

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---May 12, 2021

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 941,141.66
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TOTAL TRANSFERS BETWEEN FUNDS	\$ 179,711.99
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TOTAL NURSING HOME UPL EXPENSES	\$ 876,153.09
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TOTAL INTER-GOVERNMENT TRANSFERS	\$ 5,225.61
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GRAND TOTAL DISBURSEMENTS APPROVED May 12, 2021	\$ 2,002,232.35
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APPROVED

MAY 12 2021

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---May 12,2021

PAYABLES AND PAYROLL

5/6/2021 Weekly Payables	501,590.35
5/6/2021 Patient Refunds	3,231.45
5/10/2021 Biofire Diagnostics LLC-supplies	14,251.04
5/10/2021 Byrd Portable Buildings-removal and relocation of storage building	935.00
5/10/2021 McKesson-340B Prescription Expense	5,255.43
5/10/2021 Amerisource Bergen-340B Prescription Expense	943.13
5/10/2021 Payroll Liabilities -Payroll Taxes	98,916.18
5/10/2021 Payroll	313,931.28
5/10/2021 Payroll Liabilities for supplemental payroll-Payroll Taxes	248.28
5/10/2021 Supplemental Payroll	945.63

Prosperity Electronic Bank Payments

5/3-5/5/21 Credit Card & Lease Fees	715.46
5/3-5/7/21 Pay Plus-Patient Claims Processing Fee	157.43
5/5/2021 Authnet Gateway Billing-3rd Party Payor Fee	21.00

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS **\$ 941,141.66**

TRANSFER BETWEEN FUNDS-NURSING HOMES

5/6/2021 MMC Operating to Ashford- NH portion of QIPP payment deposit into MMC Operating	46,265.28
5/6/2021 MMC Operating to Solera-NH portion of QIPP payment deposited into MMC Operating	18,114.14
5/6/2021 MMC Operating to Fortbend-NH portion of QIPP payment deposited into MMC Operating	18,698.16
5/6/2021 MMC Operating to Broadmoor-NH portion of QIPP payment deposited into MMC Operating	19,163.40
5/6/2021 MMC Operating to The Crescent-NH portion of QIPP payment deposited into MMC Operating	15,323.13
5/6/2021 MMC Operating to Golden Creek Healthcare-NH portion of QIPP payment deposited into MMC Operating	31,350.30
5/6/2021 MMC Operating to Gulf Pointe Plaza -NH portion of QIPP payment deposited into MMC Operating	12,993.11
5/6/2021 MMC Operating to Tuscany Village-NH portion of QIPP payment deposited into MMC Operating	17,804.47

TOTAL TRANSFERS BETWEEN FUNDS **\$ 179,711.99**

NURSING HOME UPL EXPENSES

5/10/2021 Nursing Home UPL-Cantex Transfer	224,750.90
5/10/2021 Nursing Home UPL-Nexion Transfer	84,622.81
5/10/2021 Nursing Home UPL-HMG Transfer	81,219.74
5/10/2021 Nursing Home UPL-Tuscany Transfer	77,100.78
5/10/2021 Nursing Home UPL-HSL Transfer	244,561.90

QIPP/INTEREST/RECOUP CHECKS TO MMC

5/10/2021 Ashford	54,128.55
5/10/2021 Broadmoor	22,419.42
5/10/2021 Crescent	17,971.41
5/10/2021 Fort Bend	21,884.63
5/10/2021 Solera	21,219.54
5/10/2021 Tuscany	26,273.41

TOTAL NURSING HOME UPL EXPENSES **\$ 876,153.09**

INTER-GOVERNMENT TRANSFERS

5/6/2021 IGT DY6 UC	5,225.61
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TOTAL INTER-GOVERNMENT TRANSFERS **\$ 5,225.61**

GRAND TOTAL DISBURSEMENTS APPROVED May 12, 2021 **\$ 2,002,232.35**

RECEIVED

05/06/2021

12:36

MAY 06 2021

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 05/26/2021

ap_open_invoice.template

0

Vendor#

R1200

Vendor Name

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
139528618	04/30/2021	04/07/2021	05/02/2021				49.18	0.00	0.00	49.18

FIRE MONITORING

Vendor Totals:

R1200

Number

Name

Gross

Discount

No-Pay

Net

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
9111866933	04/28/2021	04/07/2021	05/07/2021				233.70	0.00	0.00	233.70

OXYGEN

9112015478	04/28/2021	05/12/2021	05/12/2021				142.84	0.00	0.00	142.84
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OXYGEN

Vendor Totals:

A1680

Number

Name

Gross

Discount

No-Pay

Net

AIRGAS USA, LLC -

376.54

0.00

0.00

376.54

Vendor#

A1360

Vendor Name

Class

Pay Code

AMERISOURCEBERGEN DRUG CCW

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
802839296	04/30/2021	03/31/2021	04/06/2021				19.55	0.00	0.00	19.55

INVENTORY

3052976097	04/30/2021	04/15/2021	04/21/2021				2,342.72	0.00	0.00	2,342.72
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INVENTORY

Vendor Totals:

A1360

Number

Name

Gross

Discount

No-Pay

Net

AMERISOURCEBEF

2,362.27

0.00

0.00

2,362.27

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
911934354	04/30/2021	04/12/2021	05/12/2021				53.00	0.00	0.00	53.00

SUPPLIES

Vendor Totals:

A2271

Number

Name

Gross

Discount

No-Pay

Net

ARTHREX, INC

53.00

0.00

0.00

53.00

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
2196016	04/30/2021	04/19/2021	05/19/2021				2,755.38	0.00	0.00	2,755.38

LAB STAFFING

2196297	04/30/2021	04/19/2021	05/19/2021				2,680.00	0.00	0.00	2,680.00
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LAB STAFFING

Vendor Totals:

A0400

Number

Name

Gross

Discount

No-Pay

Net

AUREUS RADIOLO

5,435.38

0.00

0.00

5,435.38

Vendor#

13516

Vendor Name

Class

Pay Code

AVANTE HEALTH SOULTIONS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
AR0051115	04/30/2021	03/18/2021	04/18/2021				20.00	0.00	0.00	20.00

SUPPLIES

AR0057715	04/30/2021	04/08/2021	05/08/2021				719.50	0.00	0.00	719.50
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SUPPLIES

Vendor Totals:

13516

Number

Name

Gross

Discount

No-Pay

Net

AVANTE HEALTH S

739.50

0.00

0.00

739.50

Vendor#

B1220

Vendor Name

Class

Pay Code

BECKMAN COULTER INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5439292	04/30/2021	04/13/2021	05/08/2021				5,016.58	0.00	0.00	5,016.58

MAINT CONTRACT LEASE

109020548	04/30/2021	04/19/2021	05/14/2021				1,062.14	0.00	0.00	1,062.14
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SUPPLIES

	109020476	04/30/2021	04/19/2021	05/14/2021			784.65	0.00	0.00	784.65	✓
					SUPPLIES						
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net	
	B1220		BECKMAN COULTE ✓			6,863.37	0.00	0.00		6,863.37	
Vendor#			Vendor Name			Class		Pay Code			
11072			BIO-RAD LABORATORIES, INC ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	904716132	04/30/2021	03/30/2021	04/30/2021				4,948.79	0.00	0.00	4,948.79 ✓
					SUPPLIES						
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net	
	11072		BIO-RAD LABORATI			4,948.79	0.00	0.00		4,948.79	
Vendor#			Vendor Name			Class		Pay Code			
10599			BKD, LLP ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	BK01374593	04/30/2021	04/18/2021	05/13/2021				7,800.00	0.00	0.00	7,800.00 ✓
	BK 01386763										
	2018DSH/DY 7 UC MEDICAID CHIR										
	042921	04/30/2021	04/29/2021	05/24/2021				36,400.00	0.00	0.00	36,400.00 ✓
					2020 AUDIT						
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net	
	10599		BKD, LLP			44,200.00	0.00	0.00		44,200.00	
Vendor#			Vendor Name			Class		Pay Code			
12324			BLUE CROSS BLUE SHIELD ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	041621A	04/30/2021	04/16/2021	05/01/2021				207,583.81	0.00	0.00	207,583.81 ✓
					INSURANCE						
	041621	04/30/2021	04/16/2021	05/01/2021				2,072.25	0.00	0.00	2,072.25 ✓
					COBRA						
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net	
	12324		BLUE CROSS BLUE			209,656.06	0.00	0.00		209,656.06	
Vendor#			Vendor Name			Class		Pay Code			
12740			BUILDING KID STEPS ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	043021B	04/30/2021	04/30/2021	04/30/2021				100.00	0.00	0.00	100.00 ✓
					SPEECH THERAPY						
	043021A	04/30/2021	04/30/2021	04/30/2021				1,226.00	0.00	0.00	1,226.00 ✓
					SPEECH THERAPY						
	043021	04/30/2021	04/30/2021	04/30/2021				1,126.00	0.00	0.00	1,126.00 ✓
					SPEECH THERAPY						
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net	
	12740		BUILDING KID STEF			2,452.00	0.00	0.00		2,452.00	
Vendor#			Vendor Name			Class		Pay Code			
11224			CABLES AND SENSORS ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	110842	04/30/2021	04/22/2021	05/22/2021				388.00	0.00	0.00	388.00 ✓
					SUPPLIES						
	110843	04/30/2021	11/08/2043	05/22/2021				290.00	0.00	0.00	290.00 ✓
					SUPPLIES						
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net	
	11224		CABLES AND SENS			678.00	0.00	0.00		678.00	
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
	043021	04/30/2021	04/30/2021	05/19/2021				86.74	0.00	0.00	86.74 ✓
					FUEL						
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net	
	C1048		CALHOUN COUNTY			86.74	0.00	0.00		86.74	
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
	8001681800	04/30/2021	06/16/2018	07/11/2018				120.09	0.00	0.00	120.09 ✓
					SUPPLIES						

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net				
C1325		CARDINAL HEALTH	120.09	0.00	0.00	120.09				
Vendor# 13028		Vendor Name CAVALLO ENERGY TEXAS LLC	Class		Pay Code					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2109000147	04/30/2021	03/18/2021	05/03/2021				2,252.48	0.00	0.00	2,252.48 ✓
	70839		ENERGY BILL 167636							
2111000149	04/30/2021	04/19/2021	05/21/2021				461.13	0.00	0.00	461.13 ✓
	12373		ENERGY BILL ACCT 167647							
2111000149	04/30/2021	04/19/2021	05/21/2021				1,196.17	0.00	0.00	1,196.17 ✓
	12372		ENERGY BILL ACCT 167636							
2111000149	04/30/2021	04/19/2021	05/21/2021				15.15	0.00	0.00	15.15 ✓
	12374		ENERGY BILL ACCT 167653							
Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net				
13028		CAVALLO ENERGY	3,924.93	0.00	0.00	3,924.93				
Vendor# 12768		Vendor Name CHEMAQUA	Class		Pay Code					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7327575	04/30/2021	04/10/2021	04/20/2021				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# C1730		Vendor Name CITY OF PORT LAVACA	Class W		Pay Code					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
041421	04/30/2021	04/14/2021	05/05/2021				64.13	0.00	0.00	64.13 ✓
			WATER ACCT 12-1260-02							
041421A	04/30/2021	04/14/2021	05/05/2021				5,510.60	0.00	0.00	5,510.60 ✓
			WATER ACCT 12132000							
Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net				
C1730		CITY OF PORT LAV.	5,574.73	0.00	0.00	5,574.73				
Vendor# 13000		Vendor Name CLEARFLY	Class		Pay Code					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV348647	05/05/2021	05/01/2021	05/15/2021				1,117.97	0.00	0.00	1,117.97 ✓
			PHONES							
Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net				
13000		CLEARFLY	1,117.97	0.00	0.00	1,117.97				
Vendor# 11291		Vendor Name DOWELL PEST CONTROL	Class		Pay Code					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
20730	04/30/2021	04/30/2021	05/25/2021				105.00	0.00	0.00	105.00 ✓
			PEST CONTROL							
20728	04/30/2021	04/30/2021	05/25/2021				505.00	0.00	0.00	505.00 ✓
			PEST CONTROL							
20731	04/30/2021	04/30/2021	05/25/2021				160.00	0.00	0.00	160.00 ✓
			PEST CONTROL							
20729	04/30/2021	04/30/2021	05/25/2021				260.00	0.00	0.00	260.00 ✓
			PEST CONTROL							
Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net				
11291		DOWELL PEST CON	1,030.00	0.00	0.00	1,030.00				
Vendor# 12488		Vendor Name DURFOLD CORPORATION	Class		Pay Code					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN7963	04/30/2021	04/19/2021	05/19/2021				27,274.00	0.00	0.00	27,274.00 ✓
			SLEEPER RECLINERS 16 @ 1148 and 9 governed tables @ 634.00							
Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net				
12488		DURFOLD CORPOF	27,274.00	0.00	0.00	27,274.00				
Vendor# 11284		Vendor Name EMERGENCY STAFFING SOLUTIO	Class		Pay Code					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

40191	04/30/2021	04/30/2021	04/30/2021				40,062.50	0.00	0.00	40,062.50
PRO FEES (1/ctn-com)										
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay		Net	
F1400	11284		EMERGENCY STAF		40,062.50	0.00	0.00		40,062.50	
		Vendor Name	FISHER HEALTHCARE		Class	Pay Code				
					M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7874256	04/30/2021	03/23/2021	04/17/2021				1,128.56	0.00	0.00	1,128.56
SUPPLIES										
9404167	04/30/2021	04/07/2021	05/02/2021				236.51	0.00	0.00	236.51
SUPPLIES										
0334700	04/30/2021	04/12/2021	05/07/2021				135.00	0.00	0.00	135.00
SUPPLIES										
0644659	04/30/2021	04/13/2021	05/08/2021				76.79	0.00	0.00	76.79
SUPPLIES										
0644657	04/30/2021	04/13/2021	05/08/2021				785.00	0.00	0.00	785.00
SUPPLIES										
0884681	04/30/2021	04/15/2021	05/10/2021				160.98	0.00	0.00	160.98
SUPPLIES										
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay		Net	
F1400			FISHER HEALTHCA		2,522.84	0.00	0.00		2,522.84	
		Vendor Name	FLDR DESIGNS LLC		Class	Pay Code				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
15380	04/30/2021	03/31/2021	04/30/2021				888.65	0.00	0.00	888.65
SUPPLIES										
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay		Net	
11183			FLDR DESIGNS LLC		888.65	0.00	0.00		888.65	
		Vendor Name	FRONTIER		Class	Pay Code				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
041921	04/30/2021	04/19/2021	05/13/2021				65.40	0.00	0.00	65.40
PHONES 21018814800912115										
042321	04/30/2021	04/23/2021	05/17/2021				14.49	0.00	0.00	14.49
PHONES 36155202540525185										
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay		Net	
12636			FRONTIER		79.89	0.00	0.00		79.89	
		Vendor Name	FUSION CLOUD SERVICES, LLC		Class	Pay Code				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
28144513	04/30/2021	04/16/2021	05/16/2021				1,022.27	0.00	0.00	1,022.27
PHONES										
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay		Net	
W1300			FUSION CLOUD SE		1,022.27	0.00	0.00		1,022.27	
		Vendor Name	GRAINGER		Class	Pay Code				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9861446392	04/30/2021	04/07/2021	05/02/2021				139.40	0.00	0.00	139.40
SUPPLIES										
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay		Net	
W1300			GRAINGER		139.40	0.00	0.00		139.40	
		Vendor Name	HITACHI HEALTHCARE		Class	Pay Code				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
PJIN0171115	04/30/2021	04/15/2021	05/25/2021				7,908.33	0.00	0.00	7,908.33
SMA FEE										
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay		Net	
12716			HITACHI HEALTHC/		7,908.33	0.00	0.00		7,908.33	
		Vendor Name	HOLT CAT		Class	Pay Code				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

