

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---July 14, 2021

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 343,129.22
TOTAL TRANSFERS BETWEEN FUNDS	\$ 29,109.57
TOTAL NURSING HOME UPL EXPENSES	\$ 419,774.83
TOTAL INTER-GOVERNMENT TRANSFERS	\$ 28,646.09
GRAND TOTAL DISBURSEMENTS APPROVED July 14, 2021	\$ 820,659.71

APPROVED

JUL 14 2021

**CALIFORNIA COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---July 14, 2021

PAYABLES AND PAYROLL

7/9/2021 Weekly Payables	318,920.80
7/9/2021 3M Company-software	15,704.57
7/9/2021 Patient Refunds	123.00
7/12/2021 McKesson-340B Prescription Expense	5,704.18
7/12/2021 Amerisource Bergen-340B Prescription Expense	995.45

Prosperity Electronic Bank Payments

7/6/2021 Credit Card & Lease Fees	727.01
7/6-7/9/21 Pay Plus-Patient Claims Processing Fee	340.01
7/9/2021 ExpertPay- child support	614.20

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 343,129.22
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TRANSFER BETWEEN FUNDS TO NURSING HOMES

7/9/2021 MMC Operating to Ashford- correction of NH insurance payment deposited into MMC operating in error	1,665.50
7/9/2021 MMC Operating to The Crescent-correction of NH insurance payment deposited into MMC Operating in error	556.50
7/9/2021 MMC Operating to Golden Creek Healthcare-correction of NH insurance payment deposited into MMC Operating in error	4,259.13
7/9/2021 MMC Operating to Gulf Pointe Plaza -correction of NH insurance payment and QIPP deposited into MMC Operating	7,848.89
7/9/2021 MMC Operating to Tuscany Village-correction of NH insurance payment deposited into MMC Operating in error	1,558.69
7/9/2021 MMC Operating to Bethany Senior Living- correction of NH insurance payment deposited into MMC Operating in error	11,390.56

MEDICARE ADVANCE PAYMENT RECOUP

7/12/2021 Ashford to MMC Operating-correction of Ashford medicare recoup taken from MMC Operating	277.01
7/12/2021 Ashford to Bethany-correction of Ashford medicare recoup taken from Bethany	28.04
7/12/2021 Broadmoor to Bethany-correction of Broadmoor medicare recoup taken from Bethany	28.04
7/12/2021 Crescent to Bethany-correction of Crescent medicare recoup taken from Bethany	28.04
7/12/2021 Solera to Bethany-correction of Solera medicare recoup taken from Bethany	28.04
7/12/2021 Tuscany to Bethany-correction of Tuscany medicare recoup taken from Bethany	28.04
7/12/2021 Golden Creek to Bethany-correction of Golden Creek medicare recoup taken from Bethany	28.04
7/12/2021 Broadmoor to MMC Operating-correction of Broadmoor medicare recoup taken from MMC Operating	277.01
7/12/2021 Tuscany Village to MMC Operating-correction of Tuscany Village medicare recoup taken from MMC Operating	277.01
7/12/2021 Golden Creek to MMC Operating-correction of Golden Creek medicare recoup taken from MMC Operating	277.01
7/12/2021 Solera to MMC Operating-correction of Solera medicare recoup taken from MMC Operating	277.01
7/12/2021 Crescent to MMC Operating-correction of Crescent medicare recoup taken from MMC Operating	277.01

TOTAL TRANSFERS BETWEEN FUNDS	\$ 29,109.57
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NURSING HOME UPL EXPENSES

7/12/2021 Nursing Home UPL-Cantex Transfer	81,002.66
7/12/2021 Nursing Home UPL-Nexion Transfer	11,106.85
7/12/2021 Nursing Home UPL-HMG Transfer	16,926.77
7/12/2021 Nursing Home UPL-Tuscany Transfer	64,021.18
7/12/2021 Nursing Home UPL-HSL Transfer	246,717.37

TOTAL NURSING HOME UPL EXPENSES	\$ 419,774.83
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INTER-GOVERNMENT TRANSFERS

7/12/2021 IGT UHRIP PGY4 to be paid on August 06, 2021

28,646.09

TOTAL INTER-GOVERNMENT TRANSFERS	\$	28,646.09
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GRAND TOTAL DISBURSEMENTS APPROVED July 14, 2021	\$	820,659.71
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07/08/2021		MEMORIAL MEDICAL CENTER								0
16:22		AP Open Invoice List								ap_open_invoice.template
		Due Dates Through: 07/28/2021								
Vendor#		Vendor Name		Class		Pay Code				
11283		ACE HARDWARE 15521 ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
154929 ✓	06/30/2021	06/15/2021	07/10/2021				23.99	0.00	0.00	23.99 ✓
		SUPPLIES								
154932 ✓	06/30/2021	06/15/2021	07/10/2021				115.96	0.00	0.00	115.96 ✓
		SUPPLIES								
155077 ✓	06/30/2021	06/21/2021	07/16/2021				13.47	0.00	0.00	13.47 ✓
		SUPPLIES								
155063 ✓	06/30/2021	06/21/2021	07/16/2021				47.98	0.00	0.00	47.98 ✓
		SUPPLIES								
155090 ✓	06/30/2021	06/22/2021	07/17/2021				13.99	0.00	0.00	13.99 ✓
		SUPPLIES								
155292 ✓	06/30/2021	06/28/2021	07/23/2021				32.95	0.00	0.00	32.95 ✓
		SUPPLIES								
155327 ✓	06/30/2021	06/29/2021	07/24/2021				35.75	0.00	0.00	35.75 ✓
		SUPPLIES								
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
11283			ACE HARDWARE 15521			284.09	0.00	0.00	284.09	
Vendor#		Vendor Name		Class		Pay Code				
13180		ADVANCED STERILIZATION PROD ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8020057531 ✓	06/30/2021	08/31/2020	07/07/2021				864.00	0.00	0.00	864.00 ✓
		SUPPLIES								
8020265705 ✓	06/30/2021	03/19/2021	04/19/2021				3,000.00	0.00	0.00	3,000.00 ✓
		SUBSCRIPTION								
8020319321 ✓	06/30/2021	06/24/2021	07/07/2021				864.00	0.00	0.00	864.00 ✓
		SUPPLIES								
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
13180			ADVANCED STERIL			4,728.00	0.00	0.00	4,728.00	
Vendor#		Vendor Name		Class		Pay Code				
A1705		ALIMED INC. ✓		M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
RPSV03609 ✓	06/30/2021	06/21/2021	07/06/2021				119.89	0.00	0.00	119.89 ✓
		SUPPLIES								
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
A1705			ALIMED INC.			119.89	0.00	0.00	119.89	
Vendor#		Vendor Name		Class		Pay Code				
10419		AMBU INC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
221107209 ✓	06/30/2021	06/21/2021	07/08/2021				87.00	0.00	0.00	87.00 ✓
		SUPPLIES								
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
10419			AMBU INC			87.00	0.00	0.00	87.00	
Vendor#		Vendor Name		Class		Pay Code				
11632		AMERICAN CONSTRUCTION ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1623 ✓	06/30/2021	06/29/2021	06/29/2021				800.00	0.00	0.00	800.00 ✓
		FREON CHILLERS								
1626 ✓	06/30/2021	06/30/2021	06/30/2021				4,945.00	0.00	0.00	4,945.00 ✓
		FREON 30 PD CYLINDER								
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
11632			AMERICAN CONSTI			5,745.00	0.00	0.00	5,745.00	
Vendor#		Vendor Name		Class		Pay Code				
B1150		BAXTER HEALTHCARE ✓		W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
70980296 ✓	06/23/2021	06/05/2021	06/30/2021				40.69	0.00	0.00	40.69 ✓

		SUPPLIES									
Vendor Totals:		Number	Name		Gross		Discount	No-Pay		Net	
B1150			BAXTER HEALTHC/		40.69		0.00	0.00		40.69	
Vendor#			Vendor Name		Class		Pay Code				
B1210			BECKMAN COULTER, INC. ✓		M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
7277639 ✓	06/30/2021	08/17/2020	09/16/2020				6,554.90	0.00	0.00	6,554.90 ✓	
		SUPPLIES									
10857661 ✓	06/30/2021	08/17/2020	09/17/2020				1,062.14	0.00	0.00	1,062.14 ✓	
		SUPPLIES									
108598872 ✓	06/30/2021	08/27/2020	09/26/2020				741.52	0.00	0.00	741.52 ✓	
		SUPPLIES									
108600980 ✓	06/30/2021	08/28/2020	09/27/2020				372.23	0.00	0.00	372.23 ✓	
		SUPPLIES									
108601536 ✓	06/30/2021	08/28/2020	09/27/2020				736.84	0.00	0.00	736.84 ✓	
		SUPPLIES									
108607753 ✓	06/30/2021	09/01/2020	10/01/2020				734.84	0.00	0.00	734.84 ✓	
		SUPPLIES									
108611461 ✓	06/30/2021	09/02/2020	10/02/2020				14.66	0.00	0.00	14.66 ✓	
		SUPPLIES									
108609357 ✓	06/30/2021	09/02/2020	10/02/2020				4,497.48	0.00	0.00	4,497.48 ✓	
		SUPPLIES									
108610720 ✓	06/30/2021	09/02/2020	10/02/2020				980.20	0.00	0.00	980.20 ✓	
		SUPPLIES									
108608956 ✓	06/30/2021	09/02/2020	10/02/2020				5,261.68	0.00	0.00	5,261.68 ✓	
		SUPPLIES									
108609752 ✓	06/30/2021	09/02/2020	10/02/2020				1,594.26	0.00	0.00	1,594.26 ✓	
		SUPPLIES									
108630991 ✓	06/30/2021	09/15/2020	10/15/2020				1,288.45	0.00	0.00	1,288.45 ✓	
		SUPPLIES									
~~57424410~~	06/30/2021	12/07/2020	01/06/2021				94.18	0.00	0.00	94.18 ✓	
108780839 ✓		SUPPLIES									
108993319 ✓	06/30/2021	04/02/2021	05/02/2021				467.40	0.00	0.00	467.40 ✓	
		SUPPLIES									
5440139 ✓	06/30/2021	04/30/2021	05/30/2021				3,507.27	0.00	0.00	3,507.27 ✓	
		SUPPLIES									
7293834 ✓	06/30/2021	05/04/2021	06/03/2021				7,248.11	0.00	0.00	7,248.11 ✓	
		SUPPLIES									
109138052 ✓	06/30/2021	06/21/2021	07/21/2021				1,367.91	0.00	0.00	1,367.91 ✓	
		SUPPLIES									
Vendor Totals:		Number	Name		Gross		Discount	No-Pay		Net	
B1210			BECKMAN COULTE		36,524.07		0.00	0.00		36,524.07	
Vendor#			Vendor Name		Class		Pay Code				
12740			BUILDING KID STEPS ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
MAY2021	06/30/2021	05/31/2021	06/30/2021				1,039.00	0.00	0.00	1,039.00 ✓	
		SPEECH THERAPY SERVICES									
MAY2021A	06/30/2021	05/31/2021	06/30/2021				50.00	0.00	0.00	50.00 ✓	
		SPEECH THERAPY SERVICES									
MAY2021B	06/30/2021	05/31/2021	06/30/2021				1,200.00	0.00	0.00	1,200.00 ✓	
		SPEECH THERAPY SERVICES									
JUNE2021B	06/30/2021	06/30/2021	07/08/2021				1,052.00	0.00	0.00	1,052.00 ✓	
		SPEECH THERAPY SERVICES									
JUNE2021A	06/30/2021	06/30/2021	07/08/2021				1,013.00	0.00	0.00	1,013.00 ✓	
		SPEECH THERAPY SERVICES									
JUNE2021	06/30/2021	06/30/2021	07/08/2021				876.00	0.00	0.00	876.00 ✓	
		SPEECH THERAPY SERVICES									
Vendor Totals:		Number	Name		Gross		Discount	No-Pay		Net	
12740			BUILDING KID STEF		5,230.00		0.00	0.00		5,230.00	
Vendor#			Vendor Name		Class		Pay Code				
11224			CABLES AND SENSORS ✓								

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INV360418 07/01/2021 07/01/2021 07/15/2021 1,112.50 0.00 0.00 1,112.50

PHONES

Vendor Totals: Number Name Gross Discount No-Pay Net
13000 CLEARFLY 1,112.50 0.00 0.00 1,112.50

Vendor#
C2157

Vendor Name Class Pay Code

COOPER SURGICAL INC

M

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
5821831 06/30/2021 04/23/2021 04/23/2021 66.44 0.00 0.00 66.44

SUPPLIES

5869461 06/30/2021 06/09/2021 07/23/2021 66.44 0.00 0.00 66.44

SUPPLIES

Vendor Totals: Number Name Gross Discount No-Pay Net
C2157 COOPER SURGICAL 132.88 0.00 0.00 132.88

Vendor#
10646

Vendor Name Class Pay Code

COVIDIEN

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
5863617819 06/30/2021 05/28/2021 06/07/2021 1,435.32 0.00 0.00 1,435.32

980 VENTILATOR

5863619319 06/30/2021 05/28/2021 06/07/2021 805.25 0.00 0.00 805.25

980 VENTILATOR

5863619323 06/30/2021 05/28/2021 06/07/2021 180.25 0.00 0.00 180.25

980 VENTILATOR

5863627916 06/30/2021 06/01/2021 08/11/2021 309.00 0.00 0.00 309.00

980 VENTILATOR

5863628655 06/30/2021 06/01/2021 06/11/2021 67,783.00 0.00 0.00 67,783.00

980 VENTILATOR - Pediatric - Adults @ 35,242.00 / 980 ventilator - neonate @ 38,541.00

5863667013 06/30/2021 06/07/2021 06/17/2021 1,180.94 0.00 0.00 1,180.94

ELCETOCARETERY MACHINE

Vendor Totals: Number Name Gross Discount No-Pay Net
10646 COVIDIEN 71,693.76 0.00 0.00 71,693.76

Vendor#
12612

Vendor Name Class Pay Code

DASHBOARD MD

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
11329 07/01/2021 07/01/2021 07/01/2021 550.00 0.00 0.00 550.00

PROCESSING AND SUPPORT FEE

Vendor Totals: Number Name Gross Discount No-Pay Net
12612 DASHBOARD MD 550.00 0.00 0.00 550.00

Vendor#
10368

Vendor Name Class Pay Code

DEWITT POTH & SON

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
6468700 06/30/2021 06/15/2021 07/10/2021 480.76 0.00 0.00 480.76

