MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ----- November 9, 2017

PAYABLES AND PAYROLL			
9/5/2017	Payroll	253,962.57	
9/5/2017	Payroll by Check	7,316.93	
9/7/2017	Payroll by Check	3,767.68	
9/5/2017	Weekly Payables	507.32	
9/5/2017	Weekly Payables	1,147.50	
9/5/2017	Weekly Payables	2,410.00	
9/5/2017	Weekly Payables	483.89	
9/5/2017	Weekly Payables	342,915.37	
9/6/2017	McKesson Drugs	2,142.72	
9/6/2017	Med Impact	378.57	
9/6/2017	Weekly Payables	23,592.00	
9/7/2017	Payroll Liabilities	101,907.22	
9/11/2017	McKesson Drugs	6,342.59	
9/14/2017	Ashford Garden NH	32,129.81	
9/14/2017	Gold Creek Health Care	9,916.20	
9/14/2017	Miscellaneous Refunds	10,636.16	
9/14/2017	Patient Refunds	7,689.25	
9/14/2017	Solera West NH	3,021.15	
9/14/2017	The Broadmoor NH	8,954.08	
9/14/2017	Weekly Payables	831,609.05	
9/15/2017	TDCRS	113,755.62	
9/19/2017	McKesson Drugs	2,308.03	
9/19/2017	Payroll	238,247.52	
9/19/2017	Payroll by Check	3,508.75	
9/20/2017	Patient Refunds	883.92	
9/20/2017	Payroll by Check	70.19	
9/21/2017	Credit Card Invoice	1,037.89	
9/21/2017	Payroll by Check	5,341.06	
9/21/2017	Payroll Liabilities	86,710.55	
9/21/2017	Payroll Liabilities	2,207.69	
9/22/2017	Med Impact	532.09	
9/25/2017	McKesson Drugs	4,471.36	
9/27/2017	Weekly Payables	496,321.92	
9/29/2017	Med Impact	449.68	
9/30/2017	Monthly Electronic Transfers for Payroll Expenses(not incl above)	641.43	
9/30/2017	Monthly Electronic Transfers for Operating Expenses	6,570.88	
	Total Payables and Payroll		**$ 2,613,888.64**
INTER-GOVERNMENT TRANSFERS			
	Inter-Government Transfers for September 2017 - 2017 Final P	662,212.85	
	IGT DSRIP Audit Cost		
	Total Inter-Government Transfers		**$ 662,212.85**
INTRA-ACCOUNT TRANSFERS			
	Total Intra-Account Transfers		**$ -**
SUBTOTAL MEMORIAL MEDICAL CENTER DISBURSEMENTS			**$ 3,276,101.49**
INDIGENT HEALTHCARE FUND EXPENSES			**$ 31,731.82**
NURSING HOME UPL EXPENSES FOR September 2017			**$ 4,705,224.22**
IGT September 2017 MPAP NH Program			**$ -**
MMC Construction			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED November 9, 2017			**$ 8,013,057.53**

APPROVED
NOV 09 2017
CALHOUN COUNTY
COMMISSIONERS COURT

From IBC Bank to Prosperity Bank

Date	Check#	Name	Amount
9/14/2017	172376	MMC Operating Account	2,388,274.39

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- November 9, 2017

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

Adu Sports Medicine Clinic		445.77
Richard Arroyo-Diaz		215.80
William J. Crowley D.O.		804.78
HEB Pharmacy (Medimpact) Pharmacy Reimbursement		281.67
MMCenter (In-patient $4,500.00 / Out-patient $18,491.58 / ER $5,294.92)		28,286.50
Memorial Medical Clinic		2,166.43
Port Lavaca Clinic		599.45
Regional Employee Assistance		485.37
Singleton Associates, PA		392.69
Victoria Anesthesiology Assoc		157.65
Victoria Eye Center		151.56
Victoria Heart & Vascular Center		54.41
SUBTOTAL		**34,042.08**
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)		**4,166.67**
	Subtotal	38,208.75
Co-pays adjustments for September 2017		**(740.00)**
Reimbursement from Medicaid		**(5,736.93)**
TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES		**31,731.82**

800 11092017 01 CALHOUN COUNTY, TEXAS

DATE: 11/9/2017

CC Indigent Health Care

VENDOR # 852

ACCOUNT NUMBER	DESCRIPTION OF GOODS OR SERVICES	QUANTITY	UNIT PRICE	TOTAL PRICE
1000-800-98722-999	Transfer to pay bills for Indigent Health Care			$31,731.82
	approved by Commissioners Court on 11/9/2017			
1000-001-46010	September Interest ($9.81)			($9.81)
				$31,722.01

COUNTY AUDITOR APPROVAL ONLY

APPROVED ON NOV - 3 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. Pfeiffer 11/9/17

DEPARTMENT HEAD DATE

MEMORIAL MEDICAL CENTER - IBC

COMMISSIONERS COURT APPROVAL LIST FOR ---- November 9, 2017

Nursing Home UPL

Weekly Cantex Transfer

IN	OUT		ACH Deposits	ACH Transfers
8/21/17 - 8/31/17	9/11/2017	Ashford-4553	111,677.86	111,677.86
9/1/2017	9/11/2017	Ashford-4553	17,154.65	17,154.65
9/5/17 - 9/22/17	9/26/2017	Ashford-4553	126,972.91	126,972.91
9/25/17 - 9/29/17		Ashford-4553	82,749.90	
8/21/17 - 8/28/17	9/11/2017	Broadmoor-4596	205,056.92	205,056.92
9/1/2017	9/11/2017	Broadmoor-4596	12,394.50	12,394.50
9/5/17 - 9/22/17	9/26/2017	Broadmoor-4596	347,690.30	347,690.30
9/26/17 - 9/29/17		Broadmoor-4596	43,527.02	
8/21/17 - 08/31/17	9/11/2017	Crescent-4588	105,877.45	105,877.45
9/8/17 - 9/22/17	9/26/2017	Crescent-4588	238,145.78	238,145.78
9/26/17-9/29/17		Crescent-4588	21,525.34	
8/21/17 - 8/30/17	9/11/2017	Fort Bend-4618	62,919.98	62,919.98
9/1/2017	9/11/2017	Fort Bend-4618	1,828.15	1,828.15
9/5/17 - 9/22/17	9/26/2017	Fort Bend-4618	130,596.00	130,596.00
9/25/17 - 9/27/17		Fort Bend-4618	38,152.58	
8/21/17 - 8/31/17	9/11/2017	Solera-4561	662,904.33	662,904.33
9/1/2017	9/11/2017	Solera-4561	53,975.95	53,975.95
9/6/17 - 9/22/17	9/26/2017	Solera-4561	72,030.21	72,030.21
9/25/17-9/29/17		Solera-4561	538,504.16	
SUBTOTAL			1,725,247.45	2,149,224.99

MMC to NH Transfer

Total

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

TOTAL APPROVED NURSING HOME WEEKLY CANTEX TRANSFERS	**2,149,224.99**

MEMORIAL MEDICAL CENTER - Prosperity Bank

COMMISSIONERS COURT APPROVAL LIST FOR ---- November 9, 2017

Nursing Home UPL

Weekly Cantex Transfer

IN		OUT		ACH Deposits	ACH Transfers
8/24/17 - 8/31/17		9/6/2017	Ashford - 4381	234,093.01	234,093.01
9/8/17 - 9/21/17		9/25/2017	Ashford-4381	251,212.96	251,212.96
8/31/2017	earnings		Ashford-4381	27.01	
9/30/2017	earnings		Ashford-4381	47.13	
9/29/17 - 9/30/17			Ashford-4381	26,679.87	
8/23/17 - 8/31/17		9/8/2017 & 9/11/17	Broadmoor-4403	845,434.86	845,434.86
9/8/17 - 9/21/17		9/25/2017	Broadmoor-4403	227,415.89	227,315.80
8/31/2017	earnings		Broadmoor-4403	100.09	
9/30/2017	earnings		Broadmoor-4403	117.06	
9/26/17 - 9/30/17			Broadmoor-4403	87,201.78	
9/8/17 - 9/21/17		9/25/2017	Crescent-4411	100,582.16	100,582.16
8/31/2017	earnings		Crescent-4411	2.15	
9/30/2017	earnings		Crescent-4411	14.23	
9/26/17 - 9/30/17			Crescent-4411	11,651.63	
			Crescent-4411		
			Crescent-4588		
			Crescent-4588		
8/23/17 - 8/31/17		9/8/2017	Fort Bend-4446	210,934.93	210,934.93
9/8/17 - 9/21/17		9/26/2017	Fort Bend-4446	68,812.67	68,790.76
8/31/2017	earnings		Fort Bend-4446	21.91	
9/30/2017	earnings		Fort Bend-4446	27.42	
9/8/17 - 9/21/17			Fort Bend-4446	12,202.89	
			Fort Bend-4618		
			Fort Bend-4618		
9/8/17 - 9/21/17		9/25/2017	Solera-4438	127,192.08	127,192.08
8/31/2017	earnings		Solera-4438	5.05	
9/30/2017	earnings		Solera-4438	15.14	
9/26/17 - 9/30/17			Solera-4438	11,747.59	
			Solera-4438		
			Solera-4561		
9/12/2017		9/26/2017	Golden Creek - 4454	333,273.22	333,273.22
9/21/2017		9/26/2017	Golden Creek - 4454	157,204.79	157,169.45
8/31/2017	earnings			0.03	
9/30/2017	earnings			61.19	
SUBTOTAL				2,471,924.54	2,555,999.23
					ACH Transfers
		IGT September 2017 MPAP NHP			-
SUBTOTAL				**$** -	**$** -

TOTAL APPROVED NURSING HOME WEEKLY CANTEX TRANSFERS	**2,555,999.23**

MEMORIAL MEDICAL CENTER CONSTRUCTION ACCOUNT

COMMISSIONERS COURT APPROVAL LIST FOR ----November 9, 2017

PAYABLES	$ -
GRAND TOTAL DISBURSEMENTS APPROVED November 9, 2017	-

Issued 11/03/17

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 10/01/2017 through 10/01/2017
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	13,250.90	2,550.38
01-2	Physician Services- Anesthesia	702.00	157.65
02	Prescription Drugs	473.67	281.67
08	Rural Health Clinics	3,473.00	2,765.88
13	Mmc - Inpatient Hospital	17,852.46	4,500.00
14	Mmc - Hospital Outpatient	62,695.58	18,491.58
15	Mmc - Er Bills	16,546.63	5,294.92
	Expenditures	115,059.04	34,106.88
	Reimb/Adjustments	-64.80	-64.80
	Grand Total	**114,994.24**	**34,042.08**

Medicaid Reimbursements	-5,736.93
Copays	-740.00
Expenses	4,166.67
Totals	31,731.82

APPROVED
ON
NOV - 3 2017
BY
CALHOUN COUNTY AUDITOR

MEMORIAL MEDICAL CENTER

So Much...So Close!

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

Date: 10/1/2017
Invoice # 8
For: September

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
NOV - 3 2017
BY
CALHOUN COUNTY AUDITOR

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Calhoun County Indigent Account

Date Requested: 10/9/2017

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

APPROVED ON NOV - 3 2017 BY CALHOUN COUNTY AUDITOR

AMOUNT $740.00

G/L NUMBER: 50240000

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

September 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 CODE	CASH ACCOUNT
[redacted]												
50240.000	09/08/17	471462	CA	[redacted]	10.00	10.00			00/00/00	ARK		2
50240.000	09/08/17	471468	CA	[redacted]	10.00	10.00			00/00/00	ARK		2
50240.000	09/20/17	472327	CA	[redacted]	10.00	10.00			00/00/00	ARK		2
50240.000	09/25/17	472790	MC	[redacted]	10.00	10.00			00/00/00	ARK		2
50240.000	09/18/17	472060	CA	[redacted]	10.00	10.00			00/00/00	CAS		2
50240.000	09/26/17	472831	CA	[redacted]	10.00	10.00			00/00/00	CAS		2
50240.000	09/26/17	472894	CA	[redacted]	10.00	10.00			00/00/00	CAS		2
50240.000	09/27/17	472995	CA	[redacted]	10.00	10.00			00/00/00	CAS		2
50240.000	09/29/17	473165	CA	[redacted]	10.00	10.00			00/00/00	CAS		2
50240.000	09/12/17	471680	CA	[redacted]	10.00	10.00			00/00/00	JY		2
50240.000	09/27/17	472971	CA	[redacted]	10.00	10.00			00/00/00	JY		2
50240.000	09/01/17	470924	CA	[redacted]	10.00	10.00			00/00/00	PLB		2

G/L NUMBER	DATE	RECEIPT NUMBER	PAY TYPE	PAYER	CASH AMOUNT	RECEIPT AMOUNT	NUMBER	NAME	DISC DATE	COLL INIT	GL CODE	CASH ACCOUNT
50240.000	09/05/17	470918	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	09/05/17	470953	MC	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	09/06/17	471003	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	09/06/17	471143	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	09/07/17	471304	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	09/07/17	471323	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	09/08/17	471467	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	09/08/17	471474	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	09/08/17	471475	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	09/08/17	471499	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	09/11/17	471525	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	09/11/17	471529	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	09/11/17	471534	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	09/11/17	471535	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	09/11/17	471538	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	09/11/17	471540	CK	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	09/11/17	471549	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	09/11/17	471557	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	09/11/17	471558	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	09/11/17	471601	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	09/11/17	471615	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	09/12/17	471616	MC	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	09/12/17	471693	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	09/13/17	471731	MC	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	09/13/17	471764	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	09/13/17	471768	VI	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	09/13/17	471836	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	09/13/17	471843	CA	[redacted]	10.00-	10.00-			00/00/00		PLB	2
50240.000	09/14/17	471844	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	09/14/17	471845	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	09/14/17	471956	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	09/15/17	471984	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	09/18/17	472061	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	09/18/17	472103	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	09/19/17	472141	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	09/19/17	472171	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	09/19/17	472314	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	09/20/17	472352	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	09/20/17	472354	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	09/20/17	472355	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	09/21/17	472417	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	09/21/17	472421	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	09/21/17	472425	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	09/21/17	472431	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	09/21/17	472490	MC	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	09/25/17	472646	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	09/25/17	472651	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	09/25/17	472660	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	09/25/17	472707	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	09/25/17	472745	VI	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	09/25/17	472781	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	09/27/17	472948	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	09/27/17	472965	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	09/27/17	472966	CA	[redacted]	10.00	10.00			00/00/00		PLB	2

G/L NUMBER	DATE	RECEIPT NUMBER	PAY TYPE	PAYER	CASH AMOUNT	RECEIPT AMOUNT	NUMBER	NAME	DISC DATE	COLL INIT	GL CODE	CASH ACCOUNT
50240.000	09/27/17	472968	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	09/27/17	472989	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	09/27/17	473009	CA	[redacted]	10.00-	10.00-			00/00/00	PLB		2
50240.000	09/28/17	473082	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	09/29/17	473196	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	09/29/17	473231	VI	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	09/11/17	471586	CA	[redacted]	10.00	10.00			00/00/00	SP		2
50240.000	09/27/17	473024	CA	[redacted]	10.00	10.00			00/00/00	SP		2
50240.000	09/08/17	471492	CA	[redacted]	10.00	10.00			00/00/00	TJC		2
50240.000	09/07/17	471318	VI	[redacted]	10.00	10.00			00/00/00	VTT		2
50240.000	09/11/17	471526	CA	[redacted]	10.00	10.00			00/00/00	VTT		2
50240.000	09/18/17	472094	CA	[redacted]	10.00	10.00			00/00/00	VTT		2

TOTAL 50240.000 COUNTY INDIGENT COPAYS 740.00

[redacted]

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	6	5	2	80	2
October					
November					
December					
YTD					
Monthly Avg	7	5	5	69	1
December 2016 Active		60			

09/05/2017 MEMORIAL MEDICAL CENTER 0
11:29 AP Open Invoice List ap_open_invoice.template
Dates Through:

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
000206		09/05/20	09/05/20	09/05/20		507.32	0.00	0.00	507.32
	PURCH SERV	8/14 - 8/27/17							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11008	DERRI HART	507.32	0.00	0.00	507.32

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	507.32	0.00	0.00	507.32

Transcription Services

APPROVED ON
SEP 05 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 172599

Michael J. Pfeifer
Calhoun County Judge
Date: 9-18-17

09/05/2017 MEMORIAL MEDICAL CENTER 0
11:25 AP Open Invoice List ap_open_invoice.template
Dates Through:

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
000205		09/05/20	09/05/20	09/05/20		1,147.50	0.00	0.00	1,147.50
	PURCH SERV	8/14 - 8/26/17							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11069	PABLO GARZA	1,147.50	0.00	0.00	1,147.50

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,147.50	0.00	0.00	1,147.50

APPROVED
ON
SEP 05 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK#172600

Michael J. Pfeifer
Calhoun County Judge
Date: 9-18-17

09/05/2017
11:30

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 09/05/2017

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11508	AGGIE INSPECTOR GROUP LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
090417		09/05/20	09/04/20	09/05/20		2,410.00	0.00	0.00	2,410.00
	MOLD INSPECTION FOR OR								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11508	AGGIE INSPECTOR GROUP LLC	2,410.00	0.00	0.00	2,410.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,410.00	0.00	0.00	2,410.00

APPROVED
ON

SEP 05 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 172601

Michael J. Pfeifer
Calhoun County Judge
Date: 9-18-17

09/05/2017
11:30

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 09/05/2017

0
ap_open_invoice.template

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
000207		09/05/20	09/05/20	09/05/20		483.89	0.00	0.00	483.89
	PURCH SERV 8/14 - 8/27/17								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	K0536	SHIRLEY KARNEI	483.89	0.00	0.00	483.89

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	483.89	0.00	0.00	483.89

Transcription Services

APPROVED
ON
SEP 05 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 172602

Michael J. Pfeifer
Calhoun County Judge
Date: 9-18-17

RUN DATE:09/05/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:12:40 CHECK REGISTER GLCKREG
09/05/17 THRU 09/05/17

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	172599	09/05/17	507.32	DERRI HART
A/P	172600	09/05/17	1,147.50	PABLO GARZA
A/P	172601	09/05/17	2,410.00	AGGIE INSPECTOR GROUP LLC
A/P	172602	09/05/17	483.89	SHIRLEY KARNEI
TOTALS:			4,548.71	

APPROVED
ON
SEP 05 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

APPROVED
ON

SEP 05 2017

09/05/2017 2017
11:54
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 08/30/2017

0
ap_open_invoice.template

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
	000185		08/22/20	08/16/20	08/30/20		874.45	0.00	0.00	874.45
		PHONE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11062	AIRESPRING INC				874.45	0.00	0.00	874.45
Vendor#	Vendor Name				Class	Pay Code				
11299	ALLSTATE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	C049786300		08/22/20	08/14/20	08/24/20		11,761.74	0.00	0.00	11,761.74
		EMPL EXP								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11299	ALLSTATE				11,761.74	0.00	0.00	11,761.74
Vendor#	Vendor Name				Class	Pay Code				
10938	BANK OF THE WEST									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	4243049		08/22/20	08/14/20	08/24/20		6,452.64	0.00	0.00	6,452.64
		LEASE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10938	BANK OF THE WEST				6,452.64	0.00	0.00	6,452.64
Vendor#	Vendor Name				Class	Pay Code				
M2485	BAYER HEALTHCARE				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	6005405683		08/10/20	07/26/20	08/26/20		1,430.80	0.00	0.00	1,430.80
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2485	BAYER HEALTHCARE				1,430.80	0.00	0.00	1,430.80
Vendor#	Vendor Name				Class	Pay Code				
10599	BKD, LLP									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	BK00773043		08/11/20	07/30/20	08/24/20		5,265.00	0.00	0.00	5,265.00
		AUDITING FEE								
	BK00774069		08/11/20	07/31/20	08/25/20		42,002.25	0.00	0.00	42,002.25
		AUDITING FEES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10599	BKD, LLP				47,267.25	0.00	0.00	47,267.25
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
	76791365		08/10/20	07/31/20	08/30/20		54.38	0.00	0.00	54.38
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		B0437	C R BARD INC				54.38	0.00	0.00	54.38
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
	92316311		08/08/20	07/31/20	08/30/20		1,343.50	0.00	0.00	1,343.50

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10350	CENTURION MEDICAL PRODUCTS	1,343.50	0.00	0.00	1,343.50

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
000181		08/22/20	08/17/20	08/24/20		250.00	0.00	0.00	250.00 ✓
	PUB REL								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1730	CITY OF PORT LAVACA	250.00	0.00	0.00	250.00

Vendor#	Vendor Name	Class	Pay Code
11368	CYRACOM LLC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
653491 ✓		08/11/20	07/31/20	08/30/20		55.08	0.00	0.00	55.08 ✓
	PURCH SERV								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11368	CYRACOM LLC	55.08	0.00	0.00	55.08

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
5105180 ✓		07/31/20	07/31/20	08/25/20		69.16	0.00	0.00	69.16 ✓
	SUPPLIES								
5105900 ✓		08/03/20	08/01/20	08/26/20		11.05	0.00	0.00	11.05 ✓
	SUPPLIES								
5105950 ✓		08/04/20	08/01/20	08/26/20		624.51	0.00	0.00	624.51 ✓
	SUPPLIES								
5108270 ✓		08/11/20	08/02/20	08/27/20		162.25	0.00	0.00	162.25 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	866.97	0.00	0.00	866.97

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
MMC081517DB ✓		08/22/20	08/14/20	08/24/20		114,527.64	0.00	0.00	114,527.64 ✓
	PRO FEES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDICAL NETWORK INC	114,527.64	0.00	0.00	114,527.64

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
000180		08/22/20	08/17/20	08/24/20		8.76	0.00	0.00	8.76 ✓
	FOO SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11201	DOROTHY BONUZ	8.76	0.00	0.00	8.76

Vendor#	Vendor Name	Class	Pay Code
11291	DOWELL PEST CONTROL ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
5595 ✓		07/31/20	07/31/20	08/25/20		105.00	0.00	0.00	105.00 ✓
	PURCH SERV								
5594 ✓		07/31/20	07/31/20	08/25/20		505.00	0.00	0.00	505.00 ✓
	PURCH SERV								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

11291	DOWELL PEST CONTROL				610.00	0.00	0.00	610.00

Vendor#	Vendor Name	Class	Pay Code
W1167	ELITECH GROUP INC (WESCOR)	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
593978		08/10/20	07/26/20	08/26/20		98.11	0.00	0.00	98.11
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W1167	ELITECH GROUP INC (WESCOR)	98.11	0.00	0.00	98.11

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
35353		08/22/20	08/15/20	08/24/20		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
F1106	FDA-MQSA PROGRAM		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1745400022		08/22/20	08/14/20	08/24/20		548.00	0.00	0.00	548.00
	MAMMO INSPECTION								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1106	FDA-MQSA PROGRAM	548.00	0.00	0.00	548.00

Vendor#	Vendor Name	Class	Pay Code
11037	FIRST CLEARING		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
000188		08/22/20	08/17/20	08/24/20		75.00	0.00	0.00	75.00
	EMPL EXP								

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

Vendor#	Vendor Name	Class	Pay Code
F1400	FISHER HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
4707653		08/08/20	08/01/20	08/26/20		535.50	0.00	0.00	535.50
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	535.50	0.00	0.00	535.50

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
E141378		08/11/20	07/29/20	08/28/20		2,800.00	0.00	0.00	2,800.00
	PRO FEES								
E142570		08/14/20	08/05/20	08/30/20		3,072.00	0.00	0.00	3,072.00
	PRO FEES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11078	FUSION MEDICAL STAFFING, LLC	5,872.00	0.00	0.00	5,872.00

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
47492		08/10/20	07/25/20	08/24/20		312.22	0.00	0.00	312.22
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

	10901	GENESIS DIAGNOSTICS				312.22	0.00	0.00	312.22
Vendor#	Vendor Name			Class	Pay Code				
G1001	GETINGE USA ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	6117979 ✓		08/10/20	07/25/20	08/25/20		116.59	0.00	0.00	116.59 ✓
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		G1001	GETINGE USA				116.59	0.00	0.00	116.59
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
	9514889972 ✓		08/11/20	07/31/20	08/25/20		136.88	0.00	0.00	136.88 ✓
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		W1300	GRAINGER				136.88	0.00	0.00	136.88
Vendor#	Vendor Name				Class	Pay Code				
11235	GREAT BASIN SCIENTIFIC, INC ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	1211837 ✓		08/10/20	07/25/20	08/25/20		654.00	0.00	0.00	654.00 ✓
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11235	GREAT BASIN SCIENTIFIC, INC				654.00	0.00	0.00	654.00
Vendor#	Vendor Name				Class	Pay Code				
G1210	GULF COAST PAPER COMPANY ✓				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	1354232 ✓		08/10/20	07/25/20	08/24/20		193.65	0.00	0.00	193.65 ✓
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		G1210	GULF COAST PAPER COMPANY				193.65	0.00	0.00	193.65
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
	PJIN0104927 ✓		07/31/20	07/17/20	08/25/20		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				
H1850	HOSPIRA WORLDWIDE, INC ✓				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	851135340 ✓		08/11/20	07/28/20	08/27/20		160.00	0.00	0.00	160.00 ✓
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		H1850	HOSPIRA WORLDWIDE, INC				160.00	0.00	0.00	160.00
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
	1526540 ✓		08/11/20	07/28/20	08/27/20		5,076.00	0.00	0.00	5,076.00 ✓
		SUPPLIES								
	1528416 ✓		08/11/20	07/31/20	08/30/20		104.29	0.00	0.00	104.29 ✓
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		I1127	INTEGRATED MEDICAL SYSTEMS				5,180.29	0.00	0.00	5,180.29

Vendor#	Vendor Name				Class	Pay Code				
11200	IRON MOUNTAIN									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	PBS5522		08/11/20	07/31/20	08/30/20		280.66	0.00	0.00	280.66
		PURCH SERV								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11200	IRON MOUNTAIN				280.66	0.00	0.00	280.66
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
	918316414		08/10/20	07/31/20	08/30/20		84.00	0.00	0.00	84.00
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		J0150	J & J HEALTH CARE SYSTEMS, INC				84.00	0.00	0.00	84.00
Vendor#	Vendor Name				Class	Pay Code				
11282	JOSE G QUEZADA									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	000183		08/22/20	08/18/20	08/24/20		10.00	0.00	0.00	10.00
		CONT ED								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11282	JOSE G QUEZADA				10.00	0.00	0.00	10.00
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
	000187		08/22/20	08/17/20	08/24/20		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				
11099	MARLIN BUSINESS BANK									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	15213149		08/22/20	08/14/20	08/25/20		756.64	0.00	0.00	756.64
		LEASE RENTAL								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11099	MARLIN BUSINESS BANK				756.64	0.00	0.00	756.64
Vendor#	Vendor Name				Class	Pay Code				
M2178	MCKESSON MEDICAL SURGICAL INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	7633626		08/10/20	07/27/20	08/26/20		207.70	0.00	0.00	207.70
		SUPPLIES								
	7830171		08/10/20	07/31/20	08/30/20		527.33	0.00	0.00	527.33
		SUPPLIES								
	7858915		08/10/20	07/31/20	08/30/20		2,731.40	0.00	0.00	2,731.40
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2178	MCKESSON MEDICAL SURGICAL INC				3,466.43	0.00	0.00	3,466.43
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
	1832112810		08/10/20	08/01/20	08/26/20		78.18	0.00	0.00	78.18
		SUPPLIES								

1832112813	08/10/20	08/01/20	08/26/20	203.55	0.00	0.00	203.55
SUPPLIES							
1832112812	08/10/20	08/01/20	08/26/20	34.91	0.00	0.00	34.91
SUPPLIES							
1832112809	08/10/20	08/01/20	08/26/20	28.09	0.00	0.00	28.09
SUPPLIES							
1832112811	08/10/20	08/01/20	08/26/20	312.25	0.00	0.00	312.25
SUPPLIES							
1832208594	08/10/20	08/02/20	08/27/20	31.41	0.00	0.00	31.41
SUPPLIES							
1832294302	08/10/20	08/03/20	08/28/20	766.58	0.00	0.00	766.58
SUPPLIES							
Vendor Totals Number	Name			Gross	Discount	No-Pay	Net
M2470	MEDLINE INDUSTRIES INC			1,454.97	0.00	0.00	1,454.97

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
000186		08/22/20	08/17/20	08/24/20			60.00	0.00	0.00	60.00
	EMPL COPAYS									
Vendor Totals Number	Name						Gross	Discount	No-Pay	Net
10963	MEMORIAL MEDICAL CLINIC						60.00	0.00	0.00	60.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8800099190		08/10/20	07/27/20	08/26/20			760.93	0.00	0.00	760.93
	SUPPLIES									
Vendor Totals Number	Name						Gross	Discount	No-Pay	Net
M2659	MERRY X-RAY/SOURCEONE HEALTHCA						760.93	0.00	0.00	760.93

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
000178		08/22/20	08/14/20	08/24/20			36,870.76	0.00	0.00	36,870.76
	EMPL EXP									
Vendor Totals Number	Name						Gross	Discount	No-Pay	Net
10810	MMC EMPLOYEE BENEFIT PLAN						36,870.76	0.00	0.00	36,870.76

Vendor#	Vendor Name	Class	Pay Code
11144	NAZARIO HERNANDEZ		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000184		08/22/20	08/16/20	08/24/20			15.00	0.00	0.00	15.00
	CONT ED									
Vendor Totals Number	Name						Gross	Discount	No-Pay	Net
11144	NAZARIO HERNANDEZ						15.00	0.00	0.00	15.00

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
000190		08/22/20	08/15/20	08/24/20			3,750.00	0.00	0.00	3,750.00
	PURCH SERV									
Vendor Totals Number	Name						Gross	Discount	No-Pay	Net
N1225	NUTRITION OPTIONS						3,750.00	0.00	0.00	3,750.00

Vendor#	Vendor Name	Class	Pay Code
O1416	ORTHO CLINICAL DIAGNOSTICS		

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

1850393410	08/10/20	07/26/20	08/25/20	202.09	0.00	0.00	202.09
SUPPLIES							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	O1416	ORTHO CLINICAL DIAGNOSTICS	202.09	0.00	0.00	202.09

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
2029349078		07/31/20	07/25/20	08/24/20			18.58	0.00	0.00	18.58
	SUPPLIES									
2029348656		07/31/20	07/25/20	08/24/20			10.65	0.00	0.00	10.65
	SUPPLIES									
2029348642		07/31/20	07/25/20	08/24/20			108.27	0.00	0.00	108.27
	SUPPLIES									
2029354273		07/31/20	07/25/20	08/24/20			1,018.70	0.00	0.00	1,018.70
	SUPPLIES									
2029348663		07/31/20	07/25/20	08/24/20			127.38	0.00	0.00	127.38
	SUPPLIES									
2029348824		07/31/20	07/25/20	08/24/20			109.65	0.00	0.00	109.65
	SUPPLIES									
2029381566		08/10/20	07/26/20	08/25/20			59.61	0.00	0.00	59.61
	SUPPLIES									
2029409627		08/10/20	07/27/20	08/26/20			59.61	0.00	0.00	59.61
	SUPPLIES									
2029412936		08/10/20	07/27/20	08/26/20			1,328.73	0.00	0.00	1,328.73
	SUPPLIES									
2029406782		08/10/20	07/27/20	08/26/20			37.41	0.00	0.00	37.41
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR	2,878.59	0.00	0.00	2,878.59

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
935147659		08/11/20	08/02/20	08/27/20			187.80	0.00	0.00	187.80
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10032	PHILIPS HEALTHCARE	187.80	0.00	0.00	187.80

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
3863929		08/10/20	07/25/20	08/24/20			238.42	0.00	0.00	238.42
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10372	PRECISION DYNAMICS CORP (PDC)	238.42	0.00	0.00	238.42

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000182		08/22/20	06/30/20	07/30/20			237.00	0.00	0.00	237.00
	COLL EXP									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	R1321	RECEIVABLE MANAGEMENT, INC	237.00	0.00	0.00	237.00

Vendor#	Vendor Name	Class	Pay Code

10987 REVCYCLE+, INC.

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
MLVAC-27805	PURCH SERV	08/11/20	07/31/20	08/25/20		2,115.15	0.00	0.00	2,115.15

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10987	REVCYCLE+, INC.	2,115.15	0.00	0.00	2,115.15

Vendor# S1800 Vendor Name SHERWIN WILLIAMS Class W Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
59337	REPAIRS	08/11/20	08/09/20	08/24/20		52.48	0.00	0.00	52.48
59378	REPAIRS	08/11/20	08/09/20	08/24/20		215.97	0.00	0.00	215.97

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S1800	SHERWIN WILLIAMS	268.45	0.00	0.00	268.45

Vendor# 10995 Vendor Name SHIFTHOUND (ABILITY NETWORK) Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
17S0000103	DUES	08/22/20	05/31/20			558.00	0.00	0.00	558.00
17S0000630		08/22/20	07/31/20	08/25/20		558.00	0.00	0.00	558.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10995	SHIFTHOUND (ABILITY NETWORK)	1,116.00	0.00	0.00	1,116.00

Vendor# S2270 Vendor Name SMILE MAKERS Class M Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8100630	SUPPLIES	08/11/20	08/01/20	08/26/20		154.79	0.00	0.00	154.79

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2270	SMILE MAKERS	154.79	0.00	0.00	154.79

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
340368646	PURCH SERV	08/11/20	08/03/20	08/28/20		232.87	0.00	0.00	232.87
340368647A	PURCH SERV	08/11/20	08/03/20	08/28/20		1,383.98	0.00	0.00	1,383.98

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11100	THE US CONSULTING GROUP	1,616.85	0.00	0.00	1,616.85

Vendor# 11067 Vendor Name TRIZETTO PROVIDER SOLUTIONS Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
3A3X081700	PURCH SERV	08/11/20	08/01/20	08/26/20		119.00	0.00	0.00	119.00
35FK081700	PURCH SERVCIE	08/11/20	08/01/20	08/26/20		812.00	0.00	0.00	812.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11067	TRIZETTO PROVIDER SOLUTIONS	931.00	0.00	0.00	931.00

Vendor# U1054 Vendor Name UNIFIRST HOLDINGS Class W Pay Code

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

8150774438		08/03/20	08/01/20	08/26/20	18.21	0.00	0.00	18.21
LAUNDRY								
8150774355		08/03/20	08/01/20	08/26/20	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
U1064	UNIFIRST HOLDINGS INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8400252983		08/03/20	08/01/20	08/26/20			161.87	0.00	0.00	161.87
	LAUNDRY									
8400253085		08/11/20	08/01/20	08/26/20			86.01	0.00	0.00	86.01
	LAUNDRY									
840025301		08/11/20	08/01/20	08/26/20			60.90	0.00	0.00	60.90
	LAUNDRY									
8400253029		08/11/20	08/01/20	08/26/20			880.16	0.00	0.00	880.16
	LAUNDRY									
8400252985		08/11/20	08/01/20	08/26/20			47.15	0.00	0.00	47.15
	LAUNDRY									
8400252986		08/11/20	08/01/20	08/26/20			137.63	0.00	0.00	137.63
	LAUNDRY									
8400252982		08/11/20	08/01/20	08/26/20			94.29	0.00	0.00	94.29
	LAUNDRY									
8400252984		08/11/20	08/01/20	08/26/20			78.85	0.00	0.00	78.85
	LAUNDRY									
8400253374		08/11/20	08/04/20	08/29/20			854.85	0.00	0.00	854.85
	LAUNDRY									
8400253333		08/11/20	08/04/20	08/29/20			148.95	0.00	0.00	148.95
	LAUNDRY									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC					2,550.66	0.00	0.00	2,550.66

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
3758774		08/11/20	08/07/20	08/27/20			12.96	0.00	0.00	12.96
	SUPPLIES									
3758777		08/11/20	08/07/20	08/27/20			2,012.65	0.00	0.00	2,012.65
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10172	US FOOD SERVICE					2,025.61	0.00	0.00	2,025.61

Vendor#	Vendor Name	Class	Pay Code
10793	WAGEWORKS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000189		08/22/20	08/17/20	08/24/20			2,177.08	0.00	0.00	2,177.08
	FLEX SPENDING									
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
10556	WOUND CARE SPECIALISTS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
WCS00001114		08/22/20	06/01/20	07/01/20			350.00	0.00	0.00	350.00

	PURCH SERV						
WCS00001137 ✓		08/22/20 07/01/20 08/01/20	15,675.00	0.00	0.00	15,675.00	✓
	PURCH SERV						
WCS00001221 ✓		08/22/20 08/01/20 08/30/20	13,400.00	0.00	0.00	13,400.00	✓
	PURCH SERV						
Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net	
	10556	WOUND CARE SPECIALISTS	29,425.00	0.00	0.00	29,425.00	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	342,915.37	0.00	0.00	342,915.37

APPROVED
ON

SEP 05 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS # 172603
to
172658

Michael J. Pfeifer
Calhoun County Judge
Date: 9-18-17

BANK--CHECK-- CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	172603	09/06/17	187.80	PHILIPS HEALTHCARE
A/P	172604	09/06/17	2,025.61	US FOOD SERVICE
A/P	172605	09/06/17	8,333.33	HITACHI MEDICAL SYSTEMS
A/P	172606	09/06/17	1,343.50	CENTURION MEDICAL PRODUCTS
A/P	172607	09/06/17	866.97	DEWITT POTH & SON
A/P	172608	09/06/17	238.42	PRECISION DYNAMICS CORP (PDC)
A/P	172609	09/06/17	29,425.00	WOUND CARE SPECIALISTS
A/P	172610	09/06/17	47,267.25	BKD, LLP
A/P	172611	09/06/17	114,527.64	DISCOVERY MEDICAL NETWORK INC
A/P	172612	09/06/17	2,177.08	WAGEWORKS
A/P	172613	09/06/17	36,870.76	MMC EMPLOYEE BENEFIT PLAN
A/P	172614	09/06/17	312.22	GENESIS DIAGNOSTICS
A/P	172615	09/06/17	6,452.64	BANK OF THE WEST
A/P	172616	09/06/17	60.00	MEMORIAL MEDICAL CLINIC
A/P	172617	09/06/17	1,465.00	M G TRUST
A/P	172618	09/06/17	2,115.15	REVCYCLE+, INC.
A/P	172619	09/06/17	1,116.00	SHIFTHOUND (ABILITY NETWORK)
A/P	172620	09/06/17	75.00	FIRST CLEARING
A/P	172621	09/06/17	874.45	AIRESPRING INC
A/P	172622	09/06/17	931.00	TRIZETTO PROVIDER SOLUTIONS
A/P	172623	09/06/17	5,872.00	FUSION MEDICAL STAFFING, LLC
A/P	172624	09/06/17	756.64	MARLIN BUSINESS BANK
A/P	172625	09/06/17	1,616.85	THE US CONSULTING GROUP
A/P	172626	09/06/17	15.00	NAZARIO HERNANDEZ
A/P	172627	09/06/17	280.66	IRON MOUNTAIN
A/P	172628	09/06/17	8.76	DOROTHY BONUZ
A/P	172629	09/06/17	654.00	GREAT BASIN SCIENTIFIC, INC
A/P	172630	09/06/17	10.00	JOSE G QUEZADA
A/P	172631	09/06/17	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	172632	09/06/17	610.00	DOWELL PEST CONTROL
A/P	172633	09/06/17	11,761.74	ALLSTATE
A/P	172634	09/06/17	55.08	CYRACOM LLC
A/P	172635	09/06/17	54.38	C R BARD INC
A/P	172636	09/06/17	250.00	CITY OF PORT LAVACA
A/P	172637	09/06/17	548.00	FDA-MQSA PROGRAM
A/P	172638	09/06/17	535.50	FISHER HEALTHCARE
A/P	172639	09/06/17	116.59	GETINGE USA
A/P	172640	09/06/17	193.65	GULF COAST PAPER COMPANY
A/P	172641	09/06/17	160.00	HOSPIRA WORLDWIDE, INC
A/P	172642	09/06/17	5,180.29	INTEGRATED MEDICAL SYSTEMS
A/P	172643	09/06/17	84.00	J & J HEALTH CARE SYSTEMS, INC
A/P	172644	09/06/17	3,466.43	MCKESSON MEDICAL SURGICAL INC
A/P	172645	09/06/17	1,454.97	MEDLINE INDUSTRIES INC
A/P	172646	09/06/17	1,430.80	BAYER HEALTHCARE
A/P	172647	09/06/17	760.93	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	172648	09/06/17	3,750.00	NUTRITION OPTIONS
A/P	172649	09/06/17	202.09	ORTHO CLINICAL DIAGNOSTICS
A/P	172650	09/06/17	.00	VOIDED
A/P	172651	09/06/17	2,878.59	OWENS & MINOR
A/P	172652	09/06/17	237.00	RECEIVABLE MANAGEMENT, INC

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	172653	09/06/17	268.45	SHERWIN WILLIAMS
A/P	172654	09/06/17	154.79	SMILE MAKERS
A/P	172655	09/06/17	35.21	UNIFIRST HOLDINGS
A/P	172656	09/06/17	2,550.66	UNIFIRST HOLDINGS INC
A/P	172657	09/06/17	98.11	ELITECH GROUP INC (WESCOR)
A/P	172658	09/06/17	136.88	GRAINGER
TOTALS:			342,915.37	

APPROVED
ON

SEP 05 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
9/5/2017

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	13,632.39	13,532.39	234,093.01	-	-	-	-	234,193.01	234,093.01

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	18,545.94	18,445.94	5.05	-	-	-	-	105.05	-
Crescent	4411	33,690.62	33,590.62	2.15	-	-	-	-	102.15	-
Broadmoor	4403	42,774.83	42,674.83	845,434.86	-	-	-	-	845,534.86	845,434.86
Fort Bend	4446	13,280.08	13,180.08	210,934.93	-	-	-	-	211,034.93	210,934.93
										1,056,369.79

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: 9-18-17

APPROVED
SEP 06 2017
COUNTY AUDITOR

E:\NH Weekly Transfers\NH UPL Transfer Summary 9-5-17.xlsx

Home

ALL ACCOUNTS FAVORITES ☆

Sort By: Account Number

Checking	Available	Previous Day
MEMORIAL MEDICAL CENTER - OPERATING *4357 ☆	$1,410,928.54	$1,410,928.54
MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014 *4365 ☆	$100.04	$100.04
MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING *4373 ☆	$816,905.77	$816,905.77
MEMORIAL MEDICAL CENTER / NH ASHFORD *4381 ☆	$234,193.01	$234,193.01
MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403 ☆	$845,534.86	$845,534.86
MEMORIAL MEDICAL CENTER / NH CRESCENT *4411 ☆	$102.15	$102.15
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438 ☆	$105.05	$105.05
MEMORIAL MEDICAL CENTER / NH FORT BEND *4446 ☆	$211,034.93	$211,034.93
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE *4454 ☆	$64.69	$64.69
CAL CO INDIGENT HEALTHCARE *4551 ☆	$3,906.35	$3,906.35
TOTAL	$3,522,875.39	$3,522,875.39

Prosperity Bank Activity
8/21/17 through 9/4/17

Ashford Gardens

			Transfer-Out	Transfer-In
8/23/2017	4381	CM Wire Domestic WIRE OUT ASHFORD HEALTH CARE CENTER LTD	13,532.39	
8/24/2017	4381	Wire Transfer Dep WIRE IN CANTEX HEALTH CARE CENTERS LLC		234,066.00
8/31/2017	4381	Accr Earning Pymt Added to Account		27.01
			13,532.39	**234,093.01**

Broadmoor

			Transfer-Out	Transfer-In
8/23/2017	4403	Wire Transfer Dep WIRE IN CANTEX HEALTH CARE CENTERS III LLC		845,334.77
8/23/2017	4403	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	42,674.83	
8/31/2017	4403	Accr Earning Pymt Added to Account		100.09
			42,674.83	**845,434.86**

Crescent

			Transfer-Out	Transfer-In
8/23/2017	4411	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	33,590.62	
8/31/2017	4411	Accr Earning Pymt Added to Account		2.15
			33,590.62	**2.15**

Fort Bend

			Transfer-Out	Transfer-In
8/23/2017	4446	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	13,180.08	
8/24/2017	4446	Wire Transfer Dep WIRE IN CANTEX HEALTH CARE CENTERS III LLC		210,913.02
8/31/2017	4446	Accr Earning Pymt Added to Account		21.91
			13,180.08	**210,934.93**

Solera at West Houston

			Transfer-Out	Transfer-In
8/23/2017	4438	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	18,445.94	
8/31/2017	4438	Accr Earning Pymt Added to Account		5.05
			18,445.94	**5.05**

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
IBC Accounts
9/5/2017

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	78,814.09	78,714.09	128,832.51	-	-	-	-	128,932.51	128,832.51

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	80,924.68	80,824.68	716,880.28	-	-	-	-	716,980.28	716,880.28
Crescent	4588	212,408.61	212,308.61	105,877.45	-	-	-	-	105,977.45	105,877.45
Broadmoor	4596	232,969.33	232,869.33	217,451.42	-	-	-	-	217,551.42	217,451.42
Fort Bend	4618	81,599.41	81,499.41	64,748.13	-	-	-	-	64,848.13	64,748.13
										1,104,957.28

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: 9-18-17

APPROVED
SEP 06 2017
COUNTY AUDITOR

E:\NH Weekly Transfers\NH UPL Transfer Summary 9-5-17.xlsx

Account Portfolio as of 09/05/2017 8:15:21 AM

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

Commercial Checking Accounts

Account Name	Account Number	Today's Beginning Balance	Available Balance
Memorial Medical Center	4553	$128,932.51	$136,791.20
Memorial Medical Center	4561	$716,980.28	$716,980.28
Memorial Medical Center	4588	$105,977.45	$105,977.45
Memorial Medical Center	4596	$217,551.42	$228,245.43
Memorial Medical Center	4618	$64,848.13	$75,334.70
Memorial Medical Center Operat	0301	$732,184.09	$766,851.56
County of Calhoun Indigent	1101	$611.03	$611.03
Totals		**$1,967,084.91**	**$2,030,791.65**

IBC Bank Activity
8/21/17 through 9/4/17

Ashford Gardens

					Transfer-Out	Transfer-In	
8/21/2017	113105025	4553	142	ACH CREDIT RECEIVED		1,733.62	CENTENE CORP HCCLAIMPMT|ASHFORD GARDENS|TRN*1*0903023844*1742770542\
8/21/2017	113105025	4553	142	ACH CREDIT RECEIVED		1,173.77	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
8/21/2017	113105025	4553	142	ACH CREDIT RECEIVED		2,385.48	Molina HC of TX HCCLAIMPMT|ASHFORD GARDENS|TRN*1*EFT4692823*1201494502\
8/22/2017	113105025	4553	142	ACH CREDIT RECEIVED		22,588.99	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017081819000051*1752603231\
8/22/2017	113105025	4553	142	ACH CREDIT RECEIVED		9,531.02	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04911|TRN*1*EFT6643175*1205296137*000004911\
8/23/2017	113105025	4553	142	ACH CREDIT RECEIVED		900.13	Molina HC of TX HCCLAIMPMT|ASHFORD GARDENS|TRN*1*EFT4701339*1201494502\
8/23/2017	113105025	4553	142	ACH CREDIT RECEIVED		1,992.82	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017082117800423*1752603231\
8/23/2017	113105025	4553	495	OUTGOING MONEY TRANSFER	78,714.09		ASHFORD HEALTH CARE CENTER LTD
8/23/2017	113105025	4553	142	ACH CREDIT RECEIVED		3,091.55	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
8/28/2017	113105025	4553	142	ACH CREDIT RECEIVED		1,804.75	Molina HC of TX HCCLAIMPMT|ASHFORD GARDENS|TRN*1*EFT4712963*1201494502\
8/28/2017	113105025	4553	142	ACH CREDIT RECEIVED		2,338.95	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04911|TRN*1*EFT6645664*1205296137*000004911\
8/28/2017	113105025	4553	142	ACH CREDIT RECEIVED		866.81	CENTENE CORP HCCLAIMPMT|ASHFORD GARDENS|TRN*1*0903042354*1742770542\
8/28/2017	113105025	4553	142	ACH CREDIT RECEIVED		1,479.86	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017082313800238*1752603231\
8/28/2017	113105025	4553	142	ACH CREDIT RECEIVED		5,405.85	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017082313800247*1752603231\
8/28/2017	113105025	4553	142	ACH CREDIT RECEIVED		4,600.41	Molina HC of TX HCCLAIMPMT|ASHFORD GARDENS|TRN*1*EFT4714901*1201494502\
8/28/2017	113105025	4553	142	ACH CREDIT RECEIVED		202.50	MANAGEANDNET1718 MNS PMNT|ASHFORD GARDENS|0202342
8/29/2017	113105025	4553	142	ACH CREDIT RECEIVED		866.81	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
8/29/2017	113105025	4553	142	ACH CREDIT RECEIVED		6,035.94	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017082613602506*1752603231\
8/29/2017	113105025	4553	142	ACH CREDIT RECEIVED		1,697.01	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017082513602199*1752603231\
8/30/2017	113105025	4553	142	ACH CREDIT RECEIVED		17,360.70	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017082513201531*1752603231\
8/30/2017	113105025	4553	142	ACH CREDIT RECEIVED		272.69	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04911|TRN*1*EFT6646675*1205296137*000004911\
8/31/2017	113105025	4553	142	ACH CREDIT RECEIVED		7,590.47	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
8/31/2017	113105025	4553	142	ACH CREDIT RECEIVED		1,347.47	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017082913001728*1752603231\
8/31/2017	113105025	4553	142	ACH CREDIT RECEIVED		135.00	MANAGEANDNET1718 MNS PMNT|ASHFORD GARDENS|0202868
9/1/2017	113105025	4553	142	ACH CREDIT RECEIVED		16,275.26	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017082911800746*1752603231\
9/1/2017	113105025	4553	142	ACH CREDIT RECEIVED		270.00	MANAGEANDNET1718 MNS PMNT|ASHFORD GARDENS|0203174
9/1/2017	113105025	4553	142	ACH CREDIT RECEIVED		7,843.23	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017083019303069*1752603231\
9/1/2017	113105025	4553	142	ACH CREDIT RECEIVED		8,265.60	HUMANA INS CO EFPAYMENT|Ashford Gardens|DISDATA-OPTIONAL|TRN*1*001290033678235*1391263473\
9/1/2017	113105025	4553	142	ACH CREDIT RECEIVED		775.82	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017083019502662*1752603231\
					78,714.09	128,832.51	

Solera at West Housto

					Transfer-Out	Transfer-In	
8/21/2017	113105025	4561	142	ACH CREDIT RECEIVED		450,357.29	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4525483*1205296137*000004011\
8/21/2017	113105025	4561	142	ACH CREDIT RECEIVED		5,837.99	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
8/21/2017	113105025	4561	142	ACH CREDIT RECEIVED		1,691.62	Molina HC of TX HCCLAIMPMT|SOLERA AT WEST HOUSTON|TRN*1*EFT4694733*1201494502\
8/22/2017	113105025	4561	142	ACH CREDIT RECEIVED		2,842.99	MANAGEANDNET1718 MNS PMNT|SOLERA AT WEST HOUSTON|0201520
8/22/2017	113105025	4561	142	ACH CREDIT RECEIVED		48,328.33	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4527664*1205296137*000004011\
8/22/2017	113105025	4561	142	ACH CREDIT RECEIVED		23,363.34	HUMANA INS CO EFPAYMENT|Solera at West Houston|DISDATA-OPTIONAL|TRN*1*001290033503238*1391263473\
8/22/2017	113105025	4561	142	ACH CREDIT RECEIVED		8,484.26	HUMANA INS CO EFPAYMENT|Solera at West Houston|DISDATA-OPTIONAL|TRN*1*001290033521341*1391263473\
8/23/2017	113105025	4561	142	ACH CREDIT RECEIVED		7,705.02	HUMANA INS CO HCCLAIMPMT|Solera at West Houston|DISDATA-OPTIONAL|TRN*1*001290033528572*1391263473\
8/23/2017	113105025	4561	495	OUTGOING MONEY TRANSFER	80,824.68		CANTEX HEALTH CARE CENTERS LLC
8/23/2017	113105025	4561	142	ACH CREDIT RECEIVED		1,386.39	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017081912403682*1752603231\
8/23/2017	113105025	4561	142	ACH CREDIT RECEIVED		5,202.52	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4529298*1205296137*000004011\
8/24/2017	113105025	4561	142	ACH CREDIT RECEIVED		7,807.50	MANAGEANDNET1718 MNS PMNT|SOLERA AT WEST HOUSTON|0201599
8/24/2017	113105025	4561	142	ACH CREDIT RECEIVED		1,422.00	MANAGEANDNET1718 MNS PMNT|SOLERA AT WEST HOUSTON|0201698
8/25/2017	113105025	4561	142	ACH CREDIT RECEIVED		4,915.83	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4531099*1205296137*000004011\
8/25/2017	113105025	4561	142	ACH CREDIT RECEIVED		2,005.05	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4532680*1205296137*000004011\
8/28/2017	113105025	4561	142	ACH CREDIT RECEIVED		33,412.44	HUMANA INS CO HCCLAIMPMT|Solera at West Houston|DISDATA-OPTIONAL|TRN*1*001290033569386*1391263473\
8/28/2017	113105025	4561	142	ACH CREDIT RECEIVED		2,204.08	Molina HC of TX HCCLAIMPMT|SOLERA AT WEST HOUSTON|TRN*1*EFT4714942*1201494502\
8/28/2017	113105025	4561	142	ACH CREDIT RECEIVED		3,683.84	HHP HCCLAIMPMT|Solera at West Houston|DISDATA-OPTIONAL|TRN*1*001270015744569*1611013183\
8/28/2017	113105025	4561	142	ACH CREDIT RECEIVED		4,515.08	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017082313800248*1752603231\
8/28/2017	113105025	4561	142	ACH CREDIT RECEIVED		846.74	Molina HC of TX HCCLAIMPMT|SOLERA AT WEST HOUSTON|TRN*1*EFT4713035*1201494502\
8/28/2017	113105025	4561	142	ACH CREDIT RECEIVED		675.55	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
8/28/2017	113105025	4561	142	ACH CREDIT RECEIVED		6,598.71	HUMANA INS CO HCCLAIMPMT|Solera at West Houston|DISDATA-OPTIONAL|TRN*1*001290033586985*1391263473\

IBC Bank Activity
8/21/17 through 9/4/17

8/28/2017	1131050[redacted]	4561	142	ACH CREDIT RECEIVED		6,669.00	MANAGEANDNET1718 MNS PMNT|SOLERA AT WEST HOUSTON|0202095
8/29/2017	1131050[redacted]	4561	142	ACH CREDIT RECEIVED		1,315.45	Molina HC of TX HCCLAIMPMT|SOLERA AT WEST HOUSTON|TRN*1*EFT4717321*1201494502\
8/29/2017	1131050[redacted]	4561	142	ACH CREDIT RECEIVED		2,804.72	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017082513201534*1752603231\
8/29/2017	1131050[redacted]	4561	142	ACH CREDIT RECEIVED		845.81	Molina HC of TX HCCLAIMPMT|SOLERA AT WEST HOUSTON|TRN*1*EFT4719870*1201494502\
8/29/2017	1131050[redacted]	4561	142	ACH CREDIT RECEIVED		1,218.33	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017082513602202*1752603231\
8/29/2017	1131050[redacted]	4561	142	ACH CREDIT RECEIVED		2,844.00	MANAGEANDNET1718 MNS PMNT|SOLERA AT WEST HOUSTON|0202409
8/29/2017	1131050[redacted]	4561	142	ACH CREDIT RECEIVED		14,455.57	HUMANA INS CO HCCLAIMPMT|Solera at West Houston|DISDATA-OPTIONAL|TRN*1*001290033605880*1391263473\
8/30/2017	1131050[redacted]	4561	142	ACH CREDIT RECEIVED		6,150.82	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4537136*1205296137*000004011\
8/31/2017	1131050[redacted]	4561	142	ACH CREDIT RECEIVED		2,787.80	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017082911800747*1752603231\
8/31/2017	1131050[redacted]	4561	142	ACH CREDIT RECEIVED		526.26	HUMANA INS CO HCCLAIMPMT|Solera at West Houston|DISDATA-OPTIONAL|TRN*1*001290033668038*1391263473\
9/1/2017	1131050[redacted]	4561	142	ACH CREDIT RECEIVED		47,459.44	HUMANA INS CO EFPAYMENT|Solera at West Houston|DISDATA-OPTIONAL|TRN*1*001290033678237*1391263473\
9/1/2017	1131050[redacted]	4561	142	ACH CREDIT RECEIVED		3,036.54	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017083019303072*1752603231\
9/1/2017	1131050[redacted]	4561	142	ACH CREDIT RECEIVED		3,479.97	Molina HC of TX HCCLAIMPMT|SOLERA AT WEST HOUSTON|TRN*1*EFT4728975*1201494502\
					80,824.68	716,880.28	

Crescent					Transfer-Out	Transfer-In	
8/21/2017	11310502[redacted]	4588	142	ACH CREDIT RECEIVED		2,632.00	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174500008
8/21/2017	11310502[redacted]	4588	142	ACH CREDIT RECEIVED		3,338.36	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4525489*1205296137*000004011\
8/21/2017	11310502[redacted]	4588	142	ACH CREDIT RECEIVED		20,804.65	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017081616600274*1752603231\
8/22/2017	11310502[redacted]	4588	142	ACH CREDIT RECEIVED		2,508.16	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4527669*1205296137*000004011\
8/23/2017	11310502[redacted]	4588	142	ACH CREDIT RECEIVED		2,138.00	Molina HC of TX HCCLAIMPMT|THE CRESCENT|TRN*1*EFT4701425*1201494502\
8/23/2017	11310502[redacted]	4588	142	ACH CREDIT RECEIVED		3,426.24	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4529303*1205296137*000004011\
8/23/2017	11310502[redacted]	4588	142	ACH CREDIT RECEIVED		1,478.26	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017081915600979*1452485907\
8/23/2017	11310502[redacted]	4588	495	OUTGOING MONEY TRANSFER	212,308.61		CANTEX HEALTH CARE CENTERS III
8/23/2017	11310502[redacted]	4588	142	ACH CREDIT RECEIVED		7,882.21	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017081912403678*1752603231\
8/23/2017	11310502[redacted]	4588	142	ACH CREDIT RECEIVED		14,428.57	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017081916800507*1752603231\
8/25/2017	11310502[redacted]	4588	142	ACH CREDIT RECEIVED		15,940.17	HUMANA INS CO HCCLAIMPMT|The Crescent|DISDATA-OPTIONAL|TRN*1*001290033569387*1391263473\
8/28/2017	11310502[redacted]	4588	142	ACH CREDIT RECEIVED		4,158.73	Molina HC of TX HCCLAIMPMT|THE CRESCENT|TRN*1*EFT4713046*1201494502\
8/29/2017	11310502[redacted]	4588	142	ACH CREDIT RECEIVED		6,152.17	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
8/31/2017	11310502[redacted]	4588	142	ACH CREDIT RECEIVED		15,442.89	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
8/31/2017	11310502[redacted]	4588	142	ACH CREDIT RECEIVED		4,807.91	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017082911800744*1752603231\
8/31/2017	11310502[redacted]	4588	142	ACH CREDIT RECEIVED		739.13	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017082912500521*1452485907\
					212,308.61	105,877.45	

Broadmoor					Transfer-Out	Transfer-In	
8/21/2017	11310502[redacted]	4596	142	ACH CREDIT RECEIVED		86,370.51	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4525504*1205296137*000004011\
8/21/2017	11310502[redacted]	4596	142	ACH CREDIT RECEIVED		1,155.38	AMERIGROUP CORPO HCCLAIMPMT|The Broadmoor At Creek|TRN*1*017081616600328*1752603231\
8/22/2017	11310502[redacted]	4596	142	ACH CREDIT RECEIVED		11,023.94	HUMANA INS CO EFPAYMENT|The Broadmoor at Creek|DISDATA-OPTIONAL|TRN*1*001290033503237*1391263473\
8/22/2017	11310502[redacted]	4596	142	ACH CREDIT RECEIVED		20,036.20	HUMANA INS CO EFPAYMENT|The Broadmoor at Creek|DISDATA-OPTIONAL|TRN*1*001290033521340*1391263473\
8/22/2017	11310502[redacted]	4596	142	ACH CREDIT RECEIVED		57,463.08	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4527685*1205296137*000004011\
8/23/2017	11310502[redacted]	4596	495	OUTGOING MONEY TRANSFER	232,869.33		CANTEX HEALTH CARE CENTERS III
8/23/2017	11310502[redacted]	4596	142	ACH CREDIT RECEIVED		13,050.38	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4529317*1205296137*000004011\
8/24/2017	11310502[redacted]	4596	142	ACH CREDIT RECEIVED		2,619.14	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4531120*1205296137*000004011\
8/24/2017	11310502[redacted]	4596	142	ACH CREDIT RECEIVED		553.10	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
8/24/2017	11310502[redacted]	4596	142	ACH CREDIT RECEIVED		3,115.65	HUMANA INS CO EFPAYMENT|The Broadmoor at Creek|DISDATA-OPTIONAL|TRN*1*001290033S50967*1391263473\
8/25/2017	11310502[redacted]	4596	142	ACH CREDIT RECEIVED		5,099.50	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
8/28/2017	11310502[redacted]	4596	142	ACH CREDIT RECEIVED		1,157.43	Molina HC of TX HCCLAIMPMT|THE BROADMOOR AT CREEK|TRN*1*EFT4714903*1201494502\
8/28/2017	11310502[redacted]	4596	142	ACH CREDIT RECEIVED		3,412.61	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4534282*1205296137*000004011\
9/1/2017	11310502[redacted]	4596	142	ACH CREDIT RECEIVED		6,231.29	HUMANA INS CO EFPAYMENT|The Broadmoor at Creek|DISDATA-OPTIONAL|TRN*1*001290033678236*1391263473\
9/1/2017	11310502[redacted]	4596	142	ACH CREDIT RECEIVED		6,163.21	AMERIGROUP CORPO HCCLAIMPMT|The Broadmoor At Creek|TRN*1*017083019502740*1752603231\
					232,869.33	217,451.42	

Fort Bend					Transfer-Out	Transfer-In	
8/21/2017	113105025[redacted]	4618	142	ACH CREDIT RECEIVED		15,246.93	Molina HC of TX HCCLAIMPMT|FORT BEND CONTINUING C|TRN*1*EFT4692822*1201494502\
8/21/2017	113105025[redacted]	4618	142	ACH CREDIT RECEIVED		6,985.04	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4525045*1205296137*000004011\

IBC Bank Activity
8/21/17 through 9/4/17

8/21/2017	113105025	[redacted]	4618	142	ACH CREDIT RECEIVED		2,214.10
8/21/2017	113105025	[redacted]	4618	142	ACH CREDIT RECEIVED		1,392.41
8/23/2017	113105025	[redacted]	4618	495	OUTGOING MONEY TRANSFER	81,499.41	
8/23/2017	113105025	[redacted]	4618	142	ACH CREDIT RECEIVED		1,675.76
8/23/2017	113105025	[redacted]	4618	142	ACH CREDIT RECEIVED		15,566.00
8/24/2017	113105025	[redacted]	4618	142	ACH CREDIT RECEIVED		842.80
8/24/2017	113105025	[redacted]	4618	142	ACH CREDIT RECEIVED		1,074.01
8/28/2017	113105025	[redacted]	4618	142	ACH CREDIT RECEIVED		7,064.15
8/29/2017	113105025	[redacted]	4618	142	ACH CREDIT RECEIVED		696.21
8/30/2017	113105025	[redacted]	4618	142	ACH CREDIT RECEIVED		1,107.05
8/30/2017	113105025	[redacted]	4618	142	ACH CREDIT RECEIVED		9,055.52
9/1/2017	113105025	[redacted]	4618	142	ACH CREDIT RECEIVED		1,828.15
						81,499.41	64,748.13

CENTENE CORP HCCLAIMPMT|FORT BEND HEALTHCARE C|TRN*1*0903023830*1742770542\
HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
CANTEX HEALTH CARE CENTERS III
Molina HC of TX HCCLAIMPMT|FORT BEND CONTINUING C|TRN*1*EFT4701338*1201494502\
AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|TRN*1*017081912403679*1752603231\
NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4530664*1205296137*000004011\
HUMANA INS CO EFPAYMENT|Fort Bend Healthcare C|DISDATA-OPTIONAL|TRN*1*001290033550968*1391263473\
Molina HC of TX HCCLAIMPMT|FORT BEND CONTINUING C|TRN*1*EFT4712962*1201494502\
HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
CENTENE CORP HCCLAIMPMT|FORT BEND HEALTHCARE C|TRN*1*0903049375*1742770542\
HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
Molina HC of TX HCCLAIMPMT|FORT BEND CONTINUING C|TRN*1*EFT4728893*1201494502\

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: 09/01/2017

DC: 8115

Territory:

Customer: 632536
Date: 09/02/2017

Page: 002

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

As of: 09/01/2017 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 09/02/2017 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: 2,186.43 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/07/2017 2,451.97

If Paid By 09/05/2017, Pay This Amount: 2,142.72 ✓USD

If Paid After 09/05/2017, Pay this Amount: 2,186.43 USD

Due If Paid On Time: USD 2,142.72

Disc lost if paid late: 43.71

Due If Paid Late: USD 2,186.43

ck# 944

340 B Presciption Expenses
CK#944

1,175.46 +
967.26 +
2,142.72 *

APPROVED
ON
SEP 06 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 9-14-17

McKESSON

STATEMENT

Company: 8000

As of: 09/01/2017

Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 09/02/2017

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: 09/01/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 09/02/2017 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											
08/31/2017	09/05/2017	7827088713	1001071324	115Invoice	4.58	229.21		✓224.63	✓	7827088713	
08/31/2017	09/05/2017	7827088716	1001071909	115Invoice	1.46	72.91		✓71.45	✓	7827088716	
08/31/2017	09/05/2017	7827091717	1001072340	115Invoice	4.38	219.08		✓214.70	✓	7827091717	
08/31/2017	09/05/2017	7827091718	1001072340	115Invoice	2.20	110.13		✓107.93	✓	7827091718	
08/31/2017	09/05/2017	7827091720	1001072729	115Invoice	7.80	389.94		✓382.14	✓	7827091720	
08/31/2017	09/05/2017	7827091722	1001073535	115Invoice	3.20	160.05		✓156.85	✓	7827091722	
08/31/2017	09/05/2017	7827091723	1001074084	115Invoice	0.36	18.12		✓17.76	✓	7827091723	

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: 1,199.44 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/28/2017 2,799.07

If Paid By 09/05/2017,
Pay This Amount: ✓1,175.46 USD

If Paid After 09/05/2017,
Pay this Amount: 1,199.44 USD

Due If Paid On Time:
USD 1,175.46

Disc lost if paid late:
23.98

Due If Paid Late:
USD 1,199.44

APPROVED
ON

SEP 06 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

As of: 09/01/2017

Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 09/02/2017

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

As of: 09/01/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

Cust: 262252 PLEASE CHECK ANY
Date: 09/02/2017 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											
08/31/2017	09/05/2017	7827086335	1001071326	115Invoice	5.27	263.45		✓258.18	✓	7827086335	
08/31/2017	09/05/2017	7827086337	1001071911	115Invoice	0.35	17.73		✓17.38	✓	7827086337	
08/31/2017	09/05/2017	7827086339	1001072342	115Invoice	1.59	79.59		✓78.00	✓	7827086339	
08/31/2017	09/05/2017	7827086343	1001072731	115Invoice	0.65	32.68		✓32.03	✓	7827086343	
08/31/2017	09/05/2017	7827086348	1001073537	115Invoice	0.42	21.01		✓20.59	✓	7827086348	
08/31/2017	09/05/2017	7827086349	1001073537	115Invoice	0.09	4.45		✓4.36	✓	7827086349	
08/31/2017	09/05/2017	7827086350	1001074086	115Invoice	11.06	553.08		✓542.02	✓	7827086350	
08/31/2017	09/05/2017	7827086351	1001074086	115Invoice	0.30	15.00		✓14.70	✓	7827086351	

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: 986.99 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,799.07
08/28/2017

If Paid By 09/05/2017,
Pay This Amount: 967.26 ✓ USD

If Paid After 09/05/2017,
Pay this Amount: 986.99 USD

Due If Paid On Time:
USD 967.26

Disc lost if paid late:
19.73

Due If Paid Late:
USD 986.99

APPROVED
ON

SEP 06 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:09/06/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:09:17 CHECK REGISTER GLCKREG
08/30/17 THRU 09/06/17

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	

CK Register for CK # 944

APPROVED
ON

SEP 06 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

09/06/2017
08:24

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
10286	MED IMPACT (HEB)	ICP	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
0009542367		09/06/20	08/25/20	09/01/20			378.57	0.00	0.00	378.57
	UNEARNED INCOME INDIGEN									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10286	MED IMPACT (HEB)	378.57	0.00	0.00	378.57

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	378.57	0.00	0.00	378.57

APPROVED
ON
SEP 06 2017 CK # 172659

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 9-18-17

09/06/2017
08:47

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

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
MMC82017		09/06/20	08/31/20	09/20/20			23,592.00	0.00	0.00	23,592.00
	PURCH SERV									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11285	ITA RESOURCES INC	23,592.00	0.00	0.00	23,592.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	23,592.00	0.00	0.00	23,592.00

APPROVED
ON

SEP 06 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK # 172660

Michael J. Pfeifer
Calhoun County Judge
Date: 9-18-17

09/06/2017 MEMORIAL MEDICAL CENTER 0
08:24 AP Open Invoice List ap_open_invoice.template
Dates Through:

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
	000208		09/06/20	09/05/20	09/05/20			1,867.61	0.00	0.00	1,867.61
		PAYROLL									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11292	CHARLES SAMAHA	1,867.61	0.00	0.00	1,867.61

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,867.61	0.00	0.00	1,867.61

APPROVED
ON
SEP 06 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 172661

Michael J. Pfeifer
Calhoun County Judge
Date: 9-18-17

000208

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Charles T. Samaha

Date Requested: 9/5/2017

APPROVED ON SEP 06 2017 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

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

AMOUNT $1,867.61

G/L NUMBER: 10255000

EXPLANATION: To refund payroll direct deposit that was not processed and was returned to the Operating Account.

REQUESTED BY: Adam Machicek

AUTHORIZED BY:

Ø

RUN DATE:09/06/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:09:47 CHECK REGISTER GLCKREG
09/06/17 THRU 09/06/17

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	172659	09/06/17	378.57	MED IMPACT (HEB)
A/P	172660	09/06/17	23,592.00	ITA RESOURCES INC
A/P	172661	09/06/17	1,867.61	CHARLES SAMAHA
TOTALS:			25,838.18	

APPROVED
ON
SEP 0 6 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: 09/08/2017
DC: 8115
Territory:
Customer: 632536
Date: 09/09/2017

Page: 002

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

As of: 09/08/2017 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 09/09/2017 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: 6,472.04 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 09/12/2017,
Pay This Amount: 6,342.59 USD

If Paid After 09/12/2017,
Pay this Amount: 6,472.04 USD

Due If Paid On Time:
USD 6,342.59
Disc lost if paid late: 129.45
Due If Paid Late:
USD 6,472.04

Ck# 945
340B Prescription Expenses
JA

1,517.79 +
543.01 +
4,281.79 +
6,342.59 *

APPROVED
ON
SEP 11 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 9-18-17

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: 09/08/2017

DC: 8115

Territory: 400

Customer: 262252
Date: 09/09/2017

Page: 001

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

As of: 09/08/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 09/09/2017 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											
09/05/2017	09/12/2017	7827680696	1001074681	115Invoice	0.39	19.63		19.24 ✓		7827680696	
09/05/2017	09/12/2017	7827680697	1001075288	115Invoice	10.13	506.33		496.20 ✓		7827680697	
09/05/2017	09/12/2017	7827680699	1001075885	115Invoice	12.41	620.54		608.13 ✓		7827680699	
09/05/2017	09/12/2017	7827680702	1001075885	115Invoice	0.03	1.34		1.31 ✓		7827680702	
09/05/2017	09/12/2017	7827680703	1001076316	115Invoice	1.58	78.86		77.28 ✓		7827680703	
09/05/2017	09/12/2017	7827680704	1001076718	115Invoice	0.38	18.88		18.50 ✓		7827680704	
09/06/2017	09/12/2017	7827967556	1001077097	115Invoice	1.97	98.31		96.34 ✓		7827967556	
09/07/2017	09/12/2017	7828243606	1001078042	115Invoice	1.58	78.94		77.36 ✓		7828243606	
09/08/2017	09/12/2017	7828472959	1001078624	115Invoice	2.24	111.90		109.66 ✓		7828472959	
09/08/2017	09/12/2017	7828472961	1001078624	115Invoice	0.28	14.05		13.77 ✓		7828472961	

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: 1,548.78 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,142.72
09/05/2017

If Paid By 09/12/2017,
Pay This Amount: 1,517.79 ✓ USD

If Paid After 09/12/2017,
Pay this Amount: 1,548.78 USD

Due If Paid On Time:
USD 1,517.79

Disc lost if paid late:
30.99

Due If Paid Late:
USD 1,548.78

APPROVED
ON
SEP 11 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 09/08/2017 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 09/09/2017

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: 09/08/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 09/09/2017 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											
09/05/2017	09/12/2017	7827705630	1001074679	115Invoice	2.98	149.12		146.14 ✓		7827705630	
09/05/2017	09/12/2017	7827705632	1001075286	115Invoice	1.04	52.13		51.09 ✓		7827705632	
09/05/2017	09/12/2017	7827705634	1001075286	115Invoice	1.70	85.20		83.50 ✓		7827705634	
09/05/2017	09/12/2017	7827705635	1001075883	115Invoice	2.90	144.95		142.05 ✓		7827705635	
09/05/2017	09/12/2017	7827705636	1001076314	115Invoice	1.73	86.58		84.85 ✓		7827705636	
09/06/2017	09/12/2017	7827951843	1001077095	115Invoice	0.02	0.76		0.74 ✓		7827951843	
09/08/2017	09/12/2017	7828467471	1001078622	115Invoice	0.71	35.35		34.64 ✓		7828467471	

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: 554.09 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,142.72
09/05/2017

If Paid By 09/12/2017,
Pay This Amount: 543.01 USD ✓

If Paid After 09/12/2017,
Pay this Amount: 554.09 USD

Due If Paid On Time:
USD 543.01

Disc lost if paid late:
11.08

Due If Paid Late:
USD 554.09

APPROVED
ON
SEP 11 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 09/08/2017 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 09/09/2017

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: 09/08/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 09/09/2017 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											
09/05/2017	09/12/2017	7827685527	0831170326-00	115Invoice	36.28	1,813.83		1,777.55 ✓		7827685527	
09/05/2017	09/12/2017	7827685528	4007336972	115Invoice	7.80	390.23		382.43 ✓		7827685528	
09/05/2017	09/12/2017	7827685529	5857352017	115Invoice	2.36	117.82		115.46 ✓		7827685529	
09/05/2017	09/12/2017	7827685530	0904170259-00	115Invoice	26.64	1,331.90		1,305.26 ✓		7827685530	
09/06/2017	09/12/2017	7827971765	5857355553	115Invoice	3.30	165.15		161.85 ✓		7827971765	
09/06/2017	09/12/2017	7827971766	0905170735-00	115Invoice	4.61	230.59		225.98 ✓		7827971766	
09/07/2017	09/12/2017	7828231025	1157372219	115Invoice	2.83	141.65		138.82 ✓		7828231025	
09/07/2017	09/12/2017	7828231027	0905170542-00	115Invoice	2.12	106.04		103.92 ✓		7828231027	
09/08/2017	09/12/2017	7828484841	1157376349	115Invoice	1.44	71.96		70.52 ✓		7828484841	

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: 4,369.17 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/28/2017 2,799.07

If Paid By 09/12/2017,
Pay This Amount: 4,281.79 ✓ USD

If Paid After 09/12/2017,
Pay this Amount: 4,369.17 USD

Due If Paid On Time:
USD 4,281.79
Disc lost if paid late:
87.38
Due If Paid Late:
USD 4,369.17

APPROVED
ON
SEP 11 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:09/11/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:15:59 CHECK REGISTER GLCKREG
09/11/17 THRU 09/11/17

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000945	09/11/17	6,342.59	MCKESSON
TOTALS:			6,342.59	

APPROVED
ON

SEP 11 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

OPEN INVOICE List

MEMORIAL MEDICAL CENTER
CHECK REQUEST

000238

PAYEE: Memorial Medical Center Operating

Date Requested: 9/13/2017

APPROVED ON SEP 14 2017 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

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

AMOUNT: $2,388,274.39

G/L NUMBER: 10000001

EXPLANATION: To transfer funds from IBC MMC Operating account to Prosperity Operating account.

REQUESTED BY: Adam Machicek

AUTHORIZED BY:

Transfer

CK#172376

Michael J. Pfeifer
Calhoun County Judge
Date: 9-18-17

RUN DATE:09/13/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:13:59 CHECK REGISTER GLCKREG
09/13/17 THRU 09/13/17

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	172376	09/13/17	2,388,274.39	MMC OPERATING PROSPERITY ACC
TOTALS:			2,388,274.39	

Transfer from
IBC MMC Operating
to
Prosperity Operating

APPROVED
ON
SEP 14 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

APPROVED
ON
SEP 14 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

09/14/2017 MEMORIAL MEDICAL CENTER 0
10:32 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 09/20/2017

Vendor#	Vendor Name	Class	Pay Code
10864	ACCLARENT, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
IN291126	SUPPLIES	08/10/20	08/02/20	09/01/20		385.86	0.00	0.00	385.86

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10864	ACCLARENT, INC.	385.86	0.00	0.00	385.86

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
114885	SUPPLIES	08/11/20	08/07/20	09/01/20		8.96	0.00	0.00	8.96
114886	SUPPLIES	08/11/20	08/07/20	09/01/20		9.99	0.00	0.00	9.99
114941	REPAIRS	08/11/20	08/08/20	09/02/20		38.27	0.00	0.00	38.27
069471	SUPPLIES	08/23/20	06/12/20	08/31/20		17.98	0.00	0.00	17.98
069521	SUPPLIES	08/23/20	06/14/20	08/31/20		64.97	0.00	0.00	64.97
071811	SUPPLIES	08/23/20	10/11/20	08/31/20		12.98	0.00	0.00	12.98
072635	SUPPLIES	08/23/20	11/15/20	08/31/20		3.00	0.00	0.00	3.00
072634	SUPPLIES	08/23/20	11/15/20	08/31/20		13.99	0.00	0.00	13.99
076307	SUPPLIES	08/23/20	06/05/20	08/31/20		4.99	0.00	0.00	4.99
077913	SUPPLIES	08/23/20	08/22/20	08/31/20		7.20	0.00	0.00	7.20
079059	SUPPLIES	08/23/20	10/11/20	08/31/20		2.99	0.00	0.00	2.99
090289	SUPPLIES	08/23/20	03/11/20	08/31/20		11.98	0.00	0.00	11.98
090314	SUPPLIES	08/23/20	03/12/20	08/31/20		31.34	0.00	0.00	31.34
090421	SUPPLIES	08/23/20	03/17/20	08/31/20		25.97	0.00	0.00	25.97
090422	SUPPLIES	08/23/20	03/17/20	08/31/20		7.47	0.00	0.00	7.47
090447	SUPPLIES	08/23/20	03/18/20	08/31/20		17.99	0.00	0.00	17.99
091454	SUPPLIES	08/23/20	04/29/20	08/31/20		11.99	0.00	0.00	11.99
092708	SUPPLIES	08/23/20	06/19/20	08/31/20		84.47	0.00	0.00	84.47
096187	SUPPLIES	08/23/20	10/21/20	08/31/20		51.98	0.00	0.00	51.98

097394		08/23/20	12/01/20	08/31/20	18.98	0.00	0.00	18.98
	SUPPLIES							
098321		08/23/20	01/06/20	08/31/20	14.98	0.00	0.00	14.98
	SUPPLIES							
098329		08/23/20	01/06/20	08/31/20	13.93	0.00	0.00	13.93
	SUPPLIES							
099659		08/23/20	02/18/20	08/31/20	1.36	0.00	0.00	1.36
	SUPPLIES							
099656		08/23/20	02/18/20	08/31/20	5.41	0.00	0.00	5.41
	SUPPLIES							
100207		08/23/20	03/07/20	08/31/20	17.99	0.00	0.00	17.99
	SUPPLIES							
100524		08/23/20	03/18/20	08/31/20	41.98	0.00	0.00	41.98
	SUPPLIES							
100670		08/23/20	03/23/20	08/31/20	25.98	0.00	0.00	25.98
	SUPPLIES							
101153		08/23/20	04/09/20	08/31/20	109.98	0.00	0.00	109.98
	SUPPLIES							
101384		08/23/20	04/19/20	08/31/20	31.48	0.00	0.00	31.48
	SUPPLIES							
106134		08/23/20	09/30/20	08/31/20	44.98	0.00	0.00	44.98
	SUPPLIES							
106330		08/23/20	10/07/20	08/31/20	93.51	0.00	0.00	93.51
	SUPPLIES							
107168		08/23/20	11/09/20	08/31/20	8.98	0.00	0.00	8.98
	SUPPLIES							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521			858.05	0.00	0.00	858.05

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
23309		08/23/20	08/20/20	08/31/20			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
10619	ADAM BESIO		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000218		09/13/20	09/06/20	09/20/20			369.96	0.00	0.00	369.96
	SUPPLIES Reimb (2) external drives + Battery Backups (2)									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10619	ADAM BESIO					369.96	0.00	0.00	369.96

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
9946831157		08/23/20	07/31/20	08/31/20			420.84	0.00	0.00	420.84
	RENT									
9066024776		08/23/20	07/31/20	08/31/20			2,094.54	0.00	0.00	2,094.54
	RENTAL									
9946832738		08/23/20	07/31/20	08/31/20			359.88	0.00	0.00	359.88
	RENT									
9066431426		08/31/20	08/10/20	09/09/20			118.18	0.00	0.00	118.18

OXYGEN-RES CARE

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	2,993.44	0.00	0.00	2,993.44

Vendor# A1690 Vendor Name: ALCON LABORATORIES, INC. Class: M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9651680445		08/23/20	07/25/20	08/31/20			795.00	0.00	0.00	795.00
	INTRA OCU LENSES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1690	ALCON LABORATORIES, INC.	795.00	0.00	0.00	795.00

Vendor# A1746 Vendor Name: ALPHA TEC SYSTEMS INC Class: M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
INV00055895		08/23/20	08/08/20	09/08/20			267.62	0.00	0.00	267.62
	SUPPLIES									
INV00056091		08/23/20	08/15/20	09/15/20			471.53	0.00	0.00	471.53
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1746	ALPHA TEC SYSTEMS INC	739.15	0.00	0.00	739.15

Vendor# A1360 Vendor Name: AMERISOURCEBERGEN DRUG CORP Class: W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
924316683		08/23/20	08/18/20	08/31/20			117.00	0.00	0.00	117.00
	INVENT PHARM									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1360	AMERISOURCEBERGEN DRUG CORP	117.00	0.00	0.00	117.00

Vendor# A2218 Vendor Name: AQUA BEVERAGE COMPANY Class: M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
787353		08/23/20	07/31/20	08/31/20			93.27	0.00	0.00	93.27
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2218	AQUA BEVERAGE COMPANY	93.27	0.00	0.00	93.27

Vendor# A2222 Vendor Name: ARGON MEDICAL DEVICES Class: M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
171081808		08/23/20	08/10/20	09/10/20			1,133.08	0.00	0.00	1,133.08
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2222	ARGON MEDICAL DEVICES	1,133.08	0.00	0.00	1,133.08

Vendor# B1150 Vendor Name: BAXTER HEALTHCARE Class: W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
55564653		08/10/20	07/18/20	08/31/20			900.93	0.00	0.00	900.93
	SUPPLIES									
55787818		08/23/20	08/03/20	08/31/20			369.15	0.00	0.00	369.15
	SUPPLIES									
55813322		08/23/20	08/07/20	09/01/20			555.21	0.00	0.00	555.21
	SUPPLIES									
55914917		08/23/20	08/16/20	09/10/20			252.51	0.00	0.00	252.51
	SUPPLIES									

55930282		08/31/20	08/17/20	09/11/20	369.15	0.00	0.00	369.15
55968958		08/31/20	08/21/20	09/15/20	2,367.50	0.00	0.00	2,367.50
	LEASE INF PUMPS							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE			4,814.45	0.00	0.00	4,814.45

Vendor#	Vendor Name	Class	Pay Code
M2485	BAYER HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
6005469795		08/23/20	08/15/20	09/15/20			572.32	0.00	0.00	572.32
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	M2485	BAYER HEALTHCARE					572.32	0.00	0.00	572.32

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
5374265		08/23/20	07/30/20	08/31/20			3,507.27	0.00	0.00	3,507.27
	LEASE									
106486552		08/23/20	07/31/20	08/31/20			1,333.34	0.00	0.00	1,333.34
	SUPPLIES									
106489516		08/23/20	08/01/20	08/31/20			915.86	0.00	0.00	915.86
	SUPPLIES									
106493287		08/23/20	08/02/20	08/31/20			33.44	0.00	0.00	33.44
	SUPPLIES									
106493334		08/23/20	08/02/20	08/31/20			276.00	0.00	0.00	276.00
	SUPPLIES									
106496888		08/23/20	08/03/20	08/31/20			2,401.01	0.00	0.00	2,401.01
	SUPPLIES									
106497081		08/23/20	08/03/20	08/31/20			2,258.92	0.00	0.00	2,258.92
	SUPPLIES									
106496903		08/23/20	08/03/20	08/31/20			317.50	0.00	0.00	317.50
	SUPPLIES									
106495663		08/23/20	08/03/20	08/31/20			644.70	0.00	0.00	644.70
	SUPPLIES									
106495519		08/23/20	08/03/20	08/31/20			3,426.61	0.00	0.00	3,426.61
	SUPPLIES									
106499615		08/23/20	08/06/20	08/31/20			8,817.58	0.00	0.00	8,817.58
	SUPPLIES									
106499375		08/23/20	08/06/20	08/31/20			7,606.22	0.00	0.00	7,606.22
	SUPPLIES									
106510881		08/23/20	08/10/20	09/04/20			65.22	0.00	0.00	65.22
	SUPPLIES									
5374919		08/31/20	08/12/20	09/06/20			4,233.46	0.00	0.00	4,233.46
	LEASE LAB									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC					35,837.13	0.00	0.00	35,837.13

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
707775		08/31/20	08/09/20	08/31/20			284.80	0.00	0.00	284.80
	REPAIRS PLT OPS									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net

	11211	BHB MACHINE & PUMP REPAIR, LLC				284.80	0.00	0.00	284.80
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
	24616173		08/23/20	08/16/20	08/31/20		1,198.30	0.00	0.00	1,198.30
		PHONE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11050	BIRCH COMMUNICATIONS				1,198.30	0.00	0.00	1,198.30
Vendor#	Vendor Name				Class	Pay Code			
B1800	BRIGGS HEALTHCARE				M				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	8907519RI		08/31/20	08/03/20	09/02/20		93.23	0.00	0.00	93.23
		OFF SUP-HIM								
	8915681RI		08/31/20	08/22/20	09/09/20		154.30	0.00	0.00	154.30
		SUPPL GEN BUS OFF								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		B1800	BRIGGS HEALTHCARE				247.53	0.00	0.00	247.53
Vendor#	Vendor Name				Class	Pay Code			
B1835	BUCKEYE CLEANING CENTER				M				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	155932		08/23/20	08/02/20	08/31/20		333.82	0.00	0.00	333.82
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		B1835	BUCKEYE CLEANING CENTER				333.82	0.00	0.00	333.82
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
	76797286		08/10/20	08/01/20	08/31/20		165.02	0.00	0.00	165.02
		SUPPLIES								
	76819074		08/23/20	08/07/20	09/06/20		165.02	0.00	0.00	165.02
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		B0437	C R BARD INC				330.04	0.00	0.00	330.04
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
	000200		08/23/20	08/16/20	08/31/20		48.03	0.00	0.00	48.03
		PURCH SERV								
	000201		08/23/20	08/16/20	08/31/20		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			
11295	CALHOUN COUNTY INDIGENT ACCOUN								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	000211		09/12/20	09/06/20	09/06/20		700.00	0.00	0.00	700.00
		INDIGENT CO PAYS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11295	CALHOUN COUNTY INDIGENT ACCOUN				700.00	0.00	0.00	700.00
Vendor#	Vendor Name				Class	Pay Code			
C1325	CARDINAL HEALTH 414, INC.				W				

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8001411965		08/23/20	07/22/20	08/31/20		300.92	0.00	0.00	300.92
	SUPPLIES								
8001417335		08/23/20	07/31/20	08/31/20		320.58	0.00	0.00	320.58
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH 414, INC.	621.50	0.00	0.00	621.50

Vendor#	Vendor Name	Class	Pay Code
C1275	CARROT TOP INDUSTRIES INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
34914700		08/23/20	05/30/20	08/31/20		253.04	0.00	0.00	253.04
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1275	CARROT TOP INDUSTRIES INC	253.04	0.00	0.00	253.04

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
JQV4273		08/11/20	08/01/20	08/31/20		7,642.65	0.00	0.00	7,642.65
	MAJOR/MINOR								
JNM0605		08/23/20	07/20/20	08/31/20		802.40	0.00	0.00	802.40
	MINOR EQUIP								
JRH1453		08/31/20	08/02/20	09/01/20		28.73	0.00	0.00	28.73
	SUPPLIES GEN - IT								
JSP9776		08/31/20	08/09/20	09/08/20		9.80	0.00	0.00	9.80
	OFF SUP RADIOLOGY								
JVQ3288		08/31/20	08/17/20	09/16/20		79.36	0.00	0.00	79.36
	SUPPLIES GEN - IT								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.	8,562.94	0.00	0.00	8,562.94

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
000216		09/12/20	08/31/20	09/06/20		51.76	0.00	0.00	51.76
	FUEL								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	E1270	CENTERPOINT ENERGY	51.76	0.00	0.00	51.76

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
92320208		08/23/20	08/04/20	09/03/20		87.00	0.00	0.00	87.00
	SUPPLIES								
92321137		08/23/20	08/07/20	09/06/20		1,005.84	0.00	0.00	1,005.84
	SUPPLIES								
92323796		08/23/20	08/10/20	09/09/20		598.01	0.00	0.00	598.01
	SUPPLIES								
92328227		08/23/20	08/16/20	09/15/20		1,050.64	0.00	0.00	1,050.64
	SUPPLIES								
92331026		08/31/20	08/21/20	09/20/20		358.25	0.00	0.00	358.25
	INVENTORY C/S								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10350	CENTURION MEDICAL PRODUCTS	3,099.74	0.00	0.00	3,099.74

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
22201		08/31/20	08/21/20	08/31/20			506.07	0.00	0.00	506.07
	WTR&SWR 810N ANN ST									
000219		09/12/20	08/21/20	09/06/20			628.60	0.00	0.00	628.60
	WATER AND SEWER									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1730	CITY OF PORT LAVACA	1,134.67	0.00	0.00	1,134.67

Vendor# Vendor Name Class Pay Code

10786 CLINICAL PATHOLOGY

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2017070		08/23/20	07/31/20	08/31/20			5,756.70	0.00	0.00	5,756.70
	PURCH SERV									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10786	CLINICAL PATHOLOGY	5,756.70	0.00	0.00	5,756.70

Vendor# Vendor Name Class Pay Code

C2150 COOK MEDICAL INCORPORATED M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
V15882544		08/23/20	08/15/20	09/15/20			410.00	0.00	0.00	410.00
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C2150	COOK MEDICAL INCORPORATED	410.00	0.00	0.00	410.00

Vendor# Vendor Name Class Pay Code

11500 CORPUS CHRISTI STAMP WORKS INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
27760		08/23/20	08/11/20	08/31/20			173.00	0.00	0.00	173.00
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11500	CORPUS CHRISTI STAMP WORKS INC	173.00	0.00	0.00	173.00

Vendor# Vendor Name Class Pay Code

C2297 COVER ONE M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
13453		08/11/20	08/07/20	09/06/20			255.75	0.00	0.00	255.75
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C2297	COVER ONE	255.75	0.00	0.00	255.75

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
227016		08/23/20	08/14/20	09/14/20			60.85	0.00	0.00	60.85
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10006	CUSTOM MEDICAL SPECIALTIES	60.85	0.00	0.00	60.85

Vendor# Vendor Name Class Pay Code

C1443 CYGNUS MEDICAL LLC M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
223207		08/23/20	08/08/20	09/07/20			448.00	0.00	0.00	448.00
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1443	CYGNUS MEDICAL LLC	448.00	0.00	0.00	448.00

Vendor# Vendor Name Class Pay Code

11368 CYRACOM LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
186089		08/11/20	07/31/20	08/31/20		949.00	0.00	0.00	949.00
	MINOR EQUP								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11368	CYRACOM LLC				949.00	0.00	0.00	949.00

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
0000012403A		08/23/20	08/06/20	08/31/20		8,311.33	0.00	0.00	8,311.33
	PURCH SERV								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11287	DELTA HEALTHCARE PROVIDERS				8,311.33	0.00	0.00	8,311.33

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
5110920		08/10/20	08/07/20	09/01/20		153.20	0.00	0.00	153.20
	SUPPLIES								
5112920		08/11/20	08/08/20	09/02/20		25.22	0.00	0.00	25.22
	SUPPLIES								
5111480		08/23/20	08/09/20	09/03/20		51.98	0.00	0.00	51.98
	SUPPLIES								
5114340		08/23/20	08/09/20	09/03/20		190.59	0.00	0.00	190.59
	SUPPLIES								
5115550		08/23/20	08/10/20	09/04/20		12.00	0.00	0.00	12.00
	SUPPLIES								
5119340		08/31/20	08/15/20	09/09/20		159.61	0.00	0.00	159.61
	OFF SUPP ADM								
5122040		08/31/20	08/17/20	09/11/20		38.89	0.00	0.00	38.89
	OFF SUPP RADIOLOGY								
5124930		08/31/20	08/21/20	09/15/20		163.56	0.00	0.00	163.56
	OFF SUP ACCTG								
5124300		08/31/20	08/21/20	09/15/20		91.11	0.00	0.00	91.11
	OFF SUP OB								
5124310		08/31/20	08/21/20	09/15/20		16.06	0.00	0.00	16.06
	OFF SUP C/S								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON				902.22	0.00	0.00	902.22

Vendor#	Vendor Name	Class	Pay Code
11011	DIAMOND HEALTHCARE CORP		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
IN20051007		08/23/20	07/31/20	08/31/20		19,166.67	0.00	0.00	19,166.67
	PURCH SERV								
IN20050998		08/23/20	07/31/20	08/31/20		31,144.58	0.00	0.00	31,144.58
	PURCH SERV								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11011	DIAMOND HEALTHCARE CORP				50,311.25	0.00	0.00	50,311.25

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9313		08/23/20	08/08/20	09/02/20		155.80	0.00	0.00	155.80
	SUPPLIES								

9327	08/31/20 08/21/20 09/15/20	79.95	0.00	0.00	79.95
FORMS PFS					

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1752	DLE PAPER & PACKAGING	235.75	0.00	0.00	235.75

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
000193		08/23/20	08/22/20	08/31/20			23.37	0.00	0.00	23.37
	FOOD SUPPLIES - Reimb									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11201	DOROTHY BONUZ	23.37	0.00	0.00	23.37

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
22205		08/31/20	08/15/20	08/31/20			25.00	0.00	0.00	25.00
	LAUNDRY C/S									
22206		08/31/20	08/17/20	08/31/20			16.00	0.00	0.00	16.00
	LAUNDRY OB									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1710	DOWNTOWN CLEANERS	41.00	0.00	0.00	41.00

Vendor#	Vendor Name	Class	Pay Code
10175	DSHS CENTRAL LAB MC2004		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000198		08/23/20	08/01/20	08/31/20			199.30	0.00	0.00	199.30
	PURCH SERV									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10175	DSHS CENTRAL LAB MC2004	199.30	0.00	0.00	199.30

Vendor#	Vendor Name	Class	Pay Code
D1785	DYNATRONICS CORPORATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
963209		08/23/20	08/08/20	09/08/20			83.50	0.00	0.00	83.50
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1785	DYNATRONICS CORPORATION	83.50	0.00	0.00	83.50

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
35370		09/12/20	06/30/20	09/06/20			4,875.00	0.00	0.00	4,875.00
	PRO FEES									
35419		09/12/20	08/31/20	09/06/20			40,062.50	0.00	0.00	40,062.50
	PRO FEES									
35476		09/12/20	09/15/20	09/20/20			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	85,000.00	0.00	0.00	85,000.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
440561		08/31/20	08/22/20	09/04/20			153.99	0.00	0.00	153.99
	SUPPLIES SURGERY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

10042	ERBE USA INC SURGICAL SYSTEMS	153.99	0.00	0.00	153.99			

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
A1708041378	SOFTWARE MAINT	08/23/20	08/04/20	08/31/20			16,744.00	0.00	0.00	16,744.00
T1708091378	MONTH PURCH SERV	08/31/20	08/09/20	08/31/20			20,046.82	0.00	0.00	20,046.82

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C2510	EVIDENT	36,790.82	0.00	0.00	36,790.82

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
903150340	SUPPLIES	08/23/20	06/23/20	08/31/20			190.80	0.00	0.00	190.80
903150342	SUPPLIES	08/23/20	06/23/20	08/31/20			572.40	0.00	0.00	572.40
903150341	SUPPLIES	08/23/20	06/23/20	08/31/20			190.80	0.00	0.00	190.80

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S0501	EVOQUA WATER TECHNOLOGIES LLC	954.00	0.00	0.00	954.00

Vendor#	Vendor Name	Class	Pay Code
10689	FASTHEALTH CORPORATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
08A17MMC	PURCH SERV	08/11/20	08/01/20	08/31/20			495.00	0.00	0.00	495.00

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
587165778	FREIGHT - VAR DEPTS	08/31/20	07/20/20	08/31/20			92.21	0.00	0.00	92.21
587909866	FREIGHT-RADIOLOGY	08/31/20	07/27/20	08/31/20			17.88	0.00	0.00	17.88
589332224	FREIGHT - ER	08/31/20	08/10/20	08/31/20			9.41	0.00	0.00	9.41

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.	119.50	0.00	0.00	119.50

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
4610105	SUPPLIES	08/23/20	07/31/20	08/31/20			990.93	0.00	0.00	990.93
4938736	SUPPLIES	08/23/20	08/03/20	08/31/20			3.52	0.00	0.00	3.52
5337106	SUPPLIES	08/23/20	08/08/20	09/02/20			178.46	0.00	0.00	178.46
5454476	SUPPLIES	08/23/20	08/09/20	09/03/20			25.40	0.00	0.00	25.40
5655261	SUPPLIES	08/23/20	08/10/20	09/04/20			5,319.38	0.00	0.00	5,319.38

8108892		08/23/20 08/15/20 09/09/20			1,064.37	0.00	0.00	1,064.37
	SUPPLIES							
8588891		08/23/20 08/16/20 09/10/20			691.25	0.00	0.00	691.25
	SUPPLIES							
8588870		08/31/20 08/16/20 09/10/20			2,024.29	0.00	0.00	2,024.29
	SUPPLIES LAB							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE			10,297.60	0.00	0.00	10,297.60
Vendor#	Vendor Name			Class	Pay Code			
F1653	FORT BEND SERVICES, INC							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
0210745IN		08/23/20	08/01/20	08/31/20		530.00	0.00	0.00	530.00
	MAINT CONT							
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	F1653	FORT BEND SERVICES, INC				530.00	0.00	0.00	530.00
Vendor#	Vendor Name			Class	Pay Code			
11183	FRONTIER							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
22200		08/31/20	08/19/20	08/31/20		50.42	0.00	0.00	50.42
	TELEPHN - HOSP							
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			
11078	FUSION MEDICAL STAFFING, LLC							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
E143149		08/23/20	08/12/20	09/06/20		3,136.00	0.00	0.00	3,136.00
	PRO FEE							
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11078	FUSION MEDICAL STAFFING, LLC				3,136.00	0.00	0.00	3,136.00
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
000172		08/14/20	09/01/20	09/01/20		4,750.45	0.00	0.00	4,750.45
	EMPLY EXP LIFE INS							
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11149	GARDNER & WHITE, INC.				4,750.45	0.00	0.00	4,750.45
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
6000826164		08/23/20	08/01/20	08/31/20		3,236.62	0.00	0.00	3,236.62
	MAINT CONT							
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			
10488	GE HEALTHCARE IITS USA CORP							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
030492965		08/23/20	08/09/20	09/03/20		860.92	0.00	0.00	860.92
	DUES							
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			

10642 GLAXOSMITHKLINE PHARMACUETICAL

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
34024214	INVENT	07/28/20	06/26/20	09/01/20		1,243.77	0.00	0.00	1,243.77

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10642	GLAXOSMITHKLINE PHARMACUETICAL	1,243.77	0.00	0.00	1,243.77

Vendor# W1300 Vendor Name GRAINGER Class M Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9519623830		08/31/20	08/04/20	08/31/20		28.80	0.00	0.00	28.80

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W1300	GRAINGER	28.80	0.00	0.00	28.80

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1357196	SUPPLIES	08/04/20	08/01/20	08/31/20		437.90	0.00	0.00	437.90
1360495	SUPPLIES	08/10/20	08/08/20	09/07/20		387.97	0.00	0.00	387.97
1354230	SUPPLIES	08/23/20	07/25/20	08/31/20		27.35	0.00	0.00	27.35
000204	CREDIT	08/23/20	08/23/20	08/31/20		-19.71	0.00	0.00	-19.71

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	833.51	0.00	0.00	833.51

Vendor# 10804 Vendor Name HEALTHCARE CODING & CONSULTING Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
6570	PURCH SERV	08/11/20	07/31/20	08/31/20		340.00	0.00	0.00	340.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10804	HEALTHCARE CODING & CONSULTING	340.00	0.00	0.00	340.00

Vendor# H1850 Vendor Name HOSPIRA WORLDWIDE, INC Class M Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
851134825	MAINT CONT	08/11/20	08/01/20	08/31/20		11.25	0.00	0.00	11.25

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H1850	HOSPIRA WORLDWIDE, INC	11.25	0.00	0.00	11.25

Vendor# I1260 Vendor Name INTOXIMETERS INC Class M Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
571234	CONT ED	08/23/20	08/01/20	08/31/20		170.00	0.00	0.00	170.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I1260	INTOXIMETERS INC	170.00	0.00	0.00	170.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
918339794	SUPPLIES	08/23/20	08/07/20	09/06/20		763.36	0.00	0.00	763.36

918342602	08/23/20 08/08/20 09/07/20		42.00	0.00	0.00	42.00		
SUPPLIES								
918375806	08/23/20 08/15/20 09/14/20		172.53	0.00	0.00	172.53		
SUPPLIES								
Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net		
	J0150	J & J HEALTH CARE SYSTEMS, INC	977.89	0.00	0.00	977.89		

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	
2007359		08/23/20	08/09/20	08/31/20			284.33	0.00	0.00	284.33	
	PRO FEES Rental Car 7/23-28/2017										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net	
	11230	JACKSON & COKER LOCUM TENENS,					284.33	0.00	0.00	284.33	

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	
6009143		08/31/20	07/27/20	08/31/20			488.26	0.00	0.00	488.26	
	SUPPLIES PLT OPS										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net	
	J1415	JOHNSTONE SUPPLY					488.26	0.00	0.00	488.26	

Vendor#	Vendor Name	Class	Pay Code
11496	JULIE NGUYEN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
000195		08/23/20	08/14/20	08/31/20			152.78	0.00	0.00	152.78	106.78
	TRAVEL Milease 8/11-12										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net	
	11496	JULIE NGUYEN					152.78	0.00	0.00	152.78	106.78

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	
56118333		08/23/20	07/29/20	08/31/20			135.31	0.00	0.00	135.31	
	PURCH SERV										
55983509		08/23/20	07/29/20	08/31/20			61.29	0.00	0.00	61.29	
	PURCH SERV										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net	
	L0700	LABCORP OF AMERICA HOLDINGS					196.60	0.00	0.00	196.60	

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	
108345950		08/23/20	08/07/20	09/06/20			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
L1288	LANGUAGE LINE SERVICES	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
4114928		08/23/20	07/31/20	08/31/20			18.00	0.00	0.00	18.00	
	PURCH SERV										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net	
	L1288	LANGUAGE LINE SERVICES					18.00	0.00	0.00	18.00	

Vendor#	Vendor Name	Class	Pay Code

M1511 MARKETLAB, INC W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
IN00109719		08/31/20	08/11/20	09/10/20			344.95	0.00	0.00	344.95
	SUPPLIES GEN -OB, MED/SUF									
INV0116056		08/31/20	08/21/20	09/20/20			124.95	0.00	0.00	124.95
	SUPLIES GEN SURGERY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M1511	MARKETLAB, INC	469.90	0.00	0.00	469.90

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
7233415		08/10/20	07/20/20	08/31/20			16.28	0.00	0.00	16.28
	SUPPLIES									
8025547		08/10/20	08/02/20	09/01/20			81.43	0.00	0.00	81.43
	SUPPLIES									
8046774		08/10/20	08/02/20	09/01/20			351.71	0.00	0.00	351.71
	SUPPLIES									
8311866		08/23/20	08/07/20	09/06/20			129.30	0.00	0.00	129.30
	SUPPLIES									
8360155		08/23/20	08/08/20	09/07/20			4.41	0.00	0.00	4.41
	SUPPLIES									
8703943		08/23/20	08/14/20	09/13/20			702.95	0.00	0.00	702.95
	SUPPLIES									
90147028		08/31/20	08/17/20	09/16/20			206.25	0.00	0.00	206.25
	SUPPLIES LAB									
9151529		08/31/20	08/21/20	09/15/20			65.13	0.00	0.00	65.13
9155689		08/31/20	08/21/20	09/20/20			882.59	0.00	0.00	882.59
	INVENTORY C/S									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	2,440.05	0.00	0.00	2,440.05

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
1831709220		08/10/20	07/25/20	08/31/20			199.37	0.00	0.00	199.37
	SUPPLIES									
1831654953		08/23/20	07/24/20	08/31/20			715.05	0.00	0.00	715.05
	SUPPLIES									
1832650739		08/23/20	08/09/20	09/03/20			62.90	0.00	0.00	62.90
	SUPPLIES									
1832650740		08/23/20	08/09/20	09/03/20			2.32	0.00	0.00	2.32
	SUPPLIES									
1832877707		08/23/20	08/12/20	09/06/20			5.88	0.00	0.00	5.88
	SUPPLIES									
1832937705		08/23/20	08/15/20	09/09/20			29.15	0.00	0.00	29.15
	SUPPLIES									
1832937701		08/23/20	08/15/20	09/09/20			27.69	0.00	0.00	27.69
	SUPPLIES									
1832937707		08/23/20	08/15/20	09/09/20			488.72	0.00	0.00	488.72
	SUPPLIES									
1832504005		08/31/20	08/07/20	09/01/20			136.90	0.00	0.00	136.90
	SUPPLIES GEN - SURGERY									

1832681310		08/31/20	08/10/20	09/09/20	21.06	0.00	0.00	21.06
SUPPLIES GEN I/C								
1833080814		08/31/20	08/16/20	09/10/20	43.14	0.00	0.00	43.14
1833411555		08/31/20	08/22/20	09/16/20	48.00	0.00	0.00	48.00
1833604113		08/31/20	08/24/20	09/18/20	19.53	0.00	0.00	19.53
INVENTORY CS								
1833604112		08/31/20	08/24/20	09/18/20	41.15	0.00	0.00	41.15
INVENTORY C/S								
1833604111		08/31/20	08/24/20	09/18/20	338.06	0.00	0.00	338.06
INVENTORY C/S								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC			2,178.92	0.00	0.00	2,178.92

Vendor#	Vendor Name	Class	Pay Code
M2556	MEGADYNE MEDICAL	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
I1162758		08/23/20	08/07/20	09/07/20			54.00	0.00	0.00	54.00
SUPPLIES										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	M2556	MEGADYNE MEDICAL					54.00	0.00	0.00	54.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8800099192		08/10/20	07/27/20	08/31/20			~~180.20~~	0.00	0.00	~~180.20~~ 206.71
SUPPLIES										
8800093929		08/23/20	07/20/20	08/31/20			114.15	0.00	0.00	114.15
SUPPLIES										
8800108741		08/31/20	08/15/20	09/14/20			1,374.78	0.00	0.00	1,374.78
8800099191 7/27/17 Cred:t Note for Inv 8800990350										<180.20>
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	M2659	MERRY X-RAY/SOURCEONE HEALTHCA					~~1,669.13~~	0.00	0.00	~~1,669.13~~ 1515.44

Vendor#	Vendor Name	Class	Pay Code
M2650	METLIFE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
22203		08/31/20	08/21/20	08/31/20			258.52	0.00	0.00	258.52
EMPLY EXP										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	M2650	METLIFE					258.52	0.00	0.00	258.52

Vendor#	Vendor Name	Class	Pay Code
10764	MICHAEL CHAVANA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
22202		08/31/20	08/22/20	08/31/20			194.96	0.00	0.00	194.96
TRAVEL-TRUSTEES CONF 7/19-22/2017										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10764	MICHAEL CHAVANA					194.96	0.00	0.00	194.96

Vendor#	Vendor Name	Class	Pay Code
M2685	MICROTEK MEDICAL INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
4162767		08/23/20	08/07/20	09/07/20			284.52	0.00	0.00	284.52
SUPPLIES										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2685	MICROTEK MEDICAL INC	284.52	0.00	0.00	284.52

Vendor#	Vendor Name	Class	Pay Code
11504	MILLENNIUM SURGICAL CORP		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
676273		08/31/20	08/04/20	09/01/20			908.00	0.00	0.00	908.00
	SUPPLIES GEN SURGERY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11504	MILLENNIUM SURGICAL CORP	908.00	0.00	0.00	908.00

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
000215		09/12/20	09/08/20	09/06/20			80.60	0.00	0.00	80.60
	EMPL EXP									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP	80.60	0.00	0.00	80.60

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
000202		08/23/20	08/21/20	08/31/20			7,534.07	0.00	0.00	7,534.07
	EMPL EXP									
000209		09/12/20	08/29/20	09/06/20			14,541.15	0.00	0.00	14,541.15
	EMPL EXP									
000210		09/12/20	09/05/20	09/06/20			26,866.32	0.00	0.00	26,866.32
	EMPLY EXP									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN	48,941.54	0.00	0.00	48,941.54

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
2683		08/23/20	08/10/20	08/31/20			-5.00	0.00	0.00	-5.00
	INVENT PHARM									
2313		08/23/20	08/10/20	08/31/20			-343.34	0.00	0.00	-343.34
	INVENT PHARM									
CM32573		08/23/20	08/14/20	08/31/20			-1,093.28	0.00	0.00	-1,093.28
	INVENT									
1648952		08/23/20	08/14/20	08/31/20			1,916.55	0.00	0.00	1,916.55
	INVENT									
1648950		08/23/20	08/14/20	08/31/20			1,272.08	0.00	0.00	1,272.08
	INVENT									
CM32574		08/23/20	08/14/20	08/31/20			-616.87	0.00	0.00	-616.87
	INVENT									
1648951		08/23/20	08/14/20	08/31/20			260.08	0.00	0.00	260.08
	INVENT									
3478		08/23/20	08/15/20	08/31/20			-154.29	0.00	0.00	-154.29
	INVENT PHARM									
1654666		08/23/20	08/15/20	08/31/20			1,411.00	0.00	0.00	1,411.00
	INVENT PHARM									
1654665		08/23/20	08/15/20	08/31/20			3.81	0.00	0.00	3.81
	INVENT PHARM									
1654667		08/23/20	08/15/20	08/31/20			8.04	0.00	0.00	8.04
	INVENT PHARM									

3298	08/23/20 08/15/20 08/31/20	-33.62	0.00	0.00	-33.62	
	INVENT PHARM					
1654668	08/23/20 08/15/20 08/31/20	22.20	0.00	0.00	22.20	
	INVENT PHARM					
1659496	08/23/20 08/16/20 08/31/20	7.22	0.00	0.00	7.22	
	INVENT PHARM					
1658518	08/23/20 08/16/20 08/31/20	21.18	0.00	0.00	21.18	
	INVENT PHARM					
1659682	08/23/20 08/16/20 08/31/20	2,478.47	0.00	0.00	2,478.47	
	INVENT PHARM					
1658519	08/23/20 08/16/20 08/31/20	354.65	0.00	0.00	354.65	
	INVENT PHARM					
1659570	08/23/20 08/16/20 08/31/20	88.59	0.00	0.00	88.59	
	INVENT PHARM					
1659569	08/23/20 08/16/20 08/31/20	35.90	0.00	0.00	35.90	
	INVENT PHARM					
CM33524	08/23/20 08/16/20 08/31/20	-630.66	0.00	0.00	-630.66	
	INVENT PHARM					
1658517	08/23/20 08/16/20 08/31/20	9.01	0.00	0.00	9.01	
	INVENT PHARM					
1659681	08/23/20 08/16/20 08/31/20	7,608.67	0.00	0.00	7,608.67	
	INVENT PHARM					
1659683	08/23/20 08/16/20 08/31/20	173.11	0.00	0.00	173.11	
	INVENT PHARM					
1666733	08/23/20 08/17/20 08/31/20	36.51	0.00	0.00	36.51	
	INVENT PHARM					
1666730	08/23/20 08/17/20 08/31/20	540.40	0.00	0.00	540.40	
	INVENT PHARM					
1666731	08/23/20 08/17/20 08/31/20	469.35	0.00	0.00	469.35	
	INVENT PHARM					
1665286	08/23/20 08/17/20 08/31/20	58.26	0.00	0.00	58.26	
	INVENT PHARM					
1666732	08/23/20 08/17/20 08/31/20	3,775.76	0.00	0.00	3,775.76	
	INVENT PHARM					
1669735	08/23/20 08/18/20 08/31/20	11.39	0.00	0.00	11.39	
	INVENT PHARM					
1669733	08/23/20 08/18/20 08/31/20	575.47	0.00	0.00	575.47	
	INVENT PHARM					
1669216	08/23/20 08/18/20 08/31/20	66.88	0.00	0.00	66.88	
	INVENT PHARM					
1669217	08/23/20 08/18/20 08/31/20	22.29	0.00	0.00	22.29	
	INVENT PHARM					
1669215	08/23/20 08/18/20 08/31/20	10.50	0.00	0.00	10.50	
	INVENT PHARM					
1669734	08/23/20 08/18/20 08/31/20	66.69	0.00	0.00	66.69	
	INVENT PHARM					
1669732	08/23/20 08/18/20 08/31/20	307.25	0.00	0.00	307.25	
	INVENT PHARM					
1676818	08/31/20 08/22/20 08/31/20	302.37	0.00	0.00	302.37	
	INVENTORY-PHARM					
1684952	08/31/20 08/22/20 08/31/20	4.34	0.00	0.00	4.34	

		INVENTORY-PHARM							
	1684669		08/31/20	08/22/20	08/31/20	2,242.34	0.00	0.00	2,242.34
		INVENTORY-PHARM							
	1684951		08/31/20	08/22/20	08/31/20	1.81	0.00	0.00	1.81
		INVENTORY-PHARM							
	1684668		08/31/20	08/22/20	08/31/20	140.73	0.00	0.00	140.73
		INVENTORY-PHRAM							
	1684354		08/31/20	08/22/20	08/31/20	5.98	0.00	0.00	5.98
		INVENTYORY-PHARM							
	1689468		08/31/20	08/23/20	08/31/20	1,653.82	0.00	0.00	1,653.82
		INVENTORY-PHARM							
	1689469		08/31/20	08/23/20	08/31/20	17.48	0.00	0.00	17.48
		INVENTORY PHARM							
	1686760		08/31/20	08/23/20	08/31/20	173.43	0.00	0.00	173.43
		INVENT-PHRAM							
	1687135		08/31/20	08/23/20	08/31/20	884.23	0.00	0.00	884.23
		INVENTORY-PHARM							
	1689467		08/31/20	08/23/20	08/31/20	15.02	0.00	0.00	15.02
		INVENTORY-PHRAM							
	1689466		08/31/20	08/23/20	08/31/20	467.28	0.00	0.00	467.28
		INVENTORY-PHARM							
	1689470		08/31/20	08/23/20	08/31/20	3.88	0.00	0.00	3.88
		INVENTORY PHARM							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		10536	MORRIS & DICKSON CO, LLC			24,646.96	0.00	0.00	24,646.96
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
	1040553072		08/31/20	07/30/20	08/31/20		32.00	0.00	0.00	32.00
		REPAIRS INST E/R								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10188	NATUS MEDICAL INC				32.00	0.00	0.00	32.00
Vendor#	Vendor Name				Class	Pay Code				
11256	NOVITAS SOLUTIONS - PART A									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	000235		09/13/20	09/12/20	09/20/20		234,325.00	0.00	0.00	234,325.00
		THIRD PARTY REC - Medicare Tentative Settlement Initial Demand Letter								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11256	NOVITAS SOLUTIONS - PART A				234,325.00	0.00	0.00	234,325.00
Vendor#	Vendor Name				Class	Pay Code				
O0920	OFFICE DEPOT									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	953476150001		08/31/20	08/15/20	09/14/20		61.74	0.00	0.00	61.74
		OFF SUPP RADIOLOGY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		O0920	OFFICE DEPOT				61.74	0.00	0.00	61.74
Vendor#	Vendor Name				Class	Pay Code				
O1660	ORIENTAL TRADING CO INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	68512926801		08/31/20	08/16/20	09/15/20		52.93	0.00	0.00	52.93
		SUPPLIES GEN RECVRY RM								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net

	O1660 ORIENTAL TRADING CO INC					52.93	0.00	0.00	52.93
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
	1850390414	SUPPLIES	08/23/20	07/24/20	08/31/20		747.57	0.00	0.00	747.57
	1850397526	SUPPLIES	08/23/20	08/01/20	08/31/20		166.26	0.00	0.00	166.26
	1850411940	SUPPLIES	08/23/20	08/16/20	09/15/20		1,304.68	0.00	0.00	1,304.68
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		O1416	ORTHO CLINICAL DIAGNOSTICS				2,218.51	0.00	0.00	2,218.51
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
	2029518789	SUPPLIES	08/10/20	08/01/20	08/31/20		70.35	0.00	0.00	70.35
	2029518360	SUPPLIES	08/10/20	08/01/20	08/31/20		34.50	0.00	0.00	34.50
	2029518377	SUPPLIES	08/10/20	08/01/20	08/31/20		6.32	0.00	0.00	6.32
	2029528259	SUPPLIES	08/10/20	08/01/20	08/31/20		1,344.80	0.00	0.00	1,344.80
	2029527672	SUPPLIES	08/10/20	08/01/20	08/31/20		1,415.81	0.00	0.00	1,415.81
	2029519273	SUPPLIES	08/10/20	08/01/20	08/31/20		34.91	0.00	0.00	34.91
	2029519314	SUPPLIES	08/10/20	08/01/20	08/31/20		192.34	0.00	0.00	192.34
	2029594849	SUPPLIES	08/10/20	08/03/20	09/02/20		343.92	0.00	0.00	343.92
	2029592570	SUPPLIES	08/10/20	08/03/20	09/02/20		29.92	0.00	0.00	29.92
	2029593316	SUPPLIES	08/10/20	08/03/20	09/02/20		26.57	0.00	0.00	26.57
	2029594831	SUPPLIES	08/10/20	08/03/20	09/02/20		5.59	0.00	0.00	5.59
	2029592763	SUPPLIES	08/10/20	08/03/20	09/02/20		26.57	0.00	0.00	26.57
	2029592796	SUPPLIES	08/10/20	08/03/20	09/02/20		78.20	0.00	0.00	78.20
	2029599085	SUPPLIES	08/10/20	08/03/20	09/02/20		1,891.66	0.00	0.00	1,891.66
	2029528547	SUPPLIES	08/11/20	08/01/20	08/31/20		12.34	0.00	0.00	12.34
	2029349238	SUPPLIES	08/23/20	07/25/20	08/31/20		127.30	0.00	0.00	127.30
	2029355351	SUPPLIES	08/23/20	07/25/20	08/31/20		1,523.87	0.00	0.00	1,523.87
	2029712985	SUPPLIES	08/23/20	08/08/20	09/07/20		39.00	0.00	0.00	39.00

2029713641	08/23/20 08/08/20 09/07/20	241.76	0.00	0.00	241.76	
SUPPLIES						
2029713230	08/23/20 08/08/20 09/07/20	53.14	0.00	0.00	53.14	
SUPPLIES						
2029712890	08/23/20 08/08/20 09/07/20	12.74	0.00	0.00	12.74	
SUPPLIES						
2029713761	08/23/20 08/08/20 09/07/20	110.86	0.00	0.00	110.86	
SUPPLIES						
2029718872	08/23/20 08/08/20 09/07/20	1,050.56	0.00	0.00	1,050.56	
SUPPLIES						
2029712989	08/23/20 08/08/20 09/07/20	114.45	0.00	0.00	114.45	
SUPPLIES						
2029713243	08/23/20 08/08/20 09/07/20	25.48	0.00	0.00	25.48	
SUPPLIES						
2029719790	08/23/20 08/08/20 09/07/20	1,687.56	0.00	0.00	1,687.56	
SUPPLIES						
2029787767	08/23/20 08/10/20 09/09/20	62.50	0.00	0.00	62.50	
SUPPLIES						
2029787778	08/23/20 08/10/20 09/09/20	10.50	0.00	0.00	10.50	
SUPPLIES						
2029788856	08/23/20 08/10/20 09/09/20	419.24	0.00	0.00	419.24	
SUPPLIES						
2029787737	08/23/20 08/10/20 09/09/20	7.00	0.00	0.00	7.00	
SUPPLIES						
2029787855	08/23/20 08/10/20 09/09/20	5.59	0.00	0.00	5.59	
SUPPLIES						
2029795161	08/23/20 08/10/20 09/09/20	665.81	0.00	0.00	665.81	
SUPPLIES						
2029788192	08/23/20 08/10/20 09/09/20	12.98	0.00	0.00	12.98	
SUPPLIES						
2029790529	08/23/20 08/10/20 09/09/20	66.87	0.00	0.00	66.87	
SUPPLIES						
2029886152	08/23/20 08/15/20 09/14/20	66.49	0.00	0.00	66.49	
SUPPLIES						
2029893614	08/23/20 08/15/20 09/14/20	1,274.63	0.00	0.00	1,274.63	
SUPPLIES						
2029893368	08/23/20 08/15/20 09/14/20	1,895.55	0.00	0.00	1,895.55	
SUPPLIES						
2029887755	08/23/20 08/15/20 09/14/20	56.52	0.00	0.00	56.52	
SUPPLIES						
2029990216	08/23/20 08/17/20 09/16/20	44.17	0.00	0.00	44.17	
SUPPLIES						
2029990076	08/23/20 08/17/20 09/16/20	126.63	0.00	0.00	126.63	
SUPPLIES						
2029992603	08/23/20 08/17/20 09/16/20	2,801.05	0.00	0.00	2,801.05	
SUPPLIES						
2029989689	08/23/20 08/17/20 09/16/20	60.54	0.00	0.00	60.54	
SUPPLIES						
2029992604	08/23/20 08/17/20 09/16/20	4.15	0.00	0.00	4.15	
SUPPLIES						
2029989644	08/23/20 08/17/20 09/16/20	62.50	0.00	0.00	62.50	
SUPPLIES						

2029989782		08/23/20 08/17/20 09/16/20			18.58	0.00	0.00	18.58
	SUPPLIES							
2029885241		08/31/20 08/15/20 09/05/20			49.23	0.00	0.00	49.23
	SUPPL GEN OB							
2030002275		08/31/20 08/18/20 09/17/20			350.80	0.00	0.00	350.80

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR	18,561.85	0.00	0.00	18,561.85

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
000233		09/12/20	09/11/20	09/06/20			127.50	0.00	0.00	127.50
	PURCH SERV 9/6-7/2017									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11069	PABLO GARZA	127.50	0.00	0.00	127.50

Vendor#	Vendor Name	Class	Pay Code
11142	PAETEC (WINDSTREAM)		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
69265882		08/31/20	08/22/20	08/31/20			8,811.03	0.00	0.00	8,811.03
	TELEPHONE HOSP									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11142	PAETEC (WINDSTREAM)	8,811.03	0.00	0.00	8,811.03

Vendor#	Vendor Name	Class	Pay Code
P0706	PALACIOS BEACON	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
33054667		08/23/20	07/07/20	08/31/20			165.00	0.00	0.00	165.00
	PUB REL									

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

Vendor#	Vendor Name	Class	Pay Code
11155	PARA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
3081		08/03/20	08/01/20	08/31/20			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
10204	PHARMEDIUM SERVICES LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
A2021313		08/23/20	08/04/20	08/31/20			404.64	0.00	0.00	404.64
	INVENT									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10204	PHARMEDIUM SERVICES LLC	404.64	0.00	0.00	404.64

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
935124564		08/23/20	07/29/20	08/31/20			2,627.00	0.00	0.00	2,627.00
	MAINT CONT									

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

P1876 POLYMEDCO INC. M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1082869		08/23/20	07/31/20	08/31/20			811.60	0.00	0.00	811.60
	SUPPLIES									

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

Vendor# Vendor Name Class Pay Code

P2100 PORT LAVACA WAVE W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000175		08/23/20	07/31/20	08/31/20			800.50	0.00	0.00	800.50
	PUB REL									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P2100	PORT LAVACA WAVE	800.50	0.00	0.00	800.50

Vendor# Vendor Name Class Pay Code

10372 PRECISION DYNAMICS CORP (PDC)

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
3870980		08/10/20	08/01/20	08/31/20			278.48	0.00	0.00	278.48
	SUPPLIES									
3886022		08/23/20	08/15/20	09/14/20			62.22	0.00	0.00	62.22
	SUPPLIES									
3888292		08/23/20	08/17/20	09/16/20			278.48	0.00	0.00	278.48
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10372	PRECISION DYNAMICS CORP (PDC)	619.18	0.00	0.00	619.18

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
494447		08/23/20	07/31/20	08/31/20			97.00	0.00	0.00	97.00
	PURCH SERV									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11195	PSYCHEMEDICS CORPORATION	97.00	0.00	0.00	97.00

Vendor# Vendor Name Class Pay Code

10896 QIAGEN INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
98034871		08/10/20	07/25/20	08/31/20			213.39	0.00	0.00	213.39
	SUPPLIES									
98069931		08/31/20	08/21/20	09/20/20			2,917.49	0.00	0.00	2,917.49
	SUPPLIES LAB									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10896	QIAGEN INC	3,130.88	0.00	0.00	3,130.88

Vendor# Vendor Name Class Pay Code

11080 RADSOURCE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
SC55966		08/23/20	08/12/20	09/06/20			1,667.00	0.00	0.00	1,667.00
	PURCH SERV									
SC55974		08/23/20	08/16/20	09/10/20			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

R1321 RECEIVABLE MANAGEMENT, INC W

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

000177		08/23/20	07/31/20	08/31/20	13.76	0.00	0.00	13.76
	COLLECTION EXP July							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	R1321	RECEIVABLE MANAGEMENT, INC			13.76	0.00	0.00	13.76

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
156		08/31/20	08/17/20	08/31/20		2,400.00	0.00	0.00	2,400.00
	LEGAL SERV HOSP								
54		08/31/20	08/17/20	08/31/20		847.00	0.00	0.00	847.00
	LEGAL SERV HOSP								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G0425	ROBERTS, ROBERTS & ODEFEY, LLP	3,247.00	0.00	0.00	3,247.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1342		08/23/20	08/01/20	08/31/20		235.00	0.00	0.00	235.00
	PURCH SERV								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11252	RX WASTE SYSTEMS LLC	235.00	0.00	0.00	235.00

Vendor#	Vendor Name	Class	Pay Code
10625	SARA RUBIO		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
000194		08/23/20	08/16/20	08/31/20		194.50	0.00	0.00	194.50
	TRAVEL 8/14-15/2017 Austin TX								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10625	SARA RUBIO	194.50	0.00	0.00	194.50

Vendor#	Vendor Name	Class	Pay Code
S1600	SETON IDENTIFICATION PRODUCTS	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9334304013		09/12/20	06/13/20	09/06/20		122.67	0.00	0.00	122.67
	SUPPLIES								
9334316235		09/12/20	06/14/20	09/06/20		559.14	0.00	0.00	559.14
	SUPPLIES								
9334654052		09/12/20	07/25/20	09/06/20		54.69	0.00	0.00	54.69
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S1600	SETON IDENTIFICATION PRODUCTS	736.50	0.00	0.00	736.50

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
000232		09/12/20	09/11/20	09/06/20		282.37	0.00	0.00	282.37
	PURCH SERV 9/5 - 9/9/2017 Transcription								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	K0536	SHIRLEY KARNEI	282.37	0.00	0.00	282.37

Vendor#	Vendor Name	Class	Pay Code
10936	SIEMENS FINANCIAL SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
4620785		08/23/20	08/06/20	08/31/20		1,350.66	0.00	0.00	1,350.66
	LEASE plus late fee								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

	10936 SIEMENS FINANCIAL SERVICES					1,350.66	0.00	0.00	1,350.66
Vendor#	Vendor Name			Class	Pay Code				
S2362	SMITH & NEPHEW				M				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	93853961		08/23/20	08/07/20	09/07/20		796.31	0.00	0.00	796.31
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2362	SMITH & NEPHEW				796.31	0.00	0.00	796.31
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
	14966760		08/23/20	08/17/20	09/17/20		300.44	0.00	0.00	300.44
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2353	SMITHS MEDICAL ASD INC				300.44	0.00	0.00	300.44
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
	90029299		08/23/20	07/31/20	08/31/20		8,756.42	0.00	0.00	8,756.42
		SUPPLIES								
	90029216		08/23/20	07/31/20	08/31/20		-1,824.16	0.00	0.00	-1,824.16
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11296	SOUTH TEXAS BLOOD & TISSUE CEN				6,932.26	0.00	0.00	6,932.26
Vendor#	Vendor Name			Class	Pay Code				
S2694	STANFORD VACUUM SERVICE				M				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	349154		08/23/20	08/16/20	08/31/20		385.00	0.00	0.00	385.00
		PURCH SERV								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2694	STANFORD VACUUM SERVICE				385.00	0.00	0.00	385.00
Vendor#	Vendor Name			Class	Pay Code				
S3960	STERICYCLE, INC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	4007237262		08/11/20	08/01/20	08/31/20		1,935.39	0.00	0.00	1,935.39
		PURCH SERVICE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S3960	STERICYCLE, INC				1,935.39	0.00	0.00	1,935.39
Vendor#	Vendor Name			Class	Pay Code				
S2830	STRYKER SALES CORP				M				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	389353A		08/23/20	08/08/20	09/08/20		361.31	0.00	0.00	361.31
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2830	STRYKER SALES CORP				361.31	0.00	0.00	361.31
Vendor#	Vendor Name			Class	Pay Code				
10735	STRYKER SUSTAINABILITY								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	3102327		08/11/20	07/25/20	09/01/20		-25.50	0.00	0.00	-25.50
		SUPPLIES								
	3109585		08/23/20	08/02/20	09/01/20		209.80	0.00	0.00	209.80
		SUPPLIES								

Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10735	STRYKER SUSTAINABILITY					184.30	0.00	0.00	184.30
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
	205EV27507		08/11/20	08/01/20	09/01/20		495.00	0.00	0.00	495.00
		MAINT CONT								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	T2539	T-SYSTEM, INC					495.00	0.00	0.00	495.00
Vendor#	Vendor Name				Class	Pay Code				
11140	TEXAS ADVANTAGE COMMUNITY BANK									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	22204		08/31/20	08/21/20	08/31/20		3,690.52	0.00	0.00	3,690.52
		LEASE RADIOLOGY								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11140	TEXAS ADVANTAGE COMMUNITY BANK					3,690.52	0.00	0.00	3,690.52
Vendor#	Vendor Name				Class	Pay Code				
10765	TEXAS HOSPITAL ASSOCIATION									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	0900097524		09/12/20	08/25/20	09/06/20		6,312.00	0.00	0.00	6,312.00
		ANNUAL MEMBERSHIP								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10765	TEXAS HOSPITAL ASSOCIATION					6,312.00	0.00	0.00	6,312.00
Vendor#	Vendor Name				Class	Pay Code				
10885	TEXAS TECH UNIVERSITY HEALTH									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	1708308		08/23/20	08/14/20	08/31/20		5,897.00	0.00	0.00	5,897.00
		PURCH SERV								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10885	TEXAS TECH UNIVERSITY HEALTH					5,897.00	0.00	0.00	5,897.00
Vendor#	Vendor Name				Class	Pay Code				
V1050	THE VICTORIA ADVOCATE				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	000203		08/23/20	07/31/20	08/31/20		553.86	0.00	0.00	553.86
		PUB REL								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	V1050	THE VICTORIA ADVOCATE					553.86	0.00	0.00	553.86
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
	10285008		08/23/20	08/04/20	08/31/20		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				
11169	TXU ENERGY									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	54003824121		08/31/20	08/23/20	08/31/20		32,464.12	0.00	0.00	32,464.12
		MONTHLY ELECTRIC								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11169	TXU ENERGY					32,464.12	0.00	0.00	32,464.12

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
	8150775019	LAUNDRY	08/11/20	08/08/20	09/02/20		17.00	0.00	0.00	17.00
	8150775104	LAUNDRY	08/11/20	08/08/20	09/02/20		18.21	0.00	0.00	18.21
	8150775676	LAUNDRY	08/23/20	08/15/20	09/09/20		17.00	0.00	0.00	17.00
	8150775758	LAUNDRY	08/23/20	08/15/20	09/09/20		18.21	0.00	0.00	18.21
	8150776417	LAUNDRY BIO MED	08/31/20	08/22/20	09/16/20		18.21	0.00	0.00	18.21
	8150776331	LAUNDRY - MAINT	08/31/20	08/22/20	09/16/20		17.00	0.00	0.00	17.00
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		U1054	UNIFIRST HOLDINGS				105.63	0.00	0.00	105.63

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
	8400253533	LAUNDRY	08/11/20	08/08/20	09/02/20		94.29	0.00	0.00	94.29
	8400253535	LAUNDRY	08/11/20	08/08/20	09/02/20		90.93	0.00	0.00	90.93
	8400253581	LAUNDRY	08/11/20	08/08/20	09/02/20		851.60	0.00	0.00	851.60
	8400253634	LAUNDRY	08/11/20	08/08/20	09/02/20		102.57	0.00	0.00	102.57
	8400253537	LAUNDRY	08/11/20	08/08/20	09/02/20		56.78	0.00	0.00	56.78
	8400253575	LAUNDRY	08/11/20	08/08/20	09/02/20		60.90	0.00	0.00	60.90
	8400253534	LAUNDRY	08/11/20	08/08/20	09/02/20		129.72	0.00	0.00	129.72
	8400253536	LAUNDRY	08/11/20	08/08/20	09/02/20		47.15	0.00	0.00	47.15
	8400253915	LAUNDRY	08/23/20	08/11/20	09/05/20		886.06	0.00	0.00	886.06
	8400253875	LAUNDRY	08/23/20	08/11/20	09/05/20		148.95	0.00	0.00	148.95
	8400254092	LAUNDRY	08/23/20	08/15/20	09/09/20		47.15	0.00	0.00	47.15
	8400254089	LAUNDRY	08/23/20	08/15/20	09/09/20		90.99	0.00	0.00	90.99
	8400254136	LAUNDRY	08/23/20	08/15/20	09/09/20		60.90	0.00	0.00	60.90
	8400254143	LAUNDRY	08/23/20	08/15/20	09/09/20		908.34	0.00	0.00	908.34
	8400254091	LAUNDRY	08/23/20	08/15/20	09/09/20		88.45	0.00	0.00	88.45
	8400254090	LAUNDRY	08/23/20	08/15/20	09/09/20		118.34	0.00	0.00	118.34

8400254093		08/23/20	08/15/20	09/09/20	85.93	0.00	0.00	85.93
	LAUNDRY							
8400254194		08/23/20	08/15/20	09/09/20	97.56	0.00	0.00	97.56
	LAUNDRY							
8400254481		08/31/20	08/18/20	09/12/20	864.92	0.00	0.00	864.92
	LAUNDRY HSKEEPING							
8400254441		08/31/20	08/18/20	09/12/20	148.95	0.00	0.00	148.95
	LAUNDRY SURGERY							
8400254695		08/31/20	08/22/20	09/16/20	974.40	0.00	0.00	974.40
	LAUNDRY HSKEEPING							
8400254650		08/31/20	08/22/20	09/16/20	88.45	0.00	0.00	88.45
	LAUNDRY DIETARY							
8400254648		08/31/20	08/22/20	09/16/20	90.99	0.00	0.00	90.99
	LAUNDRY HSKEEPING							
8400254652		08/31/20	08/22/20	09/16/20	94.85	0.00	0.00	94.85
	LAUNDRY HSKEEPING							
8400254689		08/31/20	08/22/20	09/16/20	74.34	0.00	0.00	74.34
	LAUNDRY DIETARY							
8400254651		08/31/20	08/22/20	09/16/20	47.15	0.00	0.00	47.15
	LAUNDRY OB							
8400254649		08/31/20	08/22/20	09/16/20	113.18	0.00	0.00	113.18
	LAUNDRY PHY THRPY							
8400254747		08/31/20	08/22/20	09/16/20	104.44	0.00	0.00	104.44
	LAUDRY HSKEEPING							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	6,568.28	0.00	0.00	6,568.28

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
7931702		08/23/20	08/01/20	08/31/20			24.99	0.00	0.00	24.99
	EMPL EXP									
7931703		08/23/20	08/01/20	08/31/20			28.99	0.00	0.00	28.99
	EMPL EXP									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1056	UNIFORM ADVANTAGE	53.98	0.00	0.00	53.98

Vendor#	Vendor Name	Class	Pay Code
U1350	UPS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
0000778941287		08/31/20	07/15/20	08/31/20			585.94	0.00	0.00	585.94
	FREIGHT									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1350	UPS	585.94	0.00	0.00	585.94

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
9791118686		08/31/20	08/16/20	08/31/20			223.40	0.00	0.00	223.40
	TELEPHONE-HOSPITAL									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	V0559	VERIZON WIRELESS	223.40	0.00	0.00	223.40

Vendor#	Vendor Name	Class	Pay Code
V1058	VICTORIA ANESTHESIOLOGY	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
000236		09/13/20	07/31/20	09/20/20		46,839.31	0.00	0.00	46,839.31
	PRO FEES								
000237		09/13/20	08/31/20	09/20/20		29,717.25	0.00	0.00	29,717.25
	PRO FEES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	V1058	VICTORIA ANESTHESIOLOGY				76,556.56	0.00	0.00	76,556.56

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
17070209		08/23/20	07/31/20	08/31/20		300.00	0.00	0.00	300.00
	PUB REL								
17070208		08/23/20	07/31/20	08/31/20		210.00	0.00	0.00	210.00
	PUB REL								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	V1471	VICTORIA RADIOWORKS, LTD				510.00	0.00	0.00	510.00

Vendor#	Vendor Name	Class	Pay Code
W1005	WALMART COMMUNITY	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
038538		08/31/20	07/14/20	08/31/20		88.84	0.00	0.00	88.84
	SUPPLIES CARD REH								
095757		08/31/20	07/14/20	08/31/20		39.84	0.00	0.00	39.84
	MEAT EXP - DIETARY								
05064		08/31/20	07/21/20	08/31/20		128.00	0.00	0.00	128.00
	SUPPLIES SURGERY								
08306		08/31/20	07/25/20	08/31/20		24.84	0.00	0.00	24.84
	SUPPLIES SURGERY								
09410		08/31/20	07/26/20	08/31/20		29.08	0.00	0.00	29.08
	SUPPLIES INF CONT								
09411		08/31/20	07/26/20	08/31/20		7.94	0.00	0.00	7.94
	SUPPLIES GEN EDUCATION								
04166		08/31/20	07/26/20	08/31/20		40.88	0.00	0.00	40.88
	SUPPLIES GEN MMCLINIC								
02031		08/31/20	08/01/20	08/31/20		2.67	0.00	0.00	2.67
	SUPPLIES ADM								
01955		08/31/20	08/03/20	08/31/20		359.92	0.00	0.00	359.92
	SUPPLIES O/P CLINIC								
02422		08/31/20	08/08/20	08/31/20		79.88	0.00	0.00	79.88
	SUPPLIES NURS ADM								
01851		08/31/20	08/10/20	08/31/20		50.54	0.00	0.00	50.54
	SUPPLIES GROUNDS								
07888		08/31/20	08/10/20	08/31/20		59.52	0.00	0.00	59.52
	SUPPLIES GEN E/R								
07010		08/31/20	08/10/20	08/31/20		20.94	0.00	0.00	20.94
	FOOD DIETARY								
07106		08/31/20	08/10/20	08/31/20		95.97	0.00	0.00	95.97
	OFF SUP RES CARE								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	W1005	WALMART COMMUNITY				1,028.86	0.00	0.00	1,028.86

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

9110415653		08/10/20	08/01/20	08/31/20	450.31	0.00	0.00	450.31
SUPPLIES								
9110417609		08/23/20	08/08/20	09/02/20	2,301.00	0.00	0.00	2,301.00
SUPPLIES								
9110419619		08/31/20	08/15/20	09/09/20	1,571.67	0.00	0.00	1,571.67
LEASE LAB								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	4,322.98	0.00	0.00	4,322.98

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
INV021811		08/23/20	08/10/20	09/10/20			910.00	0.00	0.00	910.00
SUPPLIES										
INV021908		08/23/20	08/14/20	09/14/20			979.00	0.00	0.00	979.00
SUPPLIES										
INV022199		08/31/20	08/23/20	09/12/20			1,790.00	0.00	0.00	1,790.00
SUPPLIES SURGERY										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11400	WEST COAST MEDICAL RESOURCES	3,679.00	0.00	0.00	3,679.00

Vendor#	Vendor Name	Class	Pay Code
11166	WEST INTERACTIVE SERVICES CORP		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
INV001848375		08/23/20	07/31/20	08/31/20			341.08	0.00	0.00	341.08
PURCH SERV										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11166	WEST INTERACTIVE SERVICES CORP	341.08	0.00	0.00	341.08

Vendor#	Vendor Name	Class	Pay Code
10556	WOUND CARE SPECIALISTS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
WCS00000873		08/23/20	04/01/20	08/31/20			15,125.00	0.00	0.00	15,125.00
PURCH SERV										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10556	WOUND CARE SPECIALISTS	15,125.00	0.00	0.00	15,125.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	831,808.74	0.00	0.00	831,808.74

Pg 13 { 152.78 + 106.78

Pg 15 { 1,669.13 + 1,515.44

O.C = 831,609.05

Michael J. Pfeifer
Calhoun County Judge
Date: 9-18-17

CKS# 172706 to #172845

831,808.74 +
152.78 -
106.78 +
1,669.13 -
1,515.44 +
831,609.05 *

APPROVED ON
SEP 14 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE: 09/08/17
TIME: 15:33

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1
APCDEDIT

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	[redacted]17	1477.00	3		REFUND FOR	
		[redacted]17	45.27	2		REFUND FOR	
		[redacted]17	140.66	2		REFUND FOR	
		[redacted]17	217.80	2		REFUND FOR	
		[redacted]17	71.34	2		REFUND FOR	
		[redacted]17	51.39	2		REFUND FOR	
		[redacted]17	80.77	2		REFUND FOR	
		[redacted]17	87.56	2		REFUND FOR	
		[redacted]17	47.29	2		REFUND FOR	
		[redacted]17	53.54	2		REFUND FOR	
		[redacted]17	22.30	2		REFUND FOR	
		[redacted]17	99.10	2		REFUND FOR	
		[redacted]17	11.50	2		REFUND FOR	
		[redacted]17	19.98	2		REFUND FOR	
		[redacted]17	21.45	2		REFUND FOR	
		[redacted]17	15.29	2		REFUND FOR	
		[redacted]17	40.65	2		REFUND FOR	

RUN DATE: 09/08/17
TIME: 15:33

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 2
APCDEDIT

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]							
		#90817	164.40	2		REFUND FOR	
		#90817	144.68	2		REFUND FOR	
		#90817	632.36	3		REFUND FOR	
		#90817	42.91	2		REFUND FOR	
		#90817	2943.67	3		REFUND FOR	
		#90817	267.33	3		REFUND FOR	
		#90817	71.21	2		REFUND FOR	
		#90817	444.18	3		REFUND FOR	
		#90817	1254.66	2		REFUND FOR	
		#90817	453.12	2		REFUND FOR	
		#90817	453.12	2		REFUND FOR	
		#90817	59.44	3		REFUND FOR	
		#90817	4046.60	1		REFUND FOR	
		#90817	20.00	2		REFUND FOR	
		#90817	16.00	2		REFUND FOR	
		#90817	176.94	2		REFUND FOR	
		#63017	32129.91	2		REFUND FOR ASHFORD GARDENS	

per Cristy/Misty

✓32,129.81

PATIENT NUMBER	PAYEE NAME			DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
BROAD600 01	THE BROADMOOR AT CREEK 5665 CREEKSIDE FOREST DRIVE SPRING	TX	77389	031516	8954.08	2		TRANSFER TO THE BROADMOOR AT CREEK	
GOLD600 01	GOLDEN CREEK HEALTHCAR 2100 DOVE CROSSING L NAVASOTA	TX	77868	090817	9916.20	2		REFUND FOR GOLDEN CREEK HEALTHCAR	
MISS600 01	ESS PO BOX 96118 OKLAHOMA CITY	OK	731436118	031516	1111.39	2		TRANSFER TO MISSAPLIED PAYMENT	
MISS600 02	FRONTIER LOGISTICS 1806 S. 16TH STREET LA PORTE	TX	77571	090817	1016.00	2		REFUND FOR MISSAPLIED PAYMENT	
MISS600 03	MERCURY INSURANCE PO BOX 209040 AUSTIN	TX	78720	090817	686.00	2		REFUND FOR MISSAPLIED PAYMENT	
7 MISS600 04	WILLIAM CROWLEY PORT LAVACA	TX	77979	090817	2085.84	2		REFUND FOR MISSAPLIED PAYMENT Dr Crowley	
SOLER600 01	SOLERA WEST HOUSTON 2101 GREENHOUSE ROAD HOUSTON	TX	770846108	031516	3021.15	2		TRANSFER TO SOLERA WEST HOUSTON	
	ARID=0001 TOTAL				72614.08				
TOTAL					72614.08				

< .10 > pg 2 Ashford Gardens Correction
(267.33 pg 2 Jill Bedow

Michael J. Pfeifer
Calhoun County Judge
Date: 9-18-17

72,346.65 *

* Actual Patient Refunds = $7,689.25

72,614.08 +
0.10 -
O.C 267.33 -
72,346.65 *

58,920.47 +
5,736.93 +
64,657.40 *

64,657.40 -
72,346.65 +
7,689.25 *

72,346.65 +
72,346.65 -
0.00 *

APPROVED ON
SEP 14 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS #172663
to
#172703

RUN DATE:09/15/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:14:58 CHECK REGISTER GLCKREG
09/15/17 THRU 09/15/17

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	172663	09/15/17	32,129.81	[redacted]
A/P	172664	09/15/17	20.00	
A/P	172665	09/15/17	16.00	
A/P	172666	09/15/17	176.94	
A/P	172667	09/15/17	632.36	
A/P	172668	09/15/17	2,943.67	
A/P	172669	09/15/17	1,254.66	
A/P	172670	09/15/17	453.12	
A/P	172671	09/15/17	453.12	
A/P	172672	09/15/17	59.44	
A/P	172673	09/15/17	4,046.60	
A/P	172674	09/15/17	1,111.39	
A/P	172675	09/15/17	1,016.00	
A/P	172676	09/15/17	51.39	
A/P	172677	09/15/17	80.77	
A/P	172678	09/15/17	47.29	
A/P	172679	09/15/17	21.45	
A/P	172680	09/15/17	19.98	
A/P	172681	09/15/17	144.68	
A/P	172682	09/15/17	164.40	
A/P	172683	09/15/17	9,916.20	
A/P	172684	09/15/17	71.21	
A/P	172685	09/15/17	15.29	
A/P	172686	09/15/17	217.80	
A/P	172687	09/15/17	71.34	
A/P	172688	09/15/17	87.56	
A/P	172689	09/15/17	99.10	
A/P	172690	09/15/17	140.66	
A/P	172691	09/15/17	45.27	
A/P	172692	09/15/17	686.00	
A/P	172693	09/15/17	53.54	
A/P	172694	09/15/17	11.50	
A/P	172695	09/15/17	42.91	
A/P	172696	09/15/17	22.30	
A/P	172697	09/15/17	1,477.00	
A/P	172698	09/15/17	3,021.15	
A/P	172699	09/15/17	444.18	
A/P	172700	09/15/17	8,954.08	
A/P	172701	09/15/17	40.65	
A/P	172702	09/15/17	2,085.84	
A/P	172703	09/15/17	385.86	
A/P	172704	09/15/17	.00	VOIDED
A/P	172705	09/15/17	.00	VOIDED
A/P	172706	09/15/17	807.84	ACE HARDWARE 15521
A/P	172707	09/15/17	1,400.00	ACUTE CARE INC
A/P	172708	09/15/17	369.96	ADAM BESIO
A/P	172709	09/15/17	2,993.44	AIRGAS USA, LLC - CENTRAL DIV
A/P	172710	09/15/17	795.00	ALCON LABORATORIES, INC.
A/P	172711	09/15/17	739.15	ALPHA TEC SYSTEMS INC
A/P	172712	09/15/17	117.00	AMERISOURCEBERGEN DRUG CORP

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	172713	09/15/17	93.27	AQUA BEVERAGE COMPANY
A/P	172714	09/15/17	1,133.08	ARGON MEDICAL DEVICES
A/P	172715	09/15/17	4,814.45	BAXTER HEALTHCARE
A/P	172716	09/15/17	572.32	BAYER HEALTHCARE
A/P	172717	09/15/17	35,837.13	BECKMAN COULTER INC
A/P	172718	09/15/17	284.80	BHB MACHINE & PUMP REPAIR, LLC
A/P	172719	09/15/17	1,198.30	BIRCH COMMUNICATIONS
A/P	172720	09/15/17	247.53	BRIGGS HEALTHCARE
A/P	172721	09/15/17	333.82	BUCKEYE CLEANING CENTER
A/P	172722	09/15/17	330.04	C R BARD INC
A/P	172723	09/15/17	466.89	CABLE ONE
A/P	172724	09/15/17	700.00	CALHOUN COUNTY INDIGENT ACCOUN
A/P	172725	09/15/17	621.50	CARDINAL HEALTH 414, INC.
A/P	172726	09/15/17	253.04	CARROT TOP INDUSTRIES INC
A/P	172727	09/15/17	8,562.94	CDW GOVERNMENT, INC.
A/P	172728	09/15/17	51.76	CENTERPOINT ENERGY
A/P	172729	09/15/17	3,099.74	CENTURION MEDICAL PRODUCTS
A/P	172730	09/15/17	1,134.67	CITY OF PORT LAVACA
A/P	172731	09/15/17	5,756.70	CLINICAL PATHOLOGY
A/P	172732	09/15/17	410.00	COOK MEDICAL INCORPORATED
A/P	172733	09/15/17	173.00	CORPUS CHRISTI STAMP WORKS INC
A/P	172734	09/15/17	255.75	COVER ONE
A/P	172735	09/15/17	60.85	CUSTOM MEDICAL SPECIALTIES
A/P	172736	09/15/17	448.00	CYGNUS MEDICAL LLC
A/P	172737	09/15/17	949.00	CYRACOM LLC
A/P	172738	09/15/17	8,311.33	DELTA HEALTHCARE PROVIDERS
A/P	172739	09/15/17	902.22	DEWITT POTH & SON
A/P	172740	09/15/17	50,311.25	DIAMOND HEALTHCARE CORP
A/P	172741	09/15/17	235.75	DLE PAPER & PACKAGING
A/P	172742	09/15/17	23.37	DOROTHY BONUZ
A/P	172743	09/15/17	41.00	DOWNTOWN CLEANERS
A/P	172744	09/15/17	199.30	DSHS CENTRAL LAB MC2004
A/P	172745	09/15/17	83.50	DYNATRONICS CORPORATION
A/P	172746	09/15/17	85,000.00	EMERGENCY STAFFING SOLUTIONS
A/P	172747	09/15/17	153.99	ERBE USA INC SURGICAL SYSTEMS
A/P	172748	09/15/17	36,790.82	EVIDENT
A/P	172749	09/15/17	954.00	EVOQUA WATER TECHNOLOGIES LLC
A/P	172750	09/15/17	495.00	FASTHEALTH CORPORATION
A/P	172751	09/15/17	119.50	FEDERAL EXPRESS CORP.
A/P	172752	09/15/17	10,297.60	FISHER HEALTHCARE
A/P	172753	09/15/17	530.00	FORT BEND SERVICES, INC
A/P	172754	09/15/17	50.42	FRONTIER
A/P	172755	09/15/17	3,136.00	FUSION MEDICAL STAFFING, LLC
A/P	172756	09/15/17	4,750.45	GARDNER & WHITE, INC.
A/P	172757	09/15/17	3,236.62	GE HEALTHCARE
A/P	172758	09/15/17	860.92	GE HEALTHCARE IITS USA CORP
A/P	172759	09/15/17	1,243.77	GLAXOSMITHKLINE PHARMACUETICAL
A/P	172760	09/15/17	28.80	GRAINGER
A/P	172761	09/15/17	833.51	GULF COAST PAPER COMPANY
A/P	172762	09/15/17	340.00	HEALTHCARE CODING & CONSULTING
A/P	172763	09/15/17	11.25	HOSPIRA WORLDWIDE, INC

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	172764	09/15/17	170.00	INTOXIMETERS INC
A/P	172765	09/15/17	977.89	J & J HEALTH CARE SYSTEMS, INC
A/P	172766	09/15/17	284.33	JACKSON & COKER LOCUM TENENS,
A/P	172767	09/15/17	488.26	JOHNSTONE SUPPLY
A/P	172768	09/15/17	106.78	JULIE NGUYEN
A/P	172769	09/15/17	196.60	LABCORP OF AMERICA HOLDINGS
A/P	172770	09/15/17	400.00	LAMAR COMPANIES
A/P	172771	09/15/17	18.00	LANGUAGE LINE SERVICES
A/P	172772	09/15/17	469.90	MARKETLAB, INC
A/P	172773	09/15/17	.00	VOIDED
A/P	172774	09/15/17	2,440.05	MCKESSON MEDICAL SURGICAL INC
A/P	172775	09/15/17	.00	VOIDED
A/P	172776	09/15/17	2,178.92	MEDLINE INDUSTRIES INC
A/P	172777	09/15/17	54.00	MEGADYNE MEDICAL
A/P	172778	09/15/17	1,515.44	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	172779	09/15/17	258.52	METLIFE
A/P	172780	09/15/17	194.96	MICHAEL CHAVANA
A/P	172781	09/15/17	284.52	MICROTEK MEDICAL INC
A/P	172782	09/15/17	908.00	MILLENNIUM SURGICAL CORP
A/P	172783	09/15/17	80.60	MMC AUXILIARY GIFT SHOP
A/P	172784	09/15/17	48,941.54	MMC EMPLOYEE BENEFIT PLAN
A/P	172785	09/15/17	.00	VOIDED
A/P	172786	09/15/17	.00	VOIDED
A/P	172787	09/15/17	.00	VOIDED
A/P	172788	09/15/17	24,646.96	MORRIS & DICKSON CO, LLC
A/P	172789	09/15/17	32.00	NATUS MEDICAL INC
A/P	172790	09/15/17	234,325.00	NOVITAS SOLUTIONS - PART A
A/P	172791	09/15/17	61.74	OFFICE DEPOT
A/P	172792	09/15/17	52.93	ORIENTAL TRADING CO INC
A/P	172793	09/15/17	2,218.51	ORTHO CLINICAL DIAGNOSTICS
A/P	172794	09/15/17	.00	VOIDED
A/P	172795	09/15/17	.00	VOIDED
A/P	172796	09/15/17	.00	VOIDED
A/P	172797	09/15/17	.00	VOIDED
A/P	172798	09/15/17	.00	VOIDED
A/P	172799	09/15/17	18,561.85	OWENS & MINOR
A/P	172800	09/15/17	127.50	PABLO GARZA
A/P	172801	09/15/17	8,811.03	PAETEC (WINDSTREAM)
A/P	172802	09/15/17	165.00	PALACIOS BEACON
A/P	172803	09/15/17	2,000.00	PARA
A/P	172804	09/15/17	404.64	PHARMEDIUM SERVICES LLC
A/P	172805	09/15/17	2,627.00	PHILIPS HEALTHCARE
A/P	172806	09/15/17	811.60	POLYMEDCO INC.
A/P	172807	09/15/17	800.50	PORT LAVACA WAVE
A/P	172808	09/15/17	619.18	PRECISION DYNAMICS CORP (PDC)
A/P	172809	09/15/17	97.00	PSYCHEMEDICS CORPORATION
A/P	172810	09/15/17	3,130.88	QIAGEN INC
A/P	172811	09/15/17	3,292.00	RADSOURCE
A/P	172812	09/15/17	13.76	RECEIVABLE MANAGEMENT, INC
A/P	172813	09/15/17	3,247.00	ROBERTS, ROBERTS & ODEFEY, LLP
A/P	172814	09/15/17	235.00	RX WASTE SYSTEMS LLC

BANK	CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P		172815	09/15/17	194.50	SARA RUBIO
A/P		172816	09/15/17	736.50	SETON IDENTIFICATION PRODUCTS
A/P		172817	09/15/17	282.37	SHIRLEY KARNEI
A/P		172818	09/15/17	1,350.66	SIEMENS FINANCIAL SERVICES
A/P		172819	09/15/17	796.31	SMITH & NEPHEW
A/P		172820	09/15/17	300.44	SMITHS MEDICAL ASD INC
A/P		172821	09/15/17	6,932.26	SOUTH TEXAS BLOOD & TISSUE CEN
A/P		172822	09/15/17	385.00	STANFORD VACUUM SERVICE
A/P		172823	09/15/17	1,935.39	STERICYCLE, INC
A/P		172824	09/15/17	361.31	STRYKER SALES CORP
A/P		172825	09/15/17	184.30	STRYKER SUSTAINABILITY
A/P		172826	09/15/17	495.00	T-SYSTEM, INC
A/P		172827	09/15/17	3,690.52	TEXAS ADVANTAGE COMMUNITY BANK
A/P		172828	09/15/17	6,312.00	TEXAS HOSPITAL ASSOCIATION
A/P		172829	09/15/17	5,897.00	TEXAS TECH UNIVERSITY HEALTH
A/P		172830	09/15/17	553.86	THE VICTORIA ADVOCATE
A/P		172831	09/15/17	9,000.00	TOSHIBA AMERICA MEDICAL SYST.
A/P		172832	09/15/17	32,464.12	TXU ENERGY
A/P		172833	09/15/17	105.63	UNIFIRST HOLDINGS
A/P		172834	09/15/17	.00	VOIDED
A/P		172835	09/15/17	6,568.28	UNIFIRST HOLDINGS INC
A/P		172836	09/15/17	53.98	UNIFORM ADVANTAGE
A/P		172837	09/15/17	585.94	UPS
A/P		172838	09/15/17	223.40	VERIZON WIRELESS
A/P		172839	09/15/17	76,556.56	VICTORIA ANESTHESIOLOGY
A/P		172840	09/15/17	510.00	VICTORIA RADIOWORKS, LTD
A/P		172841	09/15/17	1,028.86	WALMART COMMUNITY
A/P		172842	09/15/17	4,322.98	WERFEN USA LLC
A/P		172843	09/15/17	3,679.00	WEST COAST MEDICAL RESOURCES
A/P		172844	09/15/17	341.08	WEST INTERACTIVE SERVICES CORP
A/P		172845	09/15/17	15,125.00	WOUND CARE SPECIALISTS
TOTALS:				903,905.49	

APPROVED
ON

SEP 14 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

As of: 09/15/2017 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 09/16/2017

MEMORIAL MEDICAL CENTER
AP
815 N VIRGINIA STREET
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: 09/15/2017 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536
Date: 09/16/2017

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	

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 2,355.11 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/07/2017 2,451.97

If Paid By 09/19/2017, Pay This Amount: 2,308.03 USD

If Paid After 09/19/2017, Pay this Amount: 2,355.11 USD

Due If Paid On Time: USD 2,308.03

Disc lost if paid late: 47.08

Due If Paid Late: USD 2,355.11

ck# 946

939.00+
1,049.43+
319.60+
003
2,308.03*

APPROVED ON
SEP 18 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 10-5-17

340 B Prescription Expenses

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: 09/15/2017 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 09/16/2017

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

As of: 09/15/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 09/16/2017 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											
09/11/2017	09/19/2017	7828800107	1001079254	115Invoice	0.31	15.63		✓15.32	✓	7828800107	
09/11/2017	09/19/2017	7828800108	1001079254	115Invoice	0.09	4.26		✓4.17	✓	7828800108	
09/11/2017	09/19/2017	7828800109	1001079691	115Invoice	4.00	200.02		✓196.02	✓	7828800109	
09/11/2017	09/19/2017	7828800110	1001079691	115Invoice	0.66	32.85		✓32.19	✓	7828800110	
09/11/2017	09/19/2017	7828800111	1001080125	115Invoice	1.57	78.51		✓76.94	✓	7828800111	
09/12/2017	09/19/2017	7829049780	1001080525	115Invoice	2.36	118.10		✓115.74	✓	7829049780	
09/13/2017	09/19/2017	7829291642	1001081113	115Invoice	1.27	63.50		✓62.23	✓	7829291642	
09/14/2017	09/19/2017	7829547646	1001081556	115Invoice	7.73	386.62		✓378.89	✓	7829547646	
09/15/2017	09/19/2017	7829776447	1001082190	115Invoice	1.17	58.67		✓57.50	✓	7829776447	

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: 958.16 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 6,342.59
09/11/2017

If Paid By 09/19/2017,
Pay This Amount: 939.00 ✓ USD

If Paid After 09/19/2017,
Pay this Amount: 958.16 USD

Due If Paid On Time:
USD 939.00
Disc lost if paid late:
19.16
Due If Paid Late:
USD 958.16

APPROVED
ON
SEP 18 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

As of: 09/15/2017

Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 09/16/2017

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: 09/15/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 09/16/2017

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											
09/11/2017	09/19/2017	7828775813	1001079252	115Invoice	0.14	6.99		6.85		7828775813	
09/11/2017	09/19/2017	7828775814	1001080123	115Invoice	13.94	697.13		683.19		7828775814	
09/12/2017	09/19/2017	7829038503	1001080523	115Invoice	5.09	254.74		249.65		7829038503	
09/13/2017	09/19/2017	7829281522	1001081111	115Invoice	0.01	0.32		0.31		7829281522	
09/15/2017	09/19/2017	7829766069	1001082188	115Invoice	2.23	111.66		109.43		7829766069	

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: 1,070.84 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 09/11/2017 6,342.59

If Paid By 09/19/2017, Pay This Amount: 1,049.43 USD

If Paid After 09/19/2017, Pay this Amount: 1,070.84 USD

Due If Paid On Time: USD 1,049.43

Disc lost if paid late: 21.41

Due If Paid Late: USD 1,070.84

APPROVED ON

SEP 18 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 09/15/2017 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 09/16/2017

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

As of: 09/15/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 09/16/2017 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											
09/11/2017	09/19/2017	7828790437	0908170516-00	115Invoice	0.01	0.63		✓0.62		7828790437	
09/11/2017	09/19/2017	7828790438	0910171117-00	115Invoice	1.34	66.87		✓65.53		7828790438	
09/11/2017	09/19/2017	7828790439	1157378821	115Invoice	0.28	14.08		✓13.80		7828790439	
09/13/2017	09/19/2017	7829288236	2207370060	115Invoice	0.01	0.63		✓0.62		7829288236	
09/13/2017	09/19/2017	7829288237	MH09122017---	115Invoice	0.72	36.09		✓35.37		7829288237	
09/13/2017	09/19/2017	7829288238	0912170306-00	115Invoice	2.21	110.70		✓108.49		7829288238	
09/14/2017	09/19/2017	7829521417	2207374337	115Invoice	0.72	35.99		✓35.27		7829521417	
09/14/2017	09/19/2017	7829521421	0913170447-00	115Invoice	1.21	60.49		✓59.28		7829521421	
09/15/2017	09/19/2017	7829762383	0914170520-00	115Invoice	0.01	0.63		✓0.62		7829762383	

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: 326.11 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 6,342.59
09/11/2017

If Paid By 09/19/2017,
Pay This Amount: 319.60 ✓USD

If Paid After 09/19/2017,
Pay this Amount: 326.11 USD

Due If Paid On Time:
USD 319.60
Disc lost if paid late:
6.51
Due If Paid Late:
USD 326.11

APPROVED
ON
SEP 18 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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RUN DATE:09/18/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:11:21 CHECK REGISTER GLCKREG
09/18/17 THRU 09/18/17

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000946	09/18/17	2,308.03	MCKESSON
TOTALS:			2,308.03	

APPROVED
ON

SEP 18 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

09/20/2017 MEMORIAL MEDICAL CENTER 0
15:24 AP Open Invoice List ap_open_invoice.template
Dates Through:

Vendor#	Vendor Name	Class	Pay Code
11516	[redacted]		

	ran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000259	09/20/20	09/20/20	09/20/20			883.92	0.00	0.00	883.92

PATIENT REFUND

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11516	[redacted]	883.92	0.00	0.00	883.92

ort Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	883.92	0.00	0.00	883.92

Patient Refund thru Clinic

APPROVED
ON

SEP 20 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J Pfeifer

Michael J. Pfeifer
Calhoun County Judge
Date: 10-5-17

RUN DATE:09/20/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:16:36 CHECK REGISTER GLCKREG
09/20/17 THRU 09/20/17

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	172853	09/20/17	883.92	[redacted]
TOTALS:			883.92	

APPROVED ON SEP 20 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Elan

September 2017 Statement

Open Date: 08/05/2017 Closing Date: 09/06/2017

Visa® Business Card
MEMORIAL MEDICAL CNT
JASON W ANGLIN

New Balance	**$1,037.89**
Minimum Payment Due	**$11.00**
Payment Due Date	**10/01/2017**

Cardmember Service
BUS 30 ELN 78

Activity Summary

Previous Balance	+	$5,996.37
Payments	-	$5,996.37CR
Other Credits		$0.00
Purchases	+	$1,037.89
Balance Transfers		$0.00
Advances		$0.00
Other Debits		$0.00
Fees Charged		$0.00
Interest Charged		$0.00
New Balance	=	**$1,037.89**
Past Due		**$0.00**
Minimum Payment Due		**$11.00**
Credit Line		$10,000.00
Available Credit		$8,962.11
Days in Billing Period		33

Michael J. Pfeifer
Calhoun County Judge
Date: 10-5-17

MMC will pay by phone

1,037.89

APPROVED ON
SEP 21 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

24-Hour Cardmember Service

. to pay by phone
. to change your address

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

Payment Due Date	10/01/2017
New Balance	$1,037.89
Minimum Payment Due	$11.00

Amount Enclosed $_____

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

Elan

September 2017 Statement 08/05/2017 - 09/06/2017

MEMORIAL MEDICAL CNT
JASON W ANGLIN

Cardmember Service

Important Messages

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

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

When you use your Card to make a purchase, particularly over the phone or online, you may be asked to provide a card security code, sometimes called a CVV. This information is used to help confirm that it is you using the Card and that the Card is authentic.

Transactions

Payments and Other Credits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
08/23	08/23		PAYMENT THANK YOU	$5,996.37CR	
			TOTAL THIS PERIOD	**$5,996.37CR**	

Purchases and Other Debits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
08/08	08/08	6949	AMA*CREDENTIALING 800-621-8335 IL	$60.00	
08/08	08/08	9661	AMA*CREDENTIALING 800-621-8335 IL	$67.00	
08/09	08/08	7595	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
08/09	08/08	7678	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
08/11	08/09	8132	HOLIDAY INN EXPRESS PORT LAVACA TX 08/08/17 FOR 01 NIGHTS FOLIO: 17206958	$157.07	
08/11	08/09	5368	LA ANTIGUA MEXICAN RES PORT LAVACA TX	$32.82	
08/15	08/14	8975	PAYPAL *LIGHT BULBS 402-935-7733 NC	$15.10	
08/15	08/15	6073	SPORTSMITH 918-615-3208 OK	$169.00	
08/17	08/15	2513	WYNDHAM AUSTIN & WOODW AUSTIN TX 08/14/17 FOR 01 NIGHTS FOLIO: 28983251	$136.85	
08/21	08/18	9355	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
08/21	08/18	9439	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$6.00	
08/24	08/23	0941	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
08/24	08/23	9060	OMNI CORPUS CHRISTI CORPUS CHRIST TX 08/22/17 FOR 01 NIGHTS FOLIO: 047951	$145.65	
08/25	08/24	9814	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
08/25	08/24	2085	OMNI CORPUS CHRISTI CORPUS CHRIST TX 08/23/17 FOR 01 NIGHTS FOLIO: 047947	$145.65	
08/25	08/25	5274	AMA*CREDENTIALING 800-621-8335 IL	$43.00	
08/31	08/30	0896	HEB #434 PORT LAVACA TX	$49.75	
			TOTAL THIS PERIOD	**$1,037.89**	

Continued on Next Page

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

(1)

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

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

Vendor Name: Cardmember Service

Date: 9/15/17

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	—		AMA Credentialing - 4 physicians			✓ 60.00
2	—		Reappt.			
3	—		AMA Credentialing - 1 physician			✓ 67.00
4			Init + Cont. monitoring and			
5			1 PA Profile			
6	—		NPDB - 1 Provider			✓ 2.00
7	—		NPDB - 1 Provider			✓ 2.00
8	—		Holiday Inn Express - PL			✓ 157.07
9			PT Candidate - Jason Miller			✓ Taxon Receipt 2.12 sales Tax
10	—		La Antigua - Lunch with Dr. Schultz, Jason & Danette			✓ 32.82

Est. Freight _____ Est. Total Cost _____ TOTAL COST 326.89

NOTES:

Charges made to Mr. Arrigin's credit card

APPROVED ON SEP. 21 2017 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm. Dir. Clinical Service _____

CFO _____

Administrator _____

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

(2)

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

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

Vendor Name: Cardmember Service

Date: 9/15/17

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form #9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		PayPal - Light Bulbs - CS			✓ 15.10
2	—		Sportsmith - Treadmill belt			✓ 169.00
3	—		Wyndham Austin - Hotel for			✓ 136.85
4			Sara Rubio - 3rd Qtr TTCF Mtg			
5	—		NPDB - 1 Provider			✓ 2.00
6	—		NPDB - 3 Renewals			✓ 6.00
7	—		NPDB - 1 Provider			✓ 2.00
8	—		Omni CorpusChristi			✓ 145.65
9			Roshanda Thomas			
10			Workers Comp Seminar			

Est. Freight _____ Est. Total Cost _____ TOTAL COST 476.60

NOTES:

Charges made to Jason's credit card

APPROVED ON SEP 21 2017 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm. Dir. Clinical Service _____

CFO _____

Administrator _____

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

(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: 9/15/17

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form #9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		NPDB - 1 Provider			✓ 2.00
2	—		Omni Corpus Christi -			✓ 145.65
3			Hotel for Nadine Garner			
4			Workers Comp Seminar			
5	—		AMA Credentialing - Init			✓ 43.00
6			& Cont. Monitoring 1 phys.			
7	—		HEB - Water			✓ 49.75
8						
9						
10						

Est. Freight _____ Est. Total Cost _____ pg 3 TOTAL COST 240.46

NOTES:

Charges made to Jason's credit card pg 2 = 476.60
pg 1 = 320.89
1,037.89 ✓

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm. Dir. Clinical Service _____

CFO _____

Administrator _____

APPROVED ON SEP 21 2017
COUNTY AUDITOR CALHOUN COUNTY, TEXAS

09/19/2017
13:19

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through: 04/01/2017

0
ap_open_invoice.template

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
21411		10/07/20	10/04/20	10/15/20		79.00	0.00	0.00	79.00
	TRAVEL MED/SURG								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2896	DANETTE BETHANY	79.00	0.00	0.00	79.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	79.00	0.00	0.00	79.00

APPROVED
ON

SEP 21 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reissued CK#172849

VOIDed CK#168335
Dated 10/12/16
Same Amount

Michael J Pfeifer

Michael J. Pfeifer
Calhoun County Judge
Date: 10-5-17

09/19/2017
13:16

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11127	MISTY RECTOR		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21835		03/21/20	03/08/20	03/09/20			8.56	0.00	0.00	8.56
	TRAVEL									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11127	MISTY RECTOR	8.56	0.00	0.00	8.56

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	8.56	0.00	0.00	8.56

APPROVED
ON

SEP 2 1 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Re:ssued CK# 172850

Voided CK# 170292
Dated 3/22/17
Same Amount

Michael J. Pfeifer
Calhoun County Judge
Date: 10-5-17

09/19/2017
13:18

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through: 04/01/2017

0
ap_open_invoice.template

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
	B25750		10/14/20	10/04/20	10/14/20		27.54	0.00	0.00	27.54
		SUPPLIES GENERAL PLNT OF								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P2200	POWER HARDWARE	27.54	0.00	0.00	27.54

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	27.54	0.00	0.00	27.54

Reissued CK#172851

VOIDED CK#168421
Dated 10/20/16
Same Amount

APPROVED
ON
SEP 21 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 10-5-17

09/19/2017
13:21

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 03/31/2017

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
10915	WAGEWORKS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21847		03/24/20	03/16/20	03/17/20			2,367.85	0.00	0.00	2,367.85
	FLEX SPENDING									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10915	WAGEWORKS	2,367.85	0.00	0.00	2,367.85

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,367.85	0.00	0.00	2,367.85

APPROVED
ON

SEP 21 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reissued CK # 172852

Voided CK# 170359
Dated 3/31/17
Same Amount

Michael J. Pfeifer
Calhoun County Judge
Date: 10-5-17

RUN DATE:09/19/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:13:27 CHECK REGISTER GLCKREG
09/19/17 THRU 09/19/17

BANK--CHECK CODE	NUMBER	DATE	AMOUNT		PAYEE
A/P *	165231	09/19/17	2,566.21	CR	RS CLARK & ASSOCIATES, INC
A/P *	165946	09/19/17	771.61	CR	RS CLARK & ASSOCIATES, INC
A/P *	166691	09/19/17	910.44	CR	RS CLARK & ASSOCIATES, INC
A/P *	168335	09/19/17	79.00	CR	DANETTE BETHANY
A/P *	168421	09/19/17	27.54	CR	POWER HARDWARE
A/P *	168608	09/19/17	398.85	CR	UNIFORM ADVANTAGE
A/P *	168630	09/19/17	175.18	CR	PHYSICIAN SALES & SERVICE
A/P *	168718	09/19/17	281.09	CR	RS CLARK & ASSOCIATES, INC
A/P *	168737	09/19/17	280.00	CR	EAGLE FIRE & SAFETY INC
A/P *	169035	09/19/17	199.30	CR	DSHS CENTRAL LAB MC2004
A/P *	169738	09/19/17	58.98	CR	PLATINUM CODE
A/P *	169998	09/19/17	67.00	CR	HAYES ELECTRIC SERVICE
A/P *	170292	09/19/17	8.56	CR	MISTY RECTOR
A/P *	170359	09/19/17	2,367.85	CR	WAGEWORKS
A/P *	171723	09/19/17	36.00	CR	THE UNIFORM CONNECTION
A/P	172849	09/19/17	79.00		DANETTE BETHANY
A/P	172850	09/19/17	8.56		MISTY RECTOR
A/P	172851	09/19/17	27.54		POWER HARDWARE
A/P	172852	09/19/17	2,367.85		WAGEWORKS
TOTALS:			5,744.66	CR	

CKS Total $2,482.95

O.C

79.00 +
27.54 +
8.56 +
2,367.85 +
2,482.95 *

APPROVED
ON
SEP 2 1 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

09/22/2017
09:07

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
10613	MEDIMPACT HEALTHCARE SYS, INC.	A/P	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
0009573948		09/22/20	09/08/20	09/15/20			532.09	0.00	0.00	532.09
	INDIGENT PROGRAM									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10613	MEDIMPACT HEALTHCARE SYS, INC.	532.09	0.00	0.00	532.09

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	532.09	0.00	0.00	532.09

APPROVED
ON

SEP 22 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 11-5-17

Ø

RUN DATE:09/22/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:09:11 CHECK REGISTER GLCKREG
09/22/17 THRU 09/22/17

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	172854	09/22/17	532.09	MEDIMPACT HEALTHCARE SYS, INC.
TOTALS:			532.09	

APPROVED
ON

SEP 22 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

As of: 09/22/2017

Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 09/23/2017

MEMORIAL MEDICAL CENTER
AP
815 N VIRGINIA STREET
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: 09/22/2017 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 09/23/2017 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: 4,562.60 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/07/2017 2,451.97

If Paid By 09/26/2017, Pay This Amount: 4,471.36 USD

If Paid After 09/26/2017, Pay this Amount: 4,562.60 USD

Due If Paid On Time: USD 4,471.36

Disc lost if paid late: 91.24

Due If Paid Late: USD 4,562.60

Ck# 947

Michael J. Pfeifer
Calhoun County Judge
Date: 10-5-17

1,444.99 +
1,135.14 +
1,891.23 +
4,471.36 *

4,471.36 +
4,471.36 -
0.00 *

APPROVED ON
SEP 25 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

340B Prescription Services

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: 09/22/2017

DC: 8115

Territory: 400

Customer: 190813
Date: 09/23/2017

Page: 001

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

As of: 09/22/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 09/23/2017 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											
09/18/2017	09/26/2017	7830049714	1001082806	115Invoice	3.46	173.10		✓ 169.64		7830049714	
09/18/2017	09/26/2017	7830053917	1001083435	115Invoice	1.45	72.38		✓ 70.93		7830053917	
09/18/2017	09/26/2017	7830053918	1001083846	115Invoice		0.24		✓ 0.24		7830053918	
09/19/2017	09/26/2017	7830308605	1001084204	115Invoice	4.12	206.03		✓ 201.91		7830308605	
09/20/2017	09/26/2017	7830569243	1001084967	115Invoice	4.81	240.68		✓ 235.87		7830569243	
09/21/2017	09/26/2017	7830804091	1001085675	115Invoice	1.74	86.90		✓ 85.16		7830804091	
09/22/2017	09/26/2017	7831035109	1001086308	115Invoice	0.02	0.95		✓ 0.93		7831035109	
09/22/2017	09/26/2017	7831035110	1001086308	115Invoice	13.88	694.19		✓ 680.31		7831035110	

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: 1,474.47 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,308.03
09/18/2017

If Paid By 09/26/2017,
Pay This Amount: 1,444.99 USD

If Paid After 09/26/2017,
Pay this Amount: 1,474.47 USD

Due If Paid On Time:
USD 1,444.99

Disc lost if paid late:
29.48

Due If Paid Late:
USD 1,474.47

APPROVED
ON

SEP 25 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 09/22/2017

Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 09/23/2017

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: 09/22/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 09/23/2017

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											
09/18/2017	09/26/2017	7830048803	0916170145-00	115Invoice	0.13	6.37		✓ 6.24		7830048803	
09/18/2017	09/26/2017	7830048805	0917171253-00	115Invoice	0.02	0.95		✓ 0.93		7830048805	
09/19/2017	09/26/2017	7830316054	6457388316	115Invoice	1.08	54.24		✓ 53.16		7830316054	
09/19/2017	09/26/2017	7830316055	0918170557-00	115Invoice	8.49	424.43		✓ 415.94		7830316055	
09/20/2017	09/26/2017	7830557988	0257401957	115Invoice	1.90	94.90		✓ 93.00		7830557988	
09/20/2017	09/26/2017	7830557990	0919170454-00	115Invoice	1.40	70.07		✓ 68.67		7830557990	
09/20/2017	09/26/2017	7830557991	0918170243-00	115Invoice	0.63	31.46		✓ 30.83		7830557991	
09/21/2017	09/26/2017	7830813379	0257406205	115Invoice	0.71	35.35		✓ 34.64		7830813379	
09/21/2017	09/26/2017	7830813381	0919171018-00	115Invoice	8.81	440.54		✓ 431.73		7830813381	

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: 1,158.31 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 09/18/2017 2,308.03

If Paid By 09/26/2017,
Pay This Amount: 1,135.14 USD

If Paid After 09/26/2017,
Pay this Amount: 1,158.31 USD

Due If Paid On Time:
USD 1,135.14

Disc lost if paid late:
23.17

Due If Paid Late:
USD 1,158.31

APPROVED
ON
SEP 25 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 09/22/2017

DC: 8115

Territory: 400

Customer: 262252
Date: 09/23/2017

Page: 001

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

As of: 09/22/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 09/23/2017 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											
09/18/2017	09/26/2017	7830077023	1001082808	115Invoice	2.85	142.59		/139.74		7830077023	
09/18/2017	09/26/2017	7830077024	1001083437	115Invoice	8.38	418.95		✓410.57		7830077024	
09/18/2017	09/26/2017	7830077025	1001083437	115Invoice	0.07	3.70		/3.63		7830077025	
09/18/2017	09/26/2017	7830077026	1001083848	115Invoice	3.69	184.41		/180.72		7830077026	
09/19/2017	09/26/2017	7830318809	1001084206	115Invoice	8.57	428.45		/419.88		7830318809	
09/20/2017	09/26/2017	7830560756	1001084969	115Invoice	1.51	75.59		/74.08		7830560756	
09/21/2017	09/26/2017	7830796647	1001085677	115Invoice	11.90	594.78		/582.88		7830796647	
09/21/2017	09/26/2017	7830796650	1001085677	115Invoice	1.15	57.73		/56.58		7830796650	
09/22/2017	09/26/2017	7831047007	1001086310	115Invoice	0.47	23.62		/23.15		7831047007	

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: 1,929.82 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,308.03
09/18/2017

If Paid By 09/26/2017,
Pay This Amount: 1,891.23 USD

If Paid After 09/26/2017,
Pay this Amount: 1,929.82 USD

Due If Paid On Time:
USD 1,891.23

Disc lost if paid late:
38.59

Due If Paid Late:
USD 1,929.82

APPROVED
ON

SEP 25 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000947	09/25/17	4,471.36	MCKESSON
TOTALS:			4,471.36	

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
9/25/2017

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Interest Earned	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
Golden Creek	4454	-	35.34	490,578.04	0.03	-	-	-	-	490,542.70	490,442.67

Routing Information for Golden Creek:
Nexion Health at Golden Creek
Wells Fargo Bank, N.A.
ABA 0248
Account # 0323

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: 10-5-17

APPROVED
SEP 25 2017
COUNTY AUDITOR

E:\NH Weekly Transfers\NH UPL Prosperity Transfer Summary 9-25-17.xlsx

Home

ALL ACCOUNTS FAVORITES ☆

Sort By: Account Number

Checking	Available	Previous Day
MEMORIAL MEDICAL CENTER - OPERATING *4357 ☆	$1,835,756.90	$1,836,794.79
MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014 *4365 ☆	$100.04	$100.04
MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING *4373 ☆	$816,905.77	$816,905.77
MEMORIAL MEDICAL CENTER / NH ASHFORD *4381 ☆	$251,339.97	$251,339.97
MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403 ☆	$227,515.89	$227,515.89
MEMORIAL MEDICAL CENTER / NH CRESCENT *4411 ☆	$100,684.31	$100,684.31
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438 ☆	$127,297.13	$127,297.13
MEMORIAL MEDICAL CENTER / NH FORT BEND *4446 ☆	$68,912.67	$68,912.67
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE *4454 ☆	$490,542.70	$490,542.70
CAL CO INDIGENT HEALTHCARE *4551 ☆	$10,559.66	$10,746.58
TOTAL	$3,929,615.04	$3,930,839.85

Nexion Prosperity Bank Activity
8/1/17 through 9/24/17

Golden Creek				Transfer-Out	Transfer-In
8/1/2017	Funds to Open Acccount				100.00
8/2/2017	ACH Payment HARLAND CLARKE CHK ORDERS		R5 91	35.34	
8/31/2017	Accr Earning Pymt Added to Account				0.03
9/12/2017	Deposit				333,273.04
9/15/2017	ACH Deposit PaySpan PaySpan	7065			0.18
9/21/2017	Deposit				157,204.79
				35.34	**490,578.04**

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
9/25/2017

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Interest Earned	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	234,193.01	234,093.01	251,239.97	27.01	-	-	-	-	251,339.97	251,212.96

Routing Information for Ashford Gardens:
Ashford Health Care Center Ltd Co
JP Morgan Chase Bank
ABA 111000614
Account # 448234257

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Interest Earned	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	105.05	-	127,192.08	5.05	-	-	-	-	127,297.13	127,192.08
Crescent	4411	102.15	-	100,582.16	2.15	-	-	-	-	100,684.31	100,582.16
Broadmoor	4403	845,534.86	845,434.86	227,415.89	100.09	-	-	-	-	227,515.89	227,315.80
Fort Bend	4446	211,034.93	210,934.93	68,812.67	21.91	-	-	-	-	68,912.67	68,790.76
											523,880.80

Routing Information for Crescent / Solero 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 thot MMC deposited to open account.

APPROVED
SEP 25 2017
COUNTY AUDITOR

Michael J. Pfeifer
Calhoun County Judge
Date: 10-5-17

Home

ALL ACCOUNTS FAVORITES ☆

Sort By: Account Number

Checking	Available	Previous Day
MEMORIAL MEDICAL CENTER - OPERATING *4357 ☆	$1,835,756.90	$1,836,794.79
MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014 *4365 ☆	$100.04	$100.04
MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING *4373 ☆	$816,905.77	$816,905.77
MEMORIAL MEDICAL CENTER / NH ASHFORD *4381 ☆	$251,339.97	$251,339.97
MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403 ☆	$227,515.89	$227,515.89
MEMORIAL MEDICAL CENTER / NH CRESCENT *4411 ☆	$100,684.31	$100,684.31
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438 ☆	$127,297.13	$127,297.13
MEMORIAL MEDICAL CENTER / NH FORT BEND *4446 ☆	$68,912.67	$68,912.67
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE *4454 ☆	$490,542.70	$490,542.70
CAL CO INDIGENT HEALTHCARE *4551 ☆	$10,559.66	$10,746.58
TOTAL	$3,929,615.04	$3,930,839.85

Prosperity Bank Activity
9/5/17 through 9/24/17

Ashford Gardens			Transfer-Out	Transfer-In
9/6/2017	4381	CM Wire Domestic WIRE OUT ASHFORD HEALTH CARE CENTER LTD	234,093.01	
9/8/2017	4381	Deposit		154,449.13
9/18/2017	4381	Deposit		65,277.83
9/21/2017	4381	Deposit		31,513.01
			234,093.01	**251,239.97**

Broadmoor			Transfer-Out	Transfer-In
9/8/2017	4403	Deposit		127,598.63
9/8/2017	4403	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	422,717.43	
9/11/2017	4403	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	422,717.43	
9/18/2017	4403	Deposit		50,902.54
9/21/2017	4403	Deposit		48,914.72
			845,434.86	**227,415.89**

Crescent			Transfer-Out	Transfer-In
9/8/2017	4411	Deposit		73,895.48
9/18/2017	4411	Deposit		9,716.41
9/21/2017	4411	Deposit		16970.27
			0.00	**100,582.16**

Fort Bend			Transfer-Out	Transfer-In
9/8/2017	4446	Deposit		39,253.81
9/8/2017	4446	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	210,934.93	
9/18/2017	4446	Deposit		11,407.47
9/21/2017	4446	Deposit		18,151.39
			210,934.93	**68,812.67**

Solera at West Houston			Transfer-Out	Transfer-In
9/8/2017	4438	Deposit		63,732.80
9/18/2017	4438	Deposit		41,716.03
9/21/2017	4438	Deposit		21,743.25
			0.00	**127,192.08**

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
IBC Accounts
9/25/2017

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	128,932.51	128,832.51	126,972.91	-	-	-	-	127,072.91	126,972.91

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	716,980.28	716,880.28	72,030.21	-	-	-	-	72,130.21	72,030.21
Crescent	4588	105,977.45	105,877.45	238,145.78	-	-	-	-	238,245.78	238,145.78
Broadmoor	4596	217,551.42	217,451.42	347,690.30	-	-	-	-	347,790.30	347,690.30
Fort Bend	4618	64,848.13	64,748.13	130,596.00	-	-	-	-	130,696.00	130,596.00
										788,462.29

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: 9-25-17

APPROVED
SEP 25 2017
COUNTY AUDITOR

E:\NH Weekly Transfers\NH UPL Transfer Summary 9-25-17.xlsx

Account Portfolio as of 09/25/2017 8:17:47 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	4553	$127,072.91	$171,729.73
Memorial Medical Center	4561	$72,130.21	$529,420.29
Memorial Medical Center	4588	$238,245.78	$238,245.78
Memorial Medical Center	4596	$347,790.30	$347,790.30
Memorial Medical Center	4618	$130,696.00	$154,696.85
Memorial Medical Center Operat	0301	$443,506.61	$491,115.69
County of Calhoun Indigent	1101	$611.03	$611.03
Totals		**$1,360,052.84**	**$1,933,609.67**

IBC Bank Activity
9/4/17 through 9/24/17

Ashford Gardens					Transfer-Out	Transfer-In	
9/5/2017	113105025	4553	142	ACH CREDIT RECEIVED		7,858.69	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017083114500172*1752603231\
9/6/2017	113105025	4553	142	ACH CREDIT RECEIVED		8,076.41	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017090210100241*1752603231\
9/8/2017	113105025	4553	142	ACH CREDIT RECEIVED		3,878.55	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017090615600511*1752603231\
9/11/2017	113105025	4553	495	OUTGOING MONEY TRANSFER	128,832.51		ASHFORD HEALTH CARE CENTER LTD
9/12/2017	113105025	4553	142	ACH CREDIT RECEIVED		5,904.14	Molina HC of TX HCCLAIMPMT|ASHFORD GARDENS|TRN*1*EFT4753954*1201494502\
9/12/2017	113105025	4553	142	ACH CREDIT RECEIVED		2,704.55	Molina HC of TX HCCLAIMPMT|ASHFORD GARDENS|TRN*1*EFT4751677*1201494502\
9/13/2017	113105025	4553	142	ACH CREDIT RECEIVED		67.50	MANAGEANDNET1718 MNS PMNT|ASHFORD GARDENS|0204414
9/13/2017	113105025	4553	142	ACH CREDIT RECEIVED		1,238.30	CENTENE CORP HCCLAIMPMT|ASHFORD GARDENS|TRN*1*0903082350*1742770542\
9/13/2017	113105025	4553	142	ACH CREDIT RECEIVED		669.96	Molina HC of TX HCCLAIMPMT|ASHFORD GARDENS|TRN*1*EFT4755767*1201494502\
9/14/2017	113105025	4553	142	ACH CREDIT RECEIVED		990.94	Molina HC of TX HCCLAIMPMT|ASHFORD GARDENS|TRN*1*EFT4759284*1201494502\
9/15/2017	113105025	4553	142	ACH CREDIT RECEIVED		3,067.26	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017091316901276*1752603231\
9/15/2017	113105025	4553	142	ACH CREDIT RECEIVED		26,949.15	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017091317602108*1752603231\
9/19/2017	113105025	4553	142	ACH CREDIT RECEIVED		4,577.17	Molina HC of TX HCCLAIMPMT|ASHFORD GARDENS|TRN*1*EFT4771819*1201494502\
9/19/2017	113105025	4553	142	ACH CREDIT RECEIVED		7,192.47	Molina HC of TX HCCLAIMPMT|ASHFORD GARDENS|TRN*1*EFT4774543*1201494502\
9/20/2017	113105025	4553	142	ACH CREDIT RECEIVED		415.96	Molina HC of TX HCCLAIMPMT|ASHFORD GARDENS|TRN*1*EFT4778769*1201494502\
9/20/2017	113105025	4553	142	ACH CREDIT RECEIVED		485.41	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04911|TRN*1*EFT6651729*1205296137*000004911\
9/22/2017	113105025	4553	142	ACH CREDIT RECEIVED		380.54	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017092012600058*1752603231\
9/22/2017	113105025	4553	142	ACH CREDIT RECEIVED		23,483.76	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017092015200047*1752603231\
9/22/2017	113105025	4553	142	ACH CREDIT RECEIVED		6,731.23	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017092017100155*1752603231\
9/22/2017	113105025	4553	142	ACH CREDIT RECEIVED		22,300.92	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04911|TRN*1*EFT6652699*1205296137*000004911\
					128,832.51	126,972.91	

Solera at West Houston					Transfer-Out	Transfer-In	
9/6/2017	113105025	4561	142	ACH CREDIT RECEIVED		10,749.35	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4542580*1205296137*000004011\
9/6/2017	113105025	4561	142	ACH CREDIT RECEIVED		3,543.21	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017090213000206*1752603231\
9/8/2017	113105025	4561	142	ACH CREDIT RECEIVED		894.47	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4545077*1205296137*000004011\
9/8/2017	113105025	4561	142	ACH CREDIT RECEIVED		946.30	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
9/8/2017	113105025	4561	142	ACH CREDIT RECEIVED		4,221.07	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017090615600512*1752603231\
9/11/2017	113105025	4561	142	ACH CREDIT RECEIVED		3,148.68	Molina HC of TX HCCLAIMPMT|SOLERA AT WEST HOUSTON|TRN*1*EFT4749614*1201494502\
9/11/2017	113105025	4561	142	ACH CREDIT RECEIVED		2,644.47	Molina HC of TX HCCLAIMPMT|SOLERA AT WEST HOUSTON|TRN*1*EFT4747560*1201494502\
9/11/2017	113105025	4561	142	ACH CREDIT RECEIVED		965.07	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
9/11/2017	113105025	4561	495	OUTGOING MONEY TRANSFER	716,880.28		CANTEX HEALTH CARE CENTERS LLC
9/12/2017	113105025	4561	142	ACH CREDIT RECEIVED		1,480.50	HHP TEXAS HCCLAIMPMT|Solera at West Houston|DISDATA-OPTIONAL|TRN*1*003690012041074*1610994632\
9/12/2017	113105025	4561	142	ACH CREDIT RECEIVED		3,856.68	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017090819100480*1752603231\
9/13/2017	113105025	4561	142	ACH CREDIT RECEIVED		536.09	Molina HC of TX HCCLAIMPMT|SOLERA AT WEST HOUSTON|TRN*1*EFT4755863*1201494502\
9/13/2017	113105025	4561	142	ACH CREDIT RECEIVED		2,430.21	Molina HC of TX HCCLAIMPMT|SOLERA AT WEST HOUSTON|TRN*1*EFT4757972*1201494502\
9/14/2017	113105025	4561	142	ACH CREDIT RECEIVED		3,659.60	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017091213900067*1752603231\
9/15/2017	113105025	4561	142	ACH CREDIT RECEIVED		7,179.92	Molina HC of TX HCCLAIMPMT|SOLERA AT WEST HOUSTON|TRN*1*EFT4765818*1201494502\
9/18/2017	113105025	4561	142	ACH CREDIT RECEIVED		4,456.58	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4552006*1205296137*000004011\
9/19/2017	113105025	4561	142	ACH CREDIT RECEIVED		3,401.36	Molina HC of TX HCCLAIMPMT|SOLERA AT WEST HOUSTON|TRN*1*EFT4771901*1201494502\
9/19/2017	113105025	4561	142	ACH CREDIT RECEIVED		1,608.27	Molina HC of TX HCCLAIMPMT|SOLERA AT WEST HOUSTON|TRN*1*EFT4774568*1201494502\
9/20/2017	113105025	4561	142	ACH CREDIT RECEIVED		1,529.21	MANAGEANDNET1718 MNS PMNT|SOLERA AT WEST HOUSTON|0204725
9/21/2017	113105025	4561	142	ACH CREDIT RECEIVED		2,276.56	Molina HC of TX HCCLAIMPMT|SOLERA AT WEST HOUSTON|TRN*1*EFT4782327*1201494502\
9/22/2017	113105025	4561	142	ACH CREDIT RECEIVED		6,739.11	Molina HC of TX HCCLAIMPMT|SOLERA AT WEST HOUSTON|TRN*1*EFT4786440*1201494502\
9/22/2017	113105025	4561	142	ACH CREDIT RECEIVED		3,813.13	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017092015200050*1752603231\
9/22/2017	113105025	4561	142	ACH CREDIT RECEIVED		1,950.37	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4557990*1205296137*000004011\
					716,880.28	72,030.21	

Crescent					Transfer-Out	Transfer-In	
9/8/2017	113105025	4588	142	ACH CREDIT RECEIVED		1,540.00	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017090619300019*1752603231\
9/8/2017	113105025	4588	142	ACH CREDIT RECEIVED		1,700.44	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017090615600508*1752603231\
9/8/2017	113105025	4588	142	ACH CREDIT RECEIVED		1,735.99	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
9/8/2017	113105025	4588	142	ACH CREDIT RECEIVED		1,031.41	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
9/11/2017	113105025	4588	142	ACH CREDIT RECEIVED		7,737.51	Molina HC of TX HCCLAIMPMT|THE CRESCENT|TRN*1*EFT4747578*1201494502\
9/11/2017	113105025	4588	142	ACH CREDIT RECEIVED		510.41	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008

IBC Bank Activity
9/4/17 through 9/24/17

9/11/2017	113105025	4588	495	OUTGOING MONEY TRANSFER	105,877.45		CANTEX HEALTH CARE CENTERS III
9/12/2017	113105025	4588	142	ACH CREDIT RECEIVED		1,055.90	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017090812202037*1452485907\
9/12/2017	113105025	4588	142	ACH CREDIT RECEIVED		6,868.45	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017090819100475*1752603231\
9/12/2017	113105025	4588	142	ACH CREDIT RECEIVED		10,024.00	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017090913802229*1752603231\
9/13/2017	113105025	4588	142	ACH CREDIT RECEIVED		3,060.55	Molina HC of TX HCCLAIMPMT|THE CRESCENT|TRN*1*EFT4755887*1201494502\
9/18/2017	113105025	4588	142	ACH CREDIT RECEIVED		0.14	Molina HC of TX HCCLAIMPMT|THE CRESCENT|TRN*1*EFT4767536*1201494502\
9/20/2017	113105025	4588	142	ACH CREDIT RECEIVED		8,632.96	Molina HC of TX HCCLAIMPMT|THE CRESCENT|TRN*1*EFT4776518*1201494502\
9/21/2017	113105025	4588	142	ACH CREDIT RECEIVED		1,387.07	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4556178*1205296137*000004011\
9/22/2017	113105025	4588	142	ACH CREDIT RECEIVED		178,434.65	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4557995*1205296137*000004011\
9/22/2017	113105025	4588	142	ACH CREDIT RECEIVED		8,589.25	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017092015200043*1752603231\
9/22/2017	113105025	4588	142	ACH CREDIT RECEIVED		5,309.10	MANAGEANDNET1718 MN5 PMNT|CRESCENT THE|0205062
9/22/2017	113105025	4588	142	ACH CREDIT RECEIVED		527.95	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017092014601525*1452485907\
					105,877.45	238,145.78	

Broadmoor					Transfer-Out	Transfer-In	
9/5/2017	113105025	4596	142	ACH CREDIT RECEIVED		10,694.01	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4541032*1205296137*000004011\
9/6/2017	113105025	4596	142	ACH CREDIT RECEIVED		3,698.19	HUMANA INS CO EFPAYMENT|The Broadmoor at Creek|DISDATA-OPTIONAL|TRN*1*001290033704864*1391263473\
9/7/2017	113105025	4596	142	ACH CREDIT RECEIVED		2,148.01	HHP TEXAS HCCLAIMPMT|The Broadmoor at Creek|DISDATA-OPTIONAL|TRN*1*003690012039049*1610994632\
9/7/2017	113105025	4596	142	ACH CREDIT RECEIVED		1,270.58	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4543870*1205296137*000004011\
9/8/2017	113105025	4596	142	ACH CREDIT RECEIVED		1,480.50	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
9/11/2017	113105025	4596	142	ACH CREDIT RECEIVED		1,167.24	Molina HC of TX HCCLAIMPMT|THE BROADMOOR AT CREEK|TRN*1*EFT4747487*1201494502\
9/11/2017	113105025	4596	142	ACH CREDIT RECEIVED		1,653.47	Molina HC of TX HCCLAIMPMT|THE BROADMOOR AT CREEK|TRN*1*EFT4749574*1201494502\
9/11/2017	113105025	4596	495	OUTGOING MONEY TRANSFER	217,451.42		CANTEX HEALTH CARE CENTERS III
9/11/2017	113105025	4596	142	ACH CREDIT RECEIVED		73.61	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
9/14/2017	113105025	4596	142	ACH CREDIT RECEIVED		161.87	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4549648*1205296137*000004011\
9/20/2017	113105025	4596	142	ACH CREDIT RECEIVED		619.15	Molina HC of TX HCCLAIMPMT|THE BROADMOOR AT CREEK|TRN*1*EFT4776427*1201494502\
9/20/2017	113105025	4596	142	ACH CREDIT RECEIVED		2,145.04	Molina HC of TX HCCLAIMPMT|THE BROADMOOR AT CREEK|TRN*1*EFT4778770*1201494502\
9/21/2017	113105025	4596	142	ACH CREDIT RECEIVED		252,802.59	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4556190*1205296137*000004011\
9/21/2017	113105025	4596	142	ACH CREDIT RECEIVED		75.34	Molina HC of TX HCCLAIMPMT|THE BROADMOOR AT CREEK|TRN*1*EFT4782289*1201494502\
9/22/2017	113105025	4596	142	ACH CREDIT RECEIVED		66,382.70	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4558011*1205296137*000004011\
9/22/2017	113105025	4596	142	ACH CREDIT RECEIVED		3,318.00	AMERIGROUP CORPO HCCLAIMPMT|The Broadmoor At Creek|TRN*1*017092012600170*1752603231\
					217,451.42	347,690.30	

Fort Bend					Transfer-Out	Transfer-In	
9/5/2017	113105025	4618	142	ACH CREDIT RECEIVED		3,170.80	CENTENE CORP HCCLAIMPMT|FORT BEND HEALTHCARE C|TRN*1*0903061461*1742770542\
9/5/2017	113105025	4618	142	ACH CREDIT RECEIVED		7,315.77	AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|TRN*1*017083116100396*1752603231\
9/8/2017	113105025	4618	142	ACH CREDIT RECEIVED		2,912.68	AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|TRN*1*017090615600509*1752603231\
9/11/2017	113105025	4618	142	ACH CREDIT RECEIVED		9,863.40	Molina HC of TX HCCLAIMPMT|FORT BEND CONTINUING C|TRN*1*EFT4747483*1201494502\
9/11/2017	113105025	4618	495	OUTGOING MONEY TRANSFER	64,748.13		CANTEX HEALTH CARE CENTERS III
9/11/2017	113105025	4618	142	ACH CREDIT RECEIVED		2,483.15	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
9/11/2017	113105025	4618	142	ACH CREDIT RECEIVED		1,581.50	CENTENE CORP HCCLAIMPMT|FORT BEND HEALTHCARE C|TRN*1*0903075622*1742770542\
9/12/2017	113105025	4618	142	ACH CREDIT RECEIVED		469.32	AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|TRN*1*017090819100476*1752603231\
9/12/2017	113105025	4618	142	ACH CREDIT RECEIVED		11,307.96	AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|TRN*1*017090912900430*1752603231\
9/15/2017	113105025	4618	142	ACH CREDIT RECEIVED		2,404.83	Molina HC of TX HCCLAIMPMT|FORT BEND CONTINUING C|TRN*1*EFT4763202*1201494502\
9/18/2017	113105025	4618	142	ACH CREDIT RECEIVED		3,616.27	Molina HC of TX HCCLAIMPMT|FORT BEND CONTINUING C|TRN*1*EFT4767453*1201494502\
9/19/2017	113105025	4618	142	ACH CREDIT RECEIVED		13,637.34	HUMANA INS CO HCCLAIMPMT|Fort Bend Healthcare C|DISDATA-OPTIONAL|TRN*1*001290033911043*1391263473\
9/19/2017	113105025	4618	142	ACH CREDIT RECEIVED		1,224.02	Molina HC of TX HCCLAIMPMT|FORT BEND CONTINUING C|TRN*1*EFT4771818*1201494502\
9/20/2017	113105025	4618	142	ACH CREDIT RECEIVED		2,048.71	CENTENE CORP HCCLAIMPMT|FORT BEND HEALTHCARE C|TRN*1*0903101979*1742770542\
9/20/2017	113105025	4618	142	ACH CREDIT RECEIVED		5,588.22	AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|TRN*1*017091811802548*1752603231\
9/20/2017	113105025	4618	142	ACH CREDIT RECEIVED		7,018.40	Molina HC of TX HCCLAIMPMT|FORT BEND CONTINUING C|TRN*1*EFT4776424*1201494502\
9/21/2017	113105025	4618	142	ACH CREDIT RECEIVED		2,810.94	Molina HC of TX HCCLAIMPMT|FORT BEND CONTINUING C|TRN*1*EFT4780299*1201494502\
9/21/2017	113105025	4618	142	ACH CREDIT RECEIVED		577.74	AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|TRN*1*017091918500564*1752603231\
9/21/2017	113105025	4618	142	ACH CREDIT RECEIVED		42,272.75	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4555564*1205296137*000004011\
9/22/2017	113105025	4618	142	ACH CREDIT RECEIVED		10,292.20	AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|TRN*1*017092015200044*1752603231\
					64,748.13	130,596.00	

09/26/2017 MEMORIAL MEDICAL CENTER 0
15:36 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 09/30/2017

Vendor#	Vendor Name	Class	Pay Code
10250	4IMPRINT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
14363571		09/16/20	08/14/20	09/18/20		340.98	0.00	0.00	340.98
	SUPPLIES BUS DEVLP								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10250	4IMPRINT	340.98	0.00	0.00	340.98

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
115332		09/18/20	07/23/20	09/18/20		107.41	0.00	0.00	107.41
	SUPPLIES NURSERY								
114991		09/18/20	08/10/20	09/18/20		25.97	0.00	0.00	25.97
	SUPPLIES BIO MED								
114973		09/18/20	08/10/20	09/18/20		20.98	0.00	0.00	20.98
	REPAIRS SPECIAL CLINIC								
115035		09/18/20	08/11/20	09/18/20		22.56	0.00	0.00	22.56
	SUPPLIES PLT OPS								
115098		09/18/20	08/14/20	09/18/20		76.75	0.00	0.00	76.75
	SUPPLIES PLT OPS								
115138		09/18/20	08/15/20	09/18/20		5.59	0.00	0.00	5.59
	SUPPLIES BIO MED								
115189		09/18/20	08/16/20	09/18/20		20.98	0.00	0.00	20.98
	SUPPLIES MMCLINIC								
115212		09/18/20	08/17/20	09/18/20		49.47	0.00	0.00	49.47
	REPAIRS SURGERY								
115335		09/18/20	08/21/20	09/18/20		7.00	0.00	0.00	7.00
	SUPPLIES PLT OPS								
115345		09/18/20	08/22/20	09/18/20		62.98	0.00	0.00	62.98
115468		09/18/20	08/29/20	09/18/20		49.96	0.00	0.00	49.96
	SUPPLIES PLT OPS								
22212		09/18/20	08/29/20	09/18/20		34.68	0.00	0.00	34.68
	SUPPLIES PLT OPS								
115474		09/18/20	08/30/20	09/18/20		186.56	0.00	0.00	186.56
	SUPPLIES GROUNDS								
115476		09/18/20	08/30/20	09/18/20		59.97	0.00	0.00	59.97
	SUPPLIES PLT OPS								
115480		09/18/20	08/31/20	09/18/20		30.98	0.00	0.00	30.98
	REPAIRS - NURSERY								
115497		09/18/20	09/03/20	09/18/20		24.17	0.00	0.00	24.17
	SUPPLIES PLT OPS								
115621		09/18/20	09/11/20	09/18/20		29.05	0.00	0.00	29.05
	SUPPLIES MED/SURG								
115639		09/18/20	09/11/20	09/18/20		10.97	0.00	0.00	10.97
	REPAIRS DIETARY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521	826.03	0.00	0.00	826.03

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
	9651901047		09/18/20	08/25/20	09/24/20		636.00	0.00	0.00	636.00
		SUPPLIES SURGERY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		A1690	ALCON LABORATORIES, INC.				636.00	0.00	0.00	636.00
Vendor#	Vendor Name				Class	Pay Code				
A1360	AMERISOURCEBERGEN DRUG CORP				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	925347886		09/22/20	09/12/20	09/18/20		58.50	0.00	0.00	58.50
		INVENT PHARM								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		A1360	AMERISOURCEBERGEN DRUG CORP				58.50	0.00	0.00	58.50
Vendor#	Vendor Name				Class	Pay Code				
A2218	AQUA BEVERAGE COMPANY				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	787351		08/23/20	07/31/20	09/21/20		20.34	0.00	0.00	20.34
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		A2218	AQUA BEVERAGE COMPANY				20.34	0.00	0.00	20.34
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
	55968959		08/31/20	08/22/20	09/21/20		629.50	0.00	0.00	629.50
		LEASE SPECTRUM SFTWR								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		B1150	BAXTER HEALTHCARE				629.50	0.00	0.00	629.50
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
	106540652		08/31/20	08/28/20	09/22/20		1,333.34	0.00	0.00	1,333.34
		SUPPLIES LAB								
	5375900		09/22/20	08/30/20	09/24/20		3,507.27	0.00	0.00	3,507.27
		MAINT CONT								
	106552201		09/22/20	09/03/20	09/28/20		69.29	0.00	0.00	69.29
		SUPPLIES								
	106552566		09/22/20	09/04/20	09/29/20		245.02	0.00	0.00	245.02
		SUPPLIES								
	106554558		09/22/20	09/05/20	09/30/20		6,356.01	0.00	0.00	6,356.01
		SUPPLIES								
	106554404		09/22/20	09/05/20	09/30/20		11,382.30	0.00	0.00	11,382.30
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		B1220	BECKMAN COULTER INC				22,893.23	0.00	0.00	22,893.23
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
	9103268117		09/22/20	08/22/20	09/21/20		886.88	0.00	0.00	886.88
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10024	BECTON, DICKINSON & CO (BD)				886.88	0.00	0.00	886.88

Vendor#	Vendor Name				Class	Pay Code				
11211	BHB MACHINE & PUMP REPAIR, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	707790		09/18/20	08/23/20	09/18/20		71.69	0.00	0.00	71.69
		PURCH SERV GROUNDS								
	707795		09/18/20	09/05/20	09/18/20		390.59	0.00	0.00	390.59
		PURCH SERV PLT OPS								
	707791		09/18/20	09/05/20	09/18/20		88.00	0.00	0.00	88.00
		PURCH SERV PLT OPS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11211	BHB MACHINE & PUMP REPAIR, LLC				550.28	0.00	0.00	550.28
Vendor#	Vendor Name				Class	Pay Code				
10599	BKD, LLP									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	BK00779176		09/16/20	08/21/20	09/18/20		2,351.70	0.00	0.00	2,351.70
		AUDITING FEES ACCTG								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10599	BKD, LLP				2,351.70	0.00	0.00	2,351.70
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
	22215		09/18/20	08/24/20	09/18/20		141.06	0.00	0.00	141.06
		FUEL TRANSPORT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1112	CALHOUN COUNTY				141.06	0.00	0.00	141.06
Vendor#	Vendor Name				Class	Pay Code				
10988	CALHOUN SPORTS MEDICINE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	000242		09/18/20	09/11/20	09/18/20		250.00	0.00	0.00	250.00
		ADVERTISING ADM								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10988	CALHOUN SPORTS MEDICINE				250.00	0.00	0.00	250.00
Vendor#	Vendor Name				Class	Pay Code				
C1325	CARDINAL HEALTH 414, INC.				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	8001425068		09/16/20	08/05/20	09/18/20		220.16	0.00	0.00	220.16
		SUPPLIES NUC MED								
	8001430234		09/16/20	08/12/20	09/18/20		281.19	0.00	0.00	281.19
		SUPPLIES NUC MED								
	8001438864		09/16/20	08/19/20	09/18/20		579.11	0.00	0.00	579.11
		SUPPLIES NUC MED								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1325	CARDINAL HEALTH 414, INC.				1,080.46	0.00	0.00	1,080.46
Vendor#	Vendor Name				Class	Pay Code				
10381	CAREFUSION 211, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	31170218		08/31/20	08/22/20	09/21/20		192.59	0.00	0.00	192.59
		SUPPLIES GEN RES CARE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10381	CAREFUSION 211, INC				192.59	0.00	0.00	192.59
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
92332939		08/31/20	08/23/20	09/22/20			404.00	0.00	0.00	404.00
	INVENTORY C/S									
92333756		09/18/20	08/24/20	09/23/20			196.32	0.00	0.00	196.32
	INVENTORY C/S									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10350	CENTURION MEDICAL PRODUCTS	600.32	0.00	0.00	600.32

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
4		09/16/20	09/07/20	09/18/20			160.00	0.00	0.00	160.00
	PURCH SERV SWING BDS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10105	CHRIS KOVAREK	160.00	0.00	0.00	160.00

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
000252		09/22/20	08/21/20	08/30/20			6,860.04	0.00	0.00	6,860.04
	WATER AND SEWER									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1730	CITY OF PORT LAVACA	6,860.04	0.00	0.00	6,860.04

Vendor# Vendor Name — Class — Pay Code

10723 CLIA LABORATORY PROGRAM

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000258A		09/22/20	08/15/20	09/30/20			1,515.00	0.00	0.00	1,515.00
	DUES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10723	CLIA LABORATORY PROGRAM	1,515.00	0.00	0.00	1,515.00

Vendor# Vendor Name — Class — Pay Code

10786 CLINICAL PATHOLOGY

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2017080		09/22/20	08/31/20	09/25/20			6,353.11	0.00	0.00	6,353.11
	PURCH SERV									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10786	CLINICAL PATHOLOGY	6,353.11	0.00	0.00	6,353.11

Vendor# Vendor Name — Class — Pay Code

10813 COKER GROUP HOLDINGS, LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
105028		09/22/20	08/31/20	09/30/20			1,323.00	0.00	0.00	1,323.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10813	COKER GROUP HOLDINGS, LLC	1,323.00	0.00	0.00	1,323.00

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
000220		09/18/20	09/01/20	09/18/20			2,020.70	0.00	0.00	2,020.70
	EMPLOYEE EXP									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11030	COMBINED INSURANCE CO	2,020.70	0.00	0.00	2,020.70

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
473573		09/18/20	09/05/20	09/18/20			636.37	0.00	0.00	636.37
	SUPPLIES SURGERY									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	C1970	CONMED CORPORATION					636.37	0.00	0.00	636.37

Vendor#	Vendor Name	Class	Pay Code
L1430	CONMED LINVATEC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2642832		09/18/20	09/18/20	09/18/20			746.19	0.00	0.00	746.19
	SUPPLIES SURGERY									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	L1430	CONMED LINVATEC					746.19	0.00	0.00	746.19

Vendor#	Vendor Name	Class	Pay Code
C2150	COOK MEDICAL INCORPORATED	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
V15978220		09/18/20	09/06/20	09/18/20			664.80	0.00	0.00	664.80
	INVENTORY C/S									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	C2150	COOK MEDICAL INCORPORATED					664.80	0.00	0.00	664.80

Vendor#	Vendor Name	Class	Pay Code
C2157	COOPER SURGICAL INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
4559578		09/05/20	09/05/20	09/18/20			1,377.84	0.00	0.00	1,377.84
	SUPPLIES SURGERY									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	C2157	COOPER SURGICAL INC					1,377.84	0.00	0.00	1,377.84

Vendor#	Vendor Name	Class	Pay Code
10646	COVIDIEN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
25590745		09/18/20	09/05/20	09/18/20			2,007.44	0.00	0.00	2,007.44
	SUPPLIES SURGERY									
25590806		09/18/20	09/05/20	09/18/20			4,494.09	0.00	0.00	4,494.09
	SUPPLIES SURGERY									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10646	COVIDIEN					6,501.53	0.00	0.00	6,501.53

Vendor#	Vendor Name	Class	Pay Code
11004	CSI LEASING INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
RT00168602		09/18/20	08/24/20				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#	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
555X02678308A		09/18/20	08/31/20	09/25/20			600.40	0.00	0.00	600.40
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	R1050	CULLIGAN OF VICTORIA					600.40	0.00	0.00	600.40

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
227808		09/18/20	08/31/20	09/18/20		392.05	0.00	0.00	392.05

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10006	CUSTOM MEDICAL SPECIALTIES	392.05	0.00	0.00	392.05

Vendor#	Vendor Name	Class	Pay Code
H0900	D HARRIS CONSULTING LLC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21428		09/22/20	08/28/20	09/28/20		700.00	0.00	0.00	700.00
	PURCH SERV								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H0900	D HARRIS CONSULTING LLC	700.00	0.00	0.00	700.00

Vendor#	Vendor Name	Class	Pay Code
11524	DATA INNOVATIONS LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
39958		09/22/20	08/31/20	09/25/20		1,500.00	0.00	0.00	1,500.00
	DUES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11524	DATA INNOVATIONS LLC	1,500.00	0.00	0.00	1,500.00

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
173550102		09/16/20	09/03/20	09/18/20		2,027.48	0.00	0.00	2,027.48
	PURCH SERV PHY THRPY								
173650098		09/22/20	09/10/20	09/30/20		1,737.84	0.00	0.00	1,737.84
	PURCH SERV								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11287	DELTA HEALTHCARE PROVIDERS	3,765.32	0.00	0.00	3,765.32

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
5124510		09/18/20	08/21/20	09/15/20		164.84	0.00	0.00	164.84
5133690		09/18/20	09/05/20	09/30/20		51.00	0.00	0.00	51.00
	INVENTORY C/S								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	215.84	0.00	0.00	215.84

Vendor#	Vendor Name	Class	Pay Code
11011	DIAMOND HEALTHCARE CORP		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV20051090		08/31/20	08/31/20	09/25/20		31,704.58	0.00	0.00	31,704.58
	PURCH SERV BEH HTH								
IN20051099		08/31/20	08/31/20	09/25/20		19,166.67	0.00	0.00	19,166.67
	PURCH SERV - CARD REH								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11011	DIAMOND HEALTHCARE CORP	50,871.25	0.00	0.00	50,871.25

Vendor#	Vendor Name	Class	Pay Code
D1530	DIEBEL OIL CO INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
23577		09/22/20	08/31/20	09/30/20		1,392.00	0.00	0.00	1,392.00
	DISASTER EXP								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

	D1530 DIEBEL OIL CO INC					1,392.00	0.00	0.00	1,392.00
Vendor#	Vendor Name			Class	Pay Code				
D1532	DIGITAL INOVATION, INC.								
	Invoice# Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	1000105	09/18/20	09/01/20	09/18/20		1,875.00	0.00	0.00	1,875.00
	ANNUAL MAINT - TRAUMA RE								
	Vendor Totals Number Name					Gross	Discount	No-Pay	Net
	D1532 DIGITAL INOVATION, INC.					1,875.00	0.00	0.00	1,875.00
Vendor#	Vendor Name			Class	Pay Code				
10789	DISCOVERY MEDICAL NETWORK INC								
	Invoice# Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	MMC091517	09/22/20	09/15/20	09/30/20		115,078.69	0.00	0.00	115,078.69
	PRO FEES								
	Vendor Totals Number Name					Gross	Discount	No-Pay	Net
	10789 DISCOVERY MEDICAL NETWORK INC					115,078.69	0.00	0.00	115,078.69
Vendor#	Vendor Name			Class	Pay Code				
11291	DOWELL PEST CONTROL								
	Invoice# Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	5880	09/16/20	09/03/20	09/28/20		505.00	0.00	0.00	505.00
	PURCH SERV PLT OPS								
	5881	09/16/20	09/03/20	09/28/20		105.00	0.00	0.00	105.00
	PURCH SERV PLT OPS								
	Vendor Totals Number Name					Gross	Discount	No-Pay	Net
	11291 DOWELL PEST CONTROL					610.00	0.00	0.00	610.00
Vendor#	Vendor Name			Class	Pay Code				
D1710	DOWNTOWN CLEANERS			W					
	Invoice# Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	1732	09/16/20	08/08/20	08/18/20		6.10	0.00	0.00	6.10
	LAUNDRY CLINIC								
	22207	09/16/20	08/11/20	08/21/20		150.00	0.00	0.00	150.00
	1916	09/16/20	08/21/20	09/18/20		6.10	0.00	0.00	6.10
	LAUNDRY								
	1709	09/18/20	07/31/20	09/18/20		6.10	0.00	0.00	6.10
	LAUNDRY MMCLINIC								
	1744	09/18/20	08/14/20	09/18/20		6.10	0.00	0.00	6.10
	LAUNDRY MMCLINIC								
	Vendor Totals Number Name					Gross	Discount	No-Pay	Net
	D1710 DOWNTOWN CLEANERS					174.40	0.00	0.00	174.40
Vendor#	Vendor Name			Class	Pay Code				
E3400	EMERGENCY MEDICAL PRODUCTS			M					
	Invoice# Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	1928793	09/18/20	08/23/20	09/18/20		27.45	0.00	0.00	27.45
	INVENTORY C/S								
	Vendor Totals Number Name					Gross	Discount	No-Pay	Net
	E3400 EMERGENCY MEDICAL PRODUCTS					27.45	0.00	0.00	27.45
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
	000214	09/16/20	09/02/20	09/18/20		25.04	0.00	0.00	25.04
	FOOD - DIETARY								

000213		09/16/20 09/02/20 09/18/20		19.02	0.00	0.00	19.02 ✓	
	FOOD DIETARY							
110946		09/22/20 09/21/20 09/30/20		27.92	0.00	0.00	27.92 ✓	
	FOOD SUPPLIES							
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net	
	11448	EPIPHANY ARCHANGEL		71.98	0.00	0.00	71.98	
Vendor#	Vendor Name		Class	Pay Code				
T0383	ERIN CLEVENGER ✓		W					
Invoice#	Comment	Tran Dt Inv Dt Due Dt Check D Pay		Gross	Discount	No-Pay	Net	
000246		09/22/20 09/18/20 09/30/20		262.14	0.00	0.00	262.14 ✓	
	TRAVEL Torch leadership & Management Institute Annual conference 9/14-9/15							
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net	
	T0383	ERIN CLEVENGER		262.14	0.00	0.00	262.14	
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	
934096 ✓		09/16/20 08/30/20 09/24/20		332.34	0.00	0.00	332.34 ✓	
	SUPPLIES ACCTG							
934094 ✓		09/16/20 08/30/20 09/24/20		332.30	0.00	0.00	332.30 ✓	
	SUPPLIES CALHOUN CO							
934095 ✓		09/16/20 08/30/20 09/24/20		332.34	0.00	0.00	332.34 ✓	
	SUPPLIES ACCTG							
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net	
	C2510	EVIDENT		996.98	0.00	0.00	996.98	
Vendor#	Vendor Name		Class	Pay Code				
F1050	FASTENAL COMPANY ✓		M					
Invoice#	Comment	Tran Dt Inv Dt Due Dt Check D Pay		Gross	Discount	No-Pay	Net	
TXPOT178708 ✓		09/16/20 08/18/20 09/17/20		27.72	0.00	0.00	27.72 ✓	
	SUPPLIES PLT OPS							
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net	
	F1050	FASTENAL COMPANY		27.72	0.00	0.00	27.72	
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	
589993814 ✓		09/16/20 08/17/20 09/18/20		9.47	0.00	0.00	9.47 ✓	
	FRIGHT RADIOLOGY							
590859240 ✓		09/16/20 08/24/20 09/18/20		132.52	0.00	0.00	132.52 ✓	
	FREIGHT VAR DEP							
591468782 ✓		09/16/20 08/31/20 09/18/20		23.27	0.00	0.00	23.27 ✓	
	FRT - SURGERY							
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net	
	F1100	FEDERAL EXPRESS CORP.		165.26	0.00	0.00	165.26	
Vendor#	Vendor Name		Class	Pay Code				
F1130	FFF ENTERPRISES ✓		W					
Invoice#	Comment	Tran Dt Inv Dt Due Dt Check D Pay		Gross	Discount	No-Pay	Net	
90087481 ✓		09/18/20 08/30/20 09/29/20		406.48	0.00	0.00	406.48 ✓	
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net	
	F1130	FFF ENTERPRISES		406.48	0.00	0.00	406.48	
Vendor#	Vendor Name		Class	Pay Code				
F1300	FIRESTONE OF PORT LAVACA ✓		W					
Invoice#	Comment	Tran Dt Inv Dt Due Dt Check D Pay		Gross	Discount	No-Pay	Net	

0056452		09/18/20	08/21/20	09/18/20	495.28	0.00	0.00	495.28
	PURCH SERV - TRANSPORT							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	F1300	FIRESTONE OF PORT LAVACA			495.28	0.00	0.00	495.28

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
22210		09/16/20	09/16/20	09/18/20			75.00	0.00	0.00	75.00
	EMPL EXP									
000254		09/22/20	09/14/20	09/30/20			75.00	0.00	0.00	75.00
	EMPL EXP									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11037	FIRST CLEARING					150.00	0.00	0.00	150.00

Vendor#	Vendor Name	Class	Pay Code
F1400	FISHER HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9780232		09/18/20	08/22/20	09/18/20			2,640.96	0.00	0.00	2,640.96
	SUPPLIES LAB									
0144682		09/18/20	08/24/20	09/18/20			493.08	0.00	0.00	493.08
0290621		09/18/20	08/25/20	09/19/20			260.45	0.00	0.00	260.45
	SUPPLIES LAB									
0494275		09/18/20	08/28/20	09/22/20			178.46	0.00	0.00	178.46
	SUPPLIES LAB									
0494276		09/18/20	08/28/20	09/22/20			323.33	0.00	0.00	323.33
	SUPPLIES LAB									
1848999		09/18/20	09/05/20	09/30/20			178.46	0.00	0.00	178.46
	SUPPLIES LAB									
1849000		09/18/20	09/05/20	09/30/20			140.02	0.00	0.00	140.02
1848997	supplies	09/18/20	09/05/20	09/30/20			356.92	0.00	0.00	356.92
	SUPPLIES LAB									
0144670		09/22/20	08/24/20	09/18/20			-888.24	0.00	0.00	-888.24
	SUPPLIES									
0290620		09/22/20	08/25/20	09/19/20			527.36	0.00	0.00	527.36
	SUPPLIES									
1173308		09/22/20	08/30/20	09/24/20			827.49	0.00	0.00	827.49
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE					5,038.29	0.00	0.00	5,038.29

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
E143743		09/16/20	08/19/20	09/18/20			2,800.00	0.00	0.00	2,800.00
	PURCH SERV PHY THERPY									
E144349		09/16/20	08/26/20	09/18/20			2,520.00	0.00	0.00	2,520.00
	PURCH SERV PHY THRPY									
E144948		09/16/20	09/02/20	09/27/20			560.00	0.00	0.00	560.00
	PURCH SERV PHY THRPY									
E137747		09/22/20	06/16/20	07/11/20			2,520.00	0.00	0.00	2,520.00
	PURCH SERV									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11078	FUSION MEDICAL STAFFING, LLC	8,400.00	0.00	0.00	8,400.00

Vendor#	Vendor Name	Class	Pay Code
10283	GE HEALTHCARE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
6000849005	MAINT CONT	09/22/20	09/01/20	09/26/20			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
W1300	GRAINGER	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9544574685	DISASTER EXP	09/22/20	08/31/20	09/25/20			1,923.16	0.00	0.00	1,923.16

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W1300	GRAINGER	1,923.16	0.00	0.00	1,923.16

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
751236	PURCH SERV	09/22/20	08/17/20	09/16/20			25.00	0.00	0.00	25.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G0401	GULF COAST DELIVERY	25.00	0.00	0.00	25.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1368158	SUPPLIES HSKEEPING	09/16/20	08/23/20	09/18/20			370.04	0.00	0.00	370.04
1364035	SUPPLIES HSKEEPING	09/18/20	08/15/20	09/14/20			410.89	0.00	0.00	410.89
1367688	INVENTORY C/S	09/18/20	08/22/20	09/18/20			171.79	0.00	0.00	171.79

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	952.72	0.00	0.00	952.72

Vendor#	Vendor Name	Class	Pay Code
10804	HEALTHCARE CODING & CONSULTING		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
6618	PURCH SERV MMCLININC	09/18/20	08/31/20	09/18/20			630.00	0.00	0.00	630.00
6653	PURCH SERV	09/22/20	08/31/20	09/30/20			341.00	0.00	0.00	341.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10804	HEALTHCARE CODING & CONSULTING	971.00	0.00	0.00	971.00

Vendor#	Vendor Name	Class	Pay Code
10829	HEALTHSTREAM, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
0070873	PURCH SERV	09/22/20	07/14/20	08/13/20			1,330.86	0.00	0.00	1,330.86
0070875	PURCH SERV	09/22/20	07/14/20	08/13/20			1,807.05	0.00	0.00	1,807.05

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10829	HEALTHSTREAM, INC.	3,137.91	0.00	0.00	3,137.91

Vendor#	Vendor Name				Class	Pay Code				
I0417	INDUSTRIAL COMMUNICATIONS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross		Discount	No-Pay	Net
	286220		09/18/20	09/06/20	09/18/20		1,111.00		0.00	0.00	1,111.00
		REPAIRS ADM									
	Vendor Totals	Number	Name				Gross		Discount	No-Pay	Net
		I0417	INDUSTRIAL COMMUNICATIONS				1,111.00		0.00	0.00	1,111.00
Vendor#	Vendor Name				Class	Pay Code				
11520	INFINITI COMMUNICATIONS TECHNO									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross		Discount	No-Pay	Net
	1021560		09/22/20	08/14/20	08/16/20		2,275.00		0.00	0.00	2,275.00
		SUPPLIES									
	Vendor Totals	Number	Name				Gross		Discount	No-Pay	Net
		11520	INFINITI COMMUNICATIONS TECHNO				2,275.00		0.00	0.00	2,275.00
Vendor#	Vendor Name				Class	Pay Code				
10442	INTERSTATE ALL BATTERY CENTER									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross		Discount	No-Pay	Net
	1901104005128		09/16/20	08/23/20	09/22/20		89.50		0.00	0.00	89.50
		SUPPLIES IT									
	Vendor Totals	Number	Name				Gross		Discount	No-Pay	Net
		10442	INTERSTATE ALL BATTERY CENTER				89.50		0.00	0.00	89.50
Vendor#	Vendor Name				Class	Pay Code				
I1260	INTOXIMETERS INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross		Discount	No-Pay	Net
	567792		09/18/20	06/22/20			302.50		0.00	0.00	302.50
	Vendor Totals	Number	Name				Gross		Discount	No-Pay	Net
		I1260	INTOXIMETERS INC				302.50		0.00	0.00	302.50
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
	918397347		08/31/20	08/22/20	09/21/20		3,595.82		0.00	0.00	3,595.82
		SUPPLIES SURGERY									
	918359511		09/18/20	08/10/20	09/09/20		172.77		0.00	0.00	172.77
	Vendor Totals	Number	Name				Gross		Discount	No-Pay	Net
		J0150	J & J HEALTH CARE SYSTEMS, INC				3,768.59		0.00	0.00	3,768.59
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
	2003532		09/22/20	05/03/20	06/03/20		21.96		0.00	0.00	21.96
		PRO FEES									
	378156		09/22/20	06/07/20	07/07/20		10,200.00		0.00	0.00	10,200.00
		PRO FEES									
	2004876		09/22/20	06/07/20	07/07/20		20.14		0.00	0.00	20.14
		PRO FEES									
	2005009		09/22/20	06/08/20	07/08/20		1,167.79		0.00	0.00	1,167.79
		PRO FEES									
	382474		09/22/20	08/23/20	09/23/20		10,200.00		0.00	0.00	10,200.00
		PRO FEES									
	2007754		09/22/20	08/23/20	09/30/20		862.69		0.00	0.00	862.69

PRO FEES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11230	JACKSON & COKER LOCUM TENENS,	22,472.58	0.00	0.00	22,472.58

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
6010007		09/18/20	09/01/20	09/18/20			244.63	0.00	0.00	244.63
	SUPPLIES DIETARY									
F004540		09/22/20	08/31/20	09/10/20			9.76	0.00	0.00	9.76
	SERVICE CHARGE									
601006701		09/22/20	09/14/20	09/24/20			187.44	0.00	0.00	187.44
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J1415	JOHNSTONE SUPPLY	441.83	0.00	0.00	441.83

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
56421714		09/22/20	09/02/20	09/27/20			617.50	0.00	0.00	617.50
	PURCH SERV									
56451651		09/22/20	09/02/20	09/27/20			625.00	0.00	0.00	625.00
	PURCH SERV									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	L0700	LABCORP OF AMERICA HOLDINGS	1,242.50	0.00	0.00	1,242.50

Vendor#	Vendor Name	Class	Pay Code
L1001	LANDAUER INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
100511329		09/22/20	08/23/20	09/23/20			710.31	0.00	0.00	710.31
	PURCH SERV									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	L1001	LANDAUER INC	710.31	0.00	0.00	710.31

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
4135446		09/22/20	08/31/20	09/25/20			25.20	0.00	0.00	25.20
	PURCH SERV									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	L1288	LANGUAGE LINE SERVICES	25.20	0.00	0.00	25.20

Vendor#	Vendor Name	Class	Pay Code
10141	LAWSON PRODUCTS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9305217361		09/16/20	09/07/20	09/18/20			169.94	0.00	0.00	169.94
	SUPPLIES PLT OPER									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10141	LAWSON PRODUCTS	169.94	0.00	0.00	169.94

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
17047		09/18/20	09/05/20	09/10/20			910.00	0.00	0.00	910.00
	ADV CARDIAC LIFE SUPPT CL									
17051		09/22/20	09/06/20	09/11/20			780.00	0.00	0.00	780.00
	CONT EDU									
17049		09/22/20	09/11/20	09/16/20			260.00	0.00	0.00	260.00

	CONT ED								
	17053	09/22/20	09/21/20	09/26/20		650.00	0.00	0.00	650.00
	CONT EDU								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10720	LIFESOURCE EDUCATIONAL SRV LLC				2,600.00	0.00	0.00	2,600.00
Vendor#	Vendor Name				Class	Pay Code			
L1640	LOWE'S HOME CENTERS INC				W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	88644501		09/18/20	09/05/20	09/18/20		121.08	0.00	0.00	121.08
	SUPPLIES GEN PLT OPS									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	L1640	LOWE'S HOME CENTERS INC				121.08	0.00	0.00	121.08
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
	INV0543998		09/18/20	09/03/20	09/18/20		1,191.88	0.00	0.00	1,191.88
	FUEL PLT OPS									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10578	LUMINANT ENERGY COMPANY LLC				1,191.88	0.00	0.00	1,191.88
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
	22211		09/16/20	09/16/20	09/18/20		1,415.00	0.00	0.00	1,415.00
	EMP EXP									
	000257		09/22/20	09/14/20	09/30/20		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				2,880.00	0.00	0.00	2,880.00
Vendor#	Vendor Name				Class	Pay Code			
M1511	MARKETLAB, INC				W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	IN00122566		09/18/20	08/29/20	09/29/20		1,981.52	0.00	0.00	1,981.52
	MINOR EQ LAB									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M1511	MARKETLAB, INC				1,981.52	0.00	0.00	1,981.52
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
	70620		09/16/20	08/01/20	08/31/20		86.50	0.00	0.00	86.50
	ADVERTISING									
	7072470725		09/16/20	08/21/20	09/20/20		152.45	0.00	0.00	152.45
	ADVERTISING									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M1950	MARTIN PRINTING CO				238.95	0.00	0.00	238.95
Vendor#	Vendor Name				Class	Pay Code			
11141	MEDICAL DATA SYSTEMS, INC.								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	113109		09/18/20	08/31/20	09/30/20		1,597.87	0.00	0.00	1,597.87
	COLLEGCTION EXP BUS OFF									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11141	MEDICAL DATA SYSTEMS, INC.				1,597.87	0.00	0.00	1,597.87

Vendor#	Vendor Name				Class	Pay Code				
M2550	MELSTAN, INC.				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	12056		09/18/20	08/03/20	09/18/20		93.78	0.00	0.00	93.78
		SUPPLIES GROUNDS								
	11736		09/18/20	09/05/20	09/18/20		12.95	0.00	0.00	12.95
		SUPPLIES GROUNDS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2550	MELSTAN, INC.				106.73	0.00	0.00	106.73
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
	22208		09/16/20	09/16/20	09/18/20		120.00	0.00	0.00	120.00
		EMPL EXP								
	000255		09/22/20	09/14/20	09/30/20		180.00	0.00	0.00	180.00
		EMPL EXP								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10963	MEMORIAL MEDICAL CLINIC				300.00	0.00	0.00	300.00
Vendor#	Vendor Name				Class	Pay Code				
10904	MERCK SHARP & DOHME CORP									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	7010576486		09/22/20	08/17/20	09/17/20		1,911.18	0.00	0.00	1,911.18
		INVENT PHARM								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10904	MERCK SHARP & DOHME CORP				1,911.18	0.00	0.00	1,911.18
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
	000244		09/22/20	09/14/20	09/30/20		80.11	0.00	0.00	80.11
		EMPL EXP								
	000261		09/22/20	09/22/20	09/30/20		84.43	0.00	0.00	84.43
		EMPL EXP								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2621	MMC AUXILIARY GIFT SHOP				164.54	0.00	0.00	164.54
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
	000247		09/22/20	09/11/20	09/30/20		35,467.35	0.00	0.00	35,467.35
		EMPL EXP								
	000248		09/22/20	09/18/20	09/30/20		17,023.96	0.00	0.00	17,023.96
		EMPL EXP								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10810	MMC EMPLOYEE BENEFIT PLAN				52,491.31	0.00	0.00	52,491.31
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
	671236		09/18/20	08/11/20	09/18/20		134.68	0.00	0.00	134.68
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2662	MMC VOLUNTEERS				134.68	0.00	0.00	134.68
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
1676988		09/16/20	08/21/20	09/18/20		957.00	0.00	0.00	957.00
1676987	PHARM INVENTORY	09/16/20	08/21/20	09/18/20		43.24	0.00	0.00	43.24
1676989	PHARM INVENTORY	09/16/20	08/21/20	09/18/20		224.44	0.00	0.00	224.44
1684353	PHARM INVENTORY	09/16/20	08/22/20	09/18/20		14.41	0.00	0.00	14.41
1684667	PHARM INVENTORY	09/16/20	08/22/20	09/18/20		20.68	0.00	0.00	20.68
1681266	PHARM INVENTORY	09/16/20	08/22/20	09/18/20		654.85	0.00	0.00	654.85
1739837	PHARM INVENTORY	09/16/20	08/28/20	08/29/20		260.98	0.00	0.00	260.98
1705166	PHARM INVENTORY	09/16/20	08/28/20	09/18/20		156.57	0.00	0.00	156.57
1705168	PHARM INVENTORY	09/16/20	08/28/20	09/18/20		44.39	0.00	0.00	44.39
1705165	PHARM INVENTORY	09/16/20	08/28/20	09/18/20		23.45	0.00	0.00	23.45
SC6459	INVENTORY PHARM	09/16/20	08/28/20	09/18/20		63.67	0.00	0.00	63.67
1705170	PHARM INVENTORY SERV CH	09/16/20	08/28/20	09/18/20		624.67	0.00	0.00	624.67
1705167	PHARM INVENTORY	09/16/20	08/28/20	09/18/20		5.30	0.00	0.00	5.30
1705169	PHARM INVENTORY	09/16/20	08/28/20	09/18/20		1,134.94	0.00	0.00	1,134.94
1721088	PHARM INVENTORY	09/16/20	08/31/20	09/18/20		6,587.57	0.00	0.00	6,587.57
1721087	PHARM INVENTORY	09/16/20	08/31/20	09/18/20		347.59	0.00	0.00	347.59
5015	INVENTORY PHARM	09/16/20	08/31/20	09/18/20		-8,639.15	0.00	0.00	-8,639.15
1721089	PHARM INVENT RETURNS	09/16/20	08/31/20	09/18/20		45.55	0.00	0.00	45.55
1738265	PHARM INVENTORY	09/16/20	09/05/20	09/18/20		173.11	0.00	0.00	173.11
1738264	PHARM INVENTORY	09/16/20	09/05/20	09/18/20		91.97	0.00	0.00	91.97
1734186	PHARM INVENTORY	09/16/20	09/05/20	09/18/20		310.15	0.00	0.00	310.15
1737341	PHARM INVENTORY	09/16/20	09/05/20	09/18/20		172.70	0.00	0.00	172.70
1738263	INVENTORY PHARM	09/16/20	09/05/20	09/18/20		348.35	0.00	0.00	348.35
1737648	PHARM INVENTORY	09/16/20	09/05/20	09/18/20		166.02	0.00	0.00	166.02
1737343	PHARM INVENTORY	09/16/20	09/05/20	09/18/20		3.38	0.00	0.00	3.38

1737344	09/16/20 09/05/20 09/18/20	141.51	0.00	0.00	141.51	
1737342	PHARM INVENTORY 09/16/20 09/05/20 09/18/20	5.98	0.00	0.00	5.98	
1737340	PHARM INVENTORY 09/16/20 09/05/20 09/18/20	3.27	0.00	0.00	3.27	
1734184	PHARM INVENTORY 09/16/20 09/05/20 09/18/20	595.75	0.00	0.00	595.75	
1734183	PHARM INVENTORY 09/16/20 09/05/20 09/18/20	112.20	0.00	0.00	112.20	
1734185	PHARM INVENTORY 09/16/20 09/05/20 09/18/20	80.58	0.00	0.00	80.58	
1734182	PHARM INVENTORY 09/16/20 09/05/20 09/18/20	5.33	0.00	0.00	5.33	
1739836	PHARM INVENTORY 09/16/20 09/06/20 09/18/20	37.52	0.00	0.00	37.52	
CM41183	INVENTORY PHARM 09/16/20 09/07/20 09/18/20	-2.31	0.00	0.00	-2.31	
CM41182	PHARM INVENTORY 09/16/20 09/07/20 09/18/20	-3.28	0.00	0.00	-3.28	
1749244	PHARM INVENTORY 09/16/20 09/07/20 09/18/20	186.50	0.00	0.00	186.50	
CM41184	PHARM INVENTORY 09/16/20 09/07/20 09/18/20	-2.31	0.00	0.00	-2.31	
1749245	PHARM INVENTORY 09/16/20 09/07/20 09/18/20	16.12	0.00	0.00	16.12	
1749243	PHARMACY INVENTORY 09/16/20 09/07/20 09/18/20	133.45	0.00	0.00	133.45	
CM41185	PHARM INVENTORY 09/16/20 09/07/20 09/18/20	-1.16	0.00	0.00	-1.16	
1749246	PHARM INVENTORY 09/16/20 09/07/20 09/18/20	4.44	0.00	0.00	4.44	
1753506	PHARM INVENTORY 09/16/20 09/08/20 09/18/20	440.06	0.00	0.00	440.06	
1753504	INVENTORY PHRM 09/16/20 09/08/20 09/18/20	13.77	0.00	0.00	13.77	
1753505	PHARM INVENTORY 09/16/20 09/11/20 09/18/20	93.83	0.00	0.00	93.83	
1762639	PHARM INVENTORY 09/16/20 09/11/20 09/18/20	1,038.24	0.00	0.00	1,038.24	
1762640	PHARM INVENTORY 09/16/20 09/11/20 09/18/20	453.51	0.00	0.00	453.51	
1761735	INVENTRY PHARMACY 09/16/20 09/11/20 09/18/20	6.60	0.00	0.00	6.60	
1762638	PHARM INVENTORY 09/16/20 09/11/20 09/18/20	121.25	0.00	0.00	121.25	
1764084	PHARM INVENTORY 09/22/20 09/12/20 09/13/20	4.97	0.00	0.00	4.97	
1764086	INVENT PHARM 09/22/20 09/12/20 09/13/20	119.85	0.00	0.00	119.85	
1764085	INVENT PHARM 09/22/20 09/12/20 09/13/20	28.02	0.00	0.00	28.02	
	INVENT PHARM					

1767015		09/22/20	09/12/20	09/13/20		2,141.83	0.00	0.00	2,141.83
	INVENT PHARM								
1764087		09/22/20	09/12/20	09/13/20		167.81	0.00	0.00	167.81
	INVENT PHARM								
1767016		09/22/20	09/12/20	09/13/20		569.39	0.00	0.00	569.39
	INVENT PHARM								
1772496		09/22/20	09/13/20	09/14/20		633.90	0.00	0.00	633.90
	INVENT PHARM								
1772195		09/22/20	09/13/20	09/14/20		6.68	0.00	0.00	6.68
	INVENT PHARM								
1772497		09/22/20	09/13/20	09/14/20		204.30	0.00	0.00	204.30
	INVENT PHARM								
1772495		09/22/20	09/13/20	09/14/20		147.96	0.00	0.00	147.96
	INVENT PHARM								
1777763		09/22/20	09/14/20	09/15/20		49.57	0.00	0.00	49.57
	INVENT PHARM								
1777762		09/22/20	09/14/20	09/15/20		306.10	0.00	0.00	306.10
	INVENT PHARM								
1777764		09/22/20	09/14/20	09/15/20		247.68	0.00	0.00	247.68
	INVENT PHARM								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC				11,944.74	0.00	0.00	11,944.74

Vendor#	Vendor Name				Class	Pay Code				
10868	NOVA BIOMEDICAL									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	90412696		09/18/20	09/08/20	09/18/20			423.50	0.00	0.00	423.50
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		10868	NOVA BIOMEDICAL					423.50	0.00	0.00	423.50

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
	000253		09/22/20	09/18/20	09/30/20			1,500.00	0.00	0.00	1,500.00
		PURCH SERV									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		N1225	NUTRITION OPTIONS					1,500.00	0.00	0.00	1,500.00

Vendor#	Vendor Name				Class	Pay Code				
O0920	OFFICE DEPOT									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	948921322001		09/18/20	09/18/20	09/18/20			298.28	0.00	0.00	298.28
		SUPPLIES LAB									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		O0920	OFFICE DEPOT					298.28	0.00	0.00	298.28

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
	1850415351		09/22/20	08/22/20	09/21/20			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

OM425 OWENS & MINOR

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2030080533		08/31/20	08/22/20	09/21/20		640.54	0.00	0.00	640.54
	INVENTORY C/S								
2030072735		08/31/20	08/22/20	09/21/20		125.00	0.00	0.00	125.00
	SUPPLIES MMC CLINIC								
2030073379		08/31/20	08/22/20	09/21/20		21.23	0.00	0.00	21.23
	SUPP GEN SURGERY								
2030080665		08/31/20	08/22/20	09/21/20		1,096.71	0.00	0.00	1,096.71
	SUPPLIES GEN VAR DEPT								
2029790944		09/16/20	08/10/20	09/18/20		277.70	0.00	0.00	277.70
	SUPPLIES ER								
2029790942		09/16/20	08/10/20	09/18/20		169.84	0.00	0.00	169.84
	SUPPLIES GEN ICU								
2030472171		09/18/20	08/15/20	09/14/20		187.50	0.00	0.00	187.50
	SUPPLIES MMCLINIC								
2030166552		09/18/20	08/24/20	09/23/20		7.68	0.00	0.00	7.68
	INVENTORY C/S								
2030166025		09/18/20	08/24/20	09/23/20		5.12	0.00	0.00	5.12
	INVENTORY C/S								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR	2,531.32	0.00	0.00	2,531.32

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
000262		09/25/20	09/25/20	09/30/20		855.00	0.00	0.00	855.00
	PURCH SERV								

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

Vendor# Vendor Name — Class — Pay Code

11155 PARA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
3189		09/16/20	09/01/20	09/30/20		2,000.00	0.00	0.00	2,000.00
	PURCH SERV ADM								
2870		09/22/20	06/01/20	07/01/20		2,000.00	0.00	0.00	2,000.00
	PURCH SERV								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11155	PARA	4,000.00	0.00	0.00	4,000.00

Vendor# Vendor Name — Class — Pay Code

S0905 PERFORMANCE HEALTH — M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
IN89410705		09/18/20	08/17/20	09/18/20		149.85	0.00	0.00	149.85
	SUPPLIES MED/SURG								
IN89414281		09/18/20	08/18/20	09/18/20		77.50	0.00	0.00	77.50
	SUPPLIES MED/SURG								
IN89425914		09/18/20	08/22/20	09/18/20		20.49	0.00	0.00	20.49
	SUPPLIES MED/SURG								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S0905	PERFORMANCE HEALTH	247.84	0.00	0.00	247.84

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

A2024056		09/16/20	08/08/20	09/18/20		389.34	0.00	0.00	389.34
PHARM INVENTORY									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10204	PHARMEDIUM SERVICES LLC				389.34	0.00	0.00	389.34
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
000250		09/22/20	09/15/20	09/30/20			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				
P2200	POWER HARDWARE				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
A34671		09/22/20	08/12/20	08/22/20			32.01	0.00	0.00	32.01
	SUPPLIES									
B34129		09/22/20	09/11/20	09/21/20			37.98	0.00	0.00	37.98
	SUPPLIES									
A35530		09/22/20	09/11/20	09/21/20			4.89	0.00	0.00	4.89
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	P2200	POWER HARDWARE					74.88	0.00	0.00	74.88
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
65		09/22/20	08/31/20	09/15/20			5,125.00	0.00	0.00	5,125.00
	PURCH SERV									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	P1725	PREMIER SLEEP DISORDERS CENTER					5,125.00	0.00	0.00	5,125.00
Vendor#	Vendor Name				Class	Pay Code				
11195	PSYCHEMEDICS CORPORATION									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
496148		09/22/20	08/31/20	09/30/20			87.50	0.00	0.00	87.50
	PURCH SERV									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11195	PSYCHEMEDICS CORPORATION					87.50	0.00	0.00	87.50
Vendor#	Vendor Name				Class	Pay Code				
11528	RACHEL MUNOZ									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
47070		09/22/20	09/08/20	09/30/20			80.00	0.00	0.00	80.00
	PT REFUND									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11528	RACHEL MUNOZ					80.00	0.00	0.00	80.00
Vendor#	Vendor Name				Class	Pay Code				
R1250	RANDY'S FLOOR COMPANY				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
MMCPLA2017-2		09/18/20	07/12/20	09/18/20			2,921.65	0.00	0.00	2,921.65
	PURCH SERV PLT OPS									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	R1250	RANDY'S FLOOR COMPANY					2,921.65	0.00	0.00	2,921.65
Vendor#	Vendor Name				Class	Pay Code				

R1507 REGINA JOHNSON ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
000260		09/22/20	09/18/20	09/30/20		3,488.45	0.00	0.00	3,488.45 ✓
	CONT ED / TRAVEL Skin and Wound Management course and board exam 8/14-8/18 Tuition and Travels								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	R1507	REGINA JOHNSON				3,488.45	0.00	0.00	3,488.45

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
08201727		09/16/20	08/16/20	09/18/20		240.00	0.00	0.00	240.00 ✓
	ADVERTISING								
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

10315 REXEL ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
S117818566001 ✓		09/16/20	08/18/20	09/18/20		265.33	0.00	0.00	265.33 ✓
	SUPPLIES PLT OPS								
S117806732001 ✓		09/16/20	08/23/20	09/18/20		515.57	0.00	0.00	515.57 ✓
	SUPPLIES GROUNDS								
S117798010001 ✓		09/16/20	08/23/20	09/18/20		812.50	0.00	0.00	812.50 ✓
	SUPPLIES PLANT OPS								
S117806704001 ✓		09/16/20	09/01/20	09/26/20		335.20	0.00	0.00	335.20 ✓
	SUPPLIES O/P CLINIC								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10315	REXEL				1,928.60	0.00	0.00	1,928.60

Vendor# Vendor Name Class Pay Code

S1001 SANOFI PASTEUR INC ✓ W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
908660831 ✓		09/18/20	08/23/20	09/18/20		1,822.47	0.00	0.00	1,822.47 ✓
	PHARM INVENTORY								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	S1001	SANOFI PASTEUR INC				1,822.47	0.00	0.00	1,822.47

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
000245		09/22/20	09/15/20	09/30/20		30.33	0.00	0.00	30.33 ✓
	TRAVEL GC TMSC Monthly Meeting in Victoria								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10625	SARA RUBIO				30.33	0.00	0.00	30.33

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
59832 ✓		09/18/20	08/10/20	09/18/20		379.56	0.00	0.00	379.56 ✓
	REPAIRS SPECIAL CLINIC								
65359 ✓		09/18/20	08/22/20	09/18/20		22.91	0.00	0.00	22.91 ✓
	SUPPLIES GEN SPECIAL CLIN								
67504 ✓		09/18/20	09/07/20	09/22/20		64.58	0.00	0.00	64.58 ✓
	REPAIRS OB								
67827 ✓		09/18/20	09/08/20	09/23/20		43.96	0.00	0.00	43.96 ✓
	REPAIRS OB								
67819 ✓		09/18/20	09/08/20	09/23/20		53.99	0.00	0.00	53.99 ✓

REPAIRS OB

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S1800	SHERWIN WILLIAMS	565.00	0.00	0.00	565.00

Vendor#	Vendor Name	Class	Pay Code
10995	SHIFTHOUND (ABILITY NETWORK)		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
17S0000909		09/16/20	08/31/20	09/18/20			558.00	0.00	0.00	558.00

DUES & SUBCRIP MED/SURG

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10995	SHIFTHOUND (ABILITY NETWORK)	558.00	0.00	0.00	558.00

Vendor#	Vendor Name	Class	Pay Code
K0536	SHIRLEY KARNEI		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000263		09/25/20	09/24/20	09/30/20			714.89	0.00	0.00	714.89

PURCH SERV

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	K0536	SHIRLEY KARNEI	714.89	0.00	0.00	714.89

Vendor#	Vendor Name	Class	Pay Code
10936	SIEMENS FINANCIAL SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
4625090		09/22/20	09/06/20	09/30/20			1,367.99	0.00	0.00	1,367.99

LEASE

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10936	SIEMENS FINANCIAL SERVICES	1,367.99	0.00	0.00	1,367.99

Vendor#	Vendor Name	Class	Pay Code
10699	SIGN AD, LTD.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
215833		09/16/20	08/20/20	09/18/20			775.00	0.00	0.00	775.00
	ADVERTISING LEASE SPACE									
216434		09/16/20	09/01/20	09/18/20			400.00	0.00	0.00	400.00
	ADV LEASE SPACE - SEPT									
216431		09/16/20	09/01/20	09/18/20			450.00	0.00	0.00	450.00
	ADVERTISING LS SPACE									

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
10681	SIMMLER, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
182395		09/18/20	09/06/20	09/18/20			155.00	0.00	0.00	155.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10681	SIMMLER, INC.	155.00	0.00	0.00	155.00

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
14955968		09/18/20	08/04/20	09/07/20			351.63	0.00	0.00	351.63

INVENTORY C/S

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2353	SMITHS MEDICAL ASD INC	351.63	0.00	0.00	351.63

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
90029574		09/22/20	08/18/20	09/12/20			5,395.24	0.00	0.00	5,395.24
	SUPPLIES									
90029504		09/22/20	08/18/20	09/12/20			-1,824.16	0.00	0.00	-1,824.16
	SUPPLIES									
90029715		09/22/20	08/31/20	09/25/20			-2,280.20	0.00	0.00	-2,280.20
	SUPPLIES									
90029787		09/22/20	08/31/20	09/25/20			3,876.34	0.00	0.00	3,876.34
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11296	SOUTH TEXAS BLOOD & TISSUE CEN					5,167.22	0.00	0.00	5,167.22

Vendor#	Vendor Name	Class	Pay Code
10845	STAPLES ADVANTAGE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8045881878		09/16/20	08/12/20	09/18/20			572.86	0.00	0.00	572.86
	SUPPLIES OB									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10845	STAPLES ADVANTAGE					572.86	0.00	0.00	572.86

Vendor#	Vendor Name	Class	Pay Code
10887	STUDER GROUP		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
092113		09/22/20	09/05/20	09/30/20			18,938.23	0.00	0.00	18,938.23
	PREPAID ACCRUED PAYABLE									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10887	STUDER GROUP					18,938.23	0.00	0.00	18,938.23

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
113716415		09/16/20	08/17/20	09/18/20			505.81	0.00	0.00	505.81
	FOOD DIETARY									
113753597		09/16/20	08/24/20	09/18/20			569.81	0.00	0.00	569.81
	FOOD DIETARY									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	S2951	SYSCO FOOD SERVICES OF					1,075.62	0.00	0.00	1,075.62

Vendor#	Vendor Name	Class	Pay Code
10982	TELCOR		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
29098		09/16/20	09/01/20	09/30/20			2,720.00	0.00	0.00	2,720.00
	ANNUAL SUPPORT SFTWR									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10982	TELCOR					2,720.00	0.00	0.00	2,720.00

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
73832206		09/16/20	09/07/20	09/18/20			3,894.00	0.00	0.00	3,894.00
	WORK COMP HOSP									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	T2204	TEXAS MUTUAL INSURANCE CO					3,894.00	0.00	0.00	3,894.00

Vendor#	Vendor Name	Class	Pay Code
11222	THE TRIBUNE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
217970817		09/18/20	08/31/20	09/18/20			182.00	0.00	0.00	182.00

ADVERTISING/HR

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11222	THE TRIBUNE	182.00	0.00	0.00	182.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
340369013		09/18/20	09/01/20	09/26/20			232.87	0.00	0.00	232.87

PURCH SERV PLNT OPS

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11100	THE US CONSULTING GROUP	232.87	0.00	0.00	232.87

Vendor#	Vendor Name	Class	Pay Code
11512	TODD SAVOY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000212		09/02/20	09/02/20	09/18/20			4.97	0.00	0.00	4.97

FOOD PURCH REIMB

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11512	TODD SAVOY	4.97	0.00	0.00	4.97

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
10289039		09/22/20	09/03/20	09/28/20			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
11067	TRIZETTO PROVIDER SOLUTIONS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
35FK091700		09/18/20	09/01/20	09/18/20			1,500.19	0.00	0.00	1,500.19

PURCH SERV MMCLINIC

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11067	TRIZETTO PROVIDER SOLUTIONS	1,500.19	0.00	0.00	1,500.19

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
8150777000		09/16/20	08/29/20	09/23/20			17.00	0.00	0.00	17.00

LAUNDRY - MAINT

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8150777082		09/16/20	08/29/20	09/23/20			18.21	0.00	0.00	18.21

LAUNDRY-MAINT

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8150777756		09/16/20	09/05/20	09/30/20			18.21	0.00	0.00	18.21

LAUNDRY - MAINT

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8150777671		09/16/20	09/05/20	09/30/20			17.00	0.00	0.00	17.00

LAUNDRY - MAINT

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
8400254986		09/16/20	08/25/20	09/19/20			148.95	0.00	0.00	148.95

LAUNDRY SURGERY

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8400255029		09/16/20	08/25/20	09/19/20			1,021.62	0.00	0.00	1,021.62

LAUNDRY HSKEEPING

8400255304		09/16/20	08/29/20	09/23/20	60.15	0.00	0.00	60.15
	LAUNDRY MMCLINIC							
8400255204		09/16/20	08/29/20	09/23/20	90.99	0.00	0.00	90.99
	LAUNDRY HSKEEPING							
8400255248		09/16/20	08/29/20	09/23/20	63.84	0.00	0.00	63.84
	LAUNDRY HSKEEPING							
8400255208		09/16/20	08/29/20	09/23/20	60.75	0.00	0.00	60.75
	LAUNDRY HSKEEPING							
8400255255		09/16/20	08/29/20	09/23/20	1,248.88	0.00	0.00	1,248.88
	LAUNDRY HSKEEPING							
8400255207		09/16/20	08/29/20	09/23/20	47.15	0.00	0.00	47.15
	LAUNDRY OB							
8400255205		09/16/20	08/29/20	09/23/20	124.89	0.00	0.00	124.89
	LAUNDRY - PT							
8400255206		09/16/20	08/29/20	09/23/20	90.53	0.00	0.00	90.53
	LAUNDRY DIETARY							
8400255600		09/16/20	09/01/20	09/26/20	651.56	0.00	0.00	651.56
	LAUNDRY - HSKEEPING							
8400255561		09/16/20	09/01/20	09/26/20	148.95	0.00	0.00	148.95
	LAUNDRY - SURGERY							
8400255767		09/16/20	09/05/20	09/30/20	39.67	0.00	0.00	39.67
	LAUNDRY - PT							
8400255766		09/16/20	09/05/20	09/30/20	94.29	0.00	0.00	94.29
	LAUNDRY HSKEEPING							
8400255807		09/16/20	09/05/20	09/30/20	63.84	0.00	0.00	63.84
	LAUNDRY - DIETARY							
8400255770		09/16/20	09/05/20	09/30/20	60.75	0.00	0.00	60.75
	LAUNDRY HSKEEPING							
8400255769		09/16/20	09/05/20	09/30/20	47.15	0.00	0.00	47.15
	LAUNDRY OB							
8400255861		09/16/20	09/05/20	09/30/20	42.78	0.00	0.00	42.78
	LAUNDRY MMCLINIC							
8400255768		09/16/20	09/05/20	09/30/20	88.45	0.00	0.00	88.45
	LAUNDRY DIETARY							
8400255812		09/16/20	09/05/20	09/30/20	590.47	0.00	0.00	590.47
	LAUNDRY HSKEEPING							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC			4,785.66	0.00	0.00	4,785.66

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
7938866		09/16/20	08/04/20	09/18/20		133.92	0.00	0.00	133.92
7949902	EMP EXP	09/16/20	08/08/20	09/18/20		216.76	0.00	0.00	216.76
7949889	EMPL EXP	09/16/20	08/08/20	09/18/20		310.92	0.00	0.00	310.92
7552263	EMPL EXP	09/16/20	08/09/20	09/18/20		68.97	0.00	0.00	68.97
7983411A	EMPL EXP	09/16/20	08/21/20	09/18/20		103.95	0.00	0.00	103.95
7982920	EMP EXP	09/16/20	08/21/20	09/18/20		289.16	0.00	0.00	289.16

	EMP EXP								
7983182		09/16/20	08/21/20	09/18/20		52.84	0.00	0.00	52.84
	EMPL EXP								
7989944		09/16/20	08/23/20	09/18/20		17.97	0.00	0.00	17.97
	EMP EXP								
7989515		09/16/20	08/23/20	09/18/20		170.93	0.00	0.00	170.93
	EMPL EXP								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	U1056	UNIFORM ADVANTAGE				1,365.42	0.00	0.00	1,365.42

Vendor#	Vendor Name	Class	Pay Code
U1350	UPS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
0000778941337		09/18/20	08/19/20	09/18/20			232.45	0.00	0.00	232.45
	FREIGHT VARIOUS DEPTS									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	U1350	UPS					232.45	0.00	0.00	232.45

Vendor#	Vendor Name	Class	Pay Code
10172	US FOOD SERVICE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
3820942		09/16/20	08/10/20	09/18/20			82.62	0.00	0.00	82.62
	FOOD DIETARY									
3220938		09/16/20	08/10/20	09/18/20			1,183.25	0.00	0.00	1,183.25
	FOOD DIETARY									
4218563		09/16/20	08/13/20	09/18/20			319.70	0.00	0.00	319.70
	FOOD DIETARY									
3884238		09/16/20	08/14/20	09/18/20			2,705.37	0.00	0.00	2,705.37
	FOOD DIETARY									
3884239		09/16/20	08/14/20	09/18/20			41.76	0.00	0.00	41.76
	FOOD DIETARY									
3884242		09/16/20	08/14/20	09/18/20			60.73	0.00	0.00	60.73
	FOOD DIETARY									
3955325		09/16/20	08/17/20	09/06/20			1,706.08	0.00	0.00	1,706.08
	FOOD DIETARY									
3955327		09/16/20	08/17/20	09/18/20			21.64	0.00	0.00	21.64
	FOOD DIETARY									
4016334		09/16/20	08/21/20	09/18/20			2,959.76	0.00	0.00	2,959.76
	FOOD DIETARY									
4090956		09/16/20	08/24/20	09/18/20			2,365.14	0.00	0.00	2,365.14
	FOOD DIETARY									
4247518		09/16/20	09/01/20	09/21/20			1,020.16	0.00	0.00	1,020.16
	FOOD DIETARY									
3884240		09/22/20	08/14/20	09/03/20			28.63	0.00	0.00	28.63
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10172	US FOOD SERVICE					12,494.84	0.00	0.00	12,494.84

Vendor#	Vendor Name	Class	Pay Code
11003	VARSITY SPORTS UNLIMITED		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
4725		09/16/20	08/23/20	09/18/20			340.00	0.00	0.00	340.00
	ADVERTISING									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net

	11003	VARSITY SPORTS UNLIMITED				340.00	0.00	0.00	340.00
Vendor#	Vendor Name				Class	Pay Code			
11280	VICTORIA ADVOCATE								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	22213		09/18/20	08/31/20	09/18/20		967.17	0.00	0.00	967.17
		ADVERTISING ADM								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11280	VICTORIA ADVOCATE				967.17	0.00	0.00	967.17
Vendor#	Vendor Name				Class	Pay Code				
V1471	VICTORIA RADIOWORKS, LTD				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	17080187		09/16/20	08/31/20	09/18/20		300.00	0.00	0.00	300.00
		ADVERTISE SPOT TIME								
	17080186		09/16/20	08/31/20	09/18/20		210.00	0.00	0.00	210.00
		ADVERTISING SPOT TIME								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		V1471	VICTORIA RADIOWORKS, LTD				510.00	0.00	0.00	510.00
Vendor#	Vendor Name				Class	Pay Code				
10915	WAGEWORKS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	22209		09/16/20	09/16/20	09/18/20		2,138.62	0.00	0.00	2,138.62
		FLEX SPENDING								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10915	WAGEWORKS				2,138.62	0.00	0.00	2,138.62
Vendor#	Vendor Name				Class	Pay Code				
10793	WAGEWORKS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	000256		09/22/20	09/14/20	09/30/20		2,163.62	0.00	0.00	2,163.62
		FLEX SPENDING								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10793	WAGEWORKS				2,163.62	0.00	0.00	2,163.62
Vendor#	Vendor Name				Class	Pay Code				
10943	WALLER,LANSDEN, DORTCH & DAVIS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	10643217		09/16/20	08/16/20	09/18/20		1,762.00	0.00	0.00	1,762.00
	10645239		09/22/20	09/14/20	09/30/20		736.00	0.00	0.00	736.00
		LEGAL								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10943	WALLER,LANSDEN, DORTCH & DAVIS				2,498.00	0.00	0.00	2,498.00
Vendor#	Vendor Name				Class	Pay Code				
W1040	WATERMARK GRAPHICS INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	116160		09/16/20	07/31/20	09/18/20		424.20	0.00	0.00	424.20
		EMPLY EXP								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		W1040	WATERMARK GRAPHICS INC				424.20	0.00	0.00	424.20
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
	INV001861842		09/22/20	08/31/20	09/30/20		392.14	0.00	0.00	392.14
		PURCH SERV								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11166	WEST INTERACTIVE SERVICES CORP	392.14	0.00	0.00	392.14

Vendor#	Vendor Name	Class	Pay Code
11532	WPS TRIWEST VAPC3		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
000196		09/22/20	09/08/20	09/30/20		48.00	0.00	0.00	48.00
	INS REFUND								
12820		09/22/20	09/08/20	09/30/20		24.00	0.00	0.00	24.00
	INS REFUND								
26657		09/22/20	09/08/20	09/30/20		103.64	0.00	0.00	103.64
	INS REFUND								
000217		09/22/20	09/08/20	09/30/20		129.14	0.00	0.00	129.14
	INS REFUND								
11028		09/22/20	09/08/20	09/30/20		24.00	0.00	0.00	24.00
	INS REFUND								
000197		09/22/20	09/08/20	09/30/20		48.00	0.00	0.00	48.00
	INS REFUND								
000199		09/22/20	09/08/20	09/30/20		108.71	0.00	0.00	108.71
	INS REFUND								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11532	WPS TRIWEST VAPC3	485.49	0.00	0.00	485.49

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	496,321.92	0.00	0.00	496,321.92

APPROVED
ON

SEP 27 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 10-5-17

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	172855	09/28/17	340.98	4IMPRINT
A/P	172856	09/28/17	.00	VOIDED
A/P	172857	09/28/17	826.03	ACE HARDWARE 15521
A/P	172858	09/28/17	636.00	ALCON LABORATORIES, INC.
A/P	172859	09/28/17	58.50	AMERISOURCEBERGEN DRUG CORP
A/P	172860	09/28/17	20.34	AQUA BEVERAGE COMPANY
A/P	172861	09/28/17	629.50	BAXTER HEALTHCARE
A/P	172862	09/28/17	22,893.23	BECKMAN COULTER INC
A/P	172863	09/28/17	886.88	BECTON, DICKINSON & CO (BD)
A/P	172864	09/28/17	550.28	BHB MACHINE & PUMP REPAIR, LLC
A/P	172865	09/28/17	2,351.70	BKD, LLP
A/P	172866	09/28/17	141.06	CALHOUN COUNTY
A/P	172867	09/28/17	250.00	CALHOUN SPORTS MEDICINE
A/P	172868	09/28/17	1,080.46	CARDINAL HEALTH 414, INC.
A/P	172869	09/28/17	192.59	CAREFUSION 211, INC
A/P	172870	09/28/17	600.32	CENTURION MEDICAL PRODUCTS
A/P	172871	09/28/17	160.00	CHRIS KOVAREK
A/P	172872	09/28/17	6,860.04	CITY OF PORT LAVACA
A/P	172873	09/28/17	1,515.00	CLIA LABORATORY PROGRAM
A/P	172874	09/28/17	6,353.11	CLINICAL PATHOLOGY
A/P	172875	09/28/17	1,323.00	COKER GROUP HOLDINGS, LLC
A/P	172876	09/28/17	2,020.70	COMBINED INSURANCE CO
A/P	172877	09/28/17	636.37	CONMED CORPORATION
A/P	172878	09/28/17	746.19	CONMED LINVATEC
A/P	172879	09/28/17	664.80	COOK MEDICAL INCORPORATED
A/P	172880	09/28/17	1,377.84	COOPER SURGICAL INC
A/P	172881	09/28/17	6,501.53	COVIDIEN
A/P	172882	09/28/17	7,682.67	CSI LEASING INC
A/P	172883	09/28/17	600.40	CULLIGAN OF VICTORIA
A/P	172884	09/28/17	392.05	CUSTOM MEDICAL SPECIALTIES
A/P	172885	09/28/17	700.00	D HARRIS CONSULTING LLC
A/P	172886	09/28/17	1,500.00	DATA INNOVATIONS LLC
A/P	172887	09/28/17	3,765.32	DELTA HEALTHCARE PROVIDERS
A/P	172888	09/28/17	215.84	DEWITT POTH & SON
A/P	172889	09/28/17	50,871.25	DIAMOND HEALTHCARE CORP
A/P	172890	09/28/17	1,392.00	DIEBEL OIL CO INC
A/P	172891	09/28/17	1,875.00	DIGITAL INOVATION, INC.
A/P	172892	09/28/17	115,078.69	DISCOVERY MEDICAL NETWORK INC
A/P	172893	09/28/17	610.00	DOWELL PEST CONTROL
A/P	172894	09/28/17	174.40	DOWNTOWN CLEANERS
A/P	172895	09/28/17	27.45	EMERGENCY MEDICAL PRODUCTS
A/P	172896	09/28/17	71.98	EPIPHANY ARCHANGEL
A/P	172897	09/28/17	262.14	ERIN CLEVENGER
A/P	172898	09/28/17	996.98	EVIDENT
A/P	172899	09/28/17	27.72	FASTENAL COMPANY
A/P	172900	09/28/17	165.26	FEDERAL EXPRESS CORP.
A/P	172901	09/28/17	406.48	FFF ENTERPRISES
A/P	172902	09/28/17	495.28	FIRESTONE OF PORT LAVACA
A/P	172903	09/28/17	150.00	FIRST CLEARING
A/P	172904	09/28/17	.00	VOIDED

BANK	CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P		172905	09/28/17	5,038.29	FISHER HEALTHCARE
A/P		172906	09/28/17	8,400.00	FUSION MEDICAL STAFFING, LLC
A/P		172907	09/28/17	3,236.62	GE HEALTHCARE
A/P		172908	09/28/17	1,923.16	GRAINGER
A/P		172909	09/28/17	25.00	GULF COAST DELIVERY
A/P		172910	09/28/17	952.72	GULF COAST PAPER COMPANY
A/P		172911	09/28/17	971.00	HEALTHCARE CODING & CONSULTING
A/P		172912	09/28/17	3,137.91	HEALTHSTREAM, INC.
A/P		172913	09/28/17	1,111.00	INDUSTRIAL COMMUNICATIONS
A/P		172914	09/28/17	2,275.00	INFINITI COMMUNICATIONS TECHNO
A/P		172915	09/28/17	89.50	INTERSTATE ALL BATTERY CENTER
A/P		172916	09/28/17	302.50	INTOXIMETERS INC
A/P		172917	09/28/17	3,768.59	J & J HEALTH CARE SYSTEMS, INC
A/P		172918	09/28/17	22,472.58	JACKSON & COKER LOCUM TENENS,
A/P		172919	09/28/17	441.83	JOHNSTONE SUPPLY
A/P		172920	09/28/17	1,242.50	LABCORP OF AMERICA HOLDINGS
A/P		172921	09/28/17	710.31	LANDAUER INC
A/P		172922	09/28/17	25.20	LANGUAGE LINE SERVICES
A/P		172923	09/28/17	169.94	LAWSON PRODUCTS
A/P		172924	09/28/17	2,600.00	LIFESOURCE EDUCATIONAL SRV LLC
A/P		172925	09/28/17	121.08	LOWE'S HOME CENTERS INC
A/P		172926	09/28/17	1,191.88	LUMINANT ENERGY COMPANY LLC
A/P		172927	09/28/17	2,880.00	M G TRUST
A/P		172928	09/28/17	1,981.52	MARKETLAB, INC
A/P		172929	09/28/17	238.95	MARTIN PRINTING CO
A/P		172930	09/28/17	1,597.87	MEDICAL DATA SYSTEMS, INC.
A/P		172931	09/28/17	106.73	MELSTAN, INC.
A/P		172932	09/28/17	300.00	MEMORIAL MEDICAL CLINIC
A/P		172933	09/28/17	1,911.18	MERCK SHARP & DOHME CORP
A/P		172934	09/28/17	164.54	MMC AUXILIARY GIFT SHOP
A/P		172935	09/28/17	52,491.31	MMC EMPLOYEE BENEFIT PLAN
A/P		172936	09/28/17	134.68	MMC VOLUNTEERS
A/P		172937	09/28/17	.00	VOIDED
A/P		172938	09/28/17	.00	VOIDED
A/P		172939	09/28/17	.00	VOIDED
A/P		172940	09/28/17	.00	VOIDED
A/P		172941	09/28/17	11,944.74	MORRIS & DICKSON CO, LLC
A/P		172942	09/28/17	423.50	NOVA BIOMEDICAL
A/P		172943	09/28/17	1,500.00	NUTRITION OPTIONS
A/P		172944	09/28/17	298.28	OFFICE DEPOT
A/P		172945	09/28/17	747.57	ORTHO CLINICAL DIAGNOSTICS
A/P		172946	09/28/17	2,531.32	OWENS & MINOR
A/P		172947	09/28/17	855.00	PABLO GARZA
A/P		172948	09/28/17	4,000.00	PARA
A/P		172949	09/28/17	247.84	PERFORMANCE HEALTH
A/P		172950	09/28/17	389.34	PHARMEDIUM SERVICES LLC
A/P		172951	09/28/17	11,001.20	PORT LAVACA RETAIL GROUP LLC
A/P		172952	09/28/17	74.88	POWER HARDWARE
A/P		172953	09/28/17	5,125.00	PREMIER SLEEP DISORDERS CENTER
A/P		172954	09/28/17	87.50	PSYCHEMEDICS CORPORATION
A/P		172955	09/28/17	80.00	RACHEL MUNOZ

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	172956	09/28/17	2,921.65	RANDY'S FLOOR COMPANY
A/P	172957	09/28/17	3,488.45	REGINA JOHNSON
A/P	172958	09/28/17	240.00	REVISTA de VICTORIA
A/P	172959	09/28/17	1,928.60	REXEL
A/P	172960	09/28/17	1,822.47	SANOFI PASTEUR INC
A/P	172961	09/28/17	30.33	SARA RUBIO
A/P	172962	09/28/17	565.00	SHERWIN WILLIAMS
A/P	172963	09/28/17	558.00	SHIFTHOUND (ABILITY NETWORK)
A/P	172964	09/28/17	714.89	SHIRLEY KARNEI
A/P	172965	09/28/17	1,367.99	SIEMENS FINANCIAL SERVICES
A/P	172966	09/28/17	1,625.00	SIGN AD, LTD.
A/P	172967	09/28/17	155.00	SIMMLER, INC.
A/P	172968	09/28/17	351.63	SMITHS MEDICAL ASD INC
A/P	172969	09/28/17	5,167.22	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	172970	09/28/17	572.86	STAPLES ADVANTAGE
A/P	172971	09/28/17	18,938.23	STUDER GROUP
A/P	172972	09/28/17	1,075.62	SYSCO FOOD SERVICES OF
A/P	172973	09/28/17	2,720.00	TELCOR
A/P	172974	09/28/17	3,894.00	TEXAS MUTUAL INSURANCE CO
A/P	172975	09/28/17	182.00	THE TRIBUNE
A/P	172976	09/28/17	232.87	THE US CONSULTING GROUP
A/P	172977	09/28/17	4.97	TODD SAVOY
A/P	172978	09/28/17	9,000.00	TOSHIBA AMERICA MEDICAL SYST.
A/P	172979	09/28/17	1,500.19	TRIZETTO PROVIDER SOLUTIONS
A/P	172980	09/28/17	70.42	UNIFIRST HOLDINGS
A/P	172981	09/28/17	.00	VOIDED
A/P	172982	09/28/17	4,785.66	UNIFIRST HOLDINGS INC
A/P	172983	09/28/17	1,365.42	UNIFORM ADVANTAGE
A/P	172984	09/28/17	232.45	UPS
A/P	172985	09/28/17	12,494.84	US FOOD SERVICE
A/P	172986	09/28/17	340.00	VARSITY SPORTS UNLIMITED
A/P	172987	09/28/17	967.17	VICTORIA ADVOCATE
A/P	172988	09/28/17	510.00	VICTORIA RADIOWORKS, LTD
A/P	172989	09/28/17	2,163.62	WAGEWORKS
A/P	172990	09/28/17	2,138.62	WAGEWORKS
A/P	172991	09/28/17	2,498.00	WALLER,LANSDEN, DORTCH & DAVIS
A/P	172992	09/28/17	424.20	WATERMARK GRAPHICS INC
A/P	172993	09/28/17	392.14	WEST INTERACTIVE SERVICES CORP
A/P	172994	09/28/17	485.49	WPS TRIWEST VAPC3
TOTALS:			496,321.92	

APPROVED
ON

SEP 27 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

09/29/2017
08:07

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
10286	MED IMPACT (HEB)		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
0009607428		09/29/20	09/22/20	09/29/20		449.68	0.00	0.00	449.68
	INDIGENT								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10286	MED IMPACT (HEB)	449.68	0.00	0.00	449.68

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	449.68	0.00	0.00	449.68

APPROVED
ON

SEP 29 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 10-5-17

Ø

RUN DATE:09/29/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:08:09 CHECK REGISTER GLCKREG
09/29/17 THRU 09/29/17

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	172995	09/29/17	449.68	MED IMPACT (HEB)
TOTALS:			449.68	

APPROVED
ON
SEP 29 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

TOLL FEE PHONE NUMBER: 1-800-555-3453
(EFTPS TUTORIAL SYSTEM: 1-800-572-8683)

		#### / ###	ENTER:
☐	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	###	
☐	"ENTER YOUR 4-DIGIT PIN"		
☐	"MAKE A PAYMENT, PRESS 1"		1
☐	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★	941 #
☐	"IF FEDERAL TAX DEPOSIT ENTER 1"		1
☐	"ENTER 2-DIGIT TAX FILING YEAR"	★	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"	★	$ 86,710.55 # ✓
	"1 TO CONFIRM"		1
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 40,449.74 #
	"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 9,707.02 #
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 36,553.79 #
		CHECK	$ -
☐	"6-DIGIT SETTLEMENT DATE"	★	9/22/2017
	"1 TO CONFIRM"		1
☐	ACKNOWLEDGEMENT NUMBER		91824728

CALLED IN BY:	A.H.
CALLED IN DATE:	9/21/2017
CALLED IN TIME:	8:27am

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	09/01/17					
PAY PERIOD: END	09/14/17					
PAY DATE:	09/21/17					
GROSS PAY:	$ 361,682.78			$ 82.24		$ 361,765.02
DEDUCTIONS:						
A/R	$ 1,163.80					$ 1,163.80
ADVANC						$ -
BOOTS						$ -
CAFÉ-1	$ 1,683.80					$ 1,683.80
CAFÉ-2	$ 1,132.00					$ 1,132.00
CAFE-3						$ -
CAFÉ-4	$ 372.62					$ 372.62
CAFÉ-5	$ 376.58					$ 376.58
CAFÉ-D	$ 1,620.46					$ 1,620.46
CAFÉ-H	$ 17,871.98					$ 17,871.98
CAFÉ-I						$ -
CAFÉ-L						$ -
CAFÉ-P	$ 279.36					$ 279.36
CANCER						$ -
CHILD	$ 213.81					$ 213.81
CLINIC	$ 180.00					$ 180.00
COMBIN	$ 928.80					$ 928.80
CREDUN						$ -
DENTAL						$ -
DEP-LF						$ -
DIS-LF	$ 1,918.69					$ 1,918.69
EAT						$ -
FED TAX	$ 36,553.79					$ 36,553.79
FICA-M	$ 4,852.32			$ 1.19		$ 4,853.51
FICA-O	$ 20,219.83			$ 5.10		$ 20,224.93
FIRST C	$ 75.00					$ 75.00
FLEX S	$ 2,163.62					$ 2,163.62
FLX-FE						$ -
GIFT S	$ 46.09					$ 46.09
GRP-IN	$ 129.26					$ 129.26
GTL						$ -
HOSP-I						$ -
MISC						$ -
OTHER	$ 1,012.53					$ 1,012.53
PHI						$ -
PR FIN	$ 358.45					$ 358.45
RELAY						$ -
REPAY						$ -
STONEDF	$ 1,465.00					$ 1,465.00
STONE						$ -
STONE 2						$ -
STUDEN						$ -
TSA-R	$ 25,308.72			$ 5.76		$ 25,314.48
UW/HOS						$ -
TOTAL DEDUCTIONS:	$ 119,926.51	$ -	$ -	$ 12.05	$ -	$ 119,938.56
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$ 241,756.27	$ -	$ -	$ 70.19	$ -	$ 241,826.46
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	

TOTAL CAFÉ 125 PLAN: $ 27,040.42 — Less Exempt:

TAXABLE PAY: $ 334,724.60 — $ 326,207.60

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 4,853.51		
FICA - MED (EE)	1.45%	$ 4,853.51	$ 4,853.51	$ -
FICA - SOC SEC (ER)	6.20%	$ 20,224.87		
FICA - SOC SEC (EE)	6.20%	$ 20,224.87	$ 20,224.93	$ (0.06)
FED WITHHOLDING		$ 36,553.79	$ 36,553.79	
TAX DEPOSIT:		$ 86,710.55	$ 86,710.67	$ (0.12)

FICA - MEDICARE	2.90%	$ 9,707.02
FICA - SOCIAL SECURITY	12.40%	$ 40,449.74
FED WITHHOLDING		$ 36,553.79
TOTAL TAX:		$ 86,710.55

	Exempt Amt:
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: 9/20/2017

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	7992.16	N		N	N		155336.73
1	REGULAR PAY-S1	1049.34	N		N	N	N	44820.78
1	REGULAR PAY-S1	241.25	N		N	Y		6125.00
1	REGULAR PAY-S1	239.50	Y		N	N		5676.69
2	REGULAR PAY-S2	2279.50	N		N	N		49283.95
2	REGULAR PAY-S2	128.00	N		N	Y		4218.64
2	REGULAR PAY-S2	120.00	Y		N	N		3087.96
3	REGULAR PAY-S3	1283.00	N		N	N		33596.87
3	REGULAR PAY-S3	82.25	N		N	Y		3189.43
3	REGULAR PAY-S3	147.25	Y		N	N		5362.09
4	CALL BACK PAY	4.00	N		N	N	N	132.36
5	DISASTER PAY	-33.00	N		N	N	N	-1733.82
C	CALL PAY	13.50	N		N	N	N	27.00
C	CALL PAY	2932.50	N	1	N	N		5865.00
E	EXTRA WAGES		N		N	N	N	60.00
E	EXTRA WAGES		N	1	N	N	N	1689.75
I	INSERVICE	17.25	N	1	N	N		477.05
I	INSERVICE	.25	Y	1	N	N		10.66
K	EXTENDED-ILLNESS-BANK	62.00	N	1	N	N		1293.04
P	PAID-TIME-OFF	96.00	N		N	N	N	3032.00
P	PAID-TIME-OFF	1731.77	N	1	N	N		38158.10
X	CALL PAY 2	144.00	N	1	N	N		288.00
Y	YMCA/CURVES		N	1	N	N	N	30.00
Z	CALL PAY 3	120.00	N	1	N	N		360.00
p	PAID TIME OFF - PROBATION	90.00	N	1	N	N		1295.50

Deductions Summary

Code	Amount	Code	Amount	Code	Amount
A/R	1018.80	A/R2	145.00	A/R3	
ADVANC		AWARDS		BOOTS	
CAFE H		CAFE-1	1683.80	CAFE-2	1132.00
CAFE-3		CAFE-4	372.62	CAFE-5	376.58
CAFE-C		CAFE-D	1620.46	CAFE-F	
CAFE-H	17871.98	CAFE-I		CAFE-L	
CAFE-P	279.36	CANCER		CHILD	213.81
CLINIC	180.00	COMBIN	928.80	CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF	1918.69	EAT		FEDTAX	36553.79
FICA-M	4852.32	FICA-O	20219.83	FIRSTC	75.00
FLEX S	2163.62	FLX FE		FORT D	
FUTA		GIFT S	46.09	GRANT	
GRP-IN	129.26	GTL		HOSP-I	
ID TFT		LEAF		MISC	
MISC/		OTHER	1012.53	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	25308.72
TUTION		UW/HOS			

Grand Totals: 18740.52 ------- (Gross: 361682.78 Deductions: 119926.51 Net: 241756.27)

Checks Count:- FT 190 PT 8 Other 31 Female 192 Male 36 Credit 1 OverAmt 20 ZeroNet Term Total: 228

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
P		8.00	N		N	N	N	82.24

Deductions Summary

Code	Amount	Code	Amount	Code	Amount
A/R		A/R2		A/R3	
ADVANC		AWARDS		BOOTS	
CAFE H		CAFE-1		CAFE-2	
CAFE-3		CAFE-4		CAFE-5	
CAFE-C		CAFE-D		CAFE-F	
CAFE-H		CAFE-I		CAFE-L	
CAFE-P		CANCER		CHILD	
CLINIC		COMBIN		CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF		EAT		FEDTAX	
FICA-M	1.19	FICA-O	5.10	FIRSTC	
FLEX S		FLX FE		FORT D	
FUTA		GIFT S		GRANT	
GRP-IN		GTL		HOSP-I	
ID TFT		LEAF		MISC	
MISC/		OTHER		PHI	
PHI***		PR FIN		RELAY	
REPAY		SIGNON		ST-TX	
STONDF		STONE		STONE2	
STUDEN		TSA-1		TSA-2	
TSA-C		TSA-P		TSA-R	5.76
TUTION		UW/HOS			

Grand Totals: 8.00 ------- (Gross: 82.24 Deductions: 12.05 Net: 70.19)

Checks Count:- FT 1 PT Other Female 1 Male Credit OverAmt ZeroNet Term Total: 1

TOLL FEE PHONE NUMBER: 1-800-555-3453
(EFTPS TUTORIAL SYSTEM: 1-800-572-8683)

	#### ###	ENTER:
☐ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"		
☐ "ENTER YOUR 4-DIGIT PIN"		
☐ "MAKE A PAYMENT, PRESS 1"		1
☐ "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★	941 #
☐ "IF FEDERAL TAX DEPOSIT ENTER 1"		1
☐ "ENTER 2-DIGIT TAX FILING YEAR"	★	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"	★	$ 2,207.69 # ✓
"1 TO CONFIRM"		1
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 930.00 #
"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 217.50 #
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 1,060.19 #
CHECK		$ -
☐ "6-DIGIT SETTLEMENT DATE"	★	9/22/2017
"1 TO CONFIRM"		1
☐ ACKNOWLEDGEMENT NUMBER		5323635

CALLED IN BY:	A.H.
CALLED IN DATE:	9/21/2017
CALLED IN TIME:	1300

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	09/01/17					
PAY PERIOD: END	09/14/17					
PAY DATE:	09/21/17					
GROSS PAY:	$ 7,500.00					$ 7,500.00
DEDUCTIONS:						
A/R						$ -
ADVANC						$ -
BOOTS						$ -
CAFÉ-1						$ -
CAFÉ-2						$ -
CAFE-3						$ -
CAFÉ-4						$ -
CAFÉ-5						$ -
CAFÉ-D						$ -
CAFÉ-H						$ -
CAFÉ-I						$ -
CAFÉ-L						$ -
CAFÉ-P						$ -
CANCER						$ -
CHILD						$ -
CLINIC						$ -
COMBIN						$ -
CREDUN						$ -
DENTAL						$ -
DEP-LF						$ -
DIS-LF						$ -
EAT						$ -
FED TAX	$ 1,060.19					$ 1,060.19
FICA-M	$ 108.75					$ 108.75
FICA-O	$ 465.00					$ 465.00
FIRST C						$ -
FLEX S						$ -
FLX-FE						$ -
GIFT S						$ -
GRP-IN						$ -
GTL						$ -
HOSP-I						$ -
MISC						$ -
OTHER						$ -
PHI						$ -
PR FIN						$ -
RELAY						$ -
REPAY						$ -
STONEDF						$ -
STONE						$ -
STONE 2						$ -
STUDEN						$ -
TSA-R	$ 525.00					$ 525.00
UW/HOS						$ -
TOTAL DEDUCTIONS:	$ 2,158.94	$ -	$ -	$ -	$ -	$ 2,158.94
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$ 5,341.06	$ -	$ -	$ -	$ -	$ 5,341.06 ✓
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFÉ 125 PLAN:	$ -	Less Exempt:				
TAXABLE PAY:	$ 7,500.00	$ 7,500.00				

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 108.75		
FICA - MED (EE)	1.45%	$ 108.75	$ 108.75	$ -
FICA - SOC SEC (ER)	6.20%	$ 465.00		
FICA - SOC SEC (EE)	6.20%	$ 465.00	$ 465.00	$ -
FED WITHHOLDING		$ 1,060.19	$ 1,060.19	
TAX DEPOSIT:		$ 2,207.69	$ 2,207.69	$ -
FICA - MEDICARE	2.90%	$ 217.50		
FICA - SOCIAL SECURITY	12.40%	$ 930.00		
FED WITHHOLDING		$ 1,060.19		
TOTAL TAX:		$ 2,207.69		

	Exempt Amt:
Employees over FICA-SS Cap:	
Jason Anglin	
Jerry	
Paycode S - Employee Reimb.:	
Roshanda S. Gray	
TOTAL:	$ -

PREPARED BY: Ashley Hall

PREPARED DATE: 9/21/2017

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
E			N		N	N	N	7500.00

Deductions Summary

Code	Amount	Code	Amount	Code	Amount
A/R		A/R2		A/R3	
ADVANC		AWARDS		BOOTS	
CAFE H		CAFE-1		CAFE-2	
CAFE-3		CAFE-4		CAFE-5	
CAFE-C		CAFE-D		CAFE-F	
CAFE-H		CAFE-I		CAFE-L	
CAFE-P		CANCER		CHILD	
CLINIC		COMBIN		CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF		EAT		FEDTAX	1060.19
FICA-M	108.75	FICA-O	465.00	FIRSTC	
FLEX S		FLX FE		FORT D	
FUTA		GIFT S		GRANT	
GRP-IN		GTL		HOSP-I	
ID TFT		LEAF		MISC	
MISC/		OTHER		PHI	
PHI***		PR FIN		RELAY	
REPAY		SIGNON		ST-TX	
STONDF		STONE		STONE2	
STUDEN		TSA-1		TSA-2	
TSA-C		TSA-P		TSA-R	525.00
TUTION		UW/HOS			

Grand Totals: (Gross: 7500.00 Deductions: 2158.94 Net: 5341.06)

Checks Count:- FT 1 PT Other Female 1 Male Credit OverAmt 1 ZeroNet Term Total: 1

TOLL FEE PHONE NUMBER: 1-800-555-3453
(EFTPS TUTORIAL SYSTEM: 1-800-572-8683)

	#### ###	ENTER:
☐ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"		
☐ "ENTER YOUR 4-DIGIT PIN"		
☐ "MAKE A PAYMENT, PRESS 1"		1
☐ "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★	941
☐ "IF FEDERAL TAX DEPOSIT ENTER 1"		1
☐ "ENTER 2-DIGIT TAX FILING YEAR"	★	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"	★	$ 101,907.22 ✓
"1 TO CONFIRM"		1
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 45,108.40
"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 10,806.68
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 45,992.14
	CHECK	$ -
☐ "6-DIGIT SETTLEMENT DATE"	★	9/8/2017
"1 TO CONFIRM"		1
☐ ACKNOWLEDGEMENT NUMBER		60382862

CALLED IN BY:	A. HALL
CALLED IN DATE:	9/7/2017
CALLED IN TIME:	11:05AM

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	08/18/17					
PAY PERIOD: END	08/31/17					
PAY DATE:	09/07/17					
GROSS PAY:	$ 394,806.82			$ 4,852.19		$ 399,659.01
DEDUCTIONS:						
A/R	$ 1,110.00					$ 1,110.00
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	$ 1,632.50					$ 1,632.50
CAFÉ-H	$ 17,862.50					$ 17,862.50
CAFÉ-I						$ -
CAFÉ-L						$ -
CAFÉ-P	$ 279.36					$ 279.36
CANCER						$ -
CHILD	$ 213.81					$ 213.81
CLINIC	$ 120.00					$ 120.00
COMBIN	$ 977.82					$ 977.82
CREDUN						$ -
DENTAL						$ -
DEP-LF						$ -
DIS-LF	$ 1,937.49					$ 1,937.49
EAT						$ -
FED TAX	$ 45,618.50			$ 373.64		$ 45,992.14
FICA-M	$ 5,333.00			$ 70.37		$ 5,403.37
FICA-O	$ 22,253.31			$ 300.84		$ 22,554.15
FIRST C	$ 75.00					$ 75.00
FLEX S	$ 2,138.62					$ 2,138.62
FLX-FE						$ -
GIFT S	$ 50.00					$ 50.00
GRP-IN	$ 129.26					$ 129.26
GTL						$ -
HOSP-I						$ -
MISC						$ -
OTHER	$ 774.47					$ 774.47
PHI						$ -
PR FIN	$ 358.45					$ 358.45
RELAY						$ -
REPAY						$ -
STONEDF	$ 1,415.00					$ 1,415.00
STONE						$ -
STONE 2						$ -
STUDEN						$ -
TSA-R	$ 27,636.59			$ 339.66		$ 27,976.25
UW/HOS						$ -
TOTAL DEDUCTIONS:	$ 133,527.32	$ -	$ -	$ 1,084.51	$ -	$ 134,611.83
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$ 261,279.50	$ -	$ -	$ 3,767.68	$ -	$ 265,047.18
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFÉ 125 PLAN:	$ 27,014.62	Less Exempt:				
TAXABLE PAY:	$ 372,644.39	$ 363,777.39				Exempt Amt:

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 5,403.34		
FICA - MED (EE)	1.45%	$ 5,403.34	$ 5,403.37	$ (0.03)
FICA - SOC SEC (ER)	6.20%	$ 22,554.20		
FICA - SOC SEC (EE)	6.20%	$ 22,554.20	$ 22,554.15	$ 0.05
FED WITHHOLDING		$ 45,992.14	$ 45,992.14	
TAX DEPOSIT:		$ 101,907.22	$ 101,907.18	$ 0.04
FICA - MEDICARE	2.90%	$ 10,806.68		
FICA - SOCIAL SECURITY	12.40%	$ 45,108.40		
FED WITHHOLDING		$ 45,992.14		
TOTAL TAX:		$ 101,907.22		

Employees over FICA-SS Cap:
Jason Anglin $ 8,867.00
Jerry
Paycode S - Employee Reimb.:
Roshanda S. Gray
TOTAL: $ 8,867.00

PREPARED BY: ASHLEY HALL
PREPARED DATE: 9/7/2017

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	4663.50	N		N	N		92428.66
1	REGULAR PAY-S1	562.00	N		N	N	N	26523.95
1	REGULAR PAY-S1	166.75	Y		N	N		4881.97
2	REGULAR PAY-S2	1454.00	N		N	N		32287.06
2	REGULAR PAY-S2	69.00	Y		N	N		2333.24
3	REGULAR PAY-S3	906.25	N		N	N		23798.86
3	REGULAR PAY-S3	54.75	Y		N	N		1981.38
5	DISASTER PAY	104.50	N		N	N	N	2127.42
5	DISASTER PAY	1876.55	N	1	N	N		75631.02
5	DISASTER PAY	144.75	N	2	N	N		7042.33
5	DISASTER PAY	191.00	N	3	N	N		8805.05
C	CALL PAY	2013.00	N	1	N	N		4026.00
E	EXTRA WAGES	60.00	N	1	N	N		
E	EXTRA WAGES		N	1	N	N	N	780.00
I	INSERVICE	20.25	N	1	N	N		611.10
I	INSERVICE	.25	Y	1	N	N		10.66
J	JURY LEAVE	12.50	N	1	N	N		279.88
K	EXTENDED-ILLNESS-BANK	132.00	N	1	N	N		2767.08
P	PAID-TIME-OFF	80.00	N		N	N	N	2027.20
P	PAID-TIME-OFF	5029.34	N	1	N	N		98961.65
X	CALL PAY 2	57.00	N	1	N	N		114.00
Z	CALL PAY 3	8.00	N	1	N	N		24.00
p	PAID TIME OFF - PROBATION	372.00	N	1	N	N		6384.31
t	PHONE & DATA		N	1	N	N	N	980.00

Deductions Summary

Code	Amount	Code	Amount	Code	Amount
A/R	988.40	A/R2	121.60	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	1632.50	CAFE-F	
CAFE-H	17862.50	CAFE-I		CAFE-L	
CAFE-P	279.36	CANCER		CHILD	213.81
CLINIC	120.00	COMBIN	977.82	CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF	1937.49	EAT		FEDTAX	45618.50
FICA-M	5333.00	FICA-O	22253.31	FIRSTC	75.00
FLEX S	2138.62	FLX FE		FORT D	
FUTA		GIFT S	50.00	GRANT	
GRP-IN	129.26	GTL		HOSP-I	
ID TFT		LEAF		MISC	
MISC/		OTHER	774.47	PHI	
PHI***		PR FIN	358.45	RELAY	
REPAY		SIGNON		ST-TX	
STONDF	1415.00	STONE		STONE2	
STUDEN		TSA-1		TSA-2	
TSA-C		TSA-P		TSA-R	27636.59
TUTION		UW/HOS			

Grand Totals: 17977.39 ------- (Gross: 394806.82 Deductions: 133527.32 Net: 261279.50)

Checks Count:- FT 189 PT 7 Other 36 Female 198 Male 33 Credit OverAmt 25 ZeroNet Term Total: 231

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	60.00	N		N	N	N	2326.64
5	DISASTER PAY	9.00	N		N	N	N	467.37
P	PAID-TIME-OFF	120.00	N		N	N	N	2058.18

Deductions Summary

Code	Amount				
A/R		A/R2		A/R3	
ADVANC		AWARDS		BOOTS	
CAFE H		CAFE-1		CAFE-2	
CAFE-3		CAFE-4		CAFE-5	
CAFE-C		CAFE-D		CAFE-F	
CAFE-H		CAFE-I		CAFE-L	
CAFE-P		CANCER		CHILD	
CLINIC		COMBIN		CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF		EAT		FEDTAX	373.64
FICA-M	70.37	FICA-O	300.84	FIRSTC	
FLEX S		FLX FE		FORT D	
FUTA		GIFT S		GRANT	
GRP-IN		GTL		HOSP-I	
ID TFT		LEAF		MISC	
MISC/		OTHER		PHI	
PHI***		PR FIN		RELAY	
REPAY		SIGNON		ST-TX	
STONDF		STONE		STONE2	
STUDEN		TSA-1		TSA-2	
TSA-C		TSA-P		TSA-R	339.66
TUTION		UW/HOS			

Grand Totals: 189.00 ------- (Gross: 4852.19 Deductions: 1084.51 Net: 3767.68)

Checks Count:- FT 6 PT Other Female 5 Male 1 Credit OverAmt ZeroNet Term Total: 6

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

Monthly Electronic Transfers for Operating Expenses

09/06/17	Mckesson Drug Auto ACH	- 340B Drug Program Expense	2,142.72	9/6/17
09/07/17	Memorial Medical Payroll	- Payroll checks 7,316.93 —	253,962.57	9/5/17
09/08/17	IRS USATAXPYMT	- Payroll Taxes	101,907.22	9/7/17
09/08/17	State Comptrlr Texnet	- DY6 UC 2017-FINAL	662,212.85	
09/11/17	Expertpay	- Child Support	* 213.81	
09/11/17	Expertpay	- Child Support	* 213.81	
09/12/17	Mckesson Drug Auto ACH	- 340B Drug Program Expense	6,342.59	9/11/17
09/15/17	Texas County DRS	- Retirement Funding	113,755.62	
09/19/17	Mckesson Drug Auto ACH	- 340B Drug Program Expense	2,308.03	9/18/17
09/21/17	Expertpay	- Child Support	* 213.81	
09/21/17	Webfile Tax Pymt	- Sales Tax	846.00 —	
09/21/17	Memorial Medical Payroll	- Payroll checks 3508.75 9/19/17, 70.19 9/20/17 >	238,247.52	9/19/17
09/22/17	IRS USATAXPYMT	- Payroll Taxes	86,710.55	9/21/17
09/22/17	IRS USATAXPYMT	- Payroll Taxes 9/21/17 Check 5,341.06 —	2,207.69	9/21/17
09/25/17	Cardmember Service Elect Pymt	- Credit Card Invoice	1,037.89	9/21/17
09/26/17	Mckesson Drug Auto ACH	- 340B Drug Program Expense	4,471.36	
09/27/17	Harland Clarke	Check Order	130.77 —	

Total Electronic Payments 1,476,924.81

Jason Anglin
MMC Chief Executive Officer

APPROVED
ON
NOV - 3 2017
BY
CALHOUN COUNTY AUDITOR

L:\2017\Electronic Bank Activity To County\Electronic Transfer Activity

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
172767	09-21	$488.26	172802	09-22	$165.00	172826	09-22	$495.00
172769*	09-25	$196.60	172803	09-25	$2,000.00	172827	09-21	$3,690.52
172770	09-22	$400.00	172804	09-22	$404.64	172830*	09-21	$553.86
172771	09-22	$18.00	172805	09-25	$2,627.00	172831	09-25	$9,000.00
172772	09-22	$469.90	172806	09-21	$811.60	172832	09-22	$32,464.12
172774*	09-22	$2,440.05	172808*	09-22	$619.18	172833	09-22	$105.63
172776*	09-25	$2,178.92	172809	09-22	$97.00	172835*	09-25	$6,568.28
172777	09-22	$54.00	172810	09-22	$3,130.88	172836	09-29	$53.98
172778	09-22	$1,515.44	172811	09-26	$3,292.00	172837	09-25	$585.94
172779	09-22	$258.52	172812	09-25	$13.76	172838	09-21	$223.40
172781*	09-25	$284.52	172813	09-22	$3,247.00	172839	09-20	$76,556.56
172782	09-22	$908.00	172814	09-25	$235.00	172840	09-20	$510.00
172784*	09-19	$48,941.54	172816*	09-22	$736.50	172841	09-25	$1,028.86
172788*	09-22	$24,646.96	172817	09-25	$282.37	172842	09-22	$4,322.98
172789	09-22	$32.00	172818	09-22	$1,350.66	172843	09-22	$3,679.00
172790	09-20	$234,325.00	172819	09-22	$796.31	172844	09-22	$341.08
172791	09-26	$61.74	172820	09-25	$300.44	172845	09-22	$15,125.00
172792	09-22	$52.93	172821	09-21	$6,932.26	172848*	09-22	$858.05
172793	09-22	$2,218.51	172822	09-22	$385.00	172853*	09-22	$883.92
172799*	09-21	$18,561.85	172823	09-22	$1,935.39	172878*	09-21	$6,312.00
172800	09-29	$127.50	172824	09-25	$361.31	172947*	09-29	$855.00
172801	09-25	$8,811.03	172825	09-22	$184.30	172964*	09-29	$714.89

OTHER DEBITS

Date	Description	Amount
09/06/2017	ACH Payment MCKESSON DRUG AUTO ACH ACH03233186 910000137	$2,142.72
09/07/2017	ACH Payment PAYROLL ONLINE TRF PAYROLL 113122658351245	$253,962.57
09/08/2017	ACH Payment IRS USATAXPYMT 220765160382862 6103601000279	$101,907.22
09/08/2017	ACH Payment STATE COMPTRLR TEXNET 28181538/70907 2100002	$662,212.85
09/11/2017	ACH Payment EXPERTPAY EXPERTPAY 746003411 91000013684673	$213.81
09/11/2017	ACH Payment EXPERTPAY EXPERTPAY 746003411 91000013684662	$213.81
09/12/2017	ACH Payment MCKESSON DRUG AUTO ACH ACH03241707 910000188	$6,342.59
09/15/2017	ACH Payment TEXAS COUNTY DRS RECEIVABLE 0419 21000022281	$113,755.62
09/19/2017	ACH Payment MCKESSON DRUG AUTO ACH ACH03245937 910000110	$2,308.03
09/21/2017	ACH Payment EXPERTPAY EXPERTPAY 746003411 91000013938524	$213.81
09/21/2017	ACH Payment WEBFILE TAX PYMT DD 902/28379073 21000027711	$846.00
09/21/2017	ACH Payment PAYROLL ONLINE TRF PAYROLL 113122659326633	$238,247.52
09/22/2017	ACH Payment IRS USATAXPYMT 220766591824728 6103601000147	$86,710.55
09/22/2017	ACH Payment IRS USATAXPYMT 220766553236365 6103601000490	$2,207.69
09/25/2017	ACH Payment CARDMEMBER SERV ELECT PYMT **********4378 4	$1,037.89
09/26/2017	ACH Payment MCKESSON DRUG AUTO ACH ACH03254408 910000187	$4,471.36
09/27/2017	ACH Payment HARLAND CLARKE CHK ORDERS 1BM6798802212R5 91	$130.77

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
09-01	$1,410,928.54	09-11	$541,681.17	09-18	$2,773,367.09
09-05	$1,527,790.51	09-12	$495,042.25	09-19	$2,716,674.66
09-06	$1,557,557.63	09-13	$483,025.50	09-20	$2,358,625.70
09-07	$1,386,039.54	09-14	$2,883,305.97	09-21	$2,086,128.54
09-08	$589,164.54	09-15	$2,661,689.03	09-22	$1,836,794.79

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
09-25	$1,778,060.14	09-27	$1,763,637.75	09-29	$1,794,059.41
09-26	$1,713,256.47	09-28	$1,777,485.53	09-30	$1,794,643.14

EARNINGS SUMMARY

** Below is an itemization of the Earnings paid this period. **

Interest Paid This Period	$583.73	Annual Percentage Yield Earned	0.45 %
Interest Paid YTD	$1,000.96	Days in Earnings Period	30

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PROSPERITY BANK®

Statement Date 9/30/2017
Account No

MEMORIAL MEDICAL CENTER
OPERATING
202 S ANN ST STE A
PORT LAVACA TX 77979

2239

STATEMENT SUMMARY — Public Fund Contractual Ckg w Int Account No 2

09/01/2017	Beginning Balance				$1,410,843.16
	130 Deposits/Other Credits			+	$3,093,924.51
	245 Checks/Other Debits			-	$2,710,124.53
09/30/2017	Ending Balance	30	Days in Statement Period		$1,794,643.14
	Total Enclosures				331

DEPOSITS/OTHER CREDITS

Date	Description	Amount
09/01/2017	ACH Deposit CENTENE CORP HCCLAIMPMT 61000107675420	$286.24
09/05/2017	Deposit	$52,623.73
09/05/2017	Deposit	$3,050.62
09/05/2017	Deposit	$358.44
09/05/2017	Deposit	$134.91
09/05/2017	Deposit	$229.00
09/05/2017	Deposit	$10.00
09/05/2017	Deposit	$903.09
09/05/2017	Deposit	$59,355.72
09/05/2017	Deposit	$196.46
09/06/2017	Deposit	$23,405.60
09/06/2017	Deposit	$4,937.48
09/06/2017	Deposit	$3,246.42
09/06/2017	Deposit	$1,443.99
09/06/2017	Deposit	$195.00
09/06/2017	Deposit	$47.35
09/07/2017	Deposit	$85,239.70
09/07/2017	Deposit	$885.04
09/07/2017	Deposit	$625.05
09/07/2017	Deposit	$424.81
09/07/2017	Deposit	$115.00
09/08/2017	Deposit	$15,996.67
09/08/2017	Deposit	$356.00
09/08/2017	Deposit	$560.39
09/11/2017	ACH Deposit CENTENE CORP HCCLAIMPMT 61000107164580	$2,365.86
09/11/2017	ACH Deposit CENTENE CORP HCCLAIMPMT 61000107160630	$168.99
09/11/2017	Deposit	$29,609.34
09/11/2017	Deposit	$800.00
09/11/2017	Deposit	$10.00
09/11/2017	Deposit	$271.00
09/11/2017	Deposit	$239.73
09/12/2017	Deposit	$4,768.19

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DEPOSITS/OTHER CREDITS

Date	Description	Amount
09/12/2017	Deposit	$186.00
09/12/2017	Deposit	$498.00
09/12/2017	Deposit	$3,869.78
09/12/2017	Deposit	$466.42
09/12/2017	Deposit	$20.00
09/12/2017	Deposit	$40.00
09/12/2017	Deposit	$44.00
09/12/2017	Deposit	$53.84
09/13/2017	ACH Deposit CENTENE CORP HCCLAIMPMT 61000100216835	$1,651.69
09/13/2017	ACH Deposit CENTENE CORP HCCLAIMPMT 61000100216837	$3,548.79
09/13/2017	ACH Deposit CENTENE CORP HCCLAIMPMT 61000101082769	$337.98
09/13/2017	Deposit	$39,149.32
09/13/2017	Deposit	$802.15
09/13/2017	Deposit	$54.00
09/13/2017	Deposit	$146.40
09/13/2017	Deposit	$505.00
09/14/2017	Deposit	$13,938.06
09/14/2017	Deposit	$35.00
09/14/2017	Deposit	$143.18
09/14/2017	Deposit	$380.00
09/14/2017	Deposit	$727.70
09/14/2017	Deposit	$2,388,274.39
09/15/2017	ACH Deposit CENTENE CORP HCCLAIMPMT 61000104748315	$1,858.89
09/15/2017	ACH Deposit CENTENE CORP HCCLAIMPMT 61000104748317	$2,220.86
09/15/2017	Deposit	$5,983.56
09/15/2017	Deposit	$575.79
09/15/2017	Deposit	$378.00
09/15/2017	Deposit	$1,483.51
09/18/2017	ACH Deposit CENTENE CORP HCCLAIMPMT 61000109993354	$8,103.88
09/18/2017	ACH Deposit CENTENE CORP HCCLAIMPMT 61000109993356	$576.97
09/18/2017	Deposit	$281.32
09/18/2017	Deposit	$327.11
09/18/2017	Deposit	$107,929.09
09/18/2017	Deposit	$743.00
09/18/2017	Deposit	$115.00
09/18/2017	Deposit	$275.62
09/19/2017	Deposit	$1,102.04
09/19/2017	Deposit	$715.36
09/19/2017	Deposit	$4,091.52
09/19/2017	Deposit	$3,088.70
09/19/2017	Deposit	$550.00
09/19/2017	Deposit	$415.84
09/20/2017	ACH Deposit CENTENE CORP HCCLAIMPMT 61000103166644	$1,351.92
09/20/2017	ACH Deposit CENTENE CORP HCCLAIMPMT 61000103166642	$7,248.33
09/20/2017	ACH Deposit CENTENE CORP HCCLAIMPMT 61000103161650	$406.31
09/20/2017	Deposit	$25,527.73
09/20/2017	Deposit	$256.18
09/20/2017	Deposit	$3,826.43
09/20/2017	Deposit	$887.00
09/21/2017	Deposit	$29,525.50
09/21/2017	Deposit	$1,264.03
09/21/2017	Deposit	$985.50

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DEPOSITS/OTHER CREDITS

Date	Description	Amount
09/21/2017	Deposit	$665.00
09/22/2017	ACH Deposit CENTENE CORP HCCLAIMPMT 61000108091312	$506.97
09/22/2017	Deposit	$7,545.29
09/22/2017	Deposit	$107.60
09/22/2017	Deposit	$502.00
09/22/2017	Deposit	$517.78
09/22/2017	Deposit	$1,831.17
09/22/2017	Deposit	$114.40
09/25/2017	Deposit	$26,095.09
09/25/2017	Deposit	$10.00
09/25/2017	Deposit	$50.00
09/25/2017	Deposit	$284.00
09/25/2017	Deposit	$378.06
09/25/2017	Deposit	$676.00
09/26/2017	Deposit	$3,145.69
09/26/2017	Deposit	$622.00
09/26/2017	Deposit	$2,378.30
09/26/2017	Deposit	$32.00
09/26/2017	Deposit	$164.41
09/27/2017	ACH Deposit CENTENE CORP HCCLAIMPMT 61000105558768	$34,908.20
09/27/2017	ACH Deposit CENTENE CORP HCCLAIMPMT 61000105558770	$1,858.89
09/27/2017	ACH Deposit CENTENE CORP HCCLAIMPMT 61000106384753	$168.99
09/27/2017	ACH Deposit CENTENE CORP HCCLAIMPMT 61000106384755	$2,408.72
09/27/2017	ACH Deposit CENTENE CORP HCCLAIMPMT 61000105548460	$59.49
09/27/2017	ACH Deposit CENTENE CORP HCCLAIMPMT 61000105553466	$221.82
09/27/2017	Deposit	$10,014.25
09/27/2017	Deposit	$50.00
09/27/2017	Deposit	$3,192.17
09/27/2017	Deposit	$589.82
09/27/2017	Deposit	$423.00
09/27/2017	Deposit	$379.90
09/28/2017	ACH Deposit EQUISCRIPT LLC ACH test M 53201870751004	$1.00
09/28/2017	ACH Deposit CENTENE CORP HCCLAIMPMT 61000107324704	$88.40
09/28/2017	Deposit	$14,094.93
09/28/2017	Deposit	$594.68
09/28/2017	Deposit	$10.00
09/28/2017	Deposit	$499.00
09/29/2017	ACH Deposit EQUISCRIPT LLC 340B 2017Q 53201870751729	$5,187.92
09/29/2017	ACH Deposit CENTENE CORP HCCLAIMPMT 61000101914526	$282.23
09/29/2017	ACH Deposit CENTENE CORP HCCLAIMPMT 61000101914528	$506.97
09/29/2017	ACH Deposit CENTENE CORP HCCLAIMPMT 61000101910994	$168.99
09/29/2017	Deposit	$9,500.08
09/29/2017	Deposit	$382.50
09/29/2017	Deposit	$187.00
09/29/2017	Deposit	$2,109.56
09/30/2017	Accr Earning Pymt Added to Account	$583.73

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
61939	09-01	$200.86	62000*	09-08	$5,788.79	62002	09-12	$398.20
61941*	09-08	$210.16	62001	09-07	$1,129.94	62003	09-12	$806.23

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
62004	09-19	$648.96	172637*	09-12	$548.00	172712	09-25	$117.00
62005	09-08	$1,074.67	172638	09-11	$535.50	172713	09-21	$93.27
62006	09-22	$388.69	172639	09-12	$116.59	172714	09-21	$1,133.08
62007	09-07	$461.99	172640	09-11	$193.65	172715	09-22	$4,814.45
62008	09-11	$387.14	172641	09-12	$160.00	172716	09-22	$572.32
62009	09-26	$1,917.61	172642	09-15	$5,180.29	172717	09-25	$35,837.13
62010	09-22	$909.30	172643	09-11	$84.00	172719*	09-27	$1,198.30
62011	09-26	$696.39	172644	09-11	$3,466.43	172720	09-28	$247.53
62012	09-22	$70.19	172645	09-12	$1,454.97	172721	09-25	$333.82
62013	09-26	$5,341.06	172646	09-12	$1,430.80	172722	09-22	$330.04
172506*	09-07	$283.39	172647	09-26	$760.93	172723	09-26	$466.89
172514*	09-12	$59.91	172648	09-08	$3,750.00	172724	09-18	$700.00
172530*	09-07	$38.68	172649	09-12	$202.09	172725	09-22	$621.50
172531	09-07	$37.23	172651*	09-11	$2,878.59	172726	09-26	$253.04
172546*	09-08	$96.00	172652	09-18	$237.00	172727	09-25	$8,562.94
172553*	09-06	$218.50	172653	09-11	$268.45	172728	09-25	$51.76
172599*	09-14	$507.32	172654	09-20	$154.79	172729	09-22	$3,099.74
172600	09-06	$1,147.50	172655	09-13	$35.21	172730	09-26	$1,134.67
172601	09-07	$2,410.00	172656	09-19	$2,550.66	172731	09-21	$5,756.70
172602	09-07	$483.89	172657	09-12	$98.11	172732	09-25	$410.00
172603	09-13	$187.80	172658	09-12	$136.88	172733	09-20	$173.00
172604	09-11	$2,025.61	172659	09-14	$378.57	172735*	09-22	$60.85
172605	09-13	$8,333.33	172660	09-11	$23,592.00	172736	09-25	$448.00
172606	09-12	$1,343.50	172661	09-08	$1,867.61	172737	09-21	$949.00
172607	09-14	$866.97	172667*	09-18	$632.36	172738	09-22	$8,311.33
172608	09-11	$238.42	172668	09-18	$2,943.67	172739	09-27	$902.22
172609	09-12	$29,425.00	172669	09-18	$1,254.66	172740	09-26	$50,311.25
172610	09-13	$47,267.25	172670	09-18	$453.12	172741	09-28	$235.75
172611	09-15	$114,527.64	172671	09-18	$453.12	172743*	09-27	$41.00
172612	09-12	$2,177.08	172674*	09-27	$1,111.39	172744	09-26	$199.30
172613	09-08	$36,870.76	172675	09-21	$1,016.00	172745	09-22	$83.50
172614	09-12	$312.22	172676	09-21	$51.39	172746	09-20	$85,000.00
172615	09-11	$6,452.64	172677	09-21	$80.77	172747	09-26	$153.99
172616	09-25	$60.00	172684*	09-22	$71.21	172748	09-22	$36,790.82
172617	09-14	$1,465.00	172685	09-27	$15.29	172749	09-22	$954.00
172618	09-12	$2,115.15	172686	09-28	$217.80	172750	09-27	$495.00
172619	09-12	$1,116.00	172688*	09-22	$87.56	172751	09-22	$119.50
172620	09-19	$75.00	172689	09-22	$99.10	172752	09-21	$10,297.60
172621	09-12	$874.45	172690	09-25	$140.66	172753	09-21	$530.00
172622	09-12	$931.00	172691	09-21	$45.27	172754	09-25	$50.42
172623	09-12	$5,872.00	172693*	09-21	$53.54	172755	09-25	$3,136.00
172624	09-13	$756.64	172694	09-21	$11.50	172756	09-22	$4,750.45
172625	09-13	$1,616.85	172696*	09-22	$22.30	172757	09-21	$3,236.62
172626	09-13	$15.00	172697	09-22	$1,477.00	172758	09-22	$860.92
172627	09-11	$280.66	172699*	09-21	$444.18	172759	09-25	$1,243.77
172629*	09-15	$654.00	172702*	09-26	$2,085.84	172760	09-25	$28.80
172630	09-08	$10.00	172703	09-21	$385.86	172761	09-20	$833.51
172631	09-11	$40,062.50	172707*	09-22	$1,400.00	172762	09-22	$340.00
172632	09-12	$610.00	172708	09-19	$369.96	172763	09-25	$11.25
172633	09-19	$11,761.74	172709	09-21	$2,993.44	172764	09-22	$170.00
172634	09-11	$55.08	172710	09-22	$795.00	172765	09-21	$977.89
172635	09-12	$54.38	172711	09-28	$739.15	172766	09-25	$284.33

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

Monthly Electronic Transfers for Operating Expenses

09/05/17	IBC Merch Bank Fee	- Credit Card Processing Fee	9.95
09/05/17	IBC Merch Bank Fee	- Credit Card Processing Fee	29.95
09/05/17	IBC Merch Bank Interchng	- Credit Card Processing Fee	59.48
09/05/17	IBC Merch Bank Fee	- Credit Card Processing Fee	65.96
09/05/17	IBC Merch Bank Fee	- Credit Card Processing Fee	71.20
09/05/17	IBC Merch Bank Discount	- Credit Card Processing Fee	87.80
09/05/17	Vivonet Acquisit Payment	- Credit Card Machine Lease Expense	99.00
09/05/17	IBC Merch Bank Fee	- Credit Card Processing Fee	113.86
09/05/17	IBC Merch Bank Interchng	- Credit Card Processing Fee	123.72
09/05/17	IBC Merch Bank Fee	- Credit Card Processing Fee	171.23
09/05/17	IBC Merch Bank Interchng	- Credit Card Processing Fee	227.73
09/05/17	IBC Merch Bank Discount	- Credit Card Processing Fee	257.87
09/05/17	IBC Merch Bank Discount	- Credit Card Processing Fee	328.57
09/05/17	IBC Merch Bank Discount	- Credit Card Processing Fee	725.22
09/05/17	IBC Merch Bank Interchng	- Credit Card Processing Fee	1,254.63
09/05/17	IBC Merch Bank Discount	- Credit Card Processing Fee	1,260.06
09/06/17	FDGL Lease Payment	- Credit Card Machine Lease Expense	59.25
09/06/17	FDGL Lease Payment	- Credit Card Machine Lease Expense	59.25
09/06/17	FDGL Lease Payment	- Credit Card Machine Lease Expense	86.30
09/07/17	FDGL Lease Payment	- Credit Card Machine Lease Expense	30.25
09/11/17	FDGL Lease Payment	- Credit Card Machine Lease Expense	30.17
09/13/17	IBC Merch Bank Fee	- Credit Card Processing Fee	12.00
09/18/17	IBM MERCH BNKCD CHARGBK	- Credit Card Processing	150.00
09/20/17	Telecheck	- Credit Card Processing Fee	5.00
09/20/17	FDGL Lease Payment	- Credit Card Machine Lease Expense	26.98
09/20/17	FDGL Lease Payment	- Credit Card Machine Lease Expense	151.23
09/21/17	Clover APP MRKT Clover App	- Credit Card Machine Lease Expense	16.25
09/21/17	Clover APP MRKT Clover App	- Credit Card Machine Lease Expense	81.20

Total Electronic Payments 5,594.11

Jason Anglin
MMC Chief Executive Officer

APPROVED
ON
NOV - 3 2017
BY
CALHOUN COUNTY AUDITOR

L:\2017\Electronic Bank Activity To County\Electronic Transfer Activity

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

CUSTOMER

8/NE/131/019/4015
MEMORIAL MEDICAL CENTER OPERATING
COUNTY OF CALHOUN
201 W AUSTIN STREET
PORT LAVACA TX 77979

STATEMENT

CUSTOMER NO.	PAGE NO.
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09/01/2017 to 09/30/2017
STATEMENT PERIOD

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

09/29	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160910883	10,009.33
09/29	Electronic Deposit	AETNA AS01 HCCLAIMPMT 1689630865	4,098.69
09/29	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 673422	1,932.42
09/29	Electronic Deposit	CIGNA HCCLAIMPMT xxxxx3411	1,610.60
09/29	Electronic Deposit	CIGNA HCCLAIMPMT xxxxx3411	1,580.77
09/29	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160915882	1,037.83
09/29	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C17270E97208640	830.26
09/29	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160911881	735.00
09/29	Electronic Deposit	TMHP HCCLAIMPMT xxxxx9112	507.07
09/29	Electronic Deposit	CIGNA HCCLAIMPMT xxxxx3411	485.79
09/29	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160914885	185.00
09/29	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C17270E97208650	168.20
09/29	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160913887	111.51

Debits

09/05	Electronic Payment	IBC MERCH BNKCD FEE 971160912889	9.95
09/05	Electronic Payment	IBC MERCH BNKCD FEE 674200009993	29.95
09/05	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160913887	59.48
09/05	Electronic Payment	IBC MERCH BNKCD FEE 971160914885	65.96
09/05	Electronic Payment	IBC MERCH BNKCD FEE 971160910883	71.20
09/05	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160913887	87.80
09/05	Electronic Payment	VIVONET ACQUISIT PAYMENT 1136	99.00
09/05	Electronic Payment	IBC MERCH BNKCD FEE 971160913887	113.86
09/05	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160911881	123.72
09/05	Electronic Payment	IBC MERCH BNKCD FEE 971160911881	171.23
09/05	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160914885	227.73
09/05	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160911881	257.87
09/05	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160914885	328.57
09/05	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160915882	725.22
09/05	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160910883	1,254.63
09/05	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160910883	1,260.06
09/06	Electronic Payment	FDGL LEASE PYMT	59.25
09/06	Electronic Payment	FDGL LEASE PYMT	59.25
09/06	Electronic Payment	FDGL LEASE PYMT	86.30
09/07	Electronic Payment	FDGL LEASE PYMT	30.25
09/11	Electronic Payment	FDGL LEASE PYMT	30.17
09/13	Electronic Payment	IBC MERCH BNKCD FEE 971160910883	12.00
09/18	Electronic Payment	IBC MERCH BNKCD CHARGEBACK 971160914885	150.00
09/20	Electronic Payment	Telecheck INV092017D xxxxx9736	5.00
09/20	Electronic Payment	FDGL LEASE PYMT	26.98
09/20	Electronic Payment	FDGL LEASE PYMT	151.23
09/21	Electronic Payment	CLOVER APP MRKT CLOVER APP	16.25
09/21	Electronic Payment	CLOVER APP MRKT CLOVER APP	81.20

Daily Ending Balance

09/01	732,184.09	09/08	897,779.14	09/14	2,554,952.09
09/05	769,642.78	09/11	931,361.17	09/15	206,599.96
09/06	826,776.24	09/12	949,664.27	09/18	253,290.55
09/07	846,025.88	09/13	2,530,961.69	09/19	262,233.87

IBC

BANK

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

CUSTOMER

8/NE/131/019/4008
MEMORIAL MEDICAL CENTER OPERATING
COUNTY OF CALHOUN
201 W AUSTIN STREET
PORT LAVACA TX 77979

STATEMENT

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CUSTOMER NO.	PAGE NO.
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09/01/2017 to 09/30/2017
STATEMENT PERIOD

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

Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
604,327.36	345	2,539,177.68	44	2,404,541.87	738,963.17

Checks (Debits)

Date	Check #	Amount	Date	Check #	Amount	Date	Check #	Amount
09/20	1111	0.05	09/08 *	171891	18.56	09/11 *	172275	35.00
09/11 *	61861	111.00	09/05 *	171902	40.00	09/08 *	172330	8,000.00
09/20 *	61889	11.00	09/12 *	171911	57.99	09/07 *	172338	71.47
09/11 *	169137	1,805.78	09/22	171912	35.00	09/20 *	172341	118.70
09/07 *	171727	44.40	09/22 *	172272	62.00	09/15 *	172376	2,388,274.39
09/08 *	171881	262.42						

* Indicates a skip in check number sequence

Electronic Activity

Credits

09/01	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 451356	57,950.76
09/01	Electronic Deposit	TMHP HCCLAIMPMT xxxxx9111	33,791.17
09/01	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 45Z356	21,623.70
09/01	Electronic Deposit	CIGNA HCCLAIMPMT xxxxx3411	5,480.01
09/01	Electronic Deposit	AETNA AS01 HCCLAIMPMT 1689630865	3,788.80
09/01	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C17242E94856290	2,257.19
09/01	Electronic Deposit	TMHP HCCLAIMPMT xxxxx9112	1,470.59
09/01	Electronic Deposit	CIGNA EDGE TRANS HCCLAIMPMT 601200052319	1,084.71
09/01	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 673422	142.51
09/01	Electronic Deposit	CIGNA HCCLAIMPMT xxxxx3411	119.24
09/01	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160914885	60.00
09/01	Electronic Deposit	36 TREAS 310 MISC PAY 746003411360012	35.25
09/01	Electronic Deposit	36 TREAS 310 MISC PAY 746003411360012	24.00
09/01	Electronic Deposit	36 TREAS 310 MISC PAY 746003411360012	16.00
09/01	Electronic Deposit	AETNA AS01 HCCLAIMPMT 1497153589	12.80
09/05	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 451356	28,338.25
09/05	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160910883	5,842.30
09/05	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 673422	4,368.42
09/05	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C17243E94966370	1,295.70
09/05	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160915882	954.89
09/05	Electronic Deposit	NOVITAS HCCLAIMPMT 1689630865	676.97
09/05	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160914885	634.26
09/05	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160915882	187.00
09/05	Electronic Deposit	CIGNA HCCLAIMPMT xxxxx3411	48.03
09/05	Electronic Deposit	CIGNA HCCLAIMPMT xxxxx3411	39.10
09/06	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 451356	28,446.96
09/06	Electronic Deposit	Driscoll Childre Driscoll C MEMORIAL MEDICA	9,289.13
09/06	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160910883	6,526.00
09/06	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 673422	6,461.84
09/06	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C17244E95075310	1,797.72
09/06	Electronic Deposit	AETNA AS01 HCCLAIMPMT 1689630865	959.85
09/06	Electronic Deposit	36 TREAS 310 MISC PAY 746003411360012	747.02

PROSPERITY BANK®

Statement Date 9/30/2017
Account No

MEMORIAL MEDICAL CENTER
NH ASHFORD
202 S ANN ST STE A
PORT LAVACA TX 77979

13065

STATEMENT SUMMARY — Public Fund Contractual Ckg w Int Account No

09/01/2017	Beginning Balance			$234,193.01
	6 Deposits/Other Credits		+	$277,966.97
	2 Checks/Other Debits		-	$485,305.97
09/30/2017	Ending Balance	30 Days in Statement Period		$26,854.01
	Total Enclosures			4

DEPOSITS/OTHER CREDITS

Date	Description	Amount
09/08/2017	Deposit	$154,449.13
09/18/2017	Deposit	$65,277.83
09/21/2017	Deposit	$31,513.01
09/29/2017	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113005 2	$257.92
09/29/2017	Deposit	$26,421.95
09/30/2017	Accr Earning Pymt Added to Account	$47.13

OTHER DEBITS

Date	Description	Amount
09/06/2017	CM Wire Domestic WIRE OUT ASHFORD HEALTH CARE CENTER LTD	$234,093.01
09/25/2017	CM Wire Domestic WIRE OUT ASHFORD HEALTH CARE CENTER LTD	$251,212.96

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
09-01	$234,193.01	09-18	$219,826.96	09-29	$26,806.88
09-06	$100.00	09-21	$251,339.97	09-30	$26,854.01
09-08	$154,549.13	09-25	$127.01		

EARNINGS SUMMARY

** Below is an itemization of the Earnings paid this period. **

Interest Paid This Period	$47.13	Annual Percentage Yield Earned	0.45 %
Interest Paid YTD	$74.14	Days in Earnings Period	30

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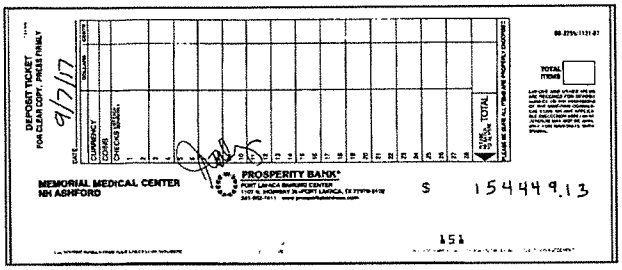
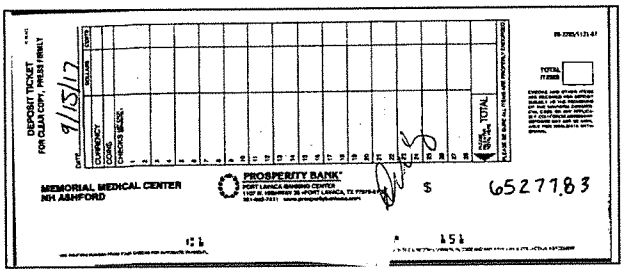
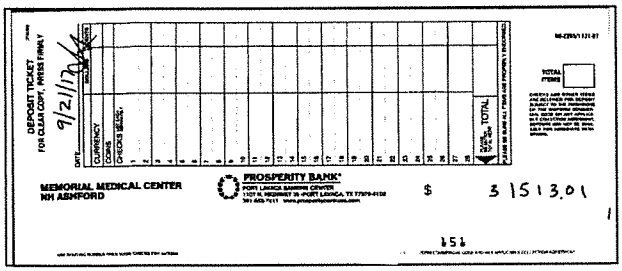


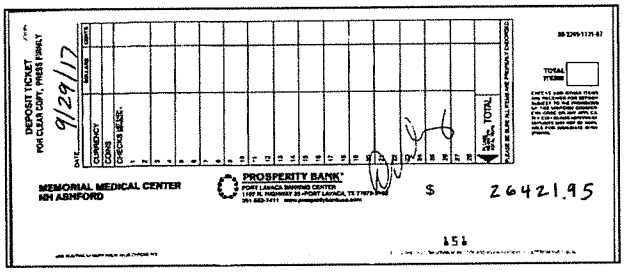
9/8/2017 $154,449.13



9/18/2017 $65,277.83



9/21/2017 $31,513.01



9/29/2017 $26,421.95

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IBC

BANK

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

CUSTOMER

8/NE/131/019/3291
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH ASHFORD
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

CUSTOMER NO.	PAGE NO.
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09/01/2017 to 09/30/2017
STATEMENT PERIOD

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

Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
111,777.86	36	226,877.46	2	255,805.42	82,849.90

Electronic Activity

	Credits		
09/01	Electronic Deposit	HUMANA INS CO EFPAYMENT 390860	8,265.60
09/01	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17083019303069	7,843.23
09/01	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17083019502662	775.82
09/01	Electronic Deposit	MANAGEANDNET1718 MNS PMNT 93	270.00
09/05	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17083114500172	7,858.69
09/06	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17090210100241	8,076.41
09/08	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17090615600511	3,878.55
09/12	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1326436189	5,904.14
09/12	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1326436189	2,704.55
09/13	Electronic Deposit	CENTENE CORP HCCLAIMPMT	1,238.30
09/13	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1326436189	669.96
09/13	Electronic Deposit	MANAGEANDNET1718 MNS PMNT 93	67.50
09/14	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1326436189	990.94
09/15	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17091317602108	26,949.15
09/15	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17091316901276	3,067.26
09/19	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1326436189	7,192.47
09/19	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1326436189	4,577.17
09/20	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	485.41
09/20	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1326436189	415.96
09/22	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17092015200047	23,483.76
09/22	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	22,300.92
09/22	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17092017100155	6,731.23
09/22	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17092012600058	380.54
09/25	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	27,712.64
09/25	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17092111701508	6,582.92
09/25	Electronic Deposit	MANAGEANDNET1718 MNS PMNT 93	6,234.00
09/25	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1326436189	2,249.68
09/25	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1326436189	1,877.58
09/26	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17092314800668	3,893.84
09/26	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1326436189	868.50
09/27	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17092516601150	9,490.80
09/27	Electronic Deposit	MANAGEANDNET1718 MNS PMNT 93	5,611.00
09/27	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	5,016.33
09/28	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	7,016.84
09/29	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17092718500462	5,100.17
09/29	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	1,095.60
	Debits		
09/11	Outgoing Wire	0184 ASHFORD HEALTH CARE CENTER LTD	128,832.51
09/26	Outgoing Wire	0006 ASHFORD HEALTH CARE CENTER LTD	126,972.91

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

CUSTOMER

8/NE/131/019/3292
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH ASHFORD
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

CUSTOMER NO.	PAGE NO.
	2 of 3

09/01/2017 to 09/30/2017
STATEMENT PERIOD

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

Daily Ending Balance

09/01	128,932.51	09/13	30,498.10	09/25	171,729.73
09/05	136,791.20	09/14	31,489.04	09/26	49,519.16
09/06	144,867.61	09/15	61,505.45	09/27	69,637.29
09/08	148,746.16	09/19	73,275.09	09/28	76,654.13
09/11	19,913.65	09/20	74,176.46	09/29	82,849.90
09/12	28,522.34	09/22	127,072.91		

Announcing Same-Day ACH Processing

Changes to the rules for Automated Clearing House (ACH) credits and debits went 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.

What does this mean to you?

It is important to make sure that funds are available in your account before you make in-person, online, or via telephone payments to avoid incurring NSF, overdraft, or return item fees. Checks should never be issued nor payments scheduled if sufficient funds are not available to satisfy the payment. Previously, ACH transactions could have taken 1-2 days to process; now, these same transactions may post the same-day on which you authorize them.

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.

PROSPERITY BANK®

Statement Date 9/30/2017
Account No

MEMORIAL MEDICAL CENTER
NH BROADMOOR
202 S ANN ST STE A
PORT LAVACA TX 77979

13066

STATEMENT SUMMARY — Public Fund Contractual Ckg w Int Account No

09/01/2017	Beginning Balance			$845,534.86
	8 Deposits/Other Credits		+	$314,734.73
	3 Checks/Other Debits		-	$1,072,750.66
09/30/2017	Ending Balance	30 Days in Statement Period		$87,518.93
	Total Enclosures			4

DEPOSITS/OTHER CREDITS

Date	Description	Amount
09/08/2017	Deposit	$127,598.63
09/18/2017	Deposit	$50,902.54
09/21/2017	Deposit	$48,914.72
09/26/2017	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113004 2	$1,128.63
09/27/2017	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113004 2	$15,135.60
09/29/2017	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113004 2	$39.06
09/29/2017	Deposit	$70,898.49
09/30/2017	Accr Earning Pymt Added to Account	$117.06

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OTHER DEBITS

Date	Description	Amount
09/08/2017	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	$422,717.43
09/11/2017	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	$422,717.43
09/25/2017	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	$227,315.80

111301 : 01306601

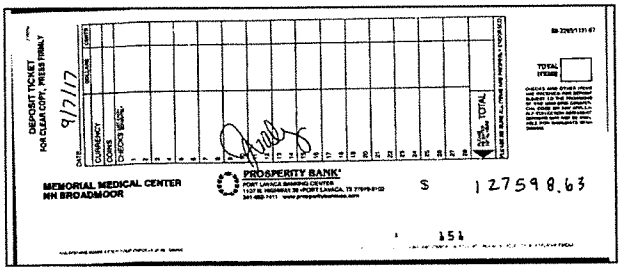
DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
09-01	$845,534.86	09-21	$227,515.89	09-29	$87,401.87
09-08	$550,416.06	09-25	$200.09	09-30	$87,518.93
09-11	$127,698.63	09-26	$1,328.72		
09-18	$178,601.17	09-27	$16,464.32		

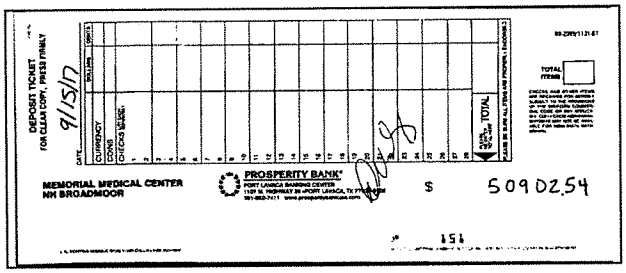
EARNINGS SUMMARY

** Below is an itemization of the Earnings paid this period. **

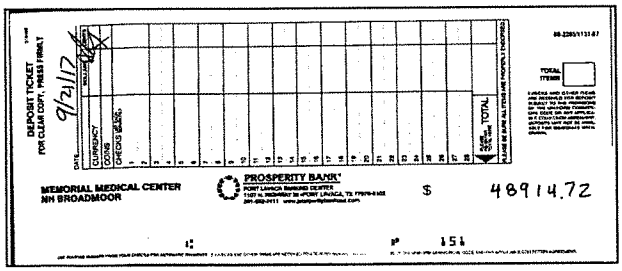
Interest Paid This Period	$117.06	Annual Percentage Yield Earned	0.45 %
Interest Paid YTD	$217.15	Days in Earnings Period	30



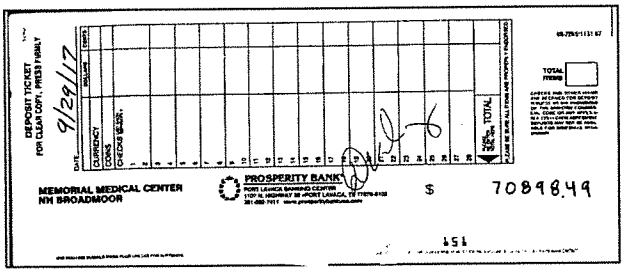
9/8/2017 $127,598.63



9/18/2017 $50,902.54



9/21/2017 $48,914.72



9/29/2017 $70,898.49

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CUSTOMER
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MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH BROADMOOR
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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09/01/2017 to 09/30/2017
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
205,156.92	22	403,611.82	2	565,141.72	43,627.02

Electronic Activity

	Credits		
09/01	Electronic Deposit	HUMANA INS CO EFPAYMENT 390861	6,231.29
09/01	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17083019502740	6,163.21
09/05	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	10,694.01
09/06	Electronic Deposit	HUMANA INS CO EFPAYMENT 390861	3,698.19
09/07	Electronic Deposit	HHP TEXAS HCCLAIMPMT 390861	2,148.01
09/07	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	1,270.58
09/08	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113004	1,480.50
09/11	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1669860433	1,653.47
09/11	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1669860433	1,167.24
09/11	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113004	73.61
09/14	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	161.87
09/20	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1669860433	2,145.04
09/20	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1669860433	619.15
09/21	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	252,802.59
09/21	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1669860433	75.34
09/22	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	66,382.70
09/22	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17092012600170	3,318.00
09/26	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	5,306.13
09/26	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1669860433	990.02
09/28	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	30,792.66
09/28	Electronic Deposit	HUMANA INS CO HCCLAIMPMT 390861	6,021.16
09/29	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	417.05
	Debits		
09/11	Outgoing Wire	0187 CANTEX HEALTH CARE CENTERS III	217,451.42
09/26	Outgoing Wire	0010 CANTEX HEALTH CARE CENTERS III	347,690.30

Daily Ending Balance

09/01	217,551.42	09/11	22,285.61	09/22	347,790.30
09/05	228,245.43	09/14	22,447.48	09/26	6,396.15
09/06	231,943.62	09/20	25,211.67	09/28	43,209.97
09/07	235,362.21	09/21	278,089.60	09/29	43,627.02
09/08	236,842.71				

PROSPERITY BANK®

Statement Date 9/30/2017
Account No

MEMORIAL MEDICAL CENTER
NH CRESCENT
202 S ANN ST STE A
PORT LAVACA TX 77979

13067

STATEMENT SUMMARY — Public Fund Contractual Ckg w Int Account No

09/01/2017	Beginning Balance				$102.15
	7 Deposits/Other Credits			+	$112,248.02
	1 Checks/Other Debits			-	$100,582.16
09/30/2017	Ending Balance	30	Days in Statement Period		$11,768.01
	Total Enclosures				4

DEPOSITS/OTHER CREDITS

Date	Description	Amount
09/08/2017	Deposit	$73,895.48
09/18/2017	Deposit	$9,716.41
09/21/2017	Deposit	$16,970.27
09/26/2017	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113008 2	$294.25
09/27/2017	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113008 2	$1,473.45
09/29/2017	Deposit	$9,883.93
09/30/2017	Accr Earning Pymt Added to Account	$14.23

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OTHER DEBITS

Date	Description	Amount
09/25/2017	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	$100,582.16

111311 : 01306701

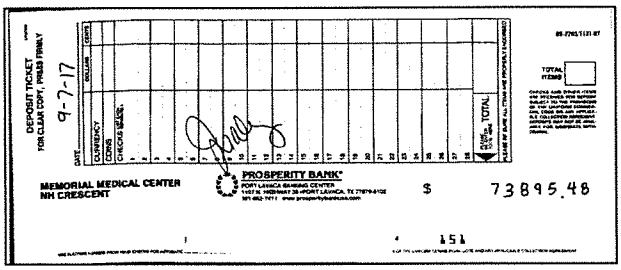
DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
09-01	$102.15	09-21	$100,684.31	09-27	$1,869.85
09-08	$73,997.63	09-25	$102.15	09-29	$11,753.78
09-18	$83,714.04	09-26	$396.40	09-30	$11,768.01

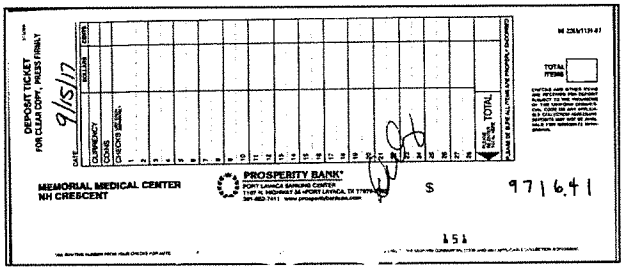
EARNINGS SUMMARY

** Below is an itemization of the Earnings paid this period. **

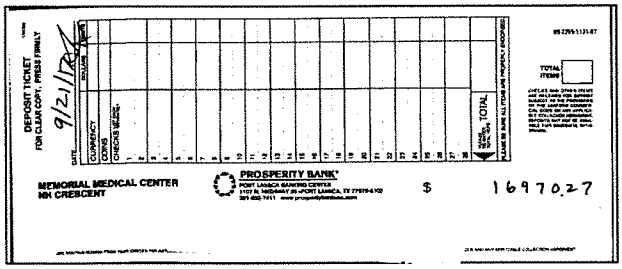
Interest Paid This Period	$14.23	Annual Percentage Yield Earned	0.45 %
Interest Paid YTD	$16.38	Days in Earnings Period	30



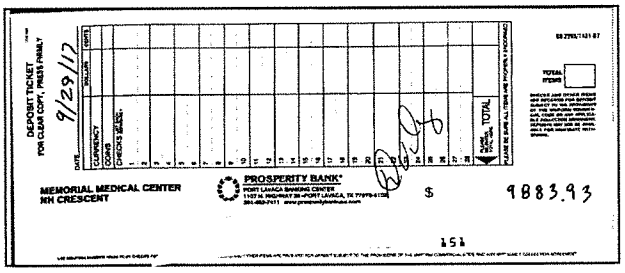
9/8/2017 $73,895.48



9/18/2017 $9,716.41



9/21/2017 $16,970.27



9/29/2017 $9,883.93

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STATEMENT

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CUSTOMER NO.	PAGE NO.
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09/01/2017 to 09/30/2017
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
105,977.45	27	259,671.12	2	344,023.23	21,625.34

Electronic Activity

	Credits		
09/08	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113008	1,735.99
09/08	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17090615600508	1,700.44
09/08	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17090619300019	1,540.00
09/08	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113008	1,031.41
09/11	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1669860425	7,737.51
09/11	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113008	510.41
09/12	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17090913802229	10,024.00
09/12	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17090819100475	6,868.45
09/12	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17090812202037	1,055.90
09/13	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1669860425	3,060.55
09/18	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1669860425	0.14
09/20	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1669860425	8,632.96
09/21	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	1,387.07
09/22	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	178,434.65
09/22	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17092015200043	8,589.25
09/22	Electronic Deposit	MANAGEANDNET1718 MNS PMNT 3268	5,309.10
09/22	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17092014601525	527.95
09/26	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17092314800683	6,219.50
09/26	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1669860425	3,618.91
09/26	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	147.66
09/27	Electronic Deposit	MANAGEANDNET1718 MNS PMNT 3268	3,697.20
09/27	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17092516601148	2,446.64
09/27	Electronic Deposit	CENTENE CORP HCCLAIMPMT	1,994.24
09/27	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1669860425	1,088.39
09/28	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	429.77
09/28	Electronic Deposit	MANAGEANDNET1718 MNS PMNT 3268	312.30
09/29	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17092715800147	1,570.73
	Debits		
09/11	Outgoing Wire	0186 CANTEX HEALTH CARE CENTERS III	105,877.45
09/26	Outgoing Wire	0009 CANTEX HEALTH CARE CENTERS III	238,145.78

Daily Ending Balance

09/08	111,985.29	09/18	35,364.80	09/26	10,086.07
09/11	14,355.76	09/20	43,997.76	09/27	19,312.54
09/12	32,304.11	09/21	45,384.83	09/28	20,054.61
09/13	35,364.66	09/22	238,245.78	09/29	21,625.34

PROSPERITY BANK®

Statement Date 9/30/2017
Account No

MEMORIAL MEDICAL CENTER
NH FORT BEND
202 S ANN ST STE A
PORT LAVACA TX 77979

13069

STATEMENT SUMMARY — Public Fund Contractual Ckg w Int Account No

09/01/2017	Beginning Balance			$211,034.93
	6 Deposits/Other Credits		+	$81,042.98
	2 Checks/Other Debits		-	$279,725.69
09/30/2017	Ending Balance	30 Days in Statement Period		$12,352.22
	Total Enclosures			4

DEPOSITS/OTHER CREDITS

Date	Description	Amount
09/08/2017	Deposit	$39,253.81
09/18/2017	Deposit	$11,407.47
09/21/2017	Deposit	$18,151.39
09/26/2017	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113006 2	$583.75
09/29/2017	Deposit	$11,619.14
09/30/2017	Accr Earning Pymt Added to Account	$27.42

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OTHER DEBITS

Date	Description	Amount
09/08/2017	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	$210,934.93
09/26/2017	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	$68,790.76

111331 : 01306901

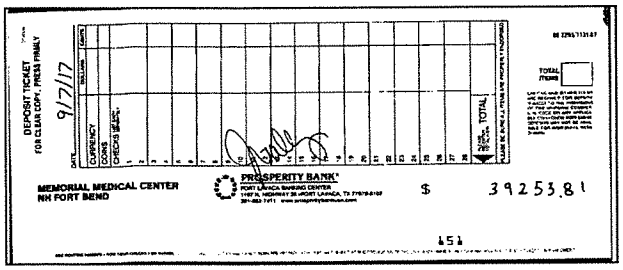
DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
09-01	$211,034.93	09-21	$68,912.67	09-30	$12,352.22
09-08	$39,353.81	09-26	$705.66		
09-18	$50,761.28	09-29	$12,324.80		

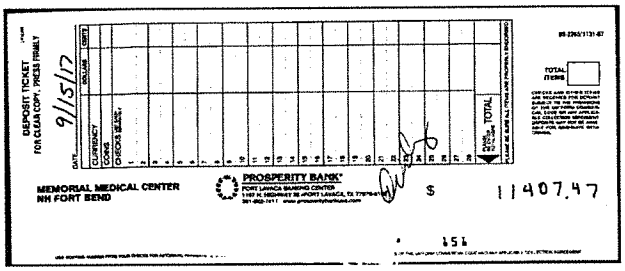
EARNINGS SUMMARY

** Below is an itemization of the Earnings paid this period. **

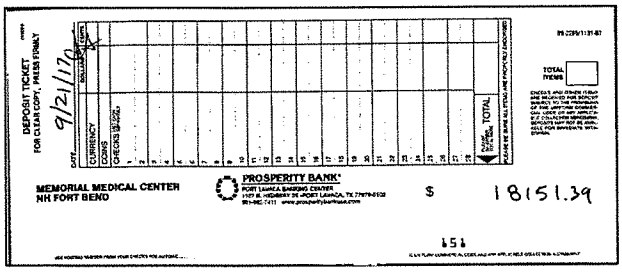
Interest Paid This Period	$27.42	Annual Percentage Yield Earned	0.45 %
Interest Paid YTD	$49.33	Days in Earnings Period	30



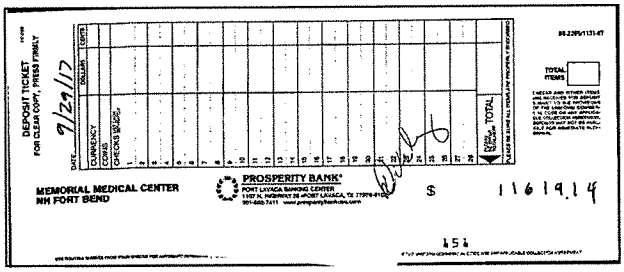
9/8/2017 $39,253.81



9/18/2017 $11,407.47



9/21/2017 $18,151.39



9/29/2017 $11,619.14

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STATEMENT

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09/01/2017 to 09/30/2017
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
63,019.98	26	170,576.73	2	195,344.13	38,252.58

Electronic Activity

Credits

09/01	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1730577503	1,828.15
09/05	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17083116100396	7,315.77
09/05	Electronic Deposit	CENTENE CORP HCCLAIMPMT	3,170.80
09/08	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17090615600509	2,912.68
09/11	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1730577503	9,863.40
09/11	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113006	2,483.15
09/11	Electronic Deposit	CENTENE CORP HCCLAIMPMT	1,581.50
09/12	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17090912900430	11,307.96
09/12	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17090819100476	469.32
09/15	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1730577503	2,404.83
09/18	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1730577503	3,616.27
09/19	Electronic Deposit	HUMANA INS CO HCCLAIMPMT 390863	13,637.34
09/19	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1730577503	1,224.02
09/20	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1730577503	7,018.40
09/20	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17091811802548	5,588.22
09/20	Electronic Deposit	CENTENE CORP HCCLAIMPMT	2,048.71
09/21	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663	42,272.75
09/21	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1730577503	2,810.94
09/21	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17091918500564	577.74
09/22	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17092015200044	10,292.20
09/25	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663	21,081.69
09/25	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1730577503	2,919.16
09/26	Electronic Deposit	HHP HCCLAIMPMT 390863	10,203.85
09/26	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1730577503	610.05
09/27	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17092516601149	2,392.27
09/27	Electronic Deposit	CENTENE CORP HCCLAIMPMT	945.56

Debits

09/11	Outgoing Wire	0188 CANTEX HEALTH CARE CENTERS III	64,748.13
09/26	Outgoing Wire	0011 CANTEX HEALTH CARE CENTERS III	130,596.00

Daily Ending Balance

09/01	64,848.13	09/15	41,609.41	09/22	130,696.00
09/05	75,334.70	09/18	45,225.68	09/25	154,696.85
09/08	78,247.38	09/19	60,087.04	09/26	34,914.75
09/11	27,427.30	09/20	74,742.37	09/27	38,252.58
09/12	39,204.58	09/21	120,403.80		

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CUSTOMER

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STATEMENT

CUSTOMER NO.	PAGE NO.
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09/01/2017 to 09/30/2017
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
663,004.33	41	664,510.32	2	788,910.49	538,604.16

Electronic Activity

	Credits		
09/01	Electronic Deposit	HUMANA INS CO EFPAYMENT 390862	47,459.44
09/01	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1497143259	3,479.97
09/01	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17083019303072	3,036.54
09/06	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	10,749.35
09/06	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17090213000206	3,543.21
09/08	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17090615600512	4,221.07
09/08	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113007	946.30
09/08	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	894.47
09/11	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1497143259	3,148.68
09/11	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1497143259	2,644.47
09/11	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113007	965.07
09/12	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17090819100480	3,856.68
09/12	Electronic Deposit	HHP TEXAS HCCLAIMPMT 390862	1,480.50
09/13	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1497143259	2,430.21
09/13	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1497143259	536.09
09/14	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17091213900067	3,659.60
09/15	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1497143259	7,179.92
09/18	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	4,456.58
09/19	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1497143259	3,401.36
09/19	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1497143259	1,608.27
09/20	Electronic Deposit	MANAGEANDNET1718 MNS PMNT 2482	1,529.21
09/21	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1497143259	2,276.56
09/22	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1497143259	6,739.11
09/22	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17092015200050	3,813.13
09/22	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	1,950.37
09/25	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	454,887.02
09/25	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1497143259	1,569.86
09/25	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1497143259	833.20
09/26	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	19,947.40
09/26	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17092218301588	3,944.64
09/26	Electronic Deposit	MANAGEANDNET1718 MNS PMNT 2482	568.80
09/26	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1497143259	556.39
09/27	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17092516601152	4,902.60
09/27	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	2,627.28
09/27	Electronic Deposit	HUMANA INS CO EFPAYMENT 390862	708.11
09/28	Electronic Deposit	HUMANA INS CO HCCLAIMPMT 390862	26,877.10
09/28	Electronic Deposit	HHP HCCLAIMPMT 390862	2,726.19
09/28	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1497143259	1,958.82
09/28	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	434.39
09/29	Electronic Deposit	HUMANA INS CO HCCLAIMPMT 390862	8,115.89
09/29	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	7,846.47

IBC

BANK

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

CUSTOMER

8/NE/131/019/3295
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH SOLERA
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

CUSTOMER NO.	PAGE NO.
	2 of 3

09/01/2017 to 09/30/2017
STATEMENT PERIOD

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

	Debits		
09/11	Outgoing Wire	0185 CANTEX HEALTH CARE CENTERS LLC	716,880.28
09/26	Outgoing Wire	0008 CANTEX HEALTH CARE CENTERS LLC	72,030.21

Daily Ending Balance

09/01	716,980.28	09/14	39,175.70	09/22	72,130.21
09/06	731,272.84	09/15	46,355.62	09/25	529,420.29
09/08	737,334.68	09/18	50,812.20	09/26	482,407.31
09/11	27,212.62	09/19	55,821.83	09/27	490,645.30
09/12	32,549.80	09/20	57,351.04	09/28	522,641.80
09/13	35,516.10	09/21	59,627.60	09/29	538,604.16

Announcing Same-Day ACH Processing

Changes to the rules for Automated Clearing House (ACH) credits and debits went 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.

What does this mean to you?

It is important to make sure that funds are available in your account before you make in-person, online, or via telephone payments to avoid incurring NSF, overdraft, or return item fees. Checks should never be issued nor payments scheduled if sufficient funds are not available to satisfy the payment. Previously, ACH transactions could have taken 1-2 days to process; now, these same transactions may post the same-day on which you authorize them.

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.

PROSPERITY BANK®

Statement Date 9/30/2017
Account No

MEMORIAL MEDICAL CENTER
NH SOLERA AT WEST HOUSTON
202 S ANN ST STE A
PORT LAVACA TX 77979

13068

STATEMENT SUMMARY — Public Fund Contractual Ckg w Int Account No

09/01/2017	Beginning Balance			$105.05
	7 Deposits/Other Credits		+	$138,954.81
	1 Checks/Other Debits		-	$127,192.08
09/30/2017	Ending Balance	30 Days in Statement Period		$11,867.78
	Total Enclosures			4

DEPOSITS/OTHER CREDITS

Date	Description	Amount
09/08/2017	Deposit	$63,732.80
09/18/2017	Deposit	$41,716.03
09/21/2017	Deposit	$21,743.25
09/26/2017	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113007 2	$575.98
09/27/2017	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113007 2	$3,619.00
09/29/2017	Deposit	$7,552.61
09/30/2017	Accr Earning Pymt Added to Account	$15.14

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OTHER DEBITS

Date	Description	Amount
09/25/2017	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	$127,192.08

111321 : 01306801

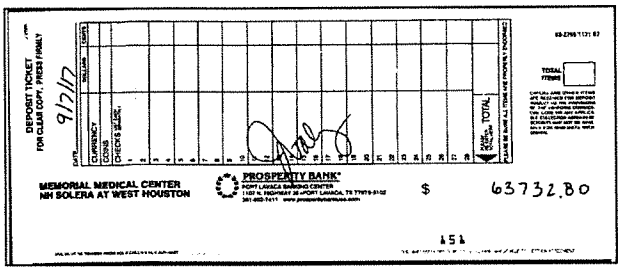
DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
09-01	$105.05	09-21	$127,297.13	09-27	$4,300.03
09-08	$63,837.85	09-25	$105.05	09-29	$11,852.64
09-18	$105,553.88	09-26	$681.03	09-30	$11,867.78

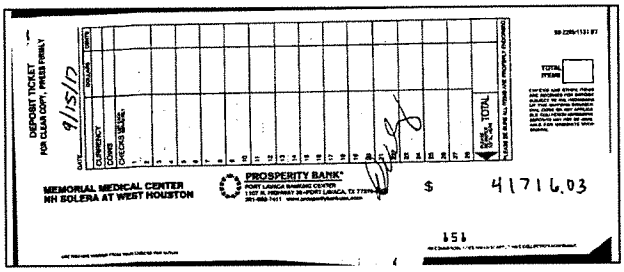
EARNINGS SUMMARY

** Below is an itemization of the Earnings paid this period. **

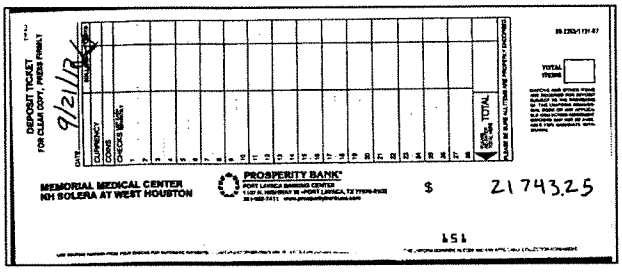
Interest Paid This Period	$15.14	Annual Percentage Yield Earned	0.45 %
Interest Paid YTD	$20.19	Days in Earnings Period	30



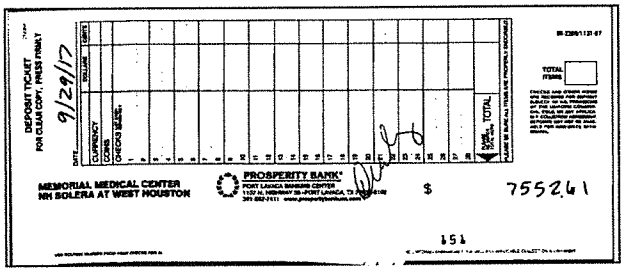
9/8/2017 $63,732.80



9/18/2017 $41,716.03



9/21/2017 $21,743.25



9/29/2017 $7,552.61

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PROSPERITY BANK®

Statement Date 9/30/2017
Account No

THE COUNTY OF CALHOUN TEXAS
CAL CO INDIGENT HEALTHCARE
202 S ANN ST STE A
PORT LAVACA TX 77979

13078

STATEMENT SUMMARY — Public Fund Contractual Ckg w Int Account No

09/01/2017	Beginning Balance				$3,906.35
	3 Deposits/Other Credits			+	$59,557.07
	8 Checks/Other Debits			-	$53,598.86
09/30/2017	Ending Balance	30	Days in Statement Period		$9,864.56
	Total Enclosures				10

DEPOSITS/OTHER CREDITS

Date	Description	Amount
09/07/2017	Deposit	$53,110.33
09/18/2017	Deposit	$6,436.93
09/30/2017	Accr Earning Pymt Added to Account	$9.81

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
12000	09-22	$89.01	12003	09-20	$659.49	12007	09-20	$3,826.43
12001	09-25	$534.90	12005*	09-18	$47,696.67	12008	09-25	$186.92
12002	09-25	$170.01	12006	09-21	$435.43			

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
09-01	$3,906.35	09-20	$11,271.02	09-25	$9,854.75
09-07	$57,016.68	09-21	$10,835.59	09-30	$9,864.56
09-18	$15,756.94	09-22	$10,746.58		

EARNINGS SUMMARY

** Below is an itemization of the Earnings paid this period. **

Interest Paid This Period	$9.81	Annual Percentage Yield Earned	0.45 %
Interest Paid YTD	$11.14	Days in Earnings Period	30

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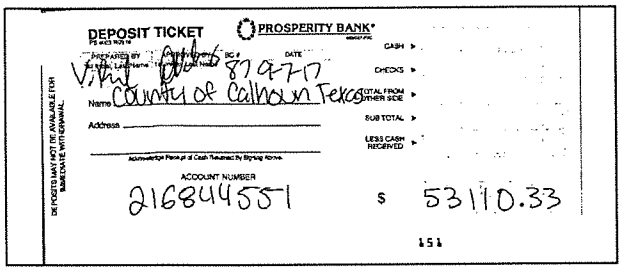
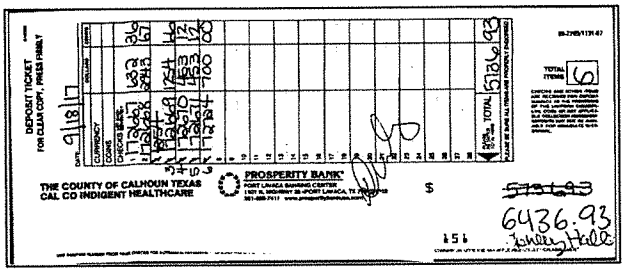
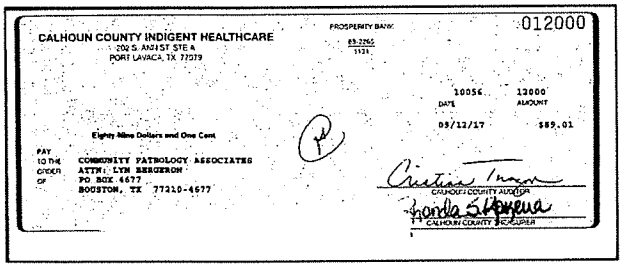
111421 : 01307801


DEPOSIT TICKET PROSPERITY BANK
Name County of Calhoun Texas
ACCOUNT NUMBER 216844551 $ 53110.33

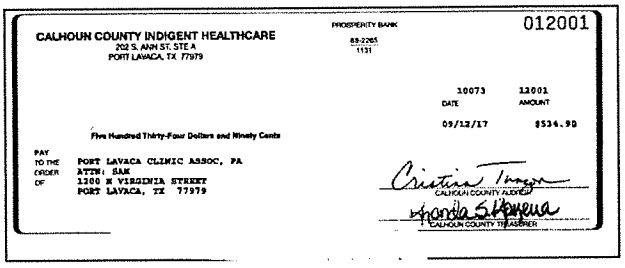
9/7/2017 $53,110.33


DEPOSIT TICKET PROSPERITY BANK
THE COUNTY OF CALHOUN TEXAS
CAL CO INDIGENT HEALTHCARE
$ 6436.93

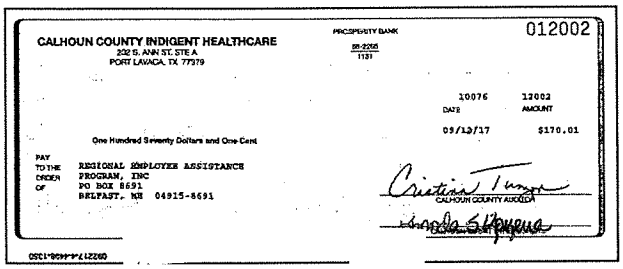
9/18/2017 $6,436.93


CALHOUN COUNTY INDIGENT HEALTHCARE
202 S. ANN ST. STE A
PORT LAVACA, TX 77979
PROSPERITY BANK 012000
10056 12000
DATE 09/12/17 AMOUNT $89.01
Eighty Nine Dollars and One Cent
PAY TO THE ORDER OF COMMUNITY PATHOLOGY ASSOCIATES
ATTN: LYN BERGERON
PO BOX 4677
HOUSTON, TX 77210-4677
CALHOUN COUNTY AUDITOR
CALHOUN COUNTY TREASURER

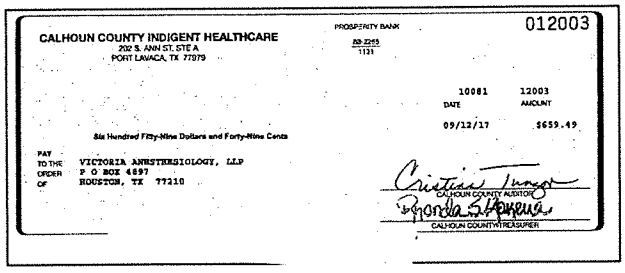
9/22/2017 12000 $89.01


CALHOUN COUNTY INDIGENT HEALTHCARE
202 S. ANN ST. STE A
PORT LAVACA, TX 77979
PROSPERITY BANK 012001
10073 12001
DATE 09/12/17 AMOUNT $534.90
Five Hundred Thirty-Four Dollars and Ninety Cents
PAY TO THE ORDER OF PORT LAVACA CLINIC ASSOC, PA
ATTN: SAK
1300 N VIRGINIA STREET
PORT LAVACA, TX 77979
CALHOUN COUNTY AUDITOR
CALHOUN COUNTY TREASURER

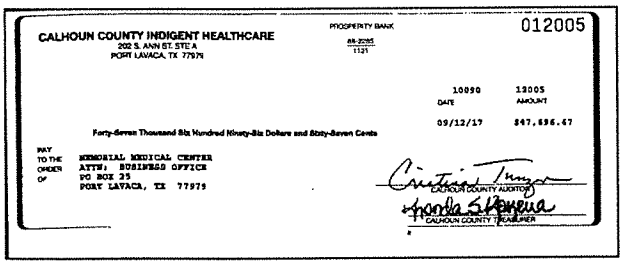
9/25/2017 12001 $534.90


CALHOUN COUNTY INDIGENT HEALTHCARE
202 S. ANN ST. STE A
PORT LAVACA, TX 77979
PROSPERITY BANK 012002
10076 12002
DATE 09/12/17 AMOUNT $170.01
One Hundred Seventy Dollars and One Cent
PAY TO THE ORDER OF REGIONAL EMPLOYEE ASSISTANCE PROGRAM, INC
PO BOX 8691
BELFAST, ME 04915-8691
CALHOUN COUNTY AUDITOR
CALHOUN COUNTY TREASURER

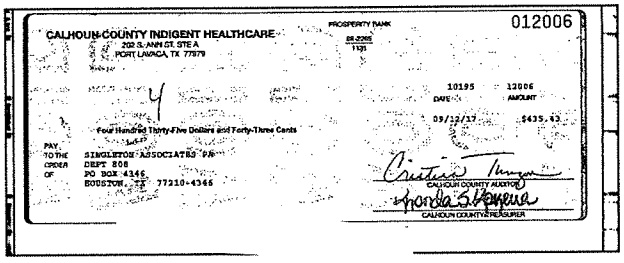
9/25/2017 12002 $170.01


CALHOUN COUNTY INDIGENT HEALTHCARE
202 S. ANN ST. STE A
PORT LAVACA, TX 77979
PROSPERITY BANK 012003
10081 12003
DATE 09/12/17 AMOUNT $659.49
Six Hundred Fifty-Nine Dollars and Forty-Nine Cents
PAY TO THE ORDER OF VICTORIA ANESTHESIOLOGY, LLP
P O BOX 4897
HOUSTON, TX 77210
CALHOUN COUNTY AUDITOR
CALHOUN COUNTY TREASURER

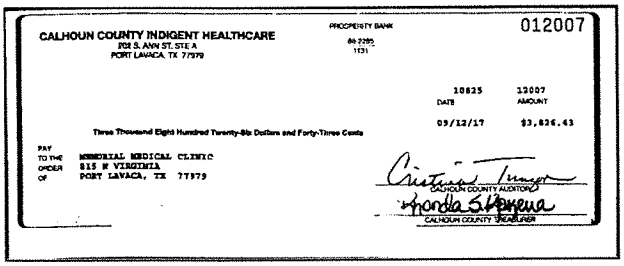
9/20/2017 12003 $659.49


CALHOUN COUNTY INDIGENT HEALTHCARE
202 S. ANN ST. STE A
PORT LAVACA, TX 77979
PROSPERITY BANK 012005
10090 12005
DATE 09/12/17 AMOUNT $47,696.67
Forty-Seven Thousand Six Hundred Ninety-Six Dollars and Sixty-Seven Cents
PAY TO THE ORDER OF MEMORIAL MEDICAL CENTER
ATTN: BUSINESS OFFICE
PO BOX 25
PORT LAVACA, TX 77979
CALHOUN COUNTY AUDITOR
CALHOUN COUNTY TREASURER

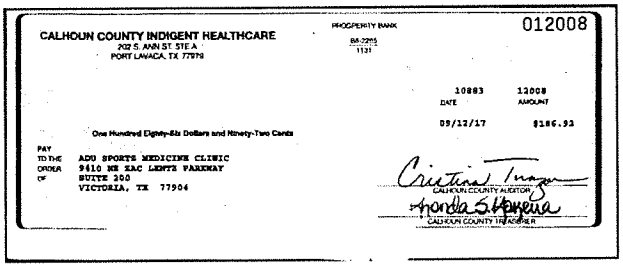
9/18/2017 12005 $47,696.67


CALHOUN COUNTY INDIGENT HEALTHCARE
202 S. ANN ST. STE A
PORT LAVACA, TX 77979
PROSPERITY BANK 012006
10195 12006
DATE 09/12/17 AMOUNT $435.43
Four Hundred Thirty-Five Dollars and Forty-Three Cents
PAY TO THE ORDER OF SINGLETON ASSOCIATES PA
DEPT 808
PO BOX 4346
HOUSTON, TX 77210-4346
CALHOUN COUNTY AUDITOR
CALHOUN COUNTY TREASURER

9/21/2017 12006 $435.43


CALHOUN COUNTY INDIGENT HEALTHCARE
202 S. ANN ST. STE A
PORT LAVACA, TX 77979
PROSPERITY BANK 012007
10825 12007
DATE 09/12/17 AMOUNT $3,826.43
Three Thousand Eight Hundred Twenty-Six Dollars and Forty-Three Cents
PAY TO THE ORDER OF MEMORIAL MEDICAL CLINIC
815 N VIRGINIA
PORT LAVACA, TX 77979
CALHOUN COUNTY AUDITOR
CALHOUN COUNTY TREASURER

9/20/2017 12007 $3,826.43


CALHOUN COUNTY INDIGENT HEALTHCARE
202 S. ANN ST. STE A
PORT LAVACA, TX 77979
PROSPERITY BANK 012008
10883 12008
DATE 09/12/17 AMOUNT $186.92
One Hundred Eighty-Six Dollars and Ninety-Two Cents
PAY TO THE ORDER OF ADU SPORTS MEDICINE CLINIC
9410 NE EAC LENTZ PARKWAY
SUITE 300
VICTORIA, TX 77904
CALHOUN COUNTY AUDITOR
CALHOUN COUNTY TREASURER

9/25/2017 12008 $186.92

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

CUSTOMER

B/NE/131/019/4018

COUNTY OF CALHOUN TEXAS
INDIGENT HEALTHCARE
202 S Ann St Ste A
Port Lavaca TX 77979

STATEMENT

CUSTOMER NO.	PAGE NO.
	1 of 2

09/01/2017 to 09/30/2017
STATEMENT PERIOD

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

Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
611.03	0	0.00	0	0.00	611.03

Announcing Same-Day ACH Processing

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> Mobile Banking
> IBC Voice
> Account Alerts
> Funds Transfers

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IBC

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

CUSTOMER

8/NE/131/019/4019

COUNTY OF CALHOUN TEXAS
INDIGENT HEALTHCARE
202 S Ann St Ste A
Port Lavaca TX 77979

STATEMENT 0

CUSTOMER NO.	PAGE NO.
	2 of 2

09/01/2017 to 09/30/2017
STATEMENT PERIOD

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

Notice to Customers: A CTR Reference Guide

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

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

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

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

PROSPERITY BANK®

Statement Date 9/30/2017
Account No

MEMORIAL MEDICAL CENTER
PRIVATE WAVIER CLEARING FUND
202 S ANN ST STE A
PORT LAVACA TX 77979

13064

STATEMENT SUMMARY — Public Fund Contractual Ckg w Int Account No

09/01/2017	Beginning Balance				$816,905.77
	1 Deposits/Other Credits			+	$302.14
	0 Checks/Other Debits			-	$0.00
09/30/2017	Ending Balance	30	Days in Statement Period		$817,207.91

DEPOSITS/OTHER CREDITS

Date	Description	Amount
09/30/2017	Accr Earning Pymt Added to Account	$302.14

DAILY ENDING BALANCE

Date	Balance	Date	Balance
09-01	$816,905.77	09-30	$817,207.91

EARNINGS SUMMARY

** Below is an itemization of the Earnings paid this period. **

Interest Paid This Period	$302.14	Annual Percentage Yield Earned	0.45 %
Interest Paid YTD	$614.24	Days in Earnings Period	30

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111281 : 01306401

PROSPERITY BANK®

Statement Date 9/30/2017
Account No

MEMORIAL MEDICAL CENTER
NH GOLDEN CREEK HEALTHCARE & REHAB
202 S ANN ST STE A
PORT LAVACA TX 77979

13070

STATEMENT SUMMARY — Public Fund Contractual Ckg w Int Account No

09/01/2017	Beginning Balance			$64.69
	4 Deposits/Other Credits		+	$490,539.20
	1 Checks/Other Debits		-	$490,442.67
09/30/2017	Ending Balance	30 Days in Statement Period		$161.22
	Total Enclosures			2

DEPOSITS/OTHER CREDITS

Date	Description	Amount
09/12/2017	Deposit	$333,273.04
09/15/2017	ACH Deposit PaySpan PaySpan 61000105527065	$0.18
09/21/2017	Deposit	$157,204.79
09/30/2017	Accr Earning Pymt Added to Account	$61.19

OTHER DEBITS

Date	Description	Amount
09/26/2017	CM Wire Domestic WIRE OUT NEXION HEALTH AT GOLDEN CREEK	$490,442.67

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
09-01	$64.69	09-15	$333,337.91	09-26	$100.03
09-12	$333,337.73	09-21	$490,542.70	09-30	$161.22

EARNINGS SUMMARY

** Below is an itemization of the Earnings paid this period. **

Interest Paid This Period	$61.19	Annual Percentage Yield Earned	0.45 %
Interest Paid YTD	$61.22	Days in Earnings Period	30

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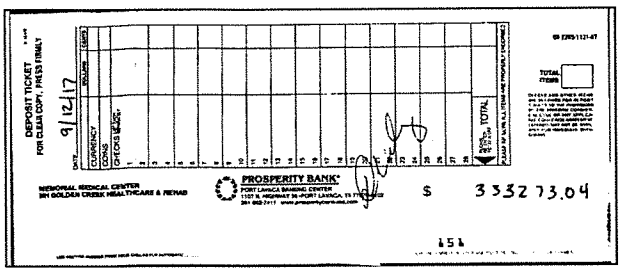
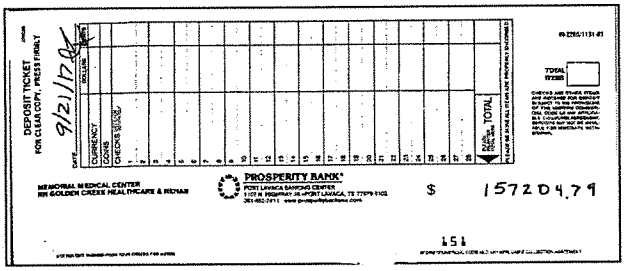
111341 : 01307001



9/12/2017 $333,273.04



9/21/2017 $157,204.79

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