4618	142	ACH CREDIT RECEIVED		4,033.11	Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRN*1*EFT4074172*1201494502\
1/20/2017	11310502	[redacted]	4618	142	ACH CREDIT RECEIVED		196.72	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4312014*1205296137*000004011\
1/20/2017	11310502	[redacted]	4618	495	OUTGOING MONEY TRANSFER	33,755.03		CANTEX HEALTH CARE CENTERS III
1/23/2017	11310502	[redacted]	4618	142	ACH CREDIT RECEIVED		62,265.50	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4313954*1205296137*000004011\
1/23/2017	11310502	[redacted]	4618	142	ACH CREDIT RECEIVED		16,924.44	Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRN*1*EFT4078585*1201494502\
1/24/2017	11310502	[redacted]	4618	142	ACH CREDIT RECEIVED		13,444.16	AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|TRN*1*017012114100420*1752603231\
1/24/2017	11310502	[redacted]	4618	142	ACH CREDIT RECEIVED		9,272.17	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4315326*1205296137*000004011\
1/25/2017	11310502	[redacted]	4618	142	ACH CREDIT RECEIVED		2,208.27	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4317379*1205296137*000004011\
1/26/2017	11310502	[redacted]	4618	142	ACH CREDIT RECEIVED		17,956.06	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4319190*1205296137*000004011\
1/27/2017	11310502	[redacted]	4618	142	ACH CREDIT RECEIVED		3,020.43	AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|TRN*1*017012513100130*1752603231\
1/27/2017	11310502	[redacted]	4618	142	ACH CREDIT RECEIVED		1,914.82	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
1/27/2017	11310502	[redacted]	4618	301	COMMERCIAL DEPOSIT		12,313.07	
1/27/2017	11310502	[redacted]	4618	142	ACH CREDIT RECEIVED		6,046.65	Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRN*1*EFT4096084*1201494502\
						33,755.03	149,595.40	

NPI	Facility Number	DBA Facility Name	Molina	United Health-care	Superior	Ameri-group	Cigna	Total
3189	4811	Ashford Gardens	$62,564.84	$201,101.68	$0.00	$156,412.57	$0.00	$460,299.61
0433	105818	The Broadmoor at Creekside Park	$1,111.43	$6,668.57	$555.71	$1,667.14	$0.00	$11,669.99
0425	105314	The Crescent	$8,090.38	$10,112.98	$0.00	$22,248.59	$0.00	$42,474.55
3259	105006	Solera at West Houston	$28,241.58	$56,483.16	$0.00	$37,655.44	$0.00	$127,087.11
7503	4628	Fort Bend Healthcare Center	$52,081.61	$65,102.01	$0.00	$13,020.40	$0.00	$143,224.42
			$152,089.84	$339,468.40	$555.71	$231,004.14	$0.00	

Note: No components of January MPAP have been deposited as 1/30/17.

RUN DATE:01/30/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:17:20 CHECK REGISTER and Payable List GLCKREG
01/30/17 THRU 01/30/17

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000878	01/30/17	1,344.87	MCKESSON
A/P	000879	01/30/17	1,076.86	MCKESSON
A/P	000880	01/30/17	796.13	MCKESSON
TOTALS:			3,217.86	

340 B Prescription Expenses

APPROVED
ON

JAN 30 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J Pfeil
2-1-17

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: 01/27/2017

DC: 8115

Territory: 400

Customer: 190813
Date: 01/28/2017

Page: 001

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

As of: 01/27/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 01/28/2017 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
01/23/2017	01/31/2017	7788706792	1000953043	115Invoice	2.90	144.87		141.97 ✓		7788706792	
01/23/2017	01/31/2017	7788706794	1000953043	115Invoice	1.28	63.96		62.68 ✓		7788706794	
01/23/2017	01/31/2017	7788706795	1000953610	115Invoice	7.12	355.87		348.75 ✓		7788706795	
01/23/2017	01/31/2017	7788706798	1000954017	115Invoice	0.53	26.42		25.89 ✓		7788706798	
01/24/2017	01/31/2017	7788946404	1000954407	115Invoice	2.57	128.48		125.91 ✓		7788946404	
01/25/2017	01/31/2017	7789169519	1000955087	115Invoice	4.36	217.83		213.47 ✓		7789169519	
01/26/2017	01/31/2017	7789420201	1000955682	115Invoice	1.72	86.20		84.48 ✓		7789420201	
01/27/2017	01/31/2017	7789646273	1000956288	115Invoice	6.97	348.69		341.72 ✓		7789646273	

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

TOTAL:

Subtotals: 1,372.32 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,301.21
01/23/2017

If Paid By 01/31/2017,
Pay This Amount: 1,344.87 USD

If Paid After 01/31/2017,
Pay this Amount: 1,372.32 USD

Due If Paid On Time:
USD 1,344.87

Disc lost if paid late:
27.45

Due If Paid Late:
USD 1,372.32

1-30-17

Ck# 878

APPROVED
ON
JAN 30 2017
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: 01/27/2017 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 01/28/2017

