

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---February 10, 2021

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 473,225.39
TOTAL TRANSFERS BETWEEN FUNDS	\$ 924,591.37
TOTAL NURSING HOME UPL EXPENSES	\$ 1,059,680.39
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
GRAND TOTAL DISBURSEMENTS APPROVED February 10, 2021	\$ 2,457,497.15

APPROVED

FEB 10 2021

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---February 10,2021

PAYABLES AND PAYROLL

2/4/2021 Weekly Payables	317,002.44
2/8/2021 McKesson-340B Prescription Expense	2,306.48
2/8/2021 McKesson-340B Prescription Expense	4,455.12

Prosperity Electronic Bank Payments

2/04-2/05/21 Credit Card & Lease Fees	689.98
2/20/2021 Sales Tax for January 2021	1,034.63
2/15/2021 TCDRS January 2021 Retirement	147,416.55
1/29-2/05/21 Pay Plus-Patient Claims Processing Fee	294.39
2/2/2021 Authnet Gateway Billing-3rd Party Payor Fee	25.80

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS \$ 473,225.39

TRANSFER BETWEEN FUNDS-NURSING HOMES

2/8/2021 MMC Operating to The Crescent - correction of NH insurance payment deposited into MMC Operating	13,217.72
2/8/2021 MMC Operating to Golden Creek Healthcare - correction of NH insurance payment deposited to MMC Operating	100,797.55
2/8/2021 MMC Operating to Gulf Pointe Plaza - correction of NH insurance payment deposited to MMC Operating	55,833.73
2/8/2021 MMC Operating to Bethany Senior Living - correction of NH insurance payment deposited to MMC Operating	140,990.03
2/8/2021 MMC Operating to Tuscany Village - correction of NH insurance payment deposited to MMC Operating	49,304.26
QIPP 2/9/2021 ~~MMC Operating to Ashford- NH portion of QIPP payment deposited into MMC Operating~~	75,506.95
QIPP 2/9/2021 ~~MMC Operating to Solera- NH portion of QIPP payment deposited into MMC Operating.~~	22,791.97
QIPP 2/9/2021 ~~MMC Operating to Fortbend- NH portion of QIPP payment deposited into MMC Operating.~~	30,517.10
QIPP 2/9/2021 ~~MMC Operating to Broadmoor- NH portion of QIPP payment deposited into MMC Operating.~~	31,260.50
QIPP 2/9/2021 ~~MMC Operating to The Crescent- NH portion of QIPP payment deposited into MMC Operating~~	25,113.55
QIPP 2/9/2021 ~~MMC Operating to Golden Creek Healthcare- NH portion of QIPP payment deposited into MMC Operating~~	81,840.48
QIPP 2/9/2021 ~~MMC Operating to Gulf Pointe Plaza- NH portion of QIPP payment deposited into MMC Operating~~	48,861.27
QIPP 2/9/2021 ~~MMC Operating to Tuscany Village- NH portion of QIPP payment deposited into MMC Operating~~	55,706.13
2/4/2021 MMC Operating to Ashford- NH portion of stimulus payment deposited into MMC Operating	55,733.08
2/4/2021 MMC Operating to Broadmoor- NH portion of stimulus payment deposited into MMC Operating	47,976.91
2/4/2021 MMC Operating to The Crescent- NH portion of stimulus payment deposited into MMC Operating	14,575.60
2/4/2021 MMC Operating to Fortbend- NH portion of stimulus payment deposited into MMC Operating	11,100.63
2/4/2021 MMC Operating to Golden Creek Healthcare- NH portion of stimulus payment deposited into MMC Operating	52,572.25
2/4/2021 MMC Operating to Gulf Pointe Plaza- NH portion of stimulus payment deposited into MMC Operating	10,891.66

QIPP checks from nursing home to MMC operating. MMC's portion of monies received by NH.

TOTAL TRANSFERS BETWEEN FUNDS \$ 924,591.37

NURSING HOME UPL EXPENSES

1/29/2021 Nursing Home UPL-Cantex Transfer	502,267.47
1/29/2021 Nursing Home UPL-Nexion Transfer	100,393.21
1/29/2021 Nursing Home UPL-HMG Transfer	50,948.38
1/29/2021 Nursing Home UPL-Tuscany Transfer	282,911.08
1/29/2021 Nursing Home UPL-HSL Transfer	123,160.25

TOTAL NURSING HOME UPL EXPENSES \$ 1,059,680.39

TOTAL INTER-GOVERNMENT TRANSFERS \$ -

GRAND TOTAL DISBURSEMENTS APPROVED February 10, 2021 \$ 2,457,497.15

02/04/2021

MEMORIAL MEDICAL CENTER

0

10:20

AP Open Invoice List

Due Dates Through: 02/24/2021

ap_open_invoice.template

Vendor#
R1200

Vendor Name

Class

Pay Code

ADT COMMERCIAL ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
138013707	✓ 01/31/2021	01/06/2021	01/31/2021				49.18	0.00	0.00	49.18 ✓

FIRE MONITORING (01/01/21 - 01/31/21)

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
R1200		ADT COMMERCIAL	49.18	0.00	0.00	49.18

Vendor#
A1680

Vendor Name

Class

Pay Code

AIRGAS USA, LLC - CENTRAL DIV M ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9109062274	✓ 01/31/2021	01/19/2021	02/13/2021				64.53	0.00	0.00	64.53 ✓

OXYGEN

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9109062605	✓ 01/31/2021	01/19/2021	02/13/2021				112.96	0.00	0.00	112.96 ✓

OXYGEN

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
A1680		AIRGAS USA, LLC -	177.49	0.00	0.00	177.49

Vendor#
10958

Vendor Name

Class

Pay Code

ALLYSON SWOPE ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
020221	02/02/2021	02/02/2021	02/02/2021				2,344.50	0.00	0.00	2,344.50 ✓

CONTRACT EMPLOYEE (1/15/21 - 1/28/21)

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10958		ALLYSON SWOPE	2,344.50	0.00	0.00	2,344.50

Vendor#
13700

Vendor Name

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
012621	01/31/2021	01/26/2021	01/26/2021				90.00	0.00	0.00	90.00 ✓

PATIENT REFUND

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
13700			90.00	0.00	0.00	90.00

Vendor#
A2271

Vendor Name

Class

Pay Code

ARTHREX, INC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
911436117	✓ 01/31/2021	01/20/2021	02/03/2021				95.00	0.00	0.00	95.00 ✓

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
A2271		ARTHREX, INC	95.00	0.00	0.00	95.00

Vendor#
A0400

Vendor Name

Class

Pay Code

AUREUS RADIOLOGY LLC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2120895	✓ 01/31/2021	01/11/2021	02/10/2021				4,061.88	0.00	0.00	4,061.88 ✓

LAB STAFFING (Reynolds 12/21/20 - 12/31/20)

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2125518	✓ 01/31/2021	01/18/2021	02/17/2021				1,859.25	0.00	0.00	1,859.25 ✓

LAB STAFFING (Reynolds 1/1/21 - 1/21/21)

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
A0400		AUREUS RADIOLO	5,921.13	0.00	0.00	5,921.13

Vendor#
A2600

Vendor Name

Class

Pay Code

AUTO PARTS & MACHINE CO. ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
947470	✓ 01/31/2021	01/19/2021	02/03/2021				64.27	0.00	0.00	64.27 ✓

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
A2600		AUTO PARTS & MA	64.27	0.00	0.00	64.27

Vendor#
B1150

Vendor Name

Class

Pay Code

BAXTER HEALTHCARE ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
69522061	✓ 01/31/2021	01/21/2021	02/15/2021				629.50	0.00	0.00	629.50 ✓

LEASE

69522044 ✓ 01/31/2021 01/21/2021 02/15/2021

2,367.50 0.00 0.00 2,367.50 ✓

LEASE

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

B1150

BAXTER HEALTHC/

2,997.00

0.00

0.00

2,997.00

Vendor#

Vendor Name

Class

Pay Code

13696

Invoice#

Comment

Tran Dt

Inv Dt

Due Dt

Check Dt

Pay

Gross

Discount

No-Pay

Net

012621

01/31/2021

01/26/2021

01/26/2021

90.00

0.00

0.00

90.00 ✓

PATIENT REFUND

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

13696

90.00

0.00

0.00

90.00

Vendor#

Vendor Name

Class

Pay Code

C1048

CALHOUN COUNTY ✓

W

Invoice#

Comment

Tran Dt

Inv Dt

Due Dt

Check Dt

Pay

Gross

Discount

No-Pay

Net

012421

01/31/2021

01/24/2021

02/10/2021

93.74

0.00

0.00

93.74 ✓

FUEL - *Voyager fuel card*

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

C1048

CALHOUN COUNTY

93.74

0.00

0.00

93.74

Vendor#

Vendor Name

Class

Pay Code

C1325

CARDINAL HEALTH 414, INC. ✓

W

Invoice#

Comment

Tran Dt

Inv Dt

Due Dt

Check Dt

Pay

Gross

Discount

No-Pay

Net

8002426207

01/31/2021

12/31/2020

01/25/2021

235.00

0.00

0.00

235.00 ✓

SUPPLIES

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

C1325

CARDINAL HEALTH

235.00

0.00

0.00

235.00

Vendor#

Vendor Name

Class

Pay Code

13028

CAVALLO ENERGY TEXAS LLC ✓

Invoice#

Comment

Tran Dt

Inv Dt

Due Dt

Check Dt

Pay

Gross

Discount

No-Pay

Net

21021000370

01/31/2021

01/19/2021

02/22/2021

1,069.47

0.00

0.00

1,069.47 ✓

3930 ENERGY BILL 167636 *1016 Virginia St. 12/16-01/19/21*

21021000370

01/31/2021

01/19/2021

02/22/2021

15.04

0.00

0.00

15.04 ✓

3932 ENERGY BILL 167653 *Hospital St. 12/16-01/19/21*

2102100370

01/31/2021

01/19/2021

02/22/2021

491.83

0.00

0.00

491.83 ✓

3931 ENERGY BILL 167647 *701 N. Virginia St. 12/16-01/19/21*

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

13028

CAVALLO ENERGY

1,576.34

0.00

0.00

1,576.34

Vendor#

Vendor Name

Class

Pay Code

11202

CFI MECHANICAL INC ✓

Invoice#

Comment

Tran Dt

Inv Dt

Due Dt

Check Dt

Pay

Gross

Discount

No-Pay

Net

SD11992 ✓

01/31/2021

01/21/2021

02/20/2021

3,200.00

0.00

0.00

3,200.00 ✓

INVESTIGATE SURGICAL AREA HL

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

11202

CFI MECHANICAL II

3,200.00

0.00

0.00

3,200.00

Vendor#

Vendor Name

Class

Pay Code

12768

CHEMAQUA ✓

Invoice#

Comment

Tran Dt

Inv Dt

Due Dt

Check Dt

Pay

Gross

Discount

No-Pay

Net

7227004 ✓

01/31/2021

01/10/2021

01/20/2021

500.00

0.00

0.00

500.00 ✓

WATER TREATMENT

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

12768

CHEMAQUA

500.00

0.00

0.00

500.00

Vendor#

Vendor Name

Class

Pay Code

10105

CHRIS KOVAREK

Invoice#

Comment

Tran Dt

Inv Dt

Due Dt

Check Dt

Pay

Gross

Discount

No-Pay

Net

46 ✓

02/03/2021

02/03/2021

02/03/2021

240.00

0.00

0.00

240.00 ✓

SWING BED *(1/17-1/27/21)*

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

10105

CHRIS KOVAREK

240.00

0.00

0.00

240.00

Vendor#

Vendor Name

Class

Pay Code

13000

CLEARFLY ✓

Invoice#

Comment

Tran Dt

Inv Dt

Due Dt

Check Dt

Pay

Gross

Discount

No-Pay

Net

INV331615 ✓ 02/01/2021 02/01/2021 02/15/2021 969.24 0.00 0.00 969.24 ✓

PHONES

Vendor Totals: Number Name Gross Discount No-Pay Net
13000 CLEARFLY 969.24 0.00 0.00 969.24

Vendor#
11030

Vendor Name Class Pay Code

COMBINED INSURANCE ✓

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
020121 02/01/2021 02/01/2021 02/01/2021 877.94 0.00 0.00 877.94 ✓

INSURANCE

Vendor Totals: Number Name Gross Discount No-Pay Net
11030 COMBINED INSURA 877.94 0.00 0.00 877.94

Vendor#
12612

Vendor Name Class Pay Code

DASHBOARD MD ✓

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
10757 ✓ 01/31/2021 02/01/2021 02/01/2021 550.00 0.00 0.00 550.00 ✓

PROCESSING AND SUPPORT FEE

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

Vendor#
10368

Vendor Name Class Pay Code

DEWITT POTH & SON ✓

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
6326870 ✓ 01/31/2021 01/26/2021 02/20/2021 803.32 0.00 0.00 803.32 ✓

SUPPLIES COVID

Vendor Totals: Number Name Gross Discount No-Pay Net
10368 DEWITT POTH & SC 803.32 0.00 0.00 803.32

Vendor#
10789

Vendor Name Class Pay Code

DISCOVERY MEDICAL NETWORK ✓

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
013121 01/31/2021 01/31/2021 01/31/2021 142,814.01 0.00 0.00 142,814.01 ✓

PRO FEES *January 16-31, 2021*

Vendor Totals: Number Name Gross Discount No-Pay Net
10789 DISCOVERY MEDIC 142,814.01 0.00 0.00 142,814.01

Vendor#
E0500

Vendor Name Class Pay Code

EAGLE FIRE & SAFETY INC ✓

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
80525 ✓ 01/31/2021 01/21/2021 01/21/2021 666.00 0.00 0.00 666.00 ✓

PORTABLE INSPECTION

Vendor Totals: Number Name Gross Discount No-Pay Net
E0500 EAGLE FIRE & SAFI 666.00 0.00 0.00 666.00

Vendor#
C2510

Vendor Name Class Pay Code

EVIDENT ✓

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
A2101061378 01/31/2021 01/06/2021 01/31/2021 17,324.00 0.00 0.00 17,324.00 ✓

SUPPORTY MONTHLY SUBSP

T2101071378 01/31/2021 01/07/2021 02/01/2021 9,777.45 0.00 0.00 9,777.45 ✓

CONSULTING/BUSINESS SERVICE

981128 ✓ 01/31/2021 01/12/2021 02/06/2021 95.00 0.00 0.00 95.00 ✓

EPCS SINGLE PROVIDER LICENSE

Vendor Totals: Number Name Gross Discount No-Pay Net
C2510 EVIDENT 27,196.45 0.00 0.00 27,196.45

Vendor#
10689

Vendor Name Class Pay Code

FASTHEALTH CORPORATION ✓

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
11C20MMC 01/31/2021 11/30/2020 12/15/2020 995.00 0.00 0.00 995.00 ✓

ANNUAL ENCRYPTION *(11/1/20-3/31/21)*

Vendor Totals: Number Name Gross Discount No-Pay Net
10689 FASTHEALTH CORI 995.00 0.00 0.00 995.00

Vendor#
10788

Vendor Name Class Pay Code

FIRETROL PROTECTION SYSTEM ✓

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
100697682 ✓ 01/31/2021 01/18/2021 01/28/2021 380.00 0.00 0.00 380.00 ✓

