

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---August 26, 2020

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 430,233.81
TOTAL TRANSFERS BETWEEN FUNDS	\$ 183,828.31
TOTAL NURSING HOME UPL EXPENSES	\$ 962,375.61
TOTAL INTER-GOVERNMENT TRANSFERS	\$ 4,239.38
GRAND TOTAL DISBURSEMENTS APPROVED August 26, 2020	\$ 1,580,677.11

APPROVED

AUG 26 2020

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---August 26, 2020

PAYABLES AND PAYROLL

8/20/2020 Weekly Payables	421,716.55
8/24/2020 Penny Reyes-Reimbursement of insurance	431.70
8/24/2020 Misty Best-Reimbursement of insurance	631.02
8/24/2020 McKesson-340B Prescription Expense	5,390.31
8/24/2020 Amerisource Bergen-340B Prescription Expense	1,463.66
8/24/2020 Payroll Liabilities for supplemental payroll-Payroll Taxes	78.42
8/24/2020 Supplemental Payroll	302.27

Prosperity Electronic Bank Payments

8/17-8/21/20 Pay Plus-Patient Claims Processing Fee	219.88
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TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 430,233.81
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TRANSFER BETWEEN FUNDS-NURSING HOMES

8/20/2020 MMC Operating to Broadmoor-correction of NH insurance payment deposited into MMC Operating	11,084.00
8/20/2020 MMC Operating to The Crescent-correction of NH insurance payment deposited into MMC Operating	2,200.00
8/20/2020 MMC Operating to Golden Creek Healthcare-correction of NH insurance payment deposited into MMC Operating	29,090.47
8/20/2020 MMC Operating to Gulf Pointe Plaza-correction of NH insurance payment deposited into MMC Operating	23,190.10
8/20/2020 MMC Operating to Tuscany Village-correction of NH insurance payment deposited into MMC Operating	24,567.62
8/20/2020 MMC Operating to Bethany Senior Living-correction of NH insurance payment deposited into MMC Operating	93,696.12

TOTAL TRANSFERS BETWEEN FUNDS	\$ 183,828.31
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NURSING HOME UPL EXPENSES

8/24/2020 Nursing Home UPL-Cantex Transfer	473,516.60
8/24/2020 Nursing Home UPL-Nexion Transfer	20,645.72
8/24/2020 Nursing Home UPL-HMG Transfer	72,580.04
8/24/2020 Nursing Home UPL-Tuscany Transfer	77,237.59
8/24/2020 Nursing Home UPL-HSL Transfer	316,843.34

QIPP/INTEREST/RECOUP CHECKS TO MMC

8/24/2020 Ashford	742.28
8/24/2020 Broadmoor	142.50
8/24/2020 Crescent	129.67
8/24/2020 Fort Bend	282.51
8/24/2020 Solera	212.72
8/24/2020 Golden Creek	42.64

TOTAL NURSING HOME UPL EXPENSES	\$ 962,375.61
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INTER-GOVERNMENT TRANSFERS

8/24/2020 IGT DSH to be paid September 04, 2020	4,239.38
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TOTAL INTER-GOVERNMENT TRANSFERS	\$ 4,239.38
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GRAND TOTAL DISBURSEMENTS APPROVED August 26, 2020	\$ 1,580,677.11
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RECEIVED

AUG 20 2020

08/20/2020

Jefferson County Auditor

12:54

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 09/02/2020

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Vendor# 10950	Vendor Name ACUTE CARE INC ✓		Class		Pay Code					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
25075 ✓	08/03/2020	08/20/2020	08/30/2020				1,400.00	0.00	0.00	1,400.00 ✓
	RFID FEE									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay		Net
10950		ACUTE CARE INC				1,400.00	0.00	0.00		1,400.00
Vendor# A1680	Vendor Name		Class		Pay Code					
	AIRGAS USA, LLC - CENTRAL DIV M ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9972782551 ✓	08/19/2020	07/31/2020	08/25/2020				49.01	0.00	0.00	49.01 ✓
	OXYGEN									
9103664244 ✓	08/19/2020	07/31/2020	08/25/2020				2,248.76	0.00	0.00	2,248.76 ✓
	OXYGEN									
9972782550 ✓	08/19/2020	07/31/2020	08/25/2020				668.96	0.00	0.00	668.96 ✓
	OXYGEN									
9972782549 ✓	08/19/2020	07/31/2020	08/25/2020				495.91	0.00	0.00	495.91 ✓
	OXYGEN									
9103708161 ✓	08/19/2020	08/03/2020	08/28/2020				2,910.95	0.00	0.00	2,910.95 ✓
	OXYGEN									
9103726708 ✓	08/19/2020	08/03/2020	08/28/2020				544.35	0.00	0.00	544.35 ✓
	OXYGEN									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay		Net
A1680		AIRGAS USA, LLC -				6,917.94	0.00	0.00		6,917.94
Vendor# 13280	Vendor Name		Class		Pay Code					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081120	08/14/2020	08/11/2020	08/11/2020				113.20	0.00	0.00	113.20 ✓
	PATIENT REFUND									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay		Net
13280						113.20	0.00	0.00		113.20
Vendor# A1690	Vendor Name		Class		Pay Code					
	ALCON LABORATORIES, INC. ✓		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9658242320 ✓	08/19/2020	07/28/2020	08/27/2020				1,338.49	0.00	0.00	1,338.49 ✓
	SUPPLIES									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay		Net
A1690		ALCON LABORATO				1,338.49	0.00	0.00		1,338.49
Vendor# 10958	Vendor Name		Class		Pay Code					
	ALLYSON SWOPE									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081820	08/19/2020	08/18/2020	08/18/2020				1,721.25	0.00	0.00	1,721.25 ✓
	CONTRACT EMPLOYEE (7/31- 8/13/2020)									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay		Net
10958		ALLYSON SWOPE				1,721.25	0.00	0.00		1,721.25
Vendor# A2150	Vendor Name		Class		Pay Code					
	ANNOUNCEMENTS PLUS TOO AG.W ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
532 ✓	08/19/2020	08/04/2020	08/14/2020				88.00	0.00	0.00	88.00 ✓
	PT PARKING COVID SIGNS									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay		Net
A2150		ANNOUNCEMENTS				88.00	0.00	0.00		88.00
Vendor# 13244	Vendor Name		Class		Pay Code					
	ASD HEALTHCARE ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1102049248 ✓	06/24/2020	06/12/2020	09/01/2020				1,245.00	0.00	0.00	1,245.00 ✓
	INVENTORY									

	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net
	13244			ASD HEALTHCARE			1,245.00	0.00	0.00	1,245.00
Vendor#			Vendor Name			Class	Pay Code			
A2600			AUTO PARTS & MACHINE CO.			W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
935224	08/19/2020	08/12/2020	08/27/2020				24.99	0.00	0.00	24.99
SUPPLIES										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
A2600			AUTO PARTS & MAI			24.99	0.00	0.00	24.99	
Vendor#			Vendor Name			Class	Pay Code			
B1150			BAXTER HEALTHCARE			W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
12089759	08/19/2020	07/25/2020	08/19/2020				5.47	0.00	0.00	5.47
LATE FEE										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
B1150			BAXTER HEALTHCARE			5.47	0.00	0.00	5.47	
Vendor#			Vendor Name			Class	Pay Code			
13296			BEVERLY CLOUSE							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081220	08/14/2020	08/12/2020	08/12/2020				220.00	0.00	0.00	220.00
PATIENT REFUND										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
13296			BEVERLY CLOUSE			220.00	0.00	0.00	220.00	
Vendor#			Vendor Name			Class	Pay Code			
12600			BIOFIRE DIAGNOSTICS LLC							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1280061027	08/17/2020	08/05/2020	08/17/2020				14,158.04	0.00	0.00	14,158.04
SUPPLIES										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
12600			BIOFIRE DIAGNOST			14,158.04	0.00	0.00	14,158.04	
Vendor#			Vendor Name			Class	Pay Code			
13328										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081220	08/14/2020	08/12/2020	08/12/2020				451.00	0.00	0.00	451.00
PATIENT REFUND										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
13328						451.00	0.00	0.00	451.00	
Vendor#			Vendor Name			Class	Pay Code			
13300										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081220	08/14/2020	08/12/2020	08/12/2020				114.29	0.00	0.00	114.29
PATIENT REFUND										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
13300						114.29	0.00	0.00	114.29	
Vendor#			Vendor Name			Class	Pay Code			
C1992			CDW GOVERNMENT, INC.			M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
ZNH1819	08/19/2020	07/27/2020	08/26/2020				229.63	0.00	0.00	229.63
PRINTER CARTRIDGE										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
C1992			CDW GOVERNMENT			229.63	0.00	0.00	229.63	
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
502	08/11/2020	08/04/2020	08/29/2020				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			
11202			CFI MECHANICAL INC							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

	SD10823	08/19/2020	08/03/2020	08/03/2020				1,194.38	0.00	0.00	1,194.38	✓
			LABOR FOR CHILLERS									
	Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
	11202			CFI MECHANICAL II				1,194.38	0.00	0.00	1,194.38	
Vendor#			Vendor Name					Class		Pay Code		
12768			CHEMAQUA									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	✓
	7059378	08/19/2020	08/10/2020	08/20/2020				500.00	0.00	0.00	500.00	✓
			WATER TREATMENT									
	Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
	12768			CHEMAQUA				500.00	0.00	0.00	500.00	
Vendor#			Vendor Name					Class		Pay Code		
L1629			CHRISTINA ZAPATA-ARROYO									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	✓
	JULY2020A	08/19/2020	08/19/2020	08/19/2020				82.50	0.00	0.00	82.50	✓
			SPEECH THERAPY									
	JULY2020	08/19/2020	08/19/2020	08/19/2020				605.00	0.00	0.00	605.00	✓
			SPEECH THERAPY									
	Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
	L1629			CHRISTINA ZAPATA				687.50	0.00	0.00	687.50	
Vendor#			Vendor Name					Class		Pay Code		
C1730			CITY OF PORT LAVACA					W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	✓
	12132000MA	08/19/2020	03/15/2020	04/06/2020				3,737.17	0.00	0.00	3,737.17	✓
			UTILITIES									
	Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
	C1730			CITY OF PORT LAV.				3,737.17	0.00	0.00	3,737.17	
Vendor#			Vendor Name					Class		Pay Code		
11720			CLINICAL COMPUTER SYSTEMS II									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	✓
	IN129974	08/19/2020	08/17/2020	08/17/2020				5,775.00	0.00	0.00	5,775.00	✓
			OBIX HOSTED SERVICES									
	Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
	11720			CLINICAL COMPUTI				5,775.00	0.00	0.00	5,775.00	
Vendor#			Vendor Name					Class		Pay Code		
10212			CLINICAL PATHOLOGY LABS					ICP				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	✓
	2020070	08/12/2020	07/31/2020	08/31/2020				18,673.54	0.00	0.00	18,673.54	✓
			LAB SERVICES									
	Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
	10212			CLINICAL PATHOLC				18,673.54	0.00	0.00	18,673.54	
Vendor#			Vendor Name					Class		Pay Code		
13316												
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	✓
	081220	08/14/2020	08/12/2020	08/12/2020				236.67	0.00	0.00	236.67	✓
			PATIENT REFUND									
	Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
	13316							236.67	0.00	0.00	236.67	
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	✓
	6146060	08/11/2020	08/03/2020	08/28/2020				17.50	0.00	0.00	17.50	✓
			SUPPLIES									
	6145730	08/11/2020	08/03/2020	08/28/2020				229.45	0.00	0.00	229.45	✓
			SUPPLIES									
	6139870	08/17/2020	07/27/2020	08/21/2020				270.60	0.00	0.00	270.60	✓
			SUPPLIES									
	6146630	08/19/2020	08/04/2020	08/29/2020				18.01	0.00	0.00	18.01	✓
			SUPPLIES									
	6146670	08/19/2020	08/04/2020	08/29/2020				97.75	0.00	0.00	97.75	✓
			SUPPLIES									

Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
10368			DEWITT POTH & SC		633.31	0.00	0.00	633.31		
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
MMC081520	08/19/2020	08/15/2020	08/15/2020				163,646.51	0.00	0.00	163,646.51
PRO FEES AUGUST 1-15, 2020										
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
10789			DISCOVERY MEDIC		163,646.51	0.00	0.00	163,646.51		
Vendor#		Vendor Name		Class		Pay Code				
D1710		DOWNTOWN CLEANERS		✓ W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
080120	08/20/2020	08/01/2020	08/11/2020				749.20	0.00	0.00	749.20
LAUNDRY										
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
D1710			DOWNTOWN CLEAI		749.20	0.00	0.00	749.20		
Vendor#		Vendor Name		Class		Pay Code				
10175		DSHS CENTRAL LAB MC2004		✓						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CEN CN0426	08/12/2020	08/03/2020	08/28/2020				605.80	0.00	0.00	605.80
LAB SERVICES										
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
10175			DSHS CENTRAL LA		605.80	0.00	0.00	605.80		
Vendor#		Vendor Name		Class		Pay Code				
11046		E-MDS, INC		✓						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
386449	08/19/2020	08/13/2020	08/13/2020				1,049.50	0.00	0.00	1,049.50
IMMUNIZATION REG INTERFACE										
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
11046			E-MDS, INC		1,049.50	0.00	0.00	1,049.50		
Vendor#		Vendor Name		Class		Pay Code				
13352		✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081320	08/20/2020	08/13/2020	08/13/2020				128.00	0.00	0.00	128.00
PATIENT REFUND										
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
13352					128.00	0.00	0.00	128.00		
Vendor#		Vendor Name		Class		Pay Code				
C2510		EVIDENT		✓ M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
A200805137	08/19/2020	08/05/2020	08/30/2020				17,324.00	0.00	0.00	17,324.00
SUPPORT										
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
C2510			EVIDENT		17,324.00	0.00	0.00	17,324.00		
Vendor#		Vendor Name		Class		Pay Code				
10003		FILTER TECHNOLOGY CO, INC		✓						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
107360	08/19/2020	08/03/2020	09/02/2020				1,137.59	0.00	0.00	1,137.59
FILTERS										
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
10003			FILTER TECHNOLO		1,137.59	0.00	0.00	1,137.59		
Vendor#		Vendor Name		Class		Pay Code				
13016		FIRST INSURANCE FUNDING		✓						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
SEPTEMBER	08/12/2020	08/01/2020	09/01/2020				2,607.23	0.00	0.00	2,607.23
8TH INSTALLMENT										
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
13016			FIRST INSURANCE		2,607.23	0.00	0.00	2,607.23		
Vendor#		Vendor Name		Class		Pay Code				
F1400		FISHER HEALTHCARE		✓ M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

