## MEMORIAL MEDICAL CENTER

## COMMISSIONERS COURT APPROVAL LIST FOR ----- March 23, 2017

| | | | |
|---|---|---|---|
| **PAYABLES AND PAYROLL** | | | |
| 12/12/2016 | Payroll by Checks | $ 1,061.72 | |
| 1/31/2017 | Payroll Liabilities | 96,403.32 | |
| 2/3/2017 | Weekly Payables | 504,074.18 | |
| 2/6/2017 | McKesson Drugs | 2,941.29 | |
| 2/7/2017 | TAMG Marking Solution canceled 3/14/17 | 150.00 | |
| 2/7/2017 | Payroll | 262,845.51 | |
| 2/9/2017 | Weekly Payables | 176,935.01 | |
| 2/10/2017 | Patient Refunds | 520.42 | |
| 2/13/2017 | McKesson Drugs | 2,420.30 | |
| 2/14/2017 | Payroll Liabilities | 96,595.70 | |
| 2/15/2017 | Weekly Payables | 668,724.26 | |
| 2/16/2017 | TCDRS | 882,147.08 | |
| 2/16/2017 | TCDRS - Wire Transfer Return | (882,147.08) | |
| 2/16/2017 | Weekly Payables | 121,241.66 | |
| 2/17/2017 | TCDRS | 115,462.72 | |
| 2/17/2017 | Weekly Payables | 45,084.00 | |
| 2/21/2017 | McKesson Drugs | 3,793.48 | |
| 2/22/2017 | Credit Card Invoice | 4,631.56 | |
| 2/23/2017 | Payroll | 247,377.80 | |
| 2/23/2017 | Payroll by Checks | 3,279.30 | |
| 2/23/2017 | Weekly Payables | 185,446.69 | |
| 2/24/2017 | Credit Card Invoice | 3,144.03 | |
| 2/27/2017 | Patient Refunds | 520.00 | |
| 2/27/2017 | McKesson Drugs | 3,840.31 | |
| 2/28/2017 | Weekly Payables | 80,306.11 | |
| 2/28/2017 | Weekly Payables | 23,750.00 | |
| | Monthly Electronic Transfers for Payroll Expenses(not incl above) | 427.62 | |
| | Monthly Electronic Transfers for Operating Expenses | 7,708.27 | |
| | **Total Payables and Payroll** | | **$ 2,658,685.26** |
| **INTER-GOVERNMENT TRANSFERS** | | | |
| 2/2/2017 | Inter-Government Transfers for February 2017 | 204,967.54 | |
| | **Total Inter-Government Transfers** | | **$ 204,967.54** |
| **INTRA-ACCOUNT TRANSFERS** | | | |
| | Private Waiver to MMC | - | |
| | MMc to Private Waiver | - | |
| | **Total Intra-Account Transfers** | | **$ -** |
| **SUBTOTAL MEMORIAL MEDICAL CENTER DISBURSEMENTS** | | | **$ 2,863,652.80** |
| **INDIGENT HEALTHCARE FUND EXPENSES** | | | **$ 26,914.63** |
| **NURSING HOME UPL EXPENSES FOR February 2017** | | | **$ 3,090,253.23** |
| **IGT MPAP NH Program For February 2017** | | | **$ -** |
| **MMC Construction** | | | **$ -** |
| **GRAND TOTAL DISBURSEMENTS APPROVED 3/23/2017** | | | **$ 5,980,820.66** |

## MEMORIAL MEDICAL CENTER

## COMMISSIONERS COURT APPROVAL LIST FOR ---- March 23, 2017

**INDIGENT HEALTHCARE FUND:**

**INDIGENT EXPENSES**

| | |
|---|---|
| Adu Sports Medicine Clinic (Ayo Adu MD) | 337.95 |
| Community Pathology Associates | 101.56 |
| Medicine Man Pharmacy | 521.72 |
| Memorial Medical Center (In-patient $ / Out-patient $26,648.02 / ER $5,732.91) | 32,380.93 |
| Port Lavaca Clinic | 318.00 |
| Radiology Unlimited PA | 230.43 |
| Regional Employee Assistance | 633.17 |
| Richard Arroyo-Diaz MD | 47.85 |
| Victoria Professional Medical | 105.40 |
| **SUBTOTAL** | **34,677.01** |
| Memorial Medical Center (Indigent Healthcare Payroll and Expenses) | 4,166.67 |
| Subtotal | **38,843.68** |
| **Less: Co-Pays collected in February 2016** | **(600.00)** |
| **Less: Medicaid Reimbursement** | **(11,329.05)** |
| **TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES** | **26,914.63** |

800 03232017 01 CALHOUN COUNTY, TEXAS

DATE: 3/23/2017

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 | | | $26,914.63 |
| | approved by Commissioners Court on 03/23/2017 | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 1000-001-46010 | February Interest $0.00 | | | $0.00 |
| | | | | |
| | | | | |
| | | | | |
| | | | | $26,914.63 |

COUNTY AUDITOR APPROVAL ONLY

APPROVED ON MAR 15 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 3/23/17

DEPARTMENT HEAD DATE

Issued 03/15/17

# Source Totals Report

Calhoun Indigent Health Care
Batch Dates 03/01/2017 through 03/01/2017
For Vendor: All Vendors

| Source | Description | Amount Billed | Amount Paid |
|---|---|---|---|
| 01 | Physician Services | 8,881.48 | 1,450.28 |
| 02 | Prescription Drugs | 864.66 | 527.80 |
| 08 | Rural Health Clinics | 624.00 | 318.00 |
| 14 | Mmc - Hospital Outpatient | 80,061.97 | 26,648.02 |
| 15 | Mmc - Er Bills | 17,498.05 | 5,732.91 |
| | **Expenditures** | 107,930.16 | 34,677.01 |
| | **Reimb/Adjustments** | 0.00 | 0.00 |
| | **Grand Total** | **107,930.16** | **34,677.01** |

| | |
|---|---|
| Copay | <600.00> |
| Cihcp/SSI reimbursements | <11,329.05> |
| Expenses | 4,166.67 |
| Total | 26,914.63 |

APPROVED
ON

MAR 15 2017

BY
CALHOUN COUNTY AUDITOR

Calhoun County Indigent Care Patient Caseload 2017

| | Approved | Denied | Removed | Active | Pending |
|---|---|---|---|---|---|
| January | 9 | 1 | 4 | 62 | 4 |
| February | 5 | 3 | 7 | 61 | 0 |
| March | | | | | |
| April | | | | | |
| May | | | | | |
| June | | | | | |
| July | | | | | |
| August | | | | | |
| September | | | | | |
| October | | | | | |
| November | | | | | |
| December | | | | | |
| YTD | | | | | |
| Monthly Avg | 11 | 2 | 6 | 62 | 2 |
| December 2016 Active | | 55 | | | |

# MEMORIAL MEDICAL CENTER
## CHECK REQUEST

PAY TO: Calhoun County Indigent Account

Date Requested: 3/16/2017

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

AMOUNT $600.00

G/L NUMBER: 50240000

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

February 2017

APPROVED ON MAR 15 2017 BY CALHOUN COUNTY AUDITOR

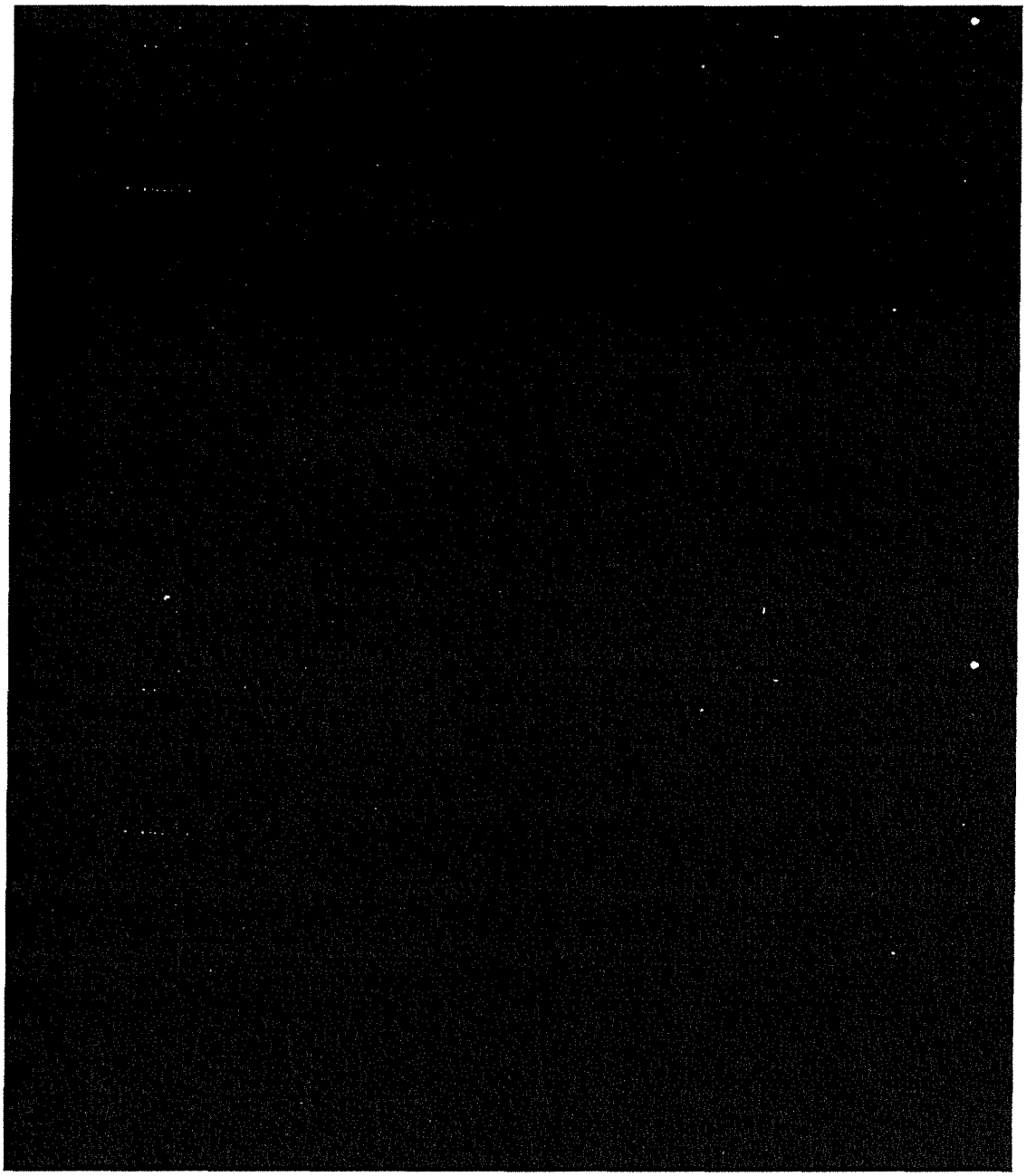
REQUESTED BY: Adam Machicek

AUTHORIZED BY:

| G/L NUMBER | RECEIPT DATE | PAY NUMBER | TYPE | PAYER | CASH AMOUNT | RECEIPT AMOUNT | NUMBER | NAME | DISC DATE | COLL INIT | GL CASH CODE ACCOUNT |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 50240.000 | 02/01/17 | 454348 | CA | [redacted] | 10.00 | 10.00 | | | 00/00/00 | PLB | 2 |
| 50240.000 | 02/01/17 | 454459 | CA | | 10.00 | 10.00 | | | 00/00/00 | MKG | 2 |
| 50240.000 | 02/01/17 | 454479 | CA | | 10.00 | 10.00 | | | 00/00/00 | PLB | 2 |
| 50240.000 | 02/02/17 | 454498 | CA | | 10.00 | 10.00 | | | 00/00/00 | VTT | 2 |
| 50240.000 | 02/03/17 | 454581 | CA | | 10.00 | 10.00 | | | 00/00/00 | PLB | 2 |
| 50240.000 | 02/03/17 | 454649 | CA | | 10.00 | 10.00 | | | 00/00/00 | ARK | 2 |
| 50240.000 | 02/03/17 | 454666 | CA | | 10.00 | 10.00 | | | 00/00/00 | PLB | 2 |
| 50240.000 | 02/03/17 | 454670 | CA | | 10.00 | 10.00 | | | 00/00/00 | PLB | 2 |
| 50240.000 | 02/06/17 | 454682 | CA | | 10.00 | 10.00 | | | 00/00/00 | PLB | 2 |
| 50240.000 | 02/06/17 | 454780 | CA | | 10.00 | 10.00 | | | 00/00/00 | PLB | 2 |
| 50240.000 | 02/06/17 | 454796 | CA | | 10.00 | 10.00 | | | 00/00/00 | PLB | 2 |
| 50240.000 | 02/08/17 | 454970 | CA | | 10.00 | 10.00 | | | 00/00/00 | PLB | 2 |

| G/L NUMBER | DATE | RECEIPT NUMBER | PAY TYPE | PAYER | CASH AMOUNT | RECEIPT AMOUNT | NUMBER | NAME | DISC DATE | COLL INIT | GL CODE | CASH ACCOUNT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 50240.000 | 02/08/17 | 455020 | CA | [redacted] | .00 | .00 | | | 00/00/00 | VTT | | 2 |
| 50240.000 | 02/08/17 | 455041 | CA | | 10.00 | 10.00 | | | 00/00/00 | VTT | | 2 |
| 50240.000 | 02/08/17 | 455042 | CK | | 10.00 | 10.00 | | | 00/00/00 | VTT | | 2 |
| 50240.000 | 02/09/17 | 455078 | CA | | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 02/09/17 | 455083 | CA | | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 02/09/17 | 455084 | CA | | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 02/09/17 | 455125 | CA | | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 02/10/17 | 455215 | CA | | 10.00 | 10.00 | | | 00/00/00 | VTT | | 2 |
| 50240.000 | 02/10/17 | 455311 | CA | | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 02/10/17 | 455323 | CK | | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 02/10/17 | 455324 | CK | | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 02/13/17 | 455328 | CA | | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 02/13/17 | 455329 | CA | | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 02/13/17 | 455332 | CA | | 10.00 | 10.00 | | | 00/00/00 | VTT | | 2 |
| 50240.000 | 02/13/17 | 455353 | CA | | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 02/13/17 | 455391 | CA | | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 02/13/17 | 455424 | CA | | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 02/14/17 | 455428 | CA | | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 02/14/17 | 455435 | CA | | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 02/14/17 | 455446 | CA | | 10.00- | 10.00- | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 02/14/17 | 455465 | CA | | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 02/15/17 | 455537 | CA | | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 02/15/17 | 455565 | CA | | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 02/15/17 | 455581 | CA | | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 02/15/17 | 455583 | CA | | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 02/15/17 | 455613 | CA | | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 02/16/17 | 455713 | CK | | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 02/16/17 | 455748 | CA | | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 02/17/17 | 455809 | CA | | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 02/20/17 | 455826 | CA | | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 02/20/17 | 455827 | MC | | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 02/20/17 | 455833 | CA | | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 02/20/17 | 455839 | CA | | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 02/20/17 | 455849 | MC | | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 02/20/17 | 455850 | MC | | 10.00- | 10.00- | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 02/20/17 | 455851 | CA | | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 02/20/17 | 455852 | MC | | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 02/20/17 | 455853 | MC | | 10.00- | 10.00- | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 02/20/17 | 455873 | CA | | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 02/20/17 | 455882 | CA | | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 02/21/17 | 455999 | CA | | 10.00 | 10.00 | | | 00/00/00 | CAS | | 2 |
| 50240.000 | 02/21/17 | 456016 | CA | | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 02/21/17 | 456093 | CA | | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 02/22/17 | 456110 | CA | | 10.00 | 10.00 | | | 00/00/00 | ARK | | 2 |
| 50240.000 | 02/22/17 | 456111 | CA | | 10.00 | 10.00 | | | 00/00/00 | ARK | | 2 |
| 50240.000 | 02/22/17 | 456120 | CA | | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 02/23/17 | 456209 | CA | | 10.00 | 10.00 | | | 00/00/00 | VTT | | 2 |
| 50240.000 | 02/23/17 | 456296 | VI | | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 02/24/17 | 456357 | CA | | 10.00 | 10.00 | | | 00/00/00 | ELB | | 2 |
| 50240.000 | 02/24/17 | 456397 | MC | | 10.00 | 10.00 | | | 00/00/00 | CAS | | 2 |
| 50240.000 | 02/27/17 | 456441 | CA | | 10.00 | 10.00 | | | 00/00/00 | VTT | | 2 |
| 50240.000 | 02/27/17 | 456443 | CA | | 10.00- | 10.00- | | | 00/00/00 | VTT | | 2 |
| 50240.000 | 02/28/17 | 456487 | CA | | 10.00 | 10.00 | | | 00/00/00 | CAS | | 2 |
| 50240.000 | 02/28/17 | 456500 | CA | | 10.00 | 10.00 | | | 00/00/00 | CAS | | 2 |

| G/L NUMBER | DATE | RECEIPT NUMBER | PAY TYPE | PAYER | CASH AMOUNT | RECEIPT AMOUNT | NUMBER | NAME | DISC DATE | COLL INIT | GL CODE | CASH ACCOUNT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 50240.000 | 02/28/17 | 456516 | CA | [redacted] | 10.00 | 10.00 | | | 00/00/00 | CAS | | 2 |
| 50240.000 | 02/28/17 | 456527 | CA | [redacted] | 10.00 | 10.00 | | | 00/00/00 | CAS | | 2 |
| 50240.000 | 02/28/17 | 456620 | CA | [redacted] | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| **TOTAL** 50240.000 COUNTY INDIGENT COPAYS | | | | | | 600.00 | | | | | | |



# MEMORIAL MEDICAL CENTER

*So Much...So Close!*

815 N. Virginia St. Port Lavaca, Texas 77979 (361) 552-6713

Date: 3/16/2017
Invoice # 1
For: February

Bill To:
Calhoun County

| DESCRIPTION | AMOUNT |
|---|---|
| Funds to cover Indigent program operating expenses. | $ 4,166.67 |

APPROVED
ON
MAR 15 2017
BY
CALHOUN COUNTY AUDITOR

Total $ 4,166.67

CFO Signature

APPROVED
ON

FEB 0 3 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

02/02/2017
12:43

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 02/08/2017

0
ap_open_invoice.template

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| A1350 | ACTION LUMBER ✓ | W | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 012597 ✓ | | 01/30/20 | 01/04/20 | 02/05/20 | | 38.80 | 0.00 | 0.00 | 38.80 ✓ |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | A1350 | ACTION LUMBER | 38.80 | 0.00 | 0.00 | 38.80 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 11014 | ADVANCED COMMUNICATIONS ✓ | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 16CH1004-1 ✓ | | 01/22/20 | 01/04/20 | 02/05/20 | | 3,225.00 | 0.00 | 0.00 | 3,225.00 ✓ |
| | SUPPLIES GENERAL PLNT OF | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11014 | ADVANCED COMMUNICATIONS | 3,225.00 | 0.00 | 0.00 | 3,225.00 |

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

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 0000387321 ✓ | | 01/30/20 | 12/16/20 | 02/05/20 | | 15,177.40 | 0.00 | 0.00 | 15,177.40 ✓ |
| | EMPLOYEE HEALTH PREMS | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10814 | ALLIED BENEFIT SYSTEMS | 15,177.40 | 0.00 | 0.00 | 15,177.40 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| B0436 | BARD ACCESS ✓ | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 23676298 ✓ | | 01/27/20 | 12/19/20 | 02/05/20 | | 166.37 | 0.00 | 0.00 | 166.37 ✓ |
| | SUPPLIES GENERAL SURGER | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | B0436 | BARD ACCESS | 166.37 | 0.00 | 0.00 | 166.37 |

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

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 53341929 ✓ | | 01/23/20 | 01/05/20 | 02/04/20 | | 466.19 | 0.00 | 0.00 | 466.19 ✓ |
| | INVENTRY CENATRAL SUP IN | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | B1075 | BAXTER HEALTHCARE CORP | 466.19 | 0.00 | 0.00 | 466.19 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| 6004808699 ✓ | | 01/27/20 | 01/19/20 | 02/05/20 | | 1,654.53 | 0.00 | 0.00 | 1,654.53 ✓ |
| | SUPPLIES GENERAL-CT SCAI | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | M2485 | BAYER HEALTHCARE | 1,654.53 | 0.00 | 0.00 | 1,654.53 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| B1210 | BECKMAN COULTER, INC. ✓ | M | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 106070018 ✓ | | 01/22/20 | 01/04/20 | 02/05/20 | | 6,217.27 | 0.00 | 0.00 | 6,217.27 ✓ |
| | SUPPLIES GENERAL LAB | | | | | | | | |
| 106069793 ✓ | | 01/22/20 | 01/04/20 | 02/05/20 | | 474.39 | 0.00 | 0.00 | 474.39 ✓ |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | SUPPLIES GENERAL LAB | | | | | | | |
| 106072309 | 01/22/20 | 01/04/20 | 02/05/20 | | 10,161.01 | 0.00 | 0.00 | 10,161.01 |
| | SUPPLIES GENERAL LAB | | | | | | | |
| 106072888 | 01/22/20 | 01/04/20 | 02/05/20 | | 1,089.84 | 0.00 | 0.00 | 1,089.84 |
| | SUPPLIES GENERAL LAB | | | | | | | |
| 106073166 | 01/22/20 | 01/04/20 | 02/05/20 | | 1,914.79 | 0.00 | 0.00 | 1,914.79 |
| | SUPPLIES GENERAL LAB | | | | | | | |
| 106073284 | 01/22/20 | 01/04/20 | 02/05/20 | | 268.85 | 0.00 | 0.00 | 268.85 |
| | SUPPLIES GENERAL LAB | | | | | | | |
| 106073331 | 01/22/20 | 01/04/20 | 02/05/20 | | 694.50 | 0.00 | 0.00 | 694.50 |
| | SUPPLIES GENERAL LAB | | | | | | | |
| 106070254 | 01/22/20 | 01/04/20 | 02/05/20 | | 8,923.44 | 0.00 | 0.00 | 8,923.44 |
| | SUPPLIES GENERAL LAB | | | | | | | |
| 106071764 | 01/22/20 | 01/04/20 | 02/05/20 | | 1,555.58 | 0.00 | 0.00 | 1,555.58 |
| | SUPPLIES GENERAL LAB | | | | | | | |
| 106072300 | 01/22/20 | 01/04/20 | 02/05/20 | | 462.00 | 0.00 | 0.00 | 462.00 |
| | SUPPLIES GENERAL LAB | | | | | | | |
| 106071279 | 01/22/20 | 01/04/20 | 02/05/20 | | 1,151.35 | 0.00 | 0.00 | 1,151.35 |
| | SUPPLIES GENERAL LABY | | | | | | | |
| 106073245 | 01/22/20 | 01/04/20 | 02/05/20 | | 387.20 | 0.00 | 0.00 | 387.20 |
| | SUPPLIES GENERAL LAB | | | | | | | |
| 4294025 | 01/22/20 | 01/05/20 | 02/04/20 | | 6,026.00 | 0.00 | 0.00 | 6,026.00 |
| | SUPPLIES GENERAL LAB | | | | | | | |
| 106078217 | 01/22/20 | 01/06/20 | 02/05/20 | | 45.12 | 0.00 | 0.00 | 45.12 |
| | SUPPLIES GENERAL LAB | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | B1210 | BECKMAN COULTER, INC. | 39,371.34 | 0.00 | 0.00 | 39,371.34 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 23189910 | | 01/27/20 | 01/16/20 | 02/07/20 | | | 1,243.55 | 0.00 | 0.00 | 1,243.55 |
| | TELEPHONE HOSP GEN | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11050 | BIRCH COMMUNICATIONS | 1,243.55 | 0.00 | 0.00 | 1,243.55 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 8670023RI | | 01/22/20 | 01/05/20 | 02/04/20 | | | 403.80 | 0.00 | 0.00 | 403.80 |
| | SUPPLIES GENERAL E/R | | | | | | | | | |
| 8674094RI | | 01/22/20 | 01/09/20 | 02/08/20 | | | 36.65 | 0.00 | 0.00 | 36.65 |
| | SUPPLIES GENERAL ICU | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | B1800 | BRIGGS HEALTHCARE | 440.45 | 0.00 | 0.00 | 440.45 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 21709 | | 01/31/20 | 01/31/20 | | | | 427.28 | 0.00 | 0.00 | 427.28 |
| | PURCH SERV-INFO TECH | | | | | | | | | |
| 2110 | | 01/31/20 | 01/31/20 | 01/31/20 | | | 85/02 79.34 | 0.00 | 0.00 | 85/02 79.34 |
| | PURCH SER INFO TECH | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | C1010 | CABLE ONE | 512/30 | 0.00 | 0.00 | 512/30 |
| | | | 506.62 | | | 506.62 |

| 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 |
| | 21685 | | 01/27/20 | 01/06/20 | 02/05/20 | | 25.00 | 0.00 | 0.00 | 25.00 ✓ |
| | | ACCURUED CREDIT UNION | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | C1030 | CAL COM FEDERAL CREDIT UNION | | | | 25.00 | 0.00 | 0.00 | 25.00 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | |
| C1203 | CALHOUN COUNTY WASTE MGMT ✓ | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
| | 448767 ✓ | | 01/27/20 | 01/03/20 | 02/05/20 | | 25.00 | 0.00 | 0.00 | 25.00 ✓ |
| | | PURCHASED | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | C1203 | CALHOUN COUNTY WASTE MGMT | | | | 25.00 | 0.00 | 0.00 | 25.00 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | |
| 10350 | CENTURION MEDICAL PRODUCTS ✓ | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
| | 92175191 ✓ | | 01/13/20 | 01/05/20 | 02/04/20 | | 56.07 | 0.00 | 0.00 | 56.07 ✓ |
| | | INVENTRY CENTRAL SUP INV | | | | | | | | |
| | 92173616 ✓ | | 01/22/20 | 01/04/20 | 02/05/20 | | 999.25 | 0.00 | 0.00 | 999.25 ✓ |
| | | INVENTRY CENTRAL SUP INV | | | | | | | | |
| | 92177116 ✓ | | 01/27/20 | 01/09/20 | 02/08/20 | | 596.00 | 0.00 | 0.00 | 596.00 ✓ |
| | | INVENTRY-CENTRAL SUP INV | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 10350 | CENTURION MEDICAL PRODUCTS | | | | 1,651.32 | 0.00 | 0.00 | 1,651.32 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | |
| C1730 | CITY OF PORT LAVACA ✓ | | | | W | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
| | 21687 | | 01/27/20 | 01/18/20 | 02/06/20 | | 365.91 | 0.00 | 0.00 | 365.91 ✓ |
| | | WATER & SEWER PLNT OPER | | | | | | | | |
| | 21688 | | 01/27/20 | 01/18/20 | 02/06/20 | | 8,229.03 | 0.00 | 0.00 | 8,229.03 ✓ |
| | | WATER & SEWER PLNT OPER | | | | | | | | |
| | A21686 | | 01/31/20 | 01/18/20 | 02/06/20 | | 191.64 | 0.00 | 0.00 | 191.64 ✓ |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | C1730 | CITY OF PORT LAVACA | | | | 8,786.58 | 0.00 | 0.00 | 8,786.58 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | |
| C1166 | COASTAL OFFICE SOLUTONS ✓ | | | | W | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
| | WO-16115-1 ✓ | | 01/27/20 | 01/25/20 | 02/04/20 | | 79.49 | 0.00 | 0.00 | 79.49 ✓ |
| | | OFFICE SUPPLIES LAB | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | C1166 | COASTAL OFFICE SOLUTONS | | | | 79.49 | 0.00 | 0.00 | 79.49 |
| 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 |
| | 335458 ✓ | | 01/26/20 | 01/09/20 | 02/08/20 | | 89.25 | 0.00 | 0.00 | 89.25 ✓ |
| | | SUPPLIES GENERAL - SURGE | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | C1970 | CONMED CORPORATION | | | | 89.25 | 0.00 | 0.00 | 89.25 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | |

10006 CUSTOM MEDICAL SPECIALTIES ✓

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 216732 ✓ | | 01/26/20 | 12/07/20 | 02/05/20 | | 459.52 | 0.00 | 0.00 | 459.52 ✓ |
| | SUPPLIES GENERAL- RADIOL | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10006 | CUSTOM MEDICAL SPECIALTIES | 459.52 | 0.00 | 0.00 | 459.52 |

Vendor# C1443 Vendor Name CYGNUS MEDICAL LLC ✓ Class M Pay Code

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 206364 ✓ | | 01/26/20 | 12/14/20 | 02/05/20 | | 365.00 392.00 | 0.00 | 0.00 | 365.00 392.00 |
| | SUPPLIES GENERAL SURGER | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | C1443 | CYGNUS MEDICAL LLC | 365.00 392.00 | 0.00 | 0.00 | 365.00 392.00 |

Vendor# 11008 Vendor Name DERRI HART ✓ Class Pay Code

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 21701 | | 01/31/20 | 01/31/20 | 02/01/20 | | 601.92 | 0.00 | 0.00 | 601.92 ✓ |
| | PURCH SERV HLTH INFO | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11008 | DERRI HART | 601.92 | 0.00 | 0.00 | 601.92 |

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

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 492125-0 ✓ | | 01/13/20 | 01/04/20 | 02/05/20 | | 161.73 | 0.00 | 0.00 | 161.73 ✓ |
| | OFFICE SUPPLIES ADMIN | | | | | | | | |
| 492105-0 ✓ | | 01/13/20 | 01/04/20 | 02/05/20 | | 509.17 | 0.00 | 0.00 | 509.17 ✓ |
| | INVENTRY CENTRAL SUP INV | | | | | | | | |
| 492127-0 ✓ | | 01/13/20 | 01/04/20 | 02/05/20 | | 170.19 | 0.00 | 0.00 | 170.19 ✓ |
| | SUPPLIES GENERAL QUALT A | | | | | | | | |
| 492234-0 ✓ | | 01/13/20 | 01/05/20 | 02/04/20 | | 46.55 | 0.00 | 0.00 | 46.55 ✓ |
| | SUPPLIES GENERAL BUS OFF | | | | | | | | |
| 492592-0 ✓ | | 01/22/20 | 01/09/20 | 02/08/20 | | 79.79 | 0.00 | 0.00 | 79.79 ✓ |
| | SUPPLIES GENERAL ICU | | | | | | | | |
| 492563-0 ✓ | | 01/22/20 | 01/09/20 | 02/08/20 | | 433.80 | 0.00 | 0.00 | 433.80 ✓ |
| | INVENTRY CENTRAL SUP INV | | | | | | | | |
| 492591-0 ✓ | | 01/22/20 | 01/09/20 | 02/08/20 | | 86.70 | 0.00 | 0.00 | 86.70 ✓ |
| | OFFICE SUPPLIES LAB | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10368 | DEWITT POTH & SON | 1,487.93 | 0.00 | 0.00 | 1,487.93 |

Vendor# 10789 Vendor Name DISCOVERY MEDICAL NETWORK INC ✓ Class ICP Pay Code

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 21712 | | 02/02/20 | 02/01/20 | 02/08/20 | | 283,500.00 | 0.00 | 0.00 | 283,500.00 ✓ |
| | TO FUND PHYSICIAN EXPENS | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10789 | DISCOVERY MEDICAL NETWORK INC | 283,500.00 | 0.00 | 0.00 | 283,500.00 |

Vendor# D1710 Vendor Name DOWNTOWN CLEANERS ✓ Class W Pay Code

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 102816 | | 01/27/20 | 10/28/20 | 02/05/20 | | 49.50 | 0.00 | 0.00 | 49.50 ✓ |
| | PURCHASED SERVICES HOU | | | | | | | | |
| 111116 | | 01/27/20 | 11/11/20 | 02/05/20 | | 60.00 | 0.00 | 0.00 | 60.00 ✓ |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | PURCHASED SERVICES HOU | | | | | | | |
| | 111616 | | 01/27/20 | 11/16/20 | 02/05/20 | 20.00 | 0.00 | 0.00 | 20.00 ✓ |
| | | PURCHASED SERVICES HOU | | | | | | | |
| | Vendor Totals | Number | Name | | | Gross | Discount | No-Pay | Net |
| | | D1710 | DOWNTOWN CLEANERS | | | 129.50 | 0.00 | 0.00 | 129.50 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | |
| 10877 | DR JEWEL LINCOLN ✓ | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D Pay | Gross | Discount | No-Pay | Net |
| | 21712 | | 01/31/20 | 01/30/20 | 01/30/20 | | 10,847.00 | 0.00 | 0.00 | 10,847.00 ✓ |
| | | PHY RECRUITMT | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 10877 | DR JEWEL LINCOLN | | | | 10,847.00 | 0.00 | 0.00 | 10,847.00 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | |
| D1785 | DYNATRONICS CORPORATION ✓ | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D Pay | Gross | Discount | No-Pay | Net |
| | 924790 ✓ | | 01/13/20 | 01/05/20 | 02/04/20 | | 42.90 | 0.00 | 0.00 | 42.90 ✓ |
| | | SUPPLIES GENERAL PHY THF | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | D1785 | DYNATRONICS CORPORATION | | | | 42.90 | 0.00 | 0.00 | 42.90 |
| 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 |
| | 406223 ✓ | | 01/26/20 | 01/09/20 | 02/08/20 | | 153.93 | 0.00 | 0.00 | 153.93 ✓ |
| | | SUPPLIES-GENERAL SURGEF | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 10042 | ERBE USA INC SURGICAL SYSTEMS | | | | 153.93 | 0.00 | 0.00 | 153.93 |
| 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 |
| | A1701051378 ✓ | | 01/22/20 | 01/05/20 | 02/04/20 | | 16,556.00 | 0.00 | 0.00 | 16,556.00 ✓ |
| | | MAJOR MOVABLE EQUIP PP E | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | C2510 | EVIDENT | | | | 16,556.00 | 0.00 | 0.00 | 16,556.00 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | |
| R1185 | FARAH JANAK ✓ | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D Pay | Gross | Discount | No-Pay | Net |
| | 21691 | | 01/30/20 | 01/30/20 | 02/05/20 | | 44.94 | 0.00 | 0.00 | 44.94 ✓ |
| | | TRAVEL RADIOLOGY | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | R1185 | FARAH JANAK | | | | 44.94 | 0.00 | 0.00 | 44.94 |
| 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 |
| | 21690 | | 01/27/20 | 01/06/20 | 02/05/20 | | 75.00 | 0.00 | 0.00 | 75.00 ✓ |
| | | EMPL EX | | | | | | | | |
| | 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 |
| | 7451148 ✓ | | 01/22/20 | 12/29/20 | 02/05/20 | | 12.90 | 0.00 | 0.00 | 12.90 ✓ |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | SUPPLIES GENERAL LAB | | | | | | | | |
| 7671019 ✓ | | 01/23/20 | 01/04/20 | 02/05/20 | | 43.90 | 0.00 | 0.00 | 43.90 ✓ |
| | SUPPLIES GENERAL LAB | | | | | | | | |
| 7806740 ✓ | | 01/23/20 | 01/05/20 | 02/04/20 | | 92.58 | 0.00 | 0.00 | 92.58 ✓ |
| | SUPPLIES GENERAL LAB | | | | | | | | |
| Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | F1400 | FISHER HEALTHCARE | | | | 149.38 | 0.00 | 0.00 | 149.38 |
| 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 |
| | 46780 ✓ | | 01/22/20 | 01/04/20 | 02/05/20 | | 318.41 | 0.00 | 0.00 | 318.41 ✓ |
| | SUPPLIES GENERAL LAB | | | | | | | | |
| Vendor Totals | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | 10901 | GENESIS DIAGNOSTICS | | | | | 318.41 | 0.00 | 0.00 | 318.41 |
| 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 |
| | 9323860990 ✓ | | 01/22/20 | 01/06/20 | 02/05/20 | | 62.82 | 0.00 | 0.00 | 62.82 ✓ |
| | SUPPLIES GENERAL PLNT OF | | | | | | | | |
| Vendor Totals | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | W1300 | GRAINGER | | | | | 62.82 | 0.00 | 0.00 | 62.82 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | |
| G1210 | GULF COAST PAPER COMPANY ✓ | | | | M | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D Pay | Gross | Discount | No-Pay | Net |
| | 1242312 ✓ | | 01/26/20 | 12/06/20 | 02/05/20 | | 238.68 | 0.00 | 0.00 | 238.68 ✓ |
| | SUPPLIES GENERAL HOUSEK | | | | | | | | |
| | 1246108 ✓ | | 01/26/20 | 12/13/20 | 02/05/20 | | 220.45 | 0.00 | 0.00 | 220.45 ✓ |
| | SUPPLIES GENERAL HOUSKE | | | | | | | | |
| Vendor Totals | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | G1210 | GULF COAST PAPER COMPANY | | | | | 459.13 | 0.00 | 0.00 | 459.13 |
| 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 |
| | A2170116-07 ✓ | | 01/27/20 | 01/16/20 | 02/05/20 | | 67.00 | 0.00 | 0.00 | 67.00 ✓ |
| | SUPPLIES GENERAL DIETARY | | | | | | | | |
| Vendor Totals | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | H1100 | HAYES ELECTRIC SERVICE | | | | | 67.00 | 0.00 | 0.00 | 67.00 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | |
| H1399 | HILL-ROM COMPANY, INC ✓ | | | | M | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D Pay | Gross | Discount | No-Pay | Net |
| | 323747 ✓ | | 10/28/20 | 10/15/20 | 02/05/20 | | 65.65 | 0.00 | 0.00 | 65.65 ✓ |
| | FREIGHT E/R | | | | | | | | |
| Vendor Totals | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | H1399 | HILL-ROM COMPANY, INC | | | | | 65.65 | 0.00 | 0.00 | 65.65 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | |
| I1127 | INTEGRATED MEDICAL SYSTEMS ✓ | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D Pay | Gross | Discount | No-Pay | Net |
| | 1418164 ✓ | | 01/16/20 | 01/05/20 | 02/04/20 | | 46.25 | 0.00 | 0.00 | 46.25 ✓ |
| | SUPPLIES GENERAL SURGER | | | | | | | | | |
| Vendor Totals | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | I1127 | INTEGRATED MEDICAL SYSTEMS | | | | | 46.25 | 0.00 | 0.00 | 46.25 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | |

J0150 J & J HEALTH CARE SYSTEMS, INC

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 917484376 | SUPPLIES GENERAL SURGER | 01/26/20 | 01/03/20 | 02/05/20 | | | 343.20 | 0.00 | 0.00 | 343.20 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | J0150 | J & J HEALTH CARE SYSTEMS, INC | 343.20 | 0.00 | 0.00 | 343.20 |

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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 2000030 | PROF FEES OB | 01/27/20 | 01/16/20 | 02/05/20 | | | 514.02 | 0.00 | 0.00 | 514.02 |
| 370081 | PROF FEES OB | 01/27/20 | 01/19/20 | 02/05/20 | | | 6,306.00 | 0.00 | 0.00 | 6,306.00 |
| A366130 | PROF FEES | 01/31/20 | 01/10/20 | 02/05/20 | | | 8,234.00 | 0.00 | 0.00 | 8,234.00 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11230 | JACKSON & COKER LOCUM TENENS, | 15,054.02 | 0.00 | 0.00 | 15,054.02 |

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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 21692 | LEASE & RENTAL ADMIN | 01/27/20 | 01/19/20 | 02/05/20 | | | 750.00 | 0.00 | 0.00 | 750.00 |

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

Vendor# Vendor Name — Class — Pay Code

10507 JASON ANGLIN

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 21698 | TRAVEL-ADM | 01/31/20 | 01/31/20 | 01/31/20 | | | 163.72 | 0.00 | 0.00 | 163.72 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10507 | JASON ANGLIN | 163.72 | 0.00 | 0.00 | 163.72 |

Vendor# Vendor Name — Class — Pay Code

11105 JERRY PICKETT

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 21697 | TRAVEL - ADM | 01/31/20 | 01/31/20 | 01/31/20 | | | 186.72 | 0.00 | 0.00 | 186.72 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11105 | JERRY PICKETT | 186.72 | 0.00 | 0.00 | 186.72 |

Vendor# Vendor Name — Class — Pay Code

J1415 JOHNSTONE SUPPLY — W

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 6004526 | SUPPLIES GENERAL PLNT OF | 01/22/20 | 12/05/20 | 02/05/20 | | | 117.13 | 0.00 | 0.00 | 117.13 |

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

Vendor# Vendor Name — Class — Pay Code

10972 M G TRUST

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 21694 | | 01/30/20 | 01/19/20 | 02/05/20 | | | 1,390.00 | 0.00 | 0.00 | 1,390.00 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 10972 | M G TRUST | | | | | 1,390.00 | 0.00 | 0.00 | 1,390.00 |
| 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 |
| | 57J990 | | 01/30/20 | 01/30/20 | 02/05/20 | | 258.52 | 0.00 | 0.00 | 258.52 |
| | | EMPLOYEE PERSONEL INSUF | | | | | | | | |
| | 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 | | | | |
| M2621 | MMC AUXILIARY GIFT SHOP | | | | W | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
| | 26193 | | 01/30/20 | 01/30/20 | 02/05/20 | | 88.78 | 0.00 | 0.00 | 88.78 |
| | | EMPLOYEE GIFT SHOP | | | | | | | | |
| | 21707 | | 01/31/20 | 01/31/20 | | | 164.50 | 0.00 | 0.00 | 164.50 |
| | | AUXILIARY GIFT SHOP-EMPL | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | M2621 | MMC AUXILIARY GIFT SHOP | | | | 253.28 | 0.00 | 0.00 | 253.28 |
| 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 |
| | 9802882 | | 01/22/20 | 01/16/20 | 02/05/20 | | 1,414.46 | 0.00 | 0.00 | 1,414.46 |
| | | INVENTORY PHARMAVY INVE | | | | | | | | |
| | CM42963 | | 01/22/20 | 01/17/20 | 02/05/20 | | -136.87 | 0.00 | 0.00 | -136.87 |
| | | INVENTORY PHARMACY INVE | | | | | | | | |
| | 9832868 | | 01/30/20 | 01/23/20 | 02/05/20 | | 46.71 | 0.00 | 0.00 | 46.71 |
| | | INVENTORY-PHARMACY+ | | | | | | | | |
| | 9832268 | | 01/30/20 | 01/23/20 | 02/05/20 | | 371.06 | 0.00 | 0.00 | 371.06 |
| | | INVENTORY-PHARMACY | | | | | | | | |
| | 9832267 | | 01/30/20 | 01/23/20 | 02/05/20 | | 3,741.09 | 0.00 | 0.00 | 3,741.09 |
| | | INVENTORY-PHARMACY | | | | | | | | |
| | 9831519 | | 01/30/20 | 01/23/20 | 02/05/20 | | 31.85 | 0.00 | 0.00 | 31.85 |
| | | INVENTORY-PHARMACY | | | | | | | | |
| | 9832266 | | 01/30/20 | 01/23/20 | 02/05/20 | | 5.13 | 0.00 | 0.00 | 5.13 |
| | | INVENTORY-PHARMACY | | | | | | | | |
| | 9831520 | | 01/30/20 | 01/23/20 | 02/05/20 | | 385.73 | 0.00 | 0.00 | 385.73 |
| | | INVENTORY-PHARMACY | | | | | | | | |
| | 9832269 | | 01/30/20 | 01/23/20 | 02/05/20 | | 110.98 | 0.00 | 0.00 | 110.98 |
| | | INVENTORY-PHARMACY | | | | | | | | |
| | 9832265 | | 01/30/20 | 01/23/20 | 02/05/20 | | 2,944.43 | 0.00 | 0.00 | 2,944.43 |
| | | INVENTORY-PHARMACY | | | | | | | | |
| | 9837275 | | 01/30/20 | 01/24/20 | 02/05/20 | | 1,615.06 | 0.00 | 0.00 | 1,615.06 |
| | | INVENTORY-PHARMACY | | | | | | | | |
| | 9837276 | | 01/30/20 | 01/24/20 | 02/05/20 | | 365.36 | 0.00 | 0.00 | 365.36 |
| | | INVENTORY-PHARMACY | | | | | | | | |
| | 9837277 | | 01/30/20 | 01/24/20 | 02/05/20 | | 126.24 | 0.00 | 0.00 | 126.24 |
| | | INVENTORY-PHARMACY | | | | | | | | |
| | 9845342 | | 01/30/20 | 01/25/20 | 02/05/20 | | 48.15 | 0.00 | 0.00 | 48.15 |
| | | INVENTORY-PHARMACY | | | | | | | | |
| | 9845480 | | 01/30/20 | 01/25/20 | 02/05/20 | | 16.22 | 0.00 | 0.00 | 16.22 |
| | | INVENTORY-PHARMACY | | | | | | | | |
| | 9842600 | | 01/30/20 | 01/25/20 | 02/05/20 | | 210.13 | 0.00 | 0.00 | 210.13 |
| | | INVENTORY-PHARMACY | | | | | | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 9844946 | 01/30/20 01/25/20 02/05/20 | | 244.93 | 0.00 | 0.00 | 244.93 |
| | INVENTORY-PHARMACY | | | | | | |
| 9837274 | 01/30/20 01/25/20 02/05/20 | | 135.11 | 0.00 | 0.00 | 135.11 |
| | INVENTORY-PHARMACY | | | | | | |
| 9845479 | 01/30/20 01/25/20 02/05/20 | | 2,487.25 | 0.00 | 0.00 | 2,487.25 |
| | INVENTORY-PHARMACY | | | | | | |
| 9845478 | 01/30/20 01/25/20 02/05/20 | | 25.62 | 0.00 | 0.00 | 25.62 |
| | INVENTORY-PHARMACY | | | | | | |
| 9842599 | 01/30/20 01/25/20 02/05/20 | | 11.29 | 0.00 | 0.00 | 11.29 |
| | INVENTORY-PHARMACY | | | | | | |
| 9847492 | 01/30/20 01/26/20 02/05/20 | | 778.95 | 0.00 | 0.00 | 778.95 |
| | INVENTORY-PHARMACY INVE | | | | | | |
| 9848633 | 01/30/20 01/26/20 02/05/20 | | 1,538.63 | 0.00 | 0.00 | 1,538.63 |
| | INVENTORY-PHARMACY INVE | | | | | | |
| 9848634 | 01/30/20 01/26/20 02/05/20 | | 651.64 | 0.00 | 0.00 | 651.64 |
| | INVENTORY-PHARMACY | | | | | | |
| 9845957 | 01/30/20 01/26/20 02/05/20 | | 305.07 | 0.00 | 0.00 | 305.07 |
| | INVENTORY-PHARMACY | | | | | | |
| 9848635 | 01/30/20 01/26/20 02/05/20 | | 206.06 | 0.00 | 0.00 | 206.06 |
| | INVENTORY-PHARMACY INVE | | | | | | |
| 9852955 | 01/30/20 01/27/20 02/05/20 | | 787.97 | 0.00 | 0.00 | 787.97 |
| | INVENTORY-PHARMACY | | | | | | |
| 9852953 | 01/30/20 01/27/20 02/05/20 | | 327.58 | 0.00 | 0.00 | 327.58 |
| | INVENTORY-HARMACY | | | | | | |
| 9852954 | 01/30/20 01/27/20 02/05/20 | | 1,476.79 | 0.00 | 0.00 | 1,476.79 |
| | INVENTORY-PHARMACY | | | | | | |
| 9851608 | 01/30/20 01/27/20 02/05/20 | | 8.69 | 0.00 | 0.00 | 8.69 |
| | INVENTORY-PHARMACY | | | | | | |
| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net | |
| | 10536 | MORRIS & DICKSON CO, LLC | 20,281.31 | 0.00 | 0.00 | 20,281.31 | |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| M1002 | MPULSE MAINTENANCE SOFTWARE | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 17014762 | PREPAID-MAINT & SUPP MSP | 01/30/20 | 01/09/20 | 02/08/20 | | | 1,462.50 | 0.00 | 0.00 | 1,462.50 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | M1002 | MPULSE MAINTENANCE SOFTWARE | 1,462.50 | 0.00 | 0.00 | 1,462.50 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 2023939555 | INVENTRY CENTRAL SUP INV | 01/13/20 | 01/05/20 | 02/04/20 | | | 4,216.55 | 0.00 | 0.00 | 4,216.55 |
| 2023931178 | INVENTRY CNETRAL SUP INV | 01/13/20 | 01/05/20 | 02/04/20 | | | 37.90 | 0.00 | 0.00 | 37.90 |
| 2023931028 | SUPPLIES GENERAL LAB | 01/13/20 | 01/05/20 | 02/04/20 | | | 184.06 | 0.00 | 0.00 | 184.06 |
| 2023932277 | INVENTRY CENTRAL SUP INV | 01/13/20 | 01/05/20 | 02/04/20 | | | 212.30 | 0.00 | 0.00 | 212.30 |
| 2022876326 | Inventory Central Sup. | 01/27/20 | 11/28/20 | 02/05/20 | | | 10.24 | 0.00 | 0.00 | 10.24 |
| 2023607561 | Inventory Central Sup. | 01/27/20 | 12/22/20 | 02/05/20 | | | 66.87 | 0.00 | 0.00 | 66.87 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | INVENTRY CENTRAL SUP INV | | | | | | | |
| 2023065413 | | 01/27/20 | 12/22/20 | 02/05/20 | 80.20 | 0.00 | 0.00 | 80.20 |
| | INVENTRY CENTRAL SUP INV | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | OM425 | OWENS & MINOR | 4,808.12 | 0.00 | 0.00 | 4,808.12 |

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

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 1002936664 | | 01/30/20 | 01/05/20 | 02/04/20 | | | 210.49 | 0.00 | 0.00 | 210.49 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | P1800 | PITNEY BOWES INC | 210.49 | 0.00 | 0.00 | 210.49 |

| 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 | | 01/26/20 | 10/19/20 | 02/05/20 | | | 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 |
|---|---|---|---|
| 11125 | PORT LAVACA RETAIL GROUP LLC | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 21703 | | 01/31/20 | 01/31/20 | 01/31/20 | | | 11,001.20 | 0.00 | 0.00 | 11,001.20 |
| | LEASE & RENTAL PHY THRPY | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11125 | PORT LAVACA RETAIL GROUP LLC | 11,001.20 | 0.00 | 0.00 | 11,001.20 |

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

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 3645811 | | 01/22/20 | 01/04/20 | 02/05/20 | | | 59.94 | 0.00 | 0.00 | 59.94 |
| | SUPPLIES GENERAL C/S | | | | | | | | | |
| 3646813 | | 01/26/20 | 01/05/20 | 02/04/20 | | | 276.44 | 0.00 | 0.00 | 276.44 |
| | INVENTRY-CENTRAL SUP-INV | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10372 | PRECISION DYNAMICS CORP (PDC) | 336.38 | 0.00 | 0.00 | 336.38 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 10326 | PRINCIPAL LIFE | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 21704 | | 01/31/20 | 01/17/20 | 02/01/20 | | | 2,001.34 | 0.00 | 0.00 | 2,001.34 |
| | EMPLOYEE INS PREM | | | | | | | | | |