TROUBLESHOOT DAMPERS IN SUIT <i>guy</i>										
Vendor#	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net			
	10788		FIRETROL PROTEC	380.00	0.00	0.00	380.00			
Vendor# F1400			Vendor Name	Class		Pay Code				
			FISHER HEALTHCARE ✓	M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0518725 ✓	01/31/2021	01/20/2021	02/14/2021				307.06	0.00	0.00	307.06 ✓
			SUPPLIES							
Vendor# 11183	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net			
	F1400		FISHER HEALTHCA	307.06	0.00	0.00	307.06			
			Vendor Name	Class		Pay Code				
			FRONTIER ✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
011921	01/31/2021	01/19/2021	02/12/2021				65.40	0.00	0.00	65.40 ✓
			PHONES							
012321	01/31/2021	01/23/2021	02/16/2021				14.39	0.00	0.00	14.39 ✓
			PHONES							
Vendor# 11149	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net			
	11183		FRONTIER	79.79	0.00	0.00	79.79			
			Vendor Name	Class		Pay Code				
			GARDNER & WHITE, INC. ✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
020121	01/31/2021	02/01/2021	02/01/2021				4,991.64	0.00	0.00	4,991.64 ✓
			INSURANCE							
Vendor# 10653	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net			
	11149		GARDNER & WHITE	4,991.64	0.00	0.00	4,991.64			
			Vendor Name	Class		Pay Code				
			GLOBAL EQUIPMENT CO. INC. ✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
117152208 ✓	01/27/2021	01/21/2021	02/20/2021				724.85	0.00	0.00	724.85 ✓
			HEPA AIR SCRUBBER/HEPA FILTE							
Vendor# 12948	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net			
	10653		GLOBAL EQUIPMEN	724.85	0.00	0.00	724.85			
			Vendor Name	Class		Pay Code				
			GREAT AMERICAN FINANCIAL SV ✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
28650023	01/31/2021	01/28/2021	01/31/2021				10,028.68	0.00	0.00	10,028.68 ✓
			COPIER/PRINTER LEASE							
Vendor# G0401	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net			
	12948		GREAT AMERICAN	10,028.68	0.00	0.00	10,028.68			
			Vendor Name	Class		Pay Code				
			GULF COAST DELIVERY ✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
013121	01/31/2021	01/31/2021	01/31/2021				125.00	0.00	0.00	125.00 ✓
			DELIVER (115-112121)							
Vendor# G1210	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net			
	G0401		GULF COAST DELI	125.00	0.00	0.00	125.00			
			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
1991195 ✓	01/27/2021	01/19/2021	02/18/2021				28.49	0.00	0.00	28.49 ✓
			SUPPLIES							
1991262 ✓	01/27/2021	01/19/2021	02/18/2021				1,137.22	0.00	0.00	1,137.22 ✓
			SUPPLIES							
Vendor# 11784	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net			
	G1210		GULF COAST PAPE	1,165.71	0.00	0.00	1,165.71			
			Vendor Name	Class		Pay Code				
			HALF LEAGUE STORAGE ✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
012821	01/31/2021	01/28/2021	01/28/2021				360.00	0.00	0.00	360.00 ✓
			UNIT 11/12/35 FEB-APRIL							

	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net			
	11784		HALF LEAGUE STO		360.00	0.00	0.00	360.00			
Vendor#			Vendor Name		Class	Pay Code					
H0416			HOLOGIC INC ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	9588113 ✓	01/31/2021	01/19/2021	02/03/2021				1,244.48	0.00	0.00	1,244.48 ✓
			SUPPLIES								
	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net			
	H0416		HOLOGIC INC		1,244.48	0.00	0.00	1,244.48			
Vendor#			Vendor Name		Class	Pay Code					
12596			INDEED, INC. ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	36833644 ✓	01/31/2021	10/31/2020	10/31/2020				1,285.12	0.00	0.00	1,285.12 ✓
			JOB POSTING		October 2020						
	39383501 ✓	01/31/2021	01/31/2021	01/31/2021				711.51	0.00	0.00	711.51 ✓
			JOB POSTING		January 2021						
	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net			
	12596		INDEED, INC.		1,996.63	0.00	0.00	1,996.63			
Vendor#			Vendor Name		Class	Pay Code					
13712			INFOR, LLC ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	20880115US	01/31/2021	01/25/2021	02/09/2021				219.00	0.00	0.00	219.00 ✓
		NAB	CASH DRAWER								
	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net			
	13712		INFOR, LLC		219.00	0.00	0.00	219.00			
Vendor#			Vendor Name		Class	Pay Code					
I1260			INTOXIMETERS INC ✓		M						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	671654 ✓	01/31/2021	01/13/2021	02/07/2021				70.00	0.00	0.00	70.00 ✓
			SUPPLIES								
	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net			
	I1260		INTOXIMETERS INC		70.00	0.00	0.00	70.00			
Vendor#			Vendor Name		Class	Pay Code					
13708											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	012621	01/31/2021	01/26/2021	01/26/2021				106.08	0.00	0.00	106.08 ✓
			PATIRNT REFUND								
	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net			
	13708		AN		106.08	0.00	0.00	106.08			
Vendor#			Vendor Name		Class	Pay Code					
13704											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	012621	01/31/2021	01/26/2021	01/26/2021				90.00	0.00	0.00	90.00 ✓
			PATIENT REFUND								
	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net			
	13704		EN		90.00	0.00	0.00	90.00			
Vendor#			Vendor Name		Class	Pay Code					
11600			LEGAL SHIELD ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	012921	01/31/2021	01/29/2021	01/29/2021				765.70	0.00	0.00	765.70 ✓
			PAYROLL DED								
	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net			
	11600		LEGAL SHIELD ✓		765.70	0.00	0.00	765.70			
Vendor#			Vendor Name		Class	Pay Code					
10972			M G TRUST ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	012921	01/31/2021	01/29/2021	01/29/2021				790.86	0.00	0.00	790.86 ✓
			PAYROLL DED								
	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net			
	10972		M G TRUST		790.86	0.00	0.00	790.86			
Vendor#			Vendor Name		Class	Pay Code					

M1511

MARKETLAB, INC ✓

W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN01207652	✓ 01/31/2021	12/15/2020	01/14/2021				98.95	0.00	0.00	98.95 ✓

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
M1511		MARKETLAB, INC	98.95	0.00	0.00	98.95

Vendor#

M1950

Vendor Name

MARTIN PRINTING CO ✓

Class

W

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
76627 ✓	01/31/2021	01/22/2021	02/21/2021				33.25	0.00	0.00	33.25 ✓

APPT CARDS

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
M1950		MARTIN PRINTING	33.25	0.00	0.00	33.25

Vendor#

10613

Vendor Name

MEDIMPACT HEALTHCARE SYS, II A/P ✓

Class

A/P

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
012521	01/31/2021	01/25/2021	01/25/2021				29.38	0.00	0.00	29.38 ✓

INDIGENT CARE

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10613		MEDIMPACT HEALT	29.38	0.00	0.00	29.38

Vendor#

M2470

Vendor Name

MEDLINE INDUSTRIES INC ✓

Class

M

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1939405832	01/31/2021	01/26/2020	02/20/2020				918.15	0.00	0.00	918.15 ✓

SUPPLIES

1938517080	01/31/2021	01/19/2021	02/13/2021				30.43	0.00	0.00	30.43 ✓
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SUPPLIES

1938517077	01/31/2021	01/19/2021	02/13/2021				16.30	0.00	0.00	16.30 ✓
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SUPPLIES

1938517085	01/31/2021	01/19/2021	02/13/2021				39.07	0.00	0.00	39.07 ✓
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SUPPLIES

1938517434	01/31/2021	01/19/2021	02/13/2021				54.91	0.00	0.00	54.91 ✓
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SUPPLIES

1938517082	01/31/2021	01/19/2021	02/13/2021				49.15	0.00	0.00	49.15 ✓
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SUPPLIES

1938517436	01/31/2021	01/19/2021	02/13/2021				20.15	0.00	0.00	20.15 ✓
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SUPPLIES

1938517402	01/31/2021	01/19/2021	02/13/2021				2,332.83	0.00	0.00	2,332.83 ✓
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SUPPLIES

1938517426	01/31/2021	01/19/2021	02/13/2021				7,933.63	0.00	0.00	7,933.63 ✓
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SUPPLIES

1939405830	01/31/2021	01/26/2021	02/20/2021				177.85	0.00	0.00	177.85 ✓
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SUPPLIES

1939405837	01/31/2021	01/26/2021	02/20/2021				4,653.58	0.00	0.00	4,653.58 ✓
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SUPPLIES

1939405835	01/31/2021	01/26/2021	02/20/2021				274.85	0.00	0.00	274.85 ✓
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SUPPLIES

1939405839	01/31/2021	01/26/2021	02/20/2021				202.52	0.00	0.00	202.52 ✓
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SUPPLIES

1939405831	01/31/2021	01/26/2021	02/20/2021				369.90	0.00	0.00	369.90 ✓
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SUPPLIES

1939405834	01/31/2021	01/26/2021	02/20/2021				35.78	0.00	0.00	35.78 ✓
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SUPPLIES

1939405836	01/31/2021	01/26/2021	02/20/2021				1,992.83	0.00	0.00	1,992.83 ✓
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SUPPLIES

1919405833	01/31/2021	01/26/2021	02/20/2021				25.05	0.00	0.00	25.05 ✓
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SUPPLIES

1939405838	01/31/2021	01/26/2021	02/20/2021				41.56	0.00	0.00	41.56 ✓
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SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
M2470		MEDLINE INDUSTR	19,168.54	0.00	0.00	19,168.54

Vendor#
10963

Vendor Name

Class

Pay Code

MEMORIAL MEDICAL CLINIC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
012921	01/31/2021	01/29/2021	01/29/2021				140.00	0.00	0.00	140.00 ✓

PAYROLL DED

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

10963

MEMORIAL MEDICA

140.00

0.00

0.00

140.00

Vendor#
13692

Vendor Name

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
012121	01/31/2021	01/21/2021	01/21/2021				275.96	0.00	0.00	275.96 ✓

PATIENT REFUND

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

13692

275.96

0.00

0.00

275.96

Vendor#
13688

Vendor Name

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
012121	01/31/2021	01/21/2021	01/21/2021				183.23	0.00	0.00	183.23 ✓

PATIENT REFUND

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

13688

183.23

0.00

0.00

183.23

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
6524113 ✓	01/31/2021	01/25/2021	02/04/2021				115.80	0.00	0.00	115.80 ✓

INVENTORY

6524112 ✓	01/31/2021	01/25/2021	02/04/2021				115.80	0.00	0.00	115.80 ✓
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INVENTORY

6524107 ✓	01/31/2021	01/25/2021	02/04/2021				13.45	0.00	0.00	13.45 ✓
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INVENTORY

SC6872 ✓	01/31/2021	01/25/2021	02/04/2021				55.66	0.00	0.00	55.66 ✓
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SERVICE CHARGE

6526650 ✓	01/31/2021	01/25/2021	02/04/2021				1,504.65	0.00	0.00	1,504.65 ✓
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INVENTORY

6526649 ✓	01/31/2021	01/25/2021	02/04/2021				368.03	0.00	0.00	368.03 ✓
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INVENTORY

6524109 ✓	01/31/2021	01/25/2021	02/04/2021				1.30	0.00	0.00	1.30 ✓
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INVENTORY

6524111 ✓	01/31/2021	01/25/2021	02/04/2021				47.29	0.00	0.00	47.29 ✓
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INVENTORY

6524110 ✓	01/31/2021	01/25/2021	02/04/2021				11.34	0.00	0.00	11.34 ✓
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INVENTORY

6526651 ✓	01/31/2021	01/25/2021	02/04/2021				378.85	0.00	0.00	378.85 ✓
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INVENTORY

SC6873 ✓	01/31/2021	01/25/2021	02/04/2021				39.11	0.00	0.00	39.11 ✓
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SERVICE CHARGE

6531914 ✓	01/31/2021	01/26/2021	02/05/2021				599.72	0.00	0.00	599.72 ✓
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INVENTORY

6531915 ✓	01/31/2021	01/26/2021	02/05/2021				142.37	0.00	0.00	142.37 ✓
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INVENTORY

6531913 ✓	01/31/2021	01/26/2021	02/05/2021				1,050.41	0.00	0.00	1,050.41 ✓
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INVENTORY

6534938 ✓	01/31/2021	01/27/2021	02/06/2021				104.02	0.00	0.00	104.02 ✓
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INVENTORY

6534941 ✓	01/31/2021	01/27/2021	02/06/2021				928.96	0.00	0.00	928.96 ✓
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INVENTORY

6534940 ✓	01/31/2021	01/27/2021	02/06/2021				6,360.85	0.00	0.00	6,360.85 ✓
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INVENTORY

6534939 ✓	01/31/2021	01/27/2021	02/06/2021				27.02	0.00	0.00	27.02 ✓
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INVENTORY

6533687 ✓	01/31/2021	01/27/2021	02/06/2021				7.04	0.00	0.00	7.04 ✓
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INVENTORY										
6539642	✓	01/31/2021	01/28/2021	02/07/2021		412.76	0.00	0.00	412.76	✓
INVENTORY										
6542104	✓	01/31/2021	01/28/2021	02/07/2021		669.43	0.00	0.00	669.43	✓
INVENTORY										
6542105	✓	01/31/2021	01/28/2021	02/07/2021		8.66	0.00	0.00	8.66	✓
INVENTORY										
CM29074	✓	01/31/2021	01/28/2021	02/07/2021		-28.66	0.00	0.00	-28.66	✓
INVENTORY										
6538228	✓	01/31/2021	01/28/2021	02/07/2021		174.62	0.00	0.00	174.62	✓
INVENTORY										
6542103	✓	01/31/2021	01/28/2021	02/07/2021		35.43	0.00	0.00	35.43	✓
INVENTORY										
6539641	✓	01/31/2021	01/28/2021	02/07/2021		41.53	0.00	0.00	41.53	✓
INVENTORY										
CM29373	✓	01/31/2021	01/29/2021	02/08/2021		-3.92	0.00	0.00	-3.92	✓
CREDIT										
6546876	✓	01/31/2021	01/31/2021	02/10/2021		2,012.91	0.00	0.00	2,012.91	✓
INVENTORY										
6546877	✓	01/31/2021	01/31/2021	02/10/2021		648.73	0.00	0.00	648.73	✓
INVENTORY										
6546875	✓	01/31/2021	01/31/2021	02/10/2021		53.88	0.00	0.00	53.88	✓
INVENTORY										

Vendor Totals:		Number	Name	Gross	Discount	No-Pay	Net
10536			MORRIS & DICKSOI	15,897.04	0.00	0.00	15,897.04
Vendor#		Vendor Name		Pay Code			
13548		NACOGDOCHES TRANSCRIPTION		Class			

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7274	✓	01/31/2021	01/27/2021	01/27/2021			455.28	0.00	0.00	455.28
TRANSCRIPTION										

Vendor Totals:		Number	Name	Gross	Discount	No-Pay	Net
13548			NACOGDOCHES TF	455.28	0.00	0.00	455.28
Vendor#		Vendor Name		Pay Code			
11069		PABLO GARZA		Class			

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
020221		02/02/2021	02/02/2021	02/02/2021			2,608.13	0.00	0.00	2,608.13
CONTRACT EMPLOYEE (1114-2121)										

Vendor Totals:		Number	Name	Gross	Discount	No-Pay	Net
11069			PABLO GARZA	2,608.13	0.00	0.00	2,608.13
Vendor#		Vendor Name		Pay Code			
P2100		PORT LAVACA WAVE		Class			