4697778	✓	08/12/2020	08/05/2020	08/30/2020			330.01	0.00	0.00	330.01	✓
4232732	✓	08/19/2020	07/28/2020	08/22/2020			67.86	0.00	0.00	67.86	✓
4697780	✓	08/19/2020	08/05/2020	08/30/2020			3,027.91	0.00	0.00	3,027.91	✓

Vendor Totals: Number Name Gross Discount No-Pay Net
F1400 FISHER HEALTHCA 3,425.78 0.00 0.00 3,425.78

Vendor#
11183

Vendor Name
FRONTIER ✓
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
080220 08/19/2020 08/02/2020 08/26/2020 1,007.86 0.00 0.00 1,007.86 ✓

Vendor Totals: Number Name Gross Discount No-Pay Net
11183 FRONTIER 1,007.86 0.00 0.00 1,007.86

Vendor#
12404

Vendor Name
GE PRECISION HEALTHCARE, LLC ✓
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
6001633261 08/05/2020 08/01/2020 08/31/2020 5,665.83 0.00 0.00 5,665.83 ✓
MAINT CONTRACT
6001633409 08/05/2020 08/01/2020 08/31/2020 307.66 0.00 0.00 307.66 ✓
IMAGING CONTRACT
6001633146 08/05/2020 08/01/2020 08/31/2020 1,281.96 0.00 0.00 1,281.96 ✓
MAINT CONTRACT
6001633231 08/05/2020 08/01/2020 08/31/2020 3,588.58 0.00 0.00 3,588.58 ✓
MAINT CONTRACT
6001633147 08/05/2020 08/01/2020 08/31/2020 572.33 0.00 0.00 572.33 ✓
MAINT CONTRACT

Vendor Totals: Number Name Gross Discount No-Pay Net
12404 GE PRECISION HE/ 11,416.36 0.00 0.00 11,416.36

Vendor#
10653

Vendor Name
GLOBAL EQUIPMENT CO. INC. ✓
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
116357982 08/11/2020 08/03/2020 09/02/2020 1,430.32 0.00 0.00 1,430.32 ✓
SUPPLIES

Vendor Totals: Number Name Gross Discount No-Pay Net
10653 GLOBAL EQUIPME 1,430.32 0.00 0.00 1,430.32

Vendor#
12948

Vendor Name
GREAT AMERICAN FINANCIAL SV/ ✓
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
27565206 08/11/2020 08/06/2020 08/31/2020 10,536.85 0.00 0.00 10,536.85 ✓
COPIER/PRINTER

Vendor Totals: Number Name Gross Discount No-Pay Net
12948 GREAT AMERICAN 10,536.85 0.00 0.00 10,536.85

Vendor#
10804

Vendor Name
HEALTHCARE CODING & CONSUL ✓
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
9915 08/19/2020 07/31/2020 08/30/2020 205.50 0.00 0.00 205.50 ✓
CODING SERVICES

Vendor Totals: Number Name Gross Discount No-Pay Net
10804 HEALTHCARE COD 205.50 0.00 0.00 205.50

Vendor#
11552

Vendor Name
HEALTHCARE FINANCIAL SERVICE ✓
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
100344902 07/31/2020 07/28/2020 09/01/2020 4,610.52 0.00 0.00 4,610.52 ✓
PHONE/STERILIZER/PREM 4K
100349799 08/11/2020 08/08/2020 09/01/2020 7,447.86 0.00 0.00 7,447.86 ✓
LEASE
100349800 08/11/2020 08/08/2020 09/01/2020 1,797.44 0.00 0.00 1,797.44 ✓
LEASE
100349797 08/11/2020 08/08/2020 09/01/2020 4,919.41 0.00 0.00 4,919.41 ✓

[illegible]

Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		13292			105.00	0.00	0.00	105.00		
Vendor#	Vendor Name				Class	Pay Code				
13344	M									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081320	08/20/2020	08/13/2020	08/13/2020				120.00	0.00	0.00	120.00
PATIENT REFUND										
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		13344	M		120.00	0.00	0.00	120.00		
Vendor#	Vendor Name				Class	Pay Code				
13332										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081220	08/14/2020	08/12/2020	08/12/2020				104.15	0.00	0.00	104.15
PATIENT REFUND										
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		13332			104.15	0.00	0.00	104.15		
Vendor#	Vendor Name				Class	Pay Code				
L1640	LOWE'S HOME CENTERS INC				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
943888	08/20/2020	07/13/2020	08/28/2020				341.30	0.00	0.00	341.30
SUPPLIES										
10367A	08/20/2020	07/15/2020	08/28/2020				153.23	0.00	0.00	153.23
SUPPLIES										
36306	08/20/2020	07/21/2020	08/28/2020				-11.68	0.00	0.00	-11.68
CREDIT										
072820	08/20/2020	07/28/2020	08/28/2020				38.00	0.00	0.00	38.00
LATE FEE										
080220	08/20/2020	08/02/2020	08/28/2020				0.14	0.00	0.00	0.14
INTEREST										
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		L1640	LOWE'S HOME CEN		520.99	0.00	0.00	520.99		
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
081720	08/19/2020	08/17/2020	08/17/2020				840.86	0.00	0.00	840.86
PAYROLL DED										
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		10972	M G TRUST		840.86	0.00	0.00	840.86		
Vendor#	Vendor Name				Class	Pay Code				
10040	MAJESTIC IRRIGATION LANDSCAF									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
16358	08/19/2020	07/07/2020	07/07/2020				2,738.20	0.00	0.00	2,738.20
CHANGE NOZZLES ON SPRINKLEI										
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		10040	MAJESTIC IRRIGAT		2,738.20	0.00	0.00	2,738.20		
Vendor#	Vendor Name				Class	Pay Code				
13340										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081320	08/20/2020	08/13/2020	08/13/2020				105.29	0.00	0.00	105.29
PATIENT REFUND										
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		13340			105.29	0.00	0.00	105.29		
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
11354829	08/17/2020	07/27/2020	08/11/2020				91.53	0.00	0.00	91.53
SUPPLIES										
11380985	08/17/2020	07/27/2020	08/11/2020				252.38	0.00	0.00	252.38
SUPPLIES										
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		M2178	MCKESSON MEDIC		343.91	0.00	0.00	343.91		

Vendor#
11141Vendor Name
MEDICAL DATA SYSTEMS, INC. ✓

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
150929	✓ 07/31/2020	07/31/2020	08/27/2020				5,637.01	0.00	0.00	5,637.01 ✓
										COLLECTION FEES
150928	✓ 07/31/2020	07/31/2020	08/27/2020				2,334.93	0.00	0.00	2,334.93 ✓
										COLLECTION FEES
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
11141			MEDICAL DATA SY			7,971.94	0.00	0.00	7,971.94	

Vendor#
M2470Vendor Name
MEDLINE INDUSTRIES INC ✓Class
M

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1919316174	✓ 08/12/2020	08/04/2020	08/29/2020				266.87	0.00	0.00	266.87 ✓
										SUPPLIES
1919316173	✓ 08/12/2020	08/04/2020	08/29/2020				56.10	0.00	0.00	56.10 ✓
										SUPPLIES
1919316175	✓ 08/12/2020	08/04/2020	08/29/2020				261.60	0.00	0.00	261.60 ✓
										SUPPLIES
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
M2470			MEDLINE INDUSTR			584.57	0.00	0.00	584.57	

Vendor#
10963Vendor Name
MEMORIAL MEDICAL CLINIC ✓

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081720	08/19/2020	08/17/2020	08/17/2020				35.00	0.00	0.00	35.00 ✓
										PAYROLL DED
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
10963			MEMORIAL MEDICA			35.00	0.00	0.00	35.00	

Vendor#
M2659Vendor Name
MERRY X-RAY/SOURCEONE HEAL M ✓

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8800645142	✓ 07/31/2020	07/28/2020	08/27/2020				402.33	0.00	0.00	402.33 ✓
										SUPPLIES
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
M2659			MERRY X-RAY/SOU			402.33	0.00	0.00	402.33	

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
5942677	✓ 08/19/2020	08/13/2020	08/23/2020				477.08	0.00	0.00	477.08 ✓
										INVENTORY
5945062	✓ 08/19/2020	08/13/2020	08/23/2020				172.83	0.00	0.00	172.83 ✓
										INVENTORY
5943186	✓ 08/19/2020	08/13/2020	08/23/2020				100.36	0.00	0.00	100.36 ✓
										INVENTORY
5945063	✓ 08/19/2020	08/13/2020	08/23/2020				1,486.60	0.00	0.00	1,486.60 ✓
										INVENTORY
5947645	✓ 08/19/2020	08/14/2020	08/24/2020				569.94	0.00	0.00	569.94 ✓
										INVENTORY
5951832	✓ 08/19/2020	08/16/2020	08/26/2020				528.24	0.00	0.00	528.24 ✓
										INVENTORY
5951831	✓ 08/19/2020	08/16/2020	08/26/2020				2,087.43	0.00	0.00	2,087.43 ✓
										INVENTORY
5951833	✓ 08/19/2020	08/16/2020	08/26/2020				2.68	0.00	0.00	2.68 ✓
										INVENTORY
5951830	✓ 08/19/2020	08/16/2020	08/26/2020				481.58	0.00	0.00	481.58 ✓
										INVENTORY
5957402	✓ 08/19/2020	08/17/2020	08/27/2020				1,869.57	0.00	0.00	1,869.57 ✓
										INVENTORY
5957091	✓ 08/19/2020	08/17/2020	08/27/2020				193.00	0.00	0.00	193.00 ✓
										INVENTORY
5957090	✓ 08/19/2020	08/17/2020	08/27/2020				649.29	0.00	0.00	649.29 ✓
										INVENTORY

Vendor Totals:		Number	Name		Gross	Discount	No-Pay		Net	
10536			MORRIS & DICKSON		8,618.60	0.00	0.00		8,618.60	
Vendor#		Vendor Name		Class	Pay Code					
10868		NOVA BIOMEDICAL								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
90756390	08/17/2020	08/10/2020	08/17/2020				164.76	0.00	0.00	164.76
		SUPPLIES								
Vendor Totals:		Number	Name		Gross	Discount	No-Pay		Net	
10868			NOVA BIOMEDICAL		164.76	0.00	0.00		164.76	
Vendor#		Vendor Name		Class	Pay Code					
O0920		OFFICE DEPOT								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1079046560	08/17/2020	07/23/2020	08/17/2020				71.24	0.00	0.00	71.24
		SUPPLIES								
Vendor Totals:		Number	Name		Gross	Discount	No-Pay		Net	
O0920			OFFICE DEPOT		71.24	0.00	0.00		71.24	
Vendor#		Vendor Name		Class	Pay Code					
O1500		OLYMPUS AMERICA INC		M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
99545447	08/17/2020	07/31/2020	08/25/2020				180.93	0.00	0.00	180.93
		SUPPLIES								
99581699	08/19/2020	08/07/2020	09/01/2020				1,137.51	0.00	0.00	1,137.51
		SERVICE CONTRACT								
Vendor Totals:		Number	Name		Gross	Discount	No-Pay		Net	
O1500			OLYMPUS AMERICA		1,318.44	0.00	0.00		1,318.44	
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
081820	08/19/2020	08/18/2020	08/18/2020				2,429.38	0.00	0.00	2,429.38
		CONTRACT EMPLOYEE (814-817110)								
Vendor Totals:		Number	Name		Gross	Discount	No-Pay		Net	
11069			PABLO GARZA		2,429.38	0.00	0.00		2,429.38	
Vendor#		Vendor Name		Class	Pay Code					
11155		PARA								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6678	08/05/2020	08/01/2020	08/31/2020				2,000.00	0.00	0.00	2,000.00
		REVENUE INTEGRITY PROGRAM								
Vendor Totals:		Number	Name		Gross	Discount	No-Pay		Net	
11155			PARA		2,000.00	0.00	0.00		2,000.00	
Vendor#		Vendor Name		Class	Pay Code					
11932		PRESS GANEY ASSOCIATES, INC.								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN00044268	07/31/2020	07/31/2020	08/30/2020				2,109.12	0.00	0.00	2,109.12
		PT SURVEY								
Vendor Totals:		Number	Name		Gross	Discount	No-Pay		Net	
11932			PRESS GANEY ASS		2,109.12	0.00	0.00		2,109.12	
Vendor#		Vendor Name		Class	Pay Code					
12480		PRO ENERGY PARTNERS LP								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
20070600	08/19/2020	07/31/2020	08/15/2020				2,466.40	0.00	0.00	2,466.40
		GAS								
Vendor Totals:		Number	Name		Gross	Discount	No-Pay		Net	
12480			PRO ENERGY PART		2,466.40	0.00	0.00		2,466.40	
Vendor#		Vendor Name		Class	Pay Code					
13320										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081220	08/14/2020	08/12/2020	08/12/2020				159.36	0.00	0.00	159.36
		PATIENT REFUND								
Vendor Totals:		Number	Name		Gross	Discount	No-Pay		Net	
13320					159.36	0.00	0.00		159.36	
Vendor#		Vendor Name		Class	Pay Code					

13304

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081220	08/14/2020	08/12/2020	08/12/2020				225.20	0.00	0.00	225.20
PATIENT REFUND										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
13304						225.20	0.00	0.00	225.20	

Vendor#
R1250Vendor Name
RANDY'S FLOOR COMPANY ✓
Class
W
Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMCPIL2021	08/19/2020	04/22/2020	04/22/2020				75.00	0.00	0.00	75.00
SUPPLIES										
MMCPIL2021	08/19/2020	07/10/2020	07/10/2020				3,790.50	0.00	0.00	3,790.50
FLOORING AND REMOVAL										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
R1250			RANDY'S FLOOR CO			3,865.50	0.00	0.00	3,865.50	

Vendor#
11251Vendor Name
RAPID PRINTING LLC ✓
Class
Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8734	08/19/2020	08/11/2020	08/21/2020				100.00	0.00	0.00	100.00
FLOOR DECALS										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
11251			RAPID PRINTING LL			100.00	0.00	0.00	100.00	

Vendor#
10987Vendor Name
REVCYCLE+, INC. ✓
Class
Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
37851	08/19/2020	08/05/2020	08/30/2020				2,029.60	0.00	0.00	2,029.60
CODING SERVICES										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
10987			REVCYCLE+, INC.			2,029.60	0.00	0.00	2,029.60	

Vendor#
13360Vendor Name
REVCYCLE+, INC. ✓
Class
Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081320	08/20/2020	08/13/2020	08/13/2020				105.00	0.00	0.00	105.00
PATIENT REFUND										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
13360						105.00	0.00	0.00	105.00	

Vendor#
S1001Vendor Name
SANOFI PASTEUR INC ✓
Class
W
Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
914499115	06/16/2020	06/04/2020	09/01/2020				2,145.27	0.00	0.00	2,145.27
INVENTORY										
914504938	06/23/2020	06/08/2020	09/01/2020				461.54	0.00	0.00	461.54
INVENTORY										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
S1001			SANOFI PASTEUR I			2,606.81	0.00	0.00	2,606.81	

