

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---September 02, 2020

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 725,418.61
TOTAL TRANSFERS BETWEEN FUNDS	\$ 1,622,379.58
TOTAL NURSING HOME UPL EXPENSES	\$ 3,327,742.47
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
GRAND TOTAL DISBURSEMENTS APPROVED September 02, 2020	\$ 5,675,540.66

APPROVED

SEP 02 2020

ALL
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---September 02, 2020

PAYABLES AND PAYROLL

8/27/2020 Weekly Payables	329,872.19	
9/1/2020 Penny Reyes-Reimbursement of insurance	215.85	
8/31/2020 McKesson-340B Prescription Expense	4,030.90	
8/31/2020 Amerisource Bergen-340B Prescription Expense	776.94	
8/31/2020 Payroll Liabilities -Payroll Taxes	94,854.32	
8/31/2020 Payroll	295,539.51	
Prosperity Electronic Bank Payments		
8/24-8/28/2020 Pay Plus-Patient Claims Processing Fee	128.90	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS		\$ 725,418.61

TRANSFER BETWEEN FUNDS-NURSING HOMES

8/27/2020 MMC Operating to Broadmoor-correction of NH insurance payment deposited into MMC Operating	25,800.00	
8/27/2020 MMC Operating to Golden Creek Healthcare-correction of NH insurance payment deposited into MMC Operating	15,400.30	
8/27/2020 MMC Operating to Gulf Pointe Plaza-correction of NH insurance payment deposited into MMC Operating	36,659.41	
8/27/2020 MMC Operating to Tuscany Village-correction of NH insurance payment deposited into MMC Operating	29,309.67	
8/27/2020 MMC Operating to Bethany Senior Living-correction of NH insurance payment deposited into MMC Operating	30,160.20	
8/31/2020 MMC Operating to Ashford- NH portion of stimulus payment deposited into MMC Operating	302,900.00	
8/31/2020 MMC Operating to Broadmoor-NH portion of stimulus payment deposited into MMC Operating	172,400.00	
8/31/2020 MMC Operating to The Crescent-NH portion of stimulus payment deposited into MMC Operating	172,400.00	
8/31/2020 MMC Operating to Fortbend-NH portion of stimulus payment deposited into MMC Operating	91,200.00	
8/31/2020 MMC Operating to Solera-NH portion of stimulus payment deposited into MMC Operating	172,400.00	
8/31/2020 MMC Operating to Golden Creek Healthcare-NH portion of stimulus payment deposited into MMC Operating	191,250.00	
8/31/2020 MMC Operating to Gulf Pointe Plaza-NH portion of stimulus payment deposited into MMC Operating	184,000.00	
8/31/2020 MMC Operating to Bethany Senior Living-Nh portion of stimulus payment deposited into MMC Operating	198,500.00	
TOTAL TRANSFERS BETWEEN FUNDS		\$ 1,622,379.58

NURSING HOME UPL EXPENSES

8/31/2020 Nursing Home UPL-Cantex Transfer	1,667,211.89
8/31/2020 Nursing Home UPL-Nexion Transfer	431,005.85
8/31/2020 Nursing Home UPL-HMG Transfer	368,592.85
8/31/2020 Nursing Home UPL-Tuscany Transfer	216,303.33
8/31/2020 Nursing Home UPL-HSL Transfer	559,751.14

QIPP/INTEREST/RECOUP CHECKS TO MMC

8/31/2020 Ashford	17,204.11	
8/31/2020 Broadmoor	5,756.87	
8/31/2020 Crescent	4,768.85	
8/31/2020 Fort Bend	6,955.16	
8/31/2020 Solera	5,896.97	
8/31/2020 Golden Creek	27,133.11	
8/31/2020 Gulf Pointe	17,162.34	
TOTAL NURSING HOME UPL EXPENSES		\$ 3,327,742.47

TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
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GRAND TOTAL DISBURSEMENTS APPROVED September 02, 2020	\$ 5,675,540.66
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AUG 27 2020

08/27/2020

Columbiana County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 09/09/2020

ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code								
13384											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
081420	08/24/2020	08/14/2020	08/14/2020				103.68	0.00	0.00	103.68	✓
	PATIENT REFUND										
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net	
13384							103.68	0.00	0.00	103.68	
Vendor#	Vendor Name	Class	Pay Code								
10995	ABILITY NETWORK (SHIFTHOUD)										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
20M011971108	08/11/2020	08/06/2020	09/05/2020				586.52	0.00	0.00	586.52	✓
	SCHEDULING SERVICES										
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net	
10995		ABILITY NETWORK					586.52	0.00	0.00	586.52	
Vendor#	Vendor Name	Class	Pay Code								
11283	ACE HARDWARE 15521										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
146971	08/19/2020	08/10/2020	09/04/2020				6.99	0.00	0.00	6.99	✓
	SUPPLIES										
147026	08/19/2020	08/11/2020	09/05/2020				105.74	0.00	0.00	105.74	✓
	SUPPLIES										
147024	08/19/2020	08/11/2020	09/05/2020				-6.59	0.00	0.00	-6.59	✓
	CREDIT										
147023	08/19/2020	08/11/2020	09/05/2020				-6.59	0.00	0.00	-6.59	✓
	CREDIT										
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net	
11283		ACE HARDWARE 15					99.55	0.00	0.00	99.55	
Vendor#	Vendor Name	Class	Pay Code								
A2271	ARTHREX, INC	W									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
910530207	08/19/2020	08/03/2020	09/03/2020				430.00	0.00	0.00	430.00	✓
	SUPPLIES										
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net	
A2271		ARTHREX, INC					430.00	0.00	0.00	430.00	
Vendor#	Vendor Name	Class	Pay Code								
B0436	BARD ACCESS										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
46085468	08/26/2020	08/13/2020	08/26/2020				150.00	0.00	0.00	150.00	✓
	SUPPLIES										
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net	
B0436		BARD ACCESS					150.00	0.00	0.00	150.00	
Vendor#	Vendor Name	Class	Pay Code								
B0435	BARD PERIPHERAL VASCULAR	M									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
81287337	08/26/2020	07/20/2020	08/05/2020				689.24	0.00	0.00	689.24	✓
	SUPPLIES										
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net	
B0435		BARD PERIPHERAL					689.24	0.00	0.00	689.24	
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	
67772824	08/26/2020	08/04/2020	08/29/2020				410.66	0.00	0.00	410.66	✓
	SUPPLIES										
67846236	08/26/2020	08/11/2020	09/05/2020				106.45	0.00	0.00	106.45	✓
	SUPPLIES										
67875075	08/26/2020	08/11/2020	09/05/2020				769.78	0.00	0.00	769.78	✓
	SUPPLIES										

	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
	B1150			BAXTER HEALTHC/			1,286.89	0.00	0.00	1,286.89	
Vendor#			Vendor Name			Class	Pay Code				
B1220			BECKMAN COULTER INC ✓			M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	10855348	✓ 08/25/2020	08/02/2020	08/27/2020				6,251.45	0.00	0.00	6,251.45 ✓
			SUPPLIES								
	108552306	✓ 08/25/2020	08/02/2020	08/27/2020				7,393.46	0.00	0.00	7,393.46 ✓
			SUPPLIES								
	108569236	✓ 08/25/2020	08/02/2020	08/27/2020				731.50	0.00	0.00	731.50 ✓
			SUPPLIES								
	108552413	✓ 08/25/2020	08/02/2020	08/27/2020				2,041.99	0.00	0.00	2,041.99 ✓
			SUPPLIES								
	108553061	✓ 08/25/2020	08/02/2020	08/27/2020				945.70	0.00	0.00	945.70 ✓
			SUPPLIES								
	542775	610 08/25/2020	08/05/2020	08/30/2020				6,249.42	0.00	0.00	6,249.42 ✓
			MAIT CONTRACT/ LEASE								
	5427885	✓ 08/25/2020	08/13/2020	09/07/2020				5,016.58	0.00	0.00	5,016.58 ✓
			MAINT CONTRACT/LEASE								
	108553437	✓ 08/27/2020	08/03/2020	08/28/2020				377.54	0.00	0.00	377.54 ✓
			SUPPLIES								
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
	B1220			BECKMAN COULTE			29,007.64	0.00	0.00	29,007.64	
Vendor#			Vendor Name			Class	Pay Code				
13448			BILL HAMLYN ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	081720	08/25/2020	08/17/2020	08/17/2020				1,700.00	0.00	0.00	1,700.00 ✓
			EMERGENCY NURSING PEDI COU								
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
	13448			BILL HAMLYN			1,700.00	0.00	0.00	1,700.00	
Vendor#			Vendor Name			Class	Pay Code				
11072			BIO-RAD LABORATORIES, INC ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	904270842	✓ 08/25/2020	08/04/2020	09/04/2020				3,231.96	0.00	0.00	3,231.96 ✓
			SUPPLIES								
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
	11072			BIO-RAD LABORAT			3,231.96	0.00	0.00	3,231.96	
Vendor#			Vendor Name			Class	Pay Code				
12324			BLUE CROSS BLUE SHIELD ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	081820	08/25/2020	08/18/2020	09/01/2020				206,981.42	0.00	0.00	206,981.42 ✓
			INSURANCE								
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
	12324			BLUE CROSS BLUE			206,981.42	0.00	0.00	206,981.42	
Vendor#			Vendor Name			Class	Pay Code				
13424			✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	081320	08/25/2020	08/13/2020	08/13/2020				118.82	0.00	0.00	118.82 ✓
			PATIENT REFUND								
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
	13424						118.82	0.00	0.00	118.82	
Vendor#			Vendor Name			Class	Pay Code				
B1650			BOSART LOCK & KEY INC ✓			M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	~~081920~~	08/26/2020	08/19/2020	08/19/2020				487.50	0.00	0.00	487.50 ✓
	120441		LEVER DOOR KEYPAD/ RECODE								
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
	B1650			BOSART LOCK & KE			487.50	0.00	0.00	487.50	
Vendor#			Vendor Name			Class	Pay Code				
B1800			BRIGGS HEALTHCARE ✓			M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

B306179	08/19/2020	08/04/2020	09/03/2020				160.69	0.00	0.00	160.69
				SUPPLIES						
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
C1325	B1800		BRIGGS HEALTHCARE		160.69	0.00	0.00	160.69		
			Vendor Name	Class			Pay Code			
			CARDINAL HEALTH 414, INC.	W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8002291644	08/26/2020	07/31/2020	08/25/2020				143.61	0.00	0.00	143.61
				SUPPLIES						
8002298859	08/26/2020	08/08/2020	09/02/2020				212.20	0.00	0.00	212.20
				SUPPLIES						
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
13028	C1325		CARDINAL HEALTH		355.81	0.00	0.00	355.81		
			Vendor Name	Class			Pay Code			
			CAVALLO ENERGY TEXAS LLC							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2021800035	08/26/2020	08/11/2020	09/04/2020				547.00	0.00	0.00	547.00
				ENERGY BILL						
2021800035	08/26/2020	08/11/2020	09/04/2020				11.75	0.00	0.00	11.75
				ENERGY BILL						
2021800035	08/26/2020	08/11/2020	09/04/2020				1,389.48	0.00	0.00	1,389.48
				ENERGY BILL						
2022400035	08/26/2020	08/11/2020	09/09/2020				5.16	0.00	0.00	5.16
				ENERGY BILL						
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
13372	13028		CAVALLO ENERGY		1,953.39	0.00	0.00	1,953.39		
			Vendor Name	Class			Pay Code			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081320	08/24/2020	08/13/2020	08/13/2020				120.00	0.00	0.00	120.00
				PATIENT REFUND						
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
C1730	13372				120.00	0.00	0.00	120.00		
			Vendor Name	Class			Pay Code			
			CITY OF PORT LAVACA	W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
041520	08/25/2020	04/15/2020	04/15/2020				4.49	0.00	0.00	4.49
				12-1260-02 UTILITIES						
041520A	08/25/2020	04/15/2020	04/15/2020				9,167.03	0.00	0.00	9,167.03
				12-1320-00 UTILITIES						
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
C1970	C1730		CITY OF PORT LAV.		9,171.52	0.00	0.00	9,171.52		
			Vendor Name	Class			Pay Code			
			CONMED CORPORATION	M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
316425	08/26/2020	08/06/2020	08/26/2020				215.06	0.00	0.00	215.06
				SUPPLIES						
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
13404	C1970		CONMED CORPORA		215.06	0.00	0.00	215.06		
			Vendor Name	Class			Pay Code			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081420	08/24/2020	08/14/2020	08/14/2020				120.00	0.00	0.00	120.00
				PATIENT REFUND						
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net		
13380	13404				120.00	0.00	0.00	120.00		
			Vendor Name	Class			Pay Code			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081420	08/24/2020	08/14/2020	08/14/2020				194.35	0.00	0.00	194.35
				PATIENT REFUND						

Vendor Totals:		Number	Name		Gross		Discount	No-Pay		Net
13380					194.35		0.00	0.00		194.35
Vendor#		Vendor Name		Class		Pay Code				
M0400		DAWN MCCLELLAND								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
082420	08/25/2020	08/24/2020	08/24/2020				150.00	0.00	0.00	150.00
REIMBURSE DEPOSITS 2NDARY A										
Vendor Totals:		Number	Name		Gross		Discount	No-Pay		Net
M0400			DAWN MCCLELLAN		150.00		0.00	0.00		150.00
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
6151590	08/17/2020	08/10/2020	09/04/2020				301.05	0.00	0.00	301.05
SUPPLIES										
6151600	08/19/2020	08/10/2020	09/04/2020				111.73	0.00	0.00	111.73
SUPPLIES										
6154510	08/26/2020	08/13/2020	09/07/2020				216.41	0.00	0.00	216.41
SUPPLIES										
6151591	08/26/2020	08/13/2020	09/07/2020				48.44	0.00	0.00	48.44
SUPPLIES										
Vendor Totals:		Number	Name		Gross		Discount	No-Pay		Net
10368			DEWITT POTH & SC		677.63		0.00	0.00		677.63
Vendor#		Vendor Name		Class		Pay Code				
13412										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081420	08/24/2020	08/14/2020	08/14/2020				120.00	0.00	0.00	120.00
PATIENT REFUND										
Vendor Totals:		Number	Name		Gross		Discount	No-Pay		Net
13412					120.00		0.00	0.00		120.00
Vendor#		Vendor Name		Class		Pay Code				
13388										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081420	08/24/2020	08/14/2020	08/14/2020				207.00	0.00	0.00	207.00
PATIENT REFUND										
Vendor Totals:		Number	Name		Gross		Discount	No-Pay		Net
13388					207.00		0.00	0.00		207.00
Vendor#		Vendor Name		Class		Pay Code				
12484		EL CAMPO REFRIGERATION								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
67918	08/25/2020	08/07/2020	08/07/2020				989.21	0.00	0.00	989.21
REPLACE TSTAT ELEMENTS										
66958	08/26/2020	07/05/2020	08/05/2020				443.75	0.00	0.00	443.75
LABOR/PARTS										
Vendor Totals:		Number	Name		Gross		Discount	No-Pay		Net
12484			EL CAMPO REFRIG		1,432.96		0.00	0.00		1,432.96
Vendor#		Vendor Name		Class		Pay Code				
S0501		EVOQUA WATER TECHNOLOGIES								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
904534899	08/25/2020	07/20/2020	08/14/2020				442.43	0.00	0.00	442.43
SUPPLIES										
904534900	08/25/2020	07/20/2020	08/14/2020				74.06	0.00	0.00	74.06
WATER										
Vendor Totals:		Number	Name		Gross		Discount	No-Pay		Net
S0501			EVOQUA WATER TI		516.49		0.00	0.00		516.49
Vendor#		Vendor Name		Class		Pay Code				
C2700		FISHER HEALTHCARE		W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3767871	08/11/2020	07/21/2020	09/03/2020				557.69	0.00	0.00	557.69
SUPPLIES										
Vendor Totals:		Number	Name		Gross		Discount	No-Pay		Net
C2700			FISHER HEALTHCA		557.69		0.00	0.00		557.69

