

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---May 26, 2021

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 673,629.96
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TOTAL TRANSFERS BETWEEN FUNDS	\$ 217,679.19
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TOTAL NURSING HOME UPL EXPENSES	\$ 828,817.37
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TOTAL INTER-GOVERNMENT TRANSFERS	\$ 2,344,974.43
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GRAND TOTAL DISBURSEMENTS APPROVED May 26, 2021	\$ 4,065,100.95
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APPROVED

MAY 26 2021

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---May 26,2021

PAYABLES AND PAYROLL

5/17/2021 Weekly Payables	247,756.68
5/17/2021 Citibank Credit Card-see attached	7,196.24
5/24/2021 McKesson-340B Prescription Expense	3,054.51
5/24/2021 Amerisource Bergen-340B Prescription Expense	655.01
5/24/2021 Payroll Liabilities -Payroll Taxes	101,092.98
5/24/2021 Payroll	313,793.03

Prosperity Electronic Bank Payments

5/17-5/20/21 Pay Plus-Patient Claims Processing Fee	81.51
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TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS **\$ 673,629.96**

TRANSFER BETWEEN FUNDS-NURSING HOMES

5/17/2021 MMC Operating to Broadmoor-correction of NH insurance payment deposited into MMC Operating	11,180.00
5/17/2021 MMC Operating to Golden Creek Healthcare-correction of NH insurance payment deposited into MMC Operating	82,018.06
5/17/2021 MMC Operating to Gulf Pointe Plaza -correction of NH insurance payment deposited into MMC Operating	5,188.45
5/17/2021 MMC Operating to Tuscany Village-correction of NH insurance payment deposited into MMC Operating	26,783.34
5/17/2021 MMC Operating to Bethany Senior Living- correction of NH insurance payment deposited into MMC Operating	92,509.34

TOTAL TRANSFERS BETWEEN FUNDS **\$ 217,679.19**

NURSING HOME UPL EXPENSES

5/24/2021 Nursing Home UPL-Cantex Transfer	468,832.48
5/24/2021 Nursing Home UPL-HMG Transfer	33,490.45
5/24/2021 Nursing Home UPL-HSL Transfer	248,731.02

QIPP/INTEREST/RECOUP CHECKS TO MMC

5/24/2021 Ashford	18,863.59 ✓
5/24/2021 Broadmoor	7,812.07 ✓
5/24/2021 Crescent	6,268.11 ✓
5/24/2021 Fort Bend	7,628.50 ✓
5/24/2021 Solera	7,401.60 ✓
5/24/2021 Ashford-Medicare recoup	4,255.65 ✓
5/24/2021 Broadmoor-Medicare recoup	4,255.65 ✓
5/24/2021 Crescent-Medicare recoup	4,255.65 ✓
5/24/2021 Fort Bend-Medicare recoup	4,255.65 ✓
5/24/2021 Solera-Medicare recoup	4,255.65 ✓
5/24/2021 Golden Creek-Medicare recoup	4,255.65 ✓
5/24/2021 Tuscany-Medicare recoup	4,255.65 ✓

TOTAL NURSING HOME UPL EXPENSES **\$ 828,817.37**

INTER-GOVERNMENT TRANSFERS

5/24/2021 IGT QIPP Year 5 to be paid January 3, 2021	2,344,974.43
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TOTAL INTER-GOVERNMENT TRANSFERS **\$ 2,344,974.43**

GRAND TOTAL DISBURSEMENTS APPROVED May 26, 2021 **\$ 4,065,100.95**

RECEIVED

05/21/2021 MAY 21 2021

10:14

MEMORIAL MEDICAL CENTER

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AP Open Invoice List

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Due Dates Through: 06/09/2021

Vendor#	Vendor Name	Class	Pay Code								
R1200	ADT COMMERCIAL ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
139969306	✓ 05/20/2021	05/06/2021	05/31/2021				49.18	0.00	0.00	49.18	✓
	FIRE MONITORING										
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
R1200		ADT COMMERCIAL				49.18	0.00	0.00	49.18		
A1680	AIRGAS USA, LLC - CENTRAL DIV M										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
9979451909	✓ 05/21/2021	04/30/2021	05/25/2021				74.93	0.00	0.00	74.93	✓
	OXYGEN										
9112722656	✓ 05/21/2021	04/30/2021	05/25/2021				2,316.23	0.00	0.00	2,316.23	✓
	OXYGEN										
9979452008	✓ 05/21/2021	04/30/2021	05/25/2021				500.79	0.00	0.00	500.79	✓
	OXYGEN										
9979452009	✓ 05/21/2021	04/30/2021	05/25/2021				673.32	0.00	0.00	673.32	✓
	OXYGEN										
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
A1680		AIRGAS USA, LLC -				3,565.27	0.00	0.00	3,565.27		
13928	AMERISOURCE FUNDING ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
126110	✓ 05/03/2021	05/17/2021	05/17/2021				2,405.00	0.00	0.00	2,405.00	✓
	STAFFING										
126117	✓ 05/03/2021	05/18/2021	05/18/2021				2,470.00	0.00	0.00	2,470.00	✓
	STAFFING										
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
13928		AMERISOURCE FUI				4,875.00	0.00	0.00	4,875.00		
A2218	AQUA BEVERAGE COMPANY ✓ M										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
135361	✓ 05/20/2021	04/27/2021	05/22/2021				38.95	0.00	0.00	38.95	✓
	SUPPLIES										
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
A2218		AQUA BEVERAGE C				38.95	0.00	0.00	38.95		
12060	AQUA PURIFICATION INC. ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
431917	✓ 05/20/2021	04/29/2021	04/29/2021				224.00	0.00	0.00	224.00	✓
	LEAK IN PUMP ROOM										
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
12060		AQUA PURIFICAT				224.00	0.00	0.00	224.00		
A2600	AUTO PARTS & MACHINE CO. ✓ W										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
956975	✓ 05/19/2021	05/12/2021	05/27/2021				71.13	0.00	0.00	71.13	✓
	SUPPLIES										
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
A2600		AUTO PARTS & MA				71.13	0.00	0.00	71.13		
10599	BKD, LLP ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
BK01363005	✓ 05/03/2021	03/27/2021	04/21/2021				11,200.80	0.00	0.00	11,200.80	✓
	2018DSH/DY7UC 2021DSH/DY10U										
BK01365091	✓ 05/03/2021	03/29/2021	04/23/2021				5,200.00	0.00	0.00	5,200.00	✓
	2020AUDIT										

Vendor Totals:		Number	Name	Gross	Discount	No-Pay	Net
10599		BKD, LLP		16,400.80	0.00	0.00	16,400.80
Vendor# C1992	Vendor Name		CDW GOVERNMENT, INC. ✓	Class M	Pay Code		
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay
	97826857 ✓	05/03/2021	03/23/2021	04/22/2021			
						Gross	Discount
						1,370.96	0.00
						No-Pay	Net
						0.00	1,370.96 ✓
						SCANNERS AND BARCODES FOR	
	9785282 ✓	05/03/2021	03/24/2021	04/23/2021		4,559.46	0.00
						0.00	4,559.46 ✓
						BARCODE SCANNER	
	B646261 ✓	05/19/2021	04/12/2021	05/12/2021		844.74	0.00
						0.00	844.74 ✓
						LVO M70Q-15-10400T 256/8 W10P	
Vendor Totals:		Number	Name	Gross	Discount	No-Pay	Net
C1992		CDW GOVERNMENT		6,775.16	0.00	0.00	6,775.16
Vendor# C1730	Vendor Name		CITY OF PORT LAVACA ✓	Class W	Pay Code		
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay
	051421A	05/20/2021	05/14/2021	06/07/2021			
						Gross	Discount
						5,954.03	0.00
						No-Pay	Net
						0.00	5,954.03 ✓
						WATER 12132000	
	051421	05/20/2021	05/14/2021	06/07/2021		68.68	0.00
						0.00	68.68 ✓
						WATER 12126002	
Vendor Totals:		Number	Name	Gross	Discount	No-Pay	Net
C1730		CITY OF PORT LAV.		6,022.71	0.00	0.00	6,022.71
Vendor# 11029	Vendor Name		COASTAL REFRIGERATION ✓	Class	Pay Code		
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay
	5113573 ✓	05/03/2021	03/25/2021	04/25/2021			
						Gross	Discount
						803.70	0.00
						No-Pay	Net
						0.00	803.70 ✓
						ICE MACHINE ON OB	
Vendor Totals:		Number	Name	Gross	Discount	No-Pay	Net
11029		COASTAL REFRIGE		803.70	0.00	0.00	803.70
Vendor# 13336	Vendor Name		COCA COLA SOUTHWEST BEVER.	Class	Pay Code		
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay
	7991206326 ✓	05/03/2021	05/06/2021	05/06/2021			
						Gross	Discount
						-125.00	0.00
						No-Pay	Net
						0.00	-125.00 ✓
						CREDIT	
	7991206325 ✓	05/03/2021	05/06/2021	05/06/2021		638.86	0.00
						0.00	638.86 ✓
						SUPPLIES	
Vendor Totals:		Number	Name	Gross	Discount	No-Pay	Net
13336		COCA COLA SOUTH		513.86	0.00	0.00	513.86
Vendor# 13932	Vendor Name		COVIDIEN SALES LLC ✓	Class	Pay Code		
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay
	586395018 ✓	05/21/2021	04/26/2021	04/26/2021			
						Gross	Discount
						4,886.00	0.00
						No-Pay	Net
						0.00	4,886.00 ✓
						PREVENTATIVE MAINT CONT VEN	
Vendor Totals:		Number	Name	Gross	Discount	No-Pay	Net
13932		COVIDIEN SALES L		4,886.00	0.00	0.00	4,886.00
Vendor# 10368	Vendor Name		DEWITT POTH & SON ✓	Class	Pay Code		
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay
	6433831 ✓	05/13/2021	05/10/2021	06/04/2021			
						Gross	Discount
						128.44	0.00
						No-Pay	Net
						0.00	128.44 ✓
						SUPPLIES	
	6435890 ✓	05/13/2021	05/10/2021	06/04/2021		468.96	0.00
						0.00	468.96 ✓
						SUPPLIES	
	6436890 ✓	05/13/2021	05/11/2021	06/05/2021		76.74	0.00
						0.00	76.74 ✓
						SUPPLIES	
	6437190 ✓	05/19/2021	05/11/2021	06/05/2021		33.00	0.00
						0.00	33.00 ✓
						SUPPLIES	
	6438650 ✓	05/19/2021	05/13/2021	06/07/2021		8.35	0.00
						0.00	8.35 ✓
						SUPPLIES	
	6438690 ✓	05/19/2021	05/13/2021	06/07/2021		272.99	0.00
						0.00	272.99 ✓
						SUPPLIES	
	6422550 ✓	05/19/2021	05/15/2021	06/09/2021		128.00	0.00
						0.00	128.00 ✓

SUPPLIES

	Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net
	10368			DEWITT POTH & SC			1,116.48	0.00	0.00		1,116.48
Vendor#			Vendor Name			Class	Pay Code				
11284			EMERGENCY STAFFING SOLUTIONS			✓					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
40204	✓ 05/20/2021	03/31/2021	05/08/2021				37,250.00	0.00	0.00	37,250.00 ✓	
		STAFFING									
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
11284			EMERGENCY STAF			37,250.00	0.00	0.00		37,250.00	
Vendor#			Vendor Name			Class	Pay Code				
C2510			EVIDENT			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
984388	✓ 05/03/2021	04/27/2021	05/22/2021				276.00	0.00	0.00	276.00 ✓	
		PEN 0/25 BEDS UP TO 1800 TRANS									
A210505137	✓ 05/20/2021	05/05/2021	05/30/2021				18,686.00	0.00	0.00	18,686.00 ✓	
		SUPPORT									
T210510137	✓ 05/20/2021	05/10/2021	06/04/2021				10,101.10	0.00	0.00	10,101.10 ✓	
		CONSULTING/BUSINESS SERVICE									
T210510158	✓ 05/20/2021	05/10/2021	06/04/2021				7,784.45	0.00	0.00	7,784.45 ✓	
		BUSINESS SERVICES									
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
C2510			EVIDENT			36,847.55	0.00	0.00		36,847.55	
Vendor#			Vendor Name			Class	Pay Code				
10689			FASTHEALTH CORPORATION			✓					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
04B124SECH	✓ 05/20/2021	05/01/2021	05/16/2021				495.00	0.00	0.00	495.00 ✓	
		WEBSITE									
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
10689			FASTHEALTH CORP			495.00	0.00	0.00		495.00	
Vendor#			Vendor Name			Class	Pay Code				
F1400			FISHER HEALTHCARE			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
0965031	✓ 05/19/2021	04/16/2021	05/11/2021				224.34	0.00	0.00	224.34 ✓	
		SUPPLIES									
1918347	✓ 05/19/2021	04/28/2021	05/23/2021				636.24	0.00	0.00	636.24 ✓	
		SUPPLIES									
2298346	✓ 05/19/2021	04/29/2021	05/24/2021				918.48	0.00	0.00	918.48 ✓	
		SUPPLIES									
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
F1400			FISHER HEALTHCA			1,779.06	0.00	0.00		1,779.06	
Vendor#			Vendor Name			Class	Pay Code				
11183			FRONTIER			✓					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
050221	05/19/2021	05/02/2021	05/26/2021				1,122.25	0.00	0.00	1,122.25 ✓	
		PHONES 36155203381222165									
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
11183			FRONTIER			1,122.25	0.00	0.00		1,122.25	
Vendor#			Vendor Name			Class	Pay Code				
11149			GARDNER & WHITE, INC.			✓					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
060121	05/03/2021	06/01/2021	06/01/2021				4,033.24	0.00	0.00	4,033.24 ✓	
		INSURANCE									
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
11149			GARDNER & WHITE			4,033.24	0.00	0.00		4,033.24	
Vendor#			Vendor Name			Class	Pay Code				
G1210			GULF COAST PAPER COMPANY			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
2041379	✓ 05/13/2021	05/04/2021	06/03/2021				668.13	0.00	0.00	668.13 ✓	
		SUPPLIES									
2036836	✓ 05/19/2021	04/26/2021	05/26/2021				574.00	0.00	0.00	574.00 ✓	

SUPPLIES

Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
G1210			GULF COAST PAPE		1,242.13	0.00	0.00	1,242.13		
Vendor#		Vendor Name			Class	Pay Code				
H1100		HAYES ELECTRIC SERVICE ✓			W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
A221030401	05/19/2021	03/04/2021	03/14/2021				212.79	0.00	0.00	212.79 ✓
	701	ROOF TOP SOLDER COPPER COIL								
A221030304	05/19/2021	03/07/2021	03/17/2021				726.36	0.00	0.00	726.36 ✓
		REPAIR LEAKS EVAP WATER COIL								
A221030803	05/19/2021	03/08/2021	03/18/2021				307.50	0.00	0.00	307.50 ✓
		REPLACE ROPE TO FLAG ON POL								
A221030903	05/19/2021	03/09/2021	03/19/2021				558.59	0.00	0.00	558.59 ✓
		LEAKS ON THREADS - AIRHANDLE								
A221031004	05/19/2021	03/10/2021	03/20/2021				816.72	0.00	0.00	816.72 ✓
		REPAIR LEAK WATER COIL ROOF								
A221031604	05/19/2021	03/16/2021	03/26/2021				220.00	0.00	0.00	220.00 ✓
		MOTOR BURNED UP COOLING TO								
A221032305	05/19/2021	03/23/2021	04/02/2021				696.71	0.00	0.00	696.71 ✓
	404	REPLACE FAN COOLING TOWER								
A221032308	05/19/2021	03/24/2021	04/03/2021				500.00	0.00	0.00	500.00 ✓
		REMOVE MOTOR COOLING TOWE								
A221032504	05/19/2021	03/25/2021	04/04/2021				2,635.93	0.00	0.00	2,635.93 ✓
		NEW CONDUIT/WIRE/MOTOR COC								
A221040502	05/19/2021	04/05/2021	04/15/2021				1,329.00	0.00	0.00	1,329.00 ✓
		NEW MOTOR COOLING TOWER 2								
A221040603	05/19/2021	04/06/2021	04/16/2021				774.80	0.00	0.00	774.80 ✓
		REPLACE DAMPER MOTORS								
A221040601	05/19/2021	04/06/2021	04/16/2021				751.84	0.00	0.00	751.84 ✓
		RESET TRIPPED BREAKER								
A221041402	05/19/2021	04/14/2021	04/24/2021				110.00	0.00	0.00	110.00 ✓
		TROUBLE SHOOT CHILLERS								
A221041606	05/19/2021	04/16/2021	04/26/2021				229.97	0.00	0.00	229.97 ✓
	4	REPLACE BREAKER STARTER CO								
A22104207	05/19/2021	04/20/2021	04/30/2021				110.00	0.00	0.00	110.00 ✓
		REPLACE 20AMP BREAKER								
A221042303	05/19/2021	04/23/2021	05/03/2021				110.00	0.00	0.00	110.00 ✓
	2	BLOWN FUSE COOLING TOWER 1								
A221042705	05/19/2021	04/27/2021	05/07/2021				301.90	0.00	0.00	301.90 ✓
	203	BAD FUSE, TRANSFORMER COOL								
A221030104	05/19/2021	04/28/2021	05/08/2021				80.00	0.00	0.00	80.00 ✓
		A/C TECH LABOR								
A221042903	05/19/2021	04/29/2021	05/09/2021				438.79	0.00	0.00	438.79 ✓
		REPLACE TRANSFORMER COOLIN								
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
H1100			HAYES ELECTRIC E		10,910.90	0.00	0.00	10,910.90		
Vendor#		Vendor Name			Class	Pay Code				
10334		HEALTH CARE LOGISTICS INC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
307989987	05/19/2021	04/27/2021	05/22/2021				6,955.00	0.00	0.00	6,955.00 ✓
		SUPPLIES undercounter fridge for Pharm Vaccines								
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
10334			HEALTH CARE LOG		6,955.00	0.00	0.00	6,955.00		
Vendor#		Vendor Name			Class	Pay Code				
11552		HEALTHCARE FINANCIAL SERVICE ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100464715	05/20/2021	05/08/2021	06/01/2021				7,154.17	0.00	0.00	7,154.17 ✓
		LEASE								
100464714	05/20/2021	05/08/2021	06/01/2021				4,919.41	0.00	0.00	4,919.41 ✓
		LEASE								
100464716	05/20/2021	05/10/2021	06/01/2021				7,447.86	0.00	0.00	7,447.86 ✓