Vendor#
13308Vendor Name
LL ✓
Class
Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081220	08/14/2020	08/12/2020	08/12/2020				156.20	0.00	0.00	156.20
PATIENT REFUND										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
13308						156.20	0.00	0.00	156.20	

Vendor#
S1700Vendor Name
SHARN INC ✓
Class
M
Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN01049962	08/17/2020	07/20/2020	08/17/2020				72.32	0.00	0.00	72.32
SUPPLIES										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
S1700			SHARN INC			72.32	0.00	0.00	72.32	

Vendor#
K0536Vendor Name
SHIRLEY KARNEI ✓
Class
Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081820	08/19/2020	08/18/2020	08/18/2020				270.49	0.00	0.00	270.49 ✓
CONTRACT EMPLOYEE										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
K0536			SHIRLEY KARNEI			270.49	0.00	0.00	270.49	
Vendor#	Vendor Name		Class		Pay Code					
13356										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081320	08/20/2020	08/13/2020	08/13/2020				182.44	0.00	0.00	182.44 ✓
PATIENT REFUND										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
13356						182.44	0.00	0.00	182.44	
Vendor#	Vendor Name		Class		Pay Code					
10936	SIEMENS FINANCIAL SERVICES									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5638200006	08/19/2020	07/31/2020	08/24/2020				1,333.33	0.00	0.00	1,333.33 ✓
LEASE AND RENTAL AGREEMENT										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
10936			SIEMENS FINANCIAL			1,333.33	0.00	0.00	1,333.33	
Vendor#	Vendor Name		Class		Pay Code					
S2362	SMITH & NEPHEW									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
929404115	08/17/2020	08/01/2020	08/17/2020				558.00	0.00	0.00	558.00 ✓
SUPPLIES										
929405958	08/17/2020	08/03/2020	08/17/2020				252.00	0.00	0.00	252.00 ✓
SUPPLIES										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
S2362			SMITH & NEPHEW			810.00	0.00	0.00	810.00	
Vendor#	Vendor Name		Class		Pay Code					
13284										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081120	08/14/2020	08/11/2020	08/11/2020				186.31	0.00	0.00	186.31 ✓
PATIENT REFUND										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
13284						186.31	0.00	0.00	186.31	
Vendor#	Vendor Name		Class		Pay Code					
S3960	STERICYCLE, INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4009483220	08/11/2020	08/01/2020	08/31/2020				2,415.00	0.00	0.00	2,415.00 ✓
DISPOSAL SERVICES										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
S3960			STERICYCLE, INC			2,415.00	0.00	0.00	2,415.00	
Vendor#	Vendor Name		Class		Pay Code					
13276	JZ									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081120	08/14/2020	08/11/2020	08/11/2020				105.00	0.00	0.00	105.00 ✓
PATIENT REFUND										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
13276						105.00	0.00	0.00	105.00	
Vendor#	Vendor Name		Class		Pay Code					
S2830	STRYKER SALES CORP		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9200426387	08/17/2020	07/28/2020	08/17/2020				361.31	0.00	0.00	361.31 ✓
SUPPLIES										
3099836	08/19/2020	07/31/2023	08/31/2020				233.00	0.00	0.00	233.00 ✓
SUPPLIES										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
S2830			STRYKER SALES C			594.31	0.00	0.00	594.31	
Vendor#	Vendor Name		Class		Pay Code					
T2539	T-SYSTEM, INC		W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

8/20/2020

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37364	✓	07/31/2020	07/31/2020	08/30/2020			1,144.00	0.00	0.00	1,144.00	✓
37346	✓	07/31/2020	07/31/2020	08/30/2020			5,699.00	0.00	0.00	5,699.00	✓
37595	✓	08/12/2020	08/01/2020	08/31/2020			495.00	0.00	0.00	495.00	✓
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
T2539			T-SYSTEM, INC			7,338.00	0.00	0.00		7,338.00	
Vendor#			Vendor Name			Class		Pay Code			
12704			TEXAS BURNER & BOILER SERV			✓					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
3528	08/19/2020	06/22/2020	06/22/2020				1,172.00	0.00	0.00	1,172.00	✓
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
12704			TEXAS BURNER & I			1,172.00	0.00	0.00		1,172.00	
Vendor#			Vendor Name			Class		Pay Code			
T2204			TEXAS MUTUAL INSURANCE CO			W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
1001943123	08/19/2020	07/07/2020	07/29/2020				4,046.00	0.00	0.00	4,046.00	✓
1002032443	08/19/2020	08/11/2020	09/02/2020				3,984.00	0.00	0.00	3,984.00	✓
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
T2204			TEXAS MUTUAL INS			8,030.00	0.00	0.00		8,030.00	
Vendor#			Vendor Name			Class		Pay Code			
10985			THE COMPLIANCE TEAM, INC			✓					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
00014025	08/19/2020	07/02/2020	07/02/2020				2,550.00	0.00	0.00	2,550.00	✓
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
10985			THE COMPLIANCE			2,550.00	0.00	0.00		2,550.00	
Vendor#			Vendor Name			Class		Pay Code			
13288						✓					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
081120	08/14/2020	08/11/2020	08/11/2020				75.33	0.00	0.00	75.33	✓
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
13288						75.33	0.00	0.00		75.33	
Vendor#			Vendor Name			Class		Pay Code			
10732			THERACOM, LLC			✓					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
2188324003	06/30/2020	06/12/2020	09/01/2020				1,995.00	0.00	0.00	1,995.00	✓
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
10732			THERACOM, LLC			1,995.00	0.00	0.00		1,995.00	
Vendor#			Vendor Name			Class		Pay Code			
T2250			THYSSENKRUPP ELEVATOR CORP			✓					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
6000459178	08/19/2020	08/07/2020	08/07/2020				433.00	0.00	0.00	433.00	✓
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
T2250			THYSSENKRUPP EI			433.00	0.00	0.00		433.00	
Vendor#			Vendor Name			Class		Pay Code			
11067			TRIZETTO PROVIDER SOLUTIONS			✓					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
35FK082000	08/19/2020	08/01/2020	08/26/2020				1,705.58	0.00	0.00	1,705.58	✓
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
11067			TRIZETTO PROVIDI			1,705.58	0.00	0.00		1,705.58	
Vendor#			Vendor Name			Class		Pay Code			
13312											

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081220	08/14/2020	08/12/2020	08/12/2020				148.00	0.00	0.00	148.00
PATIENT REFUND										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
13312						148.00	0.00	0.00	148.00	
Vendor#	Vendor Name				Class	Pay Code				
U1054	UNIFIRST HOLDINGS				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8400339045	08/11/2020	08/06/2020	08/31/2020				127.68	0.00	0.00	127.68
LAUNDRY										
8400339004	08/11/2020	08/06/2020	08/31/2020				188.59	0.00	0.00	188.59
LAUNDRY										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
U1054			UNIFIRST HOLDING			316.27	0.00	0.00	316.27	
Vendor#	Vendor Name				Class	Pay Code				
U1056	UNIFORM ADVANTAGE				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
11413799	08/19/2020	07/31/2020	08/15/2020				141.55	0.00	0.00	141.55
UNIFORMS MARIA LONGORIA										
11426761	08/19/2020	08/03/2020	08/18/2020				166.13	0.00	0.00	166.13
UNIFORM PAT BRISENIO										
11443504	08/19/2020	08/06/2020	08/21/2020				239.80	0.00	0.00	239.80
UNIFORM SHEILA HEATHCOCK										
11443214	08/19/2020	08/06/2020	08/21/2020				140.94	0.00	0.00	140.94
UNIFORMS ROUSHANA MONDAY										
11191429	08/20/2020	06/08/2020	06/23/2020				41.98	0.00	0.00	41.98
UNIFORM										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
U1056			UNIFORM ADVANT/			730.40	0.00	0.00	730.40	
Vendor#	Vendor Name				Class	Pay Code				
11280	VICTORIA ADVOCATE									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0183427a	08/20/2020	07/31/2020	08/31/2020				48.20	0.00	0.00	48.20
NEWSPAPER										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
11280			VICTORIA ADVOCA			48.20	0.00	0.00	48.20	
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
081720	08/19/2020	08/17/2020	08/17/2020				4,763.43	0.00	0.00	4,763.43
PAYROLL DED										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
10793			WAGeworks, INC.			4,763.43	0.00	0.00	4,763.43	
Vendor#	Vendor Name				Class	Pay Code				
13348	3D									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081320	08/20/2020	08/13/2020	08/13/2020				219.33	0.00	0.00	219.33
PATIENT REFUND										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
13348						219.33	0.00	0.00	219.33	
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
WCS000038	08/11/2020	08/01/2020	08/30/2020				13,500.00	0.00	0.00	13,500.00
WOUND CARE										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
10556			WOUND CARE SPE			13,500.00	0.00	0.00	13,500.00	

APPROVED
ON

Report Summary

Grand Totals: AUG 20 2020

Gross
421,716.55Discount
0.00No-Pay
0.00Net
421,716.55COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CR# 186828-186964

8/21/2020

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08/21/2020

MEMORIAL MEDICAL CENTER

0

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AP Open Invoice List

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Dates Through:

Vendor#

Vendor Name

Class

Pay Code

10761

PENNY REYES

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
082120	08/21/2020	08/21/2020	08/21/2020				431.70	0.00	0.00	431.70

REIMBURSE INSURANCE

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10761		PENNY REYES	431.70	0.00	0.00	431.70

Report Summary

Grand Totals:

Gross	Discount	No-Pay	Net
431.70	0.00	0.00	431.70

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ON

AUG 24 2020

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COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

8/21/2020

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08/21/2020

MEMORIAL MEDICAL CENTER

0

14:48

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor#
13364

Vendor Name
MISTY BEST

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
082120	08/21/2020	08/21/2020	08/21/2020				631.02	0.00	0.00	631.02

REIMBURSE INSURANCE

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
13364	MISTY BEST		631.02	0.00	0.00	631.02

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	631.02	0.00	0.00	631.02

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ON

AUG 24 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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RUN DATE:08/24/20
TIME:13:05

MEMORIAL MEDICAL CENTER
CHECK REGISTER
08/26/20 THRU 08/26/20

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BANK--CHECK--

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	186868	08/26/20	1,400.00	ACUTE CARE INC
A/P	186869	08/26/20	6,917.94	AIRGAS USA, LLC - CENTRAL DIV
A/P	186870	08/26/20	113.20	
A/P	186871	08/26/20	1,338.49	ALCON LABORATORIES, INC.
A/P	186872	08/26/20	1,721.25	ALLYSON SWOPE
A/P	186873	08/26/20	88.00	ANNOUNCEMENTS PLUS TOO AGAIN
A/P	186874	08/26/20	1,245.00	ASD HEALTHCARE
A/P	186875	08/26/20	24.99	AUTO PARTS & MACHINE CO.
A/P	186876	08/26/20	5.47	BAXTER HEALTHCARE
A/P	186877	08/26/20	220.00	BEVERLY CLOUSE
A/P	186878	08/26/20	14,158.04	BIOFIRE DIAGNOSTICS LLC
A/P	186879	08/26/20	451.00	
A/P	186880	08/26/20	114.29	
A/P	186881	08/26/20	229.63	CDW GOVERNMENT, INC.
A/P	186882	08/26/20	1,699.00	CERVEY, LLC
A/P	186883	08/26/20	1,194.38	CFI MECHANICAL INC
A/P	186884	08/26/20	500.00	CHEMAQUA
A/P	186885	08/26/20	687.50	CHRISTINA ZAPATA-ARROYO
A/P	186886	08/26/20	3,737.17	CITY OF PORT LAVACA
A/P	186887	08/26/20	5,775.00	CLINICAL COMPUTER SYSTEMS INC
A/P	186888	08/26/20	18,673.54	CLINICAL PATHOLOGY LABS
A/P	186889	08/26/20	236.67	
A/P	186890	08/26/20	633.31	DEWITT POTH & SON
A/P	186891	08/26/20	163,646.51	DISCOVERY MEDICAL NETWORK INC
A/P	186892	08/26/20	749.20	DOWNTOWN CLEANERS
A/P	186893	08/26/20	605.80	DSHS CENTRAL LAB MC2004
A/P	186894	08/26/20	1,049.50	E-MDS, INC
A/P	186895	08/26/20	128.00	
A/P	186896	08/26/20	17,324.00	EVIDENT
A/P	186897	08/26/20	1,137.59	FILTER TECHNOLOGY CO, INC
A/P	186898	08/26/20	2,607.23	FIRST INSURANCE FUNDING
A/P	186899	08/26/20	3,425.78	FISHER HEALTHCARE
A/P	186900	08/26/20	1,007.86	FRONTIER
A/P	186901	08/26/20	11,416.36	GE PRECISION HEALTHCARE, LLC
A/P	186902	08/26/20	1,430.32	GLOBAL EQUIPMENT CO. INC.
A/P	186903	08/26/20	10,536.85	GREAT AMERICAN FINANCIAL SVCS
A/P	186904	08/26/20	205.50	HEALTHCARE CODING & CONSULTING
A/P	186905	08/26/20	25,929.40	HEALTHCARE FINANCIAL SERVICES
A/P	186906	08/26/20	1,118.08	INTEGRA LIFESCIENCES
A/P	186907	08/26/20	509.84	IRON MOUNTAIN
A/P	186908	08/26/20	25,394.98	ITA RESOURCES INC
A/P	186909	08/26/20	633.93	J & J HEALTH CARE SYSTEMS, INC
A/P	186910	08/26/20	125.00	
A/P	186911	08/26/20	247.50	JACKSON & CARTER, PLLC
A/P	186912	08/26/20	31.86	JAQUELINE HERRERA
A/P	186913	08/26/20	105.00	
A/P	186914	08/26/20	120.00	
A/P	186915	08/26/20	104.15	
A/P	186916	08/26/20	520.99	LOWE'S HOME CENTERS INC
A/P	186917	08/26/20	840.86	M G TRUST