Vendor#	Vendor Name	Class	Pay Code							
12944	FRASIER HEALTHCARE CONSULT									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
19005	08/25/2020	08/13/2020	08/13/2020				7,706.87	0.00	0.00	7,706.87
COLLECTIONS										
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
12944		FRASIER HEALTHC					7,706.87	0.00	0.00	7,706.87
Vendor#	Vendor Name	Class	Pay Code							
G0100	GE HEALTHCARE	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
202683219	08/26/2020	07/29/2020	08/06/2020				46.35	0.00	0.00	46.35
SUPPLIES										
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
G0100		GE HEALTHCARE					46.35	0.00	0.00	46.35
Vendor#	Vendor Name	Class	Pay Code							
12404	GE PRECISION HEALTHCARE, LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6001644865	08/12/2020	08/06/2020	09/05/2020				86.67	0.00	0.00	86.67
MAINT CONTRACT										
6001644866	08/12/2020	08/06/2020	09/05/2020				47.53	0.00	0.00	47.53
MAINT CONTRACT										
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
12404		GE PRECISION HEA					134.20	0.00	0.00	134.20
Vendor#	Vendor Name	Class	Pay Code							
10901	GENESIS DIAGNOSTICS									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
51334	08/17/2020	08/04/2020	09/03/2020				120.96	0.00	0.00	120.96
SUPPLIES										
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
10901		GENESIS DIAGNOS					120.96	0.00	0.00	120.96
Vendor#	Vendor Name	Class	Pay Code							
13436										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081920	08/25/2020	08/19/2020	08/19/2020				105.00	0.00	0.00	105.00
PATIENT REFUND										
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
13436							105.00	0.00	0.00	105.00
Vendor#	Vendor Name	Class	Pay Code							
G1210	GULF COAST PAPER COMPANY									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1903590	08/17/2020	08/04/2020	09/03/2020				572.11	0.00	0.00	572.11
SUPPLIES										
1903661	08/17/2020	08/04/2020	09/03/2020				125.38	0.00	0.00	125.38
SUPPLIES										
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
G1210		GULF COAST PAPE					697.49	0.00	0.00	697.49
Vendor#	Vendor Name	Class	Pay Code							
12932	INTRADO									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV0022496	08/25/2020	07/31/2020	07/31/2020				495.22	0.00	0.00	495.22
HOUSE CALLS										
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
12932		INTRADO					495.22	0.00	0.00	495.22
Vendor#	Vendor Name	Class	Pay Code							
13400										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081420	08/24/2020	08/14/2020	08/14/2020				120.00	0.00	0.00	120.00
PATIENT REFUND										
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
13400							120.00	0.00	0.00	120.00
Vendor#	Vendor Name	Class	Pay Code							

13428

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081320	08/25/2020	08/13/2020	08/13/2020				106.43	0.00	0.00	106.43
PATIENT REFUND										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net
13428						106.43	0.00	0.00		106.43
Vendor Name					Class	Pay Code				

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081420	08/24/2020	08/14/2020	08/14/2020				132.48	0.00	0.00	132.48
PATIENT REFUND										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net
13420						132.48	0.00	0.00		132.48
		Vendor Name			Class		Pay Code			

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081520	08/25/2020	08/15/2020	08/15/2020				762.75	0.00	0.00	762.75
INSURANCE										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net
11600			LEGAL SHIELD			762.75	0.00	0.00		762.75
Vendor Name					Class	Pay Code				

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081420	08/24/2020	08/14/2020	08/14/2020				414.80	0.00	0.00	414.80
PATIENT REFUND										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
13416						414.80	0.00	0.00	414.80	
Vendor Name					Class		Pay Code			

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081420	08/24/2020	08/14/2020	08/14/2020				185.08	0.00	0.00	185.08
PATIENT REFUND										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net
13396						185.08	0.00	0.00		185.08
Vendor Name					Class		Pay Code			

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081320	08/25/2020	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	
13444						120.00	0.00	0.00	120.00	
Vendor Name					Class		Pay Code			

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
802989MKMI	08/25/2020	07/14/2020	07/14/2020				1,627.00	0.00	0.00	1,627.00
INSURANCE										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
11612			MASA GLOBAL BUI			1,627.00	0.00	0.00	1,627.00	
		Vendor Name			Class		Pay Code			

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
11682159	✓ 08/26/2020	08/04/2020	08/19/2020				17.49	0.00	0.00	17.49 ✓
SUPPLIES										
11943538	✓ 08/26/2020	08/11/2020	08/26/2020				208.96	0.00	0.00	208.96 ✓
SUPPLIES										
11948360	✓ 08/26/2020	08/11/2020	08/26/2020				80.65	0.00	0.00	80.65 ✓
SUPPLIES										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
M2178			MCKESSON MEDIC		307.10		0.00	0.00	307.10	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
082020	08/25/2020	08/20/2020	08/20/2020				116.21	0.00	0.00	116.21 ✓
	INDIGENT CARE									
082420	08/25/2020	08/24/2020	08/24/2020				21.50	0.00	0.00	21.50 ✓
	INDIGENT CARE									
Vendor# G0333	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
	10613		MEDIMPACT HEALT			137.71	0.00	0.00	137.71	
	Vendor Name					Class	Pay Code			
			MICHAEL GAINES ✓			W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
082520	08/26/2020	08/25/2020	08/25/2020				860.00	0.00	0.00	860.00 ✓
	REIMBURSE DEA RENEWAL/APRIL									
Vendor# 13364	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
	G0333		MICHAEL GAINES			860.00	0.00	0.00	860.00	
	Vendor Name					Class	Pay Code			
			✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081320	08/25/2020	08/13/2020	08/13/2020				161.97	0.00	0.00	161.97 ✓
	PATIENT REFUND									
Vendor# 10536	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
	13364					161.97	0.00	0.00	161.97	
	Vendor Name					Class	Pay Code			
			MORRIS & DICKSON CO, LLC ✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5767059 ✓	08/25/2020	06/26/2020	07/06/2020				188.37	0.00	0.00	188.37 ✓
	INVENTORY									
5937765 ✓	08/25/2020	08/12/2020	08/22/2020				183.66	0.00	0.00	183.66 ✓
	INVENTORY									
5941563 ✓	08/25/2020	08/12/2020	08/22/2020				1,473.14	0.00	0.00	1,473.14 ✓
	INVENTORY									
5941562 ✓	08/25/2020	08/12/2020	08/22/2020				395.70	0.00	0.00	395.70 ✓
	INVENTORY									
5941564 ✓	08/25/2020	08/12/2020	08/22/2020				20.27	0.00	0.00	20.27 ✓
	INVENTORY									
5962797 ✓	08/25/2020	08/18/2020	08/28/2020				60.66	0.00	0.00	60.66 ✓
	INVENTORY									
5959104 ✓	08/25/2020	08/18/2020	08/28/2020				20.98	0.00	0.00	20.98 ✓
	INVENTORY									
5962796 ✓	08/25/2020	08/18/2020	08/28/2020				365.46	0.00	0.00	365.46 ✓
	INVENTORY									
5960749 ✓	08/25/2020	08/18/2020	08/28/2020				158.74	0.00	0.00	158.74 ✓
	INVENTORY									
5962798 ✓	08/25/2020	08/18/2020	08/28/2020				39.57	0.00	0.00	39.57 ✓
	INVENTORY									
5967050 ✓	08/25/2020	08/19/2020	08/29/2020				1,189.49	0.00	0.00	1,189.49 ✓
	INVENTORY									
5967049 ✓	08/25/2020	08/19/2020	08/29/2020				8.56	0.00	0.00	8.56 ✓
	INVENTORY									
5967051 ✓	08/25/2020	08/19/2020	08/29/2020				115.48	0.00	0.00	115.48 ✓
	INVENTORY									
5934384 ✓	08/25/2020	08/19/2020	08/29/2020				4,729.31	0.00	0.00	4,729.31 ✓
	INVENTORY									
5964385 ✓	08/25/2020	08/19/2020	08/29/2020				0.10	0.00	0.00	0.10 ✓
	INVENTORY									
5963978 ✓	08/25/2020	08/19/2020	08/29/2020				1,139.88	0.00	0.00	1,139.88 ✓
	INVENTORY									
5971872 ✓	08/25/2020	08/20/2020	08/30/2020				20.27	0.00	0.00	20.27 ✓
	CREDIT									
5968663 ✓	08/25/2020	08/20/2020	08/30/2020				264.02	0.00	0.00	264.02 ✓
	INVENTORY									
5971871 ✓	08/25/2020	08/20/2020	08/30/2020				262.43	0.00	0.00	262.43 ✓

INVENTORY											
5971870	✓	08/25/2020	08/20/2020	08/30/2020			178.93	0.00	0.00	178.93	✓
INVENTORY											
5969088	✓	08/25/2020	08/20/2020	08/30/2020			68.18	0.00	0.00	68.18	✓
INVENTORY											
9540	✓	08/25/2020	08/20/2020	08/30/2020			-3.52	0.00	0.00	-3.52	✓
CREDIT											
9372	✓	08/25/2020	08/20/2020	08/30/2020			-0.14	0.00	0.00	-0.14	✓
CREDIT											
9199	✓	08/25/2020	08/20/2020	08/30/2020			-14.99	0.00	0.00	-14.99	✓
CREDIT											
CM87840	✓	08/25/2020	08/21/2020	08/31/2020			-128.83	0.00	0.00	-128.83	✓
INVENTORY											
CM87841	✓	08/25/2020	08/21/2020	08/31/2020			-128.83	0.00	0.00	-128.83	✓
INVENTORY											
5978422	✓	08/25/2020	08/23/2020	09/02/2020			196.86	0.00	0.00	196.86	✓
INVENTORY											
5978423	✓	08/25/2020	08/23/2020	09/02/2020			3.40	0.00	0.00	3.40	✓
INVENTORY											
5978649	✓	08/25/2020	08/23/2020	09/02/2020			714.28	0.00	0.00	714.28	✓
INVENTORY											
5978650	✓	08/25/2020	08/23/2020	09/02/2020			268.02	0.00	0.00	268.02	✓
INVENTORY											
5976377	✓	08/25/2020	08/23/2020	09/02/2020			1,459.66	0.00	0.00	1,459.66	✓
INVENTORY											
5978651	✓	08/25/2020	08/23/2020	09/02/2020			844.28	0.00	0.00	844.28	✓
INVENTORY											
5982785	✓	08/25/2020	08/24/2020	09/03/2020			382.09	0.00	0.00	382.09	✓
INVENTORY											
5982784	✓	08/25/2020	08/24/2020	09/03/2020			12.00	0.00	0.00	12.00	✓
INVENTORY											
5980140	✓	08/25/2020	08/24/2020	09/03/2020			28.36	0.00	0.00	28.36	✓
INVENTORY											
5982786	✓	08/25/2020	08/24/2020	09/03/2020			172.79	0.00	0.00	172.79	✓
INVENTORY											
5980141	✓	08/25/2020	08/24/2020	09/03/2020			877.65	0.00	0.00	877.65	✓
INVENTORY											
CM88023	✓	08/25/2020	08/24/2020	09/03/2020			-3.99	0.00	0.00	-3.99	✓
CREDIT											
CM88022	✓	08/25/2020	08/24/2020	09/03/2020			-244.39	0.00	0.00	-244.39	✓
CREDIT											
5980139	✓	08/25/2020	08/24/2020	09/03/2020			397.19	0.00	0.00	397.19	✓
INVENTORY											
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
10536		MORRIS & DICKSOI			15,715.09		0.00	0.00	15,715.09		
Vendor Name					Class	Pay Code					
NATIONAL FARM LIFE INSURANCE					✓						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
082520	08/25/2020	08/25/2020	09/01/2020				4,302.29	0.00	0.00	4,302.29	✓
INSURANCE											
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
12388		NATIONAL FARM LI			4,302.29		0.00	0.00	4,302.29		
Vendor Name					Class	Pay Code					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
081720	08/25/2020	08/17/2020	08/17/2020				249.37	0.00	0.00	249.37	✓
PATIENT REFUND											
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
13432					249.37		0.00	0.00	249.37		
Vendor Name					Class	Pay Code					
NOVA BIOMEDICAL					✓						

