

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---October 14, 2020

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 813,088.44
TOTAL TRANSFERS BETWEEN FUNDS	\$ 206,301.59
TOTAL NURSING HOME UPL EXPENSES	\$ 510,007.52
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
GRAND TOTAL DISBURSEMENTS APPROVED October 14, 2020	\$ 1,529,397.55

APPROVED

OCT 14 2020

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---October 14, 2020

PAYABLES AND PAYROLL

10/8/2020 Weekly Payables	351,589.27
10/8/2020 Patient Refunds	529.11
10/9/2020 Citibank Credit Card-see attached	3,036.78
10/9/2020 Bank Direct Capital Finance-Health Insurance	3,361.30
10/12/2020 McKesson-340B Prescription Expense	33,115.38
10/12/2020 McKesson-340B Prescription Expense	22,926.71
10/12/2020 Amerisource Bergen-340B Prescription Expense	21.65
10/12/2020 Amerisource Bergen-340B Prescription Expense	114.90
10/12/2020 Payroll Liabilities -Payroll Taxes	95,928.60
10/12/2020 Payroll	299,402.65

Prosperity Electronic Bank Payments

10/5-10/6/2020 Credit Card & Lease Fees	641.82
10/21/2020 Sales Tax for September 2020	1,946.38
10/7/2020 Cleargage-Patient Financing Service	67.40
10/2-10/9/2020 Pay Plus-Patient Claims Processing Fee	386.79
10/2/2020 Authnet Gateway Billing-3rd Party Payor Fee	19.70

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 813,088.44
---	----------------------

TRANSFER BETWEEN FUNDS-NURSING HOMES

10/8/2020 MMC Operating to Broadmoor-correction of NH insurance payment deposited into MMC Operating	3,872.00
10/8/2020 MMC Operating to The Crescent- correction of NH insurance payment deposited into MMC Operating	3,252.89
10/8/2020 MMC Operating to Golden Creek Healthcare-correction of NH insurance payment deposited into MMC Operating	82,952.53
10/8/2020 MMC Operating to Gulf Pointe Plaza-correction of NH insurance payment deposited into MMC Operating	21,529.57
10/8/2020 MMC Operating to Tuscany Village-correction of NH insurance payment deposited into MMC Operating	31,035.99
10/8/2020 MMC Operating to Bethany Senior Living- correction of NH insurance payment deposited into MMC Operating	63,658.61

TOTAL TRANSFERS BETWEEN FUNDS	\$ 206,301.59
--------------------------------------	----------------------

NURSING HOME UPL EXPENSES

10/12/2020 Nursing Home UPL-Cantex Transfer	97,908.83
10/12/2020 Nursing Home UPL-HMG Transfer	34,961.94
10/12/2020 Nursing Home UPL-Tuscany Transfer	83,208.56
10/12/2020 Nursing Home UPL-HSL Transfer	170,020.63

QIPP/INTEREST/RECOUP CHECKS TO MMC

10/12/2020 Broadmoor-MMC recoup of IGT funds deposited into NH account	44,253.38
10/12/2020 Crescent-MMC recoup of IGT funds deposited into NH account	36,156.65
10/12/2020 Solera-MMC recoup of IGT funds deposited into NH account	43,425.68
10/12/2020 Golden Creek-MMC recoup of MMC Clinic insurance payment deposited into NH account	71.85

TOTAL NURSING HOME UPL EXPENSES	\$ 510,007.52
--	----------------------

TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
---	-------------

GRAND TOTAL DISBURSEMENTS APPROVED October 14, 2020	\$ 1,529,397.55
--	------------------------

RECEIVED

10/08/2020

OCT 08 2020

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 10/28/2020

ap_open_invoice.template

California County Auditor

Vendor#
10419Vendor Name
AMBU INC ✓

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
220115258	✓ 09/11/2020	08/27/2020	09/11/2020				120.37	0.00	0.00	120.37 ✓

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10419		AMBU INC	120.37	0.00	0.00	120.37

Vendor#
B1650

Vendor Name

Class

Pay Code

BOSART LOCK & KEY INC ✓

M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
120734	✓ 10/07/2020	10/05/2020	10/05/2020				90.00	0.00	0.00	90.00 ✓

COMBO CHANGE/KEYS

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
B1650		BOSART LOCK & KI	90.00	0.00	0.00	90.00

Vendor#
C1325

Vendor Name

Class

Pay Code

CARDINAL HEALTH 414, INC. ✓

W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8002165175	07/21/2020	04/01/2020	10/25/2020				-380.70	0.00	0.00	-380.70 ✓

CREDIT

8002322283	✓ 09/30/2020	09/05/2020	09/30/2020				643.61	0.00	0.00	643.61 ✓
------------	--------------	------------	------------	--	--	--	--------	------	------	----------

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
C1325		CARDINAL HEALTH	262.91	0.00	0.00	262.91

Vendor#
13028

Vendor Name

Class

Pay Code

CAVALLO ENERGY TEXAS LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2026800036	✓ 09/30/2020	09/16/2020	10/26/2020				67.15	0.00	0.00	67.15 ✓

ENERGY BILL

2026800036	✓ 09/30/2020	09/16/2020	10/26/2020				2.50	0.00	0.00	2.50 ✓
------------	--------------	------------	------------	--	--	--	------	------	------	--------

ENERGY BILL 167662

2026800036	✓ 09/30/2020	09/16/2020	10/26/2020				13.78	0.00	0.00	13.78 ✓
------------	--------------	------------	------------	--	--	--	-------	------	------	---------

ENERGY BILL 167636

2026800036	✓ 09/30/2020	09/16/2020	10/26/2020				3.27	0.00	0.00	3.27 ✓
------------	--------------	------------	------------	--	--	--	------	------	------	--------

ENERGY BILL 167653

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
13028		CAVALLO ENERGY	86.70	0.00	0.00	86.70

Vendor#
C1992

Vendor Name

Class

Pay Code

CDW GOVERNMENT, INC. ✓

M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1620834	✓ 09/30/2020	09/18/2020	10/18/2020				9,884.01	0.00	0.00	9,884.01 ✓

LAPTOP/ALL IN ONE/MONITOR/OF

1620759	✓ 09/30/2020	09/18/2020	10/18/2020				105.16	0.00	0.00	105.16 ✓
---------	--------------	------------	------------	--	--	--	--------	------	------	----------

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
C1992		CDW GOVERNMENT	9,989.17	0.00	0.00	9,989.17

Vendor#
10105

Vendor Name

Class

Pay Code

CHRIS KOVAREK ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
42	✓ 10/01/2020	10/01/2020	10/01/2020				240.00	0.00	0.00	240.00 ✓

SWING BED

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10105		CHRIS KOVAREK	240.00	0.00	0.00	240.00

Vendor#
C1600

Vendor Name

Class

Pay Code

CITIZENS MEDICAL CENTER ✓

W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
091620	09/30/2020	09/16/2020	09/16/2020				30.00	0.00	0.00	30.00 ✓

CPR CARDS

091720	09/30/2020	09/17/2020	09/17/2020	55.00	0.00	0.00	55.00	✓
CPR CARDS								
093020A	09/30/2020	09/30/2020	09/30/2020	80.00	0.00	0.00	80.00	✓
CPR CARDS								
093020	09/30/2020	09/30/2020	09/30/2020	50.00	0.00	0.00	50.00	✓
CPR CARDS								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
C1600		CITIZENS MEDICAL	215.00	0.00	0.00	215.00

Vendor#
13000

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV309833	10/05/2020	10/01/2020	10/15/2020				964.79	0.00	0.00	964.79
PHONES										

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
13000		CLEARFLY	964.79	0.00	0.00	964.79

Vendor#
13232

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
26908	09/30/2020	09/30/2020					472.50	0.00	0.00	472.50
DIGITAL SIGN REPAIR										

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
13232		COMPADRES DESI	472.50	0.00	0.00	472.50

Vendor#
H0900

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
24061	09/30/2020	09/19/2020	09/01/2020				700.00	0.00	0.00	700.00
NUC MED EVAL										

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
H0900		D HARRIS CONSUL	700.00	0.00	0.00	700.00

Vendor#
12612

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10262	10/06/2020	10/01/2020	10/01/2020				550.00	0.00	0.00	550.00
PROCESSING & SUPPORT FEE										

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12612		DASHBOARD MD	550.00	0.00	0.00	550.00

Vendor#
10368

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6204560	09/30/2020	09/28/2020	10/23/2020				130.57	0.00	0.00	130.57
SUPPLIES										

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10368		DEWITT POT & SON	147.75	0.00	0.00	147.75

Vendor#
10789

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMC093020	09/30/2020	09/30/2020	09/30/2020				145,032.86	0.00	0.00	145,032.86
DISCOVERY MEDICAL NETWORK										

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10789		DISCOVERY MEDIC	145,032.86	0.00	0.00	145,032.86

Vendor#
11291

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
18471	09/30/2020	08/31/2020	09/25/2020				505.00	0.00	0.00	505.00
PEST CONTROL										

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11291		DOWELL PEST CONTROL	260.00	0.00	0.00	260.00

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
18898	09/30/2020	09/30/2020	10/25/2020				260.00	0.00	0.00	260.00
PEST CONTROL										

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11291		PEST CONTROL	505.00	0.00	0.00	505.00

10/8/2020

tmp_cw5report232183699354193178.html

18896	✓	09/30/2020	09/30/2020	10/25/2020			160.00	0.00	0.00	160.00	✓
18783	✓	09/30/2020	09/30/2020	10/25/2020			105.00	0.00	0.00	105.00	✓
Vendor#		Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
12040		11291		DOWELL PEST CON		1,535.00	0.00	0.00	1,535.00		
				Vendor Name		Class		Pay Code			
				DRIESSEN WATER INC.	✓						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
1376450	✓	09/01/2020	09/01/2020	10/22/2020			59.80	0.00	0.00	59.80	✓
Vendor#		Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
13504		12040		DRIESSEN WATER		59.80	0.00	0.00	59.80		
				Vendor Name		Class		Pay Code			
				EDUARDO TORRES	✓						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
100220		10/02/2020	10/02/2020	10/02/2020			131.46	0.00	0.00	131.46	✓
Vendor#		Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
12808		13504		EDUARDO TORRES		131.46	0.00	0.00	131.46		
				Vendor Name		Class		Pay Code			
				ESUTURES.COM	✓						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
368501	✓	09/23/2020	09/25/2020	10/25/2020			907.00	0.00	0.00	907.00	✓
Vendor#		Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
C2510		12808		ESUTURES.COM		907.00	0.00	0.00	907.00		
				Vendor Name		Class		Pay Code			
				EVIDENT	✓	M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
T2009171371	8	09/30/2020	09/17/2020	10/12/2020			7,578.73	0.00	0.00	7,578.73	✓
Vendor#		Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
F1400		C2510		EVIDENT		7,578.73	0.00	0.00	7,578.73		
				Vendor Name		Class		Pay Code			
				FISHER HEALTHCARE	✓	M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
2167679	✓	09/01/2020	06/30/2020	07/25/2020			2,299.74	0.00	0.00	2,299.74	✓
4232731	✓	09/01/2020	07/28/2020	08/22/2020			1,245.21	0.00	0.00	1,245.21	✓
4386380	✓	09/01/2020	07/30/2020	08/24/2020			920.56	0.00	0.00	920.56	✓
6074742	✓	09/01/2020	08/18/2020	09/12/2020			487.30	0.00	0.00	487.30	✓
4780429	✓	09/16/2020	08/06/2020	08/31/2020			2,986.03	0.00	0.00	2,986.03	✓
5370909	✓	09/16/2020	08/13/2020	09/07/2020			2,392.16	0.00	0.00	2,392.16	✓
6367918	✓	09/16/2020	08/20/2020	09/14/2020			637.77	0.00	0.00	637.77	✓
7372187	✓	09/16/2020	09/03/2020	09/28/2020			1,384.78	0.00	0.00	1,384.78	✓
7734740	✓	09/30/2020	09/09/2020	10/04/2020			2,045.29	0.00	0.00	2,045.29	✓
7855040	✓	09/30/2020	09/10/2020	10/05/2020			2,111.67	0.00	0.00	2,111.67	✓
7966515	✓	09/30/2020	09/11/2020	10/06/2020			323.06	0.00	0.00	323.06	✓
8397864	✓	09/30/2020	09/16/2020	10/11/2020			6,720.99	0.00	0.00	6,720.99	✓

10/8/2020

tmp_cw5report232183699354193178.html

8541171	✓	09/30/2020	09/17/2020	10/12/2020			786.05	0.00	0.00	786.05	✓
8669930	✓	09/30/2020	09/18/2020	10/13/2020			154.78	0.00	0.00	154.78	✓
8939374	✓	09/30/2020	09/21/2020	10/16/2020			8.10	0.00	0.00	8.10	✓
9181269	✓	09/30/2020	09/22/2020	10/17/2020			5,067.36	0.00	0.00	5,067.36	✓
9181270	✓	09/30/2020	09/22/2020	10/17/2020			249.11	0.00	0.00	249.11	✓
9181268	✓	09/30/2020	09/22/2020	10/17/2020			232.00	0.00	0.00	232.00	✓

Vendor Totals: Number Name Gross Discount No-Pay Net
F1400 FISHER HEALTHCA 30,051.96 0.00 0.00 30,051.96

Vendor#
12944

Vendor Name Class Pay Code
FRASIER HEALTHCARE CONSULT ✓
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
19020a ✓ 09/30/2020 09/14/2020 10/22/2020 14,615.09 0.00 0.00 14,615.09 ✓
COLLECTIONS

Vendor Totals: Number Name Gross Discount No-Pay Net
12944 FRASIER HEALTHC 14,615.09 0.00 0.00 14,615.09

Vendor#
11183

Vendor Name Class Pay Code
FRONTIER ✓
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
091920 09/30/2020 09/19/2020 10/13/2020 56.40 0.00 0.00 56.40 ✓
PHONES
092320 09/30/2020 09/23/2020 10/19/2020 14.08 0.00 0.00 14.08 ✓
PHONES

Vendor Totals: Number Name Gross Discount No-Pay Net
11183 FRONTIER 70.48 0.00 0.00 70.48

Vendor#
12636

Vendor Name Class Pay Code
FUSION CLOUD SERVICES, LLC ✓
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
27903695 ✓ 09/30/2020 09/16/2020 10/16/2020 1,034.97 0.00 0.00 1,034.97 ✓
PHONES

Vendor Totals: Number Name Gross Discount No-Pay Net
12636 FUSION CLOUD SE 1,034.97 0.00 0.00 1,034.97

Vendor#
13060

Vendor Name Class Pay Code
GENZYME CORPORATION ✓
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
7030072939 ✓ 07/29/2020 07/14/2020 10/22/2020 535.41 0.00 0.00 535.41 ✓
83076 INVENTORY
7030062162 ✓ 09/30/2020 06/11/2020 09/19/2020 1,036.46 0.00 0.00 1,036.46 ✓
INVENTORY

Vendor Totals: Number Name Gross Discount No-Pay Net
13060 GENZYME CORPOF 1,571.87 0.00 0.00 1,571.87

Vendor#
W1300

Vendor Name Class Pay Code
GRAINGER ✓
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
9657778750 ✓ 09/30/2020 09/18/2020 10/13/2020 104.64 0.00 0.00 104.64 ✓
SUPPLIES
9659904024 ✓ 09/30/2020 09/21/2020 10/16/2020 296.10 0.00 0.00 296.10 ✓
SUPPLIES

Vendor Totals: Number Name Gross Discount No-Pay Net
W1300 GRAINGER 400.74 0.00 0.00 400.74

Vendor#
G0401

Vendor Name Class Pay Code
GULF COAST DELIVERY
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
093020 09/30/2020 09/30/2020 10/25/2020 307944-807952 100.00 0.00 0.00 100.00 ✓
DELIVERY SERVICE