WIEZ002708	04/30/2021	04/12/2021	05/12/2021			1,888.00	0.00	0.00	1,888.00	
WIEZ002708	04/30/2021	04/12/2021	05/12/2021			1,438.00	0.00	0.00	1,438.00	
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
13900	12868		HOLT CAT			3,326.00	0.00	0.00	3,326.00	
			Vendor Name			Class		Pay Code		
			IRONSIDE HUMAN RESOURCES							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1978	04/27/2021	04/26/2021	05/26/2021				3,500.00	0.00	0.00	3,500.00
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
12628	13900		IRONSIDE HUMAN I			3,500.00	0.00	0.00	3,500.00	
			Vendor Name			Class		Pay Code		
			LEGATO							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
C1854	04/30/2021	03/31/2021	04/30/2021				995.22	0.00	0.00	995.22
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
12588	12628		LEGATO			995.22	0.00	0.00	995.22	
			Vendor Name			Class		Pay Code		
			MEDICAL TECHNOLOGY ASSOCIA							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV179086	04/30/2021	12/08/2020	01/02/2021				977.50	0.00	0.00	977.50
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
10613	12588		MEDICAL TECHNOL			977.50	0.00	0.00	977.50	
			Vendor Name			Class		Pay Code		
			MEDIMPACT HEALTHCARE SYS, II A/P							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
050321	04/30/2021	05/03/2021	05/03/2021				36.55	0.00	0.00	36.55
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
10963	10613		MEDIMPACT HEALT			36.55	0.00	0.00	36.55	
			Vendor Name			Class		Pay Code		
			MEMORIAL MEDICAL CLINIC							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
042621	04/30/2021	04/26/2021	04/26/2021				90.00	0.00	0.00	90.00
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
10536	10963		MEMORIAL MEDICA			90.00	0.00	0.00	90.00	
			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
6830100	04/30/2021	04/25/2021	05/05/2021				508.35	0.00	0.00	508.35
6830099	04/30/2021	04/25/2021	05/05/2021				2,602.23	0.00	0.00	2,602.23
6830101	04/30/2021	04/25/2021	05/05/2021				10.62	0.00	0.00	10.62
6830098	04/30/2021	04/25/2021	05/05/2021				22.44	0.00	0.00	22.44
6830096	04/30/2021	04/25/2021	05/05/2021				4.16	0.00	0.00	4.16
6830097	04/30/2021	04/25/2021	05/05/2021				468.37	0.00	0.00	468.37
6833571	04/30/2021	04/26/2021	05/06/2021				27.98	0.00	0.00	27.98
6835266	04/30/2021	04/26/2021	05/06/2021				611.75	0.00	0.00	611.75
SC7486	04/30/2021	04/26/2021	05/06/2021				32.24	0.00	0.00	32.24

file:///C:/Users/mmckissack/cpsi/memmed.cpsinet.com/u88150/data_5/tmp_cw5report7226155218627345813.html

6858494	✓	05/04/2021	05/03/2021	05/13/2021			2,139.56	0.00	0.00	2,139.56	✓
				INVENTORY							
6858493	✓	05/04/2021	05/03/2021	05/13/2021			660.30	0.00	0.00	660.30	✓
				INVENTORY							
6855864	3	05/04/2021	05/03/2021	05/13/2021			2,370.95	0.00	0.00	2,370.95	✓
				INVENTORY							

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10536		MORRIS & DICKSON	24,769.41	0.00	0.00	24,769.41
		Vendor Name	Class		Pay Code	
		PARTSSOURCE, LLC				

Vendor#
10152

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
03805241	✓	04/30/2021	04/08/2021	05/08/2021			364.28	0.00	0.00	364.28
				SUPPLIES						

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10152		PARTSSOURCE, LL	364.28	0.00	0.00	364.28
		Vendor Name	Class		Pay Code	
		PATRICK OCHOA				

Vendor#
12544

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
050121		05/05/2021	05/01/2021	05/01/2021			200.00	0.00	0.00	200.00
				REHAB LAWN						
050121A		05/05/2021	05/01/2021	05/01/2021			520.00	0.00	0.00	520.00
				HOSPITAL LAWN						
050121B		05/05/2021	05/01/2021	05/01/2021			380.00	0.00	0.00	380.00
				CLINIC LAWN						

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12544		PATRICK OCHOA	1,100.00	0.00	0.00	1,100.00
		Vendor Name	Class		Pay Code	
		POWER HARDWARE				

Vendor#
P2200

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
B61905	✓	04/30/2021	04/28/2021	05/08/2021			1.29	0.00	0.00	1.29
				SUPPLIES						

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
P2200		POWER HARDWARE	1.29	0.00	0.00	1.29
		Vendor Name	Class		Pay Code	
		PREMIER SLEEP DISORDERS CEN				

Vendor#
P1725

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
104		05/04/2021	05/03/2021	05/18/2021			4,550.00	0.00	0.00	4,550.00
				SLEEP STUDY						

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
P1725		PREMIER SLEEP DI	4,550.00	0.00	0.00	4,550.00
		Vendor Name	Class		Pay Code	
		PRO ENERGY PARTNERS LP				

Vendor#
12480

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
21030600	✓	04/30/2021	03/31/2021	04/28/2021			3,752.11	0.00	0.00	3,752.11
				GAS						

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12480		PRO ENERGY PAR	3,752.11	0.00	0.00	3,752.11
		Vendor Name	Class		Pay Code	
		RADSOURCE				

Vendor#
11080

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
SC62090	✓	04/30/2021	04/12/2021	05/07/2021			1,667.00	0.00	0.00	1,667.00
				MAINT CONTRACT						

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11080		RADSOURCE	1,667.00	0.00	0.00	1,667.00
		Vendor Name	Class		Pay Code	
		RELIANT, DEPT 0954				

Vendor#
13460

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
11900807780	28	04/30/2021	04/30/2021	05/21/2021			35,010.99	0.00	0.00	35,010.99
				ENERGY BILL						

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
13460		RELIANT, DEPT 095	35,010.99	0.00	0.00	35,010.99

Vendor#
10645

Vendor Name

Class

Pay Code

REVISTA de VICTORIA ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
03202118	✓ 04/30/2021	04/15/2021	04/15/2021				262.50	0.00	0.00	262.50 ✓
	AD									
04202119	✓ 04/30/2021	04/23/2021	04/23/2021				262.50	0.00	0.00	262.50 ✓
	AD									
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
10645			REVISTA de VICTORIA			525.00	0.00	0.00	525.00	

Vendor#
S0900

Vendor Name

Class

Pay Code

SAM'S CLUB DIRECT ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
003503	04/30/2021	03/23/2021	05/08/2021				121.94	0.00	0.00	121.94 ✓
	SUPPLIES									
006862	04/30/2021	03/28/2021	05/08/2021				189.85	0.00	0.00	189.85 ✓
	SUPPLIES									
005573	04/30/2021	04/03/2021	05/08/2021				66.48	0.00	0.00	66.48 ✓
	SUPPLIES									
005650	04/30/2021	04/03/2021	05/08/2021				23.94	0.00	0.00	23.94 ✓
	SUPPLIES									
005781	04/30/2021	04/06/2021	05/08/2021				89.64	0.00	0.00	89.64 ✓
	SUPPLIES									
007012	04/30/2021	04/11/2021	05/08/2021				42.77	0.00	0.00	42.77 ✓
	SUPPLIES									
007013	04/30/2021	04/11/2021	05/08/2021				79.98	0.00	0.00	79.98 ✓
	SUPPLIES									
007441	04/30/2021	04/13/2021	05/08/2021				75.26	0.00	0.00	75.26 ✓
	SUPPLIES									
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
S0900			SAM'S CLUB DIRECT			689.86	0.00	0.00	689.86	

Vendor#
13172

Vendor Name

Class

Pay Code

SERACARE LIFE SCIENCES, INC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
90142009	✓ 04/30/2021	04/07/2021	05/07/2021				1,239.47	0.00	0.00	1,239.47 ✓
	SUPPLIES									
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
13172			SERACARE LIFE SC			1,239.47	0.00	0.00	1,239.47	

Vendor#
10886

Vendor Name

Class

Pay Code

SHANNON JACILDO ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
050321	05/04/2021	05/03/2021	05/03/2021				185.00	0.00	0.00	185.00 ✓
	REIMBURES DUES PAID OUTOF P									
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
10886			SHANNON JACILDC ✓			185.00	0.00	0.00	185.00	

Vendor#
C1010

Vendor Name

Class

Pay Code

SPARKLIGHT

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
042021	04/30/2021	04/20/2021	05/04/2021				115.40	0.00	0.00	115.40 ✓
	CABLE 128686862									
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
C1010			SPARKLIGHT ✓			115.40	0.00	0.00	115.40	

Vendor#
T2539

Vendor Name

Class

Pay Code

T-SYSTEM, INC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
42538	✓ 01/31/2021	01/31/2021	01/31/2021				10,694.00	0.00	0.00	10,694.00 ✓
	TRACKING/HOSTING/STAT/ SUBS									
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
T2539			T-SYSTEM, INC			10,694.00	0.00	0.00	10,694.00	

Vendor#
T2204

Vendor Name

Class

Pay Code

TEXAS MUTUAL INSURANCE CO ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
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9/10

LAUNDRY

8400362772	04/30/2021	04/29/2021	05/24/2021	134.15	0.00	0.00	134.15	✓
LAUNDRY								
8400362752	04/30/2021	04/29/2021	05/24/2021	1,589.36	0.00	0.00	1,589.36	✓
LAUNDRY								
8400362739	04/30/2021	04/29/2021	05/24/2021	79.43	0.00	0.00	79.43	✓
LAUNDRY								
8400362717	04/30/2021	04/29/2021	05/24/2021	164.01	0.00	0.00	164.01	✓
LAUNDRY								
8400362719	04/30/2021	04/29/2021	05/24/2021	222.03	0.00	0.00	222.03	✓
SUPPLIES								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
U1054		UNIFIRST HOLDING	7,129.03	7132.71	0.00	7,129.03
Vendor Name			Class		Pay Code	
UPDOX LLC						

Vendor#
12400

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV0024892	04/30/2021	04/30/2021	04/30/2021				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 Name			Class		Pay Code	
WERFEN USA LLC						

Vendor#
11110

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9110966686	04/30/2021	04/06/2021	05/01/2021				442.08	0.00	0.00	442.08
SUPPLIES										

9110971003	04/30/2021	04/15/2021	05/10/2021				1,571.67	0.00	0.00	1,571.67
LEASE										

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
I1110		WERFEN USA LLC	2,013.75	0.00	0.00	2,013.75
Vendor Name			Class		Pay Code	
WOUND CARE SPECIALISTS						

Vendor#
10556

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
WCS000044	04/30/2021	04/01/2021	04/30/2021				18,950.00	0.00	0.00	18,950.00
WOUND CARE										

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10556		WOUND CARE SPE	18,950.00	0.00	0.00	18,950.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	501,586.67	0.00	0.00	501,586.67

pg 9 correction $\begin{cases} <140.47> \\ + 164.15 \end{cases}$
\$501,590.35

CK#

MAY 06 2021

190260-

190319

RUN DATE: 05/06/21
TIME: 09:51

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1
APCDEDIT

PATIENT
NUMBER
Calhoun County Auditor

PAYEE NAME

DATE

PAY PAT
AMOUNT CODE TYPE DESCRIPTION

GL NUM

050521	55.69	✓	2	REFUND FOR
050521	1045.39	✓	2	REFUND FOR
050521	204.83	✓	2	REFUND FOR
050521	53.55	✓	2	REFUND FOR
050521	28.18	✓	2	REFUND FOR
050521	125.92	✓	2	REFUND FOR
050521	37.59	✓	2	REFUND FOR ;
050521	13.66	✓	2	REFUND FC
050521	327.04	✓	3	REFUND FOR
050521	10.00	✓	2	REFUND FOR
050521	128.31	✓	2	REFUND FOR
050521	1066.31	✓	2	REFUND FOI
050521	31.30	✓	2	REFUND FOI
050521	74.46	✓	2	REFUND FOR
050521	29.22	✓	2	REFUND FOR

ARID=0001 TOTAL

3231.45

TOTAL

3231.45

MAY 06 2021

CK#

190320-

190334

5/10/2021

tmp_cw5report6660684860850845471.html

RECEIVED**MAY 10 2021**

05/10/2021

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

12:40

Cannon County Auditor

Dates Through: 05/10/2021

Vendor#

Vendor Name

Class

Pay Code

12600

BIOFIRE DIAGNOSTICS LLC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1280107057	04/30/2021	03/10/2021	05/10/2021				9,473.10	0.00	0.00	9,473.10 ✓

SUPPLIES

1280110552	04/30/2021	03/23/2021	05/10/2021				4,777.94	0.00	0.00	4,777.94 ✓
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SUPPLIES

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

12600

BIOFIRE DIAGNOST

14,251.04

0.00

0.00

14,251.04

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

14,251.04

0.00

0.00

14,251.04

APPROVED**MAY 10 2021****CANNON COUNTY, TEXAS**

CK#

190268

05/10/2021
10:37
RECEIVED
MAY 10 2021
Calhoun County Auditor

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through: 05/10/2021

Vendor#

Vendor Name

Class

Pay Code

13908

BYRD PORTABLE BUILDINGS

Invoice#

Comment

Tran Dt

Inv Dt

Due Dt

Check Dt

Pay

Gross

Discount

No-Pay

Net

943675

05/10/2021

05/03/2021

05/03/2021

935.00

0.00

0.00

935.00 ✓

MOVE STORAGE BUILDING

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

13908

BYRD PORTABLE B

935.00

0.00

0.00

935.00

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

935.00

0.00

0.00

935.00

MAY 10 2021

CK#
190272

STATEMENT

As of: 05/07/2021

Page: 001

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

As of: 05/07/2021 Page: 001

Mail to: Comp: 8000

CARR: MCK INITIATED ACH DEBIT

AMT DUE REMITTED VIA ACH DEBIT

Statement for information only

USA

DC: 8115

Territory: 400

Customer: 835438

Date: 05/08/2021

Cust: 835438 PLEASE CHECK ANY
Date: ITEMS NOT PAID

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
05/06/2021	05/11/2021	7268583330	1163281	115Invoice	5.63	281.56		275.93		7268583330	