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
90760008	08/27/2020	08/18/2020	08/27/2020				814.76	0.00	0.00	814.76
SUPPLIES										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
00920	10868		NOVA BIOMEDICAL			814.76	0.00	0.00	814.76	
	Vendor Name		OFFICE DEPOT			Class		Pay Code		
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1130151620	08/26/2020	08/05/2020	08/26/2020				71.24	0.00	0.00	71.24
SUPPLIES										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
13452	00920		OFFICE DEPOT			71.24	0.00	0.00	71.24	
	Vendor Name		OIL PATCH PETROLEUM			Class		Pay Code		
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
709918	08/27/2020	07/24/2020	07/24/2020				320.20	0.00	0.00	320.20
FUEL										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
12960	13452		OIL PATCH PETROL			320.20	0.00	0.00	320.20	
	Vendor Name		PETER ROJAS			Class		Pay Code		
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
082120	08/25/2020	08/21/2020	08/21/2020				23.82	0.00	0.00	23.82
TRIPLICATE PRESCRIPTION ORDE										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
10372	12960		PETER ROJAS			23.82	0.00	0.00	23.82	
	Vendor Name		PRECISION DYNAMICS CORP (PD			Class		Pay Code		
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9344087739	08/19/2020	08/07/2020	09/06/2020				82.21	0.00	0.00	82.21
SUPPLIES										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
10896	10372		PRECISION DYNAM			82.21	0.00	0.00	82.21	
	Vendor Name		QIAGEN INC			Class		Pay Code		
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
997454859	08/17/2020	08/04/2020	09/03/2020				1,777.69	0.00	0.00	1,777.69
SUPPLIES										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
11080	10896		QIAGEN INC			1,777.69	0.00	0.00	1,777.69	
	Vendor Name		RADSOURCE			Class		Pay Code		
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
SC61116	08/12/2020	08/12/2020	09/06/2020				1,667.00	0.00	0.00	1,667.00
SERVICE CONTRACT										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
13408	11080		RADSOURCE			1,667.00	0.00	0.00	1,667.00	
	Vendor Name					Class		Pay Code		
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081420	08/24/2020	08/14/2020	08/14/2020				68.49	0.00	0.00	68.49
PATIENT REFUND										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
13368	13408					68.49	0.00	0.00	68.49	
	Vendor Name					Class		Pay Code		
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081320	08/24/2020	08/13/2020	08/13/2020				174.31	0.00	0.00	174.31
PATIENT REFUND										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
	13368					174.31	0.00	0.00	174.31	

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	08/26/2020	08/04/2020	08/20/2020				4,038.24	0.00	0.00	4,038.24
	LEASE									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
10936		SIEMENS FINANCIAL				4,038.24	0.00	0.00	4,038.24	
Vendor#	Vendor Name	Class	Pay Code							
11296	SOUTH TEXAS BLOOD & TISSUE C									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CM2755	08/19/2020	08/15/2020	09/09/2020				-3,555.00	0.00	0.00	-3,555.00
	CREDIT									
107008186	08/19/2020	08/15/2020	09/09/2020				8,315.00	0.00	0.00	8,315.00
	BLOOD									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
11296		SOUTH TEXAS BLO				4,760.00	0.00	0.00	4,760.00	
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
4009422664	08/25/2020	07/01/2020	07/31/2020				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							
S2830	STRYKER SALES CORP	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9200467822	08/26/2020	08/11/2020	08/26/2020				730.36	0.00	0.00	730.36
	SUPPLIES									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
S2830		STRYKER SALES C				730.36	0.00	0.00	730.36	
Vendor#	Vendor Name	Class	Pay Code							
10735	STRYKER SUSTAINABILITY									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3922386	07/31/2020	05/11/2020	09/03/2020				-153.90	0.00	0.00	-153.90
	CREDIT INVOICE 3910010									
3932807	07/31/2020	05/28/2020	09/03/2020				-13.00	0.00	0.00	-13.00
	CREDIT									
3983631	08/17/2020	08/05/2020	09/04/2020				167.24	0.00	0.00	167.24
	SUPPLIES									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
10735		STRYKER SUSTAIN				0.34	0.00	0.00	0.34	
Vendor#	Vendor Name	Class	Pay Code							
12440	SUN LIFE ASSURANCE COMPANY									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081820	08/25/2020	08/18/2020	09/01/2020				2,575.00	0.00	0.00	2,575.00
	INSURANCE									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
12440		SUN LIFE ASSURAN				2,575.00	0.00	0.00	2,575.00	
Vendor#	Vendor Name	Class	Pay Code							
13440										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081320	08/25/2020	08/13/2020	08/13/2020				463.78	0.00	0.00	463.78
	PATIENT REFUND									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
13440						463.78	0.00	0.00	463.78	
Vendor#	Vendor Name	Class	Pay Code							
11944	TALX CORPORATION									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1001841147	08/19/2020	08/08/2020	09/07/2020				10.99	0.00	0.00	10.99
	EMPLOYEE VERIFICATION									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	

Vendor#	11944	TALX CORPORATIC	10.99	0.00	0.00	10.99				
10765		Vendor Name	Class	Pay Code						
		TEXAS HOSPITAL ASSOCIATION								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0900126905	08/26/2020	08/10/2020	08/10/2020				6,521.00	0.00	0.00	6,521.00
		THT MEMBERSHIP DUES								
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
10765		TEXAS HOSPITAL A				6,521.00	0.00	0.00	6,521.00	
Vendor#		Vendor Name	Class	Pay Code						
11038		THE INLINE GROUP								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
41564	08/27/2020	08/19/2020	09/03/2020				2,500.00	0.00	0.00	2,500.00
		CANIDATE SOURCING								
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
11038		THE INLINE GROUF				2,500.00	0.00	0.00	2,500.00	
Vendor#		Vendor Name	Class	Pay Code						
11100		THE US CONSULTING GROUP								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
340378948	08/19/2020	08/12/2020	09/06/2020				310.18	0.00	0.00	310.18
		TRASH SERVICE								
340378947	08/19/2020	08/12/2020	09/06/2020				248.47	0.00	0.00	248.47
		TRASH SERVICE								
340378842	08/25/2020	08/05/2020	08/30/2020				1,353.87	0.00	0.00	1,353.87
		TRASH SERVICE								
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
11100		THE US CONSULTI				1,912.52	0.00	0.00	1,912.52	
Vendor#		Vendor Name	Class	Pay Code						
13376										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081720	08/24/2020	08/17/2020	08/17/2020				50.00	0.00	0.00	50.00
		PATIENT REFUND								
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
13376						50.00	0.00	0.00	50.00	
Vendor#		Vendor Name	Class	Pay Code						
T3130		TRI-ANIM HEALTH SERVICES INC M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
64170134	08/26/2020	08/03/2020	08/28/2020				274.64	0.00	0.00	274.64
		SUPPLIES								
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
T3130		TRI-ANIM HEALTH S				274.64	0.00	0.00	274.64	
Vendor#		Vendor Name	Class	Pay Code						
13392		TRUC NGUYEN								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081420	08/24/2020	08/14/2020	08/14/2020				196.00	0.00	0.00	196.00
		PATIENT REFUND								
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
13392		TRUC NGUYEN				196.00	0.00	0.00	196.00	
Vendor#		Vendor Name	Class	Pay Code						
U1054		UNIFIRST HOLDINGS								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8400339621	08/19/2020	08/13/2020	09/07/2020				167.94	0.00	0.00	167.94
		LAUNDRY								
8400339662	08/19/2020	08/13/2020	09/07/2020				102.28	0.00	0.00	102.28
		LAUNDRY								
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
U1054		UNIFIRST HOLDING				270.22	0.00	0.00	270.22	
Vendor#		Vendor Name	Class	Pay Code						
U1056		UNIFORM ADVANTAGE								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
11502567	08/26/2020	08/19/2020	09/03/2020				98.56	0.00	0.00	98.56
		UNIFORM MONICA CARR								

	11502565	✓ 08/26/2020	08/19/2020	09/03/2020				83.96	0.00	0.00	83.96	✓
		UNIFORM KELLI GOFF										
	11502568	✓ 08/26/2020	08/19/2020	09/03/2020				197.91	0.00	0.00	197.91	✓
		UNIFORM ANNA DAIGLE										
	11502566	✓ 08/26/2020	08/19/2020	09/03/2020				239.98	0.00	0.00	239.98	✓
		UNIFORM VILMA PENA										
	Vendor Totals:	Number	Name			Gross		Discount		No-Pay		Net
	U1056		UNIFORM ADVANT/			620.41		0.00		0.00		620.41
Vendor#		Vendor Name				Class		Pay Code				
U2000		US POSTAL SERVICE			✓							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay		Net
	082120	08/25/2020	08/21/2020	08/21/2020				2,200.00	0.00	0.00		2,200.00
		POSTAGE										✓
	Vendor Totals:	Number	Name			Gross		Discount		No-Pay		Net
	U2000		US POSTAL SERVIC			2,200.00		0.00		0.00		2,200.00
	Report Summary											
Grand Totals:		Gross		Discount				No-Pay		Net		
		329,872.19		0.00				0.00		329,872.19		

APPROVED
ON
AUG 27 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CLK#
186973-
187050

09/01/2020

MEMORIAL MEDICAL CENTER

0

12:41

AP Open Invoice List

ap_open_invoice.template

Dates Througth:

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
090120	09/01/2020	09/01/2020	09/01/2020				215.85	0.00	0.00	215.85

REIMBURSE INS DED

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10761	PENNY REYES	215.85	0.00	0.00	215.85	

Report Summary

Grand Totals:

Gross	Discount	No-Pay	Net
215.85	0.00	0.00	215.85

APPROVED
ON
SEP 01 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Penny Reyes
A _____
Y _____
E _____
E _____

Date Requested: _____

FOR ACCT. USE ONLY

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

AMOUNT \$ 215.85

G/L NUMBER: See Attached

EXPLANATION: Reimbursement for Insurance
deductions after employee became PRN

REQUESTED BY: Melina McInnis

AUTHORIZED BY: Toshare St James 9/1/2021

McKESSON**STATEMENT**

As of: 08/28/2020

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: 08/29/2020As of: 08/28/2020 Page: 002
Mail to: Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 632536 PLEASE CHECK ANY
Date: 08/29/2020 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: 4,116.66 USD

Future Due: 0.00

Past Due: 170.73-

Last Payment 2,451.97
08/07/2017If Paid By 09/01/2020,
Pay This Amount:

4,030.90 USD

If Paid After 09/01/2020,
Pay this Amount:

4,116.66 USD

Due If Paid On Time:
USD

4,030.90

Disc lost if paid late:

85.76

Due If Paid Late:
USD

4,116.66

68*65 +
2,423*35 +
766*11 +
246*24 +
526*55 +
4,030*80 =

CK # 500129

APPROVED
ON

AUG 31 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON**STATEMENT**

As of: 08/28/2020

Page: 001

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: 400

Customer: 190813

Date: 08/29/2020

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

As of: 08/28/2020
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 08/29/2020

PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
18/26/2020	09/01/2020	7220074066	2017018080	115Invoice	0.59	29.67		29.08	✓	7220074066	
18/28/2020	09/01/2020	7220602662	2017018178	115Invoice	0.81	40.38		39.57	✓	7220602662	

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

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

Subtotals:

70.05 USD

Future Due: 0.00

If Paid By 09/01/2020,
Pay This Amount:

68.65 USD

Past Due: 0.00

If Paid After 09/01/2020,
Pay this Amount:

70.05 USD

Last Payment 3,359.14
18/17/2020

Due If Paid On Time:

USD 68.65

Disc lost if paid late:

1.40

Due If Paid Late:

USD 70.05

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ON

AUG 31 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MCKESSON

STATEMENT

As of: 08/28/2020

Page: 001

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

Company: 8000

DC: 8115

As of: 08/28/2020
Mail to:

Page: 001
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 400

Customer: 256342

Date: 08/29/2020

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 08/29/2020 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											
18/24/2020	09/01/2020	7219550761	1156888	115Invoice		0.16		0.16 ✓		7219550761	
18/24/2020	09/01/2020	7219550763	2869231331	115Invoice	9.15	457.69		448.54 ✓		7219550763	
18/24/2020	09/01/2020	7219728555	828175795	195Invoice	0.59	29.67		29.08 ✓		7219728555	
18/25/2020	09/01/2020	7219832510	2869236005	115Invoice	3.32	166.03		162.71 ✓		7219832510	
18/25/2020	09/01/2020	7219832511	0824200444-00	115Invoice	0.02	0.96		0.94 ✓		7219832511	
18/25/2020	09/01/2020	7220026977	828495006	195Invoice	2.57	128.46		125.89 ✓		7220026977	
18/26/2020	09/01/2020	7220094271	5019291281	115Invoice	0.01	0.48		0.47 ✓		7220094271	
18/26/2020	09/01/2020	7220094272	0825200307-00	115Invoice	0.05	2.42		2.37 ✓		7220094272	
18/26/2020	09/01/2020	7220255835	828728614	195Invoice	0.01	0.32		0.31 ✓		7220255835	
18/27/2020	09/01/2020	7220343129	5019295615	115Invoice	13.29	664.47		651.18 ✓		7220343129	
18/27/2020	09/01/2020	7220343130	1157512	115Invoice	13.28	664.14		650.86 ✓		7220343130	
18/27/2020	09/01/2020	7220343131	0826200448-00	115Invoice	0.01	0.28		0.27 ✓		7220343131	
18/27/2020	09/01/2020	7220526666	828964099	195Invoice	7.28	363.93		356.65 ✓		7220526666	
18/27/2020	08/27/2020	7220573474	MFC PR CORR CR	Pricing Cor		170.73- P		170.73- P ✓		7220573474	
18/27/2020	09/01/2020	7220573475	MFC PR CORR IN	Pricing Cor	3.32	166.03		162.71 ✓		7220573475	
18/28/2020	09/01/2020	7220612891	7669310182	115Invoice		0.09		0.09 ✓		7220612891	
18/28/2020	09/01/2020	7220789171	00008272020TM	115Invoice	0.04	1.89		1.85 ✓		7220789171	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals:

2,476.29 USD

Future Due: 0.00

If Paid By 09/01/2020,
Pay This Amount:

2,423.35 USD

Due If Paid On Time:

USD

2,423.35

Past Due: 170.73-

Disc lost if paid late:

52.94

Last Payment 5,390.31

If Paid After 09/01/2020,
Pay this Amount:

2,476.29 USD

Due If Paid Late:

USD

2,476.29

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ON

AUG 31 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

As of: 08/28/2020

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 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: 400

Customer: 262252

Date: 08/29/2020

As of: 08/28/2020
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252
Date: 08/29/2020

PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 262252 CVS PHCY 7006/MEMORIA PHS											
18/27/2020	09/01/2020	7220341693	864525	115Invoice	15.36	767.79		752.43	✓	7220341693	
18/27/2020	09/01/2020	7220341694	864525	115Invoice	0.28	13.96		13.68	✓	7220341694	

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

TOTAL: Customer Number 262252 CVS PHCY 7006/MEMORIA PHS

Subtotals: 781.75 USD

Future Due: 0.00

If Paid By 09/01/2020,
Pay This Amount:

766.11 USD

Past Due: 0.00

If Paid After 09/01/2020,
Pay this Amount:

781.75 USD

Last Payment 5,390.31
18/24/2020

Due If Paid On Time:
USD
Disc lost if paid late:

766.11
15.64

Due If Paid Late:
USD

781.75

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ON

AUG 31 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MCKESSON**STATEMENT**

As of: 08/28/2020

Page: 001

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

Company: 8000

CVS PHCY 8923/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

DC: 8115

Territory: 400

Customer: 835434
Date: 08/29/2020As of: 08/28/2020 Page: 001
Mail to: Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 835434 PLEASE CHECK ANY
Date: 08/29/2020 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 835434 CVS PHCY 8923/MEM MC PHS											
08/27/2020	09/01/2020	7220340087	864188	115Invoice	5.03	251.27		246.24	✓	7220340087	

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

TOTAL: Customer Number 835434 CVS PHCY 8923/MEM MC PHS

Subtotals: 251.27 USD

Future Due: 0.00

If Paid By 09/01/2020,
Pay This Amount:

246.24 USD

Due If Paid On Time:

USD 246.24

Disc lost if paid late:

5.03

Past Due: 0.00

Last Payment 9,831.42
07/13/2020If Paid After 09/01/2020,
Pay this Amount:

251.27 USD

Due If Paid Late:

USD 251.27

APPROVED
ON

AUG 31 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON**STATEMENT**

As of: 08/28/2020

Page: 001

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: 400

Customer: 835438

Date: 08/29/2020

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

As of: 08/28/2020
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438
Date: 08/29/2020

PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS											
08/27/2020	09/01/2020	7220485050	864608	115Invoice	10.75	537.30		526.55	✓	7220485050	

P 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: 537.30 USD

Future Due: 0.00

If Paid By 09/01/2020,
Pay This Amount:

526.55 USD

Due If Paid On Time:

USD 526.55

Disc lost if paid late:

10.75

Last Payment
08/24/2020 5,390.31

If Paid After 09/01/2020,
Pay this Amount:

537.30 USD

Due If Paid Late:

USD 537.30

APPROVED
ON

AUG 31 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

Customer Number
0100135284 / 037028186

Terms
Monday - Friday due in 7 days

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

Summary

Not Yet Due:	0.00
Current:	776.94
Past Due:	0.00
Total Due:	776.94
Account Balance:	776.94

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
08-25-2020	09-04-2020	3041726497	157845	Invoice	242.53		0.00	242.53
08-25-2020	09-04-2020	3041726498	157853	Invoice	319.16		0.00	319.16
08-25-2020	09-04-2020	3041726499	157846	Invoice	5.25		0.00	5.25
08-26-2020	09-04-2020	3041774576	157862	Invoice	10.25		0.00	10.25
08-28-2020	09-04-2020	3041873369	157882	Invoice	199.75		0.00	199.75

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
776.94	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
08-28-2020	(1,463.66)

Reminders

Due Date	Amount
09-04-2020	776.94
Total Due:	776.94

CK #500130

APPROVED
ON

AUG 31 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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" 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	★ 09																		
☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN" "1 TO CONFIRM" "ENTER W/CENTS AMOUNT OF SOCIAL SECURITY" "ENTER W/CENTS AMOUNT OF MEDICARE" "ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	★ <table border="1"><tr><td>\$</td><td>94,854.32</td><td>#</td></tr><tr><td></td><td>1</td><td></td></tr><tr><td>0</td><td>\$ 48,290.02</td><td>#</td></tr><tr><td></td><td>\$ 11,558.12</td><td>#</td></tr><tr><td></td><td>\$ 35,006.18</td><td>#</td></tr><tr><td>CHECK</td><td>\$ -</td><td></td></tr></table>	\$	94,854.32	#		1		0	\$ 48,290.02	#		\$ 11,558.12	#		\$ 35,006.18	#	CHECK	\$ -	
\$	94,854.32	#																	
	1																		
0	\$ 48,290.02	#																	
	\$ 11,558.12	#																	
	\$ 35,006.18	#																	
CHECK	\$ -																		
☐ "6-DIGIT SETTLEMENT DATE" "1 TO CONFIRM"	★ 1																		
☐ ACKNOWLEDGEMENT NUMBER																			

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

Run Date: 08/29/20
Time: 12:55

MEMORIAL MEDICAL CENTER
Payroll Register (Bi-Weekly)
Pay Period 08/14/20 - 08/27/20 Run# 1

Page 115
P2REG

Final Summary

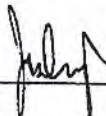
*-- Pay Code Summary -----						*-- Deductions Summary -----					
PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross	Code	Amount	
1	REGULAR PAY-S1	9446.75	N		N	N		190195.97	A/R	1030.53	A/R2 105.00 A/R3
1	REGULAR PAY-S1	1739.75	N		N	N	N	77844.44	ADVANC	AWARDS	BOOTS
1	REGULAR PAY-S1	304.00	Y		N	N		7710.14	CAFE H	CAFE-1	CAFE-2
2	REGULAR PAY-S2	2501.50	N		N	N		57522.25	CAFE-3	CAFE-4	CAFE-5
2	REGULAR PAY-S2	152.50	Y		N	N		4263.74	CAFE-C	CAFE-D	1744.30 CAFE-F
3	REGULAR PAY-S3	1450.25	N		N	N		38826.26	CAFE-H	19744.12 CAFE-I	CAFE-L
3	REGULAR PAY-S3	180.50	Y		N	N		6210.95	CAFE-P	CANCER	CHILD
4	CALL BACK PAY	6.00	N	1	N	N		190.02	CLINIC	220.00 COMBIN	438.97 CREDUN
C	CALL PAY	2230.50	N	1	N	N		4461.00	DD ADV	DENTAL	DEP-LF
E	EXTRA WAGES		N	1	N	N	N	1579.25	DIS-LF	EAT	EATCSH
F	FUNERAL LEAVE	8.00	N	1	N	N		346.15	FEDTAX	35006.18 FICA-M	5779.06 FICA-O 24145.01
I	INSERVICE	10.00	N		N	N	N	224.40	FIRSTC	FLEX S	4502.19 FLX FE
K	EXTENDED-ILLNESS-BANK	684.00	N	1	N	N		13483.52	FORT D	FUTA	GIFT S 26.39
P	PAID-TIME-OFF	230.87	N		N	N	N	2718.09	GRANT	GRP-IN	GTL
P	PAID-TIME-OFF	846.18	N	1	N	N		23105.51	HOSP-I	ID TFT	LEAF
X	CALL PAY 2	224.00	N	1	N	N		448.00	LEGAL	316.76 MASA	816.00 MEALS 142.38
Y	YMCA/CURVES		N		N	N	N	15.00	MISC	MISC/	NMCSHR
Z	CALL PAY 3	96.00	N	1	N	N		288.00	NATFML	2038.76 OTHER	PHI
t	PHONE & DATA		N		N	N	N	980.00	PHI***	PR FIN	RELAY
									REPAY	SAMS	SCRUBS
									SIGNON	ST-TX	STONDF 840.86
									STONE	STONE2	STUDEN
									SUNACC	885.11 SUNILL	1264.09 SUNLIF 1255.12
									SUNSTD	1660.47 SUNVIS	1221.31 SURCHG 765.00
									TSA-1	TSA-2	TSA-C
									TSA-P	TSA-R	30128.92 TUTION
									UNIFOR	796.65 UW/HOS	
*----- Grand Totals: 20110.80 ----- (Gross: 430412.69								Deductions: 134873.18	Net: 295539.51)		
Checks Count:- FT 203 PT 6 Other 43 Female 223 Male 26 Credit								OverAmt 3 ZeroNet	Term	Total: 249	

Pay Date
09.04.20

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- August 24, 2020 - August 30, 2020

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>	<u>Amount</u>	<u>CI</u>
8/24/2020	PAY PLUS ACHTRANS 452579291 101000693927356	- 3rd Party Payor Fee	3.89	
8/24/2020	IRS USATAXPYMT 220063791786951 6103601000038	- Payroll Taxes	100239.78**	
8/25/2020	PAY PLUS ACHTRANS 452579291 101000694572594	- 3rd Party Payor Fee	0.82	
8/25/2020	MCKESSON DRUG AUTO ACH ACH04284836 910000153	- 340B Drug Program Expense	5390.31*	
8/26/2020	PAY PLUS ACHTRANS 452579291 101000695226419	- 3rd Party Payor Fee	42.12	
8/27/2020	PAY PLUS ACHTRANS 452579291 101000695958445	- 3rd Party Payor Fee	1.59	
8/27/2020	IRS USATAXPYMT 220064095553096 6103601000222	- Payroll Taxes	78.42*	
8/28/2020	PAY PLUS ACHTRANS 452579291 101000696642096	- 3rd Party Payor Fee	80.48	
8/28/2020	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	1463.66*	
			<u>107,301.07</u>	

Pay 3 * 89 +
 plus 0 * 82 +
 42 * 12 +
 1 * 59 +
 80 * 48 +
 128 * 90 *
 107 * 301 - 07 *
 100 * 239 - 78 -
 5 * 390 - 31 -
 78 * 42 -
 1 * 463 * 66 -
 128 * 90 *
 128 * 90 +
 128 * 90 -
 0 * 00 *


 Jason Anglin, CEO
 Memorial Medical Center

August 31, 2020

* Approved 08-26-20 cc
 * * Approved 08-19-20 cc

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

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

August 31, 2020
 Jason Anglin, CEO
 Memorial Medical Center

RECEIVED

08/27/2020

AUG 27 2020

09:04

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor#

Pay Code

11832

Vendor Name

Class

BROADMOOR AT CREEKSIDE PAF

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081820	08/25/2020	08/18/2020	09/10/2020				25,800.00	0.00	0.00	25,800.00

TRANSFER

Net insurance pymt deposited into mme opening

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

11832

BROADMOOR AT C

25,800.00

0.00

0.00

25,800.00

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

25,800.00

0.00

0.00

25,800.00

**APPROVED
ON****AUG 27 2020***CK#**187053***COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

RECEIVED

08/27/2020

MEMORIAL MEDICAL CENTER

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10:03

AP Open Invoice List

ap_open_invoice.template

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
081820	08/21/2020	08/18/2020	09/10/2020				1,584.00	0.00	0.00	1,584.00 ✓
	TRANSFER	NH insurance pymt deposited into mmc operating								
081320	08/25/2020	08/13/2020	09/10/2020				2,291.70	0.00	0.00	2,291.70 ✓
	TRANSFER	NH insurance pymt deposited into mmc operating								
081420	08/25/2020	08/14/2020	09/10/2020				8,710.00	0.00	0.00	8,710.00 ✓
	TRANSFER	NH insurance pymt deposited into mmc operating								
081720	08/25/2020	08/17/2020	09/10/2020				1,793.57	0.00	0.00	1,793.57 ✓
	TRANSFER	NH insurance pymt deposited into mmc operating								
081820B	08/25/2020	08/18/2020	09/10/2020				266.46	0.00	0.00	266.46 ✓
	TRANSFER	NH insurance pymt deposited into mmc operating								
082420	08/26/2020	08/24/2020	09/10/2020				754.57	0.00	0.00	754.57 ✓
	TRANSFER	NH insurance pymt deposited into mmc operating								
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
11836			GOLDENCREEK HE		15,400.30		0.00	0.00	15,400.30	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	15,400.30	0.00	0.00	15,400.30

APPROVED
ON

AUG 27 2020

CK#

187055

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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08/27/2020

10:00 **AUG 27 2020**

MEMORIAL MEDICAL CENTER

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AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor#

12696

Vendor Name

GULF POINTE PLAZA ✓

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081820		08/21/2020	08/18/2020	09/10/2020			25,043.65	0.00	0.00	25,043.65 ✓
	TRANSFER									
	NH insurance pymt deposited into MMC operating									
081720		08/25/2020	08/17/2020	09/10/2020			1,056.00	0.00	0.00	1,056.00 ✓
	TRANSFER									
	NH insurance pymt deposited into MMC operating									
081820B		08/25/2020	08/18/2020	09/10/2020			626.74	0.00	0.00	626.74 ✓
	TRANSFER									
	NH insurance pymt deposited into MMC operating									
081920		08/25/2020	08/19/2020	09/10/2020			2,768.02	0.00	0.00	2,768.02 ✓
	TRANSFER									
	NH insurance pymt deposited into MMC operating									
082020		08/25/2020	08/20/2020	09/10/2020			5,280.00	0.00	0.00	5,280.00 ✓
	TRANSFER									
	NH insurance pymt deposited into MMC operating									
082120		08/26/2020	08/21/2020	09/10/2020			1,885.00	0.00	0.00	1,885.00 ✓
	TRANSFER									
	NH insurance pymt deposited into MMC operating									
Vendor Totals:		Number	Name		Gross		Discount	No-Pay		Net
12696			GULF POINTE PLAZ		36,659.41		0.00	0.00		36,659.41

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	36,659.41	0.00	0.00	36,659.41

**APPROVED
ON****AUG 27 2020****CK#
187056****COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

AUG 27 2020

08/27/2020

09:56

Calhoun County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

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ap_open_invoice.template

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
081820	08/21/2020	08/18/2020	09/10/2020				12,665.76	0.00	0.00	12,665.76 ✓
	TRANSFER									
081820B	08/25/2020	08/18/2020	09/10/2020				10,726.22	0.00	0.00	10,726.22 ✓
	TRANSFER									
082120	08/26/2020	08/21/2020	09/10/2020				3,448.65	0.00	0.00	3,448.65 ✓
	TRANSFER									
082420	08/26/2020	08/24/2020	09/10/2020				2,469.04	0.00	0.00	2,469.04 ✓
	TRANSFER									
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
13004			TUSCANY VILLAGE			29,309.67	0.00	0.00	29,309.67	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	29,309.67	0.00	0.00	29,309.67

APPROVED
ON

AUG 27 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

ck#

187059

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08/27/2020

MEMORIAL MEDICAL CENTER

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AP Open Invoice List

ap_open_invoice.template

AUG 27 2020

Dates Through:

Vendor#

Vendor Name

Class

Pay Code

12792

Calhoun County Auditor

BETHANY SENIOR LIVING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
082020	08/25/2020	08/20/2020	09/10/2020				22,941.98	0.00	0.00	22,941.98 ✓

TRANSFER NH insurance pymt deposited into mme operating

082420	08/26/2020	08/24/2020	09/10/2020				7,218.22	0.00	0.00	7,218.22 ✓
--------	------------	------------	------------	--	--	--	----------	------	------	------------

