MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR -- September 25, 2019

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	600,549.56
TOTAL TRANSFERS BETWEEN FUNDS	$	100.00
TOTAL NURSING HOME UPL EXPENSES	$	670,930.74
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED September 25, 2019	$	1,271,580.30

APPROVED

SEP 25 2019

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---September 25, 2019

PAYABLES AND PAYROLL			
9/20/2019 Weekly Payables	500,314.37		
9/12/2019 Citibank Credit Card-see attached	3,257.64		
9/20/2019 Ashford-Nursing home insurance payment sent to MMC in error	16,376.08		
9/20/2019 Solera-Nursing home insurance payment sent to MMC in error	3,000.00		
9/20/2019 Broadmoor-Nursing home insurance payment sent to MMC in error	10,092.00		
9/20/2019 Crescent-Nursing home insurance payment sent to MMC in error	2,610.00		
9/20/2019 Goldencreek-Nursing home insurance payment sent to MMC in error	53,124.02		
9/23/2019 McKesson-340B Prescription Expense	10,679.20		
9/23/2019 Amerisource Bergen-340B Prescription Expense	630.81		
Prosperity Electronic Bank Payments			
9/20/2019 Credit Card & Lease Fees	151.23		
9/16-9/20/19 Pay Plus-Patient Claims Processing Fee	314.21		
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS		**$**	**600,549.56**
TRANSFERS BETWEEN FUNDS			
9/20/2019 Transfer from Operating to Bethany Senior Living Nursing Home-to open account	100.00		
TOTAL TRANSFERS BETWEEN FUNDS		**$**	**100.00**
NURSING HOME UPL EXPENSES			
9/23/2019 Nursing Home UPI-Cantex Transfer	590,156.01		
9/23/2019 Nursing Home UPI-Nexion Transfer	49,289.76		
9/23/2019 Nursing Home UPI-HMG Transfer	6,780.84		
QIPP/INTEREST CHECKS TO MMC			
9/23/2019 Ashford	11,860.75		
9/23/2019 Broadmoor	2,311.25		
9/23/2019 Crescent	2,297.42		
9/23/2019 Fort Bend	4,857.79		
9/23/2019 Solera	3,376.92		
TOTAL NURSING HOME UPL EXPENSES		**$**	**670,930.74**
TOTAL INTER-GOVERNMENT TRANSFERS		**$**	**-**
GRAND TOTAL DISBURSEMENTS APPROVED September 25, 2019		**$**	**1,271,580.30**

09/19/2019 MEMORIAL MEDICAL CENTER 0
10:51 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 10/02/2019

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
19M0147434	SCHEDULING SERVICES	09/16/20	09/11/20	09/11/20		558.00	0.00	0.00	558.00

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

Vendor#	Vendor Name	Class	Pay Code
11283	ACE HARDWARE 15521		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
137446	SUPPLIES (New Clinic)	09/06/20	09/04/20	09/29/20		19.99	0.00	0.00	19.99
137443	SUPPLIES (New Clinic)	09/06/20	09/04/20	09/29/20		63.33	0.00	0.00	63.33
137474	SUPPLIES (New Clinic)	09/10/20	09/04/20	09/29/20		15.99	0.00	0.00	15.99

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521	99.31	0.00	0.00	99.31

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
24567	RFID FEE	08/31/20	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
A1680	AIRGAS USA, LLC - CENTRAL DIV	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9964597006	RENT CYL	09/16/20	08/31/20	09/25/20		498.23	0.00	0.00	498.23
9964599528	RENT CYL	09/16/20	08/31/20	09/25/20		52.22	0.00	0.00	52.22

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	550.45	0.00	0.00	550.45

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
9656419281	SUPPLIES	09/16/20	08/28/20	09/27/20		795.00	0.00	0.00	795.00

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

Vendor#	Vendor Name	Class	Pay Code
A1705	ALIMED INC.	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
RPSV03184839	SUPPLIES	09/16/20	08/29/20	09/13/20		193.32	0.00	0.00	193.32

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1705	ALIMED INC.	193.32	0.00	0.00	193.32

Vendor#	Vendor Name				Class	Pay Code				
10958	ALLYSON SWOPE ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	091219		09/19/20	09/12/20	09/12/20		2,468.25	0.00	0.00	2,468.25 ✓
		CONTRACT EMPLOYEE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10958	ALLYSON SWOPE (8/30/19 - 9/12/19)				2,468.25	0.00	0.00	2,468.25
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
	923896 ✓		09/16/20	08/31/20	09/25/20		21.99	0.00	0.00	21.99 ✓
		WATER								
	923898 ✓		09/16/20	08/31/20	09/25/20		29.96	0.00	0.00	29.96 ✓
		WATER								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		A2218	AQUA BEVERAGE COMPANY				51.95	0.00	0.00	51.95
Vendor#	Vendor Name				Class	Pay Code				
12800	AUTHORITYRX ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	2027 ✓	Audit Fee	09/17/20	09/12/20	09/12/20		4,950.00	0.00	0.00	4,950.00 ✓
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		12800	AUTHORITYRX				4,950.00	0.00	0.00	4,950.00
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
	64158687 ✓		09/17/20	08/29/20	09/23/20		603.36	0.00	0.00	603.36 ✓
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		B1150	BAXTER HEALTHCARE				603.36	0.00	0.00	603.36
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
	107953738 ✓		08/31/20	09/03/20	09/28/20		66.88	0.00	0.00	66.88 ✓
		SUPPLIES								
	107958271 ✓		09/10/20	09/04/20	09/29/20		300.00	0.00	0.00	300.00 ✓
		SUPPLIES								
	107957664 ✓		09/10/20	09/04/20	09/29/20		2,258.02	0.00	0.00	2,258.02 ✓
		SUPPLIES								
	107958544 ✓		09/10/20	09/04/20	09/29/20		891.79	0.00	0.00	891.79 ✓
		SUPPLIES								
	107957927 ✓		09/10/20	09/04/20	09/29/20		7,136.03	0.00	0.00	7,136.03 ✓
		SUPPLIES								
	107956083 ✓		09/10/20	09/04/20	09/29/20		81.30	0.00	0.00	81.30 ✓
		SUPPLIES								
	107956270 ✓		09/10/20	09/04/20	09/29/20		680.90	0.00	0.00	680.90 ✓
		SUPPLIES								
	107956057 ✓		09/10/20	09/04/20	09/29/20		753.06	0.00	0.00	753.06 ✓
		SUPPLIES								
	107961981 ✓		09/10/20	09/05/20	09/30/20		647.08	0.00	0.00	647.08 ✓
		SUPPLIES								
	7255797 ✓		09/10/20	09/05/20	09/30/20		5,969.14	0.00	0.00	5,969.14 ✓

	SUPPLIES							
5412021		09/10/20	09/05/20	09/30/20	6,249.42	0.00	0.00	6,249.42
	SUPPLIES							
107947302		09/17/20	08/28/20	09/22/20	42.88	0.00	0.00	42.88
	SUPPLIES							
107960453		09/17/20	09/05/20	09/30/20	77.75	0.00	0.00	77.75
	SUPPLIES							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	25,154.25	0.00	0.00	25,154.25

Vendor#	Vendor Name	Class	Pay Code
12600	BIOFIRE DIAGNOSTICS LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1280013447		09/17/20	09/11/20	09/17/20			8,256.25	0.00	0.00	8,256.25
	SUPPLIES (2) Respiratory Panels									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12600	BIOFIRE DIAGNOSTICS LLC	8,256.25	0.00	0.00	8,256.25

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
091619		09/16/20	09/16/20	09/16/20			100,000.00	0.00	0.00	100,000.00
	4TH PAYMENT 2019 $1,000,000 (balance after pymt = 300,000.00)									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY	100,000.00	0.00	0.00	100,000.00

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
9109037356		09/17/20	08/29/20	09/28/20			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
C1992	CDW GOVERNMENT, INC.	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
TRW8844		09/16/20	08/30/20	09/29/20			48.23	0.00	0.00	48.23
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.	48.23	0.00	0.00	48.23

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
072019		09/17/20	07/20/20	09/16/20			165.00	0.00	0.00	165.00
	SPEECH THERAPY INPATIENT									
070119		09/17/20	07/20/20	09/16/20			82.50	0.00	0.00	82.50
	SPEECH THERAPY OUTPATIE									
082019A		09/17/20	08/01/20	08/01/20			330.00	0.00	0.00	330.00
	SPEECH THERAPY INPATIENT									
082019		09/17/20	08/01/20	08/01/20			797.50	0.00	0.00	797.50
	SPEECH THERAPY OUTPATIE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	L1629	CHRISTINA ZAPATA-ARROYO	1,375.00	0.00	0.00	1,375.00

Vendor#	Vendor Name	Class	Pay Code

10212 CLINICAL PATHOLOGY LABS ICP

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
201906-0	LAB SERVICES	09/17/20	06/30/20	07/30/20		11,554.40	0.00	0.00	11,554.40
201907-0	LAB SERVICES	09/17/20	07/31/20	08/31/20		12,262.32	0.00	0.00	12,262.32
201908-0	LAB SERVICES	09/17/20	08/31/20	09/30/20		15,859.19	0.00	0.00	15,859.19

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10212	CLINICAL PATHOLOGY LABS	39,675.91	0.00	0.00	39,675.91

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
5265424	SUPPLIES	09/17/20	08/29/20	09/18/20		739.00	0.00	0.00	739.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C2157	COOPER SURGICAL INC	739.00	0.00	0.00	739.00

Vendor# C0399 Vendor Name CORPUS CHRISTI PROSTHETICS Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1908003Y	SUPPLIES	09/17/20	08/30/20	09/17/20		65.00	0.00	0.00	65.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C0399	CORPUS CHRISTI PROSTHETICS	65.00	0.00	0.00	65.00

Vendor# 11368 Vendor Name CYRACOM LLC Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
976507	INTERPERTAION SERVICES	09/16/20	08/31/20	08/31/20		261.39	0.00	0.00	261.39

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11368	CYRACOM LLC	261.39	0.00	0.00	261.39

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
5823600	SUPPLIES	09/16/20	09/04/20	09/29/20		245.98	0.00	0.00	245.98

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	245.98	0.00	0.00	245.98

Vendor# 10892 Vendor Name DIANE MOORE Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
091319	NURSING HOME VISIT QIPP (Met w/ (3) possible nursing home QIPP sites 9/4/19)	09/16/20	09/13/20	09/13/20		155.44	0.00	0.00	155.44
091319A	HHSC WAIVER CONFerence 9/4/19-9/5/19	09/16/20	09/13/20	09/13/20		201.64 178/64	0.00	0.00	178/64 201.64

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10892	DIANE MOORE	334.08	0.00	0.00	334.08

Vendor# D1532 Vendor Name DIGITAL INOVATION, INC. Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1003866	TRAUMA REG ANNUAL FEE	08/31/20	09/01/20	10/01/20		1,875.00	0.00	0.00	1,875.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1532	DIGITAL INOVATION, INC.	1,875.00	0.00	0.00	1,875.00

Vendor#	Vendor Name	Class	Pay Code
11960	DILON TECHNOLOGIES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
00032289	SUPPLIES	09/17/20	08/29/20	06/19/20			121.70	0.00	0.00	121.70

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11960	DILON TECHNOLOGIES	121.70	0.00	0.00	121.70

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
MMC093019	PRO FEES Sept 1-15 2019 - Physcian Services	09/17/20	09/15/20	09/15/20			127,192.87	0.00	0.00	127,192.87

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDICAL NETWORK INC	127,192.87	0.00	0.00	127,192.87

Vendor#	Vendor Name	Class	Pay Code
12788	DUDE SOLUTIONS, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
INV51875	ANNUAL SUPPORT SYSTEM 6/1/19-7/31/20	09/11/20	09/01/20	10/01/20			3,765.80	0.00	0.00	3,765.80

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12788	DUDE SOLUTIONS, INC	3,765.80	0.00	0.00	3,765.80

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
38329	ER STAFFING SERVICES	09/17/20	09/15/20	09/25/20			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

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
567205	SUPPLIES	09/17/20	09/05/20	09/18/20			154.95	0.00	0.00	154.95

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10042	ERBE USA INC SURGICAL SYSTEMS	154.95	0.00	0.00	154.95

Vendor#	Vendor Name	Class	Pay Code
F1050	FASTENAL COMPANY	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
TXPOT212260	SUPPLIES	08/31/20	08/29/20	09/28/20			179.23	0.00	0.00	179.23

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1050	FASTENAL COMPANY	179.23	0.00	0.00	179.23

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
673578901	SHIPPING	09/18/20	09/12/20	09/27/20			53.18	0.00	0.00	53.18

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.	53.18	0.00	0.00	53.18

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
	4378271		09/18/20	08/29/20	09/23/20		3,355.81	0.00	0.00	3,355.81
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		F1400	FISHER HEALTHCARE				3,355.81	0.00	0.00	3,355.81
Vendor#	Vendor Name				Class	Pay Code				
11183	FRONTIER									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	082319		09/17/20	08/23/20	09/16/20		640.86	0.00	0.00	640.86
		PHONES								
	090219		09/17/20	09/02/20	09/26/20		956.85	0.00	0.00	956.85
		PHONES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11183	FRONTIER				1,597.71	0.00	0.00	1,597.71
Vendor#	Vendor Name				Class	Pay Code				
12404	GE PRECISION HEALTHCARE, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	6001387023		09/11/20	09/01/20	10/01/20		3,588.58	0.00	0.00	3,588.58
		IMAGING CONTRACT								
	6001386931		09/11/20	09/01/20	10/01/20		1,651.20	0.00	0.00	1,651.20
		IMAGING CONTRACT								
	6001387058		09/11/20	09/01/20	10/01/20		5,665.83	0.00	0.00	5,665.83
		IMAGING CONTRACT								
	6001386932		09/11/20	09/01/20	10/01/20		572.33	0.00	0.00	572.33
		IMAGING CONTRACT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		12404	GE PRECISION HEALTHCARE, LLC				11,477.94	0.00	0.00	11,477.94
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
	9278053062		09/17/20	08/29/20	09/23/20		179.50	0.00	0.00	179.50
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		W1300	GRAINGER				179.50	0.00	0.00	179.50
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
	1723395		08/27/20	08/27/20	09/26/20		688.79	0.00	0.00	688.79
		SUPPLIES								
	1728974		09/16/20	08/30/20	09/29/20		840.83	0.00	0.00	840.83
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		G1210	GULF COAST PAPER COMPANY				1,529.62	0.00	0.00	1,529.62
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
	307269226		09/16/20	09/05/20	09/30/20		40.00	0.00	0.00	40.00
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10334	HEALTH CARE LOGISTICS INC				40.00	0.00	0.00	40.00