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
123120		01/31/2021	12/31/2020	01/25/2021			445.00	0.00	0.00	445.00
AD										

Vendor Totals:		Number	Name	Gross	Discount	No-Pay	Net
P2100			PORT LAVACA WAVE	445.00	0.00	0.00	445.00
Vendor#		Vendor Name		Pay Code			
P1725		PREMIER SLEEP DISORDERS CEN M		Class			

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
101	✓	02/03/2021	02/01/2021	02/16/2021			2,825.00	0.00	0.00	2,825.00
SLEEP STUDY										

Vendor Totals:		Number	Name	Gross	Discount	No-Pay	Net
P1725			PREMIER SLEEP DI	2,825.00	0.00	0.00	2,825.00
Vendor#		Vendor Name		Pay Code			
13460		RELIANT, DEPT 0954		Class			

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
306000693950	41	01/31/2021	01/21/2021	02/22/2021			22,766.91	0.00	0.00	22,766.91
ENERGY BILL										

Vendor Totals:		Number	Name	Gross	Discount	No-Pay	Net
13460			RELIANT, DEPT 095	22,766.91	0.00	0.00	22,766.91
Vendor#		Vendor Name		Pay Code			

S0900

SAM'S CLUB DIRECT

W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
122120	01/31/2021	12/21/2020	02/08/2021				15.94	0.00	0.00	15.94 ✓
	SUPPLIES									
122820	01/31/2021	12/28/2020	02/08/2021				65.98	0.00	0.00	65.98 ✓
	SUPPLIES									
010421	01/31/2021	01/04/2021	02/08/2021				35.16	0.00	0.00	35.16 ✓
	SUPPLIES									
010521	01/31/2021	01/05/2021	02/08/2021				19.47	0.00	0.00	19.47 ✓
	SUPPLIES									
011121	01/31/2021	01/11/2021	02/08/2021				31.34	0.00	0.00	31.34 ✓
	SUPPLIES									
011721	01/31/2021	01/17/2021	02/08/2021				153.20	0.00	0.00	153.20 ✓
	SUPPLIES									
011921	01/31/2021	01/19/2021	02/08/2021				1.84	0.00	0.00	1.84 ✓
	SERVICE CHARGE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
S0900		SAM'S CLUB DIREC	322.93	0.00	0.00	322.93

Vendor#
S1405

Vendor Name

Class

Pay Code

SERVICE SUPPLY OF VICTORIA IN W ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
701081914	01/31/2021	01/12/2021	02/11/2021				2,062.79	0.00	0.00	2,062.79 ✓
	SUPPLIES									
701081853	01/31/2021	01/12/2021	02/11/2021				220.06	0.00	0.00	220.06 ✓
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
S1405		SERVICE SUPPLY C	2,282.85	0.00	0.00	2,282.85

Vendor#
10936

Vendor Name

Class

Pay Code

SIEMENS FINANCIAL SERVICES ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
116004369	01/31/2021	01/16/2021	01/16/2021				2,193.83	0.00	0.00	2,193.83 ✓
	MAINT CONTRACT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10936		SIEMENS FINANCIA	2,193.83	0.00	0.00	2,193.83

Vendor#
C1010

Vendor Name

Class

Pay Code

SPARKLIGHT ✓

W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
011621	01/31/2021	01/16/2021	01/31/2021				197.04	98.52	0.00	197.04 98.57
	ACCT 118134105 CABLE previous bal. included									
011621B	01/31/2021	01/16/2021	01/31/2021				1,683.56	0.00	0.00	1,683.56 ✓
	ACCT 100951581 CABLE									
011621A	01/31/2021	01/16/2021	01/31/2021				2,035.95	2,027.95	0.00	2,035.95 2,027.9
	ACCT 100987627 CABLE previous bal included									
012021	01/31/2021	01/21/2021	01/31/2021				201.26	105.90	0.00	201.26 105.90
	12868862 ACCT CABLE previous bal. included									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
C1010		SPARKLIGHT	4,117.81	2,232.37	0.00	4,117.81 2,232.37

Vendor#
12476

Vendor Name

Class

Pay Code

SUN LIFE FINANCIAL ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
020121	02/03/2021	02/01/2021	02/10/2021				13,294.85	0.00	0.00	13,294.85 ✓
	INSURANCE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12476		SUN LIFE FINANCIA	13,294.85	0.00	0.00	13,294.85

Vendor#
T1880

Vendor Name

Class

Pay Code

TEXAS DEPARTMENT OF LICENS A/P ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10119763	01/31/2021	01/11/2021	02/10/2021				70.00	0.00	0.00	70.00 ✓
	CERT OF OPERATION									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
T1880		TEXAS DEPARTMEI	70.00	0.00	0.00	70.00

Vendor#	Vendor Name	Class	Pay Code								
11100	THE US CONSULTING GROUP										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
340381399	✓ 01/31/2021	01/22/2021	02/16/2021				1,353.87	0.00	0.00	1,353.87	✓
	TRASH SERVICES										
340381398	✓ 01/31/2021	01/22/2021	02/16/2021				248.47	0.00	0.00	248.47	✓
	TRASH SERVICES										
340381400	✓ 01/31/2021	01/22/2021	02/16/2021				309.41	0.00	0.00	309.41	✓
	TRASH SERVICES										
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
11100		THE US CONSULTI				1,911.75	0.00	0.00	1,911.75		
Vendor#	Vendor Name	Class	Pay Code								
13632	THRIVEFUEL LLC										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
1095745010	✓ 01/31/2021	01/31/2021	02/10/2021				2,650.00	0.00	0.00	2,650.00	✓
	SOCIAL ADVERTISING										
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
13632		THRIVEFUEL LLC				2,650.00	0.00	0.00	2,650.00		
Vendor#	Vendor Name	Class	Pay Code								
T2250	THYSSENKRUPP ELEVATOR CORP										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
5001436118	✓ 01/31/2021	01/07/2021	01/07/2021				834.00	0.00	0.00	834.00	✓
	OIL AND GREASE										
5001437404	✓ 01/31/2021	01/08/2021	01/08/2021				625.50	0.00	0.00	625.50	✓
	OIL AND GREASE										
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
T2250		THYSSENKRUPP EI				1,459.50	0.00	0.00	1,459.50		
Vendor#	Vendor Name	Class	Pay Code								
S1801	TRACI SHEFCIK										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
020121	01/31/2021	02/01/2021	02/01/2021				888.00	0.00	0.00	888.00	✓
	REIMBURSE CONTROLLED SUBS										
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
S1801		TRACI SHEFCIK				888.00	0.00	0.00	888.00		
Vendor#	Vendor Name	Class	Pay Code								
U1054	UNIFIRST HOLDINGS										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
8400354021	✓ 01/26/2021	01/25/2021	02/19/2021				2,264.98	0.00	0.00	2,264.98	✓
	LAUNDRY										
8400353998	✓ 01/26/2021	01/25/2021	02/19/2021				96.00	0.00	0.00	96.00	✓
	LAUNDRY										
8400353997	✓ 01/26/2021	01/25/2021	02/19/2021				45.15	0.00	0.00	45.15	✓
	LAUNDRY										
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
U1054		UNIFIRST HOLDING				2,406.13	0.00	0.00	2,406.13		
Vendor#	Vendor Name	Class	Pay Code								
U1056	UNIFORM ADVANTAGE										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
P000114725	01/31/2021	01/20/2021	02/04/2021				4.99	0.00	0.00	4.99	✓
	MARIA LONGORIA										
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
U1056		UNIFORM ADVANT/				4.99	0.00	0.00	4.99		
Vendor#	Vendor Name	Class	Pay Code								
12400	UPDOX LLC										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
INV00227778	02/03/2021	01/31/2021	01/31/2021				800.00	0.00	0.00	800.00	✓
	FAXING										
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
12400		UPDOX LLC				800.00	0.00	0.00	800.00		
Vendor#	Vendor Name	Class	Pay Code								
10793	WAGEWORKS, INC.										

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
012921	01/31/2021	01/29/2021	01/29/2021				3,883.92	0.00	0.00	3,883.92

PAYROLL DED

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10793		WAGEWORKS, INC.	3,883.92	0.00	0.00	3,883.92

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	317,204.32	0.00	0.00	317,204.32

pg 9 corrections

<197.04>
+ 98.52
<2,035.95>
+ 2,027.95
<201.26>
+ 105.90
<u>\$ 317,002.44</u>

317,204.32 +
 197.04 -
 98.52 +
 2,035.95 -
 2,027.95 +
 201.26 -
 105.90 +
 317,002.44 *

APPROVED
 BY
 FEB 04 2021
 COUNTY SUPERVISOR
 CALHOUN COUNTY, NEBRAS

CK#

189256-

189325

8

RUN DATE:02/08/21
TIME:15:32

MEMORIAL MEDICAL CENTER
CHECK REGISTER
02/10/21 THRU 02/10/21

PAGE 1
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	189248	02/10/21	55,733.08	ASHFORD GARDENS
A/P	189249	02/10/21	140,990.03	BETHANY SENIOR LIVING
A/P	189250	02/10/21	47,976.91	BROADMOOR AT CREEKSIDE PARK
A/P	189251	02/10/21	11,100.63	FORTBEND HEALTHCARE CENTER
A/P	189252	02/10/21	153,369.80	GOLDENCREEK HEALTHCARE
A/P	189253	02/10/21	66,725.39	GULF POINTE PLAZA
A/P	189254	02/10/21	27,793.32	THE CRESCENT
A/P	189255	02/10/21	49,304.26	TUSCANY VILLAGE
A/P	189256	02/10/21	49.18	ADT COMMERCIAL
A/P	189257	02/10/21	177.49	AIRGAS USA, LLC - CENTRAL DIV
A/P	189258	02/10/21	2,344.50	ALLYSON SWOPE
A/P	189259	02/10/21	90.00	
A/P	189260	02/10/21	95.00	ARTHREX, INC
A/P	189261	02/10/21	5,921.13	AUREUS RADIOLOGY LLC
A/P	189262	02/10/21	64.27	AUTO PARTS & MACHINE CO.
A/P	189263	02/10/21	2,997.00	BAXTER HEALTHCARE
A/P	189264	02/10/21	90.00	
A/P	189265	02/10/21	93.74	CALHOUN COUNTY
A/P	189266	02/10/21	235.00	CARDINAL HEALTH 414, INC.
A/P	189267	02/10/21	1,576.34	CAVALLO ENERGY TEXAS LLC
A/P	189268	02/10/21	3,200.00	CFI MECHANICAL INC
A/P	189269	02/10/21	500.00	CHEMAQUA
A/P	189270	02/10/21	240.00	CHRIS KOVAREK
A/P	189271	02/10/21	969.24	CLEARFLY
A/P	189272	02/10/21	877.94	COMBINED INSURANCE
A/P	189273	02/10/21	550.00	DASHBOARD MD
A/P	189274	02/10/21	803.32	DEWITT POTH & SON
A/P	189275	02/10/21	142,814.01	DISCOVERY MEDICAL NETWORK INC
A/P	189276	02/10/21	666.00	EAGLE FIRE & SAFETY INC
A/P	189277	02/10/21	27,196.45	EVIDENT
A/P	189278	02/10/21	995.00	FASTHEALTH CORPORATION
A/P	189279	02/10/21	380.00	FIRETROL PROTECTION SYSTEMS
A/P	189280	02/10/21	307.06	FISHER HEALTHCARE
A/P	189281	02/10/21	79.79	FRONTIER
A/P	189282	02/10/21	4,991.64	GARDNER & WHITE, INC.
A/P	189283	02/10/21	724.85	GLOBAL EQUIPMENT CO. INC.
A/P	189284	02/10/21	10,028.68	GREAT AMERICAN FINANCIAL SVCS
A/P	189285	02/10/21	125.00	GULF COAST DELIVERY
A/P	189286	02/10/21	1,165.71	GULF COAST PAPER COMPANY
A/P	189287	02/10/21	360.00	HALF LEAGUE STORAGE
A/P	189288	02/10/21	1,244.48	HOLOGIC INC
A/P	189289	02/10/21	1,996.63	INDEED, INC.
A/P	189290	02/10/21	219.00	INFOR, LLC
A/P	189291	02/10/21	70.00	INTOXIMETERS INC
A/P	189292	02/10/21	106.08	
A/P	189293	02/10/21	90.00	
A/P	189294	02/10/21	765.70	LEGAL SHIELD
A/P	189295	02/10/21	790.86	M G TRUST
A/P	189296	02/10/21	98.95	MARKETLAB, INC
A/P	189297	02/10/21	33.25	MARTIN PRINTING CO

RUN DATE:02/08/21
TIME:15:32

MEMORIAL MEDICAL CENTER
CHECK REGISTER
02/10/21 THRU 02/10/21

PAGE 2
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	189298	02/10/21	29.38	MEDIMPACT HEALTHCARE SYS, INC.
A/P	189299	02/10/21	.00	VOIDED
A/P	189300	02/10/21	.00	VOIDED
A/P	189301	02/10/21	19,168.54	MEDLINE INDUSTRIES INC
A/P	189302	02/10/21	140.00	MEMORIAL MEDICAL CLINIC
A/P	189303	02/10/21	275.96	
A/P	189304	02/10/21	183.23	
A/P	189305	02/10/21	.00	VOIDED
A/P	189306	02/10/21	15,897.04	MORRIS & DICKSON CO, LLC
A/P	189307	02/10/21	455.28	NACOGDOCHES TRANSCRIPTION
A/P	189308	02/10/21	2,608.13	PABLO GARZA
A/P	189309	02/10/21	445.00	PORT LAVACA WAVE
A/P	189310	02/10/21	2,825.00	PREMIER SLEEP DISORDERS CENTER
A/P	189311	02/10/21	22,766.91	RELIANT, DEPT 0954
A/P	189312	02/10/21	322.93	SAM'S CLUB DIRECT
A/P	189313	02/10/21	2,282.85	SERVICE SUPPLY OF VICTORIA INC
A/P	189314	02/10/21	2,193.83	SIEMENS FINANCIAL SERVICES
A/P	189315	02/10/21	3,915.93	SPARKLIGHT
A/P	189316	02/10/21	13,294.85	SUN LIFE FINANCIAL
A/P	189317	02/10/21	70.00	TEXAS DEPARTMENT OF LICENSING
A/P	189318	02/10/21	1,911.75	THE US CONSULTING GROUP
A/P	189319	02/10/21	2,650.00	THRIVEFUEL LLC
A/P	189320	02/10/21	1,459.50	THYSSENKRUPP ELEVATOR CORP
A/P	189321	02/10/21	888.00	TRACI SHEFCIK
A/P	189322	02/10/21	2,406.13	UNIFIRST HOLDINGS
A/P	189323	02/10/21	4.99	UNIFORM ADVANTAGE
A/P	189324	02/10/21	800.00	UPDOX LLC
A/P	189325	02/10/21	3,883.92	WAGeworks, INC.
TOTALS:			869,995.86	

APPROVED
ON

FEB 10 2021

COUNTY AUDITOR
GALHOUN COUNTY, TEXAS

Payables

NH

317,612.46 *
55,733.08 +
11,100.63 +
66,725.39 +
153,369.80 +
27,793.32 +
47,976.91 +
140,940.03 +
69,304.26 +
869,995.86 *
869,995.86 +
869,995.86 -
0.00 *

McKESSON**STATEMENT**

As of: 01/29/2021

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: 01/30/2021As of: 01/29/2021 Page: 002
Mail to: Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 632536 PLEASE CHECK ANY
Date: 01/30/2021 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	
-----------------	-------------	----------------------	--	-------------	------------------	-------------------	--------	-----------------	--------	----------------------	--