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

As of: 01/27/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 01/28/2017 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
01/23/2017	01/31/2017	7788714776	1099246	115Invoice	1.90	94.90		93.00 ✓		7788714776	
01/23/2017	01/31/2017	7788714777	3454582011	115Invoice	0.23	11.73		11.50 ✓		7788714777	
01/24/2017	01/31/2017	7788950090	3454582014	115Invoice	6.93	346.56		339.63 ✓		7788950090	
01/25/2017	01/31/2017	7789170274	3454582017	115Invoice	5.65	282.53		276.88 ✓		7789170274	
01/26/2017	01/31/2017	7789412565	3454582020	115Invoice	2.90	144.80		141.90 ✓		7789412565	
01/26/2017	01/31/2017	7789412566	1099362	115Invoice	0.01	0.32		0.31 ✓		7789412566	
01/27/2017	01/31/2017	7789647785	3454582023	115Invoice	4.36	218.00		213.64 ✓		7789647785	

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

TOTAL:

Subtotals: 1,098.84 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 488.70
01/23/2017

If Paid By 01/31/2017,
Pay This Amount: 1,076.86 USD

If Paid After 01/31/2017,
Pay this Amount: 1,098.84 USD

Due If Paid On Time:
USD 1,076.86
Disc lost if paid late:
21.98
Due If Paid Late:
USD 1,098.84

1-30-17

Ck# 879

APPROVED
ON
JAN 30 2017
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: 01/27/2017 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 01/28/2017

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

As of: 01/27/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 01/28/2017 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
01/23/2017	01/31/2017	7788734132	1000953045	115Invoice	1.03	51.33		50.30		7788734132	
01/23/2017	01/31/2017	7788734134	1000953045	115Invoice	0.32	16.24		15.92		7788734134	
01/23/2017	01/31/2017	7788734135	1000953612	115Invoice	1.49	74.65		73.16		7788734135	
01/23/2017	01/31/2017	7788734138	1000954019	115Invoice	4.26	212.92		208.66		7788734138	
01/24/2017	01/31/2017	7788956078	1000954409	115Invoice	1.12	55.96		54.84		7788956078	
01/24/2017	01/24/2017	7789030770	MFC PR CORR CR	Pricing Cor		65.46-	P	65.46-	P	7789030770	
01/24/2017	01/31/2017	7789030771	MFC PR CORR IN	Pricing Cor	0.60	30.04		29.44		7789030771	
01/25/2017	01/31/2017	7789180834	1000955089	115Invoice	0.21	10.32		10.11		7789180834	
01/26/2017	01/31/2017	7789432997	1000955684	115Invoice	0.87	43.40		42.53		7789432997	
01/26/2017	01/31/2017	7789432998	1000955684	115Invoice	0.17	8.32		8.15		7789432998	
01/27/2017	01/31/2017	7789671474	1000956290	115Invoice	7.52	376.00		368.48		7789671474	

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

TOTAL:

Subtotals: 813.72 USD

Future Due: 0.00

Past Due: 65.46-

Last Payment 1,345.27
01/23/2017

If Paid By 01/31/2017,
Pay This Amount: 796.13 USD

If Paid After 01/31/2017,
Pay this Amount: 813.72 USD

Due If Paid On Time:
USD 796.13
Disc lost if paid late:
17.59
Due If Paid Late:
USD 813.72

1.30.17

ch# 880

APPROVED
ON
JAN 30 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

01/31/2017 MEMORIAL MEDICAL CENTER 0
10:35 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 02/03/2017

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

	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	21705		01/30/2017	01/23/2017	02/03/2017			11,702.19 ✓	0.00	0.00	11,702.19
		EMPLOYEE DENTAL & OTH INS PRE									
	A21706		01/30/2017	01/30/2017	02/03/2017			36,907.44 ✓	0.00	0.00	36,907.44
		EMPLOYEE PREMIUM									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10810	MMC EMPLOYEE BENEFIT PLAN					48,609.63	0.00	0.00	48,609.63

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	48,609.63	0.00	0.00	48,609.63

Michael J Pfeil
2-1-17

APPROVED
ON
JAN 31 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:01/31/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:10:53 CHECK REGISTER GLCKREG
01/31/17 THRU 01/31/17

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	169726	01/31/17	48,609.63	MMC EMPLOYEE BENEFIT PLAN
TOTALS:			48,609.63	

APPROVED
ON

JAN 31 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

		ENTER:	
☑	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"		
☑	"ENTER YOUR 4-DIGIT PIN"		
☑	"MAKE A PAYMENT, PRESS 1"	1	
☑	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	941	#
☑	"IF FEDERAL TAX DEPOSIT ENTER 1"	1	
☑	"ENTER 2-DIGIT TAX FILING YEAR"	~~16~~ 17	
☑	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	~~12~~ 03	
	1ST QTR - 03 (MARCH) - Jan, Feb, Mar		
	2ND QTR - 06 (JUNE) - Apr, May, June		
	3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept		
	4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec		
☑	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	$ 95,639.76	#
	"1 TO CONFIRM"	1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0 $ 44,819.54	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"	$ 10,481.98	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	$ 40,338.24	#
	CHECK	$ -	
☐	"6-DIGIT SETTLEMENT DATE"	~~1/18/2016~~	1/13/2017
	"1 TO CONFIRM"	1	
☐	ACKNOWLEDGEMENT NUMBER	2381082-7	