Vendor Totals: Number Name Gross Discount No-Pay Net

Vendor#	G0401	GULF COAST DELI	100.00	0.00	0.00	100.00					
G1210		Vendor Name	Class		Pay Code						
		GULF COAST PAPER COMPANY	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
1863635	09/01/2020	05/11/2020	06/10/2020				291.56	0.00	0.00	291.56	
		SUPPLIES									
1930330	09/23/2020	09/22/2020	10/22/2020				562.28	0.00	0.00	562.28	
		SUPPLIES									
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net		
G1210			GULF COAST PAPE			853.84	0.00	0.00	853.84		
Vendor#		Vendor Name	Class		Pay Code						
12716		HITACHI HEALTHCARE									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
PJIN016016	09/30/2020	09/17/2020	10/25/2020				7,908.33	0.00	0.00	7,908.33	
		SMA FEE									
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net		
12716			HITACHI HEALTHCARE			7,908.33	0.00	0.00	7,908.33		
Vendor#		Vendor Name	Class		Pay Code						
11260		INTOXIMETERS INC	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
663359	09/30/2020	09/03/2020	09/28/2020				613.75	0.00	0.00	613.75	
		SUPPLIES									
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net		
11260			INTOXIMETERS INC			613.75	0.00	0.00	613.75		
Vendor#		Vendor Name	Class		Pay Code						
11108		ITERSOURCE CORPORATION									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
100120	10/01/2020	10/01/2020	10/01/2020				250.00	0.00	0.00	250.00	
		SUPPORT SERVICE									
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net		
11108			ITERSOURCE CORP			250.00	0.00	0.00	250.00		
Vendor#		Vendor Name	Class		Pay Code						
M2178		MCKESSON MEDICAL SURGICAL I									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
12485648	09/01/2020	08/25/2020	09/09/2020				3,781.70	0.00	0.00	3,781.70	
		SUPPLIES									
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net		
M2178			MCKESSON MEDIC			3,781.70	0.00	0.00	3,781.70		
Vendor#		Vendor Name	Class		Pay Code						
11203		MEDI-DOSE, INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
0781888	09/29/2020	09/22/2020	10/22/2020				102.30	0.00	0.00	102.30	
		SUPPLIES									
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net		
11203			MEDI-DOSE, INC			102.30	0.00	0.00	102.30		
Vendor#		Vendor Name	Class		Pay Code						
11141		MEDICAL DATA SYSTEMS, INC.									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
153209	09/30/2020	09/30/2020	10/25/2020				2,024.02	0.00	0.00	2,024.02	
		COLLECTION FEES									
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net		
11141			MEDICAL DATA SY			2,024.02	0.00	0.00	2,024.02		
Vendor#		Vendor Name	Class		Pay Code						
10613		MEDIMPACT HEALTHCARE SYS, II A/P									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
100520	10/06/2020	10/05/2020	10/05/2020				48.74	0.00	0.00	48.74	
		INDIGENT CARE									
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net		
10613			MEDIMPACT HEALT			48.74	0.00	0.00	48.74		
Vendor#		Vendor Name	Class		Pay Code						
M2470		MEDLINE INDUSTRIES INC	M								

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1905575773	09/01/2020	03/24/2020	07/10/2020				6,001.58	0.00	0.00	6,001.58 ✓
	SUPPLIES									
1918482186	09/01/2020	07/28/2020	08/22/2020				1,025.90	0.00	0.00	1,025.90 ✓
	SUPPLIES									
1918482169	09/01/2020	07/28/2020	08/22/2020				814.46	0.00	0.00	814.46 ✓
	SUPPLIES									
1919160473	09/16/2020	08/01/2020	08/26/2020				209.65	0.00	0.00	209.65 ✓
	SUPPLIES									
1897007949	09/30/2020	12/28/2019	12/28/2019				352.16	0.00	0.00	352.16 ✓
	SUPPLIES									
1923281567	09/30/2020	09/05/2020	09/30/2020				177.85	0.00	0.00	177.85 ✓
	SUPPLIES									
1923281566	09/30/2020	09/05/2020	09/30/2020				863.04	0.00	0.00	863.04 ✓
	SUPPLIES									
1923281562	09/30/2020	09/05/2020	09/30/2020				39.01	0.00	0.00	39.01 ✓
	SUPPLIES									
1923350325	09/30/2020	09/08/2020	10/03/2020				80.00	0.00	0.00	80.00 ✓
	SUPPLIES									
1923350323	09/30/2020	09/08/2020	10/03/2020				76.70	0.00	0.00	76.70 ✓
	SUPPLIES									
1923624941	09/30/2020	09/10/2020	10/05/2020				15.43	0.00	0.00	15.43 ✓
	SUPPLIES									
1923624938	09/30/2020	09/10/2020	10/05/2020				74.51	0.00	0.00	74.51 ✓
	SUPPLIES									
1923624937	09/30/2020	09/10/2020	10/05/2020				74.51	0.00	0.00	74.51 ✓
	SUPPLIES									
1923624940	09/30/2020	09/10/2020	10/05/2020				119.12	0.00	0.00	119.12 ✓
	SUPPLIES									
1923732507	09/30/2020	09/11/2020	10/06/2020				46.89	0.00	0.00	46.89 ✓
	SUPPLIES									
1923732505	09/30/2020	09/11/2020	10/06/2020				563.02	0.00	0.00	563.02 ✓
	SUPPLIES									
1923732510	09/30/2020	09/11/2020	10/06/2020				144.89	0.00	0.00	144.89 ✓
	SUPPLIES									
1923732511	09/30/2020	09/11/2020	10/06/2020				9.76	0.00	0.00	9.76 ✓
	SUPPLIES									
1923732504	09/30/2020	09/11/2020	10/06/2020				361.74	0.00	0.00	361.74 ✓
	SUPPLIES									
1923732509	09/30/2020	09/11/2020	10/06/2020				346.51	0.00	0.00	346.51 ✓
	SUPPLIES									
1923732515	09/30/2020	09/11/2020	10/06/2020				29.25	0.00	0.00	29.25 ✓
	SUPPLIES									
1923732513	09/30/2020	09/11/2020	10/06/2020				2,503.70	0.00	0.00	2,503.70 ✓
	SUPPLIES									
1924045714	09/30/2020	09/15/2020	10/10/2020				126.55	0.00	0.00	126.55 ✓
	SUPPLIES									
1924045715	09/30/2020	09/15/2020	10/10/2020				39.58	0.00	0.00	39.58 ✓
	SUPPLIES									
1924045712	09/30/2020	09/15/2020	10/10/2020				149.71	0.00	0.00	149.71 ✓
	SUPPLIES									
1924229848	09/30/2020	09/16/2020	10/11/2020				130.80	0.00	0.00	130.80 ✓
	SUPPLIES									
1924229856	09/30/2020	09/16/2020	10/11/2020				6,480.83	0.00	0.00	6,480.83 ✓
	SUPPLIES									
1924229849	09/30/2020	09/16/2020	10/11/2020				15.18	0.00	0.00	15.18 ✓
	SUPPLIES									
1924229859	09/30/2020	09/16/2020	10/11/2020				29.96	0.00	0.00	29.96 ✓
	SUPPLIES									
1924229857	09/30/2020	09/16/2020	10/11/2020				1,459.05	0.00	0.00	1,459.05 ✓
	SUPPLIES									

1924229847	09/30/2020	09/16/2020	10/11/2020	86.40	0.00	0.00	86.40	✓
		SUPPLIES						
1924504825	09/30/2020	09/18/2020	10/13/2020	25.05	0.00	0.00	25.05	✓
		SUPPLIES						
1924504827	09/30/2020	09/18/2020	10/13/2020	51.53	0.00	0.00	51.53	✓
		SUPPLIES						
1924819127	09/30/2020	09/22/2020	10/17/2020	83.75	0.00	0.00	83.75	✓
		SUPPLIES						
1924819115	09/30/2020	09/22/2020	10/17/2020	75.30	0.00	0.00	75.30	✓
		SUPPLIES						
1924819129	09/30/2020	09/22/2020	10/17/2020	160.40	0.00	0.00	160.40	✓
		SUPPLIES						
1924819117	09/30/2020	09/22/2020	10/17/2020	10.14	0.00	0.00	10.14	✓
		SUPPLIES						
1924819112	09/30/2020	09/22/2020	10/17/2020	25.05	0.00	0.00	25.05	✓
		SUPPLIES						
1924819124	09/30/2020	09/22/2020	10/17/2020	1,316.34	0.00	0.00	1,316.34	✓
		SUPPLIES						
1924819118	09/30/2020	09/22/2020	10/17/2020	202.39	0.00	0.00	202.39	✓
		SUPPLIES						
1924819137	09/30/2020	09/22/2020	10/17/2020	56.22	0.00	0.00	56.22	✓
		SUPPLIES						
1924819114	09/30/2020	09/22/2020	10/17/2020	838.92	0.00	0.00	838.92	✓
		SUPPLIES						
1924819136	09/30/2020	09/22/2020	10/17/2020	2,202.48	0.00	0.00	2,202.48	✓
		SUPPLIES						
1924995976	09/30/2020	09/23/2020	10/18/2020	4.27	0.00	0.00	4.27	✓
		SUPPLIES						
1924995975	09/30/2020	09/23/2020	10/18/2020	75.00	0.00	0.00	75.00	✓
		SUPPLIES						
1924995974	09/30/2020	09/23/2020	10/18/2020	76.30	0.00	0.00	76.30	✓
		SUPPLIES						

Vendor# G0333	Vendor Totals:		Number	Name		Gross	Discount	No-Pay		Net	
	M2470			MEDLINE INDUST		27,650.88	0.00	0.00		27,650.88	
			Vendor Name		Class	Pay Code					
			MICHAEL GAINES ✓		W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	092920	09/30/2020	09/29/2020	09/29/2020				79.00	0.00	0.00	79.00 ✓
	DOT EXAM FEE - PASSED EXAM										
	Vendor Totals:		Number	Name		Gross	Discount	No-Pay		Net	
Vendor# M2685	G0333			MICHAEL GAINES		79.00	0.00	0.00		79.00	
			Vendor Name		Class	Pay Code					
			MICROTEK MEDICAL INC ✓		M						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	4840164	✓ 09/30/2020	07/14/2020	10/22/2020				293.06	0.00	0.00	293.06 ✓
	SUPPLIES										
	Vendor Totals:		Number	Name		Gross	Discount	No-Pay		Net	
	M2685			MICROTEK MEDICA		293.06	0.00	0.00		293.06	
Vendor# 10536			Vendor Name		Class	Pay Code					
			MORRIS & DICKSON CO, LLC ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	6117956	✓ 09/30/2020	09/30/2020	10/10/2020				12.52	0.00	0.00	12.52 ✓
	INVENTORY										
	6117953	✓ 09/30/2020	09/30/2020	10/10/2020				385.20	0.00	0.00	385.20 ✓
	INVENTORY										
	6117955	✓ 09/30/2020	09/30/2020	10/10/2020				31.44	0.00	0.00	31.44 ✓
	INVENTORY										
	6117954	✓ 09/30/2020	09/30/2020	10/10/2020				130.70	0.00	0.00	130.70 ✓
	INVENTORY										
	6123589	✓ 10/07/2020	10/01/2020	10/11/2020				206.40	0.00	0.00	206.40 ✓
	INVENTORY										

tmp_cw5report232183699354193178.html

Vendor#	Vendor Name	Class	Gross	Discount	No-Pay	Net
N0460	NATIONAL BUSINESS FURNITURE M		6,487.90	0.00	0.00	6,487.90

Vendor#	Vendor Name	Class	Gross	Discount	No-Pay	Net
13452	OIL PATCH PETROLEUM		808.00	0.00	0.00	808.00

Vendor#	Vendor Name	Class	Gross	Discount	No-Pay	Net
13452	OIL PATCH PETROL		349.17	0.00	0.00	349.17
01416	ORTHO CLINICAL DIAGNOSTICS					

Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10152	O1416		ORTHO CLINICAL D	755.90	0.00	0.00	755.90
		Vendor Name	Class		Pay Code		
		PARTSSOURCE, LLC					

Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12544	10152		PARTSSOURCE, LL	44.10	0.00	0.00	44.10
		Vendor Name	Class		Pay Code		
		PATRICK OCHOA					

	100220	10/05/2020	10/02/2020	10/02/2020				200.00	0.00	0.00	200.00	✓
		REHAB LAWN										
	100220A	10/05/2020	10/02/2020	10/02/2020				380.00	0.00	0.00	380.00	✓
		CLINIC LAWN										
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net		
	12544		PATRICK OCHOA			1,100.00	0.00	0.00		1,100.00		
Vendor#		Vendor Name		Class		Pay Code						
P1725		PREMIER SLEEP DISORDERS CEN										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	98	✓	09/30/2020	09/30/2020	10/15/2020			1,675.00	0.00	0.00	1,675.00	✓
		SLEEP STUDIES										
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net		
	P1725		PREMIER SLEEP DI			1,675.00	0.00	0.00		1,675.00		
Vendor#		Vendor Name		Class		Pay Code						
10645		REVISTA de VICTORIA										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	09202026	✓	09/30/2020	09/18/2020	09/18/2020			262.50	0.00	0.00	262.50	✓
		AD										
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net		
	10645		REVISTA de VICTOI			262.50	0.00	0.00		262.50		
Vendor#		Vendor Name		Class		Pay Code						
11252		RX WASTE SYSTEMS LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	2757	✓	10/05/2020	10/01/2020	10/26/2020			235.00	0.00	0.00	235.00	✓
		DISPOSAL SERVICE										
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net		
	11252		RX WASTE SYSTEM			235.00	0.00	0.00		235.00		
Vendor#		Vendor Name		Class		Pay Code						
S0900		SAM'S CLUB DIRECT										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	051820	✓	09/30/2020	05/18/2020	10/08/2020			-13.46	0.00	0.00	-13.46	
		CREDIT										
	072920	✓	09/30/2020	07/29/2020	10/08/2020			-605.71	0.00	0.00	-605.71	
		CREDIT										
	080520	✓	09/30/2020	08/05/2020	10/08/2020			44.22	0.00	0.00	44.22	✓
		SUPPLIES										
	080920	✓	09/30/2020	08/09/2020	10/08/2020			17.44	0.00	0.00	17.44	✓
		SUPPLIES										
	090920	✓	09/30/2020	09/09/2020	10/08/2020			107.29	0.00	0.00	107.29	✓
		SUPPLIES										
	091320	✓	09/30/2020	09/13/2020	10/08/2020			63.90	0.00	0.00	63.90	✓
		SUPPLIES										
	091520	✓	09/30/2020	09/15/2020	10/08/2020			123.80	0.00	0.00	123.80	✓
		SUPPLIES										
	090120	✓	09/30/2020	09/24/2020	10/08/2020			33.60	0.00	0.00	33.60	✓
		SUPPLIES										
	082420	✓	09/30/2020	09/24/2020	10/08/2020			241.81	0.00	0.00	241.81	✓
		SUPPLIES										
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net		
	S0900		SAM'S CLUB DIREC			12.89	0.00	0.00		12.89		
Vendor#		Vendor Name		Class		Pay Code						
S1405		SERVICE SUPPLY OF VICTORIA IN W										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	701070708	✓	09/30/2020	09/28/2020	10/28/2020			52.69	0.00	0.00	52.69	✓
		SUPPLIES										
	701070706	✓	09/30/2020	09/28/2020	10/28/2020			-58.72	0.00	0.00	-58.72	✓
		CREDIT										
	701070699	✓	09/30/2020	09/28/2020	10/28/2020			58.72	0.00	0.00	58.72	✓
		SUPPLIES										
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net		
	S1405		SERVICE SUPPLY C			52.69	0.00	0.00		52.69		

