MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ----- November 20, 2017

PAYABLES AND PAYROLL			
10/2/2017	McKesson Drugs	1,365.37	
10/3/2017	Payroll	245,055.66	
10/3/2017	Payroll by Check	2,268.68	
10/5/2017	Payroll Liabilities	86,952.05	
10/6/2017	Amerisource Berg appr 11/16/17	900.00	
10/9/2017	Weekly Payables	451,205.56	
10/9/2017	Weekly Payables	23,788.00	
10/9/2017	Weekly Payables	742.50	
10/9/2017	Weekly Payables	132.25	
10/9/2017	Weekly Payables	535.15	
10/9/2017	McKesson Drugs	3,452.62	
10/11/2017	Returned Check	232.00	
10/11/2017	Weekly Payables	89,588.12	
10/11/2017	Credit Card Invoice	1,895.29	
10/12/2017	Weekly Payables	9,295.00	
10/16/2017	TDCRS	115,182.87	
10/16/2017	McKesson Drugs	4,050.85	
10/17/2017	Payroll	242,740.97	
10/17/2017	Payroll by Check	3,136.51	
10/18/2017	Weekly Payables	238,373.91	
10/18/2017	NH Solera West Houston	6,283.90	
10/18/2017	Patient Refunds	19,975.82	
10/19/2017	Med Impact Healthcare Sys Inc	406.64	
10/19/2017	Payroll Liabilities	87,816.07	
10/23/2017	McKesson Drugs	3,991.18	
10/25/2017	Weekly Payables	439.26	
10/25/2017	Weekly Payables	576,150.39	
10/26/2017	Weekly Payables	492.85	
10/26/2017	Weekly Payables	331,235.66	
10/26/2017	Payroll Liabilities	64.02	
10/30/2017	McKesson Drugs	4,609.58	
10/31/2017	Monthly Electronic Transfers for Payroll Expenses(not incl above)	427.62	
10/31/2017	Monthly Electronic Transfers for Operating Expenses	6,551.32	
	Total Payables and Payroll		**$ 2,559,337.67**
INTER-GOVERNMENT TRANSFERS			
10/2/2017	Inter-Government Transfers - Oct 2017 for 2018 First Adv Pmt IGT DSRIP Audit Cost	67,291.78	
	Total Inter-Government Transfers		**$ 67,291.78**
INTRA-ACCOUNT TRANSFERS			
	Total Intra-Account Transfers		**$ -**
SUBTOTAL MEMORIAL MEDICAL CENTER DISBURSEMENTS			**$ 2,626,629.45**
INDIGENT HEALTHCARE FUND EXPENSES			**$ 18,545.86**
NURSING HOME UPL EXPENSES FOR October 2017			**$ 2,599,892.84**
IGT October 2017 MPAP NH Program			**$ -**
MMC Construction			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED November 20, 2017			**$ 5,245,068.15**

APPROVED
NOV 20 2017
CALHOUN COUNTY
COMMISSIONERS COURT

From IBC Bank to Prosperity Bank

Date	Check#	Name	Amount
10/17/2017	172377	MMC Operating	1,598,335.11
10/31/2017	172378	MMC Operating	529,034.57

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- November 20, 2017

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

Adu Sports Medicine Clinic		327.78
Michelle M. Cummins MD		149.39
HEB Pharmacy (Medimpact) Pharmacy Reimbursement		715.81
Haresh Kumar MD		46.73
MMCenter (In-patient $ / Out-patient $8,803.61 / ER $3,002.75)		11,806.36
Memorial Medical Clinic		1,389.81
Port Lavaca Clinic		494.07
Regional Employee Assistance		33.27
Singleton Associates, PA		116.80
Victoria Eye Center		99.17
SUBTOTAL		**15,179.19**
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)		**4,166.67**
	Subtotal	19,345.86
Co-pays adjustments for October 2017		**(800.00)**
Reimbursement from Medicaid		**0.00**
TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES		**18,545.86**

800 11202017 01 CALHOUN COUNTY, TEXAS

DATE: 11/20/2017

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			$18,545.86
	approved by Commissioners Court on 11/20/2017			
1000-001-46010	October Interest ($11.62)			($11.62)
				$18,534.24

COUNTY AUDITOR APPROVAL ONLY

APPROVED ON NOV 17 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 Pfeifer 11/20/17

DEPARTMENT HEAD DATE

MEMORIAL MEDICAL CENTER - IBC

COMMISSIONERS COURT APPROVAL LIST FOR ---- November 20, 2017

Nursing Home UPL

IN	Weekly Cantex Transfer OUT		ACH Deposits	ACH Transfers
9/25/17 - 9/29/17	10/3/2017	Ashford-4553	82,749.90	82,749.90
10/03/17 - 10/06/17	10/12/2017	Ashford-4553	26,660.24	26,660.24
10/13/17 - 10/20/17	10/24/2017	Ashford-4553	12,139.63	12,139.63
10/23/17 - 10/31/17		Ashford-4553	140,359.02	
9/26/17 - 9/29/17	10/3/2017	Broadmoor-4596	43,527.02	43,527.02
10/02/17 - 10/04/17	10/12/2017	Broadmoor-4596	10,463.20	10,463.20
10/11/17 - 10/13/17	10/19/2017	Broadmoor-4596	12,199.54	12,199.54
10/18/17 - 10/19/17	10/24/2017	Broadmoor-4596	279,186.45	279,186.45
10/24/17 - 10/31/17		Broadmoor-4596	135,620.67	
9/26/17 - 9/29/17	10/3/2017	Crescent-4588	21,525.34	21,525.34
10/02/17 - 10/06/17	10/12/2017	Crescent-4588	9,261.28	9,261.28
10/11/17 - 10/13/17	10/19/2017	Crescent-4588	15,670.17	15,670.17
10/17/17 - 10/20/17	10/24/2017	Crescent-4588	27,633.92	27,633.92
10/23/17 - 10/31/17		Crescent-4588	51,646.89	
9/25/17 - 9/27/17	10/3/2017	Fort Bend-4618	38,152.58	38,152.58
10/02/17 - 10/04/17	10/12/2017	Fort Bend-4618	5,295.08	5,295.08
10/10/17 - 10/13/17	10/19/2017	Fort Bend-4618	40,463.78	40,463.78
10/16/17 - 10/31/17		Fort Bend-4618	54,816.40	
9/25/17 - 9/29/17	10/3/2017	Solera-4561	538,504.16	538,504.16
10/02/17 - 10/04/17	10/12/2017	Solera-4561	63,425.11	63,425.11
10/10/17 - 10/13/17	10/19/2017	Solera-4561	6,937.24	6,937.24
10/16/17 - 10/20/17	10/24/2017	Solera-4561	9,896.73	9,896.73
10/23/17 - 10/31/17		Solera-4561	49,452.98	
SUBTOTAL			951,128.33	1,243,691.37

MMC to NH Transfer

Total

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

TOTAL APPROVED NURSING HOME WEEKLY CANTEX TRANSFERS	**1,243,691.37**

MEMORIAL MEDICAL CENTER - Prosperity Bank

COMMISSIONERS COURT APPROVAL LIST FOR ---- November 20, 2017

Nursing Home UPL

Weekly Cantex Transfer

IN	OUT		ACH Deposits	ACH Transfers
9/29/17 - 9/30/17	10/3/2017	Ashford - 4381	26,679.87	26,679.87
8/31/17-9/30/17	earnings	Ashford-4381	74.14	
10/6/2017	10/12/2017	Ashford-4381	103,617.56	103,617.56
10/13/2017	10/19/2017	Ashford-4381	10,833.40	10,833.40
10/20/2017	10/24/2017	Ashford-4381	115,509.32	115,509.32
10/23/17 - 10/27/17	10/31/2017	Ashford-4553	77,180.40	77,180.40
10/27/17 - 10/31/17		Ashford-4553	84,584.15	
10/31/2017	earnings		18.01	
9/26/17 - 9/30/17	10/3/2017	Broadmoor-4403	87,201.78	87,201.78
8/31/17 - 9/30/17	earnings	Broadmoor-4403	217.15	
10/6/2017	10/12/2017	Broadmoor-4403	48,799.94	48,799.94
10/10/17 - 10/13/17	10/19/2017	Broadmoor-4403	31,772.65	31,772.65
10/16/17 - 10/20/17	10/24/2017	Broadmoor-4403	37,625.48	37,625.48
10/23/17 - 10/27/17	10/31/2017	Broadmoor-4596	68,270.48	68,270.48
10/31/2017	earnings	Broadmoor-4596	7.96	
9/26/17 - 9/30/17	10/3/2017	Crescent-4411	11,651.63	11,651.63
8/31/17 - 9/30/17	earnings	Crescent-4411	16.38	
10/04/17 - 10/06/17	10/12/2017	Crescent-4411	44,004.55	44,004.55
10/10/17 - 10/13/17	10/19/2017	Crescent-4411	4,686.55	$ 4,686.55
10/20/2017	10/24/2017	Crescent-4411	148,658.22	148,658.22
10/23/17 - 10/27/17	10/31/2017	Crescent-4588	132,132.78	132,132.78
10/27/17 - 10/31/17		Crescent-4588	16,004.36	
10/31/2017	earnings		18.98	
9/26/17 - 9/29/17	10/3/2017	Fort Bend-4446	12,202.89	12,202.89
8/31/17 - 9/3017	earnings	Fort Bend-4446	49.33	
10/4/17 - 10/6/17	10/12/2017	Fort Bend-4446	22,927.47	22,927.47
10/10/17 - 10/13/17	10/19/2017	Fort Bend-4446	9,319.58	9,319.58
10/20/2017	10/24/2017	Fort Bend-4446	56,176.32	56,176.32
10/23/17 - 10/27/17	10/31/2017	Fort Bend-4618	46,281.69	46,281.69
10/27/17 - 10/31/17		Fort Bend-4618	34,693.46	
10/31/2017	earnings	Fort Bend-4618	7.78	
9/26/17 - 9/30/17	10/3/2017	Solera-4438	11,747.59	11,747.59
8/31/17 - 9/30/17	earnings	Solera-4438	20.19	
10/6/2017	10/12/2017	Solera-4438	60,627.85	60,627.85
10/10/17 - 10/13/17	10/19/2017	Solera-4438	20,743.21	20,743.21
10/20/2017	10/24/2017	Solera-4438	15,885.24	15,885.24
10/23/17 - 10/31/17		Solera-4561	544,988.62	
10/31/2017	earnings		49.67	
8/31/17 - 9/30/17	earnings		61.22	
10/6/2017	10/12/2017	Golden Creek - 4454	17,367.25	17,367.25
10/13/2017	10/19/2017	Golden Creek - 4454	21,735.44	21,735.44
10/20/17 - 10/27/17	10/31/2017	Golden Creek - 4454	112,560.36	112,560.36
10/31/2017	earnings	Golden Creek - 4454	4.03	
	SUBTOTAL		2,010,333.00	1,356,201.47
				ACH Transfers
		IGT October 2017 MPAP NHP		-
		TOTAL APPROVED NURSING HOME WEEKLY CANTEX TRANSFERS		**1,356,201.47**

MEMORIAL MEDICAL CENTER CONSTRUCTION ACCOUNT

COMMISSIONERS COURT APPROVAL LIST FOR ----November 20, 2017

PAYABLES	$ -
GRAND TOTAL DISBURSEMENTS APPROVED November 20, 2017	-

Issued 11/16/17

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 11/01/2017 through 11/01/2017
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	4,638.04	773.14
02	Prescription Drugs	715.81	715.81
08	Rural Health Clinics	2,124.00	1,883.88
14	Mmc - Hospital Outpatient	27,198.09	8,803.61
15	Mmc - Er Bills	9,383.59	3,002.75
	Expenditures	44,197.57	15,317.23
	Reimb/Adjustments	-138.04	-138.04
	Grand Total	**44,059.53**	**15,179.19**

Expenses	4,166.67
Copay	<-800.00>
Totals	18.545.86

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Calhoun County Indigent Account

Date Requested: 11/8/2017

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

AMOUNT $800.00

G/L NUMBER: 50240000

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

October 2017

REQUESTED BY: Adam Machicek

AUTHORIZED BY:

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	10/09/17	473870	CA	[redacted]	10.00	10.00			00/00/00	ARK		1
50240.000	10/18/17	474448	CA	[redacted]	10.00	10.00			00/00/00	ARK		1
50240.000	10/20/17	474669	VI	[redacted]	10.00	10.00			00/00/00	BAE		1
50240.000	10/05/17	473627	CA	[redacted]	10.00	10.00			00/00/00	CAS		1
50240.000	10/10/17	473954	CA	[redacted]	10.00	10.00			00/00/00	CAS		1
50240.000	10/12/17	474115	CA	[redacted]	10.00	10.00			00/00/00	CAS		1
50240.000	10/16/17	474228	CA	[redacted]	10.00	10.00			00/00/00	CAS		1
50240.000	10/16/17	474229	CA	[redacted]	10.00	10.00			00/00/00	CAS		1
50240.000	10/16/17	474240	CA	[redacted]	10.00	10.00			00/00/00	CAS		1
50240.000	10/16/17	474247	CA	[redacted]	10.00	10.00			00/00/00	CAS		1
50240.000	10/16/17	474284	CA	[redacted]	10.00	10.00			00/00/00	CAS		1
50240.000	10/16/17	474288	VI	CAFE	108.53	108.53			00/00/00	CAS		1
50240.000	10/17/17	474309	CA	[redacted]	10.00	10.00			00/00/00	CAS		1
50240.000	10/17/17	474326	CA	[redacted]	10.00	10.00			00/00/00	CAS		1
50240.000	10/17/17	474345	CA	[redacted]	10.00	10.00			00/00/00	CAS		1
50240.000	10/18/17	474483	CA	[redacted]	10.00	10.00			00/00/00	CAS		1
50240.000	10/18/17	474484	CA	[redacted]	10.00	10.00			00/00/00	CAS		1
50240.000	10/18/17	474485	CA	[redacted]	10.00-	10.00-			00/00/00	CAS		1
50240.000	10/19/17	474486	CA	[redacted]	10.00	10.00			00/00/00	CAS		1
50240.000	10/19/17	474487	CA	[redacted]	10.00	10.00			00/00/00	CAS		1
50240.000	10/19/17	474501	CA	[redacted]	10.00	10.00			00/00/00	CAS		1
50240.000	10/19/17	474502	CA	[redacted]	10.00	10.00			00/00/00	CAS		1
50240.000	10/19/17	474504	CA	[redacted]	10.00	10.00			00/00/00	CAS		1
50240.000	10/19/17	474541	CA	[redacted]	10.00	10.00			00/00/00	CAS		1
50240.000	10/19/17	474573	CA	[redacted]	10.00	10.00			00/00/00	CAS		1
50240.000	10/20/17	474596	CA	[redacted]	10.00	10.00			00/00/00	CAS		1
50240.000	10/20/17	474647	VI	[redacted]	40.00	40.00			00/00/00	CAS		1
50240.000	10/23/17	474683	CA	[redacted]	10.00	10.00			00/00/00	CAS		1
50240.000	10/23/17	474685	CA	[redacted]	10.00	10.00			00/00/00	CAS		1
50240.000	10/23/17	474691	CA	[redacted]	10.00	10.00			00/00/00	CAS		1
50240.000	10/23/17	474716	CA	[redacted]	10.00	10.00			00/00/00	CAS		1
50240.000	10/31/17	475378	CA	[redacted]	10.00	10.00			00/00/00	CAS		1
50240.000	10/11/17	473999	MC	[redacted]	10.00	10.00			00/00/00	JJG		1
50240.000	10/11/17	474027	CA	[redacted]	10.00	10.00			00/00/00	JJG		1
50240.000	10/11/17	474051	CA	[redacted]	10.00	10.00			00/00/00	JJG		1
50240.000	10/23/17	474732	VI	[redacted]	10.00	10.00			00/00/00	JY		1
50240.000	10/02/17	473246	CA	[redacted]	10.00	10.00			00/00/00	PLB		1
50240.000	10/02/17	473255	CA	[redacted]	10.00	10.00			00/00/00	PLB		1
50240.000	10/02/17	473259	MC	[redacted]	10.00	10.00			00/00/00	PLB		1
50240.000	10/02/17	473270	CK	[redacted]	10.00	10.00			00/00/00	PLB		1
50240.000	10/02/17	473363	MC	[redacted]	10.00	10.00			00/00/00	PLB		1
50240.000	10/03/17	473362	CA	[redacted]	10.00	10.00			00/00/00	PLB		1
50240.000	10/03/17	473466	CA	[redacted]	10.00	10.00			00/00/00	PLB		1
50240.000	10/04/17	473564	CA	[redacted]	10.00	10.00			00/00/00	PLB		1
50240.000	10/05/17	473596	CA	[redacted]	10.00	10.00			00/00/00	PLB		1
50240.000	10/05/17	473597	MC	[redacted]	10.00	10.00			00/00/00	PLB		1
50240.000	10/05/17	473598	MC	[redacted]	10.00	10.00			00/00/00	PLB		1
50240.000	10/05/17	473608	CA	[redacted]	10.00	10.00			00/00/00	PLB		1
50240.000	10/06/17	473687	CA	[redacted]	10.00	10.00			00/00/00	PLB		1
50240.000	10/06/17	473724	MC	[redacted]	10.00	10.00			00/00/00	PLB		1
50240.000	10/06/17	473735	CA	[redacted]	10.00	10.00			00/00/00	PLB		1
50240.000	10/09/17	473759	CA	[redacted]	10.00	10.00			00/00/00	PLB		1
50240.000	10/09/17	473816	CA	[redacted]	10.00	10.00			00/00/00	PLB		1

G/L NUMBER	DATE	RECEIPT NUMBER	PAY TYPE	PAYER	CASH AMOUNT	RECEIPT AMOUNT	NUMBER	NAME	DISC DATE	COLL INIT	GL CASH CODE ACCOUNT
50240.000	10/09/17	473823	CA	[redacted]	10.00	10.00			00/00/00	PLB	1
50240.000	10/09/17	473837	CA	[redacted]	10.00	10.00			00/00/00	PLB	1
50240.000	10/09/17	473895	CK	[redacted]	10.00	10.00			00/00/00	PLB	1
50240.000	10/11/17	474046	CA	[redacted]	10.00	10.00			00/00/00	PLB	1
50240.000	10/12/17	474090	CA	[redacted]	10.00	10.00			00/00/00	PLB	1
50240.000	10/13/17	474198	VI	[redacted]	10.00	10.00			00/00/00	PLB	1
50240.000	10/24/17	474781	CA	[redacted]	10.00	10.00			00/00/00	PLB	1
50240.000	10/24/17	474783	CA	[redacted]	10.00	10.00			00/00/00	PLB	1
50240.000	10/24/17	474785	CA	[redacted]	10.00	10.00			00/00/00	PLB	1
50240.000	10/24/17	474786	CA	[redacted]	10.00-	10.00-			00/00/00	PLB	1
50240.000	10/24/17	474797	MC	[redacted]	10.00	10.00			00/00/00	PLB	1
50240.000	10/24/17	474873	CA	[redacted]	10.00	10.00			00/00/00	PLB	1
50240.000	10/26/17	474999	CA	[redacted]	10.00	10.00			00/00/00	PLB	1
50240.000	10/26/17	475060	CA	[redacted]	10.00	10.00			00/00/00	PLB	1
50240.000	10/27/17	475105	CA	[redacted]	10.00	10.00			00/00/00	PLB	1
50240.000	10/30/17	475201	CA	[redacted]	10.00	10.00			00/00/00	PLB	1
50240.000	10/30/17	475202	CA	[redacted]	10.00	10.00			00/00/00	PLB	1
50240.000	10/30/17	475203	CA	[redacted]	10.00	10.00			00/00/00	PLB	1
50240.000	10/30/17	475227	CA	[redacted]	10.00	10.00			00/00/00	PLB	1
50240.000	10/30/17	475231	CA	[redacted]	10.00	10.00			00/00/00	PLB	1
50240.000	10/31/17	475309	VI	[redacted]	10.00	10.00			00/00/00	PLB	1
50240.000	10/31/17	475312	CA	[redacted]	10.00	10.00			00/00/00	PLB	1
50240.000	10/31/17	475399	CA	[redacted]	10.00	10.00			00/00/00	PLB	1
50240.000	10/31/17	475460	CA	[redacted]	10.00	10.00			00/00/00	PLB	1
50240.000	10/02/17	473341	CA	[redacted]	10.00	10.00			00/00/00	TJC	1
50240.000	10/02/17	473342	CA	[redacted]	10.00-	10.00-			00/00/00	TJC	1
50240.000	10/30/17	475278	CA	[redacted]	10.00	10.00			00/00/00	TS	1
50240.000	10/02/17	473344	CA	[redacted]	10.00	10.00			00/00/00	VTT	1
50240.000	10/23/17	474763	CA	[redacted]	10.00	10.00			00/00/00	VTT	1
50240.000	10/30/17	475207	CA	[redacted]	10.00	10.00			00/00/00	VTT	1
50240.000	10/30/17	475213	CA	[redacted]	10.00	10.00			00/00/00	VTT	1

CAFE
- 108.53 = 800.00

TOTAL 50240.000 COUNTY INDIGENT COPAYS 908.53

[redacted]

MEMORIAL MEDICAL CENTER

So Much...So Close!

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

Date: 10/30/2017
Invoice # 9
For: October

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 17 2017

BY
CALHOUN COUNTY AUDITOR

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	0	4	2	78	3
November					
December					
YTD					
Monthly Avg	7	5	5	70	2
December 2016 Active		60			

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
IBC Accounts
10/2/2017

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	127,072.91	126,972.91	82,749.90	-	-	-	-	82,849.90	82,749.90

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	72,130.21	72,030.21	538,504.16	-	-	-	-	538,604.16	538,504.16
Crescent	4588	238,245.78	238,145.78	21,525.34	-	-	-	-	21,625.34	21,525.34
Broadmoor	4596	347,790.30	347,690.30	43,527.02	-	-	-	-	43,627.02	43,527.02
Fort Bend	4618	130,696.00	130,596.00	38,152.58	-	-	-	-	38,252.58	38,152.58
										641,709.10

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

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

Approved:

APPROVED
OCT 0 2 2017
COUNTY AUDITOR

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

E:\NH Weekly Transfers\NH UPL Transfer Summary 10-2-17.xlsx

Account Portfolio as of 10/02/2017 9:01:41 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	$82,849.90	$82,849.90
Memorial Medical Center	4561	$538,604.16	$576,224.06
Memorial Medical Center	4588	$21,625.34	$29,561.28
Memorial Medical Center	4596	$43,627.02	$51,467.11
Memorial Medical Center	4618	$38,252.58	$38,780.81
Memorial Medical Center Operat	0301	$738,963.17	$794,571.07
County of Calhoun Indigent	1101	$611.03	$611.03
Totals		**$1,464,533.20**	**$1,574,065.26**

IBC Bank Activity
9/25/17 through 10/2/17

Ashford Gardens

				Transfer-Out	Transfer-In	
9/25/2017	113105025	4553	142 ACH CREDIT RECEIVED		6,582.92	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*
9/25/2017	113105025	4553	142 ACH CREDIT RECEIVED		27,712.64	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04911|TRN*1*
9/25/2017	113105025	4553	142 ACH CREDIT RECEIVED		6,234.00	MANAGEANDNET1718 MN5 PMNT|ASHFORD GARDEN5|0205260
9/25/2017	113105025	4553	142 ACH CREDIT RECEIVED		1,877.58	Molina HC of TX HCCLAIMPMT|ASHFORD GARDEN5|TRN*1*EFT
9/25/2017	113105025	4553	142 ACH CREDIT RECEIVED		2,249.68	Molina HC of TX HCCLAIMPMT|ASHFORD GARDEN5|TRN*1*EFT
9/26/2017	113105025	4553	495 OUTGOING MONEY TRANSFER	126,972.91		ASHFORD HEALTH CARE CENTER LTD
9/26/2017	113105025	4553	142 ACH CREDIT RECEIVED		3,893.84	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*
9/26/2017	113105025	4553	142 ACH CREDIT RECEIVED		868.50	Molina HC of TX HCCLAIMPMT|ASHFORD GARDEN5|TRN*1*EF
9/27/2017	113105025	4553	142 ACH CREDIT RECEIVED		9,490.80	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*
9/27/2017	113105025	4553	142 ACH CREDIT RECEIVED		5,611.00	MANAGEANDNET1718 MN5 PMNT|ASHFORD GARDEN5
9/27/2017	113105025	4553	142 ACH CREDIT RECEIVED		5,016.33	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CE...|04911|TRN*
9/28/2017	113105025	4553	142 ACH CREDIT RECEIVED		7,016.84	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04911|TRN*
9/29/2017	113105025	4553	142 ACH CREDIT RECEIVED		1,095.60	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04911|TRN*1*
9/29/2017	113105025	4553	142 ACH CREDIT RECEIVED		5,100.17	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*0170927185004(
				126,972.91	82,749.90	

Solera at West Houston

				Transfer-Out	Transfer-In	
9/25/2017	113105025	4561	142 ACH CREDIT RECEIVED		454,887.02	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*
9/25/2017	113105025	4561	142 ACH CREDIT RECEIVED		1,569.86	Molina HC of TX HCCLAIMPMT|SOLERA AT WEST HOUSTON|TRN*1*
9/25/2017	113105025	4561	142 ACH CREDIT RECEIVED		833.20	Molina HC of TX HCCLAIMPMT|SOLERA AT WEST HOUSTON|TRN*1*
9/26/2017	113105025	4561	495 OUTGOING MONEY TRANSFER	72,030.21		CANTEX HEALTH CARE CENTERS LLC
9/26/2017	113105025	4561	142 ACH CREDIT RECEIVED		556.39	Molina HC of TX HCCLAIMPMT|SOLERA AT WEST HOUSTON|TRN*1*
9/26/2017	113105025	4561	142 ACH CREDIT RECEIVED		3,944.64	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1
9/26/2017	113105025	4561	142 ACH CREDIT RECEIVED		19,947.40	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1
9/27/2017	113105025	4561	142 ACH CREDIT RECEIVED		568.80	MANAGEANDNET1718 MN5 PMNT|SOLERA AT WEST HOUSTON|
9/27/2017	113105025	4561	142 ACH CREDIT RECEIVED		2,627.28	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|...
9/27/2017	113105025	4561	142 ACH CREDIT RECEIVED		708.11	HUMANA INS CO EFPAYMENT|Solera at West Houston|DISDATA-OPTIONAL...
9/28/2017	113105025	4561	142 ACH CREDIT RECEIVED		4,902.60	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|
9/28/2017	113105025	4561	142 ACH CREDIT RECEIVED		1,958.82	Molina HC of TX HCCLAIMPMT|SOLERA AT WEST HOUSTON|TRN*
9/28/2017	113105025	4561	142 ACH CREDIT RECEIVED		434.39	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|
9/28/2017	113105025	4561	142 ACH CREDIT RECEIVED		2,726.19	HHP HCCLAIMPMT|Solera at West Houston|DISDATA-OPTIONAL|TRN*1
9/29/2017	113105025	4561	142 ACH CREDIT RECEIVED		26,877.10	HUMANA INS CO HCCLAIMPMT|Solera at West Houston|DISDATA-OPTIONAL|
9/29/2017	113105025	4561	142 ACH CREDIT RECEIVED		7,846.47	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*
					8,115.89	HUMANA INS CO HCCLAIMPMT|Solera at West Houston|DISDATA-OPTIONAL|T
				72,030.21	538,504.16	

Crescent

				Transfer-Out	Transfer-In	
9/26/2017	113105025	4588	495 OUTGOING MONEY TRANSFER	238,145.78		CANTEX HEALTH CARE CENTERS III
9/26/2017	113105025	4588	142 ACH CREDIT RECEIVED		6,219.50	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRI
9/26/2017	113105025	4588	142 ACH CREDIT RECEIVED		3,618.91	Molina HC of TX HCCLAIMPMT|THE CRESCENT|TRN*1*
9/26/2017	113105025	4588	142 ACH CREDIT RECEIVED		147.66	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*
9/27/2017	113105025	4588	142 ACH CREDIT RECEIVED		3,697.20	MANAGEANDNET1718 MN5 PMNT|CRESCENT THE|
9/27/2017	113105025	4588	142 ACH CREDIT RECEIVED		2,446.64	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|*
9/27/2017	113105025	4588	142 ACH CREDIT RECEIVED		1,088.39	Molina HC of TX HCCLAIMPMT|THE CRESCENT|TRN*1
9/27/2017	113105025	4588	142 ACH CREDIT RECEIVED		1,994.24	CENTENE CORP HCCLAIMPMT|THE CRESCENT|TRN*1*
9/28/2017	113105025	4588	142 ACH CREDIT RECEIVED		429.77	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*
9/28/2017	113105025	4588	142 ACH CREDIT RECEIVED		312.30	MANAGEANDNET1718 MN5 PMNT|CRESCENT THE|
9/29/2017	113105025	4588	142 ACH CREDIT RECEIVED		1,570.73	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|*
				238,145.78	21,525.34	

Broadmoor

				Transfer-Out	Transfer-In	
9/26/2017	113105025	4596	495 OUTGOING MONEY TRANSFER	347,690.30		CANTEX HEALTH CARE CENTERS III
9/26/2017	113105025	4596	142 ACH CREDIT RECEIVED		990.02	Molina HC of TX HCCLAIMPMT|THE BROADMOOR AT CREEK|TRN*1*
9/26/2017	113105025	4596	142 ACH CREDIT RECEIVED		5,306.13	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*
9/28/2017	113105025	4596	142 ACH CREDIT RECEIVED		30,792.66	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*

IBC Bank Activity
9/25/17 through 10/2/17

9/28/2017	113105025	[redacted]	4596	142	ACH CREDIT RECEIVED		6,021.16
9/29/2017	113105025		4596	142	ACH CREDIT RECEIVED		417.05
						347,690.30	43,527.02

Fort Bend						Transfer-Out	Transfer-In
9/25/2017	113105025		4618	142	ACH CREDIT RECEIVED		2,919.16
9/25/2017	113105025		4618	142	ACH CREDIT RECEIVED		21,081.69
9/26/2017	113105025		4618	142	ACH CREDIT RECEIVED		610.05
9/26/2017	113105025		4618	142	ACH CREDIT RECEIVED		10,203.85
9/26/2017	113105025		4618	495	OUTGOING MONEY TRANSFER	130,596.00	
9/27/2017	113105025		4618	142	ACH CREDIT RECEIVED		2,392.27
9/27/2017	113105025		4618	142	ACH CREDIT RECEIVED		945.56
						130,596.00	38,152.58

HUMANA INS CO HCCLAIMPMT|The Broadmoor at Creek|DISDATA-OPTIONAL|
NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*

Molina HC of TX HCCLAIMPMT|FORT BEND CONTINUING C|TRN*
NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE
Molina HC of TX HCCLAIMPMT|FORT BEND CONTINUING C|TRN*1
HHP HCCLAIMPMT|Fort Bend Healthcare C|DISDATA-OPTIONAL|TI
CANTEX HEALTH CARE CENTERS III
AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C
CENTENE CORP HCCLAIMPMT|FORT BEND HEALTHCARE C|TI

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
10/2/2017

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	251,339.97	251,212.96	26,727.00	74.14	-	-	-	-	26,854.01	26,679.87

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	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	127,297.13	127,192.08	11,762.73	20.19	-	-	-	-	11,867.78	11,747.59
Crescent	4411	100,684.31	100,582.16	11,665.86	16.38	-	-	-	-	11,768.01	11,651.63
Broadmoor	4403	227,515.89	227,315.80	87,318.84	217.15	-	-	-	-	87,518.93	87,201.78
Fort Bend	4446	68,912.67	68,790.76	12,230.31	49.33	-	-	-	-	12,352.22	12,202.89
											122,803.89

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

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

Approved:

APPROVED
OCT 0 2 2017
COUNTY AUDITOR

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

E:\NH Weekly Transfers\NH UPL Transfer Summary 10-2-17.xlsx

Home

ALL ACCOUNTS FAVORITES ☆

Sort By: Account Number

Checking	Available	Previous Day
MEMORIAL MEDICAL CENTER - OPERATING *4357 ☆	$1,732,252.19	$1,794,643.14
MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014 *4365 ☆	$100.08	$100.08
MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING *4373 ☆	$817,207.91	$817,207.91
MEMORIAL MEDICAL CENTER / NH ASHFORD *4381 ☆	$26,854.01	$26,854.01
MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403 ☆	$87,518.93	$87,518.93
MEMORIAL MEDICAL CENTER / NH CRESCENT *4411 ☆	$11,768.01	$11,768.01
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438 ☆	$11,867.78	$11,867.78
MEMORIAL MEDICAL CENTER / NH FORT BEND *4446 ☆	$12,352.22	$12,352.22
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE *4454 ☆	$161.22	$161.22
CAL CO INDIGENT HEALTHCARE *4551 ☆	$9,864.56	$9,864.56
TOTAL	$2,709,946.91	$2,772,337.86

Prosperity Bank Activity
9/25/17 through 10/2/17

Ashford Gardens

			Transfer-Out	Transfer-In
9/25/2017	4381	CM Wire Domestic WIRE OUT ASHFORD HEALTH CARE CENTER LTD	251,212.96	
9/30/2017	4381	Accr Earning Pymt Added to Account		47.13
9/29/2017	4381	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113005 2		257.92
9/29/2017	4381	Deposit		26,421.95
			251,212.96	**26,727.00**

Broadmoor

			Transfer-Out	Transfer-In
9/29/2017	4403	Deposit		70,898.49
9/27/2017	4403	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113004 2		15,135.60
9/26/2017	4403	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113004 2		1,128.63
9/30/2017	4403	Accr Earning Pymt Added to Account		117.06
9/29/2017	4403	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113004 2		39.06
9/25/2017	4403	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	227,315.80	
			227,315.80	**87,318.84**

Crescent

			Transfer-Out	Transfer-In
9/29/2017	4411	Deposit		9,883.93
9/27/2017	4411	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113008 2		1,473.45
9/26/2017	4411	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113008 2		294.25
9/30/2017	4411	Accr Earning Pymt Added to Account		14.23
9/25/2017	4411	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	100,582.16	
			100,582.16	**11,665.86**

Fort Bend

			Transfer-Out	Transfer-In
9/29/2017	4446	Deposit		11,619.14
9/26/2017	4446	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113006 2		583.75
9/30/2017	4446	Accr Earning Pymt Added to Account		27.42
9/26/2017	4446	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	68,790.76	
			68,790.76	**12,230.31**

Solera at West Houston

			Transfer-Out	Transfer-In
9/29/2017	4438	Deposit		7,552.61
9/27/2017	4438	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113007 2		3,619.00
9/26/2017	4438	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113007 2		575.98
9/30/2017	4438	Accr Earning Pymt Added to Account		15.14
9/25/2017	4438	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	127,192.08	
			127,192.08	**11,762.73**

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: 09/29/2017

DC: 8115

Territory:

Customer: 632536
Date: 09/30/2017

Page: 002

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

As of: 09/29/2017 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 09/30/2017 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: 1,393.22 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 10/03/2017,
Pay This Amount: 1,365.37 ✓USD

If Paid After 10/03/2017,
Pay this Amount: 1,393.22 USD

Due If Paid On Time:
USD 1,365.37
Disc lost if paid late: 27.85
Due If Paid Late:
USD 1,393.22

ck # 948

277·64+
770·26+
317·47+
1,365·37*

APPROVED
ON
OCT 0 2 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

340B Prescription Services

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: 09/29/2017 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 09/30/2017

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

As of: 09/29/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 09/30/2017 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											
09/25/2017	10/03/2017	7831366433	1001087177	115Invoice	0.77	38.63		✓37.86	-	7831366433	
09/25/2017	10/03/2017	7831366436	1001087792	115Invoice	0.01	0.66		✓0.65	-	7831366436	
09/25/2017	10/03/2017	7831366437	1001087792	115Invoice	1.56	78.13		✓76.57	-	7831366437	
09/26/2017	10/03/2017	7831565181	1001088210	115Invoice	0.01	0.63		✓0.62	-	7831565181	
09/27/2017	10/03/2017	7831830826	1001088823	115Invoice	0.37	18.64		✓18.27	-	7831830826	
09/28/2017	10/03/2017	7832097641	1001089612	115Invoice	0.76	37.98		✓37.22	-	7832097641	
09/29/2017	10/03/2017	7832328294	1001090199	115Invoice	2.17	108.62		✓106.45	-	7832328294	

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: 283.29 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,471.36
09/25/2017

If Paid By 10/03/2017,
Pay This Amount: 277.64 ✓USD

If Paid After 10/03/2017,
Pay this Amount: 283.29 USD

Due If Paid On Time:
USD 277.64

Disc lost if paid late: 5.65

Due If Paid Late:
USD 283.29

APPROVED
ON
OCT 0 2 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

As of: 09/29/2017 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 09/30/2017

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: 09/29/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 09/30/2017 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											
09/25/2017	10/03/2017	7831348330	1001087175	115Invoice	3.21	160.42		✓157.21		7831348330	
09/25/2017	10/03/2017	7831348331	1001087790	115Invoice	0.01	0.40		✓0.39		7831348331	
09/26/2017	10/03/2017	7831581340	1001088208	115Invoice	9.03	451.28		✓442.25		7831581340	
09/26/2017	10/03/2017	7831581341	1001088208	115Invoice	1.05	52.28		✓51.23		7831581341	
09/27/2017	10/03/2017	7831863548	1001088821	115Invoice	0.50	25.14		✓24.64		7831863548	
09/29/2017	10/03/2017	7832328949	1001090197	115Invoice	1.93	96.47		✓94.54		7832328949	

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: 785.99 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,471.36
09/25/2017

If Paid By 10/03/2017,
Pay This Amount: 770.26 ✓USD

If Paid After 10/03/2017,
Pay this Amount: 785.99 USD

Due If Paid On Time:
USD 770.26

Disc lost if paid late:
15.73

Due If Paid Late:
USD 785.99

APPROVED
ON
OCT 0 2 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

As of: 09/29/2017

Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 09/30/2017

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

As of: 09/29/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

Cust: 256342 PLEASE CHECK ANY
Date: 09/30/2017 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											
09/25/2017	10/03/2017	7831334614	0922170559-00	115Invoice	0.11	5.31		✓5.20	-	7831334614	
09/26/2017	10/03/2017	7831589543	3557397687	115Invoice		0.08		✓0.08	-	7831589543	
09/26/2017	10/03/2017	7831589544	0925170335-00	115Invoice	0.01	0.63		✓0.62	-	7831589544	
09/27/2017	10/03/2017	7831830262	2007400843	115Invoice	2.22	111.19		✓108.97	-	7831830262	
09/27/2017	10/03/2017	7831830264	0926170315-00	115Invoice	3.03	151.54		✓148.51	-	7831830264	
09/29/2017	10/03/2017	7832332330	2007400849	115Invoice	1.10	55.19		✓54.09	-	7832332330	

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: 323.94 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,471.36
09/25/2017

If Paid By 10/03/2017,
Pay This Amount: 317.47 ✓ USD

If Paid After 10/03/2017,
Pay this Amount: 323.94 USD

Due If Paid On Time:
USD 317.47

Disc lost if paid late:
6.47

Due If Paid Late:
USD 323.94

APPROVED
ON
OCT 0 2 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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RUN DATE:10/02/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:13:46 CHECK REGISTER GLCKREG
10/02/17 THRU 10/02/17

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000948	10/02/17	1,365.37	MCKESSON
TOTALS:			1,365.37	

APPROVED
ON

OCT 0 2 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
IBC Accounts
10/9/2017

Nursing Home	IBC Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	IGT Transfer-In	MMC Portion - Return of IGT	MMC Portion - Federal Match	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens	4553	82,849.90	82,749.90	26,660.24	-	-	-	-	26,760.24	26,660.24

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	538,604.16	538,504.16	63,425.11	-	-	-	-	63,525.11	63,425.11
Crescent	4588	21,625.34	21,525.34	9,261.28	-	-	-	-	9,361.28	9,261.28
Broadmoor	4596	43,627.02	43,527.02	10,463.20	-	-	-	-	10,563.20	10,463.20
Fort Bend	4618	38,252.58	38,152.58	5,295.08	-	-	-	-	5,395.08	5,295.08
										88,444.67

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

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

Approved:

Michael J. Pfeifer
Calhoun County Judge
Date: 11-13-17

APPROVED
OCT 09 2017
COUNTY AUDITOR

E:\NH Weekly Transfers\NH UPL Transfer Summary 10-9-17.xlsx

I8C Bank Activity
10/2/17 through 10/8/17

Ashford Gardens					Transfer-Out	Transfer-In	
10/3/2017	113105025	4553	495	OUTGOING MONEY TRANSFER	82,749.90		ASHFORD HEALTH CARE CENTER LTD
10/3/2017	113105025	4553	142	ACH CREDIT RECEIVED		1,937.34	HHP HCCLAIMPMT|Ashford Gardens|DISDATA-OPTIONAL
10/3/2017	113105025	4553	142	ACH CREDIT RECEIVED		21,259.31	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN
10/6/2017	113105025	4553	142	ACH CREDIT RECEIVED		2,208.56	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN
10/6/2017	113105025	4553	142	ACH CREDIT RECEIVED		1,052.53	HUMANA INS CO HCCLAIMPMT|Ashford Gardens|DISDATA-OPTIONAL|TRN*1*
10/6/2017	113105025	4553	142	ACH CREDIT RECEIVED		202.50	MANAGEANDNET1718 MNS PMNT|ASHFORD GARDENS|
					82,749.90	26,660.24	

Solera at West Houston					Transfer-Out	Transfer-In	
10/2/2017	113105025	4561	142	ACH CREDIT RECEIVED		1,734.65	AMERIGRDUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*
10/2/2017	113105025	4561	142	ACH CREDIT RECEIVED		6,812.02	HUMANA INS CO HCCLAIMPMT|Solera at West Houston|DISDATA-OPTIONAL|
10/2/2017	113105025	4561	142	ACH CREDIT RECEIVED		13,412.37	HHP HCCLAIMPMT|Solera at West Houston|DISDATA-OPTIONAL|TRN*1*
10/2/2017	113105025	4561	142	ACH CREDIT RECEIVED		15,660.86	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|
10/3/2017	113105025	4561	142	ACH CREDIT RECEIVED		10,007.92	HUMANA INS CO EFPAYMENT|Solera at West Houston|DISDATA-OPTIONAL|T
10/3/2017	113105025	4561	142	ACH CREDIT RECEIVED		4,018.43	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*
10/3/2017	113105025	4561	495	OUTGOING MONEY TRANSFER	538,504.16		CANTEX HEALTH CARE CENTERS LLC
10/3/2017	113105025	4561	142	ACH CREDIT RECEIVED		2,107.21	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN
10/4/2017	113105025	4561	142	ACH CREDIT RECEIVED		9,671.65	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|(
					538,504.16	63,425.11	

Crescent					Transfer-Out	Transfer-In	
10/2/2017	113105025	4588	142	ACH CREDIT RECEIVED		5,100.94	HUMANA INS CO HCCLAIMPMT|The Crescent|DISDATA-OPTIONAL
10/2/2017	113105025	4588	142	ACH CREDIT RECEIVED		2,835.00	MANAGEANDNET1718 MNS PMNT|CRESCENT THE
10/3/2017	113105025	4588	495	OUTGOING MONEY TRANSFER	21,525.34		CANTEX HEALTH CARE CENTERS III
10/6/2017	113105025	4588	142	ACH CREDIT RECEIVED		109.07	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE
10/6/2017	113105025	4588	142	ACH CREDIT RECEIVED		163.74	AMERIGROUP CORPO HCCLAIMPMT|The Crescent
10/6/2017	113105025	4588	142	ACH CREDIT RECEIVED		1,052.53	HUMANA INS CO HCCLAIMPMT|The Crescent|DISDATA-OPTIONAL|TRN*
					21,525.34	9,261.28	

Broadmoor					Transfer-Out	Transfer-In	
10/2/2017	113105025	4596	142	ACH CREDIT RECEIVED		7,840.09	HUMANA INS CO HCCLAIMPMT|The Broadmoor at Creek|DISDATA-OPTIONAL|
10/3/2017	113105025	4596	142	ACH CREDIT RECEIVED		2,510.71	HUMANA INS CO EFPAYMENT|The Broadmoor at Creek|DISDATA-OPTIONAL|TH
10/3/2017	113105025	4596	495	OUTGOING MONEY TRANSFER	43,527.02		CANTEX HEALTH CARE CENTERS III
10/4/2017	113105025	4596	142	ACH CREDIT RECEIVED		112.40	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TI
					43,527.02	10,463.20	

Fort Bend					Transfer-Out	Transfer-In	
10/2/2017	113105025	4618	142	ACH CREDIT RECEIVED		528.23	HUMANA INS CO HCCLAIMPMT|Fort Bend Healthcare C|DISDATA-OPTIONAL
10/3/2017	113105025	4618	142	ACH CREDIT RECEIVED		3,637.50	Molina HC of TX HCCLAIMPMT|FORT BEND CONTINUING C|TRN*1
10/3/2017	113105025	4618	495	OUTGOING MONEY TRANSFER	38,152.58		CANTEX HEALTH CARE CENTERS III
10/4/2017	113105025	4618	142	ACH CREDIT RECEIVED		334.41	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|
10/4/2017	113105025	4618	142	ACH CREDIT RECEIVED		263.34	Molina HC of TX HCCLAIMPMT|FORT BEND CONTINUING C|TRN*1
10/4/2017	113105025	4618	142	ACH CREDIT RECEIVED		531.60	CENTENE CORP HCCLAIMPMT|FORT BEND HEALTHCARE C|TRN*1*
					38,152.58	5,295.08	

Account Portfolio as of 10/09/2017 8:20:52 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	$26,760.24	$26,760.24
Memorial Medical Center	4561	$63,525.11	$63,525.11
Memorial Medical Center	4588	$9,361.28	$9,361.28
Memorial Medical Center	4596	$10,563.20	$10,563.20
Memorial Medical Center	4618	$5,395.08	$5,395.08
Memorial Medical Center Operat	0301	$987,121.13	$987,121.13
County of Calhoun Indigent	1101	$190.01	$190.01
Totals		**$1,102,916.05**	**$1,102,916.05**

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
10/9/2017

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	26,854.01	26,679.87	103,617.56	74.14	-	-	-	-	103,791.70	103,617.56

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	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	11,867.78	11,747.59	60,627.85	20.19	-	-	-	-	60,748.04	60,627.85
Crescent	4411	11,768.01	11,651.63	44,004.55	16.38	-	-	-	-	44,120.93	44,004.55
Broadmoor	4403	87,518.93	87,201.78	48,799.94	217.15	-	-	-	-	49,117.09	48,799.94
Fort Bend	4446	12,352.22	12,202.89	22,927.47	49.33	-	-	-	-	23,076.80	22,927.47
											176,359.81

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: 11-13-17

APPROVED
OCT 09 2017
COUNTY AUDITOR

E:\NH Weekly Transfers\NH UPL Transfer Summary 10-9-17.xlsx

Prosperity Bank Activity
10/2/17 through 10/8/17

Ashford Gardens			Transfer-Out	Transfer-In
10/3/2017	4381	CM Wire Domestic WIRE OUT ASHFORD HEALTH CARE CENTER LTD	26,679.87	
10/6/2017	4381	Deposit		103,617.56
			26,679.87	**103,617.56**

Broadmoor			Transfer-Out	Transfer-In
10/3/2017	4403	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	87,201.78	
10/6/2017	4403	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113004 2		2,632.00
10/6/2017	4403	Deposit		46,167.94
			87,201.78	**48,799.94**

Crescent			Transfer-Out	Transfer-In
10/3/2017	4411	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	11,651.63	
10/4/2017	4411	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113008 2		498.36
10/5/2017	4411	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113008 2		1400.47
10/6/2017	4411	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113008 2		5509.96
10/6/2017	4411	Deposit		36595.76
			11,651.63	**44,004.55**

Fort Bend			Transfer-Out	Transfer-In
10/3/2017	4446	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	12,202.89	
10/4/2017	4446	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113006 2		421.00
10/6/2017	4446	Deposit		22,506.47
			12,202.89	**22,927.47**

Solera at West Houston			Transfer-Out	Transfer-In
10/3/2017	4438	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	11,747.59	
10/6/2017	4438	Deposit		60,627.85
			11,747.59	**60,627.85**

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
10/9/2017

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	490,542.70	490,442.67	17,428.44	61.22	-	-	-	-	17,528.47	17,367.25

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.

