

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---August 11, 2021

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 666,144.22
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TOTAL TRANSFERS BETWEEN FUNDS	\$ 295,558.94
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TOTAL NURSING HOME UPL EXPENSES	\$ 832,870.17
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TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
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GRAND TOTAL DISBURSEMENTS APPROVED August 11, 2021	\$ 1,794,573.33
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APPROVED

AUG 11 2021

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---August 11, 2021

PAYABLES AND PAYROLL

8/5/2021 Weekly Payables	512,050.71
8/5/2021 Patient Refunds	53.28
8/9/2021 McKesson-340B Prescription Expense	14,038.05
8/9/2021 Amerisource Bergen-340B Prescription Expense	365.97

Prosperity Electronic Bank Payments

8/3-8/5/21 Credit Card & Lease Fees	801.46
8/5/2021 TCDRS July Retirement	138,668.48
8/2-8/6/21 Pay Plus-Patient Claims Processing Fee	141.67
8/3/2021 Authnet Gateway Billing-3rd Party Payor Fee	24.60

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 666,144.22
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TRANSFER BETWEEN FUNDS TO NURSING HOMES

8/5/2021 MMC Operating to Solera- correction of NH insurance payment deposited into MMC Operating in error	12,588.34
8/5/2021 MMC Operating to Golden Creek Healthcare-correction of NH insurance payment deposited into MMC Operating in error	1,225.99
8/5/2021 MMC Operating to Gulf Pointe Plaza -correction of NH insurance payment deposited into MMC Operating	3,392.93
8/5/2021 MMC Operating to Tuscany Village-correction of NH insurance payment deposited into MMC Operating in error and MMC Medicare recoup taken from Tuscany Village	66,466.42
8/5/2021 MMC Operating to Bethany Senior Living- correction of NH insurance payment deposited into MMC Operating in error and MMC medicare recoup taken from Bethany Senior Living	48,175.59

MEDICARE ADVANCE PAYMENT RECOUP

8/9/2021 Ashford to MMC Operating-correction of Ashford medicare recoup taken from MMC Operating	13,546.34
8/9/2021 Ashford to Golden Creek-correction of Ashford medicare recoup taken from Golden Creek	1,966.51
8/9/2021 Broadmoor to MMC Operating-correction of Broadmoor medicare recoup taken from MMC Operating	23,629.09
8/9/2021 Broadmoor to Golden Creek-correction of Broadmoor medical recoup taken from Golden Creek	4,136.51
8/9/2021 Broadmoor to Tuscany Village-correction of Broadmoor medical recoup taken from Tuscany Village	781.12
8/9/2021 Crescent to MMC Operating-correction of Crescent medicare recoup taken from MMC Operating	16,910.83
8/9/2021 Crescent to Tuscany Village-correction of Crescent medicare recoup taken from Tuscany Village	781.12
8/9/2021 Crescent to Golden Creek-correction of Crescent medicare recoup taken from Golden Creek	4,136.51
8/9/2021 Fort Bend to MMC Operating-correction of Fort Bend medicare recoup taken from MMC Operating	16,910.83
8/9/2021 Fort Bend to Tuscany Village-correction of Fort Bend medicare recoup taken from Tuscany Village	781.12
8/9/2021 Fort Bend to Golden Creek-correction of Fort Bend medicare recoup taken from Golden Creek	4,136.51
8/9/2021 Solera to MMC Operating-correction of Solera medicare recoup taken from MMC Operating	17,210.83
8/9/2021 Solera to Golden Creek-correction of Solera medicare recoup taken from Golden Creek	4,136.51
8/9/2021 Solera to Tuscany Village-correction of Solera medicare recoup taken from Tuscany Village	781.12
8/9/2021 Golden Creek to MMC Operating-correction of Golden Creek recoup taken from MMC Operating	32,036.26
8/9/2021 Golden Creek to Tuscany Village-correction of Golden Creek medicare recoup taken from Tuscany Village	781.12
8/9/2021 Tuscany to MMC Operating-correction of Tuscany medicare recoup taken from MMC Operating	16,910.83
8/9/2021 Tuscany to Golden Creek-correction of Tuscany medicare recoup taken from Golden Creek	4,136.51

TOTAL TRANSFERS BETWEEN FUNDS	\$ 295,558.94
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NURSING HOME UPL EXPENSES

8/9/2021 Nursing Home UPL-Cantex Transfer	155,193.46
8/9/2021 Nursing Home UPL-Nexion Transfer	67,334.09
8/9/2021 Nursing Home UPL-HMG Transfer	88,701.30
8/9/2021 Nursing Home UPL-Tuscany Transfer	194,047.00
8/9/2021 Nursing Home UPL-HSL Transfer	242,768.72

QIPP/RECOUP CHECKS TO MMC

8/9/2021 Ashford	27,112.91
8/9/2021 Broadmoor	11,221.21
8/9/2021 Crescent	9,006.78
8/9/2021 Fort Bend	10,960.51
8/9/2021 Solera	10,634.77
8/9/2021 Tuscany	15,889.42

TOTAL NURSING HOME UPL EXPENSES	\$ 832,870.17
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TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
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GRAND TOTAL DISBURSEMENTS APPROVED August 11, 2021	\$ 1,794,573.33
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RECEIVED

08/05/2021

13:42 **AUG 05 2021**

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 08/18/2021

ap_open_invoice.template

Vendor#
A0401 *Cashier County Auditor*Vendor Name
ABBOTT NUTRITION ✓ Class
Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
614009877	✓ 07/30/2021	07/07/2021	08/02/2021				11.58	0.00	0.00	11.58 ✓

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
A0401		ABBOTT NUTRITION ✓	11.58	0.00	0.00	11.58

Vendor#
11283Vendor Name
ACE HARDWARE 15521 Class
Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
155411	✓ 07/30/2021	07/02/2021	07/27/2021				69.01	0.00	0.00	69.01 ✓

SUPPLIES

155427	✓ 07/30/2021	07/02/2021	07/27/2021				45.98	0.00	0.00	45.98 ✓
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SUPPLIES

155465	✓ 07/30/2021	07/06/2021	07/31/2021				35.98	0.00	0.00	35.98 ✓
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SUPPLIES

155635	✓ 07/30/2021	07/13/2021	08/07/2021				5.53	0.00	0.00	5.53 ✓
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SUPPLIES

155847	✓ 07/30/2021	07/20/2021	08/14/2021				7.96	0.00	0.00	7.96 ✓
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SUPPLIES

156112	✓ 07/30/2021	07/29/2021	08/17/2021				10.58	0.00	0.00	10.58 ✓
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SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11283		ACE HARDWARE 15521	175.04	0.00	0.00	175.04

Vendor#
A1680Vendor Name
AIRGAS USA, LLC - CENTRAL DIV M ✓ Class
Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9115034378	✓ 07/30/2021	07/06/2021	07/31/2021				3,505.70	0.00	0.00	3,505.70 ✓

OXYGEN

9115155797	✓ 07/30/2021	07/07/2021	08/01/2021				637.37	0.00	0.00	637.37 ✓
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OXYGEN

9115357671

-074321	✓ 07/30/2021	07/13/2021	08/07/2021				677.45	0.00	0.00	677.45 ✓
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OXYGEN

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
A1680		AIRGAS USA, LLC - CENTRAL DIV M	4,820.52	0.00	0.00	4,820.52

Vendor#
10958Vendor Name
ALLYSON SWOPE ✓ Class
Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
080321	08/04/2021	08/03/2021	08/03/2021				1,944.00	0.00	0.00	1,944.00 ✓

CONTRACT EMPLOYEE

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
10958		ALLYSON SWOPE	1,944.00	0.00	0.00	1,944.00

Vendor#
A1360Vendor Name
AMERISOURCEBERGEN DRUG CCW ✓ Class
Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
803025343	✓ 07/28/2021	07/09/2021	07/15/2021				8.60	0.00	0.00	8.60 ✓

INTEREST

803044163	✓ 07/30/2021	07/23/2021	07/29/2021				8.60	0.00	0.00	8.60 ✓
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SERVICE CHARGE

3062725282	✓ 07/30/2021	07/27/2021	08/02/2021				10,400.00	0.00	0.00	10,400.00 ✓
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INVENTORY

3063142404	✓ 08/04/2021	08/01/2021	08/07/2021				9,370.88	0.00	0.00	9,370.88 ✓
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INVENTORY

3063148550	✓ 08/04/2021	08/01/2021	08/07/2021				4,685.44	0.00	0.00	4,685.44 ✓
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INVENTORY

3063142129	✓ 08/04/2021	08/01/2021	08/07/2021				20,800.00	0.00	0.00	20,800.00 ✓
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INVENTORY

	Vendor Totals:		Number	Name		Gross	Discount	No-Pay		Net	
	A1360			AMERISOURCEBEF		45,273.52	0.00	0.00		45,273.52	
Vendor#			Vendor Name		Class	Pay Code					
A0400			AUREUS RADIOLOGY LLC ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	2268871	✓ 07/22/2021	07/19/2021	08/18/2021				2,242.50	0.00	0.00	2,242.50 ✓
			LAB STAFFING								
	2268353	✓ 07/22/2021	07/19/2021	08/18/2021				2,680.00	0.00	0.00	2,680.00 ✓
			LAB STAFFING								
	2269136	✓ 07/22/2021	07/19/2021	08/18/2021				2,814.00	0.00	0.00	2,814.00 ✓
			LAB STAFFING								
	Vendor Totals:		Number	Name		Gross	Discount	No-Pay		Net	
	A0400			AUREUS RADIOLOX		7,736.50	0.00	0.00		7,736.50	
Vendor#			Vendor Name		Class	Pay Code					
B0436			BARD ACCESS ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	46390581	✓ 07/30/2021	07/13/2021	08/01/2021				150.00	0.00	0.00	150.00 ✓
			SUPPLIES								
	Vendor Totals:		Number	Name		Gross	Discount	No-Pay		Net	
	B0436			BARD ACCESS		150.00	0.00	0.00		150.00	
Vendor#			Vendor Name		Class	Pay Code					
B1150			BAXTER HEALTHCARE ✓		W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	71441801	✓ 07/30/2021	07/19/2021	08/13/2021				710.76	0.00	0.00	710.76 ✓
			SUPPLIES								
	Vendor Totals:		Number	Name		Gross	Discount	No-Pay		Net	
	B1150			BAXTER HEALTHC/		710.76	0.00	0.00		710.76	
Vendor#			Vendor Name		Class	Pay Code					
M2485			BAYER HEALTHCARE ✓		M						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	6009310470	✓ 07/30/2021	07/02/2021	08/02/2021				1,786.02	0.00	0.00	1,786.02 ✓
			SUPPLIES								
	Vendor Totals:		Number	Name		Gross	Discount	No-Pay		Net	
	M2485			BAYER HEALTHCA/		1,786.02	0.00	0.00		1,786.02	
Vendor#			Vendor Name		Class	Pay Code					
B1220			BECKMAN COULTER INC ✓		M						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	109187561	✓ 07/22/2021	07/19/2021	08/13/2021				1,325.78	0.00	0.00	1,325.78 ✓
			SUPPLIES								
	109196112	✓ 07/30/2021	07/22/2021	08/16/2021				151.20	0.00	0.00	151.20 ✓
			SUPPLIES								
	Vendor Totals:		Number	Name		Gross	Discount	No-Pay		Net	
	B1220			BECKMAN COULTE		1,476.98	0.00	0.00		1,476.98	
Vendor#			Vendor Name		Class	Pay Code					
C1992			CDW GOVERNMENT, INC. ✓		M						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	8476444	✓ 07/30/2021	02/24/2021	03/26/2021				211.10	0.00	0.00	211.10 ✓
			SUPPLIES								
	Vendor Totals:		Number	Name		Gross	Discount	No-Pay		Net	
	C1992			CDW GOVERNMEN		211.10	0.00	0.00		211.10	
Vendor#			Vendor Name		Class	Pay Code					
13000			CLEARFLY ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	INV366387	✓ 08/01/2021	08/01/2021	08/15/2021				1,117.57	0.00	0.00	1,117.57 ✓
			PHONES								
	Vendor Totals:		Number	Name		Gross	Discount	No-Pay		Net	
	13000			CLEARFLY		1,117.57	0.00	0.00		1,117.57	
Vendor#			Vendor Name		Class	Pay Code					
11368			CYRACOM LLC ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	1347159	✓ 06/30/2021	06/30/2021	08/14/2021				133.65	0.00	0.00	133.65 ✓

	Vendor Totals:		Number	Name		Gross	Discount	No-Pay		Net	
	11368			CYRACOM LLC		133.65	0.00	0.00		133.65	
Vendor# 14044			Vendor Name		Class	Pay Code					
			DARREN DOWNS ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	072621	07/30/2021	07/26/2021	07/26/2021				1,004.13	0.00	0.00	1,004.13 ✓
			TRAVEL THT CONFERENCE (7/21 - 7/24/2021)								
	Vendor Totals:		Number	Name		Gross	Discount	No-Pay		Net	
	14044			DARREN DOWNS		1,004.13	0.00	0.00		1,004.13	
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
	11464 ✓	08/04/2021	08/01/2021	08/01/2021				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
	6499160 ✓	07/21/2021	07/19/2021	08/13/2021				47.98	0.00	0.00	47.98 ✓
			SUPPLIES								
	6501630 ✓	07/27/2021	07/20/2021	08/14/2021				378.12	0.00	0.00	378.12 ✓
			SUPPLIES								
	6502400 ✓	07/27/2021	07/21/2021	08/15/2021				32.41	0.00	0.00	32.41 ✓
			SUPPLIES								
	Vendor Totals:		Number	Name		Gross	Discount	No-Pay		Net	
	10368			DEWITT POTH & SC		458.51	0.00	0.00		458.51	
Vendor# 12988			Vendor Name		Class	Pay Code					
			DIESEL FUEL MAINTENANCE, INC ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	9844 ✓	07/30/2021	06/08/2021	07/08/2021				330.00	0.00	0.00	330.00 ✓
			SAMPLE TESTING								
	Vendor Totals:		Number	Name		Gross	Discount	No-Pay		Net	
	12988			DIESEL FUEL MAIN'		330.00	0.00	0.00		330.00	
Vendor# 10789			Vendor Name		Class	Pay Code					
			DISCOVERY MEDICAL NETWORK ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	MMC073121	07/30/2021	07/31/2021	07/31/2021				243,490.56	0.00	0.00	243,490.56 ✓
			PRO FEES (JULY 18-31, 2021)								
	Vendor Totals:		Number	Name		Gross	Discount	No-Pay		Net	
	10789			DISCOVERY MEDIC		243,490.56	0.00	0.00		243,490.56	
Vendor# 11196			Vendor Name		Class	Pay Code					
			DON BROWN ELEVATOR INSPECT ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	5206 ✓	07/30/2021	07/30/2021	07/30/2021				900.00	0.00	0.00	900.00 ✓
			ANNUAL SAFETY INSPECTION								
	Vendor Totals:		Number	Name		Gross	Discount	No-Pay		Net	
	11196			DON BROWN ELEV.		900.00	0.00	0.00		900.00	
Vendor# D1785			Vendor Name		Class	Pay Code					
			DYNATRONICS CORPORATION ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	IN2200489 ✓	07/30/2021	07/15/2021	08/02/2021				63.41	0.00	0.00	63.41 ✓
			SUPPLIES								
	Vendor Totals:		Number	Name		Gross	Discount	No-Pay		Net	
	D1785			DYNATRONICS COI		63.41	0.00	0.00		63.41	
Vendor# 11284			Vendor Name		Class	Pay Code					
			EMERGENCY STAFFING SOLUTIO ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	40456 ✓	07/30/2021	06/30/2021	08/08/2021				5,220.00	0.00	0.00	5,220.00 ✓
			HOSPITALIST COVERAGE BUNNEL								

40472 ✓	07/31/2021	07/31/2021	07/31/2021				4,320.00	0.00	0.00	4,320.00 ✓
EGBONIM COVER BUNNELL 7/5-7/										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
13872	11284		EMERGENCY STAF			9,540.00	0.00	0.00	9,540.00	
	Vendor Name		Class				Pay Code			
	ETHOS MEDICAL STAFFING ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
27145 ✓	07/20/2021	07/16/2021	08/15/2021				5,021.60	0.00	0.00	5,021.60 ✓
ICU STAFFING										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
C2510	13872		ETHOS MEDICAL S			5,021.60	0.00	0.00	5,021.60	
	Vendor Name		Class				Pay Code			
	EVIDENT ✓		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
FD10%PYX ✓	07/30/2021	07/09/2021	08/03/2021				500.00	0.00	0.00	500.00 ✓
10%DOWN PHILLIPS PATIENT INF										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
S0501	C2510		EVIDENT			500.00	0.00	0.00	500.00	
	Vendor Name		Class				Pay Code			
	EVOQUA WATER TECHNOLOGIES ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
904971767 ✓	07/30/2021	07/01/2021	07/26/2021				2,245.77	0.00	0.00	2,245.77 ✓
MAINT CONTRACT										
904971768 ✓	07/30/2021	07/01/2021	07/26/2021				2,264.72	0.00	0.00	2,264.72 ✓
MAINT CONTRACT										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
F1400	S0501		EVOQUA WATER TI			4,510.49	0.00	0.00	4,510.49	
	Vendor Name		Class				Pay Code			
	FISHER HEALTHCARE ✓		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2054645 ✓	07/30/2021	06/28/2021	07/23/2021				319.68	0.00	0.00	319.68 ✓
SUPPLIES										
3001247 ✓	07/30/2021	06/29/2021	07/24/2021				814.72	0.00	0.00	814.72 ✓
SUPPLIES										
3196632 ✓	07/30/2021	06/30/2021	07/25/2021				543.49	0.00	0.00	543.49 ✓
SUPPLIES										
3361167 ✓	07/30/2021	07/01/2021	07/26/2021				63.94	0.00	0.00	63.94 ✓
SUPPLIES										
4644321 ✓	07/30/2021	07/15/2021	08/09/2021				971.94	0.00	0.00	971.94 ✓
SUPPLIES										
4747647 ✓	07/30/2021	07/16/2021	08/10/2021				569.24	0.00	0.00	569.24 ✓
SUPPLIES										
4990179 ✓	07/30/2021	07/20/2021	08/14/2021				143.21	0.00	0.00	143.21 ✓
SUPPLIES										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
11183	F1400		FISHER HEALTHCA			3,426.22	0.00	0.00	3,426.22	
	Vendor Name		Class				Pay Code			
	FRONTIER ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
071921	07/30/2021	07/19/2021	08/12/2021				65.40	0.00	0.00	65.40 ✓
PHONES ACCT 2101881480091211										
072321	07/31/2021	07/23/2021	08/16/2021				14.39	0.00	0.00	14.39 ✓
PHONES 36155202540525185										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
12636	11183		FRONTIER			79.79	0.00	0.00	79.79	
	Vendor Name		Class				Pay Code			
	FUSION CLOUD SERVICES, LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
28242808 ✓	07/31/2021	07/16/2021	08/15/2021				1,104.54	0.00	0.00	1,104.54 ✓
PHONES										
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	

Vendor#	12636	FUSION CLOUD SE	1,104.54	0.00	0.00	1,104.54					
11149		Vendor Name	Class	Pay Code							
		GARDNER & WHITE, INC. ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
080121	08/01/2021	08/01/2021	08/01/2021				5,267.29	0.00	0.00	5,267.29	✓
		INSURNAGE									
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net			
11149		GARDNER & WHITE			5,267.29	0.00	0.00	5,267.29			
Vendor#		Vendor Name	Class	Pay Code							
14056		GONZALES CONTRACTING, INC. ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
21061	08/04/2021	08/03/2021	08/03/2021				4,600.00	0.00	0.00	4,600.00	✓
		FUEL TANK FOUNDATION									
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net			
14056		GONZALES CONTR			4,600.00	0.00	0.00	4,600.00			
Vendor#		Vendor Name	Class	Pay Code							
13148		GRACE FLOORING AND GLASS ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
000670	07/30/2021	07/21/2021	07/21/2021				537.50	0.00	0.00	537.50	✓
		2ND1/2 REPLACE BROKEN GLASS									
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net			
13148		GRACE FLOORING			537.50	0.00	0.00	537.50			
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	
2071307	07/21/2021	07/13/2021	08/12/2021				47.73	0.00	0.00	47.73	✓
		SUPPLIES									
2071900	07/21/2021	07/14/2021	08/13/2021				683.04	0.00	0.00	683.04	✓
		SUPPLIES									
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net			
G1210		GULF COAST PAPE			730.77	0.00	0.00	730.77			
Vendor#		Vendor Name	Class	Pay Code							
H1100		HAYES ELECTRIC SERVICE ✓	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
A221070205	07/31/2021	07/19/2021	07/29/2021				320.00	0.00	0.00	320.00	✓
		WALKTHRU ABOUT ELECTRICAL W									
A221072005	07/31/2021	07/20/2021	07/30/2021				766.50	0.00	0.00	766.50	✓
		RAN 2 CIRCUITS/ 3 PLUGS									
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net			
H1100		HAYES ELECTRIC S			1,086.50	0.00	0.00	1,086.50			
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	07/30/2021	07/02/2021	08/01/2021				240.90	0.00	0.00	240.90	✓
	134	BATTERIES									
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net			
10442		INTERSTATE ALL B			240.90	0.00	0.00	240.90			
Vendor#		Vendor Name	Class	Pay Code							
11108		ITERSOURCE CORPORATION ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
711376	08/04/2021	08/01/2021	08/01/2021				250.00	0.00	0.00	250.00	✓
		SUPPORT SYSTEM									
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net			
11108		ITERSOURCE CORI			250.00	0.00	0.00	250.00			
Vendor#		Vendor Name	Class	Pay Code							
J0150		J & J HEALTH CARE SYSTEMS, INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
925702051	07/30/2021	07/13/2021	08/12/2021				360.21	0.00	0.00	360.21	✓
		SUPPLIES									
925709561	07/30/2021	07/14/2021	08/13/2021				117.24	0.00	0.00	117.24	✓
		SUPPLIES									

