

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---August 18, 2021

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 729,536.40
TOTAL TRANSFERS BETWEEN FUNDS	\$ 44,706.47
TOTAL NURSING HOME UPL EXPENSES	\$ 414,360.99
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
GRAND TOTAL DISBURSEMENTS APPROVED August 18, 2021	\$ 1,188,603.86

APPROVED

AUG 18 2021

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---August 18, 2021

PAYABLES AND PAYROLL

8/12/2021	Weekly Payables	273,892.17
8/12/2021	Patient Refunds	4,835.80
8/16/2021	Citibank Credit Card-see attached	3,514.02
8/16/2021	McKesson-340B Prescription Expense	20,309.51
8/16/2021	Amerisource Bergen-340B Prescription Expense	564.12
8/16/2021	Payroll Liabilities -Payroll Taxes	103,281.67
8/16/2021	Payroll	316,861.68

Prosperity Electronic Bank Payments

8/10/2021	Credit Card & Lease Fees	4,463.73
8/20/2021	Sales Tax for July 2021	1,374.23
8/13/2021	Clearage-Patient Financing Service	67.40
8/9/-8/10/21	Pay Plus-Patient Claims Processing Fee	372.07

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 729,536.40
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TRANSFER BETWEEN FUNDS TO NURSING HOMES

8/12/2021	MMC Operating to Bethany Senior Living- correction of NH insurance payment deposited into MMC Operating in error	1,056.00
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MEDICARE ADVANCE PAYMENT RECOUP

8/16/2021	Ashford to MMC Operating-correction of Ashford medicare recoup taken from MMC Operating	6,780.74
8/16/2021	Broadmoor to MMC Operating-correction of Broadmoor medicare recoup taken from MMC Operating	552.62
8/16/2021	Broadmoor to Bethany-correction of Broadmoor medical recoup taken from Bethany	846.19
8/16/2021	Crescent to MMC Operating-correction of Crescent medicare recoup taken from MMC Operating	410.44
8/16/2021	Crescent to Bethany-correction of Crescent medicare recoup taken from Bethany	846.19
8/16/2021	Fort Bend to MMC Operating-correction of Fort Bend medicare recoup taken from MMC Operating	552.62
8/16/2021	Fort Bend to Bethany-correction of Fort Bend medicare recoup taken from Bethany	846.19
8/16/2021	Solera to MMC Operating-correction of Solera medicare recoup taken from MMC Operating	552.62
8/16/2021	Solera to Bethany-correction of Solera medicare recoup taken from Bethany	20,500.46
8/16/2021	Golden Creek to MMC Operating-correction of Golden Creek recoup taken from MMC Operating	552.62
8/16/2021	Golden Creek to Bethany-correction of Golden Creek medicare recoup taken from Bethany	846.19
8/16/2021	Golden Creek to Crescent-correction of Golden Creek medicare recoup taken from Crescent	1,592.78
8/16/2021	Golden Creek to Broadmoor-correction of Golden Creek medicare recoup taken from Broadmoor	1,801.56
8/16/2021	Golden Creek to Fort Bend-correction of Golden Creek medicare recoup taken from Fort Bend	26.33
8/16/2021	Golden Creek to Ashford-correction of Golden Creek medicare recoup taken from Ashford	868.00
8/16/2021	Golden Creek to Solera-correction of Golden Creek medicare recoup taken from Solera	193.72
8/16/2021	Tuscany to MMC Operating-correction of Tuscany medicare recoup taken from MMC Operating	552.62
8/16/2021	Tuscany to Bethany-correction of Tuscany medicare recoup taken from Bethany	846.19
8/16/2021	Tuscany to Crescent-correction of Tuscany medicare recoup taken from Crescent	1,592.78
8/16/2021	Tuscany to Ashford-correction of Tuscany medicare recoup taken from Ashford	868.00
8/16/2021	Tuscany to Broadmoor-correction of Tuscany medicare recoup taken from Broadmoor	1,801.56

8/16/2021	Tuscany to Fort Bend-correction of Tuscany medicare recoup taken from Fort Bend	26.33
8/16/2021	Tuscany to Solera-correction of Tuscany medicare recoup taken from Solera	193.72

TOTAL TRANSFERS BETWEEN FUNDS	\$ 44,706.47
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NURSING HOME UPL EXPENSES

8/16/2021	Nursing Home UPL-Cantex Transfer	239,225.57
8/16/2021	Nursing Home UPL-Nexion Transfer	22,653.70
8/16/2021	Nursing Home UPL-HMG Transfer	56,006.14
8/16/2021	Nursing Home UPL-Tuscany Transfer	17,510.80
8/16/2021	Nursing Home UPL-HSL Transfer	78,964.78

TOTAL NURSING HOME UPL EXPENSES	\$ 414,360.99
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TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
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GRAND TOTAL DISBURSEMENTS APPROVED August 18, 2021	\$ 1,188,603.86
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RECEIVED
AUG 12 2021
08/12/2021
13:35
Caldwell County Auditor

MEMORIAL MEDICAL CENTER

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AP Open Invoice List

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Due Dates Through: 08/25/2021

Vendor#	Vendor Name	Class	Pay Code							
A1680	AIRGAS USA, LLC - CENTRAL DIV	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9981658345	07/31/2021	07/31/2021	08/25/2021				510.42	0.00	0.00	510.42
	OXYGEN									
9115993397	07/31/2021	07/31/2021	08/25/2021				2,316.23	0.00	0.00	2,316.23
	OXYGEN									
9981658715	07/31/2021	07/31/2021	08/25/2021				84.17	0.00	0.00	84.17
	OXYGEN									
9981658346	07/31/2021	07/31/2021	08/25/2021				690.02	0.00	0.00	690.02
	OXYGEN									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
A1680		AIRGAS USA, LLC -				3,600.84	0.00	0.00	3,600.84	
Vendor#	Vendor Name	Class	Pay Code							
A1705	ALIMED INC.	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
RPSV0354190	07/31/2021	03/11/2021	03/26/2021				83.03	0.00	0.00	83.03
	SUPPLIES									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
A1705		ALIMED INC.				83.03	0.00	0.00	83.03	
Vendor#	Vendor Name	Class	Pay Code							
A1360	AMERISOURCEBERGEN DRUG CCW									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
803041890	07/26/2021	07/16/2021	08/20/2021				8.60	0.00	0.00	8.60
	INVENTORY									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
A1360		AMERISOURCEBEF				8.60	0.00	0.00	8.60	
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
2274195	07/30/2021	07/26/2021	08/25/2021				2,144.00	0.00	0.00	2,144.00
	LAB STAFFING									
2274696	07/30/2021	07/26/2021	08/25/2021				2,656.50	0.00	0.00	2,656.50
	LAB STAFFING									
2274960	07/30/2021	07/26/2021	08/25/2021				4,112.13	0.00	0.00	4,112.13
	LAB STAFFING									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
A0400		AUREUS RADIOLO				8,912.63	0.00	0.00	8,912.63	
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
71371999	07/31/2021	07/12/2021	08/06/2021				53.84	0.00	0.00	53.84
	SUPPLIES									
71373416	07/31/2021	07/12/2021	08/06/2021				928.83	0.00	0.00	928.83
	SUPPLIES									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
B1150		BAXTER HEALTHCA				982.67	0.00	0.00	982.67	
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
6009333771	07/31/2021	07/16/2021	08/11/2021				891.60	0.00	0.00	891.60
	SUPPLIES									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
M2485		BAYER HEALTHCAI				891.60	0.00	0.00	891.60	
Vendor#	Vendor Name	Class	Pay Code							
B1266	BECKMAN COULTER CAPITAL	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

109216113	✓	07/31/2021	08/03/2021	08/03/2021			42.95	0.00	0.00	42.95	✓
SUPPLIES											
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net	
12600	B1266		BECKMAN COULTE			42.95	0.00	0.00		42.95	
		Vendor Name	Class					Pay Code			
		BIOFIRE DIAGNOSTICS LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
1280125946	✓	07/30/2021	07/19/2021	08/19/2021			20,250.00	0.00	0.00	20,250.00	✓
SUPPLIES BIOFIRE RP2.1 Panel, 30 Tests 1V0											
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net	
13992	12600		BIOFIRE DIAGNOST			20,250.00	0.00	0.00		20,250.00	
		Vendor Name	Class					Pay Code			
		CARIANT HEALTH PARTNERS									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
126523	✓	07/27/2021	07/21/2021	08/21/2021			1,000.00	0.00	0.00	1,000.00	✓
MED SURG STAFFING											
126059	✓	07/31/2021	06/30/2021	07/30/2021			3,860.00	0.00	0.00	3,860.00	✓
MED SURG STAFFING											
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net	
13028	13992		CARIANT HEALTH F			4,860.00	0.00	0.00		4,860.00	
		Vendor Name	Class					Pay Code			
		CAVALLO ENERGY TEXAS LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
2117300153	✓	06/30/2021	06/21/2021	08/23/2021			16.58	0.00	0.00	16.58	✓
GAS											
2120100155	✓	07/27/2021	07/19/2021	08/20/2021			16.00	0.00	0.00	16.00	✓
ENERGY BILL 15489											
2120200155	✓	07/27/2021	07/19/2021	08/20/2021			595.20	0.00	0.00	595.20	✓
ENERGY BILL 23652											
2120400155	✓	07/31/2021	07/23/2021	08/23/2021			8.29	0.00	0.00	8.29	✓
ACCT 167662 ENERGY BILL 38437											
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net	
11956	13028		CAVALLO ENERGY			636.07	0.00	0.00		636.07	
		Vendor Name	Class					Pay Code			
		CMT MEDICAL									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
4588837	✓	07/31/2021	05/05/2021	06/04/2021			177.94	0.00	0.00	177.94	✓
SUPPLIES											
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net	
11956	11956		CMT MEDICAL			177.94	0.00	0.00		177.94	
		Vendor Name	Class					Pay Code			
		COASTAL OFFICE SOLUTIONS	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
OEQT16651	✓	07/31/2021	04/21/2021	05/01/2021			175.61	0.00	0.00	175.61	✓
SUPPLIES											
OEQT16886	✓	07/31/2021	05/07/2021	05/17/2021			370.31	0.00	0.00	370.31	✓
SUPPLIES											
OEQT17490	✓	07/31/2021	05/21/2021	05/31/2021			79.74	0.00	0.00	79.74	✓
SUPPLIES											
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net	
11030	C1166		COASTAL OFFICE S			625.66	0.00	0.00		625.66	
		Vendor Name	Class					Pay Code			
		COMBINED INSURANCE									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
080121	✓	08/12/2021	08/01/2021	08/01/2021			801.60	0.00	0.00	801.60	✓
INSURANCE											
Vendor#	Vendor Totals:	Number	Name			Gross	Discount	No-Pay		Net	
11030	11030		COMBINED INSURA			801.60	0.00	0.00		801.60	
		Vendor Name	Class					Pay Code			
		CONMED CORPORATION	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	

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Vendor#	Vendor Name	Class	Pay Code							
S0501	EVOQUA WATER TECHNOLOGIES									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
904904582	✓ 07/31/2021	05/10/2021	06/04/2021				498.71	0.00	0.00	498.71 ✓
	SUPPLIES									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
S0501		EVOQUA WATER TI				498.71	0.00	0.00	498.71	
Vendor#	Vendor Name	Class	Pay Code							
10689	FASTHEALTH CORPORATION									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
08a21mmc	✓ 08/11/2021	08/01/2021	08/16/2021				495.00	0.00	0.00	495.00 ✓
	WEBSITE									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
10689		FASTHEALTH CORP				495.00	0.00	0.00	495.00	
Vendor#	Vendor Name	Class	Pay Code							
F1400	FISHER HEALTHCARE	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4535184	✓ 07/30/2021	07/14/2021	08/08/2021				31.08	0.00	0.00	31.08 ✓
	SUPPLIES									
4024274	✓ 07/31/2021	07/08/2021	08/02/2021				516.69	0.00	0.00	516.69 ✓
	SUPPLIES									
4413802	✓ 07/31/2021	07/13/2021	08/07/2021				78.99	0.00	0.00	78.99 ✓
	SUPPLIES									
4856150	✓ 07/31/2021	07/19/2021	08/13/2021				708.43	0.00	0.00	708.43 ✓
	SUPPLIES									
4856154	✓ 07/31/2021	07/19/2021	08/13/2021				8.16	0.00	0.00	8.16 ✓
	SUPPLIES									
5405229	✓ 07/31/2021	07/22/2021	08/16/2021				394.20	0.00	0.00	394.20 ✓
	SUPPLIES									
5405247	✓ 07/31/2021	07/22/2021	08/16/2021				64.91	0.00	0.00	64.91 ✓
	SUPPLIES									
6278673	✓ 07/31/2021	07/27/2021	08/21/2021				556.74	0.00	0.00	556.74 ✓
	SUPPLIES									
6278672	✓ 07/31/2021	07/27/2021	08/21/2021				289.38	0.00	0.00	289.38 ✓
	SUPPLIES									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
F1400		FISHER HEALTHCA				2,648.58	0.00	0.00	2,648.58	
Vendor#	Vendor Name	Class	Pay Code							
10678	FIVE STAR STERILIZER SERVICES									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7421	✓ 07/30/2021	07/29/2021	08/23/2021				537.09	0.00	0.00	537.09 ✓
	REPAIR CS STERILIZER									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
10678		FIVE STAR STERILI				537.09	0.00	0.00	537.09	
Vendor#	Vendor Name	Class	Pay Code							
G1001	GETINGE USA									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6991651931	✓ 07/31/2021	07/27/2021	07/28/2021				63.52	0.00	0.00	63.52 ✓
	SUPPLIES									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
G1001		GETINGE USA				63.52	0.00	0.00	63.52	
Vendor#	Vendor Name	Class	Pay Code							
W1300	GRAINGER	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9902116335	✓ 07/31/2021	05/14/2021	06/08/2021				47.64	0.00	0.00	47.64 ✓
	SUPPLIES									
9906264305	✓ 07/31/2021	05/19/2021	06/13/2021				593.51	0.00	0.00	593.51 ✓
	ELECTRONIC TEMP CONTROL									
9935125170	✓ 07/31/2021	06/16/2021	07/11/2021				311.36	0.00	0.00	311.36 ✓
	SUPPLIES									
9965792642	✓ 07/31/2021	07/16/2021	08/10/2021				343.50	0.00	0.00	343.50 ✓

Vendor# G0401	SUPPLIES										
	9971990420	07/31/2021	07/22/2021	08/16/2021			321.01	0.00	0.00	321.01	✓
	SUPPLIES										
	9971990412	07/31/2021	07/22/2021	08/16/2021			459.39	0.00	0.00	459.39	✓
	SUPPLIES										
	9001876367	07/31/2021	07/26/2021	08/20/2021			42.50	0.00	0.00	42.50	✓
	SUPPLIES										
	9002144138	07/31/2021	07/26/2021	08/20/2021			553.24	0.00	0.00	553.24	✓
	SUPPLIES										
	9001876375	07/31/2021	07/26/2021	08/20/2021			75.32	0.00	0.00	75.32	✓
SUPPLIES											
Vendor Totals:		Number	Name				Gross	Discount	No-Pay		Net
W1300			GRAINGER				2,747.47	0.00	0.00		2,747.47
Vendor#		Vendor Name			Class			Pay Code			
G0401		GULF COAST DELIVERY									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
073021	07/30/2021	07/30/2021	07/30/2021				100.00	0.00	0.00	100.00	✓
DELIVERY SERVICE											
Vendor Totals:		Number	Name				Gross	Discount	No-Pay		Net
G0401			GULF COAST DELI				100.00	0.00	0.00		100.00
Vendor#		Vendor Name			Class			Pay Code			
G1210		GULF COAST PAPER COMPANY			M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
2068736A	07/07/2021	07/07/2021	08/06/2021				-53.64	0.00	0.00	-53.64	✓
CREDIT INVOICE 2068736											
2074139	07/21/2021	07/20/2021	08/19/2021				1,304.95	0.00	0.00	1,304.95	✓
SUPPLIES											
2074117	07/30/2021	07/20/2021	08/19/2021				102.70	0.00	0.00	102.70	✓
SUPPLIES											
2075712	07/30/2021	07/23/2021	08/22/2021				159.90	0.00	0.00	159.90	✓
SUPPLIES											
Vendor Totals:		Number	Name				Gross	Discount	No-Pay		Net
G1210			GULF COAST PAPE				1,513.91	0.00	0.00		1,513.91
Vendor#		Vendor Name			Class			Pay Code			
11784		HALF LEAGUE STORAGE									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
080121	08/10/2021	08/01/2021	08/01/2021				360.00	0.00	0.00	360.00	✓
3 MONTHS UNIT 11,12,35 AUG-OC											
Vendor Totals:		Number	Name				Gross	Discount	No-Pay		Net
11784			HALF LEAGUE STO				360.00	0.00	0.00		360.00
Vendor#		Vendor Name			Class			Pay Code			
10829		HEALTHSTREAM, INC.									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
0260043	07/31/2021	07/15/2021	08/14/2021				1,225.00	0.00	0.00	1,225.00	✓
CONTINUE ED											
Vendor Totals:		Number	Name				Gross	Discount	No-Pay		Net
10829			HEALTHSTREAM, IT				1,225.00	0.00	0.00		1,225.00
Vendor#		Vendor Name			Class			Pay Code			
H0031		HEB CREDIT RECEIVABLES DEPT:									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
926212	07/31/2021	06/07/2021	08/25/2021				37.98	0.00	0.00	37.98	✓
SUPPLIES											
377494	07/31/2021	07/01/2021	08/25/2021				11.06	0.00	0.00	11.06	✓
SUPPLIES											
176342	07/31/2021	07/01/2021	08/25/2021				34.09	0.00	0.00	34.09	✓
SUPPLIES											
104746	07/31/2021	07/03/2021	08/25/2021				36.16	0.00	0.00	36.16	✓
SUPPLIES											
305674	07/31/2021	07/06/2021	08/25/2021				35.66	0.00	0.00	35.66	✓
SUPPLIES											
729023	07/31/2021	07/07/2021	08/25/2021				7.79	0.00	0.00	7.79	✓