TRANSFER NH insurance pymt deposited into mme operating

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12792	BETHANY SENIOR I	30,160.20	0.00	0.00	30,160.20	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	30,160.20	0.00	0.00	30,160.20

**APPROVED
ON****AUG 27 2020**

CK#

187052

**COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

8/31/2020

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08/31/2020

MEMORIAL MEDICAL CENTER

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AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor#

Vendor Name

Class

Pay Code

11816

ASHFORD GARDENS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
082920	08/31/2020	08/29/2020	09/10/2020				302,900.00	0.00	0.00	302,900.00

TRANSFER STIMULUS PAYMENT

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11816		ASHFORD GARDEN	302,900.00	0.00	0.00	302,900.00

Report Summary

Grand Totals:

Gross	Discount	No-Pay	Net
302,900.00	0.00	0.00	302,900.00

APPROVED
ON

AUG 31 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#
187051

0

RUN DATE:08/31/20
TIME:13:32

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/02/20 THRU 09/02/20

PAGE 1
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	186973	09/02/20	103.68	
A/P	186974	09/02/20	586.52	ABILITY NETWORK (SHIFTHOUND)
A/P	186975	09/02/20	99.55	ACE HARDWARE 15521
A/P	186976	09/02/20	430.00	ARTHREX, INC
A/P	186977	09/02/20	150.00	BARD ACCESS
A/P	186978	09/02/20	689.24	BARD PERIPHERAL VASCULAR
A/P	186979	09/02/20	1,286.89	BAXTER HEALTHCARE
A/P	186980	09/02/20	29,007.64	BECKMAN COULTER INC
A/P	186981	09/02/20	1,700.00	BILL HAMLYN
A/P	186982	09/02/20	3,231.96	BIO-RAD LABORATORIES, INC
A/P	186983	09/02/20	206,981.42	BLUE CROSS BLUE SHIELD
A/P	186984	09/02/20	118.82	BONNY NARVAEZ
A/P	186985	09/02/20	487.50	BOSART LOCK & KEY INC
A/P	186986	09/02/20	160.69	BRIGGS HEALTHCARE
A/P	186987	09/02/20	355.81	CARDINAL HEALTH 414, INC.
A/P	186988	09/02/20	1,953.39	CAVALLO ENERGY TEXAS LLC
A/P	186989	09/02/20	120.00	(
A/P	186990	09/02/20	9,171.52	CITY OF PORT LAVACA
A/P	186991	09/02/20	215.06	CONMED CORPORATION
A/P	186992	09/02/20	120.00	(
A/P	186993	09/02/20	194.35	
A/P	186994	09/02/20	150.00	DAWN MCCLELLAND
A/P	186995	09/02/20	677.63	DEWITT POTH & SON
A/P	186996	09/02/20	120.00	
A/P	186997	09/02/20	207.00	
A/P	186998	09/02/20	1,432.96	EL CAMPO REFRIGERATION
A/P	186999	09/02/20	516.49	EVOQUA WATER TECHNOLOGIES LLC
A/P	187000	09/02/20	557.69	FISHER HEALTHCARE
A/P	187001	09/02/20	7,706.87	FRASIER HEALTHCARE CONSULTING,
A/P	187002	09/02/20	46.35	GE HEALTHCARE
A/P	187003	09/02/20	134.20	GE PRECISION HEALTHCARE, LLC
A/P	187004	09/02/20	120.96	GENESIS DIAGNOSTICS
A/P	187005	09/02/20	105.00	GRACE SANCHEZ
A/P	187006	09/02/20	697.49	GULF COAST PAPER COMPANY
A/P	187007	09/02/20	495.22	INTRADO
A/P	187008	09/02/20	120.00	
A/P	187009	09/02/20	106.43	
A/P	187010	09/02/20	132.48	
A/P	187011	09/02/20	762.75	LEGAL SHIELD
A/P	187012	09/02/20	414.80	
A/P	187013	09/02/20	185.08	
A/P	187014	09/02/20	120.00	(
A/P	187015	09/02/20	1,627.00	MASA GLOBAL BUILDING
A/P	187016	09/02/20	307.10	MCKESSON MEDICAL SURGICAL INC
A/P	187017	09/02/20	137.71	MEDIMPACT HEALTHCARE SYS, INC.
A/P	187018	09/02/20	860.00	MICHAEL GAINES
A/P	187019	09/02/20	161.97	
A/P	187020	09/02/20	.00	VOIDED
A/P	187021	09/02/20	.00	VOIDED
A/P	187022	09/02/20	15,715.09	MORRIS & DICKSON CO, LLC

RUN DATE:08/31/20
TIME:13:32

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/02/20 THRU 09/02/20

PAGE 2
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	187023	09/02/20	4,302.29	NATIONAL FARM LIFE INSURANCE
A/P	187024	09/02/20	249.37	N
A/P	187025	09/02/20	814.76	NOVA BIOMEDICAL
A/P	187026	09/02/20	71.24	OFFICE DEPOT
A/P	187027	09/02/20	320.20	OIL PATCH PETROLEUM
A/P	187028	09/02/20	23.82	PETER ROJAS
A/P	187029	09/02/20	82.21	PRECISION DYNAMICS CORP (PDC)
A/P	187030	09/02/20	1,777.69	QIAGEN INC
A/P	187031	09/02/20	1,667.00	RADSOURCE
A/P	187032	09/02/20	68.49	
A/P	187033	09/02/20	174.31	
A/P	187034	09/02/20	4,038.24	SIEMENS FINANCIAL SERVICES
A/P	187035	09/02/20	4,760.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	187036	09/02/20	2,415.00	STERICYCLE, INC
A/P	187037	09/02/20	730.36	STRYKER SALES CORP
A/P	187038	09/02/20	.34	STRYKER SUSTAINABILITY
A/P	187039	09/02/20	2,575.00	SUN LIFE ASSURANCE COMPANY
A/P	187040	09/02/20	463.78	
A/P	187041	09/02/20	10.99	TALX CORPORATION
A/P	187042	09/02/20	6,521.00	TEXAS HOSPITAL ASSOCIATION
A/P	187043	09/02/20	2,500.00	THE INLINE GROUP
A/P	187044	09/02/20	1,912.52	THE US CONSULTING GROUP
A/P	187045	09/02/20	50.00	TRAN DINH
A/P	187046	09/02/20	274.64	TRI-ANIM HEALTH SERVICES INC
A/P	187047	09/02/20	196.00	TRUC NGUYEN
A/P	187048	09/02/20	270.22	UNIFIRST HOLDINGS
A/P	187049	09/02/20	620.41	UNIFORM ADVANTAGE
A/P	187050	09/02/20	2,200.00	US POSTAL SERVICE
A/P	187051	09/02/20	302,900.00	ASHFORD GARDENS
A/P	187052	09/02/20	228,660.20	BETHANY SENIOR LIVING
A/P	187053	09/02/20	198,200.00	BROADMOOR AT CREEKSIDE PARK
A/P	187054	09/02/20	91,200.00	FORTBEND HEALTHCARE CENTER
A/P	187055	09/02/20	206,650.30	GOLDENCREEK HEALTHCARE
A/P	187056	09/02/20	220,659.41	GULF POINTE PLAZA
A/P	187057	09/02/20	172,400.00	SOLERA WEST HOUSTON
A/P	187058	09/02/20	172,400.00	THE CRESCENT
A/P	187059	09/02/20	29,309.67	TUSCANY VILLAGE
TOTALS:			1,952,251.77	

APPROVED
ON

SEP 02 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P ASHFORD

Date Requested: 8-29-20

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APPROVED
ON

AUG 31 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

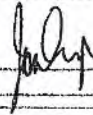
- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT \$302,900.00

G/L NUMBER: 20352000

EXPLANATION: STIMULUS FUNDS DEPOSITED INTO OPERATING TO BE TRANSFERRED
TO NH

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

Provider Number	Provider Name	FYE		Nursing Home Beds	Base Payment	Payment Per Bed	Estimated Emergency Provider Relief Fund Payments
675423	ASHFORD GARDENS	12/31/2018	*	202	10,000	\$ 1,450	\$ 302,900
675663	FORT BEND HEALTHCARE CENTER	12/31/2018	*	56	10,000	\$ 1,450	\$ 91,200
676097	GOLDEN CREEK HEALTHCARE AND REHABIL	12/31/2018	*	125	10,000	\$ 1,450	\$ 191,250
676310	SOLERA AT WEST HOUSTON	12/31/2018	*	112	10,000	\$ 1,450	\$ 172,400
676323	THE CRESCENT	12/31/2018	*	112	10,000	\$ 1,450	\$ 172,400
676357	THE BROADMOOR AT CREEKSIDE PARK	12/31/2018	*	112	10,000	\$ 1,450	\$ 172,400
675892	GULF POINTE PLAZA	12/31/2018	*	120	10,000	\$ 1,450	\$ 184,000
676201	TUSCANY VILLAGE	12/31/2018	**	132	-	\$ -	\$ -
***	Bethany Living		***	130	10,000	\$ 1,450	\$ 198,500
				252	80,000		1,485,050

Stimulus Fund Payments Received

\$ 1,485,050
\$ -

Notes:

* Beds using Stairs Cost report system

** Beds off Nursing Home Compare

Tuscany Village CHOW was effective 3/1/2020.

*** Verified with Bethany Living has 130 licensed beds

Verified with Cecil Barcelo that Tuscany Villiage received the Stimulus Payment Directly.

08/31/2020

MEMORIAL MEDICAL CENTER

0

10:38

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor#

Vendor Name

Class

Pay Code

11832

BROADMOOR AT CREEKSIDE PAF

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
~~081820~~	08/25/2020	08/18/2020	09/10/2020				25,800.00	0.00	0.00	~~25,800.00~~
~~TRANSFER~~ On original transfer										
082920	08/31/2020	08/29/2020	09/10/2020				172,400.00	0.00	0.00	172,400.00
TRANSFER SITMULUS FUNDS										

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

11832

BROADMOOR AT C

198,200.00

0.00

0.00

198,200.00

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

198,200.00

0.00

0.00

198,200.00

APPROVED
ON

AUG 31 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P BROADMOOR

Date Requested: 8-29-20

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APPROVED
ON

AUG 31 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

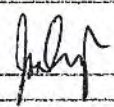
- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT \$172,400.00

G/L NUMBER: 20352000

EXPLANATION: STIMULUS FUNDS DEPOSITED INTO OPERATING TO BE TRANSFERRED
TO NH

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

Provider Number	Provider Name	FYE
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Nursing Home Beds	Base Payment	Payment Per Bed	Estimated Emergency Provider Relief Fund Payments
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675423	ASHFORD GARDENS	12/31/2018	*	202	10,000	\$	1,450	\$	302,900
675663	FORT BEND HEALTHCARE CENTER	12/31/2018	*	56	10,000	\$	1,450	\$	91,200
676097	GOLDEN CREEK HEALTHCARE AND REHABILI	12/31/2018	*	125	10,000	\$	1,450	\$	191,250
676310	SOLERA AT WEST HOUSTON	12/31/2018	*	112	10,000	\$	1,450	\$	172,400
676323	THE CRESCENT	12/31/2018	*	112	10,000	\$	1,450	\$	172,400
676357	THE BROADMOOR AT CREEKSIDE PARK	12/31/2018	*	112	10,000	\$	1,450	\$	172,400
675892	GULF POINTE PLAZA	12/31/2018	*	120	10,000	\$	1,450	\$	184,000
676201	TUSCANY VILLAGE	12/31/2018	**	132	-	\$	-	\$	-
***	Bethany Living		***	130	10,000	\$	1,450	\$	198,500
				252	80,000				

Stimulus Fund Payments Received

\$ 1,485,050
\$ -

Notes:

- * Beds using Stairs Cost report system
- ** Beds off Nursing Home Compare
- Tuscany Village CHOW was effective 3/1/2020.
- *** Verified with Bethany Living has 130 licensed beds

Verified with Cecil Barcelo that Tuscany Villiage received the Stimulus Payment Directly.

08/31/2020

MEMORIAL MEDICAL CENTER

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10:38

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor#

Vendor Name

Class

Pay Code

11824

THE CRESCENT

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
082920	08/31/2020	08/29/2020	09/10/2020				172,400.00	0.00	0.00	172,400.00

TRANSFER STIMULUS FUNDS

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11824	THE CRESCENT	172,400.00	0.00	0.00	172,400.00	

Report Summary

Grand Totals:

Gross	Discount	No-Pay	Net
172,400.00	0.00	0.00	172,400.00

APPROVED
ON
AUG 31 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P CRESCENT
A
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Date Requested: 8-29-20

APPROVED
ON

AUG 31 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

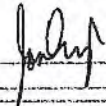
- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT \$172,400.00

G/L NUMBER: 20352000

EXPLANATION: STIMULUS FUNDS DEPOSITED INTO OPERATING TO BE TRASNFERRED
TO NH

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

Provider Number	Provider Name	FYE
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Nursing Home Beds	Base Payment	Payment Per Bed	Estimated Emergency Provider Relief Fund Payments
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675423	ASHFORD GARDENS	12/31/2018	*	202	10,000	\$	1,450	\$	302,900
675663	FORT BEND HEALTHCARE CENTER	12/31/2018	*	56	10,000	\$	1,450	\$	91,200
676097	GOLDEN CREEK HEALTHCARE AND REHABILI	12/31/2018	*	125	10,000	\$	1,450	\$	191,250
676310	SOLERA AT WEST HOUSTON	12/31/2018	*	112	10,000	\$	1,450	\$	172,400
676323	THE CRESCENT	12/31/2018	*	112	10,000	\$	1,450	\$	172,400
676357	THE BROADMOOR AT CREEKSIDE PARK	12/31/2018	*	112	10,000	\$	1,450	\$	172,400
675892	GULF POINTE PLAZA	12/31/2018	*	120	10,000	\$	1,450	\$	184,000
676201	TUSCANY VILLAGE	12/31/2018	**	132	-	\$	-	\$	-
***	Bethany Living		***	130	10,000	\$	1,450	\$	198,500
				252	80,000				

08/31/2020

MEMORIAL MEDICAL CENTER

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10:40

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor#

Vendor Name

Class

Pay Code

11820

FORTBEND HEALTHCARE CENTE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
082920	08/31/2020	08/29/2020	09/10/2020				91,200.00	0.00	0.00	91,200.00

TRANSFER STIMULUS PAYMENT

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11820		FORTBEND HEALTH	91,200.00	0.00	0.00	91,200.00

Report Summary

Grand Totals:

Gross	Discount	No-Pay	Net
91,200.00	0.00	0.00	91,200.00

APPROVED
ON

AUG 31 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P FORT BEND

Date Requested: 8-29-20

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APPROVED
ON

AUG 31 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

G/L NUMBER: 20352000

FOR ACCT. USE ONLY

☐ Imprest Cash

☐ A/P Check

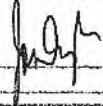
☐ Mail Check to Vendor

☐ Return Check to Dept

AMOUNT \$91,200.00

EXPLANATION: STIMULUS FUNDS DEPOSITED INTO OPERATING TO BE TRANSFERRED
TO NH

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

Provider Number	Provider Name	FYE		Nursing Home Beds	Base Payment	Payment Per Bed	Estimated Emergency Provider Relief Fund Payments
675423	ASHFORD GARDENS	12/31/2018	*	202	10,000	\$ 1,450	\$ 302,900
675663	FORT BEND HEALTHCARE CENTER	12/31/2018	*	56	10,000	\$ 1,450	\$ 91,200
676097	GOLDEN CREEK HEALTHCARE AND REHABILI	12/31/2018	*	125	10,000	\$ 1,450	\$ 191,250
676310	SOLERA AT WEST HOUSTON	12/31/2018	*	112	10,000	\$ 1,450	\$ 172,400
676323	THE CRESCENT	12/31/2018	*	112	10,000	\$ 1,450	\$ 172,400
676357	THE BROADMOOR AT CREEKSIDE PARK	12/31/2018	*	112	10,000	\$ 1,450	\$ 172,400
675892	GULF POINTE PLAZA	12/31/2018	*	120	10,000	\$ 1,450	\$ 184,000
676201	TUSCANY VILLAGE	12/31/2018	**	132	-	\$ -	\$ -
***	Bethany Living		***	130	10,000	\$ 1,450	\$ 198,500
				252	80,000		1,485,050

Stimulus Fund Payments Received

\$ 1,485,050
\$ -

Notes:

* Beds using Stairs Cost report system

** Beds off Nursing Home Compare

Tuscany Village CHOW was effective 3/1/2020.

