

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---September 30, 2020

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 869,858.19
TOTAL TRANSFERS BETWEEN FUNDS	\$ 60,369.32
TOTAL NURSING HOME UPL EXPENSES	\$ 1,646,999.17
TOTAL INTER-GOVERNMENT TRANSFERS	\$ 30,879.84
GRAND TOTAL DISBURSEMENTS APPROVED September 30, 2020	\$ 2,608,106.52

APPROVED
SEP 30 2020
CENTRAL COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---September 30, 2020

PAYABLES AND PAYROLL

9/24/2020 Weekly Payables	457,110.32
9/24/2020 Patient Refunds	13,394.31
9/28/2020 McKesson-340B Prescription Expense	7,841.39
9/28/2020 Amerisource Bergen-340B Prescription Expense	1,060.84
9/28/2020 Payroll Liabilities -Payroll Taxes	94,069.18
9/28/2020 Payroll	296,279.63

Prosperity Electronic Bank Payments

9/21-9/25/2020 Pay Plus-Patient Claims Processing Fee	102.52
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TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 869,858.19
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TRANSFER BETWEEN FUNDS-NURSING HOMES

9/24/2020 MMC Operating to Ashford- NH portion of QIPP payment deposited into MMC Operating	9,104.28
9/24/2020 MMC Operating to Solera-NH portion of QIPP payment deposited into MMC Operating	3,190.11
9/24/2020 MMC Operating to Fortbend-NH portion of QIPP payment deposited into MMC Operating	3,735.78
9/24/2020 MMC Operating to Broadmoor-NH portion of QIPP payment deposited into MMC Operating	3,310.57
9/24/2020 MMC Operating to The Crescent-NH portion of QIPP payment deposited into MMC Operating	2,715.05
9/24/2020 MMC Operating to Golden Creek Healthcare-NH portion of QIPP payment deposited into MMC Operating	5,889.59
9/24/2020 MMC Operating to Gulf Pointe Plaza-NH portion of QIPP payment deposited into MMC Operating	3,656.85
9/24/2020 MMC Operating to Bethany Senior Living-Medicare recoup of funds from nursing home	28,767.09

TOTAL TRANSFERS BETWEEN FUNDS	\$ 60,369.32
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NURSING HOME UPL EXPENSES

9/28/2020 Nursing Home UPL-Cantex Transfer	913,112.04
9/28/2020 Nursing Home UPL-Nexion Transfer	278,730.55
9/28/2020 Nursing Home UPL-HMG Transfer	162,471.68
9/28/2020 Nursing Home UPL-Tuscany Transfer	199,193.01
9/28/2020 Nursing Home UPL-HSL Transfer	68,296.51

QIPP/INTEREST/RECOUP CHECKS TO MMC

9/28/2020 Ashford	10,413.39
9/28/2020 Broadmoor	3,759.33
9/28/2020 Crescent	3,073.79
9/28/2020 Fort Bend	4,257.93
9/28/2020 Solera	3,690.94

TOTAL NURSING HOME UPL EXPENSES	\$ 1,646,999.17
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INTER-GOVERNMENT TRANSFERS

9/28/2020 IGT DSH to be paid October 09, 2020	30,879.84
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TOTAL INTER-GOVERNMENT TRANSFERS	\$ 30,879.84
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GRAND TOTAL DISBURSEMENTS APPROVED September 30, 2020	\$ 2,608,106.52
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RECEIVED

09/24/2020

SEP 24 2020

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 10/07/2020

ap_open_invoice.template

Vendor#
T2900
Calhoun County AuditorVendor Name
3M COMPANY ✓Class
M

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
SC38219 ✓	09/23/2020	09/02/2020	09/27/2020				15,247.15	0.00	0.00	15,247.15 ✓

ANNUAL SOFTWARE

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
T2900		3M COMPANY	15,247.15	0.00	0.00	15,247.15

Vendor#
10995Vendor Name
ABILITY NETWORK (SHIFTHOUND) ✓

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
20M-013490 ✓	09/08/2020	09/03/2020	10/03/2020				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#
A1680Vendor Name
AIRGAS USA, LLC - CENTRAL DIV M ✓

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9973531288 ✓	09/22/2020	08/31/2020	09/25/2020				677.59	0.00	0.00	677.59 ✓

OXYGEN

9973531289 ✓	09/22/2020	08/31/2020	09/25/2020				495.91	0.00	0.00	495.91 ✓
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OXYGEN

9104627607 ✓	09/22/2020	08/31/2020	09/25/2020				2,248.76	0.00	0.00	2,248.76 ✓
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OXYGEN

9973531289 ✓	09/22/2020	08/31/2020	09/25/2020				49.01	0.00	0.00	49.01 ✓
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OXYGEN

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
A1680		AIRGAS USA, LLC -	3,471.27	0.00	0.00	3,471.27

Vendor#
A1746Vendor Name
ALPHA TEC SYSTEMS INC ✓

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV000884 ✓	09/23/2020	09/01/2020	09/23/2020				92.81	0.00	0.00	92.81 ✓

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
A1746		ALPHA TEC SYSTEI	92.81	0.00	0.00	92.81

Vendor#
12800Vendor Name
AUTHORITYRX ✓

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1048 ✓	09/22/2020	09/19/2020	09/19/2020				4,196.00	0.00	0.00	4,196.00 ✓

REFERRAL CAPTURE

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12800		AUTHORITYRX	4,196.00	0.00	0.00	4,196.00

Vendor#
B1150Vendor Name
BAXTER HEALTHCARE ✓

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
67999598 ✓	09/23/2020	08/27/2020	09/21/2020				371.16	0.00	0.00	371.16 ✓

SUPPLIES

68018515 ✓	09/23/2020	08/29/2020	09/23/2020				132.25	0.00	0.00	132.25 ✓
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SUPPLIES

68098107 ✓	09/23/2020	09/02/2020	09/27/2020				132.25	0.00	0.00	132.25 ✓
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SUPPLIES

68113431 ✓	09/23/2020	09/03/2020	09/28/2020				762.54	0.00	0.00	762.54 ✓
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SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
B1150		BAXTER HEALTHCARE	1,398.20	0.00	0.00	1,398.20

Vendor#
B1220Vendor Name
BECKMAN COULTER INC ✓

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
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108598872	✓	09/18/2020	08/26/2020	09/20/2020		741.52	0.00	0.00	741.52	✓
			SUPPLIES							
108600980	✓	09/18/2020	08/28/2020	09/22/2020		372.23	0.00	0.00	372.23	✓
			SUPPLIES							
108578661	✓	09/23/2020	08/17/2020	09/11/2020		1,062.14	0.00	0.00	1,062.14	✓
			SUPPLIES							
7277639	✓	09/23/2020	08/17/2020	09/11/2020		6,554.90	0.00	0.00	6,554.90	✓
			SUPPLIES							
108579049	✓	09/23/2020	08/17/2020	09/11/2020		1,288.45	0.00	0.00	1,288.45	✓
			SUPPLIES/ LEASE							
108601536	✓	09/23/2020	08/28/2020	09/22/2020		736.84	0.00	0.00	736.84	✓
			SUPPLIES							
5428731	✓	09/23/2020	08/30/2020	09/24/2020		3,507.27	0.00	0.00	3,507.27	✓
			SUPPLIES							

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
B1220		BECKMAN COULTE	14,263.35	0.00	0.00	14,263.35

Vendor#
12324

		Vendor Name	Class	Pay Code						
		BLUE CROSS BLUE SHIELD	✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
091720	09/22/2020	09/17/2020	10/01/2020				201,372.89	0.00	0.00	201,372.89
			INSURANCE							

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12324		BLUE CROSS BLUE	201,372.89	0.00	0.00	201,372.89

Vendor#
B1601

		Vendor Name	Class	Pay Code						
		BOHLS BEARING & POWER TRAN:M	✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
264367	✓	09/23/2020	09/15/2020	09/15/2020			247.48	0.00	0.00	247.48
			SUPPLIES							

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
B1601		BOHLS BEARING &	247.48	0.00	0.00	247.48

Vendor#
13216

		Vendor Name	Class	Pay Code						
		BRIANNA PASSMORE	✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
061720	09/23/2020	06/17/2020	06/17/2020				9.32	0.00	0.00	9.32
			TRAVEL LAB	(6/17-7/1/20 - NH Lab draws)						
070820	09/23/2020	07/08/2020	07/08/2020				8.74	0.00	0.00	8.74
			TRAVEL LAB	(7/8-8/19/20 - NH Lab draws)						
090120	09/23/2020	09/01/2020	09/01/2020				8.86	0.00	0.00	8.86
			TRAVEL LAB	(9/1-9/16/20 - NH Lab draws)						

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
13216		BRIANNA PASSMORE	26.92	0.00	0.00	26.92

Vendor#
D1040

		Vendor Name	Class	Pay Code						
		C R BARD, INC	✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
81464426	✓	09/23/2020	09/01/2020	09/23/2020			165.29	0.00	0.00	165.29
			SUPPLIES							

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
D1040		C R BARD, INC	165.29	0.00	0.00	165.29

Vendor#
11224

		Vendor Name	Class	Pay Code						
		CABLES AND SENSORS	✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
98504	✓	09/16/2020	09/04/2020	10/04/2020			306.00	0.00	0.00	306.00
			SUPPLIES							

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11224		CABLES AND SENS	306.00	0.00	0.00	306.00

Vendor#
C1325

		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
8002309592	✓	09/23/2020	08/22/2020	09/16/2020			420.01	0.00	0.00	420.01
			SUPPLIES							
8002314931	✓	09/23/2020	08/31/2020	09/25/2020			525.04	0.00	0.00	525.04

SUPPLIES											
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net		
C1325			CARDINAL HEALTH			945.05	0.00	0.00	945.05		
Vendor#		Vendor Name			Class	Pay Code					
13264		CERVEY, LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
918 ✓	09/11/2020	09/09/2020	10/04/2020				1,699.00	0.00	0.00	1,699.00 ✓	
MONTHLY LICENSING FEE											
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net		
13264			CERVEY, LLC			1,699.00	0.00	0.00	1,699.00		
Vendor#		Vendor Name			Class	Pay Code					
10723		CLIA LABORATORY PROGRAM ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
081820	08/31/2020	08/18/2020	10/02/2020				180.00	0.00	0.00	180.00 ✓	
CERTIFICATE FEE											
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net		
10723			CLIA LABORATORY			180.00	0.00	0.00	180.00		
Vendor#		Vendor Name			Class	Pay Code					
C1970		CONMED CORPORATION ✓			M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
336263 ✓	09/23/2020	08/29/2020	09/23/2020				555.52	0.00	0.00	555.52 ✓	
SUPPLIES											
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net		
C1970			CONMED CORPORA			555.52	0.00	0.00	555.52		
Vendor#		Vendor Name			Class	Pay Code					
13196		CYTO SUPPLIES ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
1148 ✓	09/23/2020	09/09/2020	09/23/2020				98.50	0.00	0.00	98.50 ✓	
SUPPLIES											
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net		
13196			CYTO SUPPLIES			98.50	0.00	0.00	98.50		
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	
6181940 ✓	09/16/2020	09/08/2020	10/03/2020				9.04	0.00	0.00	9.04 ✓	
SUPPLIES											
6181930 ✓	09/16/2020	09/08/2020	10/03/2020				161.39	0.00	0.00	161.39 ✓	
SUPPLIES											
6183070 ✓	09/16/2020	09/09/2020	10/04/2020				25.89	0.00	0.00	25.89 ✓	
SUPPLIES											
6184380 ✓	09/16/2020	09/10/2020	10/05/2020				59.93	0.00	0.00	59.93 ✓	
SUPPLIES											
6186560 ✓	09/16/2020	09/11/2020	10/06/2020				7.21	0.00	0.00	7.21 ✓	
SUPPLIES											
6187830 ✓	09/16/2020	09/11/2020	10/06/2020				735.88	0.00	0.00	735.88 ✓	
SUPPLIES											
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net		
10368			DEWITT POTH & SC			999.34	0.00	0.00	999.34		
Vendor#		Vendor Name			Class	Pay Code					
10175		DSHS CENTRAL LAB MC2004 ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
CENCM1838	09/18/2020	09/02/2020	09/27/2020				50.48	0.00	0.00	50.48 ✓	
LAB SERVICES											
CENCN0426	09/18/2020	09/02/2020	09/27/2020				969.28	0.00	0.00	969.28 ✓	
LAB SERVICES											
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net		
10175			DSHS CENTRAL LA			1,019.76	0.00	0.00	1,019.76		
Vendor#		Vendor Name			Class	Pay Code					
11046		E-MDS, INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
394682 ✓	09/24/2020	09/21/2020	09/21/2020				51,167.00	0.00	0.00	51,167.00 ✓	

Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
11046			E-MDS, INC			51,167.00	0.00	0.00	51,167.00	
		Vendor Name		Class		Pay Code				
		ERBE USA INC SURGICAL SYSTEM								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
629305	✓ 09/23/2020	09/04/2020	09/23/2020				157.24	0.00	0.00	157.24
		SUPPLIES								
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
10042			ERBE USA INC SUF			157.24	0.00	0.00	157.24	
		Vendor Name		Class		Pay Code				
		FASTHEALTH CORPORATION								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
09A20MMG	✓ 09/23/2020	09/01/2020	09/16/2020				495.00	0.00	0.00	495.00
		WEBSITE								
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
10689			FASTHEALTH CORP			495.00	0.00	0.00	495.00	
		Vendor Name		Class		Pay Code				
		FEDERAL EXPRESS CORP.		W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
711843699	✓ 09/16/2020	09/10/2020	10/05/2020				38.57	0.00	0.00	38.57
		SHIPPING								
711266279	09/23/2020	09/03/2020	09/28/2020				33.75	0.00	0.00	33.75
		SHIPPING								
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
F1100			FEDERAL EXPRESS			72.32	0.00	0.00	72.32	
		Vendor Name		Class		Pay Code				
		FIRST INSURANCE FUNDING								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
OCTOBER	09/14/2020	09/11/2020	10/01/2020				2,737.62	0.00	0.00	2,737.62
		8TH INSTALLMENT								
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
13016			FIRST INSURANCE			2,737.62	0.00	0.00	2,737.62	
		Vendor Name		Class		Pay Code				
		FISHER HEALTHCARE		M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4145115	✓ 09/01/2020	07/27/2020	08/21/2020				77.54	0.00	0.00	77.54
		SUPPLIES								
7609494	✓ 09/16/2020	09/08/2020	10/03/2020				378.25	0.00	0.00	378.25
		SUPPLIES								
7372189	✓ 09/23/2020	09/03/2020	09/28/2020				54.92	0.00	0.00	54.92
		SUPPLIES								
7609495	✓ 09/23/2020	09/08/2020	10/03/2020				2,202.74	0.00	0.00	2,202.74
		SUPPLIES								
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
F1400			FISHER HEALTHCA			2,713.45	0.00	0.00	2,713.45	
		Vendor Name		Class		Pay Code				
		FRONTIER								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
090220	09/23/2020	09/02/2020	09/28/2020				959.87	0.00	0.00	959.87
		PHONES								
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
11183			FRONTIER			959.87	0.00	0.00	959.87	
		Vendor Name		Class		Pay Code				
		GE PRECISION HEALTHCARE, LLC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6001657606	09/01/2020	09/01/2020	10/01/2020				572.33	0.00	0.00	572.33
		MAINT CONTRACT								
6001657881	09/01/2020	09/01/2020	10/01/2020				307.66	0.00	0.00	307.66
		MAINT CONTRACT								
6001657687	09/01/2020	09/01/2020	10/01/2020				86.67	0.00	0.00	86.67

MAINT CONTRACT										
6001657686	09/01/2020	09/01/2020	10/01/2020			3,588.58	0.00	0.00	3,588.58	✓
MAINT CONTRACT										
6001657605	09/01/2020	09/01/2020	10/01/2020			1,281.96	0.00	0.00	1,281.96	✓
MAINT CONTRACT										
6001657722	09/01/2020	09/01/2020	10/01/2020			5,665.83	0.00	0.00	5,665.83	✓
MAINT CONTRACT										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
C1470	12404		GE PRECISION HE/			11,503.03	0.00	0.00	11,503.03	
			Vendor Name			Class		Pay Code		
			GI SUPPLY ✓			M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
722726	09/23/2020	09/04/2020	09/23/2020				398.00	0.00	0.00	398.00 ✓
SUPPLIES										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
10653	C1470		GI SUPPLY			398.00	0.00	0.00	398.00	
			Vendor Name			Class		Pay Code		
			GLOBAL EQUIPMENT CO. INC. ✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
116518549	09/16/2020	09/02/2020	10/02/2020				247.50	0.00	0.00	247.50 ✓
SUPPLIES										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
G1210	10653		GLOBAL EQUIPME			247.50	0.00	0.00	247.50	
			Vendor Name			Class		Pay Code		
			GULF COAST PAPER COMPANY ✓			M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1900392	09/01/2020	07/28/2020	08/27/2020				710.51	0.00	0.00	710.51 ✓
SUPPLIES										
1918925	09/11/2020	09/01/2020	10/01/2020				541.91	0.00	0.00	541.91 ✓
SUPPLIES										
1918713	09/11/2020	09/01/2020	10/01/2020				54.86	0.00	0.00	54.86 ✓
SUPPLIES										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
10334	G1210		GULF COAST PAPE			1,307.28	0.00	0.00	1,307.28	
			Vendor Name			Class		Pay Code		
			HEALTH CARE LOGISTICS INC ✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
307704650	09/23/2020	09/02/2020	09/27/2020				150.86	0.00	0.00	150.86 ✓
SUPPLIES										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
12380	10334		HEALTH CARE LOG			150.86	0.00	0.00	150.86	
			Vendor Name			Class		Pay Code		
			HEALTH SOLUTIONS DIETETICS ✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
082720	09/22/2020	08/27/2020	08/27/2020				3,000.00	0.00	0.00	3,000.00 ✓
DIETICIAN										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
11552	12380		HEALTH SOLUTION			3,000.00	0.00	0.00	3,000.00	
			Vendor Name			Class		Pay Code		
			HEALTHCARE FINANCIAL SERVICE ✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100354961	08/31/2020	08/27/2020	10/01/2020				4,610.52	0.00	0.00	4,610.52 ✓
PHONE/STERLIZER/PREM 4K										
100360378	09/14/2020	09/07/2020	10/01/2020				7,447.86	0.00	0.00	7,447.86 ✓
LEASE										
100360379	09/14/2020	09/07/2020	10/01/2020				1,797.44	0.00	0.00	1,797.44 ✓
LEASE										
100360377	09/14/2020	09/07/2020	10/01/2020				7,154.17	0.00	0.00	7,154.17 ✓
LEASE										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
11552	11552		HEALTHCARE FINA			21,009.99	0.00	0.00	21,009.99	