Vendor# 10936	Vendor Name SIEMENS FINANCIAL SERVICES					Class	Pay Code			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
115954605	09/30/2020	09/17/2020					2,193.83	0.00	0.00	2,193.83
	MAIT CONTRACT									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
10936		SIEMENS FINANCIA				2,193.83	0.00	0.00	2,193.83	
Vendor# 13508	Vendor Name SIMON HERNANDEZ					Class	Pay Code			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100220	10/02/2020	10/02/2020	10/02/2020				498.73	0.00	0.00	498.73
	REIMBURSE INSURANCE									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
13508		SIMON HERNANDE				498.73	0.00	0.00	498.73	
Vendor# 11296	Vendor Name SOUTH TEXAS BLOOD & TISSUE C					Class	Pay Code			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
007008930	09/30/2020	09/30/2020	10/25/2020				6,106.00	0.00	0.00	6,106.00
	BLOOD									
CM3060	09/30/2020	09/30/2020	10/25/2020				-1,659.00	0.00	0.00	-1,659.00
	CREDIT									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
11296		SOUTH TEXAS BLO				4,447.00	0.00	0.00	4,447.00	
Vendor# C1010	Vendor Name SPARKLIGHT					Class W	Pay Code			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
091620A	09/30/2020	09/16/2020	09/16/2020				2,019.95	0.00	0.00	2,019.95
	ACCT 100987627 CABLE									
091620	09/30/2020	09/16/2020	09/16/2020				90.09	0.00	0.00	90.09
	ACCT 118134105 CABLE									
091620B	09/30/2020	09/16/2020	09/16/2020				1,717.00	0.00	0.00	1,717.00
	ACCT 100951581 CABLE									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
C1010		SPARKLIGHT				3,827.04	0.00	0.00	3,827.04	
Vendor# S2694	Vendor Name STANFORD VACUUM SERVICE					Class M	Pay Code			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
937829	10/07/2020	10/05/2020	10/05/2020				385.00	0.00	0.00	385.00
	GREASE TRAP									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
S2694		STANFORD VACUU				385.00	0.00	0.00	385.00	
Vendor# S3800	Vendor Name STATE COMPTROLLER					Class W	Pay Code			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
092220	09/30/2020	09/22/2020	09/22/2020				368.70	0.00	0.00	368.70
	PENALTY/INTEREST OVERDUE PF									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
S3800		STATE COMPTROLI				368.70	0.00	0.00	368.70	
Vendor# S2830	Vendor Name STRYKER SALES CORP					Class M	Pay Code			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
800012771	09/30/2020	10/15/2019	11/14/2019				500.00	0.00	0.00	500.00
	RF RENTAL									
800014219	09/30/2020	10/31/2019	11/30/2019				2,500.00	0.00	0.00	2,500.00
	RF RENTAL									
800017783	09/30/2020	11/25/2019	12/25/2019				2,500.00	0.00	0.00	2,500.00
	RF RENTAL									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
S2830		STRYKER SALES C				5,500.00	0.00	0.00	5,500.00	
Vendor# 10735	Vendor Name STRYKER SUSTAINABILITY					Class	Pay Code			

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3983583	09/02/2020	08/05/2020	09/04/2020				2,013.69	0.00	0.00	2,013.69
SUPPLIES										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
T2539	10735		STRYKER SUSTAIN			2,013.69	0.00	0.00	2,013.69	
	Vendor Name					Class		Pay Code		
	T-SYSTEM, INC					W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
32979	09/30/2020	02/29/2020	03/20/2020				1,144.00	0.00	0.00	1,144.00
CLOUD HOSTING										
39076	09/30/2020	09/27/2020	10/27/2020				431.42	0.00	0.00	431.42
ERX LICENSE										
39157	09/30/2020	09/30/2020	10/28/2020				5,699.00	0.00	0.00	5,699.00
TRACKING/CLOUD HOSTING										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
T2539	11944		T-SYSTEM, INC			7,274.42	0.00	0.00	7,274.42	
	Vendor Name					Class		Pay Code		
	TALX CORPORATION									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1001937385	09/30/2020	09/08/2020	10/08/2020				10.99	0.00	0.00	10.99
EMPLOYEE VERIFICATIONS										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
11944	11303		TALX CORPORATIC			10.99	0.00	0.00	10.99	
	Vendor Name					Class		Pay Code		
	TEXAS DEPT OF ST HEALTH SER									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100220	10/02/2020	10/02/2020	10/02/2020				250.00	0.00	0.00	250.00
MATERNAL DESIGNATION LEVEL										
102020A	10/02/2020	10/02/2020	10/02/2020				250.00	0.00	0.00	250.00
NEOATAL DESIGNATION										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
11303	10732		TEXAS DEPT OF ST			500.00	0.00	0.00	500.00	
	Vendor Name					Class		Pay Code		
	THERACOM, LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2194651883	08/19/2020	07/30/2020	10/25/2020				1,173.06	0.00	0.00	1,173.06
INVENTORY										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
10732	U1054		THERACOM, LLC			1,173.06	0.00	0.00	1,173.06	
	Vendor Name					Class		Pay Code		
	UNIFIRST HOLDINGS					W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8400343286	09/30/2020	09/24/2020	10/19/2020				156.30	0.00	0.00	156.30
LAUNDRY										
8400343339	09/30/2020	09/24/2020	10/19/2020				122.49	0.00	0.00	122.49
LAUNDRY										
8400343541	09/30/2020	09/28/2020	10/23/2020				45.15	0.00	0.00	45.15
LAUNDRY										
8400343542	09/30/2020	09/28/2020	10/23/2020				42.18	0.00	0.00	42.18
LAUNDRY										
8400343566	09/30/2020	09/28/2020	10/23/2020				1,353.80	0.00	0.00	1,353.80
LAUNDRY										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
U1054	U1056		UNIFIRST HOLDING			1,719.92	0.00	0.00	1,719.92	
	Vendor Name					Class		Pay Code		
	UNIFORM ADVANTAGE					W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
11651961	09/30/2020	09/29/2020	10/14/2020				84.91	0.00	0.00	84.91
UNIFORM DAWN MCCLELLAND										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
U1056	U1056		UNIFORM ADVANT/			84.91	0.00	0.00	84.91	

tmp__cw5report232183699354193178.html

APPROVED
ON
OCT 08 2020 CLK#
187535-
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS 187609

RECEIVED

RUN DATE: 10/08/20
TIME: 10:49
OCT 08 2020

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1
APCDEDIT

PATIENT
NUMBER
Calhoun County Auditor
PAYEE NAME

DATE
AMOUNT
PAY PAT
CODE TYPE DESCRIPTION

GL NUM

100720	49.91	✓	2
100720	95.20	✓	3
100720	29.00	✓	2
100720	120.00	✓	2
100720	110.00	✓	2
100720	125.00	✓	2

ARID=0001 TOTAL

529.11

TOTAL

529.11

APPROVED
ON

OCT 08 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#

187616-

187621



0556709000527279903036780303678031

Company Account Number	Payment Date	New Balance	Minimum Amount Due	Enter Amount Paid
	10/28/2020	\$3,036.78 ✓	\$3,036.78	

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

PK
10-16-20
Confirmation # DWR-00494760

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
10/03/2020

Payment Date
10/28/2020

Company Credit Line	Available Credit Line	Cash Advance Limit	Available Cash Line
\$30,000.00	\$26,963.22	\$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	\$6,566.67	- \$6,566.67		\$3,036.78		\$3,036.78
	Advances						
	TOTAL	\$6,566.67	- \$6,566.67		\$3,036.78		\$3,036.78

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

CARDMEMBER SUMMARY

		Previous Balance	Payments	Credits	Purchases and Advances	Interest Charges	New Balance
Monthly Limit: \$20,000.00	Purchases				\$3,036.78		
	Advances						
	TOTAL				\$3,036.78		\$3,036.78

COMPANY BOOKKEEPING DETAIL

C0001 CALHOUN COUNTY MMC				
Monthly Limit	Cash Limit*	Available Credit Line	Available Cash Line**	
\$30,000.00	\$0.00	\$26,963.22	\$0.00	
Sale Date	Post Date	Reference Number	Type of Activity	Total Amount
09/09/2020	09/09/2020	75472330253253411100028	PAYMENT RECEIVED -- THANK YOU	\$2,417.90 PY

DAYS IN BILLING PERIOD: 030				
Balance Subject		Purchases	Cash Advances	Payment Due: \$3,036.78
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: \$3,036.78



Company Account Number

Statement Date

10/03/2020

09/23/2020	09/24/2020	75472330268267411000247	PAYMENT THANK YOU	\$4,148.77 PY
------------	------------	-------------------------	-------------------	---------------

INDIVIDUAL CARDHOLDER ACTIVITY

Monthly Limit		Cash Limit*		
\$20,000.00		\$0.00		
Sale Date	Post Date	Reference Number	Type of Activity	Amount
09/04/2020	09/07/2020	55429500248852202231157	AHRA 9784437591 MA 20223115	\$199.00
09/04/2020	09/07/2020	55429500249852218927656	TEXASORGANI 5126156270 TX 21892765	\$100.00
09/12/2020	09/14/2020	75306370257328200190002	TEXAS OCCUPATIONAL THE 512-4548682 TX	\$135.00
09/14/2020	09/16/2020	75306370259323900191010	TEXAS OCCUPATIONAL THE 512-4548682 TX	\$99.00
09/15/2020	09/16/2020	55310200260400003000033	MEDREPAIR LLC 2693271894 MI	\$975.00
09/15/2020	09/16/2020	55429500259852734246836	PAYPAL TEXASORGANI 4029357733 TX 73424683	\$795.00
09/15/2020	09/17/2020	85482980260701960402559	BOHLS BEARING TEL2102229677 TX 260899 01/10/20	\$84.50
09/16/2020	09/18/2020	75265860261463602333299	MOTIVATIONS INC CEU 803-802-5454 SC AR1E6B92954E	\$300.00
09/17/2020	09/18/2020	82305550261000000004331	WWW.WEBINARPLANET.COM FARIDABAD HR	\$169.00
09/19/2020	09/21/2020	55432860263200718833095	AMA CREDENTIALING 800-621-8335 IL	\$44.00
09/24/2020	09/25/2020	55488720269091279001633	TXDPS CRIME RECS 5124242936 TX	\$92.28
09/25/2020	09/25/2020	55432860269200181635963	AMA CREDENTIALING 800-621-8335 IL	\$44.00
TOTAL PURCHASES/ADVANCES/CREDITS				\$3,036.78

APPROVED
ON

OCT 09 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

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

citi

0556709800364699700000000000000031

RECEIVED

OCT 08 2020

Harris County Auditor

Account Number	Payment Date	New Balance	Minimum Amount Due	Enter Amount Paid
**** *	10/28/2020	\$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	\$3,036.78	\$3,036.78	\$20,000.00

Statement Date
10/03/2020

Payment Date
10/28/2020

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*****

09/04/2020	09/07/2020	55429500248852202231157	AHRA 20223115	9784437591 MA	✓ \$199.00 ✓
09/04/2020	09/07/2020	55429500249852218927656	TEXASORGANI 21892765	5126156270 TX	✓ \$100.00 ✓
09/12/2020	09/14/2020	75306370257328200190002	TEXAS OCCUPATIONAL THE	512-4548682 TX	✓ \$135.00 ✓
09/14/2020	09/16/2020	75306370259323900191010	TEXAS OCCUPATIONAL THE	512-4548682 TX	✓ \$99.00 ✓
09/15/2020	09/16/2020	55310200260400003000033	MEDREPAIR LLC	2693271894 MI	✓ \$975.00 ✓
09/15/2020	09/16/2020	55429500259852734246836	PAYPAL TEXASORGANI 73424683	4029357733 TX	✓ \$795.00 ✓
09/15/2020	09/17/2020	85482980260701960402559	BOHLS BEARING 260899 01/10/20	TEL2102229677 TX	✓ \$84.50 ✓
09/16/2020	09/18/2020	75265860261463602333299	MOTIVATIONS INC CEU AR1E6B92954E	803-802-5454 SC	✓ \$300.00 ✓
09/17/2020	09/18/2020	82305550261000000004331	WWW.WEBINARPLANET.COM	FARIDABAD HR	✓ \$169.00 ✓
09/19/2020	09/21/2020	55432860263200718833095	AMA CREDENTIALING	800-621-8335 IL	✓ \$44.00 ✓

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: 030			Purchases	Cash Advances	Payment Due: \$0.00		
Balance Subject 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: \$0.00		

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

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



Account Number
.....

Statement Date
10/03/2020

Sale Date	Post Date	Reference Number	Type of Activity	Amount
NOTICE MEMO ITEM(S) LISTED BELOW				
09/24/2020	09/25/2020	55488720269091279001633	TXDPS CRIME RECS	5124242936 TX ✓ \$92.28 ✓
09/25/2020	09/25/2020	55432860269200181635963	AMA CREDENTIALING	800-621-8335 IL ✓ \$44.00 ✓
*****TOTAL AMOUNT OF MEMO ITEM(S):				\$3,036.78

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
CW

OCT 09 2020

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

①

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 Corp

Date: 10/7/2020

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	—		AHRA - online CRA Exam			199.00
2			Workshop - Farah Janak			
3	—		TORCH - 2020 Fall Conference			100.00
4			RHC Workshop - Darnette Bethany			
5	—		Texas Occupational Therapy			135.00
6			Membership Renewal - Amanda Griggs			
7	—		Texas Occupational Therapy			99.00
8			Registration for Amanda Griggs, OT			
9	—		PayPal - TORCH 2020 Fall			795.00
10			Conference Registration - Admin			

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

NOTES:

charges made to Mr. Anglin's MC

Contact:	Date:	Dept. Director _____
Quoted By:		Dir. Nursing _____
Buyer:	E.T.A.	Adm. Dir. Clinical Service _____
		CFO _____
		Administrator <u>[Signature]</u>

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 Corp

Date: 10/7/2020

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	—		BOHLS Bearing - Invoice			84.50
2	199	00	from 1/10/20 - Plant Ops - <u>Yellow Block</u>			
3	100	00	Motivations Inc. - Registration			300.00
4	99	00	for Penny Goulden - Rehab			
5	84	50	Webinar Planet- CMS Hospital			169.00
6	169	00	(CoPs) 2020 - Erin Clevenger			
7	44	00	AMA Credentialing - X1			44.00
8	92	28	Init + Cont. Monitoring			
9	92	28	Texas Crime Recs - HR + Credentialing			92.28
10	—		30 credits AMA Credentialing - X1			44.00

Est. Freight

Est. Total Cost

TOTAL COST

NOTES:

striker charger w/ 4110-415 modules plus shipping

975.00

charges made to Mr. Anglin's MC

total - Tech 2020 Fall conference and
interest

Total cost \$3,036.78

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

Dept. Director
Dir. Nursing
Adm. Dir. Clinical Service
CFO
Administrator

10/9/2020 RECEIVED

tmp__cw5report7088480928641633860.html

OCT 09 2020

10/09/2020

08:32

Calhoun County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

0
ap_open_invoice.template

Vendor#

Vendor Name

Class

Pay Code

12992

BANK DIRECT CAPITAL FINANCE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
091220	09/30/2020	09/12/2020	10/01/2020				3,361.30	0.00	0.00	3,361.30

HEALTH INSURANCE

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

12992

BANK DIRECT CAPI

3,361.30

0.00

0.00

3,361.30

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

3,361.30

0.00

0.00

3,361.30

APPROVED
ON

OCT 09 2020

CK#
187536

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON**STATEMENT**

Company: 8000

MEMORIAL MEDICAL CENTER
AP
815 N VIRGINIA STREET
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 10/02/2020

Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 10/03/2020To ensure proper credit to your
account, detach and return this
stub with your remittanceAs of: 10/02/2020 Page: 002
Mail to: Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 632536 PLEASE CHECK ANY
Date: 10/03/2020 ITEMS NOT PAID (✓)

ling te	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
------------	-------------	----------------------	--	-------------	------------------	-------------------	--------	-----------------	--------	----------------------	--