	925764771	✓07/30/2021	07/19/2021	08/18/2021				1,031.32	0.00	0.00	1,031.32	✓
			SUPPLIES									
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net		
	J0150		J & J HEALTH CARE ✓			1,508.77	0.00	0.00		1,508.77		
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	
	080121	08/01/2021	08/01/2021	08/01/2021				790.86	0.00	0.00	790.86	✓
			PAYROLL DED									
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net		
	10972		M G TRUST			790.86	0.00	0.00		790.86		
Vendor#		Vendor Name				Class	Pay Code					
M2178		MCKESSON MEDICAL SURGICAL I ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	18292862	✓07/30/2021	07/05/2021	07/20/2021				1,354.02	0.00	0.00	1,354.02	✓
			SUPPLIES									
	18320022	✓07/30/2021	07/13/2021	07/28/2021				94.32	0.00	0.00	94.32	✓
			SUPPLIES									
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net		
	M2178		MCKESSON MEDIC			1,448.34	0.00	0.00		1,448.34		
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	
	0816349	✓07/21/2021	07/16/2021	08/16/2021				316.50	0.00	0.00	316.50	✓
			SUPPLIES									
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net		
	11203		MEDI-DOSE, INC			316.50	0.00	0.00		316.50		
Vendor#		Vendor Name				Class	Pay Code					
10613		MEDIMPACT HEALTHCARE SYS, II A/P ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	072621	07/30/2021	07/26/2021	07/26/2021				8.85	0.00	0.00	8.85	✓
			INDIGENT CARE									
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net		
	10613		MEDIMPACT HEALT			8.85	0.00	0.00		8.85		
Vendor#		Vendor Name				Class	Pay Code					
M2827		MEDIVATORS ✓				M						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	90980732	✓07/30/2021	07/15/2021	08/05/2021				195.00	0.00	0.00	195.00	✓
			SUPPLIES									
	90980731	✓07/30/2021	07/15/2021	08/14/2021				400.00	0.00	0.00	400.00	✓
			SUPPLIES									
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net		
	M2827		MEDIVATORS			595.00	0.00	0.00		595.00		
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	
	1958443104	✓07/30/2021	07/13/2021	08/07/2021				21.86	0.00	0.00	21.86	✓
			SUPPLIES									
	1958443105	✓07/30/2021	07/13/2021	08/07/2021				56.16	0.00	0.00	56.16	✓
			SUPPLIES									
	1958742871	✓07/30/2021	07/15/2021	08/09/2021				240.49	0.00	0.00	240.49	✓
			SUPPLIES									
	1959228822	✓07/30/2021	07/19/2021	08/13/2021				780.13	0.00	0.00	780.13	✓
			SUPPLIES									
	1959272246	✓07/30/2021	07/20/2021	08/14/2021				23.08	0.00	0.00	23.08	✓
			SUPPLIES									
	1959272242	✓07/30/2021	07/20/2021	08/14/2021				83.75	0.00	0.00	83.75	✓
			SUPPLIES									
	1959272247	✓07/30/2021	07/20/2021	08/14/2021				82.91	0.00	0.00	82.91	✓
			SUPPLIES									
	1959272243	✓07/30/2021	07/20/2021	08/14/2021				33.19	0.00	0.00	33.19	✓

SUPPLIES											
1959272249	✓	07/30/2021	07/20/2021	08/14/2021				1,466.35	0.00	0.00	1,466.35 ✓
SUPPLIES											
1959272254	✓	07/30/2021	07/20/2021	08/14/2021				170.12	0.00	0.00	170.12 ✓
SUPPLIES											
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
10963	M2470		MEDLINE INDUST			2,958.04	0.00	0.00	2,958.04		
		Vendor Name	Class	Pay Code							
		MEMORIAL MEDICAL CLINIC	✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
080121	08/01/2021	08/01/2021	08/01/2021				265.74	0.00	0.00	265.74 ✓	
PAYROLL DED											
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
M2621	10963		MEMORIAL MEDICA			265.74	0.00	0.00	265.74		
		Vendor Name	Class	Pay Code							
		MMC AUXILIARY GIFT SHOP	✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
072921	07/30/2021	07/29/2021	07/29/2021				456.88	0.00	0.00	456.88 ✓	
PAYROLL DED											
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
11972	M2621		MMC AUXILIARY GI			456.88	0.00	0.00	456.88		
		Vendor Name	Class	Pay Code							
		MOMENTUM RENTAL & SALES	✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
1185201	✓ 07/20/2021	07/14/2021	08/13/2021				104.02	0.00	0.00	104.02 ✓	
SUPPLIES											
1185201	07/22/2021	07/14/2021	08/13/2021				104.02	0.00	0.00	104.02	
SUPPLIES											
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
10536	11972		MOMENTUM RENT/			208.04	0.00	0.00	208.04	104.02	
		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	
CM65130	✓ 07/30/2021	07/23/2021	08/02/2021				-2,876.20	0.00	0.00	-2,876.20 ✓	
CREDIT											
CM65129	✓ 07/30/2021	07/23/2021	08/02/2021				-320.88	0.00	0.00	-320.88 ✓	
CREDIT											
7140375	✓ 07/30/2021	07/25/2021	08/04/2021				1,592.63	0.00	0.00	1,592.63 ✓	
INVENTORY											
7140374	✓ 07/30/2021	07/25/2021	08/04/2021				581.74	0.00	0.00	581.74 ✓	
INVENTORY											
7140376	✓ 07/30/2021	07/25/2021	08/04/2021				167.41	0.00	0.00	167.41 ✓	
INVENTORY											
7144740	✓ 07/30/2021	07/26/2021	08/05/2021				1,352.32	0.00	0.00	1,352.32 ✓	
INVENTORY											
71597880	✓ 07/30/2021	07/26/2021	08/05/2021				172.01	0.00	0.00	172.01 ✓	
INVENTORY											
SC8038	✓ 07/30/2021	07/26/2021	08/05/2021				22.82	0.00	0.00	22.82 ✓	
SERVICE CHARGE											
7144741	✓ 07/30/2021	07/26/2021	08/05/2021				368.56	0.00	0.00	368.56 ✓	
INVENTORY											
7144739	✓ 07/30/2021	07/26/2021	08/05/2021				5,028.31	0.00	0.00	5,028.31 ✓	
INVENTORY											
7146518	✓ 07/30/2021	07/27/2021	08/06/2021				4,462.18	0.00	0.00	4,462.18 ✓	
INVENTORY											
7148395	✓ 07/30/2021	07/27/2021	08/06/2021				43.48	0.00	0.00	43.48 ✓	
INVENTORY											
7148393	✓ 07/30/2021	07/27/2021	08/06/2021				8,762.25	0.00	0.00	8,762.25 ✓	
INVENTORY											
7148394	✓ 07/30/2021	07/27/2021	08/06/2021				1,342.95	0.00	0.00	1,342.95 ✓	
INVENTORY											

7153601	✓	07/30/2021	07/28/2021	08/07/2021	132.12	0.00	0.00	132.12	✓
			INVENTORY						
7153982	✓	07/30/2021	07/28/2021	08/07/2021	3.31	0.00	0.00	3.31	✓
			INVENTORY						
7151598	✓	07/30/2021	07/28/2021	08/07/2021	478.60	0.00	0.00	478.60	✓
			INVENTORY						
7151600	✓	07/30/2021	07/28/2021	08/07/2021	924.54	0.00	0.00	924.54	✓
			INVENTORY						
7153603	✓	07/30/2021	07/28/2021	08/07/2021	112.83	0.00	0.00	112.83	✓
			INVENTORY						
7153602	✓	07/30/2021	07/28/2021	08/07/2021	1,719.84	0.00	0.00	1,719.84	✓
			INVENTORY						
7153983	✓	07/30/2021	07/28/2021	08/07/2021	20.27	0.00	0.00	20.27	✓
			INVENTORY						
7152941	✓	07/30/2021	07/28/2021	08/07/2021	379.35	0.00	0.00	379.35	✓
			INVENTORY						
7153780	✓	07/30/2021	07/28/2021	08/07/2021	9.65	0.00	0.00	9.65	✓
			INVENTORY						
7151599	✓	07/30/2021	07/28/2021	08/07/2021	3.52	0.00	0.00	3.52	✓
			INVENTORY						
7152940	✓	07/30/2021	07/28/2021	08/07/2021	109.05	0.00	0.00	109.05	✓
			INVENTORY						
7159781	✓	07/30/2021	07/29/2021	08/08/2021	372.72	0.00	0.00	372.72	✓
			INVENTORY						
7159782	✓	07/30/2021	07/29/2021	08/08/2021	337.60	0.00	0.00	337.60	✓
			INVENTORY						
CM66363	✓	07/30/2021	07/30/2021	08/09/2021	-315.13	0.00	0.00	-315.13	✓
			CREDIT						
7164287	✓	08/04/2021	08/01/2021	08/11/2021	970.97	0.00	0.00	970.97	✓
			INVENTORY						
7164286	✓	08/04/2021	08/01/2021	08/11/2021	2,623.79	0.00	0.00	2,623.79	✓
			INVENTORY						
7164285	✓	08/04/2021	08/01/2021	08/11/2021	364.71	0.00	0.00	364.71	✓
			INVENTORY						
7164288	✓	08/04/2021	08/01/2021	08/11/2021	188.18	0.00	0.00	188.18	✓
			INVENTORY						
7169175	✓	08/04/2021	08/02/2021	08/12/2021	106.76	0.00	0.00	106.76	✓
			INVENTORY						
7169174	✓	08/04/2021	08/02/2021	08/12/2021	105.67	0.00	0.00	105.67	✓
			INVENTORY						
7169176	✓	08/04/2021	08/02/2021	08/12/2021	834.13	0.00	0.00	834.13	✓
			INVENTORY						
7169177	✓	08/04/2021	08/02/2021	08/12/2021	48.44	0.00	0.00	48.44	✓
			INVENTORY						
3928A	✓	08/04/2021	08/03/2021	08/13/2021	-0.03	0.00	0.00	-0.03	✓
			CREDIT						
7175148	✓	08/04/2021	08/03/2021	08/13/2021	1,069.29	0.00	0.00	1,069.29	✓
			INVENTORY						
3927A	✓	08/04/2021	08/03/2021	08/13/2021	-0.05	0.00	0.00	-0.05	✓
			CREDIT						
7174883	✓	08/04/2021	08/03/2021	08/13/2021	12.99	0.00	0.00	12.99	✓
			INVENTORY						
7175147	✓	08/04/2021	08/03/2021	08/13/2021	89.67	0.00	0.00	89.67	✓
			INVENTORY						
7173933	✓	08/04/2021	08/03/2021	08/13/2021	178.53	0.00	0.00	178.53	✓
			INVENTORY						
7175149	✓	08/04/2021	08/03/2021	08/13/2021	398.12	0.00	0.00	398.12	✓
			INVENTORY						
7171572	✓	08/04/2021	08/03/2021	08/13/2021	3,401.63	0.00	0.00	3,401.63	✓
			INVENTORY						

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
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Vendor#	10536	MORRIS & DICKSOI	35,380.65	0.00	0.00	35,380.65				
13548		Vendor Name	Class		Pay Code					
		NACOGDOCHES TRANSCRIPTION								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7434	08/05/2021	08/04/2021	08/04/2021				544.04	0.00	0.00	544.04
		TANSCRIPTION								
Vendor Totals:	Number	Name			Gross		Discount	No-Pay	Net	
13548		NACOGDOCHES TF			544.04		0.00	0.00	544.04	
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
18130256500	07/30/2021	07/15/2021	08/01/2021				142.48	0.00	0.00	142.48
		SUPPLIES								
Vendor Totals:	Number	Name			Gross		Discount	No-Pay	Net	
O0920		OFFICE DEPOT			142.48		0.00	0.00	142.48	
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
31263327	07/31/2021	07/23/2021	08/17/1999				0.00	0.00	0.00	0.00
Vendor Totals:	Number	Name			Gross		Discount	No-Pay	Net	
O1500		OLYMPUS AMERICA			0.00		0.00	0.00	0.00	0.00
Vendor#		Vendor Name	Class		Pay Code					
O1416		ORTHO CLINICAL DIAGNOSTICS								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1851948808	07/30/2021	06/22/2021	07/22/2021				759.03	0.00	0.00	759.03
		SUPPLIES								
1851985341	07/31/2021	07/19/2021	08/18/2021				759.03	0.00	0.00	759.03
		SUPPLIES								
Vendor Totals:	Number	Name			Gross		Discount	No-Pay	Net	
O1416		ORTHO CLINICAL D			1,518.06		0.00	0.00	1,518.06	
Vendor#		Vendor Name	Class		Pay Code					
11069		PABLO GARZA								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
083021	08/04/2021	08/03/2021	08/03/2021				2,421.25	0.00	0.00	2,421.25
		CONTRACT EMPLOYEE								
Vendor Totals:	Number	Name			Gross		Discount	No-Pay	Net	
11069		PABLO GARZA			2,421.25		0.00	0.00	2,421.25	
Vendor#		Vendor Name	Class		Pay Code					
12544		PATRICK OCHOA								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
080221B	08/05/2021	08/02/2021	08/02/2021				200.00	0.00	0.00	200.00
		REHAB LAWN								
080221A	08/05/2021	08/02/2021	08/02/2021				520.00	0.00	0.00	520.00
		HOSPITAL LAWN								
080221	08/05/2021	08/02/2021	08/02/2021				380.00	0.00	0.00	380.00
		CLINIC LAWN								
Vendor Totals:	Number	Name			Gross		Discount	No-Pay	Net	
12544		PATRICK OCHOA			1,100.00		0.00	0.00	1,100.00	
Vendor#		Vendor Name	Class		Pay Code					
13988		PAYCHEX, ADVANCE FBO								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
006036	07/30/2021	07/28/2021	07/28/2021				2,220.00	0.00	0.00	2,220.00
		MED/SURG STAFFING								
Vendor Totals:	Number	Name			Gross		Discount	No-Pay	Net	
13988		PAYCHEX, ADVANC			2,220.00		0.00	0.00	2,220.00	
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
03965	07/26/2021	07/17/2021	08/16/2021				4,181.25	0.00	0.00	4,181.25
		STAFFING ICU								

	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
	13936		PROTOUCH STAFF			4,181.25	0.00	0.00	4,181.25	
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
30300267907	07/27/2021	07/20/2021	08/17/2021				36,635.22	0.00	0.00	36,635.22 ✓
			ELECTRICITY							
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
	13460		RELIANT, DEPT 095			36,635.22	0.00	0.00	36,635.22	
Vendor#			Vendor Name			Class	Pay Code			
14048			REYNALDO D. TUAZON							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
072821	07/30/2021	07/28/2021	07/28/2021				1,186.02	1169.51	0.00	1,186.02 1169.5 ✓
			TRAVEL THT CONFERENCE							
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
	14048		REYNALDO D. TUAZON			1,186.02 1169.51	0.00	0.00	1,186.02 1169.5 ✓	
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
3940029RI	07/15/2021	07/12/2021	08/12/2021				2,831.00	0.00	0.00	2,831.00 ✓
			NURSE STAFFING							
3940777RI	07/30/2021	07/12/2021	08/12/2021				2,755.00	0.00	0.00	2,755.00 ✓
			ICU STAFFING							
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
	13940		RN NETWORK			5,586.00	0.00	0.00	5,586.00	
Vendor#			Vendor Name			Class	Pay Code			
10936			SIEMENS FINANCIAL SERVICES ✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
116082463	07/28/2021	07/16/2021	08/16/2021				2,193.83	0.00	0.00	2,193.83 ✓
			MAINT CONTRACT							
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
	10936		SIEMENS FINANCIAL			2,193.83	0.00	0.00	2,193.83	
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
107015923	07/30/2021	07/15/2021	08/09/2021				6,226.00	0.00	0.00	6,226.00 ✓
			BLOOD							
CM4966	07/30/2021	07/15/2021	08/09/2021				-1,896.00	0.00	0.00	-1,896.00 ✓
			CREDIT							
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
	11296		SOUTH TEXAS BLO			4,330.00	0.00	0.00	4,330.00	
Vendor#			Vendor Name			Class	Pay Code			
12704			TEXAS BURNER & BOILER SERVIC ✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
213382	07/30/2021	08/25/2021	08/01/2021				1,182.00	0.00	0.00	1,182.00 ✓
			Repair to HVAC boiler							
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
	12704		TEXAS BURNER & I			1,182.00	0.00	0.00	1,182.00	
Vendor#			Vendor Name			Class	Pay Code			
T1880			TEXAS DEPARTMENT OF LICENS A/P ✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
080321	08/04/2021	08/03/2021	08/03/2021				60.00	0.00	0.00	60.00 ✓
			ELEVATOR INSPECTION CERT							
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
	T1880		TEXAS DEPARTMEI			60.00	0.00	0.00	60.00	
Vendor#			Vendor Name			Class	Pay Code			
13632			THRIVEFUEL LLC ✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10957450100	07/30/2021	07/31/2021					2,650.00	0.00	0.00	2,650.00 ✓
			SOCIAL AD							
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	

Vendor#	13632	THRIVEFUEL LLC	2,650.00	0.00	0.00	2,650.00
T0801		Vendor Name	Class	Pay Code		
		TLC STAFFING ✓	W			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay
27581	✓ 07/30/2021	07/26/2021	07/26/2021			
		STAFFING MED/SURG				
Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
T0801		TLC STAFFING	891.24	0.00	0.00	891.24
Vendor#		Vendor Name	Class	Pay Code		
T3130		TRI-ANIM HEALTH SERVICES INC	M ✓			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay
64631732	✓ 07/30/2021	07/14/2021	08/08/2021			
		SUPPLIES				
Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
T3130		TRI-ANIM HEALTH S	1,083.35	0.00	0.00	1,083.35
Vendor#		Vendor Name	Class	Pay Code		
U1054		UNIFIRST HOLDINGS ✓	W			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay
8400370653	✓ 07/27/2021	07/19/2021	08/13/2021			
		LAUNDRY				
8400370654	✓ 07/27/2021	07/19/2021	08/13/2021			
		LAUNDRY				
8400370678	✓ 07/27/2021	07/19/2021	08/13/2021			
		LAUNDRY				
8400371082	✓ 07/28/2021	07/22/2021	08/16/2021			
		LAUNDRY				
8400371115	✓ 07/30/2021	07/22/2021	08/16/2021			
		LAUNDRY				
8400371079	✓ 07/30/2021	07/22/2021	08/16/2021			
		LAUNDRY				
8400371084	✓ 07/30/2021	07/22/2021	08/16/2021			
		LAUNDRY				
8400371081	✓ 07/30/2021	07/22/2021	08/16/2021			
		LAUNDRY				
8400371083	✓ 07/30/2021	07/22/2021	08/16/2021			
		LAUNDRY				
8400371102	✓ 07/30/2021	07/22/2021	08/16/2021			
		LAUNDRY				
8400371131	✓ 07/30/2021	07/22/2021	08/16/2021			
		LAUNDRY				
Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
U1054		UNIFIRST HOLDING	4,337.74	0.00	0.00	4,337.74
Vendor#		Vendor Name	Class	Pay Code		
V1471		VICTORIA RADIOWORKS, LTD	W ✓			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay
21070175	✓ 07/31/2021	07/31/2021	07/31/2021			
		AD				
21070174	✓ 07/31/2021	07/31/2021	07/31/2021			
		AD				
Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
V1471		VICTORIA RADIOW	560.00	0.00	0.00	560.00
Vendor#		Vendor Name	Class	Pay Code		
13808		VITA PERSONA LLC ✓				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay
VP20212067	✓ 07/30/2021	07/26/2021	08/01/2021			
		SUPPLIES				
Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
13808		VITA PERSONA LLC	2,078.80	0.00	0.00	2,078.80
Vendor#		Vendor Name	Class	Pay Code		
12208		WAGEWORKS ✓				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay

		INV2911013	07/22/2021	07/15/2021	08/16/2021			580.25	0.00	0.00	580.25		
		ADMIN/COMPLIANCE FEE											
Vendor#	10793	Vendor Totals:	Number	Name		Gross		Discount	No-Pay		Net		
		12208		WAGEWORKS		580.25		0.00	0.00		580.25		
		Vendor Name											
		WAGEWORKS, INC.											
		Class											
		Pay Code											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net			
080121	08/01/2021	08/01/2021	08/01/2021				3,491.87	0.00	0.00	3,491.87			
		PAYROLL DED											
Vendor#	10793	Vendor Totals:	Number	Name		Gross		Discount	No-Pay		Net		
		10793		WAGEWORKS, INC.		3,491.87		0.00	0.00		3,491.87		
		Vendor Name											
		WALLER,LANSDEN, DORTCH & DA											
		Class											
		Pay Code											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net			
10815347	07/30/2021	07/08/2021	07/08/2021				160.50	0.00	0.00	160.50			
		LEGAL											
Vendor#	10943	Vendor Totals:	Number	Name		Gross		Discount	No-Pay		Net		
		10943		WALLER,LANSDEN,		160.50		0.00	0.00		160.50		
		Vendor Name											
		WALMART COMMUNITY											
		Class											
		Pay Code											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net			
060221	07/30/2021	06/02/2021	07/12/2021				81.20	0.00	0.00	81.20			
		SUPPLIES											
061921A	07/30/2021	06/19/2021	08/13/2021				6.44	0.00	0.00	6.44			
		FINANCE CHARGE											
062221	07/30/2021	06/22/2021	08/13/2021				97.44	0.00	0.00	97.44			
		SUPPLIES											
062221A	07/30/2021	06/22/2021	08/13/2021				39.94	0.00	0.00	39.94			
		SUPPLIES											
070721	07/30/2021	07/07/2021	08/13/2021				64.96	0.00	0.00	64.96			
		SUPPLIES											
071421	07/30/2021	07/14/2021	08/13/2021				30.85	0.00	0.00	30.85			
		SUPPLIES											
071721A	07/30/2021	07/14/2021	08/13/2021				64.96	0.00	0.00	64.96			
		SUPPLIES											
071921	07/30/2021	07/19/2021	08/13/2021				2.11	0.00	0.00	2.11			
		FINANCE CHARGE											
060721A	08/05/2021	06/07/2021	07/14/2021				70.84	0.00	0.00	70.84			
		SUPPLIES											
Vendor#	W1005	Vendor Totals:	Number	Name		Gross		Discount	No-Pay		Net		
		W1005		WALMART COMMU		458.74		0.00	0.00		458.74		
		Vendor Name											
		WERFEN USA LLC											
		Class											
		Pay Code											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net			
9111013405	07/30/2021	07/20/2021	08/14/2021				8,555.12	0.00	0.00	8,555.12			
		SUPPLIES											
9111013406	07/30/2021	07/20/2021	08/14/2021				1,236.36	0.00	0.00	1,236.36			
		SUPPLIES											
Vendor#	I1110	Vendor Totals:	Number	Name		Gross		Discount	No-Pay		Net		
		I1110		WERFEN USA LLC		9,791.48		0.00	0.00		9,791.48		
		Vendor Name											
		WOUND CARE SPECIALISTS											
		Class											
		Pay Code											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net			
WCS000044	07/30/2021	05/01/2021	05/30/2021				13,275.00	0.00	0.00	13,275.00			
		WOUND CARE											
WCS000045	07/30/2021	06/01/2021	06/30/2021				16,225.00	0.00	0.00	16,225.00			
		WOUND CARE											
Vendor#	10556	Vendor Totals:	Number	Name		Gross		Discount	No-Pay		Net		
		10556		WOUND CARE SPE		29,500.00		0.00	0.00		29,500.00		
		Vendor Name											
		WOUND CARE SPE											
		Class											
		Pay Code											
		Gross											
		Discount											
		No-Pay											
		Net											
		Report Summary											
		Grand Totals:											
		Gross											
		Discount											
		No-Pay											
		Net											