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 2,354.80 USD

Future Due: 0.00

Past Due: 61.75-

Last Payment
08/07/2017 2,451.97If Paid By 02/02/2021,
Pay This Amount:

2,306.48 USD

If Paid After 02/02/2021,
Pay this Amount:

2,354.80 USD

Due If Paid On Time: ✓

USD 2,306.48

Disc lost if paid late:

48.32

Due If Paid Late:

USD 2,354.80

APPROVED
ON

FEB 08 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXASCK ~~500174~~
500173

MCKESSON**STATEMENT**

As of: 01/29/2021

Page: 001

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: 400

Customer: 190813
Date: 01/30/2021

As of: 01/29/2021 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 01/30/2021 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											
11/29/2021	02/02/2021	7249877981	2017026310	115Invoice	0.98	49.11		48.13 ✓		7249877981	

*F 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: 49.11 USD

Future Due: 0.00

If Paid By 02/02/2021,
Pay This Amount:

48.13 USD

Due If Paid On Time:
USD

48.13 ✓

Past Due: 0.00

Disc lost if paid late:

0.98

Last Payment 9,927.54
11/25/2021

If Paid After 02/02/2021,
Pay this Amount:

49.11 USD

Due If Paid Late:
USD

49.11

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FEB 08 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON**STATEMENT**

As of: 01/29/2021

Page: 001

To ensure proper credit to your
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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: 01/30/2021

As of: 01/29/2021
Mail to:Page: 001
Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 464450 PLEASE CHECK ANY
Date: 01/30/2021 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											
01/29/2021	02/02/2021	7249877833	55x779596	115Invoice	12.62	631.07		618.45	✓	7249877833	

*F 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:

631.07 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 9,927.54
01/25/2021If Paid By 02/02/2021,
Pay This Amount:

618.45 USD

If Paid After 02/02/2021,
Pay this Amount:

631.07 USD

Due If Paid On Time: ✓

USD 618.45

Disc lost if paid late:

12.62

Due If Paid Late:

USD 631.07

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FEB 08 2021

COUNTY AUDITOR
GALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

As of: 01/29/2021

Page: 001

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: 400

Customer: 256342

Date: 01/30/2021

As of: 01/29/2021
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 01/30/2021 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											
11/25/2021	02/02/2021	7248784666	3036755	115Invoice	1.40	70.16		68.76 ✓		7248784666	
11/25/2021	02/02/2021	7248784669	3056236	115Invoice	0.01	0.63		0.62 ✓		7248784669	
11/25/2021	02/02/2021	7249028782	851658847	195Invoice	1.07	53.27		52.20 ✓		7249028782	
11/27/2021	02/02/2021	7249372051	MH01262021---	115Invoice	0.04	1.92		1.88 ✓		7249372051	
11/27/2021	02/02/2021	7249582033	852036658	195Invoice	6.35	317.48		311.13 ✓		7249582033	
11/28/2021	02/02/2021	7249641424	3253344	115Invoice	5.92	295.93		290.01 ✓		7249641424	
11/29/2021	02/02/2021	7249912059	3308531	115Invoice	9.58	479.18		469.60 ✓		7249912059	
11/29/2021	02/02/2021	7249912060	3308531	115Invoice	1.10	54.99		53.89 ✓		7249912060	
11/29/2021	02/02/2021	7249912061	3343159	115Invoice	0.01	0.32		0.31 ✓		7249912061	
11/29/2021	02/02/2021	7250072656	852341948	195Invoice	0.16	8.19		8.03 ✓		7250072656	

*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: 1,282.07 USD

Future Due: 0.00

Past Due: 0.00

Past Payment 11/25/2021 9,927.54

If Paid By 02/02/2021,
Pay This Amount:

1,256.43 USD

If Paid After 02/02/2021,
Pay this Amount:

1,282.07 USD

Due If Paid On Time: ✓

USD 1,256.43

Disc lost if paid late:

25.64

Due If Paid Late:

USD 1,282.07

APPROVED
ON

FEB 08 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON**STATEMENT**

As of: 01/29/2021

Page: 001

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

Company: 8000

CVS PHCY 7006/MEMORIA PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: 400

Customer: 262252

Date: 01/30/2021

As of: 01/29/2021
Mail to:Page: 001
Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 262252 PLEASE CHECK ANY
Date: 01/30/2021 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											
11/28/2021	02/02/2021	7249649772	1038690	115Invoice	0.03	1.63		1.60 ✓		7249649772	

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

TOTAL: Customer Number 262252 CVS PHCY 7006/MEMORIA PHS

Subtotals: 1.63 USD

Future Due: 0.00

If Paid By 02/02/2021,
Pay This Amount:

1.60 USD

Past Due: 0.00

If Paid After 02/02/2021,
Pay this Amount:

1.63 USD

Last Payment 9,927.54
11/25/2021Due If Paid On Time:
USD

1.60 ✓

Disc lost if paid late:

0.03

Due If Paid Late:
USD

1.63

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ON

FEB 08 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON**STATEMENT**

As of: 01/29/2021

Page: 001

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

Company: 8000

CVS 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 only

DC: 8115

Territory: 400

Customer: 835438

Date: 01/30/2021

As of: 01/29/2021
Mail to:Page: 001
Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 835438 PLEASE CHECK ANY
Date: 01/30/2021 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											
11/28/2021	02/02/2021	7249828123	1039354	115Invoice	8.86	443.08	✓	434.22	✓	7249828123	
11/28/2021	01/28/2021	7249856753	MFC PR CORR CR	Pricing Cor		61.75-	P ✓	61.75-	P ✓	7249856753	
11/28/2021	02/02/2021	7249856755	MFC PR CORR IN	Pricing Cor	0.19	9.59	✓	9.40	✓	7249856755	

*F 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: 390.92 USD

Future Due: 0.00

Past Due: 61.75-

Last Payment 9,927.54
11/25/2021If Paid By 02/02/2021,
Pay This Amount:

381.87 USD

If Paid After 02/02/2021,
Pay this Amount:

390.92 USD

Due If Paid On Time:
USD

381.87

Disc lost if paid late:

9.05

Due If Paid Late:
USD

390.92

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ON

FEB 08 2021

COUNTY AUDITOR
GALHOUN COUNTY, TEXAS

McKESSON**STATEMENT**

As of: 02/05/2021

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: 02/06/2021As of: 02/05/2021 Page: 002
Mail to: Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 632536 PLEASE CHECK ANY
Date: 02/06/2021 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	
-----------------	-------------	----------------------	--	-------------	------------------	-------------------	--------	-----------------	--------	----------------------	--

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 4,546.06 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017If Paid By 02/09/2021,
Pay This Amount:

4,455.12 USD

If Paid After 02/09/2021,
Pay this Amount:

4,546.06 USD

Due If Paid On Time: ✓

USD 4,455.12

Disc lost if paid late:

90.94

Due If Paid Late:

USD 4,546.06

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COUNTY AUDITOR
CALHOUN COUNTY, TEXASCK ~~500175~~
500174

McKESSON**STATEMENT**

As of: 02/05/2021

Page: 001

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account, detach and return this
stub with your remittance

Company: 8000

HEB 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: 02/06/2021As of: 02/05/2021
Mail to:Page: 001
Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 190813
Date: 02/06/2021**PLEASE CHECK ANY
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											
12/03/2021	02/09/2021	7250724045	2017026482	115Invoice	0.36	17.79		17.43	✓	7250724045	

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: 17.79 USD

Future Due: 0.00

If Paid By 02/09/2021,
Pay This Amount:

17.43 USD

Past Due: 0.00

If Paid After 02/09/2021,
Pay this Amount:

17.79 USD

Last Payment 2,306.48
12/01/2021Due If Paid On Time:
USD
Disc lost if paid late:
Due If Paid Late:
USD17.43
0.36
17.79**APPROVED
ON****FEB 08 2021****COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

MCKESSON

STATEMENT

As of: 02/05/2021

Page: 001

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: 400

Customer: 256342

Date: 02/06/2021

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account, detach and return this
stub with your remittance

As of: 02/05/2021
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 02/06/2021

PLEASE CHECK ANY
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											
12/01/2021	02/09/2021	7250186844	3380536	115Invoice	18.06	902.96		884.90 ✓		7250186844	
12/01/2021	02/09/2021	7250186847	3399893	115Invoice	0.85	42.62		41.77 ✓		7250186847	
12/01/2021	02/09/2021	7250396071	852481556	195Invoice	1.84	91.96		90.12 ✓		7250396071	
12/02/2021	02/09/2021	7250468521	0201210329-00	115Invoice	0.02	0.95		0.93 ✓		7250468521	
12/02/2021	02/09/2021	7250468522	3521372	115Invoice	0.01	0.32		0.31 ✓		7250468522	
12/03/2021	02/09/2021	7250713031	3578009	115Invoice	0.01	0.63		0.62 ✓		7250713031	
12/03/2021	02/09/2021	7250922261	852838517	195Invoice	22.48	1,123.91		1,101.43 ✓		7250922261	
12/04/2021	02/09/2021	7250978923	3599037	115Invoice	0.01	0.32		0.31 ✓		7250978923	
12/04/2021	02/09/2021	7250978924	3636677	115Invoice	17.35	867.33		849.98 ✓		7250978924	
12/05/2021	02/09/2021	7251244535	3656911	115Invoice	0.92	45.98		45.06 ✓		7251244535	
12/05/2021	02/09/2021	7251244536	0204210418-00	115Invoice	16.25	812.53		796.28 ✓		7251244536	
12/05/2021	02/09/2021	7251403734	853134644	195Invoice	0.01	0.32		0.31 ✓		7251403734	

*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: 3,889.83 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,306.48
12/01/2021

If Paid By 02/09/2021,
Pay This Amount:

3,812.02 USD

If Paid After 02/09/2021,
Pay this Amount:

3,889.83 USD

Due If Paid On Time:

USD 3,812.02

Disc lost if paid late:

77.81

Due If Paid Late:

USD 3,889.83

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COUNTY AUDITOR
GALHOUN COUNTY, TEXAS

McKESSON**STATEMENT**

As of: 02/05/2021

Page: 001

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Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: 400

Customer: 262252

Date: 02/06/2021

As of: 02/05/2021
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252
Date: 02/06/2021

PLEASE CHECK ANY
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											
12/04/2021	02/09/2021	7250988710	1047154	115Invoice	0.53	26.36		25.83	✓	7250988710	

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

TOTAL: Customer Number 262252 CVS PHCY 7006/MEMORIA PHS

Subtotals:

26.36 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,306.48
12/01/2021

If Paid By 02/09/2021,
Pay This Amount:

25.83 USD

If Paid After 02/09/2021,
Pay this Amount:

26.36 USD

Due If Paid On Time:

USD

25.83

Disc lost if paid late:

0.53

Due If Paid Late:

USD

26.36

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COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON**STATEMENT**

Company: 8000

As of: 02/05/2021

Page: 001

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

DC: 8115

As of: 02/05/2021
Mail to:Page: 001
Comp: 8000

Territory: 400

Customer: 835438
Date: 02/06/2021AMT 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: 02/06/2021 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											
12/04/2021	02/09/2021	7251168966	1047794	115Invoice	12.24	612.08		599.84 ✓		7251168966	

*F 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: 612.08 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,306.48
12/01/2021If Paid By 02/09/2021,
Pay This Amount:

599.84 USD

If Paid After 02/09/2021,
Pay this Amount:

612.08 USD

Due If Paid On Time:

USD 599.84

Disc lost if paid late:

12.24

Due If Paid Late:

USD 612.08

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COUNTY AUDITOR
GALHOUN COUNTY, TEXAS

Served By:

ABC DC SUGARLAND
12727 WEST AIRPORT BLVD
SUGAR LAND TX 77478-6101

DEA: RA0289276
866-451-9655

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:	575.39
Past Due:	(1,402.08)
Total Due:	(826.69)
Account Balance:	(826.69)

(credit)

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
01-19-2021	01-29-2021	3046846416 ✓	159738	Invoice	43.58 ✓		0.00	43.58
01-19-2021	01-29-2021	3046846417 ✓	159740	Invoice	219.21 ✓		0.00	219.21
01-19-2021	01-29-2021	3046846418 ✓	159787	Invoice	479.29 ✓		0.00	479.29
01-19-2021	01-29-2021	3046846419 ✓	159788	Invoice	0.31 ✓		0.00	0.31
01-19-2021	01-29-2021	3046846960 ✓	159789	Invoice	50.15 ✓		0.00	50.15
01-19-2021	01-29-2021	3046935219 ✓	159797	Invoice	76.33 ✓		0.00	76.33
01-20-2021	01-29-2021	3046974031 ✓	159807	Invoice	11.15 ✓		0.00	11.15
01-20-2021	01-29-2021	337375057 ✓	159544	Invoice	(5.78) ✓		0.00	(5.78)
01-20-2021	01-29-2021	337375058 ✓	159544	Invoice	1.09 ✓		0.00	1.09
01-20-2021	01-29-2021	337376907 ✓	159592	Invoice	(1,641.32) ✓		0.00	(1,641.32)
01-20-2021	01-29-2021	337376908 ✓	159592	Invoice	2.12 ✓		0.00	2.12
01-21-2021	01-29-2021	3047031807 ✓	159819	Invoice	5.22 ✓		0.00	5.22
01-21-2021	01-29-2021	337400913 ✓	159639	Invoice	(277.84) ✓		0.00	(277.84)
01-21-2021	01-29-2021	337400914 ✓	159639	Invoice	157.92 ✓		0.00	157.92
01-22-2021	01-29-2021	3047078535 ✓	159831	Invoice	5.22 ✓		0.00	5.22
01-22-2021	01-29-2021	337410726 ✓	159609	Invoice	(457.93) ✓		0.00	(457.93)
01-22-2021	01-29-2021	337410727 ✓	159609	Invoice	0.54 ✓		0.00	0.54
01-22-2021	01-29-2021	337410860 ✓	159787	Invoice	(457.93) ✓		0.00	(457.93)
01-22-2021	01-29-2021	337410861 ✓	159787	Invoice	0.54 ✓		0.00	0.54
01-22-2021	01-29-2021	337421966 ✓	159592	Invoice	(34.32) ✓		0.00	(34.32)
01-22-2021	01-29-2021	337421967 ✓	159592	Invoice	12.25 ✓		0.00	12.25
01-25-2021	02-05-2021	3047126954 ✓	159838	Invoice	15.60 ✓		0.00	15.60
01-25-2021	02-05-2021	3047126955 ✓	159840	Invoice	8.63 ✓		0.00	8.63
01-25-2021	02-05-2021	3047149629 ✓	159892	Invoice	2.76 ✓		0.00	2.76
01-26-2021	02-05-2021	3047185067 ✓	159900	Invoice	0.63 ✓		0.00	0.63
01-27-2021	02-05-2021	3047238749 ✓	159910	Invoice	1.22 ✓		0.00	1.22
01-27-2021	02-05-2021	3047238880 ✓	159911	Invoice	43.58 ✓		0.00	43.58

