

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---June 23, 2021

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 887,695.48
TOTAL TRANSFERS BETWEEN FUNDS	\$ 1,761,841.88
TOTAL NURSING HOME UPL EXPENSES	\$ 935,865.17
TOTAL INTER-GOVERNMENT TRANSFERS	\$ 750,604.40
GRAND TOTAL DISBURSEMENTS APPROVED June 23, 2021	\$ 4,336,006.93

APPROVED

JUN 23 2021

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---June 23, 2021

PAYABLES AND PAYROLL

6/17/2021	Weekly Payables	436,710.90
6/17/2021	MASA-Insurance	1,734.00
6/17/2021	Nova Biomedical-Supplies	4,748.01
6/17/2021	Citibank Credit Card-see attached	1,471.80
6/21/2021	Beyer Mechanical-Trailer mounted AC	41,868.74
6/21/2021	McKesson-340B Prescription Expense	8,598.46
6/21/2021	Amerisource Bergen-340B Prescription Expense	505.25
6/21/2021	Payroll Liabilities -Payroll Taxes	94,160.12
6/21/2021	Payroll	297,514.94

Prosperity Electronic Bank Payments

6/18/2021	Credit Card & Lease Fees	120.80
6/14-6/18/21	Pay Plus-Patient Claims Processing Fee	262.46

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 887,695.48
---	----------------------

TRANSFERS BETWEEN FUNDS-MMC

6/21/2021	Transfer from Money Market Account to MMC Operating	1,500,000.00
-----------	---	--------------

TRANSFER BETWEEN FUNDS TO NURSING HOMES

6/17/2021	MMC Operating to Golden Creek Healthcare-correction of NH insurance payment deposited into MMC Operating	52,801.12
6/17/2021	MMC Operating to Gulf Pointe Plaza -correction of NH insurance payment deposited into MMC Operating	28,485.13
6/17/2021	MMC Operating to Tuscany Village-correction of NH insurance payment deposited into MMC Operating	12,374.08
6/17/2021	MMC Operating to Bethany Senior Living- correction of NH insurance payment deposited into MMC Operating	36,599.23

MEDICARE ADVANCE PAYMENT RECOUP-ACH TRANSFERS

6/21/2021	Ashford to Bethany Senior Living-correction of Ashford medicare recoup taken from Bethany Senior Living in error	15,046.67
6/21/2021	Broadmoor to Bethany Senior Living-correction of Broadmoor medicare recoup taken from Bethany Senior Living in error	15,046.67
6/21/2021	Crescent to Bethany Senior Living-correction of Crescent medicare recoup taken from Bethany Senior Living in error	15,046.67
6/21/2021	Fort Bend to Bethany Senior Living-correction of Fort Bend medicare recoup taken from BethanySenior Living in error	15,046.67
6/21/2021	Solera to Bethany Senior Living-correction of Solera medicare recoup taken from Bethany Senior Living in error	15,046.67
6/21/2021	Golden Creek to Bethany Senior Living-correction of Golden Creek medicare recoup taken from Bethany Senior Living in error	15,046.67
6/21/2021	Tuscany Village to Bethany Senior Living-correction of Golden Creek medicare recoup taken from Bethany Senior Living in error	15,046.67
6/21/2021	MMC Operating to Bethany Senior Living-correction of MMC medicare recoup taken from Bethany Senior Living in error	15,046.67
6/21/2021	MMC Operating to Bethany Senior Living-correction of MMC medicare recoup taken from Bethany Senior Living in error	8,684.80
6/21/2021	Ashford to MMC Operating-correction of Ashford medicare recoup taken from MMC Operating	227.13
6/21/2021	Broadmoor to MMC Operating-correction of Broadmoor medicare recoup taken from MMC Operating	227.13
6/21/2021	Fort Bend to MMC Operating-correction of Fort Bend medicare recoup taken from MMC Operating	227.13
6/21/2021	Tuscany Village to MMC Operating-correction of Tuscany Village medicare recoup taken from MMC Operating	227.13
6/21/2021	Golden Creek to MMC Operating-correction of Golden Creek medicare recoup taken from MMC Operating	227.13
6/21/2021	Solera to MMC Operating-correction of Solera medicare recoup taken from MMC Operating	1,161.38
6/21/2021	Crescent to MMC Operating-correction of Crescent medicare recoup taken from MMC Operating	227.13

TOTAL TRANSFERS BETWEEN FUNDS	\$ 1,761,841.88
--------------------------------------	------------------------

NURSING HOME UPL EXPENSES

6/21/2021 Nursing Home UPL-Cantex Transfer	452,649.91
6/21/2021 Nursing Home UPL-Nexion Transfer	65,362.81
6/21/2021 Nursing Home UPL-HMG Transfer	28,040.53
6/21/2021 Nursing Home UPL-Tuscany Transfer	33,476.93
6/21/2021 Nursing Home UPL-HSL Transfer	307,725.08

QIPP/RECOUP CHECKS TO MMC

6/22/2021 Ashford	19,106.93
6/22/2021 Broadmoor	7,913.86
6/22/2021 Crescent	6,373.57
6/22/2021 Fort Bend	7,722.55
6/22/2021 Solera	7,493.00

TOTAL NURSING HOME UPL EXPENSES	\$ 935,865.17
--	----------------------

INTER-GOVERNMENT TRANSFERS

6/21/2021 IGT DSH to be paid July 02, 2021	155,555.25
6/21/2021 IGT DSRIP Waiver to be paid July 06, 2021	595,049.15

TOTAL INTER-GOVERNMENT TRANSFERS	\$ 750,604.40
---	----------------------

GRAND TOTAL DISBURSEMENTS APPROVED June 23, 2021	\$ 4,336,006.93
---	------------------------

RECEIVED

06/17/2021

13:03 JUN 17 2021

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 07/07/2021

ap_open_invoice.template

0

Vendor#
11283
Calhoun County Auditor

Vendor Name

Class

Pay Code

ACE HARDWARE 15521 ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
154693 ✓	06/16/2021	06/07/2021	07/02/2021				18.36	0.00	0.00	18.36 ✓

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11283		ACE HARDWARE 15521	18.36	0.00	0.00	18.36

Vendor#
10619

Vendor Name

Class

Pay Code

ADAM BESIO ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
061521	06/15/2021	06/15/2021	06/15/2021				69.99	0.00	0.00	69.99 ✓

REIMBURSE PURCH EXCHANGE *Passport Portable*

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10619		ADAM BESIO	69.99	0.00	0.00	69.99

Vendor#
A1705

Vendor Name

Class

Pay Code

ALIMED INC. ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
RPSV03592 <i>81</i>	06/16/2021	05/25/2021	06/09/2021				308.26	0.00	0.00	308.26 ✓

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
A1705		ALIMED INC.	308.26	0.00	0.00	308.26

Vendor#
A1360

Vendor Name

Class

Pay Code

AMERISOURCEBERGEN DRUG CCW ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3057972411	06/15/2021	06/08/2021	06/14/2021				20,800.00	0.00	0.00	20,800.00 ✓

INVENTORY *(40) Veklury @ 520.00 each*

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3058142355	06/15/2021	06/09/2021	06/15/2021				342.08	0.00	0.00	342.08 ✓

INVENTORY

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
A1360		AMERISOURCEBERG	21,142.08	0.00	0.00	21,142.08

Vendor#
12252

Vendor Name

Class

Pay Code

ASCEND NATIONAL LLC *-remove per Melissa M.*

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
27106	12/31/2018	12/29/2018	01/18/2019				2,966.66	0.00	0.00	2,966.66 ✓

SURGERY STAFFING

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12252		ASCEND NATIONAL	2,966.66	0.00	0.00	2,966.66

Vendor#
A0400

Vendor Name

Class

Pay Code

AUREUS RADIOLOGY LLC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2223423 ✓	06/15/2021	05/24/2021	05/24/2021				2,680.00	0.00	0.00	2,680.00 ✓

LAB STAFFING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2223697 ✓	06/15/2021	05/24/2021	05/24/2021				2,680.00	0.00	0.00	2,680.00 ✓

LAB STAFFING

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
A0400		AUREUS RADIOLOG	5,360.00	0.00	0.00	5,360.00

Vendor#
B1220

Vendor Name

Class

Pay Code

BECKMAN COULTER INC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
109084543 ✓	06/15/2021	05/24/2021	06/18/2021				133.29	0.00	0.00	133.29 ✓

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
B1220		BECKMAN COULTE	133.29	0.00	0.00	133.29

Vendor#
10599

Vendor Name

Class

Pay Code

BKD, LLP ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
BK01409608	06/16/2021	05/25/2021	06/19/2021				46,800.00	0.00	0.00	46,800.00 ✓

PRELIM FINAL AUDIT FO12/31/20

	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
	10599		BKD, LLP			46,800.00	0.00	0.00	46,800.00	✓	
Vendor#			Vendor Name			Class	Pay Code				
B1800			BRIGGS HEALTHCARE ✓			M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	B351921 ✓	06/16/2021	05/26/2021	06/25/2021				84.50	0.00	0.00	84.50 ✓
			SUPPLIES								
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
	B1800		BRIGGS HEALTHCA ✓			84.50	0.00	0.00	84.50		
Vendor#			Vendor Name			Class	Pay Code				
13968			BROOKHOLLOW								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	B2467360 ✓	06/16/2021	01/18/2021	01/18/2021				174.00	0.00	0.00	174.00 ✓
			SYMPATHY CARDS								
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
	13968		BROOKHOLLOW			174.00	0.00	0.00	174.00		
Vendor#			Vendor Name			Class	Pay Code				
11224			CABLES AND SENSORS ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	112810 ✓	06/16/2021	06/01/2021	07/01/2021				324.00	0.00	0.00	324.00 ✓
			SUPPLIES								
	112806 ✓	06/16/2021	06/01/2021	07/01/2021				232.00	0.00	0.00	232.00 ✓
			SUPPLIES								
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
	11224		CABLES AND SENS			556.00	0.00	0.00	556.00		
Vendor#			Vendor Name			Class	Pay Code				
11295			CALHOUN COUNTY INDIGENT AC ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	061121	06/16/2021	06/11/2021	06/11/2021				70.00	0.00	0.00	70.00 ✓
			TRANSFER								
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
	11295		CALHOUN COUNTY			70.00	0.00	0.00	70.00		
Vendor#			Vendor Name			Class	Pay Code				
C1325			CARDINAL HEALTH 414, INC. ✓			W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	8002537174 ✓	06/15/2021	05/15/2021	06/09/2021				188.99	0.00	0.00	188.99 ✓
			SUPPLIES								
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
	C1325		CARDINAL HEALTH			188.99	0.00	0.00	188.99		
Vendor#			Vendor Name			Class	Pay Code				
13000			CLEARFLY ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	INV354496 ✓	06/16/2021	06/01/2021	06/15/2021				1,116.30	0.00	0.00	1,116.30 ✓
			PHONES								
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
	13000		CLEARFLY			1,116.30	0.00	0.00	1,116.30		
Vendor#			Vendor Name			Class	Pay Code				
10212			CLINICAL PATHOLOGY LABS ✓			ICP					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	2021040 ✓	06/15/2021	04/30/2021	04/30/2021				-104.00	0.00	0.00	-104.00 ✓
			CREDIT								
	2021050 ✓	06/15/2021	05/31/2021	05/31/2021				17,002.75	0.00	0.00	17,002.75 ✓
			LAB SERVICES								
	17905-2021006 ✓	06/15/2021	05/31/2021	05/31/2021				168.52	0.00	0.00	168.52 ✓
			LAB SERVICES								
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
	10212		CLINICAL PATHOLC			17,067.27	0.00	0.00	17,067.27		
Vendor#			Vendor Name			Class	Pay Code				
13964			DALLAS FRANKLIN								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

061021	06/10/2021	06/10/2021	07/07/2021	1,178.12	0.00	0.00	1,178.12	✓
--------	------------	------------	------------	----------	------	------	----------	---

REIMBURSE DEPENDANT BCBS

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
13964		DALLAS FRANKLIN	1,178.12	0.00	0.00	1,178.12

Vendor#
D1193Vendor Name
DEPUY SYNTHES SALES, INC. ✓Class
M

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
23151330RI	✓ 06/16/2021	09/21/2020	10/16/2020				9,135.80	0.00	0.00	9,135.80 ✓
										SUPPLIES
23244067RI	✓ 06/16/2021	10/16/2020	11/10/2020				536.60	0.00	0.00	536.60 ✓
										SUPPLIES
23257983RI	✓ 06/16/2021	10/21/2020	11/15/2020				35.20	0.00	0.00	35.20 ✓
										SUPPLIES
23331983RI	✓ 06/16/2021	11/13/2020	12/08/2020				2,838.20	0.00	0.00	2,838.20 ✓
										SUPPLIES
23408443RI	✓ 06/16/2021	12/09/2020	01/03/2021				84.80	0.00	0.00	84.80 ✓
										SUPPLIES
23512107RI	✓ 06/16/2021	01/11/2021	02/05/2021				91.80	0.00	0.00	91.80 ✓
										SUPPLIES
23661639RI	✓ 06/16/2021	02/16/2021	03/13/2021				2,601.40	0.00	0.00	2,601.40 ✓
										SUPPLIES
23662404RI	✓ 06/16/2021	02/16/2021	03/13/2021				303.00	0.00	0.00	303.00 ✓
										SUPPLIES
23882327RI	✓ 06/16/2021	04/09/2021	05/04/2021				4,985.00	0.00	0.00	4,985.00 ✓
										SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
D1193		DEPUY SYNTHES S	20,611.80	0.00	0.00	20,611.80

Vendor#
10368Vendor Name
DEWITT POTH & SON ✓

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6460640	✓ 06/16/2021	06/07/2021	07/02/2021				28.62	0.00	0.00	28.62 ✓
										SUPPLIES
6454471	✓ 06/16/2021	06/07/2021	07/02/2021				2.75	0.00	0.00	2.75 ✓
										SUPPLIES
6465391	✓ 06/16/2021	06/10/2021	07/05/2021				39.51	0.00	0.00	39.51 ✓
										SUPPLIES
6466050	✓ 06/16/2021	06/10/2021	07/05/2021				74.40	0.00	0.00	74.40 ✓
										SUPPLIES
6465390	✓ 06/16/2021	06/10/2021	07/05/2021				144.01	0.00	0.00	144.01 ✓
										SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10368		DEWITT POTH & SC	289.29	0.00	0.00	289.29

Vendor#
11011Vendor Name
DIAMOND HEALTHCARE CORP. ✓

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN20054655	✓ 06/16/2021	06/01/2021	06/26/2021				31,144.58	0.00	0.00	31,144.58 ✓
										BEV HEALTH
IN20054656	✓ 06/16/2021	06/01/2021	06/26/2021				19,166.67	0.00	0.00	19,166.67 ✓
										CPR SERVICES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11011		DIAMOND HEALTHC	50,311.25	0.00	0.00	50,311.25

Vendor#
12788Vendor Name
DUDE SOLUTIONS, INC. ✓

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV91907	✓ 06/17/2021	06/01/2021	07/01/2021				4,597.75	0.00	0.00	4,597.75 ✓
										WORXHUB

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12788		DUDE SOLUTIONS,	4,597.75	0.00	0.00	4,597.75

Vendor#
11046Vendor Name
E-MDS, INC. ✓

Class

Pay Code

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

447219	✓	06/16/2021	06/09/2021	06/09/2021			4,500.00	0.00	0.00	4,500.00	✓
ADVANCED WORKFLO FUNCTION											
Vendor#		Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
E0500		11046		E-MDS, INC		4,500.00	0.00	0.00	4,500.00		
				Vendor Name	Class			Pay Code			
				EAGLE FIRE & SAFETY INC ✓	M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
82378	✓ 06/15/2021	03/11/2021	03/11/2021				280.00	0.00	0.00	280.00	✓
VENT A HOOD CLEANING											
Vendor#		Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
E0500		E0500		EAGLE FIRE & SAFI		280.00	0.00	0.00	280.00		
				Vendor Name	Class			Pay Code			
				EMERGENCY STAFFING Solutio ✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
40328	✓ 06/15/2021	06/15/2021	06/15/2021				40,062.50	0.00	0.00	40,062.50	✓
ER STAFFING (1-15th)											
Vendor#		Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
11284		11284		EMERGENCY STAF		40,062.50	0.00	0.00	40,062.50		
				Vendor Name	Class			Pay Code			
				ETHOS MEDICAL STAFFING ✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
26366	✓ 06/10/2021	06/04/2021	07/04/2021				2,943.20	0.00	0.00	2,943.20	✓
NURSE STAFFING											
Vendor#		Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
13872		13872		ETHOS MEDICAL S'		2,943.20	0.00	0.00	2,943.20		
				Vendor Name	Class			Pay Code			
				EVERGREEN MEDICAL SERVICES ✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
EMSIN00013	06/16/2021	04/15/2021	04/15/2021				1,000.00	0.00	0.00	1,000.00	✓
WENT EVAL											
Vendor#		Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
13804		13804		EVERGREEN MEDI		1,000.00	0.00	0.00	1,000.00		
				Vendor Name	Class			Pay Code			
				EVOQUA WATER TECHNOLOGIES ✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
904843558	✓ 06/16/2021	03/25/2021	04/19/2021				1,815.00	0.00	0.00	1,815.00	✓
SUPPLIES											
Vendor#		Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
S0501		S0501		EVOQUA WATER TI		1,815.00	0.00	0.00	1,815.00		
				Vendor Name	Class			Pay Code			
				FIRESTONE OF PORT LAVACA ✓	W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
0073932	✓ 06/16/2021	06/08/2021	06/08/2021				797.90	0.00	0.00	797.90	✓
BATTERY, ALTERNATER, BELT											
Vendor#		Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
F1300		F1300		FIRESTONE OF POI		797.90	0.00	0.00	797.90		
				Vendor Name	Class			Pay Code			
				FRONTIER ✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
060221	06/17/2021	06/02/2021	06/28/2021				1,177.66	0.00	0.00	1,177.66	✓
PHONES 36155203381222165											
Vendor#		Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
11183		11183		FRONTIER		1,177.66	0.00	0.00	1,177.66		
				Vendor Name	Class			Pay Code			
				GARDNER & WHITE, INC. ✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
070121	05/31/2021	07/01/2021	07/01/2021				4,792.84	0.00	0.00	4,792.84	✓
INSURANCE											
Vendor#		Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
11149		11149		GARDNER & WHITE		4,792.84	0.00	0.00	4,792.84		
				Vendor Name	Class			Pay Code			

12404

GE PRECISION HEALTHCARE, LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6001809168	05/31/2021	03/18/2021	07/01/2021				-21.50	0.00	0.00	-21.50 ✓
	CREDIT									
6001809161	05/31/2021	03/18/2021	07/01/2021				-601.96	0.00	0.00	-601.96 ✓
	CREDIT									
6001861313	06/16/2021	06/01/2021	07/01/2021				868.16	0.00	0.00	868.16 ✓
	MAINT CONTRACT									
6001861102	06/16/2021	06/01/2021	07/01/2021				3,588.58	0.00	0.00	3,588.58 ✓
	MAINT CONTRACT									
6001861041	06/16/2021	06/01/2021	07/01/2021				572.33	0.00	0.00	572.33 ✓
	MAINT CONTRACT									
6001861154	06/16/2021	06/01/2021	07/01/2021				5,665.83	0.00	0.00	5,665.83 ✓
	MAINT CONTRACT									
6001861040	06/16/2021	06/01/2021	07/01/2021				680.00	0.00	0.00	680.00 ✓
	MAINT CONTRACT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12404		GE PRECISION HE/	10,751.44	0.00	0.00	10,751.44

Vendor#
13960Vendor Name
GOODS & SERVICES MANAGEMEN

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
340382619	06/10/2021	06/04/2021	07/04/2021				329.59	0.00	0.00	329.59 ✓
	TRASH SERVICE									
340382620	06/10/2021	06/04/2021	07/04/2021				254.42	0.00	0.00	254.42 ✓
	TRASH SERV									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
13960		GOODS & SERVICE	584.01	0.00	0.00	584.01

Vendor#
13148Vendor Name
GRACE FLOORING AND GLASS

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
000198	06/16/2021	01/14/2021	01/14/2021				595.00	0.00	0.00	595.00 ✓
	REMOVE/ REPLACE BROKEN WIN									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
13148		GRACE FLOORING	595.00	0.00	0.00	595.00

Vendor#
12948Vendor Name
GREAT AMERICAN FINANCIAL SV

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
29465038	06/16/2021	06/07/2021	06/30/2021				11,031.55	0.00	0.00	11,031.55 ✓
	COPIER/PRINTER									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12948		GREAT AMERICAN	11,031.55	0.00	0.00	11,031.55

Vendor#
10334Vendor Name
HEALTH CARE LOGISTICS INC

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
308029089	06/16/2021	05/28/2021	06/22/2021				38.92	0.00	0.00	38.92 ✓
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10334		HEALTH CARE LOG	38.92	0.00	0.00	38.92

Vendor#
10804Vendor Name
HEALTHCARE CODING & CONSUL

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10996	06/16/2021	05/31/2021	06/30/2021				455.00	0.00	0.00	455.00 ✓
	CODING SERVICES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10804		HEALTHCARE COD	455.00	0.00	0.00	455.00

Vendor#
11552Vendor Name
HEALTHCARE FINANCIAL SERVI

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100476700	06/16/2021	06/07/2021	07/01/2021				4,919.41	0.00	0.00	4,919.41 ✓
	LEASE									

100476701	06/16/2021	06/07/2021	07/01/2021				7,154.17	0.00	0.00	7,154.17 ✓
-----------	------------	------------	------------	--	--	--	----------	------	------	------------