Vendor#	Vendor Name				Class	Pay Code				
10804	HEALTHCARE CODING & CONSULTING									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	8821		09/11/20	08/31/20	09/30/20		682.50	0.00	0.00	682.50
		CODING SERVICES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10804	HEALTHCARE CODING & CONSULTING				682.50	0.00	0.00	682.50
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
	100205973		09/17/20	09/07/20	10/01/20		1,797.44	0.00	0.00	1,797.44
		LEASE Interest 328.04								
	100205971		09/17/20	09/07/20	10/01/20		7,154.17	0.00	0.00	7,154.17
		LEASE								
	100205970		09/17/20	09/07/20	10/01/20		4,919.41	0.00	0.00	4,919.41
		LEASE Interest 490.99								
	100205972		09/17/20	09/07/20	10/01/20		3,334.17	0.00	0.00	3,334.17
		LEASE Interest 354.16								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11552	HEALTHCARE EQUIPMENT FINANCE				17,205.19	0.00	0.00	17,205.19
Vendor#	Vendor Name				Class	Pay Code				
12596	INDEED, INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	25667181		09/18/20	08/31/20	08/31/20		423.08	0.00	0.00	423.08
		JOB POSTING (August 2019)								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		12596	INDEED, INC.				423.08	0.00	0.00	423.08
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
	BXZV263		08/31/20	08/31/20	09/30/20		1,614.75	0.00	0.00	1,614.75
		SHRED SERVICE/ OFFSITE SH								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11200	IRON MOUNTAIN				1,614.75	0.00	0.00	1,614.75
Vendor#	Vendor Name				Class	Pay Code				
12804	[redacted]									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	09/12/19		09/17/20	09/12/20	09/12/20		167.53	0.00	0.00	167.53
		REFUND								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		12804	[redacted]				167.53	0.00	0.00	167.53
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
	63742907		09/16/20	08/31/20	09/25/20		79.25	0.00	0.00	79.25
		LAB SERVICES								
	63649985		09/16/20	08/31/20	09/25/20		150.00	0.00	0.00	150.00
		LAB SERVICES								
	63468800		09/16/20	08/31/20	09/25/20		15.00	0.00	0.00	15.00
		LAB SERVICES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net

	L0700	LABCORP OF AMERICA HOLDINGS				244.25	0.00	0.00	244.25
Vendor#	Vendor Name				Class	Pay Code			
11600	LEGAL SHIELD								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	091519		09/18/20	09/15/20	09/15/20		1,449.70	0.00	0.00	1,449.70
		INSURANCE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11600	LEGAL SHIELD				1,449.70	0.00	0.00	1,449.70
Vendor#	Vendor Name				Class	Pay Code				
L1640	LOWE'S HOME CENTERS INC				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	94632		09/18/20	08/06/20	09/28/20		341.30	0.00	0.00	341.30
		SUPPLIES salt pellets for water softner								
	94676		09/18/20	08/06/20	09/28/20		-145.12	0.00	0.00	-145.12
		CREDIT returned ceiling panels								
	94695		09/18/20	08/06/20	09/28/20		228.74	0.00	0.00	228.74
		SUPPLIES Correct size ceiling panels								
	94630		09/18/20	08/06/20	09/28/20		145.12	0.00	0.00	145.12
		SUPLIES ceiling panels								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		L1640	LOWE'S HOME CENTERS INC				570.04	0.00	0.00	570.04
Vendor#	Vendor Name				Class	Pay Code				
11796	LUBY'S FUDDRUCKERS RESTAURANTS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	201908310837		09/11/20	08/31/20	09/30/20		29,337.86	0.00	0.00	29,337.86
		FOOD								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11796	LUBY'S FUDDRUCKERS RESTAURANTS				29,337.86	0.00	0.00	29,337.86
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
	091619		09/18/20	09/16/20	09/16/20		1,190.86	0.00	0.00	1,190.86
		PAYROLL DED								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10972	M G TRUST				1,190.86	0.00	0.00	1,190.86
Vendor#	Vendor Name				Class	Pay Code				
11612	MASA GLOBAL BUILDING									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	711964MKMMC		09/18/20	09/10/20	09/10/20		1,723.00	0.00	0.00	1,723.00
		INSURANCE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11612	MASA GLOBAL BUILDING				1,723.00	0.00	0.00	1,723.00
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
	1387523		08/28/20	07/08/20	09/26/20		-2,313.37	0.00	0.00	-2,313.37
		CREDIT								
	62507595		09/17/20	08/28/20	09/12/20		176.92	0.00	0.00	176.92
		SUPPLIES								
	62504515		09/17/20	08/28/20	09/12/20		359.37	0.00	0.00	359.37
		SUPPLIES								
	62564561		09/17/20	08/28/20	09/12/20		71.70	0.00	0.00	71.70

	SUPPLIES							
62928679		09/17/20	09/03/20	09/18/20	2,072.27	0.00	0.00	2,072.27
	SUPPLIES							
62939688		09/17/20	09/03/20	09/18/20	299.01	0.00	0.00	299.01
	SUPPLIES							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	665.90	0.00	0.00	665.90

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
90262574		09/17/20	09/10/20	09/18/20			407.60	0.00	0.00	407.60
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2827	MEDIVATORS	407.60	0.00	0.00	407.60

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
1886328455		09/11/20	09/04/20	09/29/20			324.28	0.00	0.00	324.28
	SUPPLIES									
1886328451		09/11/20	09/04/20	09/29/20			138.96	0.00	0.00	138.96
	SUPPLIES									
1886328156		09/11/20	09/04/20	09/29/20			22.14	0.00	0.00	22.14
	SUPPLIES									
1886328152		09/11/20	09/04/20	09/29/20			60.43	0.00	0.00	60.43
	SUPPLIES									
1886125969		09/18/20	08/30/20	09/24/20			23.93	0.00	0.00	23.93
	SUPPLIES									
18886125968		09/18/20	08/30/20	09/24/20			32.32	0.00	0.00	32.32
	SUPPLIES									
1886125972		09/18/20	08/30/20	09/24/20			13.86	0.00	0.00	13.86
	SUPPLIES Freight 7.95 on 6.31 immobilizer									
1886125965		09/18/20	08/30/20	09/24/20			32.48	0.00	0.00	32.48
	SUPPLIES									
1886125971		09/18/20	08/30/20	09/24/20			30.56	0.00	0.00	30.56
	SUPPLIES Freight 17.94 on (2) 6.31 immobilizers									
1886125973		09/18/20	08/30/20	09/24/20			79.40	0.00	0.00	79.40
	SUPPLIES									
1886125967		09/18/20	08/30/20	09/24/20			68.28	0.00	0.00	68.28
	SUPPLIES									
1886125970		09/18/20	08/30/20	09/30/20			58.76	0.00	0.00	58.76
	SUPPLIES									
18861259666		09/18/20	08/30/20	09/30/20			48.98	0.00	0.00	48.98
	SUPPLIES									
1886264491		09/18/20	09/02/20	09/27/20			4,690.70	0.00	0.00	4,690.70
	SUPPLIES									
1886264488		09/18/20	09/02/20	09/27/20			2,194.44	0.00	0.00	2,194.44
	SUPPLIES									
1886264492		09/18/20	09/02/20	09/27/20			90.95	0.00	0.00	90.95
	SUPPLIES									
1886328150		09/18/20	09/04/20	09/29/20			222.31	0.00	0.00	222.31
	SUPPLIES									

1886621318	09/18/20 09/06/20 10/01/20			86.49	0.00	0.00	86.49
SUPPLIES							
1886621319	09/18/20 09/06/20 10/01/20			4.27	0.00	0.00	4.27
SUPPLIES							
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC		8,223.54	0.00	0.00	8,223.54

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
091619		09/18/20	09/16/20	09/16/20			440.00	0.00	0.00	440.00
	PAYROLL DED MMC Co-pays									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10963	MEMORIAL MEDICAL CLINIC					440.00	0.00	0.00	440.00

Vendor#	Vendor Name	Class	Pay Code
10182	MERCEDES SCIENTIFIC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2212654		08/31/20	08/28/20	09/27/20			43.67	0.00	0.00	43.67
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10182	MERCEDES SCIENTIFIC					43.67	0.00	0.00	43.67

Vendor#	Vendor Name	Class	Pay Code
12780	MGC DIAGNOSTICS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
00506731		08/31/20	08/27/20	09/27/20			159.00	0.00	0.00	159.00
	FILTER									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	12780	MGC DIAGNOSTICS					159.00	0.00	0.00	159.00

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
4654512		09/16/20	09/06/20	09/16/20			162.12	0.00	0.00	162.12
	INVENTORY									
4654510		09/16/20	09/06/20	09/16/20			34.94	0.00	0.00	34.94
	INVENTORY									
4660694		09/16/20	09/09/20	09/19/20			2,783.05	0.00	0.00	2,783.05
	INVENTORY									
4660693		09/16/20	09/09/20	09/19/20			3,292.47	0.00	0.00	3,292.47
	INVENTORY									
4660692		09/16/20	09/09/20	09/19/20			389.55	0.00	0.00	389.55
	INVENTORY									
4666210		09/16/20	09/10/20	09/20/20			2,331.66	0.00	0.00	2,331.66
	INVENTORY									
4666209		09/16/20	09/10/20	09/20/20			882.55	0.00	0.00	882.55
	INVENTORY									
4670993		09/16/20	09/11/20	09/21/20			9.93	0.00	0.00	9.93
	INVENTORY									
4670995		09/16/20	09/11/20	09/21/20			181.22	0.00	0.00	181.22
	INVENTORY									
4670845		09/16/20	09/11/20	09/21/20			9.65	0.00	0.00	9.65
	INVENTORY									
4670994		09/16/20	09/11/20	09/21/20			1,231.93	0.00	0.00	1,231.93
	INVENTORY									

4674743		09/16/20	09/12/20	09/22/20	17.13	0.00	0.00	17.13
	INVENTORY							
4676555		09/16/20	09/12/20	09/22/20	85.31	0.00	0.00	85.31
	INVENTORY							
4676554		09/16/20	09/12/20	09/22/20	69.46	0.00	0.00	69.46
	INVENTORY							
4676557		09/16/20	09/12/20	09/22/20	100.70	0.00	0.00	100.70
	INVENTORY							
4676282		09/16/20	09/12/20	09/22/20	2,753.55	0.00	0.00	2,753.55
	INVENTORY							
CM96548		09/16/20	09/12/20	09/22/20	-1,390.18	0.00	0.00	-1,390.18
	INVENTORY							
4676556		09/16/20	09/12/20	09/22/20	207.14	0.00	0.00	207.14
	INVENTORY							
4676408		09/16/20	09/12/20	09/22/20	376.27	0.00	0.00	376.27
	INVENTORY							
4674744		09/16/20	09/12/20	09/22/20	111.46	0.00	0.00	111.46
	INVENTORY							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC			13,639.91	0.00	0.00	13,639.91

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
091319		09/17/20	09/13/20	09/13/20		32.36	0.00	0.00	32.36
	TRAVEL Area Infection Preventionist meeting								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	A2252	NADINE GARNER				32.36	0.00	0.00	32.36

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
14866		09/16/20	09/07/20	09/07/20		472.43	0.00	0.00	472.43
	USER LICENSE								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11472	OCCUPRO LLC				472.43	0.00	0.00	472.43

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
091719		09/16/20	09/17/20	09/17/20		2,002.50	0.00	0.00	2,002.50
	CONTRACT EMPLOYEE (9/3/19 - 9/13/19)								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11069	PABLO GARZA				2,002.50	0.00	0.00	2,002.50

Vendor#	Vendor Name	Class	Pay Code
11155	PARA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
5638		08/31/20	09/01/20	10/01/20		2,000.00	0.00	0.00	2,000.00
	REVUNE INTEGRITY PROGRA								
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
P2100	PORT LAVACA WAVE	W	

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

	083119A		09/19/20	08/31/20	09/25/20	356.00	0.00	0.00	356.00
	AD								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	P2100	PORT LAVACA WAVE				356.00	0.00	0.00	356.00
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
	A56469		09/16/20	09/10/20	09/20/20		113.16	0.00	0.00	113.16
		SUPPLIES								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	P2200	POWER HARDWARE					113.16	0.00	0.00	113.16
Vendor#	Vendor Name				Class	Pay Code				
11932	PRESS GANEY ASSOCIATES, INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	IN000399281		08/31/20	08/31/20	09/30/20		2,028.00	0.00	0.00	2,028.00
		PT SURVEY Emergency Dept, Inpatient, Medical Practice – Fixed Contract Fees								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11932	PRESS GANEY ASSOCIATES, INC.					2,028.00	0.00	0.00	2,028.00
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
	415076		09/11/20	09/01/20	09/26/20		47.29	0.00	0.00	47.29
		FIRE MONITORING								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	R1200	RED HAWK FIRE AND SECURITY					47.29	0.00	0.00	47.29
Vendor#	Vendor Name				Class	Pay Code				
10645	REVISTA de VICTORIA									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	09201926		09/18/20	09/12/20	09/27/20		240.00	0.00	0.00	240.00
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10645	REVISTA de VICTORIA					240.00	0.00	0.00	240.00
Vendor#	Vendor Name				Class	Pay Code				
10927	ROSHANDA THOMAS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	090619A		09/16/20	09/06/20	09/06/20		29.00	0.00	0.00	29.00
		TRAVEL SETH IN PERSON MT Southeast Texas Health System Meeting 8/29/18								
	090619		09/16/20	09/06/20	09/06/20		176.32	0.00	0.00	176.32
		TRAVEL QIPP NURSING HOME Visited potential Nursing Homes for QIPP								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10927	ROSHANDA THOMAS					205.32	0.00	0.00	205.32
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
	2184		09/11/20	09/01/20	09/26/20		235.00	0.00	0.00	235.00
		WASTE SERVICE								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11252	RX WASTE SYSTEMS LLC					235.00	0.00	0.00	235.00
Vendor#	Vendor Name				Class	Pay Code				
10625	SARA RUBIO									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	091119		09/16/20	09/11/20	09/11/20		190.24	0.00	0.00	190.24