512,061.24

0.00

0.00

512,061.24

pg 7 correction

 $\Sigma < 104.02 >$

pg 10 correction

 $\Sigma < 1186.02 >$
 $\Sigma + 1164.51$

pg 11 correction

 $\Sigma < 11.55 >$
 $\Sigma + 121.55$

 $\$512,050.71$ APPROVED
ON

AUG 05 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CR#

191410 -

191465

RECEIVED

RUN DATE: 08/05/21

TIME: 13:44

AUG 05 2021

MEMORIAL MEDICAL CENTER

EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1

APCDEDIT

PATIENT

NUMBER

Calhoun County Auditor

PAYEE NAME

DATE

AMOUNT CODE TYPE DESCRIPTION

GL NUM

080421 53.28 2 REFUND FOR

ARID=0001 TOTAL

53.28

TOTAL

53.28

APPROVED
ON

AUG 05 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 191470

McKESSON**STATEMENT**

As of: 08/06/2021

Page: 002

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

Company: 8000

DC: 8115

As of: 08/06/2021
Mail to:Page: 002
Comp: 8000MEMORIAL MEDICAL CENTER
AP
815 N VIRGINIA STREET
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory:

Customer: 632536
Date: 08/07/2021AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 632536 PLEASE CHECK ANY
Date: 08/07/2021 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	
-----------------	-------------	----------------------	--	-------------	------------------	-------------------	--------	-----------------	--------	----------------------	--

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 14,349.04 USD

Future Due: 0.00

Past Due: 1,200.61

Last Payment
08/07/2017 2,451.97If Paid By 08/10/2021,
Pay This Amount:

14,038.05 USD

If Paid After 08/10/2021,
Pay this Amount:

14,349.04 USD

Due If Paid On Time:
USD

14,038.05

Disc lost if paid late:

310.99

Due If Paid Late:
USD

14,349.04

497 * 60 =
0 * 16 +
10 * 20 +
12 * 586 * 51 =
943 * 58 +
14 * 028 =

CK # 500222

APPROVED
CM

AUG 09 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON**STATEMENT**

As of: 08/06/2021

Page: 001

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

Company: 8000

DC: 8115

As of: 08/06/2021
Mail to:Page: 001
Comp: 8000HEB PHCY 0434/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 400

Customer: 190813
Date: 08/07/2021AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 190813 PLEASE CHECK ANY
Date: 08/07/2021 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											
08/04/2021	08/10/2021	7285720874	2017033581	115Invoice	18.95	947.65		928.70 ✓		7285720874	
08/06/2021	08/10/2021	7286249664	2017033711	115Invoice	0.30	15.18		14.88 ✓		7286249664	

*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: 962.83 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,192.77
08/02/2021If Paid By 08/10/2021,
Pay This Amount:

943.58 USD

If Paid After 08/10/2021,
Pay this Amount:

962.83 USD

Due If Paid On Time:

USD 943.58

Disc lost if paid late:

19.25

Due If Paid Late:

USD 962.83

APPROVED
ON

AUG 09 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

MCKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 08/06/2021

Page: 001

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

DC: 8115

Territory: 400

Customer: 256342

Date: 08/07/2021

As of: 08/06/2021
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 08/07/2021 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											
17/30/2021	08/03/2021	7285242960	0730210841	115Invoice		3.80	P	3.80	✓	7285242960	
18/02/2021	08/10/2021	7285153089	13043525	115Invoice		0.16		0.16	✓	7285153089	
18/02/2021	08/10/2021	7285153090	13062539	115Invoice	2.16	107.99		105.83	✓	7285153090	
18/02/2021	08/10/2021	7285153091	13062539	115Invoice	0.02	0.95		0.93	✓	7285153091	
18/02/2021	08/10/2021	7285153092	13081881	115Invoice		0.10		0.10	✓	7285153092	
18/02/2021	08/10/2021	7285372038	0730211052	195Invoice	2.09	104.40		102.31	✓	7285372038	
18/03/2021	08/10/2021	7285464937	13167698	115Invoice	7.58	379.15		371.57	✓	7285464937	
18/03/2021	08/10/2021	7285660668	0802210848	115Invoice	103.98	5,199.11		5,095.13	✓	7285660668	
18/03/2021	08/03/2021	7285705913	MFC PR CORR CR	Pricing Cor		1,204.41	P	1,204.41	P ✓	7285705913	
18/03/2021	08/10/2021	7285705914	MFC PR CORR IN	Pricing Cor	7.75	387.42		379.67	✓	7285705914	
18/04/2021	08/10/2021	7285730912	13239115	115Invoice	3.93	196.35		192.42	✓	7285730912	
18/04/2021	08/10/2021	7285891124	0803211053	195Invoice	0.06	2.86		2.80	✓	7285891124	
18/04/2021	08/10/2021	7285891125	0803210710	115Invoice	0.01	0.32		0.31	✓	7285891125	
18/05/2021	08/10/2021	7285983188	13260182	115Invoice		0.09		0.09	✓	7285983188	
18/05/2021	08/10/2021	7285983191	13260182	115Invoice	0.62	31.03		30.41	✓	7285983191	
18/05/2021	08/10/2021	7285983192	13295866	115Invoice	0.56	28.08		27.52	✓	7285983192	
18/05/2021	08/10/2021	7285983194	13295866	115Invoice	45.19	2,259.60		2,214.41	✓	7285983194	
18/05/2021	08/10/2021	7286175038	0804210850	115Invoice	18.65	932.62		913.97	✓	7286175038	
18/06/2021	08/10/2021	7286251872	13316623	115Invoice	13.08	654.14		641.06	✓	7286251872	
18/06/2021	08/10/2021	7286251874	13316623	115Invoice	7.75	387.42		379.67	✓	7286251874	
18/06/2021	08/10/2021	7286251875	13353394	115Invoice	15.29	764.38		749.09	✓	7286251875	
18/06/2021	08/10/2021	7286411256	0805211107	115Invoice	47.33	2,366.29		2,318.96	✓	7286411256	
18/06/2021	08/10/2021	7286411257	0805211100	195Invoice	5.32	266.03		260.71	✓	7286411257	

For AR Inquiries please contact 800-867-0333

MCKESSON**STATEMENT**

As of: 08/06/2021

Page: 002

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

Company: 8000

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

DC: 8115

Territory: 400

Customer: 256342

Date: 08/07/2021

As of: 08/06/2021
Mail to:Page: 002
Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 256342 PLEASE CHECK ANY
Date: 08/07/2021 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	
-----------------	-------------	----------------------	--	-------------	------------------	-------------------	--------	-----------------	--------	----------------------	--

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 12,867.88 USD

Future Due: 0.00

Past Due: 1,200.61

Last Payment 5,192.77
08/02/2021If Paid By 08/10/2021,
Pay This Amount:

12,586.51 USD

If Paid After 08/10/2021,
Pay this Amount:

12,867.88 USD

Due If Paid On Time:

USD 12,586.51

Disc lost if paid late:

281.37

Due If Paid Late:

USD 12,867.88

APPROVED
ON

AUG 09 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS< >
For AR Inquiries please contact 800-867-0333

McKESSON**STATEMENT**

Company: 8000

CVS PHCY 7006/MEMORIA PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 08/06/2021

Page: 001

DC: 8115

Territory: 400

Customer: 262252

Date: 08/07/2021

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

As of: 08/06/2021

Mail to:

Page: 001

Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252

Date: 08/07/2021

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

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 262252	CVS PHCY 7006/MEMORIA PHS										
08/05/2021	08/10/2021	7285979684	1291727	115Invoice	0.21	10.41		10.20	✓	7285979684	

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

TOTAL: Customer Number 262252 CVS PHCY 7006/MEMORIA PHS

Subtotals:

10.41 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,192.77
08/02/2021If Paid By 08/10/2021,
Pay This Amount:

10.20 USD

If Paid After 08/10/2021,
Pay this Amount:

10.41 USD

Due If Paid On Time:

USD

10.20

Disc lost if paid late:

0.21

Due If Paid Late:

USD

10.41

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COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON**STATEMENT**

As of: 08/06/2021

Page: 001

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

Company: 8000

HEB PHY FC 490/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: 400

Customer: 464450

Date: 08/07/2021

As of: 08/06/2021 Page: 001
Mail to: Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 464450 PLEASE CHECK ANY
Date: 08/07/2021 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											
08/03/2021	08/10/2021	7285463886	55x541180	115Invoice		0.16		0.16	✓	7285463886	

PF 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

Past Due: 0.00

Last Payment 5,192.77
08/02/2021If Paid By 08/10/2021,
Pay This Amount:

0.16 USD

If Paid After 08/10/2021,
Pay this Amount:

0.16 USD

Due If Paid On Time:

USD

0.16

Disc lost if paid late:

0.00

Due If Paid Late:

USD

0.16

APPROVED
ON

AUG 09 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

McKESSON**STATEMENT**

As of: 08/06/2021

Page: 001

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

Company: 8000

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

DC: 8115

Territory: 400

Customer: 835438

Date: 08/07/2021

As of: 08/06/2021
Mail to:Page: 001
Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 835438
Date: 08/07/2021**PLEASE CHECK ANY
ITEMS NOT PAID (✓)**

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS											
08/05/2021	08/10/2021	7286173092	1292811	115Invoice	10.16	507.76		497.60	✓	7286173092	

*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: 507.76 USD

Future Due: 0.00

Past Due: 0.00

Past Payment 5,192.77
08/02/2021If Paid By 08/10/2021,
Pay This Amount:

497.60 USD

If Paid After 08/10/2021,
Pay this Amount:

507.76 USD

Due If Paid On Time:

USD 497.60

Disc lost if paid late:

10.16

Due If Paid Late:

USD 507.76

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ON

AUG 09 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS<>
For AR Inquiries please contact 800-867-0333

Served By:	AMERISOURCEBERGEN DRUG CORP 12727 W. AIRPORT BLVD. SUGAR LAND TX 77478-6101	Customer:	WALGREENS #12494 340B MEMORIAL MEDICAL CENTER 1302 N VIRGINIA ST PORT LAVACA TX 77979-2509	Customer Number	
	DEA: RA0289276 866-451-9655			100135284 / 037028186	
Remit To:	AMERISOURCEBERGEN P.O. Box 905223 CHARLOTTE NC 28290-5223	Terms		Sat - Fri Due in 7 days	
				Summary	
				Not Yet Due:	0.00
				Current:	365.97
				Past Due:	0.00
				Total Due:	365.97
				Account Balance:	365.97

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
08-02-2021	08-13-2021	3063249401	162271	Invoice	77.77		0.00	77.77 ✓
08-02-2021	08-13-2021	3063249402	162272	Invoice	0.09		0.00	0.09 ✓
08-02-2021	08-13-2021	3063272705	162318	Invoice	2.46		0.00	2.46 ✓
08-03-2021	08-13-2021	3063401062	162328	Invoice	2.02		0.00	2.02 ✓
08-04-2021	08-13-2021	3063544485	162335	Invoice	10.98		0.00	10.98 ✓
08-05-2021	08-13-2021	3063679301	162346	Invoice	217.17		0.00	217.17 ✓
08-05-2021	08-13-2021	3063679302	162347	Invoice	0.18		0.00	0.18 ✓
08-05-2021	08-13-2021	3063679303	162348	Invoice	0.29		0.00	0.29 ✓
08-06-2021	08-13-2021	3063813609	162357	Invoice	55.01		0.00	55.01 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
365.97	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment	
Date	Amount
08-06-2021	(2,442.28)

Reminders	
Due Date	Amount
08-13-2021	365.97
Total Due:	365.97

APPROVED
ON

AUG 09 2021

COMPTON AUDITOR
CAMERON COUNTY, TEXAS

CK # 500223



**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- August 2, 2021 - August 8, 2021**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>	<u>Amount</u>	<u>CPS</u>
8/2/2021	PAY PLUS ACHTRANS 452579291 101000697182522	- 3rd Party Payor Fee	4.9	
8/3/2021	PAY PLUS ACHTRANS 452579291 101000698136398	- 3rd Party Payor Fee	10.75	
8/3/2021	MERCHANT BANKCD INTERCHNG 971160913887 910000	- Credit Card Processing Fee	119.62	
8/3/2021	MERCHANT BANKCD DISCOUNT 971160910883 910000	- Credit Card Processing Fee	19.95	
8/3/2021	MERCHANT BANKCD DISCOUNT 971160913887 910000	- Credit Card Processing Fee	264.1	
8/3/2021	MERCHANT BANKCD FEE 971160913887 91000010691	- Credit Card Processing Fee	202.87	
8/3/2021	MERCHANT BANKCD FEE 971160910883 91000010691	- Credit Card Processing Fee	9.95	
8/3/2021	MCKESSON DRUG AUTO ACH ACH04676610 910000171	- 340B Drug Program Expense	5192.77*	
8/3/2021	AUTHNET GATEWAY BILLING 118204848 1040000199	- 3rd Party Payor Fee	24.6	
8/4/2021	PAY PLUS ACHTRANS 452579291 101000699565402	- 3rd Party Payor Fee	68.74	
8/5/2021	PAY PLUS ACHTRANS 452579291 101000690592194	- 3rd Party Payor Fee	49.36	
8/5/2021	FDMS FDMS PYMT 052-1479213-000 4100012634583	- Credit Card Machine Lease Expense	43.26	
8/5/2021	FDMS FDMS PYMT 052-1479468-000 4100012634590	- Credit Card Machine Lease Expense	69.24	
8/5/2021	FDMS FDMS PYMT 052-1479214-000 4100012634583	- Credit Card Machine Lease Expense	40.02	
8/5/2021	FDMS FDMS PYMT 052-1601830-000 4100012637405	- Credit Card Machine Lease Expense	32.45	
8/6/2021	STATE COMPTLR TEXNET 02929547/10805 2100002	UHRIP	28646.09**	
8/6/2021	PAY PLUS ACHTRANS 452579291 101000691459401	- 3rd Party Payor Fee	7.92	
8/6/2021	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	2442.28*	
8/6/2021	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	297840.78*	
8/6/2021	IRS USATAXPYMT 220161885855728 6103601000310	- Payroll Taxes	95554.22*	

430,643.87

Jason Anglin, CEO
Memorial Medical Center

August 9, 2021

* Approved August 04, 2021 CC
* Approved July 14, 2021 CC

PROSPERITY BANK

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>	<u>Amount</u>
8/15/2001	ACH Payment TEXAS COUNTY DRS RECEIVABLE 0419 21000024329	- Retirement Funding	138,668.48
			138,668.48

Jason Anglin, CEO
Memorial Medical Center

August 9, 2021

PAY PLUS

4 * 90 =
10 * 75 =
68 * 74 =
49 * 36 =
7 * 92 =

141 * 67

CC Fees

119 * 62 =
19 * 93 =
264 * 10 =
202 * 87 =
9 * 95 =
43 * 26 =
69 * 24 =
40 * 02 =
32 * 45 =

807 * 46

Authnet

24 * 60 =
24 * 60 =

141 * 67 =

807 * 46 =

24 * 60 =

967 * 73 =

430 * 643 * 87 =

3 * 192 * 73 =

28 * 648 * 60 =

2 * 443 * 22 =

297 * 800 * 73 =

95 * 596 * 23 =

967 * 73 =

967 * 73 =

367 * 73 =

0 * 00 =

Retirement 8/15/21

Date/Time 08-04-2021 / 03:53 PM
Submitted By ---

Pay Date 07-31-2021

Employee Deposits	\$60,629.67
Employer Contributions	\$78,038.81
Group Term Life Premiums	\$0.00
Total	\$138,668.48



Comments

Payroll File July 2021 Retirement Upload.xlsx

CLOSE

PRINT

RECEIVED

08/05/2021

13:48

AUG 05 2021

Vendor#

11828

Calhoun County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

ap_open_invoice.template

0

Vendor Name

Class

Pay Code

SOLERA WEST HOUSTON

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
072121A	07/30/2021	07/21/2021	08/19/2021				3,524.50	0.00	0.00	3,524.50 ✓

TRANSFER NH insurance pymt deposited into mmc operant

072121	07/30/2021	07/21/2021	08/19/2021				9,063.84	0.00	0.00	9,063.84
--------	------------	------------	------------	--	--	--	----------	------	------	----------

TRANSFER "

"

Vendor Totals:

11828

Number

Name

Gross

Discount

No-Pay

Net

SOLERA WEST HOI

12,588.34

0.00

0.00

12,588.34

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

12,588.34

0.00

0.00

12,588.34

**APPROVED
ON****AUG 05 2021****GOENTRY AUDITOR
CALHOUN COUNTY, TEXAS**

CHK# 191468

8/5/2021

tmp__cw5report7483142019453522858.html

RECEIVED

08/05/2021

13:48

AUG 05 2021

Calhoun County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap_open_invoice.template

Dates Through:

Vendor#
11836

Vendor Name
GOLDENCREEK HEALTHCARE

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
073021	07/30/2021	07/30/2021	08/19/2021				1,225.99	0.00	0.00	1,225.99

TRANSFER

NH insurance pymt deposited into mme openy

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
11836	GOLDENCREEK HE	1,225.99	0.00	0.00	1,225.99	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,225.99	0.00	0.00	1,225.99

APPROVED
ON

AUG 05 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#191467

RECEIVED

08/05/2021

13:49 **AUG 05 2021**Vendor#
12696

Calhoun County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap_open_invoice.template

Dates Through:

Class

Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
071521	07/30/2021	07/15/2021	08/19/2021				3,392.93	0.00	0.00	3,392.93

TRANSFER

NH insurance pymt deposited into mmc opening

Vendor Totals:

12696

Number

Name

GULF POINTE PLAZ

Gross

3,392.93

Discount

0.00

No-Pay

0.00

Net

3,392.93

Report Summary

Grand Totals:

Gross

3,392.93

Discount

0.00

No-Pay

0.00

Net

3,392.93

APPROVED
ON**AUG 05 2021****COUNTY AUDITOR**
CALHOUN COUNTY, TEXAS**ck# 191471**

RECEIVED

08/05/2021

MEMORIAL MEDICAL CENTER

0

13:45

AP Open Invoice List

ap_open_invoice.template

AUG 05 2021

Dates Through:

Vendor#

Vendor Name

Class

Pay Code

13004

Calhoun County Auditor

TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
071921A	07/30/2021	07/19/2021	08/19/2021				524.21	0.00	0.00	524.21 ✓
	TRANSFER									
071921	07/30/2021	07/19/2021	08/19/2021				396.41	0.00	0.00	396.41 ✓
	TRANSFER									
072021	07/30/2021	07/20/2021	08/19/2021				3,737.44	0.00	0.00	3,737.44 ✓
	TRANSFER									
072121	07/30/2021	07/21/2021	08/19/2021				6,139.86	0.00	0.00	6,139.86 ✓
	TRANSFER									
072221	07/30/2021	07/22/2021	08/19/2021				13,170.00	0.00	0.00	13,170.00 ✓
	TRANSFER									
072221A	07/30/2021	07/22/2021	08/19/2021				106.95	0.00	0.00	106.95 ✓
	TRANSFER									
072321	07/30/2021	07/23/2021	08/19/2021				95.30	0.00	0.00	95.30 ✓
	TRANSFER									
080221	08/04/2021	08/02/2021	08/19/2021				42,296.25	0.00	0.00	42,296.25 ✓
	MEDICARE REPAYMENT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
13004		TUSCANY VILLAGE	66,466.42	0.00	0.00	66,466.42

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	66,466.42	0.00	0.00	66,466.42

**APPROVED
ON****AUG 05 2021****COUNTY AUDITOR
CALHOUN COUNTY, TEXAS****CK#191469**

RECEIVED

08/05/2021

MEMORIAL MEDICAL CENTER

0

13:46 **AUG 05 2021**

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor#
12792

Calhoun County Auditor

Vendor Name

Class

Pay Code

BETHANY SENIOR LIVING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
071521	07/30/2021	07/15/2021	08/19/2021				0.27	0.00	0.00	0.27 ✓
071921A	07/30/2021	07/19/2021	08/19/2021				0.08	0.00	0.00	0.08 ✓
072121	07/30/2021	07/21/2021	08/19/2021				3,841.30	0.00	0.00	3,841.30 ✓
072221	07/30/2021	07/22/2021	08/19/2021				13,919.16	0.00	0.00	13,919.16 ✓
072321	07/30/2021	07/23/2021	08/19/2021				29,858.22	0.00	0.00	29,858.22 ✓
073021	07/30/2021	07/30/2021	08/19/2021				556.56	0.00	0.00	556.56 ✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12792		BETHANY SENIOR L	48,175.59	0.00	0.00	48,175.59

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	48,175.59	0.00	0.00	48,175.59

APPROVED
ON**AUG 05 2021****COUNTY AUDITOR**
CALHOUN COUNTY, TEXAS

CK# 191466

Q

RUN DATE:08/10/21
TIME:16:06

MEMORIAL MEDICAL CENTER
CHECK REGISTER
08/11/21 THRU 08/11/21

PAGE 1
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE

A/P	191410	08/11/21	11.58	ABBOTT NUTRITION
A/P	191411	08/11/21	156.50	ACE HARDWARE 15521
A/P	191412	08/11/21	4,820.52	AIRGAS USA, LLC - CENTRAL DIV
A/P	191413	08/11/21	1,944.00	ALLYSON SWOPE
A/P	191414	08/11/21	45,273.52	AMERISOURCEBERGEN DRUG CORP
A/P	191415	08/11/21	150.00	BARD ACCESS
A/P	191416	08/11/21	1,786.02	BAYER HEALTHCARE
A/P	191417	08/11/21	211.10	CDW GOVERNMENT, INC.
A/P	191418	08/11/21	1,004.13	DARREN DOWNS
A/P	191419	08/11/21	550.00	DASHBOARD MD
A/P	191420	08/11/21	330.00	DIESEL FUEL MAINTENANCE, INC
A/P	191421	08/11/21	243,490.56	DISCOVERY MEDICAL NETWORK INC
A/P	191422	08/11/21	900.00	DON BROWN ELEVATOR INSPECTIONS
A/P	191423	08/11/21	63.41	DYNATRONICS CORPORATION
A/P	191424	08/11/21	9,540.00	EMERGENCY STAFFING SOLUTIONS
A/P	191425	08/11/21	500.00	EVIDENT
A/P	191426	08/11/21	4,510.49	EVOQUA WATER TECHNOLOGIES LLC
A/P	191427	08/11/21	3,283.01	FISHER HEALTHCARE
A/P	191428	08/11/21	65.40	FRONTIER
A/P	191429	08/11/21	5,267.29	GARDNER & WHITE, INC.
A/P	191430	08/11/21	4,600.00	GONZALES CONTRACTING, INC.
A/P	191431	08/11/21	537.50	GRACE FLOORING AND GLASS
A/P	191432	08/11/21	47.73	GULF COAST PAPER COMPANY
A/P	191433	08/11/21	1,086.50	HAYES ELECTRIC SERVICE
A/P	191434	08/11/21	240.90	INTERSTATE ALL BATTERY CENTER
A/P	191435	08/11/21	250.00	ITERSOURCE CORPORATION
A/P	191436	08/11/21	360.21	J & J HEALTH CARE SYSTEMS, INC
A/P	191437	08/11/21	790.86	M G TRUST
A/P	191438	08/11/21	1,448.34	MCKESSON MEDICAL SURGICAL INC
A/P	191439	08/11/21	8.85	MEDIMPACT HEALTHCARE SYS, INC.
A/P	191440	08/11/21	195.00	MEDIVATORS
A/P	191441	08/11/21	318.51	MEDLINE INDUSTRIES INC
A/P	191442	08/11/21	265.74	MEMORIAL MEDICAL CLINIC
A/P	191443	08/11/21	456.88	MMC AUXILIARY GIFT SHOP
A/P	191444	08/11/21	.00	VOIDED
A/P	191445	08/11/21	.00	VOIDED
A/P	191446	08/11/21	30,230.50	MORRIS & DICKSON CO, LLC
A/P	191447	08/11/21	544.04	NACOGDOCHES TRANSCRIPTION
A/P	191448	08/11/21	142.48	OFFICE DEPOT
A/P	191449	08/11/21	759.03	ORTHO CLINICAL DIAGNOSTICS
A/P	191450	08/11/21	2,421.25	PABLO GARZA
A/P	191451	08/11/21	1,100.00	PATRICK OCHOA
A/P	191452	08/11/21	2,220.00	PAYCHEX, ADVANCE FBO
A/P	191453	08/11/21	1,169.51	REYNALDO D. TUAZON
A/P	191454	08/11/21	5,586.00	RN NETWORK
A/P	191455	08/11/21	4,330.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	191456	08/11/21	1,182.00	TEXAS BURNER & BOILER SERVICES
A/P	191457	08/11/21	60.00	TEXAS DEPARTMENT OF LICENSING
A/P	191458	08/11/21	2,650.00	THRIVEFUEL LLC
A/P	191459	08/11/21	891.24	TLC STAFFING

RUN DATE:08/10/21
TIME:16:06

MEMORIAL MEDICAL CENTER
CHECK REGISTER
08/11/21 THRU 08/11/21

PAGE 2
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	191460	08/11/21	1,083.35	TRI-ANIM HEALTH SERVICES INC
A/P	191461	08/11/21	560.00	VICTORIA RADIOWORKS, LTD
A/P	191462	08/11/21	2,078.80	VITA PERSONA LLC
A/P	191463	08/11/21	3,491.87	WAGWORKS, INC.
A/P	191464	08/11/21	160.50	WALLER, LANSDEN, DORTCH & DAVIS
A/P	191465	08/11/21	29,500.00	WOUND CARE SPECIALISTS
A/P	191466	08/11/21	48,175.59	BETHANY SENIOR LIVING
A/P	191467	08/11/21	1,225.99	GOLDENCREEK HEALTHCARE
A/P	191468	08/11/21	12,588.34	SOLERA WEST HOUSTON
A/P	191469	08/11/21	66,466.42	TUSCANY VILLAGE
A/P	191470	08/11/21	53.28	J
A/P	191471	08/11/21	3,392.93	GULF POINTE PLAZA
A/P	191472	08/11/21	18.54	ACE HARDWARE 15521
A/P	191473	08/11/21	7,736.50	AUREUS RADIOLOGY LLC
A/P	191474	08/11/21	710.76	BAXTER HEALTHCARE
A/P	191475	08/11/21	1,476.98	BECKMAN COULTER INC
A/P	191476	08/11/21	300.26	CAPITAL ONE
A/P	191477	08/11/21	1,117.57	CLEARFLY
A/P	191478	08/11/21	133.65	CYRACOM LLC
A/P	191479	08/11/21	458.51	DEWITT POTH & SON
A/P	191480	08/11/21	5,021.60	ETHOS MEDICAL STAFFING
A/P	191481	08/11/21	143.21	FISHER HEALTHCARE
A/P	191482	08/11/21	14.39	FRONTIER
A/P	191483	08/11/21	1,104.54	FUSION CLOUD SERVICES, LLC
A/P	191484	08/11/21	683.04	GULF COAST PAPER COMPANY
A/P	191485	08/11/21	1,148.56	J & J HEALTH CARE SYSTEMS, INC
A/P	191486	08/11/21	316.50	MEDI-DOSE, INC
A/P	191487	08/11/21	400.00	MEDIVATORS
A/P	191488	08/11/21	2,639.53	MEDLINE INDUSTRIES INC
A/P	191489	08/11/21	104.02	MOMENTUM RENTAL & SALES
A/P	191490	08/11/21	5,150.15	MORRIS & DICKSON CO, LLC
A/P	191491	08/11/21	759.03	ORTHO CLINICAL DIAGNOSTICS
A/P	191492	08/11/21	4,181.25	PROTOUCH STAFFING
A/P	191493	08/11/21	36,635.22	RELIANT, DEPT 0954
A/P	191494	08/11/21	2,193.83	SIEMENS FINANCIAL SERVICES
A/P	191495	08/11/21	4,447.74	UNIFIRST HOLDINGS
A/P	191496	08/11/21	580.25	WAGWORKS
A/P	191497	08/11/21	9,791.48	WERFEN USA LLC
TOTALS:			643,794.78	

APPROVING
ON

AUG 11 2021

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	MMC CLINIC
----------	------------

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@mmcporthlavaca.com

mmartinez@mmcportlavaca.com

[illegible]

To be filled out by Memorial Medical Center:

Date Received:	7/29/2021
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Approved by: Mayra Martinez

Date of transfer:	8/11/2021
-------------------	-----------

From Facility: **ASHFORD GARDENS**

To Facility: MMC CLINIC

Amount:	291.54
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Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____
Amount: _____

APPROVED
ON

AUG 09 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#1150

Request for Transfer of Funds

Transfer #: _____

Date Requested 7/30/2021

Payer	Novitas
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CVDAR000019552

Requested by: Catrina Hopper

Requestor's email: Chopper@Nexion-Health.com

Requestor's phone number 903-372-8412

District or County	Memorial Medicare Center
--------------------	--------------------------

Facility Golden Creek

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

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
		4/22/2021	EFT	\$ 1,966.51	EFT5925187	CVDAR000019552	\$ 1,966.51	Ashford Gardens
			TOTAL	\$ 1,966.51			\$ 1,966.51	

To be filled out by Memorial Medical Center:

Date Received: 7/30/2021

Approved by: Mayra Martinez

Date of transfer: 8/11/2021

From Facility: Ashford Gardens

To Facility: Golden Creek

Amount:	\$ 1,966.51
---------	-------------

Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

APPROVED
ON

AUG 09 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK#1151

MEMORIAL MEDICAL CENTER**NH ASHFORD**

202 S ANN ST STE A

PORT LAVACA TX 77979

1150

88-2265/1131-87

8/11/21

Date

 CHECK ARMOR
TRADE PROTECTION

Pay to the

Order of Memorial Medical Center\$ 13546.34Thirteen thousand five hundred forty six & 34/100 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.com

For Medicare repayment

⑆ 1 1 3 1 2 2 6 5 5 ⑆

1150

MEMORIAL MEDICAL CENTER**NH ASHFORD**

202 S ANN ST STE A

PORT LAVACA TX 77979

1151

88-2265/1131-87

8/11/21

Date

 CHECK ARMOR
TRADE PROTECTION

Pay to the

Order of Golden Creek\$ 1966.51One thousand nine hundred sixty six & 51/100 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.com

For Medicare repayment

⑆ 1 1 3 1 2 2 6 5 5 ⑆

1151

RUN DATE:08/11/21
TIME:10:17

MEMORIAL MEDICAL CENTER
CHECK REGISTER
08/11/21 THRU 08/11/21

PAGE 3
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHA 001150 08/11/21 13,546.34 MEMORIAL MEDICAL CENTER

Ashford

NHA 001151 08/11/21 1,966.51 GOLDEN CREEK

~~NHA 001152 08/11/21 27,112.91 MEMORIAL MEDICAL CENTER~~

TOTALS: ~~42,625.76~~

APPROVED
ON

AUG 11 2021

GOBNEY 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 MMC CLINIC

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@mmcporthlavaca.com

mmartinez@mmcportlavaca.com

<u>Patient Name</u> <u>(REQUIRED)</u>	<u>Date of Service</u> <u>(REQUIRED)</u>	<u>Date of Payment</u>	<u>Type of Payment</u> <u>(Check/EFT)</u>	<u>Amount of</u> <u>Payment</u> shown on	<u>Check Number</u>	<u>Claim Number</u>	<u>Action needed- Enter</u> <u>funds (-) or Funds (+)</u> to YOUR account	<u>Notes</u>
N/A	N/A	7/14/2021	EFT	1,260.10	EFT6019391	CVDAR000026869	46.50	BROADMOOR AT CREEKSIDE
N/A	N/A	7/14/2021	EFT	4,219.80	EFT6019367	CVDAR000026869	155.71	BROADMOOR AT CREEKSIDE
N/A	N/A	7/15/2021	EFT	48.07	EFT6021216	CVDAR000026869	1.77	BROADMOOR AT CREEKSIDE
N/A	N/A	7/15/2021	EFT	127.83	EFT6021191	CVDAR000026869	4.72	BROADMOOR AT CREEKSIDE
N/A	N/A	7/16/2021	EFT	144.05	EFT6023224	CVDAR000026869	5.31	BROADMOOR AT CREEKSIDE
N/A	N/A	7/16/2021	EFT	2,100.97	EFT6023198	CVDAR000026869	77.53	BROADMOOR AT CREEKSIDE
N/A	N/A	7/22/2021	EFT	1,183.49	EFT6030437	CVDAR000026869	49.21	BROADMOOR AT CREEKSIDE
N/A	N/A	7/23/2021	EFT	2,131.17	EFT6030437	CVDAR000026869	88.61	BROADMOOR AT CREEKSIDE
N/A	N/A	7/26/2021	EFT	1,601.58	EFT6034188	CVDAR000026869	66.59	BROADMOOR AT CREEKSIDE
N/A	N/A	7/27/2021	EFT	2,663.73	EFT6036322	CVDAR000026869	110.75	BROADMOOR AT CREEKSIDE
			TOTAL	15,480.79			606.70	

To be filled out by Memorial Medical Center:

Date Received: 7/29/2021

Approved by: Mayra Martinez

Date of transfer: 8/11/2021

From Facility: **BROADMOOR AT CREEKSIDE**

To Facility: MMC CLINIC

Amount:	606.70
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Requested Transfer Date #2:

Date of transfer: _____

From Facility: _____

To Facility: _____
 From: _____

Amount: _____

APPROVED
ON

AUG 09 2021

COUNTY AUDITOR
CALIFORNIA COUNTY, TEXAS

CK#000112

Request for Transfer of Funds

Transfer # _____
 Date Requested 7/29/2021
 Payer Medicare
 Requested by: Laren Campos
 Requestor's email lcampos@memorialmedicalcenter.com
 Requestor's phone number 361-552-0226
 District or County Calhoun
 Facility Memorial Medical Center

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: rlivey@memorialmedicalcenter.com

rmartinez@memorialmedicalcenter.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/HT)	Amount of Payment shown on Remittance Advice (REQUIRED)	Check Number	Claim Number	Action needed- Enter funds L1 or Funds L1 to YOUR account	Notes
		5/25/2021	FTT	(27.64)	FF1596462	CVDAR000026869	27.64	BROADMOOR
		5/26/2021	FTT	(92.93)	FF15968769	CVDAR000026869	92.93	BROADMOOR
		5/27/2021	FTT	(452.52)	FF15970031	CVDAR000026869	452.52	BROADMOOR
		5/28/2021	FTT	(716.69)	FF15971794	CVDAR000026869	716.69	BROADMOOR
		6/1/2021	FTT	(201.17)	FF15973626	CVDAR000026869	201.17	BROADMOOR
		6/2/2021	FTT	(876.47)	FF15975656	CVDAR000026869	876.47	BROADMOOR
		6/4/2021	FTT	(95.19)	FF15978819	CVDAR000026869	95.19	BROADMOOR
		6/7/2021	FTT	(735.22)	FF15980542	CVDAR000026869	735.22	BROADMOOR
		6/8/2021	FTT	(206.99)	FF15982021	CVDAR000026869	206.99	BROADMOOR
		6/10/2021	FTT	(201.92)	FF15984888	CVDAR000026869	201.92	BROADMOOR
		6/14/2021	FTT	(5.73)	FF15987506	CVDAR000026869	5.73	BROADMOOR
		6/15/2021	FTT	(58.05)	FF15988548	CVDAR000026869	58.05	BROADMOOR
		6/16/2021	FTT	(560.73)	FF15989992	CVDAR000026869	560.73	BROADMOOR
		6/17/2021	FTT	(272.59)	FF15991813	CVDAR000026869	272.59	BROADMOOR
		6/18/2021	FTT	(271.09)	FF15993587	CVDAR000026869	271.09	BROADMOOR
		6/22/2021	FTT	(6,243.83)	FF15995742	2211650100008TXA	6,243.83	BROADMOOR
		6/22/2021	FTT	(392.90)	FF15995742	CVDAR000026869	392.90	BROADMOOR
		6/23/2021	FTT	(924.87)	FF15998323	CVDAR000026869	924.87	BROADMOOR
		6/23/2021	FTT	(387.94)	FF15998323	CVDAR000026869	387.94	BROADMOOR
		6/24/2021	FTT	(16.21)	FF15999970	CVDAR000026869	16.21	BROADMOOR
		6/25/2021	FTT	(249.16)	FF16001800	CVDAR000026869	249.16	BROADMOOR
		6/25/2021	FTT	(138.73)	FF16001623	CVDAR000026869	138.73	BROADMOOR
		6/28/2021	FTT	(467.80)	FF16003577	CVDAR000026869	467.80	BROADMOOR
		6/29/2021	FTT	(810.82)	FF16007062	CVDAR000026869	810.82	BROADMOOR
		6/30/2021	FTT	(586.44)	FF16006549	CVDAR000026869	586.44	BROADMOOR
		7/1/2021	FTT	(743.40)	FF16007966	CVDAR000026869	743.40	BROADMOOR
		7/2/2021	FTT	(73.13)	FF16009188	CVDAR000026869	73.13	BROADMOOR
		7/6/2021	FTT	(286.65)	FF16010338	CVDAR000026869	286.65	BROADMOOR
		7/7/2021	FTT	(462.43)	FF16011923	CVDAR000026869	462.43	BROADMOOR
		7/7/2021	FTT	(205.58)	FF16012109	CVDAR000026869	205.58	BROADMOOR
		7/8/2021	FTT	(492.12)	FF16013280	CVDAR000026869	492.12	BROADMOOR
		4/8/2021	NO PAY REMIT	(474.43)	3241	NO CLAIM	474.43	BROADMOOR
		7/9/2021	FTT	(199.69)	FF16014292	CVDAR000026869	199.69	BROADMOOR
		7/12/2021	FTT	(122.22)	FF16015579	CVDAR000026869	122.22	BROADMOOR
		7/13/2021	FTT	(139.28)	FF16017020	CVDAR000026869	139.28	BROADMOOR
		7/14/2021	FTT	(372.20)	FF16018573	CVDAR000026869	372.20	BROADMOOR
		7/15/2021	FTT	(613.92)	FF16020313	CVDAR000026869	613.92	BROADMOOR
		7/16/2021	FTT	(21.43)	FF16022141	CVDAR000026869	21.43	BROADMOOR
		7/21/2021	FTT	(272.45)	FF16027656	CVDAR000026869	272.45	BROADMOOR
		7/22/2021	FTT	(712.69)	FF16029479	CVDAR000026869	712.69	BROADMOOR
		7/23/2021	FTT	(207.60)	FF16029300	CVDAR000026869	207.60	BROADMOOR
		7/23/2021	FTT	(1,725.40)	FF16031320	CVDAR000026869	1,725.40	BROADMOOR
		7/26/2021	FTT	(271.88)	FF16033185	CVDAR000026869	271.88	BROADMOOR
		7/29/2021	FTT	(124.76)	FF16038561	CVDAR000026869	124.76	BROADMOOR
			TOTAL	(21,900.93)			23,022.39	

To be filled out by Memorial Medical Center:

Date Received: 7/30/2021
 Approved by: Mayra Martinez
 Date of transfer: 8/11/2021
 From Facility: BROADMOOR
 To Facility: MMAC
 Amount: 23,022.39
 Requested Transfer Date #: _____
 Date of transfer: _____
 From Facility: _____
 To Facility: _____
 Amount: _____

APPROVED
ON

AUG 09 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

PK#000112

Request for Transfer of Funds

Transfer #: _____

Date Requested 7/30/2021

Payer	Novitas
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Requested by: Catrina Hopper

Requestor's email: Chopper@Nexion-Health.com

Requestor's phone number	903-372-8412
--------------------------	--------------

District or County	Memorial Medicare Center
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Facility Golden Creek

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

nmartinez@mmcporthlavaca.com

<u>Patient Name</u>	<u>Date of Service</u>	<u>Type of Payment</u>	<u>Amount of</u>	<u>Check Number</u>	<u>Claim Number</u>	<u>Action needed- Enter funds (-) or Funds (+)</u>	
(REQUIRED)	(REQUIRED)	(CHECK/EFT)	shown on			to YOUR account	Notes
	4/22/2021	EFTS925187	\$ 1,966.51	EFTS925187	CVDAR000026869	\$ 1,966.51	The Broadmoor Creeks
	7/22/2021	EFT6029933	\$ 1,772.78	EFT6029933	CVDAR000026869	\$ 1,772.78	The Broadmoor Creeks
	7/27/2021	EFT6035820	\$ 2.03	EFT6035820	CVDAR000026869	\$ 2.03	The Broadmoor Creeks
	7/29/2021	EFT6038877	\$ 395.19	EFT6038877	CVDAR000026869	\$ 395.19	The Broadmoor Creeks
	TOTAL		\$ 4,136.51			\$ 4,136.51	

To be filled out by Memorial Medical Center:

Date Received: 7/30/2021

Approved by:	Mayra Martinez
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Date of transfer:	8/11/2021
-------------------	-----------

From Facility: The Broadmoor Creeks

To Facility: Golden Creek

Amount:	\$ 4,136.51
---------	-------------

Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____
Amount: _____

Amount: _____

APPROVED
ON

AUG 09 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CLK #000114

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000112

88-2265/1131

Date 8/11/21

PAY

TO THE
ORDER OFMemorial Medical Center\$ 23629.09Twenty three thousand six hundred twenty nine & 09/100

DOLLARS

PROSPERITY
BANKFOR Medicare repaymentSecurity features are
included. Details on back.

⑈000112⑈ ⑆

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000114

88-2265/1131

Date 8/11/21

PAY

TO THE
ORDER OFGolden Creek\$ 4,136.51Four thousand one hundred thirty six & 51/100

DOLLARS

PROSPERITY
BANKFOR Medicare repaymentSecurity features are
included. Details on back.

⑈000114⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000113

88-2265/1131

Date 8/11/21

PAY

TO THE
ORDER OFTuscany\$ 781.12Seven hundred eighty one & 12/100

DOLLARS

PROSPERITY
BANKFOR Medicare repaymentSecurity features are
included. Details on back.

⑈000113⑈ ⑆113122655⑆

RUN DATE:08/11/21
TIME:10:17

MEMORIAL MEDICAL CENTER
CHECK REGISTER
08/11/21 THRU 08/11/21

PAGE 4
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHB 000112 08/11/21 23,629.09 MEMORIAL MEDICAL CENTER
NHB 000113 08/11/21 781.12 TUSCANY
NHB 000114 08/11/21 4,136.51 GOLDEN CREEK
~~NHB 000115 08/11/21 11,221.21 MEMORIAL MEDICAL CENTER~~
TOTALS: ~~39,767.93~~

Broadman

APPROVED
ON

AUG 11 2021

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 MMC CLINIC

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

Please email request form and Remittance Advice to : cclevenger@mmcnportlavaca.com

and Remittance Advice to : cclevenger@mmcportlavaca.com

mmartinez@mmcportlavaca.com

<u>Patient Name</u> <u>(REQUIRED)</u>	<u>Date of Service</u> <u>(REQUIRED)</u>	<u>Date of Payment</u>	<u>Type of Payment</u> <u>(Check/EFT)</u>	<u>Amount of</u> <u>Payment</u> <u>shown on</u>	<u>Check Number</u>	<u>Claim Number</u>	<u>Action needed- Enter</u> <u>funds (-) or Funds (+)</u> <u>to YOUR account</u>	<u>Notes</u>
N/A	N/A	7/14/2021	EFT	1,260.10	EFT6019391	CVDAR000019557	46.50	THE CRESENT
N/A	N/A	7/14/2021	EFT	4,219.80	EFT6019367	CVDAR000019557	155.71	THE CRESENT
N/A	N/A	7/15/2021	EFT	48.07	EFT6021216	CVDAR000019557	1.77	THE CRESENT
N/A	N/A	7/15/2021	EFT	127.83	EFT6021191	CVDAR000019557	4.72	THE CRESENT
N/A	N/A	7/16/2021	EFT	144.05	EFT6023224	CVDAR000019557	5.31	THE CRESENT
N/A	N/A	7/16/2021	EFT	2,100.97	EFT6023198	CVDAR000019557	77.53	THE CRESENT
N/A	N/A	7/22/2021	EFT	1,183.49	EFT6030437	CVDAR000019557	49.21	THE CRESENT
N/A	N/A	7/23/2021	EFT	2,131.17	EFT6030437	CVDAR000019557	88.61	THE CRESENT
N/A	N/A	7/26/2021	EFT	1,601.58	EFT6034188	CVDAR000019557	66.59	THE CRESENT
N/A	N/A	7/27/2021	EFT	2,663.73	EFT6036322	CVDAR000019557	110.75	THE CRESENT
			TOTAL	15,480.79			606.70	

To be filled out by Memorial Medical Center:

Date Received: 7/29/2021

Approved by: Mayra Martinez

Date of transfer: 8/11/2021

From Facility: **THE CRESENT**

To Facility: MMC CLINIC

Amount: 606.70

Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____

AUC 0.93 (95% CI 0.90-0.96)

AUG 19 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#000147

Request for Transfer of Funds

Transfer #: _____
 Date Requested: _____
 Payer: Medicare
 Requested by: Faren Campos
 Requestor's email: tagorales@mmcporthavaca.com
 Requestor's phone number: 361-552-0226
 District or County: Calhoun
 Facility: Memorial Medical Center

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 : crle-vrnger@mmcporthavaca.com

mmastinez@mmcporthavaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter Funds 1-1 or Funds 1-1 to YOUR account	Notes
	5/25/2021		EFT	(27.64)	EFT5966462	CVDAR000019557	27.64	CRESCENT
	5/26/2021		EFT	(92.93)	EFT5968269	CVDAR000019557	92.93	CRESCENT
	5/27/2021		EFT	(452.52)	EFT5970031	CVDAR000019557	452.52	CRESCENT
	5/28/2021		EFT	(716.69)	EFT5971794	CVDAR000019557	716.69	CRESCENT
	6/1/2021		EFT	\$ (701.17)	EFT5973626	CVDAR000019557	701.17	CRESCENT
	6/2/2021		EFT	\$ (876.47)	EFT5975656	CVDAR000019557	876.47	CRESCENT
	6/4/2021		EFT	\$ (95.19)	EFT5978819	CVDAR000019557	95.19	CRESCENT
	6/7/2021		EFT	\$ (735.72)	EFT5980542	CVDAR000019557	735.72	CRESCENT
	6/8/2021		EFT	\$ (206.99)	EFT5982021	CVDAR000019557	206.99	CRESCENT
	6/10/2021		EFT	\$ (201.92)	EFT5984888	CVDAR000019557	201.92	CRESCENT
	6/14/2021		EFT	\$ (5.73)	EFT5987506	CVDAR000019557	5.73	CRESCENT
	6/15/2021		EFT	\$ (58.05)	EFT5988548	CVDAR000019557	58.05	CRESCENT
	6/16/2021		EFT	\$ (560.73)	EFT5989992	CVDAR000019557	560.73	CRESCENT
	6/17/2021		EFT	\$ (272.59)	EFT5991813	CVDAR000019557	272.59	CRESCENT
	6/18/2021		EFT	\$ (271.09)	EFT5993587	CVDAR000019557	271.09	CRESCENT
	6/22/2021		EFT	\$ (392.90)	EFT5995742	CVDAR000019557	392.90	CRESCENT
	6/23/2021		EFT	\$ (924.87)	EFT5998321	CVDAR000019557	924.87	CRESCENT
	6/23/2021		EFT	\$ (387.94)	EFT5998321	CVDAR000019557	387.94	CRESCENT
	6/24/2021		EFT	\$ (16.21)	EFT5999970	CVDAR000019557	16.21	CRESCENT
	6/25/2021		EFT	\$ (249.16)	EFT6001800	CVDAR000019557	249.16	CRESCENT
	6/25/2021		EFT	\$ (138.73)	EFT6001623	CVDAR000019557	138.73	CRESCENT
	6/28/2021		EFT	\$ (467.80)	EFT6001577	CVDAR000019557	467.80	CRESCENT
	6/29/2021		EFT	\$ (810.82)	EFT6005062	CVDAR000019557	810.82	CRESCENT
	6/30/2021		EFT	\$ (586.44)	EFT6006549	CVDAR000019557	586.44	CRESCENT
	7/1/2021		EFT	\$ (743.40)	EFT6007966	CVDAR000019557	743.40	CRESCENT
	7/2/2021		EFT	\$ (73.13)	EFT6009188	CVDAR000019557	73.13	CRESCENT
	7/6/2021		EFT	\$ (286.65)	EFT6010318	CVDAR000019557	286.65	CRESCENT
	7/7/2021		EFT	\$ (462.43)	EFT6011923	CVDAR000019557	462.43	CRESCENT
	7/7/2021		EFT	\$ (205.58)	EFT6012109	CVDAR000019557	205.58	CRESCENT
	7/8/2021		EFT	\$ (492.12)	EFT6013280	CVDAR000019557	492.12	CRESCENT
	7/9/2021		EFT	\$ (199.69)	EFT6014292	CVDAR000019557	199.69	CRESCENT
	7/12/2021		EFT	\$ (122.22)	EFT6015579	CVDAR000019557	122.22	CRESCENT
	7/13/2021		EFT	\$ (139.28)	EFT6017020	CVDAR000019557	139.28	CRESCENT
	7/14/2021		EFT	\$ (372.20)	EFT6018523	CVDAR000019557	372.20	CRESCENT
	7/15/2021		EFT	\$ (613.92)	EFT6020313	CVDAR000019557	613.92	CRESCENT
	7/16/2021		EFT	\$ (21.43)	EFT6022141	CVDAR000019557	21.43	CRESCENT
	7/21/2021		EFT	\$ (272.45)	EFT6027656	CVDAR000019557	272.45	CRESCENT
	7/22/2021		EFT	(717.69)	EFT6029479	CVDAR000019557	717.69	CRESCENT
	7/22/2021		EFT	(207.60)	EFT6029300	CVDAR000019557	207.60	CRESCENT
	7/23/2021		EFT	(1,725.40)	EFT6031320	CVDAR000019557	1,725.40	CRESCENT
	7/26/2021		EFT	(273.88)	EFT6033185	CVDAR000019557	273.88	CRESCENT
	7/29/2021		EFT	\$ (124.76)	EFT6038561	CVDAR000019557	124.76	CRESCENT
TOTAL				(16,304.13)			16,304.13	

To be filled out by Memorial Medical Center:

Date Received: 7/30/2021

Approved by: Maya Martinez

Date of transfer: 8/11/2021

From Facility: CRESCENT

To Facility: MMC

Amount: 16,304.13

APPROVED
ON

AUG 09 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
ck # 000147

Request for Transfer of Funds

Transfer #: _____

Date Requested: 8.5.21

Payer: MEDICARE

Requested by: RACHEL ARENAZAS

Requestor's email: rrarenazas@tuscanyvillagecare.net

Requestor's phone number: 713-770-5300

District or County: BRAZORIA

Facility: TUSCANY VILLAGE

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

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter funds [-] or Funds (+) to YOUR account	Notes
		8.5.21	EFT	\$ 285.88	EFT6046159	WO/CVDAR000019557	\$ 285.88	Due Tuscany from Crescent
		8.4.21	EFT	\$ 495.24	EFT6045090	WO/CVDAR000019557	\$ 495.24	Due Tuscany from Crescent
			TOTAL	781.12			781.12	

To be filled out by Memorial Medical Center:

Date Received: 7/29/2021

Approved by: Mayra Martinez

Date of transfer: 8/11/2021

From Facility: Crescent

To Facility: Tuscany

Amount: 781.12

Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____

APPROVED
ON

AUG 09 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 000149

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000147

Date

8/11/21

88-2265/1131

PAY

TO THE
ORDER OF

Memorial Medical Center

\$ 16,910.83

Sixteen thousand nine hundred ten & 83/100

DOLLARS

PROSPERITY
BANK

FOR Medicare repayment

Security features are
included. Details on back.

⑈000147⑈ ⑆113122655⑆

⑈

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000149

Date

8/11/21

88-2265/1131

PAY

TO THE
ORDER OF

Tuscany

\$ 781.12

Seven hundred eighty one & 12/100

DOLLARS

PROSPERITY
BANK

FOR Medicare repayment

Security features are
included. Details on back.

⑈000149⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000148

Date

8/11/21

88-2265/1131

PAY

TO THE
ORDER OF

Golden creek

\$ 4,136.51

Four thousand one hundred thirty six & 51/100

DOLLARS

PROSPERITY
BANK

FOR Medicare repayment

Security features are
included. Details on back.

⑈000148⑈ ⑆113122655⑆

RUN DATE:08/11/21
TIME:10:17

MEMORIAL MEDICAL CENTER
CHECK REGISTER
08/11/21 THRU 08/11/21

PAGE 5
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHC 000147 08/11/21 16,910.83 MEMORIAL MEDICAL CENTER
NHC 000148 08/11/21 4,136.51 GOLDEN CREEK
NHC 000149 08/11/21 781.12 TUSCANY
~~NHC 000150 08/11/21 9,006.78 MEMORIAL MEDICAL CENTER~~
TOTALS: ~~30,835.24~~

Crescent

APPROVED
ON

AUG 11 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Request for Transfer of Funds

Transfer #: _____
 Date Requested: _____
 Payer: Medicare
 Requested by: Faren Campos
 Requestor's email: fagonzales@mmcporthavara.com
 Requestor's phone number: 361-552-0276
 District or County: Calhoun
 Facility: Memorial Medical Center

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: cclevenegor@mmcporthavara.com

mmartinez@mmcporthavara.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/RTT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter (credit L or Funds C) to YOUR account	Notes
		5/25/2021	FTT	(27.64)	EFT5966462	CVDAR000019556	27.64	FORTBEND HEALTHCARE
		5/26/2021	FTT	(92.93)	EFT5968209	CVDAR000019556	92.93	FORTBEND HEALTHCARE
		5/27/2021	FTT	(452.52)	EFT5970031	CVDAR000019556	452.52	FORTBEND HEALTHCARE
		5/28/2021	FTT	(716.69)	EFT5971784	CVDAR000019556	716.69	FORTBEND HEALTHCARE
		6/1/2021	FTT	\$ (701.17)	EFT5973626	CVDAR000019556	701.17	FORTBEND HEALTHCARE
		6/2/2021	FTT	\$ (876.47)	EFT5975056	CVDAR000019556	876.47	FORTBEND HEALTHCARE
		6/4/2021	FTT	\$ (95.19)	EFT5978819	CVDAR000019556	95.19	FORTBEND HEALTHCARE
		6/7/2021	FTT	\$ (735.72)	EFT5980542	CVDAR000019556	735.72	FORTBEND HEALTHCARE
		6/8/2021	FTT	\$ (206.99)	EFT5982021	CVDAR000019556	206.99	FORTBEND HEALTHCARE
		6/10/2021	FTT	\$ (201.92)	EFT5984888	CVDAR000019556	201.92	FORTBEND HEALTHCARE
		6/14/2021	FTT	\$ (5.73)	EFT5987506	CVDAR000019556	5.73	FORTBEND HEALTHCARE
		6/15/2021	FTT	\$ (58.05)	EFT5988548	CVDAR000019556	58.05	FORTBEND HEALTHCARE
		6/16/2021	FTT	\$ (560.73)	EFT5989992	CVDAR000019556	560.73	FORTBEND HEALTHCARE
		6/17/2021	FTT	\$ (272.59)	EFT5991813	CVDAR000019556	272.59	FORTBEND HEALTHCARE
		6/18/2021	FTT	\$ (273.09)	EFT5993587	CVDAR000019556	273.09	FORTBEND HEALTHCARE
		6/22/2021	FTT	\$ (392.90)	EFT5995742	CVDAR000019556	392.90	FORTBEND HEALTHCARE
		6/23/2021	FTT	\$ (924.87)	EFT5998321	CVDAR000019556	924.87	FORTBEND HEALTHCARE
		6/23/2021	FTT	\$ (387.94)	EFT5998321	CVDAR000019556	387.94	FORTBEND HEALTHCARE
		6/24/2021	FTT	\$ (16.21)	EFT5999970	CVDAR000019556	16.21	FORTBEND HEALTHCARE
		6/25/2021	FTT	\$ (249.16)	EFT6001800	CVDAR000019556	249.16	FORTBEND HEALTHCARE
		6/25/2021	FTT	\$ (138.73)	EFT6001623	CVDAR000019556	138.73	FORTBEND HEALTHCARE
		6/28/2021	FTT	\$ (467.80)	EFT6003577	CVDAR000019556	467.80	FORTBEND HEALTHCARE
		6/29/2021	FTT	\$ (810.82)	EFT6005062	CVDAR000019556	810.82	FORTBEND HEALTHCARE
		6/30/2021	FTT	\$ (566.44)	EFT6006549	CVDAR000019556	566.44	FORTBEND HEALTHCARE
		7/1/2021	FTT	\$ (743.40)	EFT6007966	CVDAR000019556	743.40	FORTBEND HEALTHCARE
		7/2/2021	FTT	\$ (73.13)	EFT6009188	CVDAR000019556	73.13	FORTBEND HEALTHCARE
		7/6/2021	FTT	\$ (286.65)	EFT6010338	CVDAR000019556	286.65	FORTBEND HEALTHCARE
		7/7/2021	FTT	\$ (462.43)	EFT6011923	CVDAR000019556	462.43	FORTBEND HEALTHCARE
		7/7/2021	FTT	\$ (205.58)	EFT6012109	CVDAR000019556	205.58	FORTBEND HEALTHCARE
		7/8/2021	FTT	\$ (492.12)	EFT6013280	CVDAR000019556	492.12	FORTBEND HEALTHCARE
		7/9/2021	FTT	\$ (199.69)	EFT6014292	CVDAR000019556	199.69	FORTBEND HEALTHCARE
		7/12/2021	FTT	\$ (122.22)	EFT6015579	CVDAR000019556	122.22	FORTBEND HEALTHCARE
		7/13/2021	FTT	\$ (139.28)	EFT6017020	CVDAR000019556	139.28	FORTBEND HEALTHCARE
		7/14/2021	FTT	\$ (372.20)	EFT6018523	CVDAR000019556	372.20	FORTBEND HEALTHCARE
		7/15/2021	FTT	\$ (613.92)	EFT6020313	CVDAR000019556	613.92	FORTBEND HEALTHCARE
		7/16/2021	FTT	\$ (21.43)	EFT6022141	CVDAR000019556	21.43	FORTBEND HEALTHCARE
		7/17/2021	FTT	\$ (272.45)	EFT6027656	CVDAR000019556	272.45	FORTBEND HEALTHCARE
		7/22/2021	FTT	\$ (717.69)	EFT6029479	CVDAR000019556	717.69	FORTBEND HEALTHCARE
		7/22/2021	FTT	(207.60)	EFT6029300	CVDAR000019556	207.60	FORTBEND HEALTHCARE
		7/23/2021	FTT	(1,725.40)	EFT6031520	CVDAR000019556	1,725.40	FORTBEND HEALTHCARE
		7/26/2021	FTT	(273.88)	EFT6033185	CVDAR000019556	273.88	FORTBEND HEALTHCARE
		7/29/2021	FTT	\$ (124.76)	EFT6038561	CVDAR000019556	124.76	FORTBEND HEALTHCARE
			TOTAL	(16,304.13)			16,304.13	

To be filled out by Memorial Medical Center:

Date Received: 7/30/2021
 Approved by: Mayra Martinez
 Date of transfer: 8/11/2021
 From Facility: FORTBEND HEALTHCARE
 To Facility: MMHC
 Amount: 16,304.13
 Requested Transfer Date #: _____
 Date of transfer: _____
 From Facility: _____
 To Facility: _____
 Amount: _____

APPROVED
ON

AUG 09 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 000141

Request for Transfer of Funds

Transfer #:

Date Requested 7/30/2021

Payer	Novitas
-------	---------

CVDAR000019556

Requested by: Catrina Hopper

Requestor's email Chopper@Nexion-Health.com

Requestor's phone number	903-372-8412
--------------------------	--------------

District or County	Memorial Medicare Center
--------------------	--------------------------

Facility Golden Creek

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@mmcporthlavaca.com

mmartinez@mmcportlavaca.com

<u>Patient Name</u> <u>(REQUIRED)</u>	<u>Date of Service</u> <u>(REQUIRED)</u>	<u>Date of Payment</u>	<u>Type of Payment</u> <u>(Check/EFT)</u>	<u>Amount of</u> <u>Payment</u> <u>shown on</u>	<u>Check Number</u>	<u>Claim Number</u>	<u>Action needed- Enter</u> <u>funds (-) or Funds (+)</u> <u>to YOUR account</u>	<u>Notes</u>
		4/22/2021	EFT5925187	\$ 1,966.51	EFT5925187	CVDAR000019556	\$ 1,966.51	Fort Bend
		7/22/2021	EFT6029933	\$ 1,772.78	EFT6029933	CVDAR000019556	\$ 1,772.78	Fort Bend
		7/27/2021	EFT6035820	\$ 2.03	EFT6035820	CVDAR000019556	\$ 2.03	Fort Bend
		7/29/2021	EFT6038877	\$ 395.19	EFT6038877	CVDAR000019556	\$ 395.19	Fort Bend
			TOTAL	\$ 4,136.51			\$ 4,136.51	

To be filled out by Memorial Medical Center:

Date Received: 7/30/2021

Approved by:	Mayra Martinez
--------------	----------------

Date of transfer: 8/11/2021

From Facility:	Fort Bend
To Facility:	Fort Bend

To Facility: Golden Creek

Amount:	\$ 4,136.51
---------	-------------

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

Date of transfer: _____

From Facility: _____
To Facility: _____

To Facility: _____
Amount: _____

Amount: _____

APPROVED
ON

AUG 09 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CL# 000142

MEMORIAL MEDICAL CENTER

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

000141

88-2265/1131

Date 8/11/21

PAY

TO THE
ORDER OFMemorial Medical Center\$ 16,910.83Sixteen thousand nine hundred ten & 83/100

DOLLARS

PROSPERITY
BANKFOR Medicare repaymentSecurity features are
included. Details on back.

⑈000141⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

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

000143

88-2265/1131

Date 8/11/21

PAY

TO THE
ORDER OFTuscany\$ 781.12Seven hundred eighty one & 12/100

DOLLARS

PROSPERITY
BANKFOR Medicare repaymentSecurity features are
included. Details on back.

⑈000143⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

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

000142

88-2265/1131

Date 8/11/21

PAY

TO THE
ORDER OFGolden Creek\$ 4,136.51Four thousand one hundred thirty six & 51/100

DOLLARS

PROSPERITY
BANKFOR Medicare repaymentSecurity features are
included. Details on back.

⑈000142⑈ ⑆113122655⑆

RUN DATE:08/11/21
TIME:10:17

MEMORIAL MEDICAL CENTER
CHECK REGISTER
08/11/21 THRU 08/11/21

PAGE 6
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHF 000141 08/11/21 16,910.83 MEMORIAL MEDICAL CENTER
NHF 000142 08/11/21 4,136.51 GOLDEN CREEK
NHF 000143 08/11/21 781.12 TUSCANY
~~NHF 000144 08/11/21 10,960.51 MEMORIAL MEDICAL CENTER~~
TOTALS: ~~32,788.97~~

Fort Bend

APPROVED
ON

AUG 11 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Request for Transfer of Funds

Transfer #: _____
 Date Requested: _____
 Payer: Medicare
 Requested by: Faren Campos
 Requestor's email: fagongales@mmcportlivara.com
 Requestor's phone number: 361-552-0226
 District or County: Calhoun
 Facility: Memorial Medical Center

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:

clevenger@mmcportlivara.com

mmartinez@mmcportlivara.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/ETF)	Amount of Payment shown on	Check Number	Claim Number	Action needed: Enter Funds L1 or Funds L2 to YOUR account	Notes
		5/25/2021	ETF	(27.64)	EFF5966462	CVDAR000018170		27.64 SOLERA WEST HOUSTON
		5/26/2021	ETF	(92.93)	EFF5968269	CVDAR000018170		92.93 SOLERA WEST HOUSTON
		5/27/2021	ETF	(452.52)	EFF5970031	CVDAR000018170		452.52 SOLERA WEST HOUSTON
		5/28/2021	ETF	(716.69)	EFF5971794	CVDAR000018170		716.69 SOLERA WEST HOUSTON
		6/1/2021	ETF	(201.17)	EFF5973526	CVDAR000018170		201.17 SOLERA WEST HOUSTON
		6/2/2021	ETF	(876.47)	EFF5975656	CVDAR000018170		876.47 SOLERA WEST HOUSTON
		6/4/2021	ETF	(95.19)	EFF5978819	CVDAR000018170		95.19 SOLERA WEST HOUSTON
		6/7/2021	ETF	(735.72)	EFF5980542	CVDAR000018170		735.72 SOLERA WEST HOUSTON
		6/8/2021	ETF	(206.99)	EFF5982021	CVDAR000018170		206.99 SOLERA WEST HOUSTON
		6/10/2021	ETF	(201.92)	EFF5984888	CVDAR000018170		201.92 SOLERA WEST HOUSTON
		6/14/2021	ETF	(5.73)	EFF5987506	CVDAR000018170		5.73 SOLERA WEST HOUSTON
		6/15/2021	ETF	(58.05)	EFF5988548	CVDAR000018170		58.05 SOLERA WEST HOUSTON
		6/16/2021	ETF	(560.73)	EFF5989992	CVDAR000018170		560.73 SOLERA WEST HOUSTON
		6/17/2021	ETF	(272.59)	EFF5991813	CVDAR000018170		272.59 SOLERA WEST HOUSTON
		6/18/2021	ETF	(271.09)	EFF5993587	CVDAR000018170		271.09 SOLERA WEST HOUSTON
		6/22/2021	ETF	(392.90)	EFF5995742	CVDAR000018170		392.90 SOLERA WEST HOUSTON
		6/23/2021	ETF	(924.87)	EFF5998321	CVDAR000018170		924.87 SOLERA WEST HOUSTON
		6/23/2021	ETF	(387.94)	EFF5998321	CVDAR000018170		387.94 SOLERA WEST HOUSTON
		6/24/2021	ETF	(16.21)	EFF5999970	CVDAR000018170		16.21 SOLERA WEST HOUSTON
		6/25/2021	ETF	(249.16)	EFF6001800	CVDAR000018170		249.16 SOLERA WEST HOUSTON
		6/25/2021	ETF	(138.73)	EFF6001623	CVDAR000018170		138.73 SOLERA WEST HOUSTON
		6/28/2021	ETF	(467.80)	EFF6003577	CVDAR000018170		467.80 SOLERA WEST HOUSTON
		6/29/2021	ETF	(810.82)	EFF6005062	CVDAR000018170		810.82 SOLERA WEST HOUSTON
		6/30/2021	ETF	(586.44)	EFF6006549	CVDAR000018170		586.44 SOLERA WEST HOUSTON
		7/1/2021	ETF	(743.40)	EFF6007966	CVDAR000018170		743.40 SOLERA WEST HOUSTON
		7/2/2021	ETF	(73.13)	EFF6009188	CVDAR000018170		73.13 SOLERA WEST HOUSTON
		7/6/2021	ETF	(286.65)	EFF6010138	CVDAR000018170		286.65 SOLERA WEST HOUSTON
		7/7/2021	ETF	(462.43)	EFF6011923	CVDAR000018170		462.43 SOLERA WEST HOUSTON
		7/11/2021	ETF	(205.58)	EFF6012109	CVDAR000018170		205.58 SOLERA WEST HOUSTON
		7/8/2021	ETF	(492.12)	EFF6013280	CVDAR000018170		492.12 SOLERA WEST HOUSTON
		7/9/2021	ETF	(199.69)	EFF6014292	CVDAR000018170		199.69 SOLERA WEST HOUSTON
		7/12/2021	ETF	(122.22)	EFF6015579	CVDAR000018170		122.22 SOLERA WEST HOUSTON
		7/13/2021	ETF	(139.28)	EFF6017020	CVDAR000018170		139.28 SOLERA WEST HOUSTON
		7/14/2021	ETF	(372.20)	EFF6018523	CVDAR000018170		372.20 SOLERA WEST HOUSTON
		7/15/2021	ETF	(613.92)	EFF6020113	CVDAR000018170		613.92 SOLERA WEST HOUSTON
		7/16/2021	ETF	(21.43)	EFF6022141	CVDAR000018170		21.43 SOLERA WEST HOUSTON
		7/21/2021	ETF	(272.45)	EFF6027656	CVDAR000018170		272.45 SOLERA WEST HOUSTON
		7/22/2021	ETF	(717.69)	EFF6029479	CVDAR000018170		717.69 SOLERA WEST HOUSTON
		7/22/2021	ETF	(207.60)	EFF6029300	CVDAR000018170		207.60 SOLERA WEST HOUSTON
		7/23/2021	ETF	(1,725.40)	EFF6031320	CVDAR000018170		1,725.40 SOLERA WEST HOUSTON
		7/26/2021	ETF	(273.88)	EFF6033185	CVDAR000018170		273.88 SOLERA WEST HOUSTON
		7/29/2021	ETF	(124.76)	EFF6038561	CVDAR000018170		124.76 SOLERA WEST HOUSTON
		TOTAL		(16,604.13)				16,604.13

To be filled out by Memorial Medical Center:

Date Received: 7/30/2021
 Approved by: Mayra Martinez
 Date of transfer: 8/11/2021
 From Facility: SOLERA WEST HOUSTON
 To Facility: MMC
 Amount: 16,604.13
 Requested Transfer Date #: _____
 Date of transfer: _____
 From Facility: _____
 To Facility: _____
 Amount: _____

APPROVED
ON

AUG 09 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

ck# 1146

Request for Transfer of Funds

Transfer #:

Date Requested 7/30/2021

CVDAR000018170

Payer	Novitas
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Requested by: Catrina Hopper

Requestor's email Chopper@Nexion-Health.com

Requestor's phone
number 903-372-8412

District or County Memorial Medicare Center

Facility	Golden Creek
----------	--------------

Please Attach:

Remittance Advice and EOB

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

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

Please email request form

and Remittance Advice to : cclevenger@mmcporthavaca.com

nmartinez@mmcporthlavaca.com

<u>Patient Name</u>	<u>Date of Service</u>	<u>Date of Payment</u>	<u>Type of Payment</u>	<u>Amount of Payment shown on</u>	<u>Check Number</u>	<u>Claim Number</u>	<u>Action needed- Enter funds (-) or Funds (+)</u>	<u>Notes</u>
(REQUIRED)	(REQUIRED)		(Check/EFT)				to YOUR account	
		4/22/2021	EFT5925187	\$ 1,966.51	EFT5925187	CVDAR000018170	\$ 1,966.51	Solera West Houston
		7/22/2021	EFT6029933	\$ 1,772.78	EFT6029933	CVDAR000018170	\$ 1,772.78	Solera West Houston
		7/27/2021	EFT6035820	\$ 2.03	EFT6035820	CVDAR000018170	\$ 2.03	Solera West Houston
		7/29/2021	EFT6038877	\$ 395.19	EFT6038877	CVDAR000018170	\$ 395.19	Solera West Houston
TOTAL				\$ 4,136.51			\$ 4,136.51	

To be filled out by Memorial Medical Center:

Date Received: 7/30/2021

Approved by: Mayra Martinez

Date of transfer: 8/11/2021

From Facility: Solera West Houston

To Facility: Golden Creek

Amount: \$ 4,136.51

Requested Transfer Date #2:

Date of transfer:

From Facility:

**To Facility
Amount:**

APPROVED
ON

AUG 09 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#1147

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

1146

88-2265/1131-87

8/11/21

Date

CHECK ARMOR

Pay to the
Order of

Memorial Medical Center

\$ 17,210.83

Seventeen thousand two hundred ten & 83/100 Dollars



Photo
Safe
Deposit®
Excludes non bank



PROSPERITY BANK®

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

For Medicare repayment

⑆ 1 1 3 1 2 2 6 5 5 ⑆

⑆ 1 1 4 6

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

1147

88-2265/1131-87

8/11/21

Date

CHECK ARMOR

Pay to the
Order of

Golden Creek

\$ 4,136.51

Four thousand one hundred thirty six & 51/100 Dollars



Photo
Safe
Deposit®
Excludes non bank



PROSPERITY BANK®

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

For Medicare repayment

⑆ 1 1 3 1 2 2 6 5 5 ⑆

⑆ 1 1 4 7

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

1148

88-2265/1131-87

8/11/21

Date

CHECK ARMOR

Pay to the
Order of

Tuscany

\$ 781.12

Seven hundred eighty one & 12/100 Dollars



Photo
Safe
Deposit®
Excludes non bank



PROSPERITY BANK®

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

For Medicare repayment

⑆ 1 1 3 1 2 2 6 5 5 ⑆

⑆ 1 1 4 8

RUN DATE:08/11/21
TIME:10:17

MEMORIAL MEDICAL CENTER
CHECK REGISTER
08/11/21 THRU 08/11/21

PAGE 8
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHS	001146	08/11/21	17,210.83	MEMORIAL MEDICAL CENTER
NHS	001147	08/11/21	4,136.51	GOLDEN CREEK
NHS	001148	08/11/21	781.12	TUSCANY
NHS	001149	08/11/21	10,634.77	MEMORIAL MEDICAL CENTER
TOTALS:			<u>32,763.23</u>	

Solene

APPROVED
ON

AUG 11 2021

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 MMC CLINIC

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

<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	7/14/2021	EFT	1,260.10	EFT6019391	CVDAR000019540	46.50	GOLDEN CREEK
N/A	N/A	7/14/2021	EFT	4,219.80	EFT6019367	CVDAR000019540	155.71	GOLDEN CREEK
N/A	N/A	7/15/2021	EFT	48.07	EFT6021216	CVDAR000019540	1.77	GOLDEN CREEK
N/A	N/A	7/15/2021	EFT	127.83	EFT6021191	CVDAR000019540	4.72	GOLDEN CREEK
N/A	N/A	7/16/2021	EFT	144.05	EFT6023224	CVDAR000019540	5.31	GOLDEN CREEK
N/A	N/A	7/16/2021	EFT	2,100.97	EFT6023198	CVDAR000019540	77.53	GOLDEN CREEK
N/A	N/A	7/22/2021	EFT	1,183.49	EFT6030437	CVDAR000019540	49.21	GOLDEN CREEK
N/A	N/A	7/23/2021	EFT	2,131.17	EFT6030437	CVDAR000019540	88.61	GOLDEN CREEK
N/A	N/A	7/26/2021	EFT	1,601.58	EFT6034188	CVDAR000019540	66.59	GOLDEN CREEK
N/A	N/A	7/27/2021	EFT	2,663.73	EFT6036322	CVDAR000019540	110.75	GOLDEN CREEK
			TOTAL	15,480.79			606.70	

To be filled out by Memorial Medical Center:

Date Received: 7/29/2021

Approved by:	Mayra Martinez
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Date of transfer:	8/11/2021
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From Facility:	GOLDEN CREEK
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To Facility:	MMC CLINIC
--------------	------------

Amount:	606.70
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Requested Transfer Date #2:

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____

APPROVED
ON

AUG 09 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CLK#000108

Request for Transfer of Funds

Transfer #: _____
 Date Requested: _____
 Payer: Medicare
 Requested by: Karen Campos
 Requestor's email: karen.campos@mmcportlavlaca.com
 Requestor's phone number: 361-552-0226
 District or County: Calhoun
 Facility: Memorial Medical Center

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: clevenger@mmcportlavlaca.com
 fromarsine@mmcportlavlaca.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on Remittance Advice (REQUIRED)	Check Number	Claim Number	Action needed: Enter fund(s) L-3 or Fund(s) L-1 to YOUR account	Notes
	5/25/2021	EFT		(27.64)	EFT5966462	CVDA000019540		27.64 GOLDEN CREEK
	5/26/2021	EFT		(92.93)	EFT5968269	CVDA000019540		92.93 GOLDEN CREEK
	5/27/2021	EFT		(452.52)	EFT5970031	CVDA000019540		452.52 GOLDEN CREEK
	5/28/2021	EFT		(716.69)	EFT5971794	CVDA000019540		716.69 GOLDEN CREEK
	6/1/2021	EFT	\$	(701.17)	EFT5973626	CVDA000019540		701.17 GOLDEN CREEK
	6/2/2021	EFT	\$	(876.47)	EFT5975656	CVDA000019540		876.47 GOLDEN CREEK
	6/4/2021	EFT	\$	(95.19)	EFT5978819	CVDA000019540		95.19 GOLDEN CREEK
	6/7/2021	EFT	\$	(735.72)	EFT5980542	CVDA000019540		735.72 GOLDEN CREEK
	6/8/2021	EFT	\$	(206.99)	EFT5982021	CVDA000019540		206.99 GOLDEN CREEK
	6/10/2021	EFT	\$	(201.92)	EFT5984888	CVDA000019540		201.92 GOLDEN CREEK
	6/14/2021	EFT	\$	(5.73)	EFT5987506	CVDA000019540		5.73 GOLDEN CREEK
	6/15/2021	EFT	\$	(58.05)	EFT5988548	CVDA000019540		58.05 GOLDEN CREEK
	6/16/2021	EFT	\$	(15,125.43)	EFT5989992	22112604919308TXAT		15,125.43 GOLDEN CREEK
	6/16/2021	EFT	\$	(560.73)	EFT5989992	CVDA000019540		560.73 GOLDEN CREEK
	6/17/2021	EFT	\$	(272.59)	EFT5991813	CVDA000019540		272.59 GOLDEN CREEK
	6/18/2021	EFT	\$	(271.09)	EFT5993587	CVDA000019540		271.09 GOLDEN CREEK
	6/22/2021	EFT	\$	(392.90)	EFT5995742	CVDA000019540		392.90 GOLDEN CREEK
	6/23/2021	EFT	\$	(924.87)	EFT5998321	CVDA000019540		924.87 GOLDEN CREEK
	6/23/2021	EFT	\$	(387.94)	EFT5998321	CVDA000019540		387.94 GOLDEN CREEK
	6/24/2021	EFT	\$	(16.21)	EFT5999970	CVDA000019540		16.21 GOLDEN CREEK
	6/25/2021	EFT	\$	(249.16)	EFT6001600	CVDA000019540		249.16 GOLDEN CREEK
	6/25/2021	EFT	\$	(138.73)	EFT6001623	CVDA000019540		138.73 GOLDEN CREEK
	6/28/2021	EFT	\$	(467.80)	EFT6003577	CVDA000019540		467.80 GOLDEN CREEK
	6/29/2021	EFT	\$	(810.82)	EFT6005062	CVDA000019540		810.82 GOLDEN CREEK
	6/30/2021	EFT	\$	(586.44)	EFT6006549	CVDA000019540		586.44 GOLDEN CREEK
	7/1/2021	EFT	\$	(743.40)	EFT6007966	CVDA000019540		743.40 GOLDEN CREEK
	7/2/2021	EFT	\$	(73.13)	EFT6009188	CVDA000019540		73.13 GOLDEN CREEK
	7/6/2021	EFT	\$	(286.65)	EFT6010338	CVDA000019540		286.65 GOLDEN CREEK
	7/11/2021	EFT	\$	(462.43)	EFT6011973	CVDA000019540		462.43 GOLDEN CREEK
	7/7/2021	EFT	\$	(205.58)	EFT6012109	CVDA000019540		205.58 GOLDEN CREEK
	7/8/2021	EFT	\$	(492.12)	EFT6013280	CVDA000019540		492.12 GOLDEN CREEK
	7/9/2021	EFT	\$	(199.69)	EFT6014292	CVDA000019540		199.69 GOLDEN CREEK
	7/12/2021	EFT	\$	(122.22)	EFT6015579	CVDA000019540		122.22 GOLDEN CREEK
	7/13/2021	EFT	\$	(139.28)	EFT6017020	CVDA000019540		139.28 GOLDEN CREEK
	7/14/2021	EFT	\$	(372.20)	EFT6018523	CVDA000019540		372.20 GOLDEN CREEK
	7/15/2021	EFT	\$	(613.92)	EFT6020313	CVDA000019540		613.92 GOLDEN CREEK
	7/16/2021	EFT	\$	(21.43)	EFT6022141	CVDA000019540		21.43 GOLDEN CREEK
	7/21/2021	EFT	\$	(272.45)	EFT6027656	CVDA000019540		272.45 GOLDEN CREEK
	7/22/2021	EFT	\$	(717.69)	EFT6029479	CVDA000019540		717.69 GOLDEN CREEK
	7/22/2021	EFT	\$	(207.60)	EFT6029300	CVDA000019540		207.60 GOLDEN CREEK
	7/23/2021	EFT	\$	(1,725.40)	EFT6031320	CVDA000019540		1,725.40 GOLDEN CREEK
	7/26/2021	EFT	\$	(273.88)	EFT6033185	CVDA000019540		273.88 GOLDEN CREEK
	7/29/2021	EFT	\$	(124.76)	EFT6038561	CVDA000019540		124.76 GOLDEN CREEK
			TOTAL	(31,429.56)				31,429.56

To be filled out by Memorial Medical Center:

Date Received: 7/30/2021
 Approved by: Mayra Martinez
 Date of transfer: 8/11/2021
 From Facility: GOLDEN CREEK
 To Facility: MMC
 Amount: 11,429.56
 Requested Transfer Date #: _____
 Date of transfer: _____
 From Facility: _____
 To Facility: _____
 Amount: _____

APPROVED
ON

AUG 09 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 000108

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

MEMORIAL MEDICAL CENTER

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

000108

88-2265/1131

Date

8/11/21

PAY

TO THE
ORDER OF

Memorial Medical Center

\$ 32,036.26

Thirty two thousand thirty six & 26/100

DOLLARS



PROSPERITY
BANK

FOR Medicare repayment



Security features are
included. Details on back.

⑈000108⑈ ⑆113122655⑆

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

MEMORIAL MEDICAL CENTER

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

000109

88-2265/1131

Date

8/11/21

PAY

TO THE
ORDER OF

Tuscanx

\$ 781.12

Seven hundred eighty one & 12/100

DOLLARS



PROSPERITY
BANK

FOR Medicare repayment



Security features are
included. Details on back.

⑈000109⑈ ⑆113122655⑆

RUN DATE:08/11/21
TIME:10:17

MEMORIAL MEDICAL CENTER
CHECK REGISTER
08/11/21 THRU 08/11/21

PAGE 7
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHG 000108 08/11/21 32,036.26 MEMORIAL MEDICAL CENTER
NHG 000109 08/11/21 781.12 TUSCANY
TOTALS: 32,817.38

golden creek

APPROVED
ON

AUG 11 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Request for Transfer of Funds

mmartinez@mmcportlavaca.com

[illegible]

To be filled out by Memorial Medical Center:

Date Received: 7/29/2021

Approved by: Mayra Martinez

Date of transfer: 8/11/2021

From Facility: TUSCANY VILLAGE

To Facility: MMC CLINIC

Amount:	606.70
---------	--------

Requested Transfer Date #2:

Date of transfer:

From Facility:

To Facility
Amount:

APPROVED
ON

AUG 09 2021

COMPTON AUDITOR
CALHOUN COUNTY, TEXAS
CK# 1041

Request for Transfer of Funds

Transfer #: _____

Date Requested: _____

Payer: Medicare

Requested by: Faren Campos

Requestor's email: fagonzalez@mmcportliva.com

Requestor's phone number: 361-552-0226

District or County: Calhoun

Facility: Memorial Medical Center

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:

clevenger@mmcportliva.com

mmartinez@mmcportliva.com

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on	Check Number	Claim Number	Action needed- Enter Funds L1 or Funds L1 to YOUR account	Notes
		5/25/2021	EFT	(27.64)	EFT5966462	CVDAR000007985	27.64	TUSCANY VILLAGE
		5/26/2021	EFT	(92.93)	EFT5968269	CVDAR000007985	92.93	TUSCANY VILLAGE
		5/27/2021	EFT	(452.52)	EFT5970031	CVDAR000007985	452.52	TUSCANY VILLAGE
		5/28/2021	EFT	(716.69)	EFT5971794	CVDAR000007985	716.69	TUSCANY VILLAGE
		6/1/2021	EFT	\$ (701.17)	EFT5973626	CVDAR000007985	701.17	TUSCANY VILLAGE
		6/2/2021	EFT	\$ (876.47)	EFT5975656	CVDAR000007985	876.47	TUSCANY VILLAGE
		6/4/2021	EFT	\$ (95.19)	EFT5978519	CVDAR000007985	95.19	TUSCANY VILLAGE
		6/7/2021	EFT	\$ (735.72)	EFT5980542	CVDAR000007985	735.72	TUSCANY VILLAGE
		6/8/2021	EFT	\$ (206.99)	EFT5982021	CVDAR000007985	206.99	TUSCANY VILLAGE
		6/10/2021	EFT	\$ (201.92)	EFT5984688	CVDAR000007985	201.92	TUSCANY VILLAGE
		6/14/2021	EFT	\$ (5.71)	EFT5987506	CVDAR000007985	5.73	TUSCANY VILLAGE
		6/15/2021	EFT	\$ (58.05)	EFT5988548	CVDAR000007985	58.05	TUSCANY VILLAGE
		6/16/2021	EFT	\$ (560.73)	EFT5989992	CVDAR000007985	560.73	TUSCANY VILLAGE
		6/17/2021	EFT	\$ (272.59)	EFT5991813	CVDAR000007985	272.59	TUSCANY VILLAGE
		6/18/2021	EFT	\$ (271.09)	EFT5993587	CVDAR000007985	271.09	TUSCANY VILLAGE
		6/22/2021	EFT	\$ (392.90)	EFT5995742	CVDAR000007985	392.90	TUSCANY VILLAGE
		6/23/2021	EFT	\$ (924.87)	EFT5998121	CVDAR000007985	924.87	TUSCANY VILLAGE
		6/23/2021	EFT	\$ (387.94)	EFT5998121	CVDAR000007985	387.94	TUSCANY VILLAGE
		6/24/2021	EFT	\$ (16.21)	EFT5999970	CVDAR000007985	16.21	TUSCANY VILLAGE
		6/25/2021	EFT	\$ (249.16)	EFT6001800	CVDAR000007985	249.16	TUSCANY VILLAGE
		6/25/2021	EFT	\$ (138.73)	EFT6001623	CVDAR000007985	138.73	TUSCANY VILLAGE
		6/25/2021	EFT	\$ (467.80)	EFT6003577	CVDAR000007985	467.80	TUSCANY VILLAGE
		6/29/2021	EFT	\$ (810.82)	EFT6005062	CVDAR000007985	810.82	TUSCANY VILLAGE
		6/30/2021	EFT	\$ (586.44)	EFT6006549	CVDAR000007985	586.44	TUSCANY VILLAGE
		7/1/2021	EFT	\$ (743.40)	EFT6007966	CVDAR000007985	743.40	TUSCANY VILLAGE
		7/2/2021	EFT	\$ (73.13)	EFT6009188	CVDAR000007985	73.13	TUSCANY VILLAGE
		7/6/2021	EFT	\$ (286.65)	EFT6010118	CVDAR000007985	286.65	TUSCANY VILLAGE
		7/7/2021	EFT	\$ (462.43)	EFT6011923	CVDAR000007985	462.43	TUSCANY VILLAGE
		7/7/2021	EFT	\$ (205.58)	EFT6012109	CVDAR000007985	205.58	TUSCANY VILLAGE
		7/8/2021	EFT	\$ (492.12)	EFT6013280	CVDAR000007985	492.12	TUSCANY VILLAGE
		7/9/2021	EFT	\$ (199.69)	EFT6014792	CVDAR000007985	199.69	TUSCANY VILLAGE
		7/12/2021	EFT	\$ (122.22)	EFT6015579	CVDAR000007985	122.22	TUSCANY VILLAGE
		7/13/2021	EFT	\$ (139.28)	EFT6017020	CVDAR000007985	139.28	TUSCANY VILLAGE
		7/14/2021	EFT	\$ (372.20)	EFT6018523	CVDAR000007985	372.20	TUSCANY VILLAGE
		7/15/2021	EFT	\$ (613.92)	EFT6020113	CVDAR000007985	613.92	TUSCANY VILLAGE
		7/16/2021	EFT	\$ (21.43)	EFT6022141	CVDAR000007985	21.43	TUSCANY VILLAGE
		7/21/2021	EFT	\$ (272.45)	EFT6027556	CVDAR000007985	272.45	TUSCANY VILLAGE
		7/22/2021	EFT	(717.69)	EFT6029479	CVDAR000007985	717.69	TUSCANY VILLAGE
		7/22/2021	EFT	(207.60)	EFT6029309	CVDAR000007985	207.60	TUSCANY VILLAGE
		7/23/2021	EFT	(1,725.40)	EFT6031320	CVDAR000007985	1,725.40	TUSCANY VILLAGE
		7/26/2021	EFT	(273.88)	EFT6033165	CVDAR000007985	273.88	TUSCANY VILLAGE
		7/29/2021	EFT	\$ (124.76)	EFT6038561	CVDAR000007985	124.76	TUSCANY VILLAGE
			TOTAL	(16,304.13)			16,304.13	