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

TOTAL

Future Due: 0.00 Subtotals: 281.56 USD

Past Due: 0.00 If Paid By 05/11/2021 Pay This Amount: 275.93 USD

Last Payment: 10,228.50 If Paid After 05/11/2021 Pay This Amount: 281.56 USD

Total Discount: 5.63

Due If Paid On Time: 275.93 USD

Disc lost if paid late: 5.63 USD

Due if paid late: 281.56 USD

275.93 +

748.44 +

27.96 +

4,173.10 +

5,225.43 +

CK # 500196

MAILED
MAY 10 2021
QUICK SERVICE
ASSISTANT & CLERK, KANSAS

STATEMENT

As of: 05/07/2021

Page: 001

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

As of: 05/07/2021 Page: 001

Mail to: Comp: 8000

CARR: MCK INITIATED ACH DEBIT
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only
USA

DC: 8115

Territory: 400

Customer: 464450

Date: 05/08/2021

Cust: 464450 PLEASE CHECK ANY
Date: ITEMS NOT PAID

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
05/03/2021	05/11/2021	7267516486	55x379453	115Invoice	15.24	761.80		746.56		7267516486	
05/05/2021	05/11/2021	7268151350	55x386573	115Invoice	0.04	1.92		1.88		7268151350	

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

TOTAL

Future Due: 0.00 Subtotals: 763.72 USD

Past Due: 0.00 If Paid By 05/14/2021

Last Payment: 10,228.50 Pay This Amount: 748.44 USD

05/03/2021 If Paid After 05/14/2021 763.72 USD

Total Discount: 15.28 Pay This Amount:

Due If Paid On Time: 748.44 ✓

USD

Disc lost if paid late: 15.28

USD

Due if paid late: 763.72

USD

MAY 10 2021

STATEMENT

As of: 05/07/2021

Page: 001

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

As of: 05/07/2021 Page: 001

Mail to: Comp: 8000

CARR: MCK INITIATED ACH DEBIT
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only
USA

DC: 8115

Territory: 400

Customer: 190813

Date: 05/08/2021

Cust: 190813 PLEASE CHECK ANY
Date: ITEMS NOT PAID

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
05/06/2021	05/11/2021	7268392356	2017029582	115Invoice	0.03	1.59		1.56		7268392356	
05/07/2021	05/11/2021	7268637292	2017029697	115Invoice	0.54	26.94		26.40		7268637292	

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

TOTAL

Future Due: 0.00 Subtotals: 28.53 USD

Past Due: 0.00 If Paid By 05/11/2021

Last Payment: 5,714.65 Pay This Amount: 27.96 USD

04/26/2021 If Paid After 05/11/2021

Total Discount: 0.57 Pay This Amount: 28.53 USD

Due If Paid On Time: 27.96 ✓

USD

Disc lost if paid late: 0.57

USD

Due if paid late: 28.53

USD

PAID

MAY 10 2021

AMOUNT PAID

STATEMENT

As of: 05/07/2021

Page: 002

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

As of: 05/07/2021 Page: 002

Mail to: Comp: 8000

CARR: MCK INITIATED ACH DEBIT

AMT DUE REMITTED VIA ACH DEBIT

Statement for information only

USA

DC: 8115

Territory: 400

Customer: 256342

Date: 05/08/2021

Cust: 256342 PLEASE CHECK ANY
Date: ITEMS NOT PAID

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

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

TOTAL

Future Due:	0.00	Subtotals:	4,258.28	USD
Past Due:	0.00	If Paid By 05/14/2021		
Last Payment:	10,228.50	Pay This Amount:	4,173.10	USD
05/03/2021		If Paid After 05/14/2021	4,258.28	USD
Total Discount:	85.18	Pay This Amount:		

Due If Paid On Time:	4,173.10	✓
USD		
	85.18	
Disc lost if paid late:	USD	
	4,258.28	✍
Due if paid late:		
USD		

APPROVED
MAY 10 2021
SANDRA S. GARCIA, RCM, CCS

STATEMENT

As of: 05/07/2021

Page: 001

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

As of: 05/07/2021 Page: 001

Mail to: Comp: 8000

CARR: MCK INITIATED ACH DEBIT

AMT DUE REMITTED VIA ACH DEBIT

Statement for information only

USA

DC: 8115

Territory: 400

Customer: 256342

Date: 05/08/2021

Cust: 256342 PLEASE CHECK ANY

Date: ITEMS NOT PAID

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
05/03/2021	05/11/2021	7267586532	7950987	115Invoice	11.09	554.27		543.18		7267586532	
05/03/2021	05/11/2021	7267586533	7992132	115Invoice	0.02	0.95		0.93		7267586533	
05/03/2021	05/11/2021	7267586534	7992132	115Invoice	5.28	264.01		258.73		7267586534	
05/03/2021	05/11/2021	7267586535	8032916	115Invoice	0.01	0.63		0.62		7267586535	
05/03/2021	05/11/2021	7267777201	862072833	195Invoice	0.80	40.01		39.21		7267777201	
05/04/2021	05/11/2021	7268358504	00005032021tw	115Invoice	5.51	275.40		269.89		7268358504	
05/05/2021	05/11/2021	7268302560	862350136	195Invoice	2.55	127.55		125.00		7268302560	
05/05/2021	05/11/2021	7268340496	00005042021tw	115Invoice	33.90	1,695.22		1,661.32		7268340496	
05/06/2021	05/11/2021	7268384048	8221778	115Invoice	0.01	0.32		0.31		7268384048	
05/06/2021	05/11/2021	7268595234	00005052021tw	115Invoice	4.04	201.76		197.72		7268595234	
05/07/2021	05/11/2021	7268641953	8281673	115Invoice	11.09	554.27		543.18		7268641953	
05/07/2021	05/11/2021	7268641955	8320324	115Invoice	5.54	277.09		271.55		7268641955	
05/07/2021	05/11/2021	7268813012	862572973	195Invoice	0.19	9.41		9.22		7268813012	
05/07/2021	05/11/2021	7268838116	00005062021tw	115Invoice	5.15	257.39		252.24		7268838116	

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

CARR: MCK INITIATED ACH DEBIT
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only
USA

INVOICE

Invoice Number: **3055063151** P.O. Number: **161200**
 Invoice Date: 05/07/2021 Order Date: 05/06/2021

Ship Date: 05/06/2021

Serviced By	AMERISOURCEBERGEN DRUG CORP 12727 W. AIRPORT BLVD. SUGAR LAND TX 77478-6101	Ship To	WALGREENS #12494 340B MEMORIAL MEDICAL CENTER 1302 N VIRGINIA ST PORT LAVACA TX 77979-2509	012494	CUSTOMER NUMBER	
					100135284 / 037028186	
					DOCUMENT TOTAL	DUE DATE
					21.09	05/14/2021
					PAYMENT TERMS	
					Sat - Fri Due in 7 days	
Shipped From	AMERISOURCEBERGEN DRUG CORP 12727 W. AIRPORT BLVD. SUGAR LAND TX 77478-6101	Sold To	MEMORIAL MEDICAL CENTER 815 N VIRGINIA STREET PORT LAVACA TX 77979		Remit To	AMERISOURCEBERGEN PO Box 905223 CHARLOTTE NC 28290-5223
	STATE LIC: 0064977 DEA: RA0289276					

Qty	UOM	Description	VND	CL	Sold By	Item Number	NDC/UPC	Unit Price	Extended Amount
1	EA	ALBUTEROL SULFATE HFA 90 MCG INH 8.5 GM	TEV	RX	AQ	10211326	00093-3174-31	12.25	12.25
						845412			
1	EA	AZITHROMYCIN 250 MG TAB 6 UD	SAN	RX	AQ	10229840	00781-8089-26	3.40	3.40
						905927			
1	EA	FAMOTIDINE 40 MG TAB 100	TEV	RX	AQ	10008510	00172-5729-60	2.54	2.54
						075162			
5	EA	LANTUS SOLO 100 U-ML SYG 5X3 ML	S-A	RX	AQ	10087265	00088-2219-05	0.15	0.75
						019174			
1	EA	METHYLPREDNISOLONE 4 MG TAB 21	ZYD	RX	AQ	10192780	683820-916-34	2.15	2.15
						813386			

9 Total Number of Pieces for this Invoice

Product Summary

<u>Supplies</u>	<u>RX Cost</u>	<u>OTC Cost</u>	<u>Retail</u>	<u>G/P %</u>
0.00	21.09	0.00	0.00	0.00

21.09
117.56
0.18
0.09
68.81
598.24
47.96
89.18
942.15

MAY 10 2021

Class Codes	Controlled Substances 2, 2N, 3, 3N, 4, 5	RX Pharmaceuticals OT Over the Counter HB Health & Beauty	GM General Merchandise MS Medical Supplies LC Listed Chemicals	Sold By Legend	A ABDC B Besse Med O Onc Supply S ASD	P Price Change (Within Past 30 days) Q Contract R Program Price Z Supernet Price	T Taxable Item
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If you have any questions, our Customer Service team is here to help.
 Please call 844-222-2273 or email service@amerisourcebergen.com

OK #500197

Total Amount:

21.09

INVOICE

Invoice Number: **3054931591** P.O. Number: **161189**
 Invoice Date: 05/06/2021 Order Date: 05/05/2021

Ship Date: 05/05/2021

Served By

AMERISOURCEBERGEN DRUG CORP
 12727 W. AIRPORT BLVD.
 SUGAR LAND TX 77478-6101

Ship To

WALGREENS #12494 340B
 MEMORIAL MEDICAL CENTER
 1302 N VIRGINIA ST
 PORT LAVACA TX 77979-2509
 STATE LIC: 26453
 DEA: FW1512296

012494

CUSTOMER NUMBER

100135284 / 037028186

DOCUMENT TOTAL

117.56

DUE DATE

05/14/2021

PAYMENT TERMS

Sat - Fri Due in 7 days

Shipped From

AMERISOURCEBERGEN DRUG CORP
 12727 W. AIRPORT BLVD.
 SUGAR LAND TX 77478-6101

Sold To

MEMORIAL MEDICAL CENTER
 815 N VIRGINIA STREET
 PORT LAVACA TX 77979

Remit To

AMERISOURCEBERGEN
 PO Box 905223
 CHARLOTTE NC 28290-5223

STATE LIC: 0064977
 DEA: RA0289276

Qty	UOM	Description	VND	CL	Sold By	Item Number	NDC/UPC	Unit Price	Extended Amount
1	EA	BUDESONIDE-FORMOT 80-4.5 MCG AER 10.2 GM	PRS	RX	AQ	10232610	00310-7372-20	100.65	100.65
						968925			
1	EA	FAMOTIDINE 40 MG TAB 100	TEV	RX	AQ	10008510	00172-5729-60	2.54	2.54
						075162			
1	EA	NIFEDIPINE ER 90 MG TAB 100	ING	RX	AQ	10175309	507420-622-01	14.37	14.37
						646392			
3		Total Number of Pieces for this Invoice							

Product Summary

<u>Supplies</u>	<u>RX Cost</u>	<u>OTC Cost</u>	<u>Retail</u>	<u>G/P %</u>
0.00	117.56	0.00	0.00	0.00

MAY 10 2021

Class Codes	Controlled Substances	RX Pharmaceuticals	GM General Merchandise	Sold By Legend	A ABDC B Besse Med O One Supply S ASD	P Price Change (Within Past 30 days) Q Contract R Program Price Z Supernet Price	T Taxable Item
	2, 2N, 3, 3N, 4, 5	OT Over the Counter HB Health & Beauty	MS Medical Supplies LC Listed Chemicals				

If you have any questions, our Customer Service team is here to help.
 Please call 844-222-2273 or email service@amerisourcebergen.com

Total Amount:

117.56

Serviced By

AMERISOURCEBERGEN DRUG CORP
12727 W. AIRPORT BLVD.
SUGAR LAND TX 77478-6101

Ship To

WALGREENS #12494 340B
MEMORIAL MEDICAL CENTER
1302 N VIRGINIA ST
PORT LAVACA TX 77979-2509

012494

STATE LIC: 26453
DEA: FW1512296

Shipped From

AMERISOURCEBERGEN DRUG CORP
12727 W. AIRPORT BLVD.
SUGAR LAND TX 77478-6101

Sold To

MEMORIAL MEDICAL CENTER
815 N VIRGINIA STREET
PORT LAVACA TX 77979

STATE LIC: 0064977
DEA: RA0289276

Remit To

AMERISOURCEBERGEN
PO Box 905223
CHARLOTTE NC 28290-5223

CUSTOMER NUMBER

100135284 / 037028186

DOCUMENT TOTAL

DUE DATE

0.18

05/14/2021

PAYMENT TERMS

Sat - Fri Due in 7 days

Qty	UOM	Description	VND	CL	Sold By	Item Number	NDC/UPC	Unit Price	Extended Amount
2	EA	PROAIR HFA 90 MCG INH 8.5 GM	TEV	RX	AQ	10110651 199794	593100-579-22	0.09	0.18

2 Total Number of Pieces for this Invoice

Product Summary

Supplies	RX Cost	OTC Cost	Retail	G/P %
0.00	0.18	0.00	0.00	0.00

MAY 10 2021

Class Codes

Controlled Substances
2, 2N, 3, 3N, 4, 5

RX Pharmaceuticals
OT Over the Counter
HB Health & Beauty

GM General Merchandise
MS Medical Supplies
LC Listed Chemicals

Sold By Legend

A ABDC
B Besse Med
O Onc Supply
S ASD

P Price Change (Within Past 30 days)
Q Contract
R Program Price
Z Supernet Price T Taxable Item

If you have any questions, our Customer Service team is here to help.
Please call 844-222-2273 or email service@amerisourcebergen.com

Total Amount:

0.18



INVOICE

Invoice Number: **3054674290** P.O. Number: **161175**
 Invoice Date: 05/04/2021 Order Date: 05/03/2021

Ship Date: 05/03/2021

Serviced By	AMERISOURCEBERGEN DRUG CORP 12727 W. AIRPORT BLVD. SUGAR LAND TX 77478-6101	Ship To	WALGREENS #12494 340B MEMORIAL MEDICAL CENTER 1302 N VIRGINIA ST PORT LAVACA TX 77979-2509	012494	CUSTOMER NUMBER	
					100135284 / 037028186	
Shipped From	AMERISOURCEBERGEN DRUG CORP 12727 W. AIRPORT BLVD. SUGAR LAND TX 77478-6101	Sold To	MEMORIAL MEDICAL CENTER 815 N VIRGINIA STREET PORT LAVACA TX 77979		DOCUMENT TOTAL	DUE DATE
					0.09	05/14/2021
					PAYMENT TERMS	
					Sat - Fri Due in 7 days	
					Remit To	AMERISOURCEBERGEN PO Box 905223 CHARLOTTE NC 28290-5223

