

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---July 28, 2021

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 607,491.55
TOTAL TRANSFERS BETWEEN FUNDS	\$ 177,580.40
TOTAL NURSING HOME UPL EXPENSES	\$ 1,134,783.98
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
GRAND TOTAL DISBURSEMENTS APPROVED July 28, 2021	\$ 1,919,855.93

APPROVED

JUL 28 2021

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---July 28, 2021

PAYABLES AND PAYROLL

7/22/2021 Weekly Payables	593,104.30
7/26/2021 McKesson-340B Prescription Expense	11,612.46
7/26/2021 Amerisource Bergen-340B Prescription Expense	1,704.66

Prosperity Electronic Bank Payments

7/19-7/23/21 Pay Plus-Patient Claims Processing Fee	455.93
7/23/2021 ExpertPay- child support	614.20

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 607,491.55
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TRANSFER BETWEEN FUNDS TO NURSING HOMES

7/22/2021 MMC Operating to Ashford- correction of NH insurance payment deposited into MMC operating in error	3,700.00
7/22/2021 MMC Operating to Broadmoor-correction of NH insurance payment deposited into MMC Operating in error	3,342.03
7/22/2021 MMC Operating to Golden Creek Healthcare-correction of NH insurance payment deposited into MMC Operating in error	3,721.66
7/22/2021 MMC Operating to Gulf Pointe Plaza -correction of NH insurance payment and QIPP deposited into MMC Operating	7,194.64
7/22/2021 MMC Operating to Tuscany Village-correction of NH insurance payment deposited into MMC Operating in error	52,133.26
7/22/2021 MMC Operating to Bethany Senior Living- correction of NH insurance payment deposited into MMC Operating in error	17,976.80

MEDICARE ADVANCE PAYMENT RECOUP

7/26/2021 Ashford to Bethany-correction of Ashford medicare recoup taken from Bethany	6,460.81
7/26/2021 Ashford to Golden Creek-correction of Ashford medicare recoup taken from Golden Creek	238.28
7/26/2021 Broadmoor to Bethany-correction of Broadmoor medical recoup taken from Bethany	7,244.91
7/26/2021 Broadmoor to Golden Creek-correction of Broadmoor medical recoup taken from Golden Creek	238.28
7/26/2021 Crescent to Bethany-correction of Crescent medicare recoup taken from Bethany	7,244.91
7/26/2021 Crescent to Golden Creek-correction of Crescent medicare recoup taken from Golden Creek	238.28
7/26/2021 Fort Bend to Bethany-correction of Fort Bend medicare recoup taken from Bethany	7,244.91
7/26/2021 Fort Bend to Golden Creek-correction of Fort Bend medicare recoup taken from Golden Creek	238.28
7/26/2021 Solera to Bethany-correction of Solera medicare recoup taken from Bethany	7,244.91
7/26/2021 Solera to Golden Creek-correction of Solera medicare recoup taken from Golden Creek	238.28
7/26/2021 Golden Creek to Bethany-correction of Golden Creek medicare recoup taken from Bethany	7,244.91
7/26/2021 Golden Creek to Fort Bend-correction of Golden Creek medicare recoup taken from Fort Bend	639.94
7/26/2021 Golden Creek to Crescent-correction of Golden Creek medicare recoup taken from Crescent	4,424.24
7/26/2021 Golden Creek to Broadmoor-correction of Golden Creek medicare recoup taken from Broadmoor	5,102.15
7/26/2021 Golden Creek to Ashford-correction of Golden Creek medicare recoup taken from Ashford	1,836.58
7/26/2021 Golden Creek to Solera-correction of Golden Creek medicare recoup taken from Solera	7,124.83
7/26/2021 Tuscany to Ashford-correction of Tuscany medicare recoup taken from Ashford	1,836.58
7/26/2021 Tuscany to Broadmoor-correction of Tuscany medicare recoup taken from Broadmoor	5,102.15
7/26/2021 Tuscany to Crescent-correction of Tuscany medicare recoup taken from Crescent	4,424.24

7/26/2021	Tuscany to Fort Bend-correction of Tuscany medicare recoup taken from Fort Bend	639.94
7/26/2021	Tuscany to Solera-correction of Tuscany medicare recoup taken from Solera	7,124.83
7/26/2021	Tuscany to Golden Creek-correction of Tuscany medicare recoup taken from Golden Creek	134.86
7/26/2021	Tuscany to Bethany-correction of Tuscany medicare recoup taken from Bethany	7,244.91

TOTAL TRANSFERS BETWEEN FUNDS	\$ 177,580.40
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NURSING HOME UPL EXPENSES

7/26/2021	Nursing Home UPL-Cantex Transfer	477,676.99
7/26/2021	Nursing Home UPL-Nexion Transfer	82,620.10
7/26/2021	Nursing Home UPL-HMG Transfer	199,388.02
7/26/2021	Nursing Home UPL-Tuscany Transfer	18,896.42
7/26/2021	Nursing Home UPL-HSL Transfer	275,195.11

QIPP/RECOUP CHECKS TO MMC

7/26/2021	Golden Creek	51,048.96
7/26/2021	Gulf Pointe	29,958.38

TOTAL NURSING HOME UPL EXPENSES	\$ 1,134,783.98
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TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
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GRAND TOTAL DISBURSEMENTS APPROVED July 28, 2021	\$ 1,919,855.93
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MEMORIAL MEDICAL CENTER

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07/22/2021

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AP Open Invoice List

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Due Dates Through: 08/11/2021

Vendor# 11237	Vendor Name 3WON, LLC ✓				Class	Pay Code				
Invoice# 2614 ✓	Comment 07/20/2021	Tran Dt 07/02/2021	Inv Dt 08/02/2021	Due Dt	Check Dt	Pay	Gross 398.00	Discount 0.00	No-Pay 0.00	Net 398.00 ✓
CREDENTIALING										
Vendor Totals:		Number 11237	Name 3WON, LLC			Gross 398.00	Discount 0.00	No-Pay 0.00		Net 398.00
Vendor# 10995	Vendor Name ABILITY NETWORK (SHIFTHOUND) ✓				Class	Pay Code				
Invoice# 21M0099952 ✓	Comment 07/09/2021	Tran Dt 07/06/2021	Inv Dt 08/05/2021	Due Dt	Check Dt	Pay	Gross 616.28	Discount 0.00	No-Pay 0.00	Net 616.28 ✓
SCHEDULING SERVICES										
Vendor Totals:		Number 10995	Name ABILITY NETWORK			Gross 616.28	Discount 0.00	No-Pay 0.00		Net 616.28
Vendor# 10950	Vendor Name ACUTE CARE INC ✓				Class	Pay Code				
Invoice# INV278 ✓	Comment 07/20/2021	Tran Dt 07/20/2021	Inv Dt 07/30/2021	Due Dt	Check Dt	Pay	Gross 1,400.00	Discount 0.00	No-Pay 0.00	Net 1,400.00 ✓
RFID FEE										
Vendor Totals:		Number 10950	Name ACUTE CARE INC			Gross 1,400.00	Discount 0.00	No-Pay 0.00		Net 1,400.00
Vendor# 10958	Vendor Name ALLYSON SWOPE ✓				Class	Pay Code				
Invoice# 072021	Comment 07/20/2021	Tran Dt 07/20/2021	Inv Dt 07/20/2021	Due Dt	Check Dt	Pay	Gross 706.50	Discount 0.00	No-Pay 0.00	Net 706.50 ✓
CONTRACT EMPLOYEE										
Vendor Totals:		Number 10958	Name ALLYSON SWOPE			Gross 706.50	Discount 0.00	No-Pay 0.00		Net 706.50
Vendor# A1746	Vendor Name ALPHA TEC SYSTEMS INC ✓				Class M	Pay Code				
Invoice# INV00096306 ✓	Comment 07/21/2021	Tran Dt 06/30/2021	Inv Dt 07/21/2021	Due Dt	Check Dt	Pay	Gross 72.60	Discount 0.00	No-Pay 0.00	Net 72.60 ✓
SUPPLIES										
Vendor Totals:		Number A1746	Name ALPHA TEC SYSTEI			Gross 72.60	Discount 0.00	No-Pay 0.00		Net 72.60
Vendor# 14028	Vendor Name AMAZON CAPITAL SERVICES ✓				Class	Pay Code				
Invoice# 1HKQHWTK ✓	Comment 07/20/2021 4KQW	Tran Dt 07/13/2021	Inv Dt 07/13/2021	Due Dt	Check Dt	Pay	Gross 174.19	Discount 0.00	No-Pay 0.00	Net 174.19 ✓
WATER DISPENSOR DURING OUT										
Vendor Totals:		Number 14028	Name AMAZON CAPITAL S			Gross 174.19	Discount 0.00	No-Pay 0.00		Net 174.19
Vendor# 13244	Vendor Name ASD HEALTHCARE ✓				Class	Pay Code				
Invoice# 803025343 ✓	Comment 07/14/2021	Tran Dt 07/09/2021	Inv Dt 08/08/2021	Due Dt	Check Dt	Pay	Gross 8.60	Discount 0.00	No-Pay 0.00	Net 8.60 ✓
INTEREST										
Vendor Totals:		Number 13244	Name ASD HEALTHCARE			Gross 8.60	Discount 0.00	No-Pay 0.00		Net 8.60
Vendor# A0400	Vendor Name AUREUS RADIOLOGY LLC ✓				Class	Pay Code				
Invoice# 2252120 ✓	Comment 07/22/2021	Tran Dt 06/28/2021	Inv Dt 07/28/2021	Due Dt	Check Dt	Pay	Gross 2,755.38	Discount 0.00	No-Pay 0.00	Net 2,755.38 ✓
LAB STAFFING										
Invoice# 2257758 ✓	Comment 07/22/2021	Tran Dt 07/05/2021	Inv Dt 08/04/2021	Due Dt	Check Dt	Pay	Gross 2,629.75	Discount 0.00	No-Pay 0.00	Net 2,629.75 ✓
LAB STAFFING										
Invoice# 2256919 ✓	Comment 07/22/2021	Tran Dt 07/05/2021	Inv Dt 08/04/2021	Due Dt	Check Dt	Pay	Gross 2,680.00	Discount 0.00	No-Pay 0.00	Net 2,680.00 ✓

LAB STAFFING										
2257474	✓	07/22/2021	07/05/2021	08/04/2021			2,760.00	0.00	0.00	2,760.00 ✓
LAB STAFFING										
2262738	✓	07/22/2021	07/12/2021	08/11/2021			2,680.00	0.00	0.00	2,680.00 ✓
LAB STAFFING										
2263552	✓	07/22/2021	07/12/2021	08/11/2021			2,705.13	0.00	0.00	2,705.13 ✓
LAB STAFFING										
2263289	✓	07/22/2021	07/12/2021	08/11/2021			2,760.00	0.00	0.00	2,760.00 ✓
LAB STAFFING										
Vendor# B1150	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net
			A0400	AUREUS RADIOLO			18,970.26	0.00	0.00	18,970.26
				Vendor Name			Class	Pay Code		
				BAXTER HEALTHCARE			W			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
71165344	✓	07/21/2021	06/24/2021	07/19/2021			-136.22	0.00	0.00	-136.22 ✓
CREDIT INVOICE 70746456										
71097908	✓	07/22/2021	06/17/2021	07/12/2021			861.32	0.00	0.00	861.32 ✓
71105381	✓	07/22/2021	06/18/2021	07/13/2021			234.86	0.00	0.00	234.86 ✓
SUPPLIES										
Vendor# B1220	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net
			B1150	BAXTER HEALTHCARE			959.96	0.00	0.00	959.96
				Vendor Name			Class	Pay Code		
				BECKMAN COULTER INC			M			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
109172978	✓	07/14/2021	07/12/2021	08/06/2021			36.82	0.00	0.00	36.82 ✓
SUPPLIES										
109173103	✓	07/14/2021	07/12/2021	08/06/2021			88.06	0.00	0.00	88.06 ✓
SUPPLIES										
108758729	✓	07/15/2021	11/25/2020	12/20/2020			31.56	0.00	0.00	31.56 ✓
SUPPLIES										
108844717	✓	07/15/2021	01/13/2021	02/07/2021			96.64	0.00	0.00	96.64 ✓
SUPPLIES										
108859799	✓	07/15/2021	01/21/2021	02/15/2021			51.27	0.00	0.00	51.27 ✓
SUPPLIES										
5443464	✓	07/22/2021	07/12/2021	08/06/2021			5,016.58	0.00	0.00	5,016.58 ✓
MAINT CONTRACT /LEASE										
109182093	✓	07/22/2021	07/14/2021	08/08/2021			114.06	0.00	0.00	114.06 ✓
SUPPLIES										
109180814	✓	07/22/2021	07/14/2021	08/08/2021			180.36	0.00	0.00	180.36 ✓
SUPPLIES										
Vendor# B1210	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net
			B1220	BECKMAN COULTE			5,615.35	0.00	0.00	5,615.35
				Vendor Name			Class	Pay Code		
				BECKMAN COULTER, INC.			M			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5442935	✓	06/30/2021	06/30/2021	08/06/2021			3,507.27	0.00	0.00	3,507.27 ✓
SUPPLIES										
7297398	✓	07/01/2021	07/01/2021	08/06/2021			8,030.17	0.00	0.00	8,030.17 ✓
SUPPLIES										
109156906	✓	07/08/2021	07/01/2021	08/06/2021			42.95	0.00	0.00	42.95 ✓
SUPPLIES										
Vendor# 12600	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net
			B1210	BECKMAN COULTE			11,580.39	0.00	0.00	11,580.39
				Vendor Name			Class	Pay Code		
				BIOFIRE DIAGNOSTICS LLC						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1280124218	✓	07/21/2021	07/06/2021	07/21/2021			9,300.00	0.00	0.00	9,300.00 ✓
SUPPLIES										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
		12600	BIOFIRE DIAGNOST			9,300.00	0.00	0.00	9,300.00	

Vendor#	Vendor Name	Class	Pay Code							
12324	BLUE CROSS BLUE SHIELD									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
071621	07/22/2021	07/16/2021	08/01/2021				161,431.89	0.00	0.00	161,431.89
	INSURANCE									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
12324		BLUE CROSS BLUE				161,431.89	0.00	0.00	161,431.89	
Vendor#	Vendor Name	Class	Pay Code							
13216	BRIANNA PASSMORE									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
020321	07/21/2021	02/03/2021	02/03/2021				9.07	0.00	0.00	9.07
	TRAVEL BLOOD DRAWS (2/9-3/2/21)									
030921	07/21/2021	03/09/2021	03/09/2021				8.29	0.00	0.00	8.29
	TRAVEL LAB DRAWS (3/9-6/1/21)									
060221	07/21/2021	06/02/2021	06/02/2021				10.30	0.00	0.00	10.30
	TRAVEL BLOOD DRAWS (6/2-7/1/21)									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
13216		BRIANNA PASSMOI				27.66	0.00	0.00	27.66	
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
B356502	07/20/2021	06/28/2021	07/28/2021				205.20	0.00	0.00	205.20
	SUPPLIES									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
B1800		BRIGGS HEALTHCARE				205.20	0.00	0.00	205.20	
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
114395	07/20/2021	07/06/2021	08/05/2021				76.00	0.00	0.00	76.00
	SUPPLIES									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
11224		CABLES AND SENS				76.00	0.00	0.00	76.00	
Vendor#	Vendor Name	Class	Pay Code							
13264	CERVEY, LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
11260	07/19/2021	07/09/2021	08/03/2021				1,699.00	0.00	0.00	1,699.00
	MONTHLY LICENSING FEE									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
13264		CERVEY, LLC				1,699.00	0.00	0.00	1,699.00	
Vendor#	Vendor Name	Class	Pay Code							
L1629	CHRISTINA ZAPATA-ARROYO									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
072021	07/22/2021	07/20/2021	07/20/2021				165.00	0.00	0.00	165.00
	SLP SERVICES									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
L1629		CHRISTINA ZAPATA				165.00	0.00	0.00	165.00	
Vendor#	Vendor Name	Class	Pay Code							
C1166	COASTAL OFFICE SOLUTIONS	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
WO469081	07/20/2021	05/07/2021	05/17/2021				176.95	0.00	0.00	176.95
	SUPPLIES									
OE314161	07/20/2021	05/07/2021	05/17/2021				70.31	0.00	0.00	70.31
	SUPPLIES									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
C1166		COASTAL OFFICE S				247.26	0.00	0.00	247.26	
Vendor#	Vendor Name	Class	Pay Code							
11029	COASTAL REFRIGERATION									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5113821	07/21/2021	06/03/2021	06/03/2021				1,567.94	0.00	0.00	1,567.94
	FRIG REPAIR									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	