SUPPLIES

6470540 06/30/2021 06/16/2021 07/11/2021 60.19 0.00 0.00 60.19

SUPPLIES

6470541 06/30/2021 06/17/2021 07/12/2021 34.36 0.00 0.00 34.36

SUPPLIES

6468811 06/30/2021 06/17/2021 07/12/2021 55.32 0.00 0.00 55.32

SUPPLIES

6471570 06/30/2021 06/17/2021 07/12/2021 194.92 0.00 0.00 194.92

SUPPLIES

6471571 06/30/2021 06/18/2021 07/13/2021 72.36 0.00 0.00 72.36

SUPPLIES

6477010 06/30/2021 06/22/2021 07/17/2021 24.97 0.00 0.00 24.97

SUPPLIES

6476720 06/30/2021 06/22/2021 07/17/2021 48.44 0.00 0.00 48.44

SUPPLIES

6476750 06/30/2021 06/22/2021 07/17/2021 375.00 0.00 0.00 375.00

SUPPLIES

6477400 06/30/2021 06/23/2021 07/18/2021 407.39 0.00 0.00 407.39

SUPPLIES

6478350 06/30/2021 06/24/2021 07/19/2021 194.85 0.00 0.00 194.85

			SUPPLIES								
	6478950	✓	06/30/2021	06/24/2021	07/19/2021			36.48	0.00	0.00	36.48 ✓
			SUPPLIES								
	6483390	✓	06/30/2021	06/28/2021	07/23/2021			82.26	0.00	0.00	82.26 ✓
			SUPPLIES								
	6483100	✓	06/30/2021	06/28/2021	07/23/2021			31.72	0.00	0.00	31.72 ✓
			SUPPLIES								
	6483110	✓	06/30/2021	06/28/2021	07/23/2021			190.40	0.00	0.00	190.40 ✓
			SUPPLIES								
	6483090	✓	06/30/2021	06/29/2021	07/24/2021			95.06	0.00	0.00	95.06 ✓
			SUPPLIES								
	6483350	✓	06/30/2021	06/29/2021	07/24/2021			281.38	0.00	0.00	281.38 ✓
			SUPPLIES								
	6483351	✓	06/30/2021	06/29/2021	07/24/2021			3.27	0.00	0.00	3.27 ✓
			SUPPLIES								
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
	10368			DEWITT POTH & SC			2,669.13	0.00	0.00	2,669.13	
Vendor#			Vendor Name			Class	Pay Code				
10026			DONN STRINGO ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	051621	06/30/2021	05/16/2021	05/16/2021				23.72	0.00	0.00	23.72 ✓
			REIMBURSE SUPPLIES								
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
	10026			DONN STRINGO			23.72	0.00	0.00	23.72	
Vendor#			Vendor Name			Class	Pay Code				
D1710			DOWNTOWN CLEANERS ✓			W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	060121	06/30/2021	06/01/2021	06/11/2021				784.60	0.00	0.00	784.60 ✓
			LAUNDRY								
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
	D1710			DOWNTOWN CLEANERS			784.60	0.00	0.00	784.60	
Vendor#			Vendor Name			Class	Pay Code				
S0501			EVOQUA WATER TECHNOLOGIES ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	904967188	07/08/2021	06/30/2021	07/25/2021				556.50	0.00	0.00	556.50 ✓
			SUPPLIES								
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
	S0501			EVOQUA WATER TECHNOLOGIES			556.50	0.00	0.00	556.50	
Vendor#			Vendor Name			Class	Pay Code				
10788			FIRETROL PROTECTION SYSTEMS ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	100725560	06/30/2021	06/23/2021	07/03/2021				435.00	0.00	0.00	435.00 ✓
			BATTERY FOR ALARM SYSTEM								
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
	10788			FIRETROL PROTECTION SYSTEMS			435.00	0.00	0.00	435.00	
Vendor#			Vendor Name			Class	Pay Code				
F1400			FISHER HEALTHCARE ✓			M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	9285955	06/23/2021	06/08/2021	07/03/2021				61.07	0.00	0.00	61.07 ✓
			SUPPLIES								
	9285954	06/23/2021	06/08/2021	07/03/2021				61.07	0.00	0.00	61.07 ✓
			SUPPLIES								
	0319901	06/30/2021	06/21/2021	07/16/2021				74.80	0.00	0.00	74.80 ✓
			SUPPLIES								
	0466839	06/30/2021	06/22/2021	07/17/2021				99.49	0.00	0.00	99.49 ✓
			SUPPLIES								
	0605088	06/30/2021	06/23/2021	07/18/2021				127.50	0.00	0.00	127.50 ✓
			SUPPLIES								
	0800979	06/30/2021	06/24/2021	07/19/2021				1,277.36	0.00	0.00	1,277.36 ✓
			SUPPLIES								
	1326624	06/30/2021	06/25/2021	07/20/2021				13.05	0.00	0.00	13.05 ✓

SUPPLIES											
1326627	✓	06/30/2021	06/25/2021	07/20/2021			516.93	0.00	0.00	516.93	✓
SUPPLIES											
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	✓
F1400			FISHER HEALTHCA		2,231.27		0.00	0.00		2,231.27	
Vendor#		Vendor Name			Class	Pay Code					
11183		FRONTIER		✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
061921	06/30/2021	06/19/2021	07/13/2021				65.40	0.00	0.00	65.40	✓
PHONE											
062321	06/30/2021	06/23/2021	07/19/2021				9.09	0.00	0.00	9.09	✓
PHONE											
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
11183			FRONTIER		74.49		0.00	0.00		74.49	
Vendor#		Vendor Name			Class	Pay Code					
12636		FUSION CLOUD SERVICES, LLC		✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
28207237	✓ 06/30/2021	06/16/2021	07/16/2021				1,084.56	0.00	0.00	1,084.56	✓
PHONE											
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
12636			FUSION CLOUD SE		1,084.56		0.00	0.00		1,084.56	
Vendor#		Vendor Name			Class	Pay Code					
W1300		GRAINGER		✓	M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
9915108881	✓ 07/08/2021	05/27/2021	06/21/2021				454.50	0.00	0.00	454.50	✓
SUPPLIES											
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
W1300			GRAINGER		454.50		0.00	0.00		454.50	
Vendor#		Vendor Name			Class	Pay Code					
G0401		GULF COAST DELIVERY		✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
063021	06/30/2021	06/30/2021	07/28/2021				50.00	0.00	0.00	50.00	✓
DELIVERY SERVICES											
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
G0401			GULF COAST DELI		50.00		0.00	0.00		50.00	
Vendor#		Vendor Name			Class	Pay Code					
G1210		GULF COAST PAPER COMPANY		✓	M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
2063749	✓ 06/30/2021	06/22/2021	07/22/2021				541.30	0.00	0.00	541.30	✓
SUPPLIES											
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
G1210			GULF COAST PAPE		541.30		0.00	0.00		541.30	
Vendor#		Vendor Name			Class	Pay Code					
11095		GULF COAST SCIENTIFIC		✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
74458	✓ 06/30/2021	06/11/2021	07/08/2021				296.47	0.00	0.00	296.47	✓
SUPPLIES											
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
11095			GULF COAST SCIEI		296.47		0.00	0.00		296.47	
Vendor#		Vendor Name			Class	Pay Code					
10334		HEALTH CARE LOGISTICS INC		✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
308051302	✓ 06/30/2021	06/17/2021	07/12/2021				134.75	0.00	0.00	134.75	✓
SUPPLIES											
Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net	
10334			HEALTH CARE LOG		134.75		0.00	0.00		134.75	
Vendor#		Vendor Name			Class	Pay Code					
12716		HITACHI HEALTHCARE		✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
PJIN01744450	✓ 06/30/2021	06/15/2021	07/25/2021				7,908.33	0.00	0.00	7,908.33	✓
SMA FEE											

	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
	12716		HITACHI HEALTHC/			7,908.33	0.00	0.00	7,908.33	
Vendor#			Vendor Name		Class		Pay Code			
10442			INTERSTATE ALL BATTERY CENTI		✓					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1901101023	06/30/2021	06/21/2021	07/21/2021				73.48	0.00	0.00	73.48 ✓
	072									
1901103020	06/30/2021	06/21/2021	07/21/2021				265.89	0.00	0.00	265.89 ✓
	359									
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
10442			INTERSTATE ALL B			339.37	0.00	0.00	339.37	
Vendor#			Vendor Name		Class		Pay Code			
11576			JOHNGSELF + PARTNERS, INC		✓					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
003739	✓ 06/30/2021	06/28/2021	06/28/2021				2,592.39	0.00	0.00	2,592.39 ✓
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
11576			JOHNGSELF + PAR			2,592.39	0.00	0.00	2,592.39	
Vendor#			Vendor Name		Class		Pay Code			
13956			KOETTER FIR PROTECTION		✓					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
32929	✓ 06/30/2021	06/29/2021	06/29/2021				1,760.00	0.00	0.00	1,760.00 ✓
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
13956			KOETTER FIR PRO			1,760.00	0.00	0.00	1,760.00	
Vendor#			Vendor Name		Class		Pay Code			
11275			KYLE DANIEL		✓					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
070121A	07/01/2021	07/01/2021	07/01/2021				279.20	0.00	0.00	279.20 ✓
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
11275			KYLE DANIEL			279.20	0.00	0.00	279.20	
Vendor#			Vendor Name		Class		Pay Code			
10972			M G TRUST		✓					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
070621	07/07/2021	07/06/2021	07/06/2021				790.86	0.00	0.00	790.86 ✓
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
10972			M G TRUST			790.86	0.00	0.00	790.86	
Vendor#			Vendor Name		Class		Pay Code			
M1511			MARKETLAB, INC		✓					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN01369325	06/23/2021	05/26/2021	06/02/2021				109.07	0.00	0.00	109.07 ✓
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
M1511			MARKETLAB, INC			109.07	0.00	0.00	109.07	
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
18268825	✓ 06/30/2021	06/22/2021	07/07/2021				420.79	0.00	0.00	420.79 ✓
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
M2178			MCKESSON MEDIC			420.79	0.00	0.00	420.79	
Vendor#			Vendor Name		Class		Pay Code			
11203			MEDI-DOSE, INC		✓					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0811167	✓ 06/30/2021	05/28/2021	06/28/2021				206.25	0.00	0.00	206.25 ✓
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
11203			MEDI-DOSE, INC			206.25	0.00	0.00	206.25	
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
1954678034	✓ 06/23/2021	06/09/2021	07/04/2021				36.08	0.00	0.00	36.08 ✓
	SUPPLIES									
1955047177	✓ 06/23/2021	06/11/2021	07/06/2021				339.06	0.00	0.00	339.06 ✓
	SUPPLIES									
1955490316	✓ 06/23/2021	06/16/2021	07/11/2021				6.68	0.00	0.00	6.68 ✓
	SUPPLIES									
1954678066	✓ 06/30/2021	06/09/2021	07/04/2021				266.05	0.00	0.00	266.05 ✓
	SUPPLIES									
1954678053	✓ 06/30/2021	06/09/2021	07/04/2021				7,599.80	0.00	0.00	7,599.80 ✓
	SUPPLIES									
1954678058	✓ 06/30/2021	06/09/2021	07/04/2021				1,440.49	0.00	0.00	1,440.49 ✓
	SUPPLIES									
1954678064	✓ 06/30/2021	06/09/2021	07/04/2021				82.89	0.00	0.00	82.89 ✓
	SUPPLIES									
1954678050	✓ 06/30/2021	06/09/2021	07/04/2021				4,910.86	0.00	0.00	4,910.86 ✓
	SUPPLIES									
1954678038	✓ 06/30/2021	06/09/2021	07/04/2021				41.24	0.00	0.00	41.24 ✓
	SUPPLIES									
1954678041	✓ 06/30/2021	06/09/2021	07/04/2021				44.29	0.00	0.00	44.29 ✓
	SUPPLIES									
1954678056	✓ 06/30/2021	06/09/2021	07/04/2021				128.97	0.00	0.00	128.97 ✓
	SUPPLIES									
1954678039	✓ 06/30/2021	06/09/2021	07/04/2021				32.18	0.00	0.00	32.18 ✓
	SUPPLIES									
1955224971	✓ 06/30/2021	06/14/2021	07/09/2021				779.50	0.00	0.00	779.50 ✓
	SUPPLIES									
1955248476	✓ 06/30/2021	06/15/2021	07/10/2021				284.07	0.00	0.00	284.07 ✓
	SUPPLIES									
1955248490	✓ 06/30/2021	06/15/2021	07/10/2021				48.79	0.00	0.00	48.79 ✓
	SUPPLIES									
1955248489	✓ 06/30/2021	06/15/2021	07/10/2021				78.95	0.00	0.00	78.95 ✓
	SUPPLIES									
1955291336	✓ 06/30/2021	06/15/2021	07/10/2021				392.83	0.00	0.00	392.83 ✓
	SUPPLIES									
1955248484	✓ 06/30/2021	06/15/2021	07/10/2021				3,903.38	0.00	0.00	3,903.38 ✓
	SUPPLIES									
1955248492	✓ 06/30/2021	06/15/2021	07/10/2021				116.42	0.00	0.00	116.42 ✓
	SUPPLIES									
1955248482	✓ 06/30/2021	06/15/2021	07/10/2021				48.08	0.00	0.00	48.08 ✓
	SUPPLIES									
1955248473	✓ 06/30/2021	06/15/2021	07/10/2021				56.18	0.00	0.00	56.18 ✓
	SUPPLIES									
1955248485	✓ 06/30/2021	06/15/2021	07/10/2021				19.71	0.00	0.00	19.71 ✓
	SUPPLIES									
1955291337	✓ 06/30/2021	06/15/2021	07/10/2021				178.89	0.00	0.00	178.89 ✓
	SUPPLIES									
19552455	✓ 06/30/2021	06/15/2021	07/10/2021				197.14	0.00	0.00	197.14 ✓
1955248480	✓ 06/30/2021	06/15/2021	07/10/2021				112.63	0.00	0.00	112.63 ✓
	SUPPLIES									
1955248477	✓ 06/30/2021	06/15/2021	07/10/2021				197.14	0.00	0.00	197.14 ✓
	SUPPLIES									
1955248483	✓ 06/30/2021	06/15/2021	07/10/2021				127.30	0.00	0.00	127.30 ✓
	SUPPLIES									
1955248481	✓ 06/30/2021	06/15/2021	07/10/2021				48.79	0.00	0.00	48.79 ✓
	SUPPLIES									
1955248475	✓ 06/30/2021	06/15/2021	07/10/2021				30.97	0.00	0.00	30.97 ✓
	SUPPLIES									
1955490321	✓ 06/30/2021	06/16/2021	07/11/2021				8.93	0.00	0.00	8.93 ✓