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

ITAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 33,791.20 USD

ture Due: 0.00

If Paid By 10/06/2020,
Pay This Amount:

33,115.38 USD

Due If Paid On Time:
USD

33,115.38 ✓

st Due: 0.00

Disc lost if paid late:

675.82

st Payment 2,451.97
/07/2017If Paid After 10/06/2020,
Pay this Amount:

33,791.20 USD

Due If Paid Late:
USD

33,791.20

808*29 +
20*861+28 +
842*66 +
7*228*56 +
2*167*21 +
1*207*28 +
53*115*38 +

CK # 500141

APPROVED
ON

OCT 12 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON**STATEMENT**

Company: 8000

As of: 10/02/2020

Page: 001

To ensure proper credit to your
account, detach and return this
stub with your remittanceCVS PHCY 8923/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: 400

Customer: 835434
Date: 10/03/2020As of: 10/02/2020 Page: 001
Mail to: Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 835434 PLEASE CHECK ANY
Date: 10/03/2020 ITEMS NOT PAID (✓)

Billing date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835434 CVS PHCY 8923/MEM MC PHS											
01/01/2020	10/06/2020	7226994312	904630	115Invoice	16.50	824.79		808.29	✓	7226994312	

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

TOTAL: Customer Number 835434 CVS PHCY 8923/MEM MC PHS
Subtotals:

824.79 USD

Future Due: 0.00

If Paid By 10/06/2020,
Pay This Amount:

808.29 USD

Past Due: 0.00

If Paid After 10/06/2020,
Pay this Amount:

824.79 USD

Past Payment 4,030.90
3/31/2020

Due If Paid On Time:

USD

808.29 ✓

Disc lost if paid late:

16.50

Due If Paid Late:

USD

824.79

APPROVED
GM

OCT 12 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON**STATEMENT**

Company: 8000

As of: 10/02/2020

Page: 001

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

DC: 8115

Territory: 400

Customer: 464450

Date: 10/03/2020

As of: 10/02/2020 Page: 001
Mail to: Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyHEB PHY FC 490/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 464450 PLEASE CHECK ANY
Date: 10/03/2020 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account 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											
01/01/2020	10/06/2020	7226986501	55x579849	115Invoice	9.86	493.24		483.38	✓	7226986501	
01/01/2020	10/06/2020	7226986504	55x580036	115Invoice	9.51	475.26		465.75	✓	7226986504	
01/01/2020	10/06/2020	7226986509	55x580359	115Invoice	63.09	3,154.58		3,091.49	✓	7226986509	
01/01/2020	10/06/2020	7226986510	55x580364	115Invoice	169.13	8,456.55		8,287.42	✓	7226986510	
01/01/2020	10/06/2020	7226986511	55x580372	115Invoice	101.45	5,072.72		4,971.27	✓	7226986511	
02/02/2020	10/06/2020	7227227296	55x582134	115Invoice	72.69	3,634.66		3,561.97	✓	7227227296	

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

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

Subtotals: 21,287.01 USD

Future Due: 0.00

Past Due: 0.00

Past Payment 7,841.39
9/28/2020If Paid By 10/06/2020,
Pay This Amount:

20,861.28 USD

If Paid After 10/06/2020,
Pay this Amount:

21,287.01 USD

Due If Paid On Time:

USD

20,861.28

Disc lost if paid late:

425.73

Due If Paid Late:

USD

21,287.01

APPROVED
ON

OCT 12 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON**STATEMENT**

Company: 8000

As of: 10/02/2020

Page: 001

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

DC: 8115

Territory: 400

Customer: 262252

Date: 10/03/2020

As of: 10/02/2020 Page: 001
Mail to: Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCVS PHCY 7006/MEMORIA PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 262252 PLEASE CHECK ANY
Date: 10/03/2020 ITEMS NOT PAID (✓)

Billing date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 262252 CVS PHCY 7006/MEMORIA PHS											
01/01/2020	10/06/2020	7226994457	904829	115Invoice	16.68	833.91		817.23	✓	7226994457	
01/01/2020	10/06/2020	7226994458	904829	115Invoice	0.52	25.95		25.43	✓	7226994458	

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

OTAL: Customer Number 262252 CVS PHCY 7006/MEMORIA PHS

Subtotals:

859.86 USD

uture Due: 0.00

If Paid By 10/06/2020,
Pay This Amount:

842.66 USD

ast Due: 0.00

If Paid After 10/06/2020,
Pay this Amount:

859.86 USD

ast Payment 7,841.39
9/28/2020

Due If Paid On Time:

USD

842.66

Disc lost if paid late:

17.20

Due If Paid Late:

USD

859.86

APPROVED
ON

OCT 12 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 10/02/2020

Page: 001

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

DC: 8115

Territory: 400

Customer: 256342

Date: 10/03/2020

As of: 10/02/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 10/03/2020 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
9/28/2020	10/06/2020	7226199552	9124757050	115Invoice	1.22	60.87		59.65 ✓		7226199552	
9/28/2020	10/06/2020	7226199553	0925200159-00	115Invoice	44.99	2,249.54		2,204.55 ✓		7226199553	
9/28/2020	10/06/2020	7226199554	1163551	115Invoice	0.01	0.65		0.64 ✓		7226199554	
9/28/2020	10/06/2020	7226199555	1163691	115Invoice	0.01	0.32		0.31 ✓		7226199555	
9/28/2020	10/06/2020	7226199556	9124758004	115Invoice	35.87	1,793.48		1,757.61 ✓		7226199556	
9/28/2020	10/06/2020	7226199557	0927200312-00	115Invoice	9.65	482.68		473.03 ✓		7226199557	
9/29/2020	10/06/2020	7226486664	2770052448	115Invoice	9.00	450.07		441.07 ✓		7226486664	
9/29/2020	10/06/2020	7226667895	834803147	195Invoice	0.03	1.27		1.24 ✓		7226667895	
9/29/2020	10/06/2020	7226667896	00009282020TM	115Invoice	0.01	0.63		0.62 ✓		7226667896	
9/30/2020	10/06/2020	7226740771	0929200139-00	115Invoice	0.03	1.61		1.58 ✓		7226740771	
9/30/2020	10/06/2020	7226924430	835039842	195Invoice	0.04	1.89		1.85 ✓		7226924430	
10/01/2020	10/06/2020	7227171237	835284374	195Invoice	0.02	0.94		0.92 ✓		7227171237	
10/02/2020	10/06/2020	7227248199	8420057377	115Invoice	16.93	846.34		829.41 ✓		7227248199	
10/02/2020	10/06/2020	7227251203	1001200330-00	115Invoice	21.98	1,099.12		1,077.14 ✓		7227251203	
10/02/2020	10/06/2020	7227407484	835507307	195Invoice	7.73	386.67		378.94 ✓		7227407484	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 7,376.08 USD

Future Due: 0.00

If Paid By 10/06/2020,
Pay This Amount:

7,228.56 USD

Past Due: 0.00

If Paid After 10/06/2020,
Pay this Amount:

7,376.08 USD

First Payment 3/28/2020 7,841.39

Due If Paid On Time:

USD 7,228.56

Disc lost if paid late:

147.52

Due If Paid Late:

USD 7,376.08

APPROVED
ON

OCT 12 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MCKESSON**STATEMENT**

Company: 8000

As of: 10/02/2020

Page: 001

To ensure proper credit to your
account, detach and return this
stub with your remittanceHEB PHCY 0434/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: 400

Customer: 190813
Date: 10/03/2020As of: 10/02/2020 Page: 001
Mail to: Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 190813 PLEASE CHECK ANY
Date: 10/03/2020 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813	HEB PHCY 0434/MEM MED PHS										
10/02/2020	10/06/2020	7227239295	2017019611	115 Invoice	44.23	2,211.54		2,167.31	✓	7227239295	

P = Past Due Item, F = Future Due Item, blank = Current Due Item

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

Subtotals: 2,211.54 USD

Future Due: 0.00

Past Due: 0.00

First Payment 3/28/2020 7,841.39

If Paid By 10/06/2020,
Pay This Amount:

2,167.31 USD

If Paid After 10/06/2020,
Pay this Amount:

2,211.54 USD

Due If Paid On Time:

USD

2,167.31

Disc lost if paid late:

44.23

Due If Paid Late:

USD

2,211.54

APPROVED
ON

OCT 12 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

OK # 500141

McKESSON**STATEMENT**

Company: 8000

As of: 10/02/2020

Page: 001

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

DC: 8115

Territory: 400

Customer: 835438
Date: 10/03/2020As of: 10/02/2020 Page: 001
Mail to: Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCVS PHCY 7475/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 835438 PLEASE CHECK ANY
Date: 10/03/2020 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438	CVS PHCY 7475/MEM MC PHS										
10/01/2020	10/06/2020	7227155820	905237	115Invoice	24.64	1,231.92		1,207.28	✓	7227155820	

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: 1,231.92 USD

Future Due: 0.00

Past Due: 0.00

First Payment 7,841.39
10/28/2020If Paid By 10/06/2020,
Pay This Amount:

1,207.28 USD

If Paid After 10/06/2020,
Pay this Amount:

1,231.92 USD

Due If Paid On Time:

USD 1,207.28

Disc lost if paid late:

24.64

Due If Paid Late:

USD 1,231.92

APPROVED
ON

OCT 12 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON**STATEMENT**

As of: 10/09/2020

Page: 002

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

Company: 8000

MEMORIAL MEDICAL CENTER
AP
815 N VIRGINIA STREET
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory:

Customer: 632536
Date: 10/10/2020As of: 10/09/2020 Page: 002
Mail to: Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 632536 PLEASE CHECK ANY
Date: 10/10/2020 ITEMS NOT PAID (✓)

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 23,394.99 USD

Future Due: 0.00

If Paid By 10/13/2020,
Pay This Amount:

22,926.71 USD

Past Due: 18.75-

If Paid After 10/13/2020,
Pay this Amount:

23,394.99 USD

Last Payment
10/07/2017 2,451.97Due If Paid On Time:
USD

22,926.71 ✓

Disc lost if paid late:

468.28

Due If Paid Late:
USD

23,394.99

14,036.94 +
7,744.39 +
53.21 +
1,092.17 +
22,926.71 =

CK # 500143

APPROVED
ON

OCT 12 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON**STATEMENT**

As of: 10/09/2020

Page: 001

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

Company: 8000

HEB PHY FC 490/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for Information only

DC: 8115

Territory: 400

Customer: 464450
Date: 10/10/2020As of: 10/09/2020 Page: 001
Mail to: Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 464450 PLEASE CHECK ANY
Date: 10/10/2020 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account 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											
0/06/2020	10/13/2020	7227786775	55x587149	115Invoice	20.82	1,041.09		1,020.27 ✓		7227786775	
0/08/2020	10/13/2020	7228278520	55x592384	961Invoice	1.34	66.90		65.56 ✓		7228278520	
0/08/2020	10/13/2020	7228306334	55x592325	115Invoice	167.47	8,373.28		8,205.81 ✓		7228306334	
0/08/2020	10/13/2020	7228306335	55x592370	115Invoice	32.88	1,644.21		1,611.33 ✓		7228306335	
0/08/2020	10/13/2020	7228306336	55x592384	115Invoice	63.96	3,197.93		3,133.97 ✓		7228306336	

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: 14,323.41 USD

Future Due: 0.00

If Paid By 10/13/2020,
Pay This Amount:

14,036.94 USD

Past Due: 0.00

If Paid After 10/13/2020,
Pay this Amount:

14,323.41 USD

Last Payment 33,115.38
0/05/2020

Due If Paid On Time:

USD 14,036.94 ✓

Disc lost if paid late:

286.47

Due If Paid Late:

USD 14,323.41

APPROVED
ON

OCT 12 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON**STATEMENT**

As of: 10/09/2020

Page: 001

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

Company: 8000

DC: 8115

Territory: 400

Customer: 256342

Date: 10/10/2020

As of: 10/09/2020
Mail to:Page: 001
Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyWALMART 1098/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 256342 PLEASE CHECK ANY
Date: 10/10/2020 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
0/05/2020	10/13/2020	7227525810	4620075464	115Invoice	53.10	2,654.90		2,601.80	✓	7227525810	
0/05/2020	10/13/2020	7227525812	1004201227-00	115Invoice	3.93	196.64		192.71	✓	7227525812	
0/05/2020	10/13/2020	7227754294	00010042020TM	115Invoice	34.94	1,746.88		1,711.94	✓	7227754294	
0/06/2020	10/13/2020	7227803830	4620076366	115Invoice	35.52	1,775.76		1,740.24	✓	7227803830	
0/06/2020	10/13/2020	7227803834	1005200503-00	115Invoice	2.39	119.65		117.26	✓	7227803834	
0/06/2020	10/13/2020	7227979525	836068840	195Invoice	11.99	599.67		587.68	✓	7227979525	
0/07/2020	10/13/2020	7228038368	1006200233-00	115Invoice	0.01	0.32		0.31	✓	7228038368	
0/07/2020	10/13/2020	7228229401	836303882	195Invoice	0.02	1.23		1.21	✓	7228229401	
0/08/2020	10/13/2020	7228294865	1170116676	115Invoice		0.12		0.12	✓	7228294865	
0/08/2020	10/13/2020	7228482784	836550636	195Invoice	0.02	0.96		0.94	✓	7228482784	
0/09/2020	10/13/2020	7228579620	2670111359	115Invoice	0.02	0.96		0.94	✓	7228579620	
0/09/2020	10/13/2020	7228579622	2670111359	115Invoice	8.24	412.16		403.92	✓	7228579622	
0/09/2020	10/13/2020	7228579623	1008200302-00	115Invoice	6.08	303.77		297.69	✓	7228579623	
0/09/2020	10/13/2020	7228579624	1008200302-00	115Invoice	0.01	0.63		0.62	✓	7228579624	
0/09/2020	10/13/2020	7228751710	836773693	195Invoice	1.78	88.79		87.01	✓	7228751710	

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: 7,902.44 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 33,115.38
0/05/2020If Paid By 10/13/2020,
Pay This Amount:

7,744.39 USD

If Paid After 10/13/2020,
Pay this Amount:

7,902.44 USD

Due If Paid On Time:
USD

7,744.39 ✓

Disc lost if paid late:

158.05

Due If Paid Late:
USD

7,902.44

APPROVED
ON

OCT 12 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON**STATEMENT**

As of: 10/09/2020

Page: 001

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

Company: 8000

DC: 8115

As of: 10/09/2020
Mail to:Page: 001
Comp: 8000HEB PHCY 0434/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 400

Customer: 190813
Date: 10/10/2020AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 190813 PLEASE CHECK ANY
Date: 10/10/2020 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
0/07/2020	10/13/2020	7228036608	2017019848	115Invoice	0.08	3.86		3.78	✓	7228036608	
0/08/2020	10/08/2020	7228532799	MFC PR CORR CR	Pricing Cor		18.75- P		18.75- P	✓	7228532799	
0/08/2020	10/13/2020	7228533200	MFC PR CORR IN	Pricing Cor	0.08	4.07		3.99	✓	7228533200	
0/09/2020	10/13/2020	7228583209	2017019992	115Invoice	1.31	65.50		64.19	✓	7228583209	

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:

54.68 USD

Future Due: 0.00

If Paid By 10/13/2020,
Pay This Amount:

53.21 USD

Due If Paid On Time:
USD

53.21 ✓

Past Due: 18.75-

Disc lost if paid late:

1.47

Last Payment 0/05/2020 33,115.38

If Paid After 10/13/2020,
Pay this Amount:

54.68 USD

Due If Paid Late:
USD

54.68

APPROVED
ON

OCT 12 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON**STATEMENT**

Company: 8000

As of: 10/09/2020

Page: 001

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

DC: 8115

Territory: 400

Customer: 835438

Date: 10/10/2020

As of: 10/09/2020

Mail to:

Page: 001

Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCVS PHCY 7475/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 835438 PLEASE CHECK ANY
Date: 10/10/2020 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS											
0/09/2020	10/13/2020	7228756094	912141	115Invoice	22.29	1,114.46		1,092.17	✓	7228756094	

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: 1,114.46 USD

Future Due: 0.00

If Paid By 10/13/2020,
Pay This Amount:

1,092.17 USD

Past Due: 0.00

If Paid After 10/13/2020,
Pay this Amount:

1,114.46 USD

Last Payment 33,115.38
0/05/2020

Due If Paid On Time:

USD

1,092.17 ✓

Disc lost if paid late:

22.29

Due If Paid Late:

USD

1,114.46

APPROVED
GN

OCT 12 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS



STATEMENT

Statement Number: 59830932
Date: 10-09-2020

1 of 1

AMERISOURCEBERGEN DRUG
CORPORATION
1300 MORRIS DRIVE
CHESTERBROOK PA 19087Customer:
WALGREENS #12494 340B
MEMORIAL MEDICAL CENTER
1302 N VIRGINIA ST
PORT LAVACA TX 77979-2509Remit To:
AMERISOURCEBERGEN
P.O. Box 905223
CHARLOTTE NC 28290-5223

Customer Number

0100135284 / 037028186

Terms

Monday - Friday due in 7 days

Summary

Not Yet Due:	0.00
Current:	21.65
Past Due:	0.00
Total Due:	21.65
Account Balance:	21.65

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
0-05-2020	10-16-2020	3043175848	158363	Invoice	3.81		0.00	3.81
0-05-2020	10-16-2020	3043175849	158365	Invoice	1.68		0.00	1.68
0-05-2020	10-16-2020	3043197913	158413	Invoice	0.31		0.00	0.31
0-06-2020	10-16-2020	3043239380	158423	Invoice	0.29		0.00	0.29
0-07-2020	10-16-2020	3043280267	158430	Invoice	15.56		0.00	15.56

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
21.65	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

late	Amount
0-09-2020	(114.90)

Reminders

Due Date	Amount
10-16-2020	21.65
Total Due:	21.65

CK # 500144

APPROVED
ON
OCT 12 2020
COUNTY CLERK
CALHOUN COUNTY, TEXAS

Sold By:	AMERISOURCEBERGEN DRUG CORPORATION 1300 MORRIS DRIVE CHESTERBROOK PA 19087	Customer:	WALGREENS #12494 340B MEMORIAL MEDICAL CENTER 1302 N VIRGINIA ST PORT LAVACA TX 77979-2509
Remit To:	AMERISOURCEBERGEN P.O. Box 905223 CHARLOTTE NC 28290-5223		

Customer Number	
0100135284 / 037028186	
Terms	
Monday - Friday due in 7 days	
Summary	
Not Yet Due:	0.00
Current:	114.90
Past Due:	0.00
Total Due:	114.90
Account Balance:	114.90

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
09-28-2020	10-09-2020	3042927837	158253	Invoice	29.56		0.00	29.56 ✓
09-28-2020	10-09-2020	3042927838	158256	Invoice	2.92		0.00	2.92 ✓
09-28-2020	10-09-2020	3042943775	158302	Invoice	8.21		0.00	8.21 ✓
09-29-2020	10-09-2020	3042993691	158311	Invoice	0.31		0.00	0.31 ✓
09-30-2020	10-09-2020	3043038446	158328	Invoice	71.45		0.00	71.45 ✓
10-01-2020	10-09-2020	3043091856	158340	Invoice	2.45		0.00	2.45 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
114.90	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
10-02-2020	(1,060.84)

Reminders

Due Date	Amount
10-09-2020	114.90
Total Due:	114.90

CK # 500142

APPROVED
ON
OCT 12 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

TOLL FREE PHONE NUMBER: 1-800-555-3453

(EFTPS TUTORIAL SYSTEM: 1-800-572-8683)

☐ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	#### ENTER: ###															
☐ "ENTER YOUR 4-DIGIT PIN"																
☐ "MAKE A PAYMENT, PRESS 1"	1															
☐ "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★ 941 #															
☐ "IF FEDERAL TAX DEPOSIT ENTER 1"	1															
☐ "ENTER 2-DIGIT TAX FILING YEAR"	★ 20															
☐ "ENTER 2-DIGIT TAX FILING ENDING MONTH" 1ST QTR - 03 (MARCH) - Jan, Feb, Mar 2ND QTR - 06 (JUNE) - Apr, May, June 3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept 4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec	★ 12															
☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN" "1 TO CONFIRM" "ENTER W/CENTS AMOUNT OF SOCIAL SECURITY" "ENTER W/CENTS AMOUNT OF MEDICARE" "ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	★ <table border="1"><tr><td>\$</td><td>95,928.60</td><td>#</td></tr><tr><td></td><td>1</td><td></td></tr><tr><td>0</td><td>\$ 48,909.34</td><td>#</td></tr><tr><td></td><td>\$ 11,692.52</td><td>#</td></tr><tr><td></td><td>\$ 35,326.74</td><td>#</td></tr></table>	\$	95,928.60	#		1		0	\$ 48,909.34	#		\$ 11,692.52	#		\$ 35,326.74	#
\$	95,928.60	#														
	1															
0	\$ 48,909.34	#														
	\$ 11,692.52	#														
	\$ 35,326.74	#														
☐ "6-DIGIT SETTLEMENT DATE" "1 TO CONFIRM"	CHECK ★ 1															
☐ ACKNOWLEDGEMENT NUMBER																

CALLED IN BY:
CALLED IN DATE:
CALLED IN TIME:

Run Date: 10/09/20
Time: 15:11

MEMORIAL MEDICAL CENTER
Payroll Register (Bi-Weekly)
Pay Period 09/25/20 - 10/08/20 Run# 1

Page 113
P2REG

Final Summary

-- Pay Code Summary -----						*-- Deductions Summary -----*					
PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross	Code	Amount	
1	REGULAR PAY-S1	9506.00	N		N	N		190176.42	A/R	692.36	A/R2 70.96 A/R3
1	REGULAR PAY-S1	1731.25	N		N	N	N	76615.58	ADVANC	AWARDS	BOOTS
1	REGULAR PAY-S1	315.00	Y		N	N		8741.09	CAFE-H	CAFE-1	CAFE-2
2	REGULAR PAY-S2	2534.75	N		N	N		58402.76	CAFE-3	CAFE-4	CAFE-5
2	REGULAR PAY-S2	4.00	N		N	N	N	222.96	CAFE-C	CAFE-D	1722.89 CAFE-F
2	REGULAR PAY-S2	175.50	Y		N	N		5778.61	CAFE-H	19489.54 CAFE-I	CAFE-L
3	REGULAR PAY-S3	1555.50	N		N	N		42203.37	CAFE-P	CANCER	CHILD
3	REGULAR PAY-S3	8.00	N		N	N	N	461.92	CLINIC	165.00 COMBIN	438.97 CREDUN
3	REGULAR PAY-S3	175.25	Y		N	N		6476.45	DD ADV	DENTAL	DEP-LF
4	CALL BACK PAY	8.00	N	1	N	N		253.36	DIS-LF	EAT	EATCSH
C	CALL PAY	640.00	N		N	N	N	1280.00	FEDTAX	35326.74 FICA-M	5846.26 FICA-O 24454.67
C	CALL PAY	2438.50	N	1	N	N		4877.00	FIRSTC	FLEX S	4216.37 FLX FE
E	EXTRA WAGES		N	1	N	N	N	2101.00	FORT D	FUTA	GIFT S 139.37
F	FUNERAL LEAVE	64.00	N	1	N	N		1940.36	GRANT	GRP-IN	GTL
I	INSERVICE	6.00	N		N	N	N	105.30	HOSP-I	ID TFT	LEAF
I	INSERVICE	22.00	N	1	N	N		577.93	LEGAL	383.60 MASA	830.00 MEALS 318.66
I	INSERVICE	3.50	Y	1	N	N		145.64	MISC	MISC/	MMCSHR
K	EXTENDED-ILLNESS-BANK	220.00	N	1	N	N		6314.30	NATFML	2050.86 OTHER	PHI
P	PAID-TIME-OFF	287.69	N		N	N	N	3956.02	PHI***	PR FIN	RELAY
P	PAID-TIME-OFF	940.77	N	1	N	N		23551.55	REPAY	SAMS	SCRUBS
X	CALL PAY 2	144.00	N	1	N	N		256.00	SIGNON	ST-TX	STONDF 840.86
Y	YMCA/CURVES		N		N	N	N	15.00	STONE	STONE2	STUDEN
Z	CALL PAY 3	48.00	N	1	N	N		144.00	SUNACC	905.31 SUNILL	1345.85 SUNLIF 1331.46
V	COVID-FPCRA	40.00	N	1	N	N			SUNSTD	1675.43 SUNVIS	1206.14 SURCHG 735.00
									TSA-1	TSA-2	TSA-C
									TSA-P	TSA-R	30421.77 TUITION
									UNIFOR	585.68 UW/HOS	

----- Grand Totals: 20867.71 ----- (Gross: 434596.62 Deductions: 135193.97 Net: 299402.65)
| Checks Count:- FT 197 PT 5 Other 44 Female 219 Male 25 Credit OverAmt 5 ZeroNet Term Total: 244 |

Pay date:
10/16/20

Eri
ClemgR

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- October 2, 2020 - October 11, 2020**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>	<u>Amount</u>	
10/2/2020	PAY PLUS ACHTRANS 452579291 101000696025110	- 3rd Party Payor Fee	130.04	130.04 +
10/2/2020	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	1060.84*	10.22 +
10/2/2020	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	292515.19*	17.04 +
10/2/2020	AUTHNET GATEWAY BILLING 113854351 1040000132	- 3rd Party Payor Fee	19.7	56.84 +
10/5/2020	STATE COMPTRLR TEXNET 00217040/01002 2100002	ACCRUED UC IGT	4393.57**	172.65 +
10/5/2020	PAY PLUS ACHTRANS 452579291 101000697274911	- 3rd Party Payor Fee	10.22	586.79 +
10/5/2020	IRS USATAXPYMT 220067985010777 6103601000478	- Payroll Taxes	94069.18*	19.70 +
10/5/2020	FDGL LEASE PYMT 052-1601830-000 410001200510	- Credit Card Machine Lease Expe	32.45	13.70 +
10/5/2020	FDGL LEASE PYMT 052-1479214-000 410001200192	- Credit Card Machine Lease Expe	40.02	32.45 +
10/5/2020	FDGL LEASE PYMT 052-1479213-000 410001200192	- Credit Card Machine Lease Expe	43.26	40.02 +
10/5/2020	FDGL LEASE PYMT 052-1479468-000 410001200193	- Credit Card Machine Lease Expe	69.24	43.26 +
10/6/2020	PAY PLUS ACHTRANS 452579291 101000698243986	- 3rd Party Payor Fee	17.04	69.24 +
10/6/2020	MERCH BNKCD FEE 971160913887 114902520001110	- Credit Card Processing Fee	156.59	156.59 +
10/6/2020	MERCH BNKCD FEE 971160910883 114902520001109	- Credit Card Processing Fee	9.95	9.95 +
10/6/2020	MERCH BNKCD DISCOUNT 971160910883 1149025200	- Credit Card Processing Fee	19.95	19.95 +
10/6/2020	MERCH BNKCD DISCOUNT 971160913887 1149025200	- Credit Card Processing Fee	165.83	165.83 +
10/6/2020	MERCH BNKCD INTERCHNG 971160913887 114902520	- Credit Card Processing Fee	104.53	104.53 +
10/6/2020	MCKESSON DRUG AUTO ACH ACH04329458 910000176	- 340B Drug Program Expense	33115.38**	641.82 +
10/7/2020	PAY PLUS ACHTRANS 452579291 101000699203473	- 3rd Party Payor Fee	56.84	67.40 +
10/7/2020	CLEARGAGE LLC CLEARGAGE, AYH7V0S74B05LYR 242	- Patient Financing Service	67.4	67.40 +
10/9/2020	STATE COMPTRLR TEXNET 00247329/01008 2100002	ACCRUED IGT DSH	30879.84*	67.40 +
10/9/2020	PAY PLUS ACHTRANS 452579291 101000690751401	- 3rd Party Payor Fee	172.65	172.65 +
10/9/2020	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	114.9**	114.90 +
			457,264.61	

Jason Anglin, CEO
Memorial Medical Center

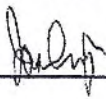
PROSPERITY BANK

* Approved 9:30.20cc
** Approved 9:16.20cc
*** due to early court last week,
will be approved this court.

101/2/2020

Pay Plus
Authnet
Credit Card Processing Fees
Cleargag

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>	<u>Amount</u>
10/21/2020	ACH Payment WEBFILE TAX PYMT DD	- Sales Tax	1,946.38
			
Jason Anglin, CEO		10/2/2020	
Memorial Medical Center			
			457,264.61 +
			1,060.84 -
			292,515.19 -
			4,393.57 -
			94,069.18 -
			33,115.38 -
			30,879.84 -
			114.90 -
			1,115.71 *
			1,115.71 +
			1,115.71 -
			0.00 *

APPROVED
ON

OCT 12 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Sales and Use Tax

Original Return for Period Ending 09/30/2020 (2009)

Confirmation: You Have Filed Successfully

Please do NOT send a paper return.**Print this page for your records.****Reference Number:****Date and Time of Filing:** 10/08/2020 01:13:07 PM**Taxpayer ID:****Taxpayer Name:** MEMORIAL MEDICAL CENTER**Taxpayer Address:** 815 N VIRGINIA ST PORT LAVACA , TX 77979 - 3025**Entered by:****Email Address:****Telephone Number:****IP Address:****Credits Taken**

Are you taking credit to reduce taxes due on this return?

Taking Credit?

No

Licensed Customs Broker Exported Sales

Did you refund sales tax for this filing period on items exported outside the United States based on a Texas Licensed Customs Broker Export Certification?