	11029	COASTAL REFRIGE	1,567.94	0.00	0.00	1,567.94				
Vendor#		Vendor Name	Class		Pay Code					
13336		COCA COLA SOUTHWEST BEVER.								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7991206541	07/20/2021	07/14/2021	07/14/2021				450.87	0.00	0.00	450.87
		SUPPLIES								
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
13336		COCA COLA SOUTH	450.87		0.00	0.00	450.87			
Vendor#		Vendor Name	Class		Pay Code					
11030		COMBINED INSURANCE								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
060121	07/22/2021	06/01/2021	06/01/2021				854.92	0.00	0.00	854.92
		INSURANCE								
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
11030		COMBINED INSURA	854.92		0.00	0.00	854.92			
Vendor#		Vendor Name	Class		Pay Code					
13572		COMMUNITY INFUSION SOLUTION								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IC20210718	07/21/2021	07/06/2021	07/16/2021				7,874.40	0.00	0.00	7,874.40
		OP INFUSION CENTER								
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
13572		COMMUNITY INFUSE	7,874.40		0.00	0.00	7,874.40			
Vendor#		Vendor Name	Class		Pay Code					
10646		COVIDIEN								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5863853026	07/20/2021	06/30/2021	07/10/2021				116.75	0.00	0.00	116.75
		ELECTRACATERY MACHINE								
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
10646		COVIDIEN	116.75		0.00	0.00	116.75			
Vendor#		Vendor Name	Class		Pay Code					
10006		CUSTOM MEDICAL SPECIALTIES								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
282991	07/18/2021	07/06/2021	06/29/2021				821.98	0.00	0.00	821.98
		SUPPLIES								
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
10006		CUSTOM MEDICAL	821.98		0.00	0.00	821.98			
Vendor#		Vendor Name	Class		Pay Code					
10368		DEWITT POTH & SON								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6478951	07/20/2021	07/02/2021	07/27/2021				92.80	0.00	0.00	92.80
		SUPPLIES								
6491730	07/20/2021	07/12/2021	08/06/2021				21.30	0.00	0.00	21.30
		SUPPLIES								
6492430	07/20/2021	07/13/2021	08/07/2021				20.40	0.00	0.00	20.40
		SUPPLIES								
6465090	07/21/2021	06/10/2021	07/05/2021				14.86	0.00	0.00	14.86
		SUPPLIES								
6496870	07/21/2021	07/15/2021	08/09/2021				125.58	0.00	0.00	125.58
		SUPPLIES								
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
10368		DEWITT POTH & SC	274.94		0.00	0.00	274.94			
Vendor#		Vendor Name	Class		Pay Code					
10789		DISCOVERY MEDICAL NETWORK								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMC071521	07/20/2021	07/15/2021	07/15/2021				181,510.10	0.00	0.00	181,510.10
		PRO FEES (JULY 1-15, 2021)								
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
10789		DISCOVERY MEDIC	181,510.10		0.00	0.00	181,510.10			
Vendor#		Vendor Name	Class		Pay Code					
12808		ESUTURES.COM								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

397726	07/21/2021	05/11/2021	06/10/2021				16.00	0.00	0.00	16.00
SUPPLIES										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net
13872	12808		ESUTURES.COM			16.00	0.00	0.00		16.00
		Vendor Name		Class				Pay Code		
		ETHOS MEDICAL STAFFING								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
27023	07/21/2021	07/09/2021	08/08/2021				2,868.00	0.00	0.00	2,868.00
ICU STAFFING										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net
F1100	13872		ETHOS MEDICAL S			2,868.00	0.00	0.00		2,868.00
		Vendor Name		Class				Pay Code		
		FEDERAL EXPRESS CORP.		W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
~~070121~~ 742192992	07/20/2021	07/01/2021	07/26/2021				19.54	0.00	0.00	19.54
SHIPPING										
742897199	07/20/2021	07/08/2021	08/02/2021				10.33	0.00	0.00	10.33
SHIPPING										
743603300	07/20/2021	07/15/2021	08/09/2021				30.75	0.00	0.00	30.75
SHIPPING										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net
10788	F1100		FEDERAL EXPRESS			60.62	0.00	0.00		60.62
		Vendor Name		Class				Pay Code		
		FIRETROL PROTECTION SYSTEM								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100729361	07/20/2021	07/13/2021	07/23/2021				275.00	0.00	0.00	275.00
TROUBLE SHOOT FIRE PANEL										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net
F1400	10788		FIRETROL PROTEC			275.00	0.00	0.00		275.00
		Vendor Name		Class				Pay Code		
		FISHER HEALTHCARE		M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3196627	07/21/2021	06/30/2021	07/25/2021				148.45	0.00	0.00	148.45
SUPPLIES										
3679011	07/21/2021	07/06/2021	07/31/2021				117.59	0.00	0.00	117.59
SUPPLIES										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net
11184	F1400		FISHER HEALTHCA			266.04	0.00	0.00		266.04
		Vendor Name		Class				Pay Code		
		FLDR DESIGNS LLC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
15392	07/21/2021	05/26/2021	06/26/2021				804.88	0.00	0.00	804.88
TRI FOLD BROCHURE										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net
13960	11184		FLDR DESIGNS LLC			804.88	0.00	0.00		804.88
		Vendor Name		Class				Pay Code		
		G & S MANAGEMENT GROUP LLC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
340382900	07/20/2021	07/08/2021	08/08/2021				331.16	0.00	0.00	331.16
TRASH SERVICES										
340382901	07/20/2021	07/08/2021	08/08/2021				2,115.08	0.00	0.00	2,115.08
TRASH SERVICES										
340382932	07/21/2021	07/09/2021	08/09/2021				254.42	0.00	0.00	254.42
TRASH SERVICES										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net
12404	13960		G & S MANAGEMEN			2,700.66	0.00	0.00		2,700.66
		Vendor Name		Class				Pay Code		
		GE PRECISION HEALTHCARE, LLC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6001890762	07/20/2021	07/01/2021	07/31/2021				5,665.83	0.00	0.00	5,665.83
MAINT CONTRACT										

	6001890730	07/20/2021	07/01/2021	07/31/2021			3,588.58	0.00	0.00	3,588.58	✓
			MAINT CONTRACT								
	6001890732	07/20/2021	07/01/2021	07/31/2021			61.67	0.00	0.00	61.67	✓
			MAINT CONTRACT								
	6001890650	07/20/2021	07/01/2021	07/31/2021			572.33	0.00	0.00	572.33	✓
			MAINT CONTRACT								
	6001890731	07/20/2021	07/01/2021	07/31/2021			86.67	0.00	0.00	86.67	✓
			MAINT CONTRACT								
	6001890649	07/20/2021	07/01/2021	07/31/2021			680.00	0.00	0.00	680.00	✓
			MAINT CONTRACT								
	6001876906	07/21/2021	06/10/2021	07/10/2021			61.67	0.00	0.00	61.67	✓
			MAINT CONTRACT								
	6001876905	07/21/2021	06/10/2021	07/10/2021			61.67	0.00	0.00	61.67	✓
			MAIN CONTRACT								
	6001876908	07/21/2021	06/10/2021	07/10/2021			9.95	0.00	0.00	9.95	✓
			MAINT CONTRACT								
	6001876907	07/21/2021	06/10/2021	07/10/2021			61.67	0.00	0.00	61.67	✓
			MAIN CONTRACT								
Vendor# 10901	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net	
	12404		GE PRECISION HE/			10,850.04	0.00	0.00		10,850.04	
			Vendor Name			Class	Pay Code				
			GENESIS DIAGNOSTICS ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	52282	✓	07/21/2021	07/06/2021	08/05/2021			122.96	0.00	0.00	122.96
			SUPPLIES								✓
Vendor# W1300	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net	
	10901		GENESIS DIAGNOS			122.96	0.00	0.00		122.96	
			Vendor Name			Class	Pay Code				
			GRAINGER ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	9944020065	✓	07/21/2021	06/24/2021	07/19/2021			26.67	0.00	0.00	26.67
			SUPPLIES								✓
Vendor# 12948	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net	
	W1300		GRAINGER			26.67	0.00	0.00		26.67	
			Vendor Name			Class	Pay Code				
			GREAT AMERICAN FINANCIAL SV ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	29642819	✓	07/19/2021	07/05/2021	07/31/2021			10,028.68	0.00	0.00	10,028.68
			COPIER LEASE								✓
Vendor# G1210	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net	
	12948		GREAT AMERICAN			10,028.68	0.00	0.00		10,028.68	
			Vendor Name			Class	Pay Code				
			GULF COAST PAPER COMPANY ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	2061222	✓	07/01/2021	06/15/2021	07/15/2021			1,323.74	0.00	0.00	1,323.74
			SUPPLIES								✓
	2068734	✓	07/18/2021	07/06/2021	08/05/2021			1,012.98	0.00	0.00	1,012.98
			SUPPLIES								✓
	2068579	✓	07/18/2021	07/06/2021	08/05/2021			111.18	0.00	0.00	111.18
			SUPPLIES								✓
	1975538	✓	07/21/2021	12/10/2020	01/09/2021			-11.94	0.00	0.00	-11.94
			CREDIT								✓
	2071308	✓	07/21/2021	07/12/2021	08/11/2021			86.12	0.00	0.00	86.12
			SUPPLIES								✓
Vendor# H0032	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net	
	G1210		GULF COAST PAPE			2,522.08	0.00	0.00		2,522.08	
			Vendor Name			Class	Pay Code				
			H + H SYSTEM, INC. ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	034804	✓	07/21/2021	06/17/2021	06/17/2021			55.50	0.00	0.00	55.50
			SUPPLIES								✓

	Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net	
	H0032			H + H SYSTEM, INC		55.50	0.00	0.00	55.50	
Vendor#	Vendor Name		Class		Pay Code					
10804	HEALTHCARE CODING & CONSUL									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
11111	07/19/2021	06/30/2021	07/30/2021				984.50	0.00	0.00	984.50
	CODING SERVICES									
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
10804			HEALTHCARE COD		984.50	0.00	0.00	984.50		
Vendor#	Vendor Name		Class		Pay Code					
12868	HOLT CAT									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CE53427	07/20/2021	07/08/2021	07/08/2021				80.00	0.00	0.00	80.00
	SERVICE REPAIR									
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
12868			HOLT CAT		80.00	0.00	0.00	80.00		
Vendor#	Vendor Name		Class		Pay Code					
12932	INTRADO									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV0023648	07/21/2021	06/30/2021	07/30/2021				666.49	0.00	0.00	666.49
	HOUSE CALLS									
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
12932			INTRADO		666.49	0.00	0.00	666.49		
Vendor#	Vendor Name		Class		Pay Code					
J0150	J & J HEALTH CARE SYSTEMS, INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
925428887	07/21/2021	06/21/2021	07/21/2021				1,156.87	0.00	0.00	1,156.87
	SUPPLIES									
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
J0150			J & J HEALTH CARE		1,156.87	0.00	0.00	1,156.87		
Vendor#	Vendor Name		Class		Pay Code					
14008	JASON RUBIO									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
070221	07/22/2021	07/02/2021	07/02/2021				109.59	0.00	0.00	109.59
	TRAVEL TO PICK UP SUPPLIES (7/12, 7/14)									
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
14008			JASON RUBIO		109.59	0.00	0.00	109.59		
Vendor#	Vendor Name		Class		Pay Code					
11576	JOHNGSELF + PARTNERS, INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
003746	07/20/2021	07/19/2021	07/19/2021				12,180.00	0.00	0.00	12,180.00
	2N INSTALLMENT CFO RECRUITM									
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
11576			JOHNGSELF + PAR		12,180.00	0.00	0.00	12,180.00		
Vendor#	Vendor Name		Class		Pay Code					
K1070	KEY SURGICAL INC		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1612882	07/21/2021	07/02/2021	07/21/2021				43.00	0.00	0.00	43.00
	SUPPLIES									
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
K1070			KEY SURGICAL INC		43.00	0.00	0.00	43.00		
Vendor#	Vendor Name		Class		Pay Code					
10972	M G TRUST									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
071621	07/19/2021	07/16/2021	07/16/2021				790.86	0.00	0.00	790.86
	PAYROLL DED									
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
10972			M G TRUST		790.86	0.00	0.00	790.86		
Vendor#	Vendor Name		Class		Pay Code					
M1950	MARTIN PRINTING CO		W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

77259	07/19/2021	07/01/2021	07/31/2021	88.36	0.00	0.00	88.36			
PREScription SLIP										
Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net			
M1950		MARTIN PRINTING		88.36	0.00	0.00	88.36			
Vendor#	Vendor Name	Class	Pay Code							
M2178	MCKESSON MEDICAL SURGICAL I									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
18181305	07/21/2021	05/12/2021	05/27/2021				-560.62	0.00	0.00	-560.62
CREDIT INVOICE 18177285										
18279319	07/21/2021	06/28/2021	07/13/2021				80.89	0.00	0.00	80.89
SUPPLIES										
18281201	07/21/2021	06/29/2021	07/14/2021				79.94	0.00	0.00	79.94
SUPPLIES										
Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net			
M2178		MCKESSON MEDIC		-399.79	0.00	0.00	-399.79			
Vendor#	Vendor Name	Class	Pay Code							
11141	MEDICAL DATA SYSTEMS, INC.									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
160965	07/19/2021	06/30/2021	07/25/2021				1,386.51	0.00	0.00	1,386.51
COLLECTIONS										
Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net			
11141		MEDICAL DATA SY		1,386.51	0.00	0.00	1,386.51			
Vendor#	Vendor Name	Class	Pay Code							
10613	MEDIMPACT HEALTHCARE SYS, II A/P									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
071321	07/19/2021	07/13/2021	07/13/2021				74.16	0.00	0.00	74.16
INDIGENT CARE										
Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net			
10613		MEDIMPACT HEALT		74.16	0.00	0.00	74.16			
Vendor#	Vendor Name	Class	Pay Code							
M2470	MEDLINE INDUSTRIES INC	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1957436411	07/15/2021	07/03/2021	07/28/2021				1,097.22	0.00	0.00	1,097.22
SUPPLEIS										
1957436410	07/15/2021	07/03/2021	07/28/2021				442.68	0.00	0.00	442.68
SUPPLIES										
1957436412	07/15/2021	07/03/2021	07/28/2021				27.08	0.00	0.00	27.08
SUPPLIES										
1957436409	07/15/2021	07/03/2021	07/28/2021				48.26	0.00	0.00	48.26
SUPPLIES										
1957568919	07/15/2021	07/05/2021	07/30/2021				255.69	0.00	0.00	255.69
SUPPLIES										
1957682055	07/15/2021	07/07/2021	08/01/2021				27.17	0.00	0.00	27.17
SUPPLIES										
1958421004	07/15/2021	07/13/2021	08/07/2021				13.68	0.00	0.00	13.68
SUPPLIES										
1957011816	07/20/2021	06/30/2021	07/25/2021				-120.22	0.00	0.00	-120.22
CREDIT INVOICE 1903972268										
1938602984	07/21/2021	01/19/2021	02/13/2021				-63.43	0.00	0.00	-63.43
CREDIT INVOICE 1937762223										
1955016283	07/21/2021	06/11/2021	07/06/2021				-93.30	0.00	0.00	-93.30
CREDIT INVOICE 1954678058										
1955529581	07/21/2021	06/16/2021	07/11/2021				814.69	0.00	0.00	814.69
SUPPLIES										
1955600351	07/21/2021	06/17/2021	07/12/2021				21.86	0.00	0.00	21.86
SUPPLIES										
1957227465	07/21/2021	07/02/2021	07/27/2021				15.12	0.00	0.00	15.12
SUPPLIES										
Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net			
M2470		MEDLINE INDUSTR		2,486.50	0.00	0.00	2,486.50			
Vendor#	Vendor Name	Class	Pay Code							

10963

MEMORIAL MEDICAL CLINIC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
071621	07/19/2021	07/16/2021	07/16/2021				295.00	0.00	0.00	295.00

PAYROLL DED

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10963		MEMORIAL MEDICA	295.00	0.00	0.00	295.00

Vendor#
11976Vendor Name
MID-COAST ELECTRIC SUPPLY, IN

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
196976100	07/22/2021	04/13/2021	05/13/2021				39.74	0.00	0.00	39.74

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11976		MID-COAST ELECTI	39.74	0.00	0.00	39.74

Vendor#
M2621Vendor Name
MMC AUXILIARY GIFT SHOP

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
071521	07/21/2021	07/15/2021	07/15/2021				298.01	0.00	0.00	298.01

PAYROLL DED

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
M2621		MMC AUXILIARY GI	298.01	0.00	0.00	298.01

Vendor#
10536Vendor Name
MORRIS & DICKSON CO, LLC

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7569	07/19/2021	07/13/2021	07/23/2021				-4.99	0.00	0.00	-4.99

CREDIT

7649	07/19/2021	07/13/2021	07/23/2021				-0.18	0.00	0.00	-0.18
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CREDIT

7647	07/19/2021	07/13/2021	07/23/2021				-4.01	0.00	0.00	-4.01
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CREDIT

7648	07/19/2021	07/13/2021	07/23/2021				-0.37	0.00	0.00	-0.37
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CREDIT

7506	07/19/2021	07/13/2021	07/23/2021				-4.99	0.00	0.00	-4.99
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CREDIT

7101745	07/19/2021	07/14/2021	07/24/2021				155.11	0.00	0.00	155.11
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INVENTORY

7104201	07/19/2021	07/14/2021	07/24/2021				1,026.60	0.00	0.00	1,026.60
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INVENTORY

7101741	07/19/2021	07/14/2021	07/24/2021				869.30	0.00	0.00	869.30
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INVENTORY

7101743	07/19/2021	07/14/2021	07/24/2021				1,886.35	0.00	0.00	1,886.35
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INVENTORY

7101738	07/19/2021	07/14/2021	07/24/2021				160.15	0.00	0.00	160.15
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INVENTORY

7101739	07/19/2021	07/14/2021	07/24/2021				200.61	0.00	0.00	200.61
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INVENTORY

7101740	07/19/2021	07/14/2021	07/24/2021				116.87	0.00	0.00	116.87
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INVENTORY

7104200	07/19/2021	07/14/2021	07/24/2021				75.85	0.00	0.00	75.85
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INVENTORY

7101742	07/19/2021	07/14/2021	07/24/2021				96.50	0.00	0.00	96.50
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INVENTORY

7101744	07/19/2021	07/14/2021	07/24/2021				245.13	0.00	0.00	245.13
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INVENTORY

7104199	07/19/2021	07/14/2021	07/24/2021				47.10	0.00	0.00	47.10
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INVENTORY

7108939	07/19/2021	07/15/2021	07/25/2021				2,001.15	0.00	0.00	2,001.15
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INVENTORY

7108940	07/19/2021	07/15/2021	07/25/2021				8.00	0.00	0.00	8.00
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INVENTORY

7108938	07/19/2021	07/15/2021	07/25/2021				14.64	0.00	0.00	14.64
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INVENTORY