LEASE										
100464717	05/20/2021	05/14/2021	06/01/2021				1,797.44	0.00	0.00	1,797.44
LEASE										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net
12196	11552		HEALTHCARE FINA			21,318.88	0.00	0.00		21,318.88
			Vendor Name			Class		Pay Code		
			ICU MEDICAL, INC							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2890765	05/19/2021	04/20/2021	04/20/2021				439.75	0.00	0.00	439.75
SUPPLIES										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net
12932	12196		ICU MEDICAL, INC			439.75	0.00	0.00		439.75
			Vendor Name			Class		Pay Code		
			INTRADO							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV0023517	05/20/2021	04/30/2021	05/30/2021				598.52	0.00	0.00	598.52
HOUSE CALLS										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net
11200	12932		INTRADO			598.52	0.00	0.00		598.52
			Vendor Name			Class		Pay Code		
			IRON MOUNTAIN							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
DNKP654	05/19/2021	04/30/2021	05/30/2021				563.67	0.00	0.00	563.67
SHRED SERVICE										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net
L1640	11200		IRON MOUNTAIN			563.67	0.00	0.00		563.67
			Vendor Name			Class		Pay Code		
			LOWE'S HOME CENTERS INC			W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
36060	05/20/2021	04/15/2021	05/28/2021				-60.00	0.00	0.00	-60.00
DISCOUNT MINI FRIG ICU										
05624	05/20/2021	04/15/2021	05/28/2021				122.55	0.00	0.00	122.55
MINI FRIG ICU										
56547	05/20/2021	04/16/2021	05/28/2021				395.48	0.00	0.00	395.48
SALT										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net
M2178	L1640		LOWE'S HOME CEN			458.03	0.00	0.00		458.03
			Vendor Name			Class		Pay Code		
			MCKESSON MEDICAL SURGICAL I							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
23250280	05/19/2021	04/09/2021	04/24/2021				165.86	0.00	0.00	165.86
SUPPLIES										
23249200	05/19/2021	04/09/2021	04/24/2021				165.86	0.00	0.00	165.86
SUPPLIES										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net
M2470	M2178		MCKESSON MEDIC			331.72	0.00	0.00		331.72
			Vendor Name			Class		Pay Code		
			MEDLINE INDUSTRIES INC			M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1945360175	05/19/2021	03/18/2021	04/12/2021				-66.26	0.00	0.00	-66.26
CREDIT INVOICE 1941207293										
1945807573	05/19/2021	03/23/2021	04/17/2021				227.63	0.00	0.00	227.63
SUPPLIES										
1702506040	05/19/2021	03/27/2021	04/21/2021				374.07	0.00	0.00	374.07
INTEREST										
1702524177	05/19/2021	04/24/2021	05/19/2021				253.38	0.00	0.00	253.38
INTEREST										
1949873933	05/19/2021	04/27/2021	05/22/2021				6,286.04	0.00	0.00	6,286.04
SUPPLIES										
1949976394	05/19/2021	04/28/2021	05/23/2021				154.35	0.00	0.00	154.35
SUPPLIES										

Vendor Totals:		Number	Name		Gross	Discount	No-Pay		Net	
M2470			MEDLINE INDUSTR		7,229.21	0.00	0.00		7,229.21	
Vendor#		Vendor Name			Class	Pay Code				
M2621		MMC AUXILIARY GIFT SHOP			W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
051821	05/18/2021	05/18/2021	05/18/2021				264.71	0.00	0.00	264.71
PAYROLL DED										
Vendor Totals:		Number	Name		Gross	Discount	No-Pay		Net	
M2621			MMC AUXILIARY GI		264.71	0.00	0.00		264.71	
Vendor#		Vendor Name			Class	Pay Code				
10536		MORRIS & DICKSON CO, LLC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6867117	05/03/2021	05/05/2021	05/15/2021				71.49	0.00	0.00	71.49
INVENTORY										
6865430	05/03/2021	05/05/2021	05/15/2021				26.83	0.00	0.00	26.83
INVENTORY										
6865431	05/03/2021	05/05/2021	05/15/2021				22.59	0.00	0.00	22.59
INVENTORY										
6865432	05/03/2021	05/05/2021	05/15/2021				89.55	0.00	0.00	89.55
INVENTORY										
6868738	05/03/2021	05/05/2021	05/15/2021				35.28	0.00	0.00	35.28
INVENTORY										
6867118	05/03/2021	05/05/2021	05/15/2021				3,990.25	0.00	0.00	3,990.25
INVENTORY										
6867119	05/03/2021	05/05/2021	05/15/2021				20.63	0.00	0.00	20.63
INVENTORY										
6868739	05/03/2021	05/05/2021	05/15/2021				85.21	0.00	0.00	85.21
INVENTORY										
6869966	05/03/2021	05/06/2021	05/16/2021				48.44	0.00	0.00	48.44
INVENTORY										
6872783	05/03/2021	05/06/2021	05/16/2021				657.43	0.00	0.00	657.43
INVENTORY										
6872782	05/03/2021	05/06/2021	05/16/2021				21.63	0.00	0.00	21.63
INVENTORY										
6871196	05/03/2021	05/06/2021	05/16/2021				5,278.70	0.00	0.00	5,278.70
INVENTORY										
6878585	05/03/2021	05/09/2021	05/19/2021				1,222.49	0.00	0.00	1,222.49
INVENTORY										
6878584	05/03/2021	05/09/2021	05/19/2021				1,039.89	0.00	0.00	1,039.89
INVENTORY										
6878586	05/03/2021	05/09/2021	05/19/2021				1,035.82	0.00	0.00	1,035.82
INVENTORY										
6876826	05/03/2021	05/09/2021	05/19/2021				0.24	0.00	0.00	0.24
INVENTORY										
7919B	05/19/2021	04/28/2021	05/08/2021				-1.57	0.00	0.00	-1.57
CREDIT										
7918A	05/19/2021	04/28/2021	05/08/2021				-2.92	0.00	0.00	-2.92
CREDIT										
Vendor Totals:		Number	Name		Gross	Discount	No-Pay		Net	
10536			MORRIS & DICKSON		13,641.98	0.00	0.00		13,641.98	
Vendor#		Vendor Name			Class	Pay Code				
13548		NACOGDOCHES TRANSCRIPTION								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7355	05/03/2021	05/03/2021	05/03/2021				583.80	0.00	0.00	583.80
TRANSCRIPTION										
7363	05/03/2021	05/18/2021	05/18/2021				462.00	0.00	0.00	462.00
TRANSCRIPTION										
Vendor Totals:		Number	Name		Gross	Discount	No-Pay		Net	
13548			NACOGDOCHES TF		1,045.80	0.00	0.00		1,045.80	
Vendor#		Vendor Name			Class	Pay Code				
N1800		NURSES CHOICE CORPORATION W								

	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	0153128IN	✓ 05/19/2021	04/22/2021	04/22/2021				106.14	0.00	0.00	106.14 ✓
	SUPPLIES										
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net
	N1800			NURSES CHOICE C			106.14	0.00	0.00		106.14
Vendor#	Vendor Name					Class	Pay Code				
10152	PARTSSOURCE, LLC ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	03787571	✓ 05/03/2021	03/26/2021	04/25/2021				46.85	0.00	0.00	46.85 ✓
	SUPPLIES										
	91577	✓ 05/03/2021	04/09/2021	05/09/2021				38.59	0.00	0.00	38.59 ✓
	SUPPLIES										
	03728599	✓ 05/19/2021	02/05/2021	03/07/2021				229.84	0.00	0.00	229.84 ✓
	SUPPLIES										
	03759737	✓ 05/19/2021	03/05/2021	04/04/2021				168.39	0.00	0.00	168.39 ✓
	SUPPLIES										
	03760571	✓ 05/19/2021	03/08/2021	04/07/2021				1,223.58	0.00	0.00	1,223.58 ✓
	SUPPLIES										
	03769477	✓ 05/19/2021	03/12/2021	04/11/2021				896.04	0.00	0.00	896.04 ✓
	SUPPLIES										
	03768699	✓ 05/19/2021	03/12/2021	04/11/2021				256.15	0.00	0.00	256.15 ✓
	SUPPLIES										
	03770257	✓ 05/19/2021	03/15/2021	04/14/2021				53.56	0.00	0.00	53.56 ✓
	SUPPLIES										
	03781304	✓ 05/19/2021	03/22/2021	04/21/2021				526.10	0.00	0.00	526.10 ✓
	SUPPLIES										
	03784300	✓ 05/19/2021	03/24/2021	04/23/2021				299.43	0.00	0.00	299.43 ✓
	SUPPLIES										
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net
	10152			PARTSSOURCE, LL			3,738.53	0.00	0.00		3,738.53
Vendor#	Vendor Name					Class	Pay Code				
12480	PRO ENERGY PARTNERS LP ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	21040600	✓ 05/03/2021	04/30/2021	05/15/2021				3,578.25	0.00	0.00	3,578.25 ✓
	GAS										
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net
	12480			PRO ENERGY PAR			3,578.25	0.00	0.00		3,578.25
Vendor#	Vendor Name					Class	Pay Code				
10987	REVCYCLE+, INC. ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	45382	✓ 05/20/2021	05/04/2021	05/29/2021				2,306.90	0.00	0.00	2,306.90 ✓
	CODING SERVICES										
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net
	10987			REVCYCLE+, INC.			2,306.90	0.00	0.00		2,306.90
Vendor#	Vendor Name					Class	Pay Code				
11252	RX WASTE SYSTEMS LLC ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	3065	✓ 05/03/2021	04/01/2021	04/26/2021				60.00	0.00	0.00	60.00 ✓
	DISPOSAL SERVICE										
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net
	11252			RX WASTE SYSTEM			60.00	0.00	0.00		60.00
Vendor#	Vendor Name					Class	Pay Code				
S1800	SHERWIN WILLIAMS ✓					W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	70888	✓ 05/19/2021	05/14/2021	05/29/2021				19.01	0.00	0.00	19.01 ✓
	SUPPLIES										
	71225	✓ 05/19/2021	05/15/2021	05/30/2021				461.24	0.00	0.00	461.24 ✓
	SUPPLIES										
	71597	✓ 05/19/2021	05/15/2021	05/30/2021				55.87	0.00	0.00	55.87 ✓
	SUPPLIES										
	71282	✓ 05/19/2021	05/15/2021	05/30/2021				46.54	0.00	0.00	46.54 ✓

SUPPLIES

Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
S1800			SHERWIN WILLIAM:			582.66	0.00	0.00	582.66	
Vendor#	Vendor Name		Class		Pay Code					
10936	SIEMENS FINANCIAL SERVICES									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5638210003	05/03/2021	05/03/2021	05/20/2021				4,038.24	0.00	0.00	4,038.24
	9269	LEASE								
5638210003	05/20/2021	04/29/2021	05/24/2021				1,333.33	0.00	0.00	1,333.33
	8673	LEASE AND RENTAL								
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
10936			SIEMENS FINANCIAL			5,371.57	0.00	0.00	5,371.57	
Vendor#	Vendor Name		Class		Pay Code					
11296	SOUTH TEXAS BLOOD & TISSUE C									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IO7011873	05/21/2021	02/15/2021	03/12/2021				5,404.00	0.00	0.00	5,404.00
		BLOOD								
CM3940	05/21/2021	02/15/2021	03/12/2021				-711.00	0.00	0.00	-711.00
		CREDIT								
IO7013009	05/21/2021	03/31/2021	04/25/2021				6,873.00	0.00	0.00	6,873.00
		BLOOD								
CM4210	05/21/2021	03/31/2021	04/25/2021				-3,318.00	0.00	0.00	-3,318.00
		CREDIT								
CM4331	05/21/2021	04/15/2021	05/10/2021				-711.00	0.00	0.00	-711.00
		CREDIT								
IO7013356	05/21/2021	04/15/2021	05/10/2021				4,814.00	0.00	0.00	4,814.00
		BLOOD								
CM4411	05/21/2021	04/30/2021	05/25/2021				-1,659.00	0.00	0.00	-1,659.00
		CREDIT								
IO7013699	05/21/2021	04/30/2021	05/25/2021				10,008.00	0.00	0.00	10,008.00
		BLOOD								
CM4536	05/21/2021	05/15/2021	06/09/2021				-2,370.00	0.00	0.00	-2,370.00
		CREDIT								
IO7014038	05/21/2021	05/15/2021	06/09/2021				2,844.00	0.00	0.00	2,844.00
		BLOOD								
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
11296			SOUTH TEXAS BLO			21,174.00	0.00	0.00	21,174.00	
Vendor#	Vendor Name		Class		Pay Code					
C1010	SPARKLIGHT		W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
051621A	05/20/2021	05/16/2021	05/16/2021				2,396.03	0.00	0.00	2,396.03
		CABLE 100987627								
051621B	05/20/2021	05/16/2021	05/16/2021				89.07	0.00	0.00	89.07
		CABLE 118134105								
051621	05/20/2021	05/16/2021	05/16/2021				1,675.67	0.00	0.00	1,675.67
		CABLE 100951581								
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
C1010			SPARKLIGHT			4,160.77	0.00	0.00	4,160.77	
Vendor#	Vendor Name		Class		Pay Code					
13880	TEXAS SELECT STAFFING									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0017325510	05/19/2021	05/19/2021	05/19/2021				3,060.00	0.00	0.00	3,060.00
	791W	STAFFING								
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
13880			TEXAS SELECT ST/			3,060.00	0.00	0.00	3,060.00	
Vendor#	Vendor Name		Class		Pay Code					
T2250	THYSSENKRUPP ELEVATOR COR M									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3005916675	05/19/2021	05/01/2021	05/01/2021				1,354.38	0.00	0.00	1,354.38
		OIL GREASE								
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	

	T2250	THYSSENKRUPP EI	1,354.38	0.00	0.00	1,354.38				
Vendor#		Vendor Name	Class		Pay Code					
T0801		TLC STAFFING ✓	W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
27318 ✓	05/19/2021	05/10/2021	05/10/2021				670.80	0.00	0.00	670.80 ✓
		STAFFING								
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
T0801		TLC STAFFING	670.80	0.00	0.00	670.80				
Vendor#		Vendor Name	Class		Pay Code					
13144		TRI WHOLESALE CO. ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
930191391 ✓	05/19/2021	05/11/2021	05/11/2021				17.06	0.00	0.00	17.06 ✓
		BELTS								
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
13144		TRI WHOLESALE CO	17.06	0.00	0.00	17.06				
Vendor#		Vendor Name	Class		Pay Code					
11067		TRIZETTO PROVIDER SOLUTIONS ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
35FK052100 ✓	05/03/2021	05/01/2021	05/26/2021				1,781.98	0.00	0.00	1,781.98 ✓
		PT STATEMENT								
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
11067		TRIZETTO PROVIDE	1,781.98	0.00	0.00	1,781.98				
Vendor#		Vendor Name	Class		Pay Code					
U1054		UNIFIRST HOLDINGS ✓	W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8400363427 ✓	05/03/2021	05/06/2021	05/31/2021				1,583.57	0.00	0.00	1,583.57 ✓
		LAUNDRY								
8400363390 ✓	05/03/2021	05/06/2021	05/31/2021				36.08	0.00	0.00	36.08 ✓
		LAUNDRY								
8400363394 ✓	05/03/2021	05/06/2021	05/31/2021				189.27	0.00	0.00	189.27 ✓
		LAUNDRY								
8400363447 ✓	05/03/2021	05/06/2021	05/31/2021				102.35	0.00	0.00	102.35 ✓
		LAUNDRY								
8400363392 ✓	05/03/2021	05/06/2021	05/31/2021				121.55	0.00	0.00	121.55 ✓
		LAUNDRY								
8400363414 ✓	05/03/2021	05/06/2021	05/31/2021				120.83	0.00	0.00	120.83 ✓
		LAUNDRY								
8400363393 ✓	05/03/2021	05/06/2021	05/31/2021				229.16	0.00	0.00	229.16 ✓
		LAUNDRY								
8400363395 ✓	05/03/2021	05/06/2021	05/31/2021				192.03	0.00	0.00	192.03 ✓
		LAUNDRY								
8400363701 ✓	05/03/2021	05/10/2021	06/04/2021				2,133.03	0.00	0.00	2,133.03 ✓
		INVENTORY								
8400363677 ✓	05/03/2021	05/10/2021	06/04/2021				45.15	0.00	0.00	45.15 ✓
		LAUNDRY								
8400363678 ✓	05/03/2021	05/10/2021	06/04/2021				87.63	0.00	0.00	87.63 ✓
		LAUNDRY								
8400364077 ✓	05/03/2021	05/13/2021	06/07/2021				232.28	0.00	0.00	232.28 ✓
		LAUNDRY								
8400364109 ✓	05/03/2021	05/13/2021	06/07/2021				1,710.53	0.00	0.00	1,710.53 ✓
		LAUNDRY								
8400364076 ✓	05/03/2021	05/13/2021	06/07/2021				191.33	0.00	0.00	191.33 ✓
		SUPPLIES								
8400364096 ✓	05/03/2021	05/13/2021	06/07/2021				132.53	0.00	0.00	132.53 ✓
		LAUNDRY								
8400364075 ✓	05/03/2021	05/13/2021	06/07/2021				121.55	0.00	0.00	121.55 ✓
		LAUNDRY								
8400364078 ✓	05/03/2021	05/13/2021	06/07/2021				192.03	0.00	0.00	192.03 ✓
		LAUNDRY								
8400364073 ✓	05/03/2021	05/13/2021	06/07/2021				24.33	0.00	0.00	24.33 ✓
		LAUNDRY								

Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
U1054			UNIFIRST HOLDING		7,445.23	0.00	0.00	7,445.23		
Vendor#		Vendor Name		Class	Pay Code					
U1056		UNIFORM ADVANTAGE		W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
P000613114	05/19/2021	04/20/2021	05/05/2021				201.91	0.00	0.00	201.91
		UNIFORMS SHEILA HEATHCOCK								
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
U1056			UNIFORM ADVANT/		201.91	0.00	0.00	201.91		
Vendor#		Vendor Name		Class	Pay Code					
I1110		WERFEN USA LLC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9110979209	05/19/2021	05/04/2021	05/29/2021				276.86	0.00	0.00	276.86
		SUPPLIES								
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
I1110			WERFEN USA LLC		276.86	0.00	0.00	276.86		
Report Summary										
Grand Totals:		Gross		Discount		No-Pay		Net		
		247,756.68		0.00		0.00		247,756.68		


 MAY 17 2021


CK#
 190445-
 190497

RECEIVED

MAY 21 2021

CITIBANK CORPORATE CARD

Calhoun County Auditor



Account Inquiries:

Toll Free: 1-(800)-248-4553
International: 1-(904)-954-7314
TDD/TTY: 1-(877)-505-7276

Account Statement

Commercial Card Account
JASON W ANGLIN

Account Number: XXXX-XXXX-XXXX

Summary of Account Activity

Total Activity \$7,196.24

Send Notice of Billing Errors and Customer Service Inquiries to:
CITIBANK, N.A., PO BOX 6125, SIOUX FALLS SD 57117-6125

Not an invoice. For your records only.