Refund Sales**Tax?**

No

Loc #	Total Texas Sales	Taxable Sales	Taxable Purchases	Subject to State Tax (Rate .0625)	State Tax Due	Subject to Local Tax	Local Tax Rate	Local Tax Due
00004	23,711	23,711	0	23,711	1,481.94	23,711	.02000	474.22
Total Tax Due								1,956.16

Total Tax Due: = 1,956.16**Timely Filing Discount: - 9.78****Balance Due: = 1,946.38****Pending Payments: - 0.00****Total Amount Due and Payable: = 1,946.38**

(State amount due is 1,474.53)

(Local amount due is 471.85)

[Print](#)
[Return to Menu](#)
[File for Another Taxpayer](#)
[texas.gov](https://mycpa.cpa.state.tx.us/salestaxweb/GotoSuccess.do) |
 [Texas Records and Information Locator \(TRAIL\)](#) |
 [State Link Policy](#) |
 [Texas Homeland Security](#) |
 [Texas Veterans Portal](#)
Glenn Hegar, Texas Comptroller • [Home](#) • [Contact Us](#)
[Privacy and Security Policy](#) |
 [Accessibility Policy](#) |
 [Link Policy](#) |
 [Public Information Act](#) |
 [Compact with Texans](#)

RECEIVED

10/08/2020

10:51

OCT 08 2020

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap_open_invoice.template

Dates Through:

Calhoun County Auditor

Vendor#

Vendor Name

Class

Pay Code

11832

BROADMOOR AT CREEKSIDE PAF

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
092320	09/30/2020	09/23/2020	10/29/2020				3,872.00	0.00	0.00	3,872.00

TRANSFER N# insurance pymt deposited into mme opent

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11832	BROADMOOR AT C		3,872.00	0.00	0.00	3,872.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	3,872.00	0.00	0.00	3,872.00

APPROVED
ON**OCT 08 2020**CK#
187611COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED

10/08/2020

10:52 OCT 08 2020

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Vendor#
11824

Calhoun County Auditor

Vendor Name

THE CRESCENT ✓

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
091420	09/30/2020	09/14/2020	10/29/2020				1,752.89	0.00	0.00	1,752.89 ✓

TRANSFER Nt insurance pymt deposited into mmc operating

093020	09/30/2020	09/30/2020	10/29/2020				1,500.00	0.00	0.00	1,500.00 ✓
--------	------------	------------	------------	--	--	--	----------	------	------	------------

TRANSFER Nt insurance pymt deposited into mmc operating

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11824		THE CRESCENT	3,252.89	0.00	0.00	3,252.89

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	3,252.89	0.00	0.00	3,252.89

APPROVED
GM

OCT 08 2020

CHK#

187614

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

10/8/2020

tmp_cw5report8798579169581770960.html

RECEIVED

10/08/2020

OCT 08 2020

MEMORIAL MEDICAL CENTER

0

10:54

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor#

Calhoun County Auditor

Vendor Name

Class

Pay Code

11836

GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
090920	09/30/2020	09/09/2020	10/29/2020				3,298.66	0.00	0.00	3,298.66 ✓
	TRANSFER NH insurance pymt deposited into mme operating									
091020A	09/30/2020	09/10/2020	10/29/2020				3,291.89	0.00	0.00	3,291.89 ✓
	TRANSFER NH insurance pymt deposited into mme operating									
091020	09/30/2020	09/10/2020	10/29/2020				34,050.69	0.00	0.00	34,050.69 ✓
	TRANSFER NH insurance pymt deposited into mme operating									
11836	09/30/2020	09/11/2020	10/29/2020				69.72	0.00	0.00	69.72 ✓
	TRANSFER NH insurance pymt deposited into mme operating									
091520	09/30/2020	09/15/2020	10/29/2020				1,164.12	0.00	0.00	1,164.12 ✓
	TRANSFER NH insurance pymt deposited into mme operating									
091620	09/30/2020	09/16/2020	10/29/2020				13,060.44	0.00	0.00	13,060.44 ✓
	TRANSFER NH insurance pymt deposited into mme operating									
091720	09/30/2020	09/17/2020	10/29/2020				1,184.02	0.00	0.00	1,184.02 ✓
	TRANSFER NH insurance pymt deposited into mme operating									
093020	09/30/2020	09/30/2020	10/29/2020				26,832.99	0.00	0.00	26,832.99 ✓
	TRANSFER NH insurance pymt deposited into mme operating									
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
11836			GOLDENCREEK HE			82,952.53	0.00	0.00	82,952.53	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	82,952.53	0.00	0.00	82,952.53

APPROVED
OK**OCT 08 2020**CK#
187612**COUNTY AUDITOR**
CALHOUN COUNTY, TEXAS

RECEIVED

OCT 08 2020

10:57

Calhoun County Auditor

Vendor#

12696

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

ap_open_invoice.template

0

Vendor Name

Class

Pay Code

GULF POINTE PLAZA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
093020D	09/30/2020	09/30/2020	10/29/2020				18,001.62	0.00	0.00	18,001.62 ✓
	TRANSFER									
093020	09/30/2020	09/30/2020	10/29/2020				2,080.00	0.00	0.00	2,080.00 ✓
	TRANSFER									
093020A	09/30/2020	09/30/2020	10/29/2020				1,447.95	0.00	0.00	1,447.95 ✓
	TRANSFER									
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net
12696			GULF POINTE PLAZ		21,529.57		0.00	0.00		21,529.57

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	21,529.57	0.00	0.00	21,529.57

APPROVED
ON
OCT 08 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#
187613

RECEIVED

10/08/2020

10:56 OCT 08 2020

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Vendor#
13004
Calhoun County Auditor

Vendor Name

Class

Pay Code

TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
093020A	09/30/2020	09/30/2020	10/29/2020				112.59	0.00	0.00	112.59 ✓
	TRANSFER	NH insurance pymt deposited into mmc operating								
093020B	09/30/2020	09/30/2020	10/29/2020				14,683.70	0.00	0.00	14,683.70 ✓
	TRANSFER	NH insurance pymt deposited into mmc operating								
093020C	09/30/2020	09/30/2020	10/29/2020				2,214.29	0.00	0.00	2,214.29 ✓
	TRANSFER	NH insurance pymt deposited into mmc operating								
093020	09/30/2020	09/30/2020	10/29/2020				14,025.41	0.00	0.00	14,025.41 ✓
	TRANSFER	NH insurance pymt deposited into mmc operating								
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net
13004			TUSCANY VILLAGE			31,035.99	0.00	0.00		31,035.99

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	31,035.99	0.00	0.00	31,035.99

APPROVED
ON

OCT 08 2020

clk#
187615COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

10/8/2020

tmp_cw5report7696249082682227350.html

10/08/2020

MEMORIAL MEDICAL CENTER

0

10:52

AP Open Invoice List

ap_open_invoice.template

Caldoun County Auditor

Dates Through:

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
093020C	09/30/2020	09/30/2020	10/29/2020				6,552.17	0.00	0.00	6,552.17 ✓
	TRANSFER	NH insurance pymt deposited into MMC operating								
093020A	09/30/2020	09/30/2020	10/29/2020				7,744.00	0.00	0.00	7,744.00 ✓
	TRANSFER	NH insurance pymt deposited into MMC operating								
093020B	09/30/2020	09/30/2020	10/29/2020				10,560.00	0.00	0.00	10,560.00 ✓
	TRANSFER	NH insurance pymt deposited into MMC operating								
093020	09/30/2020	09/30/2020	10/29/2020				2,464.00	0.00	0.00	2,464.00 ✓
	TRANSFER	NH insurance pymt deposited into MMC operating								
093020E	09/30/2020	09/30/2020	10/29/2020				30,845.74	0.00	0.00	30,845.74 ✓
	TRANSFER	NH insurance pymt deposited into MMC operating								
093020D	09/30/2020	09/30/2020	10/29/2020				2,588.40	0.00	0.00	2,588.40 ✓
	TRANSFER	NH insurance pymt deposited into MMC operating								
093020F	09/30/2020	09/30/2020	10/29/2020				2,904.30	0.00	0.00	2,904.30 ✓
	TRANSFER	NH insurance pymt deposited into MMC operating								
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net
12792			BETHANY SENIOR I			63,658.61	0.00	0.00		63,658.61

Report Summary

Grand Totals:

Gross	Discount	No-Pay	Net
63,658.61	0.00	0.00	63,658.61

APPROVED
ON

OCT 08 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXASCK#
187610

8

RUN DATE:10/12/20
TIME:14:01

MEMORIAL MEDICAL CENTER
CHECK REGISTER
10/14/20 THRU 10/14/20

PAGE 1
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	187535	10/14/20	120.37	AMBU INC
A/P	187536	10/14/20	3,361.30	BANK DIRECT CAPITAL FINANCE
A/P	187537	10/14/20	90.00	BOSART LOCK & KEY INC
A/P	187538	10/14/20	262.91	CARDINAL HEALTH 414, INC.
A/P	187539	10/14/20	86.70	CAVALLO ENERGY TEXAS LLC
A/P	187540	10/14/20	9,989.17	CDW GOVERNMENT, INC.
A/P	187541	10/14/20	240.00	CHRIS KOVAREK
A/P	187542	10/14/20	215.00	CITIZENS MEDICAL CENTER
A/P	187543	10/14/20	964.79	CLEARFLY
A/P	187544	10/14/20	472.50	COMPADRES DESIGN INC
A/P	187545	10/14/20	700.00	D HARRIS CONSULTING LLC
A/P	187546	10/14/20	550.00	DASHBOARD MD
A/P	187547	10/14/20	147.75	DEWITT POTH & SON
A/P	187548	10/14/20	145,032.86	DISCOVERY MEDICAL NETWORK INC
A/P	187549	10/14/20	1,535.00	DOWELL PEST CONTROL
A/P	187550	10/14/20	59.80	DRIESSEN WATER INC.
A/P	187551	10/14/20	131.46	EDUARDO TORRES
A/P	187552	10/14/20	907.00	ESUTURES.COM
A/P	187553	10/14/20	7,578.73	EVIDENT
A/P	187554	10/14/20	.00	VOIDED
A/P	187555	10/14/20	.00	VOIDED
A/P	187556	10/14/20	30,051.96	FISHER HEALTHCARE
A/P	187557	10/14/20	14,615.09	FRASIER HEALTHCARE CONSULTING,
A/P	187558	10/14/20	70.48	FRONTIER
A/P	187559	10/14/20	1,034.97	FUSION CLOUD SERVICES, LLC
A/P	187560	10/14/20	1,571.87	GENZYME CORPORATION
A/P	187561	10/14/20	400.74	GRAINGER
A/P	187562	10/14/20	100.00	GULF COAST DELIVERY
A/P	187563	10/14/20	853.84	GULF COAST PAPER COMPANY
A/P	187564	10/14/20	7,908.33	HITACHI HEALTHCARE
A/P	187565	10/14/20	613.75	INTOXIMETERS INC
A/P	187566	10/14/20	250.00	ITERSOURCE CORPORATION
A/P	187567	10/14/20	3,781.70	MCKESSON MEDICAL SURGICAL INC
A/P	187568	10/14/20	102.30	MEDI-DOSE, INC
A/P	187569	10/14/20	2,024.02	MEDICAL DATA SYSTEMS, INC.
A/P	187570	10/14/20	48.74	MEDIMPACT HEALTHCARE SYS, INC.
A/P	187571	10/14/20	.00	VOIDED
A/P	187572	10/14/20	.00	VOIDED
A/P	187573	10/14/20	.00	VOIDED
A/P	187574	10/14/20	.00	VOIDED
A/P	187575	10/14/20	.00	VOIDED
A/P	187576	10/14/20	27,650.88	MEDLINE INDUSTRIES INC
A/P	187577	10/14/20	79.00	MICHAEL GAINES
A/P	187578	10/14/20	293.06	MICROTEK MEDICAL INC
A/P	187579	10/14/20	.00	VOIDED
A/P	187580	10/14/20	6,487.90	MORRIS & DICKSON CO, LLC
A/P	187581	10/14/20	808.00	NATIONAL BUSINESS FURNITURE
A/P	187582	10/14/20	349.17	OIL PATCH PETROLEUM
A/P	187583	10/14/20	755.90	ORTHO CLINICAL DIAGNOSTICS
A/P	187584	10/14/20	44.10	PARTSSOURCE, LLC

RUN DATE:10/12/20
TIME:14:01

MEMORIAL MEDICAL CENTER
CHECK REGISTER
10/14/20 THRU 10/14/20

PAGE 2
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	187585	10/14/20	1,100.00	PATRICK OCHOA
A/P	187586	10/14/20	1,675.00	PREMIER SLEEP DISORDERS CENTER
A/P	187587	10/14/20	262.50	REVISTA de VICTORIA
A/P	187588	10/14/20	235.00	RX WASTE SYSTEMS LLC
A/P	187589	10/14/20	12.89	SAM'S CLUB DIRECT
A/P	187590	10/14/20	52.69	SERVICE SUPPLY OF VICTORIA INC
A/P	187591	10/14/20	2,193.83	SIEMENS FINANCIAL SERVICES
A/P	187592	10/14/20	498.73	SIMON HERNANDEZ
A/P	187593	10/14/20	4,447.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	187594	10/14/20	3,827.04	SPARKLIGHT
A/P	187595	10/14/20	385.00	STANFORD VACUUM SERVICE
A/P	187596	10/14/20	368.70	STATE COMPTROLLER
A/P	187597	10/14/20	5,500.00	STRYKER SALES CORP
A/P	187598	10/14/20	2,013.69	STRYKER SUSTAINABILITY
A/P	187599	10/14/20	7,274.42	T-SYSTEM, INC
A/P	187600	10/14/20	10.99	TALX CORPORATION
A/P	187601	10/14/20	500.00	TEXAS DEPT OF ST HEALTH SERVS
A/P	187602	10/14/20	1,173.06	THERACOM, LLC
A/P	187603	10/14/20	1,719.92	UNIFIRST HOLDINGS
A/P	187604	10/14/20	84.91	UNIFORM ADVANTAGE
A/P	187605	10/14/20	3,439.00	UPDOX LLC
A/P	187606	10/14/20	2,200.00	US POSTAL SERVICE
A/P	187607	10/14/20	37,257.97	VICTORIA ANESTHESIOLOGY
A/P	187608	10/14/20	4,893.07	WAGWORKS
A/P	187609	10/14/20	1,484.02	WERFEN USA LLC
A/P	187610	10/14/20	63,658.61	BETHANY SENIOR LIVING
A/P	187611	10/14/20	3,872.00	BROADMOOR AT CREEKSIDE PARK
A/P	187612	10/14/20	82,952.53	GOLDENCREEK HEALTHCARE
A/P	187613	10/14/20	21,529.57	GULF POINTE PLAZA
A/P	187614	10/14/20	3,252.89	THE CRESCENT
A/P	187615	10/14/20	31,035.99	TUSCANY VILLAGE
A/P	187616	10/14/20	110.00	
A/P	187617	10/14/20	120.00	
A/P	187618	10/14/20	125.00	
A/P	187619	10/14/20	49.91	
A/P	187620	10/14/20	95.20	
A/P	187621	10/14/20	29.00	
TOTALS:			561,781.27	

Payables 351,589.27 +
Patient refunds 529.11 +
3,872.00 +
3,252.89 +
NH 82,952.53 +
Transfers 21,529.57 +
31,035.99 +
63,658.61 +
Critical 3,261.50 +
561,781.27 +