SUPPLIES											
727466	✓	07/31/2021	07/07/2021	08/25/2021			15.62	0.00	0.00	15.62	✓
SUPPLIES											
386547	✓	07/31/2021	07/09/2021	08/25/2021			16.88	0.00	0.00	16.88	✓
SUPPLIES											
404273	✓	07/31/2021	07/09/2021	08/25/2021			23.52	0.00	0.00	23.52	✓
SUPPLIES											
9228217	✓	07/31/2021	07/11/2021	08/25/2021			78.91	0.00	0.00	78.91	✓
SUPPLIES											
492924	✓	07/31/2021	07/11/2021	08/25/2021			18.66	0.00	0.00	18.66	✓
SUPPLIES											
144906	✓	07/31/2021	07/12/2021	08/25/2021			18.58	0.00	0.00	18.58	✓
SUPPLIES											
612566	✓	07/31/2021	07/12/2021	08/25/2021			50.44	0.00	0.00	50.44	✓
SUPPLIES											
514980	✓	07/31/2021	07/13/2021	08/25/2021			19.90	0.00	0.00	19.90	✓
SUPPLIES											
570443	✓	07/31/2021	07/13/2021	08/25/2021			16.35	0.00	0.00	16.35	✓
SUPPLIES											
508477	✓	07/31/2021	07/15/2021	08/25/2021			63.25	0.00	0.00	63.25	✓
SUPPLIES											
530474	✓	07/31/2021	07/17/2021	08/25/2021			77.77	0.00	0.00	77.77	✓
SUPPLIES											
712575	✓	07/31/2021	07/18/2021	08/25/2021			56.56	0.00	0.00	56.56	✓
SUPPLIES											
850549	✓	07/31/2021	07/22/2021	08/25/2021			9.85	0.00	0.00	9.85	✓
SUPPLIES											
551481	✓	07/31/2021	07/24/2021	08/25/2021			48.45	0.00	0.00	48.45	✓
SUPPLIES											
888257	✓	07/31/2021	07/25/2021	08/25/2021			13.00	0.00	0.00	13.00	✓
SUPPLIES											
831420	✓	07/31/2021	07/26/2021	08/25/2021			20.24	0.00	0.00	20.24	✓
SUPPLIES											
222393	✓	07/31/2021	07/26/2021	08/25/2021			54.58	0.00	0.00	54.58	✓
SUPPLIES											
235555	✓	07/31/2021	07/26/2021	08/25/2021			2.64	0.00	0.00	2.64	✓
SUPPLIES											
955468	✓	07/31/2021	07/26/2021	08/25/2021			15.60	0.00	0.00	15.60	✓
SUPPLIES											
OC50329		07/31/2021	07/28/2021	08/25/2021			0.52	0.00	0.00	0.52	
FINANCE CHARGE											
Vendor Totals:	Number	Name				Gross	Discount	No-Pay		Net	
H0031		HEB CREDIT RECEI				784.06	0.00	0.00		784.06	
	Vendor Name	Class				Pay Code					
	HOLOGIC INC										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
9782832	✓	07/31/2021	07/16/2021	08/11/2021			472.50	0.00	0.00	472.50	✓
SUPPLIES											
Vendor Totals:	Number	Name				Gross	Discount	No-Pay		Net	
H0416		HOLOGIC INC				472.50	0.00	0.00		472.50	
	Vendor Name	Class				Pay Code					
	HUNTER PHARMACY SERVICES										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
4512	✓	07/31/2021	07/31/2021	08/20/2021			14,973.26	0.00	0.00	14,973.26	✓
PRO FEES											
Vendor Totals:	Number	Name				Gross	Discount	No-Pay		Net	
10922		HUNTER PHARMAC				14,973.26	0.00	0.00		14,973.26	
	Vendor Name	Class				Pay Code					
	INRAD										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
932536	✓	07/30/2021	07/16/2021	08/01/2021			139.00	0.00	0.00	139.00	✓

SUPPLIES											
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net			
	11312		INRAD		139.00	0.00	0.00	139.00			
			Vendor Name		Class		Pay Code				
I1260			INTOXIMETERS INC ✓		M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
686034 ✓	07/31/2021	07/27/2021	08/21/2021				360.00	0.00	0.00	360.00 ✓	
SUPPLIES											
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net			
	I1260		INTOXIMETERS INC		360.00	0.00	0.00	360.00			
			Vendor Name		Class		Pay Code				
I1285			ITA RESOURCES INC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
MMC82021 ✓	08/12/2021	08/10/2021	08/25/2021				29,789.99	0.00	0.00	29,789.99 ✓	
PESP SERVICES											
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net			
	I1285		ITA RESOURCES IN		29,789.99	0.00	0.00	29,789.99			
			Vendor Name		Class		Pay Code				
I1108			ITERSOURCE CORPORATION ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
711369 ✓	07/31/2021	07/12/2021	08/12/2021				6,486.00	0.00	0.00	6,486.00 ✓	
1 YR WARRANTY											
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net			
	I1108		ITERSOURCE CORI		6,486.00	0.00	0.00	6,486.00			
			Vendor Name		Class		Pay Code				
I11576			JOHNGSELF + PARTNERS, INC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
003754 ✓	07/31/2021	07/30/2021	07/30/2021				1,407.12	0.00	0.00	1,407.12 ✓	
AD FOR CFO											
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net			
	I11576		JOHNGSELF + PAR		1,407.12	0.00	0.00	1,407.12			
			Vendor Name		Class		Pay Code				
I13956			KOETTER FIR PROTECTION ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
33340 ✓	07/28/2021	07/28/2021	07/28/2021				1,665.00	0.00	0.00	1,665.00 ✓	
FIRE ALARM SERVICE											
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net			
	I13956		KOETTER FIR PRO		1,665.00	0.00	0.00	1,665.00			
			Vendor Name		Class		Pay Code				
I13268			LONE STAR COMMUNICATIONS, IT ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
79856 ✓	07/31/2021	12/21/2020	01/21/2021				1,075.50	0.00	0.00	1,075.50 ✓	
REPAIRED VOIP NURSE CONSOLE											
79857 ✓	07/31/2021	12/21/2020	01/21/2021				1,056.02	0.00	0.00	1,056.02 ✓	
REPAIRED CORRIDOR LIGHT											
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net			
	I13268		LONE STAR COMM		2,131.52	0.00	0.00	2,131.52			
			Vendor Name		Class		Pay Code				
I14068			MAINE MOLECULAR QUALITY ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
54419 ✓	07/31/2021	02/01/2021	02/01/2021				1,730.72	0.00	0.00	1,730.72 ✓	
SUPPLIES											
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net			
	I14068		MAINE MOLECULAR		1,730.72	0.00	0.00	1,730.72			
			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	
18328916 ✓	07/31/2021	07/15/2021	07/30/2021				142.83	0.00	0.00	142.83 ✓	
SUPPLIES											
18328519 ✓	07/31/2021	07/15/2021	08/15/2021				158.80	0.00	0.00	158.80 ✓	
SUPPLIES											

Vendor#	18339193	07/31/2021	07/19/2021	08/03/2021			111.62	0.00	0.00	111.62	
Vendor#	18339169	07/31/2021	07/19/2021	08/03/2021			102.90	0.00	0.00	102.90	
Vendor#	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
	M2178		MCKESSON MEDIC				516.15	0.00	0.00	516.15	
Vendor#	11141		Vendor Name				Class		Pay Code		
			MEDICAL DATA SYSTEMS, INC.								
Vendor#	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	162448	07/31/2021	07/22/2021	08/16/2021				10.35	0.00	0.00	10.35
Vendor#	162446	07/31/2021	07/31/2021	08/25/2021				873.23	0.00	0.00	873.23
Vendor#	162447	07/31/2021	07/31/2021	08/25/2021				2,663.53	0.00	0.00	2,663.53
Vendor#	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
	11141		MEDICAL DATA SY				3,547.11	0.00	0.00	3,547.11	
Vendor#	10613		Vendor Name				Class		Pay Code		
			MEDIMPACT HEALTHCARE SYS, II A/P								
Vendor#	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	080921	08/12/2021	08/09/2021	08/09/2021				86.57	0.00	0.00	86.57
Vendor#	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
	10613		MEDIMPACT HEALT				86.57	0.00	0.00	86.57	
Vendor#	M2470		Vendor Name				Class		Pay Code		
			MEDLINE INDUSTRIES INC				M				
Vendor#	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	1957458780	07/29/2021	07/03/2021	07/28/2021				763.82	0.00	0.00	763.82
Vendor#	1959021192	07/30/2021	07/17/2021	08/11/2021				117.03	0.00	0.00	117.03
Vendor#	1959021189	07/30/2021	07/17/2021	08/11/2021				377.04	0.00	0.00	377.04
Vendor#	1959434010	07/31/2021	07/12/2021	08/06/2021				4.19	0.00	0.00	4.19
Vendor#	1958570004	07/31/2021	07/14/2021	08/08/2021				7,488.00	0.00	0.00	7,488.00
Vendor#	1958523541	07/31/2021	07/14/2021	08/08/2021				34.27	0.00	0.00	34.27
Vendor#	1958523522	07/31/2021	07/14/2021	08/08/2021				144.02	0.00	0.00	144.02
Vendor#	1958523525	07/31/2021	07/14/2021	08/08/2021				18.19	0.00	0.00	18.19
Vendor#	1958523538	07/31/2021	07/14/2021	08/08/2021				1,765.01	0.00	0.00	1,765.01
Vendor#	1958523518	07/31/2021	07/14/2021	08/08/2021				167.48	0.00	0.00	167.48
Vendor#	1958523532	07/31/2021	07/14/2021	08/08/2021				5,825.07	0.00	0.00	5,825.07
Vendor#	1958570008	07/31/2021	07/14/2021	08/08/2021				32.53	0.00	0.00	32.53
Vendor#	1958523528	07/31/2021	07/14/2021	08/08/2021				5.15	0.00	0.00	5.15
Vendor#	1958523520	07/31/2021	07/14/2021	08/08/2021				147.22	0.00	0.00	147.22
Vendor#	1958523524	07/31/2021	07/14/2021	08/08/2021				30.60	0.00	0.00	30.60
Vendor#	1958523527	07/31/2021	07/14/2021	08/08/2021				37.72	0.00	0.00	37.72
Vendor#	1958523516	07/31/2021	07/14/2021	08/08/2021				37.54	0.00	0.00	37.54

1958523531	07/31/2021	07/14/2021	08/08/2021	49.59	0.00	0.00	49.59	✓
			SUPPLIES					
1958570005	07/31/2021	07/14/2021	08/08/2021	334.94	0.00	0.00	334.94	✓
			SUPPLIES					
1958523542	07/31/2021	07/14/2021	08/08/2021	185.52	0.00	0.00	185.52	✓
			SUPPLIES					
1958570007	07/31/2021	07/14/2021	08/08/2021	320.71	0.00	0.00	320.71	✓
			SUPPLIES					
1958523529	07/31/2021	07/14/2021	08/08/2021	272.87	0.00	0.00	272.87	✓
			SUPPLIES					
1958754572	07/31/2021	07/15/2021	08/09/2021	367.64	0.00	0.00	367.64	✓
			SUPPLIES					
1958754575	07/31/2021	07/15/2021	08/09/2021	153.39	0.00	0.00	153.39	✓
			SUPPLIES					
1958754576	07/31/2021	07/15/2021	08/09/2021	25.34	0.00	0.00	25.34	✓
			SUPPLIES					
1958754574	07/31/2021	07/15/2021	08/09/2021	45.26	0.00	0.00	45.26	✓
			SUPPLIES					
1959434017	07/31/2021	07/21/2021	08/15/2021	279.22	0.00	0.00	279.22	✓
			SUPPLIES					
1959434013	07/31/2021	07/21/2021	08/15/2021	260.31	0.00	0.00	260.31	✓
			SUPPLIES					
1959434012	07/31/2021	07/21/2021	08/15/2021	8.52	0.00	0.00	8.52	✓
			SUPPLIES					
1959434014	07/31/2021	07/21/2021	08/15/2021	260.31	0.00	0.00	260.31	✓
			SUPPLIES					
1959434015	07/31/2021	07/21/2021	08/15/2021	151.51	0.00	0.00	151.51	✓
			SUPPLIES					
1959434016	07/31/2021	07/21/2021	08/15/2021	279.22	0.00	0.00	279.22	✓
			SUPPLIES					
1960031562	07/31/2021	07/24/2021	08/18/2021	56.16	0.00	0.00	56.16	✓
			SUPPLIES					
1960031558	07/31/2021	07/24/2021	08/18/2021	35.35	0.00	0.00	35.35	✓
			SUPPLIES					
1960031561	07/31/2021	07/24/2021	08/18/2021	110.67	0.00	0.00	110.67	✓
			SUPPLIES					
1960126463	07/31/2021	07/27/2021	08/21/2021	85.61	0.00	0.00	85.61	✓
			SUPPLIES					
1960126462	07/31/2021	07/27/2021	08/21/2021	20.52	0.00	0.00	20.52	✓
			SUPPLIES					
1960126460	07/31/2021	07/27/2021	08/21/2021	32.30	0.00	0.00	32.30	✓
			SUPPLIES					
1960126478	07/31/2021	07/27/2021	08/21/2021	130.07	0.00	0.00	130.07	✓
			SUPPLIES					
1960126475	07/31/2021	07/27/2021	08/21/2021	1,682.36	0.00	0.00	1,682.36	✓
			SUPPLIES					
1960126461	07/31/2021	07/27/2021	08/21/2021	707.48	0.00	0.00	707.48	✓
			SUPPLIES					
1960126459	07/31/2021	07/27/2021	08/21/2021	24.30	0.00	0.00	24.30	✓
			SUPPLIES					
1960126458	07/31/2021	07/27/2021	08/21/2021	180.36	0.00	0.00	180.36	✓
			SUPPLIES					
1960126479	07/31/2021	07/27/2021	08/21/2021	133.20	0.00	0.00	133.20	✓
			SUPPLIES					
1960126457	07/31/2021	07/27/2021	08/21/2021	41.24	0.00	0.00	41.24	✓
			SUPPLIES					

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
M2470		MEDLINE INDUSTR	23,228.85	0.00	0.00	23,228.85

Vendor#	Vendor Name	Class	Pay Code
M2685	MICROTEK MEDICAL INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
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	4945636	07/28/2021	01/12/2021	03/18/2021			301.86	0.00	0.00	301.86	
			SUPPLIES								
	4961905	07/28/2021	02/09/2021	01/12/2021			301.86	0.00	0.00	301.86	
			SUPPLIES								
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay		Net		
	M2685		MICROTEK MEDICA		603.72	0.00	0.00		603.72		
O0920	Vendor Name		OFFICE DEPOT		Class		Pay Code				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
18435641700	07/31/2021	07/20/2021	08/11/2021				142.48	0.00	0.00	142.48	
			SUPPLIES								
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay		Net		
	O0920		OFFICE DEPOT		142.48	0.00	0.00		142.48		
O1416	Vendor Name		ORTHO CLINICAL DIAGNOSTICS		Class		Pay Code				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
1851981440	07/31/2021	07/16/2021	08/15/2021				187.30	0.00	0.00	187.30	
			SUPPLIES								
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay		Net		
	O1416		ORTHO CLINICAL D		187.30	0.00	0.00		187.30		
P0706	Vendor Name		PALACIOS BEACON		Class		Pay Code				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
33058240	07/31/2021	07/23/2021	08/22/2021				187.50	0.00	0.00	187.50	
			AD								
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay		Net		
	P0706		PALACIOS BEACON		187.50	0.00	0.00		187.50		
10152	Vendor Name		PARTSSOURCE, LLC		Class		Pay Code				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
03938994	07/31/2021	07/19/2021	08/18/2021				418.53	0.00	0.00	418.53	
			SUPPLIES								
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay		Net		
	10152		PARTSSOURCE, LL		418.53	0.00	0.00		418.53		
P1725	Vendor Name		PREMIER SLEEP DISORDERS CEN		Class		Pay Code				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
107	08/11/2021	08/01/2021	08/16/2021				5,600.00	0.00	0.00	5,600.00	
			SLEEP STUDY								
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay		Net		
	P1725		PREMIER SLEEP DI		5,600.00	0.00	0.00		5,600.00		
12480	Vendor Name		PRO ENERGY PARTNERS LP		Class		Pay Code				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
21070600	07/31/2021	07/31/2021	08/15/2021				3,095.38	0.00	0.00	3,095.38	
			GAS								
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay		Net		
	12480		PRO ENERGY PAR		3,095.38	0.00	0.00		3,095.38		
13936	Vendor Name		PROTOUCH STAFFING		Class		Pay Code				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
031028	07/27/2021	07/24/2021	08/23/2021				4,096.88	0.00	0.00	4,096.88	
			ICU STAFFING								
Vendor#	Vendor Totals:	Number	Name		Gross	Discount	No-Pay		Net		
	13936		PROTOUCH STAFF		4,096.88	0.00	0.00		4,096.88		
S0900	Vendor Name		SAM'S CLUB DIRECT		Class		Pay Code				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
008245	07/31/2021	06/26/2021	08/08/2021				87.90	0.00	0.00	87.90	
			SUPPLIES								
	008373	07/31/2021	06/27/2021	08/08/2021			40.98	0.00	0.00	40.98	