Credit Limit \$20,000
Cash Advance Limit \$0
Statement Closing Date 05/03/2021
Days in Billing Period 30

Transactions

15-27-21
Confirmation DWR-00858734

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
***** NOTICE MEMO ITEM(S) LISTED BELOW *****					
04/05	04/01	3640	52704871092722522865080	1 HYATT REGENCY DALLAS 8885874589 TX 75207 USA	✓ 699.44 ✓ 40610090
				40023740	
				CHECK IN: 03/29/2021	
04/08	04/07	9399	05134371098600036732520	2 NPDB NPDB.HRSA.GOV 800-767-6732 VA 22033 USA	✓ 2.00 ✓ 40510090
				N75423293	
04/08	04/07	9399	05134371098600036732603	3 NPDB NPDB.HRSA.GOV 800-767-6732 VA 22033 USA	✓ 4.00 ✓ "
				N75423497	
04/08	04/08	8999	55432861098200688790753	4 AMA*CREDENTIALING 800-621-8335 IL 60611 USA	✓ 45.81 ✓ "
04/09	04/08	8299	55436871099120997369475	5 REHAB SUMMIT 800-8448260 WI 54703 USA	✓ 99.99 ✓ 40610050
				P7NKMGGKQL8	
04/09	04/08	8299	05436841098300209010369	6 FSP*EMR SAFETY & HEALT 972-235-8330 TX 75243 USA	✓ 24.00 ✓ 40610082
04/14	04/13	7392	55429501103852182933907	7 PAYPAL *PETRO CLASS 4029357733 IA 51101 USA	✓ 140.00 ✓ 40610065
				18293390	
04/14	04/13	8299	05436841103300212795074	8 FSP*EMR SAFETY & HEALT 972-235-8330 TX 75243 USA	✓ 72.00 ✓ 40610082
04/14	04/13	8299	05436841103300212795157	9 FSP*EMR SAFETY & HEALT 972-235-8330 TX 75243 USA	✓ 72.00 ✓ "
04/15	04/13	8062	55457371104200873000036	10 TEXAS HOSPITAL ASSOC 5124651000 TX 78701 USA	✓ 3,872.00 ✓ 40610090
				41630	
04/16	04/15	8299	05436841105300217646072	11 FSP*EMR SAFETY & HEALT 972-235-8330 TX 75243 USA	✓ 80.00 ✓ 40610082
04/16	04/15	8299	05436841105300217646155	12 FSP*EMR SAFETY & HEALT 972-235-8330 TX 75243 USA	✓ 8.00 ✓ "
04/20	04/19	8299	05436841109300210804674	13 FSP*EMR SAFETY & HEALT 972-235-8330 TX 75243 USA	✓ 8.00 ✓ "
04/20	04/19	8299	05436841109300210804757	14 FSP*EMR SAFETY & HEALT 972-235-8330 TX 75243 USA	✓ 72.00 ✓ "
04/20	04/19	8299	05436841109300210804831	15 FSP*EMR SAFETY & HEALT 972-235-8330 TX 75243 USA	✓ 60.00 ✓ "
04/28	04/26	8062	55457371117200873400082	16 TEXAS HOSPITAL ASSOC 5124651000 TX 78701 USA	✓ 1,452.00 ✓ 40610090
				41620	

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Page 1 of 4



CITIBANK, N.A.
PO BOX 6125
SIOUX FALLS SD 57117-6125

Account Number
Statement Closing Date

XXXX-XXXX-XXXX
May 03, 2021

Not an invoice.
For your records only.

JASON W ANGLIN
CALHOUN COUNTY
STE A
202 S ANN ST
PORT LAVACA TX 77979-4204

00006934502

Account: XXXX-XXXX-XXXX

Transactions (con't)

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
05/03	04/30	7392	55429501120852137203876	17 PAYPAL *PETRO CLASS 4029357733 IA 51101 USA	✓140.00 ✓
05/03	04/30	9399	05134371121600046885152	18 NPDB NPDB.HRSA.GOV 800-767-6732 VA 22033 USA	36.00 ✓
05/03	04/30	8299	05436841120300238125297	19 FSP*EMR SAFETY & HEALT 972-235-8330 TX 75243 USA	60.00 ✓
05/03	04/30	8299	05436841120300238125370	20 FSP*EMR SAFETY & HEALT 972-235-8330 TX 75243 USA	48.00 ✓
***** TOTAL AMOUNT OF MEMO ITEM(S): \$7,196.24					

40610063

40510090

~~40610063~~ 40610062

40610062

MAY 17 2021

Account: XXXX-XXXX-XXXX

MEMORIAL MEDICAL CENTER

PURCHASE ORDER

①

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

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

Vendor Name: Citibank

Date: 5/17/2021

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required		Expense #	Department	Deliver To		
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		Hyatt Regency Dallas-			699.44 ✓
2			Jason Anglin - 2021 TORCH			
3			Conference (3/30 - 4/1/21)			
4	—		NPDB X1 Provider			2.00 ✓
5	—		NPDB X 22 Renewals			44.00 ✓
6	—		AMA Credentialing -			46.81 ✓
7			1 Unit Profile + Cont Monitoring			
8	—		Rehab Summit - Registration			
9			for Penny Boulden			
10	—		ACLS Provider Cards X 2			24.00 ✓

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

NOTES:

charges made to Jason Anglin's credit card

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

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

MEMORIAL MEDICAL CENTER

PURCHASE ORDER

②

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

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

Vendor Name: Citibank

Date: 5/17/2021

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required		Expense #	Department	Deliver To		
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		FSP*EMR Safety + Health			72.00
2			ACLS x 6 Provider Cards			
3	—		FSP*EMR Safety + Health			72.00
4			ACLS x 6 Provider Cards			
5	—		Texas Hospital Association			3,872.00
6			Conference registration for			
7			Trustees - Jason Anglin,			
8			Roshanda Thomas, Erin Cawenger,			
9			Michael Chavana, Rolando			
10			Reyes, Dallas, Franklin Reynaldo			

Est. Freight Tuegson + Anne Marie Cadeby (to reimburse hosp) Est. Total Cost 7122.71 TOTAL COST 24

NOTES:

Charges made to Jason Anglin's credit card

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

Dept. Director
Dir. Nursing
Dir. Clinical Services
CFO
Administrator

MEMORIAL MEDICAL CENTER

PURCHASE ORDER

③

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

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

Vendor Name: Citibank

Date: 5/17/2021

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required		Expense #	Department	Deliver To		
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		FSP*EMR x 5 ACLS cards			60.00
2	—		FSP*EMR x 4 ACLS cards			48.00
3	—		FSP*EMR x 4 PALS cards			48.00
4	—		FSP*EMR x 6 PALS cards			72.00
5	—		FSP*EMR x 5 PALS cards			60.00
6	—		Texas Hospital Association			1452.00
7			Trustees Conference Registration			
8			Darren Downs, Richard			
9			Meyer + Mary Reese			
10	—		~~Dayal Retro Course Registration~~ ~~Lee Simms Plant Ops~~			140.00

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

NOTES:

Charges made to Jason Angelin's credit card

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

Dept. Director
Dir. Nursing
Dir. Clinical Services
CFO
Administrator <u>[Signature]</u>

MEMORIAL MEDICAL CENTER

PURCHASE ORDER

④

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

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

Vendor Name: Citibank

Date: 5/17/2021

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor: 699-44

Initiated By: _____

Date Rec	Expense #	Department	Deliver To	Form # 9401
Line No.		Description	Unit Cost	Unit Meas.
1	44-00	NPDB X 18 Renewals		36.00
2	46-81	FSP X EMR X 5 PALS cards		60.00
3	24-00	FSP X EMR X 4 PALS cards		48.00
4	72-00	Registration for Penny Gauden for Women's Health Summit (5/21-5/21/21)		199.99
5	72-00	Paypal Petro class Registration - Lee Simerly		140.00
6	60-00	Paypal Petro class Registration - Jason Rubio		140.00
7	48-00			
8	199.99			
9	140.00			
10	140.00			

Est. Freight _____ Est. Total Cost _____ TOTAL COST \$7,196.24

NOTES:

charges made to Jason Angein's Credit Card

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

Dept. Director
Dir. Nursing
Dir. Clinical Services
CFO
Administrator <u>[Signature]</u>

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"☐ "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"

#

☐ "IF FEDERAL TAX DEPOSIT ENTER 1"☐ "ENTER 2-DIGIT TAX FILING YEAR"☐ "ENTER 2-DIGIT TAX FILING ENDING MONTH"

1ST QTR - 03 (MARCH) - Jan, Feb, Mar

2ND QTR - 06 (JUNE) - Apr, May, June

3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept

4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec

☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"
"1 TO CONFIRM"

#

"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"

0

#

"ENTER W/CENTS AMOUNT OF MEDICARE"

#

"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"

#

CHECK

☐ "6-DIGIT SETTLEMENT DATE"
"1 TO CONFIRM"☐ ACKNOWLEDGEMENT NUMBER

CALLED IN BY:

CALLED IN DATE:

CALLED IN TIME:

Run Date: 05/21/21
Time: 16:16

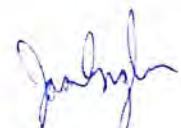
MEMORIAL MEDICAL CENTER
Payroll Register (Bi-Weekly)
Pay Period 05/07/21 - 05/20/21 Run# 1

Page 114
P2REG

Final Summary

-- Pay Code Summary -----						*-- Deductions Summary -----*					
PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross	Code	Amount	
1	REGULAR PAY-S1	10018.25	N		N	N		200230.55	A/R	578.85	A/R2 50.00 A/R3
1	REGULAR PAY-S1	1760.00	N		N	N	N	77926.72	ADVANC	AWARDS	BOOTS
1	REGULAR PAY-S1	358.75	Y		N	N		9928.77	CAFE H	CAFE-1	CAFE-2
2	REGULAR PAY-S2	2295.75	N		N	N		53860.26	CAFE-B	CAFE-4	CAFE-5
2	REGULAR PAY-S2	220.75	Y		N	N		6617.44	CAFE-C	CAFE-D	CAFE-F
3	REGULAR PAY-S3	1304.75	N		N	N		34766.75	CAFE-H	20523.65	CAFE-I
3	REGULAR PAY-S3	159.50	Y		N	N		6292.65	CAFE-P	CANCER	CHILD 443.08
C	CALL PAY	2290.00	N	1	N	N		4580.00	CLINIC	204.90	COMBIN 434.57 CPEDUN
D	DOUBLE TIME	22.50	N	1	N	N		1536.91	DD ADV	DENTAL	DEP-LF
D	DOUBLE TIME	52.25	N	2	N	N		3551.39	DIS-LF	EAT	EATCSH
D	DOUBLE TIME	72.00	N	3	N	N		4882.76	FEDTAX	36686.26	FICA-M 6103.70 FICA-O 26098.66
D	DOUBLE TIME	3.25	Y	1	N	N		333.94	FIRSTC	FLEX S	3670.48
D	DOUBLE TIME	3.75	Y	2	N	N		407.81	FORT D	FUTA	GIFT S 170.36
E	EXTRA WAGES				N	N	N	12571.58	GRANT	GRP-IN	GTL
E	EXTRA WAGES			1	N	N	N	1319.75	HOSP-I	ID TFT	LEAF
F	FUNERAL LEAVE	24.00	N	1	N	N		396.00	LEGAL	294.24	MASA 877.00 MEALS 92.64
I	INSERVICE	16.00	N	1	N	N		481.44	METVIS	874.56	MISC
K	EXTENDED-ILLNESS-BANK	168.00	N	1	N	N		5287.32	MMCSHR	NATFML	1773.00
P	PAID-TIME-OFF	1136.25	N	1	N	N		24952.02	PHI	PHI***	PR FIN
X	CALL PAY 2	160.00	N	1	N	N		320.00	RELAY	REPAY	SAMS
Z	CALL PAY 3	96.00	N	1	N	N		288.00	SCRUBS	SIGNON	ST-TX
p	PAID TIME OFF - PROBATION	8.00	N	1	N	N		104.48	STONDF	790.86	STONE
v	COVID-FFCRA	20.25	N	1	N	N		462.31	STUDEN	SUNACC	761.42
									SUNIND	550.58	SUNLIF 741.38
									SUNVIS	SURCHG	475.00
									TSA-2	TSA-C	TSA-P
									TSA-R	31577.04	TUTION
									UN/HOS		UNIPOR

*----- Grand Totals: 20230.00 ----- / Gross: 451098.87 Deductions: 137305.64 Net: 313793.03
| Checks Count:- FT 196 PT 12 Other 41 Female 220 Male 28 Credit OverAmt 7 ZeroNet Term Total: 248 |



Pay date:
05-28-21

McKESSON**STATEMENT**

As of: 05/21/2021

Page: 002

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

Company: 8000

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

DC: 8115

Territory:

Customer: 632536

Date: 05/22/2021

As of: 05/21/2021 Page: 002
Mail to: Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 632536 PLEASE CHECK ANY
Date: 05/22/2021 ITEMS NOT PAID (✓)

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 3,116.85 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017If Paid By 05/25/2021,
Pay This Amount:

3,054.51 USD

If Paid After 05/25/2021,
Pay this Amount:

3,116.85 USD

Due If Paid On Time:

USD 3,054.51

Disc lost if paid late:

62.34

Due If Paid Late:

USD 3,116.85

27-66 +
2,280-29 +
145-47 +
600-99 +
3,054-51 +

MAY 24 2021

CK # 500200

For AR Inquiries please contact 800-867-0333

McKESSON**STATEMENT**

As of: 05/21/2021

Page: 001

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

DC: 8115

Territory: 400

Customer: 190813

Date: 05/22/2021

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

As of: 05/21/2021
 Mail to:

Page: 001
 Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

Cust: 190813 PLEASE CHECK ANY
 Date: 05/22/2021 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
05/19/2021	05/25/2021	7270841270	2017030025	115Invoice	0.46	22.78		22.32	✓	7270841270	✓
05/21/2021	05/25/2021	7271353045	2017030115	115Invoice	0.11	5.45		5.34	✓	7271353045	

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

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

Subtotals: 28.23 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,156.74
 05/17/2021

If Paid By 05/25/2021,
 Pay This Amount:

27.66 USD

If Paid After 05/25/2021,
 Pay this Amount:

28.23 USD

Due If Paid On Time:
 USD

27.66

Disc lost if paid late:

0.57

Due If Paid Late:
 USD

28.23

MAY 24 2021

For AR Inquiries please contact 800-867-0333

McKESSON**STATEMENT**

As of: 05/21/2021

Page: 001

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

Company: 8000

WALMART 1098/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: 400

Customer: 256342

Date: 05/22/2021

As of: 05/21/2021
Mail to:Page: 001
Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 256342 PLEASE CHECK ANY
Date: 05/22/2021 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
05/17/2021	05/25/2021	7270246611	8721096	115Invoice	0.97	48.74		47.77 ✓		7270246611	
05/17/2021	05/25/2021	7270246612	8741223	115Invoice	5.54	277.13		271.59 ✓		7270246612	
05/17/2021	05/25/2021	7270438913	00005142021tw	115Invoice	0.81	40.54		39.73 ✓		7270438913	
05/18/2021	05/25/2021	7270539331	8892323	115Invoice	10.26	513.00		502.74 ✓		7270539331	
05/18/2021	05/25/2021	7270714608	00005172021tw	115Invoice	1.16	57.83		56.67 ✓		7270714608	
05/19/2021	05/25/2021	7270990453	863421537	195Invoice	5.68	284.01		278.33 ✓		7270990453	
05/19/2021	05/25/2021	7270990454	00005182021tw	115Invoice	0.01	0.32		0.31 ✓		7270990454	
05/20/2021	05/25/2021	7271313748	00005192021tw	115Invoice	3.40	170.16		166.76 ✓		7271313748	
05/21/2021	05/25/2021	7271361742	9046276	115Invoice	8.07	403.45		395.38 ✓		7271361742	
05/21/2021	05/25/2021	7271361743	9046276	115Invoice	1.20	60.11		58.91 ✓		7271361743	
05/21/2021	05/25/2021	7271361744	9085471	115Invoice	6.74	337.24		330.50 ✓		7271361744	
05/21/2021	05/25/2021	7271536338	863591642	195Invoice	2.69	134.39		131.70 ✓		7271536338	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 2,326.92 USD

Future Due: 0.00

If Paid By 05/25/2021,
Pay This Amount:

2,280.39 USD

Past Due: 0.00

If Paid After 05/25/2021,
Pay this Amount:

2,326.92 USD

Last Payment 05/17/2021 2,156.74

Due If Paid On Time:
USD

2,280.39

Disc lost if paid late:

46.53

Due If Paid Late:
USD

2,326.92

MAY 24 2021

For AR Inquiries please contact 800-867-0333

MCKESSON**STATEMENT**

As of: 05/21/2021

Page: 001

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

Company: 8000

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

DC: 8115

Territory: 400

Customer: 262252
Date: 05/22/2021As of: 05/21/2021 Page: 001
Mail to: Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 262252 PLEASE CHECK ANY
Date: 05/22/2021 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 262252 CVS PHCY 7006/MEMORIA PHS											
05/20/2021	05/25/2021	7271119343	1181411	115Invoice	2.97	148.44		145.47	✓	7271119343	

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

TOTAL: Customer Number 262252 CVS PHCY 7006/MEMORIA PHS

Subtotals: 148.44 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,156.74
05/17/2021If Paid By 05/25/2021,
Pay This Amount:

145.47 USD

If Paid After 05/25/2021,
Pay this Amount:

148.44 USD

Due If Paid On Time:

USD

145.47

Disc lost if paid late:

2.97

Due If Paid Late:

USD

148.44

MAY 24 2021

For AR Inquiries please contact 800-867-0333

McKESSON**STATEMENT**

As of: 05/21/2021

Page: 001

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

Company: 8000

DC: 8115

Territory: 400

Customer: 835438

Date: 05/22/2021

As of: 05/21/2021
Mail to:Page: 001
Comp: 8000CVS PHCY 7475/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyAMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 835438
Date: 05/22/2021
**PLEASE CHECK ANY
ITEMS NOT PAID (✓)**

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS											
05/20/2021	05/25/2021	7271304181	1182973	115Invoice	12.27	613.26		600.99	✓	7271304181	

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

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

Subtotals: 613.26 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,156.74
05/17/2021If Paid By 05/25/2021,
Pay This Amount:

600.99 USD

If Paid After 05/25/2021,
Pay this Amount:

613.26 USD

Due If Paid On Time:

USD

600.99

Disc lost if paid late:

12.27

Due If Paid Late:

USD

613.26

ARMED
ON

MAY 24 2021

SECURITY ALERT
CASHIER: 00123, 12345

For AR Inquiries please contact 800-867-0333

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

DEA: RA0289276
866-451-9655

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

Remit To:
AMERISOURCEBERGEN
P.O. Box 905223
CHARLOTTE NC 28290-5223

Customer Number

0100135284 / 037028186

Terms

Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	655.01
Past Due:	0.00
Total Due:	655.01
Account Balance:	655.01

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
05-17-2021	05-28-2021	3055862898	161295	Invoice	180.37		0.00	180.37
05-17-2021	05-28-2021	3055862899	161297	Invoice	150.47		0.00	150.47
05-17-2021	05-28-2021	3055863020	161296	Invoice	1.01		0.00	1.01
05-17-2021	05-28-2021	3055863021	161298	Invoice	9.20		0.00	9.20
05-17-2021	05-28-2021	3055884856	161345	Invoice	77.64		0.00	77.64
05-18-2021	05-28-2021	3055995509	161356	Invoice	9.90		0.00	9.90
05-19-2021	05-28-2021	3056126910	161363	Invoice	153.81		0.00	153.81
05-20-2021	05-28-2021	3056260572	161374	Invoice	11.18		0.00	11.18
05-21-2021	05-28-2021	3056398712	161381	Invoice	61.43		0.00	61.43

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
655.01	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
05-21-2021	(1,831.02)

Reminders

Due Date	Amount
05-28-2021	655.01
Total Due:	655.01

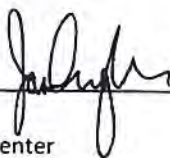
MAY 24 2021

CK # 500201

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- May 17, 2021 - May 23, 2021**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>
5/17/2021	PAY PLUS ACHTRANS 452579291 101000690316684	- 3rd Party Payor Fee
5/18/2021	PAY PLUS ACHTRANS 452579291 101000691172444	- 3rd Party Payor Fee
5/18/2021	MCKESSON DRUG AUTO ACH ACH04586678 910000146	- 340B Drug Program Expense
5/19/2021	TEXAS COUNTY DRS RECEIVABLE 0419 21000020538	- Retirement Funding
5/19/2021	PAY PLUS ACHTRANS 452579291 101000692053570	- 3rd Party Payor Fee
5/20/2021	WEBFILE TAX PYMT DD 902/02360233 21000024456	- Sales Tax
5/20/2021	PAY PLUS ACHTRANS 452579291 101000692837264	- 3rd Party Payor Fee
5/21/2021	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense

<u>Amount</u>	
21.81	
4.08	
2156.74	
214304.36	
37.81	
1225.98	
17.81	
1831.02	
219,599.61	



Jason Anglin, CEO
Memorial Medical Center

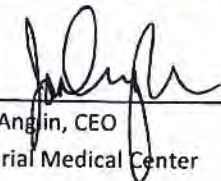
May 24, 2021

*to be approved 05.24.21 CC
on 5.19.21 report; cc not
held due to weather.