RUN DATE:08/24/20
TIME:13:05

MEMORIAL MEDICAL CENTER
CHECK REGISTER
08/26/20 THRU 08/26/20

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BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	186918	08/26/20	2,738.20	MAJESTIC IRRIGATION LANDSCAPIN
A/P	186919	08/26/20	105.29	i
A/P	186920	08/26/20	343.91	MCKESSON MEDICAL SURGICAL INC
A/P	186921	08/26/20	7,971.94	MEDICAL DATA SYSTEMS, INC.
A/P	186922	08/26/20	584.57	MEDLINE INDUSTRIES INC
A/P	186923	08/26/20	35.00	MEMORIAL MEDICAL CLINIC
A/P	186924	08/26/20	402.33	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	186925	08/26/20	631.02	MISTY BEST
A/P	186926	08/26/20	8,618.60	MORRIS & DICKSON CO, LLC
A/P	186927	08/26/20	164.76	NOVA BIOMEDICAL
A/P	186928	08/26/20	71.24	OFFICE DEPOT
A/P	186929	08/26/20	1,318.44	OLYMPUS AMERICA INC
A/P	186930	08/26/20	2,429.38	PABLO GARZA
A/P	186931	08/26/20	2,000.00	PARA
A/P	186932	08/26/20	431.70	PENNY REYES
A/P	186933	08/26/20	2,109.12	PRESS GANEY ASSOCIATES, INC.
A/P	186934	08/26/20	2,466.40	PRO ENERGY PARTNERS LP
A/P	186935	08/26/20	159.36	
A/P	186936	08/26/20	225.20	
A/P	186937	08/26/20	3,865.50	RANDY'S FLOOR COMPANY
A/P	186938	08/26/20	100.00	RAPID PRINTING LLC
A/P	186939	08/26/20	2,029.60	REVCYCLE+, INC.
A/P	186940	08/26/20	105.00	RONALD RISKE
A/P	186941	08/26/20	2,606.81	SANOFI PASTEUR INC
A/P	186942	08/26/20	156.20	SARAH DONNELL
A/P	186943	08/26/20	72.32	SHARN INC
A/P	186944	08/26/20	270.49	SHIRLEY KARNEI
A/P	186945	08/26/20	182.44	
A/P	186946	08/26/20	1,333.33	SIEMENS FINANCIAL SERVICES
A/P	186947	08/26/20	810.00	SMITH & NEPHEW
A/P	186948	08/26/20	186.31	STEPHANIE PARK
A/P	186949	08/26/20	2,415.00	STERICYCLE, INC
A/P	186950	08/26/20	105.00	STEVE BONUZ
A/P	186951	08/26/20	594.31	STRYKER SALES CORP
A/P	186952	08/26/20	7,338.00	T-SYSTEM, INC
A/P	186953	08/26/20	1,172.00	TEXAS BURNER & BOILER SERVICES
A/P	186954	08/26/20	8,030.00	TEXAS MUTUAL INSURANCE CO
A/P	186955	08/26/20	2,550.00	THE COMPLIANCE TEAM, INC
A/P	186956	08/26/20	75.33	
A/P	186957	08/26/20	1,995.00	THERACOM, LLC
A/P	186958	08/26/20	433.00	THYSSENKRUPP ELEVATOR CORP
A/P	186959	08/26/20	1,705.58	TRIZETTO PROVIDER SOLUTIONS
A/P	186960	08/26/20	148.00	TYNA LEDDA
A/P	186961	08/26/20	316.27	UNIFIRST HOLDINGS
A/P	186962	08/26/20	730.40	UNIFORM ADVANTAGE
A/P	186963	08/26/20	48.20	VICTORIA ADVOCATE
A/P	186964	08/26/20	4,763.43	WAGeworks, INC.
A/P	186965	08/26/20	219.33	
A/P	186966	08/26/20	13,500.00	WOUND CARE SPECIALISTS
A/P	186967	08/26/20	93,696.12	BETHANY SENIOR LIVING
A/P	186968	08/26/20	11,084.00	BROADMOOR AT CREEKSIDE PARK

RUN DATE:08/24/20
TIME:13:05

MEMORIAL MEDICAL CENTER
CHECK REGISTER
08/26/20 THRU 08/26/20

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BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	186969	08/26/20	29,090.47	GOLDENCREEK HEALTHCARE
A/P	186970	08/26/20	23,190.10	GULF POINTE PLAZA
A/P	186971	08/26/20	2,200.00	THE CRESCENT
A/P	186972	08/26/20	24,567.62	TUSCANY VILLAGE
TOTALS:			606,607.58	

APPROVED
ON

AUG 26 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payables 421,716.55 +
431.70 +
Reimbursements 631.02 +
11,084.00 +
NH 2,200.00 +
29,090.47 +
transfers 23,190.10 +
24,567.62 +
93,696.12 +
606,607.58

MCKESSON**STATEMENT**

As of: 08/21/2020

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: 08/22/2020As of: 08/21/2020 Page: 002
Mail to: Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 632536 PLEASE CHECK ANY
Date: 08/22/2020 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: 5,500.30 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017If Paid By 08/25/2020,
Pay This Amount:

5,390.31 USD

If Paid After 08/25/2020,
Pay this Amount:

5,500.30 USD

Due If Paid On Time:

USD 5,390.31

Disc lost if paid late:

109.99

Due If Paid Late:

USD 5,500.30

CK # 500127

APPROVED
ON

AUG 24 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

777.85 +
786.05 +
3,826.45 +
5,390.31 *

McKESSON**STATEMENT**

Company: 8000

CVS PHCY 7475/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 08/21/2020

Page: 001

DC: 8115

Territory: 400

Customer: 835438

Date: 08/22/2020

To ensure proper credit to your
account, detach and return this
stub with your remittanceAs of: 08/21/2020
Mail to:Page: 001
Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 835438 PLEASE CHECK ANY
Date: 08/22/2020 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											
08/20/2020	08/25/2020	7219179068	856068	115Invoice	15.87	793.70		777.83 ✓		7219179068	

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

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

Subtotals: 793.70 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,359.14
08/17/2020If Paid By 08/25/2020,
Pay This Amount:

777.83 USD

If Paid After 08/25/2020,
Pay this Amount:

793.70 USD

Due If Paid On Time:

USD 777.83

Disc lost if paid late:

15.87

Due If Paid Late:

USD 793.70

APPROVED
ON

AUG 24 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON**STATEMENT**

As of: 08/21/2020

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: 08/22/2020As of: 08/21/2020 Page: 001
Mail to: Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 262252 PLEASE CHECK ANY
Date: 08/22/2020 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											
08/20/2020	08/25/2020	7219035628	855909	115Invoice	15.76	788.13		772.37 ✓		7219035628	
08/20/2020	08/25/2020	7219035629	855909	115Invoice	0.28	13.96		13.68 ✓		7219035629	

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

*OTAL: Customer Number 262252 CVS PHCY 7006/MEMORIA PHS

Subtotals: 802.09 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,359.14
08/17/2020If Paid By 08/25/2020,
Pay This Amount:

786.05 USD

If Paid After 08/25/2020,
Pay this Amount:

802.09 USD

Due If Paid On Time:

USD

786.05

Disc lost if paid late:

16.04

Due If Paid Late:

USD

802.09

APPROVED
ON

AUG 24 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON**STATEMENT**

As of: 08/21/2020

Page: 001

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

Company: 8000

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

DC: 8115

Territory: 400

Customer: 256342
Date: 08/22/2020As of: 08/21/2020
Mail to:Page: 001
Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 256342 PLEASE CHECK ANY
Date: 08/22/2020 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											
18/17/2020	08/25/2020	7218231812	1155765	115Invoice	6.64	332.07		325.43✓		7218231812	
18/17/2020	08/25/2020	7218231813	4769168444	115Invoice	5.13	256.65		251.52✓		7218231813	
18/17/2020	08/25/2020	7218231815	0816200313-00	115Invoice	4.15	207.49		203.34✓		7218231815	
18/17/2020	08/25/2020	7218401522	826885335	195Invoice	7.65	382.38		374.73✓		7218401522	
18/18/2020	08/25/2020	7218501645	0815200120-00	115Invoice	0.01	0.63		0.62✓		7218501645	
18/18/2020	08/25/2020	7218501646	1156021	115Invoice	0.01	0.63		0.62✓		7218501646	
18/18/2020	08/25/2020	7218529351	0817200444-00	115Invoice	1.39	69.37		67.98✓		7218529351	
18/18/2020	08/25/2020	7218529353	0817200444-00	115Invoice	26.03	1,301.45		1,275.42✓		7218529353	
18/18/2020	08/25/2020	7218689693	827229139	195Invoice	0.02	0.96		0.94✓		7218689693	
18/18/2020	08/25/2020	7218720136	000007172020TM	115Invoice	4.48	223.97		219.49✓		7218720136	
18/19/2020	08/25/2020	7218752379	0818200306-00	115Invoice	0.02	0.95		0.93✓		7218752379	
18/19/2020	08/25/2020	7218936476	827457738	195Invoice	0.56	27.84		27.28✓		7218936476	
18/20/2020	08/25/2020	7219035762	6424012086	115Invoice	13.28	664.12		650.84✓		7219035762	
18/20/2020	08/25/2020	7219035763	1156432	115Invoice	5.13	256.33		251.20✓		7219035763	
18/20/2020	08/25/2020	7219191047	827692767	195Invoice		0.10		0.10✓		7219191047	
18/21/2020	08/25/2020	7219274909	6424016672	115Invoice	0.96	48.24		47.28✓		7219274909	
18/21/2020	08/25/2020	7219274910	0820200329-00	115Invoice	0.05	2.66		2.61✓		7219274910	
18/21/2020	08/25/2020	7219468235	000008202020SS	115Invoice	2.57	128.67		126.10✓		7219468235	

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: 3,904.51 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,359.14
18/17/2020If Paid By 08/25/2020,
Pay This Amount:

3,826.43 USD

If Paid After 08/25/2020,
Pay this Amount:

3,904.51 USD

Due If Paid On Time:

USD 3,826.43

Disc lost If paid late:

78.08

Due If Paid Late:

USD 3,904.51

APPROVED
ON

AUG 24 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Sold By:

AMERISOURCEBERGEN DRUG
CORPORATION
1300 MORRIS DRIVE
CHESTERBROOK PA 19087

Customer:

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

Remit To:

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

Customer Number

0100135284 / 037028186

Terms

Monday - Friday due in 7 days

Summary

Not Yet Due:	0.00
Current:	1,463.66
Past Due:	0.00
Total Due:	1,463.66
Account Balance:	1,463.66

CK # 500128

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
08-17-2020	08-28-2020	3041417711	157697	Invoice	952.45		0.00	952.45
08-17-2020	08-28-2020	3041437751	157744	Invoice	118.38		0.00	118.38
08-17-2020	08-28-2020	335151866	157123	Invoice	(330.28)		0.00	(330.28)
08-17-2020	08-28-2020	335151867	157123	Invoice	314.75		0.00	314.75
08-17-2020	08-28-2020	335151923	157357	Invoice	(330.28)		0.00	(330.28)
08-17-2020	08-28-2020	335151924	157357	Invoice	314.75		0.00	314.75
08-17-2020	08-28-2020	335152035	157467	Invoice	(330.28)		0.00	(330.28)
08-17-2020	08-28-2020	335152036	157467	Invoice	314.75		0.00	314.75
08-17-2020	08-28-2020	335152049	157608	Invoice	(165.14)		0.00	(165.14)
08-17-2020	08-28-2020	335152150	157608	Invoice	157.38		0.00	157.38
08-18-2020	08-28-2020	3041472749	157755	Invoice	4.25		0.00	4.25
08-19-2020	08-28-2020	3041525089	157765	Invoice	74.98		0.00	74.98
08-20-2020	08-28-2020	3041574255	157779	Invoice	358.10		0.00	358.10
08-21-2020	08-28-2020	3041618576	157789	Invoice	9.85		0.00	9.85

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
1,463.66	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
08-21-2020	(396.84)

APPROVED
ON

AUG 24 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
08-28-2020	1,463.66
Total Due:	1,463.66

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

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

☐ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	#### ENTER: ###
☐ "ENTER YOUR 4-DIGIT PIN"	
☐ "MAKE A PAYMENT, PRESS 1"	1
☐ "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★ 941 #
☐ "IF FEDERAL TAX DEPOSIT ENTER 1"	1
☐ "ENTER 2-DIGIT TAX FILING YEAR"	★ 20
☐ "ENTER 2-DIGIT TAX FILING ENDING MONTH"	★ 09
1ST QTR - 03 (MARCH) - Jan, Feb, Mar 2ND QTR - 06 (JUNE) - Apr, May, June 3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept 4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec	
☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★ \$ 78.42 #
"1 TO CONFIRM"	1
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0 \$ 46.90 #
"ENTER W/CENTS AMOUNT OF MEDICARE"	\$ 10.96 #
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	\$ 20.56 #
☐ "6-DIGIT SETTLEMENT DATE"	CHECK ★ \$
"1 TO CONFIRM"	1
☐ ACKNOWLEDGEMENT NUMBER	

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

Run Date: 08/24/20
Time: 14:31

MEMORIAL MEDICAL CENTER
Payroll Register (Bi-Weekly)
Pay Period 07/31/20 - 08/13/20 Run# 2

Page 3
P2REG

Final Summary

-- Pay Code Summary -----							*-- Deductions Summary -----*						
PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross	Code	Amount			
P		32.00	N		N	N	N	378.24	A/R	A/R2	A/R3		
									ADVANC	AWARDS	BOOTS		
									CAFE H	CAFE-1	CAFE-2		
									CAFE-3	CAFE-4	CAFE-5		
									CAFE-C	CAFE-D	CAFE-F		
									CAFE-H	CAFE-I	CAFE-L		
									CAFE-P	CANCER	CHILD		
									CLINIC	COMBIN	CREDUN		
									DD ADV	DENTAL	DEP-LF		
									DIS-LF	EAT	EATCSH		
									FEDTAX	20.56 FICA-M	5.48 FICA-O	23.45	
									FIRSTC	FLEX S	FLX FE		
									FORT D	FUTA	GIPT S		
									GRANT	GRP-IN	GTL		
									HOSP-I	ID TPT	LEAF		
									LEGAL	MASA	MEALS		
									MISC	MISC/	MMCSHR		
									NATFML	OTHER	PHI		
									PHI***	PR FIN	RELAY		
									REPAY	SAMS	SCRUBS		
									SIGNON	ST-TX	STONDF		
									STONE	STONE2	STUDEN		
									SUNACC	SUNILL	SUNLIF		
									SUNSTD	SUNVIS	SURCHG		
									TSA-1	TSA-2	TSA-C		
									TSA-P	TSA-R	26.48 TUTION		
									UNIFOR	UW/HOS			
----- Grand Totals: 32.00 ----- (Gross: 378.24 Deductions: 75.97 Net: 302.27)													
Checks Count:- FT 1 PT Other Female Male 1 Credit OverAmt ZeroNet Term Total: 1													



**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- August 17, 2020 - August 23, 2020**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>	<u>Amount</u>
8/17/2020	PAY PLUS ACHTRANS 452579291 101000690290258	- 3rd Party Payor Fee	1.24
8/17/2020	TEXAS COUNTY DRS RECEIVABLE 0419 21000022275	- Retirement Funding	145061.33**
8/18/2020	PAY PLUS ACHTRANS 452579291 101000691096014	- 3rd Party Payor Fee	0.41
8/18/2020	MCKESSON DRUG AUTO ACH ACH04277075 910000162	- 340B Drug Program Expense	3359.14*
8/19/2020	PAY PLUS ACHTRANS 452579291 101000691891395	- 3rd Party Payor Fee	209.08
8/20/2020	WEBFILE TAX PYMT DD 902/37745265 21000025389	- Sales Tax	1182.64*
8/20/2020	PAY PLUS ACHTRANS 452579291 101000692555973	- 3rd Party Payor Fee	0.55
8/21/2020	PAY PLUS ACHTRANS 452579291 101000693197828	- 3rd Party Payor Fee	8.6
8/21/2020	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	396.84*
8/21/2020	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	304193.94*
8/21/2020	WIRE OUT CBNA INCOMING SETTLEMENT ACCOUNT	-CitiBank Corporate Card Paymen	2417.9*
			<u><u>456,831.67</u></u>

Pay Plus
1.24 +
0.41 +
209.08 +
0.55 +
8.60 +
219.88 +
456.831.67 +
145.061.33 -
3.554.14 -
1.182.64 -
396.84 -
304.193.94 -
2.417.90 -
219.88 *

Jason Anglin, CEO
Memorial Medical Center

August 24, 2020

* Approved 08-19-20 CC
* * Approved 08-12-20 CC

219.88 +
219.88 -
0.00 *

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

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>	<u>Amount</u>
9/4/2020	ACH Payment STATE COMTRLR TEXNET	ACCRUED IGT DSH	4,239.38

Jason Anglin, CEO
Memorial Medical Center

August 24, 2020

APPROVED
ON

AUG 24 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

8/14/2020

https://texnet.cpa.state.tx.us/TXN_HSC.aspx



Texas Comptroller of Public Accounts

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

Identification Number: **Location: 00136**

Transaction Complete

Trace #:

Payment Total \$4,239.38

Settlement Date 09/04/2020

PAYMENT DETAIL

DSH Amount \$4,239.38

[Return to Menu](#)

[Logoff](#)

[Help](#)

IMPORTANT: DO NOT USE THE BACK BUTTON ON YOUR BROWSER WHILE USING TEXNET.