CALLED IN BY:	CAtkinson	
CALLED IN DATE:	~~1/17/2016~~	1/12/2017
CALLED IN TIME:	10:37 AM	

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

ENTER VOID CKS AS NEGATIVE NUMBERS

		VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: BEGIN	12/09/16					
PAY PERIOD: END	12/22/16					
PAY DATE:	12/29/16					
GROSS PAY:	$ 383,028.03					$ 383,028.03
DEDUCTIONS:						
A/R	$ 893.60					$ 893.60
ADVANC	$ -					$ -
BOOTS	$ -					$ -
CAFÉ-C	$ 500.90					$ 500.90
CAFÉ-D	$ 1,352.13					$ 1,352.13
CAFÉ-H	$ 15,419.63					$ 15,419.63
CAFÉ-I	$ 152.79					$ 152.79
CAFÉ-L	$ 308.57					$ 308.57
CAFÉ-P	$ 287.11					$ 287.11
CANCER	$ 17.49					$ 17.49
CHILD	$ 212.31					$ 212.31
CLINIC	$ 65.00					$ 65.00
COMBIN	$ 1,105.52					$ 1,105.52
CREDUN	$ 25.00					$ 25.00
DENTAL	$ 230.00					$ 230.00
DEP-LF	$ 557.91					$ 557.91
EAT	$ -					$ -
FED TAX	$ 40,338.24					$ 40,338.24
FICA-M	$ 5,240.92					$ 5,240.92
FICA-O	$ 22,409.79					$ 22,409.79
FIRST C	$ 75.00					$ 75.00
FLEX S	$ 2,101.49					$ 2,101.49
FLX-FE	$ -					$ -
GIFT S	$ 290.47					$ 290.47
GRP-IN	$ 129.26					$ 129.26
GTL	$ -					$ -
HOSP-I	$ 2,360.00					$ 2,360.00
MISC	$ -					$ -
OTHER	$ 327.08					$ 327.08
PHI	$ -					$ -
PR FIN	$ -					$ -
RELAY	$ -					$ -
REPAY	$ -					$ -
STONEDF	$ 1,382.50					$ 1,382.50
STONE	$ -					$ -
STONE 2	$ -					$ -
STUDEN	$ 106.97					$ 106.97
TSA-R	$ 26,811.99					$ 26,811.99
UW/HOS						$ -
TOTAL DEDUCTIONS:	$ 122,701.67	$ -	$ -	$ -	$ -	$ 122,701.67
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$ 260,326.36	$ -	$ -	$ -	$ -	$ 260,326.36
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFÉ 125 PLAN:	$ 21,580.12	Less Exempt:				
TAXABLE PAY:	$ 361,447.91	$ 361,447.91				Exempt Amt:

+ 390.32 = 266,854.54

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 5,240.99		
FICA - MED (EE)	1.45%	$ 5,240.99	$ 5,240.92	$ 0.07
FICA - SOC SEC (ER)	6.20%	$ 22,409.77		
FICA - SOC SEC (EE)	6.20%	$ 22,409.77	$ 22,409.79	$ (0.02)
FED WITHHOLDING		$ 40,338.24	$ 40,338.24	
TAX DEPOSIT:		$ 95,639.76	$ 95,639.66	$ 0.10

FICA - MEDICARE	2.90%	$ 10,481.98
FICA - SOCIAL SECURITY	12.40%	$ 44,819.54
FED WITHHOLDING		$ 40,338.24
TOTAL TAX:		$ 95,639.76

Employees over FICA-SS Cap:
Jason Anglin
Jerry
Paycode S - Employee Reimb.:
Roshanda S. Gray
TOTAL: $ -

PREPARED BY: Caitlynn Davenport
PREPARED DATE: 1/11/2017

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

ENTER VOID CKS AS NEGATIVE NUMBERS

		VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: BEGIN	01/06/17					
PAY PERIOD: END	01/19/17					
PAY DATE:	01/26/17					
GROSS PAY:	$ 383,053.93					$ 383,053.93
DEDUCTIONS:						
A/R	$ 955.05					$ 955.05
ADVANC	$ -					$ -
BOOTS	$ -					$ -
CAFÉ-C	$ 492.45					$ 492.45
CAFÉ-D	$ 321.09					$ 321.09
CAFÉ-H	$ 15,632.86					$ 15,632.86
CAFÉ-I	$ 143.49					$ 143.49
CAFÉ-L	$ 304.42					$ 304.42
CAFÉ-P	$ 287.11					$ 287.11
CANCER	$ 17.49					$ 17.49
CHILD	$ 212.31					$ 212.31
CLINIC	$ 205.00					$ 205.00
COMBIN	$ 1,105.52					$ 1,105.52
CREDUN	$ 25.00					$ 25.00
DENTAL	$ 225.00					$ 225.00
DEP-LF	$ 525.51					$ 525.51
EAT	$ -					$ -
FED TAX	$ 40,970.50					$ 40,970.50
FICA-M	$ 5,253.51					$ 5,253.51
FICA-O	$ 22,463.03					$ 22,463.03
FIRST C	$ 75.00					$ 75.00
FLEX S	$ 2,101.49					$ 2,101.49
FLX-FE	$ -					$ -
GIFT S	$ 317.74					$ 317.74
GRP-IN	$ 129.26					$ 129.26
GTL	$ -					$ -
HOSP-I	$ 1,825.00					$ 1,825.00
MISC	$ -					$ -
OTHER	$ 279.70					$ 279.70
PHI	$ -					$ -
PR FIN	$ 370.42					$ 370.42
RELAY	$ -					$ -
REPAY	$ -					$ -
STONEDF	$ 1,390.00					$ 1,390.00
STONE	$ -					$ -
STONE 2	$ -					$ -
STUDEN	$ 107.35					$ 107.35
TSA-R	$ -					$ -
UW/HOS	$ 26,813.78					$ 26,813.78
TOTAL DEDUCTIONS:	$ 122,549.08	$ -	$ -	$ -	$ -	$ 122,549.08
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$ 260,504.85	$ -	$ -	$ -	$ -	$ 260,504.85
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFÉ 125 PLAN:	$ 20,747.91	**Less Exempt:**				
TAXABLE PAY:	$ 362,306.02	$ 362,306.02				**Exempt Amt:**