Qty	UOM	Description	VND	CL	Sold By	Item Number	NDC/UPC	Unit Price	Extended Amount
1	EA	PROAIR HFA 90 MCG INH 8.5 GM	TEV	RX	AQ	10110651	593100-579-22	0.09	0.09
						199794			

1 Total Number of Pieces for this Invoice

Product Summary

Supplies	RX Cost	OTC Cost	Retail	G/P %
0.00	0.09	0.00	0.00	0.00

AMERISOURCEBERGEN
 MAY 10 2021
 AMERISOURCEBERGEN
 12727 W. AIRPORT BLVD., SUGAR LAND, TX 77478-6101

Class Codes	Controlled Substances 2, 2N, 3, 3N, 4, 5	RX Pharmaceuticals OT Over the Counter HB Health & Beauty	GM General Merchandise MS Medical Supplies LC Listed Chemicals	Sold By Legend	A ABDC B Besse Med O Onc Supply S ASD	P Price Change (Within Past 30 days) Q Contract R Program Price Z Supernet Price	T Taxable Item
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If you have any questions, our Customer Service team is here to help.
 Please call 844-222-2273 or email service@amerisourcebergen.com

Total Amount:

0.09

INVOICE

Invoice Number: **3054821838** P.O. Number: **161185**
 Invoice Date: 05/05/2021 Order Date: 05/04/2021

Ship Date: 05/04/2021

Served By	AMERISOURCEBERGEN DRUG CORP 12727 W. AIRPORT BLVD. SUGAR LAND TX 77478-6101	Ship To	WALGREENS #12494 340B MEMORIAL MEDICAL CENTER 1302 N VIRGINIA ST PORT LAVACA TX 77979-2509 STATE LIC: 26453 DEA: FW1512296	012494	CUSTOMER NUMBER	
					100135284 / 037028186	
Shipped From	AMERISOURCEBERGEN DRUG CORP 12727 W. AIRPORT BLVD. SUGAR LAND TX 77478-6101 STATE LIC: 0064977 DEA: RA0289276	Sold To	MEMORIAL MEDICAL CENTER 815 N VIRGINIA STREET PORT LAVACA TX 77979		DOCUMENT TOTAL	DUE DATE
					68.81	05/14/2021
					PAYMENT TERMS	
					Sat - Fri Due in 7 days	
Remit To					AMERISOURCEBERGEN PO Box 905223 CHARLOTTE NC 28290-5223	

Qty	UOM	Description	VND	CL	Sold By	Item Number	NDC/UPC	Unit Price	Extended Amount
1	EA	ALBUTEROL SULFATE HFA 90 MCG INH 8.5 GM	TEV	RX	AQ	10211326	00093-3174-31	12.25	12.25
						845412			
1	EA	CLONIDINE HCL 0.2 MG TAB 100	TPH	RX	AQ	10223272	528170-181-10	1.01	1.01
						873281			
2	EA	DIOVAN 160 MG TAB 90	NVR	RX	AQ	10058630	00078-0359-34	0.91	1.82
						945574			
2	EA	FAMOTIDINE 40 MG TAB 100	TEV	RX	AQ	10008510	00172-5729-60	2.54	5.08
						075162			
1	EA	FLUOROURACIL 5% TOP SOL 10 ML	TAR	RX	AQ	10058724	516724-0630-1	23.99	23.99
						947111			
1	EA	FLUOXETINE 10MG TAB 30	ALM	RX	A	10182621	623320-242-30		
						707307			
		MFG Backorder Item							
1	EA	FLUOXETINE HCL 10 MG CAP 100	TEV	RX	AQ	10030598	501110-647-01	1.99	1.99
						469712			
2	EA	LANTUS SOLO 100 U-ML SYG 5X3 ML	S-A	RX	AQ	10087265	00088-2219-05	0.15	0.30
						019174			
1	EA	METRONIDAZOLE 0.75% VAG GEL 70 GM	SAN	RX	AQ	10058549	00781-7077-87	17.68	17.68
						943821			
1	EA	OLMESARTAN MEDOXOMIL 40 MG TAB 90	MCL	RX	AQ	10231989	333420-180-10	4.69	4.69
						936377			

INVOICE

Invoice Number: **3054821838** P.O. Number: **161185**
 Invoice Date: 05/05/2021 Order Date: 05/04/2021

2 of 2
 Ship Date: 05/04/2021

Qty	UOM	Description	VND	CL	CD	Item Number	NDC/UPC	Unit Price	Extended Amount
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1	EA	SODIUM SULFACETAMIDE 10% DRP 15 ML	FAL	RX	A	10048753	613140-701-01		
						757183			

MFG Backorder Item

Expected Arrival Date 05/09/2021

12 Total Number of Pieces for this Invoice

Product Summary

<u>Supplies</u>	<u>RX Cost</u>	<u>OTC Cost</u>	<u>Retail</u>	<u>G/P %</u>
0.00	68.81	0.00	0.00	0.00

AMENDED
 MAY 10 2021
 ORDER SHIPPED
 CARRIER: UPS, 15442

Class Codes	Controlled Substances 2, 2N, 3, 3N, 4, 5	RX Pharmaceuticals OT Over the Counter HB Health & Beauty	GM General Merchandise MS Medical Supplies LC Listed Chemicals	Sold By Legend	A ABDC B Besse Med O Onc Supply S ASD	P Price Change (Within Past 30 days) Q Contract R Program Price Z Supernet Price	T Taxable Item
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If you have any questions, our Customer Service team is here to help.
 Please call 844-222-2273 or email service@amerisourcebergen.com

Total Amount:

68.81

INVOICE

Invoice Number: **3054558803** P.O. Number: **161164**
 Invoice Date: 05/03/2021 Order Date: 05/02/2021

Ship Date: 05/02/2021

Serviced By	AMERISOURCEBERGEN DRUG CORP 12727 W. AIRPORT BLVD. SUGAR LAND TX 77478-6101	Ship To	WALGREENS #12494 340B MEMORIAL MEDICAL CENTER 1302 N VIRGINIA ST PORT LAVACA TX 77979-2509	012494	CUSTOMER NUMBER	
	100135284 / 037028186					
	DOCUMENT TOTAL		DUE DATE			
			598.24	05/14/2021		
					PAYMENT TERMS	
					Sat - Fri Due in 7 days	
Shipped From	AMERISOURCEBERGEN DRUG CORP 12727 W. AIRPORT BLVD. SUGAR LAND TX 77478-6101	Sold To	MEMORIAL MEDICAL CENTER 815 N VIRGINIA STREET PORT LAVACA TX 77979		Remit To	AMERISOURCEBERGEN PO Box 905223 CHARLOTTE NC 28290-5223
	STATE LIC: 0064977 DEA: RA0289276					

Qty	UOM	Description	VND	CL	Sold By	Item Number	NDC/UPC	Unit Price	Extended Amount
1	EA	BUSPIRONE HCL 7.5MG TAB 100	STR	RX	AQ	10175066 644047	643800-787-06	12.32	12.32
3	EA	FAMOTIDINE 40 MG TAB 100	TEV	RX	AQ	10008510 075162	00172-5729-60	2.54	7.62
1	EA	JARDIANCE 25 MG TAB 30	B-I	RX	AQ	10142129 334159	00597-0153-30	0.31	0.31
1	EA	LO LOESTRIN FE TAB 5X28	ALR	RX	AQ	10090164 050981	00430-0420-14	1.41	1.41
1	EA	OLMESARTAN MEDOXOMIL 40 MG TAB 90	MCL	RX	AQ	10231989 936377	333420-180-10	4.69	4.69
3	EA	STEGLATRO 15 MG TAB 30	MSD	RX	AQ	10184342 722227	00006-5364-03	190.63	571.89

10 Total Number of Pieces for this Invoice

Product Summary

<u>Supplies</u>	<u>RX Cost</u>	<u>OTC Cost</u>	<u>Retail</u>	<u>G/P %</u>
0.00	598.24	0.00	0.00	0.00

INVOICE

Invoice Number: **3054558803** P.O. Number: **161164**
 Invoice Date: 05/03/2021 Order Date: 05/02/2021

2 of 2

Ship Date: 05/02/2021

AMERISOURCEBERGEN
 MAY 10 2021
 COLUMBIA, SC

Class Codes	Controlled Substances 2, 2N, 3, 3N, 4, 5	RX Pharmaceuticals OT Over the Counter HB Health & Beauty	GM General Merchandise MS Medical Supplies LC Listed Chemicals	Sold By Legend	A ABDC B Besse Med O One Supply S ASD	P Price Change (Within Past 30 days) Q Contract R Program Price Z Supernet Price	T Taxable Item
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If you have any questions, our Customer Service team is here to help.
 Please call 844-222-2273 or email service@amerisourcebergen.com

Total Amount:

598.24



INVOICE

Invoice Number: **3054673789** P.O. Number: **161174**
 Invoice Date: 05/04/2021 Order Date: 05/03/2021

Ship Date: 05/03/2021

Serviced By	AMERISOURCEBERGEN DRUG CORP 12727 W. AIRPORT BLVD. SUGAR LAND TX 77478-6101	Ship To	WALGREENS #12494 340B MEMORIAL MEDICAL CENTER 1302 N VIRGINIA ST PORT LAVACA TX 77979-2509	012494	CUSTOMER NUMBER	
	100135284 / 037028186					
	DOCUMENT TOTAL		DUE DATE			
				47.98	05/14/2021	
					PAYMENT TERMS	
					Sat - Fri Due in 7 days	
Shipped From	AMERISOURCEBERGEN DRUG CORP 12727 W. AIRPORT BLVD. SUGAR LAND TX 77478-6101	Sold To	MEMORIAL MEDICAL CENTER 815 N VIRGINIA STREET PORT LAVACA TX 77979		AMERISOURCEBERGEN	
	PO Box 905223					
	CHARLOTTE NC 28290-5223					
STATE LIC: 0064977 DEA: RA0289276						

Qty	UOM	Description	VND	CL	Sold By	Item Number	NDC/UPC	Unit Price	Extended Amount
1	EA	FLOVENT HFA 44 MCG INH 10.6 GM	GSK	RX	A	10039959 614154	00173-0718-20		
		MFG Backorder Item							
1	EA	FLUOXETINE 10MG TAB 30	ALM	RX	AQ	10182621 707307	623320-242-30	3.41	3.41
1	EA	FLUOXETINE 10MG TAB 30	ALM	RX	AQ	10182621 707307	623320-242-30	0.00	0.00
		MFG Backorder Item							
1	EA	IRBESARTAN 300 MG TAB 90	WUS	RX	AQ	10230136 909034	00955-1042-90	11.12	11.12
3	EA	JANUVIA 100 MG TAB 30	MSD	RX	AQ	10051500 798160	00006-0277-31	0.31	0.93
1	EA	TOUJEO SOLOSTAR PEN 3X1.5ML	S-A	RX	AQ	10148585 381689	00024-5869-03	26.32	26.32
1	EA	ZIPRASIDONE HYDROCHLORIDE 40MG CAP 60	DRD	RX	AQ	10141978 332674	551110-257-60	6.20	6.20
7		Total Number of Pieces for this Invoice							

Product Summary

Supplies	RX Cost	OTC Cost	Retail	G/P %
0.00	47.98	0.00	0.00	0.00

INVOICE

Invoice Number: **3054673789** P.O. Number: **161174**
 Invoice Date: 05/04/2021 Order Date: 05/03/2021

2 of 2
 Ship Date: 05/03/2021

AMERISOURCE BERGEN
 MAY 10 2021
 CASHIER: [illegible]

Class Codes	Controlled Substances 2, 2N, 3, 3N, 4, 5	RX Pharmaceuticals OT Over the Counter HB Health & Beauty	GM General Merchandise MS Medical Supplies LC Listed Chemicals	Sold By Legend	A ABDC B Besse Med O Onc Supply S ASD	P Price Change (Within Past 30 days) Q Contract R Program Price Z Supernet Price	T Taxable Item
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If you have any questions, our Customer Service team is here to help.
 Please call 844-222-2273 or email service@amerisourcebergen.com

Total Amount:

[Signature] **47.98**

INVOICE

Invoice Number: **3054536467** P.O. Number: **161117**
 Invoice Date: 05/03/2021 Order Date: 05/01/2021

Ship Date: 05/02/2021

Serviced By	AMERISOURCEBERGEN DRUG CORP 12727 W. AIRPORT BLVD. SUGAR LAND TX 77478-6101	Ship To	WALGREENS #12494 340B MEMORIAL MEDICAL CENTER 1302 N VIRGINIA ST PORT LAVACA TX 77979-2509 STATE LIC: 26453 DEA: FW1512296	012494	CUSTOMER NUMBER	
					100135284 / 037028186	
					DOCUMENT TOTAL	DUE DATE
Shipped From	AMERISOURCEBERGEN DRUG CORP 12727 W. AIRPORT BLVD. SUGAR LAND TX 77478-6101 STATE LIC: 0064977 DEA: RA0289276	Sold To	MEMORIAL MEDICAL CENTER 815 N VIRGINIA STREET PORT LAVACA TX 77979		89.18	05/14/2021
					PAYMENT TERMS	
					Sat - Fri Due in 7 days	
Remit To					AMERISOURCEBERGEN PO Box 905223 CHARLOTTE NC 28290-5223	

Qty	UOM	Description	VND	CL	Sold By	Item Number	NDC/UPC	Unit Price	Extended Amount
2	EA	ALENDRONATE 70 MG TAB 4 UD	AUR	RX	AQ	10022902 332619	658620-329-04	0.68	1.36
1	EA	CLOTRIMAZOLE 1% SOL 30 ML	NVT	RX	AQ	10211811 847355	709540-036-20	22.67	22.67
1	EA	FAMOTIDINE 40 MG TAB 100	TEV	RX	AQ	10008510 075162	00172-5729-60	2.54	2.54
1	EA	FAMOTIDINE 40MG TAB 100	AUR	RX	AQ	10181630 699918	658620-860-01	3.22	3.22
1	EA	FLUOXETINE 10 MG TAB 30	AUR	RX	AQ	10251010 710611	596510-308-30	1.73	1.73
1	EA	MUPIROCIN 2% ONT 22 GM	TEV	RX	AQ	10057323 922551	00093-1010-42	0.84	0.84
1	EA	ONDANSETRON ODT 8 MG TAB 30 UD	GPI	RX	AQ	10041756 632794	684620-158-13	4.07	4.07
3	EA	PIOGLITAZONE 30 MG TAB 30	RIS	RX	AQ	10188821 762443	572370-220-30	1.84	5.52
1	EA	SPIRIVA RESPIMAT 2.5MCG 4 GM 60 INH	B-I	RX	AQ	10145685 358002	00597-0100-61	46.92	46.92
1	EA	XARELTO 20 MG TAB 30	JOM	RX	AQ	10101362 145375	504580-579-30	0.31	0.31

13 Total Number of Pieces for this Invoice

Product Summary

<u>Supplies</u>	<u>RX Cost</u>	<u>OTC Cost</u>	<u>Retail</u>	<u>G/P %</u>
0.00	89.18	0.00	0.00	0.00