7114501	✓	07/19/2021	07/18/2021	07/28/2021		6,582.95	0.00	0.00	6,582.95	✓
			INVENTORY							
7114498	✓	07/19/2021	07/18/2021	07/28/2021		2,355.42	0.00	0.00	2,355.42	✓
			INVENTORY							
7114499	✓	07/19/2021	07/18/2021	07/28/2021		89.40	0.00	0.00	89.40	✓
			INVENTORY							
7114500	✓	07/19/2021	07/18/2021	07/28/2021		802.59	0.00	0.00	802.59	✓
			INVENTORY							
7113361	✓	07/19/2021	07/18/2021	07/28/2021		2,931.21	0.00	0.00	2,931.21	✓
			INVENTORY							
6965854	✓	07/20/2021	06/03/2021	06/13/2021		31.83	0.00	0.00	31.83	✓
			INVENTORY							
6994149A	✓	07/20/2021	06/03/2021	06/13/2021		3.00	0.00	0.00	3.00	✓
			INVENTORY							
6962772	✓	07/20/2021	06/03/2021	06/13/2021		47.03	0.00	0.00	47.03	✓
			INVENTORY							
6965851	✓	07/20/2021	06/03/2021	06/13/2021		109.62	0.00	0.00	109.62	✓
			INVENTORY							
6965852	✓	07/20/2021	06/03/2021	06/13/2021		48.44	0.00	0.00	48.44	✓
			INVENTORY							
6965853	✓	07/20/2021	06/03/2021	06/13/2021		43.91	0.00	0.00	43.91	✓
			INVENTORY							
6965850	✓	07/20/2021	06/03/2021	06/13/2021		80.72	0.00	0.00	80.72	✓
			INVENTORY							
7119888	✓	07/21/2021	07/19/2021	07/29/2021		8.66	0.00	0.00	8.66	✓
			INVENTORY							
7119887	✓	07/21/2021	07/19/2021	07/29/2021		82.87	0.00	0.00	82.87	✓
			INVENTORY							
7119886	✓	07/21/2021	07/19/2021	07/29/2021		8.52	0.00	0.00	8.52	✓
			INVENTORY							
9177	✓	07/21/2021	07/20/2021	07/30/2021		-212.42	0.00	0.00	-212.42	✓
			CREDIT							
7120941	✓	07/21/2021	07/20/2021	07/30/2021		129.79	0.00	0.00	129.79	✓
			INVENTORY							
7121390	✓	07/21/2021	07/20/2021	07/30/2021		188.18	0.00	0.00	188.18	✓
			INVENTORY							
9262A	✓	07/21/2021	07/20/2021	07/30/2021		-1.41	0.00	0.00	-1.41	✓
			CREDIT							
7124687	✓	07/21/2021	07/20/2021	07/30/2021		465.64	0.00	0.00	465.64	✓
			INVENTORY							
7124686	✓	07/21/2021	07/20/2021	07/30/2021		1.45	0.00	0.00	1.45	✓
			INVENTORY							

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10536		MORRIS & DICKSON	20,686.22	0.00	0.00	20,686.22

Vendor#
M2659

		Vendor Name	Class							
		MXR IMAGING, INC	M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8800773286	✓	07/01/2021	06/16/2021	07/16/2021			505.34	0.00	0.00	505.34
			SUPPLIES							
8800778561	✓	07/21/2021	06/30/2021	07/30/2021			979.55	0.00	0.00	979.55
			SUPPLIES							

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
M2659		MXR IMAGING, INC	1,484.89	0.00	0.00	1,484.89

Vendor#
O0920

		Vendor Name	Class							
		OFFICE DEPOT								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1629199800	✓	07/21/2021	04/14/2021	04/14/2021			142.48	0.00	0.00	142.48
			SUPPLIES							

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
O0920		OFFICE DEPOT	142.48	0.00	0.00	142.48

Vendor#

Vendor Name

Class

Pay Code

11069

PABLO GARZA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
072021	07/20/2021	07/20/2021	07/20/2021				2,169.38	0.00	0.00	2,169.38

CONTRACT EMPLOYEE (716 - 7/14/21)

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11069	PABLO GARZA		2,169.38	0.00	0.00	2,169.38
	Vendor Name	Class		Pay Code		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
03906230	07/21/2021	06/23/2021	07/23/2021				38.28	0.00	0.00	38.28

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10152		PARTSSOURCE, LL	38.28	0.00	0.00	38.28
	Vendor Name		Class		Pay Code	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3362	07/20/2021	07/19/2021	07/19/2021				1,300.00	0.00	0.00	1,300.00

RELOCATE 2 OUTLETS LAB

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12708		POC ELECTRIC, LLC	1,300.00	0.00	0.00	1,300.00
	Vendor Name	Class		Pay Code		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
063021	07/15/2021	06/30/2021	08/05/2021				445.00	0.00	0.00	445.00

NEWS AD

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
P2100		PORT LAVACA WA\	445.00	0.00	0.00	445.00
	Vendor Name	Class		Pay Code		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
21060600	07/22/2021	06/30/2021	07/15/2021				2,895.92	0.00	0.00	2,895.92

GAS

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12480		PRO ENERGY PART	2,895.92	0.00	0.00	2,895.92
	Vendor Name		Class		Pay Code	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
030883	07/19/2021	07/10/2021	08/09/2021				2,793.75	0.00	0.00	2,793.75

STAFFING ICU

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
030325	07/21/2021	05/15/2021	06/14/2021				3,675.00	0.00	0.00	3,675.00

ICU STAFFING

13936	PROTOUCH STAFF	6,468.75	0.00	0.00	6,468.75
	Vendor Name	Class		Pay Code	
	RADSOURCE				

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
SC62479	07/20/2021	07/16/2021	08/10/2021				1,625.00	0.00	0.00	1,625.00

SERVICE CONTRACT

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
SC26623	07/22/2021	07/12/2021	08/06/2021				1,667.00	0.00	0.00	1,667.00

MAINT CONTRACT

11080	RADSOURCE	3,292.00	0.00	0.00	3,292.00
	Vendor Name	Class		Pay Code	
	REVISTA de VICTORIA				

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
06202125	07/15/2021	06/24/2021	08/05/2021				262.50	0.00	0.00	262.50

AD

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10645		REVISTA de VICTOI	262.50	0.00	0.00	262.50
	Vendor Name		Class		Pay Code	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3935540RI	07/05/2021	07/05/2021	08/05/2021				2,856.18	0.00	0.00	2,856.18
	ICU STAFFING									
3934667RI	07/05/2021	07/05/2021	08/05/2021				2,812.00	0.00	0.00	2,812.00
	ICU STAFFING									
3918694RI	07/21/2021	06/14/2021	07/14/2021				2,736.00	0.00	0.00	2,736.00
	STAFFING ICU									
3925138RI	07/21/2021	06/21/2021	07/21/2021				2,375.00	0.00	0.00	2,375.00
	ICU STAFFING									
3924305RI	07/21/2021	06/21/2021	07/21/2021				2,736.00	0.00	0.00	2,736.00
	ICU STAFFING									
3931423RI	07/21/2021	06/28/2021	07/28/2021				2,717.00	0.00	0.00	2,717.00
	ICU STAFFING									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
13940		RN NETWORK	16,232.18	0.00	0.00	16,232.18

Vendor#
12376Vendor Name
SCHOOL SPECIALTY

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2081273348	07/22/2021	04/27/2021	05/27/2021				173.38	0.00	0.00	173.38
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12376		SCHOOL SPECIALT	173.38	0.00	0.00	173.38

Vendor#
S1800Vendor Name
SHERWIN WILLIAMS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
96453	07/20/2021	07/07/2021	07/22/2021				59.62	0.00	0.00	59.62
	SUPPLIES									
96958	07/20/2021	07/08/2021	07/23/2021				59.62	0.00	0.00	59.62
	SUPPLIES									
98707	07/20/2021	07/13/2021	07/28/2021				15.36	0.00	0.00	15.36
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
S1800		SHERWIN WILLIAM	134.60	0.00	0.00	134.60

Vendor#
10936Vendor Name
SIEMENS FINANCIAL SERVICES

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5638210003	07/20/2021	04/02/2021	04/20/2021				4,038.24	0.00	0.00	4,038.24
	LEASE									
5638210004	07/20/2021	07/02/2021	07/20/2021				4,038.24	0.00	0.00	4,038.24
	LEASE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10936		SIEMENS FINANCIA	8,076.48	0.00	0.00	8,076.48

Vendor#
S2270Vendor Name
SMILE MAKERS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8994100	07/21/2021	07/15/2021	08/09/2021				51.93	0.00	0.00	51.93
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
S2270		SMILE MAKERS	51.93	0.00	0.00	51.93

Vendor#
12288Vendor Name
SPBS CLINICAL EQUIPMENT SRVC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV010329	07/21/2021	07/01/2021	07/01/2021				12,870.00	0.00	0.00	12,870.00
	BIO MED SERVICES									
FCHRG0000	07/22/2021	05/17/2021	05/17/2021				16.92	0.00	0.00	16.92
	FINANCE CHARGE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12288		SPBS CLINICAL EQ	12,886.92	0.00	0.00	12,886.92

Vendor#
S3960Vendor Name
STERICYCLE, INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
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4010214310	07/20/2021	07/01/2021	07/31/2021				2,535.76	0.00	0.00	2,535.76	✓
DISPOASL SERVICE											
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net	
S2833	S3960		STERICYCLE, INC			2,535.76	0.00	0.00		2,535.76	
	Vendor Name		STRYKER ENDOSCOPY			Class		Pay Code			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
10559836E	07/18/2021	07/21/2021	07/18/2021				873.38	0.00	0.00	873.38	✓
SUPPLIES											
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net	
S2830	S2833		STRYKER ENDOSC			873.38	0.00	0.00		873.38	
	Vendor Name		STRYKER SALES CORP			Class		Pay Code			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
9201424840	07/18/2021	06/25/2021	07/02/2021				1,460.72	0.00	0.00	1,460.72	✓
SUPPLIES											
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net	
10735	S2830		STRYKER SALES C			1,460.72	0.00	0.00		1,460.72	
	Vendor Name		STRYKER SUSTAINABILITY			Class		Pay Code			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
421165	07/18/2021	06/22/2021	07/22/2021				365.41	0.00	0.00	365.41	✓
SUPPLIES											
4173005	07/21/2021	04/28/2021	05/28/2021				-31.00	0.00	0.00	-31.00	✓
CREDIT											
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net	
T2204	10735		STRYKER SUSTAIN			334.41	0.00	0.00		334.41	
	Vendor Name		TEXAS MUTUAL INSURANCE CO			Class		Pay Code			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
1002798473	07/21/2021	06/08/2021	06/30/2021				10.00	0.00	0.00	10.00	✓
LATE FEE											
1002809051	07/21/2021	06/11/2021	07/03/2021				4,363.00	0.00	0.00	4,363.00	✓
WORKERSCOMP											
1002892942	07/22/2021	07/14/2021	07/14/2021				4,312.00	0.00	0.00	4,312.00	✓
WORKERS COMP											
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net	
13880	T2204		TEXAS MUTUAL INS			8,685.00	0.00	0.00		8,685.00	
	Vendor Name		TEXAS SELECT STAFFING			Class		Pay Code			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
0017468510	07/21/2021	06/10/2021	06/10/2021				3,389.38	0.00	0.00	3,389.38	✓
STAFFING ICU											
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net	
11067	13880		TEXAS SELECT ST/			3,389.38	0.00	0.00		3,389.38	
	Vendor Name		TRIZETTO PROVIDER SOLUTIONS			Class		Pay Code			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
35FK072100	07/19/2021	07/01/2021	07/26/2021				2,187.84	0.00	0.00	2,187.84	✓
PT STATEMENTS											
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net	
U1054	11067		TRIZETTO PROVIDE			2,187.84	0.00	0.00		2,187.84	
	Vendor Name		UNIFIRST HOLDINGS			Class		Pay Code			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
8400368944	07/15/2021	07/01/2021	08/06/2021				121.55	0.00	0.00	121.55	✓
LAUNDRY											
8400368946	07/15/2021	07/01/2021	08/06/2021				162.91	0.00	0.00	162.91	✓
LAUNDRY											
8400368964	07/15/2021	07/01/2021	08/06/2021				79.43	0.00	0.00	79.43	✓
LAUNDRY											

8400368947	✓ 07/15/2021	07/01/2021	08/06/2021	194.90	0.00	0.00	194.90	✓
		LAUNDRY						
8400368942	✓ 07/15/2021	07/01/2021	08/08/2021	41.07	0.00	0.00	41.07	✓
		LAUNDRY						
8400369234	✓ 07/15/2021	07/05/2021	08/06/2021	45.15	0.00	0.00	45.15	✓
		LAUNDRY						
8400369259	✓ 07/15/2021	07/05/2021	08/06/2021	1,734.55	0.00	0.00	1,734.55	✓
		LAUNDRY						
8400369235	✓ 07/15/2021	07/05/2021	08/06/2021	45.16	0.00	0.00	45.16	✓
		LAUNDRY						
8400369694	✓ 07/15/2021	07/08/2021	08/05/2021	111.26	0.00	0.00	111.26	✓
		LAUNDRY						
8400369647	✓ 07/15/2021	07/08/2021	08/06/2021	160.47	0.00	0.00	160.47	✓
		LAUNDRY						
8400369645	✓ 07/15/2021	07/08/2021	08/06/2021	111.65	0.00	0.00	111.65	✓
		LAUNDRY						
8400369648	✓ 07/15/2021	07/08/2021	08/06/2021	194.90	0.00	0.00	194.90	✓
		LAUNDRY						
8400369665	✓ 07/15/2021	07/08/2021	08/06/2021	79.43	0.00	0.00	79.43	✓
		LAUNDRY						
8400369678	✓ 07/15/2021	07/08/2021	08/06/2021	1,468.71	0.00	0.00	1,468.71	✓
		LAUNDRY						
8400369643	✓ 07/15/2021	07/08/2021	08/06/2021	41.07	0.00	0.00	41.07	✓
		LAUNDRY						
8400368977	✓ 07/15/2021	07/12/2021	08/06/2021	1,519.37	0.00	0.00	1,519.37	✓
		LAUNDRY						
8400369923	✓ 07/15/2021	07/12/2021	08/06/2021	45.16	0.00	0.00	45.16	✓
		LAUNDRY						
8400368945	✓ 07/15/2021	07/12/2021	08/06/2021	152.49	0.00	0.00	152.49	✓
		LAUNDRY						
8400369922	✓ 07/15/2021	07/12/2021	08/06/2021	45.15	0.00	0.00	45.15	✓
		LAUNDRY						
8400369945	✓ 07/15/2021	07/12/2021	08/06/2021	1,816.67	0.00	0.00	1,816.67	✓
		LAUNDRY						
8400370352	✓ 07/19/2021	07/15/2021	08/09/2021	154.41	0.00	0.00	154.41	✓
		LAUNDRY						
8400370401	✓ 07/19/2021	07/15/2021	08/09/2021	86.00	0.00	0.00	86.00	✓
		LAUNDRY						
8400368994	✓ 07/20/2021	07/01/2021	07/26/2021	175.91	0.00	0.00	175.91	✓
		LAUNDRY						
8400369646	✓ 07/20/2021	07/08/2021	08/02/2021	181.45	0.00	0.00	181.45	✓
		LAUNDRY						
8400370371	✓ 07/20/2021	07/15/2021	08/09/2021	79.43	0.00	0.00	79.43	✓
		LAUNDRY						
8400370353	✓ 07/20/2021	07/15/2021	08/09/2021	161.45	0.00	0.00	161.45	✓
		LAUNDRY						
8400370384	✓ 07/20/2021	07/15/2021	08/09/2021	1,959.85	0.00	0.00	1,959.85	✓
		LAUNDRY						
8400370349	✓ 07/20/2021	07/15/2021	08/09/2021	41.07	0.00	0.00	41.07	✓
		LAUNDRY						
8400370351	✓ 07/20/2021	07/15/2021	08/09/2021	121.55	0.00	0.00	121.55	✓
		LAUNDRY						
8400370354	✓ 07/20/2021	07/15/2021	08/09/2021	194.90	0.00	0.00	194.90	✓
		LAUNDRY						

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
U1054		UNIFIRST HOLDING	11,327.07	0.00	0.00	11,327.07

Vendor#
U1350

Vendor Name
UPS ✓

Class
W

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0000778941	07/21/2021	07/19/2021	07/19/2021				35.06	0.00	0.00	35.06

251

SHIPPING

Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
U1350		UPS			35.06	0.00	0.00	35.06		
Vendor#			Vendor Name		Class	Pay Code				
10793			WAGEWORKS, INC.							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
071621	07/19/2021	07/16/2021	07/16/2021				3,537.48	0.00	0.00	3,537.48
PAYROLL DED										
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
10793			WAGEWORKS, INC.		3,537.48	0.00	0.00	3,537.48		
Vendor#			Vendor Name		Class	Pay Code				
11110			WERFEN USA LLC							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9110980069	07/15/2021	05/05/2021	05/30/2021				1,370.61	0.00	0.00	1,370.61
SUPPLIES										
9111008202	07/15/2021	07/12/2021	08/06/2021				1,241.42	0.00	0.00	1,241.42
SUPPLIES										
9110983937	07/22/2021	05/14/2021	06/08/2021				1,571.67	0.00	0.00	1,571.67
LEASE										
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
11110			WERFEN USA LLC		4,183.70	0.00	0.00	4,183.70		
Vendor#			Vendor Name		Class	Pay Code				
10556			WOUND CARE SPECIALISTS							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
WCS000046	07/22/2021	07/01/2021	07/30/2021				19,250.00	0.00	0.00	19,250.00
WOUND CARE										
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
10556			WOUND CARE SPE		19,250.00	0.00	0.00	19,250.00		

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	592,543.68	0.00	0.00	592,543.68

pg 8 correction $\Sigma + 560.62$
\$593,104.30

APPROVED
 ON

JUL 22 2021

COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

CK#
 191218 -
 191304

592,543.68

560.62 =

593,104.30

McKESSON**STATEMENT**

As of: 07/23/2021

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: 07/24/2021

As of: 07/23/2021

Page: 002

Mail to:

Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536

PLEASE CHECK ANY

Date: 07/24/2021

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: 11,857.26 USD

Future Due: 0.00

Past Due: 382.27-

Last Payment 2,451.97
08/07/2017If Paid By 07/27/2021,
Pay This Amount:

11,612.46 USD

If Paid After 07/27/2021,
Pay this Amount:

11,857.26 USD

Due If Paid On Time:

USD 11,612.46

Disc lost if paid late:

244.80

Due If Paid Late:

USD 11,857.26

9,009.45 +

324.00 +

67.64 +

1,733.70 +

477.67 +

11,612.46

CK # 500218

APPROVED
ON

JUL 26 2021

COUNTY AUDITOR
CALHOUN 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: 07/23/2021

Page: 001

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

DC: 8115

Territory: 400

Customer: 256342

Date: 07/24/2021

As of: 07/23/2021

Mail to:

Page: 001

Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342

Date: 07/24/2021

PLEASE CHECK ANY

ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
07/19/2021	07/27/2021	7282330279	12265901	115Invoice	5.09	254.74		249.65	✓	7282330279	
07/19/2021	07/27/2021	7282330281	12285370	115Invoice	10.88	543.77		532.89	✓	7282330281	
07/19/2021	07/27/2021	7282330282	12306350	115Invoice	0.01	0.32		0.31	✓	7282330282	
07/19/2021	07/27/2021	7282330283	0717211339-00	115Invoice	31.58	1,578.83		1,547.25	✓	7282330283	
07/19/2021	07/27/2021	7282330284	0718211422-00	115Invoice	1.13	56.34		55.21	✓	7282330284	
07/19/2021	07/27/2021	7282330285	12379531	115Invoice	4.32	215.98		211.66	✓	7282330285	
07/19/2021	07/27/2021	7282522962	0716210851	195Invoice	7.58	379.15		371.57	✓	7282522962	
07/19/2021	07/27/2021	7282522963	0716210559	115Invoice	3.67	183.58		179.91	✓	7282522963	
07/20/2021	07/27/2021	7282643971	12395810	115Invoice		0.12		0.12	✓	7282643971	
07/20/2021	07/27/2021	7282643972	12431310	115Invoice	4.32	215.98		211.66	✓	7282643972	
07/20/2021	07/27/2021	7282823147	0719211105	115Invoice	0.04	2.21		2.17	✓	7282823147	
07/21/2021	07/27/2021	7282902479	12467926	115Invoice	6.34	317.10		310.76	✓	7282902479	
07/21/2021	07/27/2021	7282902480	12501136	115Invoice	0.96	48.16		47.20	✓	7282902480	
07/21/2021	07/27/2021	7282902481	12501136	115Invoice	11.38	568.90		557.52	✓	7282902481	
07/21/2021	07/27/2021	7282902482	0720211702-00	115Invoice	0.96	48.16		47.20	✓	7282902482	
07/21/2021	07/27/2021	7282902483	0720211702-00	115Invoice	0.01	0.28		0.27	✓	7282902483	
07/21/2021	07/27/2021	7283073362	0720210848	195Invoice	0.01	0.63		0.62	✓	7283073362	
07/21/2021	07/27/2021	7283073364	0720210629	115Invoice	0.01	0.32		0.31	✓	7283073364	
07/22/2021	07/27/2021	7283228826	12522234	115Invoice	15.70	784.88		769.18	✓	7283228826	
07/22/2021	07/27/2021	7283228827	12558363	115Invoice	10.21	510.45		500.24	✓	7283228827	
07/22/2021	07/27/2021	7283228828	12558363	115Invoice	8.20	410.18		401.98	✓	7283228828	
07/22/2021	07/27/2021	7283228829	0714211441-00	115Invoice	5.78	289.02		283.24	✓	7283228829	
07/22/2021	07/27/2021	7283402056	0721210815	115Invoice	0.66	32.80		32.14	✓	7283402056	
07/23/2021	07/27/2021	7283480424	12579395	115Invoice	20.38	1,018.98		998.60	✓	7283480424	
07/23/2021	07/27/2021	7283480425	12615684	115Invoice	20.61	1,030.71		1,010.10	✓	7283480425	
07/23/2021	07/27/2021	7283644886	0722210841	195Invoice	13.38	668.93		655.55	✓	7283644886	
07/23/2021	07/27/2021	7283644888	0722210957	115Invoice	0.66	32.80		32.14	✓	7283644888	

For AR Inquiries please contact 800-867-0333

McKESSON**STATEMENT**

As of: 07/23/2021

Page: 002

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

Company: 8000

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

DC: 8115

Territory: 400

Customer: 256342

Date: 07/24/2021

As of: 07/23/2021
Mail to:Page: 002
Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 256342
Date: 07/24/2021**PLEASE CHECK ANY
ITEMS NOT PAID (✓)**

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

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 9,193.32 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 9,885.23
07/19/2021If Paid By 07/27/2021,
Pay This Amount:

9,009.45 USD

If Paid After 07/27/2021,
Pay this Amount:

9,193.32 USD

Due If Paid On Time:

USD 9,009.45 ✓

Disc lost if paid late:

183.87

Due If Paid Late:

USD 9,193.32

APPROVED
ON

JUL 26 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON**STATEMENT**

As of: 07/23/2021

Page: 001

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

Company: 8000

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

DC: 8115

Territory: 400

Customer: 262252
Date: 07/24/2021As of: 07/23/2021 Page: 001
Mail to: Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 262252 PLEASE CHECK ANY
Date: 07/24/2021 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 262252	CVS PHCY 7006/MEMORIA PHS										
07/22/2021	07/27/2021	7283209166	1270903	115Invoice	6.61	330.61		324.00 ✓		7283209166	

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

TOTAL: Customer Number 262252 CVS PHCY 7006/MEMORIA PHS

Subtotals: 330.61 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 9,885.23
07/19/2021If Paid By 07/27/2021,
Pay This Amount:

324.00 USD

If Paid After 07/27/2021,
Pay this Amount:

330.61 USD

Due If Paid On Time:

USD 324.00 ✓

Disc lost if paid late:

6.61

Due If Paid Late:

USD 330.61

APPROVED
ON

JUL 26 2021

COUNTY AUDITOR
CARROLL COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON**STATEMENT**

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

As of: 07/23/2021

Page: 001

DC: 8115

Territory: 400

Customer: 190813

Date: 07/24/2021

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

As of: 07/23/2021

Page: 001

Mail to:

Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

Cust: 190813

PLEASE CHECK ANY

Date: 07/24/2021

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											
07/22/2021	07/27/2021	7283214302	2017032934	115Invoice	0.03	1.68		1.65 ✓		7283214302	
07/23/2021	07/27/2021	7283475352	2017033059	115Invoice	1.35	67.34		65.99 ✓		7283475352	

*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:

69.02 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 9,885.23
 07/19/2021

If Paid By 07/27/2021,
 Pay This Amount:

67.64 USD

If Paid After 07/27/2021,
 Pay this Amount:

69.02 USD

Due If Paid On Time:

USD

67.64 ✓

Disc lost if paid late:

1.38

Due If Paid Late:

USD

69.02

APPROVED
ON

JUL 26 2021

COUNTY AUDITOR
 CARROLL COUNTY, TEXAS

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

McKESSON

STATEMENT

Company: 8000

HEB PHY FC 490/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

As of: 07/23/2021

Page: 001

DC: 8115

Territory: 400

Customer: 464450

Date: 07/24/2021

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

As of: 07/23/2021
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450 PLEASE CHECK ANY
Date: 07/24/2021 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 464450 HEB PHY FC 490/MEM MC PHS											
07/21/2021	07/27/2021	7282917512	55x515286	115Invoice	12.29	614.30		602.01	✓	7282917512	
07/21/2021	07/27/2021	7282917513	55x515287	115Invoice	8.44	421.86		413.42	✓	7282917513	
07/21/2021	07/27/2021	7282917515	55x515288	115Invoice	3.09	154.73		151.64	✓	7282917515	
07/21/2021	07/27/2021	7282917516	55x515289	115Invoice	4.25	212.65		208.40	✓	7282917516	
07/21/2021	07/27/2021	7282917520	55x515290	115Invoice	9.27	463.35		454.08	✓	7282917520	
07/21/2021	07/27/2021	7282917522	55x515291	115Invoice	0.14	6.82		6.68	✓	7282917522	
07/22/2021	07/22/2021	7283455356	MFC PR CORR CR	Pricing Cor		254.83- P		254.83- P	✓	7283455356	
07/22/2021	07/27/2021	7283455357	MFC PR CORR IN	Pricing Cor	3.11	155.41		152.30	✓	7283455357	

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

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

Subtotals: 1,774.29 USD

Future Due: 0.00

Past Due: 254.83-

Last Payment 07/19/2021 9,885.23

If Paid By 07/27/2021,
Pay This Amount:

1,733.70 USD

If Paid After 07/27/2021,
Pay this Amount:

1,774.29 USD

Due If Paid On Time:
USD

1,733.70

Disc lost if paid late:

40.59

Due If Paid Late:
USD

1,774.29

APPROVED
ON

JUL 26 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON**STATEMENT**

As of: 07/23/2021

Page: 001

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: 400

Customer: 835438

Date: 07/24/2021

As of: 07/23/2021
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 PLEASE CHECK ANY
Date: 07/24/2021 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											
07/22/2021	07/27/2021	7283408349	1271538	115Invoice	10.86	543.11		532.25	✓	7283408349	
07/22/2021	07/22/2021	7283453768	MFC PR CORR CR	Pricing Cor		127.44	P	127.44	P ✓	7283453768	
07/22/2021	07/27/2021	7283453769	MFC PR CORR IN	Pricing Cor	1.49	74.35		72.86	✓	7283453769	

*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:

490.02 USD

Future Due: 0.00

Past Due: 127.44

Last Payment 9,885.23
07/19/2021

If Paid By 07/27/2021,
Pay This Amount:

477.67 USD

If Paid After 07/27/2021,
Pay this Amount:

490.02 USD

Due If Paid On Time:

USD

477.67 ✓

Disc lost if paid late:

12.35

Due If Paid Late:

USD

490.02

APPROVED
ON

JUL 26 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

Served By:	AMERISOURCEBERGEN DRUG CORP 12727 W. AIRPORT BLVD. SUGAR LAND TX 77478-6101	Customer:	WALGREENS #12494 340B MEMORIAL MEDICAL CENTER 1302 N VIRGINIA ST PORT LAVACA TX 77979-2509	Customer Number	100135284 / 037028186
	DEA: RA0289276 866-451-9655			Terms	Sat - Fri Due in 7 days
Remit To:	AMERISOURCEBERGEN P.O. Box 905223 CHARLOTTE NC 28290-5223	Summary		Not Yet Due:	0.00
				Current:	1,704.66
				Past Due:	0.00
				Total Due:	1,704.66
				Account Balance:	1,704.66

Account Activity								
Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
07-19-2021	07-30-2021	3061845826	162090	Invoice	86.06		0.00	86.06 ✓
07-19-2021	07-30-2021	3061845827	162091	Invoice	37.08		0.00	37.08 ✓
07-19-2021	07-30-2021	3061845828	162092	Invoice	0.09		0.00	0.09 ✓
07-19-2021	07-30-2021	3061875068	162138	Invoice	264.83		0.00	264.83 ✓
07-20-2021	07-30-2021	3061998781	162149	Invoice	102.91		0.00	102.91 ✓
07-22-2021	07-30-2021	3062265576	162165	Invoice	591.98		0.00	591.98 ✓
07-23-2021	07-30-2021	3062387344	162178	Invoice	621.71		0.00	621.71 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
1,704.66	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment	
Date	Amount
07-23-2021	(501.27)

Reminders	
Due Date	Amount
07-30-2021	1,704.66 ✓
Total Due:	1,704.66

APPROVED
ON

JUL 26 2021

COMPTROLLER AUDITOR
CAMERON COUNTY, TEXAS

CK # 500219

[Handwritten Signature]

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- July 19- July.25, 2021**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>
7/19/2021	PAY PLUS ACHTRANS 452579291 101000698916878	- 3rd Party Payor Fee
7/20/2021	WEBFILE TAX PYMT DD 902/02962675 21000022178	- Sales Tax
7/20/2021	PAY PLUS ACHTRANS 452579291 101000699785672	- 3rd Party Payor Fee
7/20/2021	MCKESSON DRUG AUTO ACH ACH04660333 910000128	- 340B Drug Program Expense
7/21/2021	PAY PLUS ACHTRANS 452579291 101000690580571	- 3rd Party Payor Fee
7/22/2021	PAY PLUS ACHTRANS 452579291 101000691404190	- 3rd Party Payor Fee
7/23/2021	PAY PLUS ACHTRANS 452579291 101000692164963	- 3rd Party Payor Fee
7/23/2021	EXPERTPAY EXPERTPAY 746003411 91000010512696	- Child Support Payment -Payroll Ending
7/23/2021	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense
7/23/2021	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll
7/23/2021	IRS USATAXPYMT 220160441980238 6103601000171	- Payroll Taxes

<u>Amount</u>
100.47
1511.15*
15.58
9885.23*
64.1
270.35
5.43
614.2
501.27*
299261.43
99452.06*

Pay Plus
100.47 +
15.58 +
64.10 +
270.35 +
5.43 +

455.93
Expert Pay
614.20 +
0.14 - 20
455.93 -
614.20 +
1,070.13 *

411,681.27
1,511.15 -
9,885.23 -
501.27 -
299,261.43 -
99,452.06 -
1,070.13 *

411,681.27

Jason Anglin, CEO
Memorial Medical Center

7/26/2021

* Approved 07.21.21 CC

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

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>	<u>Amount</u>
-------------	--------------------	------------------	---------------

Jason Anglin, CEO
Memorial Medical Center

7/26/2021

07/22/2021 **JUL 22 2021**

MEMORIAL MEDICAL CENTER

0

14:14

AP Open Invoice List

ap_open_invoice.template

Calhoun County Auditor

Dates Through:

Vendor#

Vendor Name

Class

Pay Code

11816

ASHFORD GARDENS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
070221	07/20/2021	07/02/2021	08/12/2021				3,700.00	0.00	0.00	3,700.00

TRANSFER

NT insurance pymt deposited into mmc operating

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

11816

ASHFORD GARDEN

3,700.00

0.00

0.00

3,700.00

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

3,700.00

0.00

0.00

3,700.00

APPROVED
ON**JUL 22 2021***CLK#**191307***COUNTY AUDITOR**
CALHOUN COUNTY, TEXAS

RECEIVED

07/22/2021

14:12 JUL 22 2021

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor# 11832

Vendor Name

Class

Pay Code

BROADMOOR AT CREEKSIDE PAF

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
062421A	07/19/2021	06/24/2021	08/12/2021				3,342.03	0.00	0.00	3,342.03

TRANSFER

Ntl insurance pmt deposited into mmc opent

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

11832

BROADMOOR AT C

3,342.03

0.00

0.00

3,342.03

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

3,342.03

0.00

0.00

3,342.03

APPROVED
ON

JUL 22 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXASCk#
191309

RECEIVED07/22/2021 **JUL 22 2021**

14:16

Calhoun County Auditor

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor#

Vendor Name

Class

Pay Code

11836

GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
070821	07/19/2021	07/08/2021	08/12/2021				136.80	0.00	0.00	136.80 ✓

TRANSFER *NH insurance pymt deposited into mmc operating*

071921	07/20/2021	07/19/2021	08/12/2021				3,584.86	0.00	0.00	3,584.86 ✓
--------	------------	------------	------------	--	--	--	----------	------	------	------------

MEDICARE PAYMENT

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

11836

GOLDENCREEK HE

3,721.66

0.00

0.00

3,721.66

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

3,721.66

0.00

0.00

3,721.66

APPROVED
ON**JUL 22 2021**

CK#

141310

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED

07/22/2021

14:12

JUL 22 2021

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap_open_invoice.template

Dates Through:

Calhoun 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
070821	07/19/2021	07/08/2021	08/12/2021				3,146.64	0.00	0.00	3,146.64

TRANSFER

070621	07/20/2021	07/06/2021	08/12/2021				4,048.00	0.00	0.00	4,048.00
--------	------------	------------	------------	--	--	--	----------	------	------	----------

TRANSFER

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

12696

GULF POINTE PLAZ

7,194.64

0.00

0.00

7,194.64

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

7,194.64

0.00

0.00

7,194.64

**APPROVED
ON****JUL 22 2021****COMPTROLLER
CALHOUN COUNTY, TEXAS**

CHK#

191311

RECEIVED

07/22/2021

14:13 JUL 22 2021

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Vendor#
13004
Calhoun County Auditor

Vendor Name

Class

Pay Code

TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
070821A	07/19/2021	07/08/2021	08/12/2021				717.68	0.00	0.00	717.68 ✓
	TRANSFER									
070821	07/19/2021	07/08/2021	08/12/2021				8,375.15	0.00	0.00	8,375.15 ✓
	TRANSFER									
070821B	07/19/2021	07/08/2021	08/12/2021				16,541.90	0.00	0.00	16,541.90 ✓
	TRANSFER									
070621	07/20/2021	07/06/2021	08/12/2021				2,644.46	0.00	0.00	2,644.46 ✓
	TRANSFER									
070721	07/20/2021	07/07/2021	08/12/2021				587.07	0.00	0.00	587.07 ✓
	TRANSFER									
070721A	07/20/2021	07/07/2021	08/12/2021				23,267.00	0.00	0.00	23,267.00 ✓
	TRANSFER									

Vendor Totals:

13004

Number

Name

TUSCANY VILLAGE

Gross

52,133.26

Discount

0.00

No-Pay

0.00

Net

52,133.26

Report Summary

Grand Totals:

Gross

52,133.26

Discount

0.00

No-Pay

0.00

Net

52,133.26

APPROVED
ON

JUL 22 2021

CHK#

P1312

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED

07/22/2021

14:14 JUL 22 2021

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

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
070621A	07/20/2021	07/06/2021	08/12/2021				3,524.50	0.00	0.00	3,524.50