Vendor#	Vendor Name	Class	Pay Code							
I1260	INTOXIMETERS INC ✓	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
SRO041693	09/23/2020	09/03/2020	09/28/2020				613.75	0.00	0.00	613.75 ✓
	SUPPLIES									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
I1260		INTOXIMETERS INC				613.75	0.00	0.00	613.75	
Vendor#	Vendor Name	Class	Pay Code							
12932	INTRADO ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV0022575	09/23/2020	08/31/2020	08/31/2020				447.57	0.00	0.00	447.57 ✓
	HOUSE CALLS									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
12932		INTRADO				447.57	0.00	0.00	447.57	
Vendor#	Vendor Name	Class	Pay Code							
12936	JUSTINE HERRERA ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081220	09/23/2020	08/12/2020	08/12/2020				15.20	0.00	0.00	15.20 ✓
	TRAVEL LAB DRAW									
090820	09/23/2020	09/08/2020	09/08/2020				10.80	0.00	0.00	10.80 ✓
	TRAVEL LAB DRAWS									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
12936		JUSTINE HERRERA				26.00	0.00	0.00	26.00	
Vendor#	Vendor Name	Class	Pay Code							
L0700	LABCORP OF AMERICA HOLDING ✓	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
67107789	09/18/2020	08/29/2020	09/23/2020				433.00	0.00	0.00	433.00 ✓
	SUPPLIES									
67060656	09/18/2020	08/29/2020	09/23/2020				1,245.00	0.00	0.00	1,245.00 ✓
	SUPPLIES									
67033095	09/18/2020	08/29/2020	09/23/2020				36.29	0.00	0.00	36.29 ✓
	SUPPLIES									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
L0700		LABCORP OF AMEF				1,714.29	0.00	0.00	1,714.29	
Vendor#	Vendor Name	Class	Pay Code							
L1001	LANDAUER INC ✓	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100821009	09/23/2020	08/17/2020	08/17/2020				769.20	0.00	0.00	769.20 ✓
	RADIATION DOSE MONITORING									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
L1001		LANDAUER INC				769.20	0.00	0.00	769.20	
Vendor#	Vendor Name	Class	Pay Code							
L1640	LOWE'S HOME CENTERS INC ✓	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
55504	09/23/2020	08/13/2020	09/28/2020				341.30	0.00	0.00	341.30 ✓
	SUPPLIES									
73869	09/23/2020	08/26/2020	09/28/2020				296.71	0.00	0.00	296.71 ✓
	SUPPLIES									
082820	09/23/2020	08/28/2020	09/28/2020				38.00	0.00	0.00	38.00 ✓
	LATE FEE									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
L1640		LOWE'S HOME CEN				676.01	0.00	0.00	676.01	
Vendor#	Vendor Name	Class	Pay Code							
M1511	MARKETLAB, INC ✓	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN01096824	09/23/2020	09/02/2020	09/23/2020				125.30	0.00	0.00	125.30 ✓
	SUPPLIES									
IN01102733	09/23/2020	09/08/2020	09/23/2020				86.01	0.00	0.00	86.01 ✓
	SUPPLIES									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
M1511		MARKETLAB, INC				211.31	0.00	0.00	211.31	

Vendor#	Vendor Name	Class	Pay Code							
M2178	MCKESSON MEDICAL SURGICAL I									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
12759101	09/23/2020	09/01/2020	09/16/2020				191.05	0.00	0.00	191.05
	SUPPLIES									
12770240	09/23/2020	09/01/2020	09/16/2020				748.32	0.00	0.00	748.32
	SUPPLIES									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
M2178		MCKESSON MEDIC				939.37	0.00	0.00	939.37	
Vendor#	Vendor Name	Class	Pay Code							
M2827	MEDIVATORS	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
90378522	09/23/2020	12/23/2019	09/23/2020				407.62	0.00	0.00	407.62
	SUPPLIES									
90396887	09/23/2020	01/13/2020	09/23/2020				407.86	0.00	0.00	407.86
	SUPPLIES									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
M2827		MEDIVATORS				815.48	0.00	0.00	815.48	
Vendor#	Vendor Name	Class	Pay Code							
M2470	MEDLINE INDUSTRIES INC	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1837957209	09/01/2020	11/02/2017	10/01/2020				706.37	0.00	0.00	706.37
	SUPPLIES									
1870147123	09/01/2020	02/15/2019	10/01/2020				15.79	0.00	0.00	15.79
	SUPPLIES									
1905197130	09/01/2020	03/20/2020	04/14/2020				675.68	0.00	0.00	675.68
	SUPPLIES									
1905197138	09/01/2020	03/20/2020	04/14/2020				796.95	0.00	0.00	796.95
	SUPPLIES									
1914206473	09/01/2020	06/16/2020	07/11/2020				288.38	0.00	0.00	288.38
	SUPPLIES									
1914206474	09/01/2020	06/16/2020	07/11/2020				1,538.23	0.00	0.00	1,538.23
	SUPPLIES									
1915490803	09/01/2020	06/30/2020	07/25/2020				310.18	0.00	0.00	310.18
	SUPPLIES									
1918175139	09/01/2020	07/24/2020	08/18/2020				15.40	0.00	0.00	15.40
	SUPPLIES									
1919316172	09/01/2020	08/04/2020	08/29/2020				87.71	0.00	0.00	87.71
	SUPPLIES									
1921111398	09/01/2020	08/18/2020	09/12/2020				5,617.14	0.00	0.00	5,617.14
	SUPPLIES									
1922653710	09/16/2020	09/01/2020	09/26/2020				3,245.11	0.00	0.00	3,245.11
	SUPPLIES									
1923387920	09/16/2020	09/09/2020	10/04/2020				16.87	0.00	0.00	16.87
	SUPPLIES									
1923387930	09/16/2020	09/09/2020	10/04/2020				3,155.56	0.00	0.00	3,155.56
	SUPPLIES									
1904243988	09/23/2020	03/11/2020	04/05/2020				-104.77	0.00	0.00	-104.77
	CREDIT INV 1903708857									
1917975546	09/23/2020	07/22/2020	08/16/2020				-9.52	0.00	0.00	-9.52
	CREDIT INV # 1917000849									
1922426830	09/23/2020	08/28/2020	09/22/2020				-154.70	0.00	0.00	-154.70
	CREDIT INV 1919160473									
1922426831	09/23/2020	08/28/2020	09/22/2020				-483.69	0.00	0.00	-483.69
	CREDIT INV 1918482169									
1922840869	09/23/2020	09/02/2020	09/27/2020				146.78	0.00	0.00	146.78
	SUPPLIES									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
M2470		MEDLINE INDUSTR				15,863.47	0.00	0.00	15,863.47	
Vendor#	Vendor Name	Class	Pay Code							
10945	MELANIE GRIFFITH									

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
092220	09/23/2020	09/22/2020	09/22/2020				291.00	0.00	0.00	291.00 ✓
REIMBURSE INSURANCE										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
10945			MELANIE GRIFFITH			291.00	0.00	0.00	291.00	
Vendor# 13480	Vendor Name		Class		Pay Code					
	MERCEDES RODRIGUEZ									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
051120	09/23/2020	05/11/2020	09/23/2020				244.86	0.00	0.00	244.86 ✓
REIMBURSE INSURANCE										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
13480			MERCEDES RODRI			244.86	0.00	0.00	244.86	
Vendor# 10536	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
6061677 ✓	09/22/2020	09/15/2020	09/25/2020				4,537.70	0.00	0.00	4,537.70 ✓
INVENTORY										
6061210 ✓	09/22/2020	09/15/2020	09/25/2020				30.22	0.00	0.00	30.22 ✓
INVENTORY										
6061212 ✓	09/22/2020	09/15/2020	09/25/2020				31.48	0.00	0.00	31.48 ✓
INVENTORY										
6061211 ✓	09/22/2020	09/15/2020	09/25/2020				1,295.92	0.00	0.00	1,295.92 ✓
INVENTORY										
6065879 ✓	09/22/2020	09/16/2020	09/26/2020				593.91	0.00	0.00	593.91 ✓
INVENTORY										
6065880 ✓	09/22/2020	09/16/2020	09/26/2020				23.05	0.00	0.00	23.05 ✓
INVENTORY										
6065878 ✓	09/22/2020	09/16/2020	09/26/2020				384.63	0.00	0.00	384.63 ✓
INVENTORY										
6063288 ✓	09/22/2020	09/16/2020	09/26/2020				9.66	0.00	0.00	9.66 ✓
INVENTORY										
6068112 ✓	09/22/2020	09/17/2020	09/27/2020				53.09	0.00	0.00	53.09 ✓
INVENTORY										
6067629 ✓	09/22/2020	09/17/2020	09/27/2020				784.98	0.00	0.00	784.98 ✓
INVENTORY										
6070524 ✓	09/22/2020	09/17/2020	09/27/2020				368.88	0.00	0.00	368.88 ✓
INVENTORY										
6068113 ✓	09/22/2020	09/17/2020	09/27/2020				302.33	0.00	0.00	302.33 ✓
INVENTORY										
6070525 ✓	09/22/2020	09/17/2020	09/27/2020				406.11	0.00	0.00	406.11 ✓
INVENTORY										
6077606 ✓	09/22/2020	09/20/2020	09/30/2020				60.12	0.00	0.00	60.12 ✓
INVENTORY										
6077607 ✓	09/22/2020	09/20/2020	09/30/2020				345.03	0.00	0.00	345.03 ✓
INVENTORY										
6077608 ✓	09/22/2020	09/20/2020	09/30/2020				1,254.49	0.00	0.00	1,254.49 ✓
INVENTORY										
6077609 ✓	09/22/2020	09/20/2020	09/30/2020				137.87	0.00	0.00	137.87 ✓
INVENTORY										
6076716 ✓	09/22/2020	09/20/2020	09/30/2020				0.97	0.00	0.00	0.97 ✓
INVENTORY										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
10536			MORRIS & DICKSOI			10,620.44	0.00	0.00	10,620.44	
Vendor# 10352	Vendor Name		Class		Pay Code					
	NUANCE COMMUNICATIONS, INC.									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10322779 ✓	09/22/2020	09/03/2020	10/03/2020				81.70	0.00	0.00	81.70 ✓
ESCRPTION										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
10352			NUANCE COMMUNI			81.70	0.00	0.00	81.70	
Vendor#	Vendor Name		Class		Pay Code					

O1500

OLYMPUS AMERICA INC ✓

M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
99710049	✓ 09/23/2020	09/07/2020	10/02/2020				1,137.51	0.00	0.00	1,137.51

SERVICE CONTRACT

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
O1500		OLYMPUS AMERICA	1,137.51	0.00	0.00	1,137.51

Vendor#

Vendor Name

Class

Pay Code

P0706

PALACIOS BEACON ✓

W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
33057485	✓ 09/23/2020	08/24/2020	09/23/2020				187.50	0.00	0.00	187.50

AD

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
P0706		PALACIOS BEACON	187.50	0.00	0.00	187.50

Vendor#

Vendor Name

Class

Pay Code

11155

PARA ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6781A	✓ 09/16/2020	09/01/2020	10/01/2020				3,084.00	0.00	0.00	3,084.00

REVENUE INTEGRITY PROGRAM

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11155		PARA	3,084.00	0.00	0.00	3,084.00

Vendor#

Vendor Name

Class

Pay Code

10736

PARAGARD DIRECT ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1501431889	08/25/2020	08/07/2020	10/06/2020				244.73	0.00	0.00	244.73

INVENTORY

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10736		PARAGARD DIRECT	244.73	0.00	0.00	244.73

Vendor#

Vendor Name

Class

Pay Code

10152

PARTSSOURCE, LLC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
03581782	✓ 09/23/2020	09/04/2020	10/04/2020				24.25	0.00	0.00	24.25

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10152		PARTSSOURCE, LL	24.25	0.00	0.00	24.25

Vendor#

Vendor Name

Class

Pay Code

12544

PATRICK OCHOA ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
091020B	✓ 09/22/2020	09/10/2020	09/10/2020				200.00	0.00	0.00	200.00

REHAB LAWN

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
091020	09/22/2020	09/10/2020	09/10/2020				520.00	0.00	0.00	520.00

HOSPITAL LAWN

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
091020A	09/22/2020	09/10/2020	09/10/2020				380.00	0.00	0.00	380.00

CLINIC LAWN

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12544		PATRICK OCHOA	1,100.00	0.00	0.00	1,100.00

Vendor#

Vendor Name

Class

Pay Code

P1800

PITNEY BOWES INC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1016317803	09/22/2020	08/28/2020	09/27/2020				187.50	0.00	0.00	187.50

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
P1800		PITNEY BOWES INC	187.50	0.00	0.00	187.50

Vendor#

Vendor Name

Class

Pay Code

P2100

PORT LAVACA WAVE ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
083120	09/23/2020	08/31/2020	09/25/2020				971.00	0.00	0.00	971.00

AD

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
P2100		PORT LAVACA WA	971.00	0.00	0.00	971.00

Vendor#

Vendor Name

Class

Pay Code

11080

RADSOURCE ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
SC61236	09/23/2020	09/12/2020	10/07/2020				1,667.00	0.00	0.00	1,667.00
	MAINT CONTRACT									
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
10987	11080		RADSOURCE			1,667.00	0.00	0.00	1,667.00	
	Vendor Name				Class		Pay Code			
	REVCYCLE+, INC.									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
38790	09/22/2020	09/03/2020	09/28/2020				1,548.75	0.00	0.00	1,548.75
	CODING SERVICES									
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
11764	10987		REVCYCLE+, INC.			1,548.75	0.00	0.00	1,548.75	
	Vendor Name				Class		Pay Code			
	ROBERT RODRIQUEZ									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
091720	09/23/2020	09/17/2020	09/17/2020				12.45	0.00	0.00	12.45
	REIMBURSE SUPPLIES									
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
G0425	11764		ROBERT RODRIQU			12.45	0.00	0.00	12.45	
	Vendor Name				Class		Pay Code			
	ROBERTS, ODEFY, WITTE & WALW									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
176	09/18/2020	08/11/2020	08/21/2020				9,990.75	0.00	0.00	9,990.75
	LEGAL FEES									
100	09/18/2020	08/11/2020	08/21/2020				68.75	0.00	0.00	68.75
	LEGAL FEES									
74	09/18/2020	08/11/2020	08/21/2020				1,237.50	0.00	0.00	1,237.50
	LEGAL FEE									
75	09/18/2020	09/11/2020	09/21/2020				228.25	0.00	0.00	228.25
	LEGAL FEES									
101	09/18/2020	09/11/2020	09/21/2020				456.50	0.00	0.00	456.50
	LEGAL FEES									
177	09/18/2020	09/11/2020	09/21/2020				1,430.00	0.00	0.00	1,430.00
	LEGAL FEES									
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
G0425	13484		ROBERTS, ODEFY			13,411.75	0.00	0.00	13,411.75	
	Vendor Name				Class		Pay Code			
	ROSANNA TREUMER									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
092320	09/23/2020	09/23/2020	09/23/2020				219.96	0.00	0.00	219.96
	REIMBURSE INSURANCE									
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
13488	13484		ROSANNA TREUME			219.96	0.00	0.00	219.96	
	Vendor Name				Class		Pay Code			
	ROZANN LONGORIA									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
092320	09/23/2020	09/23/2020	09/23/2020				182.56	0.00	0.00	182.56
	REIMBURSE INSURANCE									
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
S1001	13488		ROZANN LONGORI,			182.56	0.00	0.00	182.56	
	Vendor Name				Class		Pay Code			
	SANOFI PASTEUR INC				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
914611081	07/29/2020	07/08/2020	10/01/2020				4,290.54	0.00	0.00	4,290.54
	INVENTORY									
914616965	07/29/2020	07/09/2020	10/01/2020				4,149.35	0.00	0.00	4,149.35
	INVENTORY									
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
S1001	12972		SANOFI PASTEUR I			8,439.89	0.00	0.00	8,439.89	
	Vendor Name				Class		Pay Code			
	SARAH HENDERSON									