Revised:01/09/13 (483)

[WARNING-Remote attachments, VERIFY SENDER]

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

DSH Participants:

Attached is the finalized 2017 DSH Withheld Payment Calculation workbook.

The DSH payments and intergovernmental transfer (IGT) amounts are based on the calculations in the Model Scenario Analysis (see tabs labeled "Non-State" and "State" for non-state-owned and state-owned hospitals respectively). Providers were then capped at their final audited 2017 HSL net of YTD DSH and UC payments in excess of Schedule 1 and 2 costs. You can view the payment and IGT amounts in the "Non-State" tab. The payment amounts are in column BH and the IGT amounts are in column BJ. To ensure that all government entities receive this notification, HHSC strongly encourages providers to send this information to any government entity who is IGT'ing on their behalf.

Below are the pertinent dates associated with the DSH Pool 2 payment:

- September 3 Last date to schedule transfer in TexNet
- September 4 Pass 1 and Pass 2 IGT Settlement Date
- September 21 State Owned Hospitals submit Journal Entry
- September 30 Latest DSH Pass 1 and Pass 2 Payment Date

****Late IGTs will not be accepted.**

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

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

If you have questions regarding the DSH payment process, please send an email to DSHPayments@hhsc.state.tx.us. Questions about the calculation can be sent to uctools@hhsc.state.tx.us.

Jason Anglin

From: HHSC DSH Payments <DSHPayments@hhsc.state.tx.us>
Sent: Friday, August 14, 2020 12:37 PM
To: Cassie.Mogg@stjoe.org; Timothy.Camp@uthct.edu; lmedovich@petersonhealth.com; richard.humphrey@phhs.org; mmason@permianregional.com; MarkMcGinnis@catholichealth.net; jhammel@obmc.org; Greg Lance Meekins (lmeekins@noconageneral.com); cklein@lambhc.org; Kevin.Anderson@stjoe.org; antoinettes@bmhd.org; charles.handley@tenethealth.com; randy.slack@tenethealth.com; Scroggins, Todd; StevenRose@TexasHealth.org; bbriscoe@pcmhfs.com; paulg@brownfield-rmc.org; JOEB@DHCHD.ORG; bprochnow@matagordaregional.org; mccaber@nacmem.org; lboles@huntregional.org; Michelle.Ramirez@dchstx.org; rhonda@rpmh.net; Kevin Latimer; Wade_Welch@chs.net; Gutierrez-Rodriguez, Jessica (DSHS); Norby, Michael D; bbrewer@fallshospital.com; sharon.hunt@dschd.org; david.byrom@coryellhealth.org; rwicke@columbusch.com; Rebecca McCain; mdavis23@primehealthcare.com; Lucy.Catala@BSWHealth.org; kklein@connallymmc.org; William.Roberts@BSWHealth.org; Clayton.Kolodziejczyk@BSWHealth.org; tgreen@lavacamedcen.com; sewing@echd.org; bpert@unitedregional.org; bill.bedwell@uhs-sa.com; nathan.flood@cchdonline.com; rrichey@midlandhealth.org; cwaites@martinch.org; Robbie Dewberry (rdewberry@mitchellcountyhospital.com); jaimejames@texashealth.org; Jason.Cole@BSWHealth.org; John Everett; lrodriguez@wardmemorial.com; Thalia Munoz (munozth@yahoo.com); smccluskey@tchospital.us; David Lee; sxneves@hillcountrymemorial.org; jcannaday@starcarelubbock.org; Ted Matthews (ted.matthews@emhd.org); JPickett@gwhf.org; Suann Parrish; Divya.Matai@nwths.com; Alita.Risinger@BSWHealth.org; Gayla Quillin (gquillin@parmermedicalcenter.com); duane.woods@cmcvtx.org; Jason Anglin; jeff.dane@umchealthsystem.com; Leslie Hardin (Lhardin@seymourtexas.net); Penny Wallace (pkwallace@grmedcenter.com); jwalker@hendrickhealth.org; tammie.sibley@childrens.com; aalexander@cuerohospital.org; Jaime.Mitchell@titusregional.com; dwsmith@ppgh.com; MichaelNunez@umcelpaso.org; Richard.Perkins@BSWHealth.org; wwgage@texaschildrens.org; Melonie.pipes@stjoe.org; Jay.Whitfield@BSWHealth.org; etyrrell@houstonmenthodist.org; miwilliams@lmchospital.com; mo@starcoimpex.com; ashley.underwood@adventhealth.com; Trey.Wicke@BSWHealth.org; dmak@ecmh.org; Mbergstrom@primehealthcare.com; cxhandle@baptisthealthsystem.com; S.Turley@dhr-rgv.com; Rogelio_Reyes@chs.net; donald.mcdaniel@parismc.com; macruz@lubbockheart.com; Chris.Holcomb1@BSWHealth.org; Deanne.Kindred@BSWHealth.org; mark.meyer@utsouthwestern.edu; sharon.corum@uhsinc.com; RGray@Culbersonhospital.org; Steve.Bishop@smmctx.org; Kevin.Markham@uhsinc.com; pburke@scmc.us
Cc: Fine,Mance (HHSC); Brown,Adam (HHSC); Jenkins,Brooke (HHSC); HHSC Uncompensated Care Tools; Okoniewski,Amanda (HHSC); Guzman,Kenneth (HHSC); HHSC DSH Payments
Subject: 2017 DSH Withheld Payment IGT Notification 3
Attachments: 2017 DSH Withheld Payment Calculation.xlsx

-	-	25,257,400	886,880,463	2,485,010	6	27,742,410	25,257,400
-	-	274,631	140,537,231	352,094	3	626,726	274,631
-	-	372,799	2,601,054,170	30,374,521	161	30,747,320	372,799
-	-	25,904,831	3,628,471,864	33,211,625	170	59,116,456	25,904,831

Additional IGT For Pool 3 Pass 2 Redistribution (Urban Public Class 1, 2, and Non- Urban Public Hospitals)	Additional IGT For Pool 3 Pass 2 Redistribution from Private Hospitals (Urban Public Class 1 Hospitals)	Total IGT Paid	Remaining HSL	DSH Payment Net of IGT	DSH Indicator	Final 2017 DSH Payment after adjusting for 3.5% holdback and subtracting 2017 Advance DSH Payment	Final 2017 DSH IGT after adjusting for 3.5% holdback and subtracting 2017 Advance DSH IGT
\$0.00	\$0.00	\$4,239	\$2,528,951	\$5,435	1	\$9,674.53	\$4,239.38

Non-State Owned Urban Public Hospital Class 1
 Non-State Owned Urban Public Hospital Class 2
 Non-State Owned All Other Hospitals
 Non-State Owned Totals

2017 TPI	2020 TPI	2020 Qualifications Matching TPis	Hospital Name
137909111	137909111	137909111	Memorial Medical Center

County	Urban Public Hospital (UPH) Class 1=Class 1 (TH) 2=Class 2 3=All Others	Own 1=Public 2=Private 3=State		Rural 1=LE 500K 2=R38 3=No	Children 1=Yes 2=No	IMD 1=Yes 2=No
Calhoun	3	1	Public	2	2	2

Yes

398,267	747,210	747,210	1,145,983	1,145,983
74,433	103,360	103,360	160,917	160,917
1,890,125	1,903,337	1,903,337	15,469,831	15,540,589
2,362,825	2,753,907	2,753,907	16,776,731	16,847,489

			3rd Pass 1 = Yes 2 = No 3 = Unk.	Total Hospital Medicaid Days (Includes OOS Days, Excludes Dual Eligible Days)	Low-Income Days	Total Days with OI Weight Applied	Total Days with YTD Payments Weight Applied to Days with OI Weight Applied	Adjusted Total Days for Non- Transferring Public Hospitals
	2017 Ownership	2020 Ownership Check (2020 Qualification)						
	Public	Public	1	603	1,093	1,696	1,696	2,439

-	2,259,088	2,259,088	1,962,927,922	10,255,070	1,973,182,992
-	317,218	317,218	233,533,435	9,519,743	243,053,178
-	30,635,319	30,635,319	3,104,947,576	459,242,135	3,564,189,711
-	33,211,625	33,211,625	5,301,408,934	479,016,948	5,780,425,881

PCT Total Adjusted Days	Total Days State GR Payment (All Funds) Pool 1 (Pass 1) Calculation	Total Days Non- GR Federal Payment Pool 2 (Pass 1) Calculation	Total Payment before HSL Cap and IGT Return	HSL that INCLUDES OI	OI Amount	OI Weight Increase	Analysis HSL (No OI or OOS Payments)
0.01%	\$0	\$4,808	\$4,808	\$3,636,068	\$48,966	1.35%	\$3,685,033

768,296,080	1,204,886,912	668,607,589	378,343,550	290,264,039	914,622,873
76,315,256	166,737,923	40,173,339	21,618,943	25,573,966	141,163,957
609,846,422	2,954,343,289	410,963,910	413,014,078	322,541,800	2,631,801,489
1,454,457,758	4,325,968,123	1,119,744,837	812,976,571	638,379,804	3,687,588,319

YTD DSH Payments	YTD Payment Weight	Analysis HSL less YTD DSH Payments	YTD Advance UC Payments	Schedule 1 & 2 + Adjustments UC Amounts	Amount of UC Advance Payment Attributable to HSL	Analysis HSL less UC Advance Payments Charged to HSL
\$1,146,408	100%	\$2,538,625		\$203,582	\$0	\$2,538,625

2,259,088	-	912,363,785	225,922	2,485,010	1,938,290
317,218	-	140,846,739	34,877	352,094	274,631
29,730,190	905,130	2,602,071,300	644,331	30,374,521	372,799
32,306,495	905,130	3,655,281,824	905,130	33,211,625	2,585,720

Capped Payment at HSL less 2017 UC Advance Payments Charged to HSL	Leftover Payment due to HSL Cap	Remaining HSL	Leftover DSH Amount Paid	Pool 2 (Pass 2) Payment before IGT Return	IGT from Self (Trans and Publics Only)
\$4,808	\$0	\$2,533,818	\$627	\$5,435	\$4,239

23,319,110	27,742,410	27,742,410	-	886,880,463	-	27,742,410	-
-	626,726	626,726	-	140,537,231	-	626,726	-
-	30,747,320	30,747,320	-	2,601,054,170	-	30,747,320	-
23,319,110	59,116,456	59,116,456	-	3,628,471,864	-	59,116,456	-

TH IGT Other Than Self	Pool 3 Total Payment w/IGT Return before HSL Cap #2	Capped Payment at HSL	Leftover Payment due to HSL Cap	Remaining HSL	Leftover DSH Amount Paid	Pool 3 (Pass 2) Total Payment (including IGT repayment)	IGT Reduction For Pool 3 Pass 2 Overage
\$0	\$9,675	\$9,675	\$0	\$2,528,951	\$0	\$9,675	\$0.00

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AP Open Invoice List

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Dates Through:

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Calhoun County Auditor

Vendor#

Vendor Name

Class

Pay Code

11832

BROADMOOR AT CREEKSIDE PAF

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
080720	08/14/2020	08/07/2020	09/03/2020				11,084.00	0.00	0.00	11,084.00

TRANSFER

NH insurance pymt deposited into mmc operating

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

11832

BROADMOOR AT C

11,084.00

0.00

0.00

11,084.00

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

11,084.00

0.00

0.00

11,084.00

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CALHOUN COUNTY, TEXAS

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Calhoun County Auditor
Vendor#
11824

Vendor Name

THE CRESCENT ✓

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081220	08/20/2020	08/12/2020	09/03/2020				2,200.00	0.00	0.00	2,200.00 ✓

TRANSFER

NT insurance pymt deposited into mmc operating

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

11824

THE CRESCENT

2,200.00

0.00

0.00

2,200.00

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

2,200.00

0.00

0.00

2,200.00

APPROVED
ON

AUG 20 2020

CK#

186971

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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AP Open Invoice List

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Calhoun County Auditor

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
081020		08/14/2020	08/10/2020	09/03/2020			5,023.74	0.00	0.00	5,023.74 ✓
	TRANSFER									
081120		08/14/2020	08/11/2020	09/03/2020			22,540.90	0.00	0.00	22,540.90 ✓
	TRANSFER									
081220		08/20/2020	08/12/2020	09/03/2020			1,525.83	0.00	0.00	1,525.83 ✓
	TRANSFER									
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net
11836			GOLDENCREEK HE			29,090.47	0.00	0.00		29,090.47

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	29,090.47	0.00	0.00	29,090.47

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ON****AUG 20 2020****COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**CK#
180969