TRAVEL TRAUMA RULES REV 19m Stakeholder Meeting 8/19/19

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10625	SARA RUBIO	190.24	0.00	0.00	190.24

Vendor#	Vendor Name	Class	Pay Code
S1800	SHERWIN WILLIAMS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
70854		09/16/20	09/10/20	09/25/20		20.59	0.00	0.00	20.59
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S1800	SHERWIN WILLIAMS	20.59	0.00	0.00	20.59

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
091719		09/18/20	09/17/20	09/17/20		297.44	0.00	0.00	297.44
	CONTRAT EMPLOYEE (9/4/19 - 9/17/19)								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	K0536	SHIRLEY KARNEI	297.44	0.00	0.00	297.44

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
56381900031015		09/17/20	08/30/20	09/24/20		1,333.33	0.00	0.00	1,333.33
	LEASE AND RENTAL LAB								

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
241688		09/18/20	09/01/20	09/11/20		390.00	0.00	0.00	390.00
	AD								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10699	SIGN AD, LTD.	390.00	0.00	0.00	390.00

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
923433179		09/17/20	08/28/20	09/17/20		315.01	0.00	0.00	315.01
	SUPPLIES								
923449498		09/17/20	09/03/20	08/30/20		3,933.21	0.00	0.00	3,933.21
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2362	SMITH & NEPHEW	4,248.22	0.00	0.00	4,248.22

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
4008796175		08/20/20	09/01/20	10/01/20		2,300.00	0.00	0.00	2,300.00
	DISPOSAL SERVICES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S3960	STERICYCLE, INC	2,300.00	0.00	0.00	2,300.00

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
900317419		09/17/20	08/21/20	09/17/20		361.31	0.00	0.00	361.31

		SUPPLIES							
	900339667		09/17/20	08/28/20	09/17/20	110.04	0.00	0.00	110.04
		SUPPLIES							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		S2830	STRYKER SALES CORP			471.35	0.00	0.00	471.35
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
	205EV51836		08/31/20	08/31/20	09/30/20		4,555.00	0.00	0.00	4,555.00
		TRACKING							
	205EV-51847		08/31/20	08/31/20	09/30/20		1,144.00	0.00	0.00	1,144.00
		CLOUD HOSTING							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		T2539	T-SYSTEM, INC			5,699.00	0.00	0.00	5,699.00
Vendor#	Vendor Name				Class	Pay Code			
12704	TEXAS BURNER & BOILER SERVICES								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	3243		09/16/20	07/23/20	07/23/20		5,069.00	0.00	0.00	5,069.00
		REPAIRS							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		12704	TEXAS BURNER & BOILER SERVICES			5,069.00	0.00	0.00	5,069.00
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
	340375688		09/10/20	09/05/20	09/30/20		1,328.95	0.00	0.00	1,328.95
		GARBAGE SERVICES							
	340375689		09/10/20	09/05/20	09/30/20		311.65	0.00	0.00	311.65
		GARBAGE SERVICES							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		11100	THE US CONSULTING GROUP			1,640.60	0.00	0.00	1,640.60
Vendor#	Vendor Name				Class	Pay Code			
10732	THERACOM, LLC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	212777134301		07/31/20	07/16/20	10/01/20		1,955.10	0.00	0.00	1,955.10
		INENTORY							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		10732	THERACOM, LLC			1,955.10	0.00	0.00	1,955.10
Vendor#	Vendor Name				Class	Pay Code			
T0801	TLC STAFFING				W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	25316		09/18/20	09/09/20	09/09/20		543.00	0.00	0.00	543.00
		Jennifer Hardin Walker LVN 9/6/19								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		T0801	TLC STAFFING			543.00	0.00	0.00	543.00
Vendor#	Vendor Name				Class	Pay Code			
11067	TRIZETTO PROVIDER SOLUTIONS								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	35FK091900		09/16/20	09/01/20	09/26/20		1,747.25	0.00	0.00	1,747.25
		PURCHASE SERV								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		11067	TRIZETTO PROVIDER SOLUTIONS			1,747.25	0.00	0.00	1,747.25
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
8400310157	LAUNDRY	09/11/20	09/02/20	09/27/20		1,390.95	0.00	0.00	1,390.95
8400310126	LAUNDRY	09/11/20	09/02/20	09/27/20		57.35	0.00	0.00	57.35
8400310125	LAUNDRY	09/11/20	09/02/20	09/27/20		47.15	0.00	0.00	47.15
8400310465	LAUNDRY	09/11/20	09/05/20	09/30/20		157.48	0.00	0.00	157.48
8400310500	LAUNDRY	09/16/20	09/05/20	09/30/20		809.48	0.00	0.00	809.48
8400310486	LAUNDRY	09/16/20	09/05/20	09/30/20		80.83	0.00	0.00	80.83
8400310527	LAUNDRY	09/16/20	09/05/20	09/30/20		141.35	0.00	0.00	141.35
8400310467	LAUNDRY	09/16/20	09/05/20	09/30/20		175.83	0.00	0.00	175.83
8400310466	LAUNDRY	09/16/20	09/05/20	09/30/20		245.48	0.00	0.00	245.48
8400310464	LAUNDRY	09/16/20	09/05/20	09/30/20		120.39	0.00	0.00	120.39
8400310462	LAUNDRY	09/16/20	09/05/20	09/30/20		18.62	0.00	0.00	18.62

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	3,244.91	0.00	0.00	3,244.91

Vendor# Vendor Name — Class — Pay Code

U1056 UNIFORM ADVANTAGE — W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
10066998	UNIFORMS	09/16/20	09/06/20	09/21/20		136.72	0.00	0.00	136.72
10072958	UNIFORMS	09/16/20	09/07/20	09/22/20		69.99	0.00	0.00	69.99
10070988	UNIFORMS	09/16/20	09/07/20	09/22/20		298.05	0.00	0.00	298.05

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1056	UNIFORM ADVANTAGE	504.76	0.00	0.00	504.76

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
164156118	SUPPLIES	09/16/20	08/23/20	09/17/20		137.34	0.00	0.00	137.34

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1200	UNITED AD LABEL CO INC	137.34	0.00	0.00	137.34

Vendor# Vendor Name — Class — Pay Code

10793 WAGEWORKS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
091619	PAYROLL DED	09/18/20	09/16/20	09/16/20		3,658.37	0.00	0.00	3,658.37

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10793	WAGEWORKS	3,658.37	0.00	0.00	3,658.37

Vendor#	Vendor Name				Class	Pay Code				
12208	WAGEWORKS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	0819DR46779	COBRA	09/18/20	08/01/20	09/01/20		129.60	0.00	0.00	129.60
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		12208	WAGEWORKS				129.60	0.00	0.00	129.60
Vendor#	Vendor Name				Class	Pay Code				
W1040	WATERMARK GRAPHICS INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	126556	UNIFORMS	09/16/20	08/30/20	09/29/20		389.24	0.00	0.00	389.24
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		W1040	WATERMARK GRAPHICS INC				389.24	0.00	0.00	389.24
Vendor#	Vendor Name				Class	Pay Code				
11166	WEST INTERACTIVE SERVICES CORP									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	INV002142981	HOUSE CALLS	09/18/20	08/31/20	08/31/20		596.14	0.00	0.00	596.14
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11166	WEST INTERACTIVE SERVICES CORP				596.14	0.00	0.00	596.14

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	500,291.37	0.00	0.00	500,291.37

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{ + 201.64

$500,314.37

500,291.37 +
178.64 −
201.64 +
500,314.37 =

APPROVED
ON

SEP 20 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:09/20/19 MEMORIAL MEDICAL CENTER PAGE 1
TIME:13:23 CHECK REGISTER GLCKREG
09/25/19 THRU 09/25/19

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	182507	09/25/19	558.00	ABILITY NETWORK (SHIFTHOUND)
A/P	182508	09/25/19	99.31	ACE HARDWARE 15521
A/P	182509	09/25/19	1,400.00	ACUTE CARE INC
A/P	182510	09/25/19	550.45	AIRGAS USA, LLC - CENTRAL DIV
A/P	182511	09/25/19	795.00	ALCON LABORATORIES, INC.
A/P	182512	09/25/19	193.32	ALIMED INC.
A/P	182513	09/25/19	2,468.25	ALLYSON SWOPE
A/P	182514	09/25/19	51.95	AQUA BEVERAGE COMPANY
A/P	182515	09/25/19	4,950.00	AUTHORITYRX
A/P	182516	09/25/19	603.36	BAXTER HEALTHCARE
A/P	182517	09/25/19	25,154.25	BECKMAN COULTER INC
A/P	182518	09/25/19	8,256.25	BIOFIRE DIAGNOSTICS LLC
A/P	182519	09/25/19	100,000.00	CALHOUN COUNTY
A/P	182520	09/25/19	394.91	CAREFUSION 2200, INC
A/P	182521	09/25/19	48.23	CDW GOVERNMENT, INC.
A/P	182522	09/25/19	1,375.00	CHRISTINA ZAPATA-ARROYO
A/P	182523	09/25/19	39,675.91	CLINICAL PATHOLOGY LABS
A/P	182524	09/25/19	739.00	COOPER SURGICAL INC
A/P	182525	09/25/19	65.00	CORPUS CHRISTI PROSTHETICS
A/P	182526	09/25/19	261.39	CYRACOM LLC
A/P	182527	09/25/19	245.98	DEWITT POTH & SON
A/P	182528	09/25/19	357.08	DIANE MOORE
A/P	182529	09/25/19	1,875.00	DIGITAL INOVATION, INC.
A/P	182530	09/25/19	121.70	DILON TECHNOLOGIES
A/P	182531	09/25/19	127,192.87	DISCOVERY MEDICAL NETWORK INC
A/P	182532	09/25/19	3,765.80	DUDE SOLUTIONS, INC
A/P	182533	09/25/19	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	182534	09/25/19	154.95	ERBE USA INC SURGICAL SYSTEMS
A/P	182535	09/25/19	179.23	FASTENAL COMPANY
A/P	182536	09/25/19	53.18	FEDERAL EXPRESS CORP.
A/P	182537	09/25/19	3,355.81	FISHER HEALTHCARE
A/P	182538	09/25/19	1,597.71	FRONTIER
A/P	182539	09/25/19	11,477.94	GE PRECISION HEALTHCARE, LLC
A/P	182540	09/25/19	179.50	GRAINGER
A/P	182541	09/25/19	1,529.62	GULF COAST PAPER COMPANY
A/P	182542	09/25/19	40.00	HEALTH CARE LOGISTICS INC
A/P	182543	09/25/19	682.50	HEALTHCARE CODING & CONSULTING
A/P	182544	09/25/19	17,205.19	HEALTHCARE EQUIPMENT FINANCE
A/P	182545	09/25/19	423.08	INDEED, INC.
A/P	182546	09/25/19	1,614.75	IRON MOUNTAIN
A/P	182547	09/25/19	167.53	[redacted]
A/P	182548	09/25/19	244.25	LABCORP OF AMERICA HOLDINGS
A/P	182549	09/25/19	1,449.70	LEGAL SHIELD
A/P	182550	09/25/19	570.04	LOWE'S HOME CENTERS INC
A/P	182551	09/25/19	29,337.86	LUBY'S FUDDRUCKERS RESTAURANTS
A/P	182552	09/25/19	1,190.86	M G TRUST
A/P	182553	09/25/19	1,723.00	MASA GLOBAL BUILDING
A/P	182554	09/25/19	665.90	MCKESSON MEDICAL SURGICAL INC
A/P	182555	09/25/19	407.60	MEDIVATORS
A/P	182556	09/25/19	.00	VOIDED