SUPPLIES										
100476702	✓	06/16/2021	06/07/2021	07/01/2021			7,447.86	0.00	0.00	7,447.86 ✓
LEASE										
100476703	✓	06/16/2021	06/07/2021	07/01/2021			1,797.44	0.00	0.00	1,797.44 ✓
SUPPLIES										
Vendor#	11552	Vendor Name	HEALTHCARE FINA	Class	21,318.88	Gross	Discount	No-Pay	Net	21,318.88
11692		Vendor Name	INJOY HEALTH EDUCATION ✓	Class			Pay Code			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV335163	✓	06/16/2021	04/06/2021	04/06/2021			381.96	0.00	0.00	381.96 ✓
APP CARDS										
Vendor#	11692	Vendor Name	INJOY HEALTH EDL	Class	381.96	Gross	Discount	No-Pay	Net	381.96
11200		Vendor Name	IRON MOUNTAIN ✓	Class			Pay Code			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
DRJB344	✓	06/16/2021	05/31/2021	06/30/2021			552.48	0.00	0.00	552.48 ✓
SHRED SERVICE										
Vendor#	11200	Vendor Name	IRON MOUNTAIN	Class	552.48	Gross	Discount	No-Pay	Net	552.48
11285		Vendor Name	ITA RESOURCES INC ✓	Class			Pay Code			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMC62021	✓	06/15/2021	06/14/2021	07/04/2021			28,810.80	0.00	0.00	28,810.80 ✓
RESP SERVICES										
Vendor#	11285	Vendor Name	ITA RESOURCES IN	Class	28,810.80	Gross	Discount	No-Pay	Net	28,810.80
12628		Vendor Name	LEGATO ✓	Class			Pay Code			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
C1911	✓	06/15/2021	05/31/2021	06/30/2021			300.00	0.00	0.00	300.00 ✓
LABOR & DELIVERY PROJECT										
Vendor#	12628	Vendor Name	LEGATO	Class	300.00	Gross	Discount	No-Pay	Net	300.00
11203		Vendor Name	MEDI-DOSE, INC ✓	Class			Pay Code			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0808257	✓	06/16/2021	05/04/2021	06/04/2021			144.60	0.00	0.00	144.60 ✓
SUPPLIES										
Vendor#	11203	Vendor Name	MEDI-DOSE, INC	Class	144.60	Gross	Discount	No-Pay	Net	144.60
M2621		Vendor Name	MMC AUXILIARY GIFT SHOP ✓	Class			Pay Code			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
061021		06/16/2021	06/10/2021	06/10/2021			124.68	0.00	0.00	124.68 ✓
PAYROLL DEDUCT										
Vendor#	M2621	Vendor Name	MMC AUXILIARY GI	Class	124.68	Gross	Discount	No-Pay	Net	124.68
10536		Vendor Name	MORRIS & DICKSON CO, LLC ✓	Class			Pay Code			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6954478	✓	06/15/2021	06/01/2021	06/11/2021			253.37	0.00	0.00	253.37 ✓
INVENTORY										
6956013	✓	06/15/2021	06/01/2021	06/11/2021			22.35	0.00	0.00	22.35 ✓
INVENTORY										
6956012	✓	06/15/2021	06/01/2021	06/11/2021			101.49	0.00	0.00	101.49 ✓
INVENTORY										
6956011	✓	06/15/2021	06/01/2021	06/11/2021			9.59	0.00	0.00	9.59 ✓
INVENTORY										
CM56370	✓	06/15/2021	06/04/2021	06/14/2021			-4,825.53	0.00	0.00	-4,825.53 ✓

		CREDIT							
CM56369	✓	06/15/2021	06/04/2021	06/14/2021	-965.00	0.00	0.00	-965.00	✓
		INVENTORY							
cm56371	✓	06/15/2021	06/04/2021	06/14/2021	-86.56	0.00	0.00	-86.56	✓
		CREDIT							
6969833	✓	06/15/2021	06/06/2021	06/16/2021	22.77	0.00	0.00	22.77	✓
		INVENTORY							
6971772	✓	06/15/2021	06/06/2021	06/16/2021	125.79	0.00	0.00	125.79	✓
		INVENTORY							
6971771	✓	06/15/2021	06/06/2021	06/16/2021	159.41	0.00	0.00	159.41	✓
		INVENTORY							
6971770	✓	06/15/2021	06/06/2021	06/16/2021	30.47	0.00	0.00	30.47	✓
		INVENTORY							
6969832	✓	06/15/2021	06/06/2021	06/16/2021	3,009.76	0.00	0.00	3,009.76	✓
		INVENTORY							
6976296	✓	06/15/2021	06/07/2021	06/17/2021	106.55	0.00	0.00	106.55	✓
		INVENTORY							
6976297	✓	06/15/2021	06/07/2021	06/17/2021	441.01	0.00	0.00	441.01	✓
		INVENTORY							
6974075	✓	06/15/2021	06/07/2021	06/17/2021	7.69	0.00	0.00	7.69	✓
		INVENTORY							
6977907	✓	06/15/2021	06/08/2021	06/18/2021	5,330.35	0.00	0.00	5,330.35	✓
		INVENTORY							
8471	✓	06/15/2021	06/08/2021	06/18/2021	-0.03	0.00	0.00	-0.03	✓
		CREDIT							
6977905	✓	06/15/2021	06/08/2021	06/18/2021	13.99	0.00	0.00	13.99	✓
		INVENTORY							
6977906	✓	06/15/2021	06/08/2021	06/18/2021	19.07	0.00	0.00	19.07	✓
		INVENTORY							
69801914	✓	06/15/2021	06/08/2021	06/18/2021	86.57	0.00	0.00	86.57	✓
		INVENTORY							
8668	✓	06/15/2021	06/08/2021	06/18/2021	-11.65	0.00	0.00	-11.65	✓
		CREDIT							
8810A	✓	06/15/2021	06/08/2021	06/18/2021	-5.00	0.00	0.00	-5.00	✓
		CREDIT							
8811	✓	06/15/2021	06/08/2021	06/18/2021	-4.99	0.00	0.00	-4.99	✓
		CREDIT							
6980912	✓	06/15/2021	06/08/2021	06/18/2021	52.83	0.00	0.00	52.83	✓
		INVENTORY							
6980913	✓	06/15/2021	06/08/2021	06/18/2021	595.12	0.00	0.00	595.12	✓
		INVENTORY							
6985788	✓	06/15/2021	06/09/2021	06/19/2021	212.75	0.00	0.00	212.75	✓
		INVENTORY							
6983746	✓	06/15/2021	06/09/2021	06/19/2021	733.98	0.00	0.00	733.98	✓
		INVENTORY							
6984339	✓	06/15/2021	06/09/2021	06/19/2021	83.61	0.00	0.00	83.61	✓
		INVENTORY							
6984338	✓	06/15/2021	06/09/2021	06/19/2021	90.38	0.00	0.00	90.38	✓
		INVENTORY							
6984336	✓	06/15/2021	06/09/2021	06/19/2021	52.33	0.00	0.00	52.33	✓
		INVENTORY							
6984337	✓	06/15/2021	06/09/2021	06/19/2021	751.43	0.00	0.00	751.43	✓
		INVENTORY							
6985787	✓	06/15/2021	06/09/2021	06/19/2021	601.42	0.00	0.00	601.42	✓
		INVENTORY							
CM57141	✓	06/15/2021	06/09/2021	06/19/2021	-23.30	0.00	0.00	-23.30	✓
		CREDIT							
6983912	✓	06/15/2021	06/09/2021	06/19/2021	934.12	0.00	0.00	934.12	✓
		INVENTORY							
6982714	✓	06/15/2021	06/09/2021	06/19/2021	294.88	0.00	0.00	294.88	✓
		INVENTORY							

CM57142	✓	06/15/2021	06/09/2021	06/19/2021	-5.15	0.00	0.00	-5.15	✓
				CREDIT					
6983913	✓	06/15/2021	06/09/2021	06/19/2021	241.25	0.00	0.00	241.25	✓
				INVENTORY					
6985786	✓	06/15/2021	06/09/2021	06/19/2021	133.31	0.00	0.00	133.31	✓
				INVENTORY					
6987310	✓	06/15/2021	06/10/2021	06/20/2021	83.61	0.00	0.00	83.61	✓
				INVENTORY					
6990108	✓	06/15/2021	06/10/2021	06/20/2021	157.09	0.00	0.00	157.09	✓
				INVENTORY					
6990110	✓	06/15/2021	06/10/2021	06/20/2021	5,070.07	0.00	0.00	5,070.07	✓
				INVENTORY					
6990109	✓	06/15/2021	06/10/2021	06/20/2021	1,144.34	0.00	0.00	1,144.34	✓
				INVENTORY					
9413	✓	06/15/2021	06/10/2021	06/20/2021	-5.00	0.00	0.00	-5.00	✓
				CREDIT					
6987309	✓	06/15/2021	06/10/2021	06/20/2021	313.00	0.00	0.00	313.00	✓
				INVENTORY					
CM57650	✓	06/15/2021	06/11/2021	06/21/2021	-20.17	0.00	0.00	-20.17	✓
				CREDIT					
6996078	✓	06/15/2021	06/13/2021	06/23/2021	467.27	0.00	0.00	467.27	✓
				INVENTORY					
6996076	✓	06/15/2021	06/13/2021	06/23/2021	212.71	0.00	0.00	212.71	✓
				INVENTORY					
6995273	✓	06/15/2021	06/13/2021	06/23/2021	27.02	0.00	0.00	27.02	✓
				INVENTORY					
6996077	✓	06/15/2021	06/13/2021	06/23/2021	994.71	0.00	0.00	994.71	✓
				INVENTORY					
6994149	✓	06/15/2021	06/13/2021	06/23/2021	5,454.08	0.00	0.00	5,454.08	✓
				INVENTORY					
6995274	✓	06/15/2021	06/13/2021	06/23/2021	92.26	0.00	0.00	92.26	✓
				INVENTORY					
6998325	✓	06/15/2021	06/14/2021	06/24/2021	54.50	0.00	0.00	54.50	✓
				INVENTORY					
6999997	✓	06/15/2021	06/14/2021	06/24/2021	19.18	0.00	0.00	19.18	✓
				INVENTORY					
6999998	✓	06/15/2021	06/14/2021	06/24/2021	4,525.61	0.00	0.00	4,525.61	✓
				INVENTORY					
7000001	✓	06/15/2021	06/14/2021	06/24/2021	920.11	0.00	0.00	920.11	✓
				INVENTORY					
6999999	✓	06/15/2021	06/14/2021	06/24/2021	575.77	0.00	0.00	575.77	✓
				INVENTORY					
3046	✓	06/16/2021	05/19/2021	05/29/2021	-5.00	0.00	0.00	-5.00	✓
				CREDIT					
7004456	✓	06/16/2021	06/15/2021	06/25/2021	337.75	0.00	0.00	337.75	✓
				INVENTORY					
7002129	✓	06/16/2021	06/15/2021	06/25/2021	485.92	0.00	0.00	485.92	✓
				INVENTORY					
7004457	✓	06/16/2021	06/15/2021	06/25/2021	5,881.78	0.00	0.00	5,881.78	✓
				INVENTORY					
7004458	✓	06/16/2021	06/15/2021	06/25/2021	347.05	0.00	0.00	347.05	✓
				INVENTORY					
7002128	✓	06/16/2021	06/15/2021	06/25/2021	130.66	0.00	0.00	130.66	✓
				INVENTORY					

	Vendor Totals:		Number	Name	Gross	Discount	No-Pay	Net		
	10536			MORRIS & DICKSOI	35,854.75	0.00	0.00	35,854.75		
Vendor#			Vendor Name		Class	Pay Code				
11064			MSDSOONLINE, INC ✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
234740	✓ 06/16/2021	03/08/2021	04/07/2021				4,699.00	0.00	0.00	4,699.00 ✓
RENEWAL										

	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
	11064			MSDSOONLINE, INC			4,699.00	0.00	0.00	4,699.00	
Vendor#			Vendor Name			Class	Pay Code				
11155			PARA ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	8701 ✓	06/16/2021	06/01/2021	07/01/2021				3,084.00	0.00	0.00	3,084.00 ✓
	REVENUE INTERGRITY PROGRAM										
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
	11155			PARA			3,084.00	0.00	0.00	3,084.00	
Vendor#			Vendor Name			Class	Pay Code				
P2100			PORT LAVACA WAVE ✓			W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	043021	06/15/2021	04/30/2021	05/25/2021				356.00	0.00	0.00	356.00 ✓
	NEWS AD										
	053121	06/15/2021	05/31/2021	06/25/2021				356.00	0.00	0.00	356.00 ✓
	NEWS AD										
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
	P2100			PORT LAVACA WAVE			712.00	0.00	0.00	712.00	
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
	21050600 ✓	06/15/2021	05/31/2021	06/15/2021				3,423.70	0.00	0.00	3,423.70 ✓
	GAS										
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
	12480			PRO ENERGY PARTNERS LP			3,423.70	0.00	0.00	3,423.70	
Vendor#			Vendor Name			Class	Pay Code				
11080			RADSOURCE ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	SC62357 ✓	06/15/2021	06/01/2021	06/26/2021				1,625.00	0.00	0.00	1,625.00 ✓
	RAD SERVICES										
	SC62358 ✓	06/15/2021	06/01/2021	06/26/2021				1,625.00	0.00	0.00	1,625.00 ✓
	RAD SERVICES										
	SC62359 ✓	06/15/2021	06/01/2021	06/26/2021				1,625.00	0.00	0.00	1,625.00 ✓
	RAD SERVICES										
	SC62360 ✓	06/15/2021	06/01/2021	06/26/2021				1,625.00	0.00	0.00	1,625.00 ✓
	RAD SERVICES										
	SC62361 ✓	06/15/2021	06/01/2021	06/26/2021				1,625.00	0.00	0.00	1,625.00 ✓
	RAD SERVICES										
	SC62362 ✓	06/15/2021	06/01/2021	06/26/2021				1,625.00	0.00	0.00	1,625.00 ✓
	RAD SERVICES										
	SC62411 ✓	06/15/2021	06/09/2021	07/04/2021				1,625.00	0.00	0.00	1,625.00 ✓
	SERVICE CONTRACT										
	SC62410 ✓	06/15/2021	06/12/2021	07/07/2021				1,667.00	0.00	0.00	1,667.00 ✓
	MAINT CONTRACT										
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
	11080			RADSOURCE			13,042.00	0.00	0.00	13,042.00	
Vendor#			Vendor Name			Class	Pay Code				
10645			REVISTA de VICTORIA ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	05202120 ✓	06/15/2021	06/01/2021	06/01/2021				262.50	0.00	0.00	262.50 ✓
	AD										
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
	10645			REVISTA de VICTORIA			262.50	0.00	0.00	262.50	
Vendor#			Vendor Name			Class	Pay Code				
13940			RN NETWORK ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	3913490RI ✓	06/08/2021	06/07/2021	07/07/2021				2,793.00	0.00	0.00	2,793.00 ✓
	STAFFING ICU										
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
	13940			RN NETWORK			2,793.00	0.00	0.00	2,793.00	
Vendor#			Vendor Name			Class	Pay Code				

S1800

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
82065	✓	06/16/2021	06/07/2021	06/22/2021			1.00	0.00	0.00	1.00 ✓
SHERWIN WILLIAMS										
SUPPLIES										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
S1800			SHERWIN WILLIAM			1.00	0.00	0.00	1.00	

Vendor#
10936

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5638210004	✓	06/15/2021	06/02/2021	06/20/2021			4,038.24	0.00	0.00	4,038.24 ✓
4217 LEASE										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
10936			SIEMENS FINANCIA			4,038.24	0.00	0.00	4,038.24	

Vendor#
S3960

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4010144624	✓	06/08/2021	06/01/2021	07/01/2021			2,535.76	0.00	0.00	2,535.76 ✓
DISPOSAL SERVICE										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
S3960			STERICYCLE, INC			2,535.76	0.00	0.00	2,535.76	

Vendor#
13528

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
209768	✓	05/31/2021	05/12/2021	07/01/2021			1,294.26	0.00	0.00	1,294.26 ✓
RFA MACHINE										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
13528			STRYKER FLEX FIN			1,294.26	0.00	0.00	1,294.26	

Vendor#
T2204

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1002734160	✓	05/15/2021	05/13/2021	05/13/2021			6,625.00	0.00	0.00	6,625.00 ✓
WORKERS COMP										
1002736416	✓	05/15/2021	05/14/2021	05/14/2021			10.00	0.00	0.00	10.00 ✓
LATE FEE										

Vendor#
T2204

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
986860MKM	✓	06/15/2021	06/15/2021	06/15/2021			1,734.00	0.00	0.00	1,734.00 ✓
INSURANCE - remove per Melissa M.										
0017437510	✓	06/16/2021	06/10/2021	06/10/2021			3,207.05	0.00	0.00	3,207.05 ✓
79-IN STAFFING										

Vendor#
13880

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
986860MKM	✓	06/15/2021	06/15/2021	06/15/2021			1,734.00	0.00	0.00	1,734.00 ✓
INSURANCE - remove per Melissa M.										
0017437510	✓	06/16/2021	06/10/2021	06/10/2021			3,207.05	0.00	0.00	3,207.05 ✓
79-IN STAFFING										

Vendor#
10732

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2212243603	✓	04/30/2021	04/12/2021	07/01/2021			1,564.08	0.00	0.00	1,564.08 ✓
INVENTORY										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
10732			THERACOM, LLC			1,564.08	0.00	0.00	1,564.08	

Vendor#
11908

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV18046	✓	06/16/2021	06/02/2021	07/02/2021			86.90	0.00	0.00	86.90 ✓
SUPPLIES										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
11908			TMS SOUTH			86.90	0.00	0.00	86.90	

Vendor#
13616

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
TRI087506	✓ 06/16/2021	06/08/2021	06/23/2021				1,622.73	0.00	0.00	1,622.73 ✓
SHIPPING										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
U1054	13616		TRIOSE, INC			1,622.73	0.00	0.00	1,622.73	
			Vendor Name		Class			Pay Code		
			UNIFIRST HOLDINGS	✓	W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8400366430	✓ 06/08/2021	06/07/2021	07/02/2021				45.15	0.00	0.00	45.15 ✓
LAUNDRY										
8400366454	✓ 06/08/2021	06/07/2021	07/02/2021				1,584.73	0.00	0.00	1,584.73 ✓
LAUNDRY										
8400366431	✓ 06/08/2021	06/07/2021	07/02/2021				45.16	0.00	0.00	45.16 ✓
LAUNDRY										
8400366185	✓ 06/16/2021	06/03/2021	06/28/2021				100.04	0.00	0.00	100.04 ✓
LAUNDRY										
8400366833	✓ 06/16/2021	06/10/2021	07/05/2021				189.49	0.00	0.00	189.49 ✓
LAUNDRY										
8400366887	✓ 06/16/2021	06/10/2021	07/05/2021				102.82	0.00	0.00	102.82 ✓
LAUNDRY										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
U1200	U1054		UNIFIRST HOLDING			2,067.39	0.00	0.00	2,067.39	
			Vendor Name		Class			Pay Code		
			UNITED AD LABEL CO INC	✓	M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
788924401	06/16/2021	04/20/2021	05/15/2021				143.62	0.00	0.00	143.62 ✓
SUPPLIES										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
V1058	U1200		UNITED AD LABEL I			143.62	0.00	0.00	143.62	
			Vendor Name		Class			Pay Code		
			VICTORIA ANESTHESIOLOGY	✓	W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
043021	06/15/2021	04/30/2021	04/30/2021				46,367.05	0.00	0.00	46,367.05 ✓
ANESTHESIA										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
12548	V1058		VICTORIA ANESTHI			46,367.05	0.00	0.00	46,367.05	
			Vendor Name		Class			Pay Code		
			WAGWORKS, INC	✓						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0521DR4677	06/15/2021	06/01/2021	06/01/2021				215.52	0.00	0.00	215.52 ✓
COBRA										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
11110	12548		WAGWORKS, INC			215.52	0.00	0.00	215.52	
			Vendor Name		Class			Pay Code		
			WERFEN USA LLC	✓						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9110994530	✓ 06/10/2021	06/08/2021	07/03/2021				285.18	0.00	0.00	285.18 ✓
SUPPLIES										
9110990426	✓ 06/16/2021	05/28/2021	06/22/2021				240.50	0.00	0.00	240.50 ✓
SUPPLIES										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
11110	11110		WERFEN USA LLC			525.68	0.00	0.00	525.68	

Grand Totals:

Gross
441,411.56Discount
441,411.56

No-Pay

Net
441,411.56

JUN 17 2021 CK#

190739-

190808

2,986.00

1,734.00

4,366.71

pg 1 correction

pg 10 correction

<2,986.00>

<1,734.00>

\$436,710.90

06/18/2021

MEMORIAL MEDICAL CENTER

0

10:43

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor#

Vendor Name

Class

Pay Code

11612

MASA GLOBAL BUILDING ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
986860MKM	06/17/2021	07/01/2021	07/01/2021				1,734.00	0.00	0.00	1,734.00 ✓

INSURNACE

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

11612

MASA GLOBAL BUI

1,734.00

0.00

0.00

1,734.00

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

1,734.00

0.00

0.00

1,734.00

JUN 17 2021

CHK#

190779

MEMORIAL MEDICAL CENTER
 CAMPUS WEST, TEXAS

06/18/2021

MEMORIAL MEDICAL CENTER

0

10:45

AP Open Invoice List

ap_open_invoice.template

Due Dates Through: 07/08/2021

Vendor#

Vendor Name

Class

Pay Code

10868

NOVA BIOMEDICAL ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
90864633	✓ 06/17/2021	06/01/2021	07/01/2021				4,748.01	0.00	0.00	4,748.01 ✓