TRANSFER *Net insurance pymt deposited into mmae operating*

071921	07/20/2021	07/19/2021	08/12/2021				14,452.30	0.00	0.00	14,452.30
--------	------------	------------	------------	--	--	--	-----------	------	------	-----------

MEDICARE REPAYMENT

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12792	BETHANY SENIOR I		17,976.80	0.00	0.00	17,976.80

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	17,976.80	0.00	0.00	17,976.80

APPROVED
ON

CL#

JUL 22 2021

191308

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

8

RUN DATE:07/26/21
TIME:14:33

MEMORIAL MEDICAL CENTER
CHECK REGISTER
07/28/21 THRU 07/28/21

PAGE 1
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	191218	07/28/21	398.00	3WON, LLC
A/P	191219	07/28/21	616.28	ABILITY NETWORK (SHIFTHOUND)
A/P	191220	07/28/21	1,400.00	ACUTE CARE INC
A/P	191221	07/28/21	706.50	ALLYSON SWOPE
A/P	191222	07/28/21	72.60	ALPHA TEC SYSTEMS INC
A/P	191223	07/28/21	174.19	AMAZON CAPITAL SERVICES
A/P	191224	07/28/21	8.60	ASD HEALTHCARE
A/P	191225	07/28/21	18,970.26	AUREUS RADIOLOGY LLC
A/P	191226	07/28/21	959.96	BAXTER HEALTHCARE
A/P	191227	07/28/21	5,615.35	BECKMAN COULTER INC
A/P	191228	07/28/21	11,580.39	BECKMAN COULTER, INC.
A/P	191229	07/28/21	9,300.00	BIOFIRE DIAGNOSTICS LLC
A/P	191230	07/28/21	161,431.89	BLUE CROSS BLUE SHIELD
A/P	191231	07/28/21	27.66	BRIANNA PASSMORE
A/P	191232	07/28/21	205.20	BRIGGS HEALTHCARE
A/P	191233	07/28/21	76.00	CABLES AND SENSORS
A/P	191234	07/28/21	1,699.00	CERVEY, LLC
A/P	191235	07/28/21	165.00	CHRISTINA ZAPATA-ARROYO
A/P	191236	07/28/21	247.26	COASTAL OFFICE SOLUTONS
A/P	191237	07/28/21	1,567.94	COASTAL REFRIGERATION
A/P	191238	07/28/21	450.87	COCA COLA SOUTHWEST BEVERAGES
A/P	191239	07/28/21	854.92	COMBINED INSURANCE
A/P	191240	07/28/21	7,874.40	COMMUNITY INFUSION SOLUTIONS
A/P	191241	07/28/21	116.75	COVIDIEN
A/P	191242	07/28/21	821.98	CUSTOM MEDICAL SPECIALTIES
A/P	191243	07/28/21	274.94	DEWITT POTH & SON
A/P	191244	07/28/21	181,510.10	DISCOVERY MEDICAL NETWORK INC
A/P	191245	07/28/21	16.00	ESUTURES.COM
A/P	191246	07/28/21	2,868.00	ETHOS MEDICAL STAFFING
A/P	191247	07/28/21	60.62	FEDERAL EXPRESS CORP.
A/P	191248	07/28/21	275.00	FIRETROL PROTECTION SYSTEMS
A/P	191249	07/28/21	266.04	FISHER HEALTHCARE
A/P	191250	07/28/21	804.88	FLDR DESIGNS LLC
A/P	191251	07/28/21	2,700.66	G & S MANAGEMENT GROUP LLC
A/P	191252	07/28/21	10,850.04	GE PRECISION HEALTHCARE, LLC
A/P	191253	07/28/21	122.96	GENESIS DIAGNOSTICS
A/P	191254	07/28/21	26.67	GRAINGER
A/P	191255	07/28/21	10,028.68	GREAT AMERICAN FINANCIAL SVCS
A/P	191256	07/28/21	2,522.08	GULF COAST PAPER COMPANY
A/P	191257	07/28/21	55.50	H + H SYSTEM, INC.
A/P	191258	07/28/21	984.50	HEALTHCARE CODING & CONSULTING
A/P	191259	07/28/21	80.00	HOLT CAT
A/P	191260	07/28/21	666.49	INTRADO
A/P	191261	07/28/21	1,156.87	J & J HEALTH CARE SYSTEMS, INC
A/P	191262	07/28/21	109.59	JASON RUBIO
A/P	191263	07/28/21	12,180.00	JOHNGSELF + PARTNERS, INC
A/P	191264	07/28/21	43.00	KEY SURGICAL INC
A/P	191265	07/28/21	790.86	M G TRUST
A/P	191266	07/28/21	88.36	MARTIN PRINTING CO
A/P	191267	07/28/21	160.83	MCKESSON MEDICAL SURGICAL INC

RUN DATE:07/26/21
TIME:14:33

MEMORIAL MEDICAL CENTER
CHECK REGISTER
07/28/21 THRU 07/28/21

PAGE 2
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	191268	07/28/21	1,386.51	MEDICAL DATA SYSTEMS, INC.
A/P	191269	07/28/21	74.16	MEDIMPACT HEALTHCARE SYS, INC.
A/P	191270	07/28/21	.00	VOIDED
A/P	191271	07/28/21	2,486.50	MEDLINE INDUSTRIES INC
A/P	191272	07/28/21	295.00	MEMORIAL MEDICAL CLINIC
A/P	191273	07/28/21	39.74	MID-COAST ELECTRIC SUPPLY, INC
A/P	191274	07/28/21	298.01	MMC AUXILIARY GIFT SHOP
A/P	191275	07/28/21	.00	VOIDED
A/P	191276	07/28/21	.00	VOIDED
A/P	191277	07/28/21	20,686.22	MORRIS & DICKSON CO, LLC
A/P	191278	07/28/21	1,484.89	MXR IMAGING, INC
A/P	191279	07/28/21	142.48	OFFICE DEPOT
A/P	191280	07/28/21	2,169.38	PABLO GARZA
A/P	191281	07/28/21	38.28	PARTSSOURCE, LLC
A/P	191282	07/28/21	1,300.00	POC ELECTRIC, LLC
A/P	191283	07/28/21	445.00	PORT LAVACA WAVE
A/P	191284	07/28/21	2,895.92	PRO ENERGY PARTNERS LP
A/P	191285	07/28/21	6,468.75	PROTOUCH STAFFING
A/P	191286	07/28/21	3,292.00	RADSOURCE
A/P	191287	07/28/21	262.50	REVISTA de VICTORIA
A/P	191288	07/28/21	16,232.18	RN NETWORK
A/P	191289	07/28/21	173.38	SCHOOL SPECIALTY
A/P	191290	07/28/21	134.60	SHERWIN WILLIAMS
A/P	191291	07/28/21	8,076.48	SIEMENS FINANCIAL SERVICES
A/P	191292	07/28/21	51.93	SMILE MAKERS
A/P	191293	07/28/21	12,886.92	SPBS CLINICAL EQUIPMENT SRVC
A/P	191294	07/28/21	2,535.76	STERICYCLE, INC
A/P	191295	07/28/21	873.38	STRYKER ENDOSCOPY
A/P	191296	07/28/21	1,460.72	STRYKER SALES CORP
A/P	191297	07/28/21	334.41	STRYKER SUSTAINABILITY
A/P	191298	07/28/21	8,685.00	TEXAS MUTUAL INSURANCE CO
A/P	191299	07/28/21	3,389.38	TEXAS SELECT STAFFING
A/P	191300	07/28/21	2,187.84	TRIZETTO PROVIDER SOLUTIONS
A/P	191301	07/28/21	.00	VOIDED
A/P	191302	07/28/21	11,327.07	UNIFIRST HOLDINGS
A/P	191303	07/28/21	35.06	UPS
A/P	191304	07/28/21	3,537.48	WAGEWORKS, INC.
A/P	191305	07/28/21	4,183.70	WERFEN USA LLC
A/P	191306	07/28/21	19,250.00	WOUND CARE SPECIALISTS
A/P	191307	07/28/21	3,700.00	ASHFORD GARDENS
A/P	191308	07/28/21	17,976.80	BETHANY SENIOR LIVING
A/P	191309	07/28/21	3,342.03	BROADMOOR AT CREEKSIDE PARK
A/P	191310	07/28/21	3,721.66	GOLDENCREEK HEALTHCARE
A/P	191311	07/28/21	7,194.64	GULF POINTE PLAZA
A/P	191312	07/28/21	52,133.26	TUSCANY VILLAGE
TOTALS:			681,172.69	

Payables 593,704.30
NH 3,700.00
Transfer 3,342.03
3,721.66
7,194.64
52,133.26
17,976.80
681,172.69

APPROVED
GTV

AUG 04 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:07/30/21
TIME:09:23

MEMORIAL MEDICAL CENTER
CHECK REGISTER
07/28/21 THRU 07/28/21

PAGE 8
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHG	000097	07/28/21	1,836.58	ASHFORD
NHG	000098	07/28/21	5,102.15	BROADMOOR
NHG	000099	07/28/21	4,424.24	CRESCENT
NHG *	000100	07/28/21	639.94	FORT BEND
NHG	000102	07/28/21	7,244.91	BETHANY
NHG *	000103	07/28/21	7,124.83	SOLERA
NHG	000105	07/28/21	51,048.96	MMC OPERATING
TOTALS:			77,421.61	

RUN DATE:07/30/21
TIME:09:23

MEMORIAL MEDICAL CENTER
CHECK REGISTER
07/28/21 THRU 07/28/21

PAGE 3
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

GPP 001007 07/28/21 29,958.38 MMC OPERATING
TOTALS: 29,958.38

Request for Transfer of Funds

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
mmmartinez@mmcporthlavaca.com

To be filled out by Memorial Medical Center:	
Date Received:	7/22/2021
Approved by:	C Clevenger
CK Date	7/28/2021
From Facility:	Ashford
To Facility:	Bethany
Amount:	~~2000.00~~ 6940.00
Requested Transfer Date #2:	
Date of transfer:	
From Facility:	
To Facility:	
Amount:	

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
AL#1145

RUN DATE:07/29/21
TIME:10:09

MEMORIAL MEDICAL CENTER
CHECK REGISTER
07/28/21 THRU 07/28/21

PAGE 3
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHA 001145 07/28/21 6,460.81 BETHANY
NHA 001146 07/28/21 238.28 GOLDEN CREEK
TOTALS: 6,699.09

Ashten

APPROVED
ON

AUG 04 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER**NH ASHFORD**

202 S ANN ST STE A

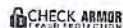
PORT LAVACA TX 77979

1145

88-2265/1131-87

7/28/21

Date



Pay to the

Order of Bethany\$ 6460.81Six thousand four hundred sixty & 81/100

Dollars

Photo
Safe
Deposit
Details on back**PROSPERITY BANK®**

PORT LAVACA BANKING CENTER

1107 N. HIGHWAY 35 • PORT LAVACA, TX 77979-5102

361-552-7411 www.prosperitybankusa.com

County auditor

For Medicare repaymentMP
County treasurer**MEMORIAL MEDICAL CENTER****NH ASHFORD**

202 S ANN ST STE A

PORT LAVACA TX 77979

1146

88-2265/1131-87

7/28/21

Date



Pay to the

Order of Golden Creek\$ 238.28Two hundred thirty eight & 28/100

Dollars

Photo
Safe
Deposit
Details on back**PROSPERITY BANK®**

PORT LAVACA BANKING CENTER

1107 N. HIGHWAY 35 • PORT LAVACA, TX 77979-5102

361-552-7411 www.prosperitybankusa.com

County auditor

For Medicare repaymentMP
County treasurer

Request for Transfer of Funds

Transfer #: _____

Date Requested 7/15/2021

Payer Medicare-Novitas

Requested by: Catrina Hopper

Requestor's email chopper@nexion-health.com

Requestor's phone number 903-372-8412

District or County _____

Facility Golden Creek Rehab and Nursing Center

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
		7/1/2021	EFT	\$ (134.86)	EFT6008285	CVDAR000026869	\$ 134.86	The Broadmoor at Creekside Park
		6/29/2021	EFT	\$ (103.42)	EFT6005391	CVDAR000026869	\$ 103.42	The Broadmoor at Creekside Park
			TOTAL	(238.28)			\$ 238.28	

To be filled out by Memorial Medical Center:

Date Received: 7/15/2021

Approved by: C Clevenger

CK Date 7/28/2021

From Facility: broadmoor

To Facility: Golden Creek

Amount: 238.28

Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____

APPROVED
ON

JUL 26 2021

GOV'TY AUDITOR
CALHOUN COUNTY, TEXAS

ck#

000107

RUN DATE:07/29/21
TIME:10:09

MEMORIAL MEDICAL CENTER
CHECK REGISTER
07/28/21 THRU 07/28/21

PAGE 4
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHB 000107 07/28/21 238.28 GOLDEN CREEK *Broadman*
NHB 000108 07/28/21 7,244.91 BETHANY
TOTALS: 7,483.19

APPROVED
ON

AUG 04 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000107

88-2265/1131

Date 7/28/21

PAY

TO THE
ORDER OF

Golden Creek

\$ 238.28

Two hundred thirty eight & 28/100

DOLLARS



**PROSPERITY
BANK**

FOR Medicare repayment

County auditor



County treasurer
Security features are
included. Details on back.

11

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000108

88-2265/1131

Date 7/28/21

PAY

TO THE
ORDER OF

Bethany

\$ 7244.91

Seven thousand two hundred forty four & 91/100

DOLLARS



**PROSPERITY
BANK**

FOR Medicare repayment

County auditor



County treasurer
Security features are
included. Details on back.

Request for Transfer of Funds

Transfer #: _____

Date Requested 7/22/2021

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

Requested by: TATUM GORDON - BUSINESS OFFICE MANAGER

Requestor's email tgordon@bethany-living.com

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@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	7/20/2021	EFT		EFT 6026842	CVDAR000019557	7,244.91	THE CRESENT - AUXILLARY ADVANCE PMT
			TOTAL	-			7,244.91	

To be filled out by Memorial Medical Center:

Date Received: 7/22/2021

Approved by: C Clevenger

CK Date 7/28/2021

From Facility:	Crescent	
To Facility:	Bethesda	

To Facility: Bethany
Amount: 7344.91

Amount: 7244.91

Requested Transfer Date #2: _____
Date of transfer: _____

Date of transfer: _____
From Facility: _____

To Facility: _____

Amount: _____

APPROVED
ON

JUL 26 2021

GOENTRY AUDITOR
CALHOUN COUNTY, TEXAS

ck#60143

Request for Transfer of Funds

Transfer #: _____

Date Requested: 7/15/2021

Payer: Medicare-Novitas

Requested by: Catrina Hopper

Requestor's email: chopper@nexion-health.com

Requestor's phone number: 903-372-8412

District or County: _____

Facility: Golden Creek Rehab and Nursing Center

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
		7/1/2021	EFT	\$ (134.86)	EFT6008285	CVDAR000019557	\$ 134.86	The Crescent
		6/29/2021	EFT	\$ (103.42)	EFT6005391	CVDAR000019557	\$ 103.42	The Crescent
			TOTAL	(238.28)			\$ 238.28	

To be filled out by Memorial Medical Center:

Date Received: 7/15/2021

Approved by: C Clevenger

CK Date: 7/28/2021

From Facility: crescent

To Facility: Golden Creek

Amount: 238.28

Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____

APPROVED
ON

JUL 26 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 000142

RUN DATE:07/29/21
TIME:10:09

MEMORIAL MEDICAL CENTER
CHECK REGISTER
07/28/21 THRU 07/28/21

PAGE 5
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHC 000142 07/28/21 238.28 GOLDEN CREEK

NHC 000143 07/28/21 7,244.91 BETHANY

TOTALS: 7,483.19

Crescent

APPROVED
ON

AUG 04 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000143

88-2265/1131

Date 7/28/21

PAY

TO THE
ORDER OF

Bethany

\$ 7244.91

Seven thousand two hundred forty four & 91/100

DOLLARS



PROSPERITY
BANK

County and its

MP



County treasurer
Security features and
included. Details on back.

FOR Medicare repayment

⑈000143⑈

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000142

88-2265/1131

Date 7/28/21

PAY

TO THE
ORDER OF

Golden creek

\$ 238.28

Two hundred thirty eight & 28/100

DOLLARS



PROSPERITY
BANK

County auditor

MP



County treasurer
Security features and
included. Details on back.

FOR Medicare repayment

⑈000142⑈

Request for Transfer of Funds

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 : cclevengeer@mmcporthlavaca.com

mmartinez@mmcporthlavaca.com

To be filled out by Memorial Medical Center:	
Date Received:	7/22/2021
Approved by:	C Clevenger
CK Date	7/28/2021
From Facility:	Fort Bend
To Facility:	Bethany
Amount:	7244.91
Requested Transfer Date #2:	
Date of transfer:	
From Facility:	
To Facility:	
Amount:	

APPROVED
ON
JUL 26 2021

COMPTROLLER
CALHOUN COUNTY, TEXAS
CK#
000137

Request for Transfer of Funds

Transfer #: _____

Date Requested 7/15/2021

Payer Medicare-Novitas

Requested by: Catrina Hopper

Requestor's email chopper@nexion-health.com

Requestor's phone number 903-372-8412

District or County _____

Facility Golden Creek Rehab and Nursing Center

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
		7/1/2021	EFT	\$ (134.86)	EFT6008285	CVDAR000019556	\$ 134.86	Fort Bend Healthcare
		6/29/2021	EFT	\$ (103.42)	EFT6005391	CVDAR000019556	\$ 103.42	Fort Bend Healthcare
TOTAL				(238.28)			\$ 238.28	

To be filled out by Memorial Medical Center:

Date Received: 7/15/2021

Approved by: C Clevenger

CK Date 7/28/2021

From Facility: fort bend

To Facility: Golden Creek

Amount: 238.28

Date of transfer: _____

To Facility: _____

Amount: _____

APPROVED
BY

JUL 26 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKH

RUN DATE:07/29/21
TIME:10:09

MEMORIAL MEDICAL CENTER
CHECK REGISTER
07/28/21 THRU 07/28/21

PAGE 6
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHF	000136	07/28/21	238.28	GOLDEN CREEK	Fort Bend
NHF	000137	07/28/21	7,244.91	BETHANY	
TOTALS:			7,483.19		

APPROVED
ON

AUG 04 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

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

000136

88-2265/1131

Date 7/28/21

PAY

TO THE
ORDER OFGolden Creek\$ 238.28Two hundred thirty eight & 28/100

DOLLARS

PROSPERITY
BANK

County auditor

FOR Medicare repaymentCounty treasurer
Security features are
included. Details on back.