11/13

12/13

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
31478322	✓07/31/2021	07/14/2021	08/08/2021				56,201.58	0.00	0.00	56,201.58

VYNTUS ONE PFT PC 5PR SYSTEM

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12000	VYAIRE MEDICAL, I		56,201.58	0.00	0.00	56,201.58

Vendor#
I1110Vendor Name
WERFEN USA LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9111018411	✓07/30/2021	07/28/2021	08/22/2021				1,202.01	0.00	0.00	1,202.01

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
I1110	WERFEN USA LLC		1,202.01	0.00	0.00	1,202.01

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	275,441.26	0.00	0.00	275,441.26

pg 2 correction <16.58>
pg 11 correction <1532.51>
\$273,892.17

275 = 441.26 -
16.58 -
1532.51 -
273,892.17

APPROVED
ON

AUG 12 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED
RUN DATE: 08/12/21
TIME: 13:37
AUG 12 2021

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1
APCDEDIT

PATIENT
NUMBER PAYEE NAME
Calhoun County Auditor

PAY PAT
DATE AMOUNT CODE TYPE DESCRIPTION

GL NUM

081121	1018.32	✓		
081121	37.29	✓		
081121	1352.87	✓		
081121	81.95	✓		
081121	50.60	✓		
081121	1153.88	✓		
081121	85.32	✓		
081121	83.73	✓		
081121	44.32	✓		
081121	146.96	✓		
081121	120.67	✓		
081121	50.00	✓		
081121	23.57	✓		
081121	166.32	✓		
081121	160.00	✓		
081121	160.00	✓		
081121	100.00	✓		

ARID=0001 TOTAL

4835.80

TOTAL

4835.80

APPROVED
ON

AUG 12 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CITIBANK CORPORATE CARD

Account Statement

Commercial Card Account
JASON W ANGLIN

Account Inquiries:

Toll Free: 1-(800)-248-4553

International: 1-(904)-954-7314

TDD/TTY: 1-(877)-505-7276

Account Number: XXXX-XXXX-XXX

Summary of Account Activity

Total Activity \$3,514.02

Send Notice of Billing Errors and Customer Service Inquiries to:
CITIBANK, N.A., PO BOX 6125, SIOUX FALLS SD 57117-6125

Not an invoice. For your records only.

Credit Limit	\$20,000
Cash Advance Limit	\$0
Statement Closing Date	08/03/2021
Days in Billing Period	31

Transactions

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
***** NOTICE MEMO ITEM(S) LISTED BELOW *****					
07/07	07/06	9399	05134371188600036013039	1 NPDB NPDB.HRSA.GOV 800-767-6732 VA N77127159	22033 USA ✓ 48.00 ✓
07/07	07/06	9399	05134371188600036013112	2 NPDB NPDB.HRSA.GOV 800-767-6732 VA N77127267	22033 USA ✓ 2.00 ✓
07/07	07/06	9399	05134371188600036013294	3 NPDB NPDB.HRSA.GOV 800-767-6732 VA N77127521	22033 USA ✓ 2.00 ✓
07/07	07/06	9399	05134371188600036013377	4 NPDB NPDB.HRSA.GOV 800-767-6732 VA N77127716	22033 USA ✓ 2.00 ✓
07/08	07/06	8062	55457371188200873800046	5 TEXAS HOSPITAL ASSOC 5124651000 TX	78701 USA ✓ 48.00 CR ✓
07/09	07/07	8062	55457371189200873900019	6 TEXAS HOSPITAL ASSOC 5124651000 TX	78701 USA ✓ 834.00 CR ✓
07/19	07/16	5942	55432861197200839661713	7 AMZN Mktp US*2E1645MG1 Amzn.com/billWA 112-4740939-21826	98109 USA ✓ 42.95 ✓
07/21	07/20	3509	55432861201200051635936	8 MARRIOTT JW HILL RSRT& 866-435-7627 TX M20245 CHECK IN: 07/20/2021 817973	78261 USA ✓ 258.02 ✓
07/26	07/21	3509	55432861206200477147248	9 MARRIOTT JW HILL RSRT& 866-435-7627 TX M20776 CHECK IN: 07/21/2021 1097559	78261 USA ✓ 941.19 ✓
07/26	07/21	3509	55432861206200477146802	10 MARRIOTT JW HILL RSRT& 866-435-7627 TX M20769 CHECK IN: 07/21/2021 952135	78261 USA ✓ 814.53 ✓

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Page 1 of 4

CITIBANK, N.A.
PO BOX 6125
SIOUX FALLS SD 57117-6125Account Number XXXX-XXXX-XXXX
Statement Closing Date August 03, 2021

CALHOUN COUNTY TREASURER

AUG - 4 2021

DATE RECEIVED

Not an invoice.
For your records only.JASON W ANGLIN
CALHOUN COUNTY
STE A
202 S ANN ST
PORT LAVACA TX 77979-4204

00006934502

Account: XXXX-XXXX-XXXX

Transactions (con't)

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
07/26	07/24	3509	55432861206200477146885	11 MARRIOTT JW HILL RSRT& 866-435-7627 TX M20786 CHECK IN: 07/24/2021 1103753	78261 USA ✓ 259.83 ✓
07/26	07/24	3509	55432861205200224278412	12 MARRIOTT JW HILL RSRT& 866-435-7627 TX 32714 CHECK IN: 07/23/2021 989335	78261 USA ✓ 319.32 ✓
07/28	07/27	8699	55429501209852678446664	13 AHIMA 8003355535 IL 67844666	60601 USA ✓ 495.00 ✓
07/28	07/27	8699	55429501209852678395564	14 AHIMA 8003355535 IL 67839556	60601 USA ✓ 495.00 ✓
07/30	07/28	8062	55457371210200873400039	15 TEXAS HOSPITAL ASSOC 5124651000 TX	78701 USA ✓ 298.00 ✓
07/30	07/29	5968	75418231210126863436273	16 WEB*NETWORKSOLUTIONS 888-6429675 FL	32258 USA ✓ 119.98 ✓
08/02	07/30	9399	05134371212600046080424	17 NPDB NPDB.HRSA.GOV 800-767-6732 VA N77575409	22033 USA ✓ 20.00 ✓
08/02	07/30	8641	55429501211852819643530	18 NARHC 8663061961 MI 81964353	49412 USA ✓ 450.00 ✓
08/02	07/30	5942	55432861211200929793428	19 AMZN Mktp US*2P14M1PA1 Amzn.com/billWA 111-8319765-61106	98109 USA 272.20 ✓
***** TOTAL AMOUNT OF MEMO ITEM(S): \$3,514.02					✓

APPROVED
ON

AUG 16 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Account: XXXX-XXXX-XXXX-

Information About Your Citi Corporate Card Account

- **Report a Lost or Stolen Card Immediately:** Our telephone lines are open every day, 24 hours a day. Call the Customer Service telephone number specified on the front of the statement to report a lost or stolen Citi Corporate Card.
- **Credit Reports:** The Bank may report Account information to credit bureaus. Late payments, missed payments, or other defaults on the Account may be reflected in your credit report.
- **Cardholder Credit Line:** Each Cardholder has an individual Credit Line (a portion of which may be used for Cash Advances), which is the maximum amount that the Cardholder can charge at any time. The size of each Cardholder's Credit Line (and Cash Limit, if any), is determined by the Company and is a portion of the total Company Credit Line.
- **To Increase or Reallocate a Company or Cardholder Credit Line:** The Company may request changes to credit lines by contacting Citi Corporate Card Customer Services. Our telephone lines are open every day, 24 hours a day at the telephone number specified on the front of the statement.
- **Additional Cardholders:** The Company may request applications for additional Cardholders by contacting Citi Corporate Card Service. Our telephone lines are open every day, 24 hours a day at the telephone number specified on the front of the statement. Limit one Citi Corporate Card per Cardholder.
- **CitiManager® Online Tool:** You can easily manage your Citi Corporate Card online using the CitiManager online tool. CitiManager enables you to manage business expenses from anywhere around the globe from your computer or mobile device, you can view statements online as well as confirm account balances. To register for CitiManager, please log on to www.citimanager.com/online and click on the "Self registration for Cardholders" link. From there, follow the prompts to establish your account.
- **Payments:** You may make a payment to your individually billed card account online using CitiManager. Please note that some organizations do not have the CitiManager online payment feature enabled for cardholders. If paying by mail, please allow sufficient mailing time. Please write your account number on the front of the check. For centrally billed accounts, please be sure to send on Company check as payment for all Cardholder balances. If we receive your mailed payment in proper form at our processing facility by 5:00 p.m. Eastern Time, it will be credited as of that day. Payments can also be made by electronic fund transfer, wire transfer, ACH transfer, direct debit, and other methods. Call the number on the front of the statement for details.
- **Company Ratification:** By its payment of any amounts charged to the Account, the Company: (i) ratifies the original Application for the Account and the authority of all persons at the time of their signing such Application, and (ii) authorizes the continued use of the Account under the terms of The Corporate Card Agreement by all Cardholders to whom Cards are issued.
- **Special Information on Cash Advances:** Cardholders may get a Cash Advance at over 160,000 locations worldwide.
 - The Cardholder's Cash Advance Limit is a part of the Cardholder's Total Credit Line. It is not an additional line of credit.
 - For Cash Advances from ATMs, a separate Personal Identification Number (PIN) is required for security purposes.
- **Delinquency Fee:** My Account will be delinquent unless the Bank receives the amount shown on the billing statement as the balance due, less any disputed charges, by the payment due date. The Bank will show any unpaid portion of the balance due as a past due balance on subsequent billing statements. If any portion of the past due balance appears on two consecutive billing statements (approximately 55-60 days after the billing cycle date), I agree to pay a delinquency fee monthly based on a percentage of the entire past due balance until my payment is received by the Bank. A late fee may also be imposed monthly until payment for the past due balance is received by the Bank.

Account Inquiries

- **In Case of Errors or Questions About Your Bill:** You are responsible for initiating the dispute resolution process if your Account Statement lists charges that you believe are unauthorized, incorrect, for merchandise that has not been received, or for returned merchandise. You should also initiate the process if your Account Statement incorrectly lists a credit as a charge or if a credit, for which you have been issued a credit slip, is not shown. To begin the dispute resolution process, visit citimanager.com/notes.
- You may also dispute a transaction by writing to Citi. You may write to us on a separate sheet at the address specified on the front of this statement as soon as possible. Please notify us no later than 60 days after the date of the bill on which the error or problem first appeared. In the letter please give us the following information:
 - Your name and account number. For centrally billed Company Accounts, the Company name and individual account number.
 - The dollar amount of the suspected error.
 - Describe the error and explain the reason for the error; if more information is needed about an item, please describe it to us.
 - Merchant Disputes. If the Company or Cardholder was unsuccessful in attempting to resolve a problem with a merchant concerning the quality of goods or services purchased with the Citi Corporate Card, we may be able to help if we are notified in writing within 60 days of the date of the charge. You will be responsible if we are not able to resolve the dispute or if the Bank finds you responsible for the disputed charge.
- In the letter to us, please explain in detail the dispute and the results of the attempt to resolve it with the merchant. The letter must include the amount involved, and must be signed by the Individual Cardholder. We will notify you of the results of our efforts.
- If you returned merchandise and received a credit slip which has not yet been posted, please allow 30 days from the date it was issued. If it has not been posted to the Account by then, forward a copy of the credit slip to us at the billing dispute address specified on the front of the statement. Along with the copy of the credit slip please include a letter (signed by the individual Cardholder) stating that credit was not received. If a credit slip was not issued, please request one from the merchant. If the merchant refuses, please write to us and explain the details.
- On non-disputed matters or any matter shown by the Bank not to be in error, the Bank may charge the Company or Cardholder the fee specified in the Corporate Card Agreement for each copy of any document the Company or Cardholder requests, such as duplicate periodic statements, transaction slips, and the like.
- Please save your charge receipts.

MEMORIAL MEDICAL CENTER

PURCHASE ORDER

①

Bill To: 815 N. VIRGINIA ST.
 PORT LAVACA, TX 77979
 PHONE: (361) 552-6713
 FAX: (361) 552-0312

Ship To: 815 N. VIRGINIA ST.
 PORT LAVACA, TX 77979
 PHONE: (361) 552-6713
 FAX: (361) 552-0312

Vendor Name: Citibank

Date: 8/12/2021

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required		Expense #	Department	Deliver To		
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		NPDB - 20 Renewals (providers)			4000
2	—		NPDB - 1 Renewal			2.00
3	—		NPDB - 1 new enrollment			2.00
4	—		NPDB - 1 new enrollment			2.00
5	—		THA Credit - Bd member (charuna)			(484.00)
6	—		THA credit - Judge Meyer			(834.00)
7			Commissioner Reese (less 20%)			
8	—		JW Marriott - Hotel expense			258.02
9			Rolando Reyes. (one night cancellation fee)			
10	—		JW Marriott - Hotel expense			941.19

Est. Freight Poshanda Thomas Est. Total Cost _____ TOTAL COST _____

NOTES:

Charges made to Mr. Anglin's Business MC

Contact:	Date:
Quoted By:	
Buyer:	E.T.A.

Dept. Director _____
Dir. Nursing _____
Dir. Clinical Services _____
CFO _____
Administrator <u>[Signature]</u>

MEMORIAL MEDICAL CENTER

PURCHASE ORDER

②

Bill To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Ship To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Vendor Name:

Citibank

Date:

8/12/2021

P.O. #

Account #

Initiated By:

Form # 9401

Di	Expense #	Department	Deliver To		
Li	Number	Description	Unit Cost	Unit Meas.	Extended Cost
N	40-00				
V	2-00				
V	2-00				
	2-00				
1	941-19	JW Marriott - Hotel expense			814.53
2	259-82	JASON Anglin (7/21-7/24/21)			
3	298-00	JW Marriott - Hotel expense			259.83
4	20-00	Dallas Franklin			
5	42-95	" (7/28-7/24/21)			319.32
6	495-00	THA - Registration - Dallas Franklin @119 each			298.00
7	272-20	+ Reg Trazon - Governance Conf. New Beach Orientation			
8	119-98	WebNetwork - IT SSL Certificate (Xpress)			119.98
9	20-00	NPDB - 10 Renewals			20.00
10	450-00	Registration - NARHC Conf. Session			450.00

NOTES:

Est. Freight

Est. Total Cost

TOTAL COST

charges made to Mr. Anglin's Ponsiness MC	42.95
ATTM - Virtual Conference - Marissa Almaraz	445.00
ATTM - Virtual Conference - Shannon Jacildo	445.00
Amazon - Toner	272.20

Contact:	Date:
Quoted By:	
Buyer:	E.T.A.

Dept. Director	Total Cost:
Dir. Nursing	
Dir. Clinical Services	
CFO	
Administrator	

Wire Transfer

COUNTY OF CALHOUN TEXAS (COUNTY)



Wire Details

Transaction Number
Recurring Frequency One-Time Payment
Template Name CITI CARD PRGM - MMC
Amount USD 3,514.02
Debit Account DDA (MEMORIAL MEDICAL CENTER - OPERATING) - Prosperity Bank

Notify Initiator Options Pending Actions: Notify via EMAIL
Pending Release: Notify via EMAIL
System Events: Notify via EMAIL
Complete - Unsuccessful: Notify via EMAIL
Complete - Successful: Notify via EMAIL
Early Action Taken: Notify via EMAIL
Early Action Removed: Notify via EMAIL
Expired: Notify via EMAIL

Payment Date 08/26/2021

Originator Information

Originator Name COUNTY OF CALHOUN TEXAS
Originator Address 1 202 S ANN STREET
Originator Address 2 SUITE A
Originator Address 3 PORT LAVACA, TX 77979

Beneficiary / Payee Information

ACCOUNT Name
Beneficiary ID Type Account Number
Beneficiary ID
Address 1 P O BOX 78025
Address 2
Address 3 PHOENIX, AZ 85062-8025
Beneficiary Country US
Contact Name
Phone Number

Beneficiary Bank Information

Name
Beneficiary Bank ID Type Fed ABA
Beneficiary Bank ID
Address 1 P O BOX 78025
Address 2
Address 3 PHOENIX, AZ 85062-8025
Intl Routing Number
Beneficiary Bank Country US

Additional Reference Information

Purpose Of Payment

Additional Information For
Beneficiary

Status History

Timestamp	Status	Initiator	Description
Aug 26, 2021 11:03:09 AM CDT	Created	COUNTY	Catkinson (CLARRI ATKINSON) Wire Created.