Payables

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	182557	09/25/19	.00	VOIDED
A/P	182558	09/25/19	8,223.54	MEDLINE INDUSTRIES INC
A/P	182559	09/25/19	440.00	MEMORIAL MEDICAL CLINIC
A/P	182560	09/25/19	43.67	MERCEDES SCIENTIFIC
A/P	182561	09/25/19	159.00	MGC DIAGNOSTICS
A/P	182562	09/25/19	.00	VOIDED
A/P	182563	09/25/19	13,639.91	MORRIS & DICKSON CO, LLC
A/P	182564	09/25/19	32.36	NADINE GARNER
A/P	182565	09/25/19	472.43	OCCUPRO LLC
A/P	182566	09/25/19	2,002.50	PABLO GARZA
A/P	182567	09/25/19	2,000.00	PARA
A/P	182568	09/25/19	356.00	PORT LAVACA WAVE
A/P	182569	09/25/19	113.16	POWER HARDWARE
A/P	182570	09/25/19	2,028.00	PRESS GANEY ASSOCIATES, INC.
A/P	182571	09/25/19	47.29	RED HAWK FIRE AND SECURITY
A/P	182572	09/25/19	240.00	REVISTA de VICTORIA
A/P	182573	09/25/19	205.32	ROSHANDA THOMAS
A/P	182574	09/25/19	235.00	RX WASTE SYSTEMS LLC
A/P	182575	09/25/19	190.24	SARA RUBIO
A/P	182576	09/25/19	20.59	SHERWIN WILLIAMS
A/P	182577	09/25/19	297.44	SHIRLEY KARNEI
A/P	182578	09/25/19	1,333.33	SIEMENS FINANCIAL SERVICES
A/P	182579	09/25/19	390.00	SIGN AD, LTD.
A/P	182580	09/25/19	4,248.22	SMITH & NEPHEW
A/P	182581	09/25/19	2,300.00	STERICYCLE, INC
A/P	182582	09/25/19	471.35	STRYKER SALES CORP
A/P	182583	09/25/19	5,699.00	T-SYSTEM, INC
A/P	182584	09/25/19	5,069.00	TEXAS BURNER & BOILER SERVICES
A/P	182585	09/25/19	1,640.60	THE US CONSULTING GROUP
A/P	182586	09/25/19	1,955.10	THERACOM, LLC
A/P	182587	09/25/19	543.00	TLC STAFFING
A/P	182588	09/25/19	1,747.25	TRIZETTO PROVIDER SOLUTIONS
A/P	182589	09/25/19	3,244.91	UNIFIRST HOLDINGS INC
A/P	182590	09/25/19	504.76	UNIFORM ADVANTAGE
A/P	182591	09/25/19	137.34	UNITED AD LABEL CO INC
A/P	182592	09/25/19	3,658.37	WAGEWORKS
A/P	182593	09/25/19	129.60	WAGEWORKS
A/P	182594	09/25/19	389.24	WATERMARK GRAPHICS INC
A/P	182595	09/25/19	596.14	WEST INTERACTIVE SERVICES CORP
A/P	182596	09/25/19	16,376.08	ASHFORD GARDENS
A/P	182597	09/25/19	100.00	BETHANY SENIOR LIVING
A/P	182598	09/25/19	10,092.00	BROADMOOR AT CREEKSIDE PARK
A/P	182599	09/25/19	53,124.02	GOLDENCREEK HEALTHCARE
A/P	182600	09/25/19	3,000.00	SOLERA WEST HOUSTON
A/P	182601	09/25/19	2,610.00	THE CRESCENT
TOTALS:			585,616.47	

Nursing Homes

Payables 500,314.37 +
16,376.08 +
Nursing 3,000.00 +
10,092.00 +
Homes 2,610.00 +
53,124.02 +
100.00 +
585,616.47 =

APPROVED
ON
SEP 25 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

citi

0556709000527279903257640325764031

Company Account Number	Payment Date	New Balance	Minimum Amount Due	Enter Amount Paid
	09/28/2019	$3,257.64	$3,257.64	

RIC
9-26-2019

C0001 CALHOUN COUNTY MMC
RHONDA KOKENA
202 SOUTH ANN STREET
SUITE A
PORT LAVACA TX 77979-4204

Citibank
P.O. Box 78025
PHOENIX, AZ 85062-8025

Payment coupon: Please cut along perforation and return this portion with your payment. Make check or money order payable in U.S. dollars on a U.S. bank to Citibank. Include account number on check or money order. No cash please. Do not staple or tape your check to this coupon.

CITIBANK CORPORATE CARD

Statement Date
09/03/2019
Payment Date
09/28/2019

APPROVED ON
SEP 12 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Company Credit Line	Available Credit Line	Cash Advance Limit	Available Cash Line
$30,000.00	$26,742.36	$0.00	$0.00

For customer service call or write 1-800-248-4553 Citibank P.O. Box 6125 Sioux Falls, SD 57117

Send payments to: Citibank P.O. Box 78025 PHOENIX, AZ 85062-8025

COMPANY SUMMARY

		Previous Balance	Payment Allocation	Credits	Purchases and Advances	Interest Charges	New Balance
Company Totals	Purchases	$7,274.88	- $7,274.88	- $1.24	$3,258.88		$3,257.64
	Advances						
	TOTAL	$7,274.88	- $7,274.88	- $1.24	$3,258.88		$3,257.64

The foreign currency conversion rate used to convert your foreign transactions to U.S. dollars includes a service fee of 1% assessed to Citibank by the applicable bankcard association.
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Account management made easier: Online statements & CitiManager Mobile offer 24/7 access, security, and mobility. Log in at www.citimanager.com/login and click Go Paperless under the Statement tab.
Sign-up for email or text message alerts to know when your statement is ready to view. When on the go, access your account and recent activity through your mobile device at www.citimanager.com/mobile

CARDMEMBER SUMMARY

		Previous Balance	Payments	Credits	Purchases and Advances	Interest Charges	New Balance
Monthly Limit:$20,000.00	Purchases				$2,910.88		
	Advances						
	TOTAL			- $1.24	$2,910.88		$2,909.64

		Previous Balance	Payments	Credits	Purchases and Advances	Interest Charges	New Balance
Monthly Limit:$20,000.00	Purchases				$348.00		
	Advances						
	TOTAL				$348.00		$348.00

COMPANY BOOKKEEPING DETAIL

DAYS IN BILLING PERIOD:	031				
Balance Subject		Purchases	Cash Advances	Payment Due:	$3,257.64
To Interest Charges	>	$0.00	$0.00	Amount Over Credit Limit:	$0.00
Periodic rate	>	.0000%	.0000%	Amount Past Due:	$0.00
ANNUAL PERCENTAGE RATE	>	0.00%	0.00%	MINIMUM AMOUNT DUE:	$3,257.64

citi

Company Account Number
,

Statement Date
09/03/2019

C0001 CALHOUN COUNTY MMC

Monthly Limit	Cash Limit*	Available Credit Line	Available Cash Line**
$30,000.00	$0.00	$26,742.36	$0.00

Sale Date	Post Date	Reference Number	Type of Activity	Total Amount
08/27/2019	08/27/2019	75472339239239411000029	PAYMENT THANK YOU	$7,274.88 PY

INDIVIDUAL CARDHOLDER ACTIVITY

JASON W ANGLIN

Monthly Limit	Cash Limit*
$20,000.00	$0.00

Sale Date	Post Date	Reference Number	Type of Activity	Amount
08/03/2019	08/05/2019	5531020921503600313485 6	HAMPTON INNS STAFFORD STAFFORD TX 313485 Arrival: 07-28-19	$593.60
08/04/2019	08/06/2019	5548077921703600698249 5	SHERATON WESTPORT LAKE SAINT LOUIS MO 2585513 Arrival: 08-05-19	$561.62
08/06/2019	08/07/2019	5548872921909127400691 0	TXDPS CRIME RECS 5124242936 TX	$184.31
08/08/2019	08/12/2019	8518089922198017520399 5	QUORUM HEALTH RESOURCE BRENTWOOD TN 100757964290	$199.00
08/09/2019	08/12/2019	0513437922260003751629 6	NPDB NPDB.HRSA.GOV 800-767-6732 VA N64408569	$2.00
08/09/2019	08/12/2019	0513437922260003751637 9	NPDB NPDB.HRSA.GOV 800-767-6732 VA N64409002	$2.00
08/09/2019	08/12/2019	0513437922260003751645 2	NPDB NPDB.HRSA.GOV 800-767-6732 VA N64409616	$2.00
08/09/2019	08/12/2019	0513437922260003751652 8	NPDB NPDB.HRSA.GOV 800-767-6732 VA N64409729	$2.00
08/09/2019	08/12/2019	0513437922260003751660 1	NPDB NPDB.HRSA.GOV 800-767-6732 VA N64409774	$14.00
08/09/2019	08/12/2019	2524780922100087207793 5	TEXAS TRADITIONS GRILL PORT LAVACA TX	$99.90
08/10/2019	08/12/2019	5543286922220078695924 5	AMA CREDENTIALING 800-621-8335 IL	$215.00
08/13/2019	08/13/2019	5543286922520044666148 5	AMAZON.COM MO7VU3CO2 AMZN.COM/BILL WA 114-7842643-84714	$28.49
08/22/2019	08/26/2019	5545737923520087370001 0	TEXAS HOSPITAL ASSOC 5124651000 TX 36307	$141.24
08/23/2019	08/26/2019	5543286923520096655812 7	INT IN EMERGENCY MANA 972-2358330 TX PG0245229421	$126.00
08/26/2019	08/27/2019	0522702923820004023279 0	ESUTURESCOM 708-478-3517 IL	$112.50
08/28/2019	08/29/2019	5542950924071739135810 4	EB TEXAS TRAUMA COORD 8014137200 CA	$50.00
08/28/2019	08/30/2019	5545737924120087320003 9	TEXAS HOSPITAL ASSOC 5124651000 TX 603	$1.24 CR
08/29/2019	08/30/2019	0513437924260003306994 0	NPDB NPDB.HRSA.GOV 800-767-6732 VA N64702840	$2.00
08/29/2019	08/30/2019	0513437924260003307000 5	NPDB NPDB.HRSA.GOV 800-767-6732 VA N64702946	$4.00
08/29/2019	08/30/2019	0513437924260003307018 7	NPDB NPDB.HRSA.GOV 800-767-6732 VA N64706219	$2.00
08/30/2019	08/30/2019	5543286924220040291074 3	AMA CREDENTIALING 800-621-8335 IL	$129.00
08/30/2019	08/30/2019	5543286924220040291153 5	AMA CREDENTIALING 800-621-8335 IL	$43.00
08/30/2019	09/02/2019	5531020924303601377824 3	HILTON SAN ANTONIO SAN ANTONIO TX 1377824 Arrival: 08-30-19	$248.22
08/30/2019	09/02/2019	5545702924328666410121 2	HEALTHSTREAM E-LEARNIN 8005210574 TN CQ8MEDFXB8	$149.00
			TOTAL PURCHASES/ADVANCES/CREDITS	$2,909.64

*Cash Advance Limit is a portion of your Total Monthly Limit.
** Available Cash Line is a portion of your Available Credit Line

Continued on next page

citi

Company Account Number

Statement Date
09/03/2019

INDIVIDUAL CARDHOLDER ACTIVITY

DIANE C MOORE

Monthly Limit	Cash Limit*
$20,000.00	$0.00

Sale Date	Post Date	Reference Number	Type of Activity	Amount
08/24/2019	08/26/2019	55432869236200049342738	LOGMEIN GOTOMEETING LOGMEIN.COM CA	$348.00
			TOTAL PURCHASES/ADVANCES/CREDITS	$348.00

*Cash Advance Limit is a portion of your Total Monthly Limit.
** Available Cash Line is a portion of your Available Credit Line

Continued on next page

Print Repetitive Wire Transfer

Template Name: CITI COMMERCIAL CARD - MMC

Ref #:

Created by: COUNTY OF CALHOUN TEXAS - 09/26/2019 08:48 am CDT

Approved by: COUNTY OF CALHOUN TEXAS - 09/26/2019 08:48 am CDT

SENDER

Name: COUNTY OF CALHOUN TEXAS

Tax ID #: 746003411

Address: 202 S ANN STREET, SUITE A

P. O. BOX 78025-8025

City: PHOENIX

State: Arizona

ZIP/Postal Code: 85062-8025

Phone Number: 3615534619

Frequency: Occasional

Account to Debit: MEMORIAL MEDICAL CENTER - OPERATING:

Amount: $ $3,257.64

Submit date: 09/26/2019

BENEFICIARY

INTERMEDIARY INSTITUTION*(optional)*

If data is entered in a single field in this section all fields in this section become required.

Beneficiary's Full Name: CBNA Incoming Settlement Account

Beneficiary's Address 1: P. O. BOX 78025

Beneficiary's City: PHOENIX

Beneficiary's State: Arizona

ZIP/Postal Code: 85062-8025

Beneficiary's Account Number:

Special Instructions for the Beneficiary: CALHOUN COUNTY MMC

Code Type: Account #

Institution Name: CITIBANK NA

Institution Address:

Institution City: PHOENIX

Institution State: Arizona

BENEFICIARY INSTITUTION

Routing Number:	
Institution Name:	CITIBANK NA
Institution Address:	P. O. BOX 78025-8025
Institution City:	PHOENIX
Institution State:	Arizona
ZIP/Postal Code:	85062-8025
Special Instructions for the Beneficiary Institution:	CALHOUN COUNTY MMC '

citi

0556709800366701900000000000000038

Account Number	Payment Date	New Balance	Minimum Amount Due	Enter Amount Paid
•••• •••• ••	09/28/2019	$0.00	$0.00	

DIANE C MOORE
CALHOUN COUNTY
202 S ANN STREET
SUITE A
PORT LAVACA TX 77979-4204

Citibank
P.O. Box 78025
PHOENIX, AZ 85062-8025

CITIBANK CORPORATE CARD

Previous Balance	Payments and Credits	New Charges	New Balance	Credit Line
$0.00	$0.00	$0.00	$0.00	$20,000.00

Statement Date
09/03/2019

Payment Date
09/28/2019

For customer service call or write 1-800-248-4553 Citibank P.O. Box 6125 Sioux Falls, SD 57117

Send payments to: Citibank P.O. Box 78025 PHOENIX, AZ 85062-8025

Account Number	Cash Advance Limit*	Available Credit Line	Available Cash Line**
•••• •••• ••	$0.00	$20,000.00	$0.00

Sale Date	Post Date	Reference Number	Type of Activity			Amount
**********NOTICE MEMO ITEM(S) LISTED BELOW**********						
08/24/2019	08/26/2019	5543286923620004934 2738	LOGMEIN GOTOMEETING	LOGMEIN.COM	CA	$348.00
**********TOTAL AMOUNT OF MEMO ITEM(S):						$348.00

The foreign currency conversion rate used to convert your foreign transactions to U.S. dollars includes a service fee of 1% assessed to Citibank by the applicable bankcard association.

Citi is committed to the reduction of paper. Within the Commercial Cards business, you can switch to online statements now by registering your card on CitiManager at https://home.cards.citidirect.com/CommercialCard/Cards.html. Thanks to those who already access statements online, together we are saving 2,170 trees each year through this initiative alone.