APPROVED
OCT 09 2017
COUNTY AUDITOR

Michael J. Pfeifer
Calhoun County Judge
Date: 11-13-17

E:\NH Weekly Transfers\NH UPL Transfer Summary 10-9-17.xlsx

Nexion Prosperity Bank Activity
9/25/17 through 10/8/17

Golden Creek		Transfer-Out	Transfer-In
9/26/2017	CM Wire Domestic WIRE OUT NEXION HEALTH AT GOLDEN CREEK	490,442.67	
9/30/2017	Accr Earning Pymt Added to Account		61.19
10/6/2017	Deposit		17,367.25
		490,442.67	**17,428.44**

Home

ALL ACCOUNTS FAVORITES ☆

Sort By: Account Number

Checking	Available	Previous Day
MEMORIAL MEDICAL CENTER - OPERATING *4357 ☆	$1,168,157.12	$1,168,157.12
MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014 *4365 ☆	$100.08	$100.08
MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING *4373 ☆	$817,207.91	$817,207.91
MEMORIAL MEDICAL CENTER / NH ASHFORD *4381 ☆	$103,791.70	$103,791.70
MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403 ☆	$49,117.09	$49,117.09
MEMORIAL MEDICAL CENTER / NH CRESCENT *4411 ☆	$44,120.93	$44,120.93
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438 ☆	$60,748.04	$60,748.04
MEMORIAL MEDICAL CENTER / NH FORT BEND *4446 ☆	$23,076.80	$23,076.80
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE *4454 ☆	$17,528.47	$17,528.47
CAL CO INDIGENT HEALTHCARE *4551 ☆	$9,583.09	$9,583.09
TOTAL	$2,293,431.23	$2,293,431.23

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: 10/06/2017
DC: 8115
Territory:
Customer: 632536
Date: 10/07/2017

Page: 002

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

As of: 10/06/2017 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 10/07/2017 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: 3,525.32 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 10/10/2017,
Pay This Amount: 3,452.62 USD

If Paid After 10/10/2017,
Pay this Amount: 3,525.32 USD

Due If Paid On Time:
USD 3,452.62
Disc lost if paid late: 72.70
Due If Paid Late:
USD 3,525.32

ck# 949

236.03+
1,920.49+
1,296.10+
3,452.62*

APPROVED
ON
OCT 09 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

340 B Prescription Expenses

Michael J. Pfeifer
Calhoun County Judge
Date: 11-13-17

McKESSON

STATEMENT

Company: 8000

As of: 10/06/2017

Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 10/07/2017

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
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AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 10/07/2017 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											
10/02/2017	10/10/2017	7832584931	1001090632	115Invoice	2.20	110.13		107.93		7832584931	
10/02/2017	10/10/2017	7832584932	1001090632	115Invoice	0.30	15.24		14.94		7832584932	
10/02/2017	10/10/2017	7832584933	1001091248	115Invoice	2.74	136.87		134.13		7832584933	
10/02/2017	10/10/2017	7832584935	1001091664	115Invoice	7.45	372.29		364.84		7832584935	
10/02/2017	10/10/2017	7832584936	1001091664	115Invoice	0.83	41.40		40.57		7832584936	
10/03/2017	10/10/2017	7832832962	1001092038	115Invoice	5.05	252.51		247.46		7832832962	
10/04/2017	10/10/2017	7833084479	1001092429	115Invoice	7.23	361.47		354.24		7833084479	
10/06/2017	10/10/2017	7833575463	1001094047	115Invoice	0.65	32.64		31.99		7833575463	

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: 1,322.55 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,365.37
10/02/2017

If Paid By 10/10/2017,
Pay This Amount: 1,296.10 USD ✓

If Paid After 10/10/2017,
Pay this Amount: 1,322.55 USD

Due If Paid On Time:
USD 1,296.10

Disc lost if paid late:
26.45

Due If Paid Late:
USD 1,322.55

APPROVED
ON

OCT 0 9 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 10/06/2017

DC: 8115

Territory: 400

Customer: 256342
Date: 10/07/2017

Page: 001

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

As of: 10/06/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 10/07/2017 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											
10/02/2017	10/10/2017	7832585505	2007400852	115Invoice	8.90	445.05		436.15		7832585505	
10/02/2017	10/10/2017	7832585506	0930170706-00	115Invoice	0.05	2.53		2.48		7832585506	
10/03/2017	10/10/2017	7832840928	2007400855	115Invoice	9.65	482.55		472.90		7832840928	
10/03/2017	10/10/2017	7832840929	1105497	115Invoice	6.26	312.81		306.55		7832840929	
10/04/2017	10/10/2017	7833083107	2007400858	115Invoice	7.07	353.35		346.28		7833083107	
10/04/2017	10/10/2017	7833083108	1003170259-00	115Invoice	0.01	0.32		0.31		7833083108	
10/04/2017	10/10/2017	7833143697	MFC PR CORR CR	Pricing Cor		108.97-		108.97-		7833143697	
10/04/2017	10/10/2017	7833143698	MFC PR CORR IN	Pricing Cor	1.01	50.44		49.43		7833143698	
10/05/2017	10/10/2017	7833315642	2007400861	115Invoice	5.97	298.55		292.58		7833315642	
10/05/2017	10/10/2017	7833315644	1004170710-00	115Invoice	2.48	124.02		121.54		7833315644	
10/06/2017	10/10/2017	7833551086	1005170116-00	115Invoice	0.03	1.27		1.24		7833551086	

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: 1,961.92 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,365.37
10/02/2017

If Paid By 10/10/2017,
Pay This Amount: 1,920.49 USD ✓

If Paid After 10/10/2017,
Pay this Amount: 1,961.92 USD

Due If Paid On Time:
USD 1,920.49
Disc lost if paid late:
41.43
Due If Paid Late:
USD 1,961.92

APPROVED
ON

OCT 0 9 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: 10/06/2017

DC: 8115

Territory: 400

Customer: 262252
Date: 10/07/2017

Page: 001

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

As of: 10/06/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 10/07/2017 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											
10/02/2017	10/10/2017	7832581916	1001091250	115Invoice	0.27	13.65		13.38		7832581916	
10/02/2017	10/10/2017	7832586117	1001091666	115Invoice	0.09	4.49		4.40		7832586117	
10/03/2017	10/10/2017	7832849199	1001092040	115Invoice	0.05	2.27		2.22		7832849199	
10/04/2017	10/10/2017	7833106065	1001092431	115Invoice	0.99	49.54		48.55		7833106065	
10/04/2017	10/10/2017	7833106067	1001092431	115Invoice	0.33	16.40		16.07		7833106067	
10/05/2017	10/10/2017	7833327424	1001093217	115Invoice	1.26	62.78		61.52		7833327424	
10/05/2017	10/10/2017	7833327425	1001093217	115Invoice	0.85	42.48		41.63		7833327425	
10/06/2017	10/10/2017	7833564924	1001094049	115Invoice	0.98	49.24		48.26		7833564924	

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: 240.85 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,365.37
10/02/2017

If Paid By 10/10/2017,
Pay This Amount: 236.03 USD

If Paid After 10/10/2017,
Pay this Amount: 240.85 USD

Due If Paid On Time:
USD 236.03
Disc lost if paid late:
4.82
Due If Paid Late:
USD 240.85

APPROVED
ON
OCT 0 9 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:10/09/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:14:24 CHECK REGISTER GLCKREG
10/09/17 THRU 10/09/17

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000949	10/09/17	3,452.62	MCKESSON
TOTALS:			3,452.62	

APPROVED
ON

OCT 0 9 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

APPROVED
ON
OCT 0 9 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

10/06/2017
08:38

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 10/14/2017

0
ap_open_invoice.template

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
115627 ✓	SUPPLIES	09/29/20	09/11/20	10/01/20		22.45	0.00	0.00	22.45 ✓
115669 ✓	REPAIRS	09/29/20	09/12/20	10/01/20		4.99	0.00	0.00	4.99 ✓
115678 ✓	REPAIRS	09/29/20	09/13/20	10/01/20		34.44	0.00	0.00	34.44 ✓
115679 ✓	SUPPLIES	09/29/20	09/13/20	10/01/20		0.27	0.00	0.00	0.27 ✓
115721 ✓	SUPPLIES	09/29/20	09/14/20	10/01/20		15.99	0.00	0.00	15.99 ✓
115743 ✓	SUPPLIES	09/29/20	09/15/20	10/01/20		84.93	0.00	0.00	84.93 ✓
115919 ✓	SUPPLIES	09/29/20	09/21/20	10/01/20		54.99	0.00	0.00	54.99 ✓
115946 ✓	SUPPLIES	09/29/20	09/22/20	10/01/20		96.36	0.00	0.00	96.36 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521	314.42	0.00	0.00	314.42

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
23366 ✓	PURCH SERV	09/29/20	09/20/20	09/30/20		1,400.00	0.00	0.00	1,400.00 ✓

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
A1430	ADVANCE MEDICAL DESIGNS INC ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
SI01185797 ✓	SUPPLIES	10/04/20	09/07/20	10/07/20		19.40	0.00	0.00	19.40 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1430	ADVANCE MEDICAL DESIGNS INC	19.40	0.00	0.00	19.40

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
9067172230 ✓	RENTAL	09/29/20	08/31/20	09/25/20		2,094.54	0.00	0.00	2,094.54 ✓
9947546136 ✓	RENTAL	09/29/20	08/31/20	09/25/20		368.71	0.00	0.00	368.71 ✓
9947546135 ✓	RENTAL	09/29/20	08/31/20	09/25/20		420.84	0.00	0.00	420.84 ✓
9067343557 ✓		09/29/20	09/06/20	10/01/20		459.19	0.00	0.00	459.19 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	3,343.28	0.00	0.00	3,343.28

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
	9651955758		09/18/20	09/05/20	10/05/20		159.00	0.00	0.00	159.00
		SUPPLIES SURGERY								
	9651955759		09/18/20	09/05/20	10/05/20		159.00	0.00	0.00	159.00
		SUPPLIES SURGERY								
	9651957822		09/29/20	09/05/20	10/05/20		159.00	0.00	0.00	159.00
		LENSES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		A1690	ALCON LABORATORIES, INC.				477.00	0.00	0.00	477.00
Vendor#	Vendor Name				Class	Pay Code				
10533	ALERE NORTH AMERICA INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	91345301		10/04/20	09/05/20	10/05/20		5,157.56	0.00	0.00	5,157.56
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10533	ALERE NORTH AMERICA INC				5,157.56	0.00	0.00	5,157.56
Vendor#	Vendor Name				Class	Pay Code				
10814	ALLIED BENEFIT SYSTEMS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	000241		09/29/20	08/11/20	09/11/20		31,837.07	0.00	0.00	31,837.07
		EMPL EXP								
	000240		09/29/20	09/13/20	10/13/20		31,479.57	0.00	0.00	31,479.57
		EMPL EXP								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10814	ALLIED BENEFIT SYSTEMS				63,316.64	0.00	0.00	63,316.64
Vendor#	Vendor Name				Class	Pay Code				
11299	ALLSTATE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	C040410800		09/29/20	09/11/20	10/11/20		11,630.86	0.00	0.00	11,630.86
		EMPL EXP								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11299	ALLSTATE				11,630.86	0.00	0.00	11,630.86
Vendor#	Vendor Name				Class	Pay Code				
11232	AMN HEALTHCARE ALLIED, INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	2679014		09/29/20	05/11/20	05/21/20		3,325.73	0.00	0.00	3,325.73
		PURCH SERV								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11232	AMN HEALTHCARE ALLIED, INC.				3,325.73	0.00	0.00	3,325.73
Vendor#	Vendor Name				Class	Pay Code				
A2600	AUTO PARTS & MACHINE CO.				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	841895		09/29/20	09/12/20	09/27/20		94.25	0.00	0.00	94.25
		SUPPLIES								
	842364		09/29/20	09/18/20	10/03/20		354.00	0.00	0.00	354.00
		DISASTER								
	842739		09/29/20	09/20/20	10/05/20		36.87	0.00	0.00	36.87
		DISASTER								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		A2600	AUTO PARTS & MACHINE CO.				485.12	0.00	0.00	485.12

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
	4268080		09/29/20	09/11/20	10/01/20		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				
B0435	BARD PERIPHERAL VASCULAR				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	76984770		09/29/20	09/18/20	09/29/20		475.00	0.00	0.00	475.00
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		B0435	BARD PERIPHERAL VASCULAR				475.00	0.00	0.00	475.00
Vendor#	Vendor Name				Class	Pay Code				
B1150	BAXTER HEALTHCARE				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	56169834		09/18/20	09/07/20	10/02/20		362.13	0.00	0.00	362.13
		INVENTORY C/S								
	55994942		10/04/20	08/24/20	09/18/20		590.33	0.00	0.00	590.33
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		B1150	BAXTER HEALTHCARE				952.46	0.00	0.00	952.46
Vendor#	Vendor Name				Class	Pay Code				
11544	BAY STORAGE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	000265		09/29/20	09/21/20	10/01/20		557.00	0.00	0.00	557.00
		RENT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11544	BAY STORAGE				557.00	0.00	0.00	557.00
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
	6005521277		10/04/20	09/01/20	10/04/20		1,144.64	0.00	0.00	1,144.64
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2485	BAYER HEALTHCARE				1,144.64	0.00	0.00	1,144.64
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
	106559665		09/22/20	09/06/20	10/01/20		933.50	0.00	0.00	933.50
		SUPPLIES								
	106558964		09/22/20	09/06/20	10/01/20		1,759.54	0.00	0.00	1,759.54
		SUPPLIES								
	106558906		09/22/20	09/06/20	10/01/20		64.50	0.00	0.00	64.50
		SUPPLIES								
	106559787		09/22/20	09/06/20	10/01/20		3,513.10	0.00	0.00	3,513.10
		SUPPLIES								
	106562615		09/22/20	09/07/20	10/02/20		745.22	0.00	0.00	745.22
		SUPPLIES								
	106561978		09/22/20	09/07/20	10/02/20		180.91	0.00	0.00	180.91

	SUPPLIES							
106561233		09/22/20	09/07/20	10/02/20	950.77	0.00	0.00	950.77
	SUPPLIES							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC			8,147.54	0.00	0.00	8,147.54
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
8001327659		10/05/20	04/15/20	05/10/20		380.64	0.00	0.00	380.64
	SUPPLIES							
8001330174		10/05/20	04/22/20	05/17/20		429.17	0.00	0.00	429.17
	SUPPLIES							
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH 414, INC.				809.81	0.00	0.00	809.81
Vendor#	Vendor Name			Class	Pay Code				
10650	CAREFUSION 2200, INC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
9108005826		10/04/20	09/06/20	10/06/20		394.91	0.00	0.00	394.91
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10650	CAREFUSION 2200, INC				394.91	0.00	0.00	394.91
Vendor#	Vendor Name			Class	Pay Code				
10350	CENTURION MEDICAL PRODUCTS								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
92339801		09/18/20	09/01/20	10/01/20		1,106.84	0.00	0.00	1,106.84
92341972		09/18/20	09/06/20	10/06/20		796.00	0.00	0.00	796.00
	PHARMACY FORMS								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10350	CENTURION MEDICAL PRODUCTS				1,902.84	0.00	0.00	1,902.84
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
000273		09/29/20	09/20/20	10/01/20		106.30	0.00	0.00	106.30
	WATER								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1730	CITY OF PORT LAVACA				106.30	0.00	0.00	106.30
Vendor#	Vendor Name			Class	Pay Code				
C1166	COASTAL OFFICE SOLUTONS			W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
WO204501		09/29/20	09/14/20	09/24/20		65.88	0.00	0.00	65.88
	SUPPLIES								
WO204481		09/29/20	09/14/20	09/24/20		114.08	0.00	0.00	114.08
	SUPPLIES								
WO205691		09/29/20	09/21/20	10/01/20		319.32	0.00	0.00	319.32
	OFF SUPPLIES								
WO205681		09/29/20	09/21/20	10/01/20		41.20	0.00	0.00	41.20
	SUPPLIES								
OEQT50751		09/29/20	09/22/20	10/02/20		348.75	0.00	0.00	348.75
	OFFICE SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1166	COASTAL OFFICE SOLUTONS				889.23	0.00	0.00	889.23

Vendor#	Vendor Name				Class	Pay Code				
10813	COKER GROUP HOLDINGS, LLC ✓ Remove per Ashley Hall									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross		Discount	No-Pay	Net
	104537 ✓		09/29/20	06/30/20	07/30/20		1,680.00		0.00	0.00	1,680.00
		PURCH SERV									
	104792 ✓		09/29/20	07/31/20	08/31/20		2,500.00		0.00	0.00	2,500.00
		PURCH SERV									
	Vendor Totals	Number	Name				Gross		Discount	No-Pay	Net
		10813	COKER GROUP HOLDINGS, LLC				4,180.00		0.00	0.00	4,180.00
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
	481486 ✓		09/29/20	09/18/20	10/10/20		230.00		0.00	0.00	230.00 ✓
		SUPPLIES									
	Vendor Totals	Number	Name				Gross		Discount	No-Pay	Net
		C1970	CONMED CORPORATION				230.00		0.00	0.00	230.00
Vendor#	Vendor Name				Class	Pay Code				
11287	DELTA HEALTHCARE PROVIDERS ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross		Discount	No-Pay	Net
	0000012363A ✓		09/16/20	08/20/20	10/10/20		2,789.85		0.00	0.00	2,789.85 ✓
		PURCH SERV PHY THRPY									
	173250140 ✓		09/29/20	08/13/20	09/13/20		2,317.12		0.00	0.00	2,317.12 ✓
		PURCH SERV									
	173350129 ✓		09/29/20	08/20/20	09/20/20		3,136.40		0.00	0.00	3,136.40 ✓
		PURCH SERV									
	173850088 ✓		09/29/20	09/24/20	10/01/20		2,896.40		0.00	0.00	2,896.40 ✓
		PURCH SERV									
	Vendor Totals	Number	Name				Gross		Discount	No-Pay	Net
		11287	DELTA HEALTHCARE PROVIDERS				11,139.77		0.00	0.00	11,139.77
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
	5138800 ✓		09/16/20	09/08/20	10/03/20		16.54		0.00	0.00	16.54 ✓
		OFF SUPP MMCLINIC									
	5140400 ✓		09/16/20	09/11/20	10/06/20		25.23		0.00	0.00	25.23 ✓
		OFF SUP MED/SURG									
	5142490 ✓		09/16/20	09/12/20	10/07/20		84.94		0.00	0.00	84.94 ✓
		OFF SUP ACCTG									
	5105901 ✓		09/16/20	09/12/20	10/07/20		45.75		0.00	0.00	45.75 ✓
		OFF SUP RES CARE									
	5140020 ✓		09/18/20	09/11/20	10/06/20		529.42		0.00	0.00	529.42 ✓
		INVENTORY C/S									
	5142500 ✓		09/18/20	09/12/20	10/07/20		408.25		0.00	0.00	408.25 ✓
		SUPPLIES DIETARY									
	5133450 ✓		09/18/20	09/18/20	10/13/20		357.69		0.00	0.00	357.69 ✓
		INVENTORY C/S									
	5144250 ✓		09/29/20	09/13/20	10/08/20		75.95		0.00	0.00	75.95 ✓
		SUPPLIES									
	5143210 ✓		09/29/20	09/13/20	10/08/20		38.47		0.00	0.00	38.47 ✓
		OFF SUPPLIES									
	5145220 ✓		09/29/20	09/14/20	10/09/20		31.03		0.00	0.00	31.03 ✓

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	1,613.27	0.00	0.00	1,613.27

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
IN20050798		09/29/20	05/31/20	06/25/20			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	31,144.58	0.00	0.00	31,144.58

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
23685		09/29/20	09/18/20	10/01/20			1,320.66	0.00	0.00	1,320.66

DISASTER EXP

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1530	DIEBEL OIL CO INC	1,320.66	0.00	0.00	1,320.66

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
MMC083117		09/29/20	08/31/20				93,071.79	0.00	0.00	93,071.79

SERVICE ORG DEP FUNDS

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDICAL NETWORK INC	93,071.79	0.00	0.00	93,071.79

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
35541		09/29/20	09/30/20	10/10/20			40,062.50	0.00	0.00	40,062.50

PRO FEES

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

Vendor#	Vendor Name	Class	Pay Code
C2510	EVIDENT	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
934451		09/29/20	09/13/20	10/08/20			1,079.59	0.00	0.00	1,079.59
	SUPPLIES									
932761		10/05/20	07/25/20	08/19/20			255.20	0.00	0.00	255.20

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C2510	EVIDENT	1,334.79	0.00	0.00	1,334.79

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
903247930		10/04/20	09/07/20	10/02/20			633.95	0.00	0.00	633.95

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S0501	EVOQUA WATER TECHNOLOGIES LLC	633.95	0.00	0.00	633.95

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
09A17MMC		09/29/20	09/01/20	09/16/20			495.00	0.00	0.00	495.00

PURCH SERV

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
F1400	FISHER HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2154547	SUPPLIES	09/07/20	09/07/20	10/02/20			178.46	0.00	0.00	178.46
2813336	SUPPLIES	09/07/20	09/14/20	10/09/20			79.25	0.00	0.00	79.25
2007041	SUPPLIES LAB	09/18/20	09/06/20	10/01/20			920.61	0.00	0.00	920.61
9564290	SUPPLIES LAB	09/18/20	09/18/20	10/13/20			334.29	0.00	0.00	334.29
2007042	SUPPLIES	09/22/20	09/06/20	10/01/20			889.00	0.00	0.00	889.00
2007043	SUPPLIES	09/22/20	09/06/20	10/01/20			975.29	0.00	0.00	975.29
3042416	SUPPLIES	09/29/20	09/18/20	10/13/20			300.02	0.00	0.00	300.02
9780223	SUPPLIES	10/04/20	08/22/20	09/16/20			204.86	0.00	0.00	204.86
2399761	SUPPLIES	10/04/20	09/11/20	10/06/20			102.24	0.00	0.00	102.24

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	3,984.02	0.00	0.00	3,984.02

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
0211236IN	MAINT CONT	09/29/20	09/01/20	10/01/20			530.00	0.00	0.00	530.00

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

Vendor#	Vendor Name	Class	Pay Code
11078	FUSION MEDICAL STAFFING, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
E145680	PURCH SERV	09/22/20	09/09/20	10/04/20			2,240.00	0.00	0.00	2,240.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11078	FUSION MEDICAL STAFFING, LLC	2,240.00	0.00	0.00	2,240.00

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
000266	EMPL EXP	09/29/20	10/01/20	10/02/20			4,441.19	0.00	0.00	4,441.19

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11149	GARDNER & WHITE, INC.	4,441.19	0.00	0.00	4,441.19

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
030500030	DUES	09/22/20	09/08/20	10/03/20			860.92	0.00	0.00	860.92

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
G0120	GE MEDICAL SYSTEMS, INFO TECH		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2816475		09/29/20	09/11/20	10/11/20			74.00	0.00	0.00	74.00
	REPAIRS									
2816765		09/29/20	09/12/20	10/12/20			225.00	0.00	0.00	225.00
	REPAIRS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G0120	GE MEDICAL SYSTEMS, INFO TECH	299.00	0.00	0.00	299.00

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
47542		10/04/20	08/21/20	09/20/20			103.80	0.00	0.00	103.80
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10901	GENESIS DIAGNOSTICS	103.80	0.00	0.00	103.80

Vendor#	Vendor Name	Class	Pay Code
W1300	GRAINGER	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9549230861		09/29/20	09/07/20	10/02/20			22.70	0.00	0.00	22.70
	SUPPLIES									
9490065233		10/05/20	07/03/20	07/28/20			89.26	0.00	0.00	89.26
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W1300	GRAINGER	111.96	0.00	0.00	111.96

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1373430		09/16/20	09/05/20	10/05/20			309.38	0.00	0.00	309.38
	SUPPLIES HSKEEPING									
1373425		09/18/20	09/05/20	10/05/20			88.26	0.00	0.00	88.26
	SUPPLIE PLT OPS									
1377530		09/18/20	09/12/20	10/12/20			191.44	0.00	0.00	191.44
	SUPPLIES SURGERY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	589.08	0.00	0.00	589.08

Vendor#	Vendor Name	Class	Pay Code
11552	HEALTHCARE EQUIPMENT FINANCE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
87233890		09/29/20	09/06/20	10/01/20			4,919.41	0.00	0.00	4,919.41
	LEASE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11552	HEALTHCARE EQUIPMENT FINANCE	4,919.41	0.00	0.00	4,919.41

Vendor#	Vendor Name	Class	Pay Code
11197	HEARTSMART.COM		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
HS328716		09/29/20	08/17/20	09/17/20			1,374.00	0.00	0.00	1,374.00
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11197	HEARTSMART.COM	1,374.00	0.00	0.00	1,374.00

Vendor#	Vendor Name				Class	Pay Code				
H1850	HOSPIRA WORLDWIDE, INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	851136954		09/22/20	09/01/20	10/01/20		11.25	0.00	0.00	11.25
		MAINT CONT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		H1850	HOSPIRA WORLDWIDE, INC				11.25	0.00	0.00	11.25
Vendor#	Vendor Name				Class	Pay Code				
10922	HUNTER PHARMACY SERVICES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	2467		09/29/20	08/31/20	09/20/20		14,742.72	0.00	0.00	14,742.72
		PURCH SERV								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10922	HUNTER PHARMACY SERVICES				14,742.72	0.00	0.00	14,742.72
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
	1547017		09/16/20	09/06/20	10/06/20		316.00	0.00	0.00	316.00
		SUPPLIES SURGERY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		I1127	INTEGRATED MEDICAL SYSTEMS				316.00	0.00	0.00	316.00
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
	PEH1489		09/29/20	08/31/20			279.62	0.00	0.00	279.62
		PURCH SERV								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11200	IRON MOUNTAIN				279.62	0.00	0.00	279.62
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
	918453508		10/04/20	09/06/20	10/06/20		3,934.39	0.00	0.00	3,934.39
		SUPPLIES								
	918493078		10/04/20	09/14/20	10/14/20		101.66	0.00	0.00	101.66
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		J0150	J & J HEALTH CARE SYSTEMS, INC				4,036.05	0.00	0.00	4,036.05
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
	6010067		09/29/20	09/05/20	09/15/20		290.14	0.00	0.00	290.14
		SUPPLIES								
	6010074		09/29/20	09/05/20	09/15/20		26.24	0.00	0.00	26.24
		SUPPLIES								
	6010400		09/29/20	09/19/20	09/29/20		156.00	0.00	0.00	156.00
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		J1415	JOHNSTONE SUPPLY				472.38	0.00	0.00	472.38
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

108430001		09/29/20	09/04/20	10/04/20		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			
J1350	M.C. JOHNSON COMPANY INC				M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
00371560		10/04/20	09/12/20	10/12/20		100.48	0.00	0.00	100.48
SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	J1350	M.C. JOHNSON COMPANY INC				100.48	0.00	0.00	100.48
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
70780		09/18/20	09/01/20	10/01/20		105.82	0.00	0.00	105.82
OFF SUP MMCLINIC									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M1950	MARTIN PRINTING CO				105.82	0.00	0.00	105.82
Vendor#	Vendor Name				Class	Pay Code			
M2178	MCKESSON MEDICAL SURGICAL INC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
10239422		09/18/20	09/07/20	10/07/20		702.95	0.00	0.00	702.95
SUPPLIES C/S									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC				702.95	0.00	0.00	702.95
Vendor#	Vendor Name				Class	Pay Code			
11536	MED-PRO/THIRD COAST COMMERCIAL								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8810		09/29/20	08/17/20	09/17/20		1,215.51	0.00	0.00	1,215.51
INVENT PHARM									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11536	MED-PRO/THIRD COAST COMMERCIAL				1,215.51	0.00	0.00	1,215.51
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
1834410792		09/16/20	09/07/20	10/02/20		25.58	0.00	0.00	25.58
SUPPLIES GEN MED/SURG									
1834286616		09/18/20	09/06/20	10/01/20		27.45	0.00	0.00	27.45
INVENTORY C/S									
1834286615		09/18/20	09/06/20	10/01/20		208.61	0.00	0.00	208.61
INVENTORY C/S									
1834286617		09/18/20	09/06/20	10/01/20		29.15	0.00	0.00	29.15
1834410790		09/18/20	09/07/20	10/02/20		38.13	0.00	0.00	38.13
SUPPLIES SURGERY									
1834410788		09/18/20	09/07/20	10/02/20		34.59	0.00	0.00	34.59
SUPPLIES SURGERY									
1834410793		09/18/20	09/07/20	10/02/20		56.34	0.00	0.00	56.34
INVENTORY C/S									
1833604114		10/04/20	08/24/20	09/18/20		65.70	0.00	0.00	65.70
SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net

		M2470	MEDLINE INDUSTRIES INC				485.55	0.00	0.00	485.55
Vendor#	Vendor Name				Class	Pay Code				
10182	MERCEDES MEDICAL									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	1970188		09/18/20	09/06/20	10/06/20		73.66	0.00	0.00	73.66
		SUPPLIES LAB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10182	MERCEDES MEDICAL				73.66	0.00	0.00	73.66
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
	8800119064		09/18/20	09/01/20	10/01/20		1,620.03	0.00	0.00	1,620.03
		SUPPLIES RADIOLOGY								
	8800119993		09/18/20	09/05/20	10/05/20		346.69	0.00	0.00	346.69
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2659	MERRY X-RAY/SOURCEONE HEALTHCA				1,966.72	0.00	0.00	1,966.72
Vendor#	Vendor Name				Class	Pay Code				
11205	MICRO SURGICAL TECHNOLOGY INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	0000207676		09/18/20	09/06/20	10/05/20		778.22	0.00	0.00	778.22
		SUPPLIES SURGERY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11205	MICRO SURGICAL TECHNOLOGY INC				778.22	0.00	0.00	778.22
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
	000274		09/29/20	09/28/20	10/01/20		84.38	0.00	0.00	84.38
		EMPL EXP								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2621	MMC AUXILIARY GIFT SHOP				84.38	0.00	0.00	84.38
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
	000264		09/29/20	09/25/20	10/01/20		40,599.74	0.00	0.00	40,599.74
		EMPL EXP								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10810	MMC EMPLOYEE BENEFIT PLAN				40,599.74	0.00	0.00	40,599.74
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
	1788420		09/29/20	09/18/20	09/19/20		610.52	0.00	0.00	610.52
		INVENT PHARM								
	1788187		09/29/20	09/18/20	09/19/20		731.03	0.00	0.00	731.03
		INVENT PHARM								
	1788419		09/29/20	09/18/20	09/19/20		2,288.33	0.00	0.00	2,288.33
		INVENT PHARM								
	1788421		09/29/20	09/18/20	09/19/20		404.64	0.00	0.00	404.64
		INVENT PHARM								
	8169		09/29/20	09/18/20	09/19/20		-77.00	0.00	0.00	-77.00
		INVENT PHARM								

1794864		09/29/20	09/19/20	09/20/20		550.90	0.00	0.00	550.90
	INVENT PHARM								
1794865		09/29/20	09/19/20	09/20/20		22.20	0.00	0.00	22.20
	INVENT PHARM								
1794866		09/29/20	09/19/20	09/20/20		159.63	0.00	0.00	159.63
	INVENT PHARM								
1794863		09/29/20	09/19/20	09/20/20		0.97	0.00	0.00	0.97
	INVENT PHARM								
1795034		09/29/20	09/19/20	09/20/20		924.68	0.00	0.00	924.68
	INVENT PHARM								
1794867		09/29/20	09/19/20	09/20/20		253.04	0.00	0.00	253.04
	INVENT PHARM								
1806096		09/29/20	09/21/20	09/22/20		632.18	0.00	0.00	632.18
	INVENT PHARM								
1805927		09/29/20	09/21/20	09/22/20		27.41	0.00	0.00	27.41
	INVENT PHARM								
1806097		09/29/20	09/21/20	09/22/20		656.08	0.00	0.00	656.08
	INVENT PHARM								
1806098		09/29/20	09/21/20	09/22/20		390.02	0.00	0.00	390.02
	INVENT PHARM								
1816254		09/29/20	09/25/20	09/26/20		25.24	0.00	0.00	25.24
	INVENT PHARM								
1816253		09/29/20	09/25/20	09/26/20		5.28	0.00	0.00	5.28
	INVENT PHARM								
1819591		09/29/20	09/25/20	09/26/20		539.22	0.00	0.00	539.22
	INVENT PHARM								
1816255		09/29/20	09/25/20	09/26/20		3.94	0.00	0.00	3.94
	INVENT PHARM								
1817889		09/29/20	09/25/20	09/26/20		9.23	0.00	0.00	9.23
	INVENT PHARM								
1817890		09/29/20	09/25/20	09/26/20		93.17	0.00	0.00	93.17
	INVENT PHARM								
1819589		09/29/20	09/25/20	09/26/20		348.71	0.00	0.00	348.71
	INVENT PHARM								
1819590		09/29/20	09/25/20	09/26/20		2,477.70	0.00	0.00	2,477.70
	INVENT PHARM								
1824814		09/29/20	09/26/20	09/27/20		5.50	0.00	0.00	5.50
	INVENT PHARM								
1824813		09/29/20	09/26/20	09/27/20		52.39	0.00	0.00	52.39
	INVENT PHARM								
1824815		09/29/20	09/26/20	09/27/20		1,139.53	0.00	0.00	1,139.53
	INVENT PHARM								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC				12,274.54	0.00	0.00	12,274.54

Vendor#	Vendor Name	Class	Pay Code
11472	OCCUPRO LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
7768		09/29/20	09/07/20	10/07/20			426.56	0.00	0.00	426.56
	PURCH SERV									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11472	OCCUPRO LLC					426.56	0.00	0.00	426.56

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
2030164961		09/18/20	08/24/20	09/24/20		26.19	0.00	0.00	26.19
	INVENTORY C/S								
2030472375		09/18/20	09/06/20	10/06/20		66.72	0.00	0.00	66.72
	INVENTORY C/S								
2030472000		09/18/20	09/06/20	10/06/20		144.79	0.00	0.00	144.79
	SUPPLIES LAB								
203472003		09/18/20	09/06/20	10/06/20		5.77	0.00	0.00	5.77
	INVENTORY C/S								
2030473815		09/18/20	09/06/20	10/06/20		1,110.14	0.00	0.00	1,110.14
	INVENTORY C/S								
2030477160		09/18/20	09/06/20	10/06/20		849.32	0.00	0.00	849.32
	SUPPLIES MMCLINIC								
2030503724		09/18/20	09/07/20	10/07/20		120.48	0.00	0.00	120.48
	INVENTORY C/S								
2030499664		09/18/20	09/07/20	10/07/20		94.47	0.00	0.00	94.47
	SUPPLIES SURGERY								
2030503887		09/18/20	09/07/20	10/07/20		6.61	0.00	0.00	6.61
	SUPPLIES CLINIC								
2030165196		10/05/20	08/24/20	09/23/20		12.74	0.00	0.00	12.74
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR	2,437.23	0.00	0.00	2,437.23

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
33054760		09/29/20	08/07/20	09/07/20		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

11548 PGBA, LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21334		09/29/20	09/27/20	10/01/20		147.00	0.00	0.00	147.00
	REFUND								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11548	PGBA, LLC	147.00	0.00	0.00	147.00

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
A2049011		09/16/20	09/07/20	10/02/20		209.97	0.00	0.00	209.97
	PHARM INVENTORY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10204	PHARMEDIUM SERVICES LLC	209.97	0.00	0.00	209.97

Vendor# Vendor Name — Class — Pay Code

P1470 PHILIP THOMAE PHOTOGRAPHER — W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
10163		09/29/20	09/14/20	10/14/20		350.00	0.00	0.00	350.00
	PURCH SERV								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

	P1470	PHILIP THOMAE PHOTOGRAPHER				350.00	0.00	0.00	350.00
Vendor#	Vendor Name				Class	Pay Code			
10114	PORT LAVACA CHAMBER OF COMMERC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	000277		10/04/20	10/02/20	10/03/20		250.00	0.00	0.00	250.00
		DUES Calhoun County Fair Booth Payment								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10114	PORT LAVACA CHAMBER OF COMMERC				250.00	0.00	0.00	250.00
Vendor#	Vendor Name				Class	Pay Code				
11080	RADSOURCE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	SC56099		09/22/20	09/12/20	10/07/20		1,667.00	0.00	0.00	1,667.00
		PURCH SERV								
	SC56114		09/22/20	09/16/20	10/11/20		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				
R1200	RED HAWK FIRE AND SECURITY									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	313240		09/29/20	09/01/20	09/26/20		43.72	0.00	0.00	43.72
		PURCH SERV								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		R1200	RED HAWK FIRE AND SECURITY				43.72	0.00	0.00	43.72
Vendor#	Vendor Name				Class	Pay Code				
10315	REXEL									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	S117806562001		09/29/20	09/01/20	09/26/20		563.47	0.00	0.00	563.47
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10315	REXEL				563.47	0.00	0.00	563.47
Vendor#	Vendor Name				Class	Pay Code				
11540	ROCKET OILFIELD SERVICES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	112093		09/29/20	09/11/20	10/01/20		6,000.00	0.00	0.00	6,000.00
		DISATER Tree Removal								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11540	ROCKET OILFIELD SERVICES				6,000.00	0.00	0.00	6,000.00
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
	1249		09/29/20	04/01/20	04/26/20		235.00	0.00	0.00	235.00
		PURCH SERV								
	1270		09/29/20	05/01/20	05/26/20		235.00	0.00	0.00	235.00
		PURCH SERV								
	1282		09/29/20	05/11/20	06/11/20		195.30	0.00	0.00	195.30
		PURCH SERV								
	1365		09/29/20	09/01/20	09/26/20		235.00	0.00	0.00	235.00
		PURCH SERV								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11252	RX WASTE SYSTEMS LLC				900.30	0.00	0.00	900.30
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
908490217		08/23/20	08/08/20	10/01/20		4,439.24	0.00	0.00	4,439.24
	INVENT					-183.82			-183.82
908730303		09/29/20	08/29/20	09/29/20		~~-168.82-~~	0.00	0.00	~~-168.82-~~
	INVENT PHARM								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S1001	SANOFI PASTEUR INC	4,270.42	0.00	0.00	4,270.42