SUPPLIES

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

10868

NOVA BIOMEDICAL

4,748.01

0.00

0.00

4,748.01

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

4,748.01

0.00

0.00

4,748.01

APPROVED
JUN 17 2021
CK# 190788
SOUTHWESTERN
GAMMA SIGMA Upsilon, TEXAS

RECEIVED

JUN 17 2021

Calhoun County Auditor

CITIBANK CORPORATE CARD

Account Statement

Commercial Card Account
JASON W ANGLIN



Account Inquiries:

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

Account Number: XXXX-XXXX-XXXX

Summary of Account Activity

Total Activity \$1,471.80

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	06/03/2021
Days in Billing Period	31

Transactions

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
***** NOTICE MEMO ITEM(S) LISTED BELOW *****					
05/04	05/03	5261	85544021123980008505419	1 DANIEL INDUSTRIES POWE PORT LAVACA TX 77979 USA	✓ 112.82 ✓
05/12	05/11	8699	55429501131852749652996	2 AHIMA 8003355535 IL 60601 USA	✓ 195.00 ✓
			74965299		
05/19	05/18	7399	55125031138700919559954	3 DIGICERT INC 8017019684 UT 84043 USA	✓ 554.00 ✓
05/27	05/25	8062	55457371146200873100083	4 TEXAS HOSPITAL ASSOC 5124651000 TX 78701 USA	✓ 484.00 CR ✓
			819		
05/31	05/30	5942	55432861150200370601800	5 Amazon.com~2X8LK4NF1 Amzn.com/bil/WVA 112-3275627-88610 98109 USA	✓ 113.98 ✓
06/03	06/02	7399	55429501153713799174120	6 EB 2021 REGIONAL EMER 8014137200 CA 94103 USA	✓ 275.00 ✓
06/03	06/02	8398	55429501153852917614219	7 APIC 2024542641 VA 22202 USA	✓ 205.00 ✓
			91761421		
06/03	06/02	8699	82305091153000014721199	8 TSICP.ORG BLANCO TX 78606 USA	✓ 100.00 ✓
06/03	06/02	8699	82305091153000014781490	9 TSICP.ORG BLANCO TX 78606 USA	✓ 400.00 ✓
***** TOTAL AMOUNT OF MEMO ITEM(S): \$1,471.80					

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Page 1 of 2

CALHOUN COUNTY TREASURER

JUN 08 2021

DATE RECEIVED

JUN 17 2021

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

Account Number XXXX-XXXX-XXXX
Statement Closing Date June 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

- **Report a Lost or Stolen Card Immediately:** Our telephone lines are open every day, 24 hours a day. Call the Customer Service telephone number specified on the front of the statement to report a lost or stolen Citi Corporate Card.
- **Credit Reports:** The Bank may report Account information to credit bureaus. Late payments, missed payments, or other defaults on the Account may be reflected in your credit report.
- **Cardholder Credit Line:** Each Cardholder has an individual Credit Line (a portion of which may be used for Cash Advances), which is the maximum amount that the Cardholder can charge at any time. The size of each Cardholder's Credit Line (and Cash Limit, if any), is determined by the Company and is a portion of the total Company Credit Line.
- **To increase or Reallocate a Company or Cardholder Credit Line:** The Company may request changes to credit lines by contacting Citi Corporate Card Customer Services. Our telephone lines are open every day, 24 hours a day at the telephone number specified on the front of the statement.
- **Additional Cardholders:** The Company may request applications for additional Cardholders by contacting Citi Corporate Card Service. Our telephone lines are open every day, 24 hours a day at the telephone number specified on the front of the statement. Limit one Citi Corporate Card per Cardholder.
- **CitiManager® Online Tool:** You can easily manage your Citi Corporate Card online using the CitiManager online tool. CitiManager enables you to manage business expenses from anywhere around the globe from your computer or mobile device; you can view statements online as well as confirm account balances. To register for CitiManager, please log on to www.citimanager.com/login and click on the "Self registration for Cardholders" link. From there, follow the prompts to establish your account.
- **Payments:** You may make a payment to your individually billed card account online using CitiManager. Please note that some organizations do not have the CitiManager online payment feature enabled for cardholders. If paying by mail, please allow sufficient mailing time. Please write your account number on the front of the check. For centrally billed accounts, please be sure to send on Company check as payment for all Cardholder balances. If we receive your mailed payment in proper form at our processing facility by 5:00 p.m. Eastern Time, it will be credited as of that day. Payments can also be made by electronic fund transfer, wire transfer, ACH transfer, direct debit, and other methods. Call the number on the front of this statement for details.
- **Company Ratification:** By its payment of any amounts charged to the Account, the Company: (i) ratifies the original Application for the Account and the authority of all persons at the time of their signing such Application, and (ii) authorizes the continued use of the Account under the terms of The Corporate Card Agreement by all Cardholders to whom Cards are issued.
- **Special Information on Cash Advances:** Cardholders may get a Cash Advance at over 160,000 locations worldwide.
 - The Cardholder's Cash Advance Limit is a part of the Cardholder's Total Credit Line. It is not an additional line of credit.
 - For Cash Advances from ATMs, a separate Personal Identification Number (PIN) is required for security purposes.
- **Delinquency Fee:** My Account will be delinquent unless the Bank receives the amount shown on the billing statement as the balance due, less any disputed charges, by the payment due date. The Bank will show any unpaid portion of the balance due as a past due balance on subsequent billing statements. If any portion of the past due balance appears on two consecutive billing statements (approximately 55-60 days after the billing cycle date), I agree to pay a delinquency fee monthly based on a percentage of the entire past due balance until my payment is received by the Bank. A late fee may also be imposed monthly until payment for the past due balance is received by the Bank.

ACCOUNT INQUIRIES

- **In Case of Errors or Questions About Your Bill:** You are responsible for initiating the dispute resolution process if your Account Statement lists charges that you believe are unauthorized, incorrect, for merchandise that has not been received, or for returned merchandise. You should also initiate the process if your Account Statement incorrectly lists a credit as a charge or if a credit, for which you have been issued a credit slip, is not shown. To begin the dispute resolution process, visit citimanager.com/login.
- You may also dispute a transaction by writing to Citi. You may write to us on a separate sheet at the address specified on the front of this statement as soon as possible. Please notify us no later than 60 days after the date of the bill on which the error or problem first appeared. In the letter please give us the following information:
 - Your name and account number. For centrally billed Company Accounts, the Company name and Individual account number.
 - The dollar amount of the suspected error.
 - Describe the error and explain the reason for the error; if more information is needed about an item, please describe it to us.
 - Merchant Disputes. If the Company or Cardholder was unsuccessful in attempting to resolve a problem with a merchant concerning the quality of goods or services purchased with the Citi Corporate Card, we may be able to help if we are notified in writing within 60 days of the date of the charge. You will be responsible if we are not able to resolve the dispute or if the Bank finds you responsible for the disputed charge.
- In the letter to us, please explain in detail the dispute and the results of the attempt to resolve it with the merchant. The letter must include the amount involved, and must be signed by the Individual Cardholder. We will notify you of the results of our efforts.
- If you returned merchandise and received a credit slip which has not yet been posted, please allow 30 days from the date it was issued. If it has not been posted to the Account by then, forward a copy of the credit slip to us at the billing dispute address specified on the front of the statement. Along with the copy of the credit slip please include a letter (signed by the Individual Cardholder) stating that credit was not received. If a credit slip was not issued, please request one from the merchant. If the merchant refuses, please write to us and explain the details.
- On non-disputed matters or any matter shown by the Bank not to be in error, the Bank may charge the Company or Cardholder the fee specified in the Corporate Card Agreement for each copy of any document the Company or Cardholder requests, such as duplicate periodic statements, transaction slips, and the like.
- Please save your charge receipts.

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: 6/10/2021

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Date Required		Expense #	Department	Deliver To		Form # 9401
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		Daniel Industries - wheel			112.82 ✓
2			assembly for lawn mower -			
3			Plant Ops			
4	—		AT&T Digicert Inc -			554.00
5			IT Dept - Basic OV			
6	—		THA - credit for cancellation			(484.00
7			of THT conference for Erin Clevenger			
8	—		EB 2021 Regional Emergency			275.00
9			Healthcare Systems Conference			
10			Kyle Daniel - ED			

Est. Freight _____ Est. Total Cost _____ TOTAL COST \$1,471.80

NOTES:

charges made to mr. ~~gaff~~ Anglin's credit card.

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

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

MEMORIAL MEDICAL CENTER

PURCHASE ORDER

2

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

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

Vendor Name: Citicbank

Date: 6/10/2021

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Date Required		Expense #	Department	Deliver To			Form # 9401
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost	
1	—		APIC membership - Dianne			205.00	
2			Atkinson - IP				
3	—		TSICP.org - TSICP membership			~~100.00~~	
4			Registration - Dianne Atkinson				
5	112 = 82		TSICP.org - TSICP conference			400.00	
6	554 = 00		Registration - Dianne Atkinson			195.00	✓
7	275 = 00		— RHIT recertification fee/ Annual				
8	205 = 00		— AHIMA dues for Melissa Almanzar				
9	100 = 00		— Amazon - (2) Quick reference to critical care			113.98	
10	195 = 00						
	113 = 98						
	1,471 = 80						

Est. Freight _____

Est. Total Cost _____

TOTAL COST \$1471.80

NOTES:

charges made to Mr. Anglin's credit card

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

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

Wire Transfer

I - COUNTY OF CALHOUN TEXAS /



Wire Details

Transaction Number
Recurring Frequency One-Time Payment
Template Name CITI CARD PRGM - MMC
Amount USD 1,471.80 ✓
Debit Account (MEMORIAL MEDICAL CENTER - OPERATING) - Prosperity Bank

Notify Initiator Options Pending Actions: Notify via EMAIL
Pending Release: Notify via EMAIL
System Events: Notify via EMAIL
Complete - Unsuccessful: Notify via EMAIL
Complete - Successful: Notify via EMAIL
Early Action Taken: Notify via EMAIL
Early Action Removed: Notify via EMAIL
Expired: Notify via EMAIL

Payment Date 06/25/2021

Originator Information

Originator Name COUNTY OF CALHOUN TEXAS
Originator Address 1 202 S ANN STREET
Originator Address 2 SUITE A
Originator Address 3 PORT LAVACA, TX 77979

Beneficiary / Payee Information

ACCOUNT Name CBNA INCOMING SETTLEMENT
Beneficiary ID Type Account Number
Beneficiary ID
Address 1
Address 2
Address 3 PHOENIX, AZ 85062-8025
Beneficiary Country US
Contact Name
Phone Number

Beneficiary Bank Information

Name CITIBANK NA
Beneficiary Bank ID Type Fed ABA
Beneficiary Bank
Address 1
Address 2
Address 3 PHOENIX, AZ 85062-8025
Intl Routing Number
Beneficiary Bank Country US

Additional Reference Information

Purpose Of Payment CREDIT CARD PMT

Additional Information For
Beneficiary

Status History

Timestamp	Status	Initiator	Description
Jun 25, 2021 9:20:15 AM CDT	Created	COUNT1923 / CalCo9275 (RHONDA S. KOKENA)	Wire Created.

06/18/2021

MEMORIAL MEDICAL CENTER

0

11:01

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor#

Vendor Name

Class

Pay Code

13972

BEYER MECHANICAL ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
~~00000670~~	06/18/2021	06/08/2021	06/08/2021				41,868.74	0.00	0.00	41,868.74 ✓

21195-000001-353

TRAILER MOUNTED AC %50 DOWI

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

13972

BEYER MECHANICAL

41,868.74

0.00

0.00

41,868.74

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

41,868.74

0.00

0.00

41,868.74



JUN 21 2021

CK#
190745

QUESTA AUTORE
CAVENDISH COUNTY, TEXAS

Served By:

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

DEA: RA0289276
866-451-9655

Customer:

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

Remit To:

AMERISOURCEBERGEN
P.O. Box 905223
CHARLOTTE NC 28290-5223

Customer Number

0100135284 / 037028186

Terms

Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	505.25
Past Due:	0.00
Total Due:	505.25
Account Balance:	505.25

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
06-14-2021	06-25-2021	3058465467	161650	Invoice	42.38		0.00	42.38 ✓
06-14-2021	06-25-2021	3058465468	161652	Invoice	335.28		0.00	335.28 ✓
06-14-2021	06-25-2021	3058500955	161698	Invoice	108.13		0.00	108.13 ✓
06-15-2021	06-25-2021	3058622746	161706	Invoice	8.11		0.00	8.11 ✓
06-17-2021	06-25-2021	3058885885	161720	Invoice	9.00		0.00	9.00 ✓
06-18-2021	06-25-2021	3059027556	161731	Invoice	2.35		0.00	2.35 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
505.25	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
06-18-2021	(671.47)

Reminders

Due Date	Amount
06-25-2021	505.25
Total Due:	505.25

CK 500209

APPROVED
JUN 27 2021
COUNTY CLERK
SANDRA J. BROWN, CLERK

McKESSON**STATEMENT**

As of: 06/18/2021

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: 06/19/2021

As of: 06/18/2021
Mail to:Page: 002
Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 632536 PLEASE CHECK ANY
Date: 06/19/2021 ITEMS NOT PAID (✓)

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 8,773.94 USD

Future Due: 0.00

Past Due: 0.00

Last Payment
08/07/2017 2,451.97If Paid By 06/22/2021,
Pay This Amount:

8,598.46 USD

If Paid After 06/22/2021,
Pay this Amount:

8,773.94 USD

Due If Paid On Time:
USD

8,598.46

Disc lost if paid late:

175.48

Due If Paid Late:

USD

8,773.94

25*98 +
8*106*97 +
465*51 +
8,598.46

CK 500208

JUN 21 2021

PORT LAVACA, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON**STATEMENT**

As of: 06/18/2021

Page: 001

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

Company: 8000

HEB PHCY 0434/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: 400

Customer: 190813

Date: 06/19/2021

As of: 06/18/2021
Mail to:Page: 001
Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 190813 PLEASE CHECK ANY
Date: 06/19/2021 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											
06/16/2021	06/22/2021	7276200968	2017031100	115Invoice	0.53	26.51		25.98	✓	7276200968	

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

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

Subtotals: 26.51 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 10,317.33
06/14/2021If Paid By 06/22/2021,
Pay This Amount:

25.98 USD

If Paid After 06/22/2021,
Pay this Amount:

26.51 USD

Due If Paid On Time:

USD 25.98

Disc lost if paid late:

0.53

Due If Paid Late:

USD 26.51

JUN 21 2021

CALLEDON COUNTY, TEXAS

<>
For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 06/18/2021

Page: 001

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

DC: 8115

Territory: 400

Customer: 256342

Date: 06/19/2021

As of: 06/18/2021

Mail to:

Page: 001

Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 06/19/2021 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											
16/14/2021	06/22/2021	7275606942	10307431	115Invoice	20.77	1,038.32		1,017.55 ✓		7275606942	
16/14/2021	06/22/2021	7275606943	10329903	115Invoice	5.56	277.91		272.35 ✓		7275606943	
16/14/2021	06/22/2021	7275606944	10329903	115Invoice	0.01	0.63		0.62 ✓		7275606944	
16/14/2021	06/22/2021	7275606945	10352576	115Invoice	0.01	0.32		0.31 ✓		7275606945	
16/14/2021	06/22/2021	7275606946	0613210105-00	115Invoice	2.40	120.22		117.82 ✓		7275606946	
16/14/2021	06/22/2021	7275826747	864820430	195Invoice	3.91	195.30		191.39 ✓		7275826747	
16/15/2021	06/22/2021	7275936820	10458714	115Invoice	20.43	1,021.67		1,001.24 ✓		7275936820	
16/15/2021	06/22/2021	7275936822	10458714	115Invoice	16.56	828.19		811.63 ✓		7275936822	
16/15/2021	06/22/2021	7275936823	0614210423-00	115Invoice	22.17	1,108.53		1,086.36 ✓		7275936823	
16/15/2021	06/22/2021	7276090610	0614210734	115Invoice	6.56	328.02		321.46 ✓		7276090610	
16/16/2021	06/22/2021	7276211427	10546858	115Invoice	7.61	380.53		372.92 ✓		7276211427	
16/16/2021	06/22/2021	7276211428	10586609	115Invoice		0.16		0.16 ✓		7276211428	
16/16/2021	06/22/2021	7276371728	864986258	195Invoice	2.64	132.04		129.40 ✓		7276371728	
16/16/2021	06/22/2021	7276371729	0615210621	115Invoice	1.05	52.68		51.63 ✓		7276371729	
16/17/2021	06/22/2021	7276482042	10651795	115Invoice	0.56	27.93		27.37 ✓		7276482042	
16/17/2021	06/22/2021	7276482043	10651795	115Invoice	8.01	400.46		392.45 ✓		7276482043	
16/17/2021	06/22/2021	7276652553	0616210615	115Invoice	8.35	417.29		408.94 ✓		7276652553	
16/18/2021	06/22/2021	7276727691	10674764	115Invoice	29.79	1,489.39		1,459.60 ✓		7276727691	
16/18/2021	06/22/2021	7276727692	10674764	115Invoice	8.06	402.82		394.76 ✓		7276727692	
16/18/2021	06/22/2021	7276727693	10717065	115Invoice	0.97	48.74		47.77 ✓		7276727693	
16/18/2021	06/22/2021	7276919463	865122611	195Invoice	0.03	1.27		1.24 ✓		7276919463	

<>
For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

As of: 06/18/2021

Page: 001

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: 400

Customer: 256342

Date: 06/19/2021

As of: 06/18/2021
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342

Date: 06/19/2021

**PLEASE CHECK ANY
ITEMS NOT PAID (✓)**

Column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item
National Account 832536

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 8,272.42 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 10,317.33
06/14/2021

If Paid By 06/22/2021,
Pay This Amount:

8,106.97 USD

If Paid After 06/22/2021,
Pay this Amount:

8,272.42 USD

Due If Paid On Time:

USD 8,106.97

Disc lost if paid late:

165.45

Due If Paid Late:

USD 8,272.42

JUN 21 2021

WALMART, TEXAS

For AR Inquiries please ^{<>}contact 800-867-0333

McKESSON**STATEMENT**

As of: 06/18/2021

Page: 001

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

DC: 8115

Territory: 400

Customer: 835438

Date: 06/19/2021

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

As of: 06/18/2021
 Mail to:

Page: 001
 Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

Cust: 835438 PLEASE CHECK ANY
 Date: 06/19/2021 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS											
06/17/2021	06/22/2021	7276673928	1220706	115Invoice	9.50	475.01		465.51	✓	7276673928	

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

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

Subtotals: 475.01 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 10,317.33
 06/14/2021

If Paid By 06/22/2021,
 Pay This Amount:

465.51 USD

If Paid After 06/22/2021,
 Pay this Amount:

475.01 USD

Due If Paid On Time:

USD 465.51 ✓

Disc lost if paid late:

9.50

Due If Paid Late:

USD 475.01

JUN 21 2021

PORT LAVACA, TEXAS

For AR Inquiries please <> contact 800-867-0333

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

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

☐ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	#### ENTER: ###
☐ "ENTER YOUR 4-DIGIT PIN"	
☐ "MAKE A PAYMENT, PRESS 1"	1
☐ "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★ 941 #
☐ "IF FEDERAL TAX DEPOSIT ENTER 1"	1
☐ "ENTER 2-DIGIT TAX FILING YEAR"	★ 21
☐ "ENTER 2-DIGIT TAX FILING ENDING MONTH" 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	★ 06
☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN" "1 TO CONFIRM"	★ \$ 94,160.12 #
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0 1
"ENTER W/CENTS AMOUNT OF MEDICARE"	\$ 49,355.80 #
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	\$ 11,542.96 #
	\$ 33,261.36 #
	CHECK \$ -
☐ "6-DIGIT SETTLEMENT DATE" "1 TO CONFIRM"	★ 1
☐ ACKNOWLEDGEMENT NUMBER	
CALLER INFORMATION:	
CALLER NAME:	
CALLER PHONE:	
CALLER ADDRESS:	

Run Date: 06/21/21
Time: 08:15

MEMORIAL MEDICAL CENTER
Payroll Register (Bi-Weekly)
Pay Period 06/04/21 - 06/17/21 Run# 1

Page 113
P2REG

Final Summary

Pay Code Summary						Deductions Summary					
PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross	Code	Amount	
1	REGULAR PAY-S1	9711.00	N		N	N		194811.26	A/R	534.64	A/R2 50.00 A/R3
1	REGULAR PAY-S1	1763.50	N		N	N	N	74959.67	ADVANC	AWARDS	BOOTS
1	REGULAR PAY-S1	278.50	Y		N	N		7719.73	CAFE H	CAFE-1	CAFE-2
2	REGULAR PAY-S2	2392.00	N		N	N		54103.23	CAFE-3	CAFE-4	CAFE-5
2	REGULAR PAY-S2	139.75	Y		N	N		4897.24	CAFE-C	CAFE-D	1636.03 CAFE-F
3	REGULAR PAY-S3	1388.75	N		N	N		35223.23	CAFE-H	20214.21 CAFE-I	CAFE-L
3	REGULAR PAY-S3	96.50	Y		N	N		3900.18	CAFE-P	CANCER	CHILD 443.08
C	CALL PAY	2566.00	N	1	N	N		5132.00	CLINIC	75.00 COMBIN	434.57 CREDUN
D	DOUBLE TIME	19.75	N	1	N	N		1352.88	DD ADV	DENTAL	DEP-LF
D	DOUBLE TIME	19.50	N	2	N	N		1316.87	DIS-LF	EAT	EATCSH
D	DOUBLE TIME	31.75	N	3	N	N		1990.53	FEDTAX	33261.36 FICA-M	5771.48 FICA-O 24677.90
D	DOUBLE TIME	3.25	Y	1	N	N		333.94	FIRSTC	FLEX S	3502.48 FLX FE
D	DOUBLE TIME	4.25	Y	2	N	N		462.19	FORT D	FUTA	GIFT S 148.17
E	EXTRA WAGES		N		N	N	N	3088.75	GRANT	GRP-IN	GTL
E	EXTRA WAGES		N	1	N	N	N	1581.25	HOSP-I	ID TFT	LEAF
F	FUNERAL LEAVE	12.00	N	1	N	N		441.00	LEGAL	294.24 MASA	360.00 MEALS 162.32
I	INSERVICE	25.00	N	1	N	N		636.15	METVIS	862.70 MISC	MISC/
K	EXTENDED-ILLNESS-BANK	224.00	N	1	N	N		6102.12	MXCSHR	NATFML	1773.00 OTHER
P	PAID-TIME-OFF	64.00	N		N	N	N	1382.00	PHI	PHI***	PR FIN
P	PAID-TIME-OFF	1089.00	N	1	N	N		27611.00	RELAY	REPAY	SAMS
X	CALL PAY 2	176.00	N	1	N	N		352.00	SCRUBS	SIGNON	ST-TX
Z	CALL PAY 3	96.00	N	1	N	N		288.00	STONDF	790.86 STONE	STONE2
									STUDEN	SUNACC	776.22 SUNILL 704.14
									SUNIND	584.65 SUNLIF	736.80 SUNSTD 1168.58
									SUNVIS	SURCHG	475.00 TSA-1
									TSA-2	TSA-C	TSA-P
									TSA-R	29936.07 TUITION	UNIFOR 294.80
									UN/HOS		
Grand Totals: 20100.50								(Gross: 427685.24	Deductions: 130170.30	Net: 297514.94)	
Checks Count:- PT 195 PT 13 Other 34 Female 214 Male 27 Credit								OverAmt 6 ZeroNet 1 Term	Total: 241		