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
01-28-2021	02-05-2021	3047288437 ✓	159922	Invoice	11.10 ✓		0.00	11.10
01-29-2021	02-05-2021	3047336849 ✓	159935	Invoice	324.60 ✓		0.00	324.60
02-01-2021	02-12-2021	3047379726 ✓	159938	Invoice	327.60 ✓		0.00	327.60
02-01-2021	02-12-2021	3047379727 ✓	159941	Invoice	162.44 ✓		0.00	162.44
02-01-2021	02-12-2021	3047399112 ✓	159989	Invoice	10.34 ✓		0.00	10.34
02-02-2021	02-12-2021	3047432639 ✓	159996	Invoice	16.87 ✓		0.00	16.87
02-03-2021	02-12-2021	3047480185 ✓	160009	Invoice	13.78 ✓		0.00	13.78
02-04-2021	02-12-2021	3047521409 ✓	160020	Invoice	34.57 ✓		0.00	34.57
02-05-2021	02-12-2021	3047574119 ✓	160033	Invoice	9.79 ✓		0.00	9.79

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
575.39	(1,810.20)	0.00	0.00	0.00	0.00	0.00

Reminders

Due Date	Amount
01-29-2021	(1,810.20)
02-05-2021	408.12
02-12-2021	575.39
Total Due:	(826.69)

(Credit)

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FEB 08 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- January 29, 2021 - February 7, 2021**

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten" Check" #
1/29/2021	PAY PLUS ACHTRANS 452579291 101000694511027		96.43	300352
2/1/2021	PAY PLUS ACHTRANS 452579291 101000695279459	- 3rd Party Payor Fee	63.34	300353
2/2/2021	PAY PLUS ACHTRANS 452579291 101000696244041	- 3rd Party Payor Fee	35.11	300354
2/2/2021	MCKESSON DRUG AUTO ACH ACH04463329 91000012	- 340B Drug Program Expense	2,306.48	500173
2/2/2021	AUTHNET GATEWAY BILLING 115918949 1040000139	- 3rd Party Payor Fee	25.80	300355
2/3/2021	PAY PLUS ACHTRANS 452579291 101000697574074	- 3rd Party Payor Fee	50.68	300356
*** 2/4/2021	STATE COMPTLR TEXNET 01178628/10203 2100002	ACCURED UC IGT	166,054.62	110026
2/4/2021	PAY PLUS ACHTRANS 452579291 101000698473453	- 3rd Party Payor Fee	22.71	300357
2/4/2021	MERCH BNKCD DISCOUNT 971160913887 114902520	- Credit Card Processing Fee	156.89	300358
2/4/2021	MERCH BNKCD DISCOUNT 971160910883 114902520	- Credit Card Processing Fee	19.95	300359
2/4/2021	MERCH BNKCD FEE 971160913887 114902520001225	- Credit Card Processing Fee	164.82	300560
2/4/2021	MERCH BNKCD FEE 971160910883 114902520001224	- Credit Card Processing Fee	9.95	300561
2/4/2021	MERCH BNKCD INTERCHNG 971160913887 11490252	- Credit Card Processing Fee	153.40	300562
2/5/2021	PAY PLUS ACHTRANS 452579291 101000699466301	- 3rd Party Payor Fee	26.12	300563
2/5/2021	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	301,004.25	
** 2/5/2021	IRS USATAXPYMT 220143631110503 6103601000423	- Payroll Taxes	96,447.18	200244
2/5/2021	FDGL LEASE PYMT 052-1479468-000 410001264039	- Credit Card Machine Lease Expe	69.24	300564
2/5/2021	FDGL LEASE PYMT 052-1479213-000 410001264038	- Credit Card Machine Lease Expe	43.26	300565
2/5/2021	FDGL LEASE PYMT 052-1479214-000 410001264038	- Credit Card Machine Lease Expe	40.02	300566
2/5/2021	FDGL LEASE PYMT 052-1601830-000 410001264343	- Credit Card Machine Lease Expe	32.45	300567
			566,822.70	

Jason Anglin, CEO
Memorial Medical Center

PROSPERITY BANK

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
2/15/2021	ACH Payment TEXAS COUNTY DRS RECEIVABLE 0419 21000024329	- Retirement Funding	147416.55
2/20/2021	ACH Payment WEBFILE TAX PYMT DD	- Sales Tax	1,034.63
			148,451.18

Jason Anglin, CEO
Memorial Medical Center

February 8, 2021

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FEB 09 2021

**COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

PAY PLUS

96.43

63.34

35.11

50.68

22.71

26.12

294.39

MCKesson

2,306.48

25.80

AuthNet

25.80

25.80

cc Fees

156.89

19.95

164.82

9.95

164.82

9.95

153.40

26.12

301,004.25

96,447.18

69.24

43.26

40.02

32.45

32.45

689.98

294.39

5,306.48

25.80

689.98

3,316.65

2/2/2021

Retirement 2/15/21

TCDRS Employer Portal - View Payroll Detail

Date/Time 02-02-2021 / 02:47 PM
Submitted By

Pay Date 01-31-2021

Employee Deposits	\$63,777.29
Employer Contributions	\$83,639.26
Group Term Life Premiums	\$0.00
Total	\$147,416.55

Comments

Payroll File January 2021 Retirement Upload.xlsx

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FEB 09 2021

COUNTY AUDITOR
GALHOUN COUNTY, TEXAS

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2/20/21

**IMPORTANT:** To avoid losing data you have entered, Please do NOT use your browser's back button.**Sales and Use Tax**

Period Ending 01/31/2021 (2101)

**Confirmation: You Have Filed Successfully**

Reference Number:

Date and Time of Filing: 02/05/2021, 03:24:33 PM

Taxpayer ID: 1

Taxpayer Name: MEMORIAL MEDICAL CENTER

Taxpayer Address: 815 N VIRGINIA ST PORT LAVACA, TX 77979-3025

Entered by: Sarah Henderson

Email Address: st

Telephone Number:

IP Address:

CREDITS TAKEN**Credits Taken**

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

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 Certifications?

No

LOCATION SUMMARY

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	12604	12604	0	12604	787.75	12604	0.02	252.08
SubTotal	12604	12604	0	12604	787.75	12604		252.08

Total Tax for Locations

\$1,039.83

Total Tax Due: \$1,039.83

Timely Filing Discount: - \$5.20

Balance Due: \$1,034.63

Pending Payments: - \$0.00

Total Amount Due and Payable: \$1,034.63

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ON****FEB 09 2021****COUNTY AUDITOR
GALHOUN COUNTY, TEXAS**

(State amount due is \$783.81)

(Local amount due is \$250.82)

PAYMENT SUMMARY

Electronic Check

State Amount: \$783.81

Local Amount: \$250.82

Amount to Pay: \$1,034.63

Electronic Check: \$1,034.63

Payment Reference Number: 1

Trace Number: 0

Type of Bank Account: Checking

Accountholder Name: PROSPERITY BANK

Bank Routing Number: *****

Bank Account Number: *****

Payment Effective Date: 02/20/2021

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02/04/2021

MEMORIAL MEDICAL CENTER

0

10:50

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor#

Vendor Name

Class

Pay Code

11816

ASHFORD GARDENS ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
012921	01/31/2021	01/29/2021	02/25/2021				55,733.08	0.00	0.00	55,733.08 ✓

STIMULUS FUNDS TRANSFER

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

11816

ASHFORD GARDEN

55,733.08

0.00

0.00

55,733.08

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

55,733.08

0.00

0.00

55,733.08

APPROVED
BY

FEB 04 2021

CK #

189248

COUNTY ASSAULTOR
GARLAND COUNTY, TEXAS

02/04/2021

MEMORIAL MEDICAL CENTER

0

10:49

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor#

Vendor Name

Class

Pay Code

11820

FORTBEND HEALTHCARE CENTE

✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
012921	01/31/2021	01/29/2021	02/25/2021				11,100.63	0.00	0.00	11,100.63

STIMULUS FUNDS TRANSFER

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

11820

FORTBEND HEALTHCARE

11,100.63

0.00

0.00

11,100.63

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

11,100.63

0.00

0.00

11,100.63

APPROVED
ON
FEB 04 2021
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK#
189251

02/04/2021

MEMORIAL MEDICAL CENTER

0

10:48

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor#

Vendor Name

Class

Pay Code

12696

GULF POINTE PLAZA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
012921	01/31/2021	01/29/2021	02/25/2021				10,891.66	0.00	0.00	10,891.66

STIMULUS FUNDS TRANSFER

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

12696

GULF POINTE PLAZ

10,891.66

0.00

0.00

10,891.66

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

10,891.66

0.00

0.00

10,891.66

APPROVED
BY

FEB 04 2021

GERARD A. WATKINS
GALE HOUT COUNTY, TEXAS

ck#

189253

This total on
open Invoice List
for NH Ins pymt
deposited to
mmc operating

02/04/2021

MEMORIAL MEDICAL CENTER

0

10:48

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor#

Vendor Name

Class

Pay Code

11836

GOLDENCREEK HEALTHCARE ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
012921	01/31/2021	01/29/2021	02/25/2021				52,572.25	0.00	0.00	52,572.25 ✓

STIMULUS FUNDS TRANSFER

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

11836

GOLDENCREEK HE

52,572.25

0.00

0.00

52,572.25

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

52,572.25

0.00

0.00

52,572.25

APPROVED
ON

FEB 04 2021

CKH

189252

GOLDEN CREEK HEALTHCARE
GALVESTON COUNTY, TEXAS

This total on
Open Invoice List
for NHIns Pymt
deposited to
MMC Operating

02/04/2021

MEMORIAL MEDICAL CENTER

0

10:49

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor#

Vendor Name

Class

Pay Code

11824

THE CRESCENT ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
012921	01/31/2021	01/29/2021	02/25/2021				14,575.60	0.00	0.00	14,575.60 ✓

STIMULUS FUNDS TRANSFER

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

11824

THE CRESCENT

14,575.60

0.00

0.00

14,575.60

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

14,575.60

0.00

0.00

14,575.60

APPROVED
BY

FEB 04 2021

CIC#

189254

SCOTT W. ASHMEAD
CITY OF MEMPHIS, TENNESSEE

This total on
Open Invoice List
for NH Ins pynt
deposited to
MMC operating

02/04/2021

MEMORIAL MEDICAL CENTER

0

10:48

AP Open Invoice List

ap_open_invoice.template

Dates Through:

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
012921	01/31/2021	01/29/2021	02/25/2021				47,976.91	0.00	0.00	47,976.91

STIMULUS FUND TRANSFER

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

11832

BROADMOOR AT C

47,976.91

0.00

0.00

47,976.91

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

47,976.91

0.00

0.00

47,976.91

APPROVED
ON

FEB 04 2021

CLK#

189250

GARY ARZULAG
GARFIELD COUNTY, NEBRAS

CCN	Facility Name	Address	City	State	Zip Code	Total Resident Weeks	Total Covid Infections	Facility Infection Rate Per 1000 Resident Weeks	County Infection Rate Per 1000 Resident Weeks	Infection Performance Score	Mortality Adjustment	Performance Month	Payment
675423	ASHFORD GARDENS	7210 NORTHLINE DR	HOUSTON	TX	77,076	489	0	0	0.89	0.43	0	October	\$55,733.08
675663	FORT BEND HEALTHCARE CENTER	3010 BAMORE RD	ROSENBERG	TX	77,471	230	0	0	0.38	0.09	0	October	\$11,100.63
675892	GULF POINTE PLAZA	1008 ENTERPRISE BLVD	ROCKPORT	TX	78,382	287	0	0	0.25	0.07	0.2	October	\$10,891.66
676097	GOLDEN CREEK HEALTHCARE AND REHABILITATION CENTER	2100 DOVER CROSSING LANE	NAVASOTA	TX	77,868	329	0	0	1.04	0.34	0.2	October	\$52,572.25
676323	THE CRESCENT	11353 SUGAR PARK LANE	SUGAR LAND	TX	77,478	302	0	0	0.38	0.11	0	October	\$14,575.60
676357	THE BROADMOOR AT CREEKSIDE PARK	5665 CREEKSIDE FOREST DRIVE	THE WOODLANDS	TX	77,389	340	0	0	1.1	0.37	0	October	\$47,976.91
Funds Received 12/9/2020		\$	267,147.31										
Funds to be distributed based on Calculation above			\$192,850.13										
Balance left to distribute			\$74,297.18										

\$192,850.13

[Handwritten signature]

APPROVED
ON
FEB 04 2021
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

02/05/2021

MEMORIAL MEDICAL CENTER

0

14:33

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor#

Vendor Name

Class

Pay Code

11836

GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
012921	01/31/2021	01/29/2021	02/25/2021				52,572.25	0.00	0.00	52,572.25
	STIMULUS FUNDS TRANSFER									
011221	02/05/2021	01/12/2021	02/25/2021				31,480.00	0.00	0.00	31,480.00 ✓
	TRANSFER *									
011921	02/05/2021	01/19/2021	02/25/2021				441.72	0.00	0.00	441.72 ✓
	TRANSFER *									
012521A	02/05/2021	01/25/2021	02/25/2021				16,715.42	0.00	0.00	16,715.42 ✓
	TRANSFER *									
012621	02/05/2021	01/26/2021	02/25/2021				38,952.83	0.00	0.00	38,952.83 ✓
	TRANSFER *									
011121	02/05/2021	01/27/2021	02/25/2021				6,321.23	0.00	0.00	6,321.23 ✓
	TRANSFER *									
011121A	02/05/2021	01/27/2021	02/25/2021				209.30	0.00	0.00	209.30 ✓
	TRANSFER *									
012121A	02/05/2021	01/27/2021	02/25/2021				3,780.69	0.00	0.00	3,780.69 ✓
	TRANSFER *									
012121	02/05/2021	01/27/2021	02/25/2021				1,673.13	0.00	0.00	1,673.13 ✓
	TRANSFER *									
012721	02/05/2021	01/27/2021	02/25/2021				1,222.23	0.00	0.00	1,222.23 ✓
	TRANSFER *									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11836		GOLDENCREEK HE	153,368.80	0.00	0.00	153,368.80

Report Summary

Grand Totals:

Gross	Discount	No-Pay	Net
~~153,368.80~~	0.00	0.00	~~153,368.80~~
153,369.80			153,369.80

*Nursing Home Insurance Payment deposited to MMC Operating.