Account management made easier: Online statements & CitiManager Mobile offer 24/7 access, security, and mobility. Log in at www.citimanager.com/login and click Go Paperless under the Statement tab.

Sign-up for email or text message alerts to know when your statement is ready to view. When on the go, access your account and recent activity through your mobile device at www.citimanager.com/mobile

APPROVED ON
SEP 12 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

ACCOUNT SUMMARY CURRENT PERIOD	Previous Balance	Payments	Credits	Purchases and Advances	Interest Charges	New Balance
Purchases	$0.00					$0.00
Advances	$0.00					$0.00
TOTALS	$0.00					$0.00

DAYS IN BILLING PERIOD: 031	Purchases	Cash Advances
Balance Subject To Interest Charges >	$0.00	$0.00
Periodic Rate >	.0000%	.0000%
ANNUAL PERCENTAGE RATE >	0.00%	0.00%

Payment Due:	$0.00
Amount Over Credit Limit:	$0.00
Amount Past Due:	$0.00
MINIMUM AMOUNT DUE:	$0.00

Cash Advance Limit is a portion of your Total Credit Line
**Available Cash Line is a portion of your Available Credit Line*

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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

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

Vendor Name: Citibank

Date: 9/6/19

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	—		Logmein GoTo Meeting-			348.00 ✓
2			Admin (Program Hope uses for			
3			Connection with Physchiatrist)			
4			8/23/19-8/23/20			
5						
6						
7						
8						
9						
10						

Est. Freight _____ Est. Total Cost _____ TOTAL COST 348.00

NOTES:

Changes made to Diane Moore's MC

Contact: Date:

Quoted By:

Buyer: E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm. Dir. Clinical Service _____

CFO _____

Administrator _____

citi

0556709800364699700000000000000031

Account Number	Payment Date	New Balance	Minimum Amount Due	Enter Amount Paid
•••• •••• •	09/28/2019	$0.00	$0.00	

JASON W ANGLIN
CALHOUN COUNTY
202 S ANN STREET
SUITE A
PORT LAVACA TX 77979-4204

Citibank
P.O. Box 78025
PHOENIX, AZ 85062-8025

CITIBANK CORPORATE CARD

Previous Balance	Payments and Credits	New Charges	New Balance	Credit Line
$0.00	$0.00	$0.00	$0.00	$20,000.00

Statement Date
09/03/2019

Payment Date
09/28/2019

For customer service call or write 1-800-248-4553 Citibank P.O. Box 6125 Sioux Falls, SD 57117

Send payments to: Citibank P.O. Box 78025 PHOENIX, AZ 85062-8025

Account Number	Cash Advance Limit*	Available Credit Line	Available Cash Line**
•••• •••• ••	$0.00	$20,000.00	$0.00

Sale Date	Post Date	Reference Number	Type of Activity			Amount
**********			**NOTICE MEMO ITEM(S) LISTED BELOW**			**********
08/03/2019	08/05/2019	55310209215036003134856	HAMPTON INNS STAFFORD 313485	STAFFORD Arrival: 07-28-19	TX	$593.60
08/04/2019	08/06/2019	55480779217036006982495	SHERATON WESTPORT LAKE 2585513	SAINT LOUIS Arrival: 08-05-19	MO	$561.62
08/06/2019	08/07/2019	55488729219091274006910	TXDPS CRIME RECS	5124242936	TX	$184.31
08/08/2019	08/12/2019	85180899221980175203995	QUORUM HEALTH RESOURCE 100757964290	BRENTWOOD	TN	$199.00
08/09/2019	08/12/2019	05134379222600037516296	NPDB NPDB.HRSA.GOV N64408569	800-767-6732	VA	$2.00
08/09/2019	08/12/2019	05134379222600037516379	NPDB NPDB.HRSA.GOV N64409002	800-767-6732	VA	$2.00
08/09/2019	08/12/2019	05134379222600037516452	NPDB NPDB.HRSA.GOV N64409616	800-767-6732	VA	$2.00
08/09/2019	08/12/2019	05134379222600037516528	NPDB NPDB.HRSA.GOV N64409729	800-767-6732	VA	$2.00

ACCOUNT SUMMARY CURRENT PERIOD	Previous Balance	Payments	Credits	Purchases and Advances	Interest Charges	New Balance
Purchases	$0.00					$0.00
Advances	$0.00					$0.00
TOTALS	$0.00					$0.00

DAYS IN BILLING PERIOD: 031	Purchases	Cash Advances
Balance Subject To Interest Charges >	$0.00	$0.00
Periodic Rate >	.0000%	.0000%
ANNUAL PERCENTAGE RATE >	0.00%	0.00%

Payment Due:	$0.00
Amount Over Credit Limit:	$0.00
Amount Past Due:	$0.00
MINIMUM AMOUNT DUE:	$0.00

* Cash Advance Limit is a portion of your Total Credit Line
** Available Cash Line is a portion of your Available Credit Line

citi

Account Number
•••• •••• ••

Statement Date
09/03/2019

Sale Date	Post Date	Reference Number	Type of Activity			Amount
NOTICE MEMO ITEM(S) LISTED BELOW						
08/09/2019	08/12/2019	05134379222600037516601	NPDB NPDB.HRSA.GOV N64409774	800-767-6732	VA	$14.00
08/09/2019	08/12/2019	25247809221000872077935	TEXAS TRADITIONS GRILL	PORT LAVACA	TX	$99.90
08/10/2019	08/12/2019	55432869222200786959245	AMA CREDENTIALING	800-621-8335	IL	$215.00
08/13/2019	08/13/2019	55432869225200446661485	AMAZON.COM MO7VU3CO2 114-7842643-84714	AMZN.COM/BILL	WA	$28.49
08/22/2019	08/26/2019	55457379235200873700010	TEXAS HOSPITAL ASSOC 36307	5124651000	TX	$141.24
08/23/2019	08/26/2019	55432869235200966558127	INT IN EMERGENCY MANA PG0245229421	972-2358330	TX	$126.00
08/26/2019	08/27/2019	05227029238200040232790	ESUTURESCOM	708-478-3517	IL	$112.50
08/28/2019	08/29/2019	55429509240717391358104	EB TEXAS TRAUMA COORD	8014137200	CA	$50.00
08/28/2019	08/30/2019	55457379241200873200039	TEXAS HOSPITAL ASSOC 603	5124651000	TX	$1.24 CR
08/29/2019	08/30/2019	05134379242600033069940	NPDB NPDB.HRSA.GOV N64702840	800-767-6732	VA	$2.00
08/29/2019	08/30/2019	05134379242600033070005	NPDB NPDB.HRSA.GOV N64702946	800-767-6732	VA	$4.00
08/29/2019	08/30/2019	05134379242600033070187	NPDB NPDB.HRSA.GOV N64706219	800-767-6732	VA	$2.00
08/30/2019	08/30/2019	55432869242200402910743	AMA CREDENTIALING	800-621-8335	IL	$129.00
08/30/2019	08/30/2019	55432869242200402911535	AMA CREDENTIALING	800-621-8335	IL	$43.00
08/30/2019	09/02/2019	55310209243036013778243	HILTON SAN ANTONIO 1377824	SAN ANTONIO Arrival: 08-30-19	TX	$248.22
08/30/2019	09/02/2019	55457029243286664101212	HEALTHSTREAM E-LEARNIN CQ8MEDFXB8	8005210574	TN	$149.00
**********			TOTAL AMOUNT OF MEMO ITEM(S):			$2,909.64

The foreign currency conversion rate used to convert your foreign transactions to U.S. dollars includes a service fee of 1% assessed to Citibank by the applicable bankcard association.

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Sign-up for email or text message alerts to know when your statement is ready to view. When on the go, access your account and recent activity through your mobile device at www.citimanager.com/mobile

APPROVED ON
SEP 12 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

** Cash Advance Limit is a portion of your Total Credit Line*

*** Available Cash Line is a portion of your Available Credit Line*

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: Citibank

Date: 9/5/19

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	—		Hampton Evans Stafford for Echocardiography Cardiac Doppler ultrasound course 7/29/19 - 8/02/19			593.60 ✓
2			Stacie Epley (taking course)			
3	—		Sheraton Westport Lake for Intoximeters DOT training 8/6/19 - 8/8/19			561.62 ✓
4			Kimberly Blinka (training)			
5	—		TXDPS Crime Recs - credits			184.31 ✓
6			for criminal hx search - HR + credentialing			
7	—		Quorum Health Resource - Workforce Efficiency - Physician Practice			199.00 ✓
8			Webinar for Danette Bethany Productivity			
9	—		NPDB - 1st Provider X 4	2.00		8.00 ✓
10	—		NPDB - 7 Renewals	2.00		14.00 ✓

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

NOTES:

Charges made to Mr. Anglin's MC

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: Citibank

Date: 9/5/19

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	—	Jason Anglin, Danette Bethany, Roshanda Thomas, Erin Devenport, Diane Ware, Dr. Wadena, Michael Channa and Russell Cain attended	Texas Traditions - lunch for			99.90 ✓
2			Physician Candidate - Dr. Wadena			
3	—		AMA Credentials x5 phys.	43.00		215.00 ✓
4			Initial + Continuous Mon.			
5	—		Texas Hosp. Assoc. - Trustees			~~142.50~~ 141.24 ✓
6			Exam and study guide for			
7			Terry Sizer tax included but credited on 8/28/19			
8	—		INT. in Emergency Management			126.00 ✓
9			ACLS cards			
10	—		EB Texas Trauma Coor - Sara Rubio registration			50.00 ✓

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

NOTES:

Charges made to Mr. Anglin's MC

— Amazon - The Sanford guide to Antimicrobial Therapy 2019 Book - Pharmacy 28.49

Contact: —

Quoted By:

TA Date: — tax credit of study guide 8/22/19

Buyer:

E.T.A.

Exam and study guide purchased <1.24>

Dept. Director: _____

Dir. Nursing _____

Adm. Dir. Clinical Service _____

CFO _____

Administrator _____

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

(3)

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

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

Vendor Name: Citibank

Date: 9/5/19

Vendor Address:

P.O. #

Vendor Phone #:

Account #

Ver

Initiated By:

Form #9401

595.60 +
561.22 +
184.91 +
199.00 +
8.00 +
14.00 +
99.90 +
215.00 +
141.24 +
126.00 +
50.00 +
28.49 +
1.24 –
2.00 +
4.00 +
2.00 +
129.00 +
43.00 +
248.22 +
149.00 +
112.50 +
2,909.24 =

Date | Expense # | Department | Deliver To

Line No.	ber	Description	Unit Cost	Unit Meas.	Extended Cost
1		NPDB - 1 provider			✓2.00
2		NPDB - 2 providers	2.00		✓4.00
3		NPDB - 1 provider			✓2.00
4		AMA Credentialing x 3 phys			✓129.00
5		Initial + Cont. Monitoring			
6		AMA credentialing x 1 phys			✓43.00
7		Init + Cont. Monitoring			
8		Hilton San Antonio - for			✓248.22
9		Nadine Garner - Healthcare Safety Conference 8/28-8/30/19			
10		HealthStream E-Learning NRP Instructor Renewal - 7th Edition Course			149.00

Est. Freight for Jenine Smith | Est. Total Cost | TOTAL COST

NOTES:

Charges made to Mr. Anglin's MC

- eSutures.com - supplies: Richard Allain 112.50
needles, taper, etc.

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director: Overall total $2,909.24

Dir. Nursing

Adm Dir. Clinical Service

CFO

Administrator

Texas Traditions
234 E Main St
Port Lavaca, TX 77979
361-553-5555

361-553-5555

Table Service Order

Table #: 18

Server: Victoria

	QTY	ITEM	PRICE
	1	Water No Charge	$0.00
	1	Water No Charge	$0.00
	1	Sprite	$1.99
1	1	TX Angus Burger	$7.99
		Add Amer Cheese	$1.25
		Mayo	$0.00
		Fries	$1.50
2	1	TX Angus Burger	$7.99
		Add Amer Cheese	$1.25
		Lettuce	$0.00
		Onions	$0.00
		Pickles	$0.00
		Tomatoes	$0.00
		Mustard	$0.00
		Mayo	$0.00
		Fries	$1.50
3	1	Chicken Salad Sandwich	$6.99
		Lettuce	$0.00
		Onions	$0.00
		Pickles	$0.00
		Tomatoes	$0.00
4	1	CFC	$10.99
		1 Fried Okra	$0.00
		1 Mashed Potato	$0.00
5	1	TX Angus Burger	$7.99
		Add Amer Cheese	$1.25
		Lettuce	$0.00
		Onions	$0.00
		Pickles	$0.00
		Tomatoes	$0.00
		Mustard	$0.00
		Fries	$1.50
6	1	TX Angus Burger	$7.99
		Add Sliced Jalapenos	$0.50
		Add Amer Cheese	$1.25
		Mayo	$0.00
		Mustard	$0.00
7	1	LongHorn Burger	$8.99
		Add Amer Cheese	$1.25
		Mayo	$0.00
		Tomatoes	$0.00
		Fries	$1.50
8	1	Grl Chicken Salad	$10.99
		Honey Mustard	$0.00

Sub-total:	$84.66
Gratuity:	$15.24

Total:
$99.90

Credit:	$99.90
Change:	$0.00

Total Items: 11

APPROVED

Texas Traditions
234 E Main St
Port Lavaca, TX 77979
361-553-5555

Table #: 18

Trans ID: 19394

Order Number: 14524
Ticket Number: 1

Status: APPROVED
Card Member: ANGLIN/JASON W
Card Number: XXXXXXXXXXXX6997
Auth Code: 050638
Server: Victoria

Term: 0001 8/9/2019 12:59 PM

Gratuity was added to this ticket.