Pay date:
06/25/21

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- June 14, 2021 - June 20, 2021**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>	<u>Amount</u>	<u>CP</u>
6/14/2021	PAY PLUS ACHTRANS 452579291 101000697526781	- 3rd Party Payor Fee	133.43	
6/15/2021	PAY PLUS ACHTRANS 452579291 101000698410140	- 3rd Party Payor Fee	1.52	
6/15/2021	MCKESSON DRUG AUTO ACH ACH04620778 910000163	- 340B Drug Program Expense	10317.33*	
6/15/2021	TEXAS COUNTY DRS RECEIVABLE 0419 21000023513	- Retirement Funding	144397.13*	
6/16/2021	PAY PLUS ACHTRANS 452579291 101000699350629	- 3rd Party Payor Fee	110.76	
6/17/2021	STATE COMPTLR TEXNET 02539368/10616 2100002	RAPPS IGT	25328.84**	
6/17/2021	PAY PLUS ACHTRANS 452579291 101000690153128	- 3rd Party Payor Fee	13.64	
6/18/2021	PAY PLUS ACHTRANS 452579291 101000690866513	- 3rd Party Payor Fee	3.11	
6/18/2021	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	671.47*	
6/18/2021	FDGL ANNUAL FEE 052-1601830-000 410001237110	- Credit Card Machine Lease Expense	30.2	
6/18/2021	FDGL ANNUAL FEE 052-1479213-000 410001237084	- Credit Card Machine Lease Expense	30.2	
6/18/2021	FDGL ANNUAL FEE 052-1479468-000 410001237084	- Credit Card Machine Lease Expense	30.2	
6/18/2021	FDGL ANNUAL FEE 052-1479214-000 410001237084	- Credit Card Machine Lease Expense	30.2	
			181,098.03	

Jason Anglin, CEO
Memorial Medical Center

June 21, 2021

* Approved 06-16-21
** Approved 06-02-21

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

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>	<u>Amount</u>
7/2/2021	ACH Payment STATE COMTRLR TEXNET	ACCRUED IGT DSH	155,555.25
07/06/21	ACH Payment STATE COMTRLR TEXNET	ACCRUED DSRIP WAIVER IGT	595,049.15
			750,604.40

Jason Anglin, CEO
Memorial Medical Center

June 21, 2021

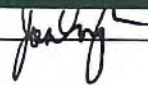
0.00
Pay Plus
133.43 +
1.52 +
110.76 +
13.64 +
3.11 +
262.46 +
30.20 +
30.20 +
30.20 +
30.20 +
120.80 +
383.26 +
181,098.03 +
10,317.33 +
144,397.13 +
25,328.84 +
671.47 +
383.26 +
383.26 +
0.00 *



Transaction Summary

Transaction Complete

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

Payment Total	\$155,555.25
Bank Routing and Account Number	
Settlement Date	7/2/2021
DSH Amount	\$155,555.25
Entered By	Jason Anglin 

GL # 20310010

2021 TPI	Hospital Name	County	Ownership Type	Rural Status	(Revised) Reduced DSH Payment Based on Recoupments Not Collected	(Revised) Reduced DSH IGT Based on Recoupments Not Collected	Net After IGT
	Memorial Medical Center	Calhoun	Public	Yes	\$486,262.10	\$155,555.25	\$330,706.85

Jason Anglin

From: HHSC PFD DSH Payments <DSHPayments@hhs.texas.gov>
Sent: Friday, June 18, 2021 11:06 AM
To: ShanePlymell@shannonhealth.org; sparrish@ych.us; nwheeler@ych.us; Divya.Matai@nwths.com; Alita.Risinger@BSWHealth.org; gquillin@parmermedicalcenter.com; rodney@preferredmanagementcorp.com; duane.woods@cmcvtx.org; czafero@cmcvtx.org; pstrauss@cmcvtx.org; Jason Anglin; Roshanda S. Thomas; jeffrey.dane@umchealthsystem.com; terry.mckenzie@umchealthsystem.com; terrell.thrasher@umchealthsystem.com; Lhardin@seymourtexas.net; afutch@seymourtexas.net; Lsmajstrla@seymourtexas.net; kogann@grmedcenter.com; jwalker@hendrickhealth.org; aeurek@hendrickhealth.org; JoAnn Greenway; robert.fries@childrens.com; adriana.martinez2@childrens.com; aalexander@cuerohospital.org; ssutton@cuerohospital.org; Jaime.Mitchell@TitusRegional.com; Chris.Torres@TitusRegional.com; rkorkmas@ppgh.com; apuckett@ppgh.com; scoleman@ppgh.com; wwiddon@ppgh.com; michaelnunez@umcelpaso.org; rshah@umcelpaso.com; lflores@umcelpaso.com; Whitney.Wilde@BSWHealth.org; wwgage@texaschildrens.org; nnilim@texaschildrens.org; sjsmallb@texaschildrens.org; maleo@texaschildrens.org; Melonie.Pipes@gracehealthsystem.com; miwilliams@lmchospital.com; lprice@lmchospital.com; mo@starcoimpex.com; ashley.underwood@adventhealth.com; Trey.Wicke@BSWHealth.org; dmak@ecmh.org; mlongoria@ecmh.org; mbergstrom@primehealthcare.com; ejimenez@primehealthcare.com; cxhandle@baptisthealthsystem.com; S.Turley@dhr-rgv.com; R.Haddad@dhr-rgv.com; j.navarro@dhr-rgv.com; R.Perez@dhr-rgv.com; Rogelio_Reyes@chs.net; zachary_ervin@chs.net; donald.mcdaniel@parismc.com; Lhacker@lubbockheart.com; Macruz@lubbockheart.com; bfoley@lubbockheart.com; morta@lubbockheart.com; jason.miller1@steward.org; Dan.Rich@BSWHealth.org; mark.meyer@utsouthwestern.edu; sara.cowan@utsouthwestern.edu; sharon.corum@uhsinc.com; RGray@Culbersonhospital.org; steve.bishop@smmctx.org; barry.harding@smmctx.org; tammy.hartfield@smmctx.org; mark.kimball@smmctx.org; Kevin.Markham@uhsinc.com; pburke@scmc.us; christy@preferredmanagementcorp.com; james.jenkins@steward.org; ty.culver@uhsinc.com; Bryan.Nichols@BSWHealth.org; jsmith@medicalartshospital.org; creeves@medicalartshospital.org; lstokes@medicalartshospital.org; phil.sosa@uhsinc.com; Erich_Wallschlaeger@cedarparkregional.com; Derrick.Ouzts@uhsinc.com; mitchellmulvehill@texashealth.org
Cc: Brown,Adam (HHSC); Okoniewski,Amanda (HHSC); Kaminsky,Kathryn (HHSC); Guzman,Kenneth (HHSC); Regmi,Asha (HHSC)
Subject: REVISED DSH 2021 Final IGT Notification 5 of 7
Attachments: TexNet User Guide.pdf; 2021 Final DSH Payment Calculation-PMTS-6.18.21.xlsx

[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.

DSH Providers,

Please see attached for a revised Final Disproportionate Share Hospital (DSH) 2021 calculation. This updated calculation was necessary as HHSC identified the inclusion of dual eligible days within the Total Medicaid Hospital Days in the non-state tab. HHSC has removed dual eligible days from the Total Medicaid Hospital Days. HHSC also identified the exclusion of year-to-date (YTD) advance intergovernmental transfer (IGT) refunds. HHSC has adjusted the YTD Advance DSH IGT payments to reflect refunds. We've adjusted the federal allocation amount based on the enhanced federal medical assistance percentage (FMAP). Finally, a few other changes were made for individual hospitals.

Providers that have already entered their TexNet submission should cancel their TexNet and reenter the revised amount. The TexNet User Guide is attached for assistance on how to cancel a TexNet. HHSC apologizes for any inconvenience.

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



DSH Participants:

Attached is the finalized 2021 Final Disproportionate Share Hospital (DSH) Payment Calculation Workbook. Payment calculations are based upon a total DSH allotment that includes increased federal funds resulting from changes to DSH allotments based upon Sec. 9879 of ARPA. HHSC has been in communication with CMS about how the U.S. Secretary of Health and Human Services will implement provision Sec. 9879, but no formal guidance has been issued at this time. CMS confirmed today that formal guidance is still weeks or months from being disseminated. However, they have given every indication that they expect the federal allotment amounts to increase to implement the statutory provision. Based upon these conversations, and the statutory language in Sec. 9819, HHSC is increasing payments to an amount "equal to the total DSH payments that the State could have made for such fiscal year without such increase to the Federal medical assistance percentage." Should CMS' formal guidance when disseminated deviate from this approach, HHSC will work with providers to adjust payments for DSH 2021 in accordance with the final CMS guidance at that time.

The DSH payments and intergovernmental transfer (IGT) amounts are based on the calculations in the Model Scenario Analysis (see tabs labeled " Non-State" and "State" for non-state-owned and state-owned hospitals

respectively). To ensure that all government entities receive this notification, HHSC strongly encourages providers to send this information to any government entity who is IGT'ing on their behalf.

Below are the pertinent dates associated with the DSH Pass 1 and Pass 2 payment:

- July 1, 2021 Last date to schedule transfer in TexNet
- July 2, 2021 Pass 1 and Pass 2 IGT Settlement Date
- July 13, 2021 State Owned Hospitals submit Journal Entry
- July 30, 2021 Latest DSH Pass 1 and Pass 2 Payment Date

****Late IGTs will not be accepted. Pass 3 payment amounts cannot be calculated until HHSC is in receipt of the IGT for the Pass 1 and Pass 2 Payments.**

Please ensure you select the DSH bucket in TexNet when you enter your IGT. It is imperative that you send a screen shot/PDF copy of the confirmation/trace sheet from TexNet or an email with the confirmation number, settlement date and IGT amount if the TexNet is submitted over the phone, to DSHPayments@hhs.texas.gov. Additional information regarding the TexNet process can be found at this [link](#). State owned hospitals must send a copy of their Journal Entry to DSHPayments@hhs.texas.gov. **HHSC will not send confirmation emails confirming receipt of Trace Sheets. Please set your email settings to request a delivery receipt, if a confirmation is needed.**

Please include two contacts and their phone numbers and email addresses, should HHSC have any questions regarding the TexNet received.

If you have questions regarding the DSH payment process, please send an email to DSHPayments@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



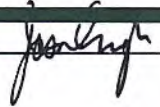
TEXAS
Health and Human
Services



Transaction Summary

Transaction Complete

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

Payment Total	\$595,049.15
Bank Routing and Account Number	
Settlement Date	7/6/2021
DSRIP Amount	\$595,049.15
Entered By	Jason Anglin 

GL # 203/0030

DSRIP Payment Summary Report by IGT for Demo Year 10

Round 1

[illegible]

DSRIP Payment Summary Report by Affiliation_Number for Demo Year 10						Round 1							
IGT Affiliation Number	RHP	Provider TPI	Provider Name	IGT TPI	IGT Name	DY10 Round 1 Approved IGT	DY9 Carryforward Round 1 Approved IGT	DY9 Previous Round NMI Approved IGT	DY9 Other Approved IGT (short IGT)	DY8 Carryforward Round 1 Approved IGT	DY8 Carryforward Previous Round NMI Approved IGT	DY8 Other Approved IGT (short IGT)	Total Approved IGT for Round 1 DSRIP
100-13-0000-00132	RHP 3	137909111	Memorial Medical Center	137909111	Calhoun County dba Memorial Medical Center	\$84,331.20	\$494,291.53	\$0.00	\$0.00	\$16,426.43	\$0.00	\$0.00	\$595,049.15

Cc: Brown,Adam (HHSC) <Adam.Brown04@hhs.texas.gov>; Chang,Sylvia (HHSC) <sylvia.chang@hhs.texas.gov>; Corzine,Ketha (HHSC) <Ketha.Corzine@hhs.texas.gov>; Jenkins,Brooke (HHSC) <Brooke.Jenkins01@hhs.texas.gov>; Okoniewski,Amanda (HHSC) <Amanda.Okoniewski01@hhs.texas.gov>; HHSC Texas Healthcare Transformation and Quality Improvement Program <TXHealthcareTransformation@hhsc.state.tx.us>; Wade,Tonika (HHSC) <Tonika.Wade@hhs.texas.gov>

Subject: July 2021 DSRIP DY10 R1 IGT Notification - RHP 17 - 1 of 2

Anchors/Government Entities/Providers:

Please carefully review this message in its entirety making note of the information provided which pertains to the DY10 Delivery System Reform Incentive Payments (DSRIP).

Attached are the following files: **DSRIP Notification- DY10 Round 1 July 2021 Affiliation Summary and DY10 Round 1 July 2021 IGT Summary** workbooks. These workbooks include DY10 DSRIP payments, DY9 Carryforward Reporting, and DY8 Carryforward Reporting.

The DY10 Round 1 July 2021 Affiliation Summary workbook has separate tabs for each Regional Healthcare Partnership (RHP) and contains the Intergovernmental Transfer (IGT) needed, by affiliation, for DY10 Round 1 DSRIP payments, DY9 Carry Forward, and DY8 Carryforward.

The DY10 Round 1 July 2021 IGT Summary workbook has separate tabs for each RHP and contains the total IGT needed by each IGT Entity for the DY10 Round 1 DSRIP payments, DY9 Carryforward Reporting, and DY8 Carryforward Reporting.

Providers can determine their estimated payment amount by dividing Column N of the DY10 Round 1 July 2021 Affiliation Summary by the state share of the current FMAP. The current FMAP is 68.01%/31.99%.

The Transformation Waiver Team will email the Anchors information to share with providers regarding how much will be paid by Category and measure on Friday, June 18, 2021. Health and Human Services Commission (HHSC) Provider Finance Department is unable to answer questions regarding this information. Please send any questions regarding this information to TXHealthcareTransformation@hhsc.state.tx.us

HHSC requires that the appropriate TexNet bucket is used for DSRIP Reporting IGTs. The DSRIP Reporting IGT should be placed in DSRIP.

IGT Entities may choose to IGT less than the required amount for DSRIP Reporting payments; however, all affiliated providers and metrics will be paid proportionately. IGT may not be directed towards specific providers, Categories, or metrics.

A screen shot/.pdf of the confirmation/trace sheet or email of the confirmation number if the TexNet is submitted over the phone is required and must be emailed to PFD_DSRIP_Payments@hhsc.state.tx.us. We are requesting that all government entities enter their IGT transactions into TexNet no later than July 5th with a **Settlement Date of July 6th. No IGT's submitted after July 5th will be accepted.**

HHSC Accounting will request the Comptroller to issue payments according to the following *estimated* schedule:

Monday, July 05, 2021	Last date for Public entities to enter TexNet and submit Trace Sheet
Tuesday, July 06, 2021	TexNet Sweeps (Settlement date of funds)
Tuesday, July 20, 2021	Payment issue date for Transferring Hospitals "Big 6"
Friday, July 30, 2021	Payment issue date for Non-Transferring Hospitals

Information regarding TexNet Connect can be found at
<https://comptroller.texas.gov/programs/systems/docs/96-1193.pdf>

Thank you,

HHSC Provider Finance Payments

Texas Health and Human Services Commission
P.O. Box 149030, Mail Code H-400
Brown-Heatly Building
4900 N. Lamar Blvd.
Austin, TX 78714-9030

RECEIVED

tmp__cw5report1499820979994632041.html

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

ap_open_invoice.template

JUN 17 2021
06/17/2021
13:07
Calhoun County Auditor

Vendor#
11836

Vendor Name
GOLDENCREEK HEALTHCARE

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
060121A	06/15/2021	06/01/2021	07/08/2021				3,811.05	0.00	0.00	3,811.05 ✓
	TRANSFER									
060321C	06/15/2021	06/03/2021	07/08/2021				113.05	0.00	0.00	113.05 ✓
	TRANSFER									
060321A	06/15/2021	06/03/2021	07/08/2021				806.77	0.00	0.00	806.77 ✓
	TRANSFER									
060321B	06/15/2021	06/03/2021	07/08/2021				761.09	0.00	0.00	761.09 ✓
	TRANSFER									
060921	06/16/2021	06/09/2021	07/08/2021				47,309.16	0.00	0.00	47,309.16 ✓
	TRANSFER									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11836		GOLDENCREEK HE	52,801.12	0.00	0.00	52,801.12

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	52,801.12	0.00	0.00	52,801.12

CK#
190810
JUN 17 2021
CALHOUN COUNTY, TEXAS

RECEIVED

06/17/2021

13:06

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap_open_invoice.template

Dates Through:

Cajon County Auditor

Vendor#

Vendor Name

Class

Pay Code

12696

GULF POINTE PLAZA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
060121A	06/15/2021	06/01/2021	07/08/2021				849.53	0.00	0.00	849.53 ✓
	TRANSFER									
060221	06/15/2021	06/02/2021	07/08/2021				4,488.00	0.00	0.00	4,488.00 ✓
	TRANSFER									
060221A	06/15/2021	06/02/2021	07/08/2021				15,153.01	0.00	0.00	15,153.01 ✓
	TRANSFER									
060321B	06/15/2021	06/03/2021	07/08/2021				262.96	0.00	0.00	262.96 ✓
	TRANSFER									
060321A	06/15/2021	06/03/2021	07/08/2021				4,080.00	0.00	0.00	4,080.00 ✓
	TRANSFER									
060321C	06/15/2021	06/03/2021	07/08/2021				3,460.26	0.00	0.00	3,460.26 ✓
	TRANSFER									
061021	06/16/2021	06/10/2021	07/08/2021				191.37	0.00	0.00	191.37 ✓
	TRANSFER									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12696		GULF POINTE PLAZ	28,485.13	0.00	0.00	28,485.13

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	28,485.13	0.00	0.00	28,485.13

JUN 17 2021

CK#

190811

CASH ON HAND
CASH ON HAND, DEBIT

6/17/2021

tmp_cw5report7226741883776275731.html

RECEIVED

06/17/2021 JUN 17 2021

13:07

Calhoun County Auditor

Vendor#

13004

Vendor Name

TUSCANY VILLAGE ✓

Class

Pay Code

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap_open_invoice.template

Dates Through:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
060121A	06/15/2021	06/01/2021	07/08/2021				129.16	0.00	0.00	129.16 ✓
060321A	06/15/2021	06/03/2021	07/08/2021				2,987.02	0.00	0.00	2,987.02 ✓
060421	06/15/2021	06/04/2021	07/08/2021				6,544.79	0.00	0.00	6,544.79 ✓
060421A	06/15/2021	06/04/2021	07/08/2021				1,560.86	0.00	0.00	1,560.86
060421C	06/15/2021	06/04/2021	07/08/2021				1,152.25	0.00	0.00	1,152.25

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
13004		TUSCANY VILLAGE	12,374.08	0.00	0.00	12,374.08

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	12,374.08	0.00	0.00	12,374.08

JUN 17 2021

CK#
190812

RECEIVED

06/17/2021

JUN 17 2021

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Vendor#
12792
Calhoun County Auditor

Vendor Name ✓

Class

Pay Code

BETHANY SENIOR LIVING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
060121	06/15/2021	06/01/2021	07/08/2021				803.13	0.00	0.00	803.13 ✓
	TRANSFER									
060121A	06/15/2021	06/01/2021	07/08/2021				371.00	0.00	0.00	371.00 ✓
	TRANSFER									
060321	06/15/2021	06/03/2021	07/08/2021				5,565.00	0.00	0.00	5,565.00 ✓
	TRANSFER									
060321A	06/15/2021	06/03/2021	07/08/2021				9,148.94	0.00	0.00	9,148.94 ✓
	TRANSFER									
060421	06/15/2021	06/04/2021	07/08/2021				613.63	0.00	0.00	613.63 ✓
	TRANSFER									
060821	06/16/2021	06/08/2021	07/08/2021				33.64	0.00	0.00	33.64 ✓
	TRANSFER									
061021	06/16/2021	06/10/2021	07/08/2021				20,063.89	0.00	0.00	20,063.89 ✓
	TRANSFER									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12792		BETHANY SENIOR I	36,599.23	0.00	0.00	36,599.23

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	36,599.23	0.00	0.00	36,599.23