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
092320	09/23/2020	09/23/2020	09/23/2020				294.56	0.00	0.00	294.56
REIMBURSEMENT OF INSURANCE										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
S1405	12972		SARAH HENDERSC			294.56	0.00	0.00	294.56	
	Vendor Name		Class			Pay Code				
			SERVICE SUPPLY OF VICTORIA IN W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
701068163	09/08/2020	09/02/2020	10/02/2020				193.99	0.00	0.00	193.99
SUPPLIES										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
10936	S1405		SERVICE SUPPLY C			193.99	0.00	0.00	193.99	
	Vendor Name		Class			Pay Code				
			SIEMENS FINANCIAL SERVICES							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5638200007	09/23/2020	08/31/2020	09/24/2020				1,333.33	0.00	0.00	1,333.33
LEASE AND RENTAL AGREEMENT										
5638200007	09/23/2020	09/02/2020	09/02/2020				4,038.24	0.00	0.00	4,038.24
LEASE										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
S2353	10936		SIEMENS FINANCIAL			5,371.57	0.00	0.00	5,371.57	
	Vendor Name		Class			Pay Code				
			SMITHS MEDICAL ASD INC							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
15970327	09/23/2020	09/01/2020	09/23/2020				66.82	0.00	0.00	66.82
SUPPLIES										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
S3960	S2353		SMITHS MEDICAL A			66.82	0.00	0.00	66.82	
	Vendor Name		Class			Pay Code				
			STERICYCLE, INC							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4009546701	09/01/2020	09/01/2020	10/01/2020				2,451.23	0.00	0.00	2,451.23
DISPOSAL SERVICES										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
10982	S3960		STERICYCLE, INC			2,451.23	0.00	0.00	2,451.23	
	Vendor Name		Class			Pay Code				
			TELCOR							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
39622	09/01/2020	09/01/2020	10/01/2020				2,799.00	0.00	0.00	2,799.00
ANNUAL SOFTWARE SUPPORT										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
11038	10982		TELCOR			2,799.00	0.00	0.00	2,799.00	
	Vendor Name		Class			Pay Code				
			THE INLINE GROUP							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
42386	09/23/2020	09/19/2020	10/04/2020				2,500.00	0.00	0.00	2,500.00
CANIDATE SOURCING										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
11067	11038		THE INLINE GROUF			2,500.00	0.00	0.00	2,500.00	
	Vendor Name		Class			Pay Code				
			TRIZETTO PROVIDER SOLUTIONS							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
35FK092000	09/23/2020	09/01/2020	09/26/2020				1,654.24	0.00	0.00	1,654.24
PT STATEMENT										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
U1054	11067		TRIZETTO PROVIDE			1,654.24	0.00	0.00	1,654.24	
	Vendor Name		Class			Pay Code				
			UNIFIRST HOLDINGS							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8400342066	09/14/2020	09/10/2020	10/05/2020				131.55	0.00	0.00	131.55
LAUNDRY										

8400342089	09/14/2020	09/10/2020	10/05/2020	1,214.14	0.00	0.00	1,214.14	✓
LAUNDRY								
8400342068	09/14/2020	09/10/2020	10/05/2020	167.04	0.00	0.00	167.04	✓
LAUNDRY								
8400342064	09/14/2020	09/10/2020	10/05/2020	23.75	0.00	0.00	23.75	✓
LAUNDRY								
8400342069	09/14/2020	09/10/2020	10/05/2020	173.83	0.00	0.00	173.83	✓
LAUNDRY								
8400347208	09/14/2020	09/10/2020	10/05/2020	80.20	0.00	0.00	80.20	✓
LAUNDRY								
8400341708	09/15/2020	09/07/2020	10/02/2020	1,224.03	0.00	0.00	1,224.03	✓
LAUNDRY								
8400341684	09/15/2020	09/07/2020	10/02/2020	45.15	0.00	0.00	45.15	✓
LAUNDRY								
8400341685	09/15/2020	09/07/2020	10/02/2020	291.99	0.00	0.00	291.99	✓
LAUNDRY								
8400342107	09/15/2020	09/10/2020	10/05/2020	113.03	0.00	0.00	113.03	✓
LAUNDRY								
8400342067	09/22/2020	09/10/2020	10/05/2020	148.98	0.00	0.00	148.98	✓
LAUNDRY								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
U1054		UNIFIRST HOLDING	3,613.69	0.00	0.00	3,613.69

Vendor#
U1056

Vendor Name					Class	Pay Code				
UNIFORM ADVANTAGE					W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
11596740	09/23/2020	09/11/2020	09/26/2020				23.99	0.00	0.00	23.99
UNIFORM ERIN WISDOM										
11614405	09/23/2020	09/16/2020	10/01/2020				66.98	0.00	0.00	66.98
UNIFORM MELISSA VEGA										

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
U1056		UNIFORM ADVANTAGE	90.97	0.00	0.00	90.97

Vendor#
12208

Vendor Name					Class	Pay Code				
WAGeworks										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV1041998	09/18/2020	11/15/2018	11/15/2018				370.25	0.00	0.00	370.25
ADMIN/COMPLIANCE FEE										
INV1283323	09/18/2020	03/15/2019	03/15/2019				543.50	0.00	0.00	543.50
ADMIN COMPLIANCE FEE										
INV1525541	09/18/2020	07/15/2019	07/15/2019				543.50	0.00	0.00	543.50
ADMIN/COMPLIANCE FEE										

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12208		WAGeworks	1,457.25	0.00	0.00	1,457.25

Vendor#
12548

Vendor Name					Class		Pay Code			
WAGeworks, INC										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1119DR4677	09/22/2020	11/30/2019	11/30/2019				129.60	0.00	0.00	129.60
COBRA										
1219DR4677	09/22/2020	12/31/2019	12/31/2019				129.60	0.00	0.00	129.60
COBRA										
0720DR4677	09/22/2020	07/31/2020	07/31/2020				129.60	0.00	0.00	129.60
COBRA										
0820DR4677	09/22/2020	08/31/2020	08/31/2020				129.60	0.00	0.00	129.60
COBRA										

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12548		WAGeworks, INC	518.40	0.00	0.00	518.40

Vendor#
W1063

Vendor Name					Class		Pay Code			
WELCH ALLYN INC										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
94655621	✓ 08/31/2020	08/24/2020	10/01/2020				300.00	0.00	0.00	300.00 ✓
REPLACEMENT PARTS										

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
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	W1063	WELCH ALLYN INC	300.00	0.00	0.00	300.00				
Vendor#		Vendor Name	Class		Pay Code					
I1110		WERFEN USA LLC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9110844545	✓ 09/23/2020	07/06/2020	07/31/2020				442.08	0.00	0.00	442.08 ✓
		SUPPLIES								
9110845473	✓ 09/23/2020	07/07/2020	08/01/2020				2,964.52	0.00	0.00	2,964.52 ✓
		SUPPLIES								
9110848984	✓ 09/23/2020	07/15/2020	08/09/2020				1,571.67	0.00	0.00	1,571.67 ✓
		SUPPLIES								
9110851123	✓ 09/23/2020	07/20/2020	08/14/2020				5,346.95	0.00	0.00	5,346.95 ✓
		SUPPLIES								
9110855887	✓ 09/23/2020	08/03/2020	08/28/2020				7,220.00	0.00	0.00	7,220.00 ✓
		SUPPLIES								
9110857936	✓ 09/23/2020	08/05/2020	08/30/2020				285.18	0.00	0.00	285.18 ✓
		SUPPLIES								
9110861609	✓ 09/23/2020	08/14/2020	09/08/2020				1,571.67	0.00	0.00	1,571.67 ✓
		SUPPLIES								
9110871216	✓ 09/23/2020	09/08/2020	10/03/2020				6,416.34	0.00	0.00	6,416.34 ✓
		SUPPLIES								
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
I1110		WERFEN USA LLC			25,818.41	0.00	0.00	25,818.41		
Vendor#		Vendor Name	Class		Pay Code					
I1400		WEST COAST MEDICAL RESOURC	✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV058960	✓ 09/23/2020	07/06/2020	09/23/2020				179.00	0.00	0.00	179.00 ✓
		SUPPLIES								
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
I1400		WEST COAST MEDI			179.00	0.00	0.00	179.00		
Vendor#		Vendor Name	Class		Pay Code					
W1270		WISCONSIN STATE LABORATORY W	✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
645045	✓ 09/18/2020	08/31/2020	08/31/2020				709.00	0.00	0.00	709.00 ✓
		LAB SERVICES								
645045A	✓ 09/18/2020	08/31/2020	08/31/2020				350.00	0.00	0.00	350.00 ✓
		LAB SERVICES								
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
W1270		WISCONSIN STATE			1,059.00	0.00	0.00	1,059.00		
Vendor#		Vendor Name	Class		Pay Code					
Z1000		ZIMMER BIOMET	✓ M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
224549BG88	✓ 09/18/2020	09/01/2020	09/18/2020				63.00	0.00	0.00	63.00 ✓
	✓	SUPPLIES								
038282ZF43	✓ 09/22/2020	07/31/2020	08/31/2020				155.68	0.00	0.00	155.68 ✓
	✓	SUPPLIES								
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
Z1000		ZIMMER BIOMET			218.68	0.00	0.00	218.68		
Report Summary										
Grand Totals:		Gross		Discount		No-Pay		Net		
		457,110.32		0.00		0.00		457,110.32		

APPROVED
ON
SEP 24 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK#
187363-
187444

RECEIVED

RUN DATE: 09/24/20

TIME: 10:38

SEP 24 2020

MEMORIAL MEDICAL CENTER

EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1

APCDEDIT

PATIENT

NUMBER

PAYEE NAME

Calaveras County Auditor

DATE

PAY PAT
AMOUNT CODE TYPE DESCRIPTION

GL NUM

092420	15.00	✓	3
092420	59.03	✓	3
092420	90.00	✓	3
092420	50.00	✓	3
092420	10.00	✓	2
092420	11.17	✓	2
092420	50.00	✓	3
092420	30.00	✓	2
092420	35.00	✓	2
092420	420.00	✓	2
092420	30.20	✓	2
092420	823.10	✓	2
092420	80.32	✓	2
092420	40.00	✓	2
092420	122.94	✓	2
092420	138.85	✓	2
092420	38.50	✓	2
092420	23.33	✓	5
092420	125.85	✓	2
092420	200.00	✓	2
092420	384.21	✓	2
092420	161.90	✓	2
092420	666.51	✓	2
092420	97.37	✓	2
092420	22.25	✓	2
092420	132.23	✓	2
092420	42.76	✓	2
092420	110.00	✓	2
092420	206.60	✓	2
092420	41.24	✓	2
092420	49.24	✓	2
092420	217.47	✓	3
092420	25.00	✓	2
092420	61.71	✓	3
092420	60.78	✓	2
092420	141.94	✓	2
092420	68.74	✓	2
092420	353.37	✓	2
092420	20.68	✓	2
092420	50.00	✓	2
092420	151.69	✓	2
092420	243.99	✓	2
092420	82.47	✓	5
092420	175.00	✓	2
092420	70.77	✓	2
092420	19.09	✓	2
092420	346.56	✓	2
092420	54.79	✓	2
092420	68.38	✓	2
092420	26.66	✓	2
092420	128.70	✓	2

RUN DATE: 09/24/20
TIME: 10:38

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 2
APCDEDIT

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
		092420	166.64	✓	2		
		092420	21.12	✓	3		
		092420	131.58	✓	2		
		092420	274.14	✓	2		
		092420	341.16	✓	2		
		092420	1327.46	✓	3		
		092420	10.00	✓	2		
		092420	300.00	✓	2		
		092420	56.28	✓	2		
		092420	80.15	✓	2		
		092420	174.84	✓	2		
		092420	297.71	✓	2		
		092420	49.00	✓	2		
		092420	54.58	✓	2		
		092420	148.96	✓	5		
		092420	31.11	✓	2		
		092420	20.00	✓	2		
		092420	300.00	✓	2		
		092420	150.00	✓	2		
		092420	84.66	✓	2		
		092420	43.62	✓	2		
		092420	39.68	✓	2		
		092420	306.78	✓	2		
		092420	60.00	✓	2		
		092420	37.76	✓	2		
		092420	59.27	✓	3		
		092420	24.36	✓	2		
		092420	160.00	✓	2		
		092420	316.78	✓	2		
		092420	10.00	✓	2		
		092420	249.72	✓	2		
		092420	299.59	✓	2		
		092420	287.17	✓	2		
		092420	15.20	✓	2		
		092420	57.26	✓	3		
		092420	100.00	✓	2		
		092420	302.90	✓	2		
		092420	76.16	✓	3		
		092420	16.15	✓	2		
		092420	97.65	✓	2		
		092420	25.00	✓	3		
		092420	66.20	✓	2		
		092420	13.10	✓	2		
		092420	14.05	✓	2		
		092420	21.13	✓	2		

ARID=0001 TOTAL

13394.31

TOTAL

13394.31

APPROVED
ON

SEP 24 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#
187267-

187962

McKESSON**STATEMENT**

As of: 09/25/2020

Page: 002

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: 09/26/2020

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

As of: 09/25/2020

Mail to:

Page: 002

Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 632536 PLEASE CHECK ANY
Date: 09/26/2020 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: 8,001.44 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017If Paid By 09/29/2020,
Pay This Amount:

7,841.39 USD

If Paid After 09/29/2020,
Pay this Amount:

8,001.44 USD

Due If Paid On Time:
USD

7,841.39

Disc lost if paid late:

160.05

Due If Paid Late:
USD

8,001.44

CK # 500137

APPROVED
ON

SEP 28 2020

COUNTY AUDITOR
CALEOUN COUNTY, TEXAS

McKESSON**STATEMENT**

As of: 09/25/2020

Page: 001

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

Company: 8000

HEB PHY FC 490/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: 464450
Date: 09/26/2020As of: 09/25/2020
Mail to:Page: 001
Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 464450 PLEASE CHECK ANY
Date: 09/26/2020 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 464450 HEB PHY FC 490/MEM MC PHS											
9/21/2020	09/29/2020	7224779414	55x560170	961 Invoice	0.42	21.08		20.66 ✓		7224779414	
9/21/2020	09/29/2020	7224832555	55x560170	115 Invoice	19.67	983.54		963.87 ✓		7224832555	

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

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

Subtotals:

1,004.62 USD

Future Due: 0.00

Past Due: 0.00

Past Payment 9,726.20
8/03/2020If Paid By 09/29/2020,
Pay This Amount:

984.53 USD

If Paid After 09/29/2020,
Pay this Amount:

1,004.62 USD

Due If Paid On Time:

USD

984.53 ✓

Disc lost if paid late:

20.09

Due If Paid Late:

USD

1,004.62

APPROVED
ON

SEP 28 2020

COUNTY AUDITOR
CALEOUN COUNTY, TEXAS

MCKESSON**STATEMENT**

As of: 09/25/2020

Page: 001

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: 09/26/2020

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

As of: 09/25/2020
 Mail to:

Page: 001
 Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

Cust: 262252 PLEASE CHECK ANY
 Date: 09/26/2020 ITEMS NOT PAID (✓)

Billing date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 262252 CVS PHCY 7006/MEMORIA PHS											
9/24/2020	09/29/2020	7225661288	896034	115Invoice	16.91	845.38		828.47 ✓		7225661288	

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: 845.38 USD

Future Due: 0.00

Past Due: 0.00

Past Payment 10,079.57
 9/14/2020

If Paid By 09/29/2020,
 Pay This Amount:

828.47 USD

If Paid After 09/29/2020,
 Pay this Amount:

845.38 USD

Due If Paid On Time:
 USD

828.47 ✓

Disc lost if paid late:

16.91

Due If Paid Late:
 USD

845.38

APPROVED
 ON

SEP 28 2020

COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

MCKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 09/25/2020

Page: 001

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

DC: 8115

Territory: 400

Customer: 256342

Date: 09/26/2020

As of: 09/25/2020
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 09/26/2020 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											
9/21/2020	09/29/2020	7224841224	2769764802	115Invoice	19.22	960.76		941.54 ✓		7224841224	
9/21/2020	09/29/2020	7225103054	833176471	195Invoice	2.61	130.51		127.90 ✓		7225103054	
9/22/2020	09/29/2020	7225134805	2769769311	115Invoice	6.64	332.07		325.43 ✓		7225134805	
9/22/2020	09/29/2020	7225306265	833528970	195Invoice	3.10	155.23		152.13 ✓		7225306265	
9/22/2020	09/29/2020	7225330741	00009212020	115Invoice	3.37	168.47		165.10 ✓		7225330741	
9/23/2020	09/29/2020	7225410613	7324664566	115Invoice	0.02	0.95		0.93 ✓		7225410613	
9/23/2020	09/29/2020	7225410616	1162917	115Invoice	15.92	795.95		780.03 ✓		7225410616	
9/23/2020	09/29/2020	7225410618	0922200808-00	115Invoice	0.04	1.88		1.84 ✓		7225410618	
9/23/2020	09/29/2020	7225566245	833759381	195Invoice	0.86	42.79		41.93 ✓		7225566245	
9/23/2020	09/29/2020	7225601302	00009222020TM	115Invoice	0.01	0.32		0.31 ✓		7225601302	
9/24/2020	09/29/2020	7225663363	7324669057	115Invoice	16.91	845.70		828.79 ✓		7225663363	
9/24/2020	09/29/2020	7225663366	1163131	115Invoice	16.91	845.38		828.47 ✓		7225663366	
9/24/2020	09/29/2020	7225663369	0923200328-00	115Invoice	20.81	1,040.63		1,019.82 ✓		7225663369	
9/24/2020	09/29/2020	7225828643	833995598	195Invoice	0.03	1.26		1.23 ✓		7225828643	

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

OTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 5,321.90 USD

uture Due: 0.00

ast Due: 0.00

ast Payment 7,838.11
9/21/2020

If Paid By 09/29/2020,
Pay This Amount:

5,215.45 USD

If Paid After 09/29/2020,
Pay this Amount:

5,321.90 USD

Due If Paid On Time:
USD

5,215.45 ✓

Disc lost if paid late:

106.45

Due If Paid Late:
USD

5,321.90

APPROVED
ON

SEP 28 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON**STATEMENT**

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

As of: 09/25/2020

Page: 001

DC: 8115

Territory: 400

Customer: 190813
 Date: 09/26/2020

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

As of: 09/25/2020
 Mail to:

Page: 001
 Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

Cust: 190813 PLEASE CHECK ANY
 Date: 09/26/2020 ITEMS NOT PAID (✓)

Billing rate	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											
9/23/2020	09/29/2020	7225386860	2017019072	115Invoice	0.41	20.27		19.86 ✓		7225386860	

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: 20.27 USD

uture Due: 0.00

ast Due: 0.00

ast Payment 7,838.11
 9/21/2020

If Paid By 09/29/2020,
 Pay This Amount:

19.86 USD

If Paid After 09/29/2020,
 Pay this Amount:

20.27 USD

Due If Paid On Time:

USD

19.86 ✓

Disc lost If paid late:

0.41

Due If Paid Late:

USD

20.27

APPROVED
 ON

SEP 28 2020

COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

MCKESSON**STATEMENT**

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

As of: 09/25/2020

Page: 001

DC: 8115

Territory: 400

Customer: 835438
 Date: 09/26/2020

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

As of: 09/25/2020 Page: 001
 Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

Cust: 835438 PLEASE CHECK ANY
 Date: 09/26/2020 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS											
9/24/2020	09/29/2020	7225822601	896802	115Invoice	16.19	809.27		793.08	✓	7225822601	

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

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

Subtotals: 809.27 USD

Future Due: 0.00

Past Due: 0.00

Past Payment 7,838.11
 9/21/2020

If Paid By 09/29/2020,
 Pay This Amount:

793.08 USD

If Paid After 09/29/2020,
 Pay this Amount:

809.27 USD

Due If Paid On Time:

USD 793.08

Disc lost if paid late:

16.19

Due If Paid Late:

USD 809.27

APPROVED
 ON

SEP 28 2020

COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Sold By:

AMERISOURCEBERGEN DRUG
CORPORATION
1300 MORRIS DRIVE
CHESTERBROOK PA 19087

Customer:

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

Remit To:

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

Customer Number

0100135284 / 037028186

Terms

Monday - Friday due in 7 days

Summary

Not Yet Due:	0.00
Current:	1,060.84
Past Due:	0.00
Total Due:	1,060.84
Account Balance:	1,060.84

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
09-21-2020	10-02-2020	3042663476	158155	Invoice	3.26		0.00	3.26 ✓
09-22-2020	10-02-2020	3042727189	158213	Invoice	968.53		0.00	968.53 ✓
09-23-2020	10-02-2020	3042773135	158220	Invoice	0.62		0.00	0.62 ✓
09-24-2020	10-02-2020	3042818689	158232	Invoice	18.30		0.00	18.30 ✓
09-25-2020	10-02-2020	3042880787	158244	Invoice	70.13		0.00	70.13 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
1,060.84	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
09-25-2020	(345.59)

Reminders

Due Date	Amount
10-02-2020	1,060.84
Total Due:	1,060.84

CK # 500138

APPROVED
ON

SEP 28 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"	★ 12
1ST QTR - 03 (MARCH) - Jan, Feb, Mar 2ND QTR - 06 (JUNE) - Apr, May, June 3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept 4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec	
☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★ \$ 94,069.18 #
"1 TO CONFIRM"	1
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0 \$ 48,213.80 #
"ENTER W/CENTS AMOUNT OF MEDICARE"	\$ 11,540.04 #
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	\$ 34,315.34 #
	CHECK \$
☐ "6-DIGIT SETTLEMENT DATE"	★
"1 TO CONFIRM"	1
☐ ACKNOWLEDGEMENT NUMBER	
CALLED IN BY:	
CALLED IN DATE:	
CALLED IN TIME:	

Run Date: 09/25/20
Time: 15:11

MEMORIAL MEDICAL CENTER
Payroll Register (Bi-Weekly)
Pay Period 09/11/20 - 09/24/20 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	9186.50	N		N	N		185809.17	A/R 755.00 A/R2 85.00 A/R3
1	REGULAR PAY-S1	1790.00	N		N	N	N	78687.52	ADVANC AWARDS BOOTS
1	REGULAR PAY-S1	333.25	Y		N	N		9132.26	CAFE H CAFE-1 CAFE-2
2	REGULAR PAY-S2	2368.50	N		N	N		54738.30	CAFE-3 CAFE-4 CAFE-5
2	REGULAR PAY-S2	173.50	Y		N	N		4881.22	CAFE-C CAFE-D 1738.88 CAFE-F
3	REGULAR PAY-S3	1435.00	N		N	N		38509.55	CAFE-H 19635.78 CAFE-I CAFE-L
3	REGULAR PAY-S3	133.50	Y		N	N		4878.96	CAFE-P CANCER CHILD
4	CALL BACK PAY	2.00	N	1	N	N		63.34	CLINIC 80.00 COMBIN 438.97 CREDUN
C	CALL PAY	2430.00	N	1	N	N		4860.00	DD ADV DENTAL DEP-LF
E	EXTRA WAGES		N	1	N	N	N	2129.50	DIS-LF EAT EATCSH
F	FUNERAL LEAVE	84.00	N	1	N	N		1902.48	FEDTAX 34315.34 FICA-M 5770.02 FICA-O 24106.90
I	INSERVICE	27.90	N	1	N	N		651.32	FIRSTC FLEX S 4295.95 FLX FE
K	EXTENDED-ILLNESS-BANK	510.00	N	1	N	N		11391.38	FORT D FUTA GIFT S 23.16
P	PAID-TIME-OFF	57.54	N		N	N	N	677.82	GRANT GRP-IN GTL
P	PAID-TIME-OFF	1264.19	N	1	N	N		29052.10	HOSP-I ID TPT LEAF
X	CALL PAY 2	240.00	N	1	N	N		480.00	LEGAL 360.16 MASA 806.00 MEALS 80.96
Z	CALL PAY 3	144.00	N	1	N	N		432.00	MISC MISC/ MMCshr
p	PAID TIME OFF - PROBATION	16.00	N	1	N	N		200.32	NATFML 2010.89 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 879.75 SUNILL 1295.63 SUNLIF 1290.84
									SUNSTD 1623.89 SUNVIS 1211.82 SURCHG 740.00
									TSA-1 TSA-2 TSA-C
									TSA-P TSA-R 30062.04 TUITION
									UNIFOR 729.77 UW/HOS

----- Grand Totals: 20215.88 ----- (Gross: 429457.24 Deductions: 133177.61 Net: 296279.63)
| Checks Count: - FT 198 PT 6 Other 44 Female 220 Male 25 Credit OverAmt 5 ZeroNet Term Total: 245 |

Pay Date
10-02-20



**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT — September 21, 2020 - September 27, 2020**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>	<u>Amount</u>	<u>CI</u>
9/21/2020	WEBFILE TAX PYMT DD 902/37993826 21000028930	- Sales Tax	1391.14*	11 * 30 +
9/21/2020	PAY PLUS ACHTRANS 452579291 101000699337720	- 3rd Party Payor Fee	11.3	5 * 17 +
9/21/2020	IRS USATAXPYMT 220066544099039 6103601000063	- Payroll Taxes	100401.29**	80 * 12 +
9/22/2020	PAY PLUS ACHTRANS 452579291 101000690087084	- 3rd Party Payor Fee	5.17	1 * 64 +
9/22/2020	MCKESSON DRUG AUTO ACH ACH04313878 910000157	- 340B Drug Program Expense	7838.11*	4 * 29 +
9/23/2020	PAY PLUS ACHTRANS 452579291 101000690767786	- 3rd Party Payor Fee	80.12	102 * 52 *
9/23/2020	WIRE OUT CBNA INCOMING SETTLEMENT ACCOUNT	-CitiBank Corporate Card Payment	4148.77**	114 * 227 * 42 -
9/24/2020	PAY PLUS ACHTRANS 452579291 101000691436068	- 3rd Party Payor Fee	1.64	1 * 391 * 14 -
9/25/2020	PAY PLUS ACHTRANS 452579291 101000692061318	- 3rd Party Payor Fee	4.29	102 * 401 * 29 -
9/25/2020	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	345.59*	7 * 838 * 11 -
			<u>114,227.42</u>	4 * 148 * 87 -
				345 * 59 -
				102 * 52 *

Jason Anglin, CEO
Memorial Medical Center

September 28, 2020

* Approved 09-23-20 CC
** Approved 09-16-20 CC

102 * 52 +
102 * 52 -
0 * 00 *

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

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>	<u>Amount</u>
10/9/2020	ACH Payment STATE COMTRLR TEXNET	ACCRUED IGT DSH	30,879.84

Jason Anglin, CEO
Memorial Medical Center

September 28, 2020

Future Payment



Transaction Summary

Transaction Complete
Trace #:

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

Payment Total	\$30,879.84
Bank Routing and Account Number	
Settlement Date	10/9/2020
DSH Amount	\$30,879.84
Entered By	Jason Anglin

A handwritten signature in black ink, appearing to be "J. Anglin", located below the "Entered By" field of the table.

[WARNING-Remote attachments, VERIFY SENDER]

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

DSH Providers:

Attached is the first FFY 2021 DSH advance payment calculation that details how HHSC calculated the advance payment/IGT amounts, and related IGT Notification spreadsheets. Payment amounts/transfer amounts for state hospitals can be found in column **U** of the "State" tab. Payment amounts for non-state hospitals can be found in column **AV** of the "Non-State" tab and the corresponding IGT amounts in column **AW** of the same tab. To ensure that all government entities receive this notification, HHSC strongly encourages providers to send this to any government entity who is IGT'ing on their behalf.

Please also note that the current 2021 DSH advance payment calculation continues to use the state payment cap calculated in the 2020 applications and does not account for the significant increases some providers are receiving for 2021 UHRIP. Accordingly, it is up to each provider to determine if it should opt out of the advance payment due to the concern that their 2021 state payment cap cannot support it. Providers who have a state payment cap that cannot support the DSH advance payments they receive will be at risk for recoupment when the final 2021 DSH payments are calculated in May of 2021.

The following information pertains to 2021 First DSH advance payment. All payment dates are calendar year 2020.

I. Key Dates

September 23, 2020	HHSC notifies of payment & intergovernmental transfer	(IGT) amounts
October 8, 2020	Last date to transfer funds into TexNet	
October 9, 2020	TexNet settlement date	
October 19, 2020	Pay the transferring hospitals (Urban public	hospital- Class one)
October 19, 2020	State Owned Hospitals submit Journal Entry	
October 23, 2020	State Owned Hospitals paid	
October 30, 2020	Pay remaining DSH hospitals	

II. October 2020 Advance DSH payment

Which hospitals will receive an advance DSH payment in October?

Hospitals that received a 2020 DSH payment are eligible to receive a 2021 Advance DSH payment (subject to the availability of the non-federal share of the payment amount). Since this payment will be made before HHSC has determined qualification for 2021 DSH, a hospital may opt out of the October payment by sending a written request to DSHPayments@hhsc.state.tx.us by October 1, 2020.

Hospitals should opt out of the October payment if:

1. The hospital is concerned it will not qualify for 2021 DSH; or
2. The hospital is concerned that it will be overpaid for 2021 DSH based on YTD advance payments and the costs calculated in the providers' 2021 DSH/UC Application.

Does a hospital need to do anything to receive the October payment?

All public hospitals will be required to transfer funds to HHSC in order to receive a program year 2021 DSH payment. Urban public hospitals are required to transfer 100 percent of the non-federal share of their Pass One and Pass Two 2021 DSH payments and non-urban public hospitals are required to transfer 100 percent of the non-federal share of their Pass One and Pass Two 2021 DSH payments.

Urban public hospitals class one and class two (see below), (i.e., those owned by a governmental entity that has historically funded DSH payments) do not need to do anything prior to transferring funds into TexNet.

Urban public hospital - class one is a hospital that is operated by or under a lease contract with one of the following entities: the Dallas County Hospital District, the El Paso County Hospital District, the Harris County Hospital District, the Tarrant County Hospital District, the Travis County Healthcare District dba Central Health, or the University Health System of Bexar County.

Urban public hospital - class two is a hospital that is operated by or under a lease contract with one of the following entities: the Ector County Hospital District, the Lubbock County Hospital District and the Nueces County Hospital District.

Non-urban public hospitals may need to take certain steps. A non-urban public hospital is:

1. Any hospital anywhere in the state that is owned and operated by a non-state governmental entity (other than one of the entities described above); or

2. A privately-operated hospital operating under a lease from a governmental entity in which the hospital and governmental entity are both located in the same county with 500,000 or fewer persons, based on the most recent decennial census, where the privately-operated hospital and governmental entity have both signed an attestation that they wish the hospital to be treated as a public hospital for all purposes for 2021 DSH and 2021 UC waiver payments. If you are a privately owned hospital who has submitted an attestation to be treated as a public hospital for prior DSH payments, HHSC will continue to treat your facility as a public hospital for the purpose of DSH and UC payments.

Privately-operated hospitals in this category are "rural public-financed hospitals" and are eligible, along with rural public hospitals, for Pass Three DSH payments.

All non-urban public hospitals should ensure that the governmental entity that owns the hospital is aware of its obligation and prepared to transfer funds for the October payment. Any governmental entity that has not previously transferred funds through the TexNet System for an HHSC Payment (i.e., Uncompensated Care, DSH, and DSRIP) must enroll with TexNet to submit funds for this payment. The TexNet Enrollment form can be accessed at <https://texnet.cpa.state.tx.us>.

Private hospitals (i.e., privately-operated hospitals that do not lease from a governmental entity and hospitals described in item (2) above that do not submit an attestation form) do not need to do anything to receive the October DSH payment.

How will payment and IGT amounts be calculated?

To calculate the October payment amounts and distribute 20% of the 2021 DSH funds, HHSC will use the methodology described in 1 Tex. Admin. Code § 355.8065 for interim DSH payments, but will use hospitals' 2021 interim hospital-specific limits, Medicaid days, and low-income days.

III. Remaining 2021 DSH funds

Which hospitals will receive subsequent DSH payments?

HHSC is distributing 2021 DSH funds over four payments. Only hospitals that received a 2020 DSH payment and submitted a 2021 DSH/UC Application will be eligible for advance DSH payments. **Due to the timing, HHSC has not verified that providers who are included in the first 2021 DSH advance payment calculation have requested a 2021 application. If a provider slated to receive a 2021 DSH advance payment knows they are not going to request a 2021 application, they should opt out of receiving this payment.**

All hospitals that meet the DSH qualification criteria based on data in the 2021 DSH/UC application will be eligible to receive DSH payments that occur after the applications are processed (subject to the availability of the non-federal share of the payment amount), including hospitals that did not participate in 2020 DSH.

How will payment and IGT amounts be calculated?

Using information from each qualifying hospital's 2021 DSH/UC application, HHSC will use the methodology described in the DSH rule to calculate a 2021 DSH payment amount. For each hospital that received one or more advance payments, HHSC will reduce the 2021 DSH payment amount by the sum of such payments. HHSC will then determine IGT obligations.

If a hospital received an advance payment and later submitted a rural public-financed hospital attestation form, HHSC will increase the IGT obligation for the governmental entity that owns the hospital by an amount equal to half of the non-federal share of any 2021 advance payments.

Will there be a Pass 3?

Once the final 2021 DSH payment amounts are calculated, HHSC will determine if any 2021 DSH allocation funds remain to be distributed through Pass 3. If such funds are available for distribution, HHSC will work with rural public hospitals and rural public-financed hospitals that have submitted the above-referenced attestation to determine Pass 3 payments and required transfers. Pass 3 payment amounts are not calculated for advance payments.

What if a hospital receives advance payments but does not qualify for 2021 DSH?

HHSC will recoup the entire amount of all advance payments made to any hospital that does not qualify for 2021 DSH.

What if a hospital's advance payments exceed its 2021 DSH payment amount?

HHSC will recoup the amount of any advance payments that exceed the 2021 DSH payment amount calculated using the information in the application. Any hospital concerned about potential recoupment should opt out of receiving advance payments, as described in Section II above.

For additional information, please contact DSHPayments@hhsc.state.tx.us

**** Note** that if you have not already enrolled in TexNet Connect for HHSC Rate Analysis you will need to do so immediately. Information pertaining to enrollment can be found at: <https://texnet.cpa.state.tx.us>

Please ensure you select the DSH bucket in TexNet when you enter your IGT. It is imperative that you send a screen shot/PDF copy of the confirmation/trace sheet from TexNet or an email with the confirmation number and IGT amount if the TexNet is submitted over the phone, to DSHPayments@hhsc.state.tx.us. Please include two contacts with their phone numbers and email addresses, should HHSC have any questions regarding the TexNet received. HHSC will not confirm receipt of emails. Please set your email settings to request a delivery receipt, if a confirmation is needed.

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

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



TEXAS
Health and Human
Services

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Texas Health and Human Services Commission

Memorial Medical Center Operating County

Transaction Complete

Payment Total** \$30,879.84Bank Routing and Account
Number*****Settlement Date**

***** Payment Detail *****

DSH Amount \$30,879.84**UC Hospital Amount** \$0.00**UC Physician Amount** \$0.00**UC Dental Amount** \$0.00**Miscellaneous Amount** \$0.00**GME Amount** \$0.00**DSRIP Amount** \$0.00**Intermediate Care Facility UPL
Amount** \$0.00**DSRIP Audit Cost Amount** \$0.00

2020 TPI	Hospital Name	County	Ownership Type	Rural Status	2021 DSH Advance 1 Payment Amount	2021 DSH Advance 1 IGT Amount
112673204	Yoakum Community Hospital	Lavaca	Public	Rural Hospital	\$34,051.10	\$10,892.95
138353107	Baylor County Hospital District	Baylor	Public	Rural Hospital	\$26,867.26	\$8,594.84
121808305	Jackson County Hospital District	Jackson	Public	Rural Hospital	\$29,170.16	\$9,331.53
189947801	Dawson County Hospital District	Dawson	Public	Rural Hospital	\$79,411.57	\$25,403.76
135033210	Columbus Community Hospital	Colorado	Private	Rural Hospital	\$64,785.54	\$0.00
135226205	ScottiWhite Hospital - Brenham	Washington	Private	Rural Hospital	\$89,386.91	\$0.00
112728403	General Hospital	Pecos	Public	Rural Hospital	\$5,294.41	\$1,693.68
133250406	Childress County Hospital District	Childress	Public	Rural Hospital	\$59,985.06	\$19,189.22
121781205	SUTTON COUNTY HOSPITAL DISTRICT	Sutton	Public	Rural Hospital	\$8,394.52	\$2,685.41
349059101	San Antonio Behavioral Healthcare Hospital	Bexar	Private IMD		\$387,245.02	\$0.00
138911619	Cuero Regional Hospital	De Witt	Public	Rural Hospital	\$120,027.39	\$38,396.76
110856504	OLNEY HAMILTON HOSPITAL DISTRICT	Young	Public	Rural Hospital	\$36,149.90	\$11,564.35
401736001	Bosque County Hospital District	Bosque	Public	Rural Hospital	\$23,151.35	\$7,406.12
127313803	Lamb County Hospital	Lamb	Public	Rural Hospital	\$57,041.53	\$18,247.58
133544006	Deaf Smith County Hospital District	Deaf Smith	Public	Rural Hospital	\$112,600.41	\$36,020.87
136381405	Tyler County Hospital	Tyler	Public	Rural Hospital	\$18,600.48	\$5,950.29
130618504	Terry County Memorial Hospital District	Terry	Public	Rural Hospital	\$68,468.78	\$21,903.16
135151206	Wilson County Memorial Hospital District	Wilson	Public	Rural Hospital	\$87,628.09	\$28,032.23
137909111	Memorial Medical Center	Calhoun	Public	Rural Hospital	\$96,529.65	\$30,879.84
217884004	Dimmit Regional Hospital	Dimmit	Public	Rural Hospital	\$118,512.82	\$37,912.25
186599001	Ascension Seton	Travis	Private		\$965,257.46	\$0.00
094224503	Big Bend Regional Medical Center	Brewster	Private	Rural Hospital	\$20,885.60	\$0.00
135036506	Baylor All Saints Medical Center	Tarrant	Private		\$804,229.24	\$0.00
133252005	Hill Regional Hospital	Hill	Private	Rural Hospital	\$48,159.53	\$0.00
189791001	Walker County Hospital Corporation	Walker	Private		\$221,001.98	\$0.00
136332705	STARR COUNTY MEMORIAL HOSPITAL	Starr	Public	Rural Hospital	\$77,651.40	\$24,840.68
119874904	Jack County Hospital District	Jack	Public	Rural Hospital	\$40,509.74	\$12,959.07
127263503	Methodist Hospital Plainview	Hale	Private	Rural Hospital	\$70,669.48	\$0.00
131030203	Nacogdoches County Hospital District	Nacogdoches	Public	Rural Hospital	\$427,196.46	\$136,660.15
112688004	Frio Hospital Association	Frio	Private	Rural Hospital	\$27,564.98	\$0.00
130605205	Nacogdoches Medical Center	Nacogdoches	Private	Rural Hospital	\$110,039.95	\$0.00
121785303	Gonzales Healthcare Systems	Gonzales	Public	Rural Hospital	\$112,511.38	\$35,992.39
212140201	Medina County Hospital District	Medina	Public	Rural Hospital	\$58,387.02	\$18,678.01
396650901	Gainesville Community Hospital Inc	Cooke	Private	Rural Hospital	\$131,056.14	\$41,924.86
094164302	Plney Woods Healthcare System, L.P.	Angelina	Private	Rural Hospital	\$244,074.01	\$0.00
127298107	Andrews County Hospital District	Andrews	Public	Rural Hospital	\$75,354.23	\$24,105.82
130616909	PECOS COUNTY MEMORIAL HOSPIT	Pecos	Public	Rural Hospital	\$87,889.96	\$28,116.00
137227806	Yoakum County Hospital	Yoakum	Public	Rural Hospital	\$58,938.83	\$18,854.53
130826407	Dallam-Hartley Counties Hospital District	Dallam	Public	Rural Hospital	\$41,181.95	\$13,174.11
132812205	Driscoll Childrens Hospital	Nueces	Private		\$885,457.92	\$0.00
387377001	UT Health Henderson	Rusk	Private	Rural Hospital	\$72,410.55	\$0.00

2020 TPI	Hospital Name	County	Ownership Type	Rural Status	2021 DSH Advance 1 Payment Amount	2021 DSH Advance 1 IGT Amount
021187203	The University of Texas Health Science Center at Houston	Harris	State/IMD		\$5,640,508.37	\$1,804,399.00
021194801	Texas HHSC Austin State Hospital	Travis	State/IMD		\$9,289,796.84	\$2,971,806.00
021196301	Texas HHSC North Texas State Hospital -Vernon	Wilbarger	State/IMD		\$11,023,784.03	\$3,526,509.00
112751605	Texas HHSC El Paso Psychiatric Center	El Paso	State/IMD		\$2,686,423.00	\$859,387.00
137919003	Texas HHSC Terrell State Hospital	Kaufman	State/IMD		\$10,316,014.13	\$3,300,093.00
138706004	Texas HHSC San Antonio State Hospital	Bexar	State/IMD		\$11,133,844.70	\$3,561,717.00
094092602	The University Of Texas Medical Branch At Galveston	Galveston	State Teaching		\$10,836,312.60	\$3,466,536.00
112672402	The University of Texas MD Anderson Cancer Center	Harris	State Teaching		\$63,855.60	\$20,427.00
127278304	University Of Texas Health Science Center At Tyler	Smith	State Teaching		\$5,257,556.20	\$1,681,892.00
138951211	El Paso County Hospital District	El Paso	Large Public		\$4,550,410.61	\$2,990,752.67
137265806	Ascension Seton	Travis	Large Public		\$3,300,133.26	\$2,612,970.23
136141205	Bexar County Hospital District	Bexar	Large Public		\$11,877,643.54	\$6,770,537.12
126675104	Tarrant County Hospital District	Tarrant	Large Public		\$12,628,587.45	\$8,309,147.92
127295703	Dallas County Hospital District	Dallas	Large Public		\$25,413,353.22	\$16,144,662.83
133355104	Harris County Hospital District	Harris	Large Public		\$19,293,945.18	\$12,760,116.33
135235306	Ector County Hospital District	Ector	Public		\$1,993,582.66	\$637,747.09
121775403	CHRISTUS Spohn Hospital Corpus Christi	Nueces	Public		\$2,553,319.74	\$816,806.99
137999206	Lubbock County Hospital District	Lubbock	Public		\$3,119,291.27	\$997,861.28
021185601	Healthbridge Childrens Hospital - Houston	Harris	Private		\$140,767.88	\$0.00
112745802	River Crest Hospital	Tom Green	Private IMD		\$279,489.09	\$0.00
121829905	West Oak Hospital Inc	Harris	Private IMD		\$726,060.48	\$0.00
138950412	Palo Pinto County Hospital District	Palo Pinto	Public	Rural Hospital	\$208,384.15	\$66,662.09
140714001	South Limestone Hospital District	Limestone	Public	Rural Hospital	\$28,267.61	\$9,042.81
175965601	SHC KPH LP	Harris	Private IMD		\$732,211.43	\$0.00
133244705	Rolling Plains Memorial Hospital	Nolan	Public	Rural Hospital	\$119,344.87	\$38,178.42
315440301	Texas Scottish Rite Hospital for Children	Dallas	Private		\$76,185.37	\$0.00
358963201	Our Childrens House Dallas	Dallas	Private		\$247,559.67	\$0.00
121053602	Knox County Hospital District	Knox	Public	Rural Hospital	\$14,860.95	\$4,754.02
112692202	Fisher County Hospital District	Fisher	Public	Rural Hospital	\$2,630.62	\$841.53
121787905	North Wheeler County Hospital District	Wheeler	Public	Rural Hospital	\$13,760.33	\$4,401.93
020992601	Stonewall Memorial Hospital District	Stonewall	Public	Rural Hospital	\$2,734.88	\$874.89
020991801	Refugio County Memorial Hospital	Refugio	Public	Rural Hospital	\$6,862.12	\$2,195.19
112684904	Reeves County Hospital District	Reeves	Public	Rural Hospital	\$168,079.18	\$53,768.53
179272301	Preferred Hospital Leasing Eldorado Inc	Schleicher	Private	Rural Hospital	\$470.84	\$0.00
316360201	Preferred Hospital Leasing Coleman Inc	Coleman	Private	Rural Hospital	\$14,648.08	\$4,685.92
212060201	CAHRMC LLC	Colorado	Private	Rural Hospital	\$3,552.55	\$0.00
091770005	Concho County Hospital	Concho	Public	Rural Hospital	\$10,683.23	\$3,417.56
133258705	METHODIST HOSPITAL LEVELLAND	Hockley	Private	Rural Hospital	\$44,963.20	\$0.00
121692107	Hardeman County Memorial Hospital	Hardeman	Public	Rural Hospital	\$19,364.13	\$6,194.59
112742503	Clarity Child Guidance Center	Bexar	Private IMD		\$437,069.46	\$0.00
112704504	Ochiltree County Hospital District	Ochiltree	Public	Rural Hospital	\$92,821.97	\$29,693.75

2020 TPI	Hospital Name	County	Ownership Type	Rural Status	2021 DSH Advance 1 Payment Amount	2021 DSH Advance 1 GT Amount
094129604	Moore County Hospital District	Moore	Public	Rural Hospital	\$133,966.85	\$42,855.99
094121303	Seminole Hospital District of Gaines County Texs	Gaines	Public	Rural Hospital	\$131,683.28	\$42,125.48
127319504	Methodist Childrens Hospital	Lubbock	Private		\$860,983.97	\$0.00
387381201	UT Health Jacksonville	Cherokee	Private	Rural Hospital	\$79,482.04	\$0.00
154504801	Harlingen Medical Center	Cameron	Private		\$194,518.83	\$0.00
197063401	GPCH LLC	Hutchinson	Private	Rural Hospital	\$33,278.78	\$0.00
020930601	Brownwood Regional Medical Center	Brown	Private	Rural Hospital	\$130,834.20	\$0.00
112693002	San Angelo Community Medical Center	Tom Green	Private		\$143,043.23	\$0.00
220351501	Sherman Grayson	Grayson	Private		\$121,842.00	\$0.00
020966001	Lake Pointe Operating Company LLC	Rockwall	Private		\$223,858.36	\$0.00
138913209	Titus County Memorial Hospital District	Titus	Public	Rural Hospital	\$547,969.89	\$175,295.57
137226005	Shannon Medical Center	Tom Green	Private		\$516,129.63	\$0.00
094118902	Detar Hospital	Victoria	Private		\$341,457.29	\$0.00
136330112	Scurry County Hospital District	Scurry	Public	Rural Hospital	\$165,440.94	\$52,924.56
130959304	Matagorda County Hospital District	Matagorda	Public	Rural Hospital	\$400,249.34	\$128,039.76
020811801	CHRISTUS Spohn Hospital Beeville	Bee	Private	Rural Hospital	\$102,727.83	\$0.00
135035706	Knapp Medical Center	Hidalgo	Private		\$541,518.10	\$0.00
291854201	El Paso Childrens Hospital	El Paso	Private		\$649,343.56	\$0.00
112679902	Mission Hospital Inc	Hidalgo	Private		\$633,872.48	\$0.00
121789503	Adventist Health System Sunbelt Inc	Hays	Private		\$209,569.06	\$0.00
135237906	United Regional Health Care System Inc	Wichita	Private	Rural Hospital	\$688,075.91	\$0.00
094186602	LAREDO REGIONAL MEDICAL CENTER LP	Webb	Private		\$489,568.63	\$0.00
136436606	CHRISTUS Spohn Hospital Kleberg	Kleberg	Private	Rural Hospital	\$115,824.90	\$0.00
130601104	The Hospitals of Providence - Memorial Campus	El Paso	Private		\$1,027,483.82	\$0.00
119877204	Val Verde Hospital Corporation	Val Verde	Public	Rural Hospital	\$256,279.50	\$81,983.81
208013701	Ascension Seton	Hays	Private		\$215,594.32	\$0.00
163925401	The Medical Center of Southeast Texas	Jefferson	Private		\$432,211.23	\$0.00
366812101	CHRISTUS Mother Frances Hospital - Sulphur Springs	Hopkins	Private	Rural Hospital	\$130,216.60	\$0.00
121782009	Uvalde County Hospital Authority	Uvalde	Public	Rural Hospital	\$398,124.17	\$127,359.92
110839103	Longview Regional Medical Center	Gregg	Private		\$490,057.72	\$0.00
163111101	Paris Regional Medical Center	Lamar	Private	Rural Hospital	\$257,709.43	\$0.00
137907508	Citizens Medical Center	Victoria	Public		\$290,446.93	\$92,913.97
207311601	Wadley Regional Medical Center	Bowie	Private		\$402,819.86	\$0.00
135225404	Ascension Seton	Travis	Private		\$834,530.88	\$0.00
094222903	CHRISTUS Spohn Hospital Alice	Jim Wells	Private	Rural Hospital	\$105,578.05	\$0.00
020844903	CHRISTUS Santa Rosa Health Care Corporation	Bexar	Private		\$1,228,198.06	\$0.00
112711003	Odessa Regional Medical Center	Ector	Private		\$531,160.22	\$0.00
194997601	UHS OF TEXOMA	Grayson	Private		\$596,349.02	\$0.00
353712801	ScottWhite Hospital -Marble Falls	Burnet	Private	Rural Hospital	\$29,436.37	\$0.00
111829102	Ascension Providence	McLennan	Private		\$418,612.15	\$0.00
094119702	Metrolplex Adventist Hospital Inc	Bell	Private		\$377,521.39	\$0.00

2020 TPI	Hospital Name	County	Ownership Type	Rural Status	2021 DSH Advance 1 Payment Amount	2021 DSH Advance 1 IGT Amount
112716902	Columbia Rio Grande Healthcare	Hidalgo	Private		\$1,065,959.86	\$0.00
094187402	HCA Houston Healthcare West	Harris	Private		\$769,193.31	\$0.00
387515501	UT Health Athens	Henderson	Private		\$224,064.54	\$0.00
138962907	Hillcrest Baptist Medical Center	McLennan	Private		\$825,778.90	\$0.00
136491104	Southwest General Hospital	Bexar	Private		\$731,574.98	\$0.00
131038504	Hunt Memorial Hospital District	Hunt	Public		\$961,412.86	\$307,555.97
308032701	Prima Healthcare Services Pampa LLC	Gray	Private	Rural Hospital	\$57,793.39	\$0.00
020976902	CHRISTUS St Michael Health System	Bowie	Private		\$708,292.65	\$0.00
094160103	St Davids Community Hospital	Travis	Private		\$1,514,774.47	\$0.00
294543801	Valley Baptist Medical Center Brownsville	Cameron	Private		\$574,356.78	\$0.00
292096901	Valley Baptist Medical Center Harlingen	Cameron	Private		\$902,921.64	\$0.00
162033801	Laredo Medical Center	Webb	Private		\$1,084,133.61	\$0.00
020947001	Columbia Valley Healthcare Systems LP	Cameron	Private		\$696,038.72	\$0.00
094216103	St David's Healthcare Partnership	Travis	Private		\$1,286,006.97	\$0.00
139461107	COVENANT MEDICAL CENTER	Lubbock	Private		\$499,700.56	\$0.00
020817501	HCA Houston Healthcare Southeast	Harris	Private		\$1,069,175.16	\$0.00
322879301	Baptist St Antonys Healthcare System	Potter	Private		\$491,626.36	\$0.00
136143806	Midland Memorial Hospital	Midland	Public		\$1,272,547.44	\$407,087.92
127267603	St Joseph Regional Health Center	Brazos	Private		\$442,753.11	\$0.00
121807504	HCA Houston Healthcare Clear Lake	Harris	Private		\$1,401,692.70	\$0.00
138296208	CHRISTUS Health Southeast Texas	Jefferson	Private		\$653,784.17	\$0.00
112724302	HCA Houston Healthcare Kingwood	Harris	Private		\$1,036,823.72	\$0.00
138644310	Hendrick Medical Center	Taylor	Private		\$688,158.94	\$0.00
020973601	Bay Area Healthcare Group Ltd	Nueces	Private		\$1,315,284.03	\$0.00
388347201	UT Health Tyler	Smith	Private		\$576,709.60	\$0.00
160709501	Doctors Hospital at Renaissance	Hidalgo	Private		\$2,542,994.67	\$0.00
020950401	Columbia Medical Center Of Arlington Subsidiary	Tarrant	Private		\$1,211,616.05	\$0.00
135032405	Methodist Hospitals of Dallas	Dallas	Private		\$1,205,383.18	\$0.00
181706601	St Joseph Medical Center	Harris	Private		\$1,262,422.99	\$0.00
094109802	Las Palmas Del Sol Healthcare	El Paso	Private		\$1,949,261.19	\$0.00
137245009	NORTHWEST TEXAS HEALTHCARE SYSTEM	Potter	Private		\$1,445,656.01	\$0.00
159156201	VHS San Antonio Partners LLC	Bexar	Private		\$2,538,332.01	\$0.00
094113001	MCALLEN HOSPITAL LP	Hidalgo	Private		\$1,938,419.15	\$0.00
139485012	Baylor University Medical Center	Dallas	Private		\$1,399,569.14	\$0.00
175287501	University of Texas Southwestern Medical Center at Dallas	Dallas	State Teaching		\$904,757.84	\$289,432.03
020943901	Columbia Hospital Medical City Dallas	Dallas	Private		\$2,144,128.45	\$0.00
127311205	Columbia Medical Center of Plano	Collin	Private		\$1,115,056.76	\$0.00
137249208	ScottWhite Memorial Hospital	Bell	Private		\$1,971,502.57	\$0.00
112677302	Texas Health Harris Methodist Hospital Fort Worth	Tarrant	Private		\$1,428,516.86	\$0.00
094148602	Baptist Hospitals of Southeast Texas	Jefferson	Private		\$773,722.09	\$0.00
094108002	CHRISTUS Mother Frances Hospital - Tyler	Smith	Private		\$947,975.49	\$0.00

2020 TPI	Hospital Name	County	Ownership Type	Rural Status	2021 DSH Advance 1 Payment Amount	2021 DSH Advance 1 IGT Amount
112667403	CHRISTUS Good Shepherd Medical Center	Harrison	Private		\$839,743.76	\$0.00
020908201	Texas Health Presbyterian Hospital Dallas	Dallas	Private		\$1,094,860.37	\$0.00
193867201	Houston Northwest Operating Company LLC	Harris	Private		\$1,081,233.33	\$0.00
137805107	Memorial Hermann Texas Medical Center	Harris	Private		\$4,049,659.86	\$0.00
020834001	Memorial Hermann Hospital System	Harris	Private		\$3,585,833.27	\$0.00
094154402	Methodist Healthcare System of San Antonio	Bexar	Private		\$4,550,713.28	\$0.00
112701102	Navarro Regional Hospital	Navarro	Private	Rural Hospital	\$105,618.10	\$0.00
371439601	Strategic BH - Brownsville LLC	Cameron	Private IMD		\$295,629.67	\$0.00
					\$237,183,697.63	\$75,875,065.13

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09/24/2020

MEMORIAL MEDICAL CENTER

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14:10 SEP 24 2020

AP Open Invoice List

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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
092220	09/23/2020	09/22/2020	10/08/2020				9,104.28	0.00	0.00	9,104.28

QUIPP 1-4 PAYMENTS

NH QUIPP pymt deposited into mme operating

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11816		ASHFORD GARDEN	9,104.28	0.00	0.00	9,104.28

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	9,104.28	0.00	0.00	9,104.28

APPROVED
ON

SEP 24 2020

CK#

187445

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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MEMORIAL MEDICAL CENTER

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Vendor#

Calhoun County Auditor

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
092220	09/23/2020	09/22/2020	10/08/2020				3,190.11	0.00	0.00	3,190.11

QUIPP PAYMENTS 1-4

NH Quip pynt deposited into mme opening ✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11828		SOLERA WEST HOI	3,190.11	0.00	0.00	3,190.11

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	3,190.11	0.00	0.00	3,190.11

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SEP 24 2020

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187450COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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MEMORIAL MEDICAL CENTER

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AP Open Invoice List

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Dates Through:

Vendor# 11820

Vendor Name

Class

Pay Code

FORTBEND HEALTHCARE CENTE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
092220	09/23/2020	09/22/2020	10/08/2020				3,735.78	0.00	0.00	3,735.78

QUIPP PAYMENTS 1-4 - *Net portion of QUIPP deposited into mmc upcity*

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11820		FORTBEND HEALTH	3,735.78	0.00	0.00	3,735.78

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	3,735.78	0.00	0.00	3,735.78

**APPROVED
ON****SEP 24 2020**

CHK#

187447

**COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

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09/24/2020

MEMORIAL MEDICAL CENTER

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SEP 24 2020

AP Open Invoice List

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Dates Through:

Vendor# **11832** **County Auditor**

Vendor Name

Class

Pay Code

11832

BROADMOOR AT CREEKSIDE PAF ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
092220	09/23/2020	09/22/2020	10/08/2020				3,310.57	0.00	0.00	3,310.57 ✓

QUIPP PAYMENTS 1-4

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11832		BROADMOOR AT C	3,310.57	0.00	0.00	3,310.57

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	3,310.57	0.00	0.00	3,310.57

**APPROVED
ON****SEP 24 2020****CK#****187452****COUNTY AUDITOR
CALLED ON COUNTY, TEXAS**

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09/24/2020

MEMORIAL MEDICAL CENTER

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14:12

SEP 24 2020

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor#

Vendor Name

Class

Pay Code

11824

County Auditor

THE CRESCENT

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
092220	09/23/2020	09/22/2020	10/08/2020				2,715.05	0.00	0.00	2,715.05

QUIPP PAYMETNS 1-4 - NH QUIPP pymt deposited into mmc opening

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11824	THE CRESCENT		2,715.05	0.00	0.00	2,715.05

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,715.05	0.00	0.00	2,715.05

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ON****SEP 24 2020**

CK#

**COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

187451

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14:13

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

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Dates Through:

Vendor#

County Auditor

Vendor Name

Class

Pay Code

11836

GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
092220	09/23/2020	09/22/2020	10/08/2020				5,889.59	0.00	0.00	5,889.59 ✓

QUIPP PAYMENTS 1-4

NH QUIPP Pymt deposited into mmc operating

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11836		GOLDENCREEK HE	5,889.59	0.00	0.00	5,889.59

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	5,889.59	0.00	0.00	5,889.59

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ON****SEP 24 2020**

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187448

**COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

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14:13

SEP 24 2020

MEMORIAL MEDICAL CENTER

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AP Open Invoice List

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Dates Through:

Vendor#

Vendor Name

Class

Pay Code

12696

Calhoun County Auditor

GULF POINTE PLAZA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
092220	09/23/2020	09/22/2020	10/08/2020				3,656.85	0.00	0.00	3,656.85

QUIPP PAYMENTS 1-4

NH QUIPP pymts deposited into MMC operating

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12696		GULF POINTE PLAZ	3,656.85	0.00	0.00	3,656.85

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	3,656.85	0.00	0.00	3,656.85

APPROVED
ON

SEP 24 2020

CK#

187449

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED

09/24/2020

MEMORIAL MEDICAL CENTER

0

14:09 SEP 24 2020

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor# *in County Auditor*
12792

Vendor Name

Class

Pay Code

BETHANY SENIOR LIVING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
091720A	09/23/2020	09/17/2020	10/08/2020				7,637.52	0.00	0.00	7,637.52 ✓
	MEIDCARE RECOUPED MONEY									
091720	09/23/2020	09/17/2020	10/08/2020				12,272.16	0.00	0.00	12,272.16 ✓
	RECOUPED MEDICARE MONEY									
091720B	09/23/2020	09/17/2020	10/08/2020				8,857.41	0.00	0.00	8,857.41 ✓
	MEDICARE RECOUPED MONEY									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12792		BETHANY SENIOR I	28,767.09	0.00	0.00	28,767.09

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	28,767.09	0.00	0.00	28,767.09

**APPROVED
ON**

SEP 24 2020

CK#
18744p**COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**



RUN DATE:09/28/20
TIME:13:26

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/30/20 THRU 09/30/20

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GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
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A/P	187267	09/30/20	274.14	
A/P	187268	09/30/20	54.79	
A/P	187269	09/30/20	151.69	
A/P	187270	09/30/20	49.00	
A/P	187271	09/30/20	128.70	
A/P	187272	09/30/20	122.94	
A/P	187273	09/30/20	23.33	
A/P	187274	09/30/20	297.71	
A/P	187275	09/30/20	19.09	
A/P	187276	09/30/20	49.24	
A/P	187277	09/30/20	90.00	
A/P	187278	09/30/20	43.62	
A/P	187279	09/30/20	175.00	
A/P	187280	09/30/20	59.03	
A/P	187281	09/30/20	21.13	
A/P	187282	09/30/20	80.15	
A/P	187283	09/30/20	10.00	
A/P	187284	09/30/20	125.85	
A/P	187285	09/30/20	30.20	
A/P	187286	09/30/20	316.78	
A/P	187287	09/30/20	15.00	
A/P	187288	09/30/20	300.00	
A/P	187289	09/30/20	174.84	
A/P	187290	09/30/20	54.58	
A/P	187291	09/30/20	30.00	
A/P	187292	09/30/20	25.00	
A/P	187293	09/30/20	15.20	
A/P	187294	09/30/20	57.26	
A/P	187295	09/30/20	39.68	
A/P	187296	09/30/20	217.47	
A/P	187297	09/30/20	66.20	
A/P	187298	09/30/20	82.47	
A/P	187299	09/30/20	100.00	
A/P	187300	09/30/20	249.72	
A/P	187301	09/30/20	141.94	
A/P	187302	09/30/20	823.10	
A/P	187303	09/30/20	148.96	
A/P	187304	09/30/20	80.32	
A/P	187305	09/30/20	68.74	
A/P	187306	09/30/20	20.68	
A/P	187307	09/30/20	384.21	
A/P	187308	09/30/20	206.60	
A/P	187309	09/30/20	38.50	
A/P	187310	09/30/20	14.05	
A/P	187311	09/30/20	21.12	
A/P	187312	09/30/20	353.37	
A/P	187313	09/30/20	68.38	
A/P	187314	09/30/20	166.64	
A/P	187315	09/30/20	97.37	
A/P	187316	09/30/20	50.00	

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MEMORIAL MEDICAL CENTER
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BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	187317	09/30/20	243.99	
A/P	187318	09/30/20	341.16	
A/P	187319	09/30/20	138.85	
A/P	187320	09/30/20	35.00	
A/P	187321	09/30/20	420.00	
A/P	187322	09/30/20	42.76	
A/P	187323	09/30/20	110.00	
A/P	187324	09/30/20	306.78	
A/P	187325	09/30/20	70.77	
A/P	187326	09/30/20	299.59	
A/P	187327	09/30/20	37.76	
A/P	187328	09/30/20	41.24	
A/P	187329	09/30/20	10.00	
A/P	187330	09/30/20	160.00	
A/P	187331	09/30/20	97.65	
A/P	187332	09/30/20	20.00	
A/P	187333	09/30/20	60.00	
A/P	187334	09/30/20	666.51	
A/P	187335	09/30/20	302.90	
A/P	187336	09/30/20	11.17	
A/P	187337	09/30/20	60.78	
A/P	187338	09/30/20	61.71	
A/P	187339	09/30/20	200.00	
A/P	187340	09/30/20	84.66	
A/P	187341	09/30/20	40.00	
A/P	187342	09/30/20	1,327.46	
A/P	187343	09/30/20	24.36	
A/P	187344	09/30/20	76.16	
A/P	187345	09/30/20	10.00	
A/P	187346	09/30/20	50.00	
A/P	187347	09/30/20	31.11	
A/P	187348	09/30/20	300.00	
A/P	187349	09/30/20	16.15	
A/P	187350	09/30/20	26.66	
A/P	187351	09/30/20	56.28	
A/P	187352	09/30/20	161.90	
A/P	187353	09/30/20	13.10	
A/P	187354	09/30/20	22.25	
A/P	187355	09/30/20	346.56	
A/P	187356	09/30/20	132.23	
A/P	187357	09/30/20	25.00	
A/P	187358	09/30/20	287.17	
A/P	187359	09/30/20	50.00	
A/P	187360	09/30/20	59.27	
A/P	187361	09/30/20	150.00	
A/P	187362	09/30/20	131.58	
A/P	187363	09/30/20	15,247.15	3M COMPANY
A/P	187364	09/30/20	586.52	ABILITY NETWORK (SHIFTHOUND)
A/P	187365	09/30/20	3,471.27	AIRGAS USA, LLC - CENTRAL DIV
A/P	187366	09/30/20	92.81	ALPHA TEC SYSTEMS INC
A/P	187367	09/30/20	4,196.00	AUTHORITYRX

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MEMORIAL MEDICAL CENTER
CHECK REGISTER
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GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	187368	09/30/20	1,398.20	BAXTER HEALTHCARE
A/P	187369	09/30/20	14,263.35	BECKMAN COULTER INC
A/P	187370	09/30/20	201,372.89	BLUE CROSS BLUE SHIELD
A/P	187371	09/30/20	247.48	BOHLS BEARING & POWER TRANS
A/P	187372	09/30/20	26.92	BRIANNA PASSMORE
A/P	187373	09/30/20	165.29	C R BARD, INC
A/P	187374	09/30/20	306.00	CABLES AND SENSORS
A/P	187375	09/30/20	945.05	CARDINAL HEALTH 414, INC.
A/P	187376	09/30/20	1,699.00	CERVEY, LLC
A/P	187377	09/30/20	180.00	CLIA LABORATORY PROGRAM
A/P	187378	09/30/20	555.52	CONMED CORPORATION
A/P	187379	09/30/20	98.50	CYTO SUPPLIES
A/P	187380	09/30/20	999.34	DEWITT POT & SON
A/P	187381	09/30/20	1,019.76	DSHS CENTRAL LAB MC2004
A/P	187382	09/30/20	51,167.00	E-MDS, INC
A/P	187383	09/30/20	157.24	ERBE USA INC SURGICAL SYSTEMS
A/P	187384	09/30/20	495.00	FASTHEALTH CORPORATION
A/P	187385	09/30/20	72.32	FEDERAL EXPRESS CORP.
A/P	187386	09/30/20	2,737.62	FIRST INSURANCE FUNDING
A/P	187387	09/30/20	2,713.45	FISHER HEALTHCARE
A/P	187388	09/30/20	959.87	FRONTIER
A/P	187389	09/30/20	11,503.03	GE PRECISION HEALTHCARE, LLC
A/P	187390	09/30/20	398.00	GI SUPPLY
A/P	187391	09/30/20	247.50	GLOBAL EQUIPMENT CO. INC.
A/P	187392	09/30/20	1,307.28	GULF COAST PAPER COMPANY
A/P	187393	09/30/20	150.86	HEALTH CARE LOGISTICS INC
A/P	187394	09/30/20	3,000.00	HEALTH SOLUTIONS DIETETICS
A/P	187395	09/30/20	21,009.99	HEALTHCARE FINANCIAL SERVICES
A/P	187396	09/30/20	613.75	INTOXIMETERS INC
A/P	187397	09/30/20	447.57	INTRADO
A/P	187398	09/30/20	26.00	JUSTINE HERRERA
A/P	187399	09/30/20	1,714.29	LABCORP OF AMERICA HOLDINGS
A/P	187400	09/30/20	769.20	LANDAUER INC
A/P	187401	09/30/20	676.01	LOWE'S HOME CENTERS INC
A/P	187402	09/30/20	211.31	MARKETLAB, INC
A/P	187403	09/30/20	939.37	MCKESSON MEDICAL SURGICAL INC
A/P	187404	09/30/20	815.48	MEDIVATORS
A/P	187405	09/30/20	.00	VOIDED
A/P	187406	09/30/20	.00	VOIDED
A/P	187407	09/30/20	15,863.47	MEDLINE INDUSTRIES INC
A/P	187408	09/30/20	291.00	MELANIE GRIFFITH
A/P	187409	09/30/20	244.86	MERCEDES RODRIGUEZ
A/P	187410	09/30/20	.00	VOIDED
A/P	187411	09/30/20	10,620.44	MORRIS & DICKSON CO, LLC
A/P	187412	09/30/20	81.70	NUANCE COMMUNICATIONS, INC
A/P	187413	09/30/20	1,137.51	OLYMPUS AMERICA INC
A/P	187414	09/30/20	187.50	PALACIOS BEACON
A/P	187415	09/30/20	3,084.00	PARA
A/P	187416	09/30/20	244.73	PARAGARD DIRECT
A/P	187417	09/30/20	24.25	PARTSSOURCE, LLC
A/P	187418	09/30/20	1,100.00	PATRICK OCHOA

RUN DATE:09/28/20
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MEMORIAL MEDICAL CENTER
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BANK--CHECK--

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	187419	09/30/20	187.50	PITNEY BOWES INC
A/P	187420	09/30/20	971.00	PORT LAVACA WAVE
A/P	187421	09/30/20	1,667.00	RADSOURCE
A/P	187422	09/30/20	1,548.75	REVCYCLE+, INC.
A/P	187423	09/30/20	12.45	ROBERT RODRIQUEZ
A/P	187424	09/30/20	13,411.75	ROBERTS, ODEFY, WITTE & WALL
A/P	187425	09/30/20	219.96	ROSANNA TREUMER
A/P	187426	09/30/20	182.56	ROZANN LONGORIA
A/P	187427	09/30/20	8,439.89	SANOFI PASTEUR INC
A/P	187428	09/30/20	294.56	SARAH HENDERSON
A/P	187429	09/30/20	193.99	SERVICE SUPPLY OF VICTORIA INC
A/P	187430	09/30/20	5,371.57	SIEMENS FINANCIAL SERVICES
A/P	187431	09/30/20	66.82	SMITHS MEDICAL ASD INC
A/P	187432	09/30/20	2,451.23	STERICYCLE, INC
A/P	187433	09/30/20	2,799.00	TELCOR
A/P	187434	09/30/20	2,500.00	THE INLINE GROUP
A/P	187435	09/30/20	1,654.24	TRIZETTO PROVIDER SOLUTIONS
A/P	187436	09/30/20	3,613.69	UNIFIRST HOLDINGS
A/P	187437	09/30/20	90.97	UNIFORM ADVANTAGE
A/P	187438	09/30/20	1,457.25	WAGWORKS
A/P	187439	09/30/20	518.40	WAGWORKS, INC
A/P	187440	09/30/20	300.00	WELCH ALLYN INC
A/P	187441	09/30/20	25,818.41	WERFEN USA LLC
A/P	187442	09/30/20	179.00	WEST COAST MEDICAL RESOURCES
A/P	187443	09/30/20	1,059.00	WISCONSIN STATE LABORATORY
A/P	187444	09/30/20	218.68	ZIMMER BIOMET
A/P	187445	09/30/20	9,104.28	ASHFORD GARDENS
A/P	187446	09/30/20	28,767.09	BETHANY SENIOR LIVING
A/P	187447	09/30/20	3,735.78	FORTBEND HEALTHCARE CENTER
A/P	187448	09/30/20	5,889.59	GOLDENCREEK HEALTHCARE
A/P	187449	09/30/20	3,656.85	GULF POINTE PLAZA
A/P	187450	09/30/20	3,190.11	SOLERA WEST HOUSTON
A/P	187451	09/30/20	2,715.05	THE CRESCENT
A/P	187452	09/30/20	3,310.57	BROADMOOR AT CREEKSIDE PARK
TOTALS:			530,873.95	

Payable 457,110.32 +
Patient refunds 13,394.31 +
9,104.28 +
3,190.11 +
MH 3,735.78 +
Transfers 3,310.57 +
2,715.05 +
5,889.59 +
3,656.85 +
28,767.09 +
530,873.95 +

QIPP Payment to MMC from Nursing Facilities

Commissioner's Court

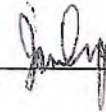
9/30/2020

NH Name	From Bank Acct #	Ck #	Payee	GL #	QIPP 1,2 & 3				TOTAL		Date
Ashford	10000018 - Prosperity	1107	MMC - Prosperity Operating #10000001	21000012	10,413.39				10,413.39		9/30/2020
Broadmoor	10000019 - Prosperity	68	MMC - Prosperity Operating #10000001	21000009	3,759.33				3,759.33		9/30/2020
Crescent	10000020 - Prosperity	99	MMC - Prosperity Operating #10000001	21000010	3,073.79				3,073.79		9/30/2020
Fort Bend	10000021 - Prosperity	96	MMC - Prosperity Operating #10000001	21000008	4,257.93				4,257.93		9/30/2020
Solera	10000022 - Prosperity	1100	MMC - Prosperity Operating #10000001	21000011	3,690.94				3,690.94		9/30/2020
Solden Creek	10000023 - Prosperity		MMC - Prosperity Operating #10000001	21000013	-				-		9/30/2020
Gulf Pointe-PP	10000114 - Prosperity		MMC - Prosperity Operating #10000001	21000014	-				-		9/30/2020
Gulf Pointe-MM	10000025 - Prosperity		MMC - Prosperity Operating #10000001	21000014	-	-			-		9/30/2020
Bethany											9/30/2020
Fuscany											9/30/2020
				Total:	25,195.38	-	-	-	25,195.38		

Note:

Approved:

Jason Anglin, CEO



9/29/2020

10,413.39 +
 3,690.94 +
 3,759.33 +
 3,073.79 +
 4,257.93 +
 25,195.38 =

 APPROVED
 ON

SEP 30 2020

 COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
9/28/2020

Account	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Nursing Home						
Ashford Gardens	204,731.36 ✓	204,526.23 ✓	166,362.55 ✓		166,567.68 ✓	155,949.16
				Bank Balance	166,567.68 ✓	
				Variance	-	
				Leave in Balance	100.00	
				Pending QIPP Check	-	
				QIPP 1,2,3 AND 4	10,413.39 ✓	
				July Interest	61.43 ✓	
				August Interest	43.70 ✓	
				September Interest		
				Adjust Balance/Transfer Amt	155,949.16 ✓	
Broadmoor	198,813.58 ✓	198,634.56 ✓	54,173.20 ✓		54,352.22 ✓	50,413.87
				Bank Balance	54,352.22 ✓	
				Variance	-	
				Leave in Balance	100.00	
				QIPP 1,2,3, 4 & Lapse	3,759.33 ✓	
				Pending QIPP Check	-	
				July Interest	39.10 ✓	
				August Interest	39.92 ✓	
				September Interest		
				Adjust Balance/Transfer Amt	50,413.87 ✓	
Crescent	68,118.56 ✓	67,950.35 ✓	219,048.32 ✓		219,216.53 ✓	215,974.53
				Bank Balance	219,216.53 ✓	
				Variance	-	
				Leave in Balance	100.00	
				QIPP 1,2,3, 4 & Lapse	3,073.79 ✓	
				Pending QIPP Check	-	
				July Interest	34.02 ✓	
				August Interest	34.19 ✓	
				September Interest		
				Adjust Balance/Transfer Amt	215,974.53 ✓	
Fort Bend	48,022.54 ✓	47,891.12 ✓	93,748.26 ✓		93,879.68 ✓	89,490.33
				Bank Balance	93,879.68 ✓	
				Variance	-	
				Leave in Balance	100.00	
				Pending QIPP Check	-	
				QIPP Y2 ADJ PYMT	-	
				QIPP 1234	4,257.93 ✓	
				July Interest	15.12 ✓	
				August Interest	16.30 ✓	
				September Interest		
				Adjust Balance/Transfer Amt	89,490.33 ✓	
Solera at W Houston	78,357.60 ✓	78,184.77 ✓	404,975.09 ✓		405,147.92 ✓	401,284.15
				Bank Balance	405,147.92 ✓	
				Variance	-	
				Leave in Balance	100.00	
				Pending QIPP Check	-	
				QIPP Y2 ADJ	-	
				QIPP 1234	3,690.94 ✓	
				July Interest	34.56 ✓	
				August Interest	38.27 ✓	
				September Interest		
				Adjust Balance/Transfer Amt	401,284.15	
TOTAL TRANSFERS						913,112.04

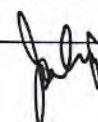
Routing Information for Crescent / Solera at West Houston
Cantex Health Care Centers III LLC
JP Morgan Chase Bank

155,949.16
50,413.87
215,974.53
89,490.33
401,284.15
913,112.04

Note: Only balances of over \$5,000 will be transferred to it
Note 2: Each account has a base balance of \$100 that MMHC deposits in an open account

J:\NH Weekly Transfers\NH UPL Transfer Summary\2020\September\NH UPL Transfer Summary 9-28-20.xlsx

Approved:
Jason Anglin, CEO



9/28/2020

APPROVED
ON

SEP 28 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Ashford Gardens

9/22/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020091912900207*1912008361*0000TEK01\

9/22/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020091914600222*1912008361*0000TEK01\

9/22/2020 HUMANA CHA DISB HCCLAIMPMT 390860 4200001382 TRN*1*014840101697722*1611013183\

9/23/2020 WIRE OUT ASHFORD HEALTH CARE CENTER LTD

9/23/2020 MOLINA HEALTHCAR MOLINAACH 00886634 42000014 ISA* * * * *ZZ* *ZZ* *200922*094 3

9/23/2020 UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9566352905*1411289245*000087726\

9/23/2020 NOVITAS SOLUTION HCCLAIMPMT 675423 420000123 TRN*1*EFT6982661*1205296137*000004911\

9/24/2020 Amerigroup TXSC HCCLAIMPMT 3133019930 111000 TRN*1*3133019930*1752603231\

9/24/2020 NOVITAS SOLUTION HCCLAIMPMT 675423 420000103 TRN*1*EFT6983253*1205296137*000004911\

9/24/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2 TRN*1*05G019751326436189*1746000156*

9/25/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020092410800123*1912008361*0000TEK01\

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	994.46	-	-	-	-	-	994.46
-	2,835.47	-	-	-	-	-	2,835.47
-	77.33	-	-	-	-	-	77.33
204,526.23	-	-	-	-	-	-	-
-	12,342.83	8,483.95	1,269.93	2,588.95	-	10,413.39	1,929.44
-	5,330.00	-	-	-	-	-	5,330.00
-	343.79	-	-	-	-	-	343.79
-	43,501.20	-	-	-	-	-	43,501.20
-	65,269.77	-	-	-	-	-	65,269.77
-	666.24	-	-	-	-	-	666.24
-	35,001.46	-	-	-	-	-	35,001.46
204,526.23	166,362.55	8,483.95	1,269.93	2,588.95	-	10,413.39	155,949.16

Broadway

9/22/2020 HUMANA CHA DISB HCCLAIMPMT 390861 4200001382 TRN*1*014840101697723*1611013183\

9/23/2020 WIRE OUT CANTEX HEALTH CARE CENTERS III

9/23/2020 MOLINA HEALTHCAR MOLINAACH 00886944 42000014 ISA* * * * *ZZ* *ZZ* *200922*094 3

9/23/2020 NOVITAS SOLUTION HCCLAIMPMT 746003411 420000122 TRN*1*EFT5702619*1205296137*000004011\

9/23/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020092314901104*1912008361*0000TEK01\

9/24/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020092314301064*1912008361*0000TEK01\

9/24/2020 NOVITAS SOLUTION HCCLAIMPMT 676357 420000103 TRN*1*EFT5704181*1205296137*000004011\

9/25/2020 MANAGEANDNET1718 MNS PMNT 000000000004293 41 0255661

9/25/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020092412500635*1912008361*0000TEK01\

9/25/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020092417100563*1912008361*0000TEK01\

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	80.58	-	-	-	-	-	80.58
198,634.56	-	-	-	-	-	-	-
-	4,461.78	3,056.88	461.92	942.98	-	3,759.33	702.45
-	1,261.79	-	-	-	-	-	1,261.79
-	2,929.35	-	-	-	-	-	2,929.35
-	8,004.75	-	-	-	-	-	8,004.75
-	4,544.92	-	-	-	-	-	4,544.92
-	962.50	-	-	-	-	-	962.50
-	2,406.90	-	-	-	-	-	2,406.90
-	29,520.63	-	-	-	-	-	29,520.63
198,634.56	54,173.20	3,056.88	461.92	942.98	-	3,759.33	50,413.87

Crescent

9/22/2020 HUMANA INS CO HCCLAIMPMT 390864 830000575606 TRN*1*001290052576168*1391263473\

9/22/2020 HUMANA CHA DISB HCCLAIMPMT 390864 4200001382 TRN*1*014840101697724*1611013183\

9/22/2020 HUMANA CHA DISB HCCLAIMPMT 390864 4200001383 TRN*1*014840101705004*1611013183\

9/23/2020 WIRE OUT CANTEX HEALTH CARE CENTERS III

9/23/2020 MOLINA HEALTHCAR MOLINAACH 00886913 42000014 ISA* * * * *ZZ* *ZZ* *200922*094 3

9/23/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*202009202700623*1912008361*0000TEK01\

9/23/2020 NOVITAS SOLUTION HCCLAIMPMT 676323 420000122 TRN*1*EFT5702605*1205296137*000004011\

9/24/2020 UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9566354037*1411289245*000087726\

9/24/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020092314300847*1912008361*0000TEK01\

9/24/2020 NOVITAS SOLUTION HCCLAIMPMT 676323 420000103 TRN*1*EFT5704169*1205296137*000004011\

9/25/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020092415100062*1912008361*0000TEK01\

9/25/2020 NOVITAS SOLUTION HCCLAIMPMT 676323 420000198 TRN*1*EFT5705833*1205296137*000004011\

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	17,571.92	-	-	-	-	-	17,571.92
-	147.24	-	-	-	-	-	147.24
-	14,384.06	-	-	-	-	-	14,384.06
67,950.35	-	-	-	-	-	-	-
-	3,650.30	2,497.27	376.26	776.77	-	3,073.79	576.52
-	8,613.00	-	-	-	-	-	8,613.00
-	118,257.32	-	-	-	-	-	118,257.32
-	11,700.00	-	-	-	-	-	11,700.00
-	13,333.35	-	-	-	-	-	13,333.35
-	22,501.34	-	-	-	-	-	22,501.34
-	7,144.97	-	-	-	-	-	7,144.97
-	1,744.82	-	-	-	-	-	1,744.82
67,950.35	219,048.32	2,497.27	376.26	776.77	-	3,073.79	215,974.54

Fort Bend

9/23/2020 WIRE OUT CANTEX HEALTH CARE CENTERS III

9/23/2020 MOLINA HEALTHCAR MOLINAACH 00886707 42000014 ISA* * * * *ZZ* *ZZ* *200922*094 3

9/23/2020 NOVITAS SOLUTION HCCLAIMPMT 675663 420000122 TRN*1*EFT5702074*1205296137*000004011\

9/24/2020 UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*1566918692*1411289245*000087726\

9/24/2020 AARP Supplementa HCCLAIMPMT 746003411 124384 TRN*1*1566638155*1362739571*000036273\

9/24/2020 NOVITAS SOLUTION HCCLAIMPMT 675663 420000103 TRN*1*EFT5704106*1205296137*000004011\

9/25/2020 MOLINA HEALTHCAR MOLINAACH 00887738 42000011 ISA* * * * *ZZ* *ZZ* *200924*090 8

9/25/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020092413900354*1912008361*0000TEK01\

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
47,891.12	-	-	-	-	-	-	-
-	5,055.39	3,460.46	519.34	1,075.59	-	4,257.93	797.47
-	4,002.90	-	-	-	-	-	4,002.90
-	1,625.00	-	-	-	-	-	1,625.00
-	156.33	-	-	-	-	-	156.33
-	78,615.20	-	-	-	-	-	78,615.20
-	598.00	-	-	-	-	-	598.00
-	3,695.44	-	-	-	-	-	3,695.44
47,891.12	93,748.26	3,460.46	519.34	1,075.59	-	4,257.93	89,490.34

Solara at West Houston

9/22/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020091912900338*1912008361*0000TEK01\

9/22/2020 HUMANA INS CO HCCLAIMPMT 390862 830000577484 TRN*1*001290052627347*1391263473\

9/23/2020 WIRE OUT CANTEX HEALTH CARE CENTERS III

9/23/2020 MOLINA HEALTHCAR MOLINAACH 00886884 42000014 ISA* * * * *ZZ* *ZZ* *200922*094 3

9/23/2020 Amerigroup TXSC HCCLAIMPMT 3132915436 111000 TRN*1*3132915436*1752603231\

9/23/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020092012500321*1912008361*0000TEK01\

9/23/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020092012700539*1912008361*0000TEK01\

9/24/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020092314400561*1912008361*0000TEK01\

9/24/2020 NOVITAS SOLUTION HCCLAIMPMT 676310 420000103 TRN*1*EFT5704165*1205296137*000004011\

9/25/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020092410300779*1912008361*0000TEK01\

9/25/2020 NOVITAS SOLUTION HCCLAIMPMT 676310 420000198 TRN*1*EFT5705829*1205296137*000004011\

9/25/2020 HUMANA INS CO HCCLAIMPMT 390862 830000571030 TRN*1*001290052658487*1391263473\

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	410.00	-	-	-	-	-	410.00
-	350.00	-	-	-	-	-	350.00
78,184.77	-	-	-	-	-	-	-
-	4,382.90	2,998.98	453.46	930.46	-	3,690.94	691.96
-	5,546.02	-	-	-	-	-	5,546.02
-	5,419.80	-	-	-	-	-	5,419.80
-	10,246.95	-	-	-	-	-	10,246.95
-	19,683.60	-	-	-	-	-	19,683.60
-	1,865.63	-	-	-	-	-	1,865.63
-	1,262.52	-	-	-	-	-	1,262.52
-	352,643.57	-	-	-	-	-	352,643.57
-	3,164.10	-	-	-	-	-	3,164.10
78,184.77	404,975.09	2,998.98	453.46	930.46	-	3,690.94	401,284.15
597,187.03	938,307.42	20,497.54	3,080.91	6,314.75	-	25,195.37	913,112.05

TOTALS

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

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DDA

Data reported as of Sep 28, 2020

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 14	\$9,158,735.34	\$9,351,739.01	\$9,158,735.34	\$8,243,330.5