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 5,253.44		
FICA - MED (EE)	1.45%	$ 5,253.44	$ 5,253.51	$ (0.07)
FICA - SOC SEC (ER)	6.20%	$ 22,462.97		
FICA - SOC SEC (EE)	6.20%	$ 22,462.97	$ 22,463.03	$ (0.06)
FED WITHHOLDING		$ 40,970.50	$ 40,970.50	
TAX DEPOSIT:		$ 96,403.32	$ 96,403.58	$ (0.26)
FICA - MEDICARE	2.90%	$ 10,506.88		
FICA - SOCIAL SECURITY	12.40%	$ 44,925.94		
FED WITHHOLDING		$ 40,970.50		
TOTAL TAX:		$ 96,403.32		

Employees over FICA-SS Cap:
Jason Anglin
Jerry

Paycode S - Employee Reimb.:
Roshanda S. Gray

TOTAL: $ -

PREPARED BY: Clarri Atkinson

PREPARED DATE: 1/25/2017

MEMORIAL MEDICAL CENTER

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- JANUARY 2016

Monthly Electronic Transfers for Operating Expenses

1/3/2017	IBC Merch Bank Fee	- Credit Card Processing Fee	17.95
1/3/2017	IBC Merch Bank Fee	- Credit Card Processing Fee	64.63
1/3/2017	IBC Merch Bank Fee	- Credit Card Processing Fee	67.97
1/3/2017	IBC Merch Bank Interchng	- Credit Card Processing Fee	71.90
1/3/2017	IBC Merch Bank Fee	- Credit Card Processing Fee	91.44
1/3/2017	IBC Merch Bank Discount	- Credit Card Processing Fee	96.93
1/3/2017	IBC Merch Bank Fee	- Credit Card Processing Fee	140.61
1/3/2017	IBC Merch Bank Interchng	- Credit Card Processing Fee	177.26
1/3/2017	IBC Merch Bank Discount	- Credit Card Processing Fee	209.85
1/3/2017	IBC Merch Bank Discount	- Credit Card Processing Fee	217.85
1/3/2017	IBC Merch Bank Interchng	- Credit Card Processing Fee	519.44
1/3/2017	IBC Merch Bank Deposit	- Credit Card Processing Fee	741.62
1/3/2017	IBC Merch Bank Interchng	- Credit Card Processing Fee	1,224.96
1/3/2017	IBC Merch Bank Discount	- Credit Card Processing Fee	2,731.17
1/4/2017	IBC Merch Bank Discount	- Credit Card Processing Fee	19.95
1/4/2017	IBC Merch Bank Fee	- Credit Card Processing Fee	37.95
1/4/2017	Mckesson Drug Auto ACH	- 340B Drug Program Expense	408.88
1/4/2017	Mckesson Drug Auto ACH	- 340B Drug Program Expense	551.73
1/4/2017	Mckesson Drug Auto ACH	- 340B Drug Program Expense	1,388.53
1/4/2017	State Comptrlr Texnet	- DSRIP DY5 Round 2	670,961.30
1/5/2017	FDGL Lease Payment	- Credit Card Machine Lease Expense	59.25
1/5/2017	FDGL Lease Payment	- Credit Card Machine Lease Expense	59.25
1/5/2017	FDGL Lease Payment	- Credit Card Machine Lease Expense	86.30
1/5/2017	DLX For Business Bus Prod	- Business Office Expense	166.63
1/6/2017	Vivonet Acquisit Payment	- Credit Card Machine Lease Expense	99.00
1/9/2017	FDGL Lease Payment	- Credit Card Machine Lease Expense	30.25
1/10/2017	FDGL Lease Payment	- Credit Card Machine Lease Expense	30.17
1/10/2017	Mckesson Drug Auto ACH	- 340B Drug Program Expense	766.27
1/10/2017	Mckesson Drug Auto ACH	- 340B Drug Program Expense	1,540.13
1/10/2017	Mckesson Drug Auto ACH	- 340B Drug Program Expense	2,357.11
1/11/2017	Dep Item Returned	- Returned Check	23.33
1/11/2017	Webfile Tax Portal	- Sales Tax	987.76
1/12/2017	Memorial Medical Payroll	- Payroll	260,464.22
1/13/2017	Clover APP MRKT Clover App	- Credit Card Machine Lease Expense	16.25
1/13/2017	Clover APP MRKT Clover App	- Credit Card Machine Lease Expense	81.20
1/13/2017	IRS USATAXPYMT	- Payroll Taxes	95,639.76
1/17/2017	Expertpay	- Child Support	213.81
1/18/2017	Mckesson Drug Auto ACH	- 340B Drug Program Expense	600.42
1/18/2017	Mckesson Drug Auto ACH	- 340B Drug Program Expense	740.03
1/18/2017	Mckesson Drug Auto ACH	- 340B Drug Program Expense	1,145.51
1/18/2017	Texas County DRS	- Retirement Funding	169,130.89
1/19/2017	Telecheck	- Credit Card Processing Fee	5.00
1/19/2017	Cardmember Service	- IBC Credit Card Invoice	1,374.11
1/19/2017	Cardmember Service	- IBC Credit Card Invoice	3,595.13
1/20/2017	FDGL Lease Payment	- Credit Card Machine Lease Expense	37.77
1/20/2017	FDGL Lease Payment	- Credit Card Machine Lease Expense	151.23
1/24/2017	Mckesson Drug Auto ACH	- 340B Drug Program Expense	488.70
1/24/2017	Mckesson Drug Auto ACH	- 340B Drug Program Expense	1,301.21
1/24/2017	Mckesson Drug Auto ACH	- 340B Drug Program Expense	1,345.27
1/25/2017	Expertpay	- Child Support	213.81
1/26/2017	Memorial Medical Payroll	- Payroll	260,432.99
1/31/2017	Mckesson Drug Auto ACH	- 340B Drug Program Expense	796.13
1/31/2017	Mckesson Drug Auto ACH	- 340B Drug Program Expense	1,076.86
1/31/2017	Mckesson Drug Auto ACH	- 340B Drug Program Expense	1,344.87
			1,486,142.54

