

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---July 07, 2021

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 968,221.68
TOTAL TRANSFERS BETWEEN FUNDS	\$ 280,780.00
TOTAL NURSING HOME UPL EXPENSES	\$ 1,044,922.68
TOTAL INTER-GOVERNMENT TRANSFERS	\$ 71,477.25
GRAND TOTAL DISBURSEMENTS APPROVED July 07, 2021	\$ 2,365,401.61

APPROVED

JUL 07 2021

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---July 07, 2021

PAYABLES AND PAYROLL

7/1/2021 Weekly Payables	418,007.10
7/1/2021 Patient Refunds	4,921.27
7/6/2021 McKesson-340B Prescription Expense	5,795.38
7/6/2021 McKesson-340B Prescription Expense	11,505.01
7/6/2021 Amerisource Bergen-340B Prescription Expense	479.87
7/6/2021 Amerisource Bergen-340B Prescription Expense	2,320.20
7/6/2021 Payroll Liabilities -Payroll Taxes	94,245.40
7/6/2021 Payroll	292,778.27

Prosperity Electronic Bank Payments

7/15/2021 TCDRS June Retirement	137,435.80
6/25-7/2/21 Pay Plus-Patient Claims Processing Fee	263.90
6/25/2021 ExpertPay- child support	446.08
7/2/2021 Authnet Gateway Billing-3rd Party Payor Fee	23.40

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$	968,221.68
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TRANSFER BETWEEN FUNDS TO NURSING HOMES

7/1/2021 MMC Operating to Ashford- correction of NH insurance payment deposited into MMC operating in error	2,128.00
7/1/2021 MMC Operating to Solera- correction of NH insurance payment deposited into MMC operating in error	4,997.04
7/1/2021 MMC Operating to Broadmoor-correction of NH insurance payment deposited into MMC Operating in error	14,700.00
7/1/2021 MMC Operating to The Crescent-correction of NH insurance payment deposited into MMC Operating in error	8,580.00
7/1/2021 MMC Operating to Golden Creek Healthcare-correction of NH insurance payment deposited into MMC Operating in error	1,591.66
7/1/2021 MMC Operating to Tuscany Village-correction of NH insurance payment deposited into MMC Operating in error	49,884.68
7/1/2021 MMC Operating to Bethany Senior Living- correction of NH insurance payment deposited into MMC Operating in error	194,441.79

MEDICARE ADVANCE PAYMENT RECOUP

7/6/2021 Ashford to MMC Operating-correction of Ashford medicare recoup taken from MMC Operating	360.51
7/6/2021 Ashford to Bethany-correction of Ashford medicare recoup taken from Bethany	276.18
7/6/2021 Fort Bend to Bethany-correction of Fort Bend medicare recoup taken from Bethany	276.18
7/6/2021 Broadmoor to Bethany-correction of Broadmoor medicare recoup taken from Bethany	276.18
7/6/2021 Crescent to Bethany-correction of Crescent medicare recoup taken from Bethany	276.18
7/6/2021 Solera to Bethany-correction of Solera medicare recoup taken from Bethany	276.18
7/6/2021 Tuscany to Bethany-correction of Tuscany medicare recoup taken from Bethany	276.18
7/6/2021 Golden Creek to Bethany-correction of Golden Creek medicare recoup taken from Bethany	276.18
7/6/2021 Broadmoor to MMC Operating-correction of Broadmoor medicare recoup taken from MMC Operating	360.51
7/6/2021 Fort Bend to MMC Operating-correction of Fort Bend medicare recoup taken from MMC Operating	360.51
7/6/2021 Tuscany Village to MMC Operating-correction of Tuscany Village medicare recoup taken from MMC Operating	360.51
7/6/2021 Golden Creek to MMC Operating-correction of Golden Creek medicare recoup taken from MMC Operating	360.51
7/6/2021 Solera to MMC Operating-correction of Solera medicare recoup taken from MMC Operating	360.51
7/6/2021 Crescent to MMC Operating-correction of Crescent medicare recoup taken from MMC Operating	360.51

TOTAL TRANSFERS BETWEEN FUNDS	\$	280,780.00
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NURSING HOME UPL EXPENSES

7/6/2021 Nursing Home UPL-Cantex Transfer	410,126.44
7/6/2021 Nursing Home UPL-Nexion Transfer	75,461.21
7/6/2021 Nursing Home UPL-HMG Transfer	141,736.30
7/6/2021 Nursing Home UPL-Tuscany Transfer	205,294.04
7/6/2021 Nursing Home UPL-HSL Transfer	211,315.78

TRANSFER BETWEEN FUNDS TO MMC OPERATING

7/6/2021 Ashford-Interest Earned	160.27
7/6/2021 Broadmoor-Interest Earned	116.58
7/6/2021 Crescent-Interest Earned	81.61
7/6/2021 Fort Bend-Interest Earned	49.50
7/6/2021 Solera-Interest Earned	127.83
7/6/2021 Golden Creek-Interest Earned	125.31
7/6/2021 Gulf Pointe MM-Interest Earned	82.01
7/6/2021 Gulf Pointe PP-Interest Earned	35.46
7/6/2021 Bethany-Interest Earned	210.34

TOTAL NURSING HOME UPL EXPENSES	\$ 1,044,922.68
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INTER-GOVERNMENT TRANSFERS

7/6/2021 IGT DSH Pass 3 to be paid July 12, 2021	71,477.25
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TOTAL INTER-GOVERNMENT TRANSFERS	\$ 71,477.25
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GRAND TOTAL DISBURSEMENTS APPROVED July 07, 2021	\$ 2,365,401.61
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RECEIVED

07/01/2021

12:40 JUL 01 2021

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 07/21/2021

0
ap_open_invoice.templateVendor#
11237
*Cannon County Auditor*Vendor Name
3WON, LLC ✓

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2562 ✓	06/30/2021	05/05/2021	06/05/2021				199.00	0.00	0.00	199.00 ✓

CREDENTIALING

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11237	3WON, LLC	199.00	0.00	0.00	199.00	

Vendor#
A0401

Vendor Name

Class

Pay Code

ABBOTT NUTRITION ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
613867657 ✓	06/30/2021	06/03/2021	06/30/2021				5.79	0.00	0.00	5.79 ✓

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
A0401	ABBOTT NUTRITION	5.79	0.00	0.00	5.79	

Vendor#
A1705

Vendor Name

Class

Pay Code

ALIMED INC. ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
RPSV03595206/30/2021 ✓ 44	06/30/2021	05/28/2021	06/12/2021				39.09	0.00	0.00	39.09 ✓

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
A1705	ALIMED INC.	39.09	0.00	0.00	39.09	

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
062221 ✓	06/30/2021	06/22/2021	06/22/2021				1,782.00	0.00	0.00	1,782.00 ✓

CONTRACT EMPLOYEE

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10958	ALLYSON SWOPE	1,782.00	0.00	0.00	1,782.00	

Vendor#
12828

Vendor Name

Class

Pay Code

AMERICAN PRECISION MEDICAL C ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
360444 ✓	06/30/2021	06/09/2021	07/09/2021				1,964.00	0.00	0.00	1,964.00 ✓

POWER SUPPLY/ANNUNCIATOR E

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12828	AMERICAN PRECIS	1,964.00	0.00	0.00	1,964.00	

Vendor#
A2218

Vendor Name

Class

Pay Code

AQUA BEVERAGE COMPANY ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
140407 ✓	06/29/2021	05/31/2021	06/25/2021				21.99	0.00	0.00	21.99 ✓

LAB

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
142434 ✓	06/29/2021	05/31/2021	06/25/2021				48.95	0.00	0.00	48.95 ✓

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
A2218	AQUA BEVERAGE C	70.94	0.00	0.00	70.94	

Vendor#
13244

Vendor Name

Class

Pay Code

ASD HEALTHCARE ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
983233717 ✓	06/30/2021	12/07/2020	12/07/2020				1,245.00	0.00	0.00	1,245.00 ✓

INVENTORY

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
13244	ASD HEALTHCARE	1,245.00	0.00	0.00	1,245.00	

Vendor#
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
2245482 ✓	06/23/2021	06/21/2021	07/21/2021				2,328.25	0.00	0.00	2,328.25 ✓

LAB STAFFING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2246309 ✓	06/23/2021	06/21/2021	07/21/2021				2,760.00	0.00	0.00	2,760.00 ✓

		LAB STAFFING									
2240194	✓	06/30/2021	06/14/2021	07/14/2021			2,144.00	0.00	0.00	2,144.00	✓
		LAB STAFFING									
2239933	✓	06/30/2021	06/14/2021	07/14/2021			2,797.25	0.00	0.00	2,797.25	✓
		LAB STAFFING									
2240772	✓	06/30/2021	06/14/2021	07/14/2021			3,061.88	0.00	0.00	3,061.88	✓
		LAB STAFFING									
Vendor# 13516	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
			A0400	AUREUS RADIOLO		13,091.38		0.00	0.00	13,091.38	
				Vendor Name	Class		Pay Code				
		AVANTE HEALTH SOULTIONS				✓					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
AR0074077	✓	06/29/2021	06/08/2021	07/08/2021			1,884.82	0.00	0.00	1,884.82	✓
		SUPPLIES									
Vendor# B0436	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
			13516	AVANTE HEALTH S		1,884.82		0.00	0.00	1,884.82	
				Vendor Name	Class		Pay Code				
		BARD ACCESS				✓					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
46359308	✓	06/30/2021	06/07/2021	06/30/2021			198.00	0.00	0.00	198.00	✓
		SUPPLIES									
Vendor# B0436	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
			B0436	BARD ACCESS		198.00		0.00	0.00	198.00	
				Vendor Name	Class		Pay Code				
		BAXTER HEALTHCARE				✓					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
70858928	✓	06/29/2021	05/27/2021	06/21/2021			862.58	0.00	0.00	862.58	✓
		SUPPLIES									
70962037	✓	06/30/2021	06/03/2021	06/28/2021			828.98	0.00	0.00	828.98	✓
		SUPPLIES									
71028434	✓	06/30/2021	06/10/2021	07/05/2021			40.69	0.00	0.00	40.69	✓
		SUPPLIES									
Vendor# B1150	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
			B1150	BAXTER HEALTHC		1,732.25		0.00	0.00	1,732.25	
				Vendor Name	Class		Pay Code				
		BIO-RAD LABORATORIES, INC				✓					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
904720263	✓	06/30/2021	04/01/2021	05/01/2021			6,563.70	0.00	0.00	6,563.70	✓
		UNITYWEB 5 YEAR									
Vendor# 11072	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
			11072	BIO-RAD LABORAT		6,563.70		0.00	0.00	6,563.70	
				Vendor Name	Class		Pay Code				
		BIOFIRE DIAGNOSTICS LLC				✓					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
1280117404	✓	06/30/2021	05/07/2021	05/07/2021			20,250.00	0.00	0.00	20,250.00	✓
		SUPPLIES (5) Biofire RP2 Panels @ 4,050.00									
1280117401	✓	06/30/2021	05/07/2021	05/07/2021		"	20,250.00	0.00	0.00	20,250.00	✓
		SUPPLIES "									
1280117403	✓	06/30/2021	05/07/2021	05/07/2021			42,000.00	0.00	0.00	42,000.00	✓
		FILMARRAY TORCH (2) @ 21,000.00									
Vendor# 12600	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
			12600	BIOFIRE DIAGNOST		82,500.00		0.00	0.00	82,500.00	
				Vendor Name	Class		Pay Code				
		BLUE CROSS BLUE SHIELD				✓					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
061721A	✓	06/30/2021	06/17/2021	07/01/2021			1,381.46	0.00	0.00	1,381.46	✓
		COBRA									
Vendor# 12324	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
			12324	BLUE CROSS BLUE		1,381.46		0.00	0.00	1,381.46	
				Vendor Name	Class		Pay Code				
		BOUND TREE MEDICAL, LLC				✓					
Vendor# B1680						M					

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
84083576	06/30/2021	06/04/2021	06/30/2021				198.72	0.00	0.00	198.72
SUPPLIES										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
B1800	B1680		BOUND TREE MEDI			198.72	0.00	0.00	198.72	
	Vendor Name		BRIGGS HEALTHCARE		Class		Pay Code			
					M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
B352623	06/30/2021	06/01/2021	07/01/2021				615.60	0.00	0.00	615.60
SUPPLIES										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
B1800	B1800		BRIGGS HEALTHCARE			615.60	0.00	0.00	615.60	
	Vendor Name		CALHOUN COUNTY		Class		Pay Code			
					W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
062821	ACH 06/30/2021	06/28/2021	06/28/2021				320.00	0.00	0.00	320.00
16 ACH - correction of medicare reuops missing through wrong accounts										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
C1048	C1048		CALHOUN COUNTY			320.00	0.00	0.00	320.00	
	Vendor Name		CARDINAL HEALTH 414, INC.		Class		Pay Code			
					W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8002545574	06/29/2021	05/22/2021	06/16/2021				322.09	0.00	0.00	322.09
SUPPLIES										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
C1325	C1325		CARDINAL HEALTH			322.09	0.00	0.00	322.09	
Vendor#	Vendor Name		CAREFUSION		Class		Pay Code			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9109730334	06/30/2021	05/25/2021	06/24/2021				157.94	0.00	0.00	157.94
SUPPLIES										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
A1730	A1730		CAREFUSION			157.94	0.00	0.00	157.94	
Vendor#	Vendor Name		CARIANT HEALTH PARTNERS		Class		Pay Code			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
125766	06/24/2021	06/16/2021	07/16/2021				6,200.00	0.00	0.00	6,200.00
MED SURG STAFFING										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
13992	13992		CARIANT HEALTH F			6,200.00	0.00	0.00	6,200.00	
Vendor#	Vendor Name		CERVEY, LLC		Class		Pay Code			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10766	06/29/2021	06/15/2021	07/10/2021				3,398.00	0.00	0.00	3,398.00
MONTHLY LICENSING										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
13264	13264		CERVEY, LLC			3,398.00	0.00	0.00	3,398.00	
Vendor#	Vendor Name		CFI MECHANICAL INC		Class		Pay Code			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
SD13219	06/30/2021	06/16/2021	07/16/2021				6,350.00	0.00	0.00	6,350.00
REPLACE EVAPORATOR VALVE C										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
11202	11202		CFI MECHANICAL II			6,350.00	0.00	0.00	6,350.00	
Vendor#	Vendor Name		CLSI LOCKBOX		Class		Pay Code			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
615875	06/30/2021	01/22/2021	02/22/2021				198.00	0.00	0.00	198.00
SUPPLIES										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
13260	13260		CLSI LOCKBOX			198.00	0.00	0.00	198.00	

Vendor#	Vendor Name	Class	Pay Code							
C1970	CONMED CORPORATION ✓	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
576986	✓ 06/30/2021	06/08/2021	06/30/2021				787.95	0.00	0.00	787.95 ✓
	SUPPLIES									
579460	✓ 06/30/2021	06/10/2021	06/30/2021				87.50	0.00	0.00	87.50 ✓
	SUPPLIES									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
C1970		CONMED CORPOR				875.45	0.00	0.00	875.45	
Vendor#	Vendor Name	Class	Pay Code							
L1430	CONMED LINVATEC ✓	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3657256	✓ 06/30/2021	06/10/2021	06/30/2021				37.60	0.00	0.00	37.60 ✓
	SUPPLIES									
3658524	✓ 06/30/2021	06/11/2021	06/30/2021				75.20	0.00	0.00	75.20 ✓
	SUPPLIES									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
L1430		CONMED LINVATEC				112.80	0.00	0.00	112.80	
Vendor#	Vendor Name	Class	Pay Code							
C2157	COOPER SURGICAL INC ✓	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5866444	✓ 06/30/2021	06/07/2021	06/30/2021				918.69	0.00	0.00	918.69 ✓
	SUPPLIES									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
C2157		COOPER SURGICAL				918.69	0.00	0.00	918.69	
Vendor#	Vendor Name	Class	Pay Code							
11368	CYRACOM LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1330649	✓ 06/15/2021	05/31/2021	07/15/2021				62.88	0.00	0.00	62.88 ✓
	INTERPERTATION SERVICES									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
11368		CYRACOM LLC				62.88	0.00	0.00	62.88	
Vendor#	Vendor Name	Class	Pay Code							
D1193	DEPUY SYNTHES SALES, INC. ✓	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
23888053RI	✓ 06/30/2021	04/12/2021	05/07/2021				231.00	0.00	0.00	231.00 ✓
	SUPPLIES									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
D1193		DEPUY SYNTHES S				231.00	0.00	0.00	231.00	
Vendor#	Vendor Name	Class	Pay Code							
10789	DISCOVERY MEDICAL NETWORK ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMC061521	✓ 06/30/2021	06/15/2021	06/15/2021				143,322.10	0.00	0.00	143,322.10 ✓
	PRO FEES <i>JUNE 1-15 - Physician Services</i>									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
10789		DISCOVERY MEDIC				143,322.10	0.00	0.00	143,322.10	
Vendor#	Vendor Name	Class	Pay Code							
D1785	DYNATRONICS CORPORATION ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN2129706	✓ 06/30/2021	06/08/2021	06/30/2021				95.18	0.00	0.00	95.18 ✓
	SUPPLIES									
IN2129907	✓ 06/30/2021	06/11/2021	06/30/2021				95.18	0.00	0.00	95.18 ✓
	SUPPLIES									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
D1785		DYNATRONICS COI				190.36	0.00	0.00	190.36	
Vendor#	Vendor Name	Class	Pay Code							
11284	EMERGENCY STAFFING SOLUTIO ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
40364	✓ 06/29/2021	06/30/2021	06/30/2021				40,062.50	0.00	0.00	40,062.50 ✓
	PRO FEES ER <i>(16th - 80m)</i>									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	

Vendor#	11284	EMERGENCY STAF	40,062.50	0.00	0.00	40,062.50
13872	Vendor Name	Class	Pay Code			
	ETHOS MEDICAL STAFFING					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay
26610	06/30/2021	06/18/2021	07/18/2021			
	NURSE STAFFING					
Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
13872	ETHOS MEDICAL S	2,892.00	0.00	0.00	2,892.00	
Vendor#	Vendor Name	Class	Pay Code			
10689	FASTHEALTH CORPORATION					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay
06A21MMC	06/29/2021	06/01/2021	06/16/2021			
	WEBSITE					
Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10689	FASTHEALTH CORP	495.00	0.00	0.00	495.00	
Vendor#	Vendor Name	Class	Pay Code			
F1400	FISHER HEALTHCARE	M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay
8356438	06/30/2021	05/27/2021	06/21/2021			
	SUPPLIES					
8584934	06/30/2021	05/28/2021	06/22/2021			
	SUPPLIES					
8873504	06/30/2021	06/02/2021	06/27/2021			
	SUPPLIES					
8873505	06/30/2021	06/02/2021	06/27/2021			
	SUPPLIES					
8991378	06/30/2021	06/03/2021	06/28/2021			
	THERMOSCI 1300 SERIES CLASS					
9094897	06/30/2021	06/04/2021	06/29/2021			
	SUPPLIES					
9185355	06/30/2021	06/07/2021	07/02/2021			
	SUPPLIES					
9285956	06/30/2021	06/08/2021	07/03/2021			
	SUPPLIES					
9380379	06/30/2021	06/09/2021	07/04/2021			
	SUPPLIES					
9477686	06/30/2021	06/10/2021	07/05/2021			
	SUPPLIES					
9477688	06/30/2021	06/10/2021	07/05/2021			
	SUPPLIES					
9477687	06/30/2021	06/10/2021	07/05/2021			
	SUPPLIES					
9580442	06/30/2021	06/11/2021	07/06/2021			
	SUPPLIES					
9580443	06/30/2021	06/11/2021	07/06/2021			
	SUPPLIES					
9580444	06/30/2021	06/11/2021	07/06/2021			
	SUPPLIES					
9580441	06/30/2021	06/11/2021	07/06/2021			
	SUPPLIES					
9580440	06/30/2021	06/11/2021	07/06/2021			
	SUPPLIES					
9676241	06/30/2021	06/14/2021	07/09/2021			
	CREDIT					
9676317	06/30/2021	06/14/2021	07/09/2021			
	SUPPLIES					
9676284	06/30/2021	06/14/2021	07/09/2021			
	SUPPLIES					
9790160	06/30/2021	06/15/2021	07/10/2021			
	SUPPLIES					
9790161	06/30/2021	06/15/2021	07/10/2021			

	9790162	06/30/2021	06/15/2021	07/10/2021				539.66	0.00	0.00	539.66
			SUPPLIES								
	Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		F1400		FISHER HEALTHCA		9,711.37		0.00		0.00	9,711.37
Vendor# 13960			Vendor Name			Class		Pay Code			
			G & S MANAGEMENT GROUP LLC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	340382783	06/30/2021	06/15/2021	07/15/2021				1,379.53	0.00	0.00	1,379.53
			TRASH SERVICE								
	Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		13960		G & S MANAGEMEN		1,379.53		0.00		0.00	1,379.53
Vendor# W1300			Vendor Name			Class		Pay Code			
			GRAINGER			M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	9914296018	06/30/2021	05/26/2021	06/20/2021				292.60	0.00	0.00	292.60
			SUPPLIES								
	9923082326	06/30/2021	06/04/2021	06/29/2021				16.32	0.00	0.00	16.32
			SUPPLIES								
	9926357667	06/30/2021	06/08/2021	07/03/2021				221.43	0.00	0.00	221.43
			SUPPLIES								
	Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		W1300		GRAINGER		530.35		0.00		0.00	530.35
Vendor# 12380			Vendor Name			Class		Pay Code			
			HEALTH SOLUTIONS DIETETICS								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	062727	06/30/2021	06/27/2021	06/27/2021				3,000.00	0.00	0.00	3,000.00
			DIETICIAN								
	Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		12380		HEALTH SOLUTION		3,000.00		0.00		0.00	3,000.00
Vendor# H0416			Vendor Name			Class		Pay Code			
			HOLOGIC INC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	9744949	06/30/2021	06/15/2021	06/30/2021				472.50	0.00	0.00	472.50
			SUPPLIES								
	9744950	06/30/2021	06/15/2021	06/30/2021				1,242.80	0.00	0.00	1,242.80
			SUPPLIES								
	Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		H0416		HOLOGIC INC		1,715.30		0.00		0.00	1,715.30
Vendor# J0150			Vendor Name			Class		Pay Code			
			J & J HEALTH CARE SYSTEMS, INC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	925233163	06/30/2021	06/05/2021	07/05/2021				1,219.91	0.00	0.00	1,219.91
			SUPPLIES								
	Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		J0150		J & J HEALTH CARE		1,219.91		0.00		0.00	1,219.91
Vendor# 14008			Vendor Name			Class		Pay Code			
			JASON RUBIO								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	062421	06/30/2021	06/24/2021	06/24/2021				117.15	0.00	0.00	117.15
			TRAVEL FOR HOSPITAL (5/11, 5/24, 6/18)								
	Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		14008		JASON RUBIO		117.15		0.00		0.00	117.15
Vendor# L0700			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
	69588769	06/30/2021	05/29/2021	06/23/2021				26.29	0.00	0.00	26.29
			SUPPLIES								
	69708687	06/30/2021	05/29/2021	06/23/2021				30.00	0.00	0.00	30.00
			SUPPLIES								
	Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net

	L0700	LABCORP OF AMEF		56.29	0.00	0.00	56.29				
Vendor#		Vendor Name		Class	Pay Code						
11600		LEGAL SHIELD ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	051521	06/30/2021	05/15/2021	05/15/2021				588.20	0.00	0.00	588.20 ✓
		PAYROLL DED									
	061521	06/30/2021	06/15/2021	06/15/2021				588.20	0.00	0.00	588.20 ✓
		PAYROLL DED									
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
	11600		LEGAL SHIELD				1,176.40	0.00	0.00	1,176.40	
Vendor#		Vendor Name		Class	Pay Code						
J1350		M.C. JOHNSON COMPANY INC ✓		M							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	00387687	06/30/2021	06/01/2021	06/30/2021				187.96	0.00	0.00	187.96 ✓
		SUPPLIES									
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
	J1350		M.C. JOHNSON COI				187.96	0.00	0.00	187.96	
Vendor#		Vendor Name		Class	Pay Code						
M1511		MARKETLAB, INC ✓		W							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	IN01375339	06/30/2021	06/03/2021	06/30/2021				227.83	0.00	0.00	227.83 ✓
		SUPPLIES									
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
	M1511		MARKETLAB, INC				227.83	0.00	0.00	227.83	
Vendor#		Vendor Name		Class	Pay Code						
M2178		MCKESSON MEDICAL SURGICAL I ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	18205226	06/30/2021	05/25/2021	06/09/2021				306.78	0.00	0.00	306.78 ✓
		SUPPLIES									
	18205225	06/30/2021	05/25/2021	06/09/2021				21.96	0.00	0.00	21.96 ✓
		SUPPLIES									
	18205227	06/30/2021	05/25/2021	06/09/2021				93.29	0.00	0.00	93.29 ✓
		SUPPLIES									
	18205222	06/30/2021	05/25/2021	06/09/2021				65.38	0.00	0.00	65.38 ✓
		SUPPLIES									
	18212150	06/30/2021	05/27/2021	06/11/2021				166.81	0.00	0.00	166.81 ✓
		SUPPLIES									
	18232182	06/30/2021	06/03/2021	06/18/2021				165.86	0.00	0.00	165.86 ✓
		SUPPLIES									
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
	M2178		MCKESSON MEDIC				820.08	0.00	0.00	820.08	
Vendor#		Vendor Name		Class	Pay Code						
M2310		MEDELA INC ✓		M							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	7000497398	06/30/2021	05/20/2021	06/30/2021				284.80	0.00	0.00	284.80 ✓
		SUPPLIES									
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
	M2310		MEDELA INC				284.80	0.00	0.00	284.80	
Vendor#		Vendor Name		Class	Pay Code						
10613		MEDIMPACT HEALTHCARE SYS, II A/P ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	062821	06/30/2021	06/28/2021	06/28/2021				22.26	0.00	0.00	22.26 ✓
		INDIGENT									
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
	10613		MEDIMPACT HEALT				22.26	0.00	0.00	22.26	
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
	1949873915	06/23/2021	04/27/2021	05/22/2021				1,221.33	0.00	0.00	1,221.33 ✓
		SUPPLIES									
	1953078565	06/30/2021	05/25/2021	06/19/2021				3,908.12	0.00	0.00	3,908.12 ✓

Vendor# M2470	SUPPLIES									
	1953173399	06/30/2021	05/26/2021	06/20/2021		116.60	0.00	0.00	116.60	✓
	SUPPLIES									
	1953174301	06/30/2021	05/26/2021	06/20/2021		171.62	0.00	0.00	171.62	✓
	SUPPLIES									
	1953381530	06/30/2021	05/27/2021	06/21/2021		18.66	0.00	0.00	18.66	✓
	SUPPLIES									
	1953381531	06/30/2021	05/27/2021	06/21/2021		93.30	0.00	0.00	93.30	✓
	SUPPLIES									
	1953676302	06/30/2021	05/29/2021	06/23/2021		57.77	0.00	0.00	57.77	✓
	SUPPLIES									
	1953676303	06/30/2021	05/29/2021	06/23/2021		3,763.08	0.00	0.00	3,763.08	✓
	SUPPLIES									
	1953676300	06/30/2021	05/29/2021	06/23/2021		53.74	0.00	0.00	53.74	✓
SUPPLIES										
1953676301	06/30/2021	05/29/2021	06/23/2021		2,494.82	0.00	0.00	2,494.82	✓	
SUPPLIES										
1953758033	06/30/2021	06/01/2021	06/26/2021		92.41	0.00	0.00	92.41	✓	
SUPPLIES										
1953994224	06/30/2021	06/03/2021	06/28/2021		15.43	0.00	0.00	15.43	✓	
SUPPLIES										
1954096075	06/30/2021	06/03/2021	06/28/2021		89.18	0.00	0.00	89.18	✓	
SUPPLIES										
1954529698	06/30/2021	06/08/2021	07/03/2021		58.21	0.00	0.00	58.21	✓	
SUPPLIES										
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
M2470		MEDLINE INDUST				12,154.27	0.00	0.00	12,154.27	
Vendor#	Vendor Name									
M2630	MES INC ✓									
	Class									
	M									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0305467	06/30/2021	06/03/2021	07/03/2021				73.75	0.00	0.00	73.75
SUPPLIES										
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
M2630		MES INC				73.75	0.00	0.00	73.75	
Vendor#	Vendor Name									
10536	MORRIS & DICKSON CO, LLC ✓									
	Class									
	Pay Code									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7007017	06/29/2021	06/16/2021	06/26/2021				102.68	0.00	0.00	102.68
INVENTORY										
7008943	06/29/2021	06/16/2021	06/26/2021				178.35	0.00	0.00	178.35
INVENTORY										
70084945	06/29/2021	06/16/2021	06/26/2021				44.55	0.00	0.00	44.55
INVENTORY										
7007018	06/29/2021	06/16/2021	06/26/2021				623.38	0.00	0.00	623.38
INVENTORY										
7008944	06/29/2021	06/16/2021	06/26/2021				1,469.50	0.00	0.00	1,469.50
INVENTORY										
7007019	06/29/2021	06/16/2021	06/26/2021				194.90	0.00	0.00	194.90
INVENTORY										
7014762	06/29/2021	06/17/2021	06/27/2021				28.50	0.00	0.00	28.50
INVENTORY										
7014761	06/29/2021	06/17/2021	06/27/2021				812.80	0.00	0.00	812.80
INVENTORY										
7014763	06/29/2021	06/17/2021	06/27/2021				363.79	0.00	0.00	363.79
INVENTORY										
CM59004	06/29/2021	06/18/2021	06/28/2021				-318.80	0.00	0.00	-318.80
CREDIT										
7020532	06/29/2021	06/20/2021	06/30/2021				90.36	0.00	0.00	90.36
INVENTORY										
7020533	06/29/2021	06/20/2021	06/30/2021				201.11	0.00	0.00	201.11
INVENTORY										

7024912	✓	06/29/2021	06/21/2021	07/01/2021	526.98	0.00	0.00	526.98	✓
			INVENTORY						
7024914	✓	06/29/2021	06/21/2021	07/01/2021	228.13	0.00	0.00	228.13	✓
			INVENTORY						
7024913	✓	06/29/2021	06/21/2021	07/01/2021	350.43	0.00	0.00	350.43	✓
			INVENTORY						
7028243	✓	06/29/2021	06/22/2021	07/02/2021	2.79	0.00	0.00	2.79	✓
			INVENTORY						
CM59545	✓	06/29/2021	06/22/2021	07/02/2021	-381.33	0.00	0.00	-381.33	✓
			CREDIT						
7028434	✓	06/29/2021	06/22/2021	07/02/2021	228.05	0.00	0.00	228.05	✓
			INVENTORY						
7028436	✓	06/29/2021	06/22/2021	07/02/2021	1,274.08	0.00	0.00	1,274.08	✓
			INVENTORY						
7028435	✓	06/29/2021	06/22/2021	07/02/2021	236.83	0.00	0.00	236.83	✓
			INVENTORY						
7026407	✓	06/29/2021	06/22/2021	07/02/2021	341.13	0.00	0.00	341.13	✓
			INVENTORY						
7033822	✓	06/29/2021	06/23/2021	07/03/2021	5.33	0.00	0.00	5.33	✓
			INVENTORY						
7031268	✓	06/29/2021	06/23/2021	07/03/2021	4,342.50	0.00	0.00	4,342.50	✓
			INVENTORY						
7033821	✓	06/29/2021	06/23/2021	07/03/2021	244.41	0.00	0.00	244.41	✓
			INVENTORY						
7033820	✓	06/29/2021	06/23/2021	07/03/2021	25.50	0.00	0.00	25.50	✓
			INVENTORY						
2383	✓	06/29/2021	06/24/2021	07/04/2021	-4.99	0.00	0.00	-4.99	✓
			CREDIT						
CM60141	✓	06/29/2021	06/24/2021	07/04/2021	-5.49	0.00	0.00	-5.49	✓
			CREDIT						
SC7845	✓	06/29/2021	06/24/2021	07/04/2021	32.11	0.00	0.00	32.11	✓
			INVENTORY						
2382	✓	06/29/2021	06/24/2021	07/04/2021	-4.99	0.00	0.00	-4.99	✓
			CREDIT						
SC7847		06/29/2021	06/24/2021	07/04/2021	<i>20.82</i> 30.82	0.00	0.00	30.82 <i>20.82</i>	✓
			INVENTORY						
SC7846		06/29/2021	06/24/2021	07/04/2021	37.22	0.00	0.00	37.22	✓
			INVENTORY						
2384		06/29/2021	06/24/2021	07/04/2021	-4.88	0.00	0.00	-4.88	✓
			CREDIT						
CM60142	✓	06/29/2021	06/24/2021	07/04/2021	-51.08	0.00	0.00	-51.08	✓
			CREDIT						
7035842	✓	06/29/2021	06/24/2021	07/04/2021	1,561.85	0.00	0.00	1,561.85	✓
			INVENTORY						
CM60143	✓	06/29/2021	06/24/2021	07/04/2021	-92.26	0.00	0.00	-92.26	✓
			CREDIT						
7039793	✓	06/29/2021	06/25/2021	07/05/2021	130.92	0.00	0.00	130.92	✓
			INVENTORY						
7041220	✓	06/29/2021	06/25/2021	07/05/2021	1,064.46	0.00	0.00	1,064.46	✓
			INVENTORY						
CM60331	✓	06/29/2021	06/25/2021	07/05/2021	-455.09	0.00	0.00	-455.09	✓
			CREDIT						
7044666	✓	06/29/2021	06/27/2021	07/07/2021	9.65	0.00	0.00	9.65	✓
			INVENTORY						
7044665	✓	06/29/2021	06/27/2021	07/07/2021	756.89	0.00	0.00	756.89	✓
			INVENTORY						
7044663	✓	06/29/2021	06/27/2021	07/07/2021	2,814.54	0.00	0.00	2,814.54	✓
			INVENTORY						
7044664	✓	06/29/2021	06/27/2021	07/07/2021	1,881.48	0.00	0.00	1,881.48	✓
			INVENTORY						
7048480	✓	06/29/2021	06/28/2021	07/08/2021	276.89	0.00	0.00	276.89	✓

INVENTORY												
3263	✓	06/29/2021	06/28/2021	07/08/2021				-4.99	0.00	0.00	-4.99	✓
INVENTORY												
7048479	✓	06/29/2021	06/28/2021	07/08/2021				6,821.56	0.00	0.00	6,821.56	✓
INVENTORY												
3261	✓	06/29/2021	06/28/2021	07/08/2021				-4.99	0.00	0.00	-4.99	✓
CREDIT												
3262	✓	06/29/2021	06/28/2021	07/08/2021				-4.99	0.00	0.00	-4.99	✓
CREDIT												
3147	✓	06/29/2021	06/28/2021	07/08/2021				-44.45	0.00	0.00	-44.45	✓
CREDIT												
7048481	✓	06/29/2021	06/28/2021	07/08/2021				5.85	0.00	0.00	5.85	✓
INVENTORY												
CM60586	✓	06/29/2021	06/28/2021	07/08/2021				-13.61	0.00	0.00	-13.61	✓
CREDIT												
3264	✓	06/29/2021	06/28/2021	07/08/2021				-0.25	0.00	0.00	-0.25	✓
CREDIT												
7047740	✓	06/29/2021	06/28/2021	07/08/2021				24.23	0.00	0.00	24.23	✓
INVENTORY												
Vendor#	Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
M2659			10536	MORRIS & DICKSON		25,972.36		0.00	0.00		25,972.36	
			Vendor Name		Class	Pay Code						
			MXR IMAGING, INC		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net		
8800771238	06/30/2021	06/10/2021	07/10/2021				182.57	0.00	0.00	182.57	✓	
SUPPLIES												
8800771240	06/30/2021	06/10/2021	07/10/2021				242.17	0.00	0.00	242.17	✓	
SUPPLIES												
880071239	06/30/2021	06/10/2021	07/10/2021				380.84	0.00	0.00	380.84	✓	
SUPPLIES												
8800771241	06/30/2021	06/10/2021	07/10/2021				990.57	0.00	0.00	990.57	✓	
SUPPLIES												
Vendor#	Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
M2659				MXR IMAGING, INC		1,796.15		0.00	0.00		1,796.15	
Vendor#			Vendor Name		Class	Pay Code						
11472			OCCUPRO LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net		
21162	06/30/2021	04/07/2021	05/07/2021				473.28	0.00	0.00	473.28	✓	
PROVIDER LICENSES												
21526	06/30/2021	05/07/2021	06/07/2021				473.28	0.00	0.00	473.28	✓	
PROVIDER LICENCES												
Vendor#	Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
11472				OCCUPRO LLC		946.56		0.00	0.00		946.56	
Vendor#			Vendor Name		Class	Pay Code						
10955			OPTUM360		W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net		
8001262734	06/30/2021	05/28/2021	06/28/2021				476.95	0.00	0.00	476.95	✓	
SUPPLIES												
Vendor#	Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
10955				OPTUM360		476.95		0.00	0.00		476.95	
Vendor#			Vendor Name		Class	Pay Code						
O1416			ORTHO CLINICAL DIAGNOSTICS									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net		
1851927767	06/30/2021	06/07/2021	07/07/2021				1,302.70	0.00	0.00	1,302.70	✓	
SUPPLIES												
Vendor#	Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
O1416				ORTHO CLINICAL D		1,302.70		0.00	0.00		1,302.70	
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		
062221	06/30/2021	06/22/2021	06/22/2021				2,445.63	0.00	0.00	2,445.63	✓	

CONTRACT EMPLOYEE (618-612121)

	Vendor Totals:		Number	Name		Gross	Discount	No-Pay		Net
	11069			PABLO GARZA		2,445.63	0.00	0.00		2,445.63
Vendor#			Vendor Name		Class	Pay Code				
P0706			PALACIOS BEACON		W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
33058099	06/30/2021	06/03/2021	07/03/2021				187.50	0.00	0.00	187.50
			AD							
	Vendor Totals:		Number	Name		Gross	Discount	No-Pay		Net
	P0706			PALACIOS BEACON		187.50	0.00	0.00		187.50
Vendor#			Vendor Name		Class	Pay Code				
10152			PARTSSOURCE, LLC							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CM00005270	06/30/2021	05/11/2021	06/24/2021				-256.49	0.00	0.00	-256.49
			CREDIT							
03865218	06/30/2021	05/25/2021	06/24/2021				81.84	0.00	0.00	81.84
			SUPPLIES							
03871572	06/30/2021	05/27/2021	06/26/2021				47.14	0.00	0.00	47.14
			SUPPLIES							
03874046	06/30/2021	05/28/2021	06/27/2021				127.80	0.00	0.00	127.80
			SUPPLIES							
03873575	06/30/2021	05/28/2021	06/27/2021				28.84	0.00	0.00	28.84
			SUPPLIES							
03881532	06/30/2021	06/04/2021	07/04/2021				105.42	0.00	0.00	105.42
			SUPPLIES							
	Vendor Totals:		Number	Name		Gross	Discount	No-Pay		Net
	10152			PARTSSOURCE, LL		134.55	0.00	0.00		134.55
Vendor#			Vendor Name		Class	Pay Code				
13988			PAYCHECK, ADVANCE FBO							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
005726	06/29/2021	06/23/2021	06/23/2021				2,205.00	0.00	0.00	2,205.00
			MED/SURG STAFFING							
	Vendor Totals:		Number	Name		Gross	Discount	No-Pay		Net
	13988			PAYCHECK, ADVAN		2,205.00	0.00	0.00		2,205.00
Vendor#			Vendor Name		Class	Pay Code				
13936			PROTOUCH STAFFING							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
030668	06/29/2021	06/19/2021	07/19/2021				2,756.25	0.00	0.00	2,756.25
			ICU STAFFING							
	Vendor Totals:		Number	Name		Gross	Discount	No-Pay		Net
	13936			PROTOUCH STAFF		2,756.25	0.00	0.00		2,756.25
Vendor#			Vendor Name		Class	Pay Code				
11080			RADSOURCE							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
SC62412	06/30/2021	06/16/2021	07/11/2021				1,625.00	0.00	0.00	1,625.00
			RAD SERVICES							
	Vendor Totals:		Number	Name		Gross	Discount	No-Pay		Net
	11080			RADSOURCE		1,625.00	0.00	0.00		1,625.00
Vendor#			Vendor Name		Class	Pay Code				
10987			REVCYCLE+, INC.							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
46147	06/29/2021	06/03/2021	07/03/2021				2,056.15	0.00	0.00	2,056.15
			CODING SERVICES							
	Vendor Totals:		Number	Name		Gross	Discount	No-Pay		Net
	10987			REVCYCLE+, INC.		2,056.15	0.00	0.00		2,056.15
Vendor#			Vendor Name		Class	Pay Code				
13940			RN NETWORK							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1641475	06/24/2021	06/21/2021	07/21/2021				2,736.00	0.00	0.00	2,736.00
			ICU NURSE							
	Vendor Totals:		Number	Name		Gross	Discount	No-Pay		Net

13940	RN NETWORK	2,736.00	0.00	0.00	2,736.00
Vendor# S2362	Vendor Name SMITH & NEPHEW	Class	Pay Code		
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt
942405101	06/30/2021	06/16/2021	06/30/2021		
	SUPPLIES				
Vendor Totals:	Number	Name	Gross	Discount	No-Pay
S2362		SMITH & NEPHEW	222.00	0.00	0.00
Vendor# S2353	Vendor Name SMITHS MEDICAL ASD INC	Class	Pay Code		
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt
16271727	06/30/2021	06/01/2021	06/30/2021		
	SUPPLIES				
Vendor Totals:	Number	Name	Gross	Discount	No-Pay
S2353		SMITHS MEDICAL A	331.94	0.00	0.00
Vendor# S2694	Vendor Name STANFORD VACUUM SERVICE	Class	Pay Code		
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt
648454	06/30/2021	06/21/2021	06/21/2021		
	GREASE TRAP				
Vendor Totals:	Number	Name	Gross	Discount	No-Pay
S2694		STANFORD VACUU	385.00	0.00	0.00
Vendor# S2833	Vendor Name STRYKER ENDOSCOPY	Class	Pay Code		
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt
10516136E	06/30/2021	06/09/2021	06/30/2021		
	SUPPLIES				
10525946E	06/30/2021	06/14/2021	06/30/2021		
	SUPPLIES				
Vendor Totals:	Number	Name	Gross	Discount	No-Pay
S2833		STRYKER ENDOSC	1,836.38	0.00	0.00
Vendor# 13880	Vendor Name TEXAS SELECT STAFFING	Class	Pay Code		
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt
0017562510	06/29/2021	06/23/2021	06/23/2021		
	ICU STAFFING				
Vendor Totals:	Number	Name	Gross	Discount	No-Pay
13880		TEXAS SELECT ST/	3,205.35	0.00	0.00
Vendor# 10985	Vendor Name THE COMPLIANCE TEAM, INC	Class	Pay Code		
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt
00027757	06/30/2021	06/07/2021	06/07/2021		
	ACCREDITATION CONTRACT 2ND				
Vendor Totals:	Number	Name	Gross	Discount	No-Pay
10985		THE COMPLIANCE	3,600.00	0.00	0.00
Vendor# 10732	Vendor Name THERACOM, LLC	Class	Pay Code		
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt
2213364073	05/26/2021	04/30/2021	07/15/2021		
	INVENTORY				
Vendor Totals:	Number	Name	Gross	Discount	No-Pay
10732		THERACOM, LLC	1,995.10	0.00	0.00
Vendor# 14004	Vendor Name TX DEPT OF HELATH SERVICES	Class	Pay Code		
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt
36661	06/24/2021	06/15/2021	07/15/2021		
	RADIATION LICENSE NUC MED				
Vendor Totals:	Number	Name	Gross	Discount	No-Pay
14004		TX DEPT OF HELAT	3,640.00	0.00	0.00
Vendor# U1054	Vendor Name UNIFIRST HOLDINGS	Class	Pay Code		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8400367523	06/29/2021	06/17/2021	07/12/2021				161.97	0.00	0.00	161.97 ✓
	LAUNDRY									
8400367547	06/29/2021	06/17/2021	07/12/2021				79.43	0.00	0.00	79.43 ✓
	LAUNDRY									
8400367525	06/29/2021	06/17/2021	07/12/2021				121.55	0.00	0.00	121.55 ✓
	LAUNDRY									
8400367527	06/29/2021	06/17/2021	07/12/2021				214.56	0.00	0.00	214.56 ✓
	LAUNDRY									
8400367560	06/29/2021	06/17/2021	07/12/2021				1,433.12	0.00	0.00	1,433.12 ✓
	LAUNDRY									
8400367528	06/29/2021	06/17/2021	07/12/2021				194.90	0.00	0.00	194.90 ✓
	LAUNDRY									
8400367847	06/29/2021	06/21/2021	07/16/2021				2,009.88	0.00	0.00	2,009.88 ✓
	LAUNDRY									
8400367822	06/29/2021	06/21/2021	07/16/2021				45.15	0.00	0.00	45.15 ✓
	LAUNDRY									
8400367823	06/29/2021	06/21/2021	07/16/2021				45.16	0.00	0.00	45.16 ✓
	LAUNDRY									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
U1054		UNIFIRST HOLDING	4,305.72	0.00	0.00	4,305.72

Vendor#
12208

Vendor Name	Class	Pay Code
WAGEWORKS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV2846163	06/21/2021	06/15/2021	07/15/2021				580.25	0.00	0.00	580.25 ✓
	ADMIN/COMPLIANCE FEE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12208		WAGEWORKS	580.25	0.00	0.00	580.25

Vendor#
W1040

Vendor Name	Class	Pay Code
WATERMARK GRAPHICS INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
132996	06/29/2021	06/15/2021	07/15/2021				2,715.75	0.00	0.00	2,715.75 ✓
	SHIRT ORDER									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
W1040		WATERMARK GRAF	2,715.75	0.00	0.00	2,715.75

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	419,716.10	0.00	0.00	419,716.10

pg 3 correction { < 3,398.00 >
+ 1,699.00

\$418,017.10

pg 9 correction { < 30.82 >
+ 20.82

\$418,007.10

JUL 01 2021

CK#
190918-
190997

RECEIVED

RUN DATE: 07/01/21
TIME: 10:36
JUL 01 2021

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1
APCDEDIT

Coffee County Auditor

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
		063021	47.00	✓	2	REFUND FOR	
		063021	197.00	✓	2	REFUND FOR	
		063021	4677.27	✓	2	REFUND FOR	
ARID=0001 TOTAL			4921.27				
TOTAL			4921.27				

JUL 01 2021

ck#

191005 -
191007

McKESSON**STATEMENT**

As of: 06/25/2021

Page: 002

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

Company: 8000

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

DC: 8115

Territory:

Customer: 632536

Date: 06/26/2021

As of: 06/25/2021

Page: 002

Mail to:

Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536

PLEASE CHECK ANY

Date: 06/26/2021

ITEMS NOT PAID (✓)

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 5,913.64 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017If Paid By 06/29/2021,
Pay This Amount:

5,795.38 USD

If Paid After 06/29/2021,
Pay this Amount:

5,913.64 USD

Due If Paid On Time:

USD

5,795.38 ✓

Disc lost if paid late:

118.26

Due If Paid Late:

USD

5,913.64

26 * 13 +
5 * 403 * 96 +
15 * 98 +
150 * 41 +
198 * 90 +
5 * 795 * 38 =

CK # 500210

JUL 06 2021

For AR Inquiries please contact 800-867-0333

McKESSON**STATEMENT**

As of: 06/25/2021

Page: 001

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

Company 8000

HEB PHCY 0434/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: 400

Customer: 190813

Date: 06/26/2021

As of: 06/25/2021
Mail to:Page: 001
Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 190813
Date: 06/26/2021**PLEASE CHECK ANY
ITEMS NOT PAID (✓)**

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
06/23/2021	06/29/2021	7277585055	2017031513	115Invoice	0.53	26.66		26.13	✓	7277585055	

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:

26.66 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 8,598.46
06/21/2021If Paid By 06/29/2021,
Pay This Amount:

26.13 USD

If Paid After 06/29/2021,
Pay this Amount:

26.66 USD

Due If Paid On Time:

USD

26.13 ✓

Disc lost if paid late:

0.53

Due If Paid Late:

USD

26.66

JUL 06 2021

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McKESSON**STATEMENT**

As of: 06/25/2021

Page: 001

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: 400

Customer: 256342

Date: 06/26/2021

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

As of: 06/25/2021
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 06/26/2021

**PLEASE CHECK ANY
ITEMS NOT PAID (✓)**

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
06/21/2021	06/29/2021	7277010163	10738148	115Invoice	0.56	27.77		27.21 ✓		7277010163	
06/21/2021	06/29/2021	7277010164	10782687	115Invoice	16.63	831.40		814.77 ✓		7277010164	
06/21/2021	06/29/2021	7277010165	10826790	115Invoice	2.07	103.26		101.19 ✓		7277010165	
06/21/2021	06/29/2021	7277235856	865185847	195Invoice	1.96	98.08		96.12 ✓		7277235856	
06/22/2021	06/29/2021	7277487148	0621210750	115Invoice	9.94	497.22		487.28 ✓		7277487148	
06/23/2021	06/29/2021	7277577997	10969339	115Invoice	5.54	277.13		271.59 ✓		7277577997	
06/23/2021	06/29/2021	7277577998	11009053	115Invoice	33.13	1,656.40		1,623.27 ✓		7277577998	
06/23/2021	06/29/2021	7277727578	865331879	195Invoice	0.99	49.38		48.39 ✓		7277727578	
06/23/2021	06/29/2021	7277727579	06222109021w	115Invoice	0.01	0.63		0.62 ✓		7277727579	
06/24/2021	06/29/2021	7277837875	11031037	115Invoice	5.54	277.13		271.59 ✓		7277837875	
06/24/2021	06/29/2021	7277837876	11072398	115Invoice	16.63	831.28		814.65 ✓		7277837876	
06/24/2021	06/29/2021	7277837877	11072398	115Invoice	0.78	39.06		38.28 ✓		7277837877	
06/25/2021	06/29/2021	7278082189	11094749	115Invoice	5.54	277.22		271.68 ✓		7278082189	
06/25/2021	06/29/2021	7278283437	865447967	195Invoice	10.97	548.29		537.32 ✓		7278283437	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals:

5,514.25 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 06/21/2021 8,598.46

If Paid By 06/29/2021,
Pay This Amount:

5,403.96 USD

If Paid After 06/29/2021,
Pay this Amount:

5,514.25 USD

Due If Paid On Time:

USD

5,403.96 ✓

Disc lost if paid late:

110.29

Due If Paid Late:

USD

5,514.25

JUL 06 2021

For AR Inquiries please contact 800-867-0333

McKESSON**STATEMENT**

Company: 8000

CVS PHCY 7006/MEMORIA PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 06/25/2021

Page: 001

DC: 8115

Territory: 400

Customer: 262252

Date: 06/26/2021

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

As of: 06/25/2021

Page: 001

Mail to:

Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252

Date: 06/26/2021

PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 262252 CVS PHCY 7006/MEMORIA PHS											
06/24/2021	06/29/2021	7277830195	1231053	115Invoice	0.33	16.31		15.98	✓	7277830195	

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:

16.31 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,186.42
06/07/2021

If Paid By 06/29/2021,
Pay This Amount:

15.98 USD

If Paid After 06/29/2021,
Pay this Amount:

16.31 USD

Due If Paid On Time:

USD

15.98 ✓

Disc lost if paid late:

0.33

Due If Paid Late:

USD

16.31

JUL 06 2021

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

McKESSON**STATEMENT**

Company: 8000

HEB PHY FC 490/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 06/25/2021

Page: 001

DC: 8115

Territory: 400

Customer: 464450

Date: 06/26/2021

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

As of: 06/25/2021

Page: 001

Mail to:

Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450

Date: 06/26/2021

**PLEASE CHECK ANY
ITEMS NOT PAID (✓)**

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 464450 HEB PHY FC 490/MEM MC PHS											
06/24/2021	06/29/2021	7277837872	55x473603	115Invoice	0.54	27.14		26.60	✓	7277837872	
06/24/2021	06/29/2021	7277837873	55x473670	115Invoice	2.53	126.34		123.81	✓	7277837873	

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

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

Subtotals:

153.48 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 10,317.33
06/14/2021

If Paid By 06/29/2021,
Pay This Amount:

150.41 USD

If Paid After 06/29/2021,
Pay this Amount:

153.48 USD

Due If Paid On Time:

USD 150.41 ✓

Disc lost if paid late:

3.07

Due If Paid Late:

USD 153.48

JUL 06 2021

For AR Inquiries please contact 800-867-0333

McKESSON**STATEMENT**

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 06/25/2021

Page: 001

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

DC: 8115

Territory: 400

Customer: 835438

Date: 06/26/2021

As of: 06/25/2021
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438
Date: 06/26/2021

PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438	CVS PHCY 7475/MEM MC PHS										
06/24/2021	06/29/2021	7278026633	1231590	115Invoice	4.04	202.94		198.90	✓	7278026633	

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

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

Subtotals:

202.94 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 8,598.46
06/21/2021

If Paid By 06/29/2021,
Pay This Amount:

198.90 USD

If Paid After 06/29/2021,
Pay this Amount:

202.94 USD

Due If Paid On Time:

USD

198.90 ✓

Disc lost if paid late:

4.04

Due If Paid Late:

USD

202.94

JUL 06 2021

For AR Inquiries please contact 800-867-0333

MCKESSON**STATEMENT**

As of: 07/02/2021

Page: 002

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

Company: 8000

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

DC: 8115

Territory:

Customer: 632536

Date: 07/03/2021

As of: 07/02/2021
Mail to:Page: 002
Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 632536
Date: 07/03/2021**PLEASE CHECK ANY
ITEMS NOT PAID (✓)**

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 11,739.79 USD

Future Due: 0.00

Past Due: 0.00

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

11,505.01 USD

If Paid After 07/06/2021,
Pay this Amount:

11,739.79 USD

Due If Paid On Time:

USD 11,505.01

Disc lost if paid late:

234.78

Due If Paid Late:

USD 11,739.79

430.11 +
7,886.73 +
1.80 +
3,159.97 +
26.40 +
11,505.01 =

CK # 500212

JUL 06 2021

For AR Inquiries please contact 800-867-0333

MCKESSON**STATEMENT**

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 07/02/2021

Page: 001

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

DC: 8115

Territory: 400

Customer: 190813

Date: 07/03/2021

As of: 07/02/2021
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 07/03/2021

PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813	HEB PHCY 0434/MEM MED PHS										
06/30/2021	07/06/2021	7278940433	2017031950	115Invoice	0.54	26.94		26.40	✓	7278940433	

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

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

Subtotals:

26.94 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,795.38
06/28/2021

If Paid By 07/06/2021,
Pay This Amount:

26.40 USD

If Paid After 07/06/2021,
Pay this Amount:

26.94 USD

Due If Paid On Time:

USD

26.40 ✓

Disc lost if paid late:

0.54

Due If Paid Late:

USD

26.94

JUL 06 2021

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

McKESSON**STATEMENT**

As of: 07/02/2021

Page: 001

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

Company: 8000

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

DC: 8115

Territory: 400

Customer: 256342

Date: 07/03/2021

As of: 07/02/2021
Mail to:Page: 001
Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 256342 PLEASE CHECK ANY
Date: 07/03/2021 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											
16/28/2021	07/06/2021	7278378516	11151899	115Invoice	22.17	1,108.41		1,086.24 ✓		7278378516	
16/28/2021	07/06/2021	7278378518	11191753	115Invoice	2.06	102.96		100.90 ✓		7278378518	
16/28/2021	07/06/2021	7278378520	11211110	115Invoice		0.09		0.09 ✓		7278378520	
16/28/2021	07/06/2021	7278378521	0627210209-00	115Invoice	7.61	380.53		372.92 ✓		7278378521	
16/28/2021	07/06/2021	7278380323	11266283	115Invoice		0.16		0.16 ✓		7278380323	
16/28/2021	07/06/2021	7278593626	865505163	195Invoice	4.66	233.21		228.55 ✓		7278593626	
16/29/2021	07/06/2021	7278692478	0628211653-00	115Invoice	0.64	31.83		31.19 ✓		7278692478	
16/30/2021	07/06/2021	7279113477	0629210757tw	115Invoice	4.44	222.15		217.71 ✓		7279113477	
16/30/2021	07/06/2021	7279113478	0629210901	195Invoice	5.45	272.55		267.10 ✓		7279113478	
17/01/2021	07/06/2021	7279197040	11412387	115Invoice	5.54	277.13		271.59 ✓		7279197040	
17/01/2021	07/06/2021	7279197041	11450788	115Invoice	5.54	277.13		271.59 ✓		7279197041	
17/01/2021	07/06/2021	7279197042	11450788	115Invoice	0.01	0.63		0.62 ✓		7279197042	
17/01/2021	07/06/2021	7279326899	0630210733	115Invoice	0.01	0.63		0.62 ✓		7279326899	
17/02/2021	07/06/2021	7279437437	11471015	115Invoice	5.10	254.82		249.72 ✓		7279437437	
17/02/2021	07/06/2021	7279640172	0701210746	195Invoice	1.24	62.21		60.97 ✓		7279640172	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals:

3,224.44 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,795.38

16/28/2021

If Paid By 07/06/2021,
Pay This Amount:

3,159.97 USD

If Paid After 07/06/2021,
Pay this Amount:

3,224.44 USD

Due If Paid On Time:

USD

3,159.97 ✓

Disc lost if paid late:

64.47

Due If Paid Late:

USD

3,224.44

For AR Inquiries please contact 800-867-0333

JUL 06 2021

McKESSON**STATEMENT**

Company: 8000

CVS PHCY 7006/MEMORIA PHS
 MEMORIAL MEDICAL CENTER
 VICKY KALISEK
 815 N VIRGINIA
 PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

As of: 07/02/2021

Page: 001

DC: 8115

Territory: 400

Customer: 262252

Date: 07/03/2021

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As of: 07/02/2021

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Mail to:

Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

Cust: 262252

Date: 07/03/2021

PLEASE CHECK ANY
 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 262252 CVS PHCY 7006/MEMORIA PHS											
07/01/2021	07/06/2021	7279190058	1241039	115Invoice	0.04	1.84		1.80 ✓		7279190058	

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:

1.84 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,795.38
 06/28/2021

If Paid By 07/06/2021,
 Pay This Amount:

1.80 USD

If Paid After 07/06/2021,
 Pay this Amount:

1.84 USD

Due If Paid On Time:

USD

1.80 ✓

Disc lost if paid late:

0.04

Due If Paid Late:

USD

1.84

JUL 05 2021

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

McKESSON

STATEMENT

Company: 8000

HEB PHY FC 490/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 07/02/2021

Page: 001

To ensure proper credit to your
account, detach and return this
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DC: 8115

Territory: 400

Customer: 464450

Date: 07/03/2021

As of: 07/02/2021
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450
Date: 07/03/2021

PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 464450 HEB PHY FC 490/MEM MC PHS											
16/29/2021	07/06/2021	7278679017	55x478939	149Invoice	1.23	61.56		60.33	✓	7278679017	
16/29/2021	07/06/2021	7278739824	55x478650	115Invoice	7.09	354.71		347.62	✓	7278739824	
16/29/2021	07/06/2021	7278739826	55x478912	115Invoice	6.81	340.59		333.78	✓	7278739826	
16/29/2021	07/06/2021	7278739827	55x478939	115Invoice	5.73	286.31		280.58	✓	7278739827	
16/29/2021	07/06/2021	7278739828	55x478949	115Invoice	17.96	898.24		880.28	✓	7278739828	
16/29/2021	07/06/2021	7278739829	55x478959	115Invoice	2.44	122.10		119.66	✓	7278739829	
16/29/2021	07/06/2021	7278739830	55x478968	115Invoice	19.70	984.92		965.22	✓	7278739830	
16/29/2021	07/06/2021	7278739831	55x478985	115Invoice	3.54	176.81		173.27	✓	7278739831	
16/29/2021	07/06/2021	7278739834	55x478988	115Invoice	7.92	396.15		388.23	✓	7278739834	
16/29/2021	07/06/2021	7278739835	55x478993	115Invoice	7.69	384.50		376.81	✓	7278739835	
16/29/2021	07/06/2021	7278739837	55x478999	115Invoice	28.42	1,421.10		1,392.68	✓	7278739837	
16/29/2021	07/06/2021	7278739838	55x479011	115Invoice	8.04	401.76		393.72	✓	7278739838	
16/29/2021	07/06/2021	7278739839	55x479015	115Invoice	12.26	612.91		600.65	✓	7278739839	
16/29/2021	07/06/2021	7278739840	55x479039	115Invoice	21.85	1,092.38		1,070.53	✓	7278739840	
16/29/2021	07/06/2021	7278739841	55x480519	115Invoice	10.27	513.64		503.37	✓	7278739841	

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

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

Subtotals: 8,047.68 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,795.38
06/28/2021

If Paid By 07/06/2021,
Pay This Amount:

7,886.73 USD

If Paid After 07/06/2021,
Pay this Amount:

8,047.68 USD

Due If Paid On Time:
USD

7,886.73

Disc lost if paid late:

160.95

Due If Paid Late:
USD

8,047.68

JUL 06 2021

For AR Inquiries please contact 800-867-0333

McKESSON**STATEMENT**

As of: 07/02/2021

Page: 001

To ensure proper credit to your
account, detach and return this
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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: 07/03/2021

As of: 07/02/2021
Mail to:Page: 001
Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 835438
Date: 07/03/2021**PLEASE CHECK ANY
ITEMS NOT PAID (✓)**

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438	CVS PHCY 7475/MEM MC PHS										
07/01/2021	07/06/2021	7279356727	1241700	115Invoice	8.78	438.89		430.11 ✓		7279356727	

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

TOTAL: Customer Number 835438 CVS PHCY 7475/MEM MC PHS**Subtotals: 438.89 USD**

Future Due: 0.00

Past Due: 0.00

Last Payment 5,795.38
06/28/2021If Paid By 07/06/2021,
Pay This Amount:

430.11 USD

If Paid After 07/06/2021,
Pay this Amount:

438.89 USD

Due If Paid On Time:
USD

430.11 ✓

Disc lost if paid late:

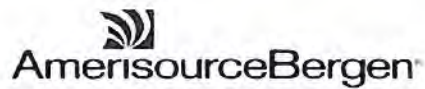
8.78

Due If Paid Late:
USD

438.89

JUL 06 2021

For AR Inquiries please contact 800-867-0333



STATEMENT

Statement Number: 61140448
Date: 06-25-2021

1 of 1

Served By:
ABC DC SUGARLAND
12727 WEST AIRPORT BLVD
SUGAR LAND TX 77478-6101DEA: RA0289276
866-451-9655**Customer:**
WALGREENS #12494 340B
MEMORIAL MEDICAL CENTER
1302 N VIRGINIA ST
PORT LAVACA TX 77979-2509**Remit To:**
AMERISOURCEBERGEN
P.O. Box 905223
CHARLOTTE NC 28290-5223**Customer Number**

0100135284 / 037028186

Terms

Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	479.87
Past Due:	0.00
Total Due:	479.87
Account Balance:	479.87

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
06-21-2021	07-02-2021	3059154877	161735	Invoice	14.02		0.00	14.02 ✓
06-22-2021	07-02-2021	3059285783	161787	Invoice	395.36		0.00	395.36 ✓
06-24-2021	07-02-2021	3059590268	161804	Invoice	70.49		0.00	70.49 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
479.87	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
06-25-2021	(505.25)

Reminders

Due Date	Amount
07-02-2021	479.87
Total Due:	479.87

CK # 500209

JUL 06 2021



STATEMENT

Statement Number: 61204641
Date: 07-02-2021

1 of 1

Served By:

ABC DC SUGARLAND
12727 WEST AIRPORT BLVD
SUGAR LAND TX 77478-6101DEA: RA0289276
866-451-9655

Customer:

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

Remit To:

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

Customer Number

0100135284 / 037028186

Terms

Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	2,210.20
Past Due:	0.00
Total Due:	2,210.20
Account Balance:	2,210.20

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
06-27-2021	07-09-2021	3059728824	161813	Invoice	59.15		0.00	59.15 ✓
06-28-2021	07-09-2021	3059843786	161819	Invoice	26.13		0.00	26.13 ✓
06-28-2021	07-09-2021	3059866201	161868	Invoice	1,583.70		0.00	1,583.70 ✓
06-28-2021	07-09-2021	3059866202	161869	Invoice	9.20		0.00	9.20 ✓
06-29-2021	07-09-2021	3060014174	161879	Invoice	109.45		0.00	109.45 ✓
07-01-2021	07-09-2021	3060276680	161898	Invoice	369.95		0.00	369.95 ✓
07-01-2021	07-09-2021	3060278331	161899	Invoice	52.62		0.00	52.62 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
2,210.20	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
07-02-2021	(479.87)

Reminders

Due Date	Amount
07-09-2021	2,210.20
Total Due:	2,210.20

CKH 500211

JUL 06 2021



STATEMENT

Statement Number: 61217815
Date: 07-02-2021

1 of 1

Served By:

ABC DC ROANOKE
501 PATRIOT PARKWAY
ROANOKE TX 76262-6336DEA: RA0316958
866-451-9655

Customer:

US BIOSERVICES CARROLLTON 340B
5025 PLANO PARKWAY SUITE 100
CARROLLTON TX 75010

Remit To:

AMERISOURCEBERGEN
P.O. Box 978740
DALLAS TX 75397-8740

Customer Number

0100270691 / 018628707

Terms

Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	55.00
Past Due:	0.00
Total Due:	55.00
Account Balance:	55.00

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
06-27-2021	07-09-2021	340660970		Invoice	55.00		0.00	55.00 ✓

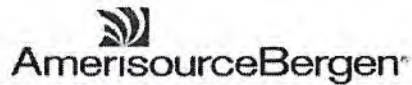
Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
55.00	0.00	0.00	0.00	0.00	0.00	0.00

Reminders

Due Date	Amount
07-09-2021	55.00
Total Due:	55.00

JUL 06 2021

AMERISOURCEBERGEN
CARROLLTON, TEXAS



STATEMENT

Statement Number: 61218135
Date: 07-02-2021

1 of 1

Served By:

ABC DC ROANOKE
501 PATRIOT PARKWAY
ROANOKE TX 76262-6336DEA: RA0316958
866-451-9655

Customer:

SENDERRA RX PHY 340B
MEMORIAL MEDICAL CENTER
1301 E ARAPAHO RD STE 101
RICHARDSON TX 75081

Remit To:

AMERISOURCEBERGEN
P.O. Box 978740
DALLAS TX 75397-8740

Customer Number

0100288078 / 037983771

Terms

Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	55.00
Past Due:	0.00
Total Due:	55.00
Account Balance:	55.00

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
06-27-2021	07-09-2021	340663905		Invoice	55.00		0.00	55.00

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
55.00	0.00	0.00	0.00	0.00	0.00	0.00

Reminders

Due Date	Amount
07-09-2021	55.00
Total Due:	55.00

JUL 06 2021

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

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

☐ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	#### ENTER: ###																		
☐ "ENTER YOUR 4-DIGIT PIN"																			
☐ "MAKE A PAYMENT, PRESS 1"	1																		
☐ "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★ 941 #																		
☐ "IF FEDERAL TAX DEPOSIT ENTER 1"	1																		
☐ "ENTER 2-DIGIT TAX FILING YEAR"	★ 21																		
☐ "ENTER 2-DIGIT TAX FILING ENDING MONTH" 1ST QTR - 03 (MARCH) - Jan, Feb, Mar 2ND QTR - 06 (JUNE) - Apr, May, June 3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept 4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec	★ 06																		
☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN" "1 TO CONFIRM" "ENTER W/CENTS AMOUNT OF SOCIAL SECURITY" "ENTER W/CENTS AMOUNT OF MEDICARE" "ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	★ <table border="1"><tr><td>\$</td><td>94,245.40</td><td>#</td></tr><tr><td></td><td>1</td><td></td></tr><tr><td>0</td><td>\$ 49,175.48</td><td>#</td></tr><tr><td></td><td>\$ 11,500.80</td><td>#</td></tr><tr><td></td><td>\$ 33,569.12</td><td>#</td></tr><tr><td></td><td>\$</td><td></td></tr></table>	\$	94,245.40	#		1		0	\$ 49,175.48	#		\$ 11,500.80	#		\$ 33,569.12	#		\$	
\$	94,245.40	#																	
	1																		
0	\$ 49,175.48	#																	
	\$ 11,500.80	#																	
	\$ 33,569.12	#																	
	\$																		
☐ "6-DIGIT SETTLEMENT DATE" "1 TO CONFIRM"	CHECK ★ 1																		
☐ ACKNOWLEDGEMENT NUMBER																			
CALLED IN BY:																			
CALLED IN DATE:																			
CALLED IN TIME:																			

Run Date: 07/02/21
Time: 15:08

MEMORIAL MEDICAL CENTER
Payroll Register (Bi-Weekly)
Pay Period 06/18/21 - 07/01/21 Run# 1

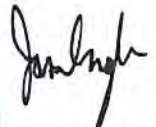
Page 112
P2REG

Final Summary

*-- Pay Code Summary -----							*-- Deductions Summary -----			
PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross	Code	Amount
1	REGULAR PAY-S1	9517.25	N		N	N		189881.69	A/R	590.00
1	REGULAR PAY-S1	1725.50	N		N	N	N	75087.70	ADVANC	AWARDS
1	REGULAR PAY-S1	290.75	Y		N	N		9650.96	CAFE H	CAFE-1
2	REGULAR PAY-S2	2339.25	N		N	N		54148.96	CAFE-3	CAFE-4
2	REGULAR PAY-S2	150.50	Y		N	N		5230.04	CAFE-C	CAFE-D
3	REGULAR PAY-S3	1356.25	N		N	N		32752.27	CAFE-H	CAFE-I
3	REGULAR PAY-S3	61.25	Y		N	N		2182.08	CAFE-P	CANCER
C	CALL PAY	2268.75	N	1	N	N		4537.50	CLINIC	237.71
D	DOUBLE TIME	35.25	N	1	N	N		2459.75	DD ADV	DENTAL
D	DOUBLE TIME	17.50	N	2	N	N		1206.72	DIS-LF	EAT
D	DOUBLE TIME	8.00	N	3	N	N		433.28	FEDTAX	33569.12
D	DOUBLE TIME	8.50	Y	2	N	N		924.38	FIRSTC	FLEX S
E	EXTRA WAGES		N		N	N	N	2943.50	FORT D	FUTA
E	EXTRA WAGES		N	1	N	N	N	1327.50	GRANT	GRP-IN
F	FUNERAL LEAVE	16.00	N	1	N	N		244.16	HOSP-I	ID TPT
K	EXTENDED-ILLNESS-BANK	280.25	N	1	N	N		7718.37	LEGAL	270.80
P	PAID-TIME-OFF	96.45	N		N	N	N	2123.26	METVIS	967.73
P	PAID-TIME-OFF	1332.50	N	1	N	N		31834.59	MMCSHR	NATFML
X	CALL PAY 2	184.00	N	1	N	N		368.00	PHI	PHI***
Y	YMCA/CURVES		N		N	N	N	60.00	RELAY	REPAY
Z	CALL PAY 3	96.00	N	1	N	N		288.00	SCRUBS	1742.04
p	PAID TIME OFF - PROBATION	6.00	N	1	N	N		220.50	STONDF	790.86
t	PHONE & DATA		N		N	N	N	1030.00	STUDEN	SUNACC
									SUNIND	584.65
									SUNVIS	SURCHG
									TSA-2	TSA-C
									TSA-R	29865.83
									UN/HOS	

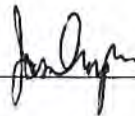
----- Grand Totals: 19789.95 ----- { Gross: 426653.21 Deductions: 133874.94 Net: 292778.27 }
| Checks Count:- FT 194 PT 14 Other 32 Female 212 Male 27 Credit OverAmt 9 ZeroNet 1 Term Total: 239 |

Pay date: 07-09-21



**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- June 25, 2021 - July 5, 2021**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>	<u>Amount</u>
6/25/2021	PAY PLUS ACHTRANS 452579291 101000694616302	- 3rd Party Payor Fee	144.83
6/25/2021	EXPERTPAY EXPERTPAY 746003411 91000010465319	- Child Support Payment -Payroll Ending	446.08
6/25/2021	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	505.25*
6/25/2021	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	293718.33*
6/25/2021	WIRE OUT CBNA INCOMING SETTLEMENT ACCOUNT	-CitiBank Corporate Card Payment	1471.8*
6/28/2021	PAY PLUS ACHTRANS 452579291 101000695365286	- 3rd Party Payor Fee	33.69
6/28/2021	IRS USATAXPYMT 220157933685429 6103601000121	- Payroll Taxes	94160.12*
6/29/2021	PAY PLUS ACHTRANS 452579291 101000696436653	- 3rd Party Payor Fee	35.4
6/29/2021	MCKESSON DRUG AUTO ACH ACH04637121 910000126	- 340B Drug Program Expense	5795.38**
6/30/2021	PAY PLUS ACHTRANS 452579291 101000697420207	- 3rd Party Payor Fee	20.98
7/1/2021	PAY PLUS ACHTRANS 452579291 101000698292488	- 3rd Party Payor Fee	19.13
7/2/2021	STATE COMPTLR TEXNET 02748748/10701 2100002	- IGT DSH	155555.25*
7/2/2021	PAY PLUS ACHTRANS 452579291 101000699205047	- 3rd Party Payor Fee	9.87
7/2/2021	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	479.87**
7/2/2021	AUTHNET GATEWAY BILLING 117956425 1040000139	- 3rd Party Payor Fee	23.4
			552,419.38



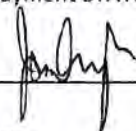
Jason Anglin, CEO
Memorial Medical Center

July 6, 2021

* Approved June 23, 2021
* * To be approved July 7, 2021
due to court date change

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

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>	<u>Amount</u>
7/15/2021	ACH Payment TEXAS COUNTY DRS RECEIVABLE 0419 21000024329	- Retirement Funding	137,435.80
7/12/2021	ACH Payment STATE COMTRLR TEXNET	DSH Pass 3	71477.25
			208,913.05



Jason Anglin, CEO
Memorial Medical Center

July 6, 2021

0 = C

Play Play

144.83 -

33.69 -

35.40 -

20.98 -

19.13 -

9.87 -

263.90 *

Expert Pay

446.08 -

446.08 *

Authnet

23.40 -

23.40 *

263.90 -

446.08 -

23.40 -

733.38 *

552,419.38 -

505.25 -

293,718.33 -

1,471.80 -

94,160.12 -

5,795.38 -

155,555.25 -

479.87 -

733.38 *

733.38 -

733.38 -

0.00 *

Retirement 7/15/2021

Date/Time 07-01-2021 / 12:13 PM
Submitted By

Pay Date 06-30-2021

Employee Deposits	\$60,090.71
Employer Contributions	\$77,345.09
Group Term Life Premiums	\$0.00
Total	\$137,435.80

Comments

Payroll File June 2021 Retirement Upload.xlsx



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	\$71,477.25	
Bank Routing and Account Number		
Settlement Date	7/12/2021	
DSH Amount	\$71,477.25	GL#20310010
Entered By	Jason Anglin	

DSH Pass 3

Pass 3					
--------	--	--	--	--	--

\$0.0016 (\$0.0034)

57,887,519	180,955,044	57,887,519	180,955,044	23,323,872	7,461,307
50,416,380	157,600,437	50,416,380	157,600,437	20,313,623	6,498,328
108,303,898	338,555,481	108,303,898	338,555,481	43,637,494.83	13,959,635

Pass 3 Maximum IGT	Pass 3 Maximum Payment before Limiting to Available Funds (cannot limit until we get all IGT commitment values)	Pass 3 IGT Commitment	Pass 3 Payments based on IGT Commitments prior to Haircut	Final Pass 3 Payment after Haircut	Final Pass 3 IGT Requirement	Notes
\$554,546.40	\$1,733,499.20	\$554,546.40	\$1,733,499.20	\$223,436.24	\$71,477.25	

Proposed Method for State-Owned Hospitals

5 Non-State Owned Urban Public Hospital Class 1

3 Non-State Owned Urban Public Hospital Class 2

158 Non-State Owned All Other Hospitals

166 Non-State Owned Totals

2021 TPI	Hospital Name	County	Urban Public Hospital (UPH) Class 1=Class 1 (TH) 2=Class 2 3=All Others	Own 1=Public 2=Private 3=State	Rural 1=LE 500K 2=R38 3=No	Children 1=Yes 2=No	IMD 1=Yes 2=No	3rd Pass 1 = Yes 2 = No 3 = Unk.
137909111	Memorial Medical Center	Calhoun	3	1	2	2	2	1

Proposed Method for State-Owned Hospitals

5 Non-State Owned Urban Public Hospital Class 1

3 Non-State Owned Urban Public Hospital Class 2

158 Non-State Owned All Other Hospitals

160 Non-State Owned Totals

Pass 3					\$0.0016	(\$0.0034)
57,887,519	180,955,044	57,887,519	180,955,044	23,323,472	7,461,307	
50,416,380	157,600,437	50,416,380	157,600,437	20,313,623	6,498,328	
108,303,898	338,555,481	108,303,898	338,555,481	43,637,494.83	13,959,635	

2021 TP	Hospital Name	County	Urban Public Hospital (UPH) Class 1=Class 1 (TH) 2=Class 2 3=All Others	Own 1=Public 2=Private 3=State	Rural 1=LE 500K 2=RIS 3=No	Children 1=Yes 2=No	JMD 1=Yes 2=No	3rd Pass 1=Yes 2=No 3=Unk	Pass 3 Maximum IGT	Pass 3 Maximum Payment before Limiting to Available Funds (cannot limit until we get all IGT commitment values)	Pass 3 IGT Commitment	Pass 3 Payments based on IGT Commitments prior to Haircut	Final Pass 3 Payment after Haircut	Final Pass 3 IGT Requirement	Notes
137909111	Memorial Medical Center	Calhoun	3	1	2	2	2	1	\$554,546.40	\$1,733,499.20	\$554,546.40	\$1,733,499.20	\$223,436.24	\$71,477.25	

Jason Anglin

From: HHSC PFD DSH Payments <DSHPayments@hhs.texas.gov>
Sent: Friday, July 2, 2021 9:05 AM
To: Skinner, Travis; traudib@dhcg.com; brinker@gl-law.com; bwood@oghtx.com; wkjones@cricpa.com; mpattberg@huntregional.org; lindsey@gl-law.com; ramberg@gl-law.com; sparde@bkd.com; jbuchanan@bkd.com; morgan@gl-law.com; sparker@rcmhospital.org; lewis.robbs@stonewallhospital.org; brian.lady@conchoch.com; ksalcido@mchd.net; jaclynn.harrison@christushealth.org; bbharucha@rchd.care; dhull@fishercountyhospital.com; lschaffner@oghtx.com; bblevins@fchtexas.com; claudia.falcon@vvrnc.org; stephen.kuehler@knoxhospital.org; tracy.betts@hcmhosp.com; mschaefer@sonora-hospital.org; banzalduea@gonzaleshealthcare.com; jaceh@parkviewhosp.org; lsmiga@jchd.org; mmason@permianregional.com; cklein@lambhc.org; bbriscoe@pcmhfs.com; paulg@brownfield-rmc.org; joeb@dhchd.org; bprochnow@matagordaregional.org; mccaber@nacmem.org; lboles@huntregional.org; rhonda@rpmh.net; klatimer@childresshospital.com; sharon.hunt@dschd.org; kklein@connallymmc.org; sewing@echd.com; Stephen.bowerman@midlandhealth.org; John Everett; rol78582@yahoo.com; sparrish@ych.us; duane.woods@cmcvtx.org; Jason Anglin; jeffrey.dane@umchealthsystem.com; Lhardin@seymourtexas.net; aalexander@cuerohospital.org; rkorkmas@ppgh.com; jsmith@medicalartshospital.org; kevin.frosch@medinahospital.net; amelendez@dimmitregional.com; jcasbeer@grahamrmc.com; jpickett@gwhf.org; jim.jenkins@hmh.cc; Toliver, Heather; Melanie.Lozano@conchoch.com; jturner@mchd.net; michael.cheek@christushealth.org; dbeck@oghtx.com; lissa.myers@knoxhospital.org; dennis.thomas@hcmhosp.com; becky.rios@christushealth.org; pstewart@gonzaleshealthcare.com; bjones@jchd.org; j.williams@lambhc.org; rureta@pcmhfs.com; jerry.jasper@brownfield-rmc.org; loreet@dhchd.org; mklock@matagordaregional.org; jmorgan@huntregional.org; julieh@rpmh.net; estratton@childresshospital.com; bmeza@connallymmc.org; briganti@gl-law.com; rrichey@midlandhealth.org; cmh.ehels@cogdellhospital.com; nwheeler@ych.us; czafero@cmcvtx.org; Marley Moehrig; terry.mckenzie@umchealthsystem.com; afutch@seymourtexas.net; apuckett@ppgh.com; awillmann@gwhf.org; blackshare@gl-law.com; cbitonel@mchd.net; sanders@gl-law.com; lmartinez@fishercountyhospital.com; lisa.felkins@vvrnc.org; jamie.mathews@hcmhosp.com; kglover@gonzaleshealthcare.com; mindyc@jchd.org; lshuster@pcmhfs.com; edgar.river@brownfield-rmc.org; winslowm@nacmem.org; shivani.patel@dhg.com; douglasd@rpmh.net; awiswell@mchd.net; jclay@gonzaleshealthcare.com; kaylac@brownfield-rmc.org; lindsey@nacmem.org
Cc: HHSC PFD DSH Payments; Brown,Adam (HHSC); Okoniewski,Amanda (HHSC); Kaminsky,Kathryn (HHSC); Guzman,Kenneth (HHSC); HHSC PFD Uncompensated Care Tools; Wolfe,Megan (HHSC); Michalik,Ed W (HHSC); Grady,Victoria C (HHSC); Cantu,Rene (HHSC); Regmi,Asha (HHSC); Heinemann,David (HHSC)
Subject: DSH 2021 Pass 3 Notification 1 of 1
Attachments: 2021 Final DSH Payment Calculation (Pass3).xlsx; TexNet User Guide.pdf

[WARNING-Remote attachments, VERIFY SENDER]

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

DSH Participants:

Attached are the final Disproportionate Share Hospital (DSH) 2021 Pass 3 Payment and required intergovernmental transfer (IGT) amounts with the haircut applied. The total IGT required for the pass 3 payments can be found in column BJ of the Non-State tab, with the corresponding total payment in column BI. If you have any questions about this calculation, please email ucpools@hhsc.state.tx.us. Please note the last date to submit IGT funds into TexNet is **July 9, 2021**.

Below are the pertinent dates associated with the DSH Pass 3 Payment:

July 9, 2021 - Last date to transfer funds into TexNet

July 12, 2021 - DSH Pass 3 IGT Settlement Date

July 30, 2021 - Pass 3 Payment Date

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

Please ensure you select the DSH bucket in TexNet when you enter your IGT. It is imperative that you send a screen shot/PDF copy of the confirmation/trace sheet from TexNet or an email with the confirmation number, settlement date and IGT amount if the TexNet is submitted over the phone, to

DSHPayments@hhsc.state.tx.us. Please include two contacts and their phone numbers and email addresses, should HHSC have any questions regarding the TexNet received.

If you have questions regarding the DSH payment process, please send an email to

DSHPayments@hhsc.state.tx.us

Thank you,

HHSC Provider Finance Payments

Texas Health and Human Services Commission

Attention: Provider Finance Department

Mail Code H-400

P.O. Box 149030

Austin, Texas 78714-9030



TEXAS
Health and Human
Services

07/01/2021

MEMORIAL MEDICAL CENTER

0

10:37

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor#

Vendor Name

Class

Pay Code

11816

ASHFORD GARDENS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
062521	06/30/2021	06/25/2021	07/22/2021				2,128.00	0.00	0.00	2,128.00

TRANSFER *NH insurance pymt deposited into nmc operating*

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

11816

ASHFORD GARDEN

2,128.00

0.00

0.00

2,128.00

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

2,128.00

0.00

0.00

2,128.00



07/01/2021

MEMORIAL MEDICAL CENTER

0

10:38

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor#

Vendor Name

Class

Pay Code

11828

SOLERA WEST HOUSTON

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
062521	06/30/2021	06/25/2021	07/22/2021				3,040.00	0.00	0.00	3,040.00 ✓
		TRANSFER NH insurance pymt deposited into make open entry								
062821	06/30/2021	06/28/2021	07/22/2021				1,957.04	0.00	0.00	1,957.04 ✓
		TRANSFER "								
Vendor Totals:		Number	Name		Gross		Discount	No-Pay		Net
11828			SOLERA WEST HOI		4,997.04		0.00	0.00		4,997.04
Report Summary										
ls:		Gross	Discount		No-Pay		Net			
		4,997.04	0.00		0.00		4,997.04			

APR 11 2021

CHK#
191002

CASH ON HAND

07/01/2021

MEMORIAL MEDICAL CENTER

0

10:37

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor#

Vendor Name

Class

Pay Code

11832

BROADMOOR AT CREEKSIDE PAF ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
062521	06/30/2021	06/25/2021	07/22/2021				14,700.00	0.00	0.00	14,700.00

TRANSFER

NH insurance pymt deposited into mmc opening ✓

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

11832

BROADMOOR AT C

14,700.00

0.00

0.00

14,700.00

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

14,700.00

0.00

0.00

14,700.00

JUL 01 2021

ck#

191000

RECEIVED

07/01/2021

10:38

JUL 01 2021

Vendor#

11824 - County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

ap_open_invoice.template

0

Vendor Name

Class

Pay Code

THE CRESCENT

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
062121A	06/30/2021	06/21/2021	07/22/2021				3,640.00	0.00	0.00	3,640.00 ✓
	TRANSFER									
062521	06/30/2021	06/25/2021	07/22/2021				4,940.00	0.00	0.00	4,940.00 ✓
	TRANSFER									

NH insurance pymt deposited into MMC operating

Vendor Totals:

11824

Number

Name

THE CRESCENT

Gross

8,580.00

Discount

0.00

No-Pay

0.00

Net

8,580.00

Report Summary

Grand Totals:

Gross

8,580.00

Discount

0.00

No-Pay

0.00

Net

8,580.00

JUL 01 2021

CL#

191003

07/01/2021

MEMORIAL MEDICAL CENTER

D

10:38

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor#

Vendor Name

Class

Pay Code

11836

GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
062421		06/30/2021	06/24/2021	07/22/2021			109.59	0.00	0.00	109.59

062521	06/30/2021	06/25/2021	07/22/2021	TRANSFER "MT insurance pymt deposited into main operating"	1,482.07	0.00	0.00	1,482.07
--------	------------	------------	------------	--	----------	------	------	----------

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11836		GOLDENCREEK HE	1,591.66	0.00	0.00	1,591.66

Report Summary

Grand Totals:

Gross	Discount	No-Pay	Net
1,591.66	0.00	0.00	1,591.66

JUL 01 2021

ck#
191001

07/01/2021

MEMORIAL MEDICAL CENTER

10:38

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Vendor#

Vendor Name

Class

Pay Code

13004

TUSCANY VILLAGE

[illegible]

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
13004		TUSCANY VILLAGE	49,884.68	0.00	0.00	49,884.68

Report Summary

Grand Totals:

Gross	Discount	No-Pay	Net
49,884.68	0.00	0.00	49,884.68

JUL 01 2021

ck#
191004

RECEIVED

07/01/2021 JUL 01 2021

MEMORIAL MEDICAL CENTER

10:37

AP Open Invoice List

0

Cathlamet County Auditor

Dates Through:

ap_open_invoice.template

Vendor#

Vendor Name

Class

Pay Code

12792

BETHANY SENIOR LIVING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
062121B	06/30/2021	06/21/2021	07/22/2021				353.34	0.00	0.00	353.34 ✓
	TRANSFER									
062121A	06/30/2021	06/21/2021	07/22/2021				61,218.92	0.00	0.00	61,218.92 ✓
	TRANSFER									
062121	06/30/2021	06/21/2021	07/22/2021				6,154.21	0.00	0.00	6,154.21 ✓
	TRANSFER									
062121E	06/30/2021	06/21/2021	07/22/2021				4,452.00	0.00	0.00	4,452.00 ✓
	TRANSFER									
062121C	06/30/2021	06/21/2021	07/22/2021				12,275.93	0.00	0.00	12,275.93 ✓
	TRANSFER									
062121D	06/30/2021	06/21/2021	07/22/2021				19,203.46	0.00	0.00	19,203.46 ✓
	TRANSFER									
062321A	06/30/2021	06/23/2021	07/22/2021				8,907.34	0.00	0.00	8,907.34 ✓
	TRANSFER									
062321	06/30/2021	06/23/2021	07/22/2021				9,753.92	0.00	0.00	9,753.92 ✓
	TRANSFER									
062521B	06/30/2021	06/25/2021	07/22/2021				47,731.28	0.00	0.00	47,731.28 ✓
	TRANSFER									
062521A	06/30/2021	06/25/2021	07/22/2021				17,625.60	0.00	0.00	17,625.60 ✓
	TRANSFER									
062521C	06/30/2021	06/25/2021	07/22/2021				3,710.00	0.00	0.00	3,710.00 ✓
	TRANSFER									
062521D	06/30/2021	06/25/2021	07/22/2021				927.50	0.00	0.00	927.50 ✓
	TRANSFER									
062521	06/30/2021	06/25/2021	07/22/2021				2,128.29	0.00	0.00	2,128.29 ✓
	TRANSFER									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12792		BETHANY SENIOR L	194,441.79	0.00	0.00	194,441.79

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	194,441.79	0.00	0.00	194,441.79

JUL 01 2021

ck#
19 0999



RUN DATE:07/06/21
TIME:15:09

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

PAGE 1
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	190918	07/07/21	199.00	3WON, LLC
A/P	190919	07/07/21	5.79	ABBOTT NUTRITION
A/P	190920	07/07/21	39.09	ALIMED INC.
A/P	190921	07/07/21	1,782.00	ALLYSON SWOPE
A/P	190922	07/07/21	1,964.00	AMERICAN PRECISION MEDICAL GAS
A/P	190923	07/07/21	70.94	AQUA BEVERAGE COMPANY
A/P	190924	07/07/21	1,245.00	ASD HEALTHCARE
A/P	190925	07/07/21	13,091.38	AUREUS RADIOLOGY LLC
A/P	190926	07/07/21	1,884.82	AVANTE HEALTH SOULTIONS
A/P	190927	07/07/21	198.00	BARD ACCESS
A/P	190928	07/07/21	1,732.25	BAXTER HEALTHCARE
A/P	190929	07/07/21	6,563.70	BIO-RAD LABORATORIES, INC
A/P	190930	07/07/21	82,500.00	BIOFIRE DIAGNOSTICS LLC
A/P	190931	07/07/21	1,381.46	BLUE CROSS BLUE SHIELD
A/P	190932	07/07/21	198.72	BOUND TREE MEDICAL, LLC
A/P	190933	07/07/21	615.60	BRIGGS HEALTHCARE
A/P	190934	07/07/21	320.00	CALHOUN COUNTY
A/P	190935	07/07/21	322.09	CARDINAL HEALTH 414, INC.
A/P	190936	07/07/21	157.94	CAREFUSION
A/P	190937	07/07/21	6,200.00	CARIANT HEALTH PARTNERS
A/P	190938	07/07/21	1,699.00	CERVEY, LLC
A/P	190939	07/07/21	6,350.00	CFI MECHANICAL INC
A/P	190940	07/07/21	198.00	CLSI LOCKBOX
A/P	190941	07/07/21	875.45	CONMED CORPORATION
A/P	190942	07/07/21	112.80	CONMED LINVATEC
A/P	190943	07/07/21	918.69	COOPER SURGICAL INC
A/P	190944	07/07/21	62.88	CYRACOM LLC
A/P	190945	07/07/21	231.00	DEPUY SYNTHES SALES, INC.
A/P	190946	07/07/21	143,322.10	DISCOVERY MEDICAL NETWORK INC
A/P	190947	07/07/21	190.36	DYNATRONICS CORPORATION
A/P	190948	07/07/21	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	190949	07/07/21	2,892.00	ETHOS MEDICAL STAFFING
A/P	190950	07/07/21	495.00	FASTHEALTH CORPORATION
A/P	190951	07/07/21	.00	VOIDED
A/P	190952	07/07/21	.00	VOIDED
A/P	190953	07/07/21	9,711.37	FISHER HEALTHCARE
A/P	190954	07/07/21	1,379.53	G & S MANAGEMENT GROUP LLC
A/P	190955	07/07/21	530.35	GRAINGER
A/P	190956	07/07/21	3,000.00	HEALTH SOLUTIONS DIETETICS
A/P	190957	07/07/21	1,715.30	HOLOGIC INC
A/P	190958	07/07/21	1,219.91	J & J HEALTH CARE SYSTEMS, INC
A/P	190959	07/07/21	117.15	JASON RUBIO
A/P	190960	07/07/21	56.29	LABCORP OF AMERICA HOLDINGS
A/P	190961	07/07/21	1,176.40	LEGAL SHIELD
A/P	190962	07/07/21	187.96	M.C. JOHNSON COMPANY INC
A/P	190963	07/07/21	227.83	MARKETLAB, INC
A/P	190964	07/07/21	820.08	MCKESSON MEDICAL SURGICAL INC
A/P	190965	07/07/21	284.80	MEDELA INC
A/P	190966	07/07/21	22.26	MEDIMPACT HEALTHCARE SYS, INC.
A/P	190967	07/07/21	.00	VOIDED

RUN DATE:07/06/21
TIME:15:09

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

PAGE 2
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	190968	07/07/21	12,154.27	MEDLINE INDUSTRIES INC
A/P	190969	07/07/21	73.75	MES INC
A/P	190970	07/07/21	.00	VOIDED
A/P	190971	07/07/21	.00	VOIDED
A/P	190972	07/07/21	.00	VOIDED
A/P	190973	07/07/21	25,962.36	MORRIS & DICKSON CO, LLC
A/P	190974	07/07/21	1,796.15	MXR IMAGING, INC
A/P	190975	07/07/21	946.56	OCCUPRO LLC
A/P	190976	07/07/21	476.95	OPTUM360
A/P	190977	07/07/21	1,302.70	ORTHO CLINICAL DIAGNOSTICS
A/P	190978	07/07/21	2,445.63	PABLO GARZA
A/P	190979	07/07/21	187.50	PALACIOS BEACON
A/P	190980	07/07/21	134.55	PARTSSOURCE, LLC
A/P	190981	07/07/21	2,205.00	PAYCHECK, ADVANCE FBO
A/P	190982	07/07/21	.00	PROTOUCH STAFFING
A/P	190983	07/07/21	1,625.00	RADSOURCE
A/P	190984	07/07/21	2,056.15	REVCYCLE+, INC.
A/P	190985	07/07/21	2,736.00	RN NETWORK
A/P	190986	07/07/21	222.00	SMITH & NEPHEW
A/P	190987	07/07/21	331.94	SMITHS MEDICAL ASD INC
A/P	190988	07/07/21	385.00	STANFORD VACUUM SERVICE
A/P	190989	07/07/21	1,836.38	STRYKER ENDOSCOPY
A/P	190990	07/07/21	3,205.35	TEXAS SELECT STAFFING
A/P	190991	07/07/21	3,600.00	THE COMPLIANCE TEAM, INC
A/P	190992	07/07/21	1,995.10	THERACOM, LLC
A/P	190993	07/07/21	3,640.00	TX DEPT OF HEALTH SERVICES
A/P	190994	07/07/21	4,305.72	UNIFIRST HOLDINGS
A/P	190995	07/07/21	580.25	WAGEWORKS
A/P	190996	07/07/21	2,715.75	WATERMARK GRAPHICS INC
A/P	190997	07/07/21	2,756.25	PROTOUCH STAFFING
A/P	190998	07/07/21	2,128.00	ASHFORD GARDENS
A/P	190999	07/07/21	194,441.79	BETHANY SENIOR LIVING
A/P	191000	07/07/21	14,700.00	BROADMOOR AT CREEKSIDE PARK
A/P	191001	07/07/21	1,591.66	GOLDENCREEK HEALTHCARE
A/P	191002	07/07/21	4,997.04	SOLERA WEST HOUSTON
A/P	191003	07/07/21	8,580.00	THE CRESCENT
A/P	191004	07/07/21	49,884.68	TUSCANY VILLAGE
A/P	191005	07/07/21	197.00	
A/P	191006	07/07/21	47.00	
A/P	191007	07/07/21	4,677.27	
TOTALS:			699,251.54	

Receivables 418,007.10
Patient refunds 4,921.27
NH
Trusts
2,128.00
4,997.04
14,700.00
8,580.00
1,591.66
49,884.68
194,441.79
699,251.54

JUL 07 2021

Request for Transfer of Funds

Date Requested

Payer

Requested by:

Requestor's email
Requestor's phone
number

District or County

Facility

Please Attach:

Remittance Advice and EOB

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

* Patient Name, Date of Service and Amount of Payment from Remittance Advice must be filled out.
Please email request form

and Remittance Advice to : cclevenger@mmcportlavaca.com

mmartinez@mmcportlavaca.com

To be filled out by Memorial Medical Center:

Date Received: 7/1/2021

Approved by: Caitlin Clevenger

Date of transfer: 7/7/2021

From Facility: Ashford

To Facility: Memorial Medical

Amount:	360.51
---------	--------

Requested Transfer Date #2:

Date of transfer:

From Facility:

To Facility
Amount:

JUL 06 2021

CONCLUSIONS

Request for Transfer of Funds

Bethany Senior Living

mmartinez@mmcportlavaca.com

To Facility

2025 RELEASE UNDER E.O. 14176

Chau K

7/1/2021

MEDICARE

TATUM GORDON - BUSINESS OFFICE MANAGER

tgordon@bethany-living.com

361-551-0500

Calhoun

Bethany Senior Living

Remittance Advice and EOB

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

* Patient Name, Date of Service and Amount of Payment from Remittance Advice must be filled out.

Please email request form

and Remittance Advice to: cclevenger@mmcporthavaca.com

mmartinez@mmcportlavaca.com

<u>Patient Name</u> <u>(REQUIRED)</u>	<u>Date of Service</u> <u>(REQUIRED)</u>	<u>Date of Payment</u>	<u>Type of Payment</u> <u>(Check/EFT)</u>	<u>Amount of</u> <u>Payment</u> <u>shown on</u>	<u>Check Number</u>	<u>Claim Number</u>	<u>Action needed- Enter</u> <u>funds (-) or Funds (+)</u> <u>to YOUR account</u>	<u>Notes</u>
N/A	N/A	6/25/2012	EFT		EFT 6002800	CVDAR000019556	276.18	FORT BEND HEALTHCARE - AUXILIARY ADVANCE PMT
N/A	N/A					CVDAR000019556		FORT BEND HEALTHCARE - AUXILIARY ADVANCE PMT
N/A	N/A					CVDAR000019556		FORT BEND HEALTHCARE - AUXILIARY ADVANCE PMT
			TOTAL	-			276.18	

Date Received: 7/1/2021

Approved by: Caitlin Clevenger

Date of transfer: 7/7/2021

From Facility: Fort Bend

To Facility: Bethany

Amount: 276.18

Requested Transfer Date #2:

Date of transfer:

From Facility:

To Facility

Amount:

JUL 6 6 2021

CONSTITUTIONAL AMENDMENT
ON ABOLISHING CAPITAL PUNISHMENT, 1980

Request for Transfer of Funds

mmartinez@mmcoortlavaca.com

JUL 06 2021

Request for Transfer of Funds

7/1/2021

MEDICARE

TATUM GORDON - BUSINESS OFFICE MANAGER

tgordon@bethany-living.com

361-551-0500

Calhoun

Bethany Senior Living

mmartinez@mmcportlavaca.com

To Facility

111 57 0021

check

Bethany Senior Living

mmartinez@mmcportlavaca.com

To be filled out by Memorial Medical Center:	
Date Received:	7/1/2021
Approved by:	Caitlin Clevenger
Date of transfer:	7/7/2021
From Facility:	Solera
To Facility:	Bethany
Amount:	276.18
Requested Transfer Date #2:	
Date of transfer:	
From Facility:	
To Facility:	
Amount:	

JUL 06 2021

CONSTITUTIONAL
AMENDMENT

check

Please Attach:

Remittance Advice and EOB

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

* Patient Name, Date of Service and Amount of Payment from Remittance Advice must be filled out.
Please email request form

and Remittance Advice to : cclevenger@mmpcportlavaca.com

mmartinez@mmcportlavaca.com

To be filled out by Memorial Medical Center:

Date Received: 7/1/2021
 Approved by: Caitlin Clevenger
 Date of check: 7/7/2021
 From Facility: Tuscany
 To Facility: Bethany
 Amount: 276.18
 Requested Transfer Date #2:
 Date of transfer:
 From Facility:
 To Facility:
 Amount:

JUL 66 202

1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

Request for Transfer of Funds

mmartinez@mmcportlavaca.com

JUL 06 2021

Request for Transfer of Funds

Facility

mmartinez@mmcportlavaca.com

<u>Patient Name</u> <u>(REQUIRED)</u>	<u>Date of Service</u> <u>(REQUIRED)</u>	<u>Date of Payment</u>	<u>Type of Payment</u> <u>(Check/EFT)</u>	<u>Amount of</u> <u>Payment</u> <u>shown on</u>	<u>Check Number</u>	<u>Claim Number</u>	<u>Action needed- Enter</u> <u>funds (-) or Funds (+)</u> <u>to YOUR account</u>	<u>Notes</u>
N/A	N/A	6/29/2021	EFT	2,506.47	EFT6005797	CVDAR000019556	92.49	FORT BEND HEALTHCARE
N/A	N/A	6/29/2021	EFT	7,263.53	EFT6005772	CVDAR000019556	268.02	FORT BEND HEALTHCARE
TOTAL				9,770.00			360.51	

To Facilit

JUL 06 2021

● **RESEARCH** *Journal of Management Education* 34(10):1139-1152

Request for Transfer of Funds

Table 1

Requestor's phone _____

Permittance, ϵ , and ϵ_0

Please email request form

and Remittance Advice to: cclevenger@mmcportlandusa.com

© 2000 Blackwell Science Ltd *Journal of Internal Medicine* 247: 111–118

© 2000 Blackwell Science Ltd *Journal of Internal Medicine* 247: 399–406

<u>Patient Name</u> <u>(REQUIRED)</u>	<u>Date of Service</u> <u>(REQUIRED)</u>	<u>Date of Payment</u>	<u>Type of Payment</u> <u>(Check/EFT)</u>	<u>Amount of</u> <u>Payment</u> <u>shown on</u>	<u>Check Number</u>	<u>Claim Number</u>	<u>Action needed- Enter</u> <u>funds (-) or Funds (+)</u> <u>to YOUR account</u>	<u>Notes</u>
N/A	N/A	6/29/2021	EFT	2,506.47	EFT6005797	CVDAR000007985	92.49	TUSCANY VILLAGE
N/A	N/A	6/29/2021	EFT	7,263.53	EFT6005772	CVDAR000007985	268.02	TUSCANY VILLAGE
			TOTAL	9,770.00			360.51	

Date Received: 7/1/2021

Approved by: Caitlin Clevenger

Date of transfer: 7/7/2021

From Facility: Tuscany

To Facility: Memorial Medical

Amount: 360.51

Requested Transfer Date A2: _____

From Facility: _____

To Facility: _____

Amount: _____

CONCLUSIONS

Check

Facility

mmartinez@mmcportlavaca.com

[illegible]

To Facility

JUL 06 202

CONCLUSIONS

chuck

Facility

mmartinez@mnicportlavaca.com

<u>Patient Name</u>	<u>Date of Service</u>		<u>Type of Payment</u>	<u>Amount of</u>			<u>Action needed- Enter</u>	
(REQUIRED)	(REQUIRED)	<u>Date of Payment</u>	(Check/EFT)	<u>Payment shown on</u>	<u>Check Number</u>	<u>Claim Number</u>	funds (-) or Funds (+) to YOUR account	<u>Notes</u>
N/A	N/A	6/29/2021	EFT	2,506.47	EFT6005797	CVDAR000018170	92.49	SOLERA WEST HOUSTON
N/A	N/A	6/29/2021	EFT	7,263.53	EFT6005772	CVDAR000018170	268.02	SOLERA WEST HOUSTON
TOTAL				9,770.00			360.51	

To Facilit

JUL 06 202

COUNTRY VENDOR
EASTERN DISTRICTS

Request for Transfer of Funds

Date Requested

Payer

Requested by:

Requestor's email
Requestor's phone
number

District or County

Facility

Please Attach:

Remittance Advice and EOB

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

* Patient Name, Date of Service and Amount of Payment from Remittance Advice must be filled out.

Please email request form

and Remittance Advice to : cclevenger@mmcporthavaca.com

mmartinez@mmcportlavaca.com

To be filled out by Memorial Medical Center:

Date Received: 7/1/2021

Approved by: Caitlin Clevenger

Date of transfer: 7/7/2021

From Facility: Crescent

To Facility: Memorial Medical

Amount:	360.51
---------	--------

Requested Transfer Date #2:

Date of transfer:

From Facility:

To Facilit

JUL 06 2021

CONTRACTS

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

1139
88-2265/1131-87

7-7-21

Date

CHECK ARBOR
TRAFFIC PROTECTION

Pay to the Order of Memorial Medical Clinic \$ 360.⁵¹/₁₀₀

Three hundred sixty dollars & ⁵¹/₁₀₀ Dollars



Photo
Safe
Deposit
Details on back



PROSPERITY BANK®

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

For Medicare repayment

county auditor

county treasurer

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

1138
88-2265/1131-87

7-7-21

Date

CHECK ARBOR
TRAFFIC PROTECTION

Pay to the Order of Bethany Senior Living \$ 276.¹⁸/₁₀₀

Two hundred seventy-six dollars & ¹⁸/₁₀₀ Dollars



Photo
Safe
Deposit
Details on back



PROSPERITY BANK®

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

For Medicare repayment

county auditor

county treasurer

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MEMORIAL MEDICAL CENTER

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

000131

Date 7-7-21

88-2265/1131

PAY

TO THE
ORDER OF

Bethany Senior Living \$ 276.¹⁸/₁₀₀

Two hundred seventy-six dollars & ¹⁸/₁₀₀ DOLLARS



PROSPERITY
BANK®

FOR

medicare repayment

county auditor

county treasurer

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000100

88-2265/1131

Date

7-7-21

PAY

TO THE
ORDER OF

Bethany Senior Living

\$ 276 ¹⁸/₁₀₀Two hundred seventy-six dollars ¹⁸/₁₀₀ DOLLARSPROSPERITY
BANK

county auditor

county treasurer

included. Details on back.

FOR Medicare repayment

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000135

88-2265/1131

Date

7-7-21

PAY

TO THE
ORDER OF

Bethany Senior Living

\$ 276 ¹⁸/₁₀₀Two hundred seventy-six dollars ¹⁸/₁₀₀ DOLLARSPROSPERITY
BANK

county auditor

county treasurer

included. Details on back.

FOR Medicare repayment

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

1134

88-2265/1131-87

7-7-21

Date

CHECK ARMOR

Pay to the
Order of

Bethany Senior Living

\$ 276 ¹⁸/₁₀₀Two hundred seventy-six dollars ¹⁸/₁₀₀ Dollars

PROSPERITY BANK

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

FOR Medicare repayment

county auditor

county treasurer

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE

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

1025

88-2265/1131-87

DATE 7-7-21

CHECK NUMBER

PAY
TO THE
ORDER OF

Bethany Senior Living

\$ 276.10

Two hundred seventy-six dollars & 10/100

DOLLARS

Photo
Safe
Deposit
Details on back



PROSPERITY BANK

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

FOR medicare repayment

county auditor

county treasurer

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

000091

88-2265/1131

Date 7-7-21

PAY

TO THE
ORDER OF

Bethany Senior Living

\$ 276.10

Two hundred seventy-six dollars & 10/100

DOLLARS



PROSPERITY
BANK

FOR medicare repayment

county auditor

county treasurer
Security features are
included. Details on back

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

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000101

88-2265/1131

Date 7-7-21

PAY

TO THE
ORDER OF

Memorial Medical Clinic

\$ 360.51

Three hundred sixty dollars & 51/100

DOLLARS



PROSPERITY
BANK

FOR medicare repayment

county auditor

county treasurer
Security features are
included. Details on back

MEMORIAL MEDICAL CENTER

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

000132

88-2265/1131

Date 7-7-21**PAY**TO THE
ORDER OFMemorial Medical Clinic\$ 360.51¹⁰⁰

Three hundred sixty dollars & 51/100 DOLLARS

**PROSPERITY
BANK**

FOR

medicare repayment

County Auditor

 County Treasurer
Security features are included. Details on back.
**MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE**

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

1026

88-2265/1131-87

DATE 7-7-21

CHECK ADVISOR

**PAY
TO THE
ORDER OF**Memorial Medical Clinic\$ 360.51¹⁰⁰

Three hundred sixty dollars & 51/100 DOLLARS

**PROSPERITY BANK**

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

FOR medicare repayment

County Auditor

County Treasurer

MEMORIAL MEDICAL CENTER

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

000092

88-2265/1131

Date 7-7-21**PAY**TO THE
ORDER OFMemorial Medical Clinic\$ 360.51¹⁰⁰

Three hundred sixty dollars & 51/100 DOLLARS

**PROSPERITY
BANK**

FOR

medicare repayment

County Auditor

 County Treasurer
Security features are included. Details on back.

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

1135

88-2265/1131-87

7-7-21

Date

CHECK ARMOR
FRAUD PROTECTION

Pay to the
Order of Memorial Medical Clinic

\$ 360. ⁵¹/₁₀₀

Three hundred sixty dollars & ⁵¹/₁₀₀

Dollars



Photo
Safe
Deposit
Details on back



PROSPERITY BANK

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

For Medicare repayment

county auditor

county treasurer

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000136

88-2265/1131

Date

7-7-21

PAY

TO THE
ORDER OF

Memorial Medical Clinic

\$ 360. ⁵¹/₁₀₀

Three hundred sixty dollars & ⁵¹/₁₀₀

DOLLARS



PROSPERITY
BANK

FOR Medicare repayment

county auditor

county treasurer

MP
Security features are
included. Details on back

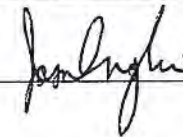
Interest To MMC From NH

NH Name	From CPSI Bank Acct #	CK#	Payee	GL #		Amt	Date
Ashford	10000018 - Prosperity		MMC -Prosperity Operating #10000001	10252000	Medicare repayment owed to MMC	276.18	7/6/2021
Ashford	10000018 - Prosperity		MMC -Prosperity Operating #10000001	10262000	Medicare repayment owed to MMC	360.51	7/6/2021
Broadmoor	10000019 - Prosperity		MMC -Prosperity Operating #10000001	10262000	Medicare repayment owed to MMC	276.18	7/6/2021
Broadmoor	10000019 - Prosperity		MMC -Prosperity Operating #10000001	10262000	Medicare repayment owed to MMC	360.51	7/6/2021
Crescent	10000020 - Prosperity		MMC -Prosperity Operating #10000001	10262000	Medicare repayment owed to MMC	276.18	7/6/2021
Crescent	10000020 - Prosperity		MMC -Prosperity Operating #10000001	10262000	Medicare repayment owed to MMC	360.51	7/6/2021
Fort Bend	10000021 - Prosperity		MMC -Prosperity Operating #10000001	10262000	Medicare repayment owed to MMC	276.18	7/6/2021
Fort Bend	10000021 - Prosperity		MMC -Prosperity Operating #10000001	10262000	Medicare repayment owed to MMC	360.51	7/6/2021
Solera	10000022 - Prosperity		MMC -Prosperity Operating #10000001	10262000	Medicare repayment owed to MMC	276.18	7/6/2021
Solera	10000022 - Prosperity		MMC -Prosperity Operating #10000001	10262000	Medicare repayment owed to MMC	360.51	7/6/2021
Golden Creek	10000023 - Prosperity		MMC -Prosperity Operating #10000001	10262000	Medicare repayment owed to MMC	276.18	7/6/2021
Golden Creek	10000023 - Prosperity		MMC -Prosperity Operating #10000001	10262000	Medicare repayment owed to MMC	360.51	7/6/2021
Tuscany			MMC -Prosperity Operating #10000001	10262000	Medicare repayment owed to MMC	276.18	7/6/2021
Tuscany			MMC -Prosperity Operating #10000001		Medicare repayment owed to MMC	360.51	7/7/2021
						~~4,096.32~~	

Note:

Approved:

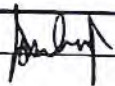
Jason Anglin, CEO



7/6/2021

4,456.83

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
7/6/2021

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens		114,349.77	133,363.13	134,985.07		115,971.71	115,074.75
						Bank Balance	115,971.71
						Variance	-
						Leave in Balance	100.00
						MEDICARE REPYMT OWED TO BETHANY	276.18
						MEDICARE REPYMT OWED TO MMCLINIC	360.51
						APRIL INTEREST	43.79
						MAY INTEREST	59.12
						JUNE INTEREST	57.36
						Adjust Balance/Transfer Amt	115,074.75
Broadmoor		219,825.23	274,468.04	209,503.81		154,861.02	154,007.75
						Bank Balance	154,861.02
						Variance	-
						Leave in Balance	100.00
						MEDICARE REPYMT OWED TO BETHANY	276.18
						MEDICARE REPYMT OWED TO MMCLINIC	360.51
						APRIL INTEREST	30.81
						MAY INTEREST	43.11
						JUNE INTEREST	42.66
						Adjust Balance/Transfer Amt	154,007.75
Crescent	1	123,249.33	149,025.93	72,470.05		46,693.45	45,875.15
						Bank Balance	46,693.45
						Variance	-
						Leave in Balance	100.00
						MEDICARE REPYMT OWED TO BETHANY	276.18
						MEDICARE REPYMT OWED TO MMCLINIC	360.51
						APRIL INTEREST	22.45
						MAY INTEREST	27.63
						JUNE INTEREST	31.53
						Adjust Balance/Transfer Amt	45,875.15
Fort Bend		74,009.95	82,523.59	35,221.06		26,707.42	25,921.23
						Bank Balance	26,707.42
						Variance	-
						Leave in Balance	100.00
						MEDICARE REPYMT OWED TO BETHANY	276.18
						MEDICARE REPYMT OWED TO MMCLINIC	360.51
						APRIL INTEREST	9.83
						MAY INTEREST	19.01
						JUNE INTEREST	20.66
						Adjust Balance/Transfer Amt	25,921.23
Solera at W Houston		247,834.67	300,337.91	122,815.32		70,112.08	69,247.56
						Bank Balance	70,112.08
						Variance	-
						Leave in Balance	100.00
						MEDICARE REPYMT OWED TO BETHANY	276.18
						MEDICARE REPYMT OWED TO MMCLINIC	360.51
						APRIL INTEREST	35.12
						MAY INTEREST	45.83
						JUNE INTEREST	46.88
						Adjust Balance/Transfer Amt	69,247.56
TOTAL TRANSFERS							410,126.44
Approved: 							7/6/2021
Jason Anglin, CEO							

Note: Only balances of over \$5,000 will

Note 2: Each account has a base balance of \$100 that MMHC deposited to open account.

	Transfer-Out	Transfers-In	GPP/Cmp1	GPP/Cmp2	GPP/Cmp3	GPP/Cmp4 Blaze	GPP-TI	NH PORTION
Ashford Gardens								
7/2/2021 UHC COMMUNITY PL HCC/LA/MPT 76003411 910000		72.73						72.73
7/2/2021 UHC COMMUNITY PL HCC/LA/MPT 76003411 910000		154.64						154.64
7/2/2021 CR 1135	1,773.74							
7/3/2021 CR 1136	544.81							
7/3/2021 Deposit		27,702.58						27,702.58
7/3/2021 Deposit		9,617.86						9,617.86
7/3/2021 UHC COMMUNITY PL HCC/LA/MPT 76003411 910000		2,988.46						2,988.46
6/30/2021 Added to Account		5.73						5.73
6/30/2021 CR 1144	15,083.52							
6/30/2021 UHC COMMUNITY PL HCC/LA/MPT 76003411 910000		1,153.00						1,153.00
6/30/2021 UHC COMMUNITY PL HCC/LA/MPT 76003411 910000		4,260.90						4,260.90
6/30/2021 WIRE OUT ASHFORD HEALTH CARE CENTER LTD.	172,889.40							172,889.40
6/28/2021 Amerigroup TSC HCC/LA/MPT 1154323760 112000		4,022.56						4,022.56
6/28/2021 UHC COMMUNITY PL HCC/LA/MPT 76003411 910000		14,965.57						14,965.57
6/28/2021 NOVITAS SOLUTION HCC/LA/MPT 675423 420000194		206.87						206.87
6/28/2021 HS PLAN ADMINSTR HCC/LA/MPT 1278 1101002184		0.01						0.01
6/25/2021 CR 1132	15,888.09							
6/25/2021 CR 1133	16,106.91							
6/25/2021 WIRE OUT ASHFORD HEALTH CARE CENTER LTD.	118,477.44							118,477.44
6/25/2021 UnitedHealthcare HCC/LA/MPT 76003411 124384		738.00						738.00
6/25/2021 UHC COMMUNITY PL HCC/LA/MPT 76003411 910000		11,463.87						11,463.87
6/25/2021 NOVITAS SOLUTION HCC/LA/MPT 675423 420000194		21,047.63						21,047.63
6/25/2021 HEALTH HUMAN SVC HCC/LA/MPT 176003411 1205.2		2,062.46						2,062.46
6/25/2021 HEALTH HUMAN SVC HCC/LA/MPT 176003411 1205.2		10,858.84						10,858.84
TOTALS	115,563.15	154,965.07						154,965.07
Broadmead								
7/2/2021 UnitedHealthcare HCC/LA/MPT 76003411 124384		8,170.00						8,170.00
7/2/2021 UHC COMMUNITY PL HCC/LA/MPT 76003411 910000		10,830.40						10,830.40
7/2/2021 UHC COMMUNITY PL HCC/LA/MPT 76003411 910000		11,430.22						11,430.22
7/2/2021 CR 97	1,773.74							
7/3/2021 CR 98	544.81							
7/3/2021 Deposit		40,721.44						40,721.44
7/3/2021 Deposit		30,980.40						30,980.40
7/3/2021 UHC COMMUNITY PL HCC/LA/MPT 76003411 910000		10,459.12						10,459.12
7/3/2021 NOVITAS SOLUTION HCC/LA/MPT 67535 742000117		141.35						141.35
6/30/2021 Added to Account		82.84						82.84
6/30/2021 CR 96	14,531.08							
6/30/2021 UHC COMMUNITY PL HCC/LA/MPT 76003411 910000		7,475.35						7,475.35
6/30/2021 UHC COMMUNITY PL HCC/LA/MPT 76003411 910000		2,380.95						2,380.95
6/30/2021 UHC COMMUNITY PL HCC/LA/MPT 76003411 910000		18,435.25						18,435.25
6/30/2021 NOVITAS SOLUTION HCC/LA/MPT 67535 742000117		11,841.10						11,841.10
6/28/2021 WIRE OUT CANTY HEALTH CARE CENTERS II	114,280.66							114,280.66
6/28/2021 UHC COMMUNITY PL HCC/LA/MPT 76003411 910000		25,751.45						25,751.45
6/25/2021 CR 95	7,811.86							
6/25/2021 CR 94	14,862.56							
6/25/2021 WIRE OUT CANTY HEALTH CARE CENTERS II	160,481.37							160,481.37
6/25/2021 UnitedHealthcare HCC/LA/MPT 76003411 124384		19,421.54						19,421.54

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

Add Group

Search

All

DDA

Data reported as of Jul 6, 2021 1

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$5,452,521.23	\$4,981,438.62	\$5,452,521.23	\$5,370,743.72
*4551 CAL CO INDIGENT HEALTHCARE	\$5,444.77	\$5,444.77	\$5,444.77	\$5,444.77
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$76,323.21	\$76,323.21	\$76,323.21	\$79,137.77
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.51	\$535.51	\$535.51	\$535.51
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$3,288,123.20	\$2,769,395.41	\$3,288,123.20	\$3,289,184.38
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.14	\$431.14	\$431.14	\$431.14
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$115,971.71 ✓	\$115,971.71	\$115,971.71	\$115,744.34
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$154,861.02 ✓	\$155,741.02	\$154,861.02	\$124,450.40
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$46,693.45 ✓	\$48,006.91	\$46,693.45	\$27,056.83
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$26,707.42 ✓	\$26,707.42	\$26,707.42	\$19,763.11
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$70,112.08 ✓	\$72,814.72	\$70,112.08	\$71,394.02
*2998 MMC -MONEY MARKET FUND	\$1,107,607.10	\$1,107,607.10	\$1,107,607.10	\$1,107,607.10
*5506 MMC -NH BETHANY SENIOR LIVING	\$211,626.12	\$250,581.79	\$211,626.12	\$176,641.40
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$47,293.01	\$47,693.88	\$47,293.01	\$47,293.01
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$94,760.76	\$96,153.30	\$94,760.76	\$93,425.02
*3407 MMC -NH TUSCANY VILLAGE	\$206,030.73	\$206,030.73	\$206,030.73	\$212,634.92

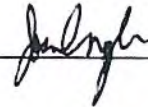
Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
7/6/2021

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		224,664.23 ✓	238,678.51 ✓	90,337.49 ✓		76,323.21 ✓	75,461.21
					Bank Balance	76,323.21 ✓	
					Variance	-	
					Leave in Balance	100.00	
					MEDICARE REPYMT OWED TO BETHANY	276.18 ✓	
					MEDICARE REPYMT OWED TO MMCLINIC	360.51 ✓	

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

APRIL INTEREST 39.13 ✓
MAY INTEREST 36.51 ✓
JUNE INTEREST 49.67 ✓
Adjust Balance/Transfer Amt 75,461.21

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

Approved: 
Jason Anglin, CEO 7/6/2021


JUL 06 2021


Golden Creek

7/2/2021 CK 86
 7/2/2021 NOVITAS SOLUTION HCCLAIMPMT 676097 420000172
 7/1/2021 CK 87
 7/1/2021 CK 85
 7/1/2021 CK 84
 7/1/2021 CK 88
 7/1/2021 CK 89
 7/1/2021 Deposit
 7/1/2021 Deposit
 7/1/2021 CIGNA HCCLAIMPMT 1588075964 91000015955237
 6/30/2021 Added to Account
 6/30/2021 CK 83
 6/30/2021 NOVITAS SOLUTION HCCLAIMPMT 676097 420000117
 6/28/2021 WIRE OUT NEXION HEALTH AT GOLDEN CREEK
 6/28/2021 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9
 6/25/2021 WIRE OUT NEXION HEALTH AT GOLDEN CREEK
 6/25/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&L apse	QIPP TI	
6,604.19	-	-	-	-	-	-	-
-	3,789.63	-	-	-	-	-	3,789.63
2,201.39	-	-	-	-	-	-	-
13,696.76	-	-	-	-	-	-	-
4,818.98	-	-	-	-	-	-	-
13,216.94	-	-	-	-	-	-	-
544.81	-	-	-	-	-	-	-
-	67,541.90	-	-	-	-	-	67,541.90
-	10,642.44	-	-	-	-	-	10,642.44
-	11.90	-	-	-	-	-	11.90
-	49.67	-	-	-	-	-	49.67
42,110.58	-	-	-	-	-	-	-
-	2,906.32	-	-	-	-	-	2,906.32
90,122.05	-	-	-	-	-	-	-
-	1,642.00	-	-	-	-	-	1,642.00
65,362.81	-	-	-	-	-	-	-
-	3,753.63	-	-	-	-	-	3,753.63
238,678.51	90,337.49	-	-	-	-	-	90,337.49

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

DDA

Data reported as of Jul 6, 2021 1

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$5,452,521.23	\$4,981,438.62	\$5,452,521.23	\$5,370,743.72
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,444.77	\$5,444.77	\$5,444.77	\$5,444.77
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$76,323.21 ✓	\$76,323.21	\$76,323.21	\$79,137.77
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.51	\$535.51	\$535.51	\$535.51
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$3,288,123.20	\$2,769,395.41	\$3,288,123.20	\$3,289,184.38
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.14	\$431.14	\$431.14	\$431.14
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$115,971.71	\$115,971.71	\$115,971.71	\$115,744.34
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$154,861.02	\$155,741.02	\$154,861.02	\$124,450.40
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$46,693.45	\$48,006.91	\$46,693.45	\$27,056.83
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$26,707.42	\$26,707.42	\$26,707.42	\$19,763.11
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$70,112.08	\$72,814.72	\$70,112.08	\$71,394.02
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,107,607.10	\$1,107,607.10	\$1,107,607.10	\$1,107,607.10
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$211,626.12	\$250,581.79	\$211,626.12	\$176,641.40
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$47,293.01	\$47,693.88	\$47,293.01	\$47,293.01
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$94,760.76	\$98,153.30	\$94,760.76	\$93,425.02
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$206,030.73	\$206,030.73	\$206,030.73	\$212,634.92

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
7/6/2021

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	1	62,888.96 ✓	62,902.17 ✓	94,773.97 ✓			94,750.76	94,625.30
						Bank Balance	94,750.76 ✓	
						Variance		
						Leave in Balance	100.00	

APRIL INTEREST 12.65 ✓
MAY INTEREST 9.69 ✓
JUNE INTEREST 13.12 ✓
Adjust Balance/Transfer Amt 94,625.30

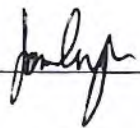
Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza-Medicare/Medicaid		182,026.04	181,869.47 ✓	47,136.44 ✓			47,293.01	47,111.00
						Bank Balance	47,293.01 ✓	
						Variance		
						Leave in Balance	100.00	

APRIL INTEREST 26.76 ✓
MAY INTEREST 29.81 ✓
JUNE INTEREST 25.44 ✓
Adjust Balance/Transfer Amt 47,111.00

Routing Information for Gulf Pointe Plaza:

TOTAL TRANSFERS 47,111.00 141,734.30

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

Approved: 
Jason Anglin, CEO 7/6/2021




Gulf Points Plaza-Private Pay

7/2/2021 HNB - ECHO HCCLAIMPMT 746003411 440000261185
 7/1/2021 HNB - ECHO HCCLAIMPMT 746003411 440000232172
 7/1/2021 HNB - ECHO HCCLAIMPMT 746003411 440000232172
 7/1/2021 HNB - ECHO HCCLAIMPMT 746003411 440000232172
 7/1/2021 HNB - ECHO HCCLAIMPMT 746003411 440000232172
 7/1/2021 HNB - ECHO HCCLAIMPMT 746003411 440000232172
 6/30/2021 Added to Account
 6/30/2021 CK 1005
 6/30/2021 HNB - ECHO HCCLAIMPMT 746003411 440000203255
 6/30/2021 HNB - ECHO HCCLAIMPMT 746003411 440000203255
 6/29/2021 HNB - ECHO HCCLAIMPMT 746003411 440000272640
 6/29/2021 HNB - ECHO HCCLAIMPMT 746003411 440000272640
 6/29/2021 HNB - ECHO HCCLAIMPMT 746003411 440000272640
 6/29/2021 HNB - ECHO HCCLAIMPMT 746003411 440000272640
 6/29/2021 HNB - ECHO HCCLAIMPMT 746003411 440000272640
 6/28/2021 WIRE OUT HMG SERVICES, LLC
 6/28/2021 HNB - ECHO HCCLAIMPMT 746003411 440000238405
 6/28/2021 HNB - ECHO HCCLAIMPMT 746003411 440000238405
 6/28/2021 HNB - ECHO HCCLAIMPMT 746003411 440000238405
 6/28/2021 HNB - ECHO HCCLAIMPMT 746003411 440000238405
 6/25/2021 WIRE OUT HMG SERVICES, LLC
 6/25/2021 HNB - ECHO HCCLAIMPMT 746003411 440000215148
 6/25/2021 HNB - ECHO HCCLAIMPMT 746003411 440000215171
 6/25/2021 HNB - ECHO HCCLAIMPMT 746003411 440000215375

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	
-	1,335.74	-	-	-	-	-	1,335.74
-	1,977.61	-	-	-	-	-	1,977.61
-	1,988.51	-	-	-	-	-	1,988.51
-	5,596.86	-	-	-	-	-	5,596.86
-	2,599.47	-	-	-	-	-	2,599.47
-	2,170.61	-	-	-	-	-	2,170.61
-	13.12	-	-	-	-	-	13.12
24,905.85	-	-	-	-	-	-	-
-	9,185.46	-	-	-	-	-	9,185.46
-	13,957.87	-	-	-	-	-	13,957.87
-	1,454.47	-	-	-	-	-	1,454.47
-	190.67	-	-	-	-	-	190.67
-	300.96	-	-	-	-	-	300.96
-	8,175.01	-	-	-	-	-	8,175.01
18,521.84	-	-	-	-	-	-	-
-	140.54	-	-	-	-	-	140.54
-	1,232.97	-	-	-	-	-	1,232.97
-	4,302.64	-	-	-	-	-	4,302.64
-	255.90	-	-	-	-	-	255.90
19,474.48	-	-	-	-	-	-	-
-	3,442.11	-	-	-	-	-	3,442.11
-	2,293.43	-	-	-	-	-	2,293.43
-	34,160.02	-	-	-	-	-	34,160.02
-	-	-	-	-	-	-	-
62,902.17	94,773.97	-	-	-	-	-	94,773.97

Gulf Points Plaza-Medicare/Medicaid

7/1/2021 Deposit
 7/1/2021 Deposit
 6/30/2021 Added to Account
 6/30/2021 NORIDIAN J3A HCCLAIMPMT 675892 4200001050530
 6/30/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2
 6/29/2021 NORIDIAN J3A HCCLAIMPMT 675892 4200001724312
 6/28/2021 WIRE OUT HMG SERVICES, LLC
 6/25/2021 WIRE OUT HMG SERVICES, LLC
 6/25/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	
-	20,969.47	-	-	-	-	-	20,969.47
-	135.55	-	-	-	-	-	135.55
-	25.44	-	-	-	-	-	25.44
-	5,179.45	-	-	-	-	-	5,179.45
-	4,646.03	-	-	-	-	-	4,646.03
-	13,973.86	-	-	-	-	-	13,973.86
173,303.42	-	-	-	-	-	-	-
8,566.05	-	-	-	-	-	-	-
-	2,206.64	-	-	-	-	-	2,206.64
-	-	-	-	-	-	-	-
181,869.47	47,136.44	-	-	-	-	-	47,136.44
-	-	-	-	-	-	-	-
244,771.64	141,910.41	-	-	-	-	-	141,910.41

Quick View

Select Quick View Accounts
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Data reported as of Jul 6, 2021 1

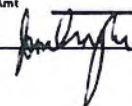
Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$5,452,521.23	\$4,981,438.62	\$5,452,521.23	\$5,370,743.72
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,444.77	\$5,444.77	\$5,444.77	\$5,444.77
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$76,323.21	\$76,323.21	\$76,323.21	\$79,137.77
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.51	\$535.51	\$535.51	\$535.51
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$3,288,123.20	\$2,769,395.41	\$3,288,123.20	\$3,289,184.38
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.14	\$431.14	\$431.14	\$431.14
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$115,971.71	\$115,971.71	\$115,971.71	\$115,744.34
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$154,861.02	\$155,741.02	\$154,861.02	\$124,450.40
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$46,693.45	\$48,006.91	\$46,693.45	\$27,056.83
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$26,707.42	\$26,707.42	\$26,707.42	\$19,763.11
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$70,112.08	\$72,814.72	\$70,112.08	\$71,394.02
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,107,607.10	\$1,107,607.10	\$1,107,607.10	\$1,107,607.10
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$211,626.12	\$250,581.79	\$211,626.12	\$176,641.40
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$47,293.01 ✓	\$47,693.88	\$47,293.01	\$47,293.01
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$94,760.76 ✓	\$98,153.30	\$94,760.76	\$93,425.02
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$206,030.73	\$206,030.73	\$206,030.73	\$212,634.92

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 7/6/2021

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		155,990.26	✓ 155,890.26	✓ 205,930.73	✓		206,030.73	✓ 205,294.04
						Bank Balance	206,030.73	
						Variance		
						Leave in Balance	100.00	
						MEDICARE REPYMT OWED TO BETHANY	276.18	✓
						MEDICARE REPYMT OWED TO MMCLINIC	360.51	✓

Adjust Balance/Transfer Amt 205,294.04

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

Approved 
 Jason Anglin, CEO 7/6/2021


 JUL 06 2021


Tuscany Senior Living

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
7/2/2021 CK 1020	6,604.19	-					-	-
7/1/2021 CK 1021	2,201.39	-					-	-
7/1/2021 CK 1019	17,283.64	-					-	-
7/1/2021 CK 1017	7,226.15	-					-	-
7/1/2021 CK 1023	1,773.74	-					-	-
7/1/2021 CK 1018	4,818.98	-					-	-
7/1/2021 CK 1022	13,216.94	-					-	-
7/1/2021 CK 1024	544.81	-					-	-
7/1/2021 Deposit	-	74,005.80					-	74,005.80
7/1/2021 NOVITAS SOLUTION HCCLAIMPMT 676201 420000135	-	4,966.10					-	4,966.10
6/30/2021 Added to Account	-	56.19					-	56.19
6/30/2021 CK 1016	20,577.41	-					-	-
6/30/2021 NOVITAS SOLUTION HCCLAIMPMT 676201 420000117	-	6,851.37					-	6,851.37
6/28/2021 WIRE OUT LINBAR ENTERPRISES, LLC	27,126.93	-					-	-
6/25/2021 CK 1015	21,039.15	-					-	-
6/25/2021 WIRE OUT LINBAR ENTERPRISES, LLC	33,476.93	-					-	-
6/25/2021 NOVITAS SOLUTION HCCLAIMPMT 676201 420000194	-	85,841.27					-	85,841.27
6/25/2021 KS PLAN ADMINIST HCCLAIMPMT 179 111000022291	-	34,210.00					-	34,210.00
							-	-
	155,890.26	205,930.73	-	-	-	-	-	205,930.73

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

DDA

Data reported as of Jul 6, 2021 1

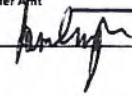
Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$5,452,521.23	\$4,981,438.62	\$5,452,521.23	\$5,370,743.72
*4551 CAL CO INDIGENT HEALTHCARE	\$5,444.77	\$5,444.77	\$5,444.77	\$5,444.77
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$76,323.21	\$76,323.21	\$76,323.21	\$79,137.77
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.51	\$535.51	\$535.51	\$535.51
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$3,288,123.20	\$2,769,395.41	\$3,288,123.20	\$3,289,184.38
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.14	\$431.14	\$431.14	\$431.14
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$115,971.71	\$115,971.71	\$115,971.71	\$115,744.34
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$154,861.02	\$155,741.02	\$154,861.02	\$124,450.40
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$46,693.45	\$48,006.91	\$46,693.45	\$27,056.83
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$26,707.42	\$26,707.42	\$26,707.42	\$19,763.11
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$70,112.08	\$72,814.72	\$70,112.08	\$71,394.02
*2998 MMC -MONEY MARKET FUND	\$1,107,607.10	\$1,107,607.10	\$1,107,607.10	\$1,107,607.10
*5506 MMC -NH BETHANY SENIOR LIVING	\$211,626.12	\$250,581.79	\$211,626.12	\$176,641.40
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$47,293.01	\$47,693.88	\$47,293.01	\$47,293.01
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$94,760.76	\$98,153.30	\$94,760.76	\$93,425.02
*3407 MMC -NH TUSCANY VILLAGE	\$206,030.73 ✓	\$206,030.73	\$206,030.73	\$212,634.92

Memorial Medical Center
 Nursing Home UPL
 Weekly HSLTransfer
 Prosperity Accounts
 7/6/2021

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cls Cleared	Pending Medicare Repayment	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Bethany Senior Living		588,061.08	✓	218,623.01	✓		211,626.12	211,315.78
						Bank Balance	211,626.12	
						Variance		
						Leave in Balance	100.00	

APRIL INTEREST	64.11	✓
MAY INTEREST	65.15	✓
JUNE INTEREST	81.08	✓
Adjust Balance/Transfer Amt	211,315.78	✓

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

Approved: 
 Jason Anglin, CEO 7/6/2021


 JUL 06 2021



 JUL 06 2021


Bethany Senior Living

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
7/2/2021 Deposit	-	34,373.36					-	34,373.36
7/2/2021 HOSPICE OF SO TX VENDORS NF 91000010067919	-	611.36					-	611.36
7/1/2021 Deposit	-	58,236.40					-	58,236.40
7/1/2021 Deposit	-	7,226.15					-	7,226.15
7/1/2021 Deposit	-	6,296.03					-	6,296.03
7/1/2021 ACCENTCARE INC PAYABLES 9990007660 210000219	-	3,396.70					-	3,396.70
6/30/2021 Added to Account	-	81.08					-	81.08
6/29/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	13,216.12					-	13,216.12
6/28/2021 WIRE OUT BETHANY SENIOR LIVING, LTD	280,336.00	-					-	-
6/28/2021 Deposit	-	11,666.01					-	11,666.01
6/28/2021 Deposit	-	54,069.18					-	54,069.18
6/28/2021 NOVITAS SOLUTION HCCLAIMPMT 676481 420000165	-	7,484.74					-	7,484.74
6/28/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	7,812.98					-	7,812.98
6/25/2021 WIRE OUT BETHANY SENIOR LIVING, LTD	307,725.08	-					-	-
6/25/2021 Deposit	-	11,742.19					-	11,742.19
6/25/2021 HOSPICE OF SO TX VENDORS NF 91000017408240	-	2,410.71					-	2,410.71
							-	-
	588,061.08	218,623.01	-	-	-	-	-	218,623.01

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

Add Group

Search

All

DDA

Data reported as of Jul 6, 2021 1

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$5,452,521.23	\$4,981,438.62	\$5,452,521.23	\$5,370,743.72
*4551 CAL CO INDIGENT HEALTHCARE	\$5,444.77	\$5,444.77	\$5,444.77	\$5,444.77
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$76,323.21	\$76,323.21	\$76,323.21	\$79,137.77
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.51	\$535.51	\$535.51	\$535.51
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$3,288,123.20	\$2,769,395.41	\$3,288,123.20	\$3,289,184.38
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.14	\$431.14	\$431.14	\$431.14
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$115,971.71	\$115,971.71	\$115,971.71	\$115,744.34
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$154,861.02	\$155,741.02	\$154,861.02	\$124,450.40
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$46,693.45	\$48,006.91	\$46,693.45	\$27,056.83
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$26,707.42	\$26,707.42	\$26,707.42	\$19,763.11
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$70,112.08	\$72,814.72	\$70,112.08	\$71,394.02
*2998 MMC -MONEY MARKET FUND	\$1,107,607.10	\$1,107,607.10	\$1,107,607.10	\$1,107,607.10
*5506 MMC -NH BETHANY SENIOR LIVING	\$211,626.12 ✓	\$250,581.79	\$211,626.12	\$176,641.40
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$47,293.01	\$47,693.88	\$47,293.01	\$47,293.01
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$94,760.76	\$98,153.30	\$94,760.76	\$93,425.02
*3407 MMC -NH TUSCANY VILLAGE	\$206,030.73	\$206,030.73	\$206,030.73	\$212,634.92

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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

Date Requested: 7-6-21

FOR ACCT. USE ONLY

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

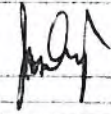
JUL 06 2021

AMOUNT 160.27

G/L NUMBER: 21400012

EXPLANATION: Quarterly Interest owed to MMC for Nursing home account - Ashford

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

RUN DATE:07/07/21
TIME:13:23

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

PAGE 6
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHA 001137 07/07/21 160.27 MMC OPERATING
NHA 001138 07/07/21 276.18 BETHANY SENIOR LIVING
NHA 001139 07/07/21 360.51 MEMORIAL MEDICAL CLINIC
TOTALS: 796.96

Ashford

JUL 07 2021

~~AMOUNT~~
AMOUNT

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center

Date Requested: 7-6-21

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FOR ACCT. USE ONLY

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

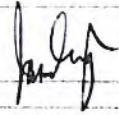
JUL 06 2021

AMOUNT 116.58

G/L NUMBER: 21400009

EXPLANATION: Quarterly Interest owed to MMC for Nursing home account - Broadmoor

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

RUN DATE:07/07/21
TIME:13:23

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

PAGE 7
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHB	000099	07/07/21	116.58	MMC OPERATING
NHB	000100	07/07/21	276.18	BETHANY SENIOR LIVING
NHB	000101	07/07/21	360.51	MEMORIAL MEDICAL CLINIC
TOTALS:			753.27	

Broadmoor

JUL 07 2021

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center
A _____
Y _____
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E _____

Date Requested: 7-6-21

FOR ACCT. USE ONLY

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

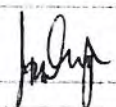
JUL 06 2021

AMOUNT 81.61

G/L NUMBER: 21400010

EXPLANATION: Quarterly Interest owed to MMC for Nursing home account - Crescent

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

RUN DATE:07/07/21
TIME:13:23

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

PAGE 8
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHC 000134 07/07/21 81.61 MMC OPERATING
NHC 000135 07/07/21 276.18 BETHANY SENIOR LIVING
NHC 000136 07/07/21 360.51 MEMORIAL MEDICAL CLINIC
TOTALS: 718.30

Crescent

JUL 07 2021

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center
A _____
Y _____
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E _____

Date Requested: 7-6-21

FOR ACCT. USE ONLY

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

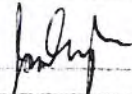
JUL 06 2021

AMOUNT 49.50

G/L NUMBER: 21400008

EXPLANATION: Quarterly Interest owed to MMC for Nursing home account - Fort Bend

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

RUN DATE:07/07/21
TIME:13:23

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

PAGE 9
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHF 000130 07/07/21 .00 MMC OPERATING
NHF 000131 07/07/21 276.18 BETHANY SENIOR LIVING
NHF 000132 07/07/21 360.51 MEMORIAL MEDICAL CLINIC
TOTALS: 636.69

Fort Bend

JUL 07 2021

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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

Date Requested: 7-6-21

FOR ACCT. USE ONLY

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

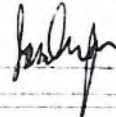
JUL 06 2021

AMOUNT 127.83

G/L NUMBER: 21400011

EXPLANATION: Quarterly Interest owed to MMC for Nursing home account - Solen

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

RUN DATE:07/07/21
TIME:13:23

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

PAGE 11
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHS	001133	07/07/21	127.83	MMC OPERATING
NHS	001134	07/07/21	276.18	BETHANY SENIOR LIVING
NHS	001135	07/07/21	360.51	MEMORIAL MEDICAL CLINIC
TOTALS:			764.52	

Solem

JUL 07 2021

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center

Date Requested: 7-6-21

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FOR ACCT. USE ONLY

☐ Imprest Cash

☐ A/P Check

☐ Mail Check to Vendor

☐ Return Check to Dept

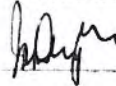
JUL 06 2021

AMOUNT 125.31

G/L NUMBER: 21400013

EXPLANATION: Quarterly Interest owed to MMC for Nursing home account - golden creek

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

RUN DATE:07/07/21
TIME:13:23

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

PAGE 10
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHG * 000090 07/07/21 125.31 MMC OPERATING
NHG 000092 07/07/21 360.51 MEMORIAL MEDICAL CLINIC
TOTALS: 485.82

golden creek

JUL 07 2021

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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

Date Requested: 7-6-21

FOR ACCT. USE ONLY

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

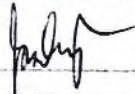
JUL 06 2021

AMOUNT 82.01

G/L NUMBER: 21400014

EXPLANATION: Quarterly Interest owed to MMC for Nursing home account - Gulf Pointe Med.

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

RUN DATE:07/07/21
TIME:13:23

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

PAGE 4
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

GPM 001002 07/07/21 82.01 MMC OPERATING
TOTALS: 82.01

gulf Pointe MM

JUL 07 2021

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center

Date Requested: 7-6-21

A _____

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FOR ACCT. USE ONLY

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

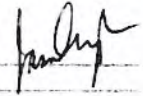
JUL 06 2021

AMOUNT 35.46

G/L NUMBER: 21400014

EXPLANATION: Quarterly Interest owed to MMC for Nursing home account - Gulf Pointe PP

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

RUN DATE:07/07/21
TIME:13:23

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

PAGE 5
GLCKREG

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

GPP 001006 07/07/21 35.46 MMC OPERATING
TOTALS: 35.46

gulf Pointe PP

APR 2021
JUL 07 2021
GULF COAST, FLA

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center

Date Requested: 7-6-21

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FOR ACCT. USE ONLY

☐ Imprest Cash

☐ A/P Check

☐ Mail Check to Vendor

☐ Return Check to Dept.

JUL 06 2021

AMOUNT 210.34

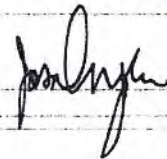
G/L NUMBER: 21400015

EXPLANATION: Quarterly Interest owed to MMC

- Bethany

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY:



RUN DATE:07/07/21
TIME:13:23

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

PAGE 3
GLCKREG

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

BSL 001005 07/07/21 210.34 MMC OPERATING *Bethany*
TOTALS: 210.34

AMOUNT
GN
JUL 07 2021
SAVED

RUN DATE:07/07/21
TIME:13:23

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

PAGE 12
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

TUS 001025 07/07/21 360.51 MEMORIAL MEDICAL CLINIC
TUS 001026 07/07/21 276.18 BETHANY SENIOR LIVING
TOTALS: 636.69

Tusang

JUL 07 2021

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

1137

88-2265/1131-87

7-7-21

Date

CHECK AMOUNT

Pay to the
Order of Memorial Medical Center Operating \$ 100.27
One hundred sixty dollars & 27/100 Dollars



PROSPERITY BANK®

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

For Quarterly interest Apr-June '21

County auditor

County Treasurer



Photo
Safe
Deposit®
Details on back

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000099

88-2265/1131

Date

7-7-21

PAY

TO THE
ORDER OF

Memorial Medical Center Operating \$ 116.58
One hundred sixteen dollars & 58/100 DOLLARS



PROSPERITY
BANK®

FOR Qrtly Interest Apr-June '21

County auditor

County Treasurer

Security features are
included. Details on back.

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000134

88-2265/1131

Date

7-7-21

PAY

TO THE
ORDER OF

mme operating \$ 81.61
Eighty-one dollars & 61/100 DOLLARS



PROSPERITY
BANK®

FOR Apr-June Interest

County auditor

County Treasurer

Security features are
included. Details on back.

MEMORIAL MEDICAL CENTER

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

000130

88-2265/1131

Date 7-7-21**PAY**TO THE
ORDER OFmme operating\$ 49. $\frac{50}{100}$ Forty-nine dollars & $\frac{50}{100}$ **DOLLARS****PROSPERITY
BANK**county auditor

FOR

Apr-June Interest **County Treasurer**
Security features are included. Details on back.

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

1133

88-2265/1131-87

7-7-21

Date

CHECK ARMOR
TRADE MARKPay to the
Order ofmme operating\$ 127. $\frac{83}{100}$ One hundred twenty-seven dollars & $\frac{83}{100}$ **Dollars****Photo
Safe
Deposit**
Details on back**PROSPERITY BANK**

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

county auditorFor Apr-June Interestcounty treasurer**MEMORIAL MEDICAL CENTER**

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

000090

88-2265/1131

Date 7-7-21**PAY**TO THE
ORDER OFmme operating\$ 125. $\frac{31}{100}$ One hundred twenty-five dollars & $\frac{31}{100}$ **DOLLARS****PROSPERITY
BANK**county auditor

FOR

Apr-June Interest **County Treasurer**
Security features are included. Details on back.

MEMORIAL MEDICAL CENTER
NH GULF POINTE PLAZA
MEDICARE/MEDICAID 361-553-4618
1815 N VIRGINIA ST
PORT LAVACA, TX 77979

1002

88-2265/1131-87

DATE 7-7-21

CHECK AMOUNT

PAY TO THE ORDER OF Memorial Medical Center Operating \$ 82 $\frac{91}{100}$

Eighty-two dollars $\frac{91}{100}$ DOLLARS

Photo Safe Deposit Details on back



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

FOR Apr - June Interest

county auditor

county treasurer

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

1006

88-2265/1131-87

DATE 7-7-21

CHECK AMOUNT

PAY TO THE ORDER OF MMC Operating \$ 35 $\frac{46}{100}$

Thirty-five dollars $\frac{46}{100}$ 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

county auditor

county treasurer

MEMORIAL MEDICAL CENTER 102019
NH BETHANY SENIOR LIVING

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

1005

88-2265/1131-87

DATE 7-7-21

CHECK AMOUNT

PAY TO THE ORDER OF MMC Operating \$ 210 $\frac{34}{100}$

Two hundred ten dollars $\frac{34}{100}$ 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 Apr - June Interest

county auditor

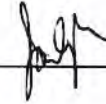
county treasurer

Interest To MMC From NH

NH Name	From CPSI Bank Acct #	CK#	Payee	GL #		Amt	Date
Ashford	10000018 - Prosperity		MMC -Prosperity Operating #10000001	21400012	April- June 2021 Interest Earned	160.27	7/6/2021
Broadmoor	10000019 - Prosperity		MMC -Prosperity Operating #10000001	21400009	April- June 2021 Interest Earned	116.58	7/6/2021
Crescent	10000020 - Prosperity		MMC -Prosperity Operating #10000001	21400010	April- June 2021 Interest Earned	81.61	7/6/2021
Fort Bend	10000021 - Prosperity		MMC -Prosperity Operating #10000001	21400008	April- June 2021 Interest Earned	49.50	7/6/2021
Solera	10000022 - Prosperity		MMC -Prosperity Operating #10000001	21400011	April- June 2021 Interest Earned	127.83	7/6/2021
Golden Creek	10000023 - Prosperity		MMC -Prosperity Operating #10000001	21400013	April- June 2021 Interest Earned	125.31	7/6/2021
Gulf Pointe-PP	10000025 - Prosperity		MMC -Prosperity Operating #10000001	21400014	April- June 2021 Interest Earned	35.46	7/6/2021
Gulf Pointe-MM	10000025 - Prosperity		MMC -Prosperity Operating #10000001	21400014	April- June 2021 Interest Earned	82.01	7/6/2021
Bethany	10000026 - Prosperity		MMC -Prosperity Operating #10000001	21400015	April- June 2021 Interest Earned	210.34	7/6/2021
						988.91	

Note:

Approved:
 Jason Anglin, CEO



7/6/2021