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

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 11009 | RECONDO | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| INV-10516 | | 01/31/20 | 12/01/20 | 12/31/20 | | | 4,050.00 | 0.00 | 0.00 | 4,050.00 |
| | PURCH SERV BUS OFF | | | | | | | | | |
| INV-10677 | | 01/31/20 | 01/01/20 | 01/31/20 | | | 4,050.00 | 0.00 | 0.00 | 4,050.00 |
| | PURCH SERV-BUS OFFICE | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11009 | RECONDO | 8,100.00 | 0.00 | 0.00 | 8,100.00 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|

10927 ROSHANDA GRAY ✓

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 21696 | | 01/31/20 | 01/31/20 | 01/31/20 | | 30.07 | 0.00 | 0.00 | 30.07 ✓ |
| | TRAVEL-ADM | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10927 | ROSHANDA GRAY | 30.07 | 0.00 | 0.00 | 30.07 |

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 |
|---|---|---|---|---|---|---|---|---|---|
| 21699 | | 01/31/20 | 01/31/20 | 01/31/20 | | 833.91 | 0.00 | 0.00 | 833.91 ✓ |
| | PURCHASED SERV-HLTH INF | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | K0536 | SHIRLEY KARNEI | 833.91 | 0.00 | 0.00 | 833.91 |

Vendor# Vendor Name Class Pay Code

S2830 STRYKER SALES CORP ✓ M

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 752003A ✓ | | 01/27/20 | 01/17/20 | 02/05/20 | | 361.31 | 0.00 | 0.00 | 361.31 ✓ |
| | Inventory Surgery | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | S2830 | STRYKER SALES CORP | 361.31 | 0.00 | 0.00 | 361.31 |

Vendor# Vendor Name Class Pay Code

10611 TELE-PHYSICIANS, P.A. (TX) ✓

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| TX0002413 ✓ | | 01/30/20 | 12/01/20 | 02/05/20 | | 2,680.00 | 0.00 | 0.00 | 2,680.00 ✓ |
| | PROF FEES E/R | | | | | | | | |

| 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

T2303 TG ✓ W

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 21700 | | 01/30/20 | 01/26/20 | 02/05/20 | | 107.35 | 0.00 | 0.00 | 107.35 ✓ |
| | STUDENT LN GARNISHMENT | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | T2303 | TG | 107.35 | 0.00 | 0.00 | 107.35 |

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 |
|---|---|---|---|---|---|---|---|---|---|
| 340366309 ✓ | | 01/23/20 | 01/06/20 | 02/06/20 | | 179.75 | 0.00 | 0.00 | 179.75 ✓ |
| | PURCHASED SERVICES PLNT | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11100 | THE US CONSULTING GROUP | 179.75 | 0.00 | 0.00 | 179.75 |

Vendor# Vendor Name Class Pay Code

U1054 UNIFIRST HOLDINGS ✓ W

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 8150753848 ✓ | | 01/07/20 | 01/03/20 | 02/05/20 | | 32.92 | 0.00 | 0.00 | 32.92 ✓ |
| | PURCHASED SERVICES BIO M | | | | | | | | |
| 8150753762 ✓ | | 01/07/20 | 01/03/20 | 02/05/20 | | 43.54 | 0.00 | 0.00 | 43.54 ✓ |
| | PURCHASED SERVICES MAIN | | | | | | | | |
| 8150754479 ✓ | | 01/16/20 | 01/10/20 | 02/05/20 | | 43.54 | 0.00 | 0.00 | 43.54 ✓ |
| | PURCHASES SERVICES MAIN | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | U1054 | UNIFIRST HOLDINGS | | | | 120.00 | 0.00 | 0.00 | 120.00 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 8400236890 | LAUNDRY SURGERY | 12/31/20 | 12/30/20 | 02/05/20 | | | 387.29 | 0.00 | 0.00 | 387.29 |
| 8400236928 | LAUNDRY HOUSEKEEPING | 12/31/20 | 12/30/20 | 02/05/20 | | | 680.56 | 0.00 | 0.00 | 680.56 |
| 8400237136 | LAUNDRY HOUSEKEEPING | 01/07/20 | 01/03/20 | 02/05/20 | | | 1,264.63 | 0.00 | 0.00 | 1,264.63 |
| 8400237083 | LAUNDRY HOUSEKEEPING | 01/07/20 | 01/03/20 | 02/05/20 | | | 74.55 | 0.00 | 0.00 | 74.55 |
| 8400237085 | LAUNDRY OB | 01/07/20 | 01/03/20 | 02/05/20 | | | 108.08 | 0.00 | 0.00 | 108.08 |
| 8400237082 | LAUNDRY HOUSEKEEPING | 01/07/20 | 01/03/20 | 02/05/20 | | | 303.10 | 0.00 | 0.00 | 303.10 |
| 8400237084 | LAUNDRY DIETARY | 01/07/20 | 01/03/20 | 02/05/20 | | | 108.07 | 0.00 | 0.00 | 108.07 |
| 8400237127 | LAUNDRY HOUSEKEEPING | 01/07/20 | 01/03/20 | 02/05/20 | | | 159.68 | 0.00 | 0.00 | 159.68 |
| 8400237086 | LAUNDRY HOUSEKEEPING | 01/07/20 | 01/03/20 | 02/05/20 | | | 108.59 | 0.00 | 0.00 | 108.59 |
| 8400237439 | LAUNDRY HOUSEKEEPING | 01/16/20 | 01/06/20 | 02/05/20 | | | 702.47 | 0.00 | 0.00 | 702.47 |
| 8400237402 | LAUNDRY SURGERY | 01/16/20 | 01/06/20 | 02/05/20 | | | 409.14 | 0.00 | 0.00 | 409.14 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | U1064 | UNIFIRST HOLDINGS INC | 4,306.16 | 0.00 | 0.00 | 4,306.16 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| U1056 | UNIFORM ADVANTAGE | W | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 7437109 | EMPL EXP PR CLEARNG OTHI | 01/24/20 | 01/12/20 | 02/05/20 | | | 128.29 | 0.00 | 0.00 | 128.29 |
| 7437090 | EMPL EXP P/R CLEARNG OTH | 01/24/20 | 01/12/20 | 02/05/20 | | | 177.93 | 0.00 | 0.00 | 177.93 |

| 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 | PURCH SERVS-LAB | 01/24/20 | 12/31/20 | 02/05/20 | | | 35.00 | 0.00 | 0.00 | 35.00 |

| 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 | SUPPLIES GNERAL DIETARY | 01/16/20 | 01/09/20 | 02/05/20 | | | 41.76 | 0.00 | 0.00 | 41.76 |
| 5610843 | SUPPLIES GENERAL DIETARY | 01/24/20 | 01/09/20 | 02/05/20 | | | 2,874.90 | 0.00 | 0.00 | 2,874.90 |
| 5676952 | | 01/24/20 | 01/12/20 | 02/05/20 | | | 1,353.96 | 0.00 | 0.00 | 1,353.96 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | SUPPLIES GENERAL DIETARY | | | | | | | | |
| 5825328 | | 01/24/20 | 01/19/20 | 02/08/20 | | 35.12 | 0.00 | 0.00 | 35.12 |
| | FOOD SUPPLIES DIETARY | | | | | | | | |
| 5737343 | | 01/30/20 | 01/16/20 | 02/05/20 | | 1,327.26 | 0.00 | 0.00 | 1,327.26 |
| | FOOD SUPPLIES-DIETARY | | | | | | | | |
| 5804751 | | 01/30/20 | 01/19/20 | 02/08/20 | | 4,690.99 | 0.00 | 0.00 | 4,690.99 |
| | SUPPLIES GENERAL - DIETAR | | | | | | | | |
| Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | 10172 | US FOOD SERVICE | | | | 10,323.99 | 0.00 | 0.00 | 10,323.99 |
| 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 |
| | 21702 | | 01/31/20 | 12/19/20 | 01/31/20 | | 1,000.00 | 0.00 | 0.00 | 1,000.00 |
| | POSTAGE-BUS OFF | | | | | | | | |
| Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | U2000 | US POSTAL SERVICE | | | | 1,000.00 | 0.00 | 0.00 | 1,000.00 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | |
| V0559 | VERIZON WIRELESS | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D Pay | Gross | Discount | No-Pay | Net |
| | 9778802454 | | 01/30/20 | 01/16/20 | 02/05/20 | | 268.63 | 0.00 | 0.00 | 268.63 |
| | TELEPHONE-HOSPITAL | | | | | | | | |
| Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | V0559 | VERIZON WIRELESS | | | | 268.63 | 0.00 | 0.00 | 268.63 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | |
| K1751 | VICKY KALISEK | | | | W | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D Pay | Gross | Discount | No-Pay | Net |
| | 21695 | | 01/30/20 | 01/30/20 | 02/05/20 | | 1,060.00 | 0.00 | 0.00 | 1,060.00 |
| | CONTRACT LBR-ACCTING | | | | | | | | |
| Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | K1751 | VICKY KALISEK | | | | 1,060.00 | 0.00 | 0.00 | 1,060.00 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | |
| 11175 | VOICE PRODUCTS, INC | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D Pay | Gross | Discount | No-Pay | Net |
| | AR76256 | | 11/21/20 | 08/18/20 | 02/05/20 | | 6,730.33 | 0.00 | 0.00 | 6,730.33 |
| | MAJOR MOVABLE EQUOP PP | | | | | | | | |
| Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | 11175 | VOICE PRODUCTS, INC | | | | 6,730.33 | 0.00 | 0.00 | 6,730.33 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | |
| 10943 | WALLER,LANSDEN, DORTCH & DAVIS | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D Pay | Gross | Discount | No-Pay | Net |
| | 10622443 | | 01/30/20 | 01/19/20 | 02/05/20 | | 744.00 | 0.00 | 0.00 | 744.00 |
| | LEGAL SERVICES-HOSPITAL | | | | | | | | |
| Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | 10943 | WALLER,LANSDEN, DORTCH & DAVIS | | | | 744.00 | 0.00 | 0.00 | 744.00 |
| 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 | 02/05/20 | | 716.88 | 0.00 | 0.00 | 716.88 |
| | SUPPLIES GENERAL LAB | | | | | | | | |
| | 9110359847 | | 01/30/20 | 01/03/20 | 02/05/20 | | 1,290.00 | 0.00 | 0.00 | 1,290.00 |
| | SUPPLIES GENERAL - LAB | | | | | | | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | 9110360667 ✓ | | 01/30/20 | 01/04/20 | 02/05/20 | 197.50 | 0.00 | 0.00 | 197.50 ✓ |
| | | SUPPLIES GENERAL LAB | | | | | | | |
| | Vendor Totals | Number | Name | | | Gross | Discount | No-Pay | Net |
| | | I1110 | WERFEN USA LLC | | | 2,204.38 | 0.00 | 0.00 | 2,204.38 |

| 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 | 02/05/20 | | | 17,600.00 | 0.00 | 0.00 | 17,600.00 ✓ |
| | | PURCHASED SERVICES WC | | | | | | | | | |
| | 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 |
|---|---|---|---|---|
| | 504,052.86 | 0.00 | 0.00 | 504,052.86 |

pg 2 correction { <85.02> + 79.34

pg 4 correction { <365.00> + 392.00

$ 504,074.18

504,052.86 +
85.02 −
79.34 +
365.00 −
392.00 +
504,074.18 *

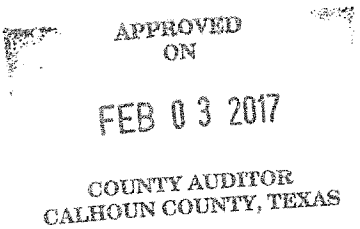
Michel Hfer
2-2-17

FEB 0 3 2017 CKS # 169727 to # 169798

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

| BANK--CHECK CODE | NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|
| A/P | 169727 | 02/03/17 | 459.52 | CUSTOM MEDICAL SPECIALTIES |
| A/P | 169728 | 02/03/17 | 153.93 | ERBE USA INC SURGICAL SYSTEMS |
| A/P | 169729 | 02/03/17 | 10,323.99 | US FOOD SERVICE |
| A/P | 169730 | 02/03/17 | 750.00 | JAMES A DANIEL |
| A/P | 169731 | 02/03/17 | 2,001.34 | PRINCIPAL LIFE |
| A/P | 169732 | 02/03/17 | 1,651.32 | CENTURION MEDICAL PRODUCTS |
| A/P | 169733 | 02/03/17 | 1,487.93 | DEWITT POTH & SON |
| A/P | 169734 | 02/03/17 | 336.38 | PRECISION DYNAMICS CORP (PDC) |
| A/P | 169735 | 02/03/17 | 163.72 | JASON ANGLIN |
| A/P | 169736 | 02/03/17 | .00 | VOIDED |
| A/P | 169737 | 02/03/17 | 20,281.31 | MORRIS & DICKSON CO, LLC |
| A/P | 169738 | 02/03/17 | 58.98 | PLATINUM CODE |
| A/P | 169739 | 02/03/17 | 17,600.00 | WOUND CARE SPECIALISTS |
| A/P | 169740 | 02/03/17 | 2,680.00 | TELE-PHYSICIANS, P.A. (TX) |
| A/P | 169741 | 02/03/17 | 283,500.00 | DISCOVERY MEDICAL NETWORK INC |
| A/P | 169742 | 02/03/17 | 15,177.40 | ALLIED BENEFIT SYSTEMS |
| A/P | 169743 | 02/03/17 | 10,847.00 | DR JEWEL LINCOLN |
| A/P | 169744 | 02/03/17 | 318.41 | GENESIS DIAGNOSTICS |
| A/P | 169745 | 02/03/17 | 30.07 | ROSHANDA GRAY |
| A/P | 169746 | 02/03/17 | 744.00 | WALLER,LANSDEN, DORTCH & DAVIS |
| A/P | 169747 | 02/03/17 | 1,390.00 | M G TRUST |
| A/P | 169748 | 02/03/17 | 601.92 | DERRI HART |
| A/P | 169749 | 02/03/17 | 8,100.00 | RECONDO |
| A/P | 169750 | 02/03/17 | 3,225.00 | ADVANCED COMMUNICATIONS |
| A/P | 169751 | 02/03/17 | 75.00 | FIRST CLEARING |
| A/P | 169752 | 02/03/17 | 1,243.55 | BIRCH COMMUNICATIONS |
| A/P | 169753 | 02/03/17 | 179.75 | THE US CONSULTING GROUP |
| A/P | 169754 | 02/03/17 | 186.72 | JERRY PICKETT |
| A/P | 169755 | 02/03/17 | 11,001.20 | PORT LAVACA RETAIL GROUP LLC |
| A/P | 169756 | 02/03/17 | 6,730.33 | VOICE PRODUCTS, INC |
| A/P | 169757 | 02/03/17 | 15,054.02 | JACKSON & COKER LOCUM TENENS, |
| A/P | 169758 | 02/03/17 | 38.80 | ACTION LUMBER |
| A/P | 169759 | 02/03/17 | 166.37 | BARD ACCESS |
| A/P | 169760 | 02/03/17 | 466.19 | BAXTER HEALTHCARE CORP |
| A/P | 169761 | 02/03/17 | 39,371.34 | BECKMAN COULTER, INC. |
| A/P | 169762 | 02/03/17 | 440.45 | BRIGGS HEALTHCARE |
| A/P | 169763 | 02/03/17 | 506.62 | CABLE ONE |
| A/P | 169764 | 02/03/17 | 25.00 | CAL COM FEDERAL CREDIT UNION |
| A/P | 169765 | 02/03/17 | 79.49 | COASTAL OFFICE SOLUTONS |
| A/P | 169766 | 02/03/17 | 25.00 | CALHOUN COUNTY WASTE MGMT |
| A/P | 169767 | 02/03/17 | 392.00 | CYGNUS MEDICAL LLC |
| A/P | 169768 | 02/03/17 | 8,786.58 | CITY OF PORT LAVACA |
| A/P | 169769 | 02/03/17 | 89.25 | CONMED CORPORATION |
| A/P | 169770 | 02/03/17 | 16,556.00 | EVIDENT |
| A/P | 169771 | 02/03/17 | 129.50 | DOWNTOWN CLEANERS |
| A/P | 169772 | 02/03/17 | 42.90 | DYNATRONICS CORPORATION |
| A/P | 169773 | 02/03/17 | 149.38 | FISHER HEALTHCARE |
| A/P | 169774 | 02/03/17 | 459.13 | GULF COAST PAPER COMPANY |
| A/P | 169775 | 02/03/17 | 67.00 | HAYES ELECTRIC SERVICE |
| A/P | 169776 | 02/03/17 | 65.65 | HILL-ROM COMPANY, INC |

| BANK | CHECK NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|
| A/P | 169777 | 02/03/17 | 2,204.38 | WERFEN USA LLC |
| A/P | 169778 | 02/03/17 | 46.25 | INTEGRATED MEDICAL SYSTEMS |
| A/P | 169779 | 02/03/17 | 343.20 | J & J HEALTH CARE SYSTEMS, INC |
| A/P | 169780 | 02/03/17 | 117.13 | JOHNSTONE SUPPLY |
| A/P | 169781 | 02/03/17 | 833.91 | SHIRLEY KARNEI |
| A/P | 169782 | 02/03/17 | 1,060.00 | VICKY KALISEK |
| A/P | 169783 | 02/03/17 | 1,462.50 | MPULSE MAINTENANCE SOFTWARE |
| A/P | 169784 | 02/03/17 | 1,654.53 | BAYER HEALTHCARE |
| A/P | 169785 | 02/03/17 | 253.28 | MMC AUXILIARY GIFT SHOP |
| A/P | 169786 | 02/03/17 | 258.52 | METLIFE |
| A/P | 169787 | 02/03/17 | 4,808.12 | OWENS & MINOR |
| A/P | 169788 | 02/03/17 | 210.49 | PITNEY BOWES INC |
| A/P | 169789 | 02/03/17 | 44.94 | FARAH JANAK |
| A/P | 169790 | 02/03/17 | 361.31 | STRYKER SALES CORP |
| A/P | 169791 | 02/03/17 | 107.35 | TG |
| A/P | 169792 | 02/03/17 | 120.00 | UNIFIRST HOLDINGS |
| A/P | 169793 | 02/03/17 | 306.22 | UNIFORM ADVANTAGE |
| A/P | 169794 | 02/03/17 | 4,306.16 | UNIFIRST HOLDINGS INC |
| A/P | 169795 | 02/03/17 | 35.00 | UROLITHIASIS LABORATORY |
| A/P | 169796 | 02/03/17 | 1,000.00 | US POSTAL SERVICE |
| A/P | 169797 | 02/03/17 | 268.63 | VERIZON WIRELESS |
| A/P | 169798 | 02/03/17 | 62.82 | GRAINGER |
| TOTALS: | | | 504,074.18 | |



RUN DATE:02/06/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:14:29 CHECK REGISTER AND Payable list GLCKREG
02/06/17 THRU 02/06/17

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

| CODE | NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|
| A/P | 000881 | 02/06/17 | 1,359.10 | MCKESSON |
| A/P | 000882 | 02/06/17 | 888.24 | MCKESSON |
| A/P | 000883 | 02/06/17 | 693.95 | MCKESSON |
| TOTALS: | | | 2,941.29 | |

340 B Prescription Expenses

APPROVED
ON

FEB - 6 2017

BY
CALHOUN COUNTY AUDITOR

Michael Pfeil
3-2-17

**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: 02/03/2017

DC: 8115

Territory: 400

Customer: 190813
Date: 02/04/2017

Page: 001

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

As of: 02/03/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 02/04/2017 ITEMS NOT PAID (✓)

| Billing Date | Due Date | Receivable Number | Order Reference | Description | Cash Discount | Amount (gross) | P F | Amount (net) | P F | Receivable Number | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 01/30/2017 | 02/07/2017 | 7789946697 | 1000956887 | 115Invoice | 6.25 | 312.47 | | 306.22 ✓ | | 7789946697 | |
| 01/30/2017 | 02/07/2017 | 7789946698 | 1000957476 | 115Invoice | 0.97 | 48.67 | | 47.70 ✓ | | 7789946698 | |
| 01/30/2017 | 02/07/2017 | 7789946699 | 1000957895 | 115Invoice | 3.41 | 170.51 | | 167.10 ✓ | | 7789946699 | |
| 01/31/2017 | 02/07/2017 | 7790186961 | 1000958290 | 115Invoice | 0.86 | 42.94 | | 42.08 ✓ | | 7790186961 | |
| 02/01/2017 | 02/07/2017 | 7790443726 | 1000958986 | 115Invoice | 1.36 | 67.91 | | 66.55 ✓ | | 7790443726 | |
| 02/03/2017 | 02/07/2017 | 7790865403 | 1000960144 | 115Invoice | 14.89 | 744.34 | | 729.45 ✓ | | 7790865403 | |

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

TOTAL:

Subtotals: 1,386.84 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,344.87
01/30/2017

If Paid By 02/07/2017,
Pay This Amount: 1,359.10 USD

If Paid After 02/07/2017,
Pay this Amount: 1,386.84 USD

Due If Paid On Time:
USD 1,359.10

Disc lost if paid late:
27.74

Due If Paid Late:
USD 1,386.84

2.6.17

Ck# 881

APPROVED
ON
FEB - 6 2017
BY
CALHOUN COUNTY AUDITOR

# McKESSON

# STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 02/03/2017

DC: 8115

Territory: 400

Customer: 256342
Date: 02/04/2017

Page: 001

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

As of: 02/03/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 02/04/2017 ITEMS NOT PAID (✓)

| Billing Date | Due Date | Receivable Number | Order Reference | Description | Cash Discount | Amount (gross) | P F | Amount (net) | P F | Receivable Number | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 01/31/2017 | 02/07/2017 | 7790176850 | 3454582030 | 115Invoice | 6.43 | 321.53 | | 315.10 | ✓ | 7790176850 | |
| 02/01/2017 | 02/07/2017 | 7790424137 | 3454582033 | 115Invoice | 2.72 | 135.98 | | 133.26 | ✓ | 7790424137 | |
| 02/02/2017 | 02/07/2017 | 7790640862 | 3454582036 | 115Invoice | 2.31 | 115.44 | | 113.13 | ✓ | 7790640862 | |
| 02/03/2017 | 02/07/2017 | 7790890347 | 3454582039 | 115Invoice | 6.67 | 333.42 | | 326.75 | ✓ | 7790890347 | |

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

TOTAL:

Subtotals: 906.37 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,076.86
01/30/2017

If Paid By 02/07/2017,
Pay This Amount: 888.24 USD

If Paid After 02/07/2017,
Pay this Amount: 906.37 USD

Due If Paid On Time:
USD 888.24

Disc lost if paid late:
18.13

Due If Paid Late:
USD 906.37

2.6.17

Ck# 882

APPROVED
ON
FEB - 6 2017
BY
CALHOUN COUNTY AUDITOR

**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: 02/03/2017
DC: 8115
Territory: 400
Customer: 262252
Date: 02/04/2017

Page: 001

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

As of: 02/03/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 02/04/2017 ITEMS NOT PAID (✓)

| Billing Date | Due Date | Receivable Number | Order Reference | Description | Cash Discount | Amount (gross) | P F | Amount (net) | P F | Receivable Number | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 01/30/2017 | 02/07/2017 | 7789927195 | 1000956889 | 115Invoice | 3.72 | 185.95 | | 182.23 ✓ | | 7789927195 | |
| 01/30/2017 | 02/07/2017 | 7789927196 | 1000957478 | 115Invoice | 2.28 | 113.89 | | 111.61 ✓ | | 7789927196 | |
| 01/30/2017 | 02/07/2017 | 7789927197 | 1000957897 | 115Invoice | 0.74 | 36.89 | | 36.15 ✓ | | 7789927197 | |
| 01/31/2017 | 02/07/2017 | 7790175866 | 1000958292 | 115Invoice | 0.11 | 5.41 | | 5.30 ✓ | | 7790175866 | |
| 02/01/2017 | 02/07/2017 | 7790422599 | 1000958988 | 115Invoice | 0.36 | 17.76 | | 17.40 ✓ | | 7790422599 | |
| 02/02/2017 | 02/07/2017 | 7790650892 | 1000959562 | 115Invoice | 2.45 | 122.53 | | 120.08 ✓ | | 7790650892 | |
| 02/03/2017 | 02/07/2017 | 7790901662 | 1000960146 | 115Invoice | 4.43 | 221.32 | | 216.89 ✓ | | 7790901662 | |
| 02/03/2017 | 02/07/2017 | 7790901664 | 1000960146 | 115Invoice | 0.09 | 4.38 | | 4.29 ✓ | | 7790901664 | |

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

TOTAL:

Future Due: 0.00

Past Due: 0.00

Last Payment 796.13
01/30/2017

Subtotals: 708.13 USD

If Paid By 02/07/2017,
Pay This Amount: 693.95 USD

If Paid After 02/07/2017,
Pay this Amount: 708.13 USD

Due If Paid On Time:
USD 693.95

Disc lost if paid late:
14.18

Due If Paid Late:
USD 708.13

ch#883

APPROVED
ON

FEB - 6 2017

BY CT
CALHOUN COUNTY AUDITOR

APPROVED ON
FEB 09 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

02/08/2017
14:33

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 02/15/2017

0
ap_open_invoice.template

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| 35720 ✓ | | 01/22/20 | 01/11/20 | 02/10/20 | | 1,381.69 | 0.00 | 0.00 | 1,381.69 ✓ |
| | SUPPLIES GENERAL PLNT OF | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | A1679 | AIR SPECIALTY & EQUIPMENT CO | 1,381.69 | 0.00 | 0.00 | 1,381.69 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 11062 | AIRESPRING INC ✓ | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 97002412 ✓ | | 01/22/20 | 01/16/20 | 02/09/20 | | 2,219.54 | 0.00 | 0.00 | 2,219.54 ✓ |
| | TELEPHONE HOSP GEN | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11062 | AIRESPRING INC | 2,219.54 | 0.00 | 0.00 | 2,219.54 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| 9059319562 ✓ | | 01/27/20 | 01/16/20 | 02/15/20 | | 161.78 | 0.00 | 0.00 | 161.78 ✓ |
| | OXYGEN RES CARE | | | | | | | | |
| 9059284527 ✓ | | 01/30/20 | 01/13/20 | 02/12/20 | | 2,690.03 | 0.00 | 0.00 | 2,690.03 ✓ |
| | OXYGEN RES CARE | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | A1680 | AIRGAS USA, LLC - CENTRAL DIV | 2,851.81 | 0.00 | 0.00 | 2,851.81 |

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

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 0000389575 ✓ | | 01/30/20 | 01/26/20 | 02/15/20 | | 29,906.60 | 0.00 | 0.00 | 29,906.60 ✓ |
| | EMPLOYEE INS PREMIUMS | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10814 | ALLIED BENEFIT SYSTEMS | 29,906.60 | 0.00 | 0.00 | 29,906.60 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| 2611574 ✓ | | 01/31/20 | 01/26/20 | 02/10/20 | | 3,174.14 | 0.00 | 0.00 | 3,174.14 ✓ |
| | PROF SERV PHY THRPY | | | | | | | | |
| 2611577 ✓ | | 01/31/20 | 01/26/20 | 02/10/20 | | 2,970.80 | 0.00 | 0.00 | 2,970.80 ✓ |
| | PURCH SERV-PHY THRPY | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11232 | AMN HEALTHCARE ALLIED, INC. | 6,144.94 | 0.00 | 0.00 | 6,144.94 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| A0777 | ANDERSON CONSULTATION SERVICES ✓ | W | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| MMC010117 ✓ | | 01/31/20 | 01/01/20 | 01/02/20 | | 1,211.14 | 0.00 | 0.00 | 1,211.14 ✓ |
| | COLLECTIONS- BUS OFF | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | A0777 | ANDERSON CONSULTATION SERVICES | 1,211.14 | 0.00 | 0.00 | 1,211.14 |

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

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 22 ✓ | | 01/31/20 | 11/30/20 | 12/30/20 | | | 57.00 | 0.00 | 0.00 | 57.00 ✓ |
| | SUPPLIES GENERAL ADM | | | | | | | | | |
| Vendor Totals | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | A2150 | ANNOUNCEMENTS PLUS TOO AGAIN | | | | | 57.00 | 0.00 | 0.00 | 57.00 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 10290 | AWHONN ✓ | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 200006427 ✓ | | 01/31/20 | 01/24/20 | 01/25/20 | | | 95.99 | 0.00 | 0.00 | 95.99 ✓ |
| | DUES SUBSCRIPTION OB | | | | | | | | | |
| Vendor Totals | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | 10290 | AWHONN | | | | | 95.99 | 0.00 | 0.00 | 95.99 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 53211185 ✓ | | 01/13/20 | 12/23/20 | 02/12/20 | | | 119.06 | 0.00 | 0.00 | 119.06 ✓ |
| | INVENTRY CENTRAL SUP INV | | | | | | | | | |
| 53248790 ✓ | | 01/13/20 | 12/29/20 | 02/12/20 | | | 548.86 | 0.00 | 0.00 | 548.86 ✓ |
| | SUPPLIES GENERAL RECRY | | | | | | | | | |
| Vendor Totals | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | B1150 | BAXTER HEALTHCARE | | | | | 667.92 | 0.00 | 0.00 | 667.92 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 106088326 ✓ | | 01/23/20 | 01/12/20 | 02/11/20 | | | 3,933.48 | 0.00 | 0.00 | 3,933.48 ✓ |
| | SUPPLIES GENERAL LAB | | | | | | | | | |
| 5364065 ✓ | | 01/23/20 | 01/12/20 | 02/11/20 | | | 4,233.46 | 0.00 | 0.00 | 4,233.46 ✓ |
| | SUPPLIES GENERAL LAB | | | | | | | | | |
| 106015940 ✓ | | 01/31/20 | 12/06/20 | 01/05/20 | | | 484.23 | 0.00 | 0.00 | 484.23 ✓ |
| | SUPPLIES-GENERAL, LAB | | | | | | | | | |
| Vendor Totals | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | B1220 | BECKMAN COULTER INC | | | | | 8,651.17 | 0.00 | 0.00 | 8,651.17 |

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

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 9102691495 ✓ | | 01/23/20 | 01/12/20 | 02/11/20 | | | 886.88 | 0.00 | 0.00 | 886.88 ✓ |
| | SUPPLIES GENERAL LAB | | | | | | | | | |
| Vendor Totals | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | 10024 | BECTON, DICKINSON & CO (BD) | | | | | 886.88 | 0.00 | 0.00 | 886.88 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| B1650 | BOSART LOCK & KEY INC ✓ | M | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 111058 ✓ | | 01/27/20 | 01/10/20 | 02/09/20 | | | 14.90 | 0.00 | 0.00 | 14.90 ✓ |
| | SUPPLIES GENERAL SURGER | | | | | | | | | |
| Vendor Totals | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | B1650 | BOSART LOCK & KEY INC | | | | | 14.90 | 0.00 | 0.00 | 14.90 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| B1680 | BOUND TREE MEDICAL, LLC ✓ | M | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 82373775 ✓ | | 01/22/20 | 01/10/20 | 02/10/20 | | | 76.99 | 0.00 | 0.00 | 76.99 ✓ |
| | SUPPLIES GENERAL ICU | | | | | | | | | |
| Vendor Totals | Number | Name | | | | | Gross | Discount | No-Pay | Net |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | B1680 | BOUND TREE MEDICAL, LLC | | | | 76.99 | 0.00 | 0.00 | 76.99 |
| 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 |
| | 8001233178 | | 01/27/20 | 01/07/20 | 02/11/20 | | 127.81 | 0.00 | 0.00 | 127.81 |
| | | INVENTORY PHARMACY | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | C1325 | CARDINAL HEALTH 414, INC. | | | | 127.81 | 0.00 | 0.00 | 127.81 |
| 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 |
| | 9107327602 | | 01/13/20 | 12/30/20 | 02/12/20 | | 394.91 | 0.00 | 0.00 | 394.91 |
| | | SUPPLIES GENERAL SURGER | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 10650 | CAREFUSION 2200, INC | | | | 394.91 | 0.00 | 0.00 | 394.91 |
| 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 |
| | 21715 | | 01/31/20 | 01/30/20 | 02/14/20 | | 48.11 | 0.00 | 0.00 | 48.11 |
| | | FUEL-PLNT OPER | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | E1270 | CENTERPOINT ENERGY | | | | 48.11 | 0.00 | 0.00 | 48.11 |
| 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 |
| | 92171709 | | 01/13/20 | 12/30/20 | 02/12/20 | | 298.32 | 0.00 | 0.00 | 298.32 |
| | | INVENTRY CENTRAL SUP INV | | | | | | | | |
| | 92179184 | | 01/27/20 | 01/11/20 | 02/10/20 | | 456.00 | 0.00 | 0.00 | 456.00 |
| | | SUPPLIES GENERAL REC RM | | | | | | | | |
| | 92181979 | | 01/27/20 | 01/16/20 | 02/15/20 | | 869.84 | 0.00 | 0.00 | 869.84 |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 10350 | CENTURION MEDICAL PRODUCTS | | | | 1,624.16 | 0.00 | 0.00 | 1,624.16 |
| 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 |
| | 21723 | | 02/08/20 | 02/01/20 | 02/01/20 | | 5,293.56 | 0.00 | 0.00 | 5,293.56 |
| | | EMPLOYEE PREMS | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 11030 | COMBINED INSURANCE CO | | | | 5,293.56 | 0.00 | 0.00 | 5,293.56 |
| Vendor# | Vendor Name | | | Class | Pay Code | | | | |
| 10006 | CUSTOM MEDICAL SPECIALTIES | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D Pay | Gross | Discount | No-Pay | Net |
| | 217936 | | 01/27/20 | 01/10/20 | 02/09/20 | | 614.14 | 0.00 | 0.00 | 614.14 |
| | | SUPPLIES GENERAL CT SCAN | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 10006 | CUSTOM MEDICAL SPECIALTIES | | | | 614.14 | 0.00 | 0.00 | 614.14 |
| 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 |
| | 491807-0 | | 01/13/20 | 12/30/20 | 02/12/20 | | 77.02 | 0.00 | 0.00 | 77.02 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | INVENTRY CENTRAL SUP INV | | | | | | | |
| 493414-0 | | 01/22/20 | 01/16/20 | 02/15/20 | 37.46 | 0.00 | 0.00 | 37.46 |
| | SUPPLIES GENERAL MM CLIN | | | | | | | |
| 4928700 | | 01/27/20 | 01/11/20 | 02/10/20 | 279.01 | 0.00 | 0.00 | 279.01 |
| | OFFICE SUPPLIES RADIOLOG | | | | | | | |
| Vendor Totals | Number | Name | | | Gross | Discount | No-Pay | Net |
| | 10368 | DEWITT POTH & SON | | | 393.49 | 0.00 | 0.00 | 393.49 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 10842 | DOOR CONTROL SERVICES, INC | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| SMNINV102425 | | 01/31/20 | 10/05/20 | 11/04/20 | | | 269.25 | 0.00 | 0.00 | 269.25 |
| | REPAIRS-DIETARY | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10842 | DOOR CONTROL SERVICES, INC | 269.25 | 0.00 | 0.00 | 269.25 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 11118 | DR. WILLIAM CROWLEY | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 21689 | | 01/27/20 | 01/20/20 | 02/09/20 | | | 500.00 | 0.00 | 0.00 | 500.00 |
| | UNEARNED INCOME INDIGEN | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11118 | DR. WILLIAM CROWLEY | 500.00 | 0.00 | 0.00 | 500.00 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 11147 | ENVIRONMENTAL SAFETY, INC | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 12860 | | 01/22/20 | 01/10/20 | 02/09/20 | | | 1,940.16 | 0.00 | 0.00 | 1,940.16 |
| | SUPPLIES GENERAL DIETARY | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11147 | ENVIRONMENTAL SAFETY, INC | 1,940.16 | 0.00 | 0.00 | 1,940.16 |

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

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 568763916 | | 01/31/20 | 01/26/20 | | | | 91.58 | 0.00 | 0.00 | 91.58 |
| | FRT-CS | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | F1100 | FEDERAL EXPRESS CORP. | 91.58 | 0.00 | 0.00 | 91.58 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| F1400 | FISHER HEALTHCARE | M | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 8323273 | | 01/23/20 | 01/11/20 | 02/10/20 | | | 1,576.12 | 0.00 | 0.00 | 1,576.12 |
| | SUPPLIES GENERAL LAB | | | | | | | | | |
| 8323271 | | 01/23/20 | 01/11/20 | 02/10/20 | | | 19.35 | 0.00 | 0.00 | 19.35 |
| | SUPPLIES GENERAL LAB | | | | | | | | | |
| 8412627 | | 01/23/20 | 01/12/20 | 02/11/20 | | | 515.37 | 0.00 | 0.00 | 515.37 |
| | SUPPLIES GENERAL LAB | | | | | | | | | |
| 8485614 | | 01/27/20 | 01/13/20 | 02/12/20 | | | 93.14 | 0.00 | 0.00 | 93.14 |
| | SUPPLIES GENERAL LAB | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | F1400 | FISHER HEALTHCARE | 2,203.98 | 0.00 | 0.00 | 2,203.98 |

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

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 4793 | | 01/31/20 | 11/18/20 | 12/18/20 | | | 163.06 | 0.00 | 0.00 | 163.06 |

REPAIRS INSTRUMENT SURG

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10678 | FIVE STAR STERILIZER SERVICES | 163.06 | 0.00 | 0.00 | 163.06 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 11183 | FRONTIER | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 011917 | | 01/27/20 | 01/19/20 | 02/13/20 | | 197.07 | 0.00 | 0.00 | 197.07 |

TELEPHONE HOSP GEN

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11183 | FRONTIER | 197.07 | 0.00 | 0.00 | 197.07 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| 1257216 | | 01/27/20 | 01/10/20 | 02/09/20 | | 401.54 | 0.00 | 0.00 | 401.54 |

SUPPLIES GENERAL HOUSEK

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | G1210 | GULF COAST PAPER COMPANY | 401.54 | 0.00 | 0.00 | 401.54 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| 0040827 | | 01/16/20 | 01/13/20 | 02/12/20 | | 1,409.25 | 0.00 | 0.00 | 1,409.25 |

PURCHASED SERVICES MM C

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

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| 370279 | | 01/31/20 | 01/25/20 | 01/26/20 | | 7,753.00 | 0.00 | 0.00 | 7,753.00 |
| | PROF SERV OB | | | | | | | | |
| 200209 | | 01/31/20 | 01/25/20 | 01/26/20 | | 1,075.76 | 0.00 | 0.00 | 1,075.76 |

PROF FEES OB

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11230 | JACKSON & COKER LOCUM TENENS, | 8,828.76 | 0.00 | 0.00 | 8,828.76 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 11238 | JOBS THERAPY | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 83088 | | 01/31/20 | 01/30/20 | 01/31/20 | | 140.00 | 0.00 | 0.00 | 140.00 |

PURCH SERV PHY THRPY

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11238 | JOBS THERAPY | 140.00 | 0.00 | 0.00 | 140.00 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| J1400 | JOHNSON & JOHNSON | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 917510715 | | 01/22/20 | 01/10/20 | 02/10/20 | | 939.73 | 0.00 | 0.00 | 939.73 |

SUPPLIES GENERAL SURGER

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | J1400 | JOHNSON & JOHNSON | 939.73 | 0.00 | 0.00 | 939.73 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| L1005 | LAERDAL MEDICAL CORPORATION | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 20172000003200 | | 01/27/20 | 01/12/20 | 02/11/20 | | 114.52 | 0.00 | 0.00 | 114.52 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | L1005 | LAERDAL MEDICAL CORPORATION | 114.52 | 0.00 | 0.00 | 114.52 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 10578 | LUMINANT ENERGY COMPANY LLC | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| INV0540903 | FUEL PLNT OPER | 01/17/20 | 01/03/20 | 02/15/20 | | | 2,079.57 | 0.00 | 0.00 | 2,079.57 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10578 | LUMINANT ENERGY COMPANY LLC | 2,079.57 | 0.00 | 0.00 | 2,079.57 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 91903488 | SUPPLIES GNERAL LAB | 01/16/20 | 01/03/20 | 02/15/20 | | | 704.22 | 0.00 | 0.00 | 704.22 |
| 91829969 | SUPPLIES GENERAL LAB | 01/22/20 | 01/03/20 | 02/15/20 | | | 818.45 | 0.00 | 0.00 | 818.45 |
| 91876535 | SUPPLIES GENERAL LAB | 01/22/20 | 01/03/20 | 02/15/20 | | | 622.67 | 0.00 | 0.00 | 622.67 |
| 92075959 | SUPPLIES GENERAL LAB | 01/22/20 | 01/05/20 | 02/15/20 | | | 90.07 | 0.00 | 0.00 | 90.07 |
| 92344108 | SUPPLIES GENERAL LAB | 01/23/20 | 01/10/20 | 02/15/20 | | | 67.64 | 0.00 | 0.00 | 67.64 |
| 92317823 | SUPPLIES GENERAL LAB | 01/23/20 | 01/10/20 | 02/15/20 | | | 1,353.92 | 0.00 | 0.00 | 1,353.92 |
| 92332219 | SUPPLIES GENERAL LAB | 01/23/20 | 01/10/20 | 02/15/20 | | | 11.77 | 0.00 | 0.00 | 11.77 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | M2178 | MCKESSON MEDICAL SURGICAL INC | 3,668.74 | 0.00 | 0.00 | 3,668.74 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 1820685859 | INVENTRY-CENTRAL SUP-INV | 01/26/20 | 01/11/20 | 02/10/20 | | | 36.83 | 0.00 | 0.00 | 36.83 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | M2470 | MEDLINE INDUSTRIES INC | 36.83 | 0.00 | 0.00 | 36.83 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 30094354652 | SUPPLIES GENERAL RADIOL( | 01/13/20 | 12/23/20 | 02/12/20 | | | 36.36 | 0.00 | 0.00 | 36.36 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | M2659 | MERRY X-RAY/SOURCEONE HEALTHCA | 36.36 | 0.00 | 0.00 | 36.36 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| M2630 | MES INC | M | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 0253888 | | 01/31/20 | 01/12/20 | 02/11/20 | | | 74.98 | 0.00 | 0.00 | 74.98 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | M2630 | MES INC | 74.98 | 0.00 | 0.00 | 74.98 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 21713 | | 01/31/20 | 01/31/20 | 02/01/20 | | | 104.95 | 0.00 | 0.00 | 104.95 |
| | | EMPLOYEE GIFT SHOP PURC | | | | | | | | | |
| | Vendor Totals | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | | M2621 | MMC AUXILIARY GIFT SHOP | | | | | 104.95 | 0.00 | 0.00 | 104.95 |
| 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 |
| | 21722 | | 02/08/20 | 02/06/20 | 02/06/20 | | | 14,118.37 | 0.00 | 0.00 | 14,118.37 |
| | | EMPLOYEE DENTAL/MED PRE | | | | | | | | | |
| | Vendor Totals | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | | 10810 | MMC EMPLOYEE BENEFIT PLAN | | | | | 14,118.37 | 0.00 | 0.00 | 14,118.37 |
| 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 |
| | 671228 | | 02/05/20 | 02/01/20 | 02/01/20 | | | 100.49 | 0.00 | 0.00 | 100.49 |
| | | MISC- ADM | | | | | | | | | |
| | Vendor Totals | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | | M2662 | MMC VOLUNTEERS | | | | | 100.49 | 0.00 | 0.00 | 100.49 |
| 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 |
| | 9860680 | | 01/31/20 | 01/30/20 | 01/31/20 | | | 5.63 | 0.00 | 0.00 | 5.63 |
| | | INVENTORY-PHARMACY | | | | | | | | | |
| | 9864899 | | 01/31/20 | 01/30/20 | 01/31/20 | | | 317.59 | 0.00 | 0.00 | 317.59 |
| | | INVENTORY-PHARMACY | | | | | | | | | |
| | 9860405 | | 01/31/20 | 01/30/20 | 01/31/20 | | | 290.07 | 0.00 | 0.00 | 290.07 |
| | | INVENTORY-PHARMACY | | | | | | | | | |
| | 9860403 | | 01/31/20 | 01/30/20 | 01/31/20 | | | 106.92 | 0.00 | 0.00 | 106.92 |
| | | INVENTORY-PHARMACY | | | | | | | | | |
| | 9860404 | | 01/31/20 | 01/31/20 | 01/31/20 | | | 1,812.09 | 0.00 | 0.00 | 1,812.09 |
| | | INVENTORY-PHARMACY | | | | | | | | | |
| | 9864897 | | 01/31/20 | 01/31/20 | 02/01/20 | | | 108.02 | 0.00 | 0.00 | 108.02 |
| | | INVENTORY-PHARMACY | | | | | | | | | |
| | 9864898 | | 01/31/20 | 01/31/20 | 02/01/20 | | | 1,906.13 | 0.00 | 0.00 | 1,906.13 |
| | | INVENTORY-PHARMACY | | | | | | | | | |
| | CM50029 | | 01/31/20 | 01/31/20 | 02/01/20 | | | -110.98 | 0.00 | 0.00 | -110.98 |
| | | INVENTORY-PHARMACY | | | | | | | | | |
| | 9870804 | | 02/05/20 | 02/01/20 | 02/02/20 | | | 37.58 | 0.00 | 0.00 | 37.58 |
| | | INVENTORY-PHARMACY | | | | | | | | | |
| | 9873044 | | 02/05/20 | 02/01/20 | 02/02/20 | | | 740.46 | 0.00 | 0.00 | 740.46 |
| | | INVENTORY-PHARMACY | | | | | | | | | |
| | 9873046 | | 02/05/20 | 02/01/20 | 02/02/20 | | | 1,926.21 | 0.00 | 0.00 | 1,926.21 |
| | | INVENTORY-PHARMACY | | | | | | | | | |
| | 9869057 | | 02/05/20 | 02/01/20 | 02/02/20 | | | 125.39 | 0.00 | 0.00 | 125.39 |
| | | INVENTORY-PHARMACY | | | | | | | | | |
| | 9873045 | | 02/05/20 | 02/01/20 | 02/02/20 | | | 430.39 | 0.00 | 0.00 | 430.39 |
| | | INVENTORY-PHARMACY | | | | | | | | | |
| | 9870803 | | 02/05/20 | 02/01/20 | 02/02/20 | | | 57.58 | 0.00 | 0.00 | 57.58 |
| | | INVENTORY-PHARMACY | | | | | | | | | |
| | 9875795 | | 02/05/20 | 02/02/20 | 02/03/20 | | | 2,870.85 | 0.00 | 0.00 | 2,870.85 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | INVENTORY PHARMACY | | | | | | | |
| 9875796 | | 02/05/20 | 02/02/20 | 02/03/20 | 154.51 | 0.00 | 0.00 | 154.51 |
| | INVENTORY-PHARMACY | | | | | | | |
| 9875794 | | 02/05/20 | 02/02/20 | 02/03/20 | 344.12 | 0.00 | 0.00 | 344.12 |
| | INVENTORY-PHARMACY | | | | | | | |
| Vendor Totals | Number | Name | | | Gross | Discount | No-Pay | Net |
| | 10536 | MORRIS & DICKSON CO, LLC | | | 11,122.56 | 0.00 | 0.00 | 11,122.56 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 1850215417 | | 01/23/20 | 01/10/20 | 02/09/20 | | | 866.57 | 0.00 | 0.00 | 866.57 |
| | SUPPLIES GENERAL BLOOK E | | | | | | | | | |
| 1850218988 | | 01/23/20 | 01/12/20 | 02/11/20 | | | 863.13 | 0.00 | 0.00 | 863.13 |
| | SUPPLIES GENERAL BLOOD E | | | | | | | | | |
| Vendor Totals | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | O1416 | ORTHO CLINICAL DIAGNOSTICS | | | | | 1,729.70 | 0.00 | 0.00 | 1,729.70 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 2024052872 | | 01/22/20 | 01/10/20 | 02/09/20 | | | 105.83 | 0.00 | 0.00 | 105.83 |
| | INVENTRY CENTRAL SUP INV | | | | | | | | | |
| 2024052954 | | 01/22/20 | 01/10/20 | 02/09/20 | | | 179.92 | 0.00 | 0.00 | 179.92 |
| | INVENTRY CENTRAL SUP INV | | | | | | | | | |
| 2024053479 | | 01/27/20 | 01/10/20 | 02/09/20 | | | 97.20 | 0.00 | 0.00 | 97.20 |
| | Inventry Central Sup Inv | | | | | | | | | |
| 2024062675 | | 01/27/20 | 01/10/20 | 02/09/20 | | | 871.12 | 0.00 | 0.00 | 871.12 |
| | SUPPLIES GENERAL-RES CAF | | | | | | | | | |
| 2024054537 | | 01/27/20 | 01/10/20 | 02/09/20 | | | 88.50 | 0.00 | 0.00 | 88.50 |
| | SUPPLIES GENERAL-RES CAF | | | | | | | | | |
| 2024053817 | | 01/27/20 | 01/10/20 | 02/09/20 | | | 14.24 | 0.00 | 0.00 | 14.24 |
| | SUPPLIES GENERAL-DIETARY | | | | | | | | | |
| 2024053488 | | 01/27/20 | 01/10/20 | 02/09/20 | | | 31.07 | 0.00 | 0.00 | 31.07 |
| | INVENTRY-CENTRAL SUP-INV | | | | | | | | | |
| 2024063921 | | 01/27/20 | 01/10/20 | 02/09/20 | | | 1,612.90 | 0.00 | 0.00 | 1,612.90 |
| | Inventry Central Supply | | | | | | | | | |
| 2024156845 | | 01/27/20 | 01/12/20 | 02/11/20 | | | 67.94 | 0.00 | 0.00 | 67.94 |
| | SUPPLIES GENERAL-SURGER | | | | | | | | | |
| 2024157656 | | 01/27/20 | 01/12/20 | 02/11/20 | | | 21.29 | 0.00 | 0.00 | 21.29 |
| | INVENTRY-CENTRAL SUP-INV | | | | | | | | | |
| 2024158092 | | 01/27/20 | 01/12/20 | 02/11/20 | | | 17.70 | 0.00 | 0.00 | 17.70 |
| 20245157200 | | 01/27/20 | 01/12/20 | 02/11/20 | | | 7.12 | 0.00 | 0.00 | 7.12 |
| | SUPPLIES GENERAL-DIETARY | | | | | | | | | |
| 2024162497 | | 01/27/20 | 01/12/20 | 02/11/20 | | | 859.45 | 0.00 | 0.00 | 859.45 |
| | INVENTORY-CENTRAL SUP-IN | | | | | | | | | |
| 2024158081 | | 01/27/20 | 01/12/20 | 02/11/20 | | | 45.49 | 0.00 | 0.00 | 45.49 |
| | INVENTRY-CENTRAL SUP-INV | | | | | | | | | |
| 2023020724 | | 01/31/20 | 12/01/20 | 12/31/20 | | | 1,026.59 | 0.00 | 0.00 | 1,026.59 |
| 2024065225 | | 01/31/20 | 01/10/20 | 02/09/20 | | | 625.89 | 0.00 | 0.00 | 625.89 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | OM425 | OWENS & MINOR | | | | | 5,672.25 | 0.00 | 0.00 | 5,672.25 |
| 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 |
| | 21718 | | 01/31/20 | 01/31/20 | 02/01/20 | | 945.00 | 0.00 | 0.00 | 945.00 |
| | | PURCH SERV CLINIC | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 11069 | PABLO GARZA | | | | 945.00 | 0.00 | 0.00 | 945.00 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | |
| 11142 | PAETEC | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
| | 68797343 | | 01/31/20 | 01/22/20 | 02/10/20 | | 8,587.56 | 0.00 | 0.00 | 8,587.56 |
| | | TELEPHONE, HOSP GEN | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 11142 | PAETEC | | | | 8,587.56 | 0.00 | 0.00 | 8,587.56 |
| 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 |
| | 082088 | | 01/22/20 | 01/11/20 | 02/10/20 | | 76.17 | 0.00 | 0.00 | 76.17 |
| | | SUPPLIES GENERAL ICU | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 10541 | PLATINUM CODE | | | | 76.17 | 0.00 | 0.00 | 76.17 |
| 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 |
| | 21708 | | 01/31/20 | 01/31/20 | 02/09/20 | | 11,001.20 | 0.00 | 0.00 | 11,001.20 |
| | | LEASE & RENTAL PHY THRPY | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 11125 | PORT LAVACA RETAIL GROUP LLC | | | | 11,001.20 | 0.00 | 0.00 | 11,001.20 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | |
| 10372 | PRECISION DYNAMICS CORP (PDC) | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
| | 3635653 | | 01/13/20 | 12/22/20 | 02/12/20 | | 60.26 | 0.00 | 0.00 | 60.26 |
| | | SUPPLIES GENERAL C/S | | | | | | | | |
| | 3651856 | | 01/22/20 | 01/10/20 | 02/09/20 | | 57.82 | 0.00 | 0.00 | 57.82 |
| | | SUPPLIES GENERAL C/S | | | | | | | | |
| | 3655251 | Supplies General | 01/26/20 | 01/12/20 | 02/11/20 | | 236.57 | 0.00 | 0.00 | 236.57 |
| | 3602120 | Supplies General | 01/31/20 | 11/21/20 | 12/21/20 | | 306.06 | 0.00 | 0.00 | 306.06 |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 10372 | PRECISION DYNAMICS CORP (PDC) | | | | 660.71 | 0.00 | 0.00 | 660.71 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | |
| R1268 | RADIOLOGY UNLIMITED, PA | | | | W | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
| | 21720 | | 01/31/20 | 12/14/20 | 12/24/20 | | 85.00 | 0.00 | 0.00 | 85.00 |
| | | PROF FEES RADIOLOGY | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | R1268 | RADIOLOGY UNLIMITED, PA | | | | 85.00 | 0.00 | 0.00 | 85.00 |
| 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 |
|---|---|---|---|---|---|---|---|---|---|
| 01201731 | | 01/31/20 | 01/19/20 | 02/01/20 | | 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 |
|---|---|---|---|
| D1080 | RITA DAVIS | W | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 21714 | | 01/31/20 | 01/31/20 | 01/31/20 | | 494.50 | 0.00 | 0.00 | 494.50 |
| | PURCH SERV-CS | | | | | | | | |
| Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | D1080 | RITA DAVIS | | | | 494.50 | 0.00 | 0.00 | 494.50 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 10995 | SHIFTHOUND | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 1713444 | | 01/31/20 | 01/31/20 | 02/01/20 | | 558.00 | 0.00 | 0.00 | 558.00 |
| | DUES & SUBSCRIPT | | | | | | | | |
| 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 |
|---|---|---|---|
| 11083 | STRATUS VIDEO INTERPRETING | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| SIN12551 | | 01/31/20 | 12/31/20 | 01/31/20 | | 346.25 | 0.00 | 0.00 | 346.25 |
| | PURCH SERV-ADM | | | | | | | | |
| Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | 11083 | STRATUS VIDEO INTERPRETING | | | | 346.25 | 0.00 | 0.00 | 346.25 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| 054003561594 | | 01/31/20 | 01/26/20 | 02/15/20 | | 29,288.08 | 0.00 | 0.00 | 29,288.08 |
| | ELECTRICITY-PLNT OPER | | | | | | | | |
| Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | 11169 | TXU ENERGY | | | | 29,288.08 | 0.00 | 0.00 | 29,288.08 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| 8150754567 | | 01/16/20 | 01/10/20 | 02/09/20 | | 32.92 | 0.00 | 0.00 | 32.92 |
| | PURCHASED SERVICES BIO M | | | | | | | | |
| Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | U1054 | UNIFIRST HOLDINGS | | | | 32.92 | 0.00 | 0.00 | 32.92 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| U1064 | UNIFIRST HOLDINGS INC | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 8400237955 | | 01/24/20 | 01/13/20 | 02/12/20 | | 1,007.62 | 0.00 | 0.00 | 1,007.62 |
| | LAUNDRY-HOUSEKEEPING | | | | | | | | |
| 8400237917 | | 01/24/20 | 01/13/20 | 02/12/20 | | 387.29 | 0.00 | 0.00 | 387.29 |
| | LAUNDRY-SURGERY | | | | | | | | |
| Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | U1064 | UNIFIRST HOLDINGS INC | | | | 1,394.91 | 0.00 | 0.00 | 1,394.91 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| U1200 | UNITED AD LABEL CO INC | M | |