Jason Anglin
MMC Chief Executive Officer

APPROVED
ON

FEB 2 1 2017

BY CT
CALHOUN COUNTY AUDITOR

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

CUSTOMER

8/NE/131/019/1214
MEMORIAL MEDICAL CENTER OPERATING
COUNTY OF CALHOUN
201 W AUSTIN STREET
PORT LAVACA TX 77979

STATEMENT 425

CUSTOMER NO.	PAGE NO.
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01/01/2017 to 01/31/2017
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.

01/31	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 451356	4,654.34
01/31	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160910883	3,123.76
01/31	Electronic Deposit	AETNA H09 HCCLAIMPMT 1689630865	1,507.20
01/31	Electronic Deposit	AETNA AS01 HCCLAIMPMT 1689630865	1,030.40
01/31	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C17027E77697800	747.27
01/31	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160911881	740.57
01/31	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160913887	228.96
01/31	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C17027E77697790	220.60
01/31	Electronic Deposit	36 TREAS 310 MISC PAY 746003411360012	148.87
01/31	Electronic Deposit	36 TREAS 310 MISC PAY 746003411360012	106.58
01/31	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113000	86.60
01/31	Electronic Deposit	36 TREAS 310 MISC PAY 746003411360012	70.75
01/31	Electronic Deposit	36 TREAS 310 MISC PAY 746003411360012	52.54
01/31	Electronic Deposit	36 TREAS 310 MISC PAY 746003411360012	16.00
	Debits		
01/03	Electronic Payment	IBC MERCH BNKCD FEE 971160912889	17.95
01/03	Electronic Payment	IBC MERCH BNKCD FEE 971160911881	64.63
01/03	Electronic Payment	IBC MERCH BNKCD FEE 971160914885	67.97
01/03	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160913887	71.90
01/03	Electronic Payment	IBC MERCH BNKCD FEE 971160910883	91.44
01/03	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160913887	96.93
01/03	Electronic Payment	IBC MERCH BNKCD FEE 971160913887	140.61
01/03	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160914885	177.26
01/03	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160911881	209.85
01/03	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160914885	217.85
01/03	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160911881	519.44
01/03	Electronic Payment	IBC MERCH BNKCD DEPOSIT 971160915882	741.62
01/03	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160910883	1,224.96
01/03	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160910883	2,731.17
01/04	Electronic Payment	IBC MERCH BNKCD DISCOUNT 674200009993	19.95
01/04	Electronic Payment	IBC MERCH BNKCD FEE 674200009993	37.95
01/04	Electronic Payment	MCKESSON DRUG AUTO ACH ACH03013984	408.88
01/04	Electronic Payment	MCKESSON DRUG AUTO ACH ACH03014134	551.73
01/04	Electronic Payment	MCKESSON DRUG AUTO ACH ACH03014150	1,388.53
01/04	Electronic Payment	STATE COMPTRLR TEXNET 25836045/70103	670,961.30
01/05	Electronic Payment	FDGL LEASE PYMT	59.25
01/05	Electronic Payment	FDGL LEASE PYMT	59.25
01/05	Electronic Payment	FDGL LEASE PYMT	86.30
01/05	Electronic Payment	DLX For Business BUS PROD 2038807825128	166.63
01/06	Electronic Payment	VIVONET ACQUISIT PAYMENT 1136	99.00
01/09	Electronic Payment	FDGL LEASE PYMT	30.25
01/10	Electronic Payment	FDGL LEASE PYMT	30.17
01/10	Electronic Payment	MCKESSON DRUG AUTO ACH ACH03019036	766.27
01/10	Electronic Payment	MCKESSON DRUG AUTO ACH ACH03018458	1,540.13
01/10	Electronic Payment	MCKESSON DRUG AUTO ACH ACH03019070	2,357.11
01/11	Dep Item Returned	(Tracer# 17000171)	23.33
01/11	Electronic Payment	WEBFILE TAX PYMT DD 902/26008632	987.76
01/12	Electronic Payment	MEMORIAL MEDICAL PAYROLL	260,464.22

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

CUSTOMER

8/NE/131/019/1215
MEMORIAL MEDICAL CENTER OPERATING
COUNTY OF CALHOUN
201 W AUSTIN STREET
PORT LAVACA TX 77979

STATEMENT 425

CUSTOMER NO.	PAGE NO.
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01/01/2017 to 01/31/2017
STATEMENT PERIOD