To be filled out by Memorial Medical Center:

Date Received: 7/30/2021

Approved by: Mayra Martinez

Date of transfer: 8/11/2021

From Facility: TUSCANY VILLAGE

To Facility: MMC

Amount: 16,304.13

Requested Transfer Date #: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____

APPROVED
ON

AUG 09 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK#1041

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE

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

1041

88-2265/1131-87

DATE 8/11/21

CHECK ARMOR

PAY
TO THE
ORDER OF

Memorial Medical Center

\$ 16910.83

Sixteen thousand nine hundred ten & 83/100

DOLLARS

Photo
Safe
Deposit
Details on back



PROSPERITY BANK

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

FOR Medicare repayment

⑈001041⑈ ⑆113122655⑆ 217843407⑈

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE

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

1040

88-2265/1131-87

DATE 8/11/21

CHECK ARMOR

PAY
TO THE
ORDER OF

Golden Creek

\$ 4136.51

Four thousand one hundred thirty six & 51/100

DOLLARS

Photo
Safe
Deposit
Details on back



PROSPERITY BANK

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

FOR Medicare repayment

⑈001040⑈ ⑆113122655⑆

RUN DATE:08/11/21
TIME:10:17

MEMORIAL MEDICAL CENTER
CHECK REGISTER
08/11/21 THRU 08/11/21

PAGE 9
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

TUS 001040 08/11/21 4,136.51 GOLDEN CREEK
TUS 001041 08/11/21 16,910.83 MEMORIAL MEDICAL CENTER
~~TUS 001042 08/11/21 15,889.42 MEMORIAL MEDICAL CENTER~~
TOTALS: 36,936.76

Tuscany

APPROVED
ON

AUG 11 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Medicare Repayment

NH Name	From CPSI Bank Acct #	CK#	Payee	GL #		Amt	Date
Ashford	10000018 - Prosperity		MMC	20351000	Medicare repayment owed to MMC	13,254.80	8/11/2021
Ashford	10000018 - Prosperity		MM CLINIC	20351000	Medicare repayment owed to MM CLINIC	291.54	8/11/2021
Ashford	10000018 - Prosperity		GOLDEN CREEK	20351000	Medicare repayment owed to GOLDEN CREEK	1,966.51	8/11/2021
Broadmoor	10000018 - Prosperity		MM CLINIC	20351000	Medicare repayment owed to MM CLINIC	606.70	8/11/2021
Broadmoor	10000019 - Prosperity		MMC	20351000	Medicare repayment owed to MMC	23,022.39	8/11/2021
Broadmoor	10000019 - Prosperity		GOLDEN CREEK	20351000	Medicare repayment owed to GOLDEN CREEK	4,136.51	8/11/2021
Broadmoor	10000019 - Prosperity		TUSCANY	20351000	Medicare repayment owed to TUSCANY	781.12	8/11/2021
Crescent	10000019 - Prosperity		MM CLINIC	20351000	Medicare repayment owed to MM CLINIC	606.70	8/11/2021
Crescent	10000019 - Prosperity		MMC	20351000	Medicare repayment owed to MMC	16,304.13	8/11/2021
Crescent	10000019 - Prosperity		GOLDEN CREEK	20351000	Medicare repayment owed to GOLDEN CREEK	4,136.51	8/11/2021
Crescent	10000019 - Prosperity		TUSCANY	20351000	Medicare repayment owed to TUSCANY	781.12	8/11/2021
Fort Bend	10000020 - Prosperity		MM CLINIC	20351000	Medicare repayment owed to MM CLINIC	606.70	8/11/2021
Fort Bend	10000020 - Prosperity		MMC	20351000	Medicare repayment owed to MMC	16,304.13	8/11/2021
Fort Bend	10000020 - Prosperity		GOLDEN CREEK	20351000	Medicare repayment owed to GOLDEN CREEK	4,136.51	8/11/2021
Fort Bend	10000020 - Prosperity		Tuscany	20351000	Medicare repayment owed to Tuscany	781.12	8/11/2021
Solera	10000020 - Prosperity		MM CLINIC	20351000	Medicare repayment owed to MM CLINIC	606.70	8/11/2021
Solera	10000020 - Prosperity		MMC	20351000	Medicare repayment owed to MMC	16,604.13	8/11/2021
Solera	10000020 - Prosperity		GOLDEN CREEK	20351000	Medicare repayment owed to GOLDEN CREEK	4,136.51	8/11/2021
Solera	10000021 - Prosperity		Tuscany	20351000	Medicare repayment owed to Tuscany	781.12	8/11/2021
Golden Creek	10000021 - Prosperity		MM CLINIC	20351000	Medicare repayment owed to MM CLINIC	606.70	8/11/2021
Golden Creek	10000021 - Prosperity		MMC	20351000	Medicare repayment owed to MMC	31,429.56	8/11/2021
Golden Creek	10000021 - Prosperity		Tuscany	20351000	Medicare repayment owed to Tuscany	781.12	8/11/2021
Tuscany	10000023 - Prosperity		GOLDEN CREEK	20351000	Medicare repayment owed to GOLDEN CREEK	4,136.51	8/11/2021
Tuscany	10000023 - Prosperity		MMC	20351000	Medicare repayment owed to MMC	16,304.13	8/11/2021
Tuscany	10000023 - Prosperity		MM CLINIC	20351000	Medicare repayment owed to MM CLINIC	606.70	8/11/2021
					Total	163,709.67	

Note:

Approved:

Roshanda Thomas, Assistant Administrator

8/9/2021

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
8/9/2021

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		156,059.25	✓ 155,970.47	✓ 50,160.75	✓	50,299.53	7,534.99
						Bank Balance	50,299.53
						Variance	
						Leave in Balance	100.00
						Medicare repayment owed to MMC	13,254.80
						Medicare repayment owed to MM Clinic	291.54
						Medicare repayment owed to Golden Creek	1,966.51
						Amerigroup June QIPP	27,112.91
						JULY INTEREST	38.78
						AUG INTEREST	
						SEP INTEREST	
						Adjust Balance/Transfer Amt	7,534.99
Broadmoor		97,484.00	✓ 97,351.86	✓ 112,841.70	✓	112,973.84	73,073.78
						Bank Balance	112,973.84
						Variance	
						Leave in Balance	100.00
						Medicare repayment owed to MM Clinic	606.70
						Medicare repayment owed to MMC	23,022.39
						Medicare repayment owed to Golden Creek	4,136.51
						Medicare repayment owed to Tuscany	781.12
						Amerigroup June QIPP	11,221.21
						JULY INTEREST	32.13
						AUG INTEREST	
						SEP INTEREST	
						Adjust Balance/Transfer Amt	73,073.78
Crescent		68,142.63	✓ 68,021.66	✓ 66,639.75	✓	66,760.72	35,804.52
						Bank Balance	66,760.72
						Variance	
						Leave in Balance	100.00
						Medicare repayment owed to MM Clinic	606.70
						Medicare repayment owed to MMC	16,304.13
						Medicare repayment owed to Golden Creek	4,136.51
						Medicare repayment owed to Tuscany	781.12
						Amerigroup June QIPP	9,006.78
						JULY INTEREST	20.96
						AUG INTEREST	
						SEP INTEREST	
						Adjust Balance/Transfer Amt	35,804.52
Fort Bend		45,207.60	✓ 36,208.73	✓ 16,312.34	✓	25,311.21	No Transfer
						Bank Balance	25,311.21
						Variance	
						Leave in Balance	100.00
						Medicare repayment owed to MM Clinic	606.70
						Medicare repayment owed to MMC	16,304.13
						Medicare repayment owed to Golden Creek	4,136.51
						Medicare repayment owed to Tuscany	781.12
						Medicare repayment owed to Tuscany (PENDING) DIS	23,733.73
						Amerigroup June QIPP	10,960.51
						JULY INTEREST	8.77
						AUG INTEREST	
						SEP INTEREST	
						Adjust Balance/Transfer Amt	(31,320.26)
Solera at W Houston		08,447.45	✓ 108,321.02	✓ 71,543.41	✓	71,669.84	38,780.17
						Bank Balance	71,669.84
						Variance	
						Leave in Balance	100.00
						Medicare repayment owed to MM Clinic	606.70
						Medicare repayment owed to MMC	16,604.13
						Medicare repayment owed to Golden Creek	4,136.51
						Medicare repayment owed to Tuscany	781.12
						Amerigroup June QIPP	10,634.77
						JULY INTEREST	26.44
						AUG INTEREST	
						SEP INTEREST	
						Adjust Balance/Transfer Amt	38,780.17
TOTAL TRANSFERS							155,193.46

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: *Roshanda Thomas*
Roshanda Thomas, Assistant Administrator

8/9/2021

APPROVED
ON
AUG 09 2021
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Ashford Gardens

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
8/2/2021 NOVITAS SOLUTION HCCLAIMPMT 675421 420000194	-	439.34	-	-	-	-	-	439.34
8/3/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2	-	1,946.68	-	-	-	-	-	1,946.68
8/3/2021 AMERIGROUP CORPO E-PAYMENT EE52208023 111000	-	29,399.27	24,826.55	4,572.72	-	-	27,112.91	2,286.36
8/4/2021 MANAGEANDNET1718 MNS PMNT 000000000000093 41	-	702.00	-	-	-	-	-	702.00
8/4/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	56.53	-	-	-	-	-	56.53
8/5/2021 Check1145	6,460.81	-	-	-	-	-	-	-
8/5/2021 Check1149	19,138.48	-	-	-	-	-	-	-
8/5/2021 Check1146	238.28	-	-	-	-	-	-	-
8/5/2021 WIRE OUT ASHFORD HEALTH CARE CENTER LTD	72,694.69	-	-	-	-	-	-	-
8/5/2021 Deposit	-	3,673.16	-	-	-	-	-	3,673.16
8/5/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	7,373.16	-	-	-	-	-	7,373.16
8/6/2021 Check1147	-	42.97	-	-	-	-	-	42.97
8/6/2021 Check1148	43,512.61	-	-	-	-	-	-	-
8/6/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	13,875.59	-	-	-	-	-	-	-
8/6/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2	-	1,693.84	-	-	-	-	-	1,693.84
		4,833.80	-	-	-	-	-	4,833.80
	155,920.47	50,160.75	24,826.55	4,572.72	-	-	27,112.91	23,047.84

Breadmoor

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
8/2/2021 NOVITAS SOLUTION HCCLAIMPMT 676357 420000194	-	31,046.53	-	-	-	-	-	31,046.53
8/2/2021 HUMANA INS CO HCCLAIMPMT 390861 830000541016	-	9,015.00	-	-	-	-	-	9,015.00
8/3/2021 NOVITAS SOLUTION HCCLAIMPMT 676357 420000141	-	3,536.45	-	-	-	-	-	3,536.45
8/3/2021 AMERIGROUP CORPO E-PAYMENT EE52208026 111000	-	12,169.19	10,273.22	1,895.97	-	-	11,221.21	947.99
8/4/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	4,302.00	-	-	-	-	-	4,302.00
8/4/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	3,779.42	-	-	-	-	-	3,779.42
8/5/2021 Check108	7,244.91	-	-	-	-	-	-	-
8/5/2021 Check111	35,596.44	-	-	-	-	-	-	-
8/5/2021 Check107	238.28	-	-	-	-	-	-	-
8/5/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III	18,956.53	-	-	-	-	-	-	-
8/5/2021 Deposit	-	10,204.30	-	-	-	-	-	10,204.30
8/5/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	13,546.33	-	-	-	-	-	13,546.33
8/5/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	240.00	-	-	-	-	-	240.00
8/5/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,702.37	-	-	-	-	-	1,702.37
8/6/2021 Check109	-	4,576.00	-	-	-	-	-	4,576.00
8/6/2021 Check110	18,040.39	-	-	-	-	-	-	-
8/6/2021 MANAGEANDNET1718 MNS PMNT 000000000004293 41	17,275.31	-	-	-	-	-	-	-
8/6/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	3,465.00	-	-	-	-	-	3,465.00
8/6/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	5,608.10	-	-	-	-	-	5,608.10
8/6/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	8,352.51	-	-	-	-	-	-
8/6/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2	-	1,298.50	-	-	-	-	-	-
	97,351.86	112,841.70	10,273.22	1,895.97	-	-	11,221.21	91,969.49

Crescent

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
8/2/2021 NOVITAS SOLUTION HCCLAIMPMT 676323 420000194	-	2,121.75	-	-	-	-	-	2,121.75
8/3/2021 NOVITAS SOLUTION HCCLAIMPMT 676323 420000141	-	26,133.18	-	-	-	-	-	26,133.18
8/3/2021 AMERIGROUP CORPO E-PAYMENT EE52208025 111000	-	9,768.86	8,244.69	1,524.17	-	-	9,006.78	762.08
8/5/2021 Check143	7,244.91	-	-	-	-	-	-	-
8/5/2021 Check146	23,733.73	-	-	-	-	-	-	-
8/5/2021 Check142	238.28	-	-	-	-	-	-	-
8/5/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III	11,294.96	-	-	-	-	-	-	-
8/5/2021 Deposit	-	8,848.48	-	-	-	-	-	8,848.48
8/5/2021 Deposit	-	8,848.48	-	-	-	-	-	8,848.48
8/5/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	9,435.00	-	-	-	-	-	9,435.00
8/6/2021 Check144	14,413.25	-	-	-	-	-	-	-
8/6/2021 Check145	11,096.53	-	-	-	-	-	-	-
8/6/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2	-	1,484.00	-	-	-	-	-	-
	68,021.66	66,635.75	8,244.69	1,524.17	-	-	9,006.78	56,148.98

Fort Bend

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
8/2/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	131.39	-	-	-	-	-	131.39
8/3/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	441.21	-	-	-	-	-	441.21
8/3/2021 AMERIGROUP CORPO E-PAYMENT EE52208022 111000	-	11,889.80	10,031.22	1,858.58	-	-	10,960.51	929.29
8/4/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	1,290.00	-	-	-	-	-	1,290.00
8/5/2021 Check137	7,244.91	-	-	-	-	-	-	-
8/5/2021 Check136	238.28	-	-	-	-	-	-	-
8/5/2021 Deposit	-	1,279.88	-	-	-	-	-	1,279.88
8/5/2021 Deposit	-	1,280.06	-	-	-	-	-	1,280.06
8/6/2021 Check138	17,629.01	-	-	-	-	-	-	-
8/6/2021 Check139	11,096.53	-	-	-	-	-	-	-
	36,208.73	16,312.34	10,031.22	1,858.58	-	-	10,960.51	5,351.83

Solers at West Houston

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
8/2/2021 UHC Community Pl HCCLAIMPMT 746003411 910000	-	377.00	-	-	-	-	-	377.00
8/2/2021 NOVITAS SOLUTION HCCLAIMPMT 676310 420000194	-	2,042.21	-	-	-	-	-	2,042.21
8/3/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,108.13	-	-	-	-	-	2,108.13
8/3/2021 HUMANA CHA DISB HCCLAIMPMT 390862 4200001258	-	2,635.40	-	-	-	-	-	2,635.40
8/3/2021 AMERIGROUP CORPO E-PAYMENT EE52208024 111000	-	11,536.17	9,733.36	1,802.81	-	-	10,634.77	901.40
8/4/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	5,927.22	-	-	-	-	-	5,927.22
8/4/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	92.66	-	-	-	-	-	92.66
8/5/2021 Check1142	7,244.91	-	-	-	-	-	-	-
8/5/2021 Check1145	23,733.73	-	-	-	-	-	-	-
8/5/2021 Check1141	238.28	-	-	-	-	-	-	-
8/5/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III	48,983.55	-	-	-	-	-	-	-
8/5/2021 Deposit	-	14,249.66	-	-	-	-	-	14,249.66
8/5/2021 Deposit	-	14,249.66	-	-	-	-	-	14,249.66
8/5/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	12,300.00	-	-	-	-	-	12,300.00
8/6/2021 Check1143	17,024.02	-	-	-	-	-	-	-
8/6/2021 Check1144	11,096.53	-	-	-	-	-	-	-
8/6/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	5,330.00	-	-	-	-	-	5,330.00
8/6/2021 NOVITAS SOLUTION HCCLAIMPMT 676310 420000177	-	695.30	-	-	-	-	-	695.30
	108,321.02	71,543.41	9,733.36	1,802.81	-	-	10,634.77	60,908.65
	465,823.74	317,497.95	63,105.04	11,654.25	-	-	68,936.17	237,426.78

TOTALS

Quick View

Select Quick View Accounts

Account Number / Name

Account Type



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Groups

DDA

Data reported as of Aug 9, 2021

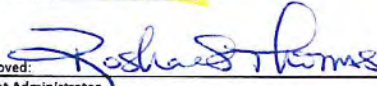
Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$7,006,755.84	\$7,107,814.57	\$7,006,755.84	\$7,546,255.1
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$16,133.07	\$16,133.07	\$16,133.07	\$16,133.0
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$100,277.95	\$104,411.93	\$100,277.95	\$155,048.1
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.71	\$535.71	\$535.71	\$535.7
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$4,891,272.84	\$4,973,808.90	\$4,891,272.84	\$5,224,823.7
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.30	\$431.30	\$431.30	\$431.3
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$50,299.53 ✓	\$50,299.53	\$50,299.53	\$101,160.0
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$112,973.84 ✓	\$112,973.84	\$112,973.84	\$129,565.4
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$66,760.72 ✓	\$66,760.72	\$66,760.72	\$90,786.5
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$25,311.21 ✓	\$25,311.21	\$25,311.21	\$54,036.7
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$71,669.84 ✓	\$71,669.84	\$71,669.84	\$93,765.0
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,108,124.49	\$1,108,124.49	\$1,108,124.49	\$1,108,124.4
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$242,941.23	\$246,459.19	\$242,941.23	\$240,102.3
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$57,647.79	\$57,647.79	\$57,647.79	\$48,645.4
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$31,292.56	\$42,163.29	\$31,292.56	\$44,841.6
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$231,083.76	\$231,083.76	\$231,083.76	\$238,255.4

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
8/9/2021

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	----	152,582.16 ✓	152,455.68 ✓	100,151.47 ✓		100,277.95 ✓	67,334.09
						Bank Balance 100,277.95	
						Variance -	
						Leave in Balance 100.00 ✓	
						Medicare repayment owed to MMC 31,429.56 ✓	
						Medicare repayment owed to MM Clinic 606.70 ✓	
						Medicare repayment owed to Tuscany 781.12 ✓	
						JULY INTEREST 26.48 ✓	
						AUG INTEREST	
						SEP INTEREST	
						Adjust Balance/Transfer Amt 67,334.09 ✓	

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

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: 
Roshanda Thomas, Assistant Administrator

8/9/2021

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ON
AUG 09 2021
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

8/2/2021	TSYS/TRANSFIRST BKCD STLMT	54368455876917 9
8/2/2021	TSYS/TRANSFIRST BKCD STLMT	54368455876917 9
8/3/2021	TSYS/TRANSFIRST BKCD STLMT	54368455876917 9
8/4/2021	GOLDENCREEKHEALT MERC DEP	1220356 9100001701
8/5/2021	Check102	
8/5/2021	Check107	
8/5/2021	Check99	
8/5/2021	Check97	
8/5/2021	Check98	
8/5/2021	Check103	
8/5/2021	Check100	
8/5/2021	WIRE OUT NEXION HEALTH AT GOLDEN CREEK	
8/5/2021	Deposit	
8/5/2021	Deposit	
8/5/2021	TSYS/TRANSFIRST BKCD STLMT	54368455876917 9
8/5/2021	TSYS/TRANSFIRST BKCD STLMT	54368455876917 9
8/5/2021	HEALTH HUMAN SVC HCCLAIMPMT	17460034113011 2
8/6/2021	Check105	
8/6/2021	Check106	
8/6/2021	TSYS/TRANSFIRST BKCD STLMT	54368455876917 9
8/6/2021	HEALTH HUMAN SVC HCCLAIMPMT	17460034113011 2

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4&L apse	QJPP TI	
-	8,152.00						8,152.00
-	500.00						500.00
-	5,654.00						5,654.00
-	1,772.60						1,772.60
7,244.91	-						-
23,733.73	-						-
4,424.24	-						-
1,836.58	-						-
5,102.15	-						-
7,124.83	-						-
639.94	-						-
40,203.81	-						-
-	1,326.26						1,326.26
-	63,119.99						63,119.99
-	1,411.00						1,411.00
-	285.98						285.98
-	10,554.34						10,554.34
51,048.96	-						-
11,096.53	-						-
-	686.00						686.00
-	6,689.30						6,689.30
-	-						-
-	-						-
152,455.68	100,151.47	-	-	-	-	-	100,151.47

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

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All

DDA

Data reported as of Aug 9, 202

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$7,006,755.84	\$7,107,814.57	\$7,006,755.84	\$7,546,255.1
*4551 CAL CO INDIGENT HEALTHCARE	\$16,133.07	\$16,133.07	\$16,133.07	\$16,133.0
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$100,277.95	\$104,411.93	\$100,277.95	\$155,048.1
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.71	\$535.71	\$535.71	\$535.7
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$4,891,272.84	\$4,973,808.90	\$4,891,272.84	\$5,224,823.7
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.30	\$431.30	\$431.30	\$431.3
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$50,299.53	\$50,299.53	\$50,299.53	\$101,160.0
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$112,973.84	\$112,973.84	\$112,973.84	\$129,565.4
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$66,760.72	\$66,760.72	\$66,760.72	\$90,786.5
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$25,311.21	\$25,311.21	\$25,311.21	\$54,036.7
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$71,669.84	\$71,669.84	\$71,669.84	\$93,765.0
*2998 MMC -MONEY MARKET FUND	\$1,108,124.49	\$1,108,124.49	\$1,108,124.49	\$1,108,124.4
*5506 MMC -NH BETHANY SENIOR LIVING	\$242,941.23	\$246,459.19	\$242,941.23	\$240,102.3
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$57,647.79	\$57,647.79	\$57,647.79	\$48,645.4
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$31,292.56	\$42,163.29	\$31,292.56	\$44,841.6
*3407 MMC -NH TUSCANY VILLAGE	\$231,083.76	\$231,083.76	\$231,083.76	\$238,255.4

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
8/9/2021

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		60,301.33	60,177.32	31,168.55			31,292.56	31,168.55
						Bank Balance	31,292.56	
						Variance		
						Leave in Balance	100.00	
						JULY INTEREST	24.01	
						AUG INTEREST		
						SEP INTEREST		
						Adjust Balance/Transfer Amt	31,168.55	

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		39,736.03	39,620.99	57,532.75			57,647.79	57,532.75
						Bank Balance	57,647.79	
						Variance		
						Leave in Balance	100.00	
						JULY INTEREST	15.04	
						AUG INTEREST		
						SEP INTEREST		
						Adjust Balance/Transfer Amt	57,532.75	

Routing Information for Gulf Pointe Plaza:

TOTAL TRANSFERS 88,701.30

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

Approved: 
Roshanda Thomas, Assistant Administrator

8/9/2021

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ON
AUG 09 2021
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay

8/3/2021 HNB - ECHO HCCLAIMPMT 746003411 440000271712
 8/3/2021 HNB - ECHO HCCLAIMPMT 746003411 440000271712
 8/4/2021 HNB - ECHO HCCLAIMPMT 746003411 440000201537
 8/4/2021 HNB - ECHO HCCLAIMPMT 746003411 440000201537
 8/4/2021 HNB - ECHO HCCLAIMPMT 746003411 440000201537
 8/4/2021 HNB - ECHO HCCLAIMPMT 746003411 440000201537
 8/4/2021 HNB - ECHO HCCLAIMPMT 746003411 440000201537
 8/4/2021 HNB - ECHO HCCLAIMPMT 746003411 440000201537
 8/5/2021 WIRE OUT HMG SERVICES, LLC
 8/5/2021 AETNA AS01 HCCLAIMPMT 1922092790 51000012753
 8/6/2021 Check1007
 8/6/2021 NDC SWEEP FAC H261 21000026037002 SWEEP FR
 8/6/2021 HNB - ECHO HCCLAIMPMT 746003411 440000255270
 8/6/2021 HNB - ECHO HCCLAIMPMT 746003411 440000255270

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	
-	4,426.72					-	4,426.72
-	2,643.97					-	2,643.97
-	727.23					-	727.23
-	15.68					-	15.68
-	1,232.77					-	1,232.77
-	209.55					-	209.55
-	3,442.11					-	3,442.11
-	1,818.09					-	1,818.09
30,218.94	-					-	-
-	243.09					-	243.09
29,958.38	-					-	-
-	10,791.10					-	10,791.10
-	2,734.71					-	2,734.71
-	2,883.53					-	2,883.53
-	-					-	-
-	-					-	-
60,177.32	31,168.55	-	-	-	-	-	31,168.55

Gulf Pointe Plaza-Medicare/Medicaid

8/2/2021 WPS-TDEFIC CONTR HCCLAIMPMT 2221717102 21000
 8/3/2021 NORIDIAN J3A HCCLAIMPMT 675892 4200001052301
 8/5/2021 WIRE OUT HMG SERVICES, LLC
 8/5/2021 Deposit
 8/6/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	
-	5,565.00					-	5,565.00
-	5,621.90					-	5,621.90
39,620.99	-					-	-
-	37,343.47					-	37,343.47
-	9,002.38					-	9,002.38
-	-					-	-
-	-					-	-
39,620.99	57,532.75	-	-	-	-	-	57,532.75
99,798.31	88,701.30	-	-	-	-	-	88,701.30

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

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All

DDA

Data reported as of Aug 9, 2021

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$7,006,755.84	\$7,107,814.57	\$7,006,755.84	\$7,546,255.1
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$16,133.07	\$16,133.07	\$16,133.07	\$16,133.07
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$100,277.95	\$104,411.93	\$100,277.95	\$155,048.1
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.71	\$535.71	\$535.71	\$535.71
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$4,891,272.84	\$4,973,808.90	\$4,891,272.84	\$5,224,823.7
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.30	\$431.30	\$431.30	\$431.30
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$50,299.53	\$50,299.53	\$50,299.53	\$101,160.0
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$112,973.84	\$112,973.84	\$112,973.84	\$129,565.4
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$66,760.72	\$66,760.72	\$66,760.72	\$90,786.5
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$25,311.21	\$25,311.21	\$25,311.21	\$54,036.7
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$71,669.84	\$71,669.84	\$71,669.84	\$93,765.0
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,108,124.49	\$1,108,124.49	\$1,108,124.49	\$1,108,124.4
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$242,941.23	\$246,459.19	\$242,941.23	\$240,102.3
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$57,647.79 ✓	\$57,647.79	\$57,647.79	\$48,645.4
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$31,292.56 ✓	\$42,163.29	\$31,292.56	\$44,841.6
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$231,083.76	\$231,083.76	\$231,083.76	\$238,255.4

Prosperity Accounts
8/9/2021

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Chs Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home	Test
Tuscany Senior Living		154,773.79	✓ 154,673.79	✓ 230,983.76	✓		231,083.76	✓ 194,047.00	194,047.00 17,036.76
						Bank Balance	231,083.76	✓	
						Variance			
						Leave in Balance	100.00	✓	
						Amerigroup June QIPP	15,889.42	✓	
						Medicare repayment owed to MMC	16,304.13	✓	
						Medicare repayment owed to Golden Creek	4,136.51	✓	
						Medicare repayment owed to MM Clinic	606.70	✓	
						Adjust Balance/Transfer Amt.	194,047.00	✓	
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: <u>Roshanda Thomas</u> 8/9/2021 Roshanda Thomas, Assistant Administrator									

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ON
AUG 09 2021
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CALHOUN COUNTY, TEXAS

Tuscany Senior Living	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
8/3/2021 AMERIGROUP CORPO E-PAYMENT EE52208027 111000	-	17,224.91	14,553.92	2,670.99			15,889.42	1,335.50
8/5/2021 Check1037	7,244.91 ✓	-					-	-
8/5/2021 Check1033	4,424.24 ✓	-					-	-
8/5/2021 Check1031	1,836.58 ✓	-					-	-
8/5/2021 Check1032	5,102.15 ✓	-					-	-
8/5/2021 Check1035	7,124.83 ✓	-					-	-
8/5/2021 Check1036	134.86 ✓	-					-	-
8/5/2021 Check1034	639.94 ✓	-					-	-
8/5/2021 WIRE OUT LINBAR ENTERPRISES, LLC	110,752.85 ✓	-					-	-
8/5/2021 Deposit	-	125,936.12					-	125,936.12
8/5/2021 Deposit	-	65,174.49					-	65,174.49
8/5/2021 NOVITAS SOLUTION HCCLAIMPMT 676201 420000167	-	12,406.53					-	12,406.53
8/6/2021 Check1038	5,864.82 ✓	-					-	-
8/6/2021 Check1039	11,548.61 ✓	-					-	-
8/6/2021 KS PLAN ADMINIST HCCLAIMPMT 179 111000027609	-	3,080.00					-	3,080.00
8/6/2021 NOVITAS SOLUTION HCCLAIMPMT 676201 420000177	-	7,161.71					-	7,161.71
	154,673.79 ✓	230,983.76 ✓	14,553.92	2,670.99	-	-	15,889.42 ✓	215,094.35

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

DDA

Data reported as of Aug 9, 2021

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$7,006,755.84	\$7,107,814.57	\$7,006,755.84	\$7,546,255.1
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$16,133.07	\$16,133.07	\$16,133.07	\$16,133.0
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$100,277.95	\$104,411.93	\$100,277.95	\$155,048.1
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.71	\$535.71	\$535.71	\$535.7
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$4,891,272.84	\$4,973,808.90	\$4,891,272.84	\$5,224,823.7
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.30	\$431.30	\$431.30	\$431.3
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$50,299.53	\$50,299.53	\$50,299.53	\$101,160.0
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$112,973.84	\$112,973.84	\$112,973.84	\$129,565.4
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$66,760.72	\$66,760.72	\$66,760.72	\$90,786.5
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$25,311.21	\$25,311.21	\$25,311.21	\$54,036.7
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$71,669.84	\$71,669.84	\$71,669.84	\$93,765.0
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,108,124.49	\$1,108,124.49	\$1,108,124.49	\$1,108,124.4
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$242,941.23	\$246,459.19	\$242,941.23	\$240,102.3
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$57,647.79	\$57,647.79	\$57,647.79	\$48,645.4
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$31,292.56	\$42,163.29	\$31,292.56	\$44,841.6
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$231,083.76	\$231,083.76	\$231,083.76	\$238,255.4

Memorial Medical Center
 Nursing Home UPL
 Weekly HSL Transfer
 Prosperity Accounts
 8/9/2021

Nursing Home	Account	Previous Beginning Balance	Transfer-Out	Transfer-In	Chs Cleared	Pending Medicare Repayment	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Bethany Senior Living		123,411.68	✓ 123,239.17	✓ 242,768.72	✓		-	242,768.72
						Bank Balance	242,941.23	✓ 242,768.72
						Variance	242,941.23	
						Leave in Balance	100.00	
						JULY INTEREST	72.51	✓
						AUG INTEREST		
						SEP INTEREST		
						Adjust Balance/Transfer Amt	242,768.72	✓
						Approved: <i>Roshanda Thomas</i>		
						Roshanda Thomas, Assistant Administrator		8/9/2021

Note: Only balances of over \$5,000 will be transferred to the nursing home.

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

APPROVED
 ON
 AUG 09 2021
 COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Bethany Senior Living

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
8/2/2021 Deposit	-	8,040.15					-	8,040.15
8/2/2021 Deposit	-	1,434.60					-	1,434.60
8/3/2021 Deposit	-	20,205.77					-	20,205.77
8/4/2021 Deposit	-	16,544.50					-	16,544.50
8/5/2021 WIRE OUT BETHANY SENIOR LIVING, LTD	123,239.17	-					-	-
8/5/2021 Deposit	-	49,930.27					-	49,930.27
8/5/2021 Deposit	-	118,706.23					-	118,706.23
8/5/2021 Deposit	-	24,155.40					-	24,155.40
8/5/2021 NOVITAS SOLUTION HCCLAIMPMT 676481 420000167	-	912.90					-	912.90
8/6/2021 HOSPICE OF SO TX VENDORS NF 91000015408457	-	371.87					-	371.87
8/6/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	2,467.03					-	2,467.03
	123,239.17	242,768.72	-	-	-	-	-	242,768.72

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

Add Group

Search

All

DDA

Data reported as of Aug 9, 2021

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$7,006,755.84	\$7,107,814.57	\$7,006,755.84	\$7,546,255.1
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$16,133.07	\$16,133.07	\$16,133.07	\$16,133.07
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$100,277.95	\$104,411.93	\$100,277.95	\$155,048.1
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.71	\$535.71	\$535.71	\$535.71
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$4,891,272.84	\$4,973,808.90	\$4,891,272.84	\$5,224,823.7
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.30	\$431.30	\$431.30	\$431.30
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$50,299.53	\$50,299.53	\$50,299.53	\$101,160.0
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$112,973.84	\$112,973.84	\$112,973.84	\$129,565.4
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$66,760.72	\$66,760.72	\$66,760.72	\$90,786.5
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$25,311.21	\$25,311.21	\$25,311.21	\$54,036.7
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$71,669.84	\$71,669.84	\$71,669.84	\$93,765.0
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,108,124.49	\$1,108,124.49	\$1,108,124.49	\$1,108,124.4
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$242,941.23 ✓	\$246,459.19	\$242,941.23	\$240,102.3
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$57,647.79	\$57,647.79	\$57,647.79	\$48,645.4
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$31,292.56	\$42,163.29	\$31,292.56	\$44,841.6
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$231,083.76	\$231,083.76	\$231,083.76	\$238,255.4

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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MEMORIAL MEDICAL CENTER

Date Requested: 8/9/2021

APPROVED
ON

AUG 09 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 001152

G/L NUMBER: 10255040

FOR ACCT. USE ONLY

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

AMOUNT \$27,112.91

EXPLANATION: AMERIGROUP JUNE QIPP - Ashford

REQUESTED BY: Mayra Martinez

AUTHORIZED BY:

[Signature] 8/9/21

RUN DATE:08/11/21
TIME:09:45

MEMORIAL MEDICAL CENTER
CHECK REGISTER
08/11/21 THRU 08/11/21

PAGE 3
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BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHA 001152 08/11/21 27,112.91 MEMORIAL MEDICAL CENTER
TOTALS: 27,112.91

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APPROVED
ON

AUG 11 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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MEMORIAL MEDICAL CENTER

Date Requested: 8/9/2021

APPROVED
ON

AUG 09 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 000115

FOR ACCT. USE ONLY

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

AMOUNT \$11,221.21

G/L NUMBER: 10255040

EXPLANATION: AMERIGROUP JUNE QIPP - Broadmoor

REQUESTED BY: Mayra Martinez

AUTHORIZED BY:  8/9/21

RUN DATE:08/11/21
TIME:09:45

MEMORIAL MEDICAL CENTER
CHECK REGISTER
08/11/21 THRU 08/11/21

PAGE 4
GLCKREG

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

NHB 000115 08/11/21 11,221.21 MEMORIAL MEDICAL CENTER *Broadmour*
TOTALS: 11,221.21

APPROVED
ON

AUG 11 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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MEMORIAL MEDICAL CENTER

Date Requested: 8/9/2021

APPROVED
ON

AUG 09 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 000150

FOR ACCT. USE ONLY

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

AMOUNT \$9,006.78

G/L NUMBER: 10255040

EXPLANATION: AMERIGROUP JUNE QIPP - Crescent

REQUESTED BY: Mayra Martinez

AUTHORIZED BY:

[Signature] 8/9/21

RUN DATE:08/11/21
TIME:09:45

MEMORIAL MEDICAL CENTER
CHECK REGISTER
08/11/21 THRU 08/11/21

PAGE 5
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHC 000150 08/11/21 9,006.78 MEMORIAL MEDICAL CENTER
TOTALS: 9,006.78

Crescent

APPROVED
ON

AUG 11 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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MEMORIAL MEDICAL CENTER

Date Requested: 8/9/2021

APPROVED
ON

AUG 09 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

ck#000144

FOR ACCT. USE ONLY

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

AMOUNT \$10,960.51

G/L NUMBER: 10255040

EXPLANATION: AMERIGROUP JUNE QIPP - Fort Bend

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: *[Signature]* 8/9/21

RUN DATE:08/11/21
TIME:09:45

MEMORIAL MEDICAL CENTER
CHECK REGISTER
08/11/21 THRU 08/11/21

PAGE 6
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHF 000144 08/11/21 10,960.51 MEMORIAL MEDICAL CENTER *Fort Bend*
TOTALS: 10,960.51

~~APPROVED~~
ON

AUG 11 2021

COMPTROLLER
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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MEMORIAL MEDICAL CENTER

Date Requested: 8/9/2021

APPROVED
ON

AUG 09 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CL#001149

FOR ACCT. USE ONLY

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

AMOUNT \$10,634.77

G/L NUMBER: 10255040

EXPLANATION: AMERIGROUP JUNE QIPP - Solem

REQUESTED BY: Mayra Martinez

AUTHORIZED BY:

R 8/9/21

RUN DATE:08/11/21
TIME:09:45

MEMORIAL MEDICAL CENTER
CHECK REGISTER
08/11/21 THRU 08/11/21

PAGE 7
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHS 001149 08/11/21 10,634.77 MEMORIAL MEDICAL CENTER *Solem*
TOTALS: 10,634.77

APPROVED
ON

AUG 11 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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MEMORIAL MEDICAL CENTER

Date Requested: 8/9/2021

APPROVED
ON

AUG 09 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 009012

FOR ACCT. USE ONLY

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

AMOUNT \$15,889.42

G/L NUMBER: 10255040

EXPLANATION: AMERIGROUP JUNE QIPP - Tuscany

REQUESTED BY: Mayra Martinez

AUTHORIZED BY:

[Signature] 8/9/21

RUN DATE:08/11/21
TIME:09:45

MEMORIAL MEDICAL CENTER
CHECK REGISTER
08/11/21 THRU 08/11/21

PAGE 8
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

TUS 001042 08/11/21 15,889.42 MEMORIAL MEDICAL CENTER
TOTALS: 15,889.42

Tuscany

APPROVED
ON

AUG 11 2021

COMPTROLLER
CALHOUN COUNTY, TEXAS

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

1152

88-2265/1131-87

8/11/21

Date

CHECK ARMOR

Pay to the

Order of

Memorial Medical Center

\$ 27,112.91

Twenty seven thousand one hundred twelve $\frac{91}{100}$ Dollars



Photo
Safe
Deposit
Details on back



PROSPERITY BANK

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

For AmeriSource June Gipp

⑈ 1 1 3 1 2 2 6 5 5 ⑈

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MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000115

88-2265/1131

Date

8/11/21

PAY

TO THE

ORDER OF

Memorial Medical Center

\$ 11,221.21

Eleven thousand two hundred twenty one $\frac{21}{100}$

DOLLARS



PROSPERITY
BANK

FOR Amerigroup Gipp

⑈ 000 1 1 5 ⑈ ⑈ 1 1 3 1 2 2 6 5 5 ⑈

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000150

88-2265/1131

Date

8/11/21

PAY

TO THE

ORDER OF

Memorial Medical Center

\$ 9,006.78

Nine thousand six $\frac{78}{100}$

DOLLARS



PROSPERITY
BANK

FOR Amerigroup Gipp

⑈ 000 1 5 0 ⑈ ⑈ 1 1 3 1 2 2 6 5 5 ⑈

MEMORIAL MEDICAL CENTER

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

000144

88-2265/1131

Date

8/11/21

PAYTO THE
ORDER OF

Memorial Medical Center

\$ 10,960.51

Ten thousand nine hundred sixty & 51/100

DOLLARS**PROSPERITY
BANK**FOR AmeriSource June GippSecurity features are
included. Details on back

⑈000144⑈ ⑆113122655⑆

⑈

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

1149

88-2265/1131-87

8/11/21

Date

CHECK AMOUNTPay to the
Order of

Memorial Medical Center

\$ 10,634.77

Ten thousand six hundred thirty four & 77/100

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 AmeriSource June Gipp

⑈113122655⑈

149

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE

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

1042

88-2265/1131-87

DATE

8/11/21

CHECK AMOUNT**PAY**
TO THE
ORDER OF

Memorial Medical Center

\$ 15,889.42

Fifteen thousand eight hundred eighty nine & 42/100

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.com

FOR AmeriSource June Gipp

⑈001042⑈ ⑆113122655⑆

QIPP Payment to MMC from Nursing Facilities

Commissioner's Court

8/11/2021

NH Name	From Bank Acct #	Ck #	Payee	GL #	Amerigroup June QIPP				TOTAL	Date
Ashford	10000018 - Prosperity		MMC -Prosperity Operating #10000001	10255040	27,112.91				27,112.91	8/11/2021
Broadmoor	10000019 - Prosperity		MMC -Prosperity Operating #10000001	10255040	11,221.21				11,221.21	8/11/2021
Crescent	10000020 - Prosperity		MMC -Prosperity Operating #10000001	10255040	9,006.78				9,006.78	8/11/2021
Fort Bend	10000021 - Prosperity		MMC -Prosperity Operating #10000001	10255040	10,960.51				10,960.51	8/11/2021
Solera	10000022 - Prosperity		MMC -Prosperity Operating #10000001	10255040	10,634.77				10,634.77	8/11/2021
Golden Creek	10000023 - Prosperity		MMC -Prosperity Operating #10000001	10255040					-	8/11/2021
Gulf Pointe-PP	10000114 - Prosperity		MMC -Prosperity Operating #10000001	10255040					-	8/11/2021
Gulf Pointe-MM	10000025 - Prosperity		MMC -Prosperity Operating #10000001						-	8/11/2021
Bethany			MMC -Prosperity Operating #10000001						-	8/11/2021
Tuscany			MMC -Prosperity Operating #10000001	10255040	15,889.42				15,889.42	8/11/2021
			Total:		84,825.60	-	-	-	84,825.60	

Note:

Approved: 
 Roshanda Thomas, Assistant Administrator

8/9/2021