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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 194772935 | | 01/24/20 | 01/11/20 | 02/10/20 | | 18.98 | 0.00 | 0.00 | 18.98 |
| | SUPPLIES GENERAL DIETARY | | | | | | | | |
| Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | U1200 | UNITED AD LABEL CO INC | | | | 18.98 | 0.00 | 0.00 | 18.98 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| U1350 | UPS | W | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 0000778941037 | | 01/31/20 | 01/21/20 | 02/01/20 | | | 742.18 | 0.00 | 0.00 | 742.18 |
| | FRT CS | | | | | | | | | |
| Vendor Totals | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | U1350 | UPS | | | | | 742.18 | 0.00 | 0.00 | 742.18 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 5852413 | | 01/24/20 | 01/20/20 | 02/09/20 | | | 62.81 | 0.00 | 0.00 | 62.81 |
| | FOOD SUPPLIES DIETARY | | | | | | | | | |
| 56864252 | | 01/30/20 | 01/23/20 | 02/12/20 | | | 1,329.54 | 0.00 | 0.00 | 1,329.54 |
| | SUPPLIES GEN-DIETARY | | | | | | | | | |
| Vendor Totals | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | 10172 | US FOOD SERVICE | | | | | 1,392.35 | 0.00 | 0.00 | 1,392.35 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 106739 | | 01/31/20 | 01/10/20 | 01/11/20 | | | 250.00 | 0.00 | 0.00 | 250.00 |
| | PURCH SERV-PLNT OPER | | | | | | | | | |
| Vendor Totals | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | V0554 | VCS SECURITY SYSTEMS | | | | | 250.00 | 0.00 | 0.00 | 250.00 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 21721 | | 01/31/20 | 01/16/20 | 01/17/20 | | | 1,270.83 | 0.00 | 0.00 | 1,270.83 |
| | SUPPLIES-ADM | | | | | | | | | |
| Vendor Totals | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | W1005 | WALMART COMMUNITY | | | | | 1,270.83 | 0.00 | 0.00 | 1,270.83 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| W1040 | WATERMARK GRAPHICS INC | M | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 113118 | | 01/31/20 | 11/30/20 | 12/30/20 | | | 17.00 | 0.00 | 0.00 | 17.00 |
| | PURCH SERV-MM CLINIC | | | | | | | | | |
| Vendor Totals | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | W1040 | WATERMARK GRAPHICS INC | | | | | 17.00 | 0.00 | 0.00 | 17.00 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 11134 | YOURMEMBERSHIP | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| R24836806 | | 11/23/20 | 11/15/20 | 02/05/20 | | | 450.00 | 0.00 | 0.00 | 450.00 |
| | DUES & SUBSCRIPTIONS PHY | | | | | | | | | |
| R24559121 | | 01/31/20 | 10/25/20 | 11/24/20 | | | 595.00 | 0.00 | 0.00 | 595.00 |
| | DUES & SUBSCRIP-PHY THRF | | | | | | | | | |
| Vendor Totals | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | 11134 | YOURMEMBERSHIP | | | | | 1,045.00 | 0.00 | 0.00 | 1,045.00 |

**Report Summary**

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|
| | 176,933.09 | 0.00 | 0.00 | 176,933.09 |

Add Walmart - late Charge { +1.92

$176,935.01

176,933.09 +
1.92 +
176,935.01 *

Michael D Pyle
3-2-17

APPROVED ON
FEB 09 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS # 169799 to # 169864

| BANK | CHECK NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|
| A/P | 169799 | 02/09/17 | 614.14 | CUSTOM MEDICAL SPECIALTIES |
| A/P | 169800 | 02/09/17 | 886.88 | BECTON, DICKINSON & CO (BD) |
| A/P | 169801 | 02/09/17 | 1,392.35 | US FOOD SERVICE |
| A/P | 169802 | 02/09/17 | 95.99 | AWHONN |
| A/P | 169803 | 02/09/17 | 1,624.16 | CENTURION MEDICAL PRODUCTS |
| A/P | 169804 | 02/09/17 | 393.49 | DEWITT POTH & SON |
| A/P | 169805 | 02/09/17 | 660.71 | PRECISION DYNAMICS CORP (PDC) |
| A/P | 169806 | 02/09/17 | .00 | VOIDED |
| A/P | 169807 | 02/09/17 | 11,122.56 | MORRIS & DICKSON CO, LLC |
| A/P | 169808 | 02/09/17 | 76.17 | PLATINUM CODE |
| A/P | 169809 | 02/09/17 | 2,079.57 | LUMINANT ENERGY COMPANY LLC |
| A/P | 169810 | 02/09/17 | 120.00 | REVISTA de VICTORIA |
| A/P | 169811 | 02/09/17 | 394.91 | CAREFUSION 2200, INC |
| A/P | 169812 | 02/09/17 | 163.06 | FIVE STAR STERILIZER SERVICES |
| A/P | 169813 | 02/09/17 | 14,118.37 | MMC EMPLOYEE BENEFIT PLAN |
| A/P | 169814 | 02/09/17 | 29,906.60 | ALLIED BENEFIT SYSTEMS |
| A/P | 169815 | 02/09/17 | 1,409.25 | HEALTHSTREAM, INC. |
| A/P | 169816 | 02/09/17 | 269.25 | DOOR CONTROL SERVICES, INC |
| A/P | 169817 | 02/09/17 | 558.00 | SHIFTHOUND |
| A/P | 169818 | 02/09/17 | 5,293.56 | COMBINED INSURANCE CO |
| A/P | 169819 | 02/09/17 | 2,219.54 | AIRESPRING INC |
| A/P | 169820 | 02/09/17 | 945.00 | PABLO GARZA |
| A/P | 169821 | 02/09/17 | 346.25 | STRATUS VIDEO INTERPRETING |
| A/P | 169822 | 02/09/17 | 500.00 | DR. WILLIAM CROWLEY |
| A/P | 169823 | 02/09/17 | 11,001.20 | PORT LAVACA RETAIL GROUP LLC |
| A/P | 169824 | 02/09/17 | 1,045.00 | YOURMEMBERSHIP |
| A/P | 169825 | 02/09/17 | 8,587.56 | PAETEC |
| A/P | 169826 | 02/09/17 | 1,940.16 | ENVIRONMENTAL SAFETY, INC |
| A/P | 169827 | 02/09/17 | 29,288.08 | TXU ENERGY |
| A/P | 169828 | 02/09/17 | 197.07 | FRONTIER |
| A/P | 169829 | 02/09/17 | 8,828.76 | JACKSON & COKER LOCUM TENENS, |
| A/P | 169830 | 02/09/17 | 6,144.94 | AMN HEALTHCARE ALLIED, INC. |
| A/P | 169831 | 02/09/17 | 140.00 | JOBS THERAPY |
| A/P | 169832 | 02/09/17 | 1,211.14 | ANDERSON CONSULTATION SERVICES |
| A/P | 169833 | 02/09/17 | 1,381.69 | AIR SPECIALTY & EQUIPMENT CO |
| A/P | 169834 | 02/09/17 | 2,851.81 | AIRGAS USA, LLC - CENTRAL DIV |
| A/P | 169835 | 02/09/17 | 57.00 | ANNOUNCEMENTS PLUS TOO AGAIN |
| A/P | 169836 | 02/09/17 | 667.92 | BAXTER HEALTHCARE |
| A/P | 169837 | 02/09/17 | 8,651.17 | BECKMAN COULTER INC |
| A/P | 169838 | 02/09/17 | 14.90 | BOSART LOCK & KEY INC |
| A/P | 169839 | 02/09/17 | 76.99 | BOUND TREE MEDICAL, LLC |
| A/P | 169840 | 02/09/17 | 127.81 | CARDINAL HEALTH 414, INC. |
| A/P | 169841 | 02/09/17 | 494.50 | RITA DAVIS |
| A/P | 169842 | 02/09/17 | 48.11 | CENTERPOINT ENERGY |
| A/P | 169843 | 02/09/17 | 91.58 | FEDERAL EXPRESS CORP. |
| A/P | 169844 | 02/09/17 | 2,203.98 | FISHER HEALTHCARE |
| A/P | 169845 | 02/09/17 | 401.54 | GULF COAST PAPER COMPANY |
| A/P | 169846 | 02/09/17 | 939.73 | JOHNSON & JOHNSON |
| A/P | 169847 | 02/09/17 | 114.52 | LAERDAL MEDICAL CORPORATION |
| A/P | 169848 | 02/09/17 | 3,668.74 | MCKESSON MEDICAL SURGICAL INC |

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

| CODE | NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|
| A/P | 169849 | 02/09/17 | 36.83 | MEDLINE INDUSTRIES INC |
| A/P | 169850 | 02/09/17 | 104.95 | MMC AUXILIARY GIFT SHOP |
| A/P | 169851 | 02/09/17 | 74.98 | MES INC |
| A/P | 169852 | 02/09/17 | 36.36 | MERRY X-RAY/SOURCEONE HEALTHCA |
| A/P | 169853 | 02/09/17 | 100.49 | MMC VOLUNTEERS |
| A/P | 169854 | 02/09/17 | 1,729.70 | ORTHO CLINICAL DIAGNOSTICS |
| A/P | 169855 | 02/09/17 | .00 | VOIDED |
| A/P | 169856 | 02/09/17 | 5,672.25 | OWENS & MINOR |
| A/P | 169857 | 02/09/17 | 85.00 | RADIOLOGY UNLIMITED, PA |
| A/P | 169858 | 02/09/17 | 32.92 | UNIFIRST HOLDINGS |
| A/P | 169859 | 02/09/17 | 1,394.91 | UNIFIRST HOLDINGS INC |
| A/P | 169860 | 02/09/17 | 18.98 | UNITED AD LABEL CO INC |
| A/P | 169861 | 02/09/17 | 742.18 | UPS |
| A/P | 169862 | 02/09/17 | 250.00 | VCS SECURITY SYSTEMS |
| A/P | 169863 | 02/09/17 | 1,272.75 | WALMART COMMUNITY |
| A/P | 169864 | 02/09/17 | 17.00 | WATERMARK GRAPHICS INC |
| TOTALS: | | | 176,935.01 | |

APPROVED
ON

FEB 09 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE: 02/10/17
TIME: 09:45

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1
APCDEDIT

| PATIENT NUMBER | PAYEE NAME | DATE | AMOUNT | PAY CODE | PAT TYPE | DESCRIPTION | GL NUM |
|---|---|---|---|---|---|---|---|
| [redacted] | [redacted] | 092115 | 240.29 | N | 3 | REFUND FOR [redacted] | |
| | | 040516 | 669.90 | N | 3 | REFUND FOR [redacted] | |
| | | 040516 | 46.74 | N | 3 | REFUND FOR [redacted] | |
| | | 080316 | 520.42 | | 2 | REFUND FOR [redacted] | |
| | ARID=0001 TOTAL | | 1477.35 | | | | |
| TOTAL | | | 1477.35 | | | | |

-956.93 No Pays

520.42

APPROVED
ON

FEB 10 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Had to void CK # 168540 approved 10/26/16

and reissue CK# 169865 approved 2/10/17

Michael J Pfeil

3-2-17

RUN DATE:02/10/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:09:58 CHECK REGISTER GLCKREG
02/10/17 THRU 02/10/17

| BANK--CHECK CODE | NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|
| A/P * | 168540 | 02/10/17 | 520.42CR | [redacted] |
| A/P | 169865 | 02/10/17 | 520.42 | |
| TOTALS: | | | .00 | |

APPROVED
ON

FEB 10 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:02/13/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:09:55 CHECK REGISTER AND Payables List GLCKREG
02/13/17 THRU 02/13/17

| BANK--CHECK | NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|
| A/P | 000884 | 02/13/17 | 659.44 | MCKESSON |
| A/P | 000885 | 02/13/17 | 484.52 | MCKESSON |
| A/P | 000886 | 02/13/17 | 1,276.34 | MCKESSON |
| TOTALS: | | | 2,420.30 | |

340 B Prescription Expenses

APPROVED
ON

FEB 13 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J Pfeil
3-2-17

# 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: 02/10/2017

DC: 8115

Territory: 400

Customer: 262252
Date: 02/11/2017

Page: 001

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

As of: 02/10/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 02/11/2017 ITEMS NOT PAID (✓)

| Billing Date | Due Date | Receivable Number | Order Reference | Description | Cash Discount | Amount (gross) | P F | Amount (net) | P F | Receivable Number | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 02/06/2017 | 02/14/2017 | 7791174722 | 1000960736 | 115Invoice | 0.89 | 44.66 | | 43.77 ✓ | | 7791174722 | |
| 02/06/2017 | 02/14/2017 | 7791174723 | 1000960736 | 115Invoice | 0.02 | 1.04 | | 1.02 ✓ | | 7791174723 | |
| 02/06/2017 | 02/14/2017 | 7791174724 | 1000961315 | 115Invoice | 0.92 | 46.03 | | 45.11 ✓ | | 7791174724 | |
| 02/06/2017 | 02/14/2017 | 7791174725 | 1000961315 | 115Invoice | 0.14 | 7.24 | | 7.10 ✓ | | 7791174725 | |
| 02/06/2017 | 02/14/2017 | 7791174726 | 1000961730 | 115Invoice | 1.27 | 63.55 | | 62.28 ✓ | | 7791174726 | |
| 02/07/2017 | 02/14/2017 | 7791415152 | 1000962130 | 115Invoice | 8.09 | 404.26 | | 396.17 ✓ | | 7791415152 | |
| 02/07/2017 | 02/14/2017 | 7791415155 | 1000962130 | 115Invoice | 0.05 | 2.49 | | 2.44 ✓ | | 7791415155 | |
| 02/08/2017 | 02/14/2017 | 7791641088 | 1000962778 | 115Invoice | 2.04 | 102.07 | | 100.03 ✓ | | 7791641088 | |
| 02/09/2017 | 02/14/2017 | 7791883327 | 1000963431 | 115Invoice | 11.19 | 559.53 | | 548.34 ✓ | | 7791883327 | |
| 02/09/2017 | 02/14/2017 | 7791883328 | 1000963431 | 115Invoice | 0.91 | 45.38 | | 44.47 ✓ | | 7791883328 | |
| 02/10/2017 | 02/14/2017 | 7792086296 | 1000964015 | 115Invoice | 0.48 | 23.95 | | 23.47 ✓ | | 7792086296 | |
| 02/10/2017 | 02/14/2017 | 7792086298 | 1000964015 | 115Invoice | 0.04 | 2.18 | | 2.14 ✓ | | 7792086298 | |

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

TOTAL:

Subtotals: 1,302.38 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 693.95
02/06/2017

If Paid By 02/14/2017,
Pay This Amount: 1,276.34 ✓ USD

If Paid After 02/14/2017,
Pay this Amount: 1,302.38 USD

Due If Paid On Time:
USD 1,276.34

Disc lost if paid late:
26.04

Due If Paid Late:
USD 1,302.38

2.13.17

ch#886

APPROVED
ON
FEB 13 2017 EP
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: 02/10/2017 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 02/11/2017

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

As of: 02/10/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 02/11/2017 ITEMS NOT PAID (✓)

| Billing Date | Due Date | Receivable Number | Order Reference | Description | Cash Discount | Amount (gross) | P F | Amount (net) | P F | Receivable Number | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 02/06/2017 | 02/14/2017 | 7791163419 | 3454582043 | 115Invoice | 5.29 | 264.61 | | 259.32✓ | | 7791163419 | |
| 02/07/2017 | 02/14/2017 | 7791410330 | 3454582046 | 115Invoice | 0.18 | 8.97 | | 8.79✓ | | 7791410330 | |
| 02/08/2017 | 02/14/2017 | 7791639774 | 3454582049 | 115Invoice | 4.36 | 217.98 | | 213.62✓ | | 7791639774 | |
| 02/09/2017 | 02/14/2017 | 7791861785 | 3454582052 | 115Invoice | 0.05 | 2.68 | | 2.63✓ | | 7791861785 | |
| 02/10/2017 | 02/14/2017 | 7792095657 | 3454582055 | 115Invoice | | 0.16 | | 0.16✓ | | 7792095657 | |

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

TOTAL:

Subtotals: 494.40 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 888.24
02/06/2017

If Paid By 02/14/2017,
Pay This Amount: 484.52✓ USD

If Paid After 02/14/2017,
Pay this Amount: 494.40 USD

Due If Paid On Time:
USD 484.52

Disc lost if paid late:
9.88

Due If Paid Late:
USD 494.40

2.13.17

Ck#885

APPROVED
ON
FEB 13 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

# McKESSON

# STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 02/10/2017

DC: 8115

Territory: 400

Customer: 190813
Date: 02/11/2017

Page: 001

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

As of: 02/10/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 02/11/2017 ITEMS NOT PAID (✓)

| Billing Date | Due Date | Receivable Number | Order Reference | Description | Cash Discount | Amount (gross) | P F | Amount (net) | P F | Receivable Number | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 02/06/2017 | 02/14/2017 | 7791176152 | 1000960734 | 115Invoice | 2.96 | 147.79 | | 144.83 ✓ | | 7791176152 | |
| 02/06/2017 | 02/14/2017 | 7791176155 | 1000961313 | 115Invoice | 0.87 | 43.66 | | 42.79 ✓ | | 7791176155 | |
| 02/06/2017 | 02/14/2017 | 7791176156 | 1000961728 | 115Invoice | 1.78 | 89.15 | | 87.37 ✓ | | 7791176156 | |
| 02/07/2017 | 02/14/2017 | 7791404383 | 1000962128 | 115Invoice | 0.02 | 0.95 | | 0.93 ✓ | | 7791404383 | |
| 02/08/2017 | 02/14/2017 | 7791653780 | 1000962776 | 115Invoice | 2.65 | 132.59 | | 129.94 ✓ | | 7791653780 | |
| 02/09/2017 | 02/14/2017 | 7791868860 | 1000963429 | 115Invoice | 5.16 | 257.80 | | 252.64 ✓ | | 7791868860 | |
| 02/10/2017 | 02/14/2017 | 7792081850 | 1000964013 | 115Invoice | 0.02 | 0.96 | | 0.94 ✓ | | 7792081850 | |

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

TOTAL:

Subtotals: 672.90 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,359.10
02/06/2017

If Paid By 02/14/2017,
Pay This Amount: 659.44 ✓USD

If Paid After 02/14/2017,
Pay this Amount: 672.90 USD

Due If Paid On Time:
USD 659.44

Disc lost if paid late:
13.46

Due If Paid Late:
USD 672.90

2.13.17

CK# 884

APPROVED
ON
FEB 13 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
2/14/2017

| 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 | [redacted]4553 | 309,505.54 | 309,405.54 | 647,676.38 | - | 232,355.62 | 113,971.99 | 113,971.99 | 647,776.38 | 301,348.77 |

*Routing Information for Ashford Gardens:*
*Ashford Health Care Center Ltd Co*
*JP Morgan Chase Bank*
*ABA 111000614*
*Accou[redacted]4257*

| Nursing Home | IBC Account Number | Previous Beginning Balance | Transfer-Out | ACH Transfer-In | IGT Transfer-In | MMC Portion - Return of IGT | MMC Portion - Federal Match | Cantex Portion - Federal Match | Today's Beginning Balance | Amount to Be Transferred to Nursing Home |
|---|---|---|---|---|---|---|---|---|---|---|
| Solera at West Hou[redacted] | 4561 | 448,681.29 | 448,581.29 | 278,421.41 | - | 64,152.57 | 31,467.27 | 31,467.26 | 278,521.41 | 182,801.57 |
| Crescent | 4588 | 329,727.95 | 329,627.95 | 161,141.50 | - | 21,440.82 | 10,516.87 | 10,516.86 | 161,241.50 | 129,183.81 |
| Broadmoor | 4596 | 524,313.89 | 524,213.89 | 138,777.74 | - | 5,890.92 | 2,889.54 | 2,889.54 | 138,877.74 | 129,997.28 |
| Fort Bend | 4618 | 149,695.40 | 149,595.40 | 182,779.22 | - | 72,298.56 | 35,462.94 | 35,462.93 | 182,879.22 | 75,017.72 |
| | | | | | | | | | | 517,000.38 |

*Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:*
*Contex Health Care Centers III LLC*
*JP Morgan Chase Bank*
*ABA 111000614*
*Accou[redacted]2922*

Approved: [signature]

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

[signature]
3-2-17

APPROVED
FEB 14 2017
COUNTY AUDITOR

E:\NH Weekly Transfers\NH UPL Transfer Summary 2-8-17.xlsx

# Account Portfolio as of 02/14/2017 8:13:38 AM

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

**Commercial Checking Accounts**

| Account Name | Account Number | Today's Beginning Balance | Available Balance |
| --- | --- | --- | --- |
| Memorial Medical Center | [redacted]3387 | $1,227,029.67 | $1,227,029.67 |
| Memorial Medical Center | [redacted]4553 | $647,776.38 | $655,950.32 |
| Memorial Medical Center | [redacted]4561 | $278,521.41 | $285,367.78 |
| Memorial Medical Center | [redacted]4588 | $161,241.50 | $177,256.62 |
| Memorial Medical Center | [redacted]4596 | $138,877.74 | $149,143.45 |
| Memorial Medical Center | [redacted]4618 | $182,879.22 | $189,510.09 |
| Memorial Medical Center Operat | [redacted]3301 | $2,202,239.44 | $2,261,632.97 |
| County of Calhoun Indigent | [redacted]1101 | $4,257.01 | $4,257.01 |
| **Totals** | | **$4,842,822.37** | **$4,950,147.91** |

**IBC Bank Activity**
1/30/17 through 2/13/17

| Ashford Gardens | | | | | Transfer-Out | Transfer-In | |
|---|---|---|---|---|---|---|---|
| 1/30/2017 | 11310502 | 4553 | 142 | ACH CREDIT RECEIVED | | 6,155.76 | HEALTH HUMAN SVC INV-PAYMTS\|MEMORIAL MEDICAL\|742638006\|ISA~00~0000000000~00~0000000000~ZZ~174600008 |
| 1/30/2017 | 11310502 | 4553 | 142 | ACH CREDIT RECEIVED | | 8,520.50 | NOVITAS SOLUTION HCCLAIMPMT\|MEMORIAL MEDICAL CENTE\|04911\|TRN*1*EFT6577397*1205296137*000004911\ |
| 1/31/2017 | 11310502 | 4553 | 495 | OUTGOING MONEY TRANSFER | 309,405.54 | | ASHFORD HEALTH CARE CENTER LTD |
| 1/31/2017 | 11310502 | 4553 | 142 | ACH CREDIT RECEIVED | | 156,412.57 | AMERIGROUP CORPO E-PAYMENT\|MEMORIAL MEDICAL\|ISA*00* *00* *ZZ*BCCACP401 |
| 2/2/2017 | 11310502 | 4553 | 301 | COMMERCIAL DEPOSIT | | 165,606.04 | |
| 2/2/2017 | 11310502 | 4553 | 142 | ACH CREDIT RECEIVED | | 2,265.33 | HEALTH HUMAN SVC INV-PAYMTS\|MEMORIAL MEDICAL\|742638006\|ISA~00~0000000000~00~0000000000~ZZ~174600008 |
| 2/3/2017 | 11310502 | 4553 | 142 | ACH CREDIT RECEIVED | | 6,545.00 | AMERIGROUP CORPO HCCLAIMPMT\|Ashford Gardens\|TRN*1*017020111500351*1752603231\ |
| 2/6/2017 | 11310502 | 4553 | 142 | ACH CREDIT RECEIVED | | 1,959.23 | NOVITAS SOLUTION HCCLAIMPMT\|MEMORIAL MEDICAL CENTE\|04911\|TRN*1*EFT6580248*1205296137*000004911\ |
| 2/7/2017 | 11310502 | 4553 | 142 | ACH CREDIT RECEIVED | | 9,730.00 | AMERIGROUP CORPO HCCLAIMPMT\|Ashford Gardens\|TRN*1*017020415200985*1752603231\ |
| 2/8/2017 | 11310502 | 4553 | 142 | ACH CREDIT RECEIVED | | 9,064.60 | HEALTH HUMAN SVC INV-PAYMTS\|MEMORIAL MEDICAL\|742638006\|ISA~00~0000000000~00~0000000000~ZZ~174600008 |
| 2/10/2017 | 11310502 | 4553 | 142 | ACH CREDIT RECEIVED | | 9,042.30 | HEALTH HUMAN SVC INV-PAYMTS\|MEMORIAL MEDICAL\|742638006\|ISA~00~0000000000~00~0000000000~ZZ~174600008 |
| 2/10/2017 | 11310502 | 4553 | 142 | ACH CREDIT RECEIVED | | 7,374.64 | Molina HC of TX Molina HC\|ASHFORD GARDENS\|TRN*1*EFT4138809*1201494502\ |
| 2/10/2017 | 11310502 | 4553 | 301 | COMMERCIAL DEPOSIT | | 49,428.90 | |
| 2/13/2017 | 11310502 | 4553 | 301 | COMMERCIAL DEPOSIT | | 201,101.68 | |
| 2/13/2017 | 11310502 | 4553 | 142 | ACH CREDIT RECEIVED | | 14,469.83 | HEALTH HUMAN SVC INV-PAYMTS\|MEMORIAL MEDICAL\|742638006\|ISA~00~0000000000~00~0000000000~ZZ~174600008 |
| | | | | | 309,405.54 | 647,676.38 | |

| Solera at West Houstc | | | | | Transfer-Out | Transfer-In | |
|---|---|---|---|---|---|---|---|
| 1/30/2017 | 11310502 | 4561 | 142 | ACH CREDIT RECEIVED | | 1,331.84 | AMERIGROUP CORPO HCCLAIMPMT\|Solera at West Houston\|TRN*1*017012613300058*1752603231\ |
| 1/30/2017 | 11310502 | 4561 | 142 | ACH CREDIT RECEIVED | | 1,169.47 | NOVITAS SOLUTION HCCLAIMPMT\|MEMORIAL MEDICAL CENTE\|04011\|TRN*1*EFT4322894*1205296137*000004011\ |
| 1/30/2017 | 11310502 | 4561 | 142 | ACH CREDIT RECEIVED | | 1,038.23 | AMERIGROUP CORPO HCCLAIMPMT\|Solera at West Houston\|TRN*1*017012613300042*1752603231\ |
| 1/31/2017 | 11310502 | 4561 | 495 | OUTGOING MONEY TRANSFER | 448,581.29 | | CANTEX HEALTH CARE CENTERS LLC |
| 1/31/2017 | 11310502 | 4561 | 142 | ACH CREDIT RECEIVED | | 37,655.44 | AMERIGROUP CORPO E-PAYMENT\|MEMORIAL MEDICAL\|ISA*00* *00* *ZZ*BCCACP401 |
| 1/31/2017 | 11310502 | 4561 | 142 | ACH CREDIT RECEIVED | | 36.11 | AMERIGROUP CORPO HCCLAIMPMT\|Solera at West Houston\|TRN*1*017012712300148*1752603231\ |
| 2/2/2017 | 11310502 | 4561 | 301 | COMMERCIAL DEPOSIT | | 85,819.12 | |
| 2/3/2017 | 11310502 | 4561 | 142 | ACH CREDIT RECEIVED | | 433.09 | AMERIGROUP CORPO HCCLAIMPMT\|Solera at West Houston\|TRN*1*017020110900046*1752603231\ |
| 2/6/2017 | 11310502 | 4561 | 142 | ACH CREDIT RECEIVED | | 712.64 | AMERIGROUP CORPO HCCLAIMPMT\|Solera at West Houston\|TRN*1*017020210700467*1752603231\ |
| 2/7/2017 | 11310502 | 4561 | 142 | ACH CREDIT RECEIVED | | 6,544.53 | AMERIGROUP CORPO HCCLAIMPMT\|Solera at West Houston\|TRN*1*017020310200103*1752603231\ |
| 2/10/2017 | 11310502 | 4561 | 301 | COMMERCIAL DEPOSIT | | 86,011.24 | |
| 2/13/2017 | 11310502 | 4561 | 301 | COMMERCIAL DEPOSIT | | 56,483.16 | |
| 2/13/2017 | 11310502 | 4561 | 142 | ACH CREDIT RECEIVED | | 1,186.54 | AMERIGROUP CORPO HCCLAIMPMT\|Solera at West Houston\|TRN*1*017020912300055*1752603231\ |
| | | | | | 448,581.29 | 278,421.41 | |

| Crescent | | | | | Transfer-Out | Transfer-In | |
|---|---|---|---|---|---|---|---|
| 1/30/2017 | 113105025 | 4588 | 142 | ACH CREDIT RECEIVED | | 5,484.60 | AMERIGROUP CORPO HCCLAIMPMT\|The Crescent\|TRN*1*017012613300054*1752603231\ |
| 1/31/2017 | 113105025 | 4588 | 142 | ACH CREDIT RECEIVED | | 22,248.59 | AMERIGROUP CORPO E-PAYMENT\|MEMORIAL MEDICAL\|ISA*00* *00* *ZZ*BCCACP401 |
| 1/31/2017 | 113105025 | 4588 | 142 | ACH CREDIT RECEIVED | | 2,639.16 | NOVITAS SOLUTION HCCLAIMPMT\|MEMORIAL MEDICAL CENTE\|04011\|TRN*1*EFT4324152*1205296137*000004011\ |
| 1/31/2017 | 113105025 | 4588 | 142 | ACH CREDIT RECEIVED | | 212.64 | AMERIGROUP CORPO HCCLAIMPMT\|The Crescent\|TRN*1*017012817300528*1752603231\ |
| 1/31/2017 | 113105025 | 4588 | 142 | ACH CREDIT RECEIVED | | 196.36 | AMERIGROUP CORPO HCCLAIMPMT\|The Crescent\|TRN*1*017012811000738*1452485907\ |
| 1/31/2017 | 113105025 | 4588 | 495 | OUTGOING MONEY TRANSFER | 329,627.95 | | CANTEX HEALTH CARE CENTERS III |
| 2/2/2017 | 113105025 | 4588 | 301 | COMMERCIAL DEPOSIT | | 53,787.07 | |
| 2/3/2017 | 113105025 | 4588 | 142 | ACH CREDIT RECEIVED | | 5,712.00 | AMERIGROUP CORPO HCCLAIMPMT\|The Crescent\|TRN*1*017020111500362*1752603231\ |
| 2/9/2017 | 113105025 | 4588 | 142 | ACH CREDIT RECEIVED | | 4,378.33 | Molina HC of TX Molina HC\|THE CRESCENT\|TRN*1*EFT4131493*1201494502\ |
| 2/10/2017 | 113105025 | 4588 | 301 | COMMERCIAL DEPOSIT | | 47,984.80 | |
| 2/10/2017 | 113105025 | 4588 | 142 | ACH CREDIT RECEIVED | | 729.70 | AMERIGROUP CORPO HCCLAIMPMT\|The Crescent\|TRN*1*017020819600031*1452485907\ |
| 2/10/2017 | 113105025 | 4588 | 142 | ACH CREDIT RECEIVED | | 521.97 | AMERIGROUP CORPO HCCLAIMPMT\|The Crescent\|TRN*1*017020815802110*1752603231\ |
| 2/13/2017 | 113105025 | 4588 | 301 | COMMERCIAL DEPOSIT | | 10,112.98 | |
| 2/13/2017 | 113105025 | 4588 | 142 | ACH CREDIT RECEIVED | | 5,965.78 | AMERIGROUP CORPO HCCLAIMPMT\|The Crescent\|TRN*1*017020910400347*1752603231\ |
| 2/13/2017 | 113105025 | 4588 | 142 | ACH CREDIT RECEIVED | | 1,167.52 | AMERIGROUP CORPO HCCLAIMPMT\|The Crescent\|TRN*1*017020912600019*1452485907\ |
| | | | | | 329,627.95 | 161,141.50 | |

| Broadmoor | | | | | Transfer-Out | Transfer-In | |
|---|---|---|---|---|---|---|---|
| 1/30/2017 | 113105025 | 4596 | 142 | ACH CREDIT RECEIVED | | 2,567.71 | HEALTH HUMAN SVC INV-PAYMTS\|MEMORIAL MEDICAL\|742638006\|ISA~00~0000000000~00~0000000000~ZZ~174600008 |
| 1/31/2017 | 113105025 | 4596 | 142 | ACH CREDIT RECEIVED | | 1,667.14 | AMERIGROUP CORPO E-PAYMENT\|MEMORIAL MEDICAL\|ISA*00* *00* *ZZ*BCCACP401 |
| 1/31/2017 | 113105025 | 4596 | 495 | OUTGOING MONEY TRANSFER | 524,213.89 | | CANTEX HEALTH CARE CENTERS III |
| 1/31/2017 | 113105025 | 4596 | 142 | ACH CREDIT RECEIVED | | 4,767.31 | NOVITAS SOLUTION HCCLAIMPMT\|MEMORIAL MEDICAL CENTE\|04011\|TRN*1*EFT4324165*120S296137*000004011\ |
| 2/1/2017 | 113105025 | 4596 | 142 | ACH CREDIT RECEIVED | | 13,235.65 | NOVITAS SOLUTION HCCLAIMPMT\|MEMORIAL MEDICAL CENTE\|04011\|TRN*1*EFT4325718*1205296137*000004011\ |
| 2/2/2017 | 113105025 | 4596 | 142 | ACH CREDIT RECEIVED | | 5,847.37 | NOVITAS SOLUTION HCCLAIMPMT\|MEMORIAL MEDICAL CENTE\|04011\|TRN*1*EFT4326982*1205296137*000004011\ |
| 2/2/2017 | 113105025 | 4596 | 301 | COMMERCIAL DEPOSIT | | 33,731.03 | |
| 2/3/2017 | 113105025 | 4596 | 142 | ACH CREDIT RECEIVED | | 5,263.61 | NOVITAS SOLUTION HCCLAIMPMT\|MEMORIAL MEDICAL CENTE\|04011\|TRN*1*EFT4328160*1205296137*000004011\ |
| 2/9/2017 | 113105025 | 4596 | 142 | ACH CREDIT RECEIVED | | 2,481.38 | HEALTH HUMAN SVC INV-PAYMTS\|MEMORIAL MEDICAL\|742638006\|ISA~00~0000000000~00~0000000000~ZZ~174600008 |
| 2/10/2017 | 113105025 | 4596 | 301 | COMMERCIAL DEPOSIT | | 62,547.97 | |
| 2/13/2017 | 113105025 | 4596 | 301 | COMMERCIAL DEPOSIT | | 6,668.57 | |
| | | | | | 524,213.89 | 138,777.74 | |

| Fort Bend | | | | | Transfer-Out | Transfer-In | |
|---|---|---|---|---|---|---|---|
| 1/31/2017 | 113105025 | 4618 | 142 | ACH CREDIT RECEIVED | | 1,222.73 | NOVITAS SOLUTION HCCLAIMPMT\|MEMORIAL MEDICAL CENTE\|04011\|TRN*1*EFT4323938*1205296137*000004011\ |
| 1/31/2017 | 113105025 | 4618 | 495 | OUTGOING MONEY TRANSFER | 149,595.40 | | CANTEX HEALTH CARE CENTERS III |
| 1/31/2017 | 113105025 | 4618 | 142 | ACH CREDIT RECEIVED | | 13,020.40 | AMERIGROUP CORPO E-PAYMENT\|MEMORIAL MEDICAL\|ISA*00* *00* *ZZ*BCCACP401 |
| 1/31/2017 | 113105025 | 4618 | 142 | ACH CREDIT RECEIVED | | 4,480.84 | AMERIGROUP CORPO HCCLAIMPMT\|Fort Bend Healthcare C\|TRN*1*017012712300145*1752603231\ |
| 2/2/2017 | 113105025 | 4618 | 301 | COMMERCIAL DEPOSIT | | 69,203.62 | |
| 2/3/2017 | 113105025 | 4618 | 142 | ACH CREDIT RECEIVED | | 635.93 | AMERIGROUP CORPO HCCLAIMPMT\|Fort Bend Healthcare C\|TRN*1*017020116400075*1752603231\ |
| 2/8/2017 | 113105025 | 4618 | 142 | ACH CREDIT RECEIVED | | 739.99 | NOVITAS SOLUTION HCCLAIMPMT\|MEMORIAL MEDICAL CENTE\|04011\|TRN*1*EFT4331744*1205296137*000004011\ |
| 2/9/2017 | 113105025 | 4618 | 142 | ACH CREDIT RECEIVED | | 8,511.56 | Molina HC of TX Molina HC\|FORT BEND CONTINUING C\|TRN*1*EFT4131438*1201494502\ |
| 2/9/2017 | 113105025 | 4618 | 142 | ACH CREDIT RECEIVED | | 832.07 | HEALTH HUMAN SVC INV-PAYMTS\|MEMORIAL MEDICAL\|742638006\|ISA~00~0000000000~00~0000000000~ZZ~174600008 |
| 2/10/2017 | 113105025 | 4618 | 142 | ACH CREDIT RECEIVED | | 521.92 | AMERIGROUP CORPO HCCLAIMPMT\|Fort Bend Healthcare C\|TRN*1*017020815802111*1752603231\ |
| 2/10/2017 | 113105025 | 4618 | 301 | COMMERCIAL DEPOSIT | | 11,247.44 | |
| 2/13/2017 | 113105025 | 4618 | 142 | ACH CREDIT RECEIVED | | 7,260.71 | AMERIGROUP CORPO HCCLAIMPMT\|Fort Bend Healthcare C\|TRN*1*017020910400348*1752603231\ |
| 2/13/2017 | 113105025 | 4618 | 301 | COMMERCIAL DEPOSIT | | 65,102.01 | |
| | | | | | 149,595.40 | 182,779.22 | |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 6189 | 4811 | Ashford Gardens | $62,564.84 | $201,101.68 | $0.00 | $156,412.57 | $460,299.61 | $232,355.62 | $113,971.99 | $346,327.61 | $113,971.99 | $460,299.60 |
| 0433 | 105818 | The Broadmoor at Creekside Park | $1,111.43 | $8,668.57 | $555.71 | $1,667.14 | $11,669.99 | $5,890.92 | $2,889.54 | $8,780.46 | $2,889.54 | $11,670.00 |
| 0425 | 105314 | The Crescent | $8,090.38 | $10,112.98 | $0.00 | $22,248.59 | $42,474.55 | $21,440.82 | $10,516.87 | $31,957.69 | $10,516.86 | $42,474.55 |
| 259 | 105006 | Solera at West Houston | $28,241.58 | $56,483.16 | $0.00 | $37,655.44 | $127,087.11 | $64,152.57 | $31,467.27 | $95,619.84 | $31,467.26 | $127,087.10 |
| 503 | 4628 | Fort Bend Healthcare Center | $52,081.61 | $65,102.01 | $0.00 | $13,020.40 | $143,224.42 | $72,298.56 | $35,462.94 | $107,761.50 | $35,462.93 | $143,224.43 |
| | | | $152,089.84 | $338,468.40 | $555.71 | $231,004.14 | $784,755.68 | $396,138.49 | $194,308.61 | $590,447.10 | $194,308.58 | $784,755.68 |
| | | | Deposited 2/2 | Deposited 2/13 | Deposited 2/8 | Deposited 1/31 | | | | | | |

| | | | |
|---|---|---|---|
| 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 | Reconciliation 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 | 396,138.50 | Return of IGT - June |
| January | | |
| February | | |
| | 3,662,891.49 | Total Return of IGTs |
| | 792,276.99 | IGT Still Outstanding |
| | 396,138.50 | Monthly Return of IGTs |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1189 | 4811 | Ashford Gardens | $62,564.84 | $201,101.68 | $0.00 | $156,412.57 | $460,299.61 | $232,355.62 | $113,971.99 | $346,327.61 | $113,971.99 | $460,299.60 |
| 1433 | 105818 | The Broadmoor at Creekside Park | $1,111.43 | $6,668.57 | $555.71 | $1,667.14 | $11,669.99 | $5,890.92 | $2,889.54 | $8,780.46 | $2,889.54 | $11,670.00 |
| 1425 | 105314 | The Crescent | $8,090.38 | $10,112.98 | $0.00 | $22,248.59 | $42,474.55 | $21,440.82 | $10,516.87 | $31,957.69 | $10,516.86 | $42,474.55 |
| 259 | 105006 | Solera at West Houston | $28,241.58 | $56,483.16 | $0.00 | $37,655.44 | $127,087.11 | $64,152.57 | $31,467.27 | $95,619.84 | $31,467.26 | $127,087.10 |
| 503 | 4628 | Fort Bend Healthcare Center | $52,081.61 | $65,102.01 | $0.00 | $13,020.40 | $143,224.42 | $72,298.56 | $35,462.94 | $107,761.50 | $35,462.93 | $143,224.43 |
| | | | $152,089.84 | $339,468.40 | $555.71 | $231,004.14 | $784,755.88 | $396,138.49 | $194,308.61 | $590,447.10 | $194,308.58 | $784,755.68 |
| | | | Deposited 2/2 | Deposited 2/13 | Deposited 2/8 | Deposited 1/31 | | | | | | |

| | | | |
|---|---|---|---|
| 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 | 396,138.50 | Return of IGT - June |
| January | | |
| February | | |
| | 3,662,891.49 | Total Return of IGTs |
| | 792,276.99 | IGT Still Outstanding |
| | 396,138.50 | Monthly Return of IGTs |

CKH014 NH Ashford = 346,327.61
CKH013 NH Broadmoor = 8,780.46
CKH010 NH Crescent = 31,957.69
CKH010 NH Solera = 95,619.84
CKH011 NH FortBend = 107,761.50
CKH010 NH FortBend = VOID
590,447.10

0.C

346.327.61 +
8.780.46 +
31.957.69 +
95.619.84 +
107.761.50 +
590.447.10 *

590.447.10 +
590.447.10 -
0.00 *

APPROVED
ON
FEB 15 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J Pfeil
3-2-17

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
2/14/2017

| 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 | [redacted]4553 | 309,505.54 | 309,405.54 | 647,676.38 | - | 232,355.62 | 113,971.99 | 113,971.99 | 647,776.38 | **301,348.77** |

*Routing Information for Ashford Gordens:*
*Ashford Health Care Center Ltd Co*
*JP Morgan Chase Bank*
*A[redacted]*
*A[redacted]4257*

| Nursing Home | IBC Account Number | Previous Beginning Balance | Transfer-Out | ACH Transfer-In | IGT Transfer-In | MMC Portion - Return of IGT | MMC Portion - Federal Match | Cantex Portion - Federal Match | Today's Beginning Balance | Amount to Be Transferred to Nursing Home |
|---|---|---|---|---|---|---|---|---|---|---|
| Solera at West Houston | [redacted]4561 | 448,681.29 | 448,581.29 | 278,421.41 | - | 64,152.57 | 31,467.27 | 31,467.26 | 278,521.41 | **182,801.57** |
| Crescent | [redacted]4588 | 329,727.95 | 329,627.95 | 161,141.50 | - | 21,440.82 | 10,516.87 | 10,516.86 | 161,241.50 | **129,183.81** |
| Broadmoor | [redacted]4596 | 524,313.89 | 524,213.89 | 138,777.74 | - | 5,890.92 | 2,889.54 | 2,889.54 | 138,877.74 | **129,997.28** |
| Fort Bend | [redacted]4618 | 149,695.40 | 149,595.40 | 182,779.22 | - | 72,298.56 | 35,462.94 | 35,462.93 | 182,879.22 | **75,017.72** |
| | | | | | | | | | | **517,000.38** |

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

Approved: [signature]

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

| BANK--CHECK CODE | NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|
| NHA | 000014 | 02/15/17 | 346,327.61 | MEMORIAL MEDICAL CENTER |
| TOTALS: | | | 346,327.61 | |

APPROVED
ON

FEB 15 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

| BANK--CHECK | | | | |
|---|---|---|---|---|
| CODE | NUMBER | DATE | AMOUNT | PAYEE |
| NHB | 000013 | 02/15/17 | 8,780.46 | MEMORIAL MEDICAL CENTER |
| TOTALS: | | | 8,780.46 | |

APPROVED
ON

FEB 15 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

| BANK--CHECK CODE | NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|
| NHC | 000010 | 02/15/17 | 31,957.69 | MEMORIAL MEDICAL CENTER |
| TOTALS: | | | 31,957.69 | |

APPROVED
ON

FEB 15 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

| CODE | NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|
| NHS | 000010 | 02/15/17 | 95,619.84 | MEMORIAL MEDICAL CENTER |
| TOTALS: | | | 95,619.84 | |

APPROVED
ON
FEB 15 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

| BANK--CHECK | | | | |
|---|---|---|---|---|
| CODE | NUMBER | DATE | AMOUNT | PAYEE |
| NHF | 000011 | 02/15/17 | 107,761.50 | MEMORIAL MEDICAL CENTER |
| TOTALS: | | | 107,761.50 | |

APPROVED
ON

FEB 15 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

APPROVED ON

FEB 15 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

02/14/2017 MEMORIAL MEDICAL CENTER 0
15:15 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 02/22/2017