SUBTOTAL: $99.90 ✓

TIP: _____

TOTAL: _____

SIGNATURE: _____

* * * * * * Suggested Tips * * * * * *

15.00%	$12.70
18.00%	$15.24
20.00%	$16.93

GUEST COPY

Lunch meeting for Dr. Wadera, visiting physician candidate.

Jason Anglin
Bonnie Bethany
Roshanda Thomas
Erin Clevenger
Diane Moore
} Admin. Staff

Dr. Wadera - candidate
Michael Chavana - Board member
Russell Cain - Board member

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11816	ASHFORD GARDENS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
091119		09/16/2019	09/11/2019	10/04/2019			9,395.08	0.00	0.00	9,395.08 ✓
	TRANSFER Nursing home insurance pymt sent to MMC in error									
091119A		09/16/2019	09/11/2019	10/04/2019			1,083.69	0.00	0.00	1,083.69 ✓
	~~1083.69~~ Nursing home insurance pymt sent to mmc in error									
091119B		09/16/2019	09/11/2019	10/04/2019			784.89	0.00	0.00	784.89 ✓
	TRANSFER Nursing home insurance pymt sent to MMC in error									
091119C		09/16/2019	09/11/2019	10/04/2019			511.50	0.00	0.00	511.50 ✓
	TRANSFER Nursing home insurance pymt sent to MMC in error									
091719A		09/18/2019	09/17/2019	10/04/2019			1,863.37	0.00	0.00	1,863.37 ✓
	TRANSFER Nursing home insurance pymt sent to MMC in error									
091719		09/18/2019	09/17/2019	10/04/2019			2,737.55	0.00	0.00	2,737.55 ✓
	TRANSFER Nursing home insurance pymt sent to MMC in error									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11816	ASHFORD GARDEN	16,376.08	0.00	0.00	16,376.08

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	16,376.08	0.00	0.00	16,376.08

APPROVED
ON

SEP 20 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED
SEP 19 2019
Calhoun County Auditor

09/19/2019
11:06

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11828	SOLERA WEST HOUSTON ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
091219	09/16/2019	09/12/2019	10/04/2019				3,000.00	0.00	0.00	3,000.00 ✓
	TRANSFER Nursing home insurance pymt sent to mmc. in error									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11828	SOLERA WEST HOl	3,000.00	0.00	0.00	3,000.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	3,000.00	0.00	0.00	3,000.00

APPROVED
ON
SEP 20 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

09/19/2019
11:01

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11832	BROADMOOR AT CREEKSIDE PAR		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
091219A	09/16/2019	09/12/2019	10/04/2019				6,000.00	0.00	0.00	6,000.00 ✓
	TRANSFER Nursing home insurance pymt sent to MMC in error									
091219	09/16/2019	09/12/2019	10/04/2019				4,092.00	0.00	0.00	4,092.00 ✓
	TRANSFER Nursing home insurance pymt sent to MMC in error									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11832	BROADMOOR AT CI	10,092.00	0.00	0.00	10,092.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	10,092.00	0.00	0.00	10,092.00

09/19/2019 MEMORIAL MEDICAL CENTER 0
11:03 AP Open Invoice List ap_open_invoice.template
Dates Through:

Vendor#	Vendor Name	Class	Pay Code
11824	THE CRESCENT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
091119	09/16/2019	09/11/2019	10/04/2019				540.00	0.00	0.00	540.00 ✓
	TRANSFER Nursing home insurance pymt sent to MMC in error.									
091719	09/18/2019	09/17/2019	10/04/2019				690.00	0.00	0.00	690.00 ✓
	TRANSFER Nursing home insurance pymt sent to MMC in error									
091719A	09/18/2019	09/17/2019	10/04/2019				1,380.00	0.00	0.00	1,380.00 ✓
	TRANSFER Nursing home insurance pymt sent to MMC in error									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	2,610.00	0.00	0.00	2,610.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,610.00	0.00	0.00	2,610.00

09/19/2019
11:04

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11836	GOLDENCREEK HEALTHCARE ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
091119C		09/16/2019	09/11/2019	10/04/2019			3,966.30	0.00	0.00	3,966.30 ✓
	TRANSFER Nursing home insurance pymt sent to MMC in error									
091119		09/16/2019	09/11/2019	10/04/2019			1,853.22	0.00	0.00	1,853.22 ✓
	TRANSFER Nursing home insurance pymt sent to MMC in error									
091119B		09/16/2019	09/11/2019	10/04/2019			1,130.00	0.00	0.00	1,130.00 ✓
	TRANSFER Nursing home insurance pymt sent to MMC in error									
091119D		09/16/2019	09/11/2019	10/04/2019			74.36	0.00	0.00	74.36 ✓
	TRANSFER Nursing home insurance pymt sent to MMC in error									
091119A		09/16/2019	09/11/2019	10/04/2019			5,267.54	0.00	0.00	5,267.54 ✓
	TRANSFER Nursing home insurance pymt sent to MMC in error									
091319		09/17/2019	09/13/2019	10/04/2019			3,946.34	0.00	0.00	3,946.34 ✓
	TRANSFER Nursing home insurance pymt sent to MMC in error									
091719A		09/18/2019	09/17/2019	10/04/2019			31,850.20	0.00	0.00	31,850.20 ✓
	TRANSFER Nursing home insurance pymt sent to MMC in error									
091719		09/18/2019	09/17/2019	10/04/2019			5,036.06	0.00	0.00	5,036.06 ✓
	TRASNFER Nursing home insurance pymt sent to MMC in error									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HE	53,124.02	0.00	0.00	53,124.02

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	53,124.02	0.00	0.00	53,124.02

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 09/20/2019 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 09/21/2019

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

As of: 09/20/2019 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 09/21/2019 **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: 10,897.16 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 09/24/2019, Pay This Amount: 10,679.20 USD

If Paid After 09/24/2019, Pay this Amount: 10,897.16 USD

Due If Paid On Time: USD 10,679.20

Disc lost if paid late: 217.96

Due If Paid Late: USD 10,897.16

Ck# 500031

GL# 6031000

Total of all Pages

APPROVED ON
SEP 23 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

3,955.98 +
5,716.08 +
12.14 +
722.28 +
272.72 +
10,679.20 =

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: 09/20/2019 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 09/21/2019

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

As of: 09/20/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 **PLEASE CHECK ANY**
Date: 09/21/2019 **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											
09/19/2019	09/24/2019	7157235175	560159	115Invoice	5.27	263.42		258.15 ✓		7157235175	
09/19/2019	09/24/2019	7157235176	560159	115Invoice	0.30	14.87		14.57 ✓		7157235176	

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: 278.29 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 6,183.50
09/16/2019

If Paid By 09/24/2019, Pay This Amount: 272.72 USD

If Paid After 09/24/2019, Pay this Amount: 278.29 USD

Due If Paid On Time:
USD 272.72 ✓

Disc lost if paid late:
5.57

Due If Paid Late:
USD 278.29

APPROVED
ON

SEP 23 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

CVS PHCY 7475/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 09/20/2019 Page: 001

DC: 8115

Territory: 400

Customer: 835438
Date: 09/21/2019

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

As of: 09/20/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 **PLEASE CHECK ANY**
Date: 09/21/2019 **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 835438 CVS PHCY 7475/MEM MC PHS											
09/19/2019	09/24/2019	7157388853	560561	115Invoice	14.74	737.02		722.28 ✓		7157388853	

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

TOTAL: Customer Number 835438 CVS PHCY 7475/MEM MC PHS

Subtotals: 737.02 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 6,183.50
09/16/2019

If Paid By 09/24/2019,
Pay This Amount: 722.28 USD

If Paid After 09/24/2019,
Pay this Amount: 737.02 USD

Due If Paid On Time:
USD 722.28

Disc lost if paid late:
14.74

Due If Paid Late:
USD 737.02

APPROVED
ON

SEP 23 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 09/20/2019 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 09/21/2019

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

As of: 09/20/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 **PLEASE CHECK ANY**
Date: 09/21/2019 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
09/18/2019	09/24/2019	7156977281	2017009658	115Invoice	0.25	12.39		12.14		7156977281	☐

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: 12.39 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 6,183.50
09/16/2019

If Paid By 09/24/2019, Pay This Amount: 12.14 USD

If Paid After 09/24/2019, Pay this Amount: 12.39 USD

Due If Paid On Time:
USD 12.14

Disc lost if paid late: 0.25

Due If Paid Late:
USD 12.39

APPROVED
ON

SEP 23 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company 8000

HEB PHY FC 490/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 09/20/2019 Page: 001

DC: 8115

Territory: 81

Customer: 464450
Date: 09/21/2019

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

As of: 09/20/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450 **PLEASE CHECK ANY**
Date: 09/21/2019 **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 464450 HEB PHY FC 490/MEM MC PHS											
09/17/2019	09/24/2019	7156720354	55x512513	115Invoice	52.51	2,625.37		2,572.86	✓	7156720354	
09/19/2019	09/24/2019	7157189141	55x516424	961Invoice	1.00	49.98		48.98	✓	7157189141	
09/19/2019	09/24/2019	7157233969	55x516399	115Invoice	44.91	2,245.66		2,200.75	✓	7157233969	
09/19/2019	09/24/2019	7157233975	55x516404	115Invoice	2.66	133.18		130.52	✓	7157233975	
09/19/2019	09/24/2019	7157233977	55x516424	115Invoice	15.57	778.54		762.97	✓	7157233977	

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

TOTAL: Customer Number 464450 HEB PHY FC 490/MEM MC PHS

Subtotals: 5,832.73 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 7,603.83
08/26/2019

If Paid By 09/24/2019, Pay This Amount: 5,716.08 USD

If Paid After 09/24/2019, Pay this Amount: 5,832.73 USD

Due If Paid On Time:
USD 5,716.08

Disc lost if paid late: 116.65

Due If Paid Late:
USD 5,832.73

APPROVED
ON
SEP 23 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 09/20/2019

DC: 8115

Territory: 400

Customer: 256342
Date: 09/21/2019

Page: 001

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

As of: 09/20/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 09/21/2019 **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											
09/16/2019	09/24/2019	7156467846	0912190435-00	115Invoice	32.03	1,601.31		1,569.28 ✓		7156467846	
09/16/2019	09/24/2019	7156467848	4766539806	115Invoice	11.22	561.14		549.92 ✓		7156467848	
09/16/2019	09/24/2019	7156606686	760566076	195Invoice	3.49	174.53		171.04 ✓		7156606686	
09/16/2019	09/24/2019	7156683745	000091519TM	115Invoice	0.01	0.32		0.31 ✓		7156683745	
09/17/2019	09/24/2019	7156737536	2566634769	115Invoice	1.82	90.86		89.04 ✓		7156737536	
09/19/2019	09/24/2019	7157237677	0918190558-00	115Invoice	11.18	558.84		547.66 ✓		7157237677	
09/19/2019	09/24/2019	7157378552	761472051	195Invoice	0.01	0.32		0.31 ✓		7157378552	
09/19/2019	09/24/2019	7157401886	000009182019As	115Invoice	0.59	29.54		28.95 ✓		7157401886	
09/20/2019	09/24/2019	7157475957	3566659295	115Invoice	9.05	452.53		443.48 ✓		7157475957	
09/20/2019	09/24/2019	7157475959	0917190536-00	115Invoice	11.35	567.34		555.99 ✓		7157475959	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 4,036.73 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 6,183.50
09/16/2019

If Paid By 09/24/2019, Pay This Amount: 3,955.98 USD

If Paid After 09/24/2019, Pay this Amount: 4,036.73 USD

Due If Paid On Time: USD 3,955.98

Disc lost if paid late: 80.75

Due If Paid Late: USD 4,036.73

APPROVED
ON
SEP 23 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AmerisourceBergen

STATEMENT

Number: 58384354 Date: 09-20-2019

Division
AMERISOURCEBERGEN DRUG CORP
12727 WEST AIRPORT BLVD
SUGAR LAND TX 77478-6101
866-451-9655

Customer
WALGREENS #12494 340B
MEMORIAL MEDICAL CENTER
1302 N VIRGINIA ST
PORT LAVACA TX 77979-2509
ACCOUNT: 100135284 / 037028186

Remit To
AMERISOURCEBERGEN DRUG CORP
PO Box 905223
CHARLOTTE NC 28290-5223

Summary

Not Yet Due:	0.00
Current:	630.81
Past Due:	0.00
Total Due:	630.81
Account Balance:	630.81

Account Activity

Activity Date	Due Date	Reference Number	Purchase Order Number	Activity Type	Amount
09-16-2019	09-27-2019	3027469289	150641	Invoice	330.48
09-16-2019	09-27-2019	3027469640	150679	Invoice	8.45
09-16-2019	09-27-2019	3027531993	150727	Invoice	98.15
09-18-2019	09-27-2019	3027636323	150754	Invoice	131.26
09-19-2019	09-27-2019	3027694352	150821	Invoice	35.89
09-20-2019	09-27-2019	3027753521	150848	Invoice	26.58

Thank You for Your Payment

Date	Payment Number	Amount
09-20-2019		(2,401.73)

Reminders

Due Date	Amount
09-27-2019	630.81
Total Due:	630.81

Terms:
Monday - Friday due in 7 days

APPROVED
ON
SEP 23 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Ck# 500032
Ck# 00310000

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --September 16, 2019 - September 22, 2019

Date	Bank Description	MMC Notes	CPSI Amount
9/16/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000696820488	- 3rd Party Payor Fee	123.10
9/16/2019	ACH Payment TEXAS COUNTY DRS RECEIVABLE 0419 21000023086	- Retirement Funding	141,489.76 **
9/17/2019	ACH Payment MCKESSON DRUG AUTO ACH ACH03926176 910000140	- 340B Drug Program Expense	6,183.50 *
9/17/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000697708200	- 3rd Party Payor Fee	33.94
9/18/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000698462001	- 3rd Party Payor Fee	35.94
9/19/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000699145209	- 3rd Party Payor Fee	116.84
9/19/2019	ACH Payment WEBFILE TAX PYMT DD 902/34805141 21000026471	- Sales Tax	1,786.80 *
9/20/2019	ACH Payment AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	2,401.73 *
9/20/2019	ACH Payment FDGL LEASE PYMT 052-1312971-000 410001255596	- Credit Card Machine Lease Expense	151.23
9/20/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000699823039	- 3rd Party Payor Fee	4.39
9/20/2019	ACH Payment PAYROLL ONLINE TRF PAYROLL 113122652497097	- Payroll	301,817.79 *
			454,145.02