McKESSON**STATEMENT**

Company: 9900

MEMORIAL MEDICAL CENTER
AP
815 N VIRGINIA STREET
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 08/13/2021

Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 08/14/2021

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

As of: 08/13/2021
Mail to:

Page: 002
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 08/14/2021 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account 632536 Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number
--------------	----------	-------------------	--	-------------	---------------	----------------	-----	--------------	-----	-------------------

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals:

20,724.58 USD

Future Due: 0.00

Past Due: 29.32

Last Payment: 2,451.97

08/07/2017

If Paid By 08/17/2021,
Pay This Amount:

20,309.51 USD

If Paid After 08/17/2021,
Pay this Amount:

20,724.58 USD

Due If Paid On Time:

USD 20,309.51

Disc lost if paid late:

415.07

Due If Paid Late:

USD 20,724.58

339.61 +

15,007.77 +

11.86 +

2,238.77 +

2,711.50 +

20,309.51 *

CK # 500224

APPROVED
ON

AUG 16 2021

CLERK ASSISTANT
CARROLL COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

Fax Server

8/16/2021 3:53:46 PM PAGE

2/011

Fax Server

MCKESSON

STATEMENT

As of: 08/13/2021

Page: 001

Company: 8009

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: 400

Customer: 190813
Date: 08/14/2021

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

As of: 08/13/2021
Mail to:

Page: 001
Comp: 8009

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 08/14/2021

PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number
Customer Number 190813 HEB PHCY 0434/MEM MED PHS										
08/11/2021	08/17/2021	7267119756	2017032939	115 Invoice	5.15	307.71		301.96 ✓		7267119756
08/13/2021	08/17/2021	7287657966	2017034004	115 Invoice	0.78	38.93		38.05 ✓		7287657966

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

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

Subtotal: 346.54 USD

Future Due: 0.00

If Paid By 08/17/2021,

Due if Paid On Time: ✓

Past Due: 0.00

Pay This Amount:

339.61 USD

USD 339.61

Disc lost if paid late:

6.93

Est Payment 14,038.05

If Paid After 08/17/2021,

Due if Paid Late:

08/09/2021

Pay this Amount:

346.54 USD

USD 346.54

APPROVED
ON

AUG 16 2021

GRANT AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

Fax Server

8/16/2021 3:53:46 PM PAGE

3/011

Fax Server

McKESSON

STATEMENT

Company: 8090

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: 08/13/2021

Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 08/14/2021

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

As of: 08/13/2021
Mail to:

Page: 001
Comp: 8090

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 08/14/2021

PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
08/07/2021	08/17/2021	7286628357	0806210844	115Invoice	12.31	615.65		603.34 ✓		7286628357	
08/08/2021	08/17/2021	7286534459	13373879	115Invoice	2.16	107.99		105.83 ✓		7286534459	
08/09/2021	08/17/2021	7286534460	13392899	115Invoice	22.94	1,146.94		1,124.00 ✓		7286534460	
08/09/2021	08/17/2021	7286534461	13432456	115Invoice	0.60	29.92		29.32 ✓		7286534461	
08/09/2021	08/17/2021	7286534462	13432456	115Invoice	28.36	1,417.67		1,389.32 ✓		7286534462	
08/09/2021	08/17/2021	7286534463	13451720	115Invoice		0.09		0.09 ✓		7286534463	
08/09/2021	08/17/2021	7286534464	0908211242-00	115Invoice	8.87	433.53		424.66 ✓		7286534464	
08/09/2021	08/17/2021	7286748965	0806211105	195Invoice		0.03		0.03 ✓		7286748965	
08/10/2021	08/17/2021	7286859155	13503797	115Invoice	10.75	537.71		526.96 ✓		7286859155	
08/10/2021	08/17/2021	7286859157	13503797	115Invoice	0.01	0.30		0.31 ✓		7286859157	
08/10/2021	08/17/2021	7286859156	13432456	115Invoice	0.60	29.92		29.32 ✓		7286859156	
08/10/2021	08/17/2021	7286859160	13538314	115Invoice	25.81	1,290.72		1,264.91 ✓		7286859160	
08/10/2021	08/17/2021	7286859161	13538314	115Invoice	3.67	183.58		179.91 ✓		7286859161	
08/10/2021	08/17/2021	7287028334	0808210759	115Invoice	44.81	2,210.72		2,165.91 ✓		7287028334	
08/10/2021	08/17/2021	7287103717	7287103717	115Invoice	5.32	266.03		260.71 ✓		7287103717	
08/10/2021	08/17/2021	7287110431	7287110431	115Credit		29.32	P	29.32 P ✓		7287110431	
08/11/2021	08/17/2021	7287129828	13575330	115Invoice	4.32	215.98		211.66 ✓		7287129828	
08/11/2021	08/17/2021	7287129829	13609948	115Invoice	1.31	65.46		64.15 ✓		7287129829	
08/11/2021	08/17/2021	7287129830	13609948	115Invoice	11.54	576.80		565.26 ✓		7287129830	
08/11/2021	08/17/2021	7287294792	0810211109	195Invoice	11.17	558.71		547.54 ✓		7287294792	
08/11/2021	08/17/2021	7287294793	0810210613	115Invoice	0.03	301.50		298.47 ✓		7287294793	
08/12/2021	08/17/2021	7287394994	13660902	115Invoice	10.18	509.49		499.30 ✓		7287394994	
08/12/2021	08/17/2021	7287394996	13661905	115Invoice	5.68	282.83		277.17 ✓		7287394996	
08/12/2021	08/17/2021	7287562344	0811210793	115Invoice	34.90	1,744.87		1,709.97 ✓		7287562344	
08/13/2021	08/17/2021	7287666137	13084817	115Invoice	19.52	975.89		956.37 ✓		7287666137	
08/13/2021	08/17/2021	7287666138	13721318	115Invoice	1.31	65.46		64.15 ✓		7287666138	
08/13/2021	08/17/2021	7287812761	0812210920	195Invoice	35.52	1,775.88		1,740.36 ✓		7287812761	
08/13/2021	08/17/2021	7287812762	0812210650	115Invoice	0.01	0.28		0.27 ✓		7287812762	

For AR Inquiries please contact 800-867-0333

Fax Server

8/16/2021 3:53:46 PM PAGE 4/011 Fax Server

MEKESSON**STATEMENT**

As of: 08/13/2021

Page: 002

Country: 8030

WALMART 1098/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KAUSEK
815 N VIRGINIA ST
PORT LAVACA TX 77978

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: -400

Customer: 256342
Date: 08/14/2021

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

As of: 08/13/2021
Mail to:

Page: 002
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 08/14/2021

PLEASE CHECK ANY
ITEMS NOT PAID (✓)

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

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

Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 15,314.85 USD

Future Due: 0.00

Past Due: 29.32

Net Payment: 14,038.05

15/08/2021

If Paid By 08/17/2021,

Pay This Amount:

15,007.77 USD

If Paid After 08/17/2021,

Pay This Amount:

15,314.85 USD

Due If Paid On Time:

USD

15,007.77

Disc lost if paid late:

306.86

Due If Paid Late:

USD

15,314.85

APPROVED
ON

AUG 16 2021

COUNTY AUDITOR
CASSIDIAN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

Fax Server

8/16/2021 3:53:46 PM

PAGE

5/011

Fax Server

MEKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 08/13/2021

Page: 001

DC: 8115

Territory: 400

Customer: 262252

Date: 08/14/2021

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

As of: 08/13/2021

Page: 001

Mail to:

Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252

Date: 08/14/2021

PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billig Date	Due Date	Receivable Number	National Account Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 262252 CVS PHCY 7006/MEMORIA PHS											
08/10/2021	08/17/2021	7286852286	1291727	115Invoice	0.21	10.41		10.20	✓	7286852286	
08/12/2021	08/17/2021	7287394907	1302634	115Invoice	0.03	1.69		1.66	✓	7287394907	

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

TOTAL: Customer Number 262252 CVS PHCY 7006/MEMORIA PHS

Subtotal: 12.10 USD

Future Due: 0.00

If Paid By 08/17/2021,

Due if Paid On Time:

USD 11.86

Past Due: 0.00

Pay This Amount:

11.86 USD

Disc lost if paid late:

0.24

Last Payment 14,038.05

If Paid After 08/17/2021,

Due if Paid Late:

USD 12.10

08/09/2021

Pay this Amount:

12.10 USD

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ON

AUG 16 2021

COMPTROLLER
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

Fax Server

8/16/2021 3:53:46 PM PAGE

6/011

Fax Server

McKESSON

Company: 6060

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

STATEMENT

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 08/13/2021

Page: 001

DC: 8115

Territory: 400

Customer: 484450
Date: 08/14/2021

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

As of: 08/13/2021
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 484450
Date: 08/14/2021

PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number
Customer Number 484450 HEB PHY FC 490/MEM MC PHS										
18/12/2021	08/17/2021	7287392306	55x560196	115Invoice	0.07	3.72		3.65	✓	7287392306
18/12/2021	08/17/2021	7287392307	55x560272	115Invoice	1.48	74.23		72.75	✓	7287392307
18/13/2021	08/17/2021	7287657798	55x563238	115Invoice	5.61	280.45		274.84	✓	7287657798
18/13/2021	08/17/2021	7287658310	55x562992	115Invoice	38.58	1,926.05		1,887.53	✓	7287658310

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

DYAL Customer Number 484450 HEB PHY FC 490/MEM MC PHS

Subtotal: 2,284.45 USD

Future Due: 0.00

If Paid By 08/17/2021,

Due if Paid On Time:

USD

2,284.77

Past Due: 0.00

Pay This Amount:

2,284.77 USD

Disc lost if paid late:

45.86

Last Payment 14,038.05

If Paid After 08/17/2021,

Due if Paid Late:

USD

2,284.45

08/09/2021

Pay this Amount:

2,284.45 USD

APPROVED
ON

AUG 15 2021

SEALY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

Fax Server

8/16/2021 3:53:46 PM PAGE

7/011

Fax Server

McKESSON**STATEMENT**

Supplier: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 08/13/2021

Page: 001

DC: 8115

Territory: 400

Customer: 835438

Date: 08/14/2021

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

As of: 08/13/2021

Page: 001

Mail to:

Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438

Date: 08/14/2021

PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number
Customer Number 835438 CVS PHCY 7475/MEM MC PHS										
08/10/2021	08/17/2021	7287052927	1292811	115Invoice	10.61	530.45		519.84	✓	7287052927
08/12/2021	08/17/2021	7287596101	1309366	115Invoice	44.73	2,256.39		2,191.66	✓	7287596101

FF 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: 2,766.84 USD

Future Due: 0.00

If Paid By 08/17/2021,

Pay This Amount:

2,711.50 USD

Due if Paid On Time:

USD 2,711.50

Past Due: 0.00

Disc lost if paid late:

55.34

Last Payment 14,038.05

If Paid After 08/17/2021,

Pay this Amount:

2,766.84 USD

Due if Paid Late:

USD 2,766.84

08/09/2021

APPROVED
ON

AUG 16 2021

CLERK AUTHORIZED
CASSIDON COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

Fax Server

8/16/2021 3:53:46 PM PAGE

8/011

Fax Server



STATEMENT

Statement Number: 01429675
Date: 08-13-2021

1 of 1

Served By:

AMERISOURCEBERGEN DRUG CORP
12727 W. AIRPORT BLVD.
SUGAR LAND TX 77478-6101DEA: RA0289276
866-451-9655

Customer:

WALGREENS #12494 3408
MEMORIAL MEDICAL CENTER
1302 N VIRGINIA ST
PORT LAVACA TX 77979-2509

Remit To:

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

Customer Number

100135284 / 037028186

Terms

Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	564.12
Past Due:	0.00
Total Due:	564.12
Account Balance:	564.12

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
08-09-2021	08-20-2021	3063953057	162383	Invoice	14.00		0.00	14.00
08-09-2021	08-20-2021	3063953058	162384	Invoice	0.09		0.00	0.09
08-09-2021	08-20-2021	3063953059	162385	Invoice	0.31		0.00	0.31
08-09-2021	08-20-2021	3063953190	162387	Invoice	447.71		0.00	447.71
08-10-2021	08-20-2021	3064103985	162422	Invoice	48.00		0.00	48.00
08-12-2021	08-20-2021	3064381118	162439	Invoice	13.03		0.00	13.03
08-13-2021	08-20-2021	3064515687	162448	Invoice	39.78		0.00	39.78

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
564.12	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
08-13-2021	(365.97)

Reminders

Due Date	Amount
08-20-2021	564.12
Total Due:	564.12

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ON

AUG 16 2021

SCENEX AUDITOR
CALHOUN COUNTY, TEXAS

CK # 500225

Fax Server

8/16/2021 3:53:46 PM PAGE 9/011

Fax Server

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- August 9, 2021 - August 15, 2021

Date	Bank Description	MMC Notes	Amount	
8/9/2021	PAY PLUS ACHTRANS 452579291 101000692399900	- 3rd Party Payor Fee	38.17	28 * 17 +
8/10/2021	PAY PLUS ACHTRANS 452579291 101000693376873	- 3rd Party Payor Fee	2.06	2 * 06 +
8/10/2021	MCKESSON DRUG AUTO ACH ACH04685978 910000142	- 340B Drug Program Expense	14038.05	187 * 47 +
8/10/2021	TSYS/TRANSFIRST DISCOUNT 30300982541616 6110	- Credit Card Processing Fee	531.38	104 * 41 +
8/10/2021	TSYS/TRANSFIRST DISCOUNT 41399801332419 6110	- Credit Card Processing Fee	609.12	49 * 96 +
8/10/2021	TSYS/TRANSFIRST DISCOUNT 41399801332385 6110	- Credit Card Processing Fee	116.85	372 * 07 *
8/10/2021	TSYS/TRANSFIRST DISCOUNT 41399801366397 6110	- Credit Card Processing Fee	670.36	CC Fees
8/10/2021	TSYS/TRANSFIRST DISCOUNT 41399801332393 6110	- Credit Card Processing Fee	1765.83	531 * 18 +
8/10/2021	TSYS/TRANSFIRST DISCOUNT 41399801391837 6110	- Credit Card Processing Fee	104.94	609 * 12 +
8/10/2021	TSYS/TRANSFIRST DISCOUNT 41399801332401 6110	- Credit Card Processing Fee	536.45	116 * 85 +
8/10/2021	TSYS/TRANSFIRST DISCOUNT 39300982589946 6110	- Credit Card Processing Fee	129	670 * 36 +
8/11/2021	PAY PLUS ACHTRANS 452579291 101000694072739	- 3rd Party Payor Fee	187.47	1 * 765 * 83 +
8/12/2021	PAY PLUS ACHTRANS 452579291 101000695023874	- 3rd Party Payor Fee	104.41	104 * 94 +
8/13/2021	PAY PLUS ACHTRANS 452579291 101000695885775	- 3rd Party Payor Fee	49.96	536 * 45 +
8/13/2021	CLEARGAGE LLC CLEARGAGE, 2000VERHXHG28P3 242	- Patient Financing Service	67.4	129 * 00 +
8/13/2021	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	365.97	4 * 463 * 75 *
			19,307.22	Cleargagc
				67 * 40 +
				67 * 40 *

Jason Anglin, CEO
Memorial Medical Center

August 10, 2021

* Approved 08-11-21 CC

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

Date	Description	MMC Notes	Amount	
8/20/2021	ACH Payment WEBFILE TAX PYMT DD	- Sales Tax	1,374.23	19 * 307 * 22 +
			1,374.23	14 * 038 * 05 -
				365 * 97 -
				4 * 903 * 20 *
				4 * 903 * 20 +
				4 * 903 * 20 -
				0 * 00 *

Jason Anglin, CEO
Memorial Medical Center

August 10, 2021

2021

☒ Confirmation: You Have Filed Successfully

Sales and Use Tax Period Ending 07/31/2021 (2107)

Taxpayer ID:	Taxpayer Name:	Entered By:
User ID:	MEMORIAL MEDICAL CENTER	Email Address:
Reference Number:	Taxpayer Address:	
Date and Time of Filing:	815 N VIRGINIA ST PORT LAVACA, TX	Telephone Number: (361) 852-0342
08/13/2021, 11:10:39 AM	77979-3028	
	IP Address:	

PAYMENT SUMMARY

Electronic Check	Payment Reference Number:	Type of Bank Account: Checking
State Amount: \$1,041.08	Trace Number	Accountholder Name:
Local Amount: \$333.15		Bank Routing Number:
Amount to Pay: \$1,374.23		Bank Account Number:
Electronic Check: \$1,374.23		Payment Effective Date: 08/20/2021

CREDIT SUMMARY
Credits Taken

Are you taking credit to reduce taxes due on this return?

No

Licensed Customs Broker Exported Sales

Did you refund sales tax for this filing period on items exported outside the United States based on a Texas Licensed Customs Broker Export Certifications?