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| 22712 ✓ | | 02/11/20 | 09/20/20 | 09/30/20 | | 1,400.00 | 0.00 | 0.00 | 1,400.00 ✓ |
| | PURCH SERV ER | | | | | | | | |
| 22827 ✓ | | 02/11/20 | 11/20/20 | 11/30/20 | | 1,400.00 | 0.00 | 0.00 | 1,400.00 ✓ |
| | PURCH SERV ER | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10950 | ACUTE CARE INC | 2,800.00 | 0.00 | 0.00 | 2,800.00 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| A1715 | ALCO SALES & SERVICE CO ✓ | M | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 2676269IN ✓ | | 01/22/20 | 01/13/20 | 02/02/20 | | 238.99 | 0.00 | 0.00 | 238.99 ✓ |
| | SUPPLIES GENERAL ICU | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | A1715 | ALCO SALES & SERVICE CO | 238.99 | 0.00 | 0.00 | 238.99 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| 9650438991 ✓ | | 01/27/20 | 01/17/20 | 02/16/20 | | 777.00 | 0.00 | 0.00 | 777.00 ✓ |
| | IN VTRA OCULAR LENSES C/S | | | | | | | | |
| 9650442436 ✓ | | 01/31/20 | 01/17/20 | 02/16/20 | | 1,549.50 | 0.00 | 0.00 | 1,549.50 ✓ |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | A1690 | ALCON LABORATORIES, INC. | 2,326.50 | 0.00 | 0.00 | 2,326.50 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| A2218 | AQUA BEVERAGE COMPANY ✓ | M | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| ~~21741~~ 743877 | | 02/13/20 | 12/31/20 | 01/25/20 | | 11.59 | 0.00 | 0.00 | 11.59 ✓ |
| | SUPPLIES GENERAL LAB | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | A2218 | AQUA BEVERAGE COMPANY | 11.59 | 0.00 | 0.00 | 11.59 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 11247 | AVENO NETWORKS ✓ | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| AVEQ2222 ✓ | | 02/11/20 | 01/04/20 | 01/19/20 | | 9,269.07 | 0.00 | 0.00 | 9,269.07 ✓ |
| | MOVABLE EQ-SERVER | | | | | | | | |
| AVEQ1633 ✓ | | 02/11/20 | 01/30/20 | 01/31/20 | | 1,460.00 | 0.00 | 0.00 | 1,460.00 ✓ |
| | ANNUAL BASIC MAINT RENEV | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11247 | AVENO NETWORKS | 10,729.07 | 0.00 | 0.00 | 10,729.07 |

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

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 76182071 ✓ | | 01/27/20 | 01/18/20 | 02/17/20 | | 54.66 | 0.00 | 0.00 | 54.66 ✓ |
| | INVENTRY CENTR SUPP INVE | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | B0435 | BARD PERIPHERAL VASCULAR | 54.66 | 0.00 | 0.00 | 54.66 |

| 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 |
| | 53523441 | | 02/13/20 | 01/23/20 | 02/22/20 | | 167.74 | 0.00 | 0.00 | 167.74 |
| | 53523050 | | 02/13/20 | 01/23/20 | 02/22/20 | | 370.83 | 0.00 | 0.00 | 370.83 |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | B1150 | BAXTER HEALTHCARE | | | | 538.57 | 0.00 | 0.00 | 538.57 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | |
| 10599 | BKD, LLP | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
| | BK00688072 | AUDITING FEES ACCTG | 02/11/20 | 01/29/20 | 01/30/20 | | 787.80 | 0.00 | 0.00 | 787.80 |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 10599 | BKD, LLP | | | | 787.80 | 0.00 | 0.00 | 787.80 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | |
| B1773 | BREVIS CORPORATION | | | | M | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
| | 161509 | SUPPLIES GENERAL HOUSEK | 02/13/20 | 11/21/20 | 12/20/20 | | 265.74 | 0.00 | 0.00 | 265.74 |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | B1773 | BREVIS CORPORATION | | | | 265.74 | 0.00 | 0.00 | 265.74 |
| 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 |
| | 21739 | CREDIT UNION- | 02/13/20 | 02/02/20 | 02/03/20 | | 25.00 | 0.00 | 0.00 | 25.00 |
| | 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 | | | | |
| C1112 | CALHOUN COUNTY | | | | W | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
| | 21724 | | 02/11/20 | 01/24/20 | 01/24/20 | | 74.58 | 0.00 | 0.00 | 74.58 |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | C1112 | CALHOUN COUNTY | | | | 74.58 | 0.00 | 0.00 | 74.58 |
| 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 |
| | 21723 | ADV CALHOUN CO NH UPL | 02/11/20 | 02/10/20 | 02/11/20 | | 500,000.00 | 0.00 | 0.00 | 500,000.00 |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | C1048 | CALHOUN COUNTY | | | | 500,000.00 | 0.00 | 0.00 | 500,000.00 |
| 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 |
| | 92183513 | FORMS-PHARMACY | 01/27/20 | 01/18/20 | 02/17/20 | | 398.00 | 0.00 | 0.00 | 398.00 |
| | 92183512 | INVENTRY-CENTRAL SUP INV | 01/27/20 | 01/18/20 | 02/17/20 | | 504.96 | 0.00 | 0.00 | 504.96 |
| | 92186714 | | 02/11/20 | 01/23/20 | 02/22/20 | | 790.00 | 0.00 | 0.00 | 790.00 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10350 | CENTURION MEDICAL PRODUCTS | 1,692.96 | 0.00 | 0.00 | 1,692.96 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| OE103911 | OFF SUPP ADM | 02/11/20 | 11/16/20 | 11/26/20 | | 57.50 | 0.00 | 0.00 | 57.50 |
| OE108531 | OFF SUP PHY THRPY | 02/11/20 | 12/12/20 | 12/22/20 | | 48.99 | 0.00 | 0.00 | 48.99 |
| WO162981 | SUPPLIES GEN BUS OFF | 02/11/20 | 02/02/20 | 02/12/20 | | 145.13 | 0.00 | 0.00 | 145.13 |
| WO163851 | OFF SUP ACCTG | 02/11/20 | 02/07/20 | 02/17/20 | | 100.34 | 0.00 | 0.00 | 100.34 |
| OE114631 | OFF SUPP PHY THRPY | 02/13/20 | 01/26/20 | 02/05/20 | | 115.00 | 0.00 | 0.00 | 115.00 |
| WO161411 | OFF SUP CARD REH | 02/13/20 | 01/26/20 | 02/05/20 | | 51.48 | 0.00 | 0.00 | 51.48 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | C1166 | COASTAL OFFICE SOLUTONS | 518.44 | 0.00 | 0.00 | 518.44 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| 340592 | SUPPLIES GENERAL SURGER | 01/27/20 | 01/18/20 | 02/17/20 | | 230.00 | 0.00 | 0.00 | 230.00 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | C1970 | CONMED CORPORATION | 230.00 | 0.00 | 0.00 | 230.00 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 10006 | CUSTOM MEDICAL SPECIALTIES | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 218342 | SUPPLIES GENERAL CT SCAN | 01/27/20 | 01/18/20 | 02/18/20 | | 60.78 | 0.00 | 0.00 | 60.78 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10006 | CUSTOM MEDICAL SPECIALTIES | 60.78 | 0.00 | 0.00 | 60.78 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| 21731 | RECRUITING-PHY THERPY | 02/13/20 | 02/03/20 | 02/04/20 | | 825.00 | 0.00 | 0.00 | 825.00 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11273 | DELMA CARDONA | 825.00 | 0.00 | 0.00 | 825.00 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 11008 | DERRI HART | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 21744 | PURCH SERV HLTH INFO | 02/13/20 | 02/13/20 | 02/14/20 | | 466.07 | 0.00 | 0.00 | 466.07 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11008 | DERRI HART | 466.07 | 0.00 | 0.00 | 466.07 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 4940730 | | 01/27/20 | 01/23/20 | 02/22/20 | | 773.32 | 0.00 | 0.00 | 773.32 |
| | INVENTRY-CENTRAL SUP-INV | | | | | | | | |
| 4888740 | | 02/11/20 | 11/21/20 | 12/21/20 | | 385.87 | 0.00 | 0.00 | 385.87 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10368 | DEWITT POTH & SON | 1,159.19 | 0.00 | 0.00 | 1,159.19 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| G0400 | DIANA GARCIA | W | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 21746 | | 02/13/20 | 02/02/20 | 02/03/20 | | | 89.25 | 0.00 | 0.00 | 89.25 |
| | TRAVEL ER | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | G0400 | DIANA GARCIA | 89.25 | 0.00 | 0.00 | 89.25 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| D1752 | DLE PAPER & PACKAGING | W | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 9056 | | 02/13/20 | 01/17/20 | 02/16/20 | | | 185.60 | 0.00 | 0.00 | 185.60 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | D1752 | DLE PAPER & PACKAGING | 185.60 | 0.00 | 0.00 | 185.60 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| D1710 | DOWNTOWN CLEANERS | W | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 1589 | | 02/13/20 | 01/03/20 | 01/13/20 | | | 6.10 | 0.00 | 0.00 | 6.10 |
| | SUPPLIES GENERAL MMCLINI | | | | | | | | | |
| 1708 | | 02/13/20 | 01/10/20 | 01/20/20 | | | 6.10 | 0.00 | 0.00 | 6.10 |
| | PURCH SERV HOUSEKEEP | | | | | | | | | |
| 1725 | | 02/13/20 | 01/17/20 | 01/27/20 | | | 6.10 | 0.00 | 0.00 | 6.10 |
| | SUPPLIES GENERAL MMCLINI | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | D1710 | DOWNTOWN CLEANERS | 18.30 | 0.00 | 0.00 | 18.30 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| T0383 | ERIN CLEVENGER | W | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 21726 | | 02/11/20 | 02/10/20 | 02/11/20 | | | 161.04 | 0.00 | 0.00 | 161.04 |
| | TRAVEL | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | T0383 | ERIN CLEVENGER | 161.04 | 0.00 | 0.00 | 161.04 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| T1701091378 | | 01/22/20 | 01/09/20 | 02/08/20 | | | 21,495.73 | 0.00 | 0.00 | 21,495.73 |
| | MAJOR MOVABLE EQUIP PPE | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | C2510 | EVIDENT | 21,495.73 | 0.00 | 0.00 | 21,495.73 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 21737 | | 02/13/20 | 02/02/20 | 02/03/20 | | | 75.00 | 0.00 | 0.00 | 75.00 |
| | EMPLOYEE PREM | | | | | | | | | |

| 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 |
| | 8544679 | | 01/27/20 | 01/16/20 | 02/16/20 | | 111.09 | 0.00 | 0.00 | 111.09 |
| | | SUPPLIES GENERAL LAB | | | | | | | | |
| | 8608748 | | 01/27/20 | 01/17/20 | 02/16/20 | | 4,779.93 | 0.00 | 0.00 | 4,779.93 |
| | | SUPPLIES GENERAL LAB | | | | | | | | |
| | 8608747 | | 01/27/20 | 01/17/20 | 02/16/20 | | 933.95 | 0.00 | 0.00 | 933.95 |
| | | SUPPLIES GENERAL LAB | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | F1400 | FISHER HEALTHCARE | | | | 5,824.97 | 0.00 | 0.00 | 5,824.97 |
| 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 |
| | 9336236949 | | 02/13/20 | 01/20/20 | 02/19/20 | | 47.20 | 0.00 | 0.00 | 47.20 |
| | | SUPPLIES GEN PLT OPS | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | W1300 | GRAINGER | | | | 47.20 | 0.00 | 0.00 | 47.20 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | |
| H0030 | H E BUTT GROCERY | | | | M | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
| | 050742 | | 02/11/20 | 01/20/20 | 01/21/20 | | 19.40 | 0.00 | 0.00 | 19.40 |
| | | FOOD - DIETARY | | | | | | | | |
| | 059575 | | 02/11/20 | 01/24/20 | 01/25/20 | | 19.40 | 0.00 | 0.00 | 19.40 |
| | | FOOD DIETARY | | | | | | | | |
| | 061539 | | 02/11/20 | 01/25/20 | 01/26/20 | | 29.10 | 0.00 | 0.00 | 29.10 |
| | | FOOD DIETARY | | | | | | | | |
| | 063844 | | 02/11/20 | 01/26/20 | 01/27/20 | | 29.10 | 0.00 | 0.00 | 29.10 |
| | | FOOD DIETARY | | | | | | | | |
| | 065969 | | 02/11/20 | 01/27/20 | 01/28/20 | | 6.02 ~~6.23~~ | 0.00 | 0.00 | 6.02 ~~6.23~~ |
| | | FOOD DIETARY | | | | | | | | |
| | 066069 | | 02/11/20 | 01/27/20 | 01/28/20 | | 29.10 | 0.00 | 0.00 | 29.10 |
| | | FOOD DIETARY | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | H0030 | H E BUTT GROCERY | | | | 132.33 | 0.00 | 0.00 | 132.33 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | |
| H0416 | HOLOGIC INC | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
| | 8096807 | | 02/13/20 | 01/20/20 | 02/19/20 | | 257.94 | 0.00 | 0.00 | 257.94 |
| | | SUPPLIES GEN MAMOGRPHY | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | H0416 | HOLOGIC INC | | | | 257.94 | 0.00 | 0.00 | 257.94 |
| 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 |
| | 920699411 | | 02/11/20 | 01/18/20 | 02/17/20 | | 314.98 | 0.00 | 0.00 | 314.98 |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | H1850 | HOSPIRA WORLDWIDE, INC | | | | 314.98 | 0.00 | 0.00 | 314.98 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | |
| 10951 | IN-SIGHT BOOKS, INC. | | | | | | | | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 94383 | | 01/31/20 | 01/19/20 | 02/18/20 | | | 257.00 | 0.00 | 0.00 | 257.00 |
| | SUPPLIES-SOC WORK | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10951 | IN-SIGHT BOOKS, INC. | 257.00 | 0.00 | 0.00 | 257.00 |

Vendor# Vendor Name — Class — Pay Code

J0150 J & J HEALTH CARE SYSTEMS, INC

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 917533336 | | 02/11/20 | 01/16/20 | 02/15/20 | | | 1,660.87 | 0.00 | 0.00 | 1,660.87 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | J0150 | J & J HEALTH CARE SYSTEMS, INC | 1,660.87 | 0.00 | 0.00 | 1,660.87 |

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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 361906 | | 02/11/20 | 11/29/20 | 11/30/20 | | | 10,166.98 | 0.00 | 0.00 | 10,166.98 |
| | PROF FEES OB | | | | | | | | | |
| 370401 | | 02/11/20 | 01/31/20 | 02/01/20 | | | 5,588.00 | 0.00 | 0.00 | 5,588.00 |
| | PROF SERV OB | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11230 | JACKSON & COKER LOCUM TENENS, | 15,754.98 | 0.00 | 0.00 | 15,754.98 |

Vendor# Vendor Name — Class — Pay Code

10507 JASON ANGLIN

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 21742 | | 02/13/20 | 02/10/20 | 02/11/20 | | | 138.04 | 0.00 | 0.00 | 138.04 |
| | TRAVEL-ADM | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10507 | JASON ANGLIN | 138.04 | 0.00 | 0.00 | 138.04 |

Vendor# Vendor Name — Class — Pay Code

11105 JERRY PICKETT

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 21727 | | 02/11/20 | 02/08/20 | 02/09/20 | | | 26.27 | 0.00 | 0.00 | 26.27 |
| | TRAVEL | | | | | | | | | |
| 21743 | | 02/13/20 | 02/09/20 | 02/10/20 | | | 26.00 | 0.00 | 0.00 | 26.00 |
| | DUES & SUB- ADM | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11105 | JERRY PICKETT | 52.27 | 0.00 | 0.00 | 52.27 |

Vendor# Vendor Name — Class — Pay Code

11282 JOSE G QUEZADA

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 21734 | | 02/13/20 | 02/13/20 | 02/14/20 | | | 400.00 | 0.00 | 0.00 | 400.00 |
| | MISC RECV | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11282 | JOSE G QUEZADA | 400.00 | 0.00 | 0.00 | 400.00 |

Vendor# Vendor Name — Class — Pay Code

11167 LAMAR COMPANIES

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 107773636 | | 02/11/20 | 01/23/20 | 02/22/20 | | | 500.00 | 0.00 | 0.00 | 500.00 |
| | PUBL REL/ADVERTISE ADM | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11167 | LAMAR COMPANIES | 500.00 | 0.00 | 0.00 | 500.00 |

Vendor# Vendor Name — Class — Pay Code

L1640 LOWE'S HOME CENTERS INC W

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 45252 | SUPPLIES GENERAL PLNT OF | 12/12/20 | 11/18/20 | 12/28/20 | | | 125.34 | 0.00 | 0.00 | 125.34 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | L1640 | LOWE'S HOME CENTERS INC | 125.34 | 0.00 | 0.00 | 125.34 |

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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 21735 | EMPLOYEE PREM | 02/13/20 | 02/02/20 | 02/03/20 | | | 1,390.00 | 0.00 | 0.00 | 1,390.00 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10972 | M G TRUST | 1,390.00 | 0.00 | 0.00 | 1,390.00 |

Vendor# Vendor Name Class Pay Code

11223 MALORY GRANZ

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 21747 | TRAVEL ER | 02/14/20 | 02/02/20 | 02/03/20 | | | 89.25 | 0.00 | 0.00 | 89.25 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11223 | MALORY GRANZ | 89.25 | 0.00 | 0.00 | 89.25 |

Vendor# Vendor Name Class Pay Code

11099 MARLIN BUSINESS BANK

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 14686011 | LEASE & RENTAL INFO TECH | 02/14/20 | 01/16/20 | 02/05/20 | | | 662.27 | 0.00 | 0.00 | 662.27 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11099 | MARLIN BUSINESS BANK | 662.27 | 0.00 | 0.00 | 662.27 |

Vendor# Vendor Name Class Pay Code

M2178 MCKESSON MEDICAL SURGICAL INC

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 92291041 | SUPPLIES GENERAL LAB | 02/13/20 | 01/09/20 | 02/08/20 | | | 363.42 | 0.00 | 0.00 | 363.42 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | M2178 | MCKESSON MEDICAL SURGICAL INC | 363.42 | 0.00 | 0.00 | 363.42 |

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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 1821444765 | | 02/13/20 | 01/25/20 | 02/13/20 | | | 22.14 | 0.00 | 0.00 | 22.14 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | M2470 | MEDLINE INDUSTRIES INC | 22.14 | 0.00 | 0.00 | 22.14 |

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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 21736 | | 02/13/20 | 02/02/20 | 02/03/20 | | | 80.00 | 0.00 | 0.00 | 80.00 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10963 | MEMORIAL MEDICAL CLINIC | 80.00 | 0.00 | 0.00 | 80.00 |

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 |
|---|---|---|---|---|---|---|---|---|---|---|

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 90005305 | 01/31/20 01/19/20 02/18/20 | | 1,013.53 | 0.00 | 0.00 | 1,013.53 |
| 90006651 | 02/13/20 01/23/20 02/22/20 | | 160.61 | 0.00 | 0.00 | 160.61 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | M2659 | MERRY X-RAY/SOURCEONE HEALTHCA | 1,174.14 | 0.00 | 0.00 | 1,174.14 |

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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 9881939 | INVENTORY PHARMACY | 02/11/20 | 02/03/20 | 02/04/20 | | | 108.60 | 0.00 | 0.00 | 108.60 |
| 9881941 | INVENTORY PHARMACY | 02/11/20 | 02/03/20 | 02/04/20 | | | 97.46 | 0.00 | 0.00 | 97.46 |
| 9879503 | INVENTORY PHARMACY | 02/11/20 | 02/03/20 | 02/04/20 | | | 296.55 | 0.00 | 0.00 | 296.55 |
| 9881942 | INVENTORY PHARMACY | 02/11/20 | 02/03/20 | 02/04/20 | | | 22.20 | 0.00 | 0.00 | 22.20 |
| 9879504 | INVENTORY PHARMACY | 02/11/20 | 02/03/20 | 02/04/20 | | | 11,209.44 | 0.00 | 0.00 | 11,209.44 |
| 9881940 | INVENTORY PHARMACY | 02/11/20 | 02/03/20 | 02/04/20 | | | 1,425.87 | 0.00 | 0.00 | 1,425.87 |
| 9888155 | INVENTORY PHARMACY | 02/11/20 | 02/06/20 | 02/07/20 | | | 154.96 | 0.00 | 0.00 | 154.96 |
| 9888153 | INVENTORY PHARMACY | 02/11/20 | 02/06/20 | 02/07/20 | | | 1,022.74 | 0.00 | 0.00 | 1,022.74 |
| 9887143 | INVENTORY PHARMACY | 02/11/20 | 02/06/20 | 02/07/20 | | | 44.39 | 0.00 | 0.00 | 44.39 |
| 9888154 | INVENTORY PHARMACY | 02/11/20 | 02/06/20 | 02/07/20 | | | 690.68 | 0.00 | 0.00 | 690.68 |
| 9891900 | INVENTORY PHARMACY | 02/11/20 | 02/07/20 | 02/08/20 | | | 118.65 | 0.00 | 0.00 | 118.65 |
| 9896217 | INVENTORY PHARMACY | 02/11/20 | 02/07/20 | 02/08/20 | | | 1,599.89 | 0.00 | 0.00 | 1,599.89 |
| 9900719 | INVENTORY PHARYMACH | 02/11/20 | 02/08/20 | 02/09/20 | | | 1,629.69 | 0.00 | 0.00 | 1,629.69 |
| 9899665 | INVENTORY PHARMACY | 02/11/20 | 02/08/20 | 02/09/20 | | | 0.49 | 0.00 | 0.00 | 0.49 |
| 9900720 | INVENTORY PHARMACY | 02/11/20 | 02/08/20 | 02/09/20 | | | 2,184.29 | 0.00 | 0.00 | 2,184.29 |
| 9899666 | INVENTORY PHARMACY | 02/11/20 | 02/08/20 | 02/09/20 | | | 259.78 | 0.00 | 0.00 | 259.78 |
| 9900721 | INVENTORY PHARMACY | 02/11/20 | 02/08/20 | 02/09/20 | | | 395.25 | 0.00 | 0.00 | 395.25 |
| 9900718 | INVENTORY PHARMACY | 02/11/20 | 02/08/20 | 02/09/20 | | | 9.23 | 0.00 | 0.00 | 9.23 |
| 9897532 | INVENTORY PHARMACY | 02/11/20 | 02/08/20 | 02/09/20 | | | 56.45 | 0.00 | 0.00 | 56.45 |
| 9902377 | INVENTORY PHARMACY | 02/11/20 | 02/09/20 | 02/10/20 | | | 1,295.75 | 0.00 | 0.00 | 1,295.75 |
| 9905698 | INVENTORY PHARMACY | 02/11/20 | 02/09/20 | 02/10/20 | | | 210.14 | 0.00 | 0.00 | 210.14 |
| 9905697 | INVENTORY PHARMACY | 02/11/20 | 02/09/20 | 02/10/20 | | | 153.11 | 0.00 | 0.00 | 153.11 |

INVENTORY PHARMACY

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10536 | MORRIS & DICKSON CO, LLC | 22,985.61 | 0.00 | 0.00 | 22,985.61 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 10868 | NOVA BIOMEDICAL ✓ | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 90319815 ✓ | | 02/11/20 | 11/23/20 | 12/22/20 | | | 110.91 | 0.00 | 0.00 | 110.91 ✓ |
| | GEN SUPPLIES LAB | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10868 | NOVA BIOMEDICAL | 110.91 | 0.00 | 0.00 | 110.91 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 895718697001 ✓ | | 02/11/20 | 01/18/20 | 02/17/20 | | | 61.74 | 0.00 | 0.00 | 61.74 ✓ |
| 891995401001 ✓ | | 02/13/20 | 01/05/20 | 02/05/20 | | | 61.74 | 0.00 | 0.00 | 61.74 ✓ |

| 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 |
|---|---|---|---|
| OM425 | OWENS & MINOR ✓ | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 2024289904 ✓ | | 01/27/20 | 01/17/20 | 02/16/20 | | | 836.39 | 0.00 | 0.00 | 836.39 ✓ |
| | SUPPLIES GENERAL SURGER | | | | | | | | | |
| 2024288960 ✓ | | 01/30/20 | 01/17/20 | 02/16/20 | | | 392.25 | 0.00 | 0.00 | 392.25 ✓ |
| | SUPPLIES-GENERAL E/R | | | | | | | | | |
| 2024357615 ✓ | | 01/30/20 | 01/19/20 | 02/18/20 | | | 126.63 | 0.00 | 0.00 | 126.63 ✓ |
| | Supplies - general E/R | | | | | | | | | |
| 2024289864 ✓ | | 01/31/20 | 01/17/20 | 02/16/20 | | | 2,539.24 | 0.00 | 0.00 | 2,539.24 ✓ |
| | supplies - central supply | | | | | | | | | |
| 2024362028 ✓ | | 01/31/20 | 01/19/20 | 02/18/20 | | | 797.03 | 0.00 | 0.00 | 797.03 ✓ |
| | supplies - central supply | | | | | | | | | |
| 2024288927 ✓ | | 02/11/20 | 01/17/20 | 02/16/20 | | | 602.52 | 0.00 | 0.00 | 602.52 ✓ |
| | Supplies - surgery | | | | | | | | | |
| 2024289034 ✓ | | 02/11/20 | 01/17/20 | 02/16/20 | | | 126.63 | 0.00 | 0.00 | 126.63 ✓ |
| | supplies | | | | | | | | | |
| 2024288915 ✓ | | 02/11/20 | 01/17/20 | 02/16/20 | | | 301.26 | 0.00 | 0.00 | 301.26 ✓ |
| | supplies - surgery | | | | | | | | | |
| 2024356440 ✓ | | 02/11/20 | 01/19/20 | 02/18/20 | | | 417.85 | 0.00 | 0.00 | 417.85 ✓ |
| | supplies | | | | | | | | | |
| 2024355559 ✓ | | 02/11/20 | 01/19/20 | 02/18/20 | | | 12.74 | 0.00 | 0.00 | 12.74 ✓ |
| | supplies | | | | | | | | | |
| 2024289203 ✓ | | 02/13/20 | 01/17/20 | 02/16/20 | | | 27.49 | 0.00 | 0.00 | 27.49 ✓ |
| | SUPPLIES GENERAL EKG | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | OM425 | OWENS & MINOR | 6,180.03 | 0.00 | 0.00 | 6,180.03 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 11281 | PACIFIC MEDICAL LLC ✓ | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 642820 | | 02/13/20 | 12/27/20 | 01/26/20 | | | 15,230.00 | 0.00 | 0.00 | 15,230.00 ✓ |

| Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| | 11281 | PACIFIC MEDICAL LLC | | | | 15,230.00 | 0.00 | 0.00 | 15,230.00 |

| Vendor# | Vendor Name | | | | Class | Pay Code | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 10606 | PENLON, INC | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
| | OP0007450 | | 01/31/20 | 01/20/20 | 02/19/20 | | | 72.41 | 0.00 | 0.00 | 72.41 |
| | | REPAIRS INSTRUMENT-ANES | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10606 | PENLON, INC | 72.41 | 0.00 | 0.00 | 72.41 |

| Vendor# | Vendor Name | | | | Class | Pay Code | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 11080 | RADSOURCE | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
| | SC55047 | | 02/11/20 | 01/16/20 | 02/15/20 | | | 1,625.00 | 0.00 | 0.00 | 1,625.00 |
| | | PURCH SERV RADIOLOGY | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11080 | RADSOURCE | 1,625.00 | 0.00 | 0.00 | 1,625.00 |

| Vendor# | Vendor Name | | | | Class | Pay Code | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 11251 | RAPID PRINTING LLC | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
| | 1249 | | 01/31/20 | 01/20/20 | 02/19/20 | | | 75.00 | 0.00 | 0.00 | 75.00 |
| | | SUPPLIES GEN-ADM | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11251 | RAPID PRINTING LLC | 75.00 | 0.00 | 0.00 | 75.00 |

| Vendor# | Vendor Name | | | | Class | Pay Code | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| I0520 | RICOH USA, INC. | | | | M | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
| | 98240428 | | 02/11/20 | 01/31/20 | 02/19/20 | | | 5,909.84 | 0.00 | 0.00 | 5,909.84 |
| | | LEASE & RENTAL RICOH COP | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | I0520 | RICOH USA, INC. | 5,909.84 | 0.00 | 0.00 | 5,909.84 |

| Vendor# | Vendor Name | | | | Class | Pay Code | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| D1080 | RITA DAVIS | | | | W | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
| | 21725 | | 02/11/20 | 02/09/20 | 02/10/20 | | | 362.25 | 0.00 | 0.00 | 362.25 |
| | | PURCH SERV CS | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | D1080 | RITA DAVIS | 362.25 | 0.00 | 0.00 | 362.25 |

| 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 |
| | 21745 | | 02/13/20 | 02/12/20 | 02/13/20 | | | 631.29 | 0.00 | 0.00 | 631.29 |
| | | PURCH SERV-HLTH INFO | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | K0536 | SHIRLEY KARNEI | 631.29 | 0.00 | 0.00 | 631.29 |

| Vendor# | Vendor Name | | | | Class | Pay Code | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| S2362 | SMITH & NEPHEW | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
| | 93481579 | | 01/27/20 | 01/17/20 | 02/16/20 | | | 483.05 | 0.00 | 0.00 | 483.05 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | S2362 | SMITH & NEPHEW | 483.05 | 0.00 | 0.00 | 483.05 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|

10735 STRYKER SUSTAINABILITY

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 2946405 | | 01/27/20 | 01/17/20 | 02/16/20 | | | 350.49 | 0.00 | 0.00 | 350.49 |
| | SUPPLIES GEN - SURGERY | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10735 | STRYKER SUSTAINABILITY | 350.49 | 0.00 | 0.00 | 350.49 |

Vendor# Vendor Name — Class — Pay Code

11103 STUDER GROUP, LLC

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 083645 | | 02/13/20 | 01/26/20 | 01/27/20 | | | 185.68 | 0.00 | 0.00 | 185.68 |
| | PURCH SERV ADM | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11103 | STUDER GROUP, LLC | 185.68 | 0.00 | 0.00 | 185.68 |

Vendor# Vendor Name — Class — Pay Code

T2204 TEXAS MUTUAL INSURANCE CO — W

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 21748 | | 02/14/20 | 02/14/20 | 02/14/20 | | | 4,046.00 | 0.00 | 0.00 | 4,046.00 |
| | WORKERS COMP | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | T2204 | TEXAS MUTUAL INSURANCE CO | 4,046.00 | 0.00 | 0.00 | 4,046.00 |

Vendor# Vendor Name — Class — Pay Code

T2303 TG — W

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 21738 | | 02/13/20 | 02/02/20 | 02/03/20 | | | 107.35 | 0.00 | 0.00 | 107.35 |
| | STUDENT LOAN-EMPLOYEE | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | T2303 | TG | 107.35 | 0.00 | 0.00 | 107.35 |

Vendor# Vendor Name — Class — Pay Code

T2250 THYSSENKRUPP ELEVATOR CORP — M

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 3003010348 | | 02/11/20 | 02/01/20 | 02/02/20 | | | 1,190.37 | 0.00 | 0.00 | 1,190.37 |
| | MAINT CONTR PLANT OP | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | T2250 | THYSSENKRUPP ELEVATOR CORP | 1,190.37 | 0.00 | 0.00 | 1,190.37 |

Vendor# Vendor Name — Class — Pay Code

T1724 TOSHIBA AMERICA MEDICAL SYST.

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 10253492 | | 02/13/20 | 01/04/20 | 02/03/20 | | | 9,000.00 | 0.00 | 0.00 | 9,000.00 |
| | MAINT CONTR CT SCANN | | | | | | | | | |

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

Vendor# Vendor Name — Class — Pay Code

11067 TRIZETTO PROVIDER SOLUTIONS

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 3A3X021700 | | 02/13/20 | 02/01/20 | 02/16/20 | | | 119.00 | 0.00 | 0.00 | 119.00 |
| | PURCH SERV MMC CLINIC | | | | | | | | | |
| 35FK021700 | | 02/13/20 | 02/01/20 | 02/16/20 | | | 1,052.00 | 0.00 | 0.00 | 1,052.00 |
| | PURCH SERV MMC CLINIC | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11067 | TRIZETTO PROVIDER SOLUTIONS | 1,171.00 | 0.00 | 0.00 | 1,171.00 |

Vendor# Vendor Name — Class — Pay Code

U1054 UNIFIRST HOLDINGS ✓ W

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 8150755275 ✓ | | 01/24/20 | 01/17/20 | 02/16/20 | | | 32.92 | 0.00 | 0.00 | 32.92 ✓ |
| | PURCHASED SERVICES MED | | | | | | | | | |
| 8150755189 ✓ | | 01/24/20 | 01/17/20 | 02/16/20 | | | 107.13 | 0.00 | 0.00 | 107.13 ✓ |
| | PURCH SERVS - MAINT | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | U1054 | UNIFIRST HOLDINGS | 140.05 | 0.00 | 0.00 | 140.05 |

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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 8400238109 ✓ | | 01/24/20 | 01/17/20 | 02/16/20 | | | 108.07 | 0.00 | 0.00 | 108.07 ✓ |
| | LAUNDRY-DIETARY | | | | | | | | | |
| 8400238160 ✓ | | 01/24/20 | 01/17/20 | 02/16/20 | | | 1,072.02 | 0.00 | 0.00 | 1,072.02 ✓ |
| | LAUNDRY HOUSEKEEPING | | | | | | | | | |
| 8400238107 ✓ | | 01/24/20 | 01/17/20 | 02/16/20 | | | 303.10 | 0.00 | 0.00 | 303.10 ✓ |
| | LAUNDRY-HOUSEKEEPING | | | | | | | | | |
| 8400238150 ✓ | | 01/24/20 | 01/17/20 | 02/16/20 | | | 159.68 | 0.00 | 0.00 | 159.68 ✓ |
| | LAUNDRY-HOUSKEEPING | | | | | | | | | |
| 8400238110 ✓ | | 01/24/20 | 01/17/20 | 02/16/20 | | | 108.08 | 0.00 | 0.00 | 108.08 ✓ |
| | LAUNDRY-OB | | | | | | | | | |
| 8400238111 ✓ | | 01/24/20 | 01/17/20 | 02/16/20 | | | 108.59 | 0.00 | 0.00 | 108.59 ✓ |
| | LAUNDRY-HOUSEKEEPING | | | | | | | | | |
| 8400238436 ✓ | | 01/31/20 | 01/20/20 | 02/19/20 | | | 387.29 | 0.00 | 0.00 | 387.29 ✓ |
| | LAUNDRY-SURGERY | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | U1064 | UNIFIRST HOLDINGS INC | 2,246.83 | 0.00 | 0.00 | 2,246.83 |

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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 3088448 ✓ | | 02/13/20 | 01/28/20 | 02/17/20 | | | 280.95 | 0.00 | 0.00 | 280.95 ✓ |
| | SUPPLIES GEN-DIETARY | | | | | | | | | |
| 3159675 ✓ | | 02/13/20 | 02/01/20 | 02/21/20 | | | 69.48 | 0.00 | 0.00 | 69.48 ✓ |
| | SUPPLIES GENERAL DIETARY | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10172 | US FOOD SERVICE | 350.43 | 0.00 | 0.00 | 350.43 |

Vendor# Vendor Name Class Pay Code

11212 US STANDARD PRODUCTS ✓

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| NJ0000131388 ✓ | | 02/13/20 | 01/10/20 | 02/09/20 | | | 1,175.40 | 0.00 | 0.00 | 1,175.40 ✓ |
| | SUPPLIES GENERAL | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11212 | US STANDARD PRODUCTS | 1,175.40 | 0.00 | 0.00 | 1,175.40 |

Vendor# Vendor Name Class Pay Code

V0552 VERATHON INC ✓

| Invoice# ✓ | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 812406 | | 02/13/20 | 12/21/20 | 01/20/20 | | | 10,135.00 | 0.00 | 0.00 | 10,135.00 ✓ |
| | Bladder Scan/Mobile cart | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | V0552 | VERATHON INC | 10,135.00 | 0.00 | 0.00 | 10,135.00 |

Vendor# Vendor Name Class Pay Code

10768 VICTORIA MEDICAL FOUNDATION ✓

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 43A ✓ | | 02/11/20 | 02/01/20 | 02/02/20 | | 650.00 | 0.00 | 0.00 | 650.00 ✓ |
| | 2017 DUES DR R ARROYO-DI/ | | | | | | | | |
| 34 ✓ | | 02/11/20 | 02/01/20 | 02/02/20 | | 650.00 | 0.00 | 0.00 | 650.00 ✓ |
| | 2017 DUES DR W CROWLEY | | | | | | | | |
| 24 ✓ | | 02/11/20 | 02/01/20 | 02/02/20 | | 650.00 | 0.00 | 0.00 | 650.00 ✓ |
| | 2017 DUES DR.P BUNNELL | | | | | | | | |
| 129 ✓ | | 02/11/20 | 02/01/20 | 02/02/20 | | 650.00 | 0.00 | 0.00 | 650.00 ✓ |
| | 2017 DUES DR T TRUONG | | | | | | | | |
| 116 ✓ | | 02/11/20 | 02/01/20 | 02/02/20 | | 650.00 | 0.00 | 0.00 | 650.00 ✓ |
| | 2017 DUES DR P ROJAS | | | | | | | | |
| 37A ✓ | | 02/13/20 | 02/01/20 | 02/02/20 | | 650.00 | 0.00 | 0.00 | 650.00 ✓ |
| | DUES DR M DANIELSON | | | | | | | | |
| Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | 10768 | VICTORIA MEDICAL FOUNDATION | | | | 3,900.00 | 0.00 | 0.00 | 3,900.00 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| V1471 | VICTORIA RADIOWORKS, LTD ✓ | W | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 17010223 ✓ | | 02/13/20 | 01/31/20 | 02/01/20 | | 300.00 | 0.00 | 0.00 | 300.00 ✓ |
| | PUBLIC REL/ADVER ADM | | | | | | | | |
| 17010222 ✓ | | 02/13/20 | 01/31/20 | 02/01/20 | | 210.00 | 0.00 | 0.00 | 210.00 ✓ |
| | PUBLIC REL/ADV ADM | | | | | | | | |
| 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 |
|---|---|---|---|
| 10793 | WAGEWORKS ✓ | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 125AI0509051 ✓ | | 02/11/20 | 01/30/20 | 02/01/20 | | 225.00 | 0.00 | 0.00 | 225.00 ✓ |
| | FLEX SPENDING | | | | | | | | |
| Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | 10793 | WAGEWORKS | | | | 225.00 | 0.00 | 0.00 | 225.00 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| I1110 | WERFEN USA LLC ✓ | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 9110364788 ✓ | | 01/31/20 | 01/18/20 | 02/17/20 | | 6,125.00 | 0.00 | 0.00 | 6,125.00 ✓ |
| | MAINT CONTR-LAB | | | | | | | | |
| Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | I1110 | WERFEN USA LLC | | | | 6,125.00 | 0.00 | 0.00 | 6,125.00 |

**Report Summary**

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|
| | 668,724.47 | 0.00 | 0.00 | 668,724.47 |

pg 5 correction { <6.23> / +6.02

$ 668,724.26

668,724.47 +
6.23 −
6.02 +
668,724.26 =

APPROVED
ON
FEB 15 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS #169866
to
#169940

Michael J Pfeil
3-2-17

| BANK | CHECK NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|
| A/P | 169866 | 02/15/17 | 60.78 | CUSTOM MEDICAL SPECIALTIES |
| A/P | 169867 | 02/15/17 | 350.43 | US FOOD SERVICE |
| A/P | 169868 | 02/15/17 | 1,692.96 | CENTURION MEDICAL PRODUCTS |
| A/P | 169869 | 02/15/17 | 1,159.19 | DEWITT POTH & SON |
| A/P | 169870 | 02/15/17 | 138.04 | JASON ANGLIN |
| A/P | 169871 | 02/15/17 | .00 | VOIDED |
| A/P | 169872 | 02/15/17 | 22,985.61 | MORRIS & DICKSON CO, LLC |
| A/P | 169873 | 02/15/17 | 787.80 | BKD, LLP |
| A/P | 169874 | 02/15/17 | 72.41 | PENLON, INC |
| A/P | 169875 | 02/15/17 | 350.49 | STRYKER SUSTAINABILITY |
| A/P | 169876 | 02/15/17 | 3,900.00 | VICTORIA MEDICAL FOUNDATION |
| A/P | 169877 | 02/15/17 | 225.00 | WAGEWORKS |
| A/P | 169878 | 02/15/17 | 110.91 | NOVA BIOMEDICAL |
| A/P | 169879 | 02/15/17 | 2,800.00 | ACUTE CARE INC |
| A/P | 169880 | 02/15/17 | 257.00 | IN-SIGHT BOOKS, INC. |
| A/P | 169881 | 02/15/17 | 80.00 | MEMORIAL MEDICAL CLINIC |
| A/P | 169882 | 02/15/17 | 1,390.00 | M G TRUST |
| A/P | 169883 | 02/15/17 | 466.07 | DERRI HART |
| A/P | 169884 | 02/15/17 | 75.00 | FIRST CLEARING |
| A/P | 169885 | 02/15/17 | 1,171.00 | TRIZETTO PROVIDER SOLUTIONS |
| A/P | 169886 | 02/15/17 | 1,625.00 | RADSOURCE |
| A/P | 169887 | 02/15/17 | 662.27 | MARLIN BUSINESS BANK |
| A/P | 169888 | 02/15/17 | 185.68 | STUDER GROUP, LLC |
| A/P | 169889 | 02/15/17 | 52.27 | JERRY PICKETT |
| A/P | 169890 | 02/15/17 | 500.00 | LAMAR COMPANIES |
| A/P | 169891 | 02/15/17 | 1,175.40 | US STANDARD PRODUCTS |
| A/P | 169892 | 02/15/17 | 89.25 | MALORY GRANZ |
| A/P | 169893 | 02/15/17 | 15,754.98 | JACKSON & COKER LOCUM TENENS, |
| A/P | 169894 | 02/15/17 | 10,729.07 | AVENO NETWORKS |
| A/P | 169895 | 02/15/17 | 75.00 | RAPID PRINTING LLC |
| A/P | 169896 | 02/15/17 | 825.00 | DELMA CARDONA |
| A/P | 169897 | 02/15/17 | 15,230.00 | PACIFIC MEDICAL LLC |
| A/P | 169898 | 02/15/17 | 400.00 | JOSE G QUEZADA |
| A/P | 169899 | 02/15/17 | 2,326.50 | ALCON LABORATORIES, INC. |
| A/P | 169900 | 02/15/17 | 238.99 | ALCO SALES & SERVICE CO |
| A/P | 169901 | 02/15/17 | 11.59 | AQUA BEVERAGE COMPANY |
| A/P | 169902 | 02/15/17 | 54.66 | BARD PERIPHERAL VASCULAR |
| A/P | 169903 | 02/15/17 | 538.57 | BAXTER HEALTHCARE |
| A/P | 169904 | 02/15/17 | 265.74 | BREVIS CORPORATION |
| A/P | 169905 | 02/15/17 | 25.00 | CAL COM FEDERAL CREDIT UNION |
| A/P | 169906 | 02/15/17 | 500,000.00 | CALHOUN COUNTY |
| A/P | 169907 | 02/15/17 | 74.58 | CALHOUN COUNTY |
| A/P | 169908 | 02/15/17 | 518.44 | COASTAL OFFICE SOLUTONS |
| A/P | 169909 | 02/15/17 | 230.00 | CONMED CORPORATION |
| A/P | 169910 | 02/15/17 | 21,495.73 | EVIDENT |
| A/P | 169911 | 02/15/17 | 362.25 | RITA DAVIS |
| A/P | 169912 | 02/15/17 | 18.30 | DOWNTOWN CLEANERS |
| A/P | 169913 | 02/15/17 | 185.60 | DLE PAPER & PACKAGING |
| A/P | 169914 | 02/15/17 | 5,824.97 | FISHER HEALTHCARE |
| A/P | 169915 | 02/15/17 | 89.25 | DIANA GARCIA |

| BANK | CODE | NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|---|
| | A/P | 169916 | 02/15/17 | 132.12 | H E BUTT GROCERY |
| | A/P | 169917 | 02/15/17 | 257.94 | HOLOGIC INC |
| | A/P | 169918 | 02/15/17 | 314.98 | HOSPIRA WORLDWIDE, INC |
| | A/P | 169919 | 02/15/17 | 5,909.84 | RICOH USA, INC. |
| | A/P | 169920 | 02/15/17 | 6,125.00 | WERFEN USA LLC |
| | A/P | 169921 | 02/15/17 | 1,660.87 | J & J HEALTH CARE SYSTEMS, INC |
| | A/P | 169922 | 02/15/17 | 631.29 | SHIRLEY KARNEI |
| | A/P | 169923 | 02/15/17 | 125.34 | LOWE'S HOME CENTERS INC |
| | A/P | 169924 | 02/15/17 | 363.42 | MCKESSON MEDICAL SURGICAL INC |
| | A/P | 169925 | 02/15/17 | 22.14 | MEDLINE INDUSTRIES INC |
| | A/P | 169926 | 02/15/17 | 1,174.14 | MERRY X-RAY/SOURCEONE HEALTHCA |
| | A/P | 169927 | 02/15/17 | 123.48 | OFFICE DEPOT |
| | A/P | 169928 | 02/15/17 | .00 | VOIDED |
| | A/P | 169929 | 02/15/17 | 6,180.03 | OWENS & MINOR |
| | A/P | 169930 | 02/15/17 | 483.05 | SMITH & NEPHEW |
| | A/P | 169931 | 02/15/17 | 161.04 | ERIN CLEVENGER |
| | A/P | 169932 | 02/15/17 | 9,000.00 | TOSHIBA AMERICA MEDICAL SYST. |
| | A/P | 169933 | 02/15/17 | 4,046.00 | TEXAS MUTUAL INSURANCE CO |
| | A/P | 169934 | 02/15/17 | 1,190.37 | THYSSENKRUPP ELEVATOR CORP |
| | A/P | 169935 | 02/15/17 | 107.35 | TG |
| | A/P | 169936 | 02/15/17 | 140.05 | UNIFIRST HOLDINGS |
| | A/P | 169937 | 02/15/17 | 2,246.83 | UNIFIRST HOLDINGS INC |
| | A/P | 169938 | 02/15/17 | 10,135.00 | VERATHON INC |
| | A/P | 169939 | 02/15/17 | 510.00 | VICTORIA RADIOWORKS, LTD |
| | A/P | 169940 | 02/15/17 | 47.20 | GRAINGER |
| TOTALS: | | | | 668,724.26 | |

APPROVED
ON

FEB 15 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

02/16/2017
11:21

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 02/16/2017

0
ap_open_invoice.template

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 10789 | DISCOVERY MEDICAL NETWORK INC | | |

| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | MMC022817 | | 02/16/20 | 02/16/20 | 02/16/20 | | | 121,241.66 | 0.00 | 0.00 | 121,241.66 |
| | | PROF FEES - MMC CLINIC | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10789 | DISCOVERY MEDICAL NETWORK INC | 121,241.66 | 0.00 | 0.00 | 121,241.66 |

**Report Summary**

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|
| | 121,241.66 | 0.00 | 0.00 | 121,241.66 |

CK# 169941

Michael J Pfeil
3-2-17

APPROVED
ON

FEB 16 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

16789

# DISCOVERY MEDICAL NETWORK

February 15, 2017

Memorial Medical Center
1016 N Virginia
Port Lavaca, TX 77979

40530041

Invoice # MMC 022817

RE: Physician Services for Memorial Medical Center

| February 1-15, 2017 | Estimated | Actual |
|---|---|---|
| Physician Services | $70,000.00 | $59,172.03 |
| Benefits | $10,000.00 | $8,564.09 |
| Incentive | $20,000.00 | $18,846.58 |
| Physician Reimbursement | $0.00 | $20,559.00 |
| Contracted Services | $0.00 | $0.00 |
| Total Costs | $100,000.00 | $107,141.70 |
| Admin Fee | $3,500.00 | $3,749.96 |
| Total Amount Due | $103,500.00 | $110,891.66 |
| Amount (Over)/Under Paid | | $7,391.66 |

| | |
|---|---|
| Estimated Services for February 16-28, 2017 | $113,850.00 |
| Amount (Over)/Under Paid | $7,391.66 |
| Total Due | $121,241.66 |

Jos Anglin

**Discovery Medical Network**
Pay period ending 2/15/17

| Individual | Location | Clinic & ER | Incentive | 401k Matching Dollars | Health Insurance | Disability/Life Insurance | FICA | FUTA | SUI | WC | Process Fee | Mal Ins | Physician Reimb | Contracted Services | Total Costs | Admin Fee | Total Invoice |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Arroyo-Diaz | Port Lavaca | 11,666.67 | - | | 250.00 | | 839.76 | | | 33.83 | 38.55 | 231.00 | | | 13,059.81 | 457.09 | 13,516.90 |
| Crowley | Port Lavaca | 10,000.00 | 18,846.58 | | 250.00 | | 2,154.15 | | | 83.66 | 38.55 | 182.00 | | | 31,554.94 | 1,104.42 | 32,659.36 |
| Danielson | Port Lavaca | 12,500.00 | - | | 250.00 | | 929.12 | | | 36.25 | 38.55 | 559.00 | | | 14,312.92 | 500.95 | 14,813.87 |
| Hind | Port Lavaca | - | - | | | | | | | - | | | 20,559.00 | | 20,559.00 | 719.57 | 21,278.57 |
| Rojas | Port Lavaca | 15,422.02 | - | | | | 1,179.79 | | | 44.72 | 38.55 | 278.00 | | | 16,963.08 | 593.71 | 17,556.79 |
| Truong | Port Lavaca | 9,583.34 | - | | 250.00 | | 729.27 | | | 27.79 | 38.55 | 63.00 | | | 10,691.95 | 374.22 | 11,066.17 |
| Bunnell | Port Lavaca | | | | | | | | | | | | | | - | - | - |
| Arthur Marshall | Port Lavaca | | | | | | | | | | | | | | - | - | - |
| | | $ 59,172.03 | $ 18,846.58 | $ - | $ 1,000.00 | $ - | $ 5,832.09 | $ - | $ - | $ 226.25 | $ 192.75 | $ 1,313.00 | $ 20,559.00 | $ - | $ 107,141.70 | $ 3,749.96 | $ 110,891.66 |