Vendor# 10963	SUPPLIES									
	1955490329	06/30/2021	06/16/2021	07/11/2021			1,249.01	0.00	0.00	1,249.01
	SUPPLIES									
	1955490339	06/30/2021	06/16/2021	07/11/2021			167.50	0.00	0.00	167.50
	SUPPLIES									
	1955490320	06/30/2021	06/16/2021	07/11/2021			53.74	0.00	0.00	53.74
	SUPPLIES									
	1955490318	06/30/2021	06/16/2021	07/11/2021			93.30	0.00	0.00	93.30
	SUPPLIES									
	1955490322	06/30/2021	06/16/2021	07/11/2021			4.75	0.00	0.00	4.75
	SUPPLIES									
	1955490335	06/30/2021	06/16/2021	07/11/2021			4,409.84	0.00	0.00	4,409.84
	SUPPLIES									
	1955490338	06/30/2021	06/16/2021	07/11/2021			83.75	0.00	0.00	83.75
SUPPLIES										
1955490319	06/30/2021	06/16/2021	07/11/2021			84.31	0.00	0.00	84.31	
SUPPLIES										
1955781052	06/30/2021	06/18/2021	07/13/2021			421.53	0.00	0.00	421.53	
SUPPLIES										
1954678036	07/08/2021	06/09/2021	07/04/2021			84.31	0.00	0.00	84.31	
SUPPLIES										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
M2470			MEDLINE INDUST		28,210.33		0.00	0.00	28,210.33	
		Vendor Name			Class	Pay Code				
		MEMORIAL MEDICAL CLINIC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
070621	07/07/2021	07/06/2021	07/06/2021				237.71	0.00	0.00	237.71
PAYROLL DED										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
10963			MEMORIAL MEDICA		237.71		0.00	0.00	237.71	
		Vendor Name			Class	Pay Code				
		MMC AUXILIARY GIFT SHOP			W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
070121	07/01/2021	07/01/2021	07/01/2021				121.77	0.00	0.00	121.77
PAYROLL DED										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
M2621			MMC AUXILIARY GI		121.77		0.00	0.00	121.77	
		Vendor Name			Class	Pay Code				
		MORRIS & DICKSON CO, LLC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7053294	06/30/2021	06/29/2021	07/09/2021				140.62	0.00	0.00	140.62
INVENTORY										
7053295	06/30/2021	06/29/2021	07/09/2021				106.61	0.00	0.00	106.61
INVENTORY										
7053293	06/30/2021	06/29/2021	07/09/2021				9.59	0.00	0.00	9.59
INVENTORY										
7052015	06/30/2021	06/29/2021	07/09/2021				33.20	0.00	0.00	33.20
INVENTORY										
7050534	06/30/2021	06/29/2021	07/09/2021				28.36	0.00	0.00	28.36
INVENTORY										
7050535	06/30/2021	06/29/2021	07/09/2021				28.32	0.00	0.00	28.32
INVENTORY										
7053296	06/30/2021	06/29/2021	07/09/2021				1,433.40	0.00	0.00	1,433.40
INVENTORY										
7053297	06/30/2021	06/29/2021	07/09/2021				293.24	0.00	0.00	293.24
INVENTORY										
3929	06/30/2021	06/30/2021	07/10/2021				-5.00	0.00	0.00	-5.00
INVENTORY										
7058396	06/30/2021	06/30/2021	07/10/2021				205.87	0.00	0.00	205.87
INVENTORY										
4321	06/30/2021	06/30/2021	07/10/2021				-0.15	0.00	0.00	-0.15

CREDIT										
7055552	✓	06/30/2021	06/30/2021	07/10/2021		1.15	0.00	0.00	1.15	✓
INVENTORY										
7058397	✓	06/30/2021	06/30/2021	07/10/2021		567.75	0.00	0.00	567.75	✓
INVENTORY										
7055555	✓	06/30/2021	06/30/2021	07/10/2021		2.13	0.00	0.00	2.13	✓
INVENTORY										
4320	✓	06/30/2021	06/30/2021	07/10/2021		-4.99	0.00	0.00	-4.99	✓
CREDIT										
7055553	✓	06/30/2021	06/30/2021	07/10/2021		51.63	0.00	0.00	51.63	✓
INVENTORY										
7058398	✓	06/30/2021	06/30/2021	07/10/2021		812.45	0.00	0.00	812.45	✓
INVENTORY										
7055554	✓	06/30/2021	06/30/2021	07/10/2021		7.29	0.00	0.00	7.29	✓
INVENTORY										
4089	✓	06/30/2021	06/30/2021	07/10/2021		-5.00	0.00	0.00	-5.00	✓
CREDIT										
4090	✓	06/30/2021	06/30/2021	07/10/2021		-5.00	0.00	0.00	-5.00	✓
CREDIT										
7057790	✓	06/30/2021	06/30/2021	07/10/2021		33.47	0.00	0.00	33.47	✓
INVENTORY										
7055551	✓	06/30/2021	06/30/2021	07/10/2021		80.34	0.00	0.00	80.34	✓
INVENTORY										
Vendor Totals:										
Vendor#		Number	Name			Gross	Discount	No-Pay	Net	
M2659		10536	MORRIS & DICKSON			3,815.28	0.00	0.00	3,815.28	
		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
8800774316	✓	06/30/2021	06/18/2021	07/18/2021			977.62	0.00	0.00	977.62
SUPPLIES										
8800774710	✓	06/30/2021	06/21/2021	07/21/2021			222.47	0.00	0.00	222.47
SUPPLIES										
Vendor Totals:										
Vendor#		Number	Name			Gross	Discount	No-Pay	Net	
M2659			MXR IMAGING, INC			1,200.09	0.00	0.00	1,200.09	
Vendor#		Vendor Name			Class	Pay Code				
13548		NACOGDOCHES TRANSCRIPTION		✓						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7400	✓	06/30/2021	06/30/2021	06/30/2021			225.68	0.00	0.00	225.68
TRANSCRIPTION										
Vendor Totals:										
Vendor#		Number	Name			Gross	Discount	No-Pay	Net	
13548			NACOGDOCHES TF			225.68	0.00	0.00	225.68	
Vendor#		Vendor Name			Class	Pay Code				
12796		NEW DISTRIBUTING		✓						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
160792106	✓	06/30/2021	06/15/2021	06/15/2021			384.22	0.00	0.00	384.22
FUEL										
Vendor Totals:										
Vendor#		Number	Name			Gross	Discount	No-Pay	Net	
12796			NEW DISTRIBUTING			384.22	0.00	0.00	384.22	
Vendor#		Vendor Name			Class	Pay Code				
O0920		OFFICE DEPOT		✓						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
17487754100	✓	06/30/2021	05/24/2021	07/08/2021			376.18	0.00	0.00	376.18
SUPPLIES										
Vendor Totals:										
Vendor#		Number	Name			Gross	Discount	No-Pay	Net	
O0920			OFFICE DEPOT			376.18	0.00	0.00	376.18	
Vendor#		Vendor Name			Class	Pay Code				
O1500		OLYMPUS AMERICA INC		✓	M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
31107789	✓	06/30/2021	06/17/2021	07/12/2021			193.11	0.00	0.00	193.11
SUPPLIES										
31128226	✓	06/30/2021	06/22/2021	07/17/2021			361.86	0.00	0.00	361.86

	SUPPLIES												
	31128225	✓	06/30/2021	06/22/2021	07/17/2021			226.95	0.00	0.00	226.95	✓	
	SUPPLIES												
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net		
			01500	OLYMPUS AMERICA			781.92	0.00	0.00		781.92		
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		
	03835377	✓	06/30/2021	04/30/2021	05/30/2021			306.95	0.00	0.00	306.95	✓	
	POWER SUPPLY												
	03822088	✓	06/30/2021	05/10/2021	06/10/2021			445.67	0.00	0.00	445.67	✓	
	SUPPLIES												
	03861293	✓	06/30/2021	05/21/2021	06/20/2021			366.15	0.00	0.00	366.15	✓	
	SUPPLIES												
	03859174	✓	06/30/2021	05/21/2021	06/20/2021			15.32	0.00	0.00	15.32	✓	
	SUPPLIES												
	03859690	✓	06/30/2021	05/21/2021	06/20/2021			49.88	0.00	0.00	49.88	✓	
	SUPPLIES												
	03862569	✓	06/30/2021	05/21/2021	06/20/2021			840.11	0.00	0.00	840.11	✓	
	CENTERFUGE REPAIR												
	03859745	✓	06/30/2021	05/21/2021	06/20/2021			77.47	0.00	0.00	77.47	✓	
	SUPPLIES												
	03860089	✓	06/30/2021	05/21/2021	06/20/2021			85.48	0.00	0.00	85.48	✓	
	SUPPLIES												
	03861755	✓	06/30/2021	05/21/2021	06/20/2021			487.67	0.00	0.00	487.67	✓	
	SUPPLIES												
	03888307	✓	06/30/2021	06/10/2021	07/10/2021			73.79	0.00	0.00	73.79	✓	
	SUPPLIES												
	03889406	✓	06/30/2021	06/10/2021	07/10/2021			241.51	0.00	0.00	241.51	✓	
	SUPPLIES												
	03892968	✓	06/30/2021	06/14/2021	07/14/2021			200.65	0.00	0.00	200.65	✓	
	SUPPLIES												
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net		
			10152	PARTSSOURCE, LL			3,190.65	0.00	0.00		3,190.65		
Vendor#	Vendor Name										Class	Pay Code	
12544	PATRICK OCHOA												
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net		
	070121		07/01/2021	07/01/2021	07/01/2021			520.00	0.00	0.00	520.00	✓	
	HOSPITAL LAWN												
	070121A		07/01/2021	07/01/2021	07/01/2021			380.00	0.00	0.00	380.00	✓	
	LAWN												
	070121B		07/01/2021	07/01/2021	07/01/2021			200.00	0.00	0.00	200.00	✓	
	LAWN												
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net		
			12544	PATRICK OCHOA			1,100.00	0.00	0.00		1,100.00		
Vendor#	Vendor Name										Class	Pay Code	
14016	PERRY MECHANICAL SYSTEM												
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net		
	210382BD	✓	06/30/2021	05/11/2021	06/11/2021			2,293.00	0.00	0.00	2,293.00	✓	
	SUPPLIES												
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net		
			14016	PERRY MECHANIC			2,293.00	0.00	0.00		2,293.00		
Vendor#	Vendor Name										Class	Pay Code	
12708	POC ELECTRIC, LLC												
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net		
	3323	✓	06/30/2021	05/18/2021	05/18/2021			2,275.00	0.00	0.00	2,275.00	✓	
	NEW CONDUIT												
	Vendor Totals:		Number	Name			Gross	Discount	No-Pay		Net		
			12708	POC ELECTRIC, LLC			2,275.00	0.00	0.00		2,275.00		
Vendor#	Vendor Name										Class	Pay Code	
P2200	POWER HARDWARE										W		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
A74598	✓ 06/30/2021	06/23/2021	07/03/2021				10.36	0.00	0.00	10.36 ✓
		SUPPLIES								
A74597	✓ 06/30/2021	06/23/2021	07/03/2021				18.22	0.00	0.00	18.22 ✓
		SUPPLIES								
A74668	✓ 06/30/2021	06/25/2021	07/05/2021				14.98	0.00	0.00	14.98 ✓
		SUPPLIES								
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
P2200			POWER HARDWAR			43.56	0.00	0.00	43.56	
Vendor#		Vendor Name			Class	Pay Code				
P1725		PREMIER SLEEP DISORDERS CEN M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
106	07/02/2021	07/01/2021	07/16/2021				7,350.00	0.00	0.00	7,350.00 ✓
		SLEEP STUDY								
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
P1725			PREMIER SLEEP DI			7,350.00	0.00	0.00	7,350.00	
Vendor#		Vendor Name			Class	Pay Code				
11087		PROMETHEUS LABORATORIES, IN								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1873520210	✓ 06/30/2021	04/30/2021	05/30/2021				350.00	0.00	0.00	350.00 ✓
		LAB SERVICES								
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
11087			PROMETHEUS LAB			350.00	0.00	0.00	350.00	
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
030737	✓ 06/30/2021	06/26/2021	07/26/2021				2,737.50	0.00	0.00	2,737.50 ✓
		ICU STAFFING								
030805	✓ 07/07/2021	07/04/2021	07/04/2021				5,250.00	0.00	0.00	5,250.00 ✓
		ICU STAFFING								
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
13936			PROTOUCH STAFF			7,987.50	0.00	0.00	7,987.50	
Vendor#		Vendor Name			Class	Pay Code				
10896		QIAGEN INC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
997893705	✓ 06/30/2021	06/22/2021	07/22/2021				352.69	0.00	0.00	352.69 ✓
		SUPPLIES								
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
10896			QIAGEN INC			352.69	0.00	0.00	352.69	
Vendor#		Vendor Name			Class	Pay Code				
13460		RELIANT, DEPT 0954								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1120129011	✓ 06/30/2021	06/21/2021	07/21/2021				25,447.06	0.00	0.00	25,447.06 ✓
		ELECTRICITY								
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
13460			RELIANT, DEPT 095			25,447.06	0.00	0.00	25,447.06	
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
3930163RI	✓ 06/29/2021	06/28/2021	07/28/2021				2,831.00	0.00	0.00	2,831.00 ✓
		NURSE STAFFING								
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
13940			RN NETWORK			2,831.00	0.00	0.00	2,831.00	
Vendor#		Vendor Name			Class	Pay Code				
S0900		SAM'S CLUB DIRECT			W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
002878	06/30/2021	05/23/2021	07/08/2021				44.84	0.00	0.00	44.84 ✓
		SUPPLIES								
003243	06/30/2021	05/25/2021	07/08/2021				92.13	0.00	0.00	92.13 ✓
		SUPPLIES								
006659	06/30/2021	06/06/2021	07/08/2021				77.90	0.00	0.00	77.90 ✓

			SUPPLIES									
	007963	06/30/2021	06/08/2021	07/08/2021			65.58	0.00	0.00	65.58		
			SUPPLIES									
	L210620	06/30/2021	06/19/2021	07/08/2021			11.13	0.00	0.00	11.13		
			FINANCE CHARGE									
	008426	06/30/2021	06/19/2021	07/08/2021			52.68	0.00	0.00	52.68		
			SUPPLIES									
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net		
	S0900		SAM'S CLUB DIREC			344.26	0.00	0.00		344.26		
Vendor#		Vendor Name			Class	Pay Code						
S1405		SERVICE SUPPLY OF VICTORIA IN W										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	701101714		06/30/2021	06/18/2021	07/18/2021			407.58	0.00	0.00	407.58	
			FREON CYLINDERS									
	701102330		06/30/2021	06/24/2021	07/24/2021			137.25	0.00	0.00	137.25	
			SUPPLIES									
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net		
	S1405		SERVICE SUPPLY C			544.83	0.00	0.00		544.83		
Vendor#		Vendor Name			Class	Pay Code						
S1800		SHERWIN WILLIAMS			W							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	92536		06/30/2021	06/23/2021	07/08/2021			32.21	0.00	0.00	32.21	
			SUPPLIES									
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net		
	S1800		SHERWIN WILLIAM:			32.21	0.00	0.00		32.21		
Vendor#		Vendor Name			Class	Pay Code						
S2001		SIEMENS MEDICAL SOLUTIONS IN M										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	116069396		06/30/2021	06/17/2021	07/12/2021			2,193.83	0.00	0.00	2,193.83	
			MAMMO									
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net		
	S2001		SIEMENS MEDICAL			2,193.83	0.00	0.00		2,193.83		
Vendor#		Vendor Name			Class	Pay Code						
10699		SIGN AD, LTD.										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	262548		06/30/2021	06/01/2021	06/11/2021			400.00	0.00	0.00	400.00	
			AD									
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net		
	10699		SIGN AD, LTD.			400.00	0.00	0.00		400.00		
Vendor#		Vendor Name			Class	Pay Code						
S2270		SMILE MAKERS			M							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	8983152		06/30/2021	06/23/2021	07/18/2021			188.94	0.00	0.00	188.94	
			SUPPLIES/STICKERS									
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net		
	S2270		SMILE MAKERS			188.94	0.00	0.00		188.94		
Vendor#		Vendor Name			Class	Pay Code						
11296		SOUTH TEXAS BLOOD & TISSUE C										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	CM4862		06/30/2021	06/30/2021	07/25/2021			-1,896.00	0.00	0.00	-1,896.00	
			CREDIT MEMO BLOOD BANK									
	109015600		06/30/2021	06/30/2021	07/25/2021			3,798.00	0.00	0.00	3,798.00	
			BLOOD									
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net		
	11296		SOUTH TEXAS BLO			1,902.00	0.00	0.00		1,902.00		
Vendor#		Vendor Name			Class	Pay Code						
C1010		SPARKLIGHT			W							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	062021		06/30/2021	06/20/2021	07/04/2021			98.54	0.00	0.00	98.54	
			CABLE									
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net		

	C1010	SPARKLIGHT	98.54	0.00	0.00	98.54				
Vendor#		Vendor Name	Class		Pay Code					
S2833		STRYKER ENDOSCOPY								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10538372E	06/30/2021	06/17/2021	07/08/2021				1,602.81	0.00	0.00	1,602.81
		SUPPLIES								
Vendor Totals:	Number	Name			Gross		Discount	No-Pay	Net	
S2833		STRYKER ENDOSC			1,602.81		0.00	0.00	1,602.81	
Vendor#		Vendor Name	Class		Pay Code					
10735		STRYKER SUSTAINABILITY								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4112310	02/23/2021	02/03/2021	07/22/2021				-8.50	0.00	0.00	-8.50
		CREDIT								
4210366	06/30/2021	06/21/2021	07/21/2021				2,615.14	0.00	0.00	2,615.14
		SUPPLIES								
Vendor Totals:	Number	Name			Gross		Discount	No-Pay	Net	
10735		STRYKER SUSTAIN			2,606.64		0.00	0.00	2,606.64	
Vendor#		Vendor Name	Class		Pay Code					
12440		SUN LIFE ASSURANCE COMPANY								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
062321	06/30/2021	06/23/2021	06/23/2021				4,821.35	0.00	0.00	4,821.35
		INSURANCE								
Vendor Totals:	Number	Name			Gross		Discount	No-Pay	Net	
12440		SUN LIFE ASSURAN			4,821.35		0.00	0.00	4,821.35	
Vendor#		Vendor Name	Class		Pay Code					
T2539		T-SYSTEM, INC	W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
46432	06/30/2021	06/27/2021	07/27/2021				431.42	0.00	0.00	431.42
		ER SOFTWARE								
Vendor Totals:	Number	Name			Gross		Discount	No-Pay	Net	
T2539		T-SYSTEM, INC			431.42		0.00	0.00	431.42	
Vendor#		Vendor Name	Class		Pay Code					
13880		TEXAS SELECT STAFFING								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0017611510	06/30/2021	06/30/2021	06/30/2021				3,187.50	0.00	0.00	3,187.50
	74-1N	ICU NURSE								
Vendor Totals:	Number	Name			Gross		Discount	No-Pay	Net	
13880		TEXAS SELECT ST/			3,187.50		0.00	0.00	3,187.50	
Vendor#		Vendor Name	Class		Pay Code					
10758		TEXAS SELECT STAFFING, LLC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
DEPOSIT JE	07/08/2021	07/08/2021	07/08/2021				6,000.00	0.00	0.00	6,000.00
		DEPOSIT FOR TRAVEL RN								
Vendor Totals:	Number	Name			Gross		Discount	No-Pay	Net	
10758		TEXAS SELECT ST/			6,000.00		0.00	0.00	6,000.00	
Vendor#		Vendor Name	Class		Pay Code					
11908		TMS SOUTH								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV15872	06/30/2021	05/07/2021	06/06/2021				206.05	0.00	0.00	206.05
		SUPPLIES								
INV16036	06/30/2021	05/10/2021	06/09/2021				140.82	0.00	0.00	140.82
		SUPPLIES								
INV15947	06/30/2021	05/10/2021	06/09/2021				239.53	0.00	0.00	239.53
		SUPPLIES								
INV19427	06/30/2021	06/17/2021	07/17/2021				198.56	0.00	0.00	198.56
		SUPPLIES								
Vendor Totals:	Number	Name			Gross		Discount	No-Pay	Net	
11908		TMS SOUTH			784.96		0.00	0.00	784.96	
Vendor#		Vendor Name	Class		Pay Code					
T3334		TRINITY PHYSICS CONSULTING LIW								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

065423- 06/30/2021 06/16/2021 07/16/2021 1,600.00 0.00 0.00 1,600.00 ✓

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	Vendor Totals:		Number	Name		Gross		Discount	No-Pay	Net	
	T3334		TRINITY PHYSICS C			1,600.00		0.00	0.00	1,600.00	
Vendor#			Vendor Name			Class		Pay Code			
U1054			UNIFIRST HOLDINGS ✓			W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	8400367580	06/30/2021	06/17/2021	07/12/2021				100.06	0.00	0.00	100.06 ✓
			LAUNDRY								
	8400367526	06/30/2021	06/17/2021	07/12/2021				170.51	0.00	0.00	170.51 ✓
			LAUNDRY								
	8400368238	06/30/2021	06/24/2021	07/19/2021				121.55	0.00	0.00	121.55 ✓
			LAUNDRY								
	8400368290	06/30/2021	06/24/2021	07/19/2021				69.43	0.00	0.00	69.43 ✓
			LAUNDRY								
	8400368240	06/30/2021	06/24/2021	07/19/2021				170.07	0.00	0.00	170.07 ✓
			LAUNDRY								
	8400368241	06/30/2021	06/24/2021	07/19/2021				194.90	0.00	0.00	194.90 ✓
			LAUNDRY								
	8400368259	06/30/2021	06/24/2021	07/19/2021				84.83	0.00	0.00	84.83 ✓
			LAUNDRY								
	8400368239	06/30/2021	06/24/2021	07/19/2021				176.36	0.00	0.00	176.36 ✓
			LAUNDRY								
	8400368236	06/30/2021	06/24/2021	07/19/2021				41.07	0.00	0.00	41.07 ✓
			LAUNDRY								
	8400368272	06/30/2021	06/24/2021	07/19/2021				1,664.99	0.00	0.00	1,664.99 ✓
			LAUNDRY								
	8400368541	06/30/2021	06/28/2021	07/23/2021				1,806.23	0.00	0.00	1,806.23 ✓
			LAUNDRY								
	8400368519	06/30/2021	06/28/2021	07/23/2021				45.16	0.00	0.00	45.16 ✓
			LAUNDRY								
	8400368518	06/30/2021	06/28/2021	07/23/2021				45.15	0.00	0.00	45.15 ✓
			LAUNDRY								

Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
U1054			UNIFIRST HOLDING ✓		4,690.31	0.00	0.00	4,690.31		
Vendor#	Vendor Name		Class		Pay Code					
12400	UPDOX LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV00263315	06/30/2021	06/30/2021	06/30/2021				800.00	0.00	0.00	800.00 ✓
		FAXING								

	Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
	12400			UPDOX LLC		800.00	0.00	0.00	800.00		
Vendor#			Vendor Name			Class	Pay Code				
U2000			US POSTAL SERVICE								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	062921	06/30/2021	06/29/2021	06/29/2021				2,200.00	0.00	0.00	2,200.00
	POSTAGE										

	Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
	U2000			US POSTAL SERVIC		2,200.00	0.00	0.00	2,200.00		
Vendor#			Vendor Name		Class	Pay Code					
V1056			VICTORIA AIR CONDITIONING LTD W		✓						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	185257	✓ 06/30/2021	09/14/2020	09/14/2020				1,890.49	0.00	0.00	1,890.49
			MOTOR								✓
	185758	✓ 06/30/2021	09/14/2020	09/14/2020				422.00	0.00	0.00	422.00
			AHU REPAIR								✓

Vendor Totals:		Number	Name		Gross		Discount		No-Pay		Net
V1056			VICTORIA AIR CON		2,312.49		0.00		0.00		2,312.49
Vendor#			Vendor Name		Class		Pay Code				
V1058			VICTORIA ANESTHESIOLOGY		W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

063021	06/30/2021	06/30/2021	06/30/2021	42,187.17	0.00	0.00	42,187.17
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ANESTHESIA

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
V1058		VICTORIA ANESTHI	42,187.17	0.00	0.00	42,187.17
Vendor#		Vendor Name	Class		Pay Code	
10793		WAGeworks, INC.				

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
070621	07/07/2021	07/06/2021	07/06/2021				3,532.48	0.00	0.00	3,532.48

PAYROLL DED

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10793		WAGeworks, INC.	3,532.48	0.00	0.00	3,532.48
Vendor#		Vendor Name	Class		Pay Code	
W1005		WALMART COMMUNITY	W			

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
02873	06/30/2021	05/20/2021	07/14/2021				-2.76	0.00	0.00	-2.76

CREDIT

552642	06/30/2021	06/02/2021	07/14/2021				81.20	0.00	0.00	81.20
--------	------------	------------	------------	--	--	--	-------	------	------	-------

SUPPLIES

507991	06/30/2021	06/07/2021	07/14/2021				70.84	0.00	0.00	70.84
--------	------------	------------	------------	--	--	--	-------	------	------	-------

SUPPLIES

061921	06/30/2021	06/19/2021	07/14/2021				6.44	0.00	0.00	6.44
--------	------------	------------	------------	--	--	--	------	------	------	------

FINANCE CHARGE

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
W1005		WALMART COMMU	155.72	0.00	0.00	155.72

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	328,279.41	0.00	0.00	328,279.41

pg 3 correction { <3,342.03>
<16.58>

pg 14 correction { <6,000.00>
\$318,920.80

APPROVED
ON
JUL 09 2021
CITY CLERK
CALLEDON COUNTY, TEXAS

CR#
191009-
191100

328,279.41
3,342.03
16.58
6,000.00
318,920.80

7/9/2021

tmp__cw5report1533074026953668116.html

07/09/2021

MEMORIAL MEDICAL CENTER

0

14:43

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor#

Vendor Name

Class

Pay Code

T2900

3M COMPANY ✓

M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
SC87045	✓ 06/30/2021	06/01/2021	06/26/2021				15,704.57	0.00	0.00	15,704.57 ✓

SOFTWARE

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

T2900

3M COMPANY

15,704.57

0.00

0.00

15,704.57

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

15,704.57

0.00

0.00

15,704.57

APPROVED
ON

JUL 09 2021

CHK#
191008

COURTNEY AMERSON
CALLEDON COUNTY, TEXAS

RUN DATE: 07/08/21
TIME: 16:22

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1
APCDEDIT

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
		070721	123.00	✓	2	REFUND FOR	
ARID=0001 TOTAL			123.00				
TOTAL			123.00				

APPROVED
ON
JUL 09 2021
COUNTY CLERK
GARLAND COUNTY, TEXAS

ck#
19110p

McKESSON

STATEMENT

As of: 07/09/2021

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 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory:

Customer: 632536
Date: 07/10/2021

As of: 07/09/2021
Mail to:

Page: 002
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 07/10/2021 ITEMS NOT PAID (✓)

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 5,820.58 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 07/13/2021,
Pay This Amount: 5,704.18 USD

If Paid After 07/13/2021,
Pay this Amount: 5,820.58 USD

Due If Paid On Time: 5,704.18
USD
Disc lost if paid late: 116.40

Due If Paid Late:
USD 5,820.58

34 * 31 +
4 * 804 * 26 +
0 * 16 +
865 * 45 +
5 * 704 * 18 *

CK# 500214

APPROVED
OK

JUL 12 2021

COUNTY AUDITOR
SALAS COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

2021/07/13 06:42:30 2 / 7

McKESSON

STATEMENT

As of: 07/09/2021

Page: 001

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

Company: 8000

DC: 8115

As of: 07/09/2021
Mail to:

Page: 001
Comp: 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

Territory: 400

Customer: 190813
Date: 07/10/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 07/10/2021 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813	HEB PHCY 0434/MEM MED PHS										
07/04/2021	07/13/2021	7279702986	2017032051	115Invoice	0.70	35.01		34.31✓		7279702986	

*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: 35.01 USD

Future Due: 0.00

If Paid By 07/13/2021,
Pay This Amount:

34.31 USD

Due If Paid On Time:
USD

34.31✓

Past Due: 0.00

Disc lost if paid late:

0.70

Last Payment 11,505.01
07/05/2021

If Paid After 07/13/2021,
Pay this Amount:

35.01 USD

Due If Paid Late:
USD

35.01

CHK# ~~500212~~

APPROVED
ON

JUL 12 2021

COUNTY CLERK
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

As of: 07/09/2021

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 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

OC: 8115

Territory: 400

Customer: 256342
Date: 07/10/2021

As of: 07/09/2021 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 07/10/2021 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											
17/03/2021	07/13/2021	7279854712	0702210657	115Invoice	4.00	199.78		195.78 ✓		7279854712	
17/04/2021	07/13/2021	7279754330	11527297	115Invoice	15.29	764.34		749.05 ✓		7279754330	
17/04/2021	07/13/2021	7279754332	11547013	115Invoice	12.96	647.94		634.98 ✓		7279754332	
17/04/2021	07/13/2021	7279754333	11605552	115Invoice	15.28	764.23		748.95 ✓		7279754333	
17/04/2021	07/13/2021	7279754334	11640030	115Invoice	5.10	254.82		249.72 ✓		7279754334	
17/06/2021	07/13/2021	7279767344	11688249	115Invoice	0.01	0.49		0.48 ✓		7279767344	
17/06/2021	07/13/2021	7279953789	0702210846	195Invoice	8.47	423.74		415.27 ✓		7279953789	
17/06/2021	07/13/2021	7279953790	0705210955	115Invoice	0.21	10.61		10.40 ✓		7279953790	
17/07/2021	07/13/2021	7280145413	11723329	115Invoice	8.64	431.96		423.32 ✓		7280145413	
17/07/2021	07/13/2021	7280349787	0706210847	195Invoice	5.52	276.14		270.62 ✓		7280349787	
17/08/2021	07/13/2021	7280412298	11816134	115Invoice		0.16		0.16 ✓		7280412298	
17/08/2021	07/13/2021	7280412299	11816134	115Invoice	0.02	0.95		0.93 ✓		7280412299	
17/08/2021	07/13/2021	7280602455	0707210638	115Invoice	5.54	277.09		271.55 ✓		7280602455	
17/09/2021	07/13/2021	7280673953	11837489	115Invoice		0.16		0.16 ✓		7280673953	
17/09/2021	07/13/2021	7280673954	11837489	115Invoice	13.25	662.27		649.02 ✓		7280673954	
17/09/2021	07/13/2021	7280673956	11837489	115Invoice	1.31	65.46		64.15 ✓		7280673956	
17/09/2021	07/13/2021	7280673958	0708211535-00	115Invoice	1.24	62.07		60.83 ✓		7280673958	
17/09/2021	07/13/2021	7280673959	11871831	115Invoice		0.16		0.16 ✓		7280673959	
17/09/2021	07/13/2021	7280855689	0708210822	195Invoice	1.20	59.93		58.73 ✓		7280855689	

*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: 4,902.30 USD

Future Due: 0.00

If Paid By 07/13/2021,
Pay This Amount:

4,804.26 USD

Past Due: 0.00

If Paid After 07/13/2021,
Pay this Amount:

4,902.30 USD

Last Payment 11,505.01
07/05/2021

Due If Paid On Time:
USD 4,804.26
Disc lost if paid late:
98.04
Due If Paid Late:
JUL 12 2021
USD 4,902.30

SECURITY AGREEMENT
GARLAND COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

2021/07/13 06:42:30 4 / 7

McKESSON**STATEMENT**

As of: 07/09/2021

Page: 001

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

DC: 8115

As of: 07/09/2021
Mail to:Page: 001
Comp: 8000HEB PHY FC 490/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 400

Customer: 464450
Date: 07/10/2021AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 464450 PLEASE CHECK ANY
Date: 07/10/2021 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 464450 HEB PHY FC 490/MEM MC PHS											
07/06/2021	07/13/2021	7279744028	55x491920	115 Invoice		0.16		0.16	✓	7279744028	

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

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

Subtotals: 0.16 USD

Future Due: 0.00

If Paid By 07/13/2021,
Pay This Amount:

0.16 USD

Due If Paid On Time:
USD
Disc lost if paid late:0.16
0.00

Past Due: 0.00

If Paid After 07/13/2021,
Pay this Amount:

0.16 USD

Due If Paid Late:
USD

0.16

Last Payment 11,505.01
07/05/2021APPROVED
ON
JUL 12 2021
CHERYL A. BENTON
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON**STATEMENT**

As of: 07/09/2021

Page: 001

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

Company: 8000

DC: 8115

As of: 07/09/2021

Page: 001

Mail to:

Comp: 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

Territory: 400

Customer: 835438

Date: 07/10/2021

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438

PLEASE CHECK ANY

Date: 07/10/2021

ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS											
17/08/2021	07/13/2021	7280620194	1250528	115Invoice	17.66	883.11		865.45	✓	7280620194	

*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:

883.11 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 11,505.01
17/05/2021If Paid By 07/13/2021,
Pay This Amount:

865.45 USD

If Paid After 07/13/2021,
Pay this Amount:

883.11 USD

Due If Paid On Time:
USD

865.45

Disc lost if paid late:

17.66

Due If Paid Late:
USD

883.11

APPROVED
ON

JUL 12 2021

COUNTY CLERK
CALHOUN COUNTY, TEXAS

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



STATEMENT

Statement Number: 61235864
Date: 07-09-2021

1 of 1

Serviced 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:	995.45
Past Due:	0.00
Total Due:	995.45
Account Balance:	995.45

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
07-06-2021	07-16-2021	3060459816	161911	Invoice	60.97		0.00	60.97
07-06-2021	07-16-2021	3060459817	161956	Invoice	9.58		0.00	9.58
07-06-2021	07-16-2021	3060603012	161963	Invoice	386.86		0.00	386.86
07-08-2021	07-16-2021	3060875670	161977	Invoice	97.50		0.00	97.50
07-09-2021	07-16-2021	3061005729	161987	Invoice	440.54		0.00	440.54

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
995.45	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
07-09-2021	(2,320.20)

Reminders

Due Date	Amount
07-16-2021	995.45
Total Due:	995.45

CHK 500215

APPROVED
ON

JUL 12 2021

COUNTY AND
CALHOUN COUNTY, ALA

f

2021/07/13 06:42:30 7 / 7

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- July 6, 2021 - July 11, 2021**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>	<u>Amount</u>	<u>CI</u>
7/6/2021	STATE COMPTLR TEXNET 02749476/10702 2100002	ACCRUED DSRIP WAIVER IGT	595049.15*	
7/6/2021	PAY PLUS ACHTRANS 452579291 101000690569843	- 3rd Party Payor Fee	82.27	
7/6/2021	MERCHANT BANKCD FEE 971160910883 91000014814	- Credit Card Processing Fee	9.95	
7/6/2021	MERCHANT BANKCD FEE 971160913887 91000014814	- Credit Card Processing Fee	180.09	
7/6/2021	MERCHANT BANKCD INTERCHNG 971160913887 910000	- Credit Card Processing Fee	118.75	
7/6/2021	MERCHANT BANKCD DISCOUNT 971160913887 910000	- Credit Card Processing Fee	213.3	
7/6/2021	MERCHANT BANKCD DISCOUNT 971160910883 910000	- Credit Card Processing Fee	19.95	
7/6/2021	MCKESSON DRUG AUTO ACH ACH04642165 910000173	- 340B Drug Program Expense	11505.01*	
7/6/2021	FDGL LEASE PYMT 052-1601830-000 410001235022	- Credit Card Machine Lease Expense	32.45	
7/6/2021	FDGL LEASE PYMT 052-1479214-000 410001229249	- Credit Card Machine Lease Expense	40.02	
7/6/2021	FDGL LEASE PYMT 052-1479213-000 410001229249	- Credit Card Machine Lease Expense	43.26	
7/6/2021	FDGL LEASE PYMT 052-1479468-000 410001229250	- Credit Card Machine Lease Expense	69.24	
7/7/2021	PAY PLUS ACHTRANS 452579291 101000692083395	- 3rd Party Payor Fee	57.24	
7/8/2021	PAY PLUS ACHTRANS 452579291 101000693201115	- 3rd Party Payor Fee	106.16	
7/9/2021	PAY PLUS ACHTRANS 452579291 101000693901378	- 3rd Party Payor Fee	94.34	
7/9/2021	EXPERTPAY EXPERTPAY 746003411 91000011041118	-Child Support Payment -Payroll Ending	614.2	
7/9/2021	AMERISOURCE BERG PAYMENTS 0100007768 21000002	- 340B Drug Program Expense	2320.2*	
7/9/2021	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	288093.1*	
7/9/2021	IRS USATAXPYMT 220159013983757 6103601000323	- Payroll Taxes	94245.4*	
			992,894.08	

Jason Anglin, CEO
Memorial Medical Center

July 11, 2021

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

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>	<u>Amount</u>
8/6/2021	ACH Payment STATE COMPTLR TEXNET	UHRIP	28,646.09
			28,646.09

Jason Anglin, CEO
Memorial Medical Center

July 11, 2021

PAY PLUS
82.27 +
57.24 +
106.16 +
94.34 +
540.01 +
CC Fees
9.95 +
180.09 +
118.75 +
213.30 +
19.95 +
32.45 +
40.02 +
43.26 +
69.24 +
57.24 +
106.16 +
94.34 +
127.01 +
Expert Pay
614.20 +
2320.20 +
288093.10 +
94245.40 +
340.01 +
727.01 +
614.20 +
1.681.22 +
992.694.08 +
545.078.15 +
11.305.01 +
2.320.20 +
288.093.10 +
90.245.40 +
1.681.22 +
1.681.22 +
0.00 +

* Approved 07-07-21 CC
** Approved 06-23-21 CC



Electronic Payment Network

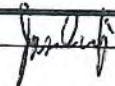


Texas Comptroller of Public Accounts

Transaction Summary

Transaction Complete

Texas Health and Human Services Commission Memorial Medical Center Operating County

Payment Total	\$28,646.09
Bank Routing and Account Number	
Settlement Date	8/6/2021
UHRIP Amount	\$28,646.09
Entered By	Jason Anglin 

61 # 10370000

Funding Entity	Facility	PGY4 Additional Non-Federal Share Allocation (Aug'21)
NCHD	DRISCOLL CHILDRENS HOSPITAL	-
NCHD	PAM REHABILITATION HOSPITAL OF CORPUS CHRISTI	4,437.46
NCHD	CBSH,LLC-	9,050.06
NCHD	PAM REHABILITATION HOSPITAL OF VICTORIA	-
NCHD	POST ACUTE SPECIALTY HOSPITAL OF CORPUS CHRISTI LL	-
NCHD	PAM SPECIALTY HOSPITAL OF VICTORIA SOUTH	-
NCHD	CORPUS CHRISTI MEDICAL CENTER	551,474.90
NCHD	PAM SPECIALTY HOSPITAL OF VICTORIA NORTH	-
NCHD	CORPUS CHRISTI REHABILITATION HOSPITAL LLC	6,953.95
NCHD	DETAR HOSPITAL-DETAR HOSPITAL NAVARRO	167,197.88
NCHD	DUBUIS HOSPITAL OF CORPUS CHRISTI	-
NCHD	CHRISTUS SPOHN HEALTH SYSTEM CORPORATION	75,107.82
NCHD	CHRISTUS SPOHN HOSPITAL KLEBERG	67,923.93
NCHD	CHRISTUS SPOHN HOSPITAL BEEVILLE	75,057.79
NCHD	CHRISTUS SPOHN HOSPITAL CORPUS CHRISTI	555,947.07
Nueces County Hospital District Total Non-Federal Share		1,513,150.85
Self	CITIZENS MEDICAL CENTER COUNTY OF VICTORIA	91,029.27
Self	KARNES COUNTY HOSPITAL DISTRICT	15,021.12
Self	MEMORIAL MEDICAL CENTER	28,646.09
Self	REFUGIO COUNTY MEMORIAL HOSPITAL DISTRICT	9,840.16
Self Total Non-Federal Share		144,536.64
Nueces SDA Total Non-Federal Share		1,657,687.49

Jason Anglin

From: Luba Kubinski <luba@ahcv.com>
Sent: Friday, July 9, 2021 6:51 PM
To: Steve.King@dchstx.org; Eric.Hamon@dchstx.org; ksnook@postacutecorporate.com; HBernal@pamrehab.com; Steve.Takacs@surgerypartners.com; Julie.Wittwer@surgerypartners.com; Nicosia Chris; angelajones@ernesthealth.com; MichaelPierce@ernesthealth.com; Mike_Healey@chs.net; eric_graves@chs.net; michael_tea@chs.net; Harrison, Jaclynn J.; czafero@cmcvtx.org; pstrauss@cmcvtx.org; Duane.Woods@cmcvtx.org; David Lee; Jason Anglin; Susan Parker; 'jmoehler@rcmhospital.org'
Cc: David Elliot; Robin Daniel
Subject: Nueces - UHRIP PGY4 Additional IGT Notification
Attachments: 20210707 DRAFT Nueces SDA PGY4 Additional IGT Allocation.xlsx; TexNet User Guide.pdf; UHRIP Year 4 Additional IGT by SDA.xlsx

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Dear All,

Based on HHSC's notification email below, the PGY4 Additional IGT submission deadline is **Thursday, August 5th**, and the Nueces SDA will need to submit **\$1,657,687.49** in IGT expense. To ensure 100% funding of the SDA prior to HHSC's deadline, we are requesting confirmation of the amounts and funding sources within the attached Allocation Summary by the deadlines listed below.

PRIVATE HOSPITALS:

Please review the requested IGT amounts for your facility and provide any comments or questions no later than **Friday, July 16, 2021**. If we do not hear from your organization, we will assume your organization is in agreement with the requested IGT.

PUBLIC HOSPITALS:

Please provide a copy of the TexNet sent to HHSC by **EOD Thursday, July 29th** to those copied on this email. If you expect the amount will be different than the amount noted within the attached Allocation Summary, please let us know as soon as possible.

Please let me and those copied on this email know if you have any questions going forward.

Best regards,

Luba Kubinski
Financial Analyst
AHCV - Adelanto HealthCare Ventures L.L.C.
401 W. 15th Street, Suite 840
Austin, TX 78701

Direct: 512-508-9545

<https://ahcv.com/>

From: HHSC PFD UHRIP Payments <PFD_UHRIP_Payments@hhs.texas.gov>

Sent: Wednesday, July 7, 2021 9:31 AM

Subject: UHRIP Year 4 Additional IGT Notification

UHRIP Providers,

This additional call for IGT is based on the enhanced FMAP rate.

Caseload has increased at a greater rate than initially projected at the beginning of the fiscal year which has increased UHRIP payments. Due to this increase in caseload, we need additional IGT for the remainder of Program Year 4. UHRIP providers will receive commensurate increases in the payments received from MCOs.

HHSC is providing notification that the IGT for the remainder of 2021 UHRIP must be entered into TexNet no later than close of business **Thursday August 5, 2021** with a **settlement date of August 6, 2021**. These funds will need to be placed in the "UHRIP" Bucket. The amount that needs to be entered into TexNet are calculated by SDA in cells B4-B16 of the attached "UHRIP Year 4 Additional IGT by SDA" workbook.

If the TexNet is entered online, please provide a screen shot or PDF of the confirmation/trace sheet and reference which SDA the funds should be allocated towards in the body of the email. If the TexNet is entered over the phone, please provide the confirmation number. Please send an email with this information to PFD_UHRIP_Payments@hhs.texas.gov

Please email any questions to PFD_UHRIP_Payments@hhs.texas.gov.

Thank you,

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

Texas Health and Human Services Commission
Attention: Provider Finance Department
North Austin Complex
4601 Guadalupe St
Austin, TX 78751 Mail Code H-400
P.O. Box 149030
Austin, Texas 78714-9030



TEXAS
Health and Human
Services

[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.

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This additional call for IGT is based on the enhanced FMAP rate.

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If the TexNet is entered online, please provide a screen shot or PDF of the confirmation/trace sheet and reference which SDA the funds should be allocated towards in the body of the email. If the TexNet is entered over the phone, please provide the confirmation number. Please send an email with this information to PFD_UHRIP_Payments@hhs.texas.gov

Please email any questions to PFD_UHRIP_Payments@hhs.texas.gov.

Thank you,

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

Texas Health and Human Services Commission
Attention: Provider Finance Department
North Austin Complex
4601 Guadalupe St
Austin, TX 78751 Mail Code H-400
P.O. Box 149030
Austin, Texas 78714-9030



TEXAS
Health and Human
Services

07/08/2021

MEMORIAL MEDICAL CENTER

0

16:27

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
062921A	06/30/2021	06/29/2021	07/29/2021				1,480.00	0.00	0.00	1,480.00
062921B	06/30/2021	06/29/2021	07/29/2021				185.50	0.00	0.00	185.50

TRANSFER NH insurance pymt deposited into mmc operating
 TRANSFER "

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11816		ASHFORD GARDEN	1,665.50	0.00	0.00	1,665.50

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,665.50	0.00	0.00	1,665.50

APPROVED
 ON
 JUL 09 2021 CCH
 191101
 COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

07/08/2021

MEMORIAL MEDICAL CENTER

0

16:28

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor#

Vendor Name

Class

Pay Code

11824

THE CRESCENT

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
062921A	06/30/2021	06/29/2021	07/29/2021				556.50	0.00	0.00	556.50

TRANSFER

NH insurance pymt deposited into mmc openly

Vendor Totals:

Number

Name

Gross

Discount

No-Pay

Net

11824

THE CRESCENT

556.50

0.00

0.00

556.50

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

556.50

0.00

0.00

556.50

APPROVED
ON

JUL 09 2021

ck#

191107

COURTNEY AMESTON
CALHOUN COUNTY, TEXAS

07/08/2021

MEMORIAL MEDICAL CENTER

0

16:27

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
062921C	06/30/2021	06/29/2021	07/29/2021				636.00	0.00	0.00	636.00
	TRANSFER									
062921A	06/30/2021	06/29/2021	07/29/2021				3,307.16	0.00	0.00	3,307.16
	TRANSFER									
062921B	06/30/2021	06/29/2021	07/29/2021				315.97	0.00	0.00	315.97
	TRANSFER									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11836		GOLDENCREEK HE	4,259.13	0.00	0.00	4,259.13

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	4,259.13	0.00	0.00	4,259.13

APPROVED
ON

JUL 09 2021

ck#
191103COURTNEY AMERSON
CLERK
CALHOUN COUNTY, TEXAS

07/08/2021

MEMORIAL MEDICAL CENTER

0

16:26

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor#

Vendor Name

Class

Pay Code

12696

GULF POINTE PLAZA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
062821	06/30/2021	06/28/2021	07/29/2021				3,953.89	0.00	0.00	3,953.89 ✓
062921	06/30/2021	06/29/2021	07/29/2021				1,680.00	0.00	0.00	1,680.00 ✓
062921A	06/30/2021	06/29/2021	07/29/2021				2,215.00	0.00	0.00	2,215.00 ✓
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
12696			GULF POINTE PLAZ			7,848.89	0.00	0.00	7,848.89	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	7,848.89	0.00	0.00	7,848.89

APPROVED
ON

JUL 09 2021

CHK#
191104COUNTY CLERK
CALHOUN COUNTY, TEXAS

07/08/2021

MEMORIAL MEDICAL CENTER

0

16:23

AP Open Invoice List

ap_open_invoice.template

Dates Through:

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
062821	06/30/2021	06/28/2021	07/29/2021				11,390.56	0.00	0.00	11,390.56

TRANSFER *NH insurance pymt deposited into mme operating*

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12792	BETHANY SENIOR I	11,390.56	0.00	0.00	11,390.56	

Report Summary

Grand Totals:

Gross	Discount	No-Pay	Net
11,390.56	0.00	0.00	11,390.56

APPROVED
OK

JUL 09 2021

ck#
191102COURTNEY A. BENTON
CLERK OF COURTS
CALHOUN COUNTY, TEXAS

07/08/2021

MEMORIAL MEDICAL CENTER

0

16:25

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor#

Vendor Name

Class

Pay Code

13004

TUSCANY VILLAGE ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
062821	06/30/2021	06/28/2021	07/29/2021				900.69	0.00	0.00	900.69 ✓

062921	06/30/2021	06/29/2021	07/29/2021				658.00	0.00	0.00	658.00 ✓
--------	------------	------------	------------	--	--	--	--------	------	------	----------

TRANSFER

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
13004		TUSCANY VILLAGE	1,558.69	0.00	0.00	1,558.69

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,558.69	0.00	0.00	1,558.69

APPROVED
ON

JUL 09 2021

chk#
191105COURTNEY ANANTOR
CALHOUN COUNTY, TEXAS

8

RUN DATE:07/13/21
TIME:13:25

MEMORIAL MEDICAL CENTER
CHECK REGISTER
07/14/21 THRU 07/14/21

PAGE 1
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE

A/P	191008	07/14/21	15,704.57	3M COMPANY
A/P	191009	07/14/21	284.09	ACE HARDWARE 15521
A/P	191010	07/14/21	4,728.00	ADVANCED STERILIZATION PRODUCT
A/P	191011	07/14/21	119.89	ALIMED INC.
A/P	191012	07/14/21	87.00	AMBU INC
A/P	191013	07/14/21	5,745.00	AMERICAN CONSTRUCTION
A/P	191014	07/14/21	40.69	BAXTER HEALTHCARE
A/P	191015	07/14/21	.00	VOIDED
A/P	191016	07/14/21	36,524.07	BECKMAN COULTER, INC.
A/P	191017	07/14/21	5,230.00	BUILDING KID STEPS
A/P	191018	07/14/21	134.00	CABLES AND SENSORS
A/P	191019	07/14/21	94.20	CALHOUN COUNTY
A/P	191020	07/14/21	161.68	CARDINAL HEALTH 414, INC.
A/P	191021	07/14/21	980.00	CARIANT HEALTH PARTNERS
A/P	191022	07/14/21	8.29	CAVALLO ENERGY TEXAS LLC
A/P	191023	07/14/21	1,861.10	CDW GOVERNMENT, INC.
A/P	191024	07/14/21	500.00	CHEMAQUA
A/P	191025	07/14/21	1,112.50	CLEARFLY
A/P	191026	07/14/21	132.88	COOPER SURGICAL INC
A/P	191027	07/14/21	71,693.76	COVIDIEN
A/P	191028	07/14/21	550.00	DASHBOARD MD
A/P	191029	07/14/21	.00	VOIDED
A/P	191030	07/14/21	.00	VOIDED
A/P	191031	07/14/21	2,669.13	DEWITT POTH & SON
A/P	191032	07/14/21	23.72	DONN STRINGO
A/P	191033	07/14/21	784.60	DOWNTOWN CLEANERS
A/P	191034	07/14/21	556.50	EVOQUA WATER TECHNOLOGIES LLC
A/P	191035	07/14/21	435.00	FIRETROL PROTECTION SYSTEMS
A/P	191036	07/14/21	2,231.27	FISHER HEALTHCARE
A/P	191037	07/14/21	74.49	FRONTIER
A/P	191038	07/14/21	1,084.56	FUSION CLOUD SERVICES, LLC
A/P	191039	07/14/21	454.50	GRAINGER
A/P	191040	07/14/21	50.00	GULF COAST DELIVERY
A/P	191041	07/14/21	541.30	GULF COAST PAPER COMPANY
A/P	191042	07/14/21	296.47	GULF COAST SCIENTIFIC
A/P	191043	07/14/21	134.75	HEALTH CARE LOGISTICS INC
A/P	191044	07/14/21	7,908.33	HITACHI HEALTHCARE
A/P	191045	07/14/21	339.37	INTERSTATE ALL BATTERY CENTER
A/P	191046	07/14/21	2,592.39	JOHNGSELF + PARTNERS, INC
A/P	191047	07/14/21	1,760.00	KOETTER FIR PROTECTION
A/P	191048	07/14/21	279.20	KYLE DANIEL
A/P	191049	07/14/21	790.86	M G TRUST
A/P	191050	07/14/21	109.07	MARKETLAB, INC
A/P	191051	07/14/21	420.79	MCKESSON MEDICAL SURGICAL INC
A/P	191052	07/14/21	206.25	MEDI-DOSE, INC
A/P	191053	07/14/21	.00	VOIDED
A/P	191054	07/14/21	.00	VOIDED
A/P	191055	07/14/21	.00	VOIDED
A/P	191056	07/14/21	.00	VOIDED
A/P	191057	07/14/21	28,210.33	MEDLINE INDUSTRIES INC

RUN DATE:07/13/21
TIME:13:25

MEMORIAL MEDICAL CENTER
CHECK REGISTER
07/14/21 THRU 07/14/21

PAGE 2
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	191058	07/14/21	237.71	MEMORIAL MEDICAL CLINIC
A/P	191059	07/14/21	121.77	MMC AUXILIARY GIFT SHOP
A/P	191060	07/14/21	.00	VOIDED
A/P	191061	07/14/21	3,815.28	MORRIS & DICKSON CO, LLC
A/P	191062	07/14/21	1,200.09	MXR IMAGING, INC
A/P	191063	07/14/21	225.68	NACOGDOCHES TRANSCRIPTION
A/P	191064	07/14/21	384.22	NEW DISTRIBUTING
A/P	191065	07/14/21	376.18	OFFICE DEPOT
A/P	191066	07/14/21	781.92	OLYMPUS AMERICA INC
A/P	191067	07/14/21	.00	VOIDED
A/P	191068	07/14/21	3,190.65	PARTSSOURCE, LLC
A/P	191069	07/14/21	1,100.00	PATRICK OCHOA
A/P	191070	07/14/21	2,293.00	PERRY MECHANICAL SYSTEM
A/P	191071	07/14/21	2,275.00	POC ELECTRIC, LLC
A/P	191072	07/14/21	43.56	POWER HARDWARE
A/P	191073	07/14/21	7,350.00	PREMIER SLEEP DISORDERS CENTER
A/P	191074	07/14/21	350.00	PROMETHEUS LABORATORIES, INC
A/P	191075	07/14/21	7,987.50	PROTOUCH STAFFING
A/P	191076	07/14/21	352.69	QIAGEN INC
A/P	191077	07/14/21	25,447.06	RELIANT, DEPT 0954
A/P	191078	07/14/21	2,831.00	RN NETWORK
A/P	191079	07/14/21	344.26	SAM'S CLUB DIRECT
A/P	191080	07/14/21	544.83	SERVICE SUPPLY OF VICTORIA INC
A/P	191081	07/14/21	32.21	SHERWIN WILLIAMS
A/P	191082	07/14/21	2,193.83	SIEMENS MEDICAL SOLUTIONS INC
A/P	191083	07/14/21	400.00	SIGN AD, LTD.
A/P	191084	07/14/21	188.94	SMILE MAKERS
A/P	191085	07/14/21	1,902.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	191086	07/14/21	98.54	SPARKLIGHT
A/P	191087	07/14/21	1,602.81	STRYKER ENDOSCOPY
A/P	191088	07/14/21	2,606.64	STRYKER SUSTAINABILITY
A/P	191089	07/14/21	4,821.35	SUN LIFE ASSURANCE COMPANY
A/P	191090	07/14/21	431.42	T-SYSTEM, INC
A/P	191091	07/14/21	3,187.50	TEXAS SELECT STAFFING
A/P	191092	07/14/21	784.96	TMS SOUTH
A/P	191093	07/14/21	1,600.00	TRINITY PHYSICS CONSULTING LLC
A/P	191094	07/14/21	4,690.31	UNIFIRST HOLDINGS
A/P	191095	07/14/21	800.00	UPDOX LLC
A/P	191096	07/14/21	2,200.00	US POSTAL SERVICE
A/P	191097	07/14/21	2,312.49	VICTORIA AIR CONDITIONING LTD
A/P	191098	07/14/21	42,187.17	VICTORIA ANESTHESIOLOGY
A/P	191099	07/14/21	3,532.48	WAGeworks, INC.
A/P	191100	07/14/21	155.72	WALMART COMMUNITY
A/P	191101	07/14/21	1,665.50	ASHFORD GARDENS
A/P	191102	07/14/21	11,390.56	BETHANY SENIOR LIVING
A/P	191103	07/14/21	4,259.13	GOLDENCREEK HEALTHCARE
A/P	191104	07/14/21	7,848.89	GULF POINTE PLAZA
A/P	191105	07/14/21	1,558.69	TUSCANY VILLAGE
A/P	191106	07/14/21	123.00	THE CRESCENT
A/P	191107	07/14/21	556.50	THE CRESCENT
TOTALS:			362,027.64	

Payable 318,920.81
3m 15,704.57
Patient returns 123,000.00
1,665.50
558.69
NH 4,259.13
Transfers 7,848.89
1,558.69
11,390.56
362,027.64

APPROVED
ON

JUL 14 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Request for Transfer of Funds

Date Requested	7/8/2021
Payer	MEDICARE
Requested by:	TATUM GORDON - BUSINESS OFFICE MANAGER
Requestor's email	tgordon@bethany-living.com
Requestor's phone number	361-551-0500
District or County	Calhoun
Facility	Bethany Senior Living

mmartinez@mmcportlavaca.com

[illegible]

Date Received: 7/8/2021
 Approved by: MAYRA MARTINEZ
 Date of transfer: 7/14/2021
 From Facility: ASHFORD
 To Facility: BETHANY
 Amount: 28.04
 Requested Transfer Date #2:
 Date of transfer:
 From Facility:
 To Facility:
 Amount:

APPROVED GPA

JUL 12 2021

**COUNTY AGENT
CALHOUN COUNTY, TEXAS**

Transfer #:
Request for Transfer of Funds

Date Requested	7/8/2021
Payer	MEDICARE
Requested by:	TATUM GORDON - BUSINESS OFFICE MANAGER
Requestor's email	tgordon@bethany-living.com
Requestor's phone number	361-551-0500
District or County	Calhoun
Facility	Bethany Senior Living

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	7/6/2021	EFT		EFT 6011505	CVDAR000026869	28.04	THE BROADMORE CREEKSIDE - AUXILIARY ADVANCE PMT
			TOTAL	-			28.04	

Date Received: 7/8/2021
 Approved by: MAYRA MARTINEZ
 Date of transfer: 7/14/2021
 From Facility: THE BROADMOOR
 To Facility: BETHANY
 Amount: 28.04
 Requested Transfer Date #2:
 Date of transfer:
 From Facility:
 To Facility:
 Amount:

APPROVED
ON

JUL 12 2021

**SCIENTY AGENT FOR
CALLED ON COUNTY, TEXAS**

Request for Transfer of Funds

Date Requested	7/8/2021
Payer	MEDICARE
Requested by:	TATUM GORDON - BUSINESS OFFICE MANAGER
Requestor's email	tgordon@bethany-living.com
Requestor's phone number	361-551-0500
District or County	Calhoun
Facility	Bethany Senior Living

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	7/6/2021	EFT		EFT 6011505	CVDAR000019557	28.04	THE CRESENT - AUXILLARY ADVANCE PMT
			TOTAL	-			28.04	

Date Received: 7/8/2021
Approved by: MAYRA MARTINEZ
Date of transfer: 7/14/2021
From Facility: THE CRESENT
To Facility: BETHANY
Amount: 28.04
Requested Transfer Date #2:
Date of transfer:
From Facility:
To Facility:
Amount:

ASTROPHYSICAL JOURNAL

~~JUL 12 202~~

CLERK COUNTY CLERK
SALAS COUNTY, TEXAS

Request for Transfer of Funds	
Transfer #:	

Facility

Bethany Senior Living

mmartinez@mmcportlavaca.com

<u>Patient Name</u> (REQUIRED)	<u>Date of Service</u> (REQUIRED)	<u>Date of Payment</u>	<u>Type of Payment</u> (Check/EFT)	<u>Amount of Payment shown on</u>	<u>Check Number</u>	<u>Claim Number</u>	<u>Action needed- Enter funds (-) or Funds (+) to YOUR account</u>	<u>Notes</u>
N/A	N/A	7/6/2021	EFT		EFT 6011505	CVDAR000018170	28.04	Solera West Houston - AUXILIARY ADVANCE PMT
			TOTAL	-			28.04	

Amount:

28.04

GOVERNMENT
CALHOUN COUNTY, TEXAS

Request for Transfer of Funds

Date Requested	7/8/2021
Payer	MEDICARE
Requested by:	TATUM GORDON - BUSINESS OFFICE MANAGER
Requestor's email	tgordon@bethany-living.com
Requestor's phone number	361-551-0500
District or County	Calhoun
Facility	Bethany Senior Living

mmartinez@mmcportlavaca.com

[illegible]

Date Received: 7/8/2021
 Approved by: MAYRA MARTINEZ
 Date of transfer: 7/14/2021
 From Facility: TUSCANY
 To Facility: BETHANY
 Amount: 28.04
 Requested Transfer Date #2:
 Date of transfer:
 From Facility:
 To Facility:
 Amount:

JUL 12 2021

COUNTY ANTI-TRUST
CALHOUN COUNTY, TEXAS

Request for Transfer of Funds

Date Requested	7/8/2021
Payer	MEDICARE
Requested by:	TATUM GORDON - BUSINESS OFFICE MANAGER
Requestor's email	tgordon@bethany-living.com
Requestor's phone number	361-551-0500
District or County	Calhoun
Facility	Bethany Senior Living

mmartinez@mmcportlavaca.com

<u>Patient Name</u> (REQUIRED)	<u>Date of Service</u> (REQUIRED)	<u>Date of Payment</u>	<u>Type of Payment</u> (Check/EFT)	<u>Amount of Payment</u> shown on	<u>Check Number</u>	<u>Claim Number</u>	<u>Action needed- Enter funds (-) or Funds (+) to YOUR account</u>	<u>Notes</u>
N/A	N/A	7/6/2021	EFT		EFT 6011505	CVDAR000019540	28.04	GOLDEN CREEK & REHAB - AUXILIARY ADVANCE PMT
			TOTAL	-			28.04	

Date Received: 7/8/2021
 Approved by: MAYRA MARTINEZ
 Date of transfer: 7/14/2021
 From Facility: GOLDEN CREEK
 To Facility: BETHANY
 Amount: 28.04
 Requested Transfer Date #2:
 Date of transfer:
 From Facility:
 To Facility:
 Amount:

**COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

Request for Transfer of Funds

Transfer #: _____

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

[illegible]

To be filled out by Memorial Medical Center:

Date Received: 7/9/2021

Approved by: MAYRA MARTINEZ

Date of transfer: 7/14/2021

From Facility:	SOLERA WEST HOUSTON
----------------	---------------------

To Facility: MM CLINIC

Amount: 277.01

Requested Transfer Date #2: _____
Date of transfer: _____

Date of transfer: _____

From Facility: _____
To Facility: _____

To Facility: _____
Amount: _____

Amount: _____

APPROVED
BY
JUL 12 2021
COUNTY CLERK
COLLINGS COUNTY, TEXAS

RUN DATE:07/14/21
TIME:09:01

MEMORIAL MEDICAL CENTER
CHECK REGISTER
07/14/21 THRU 07/14/21

PAGE 3
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHA 001140 07/14/21 277.01 MEMORIAL MEDICAL CLINIC
NHA 001141 07/14/21 28.04 BETHANY SENIOR LIVING
TOTALS: 305.05

Ashford

APPROVED
OK

JUL 14 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:07/14/21
TIME:09:01

MEMORIAL MEDICAL CENTER
CHECK REGISTER
07/14/21 THRU 07/14/21

PAGE 4
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHB 000102 07/14/21 277.01 MEMORIAL MEDICAL CLINIC
NHB 000103 07/14/21 28.04 BETHANY SENIOR LIVING
TOTALS: 305.05

Bradmoor

RUN DATE:07/14/21
TIME:09:01

MEMORIAL MEDICAL CENTER
CHECK REGISTER
07/14/21 THRU 07/14/21

PAGE 5
GLCKREG

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

NHC	000137	07/14/21	277.01	MEMORIAL MEDICAL CLINIC	<i>Crescent</i>
NHC	000138	07/14/21	28.04	BETHANY SENIOR LIVING	
TOTALS:			305.05		

RUN DATE:07/14/21
TIME:09:01

MEMORIAL MEDICAL CENTER
CHECK REGISTER
07/14/21 THRU 07/14/21

PAGE 6
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHG 000093 07/14/21 277.01 MEMORIAL MEDICAL CLINIC
NHG 000094 07/14/21 28.04 BETHANY SENIOR LIVING
TOTALS: 305.05

golden creek

RUN DATE:07/14/21
TIME:09:01

MEMORIAL MEDICAL CENTER
CHECK REGISTER
07/14/21 THRU 07/14/21

PAGE 7
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHS 001136 07/14/21 277.01 MEMORIAL MEDICAL CLINIC
NHS 001137 07/14/21 28.04 BETHANY SENIOR LIVING
TOTALS: 305.05

Solem

RUN DATE:07/14/21
TIME:09:01

MEMORIAL MEDICAL CENTER
CHECK REGISTER
07/14/21 THRU 07/14/21

PAGE 8
GLCKREG

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

TUS 001027 07/14/21 277.01 MEMORIAL MEDICAL CLINIC
TUS 001028 07/14/21 28.04 BETHANY SENIOR LIVING
TOTALS: 305.05

Tuscany

**MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE**

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

1027

88-2265/1131-87

DATE

7/14/21

CHECK ARMOR
Photo Safe Deposit
Details on back

PAY
TO THE
ORDER OF

Memorial Medical Clinic

\$ 277.01

Two hundred seventy seven & 01/100

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

**MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE**

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

1028

88-2265/1131-87

DATE

7/14/21

CHECK ARMOR
Photo Safe Deposit
Details on back

PAY
TO THE
ORDER OF

Bethany Senior Living

\$ 28.04

Twenty eight & 04/100

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

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000102

88-2265/1131

Date

7/14/21

PAY

TO THE
ORDER OF

Memorial Medical Clinic

\$ 277.01

Two hundred seventy seven & 01/100

DOLLARS



**PROSPERITY
BANK**

FOR Medicare repayment



Security features are
included. Details on back.

MEMORIAL MEDICAL CENTER**NH ASHFORD**

202 S ANN ST STE A

PORT LAVACA TX 77979

1140

88-2265/1131-87

7/14/21

Date



Pay to the

Order of Memorial Medical Clinic \$ 277.01Two hundred Seventy Seven & 01/100 DollarsPhoto
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.comFor Medicare repayment

MP

MEMORIAL MEDICAL CENTER**NH ASHFORD**

202 S ANN ST STE A

PORT LAVACA TX 77979

1141

88-2265/1131-87

7/14/21

Date



Pay to the

Order of Bethany Senior Living \$ 28.04Twenty eight & 04/100 DollarsPhoto
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.comFor Medicare repayment

MP

MEMORIAL MEDICAL CENTER
NH SOLERA AT WEST HOUSTON

202 S ANN ST STE A

PORT LAVACA TX 77979

1136

88-2265/1131-87

7/14/21

Date



Pay to the

Order of Memorial Medical Clinic \$ 277.01Two hundred Seventy Seven & 01/100 DollarsPhoto
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.comFor Medicare repayment

MP

MEMORIAL MEDICAL CENTER
NH SOLERA AT WEST HOUSTON

202 S ANN ST STE A

PORT LAVACA TX 77979

1137

88-2265/1131-87

7/14/21

Date



Pay to the

Order of Bethany Senior Living \$ 28.04Twenty eight & 04/100 DollarsPhoto
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.comFor Medicare repayment

MP

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000103

88-2265/1131

Date 7/14/21**PAY**TO THE
ORDER OFBethany Senior Living\$ 28.04Twenty eight & 04/100**DOLLARS****PROSPERITY
BANK**FOR Medicare repaymentSecurity features are
included. Details on back.

MP

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000137

88-2265/1131

Date 7/14/21**PAY**TO THE
ORDER OFMemorial Medical Clinic\$ 277.01Two hundred Seventy Seven & 01/100**DOLLARS****PROSPERITY
BANK**FOR medicare repaymentSecurity features are
included. Details on back.

MP

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000138

88-2265/1131

Date 7/14/21**PAY**TO THE
ORDER OFBethany Senior Living\$ 28.04Twenty eight & 04/100**DOLLARS****PROSPERITY
BANK**FOR Medicare repaymentSecurity features are
included. Details on back.

MP

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

000093

88-2265/1131

Date

7/14/21

PAYTO THE
ORDER OF

Memorial Medical Clinic

\$ 277.01

Two hundred seventy seven & 01/100

DOLLARS**PROSPERITY
BANK**

FOR Medicare repayment

Security features are
included. Details on back.

MP

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

000094

88-2265/1131

Date

7/14/21

PAYTO THE
ORDER OF

Bethany Senior living

\$ 28.04

Twenty eight & 04/100

DOLLARS**PROSPERITY
BANK**

FOR Medicare repayment

Security features are
included. Details on back.

MP

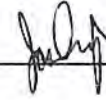
Medicare Repayment

NH Name	From CPSI Bank Acct #	CK#	Payee	GL #		Amt	Date
Ashford	10000018 - Prosperity		MMC -Prosperity Operating #10000001	10262000	Medicare repayment owed to MMC	277.01	7/12/2021
Ashford	10000018 - Prosperity		MMC -Prosperity Operating #10000001	10262000	Medicare repayment owed to BSL	28.04	7/12/2021
Broadmoor	10000019 - Prosperity		MMC -Prosperity Operating #10000001	10262000	Medicare repayment owed to MMC	277.01	7/12/2021
Broadmoor	10000019 - Prosperity		MMC -Prosperity Operating #10000001	10262000	Medicare repayment owed to BSL	28.04	7/12/2021
Crescent	10000020 - Prosperity		MMC -Prosperity Operating #10000001	10262000	Medicare repayment owed to MMC	277.01	7/12/2021
Crescent	10000020 - Prosperity		MMC -Prosperity Operating #10000001	10262000	Medicare repayment owed to BSL	28.04	7/12/2021
Fort Bend	10000021 - Prosperity		MMC -Prosperity Operating #10000001	10262000	Medicare repayment owed to MMC	-	7/12/2021
Fort Bend	10000021 - Prosperity		MMC -Prosperity Operating #10000001	10262000	Medicare repayment owed to BSL	-	7/12/2021
Solera	10000022 - Prosperity		MMC -Prosperity Operating #10000001	10262000	Medicare repayment owed to MMC	277.01	7/12/2021
Solera	10000022 - Prosperity		MMC -Prosperity Operating #10000001	10262000	Medicare repayment owed to BSL	28.04	7/12/2021
Golden Creek	10000023 - Prosperity		MMC -Prosperity Operating #10000001	10262000	Medicare repayment owed to MMC	277.01	7/12/2021
Golden Creek	10000023 - Prosperity		MMC -Prosperity Operating #10000001	10262000	Medicare repayment owed to BSL	28.04	7/12/2021
Tuscany			MMC -Prosperity Operating #10000001	10262000	Medicare repayment owed to MMC	277.01	7/12/2021
Tuscany			MMC -Prosperity Operating #10000001		Medicare repayment owed to BSL	28.04	7/12/2021
						1,830.30	

Note:

Approved:

Jason Anglin, CEO



7/12/2021

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
7/12/2021

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 216844381 115,971.71 ✓ 115,871.71 ✓ 11,855.47 ✓

Bank Balance 11,955.47 ✓
Variance -

Leave in Balance 100.00

MEDICARE REPYMT OWED TO BETHANY -28.04 ✓
MEDICARE REPYMT OWED TO MMCLINIC 277.01 ✓

Routing Information for Ashford Gardens:

Ashford Health Care Center Ltd Co
JP Morgan Chase Bank
ABA 111000614
Account # 448234257

JULY INTEREST
AUG INTEREST
SEP INTEREST
Adjust Balance/Transfer Amt 11,550.42 ✓

Broadmoor 216844403 154,861.02 ✓ 154,761.02 ✓ 32,616.73 ✓

Bank Balance 32,716.73 ✓
Variance -

Leave in Balance 100.00

MEDICARE REPYMT OWED TO BETHANY -28.04 ✓
MEDICARE REPYMT OWED TO MMCLINIC 277.01 ✓

JULY INTEREST
AUG INTEREST
SEP INTEREST
Adjust Balance/Transfer Amt 32,311.68 ✓

Crescent 216844411 46,693.45 ✓ 46,593.45 ✓ 25,936.61 ✓

Bank Balance 26,036.61 ✓
Variance -

Leave in Balance 100.00

MEDICARE REPYMT OWED TO BETHANY -28.04 ✓
MEDICARE REPYMT OWED TO MMCLINIC 277.01 ✓

JULY INTEREST
AUG INTEREST
SEP INTEREST
Adjust Balance/Transfer Amt 25,631.56 ✓

Fort Bend 216844446 26,707.42 ✓ 26,607.42 ✓ 129.79 ✓

Bank Balance 229.79 ✓
Variance -

Leave in Balance 100.00

MEDICARE REPYMT OWED TO BETHANY
MEDICARE REPYMT OWED TO MMCLINIC

JULY INTEREST
AUG INTEREST
SEP INTEREST
Adjust Balance/Transfer Amt 129.79 ✓

Solera at W Houston 216844438 70,112.08 ✓ 70,012.08 ✓ 11,814.05 ✓

Bank Balance 11,914.05 ✓
Variance -

Leave in Balance 100.00

MEDICARE REPYMT OWED TO BETHANY -28.04 ✓
MEDICARE REPYMT OWED TO MMCLINIC 277.01 ✓

JULY INTEREST
AUG INTEREST
SEP INTEREST
Adjust Balance/Transfer Amt 11,509.00 ✓

Routing Information for Crescent / Solera at West

Cantex Health Care Centers III LLC
JP Morgan Chase Bank
ABA 111000614
Account # 937662922

11,550.42 +

32,311.68 +

25,631.56 +

11,509.00 +

81,002.66 *

TOTAL TRANSFERS

Approved:
Jason Anglin, CEO

APPROVED ON

JUL 12 2021

81,002.66
CANTEX HEALTH CARE CENTERS III LLC
SARASOTA COUNTY, TEXAS

Note: Only balances of over \$5,000 will be transferred
Note 2: Each account has a base balance of \$100

7/12/2021

Ashford Gardens

7/7/2021 WIRE OUT ASHFORD HEALTH CARE CENTER LTD
 7/7/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2
 7/8/2021 CK 1138
 7/8/2021 CK 1137
 7/8/2021 CK 1139
 7/8/2021 Deposit
 7/8/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 7/8/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 7/9/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
115,074.75	3,524.68						3,524.68
276.18							
160.27							
360.51							
	2,128.00						2,128.00
	3,623.62						3,623.62
	1,112.23						1,112.23
	1,466.94						1,466.94
115,871.71	11,855.47						11,855.47

Broadmoor

7/6/2021 AARP Supplementa HCCLAIMPMT 746003411 124384
 7/7/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III
 7/7/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384
 7/8/2021 Check100
 7/8/2021 Check99
 7/8/2021 Check101
 7/8/2021 Deposit
 7/8/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384
 7/8/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 7/9/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
154,007.75	880.00						880.00
276.18	7,740.00						7,740.00
116.58							
360.51							
	14,700.00						14,700.00
	8,170.00						8,170.00
	570.23						570.23
	556.50						556.50
154,761.02	32,616.73						32,616.73

Crescent

7/6/2021 MANAGEANDNET1718 MNS PMNT 00000000003268 41
 7/6/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2
 7/7/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III
 7/7/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384
 7/7/2021 NOVITAS SOLUTION HCCLAIMPMT 676323 420000155
 7/8/2021 Check135
 7/8/2021 Check134
 7/8/2021 Check136
 7/8/2021 Deposit
 7/8/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
	90.00						90.00
45,875.15	1,223.46						1,223.46
	1,120.00						1,120.00
276.18	13,318.08						13,318.08
81.61							
360.51							
	8,580.00						8,580.00
	1,605.07						1,605.07
46,593.45	25,936.61						25,936.61

Fort Bend

7/7/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III
 7/8/2021 Check131
 7/8/2021 Check130
 7/8/2021 Check132
 7/9/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
25,921.23							
276.18							
49.50							
360.51							
	129.79						129.79
26,607.42	129.79						129.79

Solera at West Houston

7/6/2021 NOVITAS SOLUTION HCCLAIMPMT 676310 420000180
 7/7/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III
 7/7/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 7/8/2021 Check1134
 7/8/2021 Check1133
 7/8/2021 Check1135
 7/8/2021 Deposit
 7/8/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 7/8/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
	2,702.64						2,702.64
69,247.56							
	51.83						51.83
276.18							
127.83							
360.51							
	4,997.04						4,997.04
	1,759.44						1,759.44
	2,303.10						2,303.10
70,012.08	11,814.05						11,814.05
413,845.68	82,352.65						82,352.65

TOTALS

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

DDA

Data reported as of Jul 12, 2021

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$3,846,949.48	\$3,963,843.92	\$3,846,949.48	\$4,198,128.0
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$14,697.82	\$14,697.82	\$14,697.82	\$5,444.7
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$11,511.90	\$21,265.58	\$11,511.90	\$9,297.2
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.51	\$535.51	\$535.51	\$535.5
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$2,298,720.58	\$2,372,240.51	\$2,298,720.58	\$2,675,090.6
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.14	\$431.14	\$431.14	\$431.1
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$11,955.47 ✓	\$17,275.81	\$11,955.47	\$10,488.5
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$32,716.73 ✓	\$43,918.16	\$32,716.73	\$32,160.2
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$26,036.61 ✓	\$26,036.61	\$26,036.61	\$26,036.6
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$229.79 ✓	\$6,026.22	\$229.79	\$100.0
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$11,914.05 ✓	\$13,331.15	\$11,914.05	\$11,914.0
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,107,607.10	\$1,107,607.10	\$1,107,607.10	\$1,107,607.1
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$246,817.37	\$246,817.37	\$246,817.37	\$246,194.6
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$2,322.41	\$12,072.87	\$2,322.41	\$2,322.4
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$17,026.77	\$17,161.84	\$17,026.77	\$9,181.6
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$64,426.23	\$64,426.23	\$64,426.23	\$61,323.5

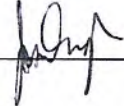
Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
7/12/2021

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		76,323.21	76,223.21	11,411.90		11,511.90	11,106.85
						Bank Balance	11,511.90
						Variance	-
						Leave in Balance	100.00
						MEDICARE REPYMT OWED TO BETHANY	28.04
						MEDICARE REPYMT OWED TO MMCLINIC	277.01

JULY INTEREST
AUG INTEREST
SEP INTEREST

Adjust Balance/Transfer Amt 11,106.85

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

Approved: 
Jason Anglin, CEO

7/12/2021

APPROVED
ON
JUL 12 2021
COUNTY AGENT FOR
GARRETT COUNTY, TEXAS

Golden Creek

7/7/2021 WIRE OUT NEXION HEALTH AT GOLDEN CREEK
 7/7/2021 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9
 7/7/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2
 7/8/2021 Check91
 7/8/2021 Check90
 7/8/2021 Check92
 7/8/2021 Deposit
 7/8/2021 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9
 7/8/2021 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9
 7/9/2021 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9
 7/9/2021 GOLDENCREEKHEALT MERC DEP 1220356 9100001745

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	Q/PP/Comp1	Q/PP/Comp 2	Q/PP/Comp3	Q/PP/Comp4&L apse	Q/PP TI	
75,461.21	-					-	-
-	909.29					-	909.29
-	4,382.28					-	4,382.28
276.18	-					-	-
125.31	-					-	-
360.51	-					-	-
-	1,591.66					-	1,591.66
-	903.00					-	903.00
-	1,411.00					-	1,411.00
-	1,520.00					-	1,520.00
-	694.67					-	694.67
-	-					-	-
76,223.21	11,411.90	-	-	-	-	-	11,411.90

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

DDA

Data reported as of Jul 12, 2021

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$3,846,949.48	\$3,963,843.92	\$3,846,949.48	\$4,198,128.0
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$14,697.82	\$14,697.82	\$14,697.82	\$5,444.7
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$11,511.90	\$21,265.58	\$11,511.90	\$9,297.2
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.51	\$535.51	\$535.51	\$535.5
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$2,298,720.58	\$2,372,240.51	\$2,298,720.58	\$2,675,090.6
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.14	\$431.14	\$431.14	\$431.1
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$11,955.47	\$17,275.81	\$11,955.47	\$10,488.5
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$32,716.73	\$43,918.16	\$32,716.73	\$32,160.2
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$26,036.61	\$26,036.61	\$26,036.61	\$26,036.6
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$229.79	\$6,026.22	\$229.79	\$100.0
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$11,914.05	\$13,331.15	\$11,914.05	\$11,914.0
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,107,607.10	\$1,107,607.10	\$1,107,607.10	\$1,107,607.1
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$246,817.37	\$246,817.37	\$246,817.37	\$246,194.6
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$2,322.41	\$12,072.87	\$2,322.41	\$2,322.4
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$17,026.77	\$17,161.84	\$17,026.77	\$9,181.6
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$64,426.23	\$64,426.23	\$64,426.23	\$61,323.5

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
7/12/2021

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		94,760.76	94,660.76	16,925.77			17,026.77	16,926.77
						Bank Balance	17,026.77	
						Variance		
						Leave in Balance	100.00	

JULY INTEREST
AUG INTEREST
SEP INTEREST
Adjust Balance/Transfer Amt 16,926.77

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		47,293.01	47,193.01	2,222.41			2,322.41	2,222.41
						Bank Balance	2,322.41	
						Variance		
						Leave in Balance	100.00	

JULY INTEREST
AUG INTEREST
SEP INTEREST
Adjust Balance/Transfer Amt 2,222.41

Routing Information for Gulf Pointe Plaza:

TOTAL TRANSFERS -2,222.41

16,924.77

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

7/12/2021

APPROVED
ON
JUL 12 2021
COUNTY CLERK
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay

7/6/2021 HNB - ECHO HCCLAIMPMT 746003411 440000290973
 7/6/2021 HNB - ECHO HCCLAIMPMT 746003411 440000290973
 7/6/2021 HNB - ECHO HCCLAIMPMT 746003411 440000290973
 7/7/2021 WIRE OUT HMG SERVICES, LLC
 7/7/2021 PNC-ECHO HCCLAIMPMT 746003411 41000120800797
 7/7/2021 HNB - ECHO HCCLAIMPMT 746003411 440000238165
 7/8/2021 Check1006
 7/8/2021 HNB - ECHO HCCLAIMPMT 746003411 440000270846
 7/8/2021 HNB - ECHO HCCLAIMPMT 746003411 440000270846
 7/8/2021 HNB - ECHO HCCLAIMPMT 746003411 440000270846
 7/9/2021 HNB - ECHO HCCLAIMPMT 746003411 440000294688
 7/9/2021 HNB - ECHO HCCLAIMPMT 746003411 440000294688

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP T1	
-	3,179.11	-	-	-	-	-	3,179.11
-	119.93	-	-	-	-	-	119.93
-	93.50	-	-	-	-	-	93.50
94,625.30	-	-	-	-	-	-	-
-	399.45	-	-	-	-	-	399.45
-	109.28	-	-	-	-	-	109.28
35.46	-	-	-	-	-	-	-
-	2,222.92	-	-	-	-	-	2,222.92
-	1,830.24	-	-	-	-	-	1,830.24
-	1,127.23	-	-	-	-	-	1,127.23
-	7,744.75	-	-	-	-	-	7,744.75
-	100.36	-	-	-	-	-	100.36
-	-	-	-	-	-	-	-
94,660.76	16,926.77	-	-	-	-	-	16,926.77

Gulf Pointe Plaza-Medicare/Medicaid

7/6/2021 WPS-TDFIC CONTR HCCLAIMPMT 2221332907 21000
 7/7/2021 WIRE OUT HMG SERVICES, LLC
 7/7/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2
 7/8/2021 Check1002

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP T1	
-	400.87	-	-	-	-	-	400.87
47,111.00	-	-	-	-	-	-	-
-	1,821.54	-	-	-	-	-	1,821.54
82.01	-	-	-	-	-	-	-
47,193.01	2,222.41	-	-	-	-	-	2,222.41
141,853.77	19,149.18	-	-	-	-	-	19,149.18

Quick View

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DDA

Data reported as of Jul 12, 2021

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$3,846,949.48	\$3,963,843.92	\$3,846,949.48	\$4,198,128.0
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$14,697.82	\$14,697.82	\$14,697.82	\$5,444.7
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$11,511.90	\$21,265.58	\$11,511.90	\$9,297.2
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.51	\$535.51	\$535.51	\$535.5
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$2,298,720.58	\$2,372,240.51	\$2,298,720.58	\$2,675,090.6
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.14	\$431.14	\$431.14	\$431.1
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$11,955.47	\$17,275.81	\$11,955.47	\$10,488.5
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$32,716.73	\$43,918.16	\$32,716.73	\$32,160.2
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$26,036.61	\$26,036.61	\$26,036.61	\$26,036.6
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$229.79	\$6,026.22	\$229.79	\$100.0
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$11,914.05	\$13,331.15	\$11,914.05	\$11,914.0
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,107,607.10	\$1,107,607.10	\$1,107,607.10	\$1,107,607.1
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$246,817.37	\$246,817.37	\$246,817.37	\$246,194.6
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$2,322.41	\$12,072.87	\$2,322.41	\$2,322.4
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$17,026.77	\$17,161.84	\$17,026.77	\$9,181.6
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$64,426.23	\$64,426.23	\$64,426.23	\$61,323.5

Memorial Medical Center
 Nursing Home UPL
 Weekly HSLTransfer
 Prosperity Accounts
 7/12/2021

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Medicare Repayment	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Bethany Senior Living		211,626.12	✓ 211,526.12	✓ 246,717.37			246,817.37	246,717.37
						Bank Balance	246,817.37	✓
						Variance		
						Leave in Balance	100.00	

JULY INTEREST
 AUG INTEREST
 SEP INTEREST
 Adjust Balance/Transfer Amt 246,717.37 ✓

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 7/12/2021

APPROVED
 ON

JUL 12 2021

COUNTY CLERK
 CALHOUN COUNTY, TEXAS

Bethany Senior Living

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
7/6/2021 Deposit	-	37,511.57					-	37,511.57
7/6/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	1,444.10					-	1,444.10
7/7/2021 WIRE OUT BETHANY SENIOR LIVING, LTD	211,315.78	-					-	-
7/7/2021 NOVITAS SOLUTION HCCLAIMPMT 676481 420000155	-	759.89					-	759.89
7/7/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	6,961.50					-	6,961.50
7/8/2021 Check1005	210.34	-					-	-
7/8/2021 Deposit	-	1,933.26					-	1,933.26
7/8/2021 Deposit	-	194,441.79					-	194,441.79
7/8/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	3,042.56					-	3,042.56
7/9/2021 HOSPICE OF SO TX VENDORS NF 91000017246639	-	622.70					-	622.70
							-	-
	211,526.12	246,717.37	-	-	-	-	-	246,717.37

Quick View

Select Quick View Accounts
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DDA

Data reported as of Jul 12, 2021

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$3,846,949.48	\$3,963,843.92	\$3,846,949.48	\$4,198,128.0
*4551 CAL CO INDIGENT HEALTHCARE	\$14,697.82	\$14,697.82	\$14,697.82	\$5,444.7
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$11,511.90	\$21,265.58	\$11,511.90	\$9,297.2
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.51	\$535.51	\$535.51	\$535.5
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$2,298,720.58	\$2,372,240.51	\$2,298,720.58	\$2,675,090.6
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.14	\$431.14	\$431.14	\$431.1
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$11,955.47	\$17,275.81	\$11,955.47	\$10,488.5
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$32,716.73	\$43,918.16	\$32,716.73	\$32,160.2
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$26,036.61	\$26,036.61	\$26,036.61	\$26,036.6
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$229.79	\$6,026.22	\$229.79	\$100.0
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$11,914.05	\$13,331.15	\$11,914.05	\$11,914.0
*2998 MMC -MONEY MARKET FUND	\$1,107,607.10	\$1,107,607.10	\$1,107,607.10	\$1,107,607.1
*5506 MMC -NH BETHANY SENIOR LIVING	\$246,817.37	\$246,817.37	\$246,817.37	\$246,194.6
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$2,322.41	\$12,072.87	\$2,322.41	\$2,322.4
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$17,026.77	\$17,161.84	\$17,026.77	\$9,181.6
*3407 MMC -NH TUSCANY VILLAGE	\$64,426.23	\$64,426.23	\$64,426.23	\$61,323.5

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 7/12/2021

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		206,030.73	✓ 205,930.73	✓ 64,326.23	✓		64,426.23	✓ 64,021.18
						Bank Balance	64,426.23	✓
						Variance	-	
						Leave in Balance	100.00	✓
						MEDICARE REPYMT OWED TO BETHANY	28.04	✓
						MEDICARE REPYMT OWED TO MMCLINIC	277.01	✓
						Adjust Balance/Transfer Amt	64,021.18	✓

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 7/12/2021

APPROVED
 OK
 JUL 12 2021
 COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Tuscany Senior Living

		MMC PORTION					
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
205,294.04 ✓	-					-	-
276.18 ✓	-					-	-
360.51 ✓	-					-	-
-	49,884.68					-	49,884.68
-	11,338.87					-	11,338.87
-	3,102.68					-	3,102.68
						-	-
						-	-
205,930.73	64,326.23	-	-	-	-	-	64,326.23

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*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.51	\$535.51	\$535.51	\$535.5
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*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$11,914.05	\$13,331.15	\$11,914.05	\$11,914.0
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*3407 MMC -NH TUSCANY VILLAGE	\$64,426.23	\$64,426.23	\$64,426.23	\$61,323.5