⑈000136⑈

MEMORIAL MEDICAL CENTER

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

000137

88-2265/1131

Date 7/28/21

PAY

TO THE
ORDER OFBethany\$ 7244.91Seven thousand two hundred forty four & 91/100

DOLLAR

PROSPERITY
BANK

County auditor

FOR Medicare repaymentCounty treasurer
Security features are
included. Details on back.

⑈000137⑈

Request for Transfer of Funds

Transfer #: _____

Date Requested: 7/15/2021

Payer: Medicare-Novitas

Requested by: Catrina Hopper

Requestor's email: chopper@nexion-health.com

Requestor's phone number: 903-372-8412

District or County: _____

Facility: Golden Creek Rehab and Nursing Center

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
		7/1/2021	EFT	\$ (134.86)	EFT6008285	CVDAR000018170	\$ 134.86	Solera at West Houston
		6/29/2021	EFT	\$ (103.42)	EFT6005391	CVDAR000018170	\$ 103.42	Solera at West Houston
		TOTAL		(238.28)			\$ 238.28	

To be filled out by Memorial Medical Center:

Date Received: 7/15/2021

Approved by: C Clevenger

CK Date: 7/28/2021

From Facility: Solera

To Facility: Golden Creek

Amount: 238.28

Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____

APPROVED
ON

JUL 26 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#

1141

RUN DATE:07/29/21
TIME:10:09

MEMORIAL MEDICAL CENTER
CHECK REGISTER
07/28/21 THRU 07/28/21

PAGE 8
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHS 001141 07/28/21 238.28 GOLDEN CREEK
NHS 001142 07/28/21 7,244.91 BETHANY
TOTALS: 7,483.19

Solem

APPROVED
ON

AUG 04 2021

COMPTROLLER
CALHOUN COUNTY, TEXAS

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

1141

88-2265/1131-87

7/28/21

Date

CHECK ARMOR
FACILITY PROTECTION

Pay to the

Order of Golden Creek

\$ 238.28

Two hundred thirty eight & 28/100 Dollars



Photo
Safe
Deposit
Details on back



PROSPERITY BANK®

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

County Auditor

For Medicare repayment

County Treasurer

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

1142

88-2265/1131-87

7/28/21

Date

CHECK ARMOR
FACILITY PROTECTION

Pay to the

Order of Bethany

\$ 1,244.91

Seven thousand two hundred forty four & 91/100 Dollars



Photo
Safe
Deposit
Details on back



PROSPERITY BANK®

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

County Auditor

For Medicare repayment

County Treasurer

Request for Transfer of Funds

Facility	Bethany Senior Living
----------	-----------------------

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> shown on	<u>Check Number</u>	<u>Claim Number</u>	<u>Action needed- Enter</u> <u>funds (-) or Funds (+)</u> to YOUR account	<u>Notes</u>
N/A	N/A	7/20/2021	EFT		EFT 6026842	CVDAR000019540	7,244.91	GOLDEN CREEK & REHAB - AUXILLARY ADVANCE PMT
			TOTAL	-			7,244.91	

ckit
600102

Request for Transfer of Funds

Date Requested 7/23/2021

Payer Novitas

Requested by: Tracy Simms

Requestor's email tsimms@cantexcc.com

Requestor's phone number 214-954-4114 ext 115

District or County Memorial Medical Center

Facility The Crescent

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.

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on Remittance Advice (REQUIRED)	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
		6/22/2021	EFT		EFT5997509	CVDAR000019540	\$1,069.20	Due Crescent from Golden Creek
		7/6/2021	EFT		EFT6011455	CVDAR000019540	\$473.93	Due Crescent from Golden Creek
		7/20/2021	EFT		EFT6026784	CVDAR000019540	\$113.59	Due Crescent from Golden Creek
		7/21/2021	EFT		EFT6028574	CVDAR000019540	\$2,424.23	Due Crescent from Golden Creek
		7/23/2021	EFT		EFT6032204	CVDAR000019540	\$343.29	Due Crescent from Golden Creek
			TOTAL				\$4,424.24	

To be filled out by Company who received funds:

Date Received: 7/23/2021

Approved by: C. Clevenger

CK Date 7/28/2021

From Facility: Golden Creek

To Facility: Crescent

Amount: 4424.24

Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____

APPROVED
ON

JUL 26 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 000099

Request for Transfer of Funds

Date Requested 7/23/2021

Payer Novitas

Requested by: Tracy Simms

Requestor's email tsimms@cantexcc.com

Requestor's phone number 214-954-4114 ext 115

District or County Memorial Medical Center

Facility The Broadmoor at Creekside Park

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.

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on Remittance Advice (REQUIRED)	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
		6/18/2021	EFT		EFT5994542	CVDAR000019540	\$236.71	Due Broadmoor from Golden Creek
		6/24/2021	EFT		EFT6000859	CVDAR000019540	\$175.24	Due Broadmoor from Golden Creek
		6/29/2021	EFT		EFT6005842	CVDAR000019540	\$421.38	Due Broadmoor from Golden Creek
		6/30/2021	EFT		EFT6007281	CVDAR000019540	\$5.03	Due Broadmoor from Golden Creek
		7/14/2021	EFT		EFT6019433	CVDAR000019540	\$372.08	Due Broadmoor from Golden Creek
		7/20/2021	EFT		EFT6026800	CVDAR000019540	\$69.40	Due Broadmoor from Golden Creek
		7/21/2021	EFT		EFT6028583	CVDAR000019540	\$3,822.31	Due Broadmoor from Golden Creek
TOTAL				\$0.00			\$5,102.15	

To be filled out by Company who received funds:

Date Received: 7/21/2021

Approved by: C. Clevenger

CK Date 7/28/2021

From Facility: Golden Creek

To Facility: Broadmoor

Amount: \$ 5,102.15

Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____

APPROVED
ON
JUL 26 2021
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
cklf
000098

RUN DATE:07/29/21
TIME:10:09

MEMORIAL MEDICAL CENTER
CHECK REGISTER
07/28/21 THRU 07/28/21

PAGE 7
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHG	000097	07/28/21	1,836.58	ASHFORD
NHG	000098	07/28/21	5,102.15	BROADMOOR
NHG	000099	07/28/21	4,424.24	CRESCENT
NHG *	000100	07/28/21	639.94	FORT BEND
NHG	000102	07/28/21	7,244.91	BETHANY
NHG	000103	07/28/21	7,124.83	SOLERA
TOTALS:			26,372.65	

golden neck

APPROVED
ON

AUG 04 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

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

000097

Date 7-28-21

88-2265/1131

PAY

TO THE
ORDER OFAshford\$ 1836.58

One thousand eight hundred thirty-six dollars & $\frac{58}{100}$ DOLLARS

PROSPERITY
BANK

County Auditor

FOR

Medicare repaymentCounty Treasurer
Security features are included. Details on back.

⑈000097⑈

MEMORIAL MEDICAL CENTER

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

000098

Date 7-28-21

88-2265/1131

PAY

TO THE
ORDER OFBroadmore at Creekside\$ 5,102.15

Five thousand, one hundred two dollars & $\frac{15}{100}$ DOLLARS

PROSPERITY
BANK

County Auditor

FOR

Medicare repaymentCounty Treasurer
Security features are included. Details on back.

⑈000098⑈

MEMORIAL MEDICAL CENTER

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

000099

Date 7-28-21

88-2265/1131

PAY

TO THE
ORDER OFThe Crescent\$ 4424.24

Four thousand, four hundred twenty-four dollars & $\frac{24}{100}$ DOLLARS

PROSPERITY
BANK

County Auditor

FOR

Medicare repaymentCounty Treasurer
Security features are included. Details on back.

⑈000099⑈

MEMORIAL MEDICAL CENTER

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

000100

Date 7-28-21

88-2265/1131

PAY
TO THE
ORDER OF

Fort Bend\$ 639. ⁹⁴/₁₀₀Six hundred thirty-nine dollars & ⁹⁴/₁₀₀**DOLLARS****PROSPERITY
BANK**County AuditorCounty TreasurerFOR medicare repayment

⑈000100⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

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

000102

Date 7-28-21

88-2265/1131

PAY
TO THE
ORDER OF

Bethany Senior Living\$ 7,244. ⁹⁴/₁₀₀Seven thousand, two hundred forty-four dollars & ⁹⁴/₁₀₀**DOLLARS****PROSPERITY
BANK**FOR medicare repaymentSecurity features are
included. Details on back.

⑈000102⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

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

000103

Date 7-28-21

88-2265/1131

PAY
TO THE
ORDER OF

Solera\$ 7,124. ⁸³/₁₀₀Seven thousand, one hundred twenty-four dollars & ⁸³/₁₀₀**DOLLARS****PROSPERITY
BANK**FOR medicare repaymentSecurity features are
included. Details on back.

⑈000103⑈ ⑆113122655⑆

Request for Transfer of Funds

Date Requested 7/23/2021

Payer Novitas

Requested by: Tracy Simms

Requestor's email tsimms@cantexcc.com

Requestor's phone number 214-954-4114 ext 115

District or County Memorial Medical Center

Facility The Broadmoor at Creekside Park

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.

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on Remittance Advice (REQUIRED)	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
		6/18/2021	EFT		EFT5994542	CVDAR000007985	\$236.71	Due Broadmoor from Tuscany
		6/24/2021	EFT		EFT6000859	CVDAR000007985	\$175.24	Due Broadmoor from Tuscany
		6/29/2021	EFT		EFT6005842	CVDAR000007985	\$421.38	Due Broadmoor from Tuscany
		6/30/2021	EFT		EFT6007281	CVDAR000007985	\$5.03	Due Broadmoor from Tuscany
		7/14/2021	EFT		EFT6019433	CVDAR000007985	\$372.08	Due Broadmoor from Tuscany
		7/20/2021	EFT		EFT6026800	CVDAR000007985	\$69.40	Due Broadmoor from Tuscany
		7/21/2021	EFT		EFT6028583	CVDAR000007985	\$3,822.31	Due Broadmoor from Tuscany
			TOTAL	\$0.00			\$5,102.15	

To be filled out by Company who received funds:

Date Received: 7/21/2021

Approved by: C. Clevenger

CK Date: 7/28/2021

From Facility: Tuscany

To Facility: Broadmoor

Amount: \$ 5,102.15

Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____

**APPROVED
ON**

JUL 26 2021

**COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

CHK# 1032

Request for Transfer of Funds

Date Requested 7/23/2021
 Payer Novitas
 Requested by: Tracy Simms
 Requestor's email tsimms@cantexcc.com
 Requestor's phone number 214-954-4114 ext 115
 District or County Memorial Medical Center
 Facility The Crescent

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.

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on Remittance Advice (REQUIRED)	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
		6/22/2021	EFT		EFT5997509	CVDAR000007985	\$1,069.20	Due Crescent from Tuscany
		7/6/2021	EFT		EFT6011455	CVDAR000007985	\$473.93	Due Crescent from Tuscany
		7/20/2021	EFT		EFT6026784	CVDAR000007985	\$113.59	Due Crescent from Tuscany
		7/21/2021	EFT		EFT6028574	CVDAR000007985	\$2,424.23	Due Crescent from Tuscany
		7/23/2021	EFT		EFT6032204	CVDAR000007985	\$343.29	Due Crescent from Tuscany
TOTAL				-			\$4,424.24	

To be filled out by Company who received funds:

Date Received: 7/23/2021
 Approved by: C. Clevenger
 CK Date 7/28/2021
 From Facility: Tuscany
 To Facility: Crescent
 Amount: 4424.24
 Requested Transfer Date #2: 7/28/2021
 Date of transfer: 7/28/2021
 From Facility: Memorial Medical Center
 To Facility: The Crescent
 Amount: 4424.24

APPROVED
ON

JUL 26 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK#
1033

Request for Transfer of Funds

Date Requested	7/23/2021
Payer	Novitas
Requested by:	Tracy Simms
Requestor's email	tsimms@cantexcc.com
Requestor's phone number	214-954-4114 ext 115
District or County	Memorial Medical Center
Facility	Solera at West Houston

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.

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

<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 Payment</u> <u>shown on Remittance</u> <u>Advice (REQUIRED)</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>
		6/18/2021	EFT		EFTS994520	CVDAR000007985	\$96.18	Due Solera from Tuscany
		6/22/2021	EFT		EFTS997503	CVDAR000007985	\$2,884.64	Due Solera from Tuscany
		6/23/2021	EFT		EFTS999180	CVDAR000007985	\$325.75	Due Solera from Tuscany
		6/29/2021	EFT		EFT6005833	CVDAR000007985	\$14.81	Due Solera from Tuscany
		7/1/2021	EFT		EFT6008690	CVDAR000007985	\$54.63	Due Solera from Tuscany
		7/2/2021	EFT		EFT6009535	CVDAR000007985	\$96.18	Due Solera from Tuscany
		7/9/2021	EFT		EFT6014999	CVDAR000007985	\$50.43	Due Solera from Tuscany
		7/16/2021	EFT		EFT6023262	CVDAR000007985	\$96.18	Due Solera from Tuscany
		7/21/2021	EFT		EFT6028569	CVDAR000007985	\$3,506.03	Due Solera from Tuscany
			TOTAL	\$0.00			\$7,124.83	

To be filled out by Company who received funds:	
Date Received:	7/23/2021
Approved by:	C Clevenger
CK Date	7/28/2021
From Facility:	Tuscany
To Facility:	Solera
Amount:	\$ 7,124.83
Requested Transfer Date #2:	
Date of transfer:	
From Facility:	
To Facility:	
Amount:	

APPROVED
GTV

JUL 26 2021

Date Received:	7/23/2021
Approved by:	C Clevenger
CK Date	7/28/2021
From Facility:	Tuscany
To Facility:	Solera
Amount:	\$ 7,124.83
Requested Transfer Date #2:	
Date of transfer:	
From Facility:	
To Facility:	
Amount:	

APPROVED
ON

JUL 26 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 1035

Request for Transfer of Funds

Transfer #: _____

Date Requested: 7/15/2021

Payer: Medicare-Novitas

Requested by: Catrina Hopper

Requestor's email: chopper@nexion-health.com

Requestor's phone number: 903-372-8412

District or County: _____

Facility: Golden Creek Rehab and Nursing Center

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
		7/1/2021	EFT	\$ (134.86)	EFT6008285	CVDAR000007985	\$ 134.86	Tuscany Village
			TOTAL	(134.86)			\$ 134.86	

To be filled out by Memorial Medical Center:

Date Received: 7/15/2021

Approved by: C Cleverger

CK Date: 7/28/2021

From Facility: tuscany

To Facility: Golden Creek

Amount: 134.86

Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

Amount: _____

APPROVED
SM

JUL 26 2021

CLERK AUDITOR
CALHOUN COUNTY, TEXAS

CK# 1034

Request for Transfer of Funds

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

To be filled out by Memorial Medical Center:	
Date Received:	7/22/2021
Approved by:	C Clevenger
CK Date	7/28/2021
From Facility:	Tuscany
To Facility:	Bethany
Amount:	7244.91
Requested Transfer Date #2:	
Date of transfer:	
From Facility:	
To Facility:	
Amount:	

APPROVED
ON

JUL 26 2021

JUL 26 2021

clk# 1037

RUN DATE:07/29/21
TIME:10:09

MEMORIAL MEDICAL CENTER
CHECK REGISTER
07/28/21 THRU 07/28/21

PAGE 9
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

TUS	001031	07/28/21	1,836.58	ASHFORD
TUS	001032	07/28/21	5,102.15	BROADMOOR
TUS	001033	07/28/21	4,424.24	CRESCENT
TUS	001034	07/28/21	639.94	FORT BEND
TUS	001035	07/28/21	7,124.83	SOLERA
TUS	001036	07/28/21	134.86	GOLDEN CREEK
TUS	001037	07/28/21	7,244.91	BETHANY
TOTALS:			26,507.51	