Pay 123.10 +
PLUS 35.94 +
35.94 +
116.84 +
4.39 +
314.21 *
Credit Card
Lease 151.23 +
Expense 151.23 *

CFO

Diane Moore, CFO
Memorial Medical Center

September 23, 2019

*Approved 09-18-19 CC
**Approved 09-11-19CC

314.21 +
151.23 +
465.44 *

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
			-

454,145.02 +
141,489.76 -
6,183.50 -
1,786.80 -
2,401.73 -
301,817.79 -
465.44 *

CFO

Diane Moore, CFO
Memorial Medical Center

September 23, 2019

465.44 +
465.44 -
0.00 *

BANK--CHECK-- CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	182466	09/18/19	.00	VOIDED
A/P	182467	09/18/19	11,295.49	MEDLINE INDUSTRIES INC
A/P	182468	09/18/19	200.00	MEMORIAL MEDICAL CLINIC
A/P	182469	09/18/19	76.17	MERCEDES SCIENTIFIC
A/P	182470	09/18/19	1,368.02	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	182471	09/18/19	110.76	MMC VOLUNTEERS
A/P	182472	09/18/19	.00	VOIDED
A/P	182473	09/18/19	6,364.51	MORRIS & DICKSON CO, LLC
A/P	182474	09/18/19	175.00	NATIONAL FIRE PROTECTION ASSOC
A/P	182475	09/18/19	226.95	OLYMPUS AMERICA INC
A/P	182476	09/18/19	484.14	ORTHO CLINICAL DIAGNOSTICS
A/P	182477	09/18/19	187.50	PALACIOS BEACON
A/P	182478	09/18/19	834.00	PATRICK OCHOA
A/P	182479	09/18/19	2,660.40	RANDY'S FLOOR COMPANY
A/P	182480	09/18/19	350.00	RAPID PRINTING LLC
A/P	182481	09/18/19	5,909.84	RICOH USA, INC.
A/P	182482	09/18/19	89.00	SERVICE SUPPLY OF VICTORIA INC
A/P	182483	09/18/19	500.00	SHANNA O'DONNELL, FNP
A/P	182484	09/18/19	18.93	SHERWIN WILLIAMS
A/P	182485	09/18/19	8.00	SHIP SHUTTLE TAXI SERVICE
A/P	182486	09/18/19	790.00	SIGN AD, LTD.
A/P	182487	09/18/19	49.96	SMITHS MEDICAL ASD INC
A/P	182488	09/18/19	2,719.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	182489	09/18/19	72.34	STERIS CORPORATION
A/P	182490	09/18/19	377.52	STRYKER SALES CORP
A/P	182491	09/18/19	2,354.33	STRYKER SUSTAINABILITY
A/P	182492	09/18/19	2,333.72	SUN LIFE ASSURANCE COMPANY
A/P	182493	09/18/19	581.57	THE BRATTON FIRM
A/P	182494	09/18/19	3,400.00	THE COMPLIANCE TEAM, INC
A/P	182495	09/18/19	75.00	TROEMNER, LLC
A/P	182496	09/18/19	30,787.85	TXU ENERGY
A/P	182497	09/18/19	3,595.77	UNIFIRST HOLDINGS INC
A/P	182498	09/18/19	313.75	UNIFORM ADVANTAGE
A/P	182499	09/18/19	37,377.67	VICTORIA ANESTHESIOLOGY
A/P	182500	09/18/19	600.00	VICTORIA RADIOWORKS, LTD
A/P	182501	09/18/19	3,629.52	WAGEWORKS
A/P	182502	09/18/19	126.00	ZIMMER BIOMET
A/P	182503	09/18/19	2,220.00	ASHFORD GARDENS
A/P	182504	09/18/19	5,285.50	BROADMOOR AT CREEKSIDE PARK
A/P	182505	09/18/19	47,290.73	GOLDENCREEK HEALTHCARE
A/P *	182506	09/18/19	6,780.84	GULF POINTE PLAZA
A/P *	182602	09/20/19	398.00	3WON, LLC
A/P *	200020	09/16/19	141,489.76	TEXAS COUNTY DRS RECEIV
A/P	300126	09/16/19	123.10	PAY PLUS
A/P	300127	09/17/19	33.94	PAY PLUS
A/P	300128	09/18/19	35.94	PAY PLUS
A/P	300129	09/19/19	116.84	PAY PLUS
A/P	300130	09/20/19	151.23	FDGL LEASE PYMT
A/P *	300131	09/20/19	4.39	PAY PLUS
A/P	500029	09/17/19	6,183.50	MCKESSON
A/P *	500030	09/20/19	2,401.73	AMERISOURCE

Electronic Transfers

BANK--CHECK----------				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	700010	09/19/19	1,786.80	WEBFILE TAX PYMT
TOTALS:			671,161.26	

09/19/2019
11:02

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
12792	BETHANY SENIOR LIVING		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
091619	09/16/2019	09/16/2019	10/04/2019				100.00	0.00	0.00	100.00
	DEPOSIT TO OPEN ACCT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12792	BETHANY SENIOR I	100.00	0.00	0.00	100.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	100.00	0.00	0.00	100.00

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Bethany Senior Living

Date Requested: 9-16-19

APPROVED ON SEP 20 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT $100.00

G/L NUMBER: 10000026

EXPLANATION: Deposit to open bank account

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY:

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
9/23/2019

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens		48,749.19 ✓	48,547.26 ✓	65,157.92 ✓		-	65,359.85 ✓	53,297.17
						Bank Balance	65,359.85 ✓	
						Variance	-	
						Leave in Balance	100.00	
						QIPP Yr 1 Adjustment	-	
Routing Information for Ashford Gardens:						MMC Portion QIPP 1	11,860.75 ✓	
Ashford Health Care Center Ltd Co						MMC Portion QIPP 2,3,Lapse	-	
JP Morgan Chase Bank						July Interest	45.56 ✓	
AB						August Interest	56.37 ✓	
Ac						September Interest	-	
						Adjust Balance/Transfer Amt	53,297.17 ✓	
Broadmoor		21,848.46 ✓	21,651.70 ✓	380,421.86 ✓		-	380,618.62 ✓	378,110.61
						Bank Balance	380,618.62 ✓	
						Variance	-	
						Leave in Balance	100.00	
						MMC Portion QIPP 1	2,311.25 ✓	
						MMC Portion QIPP 2,3,Lapse	-	
						July Interest	49.59 ✓	
						August Interest	47.17 ✓	
						September Interest	-	
							-	
						Adjust Balance/Transfer Amt	378,110.61 ✓	
Crescent		35,754.66 ✓	35,549.21 ✓	70,778.82 ✓		-	70,984.27 ✓	68,481.40
						Bank Balance	70,984.27 ✓	
						Variance	-	
						Leave in Balance	100.00	
						QIPP Yr 1 Adjustment	-	
						MMC Portion QIPP 1	2,297.42 ✓	
						MMC Portion QIPP 2,3,Lapse	-	
						July Interest	68.44 ✓	
						August Interest	37.01 ✓	
						September Interest	-	
							-	
						Adjust Balance/Transfer Amt	68,481.40 ✓	
Fort Bend		1,985.97 ✓	-	32,159.24 ✓		-	34,145.21 ✓	29,152.32
						Bank Balance	34,145.21	
						Variance	-	
						Leave in Balance	100.00	
						QIPP Yr 1 Adjustment	-	
						MMC Portion QIPP 1	4,857.79 ✓	
						MMC Portion QIPP 2,3,Lapse	-	
						July Interest	16.29 ✓	
						August Interest	18.81 ✓	
						September Interest	-	
							-	
						Adjust Balance/Transfer Amt	29,152.32 ✓	
Solera at W Houston		23,078.14 ✓	22,795.61 ✓	64,491.43 ✓			64,773.96 ✓	61,114.51
						Bank Balance	64,773.96	
						Variance	-	
						Leave in Balance	100.00	
						QIPP Yr 1 Adjustment	-	
Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:						MMC Portion QIPP 1	3,376.92 ✓	
Cantex Health Care Centers III LLC						MMC Portion QIPP 2,3,Lapse	-	
JP Morgan Chase Bank						July Interest	101.38 ✓	
ABA						August Interest	81.15 ✓	
Acco....						September Interest	-	
							-	
						Adjust Balance/Transfer Amt	61,114.51 ✓	
						TOTAL TRANSFERS		590,156.01

53,297.17 +
378,110.61 +
68,481.40 +
29,152.32 +
61,114.51 =
590,156.01 ✓

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

Approved: CFO
Diane C. Moore, CFO 9/23/2019

APPROVED ON
SEP 23 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Ashford Gardens

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP YR 1 ADJ	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
9/16/2019 Deposit		4,793.50					-	4,793.50
9/16/2019 ACH Deposit MANAGEANDNET1718 MNS PMNT 000000000000093 41		1,462.50					-	1,462.50
9/16/2019 ACH Deposit Amerigroup TX5C HCCLAIMPMT 3108369960 111000		5,625.83					-	5,625.83
9/16/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		17,172.43					-	17,172.43
9/17/2019 ACH Deposit Amerigroup TX5C HCCLAIMPMT 3108468042 111000		694.64					-	694.64
9/17/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		4,854.74					-	4,854.74
9/18/2019 ACH Deposit MOLINA HEALTHCAR MOLINAACH 00833896 42000014		11,860.75	11,860.75				11,860.75	-
9/18/2019 ACH Deposit MANAGEANDNET1718 MNS PMNT 000000000000093 41		6,264.21					-	6,264.21
9/19/2019 CM Wire Domestic WIRE OUT ASHFORD HEALTH CARE CENTER LTD	48,547.26						-	-
9/20/2019 Deposit		2,220.00					-	2,220.00
9/20/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		1,030.67					-	1,030.67
9/20/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		163.68					-	163.68
9/20/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		114.09					-	114.09
9/20/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675423 420000197		8,629.88					-	8,629.88
9/20/2019 ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2		271.00					-	271.00
	48,547.26	**65,157.92**	**11,860.75**	-	-	-	**11,860.75**	**53,297.17**

Broadmoor

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP YR 1 ADJ	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
9/16/2019 Deposit		30,118.46					-	30,118.46
9/16/2019 ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2		6,699.81					-	6,699.81
9/16/2019 ACH Deposit AARP Supplementa HCCLAIMPMT 746003411 124384		1,193.50					-	1,193.50
9/17/2019 ACH Deposit HUMANA INS CO EFPAYMENT 390861 8300005624389		4,461.43					-	4,461.43
9/17/2019 ACH Deposit HUMANA CHA DISB HCCLAIMPMT 390861 4200001464		1,532.21					-	1,532.21
9/17/2019 ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		13.00					-	13.00
9/17/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		17,513.47					-	17,513.47
9/18/2019 ACH Deposit MOLINA HEALTHCAR MOLINAACH 00834043 42000014		2,311.25	2,311.25				2,311.25	-
9/19/2019 CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	21,651.70						-	-
9/19/2019 ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2		544.39					-	544.39
9/20/2019 Deposit		5,285.50					-	5,285.50
9/20/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		14,219.41					-	14,219.41
9/20/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676357 420000196		277,870.37					-	277,870.37
9/20/2019 ACH Deposit HUMANA INS CO HCCLAIMPMT 390861 830000556157		18,659.06					-	18,659.06
	21,651.70	**380,421.86**	**2,311.25**	-	-	-	**2,311.25**	**378,110.61**

Crescent

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP YR 1 ADJ	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
9/16/2019 Deposit		7,473.31					-	7,473.31
9/16/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		7,084.12					-	7,084.12
9/16/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		8,405.62					-	8,405.62
9/16/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676323 420000118		8,132.47					-	8,132.47
9/17/2019 ACH Deposit HUMANA INS CO EFPAYMENT 390864 8300005628686		1,594.89					-	1,594.89
9/17/2019 ACH Deposit HUMANA INS CO EFPAYMENT 390864 8300005620064		8,700.69					-	8,700.69
9/17/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		12,482.99					-	12,482.99
9/18/2019 ACH Deposit MOLINA HEALTHCAR MOLINAACH 00834024 42000014		2,297.42	2,297.42				2,297.42	-
9/18/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		4,155.35					-	4,155.35
9/19/2019 CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	35,549.21						-	-
9/20/2019 ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		6,660.00					-	6,660.00
9/20/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		3,378.75					-	3,378.75
9/20/2019 ACH Deposit HUMANA INS CO HCCLAIMPMT 390864 830000556157		413.21					-	413.21
	35,549.21	**70,778.82**	**2,297.42**	-	-	-	**2,297.42**	**68,481.40**

Fort Bend

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP YR 1 ADJ Period 2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
9/16/2019 Deposit		3,101.47					-	3,101.47
9/16/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		2,329.85					-	2,329.85
9/17/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		10,559.92					-	10,559.92
9/18/2019 ACH Deposit MOLINA HEALTHCAR MOLINAACH 00833930 42000014		4,857.79	4,857.79				4,857.79	-
9/18/2019 ACH Deposit MANAGEANDNET1718 MNS PMNT 000000000004294 41		5,627.50					-	5,627.50
9/18/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		1,013.21					-	1,013.21
9/18/2019 ACH Deposit AARP Supplementa HCCLAIMPMT 746003411 124384		511.50					-	511.50
9/20/2019 ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		4,158.00					-	4,158.00
	-	**32,159.24**	**4,857.79**	-	-	-	**4,857.79**	**27,301.45**