AMERISOURCE
BERGEN

MAY 10 2021

AMERISOURCE
BERGEN

Class Codes	Controlled Substances 2, 2N, 3, 3N, 4, 5	RX Pharmaceuticals OT Over the Counter HB Health & Beauty	GM General Merchandise MS Medical Supplies LC Listed Chemicals	Sold By Legend	A ABDC B Besse Med O Onc Supply S ASD	P Price Change (Within Past 30 days) Q Contract R Program Price Z Supernet Price	T Taxable Item
-------------	---	---	--	----------------	--	---	----------------

If you have any questions, our Customer Service team is here to help.
 Please call 844-222-2273 or email service@amerisourcebergen.com

Total Amount:

89.18



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

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

☐ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	#### ENTER: ###
☐ "ENTER YOUR 4-DIGIT PIN"	
☐ "MAKE A PAYMENT, PRESS 1"	1
☐ "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★ 941 #
☐ "IF FEDERAL TAX DEPOSIT ENTER 1"	1
☐ "ENTER 2-DIGIT TAX FILING YEAR"	★ 21
☐ "ENTER 2-DIGIT TAX FILING ENDING MONTH"	★ 06
1ST QTR - 03 (MARCH) - Jan, Feb, Mar 2ND QTR - 06 (JUNE) - Apr, May, June 3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept 4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec	
☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★ \$ 98,916.18 #
"1 TO CONFIRM"	1
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0 \$ 51,940.38 #
"ENTER W/CENTS AMOUNT OF MEDICARE"	\$ 12,147.42 #
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	\$ 34,828.38 #
☐ "6-DIGIT SETTLEMENT DATE"	CHECK ★ \$ -
"1 TO CONFIRM"	1
☐ ACKNOWLEDGEMENT NUMBER	

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

Run Date: 05/07/21
Time: 14:33

MEMORIAL MEDICAL CENTER
Payroll Register (Bi-Weekly)
Pay Period 04/23/21 - 05/06/21 Run# 1

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P2REG

Final Summary

-- Pay Code Summary -----						*-- Deductions Summary -----*					
PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross	Code	Amount	
1	REGULAR PAY-S1	10129.00	N		N	N		205509.53	A/R	565.00	A/R2 50.00 A/R3
1	REGULAR PAY-S1	1781.25	N		N	N	N	77617.71	ADVANC	AWARDS	BOOTS
1	REGULAR PAY-S1	419.55	Y		N	N		11447.18	CAFE H	CAFE-1	CAFE-2
2	REGULAR PAY-S2	2469.50	N		N	N		57062.01	CAFE-3	CAFE-4	CAFE-5
2	REGULAR PAY-S2	591.25	N		N	N	N	1563.24	CAFE-C	CAFE-D	1725.27 CAFE-F
2	REGULAR PAY-S2	258.25	Y		N	N		8816.78	CAFE-H	20983.07 CAFE-I	CAFE-L
3	REGULAR PAY-S3	1507.75	N		N	N		40884.65	CAFE-P	CANCER	CHILD 443.08
3	REGULAR PAY-S3	141.00	Y		N	N		5806.64	CLINIC	160.00 COMBIN	434.57 CREDUN
C	CALL PAY	2481.00	N	1	N	N		4962.00	DD ADV	DENTAL	DEP-LF
D	DOUBLE TIME	18.25	N	1	N	N		1201.38	DIS-LF	EAT	EATCSH
D	DOUBLE TIME	33.25	N	2	N	N		2044.50	FEDTAX	34828.38 FICA-M	6073.71 FICA-O 25970.19
D	DOUBLE TIME	40.50	N	3	N	N		2579.31	FIRSTC	FLEX S	3762.98 PLX FE
E	EXTRA WAGES		N		N	N	N	452.50	FORT D	FUTA	GIPT S 271.92
E	EXTRA WAGES		N	1	N	N	N	2326.25	GRANT	GRP-IN	GTL
F	FUNERAL LEAVE	48.00	N	1	N	N		1261.68	HOSP-I	ID TFT	LEAF
I	INSERVICE	14.50	N	1	N	N		398.64	LEGAL	312.67 MASA	881.50 MEALS 216.96
I	INSERVICE	1.75	Y	1	N	N		74.63	METVIS	890.59 MISC	MISC/
K	EXTENDED-ILLNESS-BANK	281.50	N	1	N	N		5032.79	MMCSHR	NATFML	1773.00 OTHER
P	PAID-TIME-OFF	7.50	N		N	N	N	87.00	PHI	PHI***	PR FIN
P	PAID-TIME-OFF	719.40	N	1	N	N		17175.80	RELAY	REPAY	SAMS
X	CALL PAY 2	168.00	N	1	N	N		336.00	SCRUBS	SIGNON	ST-TX
Y	YMCA/CURVES		N		N	N	N	60.00	STONDF	790.86 STONE	STONE2
Z	CALL PAY 3	96.00	N	1	N	N		288.00	STUDEN	SUNACC	766.80 SUNILL 672.26
t	PHONE & DATA		N		N	N	N	1010.00	SUNIND	550.58 SUNLIF	746.88 SUNSTD 1166.36
v	COVID-FFCRA	42.00	N	1	N	N		1634.04	SUNVIS	SURCHG	475.00 TSA-1
									TSA-2	TSA-C	TSA-P
									TSA-R	31447.05 TUTION	27.31 UNIPOR -285.01
									UN/HOS		

*----- Grand Totals: 21249.20 ----- (Gross: 449632.26 Deductions: 135700.98 Net: 313931.28)
| Checks Count:- FT 200 PT 12 Other 47 Female 228 Male 29 Credit OverAmt 6 ZeroNet Term Total: 257 |

Pay date: 05.14.21

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

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

☐	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	####	ENTER:	###	
☐	"ENTER YOUR 4-DIGIT PIN"				
☐	"MAKE A PAYMENT, PRESS 1"			1	
☐	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★		941	#
☐	"IF FEDERAL TAX DEPOSIT ENTER 1"			1	
☐	"ENTER 2-DIGIT TAX FILING YEAR"	★		21	
☐	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★		06	
	1ST QTR - 03 (MARCH) - Jan, Feb, Mar				
	2ND QTR - 06 (JUNE) - Apr, May, June				
	3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept				
	4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec				
☐	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	\$	248.28	#
	"1 TO CONFIRM"			1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	\$	147.08	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"		\$	34.40	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		\$	66.80	#
		CHECK	\$		
☐	"6-DIGIT SETTLEMENT DATE"	★			
	"1 TO CONFIRM"			1	
☐	ACKNOWLEDGEMENT NUMBER				

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

Page 3
P2REG

Grand Totals:		36.00	Gross:	1186.20	Deductions:	246.57	Net:	945.63
Checks Count:	PT	1	PT	Other	Female	1	Male	Credit
								OverAmt
								ZeroNet
								Term
								Total:
								1

Pay date: 05.14.21



**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- May 3, 2021 - May 9, 2021**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>	<u>Amount</u>	<u>CF</u>
5/3/2021	PAY PLUS ACHTRANS 452579291 101000690948998	- 3rd Party Payor Fee	35.79	157.43
5/3/2021	MERCHANT BANKCD INTERCHNG 971160913887 910000	- Credit Card Processing Fee	129.46	CC fees
5/3/2021	MERCHANT BANKCD FEE 971160913887 91000010605	- Credit Card Processing Fee	178.23	129.46
5/3/2021	MERCHANT BANKCD FEE 971160910883 91000010605	- Credit Card Processing Fee	9.95	178.23
5/3/2021	MERCHANT BANKCD DISCOUNT 971160910883 910000	- Credit Card Processing Fee	19.95	9.95
5/3/2021	MERCHANT BANKCD DISCOUNT 971160913887 910000	- Credit Card Processing Fee	192.9	19.95
5/4/2021	PAY PLUS ACHTRANS 452579291 101000692009652	- 3rd Party Payor Fee	35.61	192.9
5/4/2021	MCKESSON DRUG AUTO ACH ACH04569014 910000180	- 340B Drug Program Expense	10228.5*	192.9
5/4/2021	AUTHNET GATEWAY BILLING 116815863 1040000136	- 3rd Party Payor Fee	21	69.24
5/5/2021	PAY PLUS ACHTRANS 452579291 101000693401689	- 3rd Party Payor Fee	51.77	40.02
5/5/2021	FDGL LEASE PYMT 052-1479468-000 410001236034	- Credit Card Machine Lease Expense	69.24	43.26
5/5/2021	FDGL LEASE PYMT 052-1479214-000 410001236033	- Credit Card Machine Lease Expense	40.02	32.45
5/5/2021	FDGL LEASE PYMT 052-1479213-000 410001236033	- Credit Card Machine Lease Expense	43.26	715.46
5/5/2021	FDGL LEASE PYMT 052-1601830-000 410001236327	- Credit Card Machine Lease Expense	32.45	Authnet
5/6/2021	STATE COMPTLR TEXNET 02044231/10505 2100002	UC IGT	5225.61	21.00
5/6/2021	PAY PLUS ACHTRANS 452579291 101000694259801	- 3rd Party Payor Fee	19.39	21.00
5/7/2021	PAY PLUS ACHTRANS 452579291 101000695391578	- 3rd Party Payor Fee	14.87	16T
5/7/2021	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	472.45*	5,225.61
			16,820.45	5,225.61

Jason Anglin, CEO
Memorial Medical Center

May 10, 2021

*Approved 05-05-21 CC

**PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS**

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>	<u>Amount</u>
			157.43
			715.46
			21.00
			5,225.61
			6,119.50
			16,820.45
			10,228.50
			472.45
			6,119.50
			6,119.50
			6,119.50
			0.00

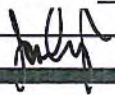
Jason Anglin, CEO
Memorial Medical Center

May 10, 2021

**Transaction Summary**

Transaction Complete

**Texas Health and Human Services Commission
Memorial Medical Center Operating County**

Payment Total	\$5,225.61	
Bank Routing and Account Number		
Settlement Date	5/6/2021	
UC Hospital Amount	\$5,225.61	
Entered By	Jason Anglin	

Master Tpl	Medicare Number (CCN)	Hospital Name	Total Uncompensated Care Costs Excluding Other Insurance and Medicare Payments	Disproportionate Share Hospital (DSH) Payment	DSH Recoupment Excluding Other Insurance and Medicare Payments	GME Payments	YTD Uncompensated Care Payment	DY6 Withheld Payment	Uncompensated Care (UC) Payment	UC Payment in Excess of UC Cost Excluding Other Insurance and Medicare Payments	Remaining UCC	Redistribution of Capped Funds	Total Withheld UC Payment	Withheld UC IGT
		MEMORIAL MEDICAL CENTER	\$3,648,276.91	\$1,156,082.43	\$0.00	\$0.00	\$1,978,960.27	\$11,558.50	\$1,990,518.77	\$0.00	\$501,675.70	\$366.66	\$ 11,925.16	\$ 5,225.61

DY6 UC Allocation Form

TRACE Number:

The Trace Number is in the receipt you receive from the Comptroller once you have submitted your IGT into TexNet.

Provider Affiliation Identification	Provider Name	9 Digit TPI	UC Program	Government Entity	RHP Region	IGT Total
	MEMORIAL MEDICAL CENTER	127888111	Calhoun County DBA Memorial Medical Center		3	5,225.61

[WARNING-Remote attachments, VERIFY SENDER]

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Providers, Government Entities, and Anchors:

Please read this entire message carefully and make note of the information provided below that failure by IGT entities and providers to submit the required forms may result in a delayed payment for the providers.

HHSC is providing notice to IGT for the DY6 Withheld UC Payment.

Dates pertinent to this payment:

5/5/2021	Last day to submit your IGT into TexNet
5/6/2021	IGT Settlement Date
5/17/2021	UC Transferring Paid
5/31/2021	UC Non-Transferring Paid and

Attached to this email are the following documents:

- DY6 Withheld UC Payment Calculation spreadsheet
- DY6 Withheld UC Allocation Form
- Master Affiliation Publication

Attached to this email is the DY6 withheld UC payment calculation. Providers will find their payment amount in column N of the first "DY6 Withheld Calculation" tab and IGT amounts in column O. Please ensure you select the applicable UC bucket in TexNet when you enter your IGT. It is imperative that you send a screen shot/PDF copy of the confirmation/trace sheet from TexNet or an email with the trace number, location number, IGT amount and settlement date, if the TexNet is submitted over the phone, to PFD_UC_Payments@hhs.texas.gov. Additionally, you must submit the IGT allocation form with the Trace Sheet. **Please submit the trace sheet and IGT allocation as two separate documents.** Please include two contacts and their phone numbers and email addresses, should HHSC have any questions regarding the TexNet received.

Payment amounts were calculated in accordance with the methodology adopted for paying the withheld payments in 1 TAC §355.8201. Payment amounts were then compared to the final Uncompensated Cost of Care (UCC) calculated for each provider in the DY6 UC reconciliation to ensure providers did not exceed their total eligible UCC.

HHSC has removed providers who are ineligible to receive a payment due to changes of ownership or the hospital closing. The remaining providers are eligible for a DY6 withheld payment as long as the IGT required to fund that payment is received.

