MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ----- October 12, 2017

PAYABLES AND PAYROLL

8/1/2017	Patient Refunds	5,661.86
8/1/2017	Weekly Payables	408,404.23
8/1/2017	Weekly Payables	2,232.91
8/7/2017	McKesson Drugs	2,451.97
8/7/2017	Payroll	250,653.05
8/7/2017	Payroll by Check	1,053.87
8/8/2017	Patient Refunds	77.22
8/10/2017	Payroll Liabilities	91,097.17
8/10/2017	Weekly Payables	368,856.45
8/14/2017	McKesson Drugs	5,932.12
8/15/2017	Weekly Payables	199,642.17
8/15/2017	TDCRS	113,831.24
8/17/2017	Credit Card Invoice	5,996.37
8/18/2017	Returned Check Charge	12.00
8/18/2017	Returned Check	80.00
8/21/2017	Payroll by Check	1,659.19
8/21/2017	Payroll	253,346.48
8/21/2017	McKesson Drugs	2,885.99
8/22/2017	Transfer to Cal Co Indigent Acct to cover O/S Checks	820.46
8/22/2017	Payment to Calhoun County-MPAP Loan	2,550,665.00
8/24/2017	Payroll Liabilities	92,174.48
8/28/2017	Returned Charge	12.00
8/30/2017	McKesson Drugs	2,799.07
8/31/2017	Monthly Electronic Transfers for Payroll Expenses(not incl above)	213.81
8/31/2017	Monthly Electronic Transfers for Operating Expenses	6,869.43

Total Payables and Payroll **$ 4,367,428.54**

APPROVED

OCT 12 2017

CALHOUN COUNTY
COMMISSIONERS COURT

INTER-GOVERNMENT TRANSFERS

Total Inter-Government Transfers **$ -**

INTRA-ACCOUNT TRANSFERS

Total Intra-Account Transfers **$ -**

SUBTOTAL MEMORIAL MEDICAL CENTER DISBURSEMENTS **$ 4,367,428.54**

INDIGENT HEALTHCARE FUND EXPENSES **$ 52,331.51**

INDIGENT CHECK ORDERS CHARGE **$ 35.34**

NURSING HOME UPL EXPENSES FOR August 2017 **$ 2,485,582.55**

IGT August 2017 MPAP NH Program **$ -**

MMC Construction **$ -**

GRAND TOTAL DISBURSEMENTS APPROVED October 12, 2017 **$ 6,905,377.94**

From IBC Bank to Prosperity Bank

Date	Check#	Name	Amount
8/17/2017	172375	MMC Operating Account	$ 4,275,075.63

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- October 12, 2017

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

Adu Sports Medicine Clinic		322.08
Clinical Pathology Labs		70.97
Community Pathology Association		9.09
MMCenter (In-patient $13,422.00 / Out-patient $22,946.78 / ER $5,134.65)		41,503.43
MMCenter OP Clinic		46.73
MMC Professional Fees		1,358.45
Memorial Medical Clinic		3,765.43
Port Lavaca Clinic		786.80
Regional Employee Assistance		666.13
Singleton Associates		66.83
Victoria Eye Center		268.90
SUBTOTAL		**48,864.84**
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)		**4,166.67**
	Subtotal	53,031.51
Co-pays adjustments for August 2017		**(700.00)**
Reimbursement from Medicaid		**0.00**
TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES		**52,331.51**

800 10122017 01 CALHOUN COUNTY, TEXAS

DATE: 10/12/2017

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 payroll for Indigent Health Care			$52,331.51
	approved by Commissioners Court on 10/12/2017			
1000-001-46010	August Interest $1.33			($1.33)
				$52,330.18

COUNTY AUDITOR APPROVAL ONLY

APPROVED ON OCT - 2 2017 BY CALHOUN COUNTY AUDITOR

THE ITEMS OR SERVICES SHOWN ABOVE ARE NEEDED IN THE DISCHARGE OF MY OFFICIAL DUTIES AND I CERTIFY THAT FUNDS ARE AVAILABLE TO PAY THIS OBLIGATION.

I CERTIFY THAT THE ABOVE ITEMS OR SERVICES WERE RECEIVED BY ME IN GOOD CONDITION AND REQUEST THE COUNTY TREASURER TO PAY THE ABOVE OBLIGATION.

BY: Michael J Pfeil 10/12/17

DEPARTMENT HEAD DATE

Issued 09/28/17

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 09/01/2017 through 09/01/2017
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	12,683.28	2,809.18
02	Prescription Drugs	40.00	0.00
08	Rural Health Clinics	5,397.00	4,552.23
13	Mmc - Inpatient Hospital	25,324.52	13,422.00
14	Mmc - Hospital Outpatient	74,196.05	22,946.78
15	Mmc - Er Bills	16,045.80	5,134.65
	Expenditures	133,686.65	48,864.84
	Reimb/Adjustments	0.00	0.00
	Grand Total	**133,686.65**	**48,864.84**

Copays	<-700.00>
Expenses	4,166.67
Totals	52,331.51

APPROVED
ON

OCT - 2 20[illegible]

BY
CALHOUN COUNTY AUDITOR

MEMORIAL MEDICAL CENTER CONSTRUCTION ACCOUNT

COMMISSIONERS COURT APPROVAL LIST FOR ----October 12, 2017

PAYABLES	$ -
GRAND TOTAL DISBURSEMENTS APPROVED October 12, 2017	-

MEMORIAL MEDICAL CENTER

So Much...So Close!

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

Date: 9/1/2017
Invoice # 7
For: August

Bill To:
Calhoun County

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

Total $ 4,166.67

Jason Anglin
CEO

APPROVED
ON

OCT - 2 2017

BY
CALHOUN COUNTY AUDITOR

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Calhoun County Indigent Account

Date Requested: 9/6/2017

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

APPROVED ON OCT - 2 2017 BY CALHOUN COUNTY AUDITOR

AMOUNT $700.00

G/L NUMBER: 50240000

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

August 2017

REQUESTED BY: Adam Machicek

AUTHORIZED BY:

G/L NUMBER	RECEIPT DATE	PAY NUMBER	TYPE	PAYER	CASH AMOUNT	RECEIPT AMOUNT	NUMBER	NAME	DISC DATE	COLL INIT	GL CASH CODE ACCOUNT
[redacted]											
[redacted]											
50240.000	08/14/17	469881	CA	[redacted]	10.00	10.00			00/00/00	ARK	2
50240.000	08/08/17	469513	CA		10.00	10.00			00/00/00	CAS	2
50240.000	08/09/17	469634	CA		10.00	10.00			00/00/00	CAS	2
50240.000	08/09/17	469635	CA		10.00	10.00			00/00/00	CAS	2
50240.000	08/10/17	469662	CA		10.00	10.00			00/00/00	CAS	2
50240.000	08/10/17	469690	CA		10.00	10.00			00/00/00	CAS	2
50240.000	08/10/17	469691	CA		10.00-	10.00-			00/00/00	CAS	2
50240.000	08/15/17	470044	CA		10.00	10.00			00/00/00	CAS	2
50240.000	08/16/17	470179	CA		10.00	10.00			00/00/00	CAS	2
50240.000	08/17/17	470308	CA		10.00	10.00			00/00/00	CAS	2
50240.000	08/31/17	470913	CA		10.00	10.00			00/00/00	JJG	2
50240.000	08/24/17	470798	CA		10.00	10.00			00/00/00	JY	2
50240.000	08/21/17	470539	VI		10.00	10.00			00/00/00	MKG	2
50240.000	08/01/17	468916	CA		10.00	10.00			00/00/00	PLB	2
50240.000	08/01/17	468924	CK		10.00	10.00			00/00/00	PLB	2
50240.000	08/01/17	468929	CA		10.00	10.00			00/00/00	PLB	2
50240.000	08/01/17	468935	VI		10.00	10.00			00/00/00	PLB	2
50240.000	08/01/17	468960	CA		10.00	10.00			00/00/00	PLB	2
50240.000	08/01/17	469003	CA		10.00	10.00			00/00/00	PLB	2
50240.000	08/01/17	469519	CA		10.00	10.00			00/00/00	PLB	2
50240.000	08/03/17	469104	CA		10.00	10.00			00/00/00	PLB	2
50240.000	08/03/17	469140	CA		10.00	10.00			00/00/00	PLB	2
50240.000	08/03/17	469145	CA		10.00	10.00			00/00/00	PLB	2
50240.000	08/04/17	469213	CA		10.00	10.00			00/00/00	PLB	2
50240.000	08/04/17	469314	CA		10.00	10.00			00/00/00	PLB	2
50240.000	08/07/17	469459	MC		10.00	10.00			00/00/00	PLB	2
50240.000	08/07/17	469460	MC		10.00	10.00			00/00/00	PLB	2
50240.000	08/07/17	469467	MC		10.00	10.00			00/00/00	PLB	2
50240.000	08/08/17	469469	CA		10.00	10.00			00/00/00	PLB	2
50240.000	08/08/17	469478	CA		10.00	10.00			00/00/00	PLB	2
50240.000	08/08/17	469489	CA		10.00	10.00			00/00/00	PLB	2
50240.000	08/08/17	469503	CA		10.00	10.00			00/00/00	PLB	2
50240.000	08/08/17	469512	CA		10.00	10.00			00/00/00	PLB	2
50240.000	08/08/17	469594	CA		10.00	10.00			00/00/00	PLB	2
50240.000	08/10/17	469712	CA		10.00	10.00			00/00/00	PLB	2
50240.000	08/10/17	469852	CA		10.00	10.00			00/00/00	PLB	2
50240.000	08/10/17	469854	CA		10.00-	10.00-			00/00/00	PLB	2
50240.000	08/11/17	469715	MC		10.00	10.00			00/00/00	PLB	2
50240.000	08/11/17	469792	CA		10.00	10.00			00/00/00	PLB	2
50240.000	08/11/17	469821	CA		10.00	10.00			00/00/00	PLB	2
50240.000	08/11/17	469855	CA		10.00	10.00			00/00/00	PLB	2
50240.000	08/11/17	469857	CA		10.00	10.00			00/00/00	PLB	2
50240.000	08/14/17	469859	CA		10.00	10.00			00/00/00	PLB	2
50240.000	08/14/17	469864	CA		10.00	10.00			00/00/00	PLB	2
50240.000	08/14/17	469878	CA		10.00	10.00			00/00/00	PLB	2
50240.000	08/14/17	469903	CK		10.00	10.00			00/00/00	PLB	2
50240.000	08/14/17	469904	CA		10.00	10.00			00/00/00	PLB	2
50240.000	08/14/17	469906	CA		10.00	10.00			00/00/00	PLB	2
50240.000	08/14/17	469930	CA		10.00	10.00			00/00/00	PLB	2
50240.000	08/14/17	469947	CA		10.00	10.00			00/00/00	PLB	2

G/L NUMBER	DATE	RECEIPT NUMBER	PAY TYPE	PAYER	CASH AMOUNT	RECEIPT AMOUNT	NUMBER	NAME	DISC DATE	COLL INIT	GL CODE	CASH ACCOUNT
50240.000	08/15/17	469991	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	08/15/17	469992	CA		10.00	10.00			00/00/00	PLB		2
50240.000	08/15/17	470043	CA		10.00	10.00			00/00/00	PLB		2
50240.000	08/16/17	470101	CA		10.00	10.00			00/00/00	PLB		2
50240.000	08/16/17	470176	CA		10.00	10.00			00/00/00	PLB		2
50240.000	08/16/17	470250	CA		10.00	10.00			00/00/00	PLB		2
50240.000	08/16/17	470251	CA		10.00	10.00			00/00/00	PLB		2
50240.000	08/17/17	470252	CA		10.00	10.00			00/00/00	PLB		2
50240.000	08/17/17	470279	CA		10.00	10.00			00/00/00	PLB		2
50240.000	08/18/17	470389	CA		10.00	10.00			00/00/00	PLB		2
50240.000	08/21/17	470456	CA		10.00	10.00			00/00/00	PLB		2
50240.000	08/21/17	470457	CA		10.00	10.00			00/00/00	PLB		2
50240.000	08/21/17	470540	CA		10.00	10.00			00/00/00	PLB		2
50240.000	08/22/17	470573	CA		10.00	10.00			00/00/00	PLB		2
50240.000	08/22/17	470574	CK		10.00	10.00			00/00/00	PLB		2
50240.000	08/22/17	470575	MC		10.00	10.00			00/00/00	PLB		2
50240.000	08/23/17	470658	VI		10.00	10.00			00/00/00	PLB		2
50240.000	08/23/17	470659	VI		10.00	10.00			00/00/00	PLB		2
50240.000	08/23/17	470660	VI		10.00	10.00			00/00/00	PLB		2
50240.000	08/23/17	470725	CA		10.00	10.00			00/00/00	PLB		2
50240.000	08/23/17	470781	VI		10.00	10.00			00/00/00	PLB		2
50240.000	08/24/17	470835	CA		10.00	10.00			00/00/00	PLB		2
50240.000	08/31/17	470914	CA		10.00-	10.00-			00/00/00	PLB		2
50240.000	08/07/17	469451	CA		10.00	10.00			00/00/00	SP		2
50240.000	08/14/17	469971	CA		10.00	10.00			00/00/00	TJC		2
50240.000	08/01/17	469014	CK		10.00	10.00			00/00/00	VTT		2
TOTAL 50240.000 COUNTY INDIGENT COPAYS						700.00						
50510.000	08/09/17	469638	VI	CAFE	95.21	95.21			00/00/00	CAS		2
50510.000	08/09/17	469639	MC	CAFE	33.48	33.48			00/00/00	CAS		2
50510.000	08/09/17	469640	CA	CAFE	300.93	300.93			00/00/00	CAS		2
50510.000	08/10/17	469682	CA	CAFE	184.77	184.77			00/00/00	CAS		2
50510.000	08/10/17	469683	VI	CAFE	121.60	121.60			00/00/00	CAS		2
50510.000	08/10/17	469684	MC	CAFE	22.58	22.58			00/00/00	CAS		2
50510.000	08/14/17	469915	CA	CAFE	183.04	183.04			00/00/00	CAS		2
50510.000	08/14/17	469916	VI	CAFE	103.94	103.94			00/00/00	CAS		2
50510.000	08/14/17	469917	MC	CAFE	12.32	12.32			00/00/00	CAS		2
50510.000	08/14/17	469918	AE	CAFE	4.38	4.38			00/00/00	CAS		2
50510.000	08/01/17	468999	VI	CAFE	83.26	83.26			00/00/00	PLB		2
50510.000	08/01/17	469000	MC	CAFE	46.59	46.59			00/00/00	PLB		2
50510.000	08/01/17	469001	AE	CAFE	5.40	5.40			00/00/00	PLB		2
50510.000	08/01/17	469002	CA	CAFE	249.05	249.05			00/00/00	PLB		2
50510.000	08/02/17	469085	VI	CAFE	73.79	73.79			00/00/00	PLB		2
50510.000	08/02/17	469086	MC	CAFE	10.96	10.96			00/00/00	PLB		2
50510.000	08/02/17	469087	CA	CAFE	262.34	262.34			00/00/00	PLB		2
50510.000	08/03/17	469151	CK	[redacted]	56.00	56.00			00/00/00	PLB		2
50510.000	08/03/17	469152	CK		56.00	56.00			00/00/00	PLB		2
50510.000	08/03/17	469154	CA		20.00	20.00			00/00/00	PLB		2
50510.000	08/03/17	469155	CA		37.00	37.00			00/00/00	PLB		2
50510.000	08/03/17	469158	VI	CAFE	108.62	108.62			00/00/00	PLB		2
50510.000	08/03/17	469159	MC	CAFE	26.85	26.85			00/00/00	PLB		2
50510.000	08/03/17	469160	CA	CAFE	227.40	227.40			00/00/00	PLB		2
50510.000	08/04/17	469256	VI	CAFE	42.67	42.67			00/00/00	PLB		2

Calhoun County Indigent Care Patient Caseload 2017

	Approved	Denied	Removed	Active	Pending
January	11	1	4	67	4
February	5	3	9	63	0
March	6	2	5	64	2
April	6	16	8	62	0
May	5	8	3	64	0
June	10	3	6	68	0
July	13	5	4	77	1
August	3	4	4	76	3
September					
October					
November					
December					
YTD					
Monthly Avg	7	5	5	68	1
December 2016 Active		60			

MEMORIAL MEDICAL CENTER
IBC
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- AUGUST 2017

Monthly Electronic Transfers for Operating Expenses

– Total Operating Exp. 6,869.

8/1/2017	Mckesson Drug Auto ACH	- 340B Drug Program Expense	2,750.21 already reported
8/2/2017	IBC Merch Bank Discount	- Credit Card Processing Fee	19.95
8/2/2017	IBC Merch Bank Fee	- Credit Card Processing Fee	29.95
8/2/2017	Vivonet Acquisit Payment	- Credit Card Machine Lease Expense	99.00
8/3/2017	IBC Merch Bank Fee	- Credit Card Processing Fee	9.95
8/3/2017	IBC Merch Bank Fee	- Credit Card Processing Fee	55.75
8/3/2017	IBC Merch Bank Fee	- Credit Card Processing Fee	64.31
8/3/2017	IBC Merch Bank Fee	- Credit Card Processing Fee	71.71
8/3/2017	IBC Merch Bank Interchng	- Credit Card Processing Fee	81.58
8/3/2017	IBC Merch Bank Discount	- Credit Card Processing Fee	92.18
8/3/2017	IBC Merch Bank Interchng	- Credit Card Processing Fee	93.34
8/3/2017	IBC Merch Bank Fee	- Credit Card Processing Fee	116.37
8/3/2017	IBC Merch Bank Interchng	- Credit Card Processing Fee	170.80
8/3/2017	IBC Merch Bank Discount	- Credit Card Processing Fee	228.35
8/3/2017	IBC Merch Bank Discount	- Credit Card Processing Fee	317.47
8/3/2017	IBC Merch Bank Discount	- Credit Card Processing Fee	877.25
8/3/2017	IBC Merch Bank Discount	- Credit Card Processing Fee	1,486.96
8/7/2017	IBC Merch Bank Interchng	- Credit Card Processing Fee	1,501.20
8/7/2017	FDGL Lease Payment	- Credit Card Machine Lease Expense	30.25
8/7/2017	FDGL Lease Payment	- Credit Card Machine Lease Expense	59.25
8/7/2017	FDGL Lease Payment	- Credit Card Machine Lease Expense	59.25
8/7/2017	FDGL Lease Payment	- Credit Card Machine Lease Expense	86.30
8/8/2017	Mckesson Drug Auto ACH	- 340B Drug Program Expense	– 2,451.97 8/7/17
8/9/2017	Clover APP MRKT Clover App	- Credit Card Machine Lease Expense	16.25
8/9/2017	Clover APP MRKT Clover App	- Credit Card Machine Lease Expense	81.20
8/10/2017	FDGL Lease Payment	- Credit Card Machine Lease Expense	30.17
8/10/2017	Memorial Medical Payroll	- Payroll	– 8/7/17 250,653.05 Checks 1,053.87
8/21/2017	FDGL Lease Payment	- Credit Card Machine Lease Expense	26.98
8/21/2017	FDGL Lease Payment	- Credit Card Machine Lease Expense	151.23
8/22/2017	Telecheck	- Credit Card Processing Fee	5.00

APPROVED
ON

OCT - 2 2017

BY
CALHOUN COUNTY AUDITOR

Total Electronic Payments 261,717.23

Jason Anglin
MMC Chief Executive Officer

L:\2017\Electronic Transfer Activity

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- AUGUST 2017

Monthly Electronic Transfers for Operating Expenses

8/2/2017	Harland Clarke	Check Order	35.34
8/11/2017	IRS USATAXPYMT	- Payroll Taxes	91,097.17
8/15/2017	Texas County DRS	- Retirement Funding	113,831.24
8/15/2017	Mckesson Drug Auto ACH	- 340B Drug Program Expense	5,932.12
8/16/2017	Expertpay	- Child Support	213.81
8/18/2017	Webfile Tax Pymt	- Sales Tax	972.09
8/18/2017	Deposit Item Returned	- Returned Check	80.00
8/18/2017	Deposit Item Returned	- Returned Check Charge	12.00
8/22/2017	Mckesson Drug Auto ACH	- 340B Drug Program Expense	2,885.99
8/24/2017	Cardmember Service Elect Pymt	- Credit Card Invoice	5,996.37
8/24/2017	Memorial Medical Payroll	- Payroll	253,346.48
8/25/2017	IRS USATAXPYMT	- Payroll Taxes	92,174.48
8/28/2017	Returned Charge	- Returned Charge	12.00
8/29/2017	Mckesson Drug Auto ACH	- 340B Drug Program Expense	2,799.07

APPROVED
ON

OCT - 2 2017

BY
CALHOUN COUNTY AUDITOR

Total Electronic Payments 569,388.16

Jason Anglin
MMC Chief Executive Officer

MEMORIAL MEDICAL CENTER - IBC

COMMISSIONERS COURT APPROVAL LIST FOR ---- October 12, 2017

Nursing Home UPL by DC

IN	OUT	Weekly Cantex Transfer	ACH Deposits	ACH Transfers
7/24/17 - 7/31/17	8/1/2017	Ashford-4553	117,167.48	117,092.08
8/1/17 - 8/3/17	8/10/2017	Ashford-4553	12,122.31	12,097.71
8/7/17 - 8/14/17	8/18/2017	Ashford-4553	52,077.28	52,077.28
8/16/17 - 8/18/17	8/23/2017	Ashford-4553	78,714.09	78,714.09
8/21/17 - 8/31/17		Ashford-4553	111,677.86	
7/24/17 - 7/28/17	8/1/2017	Broadmoor-4596	92,658.50	92,658.50
8/1/17 - 8/2/17	8/10/2017	Broadmoor-4596	20,121.77	20,021.77
8/8/17 - 8/11/17	8/18/2017	Broadmoor-4596	20,719.38	20,719.38
8/17/17 - 8/18/17	8/23/2017	Broadmoor-4596	232,869.33	232,869.33
8/21/17 - 8/28/17		Broadmoor-4596	205,056.92	
7/24/17 - 7/31/17	8/1/2017	Crescent-4588	96,749.22	95,565.76
8/1/17 - 8/1/17		Crescent-4588	1,354.41	
8/7/17 - 8/11/17	8/18/2017	Crescent-4588	40,591.14	43,029.01
8/16/17 - 8/18/17	8/23/2017	Crescent-4588	212,308.61	212,308.61
8/21/17 - 8/31/17		Crescent-4588	105,877.45	
7/24/17 - 7/28/17	8/1/2017	Fort Bend-4618	48,370.24	48,270.24
8/1/17- 8/4/17	8/10/2017	Fort Bend-4618	8,698.80	8,698.80
8/7/17 - 8/14/17	8/18/2017	Fort Bend-4618	45,240.90	45,240.90
8/15/17 - 8/18/17	8/23/2017	Fort Bend-4618	81,499.41	81,499.41
8/21/17 - 8/30/17		Fort Bend-4618	62,919.98	
7/24/17 - 7/31/17	8/1/2017	Solera-4561	597,942.30	597,942.30
8/1/17 - 8/4/17	8/10/2017	Solera-4561	29,147.24	31,253.61
8/7/17 - 8/14/17	8/18/2017	Solera-4561	78,336.97	78,336.97
8/15/17 - 8/18/17	8/23/2017	Solera-4561	80,824.68	80,824.68
8/21/17 - 8/31/17		Solera-4561	662,904.33	
	SUBTOTAL		2,143,062.86	1,949,220.43

MMC to NH Transfer

Total

		ACH Transfers
IGT August 2017 MPAP NHP		-
SUBTOTAL	**$ -**	**$ -**

TOTAL APPROVED NURSING HOME WEEKLY CANTEX TRANSFERS	**1,949,220.43**

MEMORIAL MEDICAL CENTER - Prosperity Bank

COMMISSIONERS COURT APPROVAL LIST FOR ---- October 12, 2017

Nursing Home UPL by DC

Weekly Cantex Transfer

IN	OUT		ACH Deposits	ACH Transfers
8/1/2017	Opening Dep.	Ashford - 4381	100.00	-
8/1/17 - 8/6/17	8/10/2017	Ashford-4381	29,917.60	29,882.26
8/7/17 - 8/14/17	8/18/2017	Ashford-4381	66,150.29	66,150.29
8/15/17 - 8/20/17	8/23/2017	Ashford-4381	13,532.39	13,532.39
8/24/2017 - 8/31/17		Ashford-4381	234,093.01	
8/1/2017	Opening Dep.	Broadmoor-4403	100.00	-
8/1/17 - 8/6/17	8/10/2017	Broadmoor-4403	81,776.75	81,741.41
8/7/17 - 8/14/17	8/18/2017	Broadmoor-4403	58,918.34	58,918.34
8/15/17 - 8/20/17	8/23/2017	Broadmoor-4403	42,674.83	42,674.83
8/23/17 - 8/31/17		Broadmoor-4403	845,434.86	
8/1/2017	Opening Dep.	Crescent-4411	100.00	-
8/1/17 - 8/6/17	8/10/2017	Crescent-4411	13,066.35	13,031.01
8/7/17 - 8/14/17	8/18/2017	Crescent-4411	21,643.02	21,643.02
8/15/17 - 8/20/17	8/23/2017	Crescent-4411	33,590.62	$ 33,590.62
8/23/17 - 8/31/17		Crescent-4411	2.15	
8/1/2017	Opening Dep.	Fort Bend-4446	100.00	-
8/1/17 - 8/6/17	8/10/2017	Fort Bend-4446	12,005.80	11,970.46
8/7/17 - 8/14/17	8/18/2017	Fort Bend-4446	8,265.53	8,265.53
8/15/17 - 8/20/17	8/23/2017	Fort Bend-4446	13,180.08	13,180.08
8/23/17 - 8/31/17		Fort Bend-4446	210,934.93	
8/1/2017	Opening Dep.	Solera-4438	100.00	-
8/1/17 - 8/6/17	8/10/2017	Solera-4438	41,718.01	41,682.67
8/7/17 - 8/14/17	8/18/2017	Solera-4438	81,476.57	81,476.57
8/15/17 - 8/20/17	8/23/2017	Solera-4438	18,445.94	18,445.94
8/23/17 - 8/31/17		Solera-4438	5.05	
8/1/2017	Opening Dep.	Golden Creek - 4454	100.00	
8/1/17 - 8/31/17		Golden Creek - 4454	0.03	
SUBTOTAL			1,827,332.15	536,185.42

Harland Check Order	Ashford	35.34
Harland Check Order	Broadmoor	35.34
Harland Check Order	Crescent	35.34
Harland Check Order	Fort Bend	35.34
Harland Check Order	Solera	35.34
Harland Check Order	Golden Creek	35.34
Total		176.70

	ACH Transfers
IGT August 2017 MPAP NHP	-
SUBTOTAL	**$ -**

TOTAL APPROVED NURSING HOME WEEKLY CANTEX TRANSFERS	**536,362.12**

08/01/2017 MEMORIAL MEDICAL CENTER 0
08:34 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 08/09/2017

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
225245 ✓		07/14/20	06/28/20	07/28/20		166.84	0.00	0.00	166.84 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10006	CUSTOM MEDICAL SPECIALTIES	166.84	0.00	0.00	166.84

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
5419211 ✓		07/19/20	06/01/20	06/21/20		1,400.32	0.00	0.00	1,400.32 ✓
	SUPPLIES								
5552455 ✓		07/19/20	06/08/20	06/28/20		2,133.99	0.00	0.00	2,133.99 ✓
	SUPPLIES								
5619315 ✓		07/19/20	06/12/20	07/02/20		1,355.05	0.00	0.00	1,355.05 ✓
	SUPPLIES								
5687097 ✓		07/19/20	06/15/20	07/05/20		1,565.28	0.00	0.00	1,565.28 ✓
	SUPPLIES								
5747381 ✓		07/19/20	06/19/20	07/09/20		1,349.13	0.00	0.00	1,349.13 ✓
	SUPPLIES								
5815955 ✓		07/19/20	06/22/20	07/12/20		1,828.53	0.00	0.00	1,828.53 ✓
	SUPPLIES								
3119964 ✓		07/19/20	07/03/20	07/23/20		1,394.81	0.00	0.00	1,394.81 ✓
	SUPPLIES								
3167325 ✓		07/19/20	07/06/20	07/26/20		1,883.96	0.00	0.00	1,883.96 ✓
	SUPPLIES								
3231148 ✓		07/19/20	07/10/20	07/30/20		1,594.35	0.00	0.00	1,594.35 ✓
	SUPPLIES								
3297242 ✓		07/19/20	07/13/20	08/02/20		2,050.29	0.00	0.00	2,050.29 ✓
	SUPPLIES								
3359951 ✓		07/19/20	07/17/20	08/06/20		272.79	0.00	0.00	272.79 ✓
	SUPPLIES								
3359950 ✓		07/19/20	07/17/20	08/06/20		100.94	0.00	0.00	100.94 ✓
	SUPPLIES								
3359949 ✓		07/19/20	07/17/20	08/06/20		196.29	0.00	0.00	196.29 ✓
	SUPPLIES								
3359948 ✓		07/19/20	07/17/20	08/06/20		2,098.91	0.00	0.00	2,098.91 ✓
	SUPPLIES								
3430968 ✓		07/28/20	07/20/20	08/09/20		74.93	0.00	0.00	74.93 ✓
	SUPPLIES								
3430966 ✓		07/28/20	07/20/20	08/09/20		2,230.92	0.00	0.00	2,230.92 ✓
	SUUPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10172	US FOOD SERVICE	21,530.49	0.00	0.00	21,530.49

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
1950177 ✓		07/14/20	06/28/20	07/28/20		26.19	0.00	0.00	26.19 ✓

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10182	MERCEDES MEDICAL	26.19	0.00	0.00	26.19

Vendor#	Vendor Name	Class	Pay Code
10188	NATUS MEDICAL INC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1040541191 ✓		07/14/20	06/29/20	07/29/20			426.56	0.00	0.00	426.56 ✓
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10188	NATUS MEDICAL INC	426.56	0.00	0.00	426.56

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
A1994293 ✓		07/12/20	07/03/20	07/28/20			139.98	0.00	0.00	139.98 ✓
	INVENT									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10204	PHARMEDIUM SERVICES LLC	139.98	0.00	0.00	139.98

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
PJIN0103266 ✓		07/28/20	06/15/20	08/03/20			8,333.33	0.00	0.00	8,333.33 ✓
	MAINT CONT									

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
10350	CENTURION MEDICAL PRODUCTS ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
92293830 ✓		07/14/20	06/27/20	07/27/20			92.16	0.00	0.00	92.16 ✓
	SUPPLIES									
92294759 ✓		07/14/20	06/28/20	07/28/20			663.00	0.00	0.00	663.00 ✓
	SUPPLIES									
92297287 ✓		07/14/20	07/03/20	08/02/20			340.00	0.00	0.00	340.00 ✓
	SUPPLIES									
92292827 ✓		07/19/20	06/26/20	07/26/20			1,033.84	0.00	0.00	1,033.84 ✓
	SUPPLIES									
92300307 ✓		07/19/20	07/07/20	08/06/20			605.80	0.00	0.00	605.80 ✓
	INVENT									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10350	CENTURION MEDICAL PRODUCTS	2,734.80	0.00	0.00	2,734.80

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
5081740 ✓		07/13/20	07/03/20	07/28/20			68.84	0.00	0.00	68.84 ✓
	OFF SUPPLIES									
5081930 ✓		07/13/20	07/03/20	07/28/20			192.60	0.00	0.00	192.60 ✓
	OFF SUPPLIES									
5085150 ✓		07/13/20	07/07/20	08/01/20			39.23	0.00	0.00	39.23 ✓
	OFF SUPPLIES									
5082880 ✓		07/14/20	07/06/20	07/31/20			43.45	0.00	0.00	43.45 ✓
	SUPPLIES									
5082890 ✓		07/14/20	07/06/20	07/31/20			438.38	0.00	0.00	438.38 ✓
	SUPPLIES									

5086280		07/14/20	07/10/20	08/04/20	146.36	0.00	0.00	146.36
	SUPPLIES							
5090640		07/19/20	07/13/20	08/07/20	30.39	0.00	0.00	30.39
	SUPPLIES							
5088780		07/21/20	07/12/20	08/06/20	331.34	0.00	0.00	331.34
	SUPPLIES							
5090760		07/21/20	07/13/20	08/07/20	138.32	0.00	0.00	138.32
	SUPPLIES							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	1,428.91	0.00	0.00	1,428.91

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
3834414		07/14/20	06/27/20	07/27/20			278.50	0.00	0.00	278.50
	SUPPLIES									
3837536		07/14/20	06/29/20	07/29/20			238.47	0.00	0.00	238.47
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10372	PRECISION DYNAMICS CORP (PDC)	516.97	0.00	0.00	516.97

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1528263		07/19/20	07/14/20	07/15/20			28.95	0.00	0.00	28.95
	INVENT									
1528266		07/19/20	07/14/20	07/15/20			66.59	0.00	0.00	66.59
	INVENT									
1527467		07/19/20	07/14/20	07/15/20			493.47	0.00	0.00	493.47
	INVENT									
1528265		07/19/20	07/14/20	07/15/20			84.19	0.00	0.00	84.19
	INVENT									
1528264		07/19/20	07/14/20	07/15/20			1,351.84	0.00	0.00	1,351.84
	INVENT									
1536946		07/19/20	07/17/20	07/18/20			677.89	0.00	0.00	677.89
	INVENT									
1536944		07/19/20	07/17/20	07/18/20			154.11	0.00	0.00	154.11
	INVENT									
1536945		07/19/20	07/17/20	07/18/20			270.36	0.00	0.00	270.36
	INVENT									
CM22394		07/19/20	07/18/20	07/19/20			-83.38	0.00	0.00	-83.38
	INVENT									
1541617		07/19/20	07/18/20	07/19/20			834.28	0.00	0.00	834.28
	INVENT									
CM22393		07/19/20	07/18/20	07/19/20			-159.80	0.00	0.00	-159.80
	INVENT									
1541616		07/19/20	07/18/20	07/19/20			4.86	0.00	0.00	4.86
	INVENT									
1541615		07/19/20	07/18/20	07/19/20			87.15	0.00	0.00	87.15
	INVENT									
9249		07/28/20	07/18/20	08/03/20			-16.75	0.00	0.00	-16.75
	INVENT PHARM									
1546160		07/28/20	07/19/20	08/03/20			101.13	0.00	0.00	101.13

1546790	INVENT PHARM 07/28/20 07/19/20 08/03/20	257.90	0.00	0.00	257.90	
1546789	INVENT PHARM 07/28/20 07/19/20 08/03/20	1,849.83	0.00	0.00	1,849.83	
1546791	INVENT PHARM 07/28/20 07/19/20 08/03/20	144.54	0.00	0.00	144.54	
1550380	INVENT PHARM 07/28/20 07/20/20 08/03/20	166.02	0.00	0.00	166.02	
1553239	INVENT PHARM 07/28/20 07/20/20 08/03/20	6,576.11	0.00	0.00	6,576.11	
1550381	INVENT PHARM 07/28/20 07/20/20 08/03/20	24.25	0.00	0.00	24.25	
CM23364	INVENT PHARM 07/28/20 07/20/20 08/03/20	-270.68	0.00	0.00	-270.68	
1553240	INVENT PHARM 07/28/20 07/20/20 08/03/20	507.32	0.00	0.00	507.32	
CM23888	INVENT PHARM 07/28/20 07/21/20 08/03/20	-1,362.16	0.00	0.00	-1,362.16	
CM23889	INVENT PHARM 07/28/20 07/21/20 08/03/20	-6,573.40	0.00	0.00	-6,573.40	
1564648	INVENT PHARM 07/28/20 07/24/20 08/03/20	209.82	0.00	0.00	209.82	
1564649	INVENT PHARM 07/28/20 07/24/20 08/03/20	1,909.71	0.00	0.00	1,909.71	
1564650	INVENT PHARM 07/28/20 07/24/20 08/03/20	1,519.57	0.00	0.00	1,519.57	
0012	INVENT PHARM 07/28/20 07/24/20 08/03/20	-1.16	0.00	0.00	-1.16	
1567516	INVENT PHARM 07/28/20 07/25/20 08/03/20	21.00	0.00	0.00	21.00	
1571262	INVENT PHARM 07/28/20 07/25/20 08/03/20	5.63	0.00	0.00	5.63	
1567519	INVENT PHARM 07/28/20 07/25/20 08/03/20	79.90	0.00	0.00	79.90	
1567515	INVENT PHARM 07/28/20 07/25/20 08/03/20	6.60	0.00	0.00	6.60	
1569959	INVENT PHARM 07/28/20 07/25/20 08/03/20	46.16	0.00	0.00	46.16	
1569726	INVENT PHARM 07/28/20 07/25/20 08/03/20	37.40	0.00	0.00	37.40	
1569960	INVENT PHARM 07/28/20 07/25/20 08/03/20	4,652.16	0.00	0.00	4,652.16	
1567514	INVENT PHARM 07/28/20 07/25/20 08/03/20	327.43	0.00	0.00	327.43	
1567517	INVENT PHARM 07/28/20 07/25/20 08/03/20	7,658.00	0.00	0.00	7,658.00	
1567518	INVENT PHARM 07/28/20 07/25/20 08/03/20	28.02	0.00	0.00	28.02	
1575811	INVENT PHARM 07/28/20 07/26/20 08/03/20	477.37	0.00	0.00	477.37	
1575812	INVENT PHARM 07/28/20 07/26/20 08/03/20	532.99	0.00	0.00	532.99	

		INVENT PHARM							
	1575010		07/28/20	07/26/20	08/03/20	1.54	0.00	0.00	1.54
		INVENT PHARM							
	1577227		07/28/20	07/26/20	08/03/20	45.84	0.00	0.00	45.84
		INVENT PHARM							
	1575813		07/28/20	07/26/20	08/03/20	22.20	0.00	0.00	22.20
		INVENT PHARM							
	1579907		07/31/20	07/27/20	08/03/20	490.84	0.00	0.00	490.84
		INVENT PHARM							
	1579906		07/31/20	07/27/20	08/03/20	653.70	0.00	0.00	653.70
		INVENT PHARM							
	1579908		07/31/20	07/27/20	08/03/20	77.60	0.00	0.00	77.60
		INVENT PHARM							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		10536	MORRIS & DICKSON CO, LLC			24,016.94	0.00	0.00	24,016.94
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
	000109		07/31/20	07/28/20	08/03/20		30.06	0.00	0.00	30.06
		TRAVEL							
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10625	SARA RUBIO				30.06	0.00	0.00	30.06
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
	07201726		07/31/20	07/17/20	08/03/20		240.00	0.00	0.00	240.00
		PUB REL							
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10645	REVISTA de VICTORIA				240.00	0.00	0.00	240.00
Vendor#	Vendor Name				Class	Pay Code			
10670	AMPRONIX								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	368017		07/28/20	07/10/20	08/05/20		68.94	0.00	0.00	68.94
		SUPPLIES							
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10670	AMPRONIX				68.94	0.00	0.00	68.94
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
	17040		07/28/20	07/07/20	08/03/20		650.00	0.00	0.00	650.00
		CONT EDU							
	17041		07/28/20	07/10/20	08/03/20		390.00	0.00	0.00	390.00
		CONT EDU							
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10720	LIFESOURCE EDUCATIONAL SRV LLC				1,040.00	0.00	0.00	1,040.00
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
	3061181		07/18/20	06/06/20	07/06/20		169.79	0.00	0.00	169.79
		SUPPLIES							
	3086362		07/21/20	07/06/20	08/05/20		278.49	0.00	0.00	278.49