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01/13	Electronic Payment	CLOVER APP MRKT CLOVER APP	16.25
01/13	Electronic Payment	CLOVER APP MRKT CLOVER APP	81.20
01/13	Electronic Payment	IRS USATAXPYMT 220741323810827	95,639.76
01/17	Electronic Payment	EXPERTPAY EXPERTPAY xxxxx3411	213.81
01/18	Electronic Payment	MCKESSON DRUG AUTO ACH ACH03026842	600.42
01/18	Electronic Payment	MCKESSON DRUG AUTO ACH ACH03026700	740.03
01/18	Electronic Payment	MCKESSON DRUG AUTO ACH ACH03026859	1,145.51
01/18	Electronic Payment	TEXAS COUNTY DRS RECEIVABLE 419	169,130.89
01/19	Electronic Payment	Telecheck INV012017D xxxxx9736	5.00
01/19	Electronic Payment	CARDMEMBER SERV ELECT PYMT	1,374.11
01/19	Electronic Payment	CARDMEMBER SERV ELECT PYMT	3,595.13
01/20	Electronic Payment	FDGL LEASE PYMT	37.77
01/20	Electronic Payment	FDGL LEASE PYMT	151.23
01/24	Electronic Payment	MCKESSON DRUG AUTO ACH ACH03030056	488.70
01/24	Electronic Payment	MCKESSON DRUG AUTO ACH ACH03029980	1,301.21
01/24	Electronic Payment	MCKESSON DRUG AUTO ACH ACH03030066	1,345.27
01/25	Electronic Payment	EXPERTPAY EXPERTPAY xxxxx3411	213.81
01/26	Electronic Payment	MEMORIAL MEDICAL PAYROLL	260,432.99
01/31	Electronic Payment	MCKESSON DRUG AUTO ACH ACH03038764	796.13
01/31	Electronic Payment	MCKESSON DRUG AUTO ACH ACH03038720	1,076.86
01/31	Electronic Payment	MCKESSON DRUG AUTO ACH ACH03038546	1,344.87

Daily Ending Balance

01/03	1,191,816.61	01/12	1,712,554.25	01/24	1,981,061.57
01/04	537,229.55	01/13	1,652,647.79	01/25	2,161,064.53
01/05	543,785.21	01/17	1,809,482.82	01/26	3,432,536.96
01/06	1,840,256.27	01/18	1,643,960.97	01/27	3,456,218.37
01/09	1,905,863.26	01/19	1,722,057.50	01/30	2,588,135.33
01/10	1,881,835.94	01/20	1,820,287.92	01/31	2,520,466.23
01/11	1,911,932.20	01/23	1,923,087.17		

IBC

BANK

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

CUSTOMER

8/NE/131/019/1203
MEMORIAL MEDICAL CENTER OPERATING
COUNTY OF CALHOUN
201 W AUSTIN STREET
PORT LAVACA TX 77979

STATEMENT 425

CUSTOMER NO.	PAGE NO.
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01/01/2017 to 01/31/2017
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
1,139,100.01	524	4,854,057.59	364	3,472,691.37	2,520,466.23

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
01/03		39,805.44	01/11		797.73	01/20		186.44
01/03		1,390.57	01/11		641.50	01/20		175.42
01/03		846.00	01/11		114.99	01/23		57,449.34
01/03		611.54	01/11		45.00	01/23		615.00
01/03		335.00	01/12		1,122.71	01/23		205.00
01/03		252.31	01/12		359.00	01/23		100.00
01/03		91.20	01/12		40.42	01/24		5,415.07
01/03		65.00	01/13		49,433.34	01/24		1,830.84
01/03		33.14	01/13		27,581.43	01/24		1,823.17
01/04		12,000.86	01/13		636.97	01/24		845.14
01/04		3,265.02	01/13		506.00	01/24		765.69
01/04		1,583.21	01/13		123.00	01/24		351.79
01/04		878.72	01/13		43.87	01/25		18,160.17
01/04		559.36	01/13		26.40	01/25		954.46
01/04		90.00	01/17		58,164.90	01/25		430.00
01/04		14.59	01/17		3,948.74	01/25		63.01
01/05		13,341.11	01/17		1,653.04	01/26		11,722.33
01/05		264.80	01/17		747.00	01/26		835.00
01/06		1,276,895.61	01/17		664.00	01/26		683.36
01/06		785.00	01/17		433.17	01/26		270.28
01/06		702.43	01/17		392.51	01/26		179.00
01/06		480.00	01/17		183.00	01/26		100.00
01/06		254.71	01/17		63.39	01/27		41,752.24
01/06		201.16	01/17		60.80	01/27		510.70
01/06		47.72	01/17		32.00	01/27		505.00
01/09		62,337.36	01/18		3,159.76	01/27		70.60
01/09		5,997.64	01/18		2,082.55	01/27		26.00
01/09		1,836.03	01/18		893.00	01/30		26,290.61
01/09		450.00	01/18		296.14	01/30		965.40
01/09		245.00	01/18		205.72	01/30		649.11
01/09		135.00	01/19		25,042.07	01/30		75.00
01/10		12,336.32	01/19		1,825.51	01/30		34.19
01/10		1,276.99	01/19		195.00	01/30		20.00
01/10		869.93	01/19		148.35	01/31		17,646.79
01/10		779.32	01/19		11.40	01/31		1,491.38
01/10		678.00	01/20		15,567.43	01/31		765.00
01/10		470.13	01/20		1,125.33	01/31		652.99
01/10		106.14	01/20		1,050.44	01/31		100.00
01/11		43,011.38						

Checks (Debits)

Date	Check #	Amount	Date	Check #	Amount	Date	Check #	Amount
01/04	61832	646.87	01/03 *	167885	1,528.83	01/24 *	169046	62.42
01/17	61833	390.32	01/12 *	168351	600.00	01/05 *	169098	5,000.00

IBC

BANK

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

CUSTOMER

8/NE/131/019/996
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
PRIVATE WAIVER CLEARING FUND
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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01/01/2017 to 01/31/2017
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	1	670,961.30	1,227,029.67

Checks (Debits)

Date	Check #	Amount	
01/06	11	670,961.30	to MMC

Daily Ending Balance

01/06	1,227,029.67

IBC

BANK

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

CUSTOMER

8/NE/131/019/1033
MEMORIAL MEDICAL CENTER CONSTRUCTION COU
CLINIC SERIES 2014
202 S ANN STE A
PORT LAVACA TX 77979

STATEMENT

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01/01/2017 to 01/31/2017
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

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

CUSTOMER

8/NE/131/019/1064
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH ASHFORD
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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STATEMENT PERIOD: 01/01/2017 to 01/31/2017

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
325,364.66	21	891,250.50	5	1,045,426.33	171,188.83

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
01/05		194,614.53	01/17		79,564.13	01/27		76,169.36
01/06		117,675.86						

Checks (Debits)

Date	Check #	Amount
01/06	13	318,327.92

Electronic Activity

	Credits			
01/04	Electronic Deposit	Molina HC of TX Molina HC PN1326436189		4,108.71
01/12	Electronic Deposit	Molina HC of TX Molina HC PN1326436189		8,861.27
01/13	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005		5,931.63
01/18	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17011417200120		385.06
01/19	Electronic Deposit	Molina HC of TX Molina HC PN1326436189		190.26
01/20	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423		5,788.78
01/20	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005		4.10
01/23	Electronic Deposit	Molina HC of TX Molina HC PN1326436189		14,511.12
01/23	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005		10,224.05
01/24	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423		179,672.80
01/25	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423		13,005.61
01/26	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423		212.83
01/27	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005		6,725.22
01/27	Electronic Deposit	Molina HC of TX Molina HC PN1326436189		2,516.35
01/30	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	171,088.83	8,520.50
01/30	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005		6,155.76
01/31	Electronic Deposit	AMERIGROUP CORPO E-PAYMENT EE51459802		156,412.57
	Debits			
01/06	Outgoing Wire	0097 ASHFORD HEALTH CARE CENTER LTD	431,678.96 = 318,327.92 +	113,351.04
01/11	Outgoing Wire	0429 ASHFORD HEALTH CARE CENTER LTD		209,984.80
01/20	Outgoing Wire	0016 ASHFORD HEALTH CARE CENTER LTD		94,357.03
01/31	Outgoing Wire	0006 ASHFORD HEALTH CARE CENTER LTD		309,405.54

Daily Ending Balance

01/04	329,473.37	01/17	94,457.03	01/25	223,881.78
01/05	524,087.90	01/18	94,842.09	01/26	224,094.61
01/06	210,084.80	01/19	95,032.35	01/27	309,505.54
01/11	100.00	01/20	6,468.20	01/30	324,181.80
01/12	8,961.27	01/23	31,203.37	01/31	171,188.83
01/13	14,892.90	01/24	210,876.17		

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

CUSTOMER

8/NE/131/019/1069
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH BROADMOOR
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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01/01/2017 to 01/31/2017
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
240,475.74	25	1,559,591.22	5	1,790,964.80	9,102.16

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
01/05		6,453.44	01/17		36,404.86	01/27		71,960.69
01/06		40,269.33						

Checks (Debits)

Date	Check #	Amount
01/06	12	7,311.06

Electronic Activity

	Credits		
01/03	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	19,984.05
01/03	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113004	8,008.71
01/05	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	295.74
01/06	Incoming Wire	0324 CANTEX HEALTH CARE CENTERS III	808,913.24
01/11	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	28,662.00
01/12	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	60,966.34
01/13	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	13,989.85
01/13	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113004	2,427.61
01/18	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	1,281.40
01/20	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	382,725.00
01/20	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113004	9,102.10
01/23	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113004	4,962.75
01/23	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	4,896.84
01/24	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	4,604.94
01/25	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	24,640.72
01/25	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113004	4,186.00
01/26	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	2,436.36
01/27	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	13,417.09
01/30	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113004	2,567.71
01/31	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	4,767.31
01/31	Electronic Deposit	AMERIGROUP CORPO E-PAYMENT EE51459801	1,667.14
	Debits		
01/06	Outgoing Wire	0100 CANTEX HEALTH CARE CENTERS III	237,686.81
01/11	Outgoing Wire	0434 CANTEX HEALTH CARE CENTERS III	879,302.38
01/20	Outgoing Wire	0019 CANTEX HEALTH CARE CENTERS III	142,450.66
01/31	Outgoing Wire	0009 CANTEX HEALTH CARE CENTERS III	524,213.89

Daily Ending Balance

01/03	268,468.50	01/11	28,762.00	01/17	142,550.66
01/05	275,217.68	01/12	89,728.34	01/18	143,832.06
01/06	879,402.38	01/13	106,145.80	01/20	393,208.50