If you have questions regarding the UC payment process, please send an email to PFD_UC_Payments@hhs.texas.gov

If you have questions regarding the payment calculation file, please send an email to uctools@hhsc.state.tx.us

RECEIVED

05/06/2021

12:06

MAY 06 2021

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

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
042721	04/30/2021	04/27/2021	05/27/2021				31,843.56	0.00	0.00	31,843.56 ✓

UHC PAYMENT

042721A	04/30/2021	04/27/2021	05/27/2021				14,421.72	0.00	0.00	14,421.72 ✓
---------	------------	------------	------------	--	--	--	-----------	------	------	-------------

UHC PAYMENT

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

11816

ASHFORD GARDEN

46,265.28

0.00

0.00

46,265.28

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

46,265.28

0.00

0.00

46,265.28

APPROVED

MAY 06 2021

CK#

190335

MEMORIAL MEDICAL CENTER

RECEIVED

05/06/2021

MAY 06 2021

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap_open_invoice.template

Dates Through:

Calhoun County Auditor
Vendor# 11828

Vendor Name

Class

Pay Code

SOLERA WEST HOUSTON

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
042721A	04/30/2021	04/27/2021	05/27/2021				5,642.20	0.00	0.00	5,642.20 ✓

UHC PAYMENT

042721	04/30/2021	04/27/2021	05/27/2021				12,471.94	0.00	0.00	12,471.94 ✓
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SUPPLIES

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

11828

SOLERA WEST HOI

18,114.14

0.00

0.00

18,114.14

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

18,114.14

0.00

0.00

18,114.14

MAY 06 2021

CLK#

190340

RECEIVED

05/06/2021

12:09

2021
MAY 06 2021

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

ap_open_invoice.template

Vendor#

Vendor#

11820

Vendor Name

Class

Pay Code

FORTBEND HEALTHCARE CENTER

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
042721	04/30/2021	04/27/2021	05/27/2021				12,879.56	0.00	0.00	12,879.56

042721A	04/30/2021	04/27/2021	05/27/2021	5,818.60	0.00	0.00	5,818.60
UHC PAYMENT - <i>Net portion of QIPP payment deposited into mmc operating</i>							

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11820		FORTBEND HEALTH	18,698.16	0.00	0.00	18,698.16

UHC PAYMENT - NH portion of Q1PP Payment deposited into mmc openly

Report Summary

Grand Totals:

Gross	Discount	No-Pay	Net
18,698.16	0.00	0.00	18,698.16

MAY 06 2021

CK#
190337

RECEIVED

05/06/2021

12:07

MAY 06 2021

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

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
042721A	04/30/2021	04/27/2021	05/27/2021				13,187.34	0.00	0.00	13,187.34 ✓

UHC PAYMENT

042721	04/30/2021	04/27/2021	05/27/2021				5,976.06	0.00	0.00	5,976.06 ✓
--------	------------	------------	------------	--	--	--	----------	------	------	------------

UHC PAYMENT

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

11832

BROADMOOR AT C

19,163.40

0.00

0.00

19,163.40

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

19,163.40

0.00

0.00

19,163.40

MAY 06 2021

CK#

190336

5/6/2021

tmp__cw5report3683711257172769517.html

RECEIVED

05/06/2021

12:08

MAY 06 2021

Colquhoun County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

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
042721A	04/30/2021	04/27/2021	05/27/2021				4,795.48	0.00	0.00	4,795.48 ✓

UHC PAYMENT - NH portion of QIPP pymt deposited into mmc operating

042721	04/30/2021	04/27/2021	05/27/2021				10,527.65	0.00	0.00	10,527.65 ✓
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UHC PAYMENT - NH portion of QIPP pymt deposited into mmc operating

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11824		THE CRESCENT	15,323.13	0.00	0.00	15,323.13

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	15,323.13	0.00	0.00	15,323.13

MAY 06 2021

CHK#

190341

RECEIVED

05/06/2021

12:10

Calhoun County Auditor

Vendor#

11836

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

0
ap_open_invoice.template

Vendor Name

Class

Pay Code

GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
042721	04/30/2021	04/27/2021	05/27/2021				21,456.93	0.00	0.00	21,456.93 ✓

UHC PAYMENT N/H QIPP pymt deposited into mmc operating

042721A	04/30/2021	04/27/2021	05/27/2021				9,893.37	0.00	0.00	9,893.37 ✓
---------	------------	------------	------------	--	--	--	----------	------	------	------------

UHC PAYMENT N/H portion of QIPP pymt deposited into mmc operating

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11836	GOLDENCREEK HE	31,350.30	0.00	0.00	31,350.30	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	31,350.30	0.00	0.00	31,350.30

APPROVED

MAY 06 2021

CK#

190338

CALHOUN COUNTY, ALABAMA

RECEIVED

05/06/2021

12:11 MAY 06 2021

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

ap_open_invoice.template

Vendor# 12696

Vendor Name

Class

Pay Code

GULF POINTE PLAZA ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
042721A	04/30/2021	04/27/2021	05/27/2021				5,851.66	0.00	0.00	5,851.66 ✓
	UHC PAYMENT NH QAPP pymt deposited into mmc operating									
042721	04/30/2021	04/27/2021	05/27/2021				7,141.45	0.00	0.00	7,141.45 ✓
	UHC PAYMENT NH QAPP pymt deposited into mmc operating									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
12696	GULF POINTE PLAZ				12,993.11	0.00	0.00	12,993.11		

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

12696

GULF POINTE PLAZ

12.993.11

0.00

0.00

12.993.11

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

12,993.11

0.00

0.00

12,993.11

APPROVED
MAY 06 2021

ck#
190339

RECEIVED

05/06/2021

12:11

MAY 06 2021

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

ap_open_invoice.template

Vendor#

13004

Vendor Name

TUSCANY VILLAGE

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
042721A	04/30/2021	04/27/2021	05/27/2021				7,683.13	0.00	0.00	7,683.13

UHC PAYMENT - NH portion of QIPP deposited into MMC operating

042721	04/30/2021	04/27/2021	05/27/2021				10,121.34	0.00	0.00	10,121.34
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UHC PAYMENT - NH portion of QIPP deposited into MMC operating

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
13004	TUSCANY VILLAGE	17,804.47	0.00	0.00	17,804.47	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	17,804.47	0.00	0.00	17,804.47

MAY 06 2021

CK#
190342

			MMC PORTION						
Facility ID	Facility Name	Total UHC Deposits	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	NH PORTION	
4811	Ashford	63,687.12				63,687.12	31,843.56	31,843.56	63,687.12
105818	Broadmoor	26,374.68				26,374.68	13,187.34	13,187.34	26,374.68
105314	Crescent	21,055.30				21,055.30	10,527.65	10,527.65	21,055.30
4628	Fort Bend	25,759.12				25,759.12	12,879.56	12,879.56	25,759.12
105006	Solera	24,943.88				24,943.88	12,471.94	12,471.94	24,943.88
102540	Golden Creek	42,913.86				42,913.86	21,456.93	21,456.93	42,913.86
100806	Gulf Pointe	14,282.89				14,282.89	7,141.45	7,141.45	14,282.89
103462	Tuscany	20,242.68				20,242.68	10,121.34	10,121.34	20,242.68
	Bethany	-					-	-	
							-	-	
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FUNDS DEPOSITED INTO MMC OPERATING. NEED TO ISSUE PAYMENTS TO NURSING HOME.
MAKE CHECK REQUESTS FOR EACH NURSING HOME FOR HIGHLIGHTED YELLOW AMOUNTS

			MMC PORTION					
Facility ID	Facility Name	Total UHC Deposits	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	NH PORTION
4811	Ashford	76,428.04	47,584.60	8,608.32	20,235.12		62,006.32	14,421.72
105818	Broadmoor	31,659.92	19,707.80	3,563.28	8,388.84		25,683.86	5,976.06
105314	Crescent	25,427.24	15,836.28	2,857.68	6,733.28		20,631.76	4,795.48
4628	Fort Bend	30,883.76	19,246.56	3,457.44	8,179.76		25,065.16	5,818.60
105006	Solera	29,961.28	18,676.88	3,351.60	7,932.80		24,319.08	5,642.20
102540	Golden Creek	52,869.02	33,082.29	5,717.64	14,069.09		42,975.66	9,893.37
100806	Gulf Pointe	31,269.83	19,566.52	3,380.24	8,323.07		25,418.18	5,851.66
103462	Tuscany	43,278.33	27,912.08	3,487.29	11,878.96		35,595.21	7,683.13
	Bethany	-					-	-
							-	-
							-	-
							-	-
							-	-
							-	-
							-	-
							-	-
							-	-
Total UHC Desosit		321,777.42	201,613.01	34,423.49	85,740.92	-	261,695.22	60,082.21

FUNDS DEPOSITED INTO MMC OPERATING. NEED TO ISSUE PAYMENTS TO NURSING HOME.
MAKE CHECK REQUESTS FOR EACH NURSING HOME FOR HIGHLIGHTED YELLOW AMOUNTS

8

RUN DATE:05/10/21
TIME:15:37

MEMORIAL MEDICAL CENTER
CHECK REGISTER
05/12/21 THRU 05/12/21

PAGE 1
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	190260	05/12/21	49.18	ADT COMMERCIAL
A/P	190261	05/12/21	376.54	AIRGAS USA, LLC - CENTRAL DIV
A/P	190262	05/12/21	2,362.27	AMERISOURCEBERGEN DRUG CORP
A/P	190263	05/12/21	53.00	ARTHREX, INC
A/P	190264	05/12/21	5,435.38	AUREUS RADIOLOGY LLC
A/P	190265	05/12/21	739.50	AVANTE HEALTH SOLUTIONS
A/P	190266	05/12/21	6,863.37	BECKMAN COULTER INC
A/P	190267	05/12/21	4,948.79	BIO-RAD LABORATORIES, INC
A/P	190268	05/12/21	14,251.04	BIOFIRE DIAGNOSTICS LLC
A/P	190269	05/12/21	44,200.00	BKD, LLP
A/P	190270	05/12/21	209,656.06	BLUE CROSS BLUE SHIELD
A/P	190271	05/12/21	2,452.00	BUILDING KID STEPS
A/P	190272	05/12/21	935.00	BYRD PORTABLE BUILDINGS
A/P	190273	05/12/21	678.00	CABLES AND SENSORS
A/P	190274	05/12/21	86.74	CALHOUN COUNTY
A/P	190275	05/12/21	120.09	CARDINAL HEALTH 414, INC.
A/P	190276	05/12/21	3,924.93	CAVALLO ENERGY TEXAS LLC
A/P	190277	05/12/21	500.00	CHEMAQUA
A/P	190278	05/12/21	5,574.73	CITY OF PORT LAVACA
A/P	190279	05/12/21	1,117.97	CLEARFLY
A/P	190280	05/12/21	1,030.00	DOWELL PEST CONTROL
A/P	190281	05/12/21	27,274.00	DURFOLD CORPORATION
A/P	190282	05/12/21	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	190283	05/12/21	2,522.84	FISHER HEALTHCARE
A/P	190284	05/12/21	888.65	FLDR DESIGNS LLC
A/P	190285	05/12/21	79.89	FRONTIER
A/P	190286	05/12/21	1,022.27	FUSION CLOUD SERVICES, LLC
A/P	190287	05/12/21	139.40	GRAINGER
A/P	190288	05/12/21	7,908.33	HITACHI HEALTHCARE
A/P	190289	05/12/21	3,326.00	HOLT CAT
A/P	190290	05/12/21	3,500.00	IRONSIDE HUMAN RESOURCES
A/P	190291	05/12/21	995.22	LEGATO
A/P	190292	05/12/21	977.50	MEDICAL TECHNOLOGY ASSOCIATES
A/P	190293	05/12/21	36.55	MEDIMPACT HEALTHCARE SYS, INC.
A/P	190294	05/12/21	90.00	MEMORIAL MEDICAL CLINIC
A/P	190295	05/12/21	.00	VOIDED
A/P	190296	05/12/21	.00	VOIDED
A/P	190297	05/12/21	24,769.41	MORRIS & DICKSON CO, LLC
A/P	190298	05/12/21	364.28	PARTSSOURCE, LLC
A/P	190299	05/12/21	1,100.00	PATRICK OCHOA
A/P	190300	05/12/21	1.29	POWER HARDWARE
A/P	190301	05/12/21	4,550.00	PREMIER SLEEP DISORDERS CENTER
A/P	190302	05/12/21	3,752.11	PRO ENERGY PARTNERS LP
A/P	190303	05/12/21	1,667.00	RADSOURCE
A/P	190304	05/12/21	35,010.99	RELIANT, DEPT 0954
A/P	190305	05/12/21	525.00	REVISTA de VICTORIA
A/P	190306	05/12/21	689.86	SAM'S CLUB DIRECT
A/P	190307	05/12/21	1,239.47	SERACARE LIFE SCIENCES, INC
A/P	190308	05/12/21	185.00	SHANNON JACILDO
A/P	190309	05/12/21	115.40	SPARKLIGHT

RUN DATE:05/10/21
TIME:15:37

MEMORIAL MEDICAL CENTER
CHECK REGISTER
05/12/21 THRU 05/12/21

PAGE 2
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	190310	05/12/21	10,694.00	T-SYSTEM, INC
A/P	190311	05/12/21	4,337.00	TEXAS MUTUAL INSURANCE CO
A/P	190312	05/12/21	1,976.38	THE US CONSULTING GROUP
A/P	190313	05/12/21	2,650.00	THRIVEFUEL LLC
A/P	190314	05/12/21	75.00	TROEMNER, LLC
A/P	190315	05/12/21	.00	VOIDED
A/P	190316	05/12/21	7,132.71	UNIFIRST HOLDINGS
A/P	190317	05/12/21	800.00	UPDOX LLC
A/P	190318	05/12/21	2,013.75	WERFEN USA LLC
A/P	190319	05/12/21	18,950.00	WOUND CARE SPECIALISTS
A/P	190320	05/12/21	1,045.39	
A/P	190321	05/12/21	204.83	
A/P	190322	05/12/21	28.18	
A/P	190323	05/12/21	29.22	
A/P	190324	05/12/21	31.30	
A/P	190325	05/12/21	53.55	
A/P	190326	05/12/21	125.92	
A/P	190327	05/12/21	13.66	
A/P	190328	05/12/21	327.04	
A/P	190329	05/12/21	74.46	
A/P	190330	05/12/21	55.69	
A/P	190331	05/12/21	128.31	
A/P	190332	05/12/21	1,066.31	
A/P	190333	05/12/21	37.59	
A/P	190334	05/12/21	10.00	
A/P	190335	05/12/21	46,265.28	ASHFORD GARDENS
A/P	190336	05/12/21	19,163.40	BROADMOOR AT CREEKSIDE PARK
A/P	190337	05/12/21	18,698.16	FORTBEND HEALTHCARE CENTER
A/P	190338	05/12/21	31,350.30	GOLDENCREEK HEALTHCARE
A/P	190339	05/12/21	12,993.11	GULF POINTE PLAZA
A/P	190340	05/12/21	18,114.14	SOLERA WEST HOUSTON
A/P	190341	05/12/21	15,323.13	THE CRESCENT
A/P	190342	05/12/21	17,804.47	TUSCANY VILLAGE
TOTALS:			699,719.83	

Payables 501,590.55 +
Patient refunds 3,231.45 +
critical 14,251.04 +
critical 935.00 +
46,265.28 +
NH 18,114.14 +
18,698.16 +
Transfers 19,163.40 +
15,323.11 +
31,350.30 +
12,993.11 +
17,804.47 +
699,719.83 +