Vendor# Vendor Name Class Pay Code 4255.42 4255.42

S1600 SETON IDENTIFICATION PRODUCTS M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9335022783		09/29/20	09/12/20	09/22/20		44.70	0.00	0.00	44.70
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S1600	SETON IDENTIFICATION PRODUCTS	44.70	0.00	0.00	44.70

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
212201		09/29/20	05/01/20	05/11/20		450.00	0.00	0.00	450.00
	PUB REL								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10699	SIGN AD, LTD.	450.00	0.00	0.00	450.00

Vendor# Vendor Name Class Pay Code

S2362 SMITH & NEPHEW

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
93902728		09/18/20	09/05/20	10/04/20		1,526.37	0.00	0.00	1,526.37
	SUPPLIES SURGERY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2362	SMITH & NEPHEW	1,526.37	0.00	0.00	1,526.37

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
14985393		10/04/20	09/07/20	10/07/20		265.12	0.00	0.00	265.12
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2353	SMITHS MEDICAL ASD INC	265.12	0.00	0.00	265.12

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
4007298989		09/29/20	09/01/20	10/01/20		1,991.80	0.00	0.00	1,991.80
	PURCH SERV								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S3960	STERICYCLE, INC	1,991.80	0.00	0.00	1,991.80

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
485968A		09/18/20	09/07/20	10/07/20		854.99	0.00	0.00	854.99
	SUPPLIES SURGERY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2830	STRYKER SALES CORP	854.99	0.00	0.00	854.99

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
3137996		09/18/20	09/06/20	10/06/20			2,271.42	0.00	0.00	2,271.42
	SUPPLIES SURGERY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10735	STRYKER SUSTAINABILITY	2,271.42	0.00	0.00	2,271.42

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
092601		09/29/20	09/28/20	10/01/20			160.50	0.00	0.00	160.50
	ACCRUED PAYABLES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10887	STUDER GROUP	160.50	0.00	0.00	160.50

Vendor#	Vendor Name	Class	Pay Code
11075	SUMMIT MEDICAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
320954		10/04/20	09/05/20	10/04/20			713.35	0.00	0.00	713.35
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11075	SUMMIT MEDICAL	713.35	0.00	0.00	713.35

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
113829845		09/22/20	09/21/20	10/11/20			526.24	0.00	0.00	526.24
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2951	SYSCO FOOD SERVICES OF	526.24	0.00	0.00	526.24

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
205EV28110		09/29/20	08/31/20				4,555.00	0.00	0.00	4,555.00
	MAINT CONT									

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
340369014		09/29/20	09/01/20	09/26/20			1,286.81	0.00	0.00	1,286.81
	PURCH SERV									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11100	THE US CONSULTING GROUP	1,286.81	0.00	0.00	1,286.81

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
40389946		09/29/20	09/06/20	10/01/20			1,350.00	0.00	0.00	1,350.00
	MAINT CONT									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T1724	TOSHIBA AMERICA MEDICAL SYST.	1,350.00	0.00	0.00	1,350.00

Vendor#	Vendor Name	Class	Pay Code
U1054	UNIFIRST HOLDINGS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8150778411		09/16/20	09/12/20	10/07/20			18.21	0.00	0.00	18.21

	LAUNDRY - MAINT							
8150778330		09/16/20	09/12/20	10/07/20	17.00	0.00	0.00	17.00
	LAUNDRY - MAINT							
8150778988		09/29/20	09/19/20	10/14/20	70.55	0.00	0.00	70.55
	LAUNDRY							
8150779074		09/29/20	09/19/20	10/14/20	18.91	0.00	0.00	18.91
	LAUNDRY							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1054	UNIFIRST HOLDINGS	124.67	0.00	0.00	124.67

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
8400256153		09/16/20	09/08/20	10/03/20			261.26	0.00	0.00	261.26
	LAUNDRY - HSKEEPING									
8400256113		09/16/20	09/08/20	10/03/20			148.95	0.00	0.00	148.95
	LAUNDRY SURGERY									
8400256382		09/16/20	09/12/20	10/07/20			1,069.27	0.00	0.00	1,069.27
	LAUNDRY HSKEEPING									
8400256329		09/16/20	09/12/20	10/07/20			94.13	0.00	0.00	94.13
	LAUNDRY DIETARY									
8400256331		09/16/20	09/12/20	10/07/20			60.75	0.00	0.00	60.75
	LAUNDRY HSKEEPING									
8400256430		09/16/20	09/12/20	10/07/20			112.11	0.00	0.00	112.11
	LAUNDRY HSKEEPING									
8400256327		09/16/20	09/12/20	10/07/20			94.29	0.00	0.00	94.29
	LAUNDRY HSKEEPING									
8400256330		09/16/20	09/12/20	10/07/20			47.15	0.00	0.00	47.15
	LAUNDRY OB									
8400256375		09/16/20	09/12/20	10/07/20			63.84	0.00	0.00	63.84
	LAUNDRY DIETARY									
8400256328		09/16/20	09/12/20	10/07/20			101.18	0.00	0.00	101.18
	LAUNDRY PHY THRPY									
8400256891		09/22/20	09/19/20	10/14/20			104.17	0.00	0.00	104.17
	LAUDRY									
8400256684		09/29/20	09/15/20	10/10/20			148.95	0.00	0.00	148.95
	LAUNDRY									
8400256723		09/29/20	09/15/20	10/10/20			685.31	0.00	0.00	685.31
	LAUNDRY									
8400256892		09/29/20	09/19/20	10/14/20			88.45	0.00	0.00	88.45
	LAUNDRY									
8400256893		09/29/20	09/19/20	10/14/20			47.15	0.00	0.00	47.15
	LAUNDRY									
8400256937		09/29/20	09/19/20	10/14/20			1,049.19	0.00	0.00	1,049.19
	LAUNDRY									
8400256986		09/29/20	09/19/20	10/14/20			91.78	0.00	0.00	91.78
	LAUNDRY									
8400256890		09/29/20	09/19/20	10/14/20			94.29	0.00	0.00	94.29
	LAUNDRY									
8400256932		09/29/20	09/19/20	10/14/20			63.84	0.00	0.00	63.84
	LAUNDRY									
8400256894		09/29/20	09/19/20	10/14/20			60.75	0.00	0.00	60.75

LAUNDRY

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	4,486.81	0.00	0.00	4,486.81

Vendor#	Vendor Name	Class	Pay Code
10172	US FOOD SERVICE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
4481117		09/22/20	09/14/20	10/04/20			1,486.08	0.00	0.00	1,486.08
	SUPPLIES									
4542483		09/22/20	09/18/20	10/08/20			1,843.62	0.00	0.00	1,843.62
	SUPPLIES									
4542484		09/22/20	09/18/20	10/08/20			56.10	0.00	0.00	56.10
	SUPPLIES									
4616784		09/22/20	09/21/20	10/11/20			1,794.49	0.00	0.00	1,794.49
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10172	US FOOD SERVICE	5,180.29	0.00	0.00	5,180.29

Vendor#	Vendor Name	Class	Pay Code
U0650	USI INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
0384120901010		09/16/20	08/14/20	10/08/20			151.88	0.00	0.00	151.88
	SUPPLIES HR									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U0650	USI INC	151.88	0.00	0.00	151.88

Vendor#	Vendor Name	Class	Pay Code
V1080	VICTORIA COMMUNICATION SVCS	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
4102		09/29/20	08/30/20	09/30/20			1,265.00	0.00	0.00	1,265.00
	MINOR EQUIP									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	V1080	VICTORIA COMMUNICATION SVCS	1,265.00	0.00	0.00	1,265.00

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
006969		09/29/20	08/14/20	09/14/20			228.00	0.00	0.00	228.00
	SUPPLIES									
009146		09/29/20	08/18/20	09/18/20			13.92	0.00	0.00	13.92
	SUPPLIES									
009145		09/29/20	08/18/20	09/18/20			53.00	0.00	0.00	53.00
	SUPPLIES									
004030		09/29/20	08/23/20	09/23/20			78.71	0.00	0.00	78.71
	SUPPLIES									
000275		09/29/20	09/06/20				17.46	0.00	0.00	17.46
	LATE FEE									
007941		09/29/20	09/06/20	10/06/20			23.82	0.00	0.00	23.82
	SUPPLIES									
002579		10/03/20	08/21/20	10/01/20			1.76	0.00	0.00	1.76
	SUPPLIES									
005189		10/03/20	09/12/20	10/01/20			2.64	0.00	0.00	2.64
	SUPPLIES									
009147		10/05/20	08/18/20	09/18/20			42.97	0.00	0.00	42.97
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

	W1005 WALMART COMMUNITY			462.28	0.00	0.00	462.28
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
	WCS00001362 ✓	09/29/20 09/01/20	10/01/20		14,050.00	0.00	0.00	14,050.00 ✓
	PURCH SERV							
	Vendor Totals Number	Name			Gross	Discount	No-Pay	Net
	10556	WOUND CARE SPECIALISTS			14,050.00	0.00	0.00	14,050.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	455,400.56	0.00	0.00	455,400.56

pg 5 correction { <4180.00>

pg 15 correction { <4,270.42>
+ 4,255.42

$451,205.56

455,400.56+
4,180.00-
4,270.42-
4,255.42+
451,205.56*

APPROVED
ON
OCT 0 9 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 11-13-17

Invoice

Pocket Oilfield Services.com

302 Kerh Blvd.
Victoria, TX 77904

11540

Date	Invoice #
9/11/2017	11-2093

Bill To
Memorial Medical Center 815 North Virginia Street Port Lavaca, TX 77979

P.O. No.	Terms
87280	Net 30

Quantity	Description	Rate	Amount
1	Tree Removal	6,000.00	6,000.00
	Texas Sales Tax	8.25%	0.00

3615757417	E-mail
Phone #	dorothy.mikulenka@vcscompanies.com

Total $6,000.00

BANK	CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	*	000949	10/09/17	3,452.62	MCKESSON
A/P		172996	10/09/17	314.42	ACE HARDWARE 15521
A/P		172997	10/09/17	1,400.00	ACUTE CARE INC
A/P		172998	10/09/17	19.40	ADVANCE MEDICAL DESIGNS INC
A/P		172999	10/09/17	3,343.28	AIRGAS USA, LLC - CENTRAL DIV
A/P		173000	10/09/17	477.00	ALCON LABORATORIES, INC.
A/P		173001	10/09/17	5,157.56	ALERE NORTH AMERICA INC
A/P		173002	10/09/17	63,316.64	ALLIED BENEFIT SYSTEMS
A/P		173003	10/09/17	11,630.86	ALLSTATE
A/P		173004	10/09/17	3,325.73	AMN HEALTHCARE ALLIED, INC.
A/P		173005	10/09/17	485.12	AUTO PARTS & MACHINE CO.
A/P		173006	10/09/17	6,452.64	BANK OF THE WEST
A/P		173007	10/09/17	475.00	BARD PERIPHERAL VASCULAR
A/P		173008	10/09/17	952.46	BAXTER HEALTHCARE
A/P		173009	10/09/17	557.00	BAY STORAGE
A/P		173010	10/09/17	1,144.64	BAYER HEALTHCARE
A/P		173011	10/09/17	8,147.54	BECKMAN COULTER INC
A/P		173012	10/09/17	809.81	CARDINAL HEALTH 414, INC.
A/P		173013	10/09/17	394.91	CAREFUSION 2200, INC
A/P		173014	10/09/17	1,902.84	CENTURION MEDICAL PRODUCTS
A/P		173015	10/09/17	106.30	CITY OF PORT LAVACA
A/P		173016	10/09/17	889.23	COASTAL OFFICE SOLUTONS
A/P		173017	10/09/17	230.00	CONMED CORPORATION
A/P		173018	10/09/17	11,139.77	DELTA HEALTHCARE PROVIDERS
A/P		173019	10/09/17	1,613.27	DEWITT POTH & SON
A/P		173020	10/09/17	31,144.58	DIAMOND HEALTHCARE CORP
A/P		173021	10/09/17	1,320.66	DIEBEL OIL CO INC
A/P		173022	10/09/17	93,071.79	DISCOVERY MEDICAL NETWORK INC
A/P		173023	10/09/17	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P		173024	10/09/17	1,334.79	EVIDENT
A/P		173025	10/09/17	633.95	EVOQUA WATER TECHNOLOGIES LLC
A/P		173026	10/09/17	495.00	FASTHEALTH CORPORATION
A/P		173027	10/09/17	3,984.02	FISHER HEALTHCARE
A/P		173028	10/09/17	530.00	FORT BEND SERVICES, INC
A/P		173029	10/09/17	2,240.00	FUSION MEDICAL STAFFING, LLC
A/P		173030	10/09/17	4,441.19	GARDNER & WHITE, INC.
A/P		173031	10/09/17	860.92	GE HEALTHCARE IITS USA CORP
A/P		173032	10/09/17	299.00	GE MEDICAL SYSTEMS, INFO TECH
A/P		173033	10/09/17	103.80	GENESIS DIAGNOSTICS
A/P		173034	10/09/17	111.96	GRAINGER
A/P		173035	10/09/17	589.08	GULF COAST PAPER COMPANY
A/P		173036	10/09/17	4,919.41	HEALTHCARE EQUIPMENT FINANCE
A/P		173037	10/09/17	1,374.00	HEARTSMART.COM
A/P		173038	10/09/17	11.25	HOSPIRA WORLDWIDE, INC
A/P		173039	10/09/17	14,742.72	HUNTER PHARMACY SERVICES
A/P		173040	10/09/17	316.00	INTEGRATED MEDICAL SYSTEMS
A/P		173041	10/09/17	279.62	IRON MOUNTAIN
A/P		173042	10/09/17	4,036.05	J & J HEALTH CARE SYSTEMS, INC
A/P		173043	10/09/17	472.38	JOHNSTONE SUPPLY
A/P		173044	10/09/17	400.00	LAMAR COMPANIES

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	173045	10/09/17	100.48	M.C. JOHNSON COMPANY INC
A/P	173046	10/09/17	105.82	MARTIN PRINTING CO
A/P	173047	10/09/17	702.95	MCKESSON MEDICAL SURGICAL INC
A/P	173048	10/09/17	1,215.51	MED-PRO/THIRD COAST COMMERCIAL
A/P	173049	10/09/17	485.55	MEDLINE INDUSTRIES INC
A/P	173050	10/09/17	73.66	MERCEDES MEDICAL
A/P	173051	10/09/17	1,966.72	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	173052	10/09/17	778.22	MICRO SURGICAL TECHNOLOGY INC
A/P	173053	10/09/17	84.38	MMC AUXILIARY GIFT SHOP
A/P	173054	10/09/17	40,599.74	MMC EMPLOYEE BENEFIT PLAN
A/P	173055	10/09/17	.00	VOIDED
A/P	173056	10/09/17	12,274.54	MORRIS & DICKSON CO, LLC
A/P	173057	10/09/17	426.56	OCCUPRO LLC
A/P	173058	10/09/17	.00	VOIDED
A/P	173059	10/09/17	2,437.23	OWENS & MINOR
A/P	173060	10/09/17	165.00	PALACIOS BEACON
A/P	173061	10/09/17	147.00	PGBA, LLC
A/P	173062	10/09/17	209.97	PHARMEDIUM SERVICES LLC
A/P	173063	10/09/17	350.00	PHILIP THOMAE PHOTOGRAPHER
A/P	173064	10/09/17	250.00	PORT LAVACA CHAMBER OF COMMERC
A/P	173065	10/09/17	3,292.00	RADSOURCE
A/P	173066	10/09/17	43.72	RED HAWK FIRE AND SECURITY
A/P	173067	10/09/17	563.47	REXEL
A/P	173068	10/09/17	6,000.00	ROCKET OILFIELD SERVICES
A/P	173069	10/09/17	900.30	RX WASTE SYSTEMS LLC
A/P	173070	10/09/17	4,255.42	SANOFI PASTEUR INC
A/P	173071	10/09/17	44.70	SETON IDENTIFICATION PRODUCTS
A/P	173072	10/09/17	450.00	SIGN AD, LTD.
A/P	173073	10/09/17	1,526.37	SMITH & NEPHEW
A/P	173074	10/09/17	265.12	SMITHS MEDICAL ASD INC
A/P	173075	10/09/17	1,991.80	STERICYCLE, INC
A/P	173076	10/09/17	854.99	STRYKER SALES CORP
A/P	173077	10/09/17	2,271.42	STRYKER SUSTAINABILITY
A/P	173078	10/09/17	160.50	STUDER GROUP
A/P	173079	10/09/17	713.35	SUMMIT MEDICAL
A/P	173080	10/09/17	526.24	SYSCO FOOD SERVICES OF
A/P	173081	10/09/17	4,555.00	T-SYSTEM, INC
A/P	173082	10/09/17	1,286.81	THE US CONSULTING GROUP
A/P	173083	10/09/17	1,350.00	TOSHIBA AMERICA MEDICAL SYST.
A/P	173084	10/09/17	124.67	UNIFIRST HOLDINGS
A/P	173085	10/09/17	.00	VOIDED
A/P	173086	10/09/17	4,486.81	UNIFIRST HOLDINGS INC
A/P	173087	10/09/17	5,180.29	US FOOD SERVICE
A/P	173088	10/09/17	151.88	USI INC
A/P	173089	10/09/17	1,265.00	VICTORIA COMMUNICATION SVCS
A/P	173090	10/09/17	462.28	WALMART COMMUNITY
A/P	173091	10/09/17	14,050.00	WOUND CARE SPECIALISTS
TOTALS:			454,658.18	

APPROVED
ON

OCT 0 9 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

10/09/2017
15:22

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
	MMC92017		09/29/20	09/25/20	10/15/20			23,788.00	0.00	0.00	23,788.00
		PURCH SERV									
Vendor Totals	Number	Name						Gross	Discount	No-Pay	Net
	11285	ITA RESOURCES INC						23,788.00	0.00	0.00	23,788.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	23,788.00	0.00	0.00	23,788.00

CK# 173092

APPROVED
ON

OCT 0 9 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 11-13-17

10/09/2017
15:20

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

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
000292		10/09/20	10/09/20	10/10/20			742.50	0.00	0.00	742.50
	PURCHASES SERVICE CLINIC									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11069	PABLO GARZA	742.50	0.00	0.00	742.50

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	742.50	0.00	0.00	742.50

APPROVED
ON
OCT 0 9 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK # 173093

Michael J. Pfeifer
Calhoun County Judge
Date: 11-13-17

10/09/2017
15:21

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
D1080	RITA DAVIS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
000289		10/09/20	10/09/20	10/10/20		132.25	0.00	0.00	132.25
	CS PURCHASER								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1080	RITA DAVIS	132.25	0.00	0.00	132.25

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	132.25	0.00	0.00	132.25

CK # 173094

APPROVED
ON
OCT 0 9 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 11-13-17

10/09/2017
15:21

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

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
000293		10/09/20	10/09/20	10/10/20		535.15	0.00	0.00	535.15
	HIM PURCHASED SERVICE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	K0536	SHIRLEY KARNEI	535.15	0.00	0.00	535.15

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	535.15	0.00	0.00	535.15

APPROVED
ON

OCT 0 9 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK # 173095

Michael J Pfeil
11-13-17

RUN DATE:10/09/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:16:40 CHECK REGISTER GLCKREG
10/09/17 THRU 10/09/17

BANK	CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	*	000949	10/09/17	3,452.62	MCKESSON
A/P		172996	10/09/17	314.42	ACE HARDWARE 15521
A/P		172997	10/09/17	1,400.00	ACUTE CARE INC
A/P		172998	10/09/17	19.40	ADVANCE MEDICAL DESIGNS INC
A/P		172999	10/09/17	3,343.28	AIRGAS USA, LLC - CENTRAL DIV
A/P		173000	10/09/17	477.00	ALCON LABORATORIES, INC.
A/P		173001	10/09/17	5,157.56	ALERE NORTH AMERICA INC
A/P		173002	10/09/17	63,316.64	ALLIED BENEFIT SYSTEMS
A/P		173003	10/09/17	11,630.86	ALLSTATE
A/P		173004	10/09/17	3,325.73	AMN HEALTHCARE ALLIED, INC.
A/P		173005	10/09/17	485.12	AUTO PARTS & MACHINE CO.
A/P		173006	10/09/17	6,452.64	BANK OF THE WEST
A/P		173007	10/09/17	475.00	BARD PERIPHERAL VASCULAR
A/P		173008	10/09/17	952.46	BAXTER HEALTHCARE
A/P		173009	10/09/17	557.00	BAY STORAGE
A/P		173010	10/09/17	1,144.64	BAYER HEALTHCARE
A/P		173011	10/09/17	8,147.54	BECKMAN COULTER INC
A/P		173012	10/09/17	809.81	CARDINAL HEALTH 414, INC.
A/P		173013	10/09/17	394.91	CAREFUSION 2200, INC
A/P		173014	10/09/17	1,902.84	CENTURION MEDICAL PRODUCTS
A/P		173015	10/09/17	106.30	CITY OF PORT LAVACA
A/P		173016	10/09/17	889.23	COASTAL OFFICE SOLUTONS
A/P		173017	10/09/17	230.00	CONMED CORPORATION
A/P		173018	10/09/17	11,139.77	DELTA HEALTHCARE PROVIDERS
A/P		173019	10/09/17	1,613.27	DEWITT POTH & SON
A/P		173020	10/09/17	31,144.58	DIAMOND HEALTHCARE CORP
A/P		173021	10/09/17	1,320.66	DIEBEL OIL CO INC
A/P		173022	10/09/17	93,071.79	DISCOVERY MEDICAL NETWORK INC
A/P		173023	10/09/17	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P		173024	10/09/17	1,334.79	EVIDENT
A/P		173025	10/09/17	633.95	EVOQUA WATER TECHNOLOGIES LLC
A/P		173026	10/09/17	495.00	FASTHEALTH CORPORATION
A/P		173027	10/09/17	3,984.02	FISHER HEALTHCARE
A/P		173028	10/09/17	530.00	FORT BEND SERVICES, INC
A/P		173029	10/09/17	2,240.00	FUSION MEDICAL STAFFING, LLC
A/P		173030	10/09/17	4,441.19	GARDNER & WHITE, INC.
A/P		173031	10/09/17	860.92	GE HEALTHCARE IITS USA CORP
A/P		173032	10/09/17	299.00	GE MEDICAL SYSTEMS, INFO TECH
A/P		173033	10/09/17	103.80	GENESIS DIAGNOSTICS
A/P		173034	10/09/17	111.96	GRAINGER
A/P		173035	10/09/17	589.08	GULF COAST PAPER COMPANY
A/P		173036	10/09/17	4,919.41	HEALTHCARE EQUIPMENT FINANCE
A/P		173037	10/09/17	1,374.00	HEARTSMART.COM
A/P		173038	10/09/17	11.25	HOSPIRA WORLDWIDE, INC
A/P		173039	10/09/17	14,742.72	HUNTER PHARMACY SERVICES
A/P		173040	10/09/17	316.00	INTEGRATED MEDICAL SYSTEMS
A/P		173041	10/09/17	279.62	IRON MOUNTAIN
A/P		173042	10/09/17	4,036.05	J & J HEALTH CARE SYSTEMS, INC
A/P		173043	10/09/17	472.38	JOHNSTONE SUPPLY
A/P		173044	10/09/17	400.00	LAMAR COMPANIES

See pg 2 this register for CKS # 173092-173095

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	173045	10/09/17	100.48	M.C. JOHNSON COMPANY INC
A/P	173046	10/09/17	105.82	MARTIN PRINTING CO
A/P	173047	10/09/17	702.95	MCKESSON MEDICAL SURGICAL INC
A/P	173048	10/09/17	1,215.51	MED-PRO/THIRD COAST COMMERCIAL
A/P	173049	10/09/17	485.55	MEDLINE INDUSTRIES INC
A/P	173050	10/09/17	73.66	MERCEDES MEDICAL
A/P	173051	10/09/17	1,966.72	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	173052	10/09/17	778.22	MICRO SURGICAL TECHNOLOGY INC
A/P	173053	10/09/17	84.38	MMC AUXILIARY GIFT SHOP
A/P	173054	10/09/17	40,599.74	MMC EMPLOYEE BENEFIT PLAN
A/P	173055	10/09/17	.00	VOIDED
A/P	173056	10/09/17	12,274.54	MORRIS & DICKSON CO, LLC
A/P	173057	10/09/17	426.56	OCCUPRO LLC
A/P	173058	10/09/17	.00	VOIDED
A/P	173059	10/09/17	2,437.23	OWENS & MINOR
A/P	173060	10/09/17	165.00	PALACIOS BEACON
A/P	173061	10/09/17	147.00	PGBA, LLC
A/P	173062	10/09/17	209.97	PHARMEDIUM SERVICES LLC
A/P	173063	10/09/17	350.00	PHILIP THOMAE PHOTOGRAPHER
A/P	173064	10/09/17	250.00	PORT LAVACA CHAMBER OF COMMERC
A/P	173065	10/09/17	3,292.00	RADSOURCE
A/P	173066	10/09/17	43.72	RED HAWK FIRE AND SECURITY
A/P	173067	10/09/17	563.47	REXEL
A/P	173068	10/09/17	6,000.00	ROCKET OILFIELD SERVICES
A/P	173069	10/09/17	900.30	RX WASTE SYSTEMS LLC
A/P	173070	10/09/17	4,255.42	SANOFI PASTEUR INC
A/P	173071	10/09/17	44.70	SETON IDENTIFICATION PRODUCTS
A/P	173072	10/09/17	450.00	SIGN AD, LTD.
A/P	173073	10/09/17	1,526.37	SMITH & NEPHEW
A/P	173074	10/09/17	265.12	SMITHS MEDICAL ASD INC
A/P	173075	10/09/17	1,991.80	STERICYCLE, INC
A/P	173076	10/09/17	854.99	STRYKER SALES CORP
A/P	173077	10/09/17	2,271.42	STRYKER SUSTAINABILITY
A/P	173078	10/09/17	160.50	STUDER GROUP
A/P	173079	10/09/17	713.35	SUMMIT MEDICAL
A/P	173080	10/09/17	526.24	SYSCO FOOD SERVICES OF
A/P	173081	10/09/17	4,555.00	T-SYSTEM, INC
A/P	173082	10/09/17	1,286.81	THE US CONSULTING GROUP
A/P	173083	10/09/17	1,350.00	TOSHIBA AMERICA MEDICAL SYST.
A/P	173084	10/09/17	124.67	UNIFIRST HOLDINGS
A/P	173085	10/09/17	.00	VOIDED
A/P	173086	10/09/17	4,486.81	UNIFIRST HOLDINGS INC
A/P	173087	10/09/17	5,180.29	US FOOD SERVICE
A/P	173088	10/09/17	151.88	USI INC
A/P	173089	10/09/17	1,265.00	VICTORIA COMMUNICATION SVCS
A/P	173090	10/09/17	462.28	WALMART COMMUNITY
A/P	173091	10/09/17	14,050.00	WOUND CARE SPECIALISTS
A/P	173092	10/09/17	23,788.00	ITA RESOURCES INC
A/P	173093	10/09/17	742.50	PABLO GARZA
A/P	173094	10/09/17	132.25	RITA DAVIS
A/P	173095	10/09/17	535.15	SHIRLEY KARNEI
TOTALS:			479,856.08	

Register For CKS #173092 - 173095

APPROVED ON

OCT 09 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Elan™

October 2017 Statement
Open Date: 09/07/2017 Closing Date: 10/04/2017

Visa® Business Card
MEMORIAL MEDICAL CNT
JASON W ANGLIN

Cardmember Service
BUS 30 ELN 8

New Balance	**$1,895.29**
Minimum Payment Due	**$19.00**
Payment Due Date	**11/01/2017**

Activity Summary

Previous Balance	+	$1,037.89
Payments	-	$1,037.89CR
Other Credits		$0.00
Purchases	+	$1,895.29
Balance Transfers		$0.00
Advances		$0.00
Other Debits		$0.00
Fees Charged		$0.00
Interest Charged		$0.00
New Balance	=	**$1,895.29**
Past Due		**$0.00**
Minimum Payment Due		**$19.00**
Credit Line		$10,000.00
Available Credit		$8,104.71
Days in Billing Period		28

314·82+
76·48+
199·99+
24·00+
2·00+
2·00+
742·52+
138·56+
34·00+
251·00+
109·92+
1,895·29*

$1,895.29
APPROVED ON
OCT 11 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MMC will pay by phone

Michael J. Pfeifer
Calhoun County Judge
Date: 11-13-17

Payment Options:

Mail payment coupon with a check

Pay online at

Pay by phone

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

Elan™

. to pay by phone
. to change your address

Payment Due Date	11/01/2017
New Balance	$1,895.29
Minimum Payment Due	$19.00

Amount Enclosed $_____

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

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

Elan

October 2017 Statement 09/07/2017 - 10/04/2017

MEMORIAL MEDICAL CNT
JASON W ANGLIN (

Cardmember Service

Important Messages

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

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

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

Our thoughts are with those who have been impacted by the recent natural disasters across the country. We're here to help. Please contact us at the number on this statement, or on the back of your credit card, if you have any questions on your account or to learn about the assistance programs that may be available.

Transactions

Payments and Other Credits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
09/22	09/22		PAYMENT THANK YOU	$1,037.89CR	
			TOTAL THIS PERIOD	**$1,037.89CR**	

Purchases and Other Debits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
09/13	09/11	9115	HORSESHOE BAY FRONT DE 8305986313 TX 09/11/17 FOR 01 NIGHTS FOLIO: 00788149118305986313	$314.82	✓
09/13	09/12	4067	TX CII RX PADS 512-305-8014 TX	$76.48	✓
09/18	09/15	1516	PESI PESI.COM WI	$199.99	✓
09/19	09/19	6061	AMA*CREDENTIALING 800-621-8335 IL	$24.00	✓
09/20	09/19	8649	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	✓
09/20	09/19	8722	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	✓
09/26	09/25	8618	WYNDHAM SAN ANTONIO RI SAN ANTONIO TX 09/24/17 FOR 01 NIGHTS FOLIO: 0925000199751	$742.52	✓
10/02	09/29	2667	BEAREGARDS 520-275-8279 WA	$251.00	✓
10/03	10/02	6417	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$34.00	✓
10/04	09/28	9630	WYNDHAM SAN ANTONIO RI SAN ANTONIO TX	$138.56	✓
10/04	10/02	3281	BOHLS EQUIPMENT COMPAN 361-5783676 TX	$109.92	✓
			TOTAL THIS PERIOD	**$1,895.29**	

2017 Totals Year-to-Date

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

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

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: 10/9/17

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	—	Torch Leadership & Management Inst.	Horseshoe Bay Resort - Hotel			314.82 ✓
2		Sept. 14-15 2017	expense for Erin Clevenger			
3	—		TX C11 Rx Pads - for Dr.			76.48 ✓
4			Crowley			
5	—		PESI - Webinar - PT Dept			199.90 ✓
6	—		AMA - 1 PA profile			24.00 ✓
7	—		NPDB - 1 provider			2.00 ✓
8	—		NPDB - 1 provider			2.00 ✓
9	—	2017 DI Users Conference	Wyndham SA - Hotel expense	Advance Deposit		742.52 ✓
10		Sept. 25-28 2017	for Sara Rubio	Remainder of Hotel Expenses (parking)		138.56 ✓

Est. Freight _____ Est. Total Cost _____ TOTAL COST ~~1,499.38~~ $1,481.38

NOTES:

Charges made to JASON's VISA card

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm. Dir. Clinical Service _____

CFO _____

Administrator _____

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

(2)

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

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

Vendor Name: Cardmember Service

Date: 10/9/17

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 - 17 Renewals	2.00		34.00 ✓
2	—		Beareganks - 8 inch recordable		+	251.00
3			brown bunny (qty 20)			
4	—		Bohls Equipment Company - Flange		+	109.92
5			Bearing, Pillow Block, Sheave			
6				—	—	—
7			Total of page 1 & 2	$		1,895.29
8						
9						
10						

Est. Freight _____ Est. Total Cost _____ TOTAL COST 34.00

NOTES:

Charges made to Jason's VISA card

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm. Dir. Clinical Service _____

CFO _____

Administrator _____

10/11/2017 MEMORIAL MEDICAL CENTER 0
14:15 AP Open Invoice List ap_open_invoice.template
Dates Through:

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
24803973 ✓	HOSP PHONE	10/11/20	09/16/20	10/08/20			1,276.19	0.00	0.00	1,276.19 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11050	BIRCH COMMUNICATIONS	1,276.19	0.00	0.00	1,276.19

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,276.19	0.00	0.00	1,276.19

APPROVED
ON

OCT 11 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 173096

Michael J. Pfeifer
Calhoun County Judge
Date: 11-13-17

10/11/2017
14:11

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

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
35589	ER DOC PRO FEES	10/11/20	10/15/20	10/25/20			40,062.50	0.00	0.00	40,062.50

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

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	40,062.50	0.00	0.00	40,062.50

APPROVED
ON

OCT 11 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 173097

Michael J. Pfeifer
Calhoun County Judge
Date: 11-13-17

10/11/2017
14:20

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11183	FRONTIER ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
000239		10/11/20	09/19/20	09/26/20		842.55	0.00	0.00	842.55 ✓
	HOSP GEN								
000271		10/11/20	09/19/20	10/13/20		59.42	0.00	0.00	59.42 ✓
	HOSP PHONE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11183	FRONTIER	901.97	0.00	0.00	901.97

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	901.97	0.00	0.00	901.97

APPROVED
ON

OCT 1 1 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 173098

Michael J. Pfeifer
Calhoun County Judge
Date: 11-13-17

10/11/2017
14:14

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

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
15293464	INS FEE	10/11/20	09/13/20				33.12	0.00	0.00	33.12

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11099	MARLIN BUSINESS BANK	33.12	0.00	0.00	33.12

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	33.12	0.00	0.00	33.12

APPROVED
ON

OCT 11 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 197099

Michael J. Pfeifer
Calhoun County Judge
Date: 11-13-17

10/11/2017
13:07

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

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
00284		10/11/20	10/02/20	10/11/20		7,147.41	0.00	0.00	7,147.41 ✓
	EMPL HOSP INS								
00306		10/11/20	10/10/20	10/11/20		22,558.79	0.00	0.00	22,558.79 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN	29,706.20	0.00	0.00	29,706.20

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	29,706.20	0.00	0.00	29,706.20

APPROVED
ON

OCT 11 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK # 173100

Michael J. Pfeifer
Calhoun County Judge
Date: 11-13-17

10/11/2017
14:13

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

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
69336635	TELEPHONE	10/11/20	09/22/20	10/11/20		9,401.22	0.00	0.00	9,401.22

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11142	PAETEC (WINDSTREAM)	9,401.22	0.00	0.00	9,401.22

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	9,401.22	0.00	0.00	9,401.22

APPROVED
ON

OCT 11 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 173101

Michael J. Pfeifer
Calhoun County Judge
Date: 11-13-17

10/12/2017
11:03

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11560	ROMAN FIKAC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
000308		10/12/20	10/10/20	11/10/20		4,340.00	0.00	0.00	4,340.00
	PURCH SERV. PLANT OPS - Labor tree shrub removal								
00309		10/12/20	10/10/20	11/10/20		3,830.00	0.00	0.00	3,830.00
	PURCH SERV Labor - tree shrub Removed								
00310		10/12/20	10/10/20	11/10/20		1,125.00	0.00	0.00	1,125.00
	PURCH SERV PLANT OPS Labor - Tree-Shrub Removal								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11560	ROMAN FIKAC	9,295.00	0.00	0.00	9,295.00 *

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	9,295.00	0.00	0.00	9,295.00

APPROVED
ON
OCT 12 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

*See attached for Description of Charges.

OR# 173102

Michael J. Pfeifer
Calhoun County Judge
Date: 11-13-17

RECEIPT ☑

ESTIMATE ☐

Roman Fikac

DBA: *JUST ASK*

Property Enhancement

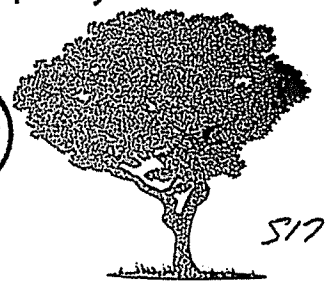
Roman Fikac: 361.894.1544
Matt Boyle: 361.218.2244

Date: 10/10/2017

☐ Cash
☐ Credit Card
☐ Billable

POSTED

000308



517 Ivanhoe

407 Versailles Dr.
Victoria, Tx 77904

Customer: ~~Memorial~~ Medical Center
815 North Virginia St.
Port LaVaca TX 77979

Qty	Description	Unit Price	Amount
	Contract Labor:		
(16hrs)	Addition work ordered by:		$2640.00
	Chuck Samaha: Cut down of		
	Crepe myrtles grind stumps,		
	Remove shrubs from employee		
	parking lot & Around E.R.		
	Brush haul-off/disposal		$1700.00
	Completed 10/11/2017		
	P.O. # 87377	Subtotal	$4340.00
		Tax	
		Total	
		Amount Pd	

Chuck Samaha | Sylvia
Customer Signature

COPY

RECEIPT ☑

ESTIMATE ☐

Roman Fikac

DBA: **JUST ASK**

Property Enhancement

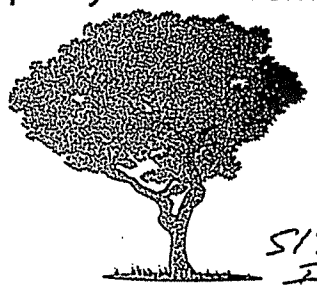
Roman Fikac: 361.894.1544
Matt Boyle: 361.218.2244

Date: 10/10/2017

☐ Cash
☐ Credit Card
☐ Billable

000309

POSTED



517 Ivanhoe

~~407 Versailles Dr.~~
Victoria, Tx 77904

Customer: Memorial Medical Center
815 North Virginia St.
Port Lavaca TX 77979

Qty	Description	Unit Price	Amount
(7)	Contract Labor T/Trim all large trees.		$1215.00
(4)	Stump Removal (Crepe Mrytle)		$900.00
(2)	Skid Steer		$700.00
(7)	Brush Haul-off/disposal		$1015.00
	Completed 10/10/2017 (Trim all remaining shrubs)		
	P.O.# 87374		
		Subtotal	$3830.00
		Tax	
		Total	
		Amount Pd	

Chuck Samaral Sylvia Vargas
Customer Signature

COPY

RECEIPT ☑

ESTIMATE ☐

Roman Fikac

DBA: **JUST ASK**

Property Enhancement

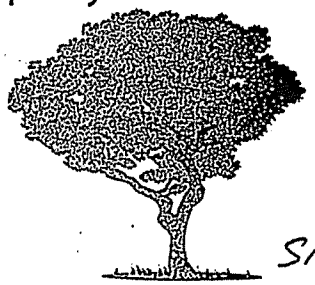
Roman Fikac: 361.894.1544
Matt Boyle: 361.218.2244

Date: 10/10/2017

☐ Cash
☐ Credit Card
☐ Billable

POSTED

000310



517 Ivanhoe
~~407 Versailles Dr.~~
Victoria, Tx 77904

Customer: Memorial Medical Center
815 North Virginia St.
Port Lavaca TX 77979

Qty	Description	Unit Price	Amount
	Contract Labor @		
	To remove & dispose of	$775.00	
	Shrubs & small trees from		
	Veteran's memorial area,		
	left side of main entrance		
	around community entrance.		
	Stump Grinding	$350.00	
	Completed		
	10/10/2017		
	P.O # 87375	Subtotal	$1125.00
		Tax	
		Total	
		Amount Pd	

Chuck Semaral Sylvia Vargas
Customer Signature

COPY

10/11/2017
12:55

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11556	SHELLY MCAFEE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000305		10/11/20	10/10/20	10/11/20			150.00	0.00	0.00	150.00
	PAYROLL RETURN									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11556	SHELLY MCAFEE	150.00	0.00	0.00	150.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	150.00	0.00	0.00	150.00

APPROVED
ON

OCT 1 1 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 173103

Michael J Pfeil
11-13-17

10/11/2017
13:02

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

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
000267		10/11/20	09/20/20	09/30/20			3,690.52	0.00	0.00	3,690.52
	RENTAL & LEASE- RAD									

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

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	3,690.52	0.00	0.00	3,690.52

APPROVED
ON

OCT 11 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK #173104

Michael J. Pfeifer
Calhoun County Judge
Date: 11-13-17

10/11/2017 MEMORIAL MEDICAL CENTER 0
13:01 AP Open Invoice List ap_open_invoice.template
Dates Through:

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
00307		10/11/20	09/01/20	10/15/20			4,148.00	0.00	0.00	4,148.00
	INS WORK COMP									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T2204	TEXAS MUTUAL INSURANCE CO	4,148.00	0.00	0.00	4,148.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	4,148.00	0.00	0.00	4,148.00

APPROVED
ON
OCT 11 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 173105

Michael J. Pfeifer
Calhoun County Judge
Date: 11-13-17

10/11/2017
14:12

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

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
9792870310 ✓	TELEPHONE	10/11/20	09/16/20	09/16/20		218.40	0.00	0.00	218.40 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	V0559	VERIZON WIRELESS	218.40	0.00	0.00	218.40

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	218.40	0.00	0.00	218.40

APPROVED
ON
OCT 11 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 173106

Michael J. Pfeifer
Calhoun County Judge
Date: 11-13-17

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	173096	10/12/17	1,276.19	BIRCH COMMUNICATIONS
A/P	173097	10/12/17	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	173098	10/12/17	901.97	FRONTIER
A/P	173099	10/12/17	33.12	MARLIN BUSINESS BANK
A/P	173100	10/12/17	29,706.20	MMC EMPLOYEE BENEFIT PLAN
A/P	173101	10/12/17	9,401.22	PAETEC (WINDSTREAM)
A/P	173102	10/12/17	9,295.00	ROMAN FIKAC
A/P	173103	10/12/17	150.00	SHELLY MCAFEE
A/P	173104	10/12/17	3,690.52	TEXAS ADVANTAGE COMMUNITY BANK
A/P	173105	10/12/17	4,148.00	TEXAS MUTUAL INSURANCE CO
A/P	173106	10/12/17	218.40	VERIZON WIRELESS
TOTALS:			98,883.12	

APPROVED
ON

OCT 11 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

APPROVED
ON

OCT 12 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: 10/13/2017

DC: 8115

Territory:

Customer: 632536
Date: 10/14/2017

Page: 002

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

As of: 10/13/2017 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 10/14/2017 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: 4,140.84 USD

Future Due: 0.00

Past Due: 292.58-

Last Payment 08/07/2017 2,451.97

If Paid By 10/17/2017, Pay This Amount: 4,050.85 USD

If Paid After 10/17/2017, Pay this Amount: ~~4,140.84~~ USD

Due If Paid On Time: USD 4,050.85

Disc lost if paid late: 89.99

Due If Paid Late: USD 4,140.84

ck# 950

340B Prescription Expenses

1,399.42 +
517.64 +
2,133.79 +
4,050.85 *

4,050.85 +
4,050.85 -
0.00 *

APPROVED ON
OCT 16 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 11-13-17