JUN 17 2021

CALHOUN COUNTY, TEXAS

CK#
190809

8

RUN DATE:06/22/21
TIME:14:29

MEMORIAL MEDICAL CENTER
CHECK REGISTER
06/23/21 THRU 06/23/21

PAGE 1
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	190739	06/23/21	18.36	ACE HARDWARE 15521
A/P	190740	06/23/21	69.99	ADAM BESIO
A/P	190741	06/23/21	308.26	ALIMED INC.
A/P	190742	06/23/21	21,142.08	AMERISOURCEBERGEN DRUG CORP
A/P	190743	06/23/21	5,360.00	AUREUS RADIOLOGY LLC
A/P	190744	06/23/21	133.29	BECKMAN COULTER INC
A/P	190745	06/23/21	41,868.74	BEYER MECHANICAL
A/P	190746	06/23/21	46,800.00	BKD, LLP
A/P	190747	06/23/21	84.50	BRIGGS HEALTHCARE
A/P	190748	06/23/21	174.00	BROOKHOLLOW
A/P	190749	06/23/21	556.00	CABLES AND SENSORS
A/P	190750	06/23/21	70.00	CALHOUN COUNTY INDIGENT ACCOUN
A/P	190751	06/23/21	188.99	CARDINAL HEALTH 414, INC.
A/P	190752	06/23/21	1,116.30	CLEARFLY
A/P	190753	06/23/21	17,067.27	CLINICAL PATHOLOGY LABS
A/P	190754	06/23/21	1,178.12	DALLAS FRANKLIN
A/P	190755	06/23/21	20,611.80	DEPUY SYNTHES SALES, INC.
A/P	190756	06/23/21	289.29	DEWITT POTH & SON
A/P	190757	06/23/21	50,311.25	DIAMOND HEALTHCARE CORP
A/P	190758	06/23/21	4,597.75	DUDE SOLUTIONS, INC
A/P	190759	06/23/21	4,500.00	E-MDS, INC
A/P	190760	06/23/21	280.00	EAGLE FIRE & SAFETY INC
A/P	190761	06/23/21	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	190762	06/23/21	2,943.20	ETHOS MEDICAL STAFFING
A/P	190763	06/23/21	1,000.00	EVERGREEN MEDICAL SERVICES
A/P	190764	06/23/21	1,815.00	EVOQUA WATER TECHNOLOGIES LLC
A/P	190765	06/23/21	797.90	FIRESTONE OF PORT LAVACA
A/P	190766	06/23/21	1,177.66	FRONTIER
A/P	190767	06/23/21	4,792.84	GARDNER & WHITE, INC.
A/P	190768	06/23/21	10,751.44	GE PRECISION HEALTHCARE, LLC
A/P	190769	06/23/21	584.01	GOODS & SERVICES MANAGEMENT
A/P	190770	06/23/21	595.00	GRACE FLOORING AND GLASS
A/P	190771	06/23/21	11,031.55	GREAT AMERICAN FINANCIAL SVCS
A/P	190772	06/23/21	38.92	HEALTH CARE LOGISTICS INC
A/P	190773	06/23/21	455.00	HEALTHCARE CODING & CONSULTING
A/P	190774	06/23/21	21,318.88	HEALTHCARE FINANCIAL SERVICES
A/P	190775	06/23/21	381.96	INJOY HEALTH EDUCATION
A/P	190776	06/23/21	552.48	IRON MOUNTAIN
A/P	190777	06/23/21	28,810.80	ITA RESOURCES INC
A/P	190778	06/23/21	300.00	LEGATO
A/P	190779	06/23/21	1,734.00	MASA GLOBAL BUILDING
A/P	190780	06/23/21	144.60	MEDI-DOSE, INC
A/P	190781	06/23/21	124.68	MMC AUXILIARY GIFT SHOP
A/P	190782	06/23/21	.00	VOIDED
A/P	190783	06/23/21	.00	VOIDED
A/P	190784	06/23/21	.00	VOIDED
A/P	190785	06/23/21	.00	VOIDED
A/P	190786	06/23/21	35,854.75	MORRIS & DICKSON CO, LLC
A/P	190787	06/23/21	4,699.00	MSDSOONLINE, INC
A/P	190788	06/23/21	4,748.01	NOVA BIOMEDICAL

RUN DATE:06/22/21
TIME:14:29

MEMORIAL MEDICAL CENTER
CHECK REGISTER
06/23/21 THRU 06/23/21

PAGE 2
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	190789	06/23/21	3,084.00	PARA
A/P	190790	06/23/21	712.00	PORT LAVACA WAVE
A/P	190791	06/23/21	3,423.70	PRO ENERGY PARTNERS LP
A/P	190792	06/23/21	13,042.00	RADSOURCE
A/P	190793	06/23/21	262.50	REVISTA de VICTORIA
A/P	190794	06/23/21	2,793.00	RN NETWORK
A/P	190795	06/23/21	1.00	SHERWIN WILLIAMS
A/P	190796	06/23/21	4,038.24	SIEMENS FINANCIAL SERVICES
A/P	190797	06/23/21	2,535.76	STERICYCLE, INC
A/P	190798	06/23/21	1,294.26	STRYKER FLEX FINANCIAL
A/P	190799	06/23/21	6,635.00	TEXAS MUTUAL INSURANCE CO
A/P	190800	06/23/21	3,207.05	TEXAS SELECT STAFFING
A/P	190801	06/23/21	1,564.08	THERACOM, LLC
A/P	190802	06/23/21	86.90	TMS SOUTH
A/P	190803	06/23/21	1,622.73	TRIOSE, INC
A/P	190804	06/23/21	2,067.39	UNIFIRST HOLDINGS
A/P	190805	06/23/21	143.62	UNITED AD LABEL CO INC
A/P	190806	06/23/21	46,367.05	VICTORIA ANESTHESIOLOGY
A/P	190807	06/23/21	215.52	WAGeworks, INC
A/P	190808	06/23/21	525.68	WERFEN USA LLC
A/P	190809	06/23/21	36,599.23	BETHANY SENIOR LIVING
A/P	190810	06/23/21	52,801.12	GOLDENCREEK HEALTHCARE
A/P	190811	06/23/21	28,485.13	GULF POINTE PLAZA
A/P	190812	06/23/21	12,374.08	TUSCANY VILLAGE
TOTALS:			615,321.21	

Payables 436,710.50 +
MMA 1,734.00 +
NOVA Biomedical 4,748.01 +
Bayer Mechanical 4,186.87 +
52,801.12 +
NH 28,485.13 +
Transfus 12,374.08 +
36,599.23 +
615,321.21 =

JUN 23 2021

SCOTT AMER
CAMELION 10-11-11, 11-11-11

Erica Perez

From: Caitlin Clevenger <cclevenger@mmcportlavaca.com>
Sent: Monday, June 21, 2021 4:00 PM
To: Erica Perez; peggy hall; Rhonda Kokena; Clarri Atkinson; Cynthia Mueller
Subject: FW: Monday Submissions
Attachments: ACH Transfers 061421-062021.pdf; NH Transfer Bethany 06.21.21.pdf; NH Transfer Cantex 06.21.21.pdf; NH Transfer HMG 06.21.21.pdf; NH Transfer Nexion 06.21.21.pdf; NH Transfer Tuscany 6.21.21.pdf; TRANSFER REQUEST_06.21.21.pdf

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.

Good afternoon,

Please see attached Monday submissions. Please note that we have added a new form to our submissions going forward until further notice. The funds request attached are to repay ourselves or the nursing homes under our tax ID. This is because Medicare is withholding funds from facilities in order to pay back the Medicare Advanced Payment that we received for Covid relief in 2020. Medicare is withholding funds from some facilities where they should actually be withholding from another. The nursing home sends us the funds request and after court approval, the county treasurer will do an in house transfer between our facilities.

These in house transfers will need to be performed BEFORE our regular weekly nursing home wire transfers. These amount are included in the regular weekly wire information so that ALL funds due the nursing home are then able to be wired out the same day. I know this seems like a lot of information, please call me with any questions. Thanks!

NOTE: I will attached the requests in another email. It would not allow me to send all the files at once. Thanks

*Respectfully,
Caitlin Clevenger*

Memorial Medical Center
Accountant
815 N Virginia. St
Port Lavaca, TX 77979
Ph: 361.552.0272 Fax: 361.551.4504

Request for Transfer of Funds

Transfer #: _____

Date Requested: 6/16/2021

Payer: MEDICARE

Requested by: TATUM GORDON - BUSINESS OFFICE MANAGER

Requestor's email: tgordon@bethany-living.com

Requestor's phone number: 361-551-0500

District or County: Calhoun

Facility: Bethany Senior Living

Please Attach:

Remittance Advice and EOB

If money is taken against an overpayment or recoupment, please provide EOB of overpaid claim

* Patient Name, Date of Service and Amount of Payment from Remittance Advice must be filled out.

Please email request form

and Remittance Advice to : cclevenger@mmcporthavaca.com

mmartinez@mmcporthavaca.com

<u>Patient Name</u> <u>(REQUIRED)</u>	<u>Date of Service</u> <u>(REQUIRED)</u>	<u>Date of Payment</u>	<u>Type of Payment</u> <u>(Check/EFT)</u>	<u>Amount of</u> <u>Payment</u> <u>shown on</u>	<u>Check Number</u>	<u>Claim Number</u>	<u>Action needed- Enter</u> <u>funds (-) or Funds (+)</u> <u>to YOUR account</u>	<u>Notes</u>
N/A	N/A	6/16/2021	EFT		EFT 5991025	CVDAR000019552	296.73	ASHFORD GARDENS - AUXILLARY ADVANCE PMT
N/A	N/A	6/1/2021	EFT		EFT 5974878	CVDAR000019552	81.88	ASHFORD GARDENS - AUXILLARY ADVANCE PMT
N/A	N/A	5/28/2021	EFT		EFT 5972726	CVDAR000019552	301.28	ASHFORD GARDENS - AUXILLARY ADVANCE PMT
N/A	N/A	5/27/2021	EFT		EFT 970980	CVDAR000019552	281.95	ASHFORD GARDENS - AUXILLARY ADVANCE PMT
N/A	N/A	5/25/2021	EFT		EFT 967540	CVDAR000019552	203.02	ASHFORD GARDENS - AUXILLARY ADVANCE PMT
N/A	N/A	5/24/2021	EFT		EFT 965626	CVDAR000019552	331.88	ASHFORD GARDENS - AUXILLARY ADVANCE PMT
N/A	N/A	5/21/2021	EFT		EFT 963444	CVDAR000019552	68.97	ASHFORD GARDENS - AUXILLARY ADVANCE PMT
N/A	N/A	5/20/2021	EFT		EFT 961661	CVDAR000019552	296.84	ASHFORD GARDENS - AUXILLARY ADVANCE PMT
N/A	N/A	5/19/2021	EFT		EFT 5959301	CVDAR000019552	5,352.91	ASHFORD GARDENS - AUXILLARY ADVANCE PMT
N/A	N/A	5/18/2021	EFT		EFT 5957656	CVDAR000019552	430.57	ASHFORD GARDENS - AUXILLARY ADVANCE PMT
N/A	N/A	5/6/2021	EFT		EFT 5945447	CVDAR000019552	9.22	ASHFORD GARDENS - AUXILLARY ADVANCE PMT
N/A	N/A	4/30/2021	EFT		EFT 5937298	CVDAR000019552	42.13	ASHFORD GARDENS - AUXILLARY ADVANCE PMT
N/A	N/A	4/22/2021	EFT		EFT 5925801	CVDAR000019552	406.99	ASHFORD GARDENS - AUXILLARY ADVANCE PMT
N/A	N/A	4/21/2021	EFT		EFT 5923910	CVDAR000019552	580.43	ASHFORD GARDENS - AUXILLARY ADVANCE PMT
N/A	N/A	4/19/2021	EFT		EFT 5920204	CVDAR000019552	6,361.87	ASHFORD GARDENS - AUXILLARY ADVANCE PMT
			TOTAL	-			15,046.67	



To be filled out by Memorial Medical Center:

Date Received:	6/16/2021
Approved by:	Caitlin Clevenger
Date of transfer:	6/23/2021
From Facility:	Ashford
To Facility:	Bethany Living
Amount:	\$ 15,046.67

JUN 21 2021

CLARK COUNTY, TEXAS

Request for Transfer of Funds

Transfer #: _____

Date Requested: 6/16/2021

Payer: MEDICARE

Requested by: TATUM GORDON - BUSINESS OFFICE MANAGER

Requestor's email: tgordon@bethany-living.com

Requestor's phone number: 361-551-0500

District or County: Calhoun

Facility: Bethany Senior Living

Please Attach:

Remittance Advice and EOB

If money is taken against an overpayment or recoupment, please provide EOB of overpaid claim

* Patient Name, Date of Service and Amount of Payment from Remittance Advice must be filled out.

Please email request form

and Remittance Advice to : cclevenger@mmcporthavaca.com

mmartinez@mmcporthavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
N/A	N/A	6/16/2021	EFT		EFT 5991025	CVDAR000026869	296.73	THE BROADMORE CREEKSIDE - AUXILIARY ADVANCE PMT
N/A	N/A	6/1/2021	EFT		EFT 5974878	CVDAR000026869	81.88	THE BROADMORE CREEKSIDE - AUXILIARY ADVANCE PMT
N/A	N/A	5/28/2021	EFT		EFT 5972726	CVDAR000026869	301.28	THE BROADMORE CREEKSIDE - AUXILIARY ADVANCE PMT
N/A	N/A	5/27/2021	EFT		EFT 970980	CVDAR000026869	281.95	THE BROADMORE CREEKSIDE - AUXILIARY ADVANCE PMT
N/A	N/A	5/25/2021	EFT		EFT 967540	CVDAR000026869	203.02	THE BROADMORE CREEKSIDE - AUXILIARY ADVANCE PMT
N/A	N/A	5/24/2021	EFT		EFT 965626	CVDAR000026869	331.88	THE BROADMORE CREEKSIDE - AUXILIARY ADVANCE PMT
N/A	N/A	5/21/2021	EFT		EFT 963444	CVDAR000026869	68.97	THE BROADMORE CREEKSIDE - AUXILIARY ADVANCE PMT
N/A	N/A	5/20/2021	EFT		EFT 961661	CVDAR000026869	296.84	THE BROADMORE CREEKSIDE - AUXILIARY ADVANCE PMT
N/A	N/A	5/19/2021	EFT		EFT 5959301	CVDAR000026869	5,352.91	THE BROADMORE CREEKSIDE - AUXILIARY ADVANCE PMT
N/A	N/A	5/18/2021	EFT		EFT 5957656	CVDAR000026869	430.57	THE BROADMORE CREEKSIDE - AUXILIARY ADVANCE PMT
N/A	N/A	5/6/2021	EFT		EFT 5945447	CVDAR000026869	9.22	THE BROADMORE CREEKSIDE - AUXILIARY ADVANCE PMT
N/A	N/A	4/30/2021	EFT		EFT 5937298	CVDAR000026869	42.13	THE BROADMORE CREEKSIDE - AUXILIARY ADVANCE PMT
N/A	N/A	4/22/2021	EFT		EFT 5925801	CVDAR000026869	406.99	THE BROADMORE CREEKSIDE - AUXILIARY ADVANCE PMT
N/A	N/A	4/21/2021	EFT		EFT 5923910	CVDAR000026869	580.43	THE BROADMORE CREEKSIDE - AUXILIARY ADVANCE PMT
N/A	N/A	4/19/2021	EFT		EFT 5920204	CVDAR000026869	6,361.87	THE BROADMORE CREEKSIDE - AUXILIARY ADVANCE PMT
			TOTAL				15,046.67	

To be filled out by Memorial Medical Center:

Date Received:	6/16/2021
Approved by:	Caitlin Clevenger
Date of transfer:	6/23/2021
From Facility:	Broadmoor
To Facility:	Bethany Living
Amount:	\$ 15,046.67

ASTORIA

JUN 21 2021

CLERK OF DISTRICT COURT
ASTORIA, OREGON

Request for Transfer of Funds

Transfer #: _____

Date Requested: 6/16/2021

Payer: MEDICARE

Requested by: TATUM GORDON - BUSINESS OFFICE MANAGER

Requestor's email: tgordon@bethany-living.com

Requestor's phone number: 361-551-0500

District or County: Calhoun

Facility: Bethany Senior Living

Please Attach:

Remittance Advice and EOB

If money is taken against an overpayment or recoupment, please provide EOB of overpaid claim

* Patient Name, Date of Service and Amount of Payment from Remittance Advice must be filled out.

Please email request form

and Remittance Advice to : cclevenge@mmcporthavaca.com

mmartinez@mmcporthavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
N/A	N/A	6/16/2021	EFT		EFT 5991025	CVDAR000019557	296.73	THE CRESENT - AUXILLARY ADVANCE PMT
N/A	N/A	6/1/2021	EFT		EFT 5974878	CVDAR000019557	81.88	THE CRESENT - AUXILLARY ADVANCE PMT
N/A	N/A	5/28/2021	EFT		EFT 5972726	CVDAR000019557	301.28	THE CRESENT - AUXILLARY ADVANCE PMT
N/A	N/A	5/27/2021	EFT		EFT 970980	CVDAR000019557	281.95	THE CRESENT - AUXILLARY ADVANCE PMT
N/A	N/A	5/25/2021	EFT		EFT 967540	CVDAR000019557	203.02	THE CRESENT - AUXILLARY ADVANCE PMT
N/A	N/A	5/24/2021	EFT		EFT 965626	CVDAR000019557	331.88	THE CRESENT - AUXILLARY ADVANCE PMT
N/A	N/A	5/21/2021	EFT		EFT 963444	CVDAR000019557	68.97	THE CRESENT - AUXILLARY ADVANCE PMT
N/A	N/A	5/20/2021	EFT		EFT 961661	CVDAR000019557	296.84	THE CRESENT - AUXILLARY ADVANCE PMT
N/A	N/A	5/19/2021	EFT		EFT 5959301	CVDAR000019557	5,352.91	THE CRESENT - AUXILLARY ADVANCE PMT
N/A	N/A	5/18/2021	EFT		EFT 5957656	CVDAR000019557	430.57	THE CRESENT - AUXILLARY ADVANCE PMT
N/A	N/A	5/6/2021	EFT		EFT 5945447	CVDAR000019557	9.22	THE CRESENT - AUXILLARY ADVANCE PMT
N/A	N/A	4/30/2021	EFT		EFT 5937298	CVDAR000019557	42.13	THE CRESENT - AUXILLARY ADVANCE PMT
N/A	N/A	4/22/2021	EFT		EFT 5925801	CVDAR000019557	406.99	THE CRESENT - AUXILLARY ADVANCE PMT
N/A	N/A	4/21/2021	EFT		EFT 5923910	CVDAR000019557	580.43	THE CRESENT - AUXILLARY ADVANCE PMT
N/A	N/A	4/19/2021	EFT		EFT 5920204	CVDAR000019557	6,361.87	THE CRESENT - AUXILLARY ADVANCE PMT
			TOTAL	-			15,046.67	



To be filled out by Memorial Medical Center:

Date Received:	6/16/2021
Approved by:	Caitlin Clevenger
Date of transfer:	6/23/2021
From Facility:	Crescent
To Facility:	Bethany Living
Amount:	\$ 15,046.67

ASTORIA
JUN 21 2021
CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT, ASTORIA

Request for Transfer of Funds

Transfer #: _____

Date Requested: 6/16/2021

Payer: MEDICARE

Requested by: TATUM GORDON - BUSINESS OFFICE MANAGER

Requestor's email: tgordon@bethanyliving.com

Requestor's phone number: 361-551-0500

District or County: Calhoun

Facility: Bethany Senior Living

Please Attach:

Remittance Advice and EOB

If money is taken against an overpayment or recoupment, please provide EOB of overpaid claim

* Patient Name, Date of Service and Amount of Payment from Remittance Advice must be filled out.

Please email request form

and Remittance Advice to : cclevenger@mmcportlavaca.com

nmartinez@mmcportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
N/A	N/A	6/16/2021	EFT		EFT 5991025	CVDAR000019556	296.73	FORT BEND HEALTHCARE - AUXILIARY ADVANCE PMT
N/A	N/A	6/1/2021	EFT		EFT 5974878	CVDAR000019556	81.88	FORT BEND HEALTHCARE - AUXILIARY ADVANCE PMT
N/A	N/A	5/28/2021	EFT		EFT 5972726	CVDAR000019556	301.28	FORT BEND HEALTHCARE - AUXILIARY ADVANCE PMT
N/A	N/A	5/27/2021	EFT		EFT 970980	CVDAR000019556	281.95	FORT BEND HEALTHCARE - AUXILIARY ADVANCE PMT
N/A	N/A	5/25/2021	EFT		EFT 967540	CVDAR000019556	203.02	FORT BEND HEALTHCARE - AUXILIARY ADVANCE PMT
N/A	N/A	5/24/2021	EFT		EFT 965626	CVDAR000019556	331.88	FORT BEND HEALTHCARE - AUXILIARY ADVANCE PMT
N/A	N/A	5/21/2021	EFT		EFT 963444	CVDAR000019556	68.97	FORT BEND HEALTHCARE - AUXILIARY ADVANCE PMT
N/A	N/A	5/20/2021	EFT		EFT 961661	CVDAR000019556	296.84	FORT BEND HEALTHCARE - AUXILIARY ADVANCE PMT
N/A	N/A	5/19/2021	EFT		EFT 5959301	CVDAR000019556	5,352.91	FORT BEND HEALTHCARE - AUXILIARY ADVANCE PMT
N/A	N/A	5/18/2021	EFT		EFT 5957656	CVDAR000019556	430.57	FORT BEND HEALTHCARE - AUXILIARY ADVANCE PMT
N/A	N/A	5/6/2021	EFT		EFT 5945447	CVDAR000019556	9.22	FORT BEND HEALTHCARE - AUXILIARY ADVANCE PMT
N/A	N/A	4/30/2021	EFT		EFT 5937298	CVDAR000019556	42.13	FORT BEND HEALTHCARE - AUXILIARY ADVANCE PMT
N/A	N/A	4/22/2021	EFT		EFT 5925801	CVDAR000019556	406.99	FORT BEND HEALTHCARE - AUXILIARY ADVANCE PMT
N/A	N/A	4/21/2021	EFT		EFT 5923910	CVDAR000019556	580.43	FORT BEND HEALTHCARE - AUXILIARY ADVANCE PMT
N/A	N/A	4/19/2021	EFT		EFT 5920204	CVDAR000019556	6,361.87	FORT BEND HEALTHCARE - AUXILIARY ADVANCE PMT
			TOTAL				15,046.67	

To be filled out by Memorial Medical Center:

Date Received: 6/16/2021

Approved by: Caitlin Clevenger

Date of transfer: 6/23/2021

From Facility: Fort Bend

To Facility: Bethany Living

Amount: 5 15,046.67

JUN 21 2021

RECEIVED
CAMARON COUNTY, TEXAS

Request for Transfer of Funds

Transfer #: _____

Date Requested: 6/16/2021

Payer: MEDICARE

Requested by: TATUM GORDON - BUSINESS OFFICE MANAGER

Requestor's email: tgordon@bethany-living.com

Requestor's phone number: 361-551-0500

District or County: Calhoun

Facility: Bethany Senior Living

Please Attach:

Remittance Advice and EOB

If money is taken against an overpayment or recoupment, please provide EOB of overpaid claim

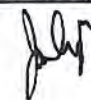
* Patient Name, Date of Service and Amount of Payment from Remittance Advice must be filled out.