*** Verified with Bethany Living has 130 licensed beds

Verified with Cecil Barcelo that Tuscany Villiage received the Stimulus Payment Directly.

08/31/2020

MEMORIAL MEDICAL CENTER

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10:38

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor#

Vendor Name

Class

Pay Code

11828

SOLERA WEST HOUSTON

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
082920	08/31/2020	08/29/2020	09/10/2020				172,400.00	0.00	0.00	172,400.00

TRANSFER STIMLULS FUNDS

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11828	SOLERA WEST HOI	172,400.00	0.00	0.00	172,400.00	

Report Summary

Grand Totals:

Gross	Discount	No-Pay	Net
172,400.00	0.00	0.00	172,400.00

APPROVED
ON

AUG 31 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P SOLERA
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Date Requested: 8-29-20

APPROVED
ON

AUG 31 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

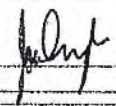
- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT \$172,400.00

G/L NUMBER: 20352000

EXPLANATION: STIMULUS FUNDS DEPOSITED INTO OPERATING TO BE TRASNFERRED
TO NH

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

Provider Number	Provider Name	FYE
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Nursing Home Beds	Base Payment	Payment Per Bed	Estimated Emergency Provider Relief Fund Payments
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675423	ASHFORD GARDENS	12/31/2018	*	202	10,000	\$	1,450	\$	302,900
675663	FORT BEND HEALTHCARE CENTER	12/31/2018	*	56	10,000	\$	1,450	\$	91,200
676097	GOLDEN CREEK HEALTHCARE AND REHABILI	12/31/2018	*	125	10,000	\$	1,450	\$	191,250
676310	SOLERA AT WEST HOUSTON	12/31/2018	*	112	10,000	\$	1,450	\$	172,400
676323	THE CRESCENT	12/31/2018	*	112	10,000	\$	1,450	\$	172,400
676357	THE BROADMOOR AT CREEKSIDE PARK	12/31/2018	*	112	10,000	\$	1,450	\$	172,400
675892	GULF POINTE PLAZA	12/31/2018	*	120	10,000	\$	1,450	\$	184,000
676201	TUSCANY VILLAGE	12/31/2018	**	132	-	\$	-	\$	-
***	Bethany Living		***	130	10,000	\$	1,450	\$	198,500
				252	80,000				

08/31/2020

MEMORIAL MEDICAL CENTER

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AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor#

Vendor Name

Class

Pay Code

11836

GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081820	08/21/2020	08/18/2020	09/10/2020				1,584.00	0.00	0.00	~~1,584.00~~
	TRANSFER									
081320	08/25/2020	08/13/2020	09/10/2020				2,291.70	0.00	0.00	~~2,291.70~~
	TRANSFER									
081420	08/25/2020	08/14/2020	09/10/2020				8,710.00	0.00	0.00	~~8,710.00~~
	TRANSFER									
081720	08/25/2020	08/17/2020	09/10/2020				1,793.57	0.00	0.00	~~1,793.57~~
	TRANSFER									
081820B	08/25/2020	08/18/2020	09/10/2020				266.46	0.00	0.00	~~266.46~~
	TRANSFER									
082420	08/26/2020	08/24/2020	09/10/2020				754.57	0.00	0.00	~~754.57~~
	TRANSFER									
082920	08/31/2020	08/29/2020	09/10/2020				191,250.00	0.00	0.00	191,250.00
	TRANSFER STIMULUS FUNDS									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11836		GOLDENCREEK HE	206,650.30	0.00	0.00	~~206,650.30~~

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	~~206,650.30~~	0.00	0.00	~~206,650.30~~

APPROVED
ON

AUG 31 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P GOLDENCREEK
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Date Requested: 8-29-20

APPROVED
ON

AUG 31 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

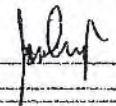
- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT \$191,250.00

G/L NUMBER: 20352000

EXPLANATION: STIMULUS FUNDS DEPOSITED INTO OPERATING TO BE TRASNFERRED
TO NH

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

Provider Number	Provider Name	FYE
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Nursing Home Beds	Base Payment	Payment Per Bed	Estimated Emergency Provider Relief Fund Payments
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675423	ASHFORD GARDENS	12/31/2018	*	202	10,000	\$	1,450	\$	302,900
675663	FORT BEND HEALTHCARE CENTER	12/31/2018	*	56	10,000	\$	1,450	\$	91,200
676097	GOLDEN CREEK HEALTHCARE AND REHABILI	12/31/2018	*	125	10,000	\$	1,450	\$	191,250
676310	SOLERA AT WEST HOUSTON	12/31/2018	*	112	10,000	\$	1,450	\$	172,400
676323	THE CRESCENT	12/31/2018	*	112	10,000	\$	1,450	\$	172,400
676357	THE BROADMOOR AT CREEKSIDE PARK	12/31/2018	*	112	10,000	\$	1,450	\$	172,400
675892	GULF POINTE PLAZA	12/31/2018	*	120	10,000	\$	1,450	\$	184,000
676201	TUSCANY VILLAGE	12/31/2018	**	132	-	\$	-	\$	-
***	Bethany Living		***	130	10,000	\$	1,450	\$	198,500
				252	80,000				
								1,485,050	

Stimulus Fund Payments Received

\$ 1,485,050
\$ -

Notes:

* Beds using Stairs Cost report system

** Beds off Nursing Home Compare

Tuscany Village CHOW was effective 3/1/2020.

*** Verified with Bethany Living has 130 licensed beds

Verified with Cecil Barcelo that Tuscany Villiage received the Stimulus Payment Directly.

08/31/2020

MEMORIAL MEDICAL CENTER

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10:36

AP Open Invoice List

ap_open_invoice.template

Dates Through:

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
081820	08/21/2020	08/18/2020	09/10/2020				25,043.65	0.00	0.00	~~25,043.65~~
		~~TRANSFER~~								
081720	08/25/2020	08/17/2020	09/10/2020				1,056.00	0.00	0.00	~~1,056.00~~
		~~TRANSFER~~								
081820B	08/25/2020	08/18/2020	09/10/2020				626.74	0.00	0.00	~~626.74~~
		~~TRANSFER~~								
081920	08/25/2020	08/19/2020	09/10/2020				2,768.02	0.00	0.00	~~2,768.02~~
		~~TRANSFER~~								
082020	08/25/2020	08/20/2020	09/10/2020				5,280.00	0.00	0.00	~~5,280.00~~
		~~TRANSFER~~								
082120	08/26/2020	08/21/2020	09/10/2020				1,885.00	0.00	0.00	~~1,885.00~~
		~~TRANSFER~~								
082920	08/31/2020	08/29/2020	09/10/2020				184,000.00	0.00	0.00	~~184,000.00~~

TRANSFER STIMULUS PAYMENT

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12696		GULF POINTE PLAZ	220,659.41	0.00	0.00	~~220,659.41~~

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	~~220,659.41~~	0.00	0.00	~~220,659.41~~

APPROVED
ON

AUG 31 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P GULF POINTE

Date Requested: 8-29-20

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APPROVED
ON

AUG 31 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

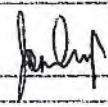
- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT \$184,000.00

G/L NUMBER: 20352000

EXPLANATION: STIMULUS FUNDS DEPOSITED INTO OPERATING TO BE TRANSFERRED
TO NH

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

Provider Number	Provider Name	FYE
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Nursing Home Beds	Base Payment	Payment Per Bed	Estimated Emergency Provider Relief Fund Payments
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675423	ASHFORD GARDENS	12/31/2018	*	202	10,000	\$	1,450	\$	302,900
675663	FORT BEND HEALTHCARE CENTER	12/31/2018	*	56	10,000	\$	1,450	\$	91,200
676097	GOLDEN CREEK HEALTHCARE AND REHABILI	12/31/2018	*	125	10,000	\$	1,450	\$	191,250
676310	SOLERA AT WEST HOUSTON	12/31/2018	*	112	10,000	\$	1,450	\$	172,400
676323	THE CRESCENT	12/31/2018	*	112	10,000	\$	1,450	\$	172,400
676357	THE BROADMOOR AT CREEKSIDE PARK	12/31/2018	*	112	10,000	\$	1,450	\$	172,400
675892	GULF POINTE PLAZA	12/31/2018	*	120	10,000	\$	1,450	\$	184,000
676201	TUSCANY VILLAGE	12/31/2018	**	132	-	\$	-	\$	-
***	Bethany Living		***	130	10,000	\$	1,450	\$	198,500
				252	80,000				

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P BETHANY

Date Requested: 8-29-20

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APPROVED
ON

AUG 31 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

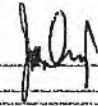
- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT \$198,500.00

G/L NUMBER: 20352000

EXPLANATION: STIMULUS FUNDS DEPOSITED INTO OPERATING TO BE TRASNFERRED
TO NH

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

Provider Number	Provider Name	FYE		Nursing Home Beds	Base Payment	Payment Per Bed	Estimated Emergency Provider Relief Fund Payments
675423	ASHFORD GARDENS	12/31/2018	*	202	10,000	\$ 1,450	\$ 302,900
675663	FORT BEND HEALTHCARE CENTER	12/31/2018	*	56	10,000	\$ 1,450	\$ 91,200
676097	GOLDEN CREEK HEALTHCARE AND REHABILI	12/31/2018	*	125	10,000	\$ 1,450	\$ 191,250
676310	SOLERA AT WEST HOUSTON	12/31/2018	*	112	10,000	\$ 1,450	\$ 172,400
676323	THE CRESCENT	12/31/2018	*	112	10,000	\$ 1,450	\$ 172,400
676357	THE BROADMOOR AT CREEKSIDE PARK	12/31/2018	*	112	10,000	\$ 1,450	\$ 172,400
675892	GULF POINTE PLAZA	12/31/2018	*	120	10,000	\$ 1,450	\$ 184,000
676201	TUSCANY VILLAGE	12/31/2018	**	132	-	\$ -	\$ -
***	Bethany Living		***	130	10,000	\$ 1,450	\$ 198,500
				252	80,000		1,485,050

Stimulus Fund Payments Received

\$ 1,485,050
\$ -

Notes:

* Beds using Stairs Cost report system

** Beds off Nursing Home Compare

Tuscany Village CHOW was effective 3/1/2020.

*** Verified with Bethany Living has 130 licensed beds

Verified with Cecil Barcelo that Tuscany Villiage received the Stimulus Payment Directly.

Jason Anglin

From: Caitlin Clevenger
Sent: Thursday, August 27, 2020 1:38 PM
To: Jason Anglin
Cc: Roshanda S. Thomas; Marley Moehrig
Subject: Nursing home stimulus payment

08/27/2020

ACH:Deposit

ACH Deposit

US HHS Stimulus HHSPAYMENT 746003411 1243848

\$1,485,050.00

Please see stimulus payment listed above. Thank you.