MAY 12 2021

AMERICAN SOUTHERN BANK

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
5/10/2021

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		114,734.38	84,895.61	90,393.54		120,232.31	36,264.99
						Bank Balance	120,232.31
						Variance	-
						Leave in Balance	100.00
						Molina QIPP checks	29,694.98
						Amerigroup QIPP	54,128.55
						May Interest	43.79
						June Interest	
						July Interest	
						Adjust Balance/Transfer Amt	36,264.99
Broadmoor		147,044.59	134,614.41	65,353.20		77,783.38	42,933.78
						Bank Balance	77,783.38
						Variance	-
						Leave in Balance	100.00
						Molina QIPP checks	12,299.37
						Amerigroup QIPP	22,419.42
						May Interest	30.81
						June Interest	
						July Interest	
						Adjust Balance/Transfer Amt	42,933.78
Crescent		102,738.24	92,757.15	57,399.88		67,380.97	39,428.47
						Bank Balance	67,380.97
						Variance	-
						Leave in Balance	100.00
						Molina QIPP checks	9,858.64
						Amerigroup QIPP	17,971.41
						May Interest	22.45
						June Interest	
						July Interest	
						Adjust Balance/Transfer Amt	39,428.47
Fort Bend		53,576.82	41,460.86	49,959.30		62,075.26	28,074.67
						Bank Balance	62,075.26
						Variance	-
						Leave in Balance	100.00
						Molina QIPP checks	12,005.13
						Amerigroup QIPP	21,884.63
						May Interest	9.83
						June Interest	
						July Interest	
						Adjust Balance/Transfer Amt	28,074.67
Solera at W Houston		78,990.77	67,214.60	99,268.53		111,044.70	78,048.99
						Bank Balance	111,044.70
						Variance	-
						Leave in Balance	100.00
						Molina QIPP check	11,641.05
						Amerigroup QIPP	21,219.54
						May Interest	35.12
						June Interest	
						July Interest	
						Adjust Balance/Transfer Amt	78,048.99
at Wes: $36,264.99 +$ $42,933.78 +$ $39,428.47 +$ $28,074.67 +$ $78,048.99 +$ $224,750.90$							TOTAL TRANSFERS
							224,750.90
Note: Only balances of over \$5,000 will be transferred. Note 2: Each account has a base balance of \$100 which must be deposited to open account.							Approved: Jason Anglin, CEO
							5/10/2021

APPROVED
MAY 10 2021
JASON ANGLIN, CEO

Ja

Quick View

Select Quick View Accounts

Account Number / Name

Account Type

Search

All

Select Group

Groups

Add Group

DDA

Data reported as of May 10, 2021

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 14	\$5,019,594.22	\$5,136,856.66	\$5,019,594.22	\$4,703,980.1
*4551 CAL CO INDIGENT HEALTHCARE	\$5,746.45	\$5,746.45	\$5,746.45	\$5,746.4
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$84,761.94	\$84,761.94	\$84,761.94	\$70,091.9
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.11	\$535.11	\$535.11	\$535.1
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$4,059,943.93	\$4,165,391.87	\$4,059,943.93	\$3,835,936.2
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$430.82	\$430.82	\$430.82	\$430.8
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$120,232.31	\$120,405.04	\$120,232.31	\$110,930.8
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$77,783.38	\$77,783.38	\$77,783.38	\$75,724.3
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$67,380.97	\$67,380.97	\$67,380.97	\$59,880.9
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$62,075.26	\$62,075.26	\$62,075.26	\$62,075.2
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$111,044.70	\$113,747.34	\$111,044.70	\$96,313.4
*5506 MMC -NH BETHANY SENIOR LIVING	\$244,726.01	\$244,726.01	\$244,726.01	\$234,915.0
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$71,346.50	\$80,285.63	\$71,346.50	\$47,812.8
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$10,112.65	\$10,112.65	\$10,112.65	\$112.6
*3407 MMC -NH TUSCANY VILLAGE	\$103,474.19	\$103,474.19	\$103,474.19	\$103,474.1

* indicate:

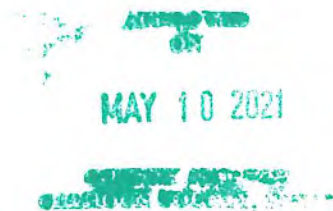
Page generated on 05/10/2021

Memorial Medical Center
 Nursing Home UPL
 Weekly Nexion Transfer
 Prosperity Accounts
 5/10/2021

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		112,991.78	112,852.65	84,622.81	-	84,761.94	84,622.81
					Bank Balance Variance	84,761.94	
					Leave in Balance	100.00	
					May Interest	39.13	
					June Interest		
					July Interest		
					Adjust Balance/Transfer Amt	84,622.81	

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:  5/10/2021
 Jason Anglin, CEO



Golden Creek

5/3/2021 Check
 5/3/2021 Deposit
 5/3/2021 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9
 5/5/2021 WIRE OUT NEXION HEALTH AT GOLDEN CREEK
 5/5/2021 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9
 5/6/2021 Deposit
 5/6/2021 NOVITAS SOLUTION HCCLAIMPMT 676097 420000195
 5/7/2021 ACH SETTLEMENT SERVICE 4105523439 9601693813
 5/7/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&L apse	QIPP TI	
136.55	✓ -	-	-	-	-	-	-
-	40,145.86	-	-	-	-	-	40,145.86
-	7,967.00	-	-	-	-	-	7,967.00
112,716.10	✓ -	-	-	-	-	-	-
-	285.98	-	-	-	-	-	285.98
-	11,972.43	-	-	-	-	-	11,972.43
-	9,581.51	-	-	-	-	-	9,581.51
-	2,629.50	-	-	-	-	-	2,629.50
-	12,040.53	-	-	-	-	-	12,040.53
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
112,852.65	✓ 84,622.81 ✓	-	-	-	-	-	84,622.81

Quick View

Select Quick View Accounts

Account Number / Name

Account Type

Search

All

Select Group
Groups

Add Group

DDA

Data reported as of May 10, 2021

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 14	\$5,019,594.22	\$5,136,856.66	\$5,019,594.22	\$4,703,980.1
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,746.45	\$5,746.45	\$5,746.45	\$5,746.4
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$84,761.94	\$84,761.94	\$84,761.94	\$70,091.9
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.11	\$535.11	\$535.11	\$535.1
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$4,059,943.93	\$4,165,391.87	\$4,059,943.93	\$3,835,936.2
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$430.82	\$430.82	\$430.82	\$430.8
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$120,232.31	\$120,405.04	\$120,232.31	\$110,930.8
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$77,783.38	\$77,783.38	\$77,783.38	\$75,724.3
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$67,380.97	\$67,380.97	\$67,380.97	\$59,880.9
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$62,075.26	\$62,075.26	\$62,075.26	\$62,075.2
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$111,044.70	\$113,747.34	\$111,044.70	\$96,313.4
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$244,726.01	\$244,726.01	\$244,726.01	\$234,915.0
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$71,346.50	\$80,285.63	\$71,346.50	\$47,812.8
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$10,112.65	\$10,112.65	\$10,112.65	\$112.6
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$103,474.19	\$103,474.19	\$103,474.19	\$103,474.1

* indicate:

Page generated on 05/10/2021

Memorial Medical Center
 Nursing Home UPL
 Weekly HMG Transfer
 Prosperity Accounts
 5/10/2021

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		51,018.96	50,906.31	10,000.00			10,112.65	10,000.00
						Bank Balance	10,112.65	
						Variance	-	
						Leave in Balance	100.00	

May Interest 12.65
 June Interest
 July Interest
 Adjust Balance/Transfer Amt 10,000.00

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza-Medicare/Medicaid		14,246.19	14,119.43	71,219.74			71,346.50	71,219.74
						Bank Balance	71,346.50	
						Variance	-	
						Leave in Balance	100.00	

May Interest 26.76
 June Interest
 July Interest
 Adjust Balance/Transfer Amt 71,219.74

Routing Information for Gulf Pointe Plaza:

TOTAL TRANSFERS 81,219.74

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

Jason Anglin

5/10/2021

APPROVED
 MAY 10 2021
 JASON ANGLIN
 CEO, MEMORIAL MEDICAL CENTER, TAMPA, FL

Gulf Pointe Plaza-Private Pay

5/3/2021 Check
5/5/2021 WIRE OUT HMG SERVICES, LLC
5/7/2021 Deposit

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	
42.68	-					-	-
50,863.63	-					-	-
-	10,000.00					-	10,000.00
						-	-
						-	-
						-	-
						-	-
						-	-
50,906.31	10,000.00	-	-	-	-	-	10,000.00

Gulf Pointe Plaza-Medicare/Medicaid

5/3/2021 Check
5/3/2021 Deposit
5/4/2021 NORIDIAN J3A HCCLAIMPMT 675892 4200001966685
5/5/2021 WIRE OUT HMG SERVICES, LLC
5/6/2021 Deposit
5/7/2021 NORIDIAN J3A HCCLAIMPMT 675892 4200001966376

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	
71.97	-					-	-
-	39,643.30					-	39,643.30
-	4,136.59					-	4,136.59
14,047.46	-					-	-
-	3,906.21					-	3,906.21
-	23,533.64					-	23,533.64
						-	-
14,119.43	71,219.74	-	-	-	-	-	71,219.74
65,025.74	81,219.74	-	-	-	-	-	81,219.74

Quick View

Select Quick View Accounts

Account Number / Name

Account Type

Search

All

Select Group

Groups

Add Group

DDA

Data reported as of May 10, 2021

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 14	\$5,019,594.22	\$5,136,856.66	\$5,019,594.22	\$4,703,980.1
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,746.45	\$5,746.45	\$5,746.45	\$5,746.4
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$84,761.94	\$84,761.94	\$84,761.94	\$70,091.9
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.11	\$535.11	\$535.11	\$535.1
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$4,059,943.93	\$4,165,391.87	\$4,059,943.93	\$3,835,936.2
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$430.82	\$430.82	\$430.82	\$430.8
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$120,232.31	\$120,405.04	\$120,232.31	\$110,930.8
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$77,783.38	\$77,783.38	\$77,783.38	\$75,724.3
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$67,380.97	\$67,380.97	\$67,380.97	\$59,880.9
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$62,075.26	\$62,075.26	\$62,075.26	\$62,075.2
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$111,044.70	\$113,747.34	\$111,044.70	\$96,313.4
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$244,726.01	\$244,726.01	\$244,726.01	\$234,915.0
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$71,346.50	\$80,285.63	\$71,346.50	\$47,812.8
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$10,112.65	\$10,112.65	\$10,112.65	\$112.6
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$103,474.19	\$103,474.19	\$103,474.19	\$103,474.1

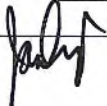
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Page generated on 05/10/2021

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 5/10/2021

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		54,438.29 ✓	54,338.29 ✓	103,374.19 ✓	-	-	103,474.19	77,100.78
						Bank Balance	103,474.19 ✓	
						Variance	-	
						Leave in Balance	100.00	
							-	
						Amerigroup QIPP	26,273.41 ✓	
						Adjust Balance/Transfer Amt	77,100.78 ✓	

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 5/10/2021

APPROVED
 MAY 10 2021
 JASON ANGLIN
 CHAIRMAN OF THE BOARD, MEMPHIS

		MMC PORTION							
Tuscany Senior Living		Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
5/3/2021	Deposit	-	46,130.72					-	46,130.72
5/4/2021	AMERIGROUP CORPO E-PAYMENT EE52166732 111000	-	36,604.84	15,941.98	1,978.64	6,796.06	11,888.16	26,273.41	10,331.43
5/5/2021	WIRE OUT LINBAR ENTERPRISES, LLC	54,338.29	-					-	-
5/6/2021	Deposit	-	20,578.77					-	20,578.77
5/6/2021	Molina HC of TX HCCLAIMPMT PN1275717894 4200	-	59.86					-	59.86
		54,338.29	103,374.19	15,941.98	1,978.64	6,796.06	11,888.16	26,273.41	77,100.78

Quick View

Select Quick View Accounts

Account Number / Name

Account Type

Search

All

Select Group

Groups

Add Group

DDA

Data reported as of May 10, 2021

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 14	\$5,019,594.22	\$5,136,856.66	\$5,019,594.22	\$4,703,980.1
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,746.45	\$5,746.45	\$5,746.45	\$5,746.4
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$84,761.94	\$84,761.94	\$84,761.94	\$70,091.9
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.11	\$535.11	\$535.11	\$535.1
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$4,059,943.93	\$4,165,391.87	\$4,059,943.93	\$3,835,936.2
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$430.82	\$430.82	\$430.82	\$430.8
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$120,232.31	\$120,405.04	\$120,232.31	\$110,930.8
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$77,783.38	\$77,783.38	\$77,783.38	\$75,724.3
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$67,380.97	\$67,380.97	\$67,380.97	\$59,880.9
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$62,075.26	\$62,075.26	\$62,075.26	\$62,075.2
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$111,044.70	\$113,747.34	\$111,044.70	\$96,313.4
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$244,726.01	\$244,726.01	\$244,726.01	\$234,915.0
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$71,346.50	\$80,285.63	\$71,346.50	\$47,812.8
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$10,112.65	\$10,112.65	\$10,112.65	\$112.6
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$103,474.19	\$103,474.19	\$103,474.19	\$103,474.1

* indicate:

Page generated on 05/10/2021

Memorial Medical Center
 Nursing Home UPL
 Weekly HSLTransfer
 Prosperity Accounts
 5/10/2021

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		166,344.68	✓ 166,180.57	✓ 244,561.90	✓		244,726.01	✓ 244,561.90
						Bank Balance	244,726.01	
						Variance	244,726.01	
						Leave in Balance	100.00	

May Interest	64.11	✓
June Interest		
July Interest		
Adjust Balance/Transfer Amt	244,561.90	✓
Approved:		
Jason Anglin, CEO		5/10/2021

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
 MAY 10 2021
 JASON ANGLIN
 CHAIRMAN OF THE BOARD, MEMPHIS

Bethany Senior Living

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
5/3/2021 Check	212.68	-					-	-
5/3/2021 Deposit	-	53,871.27					-	53,871.27
5/3/2021 Deposit	-	6,829.87					-	6,829.87
5/3/2021 Deposit	-	8,833.76					-	8,833.76
5/3/2021 NOVITAS SOLUTION HCCLAIMPMT 676481 420000182	-	1,141.64					-	1,141.64
5/4/2021 Deposit	-	24,390.05					-	24,390.05
5/4/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	319.00					-	319.00
5/5/2021 WIRE OUT BETHANY SENIOR LIVING, LTD	165,967.89	-					-	-
5/5/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	132.02					-	132.02
5/6/2021 Deposit	-	119,429.57					-	119,429.57
5/6/2021 Deposit	-	7,180.00					-	7,180.00
5/6/2021 Deposit	-	6,204.91					-	6,204.91
5/6/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	6,418.86					-	6,418.86
5/7/2021 Deposit	-	8,159.95					-	8,159.95
5/7/2021 HOSPICE OF SO TX VENDORS NF 91000012303472	-	1,401.18					-	1,401.18
5/7/2021 NOVITAS SOLUTION HCCLAIMPMT 676481 420000105	-	249.82					-	249.82
	166,180.57	244,561.90	-	-	-	-	-	244,561.90

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Search

All

Select Group
Groups

Add Group

DDA

Data reported as of May 10, 2021

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 14	\$5,019,594.22	\$5,136,856.66	\$5,019,594.22	\$4,703,980.1
*4551 CAL CO INDIGENT HEALTHCARE	\$5,746.45	\$5,746.45	\$5,746.45	\$5,746.4
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$84,761.94	\$84,761.94	\$84,761.94	\$70,091.9
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.11	\$535.11	\$535.11	\$535.1
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$4,059,943.93	\$4,165,391.87	\$4,059,943.93	\$3,835,936.2
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$430.82	\$430.82	\$430.82	\$430.8
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$120,232.31	\$120,405.04	\$120,232.31	\$110,930.8
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$77,783.38	\$77,783.38	\$77,783.38	\$75,724.3
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$67,380.97	\$67,380.97	\$67,380.97	\$59,880.9
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$62,075.26	\$62,075.26	\$62,075.26	\$62,075.2
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$111,044.70	\$113,747.34	\$111,044.70	\$96,313.4
*5506 MMC -NH BETHANY SENIOR LIVING	\$244,726.01	\$244,726.01	\$244,726.01	\$234,915.0
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$71,346.50	\$80,285.63	\$71,346.50	\$47,812.8
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$10,112.65	\$10,112.65	\$10,112.65	\$112.6
*3407 MMC -NH TUSCANY VILLAGE	\$103,474.19	\$103,474.19	\$103,474.19	\$103,474.1