Includes
Stimulus Funds Transfers

APPROVED
ON
FEB 08 2021
COUNTY AUDITOR
GALHOUN COUNTY, TEXAS

ck#
189252

02/05/2021

MEMORIAL MEDICAL CENTER

0

14:39

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor#

Vendor Name

Class

Pay Code

12696

GULF POINTE PLAZA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
012921	01/31/2021	01/29/2021	02/25/2021				10,891.66	0.00	0.00	10,891.66
	STIMULUS FUNDS TRANSFER									
011121	02/05/2021	01/11/2021	02/25/2021				1,684.74	0.00	0.00	1,684.74
	TRANSFER *									
011221	02/05/2021	01/12/2021	02/25/2021				12,612.02	0.00	0.00	12,612.02
	TRANSFER *									
011521	02/05/2021	01/15/2021	02/25/2021				2,588.07	0.00	0.00	2,588.07
	TRANSFER *									
011521A	02/05/2021	01/15/2021	02/25/2021				873.67	0.00	0.00	873.67
	TRANSFER *									
012521A	02/05/2021	01/25/2021	02/25/2021				7,400.68	0.00	0.00	7,400.68
	TRANSFER *									
012621	02/05/2021	01/26/2021	02/25/2021				27,433.73	0.00	0.00	27,433.73
	TRANSFER *									
012721	02/05/2021	01/27/2021	02/25/2021				1,292.38	0.00	0.00	1,292.38
	TRANSFER *									
012821	02/05/2021	01/28/2021	02/25/2021				1,495.00	0.00	0.00	1,495.00
	TRANSFER *									
012921C	02/05/2021	01/29/2021					281.04	0.00	0.00	281.04
	TRANSFER *									
012921A	02/05/2021	01/29/2021	02/25/2021				172.40	0.00	0.00	172.40
	TRANSFER *									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
12696			GULF POINTE PLAZ				66,725.39	0.00	0.00	66,725.39
Report Summary										
Grand Totals:		Gross		Discount		No-Pay		Net		
		66,725.39		0.00		0.00		66,725.39		

includes
Stimulus Funds
Transfer

*Nursing Home Insurance payment deposited to MMC Operating

APPROVED

ON

FEB 08 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CLK#

189253

0.00

24-145-20-1

10-801-66-1

55-8-3-72-8

55-8-3-73-8

10-801-66-1

24-145-20-1

02/05/2021

MEMORIAL MEDICAL CENTER

14:32

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Vendor#

Vendor Name

Class

Pay Code

11824

THE CRESCENT ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
012921	01/31/2021	01/29/2021	02/25/2021				14,575.60	0.00	0.00	14,575.60
	STIMULUS FUNDS TRANSFER									
011121	02/05/2021	01/11/2021	02/25/2021				10,697.72	0.00	0.00	10,697.72 ✓
	TRANSFER NH Insurance Pymt deposited to MMC operating									
011421	02/05/2021	01/14/2021	02/25/2021				2,520.00	0.00	0.00	2,520.00 ✓
	TRANSFER NH Insurance Pymt deposited to MMC operating									
Vendor Totals:	Number	Name			Gross		Discount	No-Pay		Net
11824		THE CRESCENT			27,793.32		0.00	0.00		27,793.32
Report Summary										
S:	Gross		Discount		No-Pay		Net			
	27,793.32		0.00		0.00		27,793.32			

Includes
Stimulus Funds Transfer

APPROVED
ON
FEB 08 2021
COUNTY AUDITOR
GALHOUN COUNTY, TEXAS

CK#
189254

D.C.

27,793.32 ~
14,575.60 -
13,217.72 *

13,217.72 +
14,575.60 =
27,793.32 *

02/05/2021

MEMORIAL MEDICAL CENTER

0

14:35

AP Open Invoice List

ap_open_invoice.template

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
011121	02/05/2021	01/11/2021	02/25/2021				9,031.36	0.00	0.00	9,031.36 ✓
	TRANSFER *									
011221	02/05/2021	01/12/2021	02/25/2021				54,301.06	0.00	0.00	54,301.06 ✓
	TRANSFER *									
011321A	02/05/2021	01/13/2021	02/25/2021				318.97	0.00	0.00	318.97 ✓
	TRANSFER *									
011521A	02/05/2021	01/15/2021	02/25/2021				880.00	0.00	0.00	880.00 ✓
	TRANSFER *									
011521	02/05/2021	01/15/2021	02/25/2021				2,003.18	0.00	0.00	2,003.18 ✓
	TRANSFER *									
011921	02/05/2021	01/19/2021	02/25/2021				560.77	0.00	0.00	560.77 ✓
	TRANSFER *									
012021	02/05/2021	01/20/2021	02/25/2021				217.10	0.00	0.00	217.10 ✓
	TRANSFER *									
012121	02/05/2021	01/21/2021	02/25/2021				5,280.00	0.00	0.00	5,280.00 ✓
	TRANSFER *									
012121A	02/05/2021	01/21/2021	02/25/2021				1,057.14	0.00	0.00	1,057.14 ✓
	TRANSFER *									
012121B	02/05/2021	01/21/2021	02/25/2021				176.00	0.00	0.00	176.00 ✓
	TRANSFER *									
012521	02/05/2021	01/25/2021	02/25/2021				9,251.25	0.00	0.00	9,251.25 ✓
	TRANSFER *									
012621	02/05/2021	01/26/2021	02/25/2021				55,728.00	0.00	0.00	55,728.00 ✓
	TRANSFER *									
012721	02/05/2021	01/27/2021	02/25/2021				2,185.20	0.00	0.00	2,185.20 ✓
	TRANSFER									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12792		BETHANY SENIOR I	140,990.03	0.00	0.00	140,990.03

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	140,990.03	0.00	0.00	140,990.03

*Nursing Home payment deposited to MMC operating.

APPROVED
ON
FEB 08 2021
COUNTY AUDITOR
GALHOUN COUNTY, TEXAS
CK#
189249

02/05/2021

MEMORIAL MEDICAL CENTER

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14:37

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor#

Vendor Name

Class

Pay Code

13004

TUSCANY VILLAGE ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
011121	02/05/2021	01/11/2021	02/25/2021				1,552.96	0.00	0.00	1,552.96 ✓
	TRANSFER *									
011221	02/05/2021	01/12/2021	02/25/2021				1,577.04	0.00	0.00	1,577.04 ✓
	TRANSFER *									
011221A	02/05/2021	01/12/2021	02/25/2021				6,770.00	0.00	0.00	6,770.00 ✓
	TRANSFER *									
011321	02/05/2021	01/13/2021	02/25/2021				11,994.86	0.00	0.00	11,994.86 ✓
	TRANSFER *									
011521	02/05/2021	01/15/2021	02/25/2021				556.23	0.00	0.00	556.23 ✓
	TRANSFER *									
011921A	02/05/2021	01/19/2021	02/25/2021				352.00	0.00	0.00	352.00 ✓
	TRANSFER *									
011921	02/05/2021	01/19/2021	02/25/2021				1,143.85	0.00	0.00	1,143.85 ✓
	TRANSFER *									
012621	02/05/2021	01/26/2021	02/25/2021				1,494.51	0.00	0.00	1,494.51 ✓
	TRANSFER *									
012721	02/05/2021	01/27/2021	02/25/2021				5,268.54	0.00	0.00	5,268.54 ✓
	TRANSFER *									
012821	02/05/2021	01/28/2021	02/25/2021				845.00	0.00	0.00	845.00 ✓
	TRANSFER *									
012921B	02/05/2021	01/29/2021	02/25/2021				16,453.36	0.00	0.00	16,453.36 ✓
	TRANSFER *									
012921A	02/05/2021	01/29/2021	02/25/2021				548.66	0.00	0.00	548.66 ✓
	TRANSFER *									
012921	02/05/2021	01/29/2021	02/25/2021				747.25	0.00	0.00	747.25 ✓
	TRANSFER *									

Vendor Totals:

13004

Number

Name

TUSCANY VILLAGE

Gross

49,304.26

Discount

0.00

No-Pay

0.00

Net

49,304.26

Report Summary

Grand Totals:

Gross

49,304.26

Discount

0.00

No-Pay

0.00

Net

49,304.26

*Nursing Home Insurance payment
Deposited to MMC Operating

APPROVED
ON

FEB 08 2021

COUNTY AUDITOR
GALHOUN COUNTY, TEXAS

CLH

184254

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P ASHFORD

Date Requested: 2/8/21

A

APPROVED
ON

Y

FEB 09 2021

E

COUNTY AUDITOR
GALHOUN COUNTY, TEXAS

E

FOR ACCT. USE ONLY

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

AMOUNT 75,506.95

G/L NUMBER: 10255040

EXPLANATION: Payment for December QIPP component 1 & 2, Sept-Dec component 3, Year
4 Quarter 1 payment and Year 3 Adjustments for all components.

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

RUN DATE:02/11/21
TIME:14:41

MEMORIAL MEDICAL CENTER
CHECK REGISTER
02/10/21 THRU 02/10/21

PAGE 4
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
------	--------	------	--------	-------

NHA	001118	02/10/21	75,506.95	MMC OPERATING
TOTALS:			75,506.95	

Ashford

FEB 10 2021

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Broadmoor

Date Requested: 2/8/21

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APPROVED
ON

FEB 09 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

☐ Imprest Cash

☐ A/P Check

☐ Mail Check to Vendor

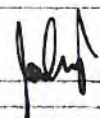
☐ Return Check to Dept

AMOUNT 31,260.50

G/L NUMBER: 10255040

EXPLANATION: Payment for December QIPP component 1 & 2, Sept-Dec component 3, Year
4 Quarter 1 payment and Year 3 Adjustments for all components.

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

RUN DATE:02/11/21
TIME:14:41

MEMORIAL MEDICAL CENTER
CHECK REGISTER
02/10/21 THRU 02/10/21

PAGE 5
GLCKREG

BANK--CHECK-----
CODE NUMBER DATE AMOUNT PAYEE

NHB 000080 02/10/21 31,260.50 MMC OPERATING *Broadman*
TOTALS: 31,260.50

~~APPROVED~~
~~GM~~

FEB 10 2021

~~RECEIVED~~
~~02/10/21 02:00 PM, 2021~~

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Crescent
A
Y
E
E

Date Requested: 2/8/21

APPROVED
ON
FEB 09 2021
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

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

AMOUNT 25,113.55

G/L NUMBER: 10255040

EXPLANATION: Payment for December QIPP component 1 & 2, Sept-Dec component 3, Year
4 Quarter 1 payment and Year 3 Adjustments for all components.

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY:



MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Fort Bend

Date Requested: 2/8/21

A

APPROVED
ON

Y

FEB 09 2021

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COUNTY AUDITOR
GALHOUN COUNTY, TEXAS

E

FOR ACCT. USE ONLY

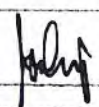
- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT 30,517.10

G/L NUMBER: 10255040

EXPLANATION: Payment for December QIPP component 1 & 2, Sept-Dec component 3, Year
4 Quarter 1 payment and Year 3 Adjustments for all components.

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

RUN DATE:02/11/21
TIME:14:41

MEMORIAL MEDICAL CENTER
CHECK REGISTER
02/10/21 THRU 02/10/21

PAGE 7
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHF 000110 02/10/21 30,517.10 MMC OPERATING *Fort Bend*
TOTALS: 30,517.10

APPROVED
FOR
FEB 10 2021
CASHIER
MEMORIAL MEDICAL CENTER, INC.

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Solera
A
Y
E
E

Date Requested: 2/8/21

APPROVED
ON

FEB 09 2021

COUNTY AUDITOR
GALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

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

AMOUNT 22,791.97

G/L NUMBER: 10255040

EXPLANATION: Payment for December QIPP component 1 & 2, Sept-Dec component 3, Year
4 Quarter 1 payment and Year 3 Adjustments for all components.

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY:



RUN DATE:02/11/21
TIME:14:41

MEMORIAL MEDICAL CENTER
CHECK REGISTER
02/10/21 THRU 02/10/21

PAGE 9
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHS 001112 02/10/21 22,791.97 MMC OPERATING *Sulem*
TOTALS: 22,791.97

APPROVED
OK

FEB 10 2021

CASHIER SIGNATURE
CASHIER SIGNATURE, NAME

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Golden Creek

Date Requested: 2/8/21

A

APPROVED
ON

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FEB 09 2021

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COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

E

FOR ACCT. USE ONLY

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

AMOUNT 81,840.48

G/L NUMBER: 10255040

EXPLANATION: Payment for December QIPP component 1 & 2, Sept-Dec component 3, Year
4 Quarter 1 payment and Year 3 Adjustments for all components.

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

RUN DATE:02/11/21
TIME:14:41

MEMORIAL MEDICAL CENTER
CHECK REGISTER
02/10/21 THRU 02/10/21

PAGE 8
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHG 000072 02/10/21 81,840.48 MMC OPERATING
TOTALS: 81,840.48

golden creek

APPROVED
GM

FEB 10 2021

COUNTY CLERK
GLASSBORO COUNTY, NEW JERSEY

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Gulf Pointe
A
Y
E
E

Date Requested: 2/8/21

APPROVED
ON

FEB 09 2021

COUNTY AUDITOR
GALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

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

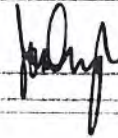
AMOUNT 48,861.27

G/L NUMBER: 10255040

EXPLANATION: Payment for December QIPP component 1 & 2, Sept-Dec component 3, Year
4 Quarter 1 payment and Year 3 Adjustments for all components.

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY:



RUN DATE:02/11/21
TIME:14:41

MEMORIAL MEDICAL CENTER
CHECK REGISTER
02/10/21 THRU 02/10/21

PAGE 3
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

GPP 000024 02/10/21 48,861.27 MMC OPERATING
TOTALS: 48,861.27

Guif Pointe

APPROVED
GM

FEB 10 2021

CASHIER, MEMPHIS
DAVIDSON COUNTY, TENNESSEE

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Tuscany
A
Y
E
E

Date Requested: 2/8/21

APPROVED
ON

FEB 09 2021

COUNTY AUDITOR
GALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

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

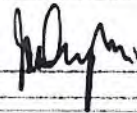
AMOUNT ~~48,861.27~~ 55,706.13

G/L NUMBER: 10255040

EXPLANATION: Payment for December QIPP component 1 & 2, Sept-Dec component 3, Year
4 Quarter 1 payment and Year 3 Adjustments for all components.

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY:



RUN DATE:02/11/21
TIME:14:41

MEMORIAL MEDICAL CENTER
CHECK REGISTER
02/10/21 THRU 02/10/21

PAGE 10
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

TUS 000005 02/10/21 55,706.13 MMC OPERATING
TOTALS: 55,706.13

Tuscany

AMERICAN

FEB 10 2021

AMERICAN
OKLAHOMA COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
2/8/2021