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 10/13/2017

DC: 8115

Territory: 400

Customer: 190813
Date: 10/14/2017

Page: 001

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

As of: 10/13/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 10/14/2017 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											
10/09/2017	10/17/2017	7833847430	1001094682	115Invoice	4.00	200.19		196.19		7833847430	
10/09/2017	10/17/2017	7833847431	1001095291	115Invoice	17.25	862.57		845.32		7833847431	
10/09/2017	10/17/2017	7833847432	1001095716	115Invoice	0.06	2.88		2.82		7833847432	
10/10/2017	10/17/2017	7834084245	1001096107	115Invoice	2.94	147.07		144.13		7834084245	
10/11/2017	10/17/2017	7834373307	AUDIT PR CORR CR	Pricing Cor		66.89-		66.89-		7834373307	
10/11/2017	10/17/2017	7834373308	AUDIT PR CORR IN	Pricing Cor	1.34	67.19		65.85		7834373308	
10/12/2017	10/17/2017	7834541935	1001097491	115Invoice	2.49	124.54		122.05		7834541935	
10/13/2017	10/17/2017	7834761149	1001098079	115Invoice	1.84	91.79		89.95		7834761149	

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: 1,429.34 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,452.62
10/10/2017

If Paid By 10/17/2017,
Pay This Amount: 1,399.42 USD

If Paid After 10/17/2017,
Pay this Amount: 1,429.34 USD

Due If Paid On Time:
USD 1,399.42
Disc lost if paid late:
29.92
Due If Paid Late:
USD 1,429.34

McKESSON

STATEMENT

Company: 8000

As of: 10/13/2017

Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 10/14/2017

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 10/13/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 10/14/2017 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											
10/09/2017	10/17/2017	7833831243	2007400867	115Invoice	4.20	210.03		✓205.83	✓	7833831243	
10/09/2017	10/17/2017	7833831244	1007170313-00	115Invoice	3.07	153.53		✓150.46	✓	7833831244	
10/09/2017	10/17/2017	7833831245	1008170329-00	115Invoice	0.83	41.57		✓ 40.74	✓	7833831245	
10/09/2017	10/09/2017	7833900365	2007400861	115Credit		292.58-	P	✓ 292.58-	P ✓	7833900365	
10/10/2017	10/17/2017	7834038173	1009170443-00	115Invoice	0.01	0.63		✓ 0.62	✓	7834038173	
10/11/2017	10/17/2017	7834292042	2007400873	115Invoice		0.07		✓ 0.07	✓	7834292042	
10/12/2017	10/17/2017	7834529562	1011170134-01	115Invoice	5.50	274.86		✓ 269.36	✓	7834529562	
10/13/2017	10/17/2017	7834761309	2007400879	115Invoice	2.92	146.06		✓143.14	✓	7834761309	

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: 534.17 USD

Future Due: 0.00

Past Due: 292.58-

Last Payment 3,452.62
10/10/2017

If Paid By 10/17/2017,
Pay This Amount: 517.64 USD

If Paid After 10/17/2017,
Pay this Amount: 534.17 USD

Due If Paid On Time:
USD 517.64
Disc lost if paid late:
16.53
Due If Paid Late:
USD 534.17

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: 10/13/2017

DC: 8115

Territory: 400

Customer: 262252
Date: 10/14/2017

Page: 001

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

As of: 10/13/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 10/14/2017 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											
10/09/2017	10/17/2017	7833842694	1001094684	115Invoice	5.70	285.01		279.31		7833842694	
10/09/2017	10/17/2017	7833842695	1001095293	115Invoice	2.71	135.27		132.56		7833842695	
10/09/2017	10/17/2017	7833842696	1001095293	115Invoice	0.02	1.24		1.22		7833842696	
10/09/2017	10/17/2017	7833842697	1001095718	115Invoice	2.68	134.00		131.32		7833842697	
10/09/2017	10/17/2017	7833842699	1001095718	115Invoice	0.06	3.24		3.18		7833842699	
10/10/2017	10/17/2017	7834076993	1001096109	115Invoice	0.29	14.27		13.98		7834076993	
10/11/2017	10/17/2017	7834305989	1001096719	115Invoice	3.95	197.69		193.74		7834305989	
10/12/2017	10/17/2017	7834542327	1001097493	115Invoice	27.52	1,375.97		1,348.45		7834542327	
10/13/2017	10/17/2017	7834762148	1001098081	115Invoice	0.56	27.99		27.43		7834762148	
10/13/2017	10/17/2017	7834762150	1001098081	115Invoice	0.05	2.65		2.60		7834762150	

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: 2,177.33 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,452.62
10/10/2017

If Paid By 10/17/2017,
Pay This Amount: 2,133.79 USD

If Paid After 10/17/2017,
Pay this Amount: 2,177.33 USD

Due If Paid On Time:
USD 2,133.79
Disc lost if paid late:
43.54
Due If Paid Late:
USD 2,177.33

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000950	10/16/17	4,050.85	MCKESSON
TOTALS:			4,050.85	

APPROVED
ON

OCT 16 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

11492

MEMORIAL MEDICAL CENTER 000317
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 10/13/2017

APPROVED ON OCT 17 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT $1,598,335.11

G/L NUMBER: 10000001

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

REQUESTED BY: Adam Machicek

AUTHORIZED BY:

CK# 172377

Michael J. Pfeifer
Calhoun County Judge
Date: 11-13-17

Ø

RUN DATE:10/17/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:11:12 CHECK REGISTER GLCKREG
10/17/17 THRU 10/17/17

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	172377	10/17/17	1,598,335.11	MMC OPERATING PROSPERITY ACC
TOTALS:			1,598,335.11	

APPROVED
ON

OCT 17 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
10/16/2017

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	17,528.47	17,367.25	21,735.44	61.22	-	-	-	-	21,896.66	21,735.44

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: 11-13-17

APPROVED
OCT 18 2017
COUNTY AUDITOR

E:\NH Weekly Transfers\NH UPL Transfer Summary 10-16-17.xlsx

Nexion Prosperity Bank Activity
10/9/17 through 10/15/17

Golden Creek		Transfer-Out	Transfer-In
10/12/2017	CM Wire Domestic WIRE OUT NEXION HEALTH AT GOLDEN CREEK	17,367.25	
10/13/2017	Deposit		21,735.44
		17,367.25	**21,735.44**

Home

ALL ACCOUNTS | FAVORITES ☆

Sort By: Account Number

Operating

Checking	Available	Previous Day
MEMORIAL MEDICAL CENTER - OPERATING *4357 ☆	$840,716.76	$955,899.63
MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014 *4365 ☆	$100.08	$100.08
MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING *4373 ☆	$817,207.91	$817,207.91
MEMORIAL MEDICAL CENTER / NH ASHFORD *4381 ☆	$11,007.54 ✓	$11,007.54
MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403 ☆	$37,098.27 ✓	$32,089.80
MEMORIAL MEDICAL CENTER / NH CRESCENT *4411 ☆	$4,802.93 ✓	$4,802.93
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438 ☆	$20,863.40 ✓	$20,863.40
MEMORIAL MEDICAL CENTER / NH FORT BEND *4446 ☆	$9,468.91 ✓	$9,468.91
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE *4454 ☆	$21,896.66 ✓	$21,896.66
CAL CO INDIGENT HEALTHCARE *4551 ☆	$61,913.27	$61,913.27
TOTAL	$1,825,075.73	$1,935,250.13

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
10/16/2017

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	103,791.70	103,617.56	10,833.40	74.14	-	-	-	-	11,007.54	10,833.40

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	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	60,748.04	60,627.85	20,743.21	20.19	-	-	-	-	20,863.40	20,743.21
Crescent	4411	44,120.93	44,004.55	4,686.55	16.38	-	-	-	-	4,802.93	4,686.55
Broadmoor	4403	49,117.09	48,799.94	31,772.65	217.15	-	-	-	-	32,089.80	31,772.65
Fort Bend	4446	23,076.80	22,927.47	9,319.58	49.33	-	-	-	-	9,468.91	9,319.58
											66,521.99

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: 11-13-17

APPROVED
OCT 18 2017
COUNTY AUDITOR

E:\NH Weekly Transfers\NH UPL Transfer Summary 10-16-17.xlsx

Prosperity Bank Activity
10/9/17 through 10/15/17

Ashford Gardens			Transfer-Out	Transfer-In
10/13/2017	4381	CM Wire Domestic WIRE OUT ASHFORD HEALTH CARE CENTER LTD	103,617.56	
10/13/2017	4381	Deposit		10,204.50
10/12/2017	4381	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113005 2		628.90
			103,617.56	**10,833.40**

Broadmoor			Transfer-Out	Transfer-In
10/12/2017	4403	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	48,799.94	
10/10/2017	4403	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113004 2		657.09
10/11/2017	4403	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113004 2		3,063.94
10/12/2017	4403	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113004 2		10,363.50
10/13/2017	4403	Deposit		17,688.12
			48,799.94	**31,772.65**

Crescent			Transfer-Out	Transfer-In
10/12/2017	4411	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	44,004.55	
10/10/2017	4411	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113008 2		1692.87
10/13/2017	4411	Deposit		2993.68
			44,004.55	**4,686.55**

Fort Bend			Transfer-Out	Transfer-In
10/12/2017	4446	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	22,927.47	
10/13/2017	4446	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113006 2		3.99
10/10/2017	4446	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113006 2		2,421.31
10/13/2017	4446	Deposit		6,894.28
			22,927.47	**9,319.58**

Solera at West Houston			Transfer-Out	Transfer-In
10/12/2017	4438	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	60,627.85	
10/10/2017	4438	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113007 2		1,055.96
10/13/2017	4438	Deposit		19,687.25
			60,627.85	**20,743.21**

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
IBC Accounts
10/16/2017

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	26,760.24	26,660.24	1,336.31	-	-	-	-	1,436.31	-

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	63,525.11	63,425.11	6,937.24	-	-	-	-	7,037.24	6,937.24
Crescent	4588	9,361.28	9,261.28	15,670.17	-	-	-	-	15,770.17	15,670.17
Broadmoor	4596	10,563.20	10,463.20	12,199.54	-	-	-	-	12,299.54	12,199.54
Fort Bend	4618	5,395.08	5,295.08	40,463.78	-	-	-	-	40,563.78	40,463.78
										75,270.73

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: 11-13-17

APPROVED
OCT 18 2017
COUNTY AUDITOR

E:\NH Weekly Transfers\NH UPL Transfer Summary 10-16-17.xlsx

IBC Bank Activity
10/9/17 through 10/15/17

					Transfer-Out	Transfer-In	
Ashford Gardens							
10/12/2017	113105025	4553	495	OUTGOING MONEY TRANSFER	26,660.24		ASHFORD HEALTH CARE CENTER LTD
10/13/2017	113105025	4553	142	ACH CREDIT RECEIVED		1,336.31	Molina HC of TX HCCLAIMPMT|ASHFORD GARDENS|TRN*1*E
					26,660.24	1,336.31	
Solera at West Houston					**Transfer-Out**	**Transfer-In**	
10/10/2017	113105025	4561	142	ACH CREDIT RECEIVED		822.50	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRI
10/11/2017	113105025	4561	142	ACH CREDIT RECEIVED		4,205.37	Molina HC of TX HCCLAIMPMT|SOLERA AT WEST HOUSTON|TRN
10/12/2017	113105025	4561	495	OUTGOING MONEY TRANSFER	63,425.11		CANTEX HEALTH CARE CENTERS LLC
10/13/2017	113105025	4561	142	ACH CREDIT RECEIVED		825.10	Molina HC of TX HCCLAIMPMT|SOLERA AT WEST HOUSTON|*
10/13/2017	113105025	4561	142	ACH CREDIT RECEIVED		1,084.27	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston
					63,425.11	6,937.24	
Crescent					**Transfer-Out**	**Transfer-In**	
10/11/2017	113105025	4588	142	ACH CREDIT RECEIVED		1,802.50	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*
10/11/2017	113105025	4588	142	ACH CREDIT RECEIVED		1,955.58	Molina HC of TX HCCLAIMPMT|THE CRESCENT|TRN*1*I
10/11/2017	113105025	4588	142	ACH CREDIT RECEIVED		4,736.37	HUMANA INS CO EFPAYMENT|The Crescent|DISDATA-OPTIONAL|
10/12/2017	113105025	4588	495	OUTGOING MONEY TRANSFER	9,261.28		CANTEX HEALTH CARE CENTERS III
10/13/2017	113105025	4588	142	ACH CREDIT RECEIVED		1,055.90	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*
10/13/2017	113105025	4588	142	ACH CREDIT RECEIVED		6,119.82	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*
					9,261.28	15,670.17	
Broadmoor					**Transfer-Out**	**Transfer-In**	
10/11/2017	113105025	4596	142	ACH CREDIT RECEIVED		2,226.00	AMERIGROUP CORPO HCCLAIMPMT|The Broadmoor At Creek|T
10/11/2017	113105025	4596	142	ACH CREDIT RECEIVED		990.64	Molina HC of TX HCCLAIMPMT|THE BROADMOOR AT CREEK|TR
10/12/2017	113105025	4596	495	OUTGOING MONEY TRANSFER	10,463.20		CANTEX HEALTH CARE CENTERS III
10/13/2017	113105025	4596	142	ACH CREDIT RECEIVED		8,982.90	HHP TEXAS HCCLAIMPMT|The Broadmoor at Creek|DISDATA-OPTIONAL
					10,463.20	12,199.54	
Fort Bend					**Transfer-Out**	**Transfer-In**	
10/10/2017	113105025	4618	142	ACH CREDIT RECEIVED		10,486.67	AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|TRN*:
10/10/2017	113105025	4618	142	ACH CREDIT RECEIVED		18.99	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04
10/11/2017	113105025	4618	142	ACH CREDIT RECEIVED		6,692.03	Molina HC of TX HCCLAIMPMT|FORT BEND CONTINUING C|TRN*
10/12/2017	113105025	4618	142	ACH CREDIT RECEIVED		1,733.53	CENTENE CORP HCCLAIMPMT|FORT BEND HEALTHCARE C|TRN*
10/12/2017	113105025	4618	495	OUTGOING MONEY TRANSFER	5,295.08		CANTEX HEALTH CARE CENTERS III
10/13/2017	113105025	4618	142	ACH CREDIT RECEIVED		2,129.46	HHP EFPAYMENT|Fort Bend Healthcare C|DISDATA-OPTIONAL|TRN*
10/13/2017	113105025	4618	142	ACH CREDIT RECEIVED		14,885.16	HUMANA INS CO EFPAYMENT|Fort Bend Healthcare C|DISDATA-OPT
10/13/2017	113105025	4618	142	ACH CREDIT RECEIVED		4,517.94	AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|TRN*
					5,295.08	40,463.78	

Account Portfolio as of 10/16/2017 8:17:28 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	$1,436.31	$1,436.31
Memorial Medical Center	4561	$7,037.24	$10,621.45
Memorial Medical Center	4588	$15,770.17	$15,770.17
Memorial Medical Center	4596	$12,299.54	$12,299.54
Memorial Medical Center	4618	$40,563.78	$40,572.28
Memorial Medical Center Operat	0301	$1,734,192.16	$1,776,984.93
County of Calhoun Indigent	1101	$190.01	$190.01
Totals		**$1,811,489.21**	**$1,857,874.69**

APPROVED ON

OCT 18 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

10/17/2017 14:53

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 10/25/2017

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11283	ACE HARDWARE 15521		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
116068		10/12/20	09/26/20	10/15/20			1.50	0.00	0.00	1.50
	SUPPLIES MED SURG									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521	1.50	0.00	0.00	1.50

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9067755247	Supplies	10/10/20	09/18/20	10/13/20			2,786.31	0.00	0.00	2,786.31
9066628699		10/12/20	08/16/20	09/10/20			303.78	0.00	0.00	303.78
	SUPPLIES PLNT OPS									
9066733118		10/12/20	08/18/20	09/12/20			34.70	0.00	0.00	34.70
	SUPPLIES PLANT OPS									
9066836398		10/12/20	08/21/20	09/15/20			388.39	0.00	0.00	388.39
	SUPPLIES PLANT OPS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	3,513.18	0.00	0.00	3,513.18

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
9652026397		10/04/20	09/14/20	10/15/20			84.80	0.00	0.00	84.80
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1690	ALCON LABORATORIES, INC.	84.80	0.00	0.00	84.80

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
926354413		10/12/20	10/03/20	10/09/20			120.30	0.00	0.00	120.30
	INVENT PHARM									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1360	AMERISOURCEBERGEN DRUG CORP	120.30	0.00	0.00	120.30

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
798381 000312		10/12/20	09/30/20	10/25/20			29.09	0.00	0.00	29.09
	SUPPLIES LAB									

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

Vendor#	Vendor Name	Class	Pay Code
A2600	AUTO PARTS & MACHINE CO.	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
843920		10/12/20	10/02/20	10/17/20			30.51	0.00	0.00	30.51
	SUPPLIES PLANT OPS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2600	AUTO PARTS & MACHINE CO.	30.51	0.00	0.00	30.51

Vendor#	Vendor Name				Class	Pay Code				
B0436	BARD ACCESS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	45087670		10/05/20	08/07/20	10/15/20		150.00	0.00	0.00	150.00
		SUPPLIES								
	45104014		10/05/20	08/24/20	10/15/20		198.00	0.00	0.00	198.00
	45084281	Supplies	10/09/20	08/02/20	10/15/20		150.00	0.00	0.00	150.00
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		B0436	BARD ACCESS				498.00	0.00	0.00	498.00
Vendor#	Vendor Name				Class	Pay Code				
B1220	BECKMAN COULTER INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	5376535		10/13/20	09/12/20	10/07/20		4,233.46	0.00	0.00	4,233.46
		SUPPLIES								
	4315642		10/13/20	09/25/20	10/20/20		2,450.00	0.00	0.00	2,450.00
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		B1220	BECKMAN COULTER INC				6,683.46	0.00	0.00	6,683.46
Vendor#	Vendor Name				Class	Pay Code				
C1048	CALHOUN COUNTY				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	000300		10/12/20	10/20/20			139.45	0.00	0.00	139.45
		FUEL								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1048	CALHOUN COUNTY				139.45	0.00	0.00	139.45
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
	8001455404		10/12/20	09/16/20	10/11/20		430.43	0.00	0.00	430.43
		SUPPLIES NUC MED								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1325	CARDINAL HEALTH 414, INC.				430.43	0.00	0.00	430.43
Vendor#	Vendor Name				Class	Pay Code				
A1825	CARDINAL HEALTH 414,LLC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	8001441216		10/12/20	08/31/20	09/30/20		413.49	0.00	0.00	413.49
		SUPPLIES NUC MED								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		A1825	CARDINAL HEALTH 414,LLC				413.49	0.00	0.00	413.49
Vendor#	Vendor Name				Class	Pay Code				
A1730	CAREFUSION									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	9107978342		10/04/20	08/23/20	10/15/20		157.94	0.00	0.00	157.94
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		A1730	CAREFUSION				157.94	0.00	0.00	157.94
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
	92350112		09/29/20	09/18/20	10/18/20		407.50	0.00	0.00	407.50

	SUPPLIES							
92325579		10/04/20	08/14/20	10/15/20	338.50	0.00	0.00	338.50
	SUPPLIES							
92345031		10/09/20	09/11/20	10/15/20	411.00	0.00	0.00	411.00
	SUPPLIES							
92347128		10/09/20	09/13/20	10/15/20	685.64	0.00	0.00	685.64
	SUPPLIES							
0092351184		10/09/20	09/19/20	10/19/20	92.16	0.00	0.00	92.16
	SUPPLIES							
0092353096		10/09/20	09/21/20	10/21/20	769.80	0.00	0.00	769.80
	SUPPLIES							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10350	CENTURION MEDICAL PRODUCTS			2,704.60	0.00	0.00	2,704.60
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
00005		10/13/20	10/02/20	10/15/20		160.00	0.00	0.00	160.00
	SWING BED SOCIAL SERVICE 9/7 + 9/12/17								
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
000269		10/13/20	09/20/20	10/05/20		6,704.22	0.00	0.00	6,704.22
	UTILITIES								
000270		10/13/20	09/20/20	10/05/20		330.87	0.00	0.00	330.87
	UTILITIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1730	CITY OF PORT LAVACA				7,035.09	0.00	0.00	7,035.09
Vendor#	Vendor Name			Class	Pay Code				
C1166	COASTAL OFFICE SOLUTONS			W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
IN547		09/29/20	09/22/20	10/22/20		98.00	0.00	0.00	98.00
	OFF SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1166	COASTAL OFFICE SOLUTONS				98.00	0.00	0.00	98.00
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
104537A		10/16/20	06/30/20	10/15/20		1,764.00	0.00	0.00	1,764.00
	PURCHASED SERV								
104792A		10/16/20	07/31/20	10/15/20		2,625.00	0.00	0.00	2,625.00
	PURCH SERV								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10813	COKER GROUP HOLDINGS, LLC				4,389.00	0.00	0.00	4,389.00
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
000285		10/13/20	10/01/20	10/01/20		2,254.77	0.00	0.00	2,254.77
	EMP INSURANCE								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net

	11030	COMBINED INSURANCE CO				2,254.77	0.00	0.00	2,254.77

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
	5153780		09/29/20	09/21/20	10/16/20			81.90	0.00	0.00	81.90
		OFF SUPPLIES									
	5153800		09/29/20	09/21/20	10/16/20			193.03	0.00	0.00	193.03
		OFFICE SUPPLIES									
	5159600		09/29/20	09/27/20	10/22/20			51.39	0.00	0.00	51.39
		OFFICE SUPPLIES									
	5149160		10/09/20	09/18/20	10/15/20			471.40	0.00	0.00	471.40
		SUPPLIES									
	5156960		10/09/20	09/25/20	10/20/20			457.42	0.00	0.00	457.42

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	1,255.14	0.00	0.00	1,255.14

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
	9345		10/09/20	09/13/20	10/15/20			185.60	0.00	0.00	185.60
		SUPPLIES									

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

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

	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	66624		10/13/20	10/04/20	10/15/20			142.75	0.00	0.00	142.75
		SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	E0500	EAGLE FIRE & SAFETY INC	142.75	0.00	0.00	142.75

Vendor#	Vendor Name	Class	Pay Code
M2500	ED MELCHER CO	W	

	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	3916		10/12/20	09/27/20	10/15/20			52.81	0.00	0.00	52.81
		REPAIRS PLNT OPS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2500	ED MELCHER CO	52.81	0.00	0.00	52.81

Vendor#	Vendor Name	Class	Pay Code
E1090	EDWARDS LIFESCIENCES	M	

	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	6825489		10/09/20	09/18/20	10/15/20			51.98	0.00	0.00	51.98
		SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	E1090	EDWARDS LIFESCIENCES	51.98	0.00	0.00	51.98

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
	T1709111378		10/13/20	09/11/20	10/06/20			6,401.42	0.00	0.00	6,401.42
		BUSINESS SERVICES-SOFTW									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C2510	EVIDENT	6,401.42	0.00	0.00	6,401.42

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
593598774		10/12/20	09/21/20	10/16/20			102.16	0.00	0.00	102.16
	FREIGHT									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.	102.16	0.00	0.00	102.16

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
90120594		10/12/20	09/21/20	10/21/20			166.37	0.00	0.00	166.37

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1130	FFF ENTERPRISES	166.37	0.00	0.00	166.37

Vendor# Vendor Name — Class — Pay Code

10003 FILTER TECHNOLOGY CO, INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
94683		09/29/20	09/15/20	10/15/20			573.36	0.00	0.00	573.36
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10003	FILTER TECHNOLOGY CO, INC	573.36	0.00	0.00	573.36

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
2007044		09/07/20	09/06/20	10/15/20			1,068.03	0.00	0.00	1,068.03
	SUPPLIES									
2154552		10/04/20	09/07/20	10/15/20			595.90	0.00	0.00	595.90
	SUPPLIES									
2545672		10/04/20	09/12/20	10/15/20			337.25	0.00	0.00	337.25
	SUPPLIES									
2545694		10/09/20	09/12/20	10/07/20			82.32	0.00	0.00	82.32
	SUPPLIES									
3227569		10/10/20	09/19/20	10/14/20			414.80	0.00	0.00	414.80
	SUPPLIES									
3416296		10/10/20	09/20/20	10/15/20			855.12	0.00	0.00	855.12
	SUPPLIES									
3562751		10/12/20	09/21/20	10/16/20			474.00	0.00	0.00	474.00
	SUPPLIES NURSING									
2691433		10/13/20	09/13/20	10/08/20			3.52	0.00	0.00	3.52
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	3,830.94	0.00	0.00	3,830.94

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
34215614A		10/17/20	09/20/20	10/20/20			10,899.72	0.00	0.00	10,899.72

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10642	GLAXOSMITHKLINE PHARMACUETICAL	10,899.72	0.00	0.00	10,899.72

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

1381294		09/29/20	09/19/20	10/19/20		30.30	0.00	0.00	30.30
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY				30.30	0.00	0.00	30.30
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
0070779			09/22/20	07/14/20	10/15/20		1,409.25	0.00	0.00	1,409.25
	PURCH SERV									
0070911			09/22/20	07/14/20	10/15/20		1,879.00	0.00	0.00	1,879.00
	PURCH SERV									
0040970			10/13/20	01/13/20	02/12/20		1,330.88	0.00	0.00	1,330.88
	SURVEY COMPANY									
0054640			10/13/20	04/07/20	05/07/20		1,879.00	0.00	0.00	1,879.00
	SURVEY COMPANY									
0054633			10/13/20	04/07/20	05/07/20		1,807.05	0.00	0.00	1,807.05
	SURVEY COMPANY									
0054656			10/13/20	04/17/20	05/17/20		1,330.88	0.00	0.00	1,330.88
	SURVEY COMPANY									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10829	HEALTHSTREAM, INC.					9,636.06	0.00	0.00	9,636.06
Vendor#	Vendor Name				Class	Pay Code				
H1400	HILL-ROM				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
516682			09/29/20	09/18/20	10/18/20		452.22	0.00	0.00	452.22
	REPAIRS									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	H1400	HILL-ROM					452.22	0.00	0.00	452.22
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
PJIN0107450			10/12/20	09/20/20	10/20/20		8,333.33	0.00	0.00	8,333.33
	MAINT CONTR MRI									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10298	HITACHI MEDICAL SYSTEMS					8,333.33	0.00	0.00	8,333.33
Vendor#	Vendor Name				Class	Pay Code				
H0416	HOLOGIC INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
8347088			10/09/20	09/21/20	10/15/20		3,343.10	0.00	0.00	3,343.10
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	H0416	HOLOGIC INC					3,343.10	0.00	0.00	3,343.10
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
920954275			09/29/20	09/22/20	10/22/20		267.88	0.00	0.00	267.88
	SUPPLIES									
851137528			10/13/20	09/08/20	10/08/20		390.00	0.00	0.00	390.00
	REPAIRS									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	H1850	HOSPIRA WORLDWIDE, INC					657.88	0.00	0.00	657.88
Vendor#	Vendor Name				Class	Pay Code				

10922 HUNTER PHARMACY SERVICES

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2524		10/12/20	09/30/20	10/20/20			14,085.54	0.00	0.00	14,085.54
	PURCH SERV PHARM									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10922	HUNTER PHARMACY SERVICES	14,085.54	0.00	0.00	14,085.54

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
918505014		10/09/20	09/18/20	10/18/20			2,306.20	0.00	0.00	2,306.20
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE SYSTEMS, INC	2,306.20	0.00	0.00	2,306.20

Vendor#	Vendor Name	Class	Pay Code
10507	JASON ANGLIN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000304		10/12/20	10/09/20	10/12/20			221.48	0.00	0.00	221.48
	TRAVEL 10/4-5/2017 Mileage									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10507	JASON ANGLIN	221.48	0.00	0.00	221.48

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
6010655		10/13/20	09/28/20	10/08/20			211.60	0.00	0.00	211.60
	SUPPLIES									
6010260		10/13/20	09/28/20	10/08/20			302.00	0.00	0.00	302.00
	A/C CLEANER									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J1415	JOHNSTONE SUPPLY	513.60	0.00	0.00	513.60

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
88381		10/13/20	10/02/20	10/15/20			275.00	0.00	0.00	275.00
	CHS ATHLETIC POSTER									

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
56611300		10/12/20	09/30/20	10/25/20			132.58	0.00	0.00	132.58
	PURCH SERV LAB									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	L0700	LABCORP OF AMERICA HOLDINGS	132.58	0.00	0.00	132.58

Vendor#	Vendor Name	Class	Pay Code
F0900	MARIA FARIAS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
00283		10/13/20	09/14/20				~~27.56~~ 27.82	0.00	0.00	~~27.56~~ 27.82
	EMPLOYEE TRAVEL									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F0900	MARIA FARIAS	~~27.56~~ 27.82	0.00	0.00	~~27.56~~ 27.82

Vendor#	Vendor Name	Class	Pay Code

M2178 MCKESSON MEDICAL SURGICAL INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9271864		08/31/20	08/22/20	10/15/20		206.25	0.00	0.00	206.25
	SUPPLIES LABN (MISSING)								
10639839		10/09/20	09/13/20	10/13/20		973.08	0.00	0.00	973.08
	SUPPLIES								
10592522		10/09/20	09/13/20	10/13/20		1,981.87	0.00	0.00	1,981.87
	SUPPLIES								
10637757		10/09/20	09/13/20	10/15/20		345.92	0.00	0.00	345.92
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	3,507.12	0.00	0.00	3,507.12

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
111892		10/13/20	07/01/20	07/26/20		2,280.32	0.00	0.00	2,280.32
	COLLECTION FEES								
113731		10/13/20	09/30/20	10/25/20		1,761.35	0.00	0.00	1,761.35
	COLLECTION FEES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11141	MEDICAL DATA SYSTEMS, INC.	4,041.67	0.00	0.00	4,041.67

Vendor#	Vendor Name	Class	Pay Code
M2827	MEDIVATORS	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2790069		10/04/20	08/22/20	10/15/20		248.16	0.00	0.00	248.16
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2827	MEDIVATORS	248.16	0.00	0.00	248.16

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
1833253506		10/04/20	08/18/20	10/15/20		390.47	0.00	0.00	390.47
	SUPPLIES								
1831157359		10/05/20	07/15/20	10/22/20		61.06	0.00	0.00	61.06
	SUPPLIES								
1832112807		10/05/20	08/01/20	10/15/20		164.34	0.00	0.00	164.34
	SUPPLIES								
1834877916		10/09/20	09/14/20	10/15/20		138.87	0.00	0.00	138.87
	SUPPLIES								
1835059145		10/09/20	09/19/20	10/15/20		127.34	0.00	0.00	127.34
	SUPPLIES								
1835059142		10/09/20	09/19/20	10/15/20		28.08	0.00	0.00	28.08
	SUPPLIES								
1833721312		10/13/20	08/26/20	09/20/20		67.64	0.00	0.00	67.64
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	977.80	0.00	0.00	977.80

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2532807235		10/04/20	08/23/20	10/15/20		177.15	0.00	0.00	177.15
	SUPPLIES								

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2499	MEDTRONIC USA, INC.				177.15	0.00	0.00	177.15

Vendor#	Vendor Name			Class	Pay Code				
10182	MERCEDES MEDICAL								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	1973779		10/09/20	09/19/20	10/19/20		41.16	0.00	0.00	41.16
		SUPPLIES								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10182	MERCEDES MEDICAL					41.16	0.00	0.00	41.16

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
	00268		10/13/20	10/01/20	10/01/20		258.52	0.00	0.00	258.52
		EMP INSURANCE								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	M2650	METLIFE					258.52	0.00	0.00	258.52

Vendor#	Vendor Name			Class	Pay Code				
M2621	MMC AUXILIARY GIFT SHOP			W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	00278		10/13/20	10/05/20	10/15/20		117.32	0.00	0.00	117.32
		EMP PURCHASES								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP					117.32	0.00	0.00	117.32

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
	671237		10/13/20	10/02/20	10/15/20		125.14	0.00	0.00	125.14
		VOLUNTEER DEBIT MACHINE								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	M2662	MMC VOLUNTEERS					125.14	0.00	0.00	125.14

Vendor#	Vendor Name			Class	Pay Code				
10536	MORRIS & DICKSON CO, LLC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	1878629		10/10/20	10/09/20	10/10/20		80.45	0.00	0.00	80.45
		INVENT-PHARM								
	1876545		10/10/20	10/09/20	10/10/20		22.20	0.00	0.00	22.20
		INVENT-PHARM								
	1876542		10/10/20	10/09/20	10/10/20		287.17	0.00	0.00	287.17
		INVENT-PHARM								
	1876544		10/10/20	10/09/20	10/10/20		1,601.35	0.00	0.00	1,601.35
		INVENT-PHARM								
	SC6804		10/12/20	09/25/20	09/26/20		59.10	0.00	0.00	59.10
		INVENT PHARM								
	SC6803		10/12/20	09/25/20	09/26/20		153.03	0.00	0.00	153.03
		FREIGHT PHARM								
	1854929		10/12/20	10/03/20	10/04/20		542.53	0.00	0.00	542.53
		INVENT PHARM								
	1854927		10/12/20	10/03/20	10/04/20		1,833.85	0.00	0.00	1,833.85
		INVENT PHARM								
	1854611		10/12/20	10/03/20	10/04/20		118.65	0.00	0.00	118.65
		INVENT PHARM								

1854928	10/12/20 10/03/20 10/04/20	62.73	0.00	0.00	62.73	
	INVENT PHARM					
1857637	10/12/20 10/04/20 10/05/20	995.88	0.00	0.00	995.88	
	INVENT PHARM					
1865193	10/12/20 10/05/20 10/06/20	357.66	0.00	0.00	357.66	
	INVENT PHARM					
1865191	10/12/20 10/05/20 10/06/20	757.21	0.00	0.00	757.21	
	INVENT PHARM					
1865192	10/12/20 10/05/20 10/06/20	5.89	0.00	0.00	5.89	
	INVENT PHARM					
1865194	10/12/20 10/05/20 10/06/20	1,169.69	0.00	0.00	1,169.69	
	INVENT PHARM					
1865195	10/12/20 10/05/20 10/06/20	44.39	0.00	0.00	44.39	
	INVENT PHARM					
1869920	10/12/20 10/06/20 10/07/20	31.88	0.00	0.00	31.88	
	INVENT PHARM					
1869922	10/12/20 10/06/20 10/07/20	139.04	0.00	0.00	139.04	
	INVENT PHARM					
1869921	10/12/20 10/06/20 10/07/20	362.40	0.00	0.00	362.40	
	INVENT PHARM					
1868780	10/12/20 10/06/20 10/07/20	49.08	0.00	0.00	49.08	
	INVENT PHARM					
1884159	10/12/20 10/10/20 10/11/20	269.95	0.00	0.00	269.95	
	INVENT PHARM					
1884160	10/12/20 10/10/20 10/11/20	298.78	0.00	0.00	298.78	
	INVENT PHARM					
1830923	10/13/20 09/27/20 09/28/20	5.28	0.00	0.00	5.28	
	INVNTRY PHARM					
1831471	10/13/20 09/27/20 09/28/20	44.41	0.00	0.00	44.41	
	INVENTORY PHARM					
1827967	10/13/20 09/27/20 09/28/20	28.02	0.00	0.00	28.02	
	INVENTORY PHARM					
1831470	10/13/20 09/27/20 09/28/20	18.88	0.00	0.00	18.88	
	INVENTORY PHARM					
1830924	10/13/20 09/27/20 09/28/20	125.28	0.00	0.00	125.28	
	INVENTORY PHARM					
1835168	10/13/20 09/28/20 09/29/20	135.50	0.00	0.00	135.50	
	INVENTORY PHARMACY					
1835169	10/13/20 09/28/20 09/29/20	1,012.77	0.00	0.00	1,012.77	
	INVENTORY PHARM					
1835170	10/13/20 09/28/20 09/29/20	1,199.23	0.00	0.00	1,199.23	
	INVENTORY PHARM					
1833130	10/13/20 09/28/20 09/29/20	36.13	0.00	0.00	36.13	
	INVENTORY PHARM					
1831472	10/13/20 09/28/20 09/29/20	91.00	0.00	0.00	91.00	
	INVENTORY PHARM					
1833131	10/13/20 09/28/20 09/29/20	224.59	0.00	0.00	224.59	
	INVENTORY PHARM					
1835008	10/13/20 09/28/20 09/29/20	35.90	0.00	0.00	35.90	
	INVENTORY PHARM					
1846958	10/13/20 09/29/20 09/30/20	460.28	0.00	0.00	460.28	
	INVENTORY PHARM					

1840798		10/13/20	09/29/20	09/30/20	92.26	0.00	0.00	92.26
	INVENTORY PHARM							
1840794		10/13/20	09/29/20	09/30/20	60.83	0.00	0.00	60.83
	INVENTORY PHARM							
1841097		10/13/20	09/29/20	09/30/20	941.47	0.00	0.00	941.47
	INVENTORY PHARM							
1846959		10/13/20	09/29/20	09/30/20	2,260.48	0.00	0.00	2,260.48
	INVENTORY PHARM							
1841098		10/13/20	09/29/20	09/30/20	31.20	0.00	0.00	31.20
	INVENTORY PHARM							
1840796		10/13/20	09/29/20	09/30/20	2.90	0.00	0.00	2.90
	INVENTORY PHARM							
1846957		10/13/20	09/29/20	09/30/20	2.94	0.00	0.00	2.94
	INVENTORY PHARM							
1846956		10/13/20	10/02/20	10/03/20	3,223.81	0.00	0.00	3,223.81
	INVNTRY PHARM							
1845532		10/13/20	10/02/20	10/03/20	192.39	0.00	0.00	192.39
	INVENTORY PHARM							
1846960		10/13/20	10/02/20	10/03/20	12.99	0.00	0.00	12.99
	INVENTORY PHARM							
1847467		10/13/20	10/02/20	10/03/20	1,737.54	0.00	0.00	1,737.54
	INVENTORY PHARM							
1841099A		10/17/20	09/29/20	09/30/20	1,677.95	0.00	0.00	1,677.95
	INVENT PHARM							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC			22,896.94	0.00	0.00	22,896.94

Vendor#	Vendor Name			Class	Pay Code				
M4250	MORTAN INC			M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	265995		10/04/20	09/06/20	10/15/20		84.00	0.00	0.00	84.00
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M4250	MORTAN INC				84.00	0.00	0.00	84.00

Vendor#	Vendor Name			Class	Pay Code				
A2252	NADINE GARNER			W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	000313		10/13/20	10/13/20	10/15/20		132.88	0.00	0.00	132.88
		EMPLOYEE TRAVEL 10/11-12/2017 Corpus Christi								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		A2252	NADINE GARNER				132.88	0.00	0.00	132.88

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
	90407265		10/13/20	08/22/20	09/22/20		4,748.01	0.00	0.00	4,748.01
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10868	NOVA BIOMEDICAL				4,748.01	0.00	0.00	4,748.01

Vendor#	Vendor Name			Class	Pay Code				
O0920	OFFICE DEPOT								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	961883855001		10/04/20	09/12/20	10/15/20		61.74	0.00	0.00	61.74

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	O0920	OFFICE DEPOT	61.74	0.00	0.00	61.74

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
94381093		08/10/20	08/01/20	10/15/20			825.00	0.00	0.00	825.00
	SUPPLIES									
94386754		08/11/20	08/02/20	10/15/20			-5,250.00	0.00	0.00	-5,250.00
	MAINT CONT TRADE IN ON SC									
94404918		08/23/20	08/07/20	10/15/20			1,137.51	0.00	0.00	1,137.51
	MAINT CONT									
94544640		09/29/20	09/07/20	10/15/20			1,137.51	0.00	0.00	1,137.51
	MAINT CONT									

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Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	O1500	OLYMPUS AMERICA INC	-2,149.98	0.00	0.00	-2,149.98

Vendor# O1416 Vendor Name: ORTHO CLINICAL DIAGNOSTICS — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1850436530		10/09/20	09/14/20	10/15/20			166.26	0.00	0.00	166.26
	SUPPLIES									
1850442935		10/09/20	09/21/20	10/21/20			927.56	0.00	0.00	927.56
1850439120		10/13/20	09/19/20	10/19/20			747.57	0.00	0.00	747.57
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	O1416	ORTHO CLINICAL DIAGNOSTICS	1,841.39	0.00	0.00	1,841.39

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2030501811		09/18/20	08/31/20	10/18/20			28.52	0.00	0.00	28.52
	INVENTORY C/S									
2030832979		09/29/20	09/19/20	10/19/20			1,439.44	0.00	0.00	1,439.44
	SUPPLIES									
2030833005		09/29/20	09/19/20	10/19/20			914.58	0.00	0.00	914.58
	SUPPLIES									
2030823279		09/29/20	09/19/20	10/19/20			677.79	0.00	0.00	677.79
	SUPPLIES									
2030839926		09/29/20	09/19/20	10/19/20			25.48	0.00	0.00	25.48
	SUPPLIES									
2030839932		09/29/20	09/19/20	10/19/20			25.48	0.00	0.00	25.48
	SUPPLIES									
2030825387		09/29/20	09/19/20	10/19/20			26.98	0.00	0.00	26.98
	SUPPLIES									
2030824240		09/29/20	09/19/20	10/19/20			240.17	0.00	0.00	240.17
	SUPPLIES									
2030833000		09/29/20	09/19/20	10/19/20			32.74	0.00	0.00	32.74
	SUPPLIES									
2030822505		09/29/20	09/19/20	10/19/20			84.97	0.00	0.00	84.97
	SUPPLIES									
2030823544		09/29/20	09/19/20	10/19/20			5.68	0.00	0.00	5.68
	SUPPLIES									

2030171865	10/04/20	08/24/20	10/15/20	1,555.17	0.00	0.00	1,555.17	
SUPPLIES								
2029162927	10/05/20	07/18/20	10/15/20	13.40	0.00	0.00	13.40	
SUPPLIES								
2030476732	10/09/20	09/06/20	10/06/20	2,838.24	0.00	0.00	2,838.24	
SUPPLIES								
2030507867	10/09/20	09/07/20	10/15/20	3,512.69	0.00	0.00	3,512.69	
SUPPLIES								
2030627542	10/09/20	09/12/20	10/12/20	86.96	0.00	0.00	86.96	
SUPPLIES								
2030634700	10/09/20	09/12/20	10/12/20	454.35	0.00	0.00	454.35	
SUPPLIES								
2030633688	10/09/20	09/12/20	10/12/20	1,317.97	0.00	0.00	1,317.97	
SUPPLIES								
2030626978	10/09/20	09/12/20	10/15/20	150.85	0.00	0.00	150.85	
SUPPLIES								
2030626961	10/09/20	09/12/20	10/15/20	85.53	0.00	0.00	85.53	
SUPPLIES								
2030624829	10/10/20	09/12/20	10/12/20	54.67	0.00	0.00	54.67	
SUPPLIES								
2030899005	10/10/20	09/13/20	10/13/20	14.46	0.00	0.00	14.46	
SUPPLIES								
2030694124	10/10/20	09/14/20	10/14/20	305.96	0.00	0.00	305.96	
SUPPLIES								
2030691096	10/10/20	09/14/20	10/14/20	5.77	0.00	0.00	5.77	
SUPPLIES								
2030702232	10/10/20	09/14/20	10/14/20	1,529.10	0.00	0.00	1,529.10	
SUPPLIES								
2030694155	10/10/20	09/14/20	10/14/20	28.62	0.00	0.00	28.62	
SUPPLIES								
203069624	10/10/20	09/14/20	10/14/20	12.02	0.00	0.00	12.02	
SUPPLIES								
2030691870	10/10/20	09/14/20	10/14/20	69.93	0.00	0.00	69.93	
SUPPLIES								
2030691510	10/10/20	09/14/20	10/14/20	10.24	0.00	0.00	10.24	
SUPPLIES								
2030694711	10/10/20	09/14/20	10/14/20	55.03	0.00	0.00	55.03	
SUPPLIES								
2030897848	10/10/20	09/21/20	10/21/20	34.50	0.00	0.00	34.50	
SUPPLIES								
2030898596	10/10/20	09/21/20	10/21/20	129.92	0.00	0.00	129.92	
SUPPLIES								
2030626523A	10/16/20	09/12/20	10/12/20	14.75	0.00	0.00	14.75	
SUPPLIES								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR			15,781.96	0.00	0.00	15,781.96