APPROVED
ON

OCT 14 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
10/14/2020

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		243,588.78 ✓	243,488.78 ✓	38,642.91 ✓		38,742.91 ✓	(84,320.03)
						Bank Balance	38,742.91 ✓
						Variance	-
						Leave in Balance	100.00
						Pending QIPP Check	
						RETURN OF IGT	122,962.94
						QIPP 1,2,3 AND 4	-
						October Interest	-
						November Interest	-
						December Interest	-
						Adjust Balance/Transfer Amt	(84,320.03)
						Bank Balance	50,331.62 ✓
						Variance	-
						Leave in Balance	100.00
						QIPP 1,2,3, 4 & Lapse	-
						Pending QIPP Check	-
						RETURN OF IGT	44,253.38 ✓
						October Interest	-
						November Interest	-
						December Interest	-
						Adjust Balance/Transfer Amt	5,978.24 ✓
						Bank Balance	79,932.24 ✓
						Variance	-
						Leave in Balance	100.00
						QIPP 1,2,3, 4 & Lapse	-
						Pending QIPP Check	-
						RETURN OF IGT	36,156.65 ✓
						October Interest	-
						November Interest	-
						December Interest	-
						Adjust Balance/Transfer Amt	43,675.59 ✓
						Bank Balance	6,306.01 ✓
						Variance	-
						Leave in Balance	100.00
						Pending QIPP Check	-
						QIPP 1234	-
						RETURN OF IGT	50,162.03
						October Interest	-
						November Interest	-
						December Interest	-
						Adjust Balance/Transfer Amt	(43,956.02)
						Bank Balance	91,780.68 ✓
						Variance	-
						Leave in Balance	100.00
						Pending QIPP Check	-
						QIPP Y2 ADJ	-
						QIPP 1234	-
						RETURN OF IGT	43,425.68 ✓
						October Interest	-
						November Interest	-
						December Interest	-
						Adjust Balance/Transfer Amt	48,255.00 ✓
						Bank Balance	91,780.68 ✓
						Variance	-
						Leave in Balance	100.00
						Pending QIPP Check	-
						QIPP Y2 ADJ	-
						QIPP 1234	-
						RETURN OF IGT	43,425.68 ✓
						October Interest	-
						November Interest	-
						December Interest	-
						Adjust Balance/Transfer Amt	48,255.00 ✓
						Bank Balance	91,780.68 ✓
						Variance	-
						Leave in Balance	100.00
						Pending QIPP Check	-
						QIPP Y2 ADJ	-
						QIPP 1234	-
						RETURN OF IGT	43,425.68 ✓
						October Interest	-
						November Interest	-
						December Interest	-
						Adjust Balance/Transfer Amt	48,255.00 ✓
						Bank Balance	91,780.68 ✓
						Variance	-
						Leave in Balance	100.00
						Pending QIPP Check	-
						QIPP Y2 ADJ	-
						QIPP 1234	-
						RETURN OF IGT	43,425.68 ✓
						October Interest	-
						November Interest	-
						December Interest	-
						Adjust Balance/Transfer Amt	48,255.00 ✓
						Bank Balance	91,780.68 ✓
						Variance	-
						Leave in Balance	100.00
						Pending QIPP Check	-
						QIPP Y2 ADJ	-
						QIPP 1234	-
						RETURN OF IGT	43,425.68 ✓
						October Interest	-
						November Interest	-
						December Interest	-
						Adjust Balance/Transfer Amt	48,255.00 ✓
						Bank Balance	91,780.68 ✓
						Variance	-
						Leave in Balance	100.00
						Pending QIPP Check	-
						QIPP Y2 ADJ	-
						QIPP 1234	-
						RETURN OF IGT	43,425.68 ✓
						October Interest	-
						November Interest	-
						December Interest	-
						Adjust Balance/Transfer Amt	48,255.00 ✓
						Bank Balance	91,780.68 ✓
						Variance	-
						Leave in Balance	100.00
						Pending QIPP Check	-
						QIPP Y2 ADJ	-
						QIPP 1234	-
						RETURN OF IGT	43,425.68 ✓
						October Interest	-
						November Interest	-
						December Interest	-
						Adjust Balance/Transfer Amt	48,255.00 ✓
						Bank Balance	91,780.68 ✓
						Variance	-
						Leave in Balance	100.00
						Pending QIPP Check	-
						QIPP Y2 ADJ	-
						QIPP 1234	-
						RETURN OF IGT	43,425.68 ✓
						October Interest	-
						November Interest	-
						December Interest	-
						Adjust Balance/Transfer Amt	48,255.00 ✓
						Bank Balance	91,780.68 ✓
						Variance	-
						Leave in Balance	100.00
						Pending QIPP Check	-
						QIPP Y2 ADJ	-
						QIPP 1234	-
						RETURN OF IGT	43,425.68 ✓
						October Interest	-
						November Interest	-
						December Interest	-
						Adjust Balance/Transfer Amt	48,255.00 ✓
						Bank Balance	91,780.68 ✓
						Variance	-
						Leave in Balance	100.00
						Pending QIPP Check	-
						QIPP Y2 ADJ	-
						QIPP 1234	-
						RETURN OF IGT	43,425.68 ✓
						October Interest	-
						November Interest	-
						December Interest	-
						Adjust Balance/Transfer Amt	48,255.00 ✓
						Bank Balance	91,780.68 ✓
						Variance	-
						Leave in Balance	100.00
						Pending QIPP Check	-
						QIPP Y2 ADJ	-
						QIPP 1234	-
						RETURN OF IGT	43,425.68 ✓
						October Interest	-
						November Interest	-
						December Interest	-
						Adjust Balance/Transfer Amt	48,255.00 ✓
						Bank Balance	91,780.68 ✓
						Variance	-
						Leave in Balance	100.00
						Pending QIPP Check	-
						QIPP Y2 ADJ	-
						QIPP 1234	-
						RETURN OF IGT	43,425.68 ✓
						October Interest	-
						November Interest	-
						December Interest	-
						Adjust Balance/Transfer Amt	48,255.00 ✓
						Bank Balance	91,780.68 ✓
						Variance	-
						Leave in Balance	100.00
						Pending QIPP Check	-
						QIPP Y2 ADJ	-
						QIPP 1234	-
						RETURN OF IGT	43,425.68 ✓
						October Interest	-
						November Interest	-
						December Interest	-
						Adjust Balance/Transfer Amt	48,255.00 ✓
						Bank Balance	91,780.68 ✓
						Variance	-
						Leave in Balance	100.00
						Pending QIPP Check	-
						QIPP Y2 ADJ	-
						QIPP 1234	-
						RETURN OF IGT	43,425.68 ✓
						October Interest	-
						November Interest	-
						December Interest	-
						Adjust Balance/Transfer Amt	48,255.00 ✓
						Bank Balance	91,780.68 ✓
						Variance	-
						Leave in Balance	100.00
						Pending QIPP Check	-
						QIPP Y2 ADJ	-
						QIPP 1234	-
						RETURN OF IGT	43,425.68 ✓
						October Interest	-
						November Interest	-
						December Interest	-
						Adjust Balance/Transfer Amt	48,255.00 ✓
						Bank Balance	91,780.68 ✓
						Variance	-
						Leave in Balance	100.00
						Pending QIPP Check	-
						QIPP Y2 ADJ	-
						QIPP 1234	-
						RETURN OF IGT	43,425.68 ✓
						October Interest	-
						November Interest	-
						December Interest	-
						Adjust Balance/Transfer Amt	48,255.00 ✓
						Bank Balance	91,780.68 ✓
						Variance	-
						Leave in Balance	100.00
						Pending QIPP Check	-
						QIPP Y2 ADJ	-
						QIPP 1234	-
						RETURN OF IGT	43,425.68 ✓
						October Interest	-
						November Interest	-
						December Interest	-
						Adjust Balance/Transfer Amt	48,255.00 ✓
						Bank Balance	91,780.68 ✓
						Variance	-
						Leave in Balance	100.00
						Pending QIPP Check	-
						QIPP Y2 ADJ	-
						QIPP 1234	-
						RETURN OF IGT	43,425.68 ✓
						October Interest	-
						November Interest	-
						December Interest	-
						Adjust Balance/Transfer Amt	48,255.00 ✓
						Bank Balance	91,780.68 ✓
						Variance	-
						Leave in Balance	

Ashford Gardens

10/2/2020 Check
 10/2/2020 MANAGEANDNET1718 MNS PMNT 00000000000093 41 0255904
 10/2/2020 UHC Community PI HCLCLAIMPMT 746003411 910000 TRN*1*2020100116100868*1912008361*0000TEX01
 10/2/2020 HEALTH HUMAN SVC HCLCLAIMPMT 17460034113005 2 TRN*1*05G075271326436189*1746000156
 10/5/2020 WIRE OUT ASHFORD HEALTH CARE CENTER LTD
 10/5/2020 UNITEDHEALTHCARE HCLCLAIMPMT 746003411 124384 TRN*1*1TR67684227*1411289245*000087726
 10/7/2020 UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000 TRN*1*2020100413000109*1912008361*0000TEX01
 10/8/2020 MANAGEANDNET1718 MNS PMNT 000000000000093 41 0256060
 10/8/2020 Amerigroup TXSC HCLCLAIMPMT 3134022348 111000 TRN*1*3134022348*1752603231
 10/8/2020 AARP Supplementa HCLCLAIMPMT 746003411 124384 TRN*1*1570580967*1362739571*000036273
 10/9/2020 Check
 10/9/2020 Check
 10/9/2020 Amerigroup TXSC HCLCLAIMPMT 3134096814 111000 TRN*1*3134096814*1752603231
 10/9/2020 UHC Community PI HCLCLAIMPMT 746003411 910000 TRN*1*2020100813700084*1912008361*0000TEX01

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	
10,413.39	-	-	-	-	-	-	-
-	12,142.63	-	-	-	-	-	12,142.63
-	2,870.00	-	-	-	-	-	2,870.00
-	679.45	-	-	-	-	-	679.45
216,494.23	-	-	-	-	-	-	-
-	3,368.00	-	-	-	-	-	3,368.00
-	7,980.55	-	-	-	-	-	7,980.55
-	3,717.08	-	-	-	-	-	3,717.08
-	596.40	-	-	-	-	-	596.40
-	1,584.00	-	-	-	-	-	1,584.00
16,427.73	-	-	-	-	-	-	-
153.43	-	-	-	-	-	-	-
-	2,428.80	-	-	-	-	-	2,428.80
-	3,276.00	-	-	-	-	-	3,276.00
243,488.78	38,642.91	-	-	-	-	-	38,642.91

Broadmoor

10/2/2020 Check
 10/2/2020 NOVITAS SOLUTION HCLCLAIMPMT 676357 420000151 TRN*1*EF75713387*1205296137*000004011
 10/2/2020 HUMANA CHA DISB HCLCLAIMPMT 390861 4200001458 TRN*1*014840101734328*1611013183
 10/5/2020 WIRE OUT CANTEX HEALTH CARE CENTERS III
 10/5/2020 HUMANA INS CO HCLCLAIMPMT 390861 830000598252 TRN*1*001290052837000*1391263473
 10/5/2020 HUMANA CHA DISB HCLCLAIMPMT 390861 4200001436 TRN*1*014840101738254*1611013183
 10/6/2020 HUMANA INS CO HCLCLAIMPMT 390861 830000539022 TRN*1*001290052867521*1391263473
 10/7/2020 MANAGEANDNET1718 MNS PMNT 0000000000004293 41 0255982
 10/8/2020 UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000 TRN*1*2020100714100862*1912008361*0000TEX01
 10/9/2020 Check
 10/9/2020 Check
 10/9/2020 UHC Community PI HCLCLAIMPMT 746003411 910000 TRN*1*2020100816000349*1912008361*0000TEX01

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	
3,759.33	-	-	-	-	-	-	-
-	93.72	-	-	-	-	-	93.72
-	6,336.15	-	-	-	-	-	6,336.15
74,766.96	-	-	-	-	-	-	-
-	18,589.49	-	-	-	-	-	18,589.49
-	10,689.87	-	-	-	-	-	10,689.87
-	5,481.43	-	-	-	-	-	5,481.43
-	54.00	-	-	-	-	-	54.00
-	4,686.96	-	-	-	-	-	4,686.96
5,905.61	-	-	-	-	-	-	-
115.21	-	-	-	-	-	-	-
-	4,300.00	-	-	-	-	-	4,300.00
84,547.11	50,231.62	-	-	-	-	-	50,231.62

Crescent

10/2/2020 Check
 10/2/2020 MANAGEANDNET1718 MNS PMNT 0000000000003268 41 0255871
 10/2/2020 HUMANA INS CO HCLCLAIMPMT 390861 830000557812 TRN*1*001290052811623*1391263473
 10/2/2020 HUMANA CHA DISB HCLCLAIMPMT 390861 4200001458 TRN*1*014840101734329*1611013183
 10/5/2020 WIRE OUT CANTEX HEALTH CARE CENTERS III
 10/5/2020 NOVITAS SOLUTION HCLCLAIMPMT 676323 420000146 TRN*1*EF75714666*1205296137*000004011
 10/6/2020 HUMANA CHA DISB HCLCLAIMPMT 390861 4200001717 TRN*1*014840101746415*1611013183
 10/7/2020 UnitedHealthcare HCLCLAIMPMT 746003411 124384 TRN*1*1570283644*1411289245*000087726
 10/7/2020 UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000 TRN*1*2020100412800495*1912008361*0000TEX01
 10/7/2020 NOVITAS SOLUTION HCLCLAIMPMT 676323 420000179 TRN*1*EF75717236*1205296137*000004011
 10/9/2020 Check
 10/9/2020 Check
 10/9/2020 HUMANA INS CO HCLCLAIMPMT 390861 830000545607 TRN*1*001290052947533*1391263473

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	
3,073.79	-	-	-	-	-	-	-
-	6,427.50	-	-	-	-	-	6,427.50
-	9,282.92	-	-	-	-	-	9,282.92
-	25,962.25	-	-	-	-	-	25,962.25
52,465.18	-	-	-	-	-	-	-
-	12,314.54	-	-	-	-	-	12,314.54
-	6,394.76	-	-	-	-	-	6,394.76
-	11,470.00	-	-	-	-	-	11,470.00
-	989.23	-	-	-	-	-	989.23
-	5,441.07	-	-	-	-	-	5,441.07
4,834.24	-	-	-	-	-	-	-
111.63	-	-	-	-	-	-	-
-	1,549.97	-	-	-	-	-	1,549.97
60,484.84	79,832.24	-	-	-	-	-	79,832.24

Fort Bend

10/2/2020 Check
 10/2/2020 MANAGEANDNET1718 MNS PMNT 0000000000004294 41 0255876
 10/5/2020 WIRE OUT CANTEX HEALTH CARE CENTERS III
 10/9/2020 Check
 10/9/2020 Check
 10/9/2020 HEALTH HUMAN SVC HCLCLAIMPMT 17460034113006 2 TRN*1*05G122881730577503*1746000156

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	
4,257.93	-	-	-	-	-	-	-
-	6,187.50	-	-	-	-	-	6,187.50
94,945.63	-	-	-	-	-	-	-
6,707.14	-	-	-	-	-	-	-
48.85	-	-	-	-	-	-	-
-	18.51	-	-	-	-	-	18.51
105,960.55	6,206.01	-	-	-	-	-	6,206.01

Solera at West Houston

10/2/2020 Check
 10/2/2020 MANAGEANDNET1718 MNS PMNT 0000000000002482 41 0255863
 10/2/2020 UHC Community PI HCLCLAIMPMT 746003411 910000 TRN*1*2020100116101476*1912008361*0000TEX01
 10/2/2020 UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000 TRN*1*2020100116700809*1912008361*0000TEX01
 10/5/2020 WIRE OUT CANTEX HEALTH CARE CENTERS III
 10/5/2020 NOVITAS SOLUTION HCLCLAIMPMT 676310 420000146 TRN*1*EF75714664*1205296137*000004011
 10/5/2020 HUMANA INS CO HCLCLAIMPMT 390861 830000598252 TRN*1*001290052837001*1391263473
 10/5/2020 HUMANA CHA DISB HCLCLAIMPMT 390861 4200001436 TRN*1*014840101738255*1611013183
 10/6/2020 HUMANA INS CO HCLCLAIMPMT 390861 830000539022 TRN*1*001290052867522*1391263473
 10/7/2020 MANAGEANDNET1718 MNS PMNT 0000000000002482 41 0255972
 10/9/2020 Check
 10/9/2020 Check
 10/9/2020 HUMANA INS CO HCLCLAIMPMT 390861 830000545607 TRN*1*001290052947532*1391263473
 10/9/2020 HUMANA CHA DISB HCLCLAIMPMT 390861 4200001559 TRN*1*014840101755311*1611013183

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	
3,690.94	-	-	-	-	-	-	-
-	36,871.00	-	-	-	-	-	36,871.00
-	2,460.00	-	-	-	-	-	2,460.00
-	2,962.56	-	-	-	-	-	2,962.56
64,603.12	-	-	-	-	-	-	-
-	3,571.00	-	-	-	-	-	3,571.00
-	938.02	-	-	-	-	-	938.02
-	10,183.49	-	-	-	-	-	10,183.49
-	4,056.69	-	-	-	-	-	4,056.69
-	5,602.50	-	-	-	-	-	5,602.50
5,795.88	-	-	-	-	-	-	-
154.43	-	-	-	-	-	-	-
-	14,131.59	-	-	-	-	-	14,131.59
-	10,903.83	-	-	-	-	-	10,903.83
74,244.37	91,680.68	-	-	-	-	-	91,680.68
568,725.65	266,593.46	-	-	-	-	-	266,593.46

TOTALS

10/12/2020

Treasury Center

Account Number / Name

Groups

Account Type

DDA

Data reported as of Oct 12, 2020

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 14	\$7,970,319.09	\$8,024,916.44	\$7,970,319.09	\$7,827,090.4

*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$38,742.91	\$38,742.91	\$38,742.91	\$49,619.2
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$50,331.62	\$51,167.61	\$50,331.62	\$52,052.4
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$79,932.24	\$80,302.24	\$79,932.24	\$83,328.1
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$6,306.01	\$6,354.43	\$6,306.01	\$13,044.4
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$91,780.68	\$100,276.45	\$91,780.68	\$72,695.5

* indicate:
Page generated on 10/12/2020

Copyright 2020 Prosperity Bank.