No

LOCATION SUMMARY

Loc #	Total Texas Sales	Taxable Sales	Taxable Purchases	Subject to State Tax (Rate .0625)	State Tax Due	Subject to Local Tax	Local Tax Rate	Local Tax Due
00004	16741	16741	0	16741	1046.31	16741	0.02	334.82
Subtotal	16741	16741	0	16741	1046.31	16741		334.82

Total Tax for Locations

\$1,381.13

Total Tax Due:	\$1,381.13
Timely Filing Discount:	-\$6.90
Balance Due:	\$1,374.23
Pending Payments:	-\$0.00

Total Amount Due and Payable: \$1,374.23

(State amount due is \$1,041.08) (Local amount due is \$333.15)

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

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

☐ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	#### ENTER: ###
☐ "ENTER YOUR 4-DIGIT PIN"	
☐ "MAKE A PAYMENT, PRESS 1"	1
☐ "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★ 941 #
☐ "IF FEDERAL TAX DEPOSIT ENTER 1"	1
☐ "ENTER 2-DIGIT TAX FILING YEAR"	★ 21
☐ "ENTER 2-DIGIT TAX FILING ENDING MONTH" 1ST QTR - 03 (MARCH) - Jan, Feb, Mar 2ND QTR - 06 (JUNE) - Apr, May, June 3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept 4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec	★ 09
☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN" "1 TO CONFIRM"	★ \$ 103,281.67 #
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0 1
"ENTER W/CENTS AMOUNT OF MEDICARE"	\$ 51,898.78 #
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	\$ 12,391.92 #
	\$ 38,990.97 #
	CHECK \$
☐ "6-DIGIT SETTLEMENT DATE" "1 TO CONFIRM"	★ 1
☐ ACKNOWLEDGEMENT NUMBER	
CALLER INFORMATION:	
CALLER NAME:	
CALLER PHONE:	
CALLER FAX:	
CALLER E-MAIL:	
CALLER ADDRESS:	
CALLER CITY:	
CALLER STATE:	
CALLER ZIP:	
CALLER TITLE:	
CALLER COMPANY:	
CALLER INDUSTRY:	
CALLER TYPE:	
CALLER SOURCE:	
CALLER REFERENCE:	
CALLER COMMENTS:	
CALLER SIGNATURE:	
CALLER DATE:	
CALLER TIME:	

Run Date: 08/13/21
Time: 15:31

MEMORIAL MEDICAL CENTER
Payroll Register (Bi-Weekly)
Pay Period 07/30/21 - 08/12/21 Run# 1

Page 114
FOREG

Final Summary

Pay Code Summary					Deductions Summary				
PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross	Code Amount
1	REGULAR PAY-S1	9429.75	N		N	N		197581.26	A/R 515.00 A/R2 49.16 A/R3
1	REGULAR PAY-S1	1537.00	N		N	N	N	67492.66	ADVANC AWARDS BOOTS
1	REGULAR PAY-S1	458.25	Y		N	N		13288.30	CAFE-H CAFE-1 CAFE-2
2	REGULAR PAY-S2	2439.75	N		N	N		60389.19	CAFE-3 CAFE-4 CAFE-5
2	REGULAR PAY-S2	8.00	N		N	N	N	111.92	CAFE-C CAFE-D 1714.46 CAFE-F
2	REGULAR PAY-S2	172.00	Y		N	N		6252.60	CAFE-H 20726.74 CAFE-I CAFE-L
3	REGULAR PAY-S3	1386.25	N		N	N		36797.03	CAFE-P CANCER CHILD 609.70
3	REGULAR PAY-S3	148.25	Y		N	N		5160.59	CLINIC 235.00 COMBIN 400.80 CREDUN
C	CALL PAY	2229.25	N	1	N	N		4458.50	DD ADV DENTAL DEP-LF
D	DOUBLE TIME	8.00	N	1	N	N		466.24	DIG-LF EAT EATCSH
D	DOUBLE TIME	16.00	N	2	N	N		1151.60	FEDTAX 38990.97 FICA-M 6195.96 FICA-O 25949.39
D	DOUBLE TIME	24.50	N	3	N	N		1861.64	FIRSTC FLEX S 3346.87 FLX FE
E	EXTRA WAGES		N		N	N	N	460.00	FORT D FUTA GIFT S 198.69
E	EXTRA WAGES		N	1	N	N	N	1090.00	GRANT GRP-IN GTL
F	FUNERAL LEAVE	8.00	N	1	N	N		167.52	HOSP-I ID TFFT LEAF
I	INSERVICE	32.00	N	1	N	N		770.72	LEGAL 270.80 MASA 834.00 MEALS 196.22
I	INSERVICE	6.00	Y	1	N	N		232.47	METVIS 396.36 MISC MISC/
J	JURY LEAVE	8.00	N	1	N	N		286.48	MMCSHR NATFML 1688.09 OTHER
K	EXTENDED-ILLNESS-BANK	160.00	N	1	N	N		3489.92	PHI PHI*** PR FIN
P	PAID-TIME-OFF	373.24	N		N	N	N	14275.60	RELAY REPAY SAMS
P	PAID-TIME-OFF	1484.75	N	1	N	N		37950.21	SCRUBS 381.63 SIGNON ST-TX
X	CALL PAY 2	96.00	N	1	N	N		192.00	STONDF 750.86 STONE STONEZ
Z	CALL PAY 3	96.00	N	1	N	N		288.00	STUDEN SUNACC 759.18 SUNILL 673.13
v	COVID-FFCRA	242.00	N	1	N	N		3359.46	SUNIND 610.31 SUNLIF 738.61 SUNSTD 1170.70
									SUNVIS SURCHG 475.00 TSA-1
									TSA-2 TSA-C TSA-P
									TSA-R 32030.30 TUTION UNIFOR 74.00
									UW/HOS

Grand Totals: 20362.99 Gross: 457574.31 Deductions: 140712.63 Net: 316861.68
Checks Count:- FT 194 PT 11 Other 39 Female 215 Male 28 Credit OverAmt 9 ZeroNet 1 Term Total: 243

Pay date: 08-20-21

RECEIVED

08/12/2021

13:36

AUG 12 2021

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Vendor#

12792

Vendor Name

Class

Pay Code

BETHANY SENIOR LIVING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
073021A	07/31/2021	07/30/2021	08/26/2021				1,056.00	0.00	0.00	1,056.00

TRANSFER NH insurance pymt deposited into mmc operating

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
12792	BETHANY SENIOR I	1,056.00	0.00	0.00	1,056.00	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,056.00	0.00	0.00	1,056.00

APPROVED
ON**AUG 12 2021**COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

☒

RUN DATE:08/13/21
TIME:10:43

MEMORIAL MEDICAL CENTER
CHECK REGISTER
08/18/21 THRU 08/18/21

PAGE 1
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	191498	08/18/21	3,600.84	AIRGAS USA, LLC - CENTRAL DIV
A/P	191499	08/18/21	83.03	ALIMED INC.
A/P	191500	08/18/21	8.60	AMERISOURCEBERGEN DRUG CORP
A/P	191501	08/18/21	8,912.63	AUREUS RADIOLOGY LLC
A/P	191502	08/18/21	982.67	BAXTER HEALTHCARE
A/P	191503	08/18/21	891.60	BAYER HEALTHCARE
A/P	191504	08/18/21	42.95	BECKMAN COULTER CAPITAL
A/P	191505	08/18/21	20,250.00	BIOFIRE DIAGNOSTICS LLC
A/P	191506	08/18/21	4,860.00	CARIANT HEALTH PARTNERS
A/P	191507	08/18/21	619.49	CAVALLO ENERGY TEXAS LLC
A/P	191508	08/18/21	177.94	CMT MEDICAL
A/P	191509	08/18/21	625.66	COASTAL OFFICE SOLUTIONS
A/P	191510	08/18/21	801.60	COMBINED INSURANCE
A/P	191511	08/18/21	572.89	CONMED CORPORATION
A/P	191512	08/18/21	162.07	CREST HEALTHCARE SUPPLY
A/P	191513	08/18/21	1,350.70	DEWITT POTTH & SON
A/P	191514	08/18/21	1,098.45	DOOR CONTROL SERVICES, INC
A/P	191515	08/18/21	680.50	DRIESSEN WATER INC.
A/P	191516	08/18/21	92.50	EDWARDS LIFESCIENCES
A/P	191517	08/18/21	841.63	ELITECH GROUP INC (WESCOR)
A/P	191518	08/18/21	950.40	ETHOS MEDICAL STAFFING
A/P	191519	08/18/21	498.71	EVOQUA WATER TECHNOLOGIES LLC
A/P	191520	08/18/21	495.00	FASTHEALTH CORPORATION
A/P	191521	08/18/21	2,648.58	FISHER HEALTHCARE
A/P	191522	08/18/21	537.09	FIVE STAR STERILIZER SERVICES
A/P	191523	08/18/21	63.52	GETINGE USA
A/P	191524	08/18/21	.00	VOIDED
A/P	191525	08/18/21	2,747.47	GRAINGER
A/P	191526	08/18/21	100.00	GULF COAST DELIVERY
A/P	191527	08/18/21	1,513.91	GULF COAST PAPER COMPANY
A/P	191528	08/18/21	360.00	HALF LEAGUE STORAGE
A/P	191529	08/18/21	1,225.00	HEALTHSTREAM, INC.
A/P	191530	08/18/21	.00	VOIDED
A/P	191531	08/18/21	784.06	HEB CREDIT RECEIVABLES DEPT308
A/P	191532	08/18/21	472.50	HOLOGIC INC
A/P	191533	08/18/21	14,973.26	HUNTER PHARMACY SERVICES
A/P	191534	08/18/21	139.00	INRAD
A/P	191535	08/18/21	360.00	INTOXIMETERS INC
A/P	191536	08/18/21	29,789.99	ITA RESOURCES INC
A/P	191537	08/18/21	6,486.00	ITERSOURCE CORPORATION
A/P	191538	08/18/21	1,407.12	JOHNSSELF + PARTNERS, INC
A/P	191539	08/18/21	1,665.00	KOETTER FIR PROTECTION
A/P	191540	08/18/21	2,131.52	LONE STAR COMMUNICATIONS, INC
A/P	191541	08/18/21	1,730.72	MAINE MOLECULAR QUALITY
A/P	191542	08/18/21	516.15	MCKESSON MEDICAL SURGICAL INC
A/P	191543	08/18/21	3,547.11	MEDICAL DATA SYSTEMS, INC.
A/P	191544	08/18/21	86.57	MEDIMPACT HEALTHCARE SYS, INC.
A/P	191545	08/18/21	.00	VOIDED
A/P	191546	08/18/21	.00	VOIDED
A/P	191547	08/18/21	.00	VOIDED

RUN DATE:08/13/21
TIME:10:43

MEMORIAL MEDICAL CENTER
CHECK REGISTER
08/18/21 THRU 08/18/21

PAGE 2
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	191548	08/18/21	.00	VOIDED
A/P	191549	08/18/21	.00	VOIDED
A/P	191550	08/18/21	23,228.85	MEDLINE INDUSTRIES INC
A/P	191551	08/18/21	603.72	MICROTEK MEDICAL INC
A/P	191552	08/18/21	142.48	OFFICE DEPOT
A/P	191553	08/18/21	187.30	ORTHO CLINICAL DIAGNOSTICS
A/P	191554	08/18/21	187.50	PALACIOS BEACON
A/P	191555	08/18/21	418.53	PARTSSOURCE, LLC
A/P	191556	08/18/21	5,600.00	PREMIER SLEEP DISORDERS CENTER
A/P	191557	08/18/21	3,095.38	PRO ENERGY PARTNERS LP
A/P	191558	08/18/21	4,096.88	PROTOUCH STAFFING
A/P	191559	08/18/21	787.61	SAM'S CLUB DIRECT
A/P	191560	08/18/21	325.42	SERACARE LIFE SCIENCES, INC
A/P	191561	08/18/21	126.44	SHARN INC
A/P	191562	08/18/21	400.00	SIGN AD, LTD.
A/P	191563	08/18/21	4,335.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	191564	08/18/21	370.08	STRYKER ENDOSCOPY
A/P	191565	08/18/21	36.00	THE UPS STORE VICTORIA
A/P	191566	08/18/21	1,354.38	TK ELEVATOR CORPORATION
A/P	191567	08/18/21	4,258.53	UNIFIRST HOLDINGS
A/P	191568	08/18/21	136.72	UNIFORM ADVANTAGE
A/P	191569	08/18/21	2,200.00	US POSTAL SERVICE
A/P	191570	08/18/21	42,713.33	VICTORIA ANESTHESIOLOGY
A/P	191571	08/18/21	56,201.58	VYAIR MEDICAL, INC
A/P	191572	08/18/21	1,202.01	WERFEN USA LLC
A/P *	191573	08/18/21	1,056.00	BETHANY SENIOR LIVING
A/P	191591	08/18/21	160.00	
A/P	191592	08/18/21	81.95	
A/P	191593	08/18/21	50.60	
A/P	191594	08/18/21	85.32	
A/P	191595	08/18/21	44.32	
A/P	191596	08/18/21	1,153.88	
A/P	191597	08/18/21	1,018.32	
A/P	191598	08/18/21	100.00	
A/P	191599	08/18/21	160.00	
A/P	191600	08/18/21	146.96	
A/P	191601	08/18/21	50.00	
A/P	191602	08/18/21	37.29	
A/P	191603	08/18/21	120.67	
A/P	191604	08/18/21	1,352.87	
A/P	191605	08/18/21	166.32	
A/P	191606	08/18/21	83.73	
A/P	191607	08/18/21	23.57	
TOTALS:			279,783.97	

Payable 273,892.17 +
Patient refunds 4,835.80 +
Net Transfer 1,056.00 +
279,783.97 *

APPROVED
ON

AUG 18 2021

CERTIFIED AUDITOR
CAYMAN ISLANDS ACCOUNTING ASSOCIATION

Request for Transfer of Funds

Facility

inmartinez@mmcporthavaca.com

Amount: 6,780.74

ck# 1153

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

1153

88-2265/1131-87

8-18-21

Date

CHECK ARMOR

Pay to the

Order of Memorial Medical Clinic

\$ 6,780. ⁷⁴/₁₀₀

Six thousand, seven hundred eighty dollars & ⁷⁴/₁₀₀ - Dollars



Photo
Safe
Deposit
Details on back



PROSPERITY BANK®

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

For medicare repayment

County Auditor

County Treasurer

⑆ 113122655 ⑆

1153

RUN DATE:08/18/21
TIME:09:23

MEMORIAL MEDICAL CENTER
CHECK REGISTER
08/18/21 THRU 08/18/21

PAGE 3
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHA 001153 08/18/21 6,780.74 MEMORIAL MEDICAL CLINIC
TOTALS: 6,780.74

Ashtford

APPROVED
ON

AUG 18 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: _____

Please Attach:

Remittance Advice and EOB

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

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

Please email request form

and Remittance Advice to : cclevenger@mmcporthavaca.com

mmartinez@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 (-) or Funds (+) to YOUR account	Notes
N/A	N/A	8/4/2021	EFT	3,746.53	EFT6045051	CVDAR000026869	155.77	BROADMOOR AT CREEKSIDE
N/A	N/A	7/28/2021	EFT	-	REMIT01201	CVDAR000026869	118.24	BROADMOOR AT CREEKSIDE
N/A	N/A	7/28/2021	EFT	-	REMIT00177	CVDAR000026869	23.94	BROADMOOR AT CREEKSIDE
N/A	N/A	8/5/2021	EFT	1,469.69	EFT6046523	CVDAR000026869	61.11	BROADMOOR AT CREEKSIDE
N/A	N/A	8/6/2021	EFT	1,006.34	EFT6047891	CVDAR000026869	41.84	BROADMOOR AT CREEKSIDE
N/A	N/A	8/6/2021	EFT	287.92	EFT6047912	CVDAR000026869	11.97	BROADMOOR AT CREEKSIDE
N/A	N/A	8/2/2021	EFT	-	REMIT00178	CVDAR000026869	12.89	BROADMOOR AT CREEKSIDE
N/A	N/A	8/2/2021	EFT	-	REMIT01204	CVDAR000026869	126.86	BROADMOOR AT CREEKSIDE
			TOTAL				552.62	

To be filled out by Memorial Medical Center:

Date Received: 8/16/2021

Approved by: C Clevenger

Date of transfer: 8/18/2021

From Facility: Broadmoor

To Facility: MMC

Amount: 552.62

APPROVED
ON

AUG 16 2021

SCENTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 000116

Request for Transfer of Funds

Date Requested	8/12/2021
Payer	MEDICARE
Requested by:	TATUM GORDON - BUSINESS OFFICE MANAGER
Requestor's email	tgordon@bethany-living.com
Requestor's phone number	361-551-0500
District or County	Calhoun
Facility	Bethany Senior Living

mmartinez@mmcportlavaca.com

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
N/A	N/A	8/3/2021	REMIT		REMIT 00092	CVDAR000026869	808.23	THE BROADMORE CREEKSIDE - AUXILIARY ADVANCE PMT
N/A	N/A	8/4/2021	EFT		EFT 6045126	CVDAR000026869	37.96	THE BROADMORE CREEKSIDE - AUXILIARY ADVANCE PMT
			TOTAL	-			846.19	

Date Received: 8/16/2021
Approved by: C. Clevenger
Date of check: 8/18/2021
From Facility: Broadmoor
To Facility: Bethany
Amount: \$ 846.19

APPROVED
ON
AUG 16 2021
GOENY AUDITOR
CALHOUN COUNTY, TEXAS
ck# 000117

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000116

88-2265/1131

Date 8-18-21

PAY

TO THE
ORDER OF

Memorial Medical Clinic

\$ 552. ⁶²/₁₀₀

Five hundred fifty-two dollars ⁶²/₁₀₀

DOLLARS



**PROSPERITY
BANK**

County Auditor

FOR medicare repayment



COUNTY TREASURER
Security features are
included. Details on back.

⑈000116⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000117

88-2265/1131

Date 8-18-21

PAY

TO THE
ORDER OF

Bethany Senior Living

\$ 846. ¹⁹/₁₀₀

Eight hundred forty-six dollars ¹⁹/₁₀₀

DOLLARS



**PROSPERITY
BANK**

County Auditor

FOR medicare repayment



COUNTY TREASURER
Security features are
included. Details on back.