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10735	STRYKER SUSTAINABILITY	448.28	0.00	0.00	448.28

Vendor# 10810 Vendor Name: MMC EMPLOYEE BENEFIT PLAN Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000082	EMP EXP	07/19/20	07/17/20	08/01/20			38,982.02	0.00	0.00	38,982.02
000094	EMPL EXP	07/28/20	07/24/20	08/03/20			10,941.70	0.00	0.00	10,941.70

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN	49,923.72	0.00	0.00	49,923.72

Vendor# 10901 Vendor Name: GENESIS DIAGNOSTICS Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
47436	SUPPLIES	07/14/20	07/10/20	08/09/20			191.10	0.00	0.00	191.10

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10901	GENESIS DIAGNOSTICS	191.10	0.00	0.00	191.10

Vendor# 10915 Vendor Name: WAGEWORKS Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000103	FLEX SPENDING	07/28/20	07/20/20	08/03/20			2,187.85	0.00	0.00	2,187.85

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10915	WAGEWORKS	2,187.85	0.00	0.00	2,187.85

Vendor# 10927 Vendor Name: ROSHANDA THOMAS Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000110	TRAVEL	07/31/20	07/27/20	08/03/20			214.80	0.00	0.00	214.80

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10927	ROSHANDA THOMAS	214.80	0.00	0.00	214.80

Vendor# 10936 Vendor Name: SIEMENS FINANCIAL SERVICES Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
4616428	RENTAL	07/28/20	07/06/20	08/03/20			1,333.33	0.00	0.00	1,333.33

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
4215108	LEASE	07/19/20	07/12/20	08/01/20			6,452.64	0.00	0.00	6,452.64

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
10639609	LEGAL	07/28/20	07/14/20	08/03/20			1,012.00	0.00	0.00	1,012.00

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10943	WALLER,LANSDEN, DORTCH & DAVIS				1,012.00	0.00	0.00	1,012.00

Vendor#	Vendor Name	Class	Pay Code
10950	ACUTE CARE INC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
23254 ✓		07/31/20	07/20/20	08/03/20			1,400.00	0.00	0.00	1,400.00 ✓
	PURCH SERV									

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

Vendor#	Vendor Name	Class	Pay Code
10972	M G TRUST ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000101		07/28/20	07/20/20	08/03/20			1,415.00	0.00	0.00	1,415.00 ✓
	EMPL EXP									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10972	M G TRUST	1,415.00	0.00	0.00	1,415.00

Vendor#	Vendor Name	Class	Pay Code
10995	SHIFTHOUND ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
17S0000366		07/31/20	06/30/20	08/03/20			558.00	0.00	0.00	558.00 ✓
	DUES AND SUBS									

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
11008	DERRI HART ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000114		07/31/20	07/31/20	08/03/20			558.03	0.00	0.00	558.03 ✓
	PURCH SERV									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11008	DERRI HART	558.03	0.00	0.00	558.03

Vendor#	Vendor Name	Class	Pay Code
11009	RECONDO ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
INV11452		07/28/20	06/01/20	08/03/20			4,050.00	0.00	0.00	4,050.00
	PURCH SERV									

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
11014	ADVANCED COMMUNICATIONS ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
GR5791114 ✓		07/14/20	06/29/20	07/29/20			34.29	0.00	0.00	34.29 ✓
	FREIGHT FOR REPAIRS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11014	ADVANCED COMMUNICATIONS	34.29	0.00	0.00	34.29

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
000102		07/28/20	07/20/20	08/03/20			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				
11042	ZOLL MEDICAL CORP ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	2488817 ✓		07/28/20	02/21/20	08/03/20		99.50	0.00	0.00	99.50 ✓
		SUPPLIES								
	2535975 ✓		07/28/20	06/16/20	08/03/20		1,925.00	0.00	0.00	1,925.00 ✓
		REPAIRS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11042	ZOLL MEDICAL CORP				2,024.50	0.00	0.00	2,024.50
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
	24426047 ✓		07/28/20	07/16/20	08/03/20		1,158.64	0.00	0.00	1,158.64 ✓
		TELEPHONE								
	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				
11069	PABLO GARZA ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	000113		07/31/20	07/31/20	08/03/20		1,402.50	0.00	0.00	1,402.50 ✓
		PURCH SERV								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11069	PABLO GARZA				1,402.50	0.00	0.00	1,402.50
Vendor#	Vendor Name			Class	Pay Code				
11078	FUSION MEDICAL STAFFING, LLC remove per Ashley Hall								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	E138357 ✓		07/19/20	06/23/20	07/23/20		2,693.25	0.00	0.00	2,693.25
		PURCH SERV								
	E138681		07/19/20	06/30/20	07/30/20		2,944.00	0.00	0.00	2,944.00
		PURCH SERV								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11078	FUSION MEDICAL STAFFING, LLC				5,637.25	0.00	0.00	5,637.25
Vendor#	Vendor Name			Class	Pay Code				
11080	RADSOURCE ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	SC55817 ✓		07/28/20	07/12/20	08/06/20		1,667.00	0.00	0.00	1,667.00 ✓
		PUCH SER								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11080	RADSOURCE				1,667.00	0.00	0.00	1,667.00
Vendor#	Vendor Name			Class	Pay Code				
11087	PROMETHEUS LABORATORIES, INC ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	201706 ✓		07/28/20	06/20/20	08/03/20		1,040.00	0.00	0.00	1,040.00 ✓
		PURCH SERV								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11087	PROMETHEUS LABORATORIES, INC				1,040.00	0.00	0.00	1,040.00
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
	15138279 ✓		07/19/20	07/14/20	08/01/20		1,418.91	0.00	0.00	1,418.91 ✓
		LEASE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net

	11099 MARLIN BUSINESS BANK					1,418.91	0.00	0.00	1,418.91
Vendor#	Vendor Name			Class	Pay Code				
11142	PAETEC								
	Invoice#	Comment	Tran Dt Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	69199210		07/31/20 07/22/20	08/03/20		8,811.03	0.00	0.00	8,811.03
		TELEPHONE							
	Vendor Totals	Number Name				Gross	Discount	No-Pay	Net
		11142 PAETEC				8,811.03	0.00	0.00	8,811.03
Vendor#	Vendor Name			Class	Pay Code				
11149	GARDNER & WHITE, INC.								
	Invoice#	Comment	Tran Dt Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	000104		07/28/20 07/01/20	08/03/20		5,277.96	0.00	0.00	5,277.96
		EMPL EXP							
	000111		07/31/20 08/01/20	08/03/20		4,743.15	0.00	0.00	4,743.15
		EMPL EXP							
	Vendor Totals	Number Name				Gross	Discount	No-Pay	Net
		11149 GARDNER & WHITE, INC.				10,021.11	0.00	0.00	10,021.11
Vendor#	Vendor Name			Class	Pay Code				
11155	PARA								
	Invoice#	Comment	Tran Dt Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	2964		07/13/20 07/01/20	07/31/20		2,000.00	0.00	0.00	2,000.00
		PURCH SERV							
	Vendor Totals	Number Name				Gross	Discount	No-Pay	Net
		11155 PARA				2,000.00	0.00	0.00	2,000.00
Vendor#	Vendor Name			Class	Pay Code				
11167	LAMAR COMPANIES								
	Invoice#	Comment	Tran Dt Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	108269369		07/31/20 07/10/20	08/09/20		400.00	0.00	0.00	400.00
		PUB REL							
	Vendor Totals	Number Name				Gross	Discount	No-Pay	Net
		11167 LAMAR COMPANIES				400.00	0.00	0.00	400.00
Vendor#	Vendor Name			Class	Pay Code				
11169	TXU ENERGY								
	Invoice#	Comment	Tran Dt Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	052002714797		07/31/20 07/25/20	08/03/20		34,076.07	0.00	0.00	34,076.07
		ELECTRICITY							
	Vendor Totals	Number Name				Gross	Discount	No-Pay	Net
		11169 TXU ENERGY				34,076.07	0.00	0.00	34,076.07
Vendor#	Vendor Name			Class	Pay Code				
11183	FRONTIER								
	Invoice#	Comment	Tran Dt Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	000092		07/28/20 07/19/20	08/03/20		50.42	0.00	0.00	50.42
		TELEPHONE							
	Vendor Totals	Number Name				Gross	Discount	No-Pay	Net
		11183 FRONTIER				50.42	0.00	0.00	50.42
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
	492653		07/28/20 06/30/20	08/03/20		48.50	0.00	0.00	48.50
		PURCH SERV							
	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

11201 DOROTHY BONUZ

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000083		07/19/20	07/18/20	08/01/20			60.19	0.00	0.00	60.19
	SUPPLIES									
000084		07/19/20	07/19/20	08/01/20			5.25	0.00	0.00	5.25
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11201	DOROTHY BONUZ	65.44	0.00	0.00	65.44

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
0655408		07/14/20	06/28/20	07/28/20			59.80	0.00	0.00	59.80
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11203	MEDI-DOSE, INC	59.80	0.00	0.00	59.80

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
2006344		07/19/20	07/12/20	08/01/20			323.20	0.00	0.00	323.20
	PRO FEES									
2006478		07/28/20	07/19/20	08/03/20			29.84	0.00	0.00	29.84
	PRO FEES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11230	JACKSON & COKER LOCUM TENENS,	353.04 29.84	0.00	0.00	353.04 29.84

Vendor# Vendor Name — Class — Pay Code

11243 MEDIALAB,INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
115596		07/13/20	06/29/20	07/29/20			2,505.00	0.00	0.00	2,505.00
	DUES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11243	MEDIALAB,INC	2,505.00	0.00	0.00	2,505.00

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
113667		07/19/20	06/27/20	07/22/20			11.48	0.00	0.00	11.48
	SUPPLIES									
113681		07/19/20	06/27/20	07/22/20			21.97	0.00	0.00	21.97
	SUPPLIES									
113778		07/19/20	06/29/20	07/24/20			78.95	0.00	0.00	78.95
	SUPPLIES									
113755		07/19/20	06/29/20	07/24/20			49.33	0.00	0.00	49.33
	SUPPLIES									
113754		07/19/20	06/29/20	07/24/20			95.42	0.00	0.00	95.42
	SUPPLIES									
113844		07/19/20	07/01/20	07/26/20			37.98	0.00	0.00	37.98
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521	295.13	0.00	0.00	295.13

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
MMC72017	PURCH SERV	07/19/20	07/18/20	08/02/20			22,468.00	0.00	0.00	22,468.00
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11285	ITA RESOURCES INC					22,468.00	0.00	0.00	22,468.00

Vendor# 11292 Vendor Name: CHARLES SAMAHA — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000089	REPAIRS	07/28/20	07/18/20	08/03/20			128.10	0.00	0.00	128.10
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11292	CHARLES SAMAHA					128.10	0.00	0.00	128.10

Vendor# 11299 Vendor Name: ALLSTATE — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
C049152100	EMPL EXP	07/28/20	07/17/20	08/03/20			11,605.98	0.00	0.00	11,605.98
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11299	ALLSTATE					11,605.98	0.00	0.00	11,605.98

Vendor# 11368 Vendor Name: CYRACOM LLC — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
640752	PURCH SERV	07/14/20	06/30/20	07/30/20			48.60	0.00	0.00	48.60
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11368	CYRACOM LLC					48.60	0.00	0.00	48.60

Vendor# 11372 Vendor Name: CHUBB GROUP ON INSURANCE CO — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000095	LEGAL	07/28/20	07/28/20	08/03/20			792.00	0.00	0.00	792.00
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11372	CHUBB GROUP ON INSURANCE CO					792.00	0.00	0.00	792.00

Vendor# 11448 Vendor Name: EPIPHANY ARCHANGEL — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000085	EMPL MORAL	07/19/20	07/18/20	08/01/20			34.46	0.00	0.00	34.46
495877	SUPPLIES	07/28/20	07/19/20	08/03/20			29.03	0.00	0.00	29.03
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11448	EPIPHANY ARCHANGEL					63.49	0.00	0.00	63.49

Vendor# 11464 Vendor Name: ADVANCES BY TED LLC — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000100	CONT EDU	07/28/20	07/28/20	08/03/20			300.00	0.00	0.00	300.00
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11464	ADVANCES BY TED LLC					300.00	0.00	0.00	300.00

Vendor# 11468 Vendor Name: ORASURE TECHNOLOGIES INC — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
90262323		07/28/20	06/28/20	08/03/20			90.93	0.00	0.00	90.93
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11468	ORASURE TECHNOLOGIES INC					90.93	0.00	0.00	90.93

Vendor#	Vendor Name	Class	Pay Code
11472	OCCUPRO LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
7531		07/31/20	07/17/20	08/03/20			4,906.25	0.00	0.00	4,906.25
	PURCH SERV									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11472	OCCUPRO LLC					4,906.25	0.00	0.00	4,906.25

Vendor#	Vendor Name	Class	Pay Code
A0401	ABBOTT NUTRITION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
607442324		07/14/20	06/28/20	07/28/20			11.58	0.00	0.00	11.58
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	A0401	ABBOTT NUTRITION					11.58	0.00	0.00	11.58

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
9651550059		07/12/20	07/05/20	08/04/20			477.00	0.00	0.00	477.00
	LENSES									
9651545487		07/14/20	07/05/20	08/04/20			795.00	0.00	0.00	795.00
	LENSES									
9651239471		07/18/20	05/15/20	06/14/20			3,515.74	0.00	0.00	3,515.74
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	A1690	ALCON LABORATORIES, INC.					4,787.74	0.00	0.00	4,787.74

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
781742		07/28/20	06/30/20	08/03/20			29.09	0.00	0.00	29.09
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	A2218	AQUA BEVERAGE COMPANY					29.09	0.00	0.00	29.09

Vendor#	Vendor Name	Class	Pay Code
A2347	ATD-AUSTIN	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000080		07/19/20	07/17/20	08/01/20			1,980.00	0.00	0.00	1,980.00
	PUBL RELATION									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	A2347	ATD-AUSTIN					1,980.00	0.00	0.00	1,980.00

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
836316		07/17/20	07/12/20	07/27/20			167.48	0.00	0.00	167.48
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	A2600	AUTO PARTS & MACHINE CO.					167.48	0.00	0.00	167.48

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
55522298		07/19/20	07/13/20	08/07/20			348.40	0.00	0.00	348.40
55412470	INVENT SUPPLIES	07/21/20	07/03/20	08/03/20			806.67	0.00	0.00	806.67

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE	1,155.07	0.00	0.00	1,155.07

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
106431549	SUPPLIES	07/13/20	07/03/20	07/28/20			33.44	0.00	0.00	33.44
106437350	SUPPLIES	07/13/20	07/06/20	07/31/20			10,577.26	0.00	0.00	10,577.26
106438258	SUPPLIES	07/13/20	07/06/20	07/31/20			41.72	0.00	0.00	41.72
106438091	SUPPLIES	07/13/20	07/06/20	07/31/20			61.92	0.00	0.00	61.92
106438248	SUPPLIES	07/13/20	07/06/20	07/31/20			64.50	0.00	0.00	64.50
106437526	SUPPLIES	07/13/20	07/06/20	07/31/20			1,788.80	0.00	0.00	1,788.80
4307828	MAINT CONT	07/28/20	06/25/20	08/03/20			2,450.00	0.00	0.00	2,450.00
106426696	SUPPLIES	07/28/20	06/29/20	08/03/20			1,192.10	0.00	0.00	1,192.10
5372711	LEASE	07/28/20	06/30/20	08/03/20			3,507.27	0.00	0.00	3,507.27
106435290	SUPPLIES	07/28/20	07/05/20	08/03/20			462.00	0.00	0.00	462.00
4309224	PREPAID	07/28/20	07/05/20	08/03/20			6,026.00	0.00	0.00	6,026.00
106435126	SUPPLIES	07/28/20	07/05/20	08/03/20			12,034.24	0.00	0.00	12,034.24
106433763	SUPPLIES	07/28/20	07/05/20	08/03/20			3,008.48	0.00	0.00	3,008.48
106433972	SUPPLIES	07/28/20	07/05/20	08/03/20			2,091.20	0.00	0.00	2,091.20
5373322	LEASE	07/28/20	07/01/20	08/03/20			4,233.46	0.00	0.00	4,233.46

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	47,572.39	0.00	0.00	47,572.39

Vendor# Vendor Name — Class — Pay Code

B1320 BEEKLEY MEDICAL M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
INV1110450	SUPPLIES	07/19/20	07/12/20	07/20/20			125.95	0.00	0.00	125.95

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1320	BEEKLEY MEDICAL	125.95	0.00	0.00	125.95

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
112378 ✓		07/13/20	06/27/20	07/27/20		22.40	0.00	0.00	22.40 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1650	BOSART LOCK & KEY INC	22.40	0.00	0.00	22.40

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
955646858 ✓		07/14/20	07/03/20	07/30/20		149.00	0.00	0.00	149.00 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1655	BOSTON SCIENTIFIC CORPORATION	149.00	0.00	0.00	149.00

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
000096		07/28/20	07/27/20	08/03/20		48.03	0.00	0.00	48.03 ✓
	PURCH SERV								
000097		07/31/20	07/27/20	08/03/20		418.86	0.00	0.00	418.86 ✓
	PURCH SERV								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1010	CABLE ONE	466.89	0.00	0.00	466.89

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
OE141301 ✓		07/19/20	07/12/20	08/05/20		57.50	0.00	0.00	57.50 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1166	COASTAL OFFICE SOLUTONS	57.50	0.00	0.00	57.50

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
8001382317 ✓		07/28/20	06/17/20	08/03/20		643.99	0.00	0.00	643.99 ✓
	SUPPLIES								
8001387895 ✓		07/28/20	06/24/20	08/03/20		556.30	0.00	0.00	556.30 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH 414, INC.	1,200.29	0.00	0.00	1,200.29

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
000093		07/28/20	07/20/20	08/03/20		1,259.62	0.00	0.00	1,259.62 ✓
	WATER								
000099		07/28/20	07/20/20	08/03/20		430.15	0.00	0.00	430.15 ✓
	WATER								
000098		07/28/20	07/20/20	08/03/20		5,479.92	0.00	0.00	5,479.92 ✓
	WATER								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1730	CITY OF PORT LAVACA	7,169.69	0.00	0.00	7,169.69

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

JJG9309	07/14/20	06/29/20	07/29/20	322.06	0.00	0.00	322.06
SUPPLIES							
JJT9330	07/14/20	06/30/20	07/30/20	422.76	0.00	0.00	422.76
SUPPLIES							
JJV7305	07/14/20	07/01/20	07/31/20	850.89	0.00	0.00	850.89
SUPPLIES							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.	1,595.71	0.00	0.00	1,595.71

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
000072		07/14/20	07/12/20	08/06/20			1,000.00	0.00	0.00	1,000.00
	SOFTWARE MAINT									
A1707061378		07/28/20	07/06/20	08/03/20			19,106.00	0.00	0.00	19,106.00
	SOFTWARE MAINT									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C2510	EVIDENT	20,106.00	0.00	0.00	20,106.00

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
01884063017		07/28/20	06/30/20	08/03/20			75.00	0.00	0.00	75.00
	PURCH SERV									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1641	THE DOCTORS' CENTER	75.00	0.00	0.00	75.00

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
000078		07/19/20	06/26/20	07/06/20			32.00	0.00	0.00	32.00
	LAUNDRY									
000079		07/19/20	07/12/20	07/22/20			48.00	0.00	0.00	48.00
	LAUNRY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1710	DOWNTOWN CLEANERS	80.00	0.00	0.00	80.00

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
9269		07/14/20	07/06/20	07/31/20			185.60	0.00	0.00	185.60
	SUPPLIES									

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

Vendor#	Vendor Name	Class	Pay Code
D1785	DYNATRONICS CORPORATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
955210		07/19/20	06/22/20	07/22/20			79.50	0.00	0.00	79.50
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1785	DYNATRONICS CORPORATION	79.50	0.00	0.00	79.50

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
585009547		07/19/20	06/29/20	07/24/20			9.44	0.00	0.00	9.44

	FREIGHT								
585673930		07/19/20	07/06/20	07/31/20		48.61	0.00	0.00	48.61
	FREIGHT								
586351280		07/19/20	07/13/20	08/07/20		72.36	0.00	0.00	72.36
	FREIGHT								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.				130.41	0.00	0.00	130.41
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
	2190474		07/19/20	05/16/20	06/10/20		671.18	0.00	0.00	671.18
	3076078	SUPPLIES	07/19/20	05/18/20	06/12/20		584.81	0.00	0.00	584.81
	3209464	SUPPLIES	07/19/20	06/30/20	07/25/20		112.46	0.00	0.00	112.46
	3252735	SUPPLIES	07/19/20	07/03/20	07/28/20		178.46	0.00	0.00	178.46
	3291765	SUPPLIES	07/19/20	07/05/20	07/30/20		1,934.31	0.00	0.00	1,934.31
	3291764	SUPPLIES	07/19/20	07/05/20	07/30/20		360.04	0.00	0.00	360.04
	3339334	SUPPLIES	07/19/20	07/06/20	07/31/20		445.60	0.00	0.00	445.60
	3339335	SUPPLIES	07/19/20	07/06/20	07/31/20		414.29	0.00	0.00	414.29
	3447190	SUPPLIES	07/19/20	07/10/20	08/04/20		154.48	0.00	0.00	154.48
	3447189	SUPPLIES	07/19/20	07/10/20	08/04/20		99.47	0.00	0.00	99.47
	2757721	SUPPLIES	07/28/20	06/23/20	08/03/20		530.88	0.00	0.00	530.88
	2757728	SUPPLIES	07/28/20	06/23/20	08/03/20		31.88	0.00	0.00	31.88
	3447188	SUPPLIES	07/28/20	07/10/20	08/04/20		238.98	0.00	0.00	238.98
		SUPPLIES								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE					5,756.84	0.00	0.00	5,756.84
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
	154		07/28/20	07/24/20	08/03/20		2,131.25	0.00	0.00	2,131.25
	84	LEGAL	07/28/20	07/24/20	08/03/20		687.50	0.00	0.00	687.50
	52	LEGAL	07/31/20	07/24/20	08/03/20		984.50	0.00	0.00	984.50
		LEGAL								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	G0425	ROBERTS, ROBERTS & ODEFEY, LLP					3,803.25	0.00	0.00	3,803.25
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

1344874		07/12/20	07/03/20	08/02/20	122.32	0.00	0.00	122.32
	SUPPLIES							
1342551		07/14/20	06/27/20	07/27/20	100.31	0.00	0.00	100.31
	SUPPLIES							
1344876		07/14/20	07/03/20	08/02/20	325.48	0.00	0.00	325.48
	SUPPLIES							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	548.11	0.00	0.00	548.11

Vendor#	Vendor Name	Class	Pay Code
H1135	HEALTH CARE LOGISTICS INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
6310752-A		07/28/20	06/26/20	08/03/20			-63.32	0.00	0.00	-63.32
	CREDIT									
6326663		07/28/20	07/11/20	08/05/20			145.90	0.00	0.00	145.90
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H1135	HEALTH CARE LOGISTICS INC	82.58	0.00	0.00	82.58

Vendor#	Vendor Name	Class	Pay Code
H1399	HILL-ROM COMPANY, INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
473912		07/14/20	06/29/20	07/29/20			390.60	0.00	0.00	390.60
	SUPPLIES									
478648		07/28/20	07/11/20	08/05/20			450.97	0.00	0.00	450.97
	REPAIRS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H1399	HILL-ROM COMPANY, INC	841.57	0.00	0.00	841.57

Vendor#	Vendor Name	Class	Pay Code
I1127	INTEGRATED MEDICAL SYSTEMS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1510425		07/14/20	06/27/20	07/27/20			55.07	0.00	0.00	55.07
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I1127	INTEGRATED MEDICAL SYSTEMS	55.07	0.00	0.00	55.07

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
918189190		07/14/20	06/27/20	07/27/20			812.55	0.00	0.00	812.55
	SUPPLIES									
918194479		07/14/20	06/28/20	07/28/20			855.73	0.00	0.00	855.73
	SUPPLIES									
918194480		07/14/20	06/28/20	07/28/20			134.75	0.00	0.00	134.75
	SUPPLIES									
918153729		07/19/20	06/19/20	07/19/20			2,375.31	0.00	0.00	2,375.31
	SUPPLIES									
918223364		07/19/20	07/06/20	08/05/20			183.69	0.00	0.00	183.69
	SUPPLIES									
918233555		07/19/20	07/10/20	08/09/20			775.80	0.00	0.00	775.80
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE SYSTEMS, INC	5,137.83	0.00	0.00	5,137.83

Vendor#	Vendor Name	Class	Pay Code

J1300 JECKER FLOOR & GLASS ✓ W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
75359 ✓		07/19/20	06/23/20	07/03/20			2,585.50	0.00	0.00	2,585.50 ✓
	REPAIRS									
75384 ✓		07/19/20	06/29/20	07/09/20			2,530.90	0.00	0.00	2,530.90 ✓
	REPAIRS									
75404 ✓		07/19/20	07/06/20	07/16/20			987.58	0.00	0.00	987.58 ✓
	REPAIRS									
75403 ✓		07/19/20	07/06/20	07/16/20			1,139.15	0.00	0.00	1,139.15 ✓
	REPAIRS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J1300	JECKER FLOOR & GLASS	7,243.13	0.00	0.00	7,243.13

Vendor# Vendor Name — Class — Pay Code

J1350 M.C. JOHNSON COMPANY INC ✓ M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
00370685 ✓		07/19/20	07/10/20	08/02/20			105.27	0.00	0.00	105.27 ✓
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J1350	M.C. JOHNSON COMPANY INC	105.27	0.00	0.00	105.27

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
000112		07/31/20	07/31/20	08/03/20			528.33	0.00	0.00	528.33 ✓
	PURCH SERV									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	K0536	SHIRLEY KARNEI	528.33	0.00	0.00	528.33

Vendor# Vendor Name — Class — Pay Code

K1751 VICKY KALISEK ✓ W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000090		07/28/20	07/21/20	08/03/20			90.00	0.00	0.00	90.00 ✓
	PURCH SER									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	K1751	VICKY KALISEK	90.00	0.00	0.00	90.00

Vendor# Vendor Name — Class — Pay Code

L0700 LABCORP OF AMERICA HOLDINGS ✓ M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
55824956 ✓		07/28/20	07/01/20	08/03/20			1,540.00	0.00	0.00	1,540.00 ✓
	PUCH SERV									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	L0700	LABCORP OF AMERICA HOLDINGS	1,540.00	0.00	0.00	1,540.00

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
6220421 ✓		07/14/20	07/03/20	08/02/20			17.93	0.00	0.00	17.93 ✓
	SUPPLIES									
5 2872053		07/28/20	06/27/20	08/03/20			206.25	0.00	0.00	206.25 ✓
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	224.18	0.00	0.00	224.18

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

1829158702	07/19/20	06/09/20	07/04/20	26.97	0.00	0.00	26.97
INVENT							
1830865009	07/19/20	07/11/20	08/05/20	196.76	0.00	0.00	196.76
SUPPLIES							
1831124079	07/19/20	07/14/20	08/08/20	199.49	0.00	0.00	199.49
SUPPLIES							
1831124080	07/21/20	07/14/20	08/08/20	23.26	0.00	0.00	23.26
SUPPLIES							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	446.48	0.00	0.00	446.48

Vendor# M2499 Vendor Name: MEDTRONIC USA, INC. Class: W Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2532052767		07/19/20	07/07/20	08/02/20		154.80	0.00	0.00	154.80
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2499	MEDTRONIC USA, INC.	154.80	0.00	0.00	154.80

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
12485		07/28/20	07/24/20	08/03/20		47.90	0.00	0.00	47.90
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2550	MELSTAN, INC.	47.90	0.00	0.00	47.90

Vendor# M2621 Vendor Name: MMC AUXILIARY GIFT SHOP Class: W Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
000091		07/28/20	07/21/20	08/03/20		169.96	0.00	0.00	169.96
	EMPL EXP								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP	169.96	0.00	0.00	169.96

Vendor# M2650 Vendor Name: METLIFE Class: W Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
000108		07/28/20	07/28/20	08/03/20		258.52	0.00	0.00	258.52
	EMPL EXP								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2650	METLIFE	258.52	0.00	0.00	258.52

Vendor# M2659 Vendor Name: MERRY X-RAY/SOURCEONE HEALTHCA Class: M Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8800083042		07/14/20	06/29/20	07/29/20		332.46	0.00	0.00	332.46
	SUPPLIES								
8800080924		07/19/20	06/26/20	07/26/20		178.58	0.00	0.00	178.58
	SUPPLIES								
8800081473		07/21/20	06/27/20	07/27/20		1,074.81	0.00	0.00	1,074.81
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2659	MERRY X-RAY/SOURCEONE HEALTHCA	1,585.85	0.00	0.00	1,585.85

Vendor# M2827 Vendor Name: MEDIVATORS Class: M Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2749434		07/19/20	07/12/20	07/19/20			189.17	0.00	0.00	189.17
	SUPPLIES									
2742613		07/28/20	07/06/20	08/03/20			1,000.57	0.00	0.00	1,000.57
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2827	MEDIVATORS	1,189.74	0.00	0.00	1,189.74

Vendor#	Vendor Name	Class	Pay Code
N1225	NUTRITION OPTIONS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000081		07/19/20	07/17/20	08/01/20			3,000.00	0.00	0.00	3,000.00
	PURCH SERV									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	N1225	NUTRITION OPTIONS	3,000.00	0.00	0.00	3,000.00

Vendor#	Vendor Name	Class	Pay Code
O1160	OHLIN SALES INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
00346550		07/28/20	07/12/20	08/05/20			44.76	0.00	0.00	44.76
	REPAIRS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	O1160	OHLIN SALES INC	44.76	0.00	0.00	44.76

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
1850367174		07/28/20	06/26/20	08/03/20			747.57	0.00	0.00	747.57
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	O1416	ORTHO CLINICAL DIAGNOSTICS	747.57	0.00	0.00	747.57

Vendor#	Vendor Name	Class	Pay Code
O1500	OLYMPUS AMERICA INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
94261841		07/17/20	07/06/20	07/31/20			5,674.35	0.00	0.00	5,674.35
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	O1500	OLYMPUS AMERICA INC	5,674.35	0.00	0.00	5,674.35

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
2028622939		07/14/20	06/27/20	07/27/20			118.56	0.00	0.00	118.56
	SUPPLIES									
2028622948		07/14/20	06/27/20	07/27/20			57.85	0.00	0.00	57.85
	SUPPLIES									
2028623267		07/14/20	06/27/20	07/27/20			34.50	0.00	0.00	34.50
	SUPPLIES									
2028631799		07/14/20	06/27/20	07/27/20			672.25	0.00	0.00	672.25
	SUPPLIES									
2028623005		07/14/20	06/27/20	07/27/20			5.12	0.00	0.00	5.12
	SUPPLIES									
2028631399		07/14/20	06/27/20	07/27/20			2,724.98	0.00	0.00	2,724.98
	SUPPLIES									
2028695228		07/14/20	06/29/20	07/29/20			1,088.84	0.00	0.00	1,088.84
	SUPPLIES									

2028690574	07/14/20	06/29/20	07/29/20		47.03	0.00	0.00	47.03
SUPPLIES								
2028697574	07/14/20	06/29/20	07/29/20		525.17	0.00	0.00	525.17
SUPPLIES								
2028696858	07/14/20	06/29/20	07/29/20		368.54	0.00	0.00	368.54
SUPPLIES								
2028691781	07/14/20	06/29/20	07/29/20		89.71	0.00	0.00	89.71
SUPPLIES								
2028813640	07/14/20	07/05/20	08/04/20		231.38	0.00	0.00	231.38
SUPPLIES								
2028813919	07/14/20	07/05/20	08/04/20		10.06	0.00	0.00	10.06
SUPPLIES								
2028818686	07/14/20	07/05/20	08/04/20		868.17	0.00	0.00	868.17
SUPPLIES								
2028813646	07/14/20	07/05/20	08/04/20		109.34	0.00	0.00	109.34
SUPPLIES								
2028848897	07/14/20	07/06/20	08/05/20		10.35	0.00	0.00	10.35
SUPPLIES								
2028848027	07/14/20	07/06/20	08/05/20		43.46	0.00	0.00	43.46
SUPPLIES								
2028855253	07/14/20	07/06/20	08/05/20		635.71	0.00	0.00	635.71
SUPPLIES								
2028848217	07/14/20	07/06/20	08/05/20		5.78	0.00	0.00	5.78
SUPPLIES								
2027926879	07/19/20	06/01/20	07/01/20		960.69	0.00	0.00	960.69
INVENT								
2028223818	07/19/20	06/13/20	07/13/20		1,221.20	0.00	0.00	1,221.20
INVENT								
2028691755	07/19/20	06/29/20	07/29/20		82.07	0.00	0.00	82.07
SUPPLIES								
2028820318	07/19/20	07/05/20	08/04/20		2,178.33	0.00	0.00	2,178.33
SUPPLIES								
2028849072	07/19/20	07/06/20	08/05/20		48.49	0.00	0.00	48.49
SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR	12,137.58	0.00	0.00	12,137.58

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000088		07/19/20	07/19/20	08/03/20			7,275.00	0.00	0.00	7,275.00
	PURCH SERV									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P1725	PREMIER SLEEP DISORDERS CENTER	7,275.00	0.00	0.00	7,275.00

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
14925535		07/14/20	07/06/20	08/01/20			117.21	0.00	0.00	117.21
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2353	SMITHS MEDICAL ASD INC	117.21	0.00	0.00	117.21

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
113510584		07/19/20	05/25/20	06/14/20			424.18	0.00	0.00	424.18
	SUPPLIES									
113531566		07/19/20	06/01/20	06/21/20			200.94	0.00	0.00	200.94
	SUPPLIES									
113549810		07/19/20	06/08/20	06/28/20			28.74	0.00	0.00	28.74
	SUPPLIES									
113567302		07/19/20	06/15/20	07/05/20			624.68	0.00	0.00	624.68
	SUPPLIES									
113624770		07/19/20	07/06/20	07/26/20			159.29	0.00	0.00	159.29
	SUPPLIES									
113645280		07/19/20	07/14/20	08/03/20			449.16	0.00	0.00	449.16
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2951	SYSCO FOOD SERVICES OF	1,886.99	0.00	0.00	1,886.99

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
4007174095		07/14/20	07/01/20	07/31/20			2,080.15	0.00	0.00	2,080.15
	PURCH SERV									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S3960	STERICYCLE, INC	2,080.15	0.00	0.00	2,080.15

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
10280004		07/28/20	07/04/20	08/03/20			9,000.00	0.00	0.00	9,000.00
	MAINT CONT									

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

T2539 T-SYSTEM, INC W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
205EV26153		07/31/20	06/30/20	08/03/20			4,555.00	0.00	0.00	4,555.00
	MAINT CONT									

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

U1054 UNIFIRST HOLDINGS W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8150771642		07/13/20	07/04/20	07/29/20			17.00	0.00	0.00	17.00
	LAUNDRY									
8150771725		07/13/20	07/04/20	07/29/20			18.21	0.00	0.00	18.21
	LAUNDRY									
8150772423		07/17/20	07/11/20	08/05/20			18.21	0.00	0.00	18.21
	LAUNDRY									
8150772338		07/17/20	07/11/20	08/05/20			17.00	0.00	0.00	17.00
	LAUNDRY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1054	UNIFIRST HOLDINGS	70.42	0.00	0.00	70.42

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
8400250805	LAUNDRY	07/13/20	07/04/20	07/29/20			94.29	0.00	0.00	94.29
8400250809	LAUNDRY	07/13/20	07/04/20	07/29/20			44.35	0.00	0.00	44.35
8400250907	LAUNDRY	07/13/20	07/04/20	07/29/20			68.38	0.00	0.00	68.38
8400250806	LAUNDRY	07/13/20	07/04/20	07/29/20			119.87	0.00	0.00	119.87
8400250842	LAUNDRY	07/13/20	07/04/20	07/29/20			53.80	0.00	0.00	53.80
8400250807	LAUNDRY	07/13/20	07/04/20	07/29/20			70.85	0.00	0.00	70.85
8400250852	LAUNDRY	07/13/20	07/04/20	07/29/20			927.72	0.00	0.00	927.72
8400250808	LAUNDRY	07/13/20	07/04/20	07/29/20			50.65	0.00	0.00	50.65
8400251349	LAUNDRY	07/17/20	07/11/20	08/05/20			85.60	0.00	0.00	85.60
8400251348	LAUNDRY	07/17/20	07/11/20	08/05/20			50.65	0.00	0.00	50.65
8400251378	LAUNDRY	07/17/20	07/11/20	08/05/20			50.20	0.00	0.00	50.20
8400251444	LAUNDRY	07/17/20	07/11/20	08/05/20			74.65	0.00	0.00	74.65
8400251345	LAUNDRY	07/17/20	07/11/20	08/05/20			94.29	0.00	0.00	94.29
8400251347	LAUNDRY	07/17/20	07/11/20	08/05/20			70.85	0.00	0.00	70.85
8400251346	LAUNDRY	07/17/20	07/11/20	08/05/20			131.68	0.00	0.00	131.68
8400251386	LAUNDRY	07/17/20	07/11/20	08/05/20			749.16	0.00	0.00	749.16
8400251149	LAUNDRY	07/19/20	07/07/20	08/01/20			151.47	0.00	0.00	151.47
8400251190	LAUNDRY	07/19/20	07/07/20	08/01/20			791.29	0.00	0.00	791.29
8400251730	LAUNDRY	07/19/20	07/14/20	08/08/20			1,011.85	0.00	0.00	1,011.85
8400251688	LAUNDRY	07/19/20	07/14/20	08/08/20			151.47	0.00	0.00	151.47
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC					4,843.07	0.00	0.00	4,843.07

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
000086	POSTAGE	07/19/20	07/12/20	08/01/20			1,000.00	0.00	0.00	1,000.00
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

W1005 WALMART COMMUNITY W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
005789		07/28/20	06/16/20	08/03/20		192.96	0.00	0.00	192.96
	MINOR EQUP								
005786		07/28/20	06/16/20	08/03/20		19.64	0.00	0.00	19.64
	SUPPLIES								
005788		07/28/20	06/16/20	08/03/20		4.93	0.00	0.00	4.93
	SUPPLIES								
000126		07/28/20	06/22/20	08/03/20		6.81	0.00	0.00	6.81
	SUPPLIES								
007855		07/28/20	06/26/20	08/03/20		108.44	0.00	0.00	108.44
	SUPPLIES / MINOR EQU								
008112		07/28/20	06/27/20	08/03/20		160.26	0.00	0.00	160.26
	SUPPLLIES								
004600		07/28/20	06/27/20	08/03/20		25.00	0.00	0.00	25.00
	SUPPLIES								
004106		07/28/20	06/28/20	08/03/20		10.94	0.00	0.00	10.94
	SUPPLIES								
007017		07/28/20	06/28/20	08/03/20		58.44	0.00	0.00	58.44
	SUPPLIES								
003642		07/28/20	06/29/20	08/03/20		118.97	0.00	0.00	118.97
	SUPPLIES								
005728		07/28/20	07/05/20	08/03/20		7.41	0.00	0.00	7.41
	PUBL REL								
006814		07/28/20	07/05/20	08/03/20		134.85	0.00	0.00	134.85
	SUPPLIES								
007584		07/28/20	07/06/20	08/03/20		26.68	0.00	0.00	26.68
	SUPPLIES								
003749		07/28/20	07/06/20	08/03/20		98.00	0.00	0.00	98.00
	MINOR EQUIP								
003748		07/28/20	07/06/20	08/03/20		-78.00	0.00	0.00	-78.00
	SUPPLIES								
001546		07/28/20	07/13/20	08/03/20		84.85	0.00	0.00	84.85
	SUPPLIES								
002075		07/28/20	07/13/20	08/03/20		3.96	0.00	0.00	3.96
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W1005	WALMART COMMUNITY	984.14	0.00	0.00	984.14

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	414,364.68	0.00	0.00	414,364.68

Michael J. Pfeifer
Calhoun County Judge
Date: 9-8-17

pg 8 correction <2,693.25>
<2,944.00>
pg 10 correction <323.20>

$408,404.23

414,364.68 +
2,693.25 -
2,944.00 -
323.20 -
408,404.23 *

APPROVED ON
AUG 01 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS# 172125 to #172245

RUN DATE: 07/31/17
TIME: 16:17

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

APCDEDIT

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	073117	613.14		1	REFUND	[redacted]
77465		073117	32.48		2	REFUND	
77904		073117	174.36		3	REFUND	
77881		073117	250.00		2	REFUND	
77904		073117	50.00		2	REFUND	
77982		073117	299.30		2	REFUND	
72410836		073117	71.93		2	REFUND	
77982		073117	207.18		2	REFUND	
77979		073117	20.00		2	REFUND	
77982		073117	23.33		2	REFUND	
77982		073117	33.00		2	REFUND	
77982		073117	225.00		3	REFUND	
77979		073117	36.07		2	REFUND	
78209		073117	218.02		3	REFUND	
77979		073117	25.00		2	REFUND	
77979		073117	100.02		2	REFUND	
77979		073117	112.00		3	REFUND	
77979							

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	073117	38.00		2	REFUND FOR	[redacted]
77979		073117	10.79		2	REFUND FOR	
77979		073117	244.40		2	REFUND FOR	
77979		073117	182.67		3	REFUND FOR	
77084		073117	94.41		2	REFUND FOR	
70726		073117	208.00		1	REFUND FOR	
77979		073117	15.84		2	REFUND FOR	
77979		073117	160.38		2	REFUND FOR	
77957		073117	31.61		2	REFUND FOR	
77979		073117	62.00		2	REFUND FOR	
77979		073117	18.00		3	REFUND FOR	
77833		073117	152.00		2	REFUND FOR	
77901		073117	35.00		2	REFUND FOR	
77978		073117	418.98		2	REFUND FOR	
77979		073117	36.83		2	REFUND FOR	
77982		073117	146.10		2	REFUND FOR	
77979		073117	155.81		2	REFUND FOR	
77982							

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]		073117	78.00		2	REFUND FOR	
77979		073117	166.00		2	REFUND FOR	
77971		073117	10.91		2	REFUND FOR	
77979		073117	22.54		2	REFUND FOR	
77979		073117	92.00		2	REFUND FOR	
77979		073117	202.16		2	REFUND FOR	
77979		073117	20.66		2	REFUND FOR	
77979		073117	32.19		2	REFUND FOR	
77979		073117	17.46		3	REFUND FOR	
77979		073117	70.56		2	REFUND FOR	
77979		073117	175.00		2	REFUND FOR	
77979		073117	259.41		2	REFUND FOR	
77979		073117	13.32		2	REFUND FOR	
ASH600	01 ASHFORD GARDENS 7210 NORTHLINE DRIVE HOUSTON TX 770761517	063017	9531.31		2	REFUND FOR ASHFORD GARDENS	
BROAD600	01 THE BROADMOOR AT CREEK 5665 CREEKSIDE FOREST DRIVE SPRING TX 77389	031516	12160.37		2	TRANSFER TO THE BROADMOOR AT CREEK	
SOLER600	01 SOLERA WEST HOUSTON 2101 GREENHOUSE ROAD HOUSTON TX 770846108	031516	6285.13		2	TRANSFER TO SOLERA WEST HOUSTON	
	ARID=0001 TOTAL		33638.67				
TOTAL			33638.67				

9,531.31 +
12,160.37 +
6,285.13 +
27,976.81 *

Michael J. Pfeifer
Calhoun County Judge
Date: 8-1-17

CKS# 172246 to #172295

APPROVED ON
AUG 01 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

* Patient Refunds
$5,661.86

Transfer back to Nursing Homes received in error
$ 27,976.81

Transfer
33,638.67 +
27,976.81 -
5,661.86 *

RUN DATE:08/02/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:10:50 CHECK REGISTER GLCKREG
08/02/17 THRU 08/02/17

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	172125	08/02/17	166.84	CUSTOM MEDICAL SPECIALTIES
A/P	172126	08/02/17	.00	VOIDED
A/P	172127	08/02/17	21,530.49	US FOOD SERVICE
A/P	172128	08/02/17	26.19	MERCEDES MEDICAL
A/P	172129	08/02/17	426.56	NATUS MEDICAL INC
A/P	172130	08/02/17	139.98	PHARMEDIUM SERVICES LLC
A/P	172131	08/02/17	8,333.33	HITACHI MEDICAL SYSTEMS
A/P	172132	08/02/17	2,734.80	CENTURION MEDICAL PRODUCTS
A/P	172133	08/02/17	1,428.91	DEWITT POTH & SON
A/P	172134	08/02/17	516.97	PRECISION DYNAMICS CORP (PDC)
A/P	172135	08/02/17	.00	VOIDED
A/P	172136	08/02/17	.00	VOIDED
A/P	172137	08/02/17	.00	VOIDED
A/P	172138	08/02/17	24,016.94	MORRIS & DICKSON CO, LLC
A/P	172139	08/02/17	30.06	SARA RUBIO
A/P	172140	08/02/17	240.00	REVISTA de VICTORIA
A/P	172141	08/02/17	68.94	AMPRONIX
A/P	172142	08/02/17	1,040.00	LIFESOURCE EDUCATIONAL SRV LLC
A/P	172143	08/02/17	448.28	STRYKER SUSTAINABILITY
A/P	172144	08/02/17	49,923.72	MMC EMPLOYEE BENEFIT PLAN
A/P	172145	08/02/17	191.10	GENESIS DIAGNOSTICS
A/P	172146	08/02/17	2,187.85	WAGEWORKS
A/P	172147	08/02/17	214.80	ROSHANDA THOMAS
A/P	172148	08/02/17	1,333.33	SIEMENS FINANCIAL SERVICES
A/P	172149	08/02/17	6,452.64	BANK OF THE WEST
A/P	172150	08/02/17	1,012.00	WALLER,LANSDEN, DORTCH & DAVIS
A/P	172151	08/02/17	1,400.00	ACUTE CARE INC
A/P	172152	08/02/17	1,415.00	M G TRUST
A/P	172153	08/02/17	558.00	SHIFTHOUND
A/P	172154	08/02/17	558.03	DERRI HART
A/P	172155	08/02/17	4,050.00	RECONDO
A/P	172156	08/02/17	34.29	ADVANCED COMMUNICATIONS
A/P	172157	08/02/17	75.00	FIRST CLEARING
A/P	172158	08/02/17	2,024.50	ZOLL MEDICAL CORP
A/P	172159	08/02/17	1,158.64	BIRCH COMMUNICATIONS
A/P	172160	08/02/17	1,402.50	PABLO GARZA
A/P	172161	08/02/17	1,667.00	RADSOURCE
A/P	172162	08/02/17	1,040.00	PROMETHEUS LABORATORIES, INC
A/P	172163	08/02/17	1,418.91	MARLIN BUSINESS BANK
A/P	172164	08/02/17	8,811.03	PAETEC
A/P	172165	08/02/17	10,021.11	GARDNER & WHITE, INC.
A/P	172166	08/02/17	2,000.00	PARA
A/P	172167	08/02/17	400.00	LAMAR COMPANIES
A/P	172168	08/02/17	34,076.07	TXU ENERGY
A/P	172169	08/02/17	50.42	FRONTIER
A/P	172170	08/02/17	48.50	PSYCHEMEDICS CORPORATION
A/P	172171	08/02/17	65.44	DOROTHY BONUZ
A/P	172172	08/02/17	59.80	MEDI-DOSE, INC
A/P	172173	08/02/17	29.84	JACKSON & COKER LOCUM TENENS,
A/P	172174	08/02/17	2,505.00	MEDIALAB,INC

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	172175	08/02/17	295.13	ACE HARDWARE 15521
A/P	172176	08/02/17	22,468.00	ITA RESOURCES INC
A/P	172177	08/02/17	128.10	CHARLES SAMAHA
A/P	172178	08/02/17	11,605.98	ALLSTATE
A/P	172179	08/02/17	48.60	CYRACOM LLC
A/P	172180	08/02/17	792.00	CHUBB GROUP ON INSURANCE CO
A/P	172181	08/02/17	63.49	EPIPHANY ARCHANGEL
A/P	172182	08/02/17	300.00	ADVANCES BY TED LLC
A/P	172183	08/02/17	90.93	ORASURE TECHNOLOGIES INC
A/P	172184	08/02/17	4,906.25	OCCUPRO LLC
A/P	172185	08/02/17	11.58	ABBOTT NUTRITION
A/P	172186	08/02/17	4,787.74	ALCON LABORATORIES, INC.
A/P	172187	08/02/17	29.09	AQUA BEVERAGE COMPANY
A/P	172188	08/02/17	1,980.00	ATD-AUSTIN
A/P	172189	08/02/17	167.48	AUTO PARTS & MACHINE CO.
A/P	172190	08/02/17	1,155.07	BAXTER HEALTHCARE
A/P	172191	08/02/17	47,572.39	BECKMAN COULTER INC
A/P	172192	08/02/17	125.95	BEEKLEY MEDICAL
A/P	172193	08/02/17	22.40	BOSART LOCK & KEY INC
A/P	172194	08/02/17	149.00	BOSTON SCIENTIFIC CORPORATION
A/P	172195	08/02/17	466.89	CABLE ONE
A/P	172196	08/02/17	57.50	COASTAL OFFICE SOLUTONS
A/P	172197	08/02/17	1,200.29	CARDINAL HEALTH 414, INC.
A/P	172198	08/02/17	7,169.69	CITY OF PORT LAVACA
A/P	172199	08/02/17	1,595.71	CDW GOVERNMENT, INC.
A/P	172200	08/02/17	20,106.00	EVIDENT
A/P	172201	08/02/17	75.00	THE DOCTORS' CENTER
A/P	172202	08/02/17	80.00	DOWNTOWN CLEANERS
A/P	172203	08/02/17	185.60	DLE PAPER & PACKAGING
A/P	172204	08/02/17	79.50	DYNATRONICS CORPORATION
A/P	172205	08/02/17	130.41	FEDERAL EXPRESS CORP.
A/P	172206	08/02/17	.00	VOIDED
A/P	172207	08/02/17	5,756.84	FISHER HEALTHCARE
A/P	172208	08/02/17	3,803.25	ROBERTS, ROBERTS & ODEFEY, LLP
A/P	172209	08/02/17	548.11	GULF COAST PAPER COMPANY
A/P	172210	08/02/17	82.58	HEALTH CARE LOGISTICS INC
A/P	172211	08/02/17	841.57	HILL-ROM COMPANY, INC
A/P	172212	08/02/17	55.07	INTEGRATED MEDICAL SYSTEMS
A/P	172213	08/02/17	5,137.83	J & J HEALTH CARE SYSTEMS, INC
A/P	172214	08/02/17	7,243.13	JECKER FLOOR & GLASS
A/P	172215	08/02/17	105.27	M.C. JOHNSON COMPANY INC
A/P	172216	08/02/17	528.33	SHIRLEY KARNEI
A/P	172217	08/02/17	90.00	VICKY KALISEK
A/P	172218	08/02/17	1,540.00	LABCORP OF AMERICA HOLDINGS
A/P	172219	08/02/17	224.18	MCKESSON MEDICAL SURGICAL INC
A/P	172220	08/02/17	446.48	MEDLINE INDUSTRIES INC
A/P	172221	08/02/17	154.80	MEDTRONIC USA, INC.
A/P	172222	08/02/17	47.90	MELSTAN, INC.
A/P	172223	08/02/17	169.96	MMC AUXILIARY GIFT SHOP
A/P	172224	08/02/17	258.52	METLIFE
A/P	172225	08/02/17	1,585.85	MERRY X-RAY/SOURCEONE HEALTHCA

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	172226	08/02/17	1,189.74	MEDIVATORS
A/P	172227	08/02/17	3,000.00	NUTRITION OPTIONS
A/P	172228	08/02/17	44.76	OHLIN SALES INC
A/P	172229	08/02/17	747.57	ORTHO CLINICAL DIAGNOSTICS
A/P	172230	08/02/17	5,674.35	OLYMPUS AMERICA INC
A/P	172231	08/02/17	.00	VOIDED
A/P	172232	08/02/17	.00	VOIDED
A/P	172233	08/02/17	12,137.58	OWENS & MINOR
A/P	172234	08/02/17	7,275.00	PREMIER SLEEP DISORDERS CENTER
A/P	172235	08/02/17	117.21	SMITHS MEDICAL ASD INC
A/P	172236	08/02/17	1,886.99	SYSCO FOOD SERVICES OF
A/P	172237	08/02/17	2,080.15	STERICYCLE, INC
A/P	172238	08/02/17	9,000.00	TOSHIBA AMERICA MEDICAL SYST.
A/P	172239	08/02/17	4,555.00	T-SYSTEM, INC
A/P	172240	08/02/17	70.42	UNIFIRST HOLDINGS
A/P	172241	08/02/17	.00	VOIDED
A/P	172242	08/02/17	4,843.07	UNIFIRST HOLDINGS INC
A/P	172243	08/02/17	1,000.00	US POSTAL SERVICE
A/P	172244	08/02/17	.00	VOIDED
A/P	172245	08/02/17	984.14	WALMART COMMUNITY
A/P	172246	08/02/17	613.14	[redacted]
A/P	172247	08/02/17	32.48	
A/P	172248	08/02/17	174.36	
A/P	172249	08/02/17	250.00	
A/P	172250	08/02/17	50.00	
A/P	172251	08/02/17	299.30	
A/P	172252	08/02/17	71.93	
A/P	172253	08/02/17	207.18	
A/P	172254	08/02/17	20.00	
A/P	172255	08/02/17	23.33	
A/P	172256	08/02/17	33.00	
A/P	172257	08/02/17	225.00	
A/P	172258	08/02/17	36.07	
A/P	172259	08/02/17	218.02	
A/P	172260	08/02/17	25.00	
A/P	172261	08/02/17	100.02	
A/P	172262	08/02/17	112.00	
A/P	172263	08/02/17	38.00	
A/P	172264	08/02/17	10.79	
A/P	172265	08/02/17	244.40	
A/P	172266	08/02/17	182.67	
A/P	172267	08/02/17	94.41	
A/P	172268	08/02/17	208.00	
A/P	172269	08/02/17	15.84	
A/P	172270	08/02/17	160.38	
A/P	172271	08/02/17	31.61	
A/P	172272	08/02/17	62.00	
A/P	172273	08/02/17	18.00	
A/P	172274	08/02/17	152.00	
A/P	172275	08/02/17	35.00	
A/P	172276	08/02/17	418.98	

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	172277	08/02/17	36.83	[redacted]
A/P	172278	08/02/17	146.10	
A/P	172279	08/02/17	155.81	
A/P	172280	08/02/17	78.00	
A/P	172281	08/02/17	166.00	
A/P	172282	08/02/17	10.91	
A/P	172283	08/02/17	22.54	
A/P	172284	08/02/17	92.00	
A/P	172285	08/02/17	202.16	
A/P	172286	08/02/17	20.66	
A/P	172287	08/02/17	32.19	
A/P	172288	08/02/17	17.46	
A/P	172289	08/02/17	70.56	
A/P	172290	08/02/17	175.00	
A/P	172291	08/02/17	259.41	
A/P	172292	08/02/17	13.32	
A/P	172293	08/02/17	9,531.31	
A/P	172294	08/02/17	12,160.37	
A/P	172295	08/02/17	6,285.13	
TOTALS:			442,042.90	

APPROVED
ON

AUG 0 1 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

07/31/2017 MEMORIAL MEDICAL CENTER 0
14:25 AP Open Invoice List ap_open_invoice.template
Dates Through:

Vendor#	Vendor Name	Class	Pay Code
S0900	SAM'S CLUB DIRECT	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000115		07/31/20	07/28/20	07/31/20			2,232.91	0.00	0.00	2,232.91
	EMPL EXP									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S0900	SAM'S CLUB DIRECT	2,232.91	0.00	0.00	2,232.91

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,232.91	0.00	0.00	2,232.91

APPROVED
ON
AUG 0 1 2017

CK# 172123 = Voided
CK# 172124 = Good ck #

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 9-8-17

RUN DATE:08/01/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:13:46 CHECK REGISTER GLCKREG
08/01/17 THRU 08/01/17

BANK	CODE	CHECK NUMBER	DATE	AMOUNT		PAYEE
A/P		172123	08/01/17	2,232.91	CR	SAM'S CLUB DIRECT
A/P		172124	08/01/17	2,232.91		SAMS CLUB
TOTALS:				.00		

Void CK# 172123

Reissued CK# 172124

APPROVED
ON

AUG 0 1 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

11476 SAMS CLUB
9202 N NAVARRO, VICTORIA, TX 77904

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

172124

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
000115	07/28/17	2,232.91			2,232.91
	TOTALS	2,232.91	TOTALS		2,232.91

CHECK NO. 172124
08/01/17

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

172124

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
000115	07/28/17	2,232.91			2,232.91
	TOTALS	2,232.91	TOTALS		2,232.91

CHECK NO. 172124

*Vendor wanted address local versus to corporate

MEMORIAL
MEDICAL CENTER

815 N. Virginia Street Port Lavaca, TX 77979
(361) 552-6713

INTERNATIONAL BANK OF COMMERCE
PORT LAVACA, TEXAS 77979
88-502
1131

172124

11476 172124

DATE 08/01/17

AMOUNT $2,232.91

Two Thousand Two Hundred Thirty-Two Dollars and Ninety-One Cents

PAY TO THE ORDER OF
SAMS CLUB
9202 N NAVARRO
VICTORIA, TX 77904

CALHOUN COUNTY TREASURER

⑈172124⑈ ⑆113⑈01

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

172123

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
000115	07/28/17	2,232.91			2,232.91
CHECK NO. 172123	TOTALS	2,232.91	TOTALS		2,232.91

MEMORIAL
MEDICAL CENTER

815 N. Virginia Street Port Lavaca, TX 77979
(361) 552-6713

INTERNATIONAL BANK OF COMMERCE
PORT LAVACA, TEXAS 77979
88-502
1131

172123

S0900 172123

DATE 07/31/17

AMOUNT $2,232.91

VOID

Two Thousand Two Hundred Thirty-Two Dollars and Ninety-One Cents

PAY TO THE ORDER OF
SAM'S CLUB DIRECT
PO BOX 530930
ATLANTA, GA 30353-0930

CALHOUN COUNTY TREASURER

⑈172123⑈ ⑆1⑆

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
8/7/2017

Nursing Home	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	4381	-	35.34	30,017.60	-	-	-	-	29,982.26	29,882.26

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

Nursing Home	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	4438	-	35.34	41,818.01	-	-	-	-	41,782.67	41,682.67
Crescent	4411	-	35.34	13,166.35	-	-	-	-	13,131.01	13,031.01
Broadmoor	4403	-	35.34	81,876.75	-	-	-	-	81,841.41	81,741.41
Fort Bend	4446	-	35.34	12,105.80	-	-	-	-	12,070.46	11,970.46
										148,425.55

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

Approved:

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

Michael J. Pfeifer
Calhoun County Judge
Date: 8-8-17

APPROVED
AUG 07 2017
COUNTY AUDITOR

E:\NH Weekly Transfers\NH UPL Transfer Summary 8-7-17.xlsx

Home

ALL ACCOUNTS FAVORITES ☆

Sort By: Account Number

Checking	Available	Previous Day
MEMORIAL MEDICAL CENTER - OPERATING *4357 ☆	$102,389.05	$102,389.05
MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014 *4365 ☆	$100.00	$100.00
MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING *4373 ☆	$816,593.67	$816,593.67
MEMORIAL MEDICAL CENTER / NH ASHFORD *4381 ☆	$29,982.26	$29,982.26
MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403 ☆	$81,841.41	$81,841.41
MEMORIAL MEDICAL CENTER / NH CRESCENT *4411 ☆	$13,131.01	$13,131.01
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438 ☆	$41,782.67	$41,782.67
MEMORIAL MEDICAL CENTER / NH FORT BEND *4446 ☆	$12,070.46	$12,070.46
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE *4454 ☆	$64.66	$64.66
CAL CO INDIGENT HEALTHCARE *4551 ☆	$3,135.02	$3,135.02
TOTAL	$1,101,090.21	$1,101,090.21

Prosperity Bank Activity
7/31/17 through 8/6/17

Ashford Gardens			Transfer-Out	Transfer-In
8/4/2017	4381	Deposit		29,917.60
8/2/2017	4381	ACH Payment HARLAND CLARKE CHK ORDERS .212R5 91	-35.34	
8/1/2017	4381	Opening Deposit		100.00
			-35.34	**30,017.60**

Broadmoor			Transfer-Out	Transfer-In
8/4/2017	4403	Deposit		81,776.75
8/2/2017	4403	ACH Payment HARLAND CLARKE CHK ORDERS 2212R5 91	-35.34	
7/31/2017	4403	Opening Deposit		100.00
			-35.34	**81,876.75**

Crescent			Transfer-Out	Transfer-In
8/4/2017	4411	Deposit		13,066.35
8/2/2017	4411	ACH Payment HARLAND CLARKE CHK ORDERS 2212R5 91	-35.34	
8/1/2017	4411	Opening Deposit		100.00
			-35.34	**13,166.35**

Fort Bend			Transfer-Out	Transfer-In
8/4/2017	4446	Deposit		12,005.80
8/2/2017	4446	ACH Payment HARLAND CLARKE CHK ORDERS)2212R5 91	-35.34	
8/1/2017	4446	Opening Deposit		100.00
			-35.34	**12,105.80**

Solera at West Houston			Transfer-Out	Transfer-In
8/4/2017	4438	Deposit		41,718.01
8/2/2017	4438	ACH Payment HARLAND CLARKE CHK ORDERS : 2212R5 91	-35.34	
7/31/2017	4438	Opening Deposit		100.00
			-35.34	**41,818.01**

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
IBC Accounts
8/7/2017

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	117,192.08	117,192.08	12,197.71	-	-	-	-	12,197.71	12,097.71

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

Nursing Home	IBC Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	IGT Transfer-In	MMC Portion - Return of IGT	MMC Portion - Federal Match	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Solera at West Houston	4561	598,042.30	598,042.30	31,353.61	-	-	-	-	31,353.61	31,253.61
Crescent	4588	95,665.76	95,665.76	2,537.87	-	-	-	-	2,537.87	-
Broadmoor	4596	92,758.50	92,758.50	20,121.77	-	-	-	-	20,121.77	20,021.77
Fort Bend	4618	48,470.24	48,370.24	8,698.80	-	-	-	-	8,798.80	8,698.80
										59,974.18

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

Approved:

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

Michael J. Pfeifer
Calhoun County Judge
Date: 8-8-17

APPROVED
AUG 07 2017
COUNTY AUDITOR

E:\NH Weekly Transfers\NH UPL Transfer Summary 8-7-17.xlsx

IBC Bank Activity
7/31/17 through 8/6/17

Ashford Gardens					Transfer-Out	Transfer-In	
7/31/2017	113105025	4553	142	ACH CREDIT RECEIVED		75.40	Molina HC of TX HCCLAIMPMT|ASHFORD GARDENS|TRN*1*EFT4633185*1201494502\
8/1/2017	113105025	4553	142	ACH CREDIT RECEIVED		76.50	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
8/1/2017	113105025	4553	495	OUTGOING MONEY TRANSFER	117,092.08		ASHFORD HEALTH CARE CENTER LTD
8/1/2017	113105025	4553	142	ACH CREDIT RECEIVED		226.20	Molina HC of TX HCCLAIMPMT|ASHFORD GARDENS|TRN*1*EFT4637208*1201494502\
8/1/2017	113105025	4553	142	ACH CREDIT RECEIVED		4,785.13	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017072912502679*1752603231\
8/1/2017	113105025	4553	142	ACH CREDIT RECEIVED		3,144.27	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017073114200128*1752603231\
8/1/2017	113105025	4553	475	CHECK PAID	100.00		
8/2/2017	113105025	4553	142	ACH CREDIT RECEIVED		3,670.21	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04911|TRN*1*EFT6637458*1205296137*000004911\
8/3/2017	113105025	4553	142	ACH CREDIT RECEIVED		220.00	MANAGEANDNET1718 MNS PMNT|ASHFORD GARDENS|0199075
					117,192.08	12,197.71	

Solera at West Houston					Transfer-Out	Transfer-In	
7/31/2017	113105025	4561	142	ACH CREDIT RECEIVED		2,206.37	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017072715601949*1752603231\
8/1/2017	113105025	4561	475	CHECK PAID	100.00		
8/1/2017	113105025	4561	495	OUTGOING MONEY TRANSFER	597,942.30		CANTEX HEALTH CARE CENTERS LLC
8/1/2017	113105025	4561	142	ACH CREDIT RECEIVED		3,505.08	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017072912502681*1752603231\
8/1/2017	113105025	4561	142	ACH CREDIT RECEIVED		390.95	HUMANA INS CO HCCLAIMPMT|Solera at West Houston|DISDATA-OPTIONAL|TRN*1*001290033202901*1391263473\
8/2/2017	113105025	4561	142	ACH CREDIT RECEIVED		2,606.36	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4508291*1205296137*000004011\
8/4/2017	113105025	4561	142	ACH CREDIT RECEIVED		20,305.90	HUMANA INS CO EFPAYMENT|Solera at West Houston|DISDATA-OPTIONAL|TRN*1*001290033255562*1391263473\
8/4/2017	113105025	4561	142	ACH CREDIT RECEIVED		2,338.95	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4510840*1205296137*000004011\
					598,042.30	31,353.61	

Crescent					Transfer-Out	Transfer-In	
7/31/2017	113105025	4588	142	ACH CREDIT RECEIVED		1,183.46	HUMANA INS CO EFPAYMENT|The Crescent|DISDATA-OPTIONAL|TRN*1*001290033167962*1391263473\
8/1/2017	113105025	4588	142	ACH CREDIT RECEIVED		1,354.41	HUMANA INS CO HCCLAIMPMT|The Crescent|DISDATA-OPTIONAL|TRN*1*001290033202902*1391263473\
8/1/2017	113105025	4588	495	OUTGOING MONEY TRANSFER	95,565.76		CANTEX HEALTH CARE CENTERS III
8/1/2017	113105025	4588	475	CHECK PAID	100.00		
					95,665.76	2,537.87	

Broadmoor					Transfer-Out	Transfer-In	
8/1/2017	113105025	4596	475	CHECK PAID	100.00		
8/1/2017	113105025	4596	142	ACH CREDIT RECEIVED		2,742.59	HUMANA INS CO HCCLAIMPMT|The Broadmoor at Creek|DISDATA-OPTIONAL|TRN*1*001290033202900*1391263473\
8/1/2017	113105025	4596	495	OUTGOING MONEY TRANSFER	92,658.50		CANTEX HEALTH CARE CENTERS III
8/1/2017	113105025	4596	142	ACH CREDIT RECEIVED		7,785.69	HUMANA INS CO HCCLAIMPMT|The Broadmoor at Creek|DISDATA-OPTIONAL|TRN*1*001290033220339*1391263473\
8/2/2017	113105025	4596	142	ACH CREDIT RECEIVED		9,593.49	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4508302*1205296137*000004011\
					92,758.50	20,121.77	

Fort Bend					Transfer-Out	Transfer-In	
8/1/2017	113105025	4618	495	OUTGOING MONEY TRANSFER	48,270.24		CANTEX HEALTH CARE CENTERS III
8/1/2017	113105025	4618	475	CHECK PAID	100.00		
8/2/2017	113105025	4618	142	ACH CREDIT RECEIVED		7,798.26	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4507998*1205296137*000004011\
8/3/2017	113105025	4618	142	ACH CREDIT RECEIVED		118.74	Molina HC of TX HCCLAIMPMT|FORT BEND CONTINUING C|TRN*1*EFT4645376*1201494502\
8/4/2017	113105025	4618	142	ACH CREDIT RECEIVED		781.80	Molina HC of TX HCCLAIMPMT|FORT BEND CONTINUING C|TRN*1*EFT4649595*1201494502\
					48,370.24	8,698.80	

Account Portfolio as of 08/07/2017 8:20:23 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	$0.00	$0.00
Memorial Medical Center	[redacted]4154	$0.00	$0.00
Memorial Medical Center	[redacted]4553	$12,197.71	$14,516.09
Memorial Medical Center	[redacted]4561	$31,353.61	$48,624.98
Memorial Medical Center	[redacted]4588	$2,537.87	$21,769.43
Memorial Medical Center	[redacted]4596	$20,121.77	$20,121.77
Memorial Medical Center	[redacted]4618	$8,798.80	$10,099.34
NH Golden Creek Healthcare	[redacted]4901	$0.00	$0.00
Memorial Medical Center Operat	[redacted]0301	$2,458,647.17	$2,477,988.87
County of Calhoun Indigent	[redacted]1101	$4,801.52	$4,801.52
Totals		**$2,538,458.45**	**$2,597,922.00**

McKESSON

Company: 8000

STATEMENT

As of: 08/04/2017 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 08/05/2017

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

As of: 08/04/2017 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

MEMORIAL MEDICAL CENTER
AP
815 N VIRGINIA STREET
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 08/05/2017 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 2,502.00 USD

Future Due:	0.00	If Paid By 08/08/2017, Pay This Amount:	2,451.97 USD
Past Due:	0.00		
Last Payment	0.00	If Paid After 08/08/2017, Pay this Amount:	2,502.00 USD

Due If Paid On Time: USD 2,451.97
Disc lost if paid late: 50.03
Due If Paid Late: USD 2,502.00

ck# 940

0.0

777.31 +
1,027.19 +
647.47 +
2,451.97 *

2,451.97 -
2,451.97 +
0.00 *

Michael J. Pfeifer
Calhoun County Judge
Date: 9-8-17

APPROVED ON
AUG 07 2017 CK#940
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

340B Presciption Expenses

McKESSON

STATEMENT

Company: 8000

As of: 08/04/2017

Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 08/05/2017

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: 08/04/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 08/05/2017

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
07/31/2017	08/08/2017	7821474573	1001055655	115Invoice	5.01	250.40		✓245.39		7821474573	
08/03/2017	08/08/2017	7822192556	1001056232	115Invoice	1.04	52.13		✓ 51.09		7822192556	
08/03/2017	08/08/2017	7822192557	1001056232	115Invoice	4.85	242.55		✓ 237.70		7822192557	
08/03/2017	08/08/2017	7822192560	1001058095	115Invoice	1.63	81.47		✓79.84		7822192560	
08/03/2017	08/08/2017	7822192562	1001056989	115Invoice		0.10		✓ 0.10		7822192562	
08/03/2017	08/08/2017	7822192564	1001056646	115Invoice		0.16		✓ 0.16		7822192564	
08/03/2017	08/08/2017	7822192565	1001057524	115Invoice	0.14	6.94		✓ 6.80		7822192565	
08/04/2017	08/08/2017	7822402427	1001058535	115Invoice	3.19	159.42		✓156.23		7822402427	

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

TOTAL: Customer Number 190813 HEB PHCY 0434/MEM MED PHS

Subtotals: 793.17 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,750.21
07/31/2017

If Paid By 08/08/2017,
Pay This Amount: 777.31 USD

If Paid After 08/08/2017,
Pay this Amount: 793.17 USD

Due If Paid On Time:
USD 777.31

Disc lost if paid late:
15.86

Due If Paid Late:
USD 793.17

McKESSON

STATEMENT

Company: 8000

As of: 08/04/2017

Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 08/05/2017

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: 08/04/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 08/05/2017 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
07/31/2017	08/08/2017	7821475747	0730171045-00	115Invoice	0.08	4.24		✓ 4.16		7821475747	
08/01/2017	08/08/2017	7821710552	0731170456-00	115Invoice	0.04	1.90		✓ 1.86		7821710552	
08/03/2017	08/08/2017	7822182697	7407239267	115Invoice	6.60	330.14		✓ 323.54		7822182697	
08/04/2017	08/08/2017	7822433880	0907263206	115Invoice	0.75	37.41		✓ 36.66		7822433880	
08/04/2017	08/08/2017	7822433881	0803170818-00	115Invoice	13.49	674.46		✓ 660.97		7822433881	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 1,048.15 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,750.21
07/31/2017

If Paid By 08/08/2017,
Pay This Amount: 1,027.19 USD

If Paid After 08/08/2017,
Pay this Amount: 1,048.15 USD

Due If Paid On Time:
USD 1,027.19

Disc lost if paid late:
20.96

Due If Paid Late:
USD 1,048.15

McKESSON

STATEMENT

Company: 8000

As of: 08/04/2017

Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 08/05/2017

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 08/04/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 08/05/2017 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 262252 CVS PHCY 7006/MEMORIA PHS											
07/31/2017	08/08/2017	7821469038	1001055657	115Invoice	4.50	225.21		✓ 220.71		7821469038	
08/03/2017	08/08/2017	7822194686	1001056234	115Invoice	1.18	58.76		✓ 57.58		7822194686	
08/03/2017	08/08/2017	7822194687	1001058097	115Invoice	1.85	92.34		✓ 90.49		7822194687	
08/03/2017	08/08/2017	7822194688	1001058097	115Invoice	1.73	86.66		✓ 84.93		7822194688	
08/03/2017	08/08/2017	7822194689	1001056991	115Invoice	0.17	8.71		✓ 8.54		7822194689	
08/03/2017	08/08/2017	7822194690	1001056648	115Invoice	3.03	151.60		✓ 148.57		7822194690	
08/03/2017	08/08/2017	7822194691	1001057526	115Invoice	0.60	29.82		✓ 29.22		7822194691	
08/03/2017	08/08/2017	7822194692	1001057526	115Invoice	0.03	1.34		✓ 1.31		7822194692	
08/04/2017	08/08/2017	7822422592	1001058537	115Invoice	0.12	6.24		✓ 6.12		7822422592	

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

TOTAL: Customer Number 262252 CVS PHCY 7006/MEMORIA PHS

Subtotals: 660.68 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,750.21
07/31/2017

If Paid By 08/08/2017,
Pay This Amount: 647.47 USD

If Paid After 08/08/2017,
Pay this Amount: 660.68 USD

Due If Paid On Time:
USD 647.47

Disc lost if paid late:
13.21

Due If Paid Late:
USD 660.68

RUN DATE:08/07/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:15:57 CHECK REGISTER GLCKREG
08/07/17 THRU 08/07/17

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000940	08/07/17	2,451.97	MCKESSON
TOTALS:			2,451.97	

APPROVED
ON

AUG 0 7 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE: 08/08/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME: 09:14 EDIT LIST FOR PATIENT REFUNDS ARID=0001 APCDEDIT

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	080817	77.22	2		REFUND FOR [redacted]	
	TX 77979						
	ARID=0001 TOTAL		77.22				
TOTAL			77.22				

APPROVED
ON
AUG 0 8 2017

CK# 172296

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 9-8-17

Ø

RUN DATE:08/08/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:10:36 CHECK REGISTER GLCKREG
08/08/17 THRU 08/08/17

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	172296	08/08/17	77.22	[redacted]
TOTALS:			77.22	

APPROVED
ON
AUG 0 8 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

08/10/2017 MEMORIAL MEDICAL CENTER 0
08:11 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 08/16/2017

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
225671		07/19/20	07/11/20	08/11/20		921.46	0.00	0.00	921.46
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10006	CUSTOM MEDICAL SPECIALTIES	921.46	0.00	0.00	921.46

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
934947070		07/31/20	06/26/20	07/21/20		86.40	0.00	0.00	86.40
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10032	PHILIPS HEALTHCARE	86.40	0.00	0.00	86.40

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
433897		07/19/20	07/10/20	08/10/20		153.95	0.00	0.00	153.95
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10042	ERBE USA INC SURGICAL SYSTEMS	153.95	0.00	0.00	153.95

Vendor#	Vendor Name	Class	Pay Code
10103	DEPARTMENT OF STATE HEALTH		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
000142		08/03/20	08/01/20	08/10/20		500.00	0.00	0.00	500.00
	TRAUMA RE-DESIGNATION 4(								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10103	DEPARTMENT OF STATE HEALTH	500.00	0.00	0.00	500.00

Vendor#	Vendor Name	Class	Pay Code
10172	US FOOD SERVICE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
3490825		07/31/20	07/24/20	08/13/20		1,937.14	0.00	0.00	1,937.14
	SUPPLIES								
3558085		07/31/20	07/27/20	08/16/20		1,778.36	0.00	0.00	1,778.36
	SUPPLIES								
3558086		07/31/20	07/27/20	08/16/20		128.73	0.00	0.00	128.73
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10172	US FOOD SERVICE	3,844.23	0.00	0.00	3,844.23

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
1953581		07/19/20	07/11/20	08/10/20		73.69	0.00	0.00	73.69
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10182	MERCEDES MEDICAL	73.69	0.00	0.00	73.69

Vendor#	Vendor Name	Class	Pay Code
10188	NATUS MEDICAL INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1040546009		07/31/20	07/12/20	08/06/20			508.59	0.00	0.00	508.59
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10188	NATUS MEDICAL INC	508.59	0.00	0.00	508.59

Vendor# 10285 Vendor Name: JAMES A DANIEL — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000148		08/09/20	08/01/20	08/10/20			750.00	0.00	0.00	750.00
	RENT									

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
S117129098001		07/31/20	06/07/20	07/02/20			308.65	0.00	0.00	308.65
	SUPPLIES									
S116412789001		07/31/20	06/07/20	07/02/20			65.21	0.00	0.00	65.21
	SUPPLIES									
S117129098002		07/31/20	06/09/20	07/04/20			110.65	0.00	0.00	110.65
	SUPPLIES									
S117129098003		07/31/20	06/09/20	07/04/20			46.95	0.00	0.00	46.95
	SUPPLIES									
S117263987001		07/31/20	06/28/20	07/23/20			347.60	0.00	0.00	347.60
	SUPPLIES									
S117263987002		07/31/20	06/30/20	07/25/20			57.76	0.00	0.00	57.76
	SUPPLIES									
S117437090001		07/31/20	07/12/20	08/06/20			26.64	0.00	0.00	26.64
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10315	REXEL	963.46	0.00	0.00	963.46

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
000143		07/31/20	07/17/20	08/10/20			1,825.70	0.00	0.00	1,825.70
	EMPL EXP									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10326	PRINCIPAL LIFE	1,825.70	0.00	0.00	1,825.70

Vendor# 10350 Vendor Name: CENTURION MEDICAL PRODUCTS — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
92303919		07/19/20	07/12/20	08/11/20			1,199.44	0.00	0.00	1,199.44
	SUPPLIES									
92304718		07/21/20	07/13/20	08/12/20			121.86	0.00	0.00	121.86
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10350	CENTURION MEDICAL PRODUCTS	1,321.30	0.00	0.00	1,321.30

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
5092100		07/31/20	07/14/20	08/08/20			17.72	0.00	0.00	17.72
	SUPPLIES									

5095230 ✓		07/31/20	07/19/20	08/13/20	23.96	0.00	0.00	23.96 ✓
	SUPPLIES							
5096910 ✓		07/31/20	07/20/20	08/14/20	29.84	0.00	0.00	29.84 ✓
	SUPPLIES							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	71.52	0.00	0.00	71.52

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
3852223 ✓		07/21/20	07/13/20	08/12/20		180.66	0.00	0.00	180.66 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10372	PRECISION DYNAMICS CORP (PDC)	180.66	0.00	0.00	180.66

Vendor# 10507 Vendor Name: JASON ANGLIN ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
000135		07/31/20	07/31/20	08/10/20		151.94	0.00	0.00	151.94 ✓
	TRAVEL 7/20/17-7/22/17 Texas Healthcare Trustees Conference								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10507	JASON ANGLIN	151.94	0.00	0.00	151.94

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1585642 ✓		07/31/20	07/28/20	07/29/20		15.73	0.00	0.00	15.73 ✓
	INVENT PHARM								
1585799 ✓		07/31/20	07/28/20	07/29/20		437.01	0.00	0.00	437.01 ✓
	INVENT PHARM								
1585797 ✓		07/31/20	07/28/20	07/29/20		1,987.54	0.00	0.00	1,987.54 ✓
	INVENT PHARM								
1585643 ✓		07/31/20	07/28/20	07/29/20		22.20	0.00	0.00	22.20 ✓
	INVENT PHARM								
1585798 ✓		07/31/20	07/28/20	07/29/20		16.32	0.00	0.00	16.32 ✓
	INVENT PHARM								
SC6188 ✓		07/31/20	07/31/20	08/01/20		44.31	0.00	0.00	44.31 ✓
	INVENT PHARM								
1593688 ✓		07/31/20	07/31/20	08/01/20		16.08	0.00	0.00	16.08 ✓
	INVENT PHARM								
1593149 ✓		07/31/20	07/31/20	08/01/20		880.99	0.00	0.00	880.99 ✓
	INVENT PHARM								
SC6187 ✓		07/31/20	07/31/20	08/01/20		122.71	0.00	0.00	122.71 ✓
	INVENT PHARM								
1593148 ✓		07/31/20	07/31/20	08/01/20		62.11	0.00	0.00	62.11 ✓
	INVENT PHARM								
1593686 ✓		07/31/20	07/31/20	08/01/20		175.63	0.00	0.00	175.63 ✓
	INVENT PHARM								
1593687 ✓		07/31/20	07/31/20	08/01/20		1,728.44	0.00	0.00	1,728.44 ✓
	INVENT PHARM								
1593150 ✓		07/31/20	07/31/20	08/01/20		13.41	0.00	0.00	13.41 ✓
	INVENT PHARM								
1598151 ✓		08/03/20	08/01/20	08/02/20		8.01	0.00	0.00	8.01 ✓
	INVENT PHARM								

1598635	08/03/20 08/01/20 08/02/20		270.19	0.00	0.00	270.19		
INVENT PHARM								
0749	08/03/20 08/01/20 08/02/20		-2.79	0.00	0.00	-2.79		
INVENT PHARM								
1598633	08/03/20 08/01/20 08/02/20		2,030.21	0.00	0.00	2,030.21		
INVENT PHARM								
1598634	08/03/20 08/01/20 08/02/20		186.05	0.00	0.00	186.05		
INVENT PHARM								
1597127	08/03/20 08/01/20 08/02/20		476.31	0.00	0.00	476.31		
INVENT PHARM								
1602610	08/03/20 08/02/20 08/03/20		1,943.32	0.00	0.00	1,943.32		
INVENT PHARM								
1602728	08/03/20 08/02/20 08/03/20		419.03	0.00	0.00	419.03		
INVENT PHARM								
1602727	08/03/20 08/02/20 08/03/20		708.65	0.00	0.00	708.65		
INVENT PHARM								
1603229	08/03/20 08/03/20 08/04/20		28.47	0.00	0.00	28.47		
INVENT PHARM								
Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net		
	10536	MORRIS & DICKSON CO, LLC	11,589.93	0.00	0.00	11,589.93		

Vendor# Vendor Name — Class — Pay Code — 11,592.72 — 11,592.72

10699 SIGN AD, LTD.

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
214749	PUBL REL	07/31/20	07/20/20	07/30/20			375.00	0.00	0.00	375.00
215107	PUB REL	07/31/20	07/31/20	08/10/20			400.00	0.00	0.00	400.00
215368	PUBL REL	08/01/20	08/01/20	08/11/20			450.00	0.00	0.00	450.00
215374	PUBL REL	08/01/20	08/01/20	08/11/20			400.00	0.00	0.00	400.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10699	SIGN AD, LTD.	1,625.00	0.00	0.00	1,625.00

Vendor# Vendor Name — Class — Pay Code

10732 THERACOM, LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
175799129301	INVENT PHARM	06/28/20	06/14/20	08/12/20			1,564.08	0.00	0.00	1,564.08

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10732	THERACOM, LLC	1,564.08	0.00	0.00	1,564.08

Vendor# Vendor Name — Class — Pay Code

10736 PARAGARD DIRECT

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
15013264698	INVENT	07/17/20	06/14/20	08/13/20			1,048.52	0.00	0.00	1,048.52

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10736	PARAGARD DIRECT	1,048.52	0.00	0.00	1,048.52

Vendor# Vendor Name — Class — Pay Code

10788 FIRETROL PROTECTION SYSTEMS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
100485760	PURCH SERV	07/31/20	07/24/20	08/03/20			655.50	0.00	0.00	655.50

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10788	FIRETROL PROTECTION SYSTEMS	655.50	0.00	0.00	655.50

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
MMC081517 ✓	PROF FEES	07/31/20	07/27/20	08/10/20			108,728.84	0.00	0.00	108,728.84 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDICAL NETWORK INC	108,728.84	0.00	0.00	108,728.84

Vendor# 10810 Vendor Name: MMC EMPLOYEE BENEFIT PLAN ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000132	EMPL EXP	07/31/20	07/31/20	08/10/20			34,863.67	0.00	0.00	34,863.67 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN	34,863.67	0.00	0.00	34,863.67

Vendor# 10814 Vendor Name: ALLIED BENEFIT SYSTEMS ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
0000397819	EMPL EXP	07/14/20	07/12/20	08/15/20			28,233.03	0.00	0.00	28,233.03 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10814	ALLIED BENEFIT SYSTEMS	28,233.03	0.00	0.00	28,233.03

Vendor# 10868 Vendor Name: NOVA BIOMEDICAL ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
90362392 ✓	FREIGHT	07/31/20	04/05/20	05/05/20			11.75	0.00	0.00	11.75 ✓
90377605 ✓	SUPPLIES	07/31/20	05/22/20	06/22/20			3,165.34	0.00	0.00	3,165.34 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10868	NOVA BIOMEDICAL	3,177.09	0.00	0.00	3,177.09

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
7010267269 ✓	INVENT PHARM	06/21/20	06/02/20	08/10/20			1,072.64	0.00	0.00	1,072.64 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10904	MERCK SHARP & DOHME CORP	1,072.64	0.00	0.00	1,072.64

Vendor# 11004 Vendor Name: CSI LEASING INC ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
RT00165635 ✓	RENTAL	07/31/20	07/24/20	08/10/20			7,682.67	0.00	0.00	7,682.67 ✓

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

Vendor# 11011 Vendor Name: DIAMOND HEALTHCARE CORP ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
IN20050895 ✓	PURCH SERV	07/31/20	06/30/20	07/25/20			31,144.58	0.00	0.00	31,144.58 ✓

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11011	DIAMOND HEALTHCARE CORP				31,144.58	0.00	0.00	31,144.58

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
	000050		07/31/20	07/01/20	07/01/20		2,313.82	0.00	0.00	2,313.82
		EMPL EXP								
	000133		08/04/20	08/01/20	08/10/20		2,313.82	0.00	0.00	2,313.82
		EMPL EXP								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11030	COMBINED INSURANCE CO					4,627.64	0.00	0.00	4,627.64

Vendor#	Vendor Name			Class	Pay Code				
11039	THE BRATTON FIRM								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	SPL1016		07/31/20	07/18/20	08/10/20		756.97	0.00	0.00	756.97
		COLLECTION EXP								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11039	THE BRATTON FIRM					756.97	0.00	0.00	756.97

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
	000139		07/31/20	07/16/20	08/10/20		1,799.10	0.00	0.00	1,799.10
		TELEPHONE								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11062	AIRESPRING INC					1,799.10	0.00	0.00	1,799.10

Vendor#	Vendor Name			Class	Pay Code				
11078	FUSION MEDICAL STAFFING, LLC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	E140112		07/31/20	07/15/20	08/14/20		3,198.50	0.00	0.00	3,198.50
		PROF FEES								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11078	FUSION MEDICAL STAFFING, LLC					3,198.50	0.00	0.00	3,198.50

Vendor#	Vendor Name			Class	Pay Code				
11080	RADSOURCE								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	SC55037		01/22/20	01/12/20	02/12/20		1,667.00	0.00	0.00	1,667.00
		PURCHASED SERVICES RADI								
	SC55833		07/28/20	07/16/20	08/10/20		1,625.00	0.00	0.00	1,625.00
		PURCH SERV								
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				
11099	MARLIN BUSINESS BANK								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	15061634		08/09/20	06/13/20	07/13/20		662.27	0.00	0.00	662.27
		LEASE 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				
11118	DR. WILLIAM CROWLEY								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	000141		07/31/20	07/31/20	08/10/20		8,000.00	0.00	0.00	8,000.00

PRO FEES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11118	DR. WILLIAM CROWLEY	8,000.00	0.00	0.00	8,000.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
000147		08/09/20	08/01/20	08/10/20		11,001.20	0.00	0.00	11,001.20

RENT

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
11166	WEST INTERACTIVE SERVICES CORP		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV001840489		07/31/20	06/30/20	07/30/20		366.84	0.00	0.00	366.84

PURCH SERV

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11166	WEST INTERACTIVE SERVICES CORP	366.84	0.00	0.00	366.84

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
2006344		07/19/20	07/12/20	08/10/20		323.20	0.00	0.00	323.20

PRO FEES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11230	JACKSON & COKER LOCUM TENENS,	323.20	0.00	0.00	323.20

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
35288		07/31/20	07/31/20	08/10/20		40,062.50	0.00	0.00	40,062.50

PRO FEES

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
11296	SOUTH TEXAS BLOOD & TISSUE CEN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
90028874		07/28/20	07/19/20	08/13/20		-1,824.16	0.00	0.00	-1,824.16
	SUPPLIES								
90028946		07/28/20	07/19/20	08/13/20		4,950.12	0.00	0.00	4,950.12

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11296	SOUTH TEXAS BLOOD & TISSUE CEN	3,125.96	0.00	0.00	3,125.96

Vendor#	Vendor Name	Class	Pay Code
11412	JACOBS LADDER LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
000136		07/31/20	07/31/20	08/10/20		2,097.50	0.00	0.00	2,097.50

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11412	JACOBS LADDER LLC	2,097.50	0.00	0.00	2,097.50

Vendor#	Vendor Name	Class	Pay Code
A1680	AIRGAS USA, LLC - CENTRAL DIV	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9065739538		07/31/20	07/19/20	08/13/20		164.13	0.00	0.00	164.13

	SUPPLIES							
9065884985		07/31/20	07/21/20	08/15/20	509.06	0.00	0.00	509.06
	SUPPLIES							
9065739539		07/31/20	07/21/20	08/15/20	22.29	0.00	0.00	22.29
	SUPPLIES							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV			695.48	0.00	0.00	695.48
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
55615264		07/31/20	07/21/20	08/15/20		2,367.50	0.00	0.00	2,367.50
	LEASE							
55615275		07/31/20	07/21/20	08/15/20		629.50	0.00	0.00	629.50
	LEASE							
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE				2,997.00	0.00	0.00	2,997.00
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
000149		08/09/20	08/01/20	08/10/20		71.47	0.00	0.00	71.47
	FUEL								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1112	CALHOUN COUNTY				71.47	0.00	0.00	71.47
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
375211		07/31/20	03/20/20	04/20/20		547.12	0.00	0.00	547.12
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1970	CONMED CORPORATION				547.12	0.00	0.00	547.12
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
T1707101378		07/31/20	07/10/20	08/04/20		6,484.83	0.00	0.00	6,484.83
	PURCH SERV								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C2510	EVIDENT				6,484.83	0.00	0.00	6,484.83
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
2071		07/31/20	07/07/20	07/17/20		12.20	0.00	0.00	12.20
	LAUNDRY								
1532		07/31/20	07/10/20	07/20/20		6.10	0.00	0.00	6.10
	LAUNDRY								
1675		07/31/20	07/18/20	07/28/20		6.10	0.00	0.00	6.10
	LAUNDRY								
1677		07/31/20	07/19/20	07/29/20		6.10	0.00	0.00	6.10
	LAUNDRY								
1688		07/31/20	07/24/20	08/03/20		6.10	0.00	0.00	6.10
	LAUNDRY								
1646		07/31/20	07/24/20	08/03/20		6.10	0.00	0.00	6.10
	LAUNDRY								

000145		07/31/20	07/27/20	08/06/20		48.00	0.00	0.00	48.00
	LAUNDRY								
000144		07/31/20	07/31/20	08/10/20		28.00	0.00	0.00	28.00
	LAUNDRY								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	D1710	DOWNTOWN CLEANERS				118.70	0.00	0.00	118.70

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
000140		07/31/20	07/31/20	08/10/20			53.85	0.00	0.00	53.85
	FUEL									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	E1270	CENTERPOINT ENERGY					53.85	0.00	0.00	53.85

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
3567588		07/31/20	07/12/20	08/06/20			38.64	0.00	0.00	38.64
	SUPPLIES									
3632392		07/31/20	07/13/20	08/07/20			1,593.94	0.00	0.00	1,593.94
	SUPPLIES									
4137128		07/31/20	07/21/20	08/15/20			527.36	0.00	0.00	527.36
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE					2,159.94	0.00	0.00	2,159.94

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
072938		08/09/20	02/02/20	02/22/20			29.10	0.00	0.00	29.10
	SUPPLIES									
OC39411		08/09/20	05/29/20	06/18/20			4.41	0.00	0.00	4.41
	FINANCE CHARGE									
052876		08/09/20	05/31/20	06/20/20			10.41	0.00	0.00	10.41
	SUPPLIES									
OC39622		08/09/20	06/28/20	07/18/20			4.38	0.00	0.00	4.38
	FINANCE CHARGE									
OC39985		08/09/20	07/26/20	08/15/20			0.81	0.00	0.00	0.81
	FINANCE CHARGE									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	H0030	H E BUTT GROCERY					49.11	0.00	0.00	49.11

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
851132575		07/31/20	07/01/20	07/31/20			11.25	0.00	0.00	11.25
	MAINT CONT									
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
I1110	WERFEN USA LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9110411767		07/31/20	07/17/20	08/11/20			1,571.67	0.00	0.00	1,571.67
	RENTAL									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	1,571.67	0.00	0.00	1,571.67

Vendor#	Vendor Name	Class	Pay Code
I1127	INTEGRATED MEDICAL SYSTEMS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1519208	REPAIRS	07/31/20	07/14/20	08/13/20			2,346.00	0.00	0.00	2,346.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I1127	INTEGRATED MEDICAL SYSTEMS	2,346.00	0.00	0.00	2,346.00

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
6008470	SUPPLIES	07/31/20	07/06/20	07/16/20			386.64	0.00	0.00	386.64
6009033	SUPPLIES	07/31/20	07/20/20	07/30/20			209.25	0.00	0.00	209.25

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J1415	JOHNSTONE SUPPLY	595.89	0.00	0.00	595.89

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
55591528	PURCH SERV	07/31/20	07/01/20	07/26/20			161.46	0.00	0.00	161.46

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	L0700	LABCORP OF AMERICA HOLDINGS	161.46	0.00	0.00	161.46

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
671234	CREDIT TRANS	07/31/20	07/31/20	08/10/20			110.02	0.00	0.00	110.02

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2662	MMC VOLUNTEERS	110.02	0.00	0.00	110.02

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
2759827	SUPPLIES	07/31/20	07/20/20	08/04/20			498.26	0.00	0.00	498.26

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2827	MEDIVATORS	498.26	0.00	0.00	498.26

Vendor#	Vendor Name	Class	Pay Code
O1500	OLYMPUS AMERICA INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
94292479	MAINT CONT	07/31/20	07/13/20	08/07/20			1,137.51	0.00	0.00	1,137.51

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	O1500	OLYMPUS AMERICA INC	1,137.51	0.00	0.00	1,137.51

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
2029025586	SUPPLIES	07/19/20	07/13/20	08/12/20			89.71	0.00	0.00	89.71
2029025509		07/19/20	07/13/20	08/12/20			129.96	0.00	0.00	129.96

	SUPPLIES							
2029026398		07/19/20	07/13/20	08/12/20	86.26	0.00	0.00	86.26
	SUPPLIES							
2029032078		07/19/20	07/13/20	08/12/20	979.09	0.00	0.00	979.09
	SUPPLIES							
2028956224		07/21/20	07/11/20	08/10/20	106.58	0.00	0.00	106.58
	SUPPLIES							
2028956640		07/21/20	07/11/20	08/10/20	26.31	0.00	0.00	26.31
	SUPPLIES							
2028956191		07/21/20	07/11/20	08/10/20	212.30	0.00	0.00	212.30
	SUPPLIES							
2028961469		07/21/20	07/11/20	08/10/20	852.33	0.00	0.00	852.33
	SUPPLIES							
2028958473		07/21/20	07/11/20	08/10/20	10.85	0.00	0.00	10.85
	SUPPLIES							
2028963146		07/21/20	07/11/20	08/10/20	1,308.35	0.00	0.00	1,308.35
	SUPPLIES							
2028957330		07/21/20	07/11/20	08/10/20	49.11	0.00	0.00	49.11
	SUPPLIES							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR			3,850.85	0.00	0.00	3,850.85

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
92108749		07/31/20	07/13/20	08/07/20			188.39	0.00	0.00	188.39
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	P1260	PENTAX MEDICAL COMPANY					188.39	0.00	0.00	188.39

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
64		07/31/20	07/31/20	08/15/20			4,525.00	0.00	0.00	4,525.00
	PURCH SERV									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	P1725	PREMIER SLEEP DISORDERS CENTER					4,525.00	0.00	0.00	4,525.00

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
8089227		07/31/20	07/14/20	08/08/20			75.90	0.00	0.00	75.90
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	S2270	SMILE MAKERS					75.90	0.00	0.00	75.90

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
14931014		07/21/20	07/11/20	08/11/20			198.84	0.00	0.00	198.84
	SUPPLIES									
14934385		07/21/20	07/13/20	08/13/20			117.21	0.00	0.00	117.21
	SUPPLIES									
14933411		07/21/20	07/13/20	08/13/20			175.22	0.00	0.00	175.22
	SUPPLIES									

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	S2353	SMITHS MEDICAL ASD INC				491.27	0.00	0.00	491.27

Vendor#	Vendor Name	Class	Pay Code
S2362	SMITH & NEPHEW ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
93803369 ✓		07/21/20	07/10/20	08/10/20		401.89	0.00	0.00	401.89 ✓
	SUPPLIES								
93803368 ✓		07/21/20	07/10/20	08/10/20		264.97	0.00	0.00	264.97 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2362	SMITH & NEPHEW	666.86	0.00	0.00	666.86

Vendor#	Vendor Name	Class	Pay Code
S2896	DANETTE BETHANY ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
000134		07/31/20	07/31/20	08/10/20		238.00	0.00	0.00	238.00 ✓
	TRAVEL 7/26/17-7/28/17 RHC conference								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2896	DANETTE BETHANY	238.00	0.00	0.00	238.00

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
113677214 ✓		07/31/20	07/27/20	08/16/20		346.71	0.00	0.00	346.71 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2951	SYSCO FOOD SERVICES OF	346.71	0.00	0.00	346.71

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
73425398 ✓		08/09/20	08/08/20	08/10/20		3,799.00	0.00	0.00	3,799.00 ✓
	INS WRK COMP								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T2204	TEXAS MUTUAL INSURANCE CO	3,799.00	0.00	0.00	3,799.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
5000700501 ✓		07/31/20	06/22/20	07/22/20		371.00	0.00	0.00	371.00 ✓
	MAINT CONT								
3003357370 ✓		08/03/20	08/01/20	08/10/20		1,190.37	0.00	0.00	1,190.37 ✓
	MAINT CONT								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T2250	THYSSENKRUPP ELEVATOR CORP	1,561.37	0.00	0.00	1,561.37

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
205EV27121 ✓		07/31/20	07/31/20	08/10/20		4,555.00	0.00	0.00	4,555.00 ✓
	MAINT CONT								

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
T3130	TRI-ANIM HEALTH SERVICES INC ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
62735869 ✓		07/31/20	07/14/20	08/08/20		112.70	0.00	0.00	112.70 ✓

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T3130	TRI-ANIM HEALTH SERVICES INC	112.70	0.00	0.00	112.70

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
8150773114		07/19/20	07/18/20	08/12/20			18.21	0.00	0.00	18.21
	LAUNDRY									
8150773032		07/19/20	07/18/20	08/12/20			17.00	0.00	0.00	17.00
	LAUNDRY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1054	UNIFIRST HOLDINGS	35.21	0.00	0.00	35.21

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
7898938		07/31/20	07/19/20	08/03/20			112.15	0.00	0.00	112.15
	EMPL EXP									
7923339		07/31/20	07/28/20	08/12/20			187.93	0.00	0.00	187.93
	EMPL EXP									
7923358		07/31/20	07/28/20	08/12/20			133.93	0.00	0.00	133.93
	EMPL EXP									
7923363		07/31/20	07/28/20	08/12/20			139.93	0.00	0.00	139.93
	EMPL EXP									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1056	UNIFORM ADVANTAGE	573.94	0.00	0.00	573.94

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
8400251890		07/19/20	07/18/20	08/12/20			173.70	0.00	0.00	173.70
	LAUNDRY									
8400251891		07/31/20	07/18/20	08/12/20			70.85	0.00	0.00	70.85
	LAUNDRY									
8400251938		07/31/20	07/18/20	08/12/20			925.86	0.00	0.00	925.86
	LAUNDRY									
8400251994		07/31/20	07/18/20	08/12/20			72.09	0.00	0.00	72.09
	LAUNDRY									
8400251892		07/31/20	07/18/20	08/12/20			262.33	0.00	0.00	262.33
	LAUNDRY									
8400251893		07/31/20	07/18/20	08/12/20			52.60	0.00	0.00	52.60
	LAUNDRY									
8400251889		07/31/20	07/18/20	08/12/20			94.29	0.00	0.00	94.29
	LAUNDRY									
8400251928		07/31/20	07/18/20	08/12/20			53.48	0.00	0.00	53.48
	LAUNDRY									
8400252282		07/31/20	07/21/20	08/15/20			1,115.56	0.00	0.00	1,115.56
	LAUNDRY									
8400252241		07/31/20	07/21/20	08/15/20			172.05	0.00	0.00	172.05
	LAUNDRY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	2,992.81	0.00	0.00	2,992.81

Vendor#	Vendor Name	Class	Pay Code

U1200 UNITED AD LABEL CO INC ✓ M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
287905823 ✓		07/31/20	07/14/20	08/08/20		116.11	0.00	0.00	116.11 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1200	UNITED AD LABEL CO INC	116.11	0.00	0.00	116.11

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
000087		07/19/20	07/26/20	08/15/20		1,200.00	0.00	0.00	1,200.00 ✓
	POSTAGE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U2000	US POSTAL SERVICE	1,200.00	0.00	0.00	1,200.00

Vendor# Vendor Name — Class — Pay Code

V0559 VERIZON WIRELESS ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9789369762 ✓		07/31/20	07/16/20	08/10/20		217.80	0.00	0.00	217.80 ✓
	TELEPHONE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	V0559	VERIZON WIRELESS	217.80	0.00	0.00	217.80

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
9498318220 ✓		07/31/20	07/12/20	08/06/20		15.04	0.00	0.00	15.04
	SUPPLIES								
9506842534 ✓		07/31/20	07/21/20	08/15/20		52.28	0.00	0.00	52.28
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W1300	GRAINGER	67.32	0.00	0.00	67.32

Vendor# Vendor Name — Class — Pay Code

W1369 JACK WU ✓ W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
000146		08/09/20	08/04/20	08/10/20		209.68	0.00	0.00	209.68 ✓
	TRAVEL 7/19/17-7/22/17 Texas Healthcare Trustees Conference								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W1369	JACK WU	209.68	0.00	0.00	209.68

Vendor# Vendor Name — Class — Pay Code

Z0850 CARMEN C. ZAPATA-ARROYO ✓ W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
000137		07/31/20	07/31/20	08/10/20		1,526.25	0.00	0.00	1,526.25 ✓
	PURCH SERV								
000138		07/31/20	07/31/20	08/10/20		165.00	0.00	0.00	165.00 ✓
	PURCH SERV								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	Z0850	CARMEN C. ZAPATA-ARROYO	1,691.25	0.00	0.00	1,691.25

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	369,176.86	0.00	0.00	369,176.86

369,176.86 +
11,589.93 −
11,592.72 +
323.20 −
368,856.45 =

APPROVED ON AUG 10 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

pg 4 correction
pg 7 correction
CKS# 172297 TO # 172374

{<11,589.93>
+11,592.72
{<323.20>
$368,856.45

Michael J. Pfeffer
Calhoun County Judge
Date: 8-8-17

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	172297	08/10/17	921.46	CUSTOM MEDICAL SPECIALTIES
A/P	172298	08/10/17	86.40	PHILIPS HEALTHCARE
A/P	172299	08/10/17	153.95	ERBE USA INC SURGICAL SYSTEMS
A/P	172300	08/10/17	500.00	DEPARTMENT OF STATE HEALTH
A/P	172301	08/10/17	3,844.23	US FOOD SERVICE
A/P	172302	08/10/17	73.69	MERCEDES MEDICAL
A/P	172303	08/10/17	508.59	NATUS MEDICAL INC
A/P	172304	08/10/17	750.00	JAMES A DANIEL
A/P	172305	08/10/17	963.46	REXEL
A/P	172306	08/10/17	1,825.70	PRINCIPAL LIFE
A/P	172307	08/10/17	1,321.30	CENTURION MEDICAL PRODUCTS
A/P	172308	08/10/17	71.52	DEWITT POTH & SON
A/P	172309	08/10/17	180.66	PRECISION DYNAMICS CORP (PDC)
A/P	172310	08/10/17	151.94	JASON ANGLIN
A/P	172311	08/10/17	.00	VOIDED
A/P	172312	08/10/17	11,592.72	MORRIS & DICKSON CO, LLC
A/P	172313	08/10/17	1,625.00	SIGN AD, LTD.
A/P	172314	08/10/17	1,564.08	THERACOM, LLC
A/P	172315	08/10/17	1,048.52	PARAGARD DIRECT
A/P	172316	08/10/17	655.50	FIRETROL PROTECTION SYSTEMS
A/P	172317	08/10/17	108,728.84	DISCOVERY MEDICAL NETWORK INC
A/P	172318	08/10/17	34,863.67	MMC EMPLOYEE BENEFIT PLAN
A/P	172319	08/10/17	28,233.03	ALLIED BENEFIT SYSTEMS
A/P	172320	08/10/17	3,177.09	NOVA BIOMEDICAL
A/P	172321	08/10/17	1,072.64	MERCK SHARP & DOHME CORP
A/P	172322	08/10/17	7,682.67	CSI LEASING INC
A/P	172323	08/10/17	31,144.58	DIAMOND HEALTHCARE CORP
A/P	172324	08/10/17	4,627.64	COMBINED INSURANCE CO
A/P	172325	08/10/17	756.97	THE BRATTON FIRM
A/P	172326	08/10/17	1,799.10	AIRESPRING INC
A/P	172327	08/10/17	3,198.50	FUSION MEDICAL STAFFING, LLC
A/P	172328	08/10/17	3,292.00	RADSOURCE
A/P	172329	08/10/17	662.27	MARLIN BUSINESS BANK
A/P	172330	08/10/17	8,000.00	DR. WILLIAM CROWLEY
A/P	172331	08/10/17	11,001.20	PORT LAVACA RETAIL GROUP LLC
A/P	172332	08/10/17	366.84	WEST INTERACTIVE SERVICES CORP
A/P	172333	08/10/17	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	172334	08/10/17	3,125.96	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	172335	08/10/17	2,097.50	JACOBS LADDER LLC
A/P	172336	08/10/17	695.48	AIRGAS USA, LLC - CENTRAL DIV
A/P	172337	08/10/17	2,997.00	BAXTER HEALTHCARE
A/P	172338	08/10/17	71.47	CALHOUN COUNTY
A/P	172339	08/10/17	547.12	CONMED CORPORATION
A/P	172340	08/10/17	6,484.83	EVIDENT
A/P	172341	08/10/17	118.70	DOWNTOWN CLEANERS
A/P	172342	08/10/17	53.85	CENTERPOINT ENERGY
A/P	172343	08/10/17	2,159.94	FISHER HEALTHCARE
A/P	172344	08/10/17	49.11	H E BUTT GROCERY
A/P	172345	08/10/17	11.25	HOSPIRA WORLDWIDE, INC
A/P	172346	08/10/17	1,571.67	WERFEN USA LLC

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	172347	08/10/17	2,346.00	INTEGRATED MEDICAL SYSTEMS
A/P	172348	08/10/17	595.89	JOHNSTONE SUPPLY
A/P	172349	08/10/17	161.46	LABCORP OF AMERICA HOLDINGS
A/P	172350	08/10/17	110.02	MMC VOLUNTEERS
A/P	172351	08/10/17	498.26	MEDIVATORS
A/P	172352	08/10/17	1,137.51	OLYMPUS AMERICA INC
A/P	172353	08/10/17	.00	VOIDED
A/P	172354	08/10/17	3,850.85	OWENS & MINOR
A/P	172355	08/10/17	188.39	PENTAX MEDICAL COMPANY
A/P	172356	08/10/17	4,525.00	PREMIER SLEEP DISORDERS CENTER
A/P	172357	08/10/17	75.90	SMILE MAKERS
A/P	172358	08/10/17	491.27	SMITHS MEDICAL ASD INC
A/P	172359	08/10/17	666.86	SMITH & NEPHEW
A/P	172360	08/10/17	238.00	DANETTE BETHANY
A/P	172361	08/10/17	346.71	SYSCO FOOD SERVICES OF
A/P	172362	08/10/17	3,799.00	TEXAS MUTUAL INSURANCE CO
A/P	172363	08/10/17	1,561.37	THYSSENKRUPP ELEVATOR CORP
A/P	172364	08/10/17	4,555.00	T-SYSTEM, INC
A/P	172365	08/10/17	112.70	TRI-ANIM HEALTH SERVICES INC
A/P	172366	08/10/17	35.21	UNIFIRST HOLDINGS
A/P	172367	08/10/17	573.94	UNIFORM ADVANTAGE
A/P	172368	08/10/17	2,992.81	UNIFIRST HOLDINGS INC
A/P	172369	08/10/17	116.11	UNITED AD LABEL CO INC
A/P	172370	08/10/17	1,200.00	US POSTAL SERVICE
A/P	172371	08/10/17	217.80	VERIZON WIRELESS
A/P	172372	08/10/17	67.32	GRAINGER
A/P	172373	08/10/17	209.68	JACK WU
A/P	172374	08/10/17	1,691.25	CARMEN C. ZAPATA-ARROYO
TOTALS:			368,856.45	

APPROVED
ON

AUG 10 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

MEMORIAL MEDICAL CENTER
AP
815 N VIRGINIA STREET
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 08/11/2017 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 08/12/2017

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

As of: 08/11/2017 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 08/12/2017 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 6,053.17 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/07/2017 2,451.97

If Paid By 08/15/2017, Pay This Amount: 5,932.12 USD

If Paid After 08/15/2017, Pay this Amount: 6,053.17 USD

Due If Paid On Time: USD 5,932.12

Disc lost if paid late: 121.05

Due If Paid Late: USD 6,053.17

ck# 941

1,841.42 +
3,123.73 +
966.97 +
5,932.12 *

Michael J. Pfeifer
Calhoun County Judge
Date: 9-8-17

APPROVED ON
AUG 14 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 941

McKESSON

STATEMENT

Company: 8000

As of: 08/11/2017 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 08/12/2017

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: 08/11/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 08/12/2017 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
08/07/2017	08/15/2017	7822702888 ✓	0805171253-00	115Invoice	5.98	298.87		✓292.89		7822702888	
08/07/2017	08/15/2017	7822702889 ✓	0806170238-00	115Invoice	5.84	291.94		✓286.10		7822702889	
08/08/2017	08/15/2017	7822943901 ✓	0907268049	115Invoice	0.71	35.35		✓34.64		7822943901	
08/08/2017	08/15/2017	7822943904 ✓	0807170225-00	115Invoice	0.52	26.03		✓25.51		7822943904	
08/09/2017	08/15/2017	7823186460 ✓	6557264848	115Invoice	1.19	59.43		✓58.24		7823186460	
08/09/2017	08/15/2017	7823186461 ✓	0808170302-00	115Invoice	8.77	438.57		✓429.80		7823186461	
08/11/2017	08/15/2017	7823667442 ✓	6157277599	115Invoice	7.44	372.07		✓364.63		7823667442	
08/11/2017	08/15/2017	7823667443 ✓	0810170254-00	115Invoice	7.13	356.74		✓349.61		7823667443	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 1,879.00 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,750.21
07/31/2017

If Paid By 08/15/2017,
Pay This Amount: 1,841.42 USD ✓

If Paid After 08/15/2017,
Pay this Amount: 1,879.00 USD

Due If Paid On Time:
USD 1,841.42

Disc lost if paid late:
37.58

Due If Paid Late:
USD 1,879.00

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: 08/11/2017 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 08/12/2017

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

As of: 08/11/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 08/12/2017 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
08/07/2017	08/15/2017	7822698273 ✓	1001058959	115Invoice	4.28	213.84		✓209.56		7822698273	
08/07/2017	08/15/2017	7822698274 ✓	1001060001	115Invoice		0.08		✓0.08		7822698274	
08/07/2017	08/15/2017	7822698276 ✓	1001060422	115Invoice	19.02	950.84		✓931.82		7822698276	
08/08/2017	08/15/2017	7822922694 ✓	1001060795	115Invoice	4.34	217.07		✓212.73		7822922694	
08/09/2017	08/15/2017	7823177494 ✓	1001061309	115Invoice	13.88	694.19		✓680.31		7823177494	
08/11/2017	08/15/2017	7823685536 ✓	1001062733	115Invoice	20.04	1,001.80		✓981.76		7823685536	
08/11/2017	08/15/2017	7823685537 ✓	1001062733	115Invoice	2.19	109.66		✓107.47		7823685537	

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

TOTAL: Customer Number 190813 HEB PHCY 0434/MEM MED PHS

Subtotals: 3,187.48 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,750.21
07/31/2017

If Paid By 08/15/2017,
Pay This Amount: 3,123.73 USD ✓

If Paid After 08/15/2017,
Pay this Amount: 3,187.48 USD

Due If Paid On Time:
USD 3,123.73

Disc lost if paid late:
63.75

Due If Paid Late:
USD 3,187.48

McKESSON

STATEMENT

Company: 8000

As of: 08/11/2017 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 08/12/2017

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 08/11/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 08/12/2017 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 262252 CVS PHCY 7006/MEMORIA PHS											
08/07/2017	08/15/2017	7822701230 ✓	1001058961	115Invoice	1.76	88.08		✓86.32		7822701230	
08/07/2017	08/15/2017	7822701234 ✓	1001058961	115Invoice	0.28	14.05		✓13.77		7822701234	
08/07/2017	08/15/2017	7822701235 ✓	1001060003	115Invoice	1.29	64.46		✓63.17		7822701235	
08/07/2017	08/15/2017	7822701237 ✓	1001060424	115Invoice	0.41	20.71		✓20.30		7822701237	
08/08/2017	08/15/2017	7822960048 ✓	1001060797	115Invoice	0.31	15.70		✓15.39		7822960048	
08/09/2017	08/15/2017	7823191974 ✓	1001061311	115Invoice	0.26	12.93		✓12.67		7823191974	
08/10/2017	08/15/2017	7823426166 ✓	1001062145	115Invoice	15.25	762.72		✓747.47		7823426166	
08/10/2017	08/15/2017	7823426167 ✓	1001062145	115Invoice	0.06	2.92		✓2.86		7823426167	
08/11/2017	08/15/2017	7823661420 ✓	1001062735	115Invoice	0.10	5.12		✓5.02		7823661420	

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

TOTAL: Customer Number 262252 CVS PHCY 7006/MEMORIA PHS

Subtotals: 986.69 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,750.21
07/31/2017

If Paid By 08/15/2017,
Pay This Amount: 966.97 ✓ USD

If Paid After 08/15/2017,
Pay this Amount: 986.69 USD

Due If Paid On Time:
USD 966.97

Disc lost if paid late:
19.72

Due If Paid Late:
USD 986.69

RUN DATE:08/14/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:16:48 CHECK REGISTER GLCKREG
08/14/17 THRU 08/14/17

BANK--CHECK-- CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000941	08/14/17	5,932.12	MCKESSON
TOTALS:			5,932.12	

APPROVED
ON

AUG 14 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

APPROVED
ON
AUG 15 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

08/15/2017 MEMORIAL MEDICAL CENTER 0
12:13 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 08/23/2017

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
9103176329	SUPPLIES	07/31/20	07/21/20	08/20/20		2,178.14	0.00	0.00	2,178.14

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
10032	PHILIPS HEALTHCARE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
934961061	MAINT CONT	08/11/20	06/28/20	07/23/20		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#	Vendor Name	Class	Pay Code
10105	CHRIS KOVAREK		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
00003	PURCH SERV	08/11/20	08/07/20	08/20/20		320.00	0.00	0.00	320.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10105	CHRIS KOVAREK	320.00	0.00	0.00	320.00

Vendor#	Vendor Name	Class	Pay Code
10172	US FOOD SERVICE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
3620260	SUPPLIES	08/11/20	07/31/20	08/20/20		1,383.59	0.00	0.00	1,383.59
3689000	SUPPLIES	08/11/20	08/03/20	08/23/20		1,972.67	0.00	0.00	1,972.67

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10172	US FOOD SERVICE	3,356.26	0.00	0.00	3,356.26

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
A2004839	INVENT	08/11/20	07/17/20	08/11/20		204.87	0.00	0.00	204.87
A2007346	INVENT	08/11/20	07/19/20	08/13/20		464.43	0.00	0.00	464.43

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10204	PHARMEDIUM SERVICES LLC	669.30	0.00	0.00	669.30

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
6000806048	MAINT CONT	08/11/20	07/01/20	07/26/20		3,236.62	0.00	0.00	3,236.62

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10283	GE HEALTHCARE	3,236.62	0.00	0.00	3,236.62

Vendor#	Vendor Name	Class	Pay Code
10288	SANDRA BRAUN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000170		08/14/20	08/14/20	08/20/20			285.16	0.00	0.00	285.16
	TRAVEL 5/15/17-5/18/17 Intalere Member Conference						283.39			283.39
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10288	SANDRA BRAUN					285.16	0.00	0.00	285.16
Vendor#	Vendor Name				Class	Pay Code	283.39			283.39
10350	CENTURION MEDICAL PRODUCTS ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
92306769 ✓		08/08/20	07/17/20	08/17/20			510.75	0.00	0.00	510.75 ✓
	SUPPLIES									
92307773 ✓		08/08/20	07/18/20	08/17/20			17.70	0.00	0.00	17.70 ✓
	SUPPLIES									
92309662 ✓		08/08/20	07/20/20	08/19/20			17.70	0.00	0.00	17.70 ✓
	SUPPLIES									
92310989 ✓		08/08/20	07/24/20	08/23/20			1,160.96	0.00	0.00	1,160.96 ✓
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10350	CENTURION MEDICAL PRODUCTS					1,707.11	0.00	0.00	1,707.11
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
5099150 ✓		07/31/20	07/24/20	08/18/20			18.06	0.00	0.00	18.06 ✓
	SUPPLIES									
5096912 ✓		07/31/20	07/26/20	08/20/20			11.15	0.00	0.00	11.15 ✓
	SUPPLIES									
5095260 ✓		07/31/20	07/26/20	08/20/20			43.50	0.00	0.00	43.50 ✓
	SUPPLIES									
5096911 ✓		08/11/20	07/24/20	08/18/20			11.35	0.00	0.00	11.35 ✓
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON					84.06	0.00	0.00	84.06
Vendor#	Vendor Name				Class	Pay Code				
10488	GE HEALTHCARE IITS USA CORP ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
030486741 ✓		08/11/20	07/12/20	08/06/20			860.92	0.00	0.00	860.92 ✓
	DUES AND SUBS									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10488	GE HEALTHCARE IITS USA CORP					860.92	0.00	0.00	860.92
Vendor#	Vendor Name				Class	Pay Code				
10509	DA&E ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
10091 ✓		08/11/20	08/02/20	08/20/20			2,850.00	0.00	0.00	2,850.00 ✓
	PRO FEE									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10509	DA&E					2,850.00	0.00	0.00	2,850.00
Vendor#	Vendor Name				Class	Pay Code				
10536	MORRIS & DICKSON CO, LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1608408 ✓		08/11/20	08/03/20	08/04/20			768.36	0.00	0.00	768.36 ✓
	INVENT PHARM									
1608407 ✓		08/11/20	08/03/20	08/04/20			269.05	0.00	0.00	269.05 ✓
	INVENT PHARM									

1608406		08/11/20	08/03/20	08/04/20	3,830.78	0.00	0.00	3,830.78
	INVENT PHARM							
1607998		08/11/20	08/03/20	08/04/20	35.90	0.00	0.00	35.90
	INVENT PHARM							
1607999		08/11/20	08/03/20	08/04/20	22.20	0.00	0.00	22.20
	INVENT PHARM							
1611912		08/11/20	08/04/20	08/05/20	83.57	0.00	0.00	83.57
	INVENT PHARM							
1613394		08/11/20	08/04/20	08/05/20	421.84	0.00	0.00	421.84
	INVENT PHARM							
1613393		08/11/20	08/04/20	08/05/20	390.96	0.00	0.00	390.96
	INVENT PHARM							
1613784		08/11/20	08/04/20	08/05/20	115.80	0.00	0.00	115.80
	INVENT PHARM							
1612604		08/11/20	08/04/20	08/05/20	1,586.32	0.00	0.00	1,586.32
	INVENT PHARM							
1620889		08/11/20	08/07/20	08/08/20	806.18	0.00	0.00	806.18
	INVENT PHARM							
1620888		08/11/20	08/07/20	08/08/20	170.21	0.00	0.00	170.21
	INVENT PHARM							
1620887		08/11/20	08/07/20	08/08/20	81.43	0.00	0.00	81.43
	INVENT PHARM							
1628189		08/11/20	08/08/20	08/09/20	287.13	0.00	0.00	287.13
	INVENT PHARM							
1628190		08/11/20	08/08/20	08/09/20	207.51	0.00	0.00	207.51
	INVENT PHARM							
1628191		08/11/20	08/08/20	08/09/20	8.04	0.00	0.00	8.04
	INVENT PHARM							
1630314		08/14/20	08/09/20	08/10/20	5.79	0.00	0.00	5.79
	INVENT PHARM							
1631987		08/14/20	08/09/20	08/10/20	516.32	0.00	0.00	516.32
	INVENT PHARM							
1631986		08/14/20	08/09/20	08/10/20	34.37	0.00	0.00	34.37
	INVENT PHARM							
1630315		08/14/20	08/09/20	08/10/20	22.20	0.00	0.00	22.20
	INVENT PHARM							
1632384		08/14/20	08/09/20	08/10/20	116.40	0.00	0.00	116.40
	INVENT PHARM							
1636884		08/14/20	08/10/20	08/11/20	207.04	0.00	0.00	207.04
	INVENT PHARM							
1636885		08/14/20	08/10/20	08/11/20	427.69	0.00	0.00	427.69
	INVENT PHARM							
1636886		08/14/20	08/10/20	08/11/20	20.68	0.00	0.00	20.68
	INVENT PHARM							
1636699		08/14/20	08/10/20	08/11/20	22.20	0.00	0.00	22.20
	INVENT PHARM							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC			10,457.97	0.00	0.00	10,457.97

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

	INV0543598		08/11/20	08/01/20	08/20/20	1,414.49	0.00	0.00	1,414.49
	FUEL								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10578	LUMINANT ENERGY COMPANY LLC				1,414.49	0.00	0.00	1,414.49

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
	000165		08/14/20	08/11/20	08/20/20		59.91	0.00	0.00	59.91
	TRAVEL	8/8/17 HPG Regional Drill planning Meeting 8/10/17 Monthly GCTASC Meeting								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10625	SARA RUBIO					59.91	0.00	0.00	59.91

Vendor#	Vendor Name			Class	Pay Code				
10642	GLAXOSMITHKLINE PHARMACUETICAL								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	34092791		08/11/20	07/26/20	08/20/20		1,055.61	0.00	0.00	1,055.61
	INVENT									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10642	GLAXOSMITHKLINE PHARMACUETICAL					1,055.61	0.00	0.00	1,055.61

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
	5176		07/31/20	07/23/20	08/17/20		254.67	0.00	0.00	254.67
	REPAIR									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10678	FIVE STAR STERILIZER SERVICES					254.67	0.00	0.00	254.67

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
	17025		08/11/20	07/21/20	07/26/20		130.00	0.00	0.00	130.00
	CONT ED									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10720	LIFESOURCE EDUCATIONAL SRV LLC					130.00	0.00	0.00	130.00

Vendor#	Vendor Name			Class	Pay Code				
10793	WAGEWORKS								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	000152		08/11/20	08/03/20	08/20/20		2,177.08	0.00	0.00	2,177.08
	FELX SPEND									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10793	WAGEWORKS					2,177.08	0.00	0.00	2,177.08

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
	000154		08/11/20	08/07/20	08/20/20		22,862.51	0.00	0.00	22,862.51
	EMPL EXP									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN					22,862.51	0.00	0.00	22,862.51

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
	47452		08/10/20	07/17/20	08/17/20		121.46	0.00	0.00	121.46
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net

	10901 GENESIS DIAGNOSTICS					121.46	0.00	0.00	121.46
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
	2346		08/14/20	07/31/20	08/20/20		14,505.12	0.00	0.00	14,505.12
		PURCH SERV								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10922	HUNTER PHARMACY SERVICES				14,505.12	0.00	0.00	14,505.12
Vendor#	Vendor Name			Class	Pay Code				
10963	MEMORIAL MEDICAL CLINIC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	000153		08/11/20	08/03/20	08/20/20		160.00	0.00	0.00	160.00
		EMP EXP								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10963	MEMORIAL MEDICAL CLINIC				160.00	0.00	0.00	160.00
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
	000150		08/11/20	08/03/20	08/20/20		1,465.00	0.00	0.00	1,465.00
		EMPL EXP								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10972	M G TRUST				1,465.00	0.00	0.00	1,465.00
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
	000171		08/14/20	08/14/20	08/15/20		503.80	0.00	0.00	503.80
		PURCH SERV								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11008	DERRI HART				503.80	0.00	0.00	503.80
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
	000151		08/11/20	08/03/20	08/20/20		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				
11069	PABLO GARZA								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	000168		08/14/20	08/14/20	08/20/20		1,477.50	0.00	0.00	1,477.50
		PURCH SERV								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11069	PABLO GARZA				1,477.50	0.00	0.00	1,477.50
Vendor#	Vendor Name			Class	Pay Code				
11078	FUSION MEDICAL STAFFING, LLC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	E138357		07/19/20	06/23/20	07/23/20		2,693.25	0.00	0.00	2,693.25
		PURCH SERV								
	E138681		07/19/20	06/30/20	07/30/20		2,944.00	0.00	0.00	2,944.00
		PURCH SERV								
	E140760		07/31/20	07/22/20	08/21/20		2,847.25	0.00	0.00	2,847.25

PRO FEES
E138357RTN 08/11/20 06/23/20 07/23/20 -61.25 0.00 0.00 -61.25

PRO FEES
138357A 08/11/20 06/23/20 07/23/20 129.00 0.00 0.00 129.00

PRO FEES
E138681RTN 08/11/20 06/30/20 07/30/20 -280.00 0.00 0.00 -280.00

PRO FEES
E139277A 08/11/20 07/08/20 08/07/20 6.00 0.00 0.00 6.00

PRO FEES
E139277 08/11/20 07/08/20 08/07/20 2,953.50 0.00 0.00 2,953.50

PRO FEE

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11078	FUSION MEDICAL STAFFING, LLC	11,231.75	0.00	0.00	11,231.75

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
1533		08/11/20	08/01/20	08/02/20			2,817.50	0.00	0.00	2,817.50
	QUARTERLY PAYMENT FOR S									

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# 11183 Vendor Name: FRONTIER Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000162		08/11/20	08/02/20	08/20/20	867.42		887.51	0.00	0.00	887.51 867.42
	TELEPHONE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11183	FRONTIER 867.42	887.51	0.00	0.00	887.51 867.42

Vendor# 11193 Vendor Name: RACHEL HEFFNER Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000161		08/11/20	07/21/20	08/20/20			38.68	0.00	0.00	38.68
	TRAVEL 7/20/17 SHIP Ultrasound Education Intitiative									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11193	RACHEL HEFFNER	38.68	0.00	0.00	38.68

Vendor# 11201 Vendor Name: DOROTHY BONUZ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000157		08/11/20	08/01/20	08/20/20			7.74	0.00	0.00	7.74
	SUPPLIES									
000169		08/14/20	08/14/20	08/20/20			29.49	0.00	0.00	29.49
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11201	DOROTHY BONUZ	37.23	0.00	0.00	37.23

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
707768		08/11/20	08/04/20	08/05/20			400.48	0.00	0.00	400.48
	PURCH SER									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11211	BHB MACHINE & PUMP REPAIR, LLC	400.48	0.00	0.00	400.48

Vendor# 11216 Vendor Name: DUTCH OPHTHALMIC USA Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1715804		08/11/20	07/26/20	08/20/20		580.79	0.00	0.00	580.79
	INVENT								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11216	DUTCH OPHTHALMIC USA				580.79	0.00	0.00	580.79

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
381556		08/11/20	08/02/20	08/20/20		10,200.00	0.00	0.00	10,200.00
	PRO FEES								
200171		08/11/20	08/03/20	08/20/20		605.15	0.00	0.00	605.15
	PRO FEES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11230	JACKSON & COKER LOCUM TENENS,				10,805.15	0.00	0.00	10,805.15

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
0000012396		08/11/20	07/16/20	08/16/20		2,500.00	0.00	0.00	2,500.00
	PURCH SERV								
173150154		08/14/20	08/06/20	08/20/20		2,823.99	0.00	0.00	2,823.99
	PRO FEE								
172950172A		08/14/20	08/06/20	08/20/20		6,032.80	0.00	0.00	6,032.80
	PRO FEES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11287	DELTA HEALTHCARE PROVIDERS				11,356.79	0.00	0.00	11,356.79

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
000166		08/14/20	08/14/20	08/08/20		150.00	0.00	0.00	150.00
	CONT EDU								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11292	CHARLES SAMAHA				150.00	0.00	0.00	150.00

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
000155		08/11/20	08/07/20	08/20/20		770.00	0.00	0.00	770.00
	INDI COPAYS								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11295	CALHOUN COUNTY INDIGENT ACCOUN				770.00	0.00	0.00	770.00

Vendor#	Vendor Name	Class	Pay Code
11400	WEST COAST MEDICAL RESOURCES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV021337		08/10/20	07/27/20	08/17/20		998.00	0.00	0.00	998.00
	SUPPLIES								
INV021442		08/10/20	07/31/20	08/20/20		2,250.00	0.00	0.00	2,250.00
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11400	WEST COAST MEDICAL RESOURCES				3,248.00	0.00	0.00	3,248.00

Vendor#	Vendor Name	Class	Pay Code
11448	EPIPHANY ARCHANGEL		

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

	000158		08/11/20	08/09/20	08/20/20		14.66	0.00	0.00	14.66
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11448	EPIPHANY ARCHANGEL				14.66	0.00	0.00	14.66
Vendor#	Vendor Name				Class	Pay Code				
11480	PORT LAVACA PLUMBING									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	7409		08/11/20	07/28/20	08/20/20			375.00	0.00	0.00	375.00
		PURCH SERV									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		11480	PORT LAVACA PLUMBING					375.00	0.00	0.00	375.00
Vendor#	Vendor Name				Class	Pay Code				
11484	FIRE DOOR SOLUTIONS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	4350		08/11/20	08/08/20	08/09/20			32.50	0.00	0.00	32.50
		PURCH SERV									
	4349		08/11/20	08/08/20	08/09/20			1,950.00	0.00	0.00	1,950.00
		PURCH SERV									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		11484	FIRE DOOR SOLUTIONS					1,982.50	0.00	0.00	1,982.50
Vendor#	Vendor Name				Class	Pay Code				
11488	S&R ELECTRIC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	0100		08/11/20	08/04/20	08/08/20			782.13	0.00	0.00	782.13
		PURCH SERV									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		11488	S&R ELECTRIC					782.13	0.00	0.00	782.13
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
	9064880852		08/11/20	06/23/20	07/18/20			51.37	0.00	0.00	51.37
		SUPPLIES									
	9064974175		08/11/20	06/27/20	07/22/20			344.93	0.00	0.00	344.93
	9946107636		08/11/20	06/30/20	07/25/20			355.46	0.00	0.00	355.46
		RENTAL									
	9065064353		08/11/20	06/30/20	07/25/20			2,094.54	0.00	0.00	2,094.54
		RENTAL									
	9946107634		08/11/20	06/30/20	07/25/20			413.79	0.00	0.00	413.79
		RENTAL									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		A1680	AIRGAS USA, LLC - CENTRAL DIV					3,260.09	0.00	0.00	3,260.09
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
	9651626660		08/10/20	07/17/20	08/17/20			3,095.40	0.00	0.00	3,095.40
		SUPPLIES									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		A1690	ALCON LABORATORIES, INC.					3,095.40	0.00	0.00	3,095.40
Vendor#	Vendor Name				Class	Pay Code				
A1746	ALPHA TEC SYSTEMS INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net

INV00055279 ✓		07/31/20	07/19/20	08/19/20	80.46	0.00	0.00	80.46 ✓
SUPPLIES								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	A1746	ALPHA TEC SYSTEMS INC			80.46	0.00	0.00	80.46

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
120		08/11/20	07/18/20	07/28/20		96.00	0.00	0.00	96.00 ✓
MISC	8 Nameplates @ 12.00 Each								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	A2150	ANNOUNCEMENTS PLUS TOO AGAIN				96.00	0.00	0.00	96.00

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
839031 ✓		08/11/20	08/08/20	08/23/20		73.98	0.00	0.00	73.98 ✓
SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	A2600	AUTO PARTS & MACHINE CO.				73.98	0.00	0.00	73.98

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
23862921 ✓		08/08/20	07/24/20	08/23/20		166.65	0.00	0.00	166.65 ✓
SUPPLIES									
23851602 ✓		08/10/20	07/10/20	08/17/20		166.65	0.00	0.00	166.65 ✓
SUPPLIES									
76768077 ✓		08/10/20	07/24/20	08/23/20		344.62	0.00	0.00	344.62 ✓
SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	B0437	C R BARD INC				677.92	0.00	0.00	677.92

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
55623293 ✓		08/10/20	07/24/20	08/18/20		687.85	0.00	0.00	687.85 ✓
SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE				687.85	0.00	0.00	687.85

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
8001393418 ✓		08/11/20	06/30/20	07/25/20		618.38	0.00	0.00	618.38 ✓
SUPPLIES									
8001401064 ✓		08/11/20	07/08/20	08/02/20		190.22	0.00	0.00	190.22 ✓
SUPPLIES									
8001406522 ✓		08/11/20	07/15/20	08/09/20		530.00	0.00	0.00	530.00 ✓
SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH 414, INC.				1,338.60	0.00	0.00	1,338.60

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
444094 ✓		07/31/20	07/17/20	08/17/20		89.25	0.00	0.00	89.25 ✓

	SUPPLIES								
452673		08/10/20	08/01/20	08/17/20		87.50	0.00	0.00	87.50
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1970	CONMED CORPORATION				176.75	0.00	0.00	176.75
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
932601		08/10/20	07/20/20	08/17/20			118.00	0.00	0.00	118.00
	SUPPLIES								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	C2510	EVIDENT					118.00	0.00	0.00	118.00
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
000174		08/15/20	08/09/20	08/19/20			218.50	0.00	0.00	218.50
	PURCH SERV								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	D1080	RITA DAVIS					218.50	0.00	0.00	218.50
Vendor#	Vendor Name				Class	Pay Code			
D1785	DYNATRONICS CORPORATION								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
959167		07/31/20	07/17/20	08/17/20			43.75	0.00	0.00	43.75
	SUPPLIES								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	D1785	DYNATRONICS CORPORATION					43.75	0.00	0.00	43.75
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
4723419		07/31/20	07/24/20	08/18/20			400.53	0.00	0.00	400.53
	SUPPLIES								
4379559		07/31/20	07/26/20	08/20/20			178.46	0.00	0.00	178.46
	SUPPLIES								
4379560		07/31/20	07/26/20	08/20/20			1,391.64	0.00	0.00	1,391.64
	SUPPLIES								
3829327		08/08/20	07/18/20	08/17/20			1,547.85	0.00	0.00	1,547.85
	SUPPLIES								
3829325		08/08/20	07/18/20	08/17/20			3,687.49	0.00	0.00	3,687.49
	SUPPLIES								
3912074		08/08/20	07/19/20	08/17/20			517.92	0.00	0.00	517.92
	SUPPLIES								
3912073		08/08/20	07/19/20	08/17/20			616.16	0.00	0.00	616.16
	SUPPLIES								
4016500		08/08/20	07/20/20	08/17/20			69.36	0.00	0.00	69.36
	SUPPLIES								
4308490		08/08/20	07/25/20	08/19/20			356.34	0.00	0.00	356.34
	SUPPLIES								
4525869		08/08/20	07/28/20	08/22/20			178.46	0.00	0.00	178.46
	SUPPLIES								
4452826		08/10/20	07/27/20	08/21/20			1,080.26	0.00	0.00	1,080.26
	SUPPLIES								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net

	F1400	FISHER HEALTHCARE				10,024.47	0.00	0.00	10,024.47
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
	751234		07/31/20	07/20/20	08/19/20		25.00	0.00	0.00	25.00
		PURCH SERV								
	751235		07/31/20	07/21/20	08/20/20		25.00	0.00	0.00	25.00
		PURCH SERV								
	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				
G0930	GRAPHIC CONTROLS LLC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	MU5459		08/10/20	07/12/20	08/17/20		118.45	0.00	0.00	118.45
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		G0930	GRAPHIC CONTROLS LLC				118.45	0.00	0.00	118.45
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
	1347974		08/10/20	07/11/20	08/17/20		190.49	0.00	0.00	190.49
		SUPPLIES								
	1351109		08/10/20	07/18/20	08/17/20		231.05	0.00	0.00	231.05
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		G1210	GULF COAST PAPER COMPANY				421.54	0.00	0.00	421.54
Vendor#	Vendor Name				Class	Pay Code				
H1850	HOSPIRA WORLDWIDE, INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	920903795		08/10/20	07/17/20	08/17/20		314.98	0.00	0.00	314.98
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		H1850	HOSPIRA WORLDWIDE, INC				314.98	0.00	0.00	314.98
Vendor#	Vendor Name				Class	Pay Code				
I0520	RICOH USA, INC.				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	99177692		08/14/20	07/31/20	08/19/20		5,638.52	0.00	0.00	5,638.52
		RENT/LEASE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		I0520	RICOH USA, INC.				5,638.52	0.00	0.00	5,638.52
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
	9110413622		07/31/20	07/24/20	08/18/20		244.11	0.00	0.00	244.11
		SUPPLIES								
	9110409087		08/10/20	07/06/20	08/17/20		618.00	0.00	0.00	618.00
		SUPPLIES								
	9110410912		08/10/20	07/12/20	08/17/20		132.61	0.00	0.00	132.61
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		I1110	WERFEN USA LLC				994.72	0.00	0.00	994.72

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
	918287029		08/10/20	07/24/20	08/23/20		828.00	0.00	0.00	828.00
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		J0150	J & J HEALTH CARE SYSTEMS, INC				828.00	0.00	0.00	828.00
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
	F004365		08/11/20	07/31/20	08/10/20		2.44	0.00	0.00	2.44
		SERVICE CHARGE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		J1415	JOHNSTONE SUPPLY				2.44	0.00	0.00	2.44
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
	000167		08/14/20	08/14/20	08/20/20		592.79	0.00	0.00	592.79
		PURCH SERV								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		K0536	SHIRLEY KARNEI				592.79	0.00	0.00	592.79
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
	100485598		08/11/20	05/23/20	06/23/20		787.21	0.00	0.00	787.21
		PURCH SERV								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		L1001	LANDAUER INC				787.21	0.00	0.00	787.21
Vendor#	Vendor Name				Class	Pay Code				
L1640	LOWE'S HOME CENTERS INC				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	53484		08/11/20	08/04/20	08/20/20		571.85	0.00	0.00	571.85
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		L1640	LOWE'S HOME CENTERS INC				571.85	0.00	0.00	571.85
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
	INV001623967-A		08/11/20	06/16/20	07/16/20		259.65	0.00	0.00	259.65
		SUPPLIES								
	INV001631113		08/11/20	07/19/20	08/18/20		565.35	0.00	0.00	565.35
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M1500	MARKS PLUMBING PARTS				825.00	0.00	0.00	825.00
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
	70588		07/31/20	07/19/20	08/18/20		37.65	0.00	0.00	37.65
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M1950	MARTIN PRINTING CO				37.65	0.00	0.00	37.65
Vendor#	Vendor Name				Class	Pay Code				

M2178 MCKESSON MEDICAL SURGICAL INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
6993073		08/10/20	07/17/20	08/17/20			439.52	0.00	0.00	439.52
	SUPPLIES									
7160853		08/10/20	07/19/20	08/18/20			2,407.01	0.00	0.00	2,407.01
	SUPPLIES									
7188755		08/10/20	07/19/20	08/18/20			618.02	0.00	0.00	618.02
	SUPPLIES									
7362411		08/10/20	07/23/20	08/22/20			137.45	0.00	0.00	137.45
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	3,602.00	0.00	0.00	3,602.00

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
1831292264		08/10/20	07/18/20	08/17/20			248.11	0.00	0.00	248.11
	SUPPLIES									
1831709223		08/10/20	07/25/20	08/19/20			43.10	0.00	0.00	43.10
	SUPPLIES									
1831709222		08/10/20	07/25/20	08/19/20			34.60	0.00	0.00	34.60
	SUPPLIES									
1831654954		08/11/20	07/24/20	08/18/20			304.13	0.00	0.00	304.13
	SUPPLIES									
1831975915		08/11/20	07/28/20	08/22/20			181.68	0.00	0.00	181.68
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	811.62	0.00	0.00	811.62

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
000164		08/11/20	08/10/20	08/20/20			72.53	0.00	0.00	72.53
	EMPL EXP									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP	72.53	0.00	0.00	72.53

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
8800089641		08/10/20	07/13/20	08/17/20			179.63	0.00	0.00	179.63
	SUPPLIES									
8800090350		08/10/20	07/14/20	08/17/20			1,017.31	0.00	0.00	1,017.31
	SUPPLIES									
8800092908		08/10/20	07/19/20	08/18/20			176.23	0.00	0.00	176.23
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2659	MERRY X-RAY/SOURCEONE HEALTHCA	1,373.17	0.00	0.00	1,373.17

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
2755626		08/10/20	07/18/20	08/18/20			930.68	0.00	0.00	930.68
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

	M2827 MEDIVATORS					930.68	0.00	0.00	930.68
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
	942680848001		08/10/20	07/12/20	08/17/20		61.74	0.00	0.00	61.74
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		O0920	OFFICE DEPOT				61.74	0.00	0.00	61.74
Vendor#	Vendor Name			Class	Pay Code				
O1416	ORTHO CLINICAL DIAGNOSTICS								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	1850388320		08/10/20	07/20/20	08/19/20		418.84	0.00	0.00	418.84
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		O1416	ORTHO CLINICAL DIAGNOSTICS				418.84	0.00	0.00	418.84
Vendor#	Vendor Name			Class	Pay Code				
O1500	OLYMPUS AMERICA INC			M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	94365505		08/11/20	07/28/20	08/22/20		102.17	0.00	0.00	102.17
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		O1500	OLYMPUS AMERICA INC				102.17	0.00	0.00	102.17
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
	2029166378		07/31/20	07/18/20	08/17/20		1,552.16	0.00	0.00	1,552.16
		SUPPLIES								
	2029162507		07/31/20	07/18/20	08/17/20		164.68	0.00	0.00	164.68
		SUPPLIES								
	2029167075		07/31/20	07/18/20	08/17/20		2,290.39	0.00	0.00	2,290.39
		SUPPLIES								
	2029163507		07/31/20	07/18/20	08/17/20		98.78	0.00	0.00	98.78
		SUPPLIES								
	2029236732		08/10/20	07/20/20	08/19/20		1,640.89	0.00	0.00	1,640.89
		SUPPLIES								
	2029229902		08/10/20	07/20/20	08/19/20		20.60	0.00	0.00	20.60
		SUPPLIES								
	2029230334		08/10/20	07/20/20	08/19/20		45.15	0.00	0.00	45.15
		SUPPLIES								
	2029235425		08/10/20	07/20/20	08/19/20		335.43	0.00	0.00	335.43
		SUPPLIES								
	2029230352		08/10/20	07/20/20	08/19/20		9.10	0.00	0.00	9.10
		SUPPLIES								
	2029231437		08/10/20	07/20/20	08/19/20		17.40	0.00	0.00	17.40
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		OM425	OWENS & MINOR				6,174.58	0.00	0.00	6,174.58
Vendor#	Vendor Name			Class	Pay Code				
P2200	POWER HARDWARE			W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	A34251		08/11/20	07/28/20	08/07/20		19.53	0.00	0.00	19.53
		SUPPLIES								

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	P2200	POWER HARDWARE				19.53	0.00	0.00	19.53

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
555X02629301 ✓		07/31/20	07/31/20	08/22/20		322.60	0.00	0.00	322.60 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	R1050	CULLIGAN OF VICTORIA	322.60	0.00	0.00	322.60

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
000160		08/11/20	07/21/20	08/20/20	43.28	81.43	0.00	0.00	81.43 43.28
	TRAVEL 7/20/17 SHIP Ultrasound Education Initiative								

Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net
	R1185	FARAH JANAK	43.28	81.43	0.00	0.00	81.43 43.28

Vendor#	Vendor Name	Class	Pay Code
R1200	RED HAWK FIRE AND SECURITY ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
300494 ✓		08/11/20	07/01/20	07/26/20		41.25	0.00	0.00	41.25 ✓
	PURCH SERV								

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

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
59147 ✓		08/11/20	08/08/20	08/23/20		223.53	0.00	0.00	223.53 ✓
	REPAIRS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S1800	SHERWIN WILLIAMS	223.53	0.00	0.00	223.53

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
14940012 ✓		08/10/20	07/19/20	08/19/20		133.64	0.00	0.00	133.64 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2353	SMITHS MEDICAL ASD INC	133.64	0.00	0.00	133.64

Vendor#	Vendor Name	Class	Pay Code
S2362	SMITH & NEPHEW ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
92840364 ✓		08/10/20	07/31/20	08/17/20		533.90	0.00	0.00	533.90 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2362	SMITH & NEPHEW	533.90	0.00	0.00	533.90

Vendor#	Vendor Name	Class	Pay Code
T1890	TEXAS DEPARTMENT OF ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
10059779		08/15/20	06/20/20	07/20/20		350.00	0.00	0.00	350.00 ✓
	DUES AND SUBS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T1890	TEXAS DEPARTMENT OF	350.00	0.00	0.00	350.00

Vendor#	Vendor Name	Class	Pay Code
T2050	TEXAS HOSPITAL INS EXCHANGE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
000163		08/11/20	08/09/20	08/20/20		27,193.00	0.00	0.00	27,193.00
	COV 01/01/17 TO 01/01/18								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T2050	TEXAS HOSPITAL INS EXCHANGE	27,193.00	0.00	0.00	27,193.00

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
A943020		08/11/20	08/01/20	08/20/20		73.95	0.00	0.00	73.95
	PURCH SERV								
A943019		08/11/20	08/01/20	08/20/20		63.95	0.00	0.00	63.95
	PURCH SERV								

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
T3130	TRI-ANIM HEALTH SERVICES INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
62747447		07/31/20	07/25/20	08/19/20		155.95	0.00	0.00	155.95
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T3130	TRI-ANIM HEALTH SERVICES INC	155.95	0.00	0.00	155.95

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
8150773698		07/31/20	07/25/20	08/19/20		17.00	0.00	0.00	17.00
	LAUNDRY								
8150773784		07/31/20	07/25/20	08/19/20		18.21	0.00	0.00	18.21
	LAUNDRY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1054	UNIFIRST HOLDINGS	35.21	0.00	0.00	35.21

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
7921266		08/11/20	07/28/20	08/12/20		108.94	0.00	0.00	108.94
	EMPL EXP								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1056	UNIFORM ADVANTAGE	108.94	0.00	0.00	108.94

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
8400252433		07/31/20	07/25/20	08/19/20		94.29	0.00	0.00	94.29
	LAUNDRY								
8400252532		07/31/20	07/25/20	08/19/20		105.34	0.00	0.00	105.34
	LAUNDRY								
8400252434		07/31/20	07/25/20	08/19/20		144.50	0.00	0.00	144.50
	LAUNDRY								
8400252475		07/31/20	07/25/20	08/19/20		1,057.25	0.00	0.00	1,057.25
	LAUNDRY								
8400252436		07/31/20	07/25/20	08/19/20		47.15	0.00	0.00	47.15
	LAUNDRY								

8400252435 ✓		07/31/20	07/25/20	08/19/20	78.85	0.00	0.00	78.85 ✓
LAUNDRY								
8400252437 ✓		07/31/20	07/25/20	08/19/20	52.60	0.00	0.00	52.60 ✓
LAUNDRY								
8400252467 ✓		07/31/20	07/25/20	08/19/20	75.46	0.00	0.00	75.46 ✓
LAUNDRY								
8400252815 ✓		07/31/20	07/28/20	08/22/20	966.46	0.00	0.00	966.46 ✓
LAUNDRY								
8400252772 ✓		07/31/20	07/28/20	08/22/20	148.95	0.00	0.00	148.95 ✓
LAUNDRY								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC			2,770.85	0.00	0.00	2,770.85

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
	000158		08/11/20	08/08/20	08/08/20			1,000.00	0.00	0.00	1,000.00 ✓
		POSTAGE									
	000159		08/11/20	08/22/20	08/22/20			1,200.00	0.00	0.00	1,200.00 ✓
		POSTAGE									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		U2000	US POSTAL SERVICE					2,200.00	0.00	0.00	2,200.00

Vendor#	Vendor Name				Class	Pay Code				
W1300	GRAINGER ✓				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	9510056444 ✓		07/31/20	07/25/20	08/19/20			202.91	0.00	0.00	202.91 ✓
		SUPPLIES									
	9512381311 ✓		07/31/20	07/27/20	08/21/20			196.43	0.00	0.00	196.43 ✓
		SUPPLIES									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		W1300	GRAINGER					399.34	0.00	0.00	399.34

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	199,702.18	0.00	0.00	199,702.18

pg 2 correction { <285.16> +283.39

pg 6 correction { <887.51> +867.42

pg 15 correction { <81.43> +43.28

199,702.18 +
285.16 −
283.39 +
887.51 −
867.42 +
81.43 −
43.28 +
199,642.17 *

$199,642.17

Michael J. Pfeifer
Calhoun County Judge
Date: 8-8-17 APPROVED ON

AUG 15 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS #172500 to #172595

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	172500	08/16/17	2,178.14	BECTON, DICKINSON & CO (BD)
A/P	172501	08/16/17	2,627.00	PHILIPS HEALTHCARE
A/P	172502	08/16/17	320.00	CHRIS KOVAREK
A/P	172503	08/16/17	3,356.26	US FOOD SERVICE
A/P	172504	08/16/17	669.30	PHARMEDIUM SERVICES LLC
A/P	172505	08/16/17	3,236.62	GE HEALTHCARE
A/P	172506	08/16/17	283.39	SANDRA BRAUN
A/P	172507	08/16/17	1,707.11	CENTURION MEDICAL PRODUCTS
A/P	172508	08/16/17	84.06	DEWITT POTH & SON
A/P	172509	08/16/17	860.92	GE HEALTHCARE IITS USA CORP
A/P	172510	08/16/17	2,850.00	DA&E
A/P	172511	08/16/17	.00	VOIDED
A/P	172512	08/16/17	10,457.97	MORRIS & DICKSON CO, LLC
A/P	172513	08/16/17	1,414.49	LUMINANT ENERGY COMPANY LLC
A/P	172514	08/16/17	59.91	SARA RUBIO
A/P	172515	08/16/17	1,055.61	GLAXOSMITHKLINE PHARMACUETICAL
A/P	172516	08/16/17	254.67	FIVE STAR STERILIZER SERVICES
A/P	172517	08/16/17	130.00	LIFESOURCE EDUCATIONAL SRV LLC
A/P	172518	08/16/17	2,177.08	WAGEWORKS
A/P	172519	08/16/17	22,862.51	MMC EMPLOYEE BENEFIT PLAN
A/P	172520	08/16/17	121.46	GENESIS DIAGNOSTICS
A/P	172521	08/16/17	14,505.12	HUNTER PHARMACY SERVICES
A/P	172522	08/16/17	160.00	MEMORIAL MEDICAL CLINIC
A/P	172523	08/16/17	1,465.00	M G TRUST
A/P	172524	08/16/17	503.80	DERRI HART
A/P	172525	08/16/17	75.00	FIRST CLEARING
A/P	172526	08/16/17	1,477.50	PABLO GARZA
A/P	172527	08/16/17	11,231.75	FUSION MEDICAL STAFFING, LLC
A/P	172528	08/16/17	2,817.50	REALITY MEDICAL IMAGING OF TX
A/P	172529	08/16/17	867.42	FRONTIER
A/P	172530	08/16/17	38.68	RACHEL HEFFNER
A/P	172531	08/16/17	37.23	DOROTHY BONUZ
A/P	172532	08/16/17	400.48	BHB MACHINE & PUMP REPAIR, LLC
A/P	172533	08/16/17	580.79	DUTCH OPHTHALMIC USA
A/P	172534	08/16/17	10,805.15	JACKSON & COKER LOCUM TENENS,
A/P	172535	08/16/17	11,356.79	DELTA HEALTHCARE PROVIDERS
A/P	172536	08/16/17	150.00	CHARLES SAMAHA
A/P	172537	08/16/17	770.00	CALHOUN COUNTY INDIGENT ACCOUN
A/P	172538	08/16/17	3,248.00	WEST COAST MEDICAL RESOURCES
A/P	172539	08/16/17	14.66	EPIPHANY ARCHANGEL
A/P	172540	08/16/17	375.00	PORT LAVACA PLUMBING
A/P	172541	08/16/17	1,982.50	FIRE DOOR SOLUTIONS
A/P	172542	08/16/17	782.13	S&R ELECTRIC
A/P	172543	08/16/17	3,260.09	AIRGAS USA, LLC - CENTRAL DIV
A/P	172544	08/16/17	3,095.40	ALCON LABORATORIES, INC.
A/P	172545	08/16/17	80.46	ALPHA TEC SYSTEMS INC
A/P	172546	08/16/17	96.00	ANNOUNCEMENTS PLUS TOO AGAIN
A/P	172547	08/16/17	73.98	AUTO PARTS & MACHINE CO.
A/P	172548	08/16/17	677.92	C R BARD INC
A/P	172549	08/16/17	687.85	BAXTER HEALTHCARE

BANK--CHECK-- CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	172550	08/16/17	1,338.60	CARDINAL HEALTH 414, INC.
A/P	172551	08/16/17	176.75	CONMED CORPORATION
A/P	172552	08/16/17	118.00	EVIDENT
A/P	172553	08/16/17	218.50	RITA DAVIS
A/P	172554	08/16/17	43.75	DYNATRONICS CORPORATION
A/P	172555	08/16/17	.00	VOIDED
A/P	172556	08/16/17	10,024.47	FISHER HEALTHCARE
A/P	172557	08/16/17	50.00	GULF COAST DELIVERY
A/P	172558	08/16/17	118.45	GRAPHIC CONTROLS LLC
A/P	172559	08/16/17	421.54	GULF COAST PAPER COMPANY
A/P	172560	08/16/17	314.98	HOSPIRA WORLDWIDE, INC
A/P	172561	08/16/17	5,638.52	RICOH USA, INC.
A/P	172562	08/16/17	994.72	WERFEN USA LLC
A/P	172563	08/16/17	828.00	J & J HEALTH CARE SYSTEMS, INC
A/P	172564	08/16/17	2.44	JOHNSTONE SUPPLY
A/P	172565	08/16/17	592.79	SHIRLEY KARNEI
A/P	172566	08/16/17	787.21	LANDAUER INC
A/P	172567	08/16/17	571.85	LOWE'S HOME CENTERS INC
A/P	172568	08/16/17	825.00	MARKS PLUMBING PARTS
A/P	172569	08/16/17	37.65	MARTIN PRINTING CO
A/P	172570	08/16/17	3,602.00	MCKESSON MEDICAL SURGICAL INC
A/P	172571	08/16/17	811.62	MEDLINE INDUSTRIES INC
A/P	172572	08/16/17	72.53	MMC AUXILIARY GIFT SHOP
A/P	172573	08/16/17	1,373.17	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	172574	08/16/17	930.68	MEDIVATORS
A/P	172575	08/16/17	61.74	OFFICE DEPOT
A/P	172576	08/16/17	418.84	ORTHO CLINICAL DIAGNOSTICS
A/P	172577	08/16/17	102.17	OLYMPUS AMERICA INC
A/P	172578	08/16/17	.00	VOIDED
A/P	172579	08/16/17	6,174.58	OWENS & MINOR
A/P	172580	08/16/17	19.53	POWER HARDWARE
A/P	172581	08/16/17	322.60	CULLIGAN OF VICTORIA
A/P	172582	08/16/17	43.28	FARAH JANAK
A/P	172583	08/16/17	41.25	RED HAWK FIRE AND SECURITY
A/P	172584	08/16/17	223.53	SHERWIN WILLIAMS
A/P	172585	08/16/17	133.64	SMITHS MEDICAL ASD INC
A/P	172586	08/16/17	533.90	SMITH & NEPHEW
A/P	172587	08/16/17	350.00	TEXAS DEPARTMENT OF
A/P	172588	08/16/17	27,193.00	TEXAS HOSPITAL INS EXCHANGE
A/P	172589	08/16/17	137.90	TEXAS WIRED MUSIC INC
A/P	172590	08/16/17	155.95	TRI-ANIM HEALTH SERVICES INC
A/P	172591	08/16/17	35.21	UNIFIRST HOLDINGS
A/P	172592	08/16/17	108.94	UNIFORM ADVANTAGE
A/P	172593	08/16/17	2,770.85	UNIFIRST HOLDINGS INC
A/P	172594	08/16/17	2,200.00	US POSTAL SERVICE
A/P	172595	08/16/17	399.34	GRAINGER
TOTALS:			199,642.17	

APPROVED
ON

AUG 15 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

08/17/2017
09:43

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11492	MMC OPERATING PROSPERITY ACC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000179	TRANSFER	08/17/20	08/17/20	08/17/20			4,275,075.63	0.00	0.00	4,275,075.63

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11492	MMC OPERATING PROSPERITY ACC	4,275,075.63	0.00	0.00	4,275,075.63

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	4,275,075.63	0.00	0.00	4,275,075.63

APPROVED
ON

AUG 17 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 172375

Michael J. Pfeifer
Calhoun County Judge
Date: 8-8-17

Ø

RUN DATE:08/17/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:09:46 CHECK REGISTER GLCKREG
08/17/17 THRU 08/17/17

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	172375	08/17/17	4,275,075.63	MMC OPERATING PROSPERITY ACC
TOTALS:			4,275,075.63	

APPROVED
ON

AUG 17 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Elan

August 2017 Statement
Open Date: 07/07/2017 Closing Date: 08/04/2017

Visa® Business Card
MEMORIAL MEDICAL CNT
JASON W ANGLIN (

Cardmember Service
BUS 30 ELN 578

New Balance	**$5,996.37**
Minimum Payment Due	**$60.00**
Payment Due Date	**09/01/2017**

51.30 +
2.00 +
2.00 +
2.00 +
2.00 +
2.00 +
2.00 +
86.00 +
125.00 +
2.00 +
43.00 +
536.64 +
50.00 +
457.46 +
167.60 +
802.02 +
790.44 +
764.13 +
669.95 +
700.25 +
388.70 +
64.96 +
125.00 +
2.00 +
20.00 +
146.00 +
6,004.45 *

-Hour Cardmember Service:

6,004.45 + . to pay by phone
8.08 – . to change your address
5,996.37

Activity Summary

Previous Balance	+	$4,253.74
Payments	-	$4,253.74CR
Other Credits	-	$8.08CR
Purchases	+	$6,004.45
Balance Transfers		$0.00
Advances		$0.00
Other Debits		$0.00
Fees Charged		$0.00
Interest Charged		$0.00
New Balance	=	**$5,996.37**
Past Due		**$0.00**
Minimum Payment Due		**$60.00**
Credit Line		$10,000.00
Available Credit		$4,003.63
Days in Billing Period		29

MMC will pay by phone

$5,996.37
APPROVED
ON
AUG 17 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 8-8-17

Payment Options:

Mail payment coupon with a check

Pay online at

Pay by phone

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

Elan

Payment Due Date	9/01/2017
New Balance	$5,996.37
Minimum Payment Due	$60.00

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

Elan

August 2017 Statement 07/07/2017 - 08/04/2017

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.

Transactions

Payments and Other Credits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
07/13	07/12	9088	TRACTOR SUPPLY # 1369 PORT LAVACA TX MERCHANDISE/SERVICE RETURN	$8.08CR	
07/14	07/14		PAYMENT THANK YOU	$4,253.74CR	
			TOTAL THIS PERIOD	**$4,261.82CR**	

Purchases and Other Debits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
07/11	07/10	4396	TEXAS TRADITIONS CAFE PORT LAVACA TX	$51.30	
07/12	07/11	4337	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
07/13	07/12	2246	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
07/13	07/12	2329	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
07/13	07/12	2402	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
07/13	07/12	2576	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
07/13	07/12	2659	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
07/13	07/13	4634	AMA*CREDENTIALING 800-621-8335 IL	$86.00	
07/14	07/13	0062	E MDS 512-257-5200 TX	$125.00	
07/14	07/13	1295	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
07/14	07/14	9645	AMA*CREDENTIALING 800-621-8335 IL	$43.00	
07/17	07/15	0700	ARROW INTERNATIONAL 919-5448000 NC	$536.64	
07/18	07/17	7868	EB TEXAS TRAUMA COORD 801-413-7200 CA	$50.00	
07/24	07/21	8695	HYATT GRAND SA CONVENT SAN ANTONIO TX 07/20/17 FOR 01 NIGHTS FOLIO: 0012992607210	$457.46	
07/24	07/21	2309	RUTH'S CHRIS STEAK SAN ANTONIO TX	$167.60	
07/24	07/22	3950	HYATT GRAND SA CONVENT SAN ANTONIO TX	$802.02	
07/24	07/22	5708	HYATT GRAND SA CONVENT SAN ANTONIO TX	$790.44	
07/24	07/22	5971	HYATT GRAND SA CONVENT SAN ANTONIO TX	$764.13	
07/24	07/22	5641	HYATT GRAND SA CONVENT SAN ANTONIO TX	$669.95	
07/24	07/22	5401	HYATT GRAND SA CONVENT SAN ANTONIO TX	$487.76	
07/24	07/19	8354	HYATT GRAND SA CONVENT SAN ANTONIO TX 07/19/17 FOR 01 NIGHTS FOLIO: 0012999407190	$212.49	
07/28	07/27	3433	FERGUSON ENT #787 361-485-0301 TX	$80.00	
07/28	07/27	3425	FERGUSON ENT #787 361-485-0301 TX	$66.00	
07/28	07/27	3489	OMNI AUSTIN DOWNTOWN AUSTIN TX 07/26/17 FOR 02 NIGHTS FOLIO: 381024	$388.70	

Continued on Next Page

Elan™

August 2017 Statement 07/07/2017 - 08/04/2017

MEMORIAL MEDICAL CNT
JASON W ANGLIN

Cardmember Service

Transactions

Purchases and Other Debits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
07/31	07/28	7888	OMNI AUSTIN DOWNTOWN AUSTIN TX 07/26/17 FOR 02 NIGHTS FOLIO: 381024	✓$64.96	✓
08/02	08/01	0013	E MDS 512-257-5200 TX	✓$125.00	✓
08/02	08/01	6685	NPDB NPDB.HRSA.GOV 800-767-6732 VA	✓$2.00	✓
08/04	08/03	6589	NPDB NPDB.HRSA.GOV 800-767-6732 VA	✓$20.00	✓
			TOTAL THIS PERIOD	**$6,004.45**	

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	10.99%	
**PURCHASES	$5,996.37	$0.00	YES	$0.00	10.99%	
**ADVANCES	$0.00	$0.00	YES	$0.00	24.99%	

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: ~~Credit Card~~ Member Services

Date: 8/16/17

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	—		Texas Traditions - Lunch with			51.30	✓
2			PT Director Candidate - Rosland + Jason				
3	—		NPDB - 1 Physician			2.00	✓
4	—		" "			2.00	✓
5	—		" "			2.00	✓
6	—		NPDB - 1 Nurse Practitioner			2.00	✓
7	—		" "			2.00	✓
8	—		" "			2.00	✓
9	—		AMA Profiles - 2 physicians			86.00	✓
10			Initial + cont. Monitoring				

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

NOTES:

Charges made to Jason's VISA

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: Card member Service

Date: 8/16/17

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	—		E MDS - Training (clinic)			125.00 ✓
2	—		NPDB - 1 Physician			2.00 ✓
3	—		AMA Profiles - 1 Physician			43.00 ✓
4			Initial + Cont. Monitoring			
5	—		Arrow International - Lumen			536.64 ✓
6			Cent Vein Cath - CS			
7	—		EB Texas Trauma Coord Forum			50.00 ✓
8			Sara Rubio			
9	—		Hyatt - Grand San Antonio			457.46 ✓
10			Jack Wu - Trustees Conf. 2 night stay 7/19 - 7/20			

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

NOTES:

Charges made to JASON's VISA

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 Service

Date: 8/16/17

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	—		Ruth's Chris Steakhouse -			~~169.60~~ ~~143.70~~ ✓
2			Dinner Jason + Terry Sizer			
3	—		Hyatt-Grand San Antonio			802.02 ✓
4			Rolando Reyes - Trustees Conf 3 Night stay 7/19/17 - 7/21/17			
5	—		Hyatt-Grand San Antonio			790.44 ✓
6			Terry Sizer - Trustees Conf 3 Night stay 7/19/17 - 7/21/17			
7	—		Hyatt-Grand San Antonio			764.13 ✓
8			Roshanda Thomas - Trustees Conf 3 Night stay 7/19/17 - 7/21/17			
9	—		Hyatt-Grand San Antonio			669.95 ✓
10			Jason Anglin - Trustees Conf: 3 Night stay 7/19/17 - 7/21/17			

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

NOTES:

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm. Dir. Clinical Service _____

CFO _____

Administrator _____

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

(4)

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

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

Vendor Name: Card member Service

Date: 8/16/17

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	—		Hyatt-Grand San Antonio			700.25 ✓
2			Michael Chapman-Trustees Conf. 3 Night stay 7/24-7/27/17			
3	—		Omni Austin-Danette Bethany			388.70 ✓
4			TARHC Annual Conf.			
5	—		Omni Austin-Danette Bethany 2 Night stay 7/26/17-7/27/17			64.96 ✓
6			TARHC Annual Conf.			
7	—		EMDs-Training (Clinic)			125.00 ✓
8	—		NPDB - 1 NP			2.00 ✓
9	—		NPDB - 10 Renewals			20.00 ✓
10			Refund-Tractor Supply (sales tax)			<8.08>

Ferguson Enterprises Inc. — Sharkbite ½ valve +146.00

Est. Freight _____ Est. Total Cost 1 1/2 WROT CXC TOTAL COST _____ $5,996.37

NOTES:

Charges made to Jason's VISA Total of pages 1, 2, 3, 4

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
IBC Accounts
8/15/2017

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	4553	12,197.71	12,097.71	52,077.28	-	-	-	-	52,177.28	52,077.28

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

Nursing Home	IBC Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	IGT Transfer-In	MMC Portion - Return of IGT	MMC Portion - Federal Match	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Solera at West Houston	4561	31,353.61	31,253.61	78,336.97	-	-	-	-	78,436.97	78,336.97
Crescent	4588	2,537.87	-	40,591.14	-	-	-	-	43,129.01	43,029.01
Broadmoor	4596	20,121.77	20,021.77	20,719.38	-	-	-	-	20,819.38	20,719.38
Fort Bend	4618	8,798.80	8,698.80	45,240.90	-	-	-	-	45,340.90	45,240.90
										187,326.26

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

Approved:

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

APPROVED
AUG 17 2017
COUNTY AUDITOR

Michael J. Pfeifer
Calhoun County Judge
Date: 9-8-17

E:\NH Weekly Transfers\NH UPL Transfer Summary 8-15-17.xlsx

Account Portfolio as of 08/15/2017 9:12:44 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	$0.00	$0.00
Memorial Medical Center	4154	$0.00	$0.00
Memorial Medical Center	4553	$52,177.28	$52,177.28
Memorial Medical Center	4561	$78,436.97	$78,601.47
Memorial Medical Center	4588	$43,129.01	$43,129.01
Memorial Medical Center	4596	$20,819.38	$20,819.38
Memorial Medical Center	4618	$45,340.90	$47,195.41
NH Golden Creek Healthcare	4901	$0.00	$0.00
Memorial Medical Center Operat	0301	$2,093,705.10	$4,624,039.45
County of Calhoun Indigent	1101	$1,014.93	$1,014.93
Totals		**$2,334,623.57**	**$4,866,976.93**

IBC Bank Activity
8/7/17 through 8/14/17

Ashford Gardens					Transfer-Out	Transfer-In	
8/7/2017	113105025	4553	142	ACH CREDIT RECEIVED		23.38	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017080313900004*1752603231\
8/7/2017	113105025	4553	142	ACH CREDIT RECEIVED		2,295.00	MANAGEANDNET1718 MNS PMNT|ASHFORD GARDENS|0199455
8/8/2017	113105025	4553	142	ACH CREDIT RECEIVED		6,773.27	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017080519001919*1752603231\
8/8/2017	113105025	4553	142	ACH CREDIT RECEIVED		25,897.13	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
8/9/2017	113105025	4553	142	ACH CREDIT RECEIVED		8,241.02	Molina HC of TX HCCLAIMPMT|ASHFORD GARDENS|TRN*1*EFT4658573*1201494502\
8/9/2017	113105025	4553	142	ACH CREDIT RECEIVED		1,485.96	CENTENE CORP HCCLAIMPMT|ASHFORD GARDENS|TRN*1*0902992003*1742770542\
8/10/2017	113105025	4553	495	OUTGOING MONEY TRANSFER	12,097.71		ASHFORD HEALTH CARE CENTER LTD
8/11/2017	113105025	4553	142	ACH CREDIT RECEIVED		85.22	Molina HC of TX HCCLAIMPMT|ASHFORD GARDENS|TRN*1*EFT4671371*1201494502\
8/14/2017	113105025	4553	142	ACH CREDIT RECEIVED		7,029.20	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017080150401303*1752603231\
8/14/2017	113105025	4553	142	ACH CREDIT RECEIVED		247.10	Molina HC of TX HCCLAIMPMT|ASHFORD GARDENS|TRN*1*EFT4672876*1201494502\
					12,097.71	52,077.28	

Solera at West Houston					Transfer-Out	Transfer-In	
8/7/2017	113105025	4561	142	ACH CREDIT RECEIVED		8,460.21	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4512168*1205296137*000004011\
8/7/2017	113105025	4561	142	ACH CREDIT RECEIVED		8,811.16	HUMANA INS CO HCCLAIMPMT|Solera at West Houston|DISDATA-OPTIONAL|TRN*1*001290033272810*1391263473\
8/8/2017	113105025	4561	142	ACH CREDIT RECEIVED		2,724.77	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017080519001921*1752603231\
8/8/2017	113105025	4561	142	ACH CREDIT RECEIVED		8,222.31	HUMANA INS CO HCCLAIMPMT|Solera at West Houston|DISDATA-OPTIONAL|TRN*1*001290033309322*1391263473\
8/8/2017	113105025	4561	142	ACH CREDIT RECEIVED		1,501.58	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
8/8/2017	113105025	4561	142	ACH CREDIT RECEIVED		847.05	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4513412*1205296137*000004011\
8/8/2017	113105025	4561	142	ACH CREDIT RECEIVED		12,926.16	HUMANA INS CO HCCLAIMPMT|Solera at West Houston|DISDATA-OPTIONAL|TRN*1*001290033325492*1391263473\
8/9/2017	113105025	4561	142	ACH CREDIT RECEIVED		4,636.46	Molina HC of TX HCCLAIMPMT|SOLERA AT WEST HOUSTON|TRN*1*EFT4655164*1201494502\
8/9/2017	113105025	4561	142	ACH CREDIT RECEIVED		312.30	MANAGEANDNET1718 MNS PMNT|SOLERA AT WEST HOUSTON|0199869
8/9/2017	113105025	4561	142	ACH CREDIT RECEIVED		3,778.42	Molina HC of TX HCCLAIMPMT|SOLERA AT WEST HOUSTON|TRN*1*EFT4658618*1201494502\
8/10/2017	113105025	4561	142	ACH CREDIT RECEIVED		18,812.53	HUMANA INS CO EFPAYMENT|Solera at West Houston|DISDATA-OPTIONAL|TRN*1*001290033350900*1391263473\
8/10/2017	113105025	4561	495	OUTGOING MONEY TRANSFER	31,253.61		CANTEX HEALTH CARE CENTERS LLC
8/11/2017	113105025	4561	142	ACH CREDIT RECEIVED		1,295.34	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017080910501414*1752603231\
8/14/2017	113105025	4561	142	ACH CREDIT RECEIVED		6,008.68	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017081015401306*1752603231\
					31,253.61	78,336.97	

Crescent					Transfer-Out	Transfer-In	
8/7/2017	113105025	4588	142	ACH CREDIT RECEIVED		16,488.85	HUMANA INS CO HCCLAIMPMT|The Crescent|DISDATA-OPTIONAL|TRN*1*001290033272812*1391263473\
8/7/2017	113105025	4588	142	ACH CREDIT RECEIVED		2,742.71	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017080313100178*1752603231\
8/8/2017	113105025	4588	142	ACH CREDIT RECEIVED		5,646.26	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017080519001916*1752603231\
8/9/2017	113105025	4588	142	ACH CREDIT RECEIVED		6,838.72	Molina HC of TX HCCLAIMPMT|THE CRESCENT|TRN*1*EFT4655200*1201494502\
8/10/2017	113105025	4588	142	ACH CREDIT RECEIVED		4,996.80	MANAGEANDNET1718 MNS PMNT|CRESCENT THE|0199917
8/11/2017	113105025	4588	142	ACH CREDIT RECEIVED		2,328.27	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017080910501409*1752603231\
8/11/2017	113105025	4588	142	ACH CREDIT RECEIVED		1,549.53	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017080919400519*1452485907\
					0.00	40,591.14	

Broadmoor					Transfer-Out	Transfer-In	
8/8/2017	113105025	4596	142	ACH CREDIT RECEIVED		2,401.83	HUMANA INS CO HCCLAIMPMT|The Broadmoor at Creek|DISDATA-OPTIONAL|TRN*1*001290033325491*1391263473\
8/8/2017	113105025	4596	142	ACH CREDIT RECEIVED		896.61	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
8/9/2017	113105025	4596	142	ACH CREDIT RECEIVED		3,470.13	Molina HC of TX HCCLAIMPMT|THE BROADMOOR AT CREEK|TRN*1*EFT4655043*1201494502\
8/10/2017	113105025	4596	495	OUTGOING MONEY TRANSFER	20,021.77		CANTEX HEALTH CARE CENTERS III
8/11/2017	113105025	4596	142	ACH CREDIT RECEIVED		13,950.81	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
					20,021.77	20,719.38	

Fort Bend					Transfer-Out	Transfer-In	
8/7/2017	113105025	4618	142	ACH CREDIT RECEIVED		1,300.54	HUMANA INS CO HCCLAIMPMT|Fort Bend Healthcare C|DISDATA-OPTIONAL|TRN*1*001290033272811*1391263473\
8/8/2017	113105025	4618	142	ACH CREDIT RECEIVED		13,200.53	AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|TRN*1*017080519001917*1752603231\
8/8/2017	113105025	4618	142	ACH CREDIT RECEIVED		1,564.53	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
8/9/2017	113105025	4618	142	ACH CREDIT RECEIVED		8,082.31	Molina HC of TX HCCLAIMPMT|FORT BEND CONTINUING C|TRN*1*EFT4660766*1201494502\
8/9/2017	113105025	4618	142	ACH CREDIT RECEIVED		5,808.69	Molina HC of TX HCCLAIMPMT|FORT BEND CONTINUING C|TRN*1*EFT4655038*1201494502\
8/9/2017	113105025	4618	142	ACH CREDIT RECEIVED		1,897.80	CENTENE CORP HCCLAIMPMT|FORT BEND HEALTHCARE C|TRN*1*0902991993*1742770542\
8/9/2017	113105025	4618	142	ACH CREDIT RECEIVED		5,758.16	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
8/10/2017	113105025	4618	495	OUTGOING MONEY TRANSFER	8,698.80		CANTEX HEALTH CARE CENTERS III
8/14/2017	113105025	4618	142	ACH CREDIT RECEIVED		7,628.34	HUMANA INS CO EFPAYMENT|Fort Bend Healthcare C|DISDATA-OPTIONAL|TRN*1*001290033380641*1391263473\
					8,698.80	45,240.90	

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
8/15/2017

Nursing Home	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	4381	29,982.26	29,882.26	66,150.29	-	-	-	-	66,250.29	66,150.29

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

Nursing Home	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	4438	41,782.67	41,682.67	81,476.57	-	-	-	-	81,576.57	81,476.57
Crescent	4411	13,131.01	13,031.01	21,643.02	-	-	-	-	21,743.02	21,643.02
Broadmoor	4403	81,841.41	81,741.41	58,918.34	-	-	-	-	59,018.34	58,918.34
Fort Bend	4446	12,070.46	11,970.46	8,265.53	-	-	-	-	8,365.53	8,265.53
										170,303.46

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

Approved:

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

Michael J. Pfeifer
Calhoun County Judge
Date: 9-8-17

APPROVED
AUG 17 2017
COUNTY AUDITOR

E:\NH Weekly Transfers\NH UPL Transfer Summary 8-15-17.xlsx

Home

ALL ACCOUNTS FAVORITES ☆

Sort By: Account Number

Checking	Available	Previous Day
MEMORIAL MEDICAL CENTER - OPERATING *4357 ☆	$63,893.51	$183,656.82
MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014 *4365 ☆	$100.00	$100.00
MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING *4373 ☆	$816,593.67	$816,593.67
MEMORIAL MEDICAL CENTER / NH ASHFORD *4381 ☆	$66,250.29	$66,250.29
MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403 ☆	$59,018.34	$59,018.34
MEMORIAL MEDICAL CENTER / NH CRESCENT *4411 ☆	$21,743.02	$21,743.02
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438 ☆	$81,576.57	$81,576.57
MEMORIAL MEDICAL CENTER / NH FORT BEND *4446 ☆	$8,365.53	$8,365.53
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE *4454 ☆	$64.66	$64.66
CAL CO INDIGENT HEALTHCARE *4551 ☆	$3,135.02	$3,135.02
TOTAL	$1,120,740.61	$1,240,503.92

Prosperity Bank Activity
8/7/17 through 8/14/17

Ashford Gardens			Transfer-Out	Transfer-In
8/10/2017	4381	CM Wire Domestic WIRE OUT ASHFORD HEALTH CARE CENTER LTD	29,882.26	
8/14/2017	4381	Deposit		66150.29
			29,882.26	**66,150.29**

Broadmoor			Transfer-Out	Transfer-In
8/10/2017	4403	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	81,741.41	
8/14/2017	4403	Deposit		58,918.34
			81,741.41	**58,918.34**

Crescent			Transfer-Out	Transfer-In
8/10/2017	4411	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	13,031.01	
8/14/2017	4411	Deposit		21,643.02
			13,031.01	**21,643.02**

Fort Bend			Transfer-Out	Transfer-In
8/10/2017	4446	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	11,970.46	
8/14/2017	4446	Deposit		8,265.53
			11,970.46	**8,265.53**

Solera at West Houston			Transfer-Out	Transfer-In
8/10/2017	4438	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	41,682.67	
8/14/2017	4438	Deposit		81,476.57
			41,682.67	**81,476.57**

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
8/21/2017

Nursing Home	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	4381	66,250.29	66,150.29	13,532.39	-	-	-	-	13,632.39	13,532.39

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

Nursing Home	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	4438	81,576.57	81,476.57	18,445.94	-	-	-	-	18,545.94	18,445.94
Crescent	4411	21,743.02	21,643.02	33,590.62	-	-	-	-	33,690.62	33,590.62
Broadmoor	4403	59,018.34	58,918.34	42,674.83	-	-	-	-	42,774.83	42,674.83
Fort Bend	4446	8,365.53	8,265.53	13,180.08	-	-	-	-	13,280.08	13,180.08
										107,891.47

Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:
Contex 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
AUG 21 2017
COUNTY AUDITOR

Michael J. Pfeifer
Calhoun County Judge
Date: 8-21-17

E:\NH Weekly Transfers\NH UPL Transfer Summary 8-21-17.xlsx

Home

ALL ACCOUNTS FAVORITES ☆

Sort By: Account Number

Checking	Available	Previous Day
MEMORIAL MEDICAL CENTER - OPERATING *4357 ☆	$4,402,610.51	$4,382,867.86
MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014 *4365 ☆	$100.00	$100.00
MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING *4373 ☆	$816,593.67	$816,593.67
MEMORIAL MEDICAL CENTER / NH ASHFORD *4381 ☆	$13,632.39	$13,632.39
MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403 ☆	$42,774.83	$42,774.83
MEMORIAL MEDICAL CENTER / NH CRESCENT *4411 ☆	$33,690.62	$33,690.62
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438 ☆	$18,545.94	$18,545.94
MEMORIAL MEDICAL CENTER / NH FORT BEND *4446 ☆	$13,280.08	$13,280.08
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE *4454 ☆	$64.66	$64.66
CAL CO INDIGENT HEALTHCARE *4551 ☆	$3,905.02	$3,905.02
TOTAL	$5,345,197.72	$5,325,455.07

Prosperity Bank Activity
8/15/17 through 8/20/17

Ashford Gardens			Transfer-Out	Transfer-In
8/18/2017	4381	CM Wire Domestic WIRE OUT ASHFORD HEALTH CARE CENTER LTD	66,150.29	
8/18/2017	4381	Deposit		13,532.39
			66,150.29	**13,532.39**

Broadmoor			Transfer-Out	Transfer-In
8/18/2017	4403	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	58,918.34	
8/18/2017	4403	Deposit		42,674.83
			58,918.34	**42,674.83**

Crescent			Transfer-Out	Transfer-In
8/18/2017	4411	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	21,643.02	
8/18/2017	4411	Deposit		33,590.62
			21,643.02	**33,590.62**

Fort Bend			Transfer-Out	Transfer-In
8/18/2017	4446	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	8,265.53	
8/18/2017	4446	Deposit		13,180.08
			8,265.53	**13,180.08**

Solera at West Houston			Transfer-Out	Transfer-In
8/18/2017	4438	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	81,476.57	
8/18/2017	4438	Deposit		18,445.94
			81,476.57	**18,445.94**

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
IBC Accounts
8/21/2017

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	52,177.28	52,077.28	78,714.09	-	-	-	-	78,814.09	78,714.09

Routing Information for Ashford Gordens:
Ashford Health Core Center Ltd Co
JP Morgan Chase Bank
ABA 0614
Account # 4257

Nursing Home	IBC Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	IGT Transfer-In	MMC Portion - Return of IGT	MMC Portion - Federal Match	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Solera at West Houston	4561	78,436.97	78,336.97	80,824.68	-	-	-	-	80,924.68	80,824.68
Crescent	4588	43,129.01	43,029.01	212,308.61	-	-	-	-	212,408.61	212,308.61
Broadmoor	4596	20,819.38	20,719.38	232,869.33	-	-	-	-	232,969.33	232,869.33
Fort Bend	4618	45,340.90	45,240.90	81,499.41	-	-	-	-	81,599.41	81,499.41
										607,502.03

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

Approved:

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

Michael J. Pfeifer
Calhoun County Judge
Date: 8-8-17

APPROVED
AUG 21 2017
COUNTY AUDITOR

E:\NH Weekly Transfers\NH UPL Transfer Summary 8-21-17.xlsx

Account Portfolio as of 08/21/2017 8:42:07 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	$0.00	$0.00
Memorial Medical Center	4154	$0.00	$0.00
Memorial Medical Center	4553	$78,814.09	$84,106.96
Memorial Medical Center	4561	$80,924.68	$538,811.58
Memorial Medical Center	4588	$212,408.61	$239,183.62
Memorial Medical Center	4596	$232,969.33	$320,495.22
Memorial Medical Center	4618	$81,599.41	$107,437.89
NH Golden Creek Healthcare	4901	$0.00	$0.00
Memorial Medical Center Operat	0301	$306,593.25	$359,583.05
County of Calhoun Indigent	1101	$1,014.93	$1,014.93
Totals		**$994,324.30**	**$1,650,633.25**

IBC Bank Activity
8/15/17 through 8/20/17

Ashford Gardens					Transfer-Out	Transfer-In	
8/16/2017	113105025	4553	142	ACH CREDIT RECEIVED		358.82	Molina HC of TX HCCLAIMPMT|ASHFORD GARDENS|TRN*1*EFT4682647*1201494502\
8/17/2017	113105025	4553	142	ACH CREDIT RECEIVED		6,587.25	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
8/18/2017	113105025	4553	495	OUTGOING MONEY TRANSFER	52,077.28		ASHFORD HEALTH CARE CENTER LTD
8/18/2017	113105025	4553	142	ACH CREDIT RECEIVED		3,498.77	Molina HC of TX HCCLAIMPMT|ASHFORD GARDENS|TRN*1*EFT4688878*1201494502\
8/18/2017	113105025	4553	142	ACH CREDIT RECEIVED		59,088.81	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04911|TRN*1*EFT6641908*1205296137*000004911\
8/18/2017	113105025	4553	142	ACH CREDIT RECEIVED		9,180.44	Molina HC of TX HCCLAIMPMT|ASHFORD GARDENS|TRN*1*EFT4691382*1201494502\
					52,077.28	78,714.09	

Solera at West Houston					Transfer-Out	Transfer-In	
8/15/2017	113105025	4561	142	ACH CREDIT RECEIVED		164.50	HHP TEXAS HCCLAIMPMT|Solera at West Houston|DISDATA-OPTIONAL|TRN*1*003690012021542*1610994632\
8/16/2017	113105025	4561	142	ACH CREDIT RECEIVED		47,740.00	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4520721*1205296137*000004011\
8/18/2017	113105025	4561	142	ACH CREDIT RECEIVED		6,803.69	Molina HC of TX HCCLAIMPMT|SOLERA AT WEST HOUSTON|TRN*1*EFT4690532*1201494502\
8/18/2017	113105025	4561	142	ACH CREDIT RECEIVED		4,408.16	Molina HC of TX HCCLAIMPMT|SOLERA AT WEST HOUSTON|TRN*1*EFT4691414*1201494502\
8/18/2017	113105025	4561	142	ACH CREDIT RECEIVED		1,260.00	MANAGEANDNET1718 MNS PMNT|SOLERA AT WEST HOUSTON|0201091
8/18/2017	113105025	4561	142	ACH CREDIT RECEIVED		8,687.80	HUMANA INS CO HCCLAIMPMT|Solera at West Houston|DISDATA-OPTIONAL|TRN*1*001290033468800*1391263473\
8/18/2017	113105025	4561	142	ACH CREDIT RECEIVED		11,277.06	HHP TEXAS HCCLAIMPMT|Solera at West Houston|DISDATA-OPTIONAL|TRN*1*003690012023766*1610994632\
8/18/2017	113105025	4561	142	ACH CREDIT RECEIVED		408.89	Molina HC of TX HCCLAIMPMT|SOLERA AT WEST HOUSTON|TRN*1*EFT4688963*1201494502\
8/18/2017	113105025	4561	142	ACH CREDIT RECEIVED		74.58	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4523715*1205296137*000004011\
8/18/2017	113105025	4561	495	OUTGOING MONEY TRANSFER	78,336.97		CANTEX HEALTH CARE CENTERS LLC
					78,336.97	80,824.68	

Crescent					Transfer-Out	Transfer-In	
8/16/2017	113105025	4588	142	ACH CREDIT RECEIVED		4,902.60	MANAGEANDNET1718 MNS PMNT|CRESCENT THE|0200628
8/16/2017	113105025	4588	142	ACH CREDIT RECEIVED		20,605.00	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4520724*1205296137*000004011\
8/18/2017	113105025	4588	495	OUTGOING MONEY TRANSFER	43,029.01		CANTEX HEALTH CARE CENTERS III
8/18/2017	113105025	4588	142	ACH CREDIT RECEIVED		176,709.26	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4523717*1205296137*000004011\
8/18/2017	113105025	4588	142	ACH CREDIT RECEIVED		10,091.75	Molina HC of TX HCCLAIMPMT|THE CRESCENT|TRN*1*EFT4688980*1201494502\
					43,029.01	212,308.61	

Broadmoor					Transfer-Out	Transfer-In	
8/17/2017	113105025	4596	142	ACH CREDIT RECEIVED		5,280.47	HUMANA INS CO HCCLAIMPMT|The Broadmoor at Creek|DISDATA-OPTIONAL|TRN*1*001290033457442*1391263473\
8/17/2017	113105025	4596	142	ACH CREDIT RECEIVED		56,947.65	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4522198*1205296137*000004011\
8/17/2017	113105025	4596	142	ACH CREDIT RECEIVED		9,240.82	HHP HCCLAIMPMT|The Broadmoor at Creek|DISDATA-OPTIONAL|TRN*1*001270015705671*1611013183\
8/18/2017	113105025	4596	142	ACH CREDIT RECEIVED		157,351.91	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4523728*1205296137*000004011\
8/18/2017	113105025	4596	142	ACH CREDIT RECEIVED		2,314.86	Molina HC of TX HCCLAIMPMT|THE BROADMOOR AT CREEK|TRN*1*EFT4691383*1201494502\
8/18/2017	113105025	4596	142	ACH CREDIT RECEIVED		1,733.62	Molina HC of TX HCCLAIMPMT|THE BROADMOOR AT CREEK|TRN*1*EFT4688879*1201494502\
8/18/2017	113105025	4596	495	OUTGOING MONEY TRANSFER	20,719.38		CANTEX HEALTH CARE CENTERS III
					20,719.38	232,869.33	

Fort Bend					Transfer-Out	Transfer-In	
8/15/2017	113105025	4618	142	ACH CREDIT RECEIVED		1,690.93	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
8/15/2017	113105025	4618	142	ACH CREDIT RECEIVED		163.58	HUMANA INS CO EFPAYMENT|Fort Bend Healthcare C|DISDATA-OPTIONAL|TRN*1*001290033399023*1391263473\
8/17/2017	113105025	4618	142	ACH CREDIT RECEIVED		12,858.35	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
8/18/2017	113105025	4618	142	ACH CREDIT RECEIVED		5,246.67	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
8/18/2017	113105025	4618	495	OUTGOING MONEY TRANSFER	45,240.90		CANTEX HEALTH CARE CENTERS III
8/18/2017	113105025	4618	142	ACH CREDIT RECEIVED		61,539.88	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4523675*1205296137*000004011\
					45,240.90	81,499.41	

McKESSON

Company: 8000

STATEMENT

MEMORIAL MEDICAL CENTER
AP
815 N VIRGINIA STREET
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 08/18/2017 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 08/18/2017

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

As of: 08/18/2017 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 08/18/2017 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 2,944.88 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/07/2017 2,451.97

If Paid By 08/22/2017, Pay This Amount: ✓ 2,885.99 USD

If Paid After 08/22/2017, Pay this Amount: 2,944.88 USD

Due If Paid On Time: USD 2,885.99

Disc lost if paid late: 58.89

Due If Paid Late: USD 2,944.88

ck# 942

1,017.57 +
824.35 +
1,044.07 +
2,885.99 *

APPROVED
ON
AUG 21 2017 CK#942
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 9-8-17

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 08/18/2017 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 08/18/2017

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

As of: 08/18/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 08/18/2017 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 262252 CVS PHCY 7006/MEMORIA PHS											
08/14/2017	08/22/2017	7823960474	1001063332	115Invoice	2.56	127.99		125.43	✓	7823960474	
08/14/2017	08/22/2017	7823960475	1001063926	115Invoice	1.83	91.58		89.75	✓	7823960475	
08/14/2017	08/22/2017	7823960476	1001064355	115Invoice	0.48	23.76		23.28	✓	7823960476	
08/15/2017	08/22/2017	7824206760	1001064762	115Invoice	2.95	147.31		144.36	✓	7824206760	
08/16/2017	08/22/2017	7824426580	1001065545	115Invoice	0.91	45.34		44.43	✓	7824426580	
08/17/2017	08/22/2017	7824679771	1001066131	115Invoice	1.06	53.13		52.07	✓	7824679771	
08/17/2017	08/22/2017	7824679772	1001066131	115Invoice	6.08	304.18		298.10	✓	7824679772	
08/18/2017	08/22/2017	7824916364	1001066719	115Invoice	0.03	1.34		1.31	✓	7824916364	
08/18/2017	08/22/2017	7824916366	1001066719	115Invoice	4.87	243.71		238.84	✓	7824916366	

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

TOTAL: Customer Number 262252 CVS PHCY 7006/MEMORIA PHS

Subtotals: 1,038.34 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/14/2017 5,932.12

If Paid By 08/22/2017, Pay This Amount: 1,017.57 USD

If Paid After 08/22/2017, Pay this Amount: 1,038.34 USD

Due If Paid On Time: USD 1,017.57

Disc lost if paid late: 20.77

Due If Paid Late: USD 1,038.34

APPROVED ON
AUG 21 2017
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: 08/18/2017

DC: 8115

Territory: 400

Customer: 190813
Date: 08/18/2017

Page: 001

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

As of: 08/18/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 08/18/2017

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
08/14/2017	08/22/2017	7823929873	1001063330	115Invoice	0.73	36.61		35.88	✓	7823929873	
08/14/2017	08/22/2017	7823929874	1001063924	115Invoice	3.39	169.48		166.09	✓	7823929874	
08/14/2017	08/22/2017	7823929875	1001064353	115Invoice	1.17	58.72		57.55	✓	7823929875	
08/15/2017	08/22/2017	7824187607	1001064760	115Invoice	3.38	168.87		165.49	✓	7824187607	
08/16/2017	08/22/2017	7824427591	1001065543	115Invoice	5.36	268.00		262.64	✓	7824427591	
08/18/2017	08/22/2017	7824890047	1001066717	115Invoice	2.79	139.49		136.70	✓	7824890047	

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

TOTAL: Customer Number 190813 HEB PHCY 0434/MEM MED PHS

Subtotals: 841.17 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/14/2017 5,932.12

If Paid By 08/22/2017, Pay This Amount: ✓824.35 USD

If Paid After 08/22/2017, Pay this Amount: 841.17 USD

Due If Paid On Time: USD 824.35

Disc lost if paid late: 16.82

Due If Paid Late: USD 841.17

APPROVED ON
AUG 21 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 08/18/2017

Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 08/18/2017

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 08/18/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 08/18/2017

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
08/14/2017	08/22/2017	7823927510	8007281687	115Invoice	2.29	114.62		112.33 ✓		7823927510	
08/15/2017	08/22/2017	7824185377	1104282	115Invoice	3.30	164.99		161.69 ✓		7824185377	
08/15/2017	08/22/2017	7824185378	0813170152-00	115Invoice	0.01	0.63		0.62 ✓		7824185378	
08/15/2017	08/22/2017	7824185379	0814170523-00	115Invoice	1.53	76.58		75.05 ✓		7824185379	
08/16/2017	08/22/2017	7824429756	8007289431	115Invoice		0.06		0.06 ✓		7824429756	
08/16/2017	08/22/2017	7824429759	0815170438-00	115Invoice	2.23	111.53		109.30 ✓		7824429759	
08/17/2017	08/22/2017	7824655012	0816170231-00	115Invoice	8.40	419.88		411.48 ✓		7824655012	
08/18/2017	08/22/2017	7824891030	0907310085	115Invoice	3.54	177.08		173.54 ✓		7824891030	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 1,065.37 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/14/2017 5,932.12

If Paid By 08/22/2017, Pay This Amount: 1,044.07 ✓USD

If Paid After 08/22/2017, Pay this Amount: 1,065.37 USD

Due If Paid On Time: USD 1,044.07

Disc lost if paid late: 21.30

Due If Paid Late: USD 1,065.37

APPROVED ON
AUG 21 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:08/21/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:16:04 CHECK REGISTER GLCKREG
08/21/17 THRU 08/21/17

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000942	08/21/17	2,885.99	MCKESSON
TOTALS:			2,885.99	

APPROVED
ON

AUG 2 1 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

08/22/2017 MEMORIAL MEDICAL CENTER 0
13:31 AP Open Invoice List ap_open_invoice.template
Dates Through:

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
000192A		08/22/20	08/22/20	08/23/20			820.46	0.00	0.00	820.46
	TRANSFER FOR OUTSTANDIN									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11295	CALHOUN COUNTY INDIGENT ACCOUN	820.46	0.00	0.00	820.46

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	820.46	0.00	0.00	820.46

APPROVED
ON
AUG 2 2 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

C/K#172597

Michael J. Pfeifer
Calhoun County Judge
Date: 8-8-17

000192

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Indigent Healthcare - IBC

Date Requested: 8/22/17

APPROVED ON AUG 22 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT: $820.46

G/L NUMBER: 10000002

EXPLANATION: To transfer funds to the IBC Indigent account to cover outstanding check balance.

REQUESTED BY: Adam Machicek

AUTHORIZED BY:

Outstanding Check List - Indigent Account

CHECK #	DATE	AMOUNT	DESCRIPTION
10440	7/31/2017	190.01	DONALD BREECH MD PA
10446	7/31/2017	134.45	VICTORIA EYE CENTER
10450	7/31/2017	33.27	VICTORIA HEART & VASCULAR CTR
10454	7/31/2017	421.02	MEDICINE MAN PHARMACY
		41.71	To Cover Check 10452 Balance
		820.46	

08/22/2017 MEMORIAL MEDICAL CENTER 0
12:52 AP Open Invoice List ap_open_invoice.template
Dates Through:

Vendor#	Vendor Name	Class	Pay Code
C1048	CALHOUN COUNTY	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000191	REFUND OF BORROWED FUN	08/22/20	08/22/20	08/23/20			2,550,665.00	0.00	0.00	2,550,665.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY	2,550,665.00	0.00	0.00	2,550,665.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,550,665.00	0.00	0.00	2,550,665.00

APPROVED
ON
AUG 22 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 172598

Michael J. Pfeifer
Calhoun County Judge
Date: 8-8-17

000191

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Calhoun County

Date Requested: 8/22/17

APPROVED ON AUG 22 2017 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

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

AMOUNT: $2,550,665.00

G/L NUMBER: 10255000

EXPLANATION: To refund borrowed funds to Calhoun County. MPAP Loan

REQUESTED BY: Adam Machicek

AUTHORIZED BY:

RUN DATE:08/22/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:13:34 CHECK REGISTER GLCKREG
08/22/17 THRU 08/22/17

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

CODE	NUMBER	DATE	AMOUNT		PAYEE
A/P *	170965	08/22/17	153.18	CR	EVOQUA WATER TECHNOLOGIES LLC
A/P	172596	08/22/17	153.18		EVOQUA WATER TECHNOLOGIES LLC
A/P	172597	08/22/17	820.46		CALHOUN COUNTY INDIGENT ACCOUN
A/P	172598	08/22/17	2,550,665.00		CALHOUN COUNTY
TOTALS:			2,551,485.46		

Void and Reissued

McKESSON

Company: 8000

STATEMENT

MEMORIAL MEDICAL CENTER
AP
815 N VIRGINIA STREET
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 08/25/2017
DC: 8115
Territory:
Customer: 632536
Date: 08/26/2017

Page: 002

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

As of: 08/25/2017 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 08/26/2017 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 2,856.18 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/07/2017 2,451.97

If Paid By 08/29/2017, Pay This Amount: 2,799.07 USD

If Paid After 08/29/2017, Pay this Amount: 2,856.18 USD

Due If Paid On Time: USD 2,799.07

Disc lost if paid late: 57.11

Due If Paid Late: USD 2,856.18

ck# 943

Michael J. Pfeifer
Calhoun County Judge
Date: 9-18-17

APPROVED
ON
SEP 05 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

909.16 +
828.83 +
1,061.08 +
2,799.07 *

Paid 8/30/17
Approved 9/5/17 Due to Hurricane Harvey
340 B Prescription Expenses

McKESSON

Company: 8000

STATEMENT

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: 08/25/2017

DC: 8115

Territory: 400

Customer: 256342
Date: 08/26/2017

Page: 001

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

As of: 08/25/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 08/26/2017

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
08/21/2017	08/29/2017	7825180386	0907314236	115Invoice	1.18	59.07		✓57.89	✓	7825180386	
08/21/2017	08/29/2017	7825180388	0818170429-00	115Invoice	6.20	310.07		✓303.87	✓	7825180388	
08/22/2017	08/29/2017	7825409980	0907317859	115Invoice	1.26	62.93		✓61.67	✓	7825409980	
08/22/2017	08/29/2017	7825409983	0821170400-00	115Invoice	2.42	121.06		✓118.64	✓	7825409983	
08/23/2017	08/29/2017	7825676410	0907319427	115Invoice	5.41	270.38		✓264.97	✓	7825676410	
08/24/2017	08/29/2017	7825881742	6607316196	115Invoice	2.08	104.20		✓102.12	✓	7825881742	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 927.71 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,885.99
08/21/2017

If Paid By 08/29/2017,
Pay This Amount: 909.16 ✓USD

If Paid After 08/29/2017,
Pay this Amount: 927.71 USD

Due If Paid On Time:
USD 909.16

Disc lost if paid late:
18.55

Due If Paid Late:
USD 927.71

APPROVED
ON

SEP 05 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Paid 8/30/17
Approved 9/5/17 Due to
Hurricane Harvey

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 08/25/2017

DC: 8115

Territory: 400

Customer: 262252
Date: 08/26/2017

Page: 001

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

As of: 08/25/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 08/26/2017 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 262252 CVS PHCY 7006/MEMORIA PHS											
08/21/2017	08/29/2017	7825188575	1001067323	115Invoice	5.24	261.93		✓256.69	✓	7825188575	
08/21/2017	08/29/2017	7825188579	1001068370	115Invoice	1.01	50.57		✓49.56	✓	7825188579	
08/21/2017	08/29/2017	7825190154	1001067938	115Invoice	5.71	285.54		✓279.83	✓	7825190154	
08/22/2017	08/29/2017	7825408812	1001068757	115Invoice	0.83	41.61		✓40.78	✓	7825408812	
08/23/2017	08/29/2017	7825678956	1001069539	115Invoice	0.26	13.15		✓12.89	✓	7825678956	
08/24/2017	08/29/2017	7825908126	1001070117	115Invoice	3.83	191.35		✓187.52	✓	7825908126	
08/24/2017	08/29/2017	7825908129	1001070117	115Invoice	0.03	1.59		✓1.56	✓	7825908129	

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

TOTAL: Customer Number 262252 CVS PHCY 7006/MEMORIA PHS

Subtotals: 845.74 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,885.99
08/21/2017

If Paid By 08/29/2017,
Pay This Amount: 828.83 ✓ USD

If Paid After 08/29/2017,
Pay this Amount: 845.74 USD

Due If Paid On Time:
USD 828.83

Disc lost if paid late:
16.91

Due If Paid Late:
USD 845.74

APPROVED
ON
SEP 05 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Paid 8/30/17

Approved 9/5/17 Due to Hurricane Harvey

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: 08/25/2017

DC: 8115

Territory: 400

Customer: 190813
Date: 08/26/2017

Page: 001

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

As of: 08/25/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 08/26/2017 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
08/21/2017	08/29/2017	7825155588	1001067321	115Invoice	3.52	176.07		✓172.55	✓	7825155588	
08/21/2017	08/29/2017	7825155591	1001067936	115Invoice	1.39	69.71		✓68.32	✓	7825155591	
08/21/2017	08/29/2017	7825155593	1001068368	115Invoice	7.46	373.02		✓365.56	✓	7825155593	
08/22/2017	08/29/2017	7825388634	1001068755	115Invoice	4.73	236.48		✓231.75	✓	7825388634	
08/23/2017	08/29/2017	7825679588	1001069537	115Invoice	2.26	112.83		✓110.57	✓	7825679588	
08/24/2017	08/29/2017	7825869834	1001070115	115Invoice	2.29	114.62		✓112.33	✓	7825869834	

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

TOTAL: Customer Number 190813 HEB PHCY 0434/MEM MED PHS

Subtotals: 1,082.73 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,885.99
08/21/2017

If Paid By 08/29/2017,
Pay This Amount: 1,061.08 ✓USD

If Paid After 08/29/2017,
Pay this Amount: 1,082.73 USD

Due If Paid On Time:
USD 1,061.08

Disc lost if paid late:
21.65

Due If Paid Late:
USD 1,082.73

APPROVED
ON

SEP 05 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Paid 8/30/17
Approved 9/5/17 Due
to Hurricane Harvey

RUN DATE:09/06/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:09:17 CHECK REGISTER GLCKREG
08/30/17 THRU 09/06/17

CK Register for CK #943

BANK--CHECK-- CODE	NUMBER	DATE	AMOUNT	PAYEE
P/R	000943	08/30/17	2,799.07	MCKESSON
P/R	000944	09/06/17	2,142.72	MCKESSON
TOTALS:			4,941.79	

Paid 8/30/17 Aproved 9/5/17 Due to Hurricane Harvey

2,799.07
CK #943

APPROVED
ON
05
SEP 06 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

TOLL FEE PHONE NUMBER: 1-800-555-3453
(EFTPS TUTORIAL SYSTEM: 1-800-572-8683)

	#### ###	ENTER:
☐ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"		
☐ "ENTER YOUR 4-DIGIT PIN"		
☐ "MAKE A PAYMENT, PRESS 1"		1
☐ "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★	#
☐ "IF FEDERAL TAX DEPOSIT ENTER 1"		1
☐ "ENTER 2-DIGIT TAX FILING YEAR"	★	17
☐ "ENTER 2-DIGIT TAX FILING ENDING MONTH"	★	9

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"	★	$ 91,097.17	#
"1 TO CONFIRM"		1	
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 42,330.02	#
"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 10,142.66	#
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 38,624.49	#
	CHECK	$ -	
☐ "6-DIGIT SETTLEMENT DATE"	★	8/11/2017	
"1 TO CONFIRM"		1	
☐ ACKNOWLEDGEMENT NUMBER		62814867	

CALLED IN BY:	A.H.
CALLED IN DATE:	8/10/2017
CALLED IN TIME:	08:20AM

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	07/21/17					
PAY PERIOD: END	08/03/17					
PAY DATE:	08/10/17					
GROSS PAY:	$ 376,618.76			$ -		$ 376,618.76
DEDUCTIONS:						
A/R	$ 810.00					$ 810.00
ADVANC						$ -
BOOTS						$ -
CAFÉ-1	$ 1,705.94					$ 1,705.94
CAFÉ-2	$ 1,178.64					$ 1,178.64
CAFE-3						$ -
CAFÉ-4	$ 372.62					$ 372.62
CAFÉ-5	$ 376.58					$ 376.58
CAFÉ-D	$ 1,626.81					$ 1,626.81
CAFÉ-H	$ 17,607.14					$ 17,607.14
CAFÉ-I						$ -
CAFÉ-L						$ -
CAFÉ-P	$ 287.11					$ 287.11
CANCER						$ -
CHILD	$ 212.31					$ 212.31
CLINIC	$ 160.00					$ 160.00
COMBIN	$ 1,014.95					$ 1,014.95
CREDUN						$ -
DENTAL						$ -
DEP-LF						$ -
DIS-LF	$ 1,951.81					$ 1,951.81
EAT						$ -
FED TAX	$ 38,624.49					$ 38,624.49
FICA-M	$ 5,071.31					$ 5,071.31
FICA-O	$ 21,165.07					$ 21,165.07
FIRST C	$ 75.00					$ 75.00
FLEX S	$ 2,177.08					$ 2,177.08
FLX-FE						$ -
GIFT S	$ 208.23					$ 208.23
GRP-IN	$ 129.26					$ 129.26
GTL						$ -
HOSP-I						$ -
MISC						$ -
OTHER	$ 1,958.65					$ 1,958.65
PHI						$ -
PR FIN	$ 370.42					$ 370.42
RELAY						$ -
REPAY						$ -
STONEDF	$ 1,465.00					$ 1,465.00
STONE						$ -
STONE 2						$ -
STUDEN						$ -
TSA-R	$ 26,363.42					$ 26,363.42
UW/HOS						$ -
TOTAL DEDUCTIONS:	$ 124,911.84	$ -	$ -	$ -	$ -	$ 124,911.84
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$ 251,706.92	$ -	$ -	$ -	$ -	$ 251,706.92
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	

TOTAL CAFÉ 125 PLAN: $ 26,871.92 Less Exempt:

TAXABLE PAY: $ 349,746.84 $ 341,371.06 Exempt Amt:

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 5,071.33		
FICA - MED (EE)	1.45%	$ 5,071.33	$ 5,071.31	$ 0.02
FICA - SOC SEC (ER)	6.20%	$ 21,165.01		
FICA - SOC SEC (EE)	6.20%	$ 21,165.01	$ 21,165.07	$ (0.06)
FED WITHHOLDING		$ 38,624.49	$ 38,624.49	
TAX DEPOSIT:		$ 91,097.17	$ 91,097.25	$ (0.08)

FICA - MEDICARE	2.90%	$ 10,142.66
FICA - SOCIAL SECURITY	12.40%	$ 42,330.02
FED WITHHOLDING		$ 38,624.49
TOTAL TAX:		$ 91,097.17

Employees over FICA-SS Cap:

Jason Anglin $ 8,375.78

Jerry

Paycode S - Employee Reimb.:

Roshanda S. Gray

TOTAL: $ 8,375.78

PREPARED BY: Ashley Hall

PREPARED DATE: 8/10/2017

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	9175.57	N		N	N		181462.28
1	REGULAR PAY-S1	951.93	N		N	N	N	40654.77
1	REGULAR PAY-S1	263.50	Y		N	N		6033.80
2	REGULAR PAY-S2	2731.00	N		N	N		58623.66
2	REGULAR PAY-S2	79.50	Y		N	N		2496.81
3	REGULAR PAY-S3	1630.75	N		N	N		42436.00
3	REGULAR PAY-S3	41.00	Y		N	N		1702.06
C	CALL PAY	2469.00	N	1	N	N		4938.00
E	EXTRA WAGES		N		N	N	N	6834.24
E	EXTRA WAGES		N	1	N	N	N	908.75
F	FUNERAL LEAVE	32.00	N	1	N	N		412.80
I	INSERVICE	34.00	N	1	N	N		928.23
K	EXTENDED-ILLNESS-BANK	64.00	N	1	N	N		1065.44
P	PAID-TIME-OFF	64.00	N		N	N	N	889.80
P	PAID-TIME-OFF	999.00	N	1	N	N		25312.64
X	CALL PAY 2	160.00	N	1	N	N		320.00
Z	CALL PAY 3	96.00	N	1	N	N		288.00
p	PAID TIME OFF - PROBATION	24.00	N	1	N	N		346.48
t	PHONE & DATA		N		N	N	N	965.00

Deductions Summary

Code	Amount					
A/R	707.71	A/R2	102.29	A/R3		
ADVANC		AWARDS		BOOTS		
CAFE H		CAFE-1	1705.94	CAFE-2	1178.64	
CAFE-3		CAFE-4	372.62	CAFE-5	376.58	
CAFE-C		CAFE-D	1626.81	CAFE-F		
CAFE-H	17607.14	CAFE-I		CAFE-L		
CAFE-P	287.11	CANCER		CHILD	212.31	
CLINIC	160.00	COMBIN	1014.95	CREDUN		
DD ADV		DENTAL		DEP-LF		
DIS-LF	1951.81	EAT		FEDTAX	38624.49	
FICA-M	5071.31	FICA-O	21165.07	FIRSTC	75.00	
FLEX S	2177.08	FLX FE		FORT D		
FUTA		GIFT S	208.23	GRANT		
GRP-IN	129.26	GTL		HOSP-I		
ID TFT		LEAF		MISC		
MISC/		OTHER	1958.65	PHI		
PHI***		PR FIN	370.42	RELAY		
REPAY		SIGNON		ST-TX		
STONDF	1465.00	STONE		STONE2		
STUDEN		TSA-1		TSA-2		
TSA-C		TSA-P		TSA-R	26363.42	
TUTION		UW/HOS				

Grand Totals: 18815.25 ------- (Gross: 376618.76 Deductions: 124911.84 Net: 251706.92)

Checks Count:- FT 191 PT 8 Other 37 Female 199 Male 36 Credit OverAmt 18 ZeroNet 1 Term Total: 235

OK

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"	★ #
☑	"IF FEDERAL TAX DEPOSIT ENTER 1"	1
☑	"ENTER 2-DIGIT TAX FILING YEAR"	★ 17
☑	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★ 9

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"	★ $ 92,174.48	#
	"1 TO CONFIRM"	1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0 $ 42,772.22	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"	$ 10,250.18	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	$ 39,152.08	#
		CHECK $ -	
☑	"6-DIGIT SETTLEMENT DATE"	★ 8/25/2017	
	"1 TO CONFIRM"	1	
☑	ACKNOWLEDGEMENT NUMBER	006098I5	

CALLED IN BY:	~~A.H.~~ ARM
CALLED IN DATE:	8/24/2017
CALLED IN TIME:	11:03Am

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

			ENTER VOID CKS AS NEGATIVE NUMBERS				
PAY PERIOD: BEGIN	08/04/17		VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: END	08/17/17						
PAY DATE:	08/24/17						
GROSS PAY:	$ 380,487.73				$ -		$ 380,487.73
DEDUCTIONS:							
A/R	$ 827.96						$ 827.96
A/R2	$ 105.00						
ADVANC							$ -
BOOTS							$ -
CAFÉ-1	$ 1,683.80						$ 1,683.80
CAFÉ-2	$ 1,178.64						$ 1,178.64
CAFE-3							$ -
CAFÉ-4	$ 372.62						$ 372.62
CAFÉ-5	$ 376.58						$ 376.58
CAFÉ-D	$ 1,631.10						$ 1,631.10
CAFÉ-H	$ 17,794.30						$ 17,794.30
CAFÉ-I							$ -
CAFÉ-L							$ -
CAFÉ-P	$ 279.36						$ 279.36
CANCER							$ -
CHILD	$ 213.81						$ 213.81
CLINIC	$ 60.00						$ 60.00
COMBIN	$ 977.82						$ 977.82
CREDUN							$ -
DENTAL							$ -
DEP-LF							$ -
DIS-LF	$ 1,937.49						$ 1,937.49
EAT							$ -
FED TAX	$ 39,152.08						$ 39,152.08
FICA-M	$ 5,125.05						$ 5,125.05
FICA-O	$ 21,386.17						$ 21,386.17
FIRST C	$ 75.00						$ 75.00
FLEX S	$ 2,177.08						$ 2,177.08
FLX-FE							$ -
GIFT S	$ 50.00						$ 50.00
GRP-IN	$ 129.26						$ 129.26
GTL							$ -
HOSP-I							$ -
MISC							$ -
OTHER	$ 1,505.64						$ 1,505.64
PHI							$ -
PR FIN	$ 358.45						$ 358.45
RELAY							$ -
REPAY							$ -
STONEDF	$ 1,465.00						$ 1,465.00
STONE							$ -
STONE 2							$ -
STUDEN							$ -
TSA-R	$ 26,619.85						$ 26,619.85
UW/HOS							$ -
TOTAL DEDUCTIONS:	$ 125,482.06		$ -	$ -	$ -	$ -	$ 125,482.06
			SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**
NET PAY:	$ 255,005.67		$ -	$ -	$ -	$ -	$ 265,005.67
			SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**
TOTAL CAFÉ 125 PLAN:	$ 27,033.48		Less Exempt:				
TAXABLE PAY:	$ 353,464.25		$ 344,937.25				Exempt Amt:

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 5,125.09		
FICA - MED (EE)	1.45%	$ 5,125.09	$ 5,125.05	$ 0.04
FICA - SOC SEC (ER)	6.20%	$ 21,386.11		
FICA - SOC SEC (EE)	6.20%	$ 21,386.11	$ 21,386.17	$ (0.06)
FED WITHHOLDING		$ 39,152.08	$ 39,152.08	
TAX DEPOSIT:		$ 92,174.48	$ 92,174.52	$ (0.04)

FICA - MEDICARE	2.90%	$ 10,250.18
FICA - SOCIAL SECURITY	12.40%	$ 42,772.22
FED WITHHOLDING		$ 39,152.08
TOTAL TAX:		$ 92,174.48

Employees over FICA-SS Cap:	
Jason Anglin	$ 8,517.00
Jerry	
Paycode S - Employee Reimb.:	
Roshanda S. Gray	
TOTAL:	$ 8,517.00

PREPARED BY: Ashley Hall

PREPARED DATE: 8/21/2017

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	9083.05	N		N	N		178142.75
1	REGULAR PAY-S1	940.45	N		N	N	N	40507.36
1	REGULAR PAY-S1	293.50	Y		N	N		7415.69
2	REGULAR PAY-S2	2761.00	N		N	N		58807.78
2	REGULAR PAY-S2	101.25	Y		N	N		3398.16
3	REGULAR PAY-S3	1602.75	N		N	N		41200.54
3	REGULAR PAY-S3	92.50	Y		N	N		3592.25
C	CALL PAY	3005.00	N	1	N	N		6010.00
E	EXTRA WAGES	12.00	N	1	N	N		60.00
E	EXTRA WAGES		N	1	N	N	N	1499.75
I	INSERVICE	149.75	N	1	N	N		4478.20
I	INSERVICE	19.00	Y	1	N	N		712.61
J	JURY LEAVE	2.00	N	1	N	N		26.66
K	EXTENDED-ILLNESS-BANK	301.00	N	1	N	N		6435.93
P	PAID-TIME-OFF	80.00	N		N	N	N	877.60
P	PAID-TIME-OFF	1028.75	N	1	N	N		25903.11
X	CALL PAY 2	156.00	N	1	N	N		312.00
Y	YMCA/CURVES		N		N	N	N	90.00
Z	CALL PAY 3	160.00	N	1	N	N		480.00
p	PAID TIME OFF - PROBATION	24.00	N	1	N	N		517.34
t	PHONE & DATA		N		N	N	N	20.00

Deductions Summary

Code	Amount	Code	Amount	Code	Amount
A/R	827.96	A/R2	105.00	A/R3	
ADVANC		AWARDS		BOOTS	
CAFE H		CAFE-1	1683.80	CAFE-2	1178.64
CAFE-3		CAFE-4	372.62	CAFE-5	376.58
CAFE-C		CAFE-D	1631.10	CAFE-F	
CAFE-H	17794.30	CAFE-I		CAFE-L	
CAFE-P	279.36	CANCER		CHILD	213.81
CLINIC	60.00	COMBIN	977.82	CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF	1937.49	EAT		FEDTAX	39152.08
FICA-M	5125.05	FICA-O	21386.17	FIRSTC	75.00
FLEX S	2177.08	FLX FE		FORT D	
FUTA		GIFT S	50.00	GRANT	
GRP-IN	129.26	GTL		HOSP-I	
ID TFT		LEAF		MISC	
MISC/		OTHER	1505.64	PHI	
PHI***		PR FIN	358.45	RELAY	
REPAY		SIGNON		ST-TX	
STONDF	1465.00	STONE		STONE2	
STUDEN		TSA-1		TSA-2	
TSA-C		TSA-P		TSA-R	26619.85
TUTION		UW/HOS			

Grand Totals: 19812.00 (Gross: 380487.73 Deductions: 125482.06 Net: 255005.67)

Checks Count:- FT 191 PT 8 Other 37 Female 199 Male 36 Credit OverAmt 15 ZeroNet Term Total: 235

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

CUSTOMER

8/NE/131/019/1598
MEMORIAL MEDICAL CENTER OPERATING
COUNTY OF CALHOUN
201 W AUSTIN STREET
PORT LAVACA TX 77979

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08/01/2017 to 08/31/2017
STATEMENT PERIOD

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08/29	Electronic Deposit	DRISCOLL HEALTH HCCLAIMPMT MEMORIAL MEDICA	650.96
08/29	Electronic Deposit	DRISCOLL HEALTH HCCLAIMPMT MEMORIAL MEDICA	405.10
08/29	Electronic Deposit	DRISCOLL CHILDRE HCCLAIMPMT MEMORIAL MEDICA	375.37
08/29	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 451356	328.72
08/29	Electronic Deposit	DRISCOLL CHILDRE HCCLAIMPMT MEMORIAL MEDICA	168.99
08/29	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 673422	142.51
08/29	Electronic Deposit	36 TREAS 310 MISC PAY 746003411360012	83.28
08/29	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C17237E94522550	58.88
08/29	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113000	18.00
08/29	Electronic Deposit	AETNA H09 HCCLAIMPMT 1497153589	8.33
08/30	Electronic Deposit	CIGNA HCCLAIMPMT xxxxx3411	9,252.78
08/30	Electronic Deposit	CVS EDI/ACH 2843C	6,663.43
08/30	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 451356	3,708.13
08/30	Electronic Deposit	Driscoll Childre Driscoll C MEMORIAL MEDICA	1,192.31
08/30	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 673422	792.34
08/30	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C17240E94635870	484.13
08/30	Electronic Deposit	36 TREAS 310 MISC PAY 746003411360012	169.08
08/30	Electronic Deposit	Driscoll Childre Driscoll C MEMORIAL MEDICA	168.99
08/30	Electronic Deposit	AETNA H09 HCCLAIMPMT 1689630865	157.84
08/30	Electronic Deposit	CIGNA HCCLAIMPMT xxxxx3411	157.06
08/30	Electronic Deposit	36 TREAS 310 MISC PAY 746003411360012	107.42
08/30	Electronic Deposit	DRISCOLL HEALTH HCCLAIMPMT MEMORIAL MEDICA	98.60
08/30	Electronic Deposit	CIGNA HCCLAIMPMT xxxxx3411	83.64
08/30	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160914885	82.60
08/30	Electronic Deposit	DRISCOLL CHILDRE HCCLAIMPMT MEMORIAL MEDICA	71.45
08/30	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113000	18.00
08/31	Electronic Deposit	AETNA AS01 HCCLAIMPMT 1689630865	3,103.89
08/31	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 451356	2,685.45
08/31	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C17241E94747210	1,907.13
08/31	Electronic Deposit	AETNA AS01 HCCLAIMPMT 1497153589	926.53
08/31	Electronic Deposit	AETNA A04 HCCLAIMPMT 1689630865	875.65
08/31	Electronic Deposit	AETNA AS01 HCCLAIMPMT 1497143259	658.00
08/31	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160914885	306.03
08/31	Electronic Deposit	36 TREAS 310 MISC PAY 746003411360012	57.35
08/31	Electronic Deposit	NOVITAS HCCLAIMPMT 1689630865	54.44
08/31	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160913887	10.00

Debits

08/01	Electronic Payment	MCKESSON DRUG AUTO ACH ACH03203822	2,750.21
08/02	Electronic Payment	IBC MERCH BNKCD DISCOUNT 674200009993	19.95
08/02	Electronic Payment	IBC MERCH BNKCD FEE 674200009993	29.95
08/02	Electronic Payment	VIVONET ACQUISIT PAYMENT 1136	99.00
08/03	Electronic Payment	IBC MERCH BNKCD FEE 971160912889	9.95
08/03	Electronic Payment	IBC MERCH BNKCD FEE 971160911881	55.75
08/03	Electronic Payment	IBC MERCH BNKCD FEE 971160914885	64.31
08/03	Electronic Payment	IBC MERCH BNKCD FEE 971160910883	71.71
08/03	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160913887	81.58
08/03	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160913887	92.18
08/03	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160911881	93.34

IBC

BANK

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08/01/2017 to 08/31/2017
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08/03	Electronic Payment	IBC MERCH BNKCD FEE 971160913887	116.37
08/03	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160914885	170.80
08/03	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160911881	228.35
08/03	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160914885	317.47
08/03	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160915882	877.25
08/03	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160910883	1,486.96
08/03	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160910883	1,501.20
08/07	Electronic Payment	FDGL LEASE PYMT	30.25
08/07	Electronic Payment	FDGL LEASE PYMT	59.25
08/07	Electronic Payment	FDGL LEASE PYMT	59.25
08/07	Electronic Payment	FDGL LEASE PYMT	86.30
08/08	Electronic Payment	MCKESSON DRUG AUTO ACH ACH03207195	2,451.97
08/09	Electronic Payment	CLOVER APP MRKT CLOVER APP	16.25
08/09	Electronic Payment	CLOVER APP MRKT CLOVER APP	81.20
08/10	Electronic Payment	FDGL LEASE PYMT	30.17
08/10	Electronic Payment	MEMORIAL MEDICAL PAYROLL	250,653.05
08/21	Electronic Payment	FDGL LEASE PYMT	26.98
08/21	Electronic Payment	FDGL LEASE PYMT	151.23
08/22	Electronic Payment	Telecheck INV082017D xxxxx9736	5.00

Daily Ending Balance

08/01	2,318,919.15	08/11	2,086,132.84	08/23	382,289.74
08/02	2,357,738.71	08/14	2,093,705.10	08/24	454,049.49
08/03	2,348,035.64	08/15	4,624,039.45	08/25	489,022.31
08/04	2,458,647.17	08/16	4,691,228.07	08/28	554,185.80
08/07	2,405,918.00	08/17	4,717,457.76	08/29	570,535.09
08/08	2,343,787.54	08/18	306,593.25	08/30	593,742.89
08/09	2,284,836.86	08/21	336,043.05	08/31	604,327.36
08/10	2,060,692.33	08/22	335,513.51		

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STATEMENT

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CUSTOMER NO.	PAGE NO.
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08/01/2017 to 08/31/2017
STATEMENT PERIOD

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Regular Checking — Account Recap — Account Number -Y

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
2,291,390.08	433	3,669,875.60	309	5,356,938.32	604,327.36

Checks (Debits)

Date	Check #	Amount	Date	Check #	Amount	Date	Check #	Amount
08/14		126.72	08/08 *	172114	196.68	08/08	172167	400.00
08/17	1111	0.05	08/02 *	172116	510.00	08/14	172168	34,076.07
08/10 *	3100	927.15	08/01 *	172119	100.00	08/10	172169	50.42
08/01 *	61858	15.00	08/08	172120	2,817.50	08/08	172170	48.50
08/28 *	61860	6.00	08/07 *	172122	759.46	08/09	172171	65.44
08/01 *	61870	1.00	08/04 *	172124	2,232.91	08/08	172172	59.80
08/02 *	61885	2.00	08/08	172125	166.84	08/08	172173	29.84
08/03 *	61916	7.00	08/07 *	172127	21,530.49	08/21	172174	2,505.00
08/21 *	169627	31.05	08/09	172128	26.19	08/09	172175	295.13
08/03 *	170201	60.88	08/10	172129	426.56	08/03	172176	22,468.00
08/02 *	170686	19.70	08/08	172130	139.98	08/04	172177	128.10
08/03 *	170807	56.27	08/09	172131	8,333.33	08/09	172178	11,605.98
08/03 *	171232	198.78	08/08	172132	2,734.80	08/08	172179	48.60
08/01 *	171532	55.55	08/10	172133	1,428.91	08/16	172180	792.00
08/03 *	171595	60.39	08/08	172134	516.97	08/10 *	172182	300.00
08/01 *	171722	1,270.12	08/08 *	172138	24,016.94	08/09	172183	90.93
08/10 *	171744	450.00	08/23	172139	30.06	08/09	172184	4,906.25
08/04 *	171815	2.67	08/08	172140	240.00	08/09	172185	11.58
08/29 *	171868	25.00	08/08	172141	68.94	08/08	172186	4,787.74
08/28 *	171876	191.81	08/07	172142	1,040.00	08/09	172187	29.09
08/08 *	171883	171.98	08/09	172143	448.28	08/22	172188	1,980.00
08/01	171884	20.61	08/03	172144	49,923.72	08/08	172189	167.48
08/07 *	171890	15.00	08/08	172145	191.10	08/09	172190	1,155.07
08/07 *	171893	456.10	08/10	172146	2,187.85	08/09	172191	47,572.39
08/01	171894	59.18	08/04	172147	214.80	08/09	172192	125.95
08/10 *	171910	262.20	08/09	172148	1,333.33	08/09	172193	22.40
08/22 *	171922	15.53	08/08	172149	6,452.64	08/08	172194	149.00
08/28	171923	108.24	08/11	172150	1,012.00	08/11	172195	466.89
08/01 *	171926	15.59	08/08	172151	1,400.00	08/08	172196	57.50
08/01	171927	44.84	08/08	172152	1,415.00	08/08	172197	1,200.29
08/04 *	171932	30.40	08/08	172153	558.00	08/10	172198	7,169.69
08/01 *	171936	277.94	08/11	172154	558.03	08/09	172199	1,595.71
08/01	171937	275.18	08/11	172155	4,050.00	08/08	172200	20,106.00
08/02 *	171939	109.64	08/09	172156	34.29	08/07	172201	75.00
08/04 *	171949	85.50	08/08	172157	75.00	08/16	172202	80.00
08/08 *	171951	70.00	08/25	172158	2,024.50	08/14	172203	185.60
08/22 *	171953	37.62	08/11	172159	1,158.64	08/08	172204	79.50
08/04 *	171955	149.61	08/04	172160	1,402.50	08/09	172205	130.41
08/14 *	171990	200.00	08/10	172161	1,667.00	08/07 *	172207	5,756.84
08/01 *	171998	65.00	08/09	172162	1,040.00	08/09	172208	3,803.25
08/07 *	172034	5,000.00	08/09	172163	1,418.91	08/08	172209	548.11
08/01 *	172043	260.28	08/10	172164	8,811.03	08/10	172210	82.58
08/04 *	172049	47.62	08/09	172165	10,021.11	08/09	172211	841.57
08/02 *	172082	23.50	08/08	172166	2,000.00	08/09	172212	55.07

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
172522	08-21	$160.00	172550	08-23	$1,338.60	172575	08-25	$61.74
172523	08-23	$1,465.00	172551	08-23	$176.75	172576	08-23	$418.84
172524	08-23	$503.80	172552	08-23	$118.00	172577	08-23	$102.17
172525	08-24	$75.00	172554*	08-23	$43.75	172579*	08-21	$6,174.58
172526	08-17	$1,477.50	172556*	08-22	$10,024.47	172580	08-24	$19.53
172527	08-23	$11,231.75	172557	08-23	$50.00	172581	08-24	$322.60
172528	08-25	$2,817.50	172558	08-22	$118.45	172582	08-21	$43.28
172529	08-24	$867.42	172559	08-21	$421.54	172583	08-22	$41.25
172532*	08-24	$400.48	172560	08-24	$314.98	172584	08-22	$223.53
172533	08-23	$580.79	172561	08-22	$5,638.52	172585	08-28	$133.64
172534	08-23	$10,805.15	172562	08-23	$994.72	172586	08-23	$533.90
172535	08-23	$11,356.79	172563	08-22	$828.00	172587	08-24	$350.00
172536	08-28	$150.00	172564	08-22	$2.44	172588	08-22	$27,193.00
172537	08-18	$770.00	172565	08-18	$592.79	172589	08-23	$137.90
172538	08-23	$3,248.00	172566	08-22	$787.21	172590	08-23	$155.95
172540*	08-23	$375.00	172567	08-23	$571.85	172591	08-23	$35.21
172541	08-22	$1,982.50	172568	08-22	$825.00	172592	08-29	$108.94
172543*	08-22	$3,260.09	172569	08-22	$37.65	172593	08-24	$2,770.85
172544	08-21	$3,095.40	172570	08-21	$3,602.00	172594	08-29	$2,200.00
172545	08-22	$80.46	172571	08-23	$811.62	172595	08-22	$399.34
172547*	08-21	$73.98	172572	08-21	$72.53	172596	08-28	$153.18
172548	08-22	$677.92	172573	08-25	$1,373.17	172597	08-24	$820.46
172549	08-23	$687.85	172574	08-21	$930.68	172598	08-22	$2,550,665.00

OTHER DEBITS

Date	Description	Amount
08/02/2017	ACH Payment HARLAND CLARKE CHK ORDERS 1AUL862402212R5 91	$35.34
08/11/2017	ACH Payment IRS USATAXPYMT 220762362814867 6103601000161	$91,097.17
08/15/2017	ACH Payment TEXAS COUNTY DRS RECEIVABLE 0419 21000025883	$113,831.24
08/15/2017	ACH Payment MCKESSON DRUG AUTO ACH ACH03216640 910000145	$5,932.12
08/16/2017	ACH Payment EXPERTPAY EXPERTPAY 746003411 91000015091974	$213.81
08/18/2017	ACH Payment WEBFILE TAX PYMT DD 902/28072341 21000023068	$972.09
08/18/2017	Deposit Item Ret CK 1049	$80.00
08/18/2017	Dep Item Ret Chrg	$12.00
08/22/2017	ACH Payment MCKESSON DRUG AUTO ACH ACH03220309 910000104	$2,885.99
08/24/2017	ACH Payment CARDMEMBER SERV ELECT PYMT **********4378 4	$5,996.37
08/24/2017	ACH Payment PAYROLL ONLINE TRF PAYROLL 113122657391965	$253,346.48
08/25/2017	ACH Payment IRS USATAXPYMT 220763700609815 6103601000205	$92,174.48
08/28/2017	ACH Ret Chrg	$12.00
08/29/2017	ACH Payment MCKESSON DRUG AUTO ACH ACH03229090 910000103	$2,799.07

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
07-14	$0.00	08-09	$183,490.50	08-18	$4,382,867.86
08-01	$100.00	08-10	$185,950.22	08-21	$4,400,168.98
08-02	$69,483.84	08-11	$113,217.47	08-22	$1,793,989.57
08-03	$81,371.51	08-14	$183,656.82	08-23	$1,748,810.77
08-04	$102,389.05	08-15	$71,708.49	08-24	$1,488,149.23
08-07	$168,883.40	08-16	$79,550.34	08-25	$1,391,658.14
08-08	$176,615.57	08-17	$4,355,553.68	08-28	$1,412,646.25

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8/28/2017	Daily Ledger Bal		1412646
8/29/2017	Daily Ledger Bal		1407538
8/30/2017	Daily Ledger Bal		1410257
8/31/2017	Daily Ledger Bal		1410843
8/18/2017	Dep Item Ret Chrg	-12	4382868
8/28/2017	Dep Item Rtn ACH	1867.61	M1393526
8/2/2017	Deposit	291	65740.67
8/2/2017	Deposit	356	456
8/2/2017	Deposit	493.72	66234.39
8/2/2017	Deposit	583	3219.66
8/2/2017	Deposit	1237.26	67471.65
8/2/2017	Deposit	2047.53	69519.18
8/2/2017	Deposit	2180.66	2636.66
8/2/2017	Deposit	62230.01	65449.67
8/3/2017	Deposit	25	76233.95
8/3/2017	Deposit	99.96	81371.51
8/3/2017	Deposit	467	76700.95
8/3/2017	Deposit	2773.51	72257.35
8/3/2017	Deposit	3951.6	76208.95
8/3/2017	Deposit	4570.6	81271.55
8/4/2017	Deposit	115	100943.1
8/4/2017	Deposit	401	81772.51
8/4/2017	Deposit	1446	102389.1
8/4/2017	Deposit	19055.54	100828.1
8/7/2017	Deposit	20	166938.4
8/7/2017	Deposit	200	168883.4
8/7/2017	Deposit	414	167352.4
8/7/2017	Deposit	1330.98	168683.4
8/7/2017	Deposit	64529.37	166918.4
8/8/2017	Deposit	26.42	169827.9
8/8/2017	Deposit	280.1	169163.5
8/8/2017	Deposit	638	169801.5
8/8/2017	Deposit	1617.06	173878.6
8/8/2017	Deposit	2433.63	172261.6
8/8/2017	Deposit	2736.96	176615.6
8/9/2017	Deposit	97	183490.5
8/9/2017	Deposit	2037.93	183393.5
8/9/2017	Deposit	2301.38	181355.6
8/9/2017	Deposit	2438.43	179054.2
8/10/2017	Deposit	36.51	185652.2
8/10/2017	Deposit	298	185950.2
8/10/2017	Deposit	307.5	185111.3
8/10/2017	Deposit	504.38	185615.7
8/10/2017	Deposit	1313.33	184803.8
8/11/2017	Deposit	38.9	204314.6
8/11/2017	Deposit	96	204275.7
8/11/2017	Deposit	500	187322.8

8/22/2017	172598	Check	-2550665	1793990
8/22/2017	172588	Check	-27193	4387542
8/22/2017	172512	Check	-10458	4377084
8/22/2017	172556	Check	-10024.5	4344692
8/22/2017	172561	Check	-5638.52	4363028
8/22/2017	172543	Check	-3260.09	4369014
8/22/2017	172505	Check	-3236.62	4354717
8/22/2017	172501	Check	-2627	4358781
8/22/2017	172541	Check	-1982.5	4372433
8/22/2017	172515	Check	-1055.61	4374416
8/22/2017	172509	Check	-860.92	4361408
8/22/2017	172563	Check	-828	4357953
8/22/2017	172568	Check	-825	4376259
8/22/2017	172566	Check	-787.21	4375471
8/22/2017	172548	Check	-677.92	4362350
8/22/2017	172595	Check	-399.34	4414735
8/22/2017	172584	Check	-223.53	4368666
8/22/2017	172520	Check	-121.46	4368892
8/22/2017	172558	Check	-118.45	4372274
8/22/2017	172545	Check	-80.46	4362269
8/22/2017	172583	Check	-41.25	4372392
8/22/2017	172569	Check	-37.65	4344655
8/22/2017	172564	Check	-2.44	4368890
8/23/2017	172535	Check	-11356.8	1764604
8/23/2017	172527	Check	-11231.8	1778810
8/23/2017	172534	Check	-10805.2	1749826
8/23/2017	172538	Check	-3248	1761238
8/23/2017	172500	Check	-2178.14	1798415
8/23/2017	172518	Check	-2177.08	1776633
8/23/2017	172507	Check	-1707.11	1791545
8/23/2017	172523	Check	-1465	1795435
8/23/2017	172550	Check	-1338.6	1796900
8/23/2017	61940	Check	-1014.98	1748811
8/23/2017	172562	Check	-994.72	1800593
8/23/2017	172571	Check	-811.62	1794521
8/23/2017	172549	Check	-687.85	1793677
8/23/2017	172533	Check	-580.79	1790041
8/23/2017	172567	Check	-571.85	1760666
8/23/2017	172586	Check	-533.9	1775961
8/23/2017	172524	Check	-503.8	1791041
8/23/2017	172576	Check	-418.84	1790622
8/23/2017	172540	Check	-375	1793252
8/23/2017	172551	Check	-176.75	1798238
8/23/2017	172590	Check	-155.95	1794365
8/23/2017	172589	Check	-137.9	1776495
8/23/2017	172552	Check	-118	1764486
8/23/2017	172577	Check	-102.17	1795332

8/11/2017	Deposit	872.56	186822.8
8/11/2017	Deposit	16856.96	204179.7
8/14/2017	Deposit	128.19	180649
8/14/2017	Deposit	131	179794.5
8/14/2017	Deposit	557.88	181206.9
8/14/2017	Deposit	726.32	180520.8
8/14/2017	Deposit	2449.97	183656.8
8/14/2017	Deposit	66445.99	179663.5
8/15/2017	Deposit	161	190947.9
8/15/2017	Deposit	239.64	190786.9
8/15/2017	Deposit	524	191471.9
8/15/2017	Deposit	721	190547.2
8/15/2017	Deposit	1910.21	185567.1
8/15/2017	Deposit	4259.13	189826.2
8/16/2017	Deposit	607.1	78994.15
8/16/2017	Deposit	716.18	78387.05
8/16/2017	Deposit	770	79764.15
8/16/2017	Deposit	2298.69	74007.18
8/16/2017	Deposit	3663.69	77670.87
8/17/2017	Deposit	7.5	81955.55
8/17/2017	Deposit	38.17	81868.05
8/17/2017	Deposit	80	81948.05
8/17/2017	Deposit	320	81829.88
8/17/2017	Deposit	1959.54	81509.88
8/17/2017	Deposit	4275076	4357031
8/18/2017	Deposit	29.01	4357130
8/18/2017	Deposit	379	4356562
8/18/2017	Deposit	538.59	4357101
8/18/2017	Deposit	629.67	4356183
8/18/2017	Deposit	28164.79	4385295
8/21/2017	Deposit	44.82	4439787
8/21/2017	Deposit	110	4440613
8/21/2017	Deposit	200	4439742
8/21/2017	Deposit	669	4441282
8/21/2017	Deposit	716.05	4440503
8/21/2017	Deposit	3501.46	4439542
8/21/2017	Deposit	33429.9	4436040
8/22/2017	Deposit	80	4417344
8/22/2017	Deposit	675.96	4418020
8/22/2017	Deposit	1114.63	4417264
8/22/2017	Deposit	15980.4	4416149
8/23/2017	Deposit	28.05	1801631
8/23/2017	Deposit	179	1801603
8/23/2017	Deposit	180.96	1800900
8/23/2017	Deposit	524.24	1801424
8/23/2017	Deposit	1220.9	1800719
8/24/2017	Deposit	40	1767472

IBC

BANK

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

CUSTOMER

8/NE/131/019/1601

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

STATEMENT

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08/01/2017 to 08/31/2017
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
53,850.66	1	820.46	16	54,060.09	611.03

Deposits (Credits)

Date	Deposit#	Amount
08/23		820.46

Checks (Debits)

Date	Check #	Amount	Date	Check #	Amount	Date	Check #	Amount
08/04	10427	242.95	08/07	10445	303.27	08/24	10450	33.27
08/01 *	10439	3,170.36	08/25	10446	134.45	08/04	10451	3,837.43
08/08 *	10441	38.76	08/03	10447	41,220.75	08/23	10452	1,056.64
08/09	10442	46.73	08/07	10448	2,151.39	08/04	10453	102.11
08/09	10443	876.00	08/07	10449	30.32	08/04 *	10455	475.54
08/08	10444	340.12						

* Indicates a skip in check number sequence

Daily Ending Balance

08/01	50,680.30	08/07	2,316.54	08/23	778.75
08/03	9,459.55	08/08	1,937.66	08/24	745.48
08/04	4,801.52	08/09	1,014.93	08/25	611.03

Announcing Same-Day ACH Processing

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IBC Bank offers several easy-to-use tools to help manage your account, and check your balances, such as:

> MyIBC Bank Online
> Mobile Banking
> IBC Voice
> Account Alerts
> Funds Transfers

If you have any questions, please contact your account officer or IBC customer service by calling your local IBC Voice number and choosing option 0. Thank you for banking with IBC Bank.

CAL CO INDIGENT HEALTHCARE *4551

$10,024.76
Available Balance
as of 9/25/2017 12:13 PM

$10,746.58
Previous Day Balance

Balance Adjustment
-$721.82

ACTIVITY
2 recent

ALERTS
Manage Alerts

Date Range 08/01/2017 - 08/31/2017

NOTICE: ACH items that display with a description of "ACH DR Eff mm/dd/yy" or "ACH CR Eff mm/dd/yy" are pending items and will not affect your running balance, and are not available until the effective date listed in the description.

Date	Description	Category	Credit	Debit	Balance
8/31/2017	*Daily Ledger Balance*				*3,906.35*
8/31/2017	Accr Earning Pymt Added to Account	*Select one*	1.33		3,906.35
8/18/2017	*Daily Ledger Balance*				*3,905.02*
8/18/2017	Deposit	*Select one*	770.00		3,905.02
8/02/2017	*Daily Ledger Balance*				*3,135.02*
8/02/2017	ACH Payment HARLAND CLARKE CHK ORDERS 1AUL968102212R591	*Select one*		35.34	3,135.02
8/01/2017	*Daily Ledger Balance*				*3,170.36*

MEMORIAL MEDICAL CENTER - PRIVATE WAIV... *4373

$816,905.77
Available Balance
as of 9/25/2017 12:14 PM

$816,905.77
Previous Day Balance

ACTIVITY
no recent

ALERTS
Manage Alerts

Date Range 08/01/2017 - 08/31/2017

NOTICE: ACH items that display with a description of "ACH DR Eff mm/dd/yy" or "ACH CR Eff mm/dd/yy" are pending items and will not affect your running balance, and are not available until the effective date listed in the description.

Date	Description	Category	Credit	Debit	Balance
8/31/2017	*Daily Ledger Balance* •••				*816,905.77*
8/31/2017	Accr Earning Pymt Added to Account •••	*Select one*	312.10		816,905.77
8/07/2017	*Daily Ledger Balance* •••				*816,593.67* ✓

IBC

BANK

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

CUSTOMER

8/NE/131/019/1391
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH ASHFORD
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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08/01/2017 to 08/31/2017
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
117,267.48	44	254,591.54	5	260,081.16	111,777.86

Checks (Debits)

Date	Check #	Amount
08/01	17	100.00

Electronic Activity

	Credits		
08/01	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17072912502679	4,785.13
08/01	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17073114200128	3,144.27
08/01	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1326436189	226.20
08/01	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005	76.50
08/02	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	3,670.21
08/03	Electronic Deposit	MANAGEANDNET1718 MNS PMNT 93	220.00
08/07	Electronic Deposit	MANAGEANDNET1718 MNS PMNT 93	2,295.00
08/07	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17080313900004	23.38
08/08	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005	25,897.13
08/08	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17080519001919	6,773.27
08/09	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1326436189	8,241.02
08/09	Electronic Deposit	CENTENE CORP HCCLAIMPMT	1,485.96
08/11	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1326436189	85.22
08/14	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17081015401303	7,029.20
08/14	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1326436189	247.10
08/16	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1326436189	358.82
08/17	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005	6,587.25
08/18	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	59,088.81
08/18	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1326436189	9,180.44
08/18	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1326436189	3,498.77
08/21	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1326436189	2,385.48
08/21	Electronic Deposit	CENTENE CORP HCCLAIMPMT	1,733.62
08/21	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005	1,173.77
08/22	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17081819000051	22,588.99
08/22	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	9,531.02
08/23	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005	3,091.55
08/23	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17082117800423	1,992.82
08/23	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1326436189	900.13
08/28	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17082313800247	5,405.85
08/28	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1326436189	4,600.41
08/28	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	2,338.95
08/28	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1326436189	1,804.75
08/28	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17082313800238	1,479.86
08/28	Electronic Deposit	CENTENE CORP HCCLAIMPMT	866.81
08/28	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005	866.81
08/28	Electronic Deposit	MANAGEANDNET1718 MNS PMNT 93	202.50
08/29	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17082513201531	17,360.70
08/29	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17082613602506	6,035.94

IBC

BANK

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311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER

8/NE/131/019/1392
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH ASHFORD
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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08/01/2017 to 08/31/2017
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08/29	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17082513602199	1,697.01
08/30	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005	7,590.47
08/30	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	272.69
08/31	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17082911800746	16,275.26
08/31	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17082913001728	1,347.47
08/31	Electronic Deposit	MANAGEANDNET1718 MNS PMNT 93	135.00
	Debits		
08/01	Outgoing Wire	0193 ASHFORD HEALTH CARE CENTER LTD	117,092.08
08/10	Outgoing Wire	0105 ASHFORD HEALTH CARE CENTER LTD	12,097.71 ✓
08/18	Outgoing Wire	0570 ASHFORD HEALTH CARE CENTER LTD	52,077.28 ✓
08/23	Outgoing Wire	0394 ASHFORD HEALTH CARE CENTER LTD	78,714.09

Daily Ending Balance

08/01	8,307.50	08/11	44,900.98	08/22	116,226.97
08/02	11,977.71	08/14	52,177.28	08/23	43,497.38
08/03	12,197.71	08/16	52,536.10	08/28	61,063.32
08/07	14,516.09	08/17	59,123.35	08/29	86,156.97
08/08	47,186.49	08/18	78,814.09	08/30	94,020.13
08/09	56,913.47	08/21	84,106.96	08/31	111,777.86
08/10	44,815.76				

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CUSTOMER

8/NE/131/019/1398
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH BROADMOOR
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STATEMENT

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08/01/2017 to 08/31/2017
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92,758.50	25	478,767.40	5	366,368.98	205,156.92

Checks (Debits)

Date	Check #	Amount
08/01	18	100.00

Electronic Activity

Credits

08/01	Electronic Deposit	HUMANA INS CO HCCLAIMPMT 390861	7,785.69
08/01	Electronic Deposit	HUMANA INS CO HCCLAIMPMT 390861	2,742.59
08/02	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	9,593.49
08/08	Electronic Deposit	HUMANA INS CO HCCLAIMPMT 390861	2,401.83
08/08	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113004	896.61
08/09	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1669860433	3,470.13
08/11	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113004	13,950.81
08/17	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	56,947.65
08/17	Electronic Deposit	HHP HCCLAIMPMT 390861	9,240.82
08/17	Electronic Deposit	HUMANA INS CO HCCLAIMPMT 390861	5,280.47
08/18	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	157,351.91
08/18	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1669860433	2,314.86
08/18	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1669860433	1,733.62
08/21	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	86,370.51
08/21	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17081616600328	1,155.38
08/22	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	57,463.08
08/22	Electronic Deposit	HUMANA INS CO EFPAYMENT 390861	20,036.20
08/22	Electronic Deposit	HUMANA INS CO EFPAYMENT 390861	11,023.94
08/23	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	13,050.38
08/24	Electronic Deposit	HUMANA INS CO EFPAYMENT 390861	3,115.65
08/24	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	2,619.14
08/24	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113004	553.10
08/25	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113004	5,099.50
08/28	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	3,412.61
08/28	Electronic Deposit	Molina HC of TX BCCLAIMPMT PN1669860433	1,157.43

Debits

08/01	Outgoing Wire	0197 CANTEX HEALTH CARE CENTERS III	92,658.50
08/10	Outgoing Wire	0109 CANTEX HEALTH CARE CENTERS III	20,021.77
08/18	Outgoing Wire	0573 CANTEX HEALTH CARE CENTERS III	20,719.38
08/23	Outgoing Wire	0397 CANTEX HEALTH CARE CENTERS III	232,869.33

Daily Ending Balance

08/01	10,528.28	08/10	6,868.57	08/21	320,495.22
08/02	20,121.77	08/11	20,819.38	08/22	409,018.44
08/08	23,420.21	08/17	92,288.32	08/23	189,199.49
08/09	26,890.34	08/18	232,969.33	08/24	195,487.38

BANK
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08/25	200,586.88	08/28	205,156.92

Announcing Same-Day ACH Processing

Changes to the rules for Automated Clearing House (ACH) credits and debits are going into effect September 15, 2017. These changes mean that electronic credits and debits (including checks that you issue which are subsequently processed as electronic debits), may be eligible for processing on the same day that they are authorized by you. This results in a faster payment system, which has great benefit when you are receiving a payment, but also means that payments you make may clear your account sooner than they have before. This change applies to all financial institutions and merchants/vendors offering ACH services and all account holders receiving ACH transactions.

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

CUSTOMER

8/NE/131/019/1396
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH CRESCENT
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

CUSTOMER NO.	PAGE NO.
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STATEMENT PERIOD: 08/01/2017 to 08/31/2017

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
96,849.22	27	360,131.61	4	351,003.38	105,977.45

Checks (Debits)

Date	Check #	Amount
08/01	13	100.00

Electronic Activity

Credits

08/01	Electronic Deposit	HUMANA INS CO HCCLAIMPMT 390864	1,354.41
08/07	Electronic Deposit	HUMANA INS CO HCCLAIMPMT 390864	16,488.85
08/07	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17080313100178	2,742.71
08/08	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17080519001916	5,646.26
08/09	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1669860425	6,838.72
08/10	Electronic Deposit	MANAGEANDNET1718 MNS PMNT 3268	4,996.80
08/11	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17080910501409	2,328.27
08/11	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17080919400519	1,549.53
08/16	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	20,605.00
08/16	Electronic Deposit	MANAGEANDNET1718 MNS PMNT 3268	4,902.60
08/18	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	176,709.26
08/18	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1669860425	10,091.75
08/21	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17081616600274	20,804.65
08/21	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	3,338.36
08/21	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113008	2,632.00
08/22	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	2,508.16
08/23	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17081916800507	14,428.57
08/23	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17081912403678	7,882.21
08/23	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	3,426.24
08/23	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1669860425	2,138.00
08/23	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17081915600979	1,478.26
08/25	Electronic Deposit	HUMANA INS CO HCCLAIMPMT 390864	15,940.17
08/28	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1669860425	4,158.73
08/29	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113008	6,152.17
08/31	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113008	15,442.89
08/31	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17082911800744	4,807.91
08/31	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17082912500521	739.13

Debits

08/01	Outgoing Wire	0196 CANTEX HEALTH CARE CENTERS III	95,565.76
08/18	Outgoing Wire	0572 CANTEX HEALTH CARE CENTERS III	43,029.01
08/23	Outgoing Wire	0396 CANTEX HEALTH CARE CENTERS III	212,308.61

Daily Ending Balance

08/01	2,537.87	08/09	34,254.41	08/16	68,636.61
08/07	21,769.43	08/10	39,251.21	08/18	212,408.61
08/08	27,415.69	08/11	43,129.01	08/21	239,183.62

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08/01/2017 to 08/31/2017
STATEMENT PERIOD

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08/22	241,691.78	08/25	74,676.62	08/29	84,987.52
08/23	58,736.45	08/28	78,835.35	08/31	105,977.45

Announcing Same-Day ACH Processing

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Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
48,470.24	28	198,359.09	5	183,809.35	63,019.98

Checks (Debits)

Date	Check #	Amount
08/01	14	100.00

Electronic Activity

Credits

08/02	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663	7,798.26
08/03	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1730577503	118.74
08/04	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1730577503	781.80
08/07	Electronic Deposit	HUMANA INS CO HCCLAIMPMT 390863	1,300.54
08/08	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17080519001917	13,200.53
08/08	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113006	1,564.53
08/09	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1730577503	8,082.31
08/09	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1730577503	5,808.69
08/09	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113006	5,758.16
08/09	Electronic Deposit	CENTENE CORP HCCLAIMPMT	1,897.80
08/14	Electronic Deposit	HUMANA INS CO EFPAYMENT 390863	7,628.34
08/15	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113006	1,690.93
08/15	Electronic Deposit	HUMANA INS CO EFPAYMENT 390863	163.58
08/17	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113006	12,858.35
08/18	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663	61,539.88
08/18	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113006	5,246.67
08/21	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1730577503	15,246.93
08/21	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663	6,985.04
08/21	Electronic Deposit	CENTENE CORP HCCLAIMPMT	2,214.10
08/21	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113006	1,392.41
08/23	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17081912403679	15,566.00
08/23	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1730577503	1,675.76
08/24	Electronic Deposit	HUMANA INS CO EFPAYMENT 390863	1,074.01
08/24	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663	842.80
08/28	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1730577503	7,064.15
08/29	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113006	696.21
08/30	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113006	9,055.52
08/30	Electronic Deposit	CENTENE CORP HCCLAIMPMT	1,107.05

Debits

08/01	Outgoing Wire	0198 CANTEX HEALTH CARE CENTERS III	48,270.24
08/10	Outgoing Wire	0111 CANTEX HEALTH CARE CENTERS III	8,698.80
08/18	Outgoing Wire	0574 CANTEX HEALTH CARE CENTERS III	45,240.90
08/23	Outgoing Wire	0398 CANTEX HEALTH CARE CENTERS III	81,499.41

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Daily Ending Balance

08/01	100.00	08/09	46,411.36	08/21	107,437.89
08/02	7,898.26	08/10	37,712.56	08/23	43,180.24
08/03	8,017.00	08/14	45,340.90	08/24	45,097.05
08/04	8,798.80	08/15	47,195.41	08/28	52,161.20
08/07	10,099.34	08/17	60,053.76	08/29	52,857.41
08/08	24,864.40	08/18	81,599.41	08/30	63,019.98

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08/01/2017 to 08/31/2017
STATEMENT PERIOD

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Regular Checking — Account Recap — Account Number -

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600,248.67	58	851,213.22	5	788,457.56	663,004.33

Checks (Debits)

Date	Check #	Amount
08/01	14	100.00

Electronic Activity

	Credits		
08/01	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17072912502681	3,505.08
08/01	Electronic Deposit	HUMANA INS CO HCCLAIMPMT 390862	390.95
08/02	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	2,606.36
08/04	Electronic Deposit	HUMANA INS CO EFPAYMENT 390862	20,305.90
08/04	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	2,338.95
08/07	Electronic Deposit	HUMANA INS CO HCCLAIMPMT 390862	8,811.16
08/07	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	8,460.21
08/08	Electronic Deposit	HUMANA INS CO HCCLAIMPMT 390862	12,926.16
08/08	Electronic Deposit	HUMANA INS CO HCCLAIMPMT 390862	8,222.31
08/08	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17080519001921	2,724.77
08/08	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113007	1,501.58
08/08	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	847.05
08/09	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1497143259	4,636.46
08/09	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1497143259	3,778.42
08/09	Electronic Deposit	MANAGEANDNET1718 MNS PMNT 2482	312.30
08/10	Electronic Deposit	HUMANA INS CO EFPAYMENT 390862	18,812.53
08/11	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17080910501414	1,295.34
08/14	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17081015401306	6,008.68
08/15	Electronic Deposit	HHP TEXAS HCCLAIMPMT 390862	164.50
08/16	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	47,740.00
08/18	Electronic Deposit	HHP TEXAS HCCLAIMPMT 390862	11,277.06
08/18	Electronic Deposit	HUMANA INS CO HCCLAIMPMT 390862	8,687.80
08/18	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1497143259	6,803.69
08/18	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1497143259	4,408.16
08/18	Electronic Deposit	MANAGEANDNET1718 MNS PMNT 2482	1,260.00
08/18	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1497143259	408.89
08/18	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	74.58
08/21	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	450,357.29
08/21	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113007	5,837.99
08/21	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1497143259	1,691.62
08/22	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	48,328.33
08/22	Electronic Deposit	HUMANA INS CO EFPAYMENT 390862	23,363.34
08/22	Electronic Deposit	HUMANA INS CO EFPAYMENT 390862	8,484.26
08/22	Electronic Deposit	MANAGEANDNET1718 MNS PMNT 2482	2,842.99
08/23	Electronic Deposit	MANAGEANDNET1718 MNS PMNT 2482	7,807.50
08/23	Electronic Deposit	HUMANA INS CO HCCLAIMPMT 390862	7,705.02
08/23	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	5,202.52
08/23	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17081912403682	1,386.39

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STATEMENT

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08/01/2017 to 08/31/2017
STATEMENT PERIOD

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08/24	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	4,915.83
08/24	Electronic Deposit	MANAGEANDNET1718 MNS PMNT 2482	1,422.00
08/25	Electronic Deposit	HUMANA INS CO HCCLAIMPMT 390862	33,412.44
08/25	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	2,005.05
08/28	Electronic Deposit	MANAGEANDNET1718 MNS PMNT 2482	6,669.00
08/28	Electronic Deposit	HUMANA INS CO HCCLAIMPMT 390862	6,598.71
08/28	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17082313800248	4,515.08
08/28	Electronic Deposit	HHP HCCLAIMPMT 390862	3,683.84
08/28	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1497143259	2,204.08
08/28	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1497143259	846.74
08/28	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113007	675.55
08/29	Electronic Deposit	HUMANA INS CO HCCLAIMPMT 390862	14,455.57
08/29	Electronic Deposit	MANAGEANDNET1718 MNS PMNT 2482	2,844.00
08/29	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17082513201534	2,804.72
08/29	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1497143259	1,315.45
08/29	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17082513602202	1,218.33
08/29	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1497143259	845.81
08/30	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	6,150.82
08/31	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17082911800747	2,787.80
08/31	Electronic Deposit	HUMANA INS CO HCCLAIMPMT 390862	526.26

Debits

08/01	Outgoing Wire	0194 CANTEX HEALTH CARE CENTERS LLC	597,942.30
08/10	Outgoing Wire	0106 CANTEX HEALTH CARE CENTERS LLC	31,253.61
08/18	Outgoing Wire	0571 CANTEX HEALTH CARE CENTERS LLC	78,336.97
08/23	Outgoing Wire	0395 CANTEX HEALTH CARE CENTERS LLC	80,824.68

Daily Ending Balance

08/01	6,102.40	08/11	72,428.29	08/23	563,107.25
08/02	8,708.76	08/14	78,436.97	08/24	569,445.08
08/04	31,353.61	08/15	78,601.47	08/25	604,862.57
08/07	48,624.98	08/16	126,341.47	08/28	630,055.57
08/08	74,846.85	08/18	80,924.68	08/29	653,539.45
08/09	83,574.03	08/21	538,811.58	08/30	659,690.27
08/10	71,132.95	08/22	621,830.50	08/31	663,004.33

MEMORIAL MEDICAL CENTER / NH ASHFORD *4381

$251,339.97
Available Balance
as of 9/25/2017 11:58 AM

$251,339.97
Previous Day Balance

ACTIVITY
no recent

ALERTS
Manage Alerts

Date Range 08/01/2017 - 08/31/2017

NOTICE: ACH items that display with a description of "ACH DR Eff mm/dd/yy" or "ACH CR Eff mm/dd/yy" are pending items and will not affect your running balance, and are not available until the effective date listed in the description.

Date	Description	Category	Credit	Debit	Balance
8/31/2017	*Daily Ledger Balance*				*234,193.01*
8/31/2017	Accr Earning Pymt Added to Account	*Select one*	27.01		234,193.01
8/24/2017	*Daily Ledger Balance*				*234,166.00*
8/24/2017	Wire Transfer Dep WIRE IN CANTEX HEALTH CARE CENTERS LLC	*Select one*	234,066.00		234,166.00
8/23/2017	*Daily Ledger Balance*				*100.00*
8/23/2017	CM Wire Domestic WIRE OUT ASHFORD HEALTH CARE CENTER LTD	*Select one*		13,532.39	100.00
8/18/2017	*Daily Ledger Balance*				*13,632.39*
8/18/2017	CM Wire Domestic WIRE OUT ASHFORD HEALTH CARE CENTER LTD	*Select one*		66,150.29	13,632.39
8/18/2017	Deposit	*Select one*	13,532.39		79,782.68
8/14/2017	*Daily Ledger Balance*				*66,250.29*

MEMORIAL MEDICAL CENTER / NH BROADMO... *4403

$227,515.89
Available Balance
as of 9/25/2017 12:09 PM

$227,515.89
Previous Day Balance

ACTIVITY
no recent

ALERTS
Manage Alerts

Date Range 08/01/2017 - 08/31/2017

NOTICE: ACH items that display with a description of "ACH DR Eff mm/dd/yy" or "ACH CR Eff mm/dd/yy" are pending items and will not affect your running balance, and are not available until the effective date listed in the description.

Date	Description	Category	Credit	Debit	Balance
8/31/2017	*Daily Ledger Balance*				*845,534.86*
8/31/2017	Accr Earning Pymt Added to Account	*Select one*	100.09		845,534.86
8/23/2017	*Daily Ledger Balance*				*845,434.77*
8/23/2017	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	*Select one*		42,674.83 ✓	845,434.77
8/23/2017	Wire Transfer Dep WIRE IN CANTEX HEALTH CARE CENTERS III LLC	*Select one*	845,334.77		888,109.60
8/18/2017	*Daily Ledger Balance*				*42,774.83*
8/18/2017	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	*Select one*		58,918.34 ✓	42,774.83
8/18/2017	Deposit	*Select one*	42,674.83 ✓		101,693.17
8/14/2017	*Daily Ledger Balance*				*59,018.34*
8/14/2017	Deposit	*Select one*	58,918.34 ✓		59,018.34

MEMORIAL MEDICAL CENTER / NH CRESCENT *4411

$100,684.31
Available Balance
as of 9/25/2017 12:10 PM

$100,684.31
Previous Day Balance

ACTIVITY
no recent

ALERTS
Manage Alerts

Date Range 08/01/2017 - 08/31/2017

NOTICE: ACH items that display with a description of "ACH DR Eff mm/dd/yy" or "ACH CR Eff mm/dd/yy" are pending items and will not affect your running balance, and are not available until the effective date listed in the description.

Date	Description	Category	Credit	Debit	Balance
8/31/2017	*Daily Ledger Balance*				*102.15*
8/31/2017	Accr Earning Pymt Added to Account	Select one	2.15		102.15
8/23/2017	*Daily Ledger Balance*				*100.00*
8/23/2017	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	Select one		33,590.62	100.00
8/18/2017	*Daily Ledger Balance*				*33,690.62*
8/18/2017	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	Select one		21,643.02	33,690.62
8/18/2017	Deposit	Select one	33,590.62		55,333.64
8/14/2017	*Daily Ledger Balance*				*21,743.02*
8/14/2017	Deposit	Select one	21,643.02		21,743.02
8/10/2017	*Daily Ledger Balance*				*100.00*
8/10/2017	CM Wire Domestic WIRE OUT CANTEX	Select one		13,031.01	100.00

MEMORIAL MEDICAL CENTER / NH FORT BEND *4446

$68,912.67
Available Balance
as of 9/25/2017 12:11 PM

$68,912.67
Previous Day Balance

ACTIVITY
no recent

ALERTS
Manage Alerts

Date Range 08/01/2017 - 08/31/2017

NOTICE: ACH items that display with a description of "ACH DR Eff mm/dd/yy" or "ACH CR Eff mm/dd/yy" are pending items and will not affect your running balance, and are not available until the effective date listed in the description.

Date	Description	Category	Credit	Debit	Balance
8/31/2017	*Daily Ledger Balance*				*211,034.93*
8/31/2017	Accr Earning Pymt Added to Account	*Select one*	21.91		211,034.93
8/24/2017	*Daily Ledger Balance*				*211,013.02*
8/24/2017	Wire Transfer Dep WIRE IN CANTEX HEALTH CARE CENTERS III LLC	*Select one*	210,913.02		211,013.02
8/23/2017	*Daily Ledger Balance*				*100.00*
8/23/2017	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	*Select one*		13,180.08	100.00
8/18/2017	*Daily Ledger Balance*				*13,280.08*
8/18/2017	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	*Select one*		8,265.53	13,280.08
8/18/2017	Deposit	*Select one*	13,180.08		21,545.61
8/14/2017	*Daily Ledger Balance*				*8,365.53*

MEMORIAL MEDICAL CENTER / SOLERA AT W... *4438

$127,297.13
Available Balance
as of 9/25/2017 12:10 PM

$127,297.13
Previous Day Balance

ACTIVITY
no recent

ALERTS
Manage Alerts

Date Range 08/01/2017 - 08/31/2017

NOTICE: ACH items that display with a description of "ACH DR Eff mm/dd/yy" or "ACH CR Eff mm/dd/yy" are pending items and will not affect your running balance, and are not available until the effective date listed in the description.

Date	Description	Category	Credit	Debit	Balance
8/31/2017	*Daily Ledger Balance*				*105.05*
8/31/2017	Accr Earning Pymt Added to Account	*Select one*	5.05		105.05
8/23/2017	*Daily Ledger Balance*				*100.00*
8/23/2017	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	*Select one*		18,445.94	100.00
8/18/2017	*Daily Ledger Balance*				*18,545.94*
8/18/2017	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	*Select one*		81,476.57	18,545.94
8/18/2017	Deposit	*Select one*	18,445.94		100,022.51
8/14/2017	*Daily Ledger Balance*				*81,576.57*
8/14/2017	Deposit	*Select one*	81,476.57		81,576.57
8/10/2017	*Daily Ledger Balance*				*100.00*
8/10/2017	CM Wire Domestic WIRE OUT CANTEX	*Select one*		41,682.67	100.00

MEMORIAL MEDICAL / NH GOLDEN CREEK HE... *4454

$490,542.70
Available Balance
as of 9/25/2017 12:12 PM

$490,542.70
Previous Day Balance

ACTIVITY
no recent

ALERTS
Manage Alerts

Date Range 08/01/2017 - 08/31/2017

NOTICE: ACH items that display with a description of "ACH DR Eff mm/dd/yy" or "ACH CR Eff mm/dd/yy" are pending items and will not affect your running balance, and are not available until the effective date listed in the description.

Date	Description	Category	Credit	Debit	Balance
8/31/2017	*Daily Ledger Balance* •••				*64.69*
8/31/2017	Accr Earning Pymt Added to Account •••	*Select one*	0.03		64.69
8/02/2017	*Daily Ledger Balance* •••				*64.66*
8/02/2017	ACH Payment HARLAND CLARKE CHK ORDERS 1AUR339702212R591 •••	*Select one*		35.34	64.66
8/01/2017	*Daily Ledger Balance* •••				*100.00*