* indicate:

Page generated on 05/10/2021

~~Revised~~ Ashford

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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MEMORIAL MEDICAL CENTER

Date Requested: 5/10/21

FOR ACCT. USE ONLY

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

MAY 10 2021

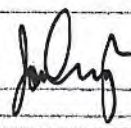
CK # 001124

AMOUNT \$54,128.55

G/L NUMBER: 10255040

EXPLANATION: AMERISOURCE QIPP 1,2,3,4,& LAPSE

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

RUN DATE:05/13/21
TIME:09:34

MEMORIAL MEDICAL CENTER
CHECK REGISTER
05/12/21 THRU 05/12/21

PAGE 4
GLCKREG

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

NHA 001124 05/12/21 54,128.55 MMC OPERATING *Asafind*
TOTALS: 54,128.55



Broadmoor

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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MEMORIAL MEDICAL CENTER

Date Requested: 5/10/21

FOR ACCT. USE ONLY

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

MAY 10 2021

CIC # 000084

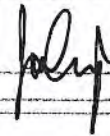
AMOUNT \$22,419.42

G/L NUMBER: 10255040

EXPLANATION: AMERISOURCE QIPP 1,2,3,4,& LAPSE

REQUESTED BY: Mayra Martinez

AUTHORIZED BY:



RUN DATE:05/13/21
TIME:09:34

MEMORIAL MEDICAL CENTER
CHECK REGISTER
05/12/21 THRU 05/12/21

PAGE 5
GLCKREG

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

NHB 000086 05/12/21 22,419.42 MMC OPERATING
TOTALS: 22,419.42

Broadman



Crescent

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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Date Requested: 5/10/21

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AMERISOURCE
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FOR ACCT. USE ONLY

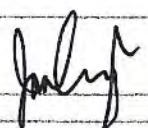
- ☐ Imprest Cash
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☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT \$17,971.41

G/L NUMBER: 10255040

EXPLANATION: AMERISOURCE QIPP 1,2,3,4,& LAPSE

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

RUN DATE:05/13/21
TIME:09:34

MEMORIAL MEDICAL CENTER
CHECK REGISTER
05/12/21 THRU 05/12/21

PAGE 6
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHC 000119 05/12/21 17,971.41 MMC OPERATING *Crescent*
TOTALS: 17,971.41

~~AMOUNT~~
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MAY 12 2021

~~MEMORIAL MEDICAL CENTER~~
~~GEORGETOWN, TEXAS~~

Fort Bend

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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MEMORIAL MEDICAL CENTER

Date Requested: 5/10/21

FOR ACCT. USE ONLY

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

MAY 10 2021

ck# 000117

G/L NUMBER: 10255040

AMOUNT \$21,884.63

EXPLANATION: AMERISOURCE QIPP 1,2,3,4,& LAPSE

REQUESTED BY: Mayra Martinez

AUTHORIZED BY:

[Signature]

RUN DATE:05/13/21
TIME:09:34

MEMORIAL MEDICAL CENTER
CHECK REGISTER
05/12/21 THRU 05/12/21

PAGE 7
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHF 000117 05/12/21 21,884.63 MMC OPERATING
TOTALS: 21,884.63

First Bank

ADDITIONAL

MAY 12 2021

COUNTY CLERK
DAVID L. GORDON, CLERK

Solera

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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MEMORIAL MEDICAL CENTER

Date Requested: 5/10/21

FOR ACCT. USE ONLY

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

MAY 10 2021

CL# 00119

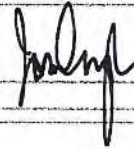
AMOUNT \$21,219.54

G/L NUMBER: 10255040

EXPLANATION: AMERISOURCE QIPP 1,2,3,4,& LAPSE

REQUESTED BY: Mayra Martinez

AUTHORIZED BY:



RUN DATE:05/13/21
TIME:09:34

MEMORIAL MEDICAL CENTER
CHECK REGISTER
05/12/21 THRU 05/12/21

PAGE 8
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHS 001119 05/12/21 21,219.54 MMC OPERATING *Solem*
TOTALS: 21,219.54

~~ADMINISTRATIVE~~

MAY 12 2021

~~CHECK REGISTER~~
~~MEMORIAL MEDICAL CENTER, KANSAS~~

Tuscany

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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MEMORIAL MEDICAL CENTER

Date Requested: 5/10/21

FOR ACCT. USE ONLY

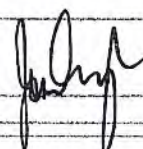
- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Mail Check to Vendor
- ☐ Return Check to Dept

AMOUNT \$26,273.41

ck# 601008
G/L NUMBER: 10255040

EXPLANATION: AMERISOURCE QIPP 1,2,3,4,& LAPSE

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

RUN DATE:05/13/21
TIME:09:34

MEMORIAL MEDICAL CENTER
CHECK REGISTER
05/12/21 THRU 05/12/21

PAGE 9
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

TUS 001008 05/12/21 26,273.41 MMC OPERATING
TOTALS: 26,273.41

Tuscom

ADMINISTRATIVE

MAY 12 2021

COLUMBIA UNIVERSITY
COLUMBIA UNIVERSITY, NEW YORK

NH Name	From Bank Acct #	Chk #	Payee	GL #	Q1PP 1,2,3,4, &Lapse			TOTAL	Date
Ashford	10000018 - Prosperity		MMC -Prosperity Operating #100000001	10255040	54,128.55			54,128.55	5/12/2021
Broadmoor	10000019 - Prosperity		MMC -Prosperity Operating #100000001	10255040	22,419.42			22,419.42	5/12/2021
Crescent	10000020 - Prosperity		MMC -Prosperity Operating #100000001	10255040	17,971.41			17,971.41	5/12/2021
Fort Bend	10000021 - Prosperity		MMC -Prosperity Operating #100000001	10255040	21,884.63			21,884.63	5/12/2021
Solera	10000022 - Prosperity		MMC -Prosperity Operating #100000001	10255040	21,219.54			21,219.54	5/12/2021
Golden Creek	10000023 - Prosperity		MMC -Prosperity Operating #100000001	10255040				-	5/12/2021
Gulf Pointe-PP	10000114 - Prosperity		MMC -Prosperity Operating #100000001	10255040				-	5/12/2021
Gulf Pointe-MM	10000025 - Prosperity		MMC -Prosperity Operating #100000001					-	5/12/2021
Bethany			MMC -Prosperity Operating #100000001					-	5/12/2021
Tuscany			MMC -Prosperity Operating #100000001	10255040	26,273.41			26,273.41	5/12/2021
			Total:		163,896.96	-	-	163,896.96	

[Signature]

Jason Anglin, CEO, of O

5/10/2021

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

1119

88-2265/1131-87

5/12/21

Date

CHECK ARMOR
TRADE PROTECTION

Pay to the
Order of

MMC Operating

\$ 21,219.54

Twentyone thousand two hundred nineteen & 54/100 Dollars



PROSPERITY BANK®

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



Photo
Safe
Deposit®
Details on back

For Amerigroup QIPP 1,2,3,4 & lapse

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

1124

88-2265/1131-87

5/12/21

Date

CHECK ARMOR
TRADE PROTECTION

Pay to the

Order of

MMC Operating

\$ 54,128.55

Fifty four thousand one hundred twenty eight & 55/100 Dollars



PROSPERITY BANK®

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



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Details on back

For Amerigroup 1,2,3,4 & lapse

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE

PH 361-553-4618
815 N VIRGINIA ST
PORT LAVACA, TX 77979

1008

88-2265/1131-87

DATE 5/12/2021

CHECK ARMOR
TRADE PROTECTION

PAY
TO THE
ORDER OF

MMC Operating

\$ 26,273.41

Twenty six thousand two hundred seventy three & 41/100 DOLLARS



PROSPERITY BANK®

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Deposit®
Details on back

FOR Amerigroup QIPP 1,2,3,4 & lapse

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000086

88-2265/1131

Date 5/12/2021**PAY**TO THE
ORDER OFMMC Operating\$ 22,419.42Twenty two thousand four hundred nineteen & 42/100 DOLLARSPROSPERITY
BANKFOR Amengroup 1,2,3,4 & lapseSecurity features are
included. Details on back.

MP

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000119

88-2265/1131

Date 5/12/2021**PAY**TO THE
ORDER OFMMC Operating\$ 17,971.41Seventeen thousand nine hundred seventy one & 41/100 DOLLARSPROSPERITY
BANKFOR Amengroup 1,2,3,4 & lapseSecurity features are
included. Details on back.

MP

MEMORIAL MEDICAL CENTER

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

000117

88-2265/1131

Date 5/12/21**PAY**TO THE
ORDER OFMMC Operating\$ 21,884.63Twenty one thousand eight hundred eighty four & 63/100 DOLLARSPROSPERITY
BANKFOR Amengroup QIPP 1,2,3,4 & lapseSecurity features are
included. Details on back.

MP

11126 COLA RESOURCES, INC.
11101 RESORT RD, ELLICOTT, MD 21042
MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

190343

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
1257	04/08/21	249.00			249.00
CHECK NO. 190343 05/14/21		TOTALS 249.00	TOTALS		249.00

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

190343

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
1257	04/08/21	249.00			249.00
CHECK NO. 190343		TOTALS 249.00	TOTALS		249.00

MEMORIAL
MEDICAL CENTER

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

PROSPERITY BANK

88-2265
1131

190343

11126 190343
DATE AMOUNT
05/14/21 \$249.00

Two Hundred Forty-Nine Dollars and No Cents

PAY
TO THE
ORDER
OF
COLA RESOURCES, INC.
11101 RESORT RD
224
ELLICOTT, MD 21042

CALHOUN COUNTY AUDITOR

CALHOUN COUNTY TREASURER

0

RUN DATE:05/14/21

TIME:13:22

MEMORIAL MEDICAL CENTER

CHECK REGISTER

05/14/21 THRU 05/14/21

PAGE 1

GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

A/P * 190054 05/14/21 249.00CR COLA RESOURCES, INC.

A/P 190343 05/14/21 249.00 COLA RESOURCES, INC.

TOTALS: .00

Stop Payment Details

Transaction Number STP-00837353

Check

Action Stop

Date Written 04/21/2021

Account (MEMORIAL MEDICAL CENTER -
OPERATING)

Amount \$249.00

Reason Lost

Written to COLA RESOURCES, INC

Company Name COUNTY OF CALHOUN TEXAS

Requested May 14, 2021 8:01 AM CDT

Contact Name

Expiration Date 11/13/2021

Phone Number

Status History

Timestamp	Status	Initiator	Description
May 14, 2021 8:01:24 AM CDT	Stopped	SYSTEM	Request successfully placed.
May 14, 2021 8:01:24 AM CDT	Pending		Request entered into system.

Close

Print

190054 04/21/21

249.00 COLA RESOURCES, INC.

Not Cleared -

249.00

11126 COLA RESOURCES, INC.
 9881 BROKEN LAND PARKWAY, SUITE 200
 COLUMBIA, MD 21046

190054

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
1257	04/08/21	249.00			249.00
CHECK NO. 190054 042121		TOTALS 249.00	TOTALS		249.00

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

190054

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
1257	04/08/21	249.00			249.00
CHECK NO. 190054		TOTALS 249.00	TOTALS		249.00

MEMORIAL
MEDICAL CENTER

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

PROSPERITY BANK

88-2265
 1131

190054

11126 190054
 DATE AMOUNT
 04/21/21 \$249.00

Two Hundred Forty-Nine Dollars and No Cents

PAY
 TO THE
 ORDER
 OF

COLA RESOURCES, INC.
 9881 BROKEN LAND PARKWAY
 SUITE 200
 COLUMBIA, MD 21046

CALHOUN COUNTY TREASURER



COLA Resources, Inc.
Leading Excellence in Laboratory Medicine

Invoice # 1257
Date 4/8/2021

Invoice To
Shawna Hartl Memorial Medical Center Hospital 815 N. Virginia Port Lavaca, TX 77979

Important
WE ARE COLA RESOURCES, INC. PLEASE NOTE AND USE UPDATED PAYMENT INFORMATION AND ADDRESS FOR IQCP PRODUCTS

Purchase order No.	Customer ID	Shipping Method	Payment Terms	CRI Federal EIN	Master No.
	CRI0967		Upon Receipt	80-0875539	

Quantity	Item Number	Description	Discount	Unit Price	Ext. Price
1	617	IQCP E-Optimizer renewal		\$249	\$249
OK \$249.00 #40605020 ST 4/10/21					

ALL SALES ARE FINAL

PAYMENT TYPE
Please make checks and other forms of payment payable to COLA Resources, Inc.
Please remit payment to:
11101 Resort Rd. #224, Ellicott City, MD 21042

Sub Total	\$ 249.00
Tax	✓
Freight	✓
Total	\$ 249.00

If paying by credit card, you may contact Cynthia Cardelino or email this form to payments@Criedu.org

Mastercard Visa American Express CCV Security code on card

Account Number Expiration date

Name on Credit Card Signature for Credit Card

COLA Resources Inc. (CRI) is a separate company from COLA. CRI can NOT accept payments sent to payments@COLA.org or made payable to COLA.

CRI Contact: Cynthia Cardelino ccardelino@criedu.org direct: 410-803-6643

COLA Resources, Inc.
www.LabUniversity.org
Phone: 877-234-8193

APPROVED
ON
APR 15 2021
GOLDYZ ANDERSON
CASHIER, TEXAS

Account Payable Invoice Maintenance		MEMORIAL MEDICAL CENTER		Supplier Entry Maintenance	
Update	Multi-Pay	PO	Images	Additional Withholdings	
Vendor:	11126 COLARESOURCE, INC.		Amount:	249.00	
Invoice:	1257	Change	Discount:		
Trans Date:	041521		State Withholding:		Disc. Calc: %: 00.0
PO:			Federal Withholding:		CS #: 0085
Invoice Date:	040821		1099 Total:	☐ Tax Report:	Batch: 0699
Due Date:	040821		AP Memo:	RENEWAL	
Pay Code:	P	*	Multi-Payments:		
Check:	190054	Dt: 042121 Bank: A/P	Cap Proj #:	Yr: %: Amt:	
			Cap Proj #:	Yr: %: Amt:	

Expense Distribution				
Seq	GL #	Description	ANA #	Amount
0001	40605020	DUES & SUBSCRIPTIONS-LAB		249.00

Ready.

Undistributed: