

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---June 02, 2021

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 258,343.26
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TOTAL TRANSFERS BETWEEN FUNDS	\$ 51,195.24
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TOTAL NURSING HOME UPL EXPENSES	\$ 1,465,565.06
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TOTAL INTER-GOVERNMENT TRANSFERS	\$ 89,768.49
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GRAND TOTAL DISBURSEMENTS APPROVED June 02, 2021	\$ 1,864,872.05
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APPROVED

JUN 02 2021

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---June 02,2021

PAYABLES AND PAYROLL

5/27/2021 Weekly Payables	199,386.35
5/28/2021 Novum Medical Products-crib and mattress	2,356.00
5/28/2021 Emergency Staffing Solutions, Inc.-Physician Services	40,062.50
5/28/2021 Sun Life Financial-Insurance	8,902.60
6/1/2021 McKesson-340B Prescription Expense	6,454.24
6/1/2021 Amerisource Bergen-340B Prescription Expense	682.38

Prosperity Electronic Bank Payments

5/24-5/28/21 Pay Plus-Patient Claims Processing Fee	341.55
5/26/2021 Harland Clarke-Deposit Book Order	157.64

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS \$ **258,343.26**

TRANSFER BETWEEN FUNDS TO NURSING HOMES

5/27/2021 MMC Operating to Golden Creek Healthcare-correction of NH insurance payment deposited into MMC Operating	27,268.56
5/27/2021 MMC Operating to Gulf Pointe Plaza -correction of NH insurance payment deposited into MMC Operating	9,948.30
5/27/2021 MMC Operating to Tuscany Village-correction of NH insurance payment deposited into MMC Operating	12,716.72
5/27/2021 MMC Operating to Bethany Senior Living- correction of NH insurance payment deposited into MMC Operating	1,261.66

TOTAL TRANSFERS BETWEEN FUNDS \$ **51,195.24**

NURSING HOME UPL EXPENSES

6/1/2021 Nursing Home UPL-Cantex Transfer	559,771.41
6/1/2021 Nursing Home UPL-Nexion Transfer	186,105.59
6/1/2021 Nursing Home UPL-HMG Transfer	243,325.43
6/1/2021 Nursing Home UPL-Tuscany Transfer	177,991.24
6/1/2021 Nursing Home UPL-HSL Transfer	224,194.25

QIPP/RECOUP CHECKS TO MMC

6/1/2021 Golden Creek	39,508.09 ✓
6/1/2021 Gulf Pointe	23,378.33 ✓
6/1/2021 Ashford-Medicare recoup	1,612.96 ✓
6/1/2021 Broadmoor-Medicare recoup	1,612.96 ✓
6/1/2021 Crescent-Medicare recoup	1,612.96 ✓
6/1/2021 Fort Bend-Medicare recoup	1,612.96 ✓
6/1/2021 Solera-Medicare recoup	1,612.96 ✓
6/1/2021 Golden Creek-Medicare recoup	1,612.96 ✓
6/1/2021 Tuscany-Medicare recoup	1,612.96

TOTAL NURSING HOME UPL EXPENSES \$ **1,465,565.06**

INTER-GOVERNMENT TRANSFERS

6/1/2021 IGT CHIRP Payment to be paid on June 08, 2021	64,439.65
6/1/2021 IGT RAPPs Payment to be paid on June 17, 2021	25,328.84

TOTAL INTER-GOVERNMENT TRANSFERS \$ **89,768.49**

GRAND TOTAL DISBURSEMENTS APPROVED June 02, 2021 \$ **1,864,872.05**

05/27/2021

12:37

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Due Dates Through: 06/16/2021

ap_open_invoice.template

Vendor#

10995

Vendor Name

Class

Pay Code

Calhoun County Auditor

ABILITY NETWORK (SHIFTHOUND)

Invoice#

Comment

Tran Dt

Inv Dt

Due Dt

Check Dt

Pay

Gross

Discount

No-Pay

Net

21M0033113 05/26/2021 03/05/2021 04/04/2021

616.28

0.00

0.00

616.28 ✓

SCHEDLING SERVICES

21M0051391 05/26/2021 04/07/2021 05/07/2021

616.28

0.00

0.00

616.28 ✓

SCHEDULING SERVICES

21M0067966 05/26/2021 05/07/2021 06/06/2021

616.28

0.00

0.00

616.28 ✓

SCHEDULING SERVICES

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

10995

ABILITY NETWORK

1,848.84

0.00

0.00

1,848.84

Vendor#

10958

Vendor Name

Class

Pay Code

ALLYSON SWOPE ✓

Invoice#

Comment

Tran Dt

Inv Dt

Due Dt

Check Dt

Pay

Gross

Discount

No-Pay

Net

052521 05/25/2021 05/25/2021 05/25/2021

2,308.50

0.00

0.00

2,308.50 ✓

CONTRACT EMPLOYEE

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

10958

ALLYSON SWOPE

2,308.50

0.00

0.00

2,308.50

Vendor#

A1360

Vendor Name

Class

Pay Code

AMERISOURCEBERGEN DRUG CCW ✓

Invoice#

Comment

Tran Dt

Inv Dt

Due Dt

Check Dt

Pay

Gross

Discount

No-Pay

Net

3055503006 05/26/2021 05/12/2021 05/18/2021

20,800.00

0.00

0.00

20,800.00 ✓

INVENTORY

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

A1360

AMERISOURCEBEF

20,800.00

0.00

0.00

20,800.00

Vendor#

A0400

Vendor Name

Class

Pay Code

AUREUS RADIOLOGY LLC ✓

Invoice#

Comment

Tran Dt

Inv Dt

Due Dt

Check Dt

Pay

Gross

Discount

No-Pay

Net

2212337 05/24/2021 05/10/2021 06/10/2021

2,395.25

0.00

0.00

2,395.25 ✓

LAB STAFFING

2212625 05/24/2021 05/10/2021 06/10/2021

2,680.00

0.00

0.00

2,680.00 ✓

LAB STAFFING

2207178 05/26/2021 05/03/2021 05/03/2021

2,680.00

0.00

0.00

2,680.00 ✓

LAB STAFFING

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

A0400

AUREUS RADIOLO

7,755.25

0.00

0.00

7,755.25

Vendor#

B1220

Vendor Name

Class

Pay Code

BECKMAN COULTER INC ✓

Invoice#

Comment

Tran Dt

Inv Dt

Due Dt

Check Dt

Pay

Gross

Discount

No-Pay

Net

108764591 05/26/2021 11/30/2020 12/25/2020

3,692.92

0.00

0.00

3,692.92 ✓

PURCHASED SERVICES

108764590 05/26/2021 11/30/2020 12/25/2020

4,344.63

0.00

0.00

4,344.63 ✓

PURCHASED SERVICES LAB

108760966 05/26/2021 11/30/2020 12/25/2020

139.23

0.00

0.00

139.23 ✓

FREIGHT

108764589 05/26/2021 11/30/2020 12/25/2020

989.10

0.00

0.00

989.10 ✓

PURCHASED SERVICES

108772780 05/26/2021 12/03/2020 12/28/2020

261.69

0.00

0.00

261.69 ✓

SUPPLIES

108783869 05/26/2021 12/08/2020 01/02/2021

1,529.99

0.00

0.00

1,529.99 ✓

SUPPLIES

108829112 05/26/2021 01/05/2021 01/30/2021

13,759.76

0.00

0.00

13,759.76 ✓

SUPPLIES

108829059 05/26/2021 01/05/2021 01/30/2021

1,168.12

0.00

0.00

1,168.12 ✓

SUPPLIES

108828873 05/26/2021 01/05/2021 01/30/2021

1,807.69

0.00

0.00

1,807.69 ✓

SUPPLIES

108829063	✓	05/26/2021	01/05/2021	01/30/2021		1,199.37	0.00	0.00	1,199.37	✓
			SUPPLIES							
108829452	✓	05/26/2021	01/05/2021	01/30/2021		86.92	0.00	0.00	86.92	✓
			SUPPLIES							
108944742	✓	05/26/2021	03/03/2021	03/28/2021		7,190.22	0.00	0.00	7,190.22	✓
			SUPPLIES							
108943089	✓	05/26/2021	03/08/2021	04/02/2021		136.86	0.00	0.00	136.86	✓
			SUPPLIES							
108942880	✓	05/26/2021	03/08/2021	04/02/2021		80.08	0.00	0.00	80.08	✓
			SUPPLIES							
108943424	✓	05/26/2021	03/08/2021	04/02/2021		306.18	0.00	0.00	306.18	✓
			SUPPLIES							
108951019	✓	05/26/2021	03/10/2021	04/04/2021		133.33	0.00	0.00	133.33	✓
			SUPPLIES							
108970889	✓	05/26/2021	03/22/2021	04/16/2021		1,320.96	0.00	0.00	1,320.96	✓
			SUPPLIES							
109038714	✓	05/26/2021	04/28/2021	05/23/2021		2,629.91	0.00	0.00	2,629.91	✓
			SUPPLIES							
4418969	✓	05/26/2021	04/29/2021	05/24/2021		1,842.50	0.00	0.00	1,842.50	✓
			MAINT CONTRACT							
109048171	✓	05/26/2021	04/30/2021	05/25/2021		2,908.16	0.00	0.00	2,908.16	✓
			SUPPLIES							
109048204	✓	05/26/2021	05/03/2021	05/28/2021		2,468.68	0.00	0.00	2,468.68	✓
			SUPPLIES							
109048205	✓	05/26/2021	05/03/2021	05/28/2021		777.58	0.00	0.00	777.58	✓
			SUPPLIES							
109045655	✓	05/26/2021	05/03/2021	05/28/2021		7,641.37	0.00	0.00	7,641.37	✓
			SUPPLEIS							
109048247	✓	05/26/2021	05/03/2021	05/28/2021		800.33	0.00	0.00	800.33	✓
			SUPPLIES							
109052478	✓	05/26/2021	05/05/2021	05/30/2021		100.12	0.00	0.00	100.12	✓
			SUPPLIES							
5440382	✓	05/26/2021	05/05/2021	05/30/2021		6,249.42	0.00	0.00	6,249.42	✓
			MAINT CONT/ LEASE							
109060278	✓	05/26/2021	05/10/2021	06/04/2021		151.20	0.00	0.00	151.20	✓
			SUPPLIES							
5440620	✓	05/26/2021	05/13/2021	06/07/2021		5,016.58	0.00	0.00	5,016.58	✓
			MAINT CONTRACT LEASE							
109071369	✓	05/26/2021	05/17/2021	06/11/2021		1,288.45	0.00	0.00	1,288.45	✓
			MAINT CONTRACT/ LEASE							
109074727	✓	05/26/2021	05/18/2021	06/12/2021		1,325.78	0.00	0.00	1,325.78	✓
			SUPPLIES							

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
B1220		BECKMAN COULTE	71,347.13	0.00	0.00	71,347.13

Vendor#
C1325Vendor Name
CARDINAL HEALTH 414, INC. ✓
Class
W

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8002515976	✓	05/26/2021	04/24/2021	05/19/2021			707.35	0.00	0.00	707.35
			SUPPLIES							

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
C1325		CARDINAL HEALTH	707.35	0.00	0.00	707.35

Vendor#
11368Vendor Name
CYRACOM LLC ✓
Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1319680	✓	04/30/2021	04/30/2021	06/14/2021			219.51	0.00	0.00	219.51
			INTERPERTATION SERVICES							

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11368		CYRACOM LLC	219.51	0.00	0.00	219.51

Vendor#
10368Vendor Name
DEWITT POTTH & SON ✓
Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
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6442570	✓	05/19/2021	05/17/2021	06/11/2021			295.54	0.00	0.00	295.54	✓
SUPPLIES											
Vendor# 11216	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
			10368	DEWITT POTH & SC			295.54	0.00	0.00	295.54	
				Vendor Name		Class		Pay Code			
				DUTCH OPHTHALMIC USA							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
2108198	✓	05/26/2021	04/27/2021	05/27/2021			729.85	0.00	0.00	729.85	✓
INVENTORY											
Vendor# F1400	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
			11216	DUTCH OPHTHALM			729.85	0.00	0.00	729.85	
				Vendor Name		Class		Pay Code			
				FISHER HEALTHCARE							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
1741277	✓	05/24/2021	04/27/2021	06/10/2021			237.80	0.00	0.00	237.80	✓
SUPPLIES											
1918341	✓	05/24/2021	04/28/2021	06/10/2021			662.00	0.00	0.00	662.00	✓
SUPPLIES											
5536166	✓	05/24/2021	05/13/2021	06/10/2021			168.90	0.00	0.00	168.90	✓
SUPPLIES											
Vendor# 11149	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
			F1400	FISHER HEALTHCA			1,068.70	0.00	0.00	1,068.70	
				Vendor Name		Class		Pay Code			
				GARDNER & WHITE, INC.							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
060121D		05/26/2021	06/01/2021	06/01/2021			48,989.62	0.00	0.00	48,989.62	✓
DENTAL											
Vendor# G1210	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
			11149	GARDNER & WHITE			48,989.62	0.00	0.00	48,989.62	
				Vendor Name		Class		Pay Code			
				GULF COAST PAPER COMPANY							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
2045172	✓	05/13/2021	05/11/2021	06/10/2021			704.10	0.00	0.00	704.10	✓
SUPPLIES											
Vendor# 12380	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
			G1210	GULF COAST PAPE			704.10	0.00	0.00	704.10	
				Vendor Name		Class		Pay Code			
				HEALTH SOLUTIONS DIETETICS							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
052721		05/27/2021	05/27/2021	05/27/2021			3,000.00	0.00	0.00	3,000.00	✓
DIETICAN											
Vendor# H1227	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
			12380	HEALTH SOLUTION			3,000.00	0.00	0.00	3,000.00	
				Vendor Name		Class		Pay Code			
				HEALTHSURE INSURANCE SERVI							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
1853	✓	05/27/2021	01/06/2021	01/06/2021			200.00	0.00	0.00	200.00	✓
CRESENT BOND RENEWAL											
1851	✓	05/27/2021	01/06/2021	01/06/2021			200.00	0.00	0.00	200.00	✓
BROADMOOR BOND RENEWAL											
1852	✓	05/27/2021	01/06/2021	01/06/2021			200.00	0.00	0.00	200.00	✓
SOLERA BOND RENEWAL											
1849	✓	05/27/2021	01/06/2021	01/06/2021			250.00	0.00	0.00	250.00	✓
FORT BEND BOND RENEWAL											
1849	✓	05/27/2021	01/06/2021	01/06/2021			1,000.00	0.00	0.00	1,000.00	✓
ASHFORD GARDENS BOND RENE											
Vendor# L0700	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
			H1227	HEALTHSURE INSU			1,850.00	0.00	0.00	1,850.00	
				Vendor Name		Class		Pay Code			
				LABCORP OF AMERICA HOLDING							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	

	69363961	✓	05/24/2021	05/01/2021	05/26/2021			1,188.75	0.00	0.00	1,188.75	✓
	PURCHASED SERVICES											
	69408535	✓	05/24/2021	05/01/2021	06/10/2021			400.00	0.00	0.00	400.00	✓
	SUPPLIES											
	69395898	✓	05/24/2021	05/01/2021	06/10/2021			26.29	0.00	0.00	26.29	✓
	PURCHASED SERVICES											
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
	L0700			LABCORP OF AMEF			1,615.04	0.00	0.00		1,615.04	
Vendor#			Vendor Name			Class	Pay Code					
10972			M G TRUST		✓							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	052421		05/26/2021	05/24/2021	05/24/2021			790.86	0.00	0.00	790.86	✓
	PAYROLL DED											
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
	10972			M G TRUST			790.86	0.00	0.00		790.86	
Vendor#			Vendor Name			Class	Pay Code					
11141			MEDICAL DATA SYSTEMS, INC.		✓							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	158953	✓	05/27/2021	04/30/2021	05/25/2021			845.99	0.00	0.00	845.99	✓
	COLLECTION FEES											
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
	11141			MEDICAL DATA SY:			845.99	0.00	0.00		845.99	
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	
	1948313542	✓	05/24/2021	04/13/2021	06/10/2021			743.76	0.00	0.00	743.76	✓
	SUPPLIES											
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
	M2470			MEDLINE INDUSTR			743.76	0.00	0.00		743.76	
Vendor#			Vendor Name			Class	Pay Code					
10963			MEMORIAL MEDICAL CLINIC		✓							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	052421		05/26/2021	05/24/2021	05/24/2021			204.90	0.00	0.00	204.90	✓
	PAYROLL DED											
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
	10963			MEMORIAL MEDICA			204.90	0.00	0.00		204.90	
Vendor#			Vendor Name			Class	Pay Code					
10536			MORRIS & DICKSON CO, LLC		✓							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	6882434	✓	05/26/2021	05/10/2021	05/20/2021			35.08	0.00	0.00	35.08	✓
	INVENTORY											
	6882433	✓	05/26/2021	05/10/2021	05/20/2021			171.01	0.00	0.00	171.01	✓
	INVENTORY											
	6882436	✓	05/26/2021	05/10/2021	05/20/2021			20.63	0.00	0.00	20.63	✓
	INVENTORY											
	6882435	✓	05/26/2021	05/10/2021	05/20/2021			142.66	0.00	0.00	142.66	✓
	INVENTORY											
	6887421	✓	05/26/2021	05/11/2021	05/21/2021			18.80	0.00	0.00	18.80	✓
	INVENTORY											
	6887542	✓	05/26/2021	05/11/2021	05/21/2021			119.53	0.00	0.00	119.53	✓
	INVENTORY											
	6887541	✓	05/26/2021	05/11/2021	05/21/2021			355.56	0.00	0.00	355.56	✓
	INVENTORY											
	6887540	✓	05/26/2021	05/11/2021	05/21/2021			21.63	0.00	0.00	21.63	✓
	INVENTORY											
	6892262	✓	05/26/2021	05/12/2021	05/22/2021			87.31	0.00	0.00	87.31	✓
	INVENTORY											
	6892261	✓	05/26/2021	05/12/2021	05/22/2021			968.25	0.00	0.00	968.25	✓
	INVENTORY											
	6889517	✓	05/26/2021	05/12/2021	05/22/2021			167.50	0.00	0.00	167.50	✓
	INVENTORY											

6892260	✓	05/26/2021	05/12/2021	05/22/2021	3,742.22	0.00	0.00	3,742.22	✓
			INVENTORY						
6892405	✓	05/26/2021	05/12/2021	05/22/2021	196.21	0.00	0.00	196.21	✓
			INVENTORY						
CM52497	✓	05/26/2021	05/14/2021	05/24/2021	-69.48	0.00	0.00	-69.48	✓
			CREDIT						
6901740	✓	05/26/2021	05/16/2021	05/26/2021	4,966.10	0.00	0.00	4,966.10	✓
			INVENTORY						
6901739	✓	05/26/2021	05/16/2021	05/26/2021	885.60	0.00	0.00	885.60	✓
			INVENTORY						
6900652	✓	05/26/2021	05/16/2021	05/26/2021	81.93	0.00	0.00	81.93	✓
			INVENTORY						
6901738	✓	05/26/2021	05/16/2021	05/26/2021	373.49	0.00	0.00	373.49	✓
			INVENTORY						
6900651	✓	05/26/2021	05/16/2021	05/26/2021	157.58	0.00	0.00	157.58	✓
			INVENTORY						
6905880	✓	05/26/2021	05/17/2021	05/27/2021	55.01	0.00	0.00	55.01	✓
			INVENTORY						
6905882	✓	05/26/2021	05/17/2021	05/27/2021	372.69	0.00	0.00	372.69	✓
			INVENTORY						
6905881	✓	05/26/2021	05/17/2021	05/27/2021	2,933.15	0.00	0.00	2,933.15	✓
			INVENTORY						
6910186	✓	05/26/2021	05/18/2021	05/28/2021	1,710.05	0.00	0.00	1,710.05	✓
			INVENTORY						
6911312	✓	05/26/2021	05/18/2021	05/28/2021	550.03	0.00	0.00	550.03	✓
			INVENTORY						
6910185	✓	05/26/2021	05/18/2021	05/28/2021	39.58	0.00	0.00	39.58	✓
			INVENTORY						
6911314	✓	05/26/2021	05/18/2021	05/28/2021	718.78	0.00	0.00	718.78	✓
			INVENTORY						
2445	✓	05/26/2021	05/18/2021	05/28/2021	-4.99	0.00	0.00	-4.99	✓
			CREDIT						
5911313	✓	05/26/2021	05/18/2021	05/28/2021	2,518.04	0.00	0.00	2,518.04	✓
			INVENTORY						
6916336	✓	05/26/2021	05/19/2021	05/29/2021	412.63	0.00	0.00	412.63	✓
			INVENTORY						
3472	✓	05/26/2021	05/19/2021	05/29/2021	-5.00	0.00	0.00	-5.00	✓
			CREDIT						
6913236	✓	05/26/2021	05/19/2021	05/29/2021	193.00	0.00	0.00	193.00	✓
			INVENTORY						
3471	✓	05/26/2021	05/19/2021	05/29/2021	-5.00	0.00	0.00	-5.00	✓
			CREDIT						
6913237	✓	05/26/2021	05/19/2021	05/29/2021	14.96	0.00	0.00	14.96	✓
			INVENTORY						
6916337	✓	05/26/2021	05/19/2021	05/29/2021	480.66	0.00	0.00	480.66	✓
			INVENTORY						
6916335	✓	05/26/2021	05/19/2021	05/29/2021	84.25	0.00	0.00	84.25	✓
			INVENTORY						
6913235	✓	05/26/2021	05/19/2021	05/29/2021	71.10	0.00	0.00	71.10	✓
			INVENTORY						
3328	✓	05/26/2021	05/19/2021	05/29/2021	-0.03	0.00	0.00	-0.03	✓
			CREDIT						
6920506	✓	05/26/2021	05/20/2021	05/30/2021	666.21	0.00	0.00	666.21	✓
			INVENTORY						
3928	✓	05/26/2021	05/20/2021	05/30/2021	-4.99	0.00	0.00	-4.99	✓
			CREDIT						
6920504	✓	05/26/2021	05/20/2021	05/30/2021	54.48	0.00	0.00	54.48	✓
			INVENTORY						
6917756	✓	05/26/2021	05/20/2021	05/30/2021	119.18	0.00	0.00	119.18	✓
			INVENTORY						
3927	✓	05/26/2021	05/20/2021	05/30/2021	-4.99	0.00	0.00	-4.99	✓

CREDIT											
	6920507	✓	05/26/2021	05/20/2021	05/30/2021		150.13	0.00	0.00	150.13 ✓	
	INVENTORY										
	6920505	✓	05/26/2021	05/20/2021	05/30/2021		661.60	0.00	0.00	661.60 ✓	
	INVENTORY										
	6926587	✓	05/26/2021	05/23/2021	06/02/2021		132.79	0.00	0.00	132.79 ✓	
	INVENTORY										
	6926585	✓	05/26/2021	05/23/2021	06/02/2021		48.68	0.00	0.00	48.68 ✓	
	INVENTORY										
	6924587	✓	05/26/2021	05/23/2021	06/02/2021		398.79	0.00	0.00	398.79 ✓	
	INVENTORY										
	6926586	✓	05/26/2021	05/23/2021	06/02/2021		1,425.31	0.00	0.00	1,425.31 ✓	
	INVENTORY										
	6924588	✓	05/26/2021	05/23/2021	06/02/2021		194.90	0.00	0.00	194.90 ✓	
	INVENTORY										
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
	10536			MORRIS & DICKSOI		26,422.61		0.00	0.00	26,422.61	
Vendor#			Vendor Name		Class	Pay Code					
11069			PABLO GARZA								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	052521	05/25/2021	05/25/2021	05/25/2021				2,250.63	0.00	0.00	2,250.63 ✓
	CONTRACT EMPLOYEE (5/11 - 5/24/21)										
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
	11069			PABLO GARZA		2,250.63		0.00	0.00	2,250.63	
Vendor#			Vendor Name		Class	Pay Code					
12376			SCHOOL SPECIALTY ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	3081037301	05/27/2021	04/12/2021	05/12/2021				95.67	0.00	0.00	95.67 ✓
	38 SUPPLIES										
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
	12376			SCHOOL SPECIALT		95.67		0.00	0.00	95.67	
Vendor#			Vendor Name		Class	Pay Code					
C1010			SPARKLIGHT ✓		W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	052021	05/27/2021	05/20/2021	05/20/2021				106.97	0.00	0.00	106.97 ✓
	CABLE ACCT 128686862										
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
	C1010			SPARKLIGHT		106.97		0.00	0.00	106.97	
Vendor#			Vendor Name		Class	Pay Code					
10094			ST DAVIDS HEALTHCARE ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	MMCPL2021	05/26/2021	05/06/2021	05/06/2021				420.00	0.00	0.00	420.00 ✓
	-03 CONNECTIVITY FEE										
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
	10094			ST DAVIDS HEALTH ✓		420.00		0.00	0.00	420.00	
Vendor#			Vendor Name		Class	Pay Code					
T0801			TLC STAFFING ✓		W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	27337	05/27/2021	05/17/2021	05/17/2021				520.05	0.00	0.00	520.05 ✓
	STAFFING										
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
	T0801			TLC STAFFING ✓		520.05		0.00	0.00	520.05	
Vendor#			Vendor Name		Class	Pay Code					
11246			TROEMNER, LLC ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	01201430	05/26/2021	05/13/2021	05/13/2021				75.00	0.00	0.00	75.00 ✓
	CALIBRATION										
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
	11246			TROEMNER, LLC		75.00		0.00	0.00	75.00	
Vendor#			Vendor Name		Class	Pay Code					
10793			WAGEWORKS, INC. ✓								

5/27/2021

tmp__cw5report5390296505205464906.html

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
052421	05/26/2021	05/24/2021	05/24/2021				3,670.48	0.00	0.00	3,670.48
PAYROLL DED										
Vendor Totals:		Number	Name			Gross	Discount		No-Pay	Net
		10793	WAGEWORKS, INC.			3,670.48	0.00		0.00	3,670.48
Report Summary										
Totals:		Gross		Discount		No-Pay		Net		
		199,386.35		0.00		0.00		199,386.35		

APR 27 2021
MAY 27 2021
CASH ON HAND

CK#
190538-
190572

McKESSON**STATEMENT**

Company: 8000

As of: 05/28/2021

Page: 002

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account, detach and return this
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DC: 8115

As of: 05/28/2021

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Mail to:

Comp: 8000

MEMORIAL MEDICAL CENTER
AP
815 N VIRGINIA STREET
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory:

Customer: 632536

Date: 05/29/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536

PLEASE CHECK ANY

Date: 05/29/2021

ITEMS NOT PAID (✓)

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 6,585.98 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017If Paid By 06/01/2021,
Pay This Amount:

6,454.24 USD

If Paid After 06/01/2021,
Pay this Amount:

6,585.98 USD

Due If Paid On Time:
USD

6,454.24

Disc lost if paid late:

131.74

Due If Paid Late:
USD

6,585.98

295.34 +
4,221.22 +
17.61 +
1,674.50 +
245.57 +
6,454.24 *

CK #500202

AMOUNT PAID
JUN 01 2021
COUNTRY WIDE
MEMORIAL MEDICAL CENTER, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON**STATEMENT**

Company: 8000

As of: 05/28/2021

Page: 001

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account, detach and return this
stub with your remittance

DC: 8115

As of: 05/28/2021

Page: 001

Mail to:

Comp: 8000

Territory: 400

Customer: 190813

Date: 05/29/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813

PLEASE CHECK ANY

Date: 05/29/2021

ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
05/26/2021	06/01/2021	7272203360	2017030257	115Invoice	6.03	301.37		295.34	✓	7272203360	

PF 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:

301.37 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,054.51

05/24/2021

If Paid By 06/01/2021,
Pay This Amount:

295.34 USD

If Paid After 06/01/2021,
Pay this Amount:

301.37 USD

Due If Paid On Time:

USD

295.34

Disc lost if paid late:

6.03

Due If Paid Late:

USD

301.37

JUN 01 2021

CASH ON HAND
CASH ON HAND

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McKESSON

STATEMENT

Company: 8000

As of: 05/28/2021

Page: 001

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: 400

Customer: 256342

Date: 05/29/2021

As of: 05/28/2021
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 05/29/2021 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
15/22/2021	06/01/2021	7271740309	00005212021tw	115Invoice	0.01	0.32		0.31✓		7271740309	
15/24/2021	06/01/2021	7271628876	9126301	115Invoice	10.38	518.81		508.43✓		7271628876	
15/24/2021	06/01/2021	7271838681	863670614	195Invoice	0.02	0.95		0.93✓		7271838681	
15/25/2021	06/01/2021	7271938830	9283371	115Invoice	16.63	831.40		814.77✓		7271938830	
15/25/2021	06/01/2021	7272141834	00005242021tw	115Invoice	7.05	352.44		345.39✓		7272141834	
15/26/2021	06/01/2021	7272199814	9323893	115Invoice	16.63	831.28		814.65✓		7272199814	
15/26/2021	06/01/2021	7272199815	9323893	115Invoice	13.54	677.11		663.57✓		7272199815	
15/26/2021	06/01/2021	7272199816	0525210422-00	115Invoice	0.02	0.96		0.94✓		7272199816	
15/26/2021	06/01/2021	7272415891	00005252021tw	115Invoice	1.03	51.28		50.25✓		7272415891	
15/27/2021	06/01/2021	7272458155	9424959	115Invoice	16.63	831.40		814.77✓		7272458155	
15/27/2021	06/01/2021	7272668708	00005262021tw	115Invoice	4.19	209.59		205.40✓		7272668708	
15/28/2021	06/01/2021	7272708582	9446967	115Invoice		0.16		0.16✓		7272708582	
15/28/2021	06/01/2021	7272935354	00005272021tw	115Invoice	0.03	1.68		1.65✓		7272935354	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 4,307.38 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,054.51

15/24/2021

If Paid By 06/01/2021,
Pay This Amount:

4,221.22 USD

If Paid After 06/01/2021,
Pay this Amount:

4,307.38 USD

Due If Paid On Time:

USD 4,221.22

Disc lost if paid late:

86.16

Due If Paid Late:

USD 4,307.38

For AR Inquiries please contact 800-867-0333

AMOUNT PAID

JUN 01 2021

AMOUNT PAID

McKESSON**STATEMENT**

As of: 05/28/2021

Page: 001

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Company: 8000

DC: 8115

As of: 05/28/2021
Mail to:Page: 001
Comp: 8000CVS PHCY 7006/MEMORIA PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 400

Customer: 262252
Date: 05/29/2021AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 262252 PLEASE CHECK ANY
Date: 05/29/2021 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 262252 CVS PHCY 7006/MEMORIA PHS											
05/27/2021	06/01/2021	7272454590	1191319	115Invoice	0.36	17.97		17.61	✓	7272454590	

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

TOTAL: Customer Number 262252 CVS PHCY 7006/MEMORIA PHS

Subtotals: 17.97 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,054.51
05/24/2021If Paid By 06/01/2021,
Pay This Amount:

17.61 USD

If Paid After 06/01/2021,
Pay this Amount:

17.97 USD

Due If Paid On Time:
USD

17.61 ✓

Disc lost if paid late:

0.36

Due If Paid Late:
USD

17.97

AMOUNT PAID
ON

JUN 01 2021

COUNTY JOURNAL
ORCHARD JOURNAL, 15-16

For AR Inquiries please contact 800-867-0333

McKESSON**STATEMENT**

As of: 05/28/2021

Page: 001

To ensure proper credit to your
account, detach and return this
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Company: 8000

DC: 8115

As of: 05/28/2021
Mail to:Page: 001
Comp: 8000HEB 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

Territory: 400

Customer: 464450

Date: 05/29/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 464450 PLEASE CHECK ANY
Date: 05/29/2021 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 464450 HEB PHY FC 490/MEM MC PHS											
05/25/2021	06/01/2021	7271948206	55x420201	115Invoice	7.03	351.31		344.28	✓	7271948206	
05/27/2021	06/01/2021	7272444821	55x423165	149Invoice	0.21	10.54		10.33	✓	7272444821	
05/27/2021	06/01/2021	7272461236	55x423165	115Invoice	26.94	1,346.83		1,319.89	✓	7272461236	

P 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: 1,708.68 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,156.74
05/17/2021If Paid By 06/01/2021,
Pay This Amount:

1,674.50 USD

If Paid After 06/01/2021,
Pay this Amount:

1,708.68 USD

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

1,674.50

34.18

Due If Paid Late:
USD

1,708.68

<>
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464450

JUN 01 2021

RECEIVED

McKESSON**STATEMENT**

As of: 05/28/2021

Page: 001

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account, detach and return this
stub with your remittance

Company: 8000

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

DC: 8115

Territory: 400

Customer: 835438

Date: 05/29/2021

As of: 05/28/2021
Mail to:Page: 001
Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 835438 PLEASE CHECK ANY
Date: 05/29/2021 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS											
15/27/2021	06/01/2021	7272650705	1192965	115Invoice	5.01	250.58		245.57	✓	7272650705	

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

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

Subtotals:

250.58 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,054.51
15/24/2021If Paid By 06/01/2021,
Pay This Amount:

245.57 USD

If Paid After 06/01/2021,
Pay this Amount:

250.58 USD

Due If Paid On Time:

USD

245.57 ✓

Disc lost if paid late:

5.01

Due If Paid Late:

USD

250.58

AMOUNT PAID
\$250.58

JUN 01 2021

QUINCY MEDICAL
815 N VIRGINIA ST
PORT LAVACA, TEXAS<>
For AR Inquiries please contact 800-867-0333

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- May 24, 2021 - May 31, 2021**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>	<u>Amount</u>	
5/24/2021	PAY PLUS ACHTRANS 452579291 101000694309977	- 3rd Party Payor Fee	45.18	PAY PLUS 45*18 +
5/25/2021	PAY PLUS ACHTRANS 452579291 101000695151658	- 3rd Party Payor Fee	18.04	18*04 +
5/25/2021	MCKESSON DRUG AUTO ACH ACH04594525 910000138	- 340B Drug Program Expense	3054.51*	176*05 +
5/26/2021	PAY PLUS ACHTRANS 452579291 101000696035156	- 3rd Party Payor Fee	176.05	64*91 +
5/26/2021	HARLAND CLARKE DEPOSIT BOOK ORDERS 1TN9722602212R5 91	- Checks for NH Accounts	157.64	37*37 +
5/27/2021	PAY PLUS ACHTRANS 452579291 101000696938672	- 3rd Party Payor Fee	64.91	341*55 *
5/27/2021	WIRE OUT CBNA INCOMING SETTLEMENT ACCOUNT	- CitiBank Corporate Card Payment	7196.24*	157*64 +
5/28/2021	PAY PLUS ACHTRANS 452579291 101000697796758	- 3rd Party Payor Fee	37.37	157*64 *
5/28/2021	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	655.01*	341*55 *
5/28/2021	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	311644.91*	157*64 +
			<u>323,049.86</u>	499*19 *

Jason Anglin, CEO
Memorial Medical Center

June 1, 2021
* Approved 05-26-21 CC

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

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>	<u>Amount</u>	
6/8/2021	ACH Payment STATE COMTRLR TEXNET	CHIRP IGT	64,439.65	499*19 +
6/17/2021	ACH Payment STATE COMTRLR TEXNET	RAPPS IGT	25,328.84	499*19 -
			<u>89,768.49</u>	0*00 *

Jason Anglin, CEO
Memorial Medical Center

June 1, 2021



Electronic Payment Network

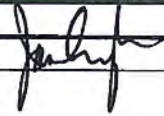


Texas Comptroller of Public Accounts

Transaction Summary

Transaction Complete
Trace #.

Texas Health and Human Services Commission Memorial Medical Center Operating County

Payment Total	\$64,439.65
Bank Routing and Account Number	
Settlement Date	6/8/2021
CHIRP Amount	\$64,439.65
Entered By	Jason Anglin 

10370000

CHIRP IGT Suggestion June 2021 (1 of 2)

HHSC PFD CHIRP Payments <HHSCPFDCHIRPPayments@hhs.texas.gov>

Tue 5/18/2021 9:58 AM

to:lsurrock@primehealthcare.com <lsurrock@primehealthcare.com>; aalexander@cuerohospital.org <aalexander@cuerohospital.org>; abrocato@chdhealthcare.org <abrocato@chdhealthcare.org>; ACasas@medinahospital.net <ACasas@medinahospital.net>; adam_bruning@chs.net <adam_bruning@chs.net>; aimeeplowman@mhd.com <aimeeplowman@mhd.com>; Alex.Russell@lpnt.net <Alex.Russell@lpnt.net>; amelendez@dimmitregional.com <amelendez@dimmitregional.com>; AmyJordan@spsh.com <AmyJordan@spsh.com>; andrew.doss@crosscreekhospital.com <andrew.doss@crosscreekhospital.com>; Andrew.wilburn@encompasshealth.com <Andrew.wilburn@encompasshealth.com>; angelique.hemstreet@childrens.com <angelique.hemstreet@childrens.com>; antoinettes@bmhd.org <antoinettes@bmhd.org>; ashley.underwood@adventhealth.com <ashley.underwood@adventhealth.com>; bblevins@fchtexas.com <bblevins@fchtexas.com>; bbrewer@fallshospital.com <bbrewer@fallshospital.com>; bbriscoe@pcmhfs.com <bbriscoe@pcmhfs.com>; becks2@covhs.org <becks2@covhs.org>; beckyspeight@cmclancaster.com <beckyspeight@cmclancaster.com>; bfoley@lubbockheart.com <bfoley@lubbockheart.com>; bill.little@cityhospital.us <bill.little@cityhospital.us>; bpert@unitedregional.org <bpert@unitedregional.org>; bprochnow@matagordaregional.org <bprochnow@matagordaregional.org>; brian.lady@conchoch.com <brian.lady@conchoch.com>; brichards@oceanshealthcare.com <brichards@oceanshealthcare.com>; bruce.porter@redriverhospital.com <bruce.porter@redriverhospital.com>; bwhitsitt@grmf.org <bwhitsitt@grmf.org>; Cassandra.DuBose@myfrh.com <Cassandra.DuBose@myfrh.com>; Christopher.Ballesteros <cballesteros@petersonhealth.com>; CFO@HAMILTONHOSPITAL.ORG <CFO@HAMILTONHOSPITAL.ORG>; Chris.Torres@TitusRegional.com <Chris.Torres@TitusRegional.com>; ChrisSchellberg@spsh.com <ChrisSchellberg@spsh.com>; CHRISTY.DAUGHTRY@NTMCONLINE.NET <CHRISTY.DAUGHTRY@NTMCONLINE.NET>; christy@hchdst.org <christy@hchdst.org>; ChristyAmy@spsh.com <ChristyAmy@spsh.com>; cklein@lambhc.org <cklein@lambhc.org>; clay.vogel@colemancountymc.com <clay.vogel@colemancountymc.com>; John.Everett <cmh.jeverett@cogdellhospital.com>; cmarley@bellvillemc.org <cmarley@bellvillemc.org>; cskovace@utmb.edu <cskovace@utmb.edu>; David.Lee <david.lee@okmh.org>; dbeck@oghtx.com <dbeck@oghtx.com>; derrick.flowers@claritycg.org <derrick.flowers@claritycg.org>; dleenor@mahdtx.org <dleenor@mahdtx.org>; dherolt@cmcvtx.org <dherolt@cmcvtx.org>; diana.strupp@tenethealth.com <diana.strupp@tenethealth.com>; Dina.Hermes@goldenplains.org <Dina.Hermes@goldenplains.org>; dmak@ecmh.org <dmak@ecmh.org>; doug.smith@smhstx.com <doug.smith@smhstx.com>; dyeager@cranememorial.org <dyeager@cranememorial.org>; dydang@kimblehospital.org <dydang@kimblehospital.org>; emiller@hnhhealth.org <emiller@hnhhealth.org>; estratton@childresshospital.com <estratton@childresshospital.com>; esundeen@huntrregional.org <esundeen@huntrregional.org>; EWALLSCHLAEGER@HENDRICKHEALTH.ORG <EWALLSCHLAEGER@HENDRICKHEALTH.ORG>; fernando.acosta@riovistab.com <fernando.acosta@riovistab.com>; gabriela.canales@uhs-sa.com <gabriela.canales@uhs-sa.com>; gary.branum@uhsinc.com <gary.branum@uhsinc.com>; gpritchett@columbusch.com <gpritchett@columbusch.com>; gquillin@parmermedicalcenter.com <gquillin@parmermedicalcenter.com>; Gregory.Cain@cookchildrens.org <Gregory.Cain@cookchildrens.org>; HBeal@wisehealthsystem.com <HBeal@wisehealthsystem.com>; heidi.philippe@aurorabehavioral.com <heidi.philippe@aurorabehavioral.com>; hwade@comanchecmc.com <hwade@comanchecmc.com>; j.navarro@dhrgv.com <j.navarro@dhrgv.com>; jaceh@parkviewhosp.org <jaceh@parkviewhosp.org>; jaclynn.harrison@christushealth.org <jaclynn.harrison@christushealth.org>; James.Blasingame <James.Blasingame@phhs.org>; james.cagle@strategicbh.com <james.cagle@strategicbh.com>; Jason.Anglin <JAnglin@mmcporthlavaca.com>; jared.brown@smmctx.org <jared.brown@smmctx.org>; JBASCH@WGHOSPITAL.COM <JBASCH@WGHOSPITAL.COM>; jcasbeer@grahamrmc.com <jcasbeer@grahamrmc.com>; jeff.sliwinski@hcahealthcare.com <jeff.sliwinski@hcahealthcare.com>; Jeffrey.Dane@umchealthsystem.com <Jeffrey.Dane@umchealthsystem.com>; jespitia@seminolehospitaldistrict.com <jespitia@seminolehospitaldistrict.com>; jgulihur@rchd.care <jgulihur@rchd.care>; jhammel@obmc.org <jhammel@obmc.org>; jhowell@sabinecountyhospital.com <jhowell@sabinecountyhospital.com>; jim.adams@ardenthealth.com <jim.adams@ardenthealth.com>; jmenefee@mchdtx.net <jmenefee@mchdtx.net>; joan.middleton@stdavids.com <joan.middleton@stdavids.com>; Jodi.Lordan@dschd.org <Jodi.Lordan@dschd.org>; jolivares@yoakumhospital.org <jolivares@yoakumhospital.org>; jonathan.bailey@hchd.net <jonathan.bailey@hchd.net>; josephwooldridge@shannonhealth.org <josephwooldridge@shannonhealth.org>; jpickett@gwhf.org <jpickett@gwhf.org>; julie.rabat-torki@harrishealth.org <julie.rabat-torki@harrishealth.org>; jwalker@hendrickhealth.org <jwalker@hendrickhealth.org>; Kathleen.Sweeney@HCAHealthcare.com <Kathleen.Sweeney@HCAHealthcare.com>; Kathy.Lee <kathy.lee@coryellhealth.org>; KentAshley@spsh.com <KentAshley@spsh.com>; kgober@throckmortonhospital.com <kgober@throckmortonhospital.com>; khorn@ricelandhealthcare.com <khorn@ricelandhealthcare.com>;

cc:Grady,Victoria C (HHSC) <Victoria.Grady@hhs.texas.gov>; Wolfe,Megan (HHSC) <Megan.Wolfe@hhs.texas.gov>; Cantu,Rene (HHSC) <Rene.Cantu@hhs.texas.gov>; Michalik,Ed W (HHSC) <ed.michalik@hhs.texas.gov>; Anthony,Alan (HHSC) <Alan.Anthony@hhs.texas.gov>; Duban,Holly (HHSC) <Holly.Duban@hhs.texas.gov>; Work,Benjamin (HHSC) <Benjamin.Work@hhs.texas.gov>; Gonzalez,Meredith (HHSC) <Meredith.Gonzalez@hhs.texas.gov>; HHSC PFD TIPPS Payments <HHSCPFDTIPPSPayments@hhs.texas.gov>; HHSC PFD Acute Care <PFDacuteCare@hhs.texas.gov>; Brown,Adam (HHSC) <Adam.Brown04@hhs.texas.gov>; Okoniewski,Amanda (HHSC) <Amanda.Okoniewski01@hhs.texas.gov>; Kaminsky,Kathryn (HHSC) <Kathryn.Kaminsky@hhs.texas.gov>; Regmi,Asha (HHSC) <Asha.Regmi@hhs.texas.gov>; Guzman,Kenneth (HHSC) <Kenneth.Guzman@hhs.texas.gov>; HHSC PFD CHIRP Payments <HHSCPFDCHIRPPayments@hhs.texas.gov>;

1 attachment

CHIRP IGT Commitment Calc[4].xlsx

[WARNING-Remote attachments, VERIFY SENDER]

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

CHIRP Providers,

HHSC is providing notification that the IGT for the first half of year one Comprehensive Hospital Increase Reimbursement Program (CHIRP) Payment must be entered into TexNet no later than close of business **Monday June 7, 2021** with a **settlement date of Tuesday, June 8, 2021**. These funds will need to be placed in the "CHIRP" Bucket. The buckets are currently being set up so please do not transfer until they are available in TexNet, the buckets should be available by **Friday, May 21, 2021**.

The amounts that needs to be entered into TexNet are calculated by provider in cells **AJ5:AJ423** on tab **CHIRP Payment Calc** of the attached "CHIRP IGT Commitment Calc" workbook.

Once TexNet is available to be entered online, please provide a screen shot or PDF of the confirmation/trace sheet. Please send an email with this information

to HHSCPFDCHIRPPayments@hhs.texas.gov

Please email any questions regarding this change or the calculation in general to PFD_Hospitals@hhs.state.tx.us.

Thank you,

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

Texas Health and Human Services Commission

State Share

37.05%

			\$2,274,647,616			\$4,728,073,546	\$291,876,255	\$5,019,951,801	\$2,008,683,513.80	\$1,004,341,757.91	\$1,004,341,755.89
OP ACIA Rate	IP ACIA Payment	OP ACIA Payment	Total ACIA Payment	Inpatient CHIRP Rate	Outpatient CHIRP Rate	Hospital Receives	MCO Fees	Total Hospital Receives Plus MCO Fees	Suggested Total IGT for Declaration of Intent after 0% (12 months)	Suggested IGT for 1st 6 months	Suggested IGT for 2nd 6 months
0%	\$0	\$0	\$0	19%	16%	303,371	18,714	322,086	\$128,879.29	564,439.65	\$64,439.64

CHIRP SFY2022 Payment Calculation

Totals:								\$2,809,044,069	\$1,778,139,142	\$4,587,183,211	\$1,750,478,086	\$645,211,703
2022 FAVORABLE TAX	TPP	Master RPT	WPI	PROVIDER NAME	CHIRP CLASS	SDA	Combined Rates Class & SDA	Department ACA/STAR EMERGENCY STAY END STAR Plus	01/2021 ACA/STAR EMERGENCY STAY END STAR Plus	Total Quarterly Encumbrances	2021 FP UPL Gap	2021 OP UPL Gap
137909111	137909111	1689630865	1689630865	MEMORIAL MEDICAL CENTER	Rural	Nueces	Rural Nueces	\$840,455	\$898,032	\$1,738,486	\$278,990	-\$107,887

% of ACR before
Cutback

\$2,395,689,789	\$4,012,266,483	\$1,398,597,162	\$5,410,863,846	70%				\$1,794,835,866	\$658,590,064	\$2,453,425,930	
Total UPL Gap	IP ACR Gap	OP ACR Gap	Full ACR Gap	Does the Hospital Have Positive IP ACR Room?	Does the Hospital Have Positive OP ACR Room?	IP UHRIP Rate	OP UHRIP Rate	IP UHRIP Payment	OP UHRIP Payment	Total UHRIP Payment	IP ACIA Rate
\$171,103	\$83,316	\$83,791	\$167,107	Yes	Yes	19%	16%	\$ 159,686	\$ 143,685	\$303,371	0%



Electronic Payment Network



Texas Comptroller of Public Accounts

Transaction Summary

Transaction Complete

Texas Health and Human Services Commission Memorial Medical Center Operating County

Payment Total	\$25,328.84
Bank Routing and Account Number	
Settlement Date	6/17/2021
RAPPS Amount	\$25,328.84
Entered By	Jason Anglin

SDA Allocation Form for RAPPS

(Rural Access to Primary and Preventive Services)

TRACE Number:2539368

The Trace Number is in the receipt you receive from the Comptroller once you have submitted your IGT into TexNet.

The Trace Sheet and Allocation Form must be submitted together in the same email. All Trace Sheet submissions must be accompanied by an Allocation Form.

SDA	Government Entity	IGT Total
Nueces	Memorial Medical Center	\$ 25,328.84
		\$ 25,328.84

[WARNING-Remote attachments, VERIFY SENDER]

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HHSC is providing notification that the intergovernmental (IGT) for the first half of year one Rural Access to Primary and Preventive Services (RAPPS) Payment must be entered into TexNet no later than close of business **Wednesday June 16, 2021** with a **settlement date of Thursday, June 17, 2021**.

These funds will need to be placed in the "**RAPPS**" bucket. The amounts that need to be entered into TexNet are calculated by provider in **column F** on tab **IGT by Provider** of the attached "RHC RAPPS Model 2021.5.27 for Posting" workbook. Government Entities funding in multiple SDA's should submit a separate TexNet and SDA Allocation Form for DPP (Directed Payment Program), for each SDA for which they are providing funding.

If the TexNet is entered online, please provide a screen shot or PDF of the confirmation/trace sheet. If the TexNet is entered over the phone, please provide the confirmation number. Please send an email with this information to PFDRAPPSPayments@hhs.texas.gov

Please email any questions regarding this change or the calculation in general to PFD_Hospitals@hhsc.state.tx.us.

HHSC Provider Finance Payments

Texas Health and Human Services Commission
P.O. Box 149030, Mail Code 1344
Winters Building
701 W 51st Street
Austin, TX 78751



TEXAS
Health and Human
Services

Confidential: This transmission is confidential and intended solely for the use of the individual or entity to which it is addressed. If you receive this transmission in error please notify sender and remove all copies from your computer.

Jason Anglin

From: HHSC PFD RAPPs Payments <PFDRAPPSPayments@hhs.texas.gov>
Sent: Thursday, May 27, 2021 1:50 PM
To: ACRISP@ECMH.ORG; afutch@seymourtexas.net; amanda.hollenbaugh@hcmhosp.com; amessick@fishercountyhospital.com; ANDRA.SMITH@NTMCONLINE.NET; anna.smith@hnmh.cc; antoinettes@bmhd.org; bbrewer@fallshospital.com; blakefitzgearld@hchd.net; bob.karl@christushealth.org; Cdallaire@permianregional.com; cflores@mchd.net; christy@hchdst.org; Cinman@familycarepanhandle.com; claudia.falcon@vvrnc.org; cmclarty@ych.us; cmh.sbarnett@cogdellhospital.com; cmorse@wardmemorial.com; dibarra@cranememorial.org; edgarb@rpmh.net; eglopez@fcfhc.com; elda.moreno@starrcountyhospital.com; elizabeth.pulliam@christushealth.org; elviah@mangoldmemorial.org; eread@hamiltonhospital.org; ethomas@nrhd.org; ginnie.holmes@electrahospital.com; gmcclinics@yahoo.com; Jadams@permianregional.com; jaime.mitchell@titusregional.com; jana.earnest@smhtx.com; Jason Anglin; javier.vallejo@dschd.org; jdrozdz@columbusch.com; jerry.jasper@brownfield-rmc.org; jim.adams@ardenthealth.com; jlholly@ascension.org; jramirez@mchdtx.net; jvigus@cuerohospital.org; jvillanueva@hamlinhealth.org; jyeary@freestonemc.com; kaceys@dhchd.org; karen.siemssen@christushealth.org; kbenson@throckmortonhospital.com; kelly.myers@knoxhospital.org; kevin.frosch@medinahospital.net; kimberlee.gabara@adventhealth.com; kjudice@oghtx.com; kneeley.lawdermilk@coryellhealth.org; kparker@muensterhospital.com; lboles@huntregional.org; LFlores@umcelpaso.org; LFox@matagordaregional.org; LMEEKINS@NOCONAGENERAL.COM; lprice@lmchospital.com; lserrano@wcmh.net; lukebrewer@swisherhospital.com; lupe.montoya@goldenplains.org; llwillis@childresshospital.com; megan@preferredmanagementcorp.com; megan@preferredmanagmentcorp.com; Mendez, Ashley; mhowell@ppgh.com; michael_tea@chs.net; mjspanihel@ricemedicalcenter.net; mlendermon@mitchellcountyhospital.com; mo@starcoimpex.com; monicak@parkviewhosp.org; mwaltton@medicalartshospital.org; NATHAN.FLOOD@CCHDONLINE.COM; nikki.martin@christushealth.org; nstark@comancheccmc.com; oflores@connallymmc.org; pbrown@seminolehospitaldistrict.com; pgonzales@ansongh.com; PLESAK@JCHD.ORG; rbrandon@martinch.org; rcampbell@libertydaytonrmc.com; rcooper@fchtexas.com; renae.thomas@reaganhealth.com; riorhcds@ymail.com; rmatividad@rchd.care; roberto.flores@starrcountyhospital.com; ROMATPCCL_PENA@YAHOO.COM; rqualls@gwhf.org; rureta@pcmhfs.com; sfojtik@gonzaleshealthcare.com; shane.kernell@grahamrmc.com; shebert@sweenyhospital.org; slee@lchdhealthcare.org; smcbmanager@sonora-clinic.org; smcbride@lambhc.org; smccluskey@tchospital.us; sparker@rcmhospital.org; steven.clowe@stonewallhospital.org; t.nordwick@umhtx.org; tanderson@rankincountyhospital.org; timjones@bradyhospital.com; Whitney.Wilde@BSWhealth.org; wsowards@olneyh.com
Cc: Brown,Adam (HHSC); Anthony,Alan (HHSC); Okoniewski,Amanda (HHSC); Work,Benjamin (HHSC); Jenkins,Brooke (HHSC); HHSC DPP Quality; Michalik,Ed W (HHSC); Shaikh,Faisal (HHSC); Duban,Holly (HHSC); Corzine,Ketha (HHSC); Skaggs,Laura (HHSC); Wolfe,Megan (HHSC); Gonzalez,Meredith (HHSC); HHSC PFD RAPPs Payments; Cantu,Rene (HHSC); Chang,Sylvia (HHSC); Wade,Tonika (HHSC); Grady,Victoria C (HHSC)
Subject: RAPPs Providers IGT Notification - 2 of 2
Attachments: RHC RAPPs Model 2021.5.27 for Posting.xlsx; SDA Allocation Form for RAPPs.xlsx

NPI	SDA	Provider	DPP-IGT	First Suggested IGT Payment	Second Suggested IGT Payment
1043719560	MRSA Northeast	JACKSONVILLE HOSPITAL LLC-UT HEALTH EAST TEXAS JACKSONVILLE HOSPITAL	\$ 7,503.23	\$ 3,751.62	\$ 3,751.61
1699171611	MRSA Northeast	JEAN WOEL LATORTUE-FRANKLIN COUNTY RURAL HEALTH CLINIC	\$ 23,050.10	\$ 11,525.05	\$ 11,525.05
1679992911	MRSA West	STONEWALL MEMORIAL HOSPITAL-KENT COUNTY RURAL HEALTH CLINIC	\$ 794.23	\$ 397.11	\$ 397.12
1134186356	MRSA West	KNOX COUNTY HOSPITAL DISTRICT-KNOX COUNTY HOSPITAL CLINIC	\$ 7,828.55	\$ 3,914.27	\$ 3,914.28
1225095441	MRSA West	KNOX COUNTY HOSPITAL DISTRICT-MUNDAY CLINIC	\$ 7,659.87	\$ 3,829.93	\$ 3,829.94
1356308423	Lubbock	LAMB HEALTHCARE CENTER-LHC FAMILY MEDICINE	\$ 50,704.97	\$ 25,352.48	\$ 25,352.49
1679926992	Jefferson	LIBERTY COUNTY HOSPITAL DISTRICT NO 1-LIBERTY DAYTON MEDICAL CLINIC	\$ 7,261.63	\$ 3,630.81	\$ 3,630.82
1942425343	MRSA West	LOVETT MEREDITH RURAL HEALTH CLINIC	\$ 17,827.91	\$ 8,913.95	\$ 8,913.96
1306970439	Lubbock	LYNN COUNTY HOSPITAL DISTRICT-	\$ 6,591.80	\$ 3,295.90	\$ 3,295.90
1679560866	MRSA West	MARTIN COUNTY HOSPITAL DISTRICT-MARTIN CO FAMILY CLINIC	\$ 7,073.00	\$ 3,536.50	\$ 3,536.50
1255370474	MRSA West	MCCAMEY HOSPITAL RHC	\$ 6,338.06	\$ 3,169.03	\$ 3,169.03
1558313171	MRSA West	MEDICAL CENTER OF DIMMITT	\$ 36,709.03	\$ 18,354.52	\$ 18,354.51
1952453946	Bexar	MEDICAL CLINIC OF DEVINE	\$ 30,671.71	\$ 15,335.85	\$ 15,335.86
1134113855	Bexar	MEDICAL CLINIC OF HONDO	\$ 83,007.19	\$ 41,503.60	\$ 41,503.59
1467879569	MRSA West	MEMORIAL HOSPITAL CLINIC SOUTH	\$ 37,499.87	\$ 18,749.93	\$ 18,749.94
1497153589	Nueces	MEMORIAL MEDICAL CENTER-	\$ 50,657.69	\$ 25,328.84	\$ 25,328.85
1659360279	Lubbock	METHODIST HOSPITAL LEVELLAND-FAMILY MEDICINE OF LEVELLAND	\$ 62,051.87	\$ 31,025.94	\$ 31,025.93
1508855313	Lubbock	METHODIST HOSPITAL LEVELLAND-LEVELLAND CLINIC	\$ 60,508.70	\$ 30,254.35	\$ 30,254.35
1083602940	Lubbock	METHODIST HOSPITAL LEVELLAND-LEVELLAND CLINIC NORTH	\$ 30,979.42	\$ 15,489.71	\$ 15,489.71
1336537661	MRSA West	MOORE COUNTY HOSPITAL DISTRICT-	\$ 53,572.98	\$ 26,786.49	\$ 26,786.49
1922294867	MRSA Northeast	MOTHER FRANCES HOSPITAL WINNSBORO-TRINITY MOTHER FRANCES WINNSBORO RURAL HEALTH CLIN	\$ 12,656.00	\$ 6,328.00	\$ 6,328.00
1497750962	MRSA Northeast	MUENSTER MEMORIAL HOSPITAL MMH FAMILY HEALTH CLINI-MUENSTER HOSPITAL DISTRICT	\$ 4,803.11	\$ 2,401.56	\$ 2,401.55
1114370632	Dallas	NAVARRO HOSPITAL LP-NAVARRO REGIONAL HOSPITAL	\$ 66,017.41	\$ 33,008.71	\$ 33,008.70
1730635202	Dallas	NAVARRO HOSPITAL LP-NAVARRO REGIONAL HOSPITAL	\$ 864.14	\$ 432.07	\$ 432.07
1508339219	MRSA Northeast	NOCONA HOSPITAL DISTRICT-NGH RURAL HEALTH CLINIC NOCONA	\$ 7,727.17	\$ 3,863.58	\$ 3,863.59
1255429155	MRSA West	NORTH RUNNELS COUNTY HOSPITAL-NORTH RUNNELS COUNTY HOSPITAL DISTRICT	\$ 4,171.56	\$ 2,085.78	\$ 2,085.78
1326445693	MRSA West	NORTH WHEELER COUNTY HOSPITAL DISTRICT-PARKVIEW RURAL HEALTH CLINIC	\$ 5,338.72	\$ 2,669.36	\$ 2,669.36
1528557410	MRSA West	OCHILTREE HOSPITAL DISTRICT-THE DE WITT FAMILY PRACTICE	\$ 4,084.89	\$ 2,042.45	\$ 2,042.44
1619233368	MRSA West	OLNEY HAMILTON HOSPITAL DISTRICT-	\$ 3,183.46	\$ 1,591.73	\$ 1,591.73
1184609265	MRSA West	PALO PINTO COUNTY HOSPITAL DISTRICT-BRIDGE TO HEALTH MOBILE CLINIC	\$ 1,699.88	\$ 849.94	\$ 849.94
1336124411	MRSA West	PALO PINTO COUNTY HOSPITAL DISTRICT-FAMILY HEALTH CLINIC OF SANTO	\$ 424.46	\$ 212.23	\$ 212.23
1912982174	MRSA West	PALO PINTO COUNTY HOSPITAL DISTRICT-PALO PINTO RURAL HEALTH	\$ 1,332.75	\$ 666.38	\$ 666.37
1518216902	MRSA West	PECOS COUNTY MEMORIAL HOSPITAL-	\$ 2,217.91	\$ 1,108.95	\$ 1,108.96
1457307175	MRSA West	PECOS COUNTY MEMORIAL HOSPITAL-FAMILY CARE CENTER	\$ 44,608.34	\$ 22,304.17	\$ 22,304.17
1851695316	MRSA West	PECOS COUNTY MEMORIAL HOSPITAL-FAMILY CARE CENTER WALK IN CLINIC	\$ 19,283.72	\$ 9,641.86	\$ 9,641.86
1073654935	MRSA West	PECOS VALLEY RURAL HEALTH	\$ 66,190.06	\$ 33,095.03	\$ 33,095.03
1871590653	MRSA West	PERRYTON HEALTH CENTER	\$ 23,177.48	\$ 11,588.74	\$ 11,588.74
1497254858	MRSA Northeast	PITTSBURG HOSPITAL LLC-UT HEALTH EAST TEXAS PITTSBURG HOSPITAL	\$ 93,337.24	\$ 46,668.62	\$ 46,668.62
1417965286	Lubbock	PLAINVIEW RURAL HEALTHCLINIC-COVENANT HEALTHCARE CENTER PLAINVIEW	\$ 58,635.77	\$ 29,317.89	\$ 29,317.88
1689659765	MRSA West	PPGH FAMILY HEALTH CLINIC-COMMUNITY CARE CENTER	\$ 44,904.30	\$ 22,452.15	\$ 22,452.15
1417985086	MRSA West	PREFERRED HOSPITAL LEASING ELDORADO INC	\$ 3,410.26	\$ 1,705.13	\$ 1,705.13
1811256696	MRSA Northeast	PREFERRED HOSPITAL LEASING HEMPHILL INC-	\$ 17,564.12	\$ 8,782.06	\$ 8,782.06

NPI	SDA	Provider	DPP-IGT	First Suggested IGT Payment	Second Suggested IGT Payment
1407893316	MRSA West	PREFERRED HOSPITAL LEASING INC-COLLINGSWORTH FAMILY MEDICINE	\$ 12,092.74	\$ 6,046.37	\$ 6,046.37
1578729653	MRSA West	PREFERRED HOSPITAL LEASING JUNCTION INC-JUNCTION MEDICAL CLINIC	\$ 14,289.55	\$ 7,144.78	\$ 7,144.77
1124419163	MRSA West	PREFERRED HOSPITAL LEASING MULESHOE INC-	\$ 12,048.62	\$ 6,024.31	\$ 6,024.31
1821484320	MRSA West	PREFERRED HOSPITAL LEASING MULESHOE, INC-MEDICAL CLINIC OF MULESHOE	\$ 7,338.61	\$ 3,669.30	\$ 3,669.31
1073579942	MRSA West	PREFERRED HOSPITAL LEASING VAN HORN INC-VAN HORN RURAL HEALTH CLINIC	\$ 14,756.89	\$ 7,378.45	\$ 7,378.44
1336590462	MRSA Central	PROVIDENCE HEALTH ALLIANCE-PROVIDENCE FAMILY HEALTH CLINIC-HILLSBORO	\$ 79,666.31	\$ 39,833.15	\$ 39,833.16
1699010371	MRSA West	ANDREWS COUNTY HOSPITAL DISTRICT-	\$ 14,333.18	\$ 7,166.59	\$ 7,166.59
1205335726	MRSA Northeast	QUITMAN HOSPITAL LLC-UT HEALTH EAST TEXAS QUITMAN HOSPITAL	\$ 40,596.59	\$ 20,298.29	\$ 20,298.30
1306345764	MRSA Northeast	QUITMAN HOSPITAL LLC-UT HEALTH EAST TEXAS QUITMAN HOSPITAL	\$ 22,801.93	\$ 11,400.96	\$ 11,400.97
1932608452	MRSA Northeast	QUITMAN HOSPITAL LLC-UT HEALTH EAST TEXAS QUITMAN HOSPITAL	\$ 6,499.99	\$ 3,249.99	\$ 3,250.00
1326592692	MRSA West	RANKIN COUNTY HOSPITAL DISTRICT-	\$ 33.09	\$ 16.54	\$ 16.55
1215983598	Nueces	REFUGIO RURAL HEALTH CLINIC	\$ 9,817.99	\$ 4,909.00	\$ 4,908.99
1083696496	MRSA West	ROBY RURAL HEALTH CLINIC	\$ 2,263.14	\$ 1,131.57	\$ 1,131.57
1174982540	MRSA West	ROLLING PLAINS MEMORIAL HOSPITAL-	\$ 36,002.74	\$ 18,001.37	\$ 18,001.37
1821399767	MRSA Central	SCOTT & WHITE CLINIC - HORSESHOE BAY-	\$ 1,465.88	\$ 732.94	\$ 732.94
1902384951	MRSA Central	SCOTT & WHITE CLINIC-BAYLOR SCOTT & WHITE - THE BRENNHAM CLINIC	\$ 28,972.44	\$ 14,486.22	\$ 14,486.22
1457839409	Harris	SCOTT & WHITE CLINIC-BAYLOR SCOTT & WHITE CLINIC - BELLVILLE	\$ 506.72	\$ 253.36	\$ 253.36
1902107568	MRSA Central	SCOTT AND WHITE HOSPITAL MARBLE FALLS-BAYLOR SCOTT AND WHITE CLINIC SAN SABA	\$ 12,973.82	\$ 6,486.91	\$ 6,486.91
1639511207	MRSA Central	SCOTT AND WHITE CLINIC JOHNSON CITY	\$ 4,422.12	\$ 2,211.06	\$ 2,211.06
1699076257	MRSA Central	SCOTT AND WHITE HOERSTER CLINIC LLANO-	\$ 20,002.95	\$ 10,001.47	\$ 10,001.48
1376844936	Travis	SCOTT AND WHITE HOSPITAL LLANO-	\$ 48,322.22	\$ 24,161.11	\$ 24,161.11
1730480393	MRSA Central	SCOTT AND WHITE HOSPITAL LLANO-	\$ 13,014.00	\$ 6,507.00	\$ 6,507.00
1316962103	MRSA West	SCURRY COUNTY HOSPITAL DISTRICT-COGDELL FAMILY CLINIC	\$ 74,847.38	\$ 37,423.69	\$ 37,423.69
1356682298	Travis	ASCENSION SETON-ASCENSION SETON LULING HEALTH CENTER	\$ 5,737.63	\$ 2,868.81	\$ 2,868.82
1205263134	MRSA Central	ASCENSION SETON-ASCENSION SETON KINGSLAND HEALTH CENTER	\$ 691.93	\$ 345.97	\$ 345.96
1144325481	Travis	SETON FAMILY OF HOSPITALS-SEBD CHILDRENS CARE-A-VAN	\$ 7,093.98	\$ 3,546.99	\$ 3,546.99
1700392602	Travis	SETON FAMILY OF HOSPITALS-SETON BASTROP HEALTHCARE CENTER	\$ 6,817.13	\$ 3,408.57	\$ 3,408.56
1871512228	Travis	SETON FAMILY OF HOSPITALS-SETON BERTRAM HEALTHCARE CENTER	\$ 3,432.61	\$ 1,716.31	\$ 1,716.30
1952328924	Travis	SETON FAMILY OF HOSPITALS-ASCENSION SETON BURNET HEALTH CENTER	\$ 22,346.44	\$ 11,173.22	\$ 11,173.22
1699947408	MRSA Central	SETON FAMILY OF HOSPITALS-SETON LAMPASAS HEALTHCARE CENTER	\$ 583.78	\$ 291.89	\$ 291.89
1235234576	Travis	ASCENSION SETON-ASCENSION SETON LOCKHART FAMILY HEALTH CENTER AT C	\$ 116,205.67	\$ 58,102.84	\$ 58,102.83
1639697949	Travis	SETON FAMILY OF HOSPITALS-SETON LOCKHART FAMILY MEDICINE	\$ 2,089.24	\$ 1,044.62	\$ 1,044.62
1912425000	Travis	SETON FAMILY OF HOSPITALS-SETON LOCKHART INTERNAL MEDICINE	\$ 1,233.26	\$ 616.63	\$ 616.63
1730695594	Travis	SETON FAMILY OF HOSPITALS-SETON SMITHVILLE HEALTHCARE CENTER	\$ 11,995.31	\$ 5,997.66	\$ 5,997.65
1164445094	Travis	SETON FAMILY OF HOSPITALS-SHL CARE-A-VAN	\$ 3,226.63	\$ 1,613.32	\$ 1,613.31
1922206606	MRSA West	SONORA MEDICAL CLINIC	\$ 4,375.31	\$ 2,187.65	\$ 2,187.66
1023173507	Hidalgo	STARR COUNTY MEMORIAL HOSPITAL	\$ 33,884.15	\$ 16,942.08	\$ 16,942.07
1366507477	Hidalgo	STARR COUNTY MEMORIAL HOSPITAL	\$ 17,013.47	\$ 8,506.74	\$ 8,506.73
1336547587	MRSA West	STONEWALL MEMORIAL HOSPITAL-	\$ 4,506.39	\$ 2,253.20	\$ 2,253.19
1184057598	MRSA West	STONEWALL MEMORIAL HOSPITAL DISTRICT-STONEWALL MEMORIAL HOSPITAL	\$ 3,393.14	\$ 1,696.57	\$ 1,696.57

NPI	SDA	Provider	DPP-IGT	First Suggested IGT Payment	Second Suggested IGT Payment
1245526961	Lubbock	SWISHER MEMORIAL HEALTHCARE SYSTEM-TULIA RURAL HEALTH CLINIC	\$ 14,544.43	\$ 7,272.21	\$ 7,272.22
1063436525	Lubbock	TERRY MEMORIAL HOSPITAL DISTRICT-BROWNFIELD REGIONAL MEDICAL CENTER	\$ 23,762.71	\$ 11,881.36	\$ 11,881.35
1114047875	MRSA West	THROCKMORTON RURAL HEALTH	\$ 3,531.70	\$ 1,765.85	\$ 1,765.85
1033641105	MRSA Northeast	TRINITY CLINIC-CHRISTUS TRINITY CLINIC	\$ 1,919.69	\$ 959.84	\$ 959.85
1285631945	Jefferson	TYLER COUNTY HOSPITAL DISTRICT-TCH FAMILY MEDICAL CLINIC	\$ 6,977.22	\$ 3,488.61	\$ 3,488.61
1659722197	MRSA West	UVALDE COUNTY HOSPITAL AUTHORITY-	\$ 7,279.97	\$ 3,639.99	\$ 3,639.98
1891126959	MRSA West	UVALDE MEDICAL AND SURGICAL ASSOCIATES-	\$ 5,254.27	\$ 2,627.14	\$ 2,627.13
1891124640	MRSA West	VAL VERDE HOSPITAL CORPORATION-VAL VERDE REGIONAL MEDICAL CENTER RHC	\$ 98,862.56	\$ 49,431.28	\$ 49,431.28
1437178357	Lubbock	W J MANGOLD MEMORIAL HOSPITAL-W J MANGOLD MEMORIAL	\$ 26,195.37	\$ 13,097.68	\$ 13,097.69
1659812725	Bexar	WILSON COUNTY MEMORIAL HOSPITAL DISTRICT-	\$ 8,534.06	\$ 4,267.03	\$ 4,267.03
1417498585	Bexar	WILSON COUNTY MEMORIAL HOSPITAL DISTRICT-DBA CONNALLY MEMORIAL MEDICAL CENTER DBA CONNALLY	\$ 1,354.68	\$ 677.34	\$ 677.34
1336143007	MRSA West	WINKLER COUNTY HOSPITAL DISTRICT-WINKLER COUNTY RURAL HEALTH CLINIC	\$ 7,765.51	\$ 3,882.76	\$ 3,882.75
1891820569	Jefferson	WINNIE COMMUNITY HOSPITAL LLC-WINNIE COMMUNITY CLINIC	\$ 35,275.62	\$ 17,637.81	\$ 17,637.81
1467495184	Nueces	WOODSBORO MEDICAL CLINIC	\$ 3,273.45	\$ 1,636.73	\$ 1,636.72

Texas Health and Human Services - Rural Access to Primary and Preventative Services (RAPPS)
Suggested Intergovernmental Transfer (IGT) by Provider

			4,590,042.03	2,295,021.03	2,295,021.00
NPI	SDA	Provider	DPP-IGT	First Suggested IGT Payment	Second Suggested IGT Payment
1316176472	Lubbock	AMMON D WEBER MD PLLC-GOLDEN PLAINS RURAL HEALTH CLINIC	\$ 33,658.43	\$ 16,829.22	\$ 16,829.21
1124054069	MRSA West	ANDREWS FAMILY MEDICINE	\$ 60,020.67	\$ 30,010.34	\$ 30,010.33
1891737920	MRSA West	ANSON HOSPITAL DISTRICT-ANSON FAMILY WELLNESS CLINIC	\$ 4,169.58	\$ 2,084.79	\$ 2,084.79
1699332338	MRSA Central	ADVENTHEALTH FAMILY MEDICINE RURAL HEALTH CLINICS-ADVENTHEALTH FAMILY MEDICINE CLINIC COPPERAS COVE	\$ 24,299.43	\$ 12,149.72	\$ 12,149.71
1639735335	MRSA Central	ADVENTHEALTH FAMILY MEDICINE RURAL HEALTH CLINICS-ADVENTHEALTH FAMILY MEDICINE CLINIC LAMPASAS	\$ 27,635.12	\$ 13,817.56	\$ 13,817.56
1538123617	MRSA West	BALLINGER MEMORIAL HOSPITAL-BALLINGER HOSPITAL CLINIC	\$ 13,484.36	\$ 6,742.18	\$ 6,742.18
1740358803	MRSA West	BAYLOR COUNTY HOSPITAL DISTRICT-SEYMOUR HOSPITAL	\$ 28,111.15	\$ 14,055.57	\$ 14,055.58
1841752375	MRSA Central	BOSQUE COUNTY HOSPITAL DISTRICT-GOODALL-WITCHER CLINIC IN CLIFTON	\$ 32,914.66	\$ 16,457.33	\$ 16,457.33
1720540255	MRSA Central	BOSQUE COUNTY HOSPITAL DISTRICT-GOODALL-WITCHER CLINIC IN WHITNEY	\$ 24,303.25	\$ 12,151.62	\$ 12,151.63
1457337800	MRSA West	BRADY MEDICAL CLINIC	\$ 16,015.18	\$ 8,007.59	\$ 8,007.59
1336560382	MRSA West	STEPHENS MEMORIAL HOSPITAL DISTRICT-BRECKENRIDGE MEDICAL CENTER	\$ 11,612.94	\$ 5,806.47	\$ 5,806.47
1114255833	MRSA Central	CAHRMC LLC-	\$ 13,358.17	\$ 6,679.08	\$ 6,679.09
1972830008	Harris	CAHRMC LLC-	\$ 6,009.46	\$ 3,004.73	\$ 3,004.73
1598264954	MRSA Northeast	CARTHAGE HOSPITAL LLC-UT HEALTH EAST TEXAS CARTHAGE HOSPITAL	\$ 54,704.45	\$ 27,352.23	\$ 27,352.22
1639678030	MRSA Northeast	CARTHAGE HOSPITAL LLC-UT HEALTH EAST TEXAS CARTHAGE HOSPITAL	\$ 26,358.75	\$ 13,179.38	\$ 13,179.37
1407355860	MRSA Northeast	CARTHAGE HOSPITAL LLC-UT HEALTH EAST TEXAS CARTHAGE HOSPITAL	\$ 27,136.14	\$ 13,568.07	\$ 13,568.07
1902995525	MRSA West	CHILDRESS COUNTY HOSPITAL DISTRICT-FOX RURAL HEALTH CLINIC	\$ 54,874.19	\$ 27,437.10	\$ 27,437.09
1528030285	Jefferson	CHRISTUS HEALTH SOUTHEAST TEXAS-CHRISTUS JASPER MEMORIAL HOSPITAL	\$ 24,389.86	\$ 12,194.93	\$ 12,194.93
1063485548	Jefferson	CHRISTUS HEALTH SOUTHEAST TEXAS-ST ELIZABETH HOSPITAL FAMILY	\$ 4,320.01	\$ 2,160.01	\$ 2,160.00
1043289804	Hidalgo	CHRISTUS SPOHN FAMILY HEALTH CENTER-FREER	\$ 6,710.51	\$ 3,355.25	\$ 3,355.26
1083862379	MRSA West	PANHANDLE FAMILY CARE, LLC-FAMILY CARE CLINIC OF CLAUDE	\$ 1,344.59	\$ 672.29	\$ 672.30
1104808112	MRSA West	CLEARFORK HEALTH CENTER	\$ 7,427.43	\$ 3,713.71	\$ 3,713.72
1518032879	MRSA West	COGDELL CLINIC BRISCOE COUNTY-COGDALL CLINIC BROSCOE COUNTY	\$ 6,373.26	\$ 3,186.63	\$ 3,186.63
1356607824	MRSA West	COLEMAN MEDICAL ASSOCIATES-	\$ 29,727.27	\$ 14,863.64	\$ 14,863.63
1558474999	MRSA Central	COLUMBUS COMMUNITY HOSPITAL-COLUMBUS MEDICAL CLINIC	\$ 101,884.46	\$ 50,942.23	\$ 50,942.23
1932158367	MRSA Central	COLUMBUS COMMUNITY HOSPITAL-FOUR OAKS MEDICAL CLINIC	\$ 2,114.34	\$ 1,057.17	\$ 1,057.17
1114221199	MRSA Central	COMANCHE COUNTY MEDICAL CENTER COMPANY-DOCTORS MEDICAL CENTER	\$ 27,039.57	\$ 13,519.78	\$ 13,519.79
1518900778	MRSA Central	CORYELL COUNTY MEMORIAL HOSPITAL AUTHORITY-MILLS COUNTY MEDICAL CLINIC	\$ 5,485.83	\$ 2,742.91	\$ 2,742.92
1588672448	MRSA West	COUNTY OF WARD-SANDHILLS FAMILY CLINIC	\$ 43,109.98	\$ 21,554.99	\$ 21,554.99
1619968054	MRSA West	COUNTY OF YOAKUM-PLAINS CLINIC	\$ 9,145.79	\$ 4,573.39	\$ 4,573.40
1306849633	MRSA West	COUNTY OF YOAKUM-WEST TEXAS MEDICAL CENTER	\$ 64,693.99	\$ 32,347.00	\$ 32,346.99
1073763439	MRSA West	CRANE COUNTY HOSPITAL DISTRICT	\$ 6,185.24	\$ 3,092.62	\$ 3,092.62
1174533103	MRSA West	DALLAM HARTLEY COUNTIES HOSPITAL DISTRICT-DALHART FAMILY MEDICINE CLINIC	\$ 32,342.63	\$ 16,171.32	\$ 16,171.31
1467799262	MRSA West	DALLAM-HARTLEY COUNTIES HOSPITAL DISTRICT-	\$ 17,529.07	\$ 8,764.54	\$ 8,764.53
1124312749	Hidalgo	DARIA BABINEAUX MD PA-	\$ 100,753.19	\$ 50,376.60	\$ 50,376.59
1528015815	MRSA West	DAWSON COUNTY HOSPITAL DISTRICT-MEDICAL ARTS RURAL HEALTH CLINIC	\$ 53,571.00	\$ 26,785.50	\$ 26,785.50
1811987027	Lubbock	DEAF SMITH COUNTY HOSPITAL DISTRICT-HEREFORD HEALTH CLINIC	\$ 90,329.34	\$ 45,164.67	\$ 45,164.67

NPI	SDA	Provider	DPP-IGT	First Suggested IGT Payment	Second Suggested IGT Payment
1730557026	MRSA Central	DEWITT MEDICAL DISTRICT-	\$ 62,001.30	\$ 31,000.65	\$ 31,000.65
1487088118	Nueces	DEWITT MEDICAL DISTRICT-	\$ 18,956.70	\$ 9,478.35	\$ 9,478.35
1659770030	MRSA Central	DEWITT MEDICAL DISTRICT-	\$ 46,997.30	\$ 23,498.65	\$ 23,498.65
1821422551	MRSA Central	DEWITT MEDICAL DISTRICT-	\$ 7,188.07	\$ 3,594.04	\$ 3,594.03
1831567122	Nueces	DEWITT MEDICAL DISTRICT-GOLIAD FAMILY PRACTICE	\$ 9,368.52	\$ 4,684.26	\$ 4,684.26
1427334077	Harris	EL CAMPO MEMORIAL HOSPITAL-	\$ 44,045.78	\$ 22,022.89	\$ 22,022.89
1518465616	Harris	EL CAMPO MEMORIAL HOSPITAL-MID COAST MEDICAL CENTER	\$ 6,934.14	\$ 3,467.07	\$ 3,467.07
1942773874	Harris	EL CAMPO MEMORIAL HOSPITAL-MID COAST MEDICAL CLINIC-PALACIOS	\$ 2,419.77	\$ 1,209.89	\$ 1,209.88
1811135080	El Paso	EL PASO COUNTY HOSPITAL DISTRICT-UNIVERSITY MEDICAL CENTER OF EL PASO	\$ 7,501.50	\$ 3,750.75	\$ 3,750.75
1467742254	MRSA West	ELECTRA HOSPITAL DISTRICT-IOWA PARK CLINIC	\$ 20,528.65	\$ 10,264.32	\$ 10,264.33
1194777540	MRSA Central	FALLS COMMUNITY HOSPITAL AND CLINIC INC-FCHC ROSEBUD CLINIC	\$ 4,089.42	\$ 2,044.71	\$ 2,044.71
1629173737	MRSA Central	FALLS COMMUNITY HOSPITAL AND CLINIC-FALLS COMMUNITY HOSPITAL & RHC	\$ 32,240.96	\$ 16,120.48	\$ 16,120.48
1558311241	MRSA Central	FALLS COMMUNITY HOSPITAL AND CLINIC-FCHC BREMOND CLINIC	\$ 6,874.54	\$ 3,437.27	\$ 3,437.27
1538150370	MRSA West	FAMILY CARE CLINIC	\$ 7,256.25	\$ 3,628.13	\$ 3,628.12
1669468617	MRSA Central	FAMILY MED CENTER-GROESBECK	\$ 34,401.28	\$ 17,200.64	\$ 17,200.64
1447274048	Hidalgo	FAMILY MEDICAL & SPECIALTY	\$ 137,633.17	\$ 68,816.58	\$ 68,816.59
1518976836	MRSA West	FAMILY MEDICAL ASSOCIATES	\$ 21,663.73	\$ 10,831.86	\$ 10,831.87
1710974225	MRSA West	FAMILY MEDICAL CLINIC OF HANSFORD COUNTY	\$ 20,598.91	\$ 10,299.46	\$ 10,299.45
1679562961	MRSA Central	FAMILY PRACTICE RURAL HEALTH	\$ 25,400.27	\$ 12,700.13	\$ 12,700.14
1093263501	MRSA Central	FREESTONE HOSPITAL DISTRICT-FREESTONE HEALTH CLINIC	\$ 32,197.15	\$ 16,098.58	\$ 16,098.57
1144324211	MRSA West	FRIONA RURAL HEALTH CLINIC-	\$ 18,903.85	\$ 9,451.92	\$ 9,451.93
1033687900	MRSA Northeast	GAINESVILLE COMMUNITY HOSPITAL, INC.-COOKE COUNTY MEDICAL CENTER	\$ 22,371.72	\$ 11,185.86	\$ 11,185.86
1013916287	MRSA Central	GONZALES HEALTHCARE SYSTEMS-SIEVERS MEDICAL CLINIC	\$ 141,839.06	\$ 70,919.53	\$ 70,919.53
1811999337	MRSA Central	GONZALES HEALTHCARE SYSTEMS-WAELDER MEDICAL CLINIC	\$ 5,691.12	\$ 2,845.56	\$ 2,845.56
1689872020	Lubbock	GPCH LLC-FRITCH MEDICAL CLINIC	\$ 5,972.02	\$ 2,986.01	\$ 2,986.01
1922057561	MRSA West	GRAHAM HOSPITAL DISTRICT-YOUNG COUNTY FAMILY CLINIC	\$ 22,820.49	\$ 11,410.25	\$ 11,410.24
1629215041	MRSA Central	HAMILTON COUNTY HOSPITAL DISTRICT-	\$ 8,318.36	\$ 4,159.18	\$ 4,159.18
1710135553	MRSA Central	HAMILTON COUNTY HOSPITAL DISTRICT-HICO CLINIC	\$ 7,064.05	\$ 3,532.03	\$ 3,532.02
1104238047	MRSA West	HAMLIN HOSPITAL DISTRICT-HAMLIN MEDICAL CLINIC	\$ 7,579.48	\$ 3,789.74	\$ 3,789.74
1932426772	MRSA West	HARDEMAN COUNTY CLINIC-	\$ 17,589.78	\$ 8,794.89	\$ 8,794.89
1821277211	MRSA West	HARDEMAN COUNTY MEMORIAL HOSP-	\$ 3,580.74	\$ 1,790.37	\$ 1,790.37
1063630937	Dallas	HEALTH TEXAS PROVIDER NETWORK-	\$ 398.23	\$ 199.11	\$ 199.12
1790723468	Dallas	HEALTH TEXAS PROVIDER NETWORK-	\$ 32,614.63	\$ 16,307.31	\$ 16,307.32
1720404924	MRSA West	HEMPHILL COUNTY HOSPITAL DISTRICT-	\$ 9,329.66	\$ 4,664.83	\$ 4,664.83
1518411644	MRSA West	HEMPHILL COUNTY HOSPITAL DISTRICT-HARVESTER HEALTH AND WELLNESS CLINIC	\$ 8,770.41	\$ 4,385.20	\$ 4,385.21
1952800310	MRSA Northeast	HENDERSON HOSPITAL LLC-UT HEALTH EAST TEXAS HENDERSON HOSPITAL	\$ 93,296.93	\$ 46,648.46	\$ 46,648.47
1184941346	MRSA West	HOMETOWN HEALTHCARE LLC-	\$ 19,256.01	\$ 9,628.00	\$ 9,628.01
1538486790	MRSA West	HOMETOWN HEALTHCARE LLC-GARFIELD MEDICAL CLINIC	\$ 10,824.95	\$ 5,412.48	\$ 5,412.47
1881911030	MRSA West	HOMETOWN HEALTHCARE LLC-GARFIELD MEDICAL CLINIC	\$ 22,409.42	\$ 11,204.71	\$ 11,204.71
1386751394	Bexar	MEDICAL CLINIC OF CASTROVILLE-MEDINA HEALTHCARE SYSTEM, MEDINA REGIONAL HOSPITAL	\$ 22,639.85	\$ 11,319.93	\$ 11,319.92
1124012935	Dallas	HUNT REGIONAL MEDICAL PARTNERS-	\$ 3,455.03	\$ 1,727.51	\$ 1,727.52
1306484050	Jefferson	Huntsville Community Hospital, Inc.	\$ 19,677.32	\$ 9,838.66	\$ 9,838.66
1013909936	MRSA West	JACK COUNTY HOSPITAL DISTRICT-	\$ 26,092.06	\$ 13,046.03	\$ 13,046.03
1831674209	Tarrant	JACK COUNTY HOSPITAL DISTRICT-FCH RURAL HEALTH CLINIC ALVORD	\$ 10,463.38	\$ 5,231.69	\$ 5,231.69
1417489956	MRSA Northeast	JACK COUNTY HOSPITAL DISTRICT-FCH RURAL HEALTH CLINIC BOWIE	\$ 35,399.50	\$ 17,699.75	\$ 17,699.75
1992748693	MRSA Central	JACKSON MEDICAL CLINIC	\$ 63,778.56	\$ 31,889.28	\$ 31,889.28
1861991226	MRSA Northeast	JACKSONVILLE HOSPITAL LLC-UT HEALTH EAST TEXAS JACKSONVILLE HOSPITAL	\$ 236,753.50	\$ 118,376.75	\$ 118,376.75
1770082299	MRSA Northeast	JACKSONVILLE HOSPITAL LLC-UT HEALTH EAST TEXAS JACKSONVILLE HOSPITAL	\$ 31,559.43	\$ 15,779.72	\$ 15,779.71

5/28/2021

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Calhoun County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

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Dates Through:

Vendor#

13128

Vendor Name

NOVUM MEDICAL PRODUCTS

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
37613	✓ 05/28/2021	01/21/2021	01/21/2021	01/21/2021			2,356.00	0.00	0.00	2,356.00 ✓

CRIB

Vendor Totals:

13128

Number

Name

NOVUM MEDICAL P

Gross

2,356.00

Discount

0.00

No-Pay

0.00

Net

2,356.00

Report Summary

Grand Totals:

Gross

2,356.00

Discount

0.00

No-Pay

0.00

Net

2,356.00

APPROVED

MAY 28 2021

SCOTT A. JAMES
CALHOUN COUNTY, ALABAMA

CK# 190565

5/28/2021

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MEMORIAL MEDICAL CENTER

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AP Open Invoice List

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Dates Through:

Vendor# 11284

Calhoun County Auditor

Vendor Name

Class

Pay Code

EMERGENCY STAFFING SOLUTION

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
40233	✓ 05/28/2021	05/15/2021	05/12/2021				40,062.50	0.00	0.00	40,062.50 ✓

STAFFING

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11284		EMERGENCY STAF	40,062.50	0.00	0.00	40,062.50

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	40,062.50	0.00	0.00	40,062.50

APPROVED
ON

ck#

MAY 28 2021

190550

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

6/1/2021

tmp__cw5report6456333730964378503.html

06/01/2021

MEMORIAL MEDICAL CENTER

0

11:32

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor#

Vendor Name

Class

Pay Code

12476

SUN LIFE FINANCIAL ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
042321	06/01/2021	04/23/2021	05/10/2021	06/02/2021	P		8,902.60	0.00	0.00	8,902.60

INSURANCE (411-4130/21)

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12476		SUN LIFE FINANCIAL	8,902.60	0.00	0.00	8,902.60 ✓

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	8,902.60	0.00	0.00	8,902.60

APPROVED
ON
JUN 01 2021
CASHIER
CASHIER WORKER, TREC

CK#
190573

RECEIVED

05/27/2021

11:13 MAY 27 2021

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap_open_invoice.template

Dates Through:

Vendor#
11836

Cannon County Auditor

Vendor Name

Class

Pay Code

GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
051421A	05/27/2021	05/14/2021	06/17/2021				7,847.38	0.00	0.00	7,847.38 ✓
	TRANSFER									
051421	05/27/2021	05/14/2021	06/17/2021				1,117.18	0.00	0.00	1,117.18 ✓
	TRANSFER									
051721	05/27/2021	05/17/2021	06/17/2021				18,304.00	0.00	0.00	18,304.00 ✓
	TRANSFER									

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

11836

GOLDENCREEK HE

27,268.56

0.00

0.00

27,268.56

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

27,268.56

0.00

0.00

27,268.56

MAY 27 2021

MAY 27 2021

CANNON COUNTY, GA

ck#

190575

RECEIVED

05/27/2021

11:15

MAY 27 2021

Vendor#

12696

Cathoun County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

ap_open_invoice.template

0

Vendor Name

Class

Pay Code

GULF POINTE PLAZA ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
051321	05/27/2021	05/13/2021	06/17/2021				79.28	0.00	0.00	79.28 ✓

TRANSFER NH insurance amt deposited into mmc operating

051721	05/27/2021	05/17/2021	06/17/2021				9,869.02	0.00	0.00	9,869.02 ✓
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TRANSFER "

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12696		GULF POINTE PLAZ	9,948.30	0.00	0.00	9,948.30

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	9,948.30	0.00	0.00	9,948.30

MAY 27 2021CK#
190576

CATHOUN COUNTY, TEXAS

RECEIVED

05/27/2021

11:14

MAY 27 2021

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap_open_invoice.template

Dates Through:

Vendor# 13004
Caddo County Auditor

Vendor Name

Class

Pay Code

TUSCANY VILLAGE ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
051421	05/27/2021	05/14/2021	06/17/2021				1,543.67	0.00	0.00	1,543.67 ✓
	TRANSFER									
051721B	05/27/2021	05/17/2021	06/17/2021				4,266.50	0.00	0.00	4,266.50 ✓
	TRANSFER									
051721	05/27/2021	05/17/2021	06/17/2021				2,597.00	0.00	0.00	2,597.00 ✓
	TRANSFER									
051721A	05/27/2021	05/17/2021	06/17/2021				4,309.55	0.00	0.00	4,309.55 ✓
	TRANSFER									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
13004		TUSCANY VILLAGE	12,716.72	0.00	0.00	12,716.72

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	12,716.72	0.00	0.00	12,716.72

APR 27 2021

MAY 27 2021

ck#

190577

TUSCANY VILLAGE
MEMORIAL MEDICAL CENTER, TEXAS

RECEIVED

05/27/2021

11:14

MAY 27 2021

Vendor#

02792 Guilford County Auditor

Vendor Name

BETHANY SENIOR LIVING

Class

Pay Code

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

0
ap_open_invoice.template

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
051421	05/27/2021	05/14/2021	06/17/2021				1,261.66	0.00	0.00	1,261.66 ✓

TRANSFER NH insurance pymt deposited into mmc operating

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12792	BETHANY SENIOR I	1,261.66	0.00	0.00	1,261.66	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,261.66	0.00	0.00	1,261.66

APR 27 2021

MAY 27 2021

ck#
190574

GUILFORD COUNTY, NC

Q

RUN DATE:06/01/21
TIME:11:36

MEMORIAL MEDICAL CENTER
CHECK REGISTER
06/02/21 THRU 06/02/21

PAGE 1
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
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A/P	190538	06/02/21	1,848.84	ABILITY NETWORK (SHIFTHOUND)
A/P	190539	06/02/21	2,308.50	ALLYSON SWOPE
A/P	190540	06/02/21	20,800.00	AMERISOURCEBERGEN DRUG CORP
A/P	190541	06/02/21	7,755.25	AUREUS RADIOLOGY LLC
A/P	190542	06/02/21	.00	VOIDED
A/P	190543	06/02/21	.00	VOIDED
A/P	190544	06/02/21	.00	VOIDED
A/P	190545	06/02/21	71,347.13	BECKMAN COULTER INC
A/P	190546	06/02/21	707.35	CARDINAL HEALTH 414, INC.
A/P	190547	06/02/21	219.51	CYRACOM LLC
A/P	190548	06/02/21	295.54	DEWITT POTH & SON
A/P	190549	06/02/21	729.85	DUTCH OPHTHALMIC USA
A/P	190550	06/02/21	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	190551	06/02/21	1,068.70	FISHER HEALTHCARE
A/P	190552	06/02/21	48,989.62	GARDNER & WHITE, INC.
A/P	190553	06/02/21	704.10	GULF COAST PAPER COMPANY
A/P	190554	06/02/21	3,000.00	HEALTH SOLUTIONS DIETETICS
A/P	190555	06/02/21	1,850.00	HEALTHSURE INSURANCE SERVICES
A/P	190556	06/02/21	1,615.04	LABCORP OF AMERICA HOLDINGS
A/P	190557	06/02/21	790.86	M G TRUST
A/P	190558	06/02/21	845.99	MEDICAL DATA SYSTEMS, INC.
A/P	190559	06/02/21	743.76	MEDLINE INDUSTRIES INC
A/P	190560	06/02/21	204.90	MEMORIAL MEDICAL CLINIC
A/P	190561	06/02/21	.00	VOIDED
A/P	190562	06/02/21	.00	VOIDED
A/P	190563	06/02/21	.00	VOIDED
A/P	190564	06/02/21	26,422.61	MORRIS & DICKSON CO, LLC
A/P	190565	06/02/21	2,356.00	NOVUM MEDICAL PRODUCTS
A/P	190566	06/02/21	2,250.63	PABLO GARZA
A/P	190567	06/02/21	95.67	SCHOOL SPECIALTY
A/P	190568	06/02/21	106.97	SPARKLIGHT
A/P	190569	06/02/21	420.00	ST DAVIDS HEALTHCARE
A/P	190570	06/02/21	520.05	TLC STAFFING
A/P	190571	06/02/21	75.00	TROEMNER, LLC
A/P	190572	06/02/21	3,670.48	WAGWORKS, INC.
A/P	190573	06/02/21	8,902.60	SUN LIFE FINANCIAL
A/P	190574	06/02/21	1,261.66	BETHANY SENIOR LIVING
A/P	190575	06/02/21	27,268.56	GOLDENCREEK HEALTHCARE
A/P	190576	06/02/21	9,948.30	GULF POINTE PLAZA
A/P	190577	06/02/21	12,716.72	TUSCANY VILLAGE
TOTALS:			301,902.69	

Payables 199,388.25
 Criticals { 2,356.00
 40,062.50
 8,902.60
 NH { 27,268.56
 Transfers { 8,948.30
 12,716.72
 1,261.66
 301,902.69

JUN 02 2021
 JUN 02 2021
 JUN 02 2021

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
6/1/2021

Account	Previous	ACH	Pending	Today's	Amount to Be Transferred to Nursing Home
Nursing Home	Beginning	Transfer-Out	Transfer-In	Beginning	
Ashford Gardens	151,446.61	135,389.59	184,940.77	197,997.79	183,268.69
				Bank Balance	197,997.79
				Variance	

Formula didn't pick up these cells

Leave in Balance	100.00
Withholding for Medicare Recoup- Hosp	1,237.69
Withholding for Medicare Recoup- Clinic	375.27
Withholding for Medicare Recoup- Hosp	7,424.80
Withholding for Medicare Recoup- Clinic	1,232.78
Withholding for Medicare Recoup- Hosp	3,983.75
Withholding for Medicare Recoup- Clinic	271.90
CLIPP CK	

APRIL INTEREST	43.79
MAY INTEREST	59.12
JUNE INTEREST	

Adjust Balance/Transfer Amt -184,881.45 183,268.69

Broadmoor	226,021.00	209,477.24	86,027.62
------------------	------------	------------	-----------

Bank Balance	102,571.28
Variance	

84,371.55

Formula didn't pick up these cells

Leave in Balance	100.00
CLIPP CK	
Withholding for Medicare Recoup- Hosp	1,237.69
Withholding for Medicare Recoup- Clinic	375.27
Withholding for Medicare Recoup- Hosp	10,924.52
Withholding for Medicare Recoup- Clinic	1,232.78
Withholding for Medicare Recoup- Hosp	3,983.75
Withholding for Medicare Recoup- Clinic	271.90
APRIL INTEREST	43.11
MAY INTEREST	
JUNE INTEREST	

Adjust Balance/Transfer Amt -85,954.51 84,371.55

Crescent	99,981.71	89,625.09	44,792.57
-----------------	-----------	-----------	-----------

Bank Balance	55,149.19
Variance	

43,151.98

Formula didn't pick up cells

Leave in Balance	100.00
CLIPP CK	
Withholding for Medicare Recoup- Hosp	1,237.69
Withholding for Medicare Recoup- Clinic	375.27
Withholding for Medicare Recoup- Hosp	4,745.74
Withholding for Medicare Recoup- Clinic	1,232.78
Withholding for Medicare Recoup- Hosp	3,983.75
Withholding for Medicare Recoup- Clinic	271.90
APRIL INTEREST	22.45
MAY INTEREST	27.83
JUNE INTEREST	

Adjust Balance/Transfer Amt -49,704.94 43,151.98

Fort Bend	33,296.19	22,952.19	49,366.03
------------------	-----------	-----------	-----------

Bank Balance	59,710.03
Variance	

47,734.06

Formula didn't pick up cells

Leave in Balance	100.00
Pending Amerigroup CLIPP CK	
Withholding for Medicare Recoup- Hosp	1,237.69
Withholding for Medicare Recoup- Clinic	375.27
Withholding for Medicare Recoup- Hosp	4,745.74
Withholding for Medicare Recoup- Clinic	1,232.78
Withholding for Medicare Recoup- Hosp	3,983.75
Withholding for Medicare Recoup- Clinic	271.90
APRIL INTEREST	9.85
MAY INTEREST	19.01
JUNE INTEREST	

Adjust Balance/Transfer Amt -49,347.02 47,734.06

Solera at W Houston	66,731.53	56,362.24	202,903.92
----------------------------	-----------	-----------	------------

Bank Balance	213,273.21
Variance	

201,245.13

Formula didn't pick up cells

Leave in Balance	100.00
Pending Amerigroup CLIPP CK	
Withholding for Medicare Recoup- Hosp	1,237.69
Withholding for Medicare Recoup- Clinic	375.27
Withholding for Medicare Recoup- Hosp	4,745.74
Withholding for Medicare Recoup- Clinic	1,232.78
Withholding for Medicare Recoup- Hosp	3,983.75
Withholding for Medicare Recoup- Clinic	271.90
APRIL INTEREST	35.12
MAY INTEREST	45.83
JUNE INTEREST	

Adjust Balance/Transfer Amt -202,858.09 201,245.13

183,268.69
84,371.55
43,151.98
47,734.06
201,245.13
559,771.41

at West Houston / Fort Bend / Broadmoor

transferred to the nursing home
\$100 that MMC deposited to open account

TOTAL TRANSFERS

Approved:
Jason Anglin, CEO

6/1/2021

Ashford Gardens

5/24/2021 Amerigroup TXSC HCCLAIMPMT 3151474566 111000
 5/24/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 5/25/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 5/25/2021 NOVITAS SOLUTION HCCLAIMPMT 675423 420000139
 5/25/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2
 5/26/2021 WIRE OUT ASHFORD HEALTH CARE CENTER LTD ✓
 5/26/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 5/27/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2
 5/28/2021 Check QIPP check
 5/28/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384
 5/28/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 5/28/2021 NOVITAS SOLUTION HCCLAIMPMT 675423 420000154
 5/31/2021 Added to Account Interest

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	20,869.77	-	-	-	-	-	20,869.77
-	13,684.30	-	-	-	-	-	13,684.30
-	24,707.90	-	-	-	-	-	24,707.90
-	66,619.97	-	-	-	-	-	66,619.97
-	1,333.41	-	-	-	-	-	1,333.41
119,526.00	-	-	-	-	-	-	-
-	29,473.68	-	-	-	-	-	29,473.68
-	11,664.39	-	-	-	-	-	11,664.39
18,863.59	-	-	-	-	-	-	-
-	6,254.00	-	-	-	-	-	6,254.00
-	9,264.16	-	-	-	-	-	9,264.16
-	1,010.07	-	-	-	-	-	1,010.07
-	59.12	-	-	-	-	-	59.12
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
138,389.59	184,940.77	-	-	-	-	-	184,940.77

Broadmoor

5/24/2021 Deposit Transfer from MMC opening 5/19/21
 5/24/2021 UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384
 5/24/2021 NOVITAS SOLUTION HCCLAIMPMT 676357 420000106
 5/25/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 5/25/2021 NOVITAS SOLUTION HCCLAIMPMT 676357 420000138
 5/25/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2
 5/26/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III
 5/26/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 5/26/2021 NOVITAS SOLUTION HCCLAIMPMT 676357 420000140
 5/28/2021 Check QIPP
 5/28/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384
 5/28/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 5/28/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 5/28/2021 NOVITAS SOLUTION HCCLAIMPMT 676357 420000154
 5/31/2021 Added to Account Interest

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	24,536.24	-	-	-	-	-	24,536.24
-	8,170.00	-	-	-	-	-	8,170.00
-	153.23	-	-	-	-	-	153.23
-	810.26	-	-	-	-	-	810.26
-	2,713.00	-	-	-	-	-	2,713.00
-	2,302.47	-	-	-	-	-	2,302.47
201,665.17	-	-	-	-	-	-	-
-	3,672.76	-	-	-	-	-	3,672.76
-	109.69	-	-	-	-	-	109.69
7,812.07	-	-	-	-	-	-	-
-	9,380.00	-	-	-	-	-	9,380.00
-	5,552.48	-	-	-	-	-	5,552.48
-	25,305.44	-	-	-	-	-	25,305.44
-	3,278.94	-	-	-	-	-	3,278.94
-	43.11	-	-	-	-	-	43.11
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
209,477.24	86,027.62	-	-	-	-	-	86,027.62

Crescent

5/24/2021 Deposit Transfer from MMC opening 5/19/21
 5/24/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2
 5/25/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 5/25/2021 HUMANA CHA DISA HCCLAIMPMT 390864 4200001098
 5/26/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III
 5/26/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 5/26/2021 NOVITAS SOLUTION HCCLAIMPMT 676323 420000140
 5/26/2021 CIGNA HCCLAIMPMT 1669860425 9100001082125
 5/28/2021 Check QIPP
 5/28/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384
 5/28/2021 NOVITAS SOLUTION HCCLAIMPMT 676323 420000154
 5/31/2021 Added to Account Interest

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	1,110.00	-	-	-	-	-	1,110.00
-	2,289.31	-	-	-	-	-	2,289.31
-	3,238.50	-	-	-	-	-	3,238.50
-	6,715.00	-	-	-	-	-	6,715.00
83,356.98	-	-	-	-	-	-	-
-	10,854.40	-	-	-	-	-	10,854.40
-	7,049.49	-	-	-	-	-	7,049.49
-	2,782.50	-	-	-	-	-	2,782.50
6,266.11	-	-	-	-	-	-	-
-	10,550.00	-	-	-	-	-	10,550.00
-	175.74	-	-	-	-	-	175.74
-	27.63	-	-	-	-	-	27.63
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
89,625.09	44,792.57	-	-	-	-	-	44,792.57

Fort Bend

5/25/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 5/25/2021 NOVITAS SOLUTION HCCLAIMPMT 675663 420000138
 5/26/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III
 5/26/2021 MANAGEANDNET1718 MNS PMNT 00000000004294 41
 5/26/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 5/27/2021 MANAGEANDNET1718 MNS PMNT 00000000004294 41
 5/28/2021 Check QIPP
 5/28/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 5/31/2021 Added to Account Interest

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	4,786.62	-	-	-	-	-	4,786.62
-	21,113.33	-	-	-	-	-	21,113.33
15,323.69	-	-	-	-	-	-	-
-	945.00	-	-	-	-	-	945.00
-	11,576.07	-	-	-	-	-	11,576.07
-	8,510.00	-	-	-	-	-	8,510.00
7,628.50	-	-	-	-	-	-	-
-	2,416.00	-	-	-	-	-	2,416.00
-	19.01	-	-	-	-	-	19.01
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
22,952.19	49,366.03	-	-	-	-	-	49,366.03

Solera at West Houston

5/24/2021 Deposit Transfer from MMC opening 5/19/21
 5/24/2021 Amerigroup TXSC HCCLAIMPMT 3151474567 111000
 5/24/2021 NOVITAS SOLUTION HCCLAIMPMT 676310 420000106
 5/24/2021 HUMANA INS CO HCCLAIMPMT 390862 830000518564
 5/24/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2
 5/25/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 5/25/2021 NOVITAS SOLUTION HCCLAIMPMT 676310 420000138
 5/25/2021 HUMANA INS CO HCCLAIMPMT 390862 830000555723
 5/26/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III
 5/26/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 5/26/2021 NOVITAS SOLUTION HCCLAIMPMT 676310 420000140
 5/27/2021 MANAGEANDNET1718 MNS PMNT 00000000004282 41
 5/28/2021 Check QIPP
 5/28/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384
 5/31/2021 Added to Account Interest

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	927.50	-	-	-	-	-	927.50
-	12,104.20	-	-	-	-	-	12,104.20
-	121,587.16	-	-	-	-	-	121,587.16
-	6,663.47	-	-	-	-	-	6,663.47
-	6,265.72	-	-	-	-	-	6,265.72
-	10,411.45	-	-	-	-	-	10,411.45
-	5,473.46	-	-	-	-	-	5,473.46
-	4,326.00	-	-	-	-	-	4,326.00
48,960.64	-	-	-	-	-	-	-
-	22,204.32	-	-	-	-	-	22,204.32
-	1,566.81	-	-	-	-	-	1,566.81
-	3,780.00	-	-	-	-	-	3,780.00
7,401.60	-	-	-	-	-	-	-
-	7,548.00	-	-	-	-	-	7,548.00
-	45.83	-	-	-	-	-	45.83
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
56,362.24	202,903.92	-	-	-	-	-	202,903.92
516,806.35	568,030.91	-	-	-	-	-	568,030.91

TOTALS

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

Add Group

Search

All

DDA

Data reported as of Jun 1, 2021

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$8,669,026.18	\$8,727,343.31	\$8,669,026.18	\$8,830,055.6
*4551 CAL CO INDIGENT HEALTHCARE	\$5,794.00	\$5,794.00	\$5,794.00	\$5,791.6
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$237,636.45	\$237,636.45	\$237,636.45	\$237,599.9
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.31	\$535.31	\$535.31	\$535.1
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$4,505,954.96	\$4,475,858.88	\$4,505,954.96	\$4,768,953.2
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$430.98	\$430.98	\$430.98	\$430.8
*4381 MEMORIAL MEDICAL CENTER / NH <u>ASHFORD</u>	\$197,997.79 ✓	\$201,039.79	\$197,997.79	\$200,274.0
*4403 MEMORIAL MEDICAL CENTER / NH <u>BROADMOOR</u>	\$102,571.38 ✓	\$109,214.82	\$102,571.38	\$66,823.4
*4411 MEMORIAL MEDICAL CENTER / NH <u>CRESCENT</u>	\$55,149.19 ✓	\$67,955.47	\$55,149.19	\$50,663.9
*4446 MEMORIAL MEDICAL CENTER / NH <u>FORT BEND</u>	\$59,710.03 ✓	\$74,320.03	\$59,710.03	\$64,903.9
*4438 MEMORIAL MEDICAL CENTER / <u>SOLERA</u> AT WEST HOUSTON	\$213,273.21 ✓	\$216,147.24	\$213,273.21	\$213,080.9
*2998 MMC -MONEY MARKET FUND	\$2,606,587.00	\$2,606,587.00	\$2,606,587.00	\$2,605,369.9
*5506 MMC -NH BETHANY SENIOR LIVING	\$224,423.51	\$232,588.56	\$224,423.51	\$159,344.9
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$221,351.79	\$221,394.43	\$221,351.79	\$218,714.9
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$45,630.88	\$45,630.88	\$45,630.88	\$45,621.1
*3407 MMC -NH TUSCANY VILLAGE	\$191,979.70	\$232,209.47	\$191,979.70	\$191,947.9

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
6/1/2021

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Golden Creek		8,721.78	-	228,914.67	-	237,636.45	~~227,226.64~~
					Bank Balance Variance	237,636.45	186,105.59
					Leave in Balance	100.00	
					* Withholding for Medicare Recoup- Hosp	1,237.69	
					* Withholding for Medicare Recoup- Clinic	375.27	
					Withholding for Medicare Recoup- Hosp	4,745.74	
					Withholding for Medicare Recoup- Clinic	1,232.78	
					Withholding for Medicare Recoup- Hosp	3,983.75	
					* Withholding for Medicare Recoup- Clinic	271.90	
					SUPERIOR QIPP PYMT	39,508.09	
					APRIL INTEREST	39.13	
					MAY INTEREST	36.51	
					JUNE INTEREST		
					Adjust Balance/Transfer Amt	~~-227,226.64~~	186,105.59

*formula did not
pick up cells

curr o/s
prev. o/s
curr o/s
held

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

Approved:
Jason Anglin, CEO

6/1/2021

APPROVED
JUN 01 2021
JASON ANGLIN, CEO

Golden Creek

5/24/2021 Deposit *Transfer from operating on 5/14/21*
 5/24/2021 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9
 5/24/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2
 5/26/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2
 5/26/2021 Centene Manageme CCD+ 38888463 3110020304564
 5/27/2021 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9
 5/27/2021 NOVITAS SOLUTION HCCLAIMPMT 676097 420000129
 5/31/2021 Added to Account *Interest*

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&L apse	QIPP TI	
-	91,633.35 ✓					-	91,633.35
-	6,354.00					-	6,354.00
-	18,369.07					-	18,369.07
-	1,014.63					-	1,014.63
-	48,866.19	30,149.99	5,536.00	12,911.75	268.45	39,508.09	9,358.10
-	236.60					-	236.60
-	62,404.32 ✓					-	62,404.32
-	36.51 ✓					-	36.51
-	228,914.67	30,149.99	5,536.00	12,911.75	268.45	39,508.09	189,406.58 ✓

Quick View

Select Quick View Accounts
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Account Type

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DDA

Data reported as of Jun 1, 2021

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$8,669,026.18	\$8,727,343.31	\$8,669,026.18	\$8,830,055.6
*4551 CAL CO INDIGENT HEALTHCARE	\$5,794.00	\$5,794.00	\$5,794.00	\$5,791.6
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$237,636.45 ✓	\$237,636.45	\$237,636.45	\$237,599.9
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.31	\$535.31	\$535.31	\$535.1
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$4,505,954.96	\$4,475,858.88	\$4,505,954.96	\$4,768,953.2
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$430.98	\$430.98	\$430.98	\$430.8
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$197,997.79	\$201,039.79	\$197,997.79	\$200,274.0
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$102,571.38	\$109,214.82	\$102,571.38	\$66,823.4
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$55,149.19	\$67,955.47	\$55,149.19	\$50,663.9
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$59,710.03	\$74,320.03	\$59,710.03	\$64,903.5
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$213,273.21	\$216,147.24	\$213,273.21	\$213,080.9
*2998 MMC -MONEY MARKET FUND	\$2,606,587.00	\$2,606,587.00	\$2,606,587.00	\$2,605,369.9
*5506 MMC -NH BETHANY SENIOR LIVING	\$224,423.51	\$232,588.56	\$224,423.51	\$159,344.9
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$221,351.79	\$221,394.43	\$221,351.79	\$218,714.9
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$45,630.88	\$45,630.88	\$45,630.88	\$45,621.1
*3407 MMC -NH TUSCANY VILLAGE	\$191,979.70	\$232,209.47	\$191,979.70	\$191,947.9

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
6/1/2021

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza- Private Pay		27,000.08	✓ 26,887.43	✓ 45,518.23	✓		45,630.88	22,130.21
						Bank Balance	45,630.88	✓
						Variance		
						Leave in Balance	100.00	
						SUPERIOR QIPP PYMT	23,378.33	✓
						APRIL INTEREST	12.65	✓
						MAY INTEREST	9.69	✓
						JUNE INTEREST		✓
						Adjust Balance/Transfer Amt	22,130.21	✓

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza-Medicare/Medicaid		6,729.78	✓ 6,603.02	✓ 221,225.03	✓		221,351.79	221,195.22
						Bank Balance	221,351.79	✓
						Variance		
						Leave in Balance	100.00	
						Withholding for Medicare Recoup- Hosp		
						Withholding for Medicare Recoup- Clinic		
						APRIL INTEREST	26.76	✓
						MAY INTEREST	29.81	✓
						JUNE INTEREST		✓
						Adjust Balance/Transfer Amt	221,195.22	✓

Routing Information for Gulf Pointe Plaza:

TOTAL TRANSFERS 221,195.22 243,325.43

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

Approved
Jason Anglin, CEO 6/1/2021

RECEIVED
ON
JUN 01 2021
CITY OF MEMPHIS
COMMUNITY DEVELOPMENT

Gulf Pointe Plaza-Private Pay

5/24/2021 HUMANA INS CO HCCLAIMPMT 624982 830000518675
 5/25/2021 HUMANA CHA DISB HCCLAIMPMT 624982 4200001099
 5/26/2021 WIRE OUT HMG SERVICES, LLC
 5/26/2021 Centene Managemen CCD+ 38888463 3110020304589
 5/27/2021 HUMANA CHA DISB HCCLAIMPMT 624982 4200001183
 5/31/2021 Added to Account *Interest*

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	
-	14,030.95					-	14,030.95
-	905.18					-	905.18
26,887.43	-					-	-
-	28,920.51	17,836.14	3,277.10	7,638.53	168.74	23,378.33	5,542.19
-	1,651.90					-	1,651.90
-	9.69					-	9.69
26,887.43	45,518.23	17,836.14	3,277.10	7,638.53	168.74	23,378.33	22,139.91

Gulf Pointe Plaza-Medicare/Medicaid

5/24/2021 Deposit *Transfer from opening 5/19/21*
 5/25/2021 NORIDIAN J3A HCCLAIMPMT 675892 4200001070046
 5/26/2021 WIRE OUT HMG SERVICES, LLC
 5/26/2021 NORIDIAN J3A HCCLAIMPMT 675892 4200001195149
 5/27/2021 NORIDIAN J3A HCCLAIMPMT 675892 4200001229706
 5/28/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2
 5/31/2021 Added to Account *Interest*

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	
-	77,589.92					-	77,589.92
-	91,974.78					-	91,974.78
6,603.02	-					-	-
-	41,911.57					-	41,911.57
-	7,111.93					-	7,111.93
-	2,607.02					-	2,607.02
-	29.81					-	29.81
6,603.02	221,225.03	-	-	-	-	-	221,225.03
33,490.45	266,743.26	17,836.14	3,277.10	7,638.53	168.74	23,378.33	243,364.94

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

Add Group

Search

All

DDA

Data reported as of Jun 1, 2021

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$8,669,026.18	\$8,727,343.31	\$8,669,026.18	\$8,830,055.6
*4551 CAL CO INDIGENT HEALTHCARE	\$5,794.00	\$5,794.00	\$5,794.00	\$5,791.6
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$237,636.45	\$237,636.45	\$237,636.45	\$237,599.9
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.31	\$535.31	\$535.31	\$535.1
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$4,505,954.96	\$4,475,858.88	\$4,505,954.96	\$4,768,953.2
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$430.98	\$430.98	\$430.98	\$430.8
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$197,997.79	\$201,039.79	\$197,997.79	\$200,274.0
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$102,571.38	\$109,214.82	\$102,571.38	\$66,823.4
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$55,149.19	\$67,955.47	\$55,149.19	\$50,663.9
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$59,710.03	\$74,320.03	\$59,710.03	\$64,903.5
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$213,273.21	\$216,147.24	\$213,273.21	\$213,080.9
*2998 MMC -MONEY MARKET FUND	\$2,606,587.00	\$2,606,587.00	\$2,606,587.00	\$2,605,369.9
*5506 MMC -NH BETHANY SENIOR LIVING	\$224,423.51	\$232,588.56	\$224,423.51	\$159,344.9
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$221,351.79 ✓	\$221,394.43	\$221,351.79	\$218,714.9
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$45,630.88 ✓	\$45,630.88	\$45,630.88	\$45,621.1
*3407 MMC -NH TUSCANY VILLAGE	\$191,979.70	\$232,209.47	\$191,979.70	\$191,947.9

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
6/1/2021

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Tuscany Senior Living		8,119.85	✓	183,859.85	✓		191,979.70	✓ 177,991.24
						Bank Balance	191,979.70	
						Variance		
						Leave in Balance	100.00	
						Withholding for Medicare Recoup- Hosp	1,237.69	✓
						Withholding for Medicare Recoup- Clinic	375.27	✓
						Withholding for Medicare Recoup- Hosp	5,197.82	✓
						Withholding for Medicare Recoup- Clinic	2,822.03	✓
						Withholding for Medicare Recoup- Hosp	3,983.75	✓
						Withholding for Medicare Recoup- Clinic	271.90	✓
						Pending Amerigroup QIPP Ck		
						Adjust Balance/Transfer Amt	179,604.20	177,991.24

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

Approved:
Jason Anglin, CEO

6/1/2021

AMH
ON
JUN 01 2021
PROSPERITY ACCOUNTS
MEMORIAL MEDICAL CENTER, PEARSON

Tuscany Senior Living

5/24/2021 Deposit *Transfer from mme opening 5/15/21*
5/27/2021 NOVITAS SOLUTION HCCLAIMPMT 676201 420000129
5/31/2021 Added to Account *Interest*

Transfer-Out

Transfer-In

MMC PORTION					NH PORTION
QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	-	-	-	-	75,371.81
-	-	-	-	-	108,456.28
-	-	-	-	-	31.76
-	183,859.85	-	-	-	183,859.85

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

DDA

Data reported as of Jun 1, 2021

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$8,669,026.18	\$8,727,343.31	\$8,669,026.18	\$8,830,055.6
*4551 CAL CO INDIGENT HEALTHCARE	\$5,794.00	\$5,794.00	\$5,794.00	\$5,791.6
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$237,636.45	\$237,636.45	\$237,636.45	\$237,599.9
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.31	\$535.31	\$535.31	\$535.1
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$4,505,954.96	\$4,475,858.88	\$4,505,954.96	\$4,768,953.2
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$430.98	\$430.98	\$430.98	\$430.8
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$197,997.79	\$201,039.79	\$197,997.79	\$200,274.0
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$102,571.38	\$109,214.82	\$102,571.38	\$66,823.4
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$55,149.19	\$67,955.47	\$55,149.19	\$50,663.9
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$59,710.03	\$74,320.03	\$59,710.03	\$64,903.5
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$213,273.21	\$216,147.24	\$213,273.21	\$213,080.9
*2998 MMC -MONEY MARKET FUND	\$2,606,587.00	\$2,606,587.00	\$2,606,587.00	\$2,605,369.9
*5506 MMC -NH BETHANY SENIOR LIVING	\$224,423.51	\$232,588.56	\$224,423.51	\$159,344.9
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$221,351.79	\$221,394.43	\$221,351.79	\$218,714.9
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$45,630.88	\$45,630.88	\$45,630.88	\$45,621.1
*3407 MMC -NH TUSCANY VILLAGE	\$191,979.70	\$232,209.47	\$191,979.70	\$191,947.9

Memorial Medical Center
 Nursing Home UPL
 Weekly HSLTransfer
 Prosperity Accounts
 6/1/2021

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Bethany Senior Living		248,895.13	✓ 248,731.02	✓ 224,259.40	✓		224,423.51	224,194.25
						Bank Balance	224,423.51	✓
						Variance		
						Leave in Balance	100.00	
						Withholding for Medicare Recoup- Hosp		
						Withholding for Medicare Recoup- Clinic		

APRIL INTEREST 64.11 ✓
 MAY INTEREST 65.15 ✓
 JUNE INTEREST
 Adjust Balance/Transfer Amt 224,194.25 ✓

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

Approved: 
 Jason Anglin, CEO 6/1/2021

ADMINISTRATIVE
 JUN 01 2021
 COUNCILMAN
 COUNCILMAN

Bethany Senior Living

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
5/24/2021 Deposit	-	295.43					-	295.43
5/24/2021 Deposit	-	25,077.15					-	25,077.15
5/24/2021 Deposit <i>Transfer from MMC quarterly 5/15/21</i>	-	100,531.29					-	100,531.29
5/24/2021 NOVITAS SOLUTION HCCLAIMPMT 676481 420000106	-	1,869.33					-	1,869.33
5/24/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	1,968.58					-	1,968.58
5/25/2021 JPMORGAN CHASE PAYABLES 9990007660 210000219	-	6,489.36					-	6,489.36
5/25/2021 NOVITAS SOLUTION HCCLAIMPMT 676481 420000138	-	8,994.45					-	8,994.45
5/26/2021 WIRE OUT BETHANY SENIOR LIVING, LTD	248,731.02	-					-	-
5/26/2021 Deposit	-	3,734.03					-	3,734.03
5/26/2021 NOVITAS SOLUTION HCCLAIMPMT 676481 420000140	-	5,501.98					-	5,501.98
5/27/2021 Deposit	-	4,719.24					-	4,719.24
5/28/2021 Deposit	-	50,356.75					-	50,356.75
5/28/2021 Deposit	-	4,368.00					-	4,368.00
5/28/2021 HOSPICE OF SO TX VENDORS NF 91000012784825	-	2,647.42					-	2,647.42
5/28/2021 NOVITAS SOLUTION HCCLAIMPMT 676481 420000154	-	7,641.24					-	7,641.24
5/31/2021 Added to Account <i>Interest</i>	-	65.15					-	65.15
	248,731.02	224,259.40	-	-	-	-	-	224,259.40

Quick View

Select Quick View Accounts

Account Number / Name

Account Type



Select Group

Groups

DDA

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Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
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*4551 CAL CO INDIGENT HEALTHCARE	\$5,794.00	\$5,794.00	\$5,794.00	\$5,791.6
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$237,636.45	\$237,636.45	\$237,636.45	\$237,599.9
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.31	\$535.31	\$535.31	\$535.1
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$4,505,954.96	\$4,475,858.88	\$4,505,954.96	\$4,768,953.2
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$430.98	\$430.98	\$430.98	\$430.8
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$197,997.79	\$201,039.79	\$197,997.79	\$200,274.0
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$102,571.38	\$109,214.82	\$102,571.38	\$66,823.4
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*2998 MMC -MONEY MARKET FUND	\$2,606,587.00	\$2,606,587.00	\$2,606,587.00	\$2,605,369.9
*5506 MMC -NH BETHANY SENIOR LIVING	\$224,423.51 ✓	\$232,588.56	\$224,423.51	\$159,344.9
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$221,351.79	\$221,394.43	\$221,351.79	\$218,714.9
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$45,630.88	\$45,630.88	\$45,630.88	\$45,621.1
*3407 MMC -NH TUSCANY VILLAGE	\$191,979.70	\$232,209.47	\$191,979.70	\$191,947.9

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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MEMORIAL MEDICAL CENTER

Date Requested: 6/1/21

FOR ACCT. USE ONLY

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

APPROVED

JUN 01 2021

CITY OF TAMPA

CAMPAIGN FINANCE BOARD

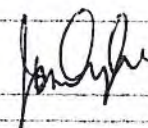
AMOUNT \$39,508.09

CK# 000082

G/L NUMBER: 10255040

EXPLANATION: Superior QIPP 1,2,3, & LAPSE — Golden creek

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

RUN DATE:06/07/21
TIME:14:06

MEMORIAL MEDICAL CENTER
CHECK REGISTER
06/07/21 THRU 06/07/21

PAGE 2
GLCKREG

BANK--CHECK-----
CODE NUMBER DATE AMOUNT PAYEE

NHG 000082 06/07/21 39,508.09 MEMORIAL MEDICAL CENTER
TOTALS: 39,508.09

golden creek



MEMORIAL MEDICAL CENTER
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MEMORIAL MEDICAL CENTER

Date Requested: 6/1/21

FOR ACCT. USE ONLY

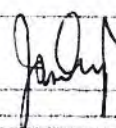
- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT \$23,378.33

G/L NUMBER: 10255040

EXPLANATION: Superior QIPP 1,2,3, & LAPSE - Gulf Pointz Plaza

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

0

RUN DATE:06/07/21
TIME:14:06

MEMORIAL MEDICAL CENTER
CHECK REGISTER
06/07/21 THRU 06/07/21

PAGE 1
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

GPP 001004 06/07/21 23,378.33 MEMORIAL MEDICAL CENTER
TOTALS: 23,378.33

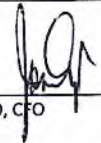
gulf Pointe Plaza

~~LESTER~~
001

JUN 02 2021

~~QUINCY MONROE~~
~~CAMERON CORREY, PERS~~

QIPP Payment to MMC from Nursing Facilities			Commissioner's Court		6/2/2021					TOTAL	Date
NH Name	From Bank Acct #	Ck #	Payee	GL #	QIPP 1,2,3, &Lapse						
Ashford	10000018 - Prosperity		MMC -Prosperity Operating #10000001	10255040						-	6/2/2021
Broadmoor	10000019 - Prosperity		MMC -Prosperity Operating #10000001	10255040						-	6/2/2021
Crescent	10000020 - Prosperity		MMC -Prosperity Operating #10000001	10255040						-	6/2/2021
Fort Bend	10000021 - Prosperity		MMC -Prosperity Operating #10000001	10255040						-	6/2/2021
Solera	10000022 - Prosperity		MMC -Prosperity Operating #10000001	10255040						-	6/2/2021
Golden Creek	10000023 - Prosperity		MMC -Prosperity Operating #10000001	10255040		39,508.09				39,508.09	6/2/2021
Gulf Pointe-PP	10000114 - Prosperity		MMC -Prosperity Operating #10000001	10255040		23,378.33				23,378.33	6/2/2021
Gulf Pointe-MM	10000025 - Prosperity		MMC -Prosperity Operating #10000001							-	6/2/2021
Bethany			MMC -Prosperity Operating #10000001							-	6/2/2021
Tuscany			MMC -Prosperity Operating #10000001	10255040						-	6/2/2021
			Total:			62,886.42	-	-	-	62,886.42	
Note:											

Approved: 
 Jason Anglin, CEO, CFO

6/1/2021

MEMORIAL MEDICAL CENTER

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

000082

88-2265/1131

Date

6/7/21

PAYTO THE
ORDER OF

Memorial Medical Center - Operating

\$ 39,508.09

Thirty nine thousand five hundred eight & 09/100

DOLLARS

PROSPERITY
BANK

County Auditor

FOR Superior QIPP 1,2,3, & lapse

County Treasurer
Security features are included. Details on back.**MEMORIAL MEDICAL CENTER
NH GULF POINTE - PRIVATE PAY**

361-553-4618
1815 N VIRGINIA ST
PORT LAVACA, TX 77979

1004

88-2265/1131-87

DATE

6/7/21

CHECK 403300

PAYTO THE
ORDER OF

Memorial Medical Center

\$ 23,378.33

Twenty three thousand three hundred seventy eight & 33/100

DOLLARS

Photo
Safe
Deposit
Details on back

PROSPERITY BANK

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

County Auditor

FOR Superior QIPP 1,2,3, & lapse

County Treasurer

MEMORIAL MEDICAL CENTER
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MEMORIAL MEDICAL CENTER

Date Requested: 6/1/21

FOR ACCT. USE ONLY

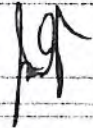
- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Mail Check to Vendor
- ☐ Return Check to Dept

AMOUNT \$1,237.69

CL #001135
G/L NUMBER: _____

EXPLANATION: MEDICARE REPAYMENTS FOR MMC - Ashford

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

Ashford - Hospital

REMIT DATE	RECOUPMENT AMOUNT	TRANSFER WITHHOLD DATE	
4/16/2021	\$2.00	5/17/2021	
4/19/2021	\$3.83	5/17/2021	
4/20/2021	\$25.63	5/17/2021	
4/22/2021	\$799.95	5/17/2021	
4/23/2021	\$1,173.84	5/17/2021	
4/27/2021	\$1.21	5/17/2021	
4/28/2021	\$197.16	5/17/2021	
4/29/2021	\$44.97	5/17/2021	
4/30/2021	\$1,353.48	5/17/2021	
5/3/2021	\$177.10	5/17/2021	
5/3/2021	\$2,779.06	5/17/2021	
5/4/2021	\$75.58	5/17/2021	
5/5/2021	\$578.93	5/17/2021	
5/7/2021	\$212.06	5/17/2021	
5/6/2021	\$258.34	5/24/2021	
5/10/2021	\$1,986.32	5/24/2021	
5/11/2021	\$709.34	5/24/2021	
5/12/2021	\$578.74	5/24/2021	
5/13/2021	\$442.29	5/24/2021	
5/14/2021	\$8.72	5/24/2021	\$3,983.75
5/18/2021	\$133.66	6/1/2021	
5/19/2021	\$624.21	6/1/2021	
5/20/2021	\$479.82	6/1/2021	\$1,237.69
Total	\$12,646.24		

current plus
previous O/S Medicare
on NH Transfer report

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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MEMORIAL MEDICAL CENTER

Date Requested: 6/1/21

FOR ACCT. USE ONLY

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

APPROVED
JUN 01 2021
CASHIER/ACCOUNTS PAYABLE

AMOUNT \$375.27

ck #001131
G/L NUMBER: _____

EXPLANATION: MEDICARE REPAYMENTS FOR MEMORIAL MEDICAL CLINIC - *Perfink*

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: *[Signature]*

Ashford - Clinic

REMIT DATE	DATE POSTED	RECOUPMENT AMOUNT	TRANSFER WITHHOLD DATE
4/19/2021	4/22/2021	\$82.49	5/17/2021
4/19/2021	4/22/2021	\$46.79	5/17/2021
4/20/2021	4/22/2021	\$47.16	5/17/2021
4/22/2021	4/26/2021	\$27.98	5/17/2021
4/22/2021	4/26/2021	\$88.82	5/17/2021
4/23/2021	4/27/2021	\$148.06	5/17/2021
4/23/2021	4/27/2021	\$2.16	5/17/2021
4/27/2021	4/29/2021	\$83.00	5/17/2021
4/28/2021	4/30/2021	\$33.59	5/17/2021
4/29/2021	4/25/2021	\$42.72	5/17/2021
4/29/2021	4/25/2021	\$83.01	5/17/2021
4/30/2021	5/4/2021	\$4.34	5/17/2021
4/30/2021	5/4/2021	\$107.47	5/17/2021
5/3/2021	5/5/2021	\$6.76	5/17/2021
5/3/2021	5/5/2021	\$45.33	5/17/2021
5/4/2021	5/6/2021	\$4.34	5/17/2021
5/4/2021	5/6/2021	\$32.46	5/17/2021
5/5/2021	5/7/2021	\$34.37	5/17/2021
5/5/2021	5/7/2021	\$7.06	5/17/2021
5/6/2021	5/10/2021	\$55.89	5/17/2021
5/7/2021	5/11/2021	\$61.94	5/17/2021
5/11/2021	5/13/2021	\$48.95	5/17/2021
5/12/2021	5/14/2021	\$69.64	5/17/2021
5/13/2021	5/17/2021	\$68.45	5/17/2021
5/14/2021	5/18/2021	\$4.21	5/24/2021
5/14/2021	5/18/2021	\$113.15	5/24/2021
5/18/2021	5/21/2021	\$12.66	5/24/2021
5/18/2021	5/21/2021	\$120.75	5/24/2021
5/19/2021	5/21/2021	\$6.98	5/24/2021
5/19/2021	5/21/2021	\$14.15	5/24/2021
5/20/2021	5/24/2021	\$7.02	5/24/2021 \$271.90
5/20/2021	5/24/2021	\$91.72	6/1/2021
5/21/2021	5/25/2021	\$48.25	6/2/2021
5/21/2021	5/25/2021	\$12.28	6/3/2021
5/24/2021	5/26/2021	\$16.11	6/4/2021
5/24/2021	5/26/2021	\$76.25	6/5/2021
5/25/2021	5/27/2021	\$63.35	6/6/2021
5/25/2021	5/27/2021	\$59.08	6/7/2021
5/26/2021	5/28/2021	\$0.93	6/8/2021
5/26/2021	5/28/2021	\$0.28	6/9/2021
5/26/2021	5/28/2021	\$0.28	6/10/2021 \$375.27

TOTAL

↪ \$1,879.95 ✓
 Current plus
 previous Medicare
 o/b on RHT Transfer
 report

RUN DATE:06/07/21
TIME:13:50

MEMORIAL MEDICAL CENTER
CHECK REGISTER
06/03/21 THRU 06/03/21

PAGE 2
GLCKREG

BANK--CHECK-----
CODE NUMBER DATE AMOUNT PAYEE

NHA 001130 06/03/21 1,237.69 MEMORIAL MEDICAL CENTER
NHA 001131 06/03/21 375.27 MEMORIAL MEDICAL CLINIC
TOTALS: 1,612.96

Ashtford

MEMORIAL MEDICAL CENTER
JUN 02 2021
MEMORIAL MEDICAL CENTER
MEMORIAL MEDICAL CENTER, MEMORIAL

MEMORIAL MEDICAL CENTER
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MEMORIAL MEDICAL CENTER

Date Requested: 6/1/21

FOR ACCT. USE ONLY

- ☐ Imprest Cash
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- ☐ Return Check to Dept

APPROVED

JUN 01 2021

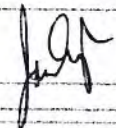
CHECK # 0000912

G/L NUMBER: _____

AMOUNT \$1,237.69

EXPLANATION: MEDICARE REPAYMENTS FOR MMC - Broadmoor

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

Broadmoor - Hospital

REMIT DATE	RECOUPMENT AMOUNT	TRANSFER WITHHOLD DATE
4/9/2021	\$6,180.78	5/17/2021
4/19/2021	\$3.83	5/17/2021
4/20/2021	\$25.63	5/17/2021
4/22/2021	\$799.95	5/17/2021
4/23/2021	\$1,173.84	5/17/2021
4/27/2021	\$1.21	5/17/2021
4/28/2021	\$197.16	5/17/2021
4/29/2021	\$44.97	5/17/2021
4/30/2021	\$1,353.48	5/17/2021
5/3/2021	\$177.10	5/17/2021
5/4/2021	\$75.58	5/17/2021
5/5/2021	\$678.93	5/17/2021
5/7/2021	\$212.06	5/17/2021
5/6/2021	\$258.34	5/24/2021
5/10/2021	\$1,986.32	5/24/2021
5/11/2021	\$709.34	5/24/2021
5/12/2021	\$578.74	5/24/2021
5/13/2021	\$442.29	5/24/2021
5/14/2021	\$8.72	5/24/2021
5/18/2021	\$133.66	6/1/2021
5/19/2021	\$624.21	6/1/2021
5/20/2021	\$479.82	6/1/2021
Total	\$16,145.96	

\$3,983.75

\$1,237.69



MEMORIAL MEDICAL CENTER
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Date Requested: 6/1/21

FOR ACCT. USE ONLY

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☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

JUN 01 2021

ck# 000093

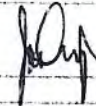
AMOUNT \$375.27

G/L NUMBER:

EXPLANATION: MEDICARE REPAYMENTS FOR MEMORIAL MEDICAL CLINIC - Broadmoor

REQUESTED BY: Mayra Martinez

AUTHORIZED BY:



Broadmoor - clinic

REMIT DATE	DATE POSTED	RECOUPMENT AMOUNT	TRANSFER WITHHOLD DATE
4/19/2021	4/22/2021	\$82.49	5/17/2021
4/19/2021	4/22/2021	\$46.79	5/17/2021
4/20/2021	4/22/2021	\$47.16	5/17/2021
4/22/2021	4/26/2021	\$27.98	5/17/2021
4/22/2021	4/26/2021	\$88.82	5/17/2021
4/23/2021	4/27/2021	\$148.06	5/17/2021
4/23/2021	4/27/2021	\$2.16	5/17/2021
4/27/2021	4/29/2021	\$83.00	5/17/2021
4/28/2021	4/30/2021	\$33.59	5/17/2021
4/29/2021	4/25/2021	\$42.72	5/17/2021
4/29/2021	4/25/2021	\$83.01	5/17/2021
4/30/2021	5/4/2021	\$4.34	5/17/2021
4/30/2021	5/4/2021	\$107.47	5/17/2021
5/3/2021	5/5/2021	\$6.76	5/17/2021
5/3/2021	5/5/2021	\$45.33	5/17/2021
5/4/2021	5/6/2021	\$4.34	5/17/2021
5/4/2021	5/6/2021	\$32.46	5/17/2021
5/5/2021	5/7/2021	\$34.37	5/17/2021
5/5/2021	5/7/2021	\$7.06	5/17/2021
5/6/2021	5/10/2021	\$55.89	5/17/2021
5/7/2021	5/11/2021	\$61.94	5/17/2021
5/11/2021	5/13/2021	\$48.95	5/17/2021
5/12/2021	5/14/2021	\$69.64	5/17/2021
5/13/2021	5/17/2021	\$68.45	5/17/2021
5/14/2021	5/18/2021	\$4.21	5/24/2021
5/14/2021	5/18/2021	\$113.15	5/24/2021
5/18/2021	5/21/2021	\$12.66	5/24/2021
5/18/2021	5/21/2021	\$120.75	5/24/2021
5/19/2021	5/21/2021	\$6.98	5/24/2021
5/19/2021	5/21/2021	\$14.15	5/24/2021
5/20/2021	5/24/2021	\$7.02	6/1/2021
5/20/2021	5/24/2021	\$91.72	6/1/2021
5/21/2021	5/25/2021	\$48.25	6/1/2021
5/21/2021	5/25/2021	\$12.28	6/1/2021
5/24/2021	5/26/2021	\$16.11	6/1/2021
5/24/2021	5/26/2021	\$76.25	6/1/2021
5/25/2021	5/27/2021	\$63.35	6/1/2021
5/25/2021	5/27/2021	\$59.08	6/1/2021
5/26/2021	5/28/2021	\$0.93	6/1/2021
5/26/2021	5/28/2021	\$0.28	6/1/2021

\$271.90

\$375.27

TOTAL

\$1,879.95

RUN DATE:06/07/21
TIME:13:50

MEMORIAL MEDICAL CENTER
CHECK REGISTER
06/03/21 THRU 06/03/21

PAGE 3
GLCKREG

BANK--CHECK-----
CODE NUMBER DATE AMOUNT PAYEE

NHE 000092 06/03/21 1,237.69 MEMORIAL MEDICAL CENTER
NHE 000093 06/03/21 375.27 MEMORIAL MEDICAL CLINIC
TOTALS: 1,612.96

Brooklyn

~~ATM~~
~~ON~~
JUN 02 2021
~~STUBBY~~
~~CAMERON COOPER, 2/1/15~~

MEMORIAL MEDICAL CENTER
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Date Requested: 6/1/21

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FOR ACCT. USE ONLY

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☐ Mail Check to Vendor
☐ Return Check to Dept

JUN 01 2021

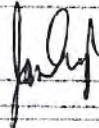
ck# 00024

AMOUNT \$1,237.69

G/L NUMBER: _____

EXPLANATION: MEDICARE REPAYMENTS FOR MMC - Crescent

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

Crescent - Hospital

REMIT DATE	RECOUPMENT AMOUNT	TRANSFER WITHHOLD DATE	
4/16/2021	\$2.00	5/17/2021	
4/19/2021	\$3.83	5/17/2021	
4/20/2021	\$25.63	5/17/2021	
4/22/2021	\$799.95	5/17/2021	
4/23/2021	\$1,173.84	5/17/2021	
4/27/2021	\$1.21	5/17/2021	
4/28/2021	\$197.16	5/17/2021	
4/29/2021	\$44.97	5/17/2021	
4/30/2021	\$1,353.48	5/17/2021	
5/3/2021	\$177.10	5/17/2021	
5/4/2021	\$75.58	5/17/2021	
5/5/2021	\$678.93	5/17/2021	
5/7/2021	\$212.06	5/17/2021	
5/6/2021	\$258.34	5/24/2021	
5/10/2021	\$1,986.32	5/24/2021	
5/11/2021	\$709.34	5/24/2021	
5/12/2021	\$578.74	5/24/2021	
5/13/2021	\$442.29	5/24/2021	
5/14/2021	\$8.72	5/24/2021	\$3,983.75
5/18/2021	\$133.66	6/1/2021	
5/19/2021	\$624.21	6/1/2021	
5/20/2021	\$479.82	6/1/2021	\$1,237.69 ✓

Total \$9,967.18

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MEMORIAL MEDICAL CENTER

Date Requested: 6/1/21

FOR ACCT. USE ONLY

- ☐ Imprest Cash
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- ☐ Return Check to Dept

AMOUNT \$375.27

CLK# 000127
G/L NUMBER: _____

EXPLANATION: MEDICARE REPAYMENTS FOR MEMORIAL MEDICAL CLINIC - Crescent

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: _____

[Signature]

Crescent - Clinic

REMIT DATE	DATE POSTED	RECOUPMENT AMOUNT	TRANSFER WITHHOLD DATE
4/19/2021	4/22/2021	\$82.49	5/17/2021
4/19/2021	4/22/2021	\$46.79	5/17/2021
4/20/2021	4/22/2021	\$47.16	5/17/2021
4/22/2021	4/26/2021	\$27.98	5/17/2021
4/22/2021	4/26/2021	\$88.82	5/17/2021
4/23/2021	4/27/2021	\$148.06	5/17/2021
4/23/2021	4/27/2021	\$2.16	5/17/2021
4/27/2021	4/29/2021	\$83.00	5/17/2021
4/28/2021	4/30/2021	\$33.59	5/17/2021
4/29/2021	4/25/2021	\$42.72	5/17/2021
4/29/2021	4/25/2021	\$83.01	5/17/2021
4/30/2021	5/4/2021	\$4.34	5/17/2021
4/30/2021	5/4/2021	\$107.47	5/17/2021
5/3/2021	5/5/2021	\$6.76	5/17/2021
5/3/2021	5/5/2021	\$45.33	5/17/2021
5/4/2021	5/6/2021	\$4.34	5/17/2021
5/4/2021	5/6/2021	\$32.46	5/17/2021
5/5/2021	5/7/2021	\$34.37	5/17/2021
5/5/2021	5/7/2021	\$7.06	5/17/2021
5/6/2021	5/10/2021	\$55.89	5/17/2021
5/7/2021	5/11/2021	\$61.94	5/17/2021
5/11/2021	5/13/2021	\$48.95	5/17/2021
5/12/2021	5/14/2021	\$69.64	5/17/2021
5/13/2021	5/17/2021	\$68.45	5/17/2021
5/14/2021	5/18/2021	\$4.21	5/24/2021
5/14/2021	5/18/2021	\$113.15	5/24/2021
5/18/2021	5/21/2021	\$12.66	5/24/2021
5/18/2021	5/21/2021	\$120.75	5/24/2021
5/19/2021	5/21/2021	\$6.98	5/24/2021
5/19/2021	5/21/2021	\$14.15	5/24/2021
5/20/2021	5/24/2021	\$7.02	6/1/2021
5/20/2021	5/24/2021	\$91.72	6/1/2021
5/21/2021	5/25/2021	\$48.25	6/1/2021
5/21/2021	5/25/2021	\$12.28	6/1/2021
5/24/2021	5/26/2021	\$16.11	6/1/2021
5/24/2021	5/26/2021	\$76.25	6/1/2021
5/25/2021	5/27/2021	\$63.35	6/1/2021
5/25/2021	5/27/2021	\$59.08	6/1/2021
5/26/2021	5/28/2021	\$0.93	6/1/2021
5/26/2021	5/28/2021	\$0.28	6/1/2021

\$271.90

\$375.27

TOTAL

\$1,879.95

RUN DATE:06/07/21
TIME:13:50

MEMORIAL MEDICAL CENTER
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PAGE 4
GLCKREG

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CODE NUMBER DATE AMOUNT PAYEE

NHC 000126 06/03/21 1,237.69 MEMORIAL MEDICAL CENTER

NHC 000127 06/03/21 375.27 MEMORIAL MEDICAL CLINIC

TOTALS: 1,612.96

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Date Requested: 6/1/21

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JUN 01 2021

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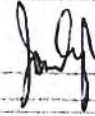
G/L NUMBER:

AMOUNT \$1,237.69

EXPLANATION: MEDICARE REPAYMENTS FOR MMC - Fort Bend

REQUESTED BY: Mayra Martinez

AUTHORIZED BY:



Fort Bend - Hospital

REMIT DATE	RECOUPMENT AMOUNT	TRANSFER WITHHOLD DATE
4/16/2021	\$2.00	5/17/2021
4/19/2021	\$3.83	5/17/2021
4/20/2021	\$25.63	5/17/2021
4/22/2021	\$799.95	5/17/2021
4/23/2021	\$1,173.84	5/17/2021
4/27/2021	\$1.21	5/17/2021
4/28/2021	\$197.16	5/17/2021
4/29/2021	\$44.97	5/17/2021
4/30/2021	\$1,353.48	5/17/2021
5/3/2021	\$177.10	5/17/2021
5/4/2021	\$75.58	5/17/2021
5/5/2021	\$678.93	5/17/2021
5/7/2021	\$212.06	5/17/2021
5/6/2021	\$258.34	5/17/2021
5/10/2021	\$1,986.32	5/24/2021
5/11/2021	\$709.34	5/24/2021
5/12/2021	\$578.74	5/24/2021
5/13/2021	\$442.29	5/24/2021
5/14/2021	\$8.72	5/24/2021
5/18/2021	\$133.66	6/1/2021
5/19/2021	\$624.21	6/1/2021
5/20/2021	\$479.82	6/1/2021
Total	\$9,967.18	

\$3,725.41

\$1,237.69

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Date Requested: 6/1/21

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- ☐ Imprest Cash
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JUN 01 2021

ck # 00064

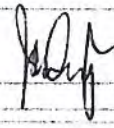
AMOUNT \$375.27

G/L NUMBER:

EXPLANATION: MEDICARE REPAYMENTS FOR MEMORIAL MEDICAL CLINIC - Fort Bend

REQUESTED BY: Mayra Martinez

AUTHORIZED BY:



Fort Bend - Cumulative

REMIT DATE	DATE POSTED	RECOUPMENT AMOUNT	TRANSFER WITHHOLD DATE
4/19/2021	4/22/2021	\$82.49	5/17/2021
4/19/2021	4/22/2021	\$46.79	5/17/2021
4/20/2021	4/22/2021	\$47.16	5/17/2021
4/22/2021	4/26/2021	\$27.98	5/17/2021
4/22/2021	4/26/2021	\$88.82	5/17/2021
4/23/2021	4/27/2021	\$148.06	5/17/2021
4/23/2021	4/27/2021	\$2.16	5/17/2021
4/27/2021	4/29/2021	\$83.00	5/17/2021
4/28/2021	4/30/2021	\$33.59	5/17/2021
4/29/2021	4/25/2021	\$42.72	5/17/2021
4/29/2021	4/25/2021	\$83.01	5/17/2021
4/30/2021	5/4/2021	\$4.34	5/17/2021
4/30/2021	5/4/2021	\$107.47	5/17/2021
5/3/2021	5/5/2021	\$6.76	5/17/2021
5/3/2021	5/5/2021	\$45.33	5/17/2021
5/4/2021	5/6/2021	\$4.34	5/17/2021
5/4/2021	5/6/2021	\$32.46	5/17/2021
5/5/2021	5/7/2021	\$34.37	5/17/2021
5/5/2021	5/7/2021	\$7.06	5/17/2021
5/6/2021	5/10/2021	\$55.89	5/17/2021
5/7/2021	5/11/2021	\$61.94	5/17/2021
5/11/2021	5/13/2021	\$48.95	5/17/2021
5/12/2021	5/14/2021	\$69.64	5/17/2021
5/13/2021	5/17/2021	\$68.45	5/17/2021
5/14/2021	5/18/2021	\$4.21	5/24/2021
5/14/2021	5/18/2021	\$113.15	5/24/2021
5/18/2021	5/21/2021	\$12.66	5/24/2021
5/18/2021	5/21/2021	\$120.75	5/24/2021
5/19/2021	5/21/2021	\$6.98	5/24/2021
5/19/2021	5/21/2021	\$14.15	5/24/2021
5/20/2021	5/24/2021	\$7.02	6/1/2021
5/20/2021	5/24/2021	\$91.72	6/1/2021
5/21/2021	5/25/2021	\$48.25	6/1/2021
5/21/2021	5/25/2021	\$12.28	6/1/2021
5/24/2021	5/26/2021	\$16.11	6/1/2021
5/24/2021	5/26/2021	\$76.25	6/1/2021
5/25/2021	5/27/2021	\$63.35	6/1/2021
5/25/2021	5/27/2021	\$59.08	6/1/2021
5/26/2021	5/28/2021	\$0.93	6/1/2021
5/26/2021	5/28/2021	\$0.28	6/1/2021

\$271.90

\$375.27

TOTAL

\$1,879.95 ✓

RUN DATE:06/07/21
TIME:13:50

MEMORIAL MEDICAL CENTER
CHECK REGISTER
06/03/21 THRU 06/03/21

PAGE 5
GLCKREG

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CODE NUMBER DATE AMOUNT PAYEE

NHF 000123 06/03/21 1,237.69 MEMORIAL MEDICAL CENTER
NHF 000124 06/03/21 375.27 MEMORIAL MEDICAL CLINIC
TOTALS: 1,612.96

Fort Bend



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Date Requested: 6/1/21

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FOR ACCT. USE ONLY

- ☐ Imprest Cash
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AMOUNT \$1,237.69

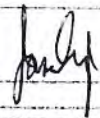
JUN 01 2021

ck #001125

G/L NUMBER: _____

EXPLANATION: MEDICARE REPAYMENTS FOR MMC - Solen

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

Solera - Hospital

REMIT DATE	RECOUPMENT AMOUNT	TRANSFER WITHHOLD DATE	
4/16/2021	\$2.00	5/17/2021	
4/19/2021	\$3.83	5/17/2021	
4/20/2021	\$25.63	5/17/2021	
4/22/2021	\$799.95	5/17/2021	
4/23/2021	\$1,173.84	5/17/2021	
4/27/2021	\$1.21	5/17/2021	
4/28/2021	\$197.16	5/17/2021	
4/29/2021	\$44.97	5/17/2021	
4/30/2021	\$1,353.48	5/17/2021	
5/3/2021	\$177.10	5/17/2021	
5/4/2021	\$75.58	5/17/2021	
5/5/2021	\$678.93	5/17/2021	
5/7/2021	\$212.06	5/17/2021	
5/6/2021	\$258.34	5/24/2021	
5/10/2021	\$1,986.32	5/24/2021	
5/11/2021	\$709.34	5/24/2021	
5/12/2021	\$578.74	5/24/2021	
5/13/2021	\$442.29	5/24/2021	
5/14/2021	\$8.72	5/24/2021	\$3,983.75
5/18/2021	\$133.66	6/1/2021	
5/19/2021	\$624.21	6/1/2021	
5/20/2021	\$479.82	6/1/2021	\$1,237.69
Total	\$9,967.18		

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Date Requested: 6/1/21

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- ☐ Imprest Cash
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AMOUNT \$375.27

APPROVED
JUN 01 2021
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CK # 001126
G/L NUMBER: _____

EXPLANATION: MEDICARE REPAYMENTS FOR MEMORIAL MEDICAL CLINIC - *Soken*

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: *[Signature]*

Solera - Clinic

REMIT DATE	DATE POSTED	RECOUPMENT AMOUNT	TRANSFER WITHHOLD DATE	
4/19/2021	4/22/2021	\$82.49	5/17/2021	
4/19/2021	4/22/2021	\$46.79	5/18/2021	
4/20/2021	4/22/2021	\$47.16	5/19/2021	
4/22/2021	4/26/2021	\$27.98	5/20/2021	
4/22/2021	4/26/2021	\$88.82	5/21/2021	
4/23/2021	4/27/2021	\$148.06	5/22/2021	
4/23/2021	4/27/2021	\$2.16	5/23/2021	
4/27/2021	4/29/2021	\$83.00	5/24/2021	
4/28/2021	4/30/2021	\$33.59	5/25/2021	
4/29/2021	4/25/2021	\$42.72	5/26/2021	
4/29/2021	4/25/2021	\$83.01	5/27/2021	
4/30/2021	5/4/2021	\$4.34	5/28/2021	
4/30/2021	5/4/2021	\$107.47	5/29/2021	
5/3/2021	5/5/2021	\$6.76	5/30/2021	
5/3/2021	5/5/2021	\$45.33	5/31/2021	
5/4/2021	5/6/2021	\$4.34	6/1/2021	
5/4/2021	5/6/2021	\$32.46	6/2/2021	
5/5/2021	5/7/2021	\$34.37	6/3/2021	
5/5/2021	5/7/2021	\$7.06	6/4/2021	
5/6/2021	5/10/2021	\$55.89	6/5/2021	
5/7/2021	5/11/2021	\$61.94	6/6/2021	
5/11/2021	5/13/2021	\$48.95	6/7/2021	
5/12/2021	5/14/2021	\$69.64	6/8/2021	
5/13/2021	5/17/2021	\$68.45	6/9/2021	
5/14/2021	5/18/2021	\$4.21	5/24/2021	
5/14/2021	5/18/2021	\$113.15	5/24/2021	
5/18/2021	5/21/2021	\$12.66	5/24/2021	
5/18/2021	5/21/2021	\$120.75	5/24/2021	
5/19/2021	5/21/2021	\$6.98	5/24/2021	
5/19/2021	5/21/2021	\$14.15	5/24/2021	\$271.90
5/20/2021	5/24/2021	\$7.02	6/1/2021	
5/20/2021	5/24/2021	\$91.72	6/1/2021	
5/21/2021	5/25/2021	\$48.25	6/1/2021	
5/21/2021	5/25/2021	\$12.28	6/1/2021	
5/24/2021	5/26/2021	\$16.11	6/1/2021	
5/24/2021	5/26/2021	\$76.25	6/1/2021	
5/25/2021	5/27/2021	\$63.35	6/1/2021	
5/25/2021	5/27/2021	\$59.08	6/1/2021	
5/26/2021	5/28/2021	\$0.93	6/1/2021	
5/26/2021	5/28/2021	\$0.28	6/1/2021	\$375.27
TOTAL		\$1,879.95		

RUN DATE:06/07/21
TIME:13:50

MEMORIAL MEDICAL CENTER
CHECK REGISTER
06/03/21 THRU 06/03/21

PAGE 7
GLCKREG

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CODE NUMBER DATE AMOUNT PAYEE

NHS 001125 06/03/21 1,237.69 MEMORIAL MEDICAL CENTER
NHS 001126 06/03/21 375.27 MEMORIAL MEDICAL CLINIC
TOTALS: 1,612.96

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Date Requested: 6/1/21

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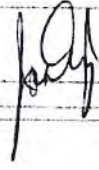
AMOUNT \$1,237.69

ck#00080

G/L NUMBER:

EXPLANATION: MEDICARE REPAYMENTS FOR MMC - golden check

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

Golden Creek - Hospital

REMIT DATE	RECOUPMENT AMOUNT	TRANSFER WITHHOLD DATE	
4/16/2021	\$2.00	5/17/2021	
4/19/2021	\$3.83	5/17/2021	
4/20/2021	\$25.63	5/17/2021	
4/22/2021	\$799.95	5/17/2021	
4/23/2021	\$1,173.84	5/17/2021	
4/27/2021	\$1.21	5/17/2021	
4/28/2021	\$197.16	5/17/2021	
4/29/2021	\$44.97	5/17/2021	
4/30/2021	\$1,353.48	5/17/2021	
5/3/2021	\$177.10	5/17/2021	
5/4/2021	\$75.58	5/17/2021	
5/5/2021	\$678.93	5/17/2021	
5/7/2021	\$212.06	5/17/2021	
5/6/2021	\$258.34	5/24/2021	
5/10/2021	\$1,986.32	5/24/2021	
5/11/2021	\$709.34	5/24/2021	
5/12/2021	\$578.74	5/24/2021	
5/13/2021	\$442.29	5/24/2021	
5/14/2021	\$8.72	5/24/2021	\$3,983.75
5/18/2021	\$133.66	6/1/2021	
5/19/2021	\$624.21	6/1/2021	
5/20/2021	\$479.82	6/1/2021	\$1,237.69 ✓
Total	\$9,967.18 ✓		

MEMORIAL MEDICAL CENTER
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MEMORIAL MEDICAL CENTER

Date Requested: 6/1/21

FOR ACCT. USE ONLY

- ☐ Imprest Cash
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- ☐ Mail Check to Vendor
- ☐ Return Check to Dept

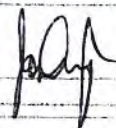
AMOUNT \$375.27

JUN 01 2021

CK # 000081
G/L NUMBER: _____

EXPLANATION: MEDICARE REPAYMENTS FOR MEMORIAL MEDICAL CLINIC - golden creek

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

Golden Creek - Clinic

REMIT DATE	DATE POSTED	RECOUPMENT AMOUNT	TRANSFER WITHHOLD DATE
4/19/2021	4/22/2021	\$82.49	5/17/2021
4/19/2021	4/22/2021	\$46.79	5/17/2021
4/20/2021	4/22/2021	\$47.16	5/17/2021
4/22/2021	4/26/2021	\$27.98	5/17/2021
4/22/2021	4/26/2021	\$88.82	5/17/2021
4/23/2021	4/27/2021	\$148.06	5/17/2021
4/23/2021	4/27/2021	\$2.16	5/17/2021
4/27/2021	4/29/2021	\$83.00	5/17/2021
4/28/2021	4/30/2021	\$33.59	5/17/2021
4/29/2021	4/25/2021	\$42.72	5/17/2021
4/29/2021	4/25/2021	\$83.01	5/17/2021
4/30/2021	5/4/2021	\$4.34	5/17/2021
4/30/2021	5/4/2021	\$107.47	5/17/2021
5/3/2021	5/5/2021	\$6.76	5/17/2021
5/3/2021	5/5/2021	\$45.33	5/17/2021
5/4/2021	5/6/2021	\$4.34	5/17/2021
5/4/2021	5/6/2021	\$32.46	5/17/2021
5/5/2021	5/7/2021	\$34.37	5/17/2021
5/5/2021	5/7/2021	\$7.06	5/17/2021
5/6/2021	5/10/2021	\$55.89	5/17/2021
5/7/2021	5/11/2021	\$61.94	5/17/2021
5/11/2021	5/13/2021	\$48.95	5/17/2021
5/12/2021	5/14/2021	\$69.64	5/17/2021
5/13/2021	5/17/2021	\$68.45	5/17/2021
5/14/2021	5/18/2021	\$4.21	5/24/2021
5/14/2021	5/18/2021	\$113.15	5/24/2021
5/18/2021	5/21/2021	\$12.66	5/24/2021
5/18/2021	5/21/2021	\$120.75	5/24/2021
5/19/2021	5/21/2021	\$6.98	5/24/2021
5/19/2021	5/21/2021	\$14.15	5/24/2021
5/20/2021	5/24/2021	\$7.02	6/1/2021
5/20/2021	5/24/2021	\$91.72	6/1/2021
5/21/2021	5/25/2021	\$48.25	6/1/2021
5/21/2021	5/25/2021	\$12.28	6/1/2021
5/24/2021	5/26/2021	\$16.11	6/1/2021
5/24/2021	5/26/2021	\$76.25	6/1/2021
5/25/2021	5/27/2021	\$63.35	6/1/2021
5/25/2021	5/27/2021	\$59.08	6/1/2021
5/26/2021	5/28/2021	\$0.93	6/1/2021
5/26/2021	5/28/2021	\$0.28	6/1/2021

\$271.90

\$375.27

TOTAL

\$1,879.95

RUN DATE:06/07/21
TIME:13:50

MEMORIAL MEDICAL CENTER
CHECK REGISTER
06/03/21 THRU 06/03/21

PAGE 6
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CODE NUMBER DATE AMOUNT PAYEE

NHG 000080 06/03/21 1,237.69 MEMORIAL MEDICAL CENTER
NHG 000081 06/03/21 375.27 MEMORIAL MEDICAL CLINIC
TOTALS: 1,612.96

golden creek



MEMORIAL MEDICAL CENTER
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MEMORIAL MEDICAL CENTER

Date Requested: 6/1/21

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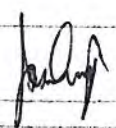
- ☐ Imprest Cash
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☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT \$1,237.69

JUN 01 2021
ck #001013
G/L NUMBER:

EXPLANATION: MEDICARE REPAYMENTS FOR MMC -Tuscany

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

Tuscany

REMIT DATE	RECOUPMENT AMOUNT	TRANSFER WITHHOLD DATE	
4/12/2021	\$452.08	5/17/2021	
4/16/2021	\$2.00	5/17/2021	
4/19/2021	\$3.83	5/17/2021	
4/20/2021	\$25.63	5/17/2021	
4/22/2021	\$799.95	5/17/2021	
4/23/2021	\$1,173.84	5/17/2021	
4/27/2021	\$1.21	5/17/2021	
4/28/2021	\$197.16	5/17/2021	
4/29/2021	\$44.97	5/17/2021	
4/30/2021	\$1,353.48	5/17/2021	
5/3/2021	\$177.10	5/17/2021	
5/4/2021	\$75.58	5/17/2021	
5/5/2021	\$678.93	5/17/2021	
5/7/2021	\$212.06	5/17/2021	
5/6/2021	\$258.34	5/24/2021	
5/10/2021	\$1,986.32	5/24/2021	
5/11/2021	\$709.34	5/24/2021	
5/12/2021	\$578.74	5/24/2021	
5/13/2021	\$442.29	5/24/2021	
5/14/2021	\$8.72	5/24/2021	\$3,983.75
5/18/2021	\$133.66	6/1/2021	
5/19/2021	\$624.21	6/1/2021	
5/20/2021	\$479.82	6/1/2021	\$1,237.69
Total	\$10,419.26		✓

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P
A
Y
E
E
MEMORIAL MEDICAL CENTER

Date Requested: 6/1/21

FOR ACCT. USE ONLY

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

JUN 01 2021

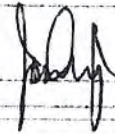
ck # 0104
G/L NUMBER:

AMOUNT \$375.27

EXPLANATION: MEDICARE REPAYMENTS FOR MEMORIAL MEDICAL CLINIC -Tuscany

REQUESTED BY: Mayra Martinez

AUTHORIZED BY:



Tuscany

REMIT DATE	DATE POSTED	RECOUPMENT AMOUNT	TRANSFER WITHHOLD DATE
4/12/2021	4/15/2021	\$570.26	5/17/2021
4/13/2021	4/15/2021	\$47.30	5/17/2021
4/13/2021	4/15/2021	\$971.69	5/17/2021
4/19/2021	4/22/2021	\$82.49	5/17/2021
4/19/2021	4/22/2021	\$46.79	5/17/2021
4/20/2021	4/22/2021	\$47.16	5/17/2021
4/22/2021	4/26/2021	\$27.98	5/17/2021
4/22/2021	4/26/2021	\$88.82	5/17/2021
4/23/2021	4/27/2021	\$148.06	5/17/2021
4/23/2021	4/27/2021	\$2.16	5/17/2021
4/27/2021	4/29/2021	\$83.00	5/17/2021
4/28/2021	4/30/2021	\$33.59	5/17/2021
4/29/2021	4/25/2021	\$42.72	5/17/2021
4/29/2021	4/25/2021	\$83.01	5/17/2021
4/30/2021	5/4/2021	\$4.34	5/17/2021
4/30/2021	5/4/2021	\$107.47	5/17/2021
5/3/2021	5/5/2021	\$6.76	5/17/2021
5/3/2021	5/5/2021	\$45.33	5/17/2021
5/4/2021	5/6/2021	\$4.34	5/17/2021
5/4/2021	5/6/2021	\$32.46	5/17/2021
5/5/2021	5/7/2021	\$34.37	5/17/2021
5/5/2021	5/7/2021	\$7.06	5/17/2021
5/6/2021	5/10/2021	\$55.89	5/17/2021
5/7/2021	5/11/2021	\$61.94	5/17/2021
5/11/2021	5/13/2021	\$48.95	5/17/2021
5/12/2021	5/14/2021	\$69.64	5/17/2021
5/13/2021	5/17/2021	\$68.45	5/17/2021
5/14/2021	5/18/2021	\$4.21	5/24/2021
5/14/2021	5/18/2021	\$113.15	5/24/2021
5/18/2021	5/21/2021	\$12.66	5/24/2021
5/18/2021	5/21/2021	\$120.75	5/24/2021
5/19/2021	5/21/2021	\$6.98	5/24/2021
5/19/2021	5/21/2021	\$14.15	5/24/2021
5/20/2021	5/24/2021	\$7.02	6/1/2021
5/20/2021	5/24/2021	\$91.72	6/1/2021
5/21/2021	5/25/2021	\$48.25	6/1/2021
5/21/2021	5/25/2021	\$12.28	6/1/2021
5/24/2021	5/26/2021	\$16.11	6/1/2021
5/24/2021	5/26/2021	\$76.25	6/1/2021
5/25/2021	5/27/2021	\$63.35	6/1/2021
5/25/2021	5/27/2021	\$59.08	6/1/2021
5/26/2021	5/28/2021	\$0.93	6/1/2021
5/26/2021	5/28/2021	\$0.28	6/1/2021

\$271.90

\$375.27

TOTAL

\$3,469.20

PAGE 8
GLCKREG

CODE	NUMBER	DATE	AMOUNT	PAYEE
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Tuscany

AFTER
 JUN 02 2021
 SECURITY SERVICE
 (AMERICAN OVERSIGHT)

Medicare Repayments for MMC and Clinic
Commissioner's Court
6/2/2021

NH Name	From Bank Acct #	Ck #	Payee	GL #	TOTAL	Date
Ashford	10000018 - Prosperity		Memorial Medical Center		1,237.69	6/2/2021
Ashford	10000018 - Prosperity		Memorial Medical Clinic		375.27	6/2/2021
Broadmoor	10000019 - Prosperity		Memorial Medical Center		1,237.69	6/2/2021
Broadmoor	10000019 - Prosperity		Memorial Medical Clinic		375.27	6/2/2021
Crescent	10000020 - Prosperity		Memorial Medical Center		1,237.69	6/2/2021
Crescent	10000020 - Prosperity		Memorial Medical Clinic		375.27	6/2/2021
Fort Bend	10000021 - Prosperity		Memorial Medical Center		1,237.69	6/2/2021
Fort Bend	10000021 - Prosperity		Memorial Medical Clinic		375.27	6/2/2021
Solera	10000022 - Prosperity		Memorial Medical Center		1,237.69	6/2/2021
Solera	10000022 - Prosperity		Memorial Medical Clinic		375.27	6/2/2021
Golden Creek	10000023 - Prosperity		Memorial Medical Center		1,237.69	6/2/2021
Golden Creek	10000023 - Prosperity		Memorial Medical Clinic		375.27	6/2/2021
Gulf Pointe-PP	10000114 - Prosperity		Memorial Medical Center			6/2/2021
Gulf Pointe-PP	10000114 - Prosperity		Memorial Medical Clinic			6/2/2021
Gulf Pointe-MM	10000025 - Prosperity		Memorial Medical Center			6/2/2021
Gulf Pointe-MM	10000025 - Prosperity		Memorial Medical Clinic			6/2/2021
Bethany			Memorial Medical Center			6/2/2021
Bethany			Memorial Medical Clinic			6/2/2021
Tuscany			Memorial Medical Center		1,237.69	6/2/2021
Tuscany			Memorial Medical Clinic		375.27	6/2/2021
			Total:		11,290.72	
Note:						

Approved:

Jason Anglin, CEO, CFO

6/2/2021

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

1126
88-2265/1131-87

4/3/24

Date

CHECK ARMOR
TRADE PROTECTION

Pay to the
Order of Memorial Medical Clinic

\$ 375.27

Three hundred Seventy five & 27/100

Dollars



Photo
Safe
Deposit®
Details on back



PROSPERITY BANK®

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

County Auditor

For Medicare repayments

County Treasurer

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

1125
88-2265/1131-87

4/3/24

Date

CHECK ARMOR
TRADE PROTECTION

Pay to the
Order of Memorial Medical Center

\$ 1,237.00

one thousand two hundred thirty seven & 00/100

Dollars



Photo
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Deposit®
Details on back



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County Auditor

For Medicare repayments

County Treasurer

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

1130
88-2265/1131-87

4/3/24

Date

CHECK ARMOR
TRADE PROTECTION

Pay to the
Order of Memorial medical Center

\$ 1,237.00

One thousand two hundred thirty seven & 00/100

Dollars



Photo
Safe
Deposit®
Details on back



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For Medicare repayments

County Treasurer

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

1131
88-2265/1131-87

4/3/24

Date

CHECK ARMOR
TRADE PROTECTION

Pay to the
Order of Memorial Medical Clinic

\$ 375.27

Three hundred seventy five & 27/100

Dollars



Photo
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County Auditor

For Medicare repayments

County Treasurer

**MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE**

PH 361-553-4818
815 N VIRGINIA ST
PORT LAVACA, TX 77979

1013

88-2265/1131-87

DATE 6/3/21

CHECK ARMOR

PAY TO THE ORDER OF Memorial medical center

\$ 1,237.69

One thousand two hundred thirty seven & 69/100

DOLLARS

Photo Safe Deposit Details on back



PROSPERITY BANK

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

FOR medicare repayments

County Auditor

County Treasurer

**MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE**

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

1014

88-2265/1131-87

DATE 6/3/21

CHECK ARMOR

PAY TO THE ORDER OF Memorial medical clinic

\$ 375.27

Three hundred seventy five & 27/100

DOLLARS

Photo Safe Deposit Details on back



PROSPERITY BANK

PORT LAVACA BANKING CENTER
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361-552-7411 www.prosperitybankusa.com

FOR medicare repayments

County Auditor

County Treasurer

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MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000093

88-2265/1131

Date 6/3/21

PAY TO THE ORDER OF memorial medical clinic

\$ 375.27

three hundred seventy five & 27/100

DOLLARS



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FOR medicare repayment

County Auditor

County Treasurer

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MEMORIAL MEDICAL CENTER
NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000092

88-2265/1131

Date 6/3/21

PAY TO THE ORDER OF Memorial Medical Center \$ 1,237.69

one thousand two hundred thirty seven & 69/100 DOLLARS

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FOR Medicare repayments

County Auditor
County Treasurer
included Details on back

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MEMORIAL MEDICAL CENTER
NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000127

88-2265/1131

Date 6/3/21

PAY TO THE ORDER OF Memorial Medical Clinic \$ 375.27

three hundred seventy five & 27/100 DOLLARS

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FOR medicare repayments

County Auditor
County Treasurer
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MEMORIAL MEDICAL CENTER
NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000126

88-2265/1131

Date 6/3/21

PAY TO THE ORDER OF Memorial Medical Center \$ 1,237.69

One thousand two hundred thirty seven & 69/100 DOLLARS

 **PROSPERITY BANK**

FOR medicare repayments

County Auditor
County Treasurer
included Details on back

MEMORIAL MEDICAL CENTER

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

000123

88-2265/1131

Date 6/3/21

PAY

TO THE

ORDER OF Memorial Medical Center

\$ 1,237.69

one thousand two hundred thirty seven & 69/100

DOLLARS



**PROSPERITY
BANK**

County Auditor

FOR Medicare repayments

County Treasurer
included. Details on back.

MEMORIAL MEDICAL CENTER

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

000124

88-2265/1131

Date 6/3/21

PAY

TO THE

ORDER OF Memorial Medical Clinic

\$ 375.27

Three hundred seventy five & 27/100

DOLLARS



**PROSPERITY
BANK**

County Auditor

FOR Medicare repayments

County Treasurer
included. Details on back.

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

000081

Date

6/3/21

88-2265/1131

PAY

TO THE
ORDER OF

Memorial medical Clinic

\$ 375.27

Three hundred seventy five & 27/100

DOLLARS

PROSPERITY
BANK

County Auditor

FOR Medicare repayments

County Treasurer
Security features are included. Details on back.

MP

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

000080

Date

6/3/21

88-2265/1131

PAY

TO THE
ORDER OF

Memorial medical center

\$ 1,237.69

one thousand two hundred thirty seven & 69/100

DOLLARS

PROSPERITY
BANK

County Auditor

FOR Medicare repayments

County Treasurer
Security features are included. Details on back.

MP