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

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>
6/3/2021	NH QIPP RECEIVABLE - RECEIVABL	QUIPP IGT YR 5 1ST HALF

<u>Amount</u>
2,344,974.43
2,344,974.43



Jason Anglin, CEO
Memorial Medical Center

May 24, 2021

MAY 24 2021

MEMORIAL MEDICAL CENTER

Pay Plus
21,81
4,08
2156.74
17,81
81,51
219,599.61
2,156.74
214,304.36
1,225.98
1,831.02
81,51
81,51
0.00



Transaction Summary

Transaction Complete

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

Payment Total	\$2,344,974.43
Bank Routing and Account Number	
Settlement Date	6/3/2021
QIPP Amount	\$2,344,974.43
Entered By	Jason Anglin

JA

Accounting

*FL#
10255040*

QIPP IGT Suggestion June 2021 (2 of 3)

HHSC PFD QIPP Payments <PFD_QIPP_Payments@hhs.texas.gov>

Mon 5/17/2021 4:49 PM

James.Balfour@phhs.org <james.balfour@phhs.org>; Jason Anglin <JAnglin@mmcportlavaca.com>; jbaron@yoakumcounty.org <jbaron@yoakumcounty.org>; jbatson@tgrhealthcare.com <jbatson@tgrhealthcare.com>; jbethel@farwellcarecenter.com <jbethel@farwellcarecenter.com>; jbrown@farwellcarecenter.com <jbrown@farwellcarecenter.com>; jclay@gonzaleshealthcare.com <jclay@gonzaleshealthcare.com>; jcox@hchdst.org <jcox@hchdst.org>; Jespitia@seminolehospitaldistrict.com <Jespitia@seminolehospitaldistrict.com>; jfajkus@obmc.org <jfajkus@obmc.org>; jfreudenberger@obmc.org <jfreudenberger@obmc.org>; JGraves@dimmitregional.com <JGraves@dimmitregional.com>; jhammel@obmc.org <jhammel@obmc.org>; jhodes@chambershealth.org <jhodes@chambershealth.org>; jhughson@gonzaleshealthcare.com <jhughson@gonzaleshealthcare.com>; jicordes13@gmail.com <jicordes13@gmail.com>; jJames@gwhf.org <jJames@gwhf.org>; jmenefee@mchdtx.net <jmenefee@mchdtx.net>; joeb@dhchd.org <joeb@dhchd.org>; joel.rodriguez@co.la-salle.tx.us <joel.rodriguez@co.la-salle.tx.us>; jon.bailey23@gmail.com <jon.bailey23@gmail.com>; jonathanbailey@hchd.net <jonathanbailey@hchd.net>; jonathon.voelkel@reaganhealth.com <jonathon.voelkel@reaganhealth.com>; jpickett@gwhf.org <jpickett@gwhf.org>; jramirez@mchdtx.net <jramirez@mchdtx.net>; jsylvia@chamberstx.gov <jsylvia@chamberstx.gov>; jturner@mchd.net <jturner@mchd.net>; JTurner@seymourrehab.com <JTurner@seymourrehab.com>; judy.harris@pchdtx.org <judy.harris@pchdtx.org>; julie.rabat-torki@harrishealth.org <julie.rabat-torki@harrishealth.org>; Julie.trabat-torki@harrishealth.org <Julie.trabat-torki@harrishealth.org>; julie@wellsco.com <julie@wellsco.com>; justin.tankersley@stonewallhospital.org <justin.tankersley@stonewallhospital.org>; jwhitesides@mitchellcountyhospital.com <jwhitesides@mitchellcountyhospital.com>; jwren@wisehealthsystem.com <jwren@wisehealthsystem.com>; jwright@nrhd.org <jwright@nrhd.org>; Kari.McMichael@harrishealth.org <Kari.McMichael@harrishealth.org>; kbayless@tgrhealthcare.com <kbayless@tgrhealthcare.com>; kbenson@throckmortonhospital.com <kbenson@throckmortonhospital.com>; KCounselman@Nexion-Health.com <KCounselman@Nexion-Health.com>; kelli@koerthcpa.com <kelli@koerthcpa.com>; kelly.walraven@emhd.org <kelly.walraven@emhd.org>; kelsey.simmons@knoxhospital.org <kelsey.simmons@knoxhospital.org>; kenco@caprock-spur.com <kenco@caprock-spur.com>; KENDRICK@NACMEM.ORG <KENDRICK@NACMEM.ORG>; Keri.Disney-Story <Keri.Disney-Story@phhs.org>; kevin.frosch@medinahospital.net <kevin.frosch@medinahospital.net>; kevinbeedy@hchd.net <kevinbeedy@hchd.net>; Kglover@gonzaleshealthcare.com <Kglover@gonzaleshealthcare.com>; kgober@throckmortonhospital.com <kgober@throckmortonhospital.com>; klatimer@childresshospital.com <klatimer@childresshospital.com>; Knealey.lawdermilk@coryellhealth.org <Knealey.lawdermilk@coryellhealth.org>; kogann@grmedcenter.com <kogann@grmedcenter.com>; ksalcido@mchd.net <ksalcido@mchd.net>; kwalsh@wisehealthsystem.com <kwalsh@wisehealthsystem.com>; kyle.lee@stonewallhospital.org <kyle.lee@stonewallhospital.org>; LAURA.CASE@CCHDONLINE.COM <LAURA.CASE@CCHDONLINE.COM>; laura.rodriguez3@uhs-sa.com <laura.rodriguez3@uhs-sa.com>; lcastillo@touchstone-communities.com <lcastillo@touchstone-communities.com>; lewis.robbs@stonewallhospital.org <lewis.robbs@stonewallhospital.org>; lfalcone@cuerohospital.org <lfalcone@cuerohospital.org>; Lgray@seminolehospitaldistrict.com <Lgray@seminolehospitaldistrict.com>; Lhardin@seymourtexas.net <Lhardin@seymourtexas.net>; linda.walker@vrmc.org <linda.walker@vrmc.org>; lindsey@nacmem.org <lindsey@nacmem.org>; Lisa.cross@phhs.org <Lisa.cross@phhs.org>; lmeekins@noconageneral.com <lmeekins@noconageneral.com>; loree@loreetamayo.com <loree@loreetamayo.com>; loreet@dhchd.org <loreet@dhchd.org>; lprice@lmhospital.com <lprice@lmhospital.com>; lwhite@mchd.net <lwhite@mchd.net>; maria.perez@co.la-salle.tx.us <maria.perez@co.la-salle.tx.us>; marshajarell@hchd.net <marshajarell@hchd.net>; mbumpass@yahoo.com <mbumpass@yahoo.com>; mccaber@nacmem.org <mccaber@nacmem.org>; mdelagarza@hamiltonhospital.org <mdelagarza@hamiltonhospital.org>; melissa.zook@phhs.org <melissa.zook@phhs.org>; mhonea@grmf.com <mhonea@grmf.com>; mhonea@grmf.org <mhonea@grmf.org>; mhuff@olneyhh.com <mhuff@olneyhh.com>; michael.norby@harrishealth.org <michael.norby@harrishealth.org>;

cc: HHSC PFD QIPP Payments <PFD_QIPP_Payments@hhs.texas.gov>; Brown,Adam (HHSC) <Adam.Brown04@hhs.texas.gov>; Okoniewski,Amanda (HHSC) <Amanda.Okoniewski01@hhs.texas.gov>; Kaminsky,Kathryn (HHSC) <Kathryn.Kaminsky@hhs.texas.gov>; Guzman,Kenneth (HHSC) <Kenneth.Guzman@hhs.texas.gov>; Regmi,Asha (HHSC) <Asha.Regmi@hhs.texas.gov>;

2 attachments

QIPP Year 5 IGT Call - June 2021.xlsx; TextNet User Guide.pdf;

[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.

QIPP Year 5 NSGO Providers,

The purpose of the Quality Incentive Payment Program (QIPP) is to improve the quality of care provided in Texas nursing facilities. The Texas Health and Human Services Commission (HHSC) is committed to increasing the number of participating nursing facilities and building on the success of QIPP. HHSC appreciates the commitment of the non-state governmental entities to being active participants in the fifth year of the program and looks forward to working with all participants in Year 5 as the number of participating nursing facilities is expanded to bring this program to more Texas communities.

Attached is a spreadsheet with the suggested intergovernmental transfer (IGT) amounts as declared for the 1st QIPP Year 5 (SFY22) installment covering the first half of the program period September 2021 through March 2022. Based on provider feedback, the IGT amounts for QIPP Year 5 contain only the original amounts requested through the IGT Declaration of Intent. No additional funds are being requested to make up potential program shortages.

Two transfers will occur for QIPP Year 5:

1. One half due June 2, 2021 (settlement on June 3, 2021)
2. One half due December 2, 2021 (settlement December 3, 2021)

The calculations for the IGT amounts can be found on the [Provider Finance QIPP website](#) in the document QIPP Year 5 Estimated Component Values and Suggested IGT. Please note the component values will be updated once the state share has been calculated from the IGT deposits.

The IGT must be **entered into TexNet no later than close of business June 2, 2021** with a settlement date of June 3, 2021.

- This due date is non-negotiable.
- The funds need to be placed in the "QIPP" Bucket.
- The amount that needs to be entered into TexNet is on the tab named "June 2021 IGT Call" in column D of the attached spreadsheet.
- The IGT will be processed at that time and there will be no further revisions or redistributions of IGT suggestions should the aggregate IGT amount not fully utilize the available pool. Please ensure you double check the number while entering to ensure the correct number has been entered.

After the IGT amount is entered into TexNet, please email a screen shot or .pdf of the confirmation/trace sheet (or email the confirmation number if the TexNet is submitted over the phone) to PFD_QIPP_Payments@hhs.texas.gov. Instructions for using TexNet for HHSC programs are attached as a PDF document. If you are new to TexNet or have questions, please reach out as-soon-as possible to ensure the process goes as smooth as possible.

TexNet Website: <https://comptroller.texas.gov/programs/systems/texnet.php>

Important Date:

No Later than June 2, 2021 COB - Enter IGT amount into TexNet with a settlement date of June 3, 2021, and send trace sheet to PFD_QIPP_Payments@hhs.texas.gov

Thank you,

**HHSC Provider Finance Payments
(Formerly Rate Analysis)**

Texas Health and Human Services Commission
P.O. Box 149030, Mail Code 1344
Winters Building
701 W 51st Street
Austin, TX 78751



TEXAS
Health and Human
Services

This list contains the declared amounts. No excess funds have been added.
Deposits are due into TexNet by COB Wednesday June 2, 2021

FACILITY ID	FACILITY NAME	FACILITY OWNER	JUNE DECLARATION
4811	ASHFORD GARDENS	MEMORIAL MEDICAL CENTER	\$ 564,131.15
102540	GOLDEN CREEK HEALTHCARE AND REHABILITATION CENTER	MEMORIAL MEDICAL CENTER	\$ 402,090.28
103462	TUSCANY VILLAGE	MEMORIAL MEDICAL CENTER	\$ 330,928.83
105818	THE BROADMOOR AT CREEKSIDE PARK	MEMORIAL MEDICAL CENTER	\$ 233,543.67
4628	FORT BEND HEALTHCARE CENTER	MEMORIAL MEDICAL CENTER	\$ 228,041.91
105006	SOLERA AT WEST HOUSTON	MEMORIAL MEDICAL CENTER	\$ 221,214.91
105314	THE CRESCENT	MEMORIAL MEDICAL CENTER	\$ 187,521.65
100806	GULF POINTE PLAZA	MEMORIAL MEDICAL CENTER	\$ 177,502.03
			\$ 2,344,974.43

Totals \$ 220,076,999.93 \$ 220,076,999.93 \$ 440,153,999.86 \$ 219,417,182.53 \$ 217,787,478.53 \$ 437,204,661.06

FACILITY ID	FACILITY NAME	FACILITY OWNER	June IGT Request (1/2 of total)	December IGT Request (2/2 of total)	Total Request for Year 5	Declaration of Intent (1/2 Total)	Declaration of Intent (2/2 Total)	Total Declared for Year 5
4811	ASHFORD GARDENS	MEMORIAL MEDICAL CENTER	\$ 564,131.15	\$ 564,131.15	\$ 1,128,262.30	\$ 564,131.15	\$ 564,131.15	\$ 1,128,262.30
102540	GOLDEN CREEK HEALTHCARE AND REHABILITATION CENTER	MEMORIAL MEDICAL CENTER	\$ 402,090.28	\$ 402,090.28	\$ 804,180.56	\$ 402,090.28	\$ 402,090.28	\$ 804,180.56
103462	TUSCANY VILLAGE	MEMORIAL MEDICAL CENTER	\$ 330,928.83	\$ 330,928.83	\$ 661,857.66	\$ 330,928.83	\$ 330,928.83	\$ 661,857.66
105818	THE BROADMOOR AT CREEKSIDE PARK	MEMORIAL MEDICAL CENTER	\$ 233,543.67	\$ 233,543.67	\$ 467,087.34	\$ 233,543.67	\$ 233,543.67	\$ 467,087.34
4628	FORT BEND HEALTHCARE CENTER	MEMORIAL MEDICAL CENTER	\$ 228,041.91	\$ 228,041.91	\$ 456,083.82	\$ 228,041.91	\$ 228,041.91	\$ 456,083.82
105006	SOLERA AT WEST HOUSTON	MEMORIAL MEDICAL CENTER	\$ 221,214.91	\$ 221,214.91	\$ 442,429.82	\$ 221,214.91	\$ 221,214.91	\$ 442,429.82
105314	THE CRESCENT	MEMORIAL MEDICAL CENTER	\$ 187,521.65	\$ 187,521.65	\$ 375,043.30	\$ 187,521.65	\$ 187,521.65	\$ 375,043.30
100806	GULF POINTE PLAZA	MEMORIAL MEDICAL CENTER	\$ 177,502.03	\$ 177,502.03	\$ 355,004.06	\$ 177,502.03	\$ 177,502.03	\$ 355,004.06

\$ 2,344,974.43 \$ 2,344,974.43 \$ 4,689,948.86 \$ 2,344,974.43 \$ 2,344,974.43 \$ 4,689,948.86

RECEIVED

05/21/2021

MAY 21 2021

10:19

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor#

Calhoun County Auditor

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
051721	05/20/2021	05/17/2021	06/10/2021				11,180.00	0.00	0.00	11,180.00

TRANSFER *Net insurance pymt deposited into mmc cpeny*

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11832	BROADMOOR AT C	11,180.00	0.00	0.00	11,180.00	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	11,180.00	0.00	0.00	11,180.00

MAY 17 2021

CK#

190499

RECEIVED

05/21/2021

MEMORIAL MEDICAL CENTER

0

10:16

MAY 21 2021

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor#

Vendor Name

Class

Pay Code

11836

Calhoun County Auditor

GOLDENCREEK HEALTHCARE ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
050521	05/19/2021	05/05/2021	06/10/2021				189.14	0.00	0.00	189.14 ✓
	TRANSFER									
050521A	05/19/2021	05/05/2021	06/10/2021				941.02	0.00	0.00	941.02 ✓
	TRANSFER "							"		
050621	05/19/2021	05/06/2021	06/10/2021				102.66	0.00	0.00	102.66 ✓
	TRANSFER "							"		
050721	05/19/2021	05/07/2021	06/10/2021				10,208.00	0.00	0.00	10,208.00 ✓
	TRANSFER "							"		
051021A	05/20/2021	05/10/2021	06/10/2021				9,328.00	0.00	0.00	9,328.00 ✓
	TRANSFER "							"		
051021B	05/20/2021	05/10/2021	06/10/2021				10,662.80	0.00	0.00	10,662.80 ✓
	TRANSFER "							"		
051021	05/20/2021	05/10/2021	06/10/2021				621.21	0.00	0.00	621.21 ✓
	TRANSFER "							"		
051121	05/20/2021	05/11/2021	06/10/2021				460.29	0.00	0.00	460.29 ✓
	TRANSFER "							"		
051121A	05/20/2021	05/11/2021	06/10/2021				48,966.62	0.00	0.00	48,966.62 ✓
	TRANSFER "							"		
051221	05/20/2021	05/12/2021	06/10/2021				538.32	0.00	0.00	538.32 ✓
	TRANSFER "							"		

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11836		GOLDENCREEK HE	82,018.06	0.00	0.00	82,018.06

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	82,018.06	0.00	0.00	82,018.06

MAY 17 2021

CHK#

190500

RECEIVED

05/21/2021

MEMORIAL MEDICAL CENTER

0

10:19

MAY 21 2021

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor# **Buffon County Auditor**

Vendor Name

Class

Pay Code

12696

GULF POINTE PLAZA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
050521	05/19/2021	05/05/2021	06/10/2021				921.95	0.00	0.00	921.95 ✓
	TRANSFER									
051021	05/20/2021	05/10/2021	06/10/2021				4,266.50	0.00	0.00	4,266.50 ✓
	TRANSFER "									

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

12696

GULF POINTE PLAZ

5,188.45

0.00

0.00

5,188.45

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

5,188.45

0.00

0.00

5,188.45

MAY 17 2021

CHK#

190501

RECEIVED
05/21/2021
10:20
MAY 21 2021

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor#

Vendor Name

Class

Pay Code

13004

Harrison County Auditor

TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
050521	05/19/2021	05/05/2021	06/10/2021				1,071.63	0.00	0.00	1,071.63 ✓
	TRANSFER									
050721	05/19/2021	05/07/2021	06/10/2021				1,541.47	0.00	0.00	1,541.47 ✓
	TRANSFER									
051021	05/20/2021	05/10/2021	06/10/2021				2,546.73	0.00	0.00	2,546.73 ✓
	TRANSFER									
051021A	05/20/2021	05/10/2021	06/10/2021				286.00	0.00	0.00	286.00 ✓
	TRANSFER									
051021C	05/20/2021	05/10/2021	06/10/2021				5,003.61	0.00	0.00	5,003.61 ✓
	TRANSFER									
051021B	05/20/2021	05/10/2021	06/10/2021				2,057.38	0.00	0.00	2,057.38 ✓
	TRANSFER									
051121	05/20/2021	05/11/2021	06/10/2021				8,131.69	0.00	0.00	8,131.69 ✓
	TRANSFER									
051221	05/20/2021	05/12/2021	06/10/2021				3,295.50	0.00	0.00	3,295.50 ✓
	TRANSFER									
051221A	05/20/2021	05/12/2021	06/10/2021				1,288.15	0.00	0.00	1,288.15 ✓
	TRANSFER									
051221B	05/20/2021	05/12/2021	06/10/2021				1,561.18	0.00	0.00	1,561.18 ✓
	TRANSFER									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
13004		TUSCANY VILLAGE	26,783.34	0.00	0.00	26,783.34

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	26,783.34	0.00	0.00	26,783.34

MAY 17 2021

CK#

190502

RECEIVED05/21/2021 **MAY 21 2021**

10:19

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor#

Vendor Name

Class

Pay Code

12792

BETHANY SENIOR LIVING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
050721	05/19/2021	05/07/2021	06/10/2021				370.58	0.00	0.00	370.58 ✓
	TRANSFER									
051321	05/19/2021	05/13/2021	06/10/2021				6,262.03	0.00	0.00	6,262.03 ✓
	TRANSFER									
051021	05/20/2021	05/10/2021	06/10/2021				3,524.50	0.00	0.00	3,524.50 ✓
	TRANSFER									
051121	05/20/2021	05/11/2021	06/10/2021				20,260.52	0.00	0.00	20,260.52 ✓
	TRANSFER									
051221	05/20/2021	05/12/2021	06/10/2021				62,091.71	0.00	0.00	62,091.71 ✓
	TRANSFER									
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
12792			BETHANY SENIOR I			92,509.34	0.00	0.00	92,509.34	
Report Summary										
Grand Totals:		Gross		Discount		No-Pay		Net		
		92,509.34		0.00		0.00		92,509.34		

MAY 17 2021

CHK#

190498

8

RUN DATE:05/24/21
TIME:13:04

MEMORIAL MEDICAL CENTER
CHECK REGISTER
05/26/21 THRU 05/26/21

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GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	190445	05/26/21	49.18	ADT COMMERCIAL
A/P	190446	05/26/21	3,565.27	AIRGAS USA, LLC - CENTRAL DIV
A/P	190447	05/26/21	4,875.00	AMERISOURCE FUNDING
A/P	190448	05/26/21	38.95	AQUA BEVERAGE COMPANY
A/P	190449	05/26/21	224.00	AQUA PURIFICATION INC.
A/P	190450	05/26/21	71.13	AUTO PARTS & MACHINE CO.
A/P	190451	05/26/21	16,400.80	BKD, LLP
A/P	190452	05/26/21	6,775.16	CDW GOVERNMENT, INC.
A/P	190453	05/26/21	6,022.71	CITY OF PORT LAVACA
A/P	190454	05/26/21	803.70	COASTAL REFRIGERATION
A/P	190455	05/26/21	513.86	COCA COLA SOUTHWEST BEVERAGES
A/P	190456	05/26/21	4,886.00	COVIDIEN SALES LLC
A/P	190457	05/26/21	1,116.48	DEWITT POTH & SON
A/P	190458	05/26/21	37,250.00	EMERGENCY STAFFING SOLUTIONS
A/P	190459	05/26/21	36,847.55	EVIDENT
A/P	190460	05/26/21	495.00	FASHEALTH CORPORATION
A/P	190461	05/26/21	1,779.06	FISHER HEALTHCARE
A/P	190462	05/26/21	1,122.25	FRONTIER
A/P	190463	05/26/21	4,033.24	GARDNER & WHITE, INC.
A/P	190464	05/26/21	1,242.13	GULF COAST PAPER COMPANY
A/P	190465	05/26/21	.00	VOIDED
A/P	190466	05/26/21	10,910.90	HAYES ELECTRIC SERVICE
A/P	190467	05/26/21	6,955.00	HEALTH CARE LOGISTICS INC
A/P	190468	05/26/21	21,318.88	HEALTHCARE FINANCIAL SERVICES
A/P	190469	05/26/21	439.75	ICU MEDICAL, INC
A/P	190470	05/26/21	598.52	INTRADO
A/P	190471	05/26/21	563.67	IRON MOUNTAIN
A/P	190472	05/26/21	458.03	LOWE'S HOME CENTERS INC
A/P	190473	05/26/21	331.72	MCKESSON MEDICAL SURGICAL INC
A/P	190474	05/26/21	7,229.21	MEDLINE INDUSTRIES INC
A/P	190475	05/26/21	264.71	MMC AUXILIARY GIFT SHOP
A/P	190476	05/26/21	.00	VOIDED
A/P	190477	05/26/21	13,641.98	MORRIS & DICKSON CO, LLC
A/P	190478	05/26/21	1,045.80	NACOGDOCHES TRANSCRIPTION
A/P	190479	05/26/21	106.14	NURSES CHOICE CORPORATION
A/P	190480	05/26/21	.00	VOIDED
A/P	190481	05/26/21	3,738.53	PARTSSOURCE, LLC
A/P	190482	05/26/21	3,578.25	PRO ENERGY PARTNERS LP
A/P	190483	05/26/21	2,306.90	REVCYCLE+, INC.
A/P	190484	05/26/21	60.00	RX WASTE SYSTEMS LLC
A/P	190485	05/26/21	582.66	SHERWIN WILLIAMS
A/P	190486	05/26/21	5,371.57	SIEMENS FINANCIAL SERVICES
A/P	190487	05/26/21	21,174.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	190488	05/26/21	4,160.77	SPARKLIGHT
A/P	190489	05/26/21	3,060.00	TEXAS SELECT STAFFING
A/P	190490	05/26/21	1,354.38	THYSSENKRUPP ELEVATOR CORP
A/P	190491	05/26/21	670.80	TLC STAFFING
A/P	190492	05/26/21	17.06	TRI WHOLESALE CO.
A/P	190493	05/26/21	1,781.98	TRIZETTO PROVIDER SOLUTIONS
A/P	190494	05/26/21	.00	VOIDED

RUN DATE:05/24/21
TIME:13:04

MEMORIAL MEDICAL CENTER
CHECK REGISTER
05/26/21 THRU 05/26/21

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GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	190495	05/26/21	7,445.23	UNIFIRST HOLDINGS
A/P	190496	05/26/21	201.91	UNIFORM ADVANTAGE
A/P	190497	05/26/21	276.86	WERFEN USA LLC
A/P	190498	05/26/21	92,509.34	BETHANY SENIOR LIVING
A/P	190499	05/26/21	11,180.00	BROADMOOR AT CREEKSIDE PARK
A/P	190500	05/26/21	82,018.06	GOLDENCREEK HEALTHCARE
A/P	190501	05/26/21	5,188.45	GULF POINTE PLAZA
A/P	190502	05/26/21	26,783.34	TUSCANY VILLAGE
TOTALS:			465,435.87	

Payables 247,756.68 +
N/H 11,180.00 +
Transfer 82,018.06 +
5,188.45 +
26,783.34 +
92,509.34 +
465,435.87 *

MAY 26 2021
COLUMBIA UNIVERSITY
BROADMOOR AT CREEKSIDE PARK

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
5/24/2021

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		170,446.09 ✓	161,644.72 ✓	142,645.24 ✓		151,446.61 ✓	~~119,708.00~~ 119,524.00
					Bank Balance	151,446.61 ✓	
					Variance		
					Leave in Balance	100.00	
					Withholding for Medicare Recoup- Hosp	~~7,242.80~~ 7424.80	
					Withholding for Medicare Recoup- Clinic	1,232.78 ✓	
					Withholding for Medicare Recoup- Hosp	3,983.75 ✓	
					Withholding for Medicare Recoup- Clinic	271.90 ✓	
					QIPP CK	18,863.59 ✓	
					APRIL INTEREST	43.79 ✓	
					MAY INTEREST		
					JUNE INTEREST		
					Adjust Balance/Transfer Amt	~~449,708.00~~ 119,524.00	
Broadmoor		65,637.86 ✓	53,349.75 ✓	213,732.89 ✓		226,021.00 ✓	201,665.17
					Bank Balance	226,021.00 ✓	
					Variance		
					Leave in Balance	100.00	
					QIPP CK	7,812.07 ✓	
					Withholding for Medicare Recoup- Hosp	10,924.52 ✓	
					Withholding for Medicare Recoup- Clinic	1,232.78 ✓	
					Withholding for Medicare Recoup- Hosp	3,983.75 ✓	
					Withholding for Medicare Recoup- Clinic	271.90 ✓	
					APRIL INTEREST	30.81 ✓	
					MAY INTEREST		
					JUNE INTEREST		
					Adjust Balance/Transfer Amt	201,665.17 ✓	
Crescent		60,955.93 ✓	54,854.96 ✓	93,880.74 ✓		99,981.71 ✓	~~89,335.50~~ 83,356.98
					Bank Balance	99,981.71 ✓	
					Variance		
					Leave in Balance	100.00	
					QIPP CK	6,268.11 ✓	
					Withholding for Medicare Recoup- Hosp	4,745.74 ✓	
					Withholding for Medicare Recoup- Clinic	1,232.78 ✓	
					Withholding for Medicare Recoup- Hosp	3,983.75 ✓	
					Withholding for Medicare Recoup- Clinic	271.90 ✓	
					APRIL INTEREST	22.45 ✓	
					MAY INTEREST		
					JUNE INTEREST		
					Adjust Balance/Transfer Amt	~~89,335.50~~ 83,356.98	
Fort Bend		40,692.62 ✓	34,604.27 ✓	27,207.84 ✓		33,296.19 ✓	~~95,582.09~~ 15,323.69
					Bank Balance	33,296.19 ✓	
					Variance		
					Leave in Balance	100.00	
					Pending Amerigroup QIPP Ck	7,628.50 ✓	
					Withholding for Medicare Recoup- Hosp	4,745.74 ✓	
					Withholding for Medicare Recoup- Clinic	1,232.78 ✓	
					Withholding for Medicare Recoup- Hosp	~~3,725.41~~ 3983.75	
					Withholding for Medicare Recoup- Clinic	271.90 ✓	
					APRIL INTEREST	9.83 ✓	
					MAY INTEREST		
					JUNE INTEREST		
					Adjust Balance/Transfer Amt	~~15,582.09~~ 15,323.69	
Solera at W Houston		74,838.74 ✓	68,725.10 ✓	60,617.89 ✓		66,731.53 ✓	48,960.64
					Bank Balance	66,731.53 ✓	
					Variance		
					Leave in Balance	100.00	
					Pending Amerigroup QIPP Ck	7,401.60 ✓	
					Withholding for Medicare Recoup- Hosp	4,745.74 ✓	
					Withholding for Medicare Recoup- Clinic	1,232.78 ✓	
					Withholding for Medicare Recoup- Hosp	3,983.75 ✓	
					Withholding for Medicare Recoup- Clinic	271.90 ✓	
					APRIL INTEREST	35.12 ✓	
					MAY INTEREST		
					JUNE INTEREST		
					Adjust Balance/Transfer Amt	48,960.64 ✓	
TOTAL TRANSFERS							~~475,291.94~~ 468,832.48

Note: Only balances of over \$5.00
Note 2: Each account has a base i

Approved:
Jason Anglin, CEO

5/24/2021

Ashford Gardens

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
5/21/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	-	-	-	-	-	16,433.66
5/21/2021 Amerigroup TXSC HCCLAIMPMT 3151378879 111000	-	-	-	-	-	-	29,663.29
5/21/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	-	-	-	-	-	762.77
5/21/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	-	-	-	-	-	221.39
5/21/2021 MOLINA HEALTHCARE MOLINAACH 00925593 42000012	-	23,292.92	14,434.26	2,651.36	6,186.16	21.14	18,863.59
5/20/2021 WIRE OUT ASHFORD HEALTH CARE CENTER LTD	107,516.17	-	-	-	-	-	-
5/20/2021 NOVITAS SOLUTION HCCLAIMPMT 675423 420000179	-	-	-	-	-	-	912.97
5/19/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	-	-	-	-	-	2,131.30
5/19/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	-	-	-	-	-	7,463.64
5/19/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2	-	-	-	-	-	-	938.37
5/18/2021 Check	54,128.55	-	-	-	-	-	-
5/18/2021 Amerigroup TXSC HCCLAIMPMT 3151028523 111000	-	-	-	-	-	-	107.70
5/18/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	-	-	-	-	-	6,762.71
5/18/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	-	-	-	-	-	637.08
5/17/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	-	-	-	-	-	10,645.86
5/17/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	-	-	-	-	-	36,551.58
5/17/2021 CIGNA HCCLAIMPMT 1326436189 9100001869216	-	-	-	-	-	-	6,120.00
		161,644.72	142,645.24	14,434.26	2,651.36	6,186.16	21.14
						18,863.59	123,781.65

Broadmoor

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
5/21/2021 NOVITAS SOLUTION HCCLAIMPMT 676357 420000192	-	-	-	-	-	-	134,521.20
5/21/2021 MOLINA HEALTHCARE MOLINAACH 00925629 42000012	-	9,649.43	5,974.7	1,099.30	2,564.86	10.57	7,812.07
5/21/2021 HUMANA INS CO HCCLAIMPMT 390861 83000058452	-	-	-	-	-	-	790.00
5/21/2021 HUMANA CHA DISB HCCLAIMPMT 390861 4200001903	-	-	-	-	-	-	14,029.00
5/21/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2	-	-	-	-	-	-	406.50
5/20/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III	30,930.33	-	-	-	-	-	-
5/20/2021 MANAGEANDNET1718 MNS PMNT 00000000004293 41	-	-	-	-	-	-	4,110.00
5/20/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	-	-	-	-	-	186.10
5/20/2021 NOVITAS SOLUTION HCCLAIMPMT 676357 420000179	-	-	-	-	-	-	1,736.26
5/20/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2	-	-	-	-	-	-	7,499.13
5/18/2021 Check	22,419.42	-	-	-	-	-	-
5/18/2021 MANAGEANDNET1718 MNS PMNT 00000000004293 41	-	-	-	-	-	-	5,985.00
5/18/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	-	-	-	-	-	8,247.93
5/17/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	-	-	-	-	-	26,572.34
		53,349.75	213,732.89	5,974.70	1,099.30	2,564.86	10.57
						7,812.07	205,920.83

Crescent

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
5/21/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	-	-	-	-	-	370.00
5/21/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	-	-	-	-	-	1,558.12
5/21/2021 NOVITAS SOLUTION HCCLAIMPMT 676323 420000192	-	-	-	-	-	-	61,024.30
5/21/2021 MOLINA HEALTHCARE MOLINAACH 00925594 42000012	-	7,739.19	4,797.03	883.70	2,058.46	-	6,268.11
5/20/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III	36,883.55	-	-	-	-	-	-
5/19/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	-	-	-	-	-	2,499.89
5/18/2021 Check	17,971.41	-	-	-	-	-	-
5/18/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	-	-	-	-	-	1,891.26
5/18/2021 HUMANA INS CO HCCLAIMPMT 390864 830000571003	-	-	-	-	-	-	1,173.84
5/18/2021 HUMANA CHA DISB HCCLAIMPMT 390864 4200001661	-	-	-	-	-	-	10,665.00
5/17/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	-	-	-	-	-	6,663.97
5/17/2021 NOVITAS SOLUTION HCCLAIMPMT 676323 420000131	-	-	-	-	-	-	295.17
		54,854.96	93,880.74	4,797.03	883.70	2,058.46	-
						6,268.11	87,612.63

Fort Bend

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
5/21/2021 MOLINA HEALTHCARE MOLINAACH 00925373 42000012	-	9,422.74	5,834.25	1,077.48	2,500.44	10.57	7,628.50
5/20/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III	12,719.64	-	-	-	-	-	-
5/20/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	-	-	-	-	-	1,750.10
5/20/2021 NOVITAS SOLUTION HCCLAIMPMT 675663 420000179	-	-	-	-	-	-	1,385.09
5/18/2021 Check	21,884.63	-	-	-	-	-	-
5/18/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	-	-	-	-	-	14,649.91
		34,604.27	27,207.84	5,834.25	1,077.48	2,500.44	10.57
						7,628.50	19,579.35

Solera at West Houston

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
5/21/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	-	-	-	-	-	2,758.18
5/21/2021 NOVITAS SOLUTION HCCLAIMPMT 676310 420000192	-	-	-	-	-	-	2,242.65
5/21/2021 MOLINA HEALTHCARE MOLINAACH 00925565 42000012	-	9,141.94	5,661.25	1,045.14	2,424.98	10.57	7,401.60
5/20/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III	47,505.56	-	-	-	-	-	-
5/20/2021 NOVITAS SOLUTION HCCLAIMPMT 676310 420000179	-	-	-	-	-	-	163.42
5/19/2021 MANAGEANDNET1718 MNS PMNT 00000000002482 41	-	-	-	-	-	-	2,910.00
5/19/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	-	-	-	-	-	2,865.15
5/19/2021 NOVITAS SOLUTION HCCLAIMPMT 676310 420000180	-	-	-	-	-	-	5,149.26
5/18/2021 Check	21,219.54	-	-	-	-	-	-
5/18/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	-	-	-	-	-	2,902.59
5/18/2021 HUMANA CHA DISB HCCLAIMPMT 390862 4200001661	-	-	-	-	-	-	6,046.60
5/18/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2	-	-	-	-	-	-	186.40
5/17/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	-	-	-	-	-	24,540.68
5/17/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	-	-	-	-	-	1,711.02
		68,725.70	60,617.89	5,661.25	1,045.14	2,424.98	10.57
						7,401.60	53,216.30

TOTALS

373,178.80	530,084.60	36,701.49	6,756.98	15,734.90	52.85	47,973.86	490,110.75
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Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

DDA

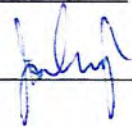
Data reported as of: May 24, 2021

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$7,907,148.90	\$8,272,394.26	\$7,907,148.90	\$7,418,535.7
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,810.62	\$5,810.62	\$5,810.62	\$6,203.1
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$8,721.78	\$33,444.85	\$8,721.78	\$6,949.1
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.11	\$535.11	\$535.11	\$535.1
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$4,418,058.72	\$4,548,924.99	\$4,418,058.72	\$4,278,730.7
<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	\$151,446.61	\$186,000.68	\$151,446.61	\$81,072.5
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$226,021.00	\$234,344.23	\$226,021.00	\$66,624.8
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$99,981.71	\$102,271.02	\$99,981.71	\$29,290.1
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$33,296.19	\$33,296.19	\$33,296.19	\$23,873.4
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$66,731.53	\$213,352.08	\$66,731.53	\$52,588.7
<u>*2998</u> MMC -MONEY MARKET FUND	\$2,605,369.97	\$2,605,369.97	\$2,605,369.97	\$2,605,369.9
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$248,895.13	\$252,733.04	\$248,895.13	\$225,017.3
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$6,729.78	\$6,729.78	\$6,729.78	\$6,729.7
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$27,000.08	\$41,031.03	\$27,000.08	\$27,000.0
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$8,119.85	\$8,119.85	\$8,119.85	\$8,119.8

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
5/24/2021

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		32,080.43 ✓	25,962.78 ✓	2,604.13 ✓	-	8,721.78 ✓	(1,651.52)
					Bank Balance	8,721.78	
					Variance	-	NO TRANSFER
					Leave in Balance	100.00 ✓	
					Withholding for Medicare Recoup- Hosp	4,745.74 ✓	
					Withholding for Medicare Recoup- Clinic	1,232.78 ✓	
					Withholding for Medicare Recoup- Hosp	3,983.75 ✓	
					Withholding for Medicare Recoup- Clinic	271.90 ✓	
					APRIL INTEREST	39.13 ✓	
					MAY INTEREST		
					JUNE INTEREST		
					Adjust Balance/Transfer Amt	(1,651.52)	

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 5/24/2021

ADMITTED
MAY 24 2021
COUNTY ANGLIN
CASSIUS DOUGLAS, M.D.

Golden Creek

5/21/2021 ACH SETTLEMENT SERVICE 4105523439 9601693937
 5/20/2021 WIRE OUT NEXION HEALTH AT GOLDEN CREEK
 5/20/2021 TSY5/TRANSFIRST BKCD STLMT 543684555876917 9

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&L aple	QIPP TI	
-	1,772.60					-	1,772.60
25,962.78	-					-	-
-	831.53					-	831.53
-	-					-	-
25,962.78	2,604.13	-	-	-	-	-	2,604.13

Quick View

Select Quick View Accounts

Account Number / Name

Account Type

Select Group

Groups

Add Group

Search

All

DDA

Data reported as of May 24, 2021

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$7,907,148.90	\$8,272,394.26	\$7,907,148.90	\$7,418,535.7
*4551 CAL CO INDIGENT HEALTHCARE	\$5,810.62	\$5,810.62	\$5,810.62	\$6,203.1
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$8,721.78	\$33,444.85	\$8,721.78	\$6,949.1
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.11	\$535.11	\$535.11	\$535.1
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$4,418,058.72	\$4,548,924.99	\$4,418,058.72	\$4,278,730.7
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$430.82	\$430.82	\$430.82	\$430.8
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$151,446.61	\$186,000.68	\$151,446.61	\$81,072.5
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$226,021.00	\$234,344.23	\$226,021.00	\$66,624.6
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$99,981.71	\$102,271.02	\$99,981.71	\$29,290.1
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$33,296.19	\$33,296.19	\$33,296.19	\$23,873.4
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$66,731.53	\$213,352.08	\$66,731.53	\$52,588.7
*2998 MMC -MONEY MARKET FUND	\$2,605,369.97	\$2,605,369.97	\$2,605,369.97	\$2,605,369.9
*5506 MMC -NH BETHANY SENIOR LIVING	\$248,895.13	\$252,733.04	\$248,895.13	\$225,017.3
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$6,729.78	\$6,729.78	\$6,729.78	\$6,729.7
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$27,000.08	\$41,031.03	\$27,000.08	\$27,000.0
*3407 MMC -NH TUSCANY VILLAGE	\$8,119.85	\$8,119.85	\$8,119.85	\$8,119.8

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
5/24/2021

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		112.65	✓	26,887.43	✓	-	27,000.08	26,887.43
						Bank Balance	27,000.08	✓
						Variance	-	
						Leave in Balance	100.00	✓
						APRIL INTEREST	12.65	✓
						MAY INTEREST		
						JUNE INTEREST		
						Adjust Balance/Transfer Amt	26,887.43	✓

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		26,915.78	✓	26,789.02	✓	6,603.02	6,729.78	6,603.02
						Bank Balance	6,729.78	✓
						Variance	-	
						Leave in Balance	100.00	✓
						Withholding for Medicare Recoup- Hosp		
						Withholding for Medicare Recoup- Clinic		
						APRIL INTEREST	26.76	✓
						MAY INTEREST		
						JUNE INTEREST		
						Adjust Balance/Transfer Amt	6,603.02	✓

Routing Information for Gulf Pointe Plaza:

TOTAL TRANSFERS 33,490.45

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

5/24/2021

MAILED
MAY 24 2021
COMMUNITY AFFAIRS
CLINICAL DEPARTMENT, MMHC

Gulf Pointe Plaza-Private Pay

5/19/2021 NDC SWEEP FAC H261 21000022184632 SWEEP FR
5/18/2021 HUMANA INS CO HCCLAIMPMT 624982 830000571989
5/17/2021 HUMANA CHA DISB HCCLAIMPMT 624982 4200001238

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	
-	6,309.19	-	-	-	-	-	6,309.19
-	613.93	-	-	-	-	-	613.93
-	19,964.31	-	-	-	-	-	19,964.31
-	26,887.43	-	-	-	-	-	26,887.43

Gulf Pointe Plaza-Medicare/Medicaid

5/20/2021 WIRE OUT HMG SERVICES, LLC
5/18/2021 NORIDIAN J3A HCCLAIMPMT 675892 4200001314748

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	
26,789.02	-	-	-	-	-	-	-
-	6,603.02	-	-	-	-	-	6,603.02
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
26,789.02	6,603.02	-	-	-	-	-	6,603.02
26,789.02	33,490.45	-	-	-	-	-	33,490.45

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

DDA

Data reported as of May 24, 2021

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$7,907,148.90	\$8,272,394.26	\$7,907,148.90	\$7,418,535.7
*4551 CAL CO INDIGENT HEALTHCARE	\$5,810.62	\$5,810.62	\$5,810.62	\$6,203.1
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$8,721.78	\$33,444.85	\$8,721.78	\$6,949.1
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.11	\$535.11	\$535.11	\$535.1
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$4,418,058.72	\$4,548,924.99	\$4,418,058.72	\$4,278,730.7
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$430.82	\$430.82	\$430.82	\$430.8
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$151,446.61	\$186,000.68	\$151,446.61	\$81,072.5
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$226,021.00	\$234,344.23	\$226,021.00	\$66,624.8
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$99,981.71	\$102,271.02	\$99,981.71	\$29,290.1
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$33,296.19	\$33,296.19	\$33,296.19	\$23,873.4
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$66,731.53	\$213,352.08	\$66,731.53	\$52,588.7
*2998 MMC -MONEY MARKET FUND	\$2,605,369.97	\$2,605,369.97	\$2,605,369.97	\$2,605,369.5
*5506 MMC -NH BETHANY SENIOR LIVING	\$248,895.13	\$252,733.04	\$248,895.13	\$225,017.3
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$6,729.78	\$6,729.78	\$6,729.78	\$6,729.7
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$27,000.08	\$41,031.03	\$27,000.08	\$27,000.0
*3407 MMC -NH TUSCANY VILLAGE	\$8,119.85	\$8,119.85	\$8,119.85	\$8,119.8

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 5/24/2021

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		44,177.88	✓ 36,058.03				8,119.85	(4,255.65)
						Bank Balance	8,119.85	
						Variance	-	NO TRANSFER
						Leave in Balance	100.00	
						Withholding for Medicare Recoup- Hosp	5,197.82	✓
						Withholding for Medicare Recoup- Clinic	2,822.03	✓
						Withholding for Medicare Recoup- Hosp	3,983.75	✓
						Withholding for Medicare Recoup- Clinic	271.90	✓
						Pending Amerigroup QIPP Ck		
						Adjust Balance/Transfer Amt	(4,255.65)	✓
						Approved:		
						Jason Anglin, CEO		5/24/2021

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.

MAILED
MAY 24 2021
CLERK

Tuscany Senior Living

5/20/2021 WIRE OUT LINBAR ENTERPRISES, LLC
5/18/2021 Check

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
9,784.62 ✓	-					-	-
26,273.41 ✓	-					-	-
36,058.03 ✓	-	-	-	-	-	-	-

Quick View

Select Quick View Accounts

Account Number / Name

Account Type

Select Group

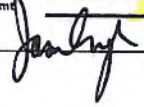
Groups

DDA

Data reported as of May 24, 2021

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$7,907,148.90	\$8,272,394.26	\$7,907,148.90	\$7,418,535.7
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,810.62	\$5,810.62	\$5,810.62	\$6,203.1
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$8,721.78	\$33,444.85	\$8,721.78	\$6,949.1
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.11	\$535.11	\$535.11	\$535.1
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$4,418,058.72	\$4,548,924.99	\$4,418,058.72	\$4,278,730.7
<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	\$151,446.61	\$186,000.68	\$151,446.61	\$81,072.5
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$226,021.00	\$234,344.23	\$226,021.00	\$66,624.8
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$99,981.71	\$102,271.02	\$99,981.71	\$29,290.1
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$33,296.19	\$33,296.19	\$33,296.19	\$23,873.4
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$66,731.53	\$213,352.08	\$66,731.53	\$52,588.7
<u>*2998</u> MMC -MONEY MARKET FUND	\$2,605,369.97	\$2,605,369.97	\$2,605,369.97	\$2,605,369.9
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$248,895.13	\$252,733.04	\$248,895.13	\$225,017.3
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$6,729.78	\$6,729.78	\$6,729.78	\$6,729.7
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$27,000.08	\$41,031.03	\$27,000.08	\$27,000.0
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$8,119.85	\$8,119.85	\$8,119.85	\$8,119.8

Memorial Medical Center
 Nursing Home UPL
 Weekly HSLTransfer
 Prosperity Accounts
 5/24/2021

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		27,138.82	26,974.71	248,731.02			248,895.13	248,731.02
						Bank Balance	248,895.13	
						Variance	248,895.13	
						Leave in Balance	100.00	
						Withholding for Medicare Recoup- Hosp		
						Withholding for Medicare Recoup- Clinic		
						APRIL INTEREST	64.11	
						MAY INTEREST		
						JUNE INTEREST		
						Adjust Balance/Transfer Amt	248,731.02	
Approved: 								
Jason Anglin, CEO								5/24/2021

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.


 MAY 24 2021

 GLENDALE COUNTY, ILLINOIS

Bethany Senior Living

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
5/21/2021 Deposit	-	5,027.04					-	5,027.04
5/21/2021 Deposit	-	8,844.39					-	8,844.39
5/21/2021 HOSPICE OF SO TX VENDORS NF 91000017338388	-	1,961.66					-	1,961.66
5/21/2021 NOVITAS SOLUTION HCCLAIMPMT 676481 420000192	-	8,044.71					-	8,044.71
5/20/2021 WIRE OUT BETHANY SENIOR LIVING, LTD	26,974.71	-					-	-
5/20/2021 NOVITAS SOLUTION HCCLAIMPMT 676481 420000179	-	145,069.53					-	145,069.53
5/20/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	6,821.39					-	6,821.39
5/19/2021 NOVITAS SOLUTION HCCLAIMPMT 676481 420000180	-	11,668.91					-	11,668.91
5/18/2021 Deposit	-	1,507.25					-	1,507.25
5/17/2021 Deposit	-	7,597.00					-	7,597.00
5/17/2021 Deposit	-	52,189.14					-	52,189.14
	26,974.71	248,731.02	-	-	-	-	-	248,731.02

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

DDA

Data reported as of May 24, 2021

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$7,907,148.90	\$8,272,394.26	\$7,907,148.90	\$7,418,535.7
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*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$8,721.78	\$33,444.85	\$8,721.78	\$6,949.1
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.11	\$535.11	\$535.11	\$535.1
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$4,418,058.72	\$4,548,924.99	\$4,418,058.72	\$4,278,730.7
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$430.82	\$430.82	\$430.82	\$430.8
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$151,446.61	\$186,000.68	\$151,446.61	\$81,072.5
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$226,021.00	\$234,344.23	\$226,021.00	\$66,624.8
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$99,981.71	\$102,271.02	\$99,981.71	\$29,290.1
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$33,296.19	\$33,296.19	\$33,296.19	\$23,873.4
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$66,731.53	\$213,352.08	\$66,731.53	\$52,588.7
*2998 MMC -MONEY MARKET FUND	\$2,605,369.97	\$2,605,369.97	\$2,605,369.97	\$2,605,369.9
*5506 MMC -NH BETHANY SENIOR LIVING	\$248,895.13	\$252,733.04	\$248,895.13	\$225,017.3
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$6,729.78	\$6,729.78	\$6,729.78	\$6,729.7
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$27,000.08	\$41,031.03	\$27,000.08	\$27,000.0
*3407 MMC -NH TUSCANY VILLAGE	\$8,119.85	\$8,119.85	\$8,119.85	\$8,119.8

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P
A
Y
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E
MEMORIAL MEDICAL CENTER

Date Requested: 05/24/21

FOR ACCT. USE ONLY

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

MAY 24 2021

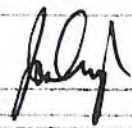
CK# 001127

AMOUNT \$18,863.59

G/L NUMBER: 10255040

EXPLANATION: MOLINA QIPP 1,2,3,& LAPSE - Ashford

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

0

RUN DATE:05/27/21

TIME:11:46

MEMORIAL MEDICAL CENTER

CHECK REGISTER

05/27/21 THRU 05/27/21

PAGE 1

GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHA 001127 05/27/21 18,863.59 MMC OPERATING

TOTALS: 18,863.59

Ashford

ASHFORD
OK
MAY 26 2021
CASHIER GENERAL, PEARLS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P
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MEMORIAL MEDICAL CENTER

Date Requested: 05/24/21

FOR ACCT. USE ONLY

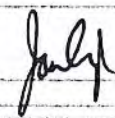
- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT \$7,812.07

G/L NUMBER: 10255040

EXPLANATION: MOLINA QIPP 1,2,3,& LAPSE - Broad moun

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

RUN DATE:05/27/21
TIME:11:46

MEMORIAL MEDICAL CENTER
CHECK REGISTER
05/27/21 THRU 05/27/21

PAGE 2
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHB 000089 05/27/21 7,812.07 MMC OPERATING *Broadmoor*
TOTALS: 7,812.07

APPROVED
ON
MAY 26 2021
CASHIER
CLERK FOR DEPT. OF HEALTH

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P MEMORIAL MEDICAL CENTER

Date Requested: 05/24/21

A

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FOR ACCT. USE ONLY

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

MAY 24 2021

ck # 000123

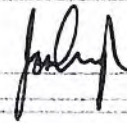
G/L NUMBER: 10255040

AMOUNT \$6,268.11

EXPLANATION: MOLINA QIPP 1,2,3,& LAPSE - Crescent

REQUESTED BY: Mayra Martinez

AUTHORIZED BY:



RUN DATE:05/27/21
TIME:11:46

MEMORIAL MEDICAL CENTER
CHECK REGISTER
05/27/21 THRU 05/27/21

PAGE 3
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHC 000123 05/27/21 6,268.11 MMC OPERATING
TOTALS: 6,268.11

Crescent

MAILED
MAY 26 2021
CITY OF MEMPHIS
CLERK OF COURT, JAMES

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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MEMORIAL MEDICAL CENTER

Date Requested: 05/24/21

FOR ACCT. USE ONLY

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

MAY 24 2021

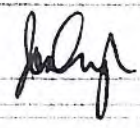
CK# 000120

AMOUNT \$7,628.50

G/L NUMBER: 10255040

EXPLANATION: MOLINA QIPP 1,2,3,& LAPSE - Fort Bend

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

RUN DATE:05/27/21
TIME:11:46

MEMORIAL MEDICAL CENTER
CHECK REGISTER
05/27/21 THRU 05/27/21

PAGE 4
GLCKREG

BANK--CHECK--

CODE NUMBER DATE AMOUNT PAYEE

NHF 000120 05/27/21 7,628.50 MMC OPERATING
TOTALS: 7,628.50

Fort Bend

APPROVED
OK
MAY 26 2021
CASHIER
CASHIER

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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MEMORIAL MEDICAL CENTER

Date Requested: 05/24/21

FOR ACCT. USE ONLY

- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to V
☐ Return Check to

MAY 24 2021

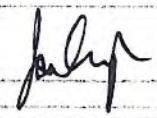
CK# 00122

G/L NUMBER: 10255040

AMOUNT \$7,401.60

EXPLANATION: MOLINA QIPP 1,2,3,& LAPSE - Solen

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

RUN DATE:05/27/21
TIME:11:46

MEMORIAL MEDICAL CENTER
CHECK REGISTER
05/27/21 THRU 05/27/21

PAGE 5
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHS 001122 05/27/21 7,401.60 MMC OPERATING *Solen*
TOTALS: 7,401.60

APPROVED
ON
MAY 26 2021
CASHIER
CASHIER JOURNAL, BANK

QIPP Payment to MMC from Nursing Facilities

Commissioner's Court

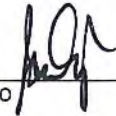
5/26/2021

NH Name	From Bank Acct #	Ck #	Payee	GL #	QIPP 1,2,3, & Lapse				TOTAL	Date
Ashford	10000018 - Prosperity		MMC -Prosperity Operating #10000001	10255040	18,863.59				18,863.59	5/26/2021
Broadmoor	10000019 - Prosperity		MMC -Prosperity Operating #10000001	10255040	7,812.07				7,812.07	5/26/2021
Crescent	10000020 - Prosperity		MMC -Prosperity Operating #10000001	10255040	6,268.11				6,268.11	5/26/2021
Fort Bend	10000021 - Prosperity		MMC -Prosperity Operating #10000001	10255040	7,628.50				7,628.50	5/26/2021
Solera	10000022 - Prosperity		MMC -Prosperity Operating #10000001	10255040	7,401.60				7,401.60	5/26/2021
Golden Creek	10000023 - Prosperity		MMC -Prosperity Operating #10000001	10255040					-	5/26/2021
Gulf Pointe-PP	10000114 - Prosperity		MMC -Prosperity Operating #10000001	10255040					-	5/26/2021
Gulf Pointe-MM	10000025 - Prosperity		MMC -Prosperity Operating #10000001						-	5/26/2021
Bethany			MMC -Prosperity Operating #10000001						-	5/26/2021
Tuscany			MMC -Prosperity Operating #10000001	10255040					-	5/26/2021
			Total:		47,973.87	-	-	-	47,973.87	

Note:

Approved:

Jason Anglin, CEO, CFO



5/24/2021

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

1122

88-2265/1131-87

5/27/21

Date

CHECK ARMOR

Pay to the

Order of MMC operating

\$ 7,401.60

Seven thousand four hundred and one & 60/100 Dollars



Photo
Safe
Deposit
Details on back



PROSPERITY BANK®

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

For QIPP 1,2,3 & lapse

MP

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

1127

88-2265/1131-87

5/27/21

Date

CHECK ARMOR

Pay to the

Order of MMC operating

\$ 18,863.59

Eighteen thousand eight hundred Sixty three & 59/100 Dollars



Photo
Safe
Deposit
Details on back



PROSPERITY BANK®

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

For QIPP 1,2,3, & lapse

MP

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

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000089

88-2265/1131

Date

5/27/21

PAY

TO THE

ORDER OF

MMC operating

\$ 7,812.07

Seven thousand eight hundred twelve & 07/100

DOLLARS



PROSPERITY
BANK®

FOR QIPP 1,2,3, & lapse

MP



Security features are
included. Details on back

MEMORIAL MEDICAL CENTER

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

000120

88-2265/1131

Date 5/27/21

PAY

TO THE
ORDER OF

MMC operating

\$ 7,628.50

Seven thousand six hundred twenty eight & 50/100 DOLLARS

PROSPERITY
BANK

FOR QIPP 1,2,3, & lapse.