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AP Open Invoice List

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Dates Through:

ap_open_invoice.template

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
080620	08/14/2020	08/06/2020	09/03/2020				337.45	0.00	0.00	337.45 ✓
	TRANSFER									
080720	08/14/2020	08/07/2020	09/03/2020				9,441.59	0.00	0.00	9,441.59 ✓
	TRANSFER									
081020	08/14/2020	08/10/2020	09/03/2020				13,047.40	0.00	0.00	13,047.40 ✓
	TRANSFER									
081220	08/20/2020	08/12/2020	09/03/2020				363.66	0.00	0.00	363.66 ✓
	TRANSFER									
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net
12696			GULF POINTE PLAZ			23,190.10	0.00	0.00		23,190.10

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	23,190.10	0.00	0.00	23,190.10

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ON****AUG 20 2020**

CHK#

**COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

186970

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AP Open Invoice List

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Dates Through:

Vendor#

Vendor Name

Class

Pay Code

13004

TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
080620	08/14/2020	08/06/2020	09/03/2020				3,791.35	0.00	0.00	3,791.35 ✓
	TRANSFER	NHI insurance pymt deposited into mmc operating								
081020	08/14/2020	08/10/2020	09/03/2020				2,506.91	0.00	0.00	2,506.91 ✓
	TRANSFER	NHI insurance pymt deposited into mmc operating								
081120	08/14/2020	08/11/2020	09/03/2020				15,648.64	0.00	0.00	15,648.64 ✓
	TRANSFER	NHI insurance pymt deposited into mmc operating								
081220	08/20/2020	08/12/2020	09/03/2020				2,620.72	0.00	0.00	2,620.72 ✓
	TRANSFER	NHI insurance pymt deposited into mmc operating								
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net
13004			TUSCANY VILLAGE			24,567.62	0.00	0.00		24,567.62

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	24,567.62	0.00	0.00	24,567.62

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ON****AUG 20 2020**CK#
186972**COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

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MEMORIAL MEDICAL CENTER

AP Open Invoice List

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Dates Through:

Calhoun County Auditor

Vendor#

Vendor Name

Class

Pay Code

12792

BETHANY SENIOR LIVING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
080720	08/14/2020	08/07/2020	09/03/2020				4,924.70	0.00	0.00	4,924.70 ✓
	TRANSFER									
081020	08/14/2020	08/10/2020	09/03/2020				65,775.97	0.00	0.00	65,775.97 ✓
	TRANSFER									
081120	08/14/2020	08/11/2020	09/03/2020				21,461.55	0.00	0.00	21,461.55 ✓
	TRANSFER									
081220	08/20/2020	08/12/2020	09/03/2020				1,533.90	0.00	0.00	1,533.90 ✓
	TRANSFER									

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

12792

BETHANY SENIOR I

93,696.12

0.00

0.00

93,696.12

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

93,696.12

0.00

0.00

93,696.12

APPROVED
ON

AUG 20 2020

CK #

186967

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
8/24/2020

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	216844381	111,990.79 ✓	111,534.30 ✓	95,209.20 ✓		95,665.69 ✓	94,466.92
					Bank Balance	95,665.69 ✓	
					Variance	-	
					Leave in Balance	100.00	
					Pending QIPP Check	295.06 ✓	
					QIPP Y2 ADJ PYMT MOLINA	742.28 ✓	
					July Interest	61.43 ✓	
					August Interest		
					September Interest		
					Adjust Balance/Transfer Amt	94,466.92 ✓	
					Bank Balance	264,546.28 ✓	264,264.68
					Variance	-	
					Leave in Balance	100.00	
					QIPP 1,2,3, 4 & Lapse	-	
					Pending QIPP Check		
					QIPP Y2 ADJ PYMT MOLINA	142.50 ✓	
					July Interest	39.10 ✓	
					August Interest		
					September Interest		
					Adjust Balance/Transfer Amt	264,264.68 ✓	
Broadmoor	216844403	13,104.43 ✓	12,965.33 ✓	264,407.18 ✓		264,546.28 ✓	264,264.68
					Bank Balance	264,546.28 ✓	
					Variance	-	
					Leave in Balance	100.00	
					QIPP 1,2,3, 4 & Lapse	-	
					Pending QIPP Check		
					QIPP Y2 ADJ PYMT MOLINA	142.50 ✓	
					July Interest	39.10 ✓	
					August Interest		
					September Interest		
					Adjust Balance/Transfer Amt	264,264.68 ✓	
Crescent	216844411	15,864.53 ✓	15,710.43 ✓	27,041.91 ✓		27,196.01 ✓	26,912.24
					Bank Balance	27,196.01 ✓	
					Variance	-	
					Leave in Balance	100.00	
					QIPP 1,2,3, 4 & Lapse	-	
					Pending QIPP Check	20.08 ✓	
					QIPP Y2 ADJ PYMT MOLINA	129.67 ✓	
					July Interest	34.02 ✓	
					August Interest		
					September Interest		
					Adjust Balance/Transfer Amt	26,912.24 ✓	
Fort Bend	216844446	5,874.74 ✓	5,675.80 ✓	44,444.42 ✓		44,643.36 ✓	44,161.91
					Bank Balance	44,643.36 ✓	
					Variance	-	
					Leave in Balance	100.00	
					Pending QIPP Check	83.82 ✓	
					QIPP Y2 ADJ PYMT MOLINA	282.51 ✓	
					July Interest	15.12 ✓	
					August Interest		
					September Interest		
					Adjust Balance/Transfer Amt	44,161.91 ✓	
Solera at W Houston	216844438	62,169.64 ✓	61,961.00 ✓	43,923.57 ✓		44,132.21 ✓	43,710.85
					Bank Balance	44,132.21 ✓	
					Variance	-	
					Leave in Balance	100.00	
					Pending QIPP Check	74.08 ✓	
					QIPP Y2 ADJ PYMT MOLINA	212.72 ✓	
					July Interest	34.56 ✓	
					August Interest		
					September Interest		
					Adjust Balance/Transfer Amt	43,710.85 ✓	
TOTAL TRANSFERS						473,516.60	

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

Approved:
Jason Anglin, CEO

APPROVED ON
AUG 24 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
8/17/2020

Ashford Gardens

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
8/17/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020081417200910*1912008361*0000TEK01\	-	-	-	-	-	-	2,863.04
8/17/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020081410800213*1912008361*0000TEK01\	-	-	-	-	-	-	49,012.78
8/18/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020081516000637*1912008361*0000TEK01\	-	-	-	-	-	-	230.24
8/19/2020 WIRE OUT ASHFORD HEALTH CARE CENTER LTD	111,534.30	-	-	-	-	-	-
8/19/2020 MOLINA HEALTHCAR MOLINAACH 00881554 42000011 ISA * * * * *ZZ* *ZZ* *200818*084 5	-	987.56	497.00	135.00	251.00	104.56	742.28
8/19/2020 UHC Community Pl HCCLAIMPMT 746003411 910000 TRN*1*2020081615700695*1912008361*0000TEK01\	-	-	-	-	-	-	11,309.50
8/20/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020081912300159*1912008361*0000TEK01\	-	-	-	-	-	-	101.01
8/20/2020 HEALTH HUMAN SVC INV-PAYMTS 17460034113005 2 ISA-00-0000000000-00-0000000000-ZZ-1746000089 -ZZ-JP	-	-	-	-	-	-	14,013.07
8/20/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2 TRN*1*05F794751326436189*1746000156-	-	-	-	-	-	-	4,040.69
8/21/2020 UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9557505075*1411289245*000087726\	-	-	-	-	-	-	8,902.00
8/21/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020082017100052*1912008361*0000TEK01\	-	-	-	-	-	-	3,503.48
8/21/2020 NOVITAS SOLUTION HCCLAIMPMT 675423 420000175 TRN*1*EFT6973166*1205296137*000004911\	-	-	-	-	-	-	245.83
	111,534.30	95,209.20	497.00	135.00	251.00	104.56	742.28
							94,466.92

Broadmoor

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
8/17/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020081417200140*1912008361*0000TEK01\	-	-	-	-	-	-	4,817.79
8/17/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020081416100599*1912008361*0000TEK01\	-	-	-	-	-	-	29,542.49
8/17/2020 UHC Community Pl HCCLAIMPMT 746003411 910000 TRN*1*2020081413100678*1912008361*0000TEK01\	-	-	-	-	-	-	6,606.00
8/17/2020 HUMANA CHA DISB HCCLAIMPMT 390861 4200001686 TRN*1*014840101591485*1611013183\	-	-	-	-	-	-	712.56
8/18/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020081516000775*1912008361*0000TEK01\	-	-	-	-	-	-	397.48
8/18/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020081511200288*1912008361*0000TEK01\	-	-	-	-	-	-	1,379.57
8/19/2020 WIRE OUT CANTEX HEALTH CARE CENTERS III	12,965.33	-	-	-	-	-	-
8/19/2020 MOLINA HEALTHCAR MOLINAACH 00881769 42000011 ISA * * * * *ZZ* *ZZ* *200818*084 5	-	177.96	97.00	31.00	41.00	19.00	142.50
8/19/2020 AARP Supplementa HCCLAIMPMT 746003411 124384 TRN*1*1556456137*1362739571*000036273\	-	-	-	-	-	-	7,330.08
8/20/2020 Deposit	-	-	-	-	-	-	5,280.00
8/20/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020081912900482*1912008361*0000TEK01\	-	-	-	-	-	-	7,034.00
8/21/2020 UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9557506524*1411289245*000087726\	-	-	-	-	-	-	6,210.00
8/21/2020 NOVITAS SOLUTION HCCLAIMPMT 6763752 420000175 TRN*1*EFT5668715*1205296137*000004011\	-	-	-	-	-	-	194,919.25
	12,965.33	264,407.18	97.00	31.00	41.00	19.00	142.50
							264,264.68

Crescent

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
8/17/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020081416100417*1912008361*0000TEK01\	-	-	-	-	-	-	14,242.96
8/17/2020 NOVITAS SOLUTION HCCLAIMPMT 676323 420000172 TRN*1*EFT5662759*1205296137*000004011\	-	-	-	-	-	-	216.84
8/17/2020 HUMANA CHA DISB HCCLAIMPMT 390864 4200001686 TRN*1*014840101591486*1611013183\	-	-	-	-	-	-	1,709.20
8/18/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202008151400613*1912008361*0000TEK01\	-	-	-	-	-	-	271.20
8/19/2020 WIRE OUT CANTEX HEALTH CARE CENTERS III	15,710.43	-	-	-	-	-	-
8/19/2020 MOLINA HEALTHCAR MOLINAACH 00881745 42000011 ISA * * * * *ZZ* *ZZ* *200818*084 5	-	163.33	96.00	17.00	33.00	17.33	129.67
8/20/2020 HEALTH HUMAN SVC INV-PAYMTS 17460034113008 2 ISA-00-0000000000-00-0000000000-ZZ-1746000089 -ZZ-JP	-	-	-	-	-	-	1,003.86
8/21/2020 UHC Community Pl HCCLAIMPMT 746003411 910000 TRN*1*2020082014301585*1912008361*0000TEK01\	-	-	-	-	-	-	370.00
8/21/2020 NOVITAS SOLUTION HCCLAIMPMT 676323 420000175 TRN*1*EFT5668701*1205296137*000004011\	-	-	-	-	-	-	6,600.52
8/21/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2 TRN*1*05F804621669860425*1746000156-	-	-	-	-	-	-	2,464.00
	15,710.43	27,041.91	96.00	17.00	33.00	17.33	129.67
							26,912.25

Fort Bend

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
8/17/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020081415800224*1912008361*0000TEK01\	-	-	-	-	-	-	20,315.69
8/18/2020 AARP Supplementa HCCLAIMPMT 746003411 124384 TRN*1*1556094674*1362739571*000036273\	-	-	-	-	-	-	88.35
8/19/2020 WIRE OUT CANTEX HEALTH CARE CENTERS III	5,675.80	-	-	-	-	-	-
8/19/2020 MOLINA HEALTHCAR MOLINAACH 00881598 42000011 ISA * * * * *ZZ* *ZZ* *200818*084 5	-	361.02	204.00	42.00	77.00	38.02	282.51
8/19/2020 AARP Supplementa HCCLAIMPMT 746003411 124384 TRN*1*1556464654*1362739571*000036273\	-	-	-	-	-	-	357.54
8/20/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2 TRN*1*05F794801730577503*1746000156-	-	-	-	-	-	-	13,677.27
8/20/2020 HEALTH HUMAN SVC INV-PAYMTS 17460034113006 2 ISA-00-0000000000-00-0000000000-ZZ-1746000089 -ZZ-JP	-	-	-	-	-	-	4,025.60
8/21/2020 NOVITAS SOLUTION HCCLAIMPMT 675663 420000175 TRN*1*EFT5668020*1205296137*000004011\	-	-	-	-	-	-	5,618.95
	5,675.80	44,444.42	204.00	42.00	77.00	38.02	282.51
							44,161.91

Solera at West Houston

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
8/17/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020081417200106*1912008361*0000TEK01\	-	-	-	-	-	-	2,045.35
8/17/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020081411000406*1912008361*0000TEK01\	-	-	-	-	-	-	21,541.15
8/18/2020 UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*1556298307*1411289245*000087726\	-	-	-	-	-	-	6,970.00
8/18/2020 UHC Community Pl HCCLAIMPMT 746003411 910000 TRN*1*2020081512201177*1912008361*0000TEK01\	-	-	-	-	-	-	1,625.00
8/18/2020 HUMANA INS CO HCCLAIMPMT 390862 830000586369 TRN*1*001290051910108*1391263473\	-	-	-	-	-	-	581.78
8/18/2020 HUMANA CHA DISB HCCLAIMPMT 390862 4200001907 TRN*1*014840101594562*1611013183\	-	-	-	-	-	-	140.96
8/19/2020 WIRE OUT CANTEX HEALTH CARE CENTERS III	61,961.00	-	-	-	-	-	-
8/19/2020 MOLINA HEALTHCAR MOLINAACH 00881724 42000011 ISA * * * * *ZZ* *ZZ* *200818*084 5	-	283.44	142.00	40.00	72.00	29.44	212.72
8/19/2020 Amerigroup TXSC HCCLAIMPMT 3130481771 111000 TRN*1*3130481771*1752603231\	-	-	-	-	-	-	1,264.07
8/20/2020 HEALTH HUMAN SVC INV-PAYMTS 17460034113007 2 ISA-00-0000000000-00-0000000000-ZZ-1746000089 -ZZ-JP	-	-	-	-	-	-	3,731.82
8/21/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020082012700574*1912008361*0000TEK01\	-	-	-	-	-	-	5,740.00
	61,961.00	43,923.57	142.00	40.00	72.00	29.44	212.72
							43,710.85

TOTALS

207,846.86	475,026.28	1,036.00	265.00	474.00	208.35	1,509.68	473,516.61
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8/24/2020