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		274,940.14 ✓	223,610.11 ✓	222,823.82 ✓		274,153.85 ✓	147,270.72
						Bank Balance	
						Variance	
						Leave in Balance	100.00
						AMERIGROUP QIPP YR 3 ADJ	5,710.22
						MOLINA QIPP 1, 2 & 3	31,522.79
						MOLINA QIPP 4 & LAPSE	10,737.50
						MOLINA QIPP YR 3 ADJ	3,259.52
						Januar Interest	46.15
						QIPP 1,2,3,4, LAPSE	75,506.95
						Adjust Balance/Transfer Amt	147,270.72
						Bank Balance	177,390.94
						Variance	
						Leave in Balance	100.00
						AMERIGROUP QIPP YR 3 ADJ	2,063.12
						MOLINA QIPP 1, 2 & 3	13,046.54
						MOLINA QIPP 4 & LAPSE	4,449.62
						MOLINA QIPP YR 3 ADJ	1,174.31
						Jan Interest	34.47
						DEC QIPP 1,2,3,4 LAPSE	31,260.50
						Adjust Balance/Transfer Amt	125,262.38
						Bank Balance	141,737.82
						Variance	
						Leave in Balance	100.00
						AMERIGROUP QIPP YR 3 ADJ	1,687.13
						MOLINA QIPP 1, 2 & 3	10,482.42
						MOLINA QIPP 4 & LAPSE	3,573.44
						MOLINA QIPP YR 3 ADJ	960.38
						JAN INTEREST	30.40
						QIPP 1,2,3,4, LAPSE	25,113.55
						Adjust Balance/Transfer Amt	99,790.50
						Bank Balance	141,737.82
						Variance	
						Leave in Balance	100.00
						AMERIGROUP QIPP YR 3 ADJ	2,335.16
						MOLINA QIPP 1, 2 & 3	12,750.58
						MOLINA QIPP 4 & LAPSE	4,329.36
						MOLINA QIPP YR 3 ADJ	1,330.94
						JAN INTEREST	18.96
						QIPP 1,2,3,4 LAPSE	30,517.10
						December Interest	
						Adjust Balance/Transfer Amt	23,574.30
						Bank Balance	74,956.40
						Variance	
						Leave in Balance	100.00
						AMERIGROUP QIPP YR 3 ADJ	2,025.38
						MOLINA QIPP 1, 2 & 3	12,361.91
						MOLINA QIPP 4 & LAPSE	4,209.10
						MOLINA QIPP YR 3 ADJ	1,153.16
						JAN INTEREST	53.20
						QIPP 1,2,3,4 LAPSE	22,791.97
						Adjust Balance/Transfer Amt	106,369.57
						Bank Balance	149,064.29
						Variance	
						Leave in Balance	100.00
						AMERIGROUP QIPP YR 3 ADJ	2,025.38
						MOLINA QIPP 1, 2 & 3	12,361.91
						MOLINA QIPP 4 & LAPSE	4,209.10
						MOLINA QIPP YR 3 ADJ	1,153.16
						JAN INTEREST	53.20
						QIPP 1,2,3,4 LAPSE	22,791.97
						Adjust Balance/Transfer Amt	106,369.57
						Bank Balance	149,064.29
						Variance	
						Leave in Balance	100.00
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						MOLINA QIPP YR 3 ADJ	1,153.16
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						QIPP 1,2,3,4 LAPSE	22,791.97
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						JAN INTEREST	53.20
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						Adjust Balance/Transfer Amt	106,369.57
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						JAN INTEREST	53.20
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						Adjust Balance/Transfer Amt	106,369.57
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						MOLINA QIPP YR 3 ADJ	1,153.16
						JAN INTEREST	53.20
						QIPP 1,2,3,4 LAPSE	22,791.97
						Adjust Balance/Transfer Amt	106,369.57
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						Variance	
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						MOLINA QIPP YR 3 ADJ	1,153.16
						JAN INTEREST	53.20
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						Adjust Balance/Transfer Amt	106,369.57
						Bank Balance	149,064.29
						Variance	
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						AMERIGROUP QIPP YR 3 ADJ	2,025.38
						MOLINA QIPP 1, 2 & 3	12,361.91
						MOLINA QIPP 4 & LAPSE	4,209.10
						MOLINA QIPP YR 3 ADJ	1,153.16
						JAN INTEREST	53.20
						QIPP 1,2,3,4 LAPSE	22,791.97
						Adjust Balance/Transfer Amt	106,369.57
						Bank Balance	149,064.29
						Variance	
						Leave in Balance	100.00
						AMERIGROUP QIPP YR 3 ADJ	2,025.38
						MOLINA QIPP 1, 2 & 3	12,361.91
						MOLINA QIPP 4 & LAPSE	4,209.10
						MOLINA QIPP YR 3 ADJ	1,153.16
						JAN INTEREST	53.20
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						Adjust Balance/Transfer Amt	106,369.57
						Bank Balance	149,064.29
						Variance	
						Leave in Balance	100.00
						AMERIGROUP QIPP YR 3 ADJ	2,025.38
						MOLINA QIPP 1, 2 & 3	12,361.91
						MOLINA QIPP 4 & LAPSE	4,209.10
						MOLINA QIPP YR 3 ADJ	1,153.16
						JAN INTEREST	53.20
						QIPP 1,2,3,4 LAPSE	22,791.97
						Adjust Balance/Transfer Amt	106,369.57
						Bank Balance	149,064.29
						Variance	
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						AMERIGROUP QIPP YR 3 ADJ	2,025.38
						MOLINA QIPP 1, 2 & 3	12,361.91
						MOLINA QIPP 4 & LAPSE	4,209.10
						MOLINA QIPP YR 3 ADJ	1,153.16
						JAN INTEREST	53.20
						QIPP 1,2,3,4 LAPSE	22,791.97
						Adjust Balance/Transfer Amt	106,369.57
						Bank Balance	149,064.29
						Variance	

Ashford Gardens

1/29/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384
 1/29/2021 AMERIGROUP CORPO E-PAYMENT EES2125025 113000
 1/29/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 1/29/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 1/29/2021 NOVITAS SOLUTION HCCLAIMPMT 675423 420000105
 1/31/2021 Added to Account
 2/1/2021 HEALTH HUMAN SVC HCCLAIMPMT 746003411 910000
 2/2/2021 AMERIGROUP CORPO E-PAYMENT EES2125025 113000
 2/2/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 2/2/2021 NOVITAS SOLUTION HCCLAIMPMT 675423 420000146
 2/2/2021 HUMANA CHA DISB HCCLAIMPMT 390860 4200001547
 2/3/2021 WIRE OUT ASHFORD HEALTH CARE CENTER LTD
 2/3/2021 Amerigroup TXSC HCCLAIMPMT 3142373735 111000
 2/3/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384
 2/3/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 2/4/2021 Deposit
 2/5/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 2/5/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 2/5/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 2/5/2021 NOVITAS SOLUTION HCCLAIMPMT 675423 420000197

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	3,690.00	-	-	-	-	-	3,690.00
-	82,395.80	30,930.80	5,172.80	46,292.00	-	54,883.20	13,738.40
-	9,990.20	-	-	-	-	-	9,990.20
-	4,953.05	-	-	-	-	-	4,953.05
-	3,028.94	-	-	-	-	-	3,028.94
-	46.15	-	-	-	-	-	46.15
-	12,844.00	-	-	-	-	-	12,844.00
-	37,487.30	-	-	-	37,487.50	18,948.75	18,948.75
-	176.00	-	-	-	-	-	176.00
-	5,602.96	-	-	-	-	-	5,602.96
-	160.65	-	-	-	-	-	160.65
223,610.11	-	-	-	-	-	-	-
-	14,514.91	-	-	-	-	-	14,514.91
-	1,280.00	-	-	-	-	-	1,280.00
-	3,910.36	-	-	-	-	-	3,910.36
-	4,206.56	-	-	-	-	-	4,206.56
-	33,516.18	-	-	-	-	-	33,516.18
-	2,549.40	-	-	-	-	-	2,549.40
-	2,162.56	-	-	-	-	-	2,162.56
-	58.80	-	-	-	-	-	58.80
223,610.11	222,823.82	30,930.80	5,172.80	46,292.00	37,487.50	75,506.95	167,816.87

Broadmoor

1/29/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384
 1/29/2021 AMERIGROUP CORPO E-PAYMENT EES2125025 113000
 1/29/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 1/29/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 1/29/2021 NOVITAS SOLUTION HCCLAIMPMT 675423 420000104
 1/29/2021 HEALTH HUMAN SVC HCCLAIMPMT 746003411 910000
 1/31/2021 Added to Account
 2/1/2021 HUMANA INS CO HCCLAIMPMT 390861 83000050399
 2/1/2021 HUMANA CHA DISB HCCLAIMPMT 390861 4200001062
 2/2/2021 AMERIGROUP CORPO E-PAYMENT EES2125025 113000
 2/2/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384
 2/2/2021 HUMANA INS CO HCCLAIMPMT 390861 830000546670
 2/2/2021 HUMANA CHA DISB HCCLAIMPMT 390861 4200001548
 2/3/2021 WIRE OUT CENTER HEALTH CARE CENTERS III
 2/3/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 2/3/2021 NOVITAS SOLUTION HCCLAIMPMT 675423 420000178
 2/4/2021 Deposit
 2/5/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 2/5/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 2/5/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 2/5/2021 NOVITAS SOLUTION HCCLAIMPMT 675423 420000197

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	2,150.00	-	-	-	-	-	2,150.00
-	34,098.50	12,904.80	2,141.20	19,152.50	-	25,931.45	10,646.85
-	2,746.18	-	-	-	-	-	2,746.18
-	8,867.66	-	-	-	-	-	8,867.66
-	10,817.73	-	-	-	-	-	10,817.73
-	3,396.78	-	-	-	-	-	3,396.78
-	34.47	-	-	-	-	-	34.47
-	1,744.96	-	-	-	-	-	1,744.96
-	2,202.65	-	-	-	-	-	2,202.65
-	15,617.70	-	-	-	15,617.70	7,808.85	7,808.85
-	20,952.00	-	-	-	-	-	20,952.00
-	37,265.74	-	-	-	-	-	37,265.74
-	1,389.58	-	-	-	-	-	1,389.58
125,167.38	-	-	-	-	-	-	-
-	158.25	-	-	-	-	-	158.25
-	3,530.92	-	-	-	-	-	3,530.92
-	1,741.24	-	-	-	-	-	1,741.24
-	9,616.55	-	-	-	-	-	9,616.55
-	2,188.50	-	-	-	-	-	2,188.50
-	1,018.34	-	-	-	-	-	1,018.34
-	19.60	-	-	-	-	-	19.60
125,167.38	156,557.35	12,904.80	2,141.20	19,152.50	15,617.70	31,740.50	125,296.85

Crescent

1/29/2021 AMERIGROUP CORPO E-PAYMENT EES2125025 113000
 1/29/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 1/29/2021 HEALTH HUMAN SVC HCCLAIMPMT 746003411 910000
 1/31/2021 Added to Account
 2/1/2021 UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384
 2/1/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 2/1/2021 NOVITAS SOLUTION HCCLAIMPMT 675323 420000111
 2/1/2021 HUMANA CHA DISB HCCLAIMPMT 390864 4200001062
 2/2/2021 CIGNA HCCLAIMPMT 1669860425 9100003907543
 2/2/2021 AMERIGROUP CORPO E-PAYMENT EES2125025 113000
 2/2/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 2/2/2021 NOVITAS SOLUTION HCCLAIMPMT 675323 420000146
 2/2/2021 HUMANA INS CO HCCLAIMPMT 390864 830000547108
 2/2/2021 HUMANA INS CO HCCLAIMPMT 390864 830000546670
 2/2/2021 HUMANA CHA DISB HCCLAIMPMT 390864 4200001546
 2/3/2021 WIRE OUT CENTER HEALTH CARE CENTERS III
 2/3/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384
 2/3/2021 HUMANA INS CO HCCLAIMPMT 390864 830000549493
 2/4/2021 Deposit
 2/4/2021 MANAGEANDNET1718 MNS PMNT 0000000000003268 41
 2/5/2021 Deposit

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	27,402.70	16,283.00	1,717.20	15,408.50	-	18,342.95	8,560.35
-	6,283.90	-	-	-	-	-	6,283.90
-	1,584.00	-	-	-	-	-	1,584.00
-	30.40	-	-	-	-	-	30.40
-	3,330.00	-	-	-	-	-	3,330.00
-	1,897.20	-	-	-	-	-	1,897.20
-	25,239.82	-	-	-	-	-	25,239.82
-	1,461.28	-	-	-	-	-	1,461.28
-	528.00	-	-	-	-	-	528.00
-	12,542.40	-	-	-	12,542.40	6,271.20	6,271.20
-	3,077.24	-	-	-	-	-	3,077.24
-	2,097.14	-	-	-	-	-	2,097.14
-	15,574.80	-	-	-	-	-	15,574.80
-	3,051.59	-	-	-	-	-	3,051.59
-	1,605.96	-	-	-	-	-	1,605.96
134,460.27	-	-	-	-	-	-	-
-	130.00	-	-	-	-	-	130.00
-	545.14	-	-	-	-	-	545.14
-	7,135.44	-	-	-	-	-	7,135.44
-	10,521.00	-	-	-	-	-	10,521.00
-	1,396.44	-	-	-	-	-	1,396.44
134,460.27	124,934.45	10,282.00	1,717.20	15,408.50	12,542.40	25,115.15	99,820.90

East Bend

1/29/2021 AMERIGROUP CORPO E-PAYMENT EES2125025 113000
 1/31/2021 Added to Account
 2/2/2021 AMERIGROUP CORPO E-PAYMENT EES2125025 113000
 2/2/2021 HEALTH HUMAN SVC HCCLAIMPMT 746003411 910000
 2/3/2021 WIRE OUT CENTER HEALTH CARE CENTERS III
 2/3/2021 NOVITAS SOLUTION HCCLAIMPMT 675663 420000178
 2/4/2021 Deposit
 2/5/2021 NOVITAS SOLUTION HCCLAIMPMT 675663 420000197

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	33,530.80	12,506.00	2,077.60	18,745.00	-	22,919.30	10,411.30
-	18.96	-	-	-	-	-	18.96
-	15,195.60	-	-	-	15,195.60	7,997.80	7,997.80
-	3,520.00	-	-	-	-	-	3,520.00
89,893.10	-	-	-	-	-	-	-
-	187.20	-	-	-	-	-	187.20
-	1,689.52	-	-	-	-	-	1,689.52
-	168.48	-	-	-	-	-	168.48
89,893.10	54,110.38	12,506.00	2,077.60	18,745.00	15,195.60	30,517.10	23,593.26

Solera at West Houston

1/29/2021 AMERIGROUP CORPO E-PAYMENT EES2125025 113000
 1/29/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 1/29/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 1/29/2021 HEALTH HUMAN SVC HCCLAIMPMT 746003411 910000
 1/31/2021 Added to Account
 2/1/2021 NOVITAS SOLUTION HCCLAIMPMT 67610 420000111
 2/1/2021 HUMANA INS CO HCCLAIMPMT 390862 83000050399
 2/2/2021 MANAGEANDNET1718 MNS PMNT 000000000000482 41
 2/2/2021 AMERIGROUP CORPO E-PAYMENT EES2125025 113000
 2/2/2021 HUMANA INS CO HCCLAIMPMT 390862 830000546670
 2/2/2021 AARP Supplement HCCLAIMPMT 746003411 124384
 2/3/2021 WIRE OUT CENTER HEALTH CARE CENTERS III
 2/3/2021 MANAGEANDNET1718 MNS PMNT 000000000000482 41
 2/3/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384
 2/3/2021 HUMANA CHA DISB HCCLAIMPMT 390862 4200001746
 2/3/2021 HIC RY HCCLAIMPMT 390862 4200001742098 0150
 2/4/2021 Deposit
 2/4/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384
 2/4/2021 NOVITAS SOLUTION HCCLAIMPMT 67610 420000104
 2/5/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 2/5/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	32,314.90	12,526.40	2,014.80	4,545.63	-	15,405.23	18,909.69
-	2,610.35	-	-	-	-	-	2,610.35
-	1,004.48	-	-	-	-	-	1,004.48
-	2,816.00	-	-	-	-	-	2,816.00
-	53.20	-	-	-	-	-	53.20
-	7,271.18	-	-	-	-	-	7,271.18
-	11.45	-	-	-	-	-	11.45
-	67.50	-	-	-	-	-	67.50
-	14,773.50	-	-	-	14,773.50	7,386.75	7,386.75
-	5,376.74	-	-	-	-	-	5,376.74
-	4,752.00	-	-	-	-	-	4,752.00
466,696.65	-	-	-	-	-	-	-
-	6,515.00	-	-	-	-	-	6,515.00
-	1,230.00	-	-	-	-	-	1,230.00
-	5,327.75	-	-	-	-	-	5,327.75
-	11,377.76	-	-	-	-	-	11,377.76
-	1,637.80	-	-	-	-	-	1,637.80
-	5,740.00	-	-	-	-	-	5,740.00
-	19,205.87	-	-	-	-	-	19,205.87
-	1,551.40	-	-	-	-	-	1,551.40
-	5,577.86	-	-	-	-	-	5,577.86
466,696.65	129,214.74	12,526.40	2,014.80	4,545.63	14,773.50	22,791.97	106,422.78
1,039,627.51	687,640.72	78,652.00	13,122.80	104,136.63	95,816.70	185,180.07	502,460.66