Tusany

APPROVED
ON

AUG 04 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE

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

1034

88-2265/1131-87

DATE 7-28-21

CHECK ARMOR
Photo Safe Deposit Details on back

PAY
TO THE
ORDER OF

Fort Bend

\$ 639.94
100

Six hundred thirty-nine dollars & $\frac{94}{100}$

DOLLARS

Photo Safe Deposit Details on back



PROSPERITY BANK®

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

FOR medicare repayment

County auditor

County treasurer

⑈001034⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE

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

1035

88-2265/1131-87

DATE 7-28-21

CHECK ARMOR
Photo Safe Deposit Details on back

PAY
TO THE
ORDER OF

Solera

\$ 7,124.83
100

Seven thousand, one hundred twenty-four dollars & $\frac{83}{100}$

DOLLARS

Photo Safe Deposit Details on back



PROSPERITY BANK®

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

FOR medicare repayment

County auditor

County treasurer

⑈001035⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE

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

1036

88-2265/1131-87

DATE 7-28-21

CHECK ARMOR
Photo Safe Deposit Details on back

PAY
TO THE
ORDER OF

Golden Creek

\$ 134.86
100

One hundred thirty-four dollars & $\frac{86}{100}$

DOLLARS

Photo Safe Deposit Details on back



PROSPERITY BANK®

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

FOR medicare repayment

County auditor

County treasurer

⑈001036⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE

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

1031

88-2265/1131-87

DATE 7-28-21

CHECK AMOUNT

PAY TO THE ORDER OF Ashford Gardens

\$ 1836.⁵⁰/₁₀₀

One thousand, eight hundred thirty-six dollars & ⁵⁰/₁₀₀

DOLLARS

Photo Safe Deposit Details on back



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

FOR medicare repayment

county auditor

county treasurer

⑈001031⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE

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

1032

88-2265/1131-87

DATE 7-28-21

CHECK AMOUNT

PAY TO THE ORDER OF Broadmoor at creeveside

\$ 5,102.¹⁵/₁₀₀

Five thousand, one hundred two dollars & ¹⁵/₁₀₀

DOLLARS

Photo Safe Deposit Details on back



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

FOR medicare repayment

county auditor

county treasurer

⑈001032⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE

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

1033

88-2265/1131-87

DATE 7-28-21

CHECK AMOUNT

PAY TO THE ORDER OF The Crescent

\$ 4,424.²⁴/₁₀₀

Four thousand, four hundred twenty-four dollars & ²⁴/₁₀₀

DOLLARS

Photo Safe Deposit Details on back



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

FOR medicare repayment

county auditor

county treasurer

⑈001033⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE

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

1037

88-2265/1131-87

DATE 7-28-21

CHECK ARMOR
Photo Safe Deposit®
Details on back

PAY
TO THE
ORDER OF

Bethany Senior Living

\$ 7,244.⁹¹/₁₀₀

Seven thousand, two hundred forty-four dollars ⁹¹/₁₀₀

DOLLARS



Photo
Safe
Deposit®
Details on back



PROSPERITY BANK®

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

FOR medicare repayment

county auditor

county treasurer ^{NP}

⑈001037⑈ ⑆113122655⑆

Medicare Repayment

NH Name	From CPSI Bank Acct #	CK#	Payee	GL #		Amt	Date
Ashford	10000018 - Prosperity		Bethany Senior Living	20351000	Medicare repayment owed to Bethany	6,460.81	7/28/2021
Ashford	10000018 - Prosperity		Golden Creek	20351000	Medicare repayment owed to Golden Creek	238.28	7/28/2021
Broadmoor	10000018 - Prosperity		Golden Creek	20351000	Medicare repayment owed to Golden Creek	238.28	7/28/2021
Broadmoor	10000019 - Prosperity		Bethany Senior Living	20351000	Medicare repayment owed to Bethany	7,244.91	7/28/2021
Crescent	10000019 - Prosperity		Golden Creek	20351000	Medicare repayment owed to Golden Creek	238.28	7/28/2021
Crescent	10000019 - Prosperity		Bethany Senior Living	20351000	Medicare repayment owed to Bethany	7,244.91	7/28/2021
Fort Bend	10000020 - Prosperity		Golden Creek	20351000	Medicare repayment owed to Golden Creek	238.28	7/28/2021
Fort Bend	10000020 - Prosperity		Bethany Senior Living	20351000	Medicare repayment owed to Bethany	7,244.91	7/28/2021
Solera	10000020 - Prosperity		Golden Creek	20351000	Medicare repayment owed to Golden Creek	238.28	7/28/2021
Fort Bend	10000021 - Prosperity		Bethany Senior Living	20351000	Medicare repayment owed to bethany	7,244.91	7/28/2021
Golden Creek	10000021 - Prosperity		Ashford	20351000	Medicare repayment owed to Ashford	1,836.58	7/28/2021
Golden Creek	10000021 - Prosperity		Broadmoor	20351000	Medicare repayment owed to Broadmoor	5,102.15	7/28/2021
Golden Creek	10000022 - Prosperity		Crescent	20351000	Medicare repayment owed to Crescent	4,424.24	7/28/2021
Golden Creek	10000022 - Prosperity		Fort Bend	20351000	Medicare repayment owed to Fort Bend	639.94	7/28/2021
Golden Creek	10000022 - Prosperity		Solera	20351000	Medicare repayment owed to Solera	7,124.83	7/28/2021
Golden Creek	10000023 - Prosperity		Bethany Senior Living	20351000	Medicare repayment owed to Bethany	7,244.91	7/28/2021
Tuscany	10000023 - Prosperity		Ashford	20351000	Medicare repayment owed to Ashford	1,836.58	7/28/2021
Tuscany			Broadmoor	20351000	Medicare repayment owed to Broadmoor	5,102.15	7/28/2021
Tuscany			Crescent	20351000	Medicare repayment owed to Crescent	4,424.24	7/28/2021
Tuscany			Fort Bend	20351000	Medicare repayment owed to Fort Bend	639.94	7/28/2021
Tuscany			Solera	20351000	Medicare repayment owed to Solera	7,124.83	7/28/2021
Tuscany			Golden Creek	20351000	Medicare repayment owed to Golden Creek	134.86	7/28/2021
Tuscany			Bethany Senior Living	20351000	Medicare repayment owed to Bethany	7,244.91	7/28/2021
					Total	89,512.01	

Note:

Approved:

Jason Anglin, CEO

7/26/2021

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
7/26/2021

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		118,048.93	✓ 117,948.93	✓ 144,006.63	✓	144,106.63	✓ 137,307.54
						Bank Balance	144,106.63
						Variance	-
						Leave in Balance	100.00
						MEDICARE REPYMT OWED TO BETHANY	6,460.81
						MEDICARE REPYMT OWED TO MMCLINIC	238.28
						MEDICARE REPYMT OWED TO NEXION	238.28
						JULY INTEREST	
						AUG INTEREST	
						SEP INTEREST	
						Adjust Balance/Transfer Amt	137,307.54
Broadmoor		54,490.89	✓ 54,390.89	✓ 113,208.31	✓	113,308.31	105,725.12
						Bank Balance	113,308.31
						Variance	-
						Leave in Balance	100.00
						MEDICARE REPYMT OWED TO BETHANY	7,244.91
						MEDICARE REPYMT OWED TO MMCLINIC	238.28
						MEDICARE REPYMT OWED TO NEXION	238.28
						JULY INTEREST	
						AUG INTEREST	
						SEP INTEREST	
						Adjust Balance/Transfer Amt	105,725.12
Crescent		25,842.13	✓ 25,742.13	✓ 112,127.82	✓	112,227.82	104,644.63
						Bank Balance	112,227.82
						Variance	-
						Leave in Balance	100.00
						MEDICARE REPYMT OWED TO BETHANY	7,244.91
						MEDICARE REPYMT OWED TO MMCLINIC	238.28
						MEDICARE REPYMT OWED TO NEXION	238.28
						JULY INTEREST	
						AUG INTEREST	
						SEP INTEREST	
						Adjust Balance/Transfer Amt	104,644.63
Fort Bend		30,523.37	✓ 30,423.37	✓ 21,630.91	✓	21,730.91	14,147.72
						Bank Balance	21,730.91
						Variance	-
						Leave in Balance	100.00
						MEDICARE REPYMT OWED TO BETHANY	7,244.91
						MEDICARE REPYMT OWED TO MMCLINIC	238.28
						MEDICARE REPYMT OWED TO NEXION	238.28
						JULY INTEREST	
						AUG INTEREST	
						SEP INTEREST	
						Adjust Balance/Transfer Amt	14,147.72
Solera at W Houston		59,915.85	✓ 59,815.85	✓ 123,335.17	✓	123,435.17	115,851.98
						Bank Balance	123,435.17
						Variance	-
						Leave in Balance	100.00
						MEDICARE REPYMT OWED TO BETHANY	7,244.91
						MEDICARE REPYMT OWED TO MMCLINIC	238.28
						MEDICARE REPYMT OWED TO NEXION	238.28
						JULY INTEREST	
						AUG INTEREST	
						SEP INTEREST	
						Adjust Balance/Transfer Amt	115,851.98
137,307.54 = 105,725.12 = 104,644.63 = 14,147.72 = 115,851.98 = 477,676.99 =							APPROVED ON JUL 26 2021 COUNTY AUDITOR CALHOUN COUNTY, TEXAS
137,307.54 = 105,725.12 = 104,644.63 = 14,147.72 = 115,851.98 = 477,676.99 =							APPROVED: Jason Anglin, CEO 7/26/2021

Note: Only balances of over \$5,000 will
Note 2: Each account has a base balance.

Ashford Gardens

7/23/2021 ck 1144
 7/23/2021 ck 1143
 7/23/2021 ck 1142
 7/23/2021 KS PLAN ADMINIST HCCLAIMPMT 3278 1100002190
 7/23/2021 Amerigroup TXSC HCCLAIMPMT 3156475960 110000
 7/23/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 7/23/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 7/23/2021 NOVITAS SOLUTION HCCLAIMPMT 675423 420000153
 7/23/2021 HUMANA CHA DISB HCCLAIMPMT 390860 4200001380
 7/22/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384
 7/22/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 7/22/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2
 7/21/2021 WIRE OUT ASHFORD HEALTH CARE CENTER LTD
 7/21/2021 NOVITAS SOLUTION HCCLAIMPMT 675423 420000168
 7/20/2021 HUMANA CHA DISB HCCLAIMPMT 390860 4200001482

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
3,584.86							
7,226.15							
601.57							
	1,750.00						3,750.00
	45,607.75						45,607.75
	362.38						362.38
	23,357.48						23,357.48
	44,397.20						44,397.20
	4,770.95						4,770.95
	169.00						169.00
	7,228.11						7,228.11
	1,829.56						1,829.56
106,536.35							
	1,685.39						1,685.39
	10,848.81						10,848.81
117,948.93	144,006.63						144,006.63

Broadmoor

7/23/2021 ck 106
 7/23/2021 ck 105
 7/23/2021 ck 104
 7/22/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 7/22/2021 NOVITAS SOLUTION HCCLAIMPMT 676357 420000140
 7/21/2021 WIRE OUT CANTER HEALTH CARE CENTERS III
 7/21/2021 NOVITAS SOLUTION HCCLAIMPMT 676357 420000168
 7/20/2021 MANAGEANDNET1718 MNS PMNT 00000000000293 41
 7/20/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2
 7/19/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2
 7/19/2021 AARP Supplementa HCCLAIMPMT 746003411 124384

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
3,584.86							
7,226.15							
601.57							
	201.71						201.71
	95,751.86						95,751.86
42,978.31							
	1,950.15						1,950.15
	5,040.00						5,040.00
	3,794.15						3,794.15
	6,316.81						6,316.81
	151.63						151.63
54,390.89	113,208.31						113,208.31

Crestmont

7/23/2021 ck 141
 7/23/2021 ck 140
 7/23/2021 ck 139
 7/23/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2
 7/22/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 7/22/2021 NOVITAS SOLUTION HCCLAIMPMT 676323 420000140
 7/21/2021 WIRE OUT CANTER HEALTH CARE CENTERS III
 7/21/2021 NOVITAS SOLUTION HCCLAIMPMT 676323 420000168
 7/20/2021 HUMANA INS CO HCCLAIMPMT 390864 83000031885
 7/20/2021 HUMANA CHA DISB HCCLAIMPMT 390864 4200001484
 7/20/2021 HUMANA CHA DISB HCCLAIMPMT 390864 4200001483
 7/19/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 7/19/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2
 7/19/2021 AARP Supplementa HCCLAIMPMT 746003411 124384

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
3,584.86							
7,226.15							
601.57							
	10,878.82						10,878.82
	0.04						0.04
	60,730.13						60,730.13
14,329.55							
	1,868.45						1,868.45
	1,374.69						1,374.69
	11,137.57						11,137.57
	147.67						147.67
	3,248.85						3,248.85
	21,072.10						21,072.10
	1,669.50						1,669.50
25,742.13	112,127.82						112,127.82

Fort Bend

7/23/2021 ck 135
 7/23/2021 ck 134
 7/23/2021 ck 133
 7/23/2021 NOVITAS SOLUTION HCCLAIMPMT 675663 420000152
 7/22/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 7/21/2021 WIRE OUT CANTER HEALTH CARE CENTERS III
 7/21/2021 UHC Community PL HCCLAIMPMT 746003411 910000
 7/19/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
3,584.86							
7,254.19							
878.58							
	11,141.91						11,141.91
	189.85						189.85
18,705.74							
	880.00						880.00
	9,219.15						9,219.15
30,423.37	21,630.91						21,630.91

Solera at West Houston

7/23/2021 ck 1140
 7/23/2021 ck 1139
 7/23/2021 ck 1138
 7/23/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 7/23/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 7/23/2021 NOVITAS SOLUTION HCCLAIMPMT 676310 420000152
 7/22/2021 MANAGEANDNET1718 MNS PMNT 000000000002482 41
 7/22/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384
 7/22/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 7/22/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 7/22/2021 NOVITAS SOLUTION HCCLAIMPMT 676310 420000140
 7/22/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2
 7/21/2021 WIRE OUT CANTER HEALTH CARE CENTERS III
 7/21/2021 Amerigroup TXSC HCCLAIMPMT 3156274070 110000
 7/21/2021 CIGNA HCCLAIMPMT 1497143259 91000010779559
 7/20/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384
 7/19/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 7/19/2021 NOVITAS SOLUTION HCCLAIMPMT 676310 420000113

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
3,584.86							
7,226.15							
601.57							
	1,772.00						1,772.00
	77.00						77.00
	8,131.79						8,131.79
	9,450.00						9,450.00
	2,918.33						2,918.33
	330.99						330.99
	127.53						127.53
	87,830.42						87,830.42
	1,269.48						1,269.48
48,403.27							
	2,813.43						2,813.43
	2,400.00						2,400.00
	416.00						416.00
	3,095.56						3,095.56
	2,702.64						2,702.64
59,815.85	123,335.17						123,335.17
288,321.17	514,308.84						514,308.84

TOTALS

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

DDA

Data reported as of Jul 26, 2021 10

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$5,518,751.72	\$7,302,601.49	\$5,518,751.72	\$5,219,083.69
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,372.41	\$5,372.41	\$5,372.41	\$5,372.41
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$160,141.71	\$160,141.71	\$160,141.71	\$18,859.53
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.51	\$535.51	\$535.51	\$535.51
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$3,179,509.57	\$4,878,585.94	\$3,179,509.57	\$3,362,261.13
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.14	\$431.14	\$431.14	\$431.14
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$144,106.63 ✓	\$187,888.53	\$144,106.63	\$33,273.45
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$113,308.31 ✓	\$125,502.12	\$113,308.31	\$124,720.89
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$112,227.82 ✓	\$129,174.27	\$112,227.82	\$112,761.58
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$21,730.91 ✓	\$22,382.73	\$21,730.91	\$22,306.63
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$123,435.17 ✓	\$126,964.88	\$123,435.17	\$124,866.96
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,107,607.10	\$1,107,607.10	\$1,107,607.10	\$1,107,607.10
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$275,295.11	\$276,593.61	\$275,295.11	\$217,384.44
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$106,314.26	\$106,314.26	\$106,314.26	\$14,415.13
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$123,232.14	\$126,358.08	\$123,232.14	\$67,422.04
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$45,503.93	\$48,749.20	\$45,503.93	\$6,865.75

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
7/26/2021

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		15,660.22	15,560.22	160,041.71		160,141.71	-89,865.01
					Bank Balance Variance	160,141.71	82,620.10
					Leave in Balance	100.00	
					SUPERIOR QIPP JUNE AND Q3	51,048.96	
					Medicare repayment owed to Ashford	1,836.58	
					Medicare repayment owed to Broadmoor	5,102.15	
					Medicare repayment owed to Crescent	4,424.24	
					Medicare repayment owed to Fort Bend	639.94	
					Medicare repayment owed to Solera	7,124.83	
					Medicare repayment owed to Bethany	7,244.91	
					JULY INTEREST		
					AUG INTEREST		
					SEP INTEREST		
					Adjust Balance/Transfer Amt	-89,865.01	82,620.10

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.