Security features are
included. Details on back

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000123

88-2265/1131

Date 5/27/21

PAY

TO THE
ORDER OF

MMC operating

\$ 6,268.11

Six thousand two hundred sixty eight & 11/100 DOLLARS

PROSPERITY
BANK

FOR QIPP 1,2,3, & lapse

Security features are
included. Details on back

Medicare Repayments for MMC and Clinic

Commissioner's Court

5/26/2021

NH Name	From Bank Acct #	Clk #	Payee	GL #	TOTAL	Date
Ashford	10000018 - Prosperity		Memorial Medical Center		3,983.75	5/26/2021
Ashford	10000018 - Prosperity		Memorial Medical Clinic		271.90	5/26/2021
Broadmoor	10000019 - Prosperity		Memorial Medical Center		3,983.75	5/26/2021
Broadmoor	10000019 - Prosperity		Memorial Medical Clinic		271.90	5/26/2021
Crescent	10000020 - Prosperity		Memorial Medical Center		3,983.75	5/26/2021
Crescent	10000020 - Prosperity		Memorial Medical Clinic		271.90	5/26/2021
Fort Bend	10000021 - Prosperity		Memorial Medical Center		~~3,725.41~~ 3,983.75	5/26/2021
Fort Bend	10000021 - Prosperity		Memorial Medical Clinic		271.90	5/26/2021
Solera	10000022 - Prosperity		Memorial Medical Center		3,983.75	5/26/2021
Solera	10000022 - Prosperity		Memorial Medical Clinic		271.90	5/26/2021
Golden Creek	10000023 - Prosperity		Memorial Medical Center		3,983.75	5/26/2021
Golden Creek	10000023 - Prosperity		Memorial Medical Clinic		271.90	5/26/2021
Gulf Pointe-PP	10000114 - Prosperity		Memorial Medical Center			5/26/2021
Gulf Pointe-PP	10000114 - Prosperity		Memorial Medical Clinic			5/26/2021
Gulf Pointe-MM	10000025 - Prosperity		Memorial Medical Center			5/26/2021
Gulf Pointe-MM	10000025 - Prosperity		Memorial Medical Clinic			5/26/2021
Bethany			Memorial Medical Center			5/26/2021
Bethany			Memorial Medical Clinic			5/26/2021
Tuscany			Memorial Medical Center		3,983.75	5/26/2021
Tuscany			Memorial Medical Clinic		271.90	5/26/2021
				Total:	~~29,531.21~~ 29,789.55	
Note:						

Approved:

Jason Anglin, CEO, CFO

5/24/2021

Ashford

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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MEMORIAL MEDICAL CENTER

Date Requested: 05/24/21

FOR ACCT. USE

- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check
☐ Return Check

MAY 24 2021

CLK # 001128

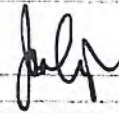
G/L NUMBER: 10255040

AMOUNT \$3,983.75

EXPLANATION: MEDICARE REPAYMENTS FOR MMC

REQUESTED BY: Mayra Martinez

AUTHORIZED BY:



REMIT DATE	RECOUPMENT AMOUNT	TRANSFER WITHHOLD DATE
4/16/2021	\$2.00	5/17/2021
4/19/2021	\$3.83	5/17/2021
4/20/2021	\$25.63	5/17/2021
4/22/2021	\$799.95	5/17/2021
4/23/2021	\$1,173.84	5/17/2021
4/27/2021	\$1.21	5/17/2021
4/28/2021	\$197.16	5/17/2021
4/29/2021	\$44.97	5/17/2021
4/30/2021	\$1,353.48	5/17/2021
5/3/2021	\$177.10	5/17/2021
5/3/2021	\$2,779.06	5/17/2021
5/4/2021	\$75.58	5/17/2021
5/5/2021	\$578.93	5/17/2021
5/7/2021	\$212.06	5/17/2021
5/6/2021	\$258.34	5/24/2021
5/10/2021	\$1,986.32	5/24/2021
5/11/2021	\$709.34	5/24/2021
5/12/2021	\$578.74	5/24/2021
5/13/2021	\$442.29	5/24/2021
5/14/2021	\$8.72	5/24/2021
		\$3,983.75

Total \$11,408.55

Ashford

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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MEMORIAL MEDICAL CENTER

Date Requested: 05/24/21

FOR ACCT. USE

- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Mail Check
- ☐ Return Check

MAY 24 2021

CK # 001129

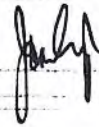
G/L NUMBER:

AMOUNT \$271.90

EXPLANATION: MEDICARE REPAYMENTS FOR CLINIC

REQUESTED BY Mayra Martinez

AUTHORIZED BY:



REMIT DATE	DATE POSTED	RECOUPMENT AMOUNT	TRANSFER WITHHOLD DATE
4/19/2021	4/22/2021	\$82.49	5/17/2021
4/19/2021	4/22/2021	\$46.79	5/17/2021
4/20/2021	4/22/2021	\$47.16	5/17/2021
4/22/2021	4/26/2021	\$27.98	5/17/2021
4/22/2021	4/26/2021	\$88.82	5/17/2021
4/23/2021	4/27/2021	\$148.06	5/17/2021
4/23/2021	4/27/2021	\$2.16	5/17/2021
4/27/2021	4/29/2021	\$83.00	5/17/2021
4/28/2021	4/30/2021	\$33.59	5/17/2021
4/29/2021	4/25/2021	\$42.72	5/17/2021
4/29/2021	4/25/2021	\$83.01	5/17/2021
4/30/2021	5/4/2021	\$4.34	5/17/2021
4/30/2021	5/4/2021	\$107.47	5/17/2021
5/3/2021	5/5/2021	\$6.76	5/17/2021
5/3/2021	5/5/2021	\$45.33	5/17/2021
5/4/2021	5/6/2021	\$4.34	5/17/2021
5/4/2021	5/6/2021	\$32.46	5/17/2021
5/5/2021	5/7/2021	\$34.37	5/17/2021
5/5/2021	5/7/2021	\$7.06	5/17/2021
5/6/2021	5/10/2021	\$55.89	5/17/2021
5/7/2021	5/11/2021	\$61.94	5/17/2021
5/11/2021	5/13/2021	\$48.95	5/17/2021
5/12/2021	5/14/2021	\$69.64	5/17/2021
5/13/2021	5/17/2021	\$68.45	5/17/2021
5/14/2021	5/18/2021	\$4.21	5/24/2021
5/14/2021	5/18/2021	\$113.15	5/24/2021
5/18/2021	5/21/2021	\$12.66	5/24/2021
5/18/2021	5/21/2021	\$120.75	5/24/2021
5/19/2021	5/21/2021	\$6.98	5/24/2021
5/19/2021	5/21/2021	\$14.15	5/24/2021
5/20/2021	5/24/2021	\$7.02	
5/20/2021	5/24/2021	\$91.72	

TOTAL

\$1,603.42

\$271.90

RUN DATE:06/07/21
TIME:13:29

MEMORIAL MEDICAL CENTER
CHECK REGISTER
06/02/21 THRU 06/02/21

PAGE 2
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHA 001128 06/02/21 3,983.75 MEMORIAL MEDICAL CENTER
NHA 001129 06/02/21 271.90 MEMORIAL MEDICAL CLINIC
TOTALS: 4,255.65

Ashford

MAY 26 2021

COURTNEY A. HARRIS
CLERK OF COURT, MISSISSAUGA

Broadmoor

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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MEMORIAL MEDICAL CENTER

Date Requested: 05/24/21

FOR ACCT. USE

- ☐ Imprest Cash
- ☐ A/P Check
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- ☐ Return Check to

MAY 24 2021

CL# 00090

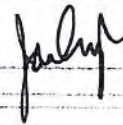
AMOUNT \$3,983.75

G/L NUMBER: 10255040

EXPLANATION: MEDICARE REPAYMENTS FOR MMC

REQUESTED BY: Mayra Martinez

AUTHORIZED BY:



REMIT DATE	RECOUPMENT AMOUNT	TRANSFER WITHHOLD DATE
4/9/2021	\$6,180.78	5/17/2021
4/19/2021	\$3.83	5/17/2021
4/20/2021	\$25.63	5/17/2021
4/22/2021	\$799.95	5/17/2021
4/23/2021	\$1,173.84	5/17/2021
4/27/2021	\$1.21	5/17/2021
4/28/2021	\$197.16	5/17/2021
4/29/2021	\$44.97	5/17/2021
4/30/2021	\$1,353.48	5/17/2021
5/3/2021	\$177.10	5/17/2021
5/4/2021	\$75.58	5/17/2021
5/5/2021	\$678.93	5/17/2021
5/7/2021	\$212.06	5/17/2021
5/6/2021	\$258.34	5/24/2021
5/10/2021	\$1,986.32	5/24/2021
5/11/2021	\$709.34	5/24/2021
5/12/2021	\$578.74	5/24/2021
5/13/2021	\$442.29	5/24/2021
5/14/2021	\$8.72	5/24/2021
		\$3,983.75

Total \$14,908.27

Broadmoor

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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MEMORIAL MEDICAL CENTER

Date Requested: 05/24/21

FOR ACCT. USE

☐ Imprest Cash

☐ A/P Check

☐ Mail Check

☐ Return Check

MAY 24 2021

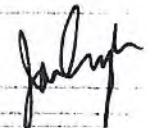
CK # 00091

G/L NUMBER:

AMOUNT \$271.90

EXPLANATION: MEDICARE REPAYMENTS FOR CLINIC

REQUESTED BY Mayra Martinez

AUTHORIZED BY: 

REMIT DATE	DATE POSTED	RECOUPMENT AMOUNT	TRANSFER WITHHOLD DATE
4/19/2021	4/22/2021	\$82.49	5/17/2021
4/19/2021	4/22/2021	\$46.79	5/17/2021
4/20/2021	4/22/2021	\$47.16	5/17/2021
4/22/2021	4/26/2021	\$27.98	5/17/2021
4/22/2021	4/26/2021	\$88.82	5/17/2021
4/23/2021	4/27/2021	\$148.06	5/17/2021
4/23/2021	4/27/2021	\$2.16	5/17/2021
4/27/2021	4/29/2021	\$83.00	5/17/2021
4/28/2021	4/30/2021	\$33.59	5/17/2021
4/29/2021	4/25/2021	\$42.72	5/17/2021
4/29/2021	4/25/2021	\$83.01	5/17/2021
4/30/2021	5/4/2021	\$4.34	5/17/2021
4/30/2021	5/4/2021	\$107.47	5/17/2021
5/3/2021	5/5/2021	\$6.76	5/17/2021
5/3/2021	5/5/2021	\$45.33	5/17/2021
5/4/2021	5/6/2021	\$4.34	5/17/2021
5/4/2021	5/6/2021	\$32.46	5/17/2021
5/5/2021	5/7/2021	\$34.37	5/17/2021
5/5/2021	5/7/2021	\$7.06	5/17/2021
5/6/2021	5/10/2021	\$55.89	5/17/2021
5/7/2021	5/11/2021	\$61.94	5/17/2021
5/11/2021	5/13/2021	\$48.95	5/17/2021
5/12/2021	5/14/2021	\$69.64	5/17/2021
5/13/2021	5/17/2021	\$68.45	5/17/2021
5/14/2021	5/18/2021	\$4.21	5/24/2021
5/14/2021	5/18/2021	\$113.15	5/24/2021
5/18/2021	5/21/2021	\$12.66	5/24/2021
5/18/2021	5/21/2021	\$120.75	5/24/2021
5/19/2021	5/21/2021	\$6.98	5/24/2021
5/19/2021	5/21/2021	\$14.15	5/24/2021
5/20/2021	5/24/2021	\$7.02	
5/20/2021	5/24/2021	\$91.72	

TOTAL

\$1,603.42

\$271.90

RUN DATE:06/07/21
TIME:13:29

MEMORIAL MEDICAL CENTER
CHECK REGISTER
06/02/21 THRU 06/02/21

PAGE 3
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHB 000090 06/02/21 3,983.75 MEMORIAL MEDICAL CENTER
NHB 000091 06/02/21 271.90 MEMORIAL MEDICAL CLINIC
TOTALS: 4,255.65

Broadmeor

AMOUNT PAID
ON
MAY 26 2021
COURT REPORTER
CATHOLIC COURT, TEXAS

Crescent

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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MEMORIAL MEDICAL CENTER

Date Requested: 05/24/21

FOR ACCT. USE

☐ Imprest Cash

☐ A/P Check

☐ Mail Check

☐ Return Check

MAY 24 2021

ck# 000124

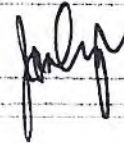
G/L NUMBER: 10255040

AMOUNT \$3,983.75

EXPLANATION: MEDICARE REPAYMENTS FOR MMC

REQUESTED BY: Mayra Martinez

AUTHORIZED BY:



REMIT DATE	RECOUPMENT AMOUNT	TRANSFER WITHHOLD DATE
4/16/2021	\$2.00	5/17/2021
4/19/2021	\$3.83	5/17/2021
4/20/2021	\$25.63	5/17/2021
4/22/2021	\$799.95	5/17/2021
4/23/2021	\$1,173.84	5/17/2021
4/27/2021	\$1.21	5/17/2021
4/28/2021	\$197.16	5/17/2021
4/29/2021	\$44.97	5/17/2021
4/30/2021	\$1,353.48	5/17/2021
5/3/2021	\$177.10	5/17/2021
5/4/2021	\$75.58	5/17/2021
5/5/2021	\$678.93	5/17/2021
5/7/2021	\$212.06	5/17/2021
5/6/2021	\$258.34	5/24/2021
5/10/2021	\$1,986.32	5/24/2021
5/11/2021	\$709.34	5/24/2021
5/12/2021	\$578.74	5/24/2021
5/13/2021	\$442.29	5/24/2021
5/14/2021	\$8.72	5/24/2021
		\$3,983.75

Total \$8,729.49

Crescent

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P MEMORIAL MEDICAL CENTER

Date Requested: 05/24/21

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FOR ACCT. USE

☐ Imprest Cash

☐ A/P Check

☐ Mail Check

☐ Return Check

APPROVED
ON

MAY 24 2021

ck#000125

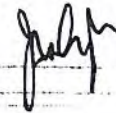
G/L NUMBER:

AMOUNT \$271.90

EXPLANATION: MEDICARE REPAYMENTS FOR CLINIC

REQUESTED BY: Mayra Martinez

AUTHORIZED BY:



REMIT DATE	DATE POSTED	RECOUPMENT AMOUNT	TRANSFER WITHHOLD DATE
4/19/2021	4/22/2021	\$82.49	5/17/2021
4/19/2021	4/22/2021	\$46.79	5/17/2021
4/20/2021	4/22/2021	\$47.16	5/17/2021
4/22/2021	4/26/2021	\$27.98	5/17/2021
4/22/2021	4/26/2021	\$88.82	5/17/2021
4/23/2021	4/27/2021	\$148.06	5/17/2021
4/23/2021	4/27/2021	\$2.16	5/17/2021
4/27/2021	4/29/2021	\$83.00	5/17/2021
4/28/2021	4/30/2021	\$33.59	5/17/2021
4/29/2021	4/25/2021	\$42.72	5/17/2021
4/29/2021	4/25/2021	\$83.01	5/17/2021
4/30/2021	5/4/2021	\$4.34	5/17/2021
4/30/2021	5/4/2021	\$107.47	5/17/2021
5/3/2021	5/5/2021	\$6.76	5/17/2021
5/3/2021	5/5/2021	\$45.33	5/17/2021
5/4/2021	5/6/2021	\$4.34	5/17/2021
5/4/2021	5/6/2021	\$32.46	5/17/2021
5/5/2021	5/7/2021	\$34.37	5/17/2021
5/5/2021	5/7/2021	\$7.06	5/17/2021
5/6/2021	5/10/2021	\$55.89	5/17/2021
5/7/2021	5/11/2021	\$61.94	5/17/2021
5/11/2021	5/13/2021	\$48.95	5/17/2021
5/12/2021	5/14/2021	\$69.64	5/17/2021
5/13/2021	5/17/2021	\$68.45	5/17/2021
5/14/2021	5/18/2021	\$4.21	5/24/2021
5/14/2021	5/18/2021	\$113.15	5/24/2021
5/18/2021	5/21/2021	\$12.66	5/24/2021
5/18/2021	5/21/2021	\$120.75	5/24/2021
5/19/2021	5/21/2021	\$6.98	5/24/2021
5/19/2021	5/21/2021	\$14.15	5/24/2021
5/20/2021	5/24/2021	\$7.02	
5/20/2021	5/24/2021	\$91.72	

TOTAL

\$1,603.42

\$271.90

RUN DATE:06/07/21
TIME:13:29

MEMORIAL MEDICAL CENTER
CHECK REGISTER
06/02/21 THRU 06/02/21

PAGE 4
GLCKREG

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CODE NUMBER DATE AMOUNT PAYEE

NHC 000124 06/02/21 3,983.75 MEMORIAL MEDICAL CENTER
NHC 000125 06/02/21 271.90 MEMORIAL MEDICAL CLINIC
TOTALS: 4,255.65

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APPROVED
ON
MAY 26 2021
COUNSELOR / ACCOUNTING
CARRIE ANN COLEMAN, PHD