*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$166,567.68	\$217,064.46	\$166,567.68	\$131,566.2
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$54,352.22	\$69,303.36	\$54,352.22	\$21,462.1
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$219,216.53	\$219,216.53	\$219,216.53	\$210,326.7
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$93,879.68	\$117,049.13	\$93,879.68	\$89,586.2
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$405,147.92	\$409,875.40	\$405,147.92	\$48,077.7

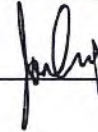
Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
9/28/2020

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		14,857.77	✓ 14,684.75	✓ 278,730.55	✓ -	278,903.57	278,730.55
					Bank Balance	278,903.57	✓
					Variance	-	
					Leave in Balance	100.00	
					QIPP 1234	-	
					QIPP Y1 ADJ PYMT SUPERIOR	-	
					July Interest	37.57	✓
					August Interest	35.45	✓
					September Interest	-	✓
					Adjust Balance/Transfer Amt	278,730.55	

Routing Information for Golden Creek:
Nexion Health at Golden Creek
Wells Fargo Bank, N.A.
ABA 121000248
Account # 4439540323

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



9/28/2020

APPROVED
ON

SEP 28 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek

9/23/2020 WIRE OUT NEXION HEALTH AT GOLDEN CREEK
 9/23/2020 NOVITAS SOLUTION HCCLAIMPMT 676097 420000122 TRN*1*EFTS702533*1205296137*000004011\
 9/23/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2 TRN*1*05G013101588075964*1746000156~
 9/24/2020 Deposit
 9/24/2020 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9 543684555876917 GOLDEN CREEK HEALTHCAR 092220
 9/25/2020 NOVITAS SOLUTION HCCLAIMPMT 676097 420000198 TRN*1*EFTS705187*1205296137*000004011\
 9/25/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2 TRN*1*05G032071588075964*1746000156~

		MMC PORTION					NH	
		Transfer-Out		Transfer-In		QJPP/Comp4&L		PORTION
						QJPP/Comp1	QJPP/Comp 2	
						QJPP/Comp3	QJPP/Comp4&L	PORTION
						apse	QJPP T1	
		14,684.75	-	-	-	-	-	-
		-	254,823.15	-	-	-	-	254,823.15
		-	7,881.19	-	-	-	-	7,881.19
		-	63.19	-	-	-	-	63.19
		-	4,560.00	-	-	-	-	4,560.00
		-	7,087.38	-	-	-	-	7,087.38
		-	4,315.64	-	-	-	-	4,315.64
		14,684.75	278,730.55	-	-	-	-	278,730.55

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

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DDA

Data reported as of Sep 28, 2020

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 14	\$9,158,735.34	\$9,351,739.01	\$9,158,735.34	\$8,243,330.5

*4454

MEMORIAL MEDICAL /
NH GOLDEN CREEK
HEALTHCARE

\$278,903.57

\$278,903.57

\$278,903.57

\$267,500.5

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
9/28/2020

Account	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Nursing Home							
Gulf Pointe Plaza- Private Pay	37,453.82	37,341.14	393.46			506.14	393.46
					Bank Balance	506.14	
					Variance	-	
					Leave in Balance	100.00	
					qipp 1234	-	
					Pending QIPP ck to MMC	4.68	
					July Interest	8.00	
					August Interest		
					September Interest		
					Adjust Balance/Transfer Amt	393.46	
Nursing Home							
Gulf Pointe Plaza-Medicare/Medicaid	52,023.89	51,871.78	162,471.68			162,623.79	162,471.68
					Bank Balance	162,623.79	
					Variance	-	
					Leave in Balance	100.00	
					QIPP 1,2 AND 3		
					QIPP 4 & LAPSE		
					July Interest	29.46	
					August Interest	22.65	
					September Interest		
					Adjust Balance/Transfer Amt	162,471.68	
					TOTAL TRANSFERS	-162,865.34	162,471.68

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

9/28/2020

APPROVED
ON

SEP 28 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Points Plaza-Private Pay

9/23/2020 WIRE OUT HMG SERVICES, LLC
 9/23/2020 AETNA AS01 HCCLAIMPMT 1922092790 51000017993 TRN*1*820262000228704*1066033492\

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	
37,341.14	-	-	-	-	-	-	-
-	393.46	-	-	-	-	-	393.46
37,341.14	393.46	-	-	-	-	-	393.46

Gulf Points Plaza-Medicaid/Medicaid

9/23/2020 WIRE OUT HMG SERVICES, LLC
 9/23/2020 NORIDIAN J3A HCCLAIMPMT 675892 4200001295269 TRN*1*EFT6985017*1450173185*000003C
 9/24/2020 Deposit
 9/24/2020 NORIDIAN J3A HCCLAIMPMT 675892 4200001332116 TRN*1*EFT6985701*1450173185*000003C
 9/25/2020 NORIDIAN J3A HCCLAIMPMT 675892 4200001185049 TRN*1*EFT6986450*1450173185*000003C
 9/25/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2 TRN*1*05G034221922092790*17460001

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	
51,871.78	-	-	-	-	-	-	-
-	11,673.53	-	-	-	-	-	11,673.53
-	23,544.67	-	-	-	-	-	23,544.67
-	4,570.09	-	-	-	-	-	4,570.09
-	122,263.88	-	-	-	-	-	122,263.88
-	419.51	-	-	-	-	-	419.51
51,871.78	162,471.68	-	-	-	-	-	162,471.68
89,212.92	162,865.14	-	-	-	-	-	162,865.14

Quick View

Select Quick View Accounts
Account Number / Name

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DDA

Data reported as of Sep 28, 2020

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 14	\$9,158,735.34	\$9,351,739.01	\$9,158,735.34	\$8,243,330.5

This image shows a dark, textured surface, likely the cover or endpaper of an old book. The texture is grainy and uneven, with subtle variations in tone from dark grey to black. A vertical crease or fold is visible on the left side, suggesting the spine of the book. There are no titles, text, or illustrations present.

*5441	MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$162,623.79	\$162,623.79	\$162,623.79	\$39,940.4
*5433	MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$506.14	\$506.14	\$506.14	\$506.1

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 9/28/2020

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		11,392.45	11,224.59	199,193.01			199,300.87	199,193.01	199,193.01 107.86
						Bank Balance	199,300.87		
						Variance			
						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	3.99		
						September Interest			
						Adjust Balance/Transfer Amt	199,193.01		
						Approved:			
						Jason Anglin, CEO		9/28/2020	

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

SEP 28 2020

COUNTY AUDITOR
 CALHOUN COUNTY, TENNESSEE

Tuscany Senior Living

Tuscany Senior Living	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
9/23/2020 WIRE OUT LINBAR ENTERPRISES, LLC	11,224.59	-					-	-
9/24/2020 Deposit		26,409.62					-	26,409.62
9/25/2020 KS PLAN ADMINIST HCCLAIMPMT 179 111000023800 TRN*1*O	-	20,520.00					-	20,520.00
9/25/2020 NOVITAS SOLUTION HCCLAIMPMT 676201 420000198 TRN*1*E	-	152,263.39					-	152,263.39
	11,224.59	199,193.01	-	-	-	-	-	199,193.01

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Search

All

Select Group
Groups

Add Group

DDA

Data reported as of Sep 28, 2020

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 14	\$9,158,735.34	\$9,351,739.01	\$9,158,735.34	\$8,243,330.5

*3407

MMC -NH TUSCANY
VILLAGE

\$199,300.87

\$261,755.63

\$199,300.87

\$26,517.4

Memorial Medical Center
 Nursing Home UPL
 Weekly HSLTransfer
 Prosperity Accounts
 9/28/2020

Nursing Home	Account	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		309,007.41	✓ 308,838.42	✓ 68,296.51			68,465.50	✓ 68,296.51
						Bank Balance	68,465.50	
						Variance	68,465.50	
						Leave in Balance	100.00	
						QIPP 1,2 AND 3		
						July Interest	4.90	✓
						August Interest	64.09	✓
						September Interest		
						Adjust Balance/Transfer Amt	68,296.51	✓
						Approved:		
						Jason Anglin, CEO		9/28/2020

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
 SEP 28 2020
 COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Bethany Senior Living

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
9/22/2020 Deposit	-	18,015.40					-	18,015.40
9/22/2020 NOVITAS SOLUTION HCCLAIMPMT 676481 420000129 TF	-	3,942.35					-	3,942.35
9/23/2020 WIRE OUT BETHANY SENIOR LIVING, LTD	308,838.42	-					-	-
9/23/2020 Deposit	-	3,224.16					-	3,224.16
9/23/2020 NOVITAS SOLUTION HCCLAIMPMT 676481 420000122 TF	-	20,417.79					-	20,417.79
9/24/2020 Deposit	-	7,444.00					-	7,444.00
9/24/2020 NOVITAS SOLUTION HCCLAIMPMT 676481 420000103 TF	-	15,252.81					-	15,252.81
	308,838.42	68,296.51	-	-	-	-	-	68,296.51

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

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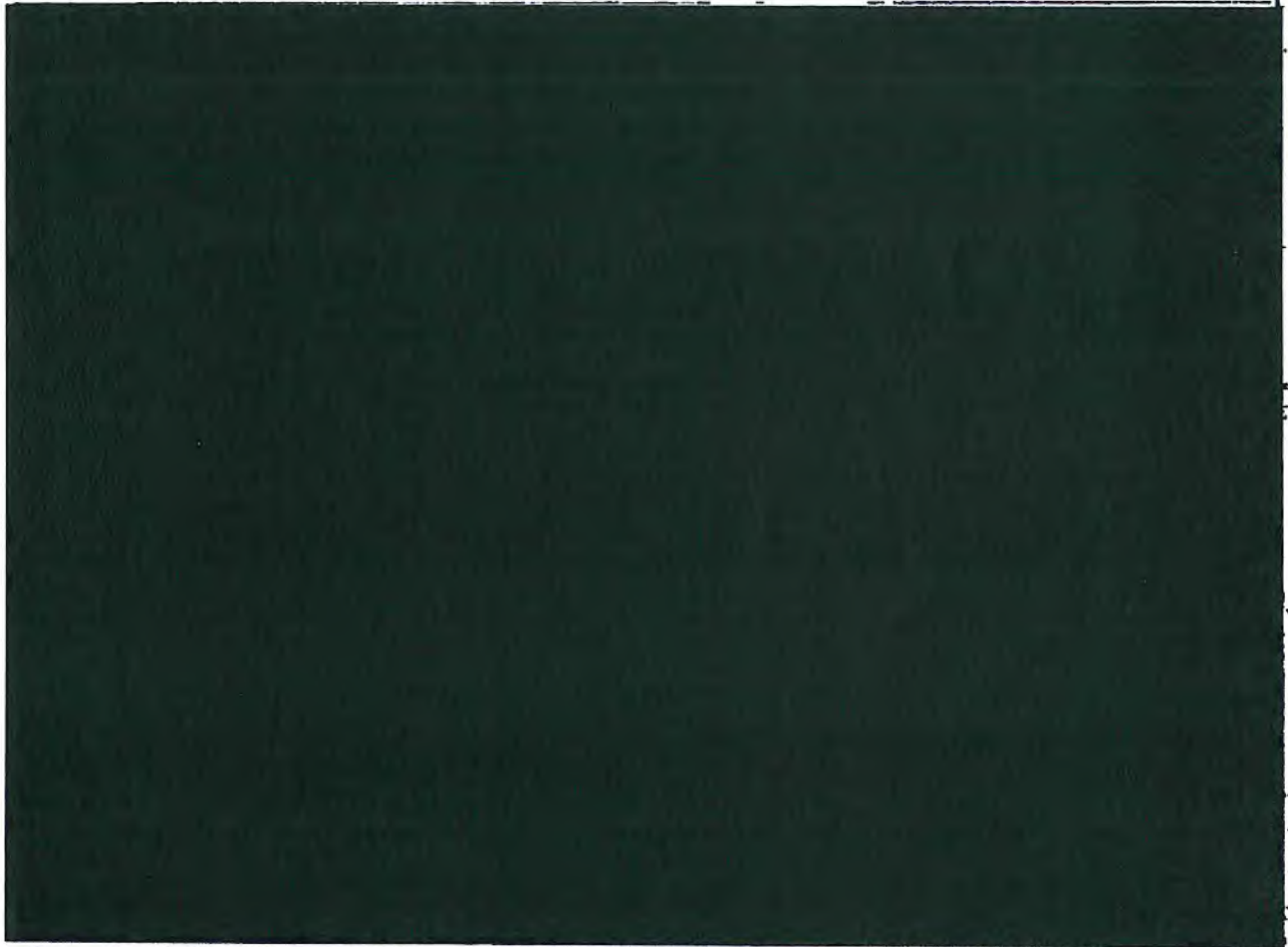
Select Group
Groups

Add Group

DDA

Data reported as of Sep 28, 2020

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 14	\$9,158,735.34	\$9,351,739.01	\$9,158,735.34	\$8,243,330.5



*5506				
MMC -NH BETHANY	\$68,465.50	\$68,465.50	\$68,465.50	\$68,465.5
SENIOR LIVING				



MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating
A _____
Y _____
E _____
E _____

Date Requested: 09/29/2020

APPROVED
ON

SEP 28 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 001107

G/L NUMBER: 21000012

FOR ACCT. USE ONLY

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

AMOUNT 10,413.39

EXPLANATION: QIPP 1,2, & 3 - Ashford

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

RUN DATE:09/30/20
TIME:14:11

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/30/20 THRU 09/30/20

PAGE 5
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHA 001107 09/30/20 10,413.39 MMC OPERATING *AshFund*
TOTALS: 10,413.39

APPROVED
ON

SEP 30 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 09/29/2020

A _____

Y _____

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E _____

APPROVED
ON

SEP 28 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CL# 000068

FOR ACCT. USE ONLY

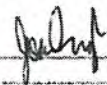
- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT 3,759.33

G/L NUMBER: 21000009

EXPLANATION: QIPP 1, 2, & 3 - Broadmar

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

RUN DATE:09/30/20
TIME:14:11

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/30/20 THRU 09/30/20

PAGE 6
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHB 000068 09/30/20 3,759.33 MMC OPERATING
TOTALS: 3,759.33

Broadmoor

APPROVED
ON

SEP 30 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 09/29/2020

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APPROVED
ON

SEP 28 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

ck # 000099

FOR ACCT. USE ONLY

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

AMOUNT 3,073.79

G/L NUMBER: 21000010

EXPLANATION: QIPP 1,2, & 3 - Crescent

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

RUN DATE:09/30/20
TIME:14:11

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/30/20 THRU 09/30/20

PAGE 7
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHC 000099 09/30/20 3,073.79 MMC OPERATING
TOTALS: 3,073.79

Crescent

**APPROVED
ON**

SEP 30 2020

**COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 09/29/2020

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APPROVED
ON

SEP 28 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

ck# 000096

FOR ACCT. USE ONLY

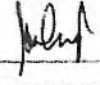
- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT 4,257.93

G/L NUMBER: 21000008

EXPLANATION: QIPP 1,2, & 3 - Fwt Bend

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

RUN DATE:09/30/20
TIME:14:11

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/30/20 THRU 09/30/20

PAGE 8
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHF 000096 09/30/20 4,257.93 MMC OPERATING
TOTALS: 4,257.93

Fort Bend

**APPROVED
ON**

SEP 30 2020

**COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 09/29/2020

A _____

Y _____

E _____

E _____

APPROVED
ON

SEP 28 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 001100

FOR ACCT. USE ONLY

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

AMOUNT 3,690.94

C/L NUMBER: 21000011

EXPLANATION: QIPP 1,2, & 3 - Solene

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

RUN DATE:09/30/20
TIME:14:11

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/30/20 THRU 09/30/20

PAGE 9
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHS 001100 09/30/20 3,690.94 MMC OPERATING *Solemn*
TOTALS: 3,690.94

APPROVED
ON

SEP 30 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

1107

88-2265/1131-87

9/30/2020

Date

CHECK ARMOR
PAID BY POSTER

Pay to the
Order of

MMC Operating

\$ 10,413.39

Ten thousand four hundred thirteen and 39/100 Dollars



Photo
Safe
Deposit
Details on back



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361-552-7411 www.prosperitybankusa.com

County Auditor

For QIPP 1,243

County Treasurer

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

1100

88-2265/1131-87

9/30/2020

Date

CHECK ARMOR
PAID BY POSTER

Pay to the
Order of

MMC Prosperity operating

\$ 3,690.74

Three thousand six hundred ninety and 74/100 Dollars



Photo
Safe
Deposit
Details on back



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361-552-7411 www.prosperitybankusa.com

County Auditor

For QIPP 1,293

County Treasurer

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000068

88-2265/1131

Date 9/30/2020

PAY

TO THE
ORDER OF

MMC Operating

\$ 3,759.33

Three thousand Seven hundred fifty nine and 33/100

DOLLARS



PROSPERITY
BANK®

County Auditor

FOR QIPP 1,283

County Treasurer

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000099

Date

9/30/2020

88-2265/1131

PAY

TO THE
ORDER OF

MMC operating

\$ 3,073.79

Three thousand seventy three and 79/100

DOLLARS

PROSPERITY
BANK

County Auditor

MP

County Treasurer

FOR

QIPP 1,2 & 3

MEMORIAL MEDICAL CENTER

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

000096

Date

9/30/2020

88-2265/1131

PAY

TO THE
ORDER OF

MMC - Prosperity operating

\$ 4,257.93

Four thousand two hundred fifty seven and 93/100

DOLLARS

PROSPERITY
BANK

County Auditor

MP

County Treasurer

FOR

QIPP 1,2 & 3