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

CUSTOMER

8/NE/131/019/1068
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH CRESCENT
202 S ANN ST STE A
PORT LAVACA TX 77979

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

Daily Ending Balance

01/03	70,008.27	01/12	17,943.62	01/25	294,344.68
01/04	77,239.98	01/17	30,637.82	01/26	299,335.68
01/05	87,026.73	01/18	38,687.82	01/27	329,727.95
01/06	79,660.44	01/20	8,150.00	01/30	335,212.55
01/09	82,431.87	01/23	233,087.34	01/31	30,881.35
01/11	9,448.99	01/24	259,986.20		

IBC BANK
International Bank of Commerce
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Port Lavaca, Texas 77979

CUSTOMER

8/NE/131/019/1071
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH FORT BEND
202 S ANN ST STE A
PORT LAVACA TX 77979

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Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
98,714.14	23	784,879.55	5	864,769.72	18,823.97

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
01/05		63,001.95	01/17		15,726.56	01/27		12,313.07
01/06		8,044.02						

Checks (Debits)

Date	Check #	Amount
01/06	9	98,666.14

Electronic Activity

	Credits		
01/06	Incoming Wire	0464 CANTEX HEALTH CARE CENTERS III	511,759.18
01/10	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663	1,731.82
01/12	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	6,746.79
01/13	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113006	3,020.40
01/17	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17011213100067	6,529.46
01/20	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	4,033.11
01/20	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663	196.72
01/23	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663	62,265.50
01/23	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	16,924.44
01/24	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17012114100420	13,444.16
01/24	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663	9,272.17
01/25	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663	2,208.27
01/26	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663	17,956.06
01/27	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	6,046.65
01/27	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17012513100130	3,020.43
01/27	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113006	1,914.82
01/31	Electronic Deposit	AMERIGROUP CORPO E-PAYMENT EE51459798	13,020.40
01/31	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17012712300145	4,480.84
01/31	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663	1,222.73
		18,723.97	
	Debits		
01/06	Outgoing Wire	0101 CANTEX HEALTH CARE CENTERS III	35,612.19
01/11	Outgoing Wire	0435 CANTEX HEALTH CARE CENTERS III	547,140.96
01/20	Outgoing Wire	0020 CANTEX HEALTH CARE CENTERS III	33,755.03
01/31	Outgoing Wire	0010 CANTEX HEALTH CARE CENTERS III	149,595.40

134,278.33 = 98,666.14 + 35,612.19

98,666.14

Daily Ending Balance

01/05	161,716.09	01/13	11,599.01	01/25	108,444.37
01/06	547,240.96	01/17	33,855.03	01/26	126,400.43
01/10	548,972.78	01/20	4,329.83	01/27	149,695.40
01/11	1,831.82	01/23	83,519.77	01/31	18,823.97
01/12	8,578.61	01/24	106,236.10		

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

CUSTOMER

8/NE/131/019/1065
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH SOLERA
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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

Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
120,022.58	33	689,521.45	5	768,212.94	41,331.09

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
01/05		54,661.13	01/17		39,138.32	01/27		79,024.13
01/06		47,887.11						

Checks (Debits)

Date	Check #	Amount
01/06	9	92,737.37

Electronic Activity

	Credits			
01/03	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16122911900111		4,912.52
01/03	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113007		1,286.54
01/04	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16123013300112		6,068.01
01/04	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16123010400152		3,538.74
01/09	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310		14,985.41
01/09	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113007		5,635.00
01/09	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17010514000116		1,480.55
01/10	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17010712500257		563.37
01/11	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113007		8,372.00
01/12	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17011013900051		5,537.58
01/12	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310		2,104.78
01/13	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113007		2,667.77
01/17	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17011213100069		870.24
01/18	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17011416400247		4,689.63
01/20	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310		116.12
01/24	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310		311,818.58
01/24	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17012113900453		15,126.09
01/24	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17012012800011		1,951.23
01/25	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310		14,034.59
01/25	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113007		3,055.00
01/26	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17012412000795		1,771.10
01/26	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310		584.74
01/27	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17012513700556		15,075.22
01/27	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17012513100133		1,334.86
01/30	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17012613300058		1,331.84
01/30	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310		1,169.47
01/30	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17012613300042	41,231.09	1,038.23
01/31	Electronic Deposit	AMERIGROUP CORPO E-PAYMENT EE51459799		37,655.44
01/31	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17012712300148		36.11
	Debits			
01/06	Outgoing Wire	0098 CANTEX HEALTH CARE CENTERS LLC 148,888.64	= 92,737.37 +	56,151.27

BANK

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

CUSTOMER

8/NE/131/019/1091
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH ALLENBROOK HEALTHCARE CENTER
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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01/01/2017 to 01/31/2017
STATEMENT PERIOD

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

Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
100.00	0	0.00	1	5.00	95.00

Electronic Activity

	Debits		
01/31	Service Fee	Inactive Account Fee	5.00

Daily Ending Balance

01/31	95.00

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

CUSTOMER

8/NE/131/019/1093
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH GOLDEN CREEK HEALTHCARE & REHAB
202 S ANN ST STE A
PORT LAVACA TX 77979

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Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
100.00	0	0.00	1	5.00	95.00

Electronic Activity

01/31	Debits Service Fee	Inactive Account Fee	5.00

Daily Ending Balance

01/31	95.00