Fort Bend

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Date Requested: 05/24/21

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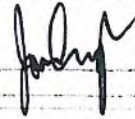
AMOUNT ~~\$3,725.41~~ 3,983.75

G/L NUMBER: 10255040

EXPLANATION: MEDICARE REPAYMENTS FOR MMC

REQUESTED BY: Mayra Martinez

AUTHORIZED BY:



REMIT DATE	RECOUPMENT AMOUNT	TRANSFER WITHHOLD DATE
4/16/2021	\$2.00	5/17/2021
4/19/2021	\$3.83	5/17/2021
4/20/2021	\$25.63	5/17/2021
4/22/2021	\$799.95	5/17/2021
4/23/2021	\$1,173.84	5/17/2021
4/27/2021	\$1.21	5/17/2021
4/28/2021	\$197.16	5/17/2021
4/29/2021	\$44.97	5/17/2021
4/30/2021	\$1,353.48	5/17/2021
5/3/2021	\$177.10	5/17/2021
5/4/2021	\$75.58	5/17/2021
5/5/2021	\$678.93	5/17/2021
5/7/2021	\$212.06	5/17/2021
5/6/2021	\$258.34	~~5/17/2021~~
5/10/2021	\$1,986.32	5/24/2021
5/11/2021	\$709.34	5/24/2021
5/12/2021	\$578.74	5/24/2021
5/13/2021	\$442.29	5/24/2021
5/14/2021	\$8.72	5/24/2021

5/24/21

\$3,725.41 3,983.75

Total \$8,729.49

Fort Bend

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Date Requested: 05/24/21

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☐ Mail Check

☐ Return Check

MAY 24 2021

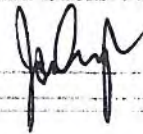
ck# 000122
G/L NUMBER:

AMOUNT \$271.90

EXPLANATION: MEDICARE REPAYMENTS FOR CLINIC

REQUESTED BY: Mayra Martinez

AUTHORIZED BY:



REMIT DATE	DATE POSTED	RECOUPMENT AMOUNT	TRANSFER WITHHOLD DATE
4/19/2021	4/22/2021	\$82.49	5/17/2021
4/19/2021	4/22/2021	\$46.79	5/17/2021
4/20/2021	4/22/2021	\$47.16	5/17/2021
4/22/2021	4/26/2021	\$27.98	5/17/2021
4/22/2021	4/26/2021	\$88.82	5/17/2021
4/23/2021	4/27/2021	\$148.06	5/17/2021
4/23/2021	4/27/2021	\$2.16	5/17/2021
4/27/2021	4/29/2021	\$83.00	5/17/2021
4/28/2021	4/30/2021	\$33.59	5/17/2021
4/29/2021	4/25/2021	\$42.72	5/17/2021
4/29/2021	4/25/2021	\$83.01	5/17/2021
4/30/2021	5/4/2021	\$4.34	5/17/2021
4/30/2021	5/4/2021	\$107.47	5/17/2021
5/3/2021	5/5/2021	\$6.76	5/17/2021
5/3/2021	5/5/2021	\$45.33	5/17/2021
5/4/2021	5/6/2021	\$4.34	5/17/2021
5/4/2021	5/6/2021	\$32.46	5/17/2021
5/5/2021	5/7/2021	\$34.37	5/17/2021
5/5/2021	5/7/2021	\$7.06	5/17/2021
5/6/2021	5/10/2021	\$55.89	5/17/2021
5/7/2021	5/11/2021	\$61.94	5/17/2021
5/11/2021	5/13/2021	\$48.95	5/17/2021
5/12/2021	5/14/2021	\$69.64	5/17/2021
5/13/2021	5/17/2021	\$68.45	5/17/2021
5/14/2021	5/18/2021	\$4.21	5/24/2021
5/14/2021	5/18/2021	\$113.15	5/24/2021
5/18/2021	5/21/2021	\$12.66	5/24/2021
5/18/2021	5/21/2021	\$120.75	5/24/2021
5/19/2021	5/21/2021	\$6.98	5/24/2021
5/19/2021	5/21/2021	\$14.15	5/24/2021
5/20/2021	5/24/2021	\$7.02	
5/20/2021	5/24/2021	\$91.72	

TOTAL

\$1,603.42

\$271.90

RUN DATE:06/07/21
TIME:13:29

MEMORIAL MEDICAL CENTER
CHECK REGISTER
06/02/21 THRU 06/02/21

PAGE 5
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHF 000121 06/02/21 3,983.75 MEMORIAL MEDICAL CENTER
NHF 000122 06/02/21 271.90 MEMORIAL MEDICAL CLINIC
TOTALS: 4,255.65

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Date Requested: 05/24/21

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ck# 001123

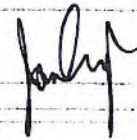
G/L NUMBER: 10255040

AMOUNT \$3,983.75

EXPLANATION: MEDICARE REPAYMENTS FOR MMC

REQUESTED BY Mayra Martinez

AUTHORIZED BY:



REMIT DATE	RECOUPMENT AMOUNT	TRANSFER WITHHOLD DATE
4/16/2021	\$2.00	5/17/2021
4/19/2021	\$3.83	5/17/2021
4/20/2021	\$25.63	5/17/2021
4/22/2021	\$799.95	5/17/2021
4/23/2021	\$1,173.84	5/17/2021
4/27/2021	\$1.21	5/17/2021
4/28/2021	\$197.16	5/17/2021
4/29/2021	\$44.97	5/17/2021
4/30/2021	\$1,353.48	5/17/2021
5/3/2021	\$177.10	5/17/2021
5/4/2021	\$75.58	5/17/2021
5/5/2021	\$678.93	5/17/2021
5/7/2021	\$212.06	5/17/2021
5/6/2021	\$258.34	5/24/2021
5/10/2021	\$1,986.32	5/24/2021
5/11/2021	\$709.34	5/24/2021
5/12/2021	\$578.74	5/24/2021
5/13/2021	\$442.29	5/24/2021
5/14/2021	\$8.72	5/24/2021
		\$3,983.75

Total \$8,729.49

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Date Requested: 05/24/21

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MAY 24 2021

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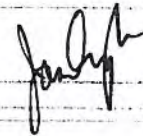
AMOUNT: \$271.90

G/L NUMBER:

EXPLANATION: MEDICARE REPAYMENTS FOR CLINIC

REQUESTED BY: Mayra Martinez

AUTHORIZED BY:



REMIT DATE	DATE POSTED	RECOUPMENT AMOUNT	TRANSFER WITHHOLD DATE
4/19/2021	4/22/2021	\$82.49	5/17/2021
4/19/2021	4/22/2021	\$46.79	5/18/2021
4/20/2021	4/22/2021	\$47.16	5/19/2021
4/22/2021	4/26/2021	\$27.98	5/20/2021
4/22/2021	4/26/2021	\$88.82	5/21/2021
4/23/2021	4/27/2021	\$148.06	5/22/2021
4/23/2021	4/27/2021	\$2.16	5/23/2021
4/27/2021	4/29/2021	\$83.00	5/24/2021
4/28/2021	4/30/2021	\$33.59	5/25/2021
4/29/2021	4/25/2021	\$42.72	5/26/2021
4/29/2021	4/25/2021	\$83.01	5/27/2021
4/30/2021	5/4/2021	\$4.34	5/28/2021
4/30/2021	5/4/2021	\$107.47	5/29/2021
5/3/2021	5/5/2021	\$6.76	5/30/2021
5/3/2021	5/5/2021	\$45.33	5/31/2021
5/4/2021	5/6/2021	\$4.34	6/1/2021
5/4/2021	5/6/2021	\$32.46	6/2/2021
5/5/2021	5/7/2021	\$34.37	6/3/2021
5/5/2021	5/7/2021	\$7.06	6/4/2021
5/6/2021	5/10/2021	\$55.89	6/5/2021
5/7/2021	5/11/2021	\$61.94	6/6/2021
5/11/2021	5/13/2021	\$48.95	6/7/2021
5/12/2021	5/14/2021	\$69.64	6/8/2021
5/13/2021	5/17/2021	\$68.45	6/9/2021
5/14/2021	5/18/2021	\$4.21	5/24/2021
5/14/2021	5/18/2021	\$113.15	5/24/2021
5/18/2021	5/21/2021	\$12.66	5/24/2021
5/18/2021	5/21/2021	\$120.75	5/24/2021
5/19/2021	5/21/2021	\$6.98	5/24/2021
5/19/2021	5/21/2021	\$14.15	5/24/2021
5/20/2021	5/24/2021	\$7.02	
5/20/2021	5/24/2021	\$91.72	

TOTAL

\$1,603.42

\$271.90

RUN DATE:06/07/21
TIME:13:29

MEMORIAL MEDICAL CENTER
CHECK REGISTER
06/02/21 THRU 06/02/21

PAGE 7
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHS 001123 06/02/21 3,983.75 MEMORIAL MEDICAL CENTER

NHS 001124 06/02/21 271.90 MEMORIAL MEDICAL CLINIC

TOTALS: 4,255.65

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Golden creek

MEMORIAL MEDICAL CENTER
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Date Requested: 05/24/21

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CK # 000078

G/L NUMBER: 10255040

AMOUNT \$3,983.75

EXPLANATION MEDICARE REPAYMENTS FOR MMC

REQUESTED BY Mayra Martinez

AUTHORIZED BY:

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☐	Mail Check
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REMIT DATE	RECOUPMENT AMOUNT	TRANSFER WITHHOLD DATE
4/12/2021	\$452.08	5/17/2021
4/16/2021	\$2.00	5/17/2021
4/19/2021	\$3.83	5/17/2021
4/20/2021	\$25.63	5/17/2021
4/22/2021	\$799.95	5/17/2021
4/23/2021	\$1,173.84	5/17/2021
4/27/2021	\$1.21	5/17/2021
4/28/2021	\$197.16	5/17/2021
4/29/2021	\$44.97	5/17/2021
4/30/2021	\$1,353.48	5/17/2021
5/3/2021	\$177.10	5/17/2021
5/4/2021	\$75.58	5/17/2021
5/5/2021	\$678.93	5/17/2021
5/7/2021	\$212.06	5/17/2021
5/6/2021	\$258.34	5/24/2021
5/10/2021	\$1,986.32	5/24/2021
5/11/2021	\$709.34	5/24/2021
5/12/2021	\$578.74	5/24/2021
5/13/2021	\$442.29	5/24/2021
5/14/2021	\$8.72	5/24/2021
		\$3,983.75

Total \$9,181.57

Golden Creek

MEMORIAL MEDICAL CENTER
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Date Requested: 05/24/21

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MAY 24 2021

CL # 000079

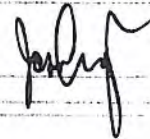
AMOUNT \$271.90

G/L NUMBER:

EXPLANATION: MEDICARE REPAYMENTS FOR CLINIC

REQUESTED BY: Mayra Martinez

AUTHORIZED BY:



REMIT DATE	DATE POSTED	RECOUPMENT AMOUNT	TRANSFER WITHHOLD DATE
4/12/2021	4/15/2021	\$570.26	5/17/2021
4/13/2021	4/15/2021	\$47.30	5/17/2021
4/13/2021	4/15/2021	\$971.69	5/17/2021
4/19/2021	4/22/2021	\$82.49	5/17/2021
4/19/2021	4/22/2021	\$46.79	5/17/2021
4/20/2021	4/22/2021	\$47.16	5/17/2021
4/22/2021	4/26/2021	\$27.98	5/17/2021
4/22/2021	4/26/2021	\$88.82	5/17/2021
4/23/2021	4/27/2021	\$148.06	5/17/2021
4/23/2021	4/27/2021	\$2.16	5/17/2021
4/27/2021	4/29/2021	\$83.00	5/17/2021
4/28/2021	4/30/2021	\$33.59	5/17/2021
4/29/2021	4/25/2021	\$42.72	5/17/2021
4/29/2021	4/25/2021	\$83.01	5/17/2021
4/30/2021	5/4/2021	\$4.34	5/17/2021
4/30/2021	5/4/2021	\$107.47	5/17/2021
5/3/2021	5/5/2021	\$6.76	5/17/2021
5/3/2021	5/5/2021	\$45.33	5/17/2021
5/4/2021	5/6/2021	\$4.34	5/17/2021
5/4/2021	5/6/2021	\$32.46	5/17/2021
5/5/2021	5/7/2021	\$34.37	5/17/2021
5/5/2021	5/7/2021	\$7.06	5/17/2021
5/6/2021	5/10/2021	\$55.89	5/17/2021
5/7/2021	5/11/2021	\$61.94	5/17/2021
5/11/2021	5/13/2021	\$48.95	5/17/2021
5/12/2021	5/14/2021	\$69.64	5/17/2021
5/13/2021	5/17/2021	\$68.45	5/17/2021
5/14/2021	5/18/2021	\$4.21	5/24/2021
5/14/2021	5/18/2021	\$113.15	5/24/2021
5/18/2021	5/21/2021	\$12.66	5/24/2021
5/18/2021	5/21/2021	\$120.75	5/24/2021
5/19/2021	5/21/2021	\$6.98	5/24/2021
5/19/2021	5/21/2021	\$14.15	
5/20/2021	5/24/2021	\$7.02	
5/20/2021	5/24/2021	\$91.72	

\$271.90

TOTAL

\$3,192.67

RUN DATE:06/07/21
TIME:13:29

MEMORIAL MEDICAL CENTER
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06/02/21 THRU 06/02/21

PAGE 6
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CODE NUMBER DATE AMOUNT PAYEE

NHG 000078 06/02/21 3,983.75 MEMORIAL MEDICAL CENTER
NHG 000079 06/02/21 271.90 MEMORIAL MEDICAL CLINIC
TOTALS: 4,255.65

golden creek

~~AMOUNT~~
ON

MAY 26 2021

~~MEMORIAL MEDICAL CENTER~~
~~MEMORIAL MEDICAL CLINIC~~

Tuscany

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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Date Requested: 05/24/21

FOR ACCOUNT:

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☐ A/R check
☐ Match check
☐ Retain

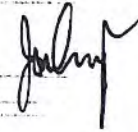
AMOUNT \$3,983.75

CHK # 60101
G/L NUMBER: 10255040

EXPLANATION: MEDICARE REPAYMENTS FOR MMC

REQUESTED BY: Mayra Martinez

AUTHORIZED BY:



REMIT DATE	RECOUPMENT AMOUNT	TRANSFER WITHHOLD DATE
4/16/2021	\$2.00	5/17/2021
4/19/2021	\$3.83	5/17/2021
4/20/2021	\$25.63	5/17/2021
4/22/2021	\$799.95	5/17/2021
4/23/2021	\$1,173.84	5/17/2021
4/27/2021	\$1.21	5/17/2021
4/28/2021	\$197.16	5/17/2021
4/29/2021	\$44.97	5/17/2021
4/30/2021	\$1,353.48	5/17/2021
5/3/2021	\$177.10	5/17/2021
5/4/2021	\$75.58	5/17/2021
5/5/2021	\$678.93	5/17/2021
5/7/2021	\$212.06	5/17/2021
5/6/2021	\$258.34	5/24/2021
5/10/2021	\$1,986.32	5/24/2021
5/11/2021	\$709.34	5/24/2021
5/12/2021	\$578.74	5/24/2021
5/13/2021	\$442.29	5/24/2021
5/14/2021	\$8.72	5/24/2021
		\$3,983.75

Total \$8,729.49

Tuscany

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P MEMORIAL MEDICAL CENTER

Date Requested: 05/24/21

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☐ Imprest Cash

☐ A/P Check

☐ Mail Check to Vendor

☐ Return Check to Office

MAY 24 2021

ck # 0192

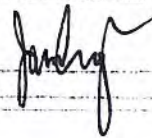
AMOUNT \$271.90

G/L NUMBER:

EXPLANATION: MEDICARE REPAYMENTS FOR CLINIC

REQUESTED BY: Mayra Martinez

AUTHORIZED BY:



REMIT DATE	DATE POSTED	RECOUPMENT AMOUNT	TRANSFER WITHHOLD DATE
4/19/2021	4/22/2021	\$82.49	5/17/2021
4/19/2021	4/22/2021	\$46.79	5/17/2021
4/20/2021	4/22/2021	\$47.16	5/17/2021
4/22/2021	4/26/2021	\$27.98	5/17/2021
4/22/2021	4/26/2021	\$88.82	5/17/2021
4/23/2021	4/27/2021	\$148.06	5/17/2021
4/23/2021	4/27/2021	\$2.16	5/17/2021
4/27/2021	4/29/2021	\$83.00	5/17/2021
4/28/2021	4/30/2021	\$33.59	5/17/2021
4/29/2021	4/25/2021	\$42.72	5/17/2021
4/29/2021	4/25/2021	\$83.01	5/17/2021
4/30/2021	5/4/2021	\$4.34	5/17/2021
4/30/2021	5/4/2021	\$107.47	5/17/2021
5/3/2021	5/5/2021	\$6.76	5/17/2021
5/3/2021	5/5/2021	\$45.33	5/17/2021
5/4/2021	5/6/2021	\$4.34	5/17/2021
5/4/2021	5/6/2021	\$32.46	5/17/2021
5/5/2021	5/7/2021	\$34.37	5/17/2021
5/5/2021	5/7/2021	\$7.06	5/17/2021
5/6/2021	5/10/2021	\$55.89	5/17/2021
5/7/2021	5/11/2021	\$61.94	5/17/2021
5/11/2021	5/13/2021	\$48.95	5/17/2021
5/12/2021	5/14/2021	\$69.64	5/17/2021
5/13/2021	5/17/2021	\$68.45	5/17/2021
5/14/2021	5/18/2021	\$4.21	5/24/2021
5/14/2021	5/18/2021	\$113.15	5/24/2021
5/18/2021	5/21/2021	\$12.66	5/24/2021
5/18/2021	5/21/2021	\$120.75	5/24/2021
5/19/2021	5/21/2021	\$6.98	5/24/2021
5/19/2021	5/21/2021	\$14.15	5/24/2021
5/20/2021	5/24/2021	\$7.02	
5/20/2021	5/24/2021	\$91.72	

TOTAL

\$1,603.42

RUN DATE:06/07/21
TIME:13:29

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06/02/21 THRU 06/02/21

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CODE NUMBER DATE AMOUNT PAYEE

TUS 001011 06/02/21 3,983.75 MEMORIAL MEDICAL CENTER
TUS 001012 06/02/21 271.90 MEMORIAL MEDICAL CLINIC
TOTALS: 4,255.65

Tuscany

~~AMOUNT PAID~~
~~ON~~

MAY 26 2021

~~COUNSEL MEMORIAL~~
~~CAMERON COUNSEL, TEXAS~~

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

1123

88-2265/1131-87

6/2/21

Date

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\$ 3,983.75

Three thousand nine hundred eighty three $\frac{75}{100}$ Dollars



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Date

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\$ 3,983.75

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Memorial Medical Clinic

Date

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DOLLARS

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

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NH TUSCANY VILLAGE

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PORT LAVACA, TX 77979

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