MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ----- April 27, 2017

PAYABLES AND PAYROLL			
3/1/2017	Payroll Liabilities	called in 2/27/17	91,332.06
3/1/2017	Weekly Payables		157,827.92
3/3/2017	TAMG Marking Solution canceled 3/14/17		150.00
3/3/2017	Weekly Payables		2,808.50
3/7/2017	Payroll by Checks		605.36
3/7/2017	McKesson Drugs		4,097.13
3/7/2017	Payroll		251,381.22
3/9/2017	Weekly Payables		270,076.84
3/14/2017	McKesson Drugs		1,963.84
3/14/2017	Payroll Liabilities		91,243.03
3/14/2017	Weekly Payables		318,138.27
3/16/2017	TCDRS		114,974.83
3/17/2017	Patient Refunds		3,994.63
3/17/2017	Transfer to Broadmoor		12,880.00
3/17/2017	Transfer to Solera		3,864.00
3/20/2017	McKesson Drugs		2,557.73
3/20/2017	Payroll		253,160.04
3/22/2017	Payroll Liabilities		147.89
3/22/2017	Weekly Payables		316,366.43
3/24/2017	Credit Card Invoice		3,229.12
3/24/2017	Credit Card Invoice		5,661.75
3/27/2017	McKesson Drugs		3,588.08
3/28/2017	Payroll Liabilities		92,365.73
3/28/2017	Weekly Payables		23,298.00
3/29/2017	Weekly Payables		17,485.00
3/31/2017	Weekly Payables		344,726.93
3/31/2017	Transfer to NH to cover incorrect distribution		30,818.81
3/31/2017	Monthly Electronic Transfers for Payroll Expenses(not incl above)		427.62
3/31/2017	Monthly Electronic Transfers for Operating Expenses		6,048.74
	Total Payables and Payroll		**$ 2,425,219.50**
INTER-GOVERNMENT TRANSFERS			
3/3/2017	Inter-Government Transfers for March 2017	69,295.32	
	Total Inter-Government Transfers		**$ 69,295.32**
INTRA-ACCOUNT TRANSFERS			
	Private Waiver to MMC	-	
3/1/2017	MMC to Private Waiver	600,000.00	
	Total Intra-Account Transfers		**$ 600,000.00**
SUBTOTAL MEMORIAL MEDICAL CENTER DISBURSEMENTS			**$ 3,094,514.82**
INDIGENT HEALTHCARE FUND EXPENSES			**$ 52,132.41**
NURSING HOME UPL EXPENSES FOR March 2017			**$ 4,162,786.13**
IGT MPAP NH Program For March 2017			**$ 559,350.44**
MMC Construction			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED 4/27/2017			**$ 7,868,783.80**

APPROVED

APR 27 2017

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- April 27, 2017

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

Adu Sports Medicine Clinic (Ayo Adu MD)	349.58
Arroyo-Diaz MD, Richard	310.79
Community Pathology Associates	116.56
Crowley D.O., William J.	475.54
Medicine Man Pharmacy	585.40
Memorial Medical Center (In-patient $18,544.53 / Out-patient $20,337.40 / ER $2,816.00)	41,697.93
Memorial Medical Clinic	3,388.00
Osuchudwu MD, George	79.62
Port Lavaca Clinic	750.50
Regional Employee Assistance	135.41
Victoria Anesthesiology Assoc	387.51
Victoria Eye Center	268.90
SUBTOTAL	**48,545.74**
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)	4,166.67
Subtotal	**52,712.41**
Less: Co-Pays collected in March 2017	**(580.00)**
Less: Medicaid Reimbursement	**0.00**
TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES	**52,132.41**

800 04272017 01 CALHOUN COUNTY, TEXAS

DATE: 4/27/2017

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			$52,132.41
	approved by Commissioners Court on 04/27/2017			
1000-001-46010	March Interest $0.00			$0.00
				$52,132.41

COUNTY AUDITOR APPROVAL ONLY

APPROVED ON APR 26 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: _____ 4/27/17

DEPARTMENT HEAD DATE

Issued 04/25/17

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 04/01/2017 through 04/01/2017
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	8,906.74	2,262.36
01-2	Physician Services- Anesthesia	1,794.00	387.51
02	Prescription Drugs	747.17	585.40
05	Lab/x-ray	18.00	2.92
08	Rural Health Clinics	4,029.00	3,609.62
13	Mmc - Inpatient Hospital	34,989.67	18,544.53
14	Mmc - Hospital Outpatient	63,078.98	20,337.40
15	Mmc - Er Bills	8,800.00	2,816.00
	Expenditures	122,363.56	48,545.74
	Reimb/Adjustments	0.00	0.00
	Grand Total	**122,363.56**	**48,545.74**

Copay	<-580.00>
Expenses	4,166.67
Total:	52,132.41

APPROVED
ON

APR 2 4 2017

BY
CALHOUN COUNTY AUDITOR

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Calhoun County Indigent Account

Date Requested: 4/6/2017

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

AMOUNT: $580.00

G/L NUMBER: 50240000

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

March 2017

REQUESTED BY: Adam Machicek

AUTHORIZED BY:

G/L NUMBER	RECEIPT DATE	PAY NUMBER	TYPE	PAYER	CASH AMOUNT	RECEIPT AMOUNT	NUMBER	NAME	DISC DATE	INIT	COLL CODE	GL CASH ACCOUNT
[redacted]												
50240.000	03/10/17	457500	CA	[redacted]	10.00	10.00			00/00/00	ARK		2
50240.000	03/13/17	457636	CA	[redacted]	10.00	10.00			00/00/00	ARK		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	03/31/17	459188	CK	[redacted]	10.00	10.00			00/00/00	ARK		2
50240.000	03/02/17	456753	CA	[redacted]	10.00	10.00			00/00/00	CAS		2
50240.000	03/13/17	457587	CK	[redacted]	10.00	10.00			00/00/00	CAS		2
50240.000	03/13/17	457588	CK	[redacted]	10.00-	10.00-			00/00/00	CAS		2
50240.000	03/16/17	457984	CA	[redacted]	10.00	10.00			00/00/00	CAS		2
50240.000	03/10/17	457471	VI	[redacted]	10.00	10.00			00/00/00	KDG		2
50240.000	03/14/17	457656	CA	[redacted]	10.00	10.00			00/00/00	KDG		2
50240.000	03/06/17	456939	CA	[redacted]	10.00	10.00			00/00/00	MKG		2
50240.000	03/01/17	456642	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	03/02/17	456733	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	03/02/17	456751	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	03/03/17	456847	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	03/03/17	456906	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	03/06/17	456940	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	03/06/17	456968	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	03/06/17	456973	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	03/06/17	457020	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	03/06/17	457030	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	03/07/17	457140	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	03/07/17	457145	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	03/08/17	457224	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	03/09/17	457297	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	03/10/17	457544	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	03/13/17	457549	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	03/13/17	457564	VI	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	03/13/17	457572	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	03/13/17	457603	CK	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	03/15/17	457787	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	03/16/17	457918	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	03/17/17	458033	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	03/17/17	458083	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	03/17/17	458124	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	03/17/17	458147	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	03/20/17	458156	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	03/20/17	458161	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	03/20/17	458169	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	03/21/17	458291	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	03/21/17	458303	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	03/21/17	458365	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	03/22/17	458378	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	03/22/17	458398	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	03/23/17	458538	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	03/24/17	458588	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	03/24/17	458589	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	03/24/17	458604	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	03/28/17	458735	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	03/28/17	458876	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	03/29/17	458910	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	03/29/17	458911	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	03/29/17	458912	CA	[redacted]	10.00-	10.00-			00/00/00	PLB		2
50240.000	03/29/17	458916	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	03/29/17	458927	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	03/30/17	459127	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	03/31/17	459219	CK	[redacted]	10.00-	10.00-			00/00/00	PLB		2

G/L NUMBER	DATE	RECEIPT NUMBER	PAY TYPE	PAYER	CASH AMOUNT	RECEIPT AMOUNT	NUMBER	NAME	DISC DATE	INIT	COLL CODE	GL CASH ACCOUNT
50240.000	03/31/17	459220	MO	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	03/31/17	459248	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	03/31/17	459249	CA	[redacted]	10.00-	10.00-			00/00/00		PLB	2
50240.000	03/03/17	456897	CA	[redacted]	10.00	10.00			00/00/00		SP	2
50240.000	03/02/17	456837	CA	[redacted]	10.00	10.00			00/00/00		VTT	2
50240.000	03/16/17	457973	CA	[redacted]	10.00	10.00			00/00/00		VTT	2
50240.000	03/23/17	458483	CA	[redacted]	10.00	10.00			00/00/00		VTT	2
50240.000	03/23/17	458484	CA	[redacted]	10.00	10.00			00/00/00		VTT	2
50240.000	03/27/17	458708	MC	[redacted]	10.00	10.00			00/00/00		VTT	2
50240.000	03/30/17	459110	CA	[redacted]	10.00	10.00			00/00/00		VTT	2

TOTAL 50240.000 COUNTY INDIGENT COPAYS 580.00

[redacted]

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	6	2	10	65	2
April					
May					
June					
July					
August					
September					
October					
November					
December					
YTD					
Monthly Avg	11	2	7	63	2
December 2016 Active		55			

MEMORIAL
MEDICAL CENTER

So Much...So Close!

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

Date: 3/29/2017
Invoice # 2
For: March

Bill To:
Calhoun County

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

Total $ 4,166.67

CFO Signature

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ----April 27, 2017

Nursing Home UPL

	Weekly Cantex Transfer		ACH Deposits	ACH Transfers
IN	**OUT**			
02/21/17-02/28/17	03/20/17-03/22/17	Ashford-4553	532,527.50	$ 207,424.11
03/03/17-03/13/17	03/20/17-03/22/17	Ashford-4553	$ 16,646.70	16,646.70
03/15/17-03/24/17	3/28/2017	Ashford-4553	322,533.43	322,533.43
03/27/17-03/30/17		Ashford-4553	155,672.47	
02/24/17-02/28/17	03/20/17-03/22/17	Broadmoor-4596	53,824.77	$ 46,361.31
03/01/17-03/10/17	03/20/17-03/22/17	Broadmoor-4596	21,265.18	21,265.18
03/15/17-03/24/17	3/28/2017	Broadmoor-4596	648,036.92	648,036.92
03/27/17-03/30/17		Broadmoor-4596	78,428.80	
02/24/17-02/28/17	03/20/17-03/22/17	Crescent-4588	68,952.91	$ 37,646.74
3/02/17-0314/17	03/20/17-03/22/17	Crescent-4588	719,095.30	719,095.30
03/15/17-03/23/17	3/28/2017	Crescent-4588	382,504.55	382,504.55
03/27/17-03/31/17		Crescent-4588	58,839.31	
02/21/17-02/28/17	03/20/17-03/22/17	Fort Bend-4618	150,484.36	$ 49,718.18
03/06/17-03/14/17	03/20/17-03/22/17	Fort Bend-4618	25,965.72	25,965.72
3/15/17-03/24/17	3/28/2017	Fort Bend-4618	129,737.83	129,737.83
03/27/17-03/30/17		Fort Bend-4618	74,498.90	
02/21/17-02/28/17	03/20/17-03/22/17	Solera-4561	157,454.48	$ 62,743.24
03/02/17-03/14/17	3/20/2017	Solera-4561	7,059.20	7,059.20
03/02/17-03/14/17	03/20/17-03/22/17	Solera-4561	878,721.42	878,721.42
03/15/47-03/24/17	3/28/2017	Solera-4561	607,326.30	607,326.30
		Solera-4561	91,599.44	
SUBTOTAL			5,181,175.49	4,162,786.13
IGT Returns				
Ck 015		Ashford		325,103.39
Ck 014		Broadmoor		7,463.46
Ck 011		Crescent		31,306.17
Ck 012		Fort Bend		100,766.18
Ck 011		Solera		94,711.24
SUBTOTAL				559,350.44

TOTAL APPROVED NURSING HOME WEEKLY CANTEX TRANSFERS	**4,162,786.13**

MEMORIAL MEDICAL CENTER CONSTRUCTION ACCOUNT

COMMISSIONERS COURT APPROVAL LIST FOR ----April 27, 2017

PAYABLES

None

Total Approved MMC Construction Expenses	-

02/28/2017 MEMORIAL MEDICAL CENTER 0
14:24 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 03/08/2017

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
109564 ✓		02/15/20	02/08/20	03/06/20			79.99	0.00	0.00	79.99 ✓
	REPAIR PLNT OPS									
109556 ✓		02/15/20	02/08/20	03/07/20			40.97	0.00	0.00	40.97 ✓
	SUPPLIES GENERAL SURG									
109577 ✓		02/15/20	02/08/20	03/07/20			11.97	0.00	0.00	11.97 ✓
	SUPPLUIES GENERAL PHY TH									
109918 ✓		02/26/20	02/21/20	02/28/20			80.24	0.00	0.00	80.24 ✓
	SUPPLIES GEN PLT OPS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521	213.17	0.00	0.00	213.17

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
9941755827 ✓		01/13/20	12/31/20	01/30/20			418.00	0.00	0.00	418.00 ✓
	OXYGEN RES CARE									
9941755826 ✓		01/13/20	12/31/20	01/30/20			410.44	0.00	0.00	410.44 ✓
	OXYGEN RES CARE									
9942493209 ✓		02/13/20	01/31/20	03/02/20			410.44	0.00	0.00	410.44 ✓
	OXY RES CARE									
9942493210 ✓		02/13/20	01/31/20	03/02/20			392.21	0.00	0.00	392.21 ✓
	OXYGEN RES CARE									
9059792151 ✓		02/13/20	01/31/20	03/02/20			2,051.46	0.00	0.00	2,051.46 ✓
	SUPPLIES GEN PLT OPS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	3,682.55	0.00	0.00	3,682.55

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
9650512768 ✓		02/26/20	01/26/20	02/25/20			477.00	0.00	0.00	477.00 ✓
	SUPPLIES GEN SURGERY									

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
53591785 ✓		02/26/20	01/30/20	03/01/20			309.53	0.00	0.00	309.53 ✓
53598837 ✓		02/26/20	01/30/20	03/01/20			304.40	0.00	0.00	304.40 ✓
53680426A ✓		02/27/20	02/02/20	03/04/20			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	3,380.93	0.00	0.00	3,380.93

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
6004849841		02/26/20	02/01/20	02/28/20			1,033.44	0.00	0.00	1,033.44

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
106082407		02/26/20	01/09/20	02/08/20			424.66	0.00	0.00	424.66
	SUPPLIES GEN LAB									
106114545		02/27/20	01/25/20	02/24/20			145.28	0.00	0.00	145.28

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	569.94	0.00	0.00	569.94

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
953237743		02/26/20	01/23/20	02/22/20			457.00	0.00	0.00	457.00

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
23693840		01/26/20	01/09/20	03/03/20			166.64	0.00	0.00	166.64
	SUPPLIES GENERAL- SURGEI									
23699566		01/26/20	01/16/20	03/03/20			166.64	0.00	0.00	166.64
	SUPPLIES GENERAL SURGER									
23714172		02/26/20	01/30/20	02/26/20			166.64	0.00	0.00	166.64

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1040	C R BARD, INC	499.92	0.00	0.00	499.92

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
21779		02/27/20	02/16/20	02/17/20			470.41 418.85	0.00	0.00	470.41 418.85
	PURCH SERV INFO TECH									
21780		02/27/20	02/16/20	03/02/20			37.67	0.00	0.00	37.67
	PURCH SERV INFO TECH									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1010	CABLE ONE	508.08	0.00	0.00	508.08

Vendor#	Vendor Name	Class	Pay Code	456.52		456.52
C1325	CARDINAL HEALTH 414, INC.	W				

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8001240365		02/27/20	01/14/20	02/18/20			195.44	0.00	0.00	195.44
	SUPPLIES GEN NUC MED									
8001256343		02/27/20	01/31/20	03/02/20			41.67	0.00	0.00	41.67
	SUPPLIES GEN NUC MED									
8001256344		02/27/20	01/31/20	03/02/20			208.53	0.00	0.00	208.53
	SUPPLIES GENERAL NUC MEI									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH 414, INC.	445.64	0.00	0.00	445.64

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
	92191439		02/26/20	01/30/20	03/01/20		1,412.57	0.00	0.00	1,412.57
	92193945		02/26/20	02/01/20	03/03/20		609.24	0.00	0.00	609.24
	92194809		02/26/20	02/02/20	03/04/20		196.32	0.00	0.00	196.32
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10350	CENTURION MEDICAL PRODUCTS				2,218.13	0.00	0.00	2,218.13
Vendor#	Vendor Name				Class	Pay Code				
10105	CHRIS KOVAREK									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	21767		02/23/20	02/21/20	02/22/20		149.26	0.00	0.00	149.26
		EMPL TRAVEL								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10105	CHRIS KOVAREK				149.26	0.00	0.00	149.26
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
	21769		02/26/20	02/16/20	03/06/20		3,743.64	0.00	0.00	3,743.64
		WTR&SW, 810 ANN #12132000								
	21770		02/26/20	02/16/20	03/06/20		491.99	0.00	0.00	491.99
		WTR&SWR/1016 VIRGINIA #12								
	21771		02/26/20	02/16/20	03/06/20		476.87	0.00	0.00	476.87
		WTR & SWR, 810 N ANN #1213								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1730	CITY OF PORT LAVACA				4,712.50	0.00	0.00	4,712.50
Vendor#	Vendor Name				Class	Pay Code				
C1970	CONMED CORPORATION				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	307446		02/26/20	11/18/20	12/17/20		457.87	0.00	0.00	457.87
		SUPPLIES GENERAL SURGER								
	351639		02/26/20	02/06/20	03/06/20		457.87	0.00	0.00	457.87
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1970	CONMED CORPORATION				915.74	0.00	0.00	915.74
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
	21785		02/27/20	02/26/20	02/27/20		277.31	0.00	0.00	277.31
		PURCH SERV HLTH INFO								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11008	DERRI HART				277.31	0.00	0.00	277.31
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
	4889180A		02/23/20	11/22/20	12/22/20		114.99	0.00	0.00	114.99
		OFF SUP - ACCTG								
	4903090		02/26/20	12/08/20	01/07/20		207.49	0.00	0.00	207.49

49194940	02/26/20 12/21/20 01/20/20			226.71	0.00	0.00	226.71	

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	549.19	0.00	0.00	549.19

Vendor# 11284 Vendor Name: EMERGENCY STAFFING SOLUTIONS Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
34653A	PROF FEES - E/R	02/23/20	02/15/20	02/27/20			40,062.50	0.00	0.00	40,062.50

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11284	EMERGENCY STAFFING SOLUTIONS	40,062.50	0.00	0.00	40,062.50

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
902964844	SUPPLIES GEN LAB	02/18/20	02/01/20	03/03/20			424.89	0.00	0.00	424.89

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S0501	EVOQUA WATER TECHNOLOGIES LLC	424.89	0.00	0.00	424.89

Vendor# F1050 Vendor Name: FASTENAL COMPANY Class: M Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
TXPOT170354	SUPPLIES GEN PLT OPS	02/26/20	01/25/20	02/24/20			31.38	0.00	0.00	31.38

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1050	FASTENAL COMPANY	31.38	0.00	0.00	31.38

Vendor# F1400 Vendor Name: FISHER HEALTHCARE Class: M Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9304603	SUPPLIES GENERAL MMCLINI	02/21/20	01/31/20	03/02/20			61.00	0.00	0.00	61.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	61.00	0.00	0.00	61.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
4911	REPAIRS INSTRMT SURGERY	02/23/20	02/08/20	03/07/20			925.90	0.00	0.00	925.90
4889	REPAIR INST SURGERY	02/26/20	01/29/20	02/28/20			1,096.73	0.00	0.00	1,096.73

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10678	FIVE STAR STERILIZER SERVICES	2,022.63	0.00	0.00	2,022.63

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21768	EMPL LNG TERM DIS PREM	02/23/20	02/01/20	02/02/20			6,960.74	0.00	0.00	6,960.74

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11149	GARDNER & WHITE, INC.	6,960.74	0.00	0.00	6,960.74

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

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

6000699603	02/27/20	02/02/20	03/04/20	3,173.16	0.00	0.00	3,173.16
MAINT CONTR RADIOLOGY							
Vendor Totals Number	Name			Gross	Discount	No-Pay	Net
10283	GE HEALTHCARE			3,173.16	0.00	0.00	3,173.16

Vendor#	Vendor Name	Class	Pay Code
W1300	GRAINGER	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9341782283		02/26/20	01/26/20	02/25/20			227.70	0.00	0.00	227.70
	SUPPLIES GEN PLT OPS									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	W1300	GRAINGER					227.70	0.00	0.00	227.70

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
129295		02/21/20	12/06/20	03/05/20			864.00	0.00	0.00	864.00
	LAB SUPPLIES									
129809		02/21/20	01/23/20	03/05/20			654.00	0.00	0.00	654.00
	LAB SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11235	GREAT BASIN SCIENTIFIC, INC					1,518.00	0.00	0.00	1,518.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1264686		02/26/20	01/24/20	02/23/20			75.00	0.00	0.00	75.00
	SUPPLIES GEN HSKEEPING									
1272075		02/26/20	02/07/20	03/06/20			362.30	0.00	0.00	362.30
1244349		02/27/20	12/09/20	01/08/20			-36.35	0.00	0.00	-36.35
	SUPPLIES GENERAL HSKEEP									
1259694		02/27/20	01/16/20	02/15/20			33.98	0.00	0.00	33.98
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY					434.93	0.00	0.00	434.93

Vendor#	Vendor Name	Class	Pay Code
11200	IRON MOUNTAIN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
NLC7854		02/11/20	01/31/20	03/02/20			224.37	0.00	0.00	224.37
	PURCH SERV ADM									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11200	IRON MOUNTAIN					224.37	0.00	0.00	224.37

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
371425		02/26/20	02/15/20	02/15/20			15,100.00	0.00	0.00	15,100.00
	PROF FEES OB									
2000876		02/26/20	02/15/20	02/16/20			31.47	0.00	0.00	31.47
	PROF FEE OB									
2000902		02/27/20	02/15/20	02/16/20			340.72	0.00	0.00	340.72
	PROF FEE OB									
2001116		02/27/20	02/22/20	02/23/20			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,	16,547.95	0.00	0.00	16,547.95

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
54260422 ✓		02/27/20	01/28/20	02/27/20			26.50	0.00	0.00	26.50 ✓
	PURCH SERV LAB									

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

Vendor#	Vendor Name	Class	Pay Code
L1288	LANGUAGE LINE SERVICES ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
3972253 ✓		01/16/20	12/31/20	03/06/20			68.40	0.00	0.00	68.40 ✓
	PURCHASED SERVICES ADMI									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	L1288	LANGUAGE LINE SERVICES	68.40	0.00	0.00	68.40

Vendor#	Vendor Name	Class	Pay Code
10720	LIFESOURCE EDUCATIONAL SRV LLC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21776		02/27/20	02/22/20	02/23/20			390.00	0.00	0.00	390.00 ✓
	CONT EDUC -NURS ADM									
21786		02/27/20	02/23/20	02/24/20			840.00	0.00	0.00	840.00 ✓
	CONT EDUC NURS ADM									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10720	LIFESOURCE EDUCATIONAL SRV LLC	1,230.00	0.00	0.00	1,230.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
M0151161 ✓		02/26/20	01/25/20	02/24/20			156.95	0.00	0.00	156.95 ✓
	SUPPLIES GEN MM CLINIC									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M1511	MARKETLAB, INC	156.95	0.00	0.00	156.95

Vendor#	Vendor Name	Class	Pay Code
M2280	MEAD JOHNSON NUTRITION ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
93677308 ✓		02/23/20	11/23/20	12/23/20			115.20	0.00	0.00	115.20 ✓
	SUPPLIES NURSERY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2280	MEAD JOHNSON NUTRITION	115.20	0.00	0.00	115.20

Vendor#	Vendor Name	Class	Pay Code
11203	MEDI-DOSE, INC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
0640545IN ✓		02/26/20	01/26/20	02/25/20			62.40	0.00	0.00	62.40 ✓
	SUPPLIES PHARMACY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11203	MEDI-DOSE, INC	62.40	0.00	0.00	62.40

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
1821661899 ✓		02/26/20	01/28/20	02/27/20			146.99	0.00	0.00	146.99 ✓
	SUPPLIES GEN PHY THRPY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

	M2470 MEDLINE INDUSTRIES INC					146.99	0.00	0.00	146.99
Vendor#	Vendor Name			Class	Pay Code				
M2556	MEGADYNE MEDICAL			W					
	Invoice#	Comment	Tran Dt Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	I1131164		02/26/20 01/30/20	03/01/20		54.00	0.00	0.00	54.00
	Vendor Totals	Number Name				Gross	Discount	No-Pay	Net
		M2556 MEGADYNE MEDICAL				54.00	0.00	0.00	54.00
Vendor#	Vendor Name			Class	Pay Code				
10182	MERCEDES MEDICAL								
	Invoice#	Comment	Tran Dt Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	1903805		02/21/20 01/31/20	03/02/20		114.76	0.00	0.00	114.76
		LAB SUPPLIES							
	Vendor Totals	Number Name				Gross	Discount	No-Pay	Net
		10182 MERCEDES MEDICAL				114.76	0.00	0.00	114.76
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
	30094341150		01/27/20 11/23/20	03/03/20		324.24	0.00	0.00	324.24
		SUPPLIES GENERAL CT SCAN							
	30094343564		02/26/20 11/30/20	12/30/20		70.76	0.00	0.00	70.76
		PURCH SERV MAMMOGRPHY							
	32590534062		02/26/20 02/02/20	03/04/20		266.67	0.00	0.00	266.67
		PURCH SERV MAMMOGRPHY							
	Vendor Totals	Number Name				Gross	Discount	No-Pay	Net
		M2659 MERRY X-RAY/SOURCEONE HEALTHCA				661.67	0.00	0.00	661.67
Vendor#	Vendor Name			Class	Pay Code				
M2650	METLIFE			W					
	Invoice#	Comment	Tran Dt Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	21772		02/26/20 02/26/20	03/01/20		258.52	0.00	0.00	258.52
		EMPLOYEE PREM							
	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				
10536	MORRIS & DICKSON CO, LLC								
	Invoice#	Comment	Tran Dt Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	9937076		02/26/20 02/17/20	02/18/20		301.04	0.00	0.00	301.04
		INVENTORY PHARMACY							
	9935892		02/26/20 02/17/20	02/18/20		8.69	0.00	0.00	8.69
		INVENTORY PHARMACY							
	9937078		02/26/20 02/17/20	02/18/20		379.26	0.00	0.00	379.26
		INVENTORY PHARMACY							
	9937077		02/26/20 02/17/20	02/18/20		54.43	0.00	0.00	54.43
		INVENTORY PHARMACY							
	9935893		02/26/20 02/17/20	02/18/20		12.66	0.00	0.00	12.66
		INVENTORY PHARMACY							
	9937079		02/26/20 02/17/20	02/18/20		12.39	0.00	0.00	12.39
		INVENTORY PHARMACY							
	9935894		02/26/20 02/17/20	02/18/20		29.54	0.00	0.00	29.54
		INVENTORY PHARMACY							
	CM59621		02/26/20 02/20/20	02/21/20		-1.63	0.00	0.00	-1.63

	INVENTORY PHARMACY							
9945008		02/26/20	02/20/20	02/21/20	773.57	0.00	0.00	773.57
	INVENTORY PHARMACY							
9945009		02/26/20	02/20/20	02/21/20	416.82	0.00	0.00	416.82
	INVENTORY PHARMACY							
9945007		02/26/20	02/20/20	02/21/20	285.80	0.00	0.00	285.80
	INVENTORY PHARMACY							
CM9620		02/26/20	02/20/20	02/21/20	-0.01	0.00	0.00	-0.01
	INVENTORY PHARMACY							
9950682		02/26/20	02/21/20	02/22/20	296.04	0.00	0.00	296.04
	INVENTORY PHARMACY							
9950681		02/26/20	02/21/20	02/22/20	803.78	0.00	0.00	803.78
	INVENTORY - PHARMACY							
9950683		02/26/20	02/21/20	02/22/20	6.72	0.00	0.00	6.72
	INVENTORY PHARMACY							
9950957		02/26/20	02/21/20	02/22/20	12.25	0.00	0.00	12.25
	INVENTORY - PHARMACY							
9937080		02/27/20	02/17/20	02/18/20	187.27	0.00	0.00	187.27
	INVENTORY PHARMACY							
9960475		02/27/20	02/23/20	02/24/20	300.85	0.00	0.00	300.85
	INVENTORY PHARMACY							
9960474		02/27/20	02/23/20	02/24/20	547.32	0.00	0.00	547.32
	INVENTORY PHARMACY							
9960473		02/27/20	02/23/20	02/24/20	621.03	0.00	0.00	621.03
	INVENTORY PHARMACY							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC			5,047.82	0.00	0.00	5,047.82

Vendor#	Vendor Name	Class	Pay Code
N1100	NATIONAL RECALL ALERT CENTER	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21775		02/26/20	02/22/20	02/23/20			595.00	0.00	0.00	595.00
	RENEW NETWORK MEMBERS									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	N1100	NATIONAL RECALL ALERT CENTER					595.00	0.00	0.00	595.00

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
1850199080		02/27/20	12/21/20	01/20/20			147.98	0.00	0.00	147.98
	SUPPLIES GEN LAB									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	O1416	ORTHO CLINICAL DIAGNOSTICS					147.98	0.00	0.00	147.98

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
2024289036		02/13/20	01/17/20	03/03/20			83.05	0.00	0.00	83.05
2023407361		02/18/20	12/15/20	03/03/20			104.83	0.00	0.00	104.83
2022479987		02/26/20	11/10/20	12/10/20			21.13	0.00	0.00	21.13
	SUPPLIES GEN MED/SURG									
2023212154		02/26/20	12/08/20	01/07/20			48.61	0.00	0.00	48.61
	SUPPLIES GEN MED SURG									

2024288940	02/26/20 01/17/20 02/16/20	1,887.66	0.00	0.00	1,887.66
MINOR EQ MED SURG					
2024453959	02/26/20 01/24/20 02/23/20	72.82	0.00	0.00	72.82
REPAIRS INST E/R					
2024549402	02/26/20 01/26/20 02/25/20	326.94	0.00	0.00	326.94
Surgery/central supply					
2024653980	02/26/20 01/31/20 03/01/20	31.62	0.00	0.00	31.62
central supply					
2024652257	02/26/20 01/31/20 03/02/20	69.29	0.00	0.00	69.29
Surgery supply					
2024659055	02/26/20 01/31/20 03/02/20	1,438.86	0.00	0.00	1,438.86
general supplys					
2024651846	02/26/20 01/31/20 03/02/20	26.57	0.00	0.00	26.57
central supply					
2024662535	02/26/20 01/31/20 03/02/20	151.33	0.00	0.00	151.33
SUPPLIES GEN RES CARE					
2024652025	02/26/20 01/31/20 03/02/20	26.57	0.00	0.00	26.57
central supply					
2024652732	02/26/20 01/31/20 03/02/20	109.62	0.00	0.00	109.62
central supply					
2024652511	02/26/20 01/31/20 03/02/20	49.39	0.00	0.00	49.39
SUPPLIES GENERAL MED/SUI					
2024651802	02/26/20 01/31/20 03/02/20	26.57	0.00	0.00	26.57
general supply					
204454994	02/27/20 01/24/20 02/23/20	16.88	0.00	0.00	16.88
INVENTORY C/S					

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR	4,491.74	0.00	0.00	4,491.74

Vendor#	Vendor Name	Class	Pay Code
P0706	PALACIOS BEACON	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21781		02/27/20	02/16/20	02/17/20			165.00	0.00	0.00	165.00
ADVERTISING ADM										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P0706	PALACIOS BEACON	165.00	0.00	0.00	165.00

Vendor#	Vendor Name	Class	Pay Code
S0905	PATTERSON MEDICAL	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2611413733		02/26/20	01/27/20	02/26/20			174.74	0.00	0.00	174.74
SUPPLIES GEN PHY THRPY										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S0905	PATTERSON MEDICAL	174.74	0.00	0.00	174.74

Vendor#	Vendor Name	Class	Pay Code
11242	PECA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1601411		02/27/20	02/24/20	02/25/20			2,099.67	0.00	0.00	2,099.67
PURCH SERV ADM										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11242	PECA	2,099.67	0.00	0.00	2,099.67

Vendor#	Vendor Name	Class	Pay Code
10737	PEM FILINGS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
00008308PEM	PROF FEES ADM	02/27/20	02/02/20	02/12/20		168.87	0.00	0.00	168.87
00008307PEM	PROF FEES ADM	02/27/20	02/02/20	02/12/20		1,092.00	0.00	0.00	1,092.00
00008306PEM	PROF FEES ADM	02/27/20	02/02/20	02/12/20		647.40	0.00	0.00	647.40

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10737	PEM FILINGS	1,908.27	0.00	0.00	1,908.27

Vendor# P1260 Vendor Name: PENTAX MEDICAL COMPANY Class: M Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
92094184	SURGERY SUPPLIES	02/23/20	01/27/20	02/26/20		248.91	0.00	0.00	248.91

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P1260	PENTAX MEDICAL COMPANY	248.91	0.00	0.00	248.91

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
A1845300	INVENTORY PHARMACY	02/27/20	01/16/20	02/15/20		392.85	0.00	0.00	392.85
A1852223	INVENTORY PHARMACY	02/27/20	01/24/20	02/23/20		203.85	0.00	0.00	203.85
A1858342	INVENTORY PHARMACY	02/27/20	02/02/20	03/04/20		329.85	0.00	0.00	329.85

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10204	PHARMEDIUM SERVICES LLC	926.55	0.00	0.00	926.55

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
10145A	PURCH SERV - ADM	02/23/20	02/16/20	02/17/20		50.00	0.00	0.00	50.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P1470	PHILIP THOMAE PHOTOGRAPHER	50.00	0.00	0.00	50.00

Vendor# 10032 Vendor Name: PHILIPS HEALTHCARE Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
934203297	SERV AGRMT NUC MED	02/26/20	01/31/20	02/28/20		2,627.00	0.00	0.00	2,627.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10032	PHILIPS HEALTHCARE	2,627.00	0.00	0.00	2,627.00

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
1073579A	SUPPLIES GENERAL LAB	02/27/20	11/15/20	12/14/20		125.26	0.00	0.00	125.26

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
3667033		02/26/20	01/24/20	02/23/20		60.26	0.00	0.00	60.26

3678135		02/26/20	02/02/20	03/04/20	276.44	0.00	0.00	276.44

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10372	PRECISION DYNAMICS CORP (PDC)	336.70	0.00	0.00	336.70

Vendor# P1725 Vendor Name: PREMIER SLEEP DISORDERS CENTER Class: M Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21749	PURCH SERV - RES CARE	02/15/20	02/14/20	03/05/20		8,475.00	0.00	0.00	8,475.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P1725	PREMIER SLEEP DISORDERS CENTER	8,475.00	0.00	0.00	8,475.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21774	EMPLOYEE PREM	02/26/20	02/17/20	03/01/20		1,977.40	0.00	0.00	1,977.40

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10326	PRINCIPAL LIFE	1,977.40	0.00	0.00	1,977.40

Vendor# 10782 Vendor Name: PRIVATE WAIVER CLEARING ACCT Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21782	TRSNF FUNDS MMC TO PRIV	02/27/20	02/24/20	02/25/20		600,000.00	0.00	0.00	600,000.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10782	PRIVATE WAIVER CLEARING ACCT	600,000.00	0.00	0.00	600,000.00

Vendor# R1321 Vendor Name: RECEIVABLE MANAGEMENT, INC Class: W Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21773	COLLECTION EXP BO	02/26/20	01/31/20	02/01/20		147.70	0.00	0.00	147.70

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	R1321	RECEIVABLE MANAGEMENT, INC	147.70	0.00	0.00	147.70

Vendor# 11009 Vendor Name: RECONDO Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV10824	PURCH SERV BUS OFF	02/21/20	02/01/20	03/03/20		4,050.00	0.00	0.00	4,050.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11009	RECONDO	4,050.00	0.00	0.00	4,050.00

Vendor# R1200 Vendor Name: RED HAWK Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
274689	PURCH SERV PLT OPS	02/18/20	02/01/20	03/03/20		41.25	0.00	0.00	41.25
SM2767174	PURCH SERV PLT OPS	02/26/20	02/09/20	03/08/20		725.00	0.00	0.00	725.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	R1200	RED HAWK	766.25	0.00	0.00	766.25

Vendor# 10987 Vendor Name: REVCYCLE+, INC. Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
MLVAC21963	MAINT CONTR HLTH INFO	02/15/20	01/31/20	03/02/20			2,708.10	0.00	0.00	2,708.10
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10987	REVCYCLE+, INC.					2,708.10	0.00	0.00	2,708.10

Vendor#	Vendor Name	Class	Pay Code
11252	RX WASTE SYSTEMS LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1321	PURCHS SERV, ADM	02/05/20	02/01/20	03/03/20			235.00	0.00	0.00	235.00
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11252	RX WASTE SYSTEMS LLC					235.00	0.00	0.00	235.00

Vendor#	Vendor Name	Class	Pay Code
11279	SAFETY COMPLIANCE PUB INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
31371	DUES & SUBC PLT OPS	02/27/20	01/03/20	01/04/20			298.50	0.00	0.00	298.50
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11279	SAFETY COMPLIANCE PUB INC					298.50	0.00	0.00	298.50

Vendor#	Vendor Name	Class	Pay Code
10625	SARA RUBIO		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21778	TRAVEL -QTRL TTCF MEETG	02/26/20	02/24/20	02/25/20			294.78	0.00	0.00	294.78
21777	TRAVEL	02/26/20	02/24/20	02/25/20			29.75	0.00	0.00	29.75
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10625	SARA RUBIO					324.53	0.00	0.00	324.53

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
84368	SUPP GEN PLT OPS	02/26/20	01/24/20	02/08/20			117.78	0.00	0.00	117.78
85449	SUPP GEN PLT OP	02/26/20	01/27/20	02/11/20			22.36	0.00	0.00	22.36
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	S1800	SHERWIN WILLIAMS					140.14	0.00	0.00	140.14

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
21784	PURCH SERV HLTH INFO	02/27/20	02/26/20	02/27/20			490.60	0.00	0.00	490.60
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	K0536	SHIRLEY KARNEI					490.60	0.00	0.00	490.60

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
115401046	MAINT CONTR ULTRASOUND	02/26/20	01/19/20	02/18/20			832.25	0.00	0.00	832.25
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	S2001	SIEMENS MEDICAL SOLUTIONS INC					832.25	0.00	0.00	832.25

Vendor#	Vendor Name	Class	Pay Code

S2270 SMILE MAKERS M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
7986263	SUPPLIES GENERAL ER	02/23/20	02/15/20	03/03/20		68.91	0.00	0.00	68.91

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2270	SMILE MAKERS	68.91	0.00	0.00	68.91

Vendor# Vendor Name Class Pay Code

S2353 SMITHS MEDICAL ASD INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
14745714		02/26/20	01/24/20	02/26/20		332.48	0.00	0.00	332.48

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2353	SMITHS MEDICAL ASD INC	332.48	0.00	0.00	332.48

Vendor# Vendor Name Class Pay Code

T2539 T-SYSTEM, INC W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
205EV21203	MAINT CONTR E/R	02/23/20	01/31/20	03/02/20		4,555.00	0.00	0.00	4,555.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T2539	T-SYSTEM, INC	4,555.00	0.00	0.00	4,555.00

Vendor# Vendor Name Class Pay Code

11140 TEXAS ADVANTAGE COMMUNITY BANK

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21783	LEASE & RENTAL RADIOLOGY	02/27/20	02/28/20	02/28/20		3,690.52	0.00	0.00	3,690.52

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

Vendor# Vendor Name Class Pay Code

T3130 TRI-ANIM HEALTH SERVICES INC M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
62538698	SUPPLIES GEN MM CLINIC	02/26/20	02/02/20	02/22/20		95.66	0.00	0.00	95.66
62547633	MINOR EQ MMCLINIC	02/26/20	02/09/20	02/28/20		1,895.30	0.00	0.00	1,895.30

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T3130	TRI-ANIM HEALTH SERVICES INC	1,990.96	0.00	0.00	1,990.96

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
8150756600	Uniforms	02/15/20	01/31/20	03/02/20		57.73	0.00	0.00	57.73
8150756685	Uniforms	02/15/20	01/31/20	03/02/20		32.92	0.00	0.00	32.92
8150757375	PURCH SERV BIO MED	02/15/20	02/07/20	03/07/20		32.92	0.00	0.00	32.92

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1054	UNIFIRST HOLDINGS	123.57	0.00	0.00	123.57

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
8400237591		01/16/20	01/10/20	02/09/20		303.10	0.00	0.00	303.10

	LAUNDRY HOUSEKEEPING						
8400237595	01/16/20 01/10/20 02/09/20		108.59	0.00	0.00	108.59	
	LAUNDRY HOUSEKEEPING						
8400237632	01/16/20 01/10/20 02/09/20		159.68	0.00	0.00	159.68	
	LAUNDRY HOUSEKEEPING						
8400237642	01/16/20 01/10/20 02/09/20		1,297.50	0.00	0.00	1,297.50	
	LAUNDRY HOUSEKEEPING						
8400239122	01/31/20 01/31/20 03/02/20		303.10	0.00	0.00	303.10	
	LAUNDRY-HOUSEKEEPING						
8400239124	01/31/20 01/31/20 03/02/20		108.07	0.00	0.00	108.07	
	LAUNDRY-DIETARY						
8400239125	01/31/20 01/31/20 03/02/20		108.08	0.00	0.00	108.08	
	LAUNDRY OB						
8400239176	02/15/20 01/31/20 03/02/20		1,262.74	0.00	0.00	1,262.74	
	LAUNDRY HSKEEPING						
8400239126	02/15/20 01/31/20 03/02/20		108.59	0.00	0.00	108.59	
	LAUNDRY HSKEEPING						
8400239167	02/15/20 01/31/20 03/02/20		159.68	0.00	0.00	159.68	
	LAUNDRY HSKEEPING						
8400239455	02/15/20 02/03/20 03/05/20		430.99	0.00	0.00	430.99	
	LAUNDRY HSKEEPING						
8400239495	02/15/20 02/03/20 03/05/20		1,086.78	0.00	0.00	1,086.78	
	LAUNDRY HSKEEPING						
Vendor Totals	Number Name		Gross	Discount	No-Pay	Net	
	U1064 UNIFIRST HOLDINGS INC		5,436.90	0.00	0.00	5,436.90	

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
7504174	EMPLOYEE PURCH UNIFM	02/27/20	02/10/20	02/25/20			200.89	0.00	0.00	200.89
7509338	EMPLOYEE PURCH UNIFM	02/27/20	02/13/20	02/25/20			105.87	0.00	0.00	105.87
7509337	EMPLOYEE PURCH UNIFM	02/27/20	02/13/20	02/28/20			159.90	0.00	0.00	159.90
7509336	EMPLOYEE PURCH UNIFM	02/27/20	02/13/20	02/28/20			117.94	0.00	0.00	117.94

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1056	UNIFORM ADVANTAGE	584.60	0.00	0.00	584.60

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
3354529		02/20/20	02/13/20	03/05/20			2,509.85	0.00	0.00	2,509.85
3423817	FOOD DIETARY	02/26/20	02/16/20	03/08/20			1,760.17	0.00	0.00	1,760.17

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10172	US FOOD SERVICE	4,270.02	0.00	0.00	4,270.02

Vendor#	Vendor Name	Class	Pay Code
I1110	WERFEN USA LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9110367955	SUPPLIES GEN - LAB	02/20/20	01/31/20	03/02/20			4,046.92	0.00	0.00	4,046.92

9310019584 ✓		02/20/20	02/02/20	03/04/20	-1,375.95	0.00	0.00	-1,375.95 ✓
SUPPLIES GEN - LAB								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC			2,670.97	0.00	0.00	2,670.97

Vendor#	Vendor Name	Class	Pay Code
Y1000	YOUNG PLUMBING CO ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
152488 ✓		02/27/20	10/21/20	11/20/20			91.00	0.00	0.00	91.00 ✓
REPAIRS PHY THRPY										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	Y1000	YOUNG PLUMBING CO					91.00	0.00	0.00	91.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	757,879.48	0.00	0.00	757,879.48

pg 2 correction { <470.41>
+418.85

* $757,827.92

757,879.48 +
470.41 −
418.85 +
757,827.92 *

*Includes Private Waiver Transfer of #600,000.00 (page 11)

CKS# 170031
+0
170109

0.0

757,827.92 +
600,000.00 −
157,827.92 *

Amount of Payables without Private Waiver Transfer

APPROVED
ON
MAR 0 1 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

3-2-17

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	170031	03/01/17	2,627.00	PHILIPS HEALTHCARE
A/P	170032	03/01/17	149.26	CHRIS KOVAREK
A/P	170033	03/01/17	4,270.02	US FOOD SERVICE
A/P	170034	03/01/17	114.76	MERCEDES MEDICAL
A/P	170035	03/01/17	926.55	PHARMEDIUM SERVICES LLC
A/P	170036	03/01/17	3,173.16	GE HEALTHCARE
A/P	170037	03/01/17	1,977.40	PRINCIPAL LIFE
A/P	170038	03/01/17	2,218.13	CENTURION MEDICAL PRODUCTS
A/P	170039	03/01/17	549.19	DEWITT POTH & SON
A/P	170040	03/01/17	336.70	PRECISION DYNAMICS CORP (PDC)
A/P	170041	03/01/17	.00	VOIDED
A/P	170042	03/01/17	5,047.82	MORRIS & DICKSON CO, LLC
A/P	170043	03/01/17	324.53	SARA RUBIO
A/P	170044	03/01/17	2,022.63	FIVE STAR STERILIZER SERVICES
A/P	170045	03/01/17	1,230.00	LIFESOURCE EDUCATIONAL SRV LLC
A/P	170046	03/01/17	1,908.27	PEM FILINGS
A/P	170047	03/01/17	600,000.00	PRIVATE WAIVER CLEARING ACCT
A/P	170048	03/01/17	2,708.10	REVCYCLE+, INC.
A/P	170049	03/01/17	277.31	DERRI HART
A/P	170050	03/01/17	4,050.00	RECONDO
A/P	170051	03/01/17	3,690.52	TEXAS ADVANTAGE COMMUNITY BANK
A/P	170052	03/01/17	6,960.74	GARDNER & WHITE, INC.
A/P	170053	03/01/17	224.37	IRON MOUNTAIN
A/P	170054	03/01/17	62.40	MEDI-DOSE, INC
A/P	170055	03/01/17	16,547.95	JACKSON & COKER LOCUM TENENS,
A/P	170056	03/01/17	1,518.00	GREAT BASIN SCIENTIFIC, INC
A/P	170057	03/01/17	2,099.67	PECA
A/P	170058	03/01/17	235.00	RX WASTE SYSTEMS LLC
A/P	170059	03/01/17	298.50	SAFETY COMPLIANCE PUB INC
A/P	170060	03/01/17	213.17	ACE HARDWARE 15521
A/P	170061	03/01/17	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	170062	03/01/17	3,682.55	AIRGAS USA, LLC - CENTRAL DIV
A/P	170063	03/01/17	477.00	ALCON LABORATORIES, INC.
A/P	170064	03/01/17	3,380.93	BAXTER HEALTHCARE
A/P	170065	03/01/17	569.94	BECKMAN COULTER INC
A/P	170066	03/01/17	457.00	BOSTON SCIENTIFIC CORPORATION
A/P	170067	03/01/17	456.52	CABLE ONE
A/P	170068	03/01/17	445.64	CARDINAL HEALTH 414, INC.
A/P	170069	03/01/17	4,712.50	CITY OF PORT LAVACA
A/P	170070	03/01/17	915.74	CONMED CORPORATION
A/P	170071	03/01/17	499.92	C R BARD, INC
A/P	170072	03/01/17	31.38	FASTENAL COMPANY
A/P	170073	03/01/17	61.00	FISHER HEALTHCARE
A/P	170074	03/01/17	434.93	GULF COAST PAPER COMPANY
A/P	170075	03/01/17	2,670.97	WERFEN USA LLC
A/P	170076	03/01/17	490.60	SHIRLEY KARNEI
A/P	170077	03/01/17	26.50	LABCORP OF AMERICA HOLDINGS
A/P	170078	03/01/17	68.40	LANGUAGE LINE SERVICES
A/P	170079	03/01/17	156.95	MARKETLAB, INC
A/P	170080	03/01/17	115.20	MEAD JOHNSON NUTRITION

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	170081	03/01/17	146.99	MEDLINE INDUSTRIES INC
A/P	170082	03/01/17	1,033.44	BAYER HEALTHCARE
A/P	170083	03/01/17	54.00	MEGADYNE MEDICAL
A/P	170084	03/01/17	258.52	METLIFE
A/P	170085	03/01/17	661.67	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	170086	03/01/17	595.00	NATIONAL RECALL ALERT CENTER
A/P	170087	03/01/17	147.98	ORTHO CLINICAL DIAGNOSTICS
A/P	170088	03/01/17	.00	VOIDED
A/P	170089	03/01/17	4,491.74	OWENS & MINOR
A/P	170090	03/01/17	165.00	PALACIOS BEACON
A/P	170091	03/01/17	248.91	PENTAX MEDICAL COMPANY
A/P	170092	03/01/17	50.00	PHILIP THOMAE PHOTOGRAPHER
A/P	170093	03/01/17	8,475.00	PREMIER SLEEP DISORDERS CENTER
A/P	170094	03/01/17	125.26	POLYMEDCO INC.
A/P	170095	03/01/17	766.25	RED HAWK
A/P	170096	03/01/17	147.70	RECEIVABLE MANAGEMENT, INC
A/P	170097	03/01/17	424.89	EVOQUA WATER TECHNOLOGIES LLC
A/P	170098	03/01/17	174.74	PATTERSON MEDICAL
A/P	170099	03/01/17	140.14	SHERWIN WILLIAMS
A/P	170100	03/01/17	832.25	SIEMENS MEDICAL SOLUTIONS INC
A/P	170101	03/01/17	68.91	SMILE MAKERS
A/P	170102	03/01/17	332.48	SMITHS MEDICAL ASD INC
A/P	170103	03/01/17	4,555.00	T-SYSTEM, INC
A/P	170104	03/01/17	1,990.96	TRI-ANIM HEALTH SERVICES INC
A/P	170105	03/01/17	123.57	UNIFIRST HOLDINGS
A/P	170106	03/01/17	584.60	UNIFORM ADVANTAGE
A/P	170107	03/01/17	5,436.90	UNIFIRST HOLDINGS INC
A/P	170108	03/01/17	227.70	GRAINGER
A/P	170109	03/01/17	91.00	YOUNG PLUMBING CO
TOTALS:			757,827.92	

03/03/2017
08:04

MEMORIAL MEDICAL CENTER
AP Open Invoice List (Vendor Balances)
Due Dates Through: 03/03/2017

0
ap_open_inv_vend_bal.template

Vendor#	Vendor Name	Class	Pay Code
11286	MERCEDES SCHULTZ		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21798	TRAVEL MMCLINIC	03/03/20	03/03/20	03/03/20		2,808.50	0.00	0.00	2,808.50

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	11286	MERCEDES SCHULTZ	2,808.50	0.00	0.00	0.00	2,808.50

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Adjustment	Net
	2,808.50	0.00	0.00	0.00	2,808.50

APPROVED
ON
MAR 03 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reimb for Airfare/Car – Visiting OB-Gyn (Visit 3/16/17)

Mcd 3-20-17

Ø

RUN DATE:03/03/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:08:44 CHECK REGISTER GLCKREG
03/03/17 THRU 03/03/17

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	170110	03/03/17	2,808.50	MERCEDES SCHULTZ
TOTALS:			2,808.50	

APPROVED
ON

MAR 03 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:03/07/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:10:28 CHECK REGISTER and Payable List GLCKREG
03/07/17 THRU 03/07/17

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000893	03/07/17	1,271.69	MCKESSON
A/P	000894	03/07/17	1,045.73	MCKESSON
A/P	000895	03/07/17	1,779.71	MCKESSON
TOTALS:			4,097.13	

340 B Prescription Expenses

APPROVED
ON
MAR 07 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J Pfeil
3-20-17

McKESSON

STATEMENT

Company: 8000

As of: 03/03/2017 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 03/04/2017

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 03/04/2017 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
02/27/2017	03/07/2017	7794874131	1000972314	115Invoice	1.26	62.91		61.65		7794874131	
02/27/2017	03/07/2017	7794874132	1000972314	115Invoice	1.31	65.61		64.30		7794874132	
02/27/2017	03/07/2017	7794874133	1000972898	115Invoice	3.56	178.19		174.63		7794874133	
02/27/2017	03/07/2017	7794874134	1000973315	115Invoice	5.32	265.76		260.44		7794874134	
02/28/2017	03/07/2017	7795046547	1000973700	115Invoice	3.63	181.47		177.84		7795046547	
03/01/2017	03/07/2017	7795321722	1000974388	115Invoice	0.15	7.29		7.14		7795321722	
03/02/2017	03/07/2017	7795563157	1000974984	115Invoice	4.96	247.94		242.98		7795563157	
03/03/2017	03/07/2017	7795798450	1000975582	115Invoice	5.77	288.48		282.71		7795798450	

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

TOTAL:

Subtotals: 1,297.65 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,001.30
02/27/2017

If Paid By 03/07/2017,
Pay This Amount: 1,271.69 USD

If Paid After 03/07/2017,
Pay this Amount: 1,297.65 USD

Due If Paid On Time:
USD 1,271.69

Disc lost if paid late:
25.96

Due If Paid Late:
USD 1,297.65

3.6.17

Ck# 893

APPROVED
ON
MAR 07 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: 03/03/2017

DC: 8115

Territory: 400

Customer: 256342
Date: 03/04/2017

Page: 001

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

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 03/04/2017 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
02/27/2017	03/07/2017	7794855038	3454582088	115Invoice		0.07		✓0.07	✓	7794855038	
02/28/2017	03/07/2017	7795085655	3454582091	115Invoice	3.78	188.85		✓185.07	✓	7795085655	
03/02/2017	03/07/2017	7795569939	3454582097	115Invoice	10.89	544.26		✓533.37	✓	7795569939	
03/03/2017	03/07/2017	7795807832	3454582100	115Invoice	6.65	332.63		✓325.98	✓	7795807832	
03/03/2017	03/07/2017	7795807833	1100211	115Invoice	0.03	1.27		✓ 1.24	✓	7795807833	

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

TOTAL:

Subtotals: 1,067.08 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,418.64
02/27/2017

If Paid By 03/07/2017,
Pay This Amount: ✓ 1,045.73 USD

If Paid After 03/07/2017,
Pay this Amount: 1,067.08 USD

Due If Paid On Time:
USD 1,045.73
Disc lost if paid late:
21.35
Due If Paid Late:
USD 1,067.08

3.6.17

Ck# 894

APPROVED
ON
MAR 07 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: 03/03/2017 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 03/04/2017

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

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 03/04/2017 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
02/27/2017	03/07/2017	7794870016	1000972316	115Invoice	2.08	103.85		✓101.77	✓	7794870016	
02/27/2017	03/07/2017	7794875918	1000972316	115Invoice	0.32	16.24		✓15.92	✓	7794875918	
02/27/2017	03/07/2017	7794875920	1000972900	115Invoice	4.34	217.00		✓212.66	✓	7794875920	
02/27/2017	03/07/2017	7794875924	1000973317	115Invoice	15.87	793.52		✓777.65	✓	7794875924	
02/28/2017	03/07/2017	7795100152	1000973702	115Invoice	2.75	137.29		✓134.54	✓	7795100152	
02/28/2017	03/07/2017	7795100154	1000973702	115Invoice	0.13	6.49		✓ 6.36	✓	7795100154	
03/01/2017	03/07/2017	7795322012	1000974390	115Invoice	1.67	83.60		✓81.93	✓	7795322012	
03/02/2017	03/07/2017	7795582994	1000974986	115Invoice	5.48	273.89		✓268.41	✓	7795582994	
03/03/2017	03/07/2017	7795820171	1000975584	115Invoice	3.68	184.15		✓180.47	✓	7795820171	

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

TOTAL:

Subtotals: 1,816.03 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,420.37
02/27/2017

If Paid By 03/07/2017,
Pay This Amount: 1,779.71 USD

If Paid After 03/07/2017,
Pay this Amount: 1,816.03 USD

Due If Paid On Time:
USD 1,779.71
Disc lost if paid late:
36.32
Due If Paid Late:
USD 1,816.03

ck#895

3-6-17

APPROVED
ON
MAR 0 7 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

03/08/2017
11:16

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 03/15/2017

0
ap_open_invoice.template

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
109691A ✓		02/15/20	02/13/20	02/28/20		31.97	0.00	0.00	31.97 ✓
	REPAIRS DIETARY								
109677 ✓		02/15/20	02/13/20	02/28/20		26.28	0.00	0.00	26.28 ✓
	SUPPLIES GEN - CLINIC								
109726A ✓		02/15/20	02/14/20	03/13/20		21.95	0.00	0.00	21.95 ✓
	SUPPLIES GEN- PHY THRPY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521	80.20	0.00	0.00	80.20

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
008052 ✓		02/28/20	02/29/20	02/29/20		132.00	0.00	0.00	132.00 ✓
	SUPPLIES GEN PLT OPS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1350	ACTION LUMBER	132.00	0.00	0.00	132.00

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
5553196 ✓		02/26/20	02/09/20	03/11/20		375.00	0.00	0.00	375.00 ✓
	PURCH SERV MED SURG								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11014	ADVANCED COMMUNICATIONS	375.00	0.00	0.00	375.00

Vendor#	Vendor Name	Class	Pay Code
11062	AIRESPRING INC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
98003475 ✓		02/21/20	02/16/20	03/12/20		2,300.09	0.00	0.00	2,300.09 ✓
	TELEPHONE HOSPITAL								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11062	AIRESPRING INC	2,300.09	0.00	0.00	2,300.09

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
9060105883 ✓		02/23/20	02/07/20	03/09/20		303.21	0.00	0.00	303.21 ✓
	OXY - RES CARE					51.24			51.24
9060155891 ✓		02/23/20	02/08/20	03/10/20		51.54	0.00	0.00	51.54
	SUPPLIES GEN PLT OPS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	354.75	0.00	0.00	354.75

Vendor#	Vendor Name	Class	Pay Code	354.45			354.45
A1690	ALCON LABORATORIES, INC. ✓	M					

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9650579065 ✓		02/28/20	02/06/20	03/05/20		80.80	0.00	0.00	80.80 ✓
	SUPPLIES GEN SURGERY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1690	ALCON LABORATORIES, INC.	80.80	0.00	0.00	80.80

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
	0000391386		03/05/20	03/01/20	03/15/20		35,359.79	0.00	0.00	35,359.79
		EMPL EXP HOSP INS, OTHER								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10814	ALLIED BENEFIT SYSTEMS				35,359.79	0.00	0.00	35,359.79
Vendor#	Vendor Name				Class	Pay Code				
10592	AMERICAN PROFICIENCY INSTITUTE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	452565		02/28/20	02/03/20	03/02/20		140.00	0.00	0.00	140.00
		DUES & SUBCR LAB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10592	AMERICAN PROFICIENCY INSTITUTE				140.00	0.00	0.00	140.00
Vendor#	Vendor Name				Class	Pay Code				
11232	AMN HEALTHCARE ALLIED, INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	2624396		02/28/20	02/16/20	03/03/20		3,135.71	0.00	0.00	3,135.71
		PROF FEES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11232	AMN HEALTHCARE ALLIED, INC.				3,135.71	0.00	0.00	3,135.71
Vendor#	Vendor Name				Class	Pay Code				
A2600	AUTO PARTS & MACHINE CO.				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	820816		02/28/20	02/01/20	02/16/20		41.99	0.00	0.00	41.99
		SUPPLIES GEN MAINT								
	821171		02/28/20	02/06/20	02/21/20		28.98	0.00	0.00	28.98
		SUPPLIES GEN MAINT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		A2600	AUTO PARTS & MACHINE CO.				70.97	0.00	0.00	70.97
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
	44896548A		02/28/20	12/30/20	01/29/20		216.75	0.00	0.00	216.75
		INVENTORY CENTRAL C/S								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		B0436	BARD ACCESS				216.75	0.00	0.00	216.75
Vendor#	Vendor Name				Class	Pay Code				
B1075	BAXTER HEALTHCARE CORP				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	53416040		01/27/20	01/12/20	02/11/20		35.74	0.00	0.00	35.74
		SUPPLIES GENERAL RECVRY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		B1075	BAXTER HEALTHCARE CORP				35.74	0.00	0.00	35.74
Vendor#	Vendor Name				Class	Pay Code				
B1220	BECKMAN COULTER INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	5364942		02/28/20	01/30/20	03/01/20		3,507.27	0.00	0.00	3,507.27
		SUPPLIES GEN LAB								
	106125260		02/28/20	01/31/20	03/01/20		1,295.99	0.00	0.00	1,295.99
	106129528		02/28/20	02/02/20	03/01/20		1,983.85	0.00	0.00	1,983.85

	SUPPLIES GEN LAB							
106129760	02/28/20	02/02/20	03/01/20		601.75	0.00	0.00	601.75
	SUPPLIES GEN LAB							
106131284	02/28/20	02/02/20	03/02/20		114.70	0.00	0.00	114.70
	SUPPLIES LAB							
106129742	02/28/20	02/02/20	03/02/20		4,016.95	0.00	0.00	4,016.95
	SUPPLIES GEN LAB							
106132584	02/28/20	02/03/20	03/02/20		3,493.44	0.00	0.00	3,493.44
	SUPPLIES GEN LAB							
106132251	02/28/20	02/03/20	03/05/20		125.50	0.00	0.00	125.50
	SUPPLIES GEN LAB							
106133559	02/28/20	02/05/20	03/05/20		30.08	0.00	0.00	30.08
	SUPPLIES GEN LAB							
106133677	02/28/20	02/05/20	03/05/20		944.14	0.00	0.00	944.14
	SUPPLIES GEN LAB							
106133731	02/28/20	02/05/20	03/05/20		6,985.81	0.00	0.00	6,985.81
	SUPPLIES GEN LAB							
106135969	02/28/20	02/06/20	03/06/20		14,594.51	0.00	0.00	14,594.51
	SUPPLIES GEN LAB							
5365593	02/28/20	02/12/20	03/14/20		4,233.46	0.00	0.00	4,233.46
	LEASE & RENTAL LAB							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC			41,927.45	0.00	0.00	41,927.45

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
9102723092		02/28/20	01/25/20	02/24/20			1,729.86	0.00	0.00	1,729.86
	SUPPLIES LAB									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10024	BECTON, DICKINSON & CO (BD)					1,729.86	0.00	0.00	1,729.86

Vendor#	Vendor Name	Class	Pay Code
11211	BHB MACHINE & PUMP REPAIR, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
707654		02/28/20	02/22/20	02/22/20			90.00	0.00	0.00	90.00
	SUPPLIES GEN PLT OP[S									
707656		02/28/20	02/28/20	02/28/20			69.06	0.00	0.00	69.06
	SUPPLIES GEN RADIOLOGY									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11211	BHB MACHINE & PUMP REPAIR, LLC					159.06	0.00	0.00	159.06

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
23399009A		02/27/20	02/16/20	03/10/20			1,158.64	0.00	0.00	1,158.64
	TELEPHONE HOSPITAL									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11050	BIRCH COMMUNICATIONS					1,158.64	0.00	0.00	1,158.64

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
8001265505		02/27/20	02/04/20	03/11/20			71.12	0.00	0.00	71.12
	SUPPLIES GENERAL NUC MEI									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH 414, INC.	71.12	0.00	0.00	71.12

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
21803	FUEL PLT OPS	02/28/20	02/28/20	03/15/20			48.76	0.00	0.00	48.76 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	E1270	CENTERPOINT ENERGY	48.76	0.00	0.00	48.76

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
WO167371 ✓	OFF SUP RADIOLOGY	02/28/20	02/24/20	03/06/20			157.87	0.00	0.00	157.87 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1166	COASTAL OFFICE SOLUTONS	157.87	0.00	0.00	157.87

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
21806	EMPLOYEE EXP	03/05/20	03/01/20	03/01/20			2,611.18	0.00	0.00	2,611.18 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11030	COMBINED INSURANCE CO	2,611.18	0.00	0.00	2,611.18

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
354616 ✓		02/26/20	02/10/20	03/09/20			89.25	0.00	0.00	89.25 ✓

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
C0399	CORPUS CHRISTI PROSTHETICS ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1701001N	Surgery Supplies	02/28/20	01/19/20	02/18/20			220.00	0.00	0.00	220.00 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C0399	CORPUS CHRISTI PROSTHETICS	220.00	0.00	0.00	220.00

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
218939 ✓		02/28/20	02/01/20	03/01/20			307.20	0.00	0.00	307.20 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10006	CUSTOM MEDICAL SPECIALTIES	307.20	0.00	0.00	307.20

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
206363A ✓	SUPPLIES GEN SURGERY	02/28/20	12/14/20	01/13/20			248.00	0.00	0.00	248.00 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1443	CYGNUS MEDICAL LLC	248.00	0.00	0.00	248.00

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
9072 ✓		02/28/20	01/26/20	02/25/20		79.95	0.00	0.00	79.95 ✓
	FORMS BO								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1752	DLE PAPER & PACKAGING	79.95	0.00	0.00	79.95

Vendor# Vendor Name — Class — Pay Code

D1710 DOWNTOWN CLEANERS ✓ W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21805		02/28/20	02/06/20	02/16/20		44.00	0.00	0.00	44.00 ✓
	PURCH SERV HSKEEP								
21804		02/28/20	02/15/20	02/25/20		6.10	0.00	0.00	6.10 ✓
	PURCH SRV MMCLINIC								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1710	DOWNTOWN CLEANERS	50.10	0.00	0.00	50.10

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
410629 ✓		02/28/20	02/07/20	03/06/20		153.44	0.00	0.00	153.44 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10042	ERBE USA INC SURGICAL SYSTEMS	153.44	0.00	0.00	153.44

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
21802		03/05/20	03/03/20	03/03/20		59.39	0.00	0.00	59.39
	TRAVEL					53.39			53.39

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T0383	ERIN CLEVENGER	59.39	0.00	0.00	59.39

Vendor# Vendor Name — Class — Pay Code — 53.39 — 53.39

C2510 EVIDENT ✓ M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
T1702091378 ✓		02/23/20	02/09/20	03/09/20		6,868.66	0.00	0.00	6,868.66 ✓
	PURCH SERV HLTH INFO								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C2510	EVIDENT	6,868.66	0.00	0.00	6,868.66

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
570903306 ✓		02/28/20	02/16/20	02/16/20		11.64	0.00	0.00	11.64 ✓
	FRT ADM								
571764564 ✓		02/28/20	02/23/20	02/24/20		114.23	0.00	0.00	114.23 ✓
	FRT ADM								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.	125.87	0.00	0.00	125.87

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
8675766 ✓		02/28/20	01/18/20	02/17/20		100.05	0.00	0.00	100.05 ✓
	SUPPLIES GEN LAB								
8812137 ✓		02/28/20	01/20/20	02/19/20		1,012.61	0.00	0.00	1,012.61 ✓

8939752	SUPPLIES GEN LAB	02/28/20	01/24/20	02/23/20	19.35	0.00	0.00	19.35
8939754	SUPPLIES GEN LAB	02/28/20	01/24/20	02/23/20	6,534.86	0.00	0.00	6,534.86
9017565	SUPPLIES GEN LAB	02/28/20	01/25/20	02/24/20	68.00	0.00	0.00	68.00
9096411	SUPPLIES GEN LAB	02/28/20	01/26/20	02/25/20	127.59	0.00	0.00	127.59
9163655	SUPPLIES GEN LAB	02/28/20	01/27/20	02/26/20	106.50	0.00	0.00	106.50
9230913	SUPPLIES GEN LAB	02/28/20	01/30/20	03/01/20	266.58	0.00	0.00	266.58
9304596	SUPPLIES GEN LAB	02/28/20	01/31/20	03/02/20	8,431.09	0.00	0.00	8,431.09
9304578	SUPPLIES GEN LAB	02/28/20	01/31/20	03/02/20	1,002.93	0.00	0.00	1,002.93
9304586	SUPPLIES GEN LAB	02/28/20	01/31/20	03/02/20	35.15	0.00	0.00	35.15
9381041		02/28/20	02/01/20	03/03/20	688.87	0.00	0.00	688.87
9470937	SUPPLIES GEN LAB	02/28/20	02/02/20	03/04/20	371.72	0.00	0.00	371.72
9470948	SUPPLIES GEN LAB	02/28/20	02/02/20	03/04/20	325.06	0.00	0.00	325.06
9470957	SUPPLIES GENERAL LAB	02/28/20	02/02/20	03/04/20	354.59	0.00	0.00	354.59
9470955	SUPPLIES GEN LAB	02/28/20	02/02/20	03/04/20	146.95	0.00	0.00	146.95
9558962	SUPPLIES GEN LAB	02/28/20	02/03/20	03/05/20	81.95	0.00	0.00	81.95
9770858	SUPPLIES GEN LAB	02/28/20	02/07/20	03/09/20	141.29	0.00	0.00	141.29
9770865	SUPPLIES GEN LAB	02/28/20	02/07/20	03/09/20	403.42	0.00	0.00	403.42
9910486	SUPPLIES GENERAL LAB	02/28/20	02/08/20	03/10/20	144.93	0.00	0.00	144.93
9910487	SUPPLIES GEN LAB	02/28/20	02/08/20	03/10/20	409.73	0.00	0.00	409.73
9910479	SUPPLIES GEN LAB	02/28/20	02/08/20	03/10/20	97.68	0.00	0.00	97.68
0047844	SUPPLIES GEN LAB	02/28/20	02/09/20	03/11/20	1,159.77	0.00	0.00	1,159.77
0047840	SUPPLIES GEN LAB	02/28/20	02/09/20	03/11/20	97.68	0.00	0.00	97.68
	SUPPLIES GEN LAB							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	22,128.35	0.00	0.00	22,128.35

Vendor#	Vendor Name	Class	Pay Code
G0401	GULF COAST DELIVERY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21809	PURCH SERV RES CARE	02/28/20	02/28/20	03/01/20			50.00	0.00	0.00	50.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G0401	GULF COAST DELIVERY	50.00	0.00	0.00	50.00

Vendor# H0416 Vendor Name HOLOGIC INC Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8113040		02/28/20	02/03/20	03/05/20			500.00	0.00	0.00	500.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H0416	HOLOGIC INC	500.00	0.00	0.00	500.00

Vendor# I1127 Vendor Name INTEGRATED MEDICAL SYSTEMS Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1437085		02/20/20	02/10/20	03/12/20			236.00	0.00	0.00	236.00
	REPAIRS INSTRUMENT SURG									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I1127	INTEGRATED MEDICAL SYSTEMS	236.00	0.00	0.00	236.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
917605007A		02/28/20	02/01/20	03/03/20			1,806.08	0.00	0.00	1,806.08
	SUPPLIES GEN SURGERY									
917621627A		02/28/20	02/06/20	03/08/20			287.70	0.00	0.00	287.70
	SUPPLIES E/R									
917628121		02/28/20	02/07/20	03/09/20			134.75	0.00	0.00	134.75

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE SYSTEMS, INC	2,228.53	0.00	0.00	2,228.53

Vendor# 10720 Vendor Name LIFESOURCE EDUCATIONAL SRV LLC Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21800		03/05/20	03/02/20	03/07/20			650.00	0.00	0.00	650.00
	CONT EDUC NURS ADM									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10720	LIFESOURCE EDUCATIONAL SRV LLC	650.00	0.00	0.00	650.00

Vendor# M1500 Vendor Name MARKS PLUMBING PARTS Class M Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
INV001563329		02/28/20	11/03/20	03/10/20			345.15	0.00	0.00	345.15
	REPAIRS MED/SURG									
INV001565873		02/28/20	11/14/20	03/10/20			361.68	0.00	0.00	361.68
	REPAIRS MED/SURG									
INV001567238		02/28/20	11/17/20	03/10/20			103.89	0.00	0.00	103.89
	REPAIRS MED/SURG									
INV001571426		02/28/20	12/06/20	03/10/20			218.80	0.00	0.00	218.80
	SUPPLIES MAINT									
RTN109520		02/28/20	12/07/20	03/10/20			-146.31	0.00	0.00	-146.31
	REPAIRS MED/SURG									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M1500	MARKS PLUMBING PARTS	883.21	0.00	0.00	883.21

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
93704430		02/28/20	02/01/20	03/15/20			702.95	0.00	0.00	702.95
94073006		02/28/20	02/07/20	03/10/20			4,936.97	0.00	0.00	4,936.97
	SUPPLIES GEN LAB									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	5,639.92	0.00	0.00	5,639.92

Vendor#	Vendor Name	Class	Pay Code
M2280	MEAD JOHNSON NUTRITION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
93806872		02/26/20	02/16/20	02/26/20			140.58	0.00	0.00	140.58

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2280	MEAD JOHNSON NUTRITION	140.58	0.00	0.00	140.58

Vendor#	Vendor Name	Class	Pay Code
M2827	MEDIVATORS	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2599262	Supplies - surgery	02/28/20	02/06/20	03/08/20			247.90	0.00	0.00	247.90

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1821826218		02/28/20	02/01/20	03/01/20			46.37	0.00	0.00	46.37
1821919614	Supplies - central supply	02/28/20	02/02/20	03/10/20			89.43	0.00	0.00	89.43
	SUPPLIES GEN SURGERY									
1821985016		02/28/20	02/03/20	03/01/20			30.91	0.00	0.00	30.91
	Supplies - central supply									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	166.71	0.00	0.00	166.71

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
90013339	Supplies - central supply	02/28/20	02/02/20	03/04/20			1,694.66	0.00	0.00	1,694.66
90017091		02/28/20	02/09/20	03/11/20			116.38	0.00	0.00	116.38
	SUPPLIE RADIOLOGY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2659	MERRY X-RAY/SOURCEONE HEALTHCA	1,811.04	0.00	0.00	1,811.04

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
21810		02/28/20	02/20/20	02/20/20			31,403.12	0.00	0.00	31,403.12
	EMPLOY PREM HOPS/DENTAI									
21807		02/28/20	02/27/20	02/27/20			20,252.16	0.00	0.00	20,252.16
	EMPL PREM									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN	51,655.28	0.00	0.00	51,655.28

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
671229		03/05/20	03/01/20	03/01/20		100.27	0.00	0.00	100.27
	MISC ADMIN								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2662	MMC VOLUNTEERS				100.27	0.00	0.00	100.27

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9952664		02/28/20	02/22/20	02/23/20		62.61	0.00	0.00	62.61
	INVENTORY PHARM								
9956919		02/28/20	02/22/20	02/23/20		349.08	0.00	0.00	349.08
	INVENTORY PHARM								
9956232		02/28/20	02/22/20	02/23/20		1,802.96	0.00	0.00	1,802.96
	INVENTORY PHARM								
9956233		02/28/20	02/22/20	02/23/20		315.65	0.00	0.00	315.65
	INVENTORY PHARM								
9952665		02/28/20	02/22/20	02/23/20		101.58	0.00	0.00	101.58
	INVENTORY PHARM								
9956234		02/28/20	02/22/20	02/23/20		236.18	0.00	0.00	236.18
	INVENTORY PHARM								
9972119		02/28/20	02/27/20	02/28/20		121.17	0.00	0.00	121.17
	INVENTORY PHARM								
9972117		02/28/20	02/27/20	02/28/20		165.33	0.00	0.00	165.33
	INVENTORY PHARM								
9970212		02/28/20	02/27/20	02/28/20		0.03	0.00	0.00	0.03
	INVENTORY PHARM								
9970213		02/28/20	02/27/20	02/28/20		115.80	0.00	0.00	115.80
	INVENTORY PHARMACY								
9972118		02/28/20	02/27/20	02/28/20		652.03	0.00	0.00	652.03
	INVENTORY PHARM								
9970214		02/28/20	02/27/20	02/28/20		22.20	0.00	0.00	22.20
	INVENTORY PHARM								
9978785		02/28/20	02/28/20	03/01/20		249.74	0.00	0.00	249.74
	INVENTORY PHARM								
9978783		02/28/20	02/28/20	03/01/20		210.21	0.00	0.00	210.21
	INVENTORY PHARM								
9978784		02/28/20	02/28/20	03/01/20		95.62	0.00	0.00	95.62
	INVENTORY PHARM								
9515		02/28/20	02/28/20	03/01/20		-12.40	0.00	0.00	-12.40
	INVENTORY PHARMACY								
9982119		03/05/20	03/01/20	03/02/20		76.15	0.00	0.00	76.15
	INVENTORY PHARM								
9982120		03/05/20	03/01/20	03/02/20		1,013.51	0.00	0.00	1,013.51
	INVENTORY PHARM								
9980950		03/05/20	03/01/20	03/02/20		18.34	0.00	0.00	18.34
	INVENTORY PHARM								
9982123		03/05/20	03/01/20	03/02/20		2,349.01	0.00	0.00	2,349.01
	INVENTORY PHARM								
9982121		03/05/20	03/01/20	03/02/20		150.67	0.00	0.00	150.67
	INVENTORY PHARM								
9982122		03/05/20	03/01/20	03/02/20		17.32	0.00	0.00	17.32

	INVENTORY PHARM							
9980951		03/05/20	03/01/20	03/02/20	78.17	0.00	0.00	78.17
	INVENTORY PHARM							
9980949		03/05/20	03/01/20	03/02/20	4.12	0.00	0.00	4.12
	INVENTORY PHARM							
9987766		03/05/20	03/02/20	03/03/20	2,347.17	0.00	0.00	2,347.17
	INVENTORY PHARM							
9987768		03/05/20	03/02/20	03/03/20	57.52	0.00	0.00	57.52
	INVENTORY PHARM							
9987767		03/05/20	03/02/20	03/03/20	43.55	0.00	0.00	43.55
	INVENTORY PHARM							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC			10,643.32	0.00	0.00	10,643.32

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
1850237024		02/28/20	01/31/20	03/10/20			376.20	0.00	0.00	376.20
	SUPPLIES GE BLOOD BK									
1850237840		02/28/20	02/01/20	03/10/20			116.27	0.00	0.00	116.27
	SUPPLIES BLOOK BANK									
1850242830		02/28/20	02/07/20	03/10/20			866.57	0.00	0.00	866.57
	SUPPLIES GEN BLOOK BK									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	O1416	ORTHO CLINICAL DIAGNOSTICS					1,359.04	0.00	0.00	1,359.04

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
2023868937		02/18/20	01/03/20	02/21/20			162.90	0.00	0.00	162.90
	inventory cls									
2022876319A		02/28/20	11/28/20	12/28/20			12.40	0.00	0.00	12.40
	INVENTORY C/S									
2024740969		02/28/20	01/30/20	03/01/20			32.64	0.00	0.00	32.64
	inventory cls									
2024738884		02/28/20	02/02/20	03/04/20			10.24	0.00	0.00	10.24
	Inventory cls									
2024745504		02/28/20	02/02/20	03/04/20			1,638.50	0.00	0.00	1,638.50
	inventory cls									
2024739211		02/28/20	02/02/20	03/04/20			21.30	0.00	0.00	21.30
	inventory cls									
2024746019		02/28/20	02/02/20	03/04/20			474.11	0.00	0.00	474.11
	Inventory cls									
2024738598		02/28/20	02/02/20	03/10/20			5.59	0.00	0.00	5.59
	Inventory cls									
2024741334		02/28/20	02/02/20	03/10/20			124.44	0.00	0.00	124.44
	inventory cls									
2024820471A		02/28/20	02/06/20	03/08/20			-69.00	0.00	0.00	-69.00
	SUPPLIES PHY THRPY									
2024850941		02/28/20	02/07/20	03/09/20			53.14	0.00	0.00	53.14
	Inventory cls									
2024857356		02/28/20	02/07/20	03/09/20			995.96	0.00	0.00	995.96
	inventory cls									
2024850048		02/28/20	02/07/20	03/09/20			14.98	0.00	0.00	14.98
	inventory cls									

2024851468	02/28/20	02/07/20	03/09/20	59.32	0.00	0.00	59.32	
Inventory cls								
2024857786A	02/28/20	02/07/20	03/09/20	20.49	0.00	0.00	20.49	
INVENTORY C/S								
2024856592	02/28/20	02/07/20	03/09/20	631.43	0.00	0.00	631.43	
SUPPLIES E/R								
2024850094	02/28/20	02/07/20	03/09/20	132.85	0.00	0.00	132.85	
inventory cls								
2024849592	02/28/20	02/07/20	03/09/20	348.95	0.00	0.00	348.95	
Inventory cls								
2024849412	02/28/20	02/07/20	03/10/20	392.25	0.00	0.00	392.25	
REPAIRS INST ICU								
2024849257	02/28/20	02/07/20	03/10/20	49.39	0.00	0.00	49.39	
SUPPLIES GEN MED/SURG								
2024935042	02/28/20	02/09/20	03/10/20	1,222.20	0.00	0.00	1,222.20	
Inventory cls								
2024934376	02/28/20	02/09/20	03/10/20	333.30	0.00	0.00	333.30	
Inventory cls								
2024928804	02/28/20	02/09/20	03/10/20	17.78	0.00	0.00	17.78	
Inventory cls								
2024927011	02/28/20	02/09/20	03/11/20	2.94	0.00	0.00	2.94	
Inventory cls								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR	6,688.10	0.00	0.00	6,688.10

Vendor#	Vendor Name	Class	Pay Code
11069	PABLO GARZA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21799		02/28/20	02/28/20	03/01/20			930.00	0.00	0.00	930.00
	PURCH SERV MMCLINIC									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11069	PABLO GARZA	930.00	0.00	0.00	930.00

Vendor#	Vendor Name	Class	Pay Code
11142	PAETEC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
68856832		02/28/20	02/22/20	03/13/20			10,748.68	0.00	0.00	10,748.68
	TELEPHONE HOSP									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11142	PAETEC	10,748.68	0.00	0.00	10,748.68

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
10146		02/28/20	02/22/20	02/23/20			50.00	0.00	0.00	50.00
	PURCH SERV ADM									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P1470	PHILIP THOMAE PHOTOGRAPHER	50.00	0.00	0.00	50.00

Vendor#	Vendor Name	Class	Pay Code
10541	PLATINUM CODE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
0848363		02/26/20	02/07/20	03/09/20			41.68	0.00	0.00	41.68

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10541	PLATINUM CODE				41.68	0.00	0.00	41.68

Vendor#	Vendor Name	Class	Pay Code
P2200	POWER ELECTRIC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
B27920		02/28/20	12/28/20	01/31/20			12.68	0.00	0.00	12.68
	SUPPLIES GENERAL PLT OPS									
B28081		02/28/20	01/05/20	02/28/20			56.58	0.00	0.00	56.58
	SUPPLIES PLT OPS									
A28705		02/28/20	01/09/20	02/28/20			8.67	0.00	0.00	8.67
	SUPPLIES PLT OPS									
A28809		02/28/20	01/10/20	02/28/20			2.19	0.00	0.00	2.19
	SUPPLIES PLT OPS									
B28456		02/28/20	01/16/20	02/28/20			5.59	0.00	0.00	5.59
	SUPPLIES GEN PLT OPS									
B28572		02/28/20	01/19/20	02/28/20			3.38	0.00	0.00	3.38
	SUPPLIES GEN PLT OPS									
B28664		02/28/20	01/23/20	02/28/20			9.58	0.00	0.00	9.58
	SUPPLIES GEN PLT OPS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P2200	POWER ELECTRIC	98.67	0.00	0.00	98.67

Vendor#	Vendor Name	Class	Pay Code
11080	RADSOURCE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
SC54925		12/23/20	12/16/20	01/15/20			1,625.00	0.00	0.00	1,625.00
	PRUCHASED SERVICES RADI									
SC55148		02/20/20	02/12/20	03/14/20			1,667.00	0.00	0.00	1,667.00
	PURCH SERV RADIOLOGY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11080	RADSOURCE	3,292.00	0.00	0.00	3,292.00

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
02201727		02/28/20	02/16/20	03/07/20			120.00	0.00	0.00	120.00
	PUBLIC REL/ADVERT 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
G0425	ROBERTS, ROBERTS & ODEFEY, LLP	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21808		02/28/20	02/24/20	02/28/20			8,569.00	0.00	0.00	8,569.00
	LEGAL SERV HOSP									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G0425	ROBERTS, ROBERTS & ODEFEY, LLP	8,569.00	0.00	0.00	8,569.00

Vendor#	Vendor Name	Class	Pay Code
10995	SHIFTHOUND		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1713683		02/28/20	02/28/20	03/01/20			558.00	0.00	0.00	558.00
	DUES & SUBCRP MED/SURG									

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

S2692 STACY SYSTEMS INC M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1702098		02/28/20	02/23/20	02/23/20			2,745.00	0.00	0.00	2,745.00
	PURCH SERV PLT OPS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2692	STACY SYSTEMS INC	2,745.00	0.00	0.00	2,745.00

Vendor# Vendor Name Class Pay Code

10735 STRYKER SUSTAINABILITY

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2962023A		02/28/20	02/03/20	03/05/20			512.62	0.00	0.00	512.62
	SUPPLIES GEN SURGERY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10735	STRYKER SUSTAINABILITY	512.62	0.00	0.00	512.62

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
113232336		02/28/20	02/16/20	03/08/20			368.51	0.00	0.00	368.51
	FOOD DIETARY									
113251202		02/28/20	02/23/20	03/15/20			548.10	0.00	0.00	548.10
	FOOD DIETARY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2951	SYSCO FOOD SERVICES OF	916.61	0.00	0.00	916.61

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
TX0002593		02/28/20	02/01/20	02/01/20			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

U1054 UNIFIRST HOLDINGS W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8150757282		02/15/20	02/07/20	03/09/20			105.91	0.00	0.00	105.91
	PURCH SERV MAINT									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1054	UNIFIRST HOLDINGS	105.91	0.00	0.00	105.91

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
8400239973		02/15/20	02/10/20	03/12/20			387.29	0.00	0.00	387.29
	LAUNDRY SURGERY									
8400240011		02/15/20	02/10/20	03/12/20			1,185.63	0.00	0.00	1,185.63
	LAUNDRY HSKEEPING									
8400239643		02/26/20	02/07/20	03/09/20			168.39	0.00	0.00	168.39
	LAUNDRY HSKEEPING									
8400239641		02/26/20	02/07/20	03/09/20			108.07	0.00	0.00	108.07
	LAUNDRY DIETARY									
8400239642		02/26/20	02/07/20	03/09/20			108.08	0.00	0.00	108.08
	LAUNDRY OB									
8400239685		02/26/20	02/07/20	03/09/20			169.98	0.00	0.00	169.98
	LAUNDRY DIETARY									

8400239694		02/26/20	02/07/20	03/09/20		1,387.32	0.00	0.00	1,387.32
LAUNDRY HSKEEPING									
840239639		02/26/20	02/07/20	03/09/20		303.10	0.00	0.00	303.10
LAUNDRY HSKEEPING									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC				3,817.86	0.00	0.00	3,817.86
Vendor#	Vendor Name				Class	Pay Code			
10450	UNIT DRUG CO, LLC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21615		02/28/20	02/01/20	03/10/20			42.95	0.00	0.00	42.95
SUPPLIES GEN NURSERY									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10450	UNIT DRUG CO, LLC					42.95	0.00	0.00	42.95
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
0000778941077		02/28/20	02/18/20	02/19/20			368.50	0.00	0.00	368.50
FRT E/R										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	U1350	UPS					368.50	0.00	0.00	368.50
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
3401403		02/28/20	02/14/20	03/06/20			29.64	0.00	0.00	29.64
SUPPLIES GEN DIETARY										
3485587		02/28/20	02/20/20	03/12/20			2,063.99	0.00	0.00	2,063.99
FOOD DIETARY										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10172	US FOOD SERVICE					2,093.63	0.00	0.00	2,093.63
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
21801		03/05/20	03/02/20	03/02/20			1,000.00	0.00	0.00	1,000.00
POSTAGE BO										
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
9780474221		02/28/20	02/16/20	03/11/20			238.63	0.00	0.00	238.63
TELEPHONE HOSP										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	V0559	VERIZON WIRELESS					238.63	0.00	0.00	238.63
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
BG21EE		02/28/20	01/12/20	03/14/20			6.81	0.00	0.00	6.81
SUPPLIES GEN LAB										
D5RKYA		02/28/20	01/17/20	03/14/20			4.40	0.00	0.00	4.40
INVENTORY C/S										
DG2TAN		02/28/20	01/18/20	03/14/20			5.00	0.00	0.00	5.00
SUPPLIES GEN DIETARY										

DG2TAY	02/28/20 01/18/20 03/14/20	593.88	0.00	0.00	593.88
MINOR EQ MED/SURG					
DSDOM9	02/28/20 01/19/20 03/14/20	23.29	0.00	0.00	23.29
SUPPLIES GEN LAB					
G46FG29	02/28/20 01/26/20 03/14/20	14.46	0.00	0.00	14.46
SUPPLIES GEN LAB					
HFHNGG	02/28/20 01/30/20 03/14/20	9.83	0.00	0.00	9.83
SUPPLIES GEN LAB					
JE40EN	02/28/20 02/02/20 03/14/20	52.70	0.00	0.00	52.70
SUPPLIES GEN MMCLINIC					
JE40EE	02/28/20 02/02/20 03/14/20	12.17	0.00	0.00	12.17
SUPPLIES GEN LAB					
JE40DL	02/28/20 02/02/20 03/14/20	3.52	0.00	0.00	3.52
INVENTORY C/S					
LPJS99	02/28/20 02/02/20 03/14/20	19.35	0.00	0.00	19.35
SUPPLIES GEN LAB					
JE40DW	02/28/20 02/02/20 03/14/20	10.54	0.00	0.00	10.54
SUPPLIES GEN BEH HLTH					
LD6GH8	02/28/20 02/02/20 03/14/20	10.44	0.00	0.00	10.44
SUPPLIES GEN RADIOLOGY					
LD6GHG	02/28/20 02/02/20 03/14/20	15.94	0.00	0.00	15.94
SUPPLIES GEN HOME HC					

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W1005	WALMART COMMUNITY	782.33	0.00	0.00	782.33

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
113840		02/28/20	01/31/20	03/10/20			41.95	0.00	0.00	41.95
	EMPLOYEE EXP									
113839		02/28/20	01/31/20	03/10/20			1,223.31	0.00	0.00	1,223.31
	EMPLOYEE EXP									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W1040	WATERMARK GRAPHICS INC	1,265.26	0.00	0.00	1,265.26

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
9110370444		02/28/20	02/10/20	03/12/20			753.96	0.00	0.00	753.96
	SUPPLIES GEN LAB									
9110370689		02/28/20	02/13/20	03/15/20			2,301.00	0.00	0.00	2,301.00
	SUPPLIES LAB									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	3,054.96	0.00	0.00	3,054.96

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
WCS00000698		02/28/20	02/01/20	03/01/20			22,575.00	0.00	0.00	22,575.00
	PURCH SERV W/C									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10556	WOUND CARE SPECIALISTS	22,575.00	0.00	0.00	22,575.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net

270,083.14	0.00	0.00	270,083.14

pg 1 correction { <51.54> +51.24

pg 5 correction { <59.39> + 53.39

$270,076.84

270,083.14 +
51.54 –
51.24 +
59.39 –
53.39 +
270,076.84 =

Michael J Ryan
3-20-17

APPROVED
ON

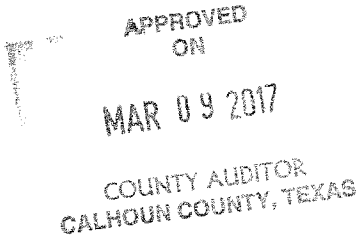
MAR 09 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:03/09/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:09:04 CHECK REGISTER GLCKREG
03/09/17 THRU 03/09/17

BANK	CODE	CHECK NUMBER	DATE	AMOUNT	PAYEE
	A/P	170111	03/09/17	307.20	CUSTOM MEDICAL SPECIALTIES
	A/P	170112	03/09/17	1,729.86	BECTON, DICKINSON & CO (BD)
	A/P	170113	03/09/17	153.44	ERBE USA INC SURGICAL SYSTEMS
	A/P	170114	03/09/17	2,093.63	US FOOD SERVICE
	A/P	170115	03/09/17	42.95	UNIT DRUG CO, LLC
	A/P	170116	03/09/17	.00	VOIDED
	A/P	170117	03/09/17	10,643.32	MORRIS & DICKSON CO, LLC
	A/P	170118	03/09/17	41.68	PLATINUM CODE
	A/P	170119	03/09/17	22,575.00	WOUND CARE SPECIALISTS
	A/P	170120	03/09/17	140.00	AMERICAN PROFICIENCY INSTITUTE
	A/P	170121	03/09/17	2,680.00	TELE-PHYSICIANS, P.A. (TX)
	A/P	170122	03/09/17	120.00	REVISTA de VICTORIA
	A/P	170123	03/09/17	650.00	LIFESOURCE EDUCATIONAL SRV LLC
	A/P	170124	03/09/17	512.62	STRYKER SUSTAINABILITY
	A/P	170125	03/09/17	51,655.28	MMC EMPLOYEE BENEFIT PLAN
	A/P	170126	03/09/17	35,359.79	ALLIED BENEFIT SYSTEMS
	A/P	170127	03/09/17	558.00	SHIFTHOUND
	A/P	170128	03/09/17	375.00	ADVANCED COMMUNICATIONS
	A/P	170129	03/09/17	2,611.18	COMBINED INSURANCE CO
	A/P	170130	03/09/17	1,158.64	BIRCH COMMUNICATIONS
	A/P	170131	03/09/17	2,300.09	AIRESPRING INC
	A/P	170132	03/09/17	930.00	PABLO GARZA
	A/P	170133	03/09/17	3,292.00	RADSOURCE
	A/P	170134	03/09/17	10,748.68	PAETEC
	A/P	170135	03/09/17	159.06	BHB MACHINE & PUMP REPAIR, LLC
	A/P	170136	03/09/17	3,135.71	AMN HEALTHCARE ALLIED, INC.
	A/P	170137	03/09/17	80.20	ACE HARDWARE 15521
	A/P	170138	03/09/17	132.00	ACTION LUMBER
	A/P	170139	03/09/17	354.45	AIRGAS USA, LLC - CENTRAL DIV
	A/P	170140	03/09/17	80.80	ALCON LABORATORIES, INC.
	A/P	170141	03/09/17	70.97	AUTO PARTS & MACHINE CO.
	A/P	170142	03/09/17	216.75	BARD ACCESS
	A/P	170143	03/09/17	35.74	BAXTER HEALTHCARE CORP
	A/P	170144	03/09/17	41,927.45	BECKMAN COULTER INC
	A/P	170145	03/09/17	220.00	CORPUS CHRISTI PROSTHETICS
	A/P	170146	03/09/17	157.87	COASTAL OFFICE SOLUTONS
	A/P	170147	03/09/17	71.12	CARDINAL HEALTH 414, INC.
	A/P	170148	03/09/17	248.00	CYGNUS MEDICAL LLC
	A/P	170149	03/09/17	89.25	CONMED CORPORATION
	A/P	170150	03/09/17	6,868.66	EVIDENT
	A/P	170151	03/09/17	50.10	DOWNTOWN CLEANERS
	A/P	170152	03/09/17	79.95	DLE PAPER & PACKAGING
	A/P	170153	03/09/17	48.76	CENTERPOINT ENERGY
	A/P	170154	03/09/17	125.87	FEDERAL EXPRESS CORP.
	A/P	170155	03/09/17	.00	VOIDED
	A/P	170156	03/09/17	22,128.35	FISHER HEALTHCARE
	A/P	170157	03/09/17	50.00	GULF COAST DELIVERY
	A/P	170158	03/09/17	8,569.00	ROBERTS, ROBERTS & ODEFEY, LLP
	A/P	170159	03/09/17	500.00	HOLOGIC INC
	A/P	170160	03/09/17	3,054.96	WERFEN USA LLC

BANK	CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P		170161	03/09/17	236.00	INTEGRATED MEDICAL SYSTEMS
A/P		170162	03/09/17	2,228.53	J & J HEALTH CARE SYSTEMS, INC
A/P		170163	03/09/17	883.21	MARKS PLUMBING PARTS
A/P		170164	03/09/17	5,639.92	MCKESSON MEDICAL SURGICAL INC
A/P		170165	03/09/17	140.58	MEAD JOHNSON NUTRITION
A/P		170166	03/09/17	166.71	MEDLINE INDUSTRIES INC
A/P		170167	03/09/17	1,811.04	MERRY X-RAY/SOURCEONE HEALTHCA
A/P		170168	03/09/17	100.27	MMC VOLUNTEERS
A/P		170169	03/09/17	247.90	MEDIVATORS
A/P		170170	03/09/17	1,359.04	ORTHO CLINICAL DIAGNOSTICS
A/P		170171	03/09/17	.00	VOIDED
A/P		170172	03/09/17	.00	VOIDED
A/P		170173	03/09/17	6,688.10	OWENS & MINOR
A/P		170174	03/09/17	50.00	PHILIP THOMAE PHOTOGRAPHER
A/P		170175	03/09/17	98.67	POWER ELECTRIC
A/P		170176	03/09/17	2,745.00	STACY SYSTEMS INC
A/P		170177	03/09/17	916.61	SYSCO FOOD SERVICES OF
A/P		170178	03/09/17	53.39	ERIN CLEVENGER
A/P		170179	03/09/17	105.91	UNIFIRST HOLDINGS
A/P		170180	03/09/17	3,817.86	UNIFIRST HOLDINGS INC
A/P		170181	03/09/17	368.50	UPS
A/P		170182	03/09/17	1,000.00	US POSTAL SERVICE
A/P		170183	03/09/17	238.63	VERIZON WIRELESS
A/P		170184	03/09/17	782.33	WALMART COMMUNITY
A/P		170185	03/09/17	1,265.26	WATERMARK GRAPHICS INC
TOTALS:				270,076.84	



RUN DATE:03/14/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:11:05 CHECK REGISTER and Payable List GLCKREG
03/14/17 THRU 03/14/17

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000896	03/14/17	154.43	MCKESSON
A/P	000897	03/14/17	544.30	MCKESSON
A/P	000898	03/14/17	1,265.11	MCKESSON
TOTALS:			1,963.84	

340 B Prescription Expenses

APPROVED
ON

MAR 14 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J Pfeil

3-20-17

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 03/10/2017 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 03/11/2017

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

As of: 03/10/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 03/11/2017

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	
03/06/2017	03/14/2017	7796109003	1000976178	115Invoice	0.39	19.30		18.91	✓	7796109003	
03/06/2017	03/14/2017	7796109004	1000976767	115Invoice	0.02	0.95		0.93	✓	7796109004	
03/06/2017	03/14/2017	7796109005	1000977182	115Invoice	0.02	0.95		0.93	✓	7796109005	
03/07/2017	03/14/2017	7796327177	1000977570	115Invoice	1.11	55.47		54.36	✓	7796327177	
03/08/2017	03/14/2017	7796566170	1000978302	115Invoice	0.02	0.96		0.94	✓	7796566170	
03/10/2017	03/14/2017	7797057067	1000979508	115Invoice	1.60	79.96		78.36	✓	7797057067	

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

TOTAL:

Subtotals: 157.59 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,271.69
03/06/2017

If Paid By 03/14/2017,
Pay This Amount: 154.43 USD

If Paid After 03/14/2017,
Pay this Amount: 157.59 USD

Due If Paid On Time:
USD 154.43

Disc lost if paid late:
3.16

Due If Paid Late:
USD 157.59

3-13-17

Ck# 896

APPROVED
ON
MAR 14 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: 03/10/2017 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 03/11/2017

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

As of: 03/10/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 03/11/2017 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
03/08/2017	03/14/2017	7796589009	3454582109	115Invoice	3.46	173.08		169.62		7796589009	
03/09/2017	03/14/2017	7796802346	3454582112	115Invoice	4.89	244.62		239.73		7796802346	
03/10/2017	03/14/2017	7797040566	3454582115	115Invoice	2.75	137.70		134.95		7797040566	

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

TOTAL:

Subtotals: 555.40 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,045.73
03/06/2017

If Paid By 03/14/2017,
Pay This Amount: 544.30 USD

If Paid After 03/14/2017,
Pay this Amount: 555.40 USD

Due If Paid On Time:
USD 544.30
Disc lost if paid late:
11.10
Due If Paid Late:
USD 555.40

3.13.17

Ck# 897

APPROVED
ON
MAR 14 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: 03/10/2017

DC: 8115

Territory: 400

Customer: 262252
Date: 03/11/2017

Page: 001

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

As of: 03/10/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252
Date: 03/11/2017

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	
03/06/2017	03/14/2017	7796110525	1000976180	115Invoice	4.15	207.39		203.24		7796110525	
03/06/2017	03/14/2017	7796110527	1000976180	115Invoice	0.04	2.16		2.12		7796110527	
03/06/2017	03/14/2017	7796110528	1000976769	115Invoice	2.84	142.22		139.38		7796110528	
03/06/2017	03/14/2017	7796110529	1000976769	115Invoice	0.42	20.80		20.38		7796110529	
03/06/2017	03/14/2017	7796110530	1000977184	115Invoice	6.03	301.51		295.48		7796110530	
03/07/2017	03/14/2017	7796353966	1000977572	115Invoice	0.92	45.95		45.03		7796353966	
03/08/2017	03/14/2017	7796594650	1000978304	115Invoice	5.03	251.57		246.54		7796594650	
03/09/2017	03/14/2017	7796813989	1000978904	115Invoice	4.26	213.11		208.85		7796813989	
03/09/2017	03/14/2017	7796813990	1000978904	115Invoice	0.19	9.74		9.55		7796813990	
03/10/2017	03/14/2017	7797063426	1000979510	115Invoice	1.93	96.47		94.54		7797063426	

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

TOTAL:

Subtotals: 1,290.92 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,779.71
03/06/2017

If Paid By 03/14/2017,
Pay This Amount: 1,265.11 USD

If Paid After 03/14/2017,
Pay this Amount: 1,290.92 USD

Due If Paid On Time:
USD 1,265.11

Disc lost if paid late:
25.81

Due If Paid Late:
USD 1,290.92

3.13.17

Ck #090

APPROVED
ON
MAR 14 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

APPROVED
ON

MAR 14 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

03/13/2017 MEMORIAL MEDICAL CENTER 0
16:38 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 03/22/2017

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
9060398072	SUPPLIES GEN PLT OPS	02/27/20	02/15/20	03/17/20		564.49	0.00	0.00	564.49

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	564.49	0.00	0.00	564.49

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
76262995	Surgery Supplies	02/28/20	02/13/20	03/16/20		344.62	0.00	0.00	344.62
76284715	Surgery Supplies	02/28/20	02/20/20	03/16/20		689.24	0.00	0.00	689.24

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B0435	BARD PERIPHERAL VASCULAR	1,033.86	0.00	0.00	1,033.86

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
53839860	Central Supply	02/28/20	02/16/20	03/16/20		119.06	0.00	0.00	119.06
53874714	Central Supply	02/28/20	02/20/20	03/22/20		617.02	0.00	0.00	617.02

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE	736.08	0.00	0.00	736.08

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
BK00701467	AUDITING FEE ACCTG	03/13/20	03/02/20	03/02/20		6,760.00	0.00	0.00	6,760.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10599	BKD, LLP	6,760.00	0.00	0.00	6,760.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
953548882	Surgery Supplies	02/28/20	02/13/20	03/09/20		383.00	0.00	0.00	383.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1655	BOSTON SCIENTIFIC CORPORATION	383.00	0.00	0.00	383.00

Vendor#	Vendor Name	Class	Pay Code
B1835	BUCKEYE CLEANING CENTER	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
121709	Carpet Cleaner	02/28/20	02/17/20	03/19/20		18.56	0.00	0.00	18.56

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1835	BUCKEYE CLEANING CENTER	18.56	0.00	0.00	18.56

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
202131		02/28/20	12/31/20	01/30/20			672.00	0.00	0.00	672.00
	PURCH SERV MAMMOGRPY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1033	CAD SOLUTIONS, INC	672.00	0.00	0.00	672.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21823		03/13/20	03/02/20	03/02/20			25.00	0.00	0.00	25.00
	ACCR CR UN									

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

Vendor#	Vendor Name	Class	Pay Code
10350	CENTURION MEDICAL PRODUCTS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
92201582		02/28/20	02/13/20	03/16/20			766.04	0.00	0.00	766.04
	Central Supplies									
92205482		02/28/20	02/17/20	03/19/20			478.65	0.00	0.00	478.65
	Central Supplies									
92206000		02/28/20	02/20/20	03/22/20			17.70	0.00	0.00	17.70
	Central supplies									
92206001		02/28/20	02/20/20	03/22/20			894.56	0.00	0.00	894.56
	Central Supplies									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10350	CENTURION MEDICAL PRODUCTS	2,156.95	0.00	0.00	2,156.95

Vendor#	Vendor Name	Class	Pay Code
C1410	CERTIFIED LABORATORIES	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2501288		12/06/20	10/27/20	02/05/20			405.00	0.00	0.00	405.00
	SUPPLIES GNERAL DIETARY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1410	CERTIFIED LABORATORIES	405.00	0.00	0.00	405.00

Vendor#	Vendor Name	Class	Pay Code
10105	CHRIS KOVAREK		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21820		02/28/20	03/08/20	03/08/20			160.38	0.00	0.00	160.38
	TRAVEL 2/23, 2/24, 3/1-3, 3/17/17 mileage only									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10105	CHRIS KOVAREK	160.38	0.00	0.00	160.38

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
361201		02/28/20	02/23/20	03/21/20			89.25	0.00	0.00	89.25
	Surgery Supplies									

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
C2157	COOPER SURGICAL INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
4368243		02/28/20	02/16/20	03/09/20			386.32	0.00	0.00	386.32
	Surgery Supplies									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

	C2157	COOPER SURGICAL INC				386.32	0.00	0.00	386.32
Vendor#	Vendor Name				Class	Pay Code			
10646	COVIDIEN								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	24642764		02/28/20	02/15/20	03/16/20		4,202.30	0.00	0.00	4,202.30
		PM ON VENTILATORS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10646	COVIDIEN				4,202.30	0.00	0.00	4,202.30
Vendor#	Vendor Name				Class	Pay Code				
11288	CRG TEXAS ENVIRONM'TL SERV INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	170023		02/28/20	02/24/20	02/25/20		5,500.00	0.00	0.00	5,500.00
		PURCH SERV ADM								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11288	CRG TEXAS ENVIRONM'TL SERV INC				5,500.00	0.00	0.00	5,500.00
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
	219484		02/28/20	02/15/20	03/17/20		159.63	0.00	0.00	159.63
		Diagnostic Imag. Supplies								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10006	CUSTOM MEDICAL SPECIALTIES				159.63	0.00	0.00	159.63
Vendor#	Vendor Name				Class	Pay Code				
11287	DELTA HEALTHCARE PROVIDERS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	0000011966		02/28/20	02/19/20	02/20/20		5,250.00	0.00	0.00	5,250.00
		PT Procurement Pkg of Allied Personnel								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11287	DELTA HEALTHCARE PROVIDERS				5,250.00	0.00	0.00	5,250.00
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
	21828		03/13/20	03/12/20	03/13/20		447.92	0.00	0.00	447.92
		PURCH SERV HLTH INFO 2/27 - 3/12/17								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11008	DERRI HART				447.92	0.00	0.00	447.92
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
	4886430		02/28/20	11/18/20	12/18/20		26.00	0.00	0.00	26.00
		OFF SUPP MMCLINIC								
	4934020		02/28/20	01/06/20	02/05/20		98.35	0.00	0.00	98.35
	4934010	Office Supplies - Misc Depts	02/28/20	01/16/20	02/15/20		288.00	0.00	0.00	288.00
	4944030	Office Supplies - Central Supplies	02/28/20	01/25/20	02/24/20		45.33	0.00	0.00	45.33
		OFF SUP NURS ADM								
	4945340		02/28/20	01/26/20	02/25/20		27.44	0.00	0.00	27.44
	4946940	Dietary	02/28/20	01/30/20	03/01/20		30.40	0.00	0.00	30.40
		OFF SUPP PHY THRPY								

4947220	02/28/20 01/30/20 03/01/20	360.00	0.00	0.00	360.00
Central Supplies					
4948140	02/28/20 01/31/20 03/02/20	220.14	0.00	0.00	220.14
OFF SUP MED/SURG					
4948150	02/28/20 01/31/20 03/02/20	1.33	0.00	0.00	1.33
OFF SUPP MMCLINC					
4949050	02/28/20 02/01/20 03/03/20	142.94	0.00	0.00	142.94
Central Supplies					
4950530	02/28/20 02/02/20 03/04/20	14.76	0.00	0.00	14.76
OFF SUP MMCLINIC					
4950940	02/28/20 02/03/20 03/05/20	30.11	0.00	0.00	30.11
OFF SUPP ADM					
4953680	02/28/20 02/06/20 03/08/20	66.98	0.00	0.00	66.98
OFFICE SUPPLIES NURSERY					
4953560	02/28/20 02/06/20 03/08/20	386.47	0.00	0.00	386.47
Central Supplies					
4955640	02/28/20 02/07/20 03/09/20	1.70	0.00	0.00	1.70
OFF SUPP MMCLINIC					
4956510	02/28/20 02/08/20 03/10/20	114.99	0.00	0.00	114.99
OFF SUPP ACCTG					
4960530	02/28/20 02/13/20 03/15/20	311.01	0.00	0.00	311.01
Central Supplies					
4961720	02/28/20 02/14/20 03/16/20	46.88	0.00	0.00	46.88
OFF SUPP C/S					
4962690	02/28/20 02/15/20 03/17/20	405.78	0.00	0.00	405.78
OFF SUPP HR/PR					
4962750	02/28/20 02/15/20 03/17/20	288.00	0.00	0.00	288.00
Central supplies					
4962200	02/28/20 02/15/20 03/17/20	120.99	0.00	0.00	120.99
ER - office Supplies					
4963470	02/28/20 02/16/20 03/18/20	48.56	0.00	0.00	48.56
Indigent HC					
Vendor Totals Number Name		Gross	Discount	No-Pay	Net
10368 DEWITT POTH & SON		3,076.16	0.00	0.00	3,076.16

Vendor#	Vendor Name	Class	Pay Code
11289	DR. JOHN E. VAN METRE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21830		03/13/20	03/13/20	03/13/20			10,000.00	0.00	0.00	10,000.00
	PROF FEES HOSPITALIST 5 Days @ 2,000/per Day									

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
11289	DR. JOHN E. VAN METRE	10,000.00	0.00	0.00	10,000.00

Vendor#	Vendor Name	Class	Pay Code
11290	DR. PAUL BUNNELL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21825		03/13/20	03/13/20	03/13/20			40,000.00	0.00	0.00	40,000.00
	PROF FEES HOSPITALIST 20 Days @ 2,000/per Day									

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
11290	DR. PAUL BUNNELL	40,000.00	0.00	0.00	40,000.00

Vendor#	Vendor Name	Class	Pay Code
11284	EMERGENCY STAFFING SOLUTIONS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
34691		02/28/20	02/28/20	03/12/20			40,062.50	0.00	0.00	40,062.50

PROF FEES E/R 1/2 monthly fee

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11284	EMERGENCY STAFFING SOLUTIONS	40,062.50	0.00	0.00	40,062.50

Vendor#	Vendor Name	Class	Pay Code
C2510	EVIDENT ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
927499		02/28/20	02/16/20	02/16/20		255.20	0.00	0.00	255.20 ✓
	Labels								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C2510	EVIDENT	255.20	0.00	0.00	255.20

Vendor#	Vendor Name	Class	Pay Code
11082	✓EXECUTIVE COUNCIL OF PHYSICAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21819		02/28/20	03/08/20	03/08/20		220.00	0.00	0.00	220.00 ✓
	CONT ED PHY THRPHY Renewal								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11082	EXECUTIVE COUNCIL OF PHYSICAL	220.00	0.00	0.00	220.00

Vendor#	Vendor Name	Class	Pay Code
11037	FIRST CLEARING ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21824		03/13/20	03/02/20	03/02/20		75.00	0.00	0.00	75.00 ✓
	EMPL EXP								

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
G1210	GULF COAST PAPER COMPANY ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1275680 ✓		02/26/20	02/14/20	03/16/20		339.88	0.00	0.00	339.88 ✓
	Misc Depts - Supplies								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	339.88	0.00	0.00	339.88

Vendor#	Vendor Name	Class	Pay Code
10922	HUNTER PHARMACY SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2070		02/28/20	01/31/20	02/20/20		14,224.55	0.00	0.00	14,224.55 ✓
	PURCH SERV PHARMACY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10922	HUNTER PHARMACY SERVICES	14,224.55	0.00	0.00	14,224.55

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
917647565 ✓		02/28/20	02/13/20	03/15/20		732.62	0.00	0.00	732.62 ✓
	Surgery Supplies								
917649880		02/28/20	02/13/20	03/15/20		156.58	0.00	0.00	156.58 ✓
	Surgery Supplies								
917672468		02/28/20	02/17/20	03/19/20		143.82	0.00	0.00	143.82 ✓
	Surgery Supplies								
917678166		02/28/20	02/20/20	03/22/20		1,199.97	0.00	0.00	1,199.97 ✓
	Surgery Supplies								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE SYSTEMS, INC	2,232.99	0.00	0.00	2,232.99

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
	371954		03/13/20	03/01/20	03/01/20		10,230.00	0.00	0.00	10,230.00
		PROF FEES OB - Services 2/22-25/2017								
	2001248		03/13/20	03/01/20	03/01/20		34.06	0.00	0.00	34.06
		PROF FEES OB - Fuel 2/21/17								
	2001362		03/13/20	03/02/20	03/02/20		18.40	0.00	0.00	18.40
		PROF FEES OB - Toll Fees 1/31 - 2/8/17								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11230	JACKSON & COKER LOCUM TENENS,				10,282.46	0.00	0.00	10,282.46
Vendor#	Vendor Name				Class	Pay Code				
L1288	LANGUAGE LINE SERVICES				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	3992941		02/28/20	01/31/20	03/02/20		37.80	0.00	0.00	37.80
		PURCH SERV ADM								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		L1288	LANGUAGE LINE SERVICES				37.80	0.00	0.00	37.80
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
	INV0541130		02/11/20	02/01/20	03/19/20		2,795.43	0.00	0.00	2,795.43
		FUEL PLANT OP								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10578	LUMINANT ENERGY COMPANY LLC				2,795.43	0.00	0.00	2,795.43
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
	21821		03/13/20	03/02/20	03/02/20		1,240.00	0.00	0.00	1,240.00
		EMPL EXP								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10972	M G TRUST				1,240.00	0.00	0.00	1,240.00
Vendor#	Vendor Name				Class	Pay Code				
M2178	MCKESSON MEDICAL SURGICAL INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	90903280		12/22/20	12/14/20	03/16/20		355.57	0.00	0.00	355.57
		INVENTRY CENTRAL SUP INV								
	92678832		02/12/20	01/16/20	02/15/20		263.90	0.00	0.00	263.90
		Central supplies								
	94824760		02/28/20	02/02/20	03/04/20		702.95	0.00	0.00	702.95
		Central Supplies								
	94420169		02/28/20	02/13/20	03/15/20		269.26	0.00	0.00	269.26
		Central Supplies								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2178	MCKESSON MEDICAL SURGICAL INC				1,591.68	0.00	0.00	1,591.68
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
	1822765757		02/28/20	02/17/20	03/09/20		135.67	0.00	0.00	135.67
		Central Supplies								
	1822933352		02/28/20	02/21/20	03/09/20		27.45	0.00	0.00	27.45
		Central Supplies								

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC				163.12	0.00	0.00	163.12

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
21813		03/01/20	03/06/20	03/06/20			53,251.53	0.00	0.00	53,251.53
	EMPLY EXP HOSP/DENTAL									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN	53,251.53	0.00	0.00	53,251.53

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
9997959		03/13/20	03/06/20	03/07/20			26.90	0.00	0.00	26.90
	INVENTORY PHARM									
1001743		03/13/20	03/06/20	03/07/20			4.05	0.00	0.00	4.05
	INVENTORY PHARM									
9997958		03/13/20	03/06/20	03/07/20			26.90	0.00	0.00	26.90
	INVENTORY PHARM									
1001740		03/13/20	03/06/20	03/07/20			255.73	0.00	0.00	255.73
	INVENTORY PHARM									
9997960		03/13/20	03/06/20	03/07/20			13.45	0.00	0.00	13.45
	INVENTORY PHARM									
1001741		03/13/20	03/06/20	03/07/20			720.95	0.00	0.00	720.95
	INVENTORY PHARM									
1001739		03/13/20	03/06/20	03/07/20			470.83	0.00	0.00	470.83
	INVENTORY PHARM									
1002101		03/13/20	03/06/20	03/07/20			411.16	0.00	0.00	411.16
	INVENTORY PHARM									
1001742		03/13/20	03/06/20	03/07/20			385.41	0.00	0.00	385.41
	INVENTORY PHARM									
1006884		03/13/20	03/07/20	03/08/20			1,672.20	0.00	0.00	1,672.20
	INVENTORY PHRAM									
1006882		03/13/20	03/07/20	03/08/20			155.21	0.00	0.00	155.21
	PHARM INVENTORY									
0201A		03/13/20	03/07/20	03/08/20			-297.35	0.00	0.00	-297.35
	INVENTORY PHARM									
0420		03/13/20	03/07/20	03/08/20			-3.77	0.00	0.00	-3.77
	INVENTORY PHARMACY									
1006883		03/13/20	03/07/20	03/08/20			1.35	0.00	0.00	1.35
	INVENTORY PHARMACY									
1008921		03/13/20	03/08/20	03/09/20			34.86	0.00	0.00	34.86
	INVENTORY PHARMACY									
1011655		03/13/20	03/08/20	03/09/20			361.62	0.00	0.00	361.62
	INVENTORY PHARMACY									
1011654		03/13/20	03/08/20	03/09/20			16.57	0.00	0.00	16.57
	INVENTORY PHARMACY INVE									
1008920		03/13/20	03/08/20	03/09/20			12.68	0.00	0.00	12.68
	INVENTORY PHARMACY									
1011656		03/13/20	03/08/20	03/09/20			390.83	0.00	0.00	390.83
	INVENTORY PHARMACY									
1016627		03/13/20	03/09/20	03/10/20			2,104.77	0.00	0.00	2,104.77

	INVENTORY PHARM							
1016628		03/13/20	03/09/20	03/10/20	81.94	0.00	0.00	81.94
	INVENTORY PHARM							
1016629		03/13/20	03/09/20	03/10/20	155.30	0.00	0.00	155.30
	INVENTORY PHARM							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	7,001.59	0.00	0.00	7,001.59

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
2024355231		02/28/20	01/19/20	02/18/20			29.15	0.00	0.00	29.15
	Central Supplies									
2024659530		02/28/20	01/31/20	03/02/20			2,163.50	0.00	0.00	2,163.50
	Central Supplies									
0204745481		02/28/20	02/02/20	03/16/20			157.30	0.00	0.00	157.30
	SUPPLIES GENERAL MM CLIN									
2025043452		02/28/20	02/14/20	03/16/20			13.28	0.00	0.00	13.28
	Central Supplies									
2025053660		02/28/20	02/14/20	03/16/20			1,331.08	0.00	0.00	1,331.08
	Central Supplies									
2025142177		02/28/20	02/16/20	03/18/20			3.55	0.00	0.00	3.55
	Central Supplies									
2025143172		02/28/20	02/16/20	03/18/20			128.64	0.00	0.00	128.64
	central Supplies									
2025142766		02/28/20	02/16/20	03/18/20			13.80	0.00	0.00	13.80
	Central Supplies									
2025147383		02/28/20	02/16/20	03/18/20			3,310.08	0.00	0.00	3,310.08
	Central Supplies									
2025143773		02/28/20	02/16/20	03/18/20			14.31	0.00	0.00	14.31
	central Supplies									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR	7,164.69	0.00	0.00	7,164.69

Vendor#	Vendor Name	Class	Pay Code
10032	PHILIPS HEALTHCARE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
934288960		02/28/20	02/16/20	03/18/20			213.72	0.00	0.00	213.72
	MAINT CONT NUC MED									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10032	PHILIPS HEALTHCARE	213.72	0.00	0.00	213.72

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
3683727		02/28/20	02/07/20	03/09/20			49.54	0.00	0.00	49.54
	Lab expense									
3690201		02/28/20	02/14/20	03/16/20			198.52	0.00	0.00	198.52
	Lab Expense									
3691712		02/28/20	02/15/20	03/17/20			112.57	0.00	0.00	112.57
	Lab Expense									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10372	PRECISION DYNAMICS CORP (PDC)	360.63	0.00	0.00	360.63

Vendor#	Vendor Name	Class	Pay Code
11080	RADSOURCE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
SC55167		02/20/20	02/16/20	03/18/20			1,625.00	0.00	0.00	1,625.00
	PURCH SERVICES RADIOLOG lease monthly									

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
D1080	RITA DAVIS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21816		02/28/20	02/20/20	03/02/20			270.25	0.00	0.00	270.25
	PURCH SERV C/S 2/16, 21, 22/2017									
21817		03/10/20	03/06/20	03/06/20			281.75	0.00	0.00	281.75
	PURCH SERV C/S									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
3/1,6,7/2017	D1080	RITA DAVIS	552.00	0.00	0.00	552.00

Vendor#	Vendor Name	Class	Pay Code
10625	SARA RUBIO		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21814		03/10/20	03/10/20	03/10/20			60.88	0.00	0.00	60.88
	TRAVEL 3/8+9/2017									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10625	SARA RUBIO	60.88	0.00	0.00	60.88

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
21827		03/13/20	03/12/20	03/13/20			452.76	0.00	0.00	452.76
	PURCH SERV HLTH INFO 2/27 - 3/12/2017									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	K0536	SHIRLEY KARNEI	452.76	0.00	0.00	452.76

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
2968228		02/28/20	02/13/20	03/16/20			2,275.40	0.00	0.00	2,275.40

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10735	STRYKER SUSTAINABILITY	2,275.40	0.00	0.00	2,275.40

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
21815		03/10/20	03/06/20	03/06/20			126.67	0.00	0.00	126.67
	EMPL EXP									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T2303	TG	126.67	0.00	0.00	126.67

Vendor#	Vendor Name	Class	Pay Code
10959	TRUVEN HEALTH ANALYTICS INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
322327		02/28/20	02/10/20	03/12/20			1,978.75	0.00	0.00	1,978.75
	PURCH SERV ADM 10/4 installments									

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

Vendor#	Vendor Name	Class	Pay Code
11169	TXU ENERGY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
054003597778		02/28/20	02/24/20	03/16/20			25,869.87	0.00	0.00	25,869.87
	ELECTRIC PLT OPS									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11169	TXU ENERGY					25,869.87	0.00	0.00	25,869.87

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8400237593		01/16/20	01/10/20	03/16/20			108.07	0.00	0.00	108.07
	LAUNDRY DIETARY									
8400237594		01/16/20	01/10/20	03/16/20			108.08	0.00	0.00	108.08
	LAUNDRY OB									
8400240166		02/26/20	02/14/20	03/16/20			148.83	0.00	0.00	148.83
	LAUNDRY HSKEEPING									
8400240209		02/26/20	02/14/20	03/16/20			156.09	0.00	0.00	156.09
	LAUNDRY HSKEEPING									
8400240165		02/26/20	02/14/20	03/16/20			108.08	0.00	0.00	108.08
	LAUNDRY OB									
8400240218		02/26/20	02/14/20	03/16/20			1,108.86	0.00	0.00	1,108.86
	LAUNDRY HSKEEPING									
8400240162		02/26/20	02/14/20	03/16/20			303.10	0.00	0.00	303.10
	LAUNDRY HSKEEPING									
8400240164		02/26/20	02/14/20	03/16/20			108.07	0.00	0.00	108.07
	LAUDRY DIETARY									
8400240536		02/26/20	02/17/20	03/19/20			924.03	0.00	0.00	924.03
	LAUNDRY HSKEEPING									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC					3,073.21	0.00	0.00	3,073.21

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
36165289		02/28/20	02/27/20	03/19/20			2,482.77	0.00	0.00	2,482.77
	FOOD DIETARY									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10172	US FOOD SERVICE					2,482.77	0.00	0.00	2,482.77

Vendor# K1751 Vendor Name: VICKY KALISEK — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21818		02/28/20	02/28/20	02/28/20			1,040.00	0.00	0.00	1,040.00
	PURCH SERV ACCTG 2/3,6,7,17,20,22,23/2017 26 hrs x $40									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	K1751	VICKY KALISEK					1,040.00	0.00	0.00	1,040.00

Vendor# V1058 Vendor Name: VICTORIA ANESTHESIOLOGY — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21811		02/28/20	02/28/20	03/01/20			39,680.34	0.00	0.00	39,680.34
	PURCH SERV ANESTHESA									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	V1058	VICTORIA ANESTHESIOLOGY					39,680.34	0.00	0.00	39,680.34

Vendor# 11112 Vendor Name: VICTORIA PROFESSIONAL — Class: — Pay Code:

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

	MMC0018		03/13/20	03/13/20	03/13/20		12,000.00	0.00	0.00	12,000.00 ✓
		PROF FEES HOSP For Feb 2017 per agreement								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11112	VICTORIA PROFESSIONAL				12,000.00	0.00	0.00	12,000.00
Vendor#	Vendor Name				Class	Pay Code				
10915	WAGEWORKS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	21822		03/13/20	03/02/20	03/02/20		2,190.45	0.00	0.00	2,190.45 ✓
		FLEX SPENDING								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10915	WAGEWORKS				2,190.45	0.00	0.00	2,190.45
Vendor#	Vendor Name				Class	Pay Code				
10793	WAGEWORKS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	INV41736		02/26/20	02/17/20	03/19/20		275.75	0.00	0.00	275.75 ✓
		~~FLEX SPENDING~~ monthly Adm + Compliance Fee								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10793	WAGEWORKS				275.75	0.00	0.00	275.75
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
	114071		02/28/20	02/20/20	03/22/20		230.09	0.00	0.00	230.09 ✓
		EMPL OTHER EXP								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		W1040	WATERMARK GRAPHICS INC				230.09	0.00	0.00	230.09
Vendor#	Vendor Name				Class	Pay Code				
11166	WEST INTERACTIVE SERVICES CORP									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	INV001749063		02/28/20	12/31/20	12/31/20		338.38	0.00	0.00	338.38 ✓
		PURCH SERV MMCLINIC								
	INV001759928		02/28/20	01/31/20	01/31/20		346.28	0.00	0.00	346.28 ✓
		PURCH SERV MMC								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11166	WEST INTERACTIVE SERVICES CORP				684.66	0.00	0.00	684.66

2 different Vendor Remit to addresses

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	318,138.27	0.00	0.00	318,138.27 ✓

MRL 3-20-17

APPROVED
ON

MAR 14 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:03/15/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:15:09 CHECK REGISTER GLCKREG
03/15/17 THRU 03/15/17

BANK--CHECK-- CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P *	169047	03/15/17	.00	COVIDIEN
A/P	170188	03/15/17	159.63	CUSTOM MEDICAL SPECIALTIES
A/P	170189	03/15/17	213.72	PHILIPS HEALTHCARE
A/P	170190	03/15/17	160.38	CHRIS KOVAREK
A/P	170191	03/15/17	2,482.77	US FOOD SERVICE
A/P	170192	03/15/17	2,156.95	CENTURION MEDICAL PRODUCTS
A/P	170193	03/15/17	.00	VOIDED
A/P	170194	03/15/17	.00	VOIDED
A/P	170195	03/15/17	3,076.16	DEWITT POTH & SON
A/P	170196	03/15/17	360.63	PRECISION DYNAMICS CORP (PDC)
A/P	170197	03/15/17	.00	VOIDED
A/P	170198	03/15/17	7,001.59	MORRIS & DICKSON CO, LLC
A/P	170199	03/15/17	2,795.43	LUMINANT ENERGY COMPANY LLC
A/P	170200	03/15/17	6,760.00	BKD, LLP
A/P	170201	03/15/17	60.88	SARA RUBIO
A/P	170202	03/15/17	4,202.30	COVIDIEN
A/P	170203	03/15/17	2,275.40	STRYKER SUSTAINABILITY
A/P	170204	03/15/17	275.75	WAGEWORKS
A/P	170205	03/15/17	53,251.53	MMC EMPLOYEE BENEFIT PLAN
A/P	170206	03/15/17	2,190.45	WAGEWORKS
A/P	170207	03/15/17	14,224.55	HUNTER PHARMACY SERVICES
A/P	170208	03/15/17	1,978.75	TRUVEN HEALTH ANALYTICS INC
A/P	170209	03/15/17	1,240.00	M G TRUST
A/P	170210	03/15/17	447.92	DERRI HART
A/P	170211	03/15/17	75.00	FIRST CLEARING
A/P	170212	03/15/17	1,625.00	RADSOURCE
A/P	170213	03/15/17	220.00	EXECUTIVE COUNCIL OF PHYSICAL
A/P	170214	03/15/17	12,000.00	VICTORIA PROFESSIONAL
A/P	170215	03/15/17	684.66	WEST INTERACTIVE SERVICES CORP
A/P	170216	03/15/17	25,869.87	TXU ENERGY
A/P	170217	03/15/17	10,282.46	JACKSON & COKER LOCUM TENENS,
A/P	170218	03/15/17	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	170219	03/15/17	5,250.00	DELTA HEALTHCARE PROVIDERS
A/P	170220	03/15/17	5,500.00	CRG TEXAS ENVIRONM'TL SERV INC
A/P	170221	03/15/17	10,000.00	DR. JOHN E. VAN METRE
A/P	170222	03/15/17	40,000.00	DR. PAUL BUNNELL
A/P	170223	03/15/17	564.49	AIRGAS USA, LLC - CENTRAL DIV
A/P	170224	03/15/17	1,033.86	BARD PERIPHERAL VASCULAR
A/P	170225	03/15/17	736.08	BAXTER HEALTHCARE
A/P	170226	03/15/17	383.00	BOSTON SCIENTIFIC CORPORATION
A/P	170227	03/15/17	18.56	BUCKEYE CLEANING CENTER
A/P	170228	03/15/17	25.00	CAL COM FEDERAL CREDIT UNION
A/P	170229	03/15/17	672.00	CAD SOLUTIONS, INC
A/P	170230	03/15/17	405.00	CERTIFIED LABORATORIES
A/P	170231	03/15/17	89.25	CONMED CORPORATION
A/P	170232	03/15/17	386.32	COOPER SURGICAL INC
A/P	170233	03/15/17	255.20	EVIDENT
A/P	170234	03/15/17	552.00	RITA DAVIS
A/P	170235	03/15/17	339.88	GULF COAST PAPER COMPANY
A/P	170236	03/15/17	2,232.99	J & J HEALTH CARE SYSTEMS, INC

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	170237	03/15/17	452.76	SHIRLEY KARNEI
A/P	170238	03/15/17	1,040.00	VICKY KALISEK
A/P	170239	03/15/17	37.80	LANGUAGE LINE SERVICES
A/P	170240	03/15/17	1,591.68	MCKESSON MEDICAL SURGICAL INC
A/P	170241	03/15/17	163.12	MEDLINE INDUSTRIES INC
A/P	170242	03/15/17	.00	VOIDED
A/P	170243	03/15/17	7,164.69	OWENS & MINOR
A/P	170244	03/15/17	126.67	TG
A/P	170245	03/15/17	3,073.21	UNIFIRST HOLDINGS INC
A/P	170246	03/15/17	39,680.34	VICTORIA ANESTHESIOLOGY
A/P	170247	03/15/17	230.09	WATERMARK GRAPHICS INC
TOTALS:			318,138.27	

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
3/15/2017

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	654,875.13	234,696.04	129,095.11	-	230,127.69	94,975.70	94,975.70	549,274.20	224,070.81

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

Nursing Home	IBC Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	IGT Transfer-In	MMC Portion - Return of IGT	MMC Portion - Federal Match	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Solera at West Houston	[redacted]4561	484,970.53	362,490.35	913,795.72	-	67,042.30	27,668.94	27,668.94	1,036,275.90	941,464.66
Crescent	[redacted]4588	373,975.18	333,423.23	747,596.26	-	22,160.38	9,145.79	9,145.79	788,148.21	756,742.04
Broadmoor	[redacted]4596	452,775.04	443,227.90	65,642.81	-	5,479.77	1,983.69	1,983.69	75,189.95	67,626.49
Fort Bend	[redacted]4618	248,406.83	118,102.81	46,246.06	-	71,328.36	29,437.82	29,437.82	176,550.08	75,683.90
										1,841,517.09

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

Approved:

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

3-20-17

APPROVED
MAR 17 2017
COUNTY AUDITOR

E:\NH Weekly Transfers\NH UPL Transfer Summary 3-15-17.xlsx

Account Portfolio as of 03/15/2017 9:26:43 AM

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

Commercial Checking Accounts

Account Name	Account Number	Today's Beginning Balance	Available Balance
Memorial Medical Center	[redacted]3387	$1,827,029.67	$1,827,029.67
Memorial Medical Center	[redacted]4553	$549,274.20	$562,217.49
Memorial Medical Center	[redacted]4561	$1,036,275.90	$1,036,275.90
Memorial Medical Center	[redacted]4588	$788,148.21	$788,148.21
Memorial Medical Center	[redacted]4596	$75,189.95	$75,189.95
Memorial Medical Center	[redacted]4618	$176,550.08	$176,550.08
Memorial Medical Center Operat	[redacted]0301	$2,281,643.64	$2,176,222.04
County of Calhoun Indigent	[redacted]1101	$3,540.45	$3,326.61
Totals		**$6,737,652.10**	**$6,644,959.95**

NPI	Facility Number	DBA Facility Name	Molina	United Health-care	Ameri-group	Total	Return of IGT	MMC Federal Match	Total MMC	Cantex Federal Match	Total IGT Return and Federal Match
6189	4811	Ashford Gardens	$62,564.84	$201,101.68	$158,412.57	$420,079.09	$230,127.69	$94,975.70	$325,103.39	$94,975.70	$420,079.09
0433	105818	The Broadmoor at Creekside Park	$1,111.43	$6,668.57	$1,667.14	$9,447.14	$5,479.77	$1,983.69	$7,463.46	$1,983.69	$9,447.15
0425	105314	The Crescent	$8,090.38	$10,112.98	$22,248.59	$40,451.95	$22,160.38	$9,145.79	$31,306.17	$9,145.79	$40,451.96
3259	105006	Solera at West Houston	$28,241.58	$56,483.16	$37,655.44	$122,380.18	$67,042.30	$27,668.94	$94,711.24	$27,668.94	$122,380.18
7503	4628	Fort Bend Healthcare Center	$52,081.61	$65,102.01	$13,020.40	$130,204.02	$71,328.36	$29,437.82	$100,766.18	$29,437.82	$130,204.00
			$152,089.84	$339,468.40	$231,004.14	$722,562.38	$396,138.50	$163,211.94	$559,350.44	$163,211.94	$722,562.38
			Deposited 2/23	Deposited 2/24	Deposited 2/22						

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	396,138.50	Return of IGT - July
February	396,138.50	Return of IGT - August
	4,455,168.48	Total Return of IGTs
	(0.00)	IGT Still Outstanding
	(0.00)	Monthly Return of IGTs

IBC Bank Activity
2/27/17 through 3/14/17

Ashford Gardens

						Transfer-Out	Transfer-In	
2/28/2017	[redacted]	5025	[redacted]	4553	142 ACH CREDIT RECEIVED		41,559.36	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
2/28/2017		5025		4553	301 COMMERCIAL DEPOSIT		51,017.81	4
2/28/2017		5025		4553	142 ACH CREDIT RECEIVED		890.74	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4185307*1201494502\
2/28/2017		5025		4553	495 OUTGOING MONEY TRANSFER	234,696.04		ASHFORD HEALTH CARE CENTER LTD
2/28/2017		5025		4553	142 ACH CREDIT RECEIVED		18,980.50	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017022512400027*1752603231\
3/3/2017		5025		4553	142 ACH CREDIT RECEIVED		771.06	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017030111400528*1752603231\
3/7/2017		5025		4553	142 ACH CREDIT RECEIVED		40.83	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4206899*1201494502\
3/9/2017		5025		4553	142 ACH CREDIT RECEIVED		297.75	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4214937*1201494502\
3/10/2017		5025		4553	142 ACH CREDIT RECEIVED		9,847.12	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4219615*1201494502\
3/10/2017		5025		4553	142 ACH CREDIT RECEIVED		3,103.70	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
3/13/2017		5025		4553	142 ACH CREDIT RECEIVED		1,078.92	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4228249*1201494502\
3/13/2017		5025		4553	142 ACH CREDIT RECEIVED		1,507.32	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
						234,696.04	129,095.11	

Solera at West Houston

						Transfer-Out	Transfer-In	
2/27/2017	[redacted]	5025	[redacted]	4561	142 ACH CREDIT RECEIVED		1,199.22	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
2/27/2017		5025		4561	142 ACH CREDIT RECEIVED		172.52	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017022311100106*1752603231\
2/27/2017		5025		4561	142 ACH CREDIT RECEIVED		7,005.26	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017022313200077*1752603231\
2/28/2017		5025		4561	495 OUTGOING MONEY TRANSFER	362,490.35		CANTEX HEALTH CARE CENTERS LLC
2/28/2017		5025		4561	301 COMMERCIAL DEPOSIT		17,532.43	
2/28/2017		5025		4561	142 ACH CREDIT RECEIVED		1,437.44	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017022410500363*1752603231\
2/28/2017		5025		4561	142 ACH CREDIT RECEIVED		7,613.66	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4353272*1205296137*000004011\
2/28/2017		5025		4561	142 ACH CREDIT RECEIVED		113.77	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
3/2/2017		5025		4561	142 ACH CREDIT RECEIVED		1,682.73	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017022814700414*1752603231\
3/3/2017		5025		4561	142 ACH CREDIT RECEIVED		4,577.78	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017030116900439*1752603231\
3/6/2017		5025		4561	142 ACH CREDIT RECEIVED		10,981.61	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4359552*1205296137*000004011\
3/7/2017		5025		4561	195 INCOMING MONEY TRANSFER		847,062.68	CANTEX HEALTH CARE CENTERS III
3/7/2017		5025		4561	142 ACH CREDIT RECEIVED		3,190.98	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017030411002394*1752603231\
3/8/2017		5025		4561	142 ACH CREDIT RECEIVED		255.31	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4361981*1205296137*000004011\
3/13/2017		5025		4561	142 ACH CREDIT RECEIVED		1,321.61	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017030914800412*1752603231\
3/13/2017		5025		4561	142 ACH CREDIT RECEIVED		577.43	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017030914800430*1752603231\
3/14/2017		5025		4561	142 ACH CREDIT RECEIVED		7,474.63	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017031112800466*1752603231\
3/14/2017		5025		4561	142 ACH CREDIT RECEIVED		581.73	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017031011900136*1752603231\
3/14/2017		5025		4561	142 ACH CREDIT RECEIVED		1,014.93	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
						362,490.35	913,795.72	

Crescent

						Transfer-Out	Transfer-In	
2/27/2017	[redacted]	5025	[redacted]	4588	142 ACH CREDIT RECEIVED		5,028.11	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4351705*1205296137*000004011\
2/28/2017		5025		4588	495 OUTGOING MONEY TRANSFER	333,423.23		CANTEX HEALTH CARE CENTERS III
2/28/2017		5025		4588	301 COMMERCIAL DEPOSIT		18,911.15	
2/28/2017		5025		4588	142 ACH CREDIT RECEIVED		482.83	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4353275*1205296137*000004011\
2/28/2017		5025		4588	142 ACH CREDIT RECEIVED		4,078.87	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017022511500122*1752603231\
3/2/2017		5025		4588	142 ACH CREDIT RECEIVED		415.52	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4356698*1205296137*000004011\
3/2/2017		5025		4588	142 ACH CREDIT RECEIVED		1,406.58	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017022811400186*1752603231\
3/7/2017		5025		4588	195 INCOMING MONEY TRANSFER		687,116.44	CANTEX HEALTH CARE CENTERS III
3/10/2017		5025		4588	142 ACH CREDIT RECEIVED		6,132.79	Molina HC of TX Molina HC|THE CRESCENT|TRN*1*EFT4217923*1201494502\
3/10/2017		5025		4588	142 ACH CREDIT RECEIVED		594.26	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
3/10/2017		5025		4588	142 ACH CREDIT RECEIVED		7,122.76	Molina HC of TX Molina HC|THE CRESCENT|TRN*1*EFT4226036*1201494502\
3/13/2017		5025		4588	142 ACH CREDIT RECEIVED		4,603.92	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017030914800425*1752603231\
3/13/2017		5025		4588	142 ACH CREDIT RECEIVED		1,313.46	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017030919800018*1452485907\
3/14/2017		5025		4588	142 ACH CREDIT RECEIVED		4,098.50	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017031115600962*1752603231\
3/14/2017		5025		4588	142 ACH CREDIT RECEIVED		5,291.67	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017031112800464*1752603231\
						333,423.23	747,596.26	

Broadmoor				Transfer-Out	Transfer-In	
2/27/2017	[redacted]	[redacted]	142 ACH CREDIT RECEIVED		7,238.00	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
2/28/2017	[redacted]	[redacted]	301 COMMERCIAL DEPOSIT		29,524.43	[redacted]
2/28/2017	[redacted]	[redacted]	142 ACH CREDIT RECEIVED		85.25	Molina HC of TX Molina HC|THE BROADMOOR AT CREEK|TRN*1*EFT4183469*1201494502\
2/28/2017	[redacted]	[redacted]	142 ACH CREDIT RECEIVED		7,529.95	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
2/28/2017	[redacted]	[redacted]	495 OUTGOING MONEY TRANSFER	443,227.90		CANTEX HEALTH CARE CENTERS III
3/1/2017	[redacted]	[redacted]	142 ACH CREDIT RECEIVED		1,955.37	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4355084*1205296137*000004011\
3/3/2017	[redacted]	[redacted]	142 ACH CREDIT RECEIVED		50.18	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4358249*1205296137*000004011\
3/10/2017	[redacted]	[redacted]	142 ACH CREDIT RECEIVED		2,622.08	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
3/10/2017	[redacted]	[redacted]	142 ACH CREDIT RECEIVED		2,189.13	Molina HC of TX Molina HC|THE BROADMOOR AT CREEK|TRN*1*EFT4217805*1201494502\
3/10/2017	[redacted]	[redacted]	142 ACH CREDIT RECEIVED		13,990.39	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4364477*1205296137*000004011\
3/10/2017	[redacted]	[redacted]	142 ACH CREDIT RECEIVED		458.03	Molina HC of TX Molina HC|THE BROADMOOR AT CREEK|TRN*1*EFT4225884*1201494502\
				443,227.90	65,642.81	

Fort Bend				Transfer-Out	Transfer-In	
2/28/2017	[redacted]	[redacted]	142 ACH CREDIT RECEIVED		756.26	AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|TRN*1*017022411300005*1752603231\
2/28/2017	[redacted]	[redacted]	142 ACH CREDIT RECEIVED		938.16	CENTENE CORP HCCLAIMPMT|FORT BEND HEALTHCARE C|TRN*1*0902568673*1742770542\
2/28/2017	[redacted]	[redacted]	495 OUTGOING MONEY TRANSFER	118,102.81		CANTEX HEALTH CARE CENTERS III
2/28/2017	[redacted]	[redacted]	142 ACH CREDIT RECEIVED		318.65	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4352879*1205296137*000004011\
2/28/2017	[redacted]	[redacted]	142 ACH CREDIT RECEIVED		7,291.89	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
2/28/2017	[redacted]	[redacted]	301 COMMERCIAL DEPOSIT		10,975.38	[redacted]
3/6/2017	[redacted]	[redacted]	142 ACH CREDIT RECEIVED		5,800.79	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
3/10/2017	[redacted]	[redacted]	142 ACH CREDIT RECEIVED		10,014.27	Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRN*1*EFT4217804*1201494502\
3/13/2017	[redacted]	[redacted]	142 ACH CREDIT RECEIVED		7,283.50	AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|TRN*1*017030914800426*1752603231\
3/13/2017	[redacted]	[redacted]	142 ACH CREDIT RECEIVED		1,407.24	CENTENE CORP HCCLAIMPMT|FORT BEND HEALTHCARE C|TRN*1*0902607253*1742770542\
3/14/2017	[redacted]	[redacted]	142 ACH CREDIT RECEIVED		1,459.92	AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|TRN*1*017031012900397*1752603231\
				118,102.81	46,246.06	

RUN DATE: 03/16/17
TIME: 12:38

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

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	
		031617	220.20		2	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	
		031617	40.40		3	REFUND FOR	
		011917	99.40	N	2	REFUND FOR	

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	011917	8816.44	N	2	REFUND FOR	[redacted]
		011917	83.70	N	2	REFUND FOR	
		011917	1471.60	N	2	REFUND FOR	
		031617	34.04		2	REFUND FOR	
		031617	47.68		2	REFUND FOR A	
		031617	160.00		2	REFUND FOR ACC	
		031617	13.56		2	REFUND FOR ACC	
		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	
		031617	16.17		2	REFUND FOR	

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	011917	5303.76	N	1	REFUND FOR	[redacted]
		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	
		031617	100.00		2	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	
		031617	344.71		2	REFUND FOR	
		011917	503.62	N	3	REFUND FOR	
		031617	64.74		3	REFUND FOR	
		031617	205.26		2	REFUND FOR	

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	011917	6162.97	N	2	REFUND FOR	[redacted]
		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	
		011617	43.24		2	REFUND FOR	
		011917	386.43	N	3	REFUND FOR	
		011617	278.47		2	REFUND FOR	
		011917	1288.00	N	1	REFUND FOR	
		011917	125.00	N	2	REFUND FOR	
		011617	362.11		2	REFUND FOR	
		011917	518.75	N	3	REFUND FOR	
		011617	517.17		2	REFUND FOR	
		011917	1059.36	N	2	REFUND FOR	
		011917	840.64	N	2	REFUND FOR	
		011617	25.00		2	REFUND FOR	
		011617	149.69		2	REFUND FOR	

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	031617	273.06		2	REFUND FOR	
		011917	1648.77	N	2	REFUND FOR	
		031617	26.34		2	REFUND FOR	
		031617	94.41		3	REFUND FOR	
		031617	31.93		2	REFUND FOR	
		031617	503.60		2	REFUND FOR	
		031617	127.20		2	REFUND FOR	
		031516	12880.00		2	TRANSFER TO THE BROADMOOR AT CREEK	
		031617	315.65		5	REFUND FOR [redacted]	
		031516	3864.00		2	TRANSFER TO SOLERA WEST HOUSTON	

4,669.00
3,381.00
4,830.00
} 12,880.00

ARID=0001 TOTAL 81528.01

TOTAL 81528.01

APPROVED ON
MAR 17 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

To pay this run: Total 20,738.63*

N Status Claims 60,789.38

Remaining balance

3-20-17

* Paying *

Patient Refunds = 3,994.63

Transfer to NH = 16,744.00

* 20,738.63

Amount Approved

Total Refunds Claims Attached Mdo 3-16-17

0.00 T

220.20 +
40.40 +
34.04 +
47.68 +
160.00 +
13.56 +
16.17 +
100.00 +
344.71 +
64.74 +
205.26 +
43.24 +
278.47 +
362.11 +
517.17 +
25.00 +
149.69 +
273.06 +
26.34 +
94.41 +
31.93 +
503.60 +
127.20 +
4,669.00 +
3,381.00 +
4,830.00 +
315.65 +
3,864.00 +
20,738.63 T

0.00 T

Refunds Claims hi lighted Mdo 3-16-17

0.00 T

220.20 +
40.40 +
34.04 +
47.68 +
160.00 +
13.56 +
16.17 +
100.00 +
344.71 +
64.74 +
205.26 +
43.24 +
278.47 +
362.11 +
517.17 +
25.00 +
149.69 +
273.06 +
26.34 +
94.41 +
31.93 +
503.60 +
127.20 +
4,669.00 +
3,381.00 +
4,830.00 +
315.65 +
3,864.00 +
20,738.63 T

0.00 T

81,528.01 +
20,738.63 -
60,789.38 T

81,528.01 +
20,738.63 -
60,789.38 T

220.20 +
40.40 +
34.04 +
47.68 +
160.00 +
13.56 +
16.17 +
100.00 +
344.71 +
64.74 +
205.26 +
43.24 +
278.47 +
362.11 +
517.17 +
25.00 +
149.69 +
273.06 +
26.34 +
94.41 +
31.93 +
503.60 +
127.20 +
12,880.00 +
315.65 +
3,864.00 +
20,738.63 *

20,738.63 +
12,880.00 -
3,864.00 -
3,994.63 *

12,880.00 +
3,864.00 +
16,744.00 *

16,744.00 +
3,994.63 +
20,738.63 *

RUN DATE:03/17/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:13:42 CHECK REGISTER GLCKREG
03/17/17 THRU 03/17/17

BANK--CHECK	NUMBER	DATE	AMOUNT	PAYEE
A/P	170248	03/17/17	220.20	TMHP
A/P	170249	03/17/17	40.40	TMHP
A/P	170250	03/17/17	34.04	TMHP
A/P	170251	03/17/17	47.68	TMHP
A/P	170252	03/17/17	160.00	SUPERIOR HEALTH PLAN
A/P	170253	03/17/17	13.56	SUPERIOR
A/P	170254	03/17/17	16.17	[redacted]
A/P	170255	03/17/17	100.00	
A/P	170256	03/17/17	344.71	
A/P	170257	03/17/17	64.74	
A/P	170258	03/17/17	205.26	
A/P	170259	03/17/17	43.24	
A/P	170260	03/17/17	278.47	
A/P	170261	03/17/17	362.11	
A/P	170262	03/17/17	517.17	
A/P	170263	03/17/17	25.00	
A/P	170264	03/17/17	149.69	
A/P	170265	03/17/17	273.06	
A/P	170266	03/17/17	26.34	
A/P	170267	03/17/17	94.41	
A/P	170268	03/17/17	31.93	
A/P	170269	03/17/17	503.60	
A/P	170270	03/17/17	127.20	
A/P	170271	03/17/17	12,880.00	
A/P	170272	03/17/17	315.65	
A/P	170273	03/17/17	3,864.00	
TOTALS:			20,738.63	

APPROVED
ON

MAR 17 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:03/20/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:11:53 CHECK REGISTER and Payables List GLCKREG
03/20/17 THRU 03/20/17

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000899	03/20/17	977.54	MCKESSON
A/P	000900	03/20/17	439.47	MCKESSON
A/P	000901	03/20/17	1,140.72	MCKESSON
TOTALS:			2,557.73	

340 B Prescription Expenses

APPROVED
ON
MAR 20 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J Pfeil
3-23-17

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: 03/17/2017

DC: 8115

Territory: 400

Customer: 190813
Date: 03/18/2017

Page: 001

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

As of: 03/17/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 03/18/2017 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
03/13/2017	03/21/2017	7797316997	1000980113	115Invoice	3.94	196.79		192.85		7797316997	
03/13/2017	03/21/2017	7797316998	1000980693	115Invoice	4.34	216.90		212.56		7797316998	
03/13/2017	03/21/2017	7797316999	1000981104	115Invoice	0.92	45.97		45.05		7797316999	
03/14/2017	03/21/2017	7797557250	1000981490	115Invoice	1.12	55.91		54.79		7797557250	
03/15/2017	03/21/2017	7797761751	1000982225	115Invoice	7.36	368.22		360.86		7797761751	
03/16/2017	03/21/2017	7797964912	1000982819	115Invoice	0.39	19.30		18.91		7797964912	
03/17/2017	03/21/2017	7798225713	1000983409	115Invoice	1.89	94.41		92.52		7798225713	

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

TOTAL:

Subtotals: 997.50 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 154.43
03/13/2017

If Paid By 03/21/2017,
Pay This Amount: 977.54 USD

If Paid After 03/21/2017,
Pay this Amount: 997.50 USD

Due If Paid On Time:
USD 977.54

Disc lost if paid late:
19.96

Due If Paid Late:
USD 997.50

899
Ck#

3-20-17

APPROVED ON
MAR 20 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: 03/17/2017 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 03/18/2017

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

As of: 03/17/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 03/18/2017 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
03/13/2017	03/21/2017	7797320644	1100416	115Invoice	2.34	116.80		114.46	✓	7797320644	
03/13/2017	03/21/2017	7797320645	3454582119	115Invoice	0.19	9.46		9.27	✓	7797320645	
03/14/2017	03/21/2017	7797560754	3454582122	115Invoice		0.16		0.16	✓	7797560754	
03/14/2017	03/21/2017	7797560755	1100468	115Invoice	6.43	321.53		315.10	✓	7797560755	
03/15/2017	03/21/2017	7797741005	3454582125	115Invoice	0.01	0.33		0.32	✓	7797741005	
03/16/2017	03/21/2017	7797970449	3454582128	115Invoice		0.16		0.16	✓	7797970449	

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

TOTAL:

Subtotals: 448.44 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 544.30
03/13/2017

If Paid By 03/21/2017,
Pay This Amount: 439.47 USD

If Paid After 03/21/2017,
Pay this Amount: 448.44 USD

Due If Paid On Time:
USD 439.47
Disc lost if paid late:
8.97
Due If Paid Late:
USD 448.44

5-20-17

Ck# 900

APPROVED ON
MAR 20 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: 03/17/2017

DC: 8115

Territory: 400

Customer: 262252
Date: 03/18/2017

Page: 001

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

As of: 03/17/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252
Date: 03/18/2017

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	
03/13/2017	03/21/2017	7797354329	1000980115	115Invoice	3.97	198.46		✓ 194.49	✓	7797354329	
03/13/2017	03/21/2017	7797354330	1000980115	115Invoice	0.03	1.43		✓ 1.40	✓	7797354330	
03/13/2017	03/21/2017	7797354331	1000980695	115Invoice	4.84	242.08		✓ 237.24	✓	7797354331	
03/13/2017	03/21/2017	7797354332	1000980695	115Invoice	0.02	0.76		✓ 0.74	✓	7797354332	
03/13/2017	03/21/2017	7797354333	1000981106	115Invoice	5.48	274.06		✓ 268.58	✓	7797354333	
03/13/2017	03/21/2017	7797354334	1000981106	115Invoice	0.11	5.50		✓ 5.39	✓	7797354334	
03/14/2017	03/21/2017	7797564857	1000981492	115Invoice	2.55	127.28		✓ 124.73	✓	7797564857	
03/15/2017	03/21/2017	7797781467	1000982227	115Invoice	0.65	32.55		✓ 31.90	✓	7797781467	
03/16/2017	03/21/2017	7798005979	1000982821	115Invoice	2.56	127.99		✓ 125.43	✓	7798005979	
03/16/2017	03/21/2017	7798005981	1000982821	115Invoice	0.17	8.32		✓ 8.15	✓	7798005981	
03/17/2017	03/21/2017	7798242172	1000983411	115Invoice	2.91	145.58		✓ 142.67	✓	7798242172	

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

TOTAL:

Subtotals: 1,164.01 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,265.11
03/13/2017

If Paid By 03/21/2017,
Pay This Amount: 1,140.72 USD

If Paid After 03/21/2017,
Pay this Amount: 1,164.01 USD

Due If Paid On Time:
USD 1,140.72

Disc lost if paid late:
23.29

Due If Paid Late:
USD 1,164.01

3.20.17

Ck# 901

APPROVED ON
MAR 20 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

NPI	Facility Number	DBA Facility Name	Molina	United Health-care	Ameri-group	Total	Return of IGT	MMC Federal Match	Total MMC	Cantex Federal Match	Total IGT Return and Federal Match
189	4811	Ashford Gardens	$62,564.84	$201,101.68	$156,412.57	$420,079.09	$230,127.69	$94,975.70	$325,103.39	$94,975.70	$420,079.09
433	105818	The Broadmoor at Creekside Park	$1,111.43	$6,668.57	$1,667.14	$9,447.14	$5,479.77	$1,983.69	$7,463.46	$1,983.69	$9,447.15
425	105314	The Crescent	$8,090.38	$10,112.98	$22,248.59	$40,451.95	$22,160.38	$9,145.79	$31,306.17	$9,145.79	$40,451.96
259	105006	Solera at West Houston	$28,241.58	$56,483.16	$37,655.44	$122,380.18	$67,042.30	$27,668.94	$94,711.24	$27,668.94	$122,380.18
503	4628	Fort Bend Healthcare Center	$52,081.61	$65,102.01	$13,020.40	$130,204.02	$71,328.36	$29,437.82	$100,766.18	$29,437.82	$130,204.00
			$152,089.84	$339,468.40	$231,004.14	$722,562.38	$396,138.50	$163,211.94	$559,350.44	$163,211.94	$722,562.38
			Deposited 2/23	Deposited 2/24	Deposited 2/22						

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	396,138.50	Return of IGT - July
February	396,138.50	Return of IGT - August
	4,455,168.48	Total Return of IGTs
	(0.00)	IGT Still Outstanding
	(0.00)	Monthly Return of IGTs

O.C

325,103.39 + CK#015 Ashford NH
7,463.46 + CK#014 Broadmoor NH
31,306.17 + CK#011 Crescent NH
94,711.24 + CK#011 Solera NH
100,766.18 + CK#012 Fort Bend NH
559,350.44 *

559,350.44 +
559,350.44 -
0.00 *

Mcld 3-23-17

APPROVED ON

MAR 20 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHA	000015	03/20/17	325,103.39	MEMORIAL MEDICAL CENTER
TOTALS:			325,103.39	

BANK--CHECK----------				
CODE	NUMBER	DATE	AMOUNT	PAYEE
NHB	000014	03/20/17	7,463.46	MEMORIAL MEDICAL CENTER
TOTALS:			7,463.46	

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

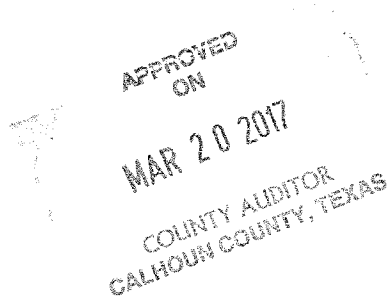
CODE	NUMBER	DATE	AMOUNT	PAYEE
NHC	000011	03/20/17	31,306.17	MEMORIAL MEDICAL CENTER
TOTALS:			31,306.17	

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHF	000012	03/20/17	100,766.18	MEMORIAL MEDICAL CENTER
TOTALS:			100,766.18	

APPROVED ON
MAR 20 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
NHS	000011	03/20/17	94,711.24	MEMORIAL MEDICAL CENTER
TOTALS:			94,711.24	



03/22/2017
09:02

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 03/29/2017

0
ap_open_invoice.template

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
9650696568 ✓		02/28/20	02/22/20	03/24/20		1,549.50	0.00	0.00	1,549.50 ✓
	SUPPLIES SURGERY								

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
915463187 ✓		03/13/20	03/02/20	03/25/20		238.80	0.00	0.00	238.80 ✓
	INVENTORY PHAM								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1360	AMERISOURCEBERGEN DRUG CORP	238.80	0.00	0.00	238.80

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
~~21833~~ 755044	SUPPLIES GEN LAB	03/16/20	02/28/20	03/25/20		37.84	0.00	0.00	37.84 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2218	AQUA BEVERAGE COMPANY	37.84	0.00	0.00	37.84

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
106155058 ✓		03/14/20	02/15/20	03/25/20		69.02	0.00	0.00	69.02 ✓
	SUPPLIES GEN LAB								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	69.02	0.00	0.00	69.02

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
9102781123 ✓		03/14/20	02/16/20	03/25/20		2,178.14	0.00	0.00	2,178.14 ✓
	SUPPLIES GEN LAB								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10024	BECTON, DICKINSON & CO (BD)	2,178.14	0.00	0.00	2,178.14

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
BK00701468 ✓		03/20/20	03/02/20	03/03/20		1,970.80	0.00	0.00	1,970.80 ✓
	AUDIT FEES ACCOUNTING								
BK00701469 ✓		03/20/20	03/02/20	03/03/20		2,594.80	0.00	0.00	2,594.80 ✓
	AUDIT FEES ACCOUNTING								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10599	BKD, LLP	4,565.60	0.00	0.00	4,565.60

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1170131 ✓		03/14/20	01/31/20	03/25/20		136.00	0.00	0.00	136.00 ✓

PURCH SERV MAMMOGRPHY

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1033	CAD SOLUTIONS, INC	136.00	0.00	0.00	136.00

Vendor#	Vendor Name	Class	Pay Code
11295	CALHOUN COUNTY INDIGENT ACCOUN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21842		03/21/20	03/16/20	03/17/20			600.00	0.00	0.00	600.00
	CO INDIGENT COPAYS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11295	CALHOUN COUNTY INDIGENT ACCOUN	600.00	0.00	0.00	600.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
GVW2197		03/14/20	02/13/20	03/25/20			248.05	0.00	0.00	248.05
	SUPPLIES GEN INFO TECH									
GZH1811		03/14/20	02/23/20	03/25/20			82.47	0.00	0.00	82.47
	SUPPLIES GEN INFO TECH									
GZP8733		03/14/20	02/25/20	03/27/20			63.18	0.00	0.00	63.18
	SUPPLIES GEN INFO TECH									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.	393.70	0.00	0.00	393.70

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
92208490		02/28/20	02/22/20	03/24/20			253.00	0.00	0.00	253.00
	INVENTORY/CS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10350	CENTURION MEDICAL PRODUCTS	253.00	0.00	0.00	253.00

Vendor#	Vendor Name	Class	Pay Code
11292	CHARLES SAMAHA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21834		03/21/20	03/17/20	03/18/20			98.57	0.00	0.00	98.57
	REPAIRS PLT OPS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11292	CHARLES SAMAHA	98.57	0.00	0.00	98.57

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
21841		03/21/20	03/09/20	03/10/20			165.00	0.00	0.00	165.00
	CONT EDUCATION									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1611	CITIZENS MEDICAL CENTER	165.00	0.00	0.00	165.00

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
555X02303006		03/20/20	12/31/20	01/22/20			561.90	0.00	0.00	561.90
	SUPPLIES GEN PLT OPS									
555X02393205		03/20/20	02/28/20	03/22/20			643.00	0.00	0.00	643.00
	SUPPLIES GEN PLT OPS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	R1050	CULLIGAN OF VICTORIA	1,204.90	0.00	0.00	1,204.90

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
4964830		02/28/20	02/21/20	03/23/20			272.13	0.00	0.00	272.13
4971320	INVEN/CS	03/14/20	02/23/20	03/25/20			6.11	0.00	0.00	6.11
4971490	OFF SUP MMCLINC	03/14/20	02/23/20	03/25/20			139.43	0.00	0.00	139.43
4971300	OFF SUP HR	03/14/20	02/23/20	03/25/20			97.36	0.00	0.00	97.36
4971560	OFF SUPP ADMIN	03/14/20	02/24/20	03/26/20			71.10	0.00	0.00	71.10
4973320	OFF SUPP NURS ADM	03/14/20	02/27/20	03/29/20			252.11	0.00	0.00	252.11
	INVENTORY C/S									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	838.24	0.00	0.00	838.24

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
MMC033117		03/21/20	03/15/20	03/16/20			84,792.97	0.00	0.00	84,792.97
	PROF FEES MMCLINIC									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDICAL NETWORK INC	84,792.97	0.00	0.00	84,792.97

Vendor#	Vendor Name	Class	Pay Code
11294	ELIZABETH LITWILLER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21838		03/21/20	02/21/20	02/22/20			5.76	0.00	0.00	5.76
	UNDISTRIBUTED AR CLINIC									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11294	ELIZABETH LITWILLER	5.76	0.00	0.00	5.76

Vendor#	Vendor Name	Class	Pay Code
11284	EMERGENCY STAFFING SOLUTIONS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
34752		03/20/20	03/15/20	03/25/20			40,062.50	0.00	0.00	40,062.50
	PROF FEES E/R									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11284	EMERGENCY STAFFING SOLUTIONS	40,062.50	0.00	0.00	40,062.50

Vendor#	Vendor Name	Class	Pay Code
C2510	EVIDENT	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
A1703061378		03/21/20	03/06/20	03/07/20			16,596.00	0.00	0.00	16,596.00
	SOFTWR MAINT INFO TECH									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C2510	EVIDENT	16,596.00	0.00	0.00	16,596.00

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
21844		03/21/20	03/20/20	03/21/20			13.59	0.00	0.00	13.59
	TRAVEL									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	R1185	FARAH JANAK	13.59	0.00	0.00	13.59

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
	572472834		03/21/20	03/02/20	03/03/20		13.28	0.00	0.00	13.28
		FREIGHT - ADM								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		F1100	FEDERAL EXPRESS CORP.				13.28	0.00	0.00	13.28
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
	0641837		03/14/20	02/14/20	03/25/20		1,146.64	0.00	0.00	1,146.64
		SUPPLIES GEN LAB								
	0641838		03/14/20	02/14/20	03/25/20		4,099.22	0.00	0.00	4,099.22
		SUPPLIES GEN LAB								
	0641836		03/14/20	02/14/20	03/25/20		194.45	0.00	0.00	194.45
		SUPPLIES GEN LAB								
	0774627		03/14/20	02/15/20	03/25/20		87.93	0.00	0.00	87.93
		SUPPLIES LAB								
	0843215		03/14/20	02/16/20	03/25/20		555.03	0.00	0.00	555.03
		SUPPLIES GEN LAB								
	1056328		03/14/20	02/21/20	03/23/20		670.31	0.00	0.00	670.31
		SUPPLIES GEN LAB								
	1137241		03/14/20	02/22/20	03/24/20		604.84	0.00	0.00	604.84
		SUPPLIES GEN LAB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		F1400	FISHER HEALTHCARE				7,358.42	0.00	0.00	7,358.42
Vendor#	Vendor Name				Class	Pay Code				
11183	FRONTIER									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	21829		03/13/20	03/02/20	03/27/20		842.26	0.00	0.00	842.26
		TELEPHONE HOSP								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11183	FRONTIER				842.26	0.00	0.00	842.26
Vendor#	Vendor Name				Class	Pay Code				
G0401	GULF COAST DELIVERY									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	21831		03/14/20	01/31/20	03/25/20		50.00	0.00	0.00	50.00
		PURCH SERV RES CARE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		G0401	GULF COAST DELIVERY				50.00	0.00	0.00	50.00
Vendor#	Vendor Name				Class	Pay Code				
G1210	GULF COAST PAPER COMPANY				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	1279560		02/28/20	02/21/20	03/23/20		76.43	0.00	0.00	76.43
	1260751		03/15/20	01/17/20	02/16/20		352.55	0.00	0.00	352.55
		SUPPLIES GENERAL HSKEEP								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		G1210	GULF COAST PAPER COMPANY				428.98	0.00	0.00	428.98
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

PJIN0099295	02/26/20	02/15/20	03/25/20		8,333.33	0.00	0.00	8,333.33
MAINT CONTR MRI								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10298	HITACHI MEDICAL SYSTEMS			8,333.33	0.00	0.00	8,333.33

Vendor#	Vendor Name	Class	Pay Code
10922	HUNTER PHARMACY SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2117		03/20/20	02/28/20	03/20/20			13,760.12	0.00	0.00	13,760.12
	PURCH SERV PHARM									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10922	HUNTER PHARMACY SERVICES					13,760.12	0.00	0.00	13,760.12

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
917701729		02/28/20	02/24/20	03/26/20			851.36	0.00	0.00	851.36
	SUPPLIES SURGERY									
917690317		03/20/20	02/22/20	03/24/20			1,769.39	0.00	0.00	1,769.39
	SUPPLIES GEN SURGERY									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE SYSTEMS, INC					2,620.75	0.00	0.00	2,620.75

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
372510		03/20/20	03/08/20	03/09/20			5,469.50	0.00	0.00	5,469.50
	PROF FEE OB									
2001618		03/20/20	03/08/20	03/09/20			380.40	0.00	0.00	380.40
	PROF FEE OB									
2001562		03/20/20	03/08/20	03/09/20			30.38	0.00	0.00	30.38
	PROF FEE OB									
2001816		03/21/20	03/15/20	03/16/20			1,256.56	0.00	0.00	1,256.56
	PROF FEE OB									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11230	JACKSON & COKER LOCUM TENENS,					7,136.84	0.00	0.00	7,136.84

Vendor#	Vendor Name	Class	Pay Code
10341	JENISE SVETLIK		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21836		03/20/20	03/15/20	03/16/20			75.97	0.00	0.00	75.97
	TRAVEL									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10341	JENISE SVETLIK					75.97	0.00	0.00	75.97

Vendor#	Vendor Name	Class	Pay Code
11293	JORGE LUIS VALDEZ		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21837		03/21/20	01/23/20	01/24/20			170.00	0.00	0.00	170.00
	UNDISTRIBUTED AR CLINIC									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11293	JORGE LUIS VALDEZ					170.00	0.00	0.00	170.00

Vendor#	Vendor Name	Class	Pay Code
11122	K & M SPORTS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
~~21832~~		03/14/20	03/13/20	03/25/20			275.00	0.00	0.00	275.00

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Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11122	K & M SPORTS	275.00	0.00	0.00	275.00

Vendor#	Vendor Name	Class	Pay Code
M1500	MARKS PLUMBING PARTS	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
INV001578948		03/14/20	01/09/20	03/25/20			1,029.11	0.00	0.00	1,029.11
	SUPPLIES GEN PLT OPS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M1500	MARKS PLUMBING PARTS	1,029.11	0.00	0.00	1,029.11

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
699283139		02/28/20	02/23/20	03/25/20			405.30	0.00	0.00	405.30
	OFF SUPP CLINIC									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M1950	MARTIN PRINTING CO	405.30	0.00	0.00	405.30

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
94338325		03/14/20	02/12/20	03/25/20			132.45	0.00	0.00	132.45
	SUPPLIES GEN LAB									
94451155		03/16/20	02/14/20	03/16/20			1,286.95	0.00	0.00	1,286.95
	SUPPLIES GEN LAB									
94758304		03/16/20	02/19/20	03/15/20			132.45	0.00	0.00	132.45
	SUPPLIES GEN LAB									
94887743		03/16/20	02/21/20	03/15/20			690.69	0.00	0.00	690.69
	SUPPLIES GEN LAB									
94969560		03/16/20	02/22/20	03/15/20			762.17	0.00	0.00	762.17
	SUPPLIES GEN LAB									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	3,004.71	0.00	0.00	3,004.71

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
1823017004		02/28/20	02/22/20	03/23/20			14.79	0.00	0.00	14.79
	INVEN/CS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	14.79	0.00	0.00	14.79

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
90021347		02/28/20	02/17/20	03/25/20			27.90	0.00	0.00	27.90
	SUPP/RADIOLOGY									
90022617		02/28/20	02/21/20	03/23/20			218.77	0.00	0.00	218.77
	SUPP/RADIOLOGY									
90025327		03/14/20	02/27/20	03/29/20			160.66	0.00	0.00	160.66
	SUPP/RADIOLOGY									
90025326		03/14/20	02/27/20	03/29/20			103.66	0.00	0.00	103.66
	SUPP/RADIOLOGY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2659	MERRY X-RAY/SOURCEONE HEALTHCA	510.99	0.00	0.00	510.99

Vendor#	Vendor Name				Class	Pay Code				
11127	MISTY RECTOR									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	21835		03/21/20	03/08/20	03/09/20		8.56	0.00	0.00	8.56
		TRAVEL								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11127	MISTY RECTOR				8.56	0.00	0.00	8.56
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
	21839		03/21/20	03/10/20	03/11/20		134.18	0.00	0.00	134.18
		EMP EXP								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2621	MMC AUXILIARY GIFT SHOP				134.18	0.00	0.00	134.18
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
	21845		03/21/20	12/19/20	03/01/20		42,828.75	0.00	0.00	42,828.75
		HOSP/DENTAL INS								
	21843		03/21/20	03/20/20	03/21/20		7,678.72	0.00	0.00	7,678.72
		HOSP/DENTAL INS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10810	MMC EMPLOYEE BENEFIT PLAN				50,507.47	0.00	0.00	50,507.47
Vendor#	Vendor Name				Class	Pay Code				
10536	MORRIS & DICKSON CO, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	9514A		03/16/20	02/28/20	03/01/20		-8.03	0.00	0.00	-8.03
		INVENT PHARMACY								
	0680		03/16/20	03/09/20	03/10/20		-0.06	0.00	0.00	-0.06
		INVENT PHARM								
	1026993		03/16/20	03/13/20	03/14/20		8,475.50	0.00	0.00	8,475.50
		INVENTORY PHARM								
	1026994		03/16/20	03/13/20	03/14/20		450.68	0.00	0.00	450.68
		INVENTORY PHARM								
	1034381		03/16/20	03/14/20	03/15/20		4.55	0.00	0.00	4.55
		INVENTORY PHARM								
	1034379		03/16/20	03/14/20	03/15/20		25.59	0.00	0.00	25.59
		INVENTORY PHARM								
	1034378		03/16/20	03/14/20	03/15/20		255.73	0.00	0.00	255.73
		INVENTORY PHARM								
	1034380		03/16/20	03/14/20	03/15/20		259.51	0.00	0.00	259.51
		INVENTORY PHARM								
	1049026		03/20/20	03/17/20	03/18/20		2.41	0.00	0.00	2.41
		INVENTORY PHARM								
	1048459		03/20/20	03/17/20	03/18/20		154.77	0.00	0.00	154.77
		INVEN PHARM								
	1048457		03/20/20	03/17/20	03/18/20		179.01	0.00	0.00	179.01
		INVEN PHARM								
	1048458		03/20/20	03/17/20	03/18/20		994.84	0.00	0.00	994.84
		INVEN PHARM								
	1048456		03/20/20	03/17/20	03/18/20		371.02	0.00	0.00	371.02

	INVEN PHARM							
1021398	03/21/20	03/10/20	03/11/20		27.08	0.00	0.00	27.08
	INVENT PHARM							
1021400	03/21/20	03/10/20	03/11/20		154.46	0.00	0.00	154.46
	INVENT PHARM							
1021399	03/21/20	03/10/20	03/11/20		176.25	0.00	0.00	176.25
	INVENT PHARM							
1021281	03/21/20	03/10/20	03/11/20		83.94	0.00	0.00	83.94
	INVENTORY PHARM							
1194	03/21/20	03/13/20	03/14/20		-63.97	0.00	0.00	-63.97
	INVENT PHARM							
1026995A	03/21/20	03/13/20	03/14/20		586.14	0.00	0.00	586.14
	INVENT PHARM							
1039533	03/21/20	03/15/20	03/16/20		1,545.25	0.00	0.00	1,545.25
	INVENT PHARM							
1036808	03/21/20	03/15/20	03/16/20		12.12	0.00	0.00	12.12
	INVENT PHARM							
1039532	03/21/20	03/15/20	03/16/20		181.69	0.00	0.00	181.69
	INVENT PHARM							
1044686	03/21/20	03/16/20	03/17/20		16.16	0.00	0.00	16.16
	INVENT PHARM							
1044683	03/21/20	03/16/20	03/17/20		94.04	0.00	0.00	94.04
	INVENT PHARM							
1044685	03/21/20	03/16/20	03/17/20		5.68	0.00	0.00	5.68
	INVENT PHARM							
CM68568	03/21/20	03/16/20	03/17/20		-103.87	0.00	0.00	-103.87
	INVENT PHARM							
1044684	03/21/20	03/16/20	03/17/20		366.59	0.00	0.00	366.59
	INVENT PHARM							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC			14,247.08	0.00	0.00	14,247.08

Vendor#	Vendor Name	Class	Pay Code				
N1225	NUTRITION OPTIONS	W		14,255.11			14,255.11

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21840		03/20/20	03/16/20	03/16/20			3,750.00	0.00	0.00	3,750.00
	PURCH SERV DIETARY									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	N1225	NUTRITION OPTIONS					3,750.00	0.00	0.00	3,750.00

Vendor#	Vendor Name	Class	Pay Code
O0920	OFFICE DEPOT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
907786907001		03/15/20	02/21/20	03/23/20			61.74	0.00	0.00	61.74
	SUPPLIES GEN RADIOLOGY									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	O0920	OFFICE DEPOT					61.74	0.00	0.00	61.74

Vendor#	Vendor Name	Class	Pay Code
OM425	OWENS & MINOR		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2025271363		02/28/20	02/21/20	03/23/20			51.40	0.00	0.00	51.40
	INVEN/CS									
2025272385		02/28/20	02/21/20	03/23/20			1,241.29	0.00	0.00	1,241.29
	INVEN/CS									

2025270967	02/28/20 02/21/20 03/23/20	231.96	0.00	0.00	231.96
SUPP/OR					
2025270887	02/28/20 02/21/20 03/23/20	175.80	0.00	0.00	175.80
SUPPLIES GENERAL OB					
2025271237	02/28/20 02/21/20 03/23/20	18.58	0.00	0.00	18.58
SUPP/DIETARY					
2025270972	02/28/20 02/21/20 03/23/20	55.88	0.00	0.00	55.88
INVEN/CS					
2025272337	02/28/20 02/21/20 03/23/20	1,856.51	0.00	0.00	1,856.51
INVEN SUPPLY					
2025335033	02/28/20 02/23/20 03/25/20	126.63	0.00	0.00	126.63
INVEN/CS					
2025341224	02/28/20 02/23/20 03/25/20	1,939.72	0.00	0.00	1,939.72
SUPP/OR					
2025334676	02/28/20 02/23/20 03/25/20	11.10	0.00	0.00	11.10
SUPP/ RECVRY					
2025335778	02/28/20 02/23/20 03/25/20	230.88	0.00	0.00	230.88
INVEN/CS					
2025334843	02/28/20 02/23/20 03/25/20	10.24	0.00	0.00	10.24
INVEN/CS					

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR	5,949.99	0.00	0.00	5,949.99

Vendor# S0905 Vendor Name: PATTERSON MEDICAL Class: M Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2611487045		03/14/20	02/15/20	03/25/20			31.75	0.00	0.00	31.75
SUPPLIES GEN MED/SURG										
2611493049		03/14/20	02/17/20	03/25/20			24.24	0.00	0.00	24.24
SUPPLIE4S GEN MED/SURG										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S0905	PATTERSON MEDICAL	55.99	0.00	0.00	55.99

Vendor# P1260 Vendor Name: PENTAX MEDICAL COMPANY Class: M Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
92095949		03/15/20	02/15/20	03/15/20			182.89	0.00	0.00	182.89
SUPPLIES GEN SURGERY										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P1260	PENTAX MEDICAL COMPANY	182.89	0.00	0.00	182.89

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
313169		01/22/20	01/06/20	03/25/20			-35.50	0.00	0.00	-35.50
INVENTORY PHARMACY INVE										
A1860126		03/14/20	02/06/20	03/25/20			130.95	0.00	0.00	130.95
INVENTORY PHARM										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10204	PHARMEDIUM SERVICES LLC	95.45	0.00	0.00	95.45

Vendor# 10032 Vendor Name: PHILIPS HEALTHCARE Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
934288959		03/15/20	02/16/20	03/18/20			103.36	0.00	0.00	103.36

SUPPLIES GEN NURSERY

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10032	PHILIPS HEALTHCARE	103.36	0.00	0.00	103.36

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21812		02/28/20	02/28/20	03/29/20			3,171.37	0.00	0.00	3,171.37
	ADVERTISING HR/PR									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P2100	PORT LAVACA WAVE	3,171.37	0.00	0.00	3,171.37

Vendor#	Vendor Name	Class	Pay Code
11009	RECONDO		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
INV10361		02/28/20	11/01/20	03/25/20			4,050.00	0.00	0.00	4,050.00
	PURCH SERV BUS OFF									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11009	RECONDO	4,050.00	0.00	0.00	4,050.00

Vendor#	Vendor Name	Class	Pay Code
11252	RX WASTE SYSTEMS LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1251		03/21/20	11/01/20	12/01/20			235.00	0.00	0.00	235.00
	PURCH SERV PHARM									
1274		03/21/20	12/01/20	12/31/20			235.00	0.00	0.00	235.00
	PURCH SERV PHARM									
1301		03/21/20	01/01/20	01/31/20			235.00	0.00	0.00	235.00
	PURCH SERV PHARM									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11252	RX WASTE SYSTEMS LLC	705.00	0.00	0.00	705.00

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
115415839		02/28/20	02/27/20	03/29/20			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
10887	STUDER GROUP		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
085373		03/10/20	03/02/20	03/28/20			18,938.23	0.00	0.00	18,938.23
	ACCRUED PAYBL									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10887	STUDER GROUP	18,938.23	0.00	0.00	18,938.23

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
113194868		02/20/20	02/02/20	03/25/20			159.97	0.00	0.00	159.97
	FOOD - DIETARY									
113213758		03/14/20	02/09/20	03/25/20			36.12	0.00	0.00	36.12
	FOOD DIETARY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2951	SYSCO FOOD SERVICES OF	196.09	0.00	0.00	196.09

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
70118125 ✓		03/20/20	03/14/20	03/15/20			4,019.00	0.00	0.00	4,019.00 ✓
	PREM									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T2204	TEXAS MUTUAL INSURANCE CO	4,019.00	0.00	0.00	4,019.00

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
3A3X031700 ✓		03/14/20	03/01/20	03/25/20			119.00	0.00	0.00	119.00 ✓
	PURCH SERV MMCLINIC									
35FK031700 ✓		03/14/20	03/01/20	03/25/20			1,052.00	0.00	0.00	1,052.00 ✓
	PURCH SERV MM 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
8150757971 ✓		02/15/20	02/14/20	03/25/20			57.51	0.00	0.00	57.51 ✓
	PURCH SERV MAINT									
8150758063 ✓		02/15/20	02/14/20	03/25/20			32.92	0.00	0.00	32.92 ✓
	PURCH SERVICE BIO MED									
8150758655 ✓		03/14/20	02/21/20	03/23/20			57.51	0.00	0.00	57.51 ✓
	PURCH SERV MAINT									
8150758745 ✓		03/14/20	02/21/20	03/23/20			32.92	0.00	0.00	32.92 ✓
	PURCH SERV MAINT									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1054	UNIFIRST HOLDINGS	180.86	0.00	0.00	180.86

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
8400240685 ✓		03/14/20	02/21/20	03/23/20			143.11	0.00	0.00	143.11 ✓
	LAUNDRY HSKEEPING									
8400240684 ✓		03/14/20	02/21/20	03/23/20			108.08	0.00	0.00	108.08 ✓
	LAUNDRY OB									
8400240734 ✓		03/14/20	02/21/20	03/23/20			1,011.59	0.00	0.00	1,011.59 ✓
	LAUNDRY HSKEEPING									
8400240683 ✓		03/14/20	02/21/20	03/23/20			108.07	0.00	0.00	108.07 ✓
	LAUNDRY/DIETARY									
8400240681 ✓		03/14/20	02/21/20	03/23/20			303.10	0.00	0.00	303.10 ✓
	LAUNDRY HSKEEPING									
8400240725 ✓		03/14/20	02/21/20	03/23/20			211.39	0.00	0.00	211.39 ✓
	LAUNDRY HSKEEPING									
8400241003 ✓		03/14/20	02/24/20	03/26/20			416.95	0.00	0.00	416.95 ✓
	LAUNDRY HSKEEPING									
8400241041 ✓		03/14/20	02/24/20	03/26/20			981.32	0.00	0.00	981.32 ✓
	LAUNDRY HSKEEPING									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	3,283.61	0.00	0.00	3,283.61

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
3554909 ✓		03/14/20	02/23/20	03/25/20		1,100.65	0.00	0.00	1,100.65 ✓
	FOOD DIETARY								
3826856 ✓		03/14/20	03/09/20	03/29/20		2,411.90	0.00	0.00	2,411.90 ✓
	FOOD DIETRY								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10172	US FOOD SERVICE				3,512.55	0.00	0.00	3,512.55

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
9110371986 ✓		03/14/20	02/15/20	03/25/20		1,571.67	0.00	0.00	1,571.67 ✓
	LEASE & RENTAL LAB								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC				1,571.67	0.00	0.00	1,571.67

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	316,358.40	0.00	0.00	316,358.40

pg 7 correctim {<-14,247.08> + 14,255.11

* $316,366.43

316,358.40 +
14,247.08 -
14,255.11 +
316,366.43 *

* Includes $600.00 Calhoun County Indigent CoPays

Mitch J Ryan

3-23-17

APPROVED ON
MAR 22 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	170274	03/22/17	2,178.14	BECTON, DICKINSON & CO (BD)
A/P	170275	03/22/17	103.36	PHILIPS HEALTHCARE
A/P	170276	03/22/17	3,512.55	US FOOD SERVICE
A/P	170277	03/22/17	95.45	PHARMEDIUM SERVICES LLC
A/P	170278	03/22/17	8,333.33	HITACHI MEDICAL SYSTEMS
A/P	170279	03/22/17	75.97	JENISE SVETLIK
A/P	170280	03/22/17	253.00	CENTURION MEDICAL PRODUCTS
A/P	170281	03/22/17	838.24	DEWITT POTH & SON
A/P	170282	03/22/17	.00	VOIDED
A/P	170283	03/22/17	14,255.11	MORRIS & DICKSON CO, LLC
A/P	170284	03/22/17	4,565.60	BKD, LLP
A/P	170285	03/22/17	84,792.97	DISCOVERY MEDICAL NETWORK INC
A/P	170286	03/22/17	50,507.47	MMC EMPLOYEE BENEFIT PLAN
A/P	170287	03/22/17	18,938.23	STUDER GROUP
A/P	170288	03/22/17	13,760.12	HUNTER PHARMACY SERVICES
A/P	170289	03/22/17	4,050.00	RECONDO
A/P	170290	03/22/17	1,171.00	TRIZETTO PROVIDER SOLUTIONS
A/P	170291	03/22/17	275.00	K & M SPORTS
A/P	170292	03/22/17	8.56	MISTY RECTOR
A/P	170293	03/22/17	842.26	FRONTIER
A/P	170294	03/22/17	7,136.84	JACKSON & COKER LOCUM TENENS,
A/P	170295	03/22/17	705.00	RX WASTE SYSTEMS LLC
A/P	170296	03/22/17	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	170297	03/22/17	98.57	CHARLES SAMAHA
A/P	170298	03/22/17	170.00	JORGE LUIS VALDEZ
A/P	170299	03/22/17	5.76	ELIZABETH LITWILLER
A/P	170300	03/22/17	600.00	CALHOUN COUNTY INDIGENT ACCOUN
A/P	170301	03/22/17	238.80	AMERISOURCEBERGEN DRUG CORP
A/P	170302	03/22/17	1,549.50	ALCON LABORATORIES, INC.
A/P	170303	03/22/17	37.84	AQUA BEVERAGE COMPANY
A/P	170304	03/22/17	69.02	BECKMAN COULTER INC
A/P	170305	03/22/17	136.00	CAD SOLUTIONS, INC
A/P	170306	03/22/17	165.00	CITIZENS MEDICAL CENTER
A/P	170307	03/22/17	393.70	CDW GOVERNMENT, INC.
A/P	170308	03/22/17	16,596.00	EVIDENT
A/P	170309	03/22/17	13.28	FEDERAL EXPRESS CORP.
A/P	170310	03/22/17	7,358.42	FISHER HEALTHCARE
A/P	170311	03/22/17	50.00	GULF COAST DELIVERY
A/P	170312	03/22/17	428.98	GULF COAST PAPER COMPANY
A/P	170313	03/22/17	1,571.67	WERFEN USA LLC
A/P	170314	03/22/17	2,620.75	J & J HEALTH CARE SYSTEMS, INC
A/P	170315	03/22/17	1,029.11	MARKS PLUMBING PARTS
A/P	170316	03/22/17	405.30	MARTIN PRINTING CO
A/P	170317	03/22/17	3,004.71	MCKESSON MEDICAL SURGICAL INC
A/P	170318	03/22/17	14.79	MEDLINE INDUSTRIES INC
A/P	170319	03/22/17	134.18	MMC AUXILIARY GIFT SHOP
A/P	170320	03/22/17	510.99	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	170321	03/22/17	3,750.00	NUTRITION OPTIONS
A/P	170322	03/22/17	61.74	OFFICE DEPOT
A/P	170323	03/22/17	.00	VOIDED

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	170324	03/22/17	5,949.99	OWENS & MINOR
A/P	170325	03/22/17	182.89	PENTAX MEDICAL COMPANY
A/P	170326	03/22/17	3,171.37	PORT LAVACA WAVE
A/P	170327	03/22/17	1,204.90	CULLIGAN OF VICTORIA
A/P	170328	03/22/17	13.59	FARAH JANAK
A/P	170329	03/22/17	55.99	PATTERSON MEDICAL
A/P	170330	03/22/17	633.33	SIEMENS MEDICAL SOLUTIONS INC
A/P	170331	03/22/17	196.09	SYSCO FOOD SERVICES OF
A/P	170332	03/22/17	4,019.00	TEXAS MUTUAL INSURANCE CO
A/P	170333	03/22/17	180.86	UNIFIRST HOLDINGS
A/P	170334	03/22/17	3,283.61	UNIFIRST HOLDINGS INC
TOTALS:			316,366.43	

APPROVED
ON

MAR 2 2 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

IBC BANK
We Do More

March 2017 Statement
Open Date: 02/04/2017 Closing Date: 03/06/2017

Visa® Business Card
MEMORIAL MEDICAL CNT
JASON W ANGLIN

Cardmember Service
BUS 30 ELN 5 8 3

New Balance	**$3,229.12**
Minimum Payment Due	**$33.00**
Payment Due Date	**04/01/2017**

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

Activity Summary

Previous Balance	+	$4,631.56
Payments	-	$4,631.56CR
Other Credits		$0.00
Purchases	+	$3,229.12
Balance Transfers		$0.00
Advances		$0.00
Other Debits		$0.00
Fees Charged		$0.00
Interest Charged		$0.00
New Balance	=	**$3,229.12**
Past Due		**$0.00**
Minimum Payment Due		**$33.00**
Credit Line		$10,000.00
Available Credit		$6,770.88
Days in Billing Period		31

588.52 +
220.00 +
11.35 +
221.13 +
221.13 +
250.00 +
250.00 +
169.99 +
2.00 +
43.00 +
232.35 +
2.00 +
2.00 +
86.00 +
25.00 +
2.00 +
2.00 +
24.00 +
25.00 +
99.00 +
170.00 +
442.69 +
120.00 +
3,229.12 =

Michael J. Pfeifer
Calhoun County Judge
Date: 4-3-17

$3,229.12
APPROVED ON
MAR 24 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MMC will pay by phone

Payment Options:

Pay online at myaccountaccess.com

...on with check payable to: Cardmember Service

IBC B...

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

Account Number	
Payment Due Date	4/01/2017
New Balance	$3,229.12
Minimum Payment Due	$33.00

Amount Enclosed $_____

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

March 2017 Statement 02/04/2017 - 03/06/2017

MEMORIAL MEDICAL CNT
JASON W ANGLIN

Cardmember Service

Important Messages

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

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

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.

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

Transactions

Payments and Other Credits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
02/24	02/24		PAYMENT THANK YOU	$4,631.56CR	
			TOTAL THIS PERIOD	**$4,631.56CR**	

Purchases and Other Debits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
02/06	02/01	0912	THE GALLERY COLLECTION 201-6417900 NJ	$588.52	
02/07	02/06	2459	PTOT FACILITIES 512-305-6900 TX	$220.00	
02/08	02/07	2512	TX CII RX PADS 512-305-8014 TX	$11.35	
02/09	02/07	0234	HILTON HTL UNIV OF HOU HOUSTON TX 02/07/17 FOR 01 NIGHTS FOLIO: 0000301755	$221.13	
02/09	02/07	0317	HILTON HTL UNIV OF HOU HOUSTON TX 02/07/17 FOR 01 NIGHTS FOLIO: 0000301756	$221.13	
02/13	02/11	9942	OR SUPPLY 502-432-7393 KY	$170.00	
02/15	02/14	3792	PAYPAL *TEXASORGANI 402-935-7733 TX	$250.00	
02/15	02/14	9036	PAYPAL *TEXASORGANI 402-935-7733 TX	$250.00	
02/21	02/17	7332	AAPC 801-2362000 UT	$189.95	
02/21	02/17	3024	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
02/21	02/18	9099	AMA*CREDENTIALING 800-621-8335 IL	$43.00	
02/23	02/21	7424	RADISSON HOTEL AND SUI AUSTIN TX 02/20/17	$232.35	
02/23	02/22	6581	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
02/23	02/22	6664	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
02/23	02/23	0009	AMA*CREDENTIALING 800-621-8335 IL	$86.00	
02/27	02/24	5611	BLR/HCPRO BRENTWOOD TN	$442.69	
02/28	02/27	6440	EB 2017 MID COAST HUR 801-413-7200 CA	$25.00	
03/01	02/28	9412	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
03/01	02/28	9586	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	

Continued on Next Page

IBC BANK
We Do More

March 2017 Statement 02/04/2017 - 03/06/2017

MEMORIAL MEDICAL CNT
JASON W ANGLIN

Cardmember Service

Transactions

Purchases and Other Debits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
03/01	03/01	1156	AMA*CREDENTIALING 800-621-8335 IL	$24.00	
03/02	03/01	2511	AmazonPrime Membership amzn.com/prme WA	$99.00	
03/03	03/03	5376	OR SUPPLY 502-432-7393 KY	120.00	
03/06	03/03	9732	EB 2017 MID COAST HUR 801-413-7200 CA	$25.00	
			TOTAL THIS PERIOD	**$3,229.12**	

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: _____

Interest Charge Calculation

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

**APR for current and future transactions.

Balance Type	Balance By Type	Balance Subject to Interest Rate	Variable	Interest Charge	Annual Percentage Rate	Expires with Statement
**BALANCE TRANSFER	$0.00	$0.00	YES	$0.00	10.49%	
**PURCHASES	$3,229.12	$0.00	YES	$0.00	10.49%	
**ADVANCES	$0.00	$0.00	YES	$0.00	24.49%	

Continued on Next Page

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

(1)

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

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

Vendor Name: Cardmember Service

Date: 3/21/17

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	—		The Gallery Collection - Emp.			588.52	✓
2			Birthday Cards				
3	—		PTOT Facilities - Registration			220.00	✓
4			Renewal				
5	—		RTX C11 RX pads - DR. Rojas			11.35	✓
6	—		Hilton Hotel - Univ of Houston			221.13	✓
7			Jason Anglin - Learning Collaborative 2/6/17				
8	—		Hilton Hotel - Univ of Houston			221.13	✓
9			Elin Clevenger - Learning Collaborative 2/6/17				
10	—		PayPal - TORCH Conf. Registration			250.00	✓

Jason Anglin

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

NOTES:

Charges made to Jason Anglin's credit card

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm. Dir. Clinical Service _____

CFO _____

Administrator _____

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

(2)

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

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

Vendor Name: CardmemberService

Date: 3/21/17

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	—		PayPal - TORCH Conf Registration			250.00
2			Terry Pickett			
3	—		AAPC - Virtual Workshop -			189.95
4			Mem. Med. Clinic			
5	—		NPDB - 1 physician			2.00
6	—		AMA Profile - Init + Cont. Mon.			43.00
7			1 physician			
8	—		Radisson - Austin Hotel - Advocacy Days 2/20/17			232.35
9			Jason Anglin - TORCH Mtg.			
10	—		NPDB - 1 Physician			2.00

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

NOTES:

Charges made to Jason Anglin's credit card

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm. Dir. Clinical Service _____

CFO _____

Administrator _____

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

(3)

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

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

Vendor Name: Cardiser member Service

Date: 3/21/17

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 physician			✓ 2.00
2	—		AMA Credentialing - 2 physicians			✓ 86.00
3	—		EB 2017 Mid Coast Hurricane			✓ 25.00
4			Conf - Chuck Samaha			
5	—		NPDB - 1 physician			✓ 2.00
6	—		NPDB - 1 physician			✓ 2.00
7	—		AMA Profile - 1 PA			✓ 24.00
8	—		EB 2017 Mid Coast Hurricane			✓ 25.00
9			Conf. - Nadine Garner			
10	—		Amazon Prime Membership (Annual)			✓ 99.00

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

NOTES:

Charges made to Jason Anglin's credit card

OR Supply - Laryngoscope Fiber +170.00

HcPro - life safety set ! CMS conditions of Part

OR Supply Date: Layrngoscopes Standard icipation +442.69

+120.00

Contact:

Quoted By:

Buyer: E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm.Dir. Clinical Service _____

CFO _____ 3,229.12

Administrator _____ =$

IBC BANK
We Do More

March 2017 Statement
Open Date: 02/04/2017 Closing Date: 03/06/2017

Visa® Business Card
MEMORIAL MEDICAL CNT
JERRY L PICKETT

Cardmember Service
BUS 30 ELN 5 8 3

New Balance	**$5,661.75**
Minimum Payment Due	**$57.00**
Payment Due Date	**04/01/2017**

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	+	$3,144.03
Payments	-	$3,144.03CR
Other Credits	-	$131.60CR
Purchases	+	$5,793.35
Balance Transfers		$0.00
Advances		$0.00
Other Debits		$0.00
Fees Charged		$0.00
Interest Charged		$0.00
New Balance	=	**$5,661.75**
Past Due		**$0.00**
Minimum Payment Due		**$57.00**
Credit Line		$10,000.00
Available Credit		$4,338.25
Days in Billing Period		31

26.27 +
221.13 +
1,125.00 +
379.90 +
969.80 +
379.00 +
300.00 +
420.00 +
515.00 +
40.00 +
465.75 +
465.75 +
465.75 +
5,793.35 =

5,793.35 +
131.60 –
5,661.75 =

Michael J. Pfeifer
Calhoun County Judge
Date: 4-3-17

$5,661.75
APPROVED ON
MAR 24 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Mme will pay by phone

Payment Options:

Pay online at myaccountaccess.com

Pay by phone

...n with check payable to: Cardmember Service

IBC B...
We Do More

24-Hour Cardmember Service

- . to pay by phone
- . to change your address

Account Number	
Payment Due Date	4/01/2017
New Balance	$5,661.75
Minimum Payment Due	$57.00

Amount Enclosed $_____

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

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

IBC BANK
We Do More

March 2017 Statement 02/04/2017 - 03/06/2017

MEMORIAL MEDICAL CNT
JERRY L PICKETT

Cardmember Service

Important Messages

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

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

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.

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

Transactions

Payments and Other Credits

Credit Tax = 131.60

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
02/24	02/24		PAYMENT THANK YOU	$3,144.03CR	
03/01	02/27	4210	DATAWATCH CORPORATION CHELMSFORD MA MERCHANDISE/SERVICE RETURN w Sales Tax	√$131.60CR	✓
			TOTAL THIS PERIOD	**$3,275.63CR**	

Purchases and Other Debits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
02/07	02/06	1077	GOLDEN CORRAL #2446 HOUSTON TX	√$26.27	✓
02/09	02/07	0309	HILTON HTL UNIV OF HOU HOUSTON TX 02/07/17 FOR 01 NIGHTS FOLIO: 0000301754	√$221.13	✓
02/09	02/08	7903	WAL-MART #1098 PORT LAVACA TX	√√$989.80	✓
02/23	02/22	4173	DRISCOLL HEALTH SYSTEM 3616945043 TX	√$1,125.00	✓
02/24	02/22	0721	SOUTHWES 5268508276400 800-435-9792 TX SVETLIK/JENISE 05/14/17 HOUSTN HOBBY TO ECP ECP TO HOUSTN HOBBY	√$379.90	✓
02/24	02/22	0026	TEXAS HOSPITAL ASSOC 512-465-1000 TX	√$379.00	✓
02/24	02/22	2756	CPSI 251-639-8100 AL	√$300.00	✓
02/27	02/24	7243	TEXAS SOCIETY OF INFEC 512-7223717 TX	√$420.00	✓
02/27	02/24	7276	TEXAS SOCIETY OF INFEC WIMBERLEY TX	√$515.00	✓
02/28	02/28	1425	THERMCO PRODUCTS INC 973-300-9100 NJ	√$40.00	✓
03/03	03/02	7491	OMNI CORPUS CHRISTI CORPUS CHRIST TX 03/01/17 FOR 01 NIGHTS FOLIO: 993912	√$465.75	✓
03/03	03/02	7509	OMNI CORPUS CHRISTI CORPUS CHRIST TX 03/01/17 FOR 01 NIGHTS FOLIO: 993914	√$465.75	✓
03/03	03/02	7517	OMNI CORPUS CHRISTI CORPUS CHRIST TX 03/01/17 FOR 01 NIGHTS	/$465.75	✓

Continued on Next Page

IBC BANK
We Do More

March 2017 Statement 02/04/2017 - 03/06/2017

MEMORIAL MEDICAL CNT
JERRY L PICKETT

Transactions

Purchases and Other Debits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
			FOLIO: 993913		
			TOTAL THIS PERIOD	$5,793.35	

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: _____

Interest Charge Calculation

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

**APR for current and future transactions.

Balance Type	Balance By Type	Balance Subject to Interest Rate	Variable	Interest Charge	Annual Percentage Rate	Expires with Statement
**BALANCE TRANSFER	$0.00	$0.00	YES	$0.00	10.49%	
**PURCHASES	$5,661.75	$0.00	YES	$0.00	10.49%	
**ADVANCES	$0.00	$0.00	YES	$0.00	24.49%	

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: CardmemberService

Date: 3/21/17

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	—		Golden Corral - Houston		2/6/17	√26.27
2			~~Lunch~~ Dinner - Jerry + Jason (Overnight Stay)			
3	—		Hilton - Hotel - Univ of Houston		2/6/17	~~221.13~~
4			Jerry Pickett - Learning Collaborative			
5	—		Driscoll Health System —			√1,125.00
6			Registration 2017 Child Abuse		3/27/17	
7			Summit - Veronica Ragusin $375		3/29/17	
8			Porittany Ruddick $375, Sandra Durham $375			
9	—		Southwest Airlines - Jenise		5/14/17	√379.90
10			Grethik, RN - CPSI Conf.		5/19/17	

Est. Freight Walmart - LED TV / TV Mount Est. Total Cost _____ TOTAL COST †989.80

NOTES:

Charges made to Jerry Pickett's credit card

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

Dept. Director _____

Dir. Nursing _____

Adm. Dir. Clinical Service _____

CFO _____

Administrator _____

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

(2)

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

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

Vendor Name: Caramember Service

Date: 3/21/17

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	—		THA - Registration for Nadine			379.00
2			Garner, IP Nurse			
3	—		CPSI - Registration for Jenise			✓ 300.00
4			Sretlik - 2017 CPSI Conf.			
5	—		Texas Society of Infection Prev.			✓ 420.00
6			Conf. Registration for Nadine Garner			
7	—		Texas Society of Infection Prev.			✓ 515.00
8			conf. Registration for Nadine Garner			
9	—		Thermco Products - OB Dept.			✓ 40.00
10	—		Omni Corpus Christi - Veronica Ragusin for Child Abuse Conf			✓ 465.75

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

NOTES:

Charges made to Jerry's credit card

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm. Dir. Clinical Service _____

CFO _____

Administrator _____

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

(3)

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

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

Vendor Name: Cardmember Services

Date: 3/21/17

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	—		Omni Corpus Christi - Porittany 3/24-3/25/17 ✓			465.75
2			Ruddick for Child Abuse Conf			
3	—		Omni Corpus Christi - Sandra 3/24-3/25/17 ✓			465.75
4			Durham for Child Abuse Conf			
5			~~Refund — Datawatch Corp.~~			~~<131.60>~~
6						
7						
8						
9						
10						

Total = 5,793.35
Page 1 of 2

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

NOTES:

Charges made to Jerry's credit card

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
3/27/2017

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	4553	549,274.20	549,174.20	322,533.43	-	-	-	-	322,633.43	322,533.43

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

Nursing Home	IBC Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	IGT Transfer-In	MMC Portion - Return of IGT	MMC Portion - Federal Match	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Solera at West Houston	4561	1,036,275.90	1,043,235.10	614,385.50	-	-	-	-	607,426.30	607,326.30
Crescent	4588	788,148.21	788,048.21	382,504.55	-	-	-	-	382,604.55	382,504.55
Broadmoor	4596	75,189.95	75,089.95	648,036.92	-	-	-	-	648,136.92	648,036.92
Fort Bend	4618	176,550.08	176,450.08	129,737.83	-	-	-	-	129,837.83	129,737.83
										1,767,605.60

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

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

Approved:

APPROVED
MAR 27 2017
COUNTY AUDITOR

Michael J. Pfeifer
Calhoun County Judge
Date: 4-3-17

Account Portfolio as of 03/27/2017 8:42:22 AM

Account Display
(•) Display By Account Type
( ) Display By Asset/Liability

Commercial Checking Accounts

Account Name	Account Number	Today's Beginning Balance	Available Balance
Memorial Medical Center	3387	$1,827,029.67	$1,827,029.67
Memorial Medical Center	4553	$322,633.43	$328,176.29
Memorial Medical Center	4561	$607,426.30	$619,030.23
Memorial Medical Center	4588	$382,604.55	$386,319.17
Memorial Medical Center	4596	$648,136.92	$656,002.16
Memorial Medical Center	4618	$129,837.83	$140,012.57
Memorial Medical Center Operat	0301	$2,755,089.07	$2,753,445.84
County of Calhoun Indigent	1101	$4,443.34	$4,443.34
Totals		**$6,677,201.11**	**$6,714,459.27**

IBC Bank Activity
3/15/17 through 3/24/17

Ashford Gardens					Transfer-Out	Transfer-In	
3/15/2017	5025	4553	142	ACH CREDIT RECEIVED		12,943.29	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
3/15/2017	5025	4553	301	COMMERCIAL DEPOSIT		123,093.71	
3/16/2017	5025	4553	142	ACH CREDIT RECEIVED		2,385.51	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4239951*1201494502\
3/20/2017	5025	4553	475	CHECK PAID	325,103.39		
3/20/2017	5025	4553	142	ACH CREDIT RECEIVED		9,763.77	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4248623*1201494502\
3/20/2017	5025	4553	301	COMMERCIAL DEPOSIT		18,681.34	
3/21/2017	5025	4553	142	ACH CREDIT RECEIVED		3,534.33	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
3/21/2017	5025	4553	142	ACH CREDIT RECEIVED		220.50	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017031816200675*1752603231\
3/22/2017	5025	4553	142	ACH CREDIT RECEIVED		1,770.59	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4257969*1201494502\
3/22/2017	5025	4553	495	OUTGOING MONEY TRANSFER	224,070.81		ASHFORD HEALTH CARE CENTER LTD
3/22/2017	5025	4553	142	ACH CREDIT RECEIVED		79,960.35	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04911|TRN*1*EFT6594361*1205296137*000004911\
3/23/2017	5025	4553	142	ACH CREDIT RECEIVED		6,314.47	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04911|TRN*1*EFT6594959*1205296137*000004911\
3/24/2017	5025	4553	301	COMMERCIAL DEPOSIT		60,132.02	
3/24/2017	5025	4553	142	ACH CREDIT RECEIVED		1,208.88	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4264583*1201494502\
3/24/2017	5025	4553	142	ACH CREDIT RECEIVED		2,524.67	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017032218700321*1752603231\
					549,174.20	322,533.43	

Solera at West Houston					Transfer-Out	Transfer-In	
3/15/2017	5025	4561	301	COMMERCIAL DEPOSIT		67,928.89	
3/16/2017	5025	4561	142	ACH CREDIT RECEIVED		4,246.67	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017031411300112*1752603231\
3/17/2017	5025	4561	142	ACH CREDIT RECEIVED		6,721.25	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017031517202766*1752603231\
3/20/2017	5025	4561	555	DEPOSITED ITEM RETURNED	7,059.20		Deposit Item Ret
3/20/2017	5025	4561	475	CHECK PAID	94,711.24		
3/20/2017	5025	4561	301	COMMERCIAL DEPOSIT		98,274.23	
3/21/2017	5025	4561	142	ACH CREDIT RECEIVED		992.20	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017031811100503*1752603231\
3/21/2017	5025	4561	142	ACH CREDIT RECEIVED		2,076.45	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017031811100486*1752603231\
3/22/2017	5025	4561	142	ACH CREDIT RECEIVED		380,240.84	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4376206*1205296137*000004011\
3/22/2017	5025	4561	495	OUTGOING MONEY TRANSFER	941,464.66		CANTEX HEALTH CARE CENTERS LLC
3/23/2017	5025	4561	142	ACH CREDIT RECEIVED		5,691.31	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4377919*1205296137*000004011\
3/24/2017	5025	4561	142	ACH CREDIT RECEIVED		4,658.79	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4379523*1205296137*000004011\
3/24/2017	5025	4561	301	COMMERCIAL DEPOSIT		43,554.87	
					1,043,235.10	614,385.50	

Crescent					Transfer-Out	Transfer-In	
3/15/2017	5025	4588	301	COMMERCIAL DEPOSIT		69,210.20	
3/16/2017	5025	4588	142	ACH CREDIT RECEIVED		16,375.12	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
3/17/2017	5025	4588	142	ACH CREDIT RECEIVED		907.57	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017031511800672*1752603231\
3/20/2017	5025	4588	142	ACH CREDIT RECEIVED		4,128.20	Molina HC of TX Molina HC|THE CRESCENT|TRN*1*EFT4246617*1201494502\
3/20/2017	5025	4588	475	CHECK PAID	31,306.17		
3/20/2017	5025	4588	301	COMMERCIAL DEPOSIT		26,763.88	
3/21/2017	5025	4588	142	ACH CREDIT RECEIVED		12,272.85	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017031811100498*1752603231\
3/21/2017	5025	4588	142	ACH CREDIT RECEIVED		2,043.16	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017031813300578*1452485907\
3/21/2017	5025	4588	142	ACH CREDIT RECEIVED		3,301.03	Molina HC of TX Molina HC|THE CRESCENT|TRN*1*EFT4251656*1201494502\
3/21/2017	5025	4588	142	ACH CREDIT RECEIVED		218,217.03	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4374648*1205296137*000004011\
3/22/2017	5025	4588	142	ACH CREDIT RECEIVED		977.86	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017032011300010*1752603231\
3/22/2017	5025	4588	495	OUTGOING MONEY TRANSFER	756,742.04		CANTEX HEALTH CARE CENTERS III
3/22/2017	5025	4588	142	ACH CREDIT RECEIVED		9,779.83	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4376211*1205296137*000004011\
3/23/2017	5025	4588	142	ACH CREDIT RECEIVED		1,562.60	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4377924*1205296137*000004011\
3/24/2017	5025	4588	301	COMMERCIAL DEPOSIT		16,965.22	
					788,048.21	382,504.55	

Broadmoo					Transfer-Out	Transfer-In			
3/15/2017	5025	4596	301	COMMERCIAL DEPOSIT		78,598.87	0	14046447	
3/20/2017	5025	4596	142	ACH CREDIT RECEIVED		328,414.68	676357		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4372422*1205296137*000004011\
3/20/2017	5025	4596	301	COMMERCIAL DEPOSIT		90,331.57	0	14143288	
3/20/2017	5025	4596	475	CHECK PAID	7,463.46		14	14143393	
3/20/2017	5025	4596	142	ACH CREDIT RECEIVED		6,034.51	PN1669860433		Molina HC of TX Molina HC|THE BROADMOOR AT CREEK|TRN*1*EFT4246540*1201494502\
3/21/2017	5025	4596	142	ACH CREDIT RECEIVED		1,903.85	1.746E+13		HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
3/22/2017	5025	4596	495	OUTGOING MONEY TRANSFER	67,626.49				CANTEX HEALTH CARE CENTERS III
3/22/2017	5025	4596	142	ACH CREDIT RECEIVED		3,647.17	676357		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4376228*1205296137*000004011\
3/23/2017	5025	4596	142	ACH CREDIT RECEIVED		18,735.10	676357		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4377943*1205296137*000004011\
3/23/2017	5025	4596	142	ACH CREDIT RECEIVED		3,783.50	1.746E+13		HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
3/24/2017	5025	4596	142	ACH CREDIT RECEIVED		33,155.00	676357		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4379540*1205296137*000004011\
3/24/2017	5025	4596	301	COMMERCIAL DEPOSIT		83,432.67	0	14050058	
					75,089.95	648,036.92			

Fort Bend					Transfer-Out	Transfer-In			
3/15/2017	5025	4618	301	COMMERCIAL DEPOSIT		15,842.34	0	14046482	
3/20/2017	5025	4618	142	ACH CREDIT RECEIVED		33,898.00	675663		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4371920*1205296137*000004011\
3/20/2017	5025	4618	142	ACH CREDIT RECEIVED		17,026.51	PN1730577503		Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRN*1*EFT4246538*1201494502\
3/20/2017	5025	4618	475	CHECK PAID	100,766.18		12	14143392	
3/20/2017	5025	4618	301	COMMERCIAL DEPOSIT		3,619.00	0	14143256	
3/21/2017	5025	4618	142	ACH CREDIT RECEIVED		1,677.79	1.70317E+13		AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|TRN*1*017031712300163*1752603231\
3/21/2017	5025	4618	142	ACH CREDIT RECEIVED		3,275.27	PN1730577503		Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRN*1*EFT4251553*1201494502\
3/21/2017	5025	4618	142	ACH CREDIT RECEIVED		27,434.83	1.70318E+13		AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|TRN*1*017031811100499*1752603231\
3/22/2017	5025	4618	495	OUTGOING MONEY TRANSFER	75,683.90				CANTEX HEALTH CARE CENTERS III
3/22/2017	5025	4618	142	ACH CREDIT RECEIVED		6,211.34	675663		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4375766*1205296137*000004011\
3/22/2017	5025	4618	142	ACH CREDIT RECEIVED		1,033.06	PN1730577503		Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRN*1*EFT4255860*1201494502\
3/22/2017	5025	4618	142	ACH CREDIT RECEIVED		2,214.10			CENTENE CORP HCCLAIMPMT|FORT BEND HEALTHCARE C|TRN*1*0902632382*1742770542\
3/23/2017	5025	4618	142	ACH CREDIT RECEIVED		351.37	1.70321E+13		AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|TRN*1*017032111600092*1752603231\
3/24/2017	5025	4618	301	COMMERCIAL DEPOSIT		11,262.99	0	14050083	
3/24/2017	5025	4618	142	ACH CREDIT RECEIVED		2,117.63	675663		NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4379133*1205296137*000004011\
3/24/2017	5025	4618	142	ACH CREDIT RECEIVED		3,773.60	1.70322E+13		AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|TRN*1*017032212900097*1752603231\
					176,450.08	129,737.83			

RUN DATE:03/27/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:13:56 CHECK REGISTER and Payable List GLCKREG
03/27/17 THRU 03/27/17

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000902	03/27/17	1,029.64	MCKESSON
A/P	000903	03/27/17	859.78	MCKESSON
A/P	000904	03/27/17	1,698.66	MCKESSON
TOTALS:			3,588.08	

APPROVED
ON
MAR 27 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

340B Prescription Expenses

Michael J. Pfeifer
Calhoun County Judge
Date: 4-3-17

McKESSON

STATEMENT

Company: 8000

As of: 03/24/2017 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 03/25/2017

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: 03/24/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 03/25/2017

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	
03/20/2017	03/28/2017	7798502020	3454582135	115Invoice	5.57	278.55		272.98✓		7798502020	
03/21/2017	03/28/2017	7798745814	1100665	115Invoice	1.17	58.40		57.23✓		7798745814	
03/21/2017	03/28/2017	7798747662	3454582138	115Invoice	0.25	12.46		12.21✓		7798747662	
03/22/2017	03/28/2017	7798982681	3454582141	115Invoice	2.36	117.96		115.60✓		7798982681	
03/23/2017	03/28/2017	7799218386	3454582144	115Invoice	8.20	409.96		401.76✓		7799218386	

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

TOTAL:

Subtotals: 877.33 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 439.47
03/20/2017

If Paid By 03/28/2017,
Pay This Amount: 859.78 USD

If Paid After 03/28/2017,
Pay this Amount: 877.33 USD

Due If Paid On Time:
USD 859.78
Disc lost if paid late:
17.55
Due If Paid Late:
USD 877.33

Ch# 903

3-27-17

APPROVED
ON
MAR 27 2017
EP
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: 03/24/2017

DC: 8115

Territory: 400

Customer: 262252
Date: 03/25/2017

Page: 001

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

As of: 03/24/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252
Date: 03/25/2017

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	
03/20/2017	03/28/2017	7798517207	1000983997	115Invoice	5.40	269.92		264.52 ✓		7798517207	
03/20/2017	03/28/2017	7798517211	1000984572	115Invoice	2.96	148.12		145.16 ✓		7798517211	
03/20/2017	03/28/2017	7798517212	1000984572	115Invoice	0.13	6.49		6.36 ✓		7798517212	
03/20/2017	03/28/2017	7798517213	1000984980	115Invoice	3.13	156.46		153.33 ✓		7798517213	
03/21/2017	03/28/2017	7798747094	1000985372	115Invoice	2.69	134.55		131.86 ✓		7798747094	
03/22/2017	03/28/2017	7799001145	1000986142	115Invoice	5.00	250.09		245.09 ✓		7799001145	
03/23/2017	03/28/2017	7799238444	1000986749	115Invoice	7.13	356.42		349.29 ✓		7799238444	
03/23/2017	03/28/2017	7799238448	1000986749	115Invoice	0.57	28.44		27.87 ✓		7799238448	
03/24/2017	03/28/2017	7799465888	1000987349	115Invoice	7.66	382.84		375.18 ✓		7799465888	

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

TOTAL:

Subtotals: 1,733.33 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,140.72
03/20/2017

If Paid By 03/28/2017,
Pay This Amount: 1,698.66 ✓USD

If Paid After 03/28/2017,
Pay this Amount: 1,733.33 USD

Due If Paid On Time:
USD 1,698.66
Disc lost if paid late:
34.67
Due If Paid Late:
USD 1,733.33

3-27-17

CK# 904

APPROVED
ON
MAR 27 2017 EP

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 03/24/2017 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 03/25/2017

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

As of: 03/24/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 03/25/2017 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
03/20/2017	03/28/2017	7798505578	1000983995	115Invoice	1.19	59.39		58.20	✓	7798505578	
03/20/2017	03/28/2017	7798505582	1000983995	115Invoice	2.68	134.24		131.56	✓	7798505582	
03/20/2017	03/28/2017	7798505583	1000984570	115Invoice	3.03	151.37		148.34	✓	7798505583	
03/20/2017	03/28/2017	7798505585	1000984978	115Invoice	4.36	217.98		213.62	✓	7798505585	
03/21/2017	03/28/2017	7798749267	1000985370	115Invoice	1.35	67.74		66.39	✓	7798749267	
03/22/2017	03/28/2017	7798955757	1000986140	115Invoice	3.28	164.12		160.84	✓	7798955757	
03/23/2017	03/28/2017	7799228339	1000986747	115Invoice	2.58	129.13		126.55	✓	7799228339	
03/24/2017	03/28/2017	7799436447	1000987347	115Invoice	2.53	126.67		124.14	✓	7799436447	

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

TOTAL:

Subtotals: 1,050.64 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 977.54
03/20/2017

If Paid By 03/28/2017,
Pay This Amount: 1,029.64 ✓ USD

If Paid After 03/28/2017,
Pay this Amount: 1,050.64 USD

Due If Paid On Time:
USD 1,029.64

Disc lost if paid late:
21.00

Due If Paid Late:
USD 1,050.64

3-27-17

Ck# 902

APPROVED
ON

MAR 27 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

COPY

03/28/2017 MEMORIAL MEDICAL CENTER 0
08:44 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 03/28/2017

Vendor#	Vendor Name	Class	Pay Code
11285	ITA RESOURCES INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
MMC32017		03/28/20	03/27/20	03/28/20			23,298.00	0.00	0.00	23,298.00
	PURCH SERVICE RES CARE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11285	ITA RESOURCES INC	23,298.00	0.00	0.00	23,298.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	23,298.00	0.00	0.00	23,298.00

APPROVED
ON

MAR 2 8 2017

BY
CALHOUN COUNTY AUDITOR

CK # 170335

Michael J. Pfeifer
Calhoun County Judge
Date: 4-3-17

11285

ITA Resources, Inc.
9821 Katy Freeway, Ste. 250, Houston, TX 77024

MONTHLY STATEMENT

DATE: March 27, 2017
INVOICE: MMC32017

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

MONTH: **March 2017**

ITA Resources Professional Fee.....$ 21,950.00

CALL BACK & O.T. Hours.....$ 900.00

PPE 3/11/17 = 1.50 Hrs. X $40.00 = $60.00

PPE 3/25/17 = 21.0 Hrs. X $40.00 = $840.00

ON CALL COVERAGE....$2.00/HR. x 224.00 HRS.....$ 448.00

PPE 3/11/17 = 112.00 HRS. (2/26/17-3/11/17) X $2.00/HR. = $224.00

PPE 2/25/17 = 112.00 HRS. (3/12/17-3/25/17) X $2.00/HR. = $224.00

TOTAL AMOUNT DUE ITA RESOURCES, INC. $23,298.00

3-28-17

Please Remit.

APPROVED
ON
MAR 28 2017
BY
CALHOUN COUNTY AUDITOR

40510045

Thank You,

Linda Rump
President/CEO

Ø

RUN DATE:03/28/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:08:59 CHECK REGISTER GLCKREG
03/28/17 THRU 03/28/17

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	170335	03/28/17	23,298.00	ITA RESOURCES INC
TOTALS:			23,298.00	

APPROVED
ON
MAR 2 8 2017
BY
CALHOUN COUNTY AUDITOR

03/29/2017 MEMORIAL MEDICAL CENTER 0
08:58 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 03/30/2017

Vendor#	Vendor Name	Class	Pay Code
11284	EMERGENCY STAFFING SOLUTIONS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
34773		03/24/20	02/28/20	03/30/20		17,485.00	0.00	0.00	17,485.00
	PROF FEES ER								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11284	EMERGENCY STAFFING SOLUTIONS	17,485.00	0.00	0.00	17,485.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	17,485.00	0.00	0.00	17,485.00

Additional Physician Staffing Costs over the $80,125 monthly Charge

APPROVED ON
MAR 29 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 170336

Michael J. Pfeifer
Calhoun County Judge
Date: 4-3-17

RUN DATE:03/29/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:09:25 CHECK REGISTER GLCKREG
03/29/17 THRU 03/29/17

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	170336	03/29/17	17,485.00	EMERGENCY STAFFING SOLUTIONS
TOTALS:			17,485.00	

APPROVED
ON

MAR 29 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

APPROVED ON

MAR 3 1 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

03/29/2017 MEMORIAL MEDICAL CENTER 0
16:50 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 04/05/2017

Vendor#	Vendor Name	Class	Pay Code
10250	4IMPRINT ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
5274098 ✓		03/23/20	03/09/20	04/01/20		446.69	0.00	0.00	446.69 ✓
	SUPPLIES GEN ADM - Doctor's Day 20 Folding Chairs w/ Carry Bag								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10250	4IMPRINT	446.69	0.00	0.00	446.69

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
21854		03/24/20	03/16/20	04/01/20		1,719.42	0.00	0.00	1,719.42 ✓
	PHONE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11062	AIRESPRING INC	1,719.42	0.00	0.00	1,719.42

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
9060773399 ✓		03/22/20	02/28/20	04/01/20		2,051.46	0.00	0.00	2,051.46 ✓
	SUPPLIES GEN PLT OPS								
9052236687 ✓		03/23/20	06/08/20	04/01/20		2,793.99	0.00	0.00	2,793.99 ✓
	O2 RES CARE								
9800362681 ✓		03/23/20	11/15/20	04/01/20		55.76	0.00	0.00	55.76 ✓
	SUPPLIES GEN PLANT OPER								
9943207598 ✓		03/23/20	02/28/20	03/30/20		363.35	0.00	0.00	363.35 ✓
	OXY RES CARE								
9943206157 ✓		03/23/20	02/28/20	03/30/20		393.82	0.00	0.00	393.82 ✓
	OXY RES CARE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	5,658.38	0.00	0.00	5,658.38

Vendor#	Vendor Name	Class	Pay Code
11299	ALLSTATE ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
23625		03/24/20	02/23/20	04/01/20		11,214.68	0.00	0.00	11,214.68 ✓
	EMPL EXP								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11299	ALLSTATE	11,214.68	0.00	0.00	11,214.68

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
4073219 ✓		03/23/20	02/09/20	04/01/20		6,145.37	0.00	0.00	6,145.37 ✓
	PURCH SERV PHARM								

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
76151358A ✓		03/24/20	01/09/20	02/08/20		430.00	0.00	0.00	430.00 ✓
	SUPPLIES GEN MAMOGRPY								

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	B0435	BARD PERIPHERAL VASCULAR				430.00	0.00	0.00	430.00

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
53632565	SUPPLIES GEN RECVY RM	03/24/20	02/01/20	03/03/20			190.50	0.00	0.00	190.50
54034286	SUPPLIES GEN RECVRY RM	03/24/20	03/02/20	04/01/20			190.50	0.00	0.00	190.50
54031537	LEASE INFUSION PUMPS	03/24/20	03/02/20	04/01/20			2,767.00	0.00	0.00	2,767.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1075	BAXTER HEALTHCARE CORP	3,148.00	0.00	0.00	3,148.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
106181228	SUPPLIES GEN LAB	03/14/20	02/28/20	03/30/20			1,156.36	0.00	0.00	1,156.36
5366509	SUPPLIES GEN LAB	03/14/20	02/28/20	03/30/20			3,507.27	0.00	0.00	3,507.27
106191171	SUPPLIES GENERAL LAB	03/14/20	03/05/20	04/04/20			3,118.26	0.00	0.00	3,118.26
106193206	SUPPLIES GEN LAB	03/14/20	03/06/20	04/05/20			193.50	0.00	0.00	193.50
106189316	SUPPLIES GEN LAB	03/21/20	03/03/20	04/01/20			1,137.10	0.00	0.00	1,137.10
106189181	SUPPLIES GEN LAB	03/21/20	03/03/20	04/02/20			371.65	0.00	0.00	371.65
106191352	SUPPLIES GEN LAB	03/21/20	03/05/20	04/04/20			40.54	0.00	0.00	40.54
106191064	SUPPLIES GEN LAB	03/21/20	03/05/20	04/04/20			20,685.32	0.00	0.00	20,685.32
106192372	SUPPLIES GEN LAB	03/21/20	03/06/20	04/05/20			30.08	0.00	0.00	30.08
106192368	SUPPLIES GEN LAB	03/21/20	03/06/20	04/05/20			175.50	0.00	0.00	175.50
106193877	SUPPLIES GEN LAB	03/21/20	03/06/20	04/05/20			91.76	0.00	0.00	91.76
106192357	SUPPLIES GEN LAB	03/21/20	03/06/20	04/05/20			1,722.06	0.00	0.00	1,722.06
106195204	SUPPLIES GEN LAB	03/21/20	03/06/20	04/05/20			329.12	0.00	0.00	329.12
106195329	SUPPLIES GEN LAB	03/21/20	03/06/20	04/05/20			3,205.90	0.00	0.00	3,205.90
106186206	SUPPLIES GEN LAB	03/23/20	03/02/20	04/01/20			294.25	0.00	0.00	294.25

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	36,058.67	0.00	0.00	36,058.67

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
23619208A		03/27/20	03/16/20	04/01/20			1,233.95	0.00	0.00	1,233.95

TELEPHONE HOSPITAL

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11050	BIRCH COMMUNICATIONS	1,233.95	0.00	0.00	1,233.95

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
111434		03/22/20	02/22/20	04/01/20			28.05	0.00	0.00	28.05
	SUPPLIES GEN RES CARE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1650	BOSART LOCK & KEY INC	28.05	0.00	0.00	28.05

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
21856		03/24/20	03/08/20	04/01/20			470.41	0.00	0.00	470.41 418.85
	PURCH SERV IT									
21863		03/24/20	03/15/20	04/01/20			51.98	0.00	0.00	51.98 48.02
	PURCH SERV IT									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1010	CABLE ONE	522.39	0.00	0.00	522.39 466.87

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2170228		03/24/20	02/28/20	03/30/20			352.00	0.00	0.00	352.00
	MAINT /MAMMO									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1033	CAD SOLUTIONS, INC	352.00	0.00	0.00	352.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21846		03/24/20	03/16/20	03/17/20			25.00	0.00	0.00	25.00
	CRED UN ACCRUED									

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
21881		03/29/20	02/24/20	02/25/20			89.24	0.00	0.00	89.24
	FUEL & SERV TRANSP									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1112	CALHOUN COUNTY	89.24	0.00	0.00	89.24

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
010945		03/24/20	02/23/20	02/24/20			30.00	0.00	0.00	30.00
	PURCH SERV GROUNDS									
010971		03/24/20	02/24/20	02/24/20			60.00	0.00	0.00	60.00
	PURCH SERV GROUNDS									
011001		03/24/20	02/27/20	02/28/20			8.00	0.00	0.00	8.00
	PURCH SERV GROUNDS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1203	CALHOUN COUNTY WASTE MGMT	98.00	0.00	0.00	98.00

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
	8001281459		03/23/20	02/28/20	04/01/20		420.32	0.00	0.00	420.32
		SUPPLIES GEN NUC MED								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1325	CARDINAL HEALTH 414, INC.				420.32	0.00	0.00	420.32
Vendor#	Vendor Name				Class	Pay Code				
C1992	CDW GOVERNMENT, INC.				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	GZP2157		03/23/20	02/24/20	03/26/20		1,549.36	0.00	0.00	1,549.36
		EQUIPMT BIO MED								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1992	CDW GOVERNMENT, INC.				1,549.36	0.00	0.00	1,549.36
Vendor#	Vendor Name				Class	Pay Code				
L1629	CHRISTINA ZAPATA-ARROYO									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	REHABJAN17		03/24/20	01/31/20	03/30/20		2,117.50	0.00	0.00	2,117.50
		PURCH SERV SPEECH 1/3 - 1/30/17 38 1/2 hrs								
	HOSPITALJAN17		03/24/20	01/31/20	03/30/20		412.50	0.00	0.00	412.50
		PURCH SERV/SPEECH 1/4 - 1/31/17 7.5 hrs								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		L1629	CHRISTINA ZAPATA-ARROYO				2,530.00	0.00	0.00	2,530.00
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
	2017020		03/23/20	02/28/20	03/30/20		9,281.36	0.00	0.00	9,281.36
		PURCH SERV LAB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10786	CLINICAL PATHOLOGY				9,281.36	0.00	0.00	9,281.36
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
	OE120021		03/22/20	03/06/20	04/01/20		83.00	0.00	0.00	83.00
		OFF SUPP BEHAV HTH								
	WO169611		03/23/20	03/08/20	03/18/20		145.13	0.00	0.00	145.13
		SUPPLIES GEN INFO TECH								
	OE117791		03/24/20	02/10/20	04/01/20		57.50	0.00	0.00	57.50
		OFF SUPPLIES COUNTI IND								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1166	COASTAL OFFICE SOLUTONS				285.63	0.00	0.00	285.63
Vendor#	Vendor Name				Class	Pay Code				
10284	CYTO THERM L.P.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	286396		03/23/20	02/15/20	03/15/20		295.04	0.00	0.00	295.04
		SUPPLIES GEN BLOOD BANK								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10284	CYTO THERM L.P.				295.04	0.00	0.00	295.04
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
	21876		03/27/20	03/26/20	03/27/20		305.14	0.00	0.00	305.14

3/13 - 3/26/17

PURCH SERV HLTH INFO

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11008	DERRI HART	305.14	0.00	0.00	305.14

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
4974620 ✓		03/14/20	02/28/20	03/30/20		42.21	0.00	0.00	42.21 ✓
	OFF SUP BUS OFF								
4974020 ✓		03/14/20	02/28/20	03/30/20		154.11	0.00	0.00	154.11 ✓
	IHC 105.97 Adm 48.14								
4974150 ✓		03/14/20	02/28/20	03/30/20		96.48	0.00	0.00	96.48 ✓
	OFF SUP ADM								
4975120 ✓		03/14/20	03/01/20	03/31/20		148.99	0.00	0.00	148.99 ✓
4974610 ✓		03/22/20	02/28/20	04/01/20		10.52	0.00	0.00	10.52 ✓
	OFF SUPP PLT OPS								
4979420 ✓		03/22/20	03/03/20	04/02/20		64.72	0.00	0.00	64.72 ✓
	OFF SUPP CAR REH								
4979750 ✓		03/22/20	03/06/20	04/05/20		503.49	0.00	0.00	503.49 ✓
	INVENT C/S								
4970310		03/23/20	02/23/20	03/25/20		248.39	0.00	0.00	248.39 ✓
	OFF SUPPLIES PHY THRPY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	1,268.91	0.00	0.00	1,268.91

Vendor#	Vendor Name	Class	Pay Code
11011	DIAMOND HEALTHCARE WEST		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
IN20050265 ✓		02/28/20	02/28/20	03/30/20		19,166.67	0.00	0.00	19,166.67 ✓
	PURCH SERVICE CARD REH Feb.								
IN20050256 ✓		02/28/20	02/28/20	03/30/20		31,144.58	0.00	0.00	31,144.58 ✓
	PURCH SERV BEH HTH Feb.								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11011	DIAMOND HEALTHCARE WEST	50,311.25	0.00	0.00	50,311.25

Vendor#	Vendor Name	Class	Pay Code
11291	DOWELL PEST CONTROL ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
3929 ✓		03/22/20	01/31/20	04/01/20		105.00	0.00	0.00	105.00 ✓
	PURCH SERV PLT OPS								
3928 ✓		03/22/20	01/31/20	04/01/20		505.00	0.00	0.00	505.00 ✓
	PURCH SERV PLT OPS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11291	DOWELL PEST CONTROL	610.00	0.00	0.00	610.00

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
21852		03/24/20	02/07/20	02/17/20		40.00	0.00	0.00	40.00 ✓
	PURCH SERV HSKEEPING								
21851		03/24/20	02/24/20	03/06/20		25.00	0.00	0.00	25.00 ✓
	PURCH SERV HSKEEPING								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1710	DOWNTOWN CLEANERS	65.00	0.00	0.00	65.00

Vendor#	Vendor Name				Class	Pay Code				
10175	DSHS CENTRAL LAB MC2004									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	21853		03/24/20	03/01/20	04/01/20		233.05	0.00	0.00	233.05
		PURCH SERV LAB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10175	DSHS CENTRAL LAB MC2004				233.05	0.00	0.00	233.05
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
	61925		03/24/20	02/28/20	04/01/20		490.25	0.00	0.00	490.25
		PURCH SERV PLNT OP								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		E0500	EAGLE FIRE & SAFETY INC				490.25	0.00	0.00	490.25
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
	21864		03/24/20	03/23/20	04/01/20		29.85	0.00	0.00	29.85
		TRAVEL 3/23/17 Victoria								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		T0383	ERIN CLEVENGER				29.85	0.00	0.00	29.85
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
	03A17MMC		03/22/20	03/01/20	04/01/20		495.00	0.00	0.00	495.00
		Website - Fasthealth Premier								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10689	FASTHEALTH CORPORATION				495.00	0.00	0.00	495.00
Vendor#	Vendor Name				Class	Pay Code				
11037	FIRST CLEARING									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	21848		03/24/20	03/16/20	03/17/20		75.00	0.00	0.00	75.00
		EMPL EXP								
	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
	1712265		03/14/20	03/01/20	03/31/20		3.52	0.00	0.00	3.52
		SUPPLIES GEN LAB								
	0240500		03/21/20	02/10/20	04/01/20		231.64	0.00	0.00	231.64
		SUPPLIES GEN LAB								
	0641835		03/21/20	02/14/20	04/01/20		493.08	0.00	0.00	493.08
		SUPPLIES GEN LAB								
	1056329		03/21/20	02/21/20	04/01/20		758.60	0.00	0.00	758.60
		SUPPLIES GEN LAB								
	1137242		03/21/20	02/22/20	04/01/20		75.02	0.00	0.00	75.02
		SUPPLIES GEN LAB								
	1226241		03/21/20	02/23/20	04/01/20		5,616.00	0.00	0.00	5,616.00
		SUPPLIES GEN LAB								
	1316665		03/21/20	02/24/20	04/01/20		527.36	0.00	0.00	527.36
		SUPPLIES GEN LAB								

1549456		03/21/20	02/28/20	04/01/20	196.64	0.00	0.00	196.64
	SUPPLIES GEN LAB							
4817649		03/22/20	11/29/20	04/01/20	1,563.57	0.00	0.00	1,563.57
	SUPPLIES GEN LAB							
4923505		03/22/20	11/30/20	04/01/20	2,789.35	0.00	0.00	2,789.35
	SUPPLIES GEN LAB							
5014772		03/22/20	12/01/20	04/01/20	193.62	0.00	0.00	193.62
	SUPPLIES GEN LAB							
1549455		03/23/20	02/28/20	03/30/20	842.76	0.00	0.00	842.76
	SUPPLIES GEN LAB							
1549457		03/23/20	02/28/20	03/30/20	1,274.83	0.00	0.00	1,274.83
	SUPPLIES GEN LAB							
1712266		03/23/20	03/01/20	03/31/20	2,471.08	0.00	0.00	2,471.08
	Supplies Gen Lab							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE			17,037.07	0.00	0.00	17,037.07

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
4924		03/22/20	02/20/20	04/01/20			331.62	0.00	0.00	331.62
	REPAIRS INST. BIO MED									
4943		03/22/20	02/26/20	04/01/20			310.12	0.00	0.00	310.12
	REPAIRS INSTRMTS SURGER									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10678	FIVE STAR STERILIZER SERVICES	641.74	0.00	0.00	641.74

Vendor#	Vendor Name	Class	Pay Code
11184	FLDR DESIGNS LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
15123		03/23/20	03/07/20	04/01/20			1,122.45	0.00	0.00	1,122.45
	SUPPLIES GEN RADIO									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11184	FLDR DESIGNS LLC	1,122.45	0.00	0.00	1,122.45

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
0207745IN		03/23/20	03/01/20	03/31/20			530.00	0.00	0.00	530.00
	MAINT CONTR PLT OPS									
0207231IN		03/24/20	02/01/20	03/02/20			530.00	0.00	0.00	530.00
	MAINT CONT PLT OPS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1653	FORT BEND SERVICES, INC	1,060.00	0.00	0.00	1,060.00

Vendor#	Vendor Name	Class	Pay Code
10283	GE HEALTHCARE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
6000718427		03/23/20	03/02/20	04/01/20			3,173.16	0.00	0.00	3,173.16
	MAINT CONTR									

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

Vendor#	Vendor Name	Class	Pay Code
10901	GENESIS DIAGNOSTICS		

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

46856		03/23/20	01/23/20	02/22/20		102.96	0.00	0.00	102.96
	SUPPLIES GEN LAB								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10901	GENESIS DIAGNOSTICS				102.96	0.00	0.00	102.96
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
1283345		03/23/20	02/28/20	03/30/20			98.01	0.00	0.00	98.01
	SUPPLIES GEN SURGERY									
1283346		03/23/20	02/28/20	03/30/20			525.22	0.00	0.00	525.22
	SUPPLIES GEN HSKEEPING									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY					623.23	0.00	0.00	623.23
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
077559		03/24/20	02/01/20	02/21/20			29.10	0.00	0.00	29.10
	FOOD DIETARY									
079969		03/24/20	02/02/20	02/22/20			29.10	0.00	0.00	29.10
	FOOD DIETARY									
082681		03/24/20	02/03/20	02/23/20			26.61	0.00	0.00	26.61
	FOOD DIETARY									
001126		03/24/20	02/10/20	03/04/20			21.94	0.00	0.00	21.94
	FOOD DIETARY									
004532		03/24/20	02/12/20	03/04/20			55.50	0.00	0.00	55.50
	FOOD DIETARY									
008203		03/24/20	02/13/20	03/05/20			11.84	0.00	0.00	11.84
	FOOD DIETARY									
032152		03/24/20	02/23/20	03/15/20			3.54	0.00	0.00	3.54
	FOOD DIETARY									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	H0030	H E BUTT GROCERY					177.63	0.00	0.00	177.63
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
851122863		03/23/20	03/01/20	04/01/20			11.25	0.00	0.00	11.25
	MAINT CONTR ANESTHESA									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	H1850	HOSPIRA WORLDWIDE, INC					11.25	0.00	0.00	11.25
Vendor#	Vendor Name				Class	Pay Code				
11200	IRON MOUNTAIN									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
NNM1066		03/23/20	02/28/20	03/30/20			224.37	0.00	0.00	224.37
	PURCH SERV ADM									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11200	IRON MOUNTAIN					224.37	0.00	0.00	224.37
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
21874		03/27/20	03/27/20	03/28/20			750.00	0.00	0.00	750.00
	LEASE ADMIN Storage Rent									
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			
J1415	JOHNSTONE SUPPLY				W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	6003557		10/28/20	09/09/20	03/25/20		-162.76	0.00	0.00	-162.76
		SUPPLIES GENERAL PLNT OF								
	6006167		03/23/20	03/08/20	03/18/20		198.34	0.00	0.00	198.34
		SUPPLIES GEN PLT OP								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		J1415	JOHNSTONE SUPPLY				35.58	0.00	0.00	35.58
Vendor#	Vendor Name				Class	Pay Code				
L0700	LABCORP OF AMERICA HOLDINGS				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	53642214		03/22/20	11/26/20	04/01/20		215.00	0.00	0.00	215.00
		PURCH SERV LAB								
	54015778		03/22/20	12/31/20	04/01/20		26.50	0.00	0.00	26.50
		26.50 lab								
	54565258		03/23/20	02/25/20	03/27/20		215.00	0.00	0.00	215.00
		PURCH SERV LAB								
	54340765		03/23/20	02/25/20	03/27/20		79.50	0.00	0.00	79.50
		PURCH SERV LAB								
	53538705		03/24/20	11/26/20	12/26/20		139.50	0.00	0.00	139.50
		PURCH SERV LAB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		L0700	LABCORP OF AMERICA HOLDINGS				675.50	0.00	0.00	675.50
Vendor#	Vendor Name				Class	Pay Code				
L1001	LANDAUER INC				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	100461736		03/23/20	02/21/20	04/01/20		822.53	0.00	0.00	822.53
		PURCH SER RADIOLOGY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		L1001	LANDAUER INC				822.53	0.00	0.00	822.53
Vendor#	Vendor Name				Class	Pay Code				
L1288	LANGUAGE LINE SERVICES				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	4013056		03/20/20	02/28/20	03/30/20		16.20	0.00	0.00	16.20
		PURCH SERV ADMIN								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		L1288	LANGUAGE LINE SERVICES				16.20	0.00	0.00	16.20
Vendor#	Vendor Name				Class	Pay Code				
10720	LIFESOURCE EDUCATIONAL SRV LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	17015		03/24/20	03/09/20	03/28/20		715.00	0.00	0.00	715.00
		CONT EDUC/NURS ADM								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10720	LIFESOURCE EDUCATIONAL SRV LLC				715.00	0.00	0.00	715.00
Vendor#	Vendor Name				Class	Pay Code				
10972	M G TRUST									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	21849		03/24/20	03/16/20	03/17/20		1,390.00	0.00	0.00	1,390.00
		EMPL EXP								

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
14834265		03/23/20	03/14/20	04/05/20			662.27	0.00	0.00	662.27
	LS & RENTAL INFO TECH									

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
107903		03/23/20	02/28/20	03/01/20			4,351.57	0.00	0.00	4,351.57
	COLLECTION EXP BUS OFF									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11141	MEDICAL DATA SYSTEMS, INC.	4,351.57	0.00	0.00	4,351.57

Vendor#	Vendor Name	Class	Pay Code
11022	MEMORIAL MEDICAL CENTER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21860		03/24/20	03/23/20	04/01/20			2,353.47	0.00	0.00	2,353.47
	MMC NH/SOLERA incorrect distribution correction									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11022	MEMORIAL MEDICAL CENTER	2,353.47	0.00	0.00	2,353.47

Vendor#	Vendor Name	Class	Pay Code
11020	MEMORIAL MEDICAL CENTER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21858		03/24/20	03/23/20	04/01/20			833.57	0.00	0.00	833.57
	MMC NH/BROADMOOR incorrect Distribution Correction									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11020	MEMORIAL MEDICAL CENTER	833.57	0.00	0.00	833.57

Vendor#	Vendor Name	Class	Pay Code
11021	MEMORIAL MEDICAL CENTER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21859		03/24/20	03/23/20	04/01/20			1,011.30	0.00	0.00	1,011.30
	MMC NH/ CRESCENT incorrect Distribution correction									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11021	MEMORIAL MEDICAL CENTER	1,011.30	0.00	0.00	1,011.30

Vendor#	Vendor Name	Class	Pay Code
11019	MEMORIAL MEDICAL CENTER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21861		03/24/20	03/23/20	04/01/20			6,510.22	0.00	0.00	6,510.22
	MMC NH / FORT BEND : incorrect Distribution Correction									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11019	MEMORIAL MEDICAL CENTER	6,510.22	0.00	0.00	6,510.22

Vendor#	Vendor Name	Class	Pay Code
11023	MEMORIAL MEDICAL CENTER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21857		03/24/20	03/23/20	04/01/20			20,110.25	0.00	0.00	20,110.25
	MMC NH/ASHFORD : incorrect Distribution Correction									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11023	MEMORIAL MEDICAL CENTER	20,110.25	0.00	0.00	20,110.25

Vendor#	Vendor Name	Class	Pay Code

10182 MERCEDES MEDICAL

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1908348	SUPPLIES GEN LAB	03/22/20	02/14/20	04/01/20		259.16	0.00	0.00	259.16

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10182	MERCEDES MEDICAL	259.16	0.00	0.00	259.16

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
30094327297A	SUPP/RADIOLOGY	02/28/20	10/26/20	04/01/20		1,315.83	0.00	0.00	1,315.83
30094328033	SUPPLIES RADIOLOGY	02/28/20	10/27/20	04/01/20		24.81	0.00	0.00	24.81
30094343565	SUPPLIES GEN CT SCAN	03/22/20	11/30/20	12/30/20		82.75	0.00	0.00	82.75
90019943	SUPPLIES GEN RADIOLOGY	03/22/20	02/15/20	03/15/20		918.11	0.00	0.00	918.11
30094271840	SUPPLIES GEN MAMMOGRPY	03/23/20	07/05/20	08/04/20		151.65	0.00	0.00	151.65
30094344716	SUPPLIES GEN MAMOGRPY	03/23/20	12/02/20	01/01/20		81.54	0.00	0.00	81.54
32590529441A	PURCH SERV MAMMOGRPY	03/23/20	01/02/20	02/01/20		266.67	0.00	0.00	266.67
32590538422	PURCH SERV MAMMOGRPY	03/23/20	03/02/20	04/01/20		266.67	0.00	0.00	266.67

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2659	MERRY X-RAY/SOURCEONE HEALTHCA	3,108.03	0.00	0.00	3,108.03

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
21871	EMPL EXP	03/24/20	03/22/20	04/01/20		119.08	0.00	0.00	119.08

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP	119.08	0.00	0.00	119.08

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
21879	EMP HOSP/DENTAL EXP	03/27/20	03/13/20	03/14/20		26,573.79	0.00	0.00	26,573.79

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN	26,573.79	0.00	0.00	26,573.79

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
1061270	INVENT PHARM	03/23/20	03/21/20	04/01/20		83.76	0.00	0.00	83.76
1061269	INVENT PHARM	03/23/20	03/21/20	04/01/20		178.03	0.00	0.00	178.03
1061271	INVENT PHARM	03/23/20	03/21/20	04/01/20		384.34	0.00	0.00	384.34
1061268		03/23/20	03/21/20	04/01/20		123.62	0.00	0.00	123.62

	INVENT PHARM							
1064028		03/23/20	03/22/20	04/01/20	65.73	0.00	0.00	65.73
	INVENT PHARM							
1063966		03/23/20	03/22/20	04/01/20	9,255.25	0.00	0.00	9,255.25
	INVENT PHARM							
1066960		03/23/20	03/22/20	04/01/20	140.47	0.00	0.00	140.47
	INVENT PHARM							
1063968		03/23/20	03/22/20	04/01/20	2,970.95	0.00	0.00	2,970.95
	INVENT PHARM							
1066707		03/23/20	03/22/20	04/01/20	26.48	0.00	0.00	26.48
	INVENT PHARM							
1066959		03/23/20	03/22/20	04/01/20	5,587.72	0.00	0.00	5,587.72
	INVENT PHARM							
1066706		03/23/20	03/22/20	04/01/20	9.23	0.00	0.00	9.23
	INVENT PHARM							
1064029		03/23/20	03/22/20	04/01/20	127.58	0.00	0.00	127.58
	INVENT PHARM							
CM69608		03/24/20	03/20/20	03/30/20	-129.28	0.00	0.00	-129.28
	INVENT PHARM CREDIT							
1054397		03/24/20	03/20/20	03/30/20	1,037.00	0.00	0.00	1,037.00
	INVENT PHARM							
1054396		03/24/20	03/20/20	03/30/20	440.20	0.00	0.00	440.20
	INVENT PHARM							
1054395		03/24/20	03/20/20	03/30/20	192.94	0.00	0.00	192.94
	INVENT PHARM							
1053311		03/24/20	03/20/20	03/30/20	461.70	0.00	0.00	461.70
	INVENT PHARM							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC			20,955.72	0.00	0.00	20,955.72

Vendor#	Vendor Name	Class	Pay Code
11064	MSDSONLINE, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
157268		03/27/20	03/15/20	03/16/20			3,849.00	0.00	0.00	3,849.00
	DUES & SUBSCRIPT ADM									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11064	MSDSONLINE, INC	3,849.00	0.00	0.00	3,849.00

Vendor#	Vendor Name	Class	Pay Code
A2252	NADINE GARNER	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21873		03/27/20	03/27/20	03/28/20			232.78	0.00	0.00	232.78
	Austin Travel 3/22- 24/2017									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2252	NADINE GARNER	232.78	0.00	0.00	232.78

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
23894		03/22/20	02/07/20	04/01/20			179.84	0.00	0.00	179.84
	SUPPLIES GEN LAB									

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

Vendor#	Vendor Name	Class	Pay Code
O1416	ORTHO CLINICAL DIAGNOSTICS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1850250730		03/22/20	02/15/20	04/01/20			501.77	0.00	0.00	501.77
	SUPPLIES BLOOD BANK									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	O1416	ORTHO CLINICAL DIAGNOSTICS	501.77	0.00	0.00	501.77

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
2025428093		03/22/20	02/28/20	03/30/20			44.25	0.00	0.00	44.25
	SUPPLIES GEN SURGERY									
2025429410		03/22/20	02/28/20	03/30/20			57.07	0.00	0.00	57.07
	INVEN C/S									
2025428550		03/22/20	02/28/20	03/30/20			29.68	0.00	0.00	29.68
	SUPPLIES GEN SURGERY									
2025434741		03/22/20	02/28/20	03/30/20			1,688.63	0.00	0.00	1,688.63
	INVENT C/S									
2025428105		03/22/20	02/28/20	03/30/20			75.72	0.00	0.00	75.72
	INVENT C/S									
2025536697		03/22/20	03/02/20	04/01/20			948.88	0.00	0.00	948.88
	INVENT C/S									
2025917221		03/22/20	03/16/20	04/01/20			79.71	0.00	0.00	79.71
	SUPPLIES GEN SURGERY									
2023332476		03/24/20	12/13/20	01/12/20			1,462.87	0.00	0.00	1,462.87
	INVENTORY C/S									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR	4,386.81	0.00	0.00	4,386.81

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
21870		03/24/20	03/15/20	03/30/20			442.50	0.00	0.00	442.50
	PURCH SERV CLINIC 3/1 - 15/2017									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11069	PABLO GARZA	442.50	0.00	0.00	442.50

Vendor#	Vendor Name	Class	Pay Code
P1260	PENTAX MEDICAL COMPANY	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
92097762		03/23/20	03/07/20	03/23/20			182.89	0.00	0.00	182.89
	SUPPLIES GEN SURGERY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P1260	PENTAX MEDICAL COMPANY	182.89	0.00	0.00	182.89

Vendor#	Vendor Name	Class	Pay Code
P1360	PETROLEUM SOLUTIONS,INC.	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
592881		03/24/20	02/28/20	04/01/20			520.00	0.00	0.00	520.00
	PURCH SERV/ PLANT OPS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P1360	PETROLEUM SOLUTIONS,INC.	520.00	0.00	0.00	520.00

Vendor#	Vendor Name	Class	Pay Code
10204	PHARMEDIUM SERVICES LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
A1884780		03/14/20	03/01/20	03/31/20			198.90	0.00	0.00	198.90

		INVENTORY PHARM							
	A1887027		03/14/20	03/03/20	04/02/20	324.90	0.00	0.00	324.90
		INVENTORY PHARM							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		10204	PHARMEDIUM SERVICES LLC			523.80	0.00	0.00	523.80
Vendor#	Vendor Name				Class	Pay Code			
P1970	PORT LAVACA CLINIC				W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	21880		03/28/20	03/27/20	03/28/20		864.16	0.00	0.00	864.16
		REIMBURSEMENT CALHOUN	Old Indigent Claims not approved by County							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		P1970	PORT LAVACA CLINIC			864.16	0.00	0.00	864.16
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
	21875		03/27/20	03/26/20	03/27/20		11,001.20	0.00	0.00	11,001.20
		LEASE 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			
P2200	POWER ELECTRIC				W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	B29045		03/23/20	02/06/20	02/16/20		34.46	0.00	0.00	34.46
		REPAIRS BIO MED								
	B29049		03/23/20	02/06/20	02/16/20		2.99	0.00	0.00	2.99
		REPAIRS BIO MED								
	B29328		03/23/20	02/16/20	02/26/20		60.66	0.00	0.00	60.66
		REPAIRS BIO MED								
	A30161		03/23/20	02/20/20	03/02/20		6.99	0.00	0.00	6.99
		REPAIRS PHY THRPY								
	B29419		03/23/20	02/20/20	03/02/20		84.87	0.00	0.00	84.87
		REPAIRS DIETARY								
	B29455		03/23/20	02/21/20	03/03/20		6.99	0.00	0.00	6.99
		REPAIRS PHY THRPY								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		P2200	POWER ELECTRIC			196.96	0.00	0.00	196.96
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
	21855		03/24/20	03/17/20	04/01/20		1,989.37	0.00	0.00	1,989.37
		EMPL EXP								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		10326	PRINCIPAL LIFE			1,989.37	0.00	0.00	1,989.37
Vendor#	Vendor Name				Class	Pay Code			
11195	PSYCHEMEDICS CORPORATION								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	485757		03/23/20	02/28/20	03/01/20		48.50	0.00	0.00	48.50
		PURCH SERV LAB								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		11195	PSYCHEMEDICS CORPORATION			48.50	0.00	0.00	48.50
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
21865		03/24/20	06/01/20	04/01/20			290.00	0.00	0.00	290.00
	PROF FEES 7X35 1X45									
21868		03/24/20	07/07/20	04/01/20			150.00	0.00	0.00	150.00
	PROF FEES 3X35 1X45									
21866		03/24/20	08/04/20	04/01/20			105.00	0.00	0.00	105.00
	PROF FEES 3X35									
21869		03/24/20	09/14/20	04/01/20			115.00	0.00	0.00	115.00
	PROF FEES 2X35 1X45									
21867		03/24/20	12/29/20	04/01/20			360.00	0.00	0.00	360.00
	PROF FEES 19X15 5X15									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	R1268	RADIOLOGY UNLIMITED, PA	1,020.00	0.00	0.00	1,020.00

Vendor# 11137 Vendor Name: REALITY MEDICAL IMAGING OF TX — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1440		03/23/20	03/01/20	03/02/20			2,817.50	0.00	0.00	2,817.50
	MAINT CONTR RADIOLOGY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11137	REALITY MEDICAL IMAGING OF TX	2,817.50	0.00	0.00	2,817.50

Vendor# 11009 Vendor Name: RECONDO — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
INV10972		03/20/20	03/01/20	03/31/20			4,050.00	0.00	0.00	4,050.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11009	RECONDO	4,050.00	0.00	0.00	4,050.00

Vendor# R1200 Vendor Name: RED HAWK — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
279445		03/23/20	03/01/20	03/31/20			41.25	0.00	0.00	41.25
	PURCH SERV PLNT OPER									

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

Vendor# R1471 Vendor Name: RESPIRONICS, INC. — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
933969200		03/24/20	01/27/20	02/26/20			179.88	0.00	0.00	179.88
	LEASE RES CARE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	R1471	RESPIRONICS, INC.	179.88	0.00	0.00	179.88

Vendor# 10987 Vendor Name: REVCYCLE+, INC. — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
MLVAC22955		02/28/20	02/28/20	03/30/20			2,073.85	0.00	0.00	2,073.85
	MAINT CONT HLTH INFO									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10987	REVCYCLE+, INC.	2,073.85	0.00	0.00	2,073.85

Vendor# 10645 Vendor Name: REVISTA de VICTORIA — Class: — Pay Code:

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

	03201730		03/24/20	03/16/20	04/01/20	120.00	0.00	0.00	120.00
		PUBLIC REL/ ADVER							
	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
	21862		03/24/20	03/13/20	04/01/20		408.25	0.00	0.00	408.25
		PURCH SERV /CS	17.75 hrs 3/14, 15, 16/2017							
	21878		03/27/20	03/23/20	03/24/20		397.90	0.00	0.00	397.90
		PURCH SERV C/S	17.3 hrs 3/21, 22, 23/2017							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		D1080	RITA DAVIS			806.15	0.00	0.00	806.15
Vendor#	Vendor Name				Class	Pay Code			
11252	RX WASTE SYSTEMS LLC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	1225		03/21/20	03/01/20	03/31/20		235.00	0.00	0.00	235.00
		PURCH SERV PHARM								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		11252	RX WASTE SYSTEMS LLC			235.00	0.00	0.00	235.00
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
	89615		03/22/20	02/08/20	04/01/20		123.27	0.00	0.00	123.27
		SUPPLIES GEN PLT OPS								
	92916		03/22/20	02/16/20	04/01/20		16.14	0.00	0.00	16.14
		REPAIRS PHY THRPY								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		S1800	SHERWIN WILLIAMS			139.41	0.00	0.00	139.41
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
	420950		03/23/20	03/03/20	03/04/20		17.00	0.00	0.00	17.00
		PURCH SERV E/R								
	784722		03/23/20	03/11/20	03/12/20		10.00	0.00	0.00	10.00
		PURCH SERV								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		S1850	SHIP SHUTTLE TAXI SERVICE			27.00	0.00	0.00	27.00
Vendor#	Vendor Name				Class	Pay Code			
K0536	SHIRLEY KARNEI								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	21877		03/27/20	03/26/20	03/27/20		570.68	0.00	0.00	570.68
		PURCH SERV HLTH INFO	5/13 - 26/2017							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		K0536	SHIRLEY KARNEI			570.68	0.00	0.00	570.68
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
	4598583		03/23/20	03/06/20	03/24/20		1,333.33	0.00	0.00	1,333.33
		LS & 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				
D0350	SIEMENS HEALTHCARE DIAGNOSTICS				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	115413019	SUPPLIES GEN LAB	03/22/20	02/18/20	04/01/20		832.25	0.00	0.00	832.25
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		D0350	SIEMENS HEALTHCARE DIAGNOSTICS				832.25	0.00	0.00	832.25
Vendor#	Vendor Name				Class	Pay Code				
10699	SIGN AD, LTD.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	210129	PUBLIC REL/ADV ADM	03/23/20	03/01/20	03/10/20		400.00	0.00	0.00	400.00
	210114	PUBLIC REL ADV ADM	03/23/20	03/01/20	03/11/20		1,250.00	0.00	0.00	1,250.00
	208173	PUBLIC REL/ ADMIN	03/24/20	01/01/20	04/01/20		1,275.00	0.00	0.00	1,275.00
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10699	SIGN AD, LTD.				2,925.00	0.00	0.00	2,925.00
Vendor#	Vendor Name				Class	Pay Code				
11296	SOUTH TEXAS BLOOD & TISSUE CEN									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	90025456	SUPPLIES GEN BLOOD BNK	03/23/20	02/20/20	03/19/20		5,162.24	0.00	0.00	5,162.24
	90025374	SUPPLIES GEN BLOOD BANK	03/23/20	02/20/20	03/22/20		-3,192.28	0.00	0.00	-3,192.28
	90025666	SUPPLIES GEN BLOOD BNK	03/23/20	02/28/20	03/31/20		-1,140.10	0.00	0.00	-1,140.10
	90025742	SUPPLIES GEN BLOOD BANK	03/23/20	02/28/20	03/31/20		4,394.59	0.00	0.00	4,394.59
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11296	SOUTH TEXAS BLOOD & TISSUE CEN				5,224.45	0.00	0.00	5,224.45
Vendor#	Vendor Name				Class	Pay Code				
S3960	STERICYCLE, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	4006918052	PURCH SERV HSKEEPING	03/22/20	03/01/20	04/01/20		~~3,726.92~~	0.00	0.00	~~3,726.92~~ 1,863.46
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S3960	STERICYCLE, INC				~~3,726.92~~	0.00	0.00	~~3,726.92~~ 1,863.46
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
	SIN028506	PURCH SERV ADMIN	03/24/20	02/28/20	04/01/20		306.25	0.00	0.00	306.25
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11083	STRATUS VIDEO INTERPRETING				306.25	0.00	0.00	306.25
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
	113313434	FOOD SUPPLIES DIETARY	03/23/20	03/16/20	04/05/20		239.37	0.00	0.00	239.37
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net

	S2951 SYSCO FOOD SERVICES OF					239.37	0.00	0.00	239.37
Vendor#	Vendor Name				Class	Pay Code			
T2539	T-SYSTEM, INC				W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	205EV22230		02/28/20	02/28/20	03/30/20		4,555.00	0.00	0.00	4,555.00
		MAINT CONTR E/R								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		T2539	T-SYSTEM, INC				4,555.00	0.00	0.00	4,555.00
Vendor#	Vendor Name				Class	Pay Code				
T2230	TEXAS WIRED MUSIC INC				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	A921093		03/24/20	03/01/20	03/02/20		63.95	0.00	0.00	63.95
		PURCH SERV ADM								
	A921094		03/24/20	03/01/20	03/02/20		73.95	0.00	0.00	73.95
		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
	21850		03/24/20	03/16/20	03/17/20		137.09	0.00	0.00	137.09
		EMPL EXP								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		T2303	TG				137.09	0.00	0.00	137.09
Vendor#	Vendor Name				Class	Pay Code				
D1641	THE DOCTORS' CENTER				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	01884013117		03/23/20	01/31/20	02/28/20		150.00	0.00	0.00	150.00
		PURCH SERV LAB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		D1641	THE DOCTORS' CENTER				150.00	0.00	0.00	150.00
Vendor#	Vendor Name				Class	Pay Code				
11100	THE US CONSULTING GROUP									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	340366964		03/22/20	03/06/20	04/01/20		232.87	0.00	0.00	232.87
		PURCH SERV PLT OPS								
	340366965		03/22/20	03/06/20	04/05/20		1,174.58	0.00	0.00	1,174.58
		PURCH SERV								
	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
	10262538		03/23/20	03/06/20	04/01/20		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				
U1054	UNIFIRST HOLDINGS				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	8150759439		03/14/20	02/28/20	03/30/20		34.42	0.00	0.00	34.42
		PURCH SERV BIO-MED								

8150759351		03/14/20	02/28/20	03/30/20	60.66	0.00	0.00	60.66
PURCH SERV MAINT								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	U1054	UNIFIRST HOLDINGS			95.08	0.00	0.00	95.08

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
8400241182	LAUNDRY OB	03/14/20	02/28/20	03/30/20			287.78	0.00	0.00	287.78
8400241179	LAUNDRY HSKEEPING	03/14/20	02/28/20	03/30/20			322.39	0.00	0.00	322.39
8400241237	LAUNDRY HSKEEPING	03/14/20	02/28/20	03/30/20			1,321.78	0.00	0.00	1,321.78
8400241228	LAUNDRY DIETARY	03/14/20	02/28/20	03/30/20			160.92	0.00	0.00	160.92
8400241183	PURCH SERV C/S	03/14/20	02/28/20	03/30/20			106.11	0.00	0.00	106.11
8400241181	LAUNDRY DIETARY	03/14/20	02/28/20	03/30/20			115.74	0.00	0.00	115.74
8400241558	LAUNDRY HSKEEPING	03/14/20	03/03/20	04/02/20			1,212.59	0.00	0.00	1,212.59
8400241513	LAUNDRY SURGERY	03/14/20	03/03/20	04/02/20			598.80	0.00	0.00	598.80
8400237592	PURCH SERV REHAB	03/23/20	01/10/20	04/01/20			98.33	0.00	0.00	98.33
8400238108	PURCH SERV REHAB	03/23/20	01/17/20	04/01/20			116.95	0.00	0.00	116.95
8400238615	PURCH SERV REHAB	03/23/20	01/24/20	04/01/20			102.79	0.00	0.00	102.79
8400239123	PURCH SERV REHAB	03/23/20	01/31/20	04/01/20			117.80	0.00	0.00	117.80
8400239640	PURCH SERV REHAB	03/23/20	02/07/20	04/01/20			125.62	0.00	0.00	125.62
8400240163	PURCH SERV REHAB	03/23/20	02/14/20	04/01/20			140.86	0.00	0.00	140.86
8400240682	PURCH SERV REHAB	03/23/20	02/21/20	04/01/20			135.15	0.00	0.00	135.15
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC					4,963.61	0.00	0.00	4,963.61

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
7536151	EMPL EXP	03/22/20	02/22/20	04/01/20			79.75	0.00	0.00	79.75
7548145	EMPL EXP	03/22/20	02/25/20	04/01/20			11.99	0.00	0.00	11.99
7558433	EMPL EXP	03/22/20	02/28/20	04/01/20			95.94	0.00	0.00	95.94
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	U1056	UNIFORM ADVANTAGE					187.68	0.00	0.00	187.68

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
	3720559		03/23/20	03/03/20	03/23/20		377.25	0.00	0.00	377.25
		FOOD DIETARY								
	3752826		03/23/20	03/06/20	03/26/20		1,120.99	0.00	0.00	1,120.99
		FOOD DIETARY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10172	US FOOD SERVICE				1,498.24	0.00	0.00	1,498.24
Vendor#	Vendor Name				Class	Pay Code				
10915	WAGEWORKS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	21847		03/24/20	03/16/20	03/17/20		2,367.85	0.00	0.00	2,367.85
		FLEX SPENDING								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10915	WAGEWORKS				2,367.85	0.00	0.00	2,367.85
Vendor#	Vendor Name				Class	Pay Code				
10793	WAGEWORKS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	INV760124		03/29/20	03/16/20	04/05/20		275.75	0.00	0.00	275.75
		FLEX SPENDING								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10793	WAGEWORKS				275.75	0.00	0.00	275.75
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
	E5R20		03/24/20	02/23/20	04/01/20		65.17	0.00	0.00	65.17
		SUPPLIES GEN MAINT								
	E5RIE		03/24/20	02/23/20	04/01/20		6.57	0.00	0.00	6.57
		SUPPLIES GEN LAB								
	1X03N		03/24/20	02/28/20	04/01/20		24.92	0.00	0.00	24.92
		SUPPLIES GEN PT								
	1X03F		03/24/20	02/28/20	04/01/20		8.94	0.00	0.00	8.94
		SUPPLIES GEN BUS OFF								
	1X037		03/24/20	02/28/20	04/01/20		4.37	0.00	0.00	4.37
		SUPPLIES GEN LAB								
	WDDST		03/24/20	03/02/20	04/01/20		7.99	0.00	0.00	7.99
		SUPPLIES GEN LAB								
	7EH64		03/24/20	03/03/20	04/01/20		3.36	0.00	0.00	3.36
		SUPPLIES GEN CLINIC								
	7EH76		03/24/20	03/03/20	04/01/20		17.88	0.00	0.00	17.88
		SUPPLIES GEN BUS OFF								
	WAQWB		03/24/20	03/08/20	04/01/20		56.74	0.00	0.00	56.74
		SUPPLIES GEN ADMIN								
	70YDW		03/24/20	03/09/20	04/01/20		56.85	0.00	0.00	56.85
		SUPPLIES GEN CLINIC								
	70YD6		03/24/20	03/09/20	04/01/20		3.97	0.00	0.00	3.97
		INVENT /CS								
	704DL		03/24/20	03/09/20	04/01/20		47.42	0.00	0.00	47.42
		SUPPLIES GEN ADMIN								
	70YDQ		03/24/20	03/09/20	04/01/20		20.91	0.00	0.00	20.91
		SUPPLIES GEN PT								
	J5XAL		03/24/20	03/10/20	04/01/20		7.92	0.00	0.00	7.92

SUPPLIES GEN clinic

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W1005	WALMART COMMUNITY	333.01	0.00	0.00	333.01

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
114241		03/23/20	03/02/20	04/01/20		17.00	0.00	0.00	17.00

SUPPLIES GEN MMCLINIC

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
I1110	WERFEN USA LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9110375724		03/22/20	03/01/20	04/01/20		562.38	0.00	0.00	562.38

SUPPLIES GEN LAB

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	562.38	0.00	0.00	562.38

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
WCS00000745		03/23/20	03/01/20	04/01/20		18,525.00	0.00	0.00	18,525.00

PURCH SERV W/C

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10556	WOUND CARE SPECIALISTS	18,525.00	0.00	0.00	18,525.00

Vendor#	Vendor Name	Class	Pay Code
Y1000	YOUNG PLUMBING CO	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
153216		03/24/20	02/06/20	02/07/20		2.90	0.00	0.00	2.90

SUPPLIES GEN BIO MED

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	Y1000	YOUNG PLUMBING CO	2.90	0.00	0.00	2.90

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	346,645.91	0.00	0.00	346,645.91

Michael J. Pfeifer
Calhoun County Judge
Date: 4-3-17

Caliber One → Pg 3 correction { <522.39> +466.87

Stericycle → Pg 17 Correction { <3,726.92> +1,863.46

* 344,726.93

* Payables = 313,908.12

Nursing Home Distribution Corrections = 30,818.81

344,726.93

APPROVED ON
MAR 31 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS #170337 to #170447

BANK	CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P		170337	03/31/17	1,498.24	US FOOD SERVICE
A/P		170338	03/31/17	233.05	DSHS CENTRAL LAB MC2004
A/P		170339	03/31/17	259.16	MERCEDES MEDICAL
A/P		170340	03/31/17	523.80	PHARMEDIUM SERVICES LLC
A/P		170341	03/31/17	446.69	4IMPRINT
A/P		170342	03/31/17	3,173.16	GE HEALTHCARE
A/P		170343	03/31/17	295.04	CYTO THERM L.P.
A/P		170344	03/31/17	750.00	JAMES A DANIEL
A/P		170345	03/31/17	1,989.37	PRINCIPAL LIFE
A/P		170346	03/31/17	1,268.91	DEWITT POTH & SON
A/P		170347	03/31/17	.00	VOIDED
A/P		170348	03/31/17	20,955.72	MORRIS & DICKSON CO, LLC
A/P		170349	03/31/17	18,525.00	WOUND CARE SPECIALISTS
A/P		170350	03/31/17	120.00	REVISTA de VICTORIA
A/P		170351	03/31/17	641.74	FIVE STAR STERILIZER SERVICES
A/P		170352	03/31/17	495.00	FASTHEALTH CORPORATION
A/P		170353	03/31/17	2,925.00	SIGN AD, LTD.
A/P		170354	03/31/17	715.00	LIFESOURCE EDUCATIONAL SRV LLC
A/P		170355	03/31/17	9,281.36	CLINICAL PATHOLOGY
A/P		170356	03/31/17	275.75	WAGEWORKS
A/P		170357	03/31/17	26,573.79	MMC EMPLOYEE BENEFIT PLAN
A/P		170358	03/31/17	102.96	GENESIS DIAGNOSTICS
A/P		170359	03/31/17	2,367.85	WAGEWORKS
A/P		170360	03/31/17	1,333.33	SIEMENS FINANCIAL SERVICES
A/P		170361	03/31/17	6,145.37	BANK OF THE WEST
A/P		170362	03/31/17	1,390.00	M G TRUST
A/P		170363	03/31/17	2,073.85	REVCYCLE+, INC.
A/P		170364	03/31/17	305.14	DERRI HART
A/P		170365	03/31/17	4,050.00	RECONDO
A/P		170366	03/31/17	50,311.25	DIAMOND HEALTHCARE WEST
A/P		170367	03/31/17	6,510.22	MEMORIAL MEDICAL CENTER
A/P		170368	03/31/17	833.57	MEMORIAL MEDICAL CENTER
A/P		170369	03/31/17	1,011.30	MEMORIAL MEDICAL CENTER
A/P		170370	03/31/17	2,353.47	MEMORIAL MEDICAL CENTER
A/P		170371	03/31/17	20,110.25	MEMORIAL MEDICAL CENTER
A/P		170372	03/31/17	75.00	FIRST CLEARING
A/P		170373	03/31/17	1,233.95	BIRCH COMMUNICATIONS
A/P		170374	03/31/17	1,719.42	AIRESPRING INC
A/P		170375	03/31/17	3,849.00	MSDSONLINE, INC
A/P		170376	03/31/17	442.50	PABLO GARZA
A/P		170377	03/31/17	306.25	STRATUS VIDEO INTERPRETING
A/P		170378	03/31/17	662.27	MARLIN BUSINESS BANK
A/P		170379	03/31/17	1,407.45	THE US CONSULTING GROUP
A/P		170380	03/31/17	11,001.20	PORT LAVACA RETAIL GROUP LLC
A/P		170381	03/31/17	2,817.50	REALITY MEDICAL IMAGING OF TX
A/P		170382	03/31/17	4,351.57	MEDICAL DATA SYSTEMS, INC.
A/P		170383	03/31/17	1,122.45	FLDR DESIGNS LLC
A/P		170384	03/31/17	48.50	PSYCHEMEDICS CORPORATION
A/P		170385	03/31/17	224.37	IRON MOUNTAIN
A/P		170386	03/31/17	235.00	RX WASTE SYSTEMS LLC

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	170387	03/31/17	610.00	DOWELL PEST CONTROL
A/P	170388	03/31/17	5,224.45	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	170389	03/31/17	11,214.68	ALLSTATE
A/P	170390	03/31/17	5,658.38	AIRGAS USA, LLC - CENTRAL DIV
A/P	170391	03/31/17	232.78	NADINE GARNER
A/P	170392	03/31/17	430.00	BARD PERIPHERAL VASCULAR
A/P	170393	03/31/17	3,148.00	BAXTER HEALTHCARE CORP
A/P	170394	03/31/17	36,058.67	BECKMAN COULTER INC
A/P	170395	03/31/17	28.05	BOSART LOCK & KEY INC
A/P	170396	03/31/17	466.87	CABLE ONE
A/P	170397	03/31/17	25.00	CAL COM FEDERAL CREDIT UNION
A/P	170398	03/31/17	352.00	CAD SOLUTIONS, INC
A/P	170399	03/31/17	89.24	CALHOUN COUNTY
A/P	170400	03/31/17	285.63	COASTAL OFFICE SOLUTONS
A/P	170401	03/31/17	98.00	CALHOUN COUNTY WASTE MGMT
A/P	170402	03/31/17	420.32	CARDINAL HEALTH 414, INC.
A/P	170403	03/31/17	1,549.36	CDW GOVERNMENT, INC.
A/P	170404	03/31/17	832.25	SIEMENS HEALTHCARE DIAGNOSTICS
A/P	170405	03/31/17	806.15	RITA DAVIS
A/P	170406	03/31/17	150.00	THE DOCTORS' CENTER
A/P	170407	03/31/17	65.00	DOWNTOWN CLEANERS
A/P	170408	03/31/17	490.25	EAGLE FIRE & SAFETY INC
A/P	170409	03/31/17	17,037.07	FISHER HEALTHCARE
A/P	170410	03/31/17	1,060.00	FORT BEND SERVICES, INC
A/P	170411	03/31/17	623.23	GULF COAST PAPER COMPANY
A/P	170412	03/31/17	177.63	H E BUTT GROCERY
A/P	170413	03/31/17	11.25	HOSPIRA WORLDWIDE, INC
A/P	170414	03/31/17	562.38	WERFEN USA LLC
A/P	170415	03/31/17	35.58	JOHNSTONE SUPPLY
A/P	170416	03/31/17	570.68	SHIRLEY KARNEI
A/P	170417	03/31/17	675.50	LABCORP OF AMERICA HOLDINGS
A/P	170418	03/31/17	822.53	LANDAUER INC
A/P	170419	03/31/17	16.20	LANGUAGE LINE SERVICES
A/P	170420	03/31/17	2,530.00	CHRISTINA ZAPATA-ARROYO
A/P	170421	03/31/17	119.08	MMC AUXILIARY GIFT SHOP
A/P	170422	03/31/17	3,108.03	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	170423	03/31/17	179.84	ON-SITE TESTING SPECIALISTS
A/P	170424	03/31/17	501.77	ORTHO CLINICAL DIAGNOSTICS
A/P	170425	03/31/17	4,386.81	OWENS & MINOR
A/P	170426	03/31/17	182.89	PENTAX MEDICAL COMPANY
A/P	170427	03/31/17	520.00	PETROLEUM SOLUTIONS,INC.
A/P	170428	03/31/17	864.16	PORT LAVACA CLINIC
A/P	170429	03/31/17	196.96	POWER ELECTRIC
A/P	170430	03/31/17	41.25	RED HAWK
A/P	170431	03/31/17	1,020.00	RADIOLOGY UNLIMITED, PA
A/P	170432	03/31/17	179.88	RESPIRONICS, INC.
A/P	170433	03/31/17	139.41	SHERWIN WILLIAMS
A/P	170434	03/31/17	27.00	SHIP SHUTTLE TAXI SERVICE
A/P	170435	03/31/17	239.37	SYSCO FOOD SERVICES OF
A/P	170436	03/31/17	1,863.46	STERICYCLE, INC
A/P	170437	03/31/17	29.85	ERIN CLEVENGER

BANK--CHECK	NUMBER	DATE	AMOUNT	PAYEE
A/P	170438	03/31/17	9,000.00	TOSHIBA AMERICA MEDICAL SYST.
A/P	170439	03/31/17	137.90	TEXAS WIRED MUSIC INC
A/P	170440	03/31/17	137.09	TG
A/P	170441	03/31/17	4,555.00	T-SYSTEM, INC
A/P	170442	03/31/17	95.08	UNIFIRST HOLDINGS
A/P	170443	03/31/17	187.68	UNIFORM ADVANTAGE
A/P	170444	03/31/17	4,963.61	UNIFIRST HOLDINGS INC
A/P	170445	03/31/17	333.01	WALMART COMMUNITY
A/P	170446	03/31/17	17.00	WATERMARK GRAPHICS INC
A/P	170447	03/31/17	2.90	YOUNG PLUMBING CO
TOTALS:			344,726.93	

APPROVED
ON

MAR 3 1 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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"	★	$ 91,332.06	#
"1 TO CONFIRM"		1	
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 43,078.50	#
"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 10,074.82	#
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 38,178.74	#
CHECK		$ -	
☑ "6-DIGIT SETTLEMENT DATE"	★	3/1/2017	
"1 TO CONFIRM"		1	
☐ ACKNOWLEDGEMENT NUMBER		156656[illegible]7	

CALLED IN BY: C. Davenport

CALLED IN DATE: ~~2/28/2017~~ 2/27/17

CALLED IN TIME: 2:37

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	02/03/17					
PAY PERIOD: END	02/16/17					
PAY DATE:	02/23/17					
GROSS PAY:	$ 369,850.83			$ 4,567.83		$ 374,418.66
DEDUCTIONS:						
A/R	$ 709.50					$ 709.50
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	$ 1,622.16					$ 1,622.16
CAFÉ-H	$ 17,550.68					$ 17,550.68
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	$ 60.00					$ 60.00
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	$ 37,371.21			$ 807.53		$ 38,178.74
FICA-M	$ 4,971.22			$ 66.23		$ 5,037.45
FICA-O	$ 21,256.12			$ 283.21		$ 21,539.33
FIRST C	$ 75.00					$ 75.00
FLEX S	$ 2,479.63					$ 2,479.63
FLX-FE	$ -					$ -
GIFT S	$ 160.72					$ 160.72
GRP-IN	$ 129.26					$ 129.26
GTL	$ -					$ -
HOSP-I	$ (140.00)					$ (140.00)
MISC	$ 70.00					$ 70.00
OTHER	$ 931.48					$ 931.48
PHI	$ -					$ -
PR FIN	$ 370.42					$ 370.42
RELAY	$ -					$ -
REPAY	$ -					$ -
STONEDF	$ 1,390.00					$ 1,390.00
STONE	$ -					$ -
STONE 2	$ -					$ -
STUDEN	$ 143.38					$ 143.38
TSA-R	$ 25,889.55			$ 319.75		$ 26,209.30
UW/HOS	$ -					$ -
TOTAL DEDUCTIONS:	$ 122,284.84	$ -	$ -	$ 1,476.72	$ -	$ 123,761.56
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$ 247,565.99	$ -	$ -	$ 3,091.11	$ -	$ 250,657.10
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	

Reported last month

TOTAL CAFÉ 125 PLAN: $ 27,011.37 Less Exempt:

TAXABLE PAY: $ 347,407.29 $ 347,407.29 Exempt Amt:

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 5,037.41		
FICA - MED (EE)	1.45%	$ 5,037.41	$ 5,037.45	$ (0.04)
FICA - SOC SEC (ER)	6.20%	$ 21,539.25		
FICA - SOC SEC (EE)	6.20%	$ 21,539.25	$ 21,539.33	$ (0.08)
FED WITHHOLDING		$ 38,178.74	$ 38,178.74	
TAX DEPOSIT:		$ 91,332.06	$ 91,332.30	$ (0.24)
FICA - MEDICARE	2.90%	$ 10,074.82		
FICA - SOCIAL SECURITY	12.40%	$ 43,078.50		
FED WITHHOLDING		$ 38,178.74		
TOTAL TAX:		$ 91,332.06		

Employees over FICA-SS Cap:
Jason Anglin
Jerry
Paycode S - Employee Reimb.:
Roshanda S. Gray
TOTAL: $ -

PREPARED BY: Clarri Atkinson
PREPARED DATE: 2/23/2017

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"	★	$ 91,243.03	#
	"1 TO CONFIRM"		1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 43,237.94	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 10,112.10	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 37,892.99	#
		CHECK	$ -	
☐	"6-DIGIT SETTLEMENT DATE"	★	3/15/2017 ✓	
	"1 TO CONFIRM"		1	
☐	ACKNOWLEDGEMENT NUMBER		81509373	

CALLED IN BY: LAtkinson ✓
CALLED IN DATE: 3/14/2017
CALLED IN TIME: 9:22AM

Final Summary

PayCd	Description	Hrs	OT	Gross
1	REGULAR PAY-S1	10061.25	N	221274.92
1	REGULAR PAY-S1	260.50	Y	6758.99
2	REGULAR PAY-S2	2688.25	N	57331.96
2	REGULAR PAY-S2	72.75	Y	2336.27
3	REGULAR PAY-S3	1678.75	N	43893.66
3	REGULAR PAY-S3	60.75	Y	2163.51
C	CALL PAY	2928.25	N	5856.50
E	EXTRA WAGES		N	1179.50
F	FUNERAL LEAVE	24.00	N	772.80
I	INSERVICE	48.00	N	1213.43
K	EXTENDED-ILLNESS-BANK	217.00	N	9798.46
M	MEAL REIMBURSEMENT		N	47.00
P	PAID-TIME-OFF	928.25	N	21099.65
X	CALL PAY 2	160.00	N	320.00
Y	YMCA/CURVES		N	105.00
Z	CALL PAY 3	96.00	N	288.00
t	PHONE & DATA		N	475.00

Deductions Summary

Code	Amount

Grand Totals: 19223.75 (Gross: 374914.65 Deductions: 122928.07 Net: 251986.58)

Checks Count:- FT 190 PT 12 Other 35 Female 207 Male 30 Credit OverAmt 16 ZeroNet Term Total: 237

Direct Deposits	$251,381.22
Check 61837	$605.36
Total	$251,986.58

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	02/17/17					
PAY PERIOD: END	03/02/17					
PAY DATE:	03/09/17					
GROSS PAY:	$ 374,914.65					$ 374,914.65
DEDUCTIONS:						
A/R	$ 801.38					$ 801.38
ADVANC	$ -					$ -
BOOTS	$ -					$ -
CAFÉ-1	$ 1,622.42					$ 1,622.42
CAFÉ-2	$ 1,227.90					$ 1,227.90
CAFÉ-4	$ 354.66					$ 354.66
CAFÉ-5	$ 319.56					$ 319.56
CAFÉ-D	$ 1,597.20					$ 1,597.20
CAFÉ-H	$ 17,338.96					$ 17,338.96
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	$ -					$ -
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	$ 37,892.99					$ 37,892.99
FICA-M	$ 5,056.02					$ 5,056.02
FICA-O	$ 21,619.00					$ 21,619.00
FIRST C	$ 75.00					$ 75.00
FLEX S	$ 2,190.45					$ 2,190.45
FLX-FE	$ -					$ -
GIFT S	$ 139.95					$ 139.95
GRP-IN	$ 129.26					$ 129.26
GTL	$ -					$ -
HOSP-I	$ -					$ -
MISC	$ 55.00					$ 55.00
OTHER	$ 931.02					$ 931.02
PHI	$ -					$ -
PR FIN	$ 370.42					$ 370.42
RELAY	$ -					$ -
REPAY	$ -					$ -
STONEDF	$ 1,240.00					$ 1,240.00
STONE	$ -					$ -
STONE 2	$ -					$ -
STUDEN	$ 126.67					$ 126.67
TSA-R	$ 26,244.09					$ 26,244.09
UW/HOS	$ -					$ -
TOTAL DEDUCTIONS:	$ 122,938.07	$ -	$ -	$ -	$ -	$ 122,938.07
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$ 251,976.58	$ -	$ -	$ -	$ -	$ 251,976.58
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFÉ 125 PLAN:	$ 26,221.66	Less Exempt:				
TAXABLE PAY:	$ 348,692.99	$ 348,692.99				Exempt Amt:

251,976.58

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 5,056.05		
FICA - MED (EE)	1.45%	$ 5,056.05	$ 5,056.02	$ 0.03
FICA - SOC SEC (ER)	6.20%	$ 21,618.97		
FICA - SOC SEC (EE)	6.20%	$ 21,618.97	$ 21,619.00	$ (0.03)
FED WITHHOLDING		$ 37,892.99	$ 37,892.99	
TAX DEPOSIT:		$ 91,243.03	$ 91,243.03	$ -
FICA - MEDICARE	2.90%	$ 10,112.10		
FICA - SOCIAL SECURITY	12.40%	$ 43,237.94		
FED WITHHOLDING		$ 37,892.99		
TOTAL TAX:		$ 91,243.03		

Employees over FICA-SS Cap:
Jason Anglin
Jerry
Paycode S - Employee Reimb.:
Roshanda S. Gray
TOTAL: $ -

PREPARED BY: Clarri Atkinson

PREPARED DATE: 3/14/2017

TOLL FEE PHONE NUMBER: 1-800-555-3453
(EFTPS TUTORIAL SYSTEM: 1-800-572-8683)

		ENTER:	
☑	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"		
☑	"ENTER YOUR 4-DIGIT PIN"		
☑	"MAKE A PAYMENT, PRESS 1"	1	
☑	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★ 941	#
☑	"IF FEDERAL TAX DEPOSIT ENTER 1"	1	
☑	"ENTER 2-DIGIT TAX FILING YEAR"	★ 16	
☑	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★ 12	
	1ST QTR - 03 (MARCH) - Jan, Feb, Mar		
	2ND QTR - 06 (JUNE) - Apr, May, June		
	3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept		
	4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec		
☑	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★ $ 147.89	#
	"1 TO CONFIRM"	1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0 $ 114.68	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"	$ 26.82	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	$ 6.39	#
		CHECK $ -	
☑	"6-DIGIT SETTLEMENT DATE"	★ 3/23/2017	
	"1 TO CONFIRM"	1	
☐	ACKNOWLEDGEMENT NUMBER	30805885	

CALLED IN BY:	Atkinson
CALLED IN DATE:	3/22/2017
CALLED IN TIME:	4:16 pm

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	11/11/16					
PAY PERIOD: END	11/24/16					
PAY DATE:	12/01/16					
GROSS PAY:	$ 924.84					$ 924.84
DEDUCTIONS:						
A/R						$ -
ADVANC						$ -
BOOTS						$ -
CAFÉ-C						$ -
CAFÉ-D						$ -
CAFÉ-H						$ -
CAFÉ-I						$ -
CAFÉ-L						$ -
CAFÉ-P						$ -
CANCER						$ -
CHILD						$ -
CLINIC						$ -
COMBIN						$ -
CREDUN						$ -
DENTAL						$ -
DEP-LF						$ -
EAT						$ -
FED TAX	$ 6.39					$ 6.39
FICA-M	$ 13.41					$ 13.41
FICA-O	$ 57.34					$ 57.34
FIRST C						$ -
FLEX S						$ -
FLX-FE						$ -
GIFT S						$ -
GRP-IN						$ -
GTL						$ -
HOSP-I						$ -
MISC						$ -
OTHER						$ -
PHI						$ -
PR FIN						$ -
RELAY						$ -
REPAY						$ -
STONEDF						$ -
STONE						$ -
STONE 2						$ -
STUDEN						$ -
TSA-R	$ 64.74					$ 64.74
UW/HOS						$ -
TOTAL DEDUCTIONS:	$ 141.88	$ -	$ -	$ -	$ -	$ 141.88
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$ 782.96	$ -	$ -	$ -	$ -	$ 782.96
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	

TOTAL CAFÉ 125 PLAN: $ -

Less Exempt:

TAXABLE PAY: $ 924.84 $ 924.84

Exempt Amt:

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 13.41		
FICA - MED (EE)	1.45%	$ 13.41	$ 13.41	$ -
FICA - SOC SEC (ER)	6.20%	$ 57.34		
FICA - SOC SEC (EE)	6.20%	$ 57.34	$ 57.34	$ -
FED WITHHOLDING		$ 6.39	$ 6.39	
TAX DEPOSIT:		$ 147.89	$ 147.89	$ -

FICA - MEDICARE	2.90%	$ 26.82
FICA - SOCIAL SECURITY	12.40%	$ 114.68
FED WITHHOLDING		$ 6.39
TOTAL TAX:		$ 147.89

Employees over FICA-SS Cap:
Jason Anglin
Jerry

Paycode S - Employee Reimb.:
Roshanda S. Gray
TOTAL:

PREPARED BY: C. ATKINSON

PREPARED DATE: 3/22/2017

copy

Num/Type/Name/Pay/Exempt	PayCd	Dept	Hrs	OT	SH	WE	HO	CB	Rate	Gross	Code	Amount	Code	Amount	Code	Amount
05641 FT Hrly: 25.6900 AMANDA R KEY Fed-Ex: M-03 St-Ex: 0-00	P	005	36.00	N	N	N	N		25.6900	924.84	FEDTAX TSA-R	6.39 64.74	FICA-M	13.41	FICA-O	57.34
Total:			36.00						(Gross:	924.84	Deductions:	141.88	Net:	782.96)		

Department Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
P		36.00	N	N	N	N		924.84

Code	Amount	Code	Amount	Code	Amount
A/R		ADVANC		AWARDS	
BOOTS		CAFE H		CAFE-C	
CAFE-D		CAFE-F		CAFE-H	
CAFE-I		CAFE-L		CAFE-P	
CANCER		CHILD		CLINIC	
COMBIN		CREDUN		DD ADV	
DENTAL		DEP-LF		EAT	
FEDTAX	6.39	FICA-M	13.41	FICA-O	57.34
FIRSTC		FLEX S		FLX FE	
FORT D		FUTA		GIFT S	
GRANT		GRP-IN		GTL	
HOSP-I		ID TFT		LEAF	
MISC		MISC/		OTHER	
PHI		PHI***		PR FIN	
RELAY		REPAY		SIGNON	
ST-TX		STONDF		STONE	
STONE2		STUDEN		TSA-1	
TSA-2		TSA-C		TSA-P	
TSA-R	64.74	TUTION		UW/HOS	

Department Totals:	Hrs	Gross	Deductions	Net
	36.00	924.84	141.88	782.96

Checks Count:- FT	PT	Other	Female	Male	Credit	OverAmt	ZeroNet	Term	Total:
1				1					1

Department 005
Dept. Sequence

Department Summary

PayCd	Description	Hrs	OT	Gross
P	PAID-TIME-OFF	36.00	N	924.84

Code	Amount

Department Totals: 36.00 (Gross: 924.84 Deductions: 141.88 Net: 782.96)

Checks Count:-	FT	PT	Other	Female	Male	Credit	OverAmt	ZeroNet	Term	Total:
	1				1					1

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"	$ 92,365.73	#
	"1 TO CONFIRM"	1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0 $ 43,640.94	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"	$ 10,206.36	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	$ 38,518.43	#
	CHECK	$ -	
☑	"6-DIGIT SETTLEMENT DATE"	3/29/2017	
	"1 TO CONFIRM"	1	
☑	ACKNOWLEDGEMENT NUMBER	53729073	

CALLED IN BY:	CAtkinson
CALLED IN DATE:	3/28/2017
CALLED IN TIME:	9:24 AM

Final Summary

PayCd	Description	Hrs	OT	Gross
1	REGULAR PAY-S1	9854.75	N	216268.70
1	REGULAR PAY-S1	260.25	Y	6176.38
2	REGULAR PAY-S2	2685.25	N	56935.16
2	REGULAR PAY-S2	85.25	Y	2248.94
3	REGULAR PAY-S3	1705.75	N	43166.84
3	REGULAR PAY-S3	35.00	Y	1303.68
C	CALL PAY	2864.50	N	5729.00
E	EXTRA WAGES		N	2003.25
F	FUNERAL LEAVE	68.00	N	1575.48
I	INSERVICE	49.50	N	1244.51
I	INSERVICE	2.75	Y	97.48
K	EXTENDED-ILLNESS-BANK	286.00	N	10161.92
M	MEAL REIMBURSEMENT		N	12.00
P	PAID-TIME-OFF	1312.06	N	29836.18
X	CALL PAY 2	144.00	N	288.00
Z	CALL PAY 3	120.00	N	360.00
p	PAID TIME OFF - PROBATION	32.00	N	1692.29
t	PHONE & DATA		N	20.00

Deductions Summary

Code	Amount

Grand Totals: 19505.06 (Gross: 379119.81 Deductions: 125959.77 Net: 253160.04)

Checks Count:- FT 192 PT 13 Other 34 Female 205 Male 33 Credit OverAmt 16 ZeroNet Term Total: 238

No checks issued, all direct deposit. ARM 3/23/17

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	03/03/17					
PAY PERIOD: END	03/16/17					
PAY DATE:	03/23/17					
GROSS PAY:	$ 379,119.81					$ 379,119.81
DEDUCTIONS:						
A/R	$ 720.44					$ 720.44
ADVANC	$ -					$ -
BOOTS	$ -					$ -
CAFÉ-1	$ 1,666.70					$ 1,666.70
CAFÉ-2	$ 1,190.64					$ 1,190.64
CAFÉ-4	$ 354.66					$ 354.66
CAFÉ-5	$ 376.58					$ 376.58
CAFÉ-D	$ 1,605.71					$ 1,605.71
CAFÉ-H	$ 17,862.44					$ 17,862.44
CAFÉ-I	$ -					$ -
CAFÉ-L	$ -					$ -
CAFÉ-P	$ 287.11					$ 287.11
CANCER	$ -					$ -
CHILD	$ 212.31					$ 212.31
CLINIC	$ 110.00					$ 110.00
COMBIN	$ 964.73					$ 964.73
CREDUN	$ 25.00					$ 25.00
DENTAL	$ -					$ -
DEP-LF	$ -					$ -
DIS-LF	$ 1,968.89					$ 1,968.89
EAT	$ -					$ -
FED TAX	$ 38,518.43					$ 38,518.43
FICA-M	$ 5,103.14					$ 5,103.14
FICA-O	$ 21,820.53					$ 21,820.53
FIRST C	$ 75.00					$ 75.00
FLEX S	$ 2,367.85					$ 2,367.85
FLX-FE	$ -					$ -
GIFT S	$ 157.47					$ 157.47
GRP-IN	$ 129.26					$ 129.26
GTL	$ -					$ -
HOSP-I	$ -					$ -
MISC	$ 50.00					$ 50.00
OTHER	$ 1,956.92					$ 1,956.92
PHI	$ -					$ -
PR FIN	$ 370.42					$ 370.42
RELAY	$ -					$ -
REPAY	$ -					$ -
STONEDF	$ 1,390.00					$ 1,390.00
STONE	$ -					$ -
STONE 2	$ -					$ -
STUDEN	$ 137.09					$ 137.09
TSA-R	$ 26,538.45					$ 26,538.45
UW/HOS	$ -					$ -
TOTAL DEDUCTIONS:	$ 125,959.77	$ -	$ -	$ -	$ -	$ 125,959.77
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$ 253,160.04	$ -	$ -	$ -	$ -	$ 253,160.04
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFÉ 125 PLAN:	$ 27,176.69	Less Exempt:				
TAXABLE PAY:	$ 351,943.12	$ 351,943.12				Exempt Amt:

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 5,103.18		
FICA - MED (EE)	1.45%	$ 5,103.18	$ 5,103.14	$ 0.04
FICA - SOC SEC (ER)	6.20%	$ 21,820.47		
FICA - SOC SEC (EE)	6.20%	$ 21,820.47	$ 21,820.53	$ (0.06)
FED WITHHOLDING		$ 38,518.43	$ 38,518.43	
TAX DEPOSIT:		$ 92,365.73	$ 92,365.77	$ (0.04)
FICA - MEDICARE	2.90%	$ 10,206.36		
FICA - SOCIAL SECURITY	12.40%	$ 43,640.94		
FED WITHHOLDING		$ 38,518.43		
TOTAL TAX:		$ 92,365.73		

Employees over FICA-SS Cap:
Jason Anglin
Jerry

Paycode S - Employee Reimb.:
Roshanda S. Gray

TOTAL: $ -

PREPARED BY: Clarri Atkinson

PREPARED DATE: 3/21/2017

MEMORIAL MEDICAL CENTER

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- MARCH 2017

Monthly Electronic Transfers for Operating Expenses

3/1/2017 IRS USATAXPYMT	- Payroll Taxes	91,332.06
3/2/2017 IBC Merch Bank Discount	- Credit Card Processing Fee	19.95
3/2/2017 IBC Merch Bank Fee	- Credit Card Processing Fee	31.20
3/2/2017 Vivonet Acquisit Payment	- Credit Card Machine Lease Expense	99.00
3/3/2017 IBC Merch Bank Fee	- Credit Card Processing Fee	9.95
3/3/2017 IBC Merch Bank Fee	- Credit Card Processing Fee	60.27
3/3/2017 IBC Merch Bank Fee	- Credit Card Processing Fee	67.20
3/3/2017 IBC Merch Bank Interchng	- Credit Card Processing Fee	77.05
3/3/2017 IBC Merch Bank Fee	- Credit Card Processing Fee	82.30
3/3/2017 IBC Merch Bank Interchng	- Credit Card Processing Fee	105.44
3/3/2017 IBC Merch Bank Interchng	- Credit Card Processing Fee	118.41
3/3/2017 IBC Merch Bank Discount	- Credit Card Processing Fee	132.02
3/3/2017 IBC Merch Bank Fee	- Credit Card Processing Fee	139.10
3/3/2017 TAMG	- Marketing Expense	150.00
3/3/2017 IBC Merch Bank Discount	- Credit Card Processing Fee	421.95
3/3/2017 IBC Merch Bank Discount	- Credit Card Processing Fee	459.30
3/3/2017 IBC Merch Bank Interchng	- Credit Card Processing Fee	1,407.63
3/3/2017 IBC Merch Bank Discount	- Credit Card Processing Fee	2,272.09
3/3/2017 State Comptrlr Texnet	- 3rd 2017 DSH Adv Pmt IGT	69,295.32
3/6/2017 FDGL Lease Payment	- Credit Card Machine Lease Expense	59.25
3/6/2017 FDGL Lease Payment	- Credit Card Machine Lease Expense	59.25
3/6/2017 FDGL Lease Payment	- Credit Card Machine Lease Expense	86.30
3/7/2017 FDGL Lease Payment	- Credit Card Machine Lease Expense	30.25
3/7/2017 Mckesson Drug Auto ACH	- 340B Drug Program Expense	1,045.73
3/7/2017 Mckesson Drug Auto ACH	- 340B Drug Program Expense	1,271.69
3/7/2017 Mckesson Drug Auto ACH	- 340B Drug Program Expense	1,779.71
3/8/2017 Expertpay	- Child Support	213.81
3/9/2017 Clover APP MRKT Clover App	- Credit Card Machine Lease Expense	16.25
3/9/2017 Clover APP MRKT Clover App	- Credit Card Machine Lease Expense	81.20
3/9/2017 Memorial Medical Payroll	- Payroll	251,381.22
3/10/2017 FDGL Lease Payment	- Credit Card Machine Lease Expense	30.17
3/14/2017 Mckesson Drug Auto ACH	- 340B Drug Program Expense	154.43
3/14/2017 Mckesson Drug Auto ACH	- 340B Drug Program Expense	544.30
3/14/2017 Mckesson Drug Auto ACH	- 340B Drug Program Expense	1,265.11
3/15/2017 IRS USATAXPYMT	- Payroll Taxes	91,243.03
3/16/2017 Texas County DRS	- Retirement Funding	114,974.83
3/20/2017 Telecheck	- Credit Card Processing Fee	5.00
3/20/2017 FDGL Lease Payment	- Credit Card Machine Lease Expense	26.98
3/20/2017 FDGL Lease Payment	- Credit Card Machine Lease Expense	151.23
3/21/2017 Mckesson Drug Auto ACH	- 340B Drug Program Expense	439.47
3/21/2017 Mckesson Drug Auto ACH	- 340B Drug Program Expense	977.54
3/21/2017 Mckesson Drug Auto ACH	- 340B Drug Program Expense	1,140.72
3/23/2017 IRS USATAXPYMT	- Payroll Taxes	147.89
3/23/2017 Expertpay	- Child Support	213.81
3/23/2017 Memorial Medical Payroll	- Payroll	253,160.04
3/28/2017 Mckesson Drug Auto ACH	- 340B Drug Program Expense	859.78
3/28/2017 Mckesson Drug Auto ACH	- 340B Drug Program Expense	1,029.64
3/28/2017 Mckesson Drug Auto ACH	- 340B Drug Program Expense	1,698.66
3/29/2017 IRS USATAXPYMT	- Payroll Taxes	92,365.73
3/30/2017 Cardmember Service	- IBC Credit Card Invoice	3,229.12
3/30/2017 Cardmember Service	- IBC Credit Card Invoice	5,661.75
	Total Electronic Payments	991,624.13

Jason Anglin
MMC Chief Executive Officer

APPROVED
ON

APR 26 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/131/019/2353
MEMORIAL MEDICAL CENTER OPERATING
COUNTY OF CALHOUN
201 W AUSTIN STREET
PORT LAVACA TX 77979

STATEMENT 439

CUSTOMER NO.	PAGE NO.
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03/01/2017 to 03/31/2017
STATEMENT PERIOD

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

Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
2,865,780.01	558	2,791,563.51	382	2,900,459.61	2,756,883.91

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
03/01		9,270.86	03/10		526.10	03/22		1,378.65
03/01		4,793.21	03/10		30.75	03/22		565.00
03/01		2,144.77	03/10		30.00	03/22		248.81
03/01		998.52	03/13		39,190.46	03/22		87.00
03/01		377.00	03/13		1,414.64	03/23		6,362.48
03/01		301.50	03/13		249.50	03/23		1,795.95
03/02		9,127.62	03/13		30.00	03/23		290.00
03/02		631.00	03/13		30.00	03/23		83.50
03/02		95.07	03/13		21.00	03/23		46.00
03/02		20.00	03/14		20,927.52	03/23		20.00
03/03		7,957.40	03/14		1,954.62	03/24		29,843.29
03/03		809.98	03/14		550.00	03/24		1,276.13
03/03		647.00	03/14		250.00	03/24		378.00
03/03		591.00	03/14		11.43	03/24		80.00
03/06		67,944.65	03/15		26,300.42	03/24		36.00
03/06		1,307.78	03/15		1,285.67	03/27		55,928.26
03/06		447.00	03/15		285.00	03/27		1,244.26
03/06		30.00	03/16		40,881.73	03/27		573.00
03/07		4,593.69	03/16		1,790.64	03/27		275.44
03/07		3,928.68	03/16		380.00	03/28		7,889.58
03/07		1,000.24	03/16		100.00	03/28		1,254.48
03/07		758.00	03/17		16,227.77	03/28		1,060.00
03/07		264.14	03/17		1,868.26	03/28		265.00
03/07		112.61	03/17		325.00	03/28		40.00
03/07		20.00	03/17		30.00	03/29		3,014.75
03/08		4,887.34	03/20		559,350.44	03/29		847.52
03/08		1,072.20	03/20		86,687.52	03/29		506.00
03/08		958.75	03/20		447.41	03/29		48.00
03/08		758.00	03/20		365.00	03/30		4,090.92
03/08		217.00	03/20		50.00	03/30		364.00
03/08		90.00	03/21		8,187.73	03/30		93.29
03/09		32,576.96	03/21		2,687.29	03/31		37,294.46
03/09		1,521.09	03/21		1,024.16	03/31		2,079.08
03/09		460.00	03/21		490.00	03/31		760.50
03/10		4,271.51	03/21		104.00	03/31		382.07
03/10		2,948.74	03/22		21,739.05	03/31		35.00

Checks (Debits)

Date	Check #	Amount	Date	Check #	Amount	Date	Check #	Amount
03/02	61835	188.19	03/01 *	169565	65.00	03/08 *	169817	558.00
03/10 *	61837	605.36	03/16 *	169622	50.00	03/07 *	169865	520.42
03/14 *	167870	18.43	03/07 *	169637	18.70	03/08 *	169892	89.25
03/03 *	168792	200.00	03/28 *	169660	30.50	03/02 *	169945	8,333.33
03/20 *	169212	2,672.60	03/01 *	169749	8,100.00	03/01 *	169947	2,035.00

IBC

BANK

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

CUSTOMER

8/NE/131/019/2362
MEMORIAL MEDICAL CENTER OPERATING
COUNTY OF CALHOUN
201 W AUSTIN STREET
PORT LAVACA TX 77979

STATEMENT

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CUSTOMER NO.	PAGE NO.
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03/01/2017 to 03/31/2017
STATEMENT PERIOD

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

03/21	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160911881	360.00
03/21	Electronic Deposit	36 TREAS 310 MISC PAY 746003411360012	178.00
03/21	Electronic Deposit	AETNA H09 HCCLAIMPMT 1497153589	86.65
03/21	Electronic Deposit	36 TREAS 310 MISC PAY 746003411360012	82.06
03/21	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160913887	54.19
03/22	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 451356	46,216.57
03/22	Electronic Deposit	CENTENE CORP HCCLAIMPMT	20,407.49
03/22	Electronic Deposit	CIGNA HCCLAIMPMT xxxxx3411	12,690.46
03/22	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 673422	8,801.72
03/22	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C17079E81697660	5,630.20
03/22	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160910883	4,992.37
03/22	Electronic Deposit	AETNA AS01 HCCLAIMPMT 1669860433	4,991.00
03/22	Electronic Deposit	AETNA AS01 HCCLAIMPMT 1689630865	4,314.54
03/22	Electronic Deposit	Driscoll Childre Driscoll C MEMORIAL MEDICA	3,958.82
03/22	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C17079E18589780	2,524.68
03/22	Electronic Deposit	NOVITAS HCCLAIMPMT 1689630865	2,256.93
03/22	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160915882	1,112.05
03/22	Electronic Deposit	Driscoll Childre Driscoll C MEMORIAL MEDICA	1,092.27
03/22	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160914885	758.19
03/22	Electronic Deposit	CENTENE CORP HCCLAIMPMT	506.97
03/22	Electronic Deposit	AETNA H09 HCCLAIMPMT 1497153589	227.26
03/22	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160913887	152.93
03/22	Electronic Deposit	IBC MERCH BNKCD DEPOSIT	100.00
03/22	Electronic Deposit	AETNA H09 HCCLAIMPMT 1689630865	90.28
03/22	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C17079E81697670	84.23
03/22	Electronic Deposit	CIGNA HCCLAIMPMT xxxxx3411	82.63
03/23	Electronic Deposit	AETNA AS01 HCCLAIMPMT 1689630865	19,645.31
03/23	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C17080E81811490	12,286.06
03/23	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160910883	5,040.31
03/23	Electronic Deposit	AETNA AS01 HCCLAIMPMT 1497143259	1,598.60
03/23	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 451356	1,528.50
03/23	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C17080E81811500	1,258.86
03/23	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 673422	1,035.28
03/23	Electronic Deposit	AETNA AS01 HCCLAIMPMT 1497153589	936.75
03/23	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160915882	525.00
03/23	Electronic Deposit	AETNA A04 HCCLAIMPMT 1689630865	522.90
03/23	Electronic Deposit	CENTENE CORP HCCLAIMPMT	305.67
03/23	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160914885	302.08
03/23	Electronic Deposit	AETNA A04 HCCLAIMPMT 1497153589	195.86
03/23	Electronic Deposit	TAMG9148936032 CREDIT MEMORIAL MEDICA	150.00
03/23	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160913887	144.01
03/23	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113000	84.41
03/23	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160911881	50.00
03/24	Electronic Deposit	TMHP HCCLAIMPMT xxxxx9111	36,193.87
03/24	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 451356	7,705.69
03/24	Electronic Deposit	CENTENE CORP HCCLAIMPMT	2,832.53
03/24	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160910883	1,826.85
03/24	Electronic Deposit	TMHP HCCLAIMPMT xxxxx9112	1,250.69
03/24	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160911881	1,203.38
03/24	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C17081E81922400	855.69

IBC

BANK

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

CUSTOMER

8/NE/131/019/2365
MEMORIAL MEDICAL CENTER OPERATING
COUNTY OF CALHOUN
201 W AUSTIN STREET
PORT LAVACA TX 77979

STATEMENT 439

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03/01/2017 to 03/31/2017
STATEMENT PERIOD

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03/31	Electronic	Deposit	IBC MERCH BNKCD DEPOSIT 971160915882	787.72
03/31	Electronic	Deposit	NOVITAS SOLUTION HCCLAIMPMT 673422	705.85
03/31	Electronic	Deposit	CENTENE CORP HCCLAIMPMT	684.61
03/31	Electronic	Deposit	IBC MERCH BNKCD DEPOSIT 971160911881	624.41
03/31	Electronic	Deposit	CIGNA HCCLAIMPMT xxxxx3411	609.32
03/31	Electronic	Deposit	IBC MERCH BNKCD DEPOSIT 971160914885	377.73
03/31	Electronic	Deposit	TMHP HCCLAIMPMT xxxxx7901	93.15
03/31	Electronic	Deposit	CIGNA HCCLAIMPMT xxxxx3411	71.95
03/31	Electronic	Deposit	BCBS TEXAS HCCLAIMPMT C17088E82488730	50.00
	Debits			
03/01	Electronic	Payment	IRS USATAXPYMT 220746015665617	91,332.06
03/02	Electronic	Payment	IBC MERCH BNKCD DISCOUNT 674200009993	19.95
03/02	Electronic	Payment	IBC MERCH BNKCD FEE 674200009993	31.20
03/02	Electronic	Payment	VIVONET ACQUISIT PAYMENT 1136	99.00
03/03	Electronic	Payment	IBC MERCH BNKCD FEE 971160912889	9.95
03/03	Electronic	Payment	IBC MERCH BNKCD FEE 971160911881	60.27
03/03	Electronic	Payment	IBC MERCH BNKCD FEE 971160914885	67.20
03/03	Electronic	Payment	IBC MERCH BNKCD INTERCHNG 971160913887	77.05
03/03	Electronic	Payment	IBC MERCH BNKCD FEE 971160910883	82.30
03/03	Electronic	Payment	IBC MERCH BNKCD DISCOUNT 971160913887	105.44
03/03	Electronic	Payment	IBC MERCH BNKCD INTERCHNG 971160911881	118.41
03/03	Electronic	Payment	IBC MERCH BNKCD FEE 971160913887	132.02
03/03	Electronic	Payment	IBC MERCH BNKCD INTERCHNG 971160914885	139.10
03/03	Electronic	Payment	TAMG9148936032 PURCHASE MEMORIAL MEDICA	150.00
03/03	Electronic	Payment	IBC MERCH BNKCD DISCOUNT 971160914885	421.95
03/03	Electronic	Payment	IBC MERCH BNKCD DISCOUNT 971160911881	459.30
03/03	Electronic	Payment	IBC MERCH BNKCD INTERCHNG 971160910883	1,407.63
03/03	Electronic	Payment	IBC MERCH BNKCD DISCOUNT 971160910883	2,272.09
03/03	Electronic	Payment	STATE COMPTRLR TEXNET 26384535/70302	69,295.32
03/06	Electronic	Payment	FDGL LEASE PYMT	59.25
03/06	Electronic	Payment	FDGL LEASE PYMT	59.25
03/06	Electronic	Payment	FDGL LEASE PYMT	86.30
03/07	Electronic	Payment	FDGL LEASE PYMT	30.25
03/07	Electronic	Payment	MCKESSON DRUG AUTO ACH ACH03067781	1,045.73
03/07	Electronic	Payment	MCKESSON DRUG AUTO ACH ACH03067694	1,271.69
03/07	Electronic	Payment	MCKESSON DRUG AUTO ACH ACH03067795	1,779.71
03/08	Electronic	Payment	EXPERTPAY EXPERTPAY xxxxx3411	213.81
03/09	Electronic	Payment	CLOVER APP MRKT CLOVER APP	16.25
03/09	Electronic	Payment	CLOVER APP MRKT CLOVER APP	81.20
03/09	Electronic	Payment	MEMORIAL MEDICAL PAYROLL	251,381.22
03/10	Electronic	Payment	FDGL LEASE PYMT	30.17
03/14	Electronic	Payment	MCKESSON DRUG AUTO ACH ACH03076865	154.43
03/14	Electronic	Payment	MCKESSON DRUG AUTO ACH ACH03076938	544.30
03/14	Electronic	Payment	MCKESSON DRUG AUTO ACH ACH03076952	1,265.11
03/15	Electronic	Payment	IRS USATAXPYMT 220747481509373	91,243.03
03/16	Electronic	Payment	TEXAS COUNTY DRS RECEIVABLE 419	114,974.83
03/20	Electronic	Payment	Telecheck INV032017D xxxxx9736	5.00
03/20	Electronic	Payment	FDGL LEASE PYMT	26.98

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

CUSTOMER

8/NE/131/019/2366
MEMORIAL MEDICAL CENTER OPERATING
COUNTY OF CALHOUN
201 W AUSTIN STREET
PORT LAVACA TX 77979

STATEMENT 439

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STATEMENT PERIOD

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

03/20	Electronic Payment	FDGL LEASE PYMT	151.23
03/21	Electronic Payment	MCKESSON DRUG AUTO ACH ACH03080784	439.47
03/21	Electronic Payment	MCKESSON DRUG AUTO ACH ACH03080702	977.54
03/21	Electronic Payment	MCKESSON DRUG AUTO ACH ACH03080796	1,140.72
03/23	Electronic Payment	IRS USATAXPYMT 220748230805885	147.89
03/23	Electronic Payment	EXPERTPAY EXPERTPAY xxxxx3411	213.81
03/23	Electronic Payment	MEMORIAL MEDICAL PAYROLL	253,160.04
03/28	Electronic Payment	MCKESSON DRUG AUTO ACH ACH03089525	859.78
03/28	Electronic Payment	MCKESSON DRUG AUTO ACH ACH03089407	1,029.64
03/28	Electronic Payment	MCKESSON DRUG AUTO ACH ACH03089543	1,698.66
03/29	Electronic Payment	IRS USATAXPYMT 220748853729073	92,365.73
03/30	Electronic Payment	CARDMEMBER SERV ELECT PYMT	3,229.12
03/30	Electronic Payment	CARDMEMBER SERV ELECT PYMT	5,661.75

Daily Ending Balance

03/01	2,781,980.76	03/13	2,254,298.43	03/23	2,728,786.52
03/02	2,804,388.29	03/14	2,281,643.64	03/24	2,755,089.07
03/03	2,213,971.81	03/15	2,210,308.40	03/27	2,822,190.42
03/06	2,346,069.58	03/16	2,222,707.93	03/28	2,713,785.87
03/07	2,315,973.61	03/17	2,339,603.36	03/29	2,667,841.94
03/08	2,275,436.31	03/20	2,990,744.16	03/30	2,681,886.37
03/09	2,095,309.66	03/21	2,982,197.37	03/31	2,756,883.91
03/10	2,170,660.59	03/22	2,952,722.19		

Notice to Customers: A CTR Reference Guide

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

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

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

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

IBC

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

CUSTOMER

8/NE/131/019/1874
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
PRIVATE WAIVER CLEARING FUND
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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03/01/2017 to 03/31/2017
STATEMENT PERIOD

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

Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
1,227,029.67	1	600,000.00	0	0.00	1,827,029.67

Deposits (Credits)

Date	Deposit#	Amount
03/03		600,000.00

Daily Ending Balance

03/03	1,827,029.67

Notice to Customers: A CTR Reference Guide

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

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IBC

BANK

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

CUSTOMER

8/NE/131/019/1914
MEMORIAL MEDICAL CENTER CONSTRUCTION COU
CLINIC SERIES 2014
202 S ANN STE A
PORT LAVACA TX 77979

STATEMENT

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

Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
95.00	1	5.00	0	0.00	100.00

Deposits (Credits)

Date	Deposit#	Amount
03/10		5.00

Daily Ending Balance

03/10	100.00

Notice to Customers: A CTR Reference Guide

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

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IBC

BANK

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

CUSTOMER

8/NE/131/019/1955
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH ASHFORD
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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

Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
532,627.50	29	494,852.60	3	871,707.63	155,772.47

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
03/15		123,093.71	03/24		60,132.02	03/30		135,055.00
03/20		18,681.34						

Checks (Debits)

Date	Check #	Amount
03/20	15	325,103.39

Electronic Activity

	Credits		
03/03	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17030111400528	771.06
03/07	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	40.83
03/09	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	297.75
03/10	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	9,847.12
03/10	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005	3,103.70
03/13	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005	1,507.32
03/13	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	1,078.92
03/15	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005	12,943.29
03/16	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	2,385.51
03/20	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	9,763.77
03/21	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005	3,534.33
03/21	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17031816200675	220.50
03/22	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	79,960.35
03/22	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	1,770.59
03/23	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	6,314.47
03/24	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17032218700321	2,524.67
03/24	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	1,208.88
03/27	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	3,988.79
03/27	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	1,554.07
03/28	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005	1,603.17
03/29	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	2,508.16
03/29	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	2,226.48
03/29	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005	322.00
03/30	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005	8,364.78
03/30	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	50.02
	Debits		
03/22	Outgoing Wire	0005 ASHFORD HEALTH CARE CENTER LTD	224,070.81
03/28	Outgoing Wire	0096 ASHFORD HEALTH CARE CENTER LTD	322,533.43

IBC

BANK

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

CUSTOMER

8/NE/131/019/1961
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH BROADMOOR
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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STATEMENT PERIOD

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

Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
53,924.77	22	747,730.90	3	723,126.87	78,528.80

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
03/15		78,598.87	03/24		83,432.67	03/30		60,859.82
03/20		90,331.57						

Checks (Debits)

Date	Check #	Amount
03/20	14	7,463.46

Electronic Activity

	Credits		
03/01	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	1,955.37
03/03	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	50.18
03/10	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	13,990.39
03/10	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113004	2,622.08
03/10	Electronic Deposit	Molina HC of TX Molina HC PN1669860433	2,189.13
03/10	Electronic Deposit	Molina HC of TX Molina HC PN1669860433	458.03
03/20	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	328,414.68
03/20	Electronic Deposit	Molina HC of TX Molina HC PN1669860433	6,034.51
03/21	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113004	1,903.85
03/22	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	3,647.17
03/23	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	18,735.10
03/23	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113004	3,783.50
03/24	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	33,155.00
03/27	Electronic Deposit	Molina HC of TX Molina HC PN1669860433	4,678.06
03/27	Electronic Deposit	Molina HC of TX Molina HC PN1669860433	3,187.18
03/28	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	2,382.96
03/28	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113004	1,025.15
03/29	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	6,295.63
	Debits		
03/22	Outgoing Wire	0011 CANTEX HEALTH CARE CENTERS III	67,626.49
03/28	Outgoing Wire	0099 CANTEX HEALTH CARE CENTERS III	648,036.92

Daily Ending Balance

03/01	55,880.14	03/21	573,009.97	03/27	656,002.16
03/03	55,930.32	03/22	509,030.65	03/28	11,373.35
03/10	75,189.95	03/23	531,549.25	03/29	17,668.98
03/15	153,788.82	03/24	648,136.92	03/30	78,528.80
03/20	571,106.12				

IBC

BANK

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

CUSTOMER

8/NE/131/019/1959
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH CRESCENT
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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

Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
69,052.91	30	1,160,439.16	3	1,170,552.76	58,939.31

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
03/15		69,210.20	03/24		16,965.22	03/30		36,186.14
03/20		26,763.88						

Checks (Debits)

Date	Check #	Amount
03/20	11	31,306.17

Electronic Activity

	Credits			
03/02	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17022811400186		1,406.58
03/02	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323		415.52
03/07	Incoming Wire	0413 CANTEX HEALTH CARE CENTERS III		687,116.44
03/10	Electronic Deposit	Molina HC of TX Molina HC PN1669860425		7,122.76
03/10	Electronic Deposit	Molina HC of TX Molina HC PN1669860425		6,132.79
03/10	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113008		594.26
03/13	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17030914800425		4,603.32
03/13	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17030919800018		1,313.46
03/14	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17031112800464		6,291.67
03/14	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17031115600962	788,048.21	4,098.50
03/16	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113008		16,375.12
03/17	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17031511800672		907.57
03/20	Electronic Deposit	Molina HC of TX Molina HC PN1669860425		4,128.20
03/21	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323		218,217.03
03/21	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17031811100498		12,272.85
03/21	Electronic Deposit	Molina HC of TX Molina HC PN1669860425		3,301.03
03/21	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17031813300578		2,043.16
03/22	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323		9,779.83
03/22	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17032011300010		977.86
03/23	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	382,504.22	1,562.60
03/27	Electronic Deposit	Molina HC of TX Molina HC PN1669860425		3,714.62
03/28	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17032518600208		5,284.89
03/28	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17032519602128		1,021.58
03/30	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17032817500311		791.10
03/31	Electronic Deposit	Molina HC of TX Molina HC PN1669860425		9,255.12
03/31	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113008		2,585.86
	Debits			
03/22	Outgoing Wire	0008 CANTEX HEALTH CARE CENTERS III		756,742.04
03/28	Outgoing Wire	0098 CANTEX HEALTH CARE CENTERS III		382,504.55

IBC

BANK

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

CUSTOMER

8/NE/131/019/1963
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH FORT BEND
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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CUSTOMER NO.	PAGE NO.
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03/01/2017 to 03/31/2017
STATEMENT PERIOD

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

Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
150,584.36	25	230,202.45	3	306,187.91	74,598.90

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
03/15		15,842.34	03/24		11,262.99	03/30		48,658.01
03/20		3,619.00						

Checks (Debits)

Date	Check #	Amount
03/20	12	100,766.18

Electronic Activity

	Credits		
03/06	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113006	5,800.79
03/10	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	10,014.27
03/13	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17030914800426	7,283.50
03/13	Electronic Deposit	CENTENE CORP HCCLAIMPMT	1,407.24
03/14	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17031012900397	1,459.92
03/20	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663	33,898.00
03/20	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	17,026.51
03/21	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17031811100499	27,434.83
03/21	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	3,275.27
03/21	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17031712300163	1,677.79
03/22	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663	6,211.34
03/22	Electronic Deposit	CENTENE CORP HCCLAIMPMT	2,214.10
03/22	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	1,033.06
03/23	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17032111600092	351.37
03/24	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17032212900097	3,773.60
03/24	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663	2,117.63
03/27	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	7,162.00
03/27	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	3,012.74
03/28	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17032518600209	6,511.02
03/29	Electronic Deposit	CENTENE CORP HCCLAIMPMT	1,107.05
03/30	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17032817500312	8,048.08
	Debits		
03/22	Outgoing Wire	0012 CANTEX HEALTH CARE CENTERS III	75,683.90
03/28	Outgoing Wire	0100 CANTEX HEALTH CARE CENTERS III	129,737.83

Daily Ending Balance

03/06	156,385.15	03/20	146,169.75	03/27	140,012.57
03/10	166,399.42	03/21	178,557.64	03/28	16,785.76
03/13	175,090.16	03/22	112,332.24	03/29	17,892.81
03/14	176,550.08	03/23	112,683.61	03/30	74,598.90
03/15	192,392.42	03/24	129,837.83		

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

CUSTOMER

8/NE/131/019/1957
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH SOLERA
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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STATEMENT PERIOD: 03/01/2017 to 03/31/2017

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

Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
157,554.48	29	1,584,706.36	4	1,650,561.40	91,699.44

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
03/15		67,928.89	03/24		43,554.87	03/30		74,770.66
03/20		98,274.23						

Checks (Debits)

Date	Check #	Amount
03/20	11	94,711.24

Electronic Activity

	Credits		
03/02	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17022814700414	1,682.73
03/03	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17030116900439	4,577.78
03/06	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	10,981.61
03/07	Incoming Wire	0410 CANTEX HEALTH CARE CENTERS III	847,062.68
03/07	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17030411002394	3,190.98
03/08	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	255.31
03/13	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17030914800412	1,321.61
03/13	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17030914800430	577.43
03/14	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17031112800466	7,474.63
03/14	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113007	1,014.93
03/14	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17031011900136	581.73
03/16	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17031411300112	4,246.67
03/17	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17031517202766	6,721.25
03/21	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17031811100486	2,076.45
03/21	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17031811100503	992.20
03/22	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	380,240.84
03/23	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	5,691.31
03/24	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	4,658.79
03/27	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17032311900150	10,322.49
03/27	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	1,281.44
03/28	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17032518600213	1,534.33
03/28	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17032513604465	924.19
03/28	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17032519204084	69.29
03/29	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	2,138.18
03/31	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17032917000145	558.86
	Debits		
03/20	Dep Item Returned	(Tracer# 17000058)	7,059.20
03/22	Outgoing Wire	0007 CANTEX HEALTH CARE CENTERS LLC	941,464.66
03/28	Outgoing Wire	0097 CANTEX HEALTH CARE CENTERS LLC	607,326.30

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

CUSTOMER

8/NE/131/019/1987
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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03/01/2017 to 03/31/2017
STATEMENT PERIOD

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Regular Checking — Account Recap — Account Number -

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

Notice to Customers: A CTR Reference Guide

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

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

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

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

IBC

BANK

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

CUSTOMER

8/NE/131/019/1989
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH GOLDEN CREEK HEALTHCARE & REHAB
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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CUSTOMER NO.	PAGE NO.
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03/01/2017 to 03/31/2017
STATEMENT PERIOD

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