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
	33054854		10/12/20	09/15/20	10/15/20		165.00	0.00	0.00	165.00
		ADVERTISING ADMIN								

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
10606	PENLON, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
OP0008604		10/13/20	10/04/20	10/15/20			238.77	0.00	0.00	238.77
	OXYGEN SENSOR									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10606	PENLON, INC	238.77	0.00	0.00	238.77

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
000291		10/13/20	10/06/20	10/15/20			11,001.20	0.00	0.00	11,001.20
	RENT FOR PT AND BH									

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000301		10/12/20	09/30/20	10/25/20			~~2,415.25~~	0.00	0.00	~~2,415.25~~ 1614.75
	ADVERTISEMENT Billing Date 9/30/17									
000288		10/13/20	09/20/20	10/15/20			~~1,601.00~~	0.00	0.00	800.50 ~~1,601.00~~
	NEWSPAPER- GOLD PROGRA Billing Date 8/31/17									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P2100	PORT LAVACA WAVE	~~4,016.25~~	0.00	0.00	~~4,016.25~~

Vendor#	Vendor Name	Class	Pay Code
10372	PRECISION DYNAMICS CORP (PDC)		Bal Due on 9/30 statement 2415.25

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
3920793		10/09/20	09/18/20	10/18/20			230.37	0.00	0.00	230.37
3921452		10/09/20	09/19/20	10/19/20			278.50	0.00	0.00	278.50
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10372	PRECISION DYNAMICS CORP (PDC)	508.87	0.00	0.00	508.87

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
66		10/13/20	10/06/20	10/21/20			4,525.00	0.00	0.00	4,525.00
	SLEEP STUDIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P1725	PREMIER SLEEP DISORDERS CENTER	4,525.00	0.00	0.00	4,525.00

Vendor#	Vendor Name	Class	Pay Code
10326	PRINCIPAL LIFE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000272		10/13/20	09/17/20	10/17/20			4,406.71	0.00	0.00	4,406.71
	EMP INSURANCE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10326	PRINCIPAL LIFE	4,406.71	0.00	0.00	4,406.71

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
000315		10/13/20	08/01/20	08/31/20			14.00	0.00	0.00	14.00

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	R1321	RECEIVABLE MANAGEMENT, INC	14.00	0.00	0.00	14.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
MLVAC28786		09/29/20	09/30/20	10/25/20			1,675.60	0.00	0.00	1,675.60
	PURCH SERV									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10987	REVCYCLE+, INC.	1,675.60	0.00	0.00	1,675.60

Vendor# 10645 Vendor Name: REVISTA de VICTORIA Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
09201726		10/13/20	09/18/20	10/15/20			240.00	0.00	0.00	240.00
	SEPTEMBER AD									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10645	REVISTA de VICTORIA	240.00	0.00	0.00	240.00

Vendor# D1080 Vendor Name: RITA DAVIS Class: W Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000316		10/13/20	10/09/20	10/19/20			448.50	0.00	0.00	448.50
	CONTRACT EMPLOYEE 10/3, 4, 5, 6/2017									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1080	RITA DAVIS	448.50	0.00	0.00	448.50

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

Take 88 Per Caitlin

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
908953230		10/12/20	09/20/20				~~4,269.63~~	0.00	0.00	~~4,269.63~~ 4,185.74

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S1001	SANOFI PASTEUR INC	~~4,269.63~~	0.00	0.00	~~4,269.63~~ 4,185.74

Vendor# 10625 Vendor Name: SARA RUBIO Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000287		10/12/20	09/29/20	10/15/20			287.94	0.00	0.00	287.94
	TRAVEL SARA RUB 9/24 - 28/2017 SAN Antonio									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10625	SARA RUBIO	287.94	0.00	0.00	287.94

Vendor# 11360 Vendor Name: SCRUBS ON WHEELS Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000314		10/13/20	10/02/20	10/15/20			6,722.97	0.00	0.00	6,722.97
	SCRUB SALE/EMPLOYEE EXP									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11360	SCRUBS ON WHEELS	6,722.97	0.00	0.00	6,722.97

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
17S0001184		10/13/20	09/29/20	10/15/20			558.00	0.00	0.00	558.00
	SCHEDULER									

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			
S2001	SIEMENS MEDICAL SOLUTIONS INC				M				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	115501163		10/12/20	09/18/20	10/13/20		751.58	0.00	0.00	751.58
		MAINT CONT MAMMO								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2001	SIEMENS MEDICAL SOLUTIONS INC				751.58	0.00	0.00	751.58
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
	217500		10/12/20	10/01/20	10/11/20		400.00	0.00	0.00	400.00
		ADVERTISING ADMIN								
	217498		10/12/20	10/01/20	10/11/20		420.00	0.00	0.00	420.00
		ADVERTISING ADMIN								
	216946		10/13/20	09/20/20	09/30/20		775.00	0.00	0.00	775.00
		ADVERTISING- LEASE SPACE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10699	SIGN AD, LTD.				1,595.00	0.00	0.00	1,595.00
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
	14995612		10/09/20	09/19/20	10/19/20		133.64	0.00	0.00	133.64
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2353	SMITHS MEDICAL ASD INC				133.64	0.00	0.00	133.64
Vendor#	Vendor Name				Class	Pay Code				
11296	SOUTH TEXAS BLOOD & TISSUE CEN									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	90030239		10/13/20	09/21/20	10/16/20		7,085.02	0.00	0.00	7,085.02
		BLOOD								
	90030164		10/13/20	09/21/20	10/16/20		-4,104.36	0.00	0.00	-4,104.36
		CREDIT								
	90030389		10/13/20	09/30/20	10/25/20		-3,420.30	0.00	0.00	-3,420.30
		CREDIT								
	90030467		10/13/20	09/30/20	10/25/20		3,378.91	0.00	0.00	3,378.91
		SUPPLIES LAB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11296	SOUTH TEXAS BLOOD & TISSUE CEN				2,939.27	0.00	0.00	2,939.27
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
	8046423882		09/29/20	09/16/20	10/16/20		379.76	0.00	0.00	379.76
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10845	STAPLES ADVANTAGE				379.76	0.00	0.00	379.76
Vendor#	Vendor Name				Class	Pay Code				
10735	STRYKER SUSTAINABILITY									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	3148785		10/09/20	09/19/20	10/19/20		102.56	0.00	0.00	102.56
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net

	10735	STRYKER SUSTAINABILITY				102.56	0.00	0.00	102.56
Vendor#	Vendor Name				Class	Pay Code			
11103	STUDER GROUP, LLC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	092601		10/12/20	09/28/20	10/15/20		160.50	0.00	0.00	160.50
		ACCRUED PAYABLES Mileage Reimb 8/17/17								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11103	STUDER GROUP, LLC				160.50	0.00	0.00	160.50
Vendor#	Vendor Name				Class	Pay Code				
10611	TELE-PHYSICIANS, P.A. (TX)									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	TX00003031		10/12/20	10/01/20	10/01/20		2,752.90	0.00	0.00	2,752.90
		ER PRO FEES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10611	TELE-PHYSICIANS, P.A. (TX)				2,752.90	0.00	0.00	2,752.90
Vendor#	Vendor Name				Class	Pay Code				
T2250	THYSSENKRUPP ELEVATOR CORP				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	5000746988		10/13/20	09/19/20	10/19/20		742.00	0.00	0.00	742.00
		ELEVATOR MAINTENANCE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		T2250	THYSSENKRUPP ELEVATOR CORP				742.00	0.00	0.00	742.00
Vendor#	Vendor Name				Class	Pay Code				
11246	TROEMNER, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	00861399		10/13/20	09/20/20	10/20/20		150.00	0.00	0.00	150.00
		REPAIRS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11246	TROEMNER, LLC				150.00	0.00	0.00	150.00
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
	054003911984A		10/17/20	09/22/20	10/12/20		26,485.08	0.00	0.00	26,485.08
		ELECTRICITY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11169	TXU ENERGY				26,485.08	0.00	0.00	26,485.08
Vendor#	Vendor Name				Class	Pay Code				
U1054	UNIFIRST HOLDINGS				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	8150779660		09/29/20	09/26/20	10/21/20		17.00	0.00	0.00	17.00
		LAUNDRY								
	8150779742		09/29/20	09/26/20	10/21/20		18.21	0.00	0.00	18.21
		LAUNDRY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		U1054	UNIFIRST HOLDINGS				35.21	0.00	0.00	35.21
Vendor#	Vendor Name				Class	Pay Code				
U1064	UNIFIRST HOLDINGS INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	8400257240		09/29/20	09/22/20	10/17/20		148.95	0.00	0.00	148.95
		LAUNDRY								
	8400257280		09/29/20	09/22/20	10/17/20		342.24	0.00	0.00	342.24

	LAUNDRY							
8400257461		09/29/20	09/26/20	10/21/20	47.15	0.00	0.00	47.15
	LAUNDRY							
8400257460		09/29/20	09/26/20	10/21/20	88.45	0.00	0.00	88.45
	LAUNDRY							
8400257559		09/29/20	09/26/20	10/21/20	80.19	0.00	0.00	80.19
	LAUNDRY							
8400257503		09/29/20	09/26/20	10/21/20	60.90	0.00	0.00	60.90
	LAUNDRY							
8400257510		09/29/20	09/26/20	10/21/20	785.91	0.00	0.00	785.91
	LAUNDRY							
8400257458		09/29/20	09/26/20	10/21/20	94.29	0.00	0.00	94.29
	LAUNDRY							
9400257462		09/29/20	09/26/20	10/21/20	56.78	0.00	0.00	56.78
	LAUNDRY							
8400257459		09/29/20	09/26/20	10/21/20	107.11	0.00	0.00	107.11
	LAUNDRY							
8400257811		10/13/20	09/29/20	10/24/20	148.95	0.00	0.00	148.95
	LAUNDRY							
8400257849		10/13/20	09/29/20	10/24/20	817.67	0.00	0.00	817.67
	LAUNDRY HSKPNG							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC			2,778.59	0.00	0.00	2,778.59

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
4456537		10/10/20	09/12/20	10/02/20			9.18	0.00	0.00	9.18
	SUPPLIES-DIETARY									
4590962		10/10/20	09/19/20	10/09/20			25.95	0.00	0.00	25.95
	SUPPLIES DIETARY									
4346860		10/12/20	09/07/20	09/27/20			1,655.06	0.00	0.00	1,655.06
	SUPPLIES DIETARY									
4410912		10/12/20	09/11/20	10/01/20			2,142.95	0.00	0.00	2,142.95
	SUPPLIES DIETARY									
4410913		10/12/20	09/11/20	10/01/20			55.23	0.00	0.00	55.23
	SUPPLIES DIETARY									
4685044		10/12/20	09/25/20	10/15/20			1,445.79	0.00	0.00	1,445.79
	SUPPLIES DIETARY									
4753610		10/12/20	09/28/20	10/18/20			1,763.61	0.00	0.00	1,763.61
	SUPPLIES DIETARY									
4816845		10/12/20	10/02/20	10/22/20			1,772.58	0.00	0.00	1,772.58
	SUPPLIES DIETARY									
4890180		10/12/20	10/05/20	10/25/20			1,269.26	0.00	0.00	1,269.26
	SUPPLIES DIETARY									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10172	US FOOD SERVICE					10,139.61	0.00	0.00	10,139.61

Vendor#	Vendor Name	Class	Pay Code
11212	US STANDARD PRODUCTS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
NJ0000166072		10/13/20	09/06/20	10/06/20			1,184.68	0.00	0.00	1,184.68
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net

	11212	US STANDARD PRODUCTS			1,184.68	0.00	0.00	1,184.68

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
9110418161	SUPPLIES	10/04/20	08/09/20	10/15/20		4,046.92	0.00	0.00	4,046.92
9110427030		10/09/20	09/13/20	10/15/20		2,023.46	0.00	0.00	2,023.46
9110429142	Supplies SUPPLIES	10/09/20	09/20/20	10/15/20		235.30	0.00	0.00	235.30
9110426864	SUPPLIES	10/13/20	09/13/20	10/08/20		1,068.11	0.00	0.00	1,068.11

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	7,373.79	0.00	0.00	7,373.79

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	242,094.30	0.00	0.00	242,094.30

Pg 7 Correction { (27.56) / +27.82

Pg 14 Correction { (4,016.25) / +2,415.25

Pg 15 Correction { (4,269.63) / +4,185.74

240,409.67

Pg 12 Correction { +2149.98

Pg 15 correction { (4,185.74)

238,373.91

Michael J. Pfeifer
Calhoun County Judge
Date: 11-13-17

CKS# 173157
to
173256

APPROVED
ON
OCT 18 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE: 10/17/17
TIME: 14:41

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1
APCDEDIT

PATIENT NUMBER	PAYEE NAME	DATE	PAY AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	060915	40.00		1	REFUND FOR	[redacted]
		101717	75.00		2	REFUND FOR	
		101717	17.31		2	REFUND FOR	
		101717	92.75		2	REFUND FOR	
		101717	87.85		2	REFUND FOR	
		101717	145.16		2	REFUND FOR	
		101717	105.39		2	REFUND FOR	
		101717	52.79		2	REFUND FOR	
		101717	291.87		2	REFUND FOR	
		101717	101.09		3	REFUND FOR	
		101717	95.20		2	REFUND FOR	
		101717	160.77		2	REFUND FOR	
		101717	15.50		2	REFUND FOR	
		101717	46.31		2	REFUND FOR	
		101717	1125.00		1	REFUND FOR	
		101717	40.78		2	REFUND FOR	
		101717	50.00		2	REFUND FOR	

APPROVED
ON

OCT 18 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	101717	60.00		2	REFUND FOR	[redacted]
		101717	45.06		1	REFUND FOR	
		101717	75.07		2	REFUND FOR	
		101717	15.58		2	REFUND FOR	
		101717	56.66		2	REFUND FOR	
		101717	150.00		3	REFUND FOR	
		101717	26.15		2	REFUND FOR	
		101717	134.04		2	REFUND FOR	
		101717	271.07		5	REFUND FOR	
		101717	175.00		2	REFUND FOR	
		101717	200.00		2	REFUND FOR	
		101717	15.39		3	REFUND FOR	
		101717	196.80		2	REFUND FOR	
		101717	66.20		3	REFUND FOR	
		101717	110.21		3	REFUND FOR	
		101717	3938.92		3	REFUND FOR	
		101717	2518.42		2	REFUND FOR	

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	101717	24.76		3	REFUND FOR	[redacted]
		101717	387.02		2	REFUND FOR	
		101717	88.95		1	REFUND FOR	
		101717	39.84		2	REFUND FOR	
		101717	140.32		3	REFUND FOR	
		101717	498.62		5	REFUND FOR	
		101717	412.06		3	REFUND FOR	
		101717	106.02		2	REFUND FOR	
		101717	6796.08		2	REFUND FOR	
		101717	24.77		3	REFUND FOR	
		101717	269.02		2	REFUND FOR	
		101717	38.90		2	REFUND FOR	
		101717	17.82		2	REFUND FOR	
		101717	359.95		2	REFUND FOR	
		101717	174.32		2	REFUND FOR	
		031516	6283.90 *		2	TRANSFER TO SOLERA WEST HOUSTON *	

ARID=0001 TOTAL 26259.69

TOTAL 26259.69

CKS# 173107 to #173156

(498.62)
+498.65
26,259.72
* (6,283.90) Transfer to Solera West Houston

Patient Refunds → 19,975.82

Michael J. Pfeifer
Calhoun County Judge
Date: 11-13-17

APPROVED ON
OCT 18 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:10/19/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:13:05 CHECK REGISTER GLCKREG
10/18/17 THRU 10/19/17

BANK--CHECK-- CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	173107	10/18/17	271.07	
A/P	173108	10/18/17	110.21	
A/P	173109	10/18/17	3,938.92	
A/P	173110	10/18/17	2,518.42	
A/P	173111	10/18/17	387.02	
A/P	173112	10/18/17	498.65	
A/P	173113	10/18/17	412.06	
A/P	173114	10/18/17	6,796.08	
A/P	173115	10/18/17	174.32	
A/P	173116	10/18/17	359.95	
A/P	173117	10/18/17	24.76	
A/P	173118	10/18/17	24.77	
A/P	173119	10/18/17	269.02	
A/P	173120	10/18/17	1,125.00	
A/P	173121	10/18/17	38.90	
A/P	173122	10/18/17	150.00	
A/P	173123	10/18/17	50.00	
A/P	173124	10/18/17	46.31	
A/P	173125	10/18/17	200.00	
A/P	173126	10/18/17	26.15	
A/P	173127	10/18/17	75.07	
A/P	173128	10/18/17	56.66	
A/P	173129	10/18/17	175.00	
A/P	173130	10/18/17	15.39	
A/P	173131	10/18/17	134.04	
A/P	173132	10/18/17	15.58	
A/P	173133	10/18/17	60.00	
A/P	173134	10/18/17	291.87	
A/P	173135	10/18/17	196.80	
A/P	173136	10/18/17	45.06	
A/P	173137	10/18/17	95.20	
A/P	173138	10/18/17	66.20	
A/P	173139	10/18/17	39.84	
A/P	173140	10/18/17	17.82	
A/P	173141	10/18/17	106.02	
A/P	173142	10/18/17	88.95	
A/P	173143	10/18/17	140.32	
A/P	173144	10/18/17	105.39	
A/P	173145	10/18/17	15.50	
A/P	173146	10/18/17	75.00	
A/P	173147	10/18/17	17.31	
A/P	173148	10/18/17	40.00	
A/P	173149	10/18/17	6,283.90	
A/P	173150	10/18/17	101.09	
A/P	173151	10/18/17	145.16	
A/P	173152	10/18/17	160.77	
A/P	173153	10/18/17	92.75	
A/P	173154	10/18/17	87.85	
A/P	173155	10/18/17	52.79	
A/P	173156	10/18/17	40.78	

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	173157	10/18/17	1.50	ACE HARDWARE 15521
A/P	173158	10/18/17	3,513.18	AIRGAS USA, LLC - CENTRAL DIV
A/P	173159	10/18/17	84.80	ALCON LABORATORIES, INC.
A/P	173160	10/18/17	120.30	AMERISOURCEBERGEN DRUG CORP
A/P	173161	10/18/17	29.09	AQUA BEVERAGE COMPANY
A/P	173162	10/18/17	30.51	AUTO PARTS & MACHINE CO.
A/P	173163	10/18/17	498.00	BARD ACCESS
A/P	173164	10/18/17	6,683.46	BECKMAN COULTER INC
A/P	173165	10/18/17	139.45	CALHOUN COUNTY
A/P	173166	10/18/17	430.43	CARDINAL HEALTH 414, INC.
A/P	173167	10/18/17	413.49	CARDINAL HEALTH 414,LLC
A/P	173168	10/18/17	157.94	CAREFUSION
A/P	173169	10/18/17	2,704.60	CENTURION MEDICAL PRODUCTS
A/P	173170	10/18/17	160.00	CHRIS KOVAREK
A/P	173171	10/18/17	7,035.09	CITY OF PORT LAVACA
A/P	173172	10/18/17	98.00	COASTAL OFFICE SOLUTONS
A/P	173173	10/18/17	4,389.00	COKER GROUP HOLDINGS, LLC
A/P	173174	10/18/17	2,254.77	COMBINED INSURANCE CO
A/P	173175	10/18/17	1,255.14	DEWITT POTH & SON
A/P	173176	10/18/17	185.60	DLE PAPER & PACKAGING
A/P	173177	10/18/17	142.75	EAGLE FIRE & SAFETY INC
A/P	173178	10/18/17	52.81	ED MELCHER CO
A/P	173179	10/18/17	51.98	EDWARDS LIFESCIENCES
A/P	173180	10/18/17	6,401.42	EVIDENT
A/P	173181	10/18/17	102.16	FEDERAL EXPRESS CORP.
A/P	173182	10/18/17	166.37	FFF ENTERPRISES
A/P	173183	10/18/17	573.36	FILTER TECHNOLOGY CO, INC
A/P	173184	10/18/17	3,830.94	FISHER HEALTHCARE
A/P	173185	10/18/17	10,899.72	GLAXOSMITHKLINE PHARMACUETICAL
A/P	173186	10/18/17	30.30	GULF COAST PAPER COMPANY
A/P	173187	10/18/17	9,636.06	HEALTHSTREAM, INC.
A/P	173188	10/18/17	452.22	HILL-ROM
A/P	173189	10/18/17	8,333.33	HITACHI MEDICAL SYSTEMS
A/P	173190	10/18/17	3,343.10	HOLOGIC INC
A/P	173191	10/18/17	657.88	HOSPIRA WORLDWIDE, INC
A/P	173192	10/18/17	14,085.54	HUNTER PHARMACY SERVICES
A/P	173193	10/18/17	2,306.20	J & J HEALTH CARE SYSTEMS, INC
A/P	173194	10/18/17	221.48	JASON ANGLIN
A/P	173195	10/18/17	513.60	JOHNSTONE SUPPLY
A/P	173196	10/18/17	275.00	K & M SPORTS
A/P	173197	10/18/17	132.58	LABCORP OF AMERICA HOLDINGS
A/P	173198	10/18/17	27.82	MARIA FARIAS
A/P	173199	10/18/17	3,507.12	MCKESSON MEDICAL SURGICAL INC
A/P	173200	10/18/17	4,041.67	MEDICAL DATA SYSTEMS, INC.
A/P	173201	10/18/17	248.16	MEDIVATORS
A/P	173202	10/18/17	.00	MEDLINE INDUSTRIES INC
A/P	173203	10/18/17	177.15	MEDTRONIC USA, INC.
A/P	173204	10/18/17	41.16	MERCEDES MEDICAL
A/P	173205	10/18/17	258.52	METLIFE
A/P	173206	10/18/17	117.32	MMC AUXILIARY GIFT SHOP
A/P	173207	10/18/17	125.14	MMC VOLUNTEERS

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	173208	10/18/17	.00	VOIDED
A/P	173209	10/18/17	.00	VOIDED
A/P	173210	10/18/17	.00	VOIDED
A/P	173211	10/19/17	.00	MORRIS & DICKSON CO, LLC
A/P	173212	10/18/17	84.00	MORTAN INC
A/P	173213	10/18/17	132.88	NADINE GARNER
A/P	173214	10/18/17	4,748.01	NOVA BIOMEDICAL
A/P	173215	10/18/17	61.74	OFFICE DEPOT
A/P	173216	10/18/17	1,841.39	ORTHO CLINICAL DIAGNOSTICS
A/P	173217	10/18/17	.00	VOIDED
A/P	173218	10/18/17	.00	VOIDED
A/P	173219	10/18/17	.00	VOIDED
A/P	173220	10/18/17	.00	VOIDED
A/P	173221	10/18/17	15,781.96	OWENS & MINOR
A/P	173222	10/18/17	165.00	PALACIOS BEACON
A/P	173223	10/18/17	238.77	PENLON, INC
A/P	173224	10/18/17	11,001.20	PORT LAVACA RETAIL GROUP LLC
A/P	173225	10/18/17	2,415.25	PORT LAVACA WAVE
A/P	173226	10/18/17	508.87	PRECISION DYNAMICS CORP (PDC)
A/P	173227	10/18/17	4,525.00	PREMIER SLEEP DISORDERS CENTER
A/P	173228	10/18/17	4,406.71	PRINCIPAL LIFE
A/P	173229	10/18/17	14.00	RECEIVABLE MANAGEMENT, INC
A/P	173230	10/18/17	1,675.60	REVCYCLE+, INC.
A/P	173231	10/18/17	240.00	REVISTA de VICTORIA
A/P	173232	10/18/17	448.50	RITA DAVIS
A/P	173233	10/18/17	287.94	SARA RUBIO
A/P	173234	10/18/17	6,722.97	SCRUBS ON WHEELS
A/P	173235	10/18/17	558.00	SHIFTHOUND (ABILITY NETWORK)
A/P	173236	10/18/17	751.58	SIEMENS MEDICAL SOLUTIONS INC
A/P	173237	10/18/17	1,595.00	SIGN AD, LTD.
A/P	173238	10/18/17	133.64	SMITHS MEDICAL ASD INC
A/P	173239	10/18/17	2,939.27	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	173240	10/18/17	379.76	STAPLES ADVANTAGE
A/P	173241	10/18/17	102.56	STRYKER SUSTAINABILITY
A/P	173242	10/18/17	160.50	STUDER GROUP, LLC
A/P	173243	10/18/17	2,752.90	TELE-PHYSICIANS, P.A. (TX)
A/P	173244	10/18/17	742.00	THYSSENKRUPP ELEVATOR CORP
A/P	173245	10/18/17	150.00	TROEMNER, LLC
A/P	173246	10/18/17	26,485.08	TXU ENERGY
A/P	173247	10/18/17	35.21	UNIFIRST HOLDINGS
A/P	173248	10/18/17	2,778.59	UNIFIRST HOLDINGS INC
A/P	173249	10/18/17	10,139.61	US FOOD SERVICE
A/P	173250	10/18/17	1,184.68	US STANDARD PRODUCTS
A/P	173251	10/18/17	7,373.79	WERFEN USA LLC
A/P	173252	10/19/17	977.80	MEDLINE INDUSTRIES INC
A/P	173253	10/19/17	.00	VOIDED
A/P	173254	10/19/17	.00	VOIDED
A/P	173255	10/19/17	.00	VOIDED
A/P	173256	10/19/17	22,896.94	MORRIS & DICKSON CO, LLC
TOTALS:			264,633.63	

APPROVED
ON
OCT 18 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

10/18/2017 — 0

14:29 — AP Open Invoice List — ap_open_invoice.template

Dates Through:

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
0009640722		10/18/20	10/17/20	11/01/20			406.64	0.00	0.00	406.64
	INDIGENT CARE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10613	MEDIMPACT HEALTHCARE SYS, INC.	406.64	0.00	0.00	406.64

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	406.64	0.00	0.00	406.64

CK#012021

APPROVED
ON
OCT 19 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 11-13-17

Ø

RUN DATE:10/19/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:14:37 CHECK REGISTER GLCKREG
10/19/17 THRU 10/19/17

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
ICP	012021	10/19/17	406.64	MEDIMPACT HEALTHCARE SYS, INC.
TOTALS:			406.64	

APPROVED ON
OCT 19 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
IBC Accounts
10/23/2017

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	1,436.31	-	10,803.32	-	-	-	-	12,239.63	**12,139.63**

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	7,037.24	6,937.24	9,896.73	-	-	-	-	9,996.73	**9,896.73**
Crescent	4588	15,770.17	15,670.17	27,633.92	-	-	-	-	27,733.92	**27,633.92**
Broadmoor	4596	12,299.54	12,199.54	279,186.45	-	-	-	-	279,286.45	**279,186.45**
Fort Bend	4618	40,563.78	40,463.78	559.46	-	-	-	-	659.46	-
										316,717.10

Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:
Cantex Health Care Centers III LLC
JP Morgan Chase Bank
ABA 0614
Accoun .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: 10-23-17

APPROVED
OCT 23 2017
COUNTY AUDITOR

E:\NH Weekly Transfers\NH UPL Transfer Summary 10-23-17.xlsx

IBC Bank Activity
10/16/17 through 10/22/17

Ashford Gardens					Transfer-Out	Transfer-In	
10/17/2017	113105025	4553	142	ACH CREDIT RECEIVED		251.76	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*
10/17/2017	113105025	4553	142	ACH CREDIT RECEIVED		1,132.39	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*
10/18/2017	113105025	4553	142	ACH CREDIT RECEIVED		226.20	Molina HC of TX HCCLAIMPMT|ASHFORD GARDENS|TRN*1*
10/19/2017	113105025	4553	142	ACH CREDIT RECEIVED		8,989.78	Molina HC of TX HCCLAIMPMT|ASHFORD GARDENS|TRN*1*EFT*
10/20/2017	113105025	4553	142	ACH CREDIT RECEIVED		203.19	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*0
					0.00	10,803.32	

Solera at West Houston					Transfer-Out	Transfer-In	
10/16/2017	113105025	4561	142	ACH CREDIT RECEIVED		3,564.21	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*
10/16/2017	113105025	4561	142	ACH CREDIT RECEIVED		20.00	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1
10/17/2017	113105025	4561	142	ACH CREDIT RECEIVED		125.11	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*
10/19/2017	113105025	4561	495	OUTGOING MONEY TRANSFER	6,937.24		CANTEX HEALTH CARE CENTERS LLC
10/20/2017	113105025	4561	142	ACH CREDIT RECEIVED		6,187.41	MANAGEANDNET1718 MNS PMNT|SOLERA AT WEST HOUSTON
					6,937.24	9,896.73	

Crescent					Transfer-Out	Transfer-In	
10/17/2017	113105025	4588	142	ACH CREDIT RECEIVED		7,700.00	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*
10/17/2017	113105025	4588	142	ACH CREDIT RECEIVED		1,605.34	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*
10/17/2017	113105025	4588	142	ACH CREDIT RECEIVED		4,378.20	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*
10/17/2017	113105025	4588	142	ACH CREDIT RECEIVED		5,788.89	HUMANA INS CO EFPAYMENT|The Crescent|DISDATA-OPTIONAL|TRN*
10/19/2017	113105025	4588	495	OUTGOING MONEY TRANSFER	15,670.17		CANTEX HEALTH CARE CENTERS III
10/20/2017	113105025	4588	142	ACH CREDIT RECEIVED		392.97	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN
10/20/2017	113105025	4588	142	ACH CREDIT RECEIVED		7,768.52	MANAGEANDNET1718 MNS PMNT|CRESCENT THE
					15,670.17	27,633.92	

Broadmoor					Transfer-Out	Transfer-In	
10/18/2017	113105025	4596	142	ACH CREDIT RECEIVED		570.70	Molina HC of TX HCCLAIMPMT|THE BROADMOOR AT CREEK|
10/19/2017	113105025	4596	495	OUTGOING MONEY TRANSFER	12,199.54		CANTEX HEALTH CARE CENTERS III
10/19/2017	113105025	4596	142	ACH CREDIT RECEIVED		278,615.75	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*
					12,199.54	279,186.45	

Fort Bend					Transfer-Out	Transfer-In	
10/16/2017	113105025	4618	142	ACH CREDIT RECEIVED		8.50	AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|TRI
10/19/2017	113105025	4618	495	OUTGOING MONEY TRANSFER	40,463.78		CANTEX HEALTH CARE CENTERS III
10/20/2017	113105025	4618	142	ACH CREDIT RECEIVED		550.96	HUMANA INS CO HCCLAIMPMT|Fort Bend Healthcare C|DISDATA-OPTIONAL|TRN*
					40,463.78	559.46	

Account Portfolio as of 10/23/2017 8:17:10 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	$12,239.63	$39,068.75
Memorial Medical Center	4561	$9,996.73	$16,186.88
Memorial Medical Center	4588	$27,733.92	$37,949.34
Memorial Medical Center	4596	$279,286.45	$281,714.40
Memorial Medical Center	4618	$659.46	$3,699.99
Memorial Medical Center Opera	0301	$575,256.26	$634,409.14
County of Calhoun Indigent	1101	$190.01	$190.01
Totals		**$905,362.46**	**$1,013,218.51**

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
10/23/2017

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	11,007.54	10,833.40	115,509.32	74.14	-	-	-	-	115,683.46	115,509.32

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	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	20,863.40	20,743.21	15,885.24	20.19	-	-	-	-	16,005.43	15,885.24
Crescent	4411	4,802.93	4,686.55	148,658.22	16.38	-	-	-	-	148,774.60	148,658.22
Broadmoor	4403	32,089.80	31,772.65	37,625.45	217.15	-	-	-	-	37,942.60	37,625.45
Fort Bend	4446	9,468.91	9,319.58	56,178.32	49.33	-	-	-	-	56,327.65	56,178.32
											258,347.23

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

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

Approved:

APPROVED
OCT 23 2017
COUNTY AUDITOR

Michael J. Pfeifer
Calhoun County Judge
Date: 11-13-17

E:\NH Weekly Transfers\NH UPL Transfer Summary 10-23-17.xlsx

Prosperity Bank Activity
10/16/17 through 10/22/17

Ashford Gardens

			Transfer-Out	Transfer-In
10/19/2017	4381	CM Wire Domestic WIRE OUT ASHFORD HEALTH CARE CENTER LTD	10,833.40	
10/20/2017	4381	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113005 2		834.69
10/20/2017	4381	Deposit		21,597.36
10/20/2017	4381	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 423)171		93,077.27
			10,833.40	**115,509.32**

Broadmoor

			Transfer-Out	Transfer-In
10/19/2017	4403	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	31,772.65	
10/20/2017	4403	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113004 2		3,219.58
10/16/2017	4403	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113004 2		5,008.47
10/17/2017	4403	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113004 2		9,869.00
10/20/2017	4403	Deposit		19,528.40
			31,772.65	**37,625.45**

Crescent

			Transfer-Out	Transfer-In
10/19/2017	4411	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	4,686.55	
10/20/2017	4411	Deposit		7,599.21
10/20/2017	4411	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 323)171		141,059.01
			4,686.55	**148,658.22**

Fort Bend

			Transfer-Out	Transfer-In
10/19/2017	4446	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	9,319.58	
10/20/2017	4446	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113006 2		9,446.23
10/20/2017	4446	Deposit		9,647.18
10/20/2017	4446	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 663)171		37,084.91
			9,319.58	**56,178.32**

Solera at West Houston

			Transfer-Out	Transfer-In
10/19/2017	4438	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	20,743.21	
10/20/2017	4438	Deposit		15,885.24
			20,743.21	**15,885.24**

Home

ALL ACCOUNTS | FAVORITES ☆

Sort By: Account Number

Checking	Available	Previous Day
MEMORIAL MEDICAL CENTER - OPERATING *4357 ☆	$1,811,971.25	$1,811,971.25
MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014 *4365 ☆	$100.08	$100.08
MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING *4373 ☆	$817,207.91	$817,207.91
MEMORIAL MEDICAL CENTER / NH ASHFORD *4381 ☆	$126,144.50	$115,683.46
MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403 ☆	$40,129.11	$37,942.60
MEMORIAL MEDICAL CENTER / NH CRESCENT *4411 ☆	$208,380.92	$148,774.60
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438 ☆	$17,995.69	$16,005.43
MEMORIAL MEDICAL CENTER / NH FORT BEND *4446 ☆	$58,417.12	$56,327.65
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE *4454 ☆	$1,793.48	$1,793.48
CAL CO INDIGENT HEALTHCARE *4551 ☆	$61,913.27	$61,913.27
TOTAL	$3,144,053.33	$3,067,719.73

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: 10/20/2017
DC: 8115
Territory:
Customer: 632536
Date: 10/21/2017

Page: 002

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

As of: 10/20/2017 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 10/21/2017 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: 4,072.85 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 10/24/2017,
Pay This Amount: 3,991.18 USD

If Paid After 10/24/2017,
Pay this Amount: 4,072.85 USD

Due If Paid On Time:
USD 3,991.18
Disc lost if paid late: 81.67
Due If Paid Late:
USD 4,072.85

ck# 951

849·17+
2,359·91+
782·10+
3,991·18*

Michael J. Pfeifer
Calhoun County Judge
Date: 11-13-17

APPROVED
ON
OCT 23 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

340B Prescription Expenses

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 10/20/2017

DC: 8115

Territory: 400

Customer: 262252
Date: 10/21/2017

Page: 001

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

As of: 10/20/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 10/21/2017 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											
10/16/2017	10/24/2017	7835076103	1001098733	115Invoice	3.74	187.18		✓183.44	-	7835076103	
10/16/2017	10/24/2017	7835076106	1001099352	115Invoice	0.60	30.10		✓29.50	-	7835076106	
10/16/2017	10/24/2017	7835076110	1001099777	115Invoice	1.10	54.91		✓53.81	-	7835076110	
10/16/2017	10/24/2017	7835076116	1001099777	115Invoice	0.28	14.21		✓13.93	-	7835076116	
10/16/2017	10/24/2017	7835118573	MFC PR CORR CR	Pricing Cor		11.28-		✓11.28-	-	7835118573	
10/16/2017	10/24/2017	7835118574	MFC PR CORR IN	Pricing Cor	0.19	9.44		✓9.25	-	7835118574	
10/17/2017	10/24/2017	7835293058	1001100170	115Invoice	1.69	84.74		✓83.05	-	7835293058	
10/18/2017	10/24/2017	7835540773	1001100787	115Invoice	3.58	179.04		✓175.46	-	7835540773	
10/19/2017	10/24/2017	7835767841	1001101597	115Invoice	3.48	173.97		✓170.49	-	7835767841	
10/20/2017	10/24/2017	7836016367	1001102190	115Invoice	2.89	144.41		✓141.52	-	7836016367	

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: 866.72 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,050.85
10/16/2017

If Paid By 10/24/2017,
Pay This Amount: 849.17 ✓ USD

If Paid After 10/24/2017,
Pay this Amount: 866.72 USD

Due If Paid On Time:
USD 849.17

Disc lost if paid late:
17.55

Due If Paid Late:
USD 866.72

APPROVED
ON

OCT 23 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 10/20/2017 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 10/21/2017

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: 10/20/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 10/21/2017 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											
10/16/2017	10/24/2017	7835067748	2007400882	115Invoice	7.89	394.40		386.51	-	7835067748	
10/16/2017	10/24/2017	7835067750	1011170134-00	115Invoice	20.82	1,041.10		1,020.28	-	7835067750	
10/17/2017	10/24/2017	7835291682	2007400885	115Invoice	1.73	86.70		84.97	-	7835291682	
10/17/2017	10/24/2017	7835291683	1016170236-00	115Invoice	0.11	5.31		5.20	-	7835291683	
10/19/2017	10/24/2017	7835761898	10182017	115Invoice	0.01	0.51		0.50	-	7835761898	
10/19/2017	10/24/2017	7835761901	2007400891	115Invoice	4.00	199.88		195.88	-	7835761901	
10/20/2017	10/24/2017	7835999051	2007400894	115Invoice	12.43	621.39		608.96	-	7835999051	
10/20/2017	10/24/2017	7835999052	1019170428-00	115Invoice	1.18	58.79		57.61	-	7835999052	

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: 2,408.08 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,050.85
10/16/2017

If Paid By 10/24/2017,
Pay This Amount: 2,359.91 USD ✓

If Paid After 10/24/2017,
Pay this Amount: 2,408.08 USD

Due If Paid On Time:
USD 2,359.91

Disc lost if paid late:
48.17

Due If Paid Late:
USD 2,408.08

APPROVED
ON

OCT 23 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 10/20/2017

DC: 8115

Territory: 400

Customer: 190813
Date: 10/21/2017

Page: 001

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

As of: 10/20/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 10/21/2017 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											
10/16/2017	10/24/2017	7835065428	1001098731	115Invoice	2.14	106.94		104.80		7835065428	
10/16/2017	10/24/2017	7835065435	1001099350	115Invoice	0.79	39.53		38.74		7835065435	
10/16/2017	10/24/2017	7835065438	1001099775	115Invoice	0.90	45.16		44.26		7835065438	
10/17/2017	10/24/2017	7835294791	1001100168	115Invoice	3.38	169.17		165.79		7835294791	
10/18/2017	10/24/2017	7835534220	1001100785	115Invoice	5.26	263.12		257.86		7835534220	
10/19/2017	10/24/2017	7835761387	1001101595	115Invoice	0.53	26.71		26.18		7835761387	
10/20/2017	10/24/2017	7835996284	1001102188	115Invoice	2.95	147.42		144.47		7835996284	

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: 798.05 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,050.85
10/16/2017

If Paid By 10/24/2017, Pay This Amount: 782.10 USD

If Paid After 10/24/2017, Pay this Amount: 798.05 USD

Due If Paid On Time: USD 782.10

Disc lost if paid late: 15.95

Due If Paid Late: USD 798.05

APPROVED
ON

OCT 23 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:10/23/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:11:20 CHECK REGISTER GLCKREG
10/23/17 THRU 10/23/17

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000951	10/23/17	3,991.18	MCKESSON
TOTALS:			3,991.18	

APPROVED
ON
OCT 23 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

10/25/2017 MEMORIAL MEDICAL CENTER 0
09:12 AP Open Invoice List ap_open_invoice.template
Dates Through:

Vendor#	Vendor Name	Class	Pay Code
R1185	FARAH JANAK ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000355		10/24/20	10/24/20	11/04/20			439.26	0.00	0.00	439.26 ✓
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	R1185	FARAH JANAK	439.26	0.00	0.00	439.26

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	439.26	0.00	0.00	439.26

APPROVED
ON

OCT 25 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 173257

Michael J. Pfeifer
Calhoun County Judge
Date: 11-13-17

10/25/2017
09:14

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2006344		07/19/20	07/12/20	10/30/20		323.20	0.00	0.00	323.20
	PRO FEES								
38003		10/25/20	07/12/20	11/04/20		7,480.00	0.00	0.00	7,480.00
	PRO FEES								
2002195		10/25/20	07/19/20	11/04/20		4.51	0.00	0.00	4.51
	PRO FEES								
2006518		10/25/20	07/19/20	11/04/20		1,075.76	0.00	0.00	1,075.76
	PRO FEES								
2007332		10/25/20	07/19/20	11/04/20		9.20	0.00	0.00	9.20
	PRO FEES								
2007601		10/25/20	07/19/20	11/04/20		9.20	0.00	0.00	9.20
	PRO FEES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11230	JACKSON & COKER LOCUM TENENS,	8,901.87	0.00	0.00	8,901.87

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	8,901.87	0.00	0.00	8,901.87

CK# 173258

Michael J. Pfeifer
Calhoun County Judge
Date: 11-13-17

APPROVED
ON
OCT 25 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

10/25/2017 MEMORIAL MEDICAL CENTER 0
09:11 AP Open Invoice List ap_open_invoice.template
Dates Through:

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000358		10/25/20	10/24/20	11/04/20			529,034.57	0.00	0.00	529,034.57
	TRANSFER									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11492	MMC OPERATING PROSPERITY ACC	529,034.57	0.00	0.00	529,034.57 ✓

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	529,034.57	0.00	0.00	529,034.57

APPROVED
ON

OCT 25 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 173259

Michael J. Pfeifer
Calhoun County Judge
Date: 11-13-17

10/25/2017 MEMORIAL MEDICAL CENTER 0
09:12 AP Open Invoice List ap_open_invoice.template
Dates Through:

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
000311	PRO FEES	10/25/20	09/30/20	11/04/20		37,774.69	0.00	0.00	37,774.69

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	V1058	VICTORIA ANESTHESIOLOGY	37,774.69	0.00	0.00	37,774.69

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	37,774.69	0.00	0.00	37,774.69