Respectfully,
Caitlin Clevenger

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

Ashford Gardens

8/24/2020	MANAGEANDNET1718 MNS PMNT 00000000000093 41 0254851
8/25/2020	CK 1103
8/25/2020	AMERIGROUP TXSC HCCLAIMPMT 3130839706 111000 TRN*1*3130839706*1752603231\
8/25/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202008211100043*1912008361*0000TEK01\
8/25/2020	HUMANA CHA DISB HCCLAIMPMT 390860 4200001507 TRN*1*014840101620875*1611013183\
8/26/2020	WIRE OUT ASHFORD HEALTH CARE CENTER LTD
8/26/2020	AMERIGROUP TXSC HCCLAIMPMT 3130967780 111000 TRN*1*3130967780*1752603231\
8/26/2020	AMERIGROUP CORPO E-PAYMENT EES2067110 111000 ISA*00* *00* *ZZ*BCCACPA010 *ZZ*BOFAORIG
8/26/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020082112700431*1912008361*0000TEK01\
8/26/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020082115400133*1912008361*0000TEK01\
8/27/2020	MOLINA HEALTHCARE MOLINAACH 00883293 42000015 ISA* * * * *ZZ* *ZZ* *200826*095 5
8/27/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020082612300181*1912008361*0000TEK01\
8/27/2020	NOVITAS SOLUTION HCCLAIMPMT 675423 420000126 TRN*1*EFT5675510*1205296137*000004911\
8/28/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020082712300021*1912008361*0000TEK01\
8/28/2020	NOVITAS SOLUTION HCCLAIMPMT 675423 420000126 TRN*1*EFT5675510*1205296137*000004911\

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	5,835.00	-	-	-	-	-	5,835.00
295.06	-	-	-	-	-	-	-
-	50,966.73	-	-	-	-	-	50,966.73
-	45,090.53	-	-	-	-	-	45,090.53
-	8,934.18	-	-	-	-	-	8,934.18
94,466.92	-	-	-	-	-	-	-
-	2,745.90	-	-	-	-	-	2,745.90
-	3,421.89	1,724.00	467.00	869.00	361.89	2,572.95	848.95
-	2,863.04	-	-	-	-	-	2,863.04
-	45,474.55	-	-	-	-	-	45,474.55
-	17,582.27	11,680.05	1,746.51	4,078.33	77.38	14,831.16	2,951.11
-	5,481.76	-	-	-	-	-	5,481.76
-	13,959.66	-	-	-	-	-	13,959.66
-	2,163.49	-	-	-	-	-	2,163.49
-	30,481.61	-	-	-	-	-	30,481.61
94,761.98	215,000.61	13,404.05	2,213.51	4,947.33	439.27	17,204.11	197,796.51

Broadmoor

8/24/2020	NOVITAS SOLUTION HCCLAIMPMT 676357 420000139 TRN*1*EFT5670110*1205296137*000004011\
8/25/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020082116200499*1912008361*0000TEK01\
8/26/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III
8/26/2020	AMERIGROUP CORPO E-PAYMENT EES2067114 111000 ISA*00* *00* *ZZ*BCCACPA010 *ZZ*BOFAORIG
8/26/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202008211700469*1912008361*0000TEK01\
8/26/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202008211300608*1912008361*0000TEK01\
8/27/2020	Deposit
8/27/2020	MOLINA HEALTHCARE MOLINAACH 00883630 42000015 ISA* * * * *ZZ* *ZZ* *200826*095 5
8/27/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020082614100859*1912008361*0000TEK01\
8/27/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020082611301224*1912008361*0000TEK01\
8/28/2020	NOVITAS SOLUTION HCCLAIMPMT 676357 420000127 TRN*1*EFT5677986*1205296137*000004011\

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	39,068.78	-	-	-	-	-	39,068.78
-	5,550.30	-	-	-	-	-	5,550.30
264,264.68	-	-	-	-	-	-	-
-	616.05	336.00	74.00	141.00	65.05	476.03	140.03
-	279.02	-	-	-	-	-	279.02
-	31,573.24	-	-	-	-	-	31,573.24
-	11,084.00	-	-	-	-	-	11,084.00
-	6,354.32	4,207.36	635.04	1,473.23	38.69	5,280.84	1,073.48
-	2,585.44	-	-	-	-	-	2,585.44
-	5,212.80	-	-	-	-	-	5,212.80
-	3,775.23	-	-	-	-	-	3,775.23
264,264.68	106,099.18	4,549.36	709.04	1,614.23	103.74	5,756.87	100,342.32

Crescent

8/24/2020	MANAGEANDNET1718 MNS PMNT 0000000000003268 41 0254809
8/24/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020082112400379*1912008361*0000TEK01\
8/24/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020082115601342*1912008361*0000TEK01\
8/24/2020	NOVITAS SOLUTION HCCLAIMPMT 676323 420000139 TRN*1*EFT5670115*1205296137*000004011\
8/25/2020	CK 95
8/25/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020082116200237*1912008361*0000TEK01\
8/26/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III
8/26/2020	AMERIGROUP CORPO E-PAYMENT EES2067113 111000 ISA*00* *00* *ZZ*BCCACPA010 *ZZ*BOFAORIG
8/26/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020082115000049*1912008361*0000TEK01\
8/26/2020	NOVITAS SOLUTION HCCLAIMPMT 676323 420000141 TRN*1*EFT5674248*1205296137*000004011\
8/26/2020	HEALTH HUMAN SVC HCCLAIMPMT 1746003411 13008 2 TRN*1*05F835431669860425*1746000156*
8/27/2020	Deposit
8/27/2020	MOLINA HEALTHCARE MOLINAACH 00883579 42000015 ISA* * * * *ZZ* *ZZ* *200826*095 5
8/27/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020082613060043*1912008361*0000TEK01\
8/27/2020	NOVITAS SOLUTION HCCLAIMPMT 676323 420000125 TRN*1*EFT5676226*1205296137*000004011\
8/28/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020082710500060*1912008361*0000TEK01\
8/28/2020	NOVITAS SOLUTION HCCLAIMPMT 676323 420000127 TRN*1*EFT5677974*1205296137*000004011\

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	6,042.50	-	-	-	-	-	6,042.50
-	9,662.72	-	-	-	-	-	9,662.72
-	6,028.00	-	-	-	-	-	6,028.00
-	182,784.26	-	-	-	-	-	182,784.26
20.08	-	-	-	-	-	-	-
-	13,092.16	-	-	-	-	-	13,092.16
26,912.24	-	-	-	-	-	-	-
-	567.21	334.00	60.00	114.00	59.21	450.61	116.61
-	6,378.44	-	-	-	-	-	6,378.44
-	16,546.49	-	-	-	-	-	16,546.49
-	3,069.00	-	-	-	-	-	3,069.00
-	2,200.00	-	-	-	-	-	2,200.00
-	5,198.87	3,437.61	517.62	1,204.95	38.69	4,318.24	880.63
-	2,788.89	-	-	-	-	-	2,788.89
-	12,775.91	-	-	-	-	-	12,775.91
-	12,524.41	-	-	-	-	-	12,524.41
-	2,256.25	-	-	-	-	-	2,256.25
26,912.32	281,915.11	3,771.81	577.62	1,318.95	97.90	4,768.85	277,168.27

Fort Bend

8/24/2020	HEALTH HUMAN SVC HCCLAIMPMT 1746003411 13006 2 TRN*1*05F816821730577503*1746000156*
8/25/2020	CK 92
8/25/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*1558218928*1411289245*000087726\
8/26/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III
8/26/2020	AMERIGROUP CORPO E-PAYMENT EES2067113 111000 ISA*00* *00* *ZZ*BCCACPA010 *ZZ*BOFAORIG
8/26/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202008211401276*1912008361*0000TEK01\
8/26/2020	NOVITAS SOLUTION HCCLAIMPMT 675663 420000141 TRN*1*EFT5674179*1205296137*000004011\
8/27/2020	MOLINA HEALTHCARE MOLINAACH 00883371 42000015 ISA* * * * *ZZ* *ZZ* *200826*095 5

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	2,247.18	-	-	-	-	-	2,247.18
83.82	-	-	-	-	-	-	-
-	1,625.00	-	-	-	-	-	-
44,161.91	-	-	-	-	-	-	-
-	1,252.15	706.00	146.00	268.00	132.15	-	-
-	22,372.16	-	-	-	-	-	-
-	56,811.85	-	-	-	-	-	-
-	7,187.14	4,765.02	715.02	1,668.41	38.69	5,976.08	1,211.06
44,245.73	91,495.46	5,471.02	861.02	1,936.41	170.84	5,976.08	3,458.24

Solera at West Houston

8/24/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020082112200297*1912008361*0000TEK01\
8/24/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020082112400296*1912008361*0000TEK01\
8/24/2020	NOVITAS SOLUTION HCCLAIMPMT 676310 420000139 TRN*1*EFT5670111*1205296137*000004011\
8/25/2020	CK 1097
8/25/2020	AMERIGROUP TXSC HCCLAIMPMT 3130839707 111000 TRN*1*3130839707*1752603231\
8/25/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020082110700263*1912008361*0000TEK01\
8/25/2020	HEALTH HUMAN SVC HCCLAIMPMT 1746003411 13007 2 TRN*1*05F827031497141255*1746000156*
8/26/2020	WIRE OUT CANTEX HEALTH CARE CENTERS III
8/26/2020	MANAGEANDNET1718 MNS PMNT 000000000000482 41 0254869
8/26/2020	AMERIGROUP CORPO E-PAYMENT EES2067112 111000 ISA*00* *00* *ZZ*BCCACPA010 *ZZ*BOFAORIG
8/26/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020082117200484*1912008361*0000TEK01\
8/27/2020	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*1558973797*1411289245*000087726\
8/27/2020	MOLINA HEALTHCARE MOLINAACH 00883554 42000015 ISA* * * * *ZZ* *ZZ* *200826*095 5
8/27/2020	NOVITAS SOLUTION HCCLAIMPMT 676310 420000125 TRN*1*EFT5676224*1205296137*000004011\
8/28/2020	AMERIGROUP TXSC HCCLAIMPMT 3131148903 111000 TRN*1*3131148903*1752603231\
8/28/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020082712800973*1912008361*0000TEK01\
8/28/2020	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020082713800151*1912008361*0000TEK01\

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	6,721.16	-	-	-	-	-	6,721.16
-	10,913.19	-	-	-	-	-	-
-	10,268.18	-	-	-	-	-	-
74.08	-	-	-	-	-	-	-
-	5,973.81	-	-	-	-	-	-
-	20,367.19	-	-	-	-	-	-
-	3,696.00	-	-	-	-	-	-
43,710.85	-	-	-	-	-	-	-
-	20,907.50	-	-	-	-	-	-
-	977.43	491.00	136.00	248.00	102.43	734.22	-
-	2,942.72	-	-	-	-	-	-
-	6,436.93	-	-	-	-	-	6,436.93
-	6,197.76	4,127.74	623.78	1,446.24	-	5,162.75	1,035.01
-	4,624.48	-	-	-	-	-	4,624.48
-	195.29	-	-	-	-	-	195.29
-	217.86	-	-	-	-	-	217.86
-	1,548.97	-	-	-	-	-	1,548.97
43,784.93	101,983.47	4,618.74	759.78	1,694.24	102.43	5,896.97	20,779.70
473,989.64	795,493.85	31,808.78	5,120.97	11,511.16	914.18	39,502.86	599,523.03

TOTALS

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Data reported as of Aug 31, 2020 12

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
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[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$215,904.32	\$247,891.87	\$215,904.32	\$203,259.22
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$106,380.78	\$118,123.05	\$106,380.78	\$102,605.55
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$282,178.80	\$304,832.07	\$282,178.80	\$267,398.14
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$91,893.11	\$104,828.25	\$91,893.11	\$91,893.11
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$102,330.75	\$440,971.01	\$102,330.75	\$100,368.63
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
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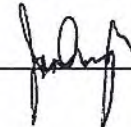
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Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
8/31/2020

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		20,825.93	20,645.72 ✓	266,846.32 ✓	191,250.00 ✓	-	431,005.85
					Bank Balance	458,276.53	
					Variance	267,026.53 ✓	
						191,250.00	
					Leave in Balance	100.00	
					QIPP 1234	27,133.11 ✓	
					QIPP Y1 ADJ PYMT SUPERIOR	-	
					July Interest	37.57 ✓	
					August Interest		
					September Interest		
					Adjust Balance/Transfer Amt	431,005.85	

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:  8/31/2020
Jason Anglin, CEO

APPROVED
ON

AUG 31 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek

8/24/2020 NOVITAS SOLUTION HCCLAIMPMT 676097 420000139 TRN*1*EFT5669694*1205296137*000004011\

8/25/2020 NOVITAS SOLUTION HCCLAIMPMT 676097 420000158 TRN*1*EFT5671353*1205296137*000004011\

8/26/2020 WIRE OUT NEXION HEALTH AT GOLDEN CREEK

8/26/2020 NOVITAS SOLUTION HCCLAIMPMT 676097 420000141 TRN*1*EFT5673399*1205296137*000004011\

8/27/2020 DEPOSIT

8/28/2020 Centene Managemen CCD* 38888463 3110020188757 RMR*IV*338880**0032963.56\

8/28/2020 NOVITAS SOLUTION HCCLAIMPMT 676097 420000127 TRN*1*EFT5677531*1205296137*000004011\

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4&L apse	QJPP TI	
-	32,349.89					-	32,349.89
-	91,157.68					-	91,157.68
20,645.72	-					-	-
-	39,977.79					-	39,977.79
-	29,090.47					-	29,090.47
-	32,963.56	21,640.97	3,260.62	7,591.93	131.72	27,133.11	5,830.45
-	41,306.73					-	41,306.73
						-	-
20,645.72	266,846.32	21,640.97	3,260.62	7,591.93	131.72	27,133.11	239,713.22

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Data reported as of Aug 31, 2020 12

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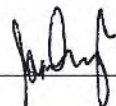
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Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
8/31/2020

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		24,098.42	23,993.74	20,622.05			20,726.73	no transfer
						Bank Balance	20,726.73	no transfer
						Variance		
						Leave in Balance	100.00	
						QIPP 1234	17,162.34	
						Pending QIPP ck to MMC		
						July Interest	4.68	
						August Interest		
						September Interest		
						Adjust Balance/Transfer Amt	3457.11	
Gulf Pointe Plaza-Medicare/Medicaid		48,715.76	48,586.30	184,592.85		184,000.00	368,722.31	368,592.85
						Bank Balance	184,722.31	
						Variance	184,000.00	
						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	368,592.85	
TOTAL TRANSFERS							368,592.85	

Routing Information for Gulf Pointe Plaza:

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

Approved: 
Jason Anglin, CEO 8/31/2020

APPROVED
ON
AUG 31 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay

8/26/2020 WIRE OUT HMG SERVICES, LLC
8/28/2020 Centene Manageme CCD+ 38888463 3110020188786 RMR*IV*Q/PP 8.21.20**20622.05\

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		Q/PP/Comp1	Q/PP/Comp 2	Q/PP/Comp3	Q/PP/Comp4& Lapse	Q/PP TI	
23,993.74	-	-	-	-	-	-	-
-	20,622.05	13,702.62	2,062.30	4,798.61	58.52	17,162.34	3,459.72
23,993.74	20,622.05	13,702.62	2,062.30	4,798.61	58.52	17,162.34	3,459.72

Gulf Pointe Plaza-Medicare/Medicaid

8/24/2020 NORIDIAN J3A HCCLAIMPMT 675892 4200001688089 TRN*1*EFT6969682*1450173185*000003C
8/25/2020 NORIDIAN J3A HCCLAIMPMT 675892 4200001533856 TRN*1*EFT6970504*1450173185*000003C
8/26/2020 WIRE OUT HMG SERVICES, LLC
8/26/2020 NORIDIAN J3A HCCLAIMPMT 675892 4200001665056 TRN*1*EFT6971359*1450173185*000003C
8/27/2020 DEPOSIT
8/28/2020 NORIDIAN J3A HCCLAIMPMT 675892 4200001264192 TRN*1*EFT6972921*1450173185*000003C