Please email request form

and Remittance Advice to : cclevenger@mmcportlavaca.com

mmartinez@mmcportlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
N/A	N/A	6/16/2021	EFT		EFT 5991025	CVDAR000018170	296.73	Solera West Houston - AUXILIARY ADVANCE PMT
N/A	N/A	6/1/2021	EFT		EFT 5974878	CVDAR000018170	81.88	Solera West Houston - AUXILIARY ADVANCE PMT
N/A	N/A	5/28/2021	EFT		EFT 5972726	CVDAR000018170	301.28	Solera West Houston - AUXILIARY ADVANCE PMT
N/A	N/A	5/27/2021	EFT		EFT 970980	CVDAR000018170	281.95	Solera West Houston - AUXILIARY ADVANCE PMT
N/A	N/A	5/25/2021	EFT		EFT 967540	CVDAR000018170	203.02	Solera West Houston - AUXILIARY ADVANCE PMT
N/A	N/A	5/24/2021	EFT		EFT 965626	CVDAR000018170	331.88	Solera West Houston - AUXILIARY ADVANCE PMT
N/A	N/A	5/21/2021	EFT		EFT 963444	CVDAR000018170	68.97	Solera West Houston - AUXILIARY ADVANCE PMT
N/A	N/A	5/20/2021	EFT		EFT 961661	CVDAR000018170	296.84	Solera West Houston - AUXILIARY ADVANCE PMT
N/A	N/A	5/19/2021	EFT		EFT 5959301	CVDAR000018170	5,352.91	Solera West Houston - AUXILIARY ADVANCE PMT
N/A	N/A	5/18/2021	EFT		EFT 5957656	CVDAR000018170	430.57	Solera West Houston - AUXILIARY ADVANCE PMT
N/A	N/A	5/6/2021	EFT		EFT 5945447	CVDAR000018170	9.22	Solera West Houston - AUXILIARY ADVANCE PMT
N/A	N/A	4/30/2021	EFT		EFT 5937298	CVDAR000018170	42.13	Solera West Houston - AUXILIARY ADVANCE PMT
N/A	N/A	4/22/2021	EFT		EFT 5925801	CVDAR000018170	406.99	Solera West Houston - AUXILIARY ADVANCE PMT
N/A	N/A	4/21/2021	EFT		EFT 5923910	CVDAR000018170	580.43	Solera West Houston - AUXILIARY ADVANCE PMT
N/A	N/A	4/19/2021	EFT		EFT 5920204	CVDAR000018170	6,361.87	Solera West Houston - AUXILIARY ADVANCE PMT
				TOTAL	-		15,046.67	



To be filled out by Memorial Medical Center:

Date Received: 6/16/2021

Approved by: Caitlin Clevenger

Date of transfer: 6/23/2021

From Facility: Solera

To Facility: Bethany Living

Amount: \$ 15,046.67

JUN 21 2021

SEATTLE, WASHINGTON
CAMERON COUNTY, TEXAS

Request for Transfer of Funds

Transfer #: _____

Date Requested: 6/16/2021

Payer: MEDICARE

Requested by: TATUM GORDON - BUSINESS OFFICE MANAGER

Requestor's email: tgordon@bethany-living.com

Requestor's phone number: 361-551-0500

District or County: Calhoun

Facility: Bethany Senior Living

Please Attach:

Remittance Advice and EOB

If money is taken against an overpayment or recoupment, please provide EOB of overpaid claim

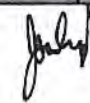
* Patient Name, Date of Service and Amount of Payment from Remittance Advice must be filled out.

Please email request form

and Remittance Advice to : cclevenger@mmcporthavaca.com

mmmartinez@mmcporthavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
N/A	N/A	6/16/2021	EFT		EFT 5991025	CVDAR000019540	296.73	GOLDEN CREEK & REHAB - AUXILIARY ADVANCE PMT
N/A	N/A	6/1/2021	EFT		EFT 5974878	CVDAR000019540	81.88	GOLDEN CREEK & REHAB - AUXILIARY ADVANCE PMT
N/A	N/A	5/28/2021	EFT		EFT 5972726	CVDAR000019540	301.28	GOLDEN CREEK & REHAB - AUXILIARY ADVANCE PMT
N/A	N/A	5/27/2021	EFT		EFT 970980	CVDAR000019540	281.95	GOLDEN CREEK & REHAB - AUXILIARY ADVANCE PMT
N/A	N/A	5/25/2021	EFT		EFT 967540	CVDAR000019540	203.02	GOLDEN CREEK & REHAB - AUXILIARY ADVANCE PMT
N/A	N/A	5/24/2021	EFT		EFT 965626	CVDAR000019540	331.88	GOLDEN CREEK & REHAB - AUXILIARY ADVANCE PMT
N/A	N/A	5/21/2021	EFT		EFT 963444	CVDAR000019540	68.97	GOLDEN CREEK & REHAB - AUXILIARY ADVANCE PMT
N/A	N/A	5/20/2021	EFT		EFT 961661	CVDAR000019540	296.84	GOLDEN CREEK & REHAB - AUXILIARY ADVANCE PMT
N/A	N/A	5/19/2021	EFT		EFT 5959301	CVDAR000019540	5,352.91	GOLDEN CREEK & REHAB - AUXILIARY ADVANCE PMT
N/A	N/A	5/18/2021	EFT		EFT 5957656	CVDAR000019540	430.57	GOLDEN CREEK & REHAB - AUXILIARY ADVANCE PMT
N/A	N/A	5/6/2021	EFT		EFT 5945447	CVDAR000019540	9.22	GOLDEN CREEK & REHAB - AUXILIARY ADVANCE PMT
N/A	N/A	4/30/2021	EFT		EFT 5937298	CVDAR000019540	42.13	GOLDEN CREEK & REHAB - AUXILIARY ADVANCE PMT
N/A	N/A	4/22/2021	EFT		EFT 5925801	CVDAR000019540	406.99	GOLDEN CREEK & REHAB - AUXILIARY ADVANCE PMT
N/A	N/A	4/21/2021	EFT		EFT 5923910	CVDAR000019540	580.43	GOLDEN CREEK & REHAB - AUXILIARY ADVANCE PMT
N/A	N/A	4/19/2021	EFT		EFT 5920204	CVDAR000019540	6,361.87	GOLDEN CREEK & REHAB - AUXILIARY ADVANCE PMT
			TOTAL				15,046.67	



To be filled out by Memorial Medical Center:

Date Received: 6/16/2021

Approved by: Caitlin Clevenger

Date of transfer: 6/23/2021

From Facility: Golden Creek

To Facility: Bethany Living

Amount: \$ 15,046.67

JUN 21 2021

MEMORIAL MEDICAL CENTER
SARASOTA, FLORIDA

Transfer #: _____

Date Requested: 6/16/2021

Payer: MEDICARE

Requested by: TATUM GORDON - BUSINESS OFFICE MANAGER

Requestor's email: tgordon@bethany-living.com

Requestor's phone number: 361-551-0500

District or County: Calhoun

Facility: Bethany Senior Living

Please Attach:

Remittance Advice and EOB

If money is taken against an overpayment or recoupment, please provide EOB of overpaid claim

* Patient Name, Date of Service and Amount of Payment from Remittance Advice must be filled out.

Please email request form

and Remittance Advice to : cclevenger@mmcporthavaca.com

mmartinez@mmcporthavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
N/A	N/A	6/16/2021	EFT		EFT 5991025	CVDAR000007985	296.73	TUSCANY VILLAGE - AUXILLARY ADVANCE PMT
N/A	N/A	6/1/2021	EFT		EFT 5974878	CVDAR000007985	81.88	TUSCANY VILLAGE - AUXILLARY ADVANCE PMT
N/A	N/A	5/28/2021	EFT		EFT 5972726	CVDAR000007985	301.28	TUSCANY VILLAGE - AUXILLARY ADVANCE PMT
N/A	N/A	5/27/2021	EFT		EFT 970980	CVDAR000007985	281.95	TUSCANY VILLAGE - AUXILLARY ADVANCE PMT
N/A	N/A	5/25/2021	EFT		EFT 967540	CVDAR000007985	203.02	TUSCANY VILLAGE - AUXILLARY ADVANCE PMT
N/A	N/A	5/24/2021	EFT		EFT 965626	CVDAR000007985	331.88	TUSCANY VILLAGE - AUXILLARY ADVANCE PMT
N/A	N/A	5/21/2021	EFT		EFT 963444	CVDAR000007985	68.97	TUSCANY VILLAGE - AUXILLARY ADVANCE PMT
N/A	N/A	5/20/2021	EFT		EFT 961661	CVDAR000007985	296.84	TUSCANY VILLAGE - AUXILLARY ADVANCE PMT
N/A	N/A	5/19/2021	EFT		EFT 5959301	CVDAR000007985	5,352.91	TUSCANY VILLAGE - AUXILLARY ADVANCE PMT
N/A	N/A	5/18/2021	EFT		EFT 5957656	CVDAR000007985	430.57	TUSCANY VILLAGE - AUXILLARY ADVANCE PMT
N/A	N/A	5/6/2021	EFT		EFT 5945447	CVDAR000007985	9.22	TUSCANY VILLAGE - AUXILLARY ADVANCE PMT
N/A	N/A	4/30/2021	EFT		EFT 5937298	CVDAR000007985	42.13	TUSCANY VILLAGE - AUXILLARY ADVANCE PMT
N/A	N/A	4/22/2021	EFT		EFT 5925801	CVDAR000007985	406.99	TUSCANY VILLAGE - AUXILLARY ADVANCE PMT
N/A	N/A	4/21/2021	EFT		EFT 5923910	CVDAR000007985	580.43	TUSCANY VILLAGE - AUXILLARY ADVANCE PMT
N/A	N/A	4/19/2021	EFT		EFT 5920204	CVDAR000007985	6,361.87	TUSCANY VILLAGE - AUXILLARY ADVANCE PMT
			TOTAL	-			15,046.67	

To be filled out by Memorial Medical Center:

Date Received:	6/16/2021
Approved by:	Caitlin Clevenger
Date of transfer:	6/23/2021
From Facility:	Tuscany
To Facility:	Bethany Living
Amount:	\$ 15,046.67



Request for Transfer of Funds

Transfer #: _____

Date Requested: 6/16/2021

Payer: MEDICARE

Requested by: TATUM GORDON - BUSINESS OFFICE MANAGER

Requestor's email: tgordon@bethany-living.com

Requestor's phone number: 361-551-0500

District or County: Calhoun

Facility: Bethany Senior Living

Please Attach:

Remittance Advice and EOB

If money is taken against an overpayment or recoupment, please provide EOB of overpaid claim

* Patient Name, Date of Service and Amount of Payment from Remittance Advice must be filled out.

Please email request form

and Remittance Advice to: cclevenger@mmcporthlavaca.com

mmartinez@mmcporthlavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
N/A	N/A	6/16/2021	EFT		EFT 5991025	CVDAR000025365	296.73	MMC - AUXILIARY ADVANCE PMT
N/A	N/A	6/1/2021	EFT		EFT 5974878	CVDAR000025365	81.88	MMC - AUXILIARY ADVANCE PMT
N/A	N/A	5/28/2021	EFT		EFT 5972726	CVDAR000025365	301.28	MMC - AUXILIARY ADVANCE PMT
N/A	N/A	5/27/2021	EFT		EFT 970980	CVDAR000025365	281.95	MMC - AUXILIARY ADVANCE PMT
N/A	N/A	5/25/2021	EFT		EFT 967540	CVDAR000025365	203.02	MMC - AUXILIARY ADVANCE PMT
N/A	N/A	5/24/2021	EFT		EFT 965626	CVDAR000025365	331.88	MMC - AUXILIARY ADVANCE PMT
N/A	N/A	5/21/2021	EFT		EFT 963444	CVDAR000025365	68.97	MMC - AUXILIARY ADVANCE PMT
N/A	N/A	5/20/2021	EFT		EFT 961661	CVDAR000025365	296.84	MMC - AUXILIARY ADVANCE PMT
N/A	N/A	5/19/2021	EFT		EFT 5959301	CVDAR000025365	5,352.91	MMC - AUXILIARY ADVANCE PMT
N/A	N/A	5/18/2021	EFT		EFT 5957656	CVDAR000025365	430.57	MMC - AUXILIARY ADVANCE PMT
N/A	N/A	5/6/2021	EFT		EFT 5945447	CVDAR000025365	9.22	MMC - AUXILIARY ADVANCE PMT
N/A	N/A	4/30/2021	EFT		EFT 5937298	CVDAR000025365	42.13	MMC - AUXILIARY ADVANCE PMT
N/A	N/A	4/22/2021	EFT		EFT 5925801	CVDAR000025365	406.99	MMC - AUXILIARY ADVANCE PMT
N/A	N/A	4/21/2021	EFT		EFT 5923910	CVDAR000025365	580.43	MMC - AUXILIARY ADVANCE PMT
N/A	N/A	4/19/2021	EFT		EFT 5920204	CVDAR000025365	6,361.87	MMC - AUXILIARY ADVANCE PMT
TOTAL				-			15,046.67	

To be filled out by Memorial Medical Center:

Date Received: 6/16/2021

Approved by: Caitlin Clevenger

Date of transfer: 6/23/2021

From Facility: Memorial Medical Center

To Facility: Bethany Living

Amount: \$ 15,046.67

JUN 21 2021

GREENSBORO, NC

Request for Transfer of Funds

Transfer #:

Date Requested 6/16/2021

Payer	MEDICARE
-------	----------

Requested by: TATUM GORDON - BUSINESS OFFICE MANAGER

Requestor's email tgordon@bethany-living.com

Requestor's phone number 361-551-0500

District or County Calhoun

Facility Bethany Senior Living

Please Attach:

Remittance Advice and EOB

If money is taken against an overpayment or recoupment, please provide EOB of overpaid claim

* Patient Name, Date of Service and Amount of Payment from Remittance Advice must be filled out.

Please email request form

and Remittance Advice to: cclevenger@mmcpportlayaca.com

mmartinez@mmcportlavaca.com

<u>Patient Name</u> <u>(REQUIRED)</u>	<u>Date of Service</u> <u>(REQUIRED)</u>	<u>Date of Payment</u>	<u>Type of Payment</u> <u>(Check/EFT)</u>	<u>Amount of</u> <u>Payment</u> <u>shown on</u>	<u>Check Number</u>	<u>Claim Number</u>	<u>Action needed- Enter</u> <u>funds (-) or Funds (+)</u> <u>to YOUR account</u>	<u>Notes</u>
N/A	N/A	6/16/2021	EFT		EFT 5991025	CVDAR000030525	296.73	MMC SWINGBED - AUXILIARY ADVANCE PMT
N/A	N/A	6/1/2021	EFT		EFT 5974878	CVDAR000030525	81.88	MMC SWINGBED - AUXILIARY ADVANCE PMT
N/A	N/A	5/28/2021	EFT		EFT 5972726	CVDAR000030525	301.28	MMC SWINGBED - AUXILIARY ADVANCE PMT
N/A	N/A	5/27/2021	EFT		EFT 970980	CVDAR000030525	281.95	MMC SWINGBED - AUXILIARY ADVANCE PMT
N/A	N/A	5/25/2021	EFT		EFT 967540	CVDAR000030525	203.02	MMC SWINGBED - AUXILIARY ADVANCE PMT
N/A	N/A	5/24/2021	EFT		EFT 965626	CVDAR000030525	331.88	MMC SWINGBED - AUXILIARY ADVANCE PMT
N/A	N/A	5/21/2021	EFT		EFT 963444	CVDAR000030525	68.97	MMC SWINGBED - AUXILIARY ADVANCE PMT
N/A	N/A	5/20/2021	EFT		EFT 961661	CVDAR000030525	296.84	MMC SWINGBED - AUXILIARY ADVANCE PMT
N/A	N/A	5/19/2021	EFT		EFT 5959301	CVDAR000030525	5,352.91	MMC SWINGBED - AUXILIARY ADVANCE PMT
N/A	N/A	5/18/2021	EFT		EFT 5957656	CVDAR000030525	430.57	MMC SWINGBED - AUXILIARY ADVANCE PMT
N/A	N/A	5/6/2021	EFT		EFT 5945447	CVDAR000030525	9.22	MMC SWINGBED - AUXILIARY ADVANCE PMT
N/A	N/A	4/30/2021	EFT		EFT 5937298	CVDAR000030525	42.13	MMC SWINGBED - AUXILIARY ADVANCE PMT
N/A	N/A	4/22/2021	EFT		EFT 5925801	CVDAR000030525	406.99	MMC SWINGBED - AUXILIARY ADVANCE PMT
N/A	N/A	4/21/2021	EFT		EFT 5923910	CVDAR000030525	580.43	MMC SWINGBED - AUXILIARY ADVANCE PMT
			TOTAL	-			8,684.80	

[Signature]

To be filled out by Memorial Medical Center:

Date Received:	6/16/2021
Approved by:	Caitlin Clevenger
Date of transfer:	6/23/2021
From Facility:	Memorial Medical
To Facility:	Bethany
Amount:	\$ 8,684.80

MEMORIAL MEDICAL CENTER

JUN 21 2021

DAVIDSON COUNTY, TEXAS

Request for Transfer of Funds

Transfer #: MMCLINIC-1

Date Requested 6/17/2021

Payer _____

Requested by: SHAWNA WILLIAMS

Requestor's email SWILLIAMS@MMCPORILLAVACA.COM

Requestor's phone number _____

District or County CALHOUN

Facility MEMORIAL MEDICAL CLINIC

Please Attach:

Remittance Advice and EOB

If money is taken against an overpayment or recoupment, please provide EOB of overpaid claim

* Patient Name, Date of Service and Amount of Payment from Remittance Advice must be filled out. Please email request form

and Remittance Advice to : cclevenge@mmcporillavaca.com

mmartinez@mmcporillavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
N/A	N/A	6/4/2021	EFT	\$729.15	EFT5979622	CVDAR000019552	26.90	ASHFORD GARDENS
N/A	N/A	6/4/2021	EFT	\$1,181.91	EFT5979652	CVDAR000019552	43.61	ASHFORD GARDENS
N/A	N/A	6/7/2021	EFT	\$705.64	EFT5981328	CVDAR000019552	26.04	ASHFORD GARDENS
N/A	N/A	6/8/2021	EFT	\$644.35	EFT5982668	CVDAR000019552	23.78	ASHFORD GARDENS
N/A	N/A	6/8/2021	EFT	\$188.50	EFT5982703	CVDAR000019552	6.95	ASHFORD GARDENS
N/A	N/A	6/10/2021	EFT	\$5.59	EFT5985609	CVDAR000019552	0.21	ASHFORD GARDENS
N/A	N/A	6/10/2021	EFT	\$144.05	EFT5985643	CVDAR000019552	5.31	ASHFORD GARDENS
N/A	N/A	6/14/2021	EFT	\$8.29	EFT5987836	CVDAR000019552	0.31	ASHFORD GARDENS
N/A	N/A	6/14/2021	EFT	\$1.24	EFT5987846	CVDAR000019552	0.04	ASHFORD GARDENS
N/A	N/A	6/15/2021	EFT	\$2,547.14	EFT5989281	CVDAR000019552	93.98	ASHFORD GARDENS
N/A	N/A	6/4/2021	EFT	\$729.15	EFT5979622	CVDAR000026869	26.90	BROADMOOR AT CREEKSIDE
N/A	N/A	6/4/2021	EFT	\$1,181.91	EFT5979652	CVDAR000026869	43.61	BROADMOOR AT CREEKSIDE
N/A	N/A	6/7/2021	EFT	\$705.64	EFT5981328	CVDAR000026869	26.04	BROADMOOR AT CREEKSIDE
N/A	N/A	6/8/2021	EFT	\$644.35	EFT5982668	CVDAR000026869	23.78	BROADMOOR AT CREEKSIDE
N/A	N/A	6/8/2021	EFT	\$188.50	EFT5982703	CVDAR000026869	6.95	BROADMOOR AT CREEKSIDE
N/A	N/A	6/10/2021	EFT	\$5.59	EFT5985609	CVDAR000026869	0.21	BROADMOOR AT CREEKSIDE
N/A	N/A	6/10/2021	EFT	\$144.05	EFT5985643	CVDAR000026869	5.31	BROADMOOR AT CREEKSIDE
N/A	N/A	6/14/2021	EFT	\$8.29	EFT5987836	CVDAR000026869	0.31	BROADMOOR AT CREEKSIDE
N/A	N/A	6/14/2021	EFT	\$1.24	EFT5987846	CVDAR000026869	0.04	BROADMOOR AT CREEKSIDE
N/A	N/A	6/15/2021	EFT	\$2,547.14	EFT5989281	CVDAR000026869	93.98	BROADMOOR AT CREEKSIDE
N/A	N/A	6/4/2021	EFT	\$729.15	EFT5979622	CVDAR000019556	26.90	FORT BEND
N/A	N/A	6/4/2021	EFT	\$1,181.91	EFT5979652	CVDAR000019556	43.61	FORT BEND
N/A	N/A	6/7/2021	EFT	\$705.64	EFT5981328	CVDAR000019556	26.04	FORT BEND
N/A	N/A	6/8/2021	EFT	\$644.35	EFT5982668	CVDAR000019556	23.78	FORT BEND
N/A	N/A	6/8/2021	EFT	\$188.50	EFT5982703	CVDAR000019556	6.95	FORT BEND
N/A	N/A	6/10/2021	EFT	\$5.59	EFT5985609	CVDAR000019556	0.21	FORT BEND
N/A	N/A	6/10/2021	EFT	\$144.05	EFT5985643	CVDAR000019556	5.31	FORT BEND
N/A	N/A	6/14/2021	EFT	\$8.29	EFT5987836	CVDAR000019556	0.31	FORT BEND
N/A	N/A	6/14/2021	EFT	\$1.24	EFT5987846	CVDAR000019556	0.04	FORT BEND
N/A	N/A	6/15/2021	EFT	\$2,547.14	EFT5989281	CVDAR000019556	93.98	FORT BEND
N/A	N/A	6/4/2021	EFT	\$729.15	EFT5979622	CVDAR000019540	26.90	GOLDEN CREEK
N/A	N/A	6/4/2021	EFT	\$1,181.91	EFT5979652	CVDAR000019540	43.61	GOLDEN CREEK
N/A	N/A	6/7/2021	EFT	\$705.64	EFT5981328	CVDAR000019540	26.04	GOLDEN CREEK