$20,000 - Physician Stipend
$559 - TMA Dues

RUN DATE:02/16/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:11:42 CHECK REGISTER GLCKREG
02/16/17 THRU 02/16/17

| BANK--CHECK | | | | |
|---|---|---|---|---|
| CODE | NUMBER | DATE | AMOUNT | PAYEE |
| A/P | 169941 | 02/16/17 | 121,241.66 | DISCOVERY MEDICAL NETWORK INC |
| TOTALS: | | | 121,241.66 | |

APPROVED
ON

FEB 16 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

02/17/2017
14:06

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 02/17/2017

0
ap_open_invoice.template

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 10814 | ALLIED BENEFIT SYSTEMS | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 0000387321A | | 02/17/20 | 12/16/20 | 02/17/20 | | | 15,177.40 | 0.00 | 0.00 | 15,177.40 ✓ |
| | INS PREM | | | | | | | | | |
| 0000389575A | | 02/17/20 | 01/26/20 | 02/17/20 | | | 29,906.60 | 0.00 | 0.00 | 29,906.60 ✓ |
| | INS PREM | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10814 | ALLIED BENEFIT SYSTEMS | 45,084.00 | 0.00 | 0.00 | 45,084.00 |

**Report Summary**

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|
| | 45,084.00 | 0.00 | 0.00 | 45,084.00 ✓ |

APPROVED
ON
FEB 17 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 169942

Mitchell A Pfeil
3-2-17

RUN DATE:02/17/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:14:18 CHECK REGISTER GLCKREG
02/17/17 THRU 02/17/17

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

| CODE | NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|
| A/P | 169942 | 02/17/17 | 45,084.00 | ALLIED BENEFIT SYSTEMS |
| TOTALS: | | | 45,084.00 | |

Health Coverage

APPROVED
ON

FEB 17 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:02/21/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:16:11 CHECK REGISTER and Payables List GLCKREG
02/21/17 THRU 02/21/17

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

| CODE | NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|
| A/P | 000887 | 02/21/17 | 1,032.70 | MCKESSON |
| A/P | 000888 | 02/21/17 | 867.48 | MCKESSON |
| A/P | 000889 | 02/21/17 | 1,893.30 | MCKESSON |
| TOTALS: | | | 3,793.48 | |

340 B Prescription Services

Mark G Pfeil
3-2-17

APPROVED
ON
FEB 21 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

**McKESSON**

# STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 02/17/2017

DC: 8115

Territory: 400

Customer: 190813
Date: 02/18/2017

Page: 001

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

As of: 02/17/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 02/18/2017 ITEMS NOT PAID (✓)

| Billing Date | Due Date | Receivable Number | Order Reference | Description | Cash Discount | Amount (gross) | P F | Amount (net) | P F | Receivable Number | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 02/13/2017 | 02/21/2017 | 7792385165 | 1000964602 | 115Invoice | 3.86 | 193.19 | | ✓ 189.33 | ✓ | 7792385165 | |
| 02/13/2017 | 02/21/2017 | 7792385166 | 1000965159 | 115Invoice | 4.88 | 243.96 | | ✓ 239.08 | ✓ | 7792385166 | |
| 02/13/2017 | 02/21/2017 | 7792385167 | 1000965582 | 115Invoice | 0.86 | 43.14 | | ✓ 42.28 | ✓ | 7792385167 | |
| 02/14/2017 | 02/21/2017 | 7792631172 | 1000965974 | 115Invoice | 1.26 | 63.02 | | ✓ 61.76 | ✓ | 7792631172 | |
| 02/14/2017 | 02/21/2017 | 7792631173 | 1000965974 | 115Invoice | 1.91 | 95.57 | | ✓ 93.66 | ✓ | 7792631173 | |
| 02/15/2017 | 02/21/2017 | 7792852910 | 1000966589 | 115Invoice | 0.67 | 33.29 | | ✓ 32.62 | ✓ | 7792852910 | |
| 02/16/2017 | 02/21/2017 | 7793079659 | 1000967266 | 115Invoice | 3.20 | 160.07 | | ✓ 156.87 | ✓ | 7793079659 | |
| 02/16/2017 | 02/21/2017 | 7793079660 | 1000967266 | 115Invoice | 1.26 | 62.91 | | ✓ 61.65 | ✓ | 7793079660 | |
| 02/17/2017 | 02/21/2017 | 7793303054 | 1000967857 | 115Invoice | 3.17 | 158.62 | | ✓ 155.45 | ✓ | 7793303054 | |

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

**TOTAL:**

Subtotals: 1,053.77 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 659.44
02/13/2017

If Paid By 02/21/2017,
Pay This Amount: 1,032.70 USD

If Paid After 02/21/2017,
Pay this Amount: 1,053.77 USD

Due If Paid On Time:
USD 1,032.70

Disc lost if paid late:
21.07

Due If Paid Late:
USD 1,053.77

Chk# 887

2-21-17

APPROVED
ON
FEB 21 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

# McKESSON

# STATEMENT

Company: 8000

As of: 02/17/2017

Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 02/18/2017

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: 02/17/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 02/18/2017 ITEMS NOT PAID (✓)

| Billing Date | Due Date | Receivable Number | Order Reference | Description | Cash Discount | Amount (gross) | P F | Amount (net) | P F | Receivable Number | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 02/13/2017 | 02/21/2017 | 7792374559 | 3454582058 | 115Invoice | 6.05 | 302.37 | | 296.32 ✓ | | 7792374559 | |
| 02/14/2017 | 02/21/2017 | 7792619679 | 1099791 | 115Invoice | 0.02 | 0.79 | | 0.77 ✓ | | 7792619679 | |
| 02/15/2017 | 02/21/2017 | 7792832094 | 3454582064 | 115Invoice | 1.44 | 71.83 | | 70.39 ✓ | | 7792832094 | |
| 02/16/2017 | 02/21/2017 | 7793058386 | 3454582067 | 115Invoice | 3.92 | 196.17 | | 192.25 ✓ | | 7793058386 | |
| 02/17/2017 | 02/21/2017 | 7793292553 | 3454582070 | 115Invoice | 6.28 | 314.03 | | 307.75 ✓ | | 7793292553 | |

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

TOTAL:

Subtotals: 885.19 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 484.52
02/13/2017

If Paid By 02/21/2017,
Pay This Amount: 867.48 USD

If Paid After 02/21/2017,
Pay this Amount: 885.19 USD

Due If Paid On Time:
USD 867.48

Disc lost if paid late:
17.71

Due If Paid Late:
USD 885.19

ck# 888

2-21-17

APPROVED
ON
FEB 21 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: 02/17/2017

DC: 8115

Territory: 400

Customer: 262252
Date: 02/18/2017

Page: 001

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

As of: 02/17/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 02/18/2017 ITEMS NOT PAID (✓)

| Billing Date | Due Date | Receivable Number | Order Reference | Description | Cash Discount | Amount (gross) | P F | Amount (net) | P F | Receivable Number | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 02/13/2017 | 02/21/2017 | 7792376420 | 1000964604 | 115Invoice | 1.57 | 78.54 | | 76.97 | | 7792376420 | |
| 02/13/2017 | 02/21/2017 | 7792376421 | 1000964604 | 115Invoice | 0.02 | 1.04 | | 1.02 | | 7792376421 | |
| 02/13/2017 | 02/21/2017 | 7792376422 | 1000965161 | 115Invoice | 12.59 | 629.44 | | 616.85 | | 7792376422 | |
| 02/13/2017 | 02/21/2017 | 7792376423 | 1000965584 | 115Invoice | 6.80 | 339.83 | | 333.03 | | 7792376423 | |
| 02/14/2017 | 02/21/2017 | 7792636565 | 1000965976 | 115Invoice | 1.21 | 60.70 | | 59.49 | | 7792636565 | |
| 02/14/2017 | 02/21/2017 | 7792636567 | 1000965976 | 115Invoice | 0.07 | 3.37 | | 3.30 | | 7792636567 | |
| 02/15/2017 | 02/21/2017 | 7792844252 | 1000966591 | 115Invoice | 0.08 | 3.90 | | 3.82 | | 7792844252 | |
| 02/16/2017 | 02/21/2017 | 7793094048 | 1000967268 | 115Invoice | 14.04 | 702.14 | | 688.10 | | 7793094048 | |
| 02/17/2017 | 02/21/2017 | 7793314242 | 1000967859 | 115Invoice | 2.26 | 112.98 | | 110.72 | | 7793314242 | |

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

TOTAL:

Subtotals: 1,931.94 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,276.34
02/13/2017

If Paid By 02/21/2017,
Pay This Amount: 1,893.30 USD

If Paid After 02/21/2017,
Pay this Amount: 1,931.94 USD

Due If Paid On Time:
USD 1,893.30

Disc lost if paid late:
38.64

Due If Paid Late:
USD 1,931.94

ck# 889

2.21.17

APPROVED
ON
FEB 21 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

IBC BANK
We Do More

**February 2017 Statement**
Open Date: 01/06/2017 Closing Date: 02/03/2017

Account:

**Visa® Business Card**
MEMORIAL MEDICAL CNT
JASON W ANGLIN (CPN )

**Cardmember Service**
BUS 30 ELN 5 8 3

| | |
|---|---|
| **New Balance** | **$4,631.56** |
| **Minimum Payment Due** | **$47.00** |
| **Payment Due Date** | **03/01/2017** |

**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 | + | $1,374.11 |
| Payments | - | $1,374.11CR |
| Other Credits | | $0.00 |
| Purchases | + | $4,631.56 |
| Balance Transfers | | $0.00 |
| Advances | | $0.00 |
| Other Debits | | $0.00 |
| Fees Charged | | $0.00 |
| Interest Charged | | $0.00 |
| **New Balance** | = | **$4,631.56** |
| **Past Due** | | **$0.00** |
| **Minimum Payment Due** | | **$47.00** |
| Credit Line | | $10,000.00 |
| Available Credit | | $5,368.44 |
| Days in Billing Period | | 29 |

Marked 4 Pfd 3-2-17

MMC will Pay By Phone

APPROVED ON 4,631.56
FEB 22 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

**Payment Options:**

Mail payment coupon with a check

Pay online at myaccountaccess.com

Pay by phone

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

IBC BANK
We Do More

| | |
|---|---|
| **Account Number** | |
| **Payment Due Date** | 3/01/2017 |
| **New Balance** | $4,631.56 |
| **Minimum Payment Due** | $47.00 |

**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

**February 2017 Statement** 01/06/2017 - 02/03/2017

MEMORIAL MEDICAL CNT
JASON W ANGLIN (CPN

**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.

Make paying taxes less taxing! Use your credit card and pay your tax bill online. It's fast, easy and secure. You'll avoid the hassle of writing checks or payments getting lost in the mail. Plus, you can enjoy peace of mind knowing your tax payment was received. Learn more at www.officialpayments.com to find out if your state accepts payment by credit card.

## Transactions

### Payments and Other Credits

| Post Date | Trans Date | Ref # | Transaction Description | Amount | Notation |
|---|---|---|---|---|---|
| 01/18 | 01/18 | | PAYMENT THANK YOU | $1,374.11CR | |
| | | | **TOTAL THIS PERIOD** | **$1,374.11CR** | |

### Purchases and Other Debits

| Post Date | Trans Date | Ref # | Transaction Description | Amount | Notation |
|---|---|---|---|---|---|
| 01/12 | 01/11 | 2162 | SURVEYMONKEY.COM 971-2445555 CA | $26.00 | |
| 01/13 | 01/12 | 2030 | TEXAS TRADITIONS CAFE PORT LAVACA TX | $371.39 | |
| 01/17 | 01/16 | 5531 | SOC TRAUMA NURSES 859-977-7456 KY | $350.00 | |
| 01/17 | 01/16 | 1847 | EB TEXAS TRAUMA COORD 801-413-7200 CA | $53.74 | |
| 01/17 | 01/12 | 0734 | DEA REGISTRATION 202-307-7218 VA | $731.00 | |
| 01/18 | 01/16 | 0049 | TEXAS HOSPITAL ASSOC 512-465-1000 TX | $175.00 | |
| 01/20 | 01/19 | 0021 | E MDS 512-257-5200 TX | $925.97 | |
| 01/24 | 01/24 | 0046 | AHC MEDIA LLC 404-262-5434 GA | $349.00 | |
| 01/26 | 01/25 | 0036 | N.A.R.H.C. 231-924-0788 MI | $725.00 | |
| 01/26 | 01/25 | 6321 | TX CII RX PADS 512-305-8014 TX | $48.57 | |
| 01/30 | 01/28 | 9358 | JW MARRIOTT AUSTIN AUSTIN TX<br>01/28/17 FOR 01 NIGHTS<br>FOLIO: 016149 | $573.90 | |
| 01/31 | 01/30 | 4504 | AMAZON MKTPLACE PMTS AMZN.COM/BILL WA | $66.99 | |
| 02/01 | 01/31 | 7149 | NPDB NPDB.HRSA.GOV 800-767-6732 VA | $2.00 | |
| 02/01 | 01/31 | 7222 | NPDB NPDB.HRSA.GOV 800-767-6732 VA | $2.00 | |
| 02/01 | 01/31 | 7305 | NPDB NPDB.HRSA.GOV 800-767-6732 VA | $2.00 | |
| 02/01 | 02/01 | 1188 | AMA*CREDENTIALING 800-621-8335 IL | $43.00 | |
| 02/01 | 02/01 | 2616 | AMA*CREDENTIALING 800-621-8335 IL | $43.00 | |
| 02/01 | 02/01 | 2871 | AMA*CREDENTIALING 800-621-8335 IL | $43.00 | |
| 02/03 | 02/02 | 6933 | NPDB NPDB.HRSA.GOV 800-767-6732 VA | $10.00 | |
| 02/03 | 02/02 | 7014 | NPDB NPDB.HRSA.GOV 800-767-6732 VA | $2.00 | |
| 02/03 | 02/02 | 7196 | NPDB NPDB.HRSA.GOV 800-767-6732 VA | $2.00 | |
| 02/03 | 02/03 | 5736 | AMA*CREDENTIALING 800-621-8335 IL | $43.00 | |
| 02/03 | 02/03 | 7819 | AMA*CREDENTIALING 800-621-8335 IL | $43.00 | |
| | | | **TOTAL THIS PERIOD** | **$4,631.56** | |

*Continued on Next Page*

# MEMORIAL MEDICAL CENTER
## PURCHASE ORDER

(1)

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

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

Vendor Name: Cardmember Services

Date: 2/14/2017

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 | — | | Survey Monkey | | | ✓ 26.00 |
| 2 | — | | Texas Traditions - Meet and | | | ✓ 371.39 |
| 3 | | | Greet for new Radiology | | | |
| 4 | | | group. Rad Partners | | | |
| 5 | — | | SOC Trauma Nurses - Sara Rubio | | | ✓ 350.00 |
| 6 | — | | EB Texas Trauma Coord - | | | ✓ 59.74 |
| 7 | | | Sara Rubio | | | |
| 8 | — | | DEA Registration - Renewal | | | ✓ 731.00 |
| 9 | | | for Hospital Pharmacy | | | |
| 10 | — | | Texas Hospital Assoc. - Webinar | | | ✓ 175.00 |

Est. Freight _____ Est. Total Cost _____ TOTAL COST 1,707.13

NOTES:

Charges made to Jason's card

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

Dept. Director _____

Dir. Nursing _____

Adm.Dir. Clinical Service _____

CFO _____

Administrator _____

APPROVED ON FEB 22 2017 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

# 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 Services

Date: 2/14/17

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 | — | | eMDs - 2017 Conference Registration | | | ✓ 925.97 |
| 2 | | | for Danette Bethany | | | |
| 3 | — | | AHC Media - Webinar for | | | ✓ 349.00 |
| 4 | | | Life Safety - Chuck Samaha | | | |
| 5 | — | | NARHC - Conference Registration | | ✓ | 725.00 |
| 6 | | | for Danette Bethany and | | | |
| 7 | | | Jason Anglin | | | |
| 8 | — | | TX CII Rx Pads - DR. Truong | | | ✓ 48.57 |
| 9 | — | | JW Marriott Austin - Hotel | | | |
| 10 | | | for Jason Angain - THA Annual Conference | | | |

Est. Freight _____ Est. Total Cost _____ ~~TOTAL COST~~ ✓ 573.90

NOTES: Austin Hotel stay - Jason

Charges made to Jason's card

2,622.44

Contact: _____ Date: _____

Quoted By: _____

Buyer: _____ B.T.A. _____

Dept. Director _____

Dir. Nursing _____

Adm.Dir. Clinical Service _____

CFO _____

Administrator _____

APPROVED ON FEB 22 2017
COUNTY AUDITOR CALHOUN COUNTY, TEXAS

# MEMORIAL MEDICAL CENTER
## PURCHASE ORDER

(3)

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

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

Vendor Name: Cardmember Services

Date: 2/14/17

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 | — | | Amazon - Color Blind Test | | | ✓ 66.99 |
| 2 | | | plates - Clinic | | | |
| 3 | — | | NPDB - 1 Physician | | | ✓ 2.00 |
| 4 | — | | NPDB - 1 Physician | | | ✓ 2.00 |
| 5 | — | | NPDB - 1 Physician | | | ✓ 2.00 |
| 6 | — | | AMA ared - Init + cont mon. | | | ✓ 43.00 |
| 7 | — | | " " | | | ✓ 43.00 |
| 8 | — | | " " | | | ✓ 43.00 |
| 9 | — | | NPDB 5 Renewals - Phys | 2.00 | | ✓ 10.00 |
| 10 | — | | NPDB 1 Physician | | | ✓ 2.00 |

Est. Freight _____

213.99

NOTES:

Charges made to Qpsons card

APPROVED ON FEB. 22 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

(4)

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: CardmemberService

Date: 2/14/17

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 1 Phys | | | ✓ 2.00 |
| 2 | — | | AMA Credentialing - Init + | | | ✓ 43.00 |
| 3 | | | Cont. - 1 Physician | | | ✓ |
| 4 | — | | AMA Credentialing - Init | | | ✓ 43.00 |
| 5 | | | + Cont. Mon. - 1 Physician | | | |
| 6 | | | | | pg4 → | 88.00 |
| 7 | | | | pg1 → | | 1,707.13 |
| 8 | | | | pg2 → | | 2,622.44 |
| 9 | | | | pg3 → | | 213.99 |
| 10 | | | | pg4 → | | 88.00 |

Est. Freight _____ Est. Total Cost _____ TOTAL COST 4,631.56

NOTES:

Charges made to Jason's card

APPROVED ON FEB 22 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
Nursing Home UPL
Weekly Cantex Transfer
2/20/2017

| 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 | [redacted]4553 | 647,776.38 | 647,676.38 | 52,393.57 | - | - | - | - | 52,493.57 | 52,393.57 |

*Routing Information for Ashford Gardens:*
*Ashford Health Care Center Ltd Co*
*JP Morgan Chase Bank*
*ABA [redacted]*
*Acc[redacted]4257*

| Nursing Home | IBC Account Number | Previous Beginning Balance | Transfer-Out | ACH Transfer-In | IGT Transfer-In | MMC Portion - Return of IGT | MMC Portion - Federal Match | Cantex Portion - Federal Match | Today's Beginning Balance | Amount to Be Transferred to Nursing Home |
|---|---|---|---|---|---|---|---|---|---|---|
| Solera at West Housto | [redacted]4561 | 278,521.41 | 278,421.41 | 45,295.09 | - | - | - | - | 45,395.09 | 45,295.09 |
| Crescent | [redacted]4588 | 161,241.50 | 161,141.50 | 21,038.98 | - | - | - | - | 21,138.98 | 21,038.98 |
| Broadmoor | [redacted]4596 | 138,877.74 | 138,777.74 | 47,601.59 | - | - | - | - | 47,701.59 | 47,601.59 |
| Fort Bend | [redacted]4618 | 182,879.22 | 182,779.22 | 23,187.42 | - | - | - | - | 23,287.42 | 23,187.42 |
| | | | | | | | | | | 137,123.08 |

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

Approved:

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

Mind & Pfl
3-2-17

APPROVED
FEB 23 201[illegible]
COUNTY AUDITOR

# Account Portfolio as of 2/20/2017 9:36:18 AM

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

**Commercial Checking Accounts**

| Account Name | Account Number | Today's Beginning Balance | Available Balance |
| --- | --- | --- | --- |
| Memorial Medical Center | [redacted]3387 | $1,227,029.67 | $1,227,029.67 |
| Memorial Medical Center | [redacted]4553 | $52,493.57 | $52,493.57 |
| Memorial Medical Center | [redacted]4561 | $45,395.09 | $45,395.09 |
| Memorial Medical Center | [redacted]4588 | $21,138.98 | $21,138.98 |
| Memorial Medical Center | [redacted]4596 | $47,701.59 | $47,701.59 |
| Memorial Medical Center | [redacted]4618 | $23,287.42 | $23,287.42 |
| Memorial Medical Center Operat | [redacted]0301 | $3,276,518.05 | $3,276,518.05 |
| County of Calhoun Indigent | [redacted]1101 | $3,550.64 | $3,550.64 |
| **Totals** | | **$4,697,115.01** | **$4,697,115.01** |

IBC Bank Activity
2/14/17 through 2/17/17

| Ashford Gardens | | | | | Transfer-Out | Transfer-In | |
|---|---|---|---|---|---|---|---|
| 2/14/2017 | 1131050 | 4553 | 142 | ACH CREDIT RECEIVED | | 8,173.94 | HEALTH HUMAN SVC INV-PAYMTS\|MEMORIAL MEDICAL\|742638006\|ISA~00~0000000000~00~0000000000~ZZ~174600008 |
| 2/15/2017 | 1131050 | 4553 | 495 | OUTGOING MONEY TRANSFER | 301,348.77 | | ASHFORD HEALTH CARE CENTER LTD |
| 2/16/2017 | 1131050 | 4553 | 475 | CHECK PAID | 346,327.61 | | |
| 2/16/2017 | 1131050 | 4553 | 301 | COMMERCIAL DEPOSIT | | 36,646.25 | |
| 2/17/2017 | 1131050 | 4553 | 142 | ACH CREDIT RECEIVED | | 7,573.38 | Molina HC of TX Molina HC\|ASHFORD GARDENS\|TRN*1*EFT4158849*1201494502\ |
| | | | | | 647,676.38 | 52,393.57 | |

| Solera at West Houst | | | | | Transfer-Out | Transfer-In | |
|---|---|---|---|---|---|---|---|
| 2/14/2017 | 1131050 | 4561 | 142 | ACH CREDIT RECEIVED | | 6,846.37 | AMERIGROUP CORPO HCCLAIMPMT\|Solera at West Houston\|TRN*1*017021014900059*1752603231\ |
| 2/15/2017 | 1131050 | 4561 | 495 | OUTGOING MONEY TRANSFER | 182,801.57 | | CANTEX HEALTH CARE CENTERS LLC |
| 2/15/2017 | 1131050 | 4561 | 142 | ACH CREDIT RECEIVED | | 1,049.32 | HEALTH HUMAN SVC INV-PAYMTS\|MEMORIAL MEDICAL\|742638006\|ISA~00~0000000000~00~0000000000~ZZ~174600008 |
| 2/16/2017 | 1131050 | 4561 | 301 | COMMERCIAL DEPOSIT | | 24,479.31 | |
| 2/16/2017 | 1131050 | 4561 | 142 | ACH CREDIT RECEIVED | | 5,445.46 | HEALTH HUMAN SVC INV-PAYMTS\|MEMORIAL MEDICAL\|742638006\|ISA~00~0000000000~00~0000000000~ZZ~174600008 |
| 2/16/2017 | 1131050 | 4561 | 475 | CHECK PAID | 95,619.84 | | |
| 2/17/2017 | 1131050 | 4561 | 142 | ACH CREDIT RECEIVED | | 7,474.63 | AMERIGROUP CORPO HCCLAIMPMT\|Solera at West Houston\|TRN*1*017021511200085*1752603231\ |
| | | | | | 278,421.41 | 45,295.09 | |

| Crescent | | | | | Transfer-Out | Transfer-In | |
|---|---|---|---|---|---|---|---|
| 2/14/2017 | 1131050 | 4588 | 142 | ACH CREDIT RECEIVED | | 4,200.00 | AMERIGROUP CORPO HCCLAIMPMT\|The Crescent\|TRN*1*017021117100791*1752603231\ |
| 2/14/2017 | 1131050 | 4588 | 142 | ACH CREDIT RECEIVED | | 11,815.12 | NOVITAS SOLUTION HCCLAIMPMT\|MEMORIAL MEDICAL CENTE\|04011\|TRN*1*EFT4336574*1205296137*000004011\ |
| 2/15/2017 | 1131050 | 4588 | 495 | OUTGOING MONEY TRANSFER | 129,183.81 | | CANTEX HEALTH CARE CENTERS III |
| 2/16/2017 | 1131050 | 4588 | 475 | CHECK PAID | 31,957.69 | | |
| 2/16/2017 | 1131050 | 4588 | 301 | COMMERCIAL DEPOSIT | | 4,698.78 | |
| 2/17/2017 | 1131050 | 4588 | 142 | ACH CREDIT RECEIVED | | 325.08 | Molina HC of TX Molina HC\|THE CRESCENT\|TRN*1*EFT4156980*1201494502\ |
| | | | | | 161,141.50 | 21,038.98 | |

| Broadmoor | | | | | Transfer-Out | Transfer-In | |
|---|---|---|---|---|---|---|---|
| 2/14/2017 | 1131050 | 4596 | 142 | ACH CREDIT RECEIVED | | 10,265.71 | NOVITAS SOLUTION HCCLAIMPMT\|MEMORIAL MEDICAL CENTE\|04011\|TRN*1*EFT4336581*1205296137*000004011\ |
| 2/15/2017 | 1131050 | 4596 | 495 | OUTGOING MONEY TRANSFER | 129,997.28 | | CANTEX HEALTH CARE CENTERS III |
| 2/15/2017 | 1131050 | 4596 | 142 | ACH CREDIT RECEIVED | | 813.58 | HEALTH HUMAN SVC INV-PAYMTS\|MEMORIAL MEDICAL\|742638006\|ISA~00~0000000000~00~0000000000~ZZ~174600008 |
| 2/16/2017 | 1131050 | 4596 | 475 | CHECK PAID | 8,780.46 | | |
| 2/16/2017 | 1131050 | 4596 | 301 | COMMERCIAL DEPOSIT | | 29,199.79 | |
| 2/17/2017 | 1131050 | 4596 | 142 | ACH CREDIT RECEIVED | | 7,322.51 | HEALTH HUMAN SVC INV-PAYMTS\|MEMORIAL MEDICAL\|742638006\|ISA~00~0000000000~00~0000000000~ZZ~174600008 |
| | | | | | 138,777.74 | 47,601.59 | |

| Fort Bend | | | | | Transfer-Out | Transfer-In | |
|---|---|---|---|---|---|---|---|
| 2/14/2017 | 1131050 | 4618 | 142 | ACH CREDIT RECEIVED | | 6,630.87 | Molina HC of TX Molina HC\|FORT BEND CONTINUING C\|TRN*1*EFT4144862*1201494502\ |
| 2/15/2017 | 1131050 | 4618 | 495 | OUTGOING MONEY TRANSFER | 75,017.72 | | CANTEX HEALTH CARE CENTERS III |
| 2/16/2017 | 1131050 | 4618 | 301 | COMMERCIAL DEPOSIT | | 1,013.83 | |
| 2/16/2017 | 1131050 | 4618 | 475 | CHECK PAID | 107,761.50 | | |
| 2/17/2017 | 1131050 | 4618 | 142 | ACH CREDIT RECEIVED | | 15,542.72 | Molina HC of TX Molina HC\|FORT BEND CONTINUING C\|TRN*1*EFT4156839*1201494502\ |
| | | | | | 182,779.22 | 23,187.42 | |

02/22/2017 MEMORIAL MEDICAL CENTER 0
14:56 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 03/01/2017

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 11283 | ACE HARDWARE 15521 ✓ | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 108647 ✓ | REPAIR MAINT | 02/15/20 | 01/09/20 | 02/08/20 | | | 26.46 | 0.00 | 0.00 | 26.46 ✓ |
| CM108920 ✓ | REPAIRS DIETARY | 02/15/20 | 01/18/20 | 01/19/20 | | | -77.91 | 0.00 | 0.00 | -77.91 ✓ |
| 108915 ✓ | REPAIRS DIETARY | 02/15/20 | 01/18/20 | 01/19/20 | | | 99.39 | 0.00 | 0.00 | 99.39 ✓ |
| 108928 ✓ | REPAIR MAINT | 02/15/20 | 01/18/20 | 02/17/20 | | | 21.48 | 0.00 | 0.00 | 21.48 ✓ |
| 108922 ✓ | REPAIRS MAINT | 02/15/20 | 01/18/20 | 02/17/20 | | | 38.98 | 0.00 | 0.00 | 38.98 ✓ |
| 109069 ✓ | REPAIRS - MAINT | 02/15/20 | 01/24/20 | 02/23/20 | | | 7.49 | 0.00 | 0.00 | 7.49 ✓ |
| 109214 ✓ | REPAIRS MAINT | 02/15/20 | 01/27/20 | 02/19/20 | | | 11.97 | 0.00 | 0.00 | 11.97 ✓ |
| 109216 ✓ | REPAIRS-ADM | 02/15/20 | 01/27/20 | 02/26/20 | | | 18.98 | 0.00 | 0.00 | 18.98 ✓ |
| 109378A ✓ | | 02/22/20 | 02/02/20 | 02/28/20 | | | 5.98 | 0.00 | 0.00 | 5.98 ✓ |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11283 | ACE HARDWARE 15521 | 152.82 | 0.00 | 0.00 | 152.82 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 751479 ✓ | INSURANCE PREM | 02/15/20 | 01/12/20 | 02/01/20 | | | 3,037.98 | 0.00 | 0.00 | 3,037.98 ✓ |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | A1790 | AFLAC | 3,037.98 | 0.00 | 0.00 | 3,037.98 |

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

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| INV00049685 ✓ | LAB SUPPLIES | 02/21/20 | 01/18/20 | 02/17/20 | | | 312.79 | 0.00 | 0.00 | 312.79 ✓ |
| INV00050075 ✓ | SUPPLIES LAB | 02/21/20 | 01/30/20 | 02/28/20 | | | 196.19 | 0.00 | 0.00 | 196.19 ✓ |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | A1746 | ALPHA TEC SYSTEMS INC | 508.98 | 0.00 | 0.00 | 508.98 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 913990350 ✓ | INVENTORY PHARMACY | 02/11/20 | 02/08/20 | 02/25/20 | | | 238.93 | 0.00 | 0.00 | 238.93 ✓ |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | A1360 | AMERISOURCEBERGEN DRUG CORP | 238.93 | 0.00 | 0.00 | 238.93 |

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

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| P572 ✓ | | 02/20/20 | 03/08/20 | 03/18/20 | | 13.00 | 0.00 | 0.00 | 13.00 ✓ |
| | SUPPLIES GENERAL ADMIN | | | | | | | | |
| P595 ✓ | | 02/20/20 | 04/07/20 | 04/17/20 | | 32.00 | 0.00 | 0.00 | 32.00 ✓ |
| | SUPPLIES GENERAL MMC CLI | | | | | | | | |
| P621 ✓ | | 02/20/20 | 06/01/20 | 06/11/20 | | 22.00 | 0.00 | 0.00 | 22.00 ✓ |
| | SUPPLIES GENERAL PHY THF | | | | | | | | |
| P635 ✓ | | 02/20/20 | 06/24/20 | 07/04/20 | | 48.00 | 0.00 | 0.00 | 48.00 ✓ |
| | SUPPLIES GENERAL MMC CLI | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | A2150 | ANNOUNCEMENTS PLUS TOO AGAIN | 115.00 | 0.00 | 0.00 | 115.00 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| A2218 | AQUA BEVERAGE COMPANY ✓ | M | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| ~~21757~~ 749511 | | 02/18/20 | 01/31/20 | 02/25/20 | | 29.09 | 0.00 | 0.00 | 29.09 ✓ |
| | SUPPLIES GEN LAB | | | | | | | | |

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

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

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 53378897 ✓ | | 01/26/20 | 01/09/20 | 02/08/20 | | 334.76 | 0.00 | 0.00 | 334.76 ✓ |
| | INVENTRY-CENTRAL SUP-INV | | | | | | | | |
| 53446276 ✓ | | 01/26/20 | 01/16/20 | 02/15/20 | | 371.15 | 0.00 | 0.00 | 371.15 ✓ |
| | INVENTRY-CENTRAL SUPP-IN | | | | | | | | |
| 53320757 ✓ | | 02/22/20 | 01/03/20 | 02/02/20 | | 2,767.00 | 0.00 | 0.00 | 2,767.00 ✓ |
| | LEASE & RENTAL MED/SURG | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | B1150 | BAXTER HEALTHCARE | 3,472.91 | 0.00 | 0.00 | 3,472.91 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| B1210 | BECKMAN COULTER, INC. ✓ | M | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 106114089 ✓ | | 02/21/20 | 01/25/20 | 02/24/20 | | 97.83 | 0.00 | 0.00 | 97.83 ✓ |
| | LAB SUPPLIES | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | B1210 | BECKMAN COULTER, INC. | 97.83 | 0.00 | 0.00 | 97.83 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| B1680 | BOUND TREE MEDICAL, LLC ✓ | M | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 82391558 ✓ | | 02/20/20 | 01/27/20 | 02/26/20 | | 29.67 | 0.00 | 0.00 | 29.67 ✓ |
| | SUPPLIES GENERAL E/R | | | | | | | | |
| 82394179 ✓ | | 02/20/20 | 01/31/20 | 02/28/20 | | 69.23 | 0.00 | 0.00 | 69.23 ✓ |
| | SUPPLIES GENERAL E/R | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | B1680 | BOUND TREE MEDICAL, LLC | 98.90 | 0.00 | 0.00 | 98.90 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| 21762 | | 02/21/20 | 02/16/20 | 02/17/20 | | 25.00 | 0.00 | 0.00 | 25.00 ✓ |
| | ACCRUED CREDIT UNION | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | C1030 | CAL COM FEDERAL CREDIT UNION | 25.00 | 0.00 | 0.00 | 25.00 |

| Vendor# | Vendor Name | | | | Class | Pay Code | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| C1112 | CALHOUN COUNTY Indigent | | | | W | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
| | 21730A | | 02/13/20 | 02/08/20 | 02/09/20 | | 550.00 | 0.00 | 0.00 | 550.00 ✓ |
| | | CO INDIGENT COPAYS | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | C1112 | CALHOUN COUNTY | | | | 550.00 | 0.00 | 0.00 | 550.00 |
| 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 |
| | 8001246813 ✓ | | 02/13/20 | 01/21/20 | 02/25/20 | | 629.79 | 0.00 | 0.00 | 629.79 ✓ |
| | | SUPPLIES GENERAL NUC MEI | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | C1325 | CARDINAL HEALTH 414, INC. | | | | 629.79 | 0.00 | 0.00 | 629.79 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | |
| C1611 | CITIZENS MEDICAL CENTER ✓ | | | | W | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
| | 21758 | | 02/18/20 | 01/27/20 | 01/28/20 | | 150.00 | 0.00 | 0.00 | 150.00 ✓ |
| | | CONT EDUCATION | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | C1611 | CITIZENS MEDICAL CENTER | | | | 150.00 | 0.00 | 0.00 | 150.00 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | |
| 10467 | CLINICAL & LABORATORY ✓ | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
| | INV41064 ✓ | | 02/21/20 | 01/31/20 | 01/31/20 | | 90.00 | 0.00 | 0.00 | 90.00 ✓ |
| | | DUES & SUBSCR - LAB | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 10467 | CLINICAL & LABORATORY | | | | 90.00 | 0.00 | 0.00 | 90.00 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | |
| 10786 | CLINICAL PATHOLOGY ✓ | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
| | 2017010 ✓ | | 02/18/20 | 01/31/20 | 02/01/20 | | 6,730.68 | 0.00 | 0.00 | 6,730.68 ✓ |
| | | PURCH SERV LAB | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 10786 | CLINICAL PATHOLOGY | | | | 6,730.68 | 0.00 | 0.00 | 6,730.68 |
| 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 |
| | WO158591 ✓ | | 02/15/20 | 01/11/20 | 01/21/20 | | 26.70 | 0.00 | 0.00 | 26.70 ✓ |
| | | OFF SUP - LAB | | | | | | | | |
| | OE116301 ✓ | | 02/20/20 | 02/07/20 | 02/17/20 | | 907.14 | 0.00 | 0.00 | 907.14 ✓ |
| | | SUPPLIES GENERAL ADM | | | | | | | | |
| | OE117771 ✓ | | 02/20/20 | 02/08/20 | 02/18/20 | | 83.00 | 0.00 | 0.00 | 83.00 ✓ |
| | | SUPPLIES GENERAL CARD RE | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | C1166 | COASTAL OFFICE SOLUTONS | | | | 1,016.84 | 0.00 | 0.00 | 1,016.84 |
| 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 |
| | RT00150371 ✓ | | 02/15/20 | 01/24/20 | 03/01/20 | | 7,682.67 | 0.00 | 0.00 | 7,682.67 ✓ |
| | | LEASE & RENTAL MED/SURG | | | | | | | | |

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

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

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 555X02348308 ✓ | | 02/18/20 | 01/31/20 | 02/22/20 | | | 691.50 | 0.00 | 0.00 | 691.50 ✓ |
| | SUPPLIES GEN PLT OPS | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | R1050 | CULLIGAN OF VICTORIA | 691.50 | 0.00 | 0.00 | 691.50 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 10842 | DOOR CONTROL SERVICES, INC ✓ | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| SMINV102420 ✓ | | 02/21/20 | 10/05/20 | 11/04/20 | | | 1,394.90 | 0.00 | 0.00 | 1,394.90 ✓ |
| | PURCH SERV E/R | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10842 | DOOR CONTROL SERVICES, INC | 1,394.90 | 0.00 | 0.00 | 1,394.90 |

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

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 60471 ✓ | | 02/15/20 | 01/24/20 | 01/25/20 | | | 53.28 | 0.00 | 0.00 | 53.28 ✓ |
| | PURCH SERV PLNT OPS | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | E0500 | EAGLE FIRE & SAFETY INC | 53.28 | 0.00 | 0.00 | 53.28 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| A1702061378 ✓ | | 02/18/20 | 02/06/20 | 02/07/20 | | | 16,592.00 | 0.00 | 0.00 | 16,592.00 ✓ |
| | SOFTWARE MAINT INFO TECH | | | | | | | | | |
| 9268830A ✓ | | 02/22/20 | 01/25/20 | 01/26/20 | | | 4,000.00 | 0.00 | 0.00 | 4,000.00 ✓ |
| | MINOR EQ LAB | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | C2510 | EVIDENT | 20,592.00 | 0.00 | 0.00 | 20,592.00 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 02A17MMC ✓ | | 02/18/20 | 02/01/20 | 02/28/20 | | | ~~990.00~~ 495.00 | 0.00 | 0.00 | ~~990.00~~ 495.00 |
| | PURCH SERV ADM | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10689 | FASTHEALTH CORPORATION | ~~990.00~~ 495.00 | 0.00 | 0.00 | ~~990.00~~ 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 570160796 ✓ | | 02/18/20 | 02/09/20 | 02/24/20 | | | 91.16 | 0.00 | 0.00 | 91.16 ✓ |
| | FRT SURG CLINIC | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | F1100 | FEDERAL EXPRESS CORP. | 91.16 | 0.00 | 0.00 | 91.16 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 21760 | | 02/21/20 | 02/16/20 | 02/17/20 | | | 75.00 | 0.00 | 0.00 | 75.00 ✓ |
| | EMPLOYEE CLEARING | | | | | | | | | |

| 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 |
| | 8812138 ✓ | | 02/21/20 | 01/20/20 | 02/19/20 | | 511.53 | 0.00 | 0.00 | 511.53 ✓ |
| | | SUPPLIES - LAB | | | | | | | | |
| | 9017564 ✓ | | 02/21/20 | 01/25/20 | 02/24/20 | | 54.35 | 0.00 | 0.00 | 54.35 ✓ |
| | | SUPPLIES GENERAL LAB | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | F1400 | FISHER HEALTHCARE | | | | 565.88 | 0.00 | 0.00 | 565.88 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | |
| 11183 | FRONTIER ✓ | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D Pay | Gross | Discount | No-Pay | Net |
| | 21732 | | 02/13/20 | 02/02/20 | 02/26/20 | | ~~1,728.18~~ 1,592.68 | 0.00 | 0.00 | ~~1,728.18~~ 1,592.68 |
| | | TELEPHONE HOSPITAL | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 11183 | FRONTIER | | | | ~~1,728.18~~ 1592.68 | 0.00 | 0.00 | ~~1,728.18~~ 1592.68 |
| 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 |
| | 1264417 ✓ | | 01/27/20 | 01/24/20 | 02/23/20 | | 191.20 | 0.00 | 0.00 | 191.20 ✓ |
| | | SUPPLIES GENERAL HOUSEK | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | G1210 | GULF COAST PAPER COMPANY | | | | 191.20 | 0.00 | 0.00 | 191.20 |
| 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 |
| | A217011607 ✓ | | 02/20/20 | 01/16/20 | 01/26/20 | | 67.00 | 0.00 | 0.00 | 67.00 ✓ |
| | | SUPPLIES GENERAL DIETARY | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | H1100 | HAYES ELECTRIC SERVICE | | | | 67.00 | 0.00 | 0.00 | 67.00 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | |
| 10298 | HITACHI MEDICAL SYSTEMS ✓ | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D Pay | Gross | Discount | No-Pay | Net |
| | PJIN0098261 ✓ | | 01/27/20 | 01/16/20 | 02/25/20 | | 8,333.33 | 0.00 | 0.00 | 8,333.33 ✓ |
| | | MAINT CONTR MRI | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 10298 | HITACHI MEDICAL SYSTEMS | | | | 8,333.33 | 0.00 | 0.00 | 8,333.33 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | |
| 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 | 02/05/20 | | 1,398.08 | 0.00 | 0.00 | 1,398.08 ✓ |
| | | PROF FEES OB | | | | | | | | |
| | 2000411 ✓ | | 02/18/20 | 02/03/20 | 02/04/20 | | 1,416.48 | 0.00 | 0.00 | 1,416.48 ✓ |
| | | PROF FEES OB | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 11230 | JACKSON & COKER LOCUM TENENS, | | | | 2,814.56 | 0.00 | 0.00 | 2,814.56 |
| 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 |
| | 21716 | | 02/05/20 | 02/26/20 | 02/27/20 | | 750.00 | 0.00 | 0.00 | 750.00 ✓ |

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

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| H1502 | JESUSITA S. HERNANDEZ | W | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 21751 | | 02/15/20 | 02/14/20 | 02/15/20 | | 31.93 | 0.00 | 0.00 | 31.93 |
| | TRAVEL | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | H1502 | JESUSITA S. HERNANDEZ | 31.93 | 0.00 | 0.00 | 31.93 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| 21764 | | 02/21/20 | 02/16/20 | 02/17/20 | | 1,390.00 | 0.00 | 0.00 | 1,390.00 |
| | EMPLOYEE CLEARNING | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10972 | M G TRUST | 1,390.00 | 0.00 | 0.00 | 1,390.00 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 11099 | MARLIN BUSINESS BANK | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 14757951 | | 02/15/20 | 02/13/20 | 02/14/20 | | 756.64 | 0.00 | 0.00 | 756.64 |
| | LEASE & RENTAL INFO TECH | | | | | | | | |

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

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

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 69765 | | 02/18/20 | 01/17/20 | 02/16/20 | | 105.82 | 0.00 | 0.00 | 105.82 |
| | APT CARDS DR CROWLEY | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | M1950 | MARTIN PRINTING CO | 105.82 | 0.00 | 0.00 | 105.82 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| 93322304 | | 02/13/20 | 01/26/20 | 02/25/20 | | 37.87 | 0.00 | 0.00 | 37.87 |
| | SUPPLIES GENERAL ICU | | | | | | | | |
| 93349986 | | 02/13/20 | 01/26/20 | 02/25/20 | | 527.33 | 0.00 | 0.00 | 527.33 |
| | SUPPLIES GENERAL LAB | | | | | | | | |
| 92741472 | | 02/21/20 | 01/17/20 | 02/15/20 | | 443.99 | 0.00 | 0.00 | 443.99 |
| | LAB SUPPLIES | | | | | | | | |
| 93030597 | | 02/21/20 | 01/20/20 | 02/15/20 | | 87.65 | 0.00 | 0.00 | 87.65 |
| | LAB SUPPLIES | | | | | | | | |
| 93299622 | | 02/21/20 | 01/25/20 | 02/15/20 | | 201.25 | 0.00 | 0.00 | 201.25 |
| | LAB SUPPLIES | | | | | | | | |
| 93382410 | | 02/21/20 | 01/26/20 | 02/15/20 | | 490.15 | 0.00 | 0.00 | 490.15 |
| | LAB SUPPLIES | | | | | | | | |
| 93584279 | | 02/21/20 | 01/31/20 | 02/15/20 | | 2,731.87 | 0.00 | 0.00 | 2,731.87 |
| | LAB SUPPLIES | | | | | | | | |
| 93585037 | | 02/21/20 | 01/31/20 | 02/15/20 | | 11.77 | 0.00 | 0.00 | 11.77 |
| | LAB SUPPLIES | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | M2178 | MCKESSON MEDICAL SURGICAL INC | 4,531.88 | 0.00 | 0.00 | 4,531.88 |

| 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 |
| | 106930 | | 02/18/20 | 01/31/20 | 02/28/20 | | 3,980.11 | 0.00 | 0.00 | 3,980.11 |
| | | COLLECTION EXP BUS OFF | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 11141 | MEDICAL DATA SYSTEMS, INC. | | | | 3,980.11 | 0.00 | 0.00 | 3,980.11 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | |
| 11260 | MELANIE GRIFFTH | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
| | 21750 | | 02/15/20 | 02/15/20 | 02/16/20 | | 34.03 | 0.00 | 0.00 | 34.03 |
| | | TRAVEL | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 11260 | MELANIE GRIFFTH | | | | 34.03 | 0.00 | 0.00 | 34.03 |
| 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 |
| | 21684 | | 01/27/20 | 01/06/20 | 02/21/20 | | 205.00 | 0.00 | 0.00 | 205.00 |
| | | EMPL EXP P/R CLEARNG OTH | | | | | | | | |
| | 21763 | | 02/21/20 | 02/16/20 | 02/16/20 | | 60.00 | 0.00 | 0.00 | 60.00 |
| | | EMPLOYEE EXP | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 10963 | MEMORIAL MEDICAL CLINIC | | | | 265.00 | 0.00 | 0.00 | 265.00 |
| 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 |
| | 90008287 | | 02/13/20 | 01/26/20 | 02/25/20 | | 65.48 | 0.00 | 0.00 | 65.48 |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | M2659 | MERRY X-RAY/SOURCEONE HEALTHCA | | | | 65.48 | 0.00 | 0.00 | 65.48 |
| 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 |
| | 21756 | | 02/18/20 | 02/18/20 | 02/19/20 | | 308.25 | 0.00 | 0.00 | 308.25 |
| | | GIFT SHOP | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | M2621 | MMC AUXILIARY GIFT SHOP | | | | 308.25 | 0.00 | 0.00 | 308.25 |
| 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 |
| | 21752A | | 02/22/20 | 02/13/20 | 02/14/20 | | 30,443.75 | 0.00 | 0.00 | 30,443.75 |
| | | EMPLOYEE PREM | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 10810 | MMC EMPLOYEE BENEFIT PLAN | | | | 30,443.75 | 0.00 | 0.00 | 30,443.75 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | |
| 11278 | MONSTER WORLDWIDE INC | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
| | 6364782 | | 01/31/20 | 01/25/20 | 02/24/20 | | 300.00 | 0.00 | 0.00 | 300.00 |
| | | PURCH SERV-PHY THRPY | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 11278 | MONSTER WORLDWIDE INC | | | | 300.00 | 0.00 | 0.00 | 300.00 |

| 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 |
| | 9917151 | | 02/18/20 | 02/13/20 | 02/14/20 | | 1,209.00 | 0.00 | 0.00 | 1,209.00 |
| | | INVENTORY PHARMACY | | | | | | | | |
| | 9917153 | | 02/18/20 | 02/13/20 | 02/14/20 | | 52.11 | 0.00 | 0.00 | 52.11 |
| | | INVENTORY PHARMACY | | | | | | | | |
| | 9916298 | | 02/18/20 | 02/13/20 | 02/14/20 | | 277.95 | 0.00 | 0.00 | 277.95 |
| | | INVENTORY PHARMACY | | | | | | | | |
| | 9917152 | | 02/18/20 | 02/13/20 | 02/14/20 | | 67.58 | 0.00 | 0.00 | 67.58 |
| | | INVENTORY PHARMACY | | | | | | | | |
| | 9917150 | | 02/18/20 | 02/13/20 | 02/14/20 | | 664.60 | 0.00 | 0.00 | 664.60 |
| | | INVENTORY PHARMACY | | | | | | | | |
| | 9923459 | | 02/18/20 | 02/14/20 | 02/15/20 | | 478.44 | 0.00 | 0.00 | 478.44 |
| | | INVENTORY PHARMACY | | | | | | | | |
| | 9923460 | | 02/18/20 | 02/14/20 | 02/15/20 | | 6.89 | 0.00 | 0.00 | 6.89 |
| | | INVENTORY PHARMACY | | | | | | | | |
| | CM57676 | | 02/18/20 | 02/14/20 | 02/15/20 | | -984.51 | 0.00 | 0.00 | -984.51 |
| | | INVENTORY PHARMACY | | | | | | | | |
| | 9923458 | | 02/18/20 | 02/14/20 | 02/15/20 | | 373.07 | 0.00 | 0.00 | 373.07 |
| | | INVENTORY PHARMACY | | | | | | | | |
| | 9927908 | | 02/18/20 | 02/15/20 | 02/16/20 | | 11.86 | 0.00 | 0.00 | 11.86 |
| | | INVENTORY PHARMACY | | | | | | | | |
| | 9927907 | | 02/18/20 | 02/15/20 | 02/16/20 | | 1,247.89 | 0.00 | 0.00 | 1,247.89 |
| | | INVENTORY PHARMACY | | | | | | | | |
| | 9927909 | | 02/18/20 | 02/15/20 | 02/16/20 | | 364.30 | 0.00 | 0.00 | 364.30 |
| | | INVENTORY PHARMACY | | | | | | | | |
| | 9932253 | | 02/18/20 | 02/16/20 | 02/17/20 | | 8.66 | 0.00 | 0.00 | 8.66 |
| | | INVENTORY PHARMACY | | | | | | | | |
| | 9932252 | | 02/18/20 | 02/16/20 | 02/17/20 | | 73.88 | 0.00 | 0.00 | 73.88 |
| | | INVENTORY PHARMACY | | | | | | | | |
| | 9932251 | | 02/18/20 | 02/16/20 | 02/17/20 | | 8.68 | 0.00 | 0.00 | 8.68 |
| | | INVENTORY PHARMACY | | | | | | | | |
| | 9930405 | | 02/18/20 | 02/16/20 | 02/17/20 | | 416.63 | 0.00 | 0.00 | 416.63 |
| | | INVENTORY PHARMACY | | | | | | | | |
| | 9932250 | | 02/18/20 | 02/16/20 | 02/17/20 | | 1,349.41 | 0.00 | 0.00 | 1,349.41 |
| | | INVENTORY PHARMACY | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 10536 | MORRIS & DICKSON CO, LLC | | | | 5,626.44 | 0.00 | 0.00 | 5,626.44 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | |
| 10868 | NOVA BIOMEDICAL | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
| | 90340290 | | 02/21/20 | 01/31/20 | 02/28/20 | | 4,748.01 | 0.00 | 0.00 | 4,748.01 |
| | | LAB SUPPLIES | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 10868 | NOVA BIOMEDICAL | | | | 4,748.01 | 0.00 | 0.00 | 4,748.01 |
| 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 |
| | 21766 | | 02/21/20 | 02/16/20 | 02/17/20 | | 3,000.00 | 0.00 | 0.00 | 3,000.00 |
| | | PURCH SERV DIETARY | | | | | | | | |
| | 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 |
| | 897675100001 | | 02/11/20 | 01/25/20 | 02/24/20 | | 185.22 | 0.00 | 0.00 | 185.22 |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | O0920 | OFFICE DEPOT | | | | 185.22 | 0.00 | 0.00 | 185.22 |
| 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 |
| | 1850230519 | | 02/21/20 | 01/25/20 | 02/24/20 | | 405.62 | 0.00 | 0.00 | 405.62 |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | O1416 | ORTHO CLINICAL DIAGNOSTICS | | | | 405.62 | 0.00 | 0.00 | 405.62 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | |
| 11084 | OUR LADY OF THE GULF | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D Pay | Gross | Discount | No-Pay | Net |
| | 21728 | | 02/11/20 | 01/25/20 | 02/24/20 | | 100.00 | 0.00 | 0.00 | 100.00 |
| | | PUBLIC REL/ADVERTISE ADM | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 11084 | OUR LADY OF THE GULF | | | | 100.00 | 0.00 | 0.00 | 100.00 |
| 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 |
| | 2024056182 | | 01/27/20 | 01/10/20 | 02/09/20 | | 39.90 | 0.00 | 0.00 | 39.90 |
| | 2024460533 | | 01/31/20 | 01/24/20 | 02/23/20 | | 765.62 | 0.00 | 0.00 | 765.62 |
| | 2024458654 | | 01/31/20 | 01/24/20 | 02/23/20 | | 1,003.86 | 0.00 | 0.00 | 1,003.86 |
| | 2024554402 | | 01/31/20 | 01/26/20 | 02/25/20 | | 925.55 | 0.00 | 0.00 | 925.55 |
| | 2024556112 | | 01/31/20 | 01/26/20 | 02/25/20 | | 1,291.81 | 0.00 | 0.00 | 1,291.81 |
| | 2024451442 | | 02/11/20 | 01/24/20 | 02/23/20 | | 100.77 | 0.00 | 0.00 | 100.77 |
| | 2024451189 | | 02/11/20 | 01/24/20 | 02/23/20 | | 54.93 | 0.00 | 0.00 | 54.93 |
| | 2024450777 | | 02/11/20 | 01/24/20 | 02/23/20 | | 193.92 | 0.00 | 0.00 | 193.92 |
| | 2024453261 | | 02/13/20 | 01/24/20 | 02/23/20 | | 7.28 | 0.00 | 0.00 | 7.28 |
| | 2024451500 | | 02/13/20 | 01/24/20 | 02/23/20 | | 369.25 | 0.00 | 0.00 | 369.25 |
| | 2024451892 | | 02/13/20 | 01/24/20 | 02/23/20 | | 127.30 | 0.00 | 0.00 | 127.30 |
| | | SUPPLIES GENERAL SURGER | | | | | | | | |
| | 2024452362 | | 02/13/20 | 01/24/20 | 02/23/20 | | 130.83 | 0.00 | 0.00 | 130.83 |
| | 2024453303 | | 02/13/20 | 01/24/20 | 02/23/20 | | 62.04 | 0.00 | 0.00 | 62.04 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 2024550357 | 02/13/20 | 01/26/20 | 02/25/20 | 106.80 | 0.00 | 0.00 | 106.80 | |
| 2024550097 | 02/13/20 | 01/26/20 | 02/25/20 | 76.80 | 0.00 | 0.00 | 76.80 | |
| 2022107995 | 02/18/20 | 10/27/20 | 11/26/20 | 6.66 | 0.00 | 0.00 | 6.66 | |
| 202215335 | 02/18/20 | 11/01/20 | 12/01/20 | 179.91 | 0.00 | 0.00 | 179.91 | |
| 2023772041 | 02/18/20 | 12/29/20 | 01/28/20 | 15.86 | 0.00 | 0.00 | 15.86 | |
| 2023771322 | 02/18/20 | 12/29/20 | 01/28/20 | 122.40 | 0.00 | 0.00 | 122.40 | |
| 2023770788 | 02/18/20 | 12/29/20 | 01/28/20 | 44.25 | 0.00 | 0.00 | 44.25 | |
| 2023867331 | 02/18/20 | 01/03/20 | 02/02/20 | 3.33 | 0.00 | 0.00 | 3.33 | |
| 2024054514 | 02/18/20 | 01/10/20 | 02/09/20 | 105.25 | 0.00 | 0.00 | 105.25 | |