APPROVED
ON
OCT 25 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#173260

Michael J. Pfeifer
Calhoun County Judge
Date: 11-13-17

Ø

RUN DATE:10/25/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:11:33 CHECK REGISTER GLCKREG
10/25/17 THRU 10/25/17

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	173257	10/25/17	439.26	FARAH JANAK
A/P	173258	10/25/17	8,901.87	JACKSON & COKER LOCUM TENENS,
A/P	173259	10/25/17	529,034.57	MMC OPERATING PROSPERITY ACC
A/P	173260	10/25/17	37,774.69	VICTORIA ANESTHESIOLOGY
TOTALS:			576,150.39	

APPROVED
ON

OCT 25 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

10/26/2017 MEMORIAL MEDICAL CENTER 0
11:22 AP Open Invoice List ap_open_invoice.template
Dates Through:

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
000364		10/26/20	10/24/20	11/04/20			492.85	0.00	0.00	492.85
	INDIGENT CARE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10613	MEDIMPACT HEALTHCARE SYS, INC.	492.85	0.00	0.00	492.85

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	492.85	0.00	0.00	492.85

APPROVED
ON
OCT 26 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#012022

Michael J. Pfeifer
Calhoun County Judge
Date: 11-13-17

RUN DATE:10/26/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:11:26 CHECK REGISTER GLCKREG
10/26/17 THRU 10/26/17

BANK--CHECK----------				
CODE	NUMBER	DATE	AMOUNT	PAYEE
ICP	012022	10/26/17	492.85	MEDIMPACT HEALTHCARE SYS, INC.
TOTALS:			492.85	

APPROVED
ON

OCT 26 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

APPROVED ON
OCT 26 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

10/26/2017 08:55 — MEMORIAL MEDICAL CENTER — 0
AP Open Invoice List — ap_open_invoice.template
Due Dates Through: 11/03/2017

Vendor#	Vendor Name	Class	Pay Code
11283	ACE HARDWARE 15521		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
116507	SUPPLIES	10/23/20	10/10/20	11/01/20		19.98	0.00	0.00	19.98
116508	SUPPLIES	10/23/20	10/10/20	11/01/20		63.92	0.00	0.00	63.92

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521	83.90	0.00	0.00	83.90

Vendor#	Vendor Name	Class	Pay Code
11234	ADRIANNA GALVAN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
000350	EMPLOYEE TRAVEL	10/24/20	10/13/20	11/01/20		30.06	0.00	0.00	30.06
000356	EMPLOYEE TRAVEL	10/24/20	10/24/20	10/25/20		30.06	0.00	0.00	30.06

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11234	ADRIANNA GALVAN	60.12	0.00	0.00	60.12

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
9068024009		10/23/20	09/22/20	10/17/20		52.10	0.00	0.00	52.10
9068176237	GAS	10/23/20	09/28/20	10/23/20		167.40	0.00	0.00	167.40
9068216813	GAS	10/23/20	09/30/20	10/25/20		2,094.54	0.00	0.00	2,094.54

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	2,314.04	0.00	0.00	2,314.04

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2706848IN	REMOTES	10/24/20	09/25/20	10/15/20		239.20	0.00	0.00	239.20

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1715	ALCO SALES & SERVICE CO	239.20	0.00	0.00	239.20

Vendor#	Vendor Name	Class	Pay Code
11299	ALLSTATE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
C041050100	EMPLOYEE BENEFITS	10/24/20	10/09/20	11/01/20		12,451.08	0.00	0.00	12,451.08

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11299	ALLSTATE	12,451.08	0.00	0.00	12,451.08

Vendor#	Vendor Name	Class	Pay Code
10592	AMERICAN PROFICIENCY INSTITUTE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
468781	SUPPLIES	10/23/20	10/05/20	10/30/20		10,513.00	0.00	0.00	10,513.00

468782	10/23/20	10/05/20	10/30/20	1,377.00	0.00	0.00	1,377.00
SUPPLIES							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10592	AMERICAN PROFICIENCY INSTITUTE	11,890.00	0.00	0.00	11,890.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
149		10/23/20	10/05/20	10/15/20		15.00	0.00	0.00	15.00
SIGNS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2150	ANNOUNCEMENTS PLUS TOO AGAIN	15.00	0.00	0.00	15.00

Vendor#	Vendor Name	Class	Pay Code
A2600	AUTO PARTS & MACHINE CO.	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
844777		10/23/20	10/10/20	10/25/20		22.98	0.00	0.00	22.98
SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2600	AUTO PARTS & MACHINE CO.	22.98	0.00	0.00	22.98

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
56313414		10/24/20	09/21/20	10/16/20		312.99	0.00	0.00	312.99
SUPPLIES									
56389063		10/24/20	09/28/20	10/23/20		350.19	0.00	0.00	350.19
SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE	663.18	0.00	0.00	663.18

Vendor#	Vendor Name	Class	Pay Code
B1075	BAXTER HEALTHCARE CORP	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
56315409		10/24/20	09/21/20	10/21/20		2,367.50	0.00	0.00	2,367.50
LEASE AGREEMENT									
56315408		10/24/20	09/21/20	10/21/20		629.50	0.00	0.00	629.50
SOFTWARE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1075	BAXTER HEALTHCARE CORP	2,997.00	0.00	0.00	2,997.00

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
6005584635		10/24/20	09/25/20	10/25/20		1,144.64	0.00	0.00	1,144.64
SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2485	BAYER HEALTHCARE	1,144.64	0.00	0.00	1,144.64

Vendor#	Vendor Name	Class	Pay Code
B1266	BECKMAN COULTER CAPITAL	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
106610263		10/23/20	09/30/20	10/30/20		1,192.10	0.00	0.00	1,192.10
SUPPLIES									
5377458		10/23/20	09/30/20	10/30/20		3,507.27	0.00	0.00	3,507.27
SUPPLIES									
106617022		10/23/20	09/30/20	11/02/20		92.88	0.00	0.00	92.88
SUPPLIES									

106615768	10/23/20	10/03/20	11/02/20		3,606.74	0.00	0.00	3,606.74
SUPPLIES								
106615485	10/23/20	10/03/20	11/02/20		725.98	0.00	0.00	725.98
SUPPLIES								
106617606	10/23/20	10/04/20	11/03/20		41.72	0.00	0.00	41.72
SUPPLIES								
106618563	10/23/20	10/04/20	11/03/20		33.44	0.00	0.00	33.44
SUPPLIES								
106618304	10/23/20	10/04/20	11/03/20		30.96	0.00	0.00	30.96
SUPPLIES								
Vendor Totals Number	Name				Gross	Discount	No-Pay	Net
B1266	BECKMAN COULTER CAPITAL				9,231.09	0.00	0.00	9,231.09

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
9103347603		10/23/20	09/15/20	10/15/20			1,320.51	0.00	0.00	1,320.51
	SUPPLIES									
Vendor Totals Number	Name						Gross	Discount	No-Pay	Net
10024	BECTON, DICKINSON & CO (BD)						1,320.51	0.00	0.00	1,320.51

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
113039		10/12/20	09/28/20	10/28/20			36.00	0.00	0.00	36.00
	SUPPLIES MAINT									
Vendor Totals Number	Name						Gross	Discount	No-Pay	Net
B1650	BOSART LOCK & KEY INC						36.00	0.00	0.00	36.00

Vendor#	Vendor Name	Class	Pay Code
11041	CALHOUN CO INDIGENT ACCT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000318		10/24/20	10/09/20	10/25/20			740.00	0.00	0.00	740.00
	TRANSFER FUNDS									
Vendor Totals Number	Name						Gross	Discount	No-Pay	Net
11041	CALHOUN CO INDIGENT ACCT						740.00	0.00	0.00	740.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
KHH6437		10/24/20	09/26/20	10/26/20			6,878.17	0.00	0.00	6,878.17
	SUPPLIES									
Vendor Totals Number	Name						Gross	Discount	No-Pay	Net
C1992	CDW GOVERNMENT, INC.						6,878.17	0.00	0.00	6,878.17

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
000290		10/23/20	09/28/20	10/13/20			51.77	0.00	0.00	51.77
	GAS									
Vendor Totals Number	Name						Gross	Discount	No-Pay	Net
E1270	CENTERPOINT ENERGY						51.77	0.00	0.00	51.77

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
0092356443		10/23/20	09/27/20	10/27/20			94.00	0.00	0.00	94.00

	SUPPLIES								
0092359693		10/23/20	10/02/20	11/01/20		765.00	0.00	0.00	765.00
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10350	CENTURION MEDICAL PRODUCTS	859.00	0.00	0.00	859.00

Vendor#	Vendor Name	Class	Pay Code
L1629	CHRISTINA ZAPATA-ARROYO		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
REHAB		10/23/20	10/13/20	11/01/20		1,278.75	0.00	0.00	1,278.75
	SPEECH THERAPY SERV								
REHAB1		10/23/20	10/16/20	11/01/20		893.75	0.00	0.00	893.75
	SPEECH THERAPY								
HOSPITAL		10/23/20	10/16/20	11/01/20		412.50	0.00	0.00	412.50
	SPEECH THERAPY SERV								
HOSPITAL1		10/23/20	10/16/20	11/01/20	165.00	247.50	0.00	0.00	247.50 165.00
	SPEECH THERAPY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	L1629	CHRISTINA ZAPATA-ARROYO	2,750.00 2,832.50	0.00	0.00	2,832.50 2,750.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
OE150191		10/24/20	09/29/20	10/09/20		57.50	0.00	0.00	57.50
	SUPPLIES								
OE148331		10/24/20	09/29/20	10/09/20		57.50	0.00	0.00	57.50
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1166	COASTAL OFFICE SOLUTONS	115.00	0.00	0.00	115.00

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
487178		10/24/20	09/26/20	10/26/20		310.20	0.00	0.00	310.20

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1970	CONMED CORPORATION	310.20	0.00	0.00	310.20

Vendor#	Vendor Name	Class	Pay Code
10284	CYTO THERM L.P.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
286875		10/23/20	09/26/20	10/23/20		294.45	0.00	0.00	294.45
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10284	CYTO THERM L.P.	294.45	0.00	0.00	294.45

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
0000012650		10/13/20	10/01/20	10/31/20		5,250.00	0.00	0.00	5,250.00
	PHYSICAL THERAPIST								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11287	DELTA HEALTHCARE PROVIDERS	5,250.00	0.00	0.00	5,250.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
5160000		10/24/20	09/27/20	10/22/20		64.49	0.00	0.00	64.49

	SUPPLIES							
5159620		10/24/20	09/27/20	10/22/20	1.46	0.00	0.00	1.46
	SUPPLIES							
5160030		10/24/20	09/27/20	10/22/20	15.91	0.00	0.00	15.91
	SUPPLIES							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON			81.86	0.00	0.00	81.86

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
IN20051190		10/12/20	09/29/20	10/29/20		10,510.75	0.00	0.00	10,510.75
	PURCH SERV CARD REH								
IN20051182		10/12/20	09/29/20	10/29/20		18,679.29	0.00	0.00	18,679.29
	PURCH SERV BEHAV HEALTH								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11011	DIAMOND HEALTHCARE CORP				29,190.04	0.00	0.00	29,190.04

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
MMC1015117		10/23/20	10/13/20	10/31/20		93,934.55	0.00	0.00	93,934.55
	PHYSICIAN SERVICES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDICAL NETWORK INC				93,934.55	0.00	0.00	93,934.55

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
6157		10/12/20	10/03/20	10/28/20		105.00	0.00	0.00	105.00
	PURCH SERV PLNT OPS								
6156		10/12/20	10/03/20	10/28/20		505.00	0.00	0.00	505.00
	PURCH SERV PLANT 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
D1785	DYNATRONICS CORPORATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
973040		10/23/20	09/29/20	10/23/20		43.75	0.00	0.00	43.75
	SUPPLIES								
973441		10/23/20	10/04/20	10/23/20		108.30	0.00	0.00	108.30
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	D1785	DYNATRONICS CORPORATION				152.05	0.00	0.00	152.05

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
66528		10/13/20	09/28/20	10/28/20		280.00	0.00	0.00	280.00
	VENTHOOD CLEANING								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	E0500	EAGLE FIRE & SAFETY INC				280.00	0.00	0.00	280.00

Vendor#	Vendor Name	Class	Pay Code
11448	EPIPHANY ARCHANGEL		

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

000345	10/23/20 10/13/20 11/01/20		19.74	0.00	0.00	19.74	✓	
FOOD SUPPLIES								
000298	10/24/20 09/12/20 11/01/20		19.98	0.00	0.00	19.98	✓	
FOOD SUPPLIES								
000299	10/24/20 10/08/20 11/01/20		10.97	0.00	0.00	10.97	✓	
FOOD SUPPLIES								
Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net		
	11448	EPIPHANY ARCHANGEL	50.69	0.00	0.00	50.69		

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	
446993 ✓		10/23/20	10/02/20	10/23/20			154.06	0.00	0.00	154.06	✓
	SUPPLIES										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10042	ERBE USA INC SURGICAL SYSTEMS	154.06	0.00	0.00	154.06

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	
000343		10/23/20	10/13/20	11/01/20			59.59	0.00	0.00	59.59	✓
	EMPLOYEE TRAVEL Golden Crescent Hrc Harvey Hit Wash | HPG monthly 9|25 – 10|12|17										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T0383	ERIN CLEVENGER	59.59	0.00	0.00	59.59

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
594453744 ✓		10/24/20	09/28/20	10/23/20			63.29	0.00	0.00	63.29	✓
	FREIGHT										
595169031 ✓		10/24/20	10/05/20	10/30/20			38.49	0.00	0.00	38.49	✓
	FREIGHT										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.	101.78	0.00	0.00	101.78

Vendor#	Vendor Name	Class	Pay Code
10788	FIRETROL PROTECTION SYSTEMS ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
100496773 ✓		10/23/20	09/29/20	10/09/20			285.00	0.00	0.00	285.00	✓
	SPRINKLER INSPECTION										
100496777 ✓		10/23/20	09/29/20	10/09/20			1,520.00	0.00	0.00	1,520.00	✓
	SPRINKLER INSPECTION										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10788	FIRETROL PROTECTION SYSTEMS	1,805.00	0.00	0.00	1,805.00

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	
000280		10/20/20	10/12/20	11/01/20			75.00	0.00	0.00	75.00	✓
	EMPLOYEE EXP										
000334		10/20/20	10/12/20	11/01/20			75.00	0.00	0.00	75.00	✓
	EMPLOYEE EXPENSE										

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

3687625		10/10/20 09/22/20 10/17/20			10.64	0.00	0.00	10.64
	SUPPLIES							
3918824		10/23/20 09/26/20 10/21/20			2,975.30	0.00	0.00	2,975.30
	SUPPLIES LAB							
4875563		10/24/20 10/03/20 10/28/20			72.68	0.00	0.00	72.68
	SUPPLIES							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE			3,058.62	0.00	0.00	3,058.62

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
0211747IN		10/23/20	10/02/20	11/02/20			530.00	0.00	0.00	530.00
	WATER TREATMENT CONTRA									
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
G0120	GE MEDICAL SYSTEMS, INFO TECH		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2819176		10/24/20	09/18/20	10/18/20			1,966.00	0.00	0.00	1,966.00
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	G0120	GE MEDICAL SYSTEMS, INFO TECH					1,966.00	0.00	0.00	1,966.00

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
1385352		10/09/20	09/26/20	10/26/20			165.18	0.00	0.00	165.18
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY					165.18	0.00	0.00	165.18

Vendor#	Vendor Name	Class	Pay Code
10334	HEALTH CARE LOGISTICS INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
6417138		10/23/20	09/29/20	10/24/20			93.85	0.00	0.00	93.85
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10334	HEALTH CARE LOGISTICS INC					93.85	0.00	0.00	93.85

Vendor#	Vendor Name	Class	Pay Code
H0416	HOLOGIC INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8354173		10/10/20	09/17/20	10/28/20			500.00	0.00	0.00	500.00
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	H0416	HOLOGIC INC					500.00	0.00	0.00	500.00

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
000340		10/23/20	10/23/20	10/24/20			22,868.00	0.00	0.00	22,868.00
	PURCHASED SERVICES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11285	ITA RESOURCES INC					22,868.00	0.00	0.00	22,868.00

Vendor#	Vendor Name	Class	Pay Code

J1415 JOHNSTONE SUPPLY ✓ W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
F004710 ✓		10/23/20	09/30/20	10/10/20		2.44	0.00	0.00	2.44 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J1415	JOHNSTONE SUPPLY	2.44	0.00	0.00	2.44

Vendor# Vendor Name Class Pay Code

11275 KYLE DANIEL ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
000344		10/23/20	10/13/20	11/01/20	89.22	113.32	0.00	0.00	113.32 89.22
	EMPLOYEE TRAVEL G-300 Course 10/11-13/17								

Vendor Totals	Number	Name	89.22	Gross	Discount	No-Pay	Net
	11275	KYLE DANIEL		113.32	0.00	0.00	113.32 89.22

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
000333		10/20/20	10/12/20	11/01/20		1,215.00	0.00	0.00	1,215.00 ✓
	EMPLOYEE EXPENSE								
000281		10/20/20	10/12/20	11/01/20		1,465.00	0.00	0.00	1,465.00 ✓
	EMPLOYEE EXP								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10972	M G TRUST	2,680.00	0.00	0.00	2,680.00

Vendor# Vendor Name Class Pay Code

M2178 MCKESSON MEDICAL SURGICAL INC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
11348526 ✓		10/10/20	09/25/20	10/15/20		810.10	0.00	0.00	810.10 ✓
	SUPPLIES								
11326852 ✓		10/10/20	09/25/20	10/25/20		527.33	0.00	0.00	527.33 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	1,337.43	0.00	0.00	1,337.43

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
1834286614 ✓		10/04/20	09/06/20	11/01/20		20.31	0.00	0.00	20.31 ✓
	SUPPLIES								
1834410791 ✓		10/04/20	09/07/20	11/01/20		575.90	0.00	0.00	575.90 ✓
	SUPPLIES								
1835515185 ✓		10/23/20	09/26/20	10/21/20		30.16	0.00	0.00	30.16 ✓
	SUPPLIES								
1835645587 ✓		10/23/20	09/27/20	10/22/20		47.88	0.00	0.00	47.88 ✓
	SUPPLIES								
1835645586 ✓		10/23/20	09/27/20	10/22/20		29.73	0.00	0.00	29.73 ✓
	SUPPLIES								
1835941157 ✓		10/23/20	10/03/20	10/28/20		327.34	0.00	0.00	327.34 ✓
	SUPPLIES								
1835515187 ✓		10/24/20	09/26/20	10/21/20		73.86	0.00	0.00	73.86 ✓
	SUPPLIES								
1835713421 ✓		10/24/20	09/28/20	10/23/20		29.57	0.00	0.00	29.57 ✓
	SUPPLIES								
1835861031 ✓		10/24/20	09/30/20	10/25/20		27.33	0.00	0.00	27.33 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	1,162.08	0.00	0.00	1,162.08

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
000331		10/20/20	10/12/20	11/01/20			210.00	0.00	0.00	210.00
	EMPLOYEE EXPENSES									
000279		10/20/20	10/12/20	11/01/20			120.00	0.00	0.00	120.00
	EMPLOYEE EXP									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10963	MEMORIAL MEDICAL CLINIC	330.00	0.00	0.00	330.00

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
8800133780		10/23/20	09/29/20	10/29/20			105.31	0.00	0.00	105.31
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2659	MERRY X-RAY/SOURCEONE HEALTHCA	105.31	0.00	0.00	105.31

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
000354		10/24/20	10/13/20	11/01/20			113.13	0.00	0.00	113.13
	VOLUNTEER GIFT SHOP									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP	113.13	0.00	0.00	113.13

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
000341		10/23/20	10/23/20	11/01/20			42,280.04	0.00	0.00	42,280.04
	EMP INSURANCE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN	42,280.04	0.00	0.00	42,280.04

Vendor#	Vendor Name	Class	Pay Code
10680	MMC EMPLOYEES ACTIVITES TEAM		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000352		10/24/20	10/20/20	11/01/20			3,290.00	0.00	0.00	3,290.00
	EMPLOYEE EXPENSES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10680	MMC EMPLOYEES ACTIVITES TEAM	3,290.00	0.00	0.00	3,290.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1895403		10/23/20	10/12/20	10/13/20			64.85	0.00	0.00	64.85
	INVENT PHARM									
1895405		10/23/20	10/12/20	10/13/20			55.01	0.00	0.00	55.01
	INVENTORY PHARM									
1895404		10/23/20	10/12/20	10/13/20			699.19	0.00	0.00	699.19
	INVENT PHARM									
1895402		10/23/20	10/12/20	10/13/20			26.32	0.00	0.00	26.32
	INVENT PHARM									
1895401		10/23/20	10/12/20	10/13/20			5.89	0.00	0.00	5.89

	INVENT PHARM							
1904491		10/23/20	10/16/20	10/17/20	786.36	0.00	0.00	786.36
	INVENT PHARM							
1907118		10/23/20	10/16/20	10/17/20	441.00	0.00	0.00	441.00
	INVENT PHARM							
1907119		10/23/20	10/16/20	10/17/20	2,319.94	0.00	0.00	2,319.94
	INVENT PHARM							
1907117		10/23/20	10/16/20	10/17/20	418.46	0.00	0.00	418.46
	INVENT PHARM							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC			4,817.02	0.00	0.00	4,817.02

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
000336		10/23/20	10/16/20	11/01/20		3,000.00	0.00	0.00	3,000.00
	DIETICIAN								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	N1225	NUTRITION OPTIONS				3,000.00	0.00	0.00	3,000.00

Vendor#	Vendor Name			Class	Pay Code			
O0920	OFFICE DEPOT							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
927020926001		10/24/20	05/11/20	06/11/20		61.74	0.00	0.00	61.74
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	O0920	OFFICE DEPOT				61.74	0.00	0.00	61.74

Vendor#	Vendor Name			Class	Pay Code			
OM425	OWENS & MINOR							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2030905714		10/10/20	09/21/20	10/21/20		794.06	0.00	0.00	794.06
	SUPPLIES								
2030897831		10/10/20	09/21/20	11/01/20		69.29	0.00	0.00	69.29
	SUPPLIES								
2031246674		10/10/20	10/03/20	11/02/20		1,454.66	0.00	0.00	1,454.66
	SUPPLIES								
2031245247		10/10/20	10/03/20	11/02/20		1,199.13	0.00	0.00	1,199.13
	SUPPLIES								
8000121254		10/12/20	09/30/20	10/30/20		114.90	0.00	0.00	114.90
	FINANCE CHARGE								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR				3,632.04	0.00	0.00	3,632.04

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
000342		10/23/20	10/23/20	11/01/20		907.50	0.00	0.00	907.50
	CONTRACT EMPLOYEE								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11069	PABLO GARZA				907.50	0.00	0.00	907.50

Vendor#	Vendor Name			Class	Pay Code			
11155	PARA							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
3291		10/12/20	10/01/20	10/31/20		2,000.00	0.00	0.00	2,000.00
	PURCH SERV ADMIN								

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
P1800	PITNEY BOWES INC ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1005371452 ✓		10/10/20	09/26/20	10/26/20			207.00	0.00	0.00	207.00 ✓
	POSTAGE- BUS OFFICE									

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

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
A35643 ✓		09/29/20	09/05/20	10/31/20			9.38	0.00	0.00	9.38 ✓
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P2200	POWER HARDWARE	9.38	0.00	0.00	9.38

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
SM316688 ✓		10/23/20	10/01/20	10/26/20			43.72	0.00	0.00	43.72 ✓
	FIRE AND SECURITY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	R1200	RED HAWK FIRE AND SECURITY	43.72	0.00	0.00	43.72

Vendor#	Vendor Name	Class	Pay Code
D1080	RITA DAVIS ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
00346		10/23/20	10/13/20	10/23/20			586.50	0.00	0.00	586.50 ✓
	CONTRACT EMPLOYEE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1080	RITA DAVIS	586.50	0.00	0.00	586.50

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
000303		10/12/20	09/29/20	10/29/20			3,597.00	0.00	0.00	3,597.00 ✓
	LEGAL SERVICES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G0425	ROBERTS, ROBERTS & ODEFEY, LLP	3,597.00	0.00	0.00	3,597.00

Vendor#	Vendor Name	Class	Pay Code
10927	ROSHANDA THOMAS ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000347		10/23/20	10/13/20	11/01/20			144.20	0.00	0.00	144.20 ✓
	EMPLOYEE TRAVEL WFT Employer Seminar Texas Mutal Worker's Comp Insurance									

Vendor Totals	Number	Name 10/12/17	Gross	Discount	No-Pay	Net
	10927	ROSHANDA THOMAS	144.20	0.00	0.00	144.20

Vendor#	Vendor Name	Class	Pay Code
S1001	SANOFI PASTEUR INC ✓ Remove per Caitlin Clevenger		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
908953230A ✓		10/18/20	09/20/20	11/01/20			4,185.74	0.00	0.00	4,185.74 ✓
	INVENT PHARM									
909050381 ✓		10/23/20	09/28/20	10/28/20			3,746.99	0.00	0.00	3,746.99 ✓
	INVENT PHARM									

Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	S1001	SANOFI PASTEUR INC					7,932.73	0.00	0.00	7,932.73

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
	000353		10/24/20	10/13/20	11/01/20		113.22 89.22	0.00	0.00	113.22 89.22
		EMPLOYEE TRAVEL G-300 Course 10|11 – 10|13|17								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10625	SARA RUBIO				113.22 89.22	0.00	0.00	113.22 89.22

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
	000351		10/24/20	10/22/20	11/01/20		748.22	0.00	0.00	748.22 ✓
		CONTRACT EMPLOYEE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		K0536	SHIRLEY KARNEI				748.22	0.00	0.00	748.22

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
	4629454 ✓		10/23/20	09/30/20	10/24/20		1,350.66	0.00	0.00	1,350.66 ✓
	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				
S3960	STERICYCLE, INC ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	4007362725 ✓		10/23/20	10/01/20	10/31/20		1,935.39	0.00	0.00	1,935.39 ✓
		1935.39								
	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				
S2951	SYSCO FOOD SERVICES OF ✓				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	113890682 ✓		10/13/20	10/12/20	11/01/20		864.20	0.00	0.00	864.20 ✓
		FOOD SUPPLIES								
	113849302 ✓		10/24/20	09/28/20	10/18/20		679.62	0.00	0.00	679.62 ✓
		FOOD SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2951	SYSCO FOOD SERVICES OF				1,543.82	0.00	0.00	1,543.82

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
	205EV29103 ✓		10/24/20	09/30/20	10/30/20		4,555.00	0.00	0.00	4,555.00 ✓
		ER TRACKER								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		T2539	T-SYSTEM, INC				4,555.00	0.00	0.00	4,555.00

Vendor#	Vendor Name				Class	Pay Code				
10611	TELE-PHYSICIANS, P.A. (TX) ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	TX0002670 ✓		10/24/20	03/01/20	03/01/20		2,684.85	0.00	0.00	2,684.85 ✓
		NEURO CONSULT FEES								
	TX0002853 ✓		10/24/20	06/01/20	07/01/20		2,752.90	0.00	0.00	2,752.90 ✓

	NEURO CONSULT FEES							
TX0002799		10/24/20	06/01/20	07/01/20	2,752.90	0.00	0.00	2,752.90
	NEURO CONSULT FEES							
TX0002903		10/24/20	08/01/20	09/01/20	2,752.90	0.00	0.00	2,752.90
	NEURO CONSULT FEES							
TX0002986		10/24/20	09/01/20	10/01/20	2,752.90	0.00	0.00	2,752.90
	NEURO CONSULT FEES							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10611	TELE-PHYSICIANS, P.A. (TX)			13,696.45	0.00	0.00	13,696.45

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
217970917		10/12/20	09/30/20	10/30/20			182.00	0.00	0.00	182.00
	ADVERTISING ADMIN									
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
340369431		10/23/20	10/05/20	10/30/20			232.87	0.00	0.00	232.87
	SUPPLEIS									
340369432		10/23/20	10/05/20	10/30/20			1,286.81	0.00	0.00	1,286.81
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11100	THE US CONSULTING GROUP					1,519.68	0.00	0.00	1,519.68

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
000357		10/24/20	09/30/20	10/10/20			168.86	0.00	0.00	168.86
	AD									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	V1050	THE VICTORIA ADVOCATE					168.86	0.00	0.00	168.86

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
35FK101700		10/23/20	10/01/20	10/26/20			1,531.28	0.00	0.00	1,531.28
	FINANCIAL SERV									
3A3X101700		10/23/20	10/01/20	10/26/20			119.00	0.00	0.00	119.00
	FINANCIAL SERV									
3A3X091700		10/24/20	09/01/20	09/26/20			119.00	0.00	0.00	119.00
	FINANCIAL SERVICES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11067	TRIZETTO PROVIDER SOLUTIONS					1,769.28	0.00	0.00	1,769.28

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
331089		10/13/20	10/01/20	10/31/20			1,978.75	0.00	0.00	1,978.75
	DATA SYSTEM FEE									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10959	TRUVEN HEALTH ANALYTICS INC					1,978.75	0.00	0.00	1,978.75

Vendor#	Vendor Name	Class	Pay Code

U1064 UNIFIRST HOLDINGS INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8400258103	LAUNDRY HSKPNG	10/12/20	10/03/20	10/28/20			96.90	0.00	0.00	96.90
8400258008	LAUNDRY HSKPNG	10/12/20	10/03/20	10/28/20			94.29	0.00	0.00	94.29
8150780322	LAUNDRY HSKPNG	10/12/20	10/03/20	10/28/20			17.00	0.00	0.00	17.00
8400258010	LAUNDRY HSKPNG	10/12/20	10/03/20	10/28/20			90.77	0.00	0.00	90.77
8400258011	LAUNDRY HSKPNG	10/12/20	10/03/20	10/28/20			47.15	0.00	0.00	47.15
8150780408	LAUNDRY HSKPNG	10/12/20	10/03/20	10/28/20			18.21	0.00	0.00	18.21
8400258053	LAUNDRY HSKPNG	10/12/20	10/03/20	10/28/20			901.18	0.00	0.00	901.18
8400258012	LAUNDRY HSKPNG	10/12/20	10/03/20	10/28/20			56.78	0.00	0.00	56.78
8400258009	LAUNDRY	10/13/20	10/03/20	10/28/20			108.10	0.00	0.00	108.10
8400258344	LAUNDRY	10/23/20	10/06/20	10/31/20			148.95	0.00	0.00	148.95
8400258380	LAUNDRY	10/23/20	10/06/20	10/31/20			821.05	0.00	0.00	821.05

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	2,400.38	0.00	0.00	2,400.38

Vendor# Vendor Name — Class — Pay Code

U1200 UNITED AD LABEL CO INC — M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
129928555	FOOD SUPPLIES	10/24/20	09/27/20	10/22/20			101.78	0.00	0.00	101.78

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1200	UNITED AD LABEL CO INC	101.78	0.00	0.00	101.78

Vendor# Vendor Name — Class — Pay Code

U1500 UROLITHIASIS LABORATORY — W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
17M457809	PURCH SERV LAB	10/12/20	09/30/20	10/30/20			39.00	0.00	0.00	39.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1500	UROLITHIASIS LABORATORY	39.00	0.00	0.00	39.00

Vendor# Vendor Name — Class — Pay Code

10172 US FOOD SERVICE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
4280911	SUPPLIES DIETARY	10/12/20	09/04/20	11/01/20			3,149.39	0.00	0.00	3,149.39
4950789	SUPPLIES DIETARY	10/12/20	10/09/20	10/29/20			2,649.52	0.00	0.00	2,649.52
5021925		10/23/20	10/12/20	11/01/20			1,451.39	0.00	0.00	1,451.39

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10172	US FOOD SERVICE	7,250.30	0.00	0.00	7,250.30

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
17090210	ADVERTISING ADMIN	10/12/20	09/30/20	10/30/20		210.00	0.00	0.00	210.00
17090211	ADVERTSING ADMIN	10/12/20	09/30/20	10/30/20		300.00	0.00	0.00	300.00
17090213	ADVERTSING ADMIN	10/12/20	09/30/20	10/30/20		160.00	0.00	0.00	160.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	V1471	VICTORIA RADIOWORKS, LTD	670.00	0.00	0.00	670.00

Vendor# 10793 Vendor Name: WAGEWORKS Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
000332	WAGEWORKS FLEX	10/20/20	10/12/20	11/01/20		2,086.70	0.00	0.00	2,086.70
000282	WAGEWORKS FLEX SPEND	10/20/20	10/12/20	11/01/20		2,163.62	0.00	0.00	2,163.62

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10793	WAGEWORKS	4,250.32	0.00	0.00	4,250.32

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
10648007	LEGAL SEVICES	10/23/20	10/12/20	11/01/20		782.00	0.00	0.00	782.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10943	WALLER,LANSDEN, DORTCH & DAVIS	782.00	0.00	0.00	782.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV001868928	SUPPLIES	10/24/20	09/30/20	10/30/20		340.20	0.00	0.00	340.20

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11166	WEST INTERACTIVE SERVICES CORP	340.20	0.00	0.00	340.20

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	339,298.99	0.00	0.00	339,298.99

pg 4 correction { <247.50> + 165.00

339,298.99+
247.50-
165.00+
113.32-
89.22+
113.22-
89.22+
4,185.74-
3,746.99-
331,235.66*

Michael J. Pfeifer
Calhoun County Judge
Date: 11-13-17

pg 8 correction { <113.32> + 89.22

pg 12 correction { <113.22> + 89.22

pg 11 correction { <4,185.74> <3,746.99>

APPROVED ON
OCT 26 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS# 173261 + 0 # 173344

$331,235.66

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	173261	10/26/17	83.90	ACE HARDWARE 15521
A/P	173262	10/26/17	60.12	ADRIANNA GALVAN
A/P	173263	10/26/17	2,314.04	AIRGAS USA, LLC - CENTRAL DIV
A/P	173264	10/26/17	239.20	ALCO SALES & SERVICE CO
A/P	173265	10/26/17	12,451.08	ALLSTATE
A/P	173266	10/26/17	11,890.00	AMERICAN PROFICIENCY INSTITUTE
A/P	173267	10/26/17	15.00	ANNOUNCEMENTS PLUS TOO AGAIN
A/P	173268	10/26/17	22.98	AUTO PARTS & MACHINE CO.
A/P	173269	10/26/17	663.18	BAXTER HEALTHCARE
A/P	173270	10/26/17	2,997.00	BAXTER HEALTHCARE CORP
A/P	173271	10/26/17	1,144.64	BAYER HEALTHCARE
A/P	173272	10/26/17	9,231.09	BECKMAN COULTER CAPITAL
A/P	173273	10/26/17	1,320.51	BECTON, DICKINSON & CO (BD)
A/P	173274	10/26/17	36.00	BOSART LOCK & KEY INC
A/P	173275	10/26/17	740.00	CALHOUN CO INDIGENT ACCT
A/P	173276	10/26/17	6,878.17	CDW GOVERNMENT, INC.
A/P	173277	10/26/17	51.77	CENTERPOINT ENERGY
A/P	173278	10/26/17	859.00	CENTURION MEDICAL PRODUCTS
A/P	173279	10/26/17	2,750.00	CHRISTINA ZAPATA-ARROYO
A/P	173280	10/26/17	115.00	COASTAL OFFICE SOLUTONS
A/P	173281	10/26/17	310.20	CONMED CORPORATION
A/P	173282	10/26/17	294.45	CYTO THERM L.P.
A/P	173283	10/26/17	5,250.00	DELTA HEALTHCARE PROVIDERS
A/P	173284	10/26/17	81.86	DEWITT POTH & SON
A/P	173285	10/26/17	29,190.04	DIAMOND HEALTHCARE CORP
A/P	173286	10/26/17	93,934.55	DISCOVERY MEDICAL NETWORK INC
A/P	173287	10/26/17	610.00	DOWELL PEST CONTROL
A/P	173288	10/26/17	152.05	DYNATRONICS CORPORATION
A/P	173289	10/26/17	280.00	EAGLE FIRE & SAFETY INC
A/P	173290	10/26/17	50.69	EPIPHANY ARCHANGEL
A/P	173291	10/26/17	154.06	ERBE USA INC SURGICAL SYSTEMS
A/P	173292	10/26/17	59.59	ERIN CLEVENGER
A/P	173293	10/26/17	101.78	FEDERAL EXPRESS CORP.
A/P	173294	10/26/17	1,805.00	FIRETROL PROTECTION SYSTEMS
A/P	173295	10/26/17	150.00	FIRST CLEARING
A/P	173296	10/26/17	3,058.62	FISHER HEALTHCARE
A/P	173297	10/26/17	530.00	FORT BEND SERVICES, INC
A/P	173298	10/26/17	1,966.00	GE MEDICAL SYSTEMS, INFO TECH
A/P	173299	10/26/17	165.18	GULF COAST PAPER COMPANY
A/P	173300	10/26/17	93.85	HEALTH CARE LOGISTICS INC
A/P	173301	10/26/17	500.00	HOLOGIC INC
A/P	173302	10/26/17	22,868.00	ITA RESOURCES INC
A/P	173303	10/26/17	2.44	JOHNSTONE SUPPLY
A/P	173304	10/26/17	89.22	KYLE DANIEL
A/P	173305	10/26/17	2,680.00	M G TRUST
A/P	173306	10/26/17	1,337.43	MCKESSON MEDICAL SURGICAL INC
A/P	173307	10/26/17	1,162.08	MEDLINE INDUSTRIES INC
A/P	173308	10/26/17	330.00	MEMORIAL MEDICAL CLINIC
A/P	173309	10/26/17	105.31	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	173310	10/26/17	113.13	MMC AUXILIARY GIFT SHOP

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	173311	10/26/17	42,280.04	MMC EMPLOYEE BENEFIT PLAN
A/P	173312	10/26/17	3,290.00	MMC EMPLOYEES ACTIVITES TEAM
A/P	173313	10/26/17	4,817.02	MORRIS & DICKSON CO, LLC
A/P	173314	10/26/17	3,000.00	NUTRITION OPTIONS
A/P	173315	10/26/17	61.74	OFFICE DEPOT
A/P	173316	10/26/17	3,632.04	OWENS & MINOR
A/P	173317	10/26/17	907.50	PABLO GARZA
A/P	173318	10/26/17	2,000.00	PARA
A/P	173319	10/26/17	207.00	PITNEY BOWES INC
A/P	173320	10/26/17	9.38	POWER HARDWARE
A/P	173321	10/26/17	43.72	RED HAWK FIRE AND SECURITY
A/P	173322	10/26/17	586.50	RITA DAVIS
A/P	173323	10/26/17	3,597.00	ROBERTS, ROBERTS & ODEFEY, LLP
A/P	173324	10/26/17	144.20	ROSHANDA THOMAS
A/P	173325	10/26/17	89.22	SARA RUBIO
A/P	173326	10/26/17	748.22	SHIRLEY KARNEI
A/P	173327	10/26/17	1,350.66	SIEMENS FINANCIAL SERVICES
A/P	173328	10/26/17	1,935.39	STERICYCLE, INC
A/P	173329	10/26/17	1,543.82	SYSCO FOOD SERVICES OF
A/P	173330	10/26/17	4,555.00	T-SYSTEM, INC
A/P	173331	10/26/17	13,696.45	TELE-PHYSICIANS, P.A. (TX)
A/P	173332	10/26/17	182.00	THE TRIBUNE
A/P	173333	10/26/17	1,519.68	THE US CONSULTING GROUP
A/P	173334	10/26/17	168.86	THE VICTORIA ADVOCATE
A/P	173335	10/26/17	1,769.28	TRIZETTO PROVIDER SOLUTIONS
A/P	173336	10/26/17	1,978.75	TRUVEN HEALTH ANALYTICS INC
A/P	173337	10/26/17	2,400.38	UNIFIRST HOLDINGS INC
A/P	173338	10/26/17	101.78	UNITED AD LABEL CO INC
A/P	173339	10/26/17	39.00	UROLITHIASIS LABORATORY
A/P	173340	10/26/17	7,250.30	US FOOD SERVICE
A/P	173341	10/26/17	670.00	VICTORIA RADIOWORKS, LTD
A/P	173342	10/26/17	4,250.32	WAGEWORKS
A/P	173343	10/26/17	782.00	WALLER,LANSDEN, DORTCH & DAVIS
A/P	173344	10/26/17	340.20	WEST INTERACTIVE SERVICES CORP
TOTALS:			331,235.66	

APPROVED
ON

OCT 26 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
IBC Accounts
10/30/2017

Nursing Home	IBC Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	IGT Transfer-In	MMC Portion - Return of IGT	MMC Portion - Federal Match	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens	4553	12,239.63	12,139.63	96,236.79	-	-	-	-	96,336.79	96,236.79

Routing Information for Ashford Gardens:
Ashford Health Care Center Ltd Ca
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	9,996.73	9,896.73	34,822.73	-	-	-	-	34,922.73	34,822.73
Crescent	4588	27,733.92	27,633.92	32,027.56	-	-	-	-	32,127.56	32,027.56
Broadmoor	4596	279,286.45	279,186.45	110,078.33	-	-	-	-	110,178.33	110,078.33
Fort Bend	4618	659.46	-	47,075.97	-	-	-	-	47,735.43	47,635.43
										224,564.05

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: 11-13-17

APPROVED
OCT 30 2017
COUNTY AUDITOR

E:\NH Weekly Transfers\NH UPL Transfer Summary 10-30-17.xlsx

Account Portfolio as of 10/30/2017 8:22:51 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	$96,336.79	$113,249.29
Memorial Medical Center	4561	$34,922.73	$43,857.52
Memorial Medical Center	4588	$32,127.56	$37,292.31
Memorial Medical Center	4596	$110,178.33	$127,941.84
Memorial Medical Center	4618	$47,735.43	$47,735.43
Memorial Medical Center Operat	0301	$859,513.40	$888,420.36
County of Calhoun Indigent	1101	$190.01	$190.01
Totals		**$1,181,004.25**	**$1,258,686.76**

IBC Bank Activity
10/23/17 through 10/29/17

Ashford Gardens

					Transfer-Out	Transfer-In	
10/23/2017	113105025	4553	142	ACH CREDIT RECEIVED		9,990.00	MANAGEANDNET1718 MNS PMNT|ASHFORD GARDENS|(
10/23/2017	113105025	4553	142	ACH CREDIT RECEIVED		4,047.51	Molina HC of TX HCCLAIMPMT|ASHFORD GARDENS|TRN*1
10/23/2017	113105025	4553	142	ACH CREDIT RECEIVED		12,791.61	Molina HC of TX HCCLAIMPMT|ASHFORD GARDENS|TRN*1 ...
10/24/2017	113105025	4553	142	ACH CREDIT RECEIVED		45,528.20	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*
10/24/2017	113105025	4553	495	OUTGOING MONEY TRANSFER	12,139.63		ASHFORD HEALTH CARE CENTER LTD
10/24/2017	113105025	4553	142	ACH CREDIT RECEIVED		8,985.58	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRI
10/25/2017	113105025	4553	142	ACH CREDIT RECEIVED		3,471.55	Molina HC of TX HCCLAIMPMT|ASHFORD GARDENS|TRN*
10/25/2017	113105025	4553	142	ACH CREDIT RECEIVED		5,667.14	Molina HC of TX HCCLAIMPMT|ASHFORD GARDENS|TRN*...
10/25/2017	113105025	4553	142	ACH CREDIT RECEIVED		738.50	MANAGEANDNET1718 MNS PMNT|ASHFORD GARDENS|
10/26/2017	113105025	4553	142	ACH CREDIT RECEIVED		3,053.93	Molina HC of TX HCCLAIMPMT|ASHFORD GARDENS|TRN ...
10/26/2017	113105025	4553	142	ACH CREDIT RECEIVED		1,022.35	Molina HC of TX HCCLAIMPMT|ASHFORD GARDENS|TRN*1*
10/27/2017	113105025	4553	142	ACH CREDIT RECEIVED		495.47	Molina HC of TX HCCLAIMPMT|ASHFORD GARDENS|TRN*1*
10/27/2017	113105025	4553	142	ACH CREDIT RECEIVED		444.95	Molina HC of TX HCCLAIMPMT|ASHFORD GARDENS|TRN*1*
					12,139.63	96,236.79	

Solera at West Houston

					Transfer-Out	Transfer-In	
10/23/2017	113105025	4561	142	ACH CREDIT RECEIVED		6,190.15	Molina HC of TX HCCLAIMPMT|SOLERA AT WEST HOUSTON|TRN*1*
10/24/2017	113105025	4561	495	OUTGOING MONEY TRANSFER	9,896.73		CANTEX HEALTH CARE CENTERS LLC
10/24/2017	113105025	4561	142	ACH CREDIT RECEIVED		1,561.50	MANAGEANDNET1718 MNS PMNT|SOLERA AT WEST HOUSTON|
10/24/2017	113105025	4561	142	ACH CREDIT RECEIVED		1,584.45	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRI...
10/25/2017	113105025	4561	142	ACH CREDIT RECEIVED		56.42	Molina HC of TX HCCLAIMPMT|SOLERA AT WEST HOUSTON|TRN*...
10/25/2017	113105025	4561	142	ACH CREDIT RECEIVED		278.23	MANAGEANDNET171B MNS PMNT|SOLERA AT WEST HOUSTON|
10/26/2017	113105025	4561	142	ACH CREDIT RECEIVED		23,044.84	HUMANA INS CO EFPAYMENT|Solera at West Houston|DISDATA-OPTIONAL|TRN*1
10/26/2017	113105025	4561	142	ACH CREDIT RECEIVED		1,890.46	Molina HC of TX HCCLAIMPMT|SOLERA AT WEST HOUSTON|TRN*1*EFT
10/27/2017	113105025	4561	142	ACH CREDIT RECEIVED		216.68	MANAGEANDNET1718 MNS PMNT|SOLERA AT WEST HOUSTON|
					9,896.73	34,822.73	

Crescent

					Transfer-Out	Transfer-In	
10/23/2017	113105025	4588	142	ACH CREDIT RECEIVED		10,215.42	Molina HC of TX HCCLAIMPMT|THE CRESCENT|TRN*
10/24/2017	113105025	4588	142	ACH CREDIT RECEIVED		3,412.80	MANAGEANDNET1718 MNS PMNT|CRESCENT THE|
10/24/2017	113105025	4588	142	ACH CREDIT RECEIVED		2,335.04	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*
10/24/2017	113105025	4588	142	ACH CREDIT RECEIVED		6,978.15	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*
10/24/2017	113105025	4588	495	OUTGOING MONEY TRANSFER	27,633.92		CANTEX HEALTH CARE CENTERS III
10/25/2017	113105025	4588	142	ACH CREDIT RECEIVED		1,452.39	Molina HC of TX HCCLAIMPMT|THE CRESCENT|TRN*1*
10/26/2017	113105025	4588	142	ACH CREDIT RECEIVED		4,568.13	Molina HC of TX HCCLAIMPMT|THE CRESCENT|TRN*1*
10/27/2017	113105025	4588	142	ACH CREDIT RECEIVED		1,343.43	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*
10/27/2017	113105025	4588	142	ACH CREDIT RECEIVED		1,722.20	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*
					27,633.92	32,027.56	

Broadmoor

					Transfer-Out	Transfer-In	
10/23/2017	113105025	4596	142	ACH CREDIT RECEIVED		2,427.95	Molina HC of TX HCCLAIMPMT|THE BROADMOOR AT CREEK|TRN*1
10/24/2017	113105025	4596	142	ACH CREDIT RECEIVED		101,843.23	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*
10/24/2017	113105025	4596	495	OUTGOING MONEY TRANSFER	279,186.45		CANTEX HEALTH CARE CENTERS III
10/25/2017	113105025	4596	142	ACH CREDIT RECEIVED		2,276.31	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE
10/26/2017	113105025	4596	142	ACH CREDIT RECEIVED		847.05	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|
10/26/2017	113105025	4596	142	ACH CREDIT RECEIVED		910.48	Molina HC of TX HCCLAIMPMT|THE BROADMOOR AT CREEK|TRN*1*
10/27/2017	113105025	4596	142	ACH CREDIT RECEIVED		840.80	HUMANA INS CO EFPAYMENT|The Broadmoor at Creek|DISDATA-OPTIONAL|
10/27/2017	113105025	4596	142	ACH CREDIT RECEIVED		932.51	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*
					279,186.45	110,078.33	

Fort Bend

					Transfer-Out	Transfer-In	
10/23/2017	113105025	4618	142	ACH CREDIT RECEIVED		1,234.66	CENTENE CORP HCCLAIMPMT|FORT BEND HEALTHCARE C|TRN*1*0903185689*
10/23/2017	113105025	4618	142	ACH CREDIT RECEIVED		1,805.87	HUMANA INS CO EFPAYMENT|Fort Bend Healthcare C|DISDATA-OPTIONAL|TRN*
10/24/2017	113105025	4618	142	ACH CREDIT RECEIVED		10,621.20	AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|TRN*1*
10/25/2017	113105025	4618	142	ACH CREDIT RECEIVED		11,456.99	Molina HC of TX HCCLAIMPMT|FORT BEND CONTINUING C|TRN*:
10/26/2017	113105025	4618	142	ACH CREDIT RECEIVED		4,097.26	Molina HC of TX HCCLAIMPMT|FORT BEND CONTINUING C|TRN*:
10/27/2017	113105025	4618	142	ACH CREDIT RECEIVED		17,859.99	HUMANA INS CO EFPAYMENT|Fort Bend Healthcare C|DISDATA-OPTIONAL|TRN*
					0.00	47,075.97	

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
10/30/2017

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	115,683.46	115,509.32	99,609.52	74.14	-	22,429.12	-	-	99,783.66	77,180.40

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

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	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	16,005.43	15,885.24	496,564.39	20.19	-	5,984.24	-	-	496,684.58	490,580.15
Crescent	4411	148,774.60	148,658.22	133,734.86	16.38	-	1,602.08	-	-	133,851.24	132,132.78
Broadmoor	4403	37,942.60	37,625.45	68,270.48	217.15	-	-	-	-	68,587.63	68,270.48
Fort Bend	4446	56,327.65	56,178.32	52,737.13	49.33	-	6,455.44	-	-	52,886.46	46,281.69
											737,265.10

Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:
Cantex Health Core 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: 11-13-17

APPROVED
OCT 30 2017
COUNTY AUDITOR

E:\NH Weekly Transfers\NH UPL Transfer Summary 10-30-17.xlsx

Prosperity Bank Activity
10/23/17 through 10/29/17

Ashford Gardens			Transfer-Out	Transfer-In
10/25/2017	4381	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 423 0113		53,975.97
10/27/2017	4381	ACH Deposit AMERIGROUP CORPO E-PAYMENT E 3725 000		22,429.12
10/23/2017	4381	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 1746003411300[illegible] 2		10,461.04
10/27/2017	4381	Deposit		6,602.18
10/27/2017	4381	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 423 0169		4,327.42
10/26/2017	4381	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 423 0184		1,238.20
10/27/2017	4381	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113005 2		575.59
10/24/2017	4381	CM Wire Domestic WIRE OUT ASHFORD HEALTH CARE CENTER LTD	115,509.32	
			115,509.32	**99,609.52**

Broadmoor			Transfer-Out	Transfer-In
10/27/2017	4403	Deposit		63,904.37
10/23/2017	4403	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113004 2		2,186.51
10/27/2017	4403	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113004 2		1,190.76
10/26/2017	4403	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113004 2		988.84
10/24/2017	4403	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	37,625.45	
			37,625.45	**68,270.48**

Crescent			Transfer-Out	Transfer-In
10/23/2017	4411	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 23 0141		56193.64
10/25/2017	4411	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 323 0113		25285.05
10/27/2017	4411	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 323 0169		22593.3
10/27/2017	4411	Deposit		17784.05
10/26/2017	4411	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676323 420000183		6228.49
10/23/2017	4411	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113008 2		3412.68
10/27/2017	4411	ACH Deposit AMERIGROUP CORPO E-PAYMENT EE .000		1602.08
10/27/2017	4411	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113008 2		635.57
10/24/2017	4411	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	148,658.22	
			148,658.22	**133,734.86**

Fort Bend			Transfer-Out	Transfer-In
10/26/2017	4446	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 663 0183		31177.72
10/25/2017	4446	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 663 0113		9527.83
10/27/2017	4446	ACH Deposit AMERIGROUP CORPO E-PAYMENT 1000		6455.44
10/27/2017	4446	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 0663 0169		2222.66
10/23/2017	4446	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113006 2		2089.47
10/27/2017	4446	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113006 2		783.55
10/27/2017	4446	Deposit		480.46
10/24/201	4446	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	56,178.32	
			56,178.32	**52,737.13**

Solera at West Houston			Transfer-Out	Transfer-In
10/24/2017	4438	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 310 0133		420163.5
10/26/2017	4438	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 310 0183		24014.2
10/27/2017	4438	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 310 0169		23448.84
10/27/2017	4438	Deposit		17533.9
10/27/2017	4438	ACH Deposit AMERIGROUP CORPO E-PAYMENT EE 3 1000		5984.24
10/25/2017	4438	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 310 0113		2683.1
10/23/2017	4438	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113007 2		1990.26
10/27/2017	4438	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113007 2		746.35
10/24/2017	4438	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	15,885.24	
			15,885.24	**496,564.39**

Home

ALL ACCOUNTS | FAVORITES ☆

Sort By: Account Number

Checking	Available	Previous Day
MEMORIAL MEDICAL CENTER - OPERATING *4357 ☆	$1,829,012.77	$1,828,674.79
MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014 *4365 ☆	$100.08	$100.08
MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING *4373 ☆	$817,207.91	$817,207.91
MEMORIAL MEDICAL CENTER / NH ASHFORD *4381 ☆	$146,369.14	$99,783.66
MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403 ☆	$68,587.63	$68,587.63
MEMORIAL MEDICAL CENTER / NH CRESCENT *4411 ☆	$147,227.40	$133,851.24
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438 ☆	$511,767.52	$496,684.58
MEMORIAL MEDICAL CENTER / NH FORT BEND *4446 ☆	$76,989.82	$52,886.46
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE *4454 ☆	$112,721.58	$112,721.58
CAL CO INDIGENT HEALTHCARE *4551 ☆	$10,601.99	$10,601.99
TOTAL	$3,720,585.84	$3,621,099.92

Jason Anglin

From: [redacted]xcc.com>
Sent:
To:
Cc:
Subject: [redacted]ent One Payment – Cantex

Good Morning,

Not sure if you all have already received this from Amerigroup. Please advise for the future.

Thanks,

Patsy Tschudy, RN, CCM

Director of Managed Care

Cantex Continuing Care Network, *Where we are Committed to Excellence*

2537 Golden Bear Drive

Carrollton, TX 75006

Tel: 281-433-6171

ptschudy@cantexcc.com

From [redacted]up.com]
Sent:
To: T
Cc: M
Subj[redacted]nt One Payment – Cantex

Hello Patsy,

The QIPP payment for your facilities have been sent for September 2017. Please see below for the total amounts, payment dates, and payment reference numbers. If you have other contacts for these facilities that you would like to receive these notifications as well please let me know. I have also attached the executed LOAs.

Please contact TXQIPP@amerigroup.com for any questions.

Payment Date	Payment Reference Number	Payment Amount	Payment Status	Vendor Name	Facility
10/25/2017	[redacted]3725	$ 22,429.12	Paid	MEMORIAL MEDICAL CENTER	ASHFORD GARDENS QIPP 201709
10/25/2017	[redacted]3722	$ 6,455.44	Paid	MEMORIAL MEDICAL CENTER	FORT BEND HEALTHCARE CTR QIPP 201709
10/25/2017	[redacted]3723	$ 5,984.24	Paid	MEMORIAL MEDICAL CENTER	SOLERA AT WEST HOUSTON QIPP 201709
10/25/2017	[redacted]3724	$ 1,602.08	Paid	MEMORIAL MEDICAL CENTER	THE CRESCENT QIPP 201709

Thank you,

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
10/30/2017

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	1,793.48	0.00	110,928.10	61.22	-	-	-	-	112,721.58	112,560.36

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.

APPROVED
OCT 30 2017
COUNTY AUDITOR

Michael J. Pfeifer
Calhoun County Judge
Date: 11-13-17

E:\NH Weekly Transfers\NH UPL Transfer Summary 10-30-17.xlsx

Nexion Prosperity Bank Activity
10/23/17 through 10/29/17

Golden Creek					Transfer-Out	Transfer-In
10/27/2017	2655	Deposit				91,610.79
10/27/2017	2655	ACH Deposit Centene Manageme CCD+	463	9113		19,317.31
					0.00	**110,928.10**

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: 10/27/2017

DC: 8115

Territory:

Customer: 632536
Date: 10/28/2017

Page: 002

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

As of: 10/27/2017 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 10/28/2017 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: 4,704.39 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/07/2017 2,451.97

If Paid By 10/31/2017, Pay This Amount: 4,609.58 USD

If Paid After 10/31/2017, Pay this Amount: 4,704.39 USD

Due If Paid On Time: USD 4,609.58

Disc lost if paid late: 94.81

Due If Paid Late: USD 4,704.39

ck# 952

1,921.31 +
2,497.76 +
190.51 +
4,609.58 *

4,609.58 +
4,609.58 -
0.00 *

Michael J. Pfeifer
Calhoun County Judge
Date: 11-13-17

340 B Prescription Expenses

APPROVED ON
OCT 30 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 10/27/2017

Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 10/28/2017

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: 10/27/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 10/28/2017 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											
10/23/2017	10/31/2017	7836269547	1001102888	115Invoice	6.38	318.95		312.57		7836269547	
10/23/2017	10/31/2017	7836269548	1001102888	115Invoice	13.98	698.83		684.85		7836269548	
10/23/2017	10/31/2017	7836269549	1001103484	115Invoice	5.91	295.57		289.66		7836269549	
10/23/2017	10/31/2017	7836269550	1001103901	115Invoice	1.96	98.24		96.28		7836269550	
10/24/2017	10/31/2017	7836503984	1001104270	115Invoice	0.02	1.12		1.10		7836503984	
10/24/2017	10/31/2017	7836600296	AUDIT PR CORR CR	Pricing Cor		36.41-		36.41-		7836600296	
10/24/2017	10/31/2017	7836600297	AUDIT PR CORR IN	Pricing Cor	0.72	36.09		35.37		7836600297	
10/25/2017	10/31/2017	7836778301	1001104858	115Invoice	5.21	260.33		255.12		7836778301	
10/26/2017	10/31/2017	7837019344	1001105866	115Invoice	1.55	77.43		75.88		7837019344	
10/27/2017	10/31/2017	7837262751	1001106465	115Invoice	4.22	211.11		206.89		7837262751	

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: 1,961.26 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,991.18
10/23/2017

If Paid By 10/31/2017,
Pay This Amount: 1,921.31 USD

If Paid After 10/31/2017,
Pay this Amount: 1,961.26 USD

Due If Paid On Time:
USD 1,921.31
Disc lost if paid late:
39.95
Due If Paid Late:
USD 1,961.26

APPROVED
ON
OCT 30 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 10/27/2017

Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 10/28/2017

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: 10/27/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 10/28/2017 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											
10/23/2017	10/31/2017	7836285883	1105932	115Invoice	0.01	0.32		0.31		7836285883	
10/23/2017	10/31/2017	7836285886	2007400897	115Invoice	11.04	552.07		541.03		7836285886	
10/23/2017	10/31/2017	7836285887	1022171255-00	115Invoice	3.06	153.16		150.10		7836285887	
10/24/2017	10/31/2017	7836519544	1023170533-00	115Invoice	0.02	0.95		0.93		7836519544	
10/25/2017	10/31/2017	7836791821	2007400903	115Invoice	2.42	121.04		118.62		7836791821	
10/26/2017	10/31/2017	7837022255	MHAUTOSHIP102517	115Invoice	0.01	0.51		0.50		7837022255	
10/26/2017	10/31/2017	7837022256	2007400906	115Invoice	15.15	757.40		742.25		7837022256	
10/26/2017	10/31/2017	7837022257	1025170440-00	115Invoice	8.17	408.45		400.28		7837022257	
10/27/2017	10/31/2017	7837264744	8006850355	115Invoice	0.12	5.78		5.66		7837264744	
10/27/2017	10/31/2017	7837264746	2007400909	115Invoice	10.97	548.65		537.68		7837264746	
10/27/2017	10/31/2017	7837264749	1026170553-00	115Invoice	0.01	0.41		0.40		7837264749	

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: 2,548.74 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,991.18
10/23/2017

If Paid By 10/31/2017,
Pay This Amount: 2,497.76 USD

If Paid After 10/31/2017,
Pay this Amount: 2,548.74 USD

Due If Paid On Time:
USD 2,497.76
Disc lost if paid late:
50.98
Due If Paid Late:
USD 2,548.74

APPROVED
ON

OCT 30 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 10/27/2017

DC: 8115

Territory: 400

Customer: 262252
Date: 10/28/2017

Page: 001

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

As of: 10/27/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 10/28/2017 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											
10/23/2017	10/31/2017	7836293937	1001102890	115Invoice	1.96	98.22		96.26		7836293937	
10/23/2017	10/31/2017	7836293939	1001103486	115Invoice	0.23	11.52		11.29		7836293939	
10/23/2017	10/31/2017	7836293940	1001103903	115Invoice	0.79	39.43		38.64		7836293940	
10/24/2017	10/31/2017	7836529941	1001104272	115Invoice	0.02	1.14		1.12		7836529941	
10/24/2017	10/31/2017	7836529942	1001104272	115Invoice	0.09	4.71		4.62		7836529942	
10/25/2017	10/31/2017	7836779460	1001104860	115Invoice	0.08	3.92		3.84		7836779460	
10/26/2017	10/31/2017	7837029255	1001105868	115Invoice	0.30	15.11		14.81		7837029255	
10/27/2017	10/31/2017	7837262285	1001106467	115Invoice	0.41	20.34		19.93		7837262285	

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: 194.39 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,991.18
10/23/2017

If Paid By 10/31/2017,
Pay This Amount: 190.51 USD

If Paid After 10/31/2017,
Pay this Amount: 194.39 USD

Due If Paid On Time:
USD 190.51
Disc lost if paid late:
3.88
Due If Paid Late:
USD 194.39

APPROVED
ON
OCT 30 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:10/30/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:19:30 CHECK REGISTER GLCKREG
10/30/17 THRU 10/30/17

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000952	10/30/17	4,609.58	MCKESSON
TOTALS:			4,609.58	

APPROVED
ON

OCT 30 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center Operating

POSTED

Date Requested: 10/24/2017

PAYEE: 11492

APPROVED ON OCT 25 2017 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

000358A

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

AMOUNT: $529,034.57

G/L NUMBER: 10000001

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

REQUESTED BY: Adam Machicek

AUTHORIZED BY:

APPROVED ON OCT 31 2017 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 11-13-17

* 10/25/17 Was written on check out of wrong bank.
Should have used an IBC ck to Transfer to Prosperity (used a Prosperity ck).
Had to redo on correct Chec

IBC Balance Transfer
10/24/2017

Available Balance as of 10/24/17	$	662,048.90
Outstanding Checks		33,014.33
To Cover Incidental Expenses		100,000.00
To Be Transferred	$	529,034.57

RUN DATE:10/31/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:09:20 CHECK REGISTER GLCKREG
10/31/17 THRU 10/31/17

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	172378	10/31/17	529,034.57	MMC OPERATING PROSPERITY ACC
TOTALS:			529,034.57	

APPROVED
ON
OCT 3 1 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"	★	12	
1ST QTR - 03 (MARCH) - Jan, Feb, Mar			
2ND QTR - 06 (JUNE) - Apr, May, June			
3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept			
4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec			
☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	$ 86,952.05	#
"1 TO CONFIRM"		1	
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 41,062.12	#
"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 9,860.38	#
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 36,029.55	#
CHECK		$ -	
☐ "6-DIGIT SETTLEMENT DATE"	★	10/6/2017	
"1 TO CONFIRM"		1	
☐ ACKNOWLEDGEMENT NUMBER		1648521	

CALLED IN BY:	**A.H.**
CALLED IN DATE:	**10/5/2017**
CALLED IN TIME:	8:00am

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	09/15/17					
PAY PERIOD: END	09/28/17					
PAY DATE:	10/05/17					
GROSS PAY:	$ 367,200.94					$ 367,200.94
DEDUCTIONS:						
A/R	$ 1,125.00					$ 1,125.00
ADVANC						$ -
BOOTS						$ -
CAFÉ-1	$ 1,669.84					$ 1,669.84
CAFÉ-2	$ 1,132.00					$ 1,132.00
CAFE-3						$ -
CAFÉ-4	$ 363.64					$ 363.64
CAFÉ-5	$ 376.58					$ 376.58
CAFÉ-D	$ 1,634.00					$ 1,634.00
CAFÉ-H	$ 18,028.75					$ 18,028.75
CAFÉ-I						$ -
CAFÉ-L						$ -
CAFÉ-P	$ 279.36					$ 279.36
CANCER						$ -
CHILD	$ 213.81					$ 213.81
CLINIC	$ 120.00					$ 120.00
COMBIN	$ 928.80					$ 928.80
CREDUN						$ -
DENTAL						$ -
DEP-LF						$ -
DIS-LF	$ 1,902.23					$ 1,902.23
EAT						$ -
FED TAX	$ 36,029.55					$ 36,029.55
FICA-M	$ 4,930.15					$ 4,930.15
FICA-O	$ 20,531.03					$ 20,531.03
FIRST C	$ 75.00					$ 75.00
FLEX S	$ 2,163.62					$ 2,163.62
FLX-FE						$ -
GIFT S	$ 178.41					$ 178.41
GRP-IN	$ 129.26					$ 129.26
GTL						$ -
HOSP-I						$ -
MISC						$ -
OTHER	$ 537.96					$ 537.96
PHI						$ -
PR FIN	$ 358.45					$ 358.45
RELAY						$ -
REPAY						$ -
STONEDF	$ 1,465.00					$ 1,465.00
STONE						$ -
STONE 2						$ -
STUDEN						$ -
TSA-R	$ 25,704.16					$ 25,704.16
UW/HOS						$ -
TOTAL DEDUCTIONS:	$ 119,876.60	$ -	$ -	$ -	$ -	$ 119,876.60
	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	
NET PAY:	$ 247,324.34	$ -	$ -	$ -	$ -	$ 247,324.34
	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	

TOTAL CAFÉ 125 PLAN: $ 27,187.79

		Less Exempt:	Exempt Amt:
TAXABLE PAY:	$ 340,013.15	$ 331,146.15	

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 4,930.19		
FICA - MED (EE)	1.45%	$ 4,930.19	$ 4,930.15	$ 0.04
FICA - SOC SEC (ER)	6.20%	$ 20,531.06		
FICA - SOC SEC (EE)	6.20%	$ 20,531.06	$ 20,531.03	$ 0.03
FED WITHHOLDING		$ 36,029.55	$ 36,029.55	
TAX DEPOSIT:		$ 86,952.05	$ 86,951.91	$ 0.14

FICA - MEDICARE	2.90%	$ 9,860.38
FICA - SOCIAL SECURITY	12.40%	$ 41,062.12
FED WITHHOLDING		$ 36,029.55
TOTAL TAX:		$ 86,952.05

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: 10/2/2017

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	8955.82	N		N	N		177089.25
1	REGULAR PAY-S1	1063.18	N		N	N	N	44148.80
1	REGULAR PAY-S1	264.25	Y		N	N		6095.80
2	REGULAR PAY-S2	2664.00	N		N	N		58062.78
2	REGULAR PAY-S2	39.25	Y		N	N		1241.07
3	REGULAR PAY-S3	1616.00	N		N	N		43215.29
3	REGULAR PAY-S3	64.50	Y		N	N		2251.93
C	CALL PAY	2973.50	N	1	N	N		5947.00
E	EXTRA WAGES		N		N	N	N	-204.08
E	EXTRA WAGES		N	1	N	N	N	1377.00
F	FUNERAL LEAVE	32.00	N	1	N	N		439.12
I	INSERVICE	78.00	N	1	N	N		2098.91
I	INSERVICE	16.25	Y	1	N	N		615.72
K	EXTENDED-ILLNESS-BANK	124.00	N	1	N	N		3609.76
M	MEAL REIMBURSEMENT		N		N	N	N	46.00
P	PAID-TIME-OFF	28.24	N		N	N	N	725.68
P	PAID-TIME-OFF	818.00	N	1	N	N		18519.60
X	CALL PAY 2	144.00	N	1	N	N		288.00
Z	CALL PAY 3	112.00	N	1	N	N		336.00
p	PAID TIME OFF - PROBATION	6.00	N	1	N	N		317.31
t	PHONE & DATA		N		N	N	N	980.00

Deductions Summary

Code	Amount	Code	Amount	Code	Amount
A/R	965.00	A/R2	160.00	A/R3	
ADVANC		AWARDS		BOOTS	
CAFE H		CAFE-1	1669.84	CAFE-2	1132.00
CAFE-3		CAFE-4	363.64	CAFE-5	376.58
CAFE-C		CAFE-D	1634.00	CAFE-F	
CAFE-H	18028.75	CAFE-I		CAFE-L	
CAFE-P	279.36	CANCER		CHILD	213.81
CLINIC	120.00	COMBIN	928.80	CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF	1902.23	EAT		FEDTAX	36029.55
FICA-M	4930.15	FICA-O	20531.03	FIRSTC	75.00
FLEX S	2163.62	FLX FE		FORT D	
FUTA		GIFT S	178.41	GRANT	
GRP-IN	129.26	GTL		HOSP-I	
ID TFT		LEAF		MISC	
MISC/		OTHER	537.96	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	25704.16
TUTION		UW/HOS			

Grand Totals: 18998.99 ------- (Gross: 367200.94 Deductions: 119876.60 Net: 247324.34)

Checks Count:- FT 188 PT 8 Other 41 Female 203 Male 33 Credit OverAmt 16 ZeroNet Term Total: 236

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"	★	12	
1ST QTR - 03 (MARCH) - Jan, Feb, Mar			
2ND QTR - 06 (JUNE) - Apr, May, June			
3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept			
4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec			
☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	$ 87,816.07	#
"1 TO CONFIRM"		1	
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 41,206.80	#
"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 9,884.06	#
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 36,725.21	#
CHECK		$ -	
☐ "6-DIGIT SETTLEMENT DATE"	★	10/20/2017	
"1 TO CONFIRM"		1	
☐ ACKNOWLEDGEMENT NUMBER		1648521	

Short 64.46 Neg. pay

CALLED IN BY:	A.H.
CALLED IN DATE:	10/19/2017
CALLED IN TIME:	

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	09/29/17					
PAY PERIOD: END	10/12/17					
PAY DATE:	10/19/17					
GROSS PAY:	$ 367,415.50					$ 367,415.50
DEDUCTIONS:						
A/R	$ 1,125.00					$ 1,125.00
ADVANC						$ -
BOOTS						$ -
CAFÉ-1	$ 1,641.84					$ 1,641.84
CAFÉ-2	$ 1,108.68					$ 1,108.68
CAFE-3						$ -
CAFÉ-4	$ 346.54					$ 346.54
CAFÉ-5	$ 376.58					$ 376.58
CAFÉ-D	$ 1,617.56					$ 1,617.56
CAFÉ-H	$ 17,845.87					$ 17,845.87
CAFÉ-I						$ -
CAFÉ-L						$ -
CAFÉ-P	$ 271.76					$ 271.76
CANCER						$ -
CHILD	$ 213.81					$ 213.81
CLINIC	$ 210.00					$ 210.00
COMBIN	$ 928.80					$ 928.80
CREDUN						$ -
DENTAL						$ -
DEP-LF						$ -
DIS-LF	$ 1,812.59					$ 1,812.59
EAT						$ -
FED TAX	$ 36,725.21					$ 36,725.21
FICA-M	$ 4,942.97					$ 4,942.97
FICA-O	$ 20,607.51					$ 20,607.51
FIRST C	$ 75.00					$ 75.00
FLEX S	$ 2,086.70					$ 2,086.70
FLX-FE						$ -
GIFT S	$ 79.12					$ 79.12
GRP-IN	$ 129.26					$ 129.26
GTL						$ -
HOSP-I						$ -
MISC						$ -
OTHER	$ 2,179.98					$ 2,179.98
PHI						$ -
PR FIN	$ 345.29					$ 345.29
RELAY						$ -
REPAY						$ -
STONEDF	$ 1,215.00					$ 1,215.00
STONE						$ -
STONE 2						$ -
STUDEN						$ -
TSA-R	$ 25,717.41					$ 25,717.41
UW/HOS						$ -
TOTAL DEDUCTIONS:	$ 121,602.48	$ -	$ -	$ -	$ -	$ 121,602.48
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$ 245,813.02	$ -	$ -	$ -	$ -	$ 245,813.02
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFÉ 125 PLAN:	$ 26,585.53	Less Exempt:				
TAXABLE PAY:	$ 340,829.97	$ 332,312.97				

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 4,942.03		
FICA - MED (EE)	1.45%	$ 4,942.03	$ 4,942.97	$ (0.94)
FICA - SOC SEC (ER)	6.20%	$ 20,603.40		
FICA - SOC SEC (EE)	6.20%	$ 20,603.40	$ 20,607.51	$ (4.11)
FED WITHHOLDING		$ 36,725.21	$ 36,725.21	
TAX DEPOSIT:		$ 87,816.07	$ 87,826.17	$ (10.10)
FICA - MEDICARE	2.90%	$ 9,884.06		
FICA - SOCIAL SECURITY	12.40%	$ 41,206.80		
FED WITHHOLDING		$ 36,725.21		
TOTAL TAX:		$ 87,816.07		

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: 11/8/2017

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

	####	ENTER:	
☑ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	###		
☑ "ENTER YOUR 4-DIGIT PIN"			
☑ "MAKE A PAYMENT, PRESS 1"		1	
☑ "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★	941	#
☑ "IF FEDERAL TAX DEPOSIT ENTER 1"		1	
☑ "ENTER 2-DIGIT TAX FILING YEAR"	★	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"	★	$ 64.02	#
"1 TO CONFIRM"		1	
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 50.98	#
"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 11.92	#
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 1.12	#
CHECK		$ -	
☑ "6-DIGIT SETTLEMENT DATE"	★	9/27/2017	
"1 TO CONFIRM"		1	
☑ ACKNOWLEDGEMENT NUMBER		72993384	

CALLED IN BY:	Atkinson
CALLED IN DATE:	9/26/2017 10/26/17
CALLED IN TIME:	1:53

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						
PAY PERIOD: END						
PAY DATE:				07/27/17		
GROSS PAY:				$ 411.20		$ 411.20
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				$ 1.12		$ 1.12
FICA-M				$ 5.96		$ 5.96
FICA-O				$ 25.49		$ 25.49
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						$ -
UW/HOS						$ -
TOTAL DEDUCTIONS:	$ -	$ -	$ -	$ 32.57	$ -	$ 32.57
NET PAY:	$ -	$ -	$ -	$ 378.63	$ -	$ 378.63

TOTAL CAFÉ 125 PLAN:	$ -	Less Exempt:		
TAXABLE PAY:	$ 411.20	$ 411.20		Exempt Amt:

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 5.96		
FICA - MED (EE)	1.45%	$ 5.96	$ 5.96	$ -
FICA - SOC SEC (ER)	6.20%	$ 25.49		
FICA - SOC SEC (EE)	6.20%	$ 25.49	$ 25.49	$ -
FED WITHHOLDING		$ 1.12	$ 1.12	
TAX DEPOSIT:		$ 64.02	$ 64.02	$ -

FICA - MEDICARE	2.90%	$ 11.92
FICA - SOCIAL SECURITY	12.40%	$ 50.98
FED WITHHOLDING		$ 1.12
TOTAL TAX:		$ 64.02

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

PREPARED BY: ~~Ashley Hall~~ Atkinson

PREPARED DATE: 10/26/2017

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
P		40.00	N		N	N	N	411.20

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		1.12
FICA-M	5.96	FICA-O	25.49	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		
TUTION		UW/HOS				

Grand Totals: 40.00 ------- (Gross: 411.20 Deductions: 32.57 Net: 378.63)

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"	★	$ 87,322.04	#
"1 TO CONFIRM"		1	
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 41,793.12	#
"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 9,774.20	#
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 35,754.72	#
CHECK		$ -	
☐ "6-DIGIT SETTLEMENT DATE"	★	7/28/2017	
"1 TO CONFIRM"		1	
☐ ACKNOWLEDGEMENT NUMBER		43602832	

CALLED IN BY:	MD ORTIZ
CALLED IN DATE:	7/27/2017
CALLED IN TIME:	9:30

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	8986.90	N		N	N		175324.04
1	REGULAR PAY-S1	1030.60	N		N	N	N	43383.63
1	REGULAR PAY-S1	328.75	Y		N	N		7574.82
2	REGULAR PAY-S2	2657.25	N		N	N		57411.12
2	REGULAR PAY-S2	12.00	N		N	N	N	257.76
2	REGULAR PAY-S2	105.00	Y		N	N		3302.86
3	REGULAR PAY-S3	1623.75	N		N	N		42203.12
3	REGULAR PAY-S3	56.75	Y		N	N		2321.09
C	CALL PAY	2734.75	N	1	N	N		5469.50
E	EXTRA WAGES		N		N	N	N	-864.80
E	EXTRA WAGES		N	1	N	N	N	1153.50
E	EXTRA WAGES	7.00	Y	1	N	N		201.92
I	INSERVICE	43.00	N	1	N	N		1265.64
I	INSERVICE	7.75	Y	1	N	N		325.40
K	EXTENDED-ILLNESS-BANK	26.00	N	1	N	N		414.96
P	PAID-TIME-OFF	16.00	N		N	N	N	1014.02
P	PAID-TIME-OFF	1062.13	N	1	N	N		21976.68
X	CALL PAY 2	144.00	N	1	N	N		288.00
Z	CALL PAY 3	64.00	N	1	N	N		192.00
p	PAID TIME OFF - PROBATION	20.00	N	1	N	N		526.52

Deductions Summary

Code	Amount				
A/R	946.26	A/R2	25.00	A/R3	
ADVANC		AWARDS		BOOTS	
CAFE H		CAFE-1	1675.88	CAFE-2	1158.42
CAFE-3		CAFE-4	346.54	CAFE-5	387.98
CAFE-C		CAFE-D	1620.60	CAFE-F	
CAFE-H	17541.30	CAFE-I		CAFE-L	
CAFE-P	291.95	CANCER		CHILD	212.31
CLINIC		COMBIN	1025.04	CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF	1904.45	EAT		FEDTAX	35754.72
FICA-M	4887.18	FICA-O	20896.53	FIRSTC	75.00
FLEX S	2187.85	FLX FE		FORT D	
FUTA		GIFT S	193.40	GRANT	
GRP-IN	129.26	GTL		HOSP-I	
ID TFT		LEAF		MISC	
MISC/		OTHER	1978.69	PHI	
PHI***		PR FIN	378.16	RELAY	
REPAY		SIGNON		ST-TX	
STONDF	1415.00	STONE		STONE2	
STUDEN		TSA-1		TSA-2	
TSA-C		TSA-P		TSA-R	25462.05
TUTION		UW/HOS			

Grand Totals: 18925.63 ------- (Gross: 363741.78 Deductions: 120493.57 Net: 243248.21)

Checks Count:- FT 188 PT 9 Other 38 Female 201 Male 33 Credit OverAmt 14 ZeroNet Term Total: 234

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

Monthly Electronic Transfers for Operating Expenses

10/03/17 IBC Merch Bank Fee	- Credit Card Processing Fee	9.95
10/03/17 IBC Merch Bank Fee	- Credit Card Processing Fee	29.95
10/03/17 IBC Merch Bank Fee	- Credit Card Processing Fee	52.22
10/03/17 IBC Merch Bank Interchng	- Credit Card Processing Fee	65.08
10/03/17 IBC Merch Bank Discount	- Credit Card Processing Fee	73.46
10/03/17 IBC Merch Bank Fee	- Credit Card Processing Fee	80.99
10/03/17 IBC Merch Bank Fee	- Credit Card Processing Fee	88.39
10/03/17 IBC Merch Bank Fee	- Credit Card Processing Fee	113.75
10/03/17 IBC Merch Bank Interchng	- Credit Card Processing Fee	165.50
10/03/17 IBC Merch Bank Discount	- Credit Card Processing Fee	187.11
10/03/17 IBC Merch Bank Interchng	- Credit Card Processing Fee	209.99
10/03/17 IBC Merch Bank Discount	- Credit Card Processing Fee	254.35
10/03/17 IBC Merch Bank Discount	- Credit Card Processing Fee	813.64
10/03/17 IBC Merch Bank Interchng	- Credit Card Processing Fee	1,080.13
10/03/17 IBC Merch Bank Discount	- Credit Card Processing Fee	2,010.62
10/05/17 FDGL Lease Payment	- Credit Card Machine Lease Expense	59.25
10/05/17 FDGL Lease Payment	- Credit Card Machine Lease Expense	59.25
10/05/17 FDGL Lease Payment	- Credit Card Machine Lease Expense	86.30
10/05/17 Vivonet Acquisit Payment	- Credit Card Machine Lease Expense	99.00
10/06/17 Amerisource Berg Payment	- 340B Drug Program Cost	900.00
10/10/17 FDGL Lease Payment	- Credit Card Machine Lease Expense	30.17
10/10/17 FDGL Lease Payment	- Credit Card Machine Lease Expense	30.25
10/12/17 Clover APP MRKT Clover App	- Credit Card Machine Lease Expense	16.25
10/12/17 Clover APP MRKT Clover App	- Credit Card Machine Lease Expense	81.20
10/20/17 Telecheck	- Credit Card Processing Fee	5.00
10/20/17 FDGL Lease Payment	- Credit Card Machine Lease Expense	26.98
10/20/17 FDGL Lease Payment	- Credit Card Machine Lease Expense	151.23
	Total Electronic Payments	6,780.01
		- 900.00
		5,880.01
		671.31
		6551.32

Jason Anglin
MMC Chief Executive Officer

APPROVED
ON

NOV 17 2017

BY
CALHOUN COUNTY AUDITOR

IBC

BANK

International Bank of Commerce
311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER

8/NE/131/019/1153
MEMORIAL MEDICAL CENTER OPERATING
COUNTY OF CALHOUN
201 W AUSTIN STREET
PORT LAVACA TX 77979

STATEMENT

CUSTOMER NO.	PAGE NO.
	1 of 10

10/01/2017 to 10/31/2017
STATEMENT PERIOD

For 24 hour information about your account, please call IBC Voice at number given. Please examine and report any discrepancies within 14 days from your statement date by calling (361) 552-9771.

Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
738,963.17	442	1,793,765.11	32	1,605,324.05	927,404.23

Checks (Debits)

Date	Check #	Amount	Date	Check #	Amount	Date	Check #	Amount
10/12	61911	2.00	10/25 *	172254	20.00	10/19 *	172377	1,598,335.11
10/25 *	171913	163.60	10/25	172255	23.33			

* Indicates a skip in check number sequence

Electronic Activity

Credits

10/02	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 451356	23,063.12
10/02	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 45Z356	12,974.22
10/02	Electronic Deposit	CIGNA HCCLAIMPMT xxxxx3411	7,962.69
10/02	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C17271E97329520	4,958.44
10/02	Electronic Deposit	CIGNA EDGE TRANS HCCLAIMPMT 601100070567	3,176.10
10/02	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160915882	1,971.23
10/02	Electronic Deposit	CIGNA HCCLAIMPMT xxxxx3411	1,629.95
10/02	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160910883	1,431.20
10/02	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160915882	1,338.02
10/02	Electronic Deposit	NOVITAS HCCLAIMPMT 1689630865	794.89
10/02	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160914885	565.24
10/02	Electronic Deposit	CIGNA HCCLAIMPMT xxxxx3411	524.26
10/02	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160914885	465.00
10/02	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160915882	316.19
10/02	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160910883	226.59
10/02	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113000	180.00
10/02	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160911881	156.40
10/02	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 673422	142.51
10/02	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160911881	125.00
10/02	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160913887	116.75
10/02	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C17271E97329530	109.62
10/02	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160913887	85.08
10/02	Electronic Deposit	36 TREAS 310 MISC PAY 746003411360012	55.16
10/02	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160913887	46.92
10/02	Electronic Deposit	36 TREAS 310 MISC PAY 746003411360012	36.94
10/02	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160914885	20.00
10/02	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160911881	9.64
10/03	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 451356	42,913.53
10/03	Electronic Deposit	CVS EDI/ACH 2843C	7,608.06
10/03	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C17272E97452780	5,875.10
10/03	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160910883	2,687.79
10/03	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 673422	1,425.10
10/03	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C17272E97452790	343.54
10/03	Electronic Deposit	36 TREAS 310 MISC PAY 746003411360012	143.75
10/03	Electronic Deposit	AETNA H09 HCCLAIMPMT 1689630865	117.48
10/03	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160911881	100.00

IBC

BANK

International Bank of Commerce
311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER

8/NE/131/019/1162
MEMORIAL MEDICAL CENTER OPERATING
COUNTY OF CALHOUN
201 W AUSTIN STREET
PORT LAVACA TX 77979

STATEMENT

CUSTOMER NO. | PAGE NO.
10 of 10

10/01/2017 to 10/31/2017
STATEMENT PERIOD

For 24 hour information about your account, please call IBC Voice at number given. Please examine and report any discrepancies within 14 days from your statement date by calling (361) 552-9771.

10/31	Electronic Deposit	AETNA H09 HCCLAIMPMT 1497153589	77.06
10/31	Electronic Deposit	Driscoll Childre Driscoll C MEMORIAL MEDICA	62.23
10/31	Electronic Deposit	DRISCOLL CHILDRE HCCLAIMPMT MEMORIAL MEDICA	39.03
10/31	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160913887	26.14
10/31	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113000	22.48
10/31	Electronic Deposit	36 TREAS 310 MISC PAY 746003411360012	16.00

Debits

10/03	Electronic Payment	IBC MERCH BNKCD FEE 971160912889	9.95
10/03	Electronic Payment	IBC MERCH BNKCD FEE 674200009993	29.95
10/03	Electronic Payment	IBC MERCH BNKCD FEE 971160911881	52.22
10/03	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160913887	65.08
10/03	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160913887	73.46
10/03	Electronic Payment	IBC MERCH BNKCD FEE 971160910883	80.99
10/03	Electronic Payment	IBC MERCH BNKCD FEE 971160914885	88.39
10/03	Electronic Payment	IBC MERCH BNKCD FEE 971160913887	113.75
10/03	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160911881	165.50
10/03	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160911881	187.11
10/03	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160914885	209.99
10/03	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160914885	254.35
10/03	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160915882	813.64
10/03	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160910883	1,080.13
10/03	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160910883	2,010.62
10/05	Electronic Payment	FDGL LEASE PYMT	59.25
10/05	Electronic Payment	FDGL LEASE PYMT	59.25
10/05	Electronic Payment	FDGL LEASE PYMT	86.30
10/05	Electronic Payment	VIVONET ACQUISIT PAYMENT 1136	99.00
10/06	Electronic Payment	AMERISOURCE BERG PAYMENTS xxxxx7768	900.00
10/10	Electronic Payment	FDGL LEASE PYMT	30.17
10/10	Electronic Payment	FDGL LEASE PYMT	30.25
10/12	Electronic Payment	CLOVER APP MRKT CLOVER APP	16.25
10/12	Electronic Payment	CLOVER APP MRKT CLOVER APP	81.20
10/20	Electronic Payment	Telecheck INV102017D xxxxx9736	5.00
10/20	Electronic Payment	FDGL LEASE PYMT	26.98
10/20	Electronic Payment	FDGL LEASE PYMT	151.23

Daily Ending Balance

10/02	801,444.33	10/12	1,640,704.26	10/23	641,822.29
10/03	857,551.09	10/13	1,734,192.16	10/24	662,048.90
10/04	904,290.49	10/16	1,787,523.17	10/25	746,467.08
10/05	944,456.42	10/17	1,821,975.90	10/26	768,513.83
10/06	987,121.13	10/18	2,037,359.52	10/27	859,513.40
10/10	1,031,720.32	10/19	520,612.24	10/30	895,922.28
10/11	1,109,322.77	10/20	575,256.26	10/31	927,404.23

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

Monthly Electronic Transfers for Operating Expenses

10/02/17	State Comptrlr Texnet	- 2018 First DSH Adv Pmt, IGT (Hosp)	67,291.78 10/2/17
10/03/17	Mckesson Drug Auto ACH	- 340B Drug Program Expense	1,365.37 10/2/17
10/05/17	Expertpay	- Child Support	213.81 10/5/17
10/05/17	Memorial Medical Payroll	- Payroll Checks 2,268.68	245,055.66 10/3/17
10/06/17	IRS USATAXPYMT	- Payroll Taxes	86,952.05 10/5/17
10/11/17	Mckesson Drug Auto ACH	- 340B Drug Program Expense	3,452.62 10/9/17
10/11/17	Deposit Item Returned Ck 506	- Returned check	232.00 10/11/17
10/16/17	Texas County DRS	- Retirement Funding	115,182.87 10/16/17
10/17/17	Mckesson Drug Auto ACH	- 340B Drug Program Expense	4,050.85 10/16/17
10/19/17	Cardmember Service Elect Pymt	- Credit Card Invoice	1,895.29 10/11/17
10/19/17	Expertpay	- Child Support	421[52] 213.81 10/19/17
10/19/17	Webfile Tax Pymt	- Sales Tax	671.31
10/19/17	Memorial Medical Payroll	- Payroll Checks 3,136.51	242,740.97 10/17/17
10/20/17	IRS USATAXPYMT	- Payroll Taxes	87,816.07 10/19/17
10/24/17	Mckesson Drug Auto ACH	- 340B Drug Program Expense	3,991.18 10/23/17
10/27/17	IRS USATAXPYMT	- Payroll Taxes	64.02 10/26/17
10/31/17	Mckesson Drug Auto ACH	- 340B Drug Program Expense	4,609.58 10/30/17

Total Electronic Payments 865,799.24

Jason Anglin
MMC Chief Executive Officer

APPROVED
ON
NOV 17 2017
BY
CALHOUN COUNTY AUDITOR

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
173129*	10-26	$175.00	173189*	10-27	$8,333.33	173250	10-31	$1,184.68
173130	10-31	$15.39	173190	10-30	$3,343.10	173251	10-27	$7,373.79
173132*	10-30	$15.58	173191	10-31	$657.88	173252	10-30	$977.80
173133	10-31	$60.00	173192	10-31	$14,085.54	173256*	10-27	$22,896.94
173136*	10-30	$45.06	173193	10-31	$2,306.20	173257	10-30	$439.26
173138*	10-27	$66.20	173195*	10-26	$513.60	173258	10-30	$8,901.87
173139	10-26	$39.84	173196	10-30	$275.00	173259	10-25	$529,034.57
173140	10-26	$17.82	173197	10-27	$132.58	173260	10-30	$37,774.69
173141	10-31	$106.02	173198	10-30	$27.82	173262*	10-31	$60.12
173145*	10-30	$15.50	173199	10-30	$3,507.12	173263	10-30	$2,314.04
173149*	10-26	$6,283.90	173200	10-27	$4,041.67	173268*	10-31	$22.98
173151*	10-31	$145.16	173201	10-26	$248.16	173269	10-31	$663.18
173153*	10-31	$92.75	173203*	10-26	$177.15	173270	10-31	$2,997.00
173154	10-31	$87.85	173204	10-27	$41.16	173275*	10-27	$740.00
173157*	10-27	$1.50	173205	10-27	$258.52	173276	10-30	$6,878.17
173158	10-25	$3,513.18	173212*	10-27	$84.00	173278*	10-30	$859.00
173159	10-26	$84.80	173214*	10-27	$4,748.01	173280*	10-31	$115.00
173160	10-27	$120.30	173215	10-31	$61.74	173289*	10-31	$280.00
173161	10-25	$29.09	173216	10-30	$1,841.39	173294*	10-31	$1,805.00
173162	10-30	$30.51	173221*	10-26	$15,781.96	173296*	10-31	$3,058.62
173163	10-27	$498.00	173222	10-30	$165.00	173297	10-31	$530.00
173164	10-30	$6,683.46	173223	10-27	$238.77	173298	10-31	$1,966.00
173165	10-20	$139.45	173224	10-30	$11,001.20	173299	10-30	$165.18
173166	10-30	$430.43	173225	10-31	$2,415.25	173300	10-31	$93.85
173167	10-30	$413.49	173227*	10-25	$4,525.00	173303*	10-31	$2.44
173168	10-27	$157.94	173228	10-30	$4,406.71	173311*	10-30	$42,280.04
173169	10-27	$2,704.60	173229	10-30	$14.00	173313*	10-31	$4,817.02
173171*	10-30	$7,035.09	173230	10-27	$1,675.60	173316*	10-30	$3,632.04
173172	10-26	$98.00	173231	10-26	$240.00	173317	10-30	$907.50
173173	10-27	$4,389.00	173234*	10-30	$6,722.97	173318	10-31	$2,000.00
173174	10-27	$2,254.77	173236*	10-27	$751.58	173321*	10-31	$43.72
173176*	10-27	$185.60	173237	10-30	$1,595.00	173324*	10-31	$144.20
173177	10-25	$142.75	173238	10-30	$133.64	173326*	10-30	$748.22
173178	10-27	$52.81	173239	10-26	$2,939.27	173329*	10-31	$1,543.82
173179	10-30	$51.98	173240	10-27	$379.76	173333*	10-31	$1,519.68
173180	10-27	$6,401.42	173241	10-27	$102.56	173334	10-31	$168.86
173181	10-27	$102.16	173243*	10-27	$2,752.90	173336*	10-31	$1,978.75
173183*	10-31	$573.36	173244	10-26	$742.00	173338*	10-31	$101.78
173184	10-27	$3,830.94	173245	10-30	$150.00	173339	10-30	$39.00
173185	10-27	$10,899.72	173247*	10-27	$35.21	173340	10-30	$7,250.30
173186	10-25	$30.30	173248	10-30	$2,778.59			
173187	10-30	$9,636.06	173249	10-26	$10,139.61			

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OTHER DEBITS

Date	Description	Amount
10/02/2017	ACH Payment STATE COMPTRLR TEXNET 28414365/70929 2100002	$67,291.78
10/03/2017	ACH Payment MCKESSON DRUG AUTO ACH ACH03258718 910000135	$1,365.37
10/05/2017	ACH Payment EXPERTPAY EXPERTPAY 746003411 91000016296409	$213.81
10/05/2017	ACH Payment PAYROLL ONLINE TRF PAYROLL 113122650342069	$245,055.66
10/06/2017	ACH Payment IRS USATAXPYMT 220767901648521 6103601000100	$86,952.05
10/11/2017	ACH Payment MCKESSON DRUG AUTO ACH ACH03268076 910000113	$3,452.62

OTHER DEBITS

Date	Description	Amount
10/11/2017	Deposit Item Ret CK 506	$232.00
10/16/2017	ACH Payment TEXAS COUNTY DRS RECEIVABLE 0419 21000022148	$115,182.87
10/17/2017	ACH Payment MCKESSON DRUG AUTO ACH ACH03271922 910000113	$4,050.85
10/19/2017	ACH Payment CARDMEMBER SERV ELECT PYMT **********4378 4	$1,895.29
10/19/2017	ACH Payment EXPERTPAY EXPERTPAY 746003411 91000013919855	$213.81
10/19/2017	ACH Payment WEBFILE TAX PYMT DD 902/28545239 21000028157	$671.31
10/19/2017	ACH Payment PAYROLL ONLINE TRF PAYROLL 113122651303641	$242,740.97
10/20/2017	ACH Payment IRS USATAXPYMT 220769352944900 6103601000338	$87,816.07
10/24/2017	ACH Payment MCKESSON DRUG AUTO ACH ACH03275258 910000101	$3,991.18
10/27/2017	ACH Payment IRS USATAXPYMT 220770072293384 6103601000187	$64.02
10/31/2017	ACH Payment MCKESSON DRUG AUTO ACH ACH03284516 910000146	$4,609.58

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
10-01	$1,794,643.14	10-12	$964,225.68	10-24	$1,835,670.58
10-02	$1,700,229.25	10-13	$955,899.63	10-25	$1,877,618.30
10-03	$1,705,679.91	10-16	$729,249.48	10-26	$1,899,279.89
10-04	$1,761,816.81	10-17	$629,049.42	10-27	$1,828,674.79
10-05	$1,494,127.52	10-18	$2,081,649.06	10-30	$1,692,055.19
10-06	$1,168,157.12	10-19	$1,885,142.59	10-31	$2,199,491.42
10-10	$1,108,793.49	10-20	$1,811,971.25		
10-11	$1,042,342.68	10-23	$1,829,728.34		

EARNINGS SUMMARY

** Below is an itemization of the Earnings paid this period. **

Interest Paid This Period	$541.80	Annual Percentage Yield Earned	0.45 %
Interest Paid YTD	$1,542.76	Days in Earnings Period	31

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00P014 : 00250804

PROSPERITY BANK®

Statement Date 10/31/2017
Account No

MEMORIAL MEDICAL CENTER
OPERATING
202 S ANN ST STE A
PORT LAVACA TX 77979

2508

Effective January 1, 2018: Accounts with a balance of less than $50 with no customer initiated debits or credits in the prior 180 days will be charged a $10 monthly inactivity fee.

STATEMENT SUMMARY — Public Fund Contractual Ckg w Int Account No

10/01/2017	Beginning Balance			$1,794,643.14
	141 Deposits/Other Credits		+	$3,306,767.55
	414 Checks/Other Debits		-	$2,901,919.27
10/31/2017	Ending Balance	31 Days in Statement Period		$2,199,491.42
	Total Enclosures			504

DEPOSITS/OTHER CREDITS

Date	Description	Amount
10/02/2017	ACH Deposit CENTENE CORP HCCLAIMPMT 61000107370697	$4,035.93
10/02/2017	ACH Deposit CENTENE CORP HCCLAIMPMT 61000107370699	$710.96
10/02/2017	ACH Deposit CENTENE CORP HCCLAIMPMT 61000107365689	$153.94
10/02/2017	Deposit	$25,151.39
10/02/2017	Deposit	$25.00
10/02/2017	Deposit	$1,842.88
10/02/2017	Deposit	$205.00
10/02/2017	Deposit	$532.91
10/02/2017	Deposit	$645.00
10/03/2017	Deposit	$7,284.44
10/03/2017	Deposit	$3,064.85
10/03/2017	Deposit	$224.00
10/03/2017	Deposit	$43.30
10/03/2017	Deposit	$250.00
10/03/2017	Service Charge Rev	$12.00
10/04/2017	ACH Deposit CENTENE CORP HCCLAIMPMT 61000102056913	$1,252.93
10/04/2017	ACH Deposit CENTENE CORP HCCLAIMPMT 61000102056915	$7,533.29
10/04/2017	ACH Deposit CENTENE CORP HCCLAIMPMT 61000101537773	$934.55
10/04/2017	Deposit	$52,069.84
10/04/2017	Deposit	$454.50
10/04/2017	Deposit	$380.26
10/04/2017	Deposit	$290.99
10/04/2017	Deposit	$160.43
10/04/2017	Deposit	$437.81
10/05/2017	ACH Deposit CENTENE CORP HCCLAIMPMT 61000104365347	$168.99
10/05/2017	ACH Deposit CENTENE CORP HCCLAIMPMT 61000104365349	$357.39
10/05/2017	Deposit	$488.00
10/05/2017	Deposit	$505.00

PROSPERITY BANK®

Statement Date 10/31/2017
Account No

MEMORIAL MEDICAL CENTER
NH ASHFORD
202 S ANN ST STE A
PORT LAVACA TX 77979

13284

Effective January 1, 2018: Accounts with a balance of less than $50 with no customer initiated debits or credits in the prior 180 days will be charged a $10 monthly inactivity fee.

STATEMENT SUMMARY — Public Fund Contractual Ckg w Int Account No

10/01/2017	Beginning Balance				$26,854.01
	18 Deposits/Other Credits			+	$391,742.84
	5 Checks/Other Debits			-	$333,820.55
10/31/2017	Ending Balance	31	Days in Statement Period		$84,776.30
	Total Enclosures				4

DEPOSITS/OTHER CREDITS

Date	Description	Amount
10/06/2017	Deposit	$103,617.56
10/13/2017	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113005 2	$628.90
10/13/2017	Deposit	$10,204.50
10/20/2017	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113005 2	$834.69
10/20/2017	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675423 420000171	$93,077.27
10/20/2017	Deposit	$21,597.36
10/23/2017	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113005 2	$10,461.04
10/25/2017	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675423 420000113	$53,975.97
10/26/2017	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675423 420000184	$1,238.20
10/27/2017	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113005 2	$575.59
10/27/2017	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675423 420000169	$4,327.42
10/27/2017	ACH Deposit AMERIGROUP CORPO E-PAYMENT EE51573725 111000	$22,429.12
10/27/2017	Deposit	$6,602.18
10/30/2017	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113005 2	$38,635.96
10/30/2017	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675423 420000156	$7,949.52
10/31/2017	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675423 420000170	$1,203.87
10/31/2017	ACH Deposit MOLINA HEALTHCAR MOLINAACH 00722354 42000019	$14,365.68
10/31/2017	Accr Earning Pymt Added to Account	$18.01

OTHER DEBITS

Date	Description	Amount
10/03/2017	CM Wire Domestic WIRE OUT ASHFORD HEALTH CARE CENTER LTD	$26,679.87
10/12/2017	CM Wire Domestic WIRE OUT ASHFORD HEALTH CARE CENTER LTD	$103,617.56
10/19/2017	CM Wire Domestic WIRE OUT ASHFORD HEALTH CARE CENTER LTD	$10,833.40
10/24/2017	CM Wire Domestic WIRE OUT ASHFORD HEALTH CARE CENTER LTD	$115,509.32
10/31/2017	CM Wire Domestic WIRE OUT ASHFORD HEALTH CARE CENTER LTD	$77,180.40

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102371 : 01328401

IBC

BANK

International Bank of Commerce
311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER

8/NE/131/019/992
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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STATEMENT PERIOD: 10/01/2017 to 10/31/2017

For 24 hour information about your account, please call IBC Voice at number given. Please examine and report any discrepancies within 14 days from your statement date by calling (361) 552-9771.

Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
82,849.90	27	179,158.89	3	121,549.77	140,459.02

Electronic Activity

Credits

10/03	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17092913003633	21,259.31
10/03	Electronic Deposit	HHP HCCLAIMPMT 390860	1,937.34
10/06	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17100412205579	2,208.56
10/06	Electronic Deposit	HUMANA INS CO HCCLAIMPMT 390860	1,052.53
10/06	Electronic Deposit	MANAGEANDNET1718 MNS PMNT 93	202.50
10/13	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1326436189	1,336.31
10/17	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17101311400897	1,132.39
10/17	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17101415900629	251.76
10/18	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1326436189	226.20
10/19	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1326436189	8,989.78
10/20	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17101814603027	203.19
10/23	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1326436189	12,791.61
10/23	Electronic Deposit	MANAGEANDNET1718 MNS PMNT 93	9,990.00
10/23	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1326436189	4,047.51
10/24	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17102017300074	45,528.20
10/24	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17102116703271	8,985.58
10/25	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1326436189	5,667.14
10/25	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1326436189	3,471.55
10/25	Electronic Deposit	MANAGEANDNET1718 MNS PMNT 93	738.50
10/26	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1326436189	3,053.93
10/26	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1326436189	1,022.35
10/27	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1326436189	495.47
10/27	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1326436189	444.95
10/30	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17102617001080	16,912.50
10/31	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17102711501838	13,846.37
10/31	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17102718200154	7,690.48
10/31	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17102812204324	5,672.88

Debits

10/03	Outgoing Wire	0045 ASHFORD HEALTH CARE CENTER LTD	82,749.90
10/12	Outgoing Wire	0003 ASHFORD HEALTH CARE CENTER LTD	26,660.24
10/24	Outgoing Wire	0362 ASHFORD HEALTH CARE CENTER LTD	12,139.63

Daily Ending Balance

10/03	23,296.65	10/18	3,046.66	10/25	91,320.09
10/06	26,760.24	10/19	12,036.44	10/26	95,396.37
10/12	100.00	10/20	12,239.63	10/27	96,336.79
10/13	1,436.31	10/23	39,068.75	10/30	113,249.29
10/17	2,820.46	10/24	81,442.90	10/31	140,459.02

PROSPERITY BANK®

Statement Date 10/31/2017
Account No :

MEMORIAL MEDICAL CENTER
NH BROADMOOR
202 S ANN ST STE A
PORT LAVACA TX 77979

13285

Effective January 1, 2018: Accounts with a balance of less than $50 with no customer initiated debits or credits in the prior 180 days will be charged a $10 monthly inactivity fee.

STATEMENT SUMMARY — Public Fund Contractual Ckg w Int Account No

10/01/2017	Beginning Balance			$87,518.93
	15 Deposits/Other Credits		+	$186,476.48
	5 Checks/Other Debits		-	$273,670.30
10/31/2017	Ending Balance	31 Days in Statement Period		$325.11
	Total Enclosures			4

DEPOSITS/OTHER CREDITS

Date	Description	Amount
10/06/2017	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113004 2	$2,632.00
10/06/2017	Deposit	$46,167.94
10/10/2017	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113004 2	$657.09
10/11/2017	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113004 2	$3,063.94
10/12/2017	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113004 2	$10,363.50
10/13/2017	Deposit	$17,688.12
10/16/2017	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113004 2	$5,008.47
10/17/2017	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113004 2	$9,869.00
10/20/2017	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113004 2	$3,219.58
10/20/2017	Deposit	$19,528.40
10/23/2017	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113004 2	$2,186.51
10/26/2017	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113004 2	$988.84
10/27/2017	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113004 2	$1,190.76
10/27/2017	Deposit	$63,904.37
10/31/2017	Accr Earning Pymt Added to Account	$7.96

OTHER DEBITS

Date	Description	Amount
10/03/2017	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	$87,201.78
10/12/2017	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	$48,799.94
10/19/2017	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	$31,772.65
10/24/2017	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	$37,625.45
10/31/2017	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	$68,270.48

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102381 : 01328501

IBC
BANK
International Bank of Commerce
311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER

8/NE/131/019/997
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH BROADMOOR
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

CUSTOMER NO.	PAGE NO.
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10/01/2017 to 10/31/2017
STATEMENT PERIOD

For 24 hour information about your account, please call IBC Voice at number given. Please examine and report any discrepancies within 14 days from your statement date by calling (361) 552-9771.

Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
43,627.02	18	437,469.86	4	345,376.21	135,720.67

Electronic Activity

Credits

10/02	Electronic Deposit	HUMANA INS CO HCCLAIMPMT 390861	7,840.09
10/03	Electronic Deposit	HUMANA INS CO EFPAYMENT 390861	2,510.71
10/04	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	112.40
10/11	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17100712600222	2,226.00
10/11	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1669860433	990.64
10/13	Electronic Deposit	HHP TEXAS HCCLAIMPMT 390861	8,982.90
10/18	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1669860433	570.70
10/19	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	278,615.75
10/23	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1669860433	2,427.95
10/24	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	101,843.23
10/25	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	2,276.31
10/26	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1669860433	910.48
10/26	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	847.05
10/27	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	932.51
10/27	Electronic Deposit	HUMANA INS CO EFPAYMENT 390861	840.80
10/30	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	17,763.51
10/31	Electronic Deposit	HHP TEXAS HCCLAIMPMT 390861	6,875.88
10/31	Electronic Deposit	HUMANA INS CO HCCLAIMPMT 390861	902.95

Debits

10/03	Outgoing Wire	0051 CANTEX HEALTH CARE CENTERS III	43,527.02
10/12	Outgoing Wire	0006 CANTEX HEALTH CARE CENTERS III	10,463.20
10/19	Outgoing Wire	0395 CANTEX HEALTH CARE CENTERS III	12,199.54
10/24	Outgoing Wire	0365 CANTEX HEALTH CARE CENTERS III	279,186.45

Daily Ending Balance

10/02	51,467.11	10/13	12,299.54	10/25	106,647.49
10/03	10,450.80	10/18	12,870.24	10/26	108,405.02
10/04	10,563.20	10/19	279,286.45	10/27	110,178.33
10/11	13,779.84	10/23	281,714.40	10/30	127,941.84
10/12	3,316.64	10/24	104,371.18	10/31	135,720.67

PROSPERITY BANK®

Statement Date 10/31/2017
Account No

MEMORIAL MEDICAL CENTER
NH CRESCENT
202 S ANN ST STE A
PORT LAVACA TX 77979

13286

Effective January 1, 2018: Accounts with a balance of less than $50 with no customer initiated debits or credits in the prior 180 days will be charged a $10 monthly inactivity fee.

STATEMENT SUMMARY — Public Fund Contractual Ckg w Int Account No

10/01/2017	Beginning Balance			$11,768.01
	19 Deposits/Other Credits		+	$345,505.44
	5 Checks/Other Debits		-	$341,133.73
10/31/2017	Ending Balance	31 Days in Statement Period		$16,139.72
	Total Enclosures			4

DEPOSITS/OTHER CREDITS

Date	Description	Amount
10/04/2017	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113008 2	$498.36
10/05/2017	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113008 2	$1,400.47
10/06/2017	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113008 2	$5,509.96
10/06/2017	Deposit	$36,595.76
10/10/2017	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113008 2	$1,692.87
10/13/2017	Deposit	$2,993.68
10/20/2017	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676323 420000171	$141,059.01
10/20/2017	Deposit	$7,599.21
10/23/2017	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113008 2	$3,412.68
10/23/2017	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676323 420000141	$56,193.64
10/25/2017	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676323 420000113	$25,285.05
10/26/2017	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676323 420000183	$6,228.49
10/27/2017	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113008 2	$635.57
10/27/2017	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676323 420000169	$22,593.30
10/27/2017	ACH Deposit AMERIGROUP CORPO E-PAYMENT EE51573724 111000	$1,602.08
10/27/2017	Deposit	$17,784.05
10/30/2017	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676323 420000156	$13,376.16
10/31/2017	ACH Deposit MOLINA HEALTHCAR MOLINAACH 00722246 42000019	$1,026.12
10/31/2017	Accr Earning Pymt Added to Account	$18.98

OTHER DEBITS

Date	Description	Amount
10/03/2017	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	$11,651.63
10/12/2017	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	$44,004.55
10/19/2017	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	$4,686.55
10/24/2017	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	$148,658.22
10/31/2017	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	$132,132.78

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102391 : 01328601

IBC

BANK

International Bank of Commerce
311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER

8/NE/131/019/995
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH CRESCENT
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

CUSTOMER NO.	PAGE NO.
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10/01/2017 to 10/31/2017
STATEMENT PERIOD

For 24 hour information about your account, please call IBC Voice at number given. Please examine and report any discrepancies within 14 days from your statement date by calling (361) 552-9771.

Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
21,625.34	28	104,212.26	4	74,090.71	51,746.89

Electronic Activity

Credits

10/02	Electronic Deposit	HUMANA INS CO HCCLAIMPMT 390864	5,100.94
10/02	Electronic Deposit	MANAGEANDNET1718 MNS PMNT 3268	2,835.00
10/06	Electronic Deposit	HUMANA INS CO HCCLAIMPMT 390864	1,052.53
10/06	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17100412800121	163.74
10/06	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	109.07
10/11	Electronic Deposit	HUMANA INS CO EFPAYMENT 390864	4,736.37
10/11	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1669860425	1,955.58
10/11	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17100712600143	1,802.50
10/13	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17101114301267	6,119.82
10/13	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17101118500442	1,055.90
10/17	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17101412306537	7,700.00
10/17	Electronic Deposit	HUMANA INS CO EFPAYMENT 390864	5,788.89
10/17	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17101311400907	4,378.20
10/17	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17101415900649	1,605.34
10/20	Electronic Deposit	MANAGEANDNET1718 MNS PMNT 3268	7,768.52
10/20	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17101814603034	392.97
10/23	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1669860425	10,215.42
10/24	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17102017300072	6,978.15
10/24	Electronic Deposit	MANAGEANDNET1718 MNS PMNT 3268	3,412.80
10/24	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17102013400210	2,335.04
10/25	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1669860425	1,452.39
10/26	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1669860425	4,568.13
10/27	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17102514702904	1,722.20
10/27	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17102519701593	1,343.43
10/30	Electronic Deposit	HUMANA INS CO EFPAYMENT 390864	5,164.75
10/31	Electronic Deposit	HUMANA INS CO HCCLAIMPMT 390864	10,518.23
10/31	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17102711501835	3,060.71
10/31	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17102812204322	875.64

Debits

10/03	Outgoing Wire	0049 CANTEX HEALTH CARE CENTERS III	21,525.34
10/12	Outgoing Wire	0005 CANTEX HEALTH CARE CENTERS III	9,261.28
10/19	Outgoing Wire	0394 CANTEX HEALTH CARE CENTERS III	15,670.17
10/24	Outgoing Wire	0364 CANTEX HEALTH CARE CENTERS III	27,633.92

Daily Ending Balance

10/02	29,561.28	10/13	15,770.17	10/24	23,041.41
10/03	8,035.94	10/17	35,242.60	10/25	24,493.80
10/06	9,361.28	10/19	19,572.43	10/26	29,061.93
10/11	17,855.73	10/20	27,733.92	10/27	32,127.56
10/12	8,594.45	10/23	37,949.34	10/30	37,292.31

PROSPERITY BANK®

Statement Date 10/31/2017
Account No

MEMORIAL MEDICAL CENTER
NH FORT BEND
202 S ANN ST STE A
PORT LAVACA TX 77979

13288

Effective January 1, 2018: Accounts with a balance of less than $50 with no customer initiated debits or credits in the prior 180 days will be charged a $10 monthly inactivity fee.

STATEMENT SUMMARY — Public Fund Contractual Ckg w Int Account No

10/01/2017	Beginning Balance			$12,352.22
	18 Deposits/Other Credits		+	$169,408.30
	5 Checks/Other Debits		-	$146,909.95
10/31/2017	Ending Balance	31 Days in Statement Period		$34,850.57
	Total Enclosures			4

DEPOSITS/OTHER CREDITS

Date	Description	Amount
10/04/2017	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113006 2	$421.00
10/06/2017	Deposit	$22,506.47
10/10/2017	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113006 2	$2,421.31
10/13/2017	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113006 2	$3.99
10/13/2017	Deposit	$6,894.28
10/20/2017	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113006 2	$9,446.23
10/20/2017	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675663 420000171	$37,084.91
10/20/2017	Deposit	$9,647.18
10/23/2017	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113006 2	$2,089.47
10/25/2017	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675663 420000113	$9,527.83
10/26/2017	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675663 420000183	$31,177.72
10/27/2017	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113006 2	$783.55
10/27/2017	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675663 420000169	$2,222.66
10/27/2017	ACH Deposit AMERIGROUP CORPO E-PAYMENT EE51573722 111000	$6,455.44
10/27/2017	Deposit	$480.46
10/30/2017	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675663 420000156	$24,103.36
10/31/2017	ACH Deposit MOLINA HEALTHCAR MOLINAACH 00722324 42000019	$4,134.66
10/31/2017	Accr Earning Pymt Added to Account	$7.78

OTHER DEBITS

Date	Description	Amount
10/03/2017	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	$12,202.89
10/12/2017	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	$22,927.47
10/19/2017	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	$9,319.58
10/24/2017	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	$56,178.32
10/31/2017	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	$46,281.69

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102411 : 01328801

IBC

BANK

International Bank of Commerce
311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER

8/NE/131/019/998
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH FORT BEND
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

CUSTOMER NO.	PAGE NO.
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10/01/2017 to 10/31/2017
STATEMENT PERIOD

For 24 hour information about your account, please call IBC Voice at number given. Please examine and report any discrepancies within 14 days from your statement date by calling (361) 552-9771.

Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
38,252.58	23	100,575.26	3	83,911.44	54,916.40

Electronic Activity

Credits

10/02	Electronic Deposit	HUMANA INS CO HCCLAIMPMT 390863	528.23
10/03	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1730577503	3,637.50
10/04	Electronic Deposit	CENTENE CORP HCCLAIMPMT	531.60
10/04	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663	334.41
10/04	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1730577503	263.34
10/10	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17100516301281	10,486.67
10/10	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663	18.99
10/11	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1730577503	6,692.03
10/12	Electronic Deposit	CENTENE CORP HCCLAIMPMT	1,733.53
10/13	Electronic Deposit	HUMANA INS CO EFPAYMENT 390863	14,885.16
10/13	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17101114301268	4,517.94
10/13	Electronic Deposit	HHP EFPAYMENT 390863	2,129.46
10/16	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17101219500030	8.50
10/20	Electronic Deposit	HUMANA INS CO HCCLAIMPMT 390863	550.96
10/23	Electronic Deposit	HUMANA INS CO EFPAYMENT 390863	1,805.87
10/23	Electronic Deposit	CENTENE CORP HCCLAIMPMT	1,234.66
10/24	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17102116703269	10,621.20
10/25	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1730577503	11,456.99
10/26	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1730577503	4,097.26
10/27	Electronic Deposit	HUMANA INS CO EFPAYMENT 390863	17,859.99
10/31	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17102711501836	5,251.39
10/31	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1730577503	1,291.66
10/31	Electronic Deposit	CENTENE CORP HCCLAIMPMT	637.92

Debits

10/03	Outgoing Wire	0054 CANTEX HEALTH CARE CENTERS III	38,152.58
10/12	Outgoing Wire	0007 CANTEX HEALTH CARE CENTERS III	5,295.08
10/19	Outgoing Wire	0397 CANTEX HEALTH CARE CENTERS III	40,463.78

Daily Ending Balance

10/02	38,780.81	10/13	40,563.78	10/24	14,321.19
10/03	4,265.73	10/16	40,572.28	10/25	25,778.18
10/04	5,395.08	10/19	108.50	10/26	29,875.44
10/10	15,900.74	10/20	659.46	10/27	47,735.43
10/11	22,592.77	10/23	3,699.99	10/31	54,916.40
10/12	19,031.22				

PROSPERITY BANK®

Statement Date 10/31/2017
Account No

MEMORIAL MEDICAL CENTER
NH SOLERA AT WEST HOUSTON
202 S ANN ST STE A
PORT LAVACA TX 77979

13287

Effective January 1, 2018: Accounts with a balance of less than $50 with no customer initiated debits or credits in the prior 180 days will be charged a $10 monthly inactivity fee.

STATEMENT SUMMARY — Public Fund Contractual Ckg w Int Account No

10/01/2017	Beginning Balance				$11,867.78
	16 Deposits/Other Credits			+	$642,294.59
	4 Checks/Other Debits			-	$109,003.89
10/31/2017	Ending Balance	31	Days in Statement Period		$545,158.48
	Total Enclosures				4

DEPOSITS/OTHER CREDITS

Date	Description	Amount
10/06/2017	Deposit	$60,627.85
10/10/2017	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113007 2	$1,055.96
10/13/2017	Deposit	$19,687.25
10/20/2017	Deposit	$15,885.24
10/23/2017	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113007 2	$1,990.26
10/24/2017	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676310 420000133	$420,163.50
10/25/2017	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676310 420000113	$2,683.10
10/26/2017	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676310 420000183	$24,014.20
10/27/2017	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113007 2	$746.35
10/27/2017	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676310 420000169	$23,448.84
10/27/2017	ACH Deposit AMERIGROUP CORPO E-PAYMENT EE51573723 111000	$5,984.24
10/27/2017	Deposit	$17,533.90
10/30/2017	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676310 420000156	$15,082.94
10/31/2017	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676310 420000170	$29,508.43
10/31/2017	ACH Deposit MOLINA HEALTHCAR MOLINAACH 00722257 42000019	$3,832.86
10/31/2017	Accr Earning Pymt Added to Account	$49.67

OTHER DEBITS

Date	Description	Amount
10/03/2017	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	$11,747.59
10/12/2017	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	$60,627.85
10/19/2017	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	$20,743.21
10/24/2017	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	$15,885.24

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IBC
BANK
International Bank of Commerce
311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER

8/NE/131/019/993
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH SOLERA
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

CUSTOMER NO.	PAGE NO.
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10/01/2017 to 10/31/2017
STATEMENT PERIOD

For 24 hour information about your account, please call IBC Voice at number given. Please examine and report any discrepancies within 14 days from your statement date by calling (361) 552-9771.

Regular Checking — Account Recap — Account Number

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
538,604.16	29	129,712.06	4	618,763.24	49,552.98

Electronic Activity

Credits

10/02	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	15,660.86
10/02	Electronic Deposit	HHP HCCLAIMPMT 390862	13,412.37
10/02	Electronic Deposit	HUMANA INS CO HCCLAIMPMT 390862	6,812.02
10/02	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17092814300308	1,734.65
10/03	Electronic Deposit	HUMANA INS CO EFPAYMENT 390862	10,007.92
10/03	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	4,018.43
10/03	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17092913003646	2,107.21
10/04	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	9,671.65
10/10	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17100516301283	822.50
10/11	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1497143259	4,205.37
10/13	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17101114301271	1,084.27
10/13	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1497143259	825.10
10/16	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17101211100032	3,564.21
10/16	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17101219500032	20.00
10/17	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17101415102855	125.11
10/20	Electronic Deposit	MANAGEANDNET1718 MNS PMNT 2482	6,187.41
10/23	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1497143259	6,190.15
10/24	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17102116703273	1,584.45
10/24	Electronic Deposit	MANAGEANDNET1718 MNS PMNT 2482	1,561.50
10/25	Electronic Deposit	MANAGEANDNET1718 MNS PMNT 2482	278.23
10/25	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1497143259	56.42
10/26	Electronic Deposit	HUMANA INS CO EFPAYMENT 390862	23,044.84
10/26	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1497143259	1,890.46
10/27	Electronic Deposit	MANAGEANDNET1718 MNS PMNT 2482	216.68
10/30	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17102617001082	7,158.24
10/30	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1497143259	1,776.55
10/31	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17102812204327	3,647.34
10/31	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17102718200157	1,453.95
10/31	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17102711501840	594.17

Debits

10/03	Outgoing Wire	0046 CANTEX HEALTH CARE CENTERS LLC	538,504.16
10/12	Outgoing Wire	0004 CANTEX HEALTH CARE CENTERS LLC	63,425.11
10/19	Outgoing Wire	0392 CANTEX HEALTH CARE CENTERS LLC	6,937.24
10/24	Outgoing Wire	0363 CANTEX HEALTH CARE CENTERS LLC	9,896.73

Daily Ending Balance

10/02	576,224.06	10/11	68,552.98	10/17	10,746.56
10/03	53,853.46	10/12	5,127.87	10/19	3,809.32
10/04	63,525.11	10/13	7,037.24	10/20	9,996.73
10/10	64,347.61	10/16	10,621.45	10/23	16,186.88

PROSPERITY BANK®

Statement Date 10/31/2017
Account No

MEMORIAL MEDICAL CENTER
NH GOLDEN CREEK HEALTHCARE & REHAB
202 S ANN ST STE A
PORT LAVACA TX 77979

13289

Effective January 1, 2018: Accounts with a balance of less than $50 with no customer initiated debits or credits in the prior 180 days will be charged a $10 monthly inactivity fee.

STATEMENT SUMMARY — Public Fund Contractual Ckg w Int Account No 21

10/01/2017	Beginning Balance			$161.22
	6 Deposits/Other Credits		+	$151,667.08
	3 Checks/Other Debits		-	$151,663.05
10/31/2017	Ending Balance	31 Days in Statement Period		$165.25
	Total Enclosures			4

DEPOSITS/OTHER CREDITS

Date	Description	Amount
10/06/2017	Deposit	$17,367.25
10/13/2017	Deposit	$21,735.44
10/20/2017	Deposit	$1,632.26
10/27/2017	ACH Deposit Centene Manageme CCD+ 38888463 3110020609113	$19,317.31
10/27/2017	Deposit	$91,610.79
10/31/2017	Accr Earning Pymt Added to Account	$4.03

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OTHER DEBITS

Date	Description	Amount
10/12/2017	CM Wire Domestic WIRE OUT NEXION HEALTH AT GOLDEN CREEK	$17,367.25
10/19/2017	CM Wire Domestic WIRE OUT NEXION HEALTH AT GOLDEN CREEK	$21,735.44
10/31/2017	CM Wire Domestic WIRE OUT NEXION HEALTH AT GOLDEN CREEK	$112,560.36

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DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
10-01	$161.22	10-13	$21,896.66	10-27	$112,721.58
10-06	$17,528.47	10-19	$161.22	10-31	$165.25
10-12	$161.22	10-20	$1,793.48		

EARNINGS SUMMARY

** Below is an itemization of the Earnings paid this period. **

Interest Paid This Period	$4.03	Annual Percentage Yield Earned	0.45 %
Interest Paid YTD	$65.25	Days in Earnings Period	31

PROSPERITY BANK®

Statement Date 10/31/2017
Account No

THE COUNTY OF CALHOUN TEXAS
CAL CO INDIGENT HEALTHCARE
202 S ANN ST STE A
PORT LAVACA TX 77979

13297

Effective January 1, 2018: Accounts with a balance of less than $50 with no customer initiated debits or credits in the prior 180 days will be charged a $10 monthly inactivity fee.

STATEMENT SUMMARY — Public Fund Contractual Ckg w Int Account No

10/01/2017	Beginning Balance				$9,864.56
	3 Deposits/Other Credits			+	$53,081.80
	11 Checks/Other Debits			-	$52,834.69
10/31/2017	Ending Balance	31	Days in Statement Period		$10,111.67
	Total Enclosures				13

DEPOSITS/OTHER CREDITS

Date	Description	Amount
10/13/2017	Deposit	$52,330.18
10/27/2017	Deposit	$740.00
10/31/2017	Accr Earning Pymt Added to Account	$11.62

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CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
12004	10-02	$233.62	12014	10-25	$45,716.83	12019	10-26	$66.83
12009*	10-05	$47.85	12015	10-27	$3,765.43	12021*	10-25	$406.64
12012*	10-26	$70.97	12016	10-27	$1,358.45	12022	10-31	$492.85
12013	10-30	$9.09	12018*	10-27	$666.13			

102501 : 01329701

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
10-01	$9,864.56	10-13	$61,913.27	10-27	$10,601.99
10-02	$9,630.94	10-25	$15,789.80	10-30	$10,592.90
10-05	$9,583.09	10-26	$15,652.00	10-31	$10,111.67

EARNINGS SUMMARY

** Below is an itemization of the Earnings paid this period. **

Interest Paid This Period	$11.62	Annual Percentage Yield Earned	0.45 %
Interest Paid YTD	$22.76	Days in Earnings Period	31

BANK
International Bank of Commerce
311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER

8/NE/131/019/1163

COUNTY OF CALHOUN TEXAS
INDIGENT HEALTHCARE
202 S Ann St Ste A
Port Lavaca TX 77979

STATEMENT

1

CUSTOMER NO.	PAGE NO.
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10/01/2017 to 10/31/2017
STATEMENT PERIOD

For 24 hour information about your account, please call IBC Voice at number given. Please examine and report any discrepancies within 14 days from your statement date by calling (361) 552-9771.

Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
611.03	0	0.00	1	421.02	190.01

Checks (Debits)

Date	Check #	Amount
10/03	10454	421.02

Daily Ending Balance

10/03	190.01

PROSPERITY BANK®

Statement Date 10/31/2017
Account No

MEMORIAL MEDICAL CENTER
PRIVATE WAVIER CLEARING FUND
202 S ANN ST STE A
PORT LAVACA TX 77979

13283

Effective January 1, 2018: Accounts with a balance of less than $50 with no customer initiated debits or credits in the prior 180 days will be charged a $10 monthly inactivity fee.

STATEMENT SUMMARY — Public Fund Contractual Ckg w Int Account No

10/01/2017	Beginning Balance				$817,207.91
	1 Deposits/Other Credits			+	$312.33
	0 Checks/Other Debits			-	$0.00
10/31/2017	Ending Balance	31	Days in Statement Period		$817,520.24

DEPOSITS/OTHER CREDITS

Date	Description	Amount
10/31/2017	Accr Earning Pymt Added to Account	$312.33

DAILY ENDING BALANCE

Date	Balance	Date	Balance
10-01	$817,207.91	10-31	$817,520.24

EARNINGS SUMMARY

** Below is an itemization of the Earnings paid this period. **

Interest Paid This Period	$312.33	Annual Percentage Yield Earned	0.45 %
Interest Paid YTD	$926.57	Days in Earnings Period	31

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101361 : 01328301

PROSPERITY BANK®

Statement Date 10/31/2017
Account No

MEMORIAL MEDICAL CENTER
CLINIC SERIES 2014
202 S ANN ST STE A
PORT LAVACA TX 77979

13282

Effective January 1, 2018: Accounts with a balance of less than $50 with no customer initiated debits or credits in the prior 180 days will be charged a $10 monthly inactivity fee.

STATEMENT SUMMARY — Public Fund Contractual Ckg w Int Account No

10/01/2017	Beginning Balance				$100.08
	1 Deposits/Other Credits			+	$0.04
	0 Checks/Other Debits			-	$0.00
10/31/2017	Ending Balance	31	Days in Statement Period		$100.12

DEPOSITS/OTHER CREDITS

Date	Description	Amount
10/31/2017	Accr Earning Pymt Added to Account	$0.04

DAILY ENDING BALANCE

Date	Balance	Date	Balance
10-01	$100.08	10-31	$100.12

EARNINGS SUMMARY

** Below is an itemization of the Earnings paid this period. **

Interest Paid This Period	$0.04	Annual Percentage Yield Earned	0.47 %
Interest Paid YTD	$0.12	Days in Earnings Period	31

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101351 : 01328201