Solera at West Houston

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP YR 1 ADJ	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
9/16/2019 Deposit		7,635.20					-	7,635.20
9/16/2019 ACH Deposit Amerigroup TX5C HCCLAIMPMT 3108369961 111000		3,224.68					-	3,224.68
9/16/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		7,431.63					-	7,431.63
9/16/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		6,110.29					-	6,110.29
9/16/2019 ACH Deposit AARP Supplementa HCCLAIMPMT 746003411 124384		2,387.00					-	2,387.00
9/17/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		16,855.33					-	16,855.33
9/18/2019 ACH Deposit MOLINA HEALTHCAR MOLINAACH 00834011 42000014		3,376.92	3,376.92				3,376.92	-
9/18/2019 ACH Deposit Amerigroup TX5C HCCLAIMPMT 3108580501 111000		1,075.04					-	1,075.04
9/18/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		1,241.27					-	1,241.27
9/19/2019 CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	22,795.61						-	-
9/19/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676310 420000109		3,889.07					-	3,889.07
9/19/2019 ACH Deposit AARP Supplementa HCCLAIMPMT 746003411 124384		5,115.00					-	5,115.00
9/20/2019 ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		4,100.00					-	4,100.00
9/20/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		2,050.00					-	2,050.00
	22,795.61	**64,491.43**	**3,376.92**	-	-	-	**3,376.92**	**61,114.51**

TOTALS								
	128,543.78	**613,009.27**	**24,704.13**	-	-	-	**24,704.13**	**588,305.14**

Home

ALL ACCOUNTS | FAVORITES ★

Reorder Favorites

Favorite Accounts	Available	Previous Day
MEMORIAL MEDICAL CENTER - OPERATING [redacted]	[redacted]	[redacted]
MEMORIAL MEDICAL CENTER / NH ASHFORD *4381 ★	$119,111.40	$65,359.85
MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403 ★	$401,973.96	$380,618.62
MEMORIAL MEDICAL CENTER / NH CRESCENT *4411 ★	$356,759.53	$70,984.27
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438 ★	$374,377.36	$64,773.96
MEMORIAL MEDICAL CENTER / NH FORT BEND *4446 ★	$100,580.33	$34,145.21
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE [redacted]	[redacted]	
MMC -NH GULF POINTE PLAZA - PRIVATE PAY [redacted]	[redacted]	
MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID [redacted]	[redacted]	

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
9/23/2019

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Golden Creek	[redacted]	17,538.66	17,389.03	49,289.76	-	-	49,439.39	49,289.76
						Bank Balance	49,439.39	
						Variance	-	
						Leave in Balance	100.00	
						MMC Portion QIPP 1	-	
						QIPP Yr 1 Adjustment	-	
						July Interest	**19.83**	
Routing Information for Golden Creek:						**August Interest**	**29.80**	
Nexion Health at Golden Creek						**September Interest**	-	
Wells Fargo Bank, N.A.						**Outstanding ck to MMC for QIPP**	-	
ABA							-	
Account #						**Adjust Balance/Transfer Amt**	**49,289.76**	

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: _____
Diane C. Moore, CFO 9/23/2019

APPROVED
ON
SEP 23 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP YR 1 ADJ Period 2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
9/17/2019 ACH Deposit ACH SETTLEMENT SERVICE 4105523439 9601693062		987.68					-	987.68
9/19/2019 CM Wire Domestic WIRE OUT NEXION HEALTH AT GOLDEN CREEK	17,389.03						-	-
9/19/2019 ACH Deposit TSYS/TRANSFIRST BKCD STLMT 543684555876917 9		358.38					-	358.38
9/19/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676097 420000109		652.97					-	652.97
9/20/2019 Deposit		47,290.73					-	47,290.73
	17,389.03	**49,289.76**	-	-	-	-	-	**49,289.76**

Home

ALL ACCOUNTS | FAVORITES ★

Reorder Favorites

Favorite Accounts	Available	Previous Day
MEMORIAL MEDICAL CENTER - OPERATING [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / NH ASHFORD [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / NH BROADMOOR [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / NH CRESCENT [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / NH FORT BEND [redacted]	[redacted]	
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE *4454 ★	$69,247.64	$49,439.39
MMC -NH GULF POINTE PLAZA - PRIVATE PAY [redacted]	[redacted]	
MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID [redacted]	[redacted]	

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
9/23/2019

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza- Private Pay		100.20	-	-		-	-	100.20	No Transfer
							Bank Balance	100.20	
							Variance	-	
							Leave in Balance	100.00	
							MMC Portion QIPP 1	-	
							MMC Portion QIPP 2,3,Lapse	-	
							July Interest	0.04	
							August Interest	0.03	
							September Interest	-	
								-	
								-	
								-	
							Adjust Balance/Transfer Amt	0.13	

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza-Medicare/Medicaid		104.94	-	6,780.84		-	-	6,885.78	6,780.84
							Bank Balance	6,885.78	
							Variance	-	
							Leave in Balance	100.00	
							MMC Portion QIPP 1	-	
							MMC Portion QIPP 2,3,Lapse	-	
							July Interest	1.60	
							August Interest	3.34	
							September Interest	-	
								-	
								-	
								-	
							Adjust Balance/Transfer Amt	6,780.84	

TOTAL TRANSFERS	6,780.84

Routing Information for Gulf Pointe Plaza:

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:
Diane C. Moore, CFO — 9/23/2019

APPROVED ON
SEP 23 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay

NO BANK ACTIVITY FOR THIS PERIOD

		MMC PORTION						
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI		NH PORTION
						-		-
						-		-
-	-	-	-	-	-	-		-

Gulf Pointe Plaza-Medicare/Medicaid

9/20/2019 Deposit

		MMC PORTION						
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI		NH PORTION
	6,780.84					-		6,780.84
-	**6,780.84**	-	-	-	-	-		**6,780.84**

Home

ALL ACCOUNTS | FAVORITES ★

Reorder Favorites

Favorite Accounts	Available	Previous Day
MEMORIAL MEDICAL CENTER - OPERATING [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / NH ASHFORD [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / NH BROADMOOR [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / NH CRESCENT [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / NH FORT BEND [redacted]	[redacted]	
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE [redacted]	[redacted]	
MMC -NH GULF POINTE PLAZA - PRIVATE PAY *5433 ★	$100.20	$100.20
MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID *5441 ★	$6,885.78	$6,885.78

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: 9/23/19

APPROVED ON SEP 23 2019

COUNTY AUDITOR CALHOUN COUNTY, TEXAS

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

AMOUNT: $11,860.75

CK# 000049

G/L NUMBER: 21000012

EXPLANATION: Ashford- To transfer funds for Comp 1 - QIPP payment.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
NHA	000069	09/25/19	11,860.75	MMC OPERATING Ashford
TOTALS:			11,860.75	

APPROVED
ON

SEP 25 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 9/23/19

APPROVED ON SEP 23 2019

COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CK#000035

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

AMOUNT: $2,311.25

G/L NUMBER: 21000009

EXPLANATION: Broadmoor- To transfer funds for Comp 1 - QIPP payment.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHB	000035	09/25/19	2,311.25	MMC OPERATING Broadmoor
TOTALS:			2,311.25	

APPROVED
ON

SEP 25 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 9/23/19

APPROVED ON SEP 23 2019

COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CK# 000064

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

AMOUNT: $2,297.42

G/L NUMBER: 21000010

EXPLANATION: Crescent- To transfer funds for Comp 1 - QIPP payment.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: [signature] FO

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
NHC	000064	09/25/19	2,297.42	MMC OPERATING Crescent
TOTALS:			2,297.42	

APPROVED
ON

SEP 25 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: 9/23/19

APPROVED ON SEP 23 2019

COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CICH 000062

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

AMOUNT: $4,857.79

G/L NUMBER: 21000008

EXPLANATION: Fort Bend- To transfer funds for Comp 1 - QIPP payment.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE	
NHF	000062	09/25/19	4,857.79	MMC OPERATING	Fort Bend
TOTALS:			4,857.79		

APPROVED
ON

SEP 25 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 9/23/19

APPROVED ON SEP 23 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 000062

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

AMOUNT: $3,376.92

G/L NUMBER: 21000011

EXPLANATION: Solera- To transfer funds for Comp 1 - QIPP payment.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: [signature]

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHS	000062	09/25/19	3,376.92	MMC OPERATING
TOTALS:			3,376.92	

Solun

APPROVED
ON

SEP 25 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

QIPP Payment to MMC from Nursing Facilities **Commissioner's Court** **9/25/19**

NH Name	From Bank Acct #	Ck #	Payee	GL #	QIPP COMP 1	QIPP COMP 2,3, LAPSE	Yr 1 Adjustment Pmt		TOTAL		Date
Ashford	10000018 - Prosperity	69	MMC -Prosperity Operating #10000001	21000012	11,860.75				11,860.75		9/23/2019
Broadmoor	10000019 - Prosperity	35	MMC -Prosperity Operating #10000001	21000009	2,311.25				2,311.25		9/23/2019
Crescent	10000020 - Prosperity	64	MMC -Prosperity Operating #10000001	21000010	2,297.42				2,297.42		9/23/2019
Fort Bend	10000021 - Prosperity	62	MMC -Prosperity Operating #10000001	21000008	4,857.79				4,857.79		9/23/2019
Golden Creek	10000023 - Prosperity	43	MMC -Prosperity Operating #10000001	21000013					-		
Solera	10000022 - Prosperity	62	MMC -Prosperity Operating #10000001	21000011	3,376.92				3,376.92		9/23/2019
				Total:	24,704.13	-	-	-	24,704.13		

Note:

Approved:
Diane Moore, CFO 9/23/2019

O.C

11,860.75 +
2,311.25 +
2,297.42 +
4,857.79 +
3,376.92 +
24,704.13 =

APPROVED
ON

SEP 25 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
NH SOLERA AT WEST HOUSTON
815 N VIRGINIA ST
PORT LAVACA, TX 77979

87DV No. 62

88-2265
1131

9-25-19

PAY TO THE ORDER OF Memorial Medical Center-Operating $ 3376.92/100

Three thousand three hundred seventy-six dollars 92/100 DOLLARS

PROSPERITY BANK

QIPP Comp 1

County Auditor

County Treasurer

MEMORIAL MEDICAL CENTER
NH ASHFORD
815 N VIRGINIA ST
PORT LAVACA, TX 77979

87DV No 69

88-2265
1131

9-25-19

PAY TO THE ORDER OF Memorial Medical Center- Operating $ 11,860.75

eleven thousand eight hundred sixty dollars 75/100 DOLLARS

PROSPERITY BANK

QIPP Comp 1

County Auditor

County Treasurer

WARNING Do not accept this document unless you can see a true watermark and visible fibers from both sides.

MEMORIAL MEDICAL CENTER
NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

MP

000035

88-2265/1131

Date 9-25-19

PAY TO THE ORDER OF Memorial Medical Center-Operating $ 2311.25/100

two thousand three hundred eleven dollars 25/100 **DOLLARS**

PROSPERITY BANK

FOR QIPP Comp 1

County Auditor

MP

County Treasurer

Security features are included. Details on back.

WARNING Do not accept this document unless you can see a true watermark and visible fibers from both sides.

MEMORIAL MEDICAL CENTER
NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000064

88-2265/1131

Date 9-25-19

PAY TO THE ORDER OF Memorial Medical Center - Operating | $ 2297.42/100

two thousand two hundred ninety-seven dollars 42/100 **DOLLARS**

PROSPERITY BANK

County Auditor

County Treasurer

Security features are included. Details on back.

FOR QIPP Comp 1

WARNING Do not accept this document unless you can see a true watermark and visible fibers from both sides.

MEMORIAL MEDICAL CENTER
NH FORT BEND
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000062

88-2265/1131

Date 9-25-19

PAY TO THE ORDER OF Memorial Medical Center - Operating | $ 4857.79/100

Four thousand eight hundred fifty-seven dollars 79/100 **DOLLARS**

PROSPERITY BANK

County Auditor

County Treasurer

Security features are included. Details on back.

FOR QIPP Comp 1

RUN DATE:09/23/19 MEMORIAL MEDICAL CENTER PAGE 1
TIME:12:17 CHECK REGISTER GLCKREG
09/20/19 THRU 09/20/19

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P *	181666	09/20/19	398.00CR	3WON, LLC
A/P *	182352	09/20/19	79.95CR	BOSART LOCK & KEY INC
A/P	182602	09/20/19	398.00	3WON, LLC
TOTALS:			79.95CR	

CK # 182602 is replacing CK # 181666.

Company never Received request Stop payment & Reissue

11237 3WON, LLC
535 E. DIEHL RD, NAPERVILLE,, IL 60536

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

182602

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
1544	07/02/19	398.00			398.00
CK # 182602 is replacing CK # 181664.					
CHECK NO. 182602 09/20/19	TOTALS	398.00	TOTALS		398.00

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

182602

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
1544	07/02/19	398.00			398.00
CHECK NO. 182602	TOTALS	398.00	TOTALS		398.00

MEMORIAL MEDICAL CENTER

Operating
815 N. Virginia St.
Port Lavaca, TX 77979

PROSPERITY BANK
88-2265
1131

182602

11237 182602

DATE 09/20/19

AMOUNT $398.00

Three Hundred Ninety-Eight Dollars and No Cents

PAY TO THE ORDER OF
3WON, LLC
535 E. DIEHL RD
SUITE # 11
NAPERVILLE,, IL 60536

CALHOUN COUNTY AUDITOR

CALHOUN COUNTY TREASURER

PROSPERITY BANK®

Services & Settings

Online Stop Payment Request

Your stop payment request has been processed.

Name :	COUNTY OF CALHOUN TEXAS
Account #:	MEMORIAL MEDICAL CENTER - OPERATING:
Payable to:	3WON, LLC
Check #:	181666
Issue Date#:	07/31/2019
Amount:	$398.00
Date/Time Submitted:	09/10/2019 09:04:02
Request #:	