Vendor Totals

| Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|
| OM425 | OWENS & MINOR | 5,734.32 | 0.00 | 0.00 | 5,734.32 |

Vendor# 11069 Vendor Name: PABLO GARZA Class: Pay Code:

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 21755 | PURCH SERV MM CLINIC | 02/18/20 | 02/18/20 | 02/19/20 | | | 855.00 | 0.00 | 0.00 | 855.00 |

Vendor Totals

| Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|
| 11069 | PABLO GARZA | 855.00 | 0.00 | 0.00 | 855.00 |

Vendor# 11242 Vendor Name: PECA Class: Pay Code:

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 1601410 | PURCH SERV ADM | 02/21/20 | 02/19/20 | 02/19/20 | | | 9,000.00 | 0.00 | 0.00 | 9,000.00 |

Vendor Totals

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

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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 1075748 | LAB SUPPLIES | 02/21/20 | 01/16/20 | 02/15/20 | | | 811.60 | 0.00 | 0.00 | 811.60 |

Vendor Totals

| Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|
| P1876 | POLYMEDCO INC. | 811.60 | 0.00 | 0.00 | 811.60 |

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

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 21729 | PUBLIC REL/ADVERTISE HR/P | 02/11/20 | 01/31/20 | 02/28/20 | | | 821.60 | 0.00 | 0.00 | 821.60 |

Vendor Totals

| Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|
| P2100 | PORT LAVACA WAVE | 821.60 | 0.00 | 0.00 | 821.60 |

Vendor# 10315 Vendor Name: REXEL Class: Pay Code:

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| S114890052002 | | 02/21/20 | 10/07/20 | 10/25/20 | | | 149.66 | 0.00 | 0.00 | 149.66 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | MINOR EQ - ADM | | | | | | | | |
| | S114890052003 | 02/21/20 | 10/14/20 | 10/25/20 | | 65.50 | 0.00 | 0.00 | 65.50 |
| | SUPPLIES GEN - ADM | | | | | | | | |
| | S115384956001 | 02/21/20 | 11/23/20 | 11/25/20 | | 741.60 | 0.00 | 0.00 | 741.60 |
| | MINOR EQ - DIETARY | | | | | | | | |
| | S115771793001 | 02/21/20 | 01/06/20 | 01/25/20 | | 325.00 | 0.00 | 0.00 | 325.00 |
| | MINOR EQ - MED/SURG | | | | | | | | |
| | S115812277001 | 02/21/20 | 01/06/20 | 01/25/20 | | 812.50 | 0.00 | 0.00 | 812.50 |
| | MINOR EQ-ADM | | | | | | | | |
| | S115812619001 | 02/21/20 | 01/06/20 | 01/25/20 | | 487.50 | 0.00 | 0.00 | 487.50 |
| | MINOR EQ - RADIOLOGY | | | | | | | | |
| | S115812239001 | 02/21/20 | 01/06/20 | 01/25/20 | | 812.50 | 0.00 | 0.00 | 812.50 |
| | MINOR EQ - HLTH INFO | | | | | | | | |
| | S116006461001 | 02/21/20 | 01/25/20 | 02/04/20 | | 14.34 | 0.00 | 0.00 | 14.34 |
| | MISC PLT OPS | | | | | | | | |
| | S115938687001 | 02/21/20 | 01/28/20 | 02/25/20 | | 860.00 | 0.00 | 0.00 | 860.00 |
| | MINOR EQ PLT OPS | | | | | | | | |
| | S115938687003 | 02/21/20 | 01/31/20 | 02/25/20 | | 296.00 | 0.00 | 0.00 | 296.00 |
| | MINOR EQ PLT OP | | | | | | | | |
| | Vendor Totals | Number | Name | | | Gross | Discount | No-Pay | Net |
| | | 10315 | REXEL | | | 4,564.60 | 0.00 | 0.00 | 4,564.60 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | |
| 10746 | RR DONNELLEY | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D Pay | Gross | Discount | No-Pay | Net |
| | 975288347 | | 02/11/20 | 01/31/20 | 02/28/20 | | 115.97 | 0.00 | 0.00 | 115.97 |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 10746 | RR DONNELLEY | | | | 115.97 | 0.00 | 0.00 | 115.97 |
| 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 |
| | 79327 | | 02/15/20 | 01/09/20 | 01/24/20 | | 22.32 | 0.00 | 0.00 | 22.32 |
| | SUPPLIES GEN - PLNT OPS | | | | | | | | | |
| | 81620 | | 02/15/20 | 01/16/20 | 01/31/20 | | 193.32 | 0.00 | 0.00 | 193.32 |
| | SUPPLIES GEN-PLT OPS | | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | S1800 | SHERWIN WILLIAMS | | | | 215.64 | 0.00 | 0.00 | 215.64 |
| 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 |
| | 784714 | | 02/15/20 | 01/04/20 | 01/05/20 | | 8.00 | 0.00 | 0.00 | 8.00 |
| | PURCH SERV E/R | | | | | | | | | |
| | 784718 | | 02/15/20 | 01/25/20 | 01/26/20 | | 8.00 | 0.00 | 0.00 | 8.00 |
| | PURCH SERV E/R | | | | | | | | | |
| | 420946 | | 02/15/20 | 02/12/20 | 02/13/20 | | 30.00 | 0.00 | 0.00 | 30.00 |
| | PURCH SERV E/R | | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | S1850 | SHIP SHUTTLE TAXI SERVICE | | | | 46.00 | 0.00 | 0.00 | 46.00 |
| 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 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 4593817 | | 02/21/20 | 02/06/20 | 02/24/20 | 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 115403962 | | 02/11/20 | 01/30/20 | 02/28/20 | | | 633.33 | 0.00 | 0.00 | 633.33 |
| MAINT CONTR MAMMOGRPH | | | | | | | | | | |
| 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 |
|---|---|---|---|
| 10699 | SIGN AD, LTD. | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 209154 | | 02/18/20 | 02/01/20 | 02/11/20 | | | 1,275.00 | 0.00 | 0.00 | 1,275.00 |
| PUB REL ADVERT - ADM | | | | | | | | | | |
| 209169 | | 02/18/20 | 02/01/20 | 02/11/20 | | | 400.00 | 0.00 | 0.00 | 400.00 |
| PUB REL ADV - ADM | | | | | | | | | | |
| Vendor Totals | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | 10699 | SIGN AD, LTD. | | | | | 1,675.00 | 0.00 | 0.00 | 1,675.00 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 10494 | SPECTRA CORP | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 00010575RH | | 02/21/20 | 02/02/20 | 02/02/20 | | | 253.31 | 0.00 | 0.00 | 253.31 |
| PURCH SERV ADM | | | | | | | | | | |
| 00010573RH | | 02/21/20 | 02/02/20 | 02/02/20 | | | 971.10 | 0.00 | 0.00 | 971.10 |
| PURCH SERV ADM | | | | | | | | | | |
| 00010574RH | | 02/21/20 | 02/02/20 | 02/02/20 | | | 1,638.00 | 0.00 | 0.00 | 1,638.00 |
| PURCH SERV ADM | | | | | | | | | | |
| Vendor Totals | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | 10494 | SPECTRA CORP | | | | | 2,862.41 | 0.00 | 0.00 | 2,862.41 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| S2694 | STANFORD VACUUM SERVICE | M | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 267391 | | 02/18/20 | 02/02/20 | 02/03/20 | | | 385.00 | 0.00 | 0.00 | 385.00 |
| PURCH SERV DIETARY | | | | | | | | | | |
| Vendor Totals | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | S2694 | STANFORD VACUUM SERVICE | | | | | 385.00 | 0.00 | 0.00 | 385.00 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 11103 | STUDER GROUP, LLC | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 075442 | | 09/28/20 | 07/01/20 | 02/25/20 | | | 571.93 | 0.00 | 0.00 | 571.93 |
| PURCHASED SERVICES ADMI | | | | | | | | | | |
| Vendor Totals | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | 11103 | STUDER GROUP, LLC | | | | | 571.93 | 0.00 | 0.00 | 571.93 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 113153778 | | 02/13/20 | 01/19/20 | 02/25/20 | | | 437.63 | 0.00 | 0.00 | 437.63 |
| FOOD - DIETARY | | | | | | | | | | |
| Vendor Totals | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | S2951 | SYSCO FOOD SERVICES OF | | | | | 437.63 | 0.00 | 0.00 | 437.63 |

| Vendor# | Vendor Name | | | | Class | Pay Code | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 10411 | TEXAS DEPARTMENT OF STATE | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
| | 21670 | | 01/22/20 | 01/01/20 | 02/28/20 | | 2,035.00 | 0.00 | 0.00 | 2,035.00 |
| | | MAINT CONTR LICENSE | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 10411 | TEXAS DEPARTMENT OF STATE | | | | 2,035.00 | 0.00 | 0.00 | 2,035.00 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | |
| T2230 | TEXAS WIRED MUSIC INC | | | | W | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
| | 21753 | | 02/21/20 | 02/01/20 | 02/01/20 | | 137.90 | 0.00 | 0.00 | 137.90 |
| | | PURCH SERV ADM | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | T2230 | TEXAS WIRED MUSIC INC | | | | 137.90 | 0.00 | 0.00 | 137.90 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | |
| T2303 | TG | | | | W | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
| | 21765 | | 02/21/20 | 02/16/20 | 02/17/20 | | 143.38 | 0.00 | 0.00 | 143.38 |
| | | EMPLOYEE CLEARING | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | T2303 | TG | | | | 143.38 | 0.00 | 0.00 | 143.38 |
| 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 |
| | 340366601 | | 02/20/20 | 02/02/20 | 03/01/20 | | 1,174.58 | 0.00 | 0.00 | 1,174.58 |
| | | PURCH SERV PLT OPS | | | | | | | | |
| | 340366602 | | 02/20/20 | 02/02/20 | 03/01/20 | | 232.87 | 0.00 | 0.00 | 232.87 |
| | | PURCH SERV PLT OPS | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 11100 | THE US CONSULTING GROUP | | | | 1,407.45 | 0.00 | 0.00 | 1,407.45 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | |
| T1724 | TOSHIBA AMERICA MEDICAL SYST. | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
| | 10257805 | | 02/11/20 | 02/01/20 | 02/28/20 | | 9,000.00 | 0.00 | 0.00 | 9,000.00 |
| | | MAINT CONTR CT SCAN | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | T1724 | TOSHIBA AMERICA MEDICAL SYST. | | | | 9,000.00 | 0.00 | 0.00 | 9,000.00 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | |
| 11246 | TROEMNER, LLC | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
| | 00827978 | | 02/21/20 | 01/25/20 | 02/24/20 | | 195.00 | 0.00 | 0.00 | 195.00 |
| | | LAB SUPPLIES | | | | | | | | |
| | 00828555 | | 02/21/20 | 01/30/20 | 03/01/20 | | 95.00 | 0.00 | 0.00 | 95.00 |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 11246 | TROEMNER, LLC | | | | 290.00 | 0.00 | 0.00 | 290.00 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | |
| U1054 | UNIFIRST HOLDINGS | | | | W | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
| | 8150755900 | | 02/15/20 | 01/24/20 | 02/23/20 | | 57.73 | 0.00 | 0.00 | 57.73 |
| | | PURCH SERVICE MAINT | | | | | | | | |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 8150755987 | | 02/15/20 | 01/24/20 | 02/23/20 | | 32.92 | 0.00 | 0.00 | 32.92 |
| PURCH SERV BIO MED | | | | | | | | | |
| Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | U1054 | UNIFIRST HOLDINGS | | | | 90.65 | 0.00 | 0.00 | 90.65 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 8400238614 | | 02/15/20 | 01/24/20 | 02/23/20 | | | 303.10 | 0.00 | 0.00 | 303.10 |
| | LAUNDRY HOUSEKEEPING | | | | | | | | | |
| 8400238663 | | 01/30/20 | 01/24/20 | 02/23/20 | | | 1,335.36 | 0.00 | 0.00 | 1,335.36 |
| | LAUNDRY-HOUSEKEEPING | | | | | | | | | |
| 8400238616 | | 01/31/20 | 01/24/20 | 02/23/20 | | | 108.07 | 0.00 | 0.00 | 108.07 |
| | LAUNDRY-DIETARY | | | | | | | | | |
| 8400238617 | | 01/31/20 | 01/24/20 | 02/23/20 | | | 108.08 | 0.00 | 0.00 | 108.08 |
| | LAUNDRY-OB | | | | | | | | | |
| 8400238940 | | 01/31/20 | 01/27/20 | 02/26/20 | | | 430.99 | 0.00 | 0.00 | 430.99 |
| | LAUNDRY SURGERY | | | | | | | | | |
| 8400238473 | | 02/15/20 | 01/20/20 | 02/19/20 | | | 1,183.48 | 0.00 | 0.00 | 1,183.48 |
| | LAUNDRY HOUSEKEEPING | | | | | | | | | |
| 8400238653 | | 02/15/20 | 01/24/20 | 02/23/20 | | | 197.44 | 0.00 | 0.00 | 197.44 |
| | LAUNDRY HSKEEPING | | | | | | | | | |
| 8400238618 | | 02/15/20 | 01/24/20 | 02/23/20 | | | 108.59 | 0.00 | 0.00 | 108.59 |
| | LAUNDRY HSKEEPING | | | | | | | | | |
| 8400238977 | | 02/15/20 | 01/27/20 | 02/26/20 | | | 1,083.54 | 0.00 | 0.00 | 1,083.54 |
| | LAUNDRY HSKEEPING | | | | | | | | | |
| Vendor Totals | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | U1064 | UNIFIRST HOLDINGS INC | | | | | 4,858.65 | 0.00 | 0.00 | 4,858.65 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 3032469 | | 02/15/20 | 01/26/20 | 02/18/20 | | | 2,298.35 | 0.00 | 0.00 | 2,298.35 |
| | DIETARY FOOD | | | | | | | | | |
| 3032471 | | 02/15/20 | 01/26/20 | 02/18/20 | | | 331.41 | 0.00 | 0.00 | 331.41 |
| | FOOD DIETARY | | | | | | | | | |
| 3092910 | | 02/15/20 | 01/30/20 | 02/24/20 | | | 3,659.37 | 0.00 | 0.00 | 3,659.37 |
| | FOOD DIETARY | | | | | | | | | |
| 3163209 | | 02/15/20 | 02/02/20 | 02/23/20 | | | 1,103.78 | 0.00 | 0.00 | 1,103.78 |
| | FOOD DIETARY | | | | | | | | | |
| 3213628 | | 02/20/20 | 02/03/20 | 02/23/20 | | | 56.45 | 0.00 | 0.00 | 56.45 |
| | SUPPLIES GENERAL DIETARY | | | | | | | | | |
| 3225660 | | 02/20/20 | 02/06/20 | 02/26/20 | | | 2,364.50 | 0.00 | 0.00 | 2,364.50 |
| | FOOD - DIETARY | | | | | | | | | |
| 3293858 | | 02/20/20 | 02/09/20 | 03/01/20 | | | 1,491.98 | 0.00 | 0.00 | 1,491.98 |
| | FOOD DIETARY | | | | | | | | | |
| Vendor Totals | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | 10172 | US FOOD SERVICE | | | | | 11,305.84 | 0.00 | 0.00 | 11,305.84 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| K1751 | VICKY KALISEK | W | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 21754 | | 02/18/20 | 02/18/20 | 02/19/20 | | | 1,170.00 | 0.00 | 0.00 | 1,170.00 |
| | PURCH SERV ACCTG | | | | | | | | | |
| Vendor Totals | Number | Name | | | | | Gross | Discount | No-Pay | Net |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| K1751 | VICKY KALISEK | | | | 1,170.00 | 0.00 | 0.00 | 1,170.00 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 10915 | WAGEWORKS | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 21740 | EMPLOYEE FLEX SPENDING | 02/13/20 | 02/02/20 | 02/03/20 | | 1,943.15 | 0.00 | 0.00 | 1,943.15 |
| 21761 | FLEX SPENDING | 02/21/20 | 02/16/20 | 02/17/20 | | 2,479.63 | 0.00 | 0.00 | 2,479.63 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10915 | WAGEWORKS | 4,422.78 | 0.00 | 0.00 | 4,422.78 |

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

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 10623772 | LEGAL SERVS HOSP GEN | 02/21/20 | 02/08/20 | 02/09/20 | | 1,288.00 | 0.00 | 0.00 | 1,288.00 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10943 | WALLER,LANSDEN, DORTCH & DAVIS | 1,288.00 | 0.00 | 0.00 | 1,288.00 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| 9310019192A | SUPPLIES GENERAL LAB | 02/15/20 | 01/20/20 | 02/19/20 | | -1,546.08 | 0.00 | 0.00 | -1,546.08 |
| 9110363527 | LEASE & RENTAL MED SURG | 02/21/20 | 01/16/20 | 02/15/20 | | 1,571.67 | 0.00 | 0.00 | 1,571.67 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | I1110 | WERFEN USA LLC | 25.59 | 0.00 | 0.00 | 25.59 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 11134 | YOURMEMBERSHIP | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| R26153681 | DUES & SUBSCRIPT-PHY THR | 01/31/20 | 01/30/20 | 02/28/20 | | 595.00 | 0.00 | 0.00 | 595.00 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11134 | YOURMEMBERSHIP | 595.00 | 0.00 | 0.00 | 595.00 |

**Report Summary**

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|
| | 186,077.19 | 0.00 | 0.00 | 186,077.19 |

pg 4 correction { <990.00> +495.00

pg 5 correction { <1728.18> +1592.68

$185,446.69

3-2-17

186,077.19+
990.00-
495.00+
1,728.18-
1,592.68+
185,446.69*

APPROVED ON

FEB 23 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS# 169943 to #170024

RUN DATE:02/23/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:13:51 CHECK REGISTER GLCKREG
02/23/17 THRU 02/23/17

| BANK | CODE | NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|---|
| | A/P | 169943 | 02/23/17 | 11,305.84 | US FOOD SERVICE |
| | A/P | 169944 | 02/23/17 | 750.00 | JAMES A DANIEL |
| | A/P | 169945 | 02/23/17 | 8,333.33 | HITACHI MEDICAL SYSTEMS |
| | A/P | 169946 | 02/23/17 | 4,564.60 | REXEL |
| | A/P | 169947 | 02/23/17 | 2,035.00 | TEXAS DEPARTMENT OF STATE |
| | A/P | 169948 | 02/23/17 | 90.00 | CLINICAL & LABORATORY |
| | A/P | 169949 | 02/23/17 | 2,862.41 | SPECTRA CORP |
| | A/P | 169950 | 02/23/17 | .00 | VOIDED |
| | A/P | 169951 | 02/23/17 | 5,626.44 | MORRIS & DICKSON CO, LLC |
| | A/P | 169952 | 02/23/17 | 495.00 | FASTHEALTH CORPORATION |
| | A/P | 169953 | 02/23/17 | 1,675.00 | SIGN AD, LTD. |
| | A/P | 169954 | 02/23/17 | 115.97 | RR DONNELLEY |
| | A/P | 169955 | 02/23/17 | 6,730.68 | CLINICAL PATHOLOGY |
| | A/P | 169956 | 02/23/17 | 30,443.75 | MMC EMPLOYEE BENEFIT PLAN |
| | A/P | 169957 | 02/23/17 | 1,394.90 | DOOR CONTROL SERVICES, INC |
| | A/P | 169958 | 02/23/17 | 4,748.01 | NOVA BIOMEDICAL |
| | A/P | 169959 | 02/23/17 | 4,422.78 | WAGEWORKS |
| | A/P | 169960 | 02/23/17 | 1,333.33 | SIEMENS FINANCIAL SERVICES |
| | A/P | 169961 | 02/23/17 | 1,288.00 | WALLER,LANSDEN, DORTCH & DAVIS |
| | A/P | 169962 | 02/23/17 | 265.00 | MEMORIAL MEDICAL CLINIC |
| | A/P | 169963 | 02/23/17 | 1,390.00 | M G TRUST |
| | A/P | 169964 | 02/23/17 | 7,682.67 | CSI LEASING INC |
| | A/P | 169965 | 02/23/17 | 75.00 | FIRST CLEARING |
| | A/P | 169966 | 02/23/17 | 855.00 | PABLO GARZA |
| | A/P | 169967 | 02/23/17 | 100.00 | OUR LADY OF THE GULF |
| | A/P | 169968 | 02/23/17 | 756.64 | MARLIN BUSINESS BANK |
| | A/P | 169969 | 02/23/17 | 1,407.45 | THE US CONSULTING GROUP |
| | A/P | 169970 | 02/23/17 | 571.93 | STUDER GROUP, LLC |
| | A/P | 169971 | 02/23/17 | 595.00 | YOURMEMBERSHIP |
| | A/P | 169972 | 02/23/17 | 3,980.11 | MEDICAL DATA SYSTEMS, INC. |
| | A/P | 169973 | 02/23/17 | 1,592.68 | FRONTIER |
| | A/P | 169974 | 02/23/17 | 2,814.56 | JACKSON & COKER LOCUM TENENS, |
| | A/P | 169975 | 02/23/17 | 9,000.00 | PECA |
| | A/P | 169976 | 02/23/17 | 290.00 | TROEMNER, LLC |
| | A/P | 169977 | 02/23/17 | 34.03 | MELANIE GRIFFTH |
| | A/P | 169978 | 02/23/17 | 300.00 | MONSTER WORLDWIDE INC |
| | A/P | 169979 | 02/23/17 | 152.82 | ACE HARDWARE 15521 |
| | A/P | 169980 | 02/23/17 | 238.93 | AMERISOURCEBERGEN DRUG CORP |
| | A/P | 169981 | 02/23/17 | 508.98 | ALPHA TEC SYSTEMS INC |
| | A/P | 169982 | 02/23/17 | 3,037.98 | AFLAC |
| | A/P | 169983 | 02/23/17 | 115.00 | ANNOUNCEMENTS PLUS TOO AGAIN |
| | A/P | 169984 | 02/23/17 | 29.09 | AQUA BEVERAGE COMPANY |
| | A/P | 169985 | 02/23/17 | 3,472.91 | BAXTER HEALTHCARE |
| | A/P | 169986 | 02/23/17 | 97.83 | BECKMAN COULTER, INC. |
| | A/P | 169987 | 02/23/17 | 98.90 | BOUND TREE MEDICAL, LLC |
| | A/P | 169988 | 02/23/17 | 25.00 | CAL COM FEDERAL CREDIT UNION |
| | A/P | 169989 | 02/23/17 | 550.00 | CALHOUN COUNTY |
| | A/P | 169990 | 02/23/17 | 1,016.84 | COASTAL OFFICE SOLUTONS |
| | A/P | 169991 | 02/23/17 | 629.79 | CARDINAL HEALTH 414, INC. |
| | A/P | 169992 | 02/23/17 | 150.00 | CITIZENS MEDICAL CENTER |

| BANK | CODE | NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|---|
| A/P | | 169993 | 02/23/17 | 20,592.00 | EVIDENT |
| A/P | | 169994 | 02/23/17 | 53.28 | EAGLE FIRE & SAFETY INC |
| A/P | | 169995 | 02/23/17 | 91.16 | FEDERAL EXPRESS CORP. |
| A/P | | 169996 | 02/23/17 | 565.88 | FISHER HEALTHCARE |
| A/P | | 169997 | 02/23/17 | 191.20 | GULF COAST PAPER COMPANY |
| A/P | | 169998 | 02/23/17 | 67.00 | HAYES ELECTRIC SERVICE |
| A/P | | 169999 | 02/23/17 | 31.93 | JESUSITA S. HERNANDEZ |
| A/P | | 170000 | 02/23/17 | 25.59 | WERFEN USA LLC |
| A/P | | 170001 | 02/23/17 | 1,170.00 | VICKY KALISEK |
| A/P | | 170002 | 02/23/17 | 105.82 | MARTIN PRINTING CO |
| A/P | | 170003 | 02/23/17 | 4,531.88 | MCKESSON MEDICAL SURGICAL INC |
| A/P | | 170004 | 02/23/17 | 308.25 | MMC AUXILIARY GIFT SHOP |
| A/P | | 170005 | 02/23/17 | 65.48 | MERRY X-RAY/SOURCEONE HEALTHCA |
| A/P | | 170006 | 02/23/17 | 3,000.00 | NUTRITION OPTIONS |
| A/P | | 170007 | 02/23/17 | 185.22 | OFFICE DEPOT |
| A/P | | 170008 | 02/23/17 | 405.62 | ORTHO CLINICAL DIAGNOSTICS |
| A/P | | 170009 | 02/23/17 | .00 | VOIDED |
| A/P | | 170010 | 02/23/17 | .00 | VOIDED |
| A/P | | 170011 | 02/23/17 | 5,734.32 | OWENS & MINOR |
| A/P | | 170012 | 02/23/17 | 811.60 | POLYMEDCO INC. |
| A/P | | 170013 | 02/23/17 | 821.60 | PORT LAVACA WAVE |
| A/P | | 170014 | 02/23/17 | 691.50 | CULLIGAN OF VICTORIA |
| A/P | | 170015 | 02/23/17 | 215.64 | SHERWIN WILLIAMS |
| A/P | | 170016 | 02/23/17 | 46.00 | SHIP SHUTTLE TAXI SERVICE |
| A/P | | 170017 | 02/23/17 | 633.33 | SIEMENS MEDICAL SOLUTIONS INC |
| A/P | | 170018 | 02/23/17 | 385.00 | STANFORD VACUUM SERVICE |
| A/P | | 170019 | 02/23/17 | 437.63 | SYSCO FOOD SERVICES OF |
| A/P | | 170020 | 02/23/17 | 9,000.00 | TOSHIBA AMERICA MEDICAL SYST. |
| A/P | | 170021 | 02/23/17 | 137.90 | TEXAS WIRED MUSIC INC |
| A/P | | 170022 | 02/23/17 | 143.38 | TG |
| A/P | | 170023 | 02/23/17 | 90.65 | UNIFIRST HOLDINGS |
| A/P | | 170024 | 02/23/17 | 4,858.65 | UNIFIRST HOLDINGS INC |
| TOTALS: | | | | 185,446.69 | |

APPROVED
ON

FEB 23 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

**IBC BANK**
We Do More

**February 2017 Statement**
Open Date: 01/06/2017 Closing Date: 02/03/2017

Account:

**Visa® Business Card**
MEMORIAL MEDICAL CNT
JERRY L PICKETT (CPN

**Cardmember Service**
BUS 30 ELN 5 8 3

| | |
|---|---|
| **New Balance** | **$3,144.03** |
| **Minimum Payment Due** | **$32.00** |
| **Payment Due Date** | **03/01/2017** |

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

## Activity Summary

| | | |
|---|---|---|
| Previous Balance | + | $3,595.13 |
| Payments | - | $3,595.13CR |
| Other Credits | | $0.00 |
| Purchases | + | $3,144.03 |
| Balance Transfers | | $0.00 |
| Advances | | $0.00 |
| Other Debits | | $0.00 |
| Fees Charged | | $0.00 |
| Interest Charged | | $0.00 |
| **New Balance** | = | **$3,144.03** |
| **Past Due** | | **$0.00** |
| **Minimum Payment Due** | | **$32.00** |
| Credit Line | | $10,000.00 |
| Available Credit | | $6,855.97 |
| Days in Billing Period | | 29 |

Mailed 4 Pmt 3-2-17

MMC will Pay BG Phone

APPROVED ON 3,144.03

FEB 24 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

**Payment Options:**

Mail payment coupon with a check

Pay online at myaccountaccess.com

Pay by phone

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

**IBC BANK**
We Do More

| | |
|---|---|
| **Account Number** | |
| **Payment Due Date** | 3/01/2017 |
| **New Balance** | $3,144.03 |
| **Minimum Payment Due** | $32.00 |

**Amount Enclosed** $_____

. to pay by phone
. to change your address

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

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

IBC BANK
We Do More

**February 2017 Statement** 01/06/2017 - 02/03/2017

MEMORIAL MEDICAL CNT
JERRY L PICKETT (CPN

**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.

Make paying taxes less taxing! Use your credit card and pay your tax bill online. It's fast, easy and secure. You'll avoid the hassle of writing checks or payments getting lost in the mail. Plus, you can enjoy peace of mind knowing your tax payment was received. Learn more at www.officialpayments.com to find out if your state accepts payment by credit card.

## Transactions

### Payments and Other Credits

| Post Date | Trans Date | Ref # | Transaction Description | Amount | Notation |
|---|---|---|---|---|---|
| 01/18 | 01/18 | | PAYMENT THANK YOU | $3,595.13CR | |
| | | | **TOTAL THIS PERIOD** | **$3,595.13CR** | |

### Purchases and Other Debits

| Post Date | Trans Date | Ref # | Transaction Description | Amount | Notation |
|---|---|---|---|---|---|
| 01/13 | 01/11 | 7113 | MEDICINE MAN PHARMAC PORT LACAVA TX | $20.89 ✓ | ✓ |
| 01/19 | 01/17 | 4983 | DATAWATCH CORPORATION 978-4412200 MA | $1,726.60 * | ✓ Sales Tax |
| 01/19 | 01/18 | 6361 | CLIA LABORATORY PROGRA 888-291-7289 MD | $150.00 ✓ | ✓ |
| 01/27 | 01/25 | 0101 | INTRNTNLASSOC HSPTLCNT 3124400078 IL | $114.00 ✓ | ✓ |
| 01/30 | 01/28 | 3373 | ARROW INTERNATIONAL 919-5448000 NC | $536.64 ✓ | ✓ |
| 01/30 | 01/28 | 0000 | JW MARRIOTT AUSTIN AUSTIN TX<br>01/28/17 FOR 01 NIGHTS<br>FOLIO: 016574 | $595.90 ✓ | ✓ |
| | | | **TOTAL THIS PERIOD** | **$3,144.03** | |

### 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: _____

Continued on Next Page

* 131.60 Sales Tax
Datawatch will credit
See Email. Will pay the entire
amt this month in case credit
does not post by payment date.
Will take credit Next month

# 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: 2/14/17

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 | — | | Medicine Man Pharmacy - Pt. Use | | | ✓ 20.89 |
| 2 | — | | Data Watch CORP - Data mining | *31.60 | Sales Tax | 1,726.60 |
| 3 | | | Software | | | |
| 4 | — | | CLIA Lab Fee | | | ✓ 150.00 |
| 5 | — | | International Assoc - Central Sterile | | | ✓ 114.00 |
| 6 | | | Manual | | | |
| 7 | — | | ARROW International - Multi-Lumen | | | ✓ 536.64 |
| 8 | | | Cent Vein Cath - CS | | | |
| 9 | — | | JW Marriott - Hotel for | | | ✓ 595.90 |
| 10 | | | Jenny Pickett - THA Conference | | | |

APPROVED ON FEB 24 2017 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

Est. Freight _____ Est. Total Cost _____ TOTAL COST 3144.03 ✓

NOTES:

Charges made to Jenny's card

*Datawatch will Credit per their email. Will pay entire amt in case credit does not post by payment date. Will take credit next month. Leggo

Contact:

Quoted By:

Buyer:

Date:

E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm. Dir. Clinical Service _____

CFO _____

Administrator _____

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
2/27/2017

| 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 | [redacted]4553 | 52,493.57 | 52,393.57 | 654,775.13 | - | 420,079.09 | - | - | 654,875.13 | **234,696.04** |

*Routing Information for Ashford Gardens:*
*Ashford Health Care Center Ltd Co*
*JP Morgan Chase Bank*
*A[redacted]*
*A[redacted]4257*

| Nursing Home | IBC Account Number | Previous Beginning Balance | Transfer-Out | ACH Transfer-In | IGT Transfer-In | MMC Portion - Return of IGT | MMC Portion - Federal Match | Cantex Portion - Federal Match | Today's Beginning Balance | Amount to Be Transferred to Nursing Home |
|---|---|---|---|---|---|---|---|---|---|---|
| Solera at West Houston | [redacted]4561 | 45,395.09 | 45,295.09 | 484,870.53 | - | 122,380.18 | - | - | 484,970.53 | **362,490.35** |
| Crescent | [redacted]4588 | 21,138.98 | 21,038.98 | 373,875.18 | - | 40,451.95 | - | - | 373,975.18 | **333,423.23** |
| Broadmoor | [redacted]4596 | 47,701.59 | 47,601.59 | 452,675.04 | - | 9,447.14 | - | - | 452,775.04 | **443,227.90** |
| Fort Bend | [redacted]4618 | 23,287.42 | 23,187.42 | 248,306.83 | - | 130,204.02 | - | - | 248,406.83 | **118,102.81** |
| | | | | | | | | | | **1,257,244.29** |

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

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

Approved:

APPROVED
FEB 27 2017
COUNTY AUDITOR

2-27-17

E:\NH Weekly Transfers\NH UPL Transfer Summary 2-27-17.xlsx

# Account Portfolio as of 02/27/2017 8:29:26 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 | [redacted]3387 | $1,227,029.67 | $1,227,029.67 |
| Memorial Medical Center | [redacted]4553 | $654,875.13 | $654,875.13 |
| Memorial Medical Center | [redacted]4561 | $484,970.53 | $493,347.53 |
| Memorial Medical Center | [redacted]4588 | $373,975.18 | $379,003.29 |
| Memorial Medical Center | [redacted]4596 | $452,775.04 | $460,013.04 |
| Memorial Medical Center | [redacted]4618 | $248,406.83 | $248,406.83 |
| Memorial Medical Center Operat | [redacted]0301 | $2,620,245.53 | $2,623,967.01 |
| County of Calhoun Indigent | [redacted]1101 | $3,550.64 | $3,550.64 |
| **Totals** | | **$6,065,828.55** | **$6,090,193.14** |

**IBC Bank Activity**
2/21/17 through 2/26/17

| Ashford Gardens | | | | | Transfer-Out | Transfer-In | |
|---|---|---|---|---|---|---|---|
| 2/21/2017 | 113105025 | 4553 | 142 | ACH CREDIT RECEIVED | | 6,948.71 | HEALTH HUMAN SVC INV-PAYMTS\|MEMORIAL MEDICAL\|742638006\|ISA~00~0000000000~00~0000000000~ZZ~174600008 |
| 2/21/2017 | 113105025 | 4553 | 142 | ACH CREDIT RECEIVED | | 5,601.02 | Molina HC of TX Molina HC\|ASHFORD GARDENS\|TRN*1*EFT4161964*1201494502\ |
| 2/22/2017 | 113105025 | 4553 | 142 | ACH CREDIT RECEIVED | | 54.44 | Molina HC of TX Molina HC\|ASHFORD GARDENS\|TRN*1*EFT4166678*1201494502\ |
| 2/22/2017 | 113105025 | 4553 | 142 | ACH CREDIT RECEIVED | | 156,412.57 | AMERIGROUP CORPO E-PAYMENT\|MEMORIAL MEDICAL\|ISA*00* *00* *ZZ*BCCACP401 |
| 2/22/2017 | 113105025 | 4553 | 142 | ACH CREDIT RECEIVED | | 147,697.77 | NOVITAS SOLUTION HCCLAIMPMT\|MEMORIAL MEDICAL CENTE\|04911\|TRN*1*EFT6584710*1205296137*000004911\ |
| 2/23/2017 | 113105025 | 4553 | 495 | OUTGOING MONEY TRANSFER | 52,393.57 | | ASHFORD HEALTH CARE CENTER LTD |
| 2/23/2017 | 113105025 | 4553 | 142 | ACH CREDIT RECEIVED | | 3,901.22 | NOVITAS SOLUTION HCCLAIMPMT\|MEMORIAL MEDICAL CENTE\|04911\|TRN*1*EFT6585464*1205296137*000004911\ |
| 2/24/2017 | 113105025 | 4553 | 142 | ACH CREDIT RECEIVED | | 6,080.49 | Molina HC of TX Molina HC\|ASHFORD GARDENS\|TRN*1*EFT4177794*1201494502\ |
| 2/24/2017 | 113105025 | 4553 | 142 | ACH CREDIT RECEIVED | | 3,207.09 | HEALTH HUMAN SVC INV-PAYMTS\|MEMORIAL MEDICAL\|742638006\|ISA~00~0000000000~00~0000000000~ZZ~174600008 |
| 2/24/2017 | 113105025 | 4553 | 142 | ACH CREDIT RECEIVED | | 2,458.66 | NOVITAS SOLUTION HCCLAIMPMT\|MEMORIAL MEDICAL CENTE\|04911\|TRN*1*EFT6586223*1205296137*000004911\ |
| 2/24/2017 | 113105025 | 4553 | 301 | COMMERCIAL DEPOSIT | | 121,311.48 | |
| 2/24/2017 | 113105025 | 4553 | 301 | COMMERCIAL DEPOSIT | | 201,101.68 | |
| | | | | | 52,393.57 | 654,775.13 | |

| Solera at West Housto | | | | | Transfer-Out | Transfer-In | |
|---|---|---|---|---|---|---|---|
| 2/21/2017 | 113105025 | 4561 | 142 | ACH CREDIT RECEIVED | | 2,283.58 | HEALTH HUMAN SVC INV-PAYMTS\|MEMORIAL MEDICAL\|742638006\|ISA~00~0000000000~00~0000000000~ZZ~174600008 |
| 2/21/2017 | 113105025 | 4561 | 142 | ACH CREDIT RECEIVED | | 1,908.99 | AMERIGROUP CORPO HCCLAIMPMT\|Solera at West Houston\|TRN*1*017021612500093*1752603231\ |
| 2/22/2017 | 113105025 | 4561 | 142 | ACH CREDIT RECEIVED | | 37,655.44 | AMERIGROUP CORPO E-PAYMENT\|MEMORIAL MEDICAL\|ISA*00* *00* *ZZ*BCCACP401 |
| 2/22/2017 | 113105025 | 4561 | 142 | ACH CREDIT RECEIVED | | 257,749.70 | NOVITAS SOLUTION HCCLAIMPMT\|MEMORIAL MEDICAL CENTE\|04011\|TRN*1*EFT4344986*1205296137*000004011\ |
| 2/23/2017 | 113105025 | 4561 | 495 | OUTGOING MONEY TRANSFER | 45,295.09 | | CANTEX HEALTH CARE CENTERS LLC |
| 2/23/2017 | 113105025 | 4561 | 142 | ACH CREDIT RECEIVED | | 732.12 | AMERIGROUP CORPO HCCLAIMPMT\|Solera at West Houston\|TRN*1*017022111400921*1752603231\ |
| 2/23/2017 | 113105025 | 4561 | 142 | ACH CREDIT RECEIVED | | 62,786.26 | NOVITAS SOLUTION HCCLAIMPMT\|MEMORIAL MEDICAL CENTE\|04011\|TRN*1*EFT4347350*1205296137*000004011\ |
| 2/24/2017 | 113105025 | 4561 | 142 | ACH CREDIT RECEIVED | | 881.07 | AMERIGROUP CORPO HCCLAIMPMT\|Solera at West Houston\|TRN*1*017022216300094*1752603231\ |
| 2/24/2017 | 113105025 | 4561 | 301 | COMMERCIAL DEPOSIT | | 56,483.16 | |
| 2/24/2017 | 113105025 | 4561 | 142 | ACH CREDIT RECEIVED | | 1,053.96 | HEALTH HUMAN SVC INV-PAYMTS\|MEMORIAL MEDICAL\|742638006\|ISA~00~0000000000~00~0000000000~ZZ~174600008 |
| 2/24/2017 | 113105025 | 4561 | 142 | ACH CREDIT RECEIVED | | 13,242.83 | NOVITAS SOLUTION HCCLAIMPMT\|MEMORIAL MEDICAL CENTE\|04011\|TRN*1*EFT4349693*1205296137*000004011\ |
| 2/24/2017 | 113105025 | 4561 | 301 | COMMERCIAL DEPOSIT | | 50,093.42 | |
| | | | | | 45,295.09 | 484,870.53 | |

| Crescent | | | | | Transfer-Out | Transfer-In | |
|---|---|---|---|---|---|---|---|
| 2/21/2017 | 113105025 | 4588 | 142 | ACH CREDIT RECEIVED | | 4,159.63 | AMERIGROUP CORPO HCCLAIMPMT\|The Crescent\|TRN*1*017021610800005*1752603231\ |
| 2/21/2017 | 113105025 | 4588 | 142 | ACH CREDIT RECEIVED | | 1,897.22 | AMERIGROUP CORPO HCCLAIMPMT\|The Crescent\|TRN*1*017021612100083*1452485907\ |
| 2/22/2017 | 113105025 | 4588 | 142 | ACH CREDIT RECEIVED | | 22,248.59 | AMERIGROUP CORPO E-PAYMENT\|MEMORIAL MEDICAL\|ISA*00* *00* *ZZ*BCCACP401 |
| 2/22/2017 | 113105025 | 4588 | 142 | ACH CREDIT RECEIVED | | 269,709.32 | NOVITAS SOLUTION HCCLAIMPMT\|MEMORIAL MEDICAL CENTE\|04011\|TRN*1*EFT4344993*1205296137*000004011\ |
| 2/22/2017 | 113105025 | 4588 | 142 | ACH CREDIT RECEIVED | | 14,042.00 | AMERIGROUP CORPO HCCLAIMPMT\|The Crescent\|TRN*1*017021814100342*1752603231\ |
| 2/22/2017 | 113105025 | 4588 | 142 | ACH CREDIT RECEIVED | | 3,890.40 | AMERIGROUP CORPO HCCLAIMPMT\|The Crescent\|TRN*1*017021819800444*1752603231\ |
| 2/22/2017 | 113105025 | 4588 | 142 | ACH CREDIT RECEIVED | | 6,927.62 | Molina HC of TX Molina HC\|THE CRESCENT\|TRN*1*EFT4165026*1201494502\ |
| 2/23/2017 | 113105025 | 4588 | 495 | OUTGOING MONEY TRANSFER | 21,038.98 | | CANTEX HEALTH CARE CENTERS III |
| 2/23/2017 | 113105025 | 4588 | 142 | ACH CREDIT RECEIVED | | 5,050.55 | NOVITAS SOLUTION HCCLAIMPMT\|MEMORIAL MEDICAL CENTE\|04011\|TRN*1*EFT4347356*1205296137*000004011\ |
| 2/24/2017 | 113105025 | 4588 | 142 | ACH CREDIT RECEIVED | | 3,197.37 | Molina HC of TX Molina HC\|THE CRESCENT\|TRN*1*EFT4175735*1201494502\ |
| 2/24/2017 | 113105025 | 4588 | 142 | ACH CREDIT RECEIVED | | 875.64 | AMERIGROUP CORPO HCCLAIMPMT\|The Crescent\|TRN*1*017022219200123*1452485907\ |
| 2/24/2017 | 113105025 | 4588 | 142 | ACH CREDIT RECEIVED | | 3,370.39 | AMERIGROUP CORPO HCCLAIMPMT\|The Crescent\|TRN*1*017022216300106*1752603231\ |
| 2/24/2017 | 113105025 | 4588 | 301 | COMMERCIAL DEPOSIT | | 15,674.21 | |
| 2/24/2017 | 113105025 | 4588 | 142 | ACH CREDIT RECEIVED | | 12,719.26 | NOVITAS SOLUTION HCCLAIMPMT\|MEMORIAL MEDICAL CENTE\|04011\|TRN*1*EFT4349700*1205296137*000004011\ |
| 2/24/2017 | 113105025 | 4588 | 301 | COMMERCIAL DEPOSIT | | 10,112.98 | |
| | | | | | 21,038.98 | 373,875.18 | |

| Broadmoor | | | | | Transfer-Out | Transfer-In | |
|---|---|---|---|---|---|---|---|
| 2/21/2017 | 113105025 | 4596 | 142 | ACH CREDIT RECEIVED | | 315,225.61 | NOVITAS SOLUTION HCCLAIMPMT\|MEMORIAL MEDICAL CENTE\|04011\|TRN*1*EFT4342237*1205296137*000004011\ |
| 2/21/2017 | 113105025 | 4596 | 142 | ACH CREDIT RECEIVED | | 1,924.28 | HEALTH HUMAN SVC INV-PAYMTS\|MEMORIAL MEDICAL\|742638006\|ISA~00~0000000000~00~0000000000~ZZ~174600008 |
| 2/22/2017 | 113105025 | 4596 | 142 | ACH CREDIT RECEIVED | | 26,612.05 | NOVITAS SOLUTION HCCLAIMPMT\|MEMORIAL MEDICAL CENTE\|04011\|TRN*1*EFT4345014*1205296137*000004011\ |
| 2/22/2017 | 113105025 | 4596 | 142 | ACH CREDIT RECEIVED | | 1,667.14 | AMERIGROUP CORPO E-PAYMENT\|MEMORIAL MEDICAL\|ISA*00* *00* *ZZ*BCCACP401 |
| 2/22/2017 | 113105025 | 4596 | 142 | ACH CREDIT RECEIVED | | 1,863.17 | HEALTH HUMAN SVC INV-PAYMTS\|MEMORIAL MEDICAL\|742638006\|ISA~00~0000000000~00~0000000000~ZZ~174600008 |
| 2/23/2017 | 113105025 | 4596 | 142 | ACH CREDIT RECEIVED | | 55,597.63 | NOVITAS SOLUTION HCCLAIMPMT\|MEMORIAL MEDICAL CENTE\|04011\|TRN*1*EFT4347375*1205296137*000004011\ |
| 2/23/2017 | 113105025 | 4596 | 495 | OUTGOING MONEY TRANSFER | 47,601.59 | | CANTEX HEALTH CARE CENTERS III |
| 2/24/2017 | 113105025 | 4596 | 142 | ACH CREDIT RECEIVED | | 1,750.57 | HEALTH HUMAN SVC INV-PAYMTS\|MEMORIAL MEDICAL\|742638006\|ISA~00~0000000000~00~0000000000~ZZ~174600008 |
| 2/24/2017 | 113105025 | 4596 | 142 | ACH CREDIT RECEIVED | | 2,170.88 | Molina HC of TX Molina HC\|THE BROADMOOR AT CREEK\|TRN*1*EFT4175587*1201494502\ |
| 2/24/2017 | 113105025 | 4596 | 301 | COMMERCIAL DEPOSIT | | 28,522.64 | |
| 2/24/2017 | 113105025 | 4596 | 142 | ACH CREDIT RECEIVED | | 10,672.50 | NOVITAS SOLUTION HCCLAIMPMT\|MEMORIAL MEDICAL CENTE\|04011\|TRN*1*EFT4349724*1205296137*000004011\ |
| 2/24/2017 | 113105025 | 4596 | 301 | COMMERCIAL DEPOSIT | | 6,668.57 | |
| | | | | | 47,601.59 | 452,675.04 | |

| Fort Bend | | | | | Transfer-Out | Transfer-In | |
|---|---|---|---|---|---|---|---|
| 2/21/2017 | 113105025 | 4618 | 142 | ACH CREDIT RECEIVED | | 1,864.99 | Molina HC of TX Molina HC\|FORT BEND CONTINUING C\|TRN*1*EFT4160296*1201494502\ |
| 2/21/2017 | 113105025 | 4618 | 142 | ACH CREDIT RECEIVED | | 2,032.68 | CENTENE CORP HCCLAIMPMT\|FORT BEND HEALTHCARE C\|TRN*1*0902550719*1742770542\ |
| 2/21/2017 | 113105025 | 4618 | 142 | ACH CREDIT RECEIVED | | 6,924.68 | AMERIGROUP CORPO HCCLAIMPMT\|Fort Bend Healthcare C\|TRN*1*017021610800006*1752603231\ |
| 2/22/2017 | 113105025 | 4618 | 142 | ACH CREDIT RECEIVED | | 5,185.21 | AMERIGROUP CORPO HCCLAIMPMT\|Fort Bend Healthcare C\|TRN*1*017021819800445*1752603231\ |
| 2/22/2017 | 113105025 | 4618 | 142 | ACH CREDIT RECEIVED | | 13,020.40 | AMERIGROUP CORPO E-PAYMENT\|MEMORIAL MEDICAL\|ISA*00* *00* *ZZ*BCCACP401 |
| 2/22/2017 | 113105025 | 4618 | 142 | ACH CREDIT RECEIVED | | 67,422.37 | NOVITAS SOLUTION HCCLAIMPMT\|MEMORIAL MEDICAL CENTE\|04011\|TRN*1*EFT4344869*1205296137*000004011\ |
| 2/23/2017 | 113105025 | 4618 | 142 | ACH CREDIT RECEIVED | | 14,394.21 | NOVITAS SOLUTION HCCLAIMPMT\|MEMORIAL MEDICAL CENTE\|04011\|TRN*1*EFT4346795*1205296137*000004011\ |
| 2/23/2017 | 113105025 | 4618 | 495 | OUTGOING MONEY TRANSFER | 23,187.42 | | CANTEX HEALTH CARE CENTERS III |
| 2/24/2017 | 113105025 | 4618 | 142 | ACH CREDIT RECEIVED | | 7,156.77 | Molina HC of TX Molina HC\|FORT BEND CONTINUING C\|TRN*1*EFT4175586*1201494502\ |
| 2/24/2017 | 113105025 | 4618 | 142 | ACH CREDIT RECEIVED | | 4,747.05 | AMERIGROUP CORPO HCCLAIMPMT\|Fort Bend Healthcare C\|TRN*1*017022216300107*1752603231\ |
| 2/24/2017 | 113105025 | 4618 | 142 | ACH CREDIT RECEIVED | | 2,976.00 | HEALTH HUMAN SVC INV-PAYMTS\|MEMORIAL MEDICAL\|742638006\|ISA~00~0000000000~00~0000000000~ZZ~174600008 |
| 2/24/2017 | 113105025 | 4618 | 301 | COMMERCIAL DEPOSIT | | 57,480.46 | |
| 2/24/2017 | 113105025 | 4618 | 301 | COMMERCIAL DEPOSIT | | 65,102.01 | |
| | | | | | 23,187.42 | 248,306.83 | |

| PATIENT NUMBER | PAYEE NAME | DATE | AMOUNT | PAY CODE | PAT TYPE | DESCRIPTION | GL NUM |
|---|---|---|---|---|---|---|---|
| [redacted] | [redacted] | 011917 | 1648.77 | N | 2 | REFUND FOR | [redacted] |
| | | 022717 | 300.00 * | | 2 | REFUND FOR | |
| | | 022717 | 160.00 * | | 2 | REFUND FOR | |
| | | 022717 | 60.00 * | | 2 | REFUND FOR | |