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		Q/PP/Comp1	Q/PP/Comp 2	Q/PP/Comp3	Q/PP/Comp4& Lapse	Q/PP TI	
-	1,659.85	-	-	-	-	-	1,659.85
-	127,248.68	-	-	-	-	-	127,248.68
48,586.30	-	-	-	-	-	-	-
-	15,721.98	-	-	-	-	-	15,721.98
-	23,190.10	-	-	-	-	-	23,190.10
-	16,772.24	-	-	-	-	-	16,772.24
48,586.30	184,592.85	-	-	-	-	-	184,592.85
72,580.04	205,214.90	13,702.62	2,062.30	4,798.61	58.52	17,162.34	188,052.57

Treasury Center

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Account Type

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All

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Data reported as of Aug 31, 2020 12

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
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[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
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[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
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[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$184,722.31	\$188,718.39	\$184,722.31	\$167,950.07
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$20,726.73	\$20,726.73	\$20,726.73	\$104.68
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

* indicates re
Page generated on 08/31/2020 at 12

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Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
8/31/2020

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	Test
Tuscany Senior Living		77,341.46	77,237.59	216,303.33			216,407.20	216,303.33	216,303.33
						Bank Balance	216,407.20		
						Variance	216,407.20		
						Leave in Balance	100.00		
						Pending Ck 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	216,303.33		
						Approved:			
						Jason Anglin, CEO		8/31/2020	

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 31 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Tuscany Senior Living

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
8/24/2020 NOVITAS SOLUTION HCCLAIMPMT 676201 420000139 TRN*1*E	-	142,674.75					-	142,674.75
8/26/2020 WIRE OUT LINBAR ENTERPRISES, LLC	77,237.59	-					-	-
8/26/2020 NOVITAS SOLUTION HCCLAIMPMT 676201 420000141 TRN*1*E	-	12,230.47					-	12,230.47
8/27/2020 DEPOSIT	-	24,567.62					-	24,567.62
8/27/2020 Molina HC of TX HCCLAIMPMT PN1275717894 4200 TRN*1*EFT	-	2,143.35					-	2,143.35
8/27/2020 NOVITAS SOLUTION HCCLAIMPMT 676201 420000125 TRN*1*E	-	26,197.14					-	26,197.14
8/28/2020 KS PLAN ADMINIST HCCLAIMPMT 179 111000029194 TRN*1*OC	-	8,490.00					-	8,490.00
							-	-
	77,237.59	216,303.33	-	-	-	-	-	216,303.33

Treasury Center

Select Quick View Accounts
Account Number / Name

Select Group Groups

Add Group

Account Type

Search

All

DDA

Data reported as of Aug 31, 2020 12

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
*3407 MMC -NH TUSCANY VILLAGE	\$216,407.20	\$216,407.20	\$216,407.20	\$207,917.20

* indicates re

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Memorial Medical Center
 Nursing Home UPL
 Weekly HSLTransfer
 Prosperity Accounts
 8/31/2020

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		316,948.24	316,849.34	361,251.14		198,500.00		559,856.04	559,751.14
						Bank Balance		361,356.04	
						Variance		198,500.00	
						Leave in Balance		100.00	
						QIPP 1,2 AND 3			
						July Interest		4.90	
						August Interest			
						September Interest			
						Adjust Balance/Transfer Amt		559,751.14	
						Approved:			
						Jason Anglin, CEO			8/31/2020

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 31 2020
 COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Bethany Senior Living

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
8/24/2020 DEPOSIT	-					-	16,394.95
8/24/2020 NOVITAS SOLUTION HCCLAIMPMT 676481 420000139 TF	-					-	51,912.71
8/25/2020 NOVITAS SOLUTION HCCLAIMPMT 676481 420000158 TF	-					-	48,838.00
8/26/2020 WIRE OUT BETHANY SENIOR LIVING, LTD	316,843.34					-	-
8/26/2020 NOVITAS SOLUTION HCCLAIMPMT 676481 420000141 TF	-					-	11,600.53
8/27/2020 DEPOSIT	-					-	93,696.12
8/27/2020 NOVITAS SOLUTION HCCLAIMPMT 676481 420000125 TF	-					-	112,968.22
8/28/2020 DEPOSIT	-					-	2,992.00
8/28/2020 NOVITAS SOLUTION HCCLAIMPMT 676481 420000127 TF	-					-	22,848.61
316,843.34	361,251.14	-	-	-	-	-	361,251.14

Treasury Center

Select Quick View Accounts
Account Number / Name

Select Group Groups

Add Group

Account Type

Search

All

DDA

Data reported as of Aug 31, 2020 12

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
*5506 MMC -NH BETHANY SENIOR LIVING	\$361,356.04	\$423,933.89	\$361,356.04	\$335,515.43
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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RUN DATE:09/02/20
TIME:13:43

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/02/20 THRU 09/02/20

PAGE 4
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHA 001105 09/02/20 17,204.11 MMC OPERATING
TOTALS: 17,204.11

AshFurd

APPROVED
ON

SEP 02 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Ashford

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 08/31/2020

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APPROVED
ON

AUG 31 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 001105

FOR ACCT. USE ONLY

☐ Imprest Cash

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☐ Return Check to Dept

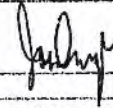
AMOUNT \$17,204.11

G/L NUMBER: 21000012

EXPLANATION: QIPP 1,2,3,4 & QIPP YEAR 2 ADJ

REQUESTED BY: Marley Moehrig

AUTHORIZED BY:



RUN DATE:09/02/20
TIME:13:43

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/02/20 THRU 09/02/20

PAGE 5
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHB 000066 09/02/20 5,756.87 MMC OPERATING
TOTALS: 5,756.87

Broadman

APPROVED
ON

SEP 02 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Broadmoor

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 08/31/2020

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APPROVED
ON

AUG 31 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

ck# 000064

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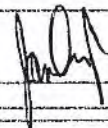
☐ Return Check to Dept

AMOUNT \$5,756.87

G/L NUMBER: 21000009

EXPLANATION: QIPP 1,2,3,4 & QIPP YEAR 2 ADJ

REQUESTED BY: Marley Moehrig

AUTHORIZED BY: 

RUN DATE:09/02/20
TIME:13:43

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/02/20 THRU 09/02/20

PAGE 6
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHC 000097 09/02/20 4,768.85 MMC OPERATING
TOTALS: 4,768.85

Criscent

APPROVED
ON

SEP 02 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Crescent

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 08/31/2020

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APPROVED
ON

AUG 31 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CIC # 000047

G/L NUMBER: 21000010

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☐ Mail Check to Vendor

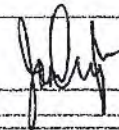
☐ Return Check to Dept:

AMOUNT \$4,768.85

EXPLANATION: QIPP 1,2,3,4 & QIPP YEAR 2 ADJ

REQUESTED BY: Marley Moehrig

AUTHORIZED BY:



RUN DATE:09/02/20
TIME:13:43

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/02/20 THRU 09/02/20

PAGE 7
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHF 000094 09/02/20 6,955.16 MMC OPERATING
TOTALS: 6,955.16

Fort Bend

APPROVED
ON

SEP 02 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Fort Bend

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 08/31/2020

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APPROVED
ON

AUG 31 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

ck # 600094

G/L NUMBER: 21000008

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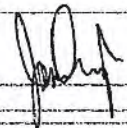
☐ Mail Check to Vendor

☐ Return Check to Dept

AMOUNT \$6,955.16

EXPLANATION: QIPP 1,2,3,4 & QIPP YEAR 2 ADJ

REQUESTED BY: Marley Moehrig

AUTHORIZED BY: 

RUN DATE:09/02/20
TIME:13:43

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/02/20 THRU 09/02/20

PAGE 9
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHS 001098 09/02/20 5,896.97 MMC OPERATING
TOTALS: 5,896.97

Solem

APPROVED
ON

SEP 02 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Solera

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 08/31/2020

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APPROVED
ON

AUG 31 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

ck # 01028

G/L NUMBER: 21000011

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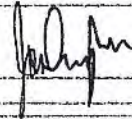
☐ Return Check to Dept

AMOUNT \$5,896.97

EXPLANATION: QIPP 1,2,3,4 & QIPP YEAR 2 ADJ

REQUESTED BY: Marley Moehrig

AUTHORIZED BY:



RUN DATE:09/02/20
TIME:13:43

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/02/20 THRU 09/02/20

PAGE 8
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHG 000062 09/02/20 27,133.11 MMC OPERATING
TOTALS: 27,133.11

golden creek

APPROVED
ON

SEP 02 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 08/31/2020

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APPROVED
ON

AUG 31 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

G/L NUMBER: 21000013

AMOUNT \$27,133.11

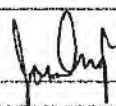
CL# 000062

EXPLANATION: QIPP 1,2,3,4 & QIPP YEAR 2 ADJ

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☐ A/P Check
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☐ Return Check to Dept

REQUESTED BY: Marley Moehrig

AUTHORIZED BY: 

RUN DATE:09/02/20
TIME:13:43

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/02/20 THRU 09/02/20

PAGE 3
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

GPP 000016 09/02/20 17,162.34 MMC OPERATING
TOTALS: 17,162.34

gulf pointe

APPROVED
ON

SEP 02 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 08/31/2020

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APPROVED
ON

AUG 31 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

ck # 000016

G/L NUMBER: 21000014

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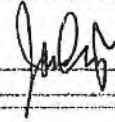
- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept.

AMOUNT \$17,162.34

EXPLANATION: QIPP 1,2,3,4 & QIPP YEAR 2 ADJ

REQUESTED BY: Marley Moehrig

AUTHORIZED BY:



QIPP Payment to MMC from Nursing Facilities

Commissioner's Court

9/2/2020

NH Name	From Bank Acct #	Clk #	Payee	GL #	QIPP COMP 1, 2 & 3	QIPP COMP 4 & LAPSE	Yr 2 Adjustment Pmt	TOTAL	Date
Ashford	10000018 - Prosperity	1105	MMC -Prosperity Operating #10000001	21000012	14,631.16		2,572.95	17,204.11	9/2/2020
Broadmoor	10000019 - Prosperity	65	MMC -Prosperity Operating #10000001	21000009	5,280.84		476.03	5,756.87	9/2/2020
Crescent	10000020 - Prosperity	96	MMC -Prosperity Operating #10000001	21000010	4,318.24		450.61	4,768.85	9/2/2020
Fort Bend	10000021 - Prosperity	93	MMC -Prosperity Operating #10000001	21000008	5,976.08		979.08	6,955.16	9/2/2020
Solera	10000022 - Prosperity	1096	MMC -Prosperity Operating #10000001	21000011	5,162.75		734.22	5,896.97	9/2/2020
Golden Creek	10000023 - Prosperity	61	MMC -Prosperity Operating #10000001	21000013	27,133.11			27,133.11	9/2/2020
Gulf Pointe-PP	10000114 - Prosperity	15	MMC -Prosperity Operating #10000001	21000014	17,162.34			17,162.34	9/2/2020
Gulf Pointe-MM	10000025 - Prosperity	-	MMC -Prosperity Operating #10000001	21000014	-	-		-	9/2/2020
Bethany									9/2/2020
Tuscany									9/2/2020
			Total:		79,664.52	-	5,212.89	84,877.41	

Note:

Approved:

Jason Anglin, CEO

8/31/2020

17,204.11 +
 5,756.87 +
 4,768.85 +
 6,955.16 +
 5,896.97 +
 27,133.11 +
 17,162.34 +
 84,877.41 =

ON

SEP 02 2020

 COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

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

1105

88-2265/1131-87

9-2-2020

Date

CHECK AMOUNT

Pay to the
Order of

MMC Operating

\$ 17,204.11

Seventeen Thousand Two hundred & Four dollars ¹¹/₁₀₀



Photo
Safe
Deposit
Outlets on back



PROSPERITY BANK®

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

For Qipp 1,2,3 & Yr 2 Adj Pmt

County Auditor

County Treasurer

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

1098

88-2265/1131-87

9-2-2020

Date

CHECK AMOUNT

Pay to the
Order of

MMC Operating

\$ 5,896.97

Five Thousand Eight hundred Ninety Six dollars ⁹⁷/₁₀₀



Photo
Safe
Deposit
Outlets on back



PROSPERITY BANK®

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361-552-7411 www.prosperitybankusa.com

For Qipp 1,2,3 & Yr 2 Adj Pmt

County Auditor

County Treasurer

MEMORIAL MEDICAL CENTER
NH GULF POINTE PLAZA - PRIVATE PAY
815 N VIRGINIA ST
PORT LAVACA, TX 77979

87SS

No.

16

88-2265
1131

9-2-2020

PAY TO THE
ORDER OF

MMC Operating

\$ 17,162.34

Seventeen Thousand One hundred Sixty-two dollars ³⁴/₁₀₀



PROSPERITY
BANK®

Qipp 1,2,3 & Yr 2 Adj Pmt

County Auditor

County Treasurer

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MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000097

88-2265/1131

Date 9-2-2020

PAY

TO THE
ORDER OF

MMC Operating

\$ 4,768.85

Four Thousand Seven hundred sixty-Eight dollars & 85/100 DOLLARS



PROSPERITY
BANK

County Auditor

County Treasurer
includes. Details on back

FOR

QIPP 1,2,3 & Yr 2 Adj Pmt

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MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000066

88-2265/1131

Date 9-2-2020

PAY

TO THE
ORDER OF

MMC Operating

\$ 5,756.87

Five Thousand Seven hundred Fifty-six dollars & 87/100 DOLLARS



PROSPERITY
BANK

County Auditor

County Treasurer
includes. Details on back

FOR

QIPP 1,2,3 & Yr 2 Adj Pmt

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MEMORIAL MEDICAL CENTER

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

000062

88-2265/1131

Date 9-2-2020

PAY

**TO THE
ORDER OF**

MMC operating

\$ 21,133.11

Twenty-Seven Thousand One Hundred Thirty-Three dollars & 11/100 DOLLARS



**PROSPERITY
BANK**

County Auditor

FOR QIPP 1,2,3 & Yr 2 Adj Pmt

County Treasurer
MP
Security features are included. Details on back.

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MEMORIAL MEDICAL CENTER

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

000094

88-2265/1131

Date 9-2-2020

PAY

**TO THE
ORDER OF**

MMC operating

\$ 6,955.16

Six Thousand Nine hundred fifty-Five dollars & 16/100 DOLLARS



**PROSPERITY
BANK**

County Auditor

FOR QIPP 1,2,3 & Yr 2 Adj Pmt

County Treasurer
MP
Security features are included. Details on back.