N/A	N/A	6/8/2021	EFT	\$644.35	EFT5982668	CVDAR000019540	23.78	GOLDEN CREEK
N/A	N/A	6/8/2021	EFT	\$188.50	EFT5982703	CVDAR000019540	6.95	GOLDEN CREEK
N/A	N/A	6/10/2021	EFT	\$5.59	EFT5985609	CVDAR000019540	0.21	GOLDEN CREEK
N/A	N/A	6/10/2021	EFT	\$144.05	EFT5985643	CVDAR000019540	5.31	GOLDEN CREEK
N/A	N/A	6/14/2021	EFT	\$8.29	EFT5987836	CVDAR000019540	0.31	GOLDEN CREEK
N/A	N/A	6/14/2021	EFT	\$1.24	EFT5987846	CVDAR000019540	0.04	GOLDEN CREEK
N/A	N/A	6/15/2021	EFT	\$2,547.14	EFT5989281	CVDAR000019540	93.98	GOLDEN CREEK
N/A	N/A	6/4/2021	EFT	\$729.15	EFT5979622	CVDAR000025365	26.90	MM CENTER
N/A	N/A	6/4/2021	EFT	\$1,181.91	EFT5979652	CVDAR000025365	43.61	MM CENTER
N/A	N/A	6/7/2021	EFT	\$705.64	EFT5981328	CVDAR000025365	26.04	MM CENTER
N/A	N/A	6/8/2021	EFT	\$644.35	EFT5982668	CVDAR000025365	23.78	MM CENTER
N/A	N/A	6/8/2021	EFT	\$188.50	EFT5982703	CVDAR000025365	6.95	MM CENTER
N/A	N/A	6/10/2021	EFT	\$5.59	EFT5985609	CVDAR000025365	0.21	MM CENTER
N/A	N/A	6/10/2021	EFT	\$144.05	EFT5985643	CVDAR000025365	5.31	MM CENTER
N/A	N/A	6/14/2021	EFT	\$8.29	EFT5987836	CVDAR000025365	0.31	MM CENTER
N/A	N/A	6/14/2021	EFT	\$1.24	EFT5987846	CVDAR000025365	0.04	MM CENTER
1484840X001MB8	5/19/2021	6/11/2021	EFT	\$ -	REMIT00161	115500528607TXA	1.60	MM CENTER
N/A	N/A	6/15/2021	EFT	\$2,547.14	EFT5989281	CVDAR000025365	93.98	MM CENTER
N/A	N/A	6/4/2021	EFT	\$729.15	EFT5979622	CVDAR000030525	26.90	MM CENTER SWING BED UNIT
N/A	N/A	6/4/2021	EFT	\$1,181.91	EFT5979652	CVDAR000030525	43.61	MM CENTER SWING BED UNIT
N/A	N/A	6/7/2021	EFT	\$705.64	EFT5981328	CVDAR000030525	26.04	MM CENTER SWING BED UNIT
N/A	N/A	6/8/2021	EFT	\$644.35	EFT5982668	CVDAR000030525	23.78	MM CENTER SWING BED UNIT
N/A	N/A	6/8/2021	EFT	\$188.50	EFT5982703	CVDAR000030525	6.95	MM CENTER SWING BED UNIT
N/A	N/A	6/10/2021	EFT	\$5.59	EFT5985609	CVDAR000030525	0.21	MM CENTER SWING BED UNIT
N/A	N/A	6/10/2021	EFT	\$144.05	EFT5985643	CVDAR000030525	5.31	MM CENTER SWING BED UNIT
N/A	N/A	6/14/2021	EFT	\$8.29	EFT5987836	CVDAR000030525	0.31	MM CENTER SWING BED UNIT
N/A	N/A	6/14/2021	EFT	\$1.24	EFT5987846	CVDAR000030525	0.04	MM CENTER SWING BED UNIT
N/A	N/A	6/15/2021	EFT	\$2,547.14	EFT5989281	CVDAR000030525	93.98	MM CENTER SWING BED UNIT
N/A	N/A	6/4/2021	EFT	\$729.15	EFT5979622	CVDAR000018170	26.90	SOLERA WEST HOUSTON
N/A	N/A	6/4/2021	EFT	\$1,181.91	EFT5979652	CVDAR000018170	43.61	SOLERA WEST HOUSTON
N/A	N/A	6/7/2021	EFT	\$705.64	EFT5981328	CVDAR000018170	26.04	SOLERA WEST HOUSTON
N/A	N/A	6/8/2021	EFT	\$644.35	EFT5982668	CVDAR000018170	23.78	SOLERA WEST HOUSTON
N/A	N/A	6/8/2021	EFT	\$188.50	EFT5982703	CVDAR000018170	6.95	SOLERA WEST HOUSTON
N/A	N/A	6/10/2021	EFT	\$5.59	EFT5985609	CVDAR000018170	0.21	SOLERA WEST HOUSTON
N/A	N/A	6/10/2021	EFT	\$144.05	EFT5985643	CVDAR000018170	5.31	SOLERA WEST HOUSTON
N/A	N/A	6/14/2021	EFT	\$8.29	EFT5987836	CVDAR000018170	0.31	SOLERA WEST HOUSTON
N/A	N/A	6/14/2021	EFT	\$1.24	EFT5987846	CVDAR000018170	0.04	SOLERA WEST HOUSTON
V1764953	11-26-19 TO 11-30-19	6/9/2021	EFT	\$ -	REMIT00159	110900960108TXA3	815.44	SOLERA WEST HOUSTON
V1764953	11-26-19 TO 11-30-19	6/9/2021	EFT	\$ -	REMIT00177	110900960108TXA3	118.81	SOLERA WEST HOUSTON
N/A	N/A	6/15/2021	EFT	\$2,547.14	EFT5989281	CVDAR000018170	93.98	SOLERA WEST HOUSTON
N/A	N/A	6/4/2021	EFT	\$729.15	EFT5979622	CVDAR000019557	26.90	THE CRESENT
N/A	N/A	6/4/2021	EFT	\$1,181.91	EFT5979652	CVDAR000019557	43.61	THE CRESENT
N/A	N/A	6/7/2021	EFT	\$705.64	EFT5981328	CVDAR000019557	26.04	THE CRESENT
N/A	N/A	6/8/2021	EFT	\$644.35	EFT5982668	CVDAR000019557	23.78	THE CRESENT
N/A	N/A	6/8/2021	EFT	\$188.50	EFT5982703	CVDAR000019557	6.95	THE CRESENT
N/A	N/A	6/10/2021	EFT	\$5.59	EFT5985609	CVDAR000019557	0.21	THE CRESENT
N/A	N/A	6/10/2021	EFT	\$144.05	EFT5985643	CVDAR000019557	5.31	THE CRESENT
N/A	N/A	6/14/2021	EFT	\$8.29	EFT5987836	CVDAR000019557	0.31	THE CRESENT
N/A	N/A	6/14/2021	EFT	\$1.24	EFT5987846	CVDAR000019557	0.04	THE CRESENT
N/A	N/A	6/15/2021	EFT	\$2,547.14	EFT5989281	CVDAR000019557	93.98	THE CRESENT
N/A	N/A	6/4/2021	EFT	\$729.15	EFT5979622	CVDAR000007985	26.90	TUSCANY VILLAGE
N/A	N/A	6/4/2021	EFT	\$1,181.91	EFT5979652	CVDAR000007985	43.61	TUSCANY VILLAGE
N/A	N/A	6/7/2021	EFT	\$705.64	EFT5981328	CVDAR000007985	26.04	TUSCANY VILLAGE
N/A	N/A	6/8/2021	EFT	\$644.35	EFT5982668	CVDAR000007985	23.78	TUSCANY VILLAGE
N/A	N/A	6/8/2021	EFT	\$188.50	EFT5982703	CVDAR000007985	6.95	TUSCANY VILLAGE

Transfer from Money Market to Memorial Medical Center

MEMORIAL MEDICAL CENTER

Transfer Request

P
A
Y
E
E
Memorial Medical Center Operating

Date Requested: 6-21-21

FOR ACCT. USE ONLY

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

JUN 21 2021

CALHOUN COUNTY, TEXAS

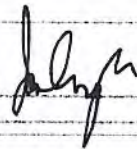
AMOUNT \$1,500,000.00

G/L NUMBER:

EXPLANATION: To transfer funds from Money Market Account to Operating

REQUESTED BY: Mayra Martinez

AUTHORIZED BY:



Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
6/14/2021

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		163,568.66	✓ 125,597.71	✓ 152,858.17	✓	190,829.12	118,477.44
						Bank Balance	190,829.12
						Variance	-
						Leave In Balance	100.00
						Withholding for Medicare Recoup- Clinic	227.13
						Withholding for Medicare Recoup- Bethany	15,046.67
						Pending Check for Medicare withholding	375.27
						Pending Check for Medicare withholding	1,232.78
						Pending Check for Medicare withholding	271.90
						AMERIGROUP APRIL QIPP PYMT	35,888.09
						MOLINA MAY QIPP PYMT	19,106.93
						APRIL INTEREST	43.79
						MAY INTEREST	59.12
						JUNE INTEREST	
						Adjust Balance/Transfer Amt	118,477.44
Broadmoor	1	108,683.33	✓ 91,766.92	✓ 183,669.01	✓	200,585.42	160,481.35
						Bank Balance	200,585.42
						Variance	-
						Leave In Balance	100.00
						MOLINA MAY QIPP PYMT	7,913.86
						AMERIGROUP APRIL QIPP PYMT	14,862.54
						Withholding for Medicare Recoup- Clinic	227.13
						Withholding for Medicare Recoup- Bethany	15,046.67
						Pending Check for Medicare withholding	375.27
						Pending Check for Medicare withholding	1,232.78
						Pending Check for Medicare withholding	271.90
						APRIL INTEREST	30.81
						MAY INTEREST	43.11
						JUNE INTEREST	
						Adjust Balance/Transfer Amt	160,481.35
Crescent		126,013.09	✓ 112,057.75	✓ 79,714.11	✓	93,669.45	58,066.74
						Bank Balance	93,669.45
						Variance	-
						Leave In Balance	100.00
						MOLINA MAY QIPP PYMT	6,373.57
						AMERIGROUP APRIL QIPP PYMT	11,925.31
						Withholding for Medicare Recoup- Clinic	227.13
						Withholding for Medicare Recoup- Bethany	15,046.67
						Pending Check for Medicare withholding	375.27
						Pending Check for Medicare withholding	1,232.78
						Pending Check for Medicare withholding	271.90
						APRIL INTEREST	22.45
						MAY INTEREST	27.63
						JUNE INTEREST	
						Adjust Balance/Transfer Amt	58,066.74
Fort Bend		84,972.22	✓ 68,450.58	✓ 40,329.00	✓	57,450.64	17,932.65
						Bank Balance	57,450.64
						Variance	-
						Leave In Balance	100.00
						MAY MOLINA QIPP PYMT	7,722.55
						AMERIGROUP APRIL QIPP PYMT	14,512.85
						Withholding for Medicare Recoup- Clinic	227.13
						Withholding for Medicare Recoup- Bethany	15,046.67
						Pending Check for Medicare withholding	375.27
						Pending Check for Medicare withholding	1,232.78
						Pending Check for Medicare withholding	271.90
						APRIL INTEREST	9.83
						MAY INTEREST	19.01
						JUNE INTEREST	
						Adjust Balance/Transfer Amt	17,932.65
Solera at W Houston		149,599.68	✓ 133,457.67	✓ 121,392.78	✓	137,534.79	97,691.73
						Bank Balance	137,534.79
						Variance	-
						Leave In Balance	100.00
						MAY MOLINA QIPP PYMT	7,493.00
						AMERIGROUP APRIL QIPP PYMT	14,081.11
						Withholding for Medicare Recoup- Clinic	1,161.34
						Withholding for Medicare Recoup- Bethany	15,046.67
						Pending Check for Medicare withholding	375.27
						Pending Check for Medicare withholding	1,232.78
						Pending Check for Medicare withholding	271.90
						APRIL INTEREST	35.12
						MAY INTEREST	45.83
						JUNE INTEREST	
						Adjust Balance/Transfer Amt	97,691.73
TOTAL TRANSFERS							452,649.91

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

6/14/2021

Ashford Gardens

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
6/15/2021 Amerigroup TXSC HCCLAIMPMT 3153285347 111000	-	41,786.87	-	-	-	-	-	41,786.87
6/15/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	25,361.82	-	-	-	-	-	25,361.82
6/16/2021 WIRE OUT ASHFORD HEALTH CARE CENTER LTD	125,597.71	-	-	-	-	-	-	-
6/16/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	26.00	-	-	-	-	-	26.00
6/16/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	35,597.06	-	-	-	-	-	35,597.06
6/16/2021 MOLINA HEALTHCARE MOLINAACH 00986768 42000018	-	23,588.19	14,625.67	2,688.76	6,273.76	-	19,106.93	4,481.26
6/17/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	182.00	-	-	-	-	-	182.00
6/18/2021 Deposit	-	14,276.58	-	-	-	-	-	14,276.58
6/18/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,728.68	-	-	-	-	-	1,728.68
6/18/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	986.06	-	-	-	-	-	986.06
6/18/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	4,367.77	-	-	-	-	-	4,367.77
6/18/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	4,303.27	-	-	-	-	-	4,303.27
6/18/2021 NOVITAS SOLUTION HCCLAIMPMT 675423 420000184	-	653.87	-	-	-	-	-	653.87
	125,597.71	152,858.17	14,625.67	2,688.76	6,273.76	-	19,106.93	132,751.24

Broadmoor

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
6/14/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	3,108.86	-	-	-	-	-	3,108.86
6/14/2021 AARP Supplementa HCCLAIMPMT 746003411 124384	-	2,411.50	-	-	-	-	-	2,411.50
6/15/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	30,164.00	-	-	-	-	-	30,164.00
6/15/2021 HUMANA INS CO HCCLAIMPMT 390861 830000521027	-	5,721.42	-	-	-	-	-	5,721.42
6/15/2021 AARP Supplementa HCCLAIMPMT 746003411 124384	-	264.34	-	-	-	-	-	264.34
6/16/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III	91,766.92	-	-	-	-	-	-	-
6/16/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,713.76	-	-	-	-	-	2,713.76
6/16/2021 MOLINA HEALTHCARE MOLINAACH 00987105 42000018	-	9,771.94	6,055.78	1,114.85	2,601.31	-	7,913.86	1,858.08
6/16/2021 AARP Supplementa HCCLAIMPMT 746003411 124384	-	5,936.00	-	-	-	-	-	5,936.00
6/17/2021 MANAGEANDNET1718 MNS PMNT 00000000004293 41	-	9,765.00	-	-	-	-	-	9,765.00
6/17/2021 HUMANA CHA DISB HCCLAIMPMT 390861 4200001589	-	4,345.00	-	-	-	-	-	4,345.00
6/18/2021 Deposit	-	15,634.04	-	-	-	-	-	15,634.04
6/18/2021 AARP Supplementa HCCLAIMPMT 746003411 124384	-	8,904.00	-	-	-	-	-	8,904.00
6/18/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	5,489.79	-	-	-	-	-	5,489.79
6/18/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,398.20	-	-	-	-	-	2,398.20
6/18/2021 NOVITAS SOLUTION HCCLAIMPMT 676357 420000183	-	77,041.16	-	-	-	-	-	77,041.16
	91,766.92	183,669.01	6,055.78	1,114.85	2,601.31	-	7,913.86	175,755.15

Crescent

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
6/14/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	7,424.60	-	-	-	-	-	7,424.60
6/14/2021 HUMANA INS CO HCCLAIMPMT 390864 830000581739	-	8,370.66	-	-	-	-	-	8,370.66
6/15/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	17,353.90	-	-	-	-	-	17,353.90
6/15/2021 HUMANA INS CO HCCLAIMPMT 390864 830000521529	-	7,110.00	-	-	-	-	-	7,110.00
6/15/2021 HUMANA CHA DISB HCCLAIMPMT 390864 4200001536	-	6,715.00	-	-	-	-	-	6,715.00
6/16/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III	112,057.75	-	-	-	-	-	-	-
6/16/2021 MOLINA HEALTHCARE MOLINAACH 00987072 42000018	-	7,883.00	4,864.14	896.25	2,087.61	35.00	6,373.57	1,509.43
6/18/2021 Deposit	-	9,957.03	-	-	-	-	-	9,957.03
6/18/2021 AARP Supplementa HCCLAIMPMT 746003411 124384	-	1,113.00	-	-	-	-	-	1,113.00
6/18/2021 NOVITAS SOLUTION HCCLAIMPMT 676323 420000183	-	7,169.42	-	-	-	-	-	7,169.42
6/18/2021 HUMANA INS CO HCCLAIMPMT 390864 830000536420	-	2,370.00	-	-	-	-	-	2,370.00
6/18/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2	-	352.00	-	-	-	-	-	352.00
6/18/2021 CIGNA HCCLAIMPMT 1669860425 91000012776278	-	3,895.50	-	-	-	-	-	3,895.50
	112,057.75	79,714.11	4,864.14	896.25	2,087.61	35.00	6,373.57	73,340.54

Fort Bend

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
6/15/2021 AARP Supplementa HCCLAIMPMT 746003411 124384	-	12,428.50	-	-	-	-	-	12,428.50
6/16/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III	68,450.58	-	-	-	-	-	-	-
6/16/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	11,907.90	-	-	-	-	-	11,907.90
6/16/2021 MOLINA HEALTHCARE MOLINAACH 00986866 42000018	-	9,531.59	5,913.51	1,082.34	2,535.74	-	7,722.55	1,809.04
6/18/2021 Deposit	-	5,783.04	-	-	-	-	-	5,783.04
6/18/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,277.97	-	-	-	-	-	1,277.97
	68,450.58	40,929.00	5,913.51	1,082.34	2,535.74	-	7,722.55	33,206.45

Solers at West Houston

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
6/14/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	6,579.00	-	-	-	-	-	6,579.00
6/14/2021 Amerigroup TXSC HCCLAIMPMT 3153155111 111000	-	11,153.64	-	-	-	-	-	11,153.64
6/14/2021 AARP Supplementa HCCLAIMPMT 746003411 124384	-	927.50	-	-	-	-	-	927.50
6/15/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	23,984.09	-	-	-	-	-	23,984.09
6/15/2021 HUMANA INS CO HCCLAIMPMT 390862 830000521529	-	5,925.00	-	-	-	-	-	5,925.00
6/15/2021 HUMANA CHA DISB HCCLAIMPMT 390862 4200001538	-	19,093.00	-	-	-	-	-	19,093.00
6/16/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III	133,457.67	-	-	-	-	-	-	-
6/16/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	247.00	-	-	-	-	-	247.00
6/16/2021 MOLINA HEALTHCARE MOLINAACH 00987045 42000018	-	9,247.39	5,738.61	1,049.55	2,459.23	-	7,493.00	1,754.39
6/17/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	13.00	-	-	-	-	-	13.00
6/18/2021 Deposit	-	5,609.29	-	-	-	-	-	5,609.29
6/18/2021 MANAGEANDNET1718 MNS PMNT 00000000002482 41	-	3,280.00	-	-	-	-	-	3,280.00
6/18/2021 AARP Supplementa HCCLAIMPMT 746003411 124384	-	5,194.00	-	-	-	-	-	5,194.00
6/18/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,402.40	-	-	-	-	-	1,402.40
6/18/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,750.75	-	-	-	-	-	1,750.75
6/18/2021 NOVITAS SOLUTION HCCLAIMPMT 676310 420000183	-	1,981.73	-	-	-	-	-	1,981.73
6/18/2021 HUMANA INS CO HCCLAIMPMT 390862 830000536420	-	9,962.32	-	-	-	-	-	9,962.32
6/18/2021 HUMANA CHA DISB HCCLAIMPMT 390862 4200001768	-	9,752.49	-	-	-	-	-	9,752.49
6/18/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2	-	3,249.68	-	-	-	-	-	3,249.68
6/18/2021 CIGNA HCCLAIMPMT 1497143259 91000012776279	-	2,040.50	-	-	-	-	-	2,040.50
	133,457.67	121,392.78	5,738.61	1,049.55	2,459.23	-	7,493.00	113,899.78
	531,330.63	578,563.07	37,197.71	6,831.75	15,957.65	35.00	48,609.91	529,953.16