ARID=0001 TOTAL 61309.38

TOTAL

61309.38
<60,789.38> No Pay
520.00

* Only these 3 patient Refunds

300.00 +
160.00 +
60.00 +
520.00 *

APPROVED ON
FEB 27 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Marked 4 Pfpt
3-2-17

CK's # 170025
+0
#170027

| PATIENT NUMBER | PAYEE NAME | DATE | AMOUNT | PAY CODE | PAT TYPE | DESCRIPTION | GL NUM |
|---|---|---|---|---|---|---|---|
| [redacted] | [redacted] | 092115 | 240.29 | N | 3 | REFUND FOR | [redacted] |
| | | 011917 | 2105.37 | N | 2 | REFUND FOR | |
| | | 040516 | 669.90 | N | 3 | REFUND FOR | |
| | | 011917 | 593.84 | N | 3 | REFUND FOR | |
| | | 011917 | 856.41 | N | 3 | REFUND FOR | |
| | | 011917 | 88.92 | N | 3 | REFUND FOR | |
| | | 011917 | 88.92 | N | 3 | REFUND FOR | |
| | | 011917 | 1376.12 | N | 2 | REFUND FOR | |
| | | 011917 | 400.00 | N | 3 | REFUND FOR | |
| | | 011917 | 1248.81 | N | 2 | REFUND FOR | |
| | | 011917 | 283.20 | N | 2 | REFUND FOR | |
| | | 011917 | 756.00 | N | 2 | REFUND FOR | |
| | | 011917 | 25.76 | N | 3 | REFUND FOR | |
| | | 011917 | 283.20 | N | 2 | REFUND FOR | |
| | | 011917 | 99.40 | N | 2 | REFUND FOR | |
| | | 011917 | 8816.44 | N | 2 | REFUND FOR | |
| | | 011917 | 83.70 | N | 2 | REFUND FOR | |
| | | 011917 | 1471.60 | N | 2 | REFUND FOR | |
| | | 011917 | 6898.36 | N | 2 | REFUND FOR | |
| | | 011917 | 1111.00 | N | 2 | REFUND FOR | |
| | | 040516 | 46.74 | N | 3 | REFUND FOR | |
| | | 011917 | 908.20 | N | 3 | REFUND FOR | |
| | | 011917 | 239.50 | N | 2 | REFUND FOR | |
| | | 011917 | 110.07 | N | 3 | REFUND FOR | |
| | | 011917 | 54.40 | N | 3 | REFUND FOR | |
| | | 011917 | 168.00 | N | 2 | REFUND FOR | |
| | | 011917 | 25.80 | N | 3 | REFUND FOR | |
| | | 011917 | 5303.76 | N | 1 | REFUND FOR | |
| | | 011917 | 782.09 | N | 2 | REFUND FOR | |
| | | 011917 | 245.00 | N | 2 | REFUND FOR | |
| | | 011917 | 27.02 | N | 2 | REFUND FOR | |
| | | 011917 | 73.10 | N | 3 | REFUND FOR | |
| | | 011917 | 879.85 | N | 3 | REFUND FOR | |
| | | 011917 | 393.00 | N | 3 | REFUND FOR | |
| | | 011917 | 52.60 | N | 2 | REFUND FOR | |
| | | 011917 | 125.00 | N | 3 | REFUND FOR | |
| | | 011917 | 699.94 | N | 2 | REFUND FOR | |
| | | 011917 | 449.21 | N | 2 | REFUND FOR | |
| | | 011917 | 7.40 | N | 2 | REFUND FOR | |
| | | 011917 | 503.62 | N | 3 | REFUND FOR | |
| | | 011917 | 6162.97 | N | 2 | REFUND FOR | |
| | | 011917 | 6585.00 | N | 1 | REFUND FOR | |
| | | 011917 | 1180.00 | N | 1 | REFUND FOR | |
| | | 011917 | 2216.81 | N | 3 | REFUND FOR | |
| | | 011917 | 186.11 | N | 2 | REFUND FOR | |
| | | 011917 | 386.43 | N | 3 | REFUND FOR | |
| | | 011917 | 1288.00 | N | 1 | REFUND FOR | |
| | | 011917 | 125.00 | N | 2 | REFUND FOR | |
| | | 011917 | 518.75 | N | 3 | REFUND FOR | |
| | | 011917 | 1059.36 | N | 2 | REFUND FOR | |
| | | 011917 | 840.64 | N | 2 | REFUND FOR | |

RUN DATE:02/27/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:11:15 CHECK REGISTER GLCKREG
02/27/17 THRU 02/27/17

| BANK | CODE | NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|---|
| A/P | | 170025 | 02/27/17 | 300.00 | [redacted] |
| A/P | | 170026 | 02/27/17 | 160.00 | |
| A/P | | 170027 | 02/27/17 | 60.00 | |
| TOTALS: | | | | 520.00 | |

APPROVED
ON
FEB 27 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:02/27/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:11:23 CHECK REGISTER And Payables List GLCKREG
02/27/17 THRU 02/27/17

| BANK--CHECK-- CODE | NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|
| A/P | 000890 | 02/27/17 | 1,001.30 | MCKESSON |
| A/P | 000891 | 02/27/17 | 1,418.64 | MCKESSON |
| A/P * | 000892 | 02/27/17 | 1,420.37 | MCKESSON |
| A/P | 170025 | 02/27/17 | 300.00 | MARTINEZ ALFRED |
| A/P | 170026 | 02/27/17 | 160.00 | MARTINEZ ALFRED |
| A/P | 170027 | 02/27/17 | 60.00 | MARTINEZ ALFRED |
| TOTALS: | | | 4,360.31 | |

** 340 B Prescription Expenses

on seperate Check Register

O.C

1,001.30 +
1,418.64 +
1,420.37 +
* 3,840.31 *

Michael J Pfeil
3-2-17

APPROVED
ON
FEB 27 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

* 340 B Prescription Expenses
3,840.31

# 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: 02/24/2017

DC: 8115

Territory: 400

Customer: 190813
Date: 02/25/2017

Page: 001

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

As of: 02/24/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 02/25/2017 ITEMS NOT PAID (✓)

| Billing Date | Due Date | Receivable Number | Order Reference | Description | Cash Discount | Amount (gross) P F | Amount (net) P F | Receivable Number | |
|---|---|---|---|---|---|---|---|---|---|
| 02/20/2017 | 02/28/2017 | 7793620963 | 1000968476 | 115Invoice | 2.68 | 134.24 | ✓ 131.56 ✓ | 7793620963 | |
| 02/20/2017 | 02/28/2017 | 7793620964 | 1000968476 | 115Invoice | 2.55 | 127.49 | ✓ 124.94 ✓ | 7793620964 | |
| 02/20/2017 | 02/28/2017 | 7793620965 | 1000969046 | 115Invoice | 7.04 | 351.91 | ✓ 344.87 ✓ | 7793620965 | |
| 02/20/2017 | 02/28/2017 | 7793620966 | 1000969442 | 115Invoice | 3.04 | 152.12 | ✓ 149.08 ✓ | 7793620966 | |
| 02/21/2017 | 02/28/2017 | 7793828595 | 1000969840 | 115Invoice | 1.18 | 58.93 | ✓ 57.75 ✓ | 7793828595 | |
| 02/23/2017 | 02/28/2017 | 7794325841 | 1000971049 | 115Invoice | 3.92 | 196.09 | ✓ 192.17 ✓ | 7794325841 | |
| 02/24/2017 | 02/28/2017 | 7794548330 | 1000971716 | 115Invoice | 0.02 | 0.95 | ✓ 0.93 ✓ | 7794548330 | |

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

TOTAL:

Subtotals: 1,021.73 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,032.70
02/21/2017

If Paid By 02/28/2017,
Pay This Amount: 1,001.30 USD

If Paid After 02/28/2017,
Pay this Amount: 1,021.73 USD

Due If Paid On Time:
USD 1,001.30

Disc lost if paid late:
20.43

Due If Paid Late:
USD 1,021.73

2.27.17

Ck# 890

APPROVED
ON
FEB 27 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: 02/24/2017

DC: 8115

Territory: 400

Customer: 256342
Date: 02/25/2017

Page: 001

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

As of: 02/24/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 02/25/2017

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 | |
|---|---|---|---|---|---|---|---|---|---|
| 02/20/2017 | 02/28/2017 | 7793603007 | 1099912 | 115Invoice | 1.35 | 67.74 | 66.39 | 7793603007 | |
| 02/20/2017 | 02/28/2017 | 7793603008 | 3454582073 | 115Invoice | 2.91 | 145.50 | 142.59 | 7793603008 | |
| 02/21/2017 | 02/28/2017 | 7793846656 | 3454582076 | 115Invoice | 8.69 | 434.39 | 425.70 | 7793846656 | |
| 02/21/2017 | 02/28/2017 | 7793846658 | 1099959 | 115Invoice | 0.01 | 0.33 | 0.32 | 7793846658 | |
| 02/22/2017 | 02/28/2017 | 7794045575 | 3454582079 | 115Invoice | 0.01 | 0.33 | 0.32 | 7794045575 | |
| 02/23/2017 | 02/28/2017 | 7794330183 | 3454582082 | 115Invoice | 13.23 | 661.52 | 648.29 | 7794330183 | |
| 02/23/2017 | 02/23/2017 | 7794609419 | MFC PR CORR CR | Pricing Cor | | 46.16- P | 46.16- P | 7794609419 | |
| 02/23/2017 | 02/28/2017 | 7794609420 | MFC PR CORR IN | Pricing Cor | 0.94 | 47.08 | 46.14 | 7794609420 | |
| 02/24/2017 | 02/28/2017 | 7794545021 | 3454582085 | 115Invoice | 2.76 | 137.81 | 135.05 | 7794545021 | |

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

TOTAL:

Subtotals: 1,448.54 USD

Future Due: 0.00

Past Due: 46.16-

Last Payment 867.48
02/21/2017

If Paid By 02/28/2017,
Pay This Amount: 1,418.64 USD

If Paid After 02/28/2017,
Pay this Amount: 1,448.54 USD

Due If Paid On Time:
USD 1,418.64

Disc lost if paid late:
29.90

Due If Paid Late:
USD 1,448.54

2.27.17

Ck# 891

APPROVED
ON

FEB 27 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: 02/24/2017

DC: 8115

Territory: 400

Customer: 262252
Date: 02/25/2017

Page: 001

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

As of: 02/24/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252
Date: 02/25/2017

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 | |
|---|---|---|---|---|---|---|---|---|---|
| 02/20/2017 | 02/28/2017 | 7793606928 | 1000968478 | 115Invoice | 0.62 | 30.90 | 30.28 | 7793606928 | |
| 02/20/2017 | 02/28/2017 | 7793606930 | 1000968478 | 115Invoice | 0.06 | 2.92 | 2.86 | 7793606930 | |
| 02/20/2017 | 02/28/2017 | 7793606931 | 1000969048 | 115Invoice | 4.23 | 211.42 | 207.19 | 7793606931 | |
| 02/20/2017 | 02/28/2017 | 7793606933 | 1000969048 | 115Invoice | 0.06 | 2.92 | 2.86 | 7793606933 | |
| 02/20/2017 | 02/28/2017 | 7793606934 | 1000969444 | 115Invoice | 6.80 | 340.12 | 333.32 | 7793606934 | |
| 02/21/2017 | 02/28/2017 | 7793859371 | 1000969842 | 115Invoice | 0.31 | 15.30 | 14.99 | 7793859371 | |
| 02/22/2017 | 02/28/2017 | 7794072719 | 1000970462 | 115Invoice | 1.44 | 71.95 | 70.51 | 7794072719 | |
| 02/23/2017 | 02/28/2017 | 7794332139 | 1000971051 | 115Invoice | 8.62 | 431.23 | 422.61 | 7794332139 | |
| 02/23/2017 | 02/23/2017 | 7794609483 | MFC PR CORR CR | Pricing Cor | | 197.55- P | 197.55- P | 7794609483 | |
| 02/23/2017 | 02/28/2017 | 7794609484 | MFC PR CORR IN | Pricing Cor | 4.03 | 201.55 | 197.52 | 7794609484 | |
| 02/24/2017 | 02/28/2017 | 7794547895 | 1000971718 | 115Invoice | 6.74 | 337.12 | 330.38 | 7794547895 | |
| 02/24/2017 | 02/28/2017 | 7794547897 | 1000971718 | 115Invoice | 0.11 | 5.51 | 5.40 | 7794547897 | |

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

TOTAL:

Subtotals: 1,453.39 USD

Future Due: 0.00

Past Due: 197.55-

Last Payment 1,893.30
02/21/2017

If Paid By 02/28/2017,
Pay This Amount: 1,420.37 USD

If Paid After 02/28/2017,
Pay this Amount: 1,453.39 USD

Due If Paid On Time:
USD 1,420.37

Disc lost if paid late:
33.02

Due If Paid Late:
USD 1,453.39

2.27.17

ck# 892

APPROVED ON

FEB 27 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

10789

# DISCOVERY MEDICAL NETWORK

February 27, 2017

Memorial Medical Center
1016 N Virginia
Port Lavaca, TX 77979

Invoice # MMC 031517

RE: Physician Services for Memorial Medical Center

| February 16-28, 2017 | | Estimated | Actual |
|---|---|---|---|
| Physician Services | | $80,000.00 | $72,713.70 |
| Benefits | | $10,000.00 | $10,310.17 |
| Incentive | | $20,000.00 | $18,846.57 |
| Physician Reimbursement | | $0.00 | $720.00 |
| Contracted Services | | $0.00 | $0.00 |
| Total Costs | | $110,000.00 | $102,590.44 |
| Admin Fee | | $3,850.00 | $3,590.67 |
| Total Amount Due | | $113,850.00 | $106,181.11 |

APPROVED ON FEB 28 2017
COUNTY AUDITOR CALHOUN COUNTY, TEXAS
CK# 170029
MEMORIAL MEDICAL CENTER RECEIVED FEB 28 2017
ACCOUNTS PAYABLE

Amount (Over)/Under Paid ($7,668.89)

Estimated Services for March 1-15, 2017 $87,975.00

Amount (Over)/Under Paid ($7,668.89)

Total Due $80,306.11

405300 +1

3-2-17

**Discovery Medical Network**
**Pay period ending 2/28/17**

| Physician | Location | Clinic & ER | Incentive | 401k Matching Dollars | Health Insurance | Disability Insurance | FICA | FUTA | SUI | WC | Process Fee | Mal Ins | Physician Reimb CME/Dues | Contracted Services | Total Costs | Admin Fee | Total Invoice |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Arroyo-Diaz | Port Lavaca | 11,666.67 | - | | 250.00 | | 839.76 | | | 52.50 | 38.55 | 231.00 | | | 13,078.48 | 457.75 | 13,536.23 |
| Crowley | Port Lavaca | 10,000.00 | 18,846.57 | | 250.00 | | 2,168.18 | | | 129.81 | 38.55 | 182.00 | | | 31,615.11 | 1,106.53 | 32,721.64 |
| Danielson | Port Lavaca | 12,500.00 | - | | 250.00 | | 929.12 | | | 56.25 | 38.55 | 559.00 | | | 14,332.92 | 501.65 | 14,834.57 |
| Hinds | Port Lavaca | 13,541.67 | - | | | | 1,035.93 | 42.00 | 469.8 | 60.94 | 38.55 | | | | 15,188.89 | 531.61 | 15,720.50 |
| Rojas | Port Lavaca | 15,422.02 | - | | | | 1,179.79 | | | 44.72 | 38.55 | 278.00 | 720.00 | | 17,683.08 | 618.91 | 18,301.99 |
| Truong | Port Lavaca | 9,583.34 | - | | 250.00 | | 729.27 | | | 27.79 | 38.55 | 63.00 | | | 10,691.95 | 374.22 | 11,066.17 |
| Bunnell | Contracted | - | | | | | | | | | | | | | - | - | - |
| CompHealth | Port Lavaca | | | | | | | | | | | | | | - | - | - |
| | | $ 72,713.70 | $ 18,846.57 | $ - | $ 1,000.00 | $ - | $ 6,882.05 | $ 42.00 | $ 469.80 | $ 372.02 | $ 231.30 | $ 1,313.00 | $ 720.00 | $ - | $ 102,590.44 | $ 3,590.67 | $ 106,181.11 |

11285

# ITA Resources, Inc.

9821 Katy Freeway, Ste. 250, Houston, TX 77024

## MONTHLY STATEMENT

DATE: FEBRUARY 27, 2017
INVOICE: MMC22017

APPROVED ON
FEB 28 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 170030

TO: MEMORIAL MEDICAL CENTER
815 NORTH VIRGINIA
PORT LAVACA, TX 777979
ATTN: Adam Machicek

MONTH: **FEBRUARY 2017**

ITA Resources Professional Fee.....$ 21,950.00 ✓ Per New Contract

CALL BACK & O.T. Hours.....$ 1,400.00 ✓

PPE 2/11/17 = 17.0 Hrs. X $40.00 = $680.00 ✓

PPE 2/25/17 = 18.0 Hrs. X $40.00 = $720.00 ✓

ON CALL COVERAGE....$2.00/HR. x 200.00 HRS.....$ 400.00 ✓ ✓

PPE 2/11/17 = 88.00 HRS. (2/1/17-2/11/17) X $2.00/HR. = $176.00 ✓

PPE 2/25/17 =112.00 HRS. (2/12/17-2/25/17) X $2.00/HR. = $224.00 ✓

**TOTAL AMOUNT DUE ITA RESOURCES, INC. .....$23,750.00** ✓

Please Remit.

Thank You,

Linda Rump
President/CEO

40510045
Mailed 3-2-17

MEMORIAL MEDICAL CENTER
RECEIVED
FEB 28 2017
ACCOUNTS PAYABLE

1350

ITAR - PAYROLL  Location / Dept: EDNA  Pay Period From: 1/29/2017  To: 2/11/2017  Page No: 1

| Name | HR / Rt. | Sun | Mon | Tues | Wed | Thur | Fri | Sat | Week 1 | | | Sun | Mon | Tues | Wed | Thur | Fri | Sat | Week 2 | | | Total (1 + 2) | Total (1 + 2) | Benefits Hours | | | | Remarks |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 1/29 | 1/30 | 1/31 | 2/1 | 2/2 | 2/3 | 2/4 | Total Hrs. | Reg. Hrs. | O.T. Hrs. | 2/5 | 2/6 | 2/7 | 2/8 | 2/9 | 2/10 | 2/11 | Total Hrs. | Reg. Hrs. | O.T. Hrs. | Reg. Hrs. | O.T. Hrs. | PTO | EIB | Comp Msc. | Reimb Other | |
| Debbie McLennan | 1 | | 8.25 | 8 | 8.5 | 8.25 | 7.5 | | 40.5 | 40 | 0.5 | | 8.25 | 8.25 | 3.25 | | | 2 | 21.75 | 21.75 | | 61.75 | 0.5 | | | $32 | | |
| | 2 | 0.75 | | 2 | | | | | 2.75 | | 2.75 | | | | | | | | 0 | | | 0 | 2.75 | | | | | |
| Call | | | | | C | | | | | | | | C | | | | | | | | | | | | | | | Call pay$32 |
| Call Back | | | | | | | | | 0 | | | | | | | | | | 0 | | | 0 | 0 | | | | | |
| Michelle Everts | 1 | 12 | 12 | 12 | | | | | 36 | 36 | | | 7.75 | 8 | | 8 | 8 | | 31.75 | 31.75 | | 67.75 | 0 | | | $16 | | |
| | 2 | | | | | | | | 0 | | | | | | | | | | 0 | | | 0 | 0 | | | | | |
| Call | | | | | | | | | | | | | | | | | C | | | | | | | | | | | Call pay$16 |
| Call Back | | | | | | | | | 0 | | | | | | | | | | 0 | | | 0 | 0 | | | | | |
| George Howell | 1 | | | | | | | | 0 | | | | | | | 4 | 4 | 12 | 20 | 20 | | 20 | 0 | | | $16 | | |
| | 2 | 12 | 12 | 12 | | | | | 36 | 36 | | | | | | 4.25 | 4 | 4 | 12.25 | 12.25 | | 48.25 | 0 | | | | | |
| Call | | | | | | | | | | | | | | | | C | | | | | | | | | | | | Call pay$16 |
| Call Back | | | | | | | | | 0 | | | | | | | | | | 0 | | | 0 | 0 | | | | | |
| Veronica Lozano | 1 | | | | 8 | 5.25 | 4 | 4 | 21.25 | 21.25 | | | 4 | 4 | 4 | | | | 12 | 12 | | 33.25 | 0 | 8 | | $64 | | |
| | 2 | | | | | 4 | 4 | 4 | 12 | 12 | | PTO | 4 | 4.25 | 4.5 | | | | 12.75 | 12.75 | | 24.75 | 0 | | | | | |
| Call | | | | | | C | C | | | | | | | C | C | | | | | | | | | | | | | Call pay$64 |
| Call Back | | | | | | | | | 0 | | | | | | | | | | 0 | | | 0 | 0 | | | | | |
| Vannessa Pyle | 1 | | | | | | | | 0 | | | | | | | | | | 0 | | | 0 | 0 | | | | | |
| | 2 | | | | | | | | 0 | | | | | | | | | | 0 | | | 0 | 0 | | | | | |
| Call | | | | | | | | | | | | | | | | | | | | | | | | | | | | Call pay$ |
| Call Back | | | | | | | | | 0 | | | | | | | | | | | | | 0 | 0 | | | | | |
| Tammy Brown | 1 | | | | | | | | 0 | | | 8.25 | | | | | | | 8.25 | 8.25 | | 8.25 | 0 | | | $16 | | |
| | 2 | | | | | | | | 0 | | | | | | | | | | 0 | | | 0 | 0 | | | | | |
| Call | | | | | | | | | 0 | | | | | | | | | C | 0 | | | 0 | 0 | | | | | Call pay$16 |
| Call Back | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Regin Hilgart | 1 | | | | | | 8.25 | 8 | 15.25 | 16.25 | | 7.75 | | | | | | | 7.75 | 7.75 | | 24 | | | | $32 | | |
| hrs ed | 2 | | | | | | | | 0 | | | | | | | | | | 0 | | | 0 | 0 | | | | | |
| Call | | | | | | | | C | | | | C | | | | | | | | | | | | | | | | Call pay$32 |
| Call Back | | | | | | | | | 0 | | | | | | | | | | 0 | | | 0 | 0 | | | | | |
| Jessica Edwards | 1 | | | | | | | | 0 | | | | | | 6.75 | | | | 6.75 | 6.75 | | 6.75 | 0 | | | | | |
| hrs ed | 2 | | | | | | | | 0 | | | | | | | | | | 0 | | | 0 | | | | | | |
| Call | | | | | | | | | | | | | | | | | | | 0 | | | | | | | | | |
| Call Back | | | | | | | | | 0 | | | | | | | | | | 0 | | | 0 | 0 | | | | | |
| Greg Torres | 1 | | | | | | | | 0 | | | | | | | | | | 0 | | | 0 | 0 | | | | | |
| | 2 | | | | | | | | 0 | | | | | | | | | | 0 | | | 0 | | | | | | |
| Call | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Call Back | | | | | | | | | 0 | | | | | | | | | | 0 | | | 0 | 0 | | | | | |
| | | | | | | | | | 0 | | | | | | | | | | 0 | | | 0 | 0 | | | | | |
| | | | | | | | | | 0 | | | | | | | | | | 0 | | | 0 | 0 | | | | | |
| | | | | | | | | | 0 | | | | | | | | | | 0 | | | 0 | 0 | | | | | |
| | | | | | | | | | 0 | | | | | | | | | | 0 | | | 0 | 0 | | | | | |
| Total This Page | | | | | 16.5 | 17.5 | 27.5 | 16 | 164.75 | 161.5 | 3.25 | | | | | | | | 133.25 | 133.25 | 0 | 294.75 | 3.25 | 8.0 | | 176 | | |

11 days on call

75.75 − 64 = 11.75 extra

−128.0 / 5.25

tot extra = 17 × $40 = $680 extra

Reg 294.75 wk 1 164.75
OT 3.25 wk 2 133.25
TOT 298 TOT 298

1350

ITAR - PAYROLL  Location / Dept. ~~EDNA~~ Port Lavaca  Pay Period From. 2/12/2017  To. 2/25/2017  Page No: 1

| Name | HR / Rt. | Sun 2/12 | Mon 2/13 | Tues 2/14 | Wed 2/15 | Thur 2/16 | Fri 2/17 | Sat 2/18 | Week 1 Total Hrs. | Week 1 Reg. Hrs. | Week 1 O.T. Hrs. | Sun 2/19 | Mon 2/20 | Tues 2/21 | Wed 2/22 | Thur 2/23 | Fri 2/24 | Sat 2/25 | Week 2 Total Hrs. | Week 2 Reg. Hrs. | Week 2 O.T. Hrs. | Total (1 + 2) Reg. Hrs. | Total (1 + 2) O.T. Hrs. | Benefits Hours PTO | Benefits Hours EIB | Benefits Hours Comp Msc. | Benefits Hours Reimb Other | Remarks |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Debbie McLennan ✓ | 1 | | 7 | | 8 | 4 | | | 19 | 19 | | | | 8 | 8 | 7.75 | | | 23.75 | 23.75 | | 42.75 | 0 | 4 | | | | |
| hrs in EL | 2 | | | | 1.25 | PTO 4 | | | 1.25 | 1.25 | | | | 0.5 | | | | | 0.5 | 0.5 | | 1.75 | 0 | | | | | |
| Call | | | | | | | | | | | | | C | | C | | | | | | | | | | | | $32 | Call pay$32 |
| Call Back | | | | | | | | | 0 | | | | | | | | | | 0 | | | 0 | 0 | | | | | |
| Michelle Everts ✓ | 1 | | 8 | 8 | 8 | | 8 | 8 | 40 | 40 | | x | 8 | 7.75 | | | 8 | | 31.75 | 31.75 | | 76.75 | 0 | | | | | |
| ✓ | 2 | | | | | | 0.5 | | 0.5 | 0.5 | 0.5 | | - | | | | | | 0 | | | | 0.5 | | | | | |
| Call | | | | | | | C | | | | | | | | | | C | | | | | | | | | | $32 | Call pay$32 |
| Call Back | | | | | | | | | 0 | | | | | | | | | | 0 | | | 0 | 0 | | | | | |
| George Howell ✓ | 1 | 8 | 4 | 4 | 4.25 | | | | 20.25 | 20.25 | | | | | | 4.5 | 4 | 8 | 16.5 | 16.5 | | 36.75 | 0 | | | | | |
| ✓ | 2 | 8 | 4 | 4 | | | | | 16 | 16 | | | | | | 4 | 4 | 8 | 16 | 16 | | 32 | 0 | | | | | |
| Call | | | C | C | | | | | | | | | | | | C | | | | | | | | | | | $48 | Call pay$48 |
| Call Back | | | | | | | | | 0 | | | | | | | | | | 0 | | | 0 | 0 | | | | | |
| Veronica Lozano ✓ | 1 | | | | | | 4 | 4 | 8 | 8 | | 4 | 4 | 4 | 4 | | | | 16 | 16 | | 24 | 0 | | | | | |
| | 2 | | | | PTO | PTO | 4.75 | 4 | 8.75 | 8.75 | | 4 | 4 | 4 | 4.25 | | | | 16.25 | 16.25 | | 25 | 0 | | | | | |
| Call | | | | | C | C | | C | | | | C | | C | | | | | | | | | | 16 | | | $80 | Call pay$80 |
| Call Back | | | | | | | | | 0 | | | | | | | | | | 0 | | | 0 | 0 | | | | | |
| Vannessa Pyle ✓ | 1 | | | | | 4.5 | | | 4.5 | 4.5 | | | | | | | | | 0 | | | 4.5 | 0 | | | | | |
| hrs in EL | 2 | | | | | | | | 0 | | | | | | | | | | 0 | | | 0 | 0 | | | | | |
| Call | | | | | | | | | | | | | | | | | | | | | | | | | | | | Call pay$ |
| Call Back | | | | | | | | | 0 | | | | | | | | | | | | | 0 | 0 | | | | | |
| Tammy Brown ✓ | 1 | | | | | | | | 0 | | | | 7.75 | | | | | | 7.75 | 7.75 | | 7.75 | 0 | | | | | |
| | 2 | | | | | | | | 0 | | | | | | | | | | 0 | | | 0 | 0 | | | | | |
| Call | | C | | | | | | | 0 | | | | | | | | | C | 0 | | | 0 | 0 | | | | $32 | Call pay$32 |
| Call Back | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Regin Hilgart ✓ | 1 | | | | 4 | | | | 4 | 4 | | | | | | | | | 0 | | | 4 | | | | | | |
| hrs in EL | 2 | | | | 4 | | | | 4 | 4 | | | | | | | | | 0 | | | 4 | 0 | | | | | |
| Call | | | | | | | | | | | | | | | | | | | | | | | | | | | | Call pay$ |
| Call Back | | | | | | | | | 0 | | | | | | | | | | 0 | | | 0 | 0 | | | | | |
| Jessica Edwards | 1 | | | | | 8 | | | 8 | 8 | | | | | | 3.25 | | | 3.25 | 3.25 | | 11.25 | 0 | | | | | |
| no in EL | 2 | | | | | | | | 0 | | | | | | | | | | 0 | | | 0 | | | | | | |
| Call | | | | | | | | | | | | | | | | | | | 0 | | | | | | | | | |
| Call Back | | | | | | | | | 0 | | | | | | | | | | 0 | | | 0 | 0 | | | | | |
| Greg Torres | 1 | | | | | 4 | | | 4 | 4 | | | | | | | | | 0 | | | 4 | 0 | | | | | |
| | 2 | | | | | 4 | | | 4 | 4 | | | | | | | | | 0 | | | 4 | | | | | | |
| Call | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Call Back | | | | | | | | | 0 | | | | | | | | | | 0 | | | 0 | 0 | | | | | |
| | | | | | | | | | 0 | | | | | | | | | | 0 | | | 0 | 0 | | | | | |
| | | | | | | | | | 0 | | | | | | | | | | 0 | | | 0 | 0 | | | | | |
| | | | | | | | | | 0 | 141.75 | | | | | | | | | 0 | | | 0 | 0 | | | | | |
| | | | | | | | | | 0 | | | | | | | | | | 0 | | | 0 | 0 | | | | | |
| Total This Page | | 16 | 23 | 16 | 29.5 | 24.5 | 17.25 | 16 | 142.25 | ~~142.25~~ | 0.5 | 16 | 23.75 | 24.25 | 16.25 | 19.5 | 16 | 16 | 131.75 | 131.75 | 0 | 273.5 | 0.5 | 20.0 | | | 324 | |

-128 / 14.25 ot.rate

-128 / 3.75 ot rate

Reg 273.5 wk1 142.25

OT 0.5 wk2 131.75

TOT 274.0 TOT 274.0

18 x $40 = $720 extra TOT EXTRA = 18.0

# CARDIOPULMONARY SERVICES AGREEMENT
# (MEMORIAL MEDICAL CENTER)

THIS AGREEMENT, is made and entered into by and between ITA RESOURCES, INC., a Texas corporation located in Houston, Texas (hereinafter referred to as "ITAR"), and MEMORIAL MEDICAL CENTER, located in Calhoun County, Texas (hereinafter referred to as "HOSPITAL").

**WITNESSETH:**

WHEREAS the Hospital desires ITA RESOURCES, INC. ("ITAR") to provide Cardiopulmonary Services which include Respiratory Care, Pulmonary Function, Stress Testing, Holter, EEG and, EKG services to the Hospital's patients; and

WHEREAS, ITAR is an independent contractor which employs respiratory therapists, and such other health care personnel that are duly qualified to practice said cardiopulmonary services, and ITAR desires to perform cardiopulmonary services for the Hospital consistent with the terms and conditions herein set forth;

NOW, THEREFORE, in consideration of the premises and the mutual covenants included herein, the parties hereby agree to the following:

## I. ITAR RESPONSIBILITIES

1. ITAR shall manage, staff, and operate under its direction the Cardiopulmonary Department ("Department") in offices and facilities located in the Hospital. Therapy and all diagnostic tests for individual patients shall be in accordance with the instructions of the referring Medical Doctors.

2. Overall general policies and procedures of the Department shall be mutually agreed upon by and between ITAR and the Hospital. Implementation of said policies and procedures and supervision of personnel within the Department shall be the sole responsibility of ITAR.

3. ITAR services shall be performed in accordance with the Joint Commission and/or Medicare standards, and shall comply with federal, state, and local laws, and/or other regulatory rules and regulations.

4. ITAR shall provide and make available complete in-house coverage necessary to provide and perform the Department services, sixteen (16) hours per day, seven (7) days per week. All other hours shall be covered on an on-call basis with a response time not to exceed forty-five (45) minutes.

5. ITAR shall provide a working Department Manager sixteen (16) hours per week to manage, direct and supervise the Department services plus one (1) additional qualified Respiratory Care Practitioner per shift, sixteen (16) hours per day, seven (7) days per week to perform services rendered under this Agreement.

6. Any additional or reduced staffing requirements, beyond what is stipulated above, shall be mutually agreed upon by both Hospital and ITAR. In addition, any adjustment to ITAR's monthly professional fee shall be mutually agreed upon by both Hospital and ITAR. The

additional staffing referenced herein may be comprised of full time, part time, PRN (Pro Re Data, commonly referred to as "as needed" or "according to needs"), and/or temporary agency staffing.

7. ITAR shall be solely responsible for the salary and benefits for all of its employees, as well as for any other related staffing expenses.

8. ITAR personnel shall be responsible to the Hospital Administration for their conduct while on duty.

9. ITAR personnel shall report and be responsible to ITAR's supervisory personnel. ITAR shall discharge and perform its duties and obligations under this Agreement in accordance with generally accepted medical practices of the Hospital's qualified licensed physicians. Such services shall be performed in a manner consistent with the Hospital's guidelines, procedures, and regulations.

10. ITAR personnel shall, in a prompt and timely manner, be responsible to document, report, record, file and charge for all procedures/supplies provided under this Agreement, in accordance with the Hospital's method of reporting and documenting said patient charges.

11. ITAR personnel shall actively participate in Quality Assurance, Risk Management, Patient Relations, and any other committee or activities being sanctioned by the Hospital.

12. ITAR, at its sole expense, shall provide all professional liability insurance, and comprehensive general liability insurance, with companies and in amounts acceptable to the Hospital (with an acceptable minimum amount of $500,000.00) for all ITAR personnel and staff.

## II. HOSPITAL RESPONSIBILITIES

1. Hospital shall provide at its expense, oxygen and other expendable medical supplies such as drugs, syringes, needles, forms, and any other miscellaneous minor supplies required to treat or test patients referred to the Department. The Hospital shall charge separately the patient charge for pharmaceuticals supply items through its pharmacy and/or central supply services.

2. Hospital shall provide at its expense, all therapeutic, evaluative, and rehabilitative equipment necessary to maintain a modern Cardiopulmonary Department in the Hospital. The Hospital shall also be solely responsible for the maintenance and repair of any and/or all such Department equipment.

3. Hospital shall be responsible for setting, billing, and collecting patient charges for services performed under this Agreement.

4. Hospital shall provide space for the Department, with finished interior, lighting, plumbing, sinks, heating, air conditioning, and local telephone service, including equipment. ITAR shall not be required to pay the Hospital any rentals for the use of such space and/or equipment. The quality and condition of such items shall be at Hospital's discretion, which shall be reasonable and adequate for ITAR to perform its services hereunder in a professional and efficient manner.

5. Hospital, at its expense, shall appoint a Medical Director(s) for the Cardiopulmonary Department. Said Medical Director(s) will be consulted in all clinical matters and diagnostic tests pertaining to this Department, and interpret all diagnostic tests conducted by this Department

6. Hospital agrees that during the term of this Agreement, and for a period of twelve (12) months after its termination, it shall not, for any reason, directly or indirectly hire, attempt to hire, contract with, or in any other manner, be associated with any current or former employee of ITAR. Further, Hospital agrees that any attempt to induce employment of any ITAR employee shall constitute a breach of this Agreement. However, should Hospital desire to employ any ITAR employee(s), and ITAR agrees to release the requested employee(s), Hospital shall pay ITAR an amount equal to 15% of the employee's annualized wages.

## III. COMPENSATIONS

1. As additional consideration herein provided for, it is understood and agreed upon that Hospital shall pay ITAR, as follows:

   a. Hospital shall pay ITAR for managing, directing, staffing, and performing the department services under this Agreement, a fixed monthly fee of Twenty-One Thousand Nine Hundred and Fifty Dollars and Zero Cents ($21,950.00) for hours stipulated in Item 5 of Article I.

   b. Hospital shall pay ITAR an "on-call" rate of Two Dollars ($2.00) per hour for call coverage after in-house working hours. In Addition, Hospital agrees to pay ITAR for any and all additional hours provided over and above those stipulated in Item 5 of Article I (overtime, call back, or supplementary staff) at the rate of Forty Dollars ($40.00) per hour.

   c. All ITAR compensation(s) shall be adjusted upward by three percent (3.0%) each February 1st, the anniversary date of this Agreement.

2. All ITAR compensations under this article shall be payable on a monthly billing cycle and should be due and payable on or before the fifth (5th) day of each calendar month immediately following the month in which ITAR services are rendered.

3. Additionally, Hospital agrees to pay ITAR one percent (1%) finance charge per month on all unpaid balances forty-five (45) days from the date of the respective billing cycle. The accrual of finance charges will not affect, in any manner, the other rights of ITAR hereunder.

4. Should Hospital become more than sixty (60) days delinquent in the payment of fees as stipulated herein, for whatever reason, and Hospital has not made alternative arrangements with ITAR for the payment of same, Hospital agrees that ITAR shall have the right to immediately cease in the performance of its services as outlined herein, *without the sufferance of legal repercussions to ITAR,* provided Hospital has been served with two weeks notice of intent to vacate by ITAR. Furthermore, should Hospital file for

bankruptcy, Hospital shall guarantee all payments paid or owed to ITAR considered as "employee wages" and not as "general trade payable".

## IV. TERM

1. Term. The term of this Agreement shall commence on the 1st day of February, 2017, and continue uninterrupted for a period of twelve (12) consecutive calendar months subject to any termination clause of this Agreement. The Agreement shall automatically renew for additional terms of twelve (12) months.

2. Termination. At any time during the Term of this Agreement, either party may terminate this Agreement, with or without cause, upon ninety (90) days prior written notice to the other party.

3. Default. If either party hereto should default in the performance of any obligations imposed hereby during the term of this Agreement, the other party may terminate this Agreement by giving written notice to the defaulting party of such election. Except for the non-payment default clause referenced herein in Article 3, Item 4 above wherein the remedy notice period is less, the defaulting party shall have ninety (90) days thereafter in which to remedy such default, during which time this Agreement shall continue in full force and effect. If such default remains unabated at the expiration of said ninety (90) days, this Agreement shall be terminated. Nothing contained in this section shall restrict, or in any manner, limit the obligation of payment of funds and the remedies available to ITAR in the event of such nonpayment as set forth herein.

4. Acceptance of Assignment. At any time, upon thirty (30) days written notice to ITAR, Hospital may assign this agreement to a Service Organization, and ITAR agrees to accept such assignment.

## V. INSURANCE

1. Professional Liability. ITAR, at its sole expense, shall provide all professional liability insurance and comprehensive general liability insurance, with companies and in amount acceptable to the Hospital (with an acceptable minimum of $500,000.00), for all ITAR personnel and staff. ITAR agrees to provide Hospital with a certificate of insurance evidencing such coverage prior to the effective date of this Agreement and any renewal thereof.

2. Workers' Compensation. ITAR, at its sole expense, shall maintain in effect at all times during this Agreement, Workers' Compensation insurance, with statutory limits, covering bodily injury by accident and bodily injury by disease of its employees.

## VI. ACCESS TO BOOKS AND RECORDS

ITAR agrees that after the furnishing of services pursuant to this Agreement for the period of time required by regulations, it will prepare, maintain, and upon request, make available to the Secretary of the Department of Health and Human Services (HHS) or the Secretary's duly authorized representatives, or upon request to the Comptroller General or the Comptroller General's duly

authorized representative, the Agreement and books, documents, and records necessary to verify the nature and extent of costs and services provided under this Agreement. This provision shall apply only if the value or cost of this Agreement equals the amount requiring such records preparation, maintenance and disclosure. ITAR shall prepare appropriate books and documents and follow procedures regarding access as may be promulgated by the Secretary of Health and Human Services (HHS) in regulations and other applicable laws. Its disclosure under this section shall not be construed as a waiver or any other legal rights to which ITAR may be entitled under law or regulations.

## VII. OTHER

1. Governing Law. This Agreement shall be interpreted, construed, and enforced pursuant to and in accordance with the laws of the State of Texas.

2. Notices. All notices, requests, demands, and statements provided or called for in this Agreement, shall be in writing and shall be deemed to have been delivered when mailed by United States mail, postage prepaid, to the parties at the following addresses:

Jason Anglin, CEO
Memorial Medical Center
P.O. Box 25
Port Lavaca, Texas 77979

Linda M. Rump, President
ITA Resources, Inc.
9821 Katy Freeway, Suite 250
Houston, Texas 77024-1212

The parties may rely upon the above address until such time as the stated address is changed by notifying the other party in writing, by certified mail, of the new address.

3. Exclusive Agreement. Hospital and ITAR agree that during the term of this Agreement, or any extension thereof, neither Hospital nor ITAR shall enter into any agreement with a third party for the furnishing of cardiopulmonary services to the patients of the Hospital without prior written consent of the other party.

4. Agreement Binding. The provisions of this Agreement shall bind and inure to the benefit of the representatives, administrators, successors and assignees of the parties hereto, but reference to successors and assignees is not intended to constitute consent to assignment.

This Agreement may be executed in multiple original counterparts, each of which shall be deemed original, but all of which together constitute the same instrument.

EXECUTED THIS 25th day of January, 2017.

**MEMORIAL MEDCIAL CENTER**

By: _____
Jason Anglin, CEO

**ITA RESOURCES, INC.**

By: Linda Rump
Linda Rump, President

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

Certificate Number:
2017-153211

Date Filed:
01/11/2017

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
ITA Resources, Inc.
Houston, TX United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
Memorial Medical Center, Port Lavaca, Texas

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.
unknown
Provide Respiratory therapy Services for patients at Memorial Medial Center, port Lavaca, Texas on a contracted basis.

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of Interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| ITA Resources, Inc. | Houston, TX United States | X | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

5 Check only if there is NO Interested Party. ☐

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

FABIAN MALDONADO
Notary Public
STATE OF TEXAS
My Comm. Exp. 04/22/2019

Linda M. Rump
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Linda M. Rump, this the 11 day of January, 20 17, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Fabian Maldonado — Printed name of officer administering oath | Persona Baker — Title of officer administering oath

RUN DATE:02/28/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:15:08 CHECK REGISTER GLCKREG
02/28/17 THRU 02/28/17

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

| CODE | NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|
| A/P | 170029 | 02/28/17 | 80,306.11 | DISCOVERY MEDICAL NETWORK INC |
| A/P | 170030 | 02/28/17 | 23,750.00 | ITA RESOURCES INC |
| TOTALS: | | | 104,056.11 | |

APPROVED
ON

FEB 28 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

payroll reported in Feb 2017 previous mo.

**TOLL FEE PHONE NUMBER: 1-800-555-3453**

(EFTPS TUTORIAL SYSTEM: 1-800-572-8683)

**12/23/2016**

| | #### | 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" | ★ | 17 | |
| ☑ "ENTER 2-DIGIT TAX FILING ENDING MONTH" | ★ | 3 | |
| 1ST QTR - 03 (MARCH) - Jan, Feb, Mar | | 33 | |
| 2ND QTR - 06 (JUNE) - Apr, May, June | | | |
| 3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept | | | |
| 4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec | | | |
| ☑ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN" | ★ | $ 96,403.32 | # |
| "1 TO CONFIRM" | | 1 | |
| "ENTER W/CENTS AMOUNT OF SOCIAL SECURITY" | 0 | $ 44,925.94 | # |
| "ENTER W/CENTS AMOUNT OF MEDICARE" | | $ 10,506.88 | # |
| "ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING" | | $ 40,970.50 | # |
| CHECK | | $ - | |
| ☑ "6-DIGIT SETTLEMENT DATE" | ★ | ~~1/27/2017~~ | 2/1/17 |
| "1 TO CONFIRM" | | 1 | |
| ☑ ACKNOWLEDGEMENT NUMBER | | 457602545 | |

| | |
|---|---|
| **CALLED IN BY:** | CAtkinson |
| **CALLED IN DATE:** | ~~1/26/2017~~ 1/31/17 |
| **CALLED IN TIME:** | 9:02 |

**TOLL FEE PHONE NUMBER: 1-800-555-3453**

(EFTPS TUTORIAL SYSTEM: 1-800-572-8683)

**12/23/2016**

| | #### | 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" | ★ | 17 | |
| ☑ "ENTER 2-DIGIT TAX FILING ENDING MONTH" | ★ | 3 | |

1ST QTR - 03 (MARCH) - Jan, Feb, Mar
2ND QTR - 06 (JUNE) - Apr, May, June
3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept
4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec

| | | | |
|---|---|---|---|
| ☑ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN" | ★ | $ 96,595.70 | # |
| "1 TO CONFIRM" | | 1 | |
| "ENTER W/CENTS AMOUNT OF SOCIAL SECURITY" | 0 | $ 45,193.68 | # |
| "ENTER W/CENTS AMOUNT OF MEDICARE" | | $ 10,569.50 | # |
| "ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING" | | $ 40,832.52 | # |
| CHECK | | $ - | |
| ☑ "6-DIGIT SETTLEMENT DATE" | ★ | 2/15/2017 | |
| "1 TO CONFIRM" | | 1 | |
| ☐ ACKNOWLEDGEMENT NUMBER | | 50953127 | |

| | |
|---|---|
| **CALLED IN BY:** | Atkinson |
| **CALLED IN DATE:** | 2/14/2017 |
| **CALLED IN TIME:** | 10:32 |

# 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 | 01/20/17 | | | | | |
| PAY PERIOD: END | 02/02/17 | | | | | |
| PAY DATE: | 02/09/17 | | | | | |
| GROSS PAY: | $ 391,471.63 | | | | | $ 391,471.63 |
| DEDUCTIONS: | | | | | | |
| A/R | $ 645.29 | | | | | $ 645.29 |
| ADVANC | $ - | | | | | $ - |
| BOOTS | $ - | | | | | $ - |
| CAFÉ-1 | $ 1,644.56 | | | | | $ 1,644.56 |
| CAFÉ-2 | $ 1,227.90 | | | | | $ 1,227.90 |
| CAFÉ-4 | $ 354.66 | | | | | $ 354.66 |
| CAFÉ-5 | $ 348.07 | | | | | $ 348.07 |
| CAFÉ-D | $ 1,644.01 | | | | | $ 1,644.01 |
| CAFÉ-H | $ 18,060.38 | | | | | $ 18,060.38 |
| CAFÉ-I | $ 12.68 | | | | | $ 12.68 |
| CAFÉ-L | $ 18.92 | | | | | $ 18.92 |
| CAFÉ-P | $ 287.11 | | | | | $ 287.11 |
| CANCER | $ - | | | | | $ - |
| CHILD | $ 212.31 | | | | | $ 212.31 |
| CLINIC | $ 80.00 | | | | | $ 80.00 |
| COMBIN | $ 1,031.69 | | | | | $ 1,031.69 |
| CREDUN | $ 25.00 | | | | | $ 25.00 |
| DENTAL | $ - | | | | | $ - |
| DEP-LF | $ - | | | | | $ - |
| DIS-LF | $ 2,081.61 | | | | | $ 2,081.61 |
| EAT | $ - | | | | | $ - |
| FED TAX | $ 40,832.52 | | | | | $ 40,832.52 |
| FICA-M | $ 5,284.78 | | | | | $ 5,284.78 |
| FICA-O | $ 22,596.82 | | | | | $ 22,596.82 |
| FIRST C | $ 75.00 | | | | | $ 75.00 |
| FLEX S | $ 1,943.15 | | | | | $ 1,943.15 |
| FLX-FE | $ - | | | | | $ - |
| GIFT S | $ 252.16 | | | | | $ 252.16 |
| GRP-IN | $ 129.26 | | | | | $ 129.26 |
| GTL | $ - | | | | | $ - |
| HOSP-I | $ 140.00 | | | | | $ 140.00 |
| MISC | $ - | | | | | $ - |
| OTHER | $ 437.46 | | | | | $ 437.46 |
| 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 | $ 27,403.01 | | | | | $ 27,403.01 |
| UW/HOS | $ - | | | | | $ - |
| TOTAL DEDUCTIONS: | $ 128,636.12 | $ - | $ - | $ - | $ - | $ 128,636.12 |
| | **SHOULD MATCH REPORT** | **SHOULD MATCH REPORT** | **SHOULD MATCH REPORT** | **SHOULD MATCH REPORT** | **SHOULD MATCH REPORT** | |
| NET PAY: | $ 262,835.51 | $ - | $ - | $ - | $ - | $ 262,835.51 |
| | **SHOULD MATCH REPORT** | **SHOULD MATCH REPORT** | **SHOULD MATCH REPORT** | **SHOULD MATCH REPORT** | **SHOULD MATCH REPORT** | |
| TOTAL CAFÉ 125 PLAN: | $ 27,006.44 | Less Exempt: | | | | |
| TAXABLE PAY: | $ 364,465.19 | $ 364,465.19 | | | | Exempt Amt: |

262,845.51 ✓ - 2/7/17 Run date

| | | **CALCULATED** | From MMC Report | Difference |
|---|---|---|---|---|
| FICA - MED (ER) | 1.45% | $ 5,284.75 | | |
| FICA - MED (EE) | 1.45% | $ 5,284.75 | $ 5,284.78 | $ (0.03) |
| FICA - SOC SEC (ER) | 6.20% | $ 22,596.84 | | |
| FICA - SOC SEC (EE) | 6.20% | $ 22,596.84 | $ 22,596.82 | $ 0.02 |
| FED WITHHOLDING | | $ 40,832.52 | $ 40,832.52 | |
| TAX DEPOSIT: | | $ 96,595.70 | $ 96,595.72 | $ (0.02) |
| FICA - MEDICARE | 2.90% | $ 10,569.50 | | |
| FICA - SOCIAL SECURITY | 12.40% | $ 45,193.68 | | |
| FED WITHHOLDING | | $ 40,832.52 | | |
| TOTAL TAX: | | $ 96,595.70 | | |

**Employees over FICA-SS Cap:**
Jason Anglin
Jerry

**Paycode S - Employee Reimb.:**
Roshanda S. Gray
TOTAL: $ -

**PREPARED BY:** Clarri Atkinson
**PREPARED DATE:** 2/13/2017

RUN DATE:02/23/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:12:18 CHECK REGISTER GLCKREG
02/23/17 THRU 02/23/17

| BANK--CHECK CODE | NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|
| PR- | 061835 | 02/23/17 | 188.19 | PAY-P.02/03/17 02/16/17 |
| PR- * | 061836 | 02/23/17 | 3,091.11 | PAY-P.02/03/17 02/16/17 |
| PR- | 999999 | 02/23/17 | 247,377.80 | |
| TOTALS: | | | 250,657.10 | |

## MEMORIAL MEDICAL CENTER

## ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- FEBURARY 2017

***Monthly Electronic Transfers for Operating Expenses***

| | | | |
|---|---|---|---|
| 2/1/2017 | IRS USATAXPYMT | - Payroll Taxes | 96,403.32 |
| 2/2/2017 | IBC Merch Bank Discount | - Credit Card Processing Fee | 19.95 |
| 2/2/2017 | IBC Merch Bank Fee | - Credit Card Processing Fee | 31.20 |
| 2/2/2017 | Vivonet Acquisit Payment | - Credit Card Machine Lease Expense | 99.00 |
| 2/2/2017 | State Comptrlr Texnet | - DSRIP DY5 Round 2 | 204,967.54 |
| 2/3/2017 | IBC Merch Bank Fee | - Credit Card Processing Fee | 1.95 |
| 2/3/2017 | IBC Merch Bank Fee | - Credit Card Processing Fee | 52.80 |
| 2/3/2017 | IBC Merch Bank Fee | - Credit Card Processing Fee | 71.91 |
| 2/3/2017 | IBC Merch Bank Interchng | - Credit Card Processing Fee | 78.69 |
| 2/3/2017 | IBC Merch Bank Fee | - Credit Card Processing Fee | 105.36 |
| 2/3/2017 | IBC Merch Bank Interchng | - Credit Card Processing Fee | 108.01 |
| 2/3/2017 | IBC Merch Bank Interchng | - Credit Card Processing Fee | 118.89 |
| 2/3/2017 | IBC Merch Bank Discount | - Credit Card Processing Fee | 123.89 |
| 2/3/2017 | IBC Merch Bank Fee | - Credit Card Processing Fee | 139.09 |
| 2/3/2017 | IBC Merch Bank Discount | - Credit Card Processing Fee | 277.69 |
| 2/3/2017 | IBC Merch Bank Deposit | - Credit Card Processing Fee | 448.80 |
| 2/3/2017 | IBC Merch Bank Discount | - Credit Card Processing Fee | 492.55 |
| 2/3/2017 | IBC Merch Bank Discount | - Credit Card Processing Fee | 1,901.41 |
| 2/3/2017 | IBC Merch Bank Interchng | - Credit Card Processing Fee | 2,162.78 |
| 2/6/2017 | FDGL Lease Payment | - Credit Card Machine Lease Expense | 59.25 |
| 2/6/2017 | FDGL Lease Payment | - Credit Card Machine Lease Expense | 59.25 |
| 2/6/2017 | FDGL Lease Payment | - Credit Card Machine Lease Expense | 86.30 |
| 2/7/2017 | FDGL Lease Payment | - Credit Card Machine Lease Expense | 30.25 |
| 2/7/2017 | Purchase Memorial Med | TAMG Marking Solutions/Canceled 3/14/17; will refund bk acct | 150.00 |
| 2/7/2017 | Mckesson Drug Auto ACH | - 340B Drug Program Expense | 693.95 |
| 2/7/2017 | Mckesson Drug Auto ACH | - 340B Drug Program Expense | 888.24 |
| 2/7/2017 | Mckesson Drug Auto ACH | - 340B Drug Program Expense | 1,359.10 |
| 2/8/2017 | Expertpay | - Child Support | 213.81 |
| 2/9/2017 | Memorial Medical Payroll | - Payroll | 262,845.51 |
| 2/10/2017 | Clover APP MRKT Clover App | - Credit Card Machine Lease Expense | 16.25 |
| 2/10/2017 | FDGL Lease Payment | - Credit Card Machine Lease Expense | 30.17 |
| 2/10/2017 | Clover APP MRKT Clover App | - Credit Card Machine Lease Expense | 81.20 |
| 2/14/2017 | Mckesson Drug Auto ACH | - 340B Drug Program Expense | 484.52 |
| 2/14/2017 | Mckesson Drug Auto ACH | - 340B Drug Program Expense | 659.44 |
| 2/14/2017 | Mckesson Drug Auto ACH | - 340B Drug Program Expense | 1,276.34 |
| 2/15/2017 | IRS USATAXPYMT | - Payroll Taxes | 96,595.70 |
| 2/16/2017 | Texas County DRS | - Retirement Funding | 882,147.08 |
| 2/17/2017 | Texas County DRS | - Retirement Funding | 115,462.72 |
| 2/21/2017 | Telecheck | - Credit Card Processing Fee | 5.00 |
| 2/21/2017 | FDGL Lease Payment | - Credit Card Machine Lease Expense | 26.98 |
| 2/21/2017 | FDGL Lease Payment | - Credit Card Machine Lease Expense | 151.23 |
| 2/21/2017 | Webfile Tax Portal | - Sales Tax | 928.42 |
| 2/22/2017 | Mckesson Drug Auto ACH | - 340B Drug Program Expense | 867.48 |
| 2/22/2017 | Mckesson Drug Auto ACH | - 340B Drug Program Expense | 1,032.70 |
| 2/22/2017 | Mckesson Drug Auto ACH | - 340B Drug Program Expense | 1,893.30 |
| 2/23/2017 | Expertpay | - Child Support | 213.81 |
| 2/23/2017 | Memorial Medical Payroll | - Payroll | 247,377.80 |
| 2/27/2017 | Cardmember Service | - IBC Credit Card Invoice | 3,144.03 |
| 2/1/2717 | Cardmember Service | - IBC Credit Card Invoice | 4,631.56 |
| 2/28/2017 | Mckesson Drug Auto ACH | - 340B Drug Program Expense | 1,001.30 |
| 2/28/2017 | Mckesson Drug Auto ACH | - 340B Drug Program Expense | 1,418.64 |
| 2/28/2017 | Mckesson Drug Auto ACH | - 340B Drug Program Expense | 1,420.37 |
| | | | 1,934,856.53 |

Note: 2/16/17 Texas County DRS electronic wire transfer return
see attached incoming wire on 2/16/17 as "0333 Texas Co & Dist" (882,147.08)

Total Electronic Payments 1,052,709.45

Jerry Pickett
MMC Chief Financial Officer

APPROVED
ON

MAR 15 2017

BY
CALHOUN COUNTY AUDITOR

L:\2017\Electronic Transfer Activity

IBC

BANK

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

CUSTOMER

8/NE/131/019/3262
MEMORIAL MEDICAL CENTER OPERATING
COUNTY OF CALHOUN
201 W AUSTIN STREET
PORT LAVACA TX 77979

# STATEMENT 405

| CUSTOMER NO. | PAGE NO. |
|---|---|
| | 1 of 12 |

02/01/2017 to 02/28/2017
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 |
|---|---|---|---|---|---|
| 2,520,466.23 | 472 | 3,987,291.01 | 357 | 3,641,977.23 | 2,865,780.01 |

## Deposits (Credits)

| Date | Deposit# | Amount | Date | Deposit# | Amount | Date | Deposit# | Amount |
|---|---|---|---|---|---|---|---|---|
| 02/01 | | 16,344.02 | 02/10 | | 20,537.96 | 02/21 | | 462.05 |
| 02/01 | | 1,549.09 | 02/10 | | 2,141.37 | 02/21 | | 455.00 |
| 02/01 | | 974.00 | 02/10 | | 280.00 | 02/21 | | 120.00 |
| 02/01 | | 474.70 | 02/10 | | 9.25 | 02/21 | | 80.00 |
| 02/01 | | 227.33 | 02/13 | | 63,721.88 | 02/21 | | 50.00 |
| 02/01 | | 200.68 | 02/13 | | 580.97 | 02/21 | | 18.00 |
| 02/02 | | 12,987.11 | 02/13 | | 469.00 | 02/22 | | 4,941.19 |
| 02/02 | | 570.00 | 02/13 | | 188.00 | 02/22 | | 528.00 |
| 02/02 | | 498.40 | 02/13 | | 80.00 | 02/22 | | 115.00 |
| 02/02 | | 40.00 | 02/13 | | 7.50 | 02/23 | | 23,282.31 |
| 02/03 | | 46,134.08 | 02/14 | | 6,606.54 | 02/23 | | 2,473.27 |
| 02/03 | | 1,305.27 | 02/14 | | 3,273.21 | 02/23 | | 2,471.71 |
| 02/03 | | 605.00 | 02/14 | | 1,679.16 | 02/23 | | 450.00 |
| 02/03 | | 226.69 | 02/14 | | 455.00 | 02/23 | | 60.00 |
| 02/06 | | 91,444.85 | 02/14 | | 36.00 | 02/23 | | 58.00 |
| 02/06 | | 1,845.69 | 02/15 | | 3,592.43 | 02/23 | | 30.50 |
| 02/06 | | 410.00 | 02/15 | | 561.92 | 02/24 | | 6,601.27 |
| 02/06 | | 200.14 | 02/15 | | 230.00 | 02/24 | | 2,663.61 |
| 02/06 | | 163.10 | 02/15 | | 40.11 | 02/24 | | 945.44 |
| 02/06 | | 150.00 | 02/16 | | 590,447.10 | 02/24 | | 119.00 |
| 02/07 | | 34,227.64 | 02/16 | | 20,028.59 | 02/24 | | 86.00 |
| 02/07 | | 4,596.77 | 02/16 | | 5,829.61 | 02/27 | | 100,949.98 |
| 02/07 | | 1,651.52 | 02/16 | | 455.00 | 02/27 | | 3,136.03 |
| 02/07 | | 584.00 | 02/16 | | 35.00 | 02/27 | | 574.00 |
| 02/07 | | 211.80 | 02/17 | | 10,416.63 | 02/27 | | 507.36 |
| 02/07 | | 10.00 | 02/17 | | 2,326.35 | 02/27 | | 123.00 |
| 02/08 | | 23,668.58 | 02/17 | | 922.44 | 02/27 | | 40.00 |
| 02/08 | | 3,755.26 | 02/17 | | 101.00 | 02/28 | | 43,473.34 |
| 02/08 | | 470.00 | 02/17 | | 32.00 | 02/28 | | 15,711.99 |
| 02/08 | | 90.00 | 02/21 | | 48,903.03 | 02/28 | | 559.33 |
| 02/09 | | 3,123.41 | 02/21 | | 16,534.36 | 02/28 | | 45.20 |
| 02/09 | | 775.44 | 02/21 | | 1,725.30 | 02/28 | | 32.00 |
| 02/09 | | 128.07 | 02/21 | | 1,011.50 | 02/28 | | 30.00 |
| 02/09 | | 96.00 | | | | | | |

## Checks (Debits)

| Date | Check # | Amount | Date | Check # | Amount | Date | Check # | Amount |
|---|---|---|---|---|---|---|---|---|
| 02/21 | 61834 | 71.86 | 02/01 * | 169519 | 86.72 | 02/21 * | 169596 | 175.15 |
| 02/24 * | 61836 | 3,091.11 | 02/02 * | 169546 | 640.73 | 02/21 * | 169602 | 60.44 |
| 02/28 * | 165187 | 70.51 | 02/23 * | 169549 | 47.79 | 02/08 * | 169613 | 65.00 |
| 02/21 * | 168685 | 142.11 | 02/02 * | 169551 | 1,051.61 | 02/08 * | 169616 | 144.86 |
| 02/21 * | 168716 | 36.11 | 02/02 * | 169553 | 360.00 | 02/02 * | 169618 | 550.00 |
| 02/01 * | 169368 | 3,108.92 | 02/02 * | 169563 | 2,101.49 | 02/07 * | 169624 | 61.61 |
| 02/13 * | 169508 | 68.60 | 02/02 * | 169591 | 224.25 | 02/07 * | 169629 | 19.00 |

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

CUSTOMER

8/NE/131/019/3272
MEMORIAL MEDICAL CENTER OPERATING
COUNTY OF CALHOUN
201 W AUSTIN STREET
PORT LAVACA TX 77979

# STATEMENT 405

CUSTOMER NO. | PAGE NO.
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02/01/2017 to 02/28/2017
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.

| | | | |
|---|---|---|---|
| 02/27 | Electronic Deposit | 36 TREAS 310 MISC PAY 746003411360012 | 115.66 |
| 02/27 | Electronic Deposit | BCBS TEXAS HCCLAIMPMT C17054E79799010 | 50.00 |
| 02/27 | Electronic Deposit | IBC MERCH BNKCD DEPOSIT 971160914885 | 50.00 |
| 02/27 | Electronic Deposit | IBC MERCH BNKCD DEPOSIT 971160913887 | 27.51 |
| 02/27 | Electronic Deposit | IBC MERCH BNKCD DEPOSIT 971160911881 | 25.00 |
| 02/27 | Electronic Deposit | IBC MERCH BNKCD DEPOSIT 971160914885 | 10.00 |
| 02/28 | Electronic Deposit | NOVITAS SOLUTION HCCLAIMPMT 451356 | 97,050.26 |
| 02/28 | Electronic Deposit | NOVITAS SOLUTION HCCLAIMPMT 45Z356 | 10,095.96 |
| 02/28 | Electronic Deposit | BCBS TEXAS HCCLAIMPMT C17055E79912440 | 7,346.33 |
| 02/28 | Electronic Deposit | NOVITAS SOLUTION HCCLAIMPMT 673422 | 5,494.45 |
| 02/28 | Electronic Deposit | IBC MERCH BNKCD DEPOSIT 971160910883 | 3,435.75 |
| 02/28 | Electronic Deposit | CENTENE CORP HCCLAIMPMT | 1,454.55 |
| 02/28 | Electronic Deposit | BCBS TEXAS HCCLAIMPMT C17055E79912460 | 747.25 |
| 02/28 | Electronic Deposit | AETNA H09 HCCLAIMPMT 1497153589 | 208.74 |
| 02/28 | Electronic Deposit | AETNA AS01 HCCLAIMPMT 1497143259 | 161.00 |
| 02/28 | Electronic Deposit | NOVITAS HCCLAIMPMT 1689630865 | 142.95 |
| 02/28 | Electronic Deposit | IBC MERCH BNKCD DEPOSIT 971160914885 | 108.00 |
| 02/28 | Electronic Deposit | IBC MERCH BNKCD DEPOSIT 971160911881 | 87.16 |
| 02/28 | Electronic Deposit | 36 TREAS 310 MISC PAY 746003411360012 | 68.67 |
| 02/28 | Electronic Deposit | HEALTH HUMAN SVC INV-PAYMTS 17460034113000 | 54.00 |
| 02/28 | Electronic Deposit | IBC MERCH BNKCD DEPOSIT 971160913887 | 29.58 |

Debits

| | | | |
|---|---|---|---|
| 02/01 | Electronic Payment | IRS USATAXPYMT 220743245762545 | 96,403.32 |
| 02/02 | Electronic Payment | IBC MERCH BNKCD DISCOUNT 674200009993 | 19.95 |
| 02/02 | Electronic Payment | IBC MERCH BNKCD FEE 674200009993 | 31.20 |
| 02/02 | Electronic Payment | VIVONET ACQUISIT PAYMENT 1136 | 99.00 |
| 02/02 | Electronic Payment | STATE COMPTRLR TEXNET 26279459/70201 | 204,967.54 |
| 02/03 | Electronic Payment | IBC MERCH BNKCD FEE 971160912889 | 1.95 |
| 02/03 | Electronic Payment | IBC MERCH BNKCD FEE 971160911881 | 52.80 |
| 02/03 | Electronic Payment | IBC MERCH BNKCD FEE 971160914885 | 71.91 |
| 02/03 | Electronic Payment | IBC MERCH BNKCD INTERCHNG 971160913887 | 78.69 |
| 02/03 | Electronic Payment | IBC MERCH BNKCD FEE 971160910883 | 105.36 |
| 02/03 | Electronic Payment | IBC MERCH BNKCD INTERCHNG 971160914885 | 108.01 |
| 02/03 | Electronic Payment | IBC MERCH BNKCD INTERCHNG 971160911881 | 118.89 |
| 02/03 | Electronic Payment | IBC MERCH BNKCD DISCOUNT 971160913887 | 123.89 |
| 02/03 | Electronic Payment | IBC MERCH BNKCD FEE 971160913887 | 139.09 |
| 02/03 | Electronic Payment | IBC MERCH BNKCD DISCOUNT 971160911881 | 277.69 |
| 02/03 | Electronic Payment | IBC MERCH BNKCD DEPOSIT 971160915882 | 448.80 |
| 02/03 | Electronic Payment | IBC MERCH BNKCD DISCOUNT 971160914885 | 492.55 |
| 02/03 | Electronic Payment | IBC MERCH BNKCD DISCOUNT 971160910883 | 1,901.41 |
| 02/03 | Electronic Payment | IBC MERCH BNKCD INTERCHNG 971160910883 | 2,162.78 |
| 02/06 | Electronic Payment | FDGL LEASE PYMT | 59.25 |
| 02/06 | Electronic Payment | FDGL LEASE PYMT | 59.25 |
| 02/06 | Electronic Payment | FDGL LEASE PYMT | 86.30 |
| 02/07 | Electronic Payment | FDGL LEASE PYMT | 30.25 |
| 02/07 | Electronic Payment | TAMG8666349910 PURCHASE MEMORIAL MEDICA | 150.00 |
| 02/07 | Electronic Payment | MCKESSON DRUG AUTO ACH ACH03042323 | 693.95 |
| 02/07 | Electronic Payment | MCKESSON DRUG AUTO ACH ACH03042312 | 888.24 |

2/6/17 2,941.29

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

CUSTOMER

8/NE/131/019/3273
MEMORIAL MEDICAL CENTER OPERATING
COUNTY OF CALHOUN
201 W AUSTIN STREET
PORT LAVACA TX 77979

# STATEMENT

405

CUSTOMER NO. | PAGE NO.
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02/01/2017 to 02/28/2017
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.

| | | | | |
|---|---|---|---|---|
| 02/07 | Electronic Payment | MCKESSON DRUG AUTO ACH ACH03042222 | | 1,359.10 |
| 02/08 | Electronic Payment | EXPERTPAY EXPERTPAY xxxxx3411 | | 213.81 |
| 02/09 | Electronic Payment | MEMORIAL MEDICAL PAYROLL | | 262,845.51 |
| 02/10 | Electronic Payment | CLOVER APP MRKT CLOVER APP | | 16.25 |
| 02/10 | Electronic Payment | FDGL LEASE PYMT | | 30.17 |
| 02/10 | Electronic Payment | CLOVER APP MRKT CLOVER APP | | 81.20 |
| 02/14 | Electronic Payment | MCKESSON DRUG AUTO ACH ACH03051383 | | 484.52 |
| 02/14 | Electronic Payment | MCKESSON DRUG AUTO ACH ACH03051307 | | 659.44 |
| 02/14 | Electronic Payment | MCKESSON DRUG AUTO ACH ACH03051393 | | 1,276.34 |
| 02/15 | Electronic Payment | IRS USATAXPYMT 220744650953127 | | 96,595.70 |
| 02/16 | Electronic Payment | TEXAS COUNTY DRS RECEIVABLE 419 | | 882,147.08 |
| 02/17 | Electronic Payment | TEXAS COUNTY DRS RECEIVABLE 419 | | 115,462.72 |
| 02/21 | Electronic Payment | Telecheck INV022017D xxxxx9736 | | 5.00 |
| 02/21 | Electronic Payment | FDGL LEASE PYMT | | 26.98 |
| 02/21 | Electronic Payment | FDGL LEASE PYMT | | 151.23 |
| 02/21 | Electronic Payment | WEBFILE TAX PYMT DD 902/26458747 | | 928.42 |
| 02/22 | Electronic Payment | MCKESSON DRUG AUTO ACH ACH03055343 | | 867.48 |
| 02/22 | Electronic Payment | MCKESSON DRUG AUTO ACH ACH03055195 | | 1,032.70 |
| 02/22 | Electronic Payment | MCKESSON DRUG AUTO ACH ACH03055362 | | 1,893.30 |
| 02/23 | Electronic Payment | EXPERTPAY EXPERTPAY xxxxx3411 | | 213.81 |
| 02/23 | Electronic Payment | MEMORIAL MEDICAL PAYROLL | | 247,377.80 |
| 02/27 | Electronic Payment | CARDMEMBER SERV ELECT PYMT | | 3,144.03 |
| 02/27 | Electronic Payment | CARDMEMBER SERV ELECT PYMT | | 4,631.56 |
| 02/28 | Electronic Payment | MCKESSON DRUG AUTO ACH ACH03063883 | | 1,001.30 |
| 02/28 | Electronic Payment | MCKESSON DRUG AUTO ACH ACH03064096 | | 1,418.64 |
| 02/28 | Electronic Payment | MCKESSON DRUG AUTO ACH ACH03064140 | | 1,420.37 |

## Daily Ending Balance

| | | | | | |
|---|---|---|---|---|---|
| 02/01 | 2,425,274.89 | 02/10 | 2,175,226.64 | 02/21 | 2,878,581.54 |
| 02/02 | 2,265,707.06 | 02/13 | 2,202,239.44 | 02/22 | 2,727,099.45 |
| 02/03 | 2,363,289.30 | 02/14 | 2,228,070.15 | 02/23 | 2,564,270.89 |
| 02/06 | 2,467,049.62 | 02/15 | 2,164,813.77 | 02/24 | 2,620,245.53 |
| 02/07 | 2,525,261.86 | 02/16 | 2,831,862.71 | 02/27 | 2,738,870.93 |
| 02/08 | 2,663,236.47 | 02/17 | 3,276,518.05 | 02/28 | 2,865,780.01 |
| 02/09 | 2,457,672.16 | | | | |

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

CUSTOMER

8/NE/131/019/3024
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
PRIVATE WAIVER CLEARING FUND
202 S ANN ST STE A
PORT LAVACA TX 77979

# STATEMENT

| CUSTOMER NO. | PAGE NO. |
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02/01/2017 to 02/28/2017
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 |
|---|---|---|---|---|---|
| 1,227,029.67 | 0 | 0.00 | 0 | 0.00 | 1,227,029.67 |

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

CUSTOMER

8/NE/131/019/3274

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

# STATEMENT

15

| CUSTOMER NO. | PAGE NO. |
|---|---|
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02/01/2017 to 02/28/2017
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 |
|---|---|---|---|---|---|
| 2,625.20 | 2 | 89,221.86 | 13 | 87,461.01 | 4,386.05 |

## Deposits (Credits)

| Date | Deposit# | Amount | Date | Deposit# | Amount |
|---|---|---|---|---|---|
| 02/02 | | 44,913.11 | 02/28 | | 44,308.75 |

## Checks (Debits)

| Date | Check # | Amount | Date | Check # | Amount | Date | Check # | Amount |
|---|---|---|---|---|---|---|---|---|
| 02/08 | 11913 | 47.85 | 02/08 | 11919 | 589.25 | 02/28 * | 11930 | 34,436.13 |
| 02/13 * | 11915 | 1,178.40 | 02/08 * | 11921 | 2,352.81 | 02/28 * | 11933 | 4,703.54 |
| 02/17 | 11916 | 566.18 | 02/14 | 11922 | 140.19 | 02/28 * | 11935 | 167.00 |
| 02/08 | 11917 | 360.00 | 02/07 * | 11925 | 141.22 | 02/28 | 11936 | 4,166.67 |
| 02/03 | 11918 | 38,611.77 | | | | | | |

* Indicates a skip in check number sequence

## Daily Ending Balance

| | | | | | |
|---|---|---|---|---|---|
| 02/02 | 47,538.31 | 02/08 | 5,435.41 | 02/17 | 3,550.64 |
| 02/03 | 8,926.54 | 02/13 | 4,257.01 | 02/28 | 4,386.05 |
| 02/07 | 8,785.32 | 02/14 | 4,116.82 | | |

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

CUSTOMER

8/NE/131/019/3059
MEMORIAL MEDICAL CENTER CONSTRUCTION COU
CLINIC SERIES 2014
202 S ANN STE A
PORT LAVACA TX 77979

# STATEMENT

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STATEMENT PERIOD: 02/01/2017 to 02/28/2017

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 |
|---|---|---|---|---|---|
| 100.00 | 0 | 0.00 | 1 | 5.00 | 95.00 |

## Electronic Activity

| | | | |
|---|---|---|---|
| 02/28 | Debits Service Fee | Inactive Account Fee | 5.00 |

## Daily Ending Balance

| | |
|---|---|
| 02/28 | 95.00 |

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

CUSTOMER

B/NE/131/019/3088
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH ASHFORD
202 S ANN ST STE A
PORT LAVACA TX 77979

# STATEMENT

8

| CUSTOMER NO. | PAGE NO. |
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STATEMENT PERIOD: 02/01/2017 to 02/28/2017

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 |
|---|---|---|---|---|---|
| 171,188.83 | 29 | 1,296,204.66 | 4 | 934,765.99 | 532,627.50 |

## Deposits (Credits)

| Date | Deposit# | Amount | Date | Deposit# | Amount | Date | Deposit# | Amount |
|---|---|---|---|---|---|---|---|---|
| 02/02 | | 165,606.04 | 02/16 | | 36,646.25 | 02/24 | | 121,311.48 |
| 02/10 | | 49,428.90 | 02/24 | | 201,101.68 | 02/28 | | 51,017.81 |
| 02/13 | | 201,101.68 | | | | | | |

## Checks (Debits)

| Date | Check # | Amount |
|---|---|---|
| 02/16 | 14 | 346,327.61 MPAP Jan 2017 |

## Electronic Activity

| | | | |
|---|---|---|---|
| | **Credits** | | |
| 02/02 | Electronic Deposit | HEALTH HUMAN SVC INV-PAYMTS 17460034113005 | 2,265.33 |
| 02/03 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17020111500351 | 6,545.00 |
| 02/06 | Electronic Deposit | NOVITAS SOLUTION HCCLAIMPMT 675423 | 1,959.23 |
| 02/07 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17020415200985 | 9,730.00 |
| 02/08 | Electronic Deposit | HEALTH HUMAN SVC INV-PAYMTS 17460034113005 | 9,064.60 |
| 02/10 | Electronic Deposit | HEALTH HUMAN SVC INV-PAYMTS 17460034113005 | 9,042.30 |
| 02/10 | Electronic Deposit | Molina HC of TX Molina HC PN1326436189 | 7,374.64 |
| 02/13 | Electronic Deposit | HEALTH HUMAN SVC INV-PAYMTS 17460034113005 | 14,469.83 |
| 02/14 | Electronic Deposit | HEALTH HUMAN SVC INV-PAYMTS 17460034113005 | 8,173.94 |
| 02/17 | Electronic Deposit | Molina HC of TX Molina HC PN1326436189 | 7,573.38 |
| 02/21 | Electronic Deposit | HEALTH HUMAN SVC INV-PAYMTS 17460034113005 | 6,948.71 |
| 02/21 | Electronic Deposit | Molina HC of TX Molina HC PN1326436189 | 5,601.02 |
| 02/22 | Electronic Deposit | AMERIGROUP CORPO E-PAYMENT EE51468759 | 156,412.57 |
| 02/22 | Electronic Deposit | NOVITAS SOLUTION HCCLAIMPMT 675423 | 147,697.77 |
| 02/22 | Electronic Deposit | Molina HC of TX Molina HC PN1326436189 | 54.44 |
| 02/23 | Electronic Deposit | NOVITAS SOLUTION HCCLAIMPMT 675423 | 3,901.22 |
| 02/24 | Electronic Deposit | Molina HC of TX Molina HC PN1326436189 | 6,080.49 |
| 02/24 | Electronic Deposit | HEALTH HUMAN SVC INV-PAYMTS 17460034113005 | 3,207.09 |
| 02/24 | Electronic Deposit | NOVITAS SOLUTION HCCLAIMPMT 675423 | 2,458.66 |
| 02/28 | Electronic Deposit | HEALTH HUMAN SVC INV-PAYMTS 17460034113005 | 41,559.36 |
| 02/28 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17022512400027 | 18,980.50 |
| 02/28 | Electronic Deposit | Molina HC of TX Molina HC PN1326436189 | 890.74 |
| | **Debits** | | |
| 02/15 | Outgoing Wire | 0013 ASHFORD HEALTH CARE CENTER LTD | 301,348.77 |
| 02/23 | Outgoing Wire | 0389 ASHFORD HEALTH CARE CENTER LTD | 52,393.57 |
| 02/28 | Outgoing Wire | 0117 ASHFORD HEALTH CARE CENTER LTD | 234,696.04 |

654775.13 − 234,696.24 = 420,079.09

171,088.83 + 130,259.94 =

## Daily Ending Balance

| | | | | | |
|---|---|---|---|---|---|
| 02/02 | 339,060.20 | 02/06 | 347,564.43 | 02/08 | 366,359.03 |
| 02/03 | 345,605.20 | 02/07 | 357,294.43 | 02/10 | 432,204.87 |

1,467,293.49 − 588,438.38 = 878,855.11

878,855.11 − 346,327.61 = 532,527.50

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

CUSTOMER

8/NE/131/019/3094
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH BROADMOOR
202 S ANN ST STE A
PORT LAVACA TX 77979

# STATEMENT

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| CUSTOMER NO. | PAGE NO. |
|---|---|
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02/01/2017 to 02/28/2017
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 |
|---|---|---|---|---|---|
| 9,102.16 | 26 | 674,429.84 | 4 | 629,607.23 | 53,924.77 |

## Deposits (Credits)

| Date | Deposit# | Amount | Date | Deposit# | Amount | Date | Deposit# | Amount |
|---|---|---|---|---|---|---|---|---|
| 02/02 | | 33,731.03 | 02/16 | | 29,199.79 | 02/24 | | 6,668.57 |
| 02/10 | | 62,547.97 | 02/24 | | 28,522.64 | 02/28 | | 29,524.43 |
| 02/13 | | 6,668.57 | | | | | | |

## Checks (Debits)

| Date | Check # | Amount |
|---|---|---|
| 02/16 | 13 | 8,780.46 MPAP Jan 2017 |

## Electronic Activity

Credits

| | | | |
|---|---|---|---|
| 02/01 | Electronic Deposit | NOVITAS SOLUTION HCCLAIMPMT 676357 | 13,235.65 |
| 02/02 | Electronic Deposit | NOVITAS SOLUTION HCCLAIMPMT 676357 | 5,847.37 |
| 02/03 | Electronic Deposit | NOVITAS SOLUTION HCCLAIMPMT 676357 | 5,263.61 |
| 02/09 | Electronic Deposit | HEALTH HUMAN SVC INV-PAYMTS 17460034113004 | 2,481.38 |
| 02/14 | Electronic Deposit | NOVITAS SOLUTION HCCLAIMPMT 676357 | 10,265.71 |
| 02/15 | Electronic Deposit | HEALTH HUMAN SVC INV-PAYMTS 17460034113004 | 813.58 |
| 02/17 | Electronic Deposit | HEALTH HUMAN SVC INV-PAYMTS 17460034113004 | 7,322.51 |
| 02/21 | Electronic Deposit | NOVITAS SOLUTION HCCLAIMPMT 676357 | 315,225.61 |
| 02/21 | Electronic Deposit | HEALTH HUMAN SVC INV-PAYMTS 17460034113004 | 1,924.28 |
| 02/22 | Electronic Deposit | NOVITAS SOLUTION HCCLAIMPMT 676357 | 26,612.05 |
| 02/22 | Electronic Deposit | HEALTH HUMAN SVC INV-PAYMTS 17460034113004 | 1,863.17 |
| 02/22 | Electronic Deposit | AMERIGROUP CORPO E-PAYMENT EE51468758 | 1,667.14 |
| 02/23 | Electronic Deposit | NOVITAS SOLUTION HCCLAIMPMT 676357 | 55,597.63 |
| 02/24 | Electronic Deposit | NOVITAS SOLUTION HCCLAIMPMT 676357 | 10,672.50 |
| 02/24 | Electronic Deposit | Molina HC of TX Molina HC PN1669860433 | 2,170.88 |
| 02/24 | Electronic Deposit | HEALTH HUMAN SVC INV-PAYMTS 17460034113004 | 1,750.57 |
| 02/27 | Electronic Deposit | HEALTH HUMAN SVC INV-PAYMTS 17460034113004 | 7,238.00 |
| 02/28 | Electronic Deposit | HEALTH HUMAN SVC INV-PAYMTS 17460034113004 | 7,529.95 |
| 02/28 | Electronic Deposit | Molina HC of TX Molina HC PN1669860433 | 85.25 |

Debits

| | | | |
|---|---|---|---|
| 02/15 | Outgoing Wire | 0016 CANTEX HEALTH CARE CENTERS III | 129,997.28 |
| 02/23 | Outgoing Wire | 0392 CANTEX HEALTH CARE CENTERS III | 47,601.59 |
| 02/28 | Outgoing Wire | 0120 CANTEX HEALTH CARE CENTERS III | 443,227.90 |

## Daily Ending Balance

| | | | | | |
|---|---|---|---|---|---|
| 02/01 | 22,337.81 | 02/13 | 138,877.74 | 02/21 | 364,851.48 |
| 02/02 | 61,916.21 | 02/14 | 149,143.45 | 02/22 | 394,993.84 |
| 02/03 | 67,179.82 | 02/15 | 19,959.75 | 02/23 | 402,989.88 |
| 02/09 | 69,661.20 | 02/16 | 40,379.08 | 02/24 | 452,775.04 |
| 02/10 | 132,209.17 | 02/17 | 47,701.59 | 02/27 | 460,013.04 |

IBC

BANK

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

CUSTOMER

8/NE/131/019/3092
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH CRESCENT
202 S ANN ST STE A
PORT LAVACA TX 77979

# STATEMENT

8

| CUSTOMER NO. | PAGE NO. |
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02/01/2017 to 02/28/2017
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 |
|---|---|---|---|---|---|
| 30,881.35 | 31 | 553,775.27 | 4 | 515,603.71 | 69,052.91 |

### Deposits (Credits)

| Date | Deposit# | Amount | Date | Deposit# | Amount | Date | Deposit# | Amount |
|---|---|---|---|---|---|---|---|---|
| 02/02 | | 53,787.07 | 02/16 | | 4,698.78 | 02/24 | | 10,112.98 |
| 02/10 | | 47,984.80 | 02/24 | | 15,674.21 | 02/28 | | 18,911.15 |
| 02/13 | | 10,112.98 | | | | | | |

### Checks (Debits)

| Date | Check # | Amount |
|---|---|---|
| 02/16 | 10 | 31,957.69 MPAP Jan 2017 |

### Electronic Activity

| | | | | |
|---|---|---|---|---|
| | Credits | | | |
| 02/03 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17020111500362 | | 5,712.00 |
| 02/09 | Electronic Deposit | Molina HC of TX Molina HC PN1669860425 | | 4,378.33 |
| 02/10 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17020819600031 | | 729.70 |
| 02/10 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17020815802110 | | 521.97 |
| 02/13 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17020910400347 | | 5,965.78 |
| 02/13 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17020912600019 | | 1,167.52 |
| 02/14 | Electronic Deposit | NOVITAS SOLUTION HCCLAIMPMT 676323 | | 11,815.12 |
| 02/14 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17021117100791 | | 4,200.00 |
| 02/17 | Electronic Deposit | Molina HC of TX Molina HC PN1669860425 | | 325.08 |
| 02/21 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17021610800005 | | 4,159.63 |
| 02/21 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17021612100083 | | 1,897.22 |
| 02/22 | Electronic Deposit | NOVITAS SOLUTION HCCLAIMPMT 676323 | | 269,709.32 |
| 02/22 | Electronic Deposit | AMERIGROUP CORPO E-PAYMENT EE51468757 | | 22,248.59 |
| 02/22 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17021814100342 | | 14,042.00 |
| 02/22 | Electronic Deposit | Molina HC of TX Molina HC PN1669860425 | | 6,927.62 |
| 02/22 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17021819800444 | | 3,890.40 |
| 02/23 | Electronic Deposit | NOVITAS SOLUTION HCCLAIMPMT 676323 | | 5,050.55 |
| 02/24 | Electronic Deposit | NOVITAS SOLUTION HCCLAIMPMT 676323 | | 12,719.26 |
| 02/24 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17022216300106 | | 3,370.39 |
| 02/24 | Electronic Deposit | Molina HC of TX Molina HC PN1669860425 | | 3,197.37 |
| 02/24 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17022219200123 | | 875.64 |
| 02/27 | Electronic Deposit | NOVITAS SOLUTION HCCLAIMPMT 676323 | | 5,028.11 |
| 02/28 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17022511500122 | 28500.96 | 4,078.87 |
| 02/28 | Electronic Deposit | NOVITAS SOLUTION HCCLAIMPMT 676323 | | 482.83 |
| | Debits | | | |
| 02/15 | Outgoing Wire | 0015 CANTEX HEALTH CARE CENTERS III | | 129,183.81 |
| 02/23 | Outgoing Wire | 0391 CANTEX HEALTH CARE CENTERS III | | 21,038.98 |
| 02/28 | Outgoing Wire | 0119 CANTEX HEALTH CARE CENTERS III | | 333,423.23 |

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CUSTOMER

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MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH FORT BEND
202 S ANN ST STE A
PORT LAVACA TX 77979

# STATEMENT

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02/01/2017 to 02/28/2017
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 |
|---|---|---|---|---|---|
| 18,823.97 | 29 | 455,829.84 | 4 | 324,069.45 | 150,584.36 |

### Deposits (Credits)

| Date | Deposit# | Amount | Date | Deposit# | Amount | Date | Deposit# | Amount |
|---|---|---|---|---|---|---|---|---|
| 02/02 | | 69,203.62 | 02/16 | | 1,013.83 | 02/24 | | 57,480.46 |
| 02/10 | | 11,247.44 | 02/24 | | 65,102.01 | 02/28 | | 10,975.38 |
| 02/13 | | 65,102.01 | | | | | | |

### Checks (Debits)

| Date | Check # | Amount |
|---|---|---|
| 02/16 | 11 | 107,761.50 MPAP Jan 2017 |

### Electronic Activity

| | | | |
|---|---|---|---|
| | Credits | | |
| 02/03 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17020116400075 | 635.93 |
| 02/08 | Electronic Deposit | NOVITAS SOLUTION HCCLAIMPMT 675663 | 739.99 |
| 02/09 | Electronic Deposit | Molina HC of TX Molina HC PN1730577503 | 8,511.56 |
| 02/09 | Electronic Deposit | HEALTH HUMAN SVC INV-PAYMTS 17460034113006 | 832.07 |
| 02/10 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17020815802111 | 521.92 |
| 02/13 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17020910400348 | 7,260.71 |
| 02/14 | Electronic Deposit | Molina HC of TX Molina HC PN1730577503 | 6,630.87 |
| 02/17 | Electronic Deposit | Molina HC of TX Molina HC PN1730577503 | 15,542.72 |
| 02/21 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17021610800006 | 6,924.68 |
| 02/21 | Electronic Deposit | CENTENE CORP HCCLAIMPMT | 2,032.68 |
| 02/21 | Electronic Deposit | Molina HC of TX Molina HC PN1730577503 | 1,864.99 |
| 02/22 | Electronic Deposit | NOVITAS SOLUTION HCCLAIMPMT 675663 | 67,422.37 |
| 02/22 | Electronic Deposit | AMERIGROUP CORPO E-PAYMENT EE51468755 | 13,020.40 |
| 02/22 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17021819800445 | 5,185.21 |
| 02/23 | Electronic Deposit | NOVITAS SOLUTION HCCLAIMPMT 675663 | 14,394.21 |
| 02/24 | Electronic Deposit | Molina HC of TX Molina HC PN1730577503 | 7,156.77 |
| 02/24 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17022216300107 | 4,747.05 |
| 02/24 | Electronic Deposit | HEALTH HUMAN SVC INV-PAYMTS 17460034113006 | 2,976.00 |
| 02/28 | Electronic Deposit | HEALTH HUMAN SVC INV-PAYMTS 17460034113006 | 7,291.89 |
| 02/28 | Electronic Deposit | CENTENE CORP HCCLAIMPMT | 938.16 |
| 02/28 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17022411300005 | 756.26 |
| 02/28 | Electronic Deposit | NOVITAS SOLUTION HCCLAIMPMT 675663 | 318.65 |
| | Debits | | |
| 02/15 | Outgoing Wire | 0017 CANTEX HEALTH CARE CENTERS III | 75,017.72 |
| 02/23 | Outgoing Wire | 0393 CANTEX HEALTH CARE CENTERS III | 23,187.42 |
| 02/28 | Outgoing Wire | 0121 CANTEX HEALTH CARE CENTERS III | 118,102.81 |

### Daily Ending Balance

| | | | | | |
|---|---|---|---|---|---|
| 02/02 | 88,027.59 | 02/08 | 89,403.51 | 02/10 | 110,516.50 |
| 02/03 | 88,663.52 | 02/09 | 98,747.14 | 02/13 | 182,879.22 |

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311 North Virginia
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CUSTOMER

8/NE/131/019/3090
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
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202 S ANN ST STE A
PORT LAVACA TX 77979

# STATEMENT

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02/01/2017 to 02/28/2017
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 |
|---|---|---|---|---|---|
| 41,331.09 | 30 | 802,430.24 | 4 | 686,206.85 | 157,554.48 |

## Deposits (Credits)

| Date | Deposit# | Amount | Date | Deposit# | Amount | Date | Deposit# | Amount |
|---|---|---|---|---|---|---|---|---|
| 02/02 | | 85,819.12 | 02/16 | | 24,479.31 | 02/24 | | 50,093.42 |
| 02/10 | | 86,011.24 | 02/24 | | 56,483.16 | 02/28 | | 17,532.43 |
| 02/13 | | 56,483.16 | | | | | | |

## Checks (Debits)

| Date | Check # | Amount |
|---|---|---|
| 02/16 | 10 | 95,619.84 MPAP Jan 2017 |

## Electronic Activity

Credits

| | | | |
|---|---|---|---|
| 02/03 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17020110900046 | 433.09 |
| 02/06 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17020210700467 | 712.64 |
| 02/07 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17020310200103 | 6,544.53 |
| 02/13 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17020912300055 | 1,186.54 |
| 02/14 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17021014900059 | 6,846.37 |
| 02/15 | Electronic Deposit | HEALTH HUMAN SVC INV-PAYMTS 17460034113007 | 1,049.32 |
| 02/16 | Electronic Deposit | HEALTH HUMAN SVC INV-PAYMTS 17460034113007 | 5,445.46 |
| 02/17 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17021511200085 | 7,474.63 |
| 02/21 | Electronic Deposit | HEALTH HUMAN SVC INV-PAYMTS 17460034113007 | 2,283.58 |
| 02/21 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17021612500093 | 1,908.99 |
| 02/22 | Electronic Deposit | NOVITAS SOLUTION HCCLAIMPMT 676310 | 257,749.70 |
| 02/22 | Electronic Deposit | AMERIGROUP CORPO E-PAYMENT EE51468756 | 37,655.44 |
| 02/23 | Electronic Deposit | NOVITAS SOLUTION HCCLAIMPMT 676310 | 62,786.26 |
| 02/23 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17022111400921 | 732.12 |
| 02/24 | Electronic Deposit | NOVITAS SOLUTION HCCLAIMPMT 676310 | 13,242.83 |
| 02/24 | Electronic Deposit | HEALTH HUMAN SVC INV-PAYMTS 17460034113007 | 1,053.96 |
| 02/24 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17022216300094 | 881.07 |
| 02/27 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17022313200077 | 7,005.26 |
| 02/27 | Electronic Deposit | HEALTH HUMAN SVC INV-PAYMTS 17460034113007 | 1,199.22 |
| 02/27 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17022311100106 | 172.52 |
| 02/28 | Electronic Deposit | NOVITAS SOLUTION HCCLAIMPMT 676310 | 7,613.66 |
| 02/28 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17022410500363 | 1,437.44 |
| 02/28 | Electronic Deposit | HEALTH HUMAN SVC INV-PAYMTS 17460034113007 | 113.77 |

122,380.18

Debits

| | | | |
|---|---|---|---|
| 02/15 | Outgoing Wire | 0014 CANTEX HEALTH CARE CENTERS LLC | 182,801.57 |
| 02/23 | Outgoing Wire | 0390 CANTEX HEALTH CARE CENTERS LLC | 45,295.09 |
| 02/28 | Outgoing Wire | 0118 CANTEX HEALTH CARE CENTERS LLC | 362,490.35 |

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CUSTOMER

8/NE/131/019/3117
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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02/01/2017 to 02/28/2017
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 |
|---|---|---|---|---|---|
| 95.00 | 1 | 5.00 | 0 | 0.00 | 100.00 |

## Deposits (Credits)

| Date | Deposit# | Amount |
|---|---|---|
| 02/08 | | 5.00 |

## Daily Ending Balance

| | |
|---|---|
| 02/08 | 100.00 |

IBC

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International Bank of Commerce
311 North Virginia
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CUSTOMER

8/NE/131/019/3119
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
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202 S ANN ST STE A
PORT LAVACA TX 77979

# STATEMENT



| CUSTOMER NO. | PAGE NO. |
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02/01/2017 to 02/28/2017
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 |
|---|---|---|---|---|---|
| 95.00 | 1 | 5.00 | 0 | 0.00 | 100.00 |

## Deposits (Credits)

| Date | Deposit# | Amount |
|---|---|---|
| 02/08 | | 5.00 |

## Daily Ending Balance

| | |
|---|---|
| 02/08 | 100.00 |