Jason Anglin, CEO

Approved:

7/26/2021

160,141.71 +
100.00 -
51,048.96 -
1,836.58 -
5,102.15 -
4,424.24 -
639.94 -
7,124.83 -
7,244.91 -
82,620.10 =
82,620.10 +
89,865.01 -
7,244.91 =

APPROVED
ON

JUL 26 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			Q/PP/Comp1	Q/PP/Comp 2	Q/PP/Comp3	Q/PP/Comp4&L apse	Q/PP TI	
7/23/2021 ck 96	7,226.15	-	-	-	-	-	-	-
7/23/2021 ck 95	601.57	-	-	-	-	-	-	-
7/23/2021 Deposit	-	21,607.23	-	-	-	-	-	21,607.23
7/23/2021 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9	-	1,087.00	-	-	-	-	-	1,087.00
7/23/2021 NOVITAS SOLUTION HCCLAIMPMT 676097 420000152	-	44,410.44	-	-	-	-	-	44,410.44
7/23/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2	-	5,188.61	-	-	-	-	-	5,188.61
7/23/2021 Centene Managemer CCD+ 38888463 3110020411446	-	42,027.97	-	-	-	42,027.97	21,013.99	21,013.99
7/23/2021 Centene Managemer CCD+ 38888463 3110020411359	-	32,572.01	27,497.93	5,074.08	-	-	30,034.97	2,537.04
7/23/2021 AETNA AS01 HCCLAIMPMT 1588075964 51000010240	-	2,216.64	-	-	-	-	-	2,216.64
7/21/2021 WIRE OUT NEXION HEALTH AT GOLDEN CREEK	7,732.50	-	-	-	-	-	-	-
7/21/2021 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9	-	745.00	-	-	-	-	-	745.00
7/21/2021 Centene Managemer CCD+ 38888463 3110020614543	-	3,680.00	-	-	-	-	-	3,680.00
7/20/2021 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9	-	4,712.00	-	-	-	-	-	4,712.00
7/19/2021 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9	-	1,794.81	-	-	-	-	-	1,794.81
	15,560.22	160,041.71	27,497.93	5,074.08	-	42,027.97	51,048.96	108,992.76

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

DDA

Data reported as of Jul 26, 2021 10

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$5,518,751.72	\$7,302,601.49	\$5,518,751.72	\$5,219,083.69
*4551 CAL CO INDIGENT HEALTHCARE	\$5,372.41	\$5,372.41	\$5,372.41	\$5,372.41
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$160,141.71 ✓	\$160,141.71	\$160,141.71	\$18,859.53
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.51	\$535.51	\$535.51	\$535.51
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$3,179,509.57	\$4,878,585.94	\$3,179,509.57	\$3,362,261.13
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.14	\$431.14	\$431.14	\$431.14
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$144,106.63	\$187,888.53	\$144,106.63	\$33,273.45
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$113,308.31	\$125,502.12	\$113,308.31	\$124,720.89
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$112,227.82	\$129,174.27	\$112,227.82	\$112,761.58
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$21,730.91	\$22,382.73	\$21,730.91	\$22,306.63
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$123,435.17	\$126,964.88	\$123,435.17	\$124,866.96
*2998 MMC -MONEY MARKET FUND	\$1,107,607.10	\$1,107,607.10	\$1,107,607.10	\$1,107,607.10
*5506 MMC -NH BETHANY SENIOR LIVING	\$275,295.11	\$276,593.61	\$275,295.11	\$217,384.44
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$106,314.26	\$106,314.26	\$106,314.26	\$14,415.13
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$123,232.14	\$126,358.08	\$123,232.14	\$67,422.04
*3407 MMC -NH TUSCANY VILLAGE	\$45,503.93	\$48,749.20	\$45,503.93	\$6,865.75

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
7/26/2021

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		37,001.73 ✓	36,901.73 ✓	123,132.14 ✓			123,232.14	93,173.76 ✓
						Bank Balance	123,232.14	
						Variance	-	
						Leave in Balance	100.00	
						SUPERIOR QIPP JUNE AND Q3	29,958.38 ✓	
						JULY INTEREST		
						AUG INTEREST		
						SEP INTEREST		
						Adjust Balance/Transfer Amt	93,173.76	
Gulf Pointe Plaza-Medicare/Medicaid		19,921.76 ✓	19,821.76 ✓	106,214.26 ✓			106,314.26	106,214.26 ✓
						Bank Balance	106,314.26	
						Variance	-	
						Leave in Balance	100.00	
						JULY INTEREST		
						AUG INTEREST		
						SEP INTEREST		
						Adjust Balance/Transfer Amt	106,214.26 ✓	
TOTAL TRANSFERS							106,214.26	
								199,388.02 ✓

Routing Information for Gulf Pointe Plaza:

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

Approved:

Jason Anglin, CEO

7/26/2021

Jason Anglin

APPROVED
ON

JUL 26 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	
7/19/2021 PNC-ECHO HCCLAIMPMT 746003411 41000129711401	-	713.69	-	-	-	-	-	713.69
7/19/2021 PNC-ECHO HCCLAIMPMT 746003411 41000129711403	-	871.07	-	-	-	-	-	871.07
7/19/2021 HNB - ECHO HCCLAIMPMT 746003411 440000262039	-	8,260.74	-	-	-	-	-	8,260.74
7/20/2021 HNB - ECHO HCCLAIMPMT 746003411 440000299187	-	39.20	-	-	-	-	-	39.20
7/21/2021 WIRE OUT HMG SERVICES, LLC	35,901.73	-	-	-	-	-	-	-
7/21/2021 PNC-ECHO HCCLAIMPMT 746003411 41000127743876	-	798.63	-	-	-	-	-	798.63
7/21/2021 HNB - ECHO HCCLAIMPMT 746003411 440000222576	-	78.41	-	-	-	-	-	78.41
7/21/2021 HNB - ECHO HCCLAIMPMT 746003411 440000222576	-	15.68	-	-	-	-	-	15.68
7/21/2021 HNB - ECHO HCCLAIMPMT 746003411 440000222576	-	49.58	-	-	-	-	-	49.58
7/21/2021 HNB - ECHO HCCLAIMPMT 746003411 440000222576	-	11,867.05	-	-	-	-	-	11,867.05
7/21/2021 HNB - ECHO HCCLAIMPMT 746003411 440000222576	-	3,214.92	-	-	-	-	-	3,214.92
7/21/2021 Centene Managem CCD+ 38888463 3110020614538	-	4,980.00	-	-	4,980.00	-	2,490.00	2,490.00
7/22/2021 HNB - ECHO HCCLAIMPMT 746003411 440000248273	-	622.49	-	-	-	-	-	622.49
7/22/2021 HNB - ECHO HCCLAIMPMT 746003411 440000248273	-	63.71	-	-	-	-	-	63.71
7/22/2021 HNB - ECHO HCCLAIMPMT 746003411 440000248273	-	25,545.01	-	-	-	-	-	25,545.01
7/22/2021 HNB - ECHO HCCLAIMPMT 746003411 440000248273	-	98.01	-	-	-	-	-	98.01
7/22/2021 HNB - ECHO HCCLAIMPMT 746003411 440000248273	-	10,059.75	-	-	-	-	-	10,059.75
7/22/2021 HNB - ECHO HCCLAIMPMT 746003411 440000248273	-	44.10	-	-	-	-	-	44.10
7/23/2021 HNB - ECHO HCCLAIMPMT 746003411 440000270500	-	88.06	-	-	-	-	-	88.06
7/23/2021 HUMANA INS CO HCCLAIMPMT 624982 830000530519	-	5,735.27	-	-	-	-	-	5,735.27
7/23/2021 HUMANA CHA DISB HCCLAIMPMT 624982 4200001380	-	6,330.93	-	-	-	-	-	6,330.93
7/23/2021 Centene Managem CCD+ 38888463 3110020411470	-	24,415.04	-	-	-	24,415.04	12,207.52	12,207.52
7/23/2021 Centene Managem CCD+ 38888463 3110020411383	-	19,240.80	-	-	-	-	17,750.86	1,489.95
	36,901.73	123,132.14	16,260.91	2,979.89	4,980.00	24,415.04	32,448.38	90,683.77

29,958.38

Gulf Pointe Plaza-Medicare/Medicaid

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	
7/19/2021 WPS-TDEFIC CONTR HCCLAIMPMT 2221496094 21000	-	29.34	-	-	-	-	-	29.34
7/19/2021 NORIDIAN 13A HCCLAIMPMT 675892 4200001374700	-	14,285.79	-	-	-	-	-	14,285.79
7/21/2021 WIRE OUT HMG SERVICES, LLC	19,821.76	-	-	-	-	-	-	-
7/23/2021 NORIDIAN 13A HCCLAIMPMT 675892 4200001547784	-	91,899.13	-	-	-	-	-	91,899.13
	19,821.76	106,214.26	-	-	-	-	-	106,214.26
	56,723.49	229,346.40	16,260.91	2,979.89	4,980.00	24,415.04	32,448.38	196,898.03

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

DDA

Data reported as of Jul 26, 2021 10

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$5,518,751.72	\$7,302,601.49	\$5,518,751.72	\$5,219,083.69
*4551 CAL CO INDIGENT HEALTHCARE	\$5,372.41	\$5,372.41	\$5,372.41	\$5,372.41
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$160,141.71	\$160,141.71	\$160,141.71	\$18,859.53
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.51	\$535.51	\$535.51	\$535.51
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$3,179,509.57	\$4,878,585.94	\$3,179,509.57	\$3,362,261.13
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.14	\$431.14	\$431.14	\$431.14
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$144,106.63	\$187,888.53	\$144,106.63	\$33,273.45
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$113,308.31	\$125,502.12	\$113,308.31	\$124,720.89
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$112,227.82	\$129,174.27	\$112,227.82	\$112,761.58
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$21,730.91	\$22,382.73	\$21,730.91	\$22,306.63
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$123,435.17	\$126,964.88	\$123,435.17	\$124,866.96
*2998 MMC -MONEY MARKET FUND	\$1,107,607.10	\$1,107,607.10	\$1,107,607.10	\$1,107,607.10
*5506 MMC -NH BETHANY SENIOR LIVING	\$275,295.11	\$276,593.61	\$275,295.11	\$217,384.44
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$106,314.26	\$106,314.26	\$106,314.26	\$14,415.13
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$123,232.14	\$126,358.08	\$123,232.14	\$67,422.04
*3407 MMC -NH TUSCANY VILLAGE	\$45,503.93	\$48,749.20	\$45,503.93	\$6,865.75

Prosperity Accounts
7/26/2021

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	Test
Tuscany Senior Living		20,714.47	✓ 20,614.47	✓ 45,403.93	✓		45,503.93	✓ 18,896.42	18,896.42 26,607.51
						Bank Balance	45,503.93		
						Variance			
						Leave in Balance	100.00		
						Medicare repayment owed to Ashford	1,836.58	✓	
						Medicare repayment owed to Broadmoor	5,102.15	✓	
						Medicare repayment owed to Crescent	4,424.24	✓	
						Medicare repayment owed to Fort Bend	639.94	✓	
						Medicare repayment owed to Solera	7,124.83	✓	
						MEDICARE REPYMT OWED TO BETHANY	7,244.91	✓	
						MEDICARE REPYMT OWED TO Golden Creek	134.86	✓	
						Adjust Balance/Transfer Amt	18,896.42	✓	
Note: Only balances of over \$5,000 will be transferred to the nursing home.							Approved		
Note 2: Each account has a base balance of \$100 that MMC deposited to open account.							Jason Anglin, CEO		

Anglin

APPROVED
ON
JUL 26 2021
COUNTY AUDITOR
CARROLL COUNTY, TEXAS

Tuscany Senior Living

7/23/2021 ck 1030
 7/23/2021 ck 1029
 7/23/2021 KS PLAN ADMINIST HCCLAIMPMT 179 111000021909
 7/23/2021 NOVITAS SOLUTION HCCLAIMPMT 676201 420000152
 7/21/2021 WIRE OUT LINBAR ENTERPRISES, LLC
 7/20/2021 Molina HC of TX HCCLAIMPMT PN1275717894 4200

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
3,682.93 ✓	-	-	-	-	-	-	-
601.57 ✓	-	-	-	-	-	-	-
-	35,160.00	-	-	-	-	-	35,160.00
-	7,762.68	-	-	-	-	-	7,762.68
16,329.97 ✓	-	-	-	-	-	-	-
-	2,481.25	-	-	-	-	-	2,481.25
-	-	-	-	-	-	-	-
20,614.47 ✓	45,403.93 ✓	-	-	-	-	-	45,403.93

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

DDA

Data reported as of Jul 26, 2021 10

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$5,518,751.72	\$7,302,601.49	\$5,518,751.72	\$5,219,083.69
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,372.41	\$5,372.41	\$5,372.41	\$5,372.41
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$160,141.71	\$160,141.71	\$160,141.71	\$18,859.53
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.51	\$535.51	\$535.51	\$535.51
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$3,179,509.57	\$4,878,585.94	\$3,179,509.57	\$3,362,261.13
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.14	\$431.14	\$431.14	\$431.14
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$144,106.63	\$187,888.53	\$144,106.63	\$33,273.45
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$113,308.31	\$125,502.12	\$113,308.31	\$124,720.89
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$112,227.82	\$129,174.27	\$112,227.82	\$112,761.58
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$21,730.91	\$22,382.73	\$21,730.91	\$22,306.63
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$123,435.17	\$126,964.88	\$123,435.17	\$124,866.96
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,107,607.10	\$1,107,607.10	\$1,107,607.10	\$1,107,607.10
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$275,295.11	\$276,593.61	\$275,295.11	\$217,384.44
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$106,314.26	\$106,314.26	\$106,314.26	\$14,415.13
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$123,232.14	\$126,358.08	\$123,232.14	\$67,422.04
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$45,503.93	\$48,749.20	\$45,503.93	\$6,865.75

Memorial Medical Center
 Nursing Home UPL
 Weekly HSLTransfer
 Prosperity Accounts
 7/26/2021

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		86,814.98	86,714.98	275,195.11			275,295.11	275,195.11
						Bank Balance	275,295.11	
						Variance	-	
						Leave in Balance	100.00	
						JULY INTEREST		
						AUG INTEREST		
						SEP INTEREST		
						Adjust Balance/Transfer Amt	275,195.11	

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 7/26/2021



APPROVED
 ON

JUL 26 2021

COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Bethany Senior Living

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
7/19/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	8,253.90					-	8,253.90
7/20/2021 Deposit	-	3,267.90					-	3,267.90
7/20/2021 Deposit	-	4,997.25					-	4,997.25
7/21/2021 WIRE OUT BETHANY SENIOR LIVING, LTD	86,714.98	-					-	-
7/21/2021 NOVITAS SOLUTION HCCLAIMPMT 676481 420000168	-	197,129.00					-	197,129.00
7/22/2021 Deposit	-	1,412.68					-	1,412.68
7/22/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	2,223.71					-	2,223.71
7/23/2021 Deposit	-	43,384.94					-	43,384.94
7/23/2021 Deposit	-	13,637.38					-	13,637.38
7/23/2021 HOSPICE OF SO TX VENDORS NF 91000014269213	-	888.35					-	888.35
							-	-
	86,714.98	275,195.11	-	-	-	-	-	275,195.11

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
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DDA

Data reported as of Jul 26, 2021 10

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$5,518,751.72	\$7,302,601.49	\$5,518,751.72	\$5,219,083.69
*4551 CAL CO INDIGENT HEALTHCARE	\$5,372.41	\$5,372.41	\$5,372.41	\$5,372.41
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$160,141.71	\$160,141.71	\$160,141.71	\$18,859.53
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.51	\$535.51	\$535.51	\$535.51
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$3,179,509.57	\$4,878,585.94	\$3,179,509.57	\$3,362,261.13
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.14	\$431.14	\$431.14	\$431.14
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$144,106.63	\$187,888.53	\$144,106.63	\$33,273.45
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$113,308.31	\$125,502.12	\$113,308.31	\$124,720.89
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$112,227.82	\$129,174.27	\$112,227.82	\$112,761.58
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$21,730.91	\$22,382.73	\$21,730.91	\$22,306.63
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$123,435.17	\$126,964.88	\$123,435.17	\$124,866.96
*2998 MMC -MONEY MARKET FUND	\$1,107,607.10	\$1,107,607.10	\$1,107,607.10	\$1,107,607.10
*5506 MMC -NH BETHANY SENIOR LIVING	\$275,295.11	\$276,593.61	\$275,295.11	\$217,384.44
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$106,314.26	\$106,314.26	\$106,314.26	\$14,415.13
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$123,232.14	\$126,358.08	\$123,232.14	\$67,422.04
*3407 MMC -NH TUSCANY VILLAGE	\$45,503.93	\$48,749.20	\$45,503.93	\$6,865.75

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center

Date Requested: 7/26/21

A _____

Y _____

E _____

E _____

APPROVED
ON

JUL 26 2021

COUNTY AUDITOR
CAMERON COUNTY, TEXAS

CK # 000105

G/L NUMBER: _____

FOR ACCT. USE ONLY

☐ Imprest Cash

☐ A/P Check

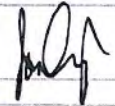
☐ Mail Check to Vendor

☐ Return Check to Dept

AMOUNT 51,048.96

EXPLANATION: Superior Qipp pymt for June and Q3 — golden creek

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center

Date Requested: 7/26/21

A _____

Y _____

E _____

E _____

FOR ACCT. USE ONLY

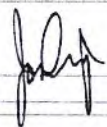
- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

APPROVED
ON
JUL 26 2021
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
ck # 107
G/L NUMBER: _____

AMOUNT 29,958.38

EXPLANATION: Superior Qipp pymt for June and Q3 - Gulf Breeze

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
NH GULF POINTE - PRIVATE PAY
361-553-4618
1815 N VIRGINIA ST
PORT LAVACA, TX 77979

1007

88-2265/1131-87

DATE 7-28-21

CHECK ARMOR

PAY TO THE ORDER OF Memorial Medical Center

\$ 29,958.³⁸/₁₀₀

Twenty-nine thousand, nine hundred fifty-eight dollars & ³⁸/₁₀₀ - DOLLARS

Photo Safe Deposit Details on back



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

FOR Superior OIPP - 93-17,750.86
June-12, 2015-2

Guia Perez

county auditor

county treasurer

⑈001007⑈ ⑆113122655⑆

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

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

000105

88-2265/1131

Date 7-28-21

PAY TO THE ORDER OF Memorial Medical Center

\$ 51,048.⁷⁴/₁₀₀

Fifty-one thousand, forty-eight dollars & ⁷⁴/₁₀₀ - DOLLARS



PROSPERITY BANK®

FOR Superior OIPP - 93-30,034.97
June 21, 2013.74

Guia Perez

county auditor

county treasurer

⑈000105⑈ ⑆113122655⑆

QIPP Payment to MMC from Nursing Facilities

Commissioner's Court

7/28/2021

NH Name	From Bank Acct #	Ck #	Payee	GL #	SUPERIOR QIPP Q3	SUPERIOR QIPP JUNE		TOTAL	Date
Ashford	10000018 - Prosperity		MMC - Prosperity Operating #10000001	10255040				-	7/28/2021
Broadmoor	10000019 - Prosperity		MMC - Prosperity Operating #10000001	10255040				-	7/28/2021
Crescent	10000020 - Prosperity		MMC - Prosperity Operating #10000001	10255040				-	7/28/2021
Fort Bend	10000021 - Prosperity		MMC - Prosperity Operating #10000001	10255040				-	7/28/2021
Solera	10000022 - Prosperity		MMC - Prosperity Operating #10000001	10255040				-	7/28/2021
Golden Creek	10000023 - Prosperity		MMC - Prosperity Operating #10000001	10255040	30,034.97	21,013.99		51,048.96	7/28/2021
Gulf Pointe-PP	10000114 - Prosperity		MMC - Prosperity Operating #10000001	10255040	17,750.86	12,207.52		29,958.38	7/28/2021
Gulf Pointe-MM	10000025 - Prosperity		MMC - Prosperity Operating #10000001					-	7/28/2021
Bethany			MMC - Prosperity Operating #10000001					-	7/28/2021
Tuscany			MMC - Prosperity Operating #10000001	10255040		20,577.41		20,577.41	7/28/2021
			Total:		47,785.83	33,221.51	-	101,584.75	

Note:

Approved:

Jason Anglin, CEO, CFO

7/26/2021