Treasury Center

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

DDA

Data reported as of Aug 24, 2020 10

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 14	\$8,018,085.92	\$8,422,718.41	\$8,018,085.92	\$7,770,470.86



*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$95,665.69	\$101,500.69	\$95,665.69	\$83,014.38
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$264,546.28	\$303,615.06	\$264,546.28	\$63,417.03
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$27,196.01	\$231,713.49	\$27,196.01	\$17,761.49
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$44,643.36	\$46,890.54	\$44,643.36	\$39,024.41
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$44,132.21	\$72,034.74	\$44,132.21	\$38,392.21



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Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
8/24/2020

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	216844454	52,693.34	52,555.77	20,688.36	-	20,825.93	20,645.72
					Bank Balance	20,825.93	
					Variance	-	
					Leave in Balance	100.00	
					Pending QIPP ck to MMC		
					QIPP Y1 ADJ PYMT SUPERIOR	42.64	
					July Interest	37.57	
					August Interest		
					September Interest		
					Adjust Balance/Transfer Amt	20,645.72	

Routing Information for Golden Creek:
Nexion Health at Golden Creek
Wells Fargo Bank, N.A.
ABA 121000248
Account # 4439840323

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

8/17/2020

APPROVED
ON

AUG 24 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek

8/17/2020 ACH SETTLEMENT SERVICE 4105521439 9601693606
 8/19/2020 WIRE OUT NEXION HEALTH AT GOLDEN CREEK
 8/19/2020 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9 543684555876917 GOLDEN CREEK HEALTHCAR 081720
 8/19/2020 Centene Manageme CCD+ 38888463 3110020264997 RMR*IV*QIPP 08 10.20 Y1A3**56.28\
 8/20/2020 Deposit
 8/20/2020 HEALTH HUMAN SVC INV-PAYMTS 17460034113011 2 ISA~00~0000000000~00~0000000000~ZZ~1746000089 ~ZZ
 8/21/2020 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9 543684555876917 GOLDEN CREEK HEALTHCAR 081920
 8/21/2020 HEALTH HUMAN SVC HCLCLAIMPMT 17460034113011 2 TRN*1*05F806571588075964*1746000156~

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&L apse	QIPP TI	
-	1,146.00					-	1,146.00
52,555.77	-					-	-
-	4,712.00					-	4,712.00
-	56.28	29.00	8.00	14.00	5.28	42.64	13.64
-	4,281.07					-	4,281.07
-	8,602.11					-	8,602.11
-	233.04					-	233.04
-	1,657.86					-	1,657.86
52,555.77	20,688.36	29.00	8.00	14.00	5.28	42.64	20,645.72

8/24/2020

Treasury Center

Select Quick View Accounts

Account Number / Name

Account Type

Select Group

Groups

Add Group

Search

All

DDA

Data reported as of Aug 24, 2020 10

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 14	\$8,018,085.92	\$8,422,718.41	\$8,018,085.92	\$7,770,470.86



4454

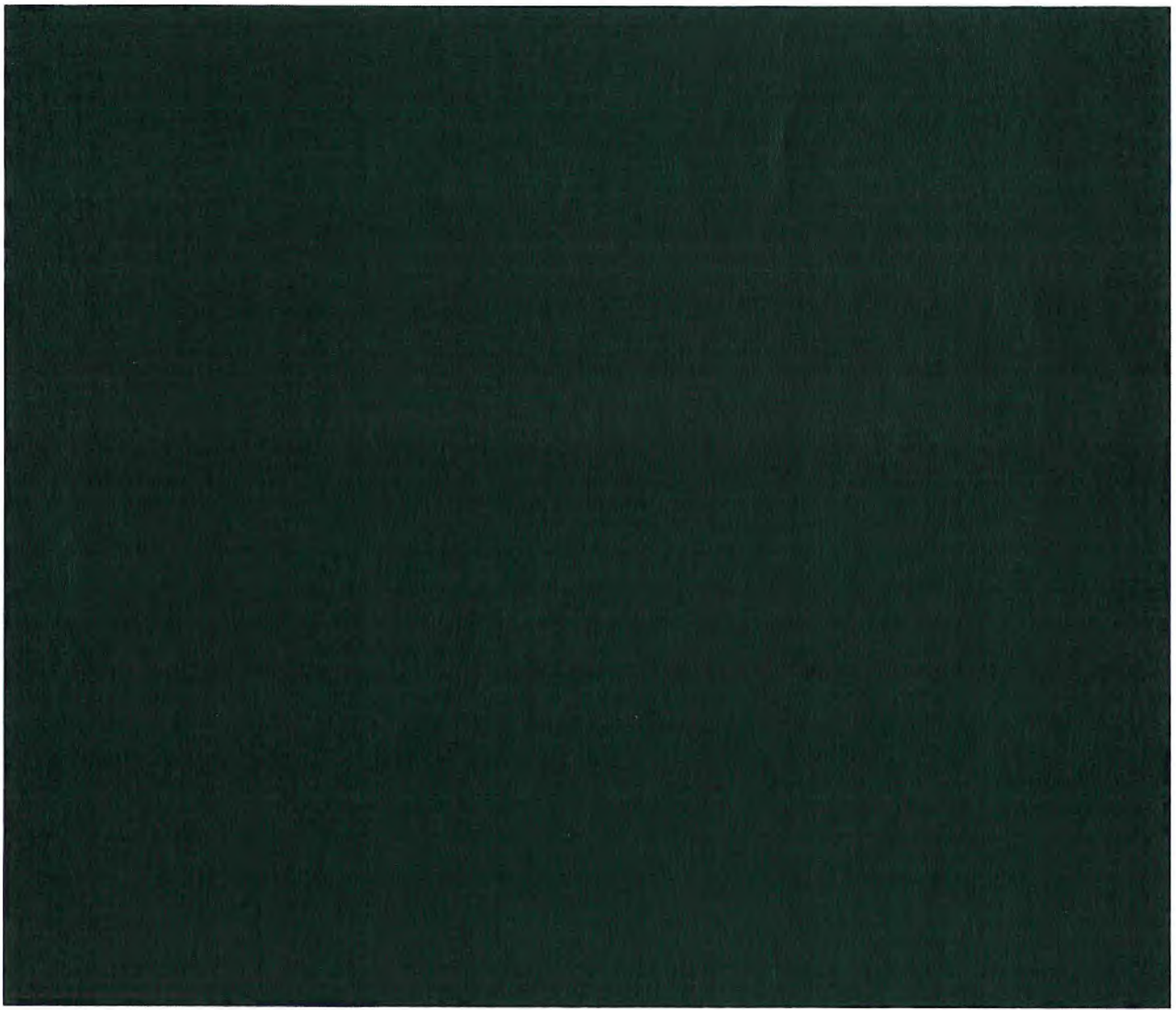
MEMORIAL MEDICAL /
NH GOLDEN CREEK
HEALTHCARE

\$20,825.93

\$53,175.82

\$20,825.93

\$18,935.03



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Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
8/24/2020

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	217715433	2,273.42	✓	21,825.00	✓		24,098.42	23,993.74
						Bank Balance	24,098.42	
						Variance		
						Leave in Balance	100.00	
						Pending QIPP ck to MMC		
						July Interest	4.68	✓
						August Interest		
						September Interest		
						Adjust Balance/Transfer Amt	23,993.74	✓
Gulf Pointe Plaza-Medicare/Medicaid	217715441	1,224.31	✓	47,491.45	✓		48,715.76	48,586.30
						Bank Balance	48,715.76	
						Variance		
						Leave in Balance	100.00	
						QIPP 1,2 AND 3		
						QIPP 4 & LAPSE		
						July Interest	29.46	✓
						August Interest		
						September Interest		
						Adjust Balance/Transfer Amt	48,586.30	✓
TOTAL TRANSFERS							72,580.04	

Routine 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

8/24/2020

APPROVED
ON

AUG 24 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay

8/17/2020 HUMANA CHA DISB HCCLAIMPMT 624982 4200001686 TRN*1*014840101592093*1611013183\
8/18/2020 HUMANA CHA DISB HCCLAIMPMT 624982 4200001908 TRN*1*014840101599040*1611013183\
8/20/2020 AETNA A501 HCCLAIMPMT 1922092790 51000015217 TRN*1*820230000197342*1066033492\
8/21/2020 HUMANA INS CO HCCLAIMPMT 624982 830000590080 TRN*1*001290051994763*1391263473\

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	
-	10,371.33	-	-	-	-	-	10,371.33
-	2,255.26	-	-	-	-	-	2,255.26
-	663.66	-	-	-	-	-	663.66
-	8,534.75	-	-	-	-	-	8,534.75
-	21,825.00	-	-	-	-	-	21,825.00

Gulf Pointe Plaza-Medicare/Medicaid

8/20/2020 Deposit
8/20/2020 NORIDIAN J3A HCCLAIMPMT 675892 4200001894939 TRN*1*EFT6968144*1450173185*000003C
8/21/2020 NORIDIAN J3A HCCLAIMPMT 675892 4200001728543 TRN*1*EFT6968880*1450173185*000003C

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	
-	32,882.08	-	-	-	-	-	32,882.08
-	2,426.71	-	-	-	-	-	2,426.71
-	12,182.66	-	-	-	-	-	12,182.66
-	47,491.45	-	-	-	-	-	47,491.45
-	69,316.45	-	-	-	-	-	69,316.45

8/24/2020

Treasury Center

Select Quick View Accounts

Account Number / Name

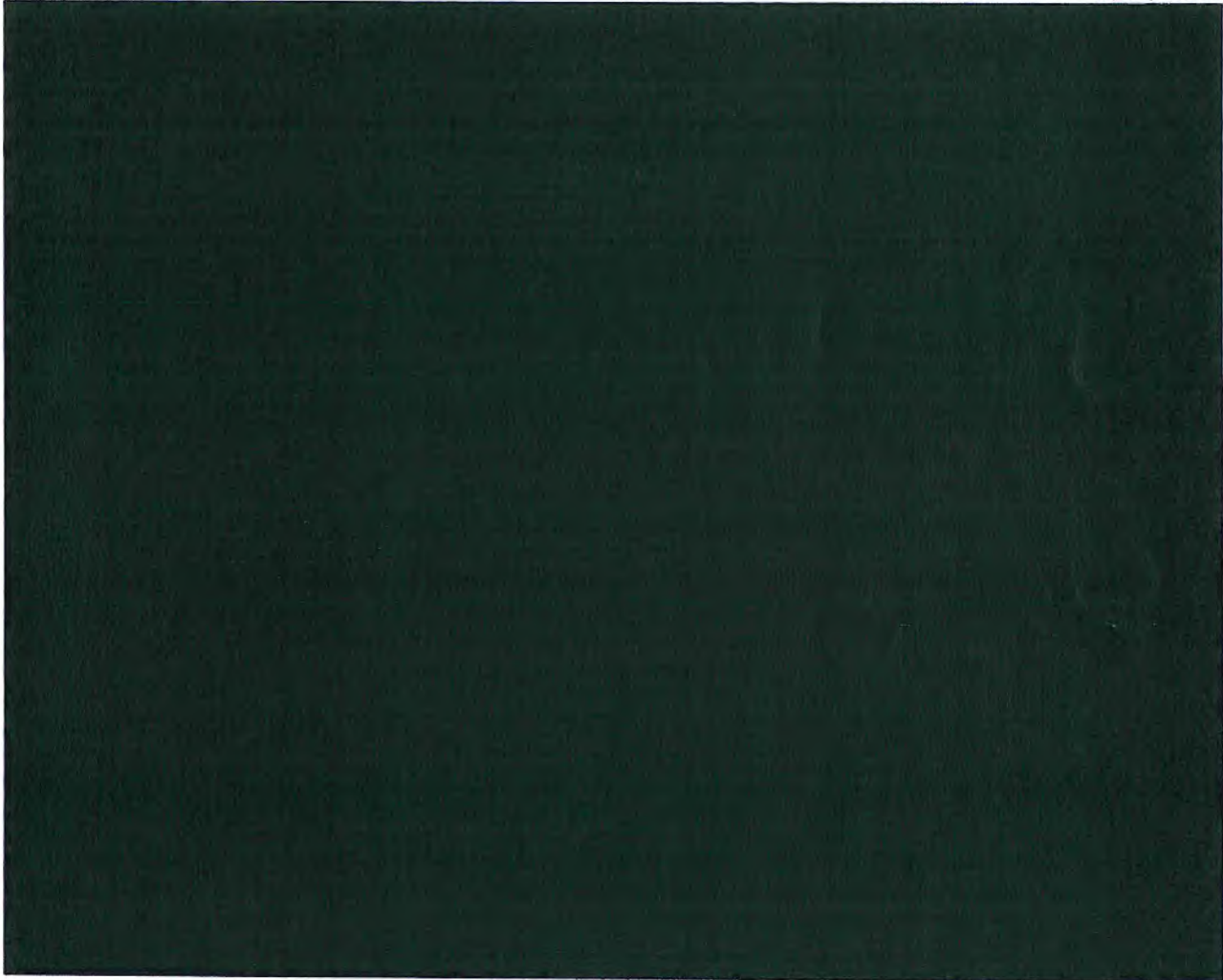
Account Type

Select Group

Groups

DDA

Data reported as of Aug 24, 2020 10

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 14	\$8,018,085.92	\$8,422,718.41	\$8,018,085.92	\$7,770,470.86
				
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$48,715.76	\$50,375.61	\$48,715.76	\$36,533.10
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$24,098.42	\$24,098.42	\$24,098.42	\$15,563.67
				

* indicates re
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Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscan Transfer
 Prosperity Accounts
 8/24/2020

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Chk Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home	Test
Tuscany Senior Living	217843407	40,732.21	40,628.34	77,237.59			77,341.46	77,237.59	103.87
						Bank Balance	77,341.46		
						Variance	-		
						Leave in Balance	100.00		
						Pending Ch to MMC			
						MMC Portion QIPP 1 & 2			
						MMC Portion QIPP 3,4,Lapse			
						July Interest	3.87		
						August Interest	-		
						September Interest			
						Adjust Balance/Transfer Amt	77,237.59		
Approved:									
Jason Anglin, CEO								8/24/2020	

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
 ON
 AUG 24 2020
 COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

MMC PORTION

Tuscany Senior Living

	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
8/17/2020 NOVITAS SOLUTION HCCLAIMPMT 676201 420000172 TRN*1*E	-	25,534.39					-	25,534.39
8/19/2020 WIRE OUT LINBAR ENTERPRISES, LLC	40,628.34	-					-	-
8/20/2020 Deposit	-	41,448.51					-	41,448.51
8/21/2020 NOVITAS SOLUTION HCCLAIMPMT 676201 420000175 TRN*1*E	-	574.69					-	574.69
8/21/2020 KS PLAN ADMINIST HCCLAIMPMT 179 111000022317 TRN*1*OC	-	9,680.00					-	9,680.00
							-	-
	40,628.34	77,237.59	-	-	-	-	-	77,237.59