⑈000117⑈ ⑆113122655⑆

RUN DATE:08/18/21
TIME:09:23

MEMORIAL MEDICAL CENTER
CHECK REGISTER
08/18/21 THRU 08/18/21

PAGE 4
GLCKREG

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

NHB 000116 08/18/21 552.62 MEMORIAL MEDICAL CLINIC
NHB 000117 08/18/21 846.19 BETHANY
TOTALS: 1,398.81

Broadmoor

APPROVED
ON

AUG 18 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: _____

Please Attach:

Remittance Advice and EOB

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

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

Please email request form

and Remittance Advice to : cclevenger@mmcporthavaca.com

mmartinez@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 (-) or Funds (+) to YOUR account	Notes
N/A	N/A	8/4/2021	EFT	3,746.53	EFT6045051	CVDAR000019557	155.77	THE CRESENT
N/A	N/A	8/5/2021	EFT	1,469.69	EFT6046523	CVDAR000019557	61.11	THE CRESENT
N/A	N/A	8/6/2021	EFT	1,006.34	EFT6047891	CVDAR000019557	41.84	THE CRESENT
N/A	N/A	8/6/2021	EFT	287.92	EFT6047912	CVDAR000019557	11.97	THE CRESENT
N/A	N/A	8/2/2021	EFT	-	REMIT00178	CVDAR000019557	12.89	THE CRESENT
N/A	N/A	8/2/2021	EFT	-	REMIT01204	CVDAR000019557	126.86	THE CRESENT
			TOTAL				410.44	

To be filled out by Memorial Medical Center:

Date Received: 8/16/2021

Approved by: C Clevenger

Date of transfer: 8/18/2021

From Facility: Crescent

To Facility: MMC

Amount: 410.44

APPROVED
ON

AUG 16 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 000151

Request for Transfer of Funds

Date Requested	8/12/2021
Payer	MEDICARE
Requested by:	TATUM GORDON - BUSINESS OFFICE MANAGER
Requestor's email	tgordon@bethany-living.com
Requestor's phone number	361-551-0500
District or County	Calhoun
Facility	Bethany Senior Living

mmartinez@mmcportlavaca.com

<u>Patient Name</u> <u>(REQUIRED)</u>	<u>Date of Service</u> <u>(REQUIRED)</u>	<u>Date of Payment</u>	<u>Type of Payment</u> <u>(Check/EFT)</u>	<u>Amount of</u> <u>Payment</u> <u>shown on</u>	<u>Check Number</u>	<u>Claim Number</u>	<u>Action needed- Enter</u> <u>funds (-) or Funds (+)</u> <u>to YOUR account</u>	<u>Notes</u>
N/A	N/A	8/3/2021	REMIT		REMIT 00092	CVDAR000019557	808.23	THE CRESENT - AUXILLARY ADVANCE PMT
N/A	N/A	8/4/2021	EFT		EFT 6045126	CVDAR000019557	37.96	THE CRESENT - AUXILLARY ADVANCE PMT
			TOTAL	-			846.19	

Date Received: 8/16/2021
Approved by: C. Clevenger
Date of check: 8/18/2021
From Facility: Crescent
To Facility: Bethany
Amount: \$ 846.19

CL#000152

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000151

88-2265/1131

Date 8-18-21

PAY

TO THE
ORDER OF

Memorial Medical Clinic

\$ 410. ⁴⁴/₁₀₀

Four hundred ten dollars & ⁴⁴/₁₀₀ DOLLARS



PROSPERITY
BANK

County Auditor

FOR medicare repayment

County Treasurer
Security features are included. Details on back.

⑈000151⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000152

88-2265/1131

Date 8-18-21

PAY

TO THE
ORDER OF

Bethany Senior Living

\$ 846. ¹⁹/₁₀₀

Eight hundred forty-six dollars & ¹⁹/₁₀₀ DOLLARS



PROSPERITY
BANK

County Auditor

FOR medicare repayment

County Treasurer
Security features are included. Details on back.

⑈000152⑈ ⑆113122655⑆

RUN DATE:08/18/21
TIME:09:23

MEMORIAL MEDICAL CENTER
CHECK REGISTER
08/18/21 THRU 08/18/21

PAGE 5
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHC 000151 08/18/21 410.44 MEMORIAL MEDICAL CLINIC
NHC 000152 08/18/21 846.19 BETHANY
TOTALS: 1,256.63

Crescent

APPROVED
ON

AUG 18 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: _____

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
N/A	N/A	8/4/2021	EFT	3,746.53	EFT6045051	CVDAR000019556	155.77	FORT BEND HEALTHCARE
N/A	N/A	7/28/2021	EFT	-	REMIT01201	CVDAR000019556	118.24	FORT BEND HEALTHCARE
N/A	N/A	7/28/2021	EFT	-	REMIT00177	CVDAR000019556	23.94	FORT BEND HEALTHCARE
N/A	N/A	8/5/2021	EFT	1,469.69	EFT6046523	CVDAR000019556	61.11	FORT BEND HEALTHCARE
N/A	N/A	8/6/2021	EFT	1,006.34	EFT6047891	CVDAR000019556	41.84	FORT BEND HEALTHCARE
N/A	N/A	8/6/2021	EFT	287.92	EFT6047912	CVDAR000019556	11.97	FORT BEND HEALTHCARE
N/A	N/A	8/2/2021	EFT	-	REMIT00178	CVDAR000019556	12.89	FORT BEND HEALTHCARE
N/A	N/A	8/2/2021	EFT	-	REMIT01204	CVDAR000019556	126.86	FORT BEND HEALTHCARE
			TOTAL				552.62	

To be filled out by Memorial Medical Center:

Date Received: 8/16/2021

Approved by: C. Clevenger

Date of transfer: 8/18/2021

From Facility: Fort Bend

To Facility: MMC

Amount: 552.62

APPROVED
ON

AUG 16 2021

COMPTROLLER
CALHOUN COUNTY, TEXAS

CK# 000145

Request for Transfer of Funds

Transfer #:	
Date Requested	8/12/2021
Payer	MEDICARE
Requested by:	TATUM GORDON - BUSINESS OFFICE MANAGER
Requestor's email	tgordon@bethany-living.com
Requestor's phone number	361-551-0500
District or County	Calhoun
Facility	Bethany Senior Living

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@mimcportlavaca.com

mmartinez@mmicportlavaca.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	8/3/2021	REMIT		REMIT 00092	CVDAR000019556	808.23	FORT BEND HEALTHCARE - AUXILIARY ADVANCE PMT
N/A	N/A	8/4/2021	EFT		EFT 6045126	CVDAR000019556	37.96	FORT BEND HEALTHCARE - AUXILIARY ADVANCE PMT
		TOTAL	-				846.19	

To be filled out by Memorial Medical Center:

Date Received: 8/16/2021
Approved by: C. Clevenger
Date of check: 8/18/2021
From Facility: Fort Bend
To Facility: Bethany
Amount: \$ 846.19

APPROVED
ON

AUG 16 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 000146

MEMORIAL MEDICAL CENTER

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

000145

88-2265/1131

Date 8-18-21

PAY

TO THE
ORDER OF

Memorial Medical Clinic

\$ 552. $\frac{62}{100}$

Five hundred fifty-two $\frac{62}{100}$

DOLLARS



**PROSPERITY
BANK**

County Auditor

FOR medicare repayment

County Treasurer
Security features are included. Details on back.

⑈000145⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

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

000146

88-2265/1131

Date 8-18-21

PAY

TO THE
ORDER OF

Bethany Senior Living

\$ 846. $\frac{19}{100}$

Eight hundred forty-six dollars $\frac{19}{100}$

DOLLARS



**PROSPERITY
BANK**

County Auditor

FOR medicare repayment

County Treasurer
Security features are included. Details on back.

⑈000146⑈ ⑆113122655⑆

RUN DATE:08/18/21
TIME:09:23

MEMORIAL MEDICAL CENTER
CHECK REGISTER
08/18/21 THRU 08/18/21

PAGE 6
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHF	000145	08/18/21	552.62	MEMORIAL MEDICAL CLINIC	<i>Fert Bend</i>
NHF	000146	08/18/21	846.19	BETHANY	
TOTALS:			1,398.81		

~~APPROVED~~
ON

AUG 18 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: _____

Please Attach:

Remittance Advice and EOB

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

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

Please email request form

and Remittance Advice to : cclevenger@mmcporthavaca.com

mmartinez@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 (-) or Funds (+) to YOUR account	Notes
N/A	N/A	8/4/2021	EFT	3,746.53	EFT6045051	CVDAR000018170	155.77	SOLERA WEST HOUSTON
N/A	N/A	7/28/2021	EFT	-	REMIT01201	CVDAR000018170	118.24	SOLERA WEST HOUSTON
N/A	N/A	7/28/2021	EFT	-	REMIT00177	CVDAR000018170	23.94	SOLERA WEST HOUSTON
N/A	N/A	8/5/2021	EFT	1,469.69	EFT6046523	CVDAR000018170	61.11	SOLERA WEST HOUSTON
N/A	N/A	8/6/2021	EFT	1,006.34	EFT6047891	CVDAR000018170	41.84	SOLERA WEST HOUSTON
N/A	N/A	8/6/2021	EFT	287.92	EFT6047912	CVDAR000018170	11.97	SOLERA WEST HOUSTON
N/A	N/A	8/2/2021	EFT	-	REMIT00178	CVDAR000018170	12.89	SOLERA WEST HOUSTON
N/A	N/A	8/2/2021	EFT	-	REMIT01204	CVDAR000018170	126.86	SOLERA WEST HOUSTON
			TOTAL				552.62	

To be filled out by Memorial Medical Center:

Date Received: 8/16/2021

Approved by: C Clevenger

Date of transfer: 8/18/2021

From Facility: Solera

To Facility: MMC

Amount: 552.62

APPROVED
ON

AUG 16 2021

OFFICE AUDITOR
CALHOUN COUNTY, TEXAS

CK#1150

Request for Transfer of Funds

Date Requested	8/12/2021
Payer	MEDICARE
Requested by:	TATUM GORDON - BUSINESS OFFICE MANAGER
Requestor's email	tgordon@bethany-living.com
Requestor's phone number	361-551-0500
District or County	Calhoun
Facility	Bethany Senior Living

mmmartinez@mmcporthlavaca.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	8/3/2021	REMIT		REMIT 00092	CVDAR000018170	808.23	Solera West Houston - AUXILIARY ADVANCE PMT
N/A	N/A	8/3/2021	REMIT		REMIT 00092	OB Offset for Affiliated Provider ref ID: Affiliate Withholdings - Settlement	19,654.27	8/10/21 MARK WITH MEDICARE STATED COST REPORT SETTLEMENT FOR 12/31/2020 FOR SOLERA WEST HOUSTON
N/A	N/A	8/4/2021	EFT		EFT 6045126	CVDAR000018170	37.96	Solera West Houston - AUXILIARY ADVANCE PMT
			TOTAL	-			20,500.46	

Date Received: 8/16/2021
Approved by: C. Clevenger
Date of check: 8/18/2021
From Facility: Solera
To Facility: Bethany
Amount: \$ 20,500.46

AUG 16 2021

CLERK AUDITOR
CALHOUN COUNTY, TEXAS
CL#1151

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

1150

88-2265/1131-87

8-18-21

Date



Pay to the
Order of Memorial Medical Clinic

\$ 552.47

Five hundred fifty-two dollars & $\frac{47}{100}$

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

⑆113122655⑆

⑆1150

County Auditor

County Treasurer

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

1151

88-2265/1131-87

8-18-21

Date



Pay to the
Order of Bethany Senior Village

\$ 20,500.46

Twenty thousand & five hundred dollars & $\frac{46}{100}$

Dollars



Photo
Safe
Deposit
Details on back



PROSPERITY BANK

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

For medicare repayment

⑆113122655⑆

⑆151

County Auditor

County Treasurer

RUN DATE:08/18/21
TIME:09:23

MEMORIAL MEDICAL CENTER
CHECK REGISTER
08/18/21 THRU 08/18/21

PAGE 8
GLCKREG

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

NHS	001150	08/18/21	552.62	MEMORIAL MEDICAL CLINIC	<i>Slm</i>
NHS	001151	08/18/21	20,500.46	BETHANY	
TOTALS:			21,053.08		

APPROVED
ON

AUG 18 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: _____

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@mmcporthlavaca.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
N/A	N/A	8/4/2021	EFT	3,746.53	EFT6045051	CVDAR000019540	155.77	GOLDEN CREEK
N/A	N/A	7/28/2021	EFT	-	REMIT01201	CVDAR000019540	118.24	GOLDEN CREEK
N/A	N/A	7/28/2021	EFT	-	REMIT00177	CVDAR000019540	23.94	GOLDEN CREEK
N/A	N/A	8/5/2021	EFT	1,469.69	EFT6046523	CVDAR000019540	61.11	GOLDEN CREEK
N/A	N/A	8/6/2021	EFT	1,006.34	EFT6047891	CVDAR000019540	41.84	GOLDEN CREEK
N/A	N/A	8/6/2021	EFT	287.92	EFT6047912	CVDAR000019540	11.97	GOLDEN CREEK
N/A	N/A	8/2/2021	EFT	-	REMIT00178	CVDAR000019540	12.89	GOLDEN CREEK
N/A	N/A	8/2/2021	EFT	-	REMIT01204	CVDAR000019540	126.86	GOLDEN CREEK
			TOTAL				552.62	

To be filled out by Memorial Medical Center:

Date Received: 8/16/2021

Approved by: C Clevenger

Date of transfer: 8/18/2021

From Facility: Golden Creek

To Facility: MMC

Amount: 552.62

APPROVED
ON

AUG 16 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
C# 00110

Request for Transfer of Funds	
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Date Requested	8/12/2021
Payer	Novitas
Requested by:	Tracy Simms
Requestor's email	tsimms@cantexcc.com
Requestor's phone number	214-954-4114 ext 115
District or County	Memorial Medical Center
Facility	The Crescent

<u>Please Attach:</u> 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.

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

--

<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 Payment</u> <u>shown on Remittance</u> <u>Advice (REQUIRED)</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>
		7/27/2021	EFT		EFT6036377	CVDAR000019540	\$394.88	Due Crescent from Golden Creek
		7/30/2021	EFT		EFT6040877	CVDAR000019540	\$84.69	Due Crescent from Golden Creek
		8/2/2021	EFT		EFT6042360	CVDAR000019540	\$1,113.21	Due Crescent from Golden Creek
			TOTAL	-			\$1,592.78	

To be filled out by Company who received funds:	
Date Received:	<u>8/16/2021</u>
Approved by:	<u>C Clevenger</u>
Date of Check:	<u>8/18/2021</u>
From Facility:	<u>Golden Creek</u>
To Facility:	<u>Crescent</u>
Amount:	<u>\$1,592.78</u>

APPROVED
CSC

Date Received: 8/16/2021
Approved by: C Clevenger
Date of Check: 8/18/2021
From Facility: Golden Creek
To Facility: Crescent
Amount: \$1,592.78

AUG 16 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
ck#000112

Request for Transfer of Funds

Date Requested 8/12/2021

Payer Novitas

Requested by: Tracy Simms

Requestor's email tsimms@cantexcc.com

Requestor's phone number 214-954-4114 ext 115

District or County Memorial Medical Center

Facility The Broadmoor at Creekside Park

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.

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 funds (-) or Funds (+) to YOUR account	Notes
		7/26/2021	EFT		EFT6034285	CVDAR000019540	\$189.43	Due Broadmoor from Golden Creek
		7/28/2021	EFT		EFT6037909	CVDAR000019540	\$231.64	Due Broadmoor from Golden Creek
		7/30/2021	EFT		EFT6040882	CVDAR000019540	\$1,239.32	Due Broadmoor from Golden Creek
		8/2/2021	EFT		EFT6042368	CVDAR000019540	\$141.17	Due Broadmoor from Golden Creek
			TOTAL	\$0.00			\$1,801.56	

To be filled out by Company who received funds:

Date Received: 8/16/2021

Approved by: C Clevenger

Date of Check: 8/18/2021

From Facility: Golden Creek

To Facility: Broadmoor

Amount: \$1,801.56

APPROVED
ON

AUG 16 2021

GOVERNMENT AUDITOR
CALHOUN COUNTY, TEXAS

CL# 000113

Request for Transfer of Funds

Date Requested 8/12/2021

Payer Novitas

Requested by: Tracy Simms

Requestor's email tsimms@cantexcc.com

Requestor's phone number 214-954-4114 ext 115

District or County Memorial Medical Center

Facility Fort Bend

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.

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 funds (-) or Funds (+) to YOUR account	Notes
		7/26/2021	EFT		EFT6033676	CVDAR000019540	\$26.33	Due Fort Bend from Golden Creek
			TOTAL	-			26.33	

To be filled out by Company who received funds:

Date Received: 8/16/2021

Approved by: C Clevenger

Date of Check: 8/18/2021

From Facility: Golden Creek

To Facility: Fort Bend

Amount: \$ 26.33

Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____

APPROVED
ON

AUG 16 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL#000114

Request for Transfer of Funds

Date Requested 8/12/2021

Payer Novitas

Requested by: Tracy Simms

Requestor's email tsimms@cantexcc.com

Requestor's phone number 214-954-4114 ext 115

District or County Memorial Medical Center

Facility Ashford

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.

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 funds (-) or Funds (+) to YOUR account	Notes
		7/26/2021	EFT		EFT7071012	CVDAR000019540	\$847.18	Due Ashford from Golden Creek
		7/27/2021	EFT		EFT7071519	CVDAR000019540	\$20.82	Due Ashford from Golden Creek
			TOTAL				868.00	

To be filled out by Company who received funds:

Date Received: 8/16/2021

Approved by: C Clevenger

Dt of Check: 8/18/2021

From Facility: Golden Creej

To Facility: Ashford

Amount: \$ 868.00

APPROVED
ON

AUG 16 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

chk# 000115

Request for Transfer of Funds

Date Requested 8/12/2021

Payer Novitas

Requested by: Tracy Simms

Requestor's email tsimms@cantexcc.com

Requestor's phone number 214-954-4114 ext 115

District or County Memorial Medical Center

Facility Solera at West Houston

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.

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 funds (-) or Funds (+) to YOUR account	Notes
		7/26/2021	EFT		EFT6034267	CVDAR000019540	\$31.35	Due Solera from Golden Creek
		7/28/2021	EFT		EFT6037898	CVDAR000019540	\$53.09	Due Solera from Golden Creek
		7/30/2021	EFT		EFT6040875	CVDAR000019540	\$81.52	Due Solera from Golden Creek
		8/5/2021	EFT		EFT6046574	CVDAR000019540	\$27.76	Due Solera from Golden Creek
			TOTAL	\$0.00			\$193.72	

To be filled out by Company who received funds:

Date Received: 8/16/2021

Approved by: C Clevenger

Date of Check 8/18/2021

From Facility: Golden Creek

To Facility: Solera

Amount: \$193.72

APPROVED
ON

AUG 16 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL#00110

MEMORIAL MEDICAL CENTER

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

000110

88-2265/1131

Date 8-18-21**PAY**TO THE
ORDER OFMemorial Medical Clinic\$ 552. $\frac{62}{100}$ Five hundred fifty-two dollars $\frac{62}{100}$ **DOLLARS****PROSPERITY
BANK**FOR Medicare Repayment

County Auditor

Security features are
included. Details on back.

⑈000110⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

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

000111

88-2265/1131

Date 8-18-21**PAY**TO THE
ORDER OFBethany Senior Living\$ 846. $\frac{14}{100}$ Eight hundred forty-six dollars $\frac{14}{100}$ **DOLLARS****PROSPERITY
BANK**FOR Medicare repayment

County Auditor

Security features are
included. Details on back.

⑈000111⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

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

000112

88-2265/1131

Date 8-18-21**PAY**TO THE
ORDER OFThe Crescent\$ 1,592. $\frac{70}{100}$ One thousand, five hundred ninety-two dollars $\frac{70}{100}$ **DOLLARS****PROSPERITY
BANK**FOR Medicare repayment

County Auditor

Security features are
included. Details on back.

⑈000112⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

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

000113

Date 8-18-21

88-2265/1131

PAY
TO THE
ORDER OF

The Broadmoor

\$ 1801. ⁵⁴/₁₀₀

One thousand, eight hundred one dollars & ⁵⁴/₁₀₀

DOLLARS



PROSPERITY
BANK

FOR

medicare repayment

County Auditor

MP
COUNTY TREASURER
Security features are included. Details on back.

⑈000113⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

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

000114

Date 8-18-21

88-2265/1131

PAY
TO THE
ORDER OF

Fort Bend

\$ 26. ³³/₁₀₀

Twenty-six dollars & ³³/₁₀₀

DOLLARS



PROSPERITY
BANK

FOR

medicare repayment

County Auditor

MP
COUNTY TREASURER
Security features are included. Details on back.

⑈000114⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

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

000115

Date 8-18-21

88-2265/1131

PAY
TO THE
ORDER OF

Ashford Gardens

\$ 868. ⁰⁰/₁₀₀

Eight hundred sixty-eight dollars & ⁰⁰/₁₀₀

DOLLARS



PROSPERITY
BANK

FOR

Ashford - medicare repayment

County Auditor

MP
COUNTY TREASURER
Security features are included. Details on back.

⑈000115⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER

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

000116

Date 8-18-21

88-2265/1131

PAY

TO THE
ORDER OF

Solera

\$ 193.72¹⁰⁰

One hundred ninety-three dollars $\frac{3}{100}$

DOLLARS



**PROSPERITY
BANK**

FOR medicare repayment

County Auditor



County Treasurer
Security features are
included. Details on back.

⑈000116⑈ ⑆113122655⑆

RUN DATE:08/18/21
TIME:09:23

MEMORIAL MEDICAL CENTER
CHECK REGISTER
08/18/21 THRU 08/18/21

PAGE 7
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHG	000110	08/18/21	552.62	MEMORIAL MEDICAL CLINIC
NHG	000111	08/18/21	846.19	BETHANY
NHG	000112	08/18/21	1,592.78	CRESCENT
NHG	000113	08/18/21	1,801.56	BROADMOOR
NHG	000114	08/18/21	26.33	FORT BEND
NHG	000115	08/18/21	868.00	ASHFORD
NHG	000116	08/18/21	193.72	SOLERA
TOTALS:			5,881.20	

golden creek

APPROVED
ON

AUG 18 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Request for Transfer of Funds

Date Requested	8/12/2021
Payer	Novitas
Requested by:	Tracy Simms
Requestor's email	tsimms@cantexcc.com
Requestor's phone number	214-954-4114 ext 115
District or County	Memorial Medical Center
Facility	The Crescent

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.

<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 Payment</u> <u>shown on Remittance</u> <u>Advice (REQUIRED)</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>
		7/27/2021	EFT		EFT6036377	CVDAR000007985	\$394.88	Due Crescent from Tuscany
		7/30/2021	EFT		EFT6040877	CVDAR000007985	\$84.69	Due Crescent from Tuscany
		8/2/2021	EFT		EFT6042360	CVDAR000007985	\$1,113.21	Due Crescent from Tuscany
			TOTAL	-			\$1,592.78	

To be filled out by Company who received funds:

Date Received:	8/16/2021
Approved by:	C Clevenger
Date of Check:	8/18/2021
From Facility:	Tuscany
To Facility:	Crescent
Amount:	\$1,592.78

APPROVED
ON

AUG 16 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL# 1046

Request for Transfer of Funds

Date Requested 8/12/2021

Payer Novitas

Requested by: Tracy Simms

Requestor's email tsimms@cantexcc.com

Requestor's phone number 214-954-4114 ext 115

District or County Memorial Medical Center

Facility Ashford

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.

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 funds (-) or Funds (+) to YOUR account	Notes
		7/26/2021	EFT		EFT7071012	CVDAR000007985	\$847.18	Due Ashford from Tuscany
		7/27/2021	EFT		EFT7071519	CVDAR000007985	\$20.82	Due Ashford from Tuscany
			TOTAL				868.00	

To be filled out by Company who received funds:

Date Received: 8/16/2021

Approved by: C Clevenger

Dt of Check 8/18/2021

From Facility: Tuscany

To Facility: Ashford

Amount: \$ 868.00

APPROVED
ON

AUG 16 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CL#1048

Request for Transfer of Funds

Date Requested 8/12/2021

Payer Novitas

Requested by: Tracy Simms

Requestor's email tsimms@cantexcc.com

Requestor's phone number 214-954-4114 ext 115

District or County Memorial Medical Center

Facility The Broadmoor at Creekside Park

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.

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 funds (-) or Funds (+) to YOUR account	Notes
		7/26/2021	EFT		EFT6034285	CVDAR000007985	\$189.43	Due Broadmoor from Tuscany
		7/28/2021	EFT		EFT6037909	CVDAR000007985	\$231.64	Due Broadmoor from Tuscany
		7/30/2021	EFT		EFT6040882	CVDAR000007985	\$1,239.32	Due Broadmoor from Tuscany
		8/2/2021	EFT		EFT6042368	CVDAR000007985	\$141.17	Due Broadmoor from Tuscany
			TOTAL	\$0.00			\$1,801.56	

To be filled out by Company who received funds:

Date Received: 8/16/2021

Approved by: C Clevenger

Date of Check: 8/18/2021

From Facility: Tuscany

To Facility: Broadmoor

Amount: \$1,801.56

APPROVED
ON

AUG 16 2021

COMPTROLLER
CALHOUN COUNTY, TEXAS

CK#1047

Request for Transfer of Funds

Date Requested 8/12/2021

Payer Novitas

Requested by: Tracy Simms

Requestor's email tsimms@cantexcc.com

Requestor's phone number 214-954-4114 ext 115

District or County Memorial Medical Center

Facility Fort Bend

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.

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 funds (-) or Funds (+) to YOUR account	Notes
		7/26/2021	EFT		EFT6033676	CVDAR000007985	\$26.33	Due Fort Bed from Tuscany
			TOTAL	-			26.33	

To be filled out by Company who received funds:

Date Received: 8/16/2021

Approved by: C Clevenger

Date of Check: 8/18/2021

From Facility: Tuscany

To Facility: Fort Bend

Amount: \$ 26.33 

Requested Transfer Date #2: _____

Date of transfer: _____

From Facility: _____

To Facility: _____

Amount: _____

APPROVED
ON

AUG 16 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Ch # 1045

Request for Transfer of Funds

Date Requested 8/12/2021

Payer Novitas

Requested by: Tracy Simms

Requestor's email tsimms@cantexcc.com

Requestor's phone number 214-954-4114 ext 115

District or County Memorial Medical Center

Facility Solera at West Houston

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.

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 funds (-) or Funds (+) to YOUR account	Notes
		7/26/2021	EFT		EFT6034267	CVDAR000007985	\$31.35	Due Solera from Tuscany
		7/28/2021	EFT		EFT6037898	CVDAR000007985	\$53.09	Due Solera from Tuscany
		7/30/2021	EFT		EFT6040875	CVDAR000007985	\$81.52	Due Solera from Tuscany
		8/5/2021	EFT		EFT6046574	CVDAR000007985	\$27.76	Due Solera from Tuscany
			TOTAL	\$0.00			\$193.72	

To be filled out by Company who received funds:

Date Received: 8/16/2021

Approved by: C Clevenger

Date of Check 8/18/2021

From Facility: Tuscany

To Facility: Solera

Amount: \$193.72

APPROVED
ON

AUG 16 2021

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
ck # 1044

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE

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

1043

88-2265/1131-87

DATE 8-18-21

CHECK ARMOR

PAY TO THE ORDER OF Memorial Medical Clinic

\$ 552.42

Five hundred fifty-two dollars $\frac{42}{100}$

DOLLARS

Photo Safe Deposit



PROSPERITY BANK

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

FOR mdr repayment

county auditor

county treasurer

⑈001043⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE

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

1044

88-2265/1131-87

DATE 8-18-21

CHECK ARMOR

PAY TO THE ORDER OF Solera

\$ 193.72

One hundred ninety-three dollars $\frac{72}{100}$

DOLLARS

Photo Safe Deposit



PROSPERITY BANK

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

FOR medicare repayment

county auditor

county treasurer

⑈001044⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE

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

1045

88-2265/1131-87

DATE 8-18-21

CHECK ARMOR

PAY TO THE ORDER OF Fort Bend

\$ 26.33

Twenty-six dollars $\frac{33}{100}$

DOLLARS

Photo Safe Deposit



PROSPERITY BANK

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

FOR mdr repayment

county auditor

county treasurer

⑈001045⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE

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

1046

88-2265/1131-87

DATE 8-18-21

CHECK ARMOR

PAY TO THE ORDER OF The Crescent

\$ 1,592.76

One thousand, five hundred ninety-two dollars & 76/100 DOLLARS



PROSPERITY BANK

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

FOR mlcr repayment

county auditor

county treasurer

⑈001046⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE

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

1047

88-2265/1131-87

DATE 8-18-21

CHECK ARMOR

PAY TO THE ORDER OF Broadmoor

\$ 1,801.54

One thousand, eight hundred one dollars & 54/100 DOLLARS



PROSPERITY BANK

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

FOR mlcr repayment

county auditor

county treasurer

⑈001047⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE

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

1048

88-2265/1131-87

DATE 8-18-21

CHECK ARMOR

PAY TO THE ORDER OF Ashford Gardens

\$ 868.00

Eight hundred sixty-eight dollars & 00/100 DOLLARS



PROSPERITY BANK

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

FOR mlcr repayment

county auditor

county treasurer

⑈001048⑈ ⑆113122655⑆

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE

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

1049

88-2265/1131-87

DATE 8-18-21

CHECK ARMOR

PAY
TO THE
ORDER OF

Bethany Senior Living

\$ 846.19

Eight hundred forty-six dollars & 19/100

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

medic repayment

County auditor

County treasurer

⑈001049⑈ ⑆113122655⑆

RUN DATE:08/18/21
TIME:09:23

MEMORIAL MEDICAL CENTER
CHECK REGISTER
08/18/21 THRU 08/18/21

PAGE 9
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

TUS 001043 08/18/21 552.62 MEMORIAL MEDICAL CLINIC
TUS 001044 08/18/21 193.72 SOLERA
TUS 001045 08/18/21 26.33 FORT BEND
TUS 001046 08/18/21 1,592.78 CRESCENT
TUS 001047 08/18/21 1,801.56 BROADMOOR
TUS 001048 08/18/21 868.00 ASHFORD
TUS 001049 08/18/21 846.19 BETHANY
TOTALS: 5,881.20

Tuscany

APPROVED
ON

AUG 18 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	6,780.74	8/18/2021
Broadmoor	10000019 - Prosperity		MMC	20351000	Medicare repayment owed to MMC	552.62	8/18/2021
Broadmoor	10000019 - Prosperity		BETHANY	20351000	Medicare repayment owed to BETHANY	846.19	8/18/2021
Crescent	10000019 - Prosperity		MMC	20351000	Medicare repayment owed to MMC	410.44	8/18/2021
Crescent	10000019 - Prosperity		BETHANY	20351000	Medicare repayment owed to BETHANY	846.19	8/18/2021
Fort Bend	10000020 - Prosperity		MMC	20351000	Medicare repayment owed to MMC	552.62	8/18/2021
Fort Bend	10000020 - Prosperity		BETHANY	20351000	Medicare repayment owed to BETHANY	846.19	8/18/2021
Solera	10000020 - Prosperity		MMC	20351000	Medicare repayment owed to MMC	552.62	8/18/2021
Solera	10000020 - Prosperity		BETHANY	20351000	Medicare repayment owed to BETHANY	20,500.46	8/18/2021
Golden Creek	10000021 - Prosperity		MMC	20351000	Medicare repayment owed to MMC	552.62	8/18/2021
Golden Creek	10000021 - Prosperity		BETHANY	20351000	Medicare repayment owed to BETHANY	846.19	8/18/2021
Golden Creek	10000021 - Prosperity		CRESCENT	20351000	Medicare repayment owed to CRESCENT	1,592.78	8/18/2021
Golden Creek	10000021 - Prosperity		BROADMOOR	20351001	Medicare repayment owed to BROADMOOR	1,801.56	8/18/2021
Golden Creek	10000021 - Prosperity		FORT BEND	20351002	Medicare repayment owed to FORT BEND	26.33	8/18/2021
Golden Creek	10000021 - Prosperity		ASHFORD	20351003	Medicare repayment owed to ASHFORD	868.00	8/18/2021
Golden Creek	10000021 - Prosperity		SOLERA	20351004	Medicare repayment owed to SOLERA	193.72	8/18/2021
Tuscany	10000023 - Prosperity		MMC	20351000	Medicare repayment owed to MMC	552.62	8/18/2021
Tuscany	10000023 - Prosperity		SOLERA	20351000	Medicare repayment owed to SOLERA	193.72	8/18/2021
Tuscany	10000023 - Prosperity		FORT BEND	20351001	Medicare repayment owed to FORT BEND	26.33	8/18/2021
Tuscany	10000023 - Prosperity		CRESCENT	20351002	Medicare repayment owed to CRESCENT	1,592.78	8/18/2021
Tuscany	10000023 - Prosperity		BROADMOOR	20351003	Medicare repayment owed to BROADMOOR	1,801.56	8/18/2021
Tuscany	10000023 - Prosperity		ASHFORD	20351004	Medicare repayment owed to ASHFORD	868.00	8/18/2021
Tuscany	10000023 - Prosperity		BETHANY	20351000	Medicare repayment owed to BETHANY	846.19	8/18/2021
					Total	43,650.47	

Note:

Approved:

Jason Anglin, CEO/CFO



8/18/2021

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
8/16/2021

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		50,299.53	50,160.75	127,477.41		127,616.19	120,696.67
						Bank Balance	127,616.19
						Variance	
						Leave in Balance	100.00
						Medicare repayment owed to MM Clinic	6,783.74
						JULY INTEREST	36.78
						AUG INTEREST	
						SEP INTEREST	
						Adjust Balance/Transfer Amt	120,696.67
Broadmoor		112,973.84	112,841.71	25,393.95		25,526.08	23,995.14
						Bank Balance	25,526.08
						Variance	
						Leave in Balance	100.00
						Medicare repayment owed to MM Clinic	552.62
						Medicare repayment owed to Bethany	846.19
						JULY INTEREST	32.18
						AUG INTEREST	
						SEP INTEREST	
						Adjust Balance/Transfer Amt	23,995.14
Crescent		66,760.72	66,639.76	56,768.15		56,889.11	55,511.52
						Bank Balance	56,889.11
						Variance	
						Leave in Balance	100.00
						Medicare repayment owed to MM Clinic	410.44
						Medicare repayment owed to Bethany	846.19
						JULY INTEREST	20.96
						AUG INTEREST	
						SEP INTEREST	
						Adjust Balance/Transfer Amt	55,511.52
Fort Bend		25,311.21	27,871.34	25,099.35		22,539.22	NO Transfer
						Bank Balance	22,539.22
						Variance	
						Leave in Balance	100.00
						Medicare repayment owed to MM Clinic	552.62
						Medicare repayment owed to Bethany	846.19
						Medicare repayment owed to Golden Creek(pending)	4,136.51
						Medicare repayment owed to Tuscany (pending)	781.12
						Medicare repayment owed to Tuscany (PENDING)	23,738.75
						Amerigroup June QIPP	
						JULY INTEREST	8.77
						AUG INTEREST	
						SEP INTEREST	
						Adjust Balance/Transfer Amt	(7,619.72)
Solera at W Houston		71,669.84	71,543.40	60,075.32		60,201.76	39,022.24
						Bank Balance	60,201.76
						Variance	
						Leave in Balance	100.00
						Medicare repayment owed to MM Clinic	552.62
						Medicare repayment owed to Bethany	20,500.45
						JULY INTEREST	26.44
						AUG INTEREST	
						SEP INTEREST	
						Adjust Balance/Transfer Amt	39,022.24
120,696.67 + 23,995.14 + 55,511.52 + 39,022.24 + 239,225.57 *							
TOTAL TRANSFERS							239,225.57