TOTALS

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

Add Group

Search

All

DDA

Data reported as of Feb 8, 2021 9

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
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Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
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*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$274,153.85	\$287,470.78	\$274,153.85	\$235,866.91
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$177,390.94	\$178,798.94	\$177,390.94	\$164,547.95
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$141,737.82	\$142,705.78	\$141,737.82	\$140,341.38
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$74,956.40	\$74,956.40	\$74,956.40	\$74,787.92
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$149,064.29	\$191,125.27	\$149,064.29	\$141,935.03

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
2/8/2021

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		123,116.80	123,320.80	182,564.94		182,360.94	100,393.21
						182,360.94	
						100.00	
						81,840.48	
						27.25	
						100,393.21	

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

2/8/21

Golden Creek

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&L apse	QIPP TI	
1/29/2021 Centene Manageme CCD+ 38888463 3110020110657	-	4,924.02	2,528.49	380.68	885.55	1,129.30	3,726.26	1,197.77
1/29/2021 Amedisys Holding CCD+ 555380828 210000240093	-	15,208.49						15,208.49
1/29/2021 Centene Manageme CCD+ 38888463 3110020067158	-	38,484.30				38,484.30	19,242.15	19,242.15
1/29/2021 Centene Manageme CCD+ 38888463 3110020067072	-	85,384.63	32,359.50	5,406.00	47,619.13		58,872.07	26,512.57
1/31/2021 Added to Account	-	27.25						27.25
2/1/2021 ACH SETTLEMENT SERVICE 4105523439 9601693213	304.00	-						-
2/1/2021 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9	-	236.60						236.60
2/1/2021 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9	-	288.94						288.94
2/3/2021 WIRE OUT NEXION HEALTH AT GOLDEN CREEK	123,016.80	-						-
2/4/2021 Deposit	-	6,509.62						6,509.62
2/4/2021 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9	-	6,682.00						6,682.00
2/5/2021 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9	-	285.98						285.98
2/5/2021 HEALTH HUMAN SVC HCCCLAIMPMT 17460034113011 2	-	23,737.20						23,737.20
2/5/2021 CIGNA HCCCLAIMPMT 1588075964 91000012878164	-	795.91						795.91
	123,320.80	182,564.94	34,887.99	5,786.68	48,504.68	39,613.60	81,840.47	100,724.47

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

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All

Select Group
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Add Group

DDA

Data reported as of Feb 8, 2021 9

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

*4454

MEMORIAL MEDICAL /
NH GOLDEN CREEK
HEALTHCARE

\$182,360.94

\$185,393.46

\$182,360.94

\$157,541.85

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
2/8/2021

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza- Private Pay		100.00 ✓		78,193.88 ✓			78,293.88 ✓	29,325.66
						Bank Balance	78,293.77	NO TRANSFER
						Variance	0.11	
						Leave in Balance	100.00	
						QIPP 1,2,3,4 LAPSE & ADJ	48,861.27 ✓	
						JAN INTEREST	6.84 ✓	
						Adjust Balance/Transfer Amt	29,325.66	
Gulf Pointe Plaza-Medicare/Medicaid		122,316.83 ✓	122,216.83 ✓	50,961.04 ✓			51,061.04	50,948.38
						Bank Balance	51,061.04	
						Variance		
						Leave in Balance	100.00 ✓	
						JAN INTEREST	12.66 ✓	
						Adjust Balance/Transfer Amt	50,948.38	
TOTAL TRANSFERS							50,948.38	

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

2/8/2021

		MMC PORTION						NH PORTION
	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	
Gulf Pointe Plaza-Private Pay								
1/29/2021 Centene Manageme CCD+ 38888463 3110020110668	-	3,501.00	1,797.39	270.33	629.14	804.14	2,649.20	851.81
1/29/2021 Centene Manageme CCD+ 38888463 3110020067181	-	22,783.65				22,783.65	11,391.83	11,391.83
1/29/2021 Centene Manageme CCD+ 38888463 3110020067108	-	50,498.47	19,142.00	3,196.00	28,160.47		34,820.24	15,678.24
1/31/2021 Added to Account	-	6.84					-	6.84
2/2/2021 HUMANA CHA DISB HCCLAIMPMT 624982 4200001548	-	1,403.92					-	1,403.92
	-						-	-
	78,193.88	20,939.39	3,466.33	28,789.61	23,587.79	48,861.26	29,332.63	

		MMC PORTION						NH PORTION
	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	
Gulf Pointe Plaza-Medicare/Medicaid								
1/29/2021 NORIDIAN J3A HCCLAIMPMT 675892 4200001015510	-	14,075.32					-	14,075.32
1/31/2021 Added to Account	-	12.66					-	12.66
2/3/2021 WIRE OUT HMG SERVICES, LLC	122,216.83	-					-	-
2/4/2021 Deposit	-	36,873.06					-	36,873.06
	-						-	-
	122,216.83	50,961.04	-	-	-	-	-	50,961.04
	122,216.83	129,154.92	20,939.39	3,466.33	28,789.61	23,587.79	48,861.26	80,293.67

Quick View

Select Quick View Accounts

Account Number / Name

Account Type

Select Group
Groups

DDA

Data reported as of Feb 8, 2021 9

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
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*5441MMC -NH GULF POINTE
PLAZA -
MEDICARE/MEDICAID

\$51,061.04

\$51,061.04

\$51,061.04

\$51,061.04

*5433MMC -NH GULF POINTE
PLAZA - PRIVATE PAY

\$78,293.88

\$78,293.88

\$78,293.88

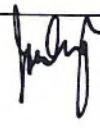
\$78,293.88

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 2/8/2021

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
Tuscany Senior Living		80,895.60	68,441.86	338,617.21			351,070.95	282,911.08
						Bank Balance	351,070.95	
						Variance		
						Leave in Balance	100.00	
						MMC TAKE BACK	12,353.74	
						QIPP 1,2,3,4 LAPSE	55,706.13	
						Adjust Balance/Transfer Amt	282,911.08	

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 2/8/2021



Tuscany Senior Living	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
1/29/2021 KS PLAN ADMINIST HCCLAIMPMT 179 111000024898	-	7,560.00					-	7,560.00
1/29/2021 AMERIGROUP CORPO E-PAYMENT EES2125026 111000	-	64,821.98	34,650.88	3,031.60	27,139.50		49,736.43	15,085.55
1/29/2021 NOVITAS SOLUTION HCCLAIMPMT 676201 420000104	-	120,205.39					-	120,205.39
1/31/2021 Added to Account	-	17.90					-	17.90
2/1/2021 NOVITAS SOLUTION HCCLAIMPMT 676201 420000111	-	2,427.29					-	2,427.29
2/2/2021 Molina HC of TX HCCLAIMPMT PN1275717894 4200	-	268.54					-	268.54
2/2/2021 AMERIGROUP CORPO E-PAYMENT EES2126525 111000	-	11,939.40				11,939.40	5,969.70	5,969.70
2/3/2021 WIRE OUT LINBAR ENTERPRISES, LLC	68,441.86	-					-	-
2/3/2021 NOVITAS SOLUTION HCCLAIMPMT 676201 420000178	-	59,717.59					-	59,717.59
2/4/2021 Deposit	-	33,676.20					-	33,676.20
2/4/2021 Molina HC of TX HCCLAIMPMT PN1275717894 4200	-	31,964.93					-	31,964.93
2/5/2021 NOVITAS SOLUTION HCCLAIMPMT 676201 420000197	-	6,017.99					-	6,017.99
								-
	68,441.86 ✓	338,617.21 ✓	34,650.88	3,031.60	27,139.50	11,939.40	55,706.13	282,911.08

Quick View

Select Quick View Accounts

Account Number / Name

Account Type

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Search

All

Select Group

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Add Group

DDA

Data reported as of Feb 8, 2021 9

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
*3407 MMC -NH TUSCANY VILLAGE	\$351,070.95	\$357,365.29	\$351,070.95	\$345,052.96

Memorial Medical Center
 Nursing Home UPL
 Weekly HSLTransfer
 Prosperity Accounts
 2/8/2021

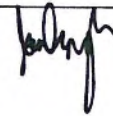
Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Bethany Senior Living		82,363.49 ✓	82,263.49 ✓	123,207.63 ✓			123,307.63 ✓	123,160.25
						Bank Balance	123,307.63	
						Variance	-	
						Leave in Balance	100.00	

JAN INTEREST 47.38

Adjust Balance/Transfer Amt 123,160.25 ✓

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 2/8/2021



Bethany Senior Living

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP T1	
1/29/2021 Deposit	-	14,570.47					-	14,570.47
1/29/2021 Deposit	-	37,166.76					-	37,166.76
1/29/2021 HOSPICE OF SO TX VENDORS NF 91000015212728	-	583.35					-	583.35
1/31/2021 Added to Account	-	47.38					-	47.38
2/1/2021 Deposit	-	12,933.55					-	12,933.55
2/3/2021 WIRE OUT BETHANY SENIOR LIVING, LTD	82,263.49	-					-	-
2/3/2021 Deposit	-	9,744.97					-	9,744.97
2/3/2021 NOVITAS SOLUTION HCCLAIMPMT 676481 420000178	-	5,470.27					-	5,470.27
2/4/2021 Deposit	-	20,094.21					-	20,094.21
2/5/2021 Deposit	-	22,263.33					-	22,263.33
2/5/2021 HOSPICE OF SO TX VENDORS NF 91000011791395	-	333.34					-	333.34
	✓ 82,263.49	123,207.63 ✓	-	-	-	-	-	123,207.63

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

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All

Select Group
Groups

Add Group

DDA

Data reported as of Feb 8, 2021 9

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
*5506 MMC - NH BETHANY SENIOR LIVING	\$123,307.63	\$123,307.63	\$123,307.63	\$100,710.96

QIPP Payment to MMC from Nursing Facilities

Commissioner's Court

2/10/2021

NH Name	From Bank Acct #	Ck #	Payee	GL #	QIPP 1,2,3,4, LAPSE				TOTAL	Date
Ashford	10000018 - Prosperity		MMC -Prosperity Operating #10000001	10255040	75,506.95				75,506.95	2/10/2021
Broadmoor	10000019 - Prosperity		MMC -Prosperity Operating #10000001	10255040	31,260.50				31,260.50	2/10/2021
Crescent	10000020 - Prosperity		MMC -Prosperity Operating #10000001	10255040	25,113.55				25,113.55	2/10/2021
Fort Bend	10000021 - Prosperity		MMC -Prosperity Operating #10000001	10255040	30,517.10				30,517.10	2/10/2021
Solera	10000022 - Prosperity		MMC -Prosperity Operating #10000001	10255040	22,791.97				22,791.97	2/10/2021
Golden Creek	10000023 - Prosperity		MMC -Prosperity Operating #10000001	10255040	81,840.48				81,840.48	2/10/2021
Gulf Pointe-PP	10000114 - Prosperity		MMC -Prosperity Operating #10000001	10255040	48,861.27				48,861.27	2/10/2021
Gulf Pointe-MM	10000025 - Prosperity		MMC -Prosperity Operating #10000001						-	2/10/2021
Bethany			MMC -Prosperity Operating #10000001						-	2/10/2021
Tuscany			MMC -Prosperity Operating #10000001	10255040	55,706.13				55,706.13	2/10/2021
			Total:		371,597.95	-	-	-	371,597.95	

Note:

0 = 0

Approved:

Jason Anglin, CEO

2/8/2021

75,506.95
 31,260.50
 25,113.55
 30,517.10
 22,791.97
 81,840.48
 48,861.27
 55,706.13
 371,597.95

FEB 10 2021

 COUNTY CLERK
 COUNTY CLERK, TEXAS

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000080

88-2265/1131

Date 2-10-21**PAY**TO THE
ORDER OFMemorial Medical Center Operating\$ 31,260.⁵⁰/₁₀₀Thirty-one thousand, two hundred sixty dollars & ⁵⁰/₁₀₀**DOLLARS****PROSPERITY
BANK**_____
county auditor

MP

FOR Dec QIPP pymt, y4 Qtr1 pymtCounty Treasurer
Security features are
included. Details on back.**MEMORIAL MEDICAL CENTER**

NH GOLDEN CREEK HEALTHCARE & REHAB
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000072

88-2265/1131

Date 2-10-21**PAY**TO THE
ORDER OFMMC Operating\$ 81,840.⁴⁹/₁₀₀eighty-one thousand, eight hundred forty dollars & ⁴⁹/₁₀₀**DOLLARS****PROSPERITY
BANK**_____
county auditor

MP

FOR Dec QIPP, y4 Q1 QIPPCounty Treasurer
Security features are
included. Details on back.**MEMORIAL MEDICAL CENTER**

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

000110

88-2265/1131

Date 2-10-21**PAY**TO THE
ORDER OFMemorial Medical Center Operating\$ 30,517.¹⁰/₁₀₀Thirty thousand, five hundred seventeen dollars & ¹⁰/₁₀₀**DOLLARS****PROSPERITY
BANK**_____
county auditor

MP

FOR Dec QIPP pymt, y4 Q1 pymtCounty Treasurer
Security features are
included. Details on back.

MEMORIAL MEDICAL CENTER
NH SOLERA AT WEST HOUSTON
202 S ANN ST STE A
PORT LAVACA TX 77979

1112

88-2265/1131-87

2-10-21

Date CHECK AMOUNT

Pay to the
Order of Memorial Medical Center Operating \$ 22,791.97
Twenty-two thousand, seven hundred ninety-one dollars & 97/100 Dollars



PROSPERITY BANK®
PORT LAVACA BANKING CENTER
1107 N. HIGHWAY 35 • PORT LAVACA, TX 77979-5102
361-552-7411 www.prosperitybankusa.com

For Dec QIPP pymt, y4 Q1 pymt

county auditor

county treasurer

MEMORIAL MEDICAL CENTER
NH GULF POINTE - PRIVATE PAY
815 N VIRGINIA ST
PORT LAVACA, TX 77979

87SS

No. #24

88-2265
1131

2-10-21

PAY TO THE
ORDER OF Memorial Medical Center Operating \$ 48,841.27
Forty-eight thousand, eight hundred sixty-one dollars & 27/100 DOLLARS



**PROSPERITY
BANK**

county auditor

county treasurer

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

87SS

No. #5

88-2265
1131

2-10-21

PAY TO THE
ORDER OF Memorial Medical Center Operating \$ 55,706.13
Fifty-five thousand, seven hundred six dollars & 13/100 DOLLARS



**PROSPERITY
BANK**

county auditor

county treasurer

Dec QIPP, y4 Q1 pymt

MEMORIAL MEDICAL CENTER
NH ASHFORD
202 S ANN ST STE A
PORT LAVACA TX 77979

1118

88-2265/1131-87

2-10-21

Date CHECK AMOUNT

Pay to the
Order of Memorial Medical Center \$ 75,506.45
Seventy-five thousand five hundred six dollars & 45/100 Dollars



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PORT LAVACA BANKING CENTER
1107 N. HIGHWAY 35 • PORT LAVACA, TX 77979-5102
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For December QIPP, y4 Qtr 1 QIPP

county auditor

county treasurer

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000112

88-2265/1131

Date 2-10-21

PAY

TO THE
ORDER OF

Memorial Medical Center Operating

\$ 25,113.⁵⁵/₁₀₀

Twenty-one thousand, ^{five} ~~one~~ hundred thirteen dollars ³/_{xx} DOLLARS



PROSPERITY
BANK

County auditor

FOR Dec QTR pymt, Y4 Qtr 1 pymt

County treasurer
Security features included. Details on back