8/24/2020

Treasury Center

Select Quick View Accounts

Account Number / Name

Account Type



Search

All

Select Group

Groups

Add Group

DDA

Data reported as of Aug 24, 2020 10

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
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*3407 MMC -NH TUSCANY VILLAGE	\$77,341.46	\$220,016.21	\$77,341.46	\$67,086.77
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Memorial Medical Center
 Nursing Home UPL
 Weekly HSLTransfer
 Prosperity Accounts
 8/24/2020

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Bethany Senior Living	217715506	217,852.24	217,757.34	316,843.34			316,948.24	316,843.34
						Bank Balance	316,948.24	
						Variance		
						Leave in Balance	100.00	
						QIPP 1,2 AND 3		
						July Interest	4.90	
						August Interest		
						September Interest		
						Adjust Balance/Transfer Amt	316,843.34	
						Approved:		
						Jason Anglin, CEO		8/24/2020

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
 ON
 AUG 24 2020
 COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

MMC PORTION

Bethany Senior Living

	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
8/17/2020 Deposit	-	7,956.85					-	7,956.85
8/17/2020 NOVITAS SOLUTION HCCLAIMPMT 676481 420000172 TF	-	8,314.85					-	8,314.85
8/19/2020 WIRE OUT BETHANY SENIOR LIVING, LTD	217,757.34	-					-	-
8/19/2020 Deposit	-	910.00					-	910.00
8/19/2020 NOVITAS SOLUTION HCCLAIMPMT 676481 420000189 TF	-	5,656.78					-	5,656.78
8/20/2020 NOVITAS SOLUTION HCCLAIMPMT 676481 420000172 TF	-	45,300.70					-	45,300.70
8/21/2020 Deposit	-	66.66					-	66.66
8/21/2020 NOVITAS SOLUTION HCCLAIMPMT 676481 420000175 TF	-	248,637.50					-	248,637.50
							-	-
	217,757.34	316,843.34	-	-	-	-	-	316,843.34

8/24/2020

Treasury Center

Select Quick View Accounts
Account Number / Name

Account Type

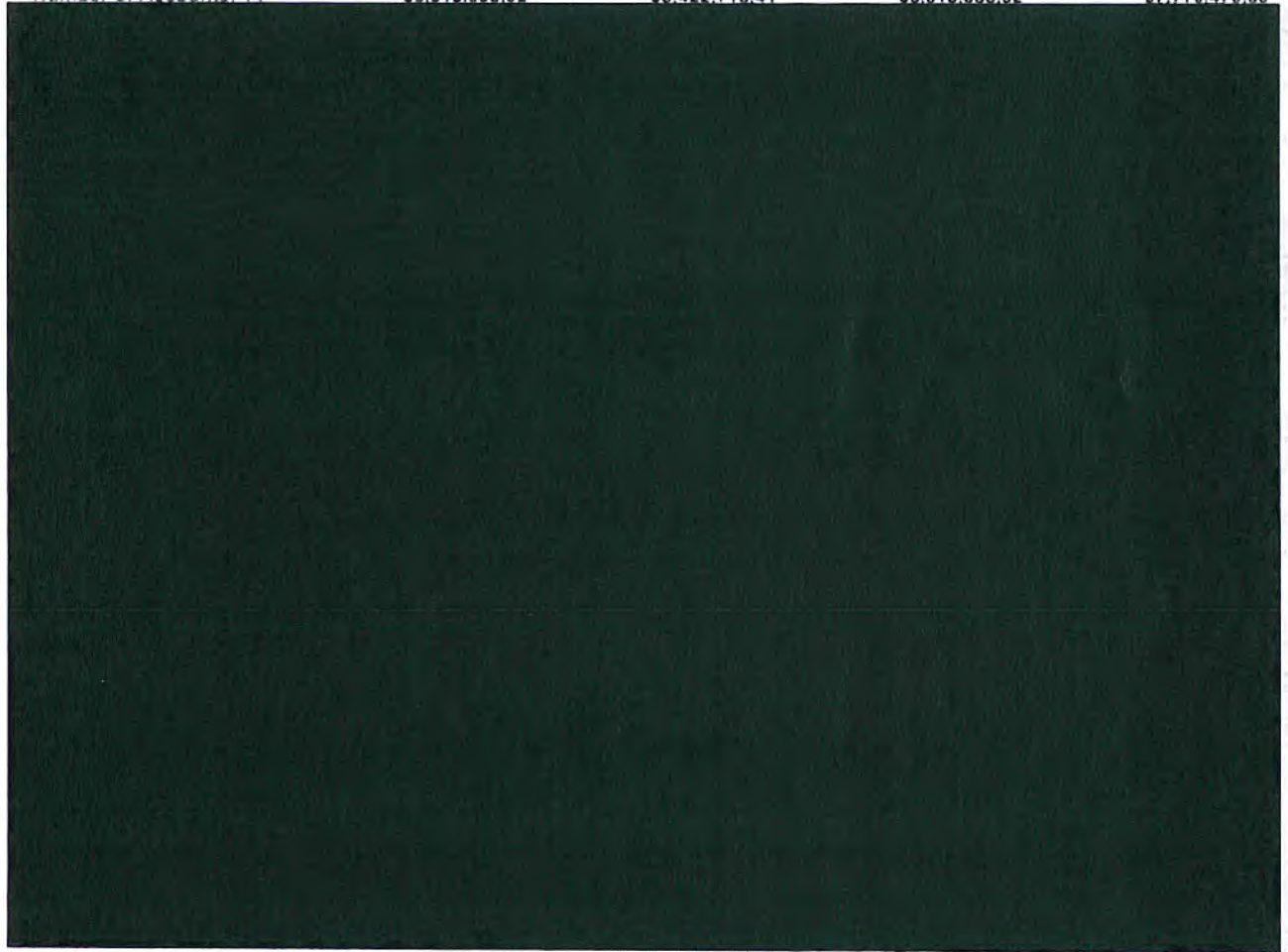
Select Group
Groups

Add Group

DDA

Data reported as of Aug 24, 2020 10

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 14	\$8,018,085.92	\$8,422,718.41	\$8,018,085.92	\$7,770,470.86



*5506				
MMC -NH BETHANY	\$316,948.24	\$368,860.95	\$316,948.24	\$68,244.08
SENIOR LIVING				



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Page generated on 08/24/2020 at 10

RUN DATE:08/27/20
TIME:10:52

MEMORIAL MEDICAL CENTER
CHECK REGISTER
08/27/20 THRU 08/27/20

PAGE 2
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
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NHA	001104	08/27/20	742.28	MMC OPERATING
TOTALS:			742.28	

Asford

APPROVED
ON

AUG 26 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P MMC PROSPERITY OPERATING

Date Requested: 8-24-20

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APPROVED
ON

AUG 24 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

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

AMOUNT 742.28

G/L NUMBER: 21400012

ck #001104

EXPLANATION: QIPP Year 2 adjustment payment - AstFund

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

RUN DATE:08/27/20
TIME:10:52

MEMORIAL MEDICAL CENTER
CHECK REGISTER
08/27/20 THRU 08/27/20

PAGE 3
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
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NHB	000065	08/27/20	142.50	MMC OPERATING
TOTALS:			142.50	

Broadmou

APPROVED
ON

AUG 26 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P MMC PROSPERITY OPERATING

Date Requested: 8-24-20

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APPROVED
ON

AUG 24 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK #00005

FOR ACCT. USE ONLY

☐ Imprest Cash

☐ A/P Check

☐ Mail Check to Vendor

☐ Return Check to Dept

AMOUNT 142.50

G/L NUMBER: 21400009

EXPLANATION: QIPP Year 2 adjustment payment - Broadmoor

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

RUN DATE:08/27/20
TIME:10:52

MEMORIAL MEDICAL CENTER
CHECK REGISTER
08/27/20 THRU 08/27/20

PAGE 4
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHC 000096 08/27/20 129.67 MMC OPERATING
TOTALS: 129.67

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APPROVED
ON

AUG 26 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P MMC PROSPERITY OPERATING

Date Requested: 8-24-20

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AUG 24 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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☐ Imprest Cash

☐ A/P Check

☐ Mail Check to Vendor

☐ Return Check to Dept

AMOUNT 129.67

CHK #0000916

G/L NUMBER: 21400010

EXPLANATION: QIPP Year 2 adjustment payment - Crescent

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

RUN DATE:08/27/20
TIME:10:52

MEMORIAL MEDICAL CENTER
CHECK REGISTER
08/27/20 THRU 08/27/20

PAGE 5
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
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NHF	000093	08/27/20	282.51	MMC OPERATING
TOTALS:			282.51	

Fert Bend

APPROVED
ON

AUG 26 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P MMC PROSPERITY OPERATING

Date Requested: 8-24-20

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ON

AUG 24 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#000093

G/L NUMBER: 21400008

FOR ACCT. USE ONLY

☐ Imprest Cash

☐ A/P Check

☐ Mail Check to Vendor

☐ Return Check to Dept

AMOUNT 282.51

EXPLANATION: QIPP Year 2 adjustment payment - Fort Bend

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY:



RUN DATE:08/27/20
TIME:10:52

MEMORIAL MEDICAL CENTER
CHECK REGISTER
08/27/20 THRU 08/27/20

PAGE 7
GLCKREG

BANK--CHECK-----

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

NHS	001096	08/27/20	212.72	MMC OPERATING
TOTALS:			212.72	

Solem

APPROVED
ON

AUG 26 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P MMC PROSPERITY OPERATING

Date Requested: 8-24-20

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ON

AUG 24 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

ck #001096

FOR ACCT. USE ONLY

☐ Imprest Cash

☐ A/P Check

☐ Mail Check to Vendor

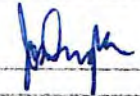
☐ Return Check to Dept

AMOUNT 212.72

G/L NUMBER: 21400011

EXPLANATION: QIPP Year 2 adjustment payment - Solen

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

RUN DATE:08/27/20
TIME:10:52

MEMORIAL MEDICAL CENTER
CHECK REGISTER
08/27/20 THRU 08/27/20

PAGE 6
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
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NHG	000061	08/27/20	42.64	MMC OPERATING <i>golden creek</i>
TOTALS:			42.64	

APPROVED
ON

AUG 26 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P MMC PROSPERITY OPERATING
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Date Requested: 8-24-20

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ON
AUG 24 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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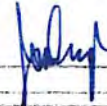
- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT 42.64

G/L NUMBER: 21400013

EXPLANATION: QIPP Year 2 adjustment payment — golden creek

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

QIPP Payment to MMC from Nursing Facilities

Commissioner's Court

8/26/2020

NH Name	From Bank Acct #	Ck #	Payee	GL #	QIPP COMP 1, 2 & 3	QIPP COMP 4 & L/PSE	Yr 2 Adjustment Pmt	TOTAL	Date
Ashford	10000018 - Prosperity	1104	MMC - Prosperity Operating #10000001	21000012			742.28	742.28	8/26/2020
Broadmoor	10000019 - Prosperity	65	MMC - Prosperity Operating #10000001	21000009			142.50	142.50	8/26/2020
Crescent	10000020 - Prosperity	96	MMC - Prosperity Operating #10000001	21000010			129.67	129.67	8/26/2020
Fort Bend	10000021 - Prosperity	93	MMC - Prosperity Operating #10000001	21000008			282.51	282.51	8/26/2020
Solera	10000022 - Prosperity	1096	MMC - Prosperity Operating #10000001	21000011			212.72	212.72	8/26/2020
Golden Creek	10000023 - Prosperity	61	MMC - Prosperity Operating #10000001	21000013			42.64	42.64	8/26/2020
Gulf Pointe-PP	10000114 - Prosperity	15	MMC - Prosperity Operating #10000001	21000014				-	8/26/2020
Gulf Pointe-MM	10000025 - Prosperity	-	MMC - Prosperity Operating #10000001	21000014	-	-		-	8/26/2020
Bethany									8/26/2020
Tuscany									8/26/2020
									8/26/2020
			Total:		-	-	1,552.32	-	1,552.32

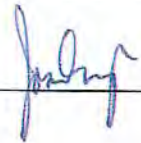
Note:

742.28 +
 212.72 +
 42.64 +
 142.50 +
 129.67 +
 282.51 +

1,552.32

Approved:

Jason Anglin, CEO



8/24/2020

APPROVED
ON

AUG 26 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

1096

88-2265/1131-87

8-27-20

Date

CHECK ARMOR

Pay to the
Order of

MMC Prosperity Operating

\$ 212 ¹²/₁₀₀

Two hundred twelve dollars ¹²/₁₀₀

Dollars



Photo
Safe
Deposit
Details on back



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361-552-7411 www.prosperitybankusa.com

For

yr 2 adj. pymt

County Auditor

County Treasurer

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

1104

88-2265/1131-87

8-27-20

Date

CHECK ARMOR

Pay to the
Order of

MMC Prosperity Operating

\$ 742 ²⁸/₁₀₀

Seven hundred forty-two dollars 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

For

yr 2 Adj. pymt

County Auditor

County Treasurer

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MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000065

88-2265/1131

Date

8-27-20

PAY

TO THE
ORDER OF

MMC Prosperity Operating

\$ 142 ⁵⁰/₁₀₀

One hundred forty-two dollars ⁵⁰/₁₀₀

DOLLARS



PROSPERITY
BANK®

FOR

yr 2 adj. pymt

County Auditor

County Treasurer

MEMORIAL MEDICAL CENTER

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

000061

88-2265/1131

Date 8-27-20**PAY**TO THE
ORDER OFMMC Prosperity Operating\$ 42. ⁰⁴/_{xx}Forty-two dollars & ⁰⁴/_{xx}**DOLLARS****PROSPERITY
BANK**

FOR

yr 2 adj. pymt

County Auditor

County Treasurer
Included Details on back**MEMORIAL MEDICAL CENTER**

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000096

88-2265/1131

Date 8-27-20**PAY**TO THE
ORDER OFMMC Prosperity Operating\$ 129. ⁰⁷/_{xx}One hundred twenty-nine dollars & ⁰⁷/_{xx}**DOLLARS****PROSPERITY
BANK**

FOR

yr 2 adj. pymt

County Auditor

County Treasurer
Included Details on back**MEMORIAL MEDICAL CENTER**

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

000093

88-2265/1131

Date 8-27-20**PAY**TO THE
ORDER OFMMC Prosperity Operating\$ 282. ⁵¹/_{xx}Two hundred eighty-two dollars & ⁵¹/₁₀₀**DOLLARS****PROSPERITY
BANK**

FOR

yr 2 adj. pymt

County Auditor

County Treasurer
Included Details on back