TOTALS

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

DDA

Data reported as of Jun 21, 2021 10

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$5,895,381.97	\$6,340,428.81	\$5,895,381.97	\$5,266,193.32
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,711.84	\$5,711.84	\$5,711.84	\$5,965.89
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$82,692.20	\$82,692.20	\$82,692.20	\$6,615.59
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.31	\$535.31	\$535.31	\$535.31
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$2,238,780.52	\$2,317,280.84	\$2,238,780.52	\$2,058,870.32
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$430.98	\$430.98	\$430.98	\$430.98
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$190,829.12 ✓	\$194,550.06	\$190,829.12	\$164,512.89
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$200,585.42 ✓	\$207,237.15	\$200,585.42	\$91,118.23
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$93,669.45 ✓	\$95,704.99	\$93,669.45	\$68,812.50
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$57,450.64 ✓	\$60,143.68	\$57,450.64	\$50,389.63
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$137,534.79 ✓	\$141,757.45	\$137,534.79	\$93,311.63
<u>*2998</u> MMC -MONEY MARKET FUND	\$2,606,587.00	\$2,606,587.00	\$2,606,587.00	\$2,606,587.00
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$178,896.18	\$368,897.52	\$178,896.18	\$74,681.61
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$8,722.62	\$116,172.98	\$8,722.62	\$156.57
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$19,596.82	\$22,331.99	\$19,596.82	\$19,596.82
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$73,359.08	\$120,394.82	\$73,359.08	\$24,608.35

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
6/14/2021

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		202,187.18	200,131.59	80,636.61	-	82,692.20	65,362.81
					Bank Balance	82,692.20	
					Variance	-	
					Leave in Balance	100.00	
					Withholding for Medicare Recoup- Clinic	227.13	
					Withholding for Medicare Recoup- Bethany	15,046.67	
					Pending Check for Medicare withholding	1,232.78	
					Pending Check for Medicare withholding	375.27	
					Pending Check for Medicare withholding	271.90	
					APRIL INTEREST	39.13	
					MAY INTEREST	36.51	
					JUNE INTEREST	-	
					Adjust Balance/Transfer Amt	65,362.81	

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

Approved: _____
Jason Anglin, CEO 6/14/2021

ACCEPTED
JUN 21 2021
CAMPBELL COUNTY, TEXAS

Golden Creek

6/16/2021 WIRE OUT NEXION HEALTH AT GOLDEN CREEK
 6/16/2021 TSY5/TRANSFIRST BKCD STLMT 543684555876917 9
 6/18/2021 Deposit

		MMC PORTION						NH	
		Transfer-Out	Transfer-In	QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4&L apse	QJPP TI	PORTION
		200,131.59	-					-	-
		-	4,560.00					-	4,560.00
		-	76,076.61					-	76,076.61
		200,131.59	80,636.61	-	-	-	-	-	80,636.61

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

DDA

Data reported as of Jun 21, 2021 10

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$5,895,381.97	\$6,340,428.81	\$5,895,381.97	\$5,266,193.32
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,711.84	\$5,711.84	\$5,711.84	\$5,965.89
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$82,692.20 ✓	\$82,692.20	\$82,692.20	\$6,615.59
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.31	\$535.31	\$535.31	\$535.31
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$2,238,780.52	\$2,317,280.84	\$2,238,780.52	\$2,058,870.32
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$430.98	\$430.98	\$430.98	\$430.98
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$190,829.12	\$194,550.06	\$190,829.12	\$164,512.89
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$200,585.42	\$207,237.15	\$200,585.42	\$91,118.23
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$93,669.45	\$95,704.99	\$93,669.45	\$68,812.50
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$57,450.64	\$60,143.68	\$57,450.64	\$50,389.63
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$137,534.79	\$141,757.45	\$137,534.79	\$93,311.63
<u>*2998</u> MMC -MONEY MARKET FUND	\$2,606,587.00	\$2,606,587.00	\$2,606,587.00	\$2,606,587.00
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$178,896.18	\$368,897.52	\$178,896.18	\$74,681.61
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$8,722.62	\$116,172.98	\$8,722.62	\$156.57
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$19,596.82	\$22,331.99	\$19,596.82	\$19,596.82
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$73,359.08	\$120,394.82	\$73,359.08	\$24,608.35

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
6/14/2021

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		2,707.72	✓	16,889.10	✓		19,596.82	19,474.48
						Bank Balance Variance	19,596.82	✓
						Leave in Balance	100.00	

APRIL INTEREST 12.65 ✓
MAY INTEREST 9.69 ✓
JUNE INTEREST
Adjust Balance/Transfer Amt 19,474.48 ✓

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		92,109.36	✓	91,952.79	✓	8,566.05	8,722.62	8,566.05
						Bank Balance Variance	8,722.62	✓
						Leave in Balance	100.00	

APRIL INTEREST 26.76 ✓
MAY INTEREST 29.81 ✓
JUNE INTEREST
Adjust Balance/Transfer Amt 8,566.05 ✓

Routing Information for Gulf Pointe Plaza:

TOTAL TRANSFERS \$28,040.53

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 6/14/2021

ACCEPTED
JUN 21 2021
COUNTY CLERK
CAMERON COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay

6/15/2021 HUMANA CHA DISB HCCLAIMPMT 624982 4200001536
6/14/2021 NDC SWEEP FAC H261 21000024686543 SWEEP FR
6/14/2021 HUMANA CHA DISB HCCLAIMPMT 624982 4200001268
6/14/2021 HNB - ECHO ACH XFR ECHO Ping Valid 440000273

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		Q/PP/Comp1	Q/PP/Comp 2	Q/PP/Comp3	Q/PP/Comp4& Lapse	Q/PP TI	
-	4,022.40	-	-	-	-	-	4,022.40
-	7,970.68	-	-	-	-	-	7,970.68
-	4,895.95	-	-	-	-	-	4,895.95
-	0.07	-	-	-	-	-	0.07
-	16,889.10	-	-	-	-	-	16,889.10

Gulf Pointe Plaza-Medicare/Medicaid

6/16/2021 WIRE OUT HMG SERVICES, LLC
6/18/2021 Deposit

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		Q/PP/Comp1	Q/PP/Comp 2	Q/PP/Comp3	Q/PP/Comp4& Lapse	Q/PP TI	
91,952.79	-	-	-	-	-	-	-
-	8,566.05	-	-	-	-	-	8,566.05
91,952.79	8,566.05	-	-	-	-	-	8,566.05
91,952.79	25,455.15	-	-	-	-	-	25,455.15

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

DDA

Data reported as of Jun 21, 2021 10

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$5,895,381.97	\$6,340,428.81	\$5,895,381.97	\$5,266,193.32
*4551 CAL CO INDIGENT HEALTHCARE	\$5,711.84	\$5,711.84	\$5,711.84	\$5,965.89
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$82,692.20	\$82,692.20	\$82,692.20	\$6,615.59
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.31	\$535.31	\$535.31	\$535.31
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$2,238,780.52	\$2,317,280.84	\$2,238,780.52	\$2,058,870.32
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$430.98	\$430.98	\$430.98	\$430.98
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$190,829.12	\$194,550.06	\$190,829.12	\$164,512.89
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$200,585.42	\$207,237.15	\$200,585.42	\$91,118.23
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$93,669.45	\$95,704.99	\$93,669.45	\$68,812.50
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$57,450.64	\$60,143.68	\$57,450.64	\$50,389.63
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$137,534.79	\$141,757.45	\$137,534.79	\$93,311.63
*2998 MMC -MONEY MARKET FUND	\$2,606,587.00	\$2,606,587.00	\$2,606,587.00	\$2,606,587.00
*5506 MMC -NH BETHANY SENIOR LIVING	\$178,896.18	\$368,897.52	\$178,896.18	\$74,681.61
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$8,722.62	\$116,172.98	\$8,722.62	\$156.57
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$19,596.82	\$22,331.99	\$19,596.82	\$19,596.82
*3407 MMC -NH TUSCANY VILLAGE	\$73,359.08	\$120,394.82	\$73,359.08	\$24,608.35

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 6/14/2021

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Ck's Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Tuscany Senior Living		228,070.26	203,461.91	48,750.73			73,359.08	33,476.93
						Bank Balance	73,359.08	
						Variance		
						Leave in Balance	100.00	
						Withholding for Medicare Recoup- Clinic	227.13	
						Withholding for Medicare Recoup- Bethany	15,046.67	
						Pending Check for Medicare withholding	375.27	
						Pending Check for Medicare withholding	2,822.03	
						Pending Check for Medicare withholding	271.90	
						AMERIGROUP APRIL QIPP PYMT	21,039.15	
						Adjust Balance/Transfer Amt	33,476.93	

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 6/14/2021

APPROVED
 JUN 21 2021
 JASON ANGLIN
 CHAIRMAN OF THE BOARD, MEMPHIS

Tuscany Senior Living

MMC PORTION

6/16/2021 WIRE OUT LINBAR ENTERPRISES, LLC
 6/18/2021 Deposit
 6/18/2021 KS PLAN ADMINIST HCCLAIMPMT 179 111000023044

Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
203,461.91	-					-	-
-	43,030.73					-	43,030.73
-	5,720.00					-	5,720.00
-	-					-	-
<u>203,461.91</u>	<u>48,750.73</u>	-	-	-	-	-	<u>48,750.73</u>

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

DDA

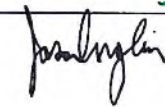
Data reported as of Jun 21, 2021 10

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$5,895,381.97	\$6,340,428.81	\$5,895,381.97	\$5,266,193.32
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,711.84	\$5,711.84	\$5,711.84	\$5,965.89
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$82,692.20	\$82,692.20	\$82,692.20	\$6,615.59
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.31	\$535.31	\$535.31	\$535.31
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$2,238,780.52	\$2,317,280.84	\$2,238,780.52	\$2,058,870.32
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$430.98	\$430.98	\$430.98	\$430.98
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$190,829.12	\$194,550.06	\$190,829.12	\$164,512.89
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$200,585.42	\$207,237.15	\$200,585.42	\$91,118.23
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$93,669.45	\$95,704.99	\$93,669.45	\$68,812.50
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$57,450.64	\$60,143.68	\$57,450.64	\$50,389.63
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$137,534.79	\$141,757.45	\$137,534.79	\$93,311.63
<u>*2998</u> MMC -MONEY MARKET FUND	\$2,606,587.00	\$2,606,587.00	\$2,606,587.00	\$2,606,587.00
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$178,896.18	\$368,897.52	\$178,896.18	\$74,681.61
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$8,722.62	\$116,172.98	\$8,722.62	\$156.57
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$19,596.82	\$22,331.99	\$19,596.82	\$19,596.82
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$73,359.08 ✓	\$120,394.82	\$73,359.08	\$24,608.35

Memorial Medical Center
 Nursing Home UPL
 Weekly HSLTransfer
 Prosperity Accounts
 6/14/2021

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Medicare Repayment	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Bethany Senior Living		273,599.42	✓ 273,370.16	✓ 178,666.92	✓	~~405,326.69~~	178,896.18	✓ 113,051.77
						Bank Balance	178,896.18	✓
						Variance		✓
						Leave in Balance	100.00	✓
						Pending deposit	129,058.16	✓
						APRIL INTEREST	64.11	✓
						MAY INTEREST	65.15	✓
						JUNE INTEREST		
						Adjust Balance/Transfer Amt	~~413,051.77~~	
							307,725.08	

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

Approved: 
 Jason Anglin, CEO 6/14/2021


 JUN 22 2021
 COUNTY JUDGE
 GARRETT COUNTY, MONTANA

Bethany Senior Living

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
6/14/2021 Deposit	-	6,213.60					-	6,213.60
6/14/2021 Deposit	-	44,327.71					-	44,327.71
6/15/2021 Deposit	-	1,507.25					-	1,507.25
6/15/2021 Deposit	-	2,514.52					-	2,514.52
6/16/2021 WIRE OUT BETHANY SENIOR LIVING, LTD	273,370.16	-					-	-
6/16/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	9,472.50					-	9,472.50
6/17/2021 Deposit	-	2,375.10					-	2,375.10
6/17/2021 NOVITAS SOLUTION HCCLAIMPMT 676481 420000161	-	8,041.67					-	8,041.67
6/18/2021 Deposit	-	100,897.38					-	100,897.38
6/18/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	3,317.19					-	3,317.19
	273,370.16	178,666.92	-	-	-	-	-	178,666.92

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

Add Group

Search

All

DDA

Data reported as of Jun 21, 2021 10

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$5,895,381.97	\$6,340,428.81	\$5,895,381.97	\$5,266,193.32
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,711.84	\$5,711.84	\$5,711.84	\$5,965.89
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$82,692.20	\$82,692.20	\$82,692.20	\$6,615.59
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.31	\$535.31	\$535.31	\$535.31
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$2,238,780.52	\$2,317,280.84	\$2,238,780.52	\$2,058,870.32
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$430.98	\$430.98	\$430.98	\$430.98
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$190,829.12	\$194,550.06	\$190,829.12	\$164,512.89
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$200,585.42	\$207,237.15	\$200,585.42	\$91,118.23
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$93,669.45	\$95,704.99	\$93,669.45	\$68,812.50
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$57,450.64	\$60,143.68	\$57,450.64	\$50,389.63
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$137,534.79	\$141,757.45	\$137,534.79	\$93,311.63
<u>*2998</u> MMC -MONEY MARKET FUND	\$2,606,587.00	\$2,606,587.00	\$2,606,587.00	\$2,606,587.00
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$178,896.18	\$368,897.52	\$178,896.18	\$74,681.61
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$8,722.62	\$116,172.98	\$8,722.62	\$156.57
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$19,596.82	\$22,331.99	\$19,596.82	\$19,596.82
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$73,359.08	\$120,394.82	\$73,359.08	\$24,608.35

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P
A
Y
E
E
MEMORIAL MEDICAL CENTER

Date Requested: 06/22/21

FOR ACCT. USE ONLY

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

JUN 22 2021

CK# 001133

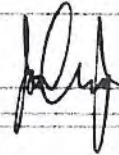
AMOUNT \$19,106.93

G/L NUMBER: 10255040

EXPLANATION: MOLINA QIPP PAYMENT - Ashford

REQUESTED BY: Mayra Martinez

AUTHORIZED BY:



RUN DATE:06/23/21
TIME:10:38

MEMORIAL MEDICAL CENTER
CHECK REGISTER
06/23/21 THRU 06/23/21

PAGE 3
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHA 001133 06/23/21 19,106.93 MMC OPERATING *Ashford*
TOTALS: 19,106.93

APPROVED
JUN 23 2021
CAMERON COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P
A
Y
E
E

MEMORIAL MEDICAL CENTER

Date Requested: 06/22/21

FOR ACCT. USE ONLY

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

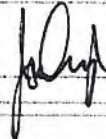
CK# 000095

AMOUNT \$7,913.86

G/L NUMBER: 10255040

EXPLANATION: MOLINA QIPP PAYMENT - Broadmoor

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

RUN DATE:06/23/21
TIME:10:38

MEMORIAL MEDICAL CENTER
CHECK REGISTER
06/23/21 THRU 06/23/21

PAGE 4
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHE 000095 06/23/21 7,913.86 MMC OPERATING
TOTALS: 7,913.86

Broadmwr

JUN 23 2021

AMERICAN BANK NOTE
CORPORATION, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P
A
Y
E
E

MEMORIAL MEDICAL CENTER

Date Requested: 06/22/21

FOR ACCT. USE ONLY

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

JUN 22 2021

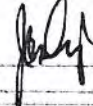
CK#00029

AMOUNT \$6,373.57

G/L NUMBER: 10255040

EXPLANATION: MOLINA QIPP PAYMENT - Crescent

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

RUN DATE:06/23/21
TIME:10:38

MEMORIAL MEDICAL CENTER
CHECK REGISTER
06/23/21 THRU 06/23/21

PAGE 5
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHC 000129 06/23/21 6,373.57 MMC OPERATING
TOTALS: 6,373.57

Crescent

APPROVED
ON

JUN 23 2021

COUNTY CLERK
CAMERON COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P
A
Y
E
E
MEMORIAL MEDICAL CENTER

Date Requested: 06/22/21

FOR ACCT. USE ONLY

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

JUN 22 2021

AMOUNT PAID, TEXAS

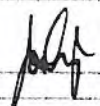
ck # 000124

AMOUNT \$7,722.55

G/L NUMBER: 10255040

EXPLANATION: MOLINA QIPP PAYMENT - Fort Bend

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

RUN DATE:06/23/21
TIME:10:38

MEMORIAL MEDICAL CENTER
CHECK REGISTER
06/23/21 THRU 06/23/21

PAGE 6
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHF 000126 06/23/21 7,722.55 MMC OPERATING Fort Bend
TOTALS: 7,722.55

APPROVED
BY

JUN 23 2021

COUNTY CLERK
CAMERON COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P
A
Y
E
E
MEMORIAL MEDICAL CENTER

Date Requested: 06/22/21

FOR ACCT. USE ONLY

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

JUN 22 2021

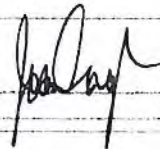
JAMESON HOSPITAL, TEXAS
CLC #001128

AMOUNT \$7,493.00

G/L NUMBER: 10255040

EXPLANATION: MOLINA QIPP PAYMENT - Solem

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

RUN DATE:06/23/21
TIME:10:38

MEMORIAL MEDICAL CENTER
CHECK REGISTER
06/23/21 THRU 06/23/21

PAGE 7
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHS 001128 06/23/21 7,493.00 MMC OPERATING
TOTALS: 7,493.00

Solem

JUN 23 2021

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

1133

88-2265/1131-87

6-23-21

Date

CHECK ARMOR
FOR PROTECTION

Pay to the
Order of Memorial Medical Center

\$ 19,106.93

Nineteen thousand, one hundred six dollars $\frac{93}{100}$ Dollars



PROSPERITY BANK®

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

For Molina - May GIPP

County Auditor

County Treasurer

MP

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

1128

88-2265/1131-87

6-23-21

Date

CHECK ARMOR
FOR PROTECTION

Pay to the
Order of Memorial Medical Center Operating

\$ 7,493.00

Seven thousand, four hundred ninety-three dollars



PROSPERITY BANK®

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

For May GIPP - Molina

County Auditor

County Treasurer

MP

MEMORIAL MEDICAL CENTER

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

000126

88-2265/1131

Date 6-23-21

PAY

TO THE
ORDER OF

Memorial Medical Center Operating

\$ 7,722.55

Seven thousand, seven hundred twenty-two dollars $\frac{55}{100}$

DOLLARS



PROSPERITY
BANK®

FOR May GIPP Molina

County Auditor

County Treasurer

MP

Security features are
included. Details on back.

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000095

88-2265/1131

Date 6-23-21**PAY**TO THE
ORDER OF

Memorial Medical Center Operating

\$ 7,913.⁸⁶/₁₀₀Seven thousand, nine hundred thirteen dollars & ⁸⁶/₁₀₀ DOLLARSPROSPERITY
BANK_____
county auditorFOR May - Molina - GIPP_____
county treasurer
Security features are included. Details on back.

MP

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000129

88-2265/1131

Date 6-23-21**PAY**TO THE
ORDER OF

Memorial Medical Center Operating

\$ 6,373.⁵⁷/₁₀₀Six thousand, three hundred seventy-three dollars & ⁵⁷/₁₀₀ DOLLARSPROSPERITY
BANK_____
county auditorFOR May - GIPP Molina_____
county treasurer
Security features are included. Details on back.

MP

QIPP Payment to MMC from Nursing Facilities

			Commissioner's Court		6/23/2021			
NH Name	From Bank Acct #	Ck #	Payee	GL #	QIPP 1,2,3, & Lapse		TOTAL	
Ashford	10000018 - Prosperity		MMC - Prosperity Operating #10000001	10255040	19,106.93		19,106.93	
Broadmoor	10000019 - Prosperity		MMC - Prosperity Operating #10000001	10255040	7,913.86		7,913.86	
Crescent	10000020 - Prosperity		MMC - Prosperity Operating #10000001	10255040	6,373.57		6,373.57	6/23/21
Fort Bend	10000021 - Prosperity		MMC - Prosperity Operating #10000001	10255040	7,722.55		7,722.55	6/23/2021
Solera	10000022 - Prosperity		MMC - Prosperity Operating #10000001	10255040	7,493.00		7,493.00	6/23/2021
Golden Creek	10000023 - Prosperity		MMC - Prosperity Operating #10000001	10255040	-		-	6/23/2021
Gulf Pointe-PP	10000114 - Prosperity		MMC - Prosperity Operating #10000001	10255040	-		-	6/23/2021
Gulf Pointe-MM	10000025 - Prosperity		MMC - Prosperity Operating #10000001				-	6/23/2021
Bethany			MMC - Prosperity Operating #10000001				-	6/23/2021
Tuscany			MMC - Prosperity Operating #10000001	10255040			-	6/23/2021
Note:			Total:		48,609.91	-	48,609.91	6/23/2021

Approved:

Jason Anglin, CEO, CFO

6/22/2021