Note: Only balances of over \$5
Note 2: Each account has a base balance of \$100 that MMC deposits to open account

Approved:
Jason Anglin, CEO

8/16/2021

APPROVED
ON

AUG 16 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	
8/10/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	2,132.51						2,132.51
8/10/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	179.87						179.87
8/11/2021 WIRE OUT ASHFORD HEALTH CARE CENTER LTD	7,534.99						
8/11/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	488.19						488.19
8/11/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2	4,346.60						4,346.60
8/12/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	32,390.50						32,390.50
8/13/2021 1151	1,966.51						
8/13/2021 1152	27,112.91						
8/13/2021 1150	13,546.34						
8/13/2021 KS PLAN ADMINIST HCCLAIMPMT 3278 11100002604	2,250.00						2,250.00
8/13/2021 Amerigroup TKSC HCCLAIMPMT 3158221312 111000	45,878.97						45,878.97
8/13/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	39,810.77						39,810.77
50,160.75	127,477.41						127,477.41

Broadmoor

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
8/10/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	4,833.00						4,833.00
8/11/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III	73,077.78						
8/12/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384	8,330.00						8,330.00
8/13/2021 113	781.12						
8/13/2021 114	4,136.51						
8/13/2021 115	11,221.21						
8/13/2021 112	73,629.09						
8/13/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	12,230.95						12,230.95
112,841.71	25,393.95						25,393.95

Crescent

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
8/10/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2	3,919.24						3,919.24
8/11/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III	15,804.52						
8/11/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	11,829.95						11,829.95
8/11/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2	56.46						56.46
8/12/2021 UnitedHealthcare HCCLAIMPMT 746003411 124384	8,990.00						8,990.00
8/12/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	19,054.69						19,054.69
8/13/2021 149	781.12						
8/13/2021 148	4,136.51						
8/13/2021 150	9,006.78						
8/13/2021 147	16,910.83						
8/13/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	12,917.81						12,917.81
66,639.76	56,768.15						56,768.15

Fort Bend

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
8/10/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	0.03						0.03
8/11/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	3,338.67						3,338.67
8/12/2021 MANAGEANDNET1718 MNS PMNT 000000000004294.41	13,050.00						13,050.00
8/13/2021 144	10,960.51						
8/13/2021 141	16,910.83						
8/13/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	8,710.65						8,710.65
27,871.34	25,099.35						25,099.35

Solara at West Houston

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
8/10/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	94.96						94.96
8/11/2021 WIRE OUT CANTEX HEALTH CARE CENTERS III	18,780.17						
8/12/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	2,616.14						2,616.14
8/12/2021 NOVITAS SOLUTION HCCLAIMPMT 676310 420000187	4,824.25						4,824.25
8/13/2021 1148	781.12						
8/13/2021 1147	4,136.51						
8/13/2021 1149	10,634.77						
8/13/2021 1146	17,210.83						
8/13/2021 Amerigroup TKSC HCCLAIMPMT 3158221313 111000	19,495.61						19,495.61
8/13/2021 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	30,085.64						30,085.64
8/13/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2	2,958.72						2,958.72
71,543.40	60,075.32						60,075.32
329,056.96	294,814.18						294,814.18

TOTALS

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

DDA

Data reported as of Aug 16, 2021 10

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$6,630,834.40	\$6,624,046.40	\$6,630,834.40	\$6,783,797.46
*4551 CAL CO INDIGENT HEALTHCARE	\$5,372.42	\$5,372.42	\$5,372.42	\$5,372.42
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$28,661.38	\$28,661.38	\$28,661.38	\$37,077.84
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.71	\$535.71	\$535.71	\$535.71
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$5,035,860.73	\$4,994,472.99	\$5,035,860.73	\$5,217,669.26
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.30	\$431.30	\$431.30	\$431.30
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$127,616.19 ✓	\$129,757.29	\$127,616.19	\$82,302.21
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$25,526.08 ✓	\$29,442.77	\$25,526.08	\$53,063.06
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$56,889.11 ✓	\$60,494.86	\$56,889.11	\$74,806.54
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$22,539.22 ✓	\$29,602.93	\$22,539.22	\$41,699.91
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$60,201.76 ✓	\$63,727.97	\$60,201.76	\$40,425.02
*2998 MMC -MONEY MARKET FUND	\$1,108,124.49	\$1,108,124.49	\$1,108,124.49	\$1,108,124.49
*5506 MMC -NH BETHANY SENIOR LIVING	\$79,137.29	\$79,137.29	\$79,137.29	\$21,569.50
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$316.57	\$316.57	\$316.57	\$316.57
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$56,130.15	\$70,476.43	\$56,130.15	\$55,360.96
*3407 MMC -NH TUSCANY VILLAGE	\$23,492.00	\$23,492.00	\$23,492.00	\$45,042.67

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
8/16/2021

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		100,277.95	100,151.47	28,534.90		28,661.38	22,653.70
					Bank Balance	28,661.38	
					Variance		
					Leave in Balance	100.00	
					Medicare repayment owed to MM Clinic	552.62	
					Medicare repayment owed to Bethany	846.19	
					Medicare repayment owed to Broadmoor	1,592.78	
					Medicare repayment owed to Crescent	1,801.56	
					Medicare repayment owed to Fort Bend	26.33	
					Medicare repayment owed to Ashford	868.00	
					Medicare repayment owed to Solera	193.72	
					JULY INTEREST	26.48	
					AUG INTEREST		
					SEP INTEREST		
					Adjust Balance/Transfer Amt	22,653.70	

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

Approved
Jason Anglin, CEO

8/16/2021

APPROVED
ON
AUG 16 2021
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek

8/9/2021 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9
 8/9/2021 ACH SETTLEMENT SERVICE 4105523439 9601693101
 8/9/2021 CIGNA HCCLAIMPMT 1588075964 91000011205618
 8/11/2021 WIRE OUT NEXION HEALTH AT GOLDEN CREEK
 8/13/2021 109
 8/13/2021 108
 8/13/2021 Deposit
 8/13/2021 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9
 8/13/2021 NOVITAS SOLUTION HCCLAIMPMT 676097 420000196
 8/13/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	Q/PP/Comp1	Q/PP/Comp 2	Q/PP/Comp3	Q/PP/Comp4&L apse	Q/PP TI	
-	346.69	-	-	-	-	-	346.69
-	3,429.81	-	-	-	-	-	3,429.81
-	357.48	-	-	-	-	-	357.48
67,334.09	-	-	-	-	-	-	-
781.12	-	-	-	-	-	-	-
32,036.26	-	-	-	-	-	-	-
-	18,512.55	-	-	-	-	-	18,512.55
-	1,064.00	-	-	-	-	-	1,064.00
-	1,013.47	-	-	-	-	-	1,013.47
-	3,810.90	-	-	-	-	-	3,810.90
100,151.47	28,534.90	-	-	-	-	-	28,534.90

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

Add Group

Search

All

DDA

Data reported as of Aug 16, 2021 10

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$6,630,834.40	\$6,624,046.40	\$6,630,834.40	\$6,783,797.46
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,372.42	\$5,372.42	\$5,372.42	\$5,372.42
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$28,661.38 ✓	\$28,661.38	\$28,661.38	\$37,077.84
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.71	\$535.71	\$535.71	\$535.71
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$5,035,860.73	\$4,994,472.99	\$5,035,860.73	\$5,217,669.26
<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	\$127,616.19	\$129,757.29	\$127,616.19	\$82,302.21
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$25,526.08	\$29,442.77	\$25,526.08	\$53,063.06
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$56,889.11	\$60,494.86	\$56,889.11	\$74,806.54
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$22,539.22	\$29,602.93	\$22,539.22	\$41,699.91
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$60,201.76	\$63,727.97	\$60,201.76	\$40,425.02
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,108,124.49	\$1,108,124.49	\$1,108,124.49	\$1,108,124.49
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$79,137.29	\$79,137.29	\$79,137.29	\$21,569.50
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$316.57	\$316.57	\$316.57	\$316.57
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$56,130.15	\$70,476.43	\$56,130.15	\$55,360.96
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$23,492.00	\$23,492.00	\$23,492.00	\$45,042.67

Memorial Medical Center
 Nursing Home UPL
 Weekly HMG Transfer
 Prosperity Accounts
 8/16/2021

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		31,292.56	31,168.55	56,006.14			56,130.15	56,006.14
						Bank Balance	56,130.15	
						Variance		
						Leave in Balance	100.00	

JULY INTEREST 24.01
 AUG INTEREST
 SEP INTEREST
 Adjust Balance/Transfer Amt 56,006.14

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		57,647.79	57,532.75	201.53			316.57	201.53
						Bank Balance	316.57	
						Variance	0.00	
						Leave in Balance	100.00	

JULY INTEREST 15.04
 AUG INTEREST
 SEP INTEREST
 Adjust Balance/Transfer Amt 201.53

Routing Information for Gulf Pointe Plaza:

TOTAL TRANSFERS 56,207.87

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

Approved: Jason Anglin, CEO 8/16/2021

APPROVED
 ON
 AUG 16 2021
 COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay

[illegible]

		MMC PORTION					NH
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP T1	PORTION
-	769.19						769.19
-	4,816.21						4,816.21
-	1,308.27						1,308.27
31,168.55							-
-	25.48						25.48
-	199.94						199.94
-	74.29						74.29
-	4,461.69						4,461.69
-	105.85						105.85
-	15.68						15.68
-	23.52						23.52
-	23.52						23.52
-	71.75						71.75
-	9,345.49						9,345.49
-	1,267.96						1,267.96
-	137.57						137.57
-	118.62						118.62
-	6,185.22						6,185.22
-	10,382.97						10,382.97
-	5,802.19						5,802.19
-	9,308.19						9,308.19
-	60.54						60.54
-	33.32						33.32
-	196.02						196.02
-	1,272.66						1,272.66
31,168.55	56,006.14	-	-	-	-	-	56,006.14

Gulf Pointe Plaza-Medicare/Medicaid

8/11/2021 WIRE OUT HMG SERVICES, LLC
8/12/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2

		MMC PORTION					NH
Transfer-Out	Transfer-in	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4& Lapse	QIPP TI	PORTION
57,532.75						-	-
	201.53					-	201.53
57,532.75	201.53	-	-	-	-	-	201.53
88,701.30	56,207.67	-	-	-	-	-	56,207.67

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

DDA

Data reported as of Aug 16, 2021 10

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$6,630,834.40	\$6,624,046.40	\$6,630,834.40	\$6,783,797.46
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,372.42	\$5,372.42	\$5,372.42	\$5,372.42
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$28,661.38	\$28,661.38	\$28,661.38	\$37,077.84
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.71	\$535.71	\$535.71	\$535.71
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$5,035,860.73	\$4,994,472.99	\$5,035,860.73	\$5,217,669.26
<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	\$127,616.19	\$129,757.29	\$127,616.19	\$82,302.21
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$25,526.08	\$29,442.77	\$25,526.08	\$53,063.06
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$56,889.11	\$60,494.86	\$56,889.11	\$74,806.54
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$22,539.22	\$29,602.93	\$22,539.22	\$41,699.91
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$60,201.76	\$63,727.97	\$60,201.76	\$40,425.02
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,108,124.49	\$1,108,124.49	\$1,108,124.49	\$1,108,124.49
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$79,137.29	\$79,137.29	\$79,137.29	\$21,569.50
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$316.57 ✓	\$316.57	\$316.57	\$316.57
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$56,130.15 ✓	\$70,476.43	\$56,130.15	\$55,360.96
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$23,492.00	\$23,492.00	\$23,492.00	\$45,042.67

Prosperity Accounts
8/16/2021

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	Test
Tuscan Senior Living		231,083.76	230,983.76	23,392.00			23,492.00	17,510.80	5,981.20
						Bank Balance	23,492.00		
						Variance	23,492.00	17,510.80	
						Leave in Balance	100.00		
						Amerigroup June QPP			
						Medicare repayment owed to MM Clinic	552.62		
						Medicare repayment owed to Solara	193.22		
						Medicare repayment owed to Fort Bend	26.33		
						Medicare repayment owed to Crescent	1,592.78		
						Medicare repayment owed to Broadmoor	1,801.56		
						Medicare repayment owed to Ashford	868.00		
						Medicare repayment owed to Bethany	846.19		
						Adjust Balance/Transfer Amt	17,510.80		

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 MAC deposited to open account.

Approved:  8/16/2021
Jason Anglin, CEO

APPROVED
ON
AUG 16 2021
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Tuscany Village

8/10/2021 Molina HC of TX HCCLAIMPMT PN1275717894 4200
 8/11/2021 WIRE OUT LINBAR ENTERPRISES, LLC
 8/13/2021 1040
 8/13/2021 1042
 8/13/2021 1041
 8/13/2021 Deposit
 8/13/2021 Molina HC of TX HCCLAIMPMT PN1275717894 4200
 8/13/2021 KS PLAN ADMINIST HCCLAIMPMT 179 111000026041

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	8,005.91	-	-	-	-	-	8,005.91
194,047.00	-	-	-	-	-	-	-
4,136.51	-	-	-	-	-	-	-
15,889.42	-	-	-	-	-	-	-
16,910.83	-	-	-	-	-	-	-
-	3,124.48	-	-	-	-	-	3,124.48
-	6,101.61	-	-	-	-	-	6,101.61
-	6,160.00	-	-	-	-	-	6,160.00
-	-	-	-	-	-	-	-
230,983.76	23,392.00	-	-	-	-	-	23,392.00

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

DDA

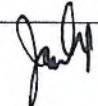
Data reported as of Aug 16, 2021 10

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 15	\$6,630,834.40	\$6,624,046.40	\$6,630,834.40	\$6,783,797.46
<u>*4551</u> CAL CO INDIGENT HEALTHCARE	\$5,372.42	\$5,372.42	\$5,372.42	\$5,372.42
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$28,661.38	\$28,661.38	\$28,661.38	\$37,077.84
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.71	\$535.71	\$535.71	\$535.71
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$5,035,860.73	\$4,994,472.99	\$5,035,860.73	\$5,217,669.26
<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	\$127,616.19	\$129,757.29	\$127,616.19	\$82,302.21
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$25,526.08	\$29,442.77	\$25,526.08	\$53,063.06
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$56,889.11	\$60,494.86	\$56,889.11	\$74,806.54
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$22,539.22	\$29,602.93	\$22,539.22	\$41,699.91
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$60,201.76	\$63,727.97	\$60,201.76	\$40,425.02
<u>*2998</u> MMC -MONEY MARKET FUND	\$1,108,124.49	\$1,108,124.49	\$1,108,124.49	\$1,108,124.49
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$79,137.29	\$79,137.29	\$79,137.29	\$21,569.50
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$316.57	\$316.57	\$316.57	\$316.57
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$56,130.15	\$70,476.43	\$56,130.15	\$55,360.96
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$23,492.00 ✓	\$23,492.00	\$23,492.00	\$45,042.67

Memorial Medical Center
 Nursing Home UPL
 Weekly HSL Transfer
 Prosperity Accounts
 8/16/2021

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Medicare Repayment	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Bethany Senior Living		242,941.23	✓ 242,768.72	✓ 78,964.78	✓		79,137.29	✓ 78,964.78
						Bank Balance	79,137.29	
						Variance		
						Leave in Balance	100.00	
						JULY INTEREST	72.51	✓
						AUG INTEREST		
						SEP INTEREST		
						Adjust Balance/Transfer Amt	78,964.78	✓

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

Approved: 
 Jason Anglin, CEO 8/16/2021

APPROVED
 ON
 AUG 16 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	
8/9/2021 Deposit	-	7,321.46					-	7,321.46
8/9/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	3,517.96					-	3,517.96
8/11/2021 WIRE OUT BETHANY SENIOR LIVING, LTD	242,768.72	-					-	-
8/12/2021 Deposit	-	10,557.57					-	10,557.57
8/13/2021 Deposit	-	52,596.53					-	52,596.53
8/13/2021 HOSPICE OF SO TX VENDORS NF 91000010836613	-	4,646.46					-	4,646.46
8/13/2021 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	324.80					-	324.80
	242,768.72	78,964.78	-	-	-	-	-	78,964.78

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

DDA

Data reported as of Aug 16, 2021 10

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
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*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$28,661.38	\$28,661.38	\$28,661.38	\$37,077.84
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$535.71	\$535.71	\$535.71	\$535.71
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$5,035,860.73	\$4,994,472.99	\$5,035,860.73	\$5,217,669.26
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*2998 MMC -MONEY MARKET FUND	\$1,108,124.49	\$1,108,124.49	\$1,108,124.49	\$1,108,124.49
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*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$56,130.15	\$70,476.43	\$56,130.15	\$55,360.96
*3407 MMC -NH TUSCANY VILLAGE	\$23,492.00	\$23,492.00	\$23,492.00	\$45,042.67