<https://prosperity.bank/onlineMessenger>

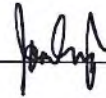
Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
10/14/2020

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		114,308.94 ✓	114,208.94 ✓	38,732.26 ✓	-	38,832.26 ✓	(41,352.17)
					Bank Balance Variance	38,832.26 ✓	NO TRANSFER
					Leave in Balance	100.00	
					QIPP 1234	-	
					RETURN OF IGT	80,012.58	
					Withhold For Deposit Error	71.85 ✓	
					October Interest	-	
					November Interest	-	
					December Interest	-	
					Adjust Balance/Transfer Amt	(41,352.17) ✓	

Routing Information for Golden Creek:

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: _____
Jason Anglin, CEO



10/14/2020

APPROVED
ON

OCT 12 2020

COUNTY AUDITOR
CALHOUN COUNTY, TENNESSEE

Golden Creek

10/2/2020 NOVITAS SOLUTION HCCLAIMPMT 676097 420000151 TRN*1*EFTS713038*1205296137*000004011\
 10/5/2020 WIRE OUT NEXION HEALTH AT GOLDEN CREEK
 10/6/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2 TRN*1*05G094031588075964*1746000156~
 10/7/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2 TRN*1*05G103421588075964*1746000156~
 10/9/2020 Check
 10/9/2020 Check
 10/9/2020 TSYs/TRANSFIRST BKCD STLMT 543684555876917 9 543684555876917 GOLDEN CREEK HEALTHCAR 100720
 10/9/2020 NOVITAS SOLUTION HCCLAIMPMT 676097 420000161 TRN*1*EFTS719291*1205296137*000004011\
 10/9/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2 TRN*1*05G125591588075964*1746000156~

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4&L apse	QJPP T1	
-	18,571.73					-	18,571.73
94,125.32	-					-	-
-	880.00					-	880.00
-	3,118.60					-	3,118.60
19,969.87	-					-	-
113.75	-					-	-
-	233.04					-	233.04
-	14,981.54					-	14,981.54
-	947.35					-	947.35
114,208.94	38,732.26	-	-	-	-	-	38,732.26

10/12/2020

Treasury Center

Account Number / Name

Groups

Add Group

Account Type

DDA

Data reported as of Oct 12, 2020

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
----------------	-----------------	-------------------	-------------------	-------------------

*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$38,832.26	\$38,832.26	\$38,832.26	\$42,753.9
--	-------------	-------------	-------------	------------

* indicate:
Page generated on 10/12/2020

Copyright 2020 Prosperity Bank.

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
10/14/2020

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		16,175.91	13,230.47				2,945.44	2,845.44
						Bank Balance	2,945.44	
						Variance	-	NO TRANSFER
						Leave in Balance	100.00	
						qjpp 1234	-	
						Pending QJPP ck to MMC	-	
						October Interest	-	
						November Interest	-	
						December Interest	-	
						Adjust Balance/Transfer Amt	2,845.44	
Gulf Pointe Plaza-Medicare/Medicaid		5,789.88	5,689.88	34,961.94			35,061.94	34,961.94
						Bank Balance	35,061.94	
						Variance	-	
						Leave in Balance	100.00	
						QJPP 1,2 AND 3	-	
						QJPP 4 & LAPSE	-	
						October Interest	-	
						November Interest	-	
						December Interest	-	
						Adjust Balance/Transfer Amt	34,961.94	
TOTAL TRANSFERS							37,807.38	

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:
Jason Anglin, CEO

10/14/2020

APPROVED
ON
OCT 12 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay

10/9/2020 Check
10/9/2020 Check

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	
13,210.81						-	-
19.66						-	-
13,230.47		-	-	-	-	-	-

Gulf Pointe Plaza-Medicare/Medicaid

10/2/2020 NORIDIAN J3A HCCLAIMPMT 675892 4200001261015 TRN*1*EFT6990285*1450173185*000003C
10/5/2020 WIRE OUT HMG SERVICES, LLC
10/7/2020 Deposit
10/9/2020 Check
10/9/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2 TRN*1*OSG128561922092790*17460001

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	
-	5,142.31					-	5,142.31
5,606.00	-					-	-
-	28,946.93					-	28,946.93
83.88	-					-	-
-	872.70					-	872.70
5,689.88	34,961.94	-	-	-	-	-	34,961.94
18,920.35	34,961.94	-	-	-	-	-	34,961.94

Treasury Center

Account Number / Name

Groups

Account Type

Add Group

Search

All

DDA

Data reported as of Oct 12, 2021

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
----------------	-----------------	-------------------	-------------------	-------------------

*5441	MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$35,061.94	\$35,061.94	\$35,061.94	\$34,273.1
*5433	MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$2,945.44	\$2,945.44	\$2,945.44	\$16,175.9

Page generated on 10/12/2020 :

Copyright 2020 Prosperity Bank.

<https://prosperity.olbanking.com/onlineMessenger>

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 10/14/2020

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	Test
Tuscany Senior Living		196,270.64	196,170.64	83,208.56			83,308.56	83,208.56	100.00
						Bank Balance	83,308.56		
						Variance	83,308.56		
						Leave in Balance	100.00		
						Pending Ck to MMC			
						MMC Portion QPPP 1 & 2			
						MMC Portion QPPP 3,4,Lapse			
						October Interest	-		
						November Interest	-		
						December Interest	-		
						Adjust Balance/Transfer Amt	83,208.56		

Note 1: 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:
 Jason Anglin, CEO



10/14/2020

APPROVED
 GW

OCT 12 2020

COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Tuscany Senior Living

10/2/2020 NOVITAS SOLUTION HCCLAIMPMT 676201 420000151 TRN*1*E
10/5/2020 WIRE OUT LINBAR ENTERPRISES, LLC
10/7/2020 Deposit
10/7/2020 NOVITAS SOLUTION HCCLAIMPMT 676201 420000179 TRN*1*E
10/9/2020 Check

Transfer-Out**Transfer-In****MMC PORTION**

QIPP/Comp4

QIPP/Comp1

QIPP/Comp 2

QIPP/Comp3

&Lapse

QIPP TI

NH PORTION

-	20,734.89	-	-	-	-	-	-	20,734.89
196,159.86	-	-	-	-	-	-	-	-
-	43,162.06	-	-	-	-	-	-	43,162.06
-	19,311.61	-	-	-	-	-	-	19,311.61
10.78	-	-	-	-	-	-	-	-
196,170.64	83,208.56	-	-	-	-	-	-	83,208.56

10/12/2020

Treasury Center

Account Number / Name

Groups

Add Group

Account Type

Search

All

DDA

Data reported as of Oct 12, 2020

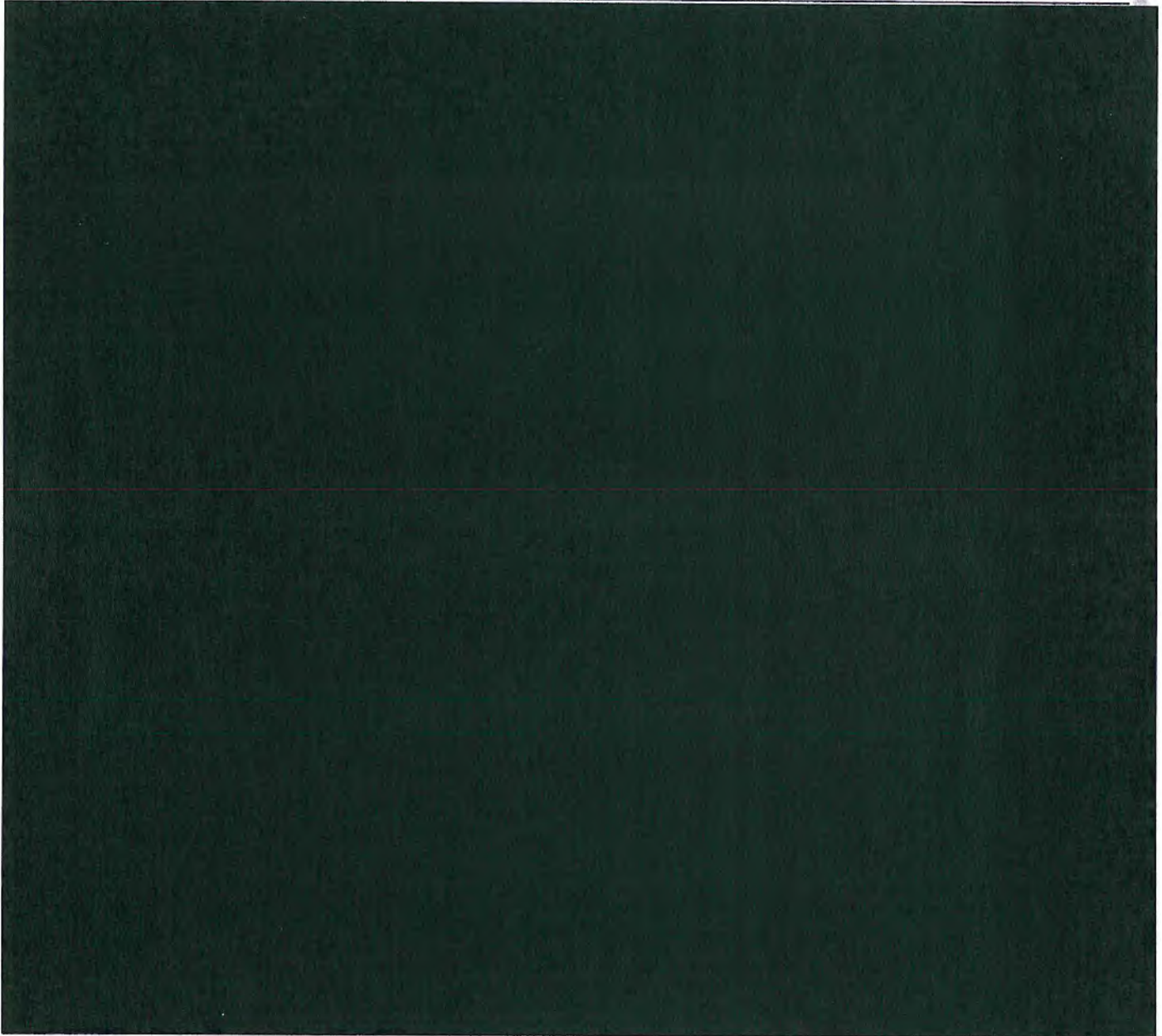
Account Number

Current Balance

Available Balance

Collected Balance

Prior Day Balance



*3407

MMC -NH TUSCANY
VILLAGE

\$83,308.56

\$83,308.56

\$83,308.56

\$83,319.3

* indicate:
Page generated on 10/12/2020 :

Copyright 2020 Prosperity Bank.

Memorial Medical Center
 Nursing Home UPL
 Weekly HSLTransfer
 Prosperity Accounts
 10/14/2020

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Chs Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Bethany Senior Living		49,560.84	49,499.36	170,059.15			170,120.63	170,020.63
						Bank Balance	170,120.63	
						Variance	-	
						Leave in Balance	100.00	
QIPP 1,2 AND 3								
						October Interest	-	
						November Interest	-	
						December Interest	-	
						Adjust Balance/Transfer Amt	170,020.63	

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: 
 Jason Anglin, CEO 10/14/2020

APPROVED
 GW

OCT 12 2020

COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Bethany Senior Living

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
10/2/2020 Deposit	-	15,649.68					-	15,649.68
10/2/2020 NOVITAS SOLUTION HCCLAIMPMT 676481 420000151 TF	-	18,802.92					-	18,802.92
10/5/2020 WIRE OUT BETHANY SENIOR LIVING, LTD	49,338.45	-					-	-
10/5/2020 Deposit	-	14,203.30					-	14,203.30
10/6/2020 NOVITAS SOLUTION HCCLAIMPMT 676481 420000168 TF	-	9,308.13					-	9,308.13
10/7/2020 HARLAND CLARKE CHK ORDERS 1QOM598702212RS 91	38.52	-					-	-
10/7/2020 Deposit	-	10,991.76					-	10,991.76
10/7/2020 Deposit	-	81,585.20					-	81,585.20
10/8/2020 NOVITAS SOLUTION HCCLAIMPMT 676481 420000180 TF	-	12,304.76					-	12,304.76
10/9/2020 Check	122.39	-					-	-
10/9/2020 HOSPICE OF SO TX VENDORS NF 91000015877355	-	7,213.40					-	7,213.40
	49,499.36	170,059.15	✓	-	-	-	-	170,059.15

10/12/2020

Treasury Center

Account Number / Name

Groups

Add Group

Account Type

Search

All

DDA

Data reported as of Oct 12, 2020

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
----------------	-----------------	-------------------	-------------------	-------------------

*5506

MMC -NH BETHANY
SENIOR LIVING

\$170,120.63

\$170,120.63

\$170,120.63

\$163,029.6

Page generated on 10/12/2020

Copyright 2020 Prosperity Bank.

<https://prosperity.olbanking.com/onlineMessenger>

Broadmoor

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P MMC Operating

Date Requested: 10/12/20

A

Y

E

E

APPROVED
ON

OCT 12 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

☐ Imprest Cash

☐ A/P Check

☐ Mail Check to Vendor

☐ Return Check to Dept

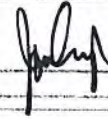
AMOUNT 44,253.38

G/L NUMBER:

EXPLANATION: IGT owed to MMC

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY:



RUN DATE:10/16/20
TIME:12:52

MEMORIAL MEDICAL CENTER
CHECK REGISTER
10/15/20 THRU 10/15/20

PAGE 2
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHB 000071 10/15/20 44,253.38 MMC OPERATING
TOTALS: 44,253.38

Bradmoor

APPROVED
ON

OCT 14 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Crescent

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P MMC Operating

Date Requested: 10/12/20

A

Y

E

E

APPROVED
ON

OCT 12 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

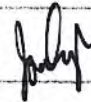
AMOUNT 36,156.65

G/L NUMBER:

EXPLANATION: IGT owed to MMC

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY:



RUN DATE:10/16/20
TIME:12:52

MEMORIAL MEDICAL CENTER
CHECK REGISTER
10/15/20 THRU 10/15/20

PAGE 3
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHC 000103 10/15/20 36,156.65 MCM OPERATING
TOTALS: 36,156.65

Crescent

APPROVED
OCT

OCT 14 2020

COUNTY CLERK
CALHOUN COUNTY, TEXAS

Solera

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P MMC Operating _____
A _____
Y _____
E _____
E _____

Date Requested: 10/12/20

APPROVED
ON
OCT 12 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

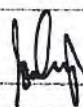
- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT 43,425.68

G/L NUMBER: _____

EXPLANATION: IGT owed to MMC

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

RUN DATE:10/16/20
TIME:12:52

MEMORIAL MEDICAL CENTER
CHECK REGISTER
10/15/20 THRU 10/15/20

PAGE 5
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHS 001103 10/15/20 43,425.68 MMC OPERATING *Solem*
TOTALS: 43,425.68

APPROVED
ON

OCT 14 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P _____
A _____
Y _____
E _____
E _____

Date Requested: 10/14/20

APPROVED
ON
OCT 12 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

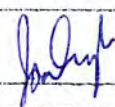
- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT \$71.85

G/L NUMBER: 21000009

EXPLANATION: Deposited in error - golden creek

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

RUN DATE:10/16/20
TIME:12:52

MEMORIAL MEDICAL CENTER
CHECK REGISTER
10/15/20 THRU 10/15/20

PAGE 4
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHG 000065 10/15/20
TOTALS:

71.85 MMC OPERATING
71.85

golden creek

APPROVED
ON

OCT 14 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS